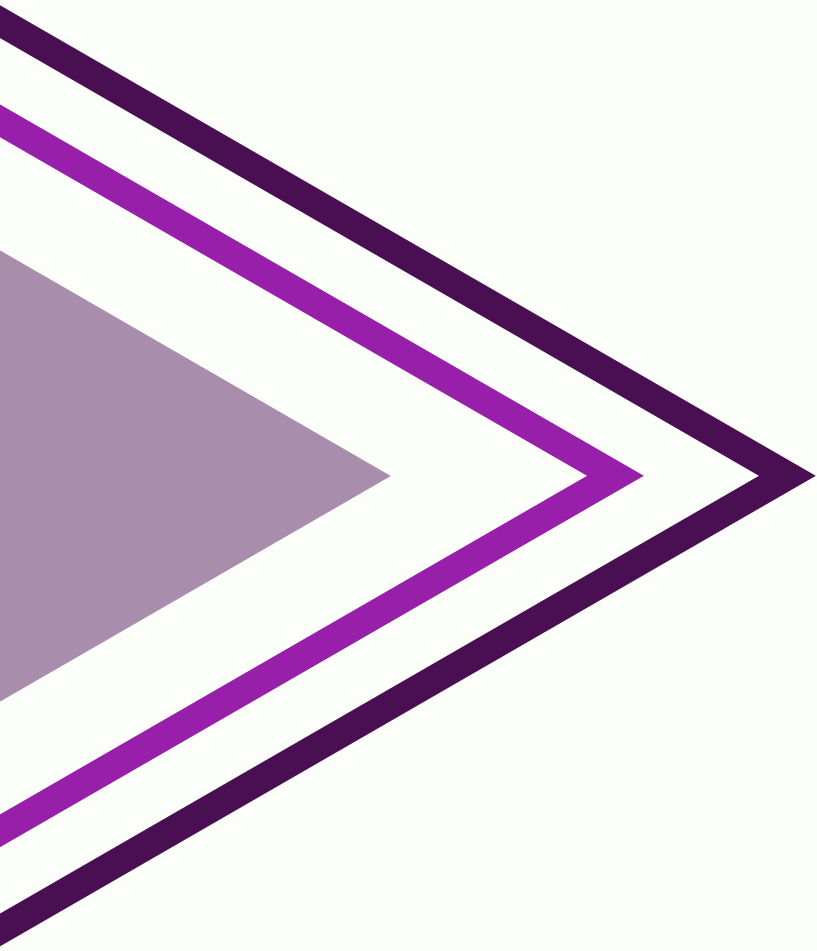

Twenty years of health data

for White, non-Hispanic 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 Black/African American communities in Utah

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

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

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

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

healthequity.utah.gov/wp-content/uploads/Twenty_Years_NHPI.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 1998–2004 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 postponed until 2021.

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

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

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 in this report, a line graph visually presents the health status of White, non-Hispanic populations and the health status of the Utah population overall for comparison. An accompanying text box provides the health disparity, disparity ratio, disparity gap, health trend, additional interpretation, and commentary.

Analysis of health indicators was conducted through examination and interpretation of differences between White, non-Hispanic populations 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 White, non-Hispanic 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 this report, an health disparity was identified by determining whether there was a statistically significant difference between White, non-Hispanic populations and the Utah population overall at 2021 reporting. When the health status of White, non-Hispanic populations was significantly worse than Utah overall, an 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 or 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 differences and the magnitude of differences between White, non-Hispanic 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 disparities groups:

- **Yes** = the health status of White, non-Hispanic populations 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 White, non-Hispanic populations 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 White, non-Hispanic populations 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 White, non-Hispanic populations was **better** than the Utah population overall **and/or** the disparity ratio was **less than or equal to 1.0**. If White, non-Hispanic populations showed little or no difference or fared better in their health status compared with the reference population, there was no health disparity.

Table 1 shows an example of how disparity ratios and disparity ratios were calculated for

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

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 disparity ratios.

Table 1: Disparity ratio and disparity 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 and disparity ratio

A health disparity gap was defined as the difference between the value of an indicator in White, non-Hispanic populations compared to the value of that indicator in the Utah population overall. In these reports, changes in the health disparity gaps over time were assessed. These trends were evaluated by examining changes in both the numeric differences and the disparity ratios between White, non-Hispanic populations 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 White, non-Hispanic populations 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 White, non-Hispanic populations 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 White, non-Hispanic populations 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 White, non-Hispanic populations 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 White, non-Hispanic populations 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 White, non-Hispanic populations 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 White, non-Hispanic populations 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 an health disparity. Previous health disparity gaps that closed and then reemerged 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 an health disparity gap decreased. For example, if White, non-Hispanic populations’ measures and the overall population’s measures equally improved, the health status improved, but the disparity gap persisted.

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 group 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 racial and ethnic 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 Office of Health Disparities (2021). *A Utah Health Disparities Profile: Maternal Mortality and Morbidity among Utah Minority Women*. Salt Lake City, UT: Utah Department of Health.

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.
- In this report, the Utah population overall is used as the reference group for White, non-Hispanic populations. However, this can be problematic since White, non-Hispanic populations constitute 77% of the Utah population.⁶ For this reason, comparisons should be interpreted with caution.

⁶ U.S. Census Bureau 2017–2021. ACS 5-Year Estimates, Table DP05, ACS Demographic and Housing Estimates, Race alone, non-Hispanic or Latino.

White, non-Hispanic populations in Utah

In Utah, populations who identify as White, non-Hispanic number approximately 2.5 million people.⁷ This makes up about 77% of the total Utah population. White, non-Hispanic populations include those who trace their ancestry to Europe, the Middle East, or North Africa.⁸ The largest populations of European descent in Utah include communities with English, German, Irish, Danish, Scottish, and Swedish ancestry.⁹ Additionally, the largest populations of Middle Eastern/North African (MENA) descent include communities with Iranian, Lebanese, Iraqi, Egyptian, Arab, and Syrian descent.^{10, 9} White, non-Hispanic populations in Utah increased by 14% between 2011 and 2021.^{7, 11} The median age of White, non-Hispanic populations in Utah is 33.3 years.¹²

Health status

Overall, the data presented in this report show that in Utah, White, non-Hispanic populations have significantly lower rates of child poverty, no health insurance, no primary care provider, fair or poor health, overweight or obesity, no physical activity, births to adolescents, unintended pregnancy births, preterm birth, infant mortality, high blood pressure, unintentional injury death, motor vehicle traffic crash deaths, suicide, tuberculosis incidence, chlamydia incidence, gonorrhea incidence, diabetes prevalence, lung cancer death, invasive colorectal cancer incidence, colorectal cancer deaths, female breast cancer deaths, and prostate cancer deaths compared with the Utah population overall. Additionally, White, non-Hispanic populations have significantly higher rates of daily folic acid consumption compared with the Utah population overall. However, data over the past 20 years of reporting indicate an health disparity gap between White, non-Hispanic populations and the Utah population overall persisted in arthritis prevalence. Recently, health disparity gaps emerged in the areas of routine medical checkups and coronary heart disease deaths.

⁷ U.S. Census Bureau. (2022). About the Topic of Race. <https://www.census.gov/topics/population/race/about.html>

⁸ U.S. Census Bureau 2017–2021. ACS 5-Year Estimates, Table B04006, People Reporting Ancestry.

⁹ U.S. Census Bureau. (2021). 2020 Census National Redistricting Data Summary File: 2020 Census of Population and Housing. https://www2.census.gov/programs-surveys/decennial/2020/technical-documentation/complete-tech-docs/summary-file/2020Census_PL94_171Redistricting_NationalTechDoc.pdf

¹⁰ U.S. Census Bureau 2007–2011 ACS 5-Year Estimates, Table DP05, ACS Demographic and Housing Estimates, Race alone, non-Hispanic or Latino.

¹¹ U.S. Census Bureau 2017–2021 ACS 5-Year Estimates, Table B01002H, Median Age by Sex (White Alone, Not Hispanic or Latino).

Overview of health disparities for White, non-Hispanic populations in Utah

Of 46 indicators analyzed, three indicators (7%) showed health disparities for White, non-Hispanic populations, in the indicators of routine medical checkups, arthritis prevalence, and coronary heart disease deaths. Of these indicators showing health disparities, the health disparity gap persisted in one indicator and emerged in two indicators.

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

Table 2 catalogs three indicators with health disparity gaps that increased/recently increased/emerged, persisted, or decreased/recently decreased cross-referenced by health trends that improved/recently improved, changed little, or worsened/recently worsened for White, non-Hispanic populations in Utah.

Table 2: Health disparity gaps and health trends for White, non-Hispanic 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"> ▶ Routine medical checkups* ▶ Coronary heart disease deaths*
	Changed little		▶ Arthritis prevalence	
	Worsened/recently worsened			

*The health disparity gap for this indicator was classified as "Emerged."

There were no health disparities in 43 of 46 indicators (93%) for White, non-Hispanic populations in Utah. Monitoring the health trends of these indicators is still important, 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 3 presents 42 indicators with a determined health trend and no health disparities for White, non-Hispanic populations in Utah. The health trend improved or recently improved in 20 indicators, changed little in 9 indicators, and worsened or recently worsened in 13 indicators. One health trend marked as "N/a" is not shown in this table (no primary care provider).

