

# Utah Health Disparities Summary 2009

## Asians

### Chronic Conditions, Reproductive Health, Injury, and Lifestyle Risk

The Utah Asian population shares many health issues with the larger Utah population, but also has health problems and strengths unique to its communities. The Utah Department of Health, Division of Community and Family Health Services has compiled this summary to help community members and health workers:

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

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

**The low birth weight** rate is higher for Asians than all Utahns.<sup>1</sup> Low birth weight increases risk for infant sickness and death. The lower average weight of mothers may affect birth weight to a degree, but like other Utahns, preterm birth rates and births from unintended pregnancies were higher than the state targets for the year 2010.<sup>2,3,4</sup>

**Gestational diabetes**, which can increase risk for poor pregnancy outcomes and future adult type 2 diabetes, is higher among Asians than Utahns overall.<sup>2,5</sup> As it is statewide, the rate of type 2 diabetes in this population is above the state target.<sup>4,6</sup> Complications from diabetes can result in loss of vision and leg amputations.

**Inadequate health care** affects Utah's Asian population at similar rates to all Utahns. Utah Asians are still below state targets for health insurance coverage, adequate prenatal care, and having a usual place of care.<sup>2,4,7,8</sup> Inadequate health care can result in fewer health screenings, delayed health interventions, and difficulty managing chronic health conditions like diabetes.

**Poor nutrition and sedentary lifestyle** are problems for all Utahns, including Asians. Like most Utahns, the majority of Asian Utahns do not meet national guidelines for vegetable consumption and only 48.7% report getting the recommended amount of daily physical activity.<sup>6,9</sup>

**Fewer births to teens** occur among Utah's Asian population than statewide.<sup>10</sup>

**Lower rates of coronary heart disease death and obesity** than all Utahns are other strengths.<sup>6,12,13</sup> Utah Asians are also meeting state targets for low rates of smoking and death from stroke, cancer, and injury.<sup>4,6,12</sup>

**The diversity** of this population may mask important health differences between national origins or ancestry and other socio-demographic factors. Less than 20% of Asian immigrants to Utah have come from the same country of origin.<sup>14</sup>

This document highlights selected chronic diseases and risks particularly relevant to community health.<sup>15</sup> Future summaries are planned for other topics. Information on other diseases is available at <http://ibis.health.utah.gov>. Like all data products, these results have limitations. Surveys randomly select a segment of the population and may not include enough people in small population groups to identify statistically significant health disparities. Birth and death records are also subject to variation as they are, in effect, taken from a sample of time (a year).<sup>16</sup>

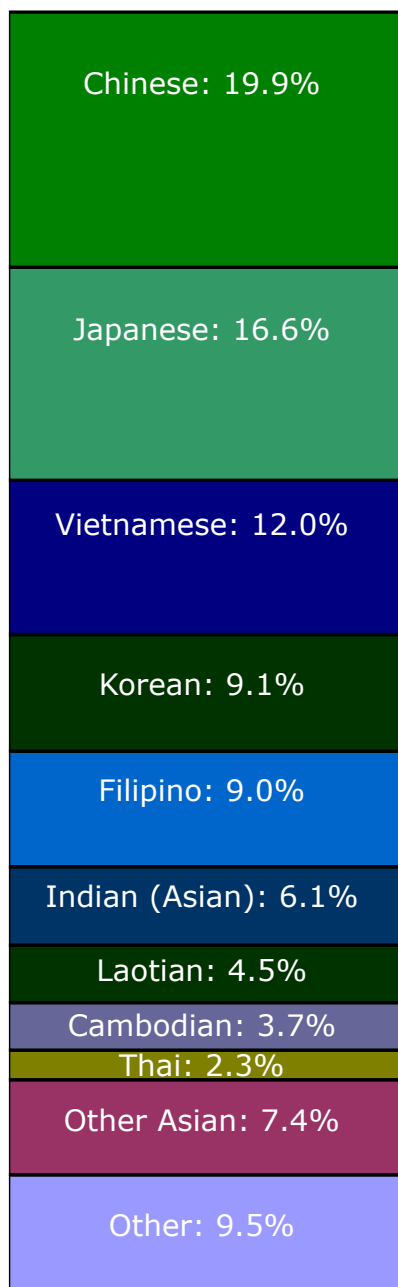




# Demographics of Utah Asians

There were about **67,000 Asian Utahns in 2007, comprising 3% of the Utah population.**<sup>14</sup>

