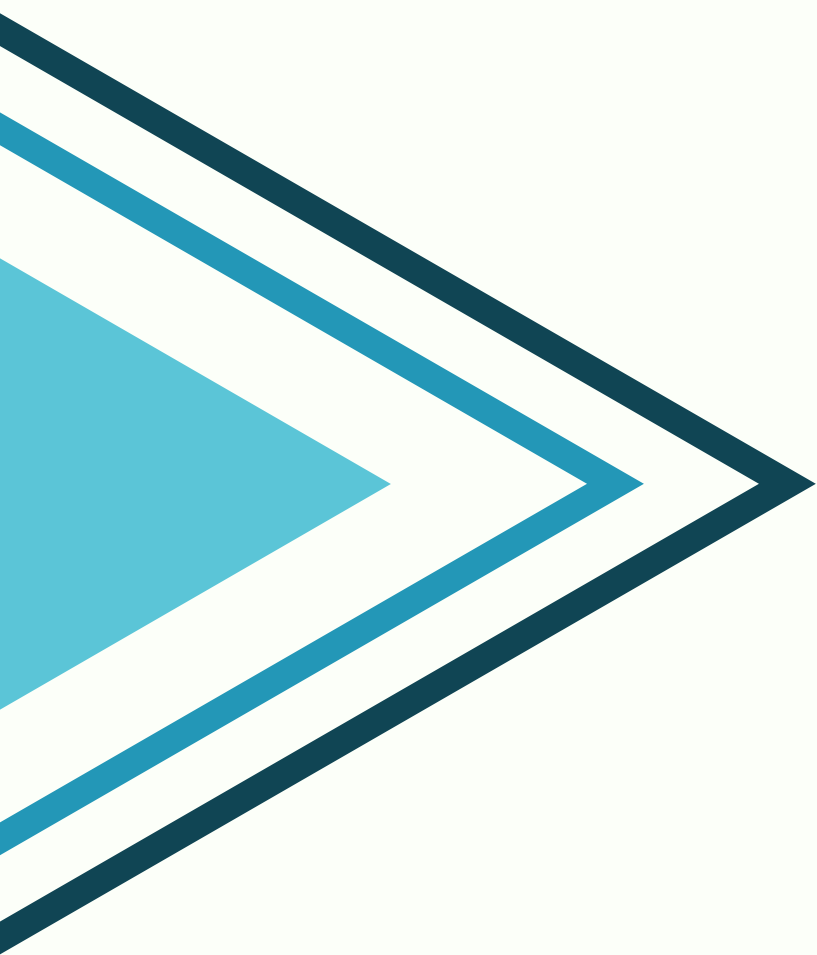

Twenty years of health data

for Black/African American communities
in Utah



A technical report



Utah Department of
Health & Human Services
Health Equity

June 2023

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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. 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.

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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

Twenty years of health data for Asian/Asian American communities in Utah

healthequity.utah.gov/wp-content/uploads/Twenty-Years_Asian.pdf

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

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

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

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.¹

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.²

¹ 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>

² 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.

To view any of the Moving Forward reports, please make a request to the Office of Health Equity by contacting 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).

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”³. 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.⁴ 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.

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

⁴ 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

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.⁵ 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

⁵ 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.

Black/African American populations in Utah

More than 59,000 people who identify as Black/African American reside in Utah.⁶ People with Sub-Saharan African origins in Utah include communities with Somali, Sudanese, Ethiopian, Kenyan, Nigerian, South African, and Ghanaian ancestries. Smaller West Indian communities, including those of Jamaican, Haitian, and Trinidadian and Tobagonian descent, also call Utah home.⁷ Salt Lake County has the state's highest proportion of Black/African American populations, at more than 50%.⁸ Approximately 85% of Black/African American populations living in Utah live in the urban counties of the Wasatch Front.⁹ Black/African American populations experienced rapid growth in the past decade—they increased by 55% between 2010 and 2020.⁹ The median age of Black/African American populations in Utah is 25.5 years.¹⁰

Health status

Overall, the data presented in this report show that in Utah, Black/African American populations have significantly better rates of mammograms compared with Utah overall.¹¹ However, data over the past 20 years of reporting indicate health disparity gaps in Black/African American populations in Utah increased or recently increased in the areas of child poverty, no health insurance, no primary care provider, fair or poor health, annual flu shot, births to adolescents, chlamydia incidence, gonorrhea incidence, lung cancer incidence, and colorectal cancer incidence. In addition, health disparity gaps persisted in the areas of life expectancy at birth, blood cholesterol screening, unintended pregnancy births, preterm birth, heavy drinking of alcohol, high blood pressure, diabetes prevalence, and prostate cancer incidence. Health disparity gaps decreased or recently decreased in the areas of overweight or obesity, no physical activity, infant mortality, cigarette smoking, binge drinking of alcohol, tuberculosis incidence, diabetes deaths, lung cancer deaths, and colorectal cancer deaths. The health disparity gap fluctuated for recent poor mental health.

⁶ U.S. Census Bureau 2016–2020 ACS 5-Year Estimates, Table B02009, Black or African American Alone or in Combination with One or More Other Races

⁷ U.S. Census Bureau 2016–2020 ACS 5-Year Estimates, Table B04006, People Reporting Ancestry

⁸ 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

⁹ 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

¹⁰ U.S. Census Bureau 2017–2021 ACS 5-Year Estimates, Table B01002B, Median Age by Sex (Black or African American alone).

¹¹ Office of Health Disparities (2021). Utah Health Status by Race and Ethnicity 2021. Salt Lake City, UT: Utah Department of Health.

Overview of health disparities for Black/African American populations in Utah

Table 2 presents an overview of health disparities and potential health disparities (referred to collectively as “health disparities”) among Black/African American populations in Utah. Of 46 indicators analyzed, 29 indicators (63%) showed health disparities for Black/African American populations. Of 29 indicators showing health disparities, the health disparity gap decreased or recently decreased in 10 indicators, persisted in eight indicators, increased or recently increased in 10 indicators, and fluctuated in one indicator.

Table 2: Overview of health disparities for Black/African 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	Health disparity gap fluctuated
<ul style="list-style-type: none"> ▶ Routine medical checkup ▶ Pap testing ▶ Mammograms ▶ Prostate cancer screening ▶ Daily fruit consumption ▶ Daily veg. consumption ▶ Daily folic acid consumption ▶ Unintentional injury deaths ▶ Motor vehicle crash deaths ▶ Suicide ▶ Arthritis prevalence ▶ Asthma prevalence ▶ Coronary heart disease deaths ▶ Stroke deaths ▶ Breast cancer incidence ▶ Breast cancer deaths ▶ Prostate cancer deaths 	<ul style="list-style-type: none"> ▶ Poverty ▶ Overweight or obesity ▶ No physical activity ▶ Infant mortality ▶ Current cigarette smoking ▶ Binge drinking of alcohol ▶ Tuberculosis incidence ▶ Diabetes deaths ▶ Lung cancer deaths ▶ Colorectal cancer deaths 	<ul style="list-style-type: none"> ▶ Life expectancy at birth ▶ Blood cholesterol screening ▶ Unintended pregnancy births ▶ Preterm birth ▶ High blood pressure ▶ Heavy drinking of alcohol ▶ Diabetes prevalence ▶ Prostate cancer incidence 	<ul style="list-style-type: none"> ▶ Child poverty ▶ No health insurance ▶ No primary care provider ▶ Fair or poor health ▶ Flu shot ▶ Births to adolescents ▶ Chlamydia incidence ▶ Gonorrhea incidence ▶ Lung cancer incidence ▶ Colorectal cancer incidence 	<ul style="list-style-type: none"> ▶ Recent poor mental health

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 27 indicators with health disparity gaps that increased/recently increased, persisted, or decreased/recently decreased cross-referenced by health trends that improved/recently improved, changed little, or worsened/recently worsened for Black/African American populations in Utah. Not included in Table 3 is one indicator in which the health disparity gap fluctuated: recent poor mental health. Also not included is one indicator in which the health trend was marked as "N/a": no primary care provider.

Table 3: Health disparity gaps and health trends for Black/African 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"> ▶ Poverty ▶ No physical activity ▶ Infant mortality ▶ Cigarette smoking ▶ Binge drinking of alcohol ▶ Tuberculosis incidence ▶ Diabetes deaths ▶ Lung cancer deaths ▶ Colorectal cancer deaths 	<ul style="list-style-type: none"> ▶ Blood cholesterol screening ▶ Unintended pregnancy births ▶ Prostate cancer incidence 	<ul style="list-style-type: none"> ▶ Births to adolescents
	Changed little	<ul style="list-style-type: none"> ▶ Overweight or obesity 	<ul style="list-style-type: none"> ▶ Preterm birth ▶ Heavy drinking of alcohol 	<ul style="list-style-type: none"> ▶ Colorectal cancer incidence
	Worsened/recently worsened		<ul style="list-style-type: none"> ▶ Life expectancy at birth ▶ High blood pressure ▶ Diabetes prevalence 	<ul style="list-style-type: none"> ▶ Child poverty ▶ No health insurance ▶ Fair or poor health ▶ Flu shot ▶ Chlamydia incidence ▶ Gonorrhea incidence ▶ Lung cancer incidence

There were no health disparities in 17 of 46 indicators (37%) for Black/African 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 presents 17 indicators with a determined health trend and no health disparities for Black/African Americans populations in Utah. The health trend improved or recently improved in 8 indicators, changed little in 3 indicators, worsened or recently worsened in 5 indicators, and fluctuated in 1 indicator.

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

Improved/recently improved	Changed little	Worsened/recently worsened	Fluctuated
<ul style="list-style-type: none"> ▶ Routine medical checkup ▶ Mammograms ▶ Daily folic acid consumption ▶ Vehicle crash deaths ▶ Arthritis prevalence ▶ Coronary heart dis. deaths ▶ Stroke deaths ▶ Prostate cancer deaths 	<ul style="list-style-type: none"> ▶ Pap testing ▶ Daily fruit consumption ▶ Daily vegetable consumption 	<ul style="list-style-type: none"> ▶ Prostate cancer screening ▶ Unintentional injury death ▶ Suicide ▶ Breast cancer incidence ▶ Breast cancer deaths 	<ul style="list-style-type: none"> ▶ Asthma prevalence

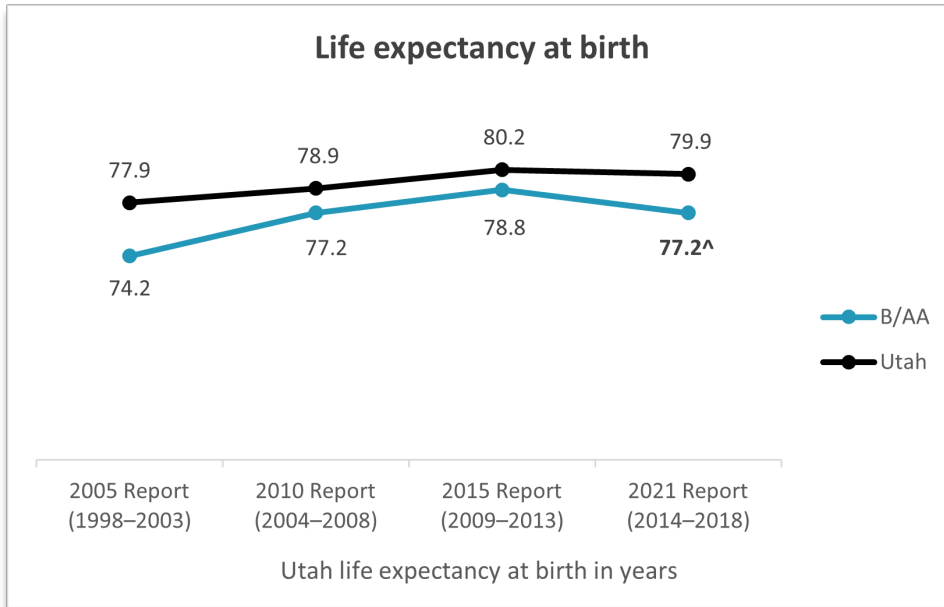
Conclusion

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, 'B/AA' is used to refer to 'Black/African American.'

