Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the **PHAB Domain 1 Standard 4 Measure 3**

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department's activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

<table>
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<th>Document Title:</th>
<th>LHD TA Request and “Moving Forward”</th>
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<td>Document Date:</td>
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<tr>
<td>Related PHAB Standard and Measure Number</td>
<td>Domain: 1, Standard: 4, Measure: 3, Required Documentation: S.3.2</td>
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**Short description of how this document meets the Standard and Measure’s requirements:**

The second example of soliciting support or technical assistance regarding data was a set of e-mail exchanges between the department and local health departments in 2016 inquiring about data needs, including the need for small area data.

<table>
<thead>
<tr>
<th>Submitting Agency:</th>
<th>Utah Department of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Contact Name:</td>
<td>Nikki Campbell</td>
</tr>
<tr>
<td>Staff Contact Position:</td>
<td>Health Educator</td>
</tr>
<tr>
<td>Staff Contact Email:</td>
<td><a href="mailto:ncampbell@utah.gov">ncampbell@utah.gov</a></td>
</tr>
<tr>
<td>Staff Contact Phone:</td>
<td>(801) 538-6486</td>
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**Can we attribute the document to your agency?**
- ☒ Yes, you can include our agency name when posting
- ☐ No, please post the document anonymously

**Can we include staff name and contact information with the documentation?**
- X Yes, you can include staff contact information
- ☐ No, please do not include staff contact information
Thank you for submitting your health agency’s documentation to the Accreditation Library. We appreciate your contribution to this resource, and we look forward to continuing to provide you with assistance in your accreditation work.

The following are PHAB’s policies for all submitted documentation:

a. No draft documents will be accepted for review by PHAB.
b. All documentation must be in effect and in use at the time that they are submitted to PHAB.
c. Documents must be submitted to PHAB electronically. Hard copies of documents must be scanned into an electronic format for submission. PHAB will not accept hard copies of any documentation, either with documentation submission or at the site visit. In order for documentation to be considered by site visitors it must be in an electronic format and included in the health department’s record of documentation in the e-PHAB system.
d. A PDF version of all documentation is preferred. If a document is not a PDF, it should be in a commonly used program such as Word, Excel, or PowerPoint. Documents created using health department specific software, special graphics, or other program not commonly used, will not be accepted.
e. In many cases, a measure is demonstrated only once, at a central point in the health department. Examples of these types of documentation requirements include department-wide policies (such as human resource policies), procedures, and plans. In these cases the requirement is for a specific, central document, rather than for examples.
f. Where documentation requires examples, health departments must submit two examples, unless otherwise noted in the list of required documentation or the guidance.
g. Health departments are encouraged to provide narrative that describes how the submitted document relates to and meets the requirement. Text boxes will be provided by e-PHAB for health departments to include descriptions and explanations.
h. Health departments must comply with e-PHAB electronic submission requirements and processes.

---

Hi Navina,

I thought this might fulfill data requirement number 1 (sending data to local health departments). I know that my program manager (Shellee Smith) shared data with all of the LHDs that provide screenings for UCCP. If that would be a better fit, then I will ask her to send that on to you.

Thanks!

Stephanie George, MPH, CPH
Epidemiologist/Evaluator
Utah Department of Health
Utah Cancer Control Program
sgeorge@utah.gov
(801) 538-6332

------------ Forwarded message ------------
From: Stephanie George <sgeorge@utah.gov>
Date: Thu, Sep 17, 2015 at 10:44 AM
Subject: Re: question
To: Carolyn Rose <crose@summitcounty.org>
Cc: Shellee Smith <shelleesmith@utah.gov>, Lynette Phillips <lynettephillips@utah.gov>

Hi Carolyn,

Here is the data you requested. Please read through my explanation as well so you can better know how to interpret it. Let me know if you have any questions.

Thank you!

-Stephanie

On Wed, Sep 9, 2015 at 11:04 AM, Carolyn Rose <crose@summitcounty.org> wrote:

Thanks for the update Stephanie. Any information is helpful! It is difficult determining need in a small area, so yes, even the number of women in the zip code is really helpful!

Thank you,

Carolyn

Carolyn Rose, RN MPH
Nursing Director Summit County Health Dept.

