

MOVING FORWARD IN 2016:

Fifteen Years of Health Data for Asians in Utah

June 2016



UTAH DEPARTMENT OF
HEALTH
Office of Health Disparities

Table of Contents

	Page Number
Overview	3
Utah's Asian Population	4
Summary	5
Socio-Demographics	6
Access to Health Care and Health Status	7 - 8
Preventive Services	9 - 11
Physical Activity and Nutrition	12 - 13
Health of Mothers and Infants	14 - 15
Risk Factors	16
Infectious Diseases	17
Chronic Diseases	18 - 19
Acknowledgements	20

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 on 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 better than 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 remain.

Utah's Asian Population

There are more than 80,000 Asians residing in Utah¹ - with Chinese, Japanese, and Filipinos comprising over half of the Asian population (followed by Vietnamese, Indian, Laotian, and Thai communities). Smaller communities of Nepali, Tibetan, Bhutanese, Hmong, Karen, and other groups also call Utah home.

At 4.4%, Salt Lake County has the state's highest proportion of Asians.² Populations of Indians, Filipinos, and Thais each doubled between 2000 and 2010, while the overall Asian population in Utah experienced a 63% increase during those years.³



Health Status

Utah's Asian population⁴ is often viewed as an overall "healthy" community because of relatively low rates of obesity, smoking, binge drinking, and high rates of preventive behaviors (such as daily fruit and vegetable consumption and annual flu shots), when compared with other Utah minority groups. However, data over the past 15 years indicates that the disparity gap in Asian populations in Utah has increased in the following indicators: poverty, child poverty, colon cancer screening, prostate cancer screening, folic acid consumption, and low birth weight. On the other hand, although there is still a disparity, the disparity gap has been reduced in early prenatal care, no physical activity, and tuberculosis cases.

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 (SF 2), Table DP-1*.

⁴<http://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 29 indicators analyzed,
9 show disparities among Utah's Asians

No Disparity
20 indicators

Access to health insurance
Poor health status
Poor mental health
Fair or poor health
Routine medical checkup
Pap test
Mammogram
Cholesterol screening
Flu shot
Overweight or obese
Daily fruit consumption
Daily vegetable consumption
Births to adolescents
Cigarette smoking
Binge drinking
Chlamydia
Arthritis prevalence
Asthma prevalence
Diabetes prevalence
Diabetes deaths

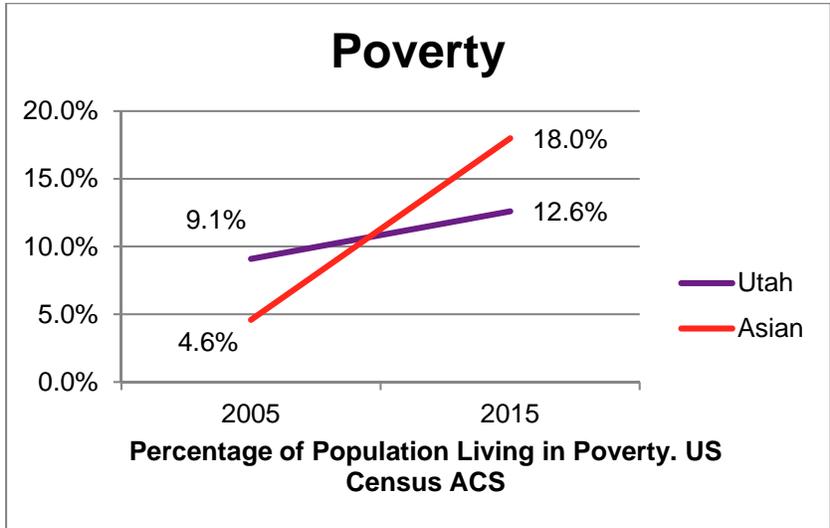
**Disparity YES, but the disparity
gap has DECREASED ↓**
3 indicators

No physical activity
Early prenatal care
Tuberculosis

**Disparity YES, and the
disparity gap has
INCREASED ↑**
6 indicators

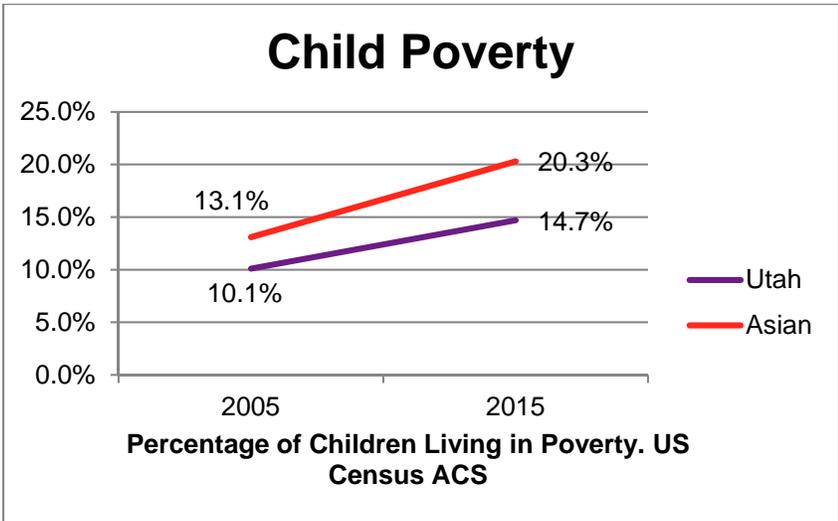
Poverty
Child poverty
Colon cancer screening
Prostate cancer screening
Folic acid consumption
Low birth weight

Socio-Demographics



Disparity: YES
Disparity Gap: ↑

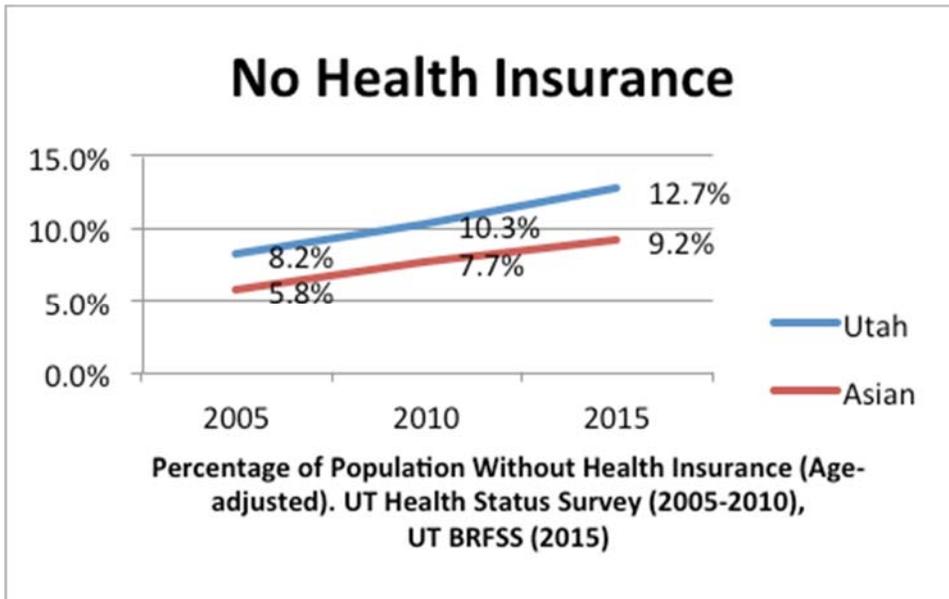
Rationale: Indicator has worsened in both populations but has worsened at a faster pace in Asians. The number of Asians living in poverty experienced an overall increase from below the state average in 2005 to higher than the poverty rate for all Utahns in 2015.



