



Health Disparities by Utah State Legislative District

A report published by the UDOH Office of Health Disparities

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Introduction

In 2018, Utah state legislators asked the Utah Department of Health (UDOH) Office of Health Disparities to produce a report on the status of health disparities by Utah state legislative district. This report is not only the product of that request, but also the first of its kind for Utah and uniquely demonstrates that not all districts experience health in the same way.

What are health disparities?

Health disparities are more than adverse health outcomes. Although all health disparities are adverse health outcomes, not all adverse health outcomes are health disparities. A “disparity” implies that the difference is avoidable, unfair, and unjust. Health disparities are differences in health outcomes closely linked to economic, socio-cultural, environmental, and geographic disadvantage.

While reporting health status by geographic area such as state, county, ZIP Code, or census block is common, using state legislative districts as the geographic unit of analysis is unique. Furthermore, the UDOH has developed exclusive data resources including the newly revised 99 Utah Small Areas. The Utah Small Areas group similar communities providing a picture of health and community within legislative districts. The UDOH has also recently developed the Utah Health Improvement Index (HII), which is a measure of health equity. These tools, when combined with health indicators, provide a unique, innovative, and practical approach to understanding health disparities and working toward health equity.

What is health equity?

Health equity is the principle underlying the commitment to reduce and, ultimately, eliminate health disparities by addressing its determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those communities at greatest risk for health disparities.

Why is this report important?

Access to detailed health data by individual district and small area that illuminates health disparities can empower elected officials to make informed decisions to foster and improve the health status of individuals in their districts, especially vulnerable and underserved communities, elevating the health of Utah overall. In order for Utah to become the “healthiest state in the nation,” health disparities must be addressed.

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District Profiles

Utah is divided into 29 Senate districts and 75 House districts, each with elected officials invested in the health and wellbeing of their constituents. This report contains links to individual profiles for each of Utah's state legislative districts. Each district profile includes information on the Utah Small Areas within that district, the HII group, and multiple health indicators. Woven together, this information provides a picture of the status of health disparities in each state legislative district.

Health Disparities by Utah State Legislative District 2019

Utah State Senate District 1

This profile is part of a series highlighting the status of health disparities in the 29 Senate districts and 75 House districts in Utah. Profiles were constructed using health data grouped by Utah Small Areas and the Utah Health Improvement Index. These tools provide a unique, innovative, and practical approach to understanding health disparities and working toward health equity.



What are health disparities? Health disparities are more than adverse health outcomes. A "disparity" implies that the difference is avoidable, unfair, and unjust.

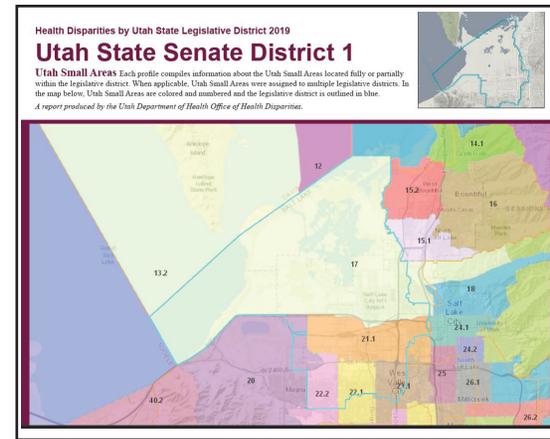
What is health equity? Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those communities at greatest risk for health disparities.