650 Round Valley Dr.
Park City, UT  84060

Phone: 435-333-1504

crose@summitcounty.org
Hi Carolyn,

The all payer claims database is functional, but it only contains women with have insurance that had a doctor's visit in the 2014. We are working on gathering the data and attaching confidence intervals and reliability standards to each of the rates. I will send that to you as soon as it is finished. I wasn't sure how quickly you needed the information so I thought the population counts of the number of women in each zip code could be a good starting place. This way you can decide which zip codes have a large enough base of women within the target age range. I hope that helps. Let me know if you have any more questions.

Thank you,

Stephanie

On Tue, Sep 8, 2015 at 1:52 PM, Carolyn Rose <crose@summitcounty.org> wrote:

Thanks Stephanie and Shellee. So you have given me the estimated counts of females in the various age ranges in each of the zip codes. Do you know the number, or percentage, of females in the age range who have had mammograms within the past 2 years?

According to the new data in BRFSS Summit County is no longer at the bottom of the list for women having age recommended mammograms. We have been the worst for years! So I'm trying to determine if I need a different strategy to get women in for their screening and that is why I need to know approximately how many women have had their mammograms per the current recommendation. I don't know if this information is captured anywhere. I've heard that an all claims payer database is in the works but don't know if it is functional as yet. I would most likely not have access to it, but thought you all may have access.

Thank you,

Carolyn

Carolyn Rose, RN MPH
Nursing Director Summit County Health Dept.
650 Round Valley Dr.
Park City, UT  84060
Phone: 435-333-1504
crose@summitcounty.org
Hi Carolyn,

Attached are some numbers that you are hopefully looking for. Stephanie George found the information for you. If you need help understanding the information I have included her on this e-mail.

Thanks!

Shellee

On Fri, Aug 14, 2015 at 9:45 AM, Carolyn Rose <crose@summitcounty.org> wrote:

Thanks, that will be great!

Carolyn

Carolyn Rose, RN MPH
Nursing Director Summit County Health Dept.
650 Round Valley Dr.
Park City, UT 84060
Phone: 435-333-1504
crose@summitcounty.org

www.summitcountyhealth.com

From: Shellee Smith [mailto:shelleesmith@utah.gov]
Sent: Friday, August 14, 2015 9:44 AM
To: Carolyn Rose
Cc: Lynette Phillips; Stephanie George
Subject: Re: question
Thanks Carolyn,
We will see what information we can pull up for you!

Shellee

On Wed, Aug 5, 2015 at 10:46 AM, Carolyn Rose <crose@summitcounty.org> wrote:

Hi Shellee,

The zip codes for Summit County are:
East side of the county:
84017
84024
84033
84036
84055
84061

Park City/west side Wasatch County
84061 84032
84098 84049
84068 84082

I’m only looking at Summit, but if you can do Wasatch that would be great also as Nann with People’s Health Clinic serves Summit and Wasatch counties. I will also share the data with Gina Tuttle, WCHD nursing director, and think she will want to work with Nann also.

So the data I’m looking for:

1. Women in each zip code in the 40-49 year old range and the 50-64 year old range
2. The number of women in these age ranges who have, or have not, had a mammogram in the past 2 years, regardless of insurance status.

Thank you!
Carolyn
Hi Carolyn,

We're trying to obtain the information you requested. As Summit County is small, some of the information we are finding is not that detailed. What are the zip codes you are looking at and are you including Wasatch County as well?

If I understand correctly we are looking for:

1. The number of women in certain zip codes who qualify for a mammogram.
2. Those who are of the right age who have not had a mammogram.

Thank you

Shellee

On Tue, Jul 28, 2015 at 4:10 PM, Lynette Phillips <lynettephillips@utah.gov> wrote:

Hello Carolyn,

I love what you are doing! I'm going to forward this email to our breast and cervical manager, Shellee Smith, and ask her to get back with you about this information.
Look forward to hearing from her soon!

thanks

Lynette Phillips, MPA
Utah Cancer Control Program Manager
Utah Department of Health
288 North 1480 West, 2235
Salt Lake City, UT 84116
801-538-7049

--------- Forwarded message ---------
From: Carolyn Rose <crose@summitcounty.org>
Date: Tue, Jul 28, 2015 at 2:37 PM
Subject: question
To: "lynette phillips (lynettephillips@utah.gov)" <lynettephillips@utah.gov>
Hi Lynette,

I am working with the People’s Health center director, Nann Worel, to try and determine where the women in Summit County live who have not received a mammogram. People’s Health Center is Summit and Wasatch counties only place for those without insurance to receive medical care in our communities.

