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American Indian/Alaska Native Health & Family Services

2025

**American Indian and
Alaska Native (AI/AN)
health status report**

Acknowledgments

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Executive summary

This report was created to inform partners of the health status of the American Indian/Alaska Native (AI/AN) population.

Using the most recent available data, we see several significant health related differences between the AI/AN population and the general population in the state of Utah.

Compared to Utah's general population, from 2022-2023 AI/AN were

- Seven times as likely to die from chronic liver disease and cirrhosis.
- Three times as likely to die from diabetes and COVID-19.
- Twice as likely to die from unintentional injury, suicide, and kidney disease.
- Twice as likely to live under the 100% federal poverty line.

Additionally, survey data shows that:

- 1 in 3 AI/AN have more than 4 adverse childhood experiences in their life.
- 1 in 4 AI/AN report poor or fair health.
- 1 in 5 AI/AN were current smokers.
- 1 in 5 AI/AN were using e-cigarettes.
- 1 in 6 AI/AN skipped medical care due to cost in the previous year.

Interviews with six tribal health professionals highlight the Indian Health System's emphasis on home-based, patient-centered care and prevention which benefits both the AI/AN and non-AI/AN population in Utah.

Key findings

This report identified several key findings in multiple areas ranging from poverty to mortality. Below is a list of key findings with their page number where you can see additional details that led to these conclusions.

- AI/AN are twice as likely to report living under the 100% federal poverty line than the general population. (pg. 11)
- Over 90% of AI/AN report having some form of health insurance, which is comparable to the general population. (pg. 15)
- Approximately 1 in 6 AI/AN report being unable to get medical care due to cost in 2022-2023. (pg. 15)
- AI/AN are 50% more likely to report having 4 or more Adverse Childhood Experiences (ACEs) than the general population. (pg. 20)
- AI/AN are more likely to report having concerns about affording a nutritious meal, and are more likely to be overweight or obese. (pg. 25)
- Compared to the general population, AI/AN report similar levels of flu vaccination, mammography, and cholesterol screening. (pg. 28)
- AI/AN are twice as likely to report having diabetes than the general population. (pg. 31)
- 1 in 3 AI/AN people report having a disability. (pg. 39)
- AI/AN report having similar levels of poor mental health, depression, and stress as the general population. (pg. 42)
- While the AI/AN population is not more likely to report alcohol consumption than the general population, they are twice as likely to report engaging in heavy drinking (drinking more than 4 drinks per day or 8 drinks per week for women, and more than 5 drinks per day or 15 drinks per week for men). (pg. 45)
- 1 in 10 AI/AN report being current smokers, about 1 in 5 are current e-cigarette users. (pg. 45)
- AI/AN are more likely to receive prenatal care after the first trimester or not at all when compared to the general population. (pg. 50)
- AI/AN were twice as likely to die from unintentional injury, suicide, and kidney disease compared to the general population. (pg. 53)
- AI/AN were 3 times as likely to die from diabetes and COVID-19 than the general population. (pg. 53)
- AI/AN were 7 times as likely to die from chronic liver disease and cirrhosis than the general population. (pg. 53)
- AI/AN Medicaid enrollment has increased since the completion of the Medicaid Unwinding on April 30, 2024 but has not reached pre-unwinding levels. (pg. 60)

Recommendations for addressing AI/AN health disparities

Direct tribal engagement. Work directly with tribes and the Indian Health System (I/T/U) to address disparities. Tribal engagement will look different for each tribe. It is important to honor tribal sovereignty by engaging through formal mechanisms including consultation with tribal leadership.

Support tribal priorities. Build relationships with tribal leadership and I/T/U staff. Seek to understand their priorities. Defer to tribal led initiatives to address identified disparities and participate in good faith.

Build tribal capacity to address needs. Include tribes and tribal organizations when distributing pass-through funding. Ensure subject matter experts are available to provide technical assistance.

Improve demographic data collection. Ensure that all data sources, including health surveys, hospital intake forms, and vital records, contain accurate demographic data by following the Utah Department of Health and Human Services Office of Health Equity data collection standards.¹

Introduction

This report identifies health disparities between the Utah American Indian and Alaska Native (AI/AN) population and the general Utah population. The AI/AN population has been subject to disadvantages including poverty, poor access to resources, violence, displacement, and assimilation.² Any disparities in health outcomes or behaviors identified in this report should be viewed as effects of these underlying inequities, not as inherent vulnerabilities of the AI/AN people.²

There are 8 federally recognized tribes in Utah. Federally recognized tribes are acknowledged by the U.S. government as sovereign entities in the U.S. constitution, treaties, legislation, executive orders, and supreme court decisions.³⁻⁸ This sovereign status is the legal basis for the tribes to engage with federal and state partners on a government-to-government basis.

Additionally, Governor Herbert signed an executive order in 2014 mandating that state offices create formal policies for consulting with tribes.⁹⁻¹¹ The Utah Department of Health and Human Services (DHHS) implemented formal policies to engage in consultation with the tribes through the Office of American Indian/Alaska Native Health and Family Services (IHFS). Together, the state of Utah and tribes work to improve the health status of their AI/AN populations.

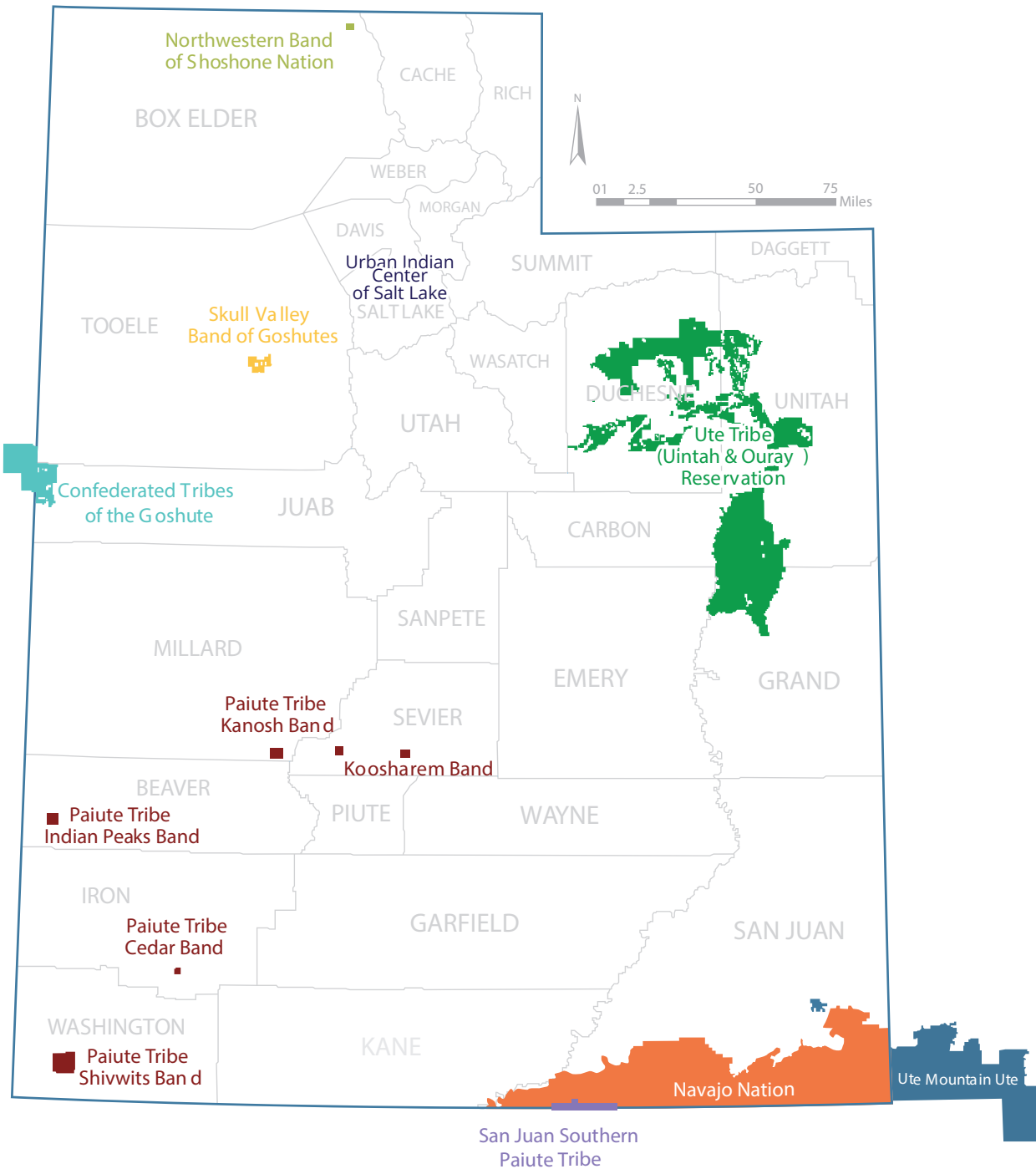
Utah is home to the following tribes (Figure 1):

- 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 Indian Tribe of the Uintah and Ouray Reservation
- Ute Mountain Ute Tribe

The terms “American Indian” and “Alaska Native” refer both to a racial and political identity.¹²⁻¹³ While a person’s race is self-identified, their political identity is dependent on their enrollment in a federally recognized tribe. AI/AN political status entitles a person to health services through the Indian Health Service (IHS), tribally owned and operated health facilities (often referred to as a ‘638 facilities’ for PL 93-638 authority), and the Urban Indian Organization (UIO). These 3 organizations are collectively referred to as the I/T/U or Indian Health System.¹⁴

Map of Utah tribal lands

Figure 1: Utah Tribal Lands Map



Created by P. Perry; Utah Division of Water Resources S/200
Updated by K.John; Utah Department of Health 11/2019

Introduction cont.

In Utah, the I/T/U consists of:

- **I** = Two federal Indian Health Service (IHS) service units
 - Ute Mountain Ute service unit
 - Uintah-Ouray service unit
- **T** = Five tribally owned and operated facilities
 - FourPoints Health (Paiute Indian Tribe of Utah)
 - Nat-su Healthcare (Skull Valley Band of Goshute)
 - NWBSN Health and Human Services (Northwestern Band of Shoshone Nation)
 - Sacred Circle Healthcare (Confederated Tribes of the Goshute Reservation)
 - Utah Navajo Health System (Navajo Nation)
- **U** = One Urban Indian Organization (UIO)
 - Urban Indian Center of Salt Lake

The Utah Indian Health Advisory Board (UIHAB) is a group of health officials appointed by their respective tribes to communicate with state officials on health and public health issues. This group primarily collaborates with the Utah Department of Health and Human Services (DHHS) through the Office of American Indian/Alaska Native Health and Family Services (IHFS).

The UIHAB identifies priority topics every 2 years. These priorities guide IHFS' and UIHAB's work to improve the health status of AI/AN people in Utah. The 2024-2025 priorities are:

1. Mental and behavioral health
2. Quality health services
3. Health promotion and disease prevention
4. Medicaid

Representatives from 7 I/T/U facilities have provided insights into how their facility is working to address the UIHAB Priorities. Transcripts of these interviews will be included throughout the report under the heading "I/T/U Insights."

Data notes

This report uses data from the Utah Department of Government Operations Technology Services quarterly reports and the Utah Indicator Based Information System for Public Health website, available at <https://ibis.health.utah.gov/ibisphview/>. Statistical significance was determined by comparing the 95% confidence intervals provided on the Utah Indicator Based Information System for Public Health website. Lower and Upper 95% Confidence intervals are included in the detailed tables for each indicator in the columns labeled 95% LCI and 95% UCI respectively. Statistically significant differences are noted in text and indicated in the figures with an asterisk (*).

This report uses data from 2023 and earlier. Data from 2024 and 2025 is still being finalized and is not publicly available.

This report identifies both statistically significant and non-significant differences. Non-significant differences are discussed for 2 primary reasons: First, it is difficult to show statistically significant differences between the Utah AI/AN population and the general Utah population because the Utah AI/AN population is small. Second, non-significant statistical differences can be a first step in recognizing health disparities among small populations and can open the door for further investigation.

For the purposes of this report, urban refers to the counties served by the Urban Indian Center of Salt Lake, which includes Davis, Tooele, Salt Lake, Utah, and Weber counties. Rural refers to all other counties in the state of Utah.

The AI/AN population data used in this report includes those who identified their race as **only** as AI/AN and reported their ethnicity as non-Hispanic or did not report an ethnicity.