Guide to this profile

- Utah Small Areas** Each profile compiles information about the Utah Small Areas located fully or partially within the legislative district. When applicable, Utah Small Areas were assigned to multiple legislative districts.
- The Utah Health Improvement Index (HII)** The Utah HII is a composite measure of health equity indicators. It includes nine indicators that describe important aspects of demographics, socioeconomic deprivation, economic opportunity, resource availability, and opportunity structure. The higher the group, the more improvement the area needs. The HII groups are indicated by color.
 - Very low
 - Low
 - Average
 - High
 - Very high
- Health Indicators** The UDOH selected health indicators to provide an overall picture of health in the communities. While not all-inclusive, they provide some indication of the Utah Small Area profiles, general health status, health care coverage, chronic diseases, and mental health.
- Health Disparities** When combined, the Utah HII and health indicators identify health disparities in Utah Small Areas and legislative districts:
 - A health disparity exists if a Utah Small Area with a poor health outcome compared with Utah has a high or very high HII.
 - An adverse health outcome exists if a Utah Small Area with a poor health outcome compared with the state has a very low, low, or average HII.
 Health disparities and adverse health outcomes are identified by color.
 - Health disparity
 - Adverse health outcome

Refer to demographic profiles for legislative districts for context in understanding and interpreting health data and health disparities: <https://le.utah.gov/documents/demographic/profiles.htm>.

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Health Disparities by Utah State Legislative District 2019

Utah State Senate District 1

This profile is part of a series highlighting the status of health disparities in the 29 Senate districts and 75 House districts in Utah. Profiles use health data grouped by Utah Small Areas and the Utah Health Improvement Index (HII) and provide an innovative and practical approach to working toward health equity.

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- A health disparity exists if a Utah Small Area with a poor health outcome compared with Utah has a high or very high HII.
- An adverse health outcome exists if a Utah Small Area with a poor health outcome compared with the state has a very low, low, or average HII.

Small Area Profile			General Health				Healthcare Coverage	
Small Area #	Name of Utah Small Area	HII Group	Population (2017)	% Racial/Ethnic Minority (2013-2017)	Infant Mortality Rate (per 1,000) (2010-2015)	Life Expectancy at Birth (2013-2017)	Adult Reporting Poor or Fair General Health (%) (2015-2017)	No Healthcare Coverage (%) (2013-2017)
—	State of Utah	—	3,101,989	21.0%	5.2	79.8	13.0%	10.8%
17	SLC (Rose Park)	Very high	36,676	64.6%	7.4	77.3	15.7%	20.9%
20	Mapas	High	28,303	36.4%	6.6	76.0	18.9%	9.5%
21.1	SLC (Glendale) V2	Very high	25,621	63.4%	8.1	73.3	21.3%	19.9%
22.1	West Valley (Center)	Very high	52,999	51.8%	7.6	77.8	20.5%	16.7%
22.2	West Valley (West) V2	Average	31,406	46.2%	4.3	77.0	15.0%	9.3%
23.1	West Valley (East) V2	Very high	53,253	53.5%	4.9	77.0	21.3%	22.4%

*The results have been suppressed because 1) the relative standard error is greater than 30% or 2) the observed number of events is very small and not representative for publication.

†The ACS uses 1-digit ZIP Code Subdivisions Area (ZCSA) based on boundaries from the 2010 Census. Utah Small Areas consist of ZIP Codes that were established after 2010. Therefore, data are not available for those Small Areas from the ACS.

Health Disparities by Utah State Legislative District 2019

Utah State Senate District 1

This profile is part of a series highlighting the status of health disparities in the 29 Senate districts and 75 House districts in Utah. Profiles use health data grouped by Utah Small Areas and the Utah Health Improvement Index (HII) and provide an innovative and practical approach to working toward health equity.

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- A health disparity exists if a Utah Small Area with a poor health outcome compared with Utah has a high or very high HII.
- An adverse health outcome exists if a Utah Small Area with a poor health outcome compared with the state has a very low, low, or average HII.