Between Nann and I we have funds to screen more women than we see and we are looking at having a mobile mammography unit come to the towns where women may not have easy access to obtain a mammogram. To do this I need some information that I’m hoping you can obtain from the Center for Health Data at the Canon building. I don’t have access to data that is specific to the zip codes in Summit county however I’m thinking you can request it easier than I can! The data I’m looking for is the number of women in each zip code who are of the correct age for a mammogram, and of those women who has not had a mammogram.
Do you think you can help me with this?

Thank you,
Carolyn

Carolyn Rose, RN MPH
Nursing Director Summit County Health Dept.
650 Round Valley Dr.
Park City, UT 84060
Phone: 435-333-1504
crose@summitcounty.org

www.summitcountyhealth.com

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--

Shellee Smith
Utah Cancer Control Program
801-538-6491
shelleesmith@utah.gov

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2 attachments

[APCD data explanation.docx
17K]

[APCD mammograms_Summit&Wasatch.xlsx
35K]

Navina Forsythe <nforsythe@utah.gov>
To: Stephanie George <sgeorge@utah.gov>

Thanks this will help!

-------
Navina Forsythe, Ph.D., M.P.A.
Director Office of Public Health Assessment
Utah Department of Health
288 N 1460 West
PO Box 142101
Salt Lake City, UT 84114-2101
Office phone: 801.538.6434

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[Quoted text hidden]
Small area changes

Navina Forsythe <nforsythe@utah.gov>  
To: Gary Edwards <GEdwards@slco.org>  

Mon, Jan 25, 2016 at 9:07 AM

Thanks Gary. We'll analyze to make sure we have enough sample in these areas for the breakouts. I'll talk with our survey folks about asking for city as well and let you know.

Navina Forsythe, Ph.D., M.P.A.  
Director Office of Public Health Assessment  
Utah Department of Health  
288 N 1460 West  
PO Box 142101  
Salt Lake City, UT 84114-2101  
Office phone: 801.538.6434

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On Wed, Jan 20, 2016 at 4:51 PM, Gary Edwards <GEdwards@slco.org> wrote:

Navina,

A group of us met today, and the following are the requests we have.

Zip code 84009 should be in the South Jordan small area.

We would like to break up the Riverton/Draper small area into three small areas; Riverton, Draper, and Herriman/Bluffdale

Finally, we would like to request that you consider asking Salt Lake County BRFSS respondents, after identifying the zip code, what city or area they live in. For example, if someone said “84119” there could then be a drop down for the surveyor to ask, “Would you say you live in Kearns, West Valley City, or Taylorsville?” I understand there may be a cost to do this so we would want to discuss this with you.

Thanks for allowing us to make comments. I’d like to hear your thoughts on our final request.

Gary L. Edwards, M.S.
Dear Mr. Edwards,

We will be analyzing potential small area alterations for UDOH reporting and IBIS. Small areas are defined based on ZIP codes, population size, local health district and county boundaries, similarity of ZIP code area income levels, community political boundaries, and input from you as a local community representative. We would like to hear from you if there are any specific changes you think we should assess for your area to make the data more meaningful as you utilize it.

Currently we are assessing the addition of zip code 84009.

More information on small areas and how they are determined can be found here in the section entitled Utah Small Areas. http://ibis.health.utah.gov/resource/Help.html

Please respond with areas you would like us to assess by January 20th.

Thank you,
Navina

Navina Forsythe, Ph.D., M.P.A.
Director Office of Public Health Assessment
Utah Department of Health
288 N 1460 West
PO Box 142101
Salt Lake City, UT 84114-2101
Office phone: 801.538.6434

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Moving Forward in 2016:

Fifteen Years of Health Data for American Indians/Alaska Natives in Utah

October 2016

Utah Indian Health Advisory Board

UTAH DEPARTMENT OF HEALTH
Office of Health Disparities
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Overview
This *Moving Forward* profile presents trend 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 five *Moving Forward* profiles which illustrate trends in specific health indicators for the five largest minority groups in Utah: American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Pacific Islander, and Hispanic/Latino.