Socio-demographics

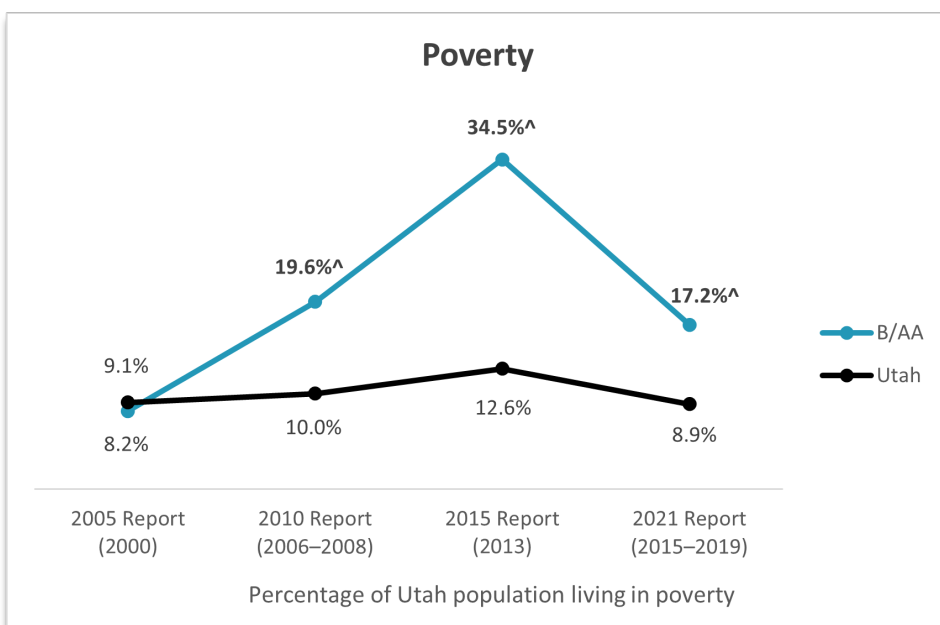


Health disparity: **Yes[^]**
 Disparity ratio: **1.0**
 Health disparity gap: **Persisted**
 Health trend: **Recently worsened**

Life expectancy at birth among B/AA populations was lower than Utah overall since 2005 reporting. As of 2021 reporting, life expectancy was 2.7 years lower among B/AA populations compared with Utah overall and the B/AA health trend recently worsened after a period of steady improvement.

[^]Statistically significantly different than Utah overall

Sources—2005 Report: UDOH, Office of Vital Records and Statistics, Death Certificate Database (1998–2003); 2010 Report: Office of Public Health Assessment. Death data from Utah Death Certificate Database, 2004–2008. Population Estimate: Office of Public Health Assessment, 2006; 2015 Report: Utah Death Certificate Database, Office of Vital Records & Statistics, UDOH (2009–2013). Population Estimates by Age, Sex, Race & Hispanic Origin for Counties in Utah, US Census, IBIS version 2013; 2021 Report: Utah Death Certificate Database, Office of Vital Records & Statistics, UDOH (2014–2018). Population Estimates by Age, Sex, Race & Hispanic Origin for Counties in Utah, US Census, IBIS version 2019.

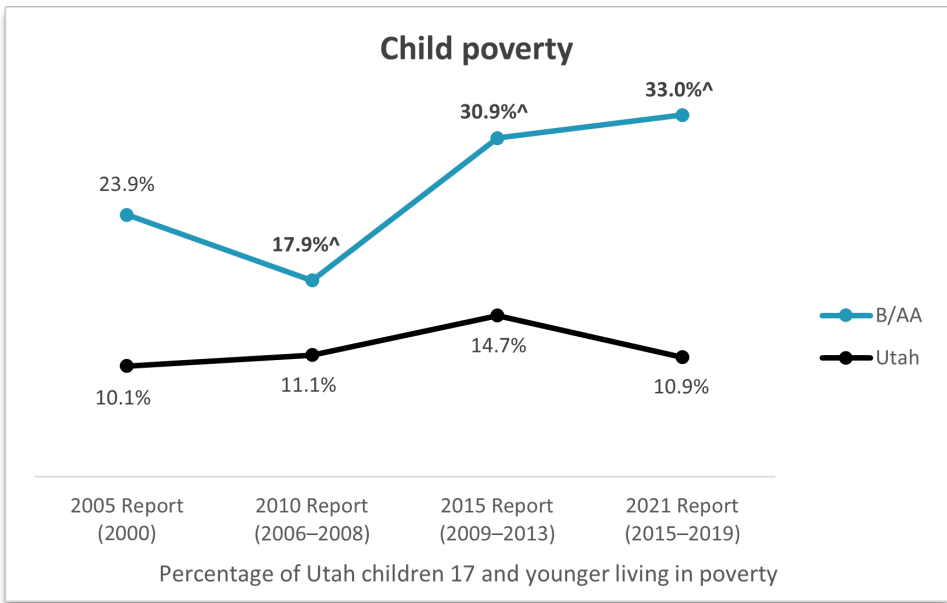


Health disparity: **Yes[^]**
 Disparity ratio: **1.9**
 Health disparity gap: **Recently decreased**
 Health trend: **Recently improved**

Poverty among B/AA populations was similar to the Utah population overall in 2005 reporting, then rose to a high of 34.5% in 2015 reporting. Since 2015 reporting, the poverty rate among B/AA populations and the health disparity gap decreased.

[^]Statistically significantly different than Utah overall

Sources—005 Report: US Census Bureau, US Census 2000; 2010 Report: US Census Bureau, American Community Survey, 2006–2008; 2015 Report: US Census Bureau, American Community Survey 2013; 2021 Report: US Census Bureau, US Census, 2019: American Community Survey 5-Year Estimates Tables B17001, B17001C, B17001D, B17001B, B17001E, B17001H, and B17001I



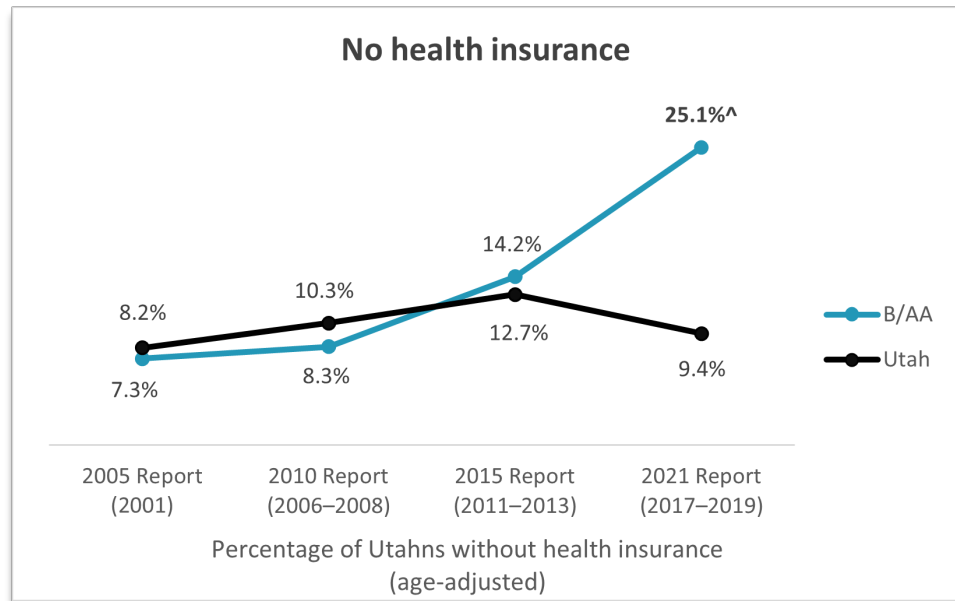
Health disparity: **Yes[^]**
 Disparity ratio: **3.0**
 Health disparity gap: **Increased**
 Health trend: **Worsened**

Child poverty among B/AA populations was higher than Utah overall since 2005 reporting. Child poverty and the health disparity gap increased among B/AA populations since 2010 reporting. As of 2021 reporting, one in three B/AA children in Utah lived in poverty.

[^]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



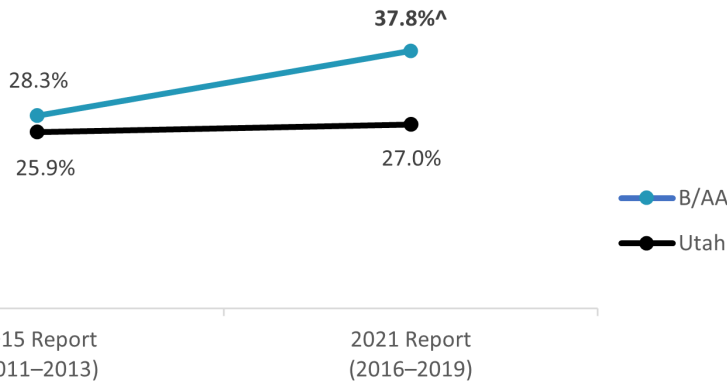
Health disparity: **Yes[^]**
 Disparity ratio: **2.7**
 Health disparity gap: **Increased**
 Health trend: **Worsened**

No health insurance among B/AA populations increased since 2005 reporting. The percentage of uninsured B/AA populations was similar to Utah overall between 2005 and 2010 reporting. Uninsured B/AA populations increased substantially since 2010 reporting. The health disparity gap also increased.

[^]Statistically significantly different than Utah overall

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)

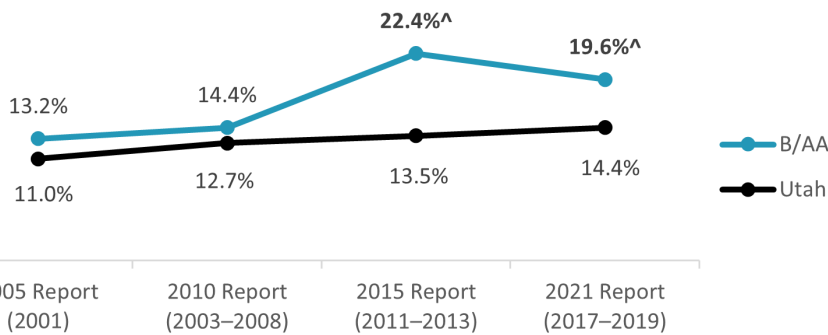
Health disparity: **Yes[^]**
 Disparity ratio: **1.4**
 Health disparity gap: **Increased**
 Health trend: **N/a**

The percentage of B/AA adults without a primary care provider (PCP) was higher than Utah adults overall since 2015 reporting. Lack of a PCP increased substantially among B/AA adults, which increased the health disparity gap. As of 2021 reporting, more than one-third of B/AA adults had no PCP, compared to about one-fourth of Utah adults overall.

[^]Statistically significantly different than Utah overall

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)

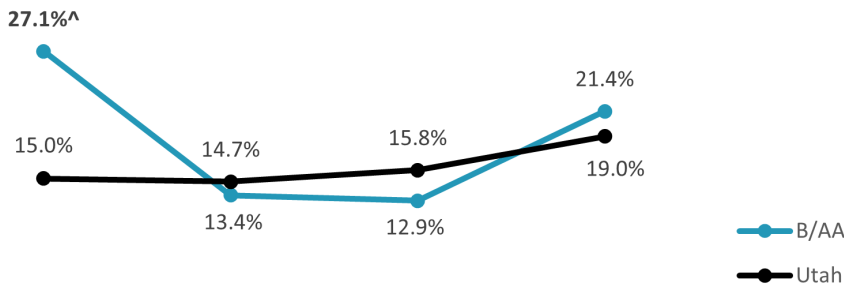
Health disparity: **Yes[^]**
 Disparity ratio: **1.4**
 Health disparity gap: **Increased**
 Health trend: **Worsened**

The percentage of B/AA adults who self-reported their general health status as “fair” or “poor” (instead of “excellent,” “very good,” or “good”) was higher than Utah adults overall since 2005 reporting. The percentage of adults reporting fair or poor health worsened in both populations between 2005 and 2021 reporting. The health disparity gap overall increased.