Demographics

Included in this section: Poverty, education, homeownership

Key takeaway:

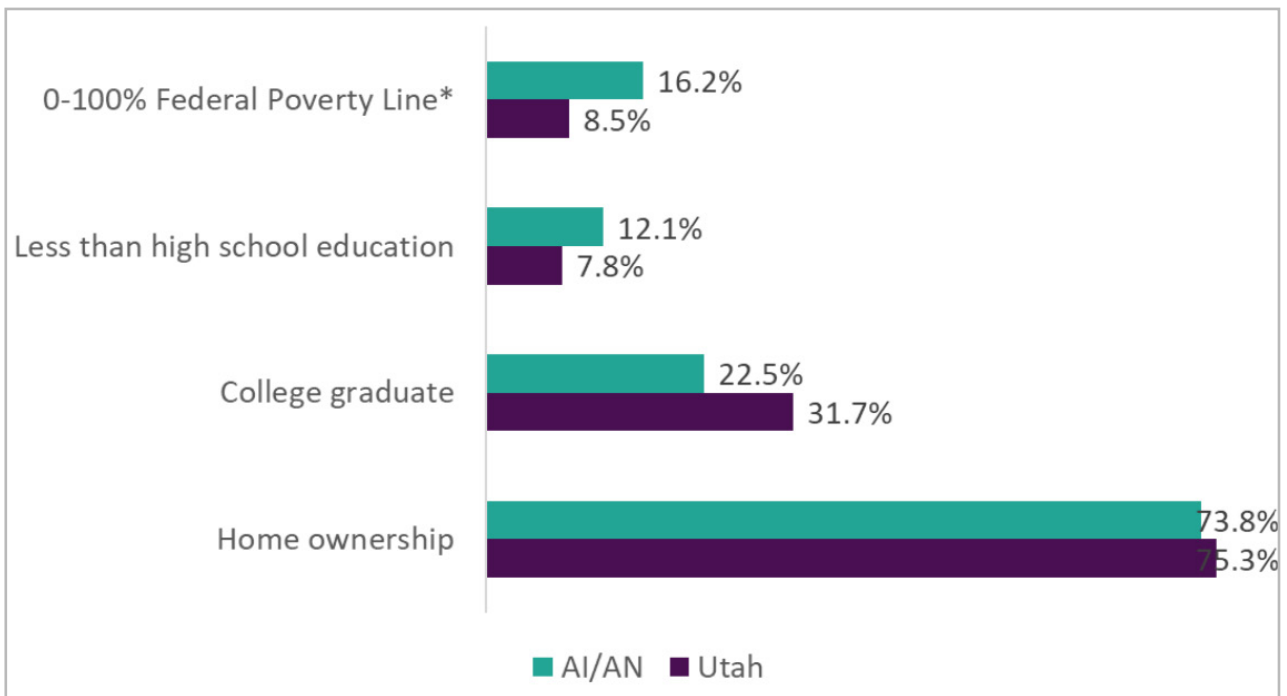
- AI/AN are twice as likely to report living under the 100% federal poverty line than the general population.

Why is this important?

Poverty, education, homeownership, and other socioeconomic factors play a significant role in a person’s health. These non-medical factors have a “greater influence on health than either genetic factors or access to healthcare services.”¹⁵

Data visualization:

Figure 2: Socio-economic characteristics of the AI/AN population, 2022-2023, age adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Detailed tables:

Table 1: Percent of population living at or below the Federal Poverty Line, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural*	22.3	13.8	33.9	9.5	8.4	10.8
	Urban †	10.7	5.4	20.3	7.8	7.2	8.5
Sex	Female	18.3	10.6	29.7	10.3	9.4	11.3
	Male †	11.8	5.5	23.6	6.8	6.1	7.5
Overall*		16.2	10.2	24.7	8.5	7.9	9.1

*Statistically significant between Utah overall and the AI/AN population

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 2: Percent of population with less than a high school education, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	16.3	8.7	28.4	8.3	7.2	9.6
	Urban	9.5	4.7	18	7	6.4	7.7
Sex	Female	8.9	4.2	17.8	7.3	6.5	8.1
	Male	15.9	8.6	27.3	8.3	7.5	9.1
Overall		12.1	7.5	19	7.8	7.2	8.4

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 3: Percent of the population with a college degree, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural†	28	19.3	38.7	28.3	26.9	29.7
	Urban †	23	14	35.4	33.1	32.2	34
Sex	Female*	19.5	12	30.3	30.5	29.4	31.5
	Male	26.2	18.2	36.2	33.1	32.1	34.2
Total		22.5	15.6	31.3	31.7	30.9	32.5

*Statistically significant between Utah overall and the AI/AN population

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 4: Percent of population that own their own home, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	85.8	77.7	91.3	79.1	77.8	80.3
	Urban	69.8	59.8	78.2	74.9	74.2	75.7
Sex	Female	80.6	71.8	87.2	75.7	74.7	76.6
	Male	65.6	54.4	75.4	74.9	73.9	75.8
Total		73.8	66.6	79.9	75.3	74.6	75.9

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

I/T/U Insight Sacred Circle Healthcare

Lorena Horse, CEO



Can you give me an example of how Sacred Circle Healthcare is working to address the UIHAB priorities?

"We've really made mental and behavioral health our priority. We are doing what we can to provide accessibility."

Which UIHAB priority are you seeing the most success in and why?

"We dictate what direction we're heading based on our data. We are always trying to look for ways to increase our services so that we can improve."

"...quality health services is where we can say statistically that we've had the most success. We have added a health promotion and disease prevention team in the past couple of years."

Which UIHAB priority has been the most difficult to address?

"Our tribal community still struggles with signing up for Medicaid and historically it has always been a struggle getting them signed up keeping them on...We have implemented a team to assist our community members especially after taking all of the folks off of Medicaid...We have a team that helps connect them with insurance or get them signed up for Medicaid... we have care coordinators and folks to help sign them up and get them in contact with different types of insurance."

What is something that Sacred Circle has accomplished in the last year you're proud of?

"...how hard our team works to be accessible to our community....Everyone here is very invested and cares a lot about the community from our medical providers to our IT staff."
"One thing our late chairman said is 'be good neighbors' and that's always what we want to do. We want to be good neighbors and help everybody out. That's how we run our facility."

Access to healthcare

Included in this section: Insurance coverage, cost barriers, personal doctor, routine check-ups, telehealth, respect in healthcare settings

Key takeaway:

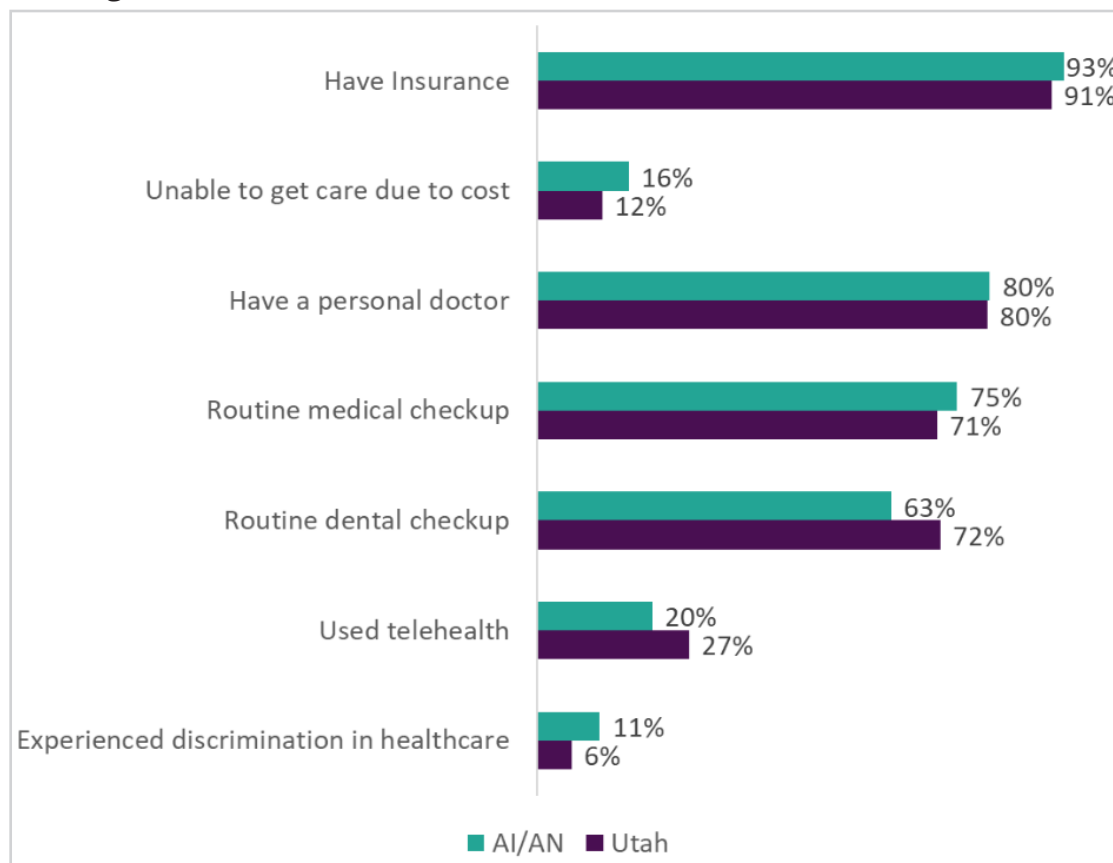
- Over 90% of AI/AN report having some form of health insurance, which is comparable to the general population.
- Approximately 1 in 6 AI/AN report being unable to get medical care due to cost in 2022-2023.

Why is this important?

People are better able to get the care they need when they have regular access to health services.¹⁶

Data visualization:

Figure 3: Access to healthcare among the AI/AN population, 2022-2023, age-adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Detailed tables:

Table 5: Percent of the population with health insurance, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	96.1	91.5	98.3	90.3	89.1	91.4
	Urban †	93.2	86.9	96.6	92	91.3	92.6
Sex	Female †	95.3	89.4	98	92.4	91.7	93.2
	Male †	90.1	82.5	94.6	90.1	89.3	90.9
Overall		93.4	89.1	96.1	91.3	90.7	91.8

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 6: Percent of population unable to get care due to cost, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	12	7	19.9	10.7	9.7	11.9
	Urban	19.1	11.5	30.1	11.5	10.8	12.2
Sex	Female	18.9	11.2	30.2	13	12.1	13.9
	Male	14.8	8.6	24.3	10.1	9.3	10.8
Overall		16.3	10.9	23.6	11.5	10.9	12.1

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 7: Percent of population that has a personal doctor, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	84.3	75.1	90.5	81	79.5	82.3
	Urban	82.6	73.9	88.9	80.4	79.6	81.2
Sex	Female †	88.2	80.4	93.1	84.8	83.8	85.7
	Male	69.7	59.2	78.5	75.1	74	76.1
Overall		80.3	73.6	85.6	79.9	79.2	80.6

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 8: Percent of population that had a routine medical checkup in the last year, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	69.3	58	78.6	70.9	69.3	72.5
	Urban	73.8	61.7	83.1	71.3	70.3	72.2
Sex	Female	81.6	71.3	88.8	75.2	74	76.3
	Male	63.8	51.9	74.2	66.8	65.6	68
Overall		74.5	66	81.5	71	70.1	71.8

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 9: Percent of population that had a routine dental checkup in last year, 2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	80.2	65.7	89.5	69.5	67.1	71.8
	Urban	57.2	39	73.6	72.4	71	73.8
Sex	Female	69.3	52.6	82.2	73.9	72.2	75.5
	Male	61.1	41.4	77.7	69.1	67.3	70.7
Overall		62.8	47.8	75.6	71.5	70.3	72.6

† AI/AN rate unreliable
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 10: Percent of population that used telehealth in last year, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	20.1	11.9	31.9	22.9	21.4	24.6
	Urban	18.5	10.3	30.9	28.7	27.6	29.7
Sex	Female †	14.9	8.2	25.5	31.7	30.4	33.1
	Male †	26.1	14.8	41.8	22.4	21.3	23.6
Overall		20.4	13.1	30.4	27	26.2	27.9

† AI/AN rate unreliable
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 11: Percent of population who experienced discrimination in a healthcare setting, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	11.2	5.8	20.7	5.7	4.9	6.6
	Urban †	10.3	5.2	19.4	6.4	5.8	6.9
Sex	Female †	9.6	4.7	18.8	7.6	6.9	8.4
	Male †	13.1	6.4	25.1	4.7	4.2	5.3
Overall		11.1	6.5	18.4	6.2	5.7	6.7

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

I/T/U Insight Northwestern Band of Shoshone Nation

Michelle Richards, Health Director,



Can you give me an example of how the Northwestern Band of Shoshone Nation is working to address the UIHAB priorities?

"We just opened our third dental clinic on April 21st in Weber County. We are also looking at purchasing an inpatient mental health facility where we can expand to offer mental health services as well as primary medical services."

"...our dental clinics are Medicaid clinics. We are super excited for the adult Medicaid dental services expansion...so we can treat adults in all three of our clinics.

Which UIHAB priority are you seeing the most success in and why?

"...serving the Medicaid population in dental services...We are looking to have that same Medicaid population as our focus for all the services that we open in the future."

Which UIHAB priority has been the most difficult to address?

"I think mental health is just difficult in general. ... We are currently looking to purchase an inpatient mental health facility, or partner with an existing one, to provide services in the future."

What is something that the Northwestern Band of Shoshone Nation has accomplished in the last year that you are proud of?

"Opening a dental clinic in Weber county is a major accomplishment."

"The tribe offers tribal members reimbursement up to 80% of the total cost for anything that helps support tribal members to stay active [and] reduce the risk of diabetes [for] up to \$1,500 a year....The tribe also covers gym memberships up to \$600 a year for the same reason to help support tribal members, keep them active, and prevent disease."

Adverse Childhood Experiences (ACEs)

Included in this section: Household mental illness, Incarcerated household member, household substance abuse, parental separation/divorce, domestic violence, emotional/verbal abuse, physical abuse, sexual abuse

Key takeaway:

- AI/AN are 50% more likely to report having 4 or more ACEs than the general population.