Table 3: Health trends of indicators with no health disparities for White, non-Hispanic populations, Utah, 1997–2019 data

White, non-

Health trend		
Improved/recently improved	Changed little	Worsened/recently worsened
▶ Life expectancy at birth	▶ Fair or poor health	▶ Recent poor mental health
▶ Poverty	▶ Flu shot	▶ Pap testing
▶ Child poverty	▶ No physical activity	▶ Mammograms
▶ No health insurance	▶ Daily fruit consumption	▶ Prostate cancer screening
▶ Blood cholesterol screening	▶ Preterm birth	▶ Overweight or obesity
▶ Births to adolescents	▶ Infant mortality	▶ Daily vegetable consumption
▶ Unintended pregnancy births	▶ Heavy drinking of alcohol	▶ Daily folic acid consumption
▶ Cigarette smoking	▶ Lung cancer incidence	▶ High blood pressure
▶ Traffic crash deaths	▶ Breast cancer incidence	▶ Binge drinking of alcohol
▶ Unintentional injury deaths		▶ Suicide
▶ Tuberculosis incidence		▶ Gonorrhea incidence
▶ Chlamydia incidence		▶ Asthma prevalence
▶ Diabetes deaths		▶ Diabetes prevalence
▶ Stroke deaths		
▶ Lung cancer deaths		
▶ Colorectal cancer incidence		
▶ Colorectal cancer deaths		
▶ Breast cancer deaths		
▶ Prostate cancer incidence		
▶ Prostate cancer deaths		

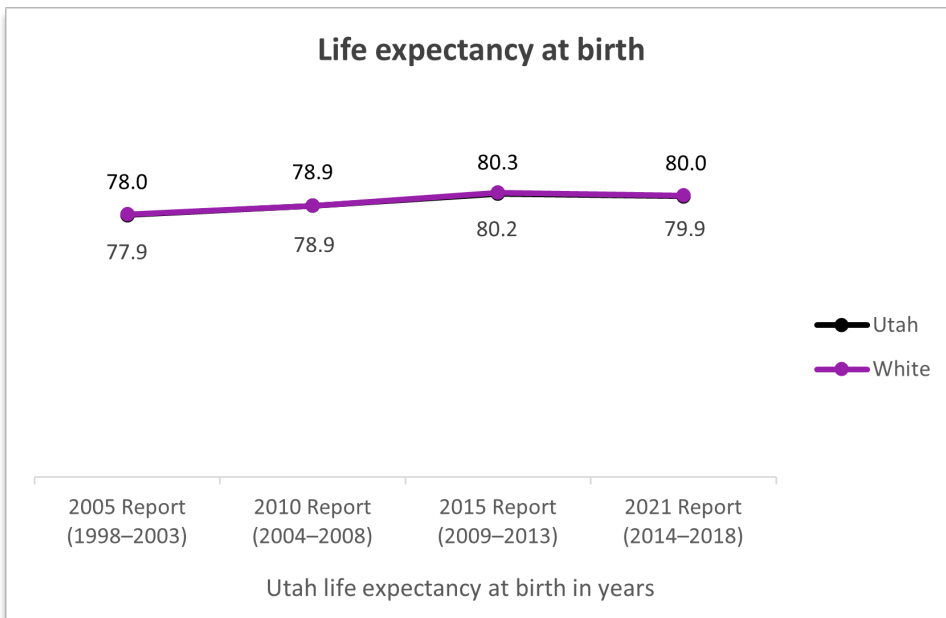
Conclusion

In Utah, racial and ethnic disparities occur in health and related social and economic factors. Racial and ethnic health disparities and differences 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, 'White' is used to refer to 'White, non-Hispanic.'

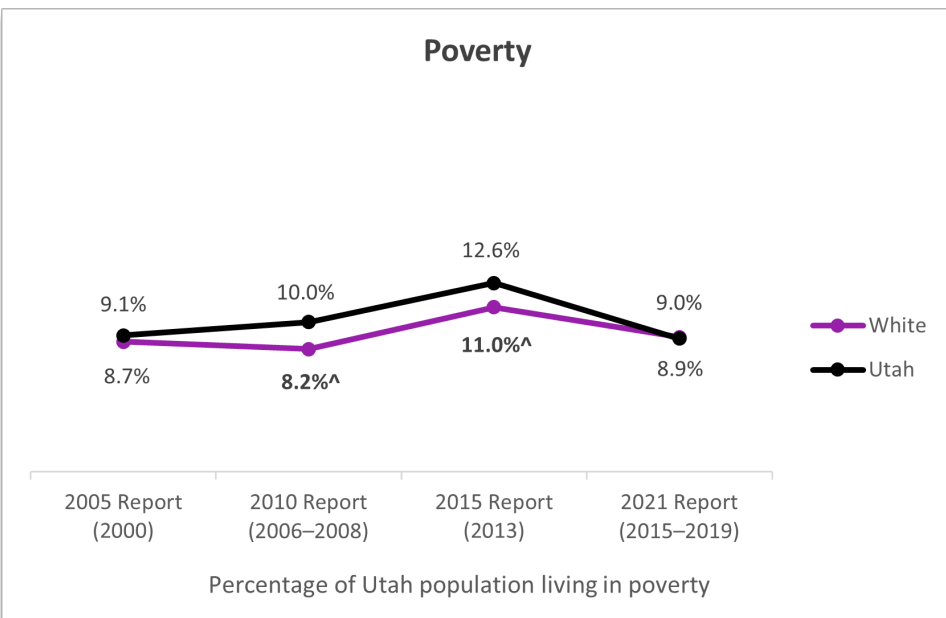
Socio-demographics



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

Life expectancy at birth among White populations was the same as Utah overall since 2005 reporting. Life expectancy among White populations increased from 78.0 years in 2005 reporting to 80.0 years in 2021 reporting.

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



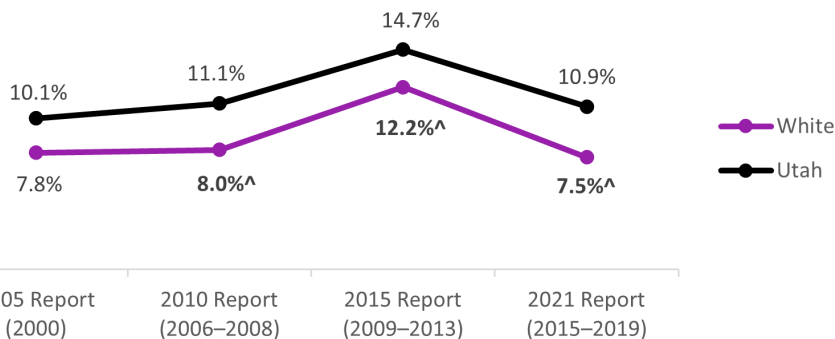
Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Recently improved**

Poverty among White populations was similar to Utah overall in 2005 reporting and was lower for 2010 and 2015 reporting. Poverty among White populations increased between 2010 and 2015 reporting and rose to a high of 11.0% in 2015 reporting. It decreased between 2015 and 2021 reporting and was similar to poverty among Utah overall as of 2021 reporting.

[^]Statistically significantly different than Utah overall

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

Child poverty



Percentage of Utah children 17 and younger living in poverty

Health disparity: **No[^]**
 Disparity ratio: **0.7**
 Health disparity gap: **N/a**
 Health trend: **Recently improved**

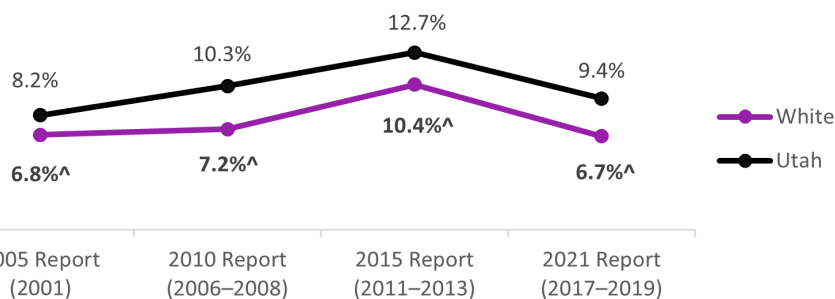
Child poverty among White populations was lower than Utah overall since 2005 reporting. It rose to a high of 12.2% among White populations in 2015 reporting. Between 2015 and 2021 reporting, child poverty declined among White populations and Utah overall.

[^]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

No health insurance



Percentage of Utahns without health insurance (age-adjusted)

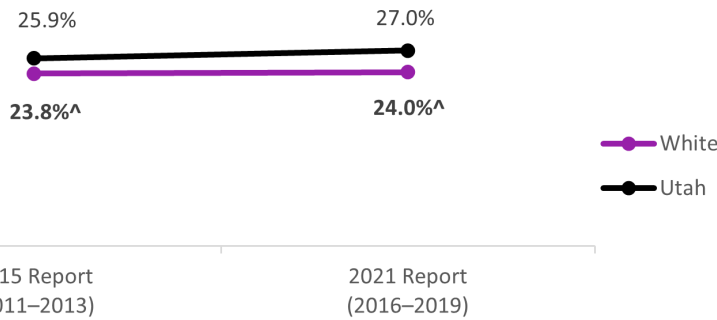
Health disparity: **No[^]**
 Disparity ratio: **0.7**
 Health disparity gap: **N/a**
 Health trend: **Recently improved**

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

[^]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 health care provider (age-adjusted)

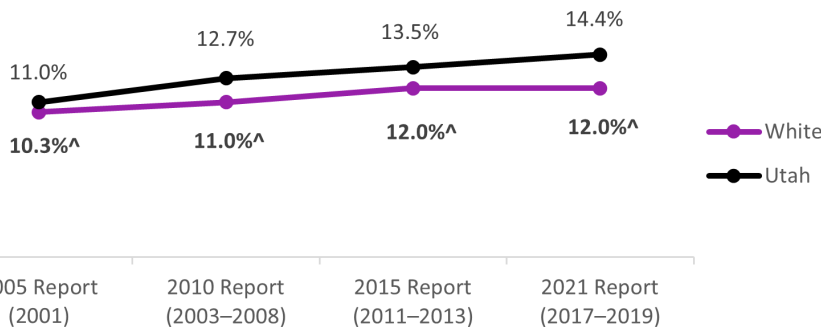
^Statistically significantly different than Utah overall

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.

Health disparity: **No[^]**
 Disparity ratio: **0.9**
 Health disparity gap: **N/a**
 Health trend: **N/a**

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

Fair or poor health



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

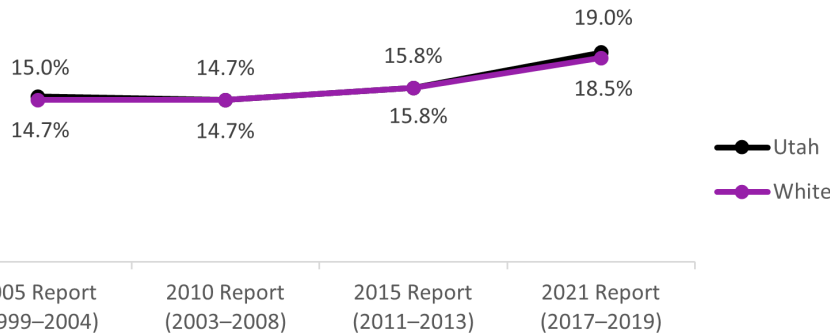
^Statistically significantly different than Utah overall

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.

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

The percentage of White adults who self-reported their general health status as “fair” or “poor” (instead of “excellent,” “very good,” or “good”) was lower than Utah adults overall since 2005 reporting. Fair or poor health among White populations changed little since 2005 reporting.

