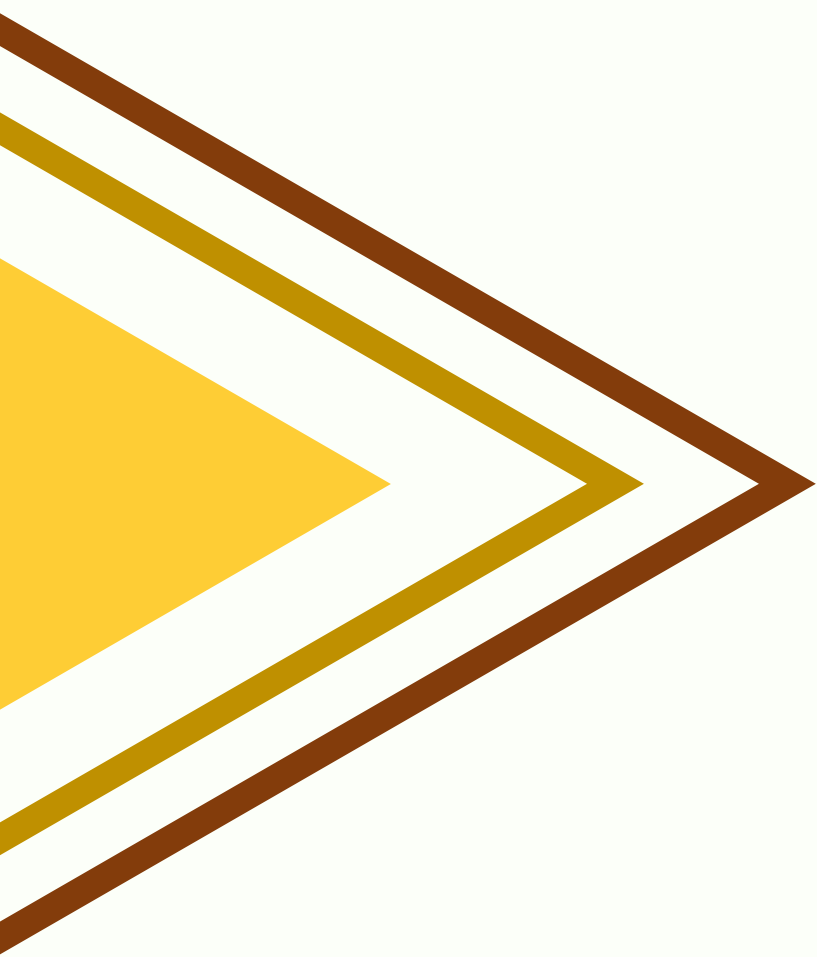


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# Twenty years of health data

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for Asian/Asian American communities  
in Utah



A technical report



Utah Department of  
**Health & Human Services**  
Health Equity

June 2023

# Contents

|                                                                                                                            |    |
|----------------------------------------------------------------------------------------------------------------------------|----|
| Acknowledgments                                                                                                            | 2  |
| Other reports in this series                                                                                               | 3  |
| Overview                                                                                                                   | 4  |
| Methodology                                                                                                                | 6  |
| Table 1: Disparity ratio and difference ratio calculation table                                                            | 8  |
| Asian/Asian American populations in Utah                                                                                   | 14 |
| Overview of health disparities for Asian/Asian American populations in Utah                                                | 15 |
| Table 2: Overview of health disparities for Asian/Asian American populations in Utah, 1997–2019 data                       | 15 |
| Table 3: Health disparity gaps and health trends for Asian/Asian American populations in Utah, 1997–2019 data              | 16 |
| Table 4: Health trends of indicators with no health disparities for Asian/Asian American populations, Utah, 1997–2019 data | 17 |
| Conclusion                                                                                                                 | 17 |
| Health indicators                                                                                                          | 18 |
| Socio-demographics                                                                                                         | 18 |
| Access to healthcare and health status                                                                                     | 19 |
| Preventive services                                                                                                        | 21 |
| Physical activity and nutrition                                                                                            | 24 |
| Health of mothers and infants                                                                                              | 26 |
| Risk factors                                                                                                               | 29 |
| Injuries                                                                                                                   | 31 |
| Infectious diseases                                                                                                        | 32 |
| Chronic diseases                                                                                                           | 34 |
| Cancer                                                                                                                     | 37 |
| Additional resources                                                                                                       | 41 |

# Acknowledgments

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**Special thanks:** The format of these reports is based on previous Moving Forward reports published in 2016 by the Utah Department of Health Office of Health Disparities. For previous editions of these reports, please contact the Office of Health Equity at [healthequity@utah.gov](mailto:healthequity@utah.gov). The data in these reports are from data compiled in the Utah Health Status by Race and Ethnicity reports published in 2005, 2010, 2015, and 2021. A special thanks to all who helped produce these reports for their contributions.

**Published June 2023**

**Updated December 2023**

**Utah Department of Health and Human Services**

**Office of Health Equity**

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**Suggested citation:** Office of Health Equity (2023). *Twenty years of health data for Asian/Asian American communities in Utah*. Salt Lake City, UT: Utah Department of Health and Human Services.

## Other reports in this series

For information on health data for other racial and ethnic communities, see these additional reports in this series:

### **Twenty years of health data for American Indian/Alaska Native communities in Utah**

[healthequity.utah.gov/wp-content/uploads/Twenty\\_Years\\_AIAN.pdf](https://healthequity.utah.gov/wp-content/uploads/Twenty_Years_AIAN.pdf)

### **Twenty years of health data for Black/African American communities in Utah**

[healthequity.utah.gov/wp-content/uploads/Twenty\\_Years\\_BAA.pdf](https://healthequity.utah.gov/wp-content/uploads/Twenty_Years_BAA.pdf)

### **Twenty years of health data for Hispanic/Latino communities in Utah**

[healthequity.utah.gov/wp-content/uploads/Twenty\\_Years\\_Hispanic\\_Latino.pdf](https://healthequity.utah.gov/wp-content/uploads/Twenty_Years_Hispanic_Latino.pdf)

### **Twenty years of health data for Native Hawaiian/Pacific Islander communities in Utah**

[healthequity.utah.gov/wp-content/uploads/Twenty\\_Years\\_NHPI.pdf](https://healthequity.utah.gov/wp-content/uploads/Twenty_Years_NHPI.pdf)

### **Twenty years of health data for White, non-Hispanic communities in Utah**

[healthequity.utah.gov/wp-content/uploads/Twenty\\_Years\\_White-NH.pdf](https://healthequity.utah.gov/wp-content/uploads/Twenty_Years_White-NH.pdf)

# Overview

This technical report was developed using data presented in the 2005, 2010, 2015, and 2021 editions of the Utah Health Status by Race and Ethnicity reports, published by the Utah Department of Health Office of Health Disparities, now the Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE).

This is one of six technical reports which provide data and analyses about health status among racial and ethnic populations in Utah, namely American Indian/Alaska Native, Asian/Asian American, Black/African American, Hispanic/Latino, Native Hawaiian/Pacific Islander, and White, non-Hispanic populations. These technical reports provide 20 years of health trend data and analyses for racial and ethnic populations in Utah. In these reports, health disparities were identified with (1) a thorough understanding of the difficulties in measuring health outcomes in small populations; and (2) an application of statistical methods. Both techniques are important to epidemiology, and this is the balanced approach taken in these reports.

Health disparities are more than differences in health outcomes. Health disparities adversely affect groups of people who have experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; or geographic location. In this report, a health disparity is identified with respect to a health indicator when specific racial and ethnic groups in Utah experience some level of inequity compared to the reference group of Utah's population as a whole.<sup>1</sup>

The vision of DHHS is to ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. These reports identify health disparities experienced by specific racial and ethnic groups in Utah and help DHHS to plan, implement, and evaluate data-supported efforts to close health disparity gaps and improve health outcomes for all Utahns.<sup>2</sup>

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<sup>1</sup> Office of Disease Prevention and Health Promotion. (n.d.). *Health Equity in Healthy People 2030*. Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services. <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>

<sup>2</sup> Utah Department of Health and Human Services. (2022). *Performance Measures for the Utah Department of Health and Human Services*.

## Data sources

Data for these technical reports were obtained from Utah Health Status by Race and Ethnicity 2005, 2010, 2015, and 2021 reports. Data from 1997–2004 were reported in Utah Health Status by Race and Ethnicity 2005. Data from 2005–2009 were reported in Utah Health Status by Race and Ethnicity 2010. Data from 2010–2014 were reported in Utah Health Status by Race and Ethnicity 2015. Data from 2015–2019 were reported in Utah Health Status by Race and Ethnicity 2021. In 2020, due to the Utah Department of Health response to the COVID-19 pandemic, Utah Health Status by Race and Ethnicity 2020 was delayed until 2021.

**Throughout the Moving Forward reports, the years 2005, 2010, 2015, and 2021 refer to the publication dates of the Utah Health Status by Race and Ethnicity report and not the year the presented data were collected. Data sources and years are listed below each graph.**

To view any of the Moving Forward reports, please make a request to the Office of Health Equity by contacting [healthequity@utah.gov](mailto:healthequity@utah.gov).

# Methodology

Data on the health status of racial and ethnic populations were obtained from the Utah Health Status by Race and Ethnicity 2005, 2010, 2015, and 2021 reports for a variety of health indicators. For each health indicator, a line graph visually presents the health status of the racial/ethnic population and the health status of the Utah population overall for comparison. An accompanying text box provides the health disparity, disparity ratio, health disparity gap, health trend, additional interpretation, and commentary.

Analysis of health indicators was conducted through examination and interpretation of differences between a racial/ethnic population and the overall Utah population. Much of the focus of the analysis was on the examination and interpretation of changes over time. Numeric differences and ratios between racial/ethnic populations and the Utah population overall were charted (not shown) and assessed along with the line graphs to identify health disparities, categorize health disparity gaps, and describe health trends.

The years of data analysis vary depending on methodology, data availability, and data reliability. Health disparities were assessed based on data points from the 2021 report (or next most recent report, if data from the 2021 report were not available). Disparity ratios were calculated for data points from the 2021 report (or next most recent). Health disparity gaps were assessed based on data points from the 2021 report (or next most recent). Health disparity gap and health trend analysis considered the full reporting period covering data reported in 2005 through 2021 (except in cases where data points for specific years were not available). For some indicators during some years of data collection, Asian/Asian American and Native Hawaiian/Pacific Islander populations were combined at the point of data collection. In those instances, data are not presented as they are not compatible with data for the Asian/Asian American population alone.

## Reference population

The reference population was the overall Utah population or the relevant overall Utah sub-population, such as Utah adults. Throughout these reports, the health status of racial/ethnic populations was compared to this reference population.

## Health disparity and disparity ratio

For these reports, a health disparity was identified by determining whether there was a statistically significant difference between a racial/ethnic population and the Utah population overall at 2021 reporting. When the health status of a racial/ethnic population was significantly worse than Utah overall, a health disparity was identified for that health indicator.

A statistically significant difference was defined as when “the state rate (age-adjusted whenever possible) does not fall within the 95% confidence interval (age-adjusted whenever

possible) of the rate for the racial/ethnic population”<sup>3</sup>. A significantly different health outcome for a racial/ethnic population compared with the statewide health outcome was marked with a caret (^). Data points with insufficient relative standard error to meet DHHS standards for data reliability were marked with an asterisk (\*). Data points suppressed due to a relative standard error greater than 50% or undetermined relative standard error were marked with a double asterisk (\*\*). For more information on statistical methods, refer to the Utah Health Status by Race and Ethnicity reports (links provided on page 5).

Potential health disparities were identified by calculation of disparity ratios. Disparity ratios were used to assess disparities and the magnitude of disparities between racial/ethnic populations and the Utah population overall. Health disparities were identified using a methodology similar to that described by the Multnomah County Health Department in its 2014 Report Card on Racial and Ethnic Disparities.<sup>4</sup> A disparity ratio was defined as the rate or prevalence in a population of interest (e.g., racial/ethnic population) divided by the rate or prevalence in a reference population (e.g., Utah population overall). Depending on the context, the population of interest was placed in the numerator when a decrease in a measure signals improvement (such as diabetes prevalence) and was placed in the denominator when an increase in a measure signals improvement (such as daily vegetable consumption). Thus, a disparity ratio greater than 1.0 meant the measure for the population of interest was worse than that of the reference population. A disparity ratio of 1.0 meant the measure for the population of interest was the same as that of the reference population. A disparity ratio less than 1.0 meant the measure for the population of interest was better than that of the reference population.

Health disparities, informed by disparity ratios, were categorized into the following three health disparity groups:

- **Yes** = the health status of the racial/ethnic population during 2021 reporting was **statistically significantly worse** than the Utah population overall. These health disparities warrant further investigation for improved understanding to inform efforts to address them.
- **Potential** = the health status of the racial/ethnic population during 2021 reporting was **worse** than the Utah population overall **and** the disparity ratio was **greater than or equal to 1.1**. The difference between the racial/ethnic population and the reference population was not statistically significant; however, this does not mean there is no health disparity. Further information is required.
- **No** = the health status of the racial/ethnic population was **better** than the Utah population overall **and/or** the disparity ratio was **less than or equal to 1.0**. If a racial/ethnic group showed little or no difference or fared better in their health status compared with the reference population, there was no health disparity.

<sup>3</sup> Office of Health Disparities (2021). *Utah Health Status by Race and Ethnicity 2021*. Salt Lake City, UT: Utah Department of Health.

<sup>4</sup> Multnomah County Health Department. (2014). *2014 Report Card on Racial and Ethnic Disparities*, Full Report: <https://www.multco.us/file/2014-report-card-racial-and-ethnic-disparities-full-report-v121214pdf-0>. Executive Summary: [https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/2014%20Report%20Card%20on%20Racial%20and%20Ethnic%20Disparities%20-%20Executive%20Summary\\_0.pdf](https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/2014%20Report%20Card%20on%20Racial%20and%20Ethnic%20Disparities%20-%20Executive%20Summary_0.pdf)



Table 1 shows an example of how disparity ratios and difference ratios were calculated for the indicator “recent poor mental health.” Percentages of the population with recent poor mental health were obtained for the Utah population overall and six racial/ethnic populations from the 2005, 2010, 2015, and 2021 editions of Utah Health Status by Race and Ethnicity. The percentage in the racial/ethnic population was divided by the percentage in the Utah population overall to calculate the disparity and difference ratios.

**Table 1: Disparity ratio and difference ratio calculation table**

| Recent poor mental health        |                 | 2005 report | 2010 report | 2015 report | 2021 report |
|----------------------------------|-----------------|-------------|-------------|-------------|-------------|
| Utah overall                     | Percentage      | 15.0%       | 14.7%       | 15.8%       | 19.0%       |
| American Indian/Alaska Native    | Percentage      | 22.9%       | 22.9%       | 20.0%       | 20.2%       |
|                                  | Disparity ratio | 1.5         | 1.6         | 1.3         | 1.1         |
| Asian/Asian American             | Percentage      | 9.9%        | 9.3%        | 11.7%       | 16.0%       |
|                                  | Disparity ratio | 0.7         | 0.6         | 0.7         | 0.8         |
| Black/African American           | Percentage      | 27.1%       | 13.4%       | 12.9%       | 21.4%       |
|                                  | Disparity ratio | 1.8         | 0.9         | 0.8         | 1.1         |
| Hispanic/Latino                  | Percentage      | 16.9%       | 15.7%       | 16.9%       | 14.3%       |
|                                  | Disparity ratio | 1.1         | 1.1         | 1.1         | 0.8         |
| Native Hawaiian/Pacific Islander | Percentage      | 15.9%       | 16.2%       | 14.1%       | 23.2%       |
|                                  | Disparity ratio | 1.1         | 1.1         | 0.9         | 1.2         |
| White, non-Hispanic              | Percentage      | 14.7%       | 14.7%       | 15.8%       | 18.5%       |
|                                  | Disparity ratio | 1.0         | 1.0         | 1.0         | 1.0         |

### Health disparity gap

A health disparity gap was defined as the difference between the value of an indicator in a racial/ethnic population compared to the value of that indicator in the Utah population overall. In these reports, changes in the health disparity gap over time were assessed. These trends were evaluated by examining changes in both the numeric differences and the disparity ratios between a racial/ethnic population and the statewide population over time.

For the purpose of these reports, the health disparity gap for an indicator was identified as: increased, recently increased, decreased, recently decreased, persisted, fluctuated, or emerged. Health disparity gaps were only classified for indicators with health disparities or potential health disparities at 2021 reporting. If there was no health disparity, the health disparity gap was classified as “N/a” (not applicable).