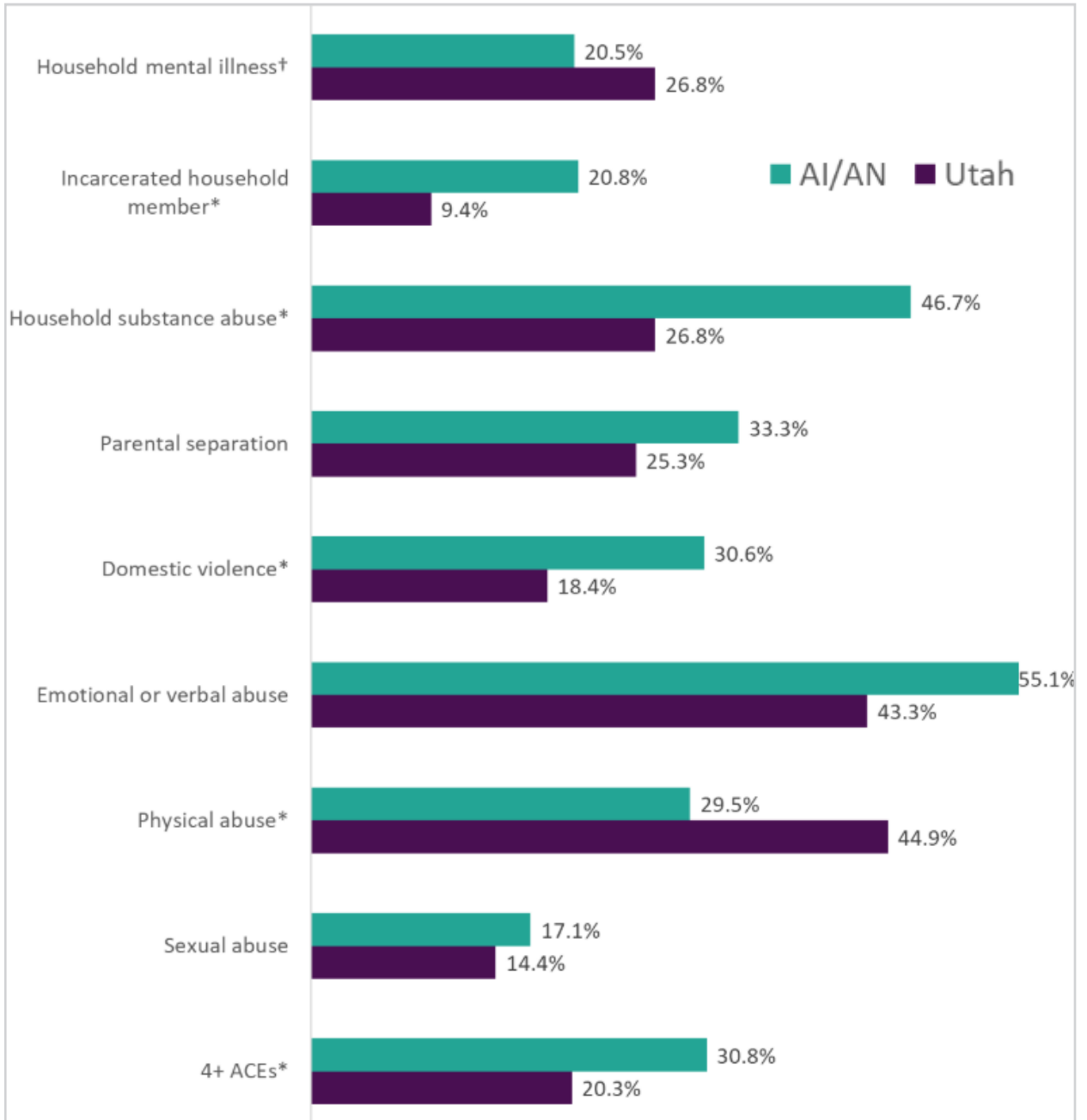
Why is this important?

Adverse Childhood Experiences (ACEs) are “potentially traumatic events that occur in childhood” such as abuse, parental divorce, or living with someone who has a mental illness. ACEs are associated with poor health outcomes later in life. These outcomes include pregnancy complications, sexually transmitted infections, cancer, and suicide.¹⁷

Data visualization:

See Figure 4: Adverse childhood experiences among AI/AN in Utah, 2020-2022, age-adjusted percentage on page 20.

Figure 4: Adverse childhood experiences among AI/AN in Utah, 2020-2022, age-adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Detailed tables:

Table 12: Percent of population who lived with someone who had a mental illness, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural **	**	**	**	24.9	21.7	28.4
	Urban †	20.8	12	33.7	27.5	25.4	29.6
Sex	Female †	18.23	11.8	27.1	32.4	29	35.2
	Male **	**	**	**	21.3	19.1	23.6
Overall †		20.54	14.1	28.9	26.8	25	28.6

**AI/AN estimate suppressed

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 13: Percent of population who lived with someone who served time in a prison, jail, or other correctional facility, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	16.6	7.7	31.9	9.1	7.8	10.5
	Urban †	22.5	13.6	34.9	9.6	8.8	10.5
Sex	Female †	22.1	14.5	32.2	9.4	8.4	10.5
	Male †	19.5	8.5	38.6	9.4	8.4	10.5
Overall*		20.8	14.2	29.5	9.4	8.7	10.2

Statistically significant between Utah overall and the AI/AN population

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 14: Percent of population who lived with someone who abused substances, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	33.8	20.9	49.7	26.2	24.3	28.3
	Urban*	54.6	40.1	68.3	26.9	25.7	28.2
Sex	Female*	52.9	37.6	67.7	28.5	27	30.1
	Male	59.2	44.8	72.1	25.1	23.7	26.7
Overall*		46.7	35.8	57.9	26.8	25.7	27.9

*Statistically significant between Utah overall and the AI/AN population

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 15: Percent of the population whose parents were separated or divorced, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural*	39.3	25.8	54.6	22.5	20.7	24.4
	Urban	28.9	19	41.3	26.1	24.9	27.4
Sex	Female	35.6	23.8	49.4	25.5	24.1	27.1
	Male	28.4	15.5	46.3	25.1	23.6	26.6
Overall		33.3	24.8	43.1	25.3	24.3	26.4

*Statistically significant between Utah overall and the AI/AN population
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 16: Percent of population who saw domestic violence in their home, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	23.6	13.1	28.8	15	13.5	16.7
	Urban*	33.1	22.1	46.4	19.2	18.1	20.4
Sex	Female*	38.3	25.7	52.6	20	18.6	21.4
	Male †	20.1	10.4	35.4	16.7	15.5	18.1
Overall*		30.6	22.5	40.1	18.4	17.4	19.3

*Statistically significant between Utah overall and the AI/AN population
 † AI/AN rate unreliable
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 17: Percent of the population who experienced emotional or verbal abuse, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	38.9	25.4	54.4	42.4	40.2	44.7
	Urban*	64	46.5	78.4	43.9	42.6	45.3
Sex	Female	58.9	42.8	73.2	43.9	42.2	45.5
	Male	47.6	33.6	61.9	42.8	41.2	44.5
Overall		55.1	42.9	66.7	43.3	42.2	44.5

*Statistically significant between Utah overall and the AI/AN population
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 18: Percent of population who experienced physical abuse, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	29.7	17.5	45.5	27.4	25.4	29.5
	Urban*	52.5	36.5	68	30.1	28.8	31.4
Sex	Female*	49.9	34.7	65.2	28.2	26.7	29.8
	Male	33.3	19.7	50.3	30.8	29.3	32.4
Overall*		44.9	33.6	56.8	29.5	28.4	30.6

*Statistically significant between Utah overall and the AI/AN population
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 19: Percent of population who experienced sexual abuse, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	8.5	3	21.6	13.8	12.3	15.4
	Urban	19.2	10.5	32.6	14.6	13.7	15.6
Sex	Female	29.7	20.7	40.7	20	18.7	21.3
	Male **	**	**	**	8.9	8	9.9
Overall		17.1	10.5	26.5	14.4	13.6	15.2

**AI/AN estimate suppressed
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 20: Percent of the population who experienced 4 or more ACEs, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	21.5	11.5	37.5	17.7	15.9	19.5
	Urban*	35.7	23	50.8	21	19.9	22.2
Sex	Female	37	24.5	51.6	23.1	21.6	24.6
	Male †	29.6	18.8	43.2	17.5	16.1	18.9
Overall*		30.8	22.1	41.1	20.3	19.3	21.3

*Statistically significant between Utah overall and the AI/AN population
 † AI/AN rate unreliable
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Physical activity and nutrition

Included in this section: physical activity, nutritious meals, overweight and obesity

Key takeaway:

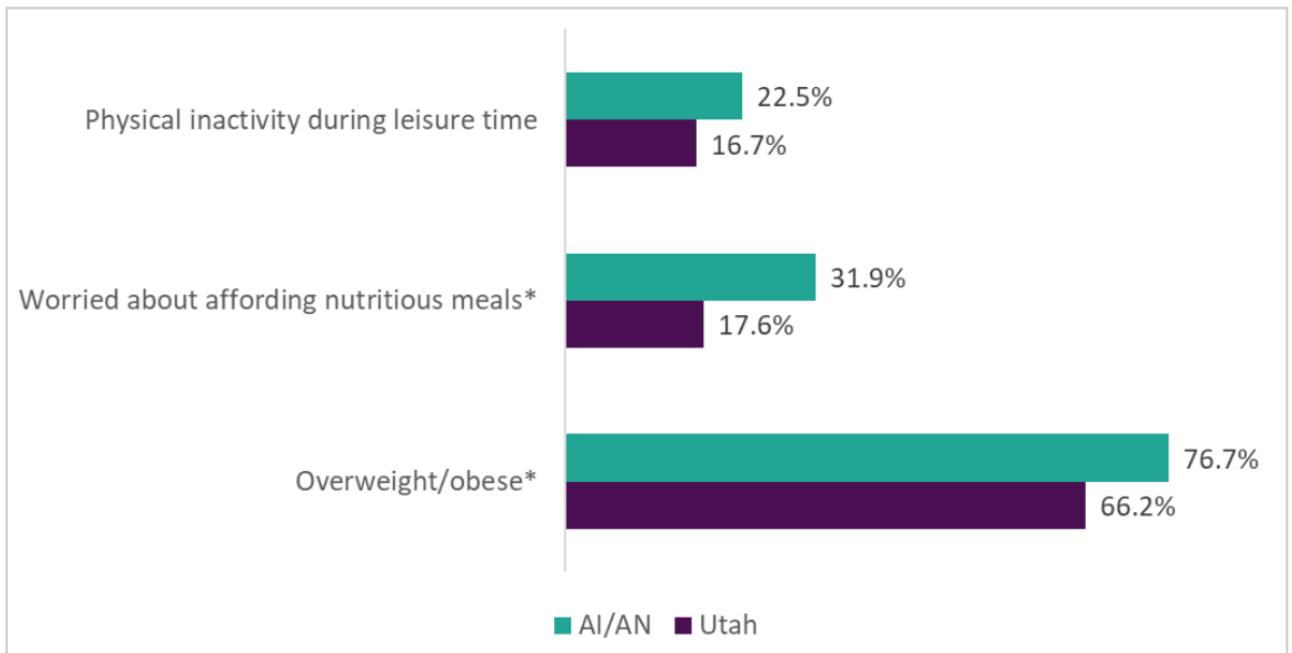
- AI/AN are more likely to report having concerns about affording a nutritious meal, and are more likely to be overweight or obese.

Why is this important?

Poor nutrition and low physical activity can lead to poor health outcomes and other risk factors including being overweight or obese.¹⁸

Data visualization:

Figure 5: Physical activity and nutrition characteristics of the AI/AN population, 2022-2023, age-adjusted percentage



Detailed tables:

Table 21: Percent of population that does not engage in physical activity during leisure time, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural *	25.9	18	35.7	15.4	14.2	16.7
	Urban	21.3	13.2	32.3	16.6	15.9	17.5
Sex	Female	23.8	15.5	34.6	18.2	17.3	19.2
	Male	20.8	12.9	31.7	15.2	14.3	16.1
Overall		22.5	16	30.5	16.7	16.1	17.4

*Statistically significant between Utah overall and the AI/AN population

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 22: Percent of population worried about having enough money to buy nutritious meals in last year, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural*	36	25.9	47.4	18	16.5	19.5
	Urban	27.4	17.8	39.6	17.3	16.5	18.2
Sex	Female	28.9	19.5	40.5	19.9	18.8	21
	Male*	37.6	25.9	50.9	15.4	14.5	16.3
Overall*		31.9	24.3	40.8	17.6	16.9	18.3

*Statistically significant between Utah overall and the AI/AN population

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 23: Percent of population that is overweight or obese, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	78	68	85.5	65.9	64.2	67.6
	Urban	76.1	64.4	84.9	66.4	65.4	67.4
Sex	Female	69	57.2	78.7	59.9	58.5	61.2
	Male †	81.6	70.6	89.2	72.1	71	73.2
Overall*		76.7	68.6	83.2	66.2	65.3	67

*Statistically significant between Utah overall and the AI/AN population

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

I/T/U Insight Nat-Su Healthcare

Amy Fa'atoafe, COO



Can you give me an example of how the Nat-su Healthcare is working to address the UIHAB priorities?

"We are always trying to improve our behavioral health programming to help serve the tribes that we are working with."

Which UIHAB priority are you seeing the most success in and why?

"...Behavioral health because we have a residential treatment center. We are the only native-owned residential treatment facility in Utah so we are able to help our natives who are coming from the street or have substance use problems. ... Residential treatment centers are hard to find. A lot of other healthcare providers only have outpatient services."

Which priority is the most difficult to address for Nat-su Healthcare?

"Right now it is Medicaid. There is a lot of talk about incoming cuts to Medicaid....[Medicaid] cuts can impact Nat-su's whole structure....We want to make sure we are prepared for any significant changes."

What is something that the Nat-su Healthcare has accomplished in the last year that you are proud of?

"We really do care for our clients and patients...being able to provide quality health care is important for our elders and for everyone."

"There are a variety of services that we have for our clients. We do things with our patients on the weekends. We plan fun outings for them. We do camp outs. We'll do service projects. We see the clients thrive inside and outside of our organization."