Small Area Profile			Chronic Disease		Mental Health		
Small Area #	Name of Utah Small Area	HII Group	Adults with Diabetes (%) (2015-2017)	Adult Obesity (%) (2015-2017)	Adults Reporting Current Smoking (%) (2015-2017)	Adults Reporting Poor Mental Health (%) (per 100,000) (2015-2017)	Drug Poisoning Death Rate (per 100,000) (2015-2017)
—	State of Utah	—	7.7%	25.8%	9.0%	16.5%	22.0
17	SLC (Rose Park)	Very high	8.9%	30.3%	15.5%	20.5%	19.4
20	Mapas	High	11.5%	33.3%	17.5%	16.5%	26.2
21.1	SLC (Glendale) V2	Very high	15.2%	40.4%	20.7%	17.2%	31.4
22.1	West Valley (Center)	Very high	13.2%	36.9%	14.5%	17.6%	22.4
22.2	West Valley (West) V2	Average	12.0%	36.4%	17.8%	18.6%	13.4
23.1	West Valley (East) V2	Very high	10.4%	34.0%	14.8%	23.2%	29.9

*The results have been suppressed because 1) the relative standard error is greater than 30% or 2) the observed number of events is very small and not representative for publication.

†The ACS uses 1-digit ZIP Code Subdivisions Area (ZCSA) based on boundaries from the 2010 Census. Utah Small Areas consist of ZIP Codes that were established after 2010. Therefore, data are not available for those Small Areas from the ACS.

We advise referring to demographic information by area for an overview of the general characteristics of the population and context for understanding and interpreting health data and health disparities. Demographic profiles for legislative districts can be found at <https://le.utah.gov/documents/demographic/profiles.htm>.

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Utah Small Areas

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What are Utah Small Areas?

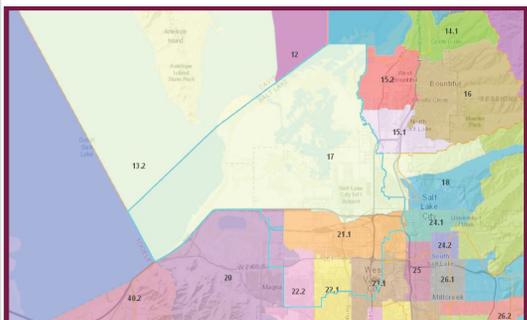
“Utah Small Areas” refers to a set of geographic areas in Utah with population sizes ranging from approximately 8,000 to 86,000 persons. These geographic areas are especially useful for conducting public health assessments in communities and for developing tailored policies and interventions to improve the health and quality of life of Utah residents. The UDOH and local health departments collaborated to identify and define 99 small areas in Utah. More information can be found at: <https://ibis.health.utah.gov/resource/Guidelines.html>.

How were Utah Small Areas assigned to the Utah state legislative districts?

The UDOH used ArcGIS online, a geographic information system, to map the Utah Small Areas and Utah state legislative districts. Legislative district boundaries were highlighted to determine which Utah Small Areas were fully or partially located within the boundaries. When applicable, the Utah Small Areas were assigned to multiple legislative districts. More information can be found at: <https://healthequity.utah.gov/wp-content/uploads/AssigningUtahSmallAreasStateLegislativeDistricts.pdf>

The district profiles present data grouped by Utah Small Areas. Thus, each profile compiles information about the Utah Small Areas located fully or partially within the legislative district.

Health Disparities by Utah State Legislative District 2019
Utah State Senate District 1
 Utah Small Areas Each profile compiles information about the Utah Small Areas located fully or partially within the legislative district. When applicable, Utah Small Areas were assigned to multiple legislative districts. In the map below, Utah Small Areas are colored and numbered and the legislative district is outlined in blue.
 A report produced by the Utah Department of Health Disparities.



Small Area Profile				
Small Area #	Name of Utah Small Area	HII Group	Population (2017)	% Racial/Ethnic Minority (2013-2017)
--	State of Utah	--	3,101,989	21.0%
17	SLC (Rose Park)	Very high	36,676	64.6%
20	Magna	High	28,303	36.4%
21.1	SLC (Glendale) V2	Very high	25,621	65.4%
22.1	West Valley (Center)	Very high	52,999	51.8%
22.2	West Valley (West) V2	Average	31,406	46.2%
23.1	West Valley (East) V2	Very high	53,253	55.5%

Utah Senate District 1

Utah Small Areas 17, 20, 21.1, 22.1, 22.2, and 23.1 are located fully or partially within Utah Senate District 1.