[^]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: **Potential**
 Disparity ratio: **1.1**
 Health disparity gap: **Fluctuated**
 Health trend: **Recently worsened**

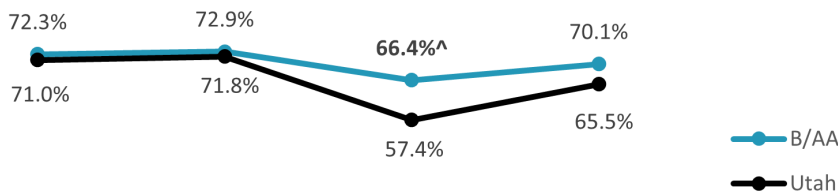
Recent poor mental health among B/AA adults improved between 2005 and 2015 reporting, then worsened by 2021 reporting. Recent poor mental health generally increased among Utah adults overall between 2005 and 2021 reporting. As of 2021 reporting, a potential health disparity emerged between B/AA adults and Utah adults overall.

[^]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)

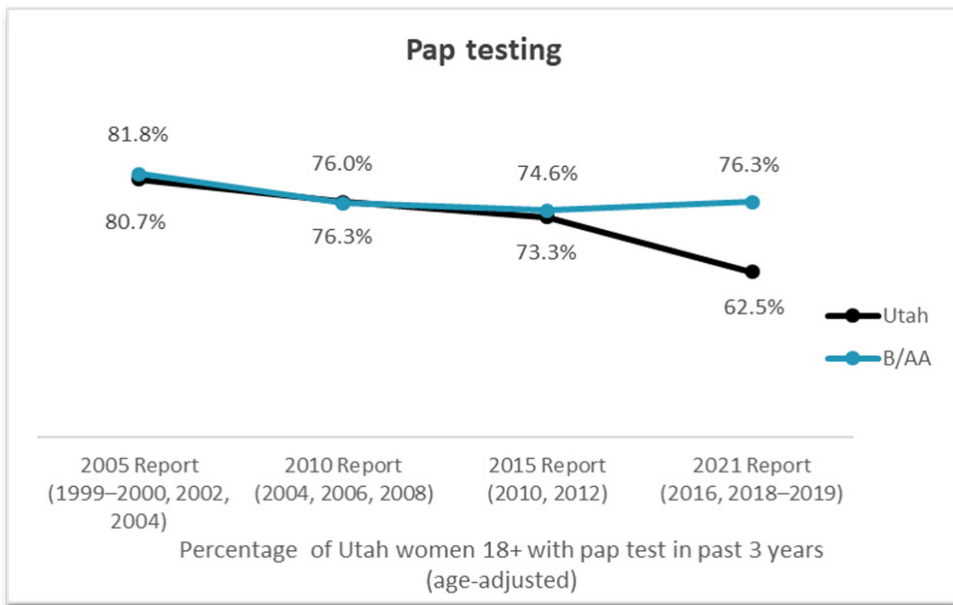
Percentage of Utahns who had a routine medical checkup in the previous year (age-adjusted)

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

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

[^]Statistically significantly different than Utah overall

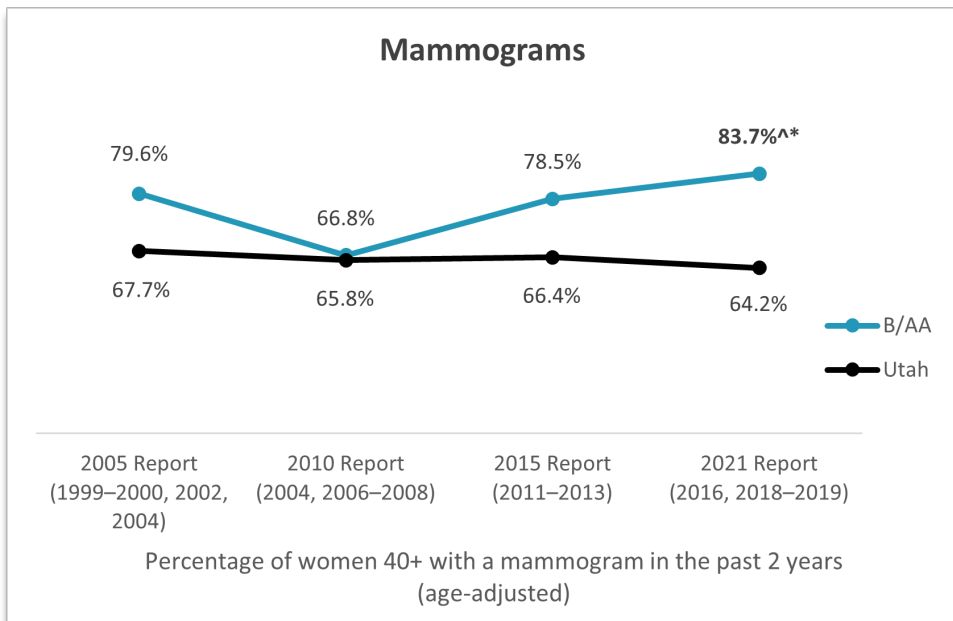
Sources—2005 Report: UDOH, Utah Health Status Survey, 2001; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2003–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community Survey 3-Year Estimates, 2011–2013. 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2017–2019. Population estimates averaged from 2016–2019 American Community Survey 1-Year Estimates.



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

Pap testing among B/AA women 18+ was similar to Utah women 18+ overall between 2005 and 2015 reporting. During this time period, Pap testing among both populations declined. Between 2015 and 2021 reporting, Pap testing among Utah women overall continued to decline but changed little among B/AA women.

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.



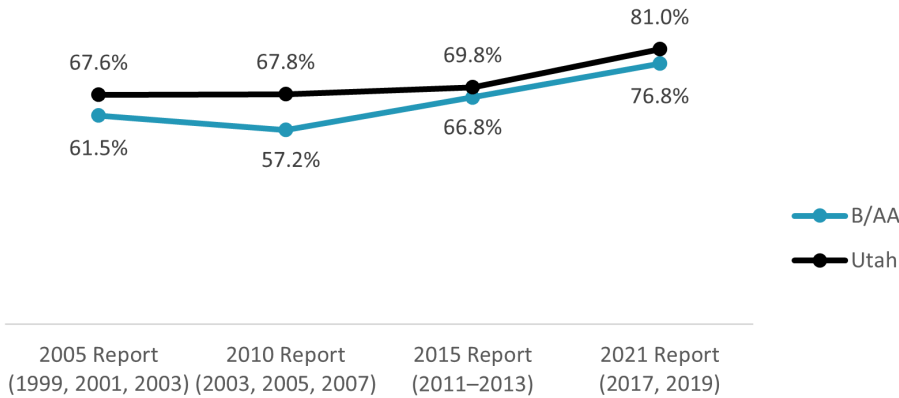
Health disparity: **No^{^*}**
 Disparity ratio: **0.8**
 Health disparity gap: **N/a**
 Health trend: **Improved^{*}**

Mammograms among B/AA women 40+ was higher than Utah women 40+ overall since 2005 reporting. The percentage of B/AA women obtaining mammograms increased since 2010 reporting, while mammograms among Utah women overall worsened since 2005 reporting.

[^]Statistically significantly different than Utah overall
^{*}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, 1999–2000, 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



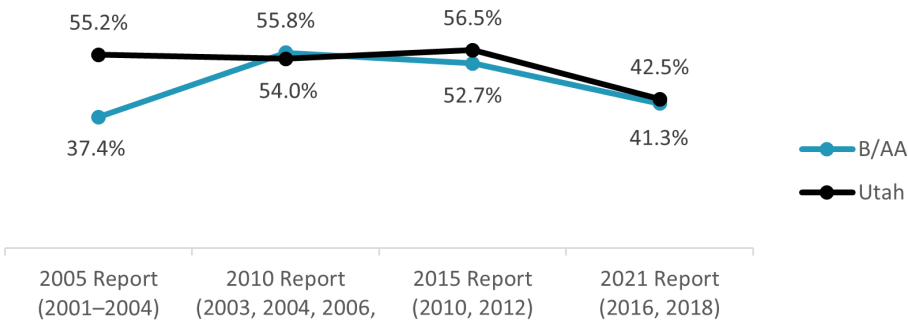
Percentage of Utah adults with a cholesterol screening in the past 5 years (age-adjusted)

Health disparity: **Potential**
 Disparity ratio: **1.1**
 Health disparity gap: **Persisted**
 Health trend: **Improved**

Blood cholesterol screening among B/AA adults was lower than Utah adults overall since 2005 reporting. Blood cholesterol screening improved among both populations, though a health disparity gap persisted 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)

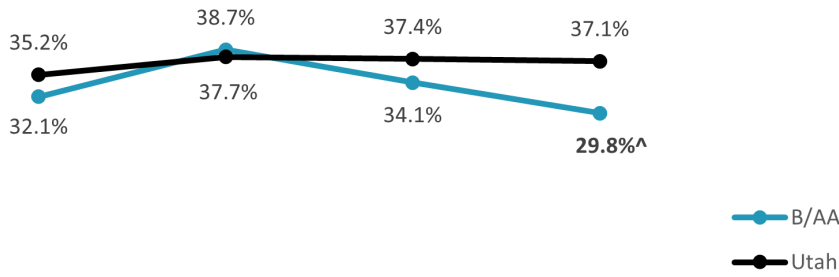
Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Prostate cancer screening among B/AA men 40+ was similar to Utah men 40+ overall since 2010 reporting. Prostate cancer screening declined in both populations since 2015 reporting—an expected outcome since routine PSA-based prostate cancer screening was no longer recommended as of 2012.‡

‡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

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)



2005 Report (1999, 2001–2004) 2010 Report (2003–2008) 2015 Report (2011–2013) 2021 Report (2016–2019)

Percentage of Utah adults 18+ who had a flu shot in the past year (age-adjusted)

Health disparity: **Yes[^]**
 Disparity ratio: **1.2**
 Health disparity gap: **Increased**
 Health trend: **Worsened**

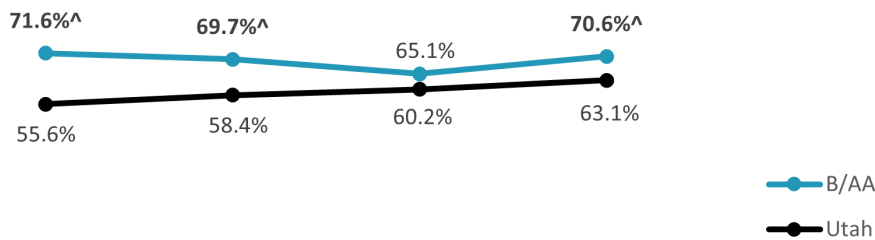
Influenza immunization among B/AA adults was lower than Utah adults overall since 2005 reporting. The percentage of B/AA adults immunized against influenza declined between 2010 and 2021 reporting while it changed little among Utah adults overall. In this time period the health disparity gap increased.

[^]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



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

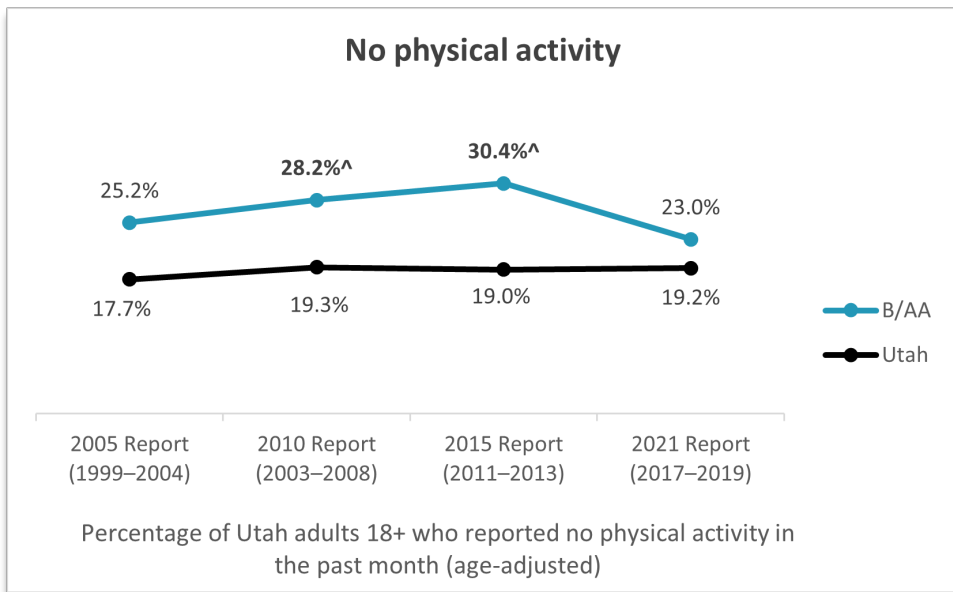
Percentage of Utah adults 18+ with overweight or obesity (age-adjusted)

Health disparity: **Yes[^]**
 Disparity ratio: **1.1**
 Health disparity gap: **Decreased**
 Health trend: **Changed little**

Overweight or obesity among B/AA adults was higher than Utah adults overall since 2005 reporting. Overweight or obesity among B/AA populations generally changed little while Utah overall increased since 2005 reporting, which decreased the health disparity gap.

[^]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.

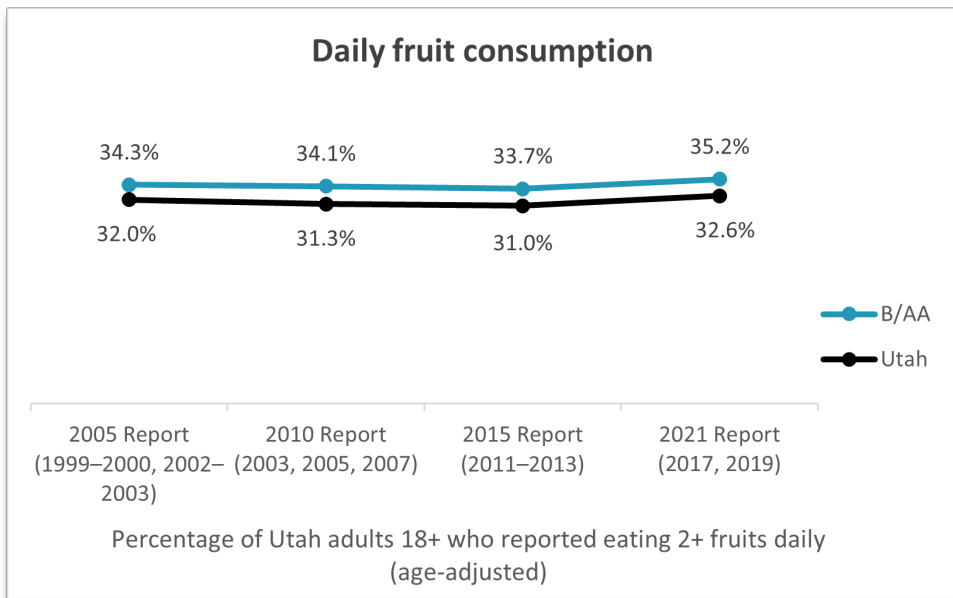


Health disparity: **Potential**
 Disparity ratio: **1.2**
 Health disparity gap: **Decreased**
 Health trend: **Recently improved**

Lack of physical activity among B/AA adults was higher than Utah adults overall since 2005 reporting. Percentage of people reporting no physical activity among B/AA populations increased between 2005 and 2015 reporting, then improved by 2021 reporting, which decreased the health disparity gap.

^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.

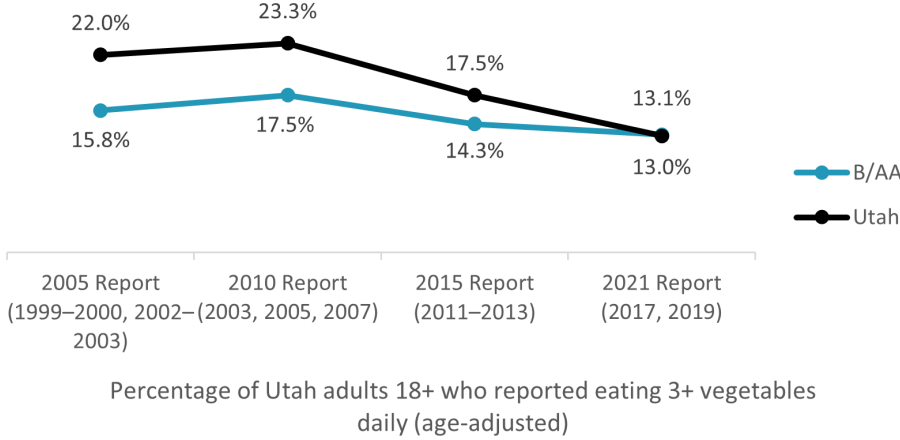


Health disparity: **No**
 Disparity ratio: **0.9**
 Health disparity gap: **N/a**
 Health trend: **Changed little**

Daily fruit consumption among B/AA adults was slightly higher than Utah adults overall since 2005 reporting. Both populations experienced little change in daily fruit consumption since 2005 reporting. As of 2021 reporting, approximately one-third of B/AA adults and Utah adults overall consumed two or more fruits daily.

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



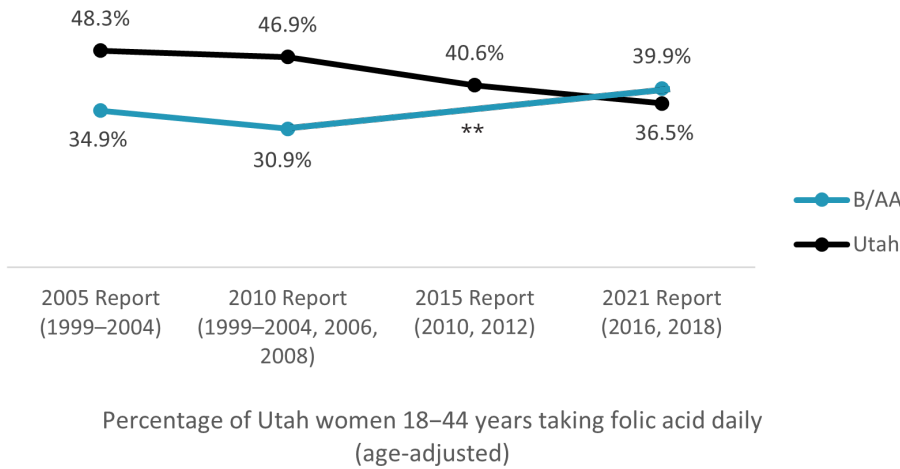
Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Changed little**

Daily vegetable consumption among B/AA adults was lower than Utah adults overall since 2005 reporting. Daily vegetable consumption declined among Utah adults overall while it changed little among B/AA adults, which closed the health disparity gap.

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



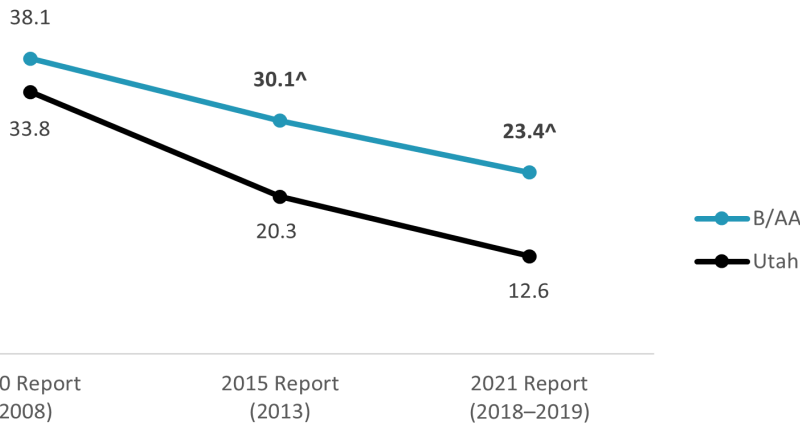
Health disparity: **No**
 Disparity ratio: **0.9**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Daily folic acid consumption among B/AA women 18–44 was lower than Utah women 18–44 overall between 2005 and 2010 reporting. Since 2010 reporting, daily folic acid consumption among B/AA women increased while it declined among Utah women overall, which closed the health disparity gap.

**The B/AA population estimate for the 2015 reporting year was suppressed because the standard error was greater than 50% or undetermined. The determination of the health disparity and calculation of the disparity ratio were therefore based on the data estimates reported in 2015.

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.

Births to adolescents



Births per 1,000 Utah females age 15-19

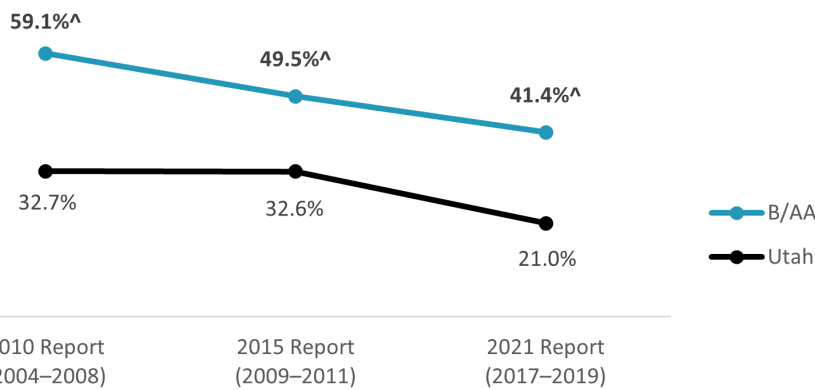
Health disparity: **Yes[^]**
 Disparity ratio: **1.9**
 Health disparity gap: **Increased**
 Health trend: **Improved**

Births to adolescents among B/AA populations were higher than Utah overall since 2010 reporting. The birth rate among adolescents in both populations declined, though the health disparity gap increased. The adolescent birth rate among B/AA populations was approximately double Utah overall as of 2021 reporting.

[^]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.

Unintended pregnancy births



Percentage of live births in Utah resulting from an unintended pregnancy

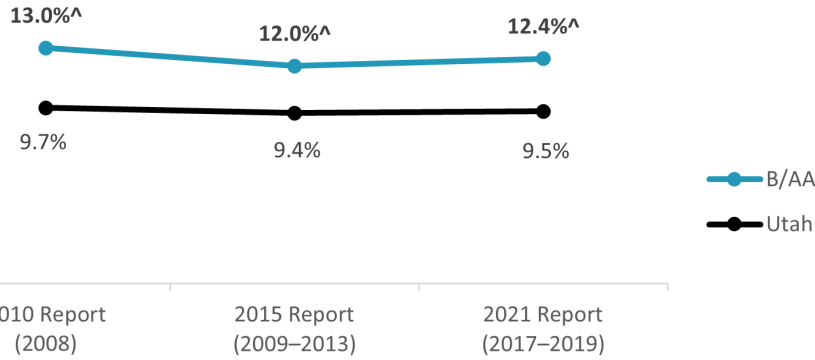
Health disparity: **Yes[^]**
 Disparity ratio: **2.0**
 Health disparity gap: **Persisted**
 Health trend: **Improved**

Births resulting from unintended pregnancy among B/AA populations was higher than Utah overall since 2010 reporting. Births from unintended pregnancy declined in both populations between 2010 and 2021 reporting, and the health disparity gap persisted. Births from unintended pregnancy among B/AA populations was approximately double Utah overall as of 2021 reporting.

[^]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.

Preterm birth



Percentage of live Utah infants born at less than 37 weeks gestation

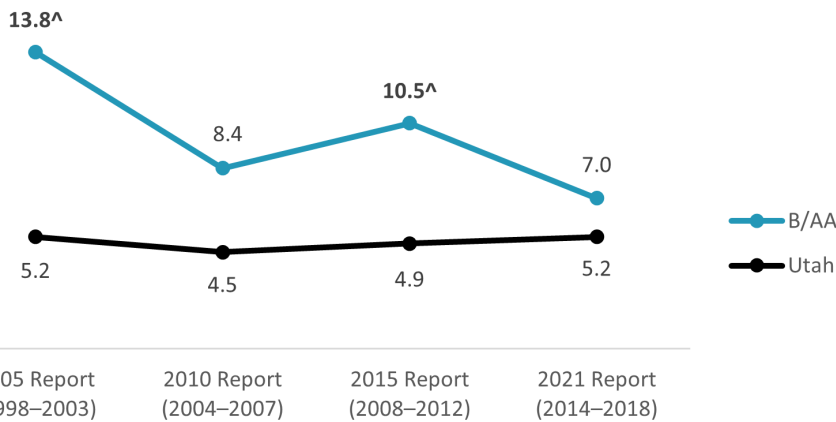
Health disparity: **Yes[^]**
 Disparity ratio: **1.3**
 Health disparity gap: **Persisted**
 Health trend: **Changed little**

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

[^]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.

Infant mortality



Utah infant deaths per 1,000 live births

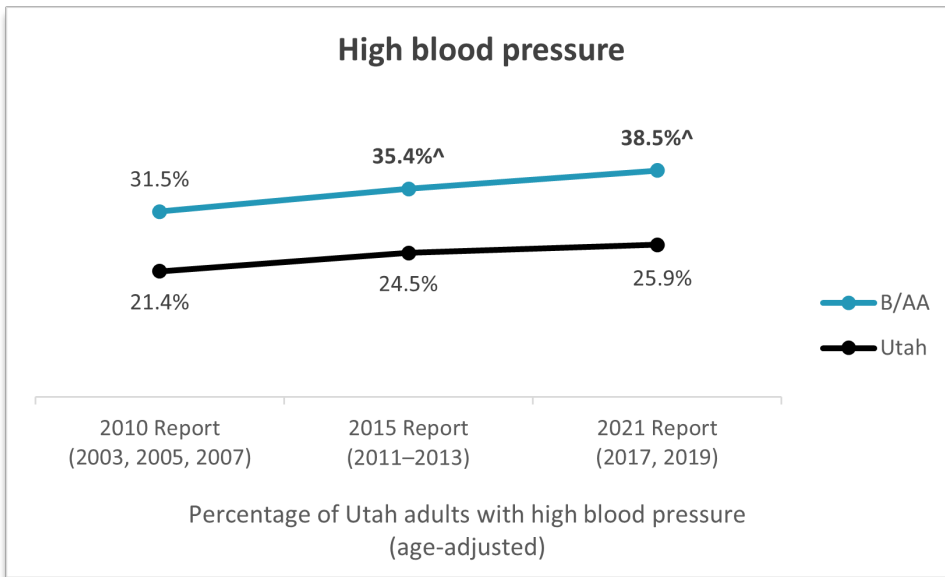
Health disparity: **Potential**
 Disparity ratio: **1.4**
 Health disparity gap: **Decreased**
 Health trend: **Improved**

Infant mortality among B/AA populations was higher than Utah overall since 2005 reporting. Infant mortality generally declined among B/AA populations while infant mortality among Utah overall changed little, which decreased the health disparity gap.

[^]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, 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

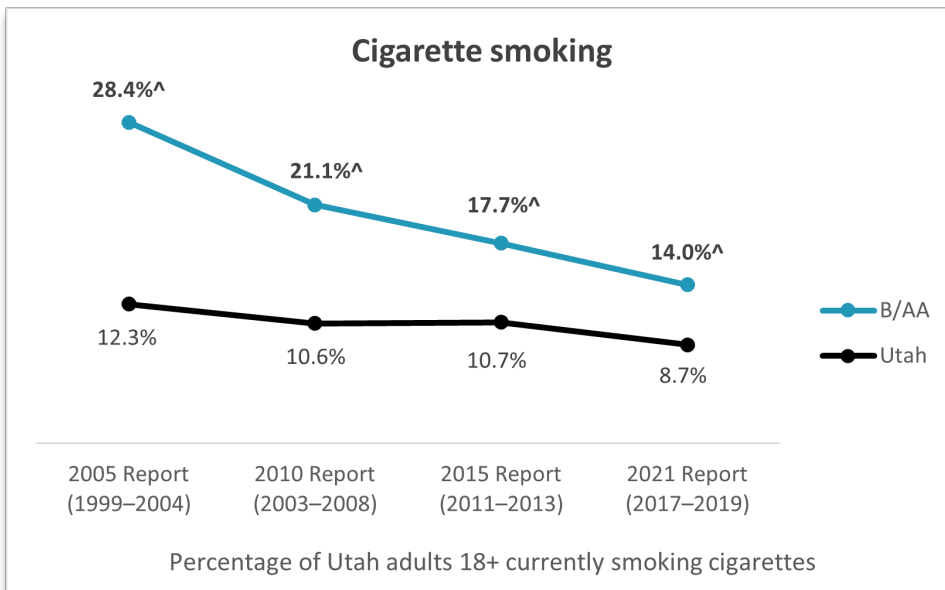


Health disparity: **Yes[^]**
 Disparity ratio: **1.5**
 Health disparity gap: **Persisted**
 Health trend: **Worsened**

High blood pressure among B/AA adults was higher than Utah adults overall since 2010 reporting. The percentage of adults with high blood pressure increased in both populations since 2010 reporting, and the health disparity gap persisted.

[^]Statistically significantly different than Utah overall

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.



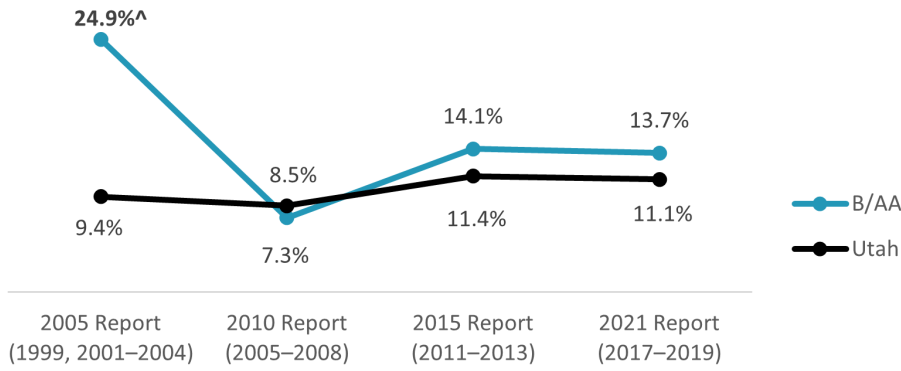
Health disparity: **Yes[^]**
 Disparity ratio: **1.6**
 Health disparity gap: **Decreased**
 Health trend: **Improved**

Cigarette smoking among B/AA adults was higher than Utah adults overall since 2005 reporting. Cigarette smoking declined in both populations, and the health disparity gap decreased.

[^]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.

Binge drinking of alcohol



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

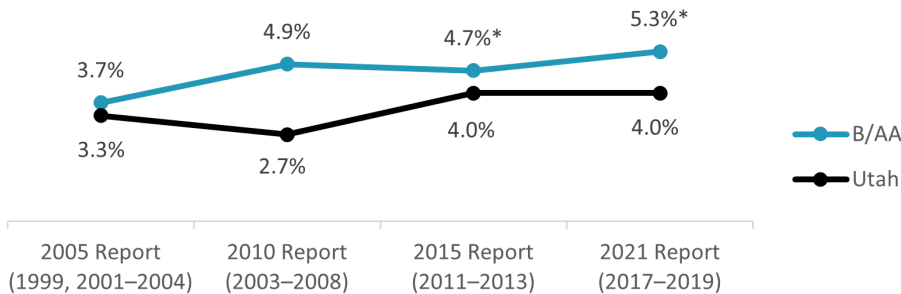
Health disparity: **Potential**
 Disparity ratio: **1.2**
 Health disparity gap: **Decreased**
 Health trend: **Improved**

Binge drinking of alcohol among B/AA adults was generally higher than Utah adults overall since 2005 reporting. Binge drinking (consuming 4–5 or more drinks in two hours) among B/AA adults generally declined since 2005 reporting, and the health disparity gap decreased.

[^]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.

Heavy drinking of alcohol



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

Health disparity: **Potential***
 Disparity ratio: **1.3**
 Health disparity gap: **Persisted**
 Health trend: **Changed little***

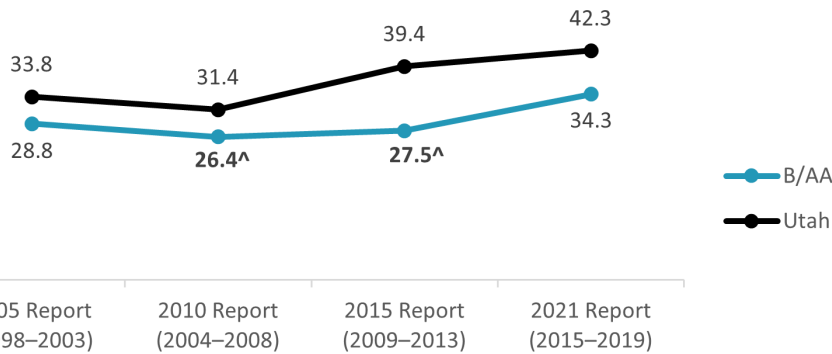
Heavy drinking of alcohol among B/AA adults was higher than Utah adults overall since 2005 reporting. Heavy drinking (consuming 8+ alcoholic beverages per week for women and 15+ per week for men) changed little in both populations since 2005 reporting, and the health disparity gap persisted.

*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.

Injuries

Unintentional injury death



Unintentional injury deaths in Utah per 100,000 persons (age-adjusted)

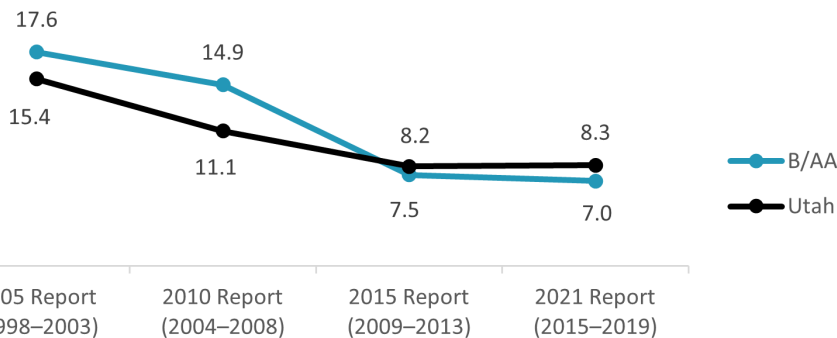
Health disparity: **No**
 Disparity ratio: **0.8**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Unintentional injury death rates among B/AA populations were lower than Utah overall since 2005 reporting. Unintentional injury death rates among both populations generally increased since 2005 reporting.