Preventative healthcare

Included in this section: Influenza vaccine uptake, mammography, HIV testing, cholesterol screening

Key takeaway:

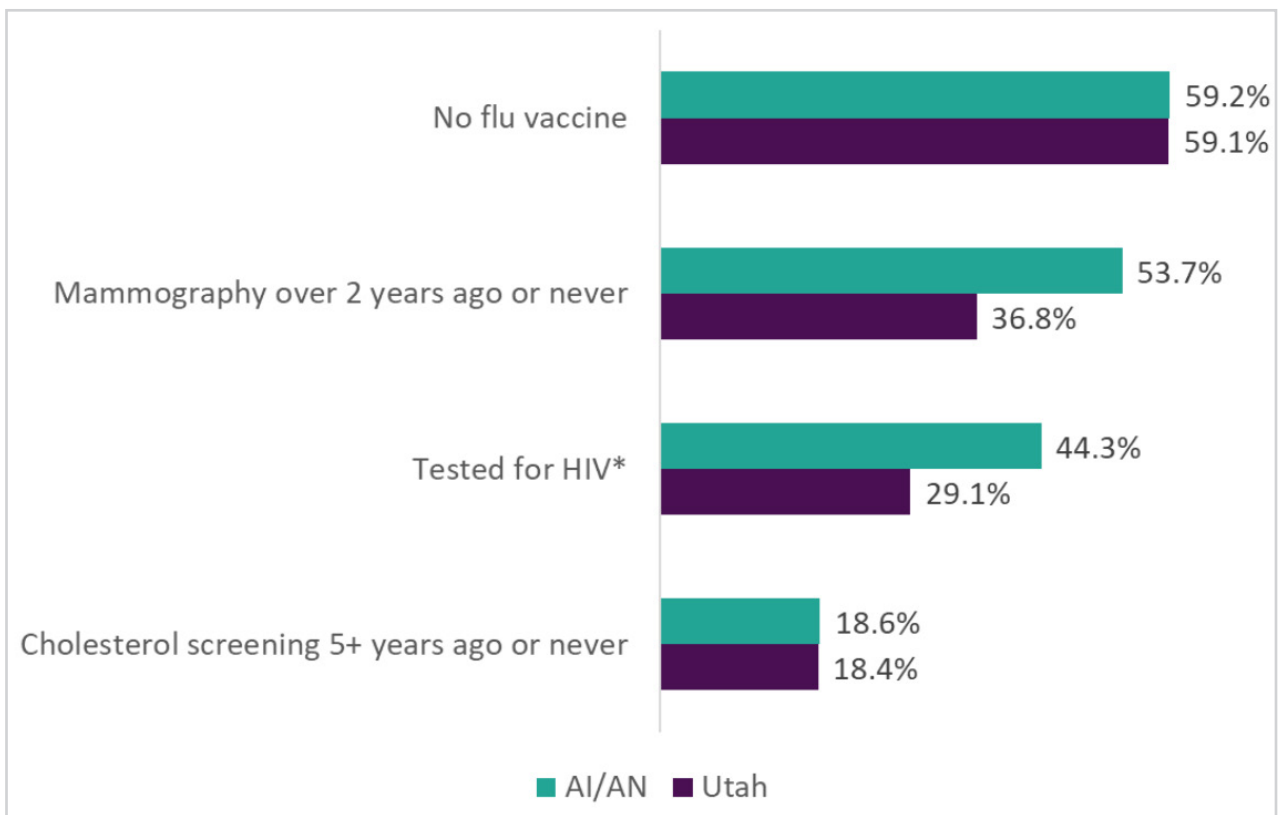
- Compared to the general population, AI/AN report having similar levels of flu vaccination, mammography, and cholesterol screening.

Why is this important?

Preventative care decreases the risk of developing diseases, identifies health conditions early, and improves treatment outcomes.¹⁹

Data visualization:

Figure 6: Preventative health services uptake, 2020-2023, age adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Detailed tables:

Table 24: Percent of population that did not have influenza vaccine past year, 2022-2023

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	63.3	50.9	74.2	67	65.4	68.5
	Urban	57.3	46.7	67.2	56.5	55.5	57.6
Sex	Female	54.3	43	65.2	55.6	54.3	56.9
	Male	65.9	52.8	77	62.6	61.4	63.8
Overall		59.2	50.7	67.1	59.1	58.2	60

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 25: Percent of population that did not have a mammography in last 2 years or never, 2020-2022, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	48.5	28.9	68.6	35.8	33	38.7
	Urban†	59.4	34	80.6	37	35.2	38.77
Overall		53.7	35.3	71	36.8	35.3	38.3

† AI/AN rate unreliable
LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 26: Percent of population ever tested for HIV, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural*	44.5	32.9	56.8	26.8	25.2	28.5
	Urban*	46	33.8	58.6	29.8	28.8	30.8
Sex	Female*	57.8	45.6	69	29.1	27.8	30.3
	Male	26.1	16.9	38	29.3	28.1	30.5
Overall*		44.3	35.1	53.8	29.1	28.3	30

*Statistically significant between Utah overall and the AI/AN population
LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 27: Percent of population that did not have a cholesterol screening in the last 5 years or never, 2021-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	21.7	12.8	34.5	22.3	20.7	23.9
	Urban	16.2	10.4	24.3	16.9	16.1	17.8
Sex	Female	19.2	12.1	29.2	16.2	15.2	17.2
	Male	20.2	12.9	30.3	20.5	19.5	21.6
Overall		18.6	12.4	25.3	18.4	17.7	19.1

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Chronic disease

Included in this section: Prediabetes, diabetes, self-reported health, asthma

Key takeaway:

- AI/AN are twice as likely to report having diabetes than the general population.

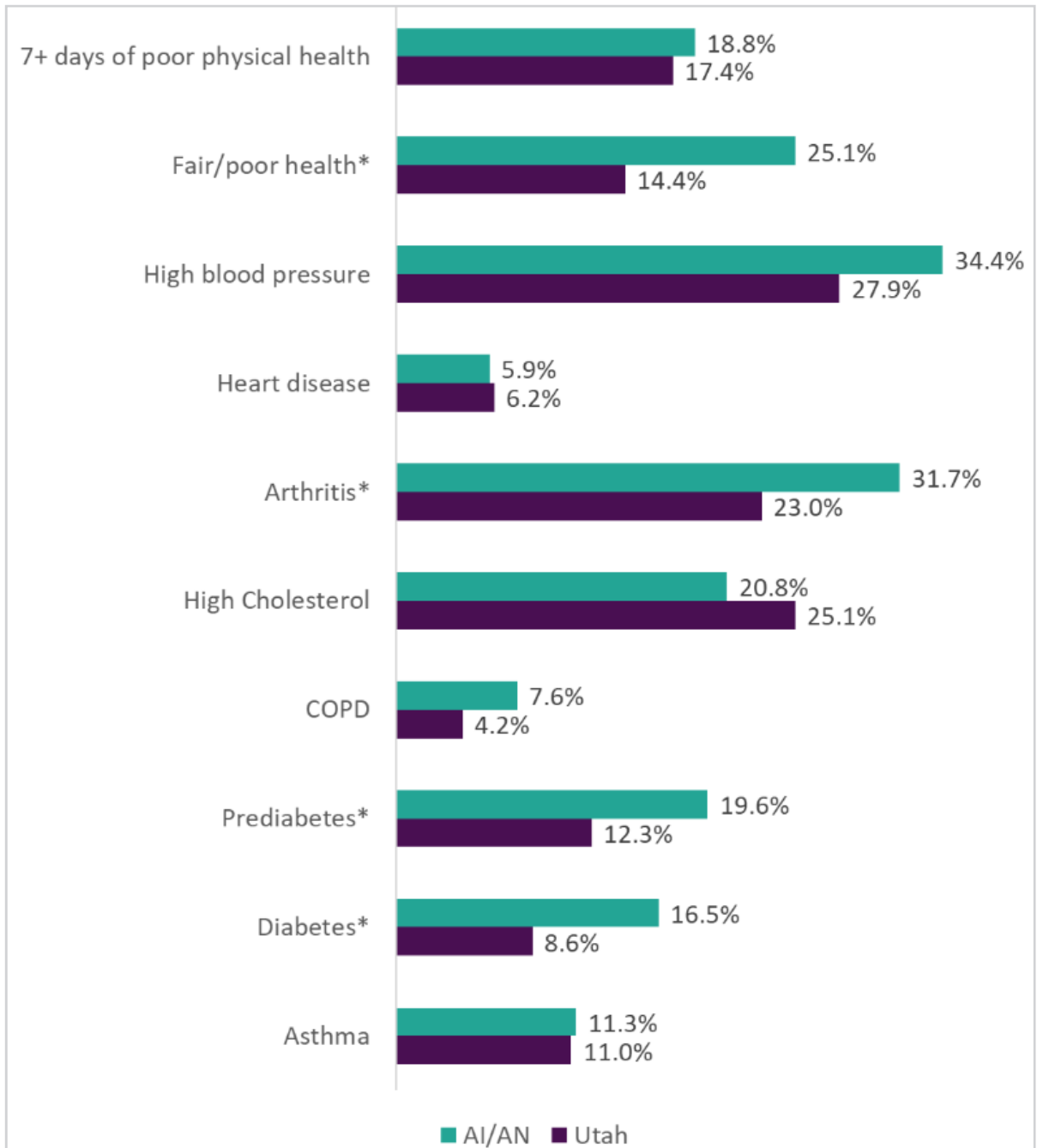
Why is this important?

Chronic diseases affect the quality of life of the patient, their family members, and their caregivers.²⁰ Chronic diseases make up a majority of the nation's healthcare expenditures.²¹

Data visualization:

See Figure 7: Chronic disease prevalence, 2020-2023, age-adjusted percentage on page 32.

Figure 7: Chronic disease prevalence, 2020-2023, age-adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Detailed tables:

Table 28: Percent of population who reported having 7+ days with poor physical health in the last month, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	21.8	14.1	32.2	17.1	15.8	18.4
	Urban	15.2	8.7	25.2	17.5	16.7	18.3
Sex	Female	19	11.9	29	20.8	19.7	21.9
	Male	19	11.3	30.1	14	13.1	14.8
Overall		18.8	13	26.4	17.4	16.7	18.1

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 29: Percent of population with fair or poor self-reported health, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	17.9	11.3	27.1	13.8	12.7	15
	Urban*	27.1	18	38.8	14.3	13.5	15
Sex	Female*	29	19.8	40.3	15.2	14.3	16.2
	Male †	22.3	13.4	34.7	13.5	12.7	14.4
Overall*		25.1	18.3	33.4	14.4	13.7	15

*Statistically significant between Utah overall and the AI/AN population
LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 30: Percent of population with high blood pressure, 2021-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural *	46.9	36.3	57.7	29	27.5	30.5
	Urban	27	17.5	39.3	27.7	26.9	28.6
Sex	Female	33	23	44.8	23	22.1	23.9
	Male †	37.3	27.2	48.8	32.7	31.7	33.9
Overall*		34.4	26.6	43	27.9	27.2	28.6

*Statistically significant between Utah overall and the AI/AN population
LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 31: Percent of population with heart disease, 2020-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	4.6	2.2	9.4	7.1	6.6	7.7
	Urban †	7.2	3.5	14.2	6	5.7	6.3
Sex	Female †	6.7	3.4	12.6	5.2	4.9	5.6
	Male**	**	**	**	7.1	6.7	7.6
Overall		5.9	3.4	10.2	6.2	5.9	6.4

**AI/AN estimate suppressed

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 32: Percent of population with arthritis, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	27.5	19.1	37.8	24.3	23	25.6
	Urban	32.5	25.2	40.7	22.7	21.9	23.5
Sex	Female	31.7	23.9	40.6	25.5	24.5	26.5
	Male	29.4	19.9	41.1	20.4	19.5	21.3
Overall*		31.7	25.2	39	23	22.3	23.7

*Statistically significant between Utah overall and the AI/AN population

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 33: Percent of population with high cholesterol, 2021-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	18.8	10.9	30.3	23.9	22.7	25.2
	Urban	23.9	15.4	35.3	25.5	24.7	26.3
Sex	Female	20	12.7	30	23.5	22.6	24.4
	Male	20	11.8	31.8	26.7	25.8	27.7
Overall		20.8	14.6	28.8	25.1	24.4	25.8

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 34: Percent of population with chronic obstructive pulmonary disorder(COPD), 2020-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	5.1	2.4	10.4	4.6	4.1	5.1
	Urban †	9.6	4.8	18.3	4.1	3.8	4.4
Sex	Female	6.5	32.5	12.8	4.6	4.2	4.9
	Male	9.5	4	21.1	3.9	3.6	4.2
Overall		7.6	4.2	13.1	4.2	4	4.5

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 35: Percent of population with prediabetes, 2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	27.9	16.2	43.6	10.4	9.1	11.9
	Urban †	13.4	5.5	29.2	13.1	12.1	14.1
Sex	Female †	14.7	6.7	29.2	12.4	11.3	13.6
	Male †	24	12.3	41.7	12.3	11.2	13.5
Overall		19.6	11.6	31.3	12.3	11.5	13.2

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 36: Percent of population with diabetes, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural *	20.2	12.2	31.5	8.2	7.5	9.1
	Urban	12.9	7.6	21	8.6	8.1	9.2
Sex	Female*	20	12.4	30.8	8	7.4	8.7
	Male †	11.2	5.6	21	9.2	8.6	9.9
Overall*		16.5	11.2	23.6	8.6	8.1	9

*Statistically significant between Utah overall and the AI/AN population

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 37: Percent of population with asthma, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	8.8	4.5	16.6	10.9	9.8	12.1
	Urban †	12.7	6.6	22.9	11.1	10.5	11.8
Sex	Female	16.4	9.6	26.6	13.8	12.9	14.7
	Male**	**	**	**	8.2	7.5	8.9
Overall		11.3	6.7	18.4	11	10.4	11.5

**AI/AN estimate suppressed

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

I/T/U Insight San Juan Southern Paiute Health Department

Dr. Jordon Begay, Director



Can you give me an example of how the San Juan Southern Paiute Health Department is working to address the UIHAB priorities?

"...We started a behavioral health program here at the health department. It's staffed by a behavioral health coordinator who is a licensed independent addiction counselor and also an alcohol and substance abuse program specialist who is working to become licensed."

"...We are looking at accreditation for our health department through the Accreditation Association for Ambulatory Health Care (AAAHC)...From that we can start measuring the community health status and integrate data into a strategic plan."

"...We have a fitness center here on site for tribal members. We also have a Community Health Representative (CHR) program which also focuses on going out into the community and doing home visits to the various tribal members...who live in Navajo Mountain, Utah, and Arizona."

"Medicaid is very important to ensure access to care. Medicaid covers most of the tribal members and is important from [a] primary care perspective."

Which UIHAB priority are you seeing the most success in and why?

"Health promotion disease prevention. ... We are out in the community teaching about chronic diseases through the CHR program and why we're offering the gym..."

Which priority is the most difficult to address for the San Juan Southern Paiute Tribe?

"I would have to say Medicaid only because it's discussed and championed at the Congress. ... I would also have to say we still struggle with stigma and barriers to access for mental health and behavioral health services. We know it is a sensitive area. We do still have tribal members who are reluctant to receive services."



What is something that the San Southern Paiute Tribe or the tribal health department has accomplished in the last year that you are proud of?

“The availability of the fitness and wellness center. There are three gyms here in Tuba City where the tribe is headquartered....The programs have been consistent in the community and in the different regions that the tribal members live.”

“Our behavioral health program has started talking circles which provides the tribal members opportunity to discuss again their priorities and their wants and their needs. The feedback we get from these talking circles helps us to build this program from the ground up.”

Disability status

Included in this section: Cognitive disability, mobility disability, independent living disability, any disability

Key takeaway:

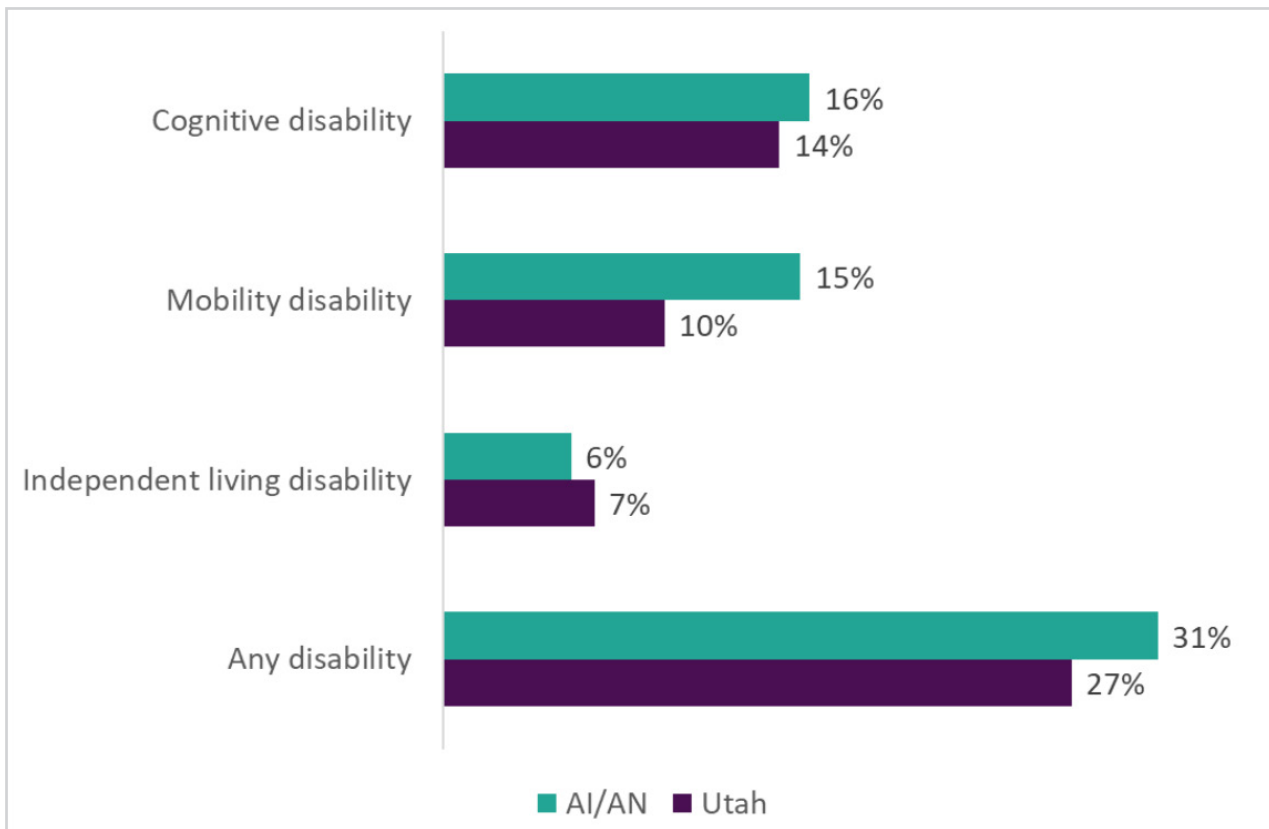
- 1 in 3 AI/AN people report having a disability.

Why is this important?

People with disabilities are more likely to develop additional health conditions including depression, diabetes, and asthma.²² They are also more likely to face barriers when accessing healthcare, education, and employment.

Data visualization:

Figure 8: Disability prevalence, 2022-2023, age adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Detailed tables:

Table 38: Percent of population with cognitive disability, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	17	9.8	27.8	13.3	12.1	14.7
	Urban	15.2	8.9	24.8	14.5	13.7	15.4
Sex	Female	18.5	11.4	28.6	16.6	15.6	17.7
	Male †	11.3	5.1	23.4	12.2	11.3	13.1
Overall		15.7	10.5	22.9	14.4	13.7	15.1

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 39: Percent of population with a mobility disability, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural*	19.4	11.2	31.4	10	9.1	11
	Urban †	13.7	7.3	24.2	9.2	8.6	9.9
Sex	Female	18.2	11.1	28.3	11.1	10.3	11.9
	Male †	10.2	4.6	21.2	7.9	7.2	8.6
Overall		15.3	10	22.8	9.5	9	10

*Statistically significant between Utah overall and the AI/AN population

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 40: Percent of population with independent living disability, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	5.2	2.3	11.1	6.3	5.5	7.3
	Urban †	5.3	2.1	12.6	6.4	5.8	7
Sex	Female †	8.5	4.1	16.8	8.7	7.9	9.6
	Male **	**	**	**	4.2	3.8	4.8
Overall †		5.5	2.9	10.1	6.5	6	7

**AI/AN estimate suppressed

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 41: Percent of population with any disability, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	31.2	21.7	42.5	26.4	24.9	28
	Urban	28.9	19.6	40.4	26.9	25.9	27.9
Sex	Female	34.8	24.7	46.5	28.7	27.5	29.9
	Male	24.2	15.2	36.4	25.2	24.2	26.4
Overall		30.6	23.1	39.2	26.9	26.1	27.8

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Mental health

Included in this section: Self-reported mental health, depression, stress, suicide deaths

Key takeaway:

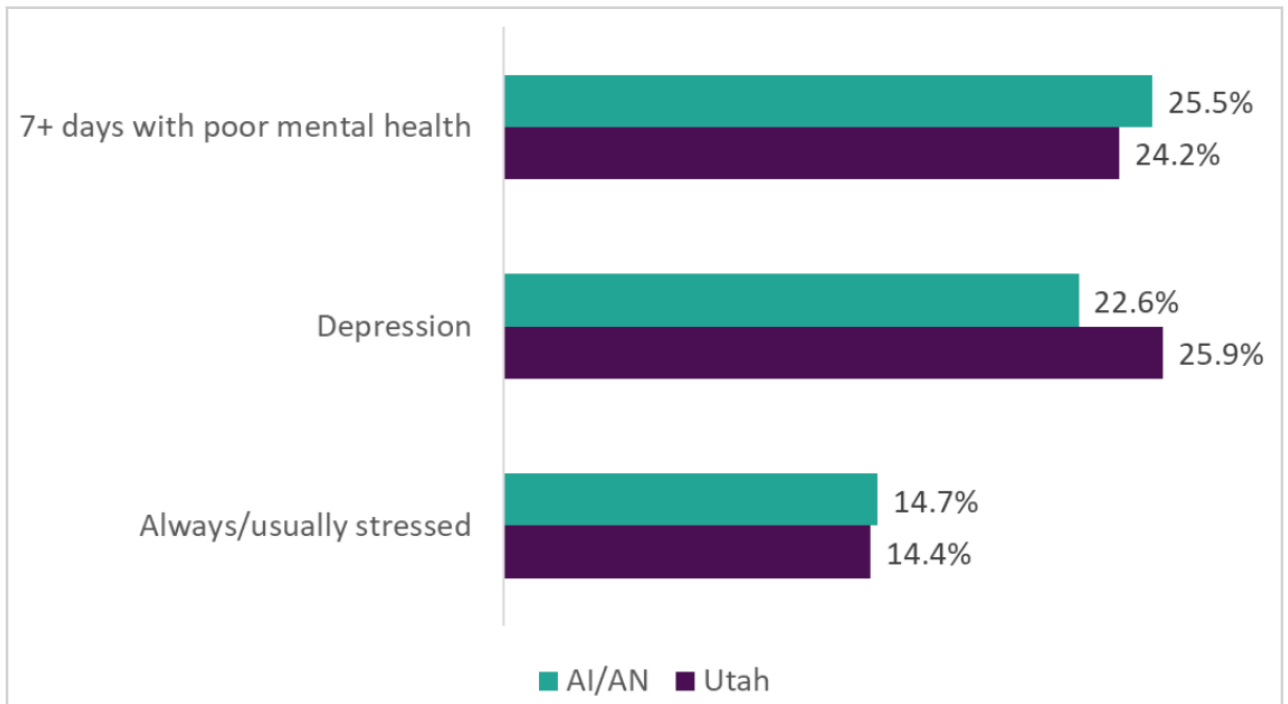
- AI/AN report having similar levels of poor mental health, depression, and stress as the general population.

Why is this important?

Mental health conditions can be a risk factor for other health outcomes. For example, depression is a risk factor for many chronic diseases including stroke and heart disease.²³

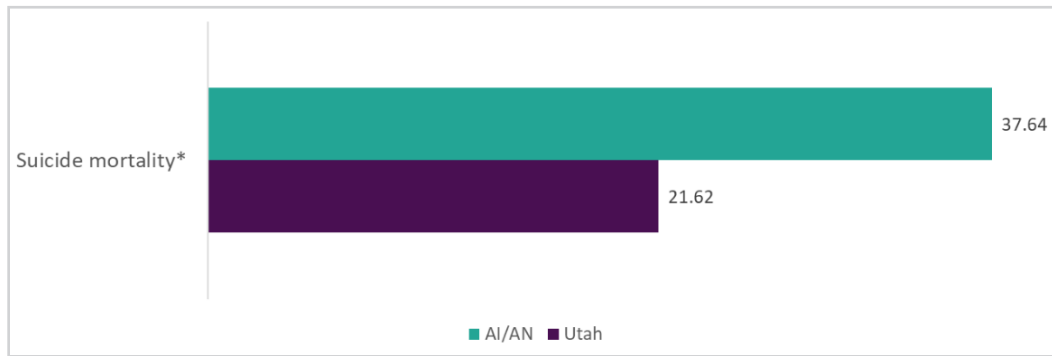
Data visualization:

Figure 9: Mental health prevalence, 2022-2023, age adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Figure 10: Suicide mortality, 2022-2023, age adjusted rate per 100,000 population



*Statistically significant between Utah overall and the AI/AN population
 Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Detailed tables:

Table 42: Percent of population reporting 7+ days with poor mental health, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	22	14.4	32.1	21.9	20.5	23.5
	Urban	27.5	18.1	39.5	24.9	24	25.9
Sex	Female	30.4	20.4	42.6	29.1	28	30.3
	Male	19.7	12	30.6	19.2	18.3	20.2
Overall		25.5	18.6	33.9	24.2	23.4	24.9

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 43: Percent of population with depression, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	18.2	11.4	27.6	23.5	22	25
	Urban	25	16	26.9	26.9	25.9	27.8
Sex	Female	30.8	20.8	43.1	33.4	32.2	34.6
	Male †	12.5	6.6	22.3	18.6	17.6	19.6
Overall		22.6	16.2	30.7	25.9	25.2	26.7

† AI/AN rate unreliable
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 44: Percent of population that always/usually felt stressed in last 30 days, 2022-2023, age adjusted

	AI/AN			Utah		
	%	95% LCI	95% UCI	%	95% LCI	95% UCI
Rural †	13.9	7.4	24.6	13.3	12	14.6
Urban †	15.1	8	26.6	14.7	13.9	15.5
Female †	18.8	8.2	37.3	16.8	15.5	18
Male**	**	**	**	12.6	11.6	13.7
Overall	14.7	9.2	22.6	14.4	13.7	15.1

**AI/AN estimate suppressed

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 45: Suicide mortality, 2022-2023, age-adjusted

	AI/AN			Utah		
	Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Rural	47.09	26.13	78.17	24.7	22.2	27.4
Urban**	**	**	**	20.7	19.5	22
Female**	**	**	**	9.49	8.44	10.63
Male	52.76	30.86	84.22	33.56	31.59	35.63
Overall*	37.64	24.16	55.93	21.62	20.5	22.8

*Statistically significant between Utah overall and the AI/AN population

**AI/AN estimate suppressed

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Substance use

Included in this section: alcohol use, heavy drinking, binge drinking, smoking, e-cigarette use, drug overdose mortality, opioid overdose mortality, psychostimulant overdose mortality

Key takeaway:

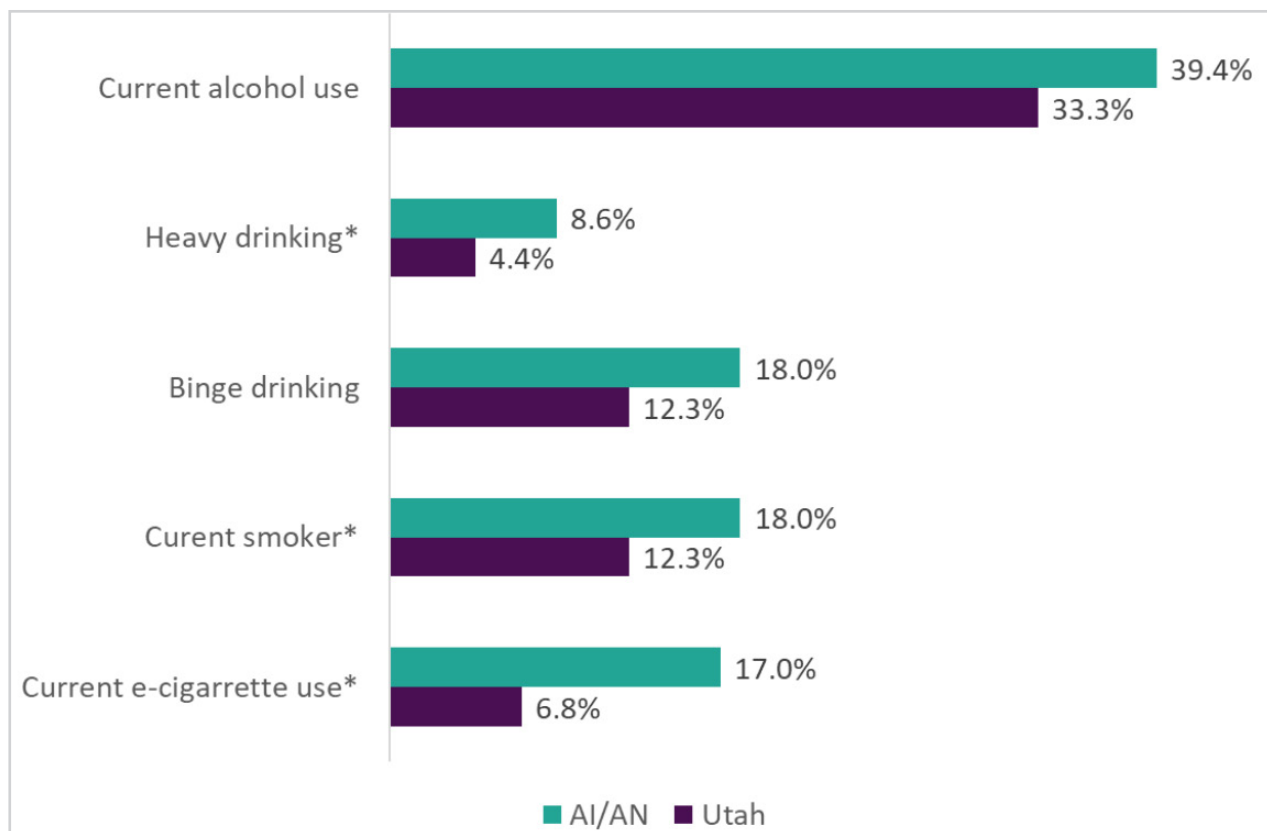
- While the AI/AN population is not more likely to report alcohol consumption than the general population, they are twice as likely to report engaging in heavy drinking (drinking more than 4 drinks per day or 8 drinks per week for women, and more than 5 drinks per day or 15 drinks per week for men).
- 1 in 10 AI/AN report being current smokers, about 1 in 5 report being current e-cigarette users.
- AI/AN are twice as likely to die from a drug overdose than the general population.

Why is this important?

Substance use can lead to health, social, and behavioral problems.^{24,25}

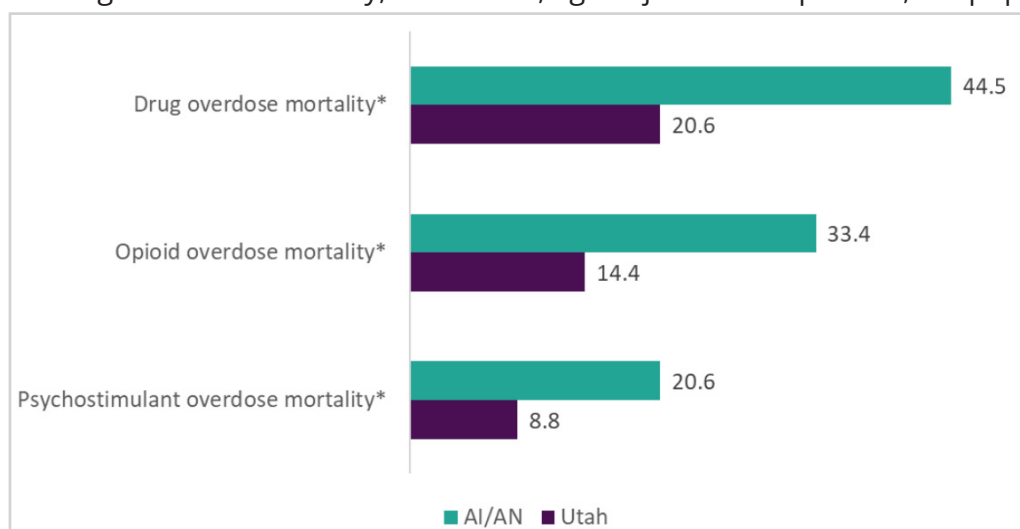
Data visualization:

Figure 11: Substance use prevalence, 2021-2023, age adjusted percentage



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Figure 12: drug overdose mortality, 2022-2023, age adjusted rate per 100,000 population



Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Detailed tables:

Table 46: Percent of population that currently use alcohol, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	22.3	15.3	31.4	29.7	28.1	31.4
	Urban	48.2	36.6	60	34.3	33.3	35.4
Sex	Female	38.8	26.9	52.3	29.3	28.1	30.5
	Male	39	26.8	52.7	37.2	36	38.5
Overall		39.4	30.4	49.1	33.3	32.4	34.2

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 47: Percent of population that engage in heavy drinking, 2021-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural**	**	**	**	4.4	3.8	5
	Urban †	10.3	5.5	18.3	4.4	4	4.8
Sex	Female †	7.4	3.4	15.4	3.8	3.4	4.3
	Male †	8.6	4.6	15.5	4.9	4.4	5.4
Overall		8.4	5	13.8	4.4	4	4.7

*Statistically significant between Utah overall and the AI/AN population
 **AI/AN estimate suppressed
 † AI/AN rate unreliable
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 48: Percent of population that engage in binge drinking, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	6.1	2.4	14.4	10.3	9.1	11.5
	Urban*	23.5	14.2	36.3	13	12.2	13.8
Sex	Female †	13.2	7	23.6	8.8	8.1	9.7
	Male	23.3	13.1	37.9	15.8	14.8	16.8
Overall		18	11.4	27.3	12.3	11.7	13

*Statistically significant between Utah overall and the AI/AN population

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 49: Percent of population that currently smokes tobacco, 2022-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	12.1	6	22.7	7.1	6.2	8.2
	Urban †	11.4	5.7	21.5	6.3	5.8	6.9
Sex	Female †	10.1	4.6	20.9	5	4.4	5.6
	Male †	14.3	8.2	23.9	8.1	7.4	8.9
Overall*		12.6	7.5	20.3	6.5	6.1	7

*Statistically significant between Utah overall and the AI/AN population

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 50: Percent of population that currently uses e-cigarettes, 2021-2023, age-adjusted

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	10.3	5.3	19	5.8	5.1	6.5
	Urban*	20.4	13.3	30	7.1	6.7	7.6
Sex	Female*	21.6	13.9	32.1	5.9	5.4	6.5
	Male †	9.9	4.9	19.2	7.7	7.1	8.2
Overall*		17	11.6	24.3	6.8	6.4	7.2

*Statistically significant between Utah overall and the AI/AN population

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Table 51: Drug overdose mortality, any drug, 2021-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural*	40.6	23.8	64.6	19.9	18	21.9
	Urban*	49.3	30.8	75	20.1	19.9	21.1
Sex	Female**	**	**	**	16	14.8	17.2
	Male*	67.7	45.4	97.1	25.1	23.7	26.5
Overall*		44.5	31.6	60.8	20.6	19.7	21.6

**AI/AN estimate suppressed
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 52: Opioid overdose mortality, 2021-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural*	29.6	15.6	51	14.1	12.5	15.6
	Urban*	37.3	21.6	60	14.4	13.6	15.3
Sex	Female**	**	**	**	11.1	10.2	12.1
	Male*	48.7	30.3	74.2	17.5	16.3	15.1
Overall*		33.4	22.4	48.0	14.4	13.6	15.1

**AI/AN estimate suppressed
 † AI/AN rate unreliable
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 53: Psychostimulant overdose mortality, 2020-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural**	**	**	**	8.7	7.6	9.9
	Urban †	25.8	12.81	46.34	8.9	8.3	9.6
Sex	Female**	**	**	**	5.9	5.3	6.7
	Male*	34.5	19.13	57.28	11.6	10.8	12.5
Overall*		20.59	12.27	32.4	8.83	8.31	9.37

*Statistically significant between Utah overall and the AI/AN population
 **AI/AN estimate suppressed
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

I/T/U Insight Uintah and Ouray Indian Health Service Unit

Michelle Singer, Public Health Nurse



Can you give me an example of how the Uintah and Ouray Indian Health Service Unit is working to address the UIHAB priorities?

Michelle Singer: “We are trying to raise the physical, mental, and spiritual health of all the AI/AN population to the highest level.”

Which UIHAB priority are you seeing the most success in and why?

Michelle Singer: “...[We’ve] worked to improve the patient referral process. This helps patients access care from outside providers for services that we’re not able to provide here in the clinic.”

“One of [our] priorities is to work closely with the local health care systems to identify those who have been recently hospitalized or discharged from the ER....Our team then works to help identify individual needs and tries to incorporate patient-centered medical care which includes referral for home services, home health, hospice, medical equipment and further follow-up care with their IHS primary care provider. We want to ensure that we’re not missing any aspect of their care.”

“Home based care is essential because of the distance associated with accessing care among the AI/AN population. It has to be a priority for the patients who can’t come to us. We have to find unique ways to get to them.”

Which priority is the most difficult to address for your facility?

Michelle Singer: “It has been extremely difficult to hire additional qualified psychiatric and behavioral health staff.”

What is something that your facility has accomplished in the last year that you are proud of?

Michelle Singer: “Our maternal/child health program.... we’ve been reaching out to the other healthcare facilities and getting referrals from them and we are also getting self-referrals from patients and family members. The fact that they actually reach out to us and invite us into their homes shows a great amount of trust in the program that we are developing.”

“Another thing that’s helped the maternal health project is Medicaid expansion, which allows us to offer services to moms for an extended amount of time... Hopefully as we get a little bit further in the program, we can start offering traditional medicine now that traditional healing can be reimbursed through Utah Medicaid.”

Maternal and child health

Included in this section: Birth rate, adolescent birth rate, pre-term births, prenatal care

Key takeaway:

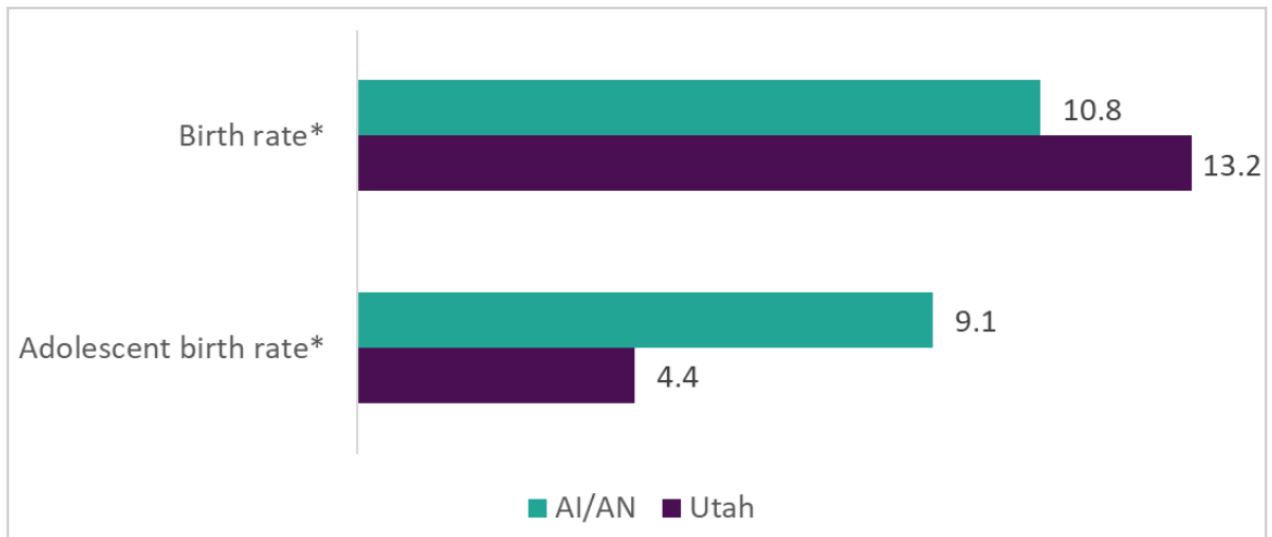
- AI/AN are more likely to receive prenatal care after the first trimester or not at all when compared to the general population.

Why is this important?

Receiving prenatal care during the first trimester reduces a person's risk for complications including gestational diabetes, high blood pressure, and infections.²⁶

Data visualization:

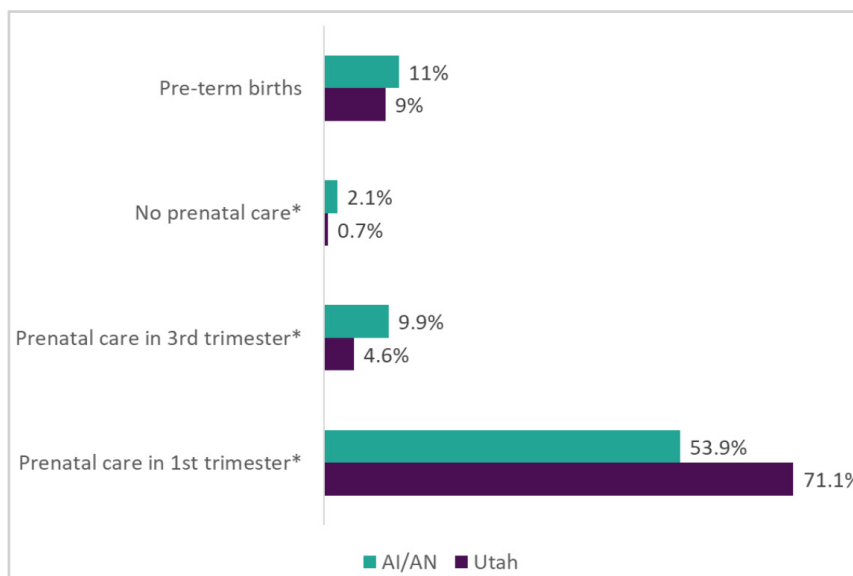
Figure 13: Birth rate, 2023, live births per 1,000 population



*Statistically significant between Utah overall and the AI/AN population

Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Figure 14: Pregnancy and birth characteristics, 2022-2023, percent of live births



*Statistically significant between Utah overall and the AI/AN population
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Detailed tables:

Table 54: Birth rate per 1000 population, 2023

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural*	8.6	7.2	10.2	10.8	10.6	11.1
	Urban*	11.5	9.8	13.3	13.8	13.7	14
Overall*		10.8	9.6	12	13.2	13	13.3

*Statistically significant between Utah overall and the AI/AN population
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 55: Adolescent (age 10-19) birth rate per 1000 adolescent population, 2023

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural	10.8	5.9	18	5.1	4.6	5.8
	Urban**	**	**	**	4.2	3.9	4.5
Overall*		9.1	5.6	13.9	4.4	4.2	4.7

*Statistically significant between Utah overall and the AI/AN population
 **AI/AN estimate suppressed
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 56: Percent pre-term births, 2023

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural †	8.2	4.4	14.6	7.6	6.7	7.8
	Urban	14.9	10.1	21.4	9.8	9.5	10.1
Overall		11.4	8.3	15.5	9.4	9.1	9.6

† AI/AN rate unreliable

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 57: Percent with no prenatal care, 2022-2023

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural**	**	**	**	0.52	0.43	0.63
	Urban**	**	**	**	0.75	0.63	0.081
Overall*		2.1	1.2	3.6	0.7	0.65	0.76

*Statistically significant between Utah overall and the AI/AN population

**AI/AN estimate suppressed

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 58: Percent of live births with first prenatal care in 3rd trimester, 2023

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural*	8.4	4.9	1.4	3.9	3.5	4.3
	Urban*	11.3	7.1	17.6	4.8	4.6	5
Overall*		9.9	6.9	13.8	4.6	4.4	4.8

*Statistically significant between Utah overall and the AI/AN population

Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Table 59: Percent of live births with first prenatal care in 1st trimester, 2023

		AI/AN			Utah		
		%	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural*	55.4	47.9	63	67.5	66.5	68.4
	Urban*	52.2	44.4	60	72.1	71.6	72.5
Overall*		53.9	48.4	59.3	71.1	70.1	71.5

*Statistically significant between Utah overall and the AI/AN population

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Birth Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services. Population Estimates by Age, Sex, Race, and Hispanic Origin for Counties in Utah, U.S. Bureau of the Census, IBIS Version 2022

Top causes of death

Included in this section: Heart disease, unintentional injury, cancer, liver disease, cirrhosis, diabetes mellitus, COVID-19, suicide, kidney disease, cerebrovascular disease

Key takeaways from 2022-2023:

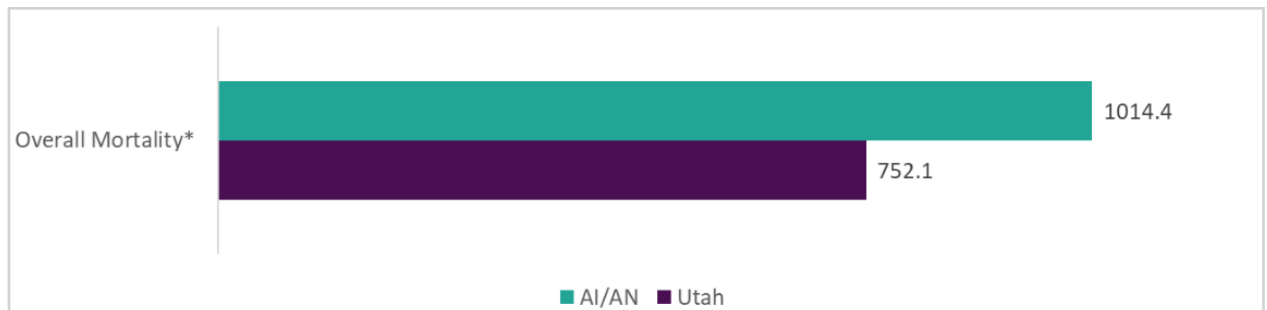
- AI/AN were twice as likely to die from unintentional injury, suicide, and kidney disease compared to the general population.
- AI/AN were 3 times as likely to die from diabetes and COVID-19 than the general population.
- AI/AN were 7 times as likely to die from chronic liver disease and cirrhosis than the general population.

Why is this important?

Identifying different causes of death can help to inform public health prevention strategies for AI/AN populations.

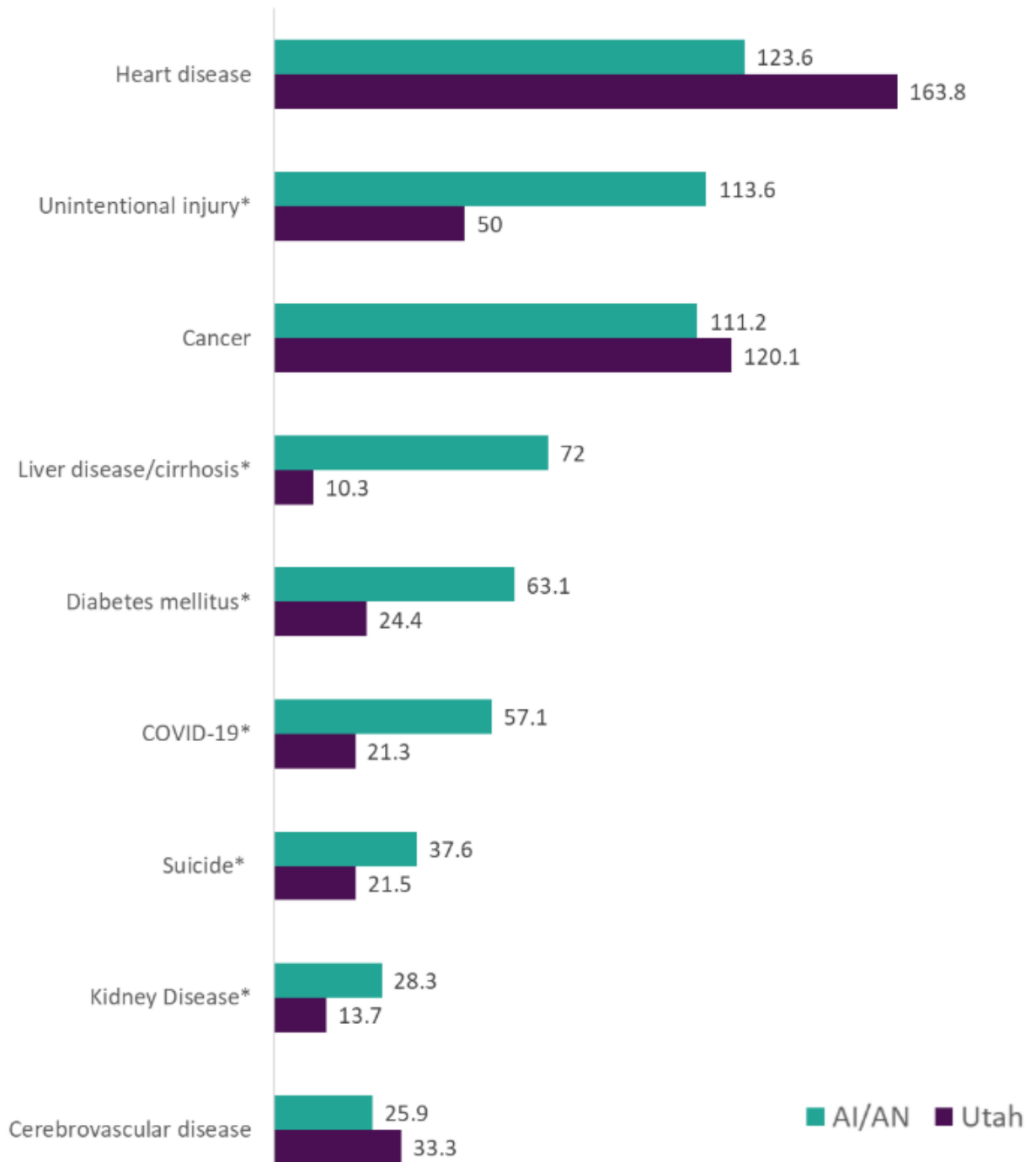
Data visualization:

Figure 15: Overall mortality, 2022-2023, age-adjusted mortality rate



*Statistically significant between Utah overall and the AI/AN population
Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Figure 16: Top causes of death, 2022-2023, age adjusted mortality rates



*Statistically significant between Utah overall and the AI/AN population
 Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Detailed tables:

Table 60: Overall Mortality, 2022-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	%	95% LCI	95% UCI
Urban rural	Rural*	1165.5	1039	1303.1	727.8	714.7	741.2
	Urban	815.9	687.1	961.8	765.5	756.8	774.2
Sex	Female*	896	780.9	1023.2	671.4	662.1	680.7
	Male*	1120.7	979.3	1276.2	837	825.8	848.2
Overall*		1014.4	923	1112.37	752.1	744.9	759.3

*Statistically significant between Utah overall and the AI/AN population

**AI/AN estimate suppressed

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 61: Heart disease mortality, 2022-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural	106.4	71.61	152.3	88	146.5	158.62
	Urban	166.37	103.42	253.48	169.1	164.9	173.3
Sex	Female	122.76	80.7	178.96	140.6	136.3	145
	Male	111.2	72.16	163.8	189.5	184	195
Overall		123.6	91.89	162.71	163.8	160.4	167.3

*Statistically significant between Utah overall and the AI/AN population

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 62: Unintentional injury mortality, 2022-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural*	152.6	110.2	206	53.4	49.7	57.3
	Urban	73	45.9	110.1	49.1	47	51.2
Sex	Female*	70.1	42.5	108.9	35.6	33.5	37.8
	Male*	156.5	114	209.5	64.1	61.3	67.1
Overall*		113.6	87.6	145.8	50	48.2	51.8

*Statistically significant between Utah overall and the AI/AN population

**AI/AN estimate suppressed

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 63: Malignant neoplasm (cancer) mortality, 2022-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural	134.9	94.6	186.5	120.3	115.1	125.7
	Urban	79	40.3	139.4	120.4	117.1	123.9
Sex	Female	115.5	77.4	165.8	105.7	102.2	109.4
	Male	105.8	74	130.2	138	133.6	142.6
Overall		111.2	82	147.5	120.1	117.3	122.9

*Statistically significant between Utah overall and the AI/AN population
 **AI/AN estimate suppressed
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 64: Chronic liver disease and cirrhosis mortality, 2022-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural*	95.6	63.5	138.3	12.6	10.8	14.5
	Urban*	51.9	28.9	86.2	9.8	8.9	10.8
Sex	Female*	51	28.8	83.6	8	7	9.1
	Male*	94.2	62.2	136.8	12.7	11.5	14.1
Overall*		72	52	97	10.3	9.6	11.2

*Statistically significant between Utah overall and the AI/AN population
 **AI/AN estimate suppressed
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 65: Diabetes mellitus mortality, 2022-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural*	89.9	57.8	133.4	21.2	19	23.5
	Urban**	**	**	**	25.9	24.3	27.4
Sex	Female*	41.7	21.6	72.6	19.4	17.8	21
	Male*	90.9	52.1	147.2	330.1	28.1	32.3
Overall*		63.1	42.4	90.3	24.4	23.2	25.7

*Statistically significant between Utah overall and the AI/AN population
 **AI/AN estimate suppressed
 LCI = Lower Confidence Interval, UCI = Upper Confidence Interval
 Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 66: COVID-19 mortality, 2022-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural*	77.9	47.5	120.5	22.2	19.9	24.6
	Urban**	**	**	**	20.9	19.5	22.4
Sex	Female*	54.4	28.8	93.3	16.1	14.7	17.6
	Male	56.7	29.2	99.4	27.5	25.4	29.6
	Overall*	57.1	36.8	84.7	21.3	20.1	22.6

*Statistically significant between Utah overall and the AI/AN population

**AI/AN estimate suppressed

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 67: Suicide mortality, 2022-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural	47.1	26.1	78.2	24.6	22.1	27.3
	Urban**	**	**	**	20.6	19.3	21.9
Sex	Female**	**	**	**	9.44	8.4	10.6
	Male	52.8	30.9	84.2	33.4	31.4	35.4
	Overall*	37.6	24.2	55.9	21.5	20.4	22.7

*Statistically significant between Utah overall and the AI/AN population

**AI/AN estimate suppressed

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 68: Nephritis, nephrotic syndrome, and nephrosis (kidney disease) mortality, 2022-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural*	39.1	19.6	69.7	14.1	12.3	16
	Urban**	**	**	**	13.5	12.4	14.7
Sex	Female**	**	**	**	11.7	10.5	13
	Male**	**	**	**	16.1	14.5	17.8
	Overall*	28.3	15.2	48	13.7	12.7	14.7

*Statistically significant between Utah overall and the AI/AN population

**AI/AN estimate suppressed

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

Table 69: Cerebrovascular disease mortality, 2022-2023, age-adjusted

		AI/AN			Utah		
		Rate	95% LCI	95% UCI	Rate	95% LCI	95% UCI
Urban rural	Rural †	35.6	17.1	65.2	28.2	25.6	30.9
	Urban**	**	**	**	35.7	33.8	37.6
Sex	Female**	**	**	**	34.5	32.4	36.7
	Male**	**	**	**	31.5	29.3	33.8
Overall		25.9	13.1	46	33.3	31.8	34.9

*Statistically significant between Utah overall and the AI/AN population

**AI/AN estimate suppressed

LCI = Lower Confidence Interval, UCI = Upper Confidence Interval

Source: Utah Death Certificate Database, U.S. Census Bureau population estimates

I/T/U Insight Four Points Health

LaTosha Mayo, Director
Rich Persons, Clinical Director



Can you give me an example of how FourPoints Health is working to address the UIHAB priorities?

LaTosha: “We have put more of a focus on mental and behavioral health this year. We did a tribal health assessment where we looked at our tribal health needs, everything from housing to culture to environment.”

“From this assessment we heard there was a need for more education on substance use and mental health. We teamed up with our native youth program to educate them about substance use and mental health...We understand the stigma that comes with seeking mental or behavioral help and we want them to understand that checking up on your mental health is the same as going to the medical doctor for your annual checkup.”


“We work to promote Narcan. We will go to people’s homes and do training sessions. We have Narcan here and it’s free...Just having something like that on your person when you are out in public can make a huge difference in somebody’s life or death situation.”

“We are also bringing on more counselors to be able to broaden what cases our counselors can see so that way we are not always having to refer out to other clinics.”

Rich: “We offer opportunities for our tribal members to have traditional options as well as western medicine. This helps us to understand their culture and what it truly means for them to heal in their process rather than us dictating what they have to do.”

LaTosha: “To improve the quality of our health services we take a week with our new providers and take them out with our patient outreach team to work directly in our tribal member’s homes...It makes the tribal members want to come into the clinic to seek care because they’ve already made a connection with the provider. It also helps the provider because it changes their perspective of how they’re going to help their patients.”

Rich: “By doing in-home visits, seeing them one-on-one in their environment rather than in our environment we help them feel comfortable opening up about a medical issue, a dental issue, or a behavioral issue that they can address in the comfort of their own home. This also helps us promote health and prevent disease by giving us time to spend with them one-on-one and educate them appropriately. This allows the patient to speak and to ask questions.”



LaTosha: “Last year we created a family health history book where we sit down with patients and discuss their family health history. We want to be able to have families sit down and ask questions like, ‘is heart disease something that runs in my family? Should we test for it?’ ... It also helps our staff make sure they are not just focusing on whatever the patient came in for, but also the bigger picture of the person’s file.”

Rich: “[Medicaid] is a daunting task from the patient’s perspective. So many people are uneducated about the process, what it entails, and what they have to bring to be able to apply. We take the guesswork out of that and have people specifically sit down with them and go through the application step by step with them.

One of the things the tribe’s done very well at is creating a one-stop shop. There are not too many places that you can go and be able to be seen for a medical need, a dental need, a mental or behavioral care need. FourPoints and the Paiute Indian Tribe... [provides] services that are able to help anybody in whatever situation they may be in one place.”

Which UIHAB priority are you seeing the most success in and why?

LaTosha: “...Our quality of health service...when you look at our reviews patients talk about how grateful they are for our providers, how much they listen and care for them and how they feel like an active participant in their health journey.”

Which priority is the most difficult to address for FourPoints Health?

LaTosha: “...addressing mental and behavioral health. We talk about it all the time and we have educational events, fairs, and flyers, but it’s one of those things where many people don’t actively participate or want to learn. It is hard for us to get people involved if they don’t want to come.”

Rich: “We’re here to help serve [tribal members] in any way, shape, or form. We are really trying to get the word out there to let them know we are here for you.”

What is something that FourPoints Health has accomplished in the last year that you are proud of?

LaTosha: “I want us to be a gold standard, and I want us to be able to push ourselves and see how far we can go...I’m super proud of my staff having faith in that process and also being willing to trust in me and my vision.”

Rich: “When I first started there were very few employees, now we are now over a hundred employees and providing numerous services for all of our tribal members.”

Medicaid

Included in this section: Medicaid enrollment

Key takeaway:

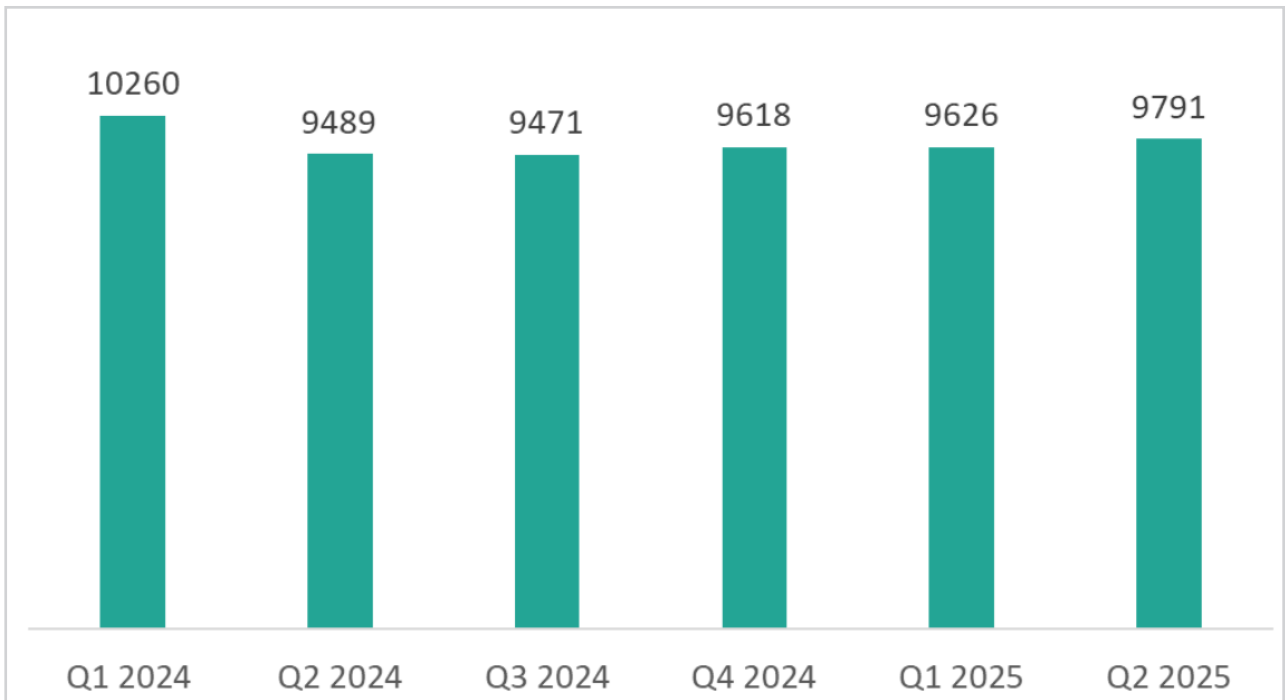
- AI/AN Medicaid enrollment has increased since the completion of the Medicaid Unwinding on April 30, 2024 but has not reached pre-unwinding levels.²⁷

Why is this important?

Medicaid is an essential form of insurance coverage for low-income AI/AN.

Data visualization:

Figure 17: Number of AIAN enrolled in Medicaid, 2024-2025



Source: Utah Medicaid, Utah Department of Government Operations

References



1. *Data collection standards*. Office of Health Equity. (n.d.). <https://healthequity.utah.gov/data-and-reports/data-collection-standards/>
2. Brown-Rice, K. (2013). Examining the theory of historical trauma among Native Americans. *The Professional Counselor*, 3(3), 117–130. <https://doi.org/10.15241/kbr.3.3.117>
3. Commerce clause of the constitution, Article 1, Section VIII
4. *McGirt v Oklahoma*, 590 U.S. (2020)
5. The Federal Register. Federal Register :: Request Access. (n.d.). Retrieved September 20, 2022, from <https://www.federalregister.gov/documents/2000/11/09/00-29003/consultation-and-coordination-with-indian-tribal-governments>
6. National Archives and Records Administration. (2004, September 23). Memorandum for the Heads of Executive Departments and Agencies. National Archives and Records Administration. Retrieved September 20, 2022, from <https://georgewbush-whitehouse.archives.gov/news/releases/2004/09/20040923-4.html>
7. National Archives and Records Administration. (2009, November 5). Presidential memorandum on Tribal Consultation. National Archives and Records Administration. Retrieved September 20, 2022, from <https://obamawhitehouse.archives.gov/the-press-office/memorandum-tribal-consultation-signed-president>
8. The United States Government. (2021, January 26). Memorandum on Tribal Consultation and strengthening nation-to-nation relationships. The White House. Retrieved September 20, 2022, from <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/26/memorandum-on-tribal-consultation-and-strengthening-nation-to-nation-relationships/>
9. Utah Code Annotated § 9-9
10. SB00028, 2022 General Session. (Utah, 2022). <https://le.utah.gov/~2022/bills/sbillenr/SB0028.htm>
11. Executive document. UT Governor’s Executive Document (ExecDoc155570), 2014-17 Utah Bull. (09/01/2014). (2014, September 1). Retrieved September 20, 2022, from <https://rules.utah.gov/execdocs/2014/ExecDoc155570.htm>
12. US Census Bureau. (2022, March 1). About the topic of race. Census.gov. <https://www.census.gov/topics/population/race/about.html>
13. U.S. Department of Interior. (n.d.). Tracing American Indian and Alaska native (AI/an) ancestry. Tracing American Indian and Alaska Native (AI/AN) Ancestry | Indian Affairs. <https://www.bia.gov/guide/tracing-american-indian-and-alaska-native-aian-ancestry>
14. Public Law 93-638 Indian Self-Determination and Education Assistance Act (1996).
15. Centers for Disease Control and Prevention. (n.d.-i). *Social Determinants of Health*

- (SDOH). Centers for Disease Control and Prevention. <https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html>
16. US Department of Health and Human Services. (n.d.). *Health Care Access and Quality*. Health Care Access and Quality - Healthy People 2030. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>
 17. Centers for Disease Control and Prevention. (n.d.-a). *About adverse childhood experiences*. Centers for Disease Control and Prevention. <https://www.cdc.gov/aces/about/index.html>
 18. Centers for Disease Control and Prevention. (n.d.-d). *About the division of nutrition, physical activity, and Obesity*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nccdphp/divisions-offices/about-the-division-of-nutrition-physical-activity-and-obesity.html>
 19. US Department of Health and Human Services. (n.d.-b). *Preventive care*. Preventive Care - Healthy People 2030. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/preventive-care>
 20. Harris, J. R., & Wallace, R. B. (2012). The Institute of Medicine's New Report on Living Well With Chronic Illness. *Preventing Chronic Disease*, 9. <https://doi.org/10.5888/pcd9.120126>
 21. Centers for Disease Control and Prevention. (n.d.-i). *Fast facts: Health and economic costs of chronic conditions*. Centers for Disease Control and Prevention. <https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>
 22. World Health Organization. (n.d.). *Disability*. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>
 23. Centers for Disease Control and Prevention. (n.d.-c). *About mental health*. Centers for Disease Control and Prevention. <https://www.cdc.gov/mental-health/about/index.html>
 24. U.S. Department of Health and Human Services. (2025, January 8). *Addiction and health*. National Institutes of Health. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>
 25. Daley, D. C. (2013). Family and social aspects of substance use disorders and treatment. *Journal of Food and Drug Analysis*, 21(4). <https://doi.org/10.1016/j.jfda.2013.09.038>
 26. Centers for Disease Control and Prevention. (n.d.-l). *Pregnancy complications*. Centers for Disease Control and Prevention. <https://www.cdc.gov/maternal-infant-health/pregnancy-complications/index.html>
 27. *Utah Medicaid and the Public Health Emergency Unwinding - Medicaid: Utah Department of Health and Human Services - Integrated Healthcare*. Medicaid. (2025, May 13). <https://medicaid.utah.gov/unwinding/>