Disparity: YES
Disparity Gap: ↑

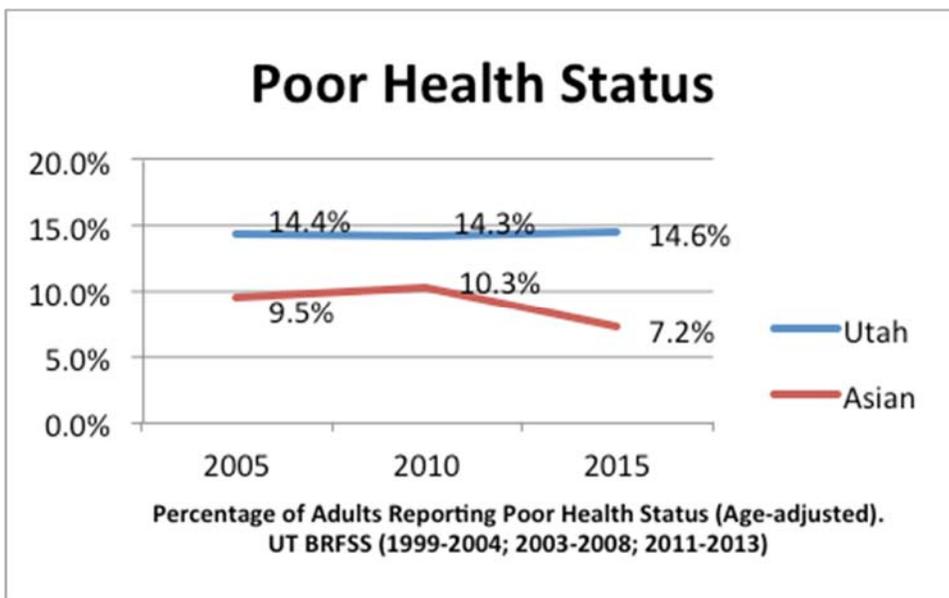
Rationale: Indicator has worsened in both populations but has worsened at a faster pace in Asians. The number of Asian children living in poverty has consistently been higher than that of all Utah's children.

Access to Health Care and Health Status



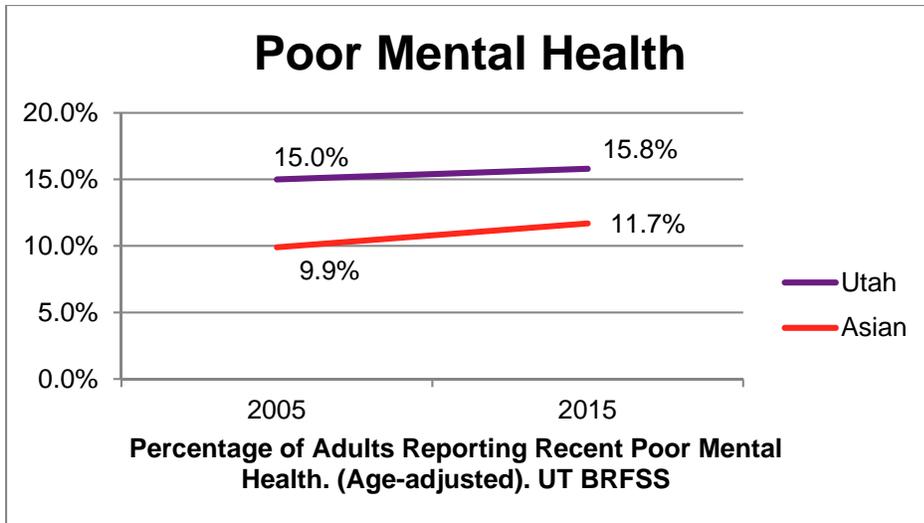
According to these data, there is not disparity in this indicator for Asians.

Rationale: Asians in Utah have consistently had a lower percentage of the population without health insurance.



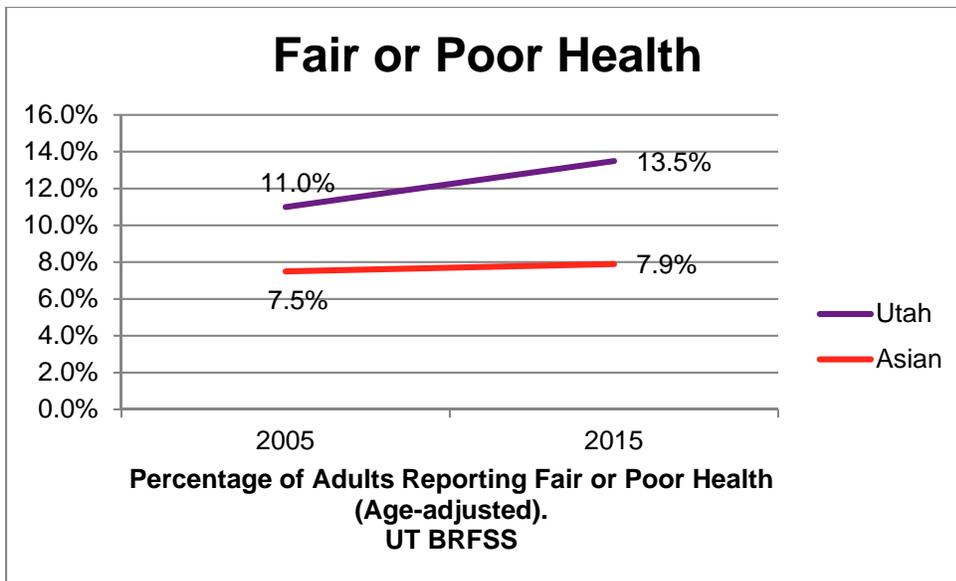
According to these data, there is not disparity in this indicator for Asians.