[^]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.

Motor vehicle traffic crash deaths



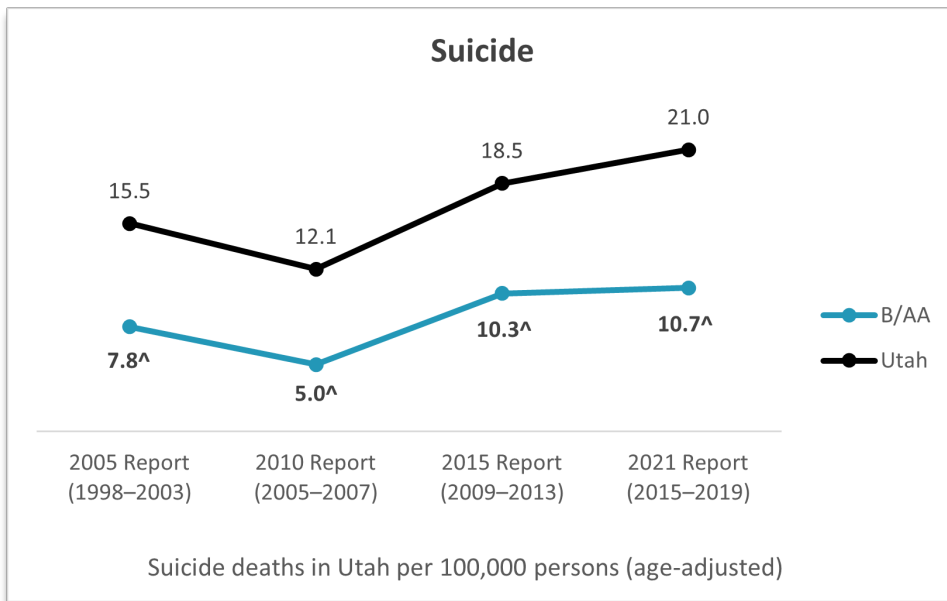
Motor vehicle traffic crash deaths in Utah per 100,000 persons (age-adjusted)

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

Motor vehicle traffic crash (MVTC) death rates among B/AA populations were similar to Utah overall between 2015 and 2021 reporting. MVTC death rates declined in both populations since 2005 reporting.

[^]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.



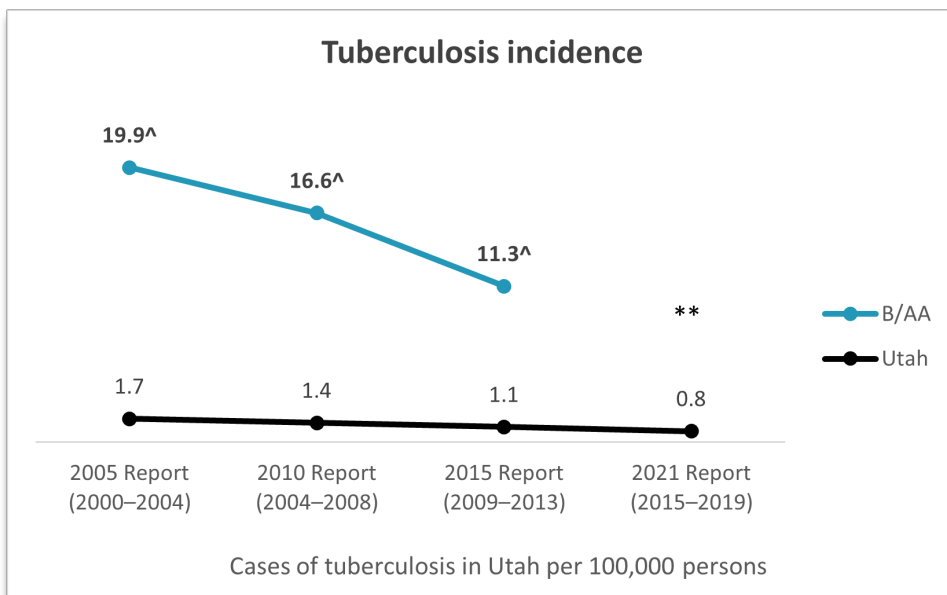
Health disparity: **No[^]**
 Disparity ratio: **0.5**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Suicide rates among B/AA populations were lower than Utah overall since 2005 reporting. Suicide rates increased among both populations since 2010 reporting.

[^]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



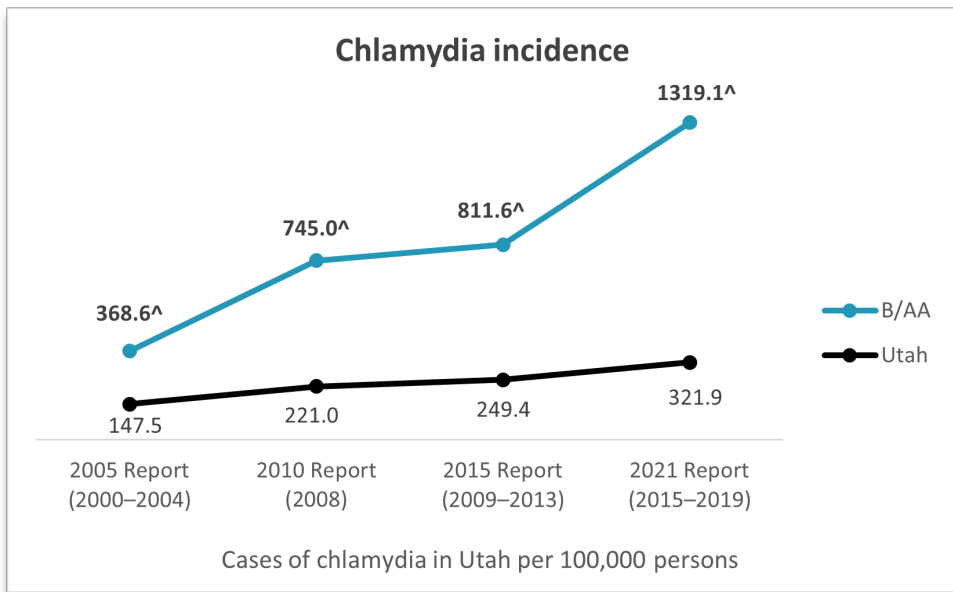
Health disparity: **Yes[^]**
 Disparity ratio: **10.3**
 Health disparity gap: **Decreased**
 Health trend: **Improved**

Tuberculosis incidence among B/AA populations was higher than Utah overall since 2005 reporting. Tuberculosis incidence rates declined among B/AA populations, which decreased the health disparity gap.

[^]Statistically significantly different than Utah overall

**The B/AA population estimate for the 2021 reporting year was suppressed because the standard error was greater than 50% or undetermined. The determination of the health disparity and calculation of the disparity ratio were therefore based on the data estimates reported in 2015.

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.

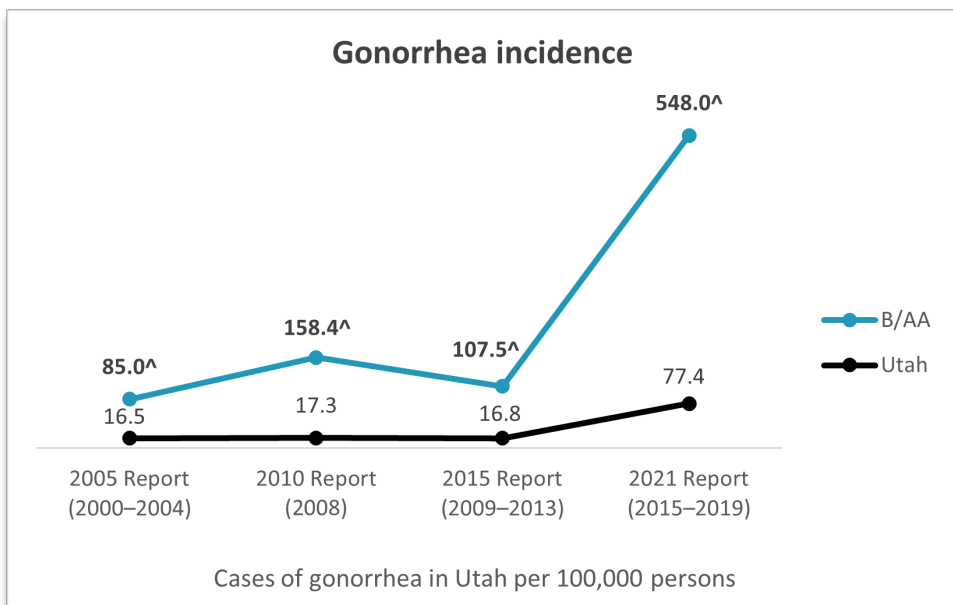


Health disparity: **Yes**
 Disparity ratio: **4.1**
 Health disparity gap: **Increased**
 Health trend: **Worsened**

Chlamydia incidence among B/AA populations was higher than Utah overall since 2005 reporting. Chlamydia incidence rates increased among both populations since 2005 and increased faster among B/AA populations, which widened the health disparity gap.

[^]Statistically significantly different than Utah overall

Sources—2005 Report: UDOH Bureau of Communicable Disease Control, 2000–2004; 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: **Yes[^]**
 Disparity ratio: **7.1**
 Health disparity gap: **Recently increased**
 Health trend: **Worsened**

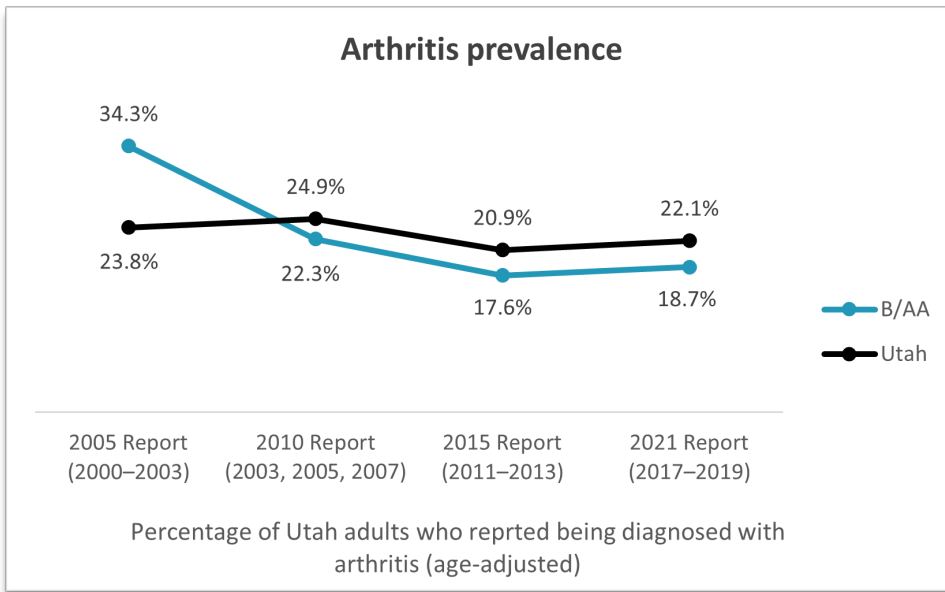
Gonorrhea incidence among B/AA populations was higher than Utah overall since 2005 reporting. Between 2015 and 2021 reporting, gonorrhea incidence among B/AA populations increased by more than 400%. By 2021 reporting, gonorrhea incidence rates were at an all-time high in Utah due to a shift in gonorrhea epidemiology[‡].

[^]Statistically significantly different than Utah overall

[‡]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.mm6534a1>external 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—2005 Report: UDOH Bureau of Communicable Disease Control, 2000–2004; 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.

