MOVING FORWARD IN 2016:
Fifteen Years of Health Data for Hispanics/Latinos in Utah

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Overview

This Moving Forward profile presents data from the 2005, 2010, and 2015 editions of the Utah Health Status by Race and Ethnicity, published by the Utah Department of Health. There are four Moving Forward profiles which provide line graphs that illustrate specific health indicators and health risk factors for Asian, Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino.

These profiles can serve as a useful tool for agencies and organizations with an interest in reducing health disparities in Utah, so that they may make data-supported decisions on their priorities and future activities aimed at improving health status in Utah populations.

Data Notes

The baselines for determining health status change were the point estimates for indicators reported in the 2005 edition of Health Status by Race and Ethnicity. The 2010 indicators were originally reported in Health Status by Race and Ethnicity 2010, and the 2015 indicators were reported in the 2015 edition of Health Status by Race and Ethnicity. It should be noted that throughout this profile, the years “2005,” “2010,” and “2015” refer to the publication dates of the Health Status by Race and Ethnicity report, and not necessarily the exact year that the presented data was collected. The actual years of data analysis vary depending on data availability. To find out the exact years of data collection for each indicator, refer to the Health Status by Race and Ethnicity 2005, 2010 and 2015 reports (links provided in the last page).

The data sources are listed at the bottom of each graph. Indicators that were not included in the three reports and data that were collected or analyzed differently in the three reports could not be used for comparison and change over time.

Disparity Gap

For the purpose of this report:

- "Disparity Gap" will be defined as the numerical difference between two values of the same indicator. The first value represents the overall population and the second value represents a specific minority group.
- The disparity gap increases (↑) when the difference between the overall population and the specific minority group for 2015 is higher than for 2005.
- The disparity gap decreases (↓) when the difference between the overall population and the specific minority group for 2015 is lower than for 2005.
- If the minority group is doing as well as the overall population, there is not disparity.

The improvement in a health indicator over the years does not imply closing the disparity gap. If the minority group is doing well and the overall population is doing equally well, the health status will improve; however, the disparity gap will persist.
Hispanics/Latinos in Utah

Population

Of Utah’s 371,000 Hispanics/Latinos, the largest groups are Mexican (275,095), Salvadoran (11,023), Peruvian (9,053), Guatemalan (7,400), and Puerto Rican (7,215). Between 2000 and 2010, this population experienced a 78% growth rate, from 201,559 to 358,340. The median age of Utah Hispanics/Latinos in 2014 was 23.6 years with a sex distribution of 51.6% males and 48.4% females.

“Hispanic or Latino” (H/L) is a category that includes anyone who traces ancestry to Latin America, Spain, or Spanish “culture or origin.” About 40% of Hispanics/Latinos are foreign-born. Hispanics/Latinos are more likely to speak a non-English language at home than any other Utah community, with Spanish being the most spoken language after English. Many Brazilians consider themselves “Latino” (not necessarily “Hispanic”) and Portuguese is the sixth-most spoken language in Utah. Over 8% of Utah Hispanics/Latinos hold a bachelor’s degree.

Health Status

Trend analysis over the past fifteen years indicates that health disparities are still prevalent in Utah’s Hispanic/Latinos (H/L). Out of forty-three indicators analyzed for this report, only fifteen show no disparity between H/L and the overall Utah population. The other twenty-eight indicators still show persistent disparities among H/L. The disparity gap has been reduced in fourteen of those indicators, remains constant in one indicator and has increased in the other thirteen.

1US Census Bureau, Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, 2014 Population Estimates, Table PEPA SR5H. 2US Census Bureau, ACS 2009-2013 5-Year Estimates, Table B03001. 3U.S. Census Bureau, Census 2000 Summary File 2 (SF2), Table DP-1; Census 2010 Summary File 2 (SF2), Table DP-1. 4http://www.census.gov/topics/population/hispanic-origin/about.html/. 5U.S. Census Bureau, ACS 2011-2013 3-Year Estimates, Table S0201. 6US Census Bureau, ACS 2009-2013 5-Year Estimates, Table B16001. Portuguese is also spoken by non-Hispanic/Latinos from Portugal and former Portuguese colonies in Africa and Asia. 7U.S. Census Bureau, ACS 2006-2010 5-Year Estimates, Table B15002.
Summary

Out of 43 indicators analyzed, 28 show disparities among Utah's H/L

No Disparity 15 indicators
- Pap test
- Daily fruit consumption
- Chronic alcohol drinking
- Unintentional injury deaths
- Suicide
- Arthritis prevalence
- Asthma prevalence
- Coronary heart disease deaths
- Stroke deaths
- Lung cancer deaths
- Colorectal cancer incidence
- Breast cancer incidence
- Breast cancer deaths
- Prostate cancer incidence
- Prostate cancer deaths

Disparity YES, but the disparity gap has DECREASED ↓ 14 indicators
- Poor mental health
- Mammograms
- Prostate cancer screening
- Overweight or obese
- Early prenatal care
- Births to adolescents
- Infant mortality
- Cigarette smoking
- Binge alcohol drinking
- Tuberculosis
- Chlamydia
- Gonorrhea
- Diabetes deaths
- Lung cancer incidence