- **Increased** = the numeric difference between the Utah population overall and the racial/ethnic group for 2021 reporting was generally larger than previous years of reporting and/or the disparity ratio increased by at least 0.2 over time.
- **Recently increased** = the numeric difference between the Utah population overall and the racial/ethnic group for 2021 reporting was larger than for 2015 reporting, but prior to 2015 reporting, the disparity ratio decreased or persisted over time.
- **Decreased** = the numeric difference between the Utah population overall and the racial/ethnic group for 2021 reporting was generally smaller than previous years of reporting and/or the disparity ratio decreased by at least 0.2 over time.
- **Recently decreased** = the numeric difference between the Utah population overall and the racial/ethnic group for 2021 reporting was smaller than for 2015 reporting, but prior to 2015 reporting, the disparity ratio increased or persisted over time.
- **Persisted** = the numeric difference between the Utah population overall and the racial/ethnic group for 2021 reporting was generally the same when compared with previous years of reporting and/or the change in disparity ratio was less than 0.3.
- **Fluctuated** = the numeric difference between the Utah population overall and the racial/ethnic group increased and decreased over time and/or the disparity ratio increased and decreased over time.
- **Emerged** = the numeric difference between the Utah population overall and the racial/ethnic group for 2021 reporting increased since 2015 reporting and/or the disparity ratio changed from no health disparity to a potential health disparity, or from a potential health disparity to a health disparity. Previous health disparity gaps that closed and then re-emerged were classified as emerged.

**Note:** The criteria for persisted sometimes overlapped with the criteria for increased and decreased, particularly between 0.2 and 0.3. Subject matter expertise informed decisions in these cases. Also, improvement in health status did not definitively mean a health disparity gap decreased. For example, if a racial/ethnic group’s measures and the overall population’s measures equally improved, the health status improved, but the health disparity gap persisted. Finally, in instances where health disparity gaps met criteria for both fluctuated and increased (or another category), categorizing health disparity gaps as fluctuated was avoided to the extent possible. Categories other than fluctuated provided more useful information to encourage further investigation.

## Health trend

The health trend was defined as the change in the health status of an indicator of a racial/ethnic group over time. Two general categories of trends were observed—monotonic trends and inflected trends. Monotonic trends only increased or only decreased. Inflected trends started to increase or decrease, experienced an inflection point, then moved in the opposite direction.

For the purpose of these reports, the health trend for each indicator was classified as: improved, recently improved, worsened, recently worsened, changed little, fluctuated, or N/a (not applicable).

- **Improved** = the health status of a racial/ethnic group at 2021 reporting was better than the health status during previous years of reporting and the indicator improved by more than three to five percentage points. Improved trends were either monotonic or inflected.
- **Recently improved** = the health status of a racial/ethnic group experienced a notable improvement between 2015 and 2021 reporting following an inflection point up to which the trend had been worsening.
- **Worsened** = the health status of a racial/ethnic group at 2021 reporting was worse than the health status during previous years of reporting and the indicator worsened by more than three to five percentage points. Worsened trends were either monotonic or inflected.
- **Recently worsened** = the health status of a racial/ethnic group experienced a notable worsening between 2015 and 2021 reporting following an inflection point up to which the trend had been improving.
- **Changed little** = the health status of a racial/ethnic group at 2021 reporting was generally the same as the health status during at least two of the previous years of reporting, and any changes in the health status were within or less than three to five percentage points.
- **Fluctuated** = the health status of a racial/ethnic population both increased and decreased by more than three to five percentage points or there was no conclusive trend in the health status.
- **N/a (not applicable)** = the health status of a racial/ethnic group could not be determined based on the availability of only two data points. Two data points are insufficient to establish a trend and must be interpreted with caution.

**Note:** The criteria for changed little sometimes overlapped with the criteria for improved and worsened, particularly when changes in health trends occurred within the range of three to five percentage points. Knowledge of the health indicator and subject matter expertise about its context in Utah informed decisions in these cases.

## How to use these reports

This series of reports provides trend data compiled across four consecutive reporting periods. The purpose of these reports is to track changes in health indicators over time and present data through visualizations and trend interpretations to identify health gaps.

Through these reports, DHHS OHE seeks to elevate awareness of health disparities in Utah to stimulate meaningful discussion and research, enhance existing programming, and facilitate future interventions and collaborations to better understand and address these health disparities.

Note: All data in these reports were collected prior to the start of the COVID-19 pandemic, so changes to health trends and health disparity gaps cannot be explained by the effects of COVID-19.

## Limitations

- These reports utilize various data sources, all of which have different strengths and weaknesses. Public health datasets that contributed to the data used in these reports include birth certificates, death certificates, communicable disease surveillance, the Utah Cancer Registry, and health surveys. Not all data sources were consistent across the 20-year span covered by the series of Utah Health Status by Race and Ethnicity reports. Therefore, interpretations identifying long-term trends or shifts in health status across the 2005, 2010, 2015, and 2021 reporting years should be examined with this awareness in mind. Beginning in 2011, data collected from the Behavioral Risk Factor Surveillance System (BRFSS) include both landline and cell phone respondent data along with a new weighting methodology called iterative proportional fitting, or raking.<sup>5</sup> Data collected before and after this change in methodology should be compared with caution.
- Not all indicators from the Utah Health Status by Race and Ethnicity reports are presented in these reports, due to various limitations. For example, data for colon cancer screenings could not be compared over time due to changes in survey methodology that capture this information. Indicators listed in the 2021 Utah Health Status by Race and Ethnicity report but not listed in the Moving Forward in 2023 reports are: cost as a barrier to healthcare, routine dental checkup, first trimester prenatal care, colon cancer screening, pneumonia immunization, adolescent obesity, high cholesterol, exposure to secondhand smoke, e-cigarette use by youth, adolescent suicide ideation, recommended aerobic physical activity, low birth weight, obesity in pregnancy, smoking during pregnancy, gestational diabetes, ever breastfed, postpartum depression, major structural birth defects, orofacial clefts, critical congenital heart defects, Down syndrome, neural

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<sup>5</sup> Utah Department of Health and Human Services Public Health Indicator Based Information System (IBIS). Utah's Behavioral Risk Factor Surveillance System (BRFSS) Query Module Configuration Selection. <https://ibis.health.utah.gov/ibisph-view/query/selection/brfss/BRFSSSelection.html>

tube defects, human immunodeficiency virus (HIV), hepatitis C, unintentional poisoning deaths, poor physical health status, poor mental health status, major depression, and chronic obstructive pulmonary disease (COPD).

- When data are disaggregated by race, sample numbers can be small. Data are often compiled from a series of years in order to obtain reliable estimates. Even then, some samples may not be large enough to yield statistically significant differences. Statistically significant differences are noted with a caret (^).
- Some health status estimates for racial and ethnic populations have insufficient relative standard error due to small numbers to meet DHHS standards for data reliability and are marked with an asterisk (\*). These data must be interpreted with caution or investigated further.
- For the 2005 report, no data suppression rules were applied. This means estimates from the 2005 report with high relative standard error have not been marked with an asterisk (\*) to caution about data reliability or double asterisks (\*\*) to suppress data with very high relative standard error.
- Analysis of health trends did not take confidence intervals into account but rather focused on the point estimates in the time series of an indicator. When comparing data to the Utah population overall, confidence intervals for data from small populations are often large and overlap with Utah overall even when point estimates are substantially different. While non-overlapping confidence intervals provide convincing evidence of a difference, by only classifying trends for indicators with non-overlapping confidence intervals, important health disparities and differences may be missed. This approach may overestimate the existence of health disparities, but awareness of health disparities and their disproportionate impact on racial and ethnic populations is central to the pursuit of health equity in Utah.
- The differences in how indicators were interpreted were influenced by knowledge of contextual factors and expertise of the authors and contributors of these reports. Readers may have different knowledge, expertise, and information and may interpret the health trends and health disparity gaps differently.
- Race and ethnicity data in the Utah Health Status by Race and Ethnicity reports were grouped according to standards set in 1997 by the federal Office of Management and Budget. Nevertheless, in some instances, reported race is of any ethnicity and reported ethnicity is of any race. This may lead to overlapping categories within an indicator and may also mean the same race and ethnicity categories may not be strictly comparable across years.

- Significant diversity exists in each of the broad race and ethnicity categories used in this report series and the use of these broad categories will mask health disparities among smaller subgroups and among multiracial and multiethnic communities. Collecting more granular race and ethnicity data can help reveal further health disparities and differences within a racial/ethnic group.

# Asian/Asian American populations in Utah

More than 118,000 people who identify as Asian/Asian American reside in Utah.<sup>6</sup> People of Chinese, Filipino, and Japanese ancestry comprise approximately 50% of Asian/Asian American populations in the state, followed by populations with Indian, Vietnamese, Korean, Thai, Cambodian, and Laotian ancestries. Smaller populations, including those of Pakistani, Nepali, Burmese, and Indonesian descent also call Utah home. Salt Lake County has the state's highest proportion of Asian/Asian American populations, at 55%.<sup>7</sup> Asian/Asian American populations in Utah experienced rapid growth in the past decade—they increased by 59% between 2010 and 2020.<sup>8</sup> Approximately 56,000 Utahns (21%) who are foreign born are from Asia.<sup>9</sup> The median age of Asian/Asian American populations in Utah is 33.8 years.<sup>10</sup>

## Health status

Overall, the data presented in this report show that in Utah, Asian/Asian American populations have significantly lower rates of no health insurance, births to adolescents, unintentional injury deaths, vehicle crash deaths, suicide, gonorrhea incidence, arthritis prevalence, asthma prevalence, diabetes deaths, coronary heart disease deaths, lung cancer deaths, breast cancer incidence, breast cancer deaths, and prostate cancer deaths, and higher rates of daily vegetable consumption compared with Utah overall. In addition, Asian/Asian American populations have a higher life expectancy at birth. However, data over 20 years of reporting indicate health disparity gaps in Asian/Asian American populations in Utah increased in daily folic acid consumption. In addition, health disparity gaps persisted in the areas of child poverty, no primary care provider, no physical activity, and preterm birth. Health disparity gaps decreased or recently decreased in poverty and tuberculosis incidence. Recently, health disparity gaps emerged in the areas of mammograms, unintended pregnancy births, diabetes prevalence, and colorectal cancer incidence. Health disparity gaps fluctuated for Pap testing.

<sup>6</sup> U.S. Census Bureau 2016–2020 ACS 5-Year Estimates, Table B02018, Asian Alone or In Any Combination by Selected Groups

<sup>7</sup> U.S. Census Bureau 2016–2020 ACS 5-Year Estimates, Table DP05, ACS Demographic and Housing Estimates, Race alone or in combination with one or more other races

<sup>8</sup> U.S. Census Bureau 2006–2010 & 2016–2020 ACS 5-Year Estimates, Table DP05, ACS Demographic and Housing Estimates, Race alone or in combination with one or more other races

<sup>9</sup> U.S. Census Bureau 2016–2020 ACS 5-Year Estimates, Table B05002, Place of Birth by Nativity and Citizenship Status

<sup>10</sup> U.S. Census Bureau 2017–2021 ACS 5-Year Estimates, Table B01002D, Median Age by Sex (Asian alone).



# Overview of health disparities for Asian/Asian American populations in Utah

Table 2 presents an overview of health disparities and potential health disparities (referred to collectively as “health disparities”) among Asian/Asian American populations in Utah. Of 46 indicators analyzed, 12 showed health disparities for Asian/Asian American populations when compared with Utah overall. Of 12 indicators showing health disparities, the health disparity gap decreased or recently decreased in two indicators, persisted in four indicators, increased or recently increased in one indicator, emerged in four indicators, and fluctuated in one indicator.

**Table 2: Overview of health disparities for Asian/Asian American populations in Utah, 1997–2019 data**

| No health disparity           |                                 | Health disparity gap decreased/recently decreased | Health disparity gap persisted | Health disparity gap increased/recently increased/emerged | Health disparity gap fluctuated |
|-------------------------------|---------------------------------|---------------------------------------------------|--------------------------------|-----------------------------------------------------------|---------------------------------|
| ▶ Life expectancy at birth    | ▶ Unintentional injury deaths   | ▶ Poverty                                         | ▶ Child poverty                | ▶ Mammograms*                                             | ▶ Pap testing                   |
| ▶ No health insurance         | ▶ Motor vehicle crash deaths    | ▶ Tuberculosis incidence                          | ▶ No primary care provider     | ▶ Daily folic acid consumption                            |                                 |
| ▶ Fair or poor health         | ▶ Suicide                       |                                                   | ▶ No physical activity         | ▶ Unintended pregnancy births*                            |                                 |
| ▶ Recent poor mental health   | ▶ Chlamydia incidence           |                                                   | ▶ Preterm birth                | ▶ Diabetes prevalence*                                    |                                 |
| ▶ Routine medical checkups    | ▶ Gonorrhea incidence           |                                                   |                                | ▶ Colorectal cancer incidence*                            |                                 |
| ▶ Blood cholesterol screening | ▶ Arthritis prevalence          |                                                   |                                |                                                           |                                 |
| ▶ Prostate cancer screening   | ▶ Asthma prevalence             |                                                   |                                |                                                           |                                 |
| ▶ Flu shot                    | ▶ Diabetes deaths               |                                                   |                                |                                                           |                                 |
| ▶ Overweight or obesity       | ▶ Coronary heart disease deaths |                                                   |                                |                                                           |                                 |
| ▶ Daily fruit consumption     | ▶ Stroke deaths                 |                                                   |                                |                                                           |                                 |
| ▶ Daily vegetable consump.    | ▶ Lung cancer incidence         |                                                   |                                |                                                           |                                 |
| ▶ Births to adolescents       | ▶ Lung cancer deaths            |                                                   |                                |                                                           |                                 |
| ▶ Infant mortality            | ▶ Colorectal cancer deaths      |                                                   |                                |                                                           |                                 |
| ▶ High blood pressure         | ▶ Breast cancer incidence       |                                                   |                                |                                                           |                                 |
| ▶ Current cigarette smoking   | ▶ Breast cancer deaths          |                                                   |                                |                                                           |                                 |
| ▶ Binge drinking of alcohol   | ▶ Prostate cancer incidence     |                                                   |                                |                                                           |                                 |
| ▶ Heavy drinking of alcohol   | ▶ Prostate cancer deaths        |                                                   |                                |                                                           |                                 |

\*The health disparity gap for this indicator was classified as “Emerged.”



Health disparities occur along with changes to the health status of a population over time. A health disparity gap can exist while the underlying health status of a racial/ethnic minority population may have improved, changed little, worsened, or fluctuated over time.

Table 3 catalogs 11 indicators with health disparity gaps that increased/recently increased/emerged, persisted, or decreased/recently decreased cross-referenced by health trends that improved/recently improved, changed little, or worsened/recently worsened for Asian/Asian American populations in Utah. Not included in Table 3 is one indicator in which the health disparity gap fluctuated: Pap testing.

**Table 3: Health disparity gaps and health trends for Asian/Asian American populations in Utah, 1997–2019 data**

|              |                            | Health disparity gap                                                                          |                                                                                                                                       |                                                                                                                                                                                 |
|--------------|----------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              |                            | Decreased/recently decreased                                                                  | Persisted                                                                                                                             | Increased/recently increased/emerged                                                                                                                                            |
| Health trend | Improved/recently improved | <ul style="list-style-type: none"> <li>▶ Poverty</li> <li>▶ Tuberculosis incidence</li> </ul> | <ul style="list-style-type: none"> <li>▶ Child poverty</li> </ul>                                                                     | <ul style="list-style-type: none"> <li>▶ Unintended pregnancy births*</li> </ul>                                                                                                |
|              | Changed little             |                                                                                               | <ul style="list-style-type: none"> <li>▶ No primary care provider</li> <li>▶ No physical activity</li> <li>▶ Preterm birth</li> </ul> |                                                                                                                                                                                 |
|              | Worsened/recently worsened |                                                                                               |                                                                                                                                       | <ul style="list-style-type: none"> <li>▶ Mammograms*</li> <li>▶ Daily folic acid consumption</li> <li>▶ Diabetes prevalence*</li> <li>▶ Colorectal cancer incidence*</li> </ul> |

\*The health disparity gap for this indicator was classified as “Emerged.”

There were no health disparities in 34 of 46 indicators (74%) for Asian/Asian American populations in Utah. However, it is still important to monitor the health trends of these indicators, as some may worsen over time. The health trend of an indicator shows whether the health status of the population improved, changed little, worsened, or fluctuated over time. Table 4 shows the health trends of indicators with no health disparities for Asian/Asian American populations in Utah. Four health trends marked as "N/a" are not shown in this table (no primary care provider, lung cancer deaths, colorectal cancer deaths, and breast cancer deaths).

Table 4 presents 30 indicators with no health disparities and a determined health trend. The health trend improved or recently improved in 13 indicators, changed little in 7 indicators, and worsened or recently worsened in 10 indicators.

**Table 4: Health trends of indicators with no health disparities for Asian/Asian American populations, Utah, 1997–2019 data**

| Improved/recently improved    | Changed little                  | Worsened/recently worsened  |
|-------------------------------|---------------------------------|-----------------------------|
| ▶ Life expectancy at birth    | ▶ Flu shot                      | ▶ Fair or poor health       |
| ▶ No health insurance         | ▶ Infant mortality              | ▶ Recent poor mental health |
| ▶ Routine medical checkups    | ▶ High blood pressure           | ▶ Prostate cancer screening |
| ▶ Blood cholesterol screening | ▶ Binge drinking of alcohol     | ▶ Overweight or obesity     |
| ▶ Births to adolescents       | ▶ Suicide                       | ▶ Daily fruit consumption   |
| ▶ Current cigarette smoking   | ▶ Asthma prevalence             | ▶ Heavy drinking of alcohol |
| ▶ Unintentional injury deaths | ▶ Coronary heart disease deaths | ▶ Chlamydia incidence       |
| ▶ Motor vehicle crash deaths  |                                 | ▶ Gonorrhea incidence       |
| ▶ Diabetes deaths             |                                 | ▶ Arthritis prevalence      |
| ▶ Stroke deaths               |                                 | ▶ Breast cancer incidence   |
| ▶ Lung cancer incidence       |                                 |                             |
| ▶ Prostate cancer incidence   |                                 |                             |
| ▶ Prostate cancer deaths      |                                 |                             |

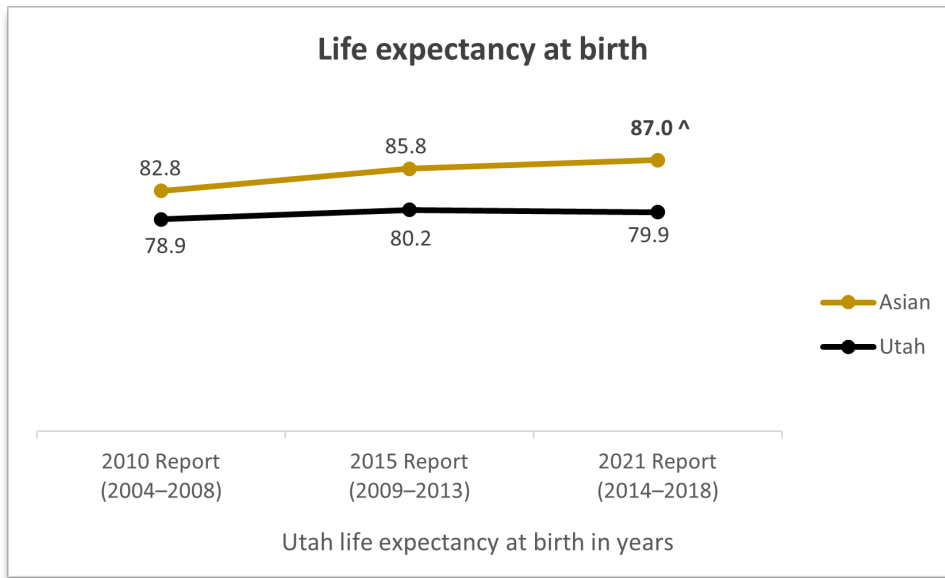
## Conclusion

Health disparities can be understood and addressed with the availability of high-quality information. Data that track health disparities and differences over time, such as in these health trend reports, function as an important starting point to stimulate further discussion. They serve the ultimate goal of taking action to reduce health disparities and advance health equity.

# Health indicators

Throughout this section, 'Asian' is used to refer to 'Asian/Asian American.'

## Socio-demographics

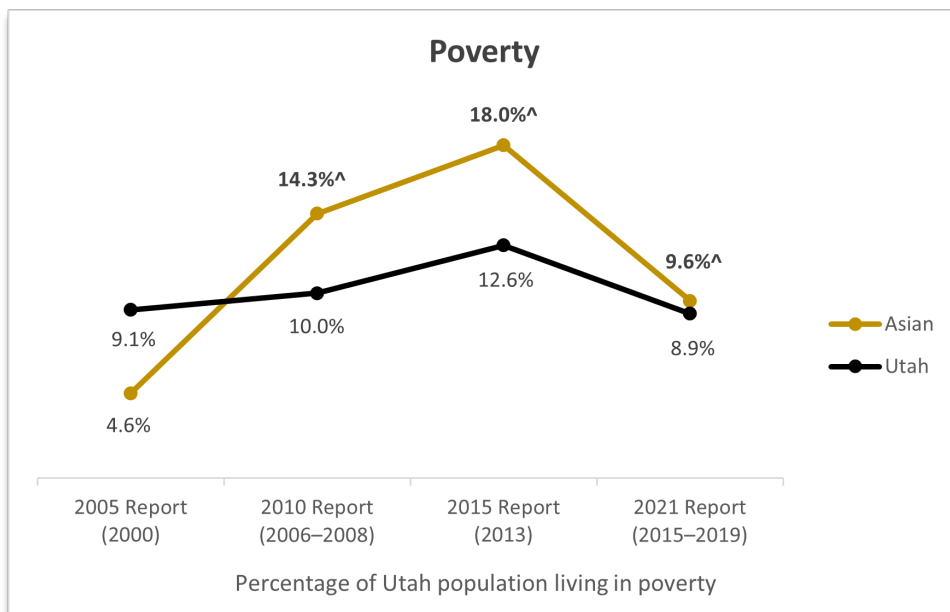


Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.9**  
 Health disparity gap: **N/a**  
 Health trend: **Improved**

Life expectancy at birth among Asian populations was higher than Utah overall since 2010 reporting. Life expectancy among Asian populations increased. As of 2021 reporting, life expectancy at birth was 7.1 years higher among Asian populations than Utah overall.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2010 Report: UDOH Office of Public Health Assessment, Death Certificate Database, 2004–2008. UDOH Office of Public Health Assessment, Population Estimate, 2006; 2015 Report: UDOH Office of Vital Records and Statistics, 2009–2013. US Census Bureau, Population Estimates by Age, Sex, Race & Hispanic Origin for Counties in Utah, IBIS version 2013; 2021 Report: UDOH Office of Vital Records & Statistics, Death Certificate Database, 2014–2018. US Census Bureau, Population Estimates by Age, Sex, Race & Hispanic Origin for Counties in Utah, IBIS version 2019.

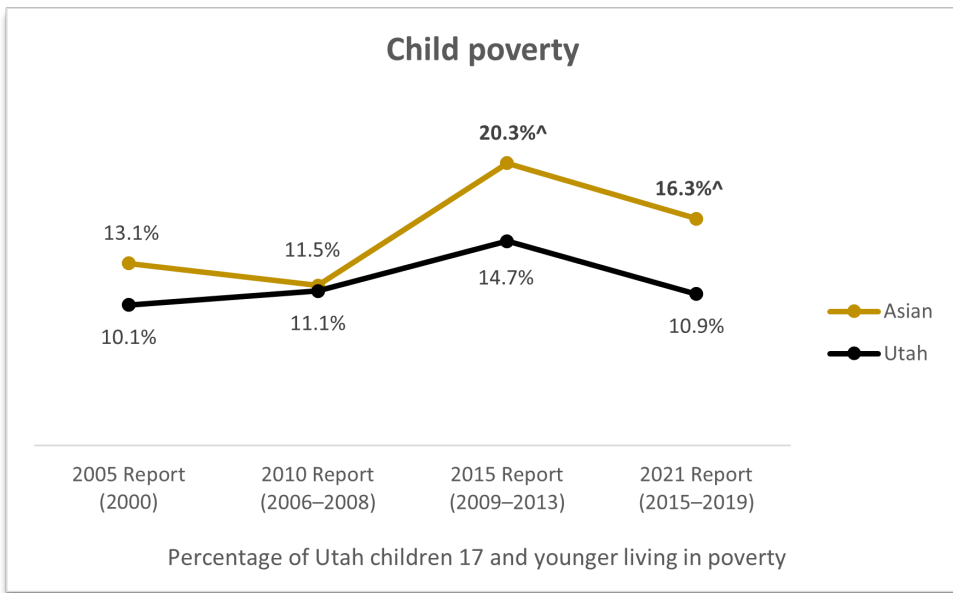


Health disparity: **Yes<sup>^</sup>**  
 Disparity ratio: **1.1**  
 Health disparity gap: **Recently decreased**  
 Health trend: **Recently improved**

Poverty among Asian populations was half that of Utah overall in 2005 reporting, then rose to a high of 18.0% in 2015 reporting. Since 2015 reporting, poverty and the health disparity gap decreased among Asian populations.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: US Census Bureau, US Census, 2000; 2010 Report: US Census Bureau, American Community Survey 3-Year Estimates, 2006–2008; 2015 Report: US Census Bureau, American Community Survey 1-Year Estimate, 2013; 2021 Report: US Census Bureau, American Community Survey 5-Year Estimates Tables B17001, B17001C, B17001D, B17001B, B17001E, B17001H, and B17001.



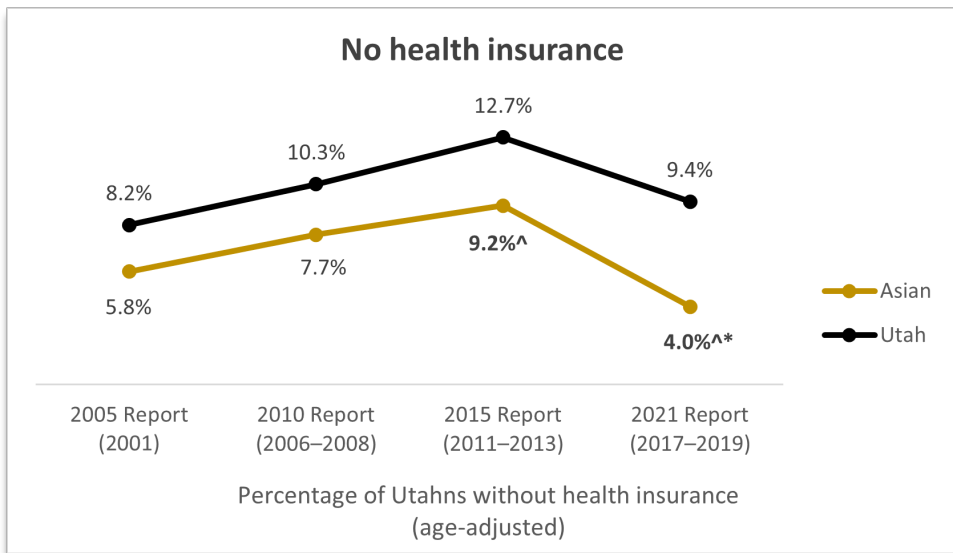
Health disparity: **Yes<sup>^</sup>**  
 Disparity ratio: **1.5**  
 Health disparity gap: **Persisted**  
 Health trend: **Recently improved**

Child poverty among Asian populations was higher than Utah overall since 2005 reporting. It rose to a high of 20.3% in Asian populations in 2015 reporting. Since 2015 reporting, child poverty decreased in both populations, with a health disparity gap that persisted.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: US Census Bureau, US Census 2000; 2010 Report: US Census Bureau, American Community Survey 3-Year Estimates, 2006–2008; 2015 Report: US Census Bureau, American Community Survey 5-Year Estimates, 2009–2013; 2021 Report: US Census Bureau, American Community Survey 5-Year Estimates Tables B17001, B17001C, B17001D, B17001B, B17001E, B17001H, and B17001.

## Access to healthcare and health status



Health disparity: **No<sup>^\*</sup>**  
 Disparity ratio: **0.4**  
 Health disparity gap: **N/a**  
 Health trend: **Recently improved<sup>\*</sup>**

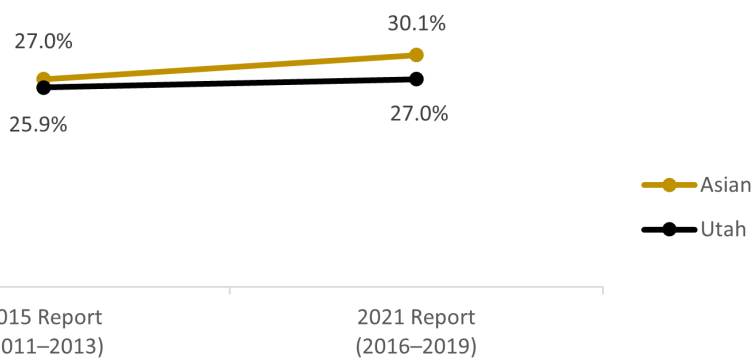
No health insurance among Asian populations was lower than Utah overall since 2005 reporting. In both populations, the percentage of uninsured people increased between 2005 and 2015 reporting, then decreased between 2015 and 2021 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

<sup>\*</sup>Insufficient relative standard error to meet DHHS standard for data reliability, interpret with caution.

Sources—2005 Report: UDOH, Utah Health Status Survey, 2001; 2010 Report: UDOH, Utah Healthcare Access Survey, 2006–2008. UDOH Office of Public Health Assessment, Population Estimates, 2007; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, Population estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. US Census Bureau, Population estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

### No primary care provider



Percentage of Utah adults with no personal healthcare provider (age-adjusted)

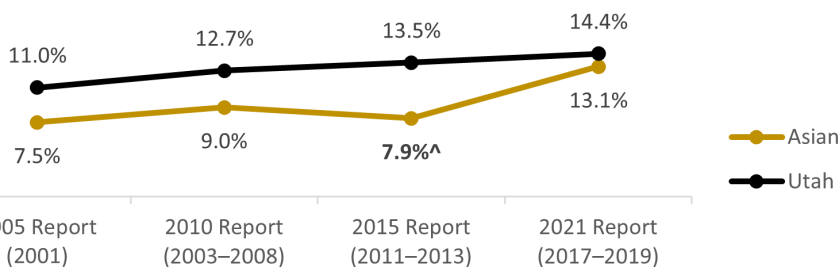
Health disparity: **Potential**  
 Disparity ratio: **1.1**  
 Health disparity gap: **Persisted**  
 Health trend: **N/a**

The percentage of Asian adults without a primary care provider (PCP) was similar to Utah adults overall since 2015 reporting. Comparing 2015 and 2021 reporting periods, lack of a PCP changed little in both populations.

Note: This indicator changed from total population in 2005–2010 to adults from 2015 onward

Sources—2015 Report: UDOH, Utah Healthcare Access Survey, 2011–2013. UDOH Office of Public Health Assessment, Population Estimates, 2007. 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2016–2019. Population estimates averaged from 2016–2019 American Community Survey 1-Year Estimates.

### Fair or poor health



Percentage of Utah adults reporting fair or poor health (age-adjusted)

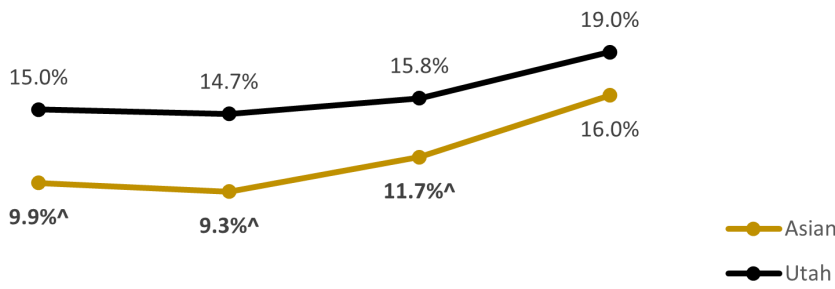
Health disparity: **No**  
 Disparity ratio: **0.9**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened**

The percentage of Asian adults who self-reported their general health status as “fair” or “poor” (instead of “excellent,” “very good,” or “good”) was lower than Utah overall since 2005 reporting. The percentage of adults reporting fair or poor health worsened in both populations between 2005 and 2021 reporting. As of 2021 reporting, the percentage of fair or poor health among Asian adults was similar to Utah adults overall.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: UDOH, Utah Health Status Survey, 2001; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013. 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. Population estimates averaged from 2017–2019 American Community Survey 1-Year Estimates.

### Recent poor mental health



2005 Report (1999–2004)      2010 Report (2003–2008)      2015 Report (2011–2013)      2021 Report (2017–2019)

Percentage of Utah adults reporting 7+ days when mental health was not good in the past month (age-adjusted)

Health disparity: **No**  
 Disparity ratio: **0.8**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened**

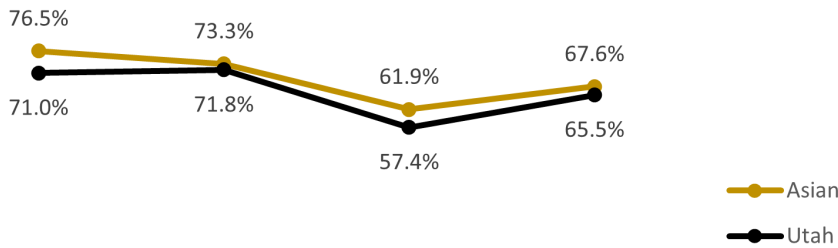
Recent poor mental health among Asian adults was lower than Utah adults overall since 2005 reporting. It worsened in both populations between 2005 and 2021 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013. 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. Population estimates averaged from 2017–2019 American Community Survey 1-Year Estimates.

## Preventive services

### Routine medical checkup



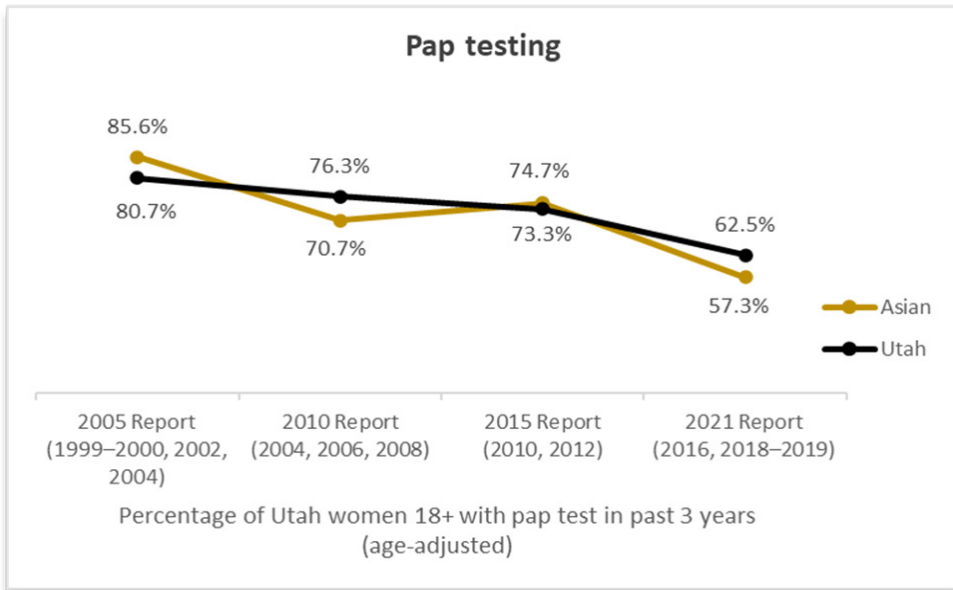
2005 Report (2001)      2010 Report (2006–2008)      2015 Report (2011–2013)      2021 Report (2016–2019)

Percentage of Utahns who had a routine medical checkup in the previous year (age-adjusted)

Health disparity: **No**  
 Disparity ratio: **1.0**  
 Health disparity gap: **N/a**  
 Health trend: **Recently improved**

Routine medical checkups among Asian populations were similar to Utah overall since 2005 reporting. Between 2010 and 2021 reporting, routine medical checkups declined then improved again in both populations.

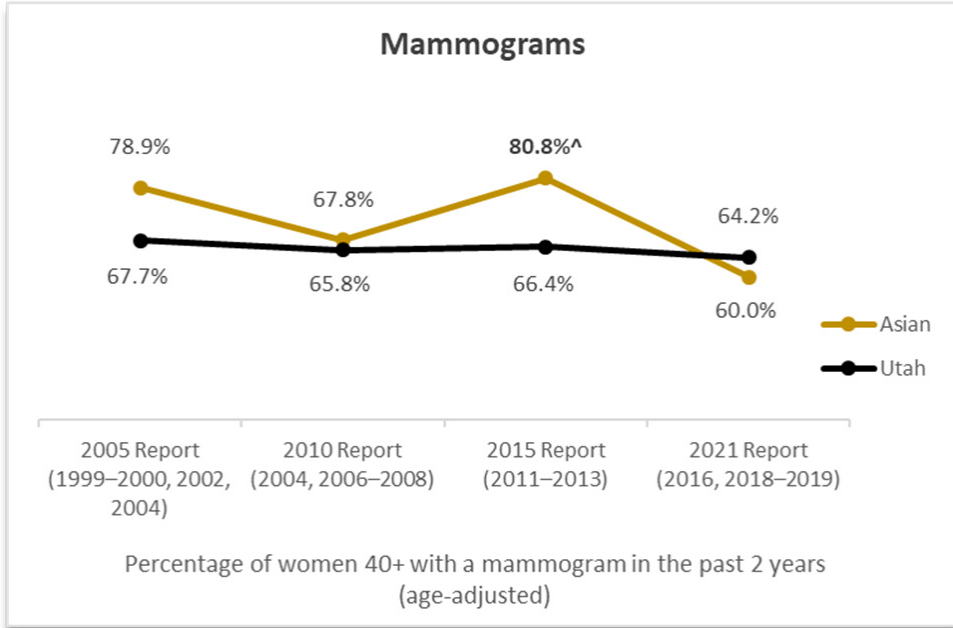
Sources—2005 Report: UDOH, Utah Health Status Survey, 2001; 2010 Report: UDOH, Utah Healthcare Access Survey, 2006–2008. UDOH Office of Public Health Assessment, Population Estimates, 2007; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013. 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2016–2019. Population estimates averaged from 2016–2019 American Community Survey 1-Year Estimates.



Health disparity: **Potential**  
 Disparity ratio: **1.1**  
 Health disparity gap: **Fluctuated**  
 Health trend: **Worsened**

Pap testing among Asian women 18+ fluctuated in comparison with Utah women 18+ overall. Since 2005 reporting, Pap testing declined in both populations. A potential health disparity in Pap testing emerged for Asian women in 2010 and 2021 reporting.

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2000, 2002, 2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2004, 2006, 2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessments, Utah BRFSS, 2010, 2012. US Census Bureau, American Community Survey 1-Year Estimates, 2010, 2012; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2016, 2018–2019. US Census Bureau, American Community Survey 1-Year Estimates, 2016, 2018, 2019.



Health disparity: **Potential**  
 Disparity ratio: **1.1**  
 Health disparity gap: **Emerged**  
 Health trend: **Worsened**

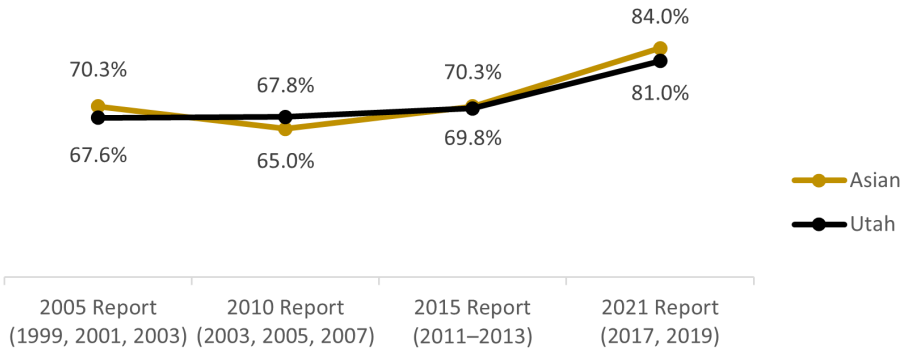
Mammograms among Asian women 40+ fluctuated in comparison with Utah women 40+ overall. The percentage of Asian women obtaining mammograms generally worsened since 2005 reporting. As of 2021 reporting, a potential health disparity emerged for Asian women.

^Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2000, 2002, 2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2004, 2006–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2016, 2018–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.



### Blood cholesterol screening



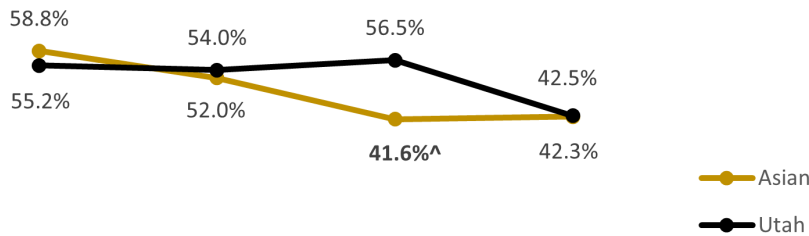
Percentage of Utah adults with a cholesterol screening in the past 5 years (age-adjusted)

Health disparity: **No**  
 Disparity ratio: **1.0**  
 Health disparity gap: **N/a**  
 Health trend: **Improved**

Blood cholesterol screening among Asian adults tracked closely with Utah overall since 2005 reporting. Blood cholesterol screening improved among both populations since 2005 reporting.

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999, 2001, 2003; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003, 2005, 2007. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. Population Estimates: US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017, 2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017, 2019.

### Prostate cancer screening



Percentage of Utah men 40+ who have ever had a prostate-specific antigen (PSA) test (age-adjusted)

Health disparity: **No**  
 Disparity ratio: **1.0**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened**

Prostate cancer screening among Asian men 40+ declined since 2005 reporting. Prostate cancer screening also declined among Utah men 40+ overall since 2015 reporting. This was an expected outcome since routine PSA-based prostate cancer screening was no longer recommended as of 2012.‡

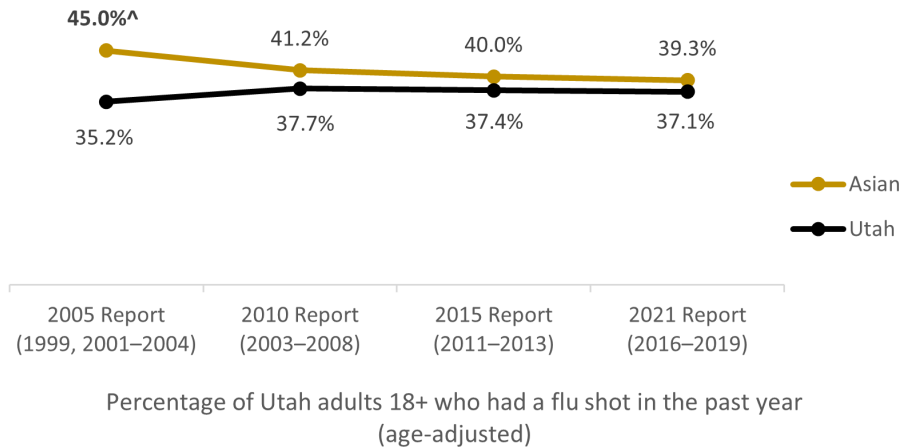
^Statistically significantly different than Utah overall

‡Reference: Public Health Indicator Based Information System (IBIS), Complete Health Indicator Report of Prostate Cancer Screening (2021) Cancer Control Program, Bureau of Health Promotion, Utah Department of Health. [ibis.health.utah.gov/ibisph-view/indicator/complete\\_profile/ProsCAScr.html](https://ibis.health.utah.gov/ibisph-view/indicator/complete_profile/ProsCAScr.html)

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2000, 2002, 2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2004, 2006–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2016, 2018–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.



### Influenza immunization (flu shot)



Health disparity: **No**  
 Disparity ratio: **0.9**  
 Health disparity gap: **N/a**  
 Health trend: **Changed little**

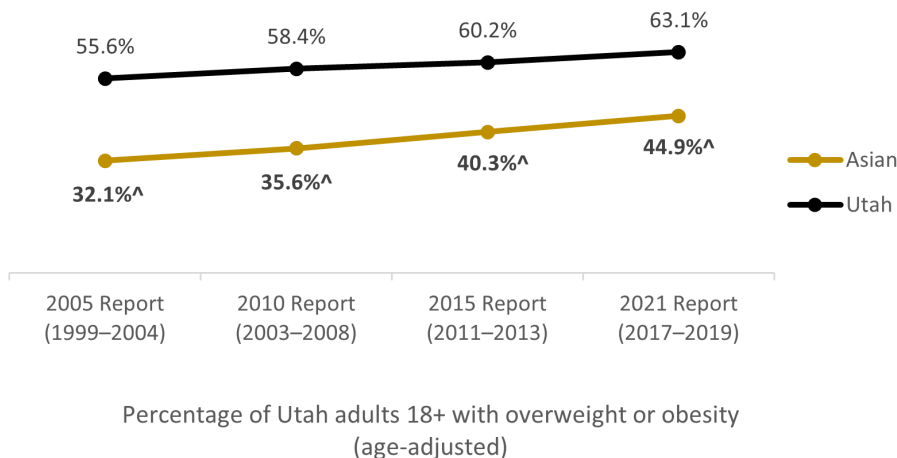
Influenza immunization among Asian adults was higher than or similar to Utah overall since 2005 reporting. The percentage of adults immunized against influenza changed little in both populations since 2010 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999, 2001–2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2016–2019. US Census Bureau, American Community Survey 1-Year Estimates, 2016–2019.

## Physical activity and nutrition

### Overweight or obesity



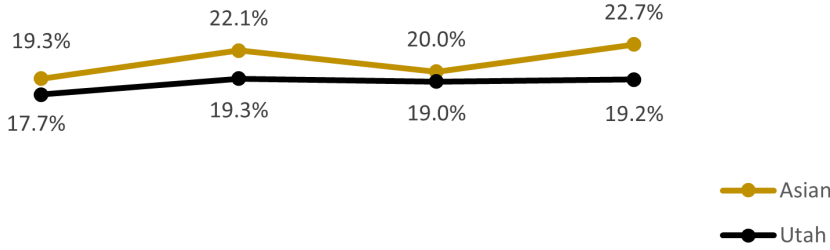
Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.7**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened**

Overweight or obesity among Asian adults was lower than Utah adults overall since 2005 reporting. In both populations, overweight or obesity increased since 2005 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey, 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017–2019.

### No physical activity



2005 Report (1999–2004)      2010 Report (2003–2008)      2015 Report (2011–2013)      2021 Report (2017–2019)

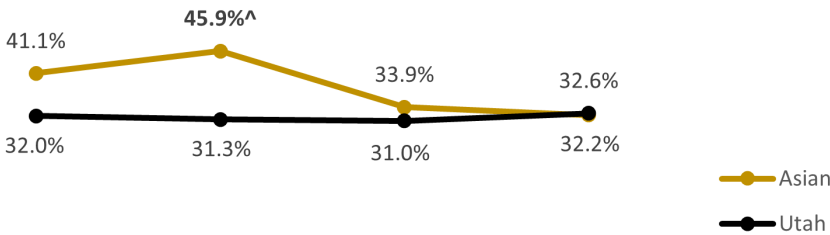
Percentage of Utah adults 18+ who reported no physical activity in the past month (age-adjusted)

Health disparity: **Potential**  
 Disparity ratio: **1.2**  
 Health disparity gap: **Persisted**  
 Health trend: **Changed little**

Lack of physical activity among Asian adults was slightly higher or similar to Utah adults overall since 2005 reporting. Percentage of people reporting no physical activity changed little in both populations. As of 2021 reporting, about one-quarter of Asian adults reported no physical activity in the previous month.

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017–2019.

### Daily fruit consumption



2005 Report (1999–2000, 2002–2003)      2010 Report (2003, 2005, 2007)      2015 Report (2011–2013)      2021 Report (2017, 2019)

Percentage of Utah adults 18+ who reported eating 2+ fruits daily (age-adjusted)

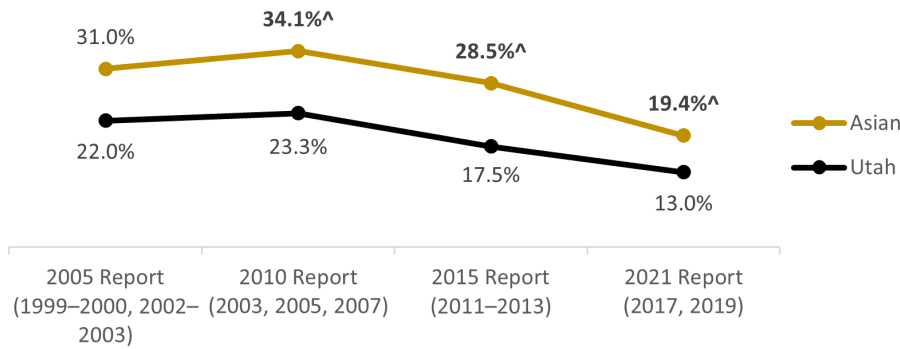
Health disparity: **No**  
 Disparity ratio: **1.0**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened**

Daily fruit consumption among Asian adults was higher than Utah adults overall between 2005 and 2010, then declined to similar levels as Utah adults overall between 2015 and 2021 reporting. As of 2021 reporting, approximately one-third of Asian adults and Utah adults overall consumed two or more fruits daily.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2000, 2002–2003; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003, 2005, 2007. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017, 2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017, 2019.

### Daily vegetable consumption



Percentage of Utah adults 18+ who reported eating 3+ vegetables daily (age-adjusted)

Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.7**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened**

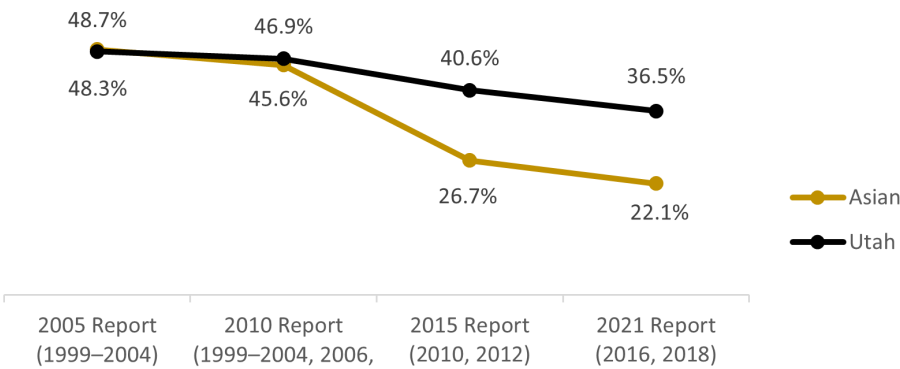
Daily vegetable consumption among Asian adults was higher than Utah adults overall since 2005 reporting. Daily vegetable consumption declined among both populations since 2010 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2000, 2002–2003; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003, 2005, 2007. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017, 2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017, 2019

## Health of mothers and infants

### Daily folic acid consumption

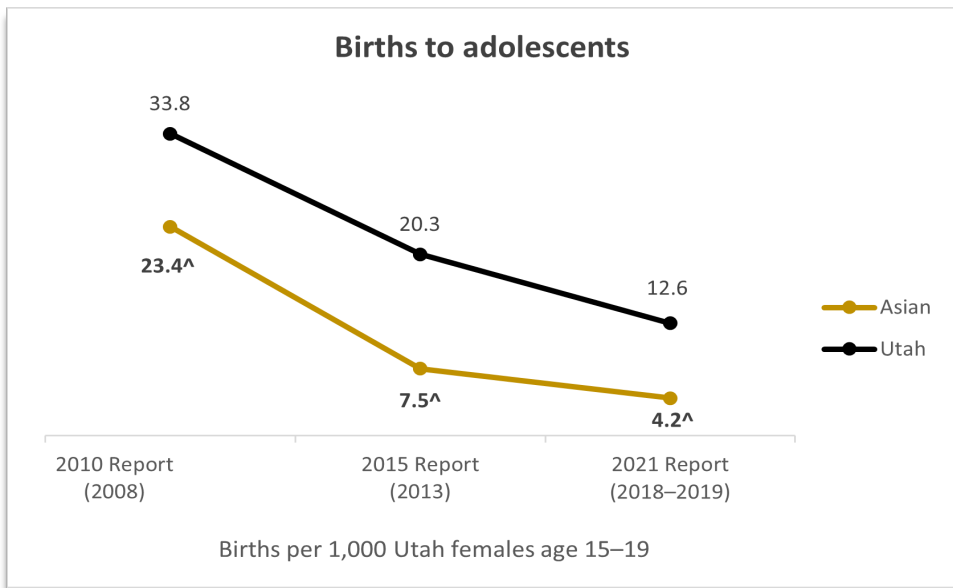


Percentage of Utah women 18–44 years taking folic acid daily (age-adjusted)

Health disparity: **Potential**  
 Disparity ratio: **1.7**  
 Health disparity gap: **Increased**  
 Health trend: **Worsened**

Daily folic acid consumption among Asian women 18–44 was similar to Utah women 18–44 overall between 2005 and 2010 reporting. It declined to much lower levels among Asian women since 2010 reporting. Daily folic acid consumption among Asian women decreased by more than half since 2010 reporting, and the health disparity gap increased.

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2004, 2006, 2008. UDOH Office of Public Health Assessment, Population Estimates, 2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2010, 2012. US Census Bureau, American Community Survey 1-Year Estimates, 2010, 2012; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2016, 2018. US Census Bureau, American Community Survey 1-Year Estimates, 2016, 2018.

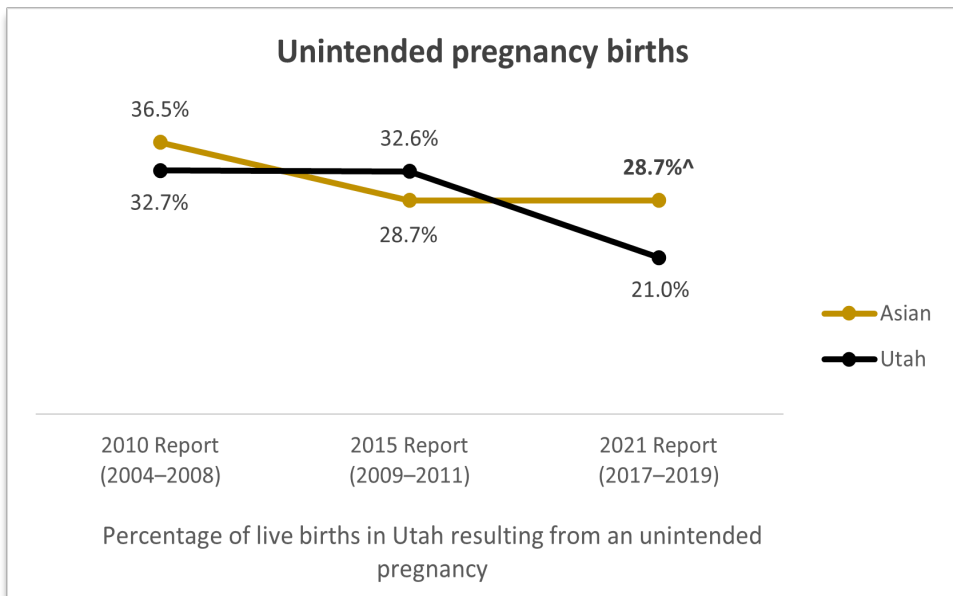


Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.3**  
 Health disparity gap: **N/a**  
 Health trend: **Improved**

Births to adolescents among Asian populations were lower than Utah overall since 2010 reporting. The birth rate among adolescents declined in both populations.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2010 Report: UDOH Office of Vital Records and Statistics, Birth Certificate Database, 2008. UDOH Office of Public Health Assessment, Population Estimates, 2008; 2015 Report: UDOH Office of Vital Records and Statistics, Birth Certificates Database, 2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Birth Certificates Database, 2018-2019.

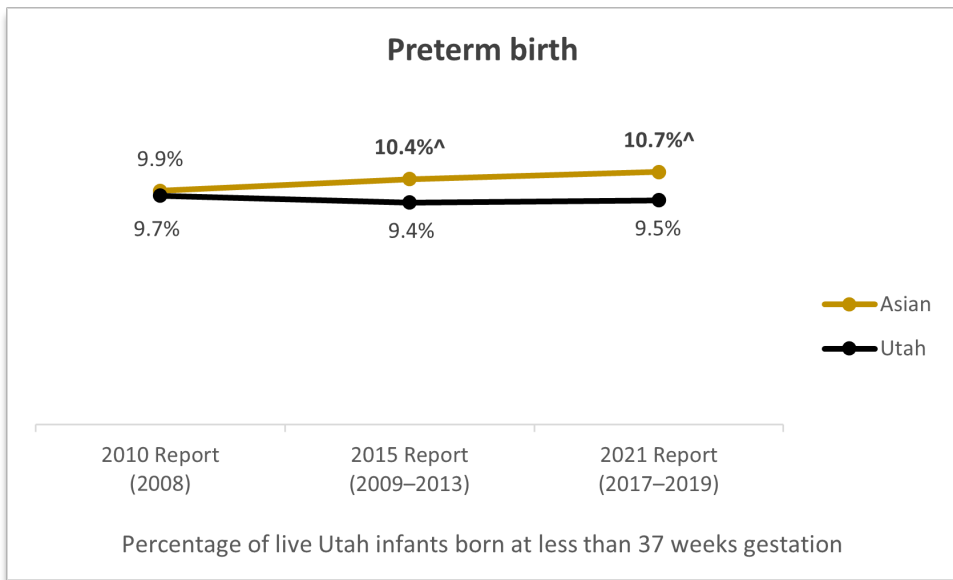


Health disparity: **Yes<sup>^</sup>**  
 Disparity ratio: **1.4**  
 Health disparity gap: **Emerged**  
 Health trend: **Improved**

Births resulting from unintended pregnancy declined among Asian populations and Utah overall since 2010 reporting. As of 2021 reporting, births from unintended pregnancy among Asian populations was higher than Utah overall, and a health disparity emerged.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2010 Report: Utah Pregnancy Risk Assessment Monitoring System. UDOH Office of Vital Records and Statistics, Birth Certificate Database, 2004-2008; 2015 Report: Utah Pregnancy Risk Assessment Monitoring System, 2009-2011; 2021 Report: Utah Pregnancy Risk Assessment Monitoring System, 2017-2019.

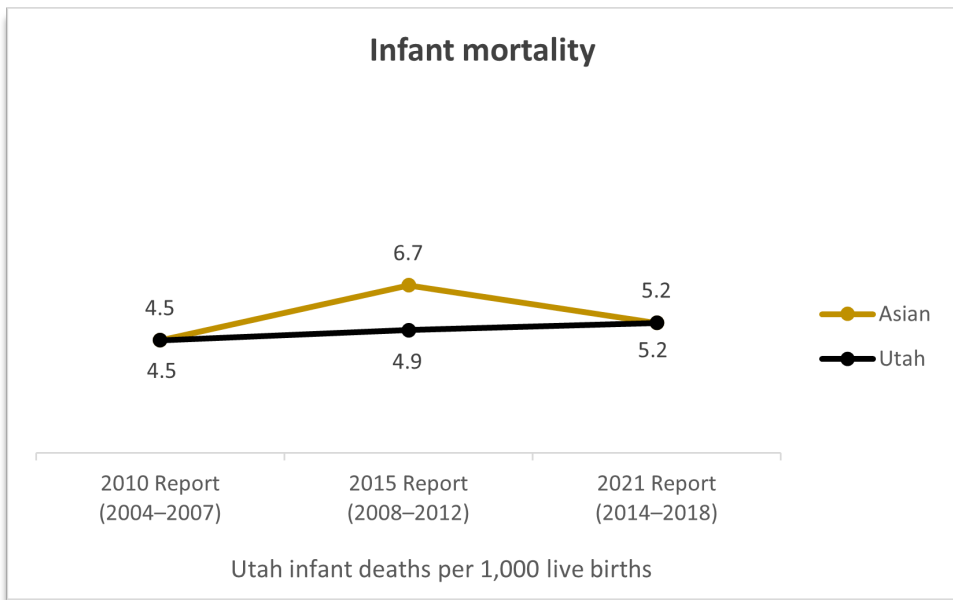


Health disparity: **Yes<sup>^</sup>**  
 Disparity ratio: **1.1**  
 Health disparity gap: **Persisted**  
 Health trend: **Changed little**

Preterm birth among Asian infants was slightly higher than Utah infants overall since 2015 reporting. Preterm birth changed little in both populations since 2010 reporting, and the health disparity gap persisted.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2010 Report: UDOH Office of Vital Records and Statistics, Birth Certificate Database, 2008; 2015 Report: UDOH Office of Vital Records and Statistics, Birth Certificate Database, 2009–2013; 2021 Report: UDOH Office of Vital Records and Statistics, Birth Certificates Database, 2017–2019.

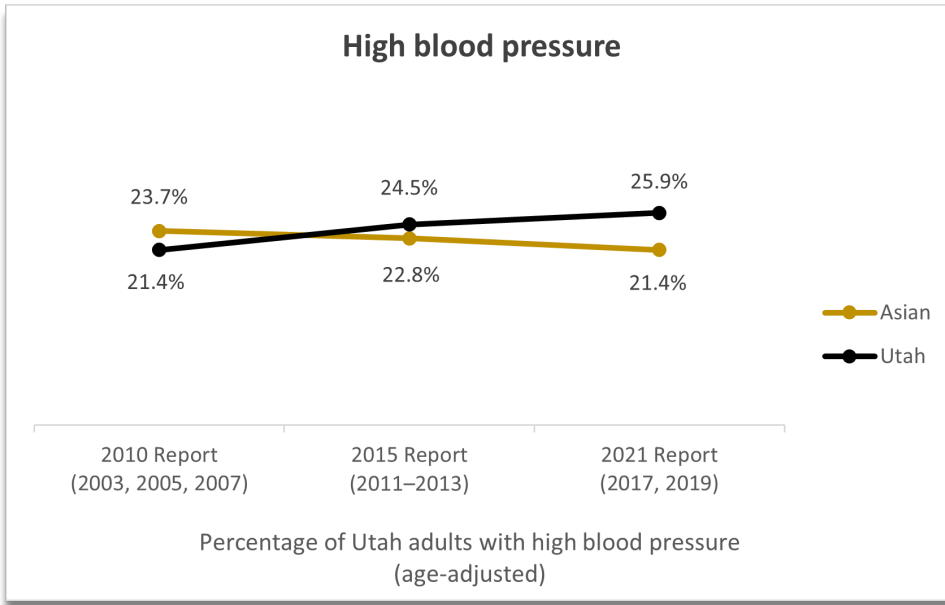


Health disparity: **No**  
 Disparity ratio: **1.0**  
 Health disparity gap: **N/a**  
 Health trend: **Changed little**

Infant mortality among Asian populations was the same as infant mortality among Utah overall for 2010 and 2021 reporting. Since 2010 reporting, infant mortality changed little among both populations.

Sources—2005 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 1998–2003; 2010 Report: UDOH Office of Vital Records and Statistics, Birth Certificate Database, 2004–2007; 2015 Report: UDOH Office of Vital Records and Statistics, Linked Birth and Death Certificate Database, Birth Cohort, 2008–2012; 2021 Report: UDOH Office of Vital Records and Statistics, Linked Birth and Death Certificate Database, Birth Cohort, 2014–2018.

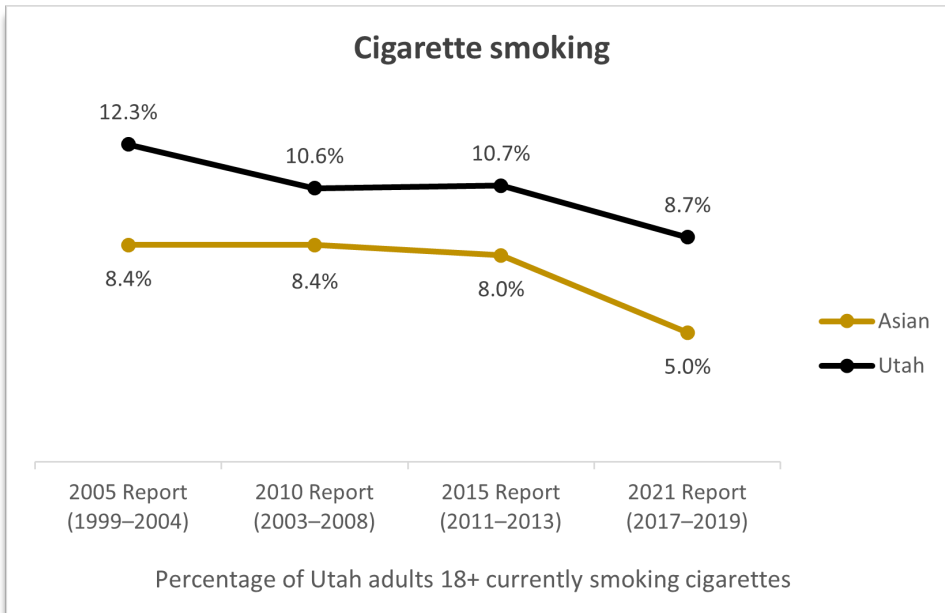
# Risk factors



Health disparity: **No**  
 Disparity ratio: **0.8**  
 Health disparity gap: **N/a**  
 Health trend: **Changed little**

High blood pressure among Asian adults was lower than Utah adults overall as of 2021 reporting. Since 2010 reporting, the percentage of Utah adults overall with high blood pressure increased while the percentage of Asian adults with high blood pressure changed little.

Sources—2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003, 2005, 2007. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017, 2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017, 2019.

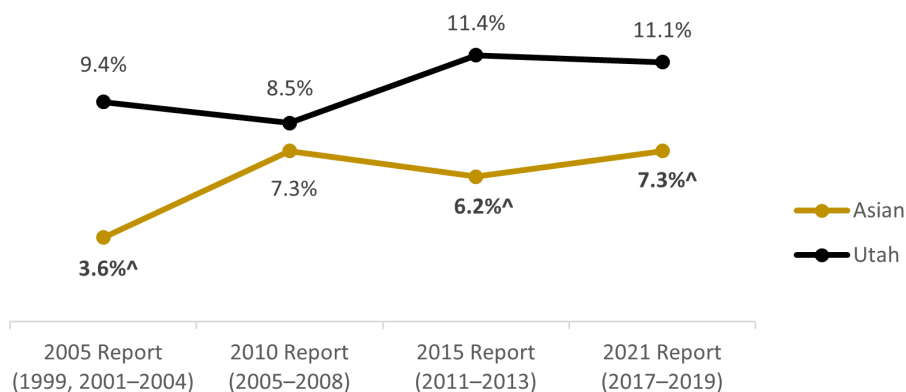


Health disparity: **No**  
 Disparity ratio: **0.6**  
 Health disparity gap: **N/a**  
 Health trend: **Improved**

Cigarette smoking among Asian adults was lower than Utah adults overall since 2005 reporting. Cigarette smoking declined in both populations since 2005 reporting.

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017–2019.

### Binge drinking of alcohol



Percentage of Utah adults who reported binge drinking of alcohol in the past 30 days (age-adjusted)

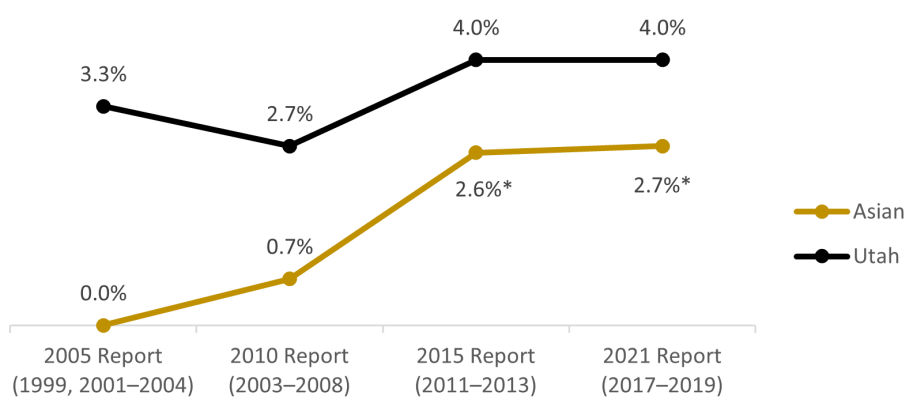
^Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999, 2001–2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2005–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017–2019.

Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.7**  
 Health disparity gap: **N/a**  
 Health trend: **Changed little**

Binge drinking of alcohol among Asian adults was lower than Utah adults overall since 2005 reporting. Binge drinking (consuming 4–5 or more drinks in two hours) increased among Asian populations between 2005 and 2010 reporting and has changed little since then.

### Heavy drinking of alcohol



Percentage of Utah adults who reported heavy drinking of alcohol in the past 30 days (age-adjusted)

\*Insufficient relative standard error to meet DHHS standard for data reliability, interpret with caution

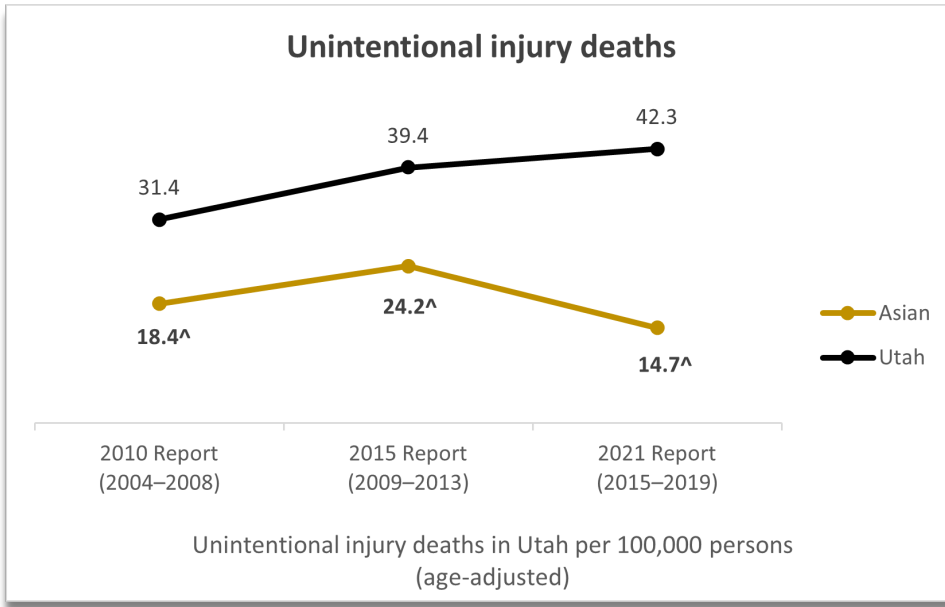
Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999, 2001–2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017–2019.

Health disparity: **No\***  
 Disparity ratio: **0.7**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened\***

Heavy drinking of alcohol among Asian adults was lower than Utah adults overall since 2005 reporting. Heavy drinking (consuming 8+ alcoholic beverages per week for women and 15+ per week for men) increased among Asian adults and changed little among Utah adults overall since 2005 reporting.



# Injuries

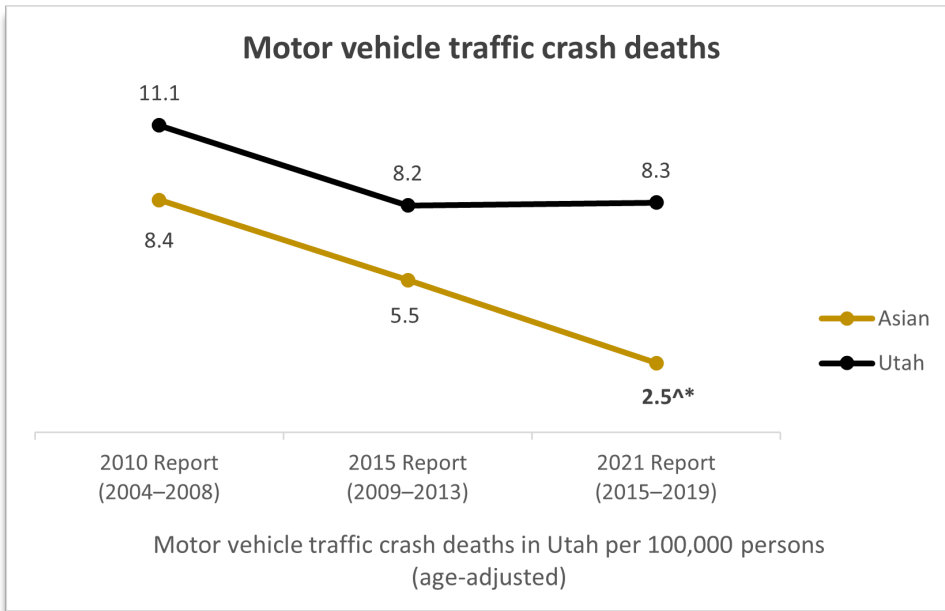


Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.4**  
 Health disparity gap: **N/a**  
 Health trend: **Improved**

Unintentional injury death rates among Asian populations were lower than Utah overall since 2010 reporting. Between 2010 and 2021 reporting, rates among Asian populations increased, then decreased. Among the Utah population overall, unintentional injury death rates increased since 2010 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 1998–2003; 2010 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2004–2008. UDOH Office of Public Health Assessment, Population Estimates, 2006; 2015 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2009–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2015–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.



Health disparity: **No<sup>^\*</sup>**  
 Disparity ratio: **0.3**  
 Health disparity gap: **N/a**  
 Health trend: **Improved<sup>\*</sup>**

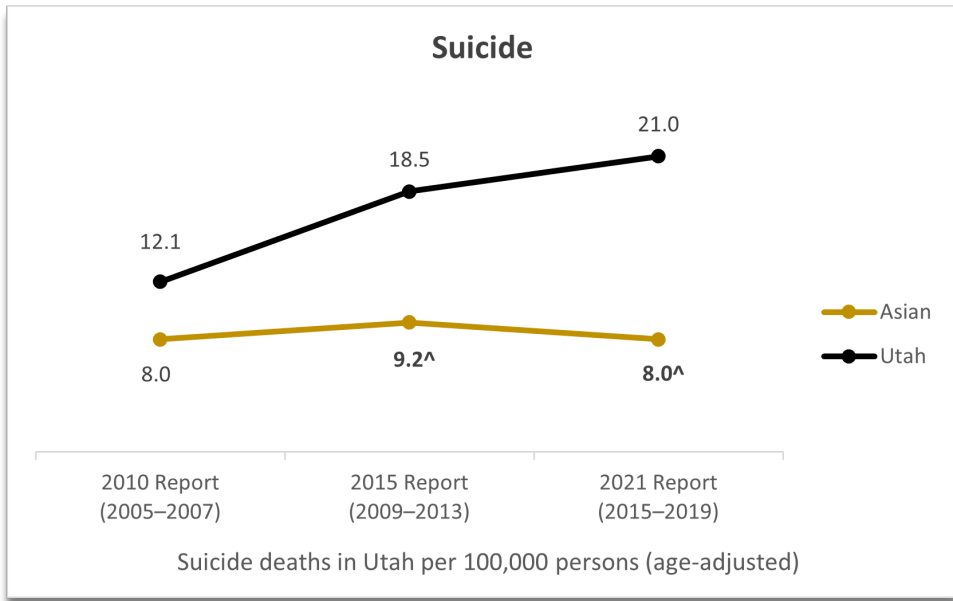
Motor vehicle traffic crash (MVTC) death rates were lower among Asian populations than Utah overall since 2010 reporting. MVTC death rates generally declined in both populations since 2010 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

<sup>\*</sup>Insufficient relative standard error to meet DHHS standard for data reliability, interpret with caution

Sources—2005 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 1998–2003; 2010 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2004–2008. UDOH Office of Public Health Assessment, Population Estimates, 2006; 2015 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2009–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2015–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.





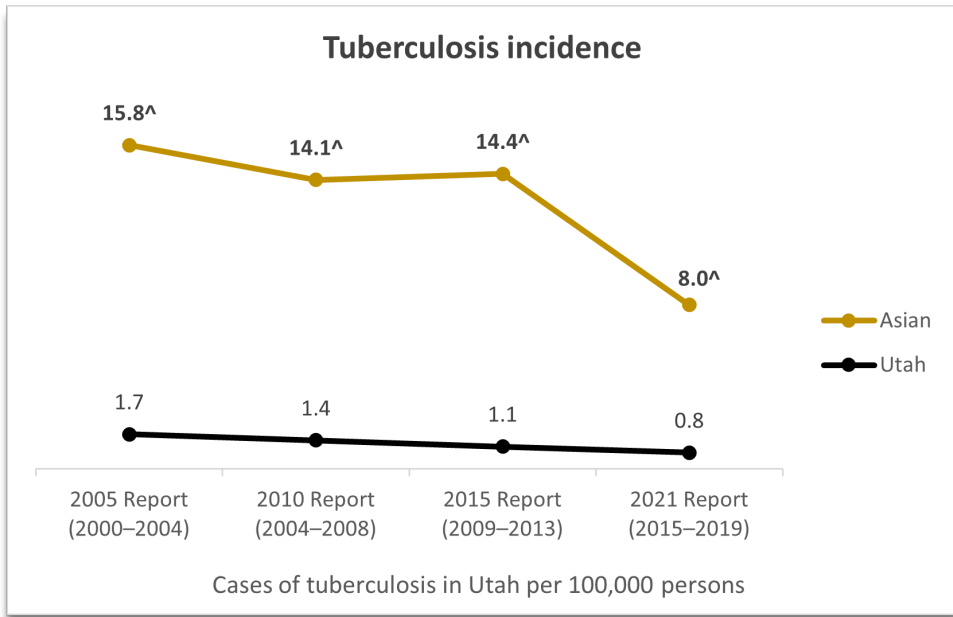
Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.4**  
 Health disparity gap: **N/a**  
 Health trend: **Changed little**

Suicide rates among Asian populations were lower than Utah overall since 2010 reporting. Suicide rates among Asian populations changed little since 2010 reporting while rates among Utah overall steadily increased.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 1998–2003; 2010 Report: The Utah Violent Death Reporting System (UTVDRS), 2005–2007. UDOH Center for Health Data, IBIS 2005–2007; 2015 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2009–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2015–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

## Infectious diseases



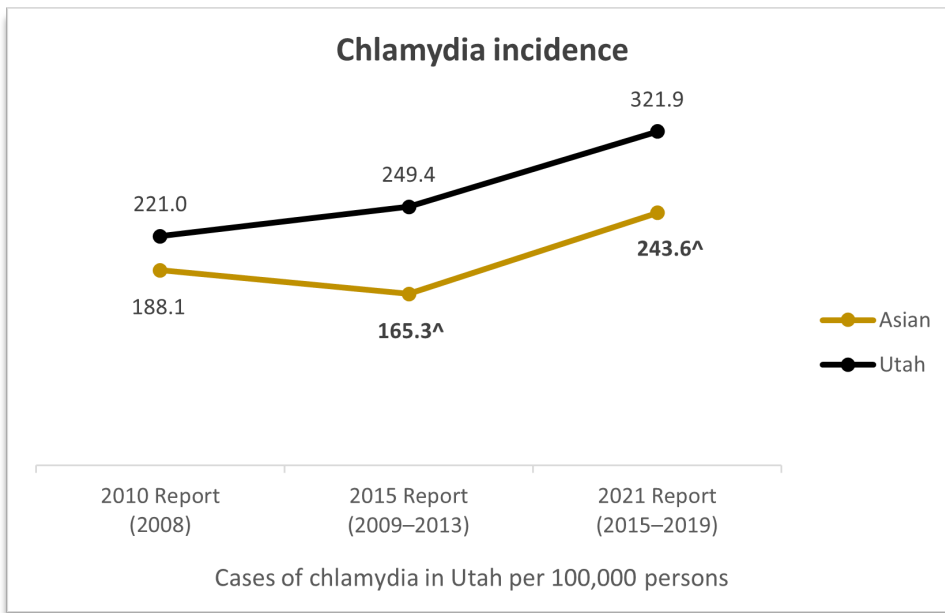
Health disparity: **Yes<sup>^</sup>**  
 Disparity ratio: **10.0**  
 Health disparity gap: **Decreased**  
 Health trend: **Improved**

Tuberculosis incidence among Asian populations was higher than Utah overall since 2005 reporting. Tuberculosis incidence rates declined among Asian populations, which decreased the health disparity gap. Between 2015 and 2021 reporting, tuberculosis incidence among Asian populations declined substantially.

<sup>^</sup>Statistically significantly different than Utah overall

\*Insufficient relative standard error to meet DHHS standard for data reliability, interpret with caution

Sources—2005 Report: UDOH Bureau of Communicable Disease Control, 2000–2004; 2010 Report: UDOH Bureau of Epidemiology, 2004–2008. Governor's Office of Planning and Budget, 2008; 2015 Report: UDOH Bureau of Epidemiology, 2009–2013; 2021 Report: UDOH Bureau of Epidemiology, 2015–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

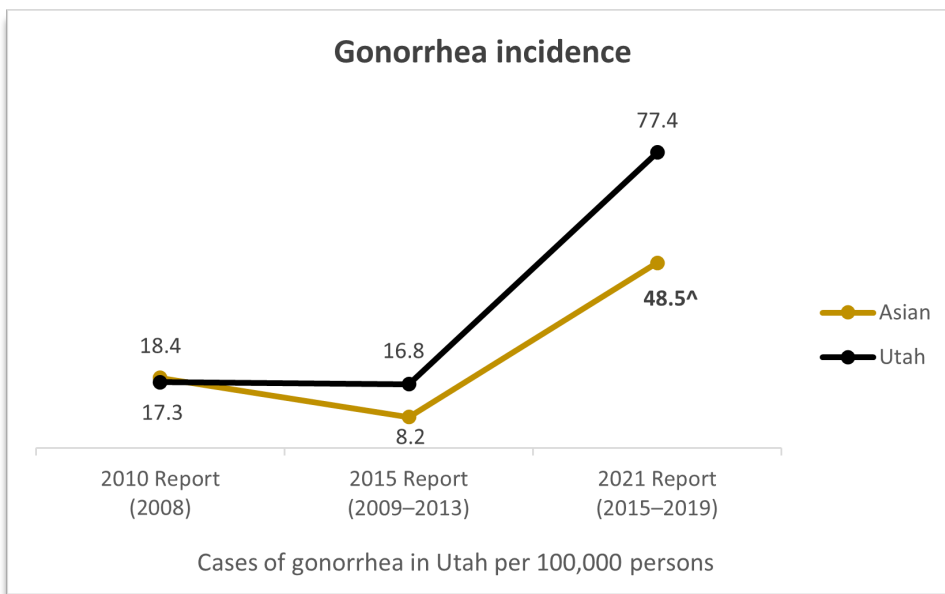


Health disparity: **No**  
 Disparity ratio: **0.8**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened**

Chlamydia incidence among Asian populations was lower than Utah overall since 2010 reporting. Chlamydia incidence rates increased in both populations. Since 2015 reporting, Asian populations experienced a nearly 50% increase in chlamydia incidence.

<sup>A</sup>Statistically significantly different than Utah overall

Sources—2010 Report: UDOH Bureau of Epidemiology, 2008. Governor's Office of Planning and Budget, 2008; 2015 Report: UDOH Bureau of Epidemiology, UT-NEDSS Database, 2009–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Bureau of Epidemiology, 2015–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.



Health disparity: **No<sup>A</sup>**  
 Disparity ratio: **0.6**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened**

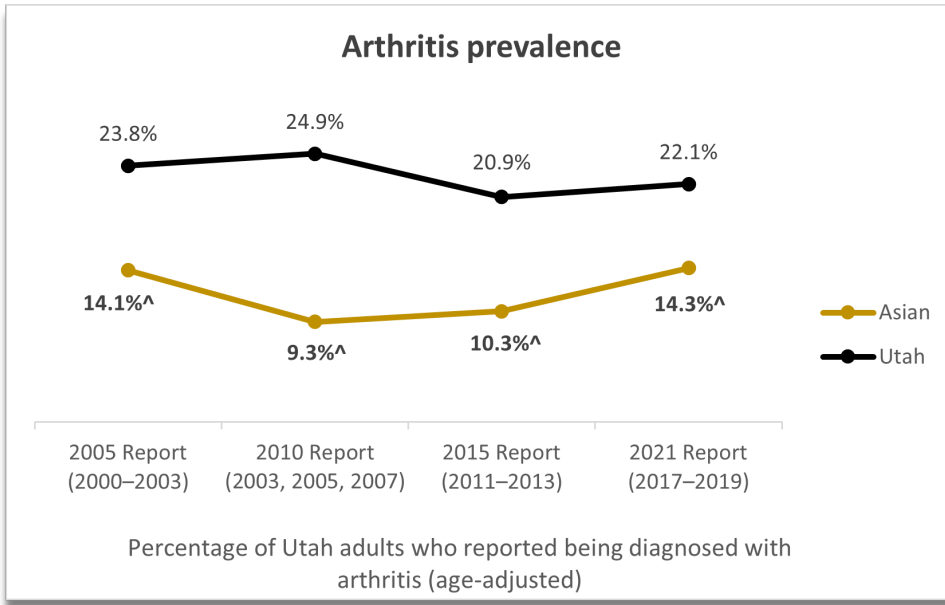
Gonorrhea incidence among Asian populations was generally lower than Utah overall since 2010 reporting. Between 2015 and 2021 reporting, gonorrhea incidence among Asian populations increased by nearly 500%. By 2021 reporting, gonorrhea incidence rates were at an all-time high in Utah due to a shift in gonorrhea epidemiology<sup>‡</sup>.

<sup>A</sup>Statistically significantly different than Utah overall

<sup>‡</sup>Reference: 1. Watson J, Carlile J, Dunn A, et al. Increased Gonorrhea Cases—Utah, 2009–2014. *MMWR Morb Mortal Wkly Rep* 2016;65:889–893. DOI: <http://dx.doi.org/10.15585/mmwr.mm6534a1external icon>; 2. Public Health Indicator Based Information System (IBIS), Report of Gonorrhea Cases. (2022) Bureau of Epidemiology, Utah Department of Health. <https://ibis.health.utah.gov/ibisph-view/indicator/view/GonCas.html>

Sources—2010 Report: UDOH Bureau of Epidemiology, 2008. Governor's Office of Planning and Budget, 2008; 2015 Report: UDOH Bureau of Epidemiology, UT-NEDSS Database, 2009–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Bureau of Epidemiology, 2015–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

# Chronic diseases

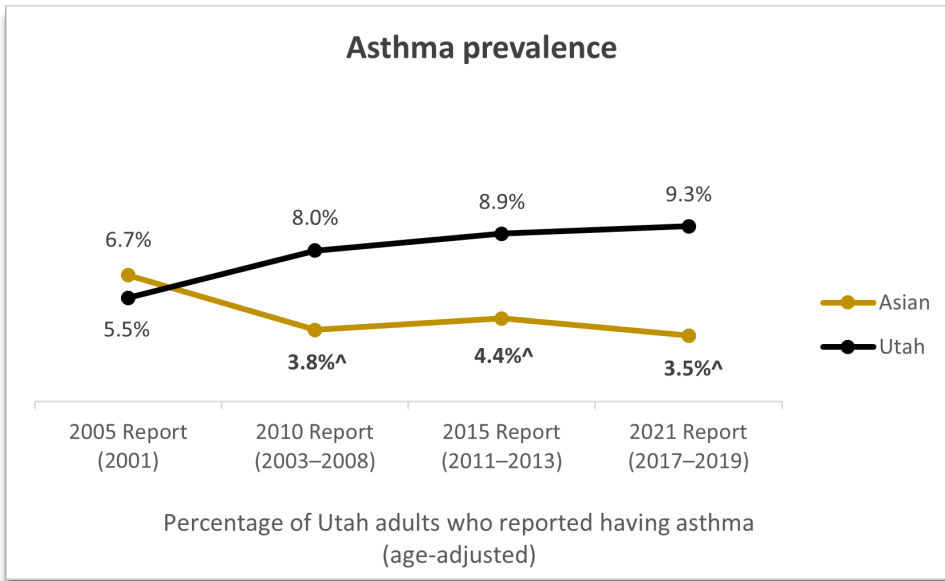


Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.7**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened**

Arthritis prevalence among Asian adults was lower than Utah adults overall since 2005 reporting. Arthritis prevalence increased among Asian adults since 2010 reporting and changed little among Utah adults overall.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2000–2003; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003, 2005, 2007. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017–2019.



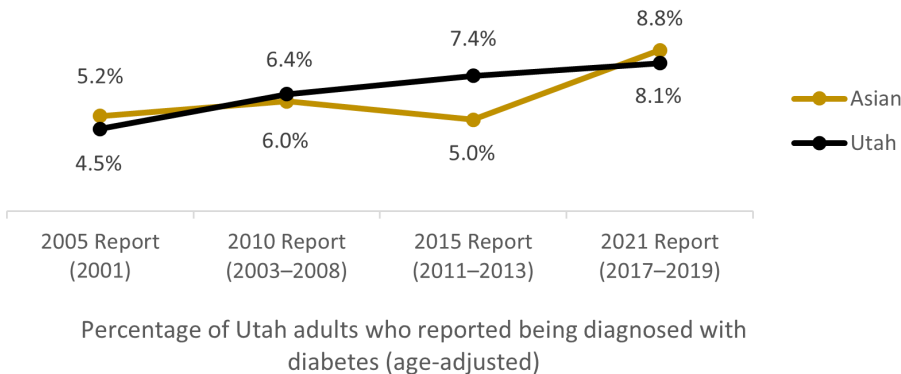
Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.4**  
 Health disparity gap: **N/a**  
 Health trend: **Changed little**

Asthma prevalence among Asian adults was lower than Utah overall since 2010 reporting. The prevalence of asthma increased among Utah adults overall and changed little among Asian adults since 2005 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2005 Report: UDOH, Health Status Survey, 2001; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003–2008; UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017–2019.

### Diabetes prevalence

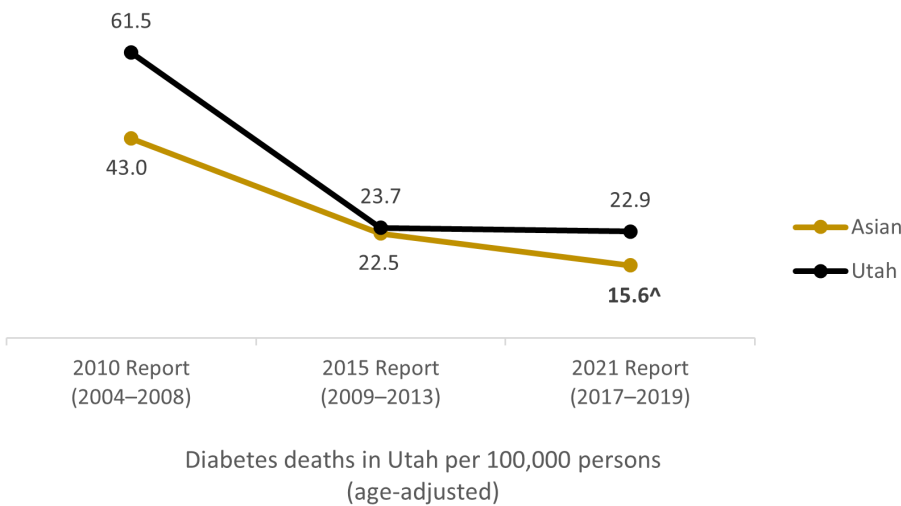


Health disparity: **Potential**  
 Disparity ratio: **1.1**  
 Health disparity gap: **Emerged**  
 Health trend: **Worsened**

Diabetes prevalence among Asian adults was generally similar to Utah adults overall since 2005 reporting. Diabetes prevalence generally increased among both populations, and a potential health disparity emerged among Asian populations as of 2021 reporting.

Sources—2005 Report: UDOH, Health Status Survey, 2001; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003–2008; UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. US Census Bureau, American Community Survey 1-Year Estimates, 2017–2019.

### Diabetes deaths

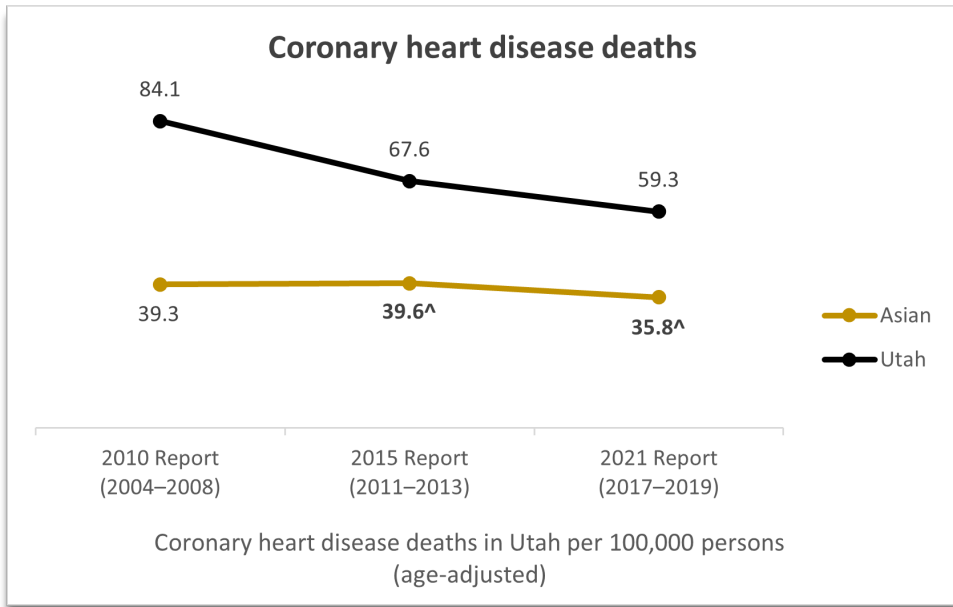


Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.7**  
 Health disparity gap: **N/a**  
 Health trend: **Improved**

Diabetes death rates among Asian populations were lower than Utah overall since 2010 reporting. Both populations experienced a decline in deaths from diabetes. Among Asian populations, diabetes death rates declined by nearly two-thirds since 2010 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2010 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2004–2008. UDOH Office of Public Health Assessment, Population Estimates, 2006; 2015 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2009–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2017–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

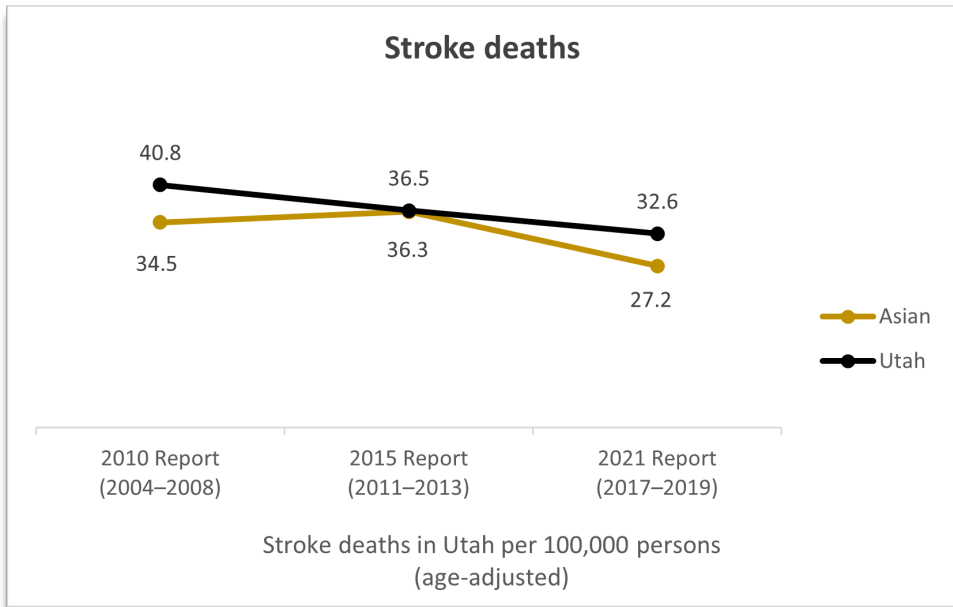


Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.6**  
 Health disparity gap: **N/a**  
 Health trend: **Changed little**

Coronary heart disease death rates among Asian populations were lower than Utah overall as of 2010 reporting. Coronary heart disease death rates declined among Utah overall since 2010 reporting and changed little among Asian populations.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2010 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2004–2008. UDOH Office of Public Health Assessment, Population Estimates, 2006; 2015 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2011–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2017–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

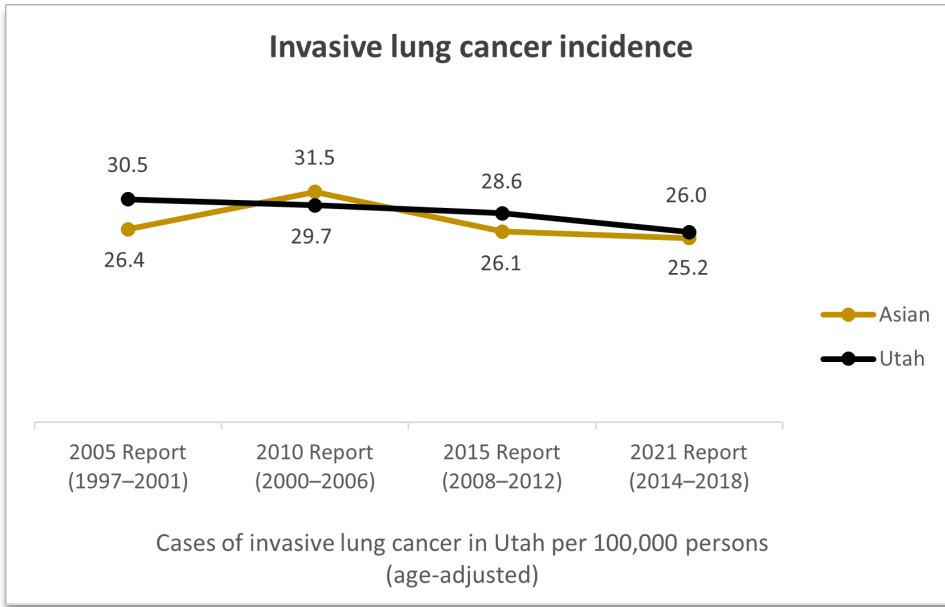


Health disparity: **No**  
 Disparity ratio: **0.8**  
 Health disparity gap: **N/a**  
 Health trend: **Improved**

Stroke death rates among Asian populations were generally lower than Utah overall since 2010 reporting. Deaths from stroke declined among both populations since 2010 reporting.

Sources—2010 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database (2004–2008). UDOH Office of Public Health Assessment, Population Estimates, 2006; 2015 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2011–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2017–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, Version 2019.

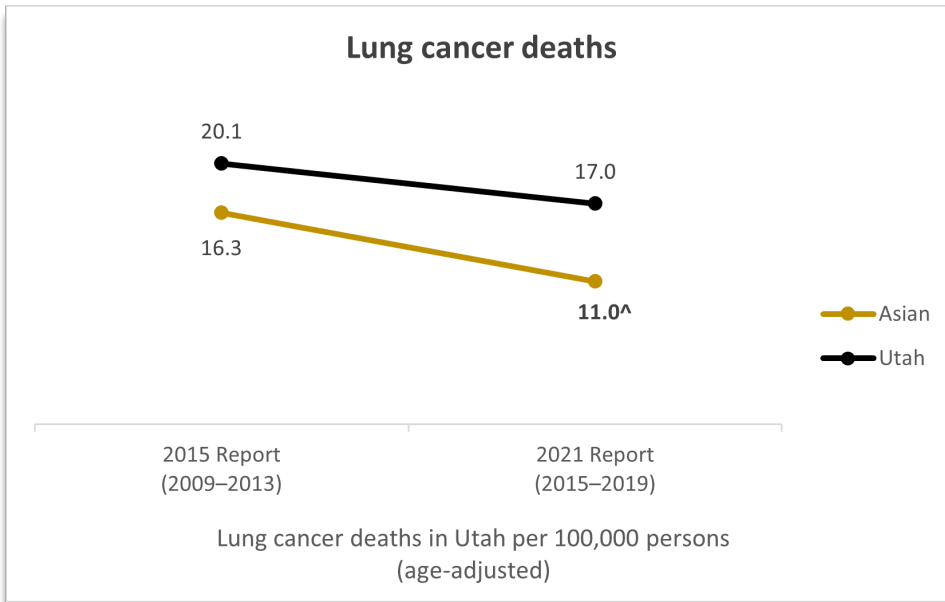
# Cancer



Health disparity: **No**  
 Disparity ratio: **1.0**  
 Health disparity gap: **N/a**  
 Health trend: **Improved**

Lung cancer incidence rates among Asian populations were similar to Utah overall since 2005 reporting. Lung cancer incidence generally declined among both populations since 2005 reporting.

Sources—2005 Report: Utah Cancer Registry, Surveillance, Epidemiology, and End Results (SEER) Program, 1997–2001; 2010 Report: Utah Cancer Registry, SEER, 2000–2006. US Census Bureau Population Estimates Program, 2000–2006; 2015 Report: Utah Cancer Registry, SEER, 2008–2012. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: Utah Cancer Registry, SEER, 2014–2018. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.



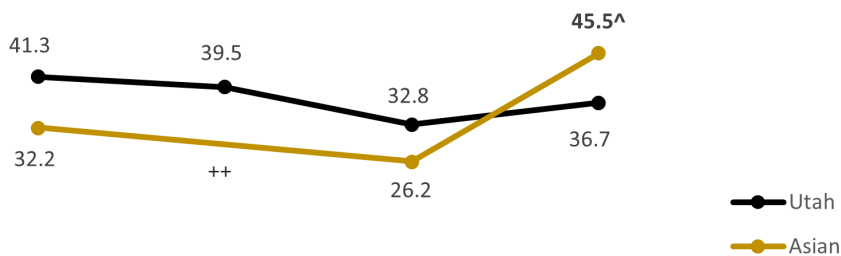
Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.7**  
 Health disparity gap: **N/a**  
 Health trend: **N/a**

Lung cancer death rates among Asian populations were lower than Utah overall since 2015 reporting. Comparing 2015 and 2021 reporting periods, deaths from lung cancer declined in both populations.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2015 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2009–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2015–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

### Invasive colorectal cancer incidence



Health disparity: **Yes<sup>^</sup>**  
 Disparity ratio: **1.2**  
 Health disparity gap: **Emerged**  
 Health trend: **Worsened**

Colorectal cancer incidence rates among Asian populations were lower than Utah overall between 2005 and 2015 reporting. As of 2021 reporting, colorectal cancer incidence rates among Asian populations were higher than Utah overall, and a health disparity emerged.

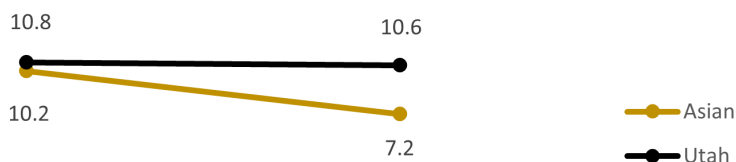
Cases of invasive colorectal cancer in Utah per 100,000 persons (age-adjusted)

<sup>^</sup>Statistically significantly different than Utah overall

<sup>++</sup>The Asian population estimate for the 2010 report was combined with the Native Hawaiian/Pacific Islander population estimate and is not comparable to the Asian population alone.

Sources—2005 Report: Utah Cancer Registry, SEER, 1997–2001; 2010 Report: Utah Cancer Registry, SEER, 2000–2006. US Census Bureau Population Estimates Program, 2000–2006; 2015 Report: Utah Cancer Registry, SEER, 2008–2012. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: Utah Cancer Registry, SEER, 2014–2018. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

### Colorectal cancer deaths



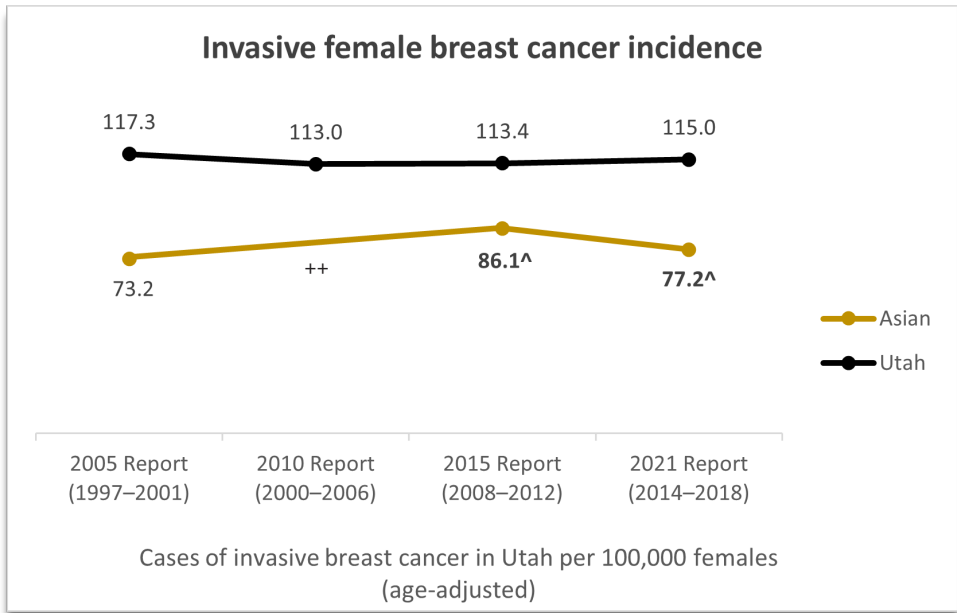
Health disparity: **No**  
 Disparity ratio: **0.7**  
 Health disparity gap: **N/a**  
 Health trend: **N/a**

Colorectal cancer death rates among Asian populations were similar to or lower than Utah overall since 2015 reporting. Comparing 2015 and 2021 reporting periods, deaths from colorectal cancer decreased among Asian populations and changed little among Utah overall.

Colorectal cancer deaths in Utah per 100,000 persons (age-adjusted)

Sources—2015 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2011–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2015–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.





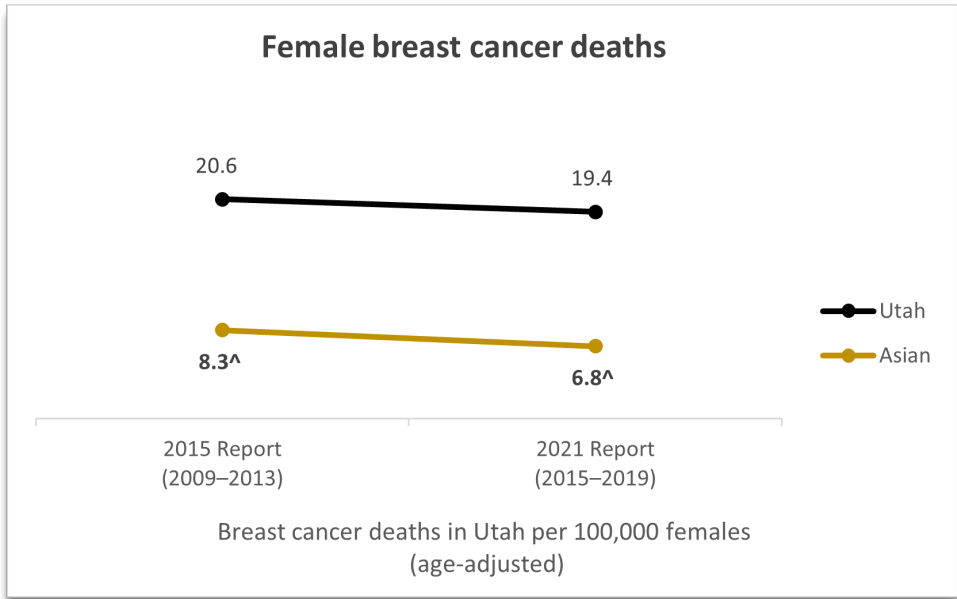
Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.7**  
 Health disparity gap: **N/a**  
 Health trend: **Worsened**

Breast cancer incidence rates among Asian females were lower than Utah females overall since 2005 reporting. Between 2005 and 2015 reporting, breast cancer incidence rates among Asian females increased, then decreased since 2015 reporting. Breast cancer incidence rates among Utah females overall changed little between 2005 and 2021 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

<sup>++</sup>The Asian population estimate for the 2010 report was combined with the Native Hawaiian/Pacific Islander population estimate and is not comparable to the Asian population alone.

Sources—2005 Report: Utah Cancer Registry, SEER, 1997–2001; 2010 Report: Utah Cancer Registry, SEER, 2000–2006. US Census Bureau Population Estimates Program, 2000–2006; 2015 Report: Utah Cancer Registry, SEER, 2008–2012. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: Utah Cancer Registry, SEER, 2014–2018. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.



Health disparity: **No<sup>^</sup>**  
 Disparity ratio: **0.4**  
 Health disparity gap: **N/a**  
 Health trend: **N/a**

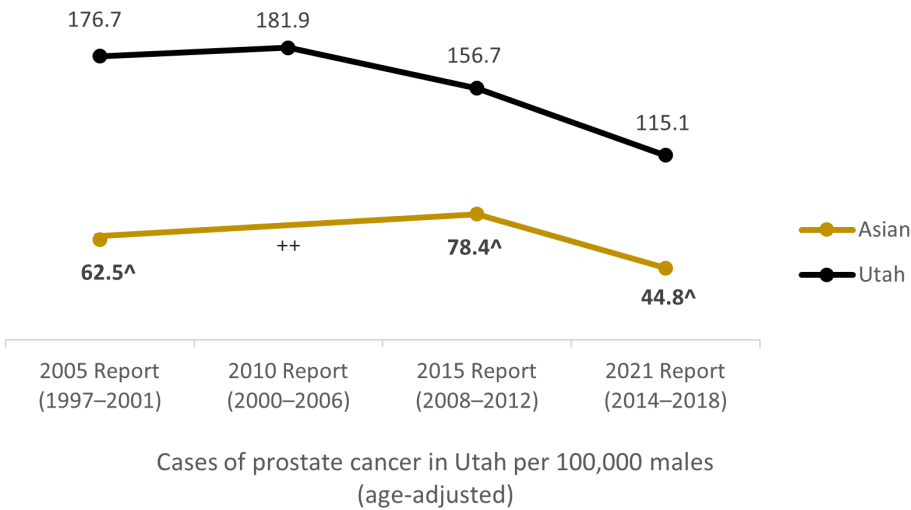
Breast cancer death rates among Asian females were lower than Utah females overall since 2015 reporting. Comparing 2015 and 2021 reporting periods, deaths from breast cancer changed little among both populations.

<sup>^</sup>Statistically significantly different than Utah overall

Sources—2015 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2009–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2015–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.



### Prostate cancer incidence



Health disparity: **No**  
 Disparity ratio: **0.4**  
 Health disparity gap: **N/a**  
 Health trend: **Improved**

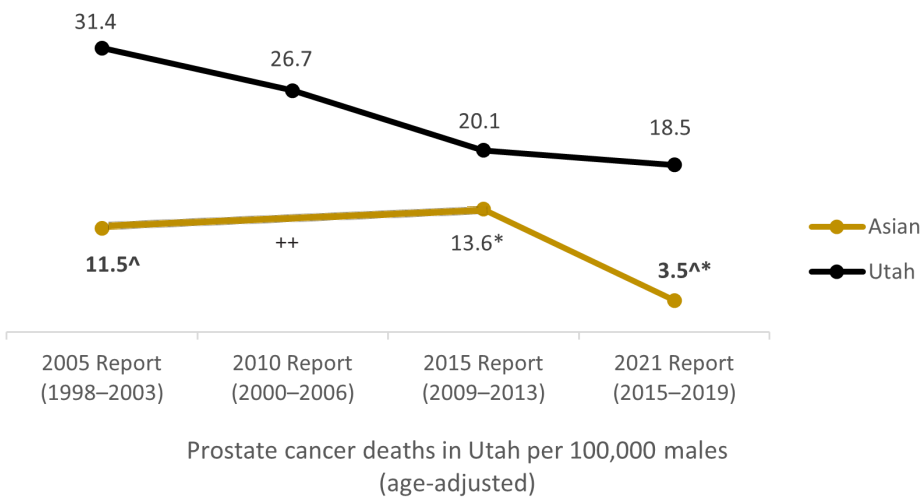
Prostate cancer incidence rates among Asian males were lower than Utah males overall since 2005 reporting. Incidence of prostate cancer increased among Asian males between 2005 and 2015 reporting, then declined since 2015 reporting. Prostate cancer incidence rates declined among Utah males overall since 2010 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

<sup>++</sup>The Asian population estimate for the 2010 report was combined with the Native Hawaiian/Pacific Islander population and is not comparable to the Asian population alone.

Sources—2005 Report: Utah Cancer Registry, SEER, 1997–2001; 2010 Report: Utah Cancer Registry, SEER, 2000–2006. US Census Bureau Population Estimates Program, 2000–2006; 2015 Report: Utah Cancer Registry, SEER, 2008–2012. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: Utah Cancer Registry, SEER, 2014–2018. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

### Prostate cancer deaths



Health disparity: **No<sup>^\*</sup>**  
 Disparity ratio: **0.2**  
 Health disparity gap: **N/a**  
 Health trend: **Recently improved<sup>\*</sup>**

The prostate cancer death rates among Asian males were lower\* than Utah males overall since 2005 reporting. Prostate cancer deaths declined\* in Asian populations since 2015 reporting and in the overall Utah population since 2005 reporting.

<sup>^</sup>Statistically significantly different than Utah overall

<sup>\*</sup>Insufficient relative standard error to meet DHHS standard for data reliability, interpret with caution

<sup>++</sup>The Asian population estimate for the 2010 report was combined with the Native Hawaiian/Pacific Islander population and is not comparable to the Asian population alone.

Sources—2005 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 1998–2003; 2010 Report: Utah Cancer Registry, SEER, 2000–2006. US Census Bureau Population Estimates Program, 2000–2006; 2015 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2009–2013. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Vital Records and Statistics, Death Certificate Database, 2015–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

# Additional resources

## Other reports in this series

**Twenty years of health data for American Indian/Alaska Native communities in Utah**

[healthequity.utah.gov/wp-content/uploads/Twenty\\_Years\\_AIAN.pdf](https://healthequity.utah.gov/wp-content/uploads/Twenty_Years_AIAN.pdf)

**Twenty years of health data for Black/African American communities in Utah**

[healthequity.utah.gov/wp-content/uploads/Twenty\\_Years\\_BAA.pdf](https://healthequity.utah.gov/wp-content/uploads/Twenty_Years_BAA.pdf)

**Twenty years of health data for Hispanic/Latino communities in Utah**

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**Twenty years of health data for Native Hawaiian/Pacific Islander communities in Utah**

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**Twenty years of health data for White, non-Hispanic communities in Utah**

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