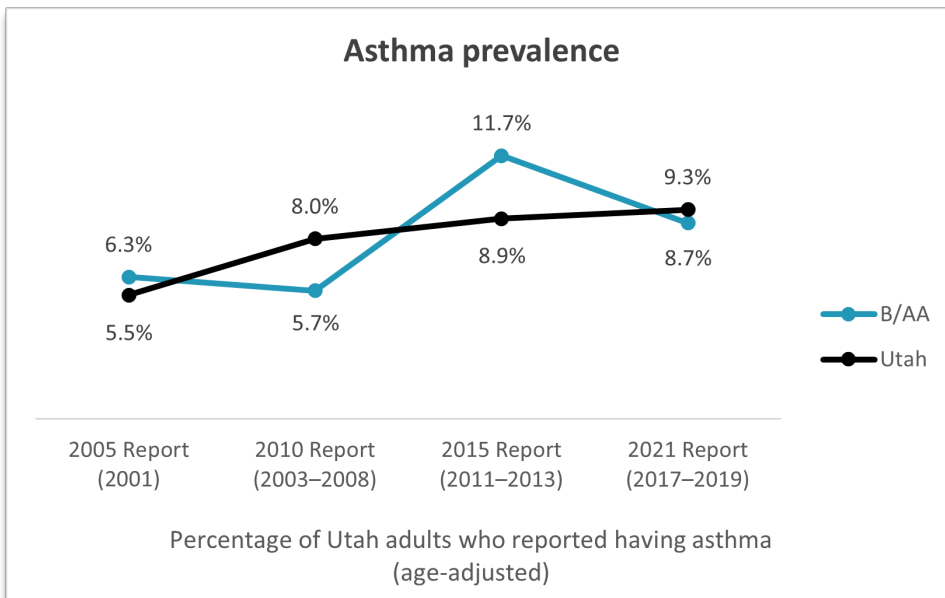
Chronic diseases



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

Arthritis prevalence among B/AA adults was lower than Utah adults overall between 2010 and 2021 reporting. Arthritis prevalence decreased among B/AA adults and changed little among Utah adults overall since 2005 reporting.

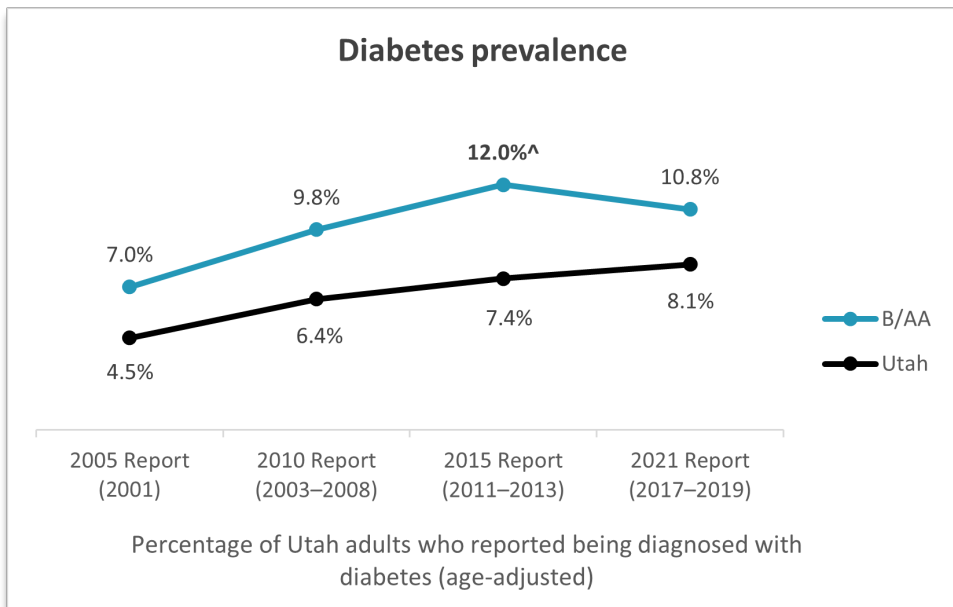
Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFS, 2000–2003; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFS, 2003, 2005, 2007. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFS,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



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

Asthma prevalence among B/AA adults was lower than Utah adults overall at 2021 reporting. Asthma prevalence among B/AA adults fluctuated around the Utah overall trend for asthma prevalence, which increased since 2005 reporting.

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

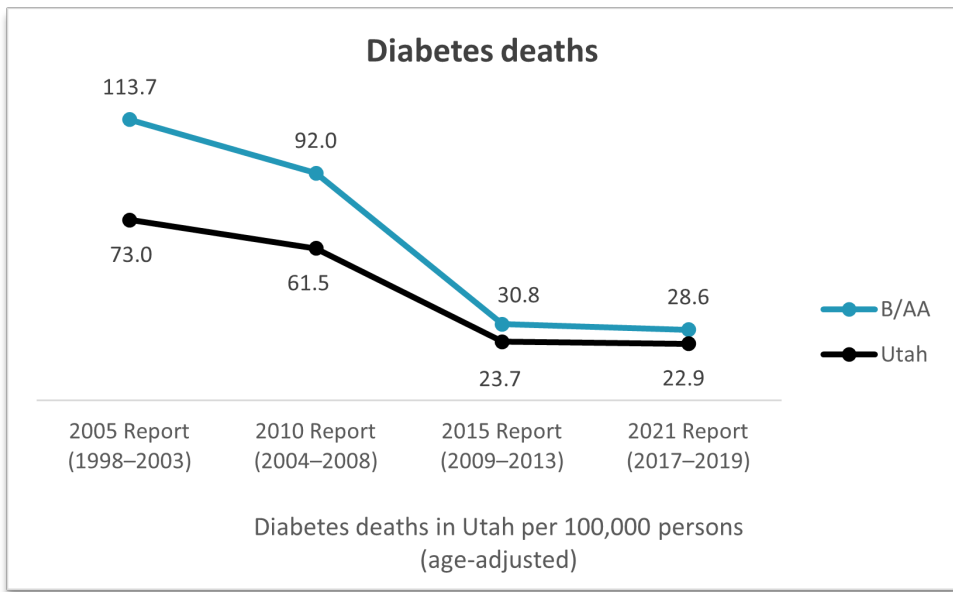


Health disparity: **Potential**
 Disparity ratio: **1.3**
 Health disparity gap: **Persisted**
 Health trend: **Worsened**

Diabetes prevalence among B/AA adults was higher than Utah adults overall since 2005 reporting. Diabetes prevalence generally increased among both populations, and the health disparity gap persisted.

^Statistically significantly different than Utah overall

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

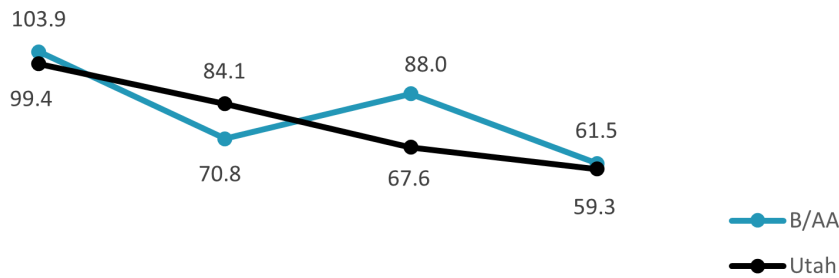


Health disparity: **Potential**
 Disparity ratio: **1.3**
 Health disparity gap: **Decreased**
 Health trend: **Improved**

Diabetes death rates among B/AA populations were higher than Utah overall since 2005 reporting. Deaths from diabetes declined in both populations. Among B/AA populations, diabetes death rates declined by more than two-thirds between 2005 and 2021 reporting.

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, 2017–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

Coronary heart disease deaths



2005 Report (1998–2003) 2010 Report (2004–2008) 2015 Report (2011–2013) 2021 Report (2017–2019)

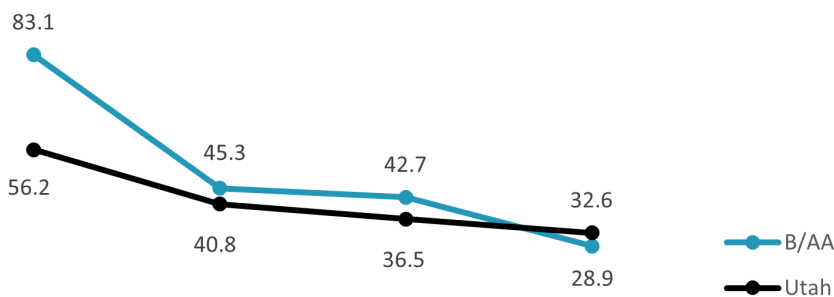
Coronary heart disease deaths in Utah per 100,000 persons (age-adjusted)

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

Coronary heart disease death rates among B/AA populations generally declined since 2005 reporting. Deaths from coronary heart disease also declined among the Utah population overall during the same time period. As of 2021 reporting, rates of coronary heart disease deaths were similar between the two 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, 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.

Stroke deaths



2005 Report (1998–2003) 2010 Report (2004–2008) 2015 Report (2011–2013) 2021 Report (2017–2019)

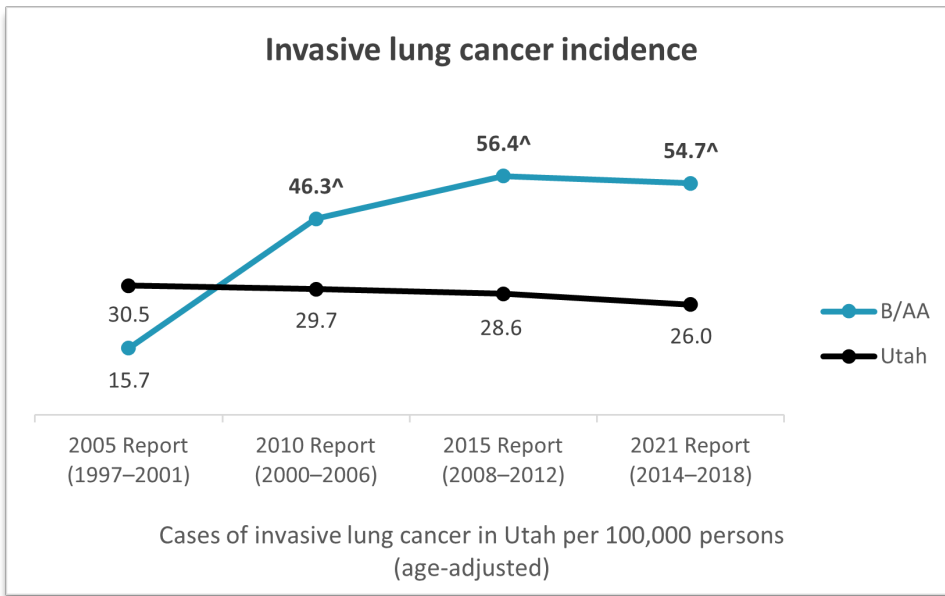
Stroke deaths in Utah per 100,000 persons (age-adjusted)

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

Stroke death rates among B/AA populations and the Utah population overall declined between 2005 and 2021 reporting. Deaths from stroke declined faster among B/AA populations, and as of 2021 reporting, stroke death rates among B/AA populations were lower than Utah overall, which closed the health disparity gap.

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, 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

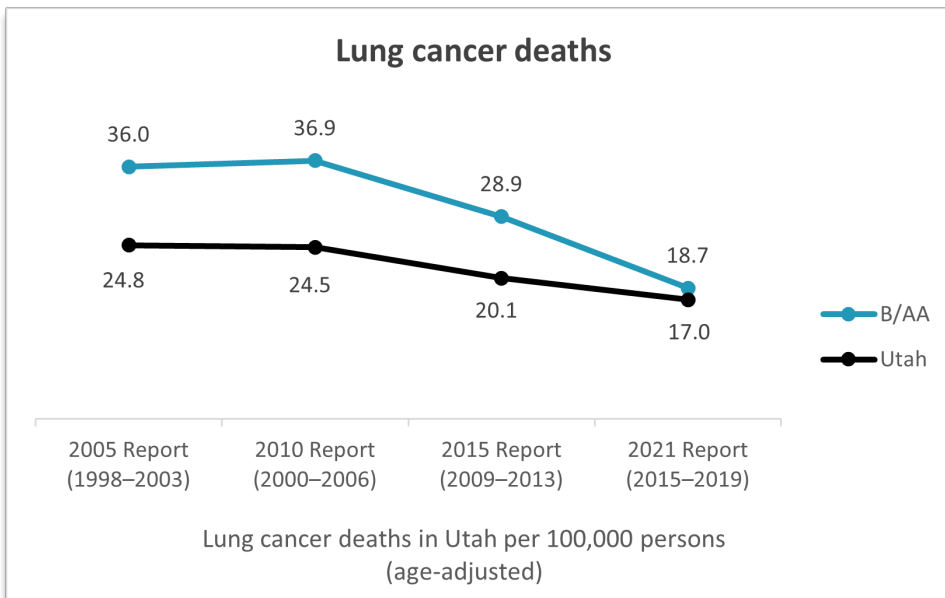


Health disparity: **Yes[^]**
 Disparity ratio: **2.1**
 Health disparity gap: **Increased**
 Health trend: **Worsened**

Lung cancer incidence rates among B/AA populations were higher than Utah overall between 2010 and 2021 reporting. Lung cancer incidence increased among B/AA populations while it declined among the Utah overall, which widened the health disparity gap.

[^]Statistically significantly different than Utah overall

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.

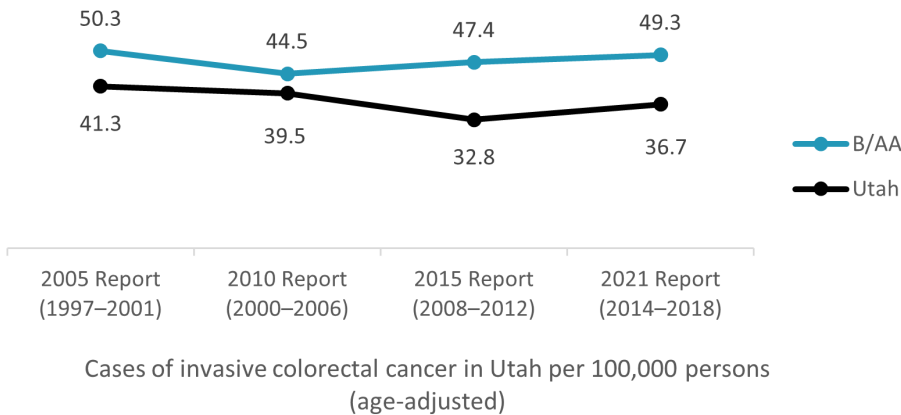


Health disparity: **Potential**
 Disparity ratio: **1.1**
 Health disparity gap: **Decreased**
 Health trend: **Improved**

Lung cancer death rates among B/AA populations were higher than Utah overall since 2005 reporting. Deaths from lung cancer declined among both populations and declined faster among B/AA populations, which decreased the health disparity gap. Among B/AA populations, lung cancer deaths declined by nearly 50% between 2005 and 2021 reporting.

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.

Invasive colorectal cancer incidence

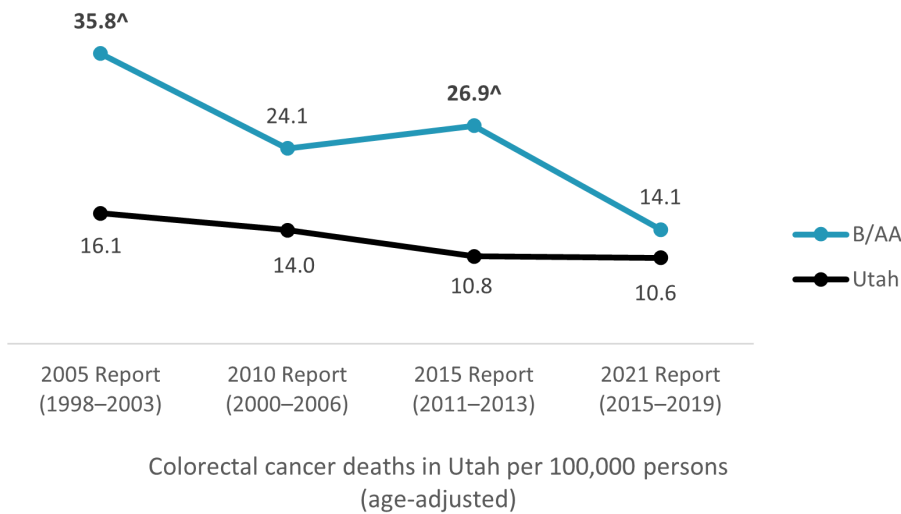


Health disparity: **Potential**
 Disparity ratio: **1.3**
 Health disparity gap: **Increased**
 Health trend: **Changed little**

Colorectal cancer incidence rates among B/AA populations were higher than Utah overall since 2005 reporting. Colorectal cancer incidence rates changed little among B/AA populations and declined among Utah overall since 2005 reporting, which increased the health disparity gap.

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



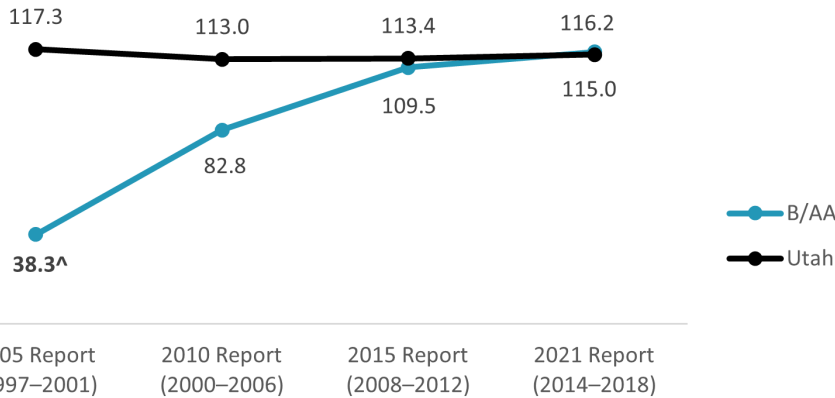
Health disparity: **Potential**
 Disparity ratio: **1.3**
 Health disparity gap: **Decreased**
 Health trend: **Improved**

Colorectal cancer death rates among B/AA populations were higher than Utah overall since 2005 reporting. Deaths from colorectal cancer declined among both populations and declined faster among B/AA populations, which decreased the health disparity gap. Among B/AA populations, colorectal cancer deaths declined by 60% between 2005 and 2021 reporting.

[^]Statistically significantly different than Utah overall

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, 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.

Invasive female breast cancer incidence



Cases of invasive breast cancer in Utah per 100,000 females (age-adjusted)

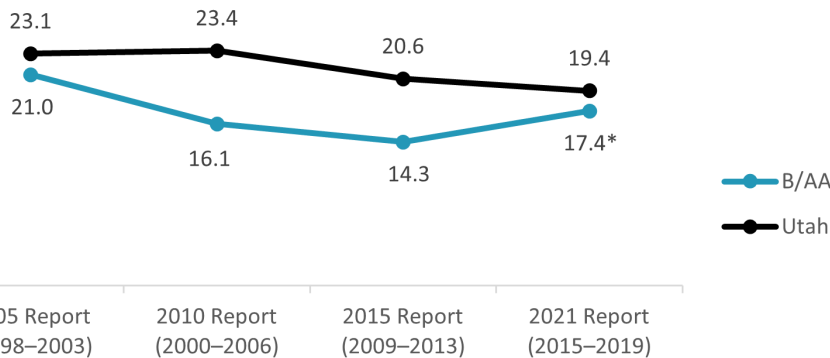
Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Breast cancer incidence rates among B/AA females increased since 2005 reporting. During the same time period, breast cancer incidence among Utah females overall changed little. As of 2021 reporting, B/AA breast cancer incidence rates were on par with Utah overall.

[^]Statistically significantly different than Utah overall

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.

Female breast cancer deaths



Breast cancer deaths in Utah per 100,000 females (age-adjusted)

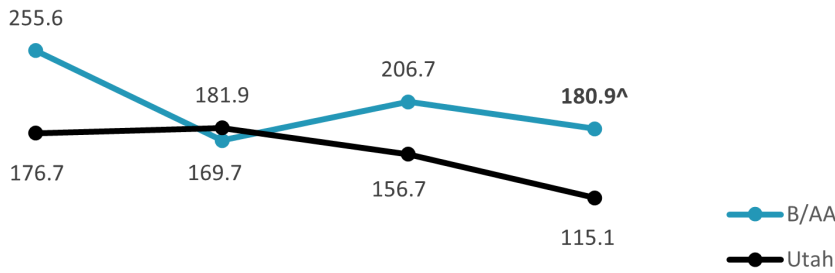
Health disparity: **No***
 Disparity ratio: **0.9**
 Health disparity gap: **N/a**
 Health trend: **Recently worsened***

Breast cancer death rates among B/AA females were lower than Utah females overall since 2005 reporting. Breast cancer death rates generally declined among Utah females overall since 2005 reporting. Death from breast cancer among B/AA females also declined since 2005 reporting, but may have increased between 2015 and 2021 reporting.

*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: 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.

Prostate cancer incidence



2005 Report (1997-2001) 2010 Report (2000-2006) 2015 Report (2008-2012) 2021 Report (2014-2018)

Cases of prostate cancer in Utah per 100,000 males (age-adjusted)

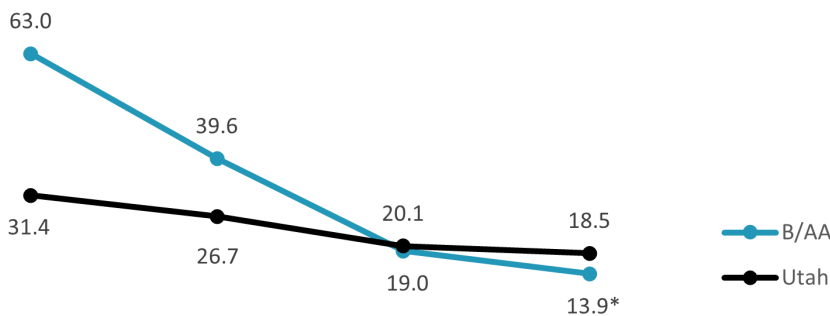
Health disparity: **Yes[^]**
 Disparity ratio: **1.6**
 Health disparity gap: **Persisted**
 Health trend: **Improved**

Prostate cancer incidence rates among B/AA males were generally higher than Utah males overall since 2005 reporting. Prostate cancer incidence rates declined among both populations since 2005 reporting, and the health disparity gap persisted.

[^]Statistically significantly different than Utah overall

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



2005 Report (1998-2003) 2010 Report (2000-2006) 2015 Report (2009-2013) 2021 Report (2015-2019)

Prostate cancer deaths in Utah per 100,000 males (age-adjusted)

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

Prostate cancer death rates among B/AA males declined since 2005 reporting. During the same time period, prostate cancer death rates also declined among Utah males overall. As of 2015 reporting, the health disparity gap closed. Since then, the rate of prostate cancer deaths among B/AA males was lower^{*} than Utah males overall.

^{*}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: 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.

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healthequity.utah.gov/wp-content/uploads/Twenty_Years_AIAN.pdf

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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

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

healthequity.utah.gov/wp-content/uploads/Twenty_Years_White-NH.pdf