Disparity YES, and the disparity gap has INCREASED ↑ 13 indicators
- Poverty rate
- Child poverty rate
- No health insurance
- Poor health status
- Fair or poor health
- Routine medical checkup
- Cholesterol screening
- Colon cancer screening
- No physical activity
- Low birth weight
- Motor vehicle crash deaths
- Diabetes prevalence
- Colorectal cancer deaths

Disparity YES gap keeps CONSTANT = 1 indicator
- Flu shots
**Socio-Demographics**

### Poverty

Disparity: YES  
Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in H/L.

### Child Poverty

Disparity: YES  
Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in H/L.
Access to Health Care and Health Status

Disparity: YES
Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in H/L.

H/L in Utah have had a higher percentage of the population without health insurance since 2005.

Note: BRFSS 2015 data is previous to ACA enrollment campaigns.

Disparity: YES
Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in H/L.
Percentage of Adults Reporting Recent Poor Mental Health (Age-adjusted). UT BRFSS

Health disparity: YES
Disparity Gap: ↓
Rationale: Although the indicator is still higher in H/L, the percentage has remained constant for the past fifteen years, while it has worsened in Utah’s overall population.

Adults Reporting Fair or Poor Health (Age-adjusted). UT BRFSS

Disparity: YES
Disparity Gap: ↑
Rationale: Indicator has worsened in both populations but has worsened at a faster pace in H/L.
Preventive Services

Disparity: YES
Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in H/L.

According to these data, there is not disparity in this indicator for H/L.

The proportion of H/L women who had a Pap test within the past three years of being surveyed was lower than the overall state rate in 2005, but has steadily increased to a higher rate than the rate for all Utah women in 2015 (opposite the overall Utah trend).
Health disparity: YES
Disparity Gap: ↓

Rationale: While the number of H/L women who had a mammogram has slightly increased, the overall number of women in Utah who had a mammogram has slightly decreased.

Health disparity: YES
Disparity Gap: ↑

Rationale: Indicator has improved in both populations but has improved at a slightly faster pace in Utah’s overall population.
**Colon Cancer Screening**

Health disparity: YES  
Disparity Gap: ↑

Rationale: Indicator has improved in both populations but has improved at a slightly faster pace in Utah’s overall population.

**Prostate Cancer Screening**

Health disparity: YES  
Disparity Gap: ↓

Rationale: This indicator has improved in both populations but has improved at a faster pace in H/L.

**Flu Shot**

Health disparity: YES  
Disparity Gap: =

Rationale: This indicator has improved in both populations at the exact same pace and the disparity gap remains constant.
Physical Activity and Nutrition

### Overweight or Obese

![Graph showing percentage of overweight or obese adults in Utah and H/L from 2005 to 2015.](chart)

Health disparity: YES  
Disparity Gap: ↓  
Rationale: This indicator has worsened in both populations but has worsened slightly more in Utah’s overall population.

### No Physical Activity

![Graph showing percentage of adults with no physical activity in the past month in Utah and H/L from 2005 to 2015.](chart)

Health disparity: YES  
Disparity Gap: ↑  
Rationale: Indicator has worsened in both populations but has worsened at a slightly faster pace in H/L.

### Daily Fruit Consumption

![Graph showing percentage of adults eating 2+ fruits daily in Utah and H/L from 2005 to 2015.](chart)

According to these data, there is not disparity in this indicator for H/L.  
The daily fruit consumption rate for Hispanic/Latinos has been consistently higher than the overall Utah rate; however, it has been slightly declining since 2010 at a slower pace than Utah’s rate overall.
Health of Mothers and Infants

### Early Prenatal Care

- **Percentage of Infants Who Received 1st Trimester Prenatal Care (Crude rate). UT Birth Certificate Database.**

![Chart showing percentage of infants receiving prenatal care in Utah and H/L from 2005 to 2015.]

- Health disparity: YES
- Disparity Gap: ↓

**Rationale:** This indicator has worsened in Utah’s population overall; however, it has improved in H/L. Prenatal care during the first trimester is still lower in H/L than in Utah’s overall population.

### Births to Adolescents

- **Births per 1,000 Females 15-19 Years Old. UT Birth Certificate Database.**

![Chart showing births to adolescents in Utah and H/L from 2005 to 2015.]

- Health disparity: YES
- Disparity Gap: ↓

**Rationale:** This indicator has worsened in Utah’s population overall; however, it has improved in H/L. Births to adolescents is still much higher in H/L than in Utah’s overall population.
**Low Birth Weight**

Percentage of Live Born Infants with Low Birth Weight.  
UT Birth Certificate Database.

- Health disparity: YES
- Disparity Gap: ↑
- Rationale: Indicator has worsened in both populations but has worsened at a faster pace in H/L.