The Utah Health Improvement Index (HII)

What is the Utah Health Improvement Index?

Developed by the UDOH, the Utah HII is a measure of health equity. It includes nine indicators that describe important determinants of health such as demographics, socioeconomic deprivation, economic inequality, resource availability, and opportunity structure. Those indicators are:

- Population aged ≥ 25 years with < 9 years of education, %
- Population aged ≥ 25 years with at least a high school diploma, %
- Median family income, \$
- Income disparity
- Owner-occupied housing units, % (home ownership rate)
- Civilian labor force population aged ≥ 16 years unemployed, % (unemployment rate)
- Families below poverty level, %
- Population below 150% of the poverty threshold, %
- Single-parent households with children aged < 18 years, %

The Utah HII is grounded in the methods used by Singh for the Area Deprivation Index (ADI). While the ADI is based on 17 US Census Data markers, the Utah HII is based on nine Utah Behavioral Risk Factor Surveillance System (BRFSS) indicators. Analysis showed that the computed HII values for the Utah Small Areas were within 1% of the approximate ADI values. This demonstrated that the Utah HII is a robust measure that classifies Utah Small Areas almost identically to the ADI, which validated the use of the BRFSS data and the selected nine indicators.

The Utah HII is an innovative, data driven, and practical way to advance health equity and inform efforts to reduce, in an efficient and effective way, the burden of diseases and health conditions in specific geographic areas. In areas with a high or very high index, policies and interventions with a health equity approach are recommended. At the same time, the very low, low, and average areas could benefit from more traditional public health approaches.

More information about the Utah HII can be found at: <https://healthequity.utah.gov/wp-content/uploads/UtahHII.pdf>

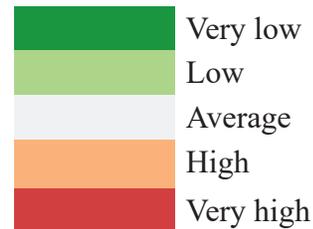
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The Utah Health Improvement Index (HII)

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What are the Utah HII groups?

The Utah HII ranges from 71.89 to 160.87. Based on their score, the 99 Utah Small Areas are categorized into five groups: very low, low, average, high, and very high. The higher the group, the more improvements the area needs. The HII groups are indicated by color:



The district profiles designate each Utah Small Areas' Utah Health Improvement Index (HII) group. The HII groups are one factor in determining if the Utah Small Areas and legislative districts are experiencing health disparities.

Small Area Profile				
Small Area #	Name of Utah Small Area	HII Group	Population (2017)	% Racial/Ethnic Minority (2013-2017)
--	State of Utah	--	3,101,989	21.0%
17	SLC (Rose Park)	Very high	36,676	64.6%
20	Magna	High	28,303	36.4%
21.1	SLC (Glendale) V2	Very high	25,621	65.4%
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22.2	West Valley (West) V2	Average	31,406	46.2%
23.1	West Valley (East) V2	Very high	53,253	55.5%

Utah Senate District 1

Utah Small Areas 17, 20, 21.1, 22.1, 22.2, and 23.1 are located fully or partially within Utah Senate District 1.

Small Areas 17, 21.1, 22.1, and 23.1 are in the very high HII group. Small Area 20 is in the high HII group.

Small Area 22.2 is in the average HII group.

No Small Areas in Utah Senate District 1 are in the low or very low HII groups.

Health Indicators

Which health indicators are included?

The UDOH selected health indicators that align with the [Utah Health Improvement Plan](#) to provide an overall picture of health in the communities. While not all-inclusive, they provide key information about the general health status, health care coverage, chronic disease, and mental health of the district. Below are notes for the health indicators included. More information about the health indicators can be found at <https://ibis.health.utah.gov/>.

Indicator	Definition	Data Source
Population	Annual population estimates for ZIP Code areas by sex and age groups.	UDOH Center for Health Data and Informatics (CHDI), IBIS Version 2017
% Racial/Ethnic Minority	Percentage of total population minus percentage of population identifying as non-Hispanic White.	American Community Survey (ACS) 2013-2017
Infant Mortality Rate	Number of infant deaths (age 364 days or less) per 1,000 live births to a Utah resident mother regardless of where they occurred.	Numerator: Utah Death Certificate Database 2012-2017 Denominator: Utah Birth Certificate Database 2012-2017
Life Expectancy at Birth	An estimate of the expected average number of years of life (or a person's age at death) for individuals who were born into a particular population.	Utah Death Certificate Database 2013-2017
Adults Reporting Poor or Fair General Health	Age-adjusted percentage of adults aged 18 years and older who reported fair or poor general health.	Utah Behavioral Risk Factor Surveillance System (BRFSS) 2015-2017
No Healthcare Coverage	Age-adjusted percentage of population without any kind of health care coverage.	Utah BRFSS 2013-2017

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Health Indicators

Indicator	Definition	Data Source
Adults with Diabetes	Age-adjusted percentage of adults aged 18 years and older who reported being told by a health care professional that he or she has diabetes (excludes women who were told they had diabetes only during pregnancy or those who reported they had “borderline” or prediabetes).	Utah BRFSS 2013-2017
Adult Obesity	Age-adjusted percentage of adults aged 18 years and older who have a body mass index (BMI) of greater than or equal to 30.0 kg/m ² calculated from self-reported weight and height.	Utah BRFSS 2015-2017
Adults Reporting Current Smoking	Age-adjusted percentage of adults aged 18 years and older who smoke cigarettes every day or some days.	Utah BRFSS 2015-2017
Adults Reporting Poor Mental Health	Age-adjusted percentage of adults aged 18 years and older who reported seven or more days when their mental health was not good in the past 30 days.	Utah BRFSS 2015-2017
Suicide Rate	Number of resident deaths resulting from the intentional use of force against oneself (ICD-10 codes X60-X84, Y87.0, *U03), age-adjusted rate per 100,000 persons.	Utah Death Certificate Database 2015-2017
Drug Poisoning Death Rate	Number of deaths among Utah residents resulting from drug poisoning (ICD-10 codes X40-X44, X60-X64, X85, Y10-Y14), age-adjusted rate per 100,000 population.	Utah Death Certificate Database 2015-2017

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Health Indicators

The district profiles include health indicators for the Utah Small Areas. The health indicators are another factor in determining if the Utah Small Areas and legislative districts are experiencing health disparities.

Small Area Profile					General Health			Healthcare Coverage
Small Area #	Name of Utah Small Area	HII Group	Population (2017)	% Racial/Ethnic Minority (2013-2017)	Infant Mortality Rate (per 1,000) (2010-2015)	Life Expectancy at Birth (2013-2017)	Adults Reporting Poor or Fair General Health (%) (2015-2017)	No Healthcare Coverage (%) (2013-2017)
--	State of Utah	--	3,101,989	21.0%	5.2	79.8	13.0%	10.0%

Small Area Profile			Chronic Disease			Mental Health		
Small Area #	Name of Utah Small Area	HII Group	Adults with Diabetes (%) (2013-2017)	Adult Obesity (%) (2015-2017)	Adults Reporting Current Smoking (%) (2015-2017)	Adults Reporting Poor Mental Health (%) (2015-2017)	Suicide Rate (per 100,000) (2015-2017)	Drug Poisoning Death Rate (per 100,000) (2015-2017)
--	State of Utah	--	7.7%	25.8%	9.0%	16.5%	22.0	22.4

Health Disparities

What are Health Disparities?

Health disparities are more than adverse health outcomes. Although all health disparities are adverse health outcomes, not all adverse health outcomes are health disparities. A “disparity” implies the difference is avoidable, unfair, and unjust.

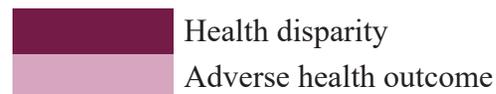
Health disparities are differences in health outcomes closely linked to economic, socio-cultural, environmental, and geographic disadvantage.

How are health disparities and adverse health outcomes identified?

When combined, the Utah HII and health indicators identify health disparities across Utah Small Areas and legislative districts:

1. We compared each Utah Small Areas population’s health outcome to the entire Utah population’s health outcome to determine if the Utah Small Areas population was doing (1) better than, (2) the same as, or (3) worse than Utah overall.
2. If the small area population was doing worse than Utah overall, we then used the Utah HII to determine whether (A) a health disparity or (B) an adverse health outcome existed.
 - A. A health disparity existed if Utah Small Areas with a poor health outcome compared with Utah had a high or very high HII.
 - B. An adverse health outcome existed if Utah Small Areas with a poor health outcome compared with Utah had a very low, low, or average HII.

Health disparities and adverse health outcomes are identified by color as depicted below. More information about measuring and detecting health disparities is included in the appendix.



How can I begin addressing health disparities in my district?

Legislators who are interested in addressing health disparities in their respective districts should contact the UDOH Office of Health Disparities for technical assistance at disparities@utah.gov.

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Health Disparities

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The district profiles show which Utah Small Areas and legislative districts are experiencing health disparities.

1. A **health disparity** exists if a Utah Small Area with a poor health outcome compared with Utah has a high or very high HII.
2. An **adverse health outcome** exists if a Utah Small Area with a poor health outcome compared with the state has a very low, low, or average HII.

Small Area Profile			Chronic Disease			Mental Health		
Small Area #	Name of Utah Small Area	HII Group	Adults with Diabetes (%) (2013-2017)	Adult Obesity (%) (2015-2017)	Adults Reporting Current Smoking (%) (2015-2017)	Adults Reporting Poor Mental Health (%) (2015-2017)	Suicide Rate (per 100,000) (2015-2017)	Drug Poisoning Death Rate (per 100,000) (2015-2017)
--	State of Utah	--	7.7%	25.8%	9.0%	16.5%	22.0	22.4
17	SLC (Rose Park)	Very high	8.9%	30.3%	15.5%	20.5%	19.4	36.7
20	Magna	High	11.5%	32.5%	17.5%	16.3%	26.2	32.5
21.1	SLC (Glendale) V2	Very high	15.2%	40.4%	20.7%	17.2%	17.7	31.4
22.1	West Valley (Center)	Very high	13.2%	36.9%	14.5%	17.6%	22.4	16.2
22.2	West Valley (West) V2	Average	12.6%	36.4%	17.8%	18.6%	13.4	29.9
23.1	West Valley (East) V2	Very high	10.4%	34.0%	14.8%	23.2%	29.9	32.3

*Use caution in interpreting: the estimate has a coefficient of variation > 30% and is therefore deemed unreliable by Utah Department of Health standards.

**The estimate has been suppressed because 1) the relative standard error is greater than 50% or 2) the observed number of events is very small and not appropriate for publication.

N/A - The ACS uses 5-digit ZIP Code Tabulation Areas (ZCTAs) based on boundaries from the 2010 Census. Some Small Areas consist of ZIP Codes that were introduced after 2010; therefore, data are not available for these Small Areas from the ACS.

Utah Senate District 1: Adults with Diabetes

In Utah Senate District 1, Utah Small Areas 20, 21.1, 22.1, and 23.1 have a significantly higher percentage of adults with diabetes. All of these areas are in the very high HII group. Therefore, these Small Areas are experiencing health disparities related to adults with diabetes.

In Utah Senate District 1, Utah Small Area 22.2, has a significantly higher percentage of adults with diabetes, but is in the average HII group. Therefore, this Small Area is experiencing an adverse health outcome related to adults with diabetes.

Senate District Profiles 1-10

Senate District 1: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-1.pdf

Senate District 2: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-2.pdf

Senate District 3: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-3.pdf

Senate District 4: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-4.pdf

Senate District 5: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-5.pdf

Senate District 6: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-6.pdf

Senate District 7: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-7.pdf

Senate District 8: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-8.pdf

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Senate District Profiles 11-20

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Senate District 12: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-12.pdf

Senate District 13: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-13.pdf

Senate District 14: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-14.pdf

Senate District 15: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-15.pdf

Senate District 16: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-16.pdf

Senate District 17: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-17.pdf

Senate District 18: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-18.pdf

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Senate District Profiles 21-29

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Senate District 29: healthequity.utah.gov/wp-content/uploads/UTSenateDistrict-29.pdf

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House District Profiles 1-10

House District 1: healthequity.utah.gov/wp-content/uploads/UTHouseDistrict-1.pdf

House District 2: healthequity.utah.gov/wp-content/uploads/UTHouseDistrict-2.pdf

House District 3: healthequity.utah.gov/wp-content/uploads/UTHouseDistrict-3.pdf

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House District 9: healthequity.utah.gov/wp-content/uploads/UTHouseDistrict-9.pdf

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House District Profiles 11-20

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House District Profiles 21-30

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Appendix

What is Health Equity?

Health equity is the principle underlying the commitment to reduce and, ultimately, eliminate health disparities by addressing its determinants. Pursuing health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those communities at greatest risk for health disparities.

Health disparities are the metrics by which health equity is measured and assessed. A health disparity exists when the health status on a given measure in one or more groups that is disadvantaged in opportunity and/or resources is found to be different from other groups. As such, health equity cannot be achieved as long as health disparities persist.

For that reason, when we report on health disparities, it is important to include, not only the health indicator (the one reflecting the health disparity), but also other measures that provide additional information about why the population experiencing the health disparity is “disadvantaged in opportunities and/or resources.” These additional measures may include race/ethnicity, socio-economic status, educational status, disability status, access to health care, geographic location, etc. For the purposes of this report, the additional measure used was the Utah Health Improvement Index (HII), which is explained in detail earlier in this report.

How do we Measure Health Disparities?

A key component of measuring health disparities is disaggregating data by group. When disaggregated data is collected and reported, it is possible to identify health disparities. For the purpose of this report, data is disaggregated by Utah state legislative district and small area.

Another important consideration in measuring health disparities is choosing a reference group. We must decide whether we want the disparity groups to have health outcomes that match those of the overall population or if we want all groups to match the group with the best health outcome. Potential options for reference groups when measuring health disparities include the group with the healthiest outcomes, the group representing the majority of the population, the total or average outcome for all groups, or standard measures such as those determined by Healthy People 2020. For the purposes of this report, the reference group is the average outcome for the overall population of the state.

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Appendix

How do we Measure Health Disparities? (Continued)

When comparing the Utah Small Areas population's health outcome with the entire Utah population's health outcome, the UDOH used the Utah Public Health Indicator-Based Information System (IBIS) data queries. The state point estimate and Utah Small Areas outcomes confidence bounds were used to determine whether the Utah Small Areas population is doing (1) better than, (2) the same as, or (3) worse than Utah overall. The community value is considered statistically significantly different from the state value if the state value is outside the range of the community's 95% confidence interval.

Detecting Health Disparities in Small Populations

While disaggregating data by group is necessary for detecting health disparities, it can be challenging when working with small populations. For example, in Utah when data are disaggregated by state legislative district and small area, small sample sizes make it difficult or impossible to reliably detect statistically significant differences. Thus, when measuring health disparities in small populations, it is necessary to compile data from a series of years in order to obtain reliable estimates. Even with the compiled data, some samples may not be high enough to yield reliable estimates. In this instance, the data insufficiencies are noted throughout the section with asterisks and footnotes.

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