It is important to note that, “due to the unique sovereign government-to-government relationship between American Indians/Alaska Natives (AI/AN) tribes and the U.S. federal government and a legacy of legal jurisdiction and rulings, AI/ANs are a minority population which differs from other U.S. racial and ethnic minorities".

Data Notes
The actual years of data analysis vary depending on data availability. The exact years of data analysis and data sources are listed at the bottom of each indicator table. 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.

Data Limitations
“Facing multiple historical, social, economic, and health challenges, the AI/AN population remains a small and often hard to reach population, creating difficulty in accurately including AI/AN data in local, state, and national health status reports1”. This report uses public health surveillance data and statewide data sources. While the Office of Health Disparities (OHD) is aware of the limitations of these data sources, especially when attempting to describe the health of such a diverse and dispersed population, the OHD recognizes the standard use of these sources to produce public health reports. At the same time, OHD advocates for the improvement in data collection to achieve a more accurate picture of Utah’s AI/AN health status.

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 2013 is higher than for previous years.
- The disparity gap decreases (↓) when the difference between the overall population and the specific minority group for 2013 is lower than for previous years.
- 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.

---

American Indians and Alaska Natives (AIANs) in Utah

The five tribal cultures which inhabit what is now called Utah include Ute, Paiute, Northwestern Shoshone, Goshute, and Navajo. Today, there are eight (8) sovereign tribal governments within Utah: Confederated Tribes of the Goshute Reservation, Navajo Nation, Northwestern Band of Shoshone Nation, Paiute Indian Tribe of Utah, San Juan Southern Paiute, Skull Valley Band of Goshute, Ute Mountain Ute Tribe, and Ute Indian Tribe. Today, tribal communities in Utah continue to be relevant and contribute to the rich culture and history of the state.

Population

There are about 60,000 AIANs living in Utah. About 46% of Utah's AIAN population lives in urban Salt Lake (14,562), Utah (5,608), Davis (3,269), and Weber (3,150) counties, with the remainder on or near the eight reservations within Utah (some of which cross/share borders with neighboring states). Census data show that the largest tribal communities indigenous to Utah are the Navajo Nation, Ute Indian Tribe, and Paiute Indian Tribe of Utah. Utah is also home to people who self-identify or are enrolled in tribal nations that are not indigenous to Utah - such as the Cherokee and Sioux-Dakota, Lakota & Lakota- as well as Alaska Natives such as Athabascan, Inupiat, Tlingit-Haida, and Yup’ik.

---

Summary

Out of twenty-seven indicators analyzed for this report, only one indicator shows no disparity between AI/AN and the overall Utah population. The other twenty-six indicators still show persistent disparities among AI/AN. The disparity gap has been reduced in eleven of those indicators, remains constant in one indicator, and has increased in the other fourteen.

<table>
<thead>
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<th>No Disparity</th>
<th>Disparity YES, but the disparity gap has DECREASED</th>
<th>Disparity YES and gap keeps CONSTANT</th>
<th>Disparity YES, and the disparity gap has INCREASED</th>
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<td>Tuberculosis*</td>
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<tr>
<td>Diabetes deaths*</td>
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*Although this indicator has improved in AI/AN, it has improved at a faster pace in Utah’s overall population.

**Although this indicator has worsened in AI/AN, it has worsened at a faster pace in Utah’s overall
Poverty

Disparity: YES
Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in AI/AN

Note: For the purpose of this report, poverty is defined according to federal standards of income and family size. From a cultural point of view, it is important to note that the idea of poverty in a tribal community may not be the same as in urban areas; for a tribal community, poverty may be a concept not related to money.
Access to Health Care and Health Status

Health Disparity: YES
Disparity Gap: ↑

Rationale: Indicator has worsened in both populations but has worsened at a faster pace in AI/AN

Note: AI/ANs who are enrolled in a federally recognized tribe have access to the Indian Health Service (IHS), although AI/ANs who are non-tribal members do not. These data do not make a distinction between tribal and non-tribal members.