Recent poor mental health



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

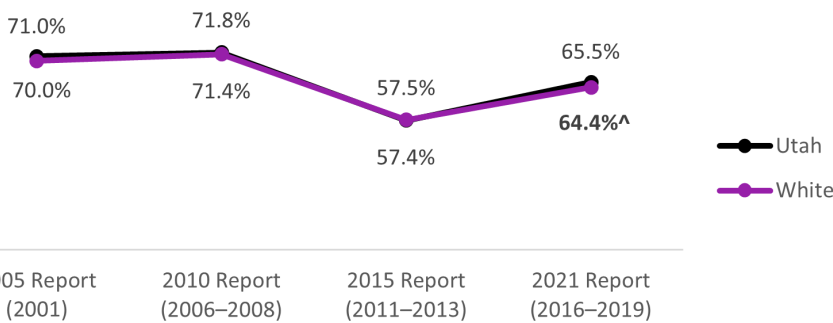
Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Recent poor mental health among White adults was similar to Utah adults overall since 2005 reporting. It worsened in both populations between 2005 and 2021 reporting.

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

Preventive services

Routine medical checkup



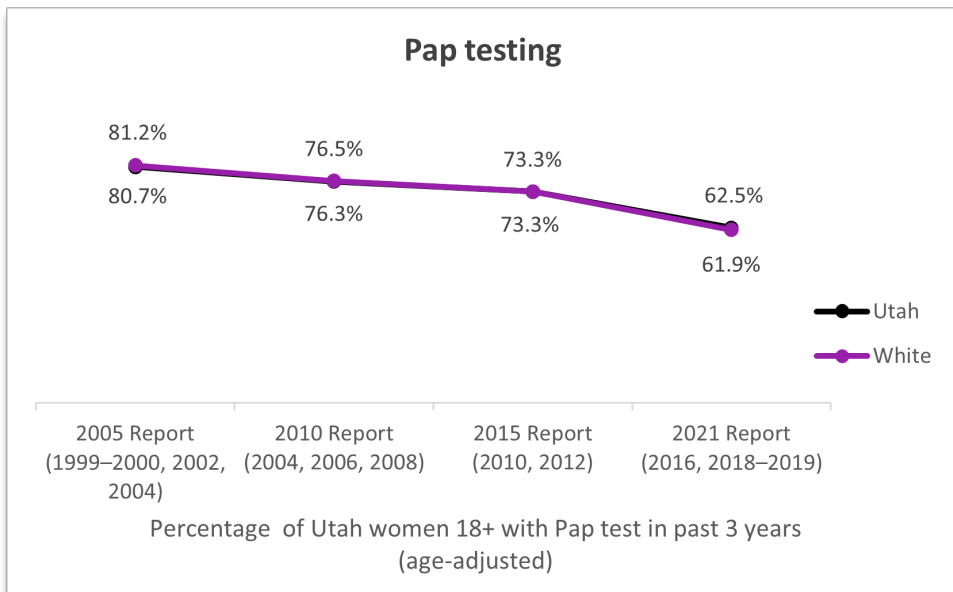
Percentage of Utahns who had a routine medical checkup in the previous year (age-adjusted)

Health disparity: **Yes[^]**
 Disparity ratio: **1.0**
 Health disparity gap: **Emerged**
 Health trend: **Recently improved**

Routine medical checkups among White populations were similar to Utah overall since 2005 reporting. Between 2010 and 2021 reporting, routine medical checkups declined then improved again in both populations. As of 2021 reporting, routine medical checkups among White populations were lower than Utah overall and an health disparity emerged.

[^]Statistically significantly different than Utah overall

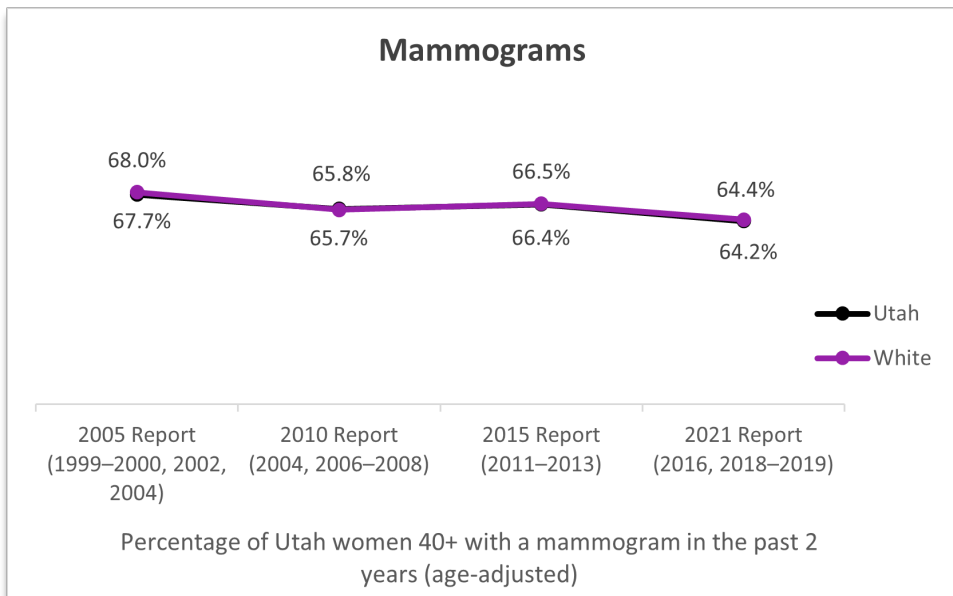
Sources—2005 Report: UDOH, Utah Health Status Survey, 2001; 2010 Report: UDOH, Utah Healthcare Access Survey, 2006–2008. UDOH Office of Public Health Assessment, Population Estimates, 2007; 2015 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2011–2013. US Census Bureau, American Community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



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

Pap testing among White women 18+ was similar to Utah women 18+ overall between 2005 and 2021 reporting. In both populations, Pap testing declined since 2005 reporting.

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

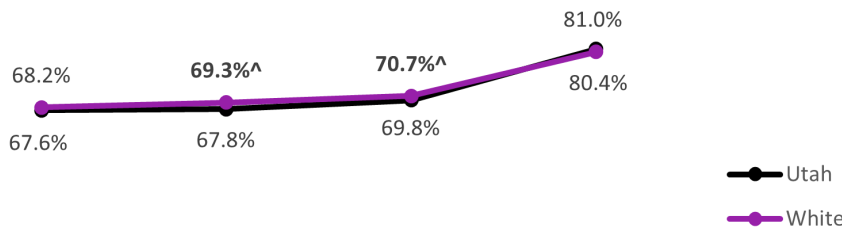


Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Mammograms among White women 40+ were similar to Utah women 40+ overall since 2005 reporting. The percentage of women obtaining mammograms in both populations declined since 2005 reporting.

Sources—2005 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 1999–2000, 2002, 2004; 2010 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2004, 2006–2008. UDOH Office of Public Health Assessment, Population Estimates, 2005–2006; 2015 Report: UDOH Office of Public Health 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



2005 Report (1999, 2001, 2003) 2010 Report (2003, 2005, 2007) 2015 Report (2011–2013) 2021 Report (2017, 2019)

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

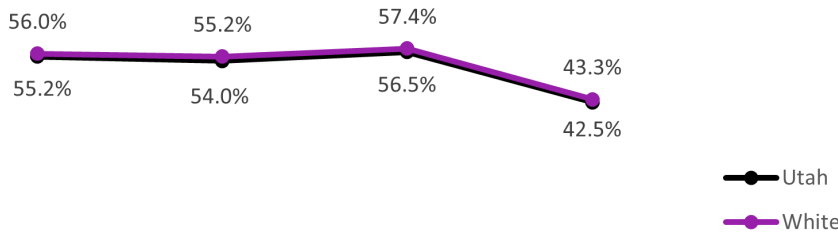
Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Blood cholesterol screening among White adults was similar to Utah adults overall in 2005 and 2021 reporting. In 2010 and 2015 reports it was higher than Utah adults overall. Blood cholesterol screening improved among both populations since 2005 reporting.

^Statistically significantly different than Utah overall

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



2005 Report (2001–2004) 2010 Report (2003, 2004, 2006, 2008) 2015 Report (2010, 2012) 2021 Report (2016, 2018)

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

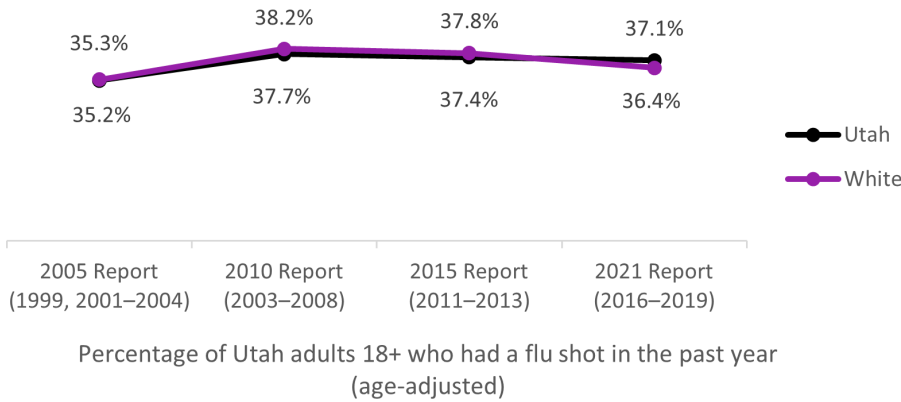
Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Recently worsened**

Prostate cancer screening among White men 40+ was similar to Utah men 40+ overall since 2005 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, 2010, 2012. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2013; 2021 Report: UDOH Office of Public Health Assessment, Utah BRFSS, 2016, 2018–2019. US Census Bureau, Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, IBIS Version 2019.