**Infant Mortality**

Infant Deaths per 1,000 Live Births (Crude Rate).  
UT Birth and Death Certificate Database.

- Health disparity: YES
- Disparity Gap: ↓
- Rationale: This indicator has improved in both populations but it has improved at a faster pace in H/L.
Risk Factors

Health disparity: YES
Disparity Gap: ↓

Rationale: This indicator has improved in both populations but it has improved at a faster pace in H/L.

Health disparity: YES
Disparity Gap: ↓

Rationale: This indicator has remained almost constant in H/L; however, it has worsened in Utah’s overall population.

According to these data, there is not disparity in this indicator for H/L.

The proportion of H/L adults who reported chronic drinking was higher than the overall Utah rate in 2005, but has decreased slightly from 2005 to 2015 while the Utah rate increased during the same period.
Injuries

According to these data, there is not disparity in this indicator for H/L.

Rationale: This indicator has worsened in both populations but at a faster pace in Utah’s overall population.

Health disparity: YES
Disparity Gap: ↑

Rationale: Indicator has improved in both populations but at a faster pace in Utah’s population overall.

According to these data, there is not disparity in this indicator for H/L.

Rationale: Hispanic/Latinos have consistently had a lower rate of suicide than the overall Utah rate. For the past fifteen years, the number of suicide death has been reduced in H/L while it has worsened in Utah’s overall.
Infectious Diseases

**Tuberculosis**

Health disparity: YES  
Disparity Gap: ↓  
Rationale: This indicator has improved in both populations but it has improved at a faster pace in H/L.

**Chlamydia**

Health disparity: YES  
Disparity Gap: ↓  
Rationale: This indicator has worsened in both populations but it has worsened at a faster pace in Utah’s overall population.

**Gonorrhea**

Health disparity: YES  
Disparity Gap: ↓  
Rationale: The proportion of Hispanic/Latino adults with gonorrhea has been consistently higher than the overall Utah rate and has been steadily decreasing since 2005. At the same time, it has worsened in Utah’s overall population.
Chronic Diseases

According to these data, there is not disparity in this indicator for H/L.

Rationale: The proportion of H/L adults reporting a diagnosis of arthritis has been consistently lower than the overall Utah rate.

According to these data, there is not disparity in this indicator for H/L.

Rationale: H/L have consistently had a lower rate of asthma than the overall Utah rate and the rate has steadily been increasing in both populations.

Health disparity: YES
Disparity Gap: ⬆

Rationale: Indicator has worsened in both populations but at a faster pace in the H/L population.
Health disparity: YES
Disparity Gap: ↓

Rationale: This indicator has improved in both populations but it has improved at a faster pace in H/L.

According to these data, there is not disparity in this indicator for H/L.

Rationale: H/L have consistently had a lower rate of coronary heart disease death than the Utah rate and this trend continues downward along with the Utah rate.

According to these data, there is not disparity in this indicator for H/L.

Rationale: H/L have consistently had a lower rate of stroke death than the Utah rate and this trend continues downward along with the Utah rate.
Cancer

**Lung Cancer Incidence**

Health disparity: YES

Disparity Gap: ↓

Rationale: This indicator has improved in both populations but it has improved at a faster pace in H/L.

**Lung Cancer Death**

According to these data, there is not disparity in this indicator for H/L.

Rationale: H/L have consistently had a lower lung cancer death rate than the overall Utah rate.

**Colorectal Cancer Incidence**

According to these data, there is not disparity in this indicator for H/L.

Rationale: The indicator has improved in both populations but at a faster pace in H/L. Colorectal cancer incidence rates among H/L were higher than the Utah overall population in 2005 but have been decreasing since then.
According to these data, there is not disparity in this indicator for H/L.

Rationale: the breast cancer incidence rate among H/L Utahns has consistently been lower than the overall Utah rate and has been steadily decreasing since 2005. This indicator has improved in both populations.

According to these data, there is not disparity in this indicator for H/L; however, while the indicator has improved in Utah’s overall population, it has worsened in the H/L population. The proportion of Hispanic/Latino women who die of breast cancer has consistently been lower than the Utah average but has increased since 2005.

Health disparity: YES
Disparity Gap: ↑

Rationale: Colorectal cancer death rates among H/L were lower than the overall Utah rates in 2005 but increased higher than the Utah rate in 2015.
According to these data, there is not disparity in this indicator for H/L.

Rationale: The prostate cancer incidence rate among H/L was almost the same as the overall Utah rate in 2005. It has decreased in both populations since then but at a faster pace in H/L.

According to these data, there is not disparity in this indicator for H/L.

Rationale: The rate of prostate cancer death among H/L has steadily decreased since 2005 (when it was higher than the Utah rate) to below the overall Utah rate in 2015.
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The complete Health Status by Race and Ethnicity Reports cited throughout this report can be found at:

Utah Health Status by Race and Ethnicity: 2015 Report

Utah Health Status by Race and Ethnicity: 2010 Report

Utah Health Status by Race and Ethnicity: 2005 Report

For a demographic profile of this population visit: