

Utah Health Disparities Summary 2009

Pacific Islanders

Infectious Disease, Alcohol Abuse, Mental Health and Violence

The Utah Pacific Islander population shares many health issues with the larger Utah population, but also has health problems and strengths unique to its communities. The Utah Department of Health, Center for Multicultural Health has compiled this summary to help community members and health workers:

- Raise awareness of health issues among Pacific Islanders in Utah;
- Plan health programs specific to Pacific Islanders;
- Obtain grant funding for organizations serving Pacific Islanders, and;
- Eliminate racial health disparities.

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

Chlamydia is more prevalent in the Pacific Islander population than among all Utahns.¹ For more information on testing and treatment of sexually transmitted diseases, visit www.catchtheanswers.net and www.aidsinfoutah.net.

A high homicide rate may be a problem for Utah Pacific Islanders. The Utah Pacific Islander homicide rate for 2005-2007 was 11.0 per 100,000 population. The statewide homicide rate was 2.1 per 100,000 population. This difference was statistically significant after adjusting for age.^{3,4} However, because the Pacific Islander population is so small in Utah, the homicide rate for this racial group could fluctuate widely from year to year. The Utah Department of Health will continue to monitor homicide rates over time to determine if this trend continues. The overall violent death rate for Utah Pacific Islanders, including other kinds of deaths such as suicides, unintentional firearms deaths and deaths of undetermined intent, was similar to the statewide rate. The poisoning death rate was lower than statewide.³

A lower rate of major depression was diagnosed among Pacific Islander Utahns than all Utahns.⁵ However, Pacific Islanders self-reported poor mental health at a rate similar to Utahns of all races.⁶ 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.⁷

Fewer adults reported activity limitations due to physical, mental or emotional problems in the Pacific Islander population than statewide.⁶



This document highlights selected infectious diseases and problems related to alcohol abuse, mental health and violence.⁸ 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).^{9,10}



Health Indicators of Utah Pacific Islanders

This table compares health indicators of Pacific Islander Utahns to all Utahns and state and national targets for the year 2010. The second and third columns list the estimated rates followed by the 95% confidence interval (the range within which we can be 95% certain to be correct). The disparity column indicates when we can be 95% confident that the Pacific Islander rate is **better** (↓) or **worse** (↑) than the rate for all Utahns. The final column indicates whether the **Utah Pacific Islander population met the state target for 2010** (✓) at the time of data collection. State targets were set by Utah public health workers based on health program goals and Healthy People 2010, the national health promotion agenda. Healthy People 2010 names two overarching goals: increase quality and years of healthy life and eliminate health disparities.¹¹

	Pacific Islander Utahns	All Utahns	Disparity	2010 Target Met
Alcohol				
Binge Drinking ¹²	13.6% (5.3-31.0)	9.0% (8.4-9.5)		
Chronic Drinking ⁶	1.4% (0.2-9.2)	2.8% (2.6-3.1)		N/A
Driving Under the Influence (DUI) ¹³	0.0% (0.0-6.2)	0.7% (0.5-0.9)		N/A
Immunizations				
No Flu Shot ⁶	60.4% (48.6-71.0)	64.2% (63.4-64.9)		N/A
No Pneumococcal Vaccine (adults 65+) ⁶	39.7% (7.4-84.4)	32.9% (31.4-34.4)		
Infectious Diseases				
Chlamydia Cases per 100,000 Population ¹	399.8 (358.8-440.9)	194.7 (192.3-197.1)	↑	N/A
Gonorrhea Cases per 100,000 Population ¹	30.8 (19.4-42.1)	26.9 (26.0-27.8)		
Tuberculosis Cases per 100,000 Population ¹	* (4.2-17.8)	1.3 (1.1-1.5)	↑	
Mental Health				
Major Depression ⁵	4.2% (2.7-6.3)	4.2% (3.7-4.8)	↓	N/A
Self-Reported Poor Mental Health ⁶	16.5% (9.9-26.1)	15.0% (14.4-15.6)		N/A
Violence				
Poisoning Deaths per 100,000 Population ³	* (0.0-6.8)	15.6 (14.8-16.5)	↓	N/A
Suicides per 100,000 Population ³	6.1** (2.0-14.2)	13.6 (12.8-14.4)		
Violent Deaths per 100,000 Population ³	21.9 (13.0-34.6)	31.4 (30.2-32.6)		N/A
Overall Health Status				
Activities Limited Due to Physical, Mental, or Emotional Problems ⁶	9.6% (5.1-17.6)	18.4% (17.8-19.0)	↓	N/A

*Due to low frequencies, these rates have been suppressed.

**Interpret with caution. Insufficient number of cases to meet UDOH standards for reliability.

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 and check marks in the "2010 Target Met" column use age-adjusted rates to compare populations with different age distributions. See the Appendix (p. 3) for age-adjusted rates and 2010 targets.¹⁰

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 ¹¹	Age-adjusted Indicators	Pacific Islander Utahns	All Utahns	Target ¹¹
Chlamydia ¹	N/A	Binge Drinking ¹²	8.4% (3.6-18.3)	8.5% (8.0-9.0)	13.4%
Gonorrhea ¹	12.5	Chronic Drinking ⁶	0.8% (0.1-5.1)	2.7% (2.5-3.0)	N/A
Tuberculosis ¹	0.8	Driving Under the Influence ¹³	0.0% (0.0-6.2)	0.6% (0.5-0.8)	N/A
		No Flu Shot ⁵	60.7% (48.2-71.9)	62.3% (61.6-63.0)	N/A
		No Pneumococcal Vaccine ⁶	39.7% (7.4-84.4)	32.9% (31.4-34.4)	10.0%
		Major Depression ⁵	2.1% (1.4-3.2)	4.2% (3.8-4.7)	N/A
		Self-Reported Poor Mental Health ⁶	16.2% (9.6-26.0)	14.7% (14.2-15.2)	N/A
		Poisoning Deaths ³	* (0.0-5.3)	15.3 (14.5-16.2)	0.8
		Suicides ³	5.9** (1.7-14.5)	12.1 (11.4-12.9)	4.8
		Violent Deaths ³	20.5 (11.7-33.4)	29.3 (28.1-30.5)	N/A
		Activities Limited ⁶	9.2% (4.7-17.1)	19.7% (19.1-20.2)	N/A

*Due to low frequencies, this rate has been suppressed.

**Interpret with caution. Insufficient number of cases to meet UDOH standards for reliability.

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
- 3 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.
- 4 The crude homicide rate for Utah Pacific Islanders for 2005-2007 was 11.0/100,000 with a 95% confidence interval of 5.0-20.8. The age-adjusted homicide rate for Utah Pacific Islanders for 2005-2007 was 9.7/100,000 with a 95% confidence interval of 4.2-19.0. Interpret Pacific Islander homicide rates with caution—insufficient number of cases to meet UDOH standard for reliability. The crude homicide rate for all Utahns for 2005-2007 was 2.1/100,000 with a 95% confidence interval of 1.8-2.5. The age-adjusted homicide rate for all Utahns for 2005-2007 was 1.9/100,000 with a 95% confidence interval of 1.6-2.2.
- 5 Utah Department of Health, Office of Public Health Assessment. Utah BRFSS 2005-2007. Major depression was diagnosed using the PHQ-9 module.
- 6 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 pneumococcal vaccine' includes ages 65 or over who reported never having a pneumococcal vaccination. 'Self-reported poor mental health' is reporting seven or more days of poor mental health in the past month.
- 7 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>
- 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 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.
- 13 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.



UTAH DEPARTMENT OF
HEALTH



**Center for
Multicultural
Health**

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/>