Influenza immunization (flu shot)



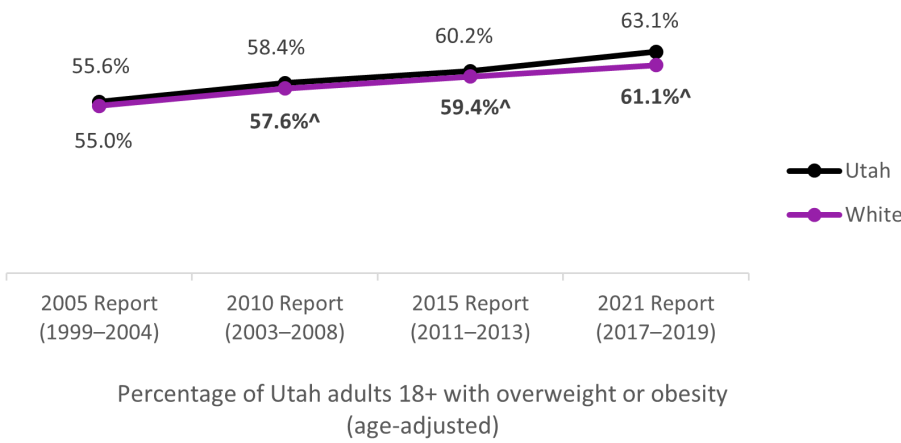
Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Changed little**

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

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

Physical activity and nutrition

Overweight or obesity



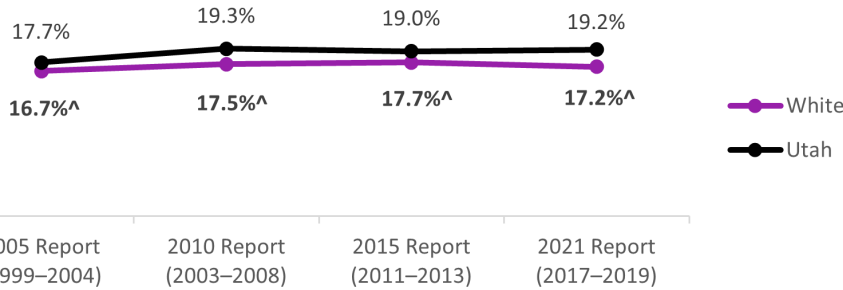
Health disparity: **No[^]**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Overweight or obesity among White adults was similar to Utah adults overall in 2005 reporting and lower than Utah overall since 2010 reporting. In both populations, overweight or obesity increased since 2005 reporting.

[^]Statistically significantly different than Utah overall

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

No physical activity



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

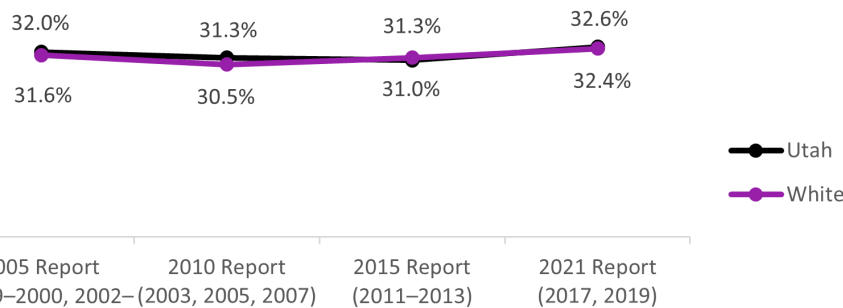
[^]Statistically significantly different than Utah overall

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**

Lack of physical activity among White adults was lower than Utah adults overall since 2005 reporting. Percentage of people reporting no physical activity changed little in both populations. In 2021 reporting, about 17.2% of White adults reported no physical activity in the previous month.

Daily fruit consumption



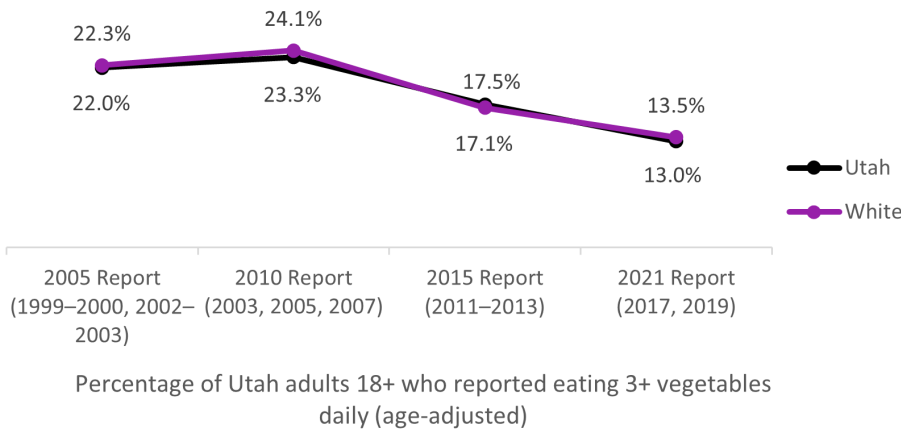
Percentage of Utah adults 18+ who reported eating 2+ fruits daily (age-adjusted)

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

Daily fruit consumption among White adults was similar to Utah adults overall since 2005 reporting. Daily fruit consumption changed little among both populations since 2005 reporting. As of 2021 reporting, approximately one-third of White adults and Utah adults overall consumed two or more fruits daily.

Daily vegetable consumption



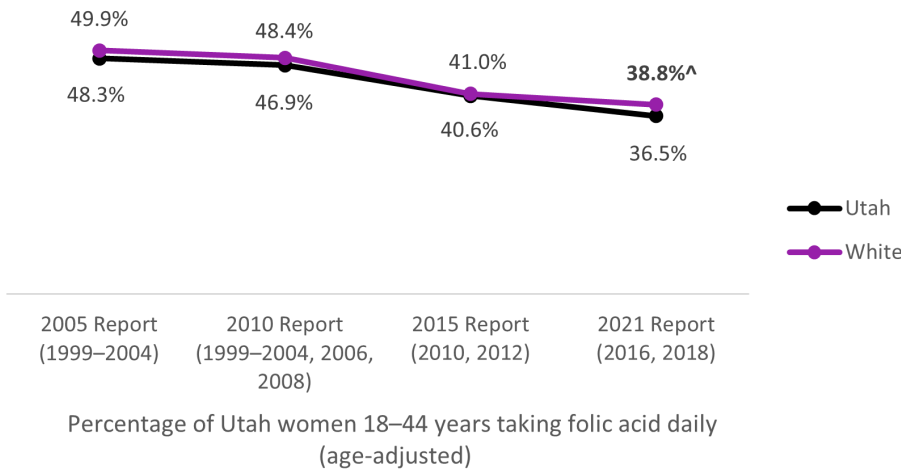
Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Daily vegetable consumption among White adults was similar to Utah adults overall since 2005 reporting. Daily vegetable consumption declined among both populations since 2010 reporting.

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



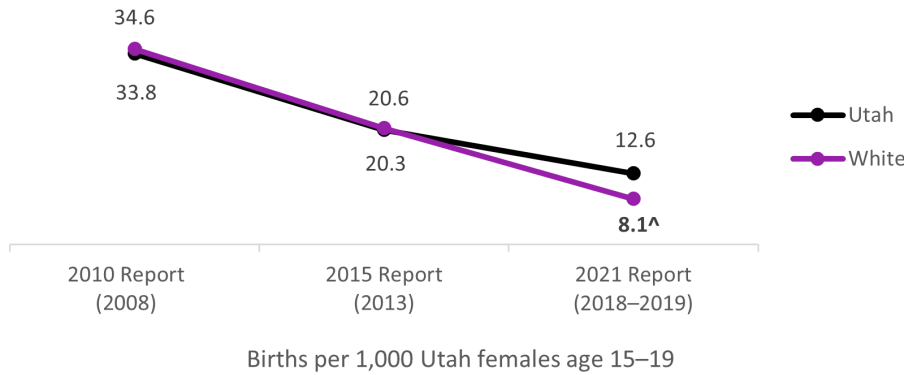
Health disparity: **No[^]**
 Disparity ratio: **0.9**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Daily folic acid consumption among White women 18–44 was similar to Utah women 18–44 overall between 2005 and 2015 reporting. By 2021 reporting, it was higher than Utah women 18–44 overall. Daily folic acid consumption declined in both populations since 2005 reporting.

[^]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, 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



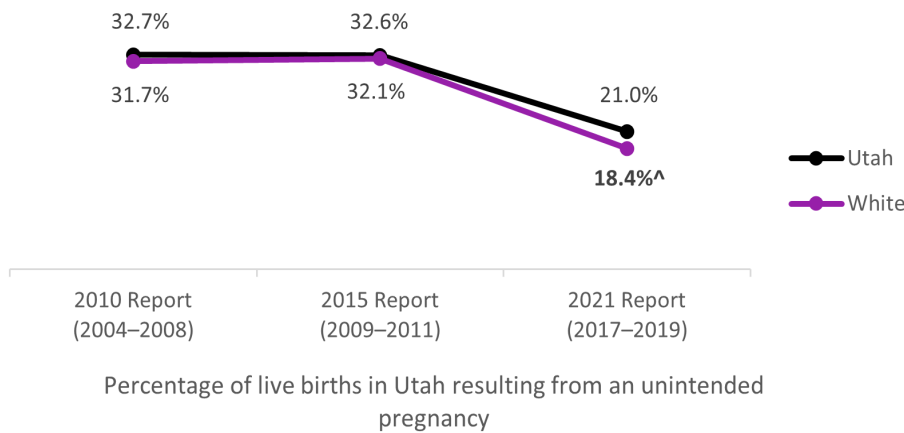
Health disparity: **No[^]**
 Disparity ratio: **0.6**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Births to adolescents among White populations were similar to Utah overall between 2010 and 2015 reporting. The birth rate among adolescents declined in both populations since 2010 reporting. Between 2015 and 2021 reporting, it declined faster among White populations compared with Utah overall.

Note: In 2010, the adolescent birth rate was of live births only. It is unclear whether the rate for the other years were also live births only.
[^]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



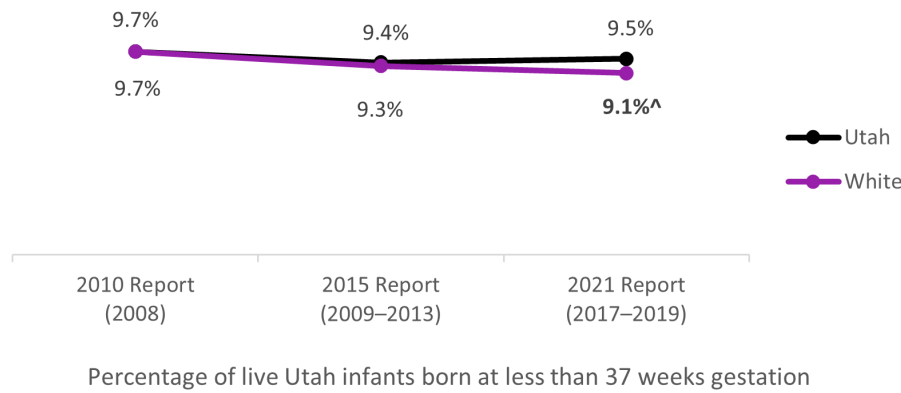
Health disparity: **No[^]**
 Disparity ratio: **0.9**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Births resulting from unintended pregnancy births among White populations were similar to Utah overall in 2010 and 2015 reporting. Births from unintended pregnancy births declined in both populations since 2015 reporting and declined faster among White populations. As of 2021 reporting, births from unintended pregnancy births among White populations were lower than Utah overall.

[^]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



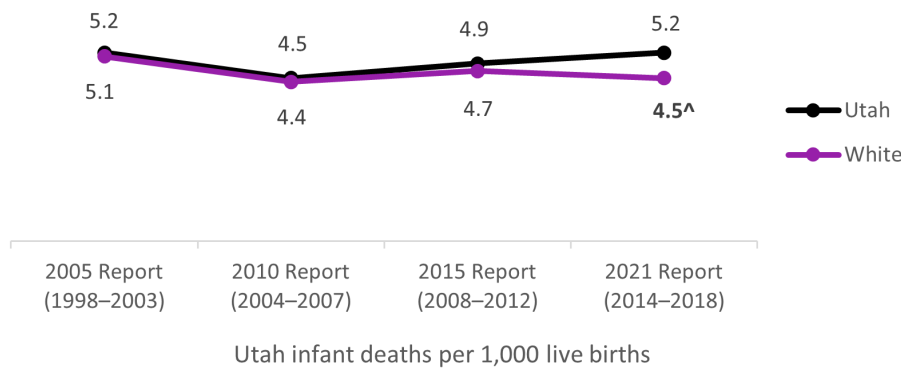
Health disparity: **No[^]**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Changed little**

Preterm birth among White infants was similar to Utah infants overall in 2010 and 2015 reporting and lower in 2021 reporting. Preterm birth changed little among both populations since 2010 reporting.

[^]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



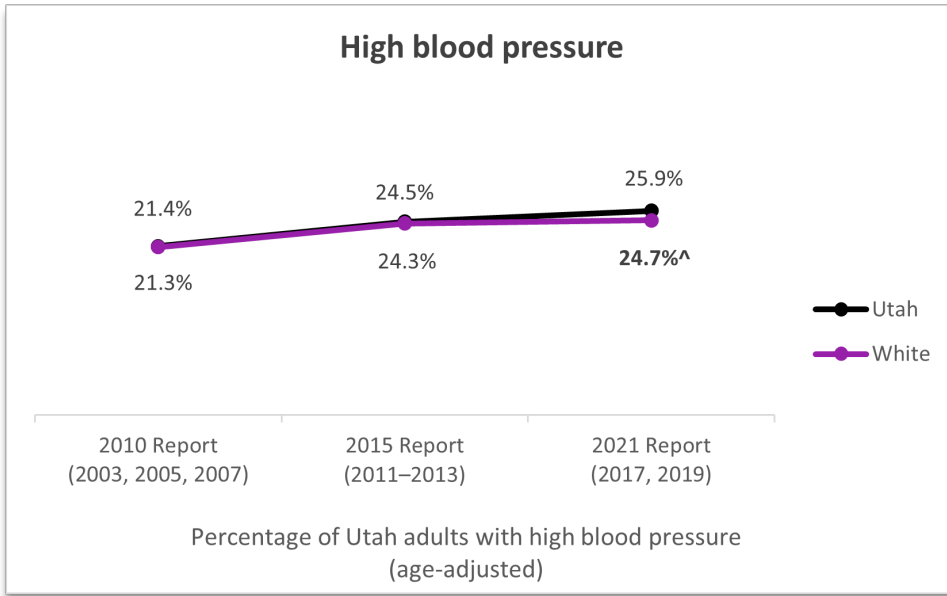
Health disparity: **No[^]**
 Disparity ratio: **0.9**
 Health disparity gap: **N/a**
 Health trend: **Changed little**

Infant mortality among White infants was similar to Utah infants overall from 2005 to 2015 reporting and was lower in 2021 reporting. Infant mortality changed little among 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, Birth Certificate Database, 2004–2007; 2015 Report: UDOH Office of Vital Records and Statistics, Linked Birth and Death Certificate Database, Birth Cohort, 2008–2012; 2021 Report: UDOH Office of Vital Records and Statistics, Linked Birth and Death Certificate Database, Birth Cohort, 2014–2018.

Risk factors

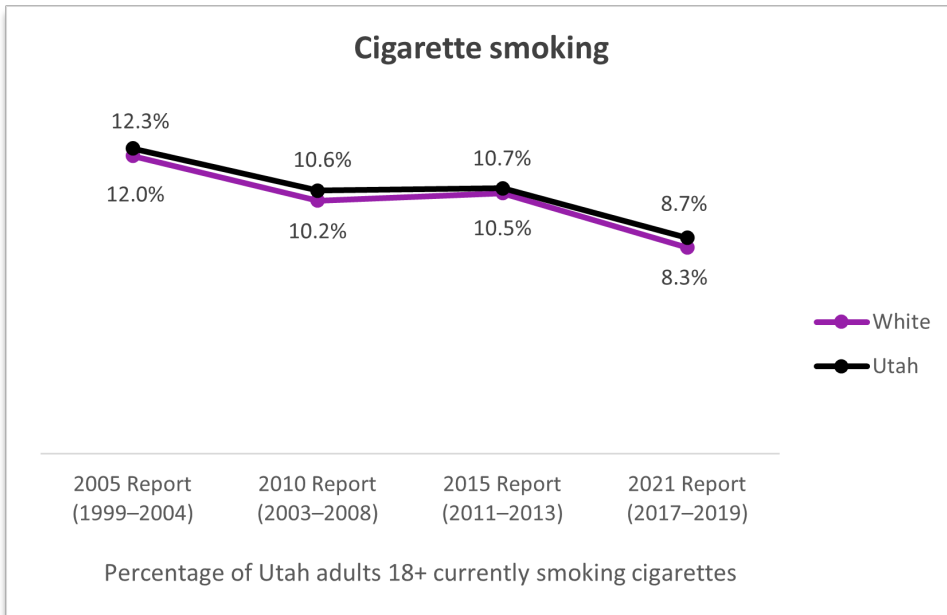


Health disparity: **No[^]**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

High blood pressure among White adults was similar to Utah adults overall in 2010 and 2015 reporting and lower in 2021 reporting. The percentage of adults with high blood pressure increased in both populations since 2010 reporting.

[^]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.

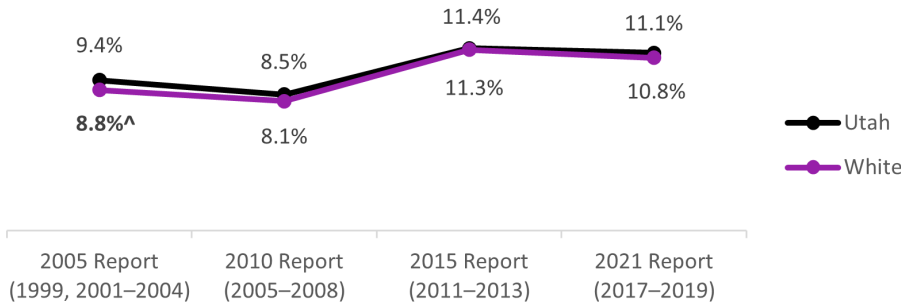


Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Cigarette smoking among White adults was similar to Utah adults overall since 2005 reporting. Cigarette smoking declined in both populations since 2005 reporting.

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

Binge drinking of alcohol



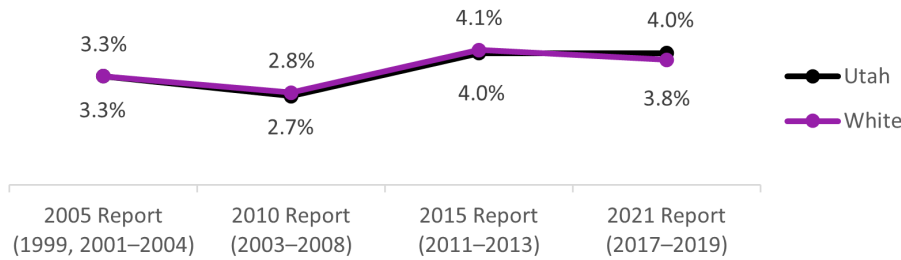
Percentage of Utah adults who reported binge drinking of alcohol in the past 30 days (age-adjusted)

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

Binge drinking of alcohol among White adults was lower than Utah adults overall in 2005 reporting and was similar since 2010 reporting. Binge drinking (consuming 4–5 or more drinks in two hours) increased among both populations since 2005 reporting.

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



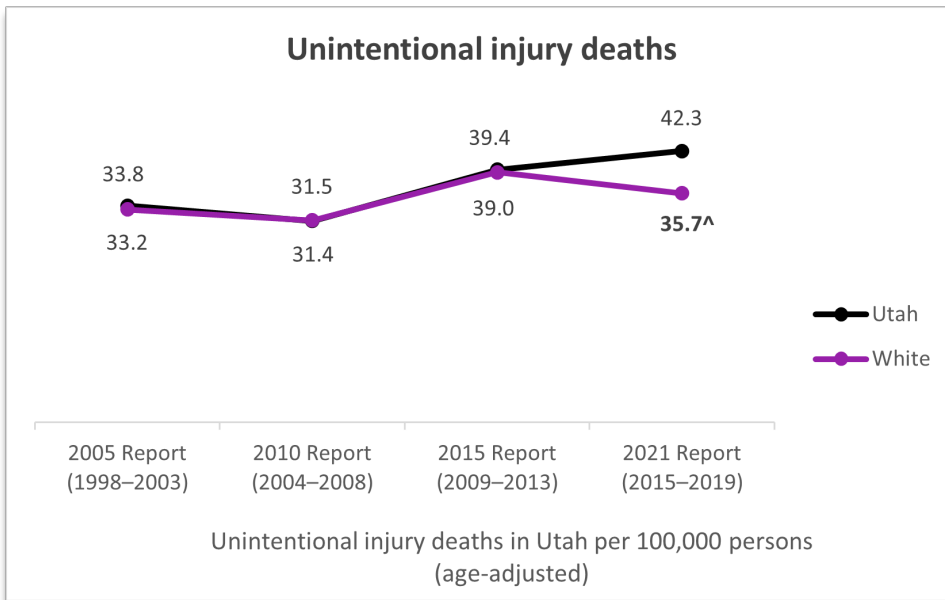
Percentage of Utah adults who reported heavy drinking of alcohol in the past 30 days (age-adjusted)

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

Heavy drinking of alcohol among White adults was similar to 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.

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.

Injuries

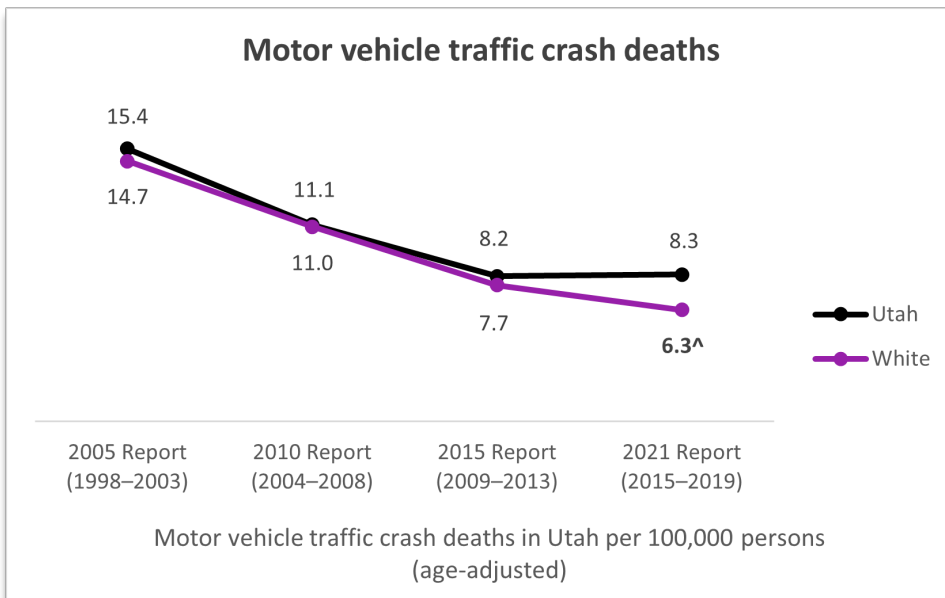


Health disparity: **No[^]**
 Disparity ratio: **0.8**
 Health disparity gap: **N/a**
 Health trend: **Recently improved**

Unintentional injury death rates among White populations were similar to Utah overall between 2005 and 2015 reporting, and lower since 2015 reporting. Unintentional injury death rates among Utah overall increased since 2005 reporting while deaths among White populations recently improved.

[^]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.

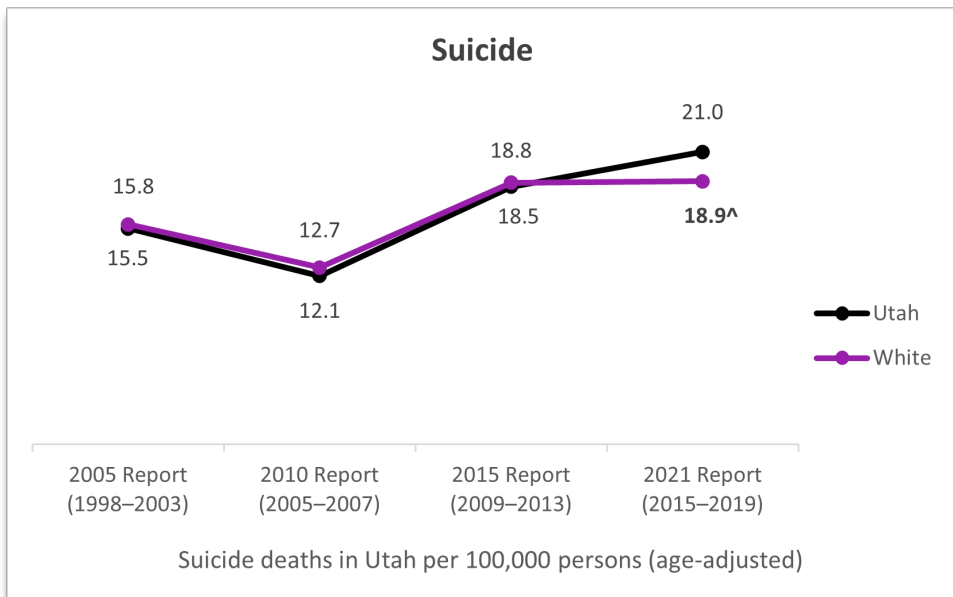


Health disparity: **No[^]**
 Disparity ratio: **0.8**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Motor vehicle traffic crash (MVTC) death rates among White populations were similar to Utah overall since 2005 reporting. MVTC deaths declined in both populations. Between 2015 and 2021 reporting, they declined faster among White populations compared with Utah overall.

[^]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.



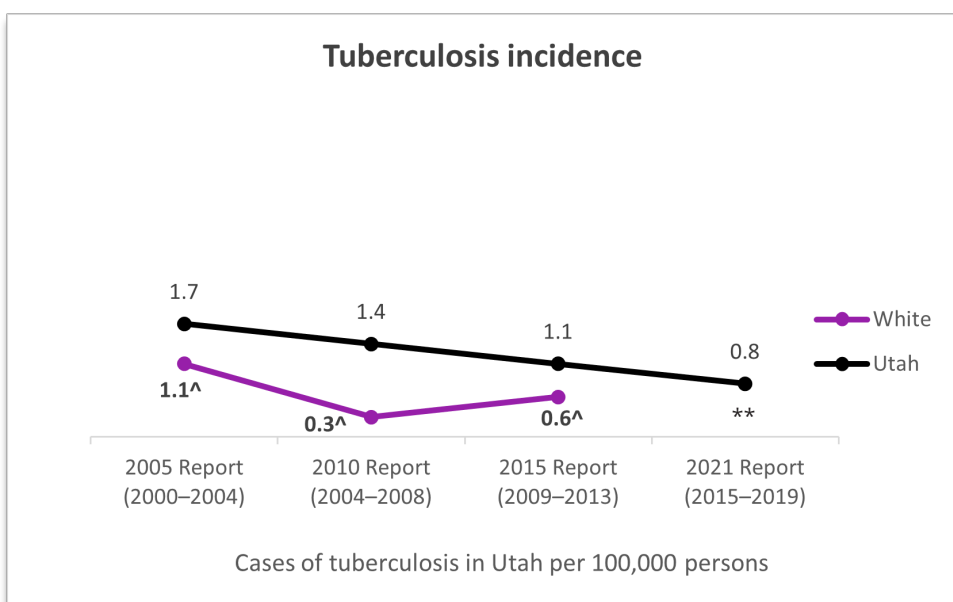
Health disparity: **No[^]**
 Disparity ratio: **0.9**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Suicide rates among White populations were similar to Utah overall from 2005 to 2015 reporting and were lower in 2021 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



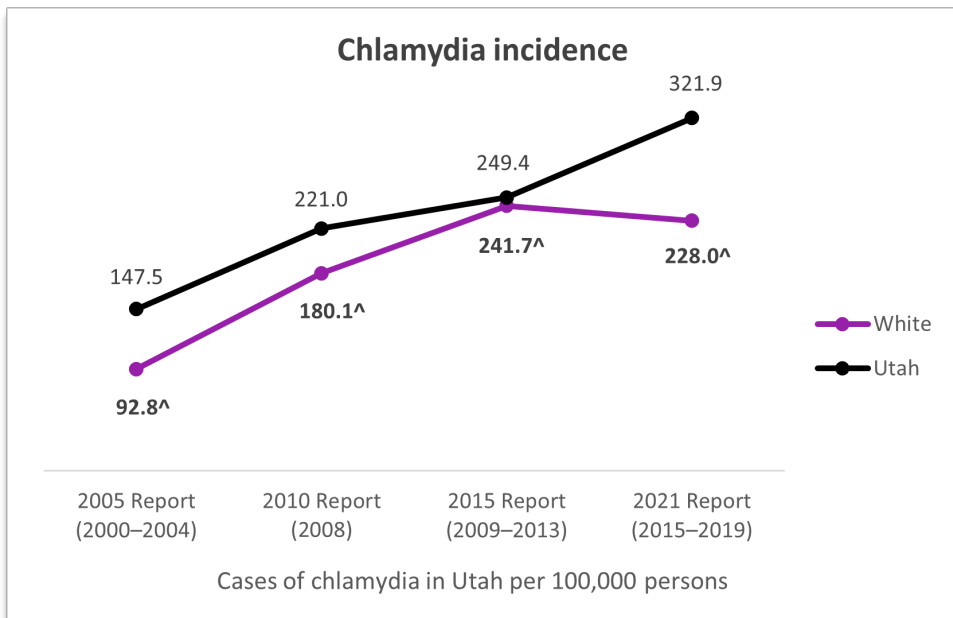
Health disparity: **No[^]**
 Disparity ratio: **0.6**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Tuberculosis incidence among White populations was lower than Utah overall since 2005 reporting. Tuberculosis incidence rates declined among both populations since 2005 reporting.

[^]Statistically significantly different than Utah overall

**The White 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 was therefore based on the 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.

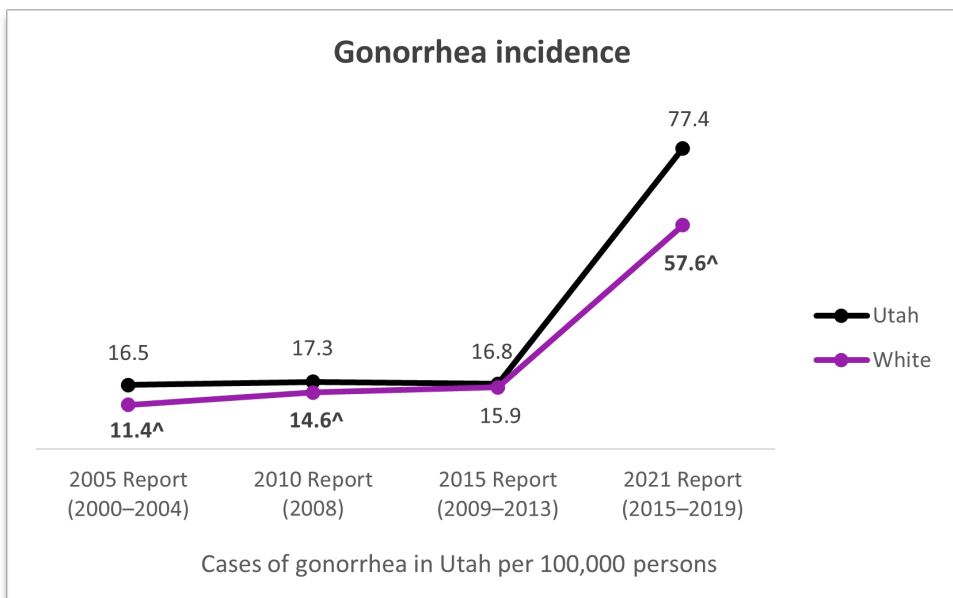


Health disparity: **No[^]**
 Disparity ratio: **0.7**
 Health disparity gap: **N/a**
 Health trend: **Recently improved**

Chlamydia incidence among White populations was lower than Utah overall since 2005 reporting. Chlamydia incidence rates increased in both populations since 2005 reporting. Among White populations, chlamydia incidence declined between 2015 and 2021 reporting.

[^]Statistically significantly different than Utah overall

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



Health disparity: **No[^]**
 Disparity ratio: **0.7**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

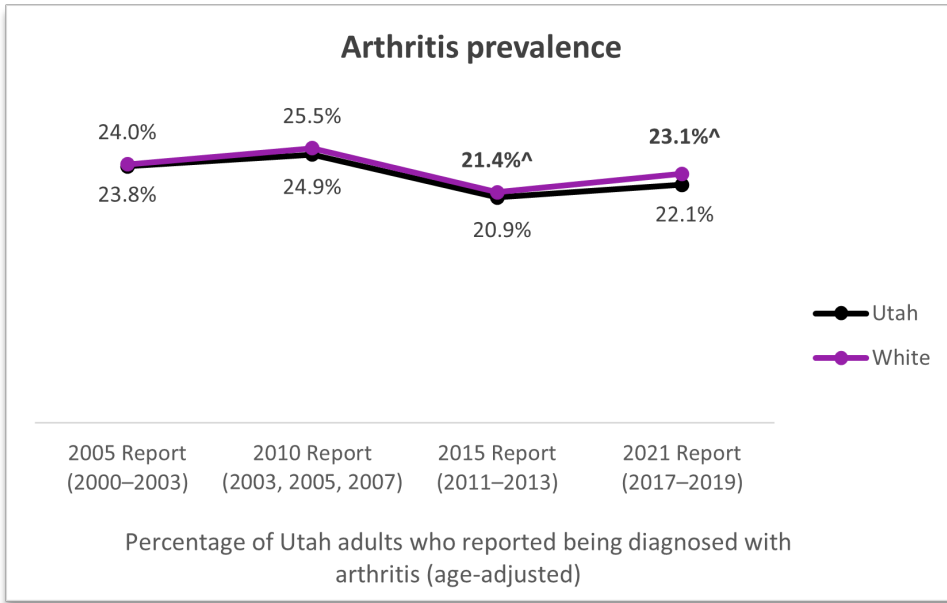
Gonorrhea incidence among White populations was lower than Utah overall since 2005 reporting. Between 2015 and 2021 reporting, gonorrhea incidence among White populations increased by more than 250%. By 2021 reporting, gonorrhea incidence rates were at an all-time high in Utah due to a shift in gonorrhea 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.mm6534a1external icon>; 2. Public Health Indicator Based Information System (IBIS), Report of Gonorrhea Cases. (2022) Bureau of Epidemiology, Utah Department of Health. <https://ibis.health.utah.gov/ibisph-view/indicator/view/GonCas.html>

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

Chronic diseases

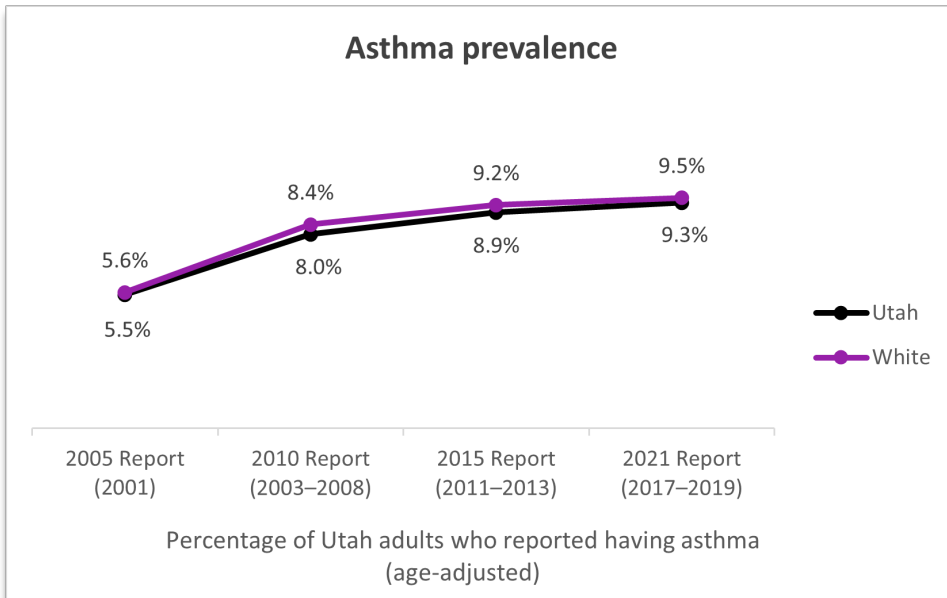


Health disparity: **Yes[^]**
 Disparity ratio: **1.1**
 Health disparity gap: **Persisted**
 Health trend: **Changed little**

Arthritis prevalence among White populations was similar to Utah overall in 2005 and 2010 reporting. Between 2015 and of 2021 reporting, arthritis prevalence was higher among White populations, and the health disparity gap persisted.

[^]Statistically significantly different than Utah overall

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

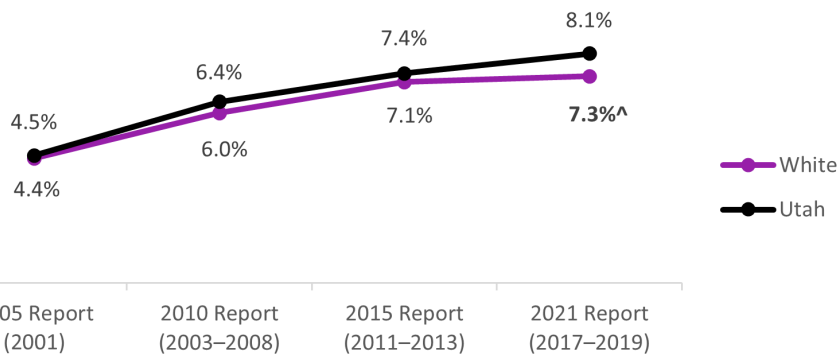


Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Worsened**

Asthma prevalence among White adults was similar to Utah adults overall since 2005 reporting. Asthma prevalence increased among both populations since 2005 reporting.

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

Diabetes prevalence



Percentage of Utah adults who reported being diagnosed with diabetes (age-adjusted)

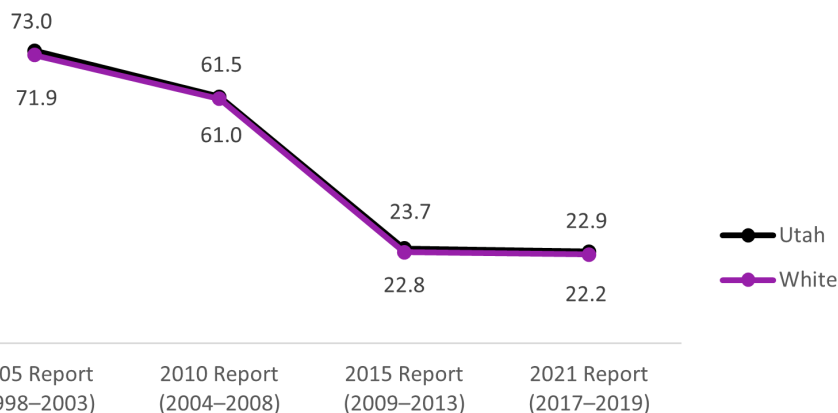
^Statistically significantly different than Utah overall

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

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

Diabetes prevalence among White adults was similar to Utah adults overall between 2005 and 2015 reporting and was lower by 2021 reporting. Diabetes prevalence increased among both populations since 2005 reporting.

Diabetes deaths



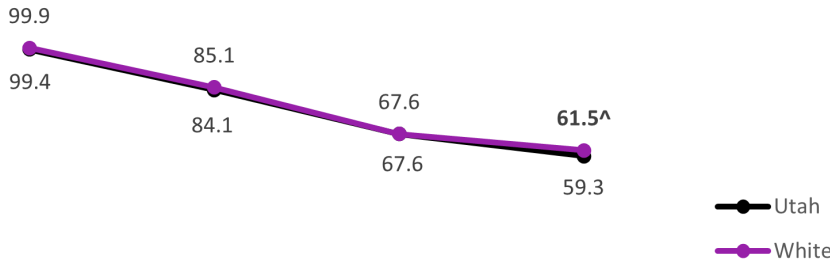
Diabetes deaths in Utah per 100,000 persons (age-adjusted)

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

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

Diabetes death rates among White adults were similar to Utah adults overall since 2005 reporting. Deaths from diabetes declined in both populations since 2005 reporting. Among White populations, diabetes death rates declined by almost 70% since 2005 reporting.

Coronary heart disease deaths



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

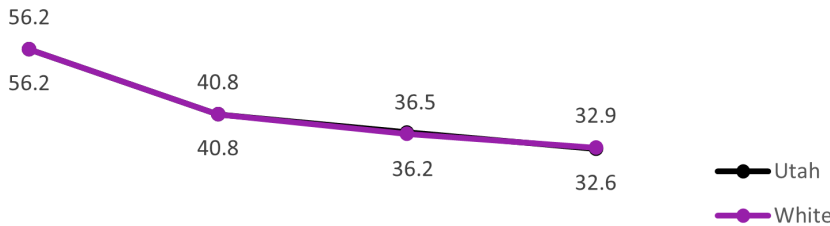
Health disparity: **Yes[^]**
 Disparity ratio: **1.0**
 Health disparity gap: **Emerged**
 Health trend: **Improved**

Coronary heart disease death rates among White populations were similar to Utah overall since 2005 reporting. Deaths from coronary heart disease declined among both populations. As of 2021 reporting, the rate of coronary heart disease deaths among White populations was higher than Utah overall, and an health disparity emerged.

[^]Statistically significantly different than Utah overall

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

Stroke deaths



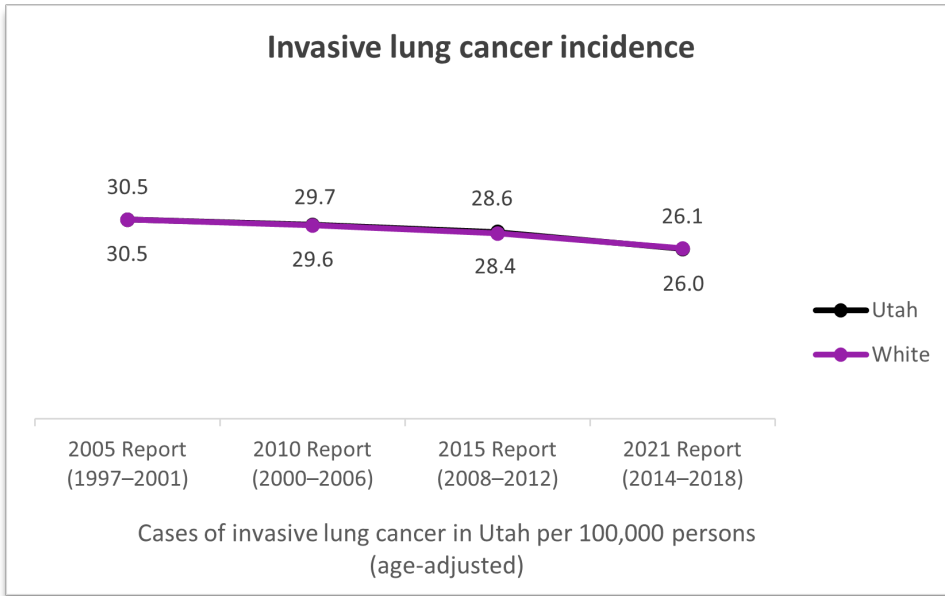
Stroke deaths in Utah per 100,000 persons (age-adjusted)

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

Stroke death rates among White populations were similar to Utah overall since 2005 reporting. Deaths from stroke declined among both populations since 2005 reporting.

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

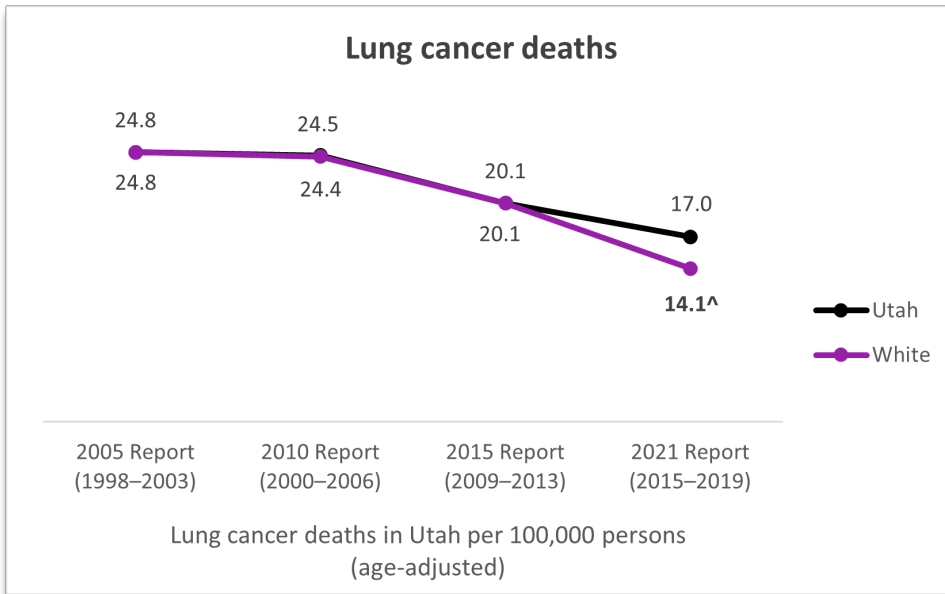
Cancer



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

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

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



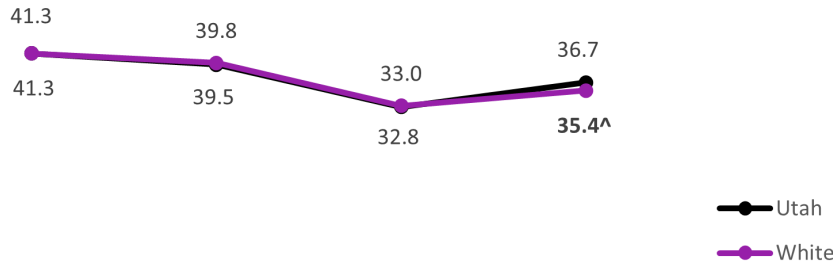
Health disparity: **No[^]**
 Disparity ratio: **0.8**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Lung cancer death rates among White populations were similar to Utah overall between 2005 and 2015 reporting. Deaths from lung cancer declined in both populations. Between 2015 and 2021 reporting, it declined faster among White populations compared with Utah overall.

[^]Statistically significantly different than Utah overall

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

Invasive colorectal cancer incidence



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

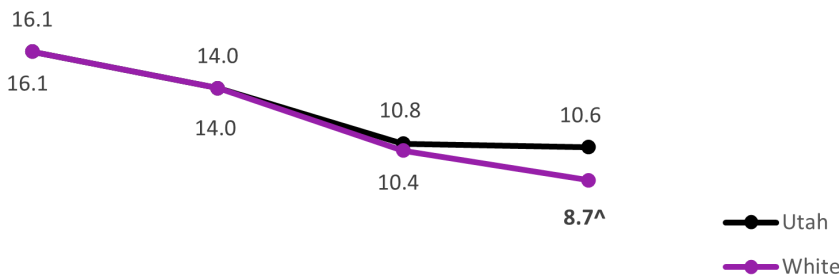
Health disparity: **No[^]**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Colorectal cancer incidence rates among White populations were similar to Utah overall between 2005 and 2015 reporting and lower by 2021 reporting. Colorectal cancer incidence declined in both populations since 2005 reporting.

[^]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.

Colorectal cancer deaths



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

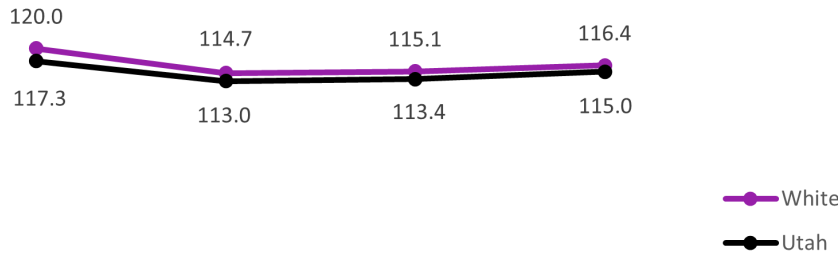
Health disparity: **No[^]**
 Disparity ratio: **0.8**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Colorectal cancer death rates among White populations were similar to Utah overall between 2005 and 2015 reporting. Deaths from colorectal cancer declined in both populations. Between 2015 and 2021 reporting, it declined faster among White populations compared with Utah overall.

[^]Statistically significantly different than Utah overall

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

Invasive female breast cancer incidence



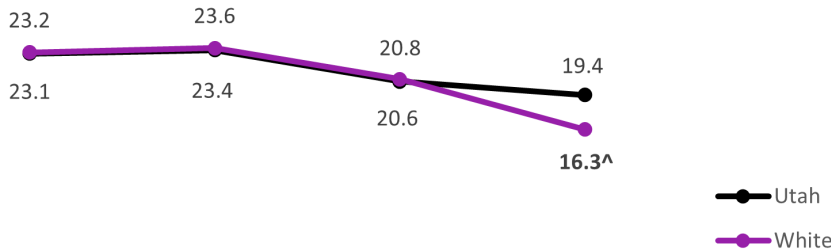
Cases of invasive breast cancer in Utah per 100,000 females (age-adjusted)

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

Breast cancer incidence rates among White females were similar to Utah overall since 2005 reporting. Breast cancer incidence changed little in both populations since 2005 reporting.

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)

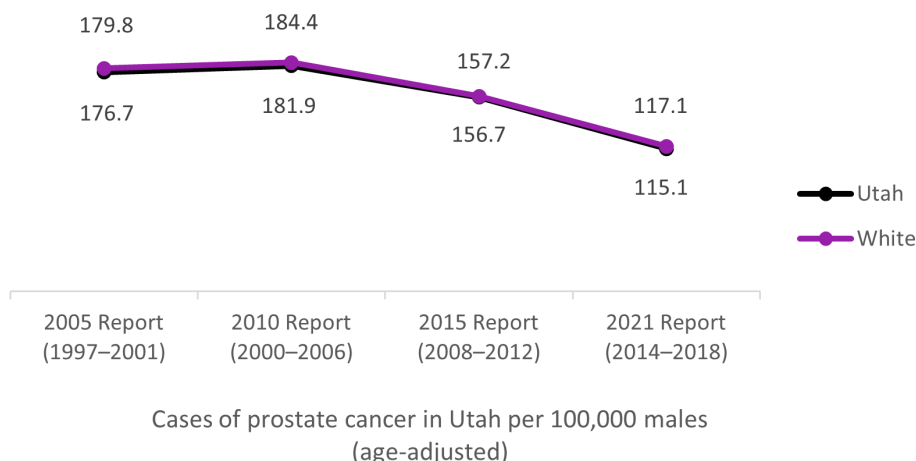
Health disparity: **No[^]**
 Disparity ratio: **0.8**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Breast cancer death rates among White females were similar to Utah overall between 2005 and 2015 reporting. Deaths from breast cancer declined in both populations. Between 2015 and 2021 reporting, it declined faster among White populations compared with Utah overall.

[^]Statistically significantly different than Utah overall

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

Prostate cancer incidence

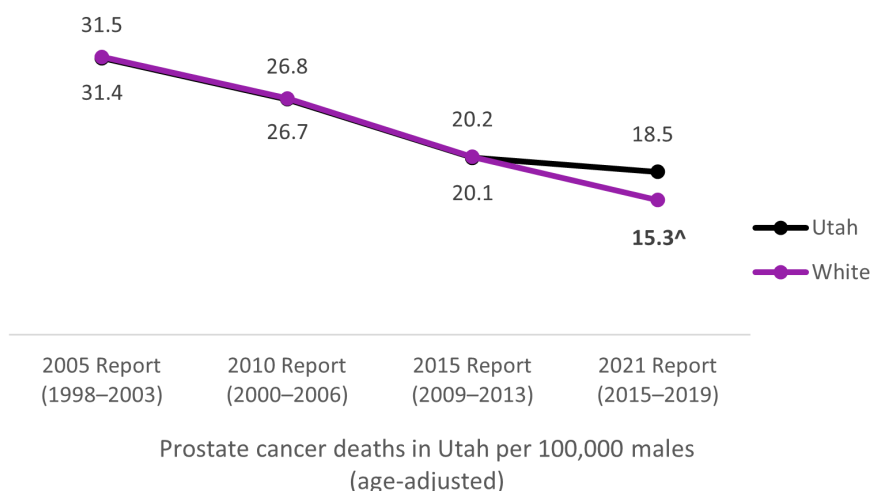


Health disparity: **No**
 Disparity ratio: **1.0**
 Health disparity gap: **N/a**
 Health trend: **Improved**

Prostate cancer incidence rates among White males were similar to Utah overall since 2005 reporting. Prostate cancer incidence declined in both populations since 2005 reporting.

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

Prostate cancer deaths



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

Prostate cancer death rates among White males were similar to Utah overall between 2005 and 2015 reporting. Deaths from prostate cancer declined in both populations. Between 2015 and 2021 reporting, it declined faster among White populations compared with Utah overall.

[^]Statistically significantly different than Utah overall

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

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