Disparity: YES
Disparity Gap: ↑

Rationale: While the indicator remains almost identical in Utah overall, it has worsened among AI/ANs especially in the past years.

Health Disparity: YES
Disparity Gap: ↓

Rationale: Although the indicator is still higher in AI/ANs, the percentage has decreased since 2008, while it has worsened in Utah’s overall population.
Preventive Services

**Pap Test**

- **Utah**
  - 2002: 80.7%
  - 2008: 76.3%
  - 2012: 73.3%

- **AI/AN**
  - 2002: 71.3%
  - 2008: 66.5%
  - 2012: 55.6%

PERCENTAGE OF WOMEN 18+ WITH PAP TEST IN THE PAST 3 YEARS, UT BRFSS (2002;2008; 2012)

**Mammograms**

- **Utah**
  - 2002: 67.7%
  - 2008: 65.8%
  - 2012: 66.4%

- **AI/AN**
  - 2002: 60.9%
  - 2008: 50.9%
  - 2012: 50.7%

PERCENTAGE OF WOMEN 40+ WITH A MAMMOGRAM IN THE PAST 2 YEARS, UT BRFSS (2002; 2008; 2012)

**Cholesterol Screening**

- **Utah**
  - 2003: 67.6%
  - 2007: 67.8%
  - 2013: 69.8%

- **AI/AN**
  - 2003: 80.7%
  - 2007: 57.5%
  - 2013: 70.5%

PERCENTAGE OF ADULTS SCREENED FOR CHOLESTEROL IN THE PAST 5 YEARS, UT BRFSS (2002; 2007; 2013)

**Health Disparities**

- **Pap Test**: YES
  - Disparity Gap: ↑
  - Rationale: This indicator has worsened in both populations but at a faster pace among AI/ANs.

- **Mammograms**: YES
  - Disparity Gap: ↑
  - Rationale: While this indicator slightly changed in Utah overall, it worsened in AI/ANs, especially between 2008-2012.

- **Cholesterol Screening**: NO
  - Rationale: According to these data, there is no disparity in this indicator for AI/ANs.

- **Health Disparity**: YES
  - Disparity Gap: ↔
  - Rationale: Although this indicator worsened for AI/ANs between 2003-2007, it has improved in both populations since then but at a faster pace among AI/ANs.
Colon Cancer Screening

Health Disparity: YES
Disparity Gap: ↑

Rationale: This indicator has improved in both populations but at a faster pace in Utah overall.

Prostate Cancer Screening

Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has improved in both populations but has improved at a faster pace in AI/ANs.
Physical Activity and Nutrition

**Overweight or Obese**

<table>
<thead>
<tr>
<th></th>
<th>Utah</th>
<th>AI/AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>55.6%</td>
<td>66.3%</td>
</tr>
<tr>
<td>2013</td>
<td>60.2%</td>
<td>71.4%</td>
</tr>
</tbody>
</table>


Health Disparity: YES
Disparity Gap: ↑

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

**Daily Fruit Consumption**

<table>
<thead>
<tr>
<th></th>
<th>Utah</th>
<th>AI/AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>32.0%</td>
<td>29.2%</td>
</tr>
<tr>
<td>2007</td>
<td>31.3%</td>
<td>30.1%</td>
</tr>
<tr>
<td>2013</td>
<td>31.0%</td>
<td>21.3%</td>
</tr>
</tbody>
</table>

PERCENTAGE OF ADULTS EATING 2+ FRUITS DAILY, UT BRFSS (2003;2007;2013)

Health Disparity: YES
Disparity Gap: ↑

Rationale: This indicator is worsening in both populations but at a faster pace in AI/ANs.
Maternal and Child Health

Births to Adolescents

<table>
<thead>
<tr>
<th></th>
<th>Utah</th>
<th>AI/AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>17.5</td>
<td>44</td>
</tr>
<tr>
<td>2013</td>
<td>20.3</td>
<td>40.4</td>
</tr>
</tbody>
</table>

BIRTHS PER 1,000 FEMALES 15-19 YEARS OLD, UT BIRTH CERTIFICATE DATABASE (2002; 2013)

Health Disparity: YES
Disparity Gap: ↓

Rationale: The indicator is still higher for AI/ANs; however, while the indicator has improved among AI/ANs, it has worsened in Utah overall.