## Self-reported Ancestry<sup>14</sup>



	Asian Utahns	All Utahns
<b>Age<sup>14</sup></b>		
Children Under 18	32.9%	31.0%
Adults Age 18-44	44.7%	41.0%
Adults Age 45-64	16.5%	19.4%
Adults Age 65 and Older	5.9%	8.7%
<b>Gender<sup>14</sup></b>		
Male	48.5%	50.4%
Female	51.5%	49.6%
<b>Poverty<sup>14</sup></b>		
Persons Living in Poverty	13.9%	10.3%
Children Living in Poverty	10.7%	11.4%
<b>Education (age 25 and older)<sup>14,20</sup></b>		
No High School Diploma	14.2%	10.0%
High School Graduate	21.9%	26.3%
Some College	25.1%	35.5%
Bachelor's or Graduate Degree	38.8%	28.2%
<b>Housing (by occupied housing unit)<sup>14</sup></b>		
Owned	60.6%	71.9%
Rented	39.4%	28.1%
<b>Families with Children<sup>14</sup></b>		
Married Couple Families	80.5%	81.0%
Single Mother Families	13.0%	13.8%
Single Father Families	6.5%	5.3%
<b>U.S. Citizenship<sup>14</sup></b>		
Citizen by Birth	51.3%	92.0%
Citizen by Naturalization	24.8%	2.5%
Not a Citizen	23.9%	5.5%
<b>English Skills (age 5 and older)<sup>14</sup></b>		
Speak Only English at Home	39.7%	86.1%
Speak English Very Well*	31.6%	8.0%
Do Not Speak English Very Well*	28.7%	5.9%

\*Speak language(s) other than English at home

Note: These demographic indicators are included as context; they may be associated with health. For more demographic information, see <http://factfinder.census.gov/>

## Appendix

The conclusions listed in the "Disparity" and "2010 Target Met" columns were analyzed using rates that were age-adjusted to the U.S. 2000 population for Behavioral Risk Factor Surveillance System (BRFSS), Utah Healthcare Access Survey (UHAS), and Utah Death Certificate Database (UDCD) data. Age-adjustment categories were 18-34, 35-49, and 50+ for BRFSS and 0-44, 45-64, and 65+ for UHAS and UDCD.

Unadjusted Indicators	Target <sup>4</sup>	Age-adjusted Indicators	Asian Utahns	All Utahns	Target <sup>4</sup>
Inadequate Prenatal Care <sup>2</sup>	10.0%	No Health Insurance Coverage <sup>7</sup>	5.9% (3.3-10.2)	10.0% (9.4-10.6)	0.0%
Infant Death <sup>11</sup>	4.5	No Usual Place of Care <sup>7,8</sup>	11.0% (7.2-16.4)	9.4% (8.9-10.0)	4.0%
Low Birth Weight <sup>1</sup>	5.0%	Coronary Heart Disease Death <sup>12</sup>	33.6 (17.0-59.6)	84.3 (80.1-88.6)	98.6
Preterm Birth <sup>2</sup>	7.6%	Stroke Death <sup>12</sup>	37.2 (18.9-65.8)	40.1 (37.2-43.2)	49.0
Gestational Diabetes <sup>2</sup>	N/A	Cancer Death <sup>12</sup>	104.5 (72.0-146.6)	133.9 (128.7-139.3)	144.1
Births from Unintended Pregnancies <sup>3</sup>	30.0%	Diabetes <sup>6</sup>	7.4% (4.2-12.6)	6.3% (6.0-6.7)	3.9%
Births to Adolescents <sup>10</sup>	16.3	Activities Limited Due to Arthritis <sup>9</sup>	Not Available	26.0% (24.8-27.3)	33.0%
		Unintentional Injury Death <sup>12,18</sup>	18.7 (7.6-38.5)	31.1 (28.9-33.6)	29.3
		Cigarette Smoking <sup>6</sup>	9.5% (5.8-15.2)	10.9% (10.4-11.4)	11.0%
		Obesity <sup>6,13</sup>	8.7% (5.1-14.3)	22.2% (21.6-22.9)	15.0%
		No Physical Activity <sup>6</sup>	23.9% (18.0-31.0)	19.0% (18.4-19.7)	15.0%
		Fewer than 3 Vegetables per Day <sup>6</sup>	80.1% (68.8-88.8)	76.5% (75.6-77.4)	55.0%
		Self-reported Poor Physical Health <sup>6,19</sup>	9.7% (6.1-15.3)	14.5% (13.9-15.0)	N/A

### Notes

- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2006-2007. Low birth weight is less than 2,500 grams (about 5.5 pounds).
- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2007. Inadequate prenatal care is the opposite of "adequate" care. Adequate care is defined according to the Kotelchuck Index, which includes month that prenatal care began, number of prenatal visits, and gestation. Preterm births are less than 37 weeks.
- Utah Pregnancy Risk Assessment Monitoring System, Reproductive Health Program, Utah Department of Health, 2004-2006.
- See <http://www.healthypeople.gov/>. When Utah-specific targets exist, Utah targets that may differ from national Healthy People 2010 targets are listed. See Appendix.
- Gestational Diabetes: What it means for me and my baby. Diabetes Prevention and Control Program, Utah Department of Health, 2004.
- Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health, 2003-2007. This survey includes adults only ages 18+.
- Utah Healthcare Access Survey (formerly Utah Health Status Survey), Office of Public Health Assessment, Utah Department of Health, 2003-2007.
- No usual source of health care is defined as answering, "no" to the question, "Thinking about medical visits, is there a USUAL place that you go when you are sick or need advice about your health?"
- Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Utah Department of Health, 2003, 2005, 2007.
- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2006-2007. Population Estimates: Utah Governor's Office of Planning and Budget, 2008 Baseline projections (revised July 23, 2008). Adolescents or teens are ages 15-17.
- Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2003-2006; Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2003-2006. The Healthy People 2010 target is for all races/ethnicities and uses death data only. The race/ethnicity data reported here use a linked birth/death file and may underestimate the race-specific infant mortality rate.
- Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2001-2005; Population Estimates: Utah Governor's Office of Planning and Budget, 2008 Baseline projections (revised July 23, 2008).
- Obesity is defined as a body mass index of 30kg/m<sup>2</sup> or higher.
- American Community Survey, U.S. Census Bureau, 2005-2007. Universe: Utah Asian alone or in combination. (People who report themselves as descended from Asians, including those who are also descended from other races.) The American Community Survey interviews the resident population without regard to the person's legal status or citizenship. The survey is completed through random sample and undocumented residents are included. Anyone who lives in the United States for more than two months out of the year is usually considered a resident. "Non-citizen" includes any non-citizen, with or without a visa. The survey is conducted by mail to persons with mailing addresses, with telephone and in-person follow-up, like the decennial census. See <http://www.census.gov/acs/www/Downloads/tp67.pdf>.
- A more comprehensive report is available at <http://health.utah.gov/oph/publications/raceeth05/RaceEth05.htm>. Indicators were selected as follows:  
 Step 1. A team from the Division of Community and Family Health Services, Bureaus of Health Promotion, Maternal and Child Health, and Center for Multicultural Health examined data indicators that the bureaus track. Indicators for other important conditions, such as infectious diseases and mental health, are not included.  
 Step 2. The team subjectively chose a few indicators with broad implications for health outcomes, with preference for indicators from the Community Health Indicators Report. See [http://health.utah.gov/oph/publications/CommunityHealth/CHI/CHI\\_Report.htm](http://health.utah.gov/oph/publications/CommunityHealth/CHI/CHI_Report.htm)
- BRFSS and UHAS include only data from Utahns with residential phones until 2009. For more information about state data sources, analysis techniques, and limitations, see <http://ibis.health.utah.gov/home/Help.html>.
- Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health, 2003-2007. Five year population count based on 2005 population estimates. Rates used to calculate life expectancy are per 100,000 population. The life expectancies for several groups are based on small numbers, so they could change noticeably with a few additional deaths overall or with additional deaths in a particular age group.
- Unintentional injury death includes non-homicide and non-suicide deaths from drowning, falls, fires or burns, transportation-related injuries, poisoning, suffocation, and other unintended injuries.
- Self-reported poor physical health is defined as the percentage of adults aged 18 years and older who reported seven or more days when physical health was not good in the past 30 days.
- Education is the highest level of education attained.