Rationale: The percentage of Asians reporting "poor health status" has consistently been lower than Utah's population overall. The percentage decreased in Asians between 2010 and 2015 while the overall Utah percentage remained almost constant during the same period.



According to these data, there is not disparity in this indicator for Asians.

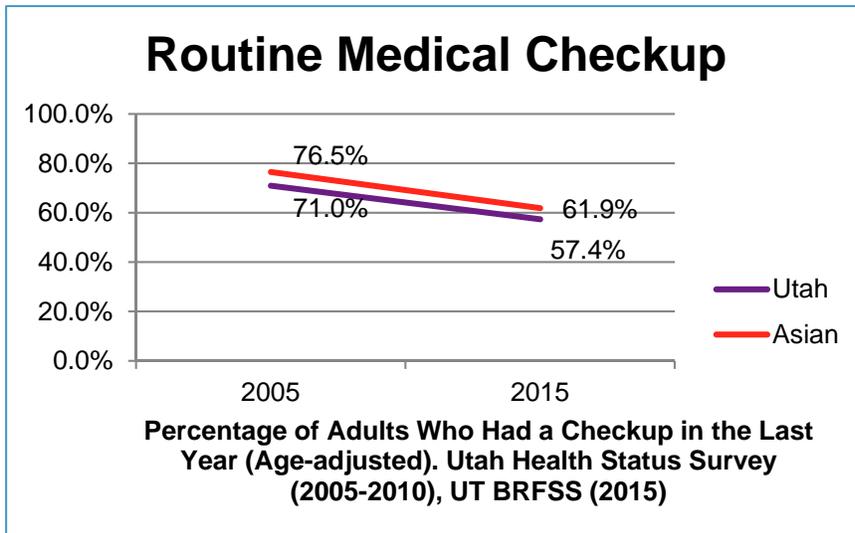
Rationale: The percentage of Asians reporting “poor mental health” has consistently been lower than the overall Utah percentage. While there is no disparity, the indicator is worsening at a faster pace in Asians.



According to these data, there is not disparity in this indicator for Asians.

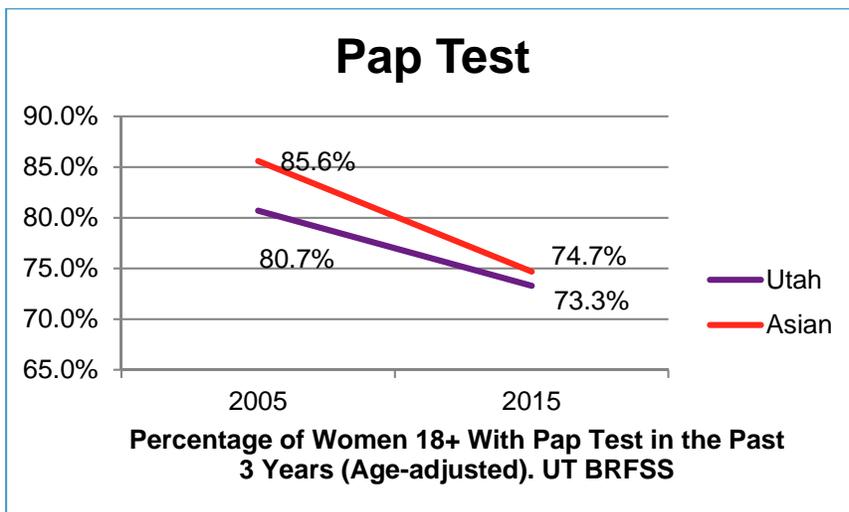
Rationale: The percentage of Asians reporting “fair or poor health” has consistently been lower than the overall Utah percentage. The indicator is worsening in both populations but at a faster pace in Utah’s population overall.

Preventive Services



According to these data, there is not disparity in this indicator for Asians.

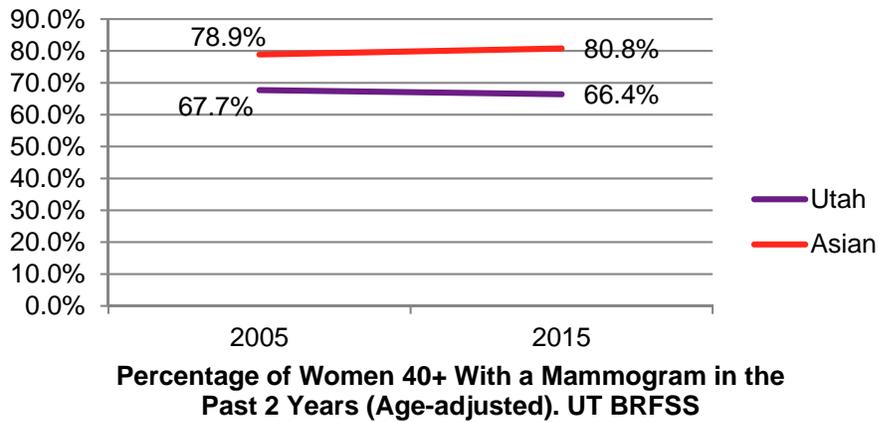
Rationale: The percentage of Asians reporting a routine medical check-up has consistently been higher than the overall Utah percentage. The indicator is worsening in both populations but at a faster pace in Asians.



According to these data, there is not disparity in this indicator for Asians.

Rationale: The percentage of Asian women having a pap test has consistently been higher than the overall Utah percentage. The indicator is worsening in both populations but at a faster pace in Asians.

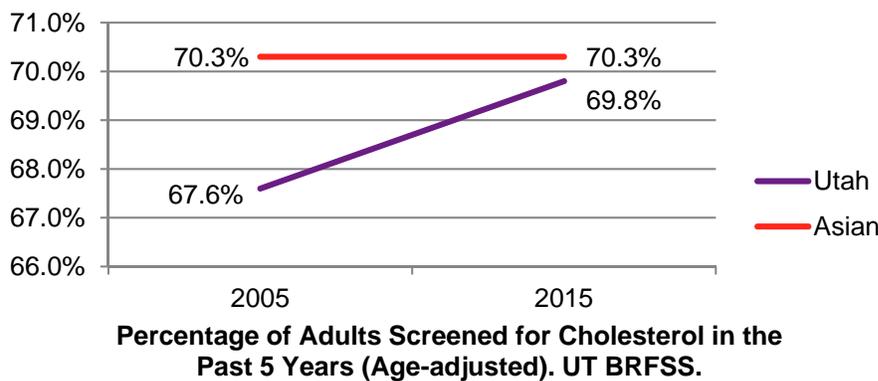
Mammograms



According to these data, there is not disparity in this indicator for Asians.

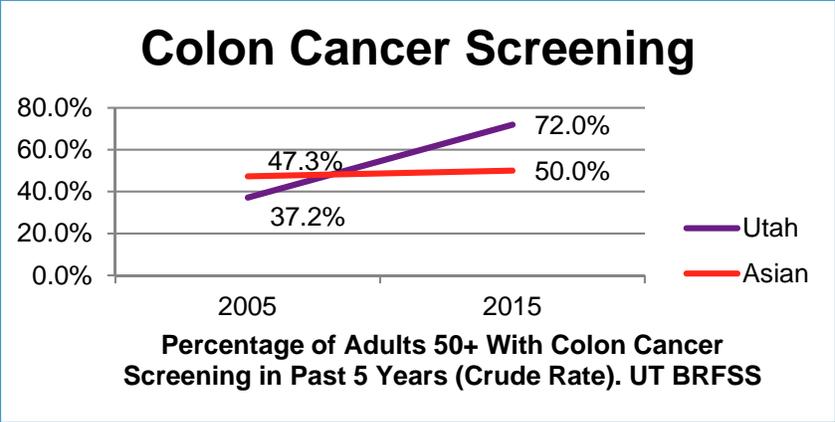
Rationale: Asian women in Utah have consistently had a higher percentage of mammography than the overall state rate.

Cholesterol Screening



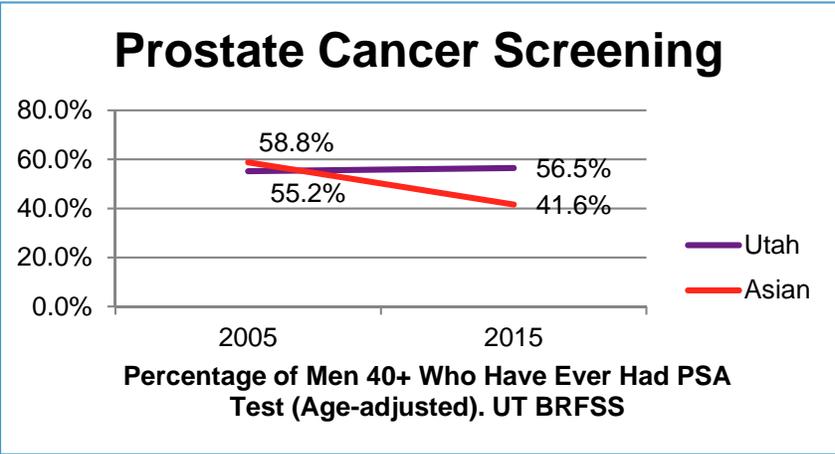
According to these data, there is not disparity in this indicator for Asians.

Rationale: The number of Asians screened for cholesterol has been higher than the overall state percentage.



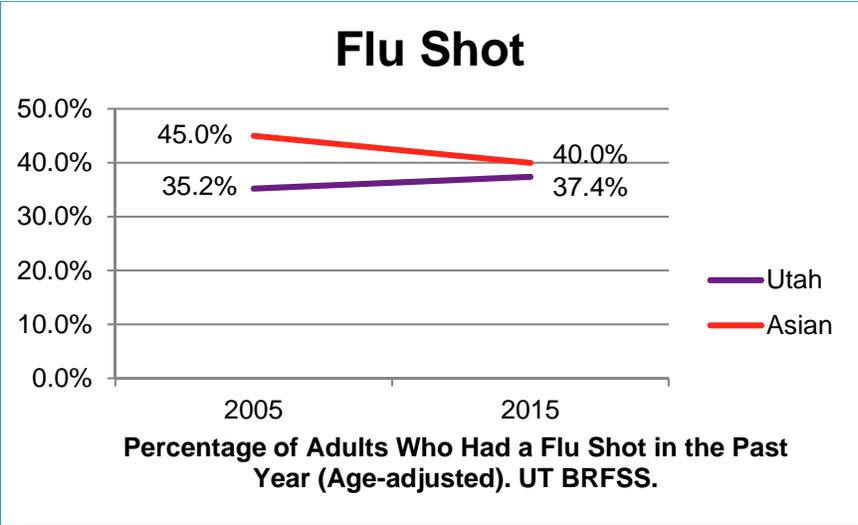
Disparity: YES
 Disparity Gap: ↑

Rationale: The percentage of Asians with a colon cancer screening was higher than the overall state rate in 2005, but has remained relatively stable while the percentage for all Utahns has doubled from 2005 to 2015.



Disparity: YES
 Disparity Gap: ↑

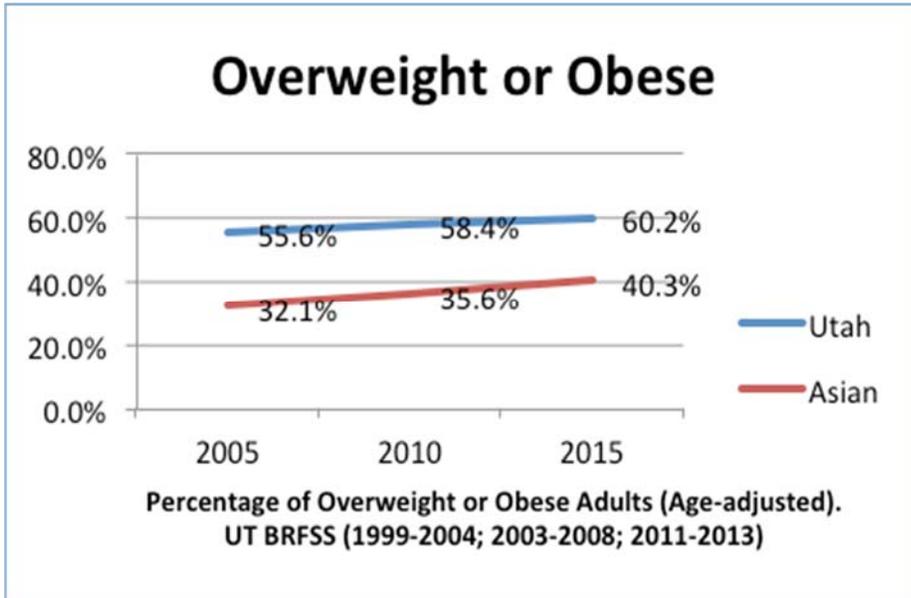
Rationale: The percentage of Asian men who have ever had a PSA test has steadily declined from being higher than the overall state population in 2005 to lower than the percentage for all Utah men in 2015.



According to these data, there is not disparity in this indicator for Asians.

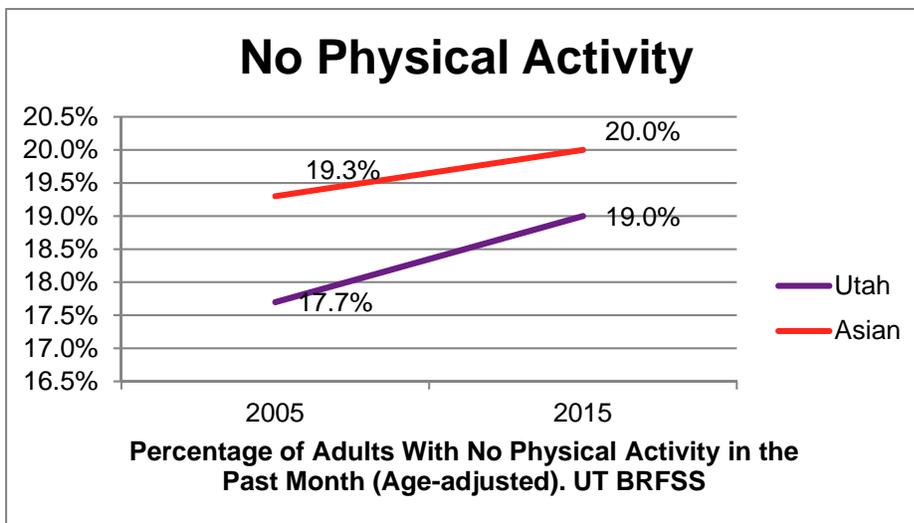
Rationale: Although there is not disparity, the indicator has worsened in Asians, while it has improved in Utah's overall population.

Physical Activity and Nutrition



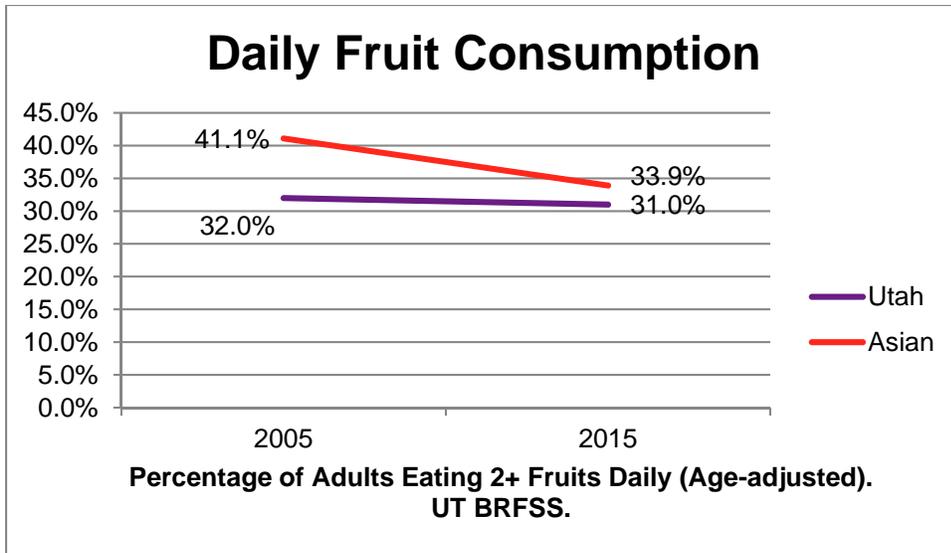
According to these data, there is not disparity in this indicator for Asians.

Rationale: The percentage of overweight or obesity in Utah's Asian population is lower than in Utah's population overall. While the indicator has worsened in both populations, it has worsened at a faster pace in Utah's population overall.



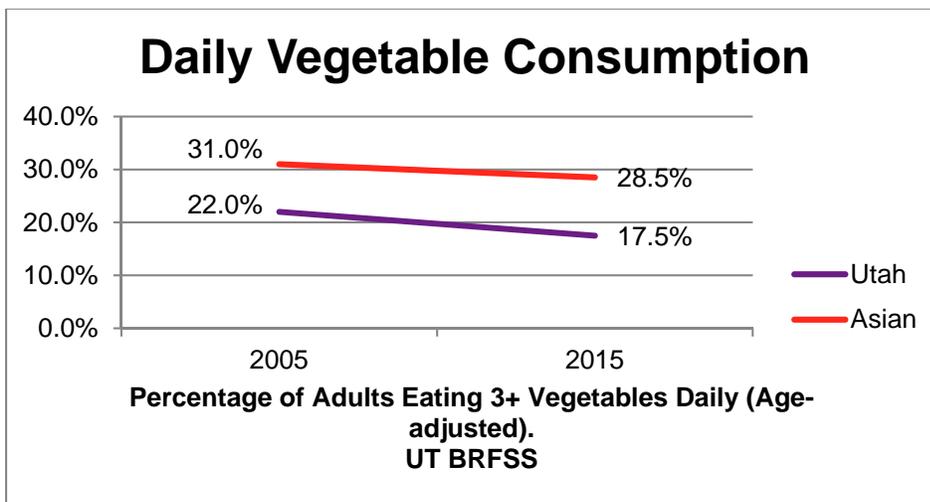
Disparity: YES
Disparity Gap: ↓

Rationale: Asians in Utah have consistently had a higher percentage of adults who do not engage in regular physical activity than the overall Utah population. While the indicator is worsening in both populations, it is worsening at a faster pace in Utah's population overall.



According to these data, there is not disparity in this indicator for Asians.

Rationale: The daily fruit consumption for Asians has been consistently higher than for the overall Utah population; however, it declined between 2005 and 2015 while it remained relatively constant for Utah.

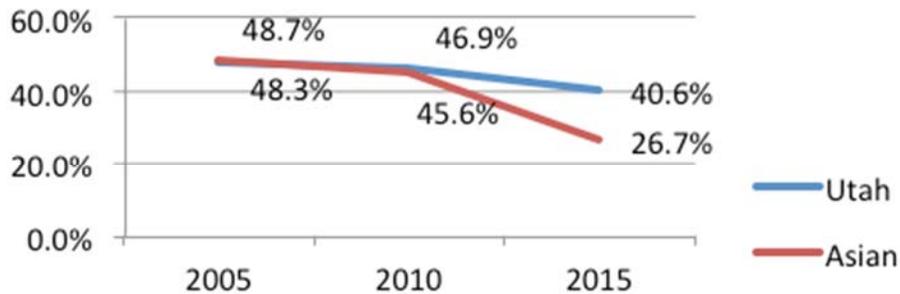


According to these data, there is not disparity in this indicator for Asians.

Rationale: The percentage of Asian adults eating more than three vegetables per day has consistently been higher than the overall Utah percentage, however it has declined along with the overall state percentage.

Health of Mothers and Infants

Folic Acid Consumption

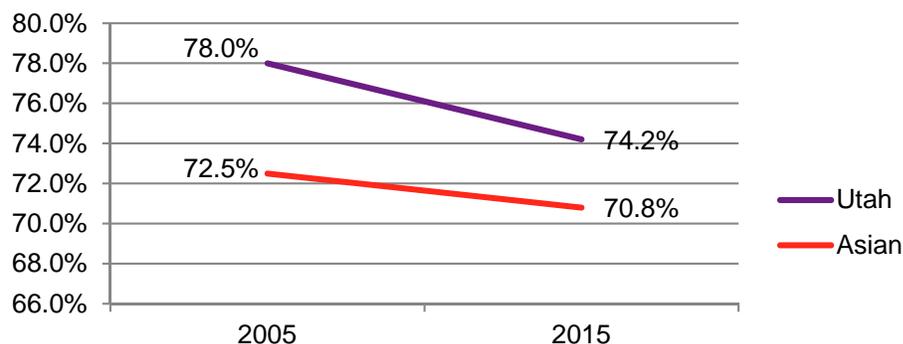


Percentage of Women 18-44 Taking Daily Folic Acid (Age-adjusted).
UT BRFSS (1999-2004; 2006-2008; 2010, 2012)

Disparity: YES
Disparity Gap: ↑

Rationale: While this indicator has worsened in both populations, it has worsened at a faster pace in Asians.

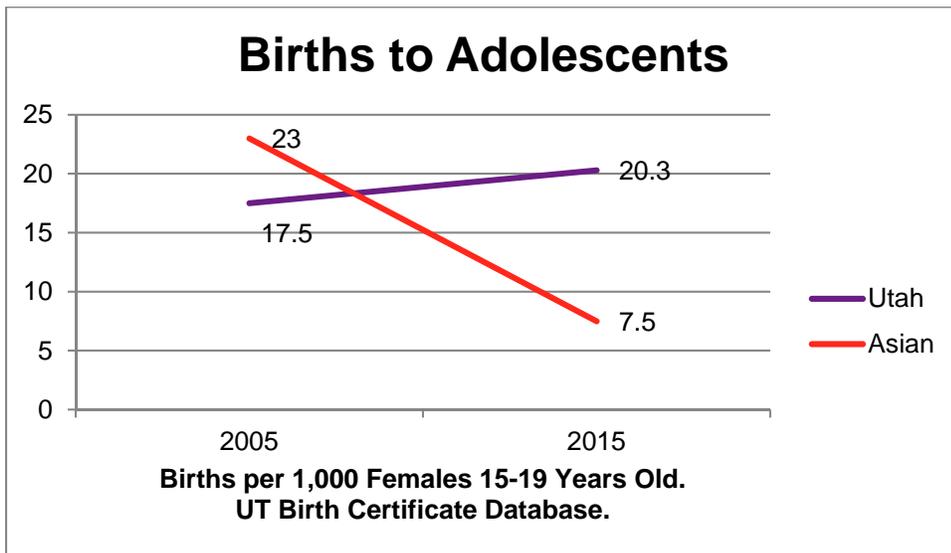
Early Prenatal Care



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

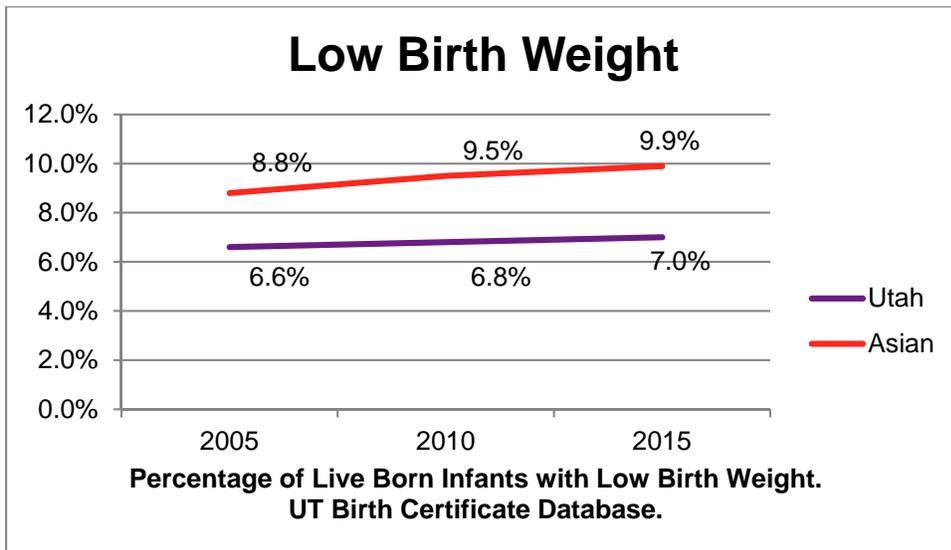
Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has worsened in both populations but has worsened slightly more in Utah's overall population.



According to these data, there is not disparity in this indicator for Asians.

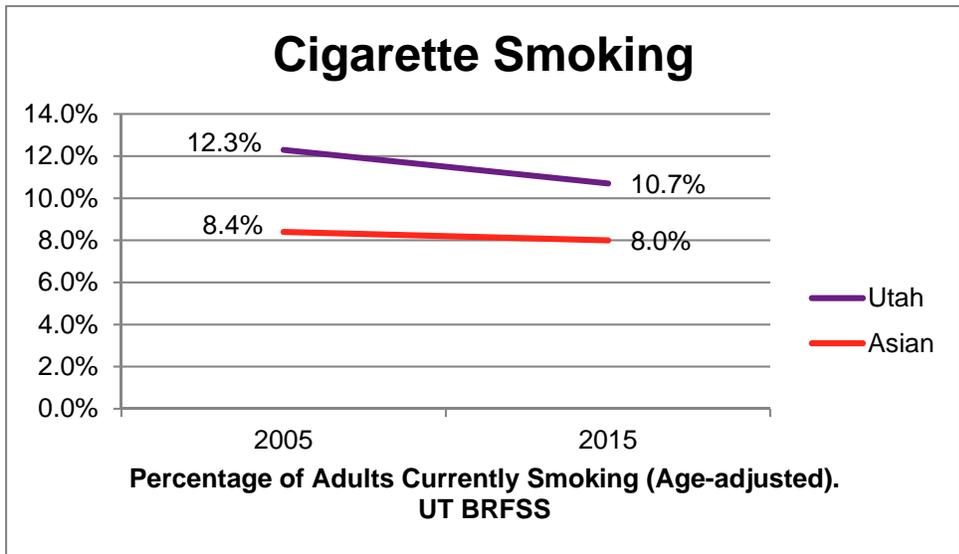
Rationale: While the indicator has improved in Asians, it has worsened in Utah overall.



Disparity: YES
Disparity Gap: ↑

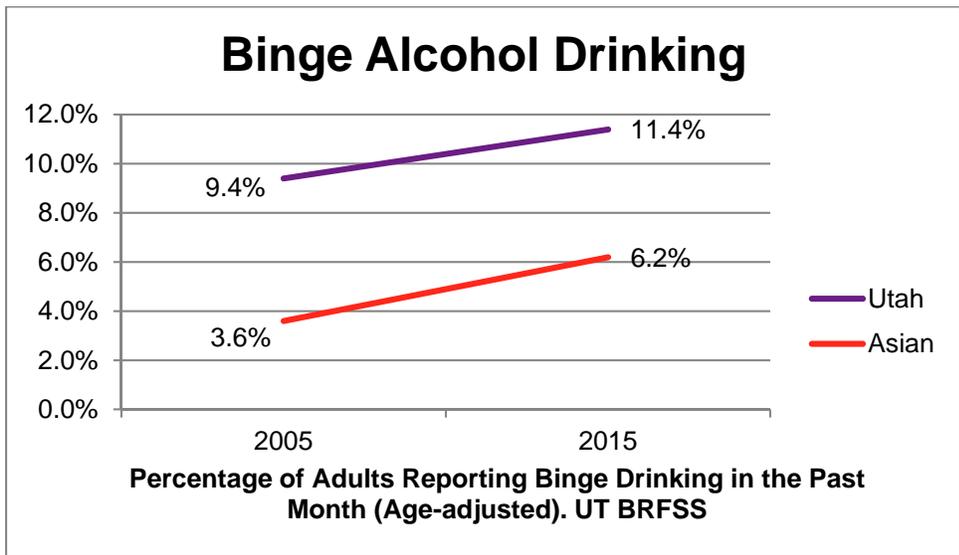
Rationale: The indicator has worsened in both populations but at a faster pace in Asians.

Risk Factors



According to these data, there is not disparity in this indicator for Asians.

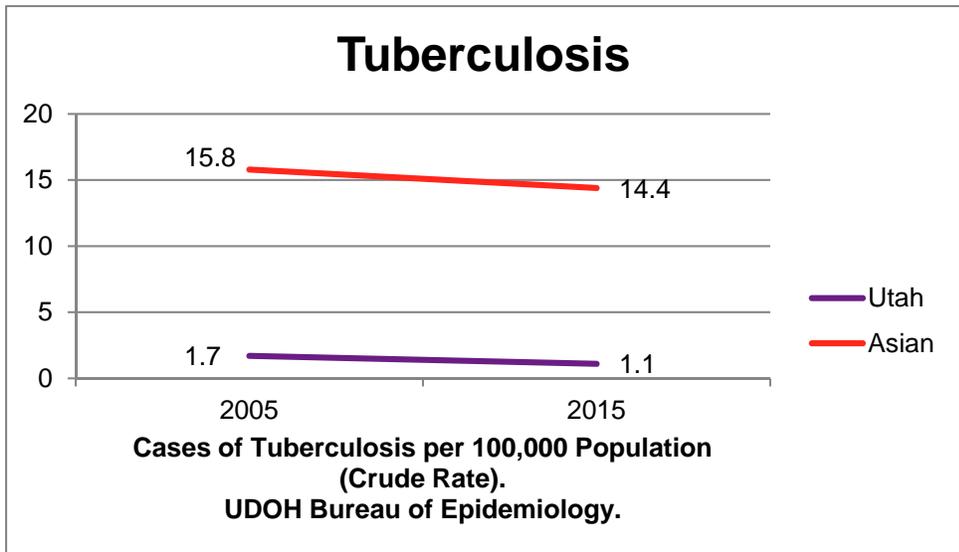
Rationale: The percentage of Asian smokers has been consistently lower than the percentage of Utah's overall population. Over the years, this indicator has improved in both populations.



According to these data, there is not disparity in this indicator for Asians.

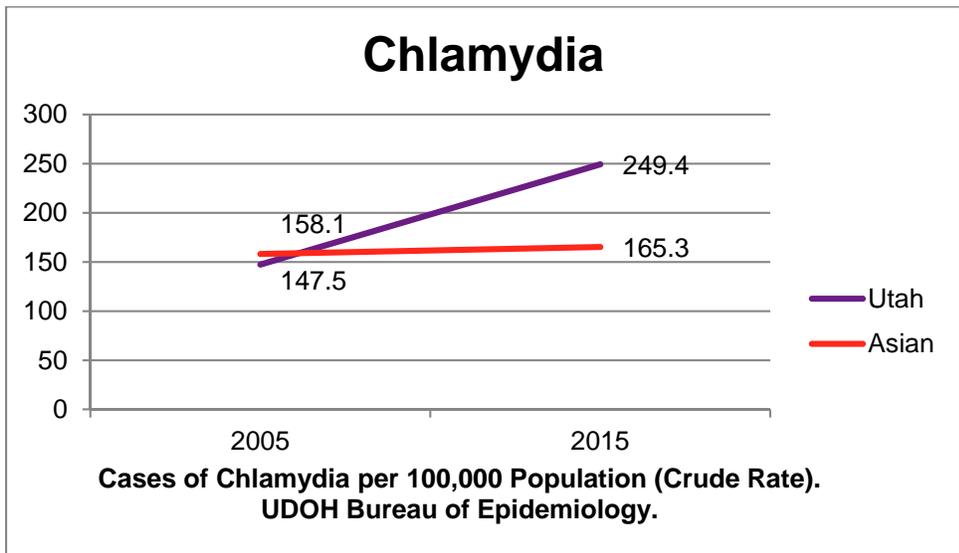
Rationale: The percentage of Asian adults reporting binge drinking is lower than the Utah overall percentage. While the indicator has worsened in both populations, it has worsened at a faster pace in Asians.

Infectious Diseases



Disparity: YES
Disparity Gap: ↓

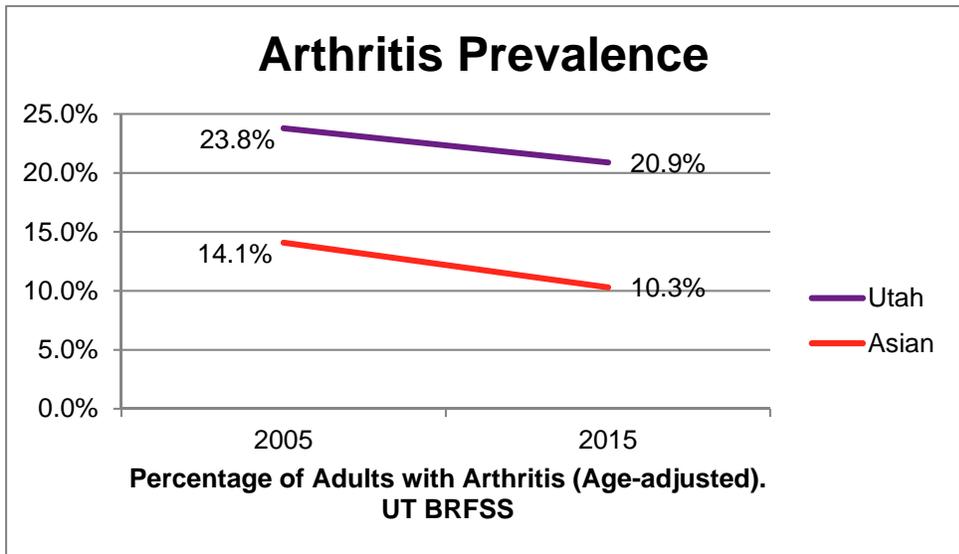
Rationale: this indicator has improved in both populations. The number of TB cases per 100,000 people is still much higher in Utah's Asians than in Utah overall.



According to these data, there is not disparity in this indicator for Asians.

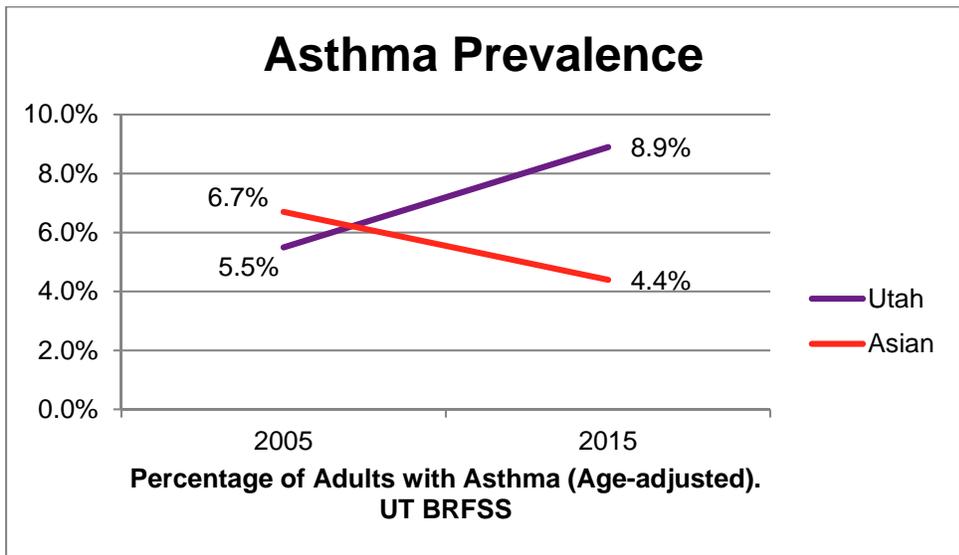
Rationale: The indicator has worsened in both populations but at a faster pace in Utah's overall population.

Chronic Diseases



According to these data, there is not disparity in this indicator for Asians.

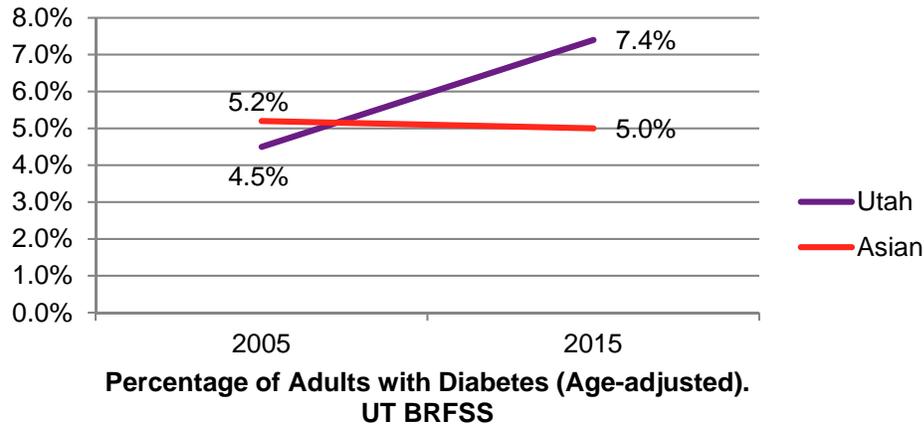
Rationale: The indicator has improved in both populations, but at a faster pace in Asians.



According to these data, there is not disparity in this indicator for Asians.

Rationale: While this indicator has improved in Asians, it has worsened in the Utah's population overall.

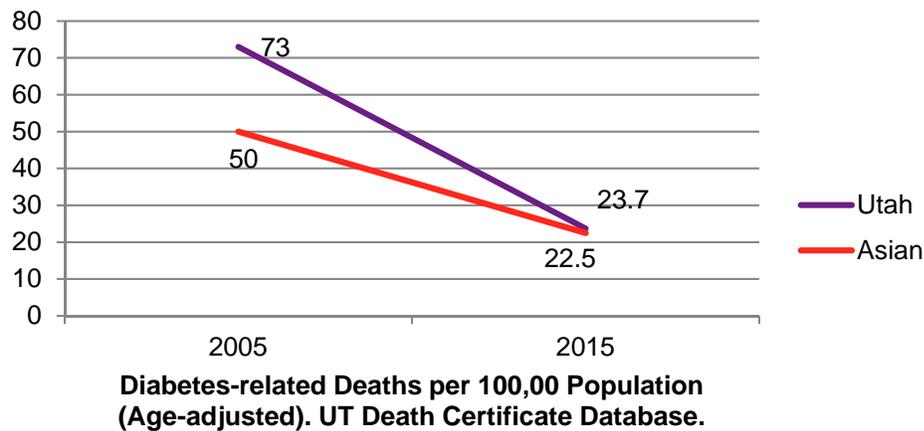
Diabetes Prevalence



According to these data, there is not disparity in this indicator for Asians.

Rationale: While this indicator has slightly improved in Asians, it has worsened in Utah's population overall.

Diabetes Deaths



According to these data, there is not disparity in this indicator for Asians.

Rationale: The indicator has improved in both populations but at a faster pace in Utah's population overall.

Acknowledgments

Authors

Dulce Díez, MPH, MCHES, Office of Health Disparities

Jake Fitisemanu, MPH, Office of Health Disparities

Collaborator

Tashelle Wright, Office of Health Disparities

Charla Haley, Office of Public Information and Marketing

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:

<http://www.health.utah.gov/disparities/utah-minority-communities/asian-american.html>