Early Prenatal Care

<table>
<thead>
<tr>
<th></th>
<th>Utah</th>
<th>AI/AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>78.0%</td>
<td>53.9%</td>
</tr>
<tr>
<td>2008</td>
<td>79.1%</td>
<td>56.2%</td>
</tr>
<tr>
<td>2013</td>
<td>74.2%</td>
<td>51.8%</td>
</tr>
</tbody>
</table>

PERCENTAGE OF WOMEN WHO RECEIVED 1ST TRIMESTER PREGNATAL CARE, UT BIRTH CERTIFICATE DATABASE (2002; 2008; 2013)

Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has worsened in both populations but at a faster pace in Utah overall.
Infant Mortality

Health Disparity YES
Disparity Gap: =

Rationale: This indicator has slightly improved in Utah overall while slightly worsening in AI/ANs.

Low Birth Weight

Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has worsened in Utah overall while improving in AI/ANs.
Risk Factors

**Cigarette Smoking**

Health Disparity: YES  
Disparity Gap: ↑  
Rationale: This indicator has improved in Utah overall while worsening among AI/ANs.

**Binge Alcohol Drinking**

Health Disparity: YES  
Disparity Gap: ↓  
Rationale: This indicator has worsened in Utah overall while improving in AI/ANs.

**Chronic Alcohol Drinking**

Health Disparity: YES  
Disparity Gap: ↓  
Rationale: This indicator has worsened in Utah overall while improving in AI/ANs.
Injuries

Unintentional Injury Death

Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has worsened in Utah overall while improving among AI/ANs.

Motor Vehicle Crash Deaths

Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has improved in both populations but at a faster pace among AI/ANs.
Infectious Diseases

Health Disparity: YES
Disparity Gap: ↑

Rationale: This indicator has improved in both populations but at a faster pace in Utah overall.

Health Disparity: YES
Disparity Gap: ↑

Rationale: This indicator has worsened in both populations but at a faster pace among AI/ANs.

Health Disparity: YES
Disparity Gap: ↑

Rationale: This indicator has worsened in both populations but at a faster pace in AI/ANs.
Chronic Diseases

**Arthritis Prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>Utah</th>
<th>AI/AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>23.8%</td>
<td>32.2%</td>
</tr>
<tr>
<td>2013</td>
<td>20.9%</td>
<td>25.2%</td>
</tr>
</tbody>
</table>

Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has improved in both populations but at a faster pace among AI/ANs.

**Asthma Prevalence**

<table>
<thead>
<tr>
<th>Year</th>
<th>Utah</th>
<th>AI/AN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>5.5%</td>
<td>11.4%</td>
</tr>
<tr>
<td>2013</td>
<td>8.9%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

Health Disparity: YES
Disparity Gap: ↓

Rationale: This indicator has worsened in both populations but at a faster pace in Utah overall.
Health Disparity: YES
Disparity Gap: ↑

Rationale: This indicator has worsened in both populations but at a faster pace among AI/ANs.

Health Disparity: YES
Disparity Gap: ↑

Rationale: This indicator has improved in both populations but at a faster pace in Utah overall.
Current Strategies

- The Utah Indian Health Advisory Board (UIHAB) provides ongoing review for impacts to AI/AN communities, and reports to tribal councils and UIO Board of Directors.
- Development, review, and finalization of data sharing agreements between the Utah Department of Health (UDOH) and Tribal Epi Center’s (TEC).
- Seeking funding and legislative opportunities at the state, tribal, regional, and national levels to improve data collection, sampling, and reporting in AI/AN communities.

Recommendations from the Utah Indian Health Advisory Board

- Utilizing data report(s) by sharing information with the tribal communities and reviewing the reports for potential impacts. Establish priority areas to address at the community level, and then bring back to UDOH to access UDOH programs.
- Develop a system of bidirectional reporting. Process data provided by the tribes and Indian Health Service (IHS) to the state, back to the tribes and IHS.
- UDOH should dedicate an epidemiologist specifically for AI/AN data collection, analysis, and reporting.
Acknowledgments

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Revised and Approved by the Utah Indian Health Advisory Board

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: