

Pacific Islander Community Health Indicators

This report provides *estimates* for community health indicators in the Pacific Islander population of Davis County with comparisons to the county and state. Pacific Islanders make up a small proportion of Davis County so oftentimes estimates may not be available, or if available, are not always reliable because of small sample sizes. Because of this, confidence intervals are provided when data is available. This interval means that the actual estimate likely falls somewhere between those numbers. Note that the interval is usually pretty wide for Davis County Pacific Islanders. In this report, statistically significant differences are identified when the confidence intervals for two estimates do not overlap meaning that there is likely a true difference between the groups being compared. Data for each indicator will also be displayed in a graph for better visualization. Graph scales will differ by indicator to best fit the available data. Most estimates are also averaging data over many years to get a large enough sample size for accuracy. This report only provides data as is publicly available; it does not discuss why these indicators are important for predicting the health of a community or what may be leading to any identified health disparities.

Unless otherwise specified:

- Pacific Islander refers to someone who identifies with the race of Native Hawaiian or Pacific Islander only (no other race), but can be of any ethnicity, including Hispanic/Latino or not Hispanic/Latino.
- Each indicator will use the same date range for the county, state, and national data.
- Estimates are for ages 18 and up and are age-adjusted
- Scales for each graph are different and dependent on the indicator being visualized

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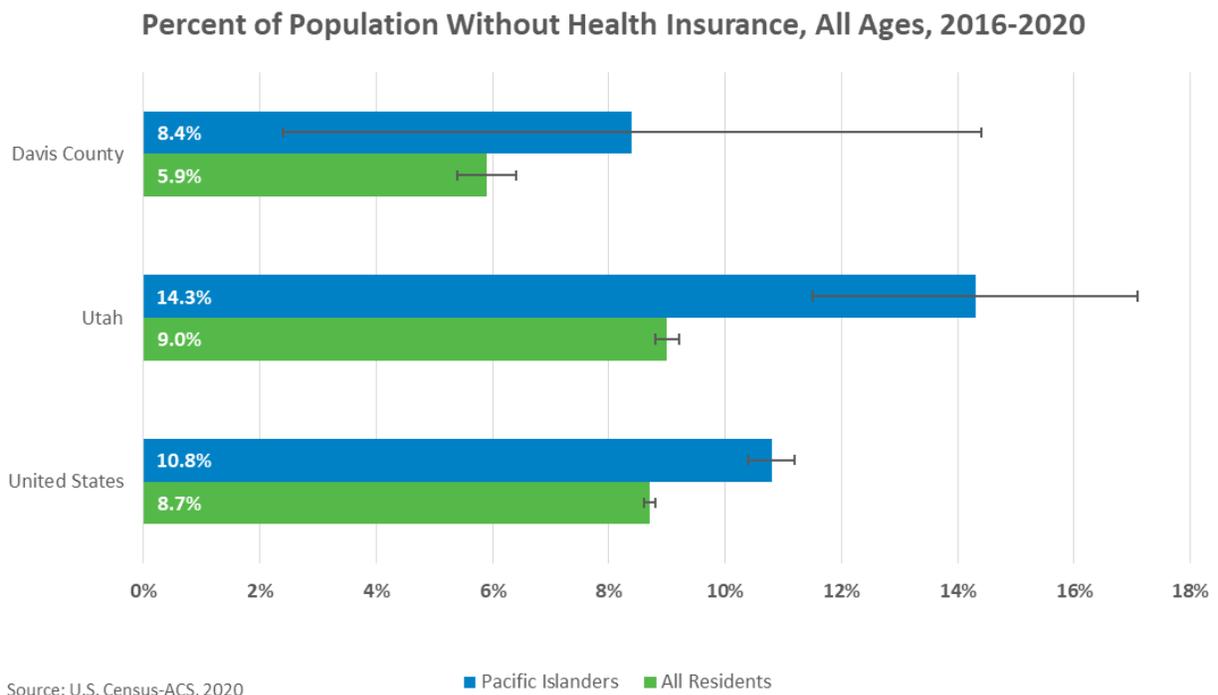
Summary of Findings

- County: Pacific Islanders in Davis County had significant differences compared to all Davis County residents in 6 indicators: cost as a barrier to healthcare, routine medical checkups, overweight and/or obese, diabetes hospitalizations, pre-pregnancy BMI, and prenatal visits. For all other indicators, it was not clear if there was a significant difference between populations because of unreliable data, or large or unavailable confidence intervals.
- State: Pacific Islanders in Utah had significant differences compared to all Utah residents in 15 indicators: health insurance coverage, cost as a barrier to healthcare, primary healthcare provider, depression, overweight and/or obese, coronary heart disease hospitalizations, diabetes hospitalizations, diabetes mortality, cervical cancer screening, breast cancer diagnosis, breast cancer mortality, prostate cancer screening, prostate cancer death, pre-pregnancy BMI, and prenatal visits. There was either no significant difference for all other indicators or it was unclear if there was a significant difference because of large or unavailable confidence intervals.
- Pacific Islanders: There were no significant differences that could be detected between the Davis County Pacific Islander population and the Utah Pacific Islander population. There were many instances where there may actually be a difference that cannot be confirmed because of small sample sizes at the county level.
- All Residents: There were several significant differences between Davis County and Utah general populations. Davis County appears to be doing better than the state when it comes to accessing and utilizing healthcare services; there are lower rates of coronary heart disease and diabetes hospitalizations, but higher rates of coronary heart disease death, breast cancer and prostate cancer diagnosis.

Access to Healthcare

Health Insurance

- Source: [U.S. Census-ACS 5-Year Estimates, 2020](#)
 - All ages
 - Not age-adjusted
- Findings: From 2016 to 2020, an estimated 8.4% (2.4–14.4%) of Pacific Islanders in Davis County did not have health insurance. Of all Davis County residents, 5.9% (5.46–6.2%) were estimated to not have health insurance. *Unable to determine if there is a significant difference at the county level.*
 - Pacific Islanders without health insurance in the USA: 10.8% (10.4–11.2%)
 - Compared to all USA residents: 8.7% (8.6–8.9%)
 - **Pacific Islanders in the USA were significantly less likely to have health insurance compared to all USA residents.**
 - Pacific Islanders without health insurance in Utah: 14.3% (11.5–17.1%)
 - Compared to all Utah residents: 9.0% (8.8–9.2%)
 - **Pacific Islanders in Utah were significantly less likely to have health insurance compared to all Utah residents.**

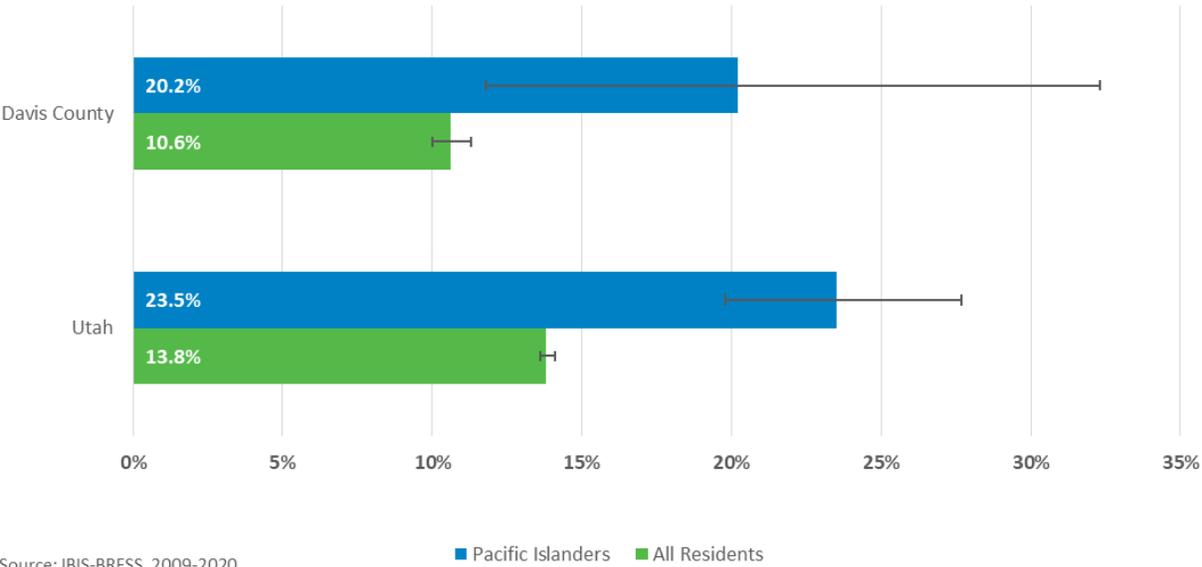


Access to Healthcare

Healthcare Costs

- Source: [IBIS-BRFSS, 2009-2020](#)
- Findings: From 2009 to 2020, an estimated 20.2% (11.8–32.3%) of Pacific Islanders in Davis County were unable to get needed healthcare due to cost. Of all Davis County residents, 10.6% (10.0–11.3%) were unable to get needed healthcare due to cost.
Pacific Islanders in Davis County were significantly more likely to have experienced cost as a barrier to healthcare compared to all Davis County residents.
 - Pacific Islanders unable to get healthcare due to cost in Utah: 23.5% (19.8–27.7%)
 - Compared to all Utah residents: 13.8% (13.6–14.1%)
 - ***Pacific Islanders in Utah were significantly more likely to have experienced cost as a barrier to healthcare compared to all Utah residents.***

Percent of Adults Unable to Get Healthcare Due to Cost, 2009-2020

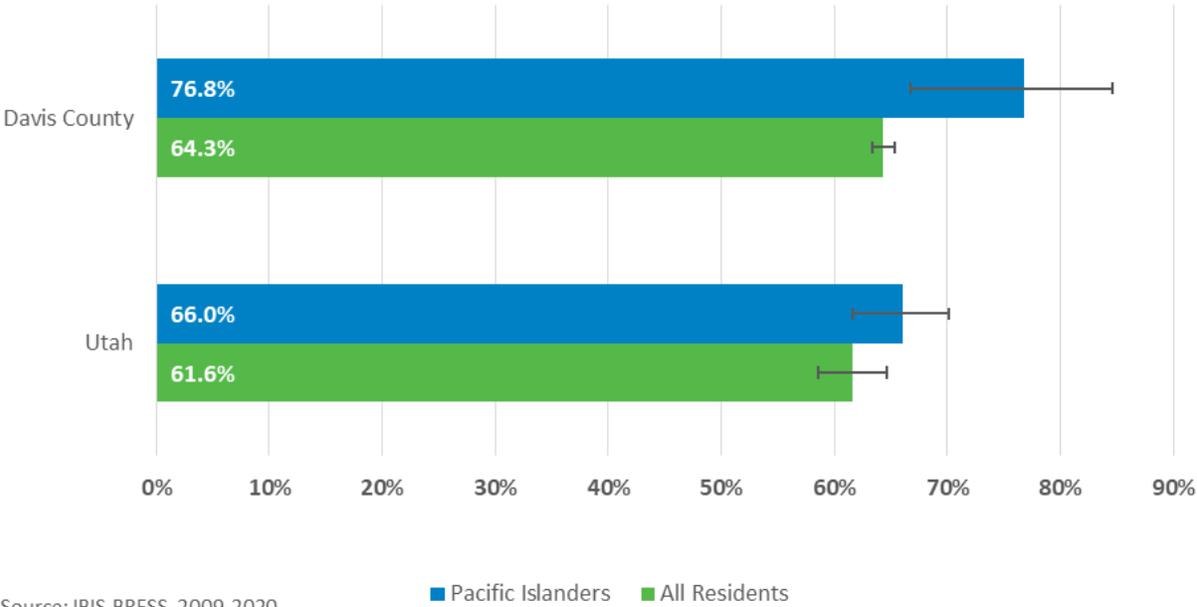


Source: IBIS-BRFSS, 2009-2020

Routine Medical Check-Up

- Source: [IBIS-BRFSS, 2009-2020](#)
- Findings: From 2009 to 2020, an estimated 76.8% (66.7–84.6%) of Pacific Islanders in Davis County had a routine medical check-up within the past year. Of all Davis County residents, 64.3% (63.3–65.3%) had a routine medical check-up within the past year. ***Pacific Islanders in Davis County were significantly more likely to have had a routine medical check-up within the past year compared to all Davis County residents.***
 - Pacific Islanders with a routine checkup in the past year in Utah: 66.0% (61.6–70.1%)
 - Compared to all Utah residents: 61.6% (61.3–61.9%)
 - *Unable to determine if there is a significant difference at the state level.*

Percent of Adults With a Routine Medical Check-up in the Past Year, 2009-2020

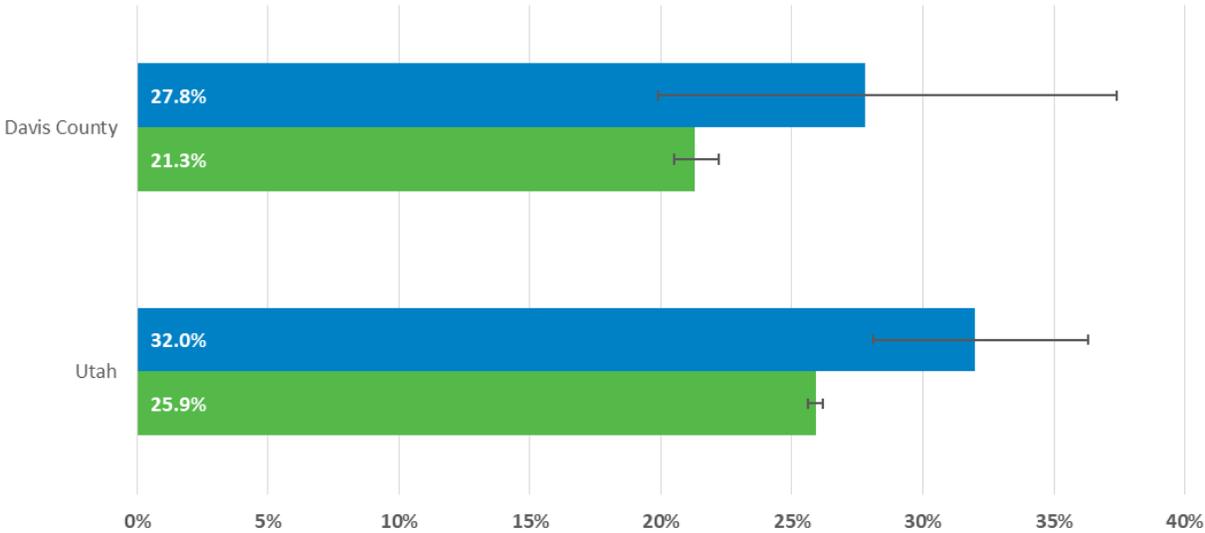


Access to Healthcare

Primary Healthcare Provider

- Source: [IBIS-BRFSS, 2009-2020](#)
- Findings: From 2009 to 2020, an estimated 27.8% (19.9–37.4%) of Pacific Islanders in Davis County did not have a primary healthcare provider. Of all Davis County residents, 21.3% (20.5–22.2%) did not have a primary healthcare provider. *Unable to determine if there is a significant difference at the county level.*
 - Pacific Islanders without a primary healthcare provider in Utah: 32.0% (28.1–36.3%)
 - Compared to all Utah residents: 25.9% (25.6–26.2%)
 - **Pacific Islanders in Utah were significantly less likely to have a primary healthcare provider compared to all Utah residents.**

Percent of Adults Without a Primary Healthcare Provider, 2009-2020



Source: IBIS-BRFSS, 2009-2020

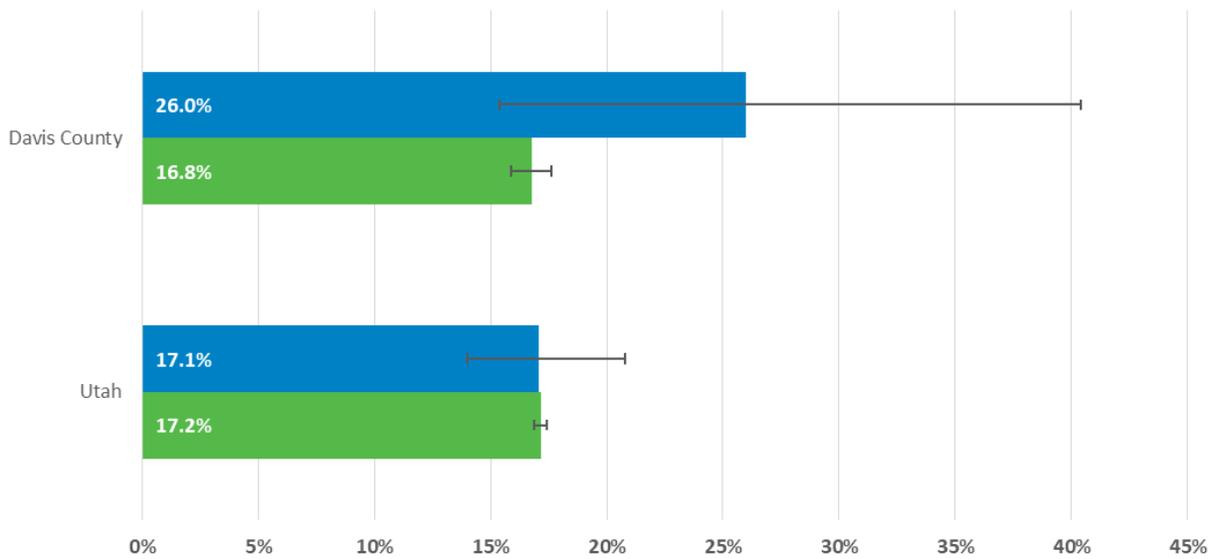
■ Pacific Islanders ■ All Residents

Mental Health

Poor Mental Health Days

- Source: [IBIS-BRFSS, 2009-2020](#)
- Findings: From 2009 to 2020 an estimated 26.0% (15.4–40.4%) of Pacific Islanders in Davis County experienced 7 or more poor mental health days in the past month. Of all Davis County residents, 16.8% (15.9–17.6%) reported 7 or more days of poor mental health in the past month.
 - Pacific Islanders reporting 7 or more days of poor mental health in the past month in Utah: 17.1% (14.0–20.8%)
 - Compared to all Utah residents: 17.2% (16.9–17.4%)
 - *Unable to determine if there is a significant difference at the county and state levels.*

Percent of Adults With 7 or More Poor Mental Health Days in the Past Month, 2009-2020



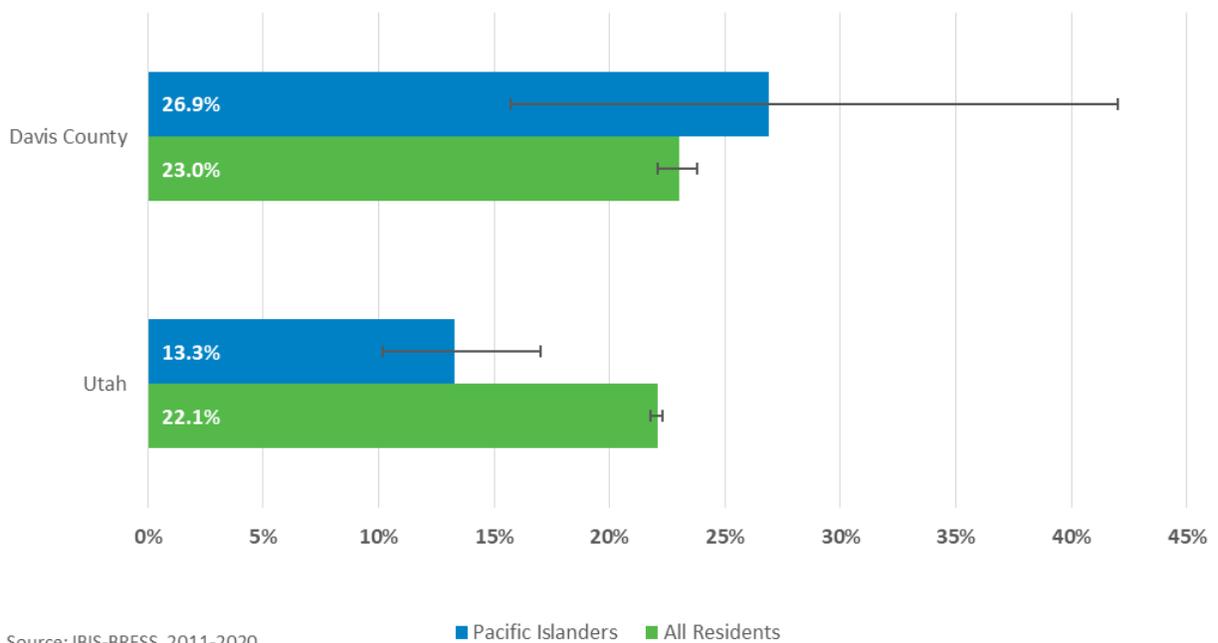
Source: IBIS-BRFSS, 2009-2020

■ Pacific Islanders ■ All Residents

Depression Diagnosis

- Source: [IBIS-BRFSS, 2011-2020](#)
- Findings: From 2011 to 2020, an estimated 26.9% (15.7–42.0%) of Pacific Islanders in Davis County had been told by a doctor that they had a depressive disorder. Of all Davis County residents, 23.0% (22.0–23.9%) had been told by a doctor that they had a depressive disorder. *Unable to determine if there is a significant difference at the county level.*
 - Pacific Islanders who had been told by a doctor they had a depressive disorder in Utah: 13.3% (10.3–17.0%)
 - Compared to all Utah residents: 22.1% (21.8–22.4%)
 - ***Pacific Islanders in Utah were significantly less likely to have been diagnosed with a depressive disorder compared to all Utah residents.***

Percent of Adults Diagnosed With a Depressive Disorder, 2011-2020



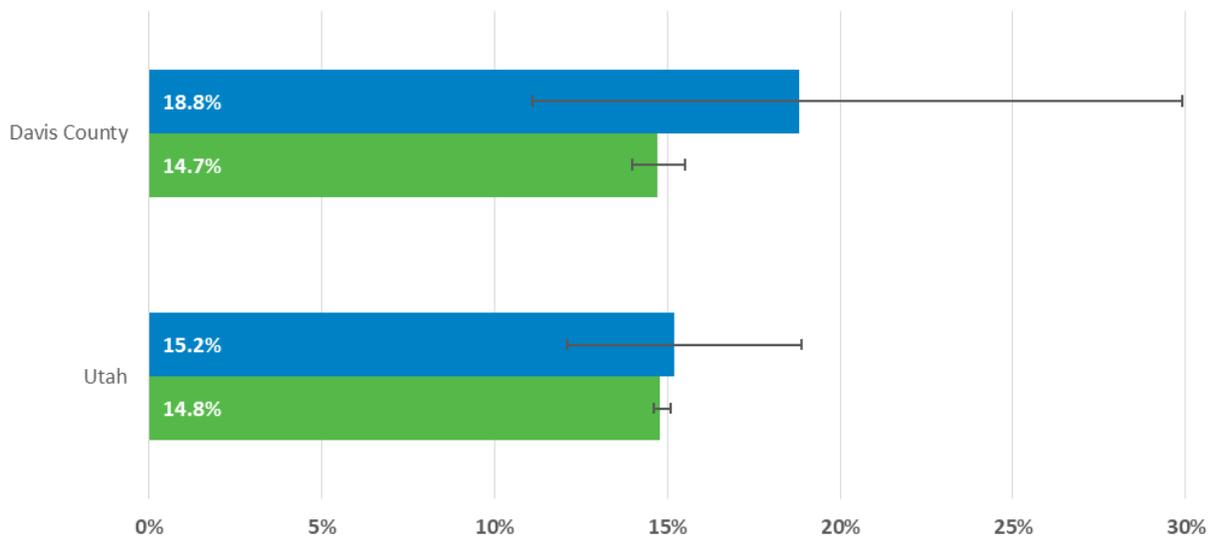
Data note: We cannot make assumptions on why Pacific Islanders in Utah have a lower percentage of depression diagnosis. For example, it could be due to a lack of access to mental health services, or it could be due to experiencing less depression.

Physical Health and Chronic Disease

Poor Physical Health Days

- Source: [IBIS-BRFSS, 2009-2020](#)
- Findings: From 2009 to 2020, an estimated 18.8% (11.1–29.9%) of Pacific Islanders in Davis County reported 7 or more days of poor physical health in the past month. Of all Davis County residents, 14.7% (14.0–15.5%) reported 7 or more days of poor physical health in the past month.
 - Pacific Islanders reporting 7 or more days of poor physical health in the past month in Utah: 15.2% (12.1–18.9%)
 - Compared to all Utah residents: 14.8% (14.6–15.1%)
 - *Unable to determine if there is a significant difference at the county and state levels.*

Percent of Adults With 7 or More Poor Physical Health Days in the Past Month, 2009-2020



Source: IBIS-BRFSS, 2009-2020

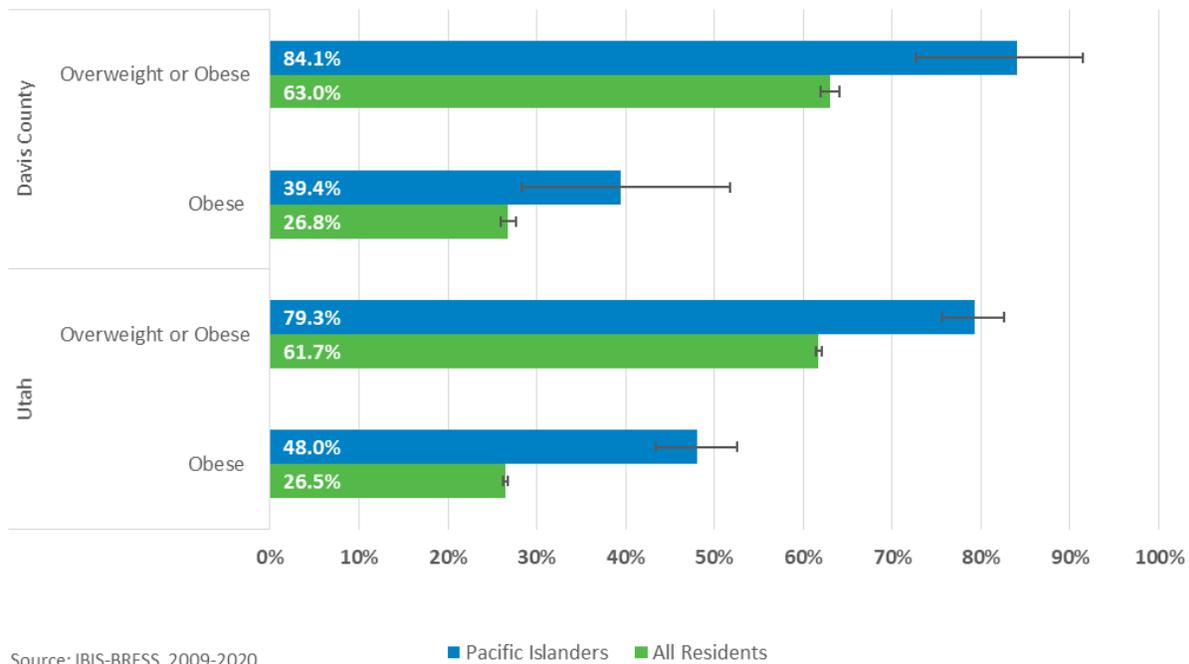
■ Pacific Islanders ■ All Residents

Physical Health and Chronic Disease

Overweight or Obese

- Source: [IBIS-BRFSS, 2009-2020](#)
- Findings: From 2009 to 2020, an estimated 84.1% (72.6–91.4%) of Pacific Islanders in Davis County were either overweight (BMI 25 to less than 30) or obese (BMI 30+), with 39.4% (28.3–51.7%) being obese. Of all Davis County residents, 63.0% (62.0–64.0%) were overweight or obese, with 26.8% (25.9–27.7%) being obese. ***Pacific Islanders in Davis County were significantly more likely to be overweight and/or obese compared to all Davis County residents.***
 - Pacific Islanders who were overweight or obese in Utah: 79.3% (75.6–82.6%)
 - Compared to all Utah residents: 61.7% (61.4–62.1%)
 - ***Pacific Islanders in Utah were significantly more likely to be overweight or obese compared to all Utah residents.***
 - Pacific Islanders who were obese in Utah: 48.0% (43.4–52.5%)
 - Compared to all Utah residents: 26.5% (26.2–26.8%)
 - ***Pacific Islanders in Utah were significantly more likely to be obese compared to all Utah residents.***

Percent of Adults Overweight or Obese, 2009-2020



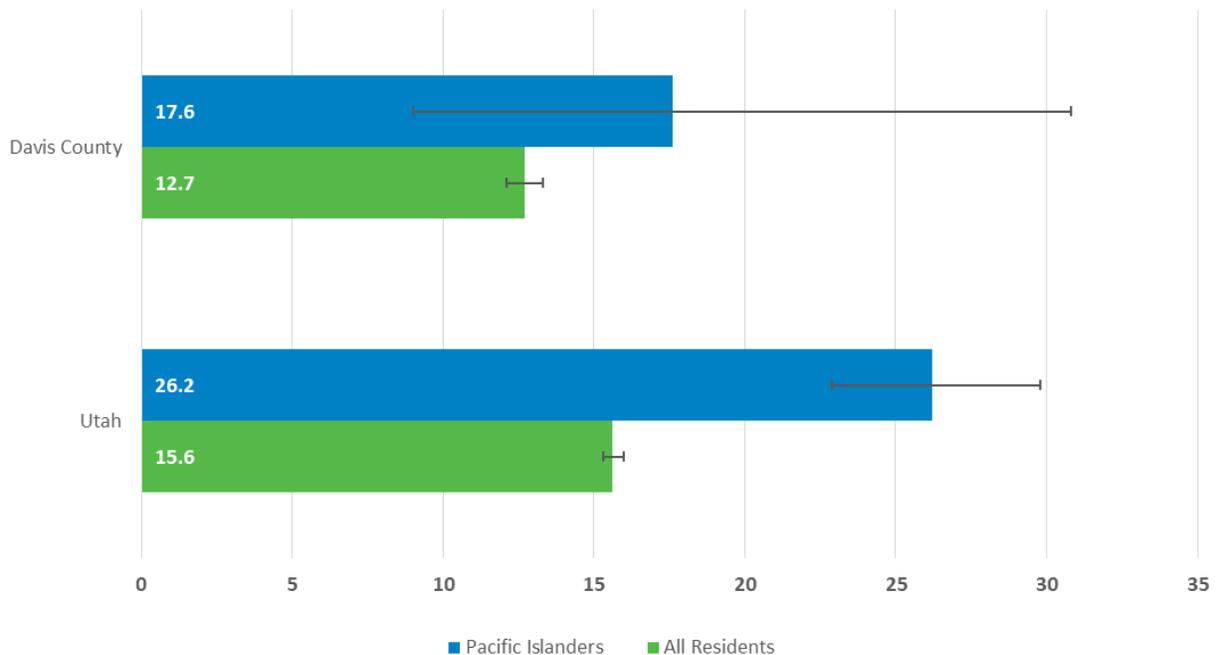
Data note: BMI does not account for full body composition, racial, ethnic, or sex differences and thus can be an inaccurate measure to determine if someone is actually overweight or obese.

Physical Health and Chronic Disease

Coronary Heart Disease Hospitalizations

- Source: [IBIS-Inpatient Hospital Discharge, ICD-10 Code range I20-I25, 2016-2020](#)
- Findings: From 2016 to 2020, of Pacific Islanders in Davis County who were admitted to the hospital, an estimated 17.6 (9.0–30.8) per 10,000 population had a primary diagnosis of Coronary Heart Disease. Of all Davis County residents who were admitted to the hospital, an estimated 12.7 (12.1–13.3) per 10,000 population had a primary diagnosis of Coronary Heart Disease. *Unable to determine if there is a significant difference at the county level.*
 - Pacific Islanders who were admitted to the hospital and had a primary diagnosis of Coronary Heart Disease in Utah: 26.2 (22.9–29.8) per 10,000 population
 - Compared to all Utah residents: 15.6 (15.3–16.0) per 10,000 population
 - ***Pacific Islanders who were admitted to the hospital in Utah were significantly more likely to have a primary diagnosis of Coronary Heart Disease compared to all Utah residents.***

Incidence of Coronary Heart Disease as a Primary Diagnosis for Inpatient Hospitalizations per 10,000 Population, 2016-2020

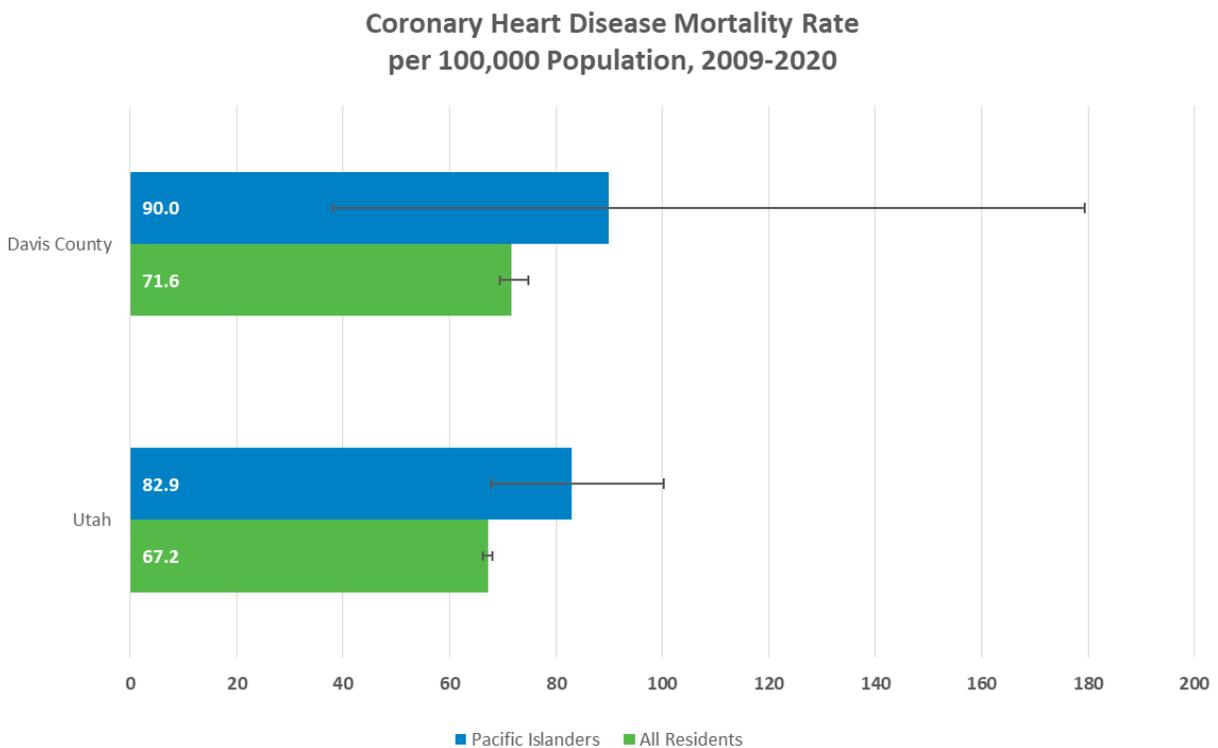


Source: IBIS-Inpatient Hospital Discharge, ICD-10 Code range I20-I25, 2016-2020

Physical Health and Chronic Disease

Coronary Heart Disease Mortality

- Source: [IBIS-Mortality. ICD-10 Code range I20-I25, 2009-2020](#)
- Findings: From 2009 to 2020, Pacific Islanders in Davis County died from coronary heart disease at a rate of 90.0 (38.1–179.4) per 100,000 population. The mortality rate of coronary heart disease in all Davis County residents was 71.6 (68.5–74.8) per 100,000 population.
 - Pacific Islanders who died from coronary heart disease in Utah: 82.9 (67.8–100.3) per 100,000 population
 - Compared to all Utah residents: 67.2 (66.2–68.1) per 100,000 population
 - *Unable to determine if there is a significant difference at the county and state levels.*



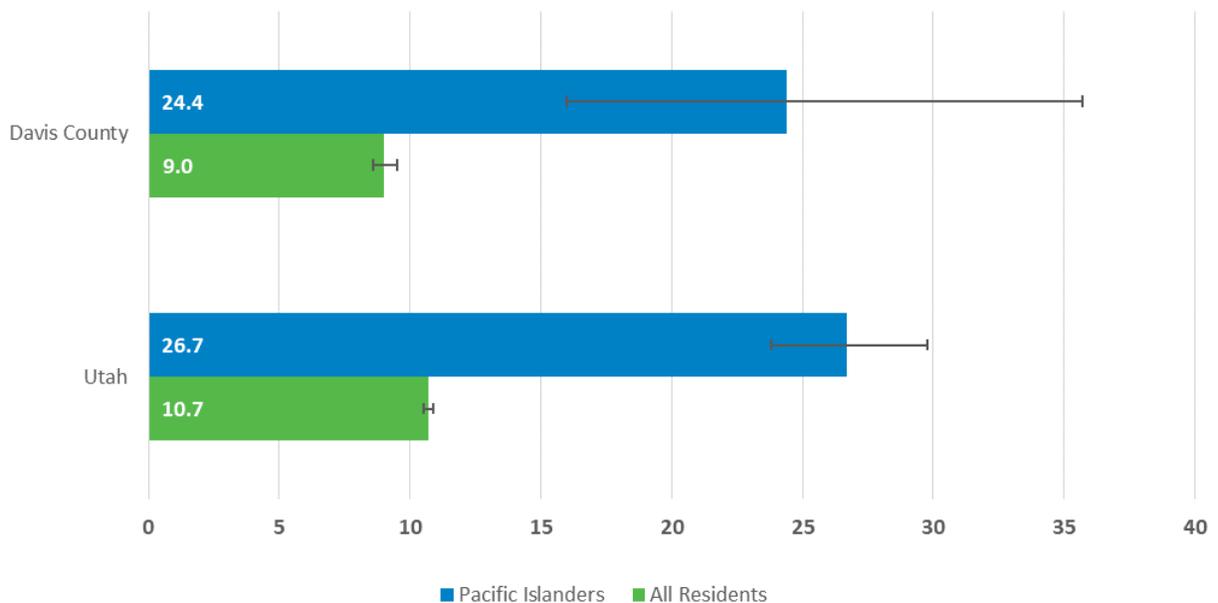
Source: IBIS-Mortality. ICD-10 Code range I20-I25, 2009-2020

Physical Health and Chronic Disease

Diabetes Hospitalizations

- Source: [IBIS-Inpatient Hospital Discharge, ICD-10 Code range E10-E14, 2016-2020](#)
- Findings: From 2016 to 2020, of Pacific Islanders in Davis County who were admitted to the hospital, an estimated 24.4 (16.0–35.7) per 10,000 population had a primary diagnosis of Diabetes. Of all Davis County residents who were admitted to the hospital, an estimated 9.0 (8.6–9.5) per 10,000 population had a primary diagnosis of Diabetes. ***Pacific Islanders who were admitted to the hospital in Davis County were significantly more likely to have a primary diagnosis of Diabetes compared to all Davis County residents.***
 - Pacific Islanders who were admitted to the hospital and had a primary diagnosis of Diabetes in Utah: 26.7 (23.8–29.8) per 10,000 population
 - Compared to all Utah residents: 10.7 (10.5–10.9) per 10,000 population
 - ***Pacific Islanders who were admitted to the hospital in Utah were significantly more likely to have a primary diagnosis of Diabetes compared to all Utah residents.***

Incidence of Diabetes as a Primary Diagnosis for Inpatient Hospitalizations per 10,000 population, 2016-2020



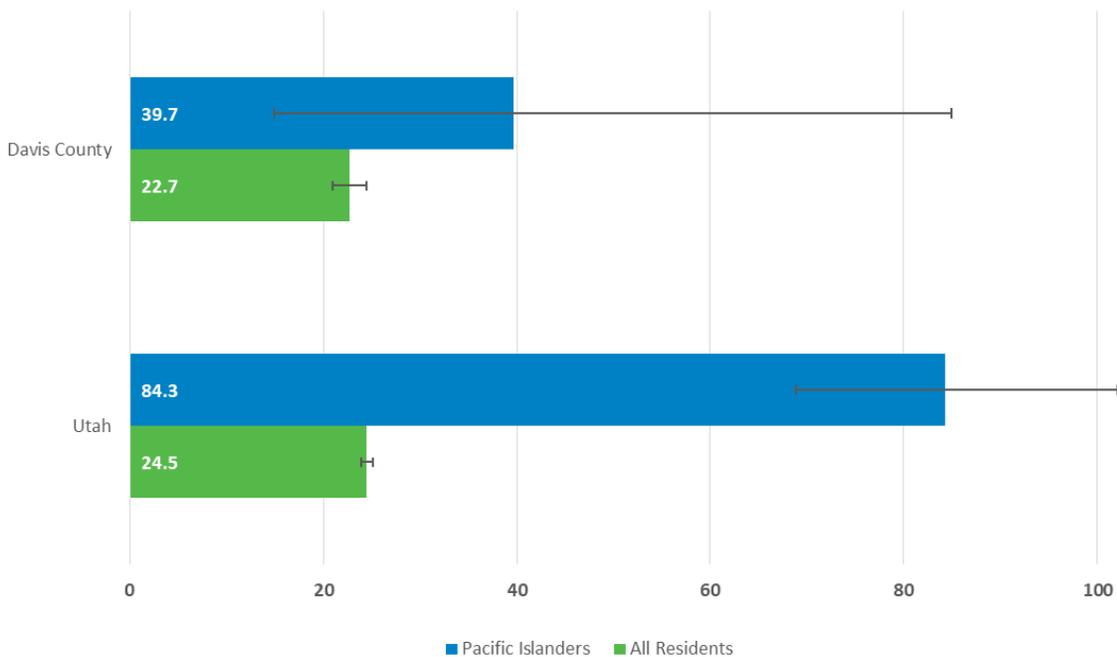
Source: IBIS-Inpatient Hospital Discharge, ICD-10 Code range E10-E14, 2016-2020

Physical Health and Chronic Disease

Diabetes Mortality

- Source: [IBIS-Mortality, ICD-10 Code range E10-E14, 2009-2020](#)
- Findings: From 2009 to 2020, Pacific Islanders in Davis County died from diabetes at a rate of 39.7 (15.0–84.9) per 100,000 population (**use caution: estimate may not be reliable because of the small sample size**). The mortality rate of diabetes in all Davis County residents was 22.7 (21.0–24.5) per 100,000 population. *Unable to determine if there is a significant difference at the county level.*
 - Pacific Islanders who died from diabetes in Utah: 84.3 (68.9–102.1) per 100,000 population
 - Compared to all Utah residents: 24.5 (23.9–25.1) per 100,000 population
 - **Pacific Islanders in Utah had a significantly higher mortality rate from diabetes compared to all Utah residents.**

Diabetes Mortality Rate per 100,000 Population, 2009-2020



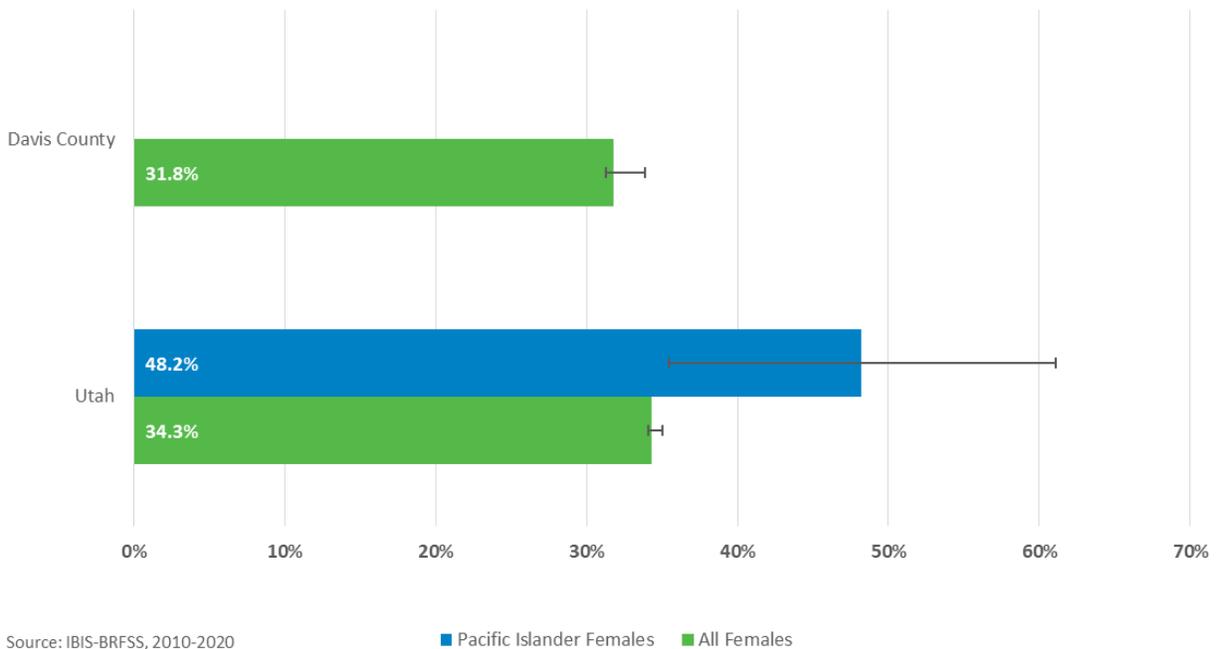
Source: IBIS-Mortality, ICD-10 Code range E10-E14, 2009-2020

Cancer

Cervical Cancer Screening

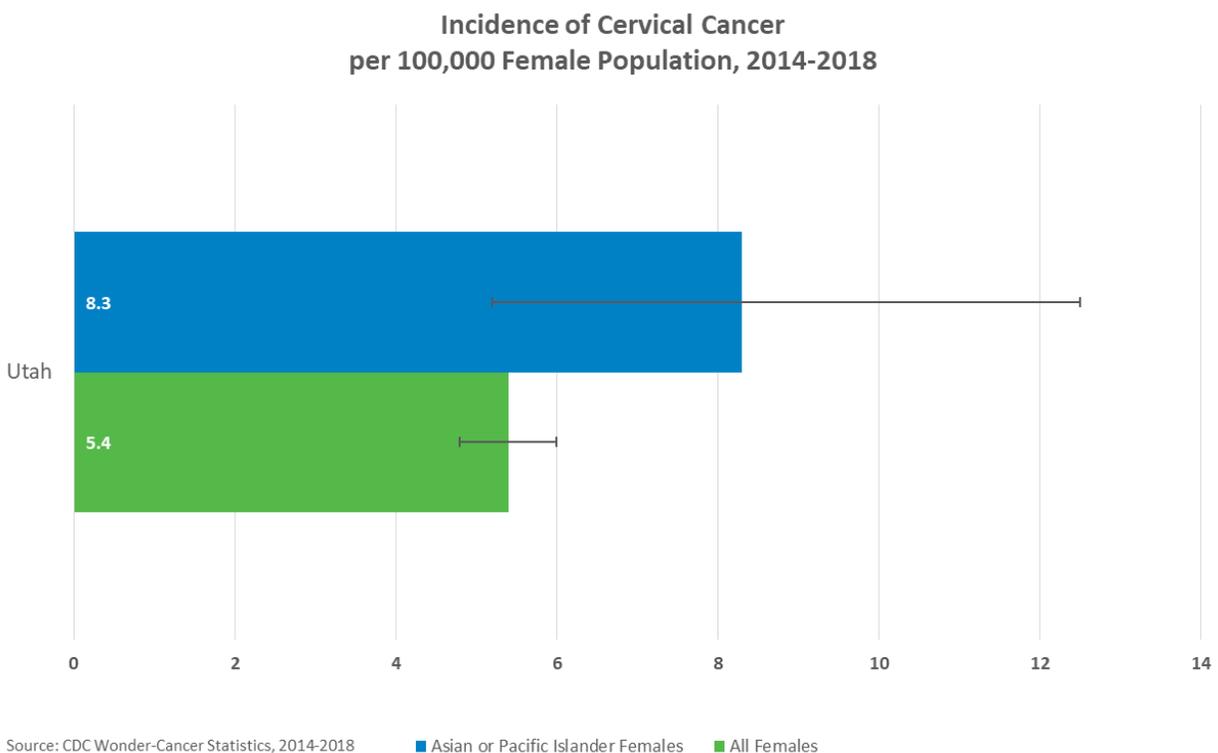
- Source: [IBIS-BRFSS, 2010-2020](#)
- Findings: **County-level Pacific Islander data is suppressed in IBIS, unable to estimate because of the small sample size.** From 2010 to 2020, an estimated 31.8% (29.7–33.9%) of all Davis County females had not had a Pap test in 3 or more years or had never had a Pap test. *Unable to determine if there is a significant difference at the county level.*
 - Pacific Islander females who had not had a Pap test in more than 3 years or had never had a Pap test in Utah: 48.2% (35.5–61.1%)
 - Compared to all Utah females: 34.3% (33.7–35.0%)
 - ***Pacific Islander females in Utah were significantly more likely to have not had a Pap test within the past 3 years or to have never had a Pap test compared to all Utah females.***

Percent of Adult Females Without a Pap Test in 3 or More Years (or Never), 2010-2020



Cervical Cancer Incidence

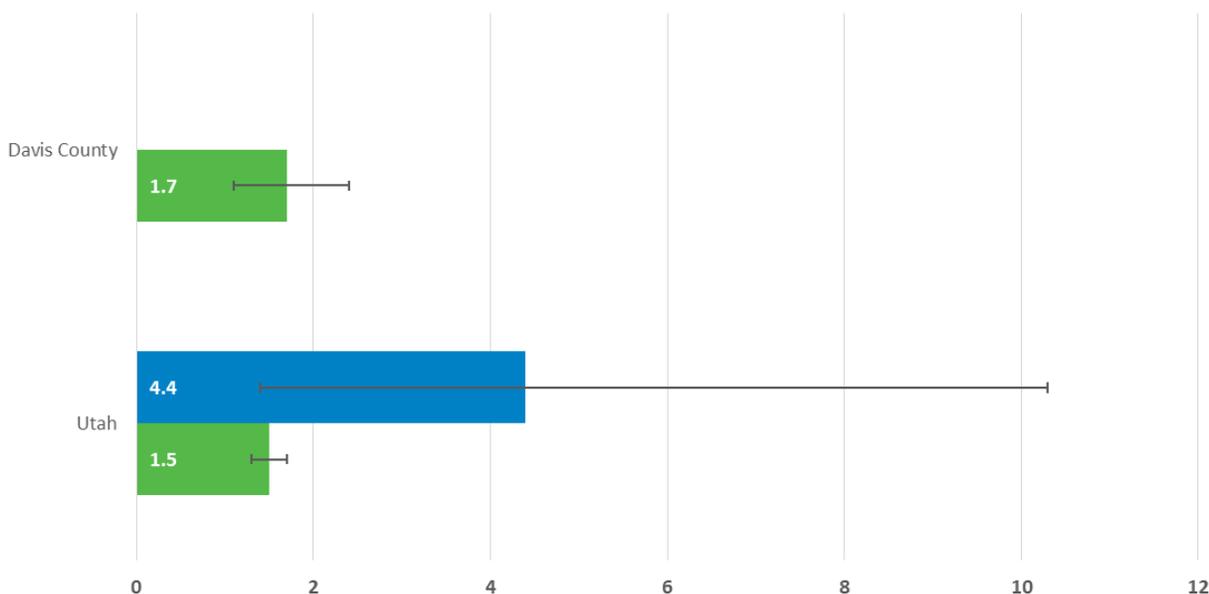
- Source: [CDC Wonder-Cancer Statistics, 2014-2018](#)
 - Asian and Pacific Islanders combined
- Findings: **County-level data on cervical cancer incidence is not available because rates are so small.**
 - From 2014 to 2018, Asian or Pacific Islander females were diagnosed with cervical cancer at a rate of 8.3 (5.2–12.5) per 100,000 population in Utah.
 - Compared to all Utah females: 5.4 (4.8–6.0) per 100,000 population.
 - *Unable to determine if there is a significant difference at the state level.*



Cervical Cancer Mortality

- Source: [IBIS-Mortality, 2009-2020](#)
- Findings: **County-level Pacific Islander data is suppressed in IBIS, unable to estimate because of the small sample size.** From 2009 to 2020 the mortality rate of cervical cancer in all Davis County females was 1.7 (1.1–2.4) per 100,000 population.
 - Pacific Islander females who died from cervical cancer in Utah: 4.4 (1.4–10.3) per 100,000 population (**use caution: estimate may not be reliable because of the small sample size**)
 - Compared to all Utah females: 1.5 (1.3–1.7) per 100,000 population.
 - *Unable to determine if there is a significant difference at the county and state levels.*

**Cervical Cancer Mortality Rate
per 100,000 Female Population, 2009-2020**

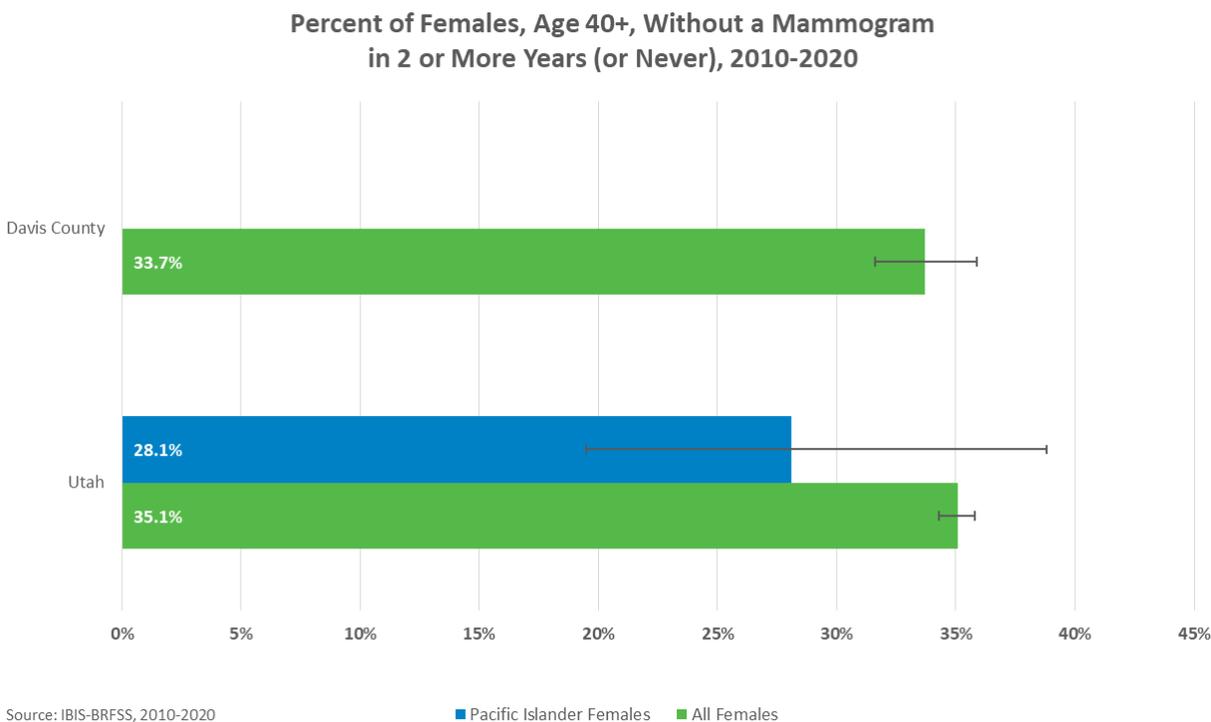


Source: IBIS-Mortality, 2009-2020

■ Pacific Islander Females ■ All Females

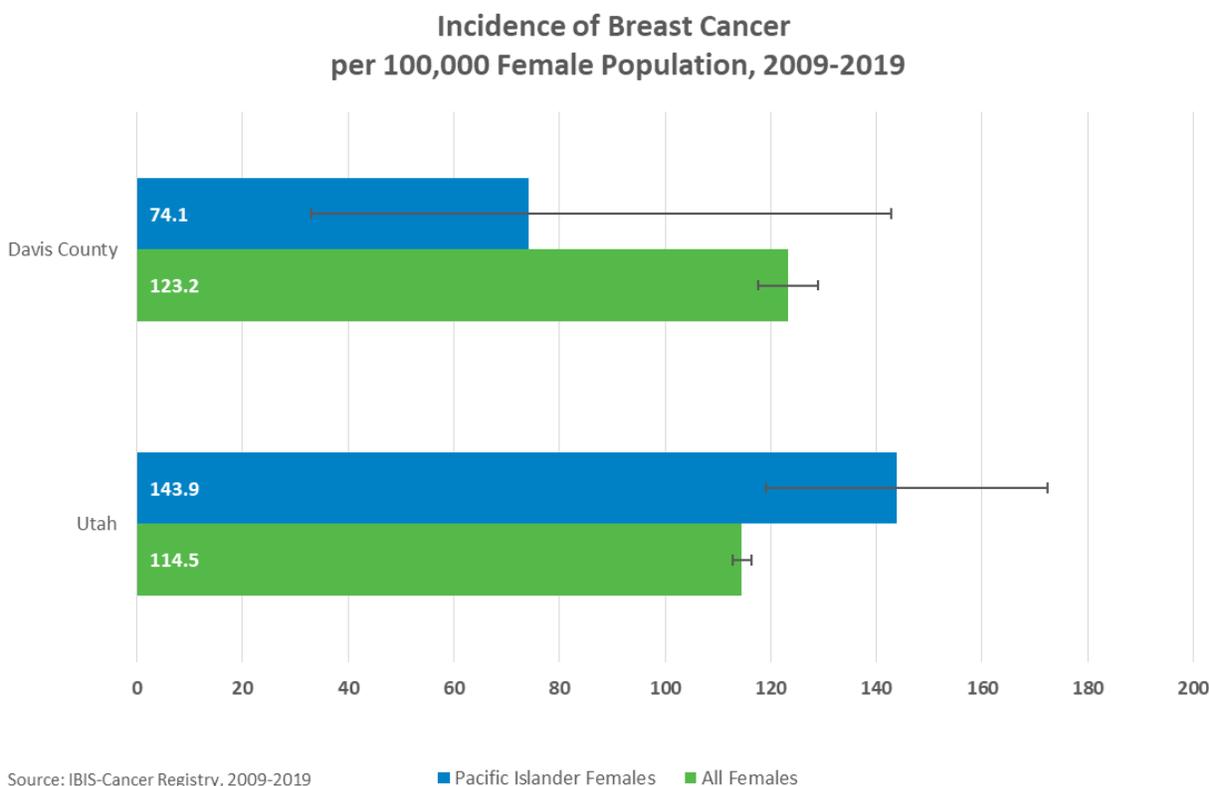
Breast Cancer Screening

- Source: [IBIS-BRFSS, 2010-2020](#)
- Findings: **County-level Pacific Islander data is suppressed in IBIS, unable to estimate because of the small sample size.** From 2010 to 2020, an estimated 33.7% (31.6–35.9%) of all Davis County females, age 40+, had not had a mammogram in 2 or more years or had never had a mammogram.
 - Pacific Islander females, age 40+, who had not had a mammogram in 2 or more years, or never had one, in Utah: 28.1% (19.5–38.8%)
 - Compared to all Utah females, age 40+: 35.1% (34.3–35.8%)
 - *Unable to determine if there is a significant difference at the county and state levels.*



Breast Cancer Incidence

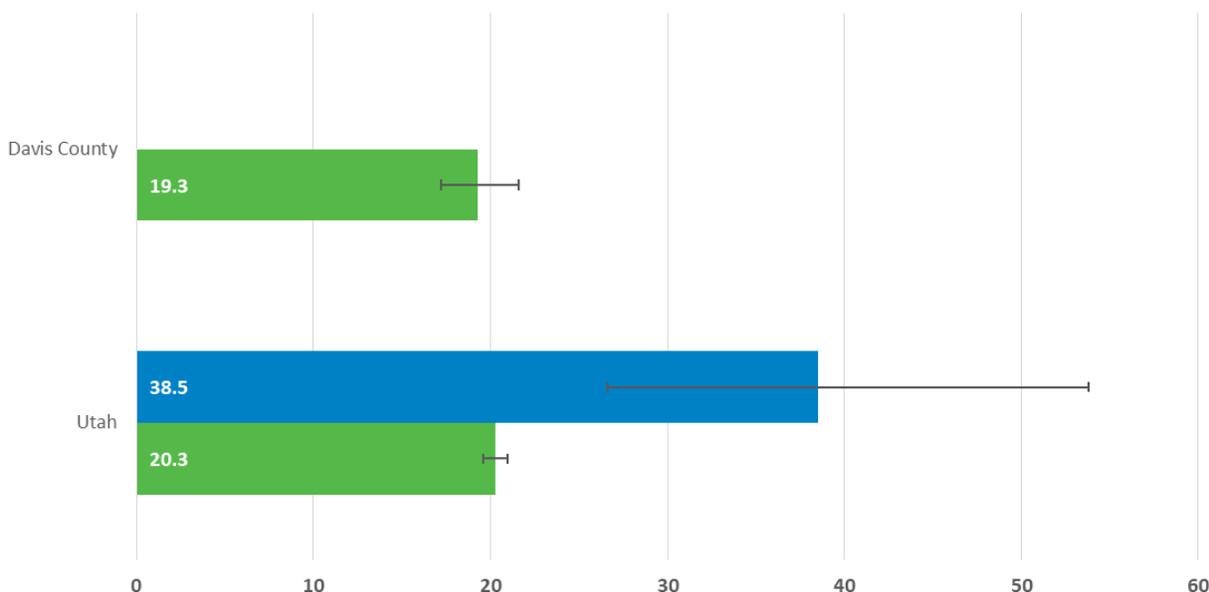
- Source: [IBIS-Cancer Registry, 2009-2019](#)
- Findings: From 2009 to 2019, Pacific Islander females in Davis County were diagnosed with Breast Cancer at a rate of 74.1 (33.1–142.8) per 100,000 population. The incidence rate of breast cancer in all Davis County females was 123.2 (117.6–128.9) per 100,000 population. *Unable to determine if there is a significant difference at the county level.*
 - Pacific Islander females diagnosed with breast cancer in Utah: 143.9 (119.0–172.4) per 100,000 population.
 - Compared to all Utah females: 114.5 (112.8–116.3) per 100,000 population.
 - ***Pacific Islander females in Utah had a significantly higher rate of breast cancer diagnosis compared to all Utah females.***



Breast Cancer Mortality

- Source: [IBIS-Mortality, 2009-2020](#)
- Findings: **County-level Pacific Islander data is suppressed in IBIS, unable to estimate because of the small sample size.** From 2009 to 2020, the mortality rate of breast cancer in all Davis County females was 19.3 (17.2–21.6) per 100,000 population. *Unable to determine if there is a significant difference at the county level.*
 - Pacific Islander females who died from breast cancer in Utah: 38.5 (26.6–53.8) per 100,000 population
 - Compared to all Utah females: 20.3 (19.6–21.0) per 100,000 population.
 - ***Pacific Islander females in Utah had a significantly higher mortality rate from breast cancer compared to all Utah females.***

**Breast Cancer Mortality Rate
per 100,000 Female Population, 2009-2020**



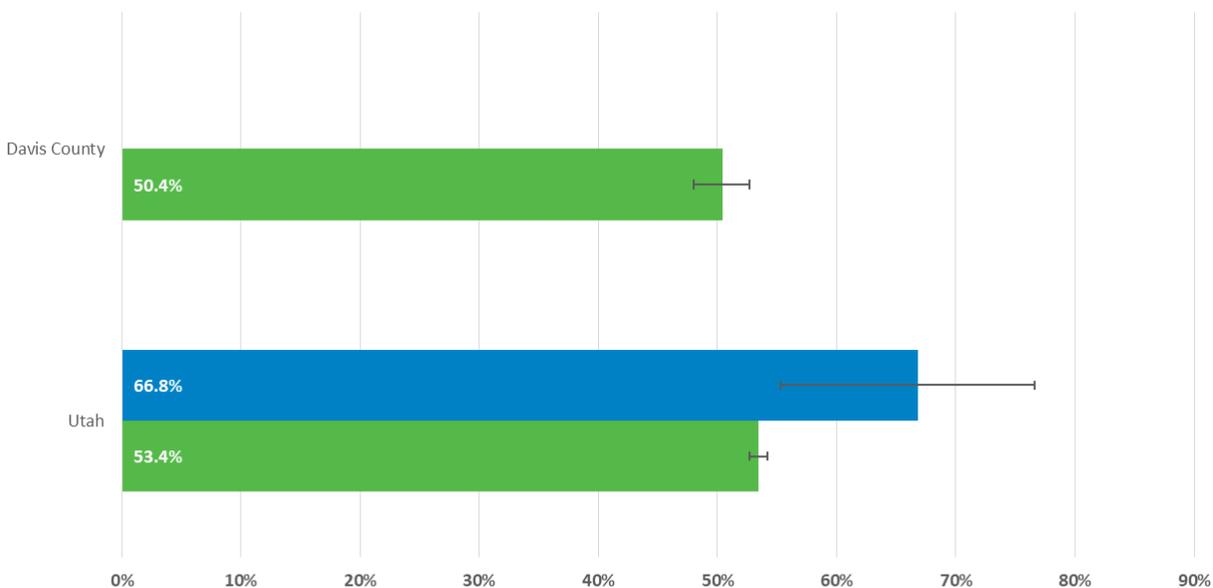
Source: IBIS-Mortality, 2009-2020

■ Pacific Islander Females ■ All Females

Prostate Cancer Screening

- Source: [IBIS-BRFSS, 2010-2020](#)
- Findings: **County-level Pacific Islander data is suppressed in IBIS, unable to estimate because of the small sample size.** An estimated 50.4% (48.0–52.7%) of all Davis County males, age 40+, had never had a prostate-specific antigen screening. *Unable to determine if there is a significant difference at the county level.*
 - Pacific Islander males, age 40+, who never had a prostate-specific antigen screening in Utah: 66.8% (55.3–76.6%)
 - Compared to all Utah males: 53.4% (52.7–54.2%)
 - ***Pacific Islander males in Utah were significantly more likely to have never had a prostate-specific antigen screening compared to all Utah males.***

Percent of Males, Age 40+, Who Never Had a Prostate Screening, 2010-2020



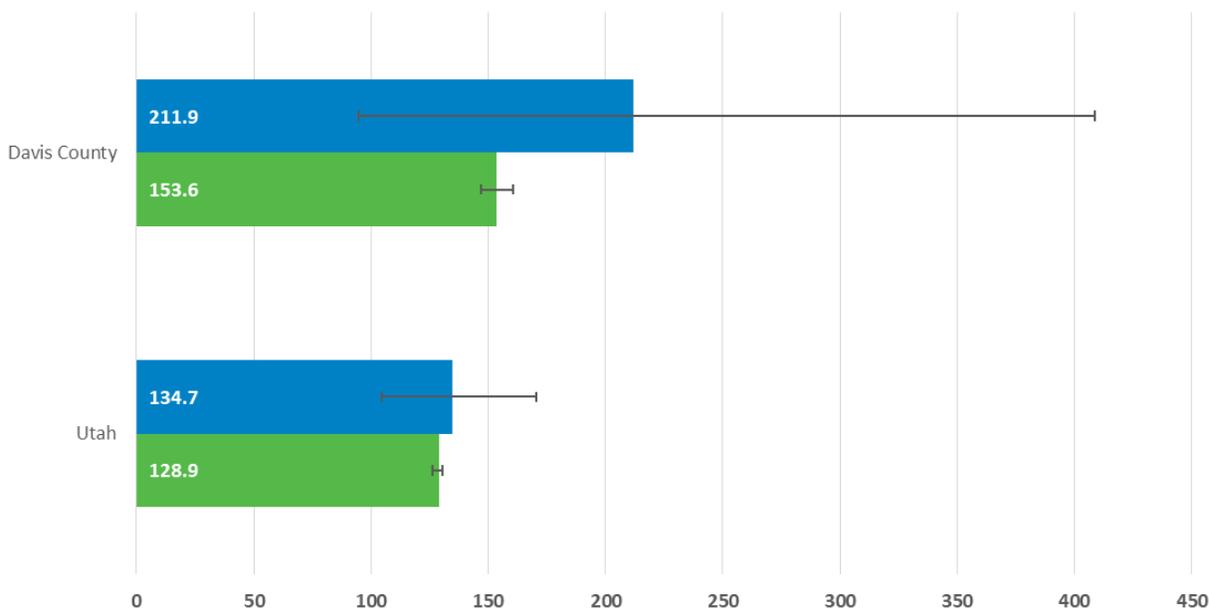
Source: IBIS-BRFSS, 2010-2020

■ Pacific Islander Males ■ All Males

Prostate Cancer Incidence

- Source: [IBIS-Cancer Registry, 2009-2019](#)
- Findings: From 2009 to 2019, Pacific Islander males in Davis County were diagnosed with prostate cancer at a rate of 211.9 (94.6–408.4) per 100,000 population. The incidence rate of prostate cancer in all Davis County males was 153.6 (147.0–160.4) per 100,000 population.
 - Pacific Islander males diagnosed with prostate cancer in Utah: 134.7 (104.6–170.7) per 100,000 population
 - Compared to all Utah males: 128.9 (126.3–130.3) per 100,000 population
 - *Unable to determine if there is a significant difference at the county and state levels.*

Incidence of Prostate Cancer per 100,000 Male Population, 2009-2019



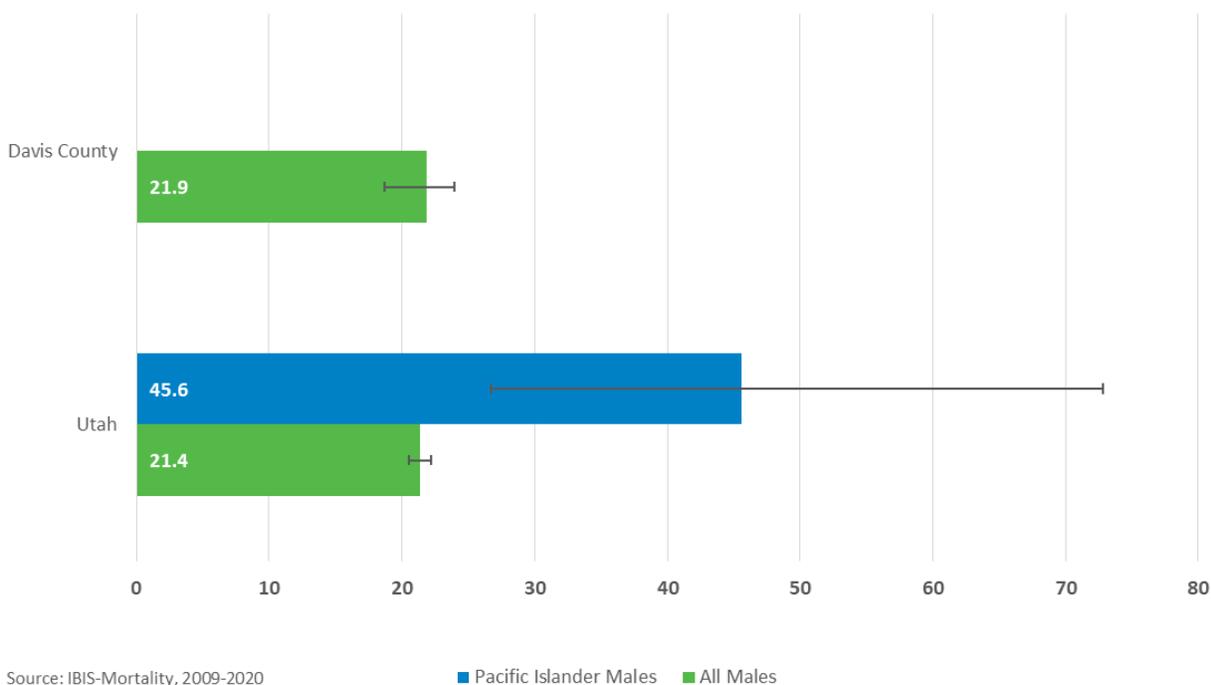
Source: IBIS-Cancer Registry, 2009-2019

■ Pacific Islander Males ■ All Males

Prostate Cancer Mortality

- Source: [IBIS-Mortality, 2009-2020](#)
- Findings: **County-level Pacific Islander data is suppressed in IBIS, unable to estimate because of the small sample size.** From 2009 to 2020, the mortality rate of prostate cancer in all Davis County males was 21.9 (18.7–24.0) per 100,000 population. *Unable to determine if there is a significant difference at the county level.*
 - Pacific Islander males who died from prostate cancer in Utah: 45.6 (26.7–72.8) per 100,000 population
 - Compared to all Utah males: 21.4 (20.5–22.2) per 100,000 population.
 - ***Pacific Islander males in Utah were significantly more likely to die from prostate cancer compared to all Utah males.***

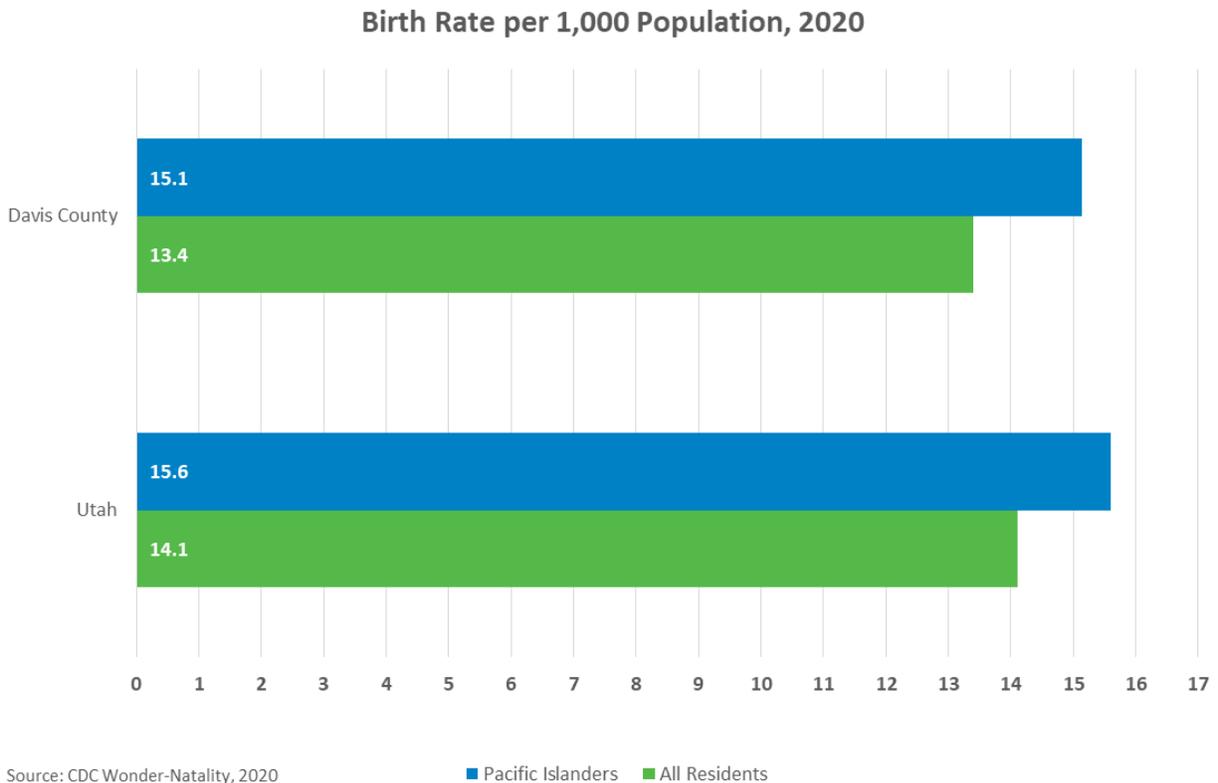
Prostate Cancer Mortality Rate per 100,000 Male Population, 2009-2020



Reproductive Health

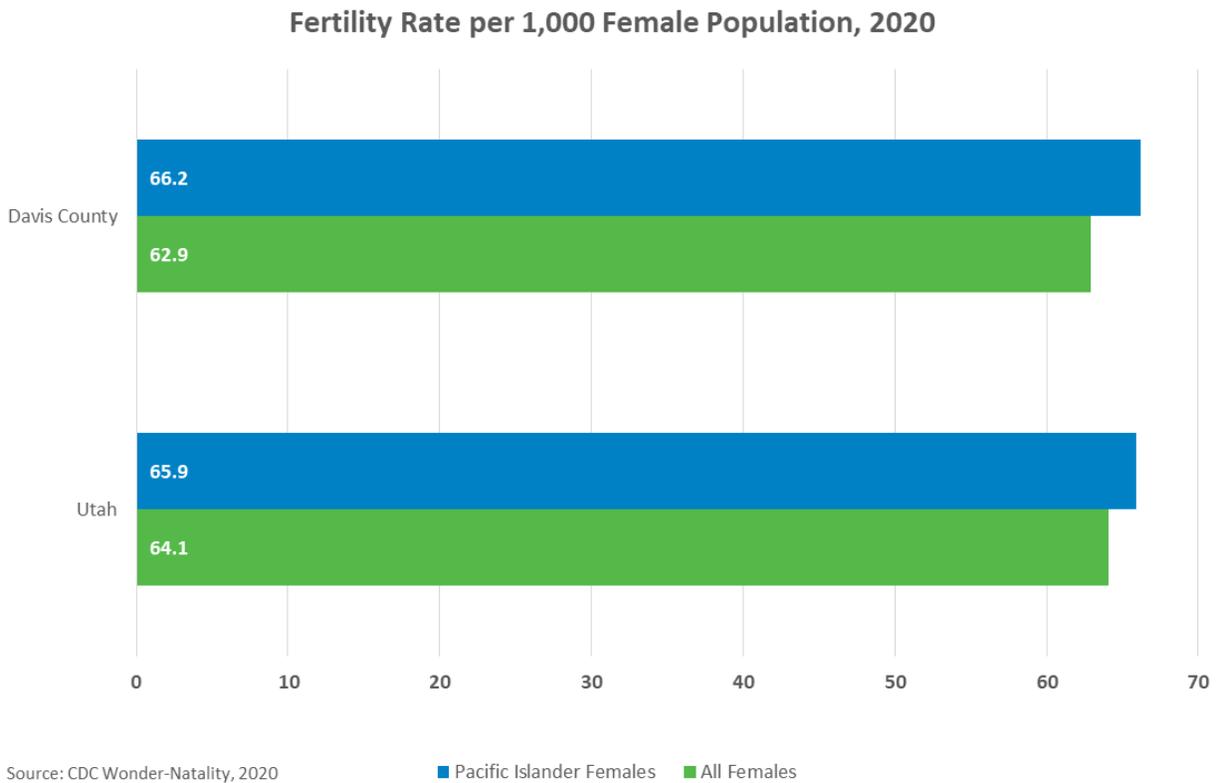
Birth Rate

- Source: [CDC Wonder-Nativity, 2020](#)
 - Birth rate is not an age-adjusted measure
 - No confidence intervals because it is calculated from birth certificate records
- Findings: In 2020, the number of live births to Pacific Islanders in Davis County was 15.13 per 1,000 population. The birth rate for all Davis County residents was 13.4 per 1,000 population.
 - Pacific Islander birth rate for Utah: 15.6 per 1,000 population
 - Compared to all of Utah: 14.1 per 1,000 population
 - *Unable to determine if there is a significant difference at the county and state levels.*



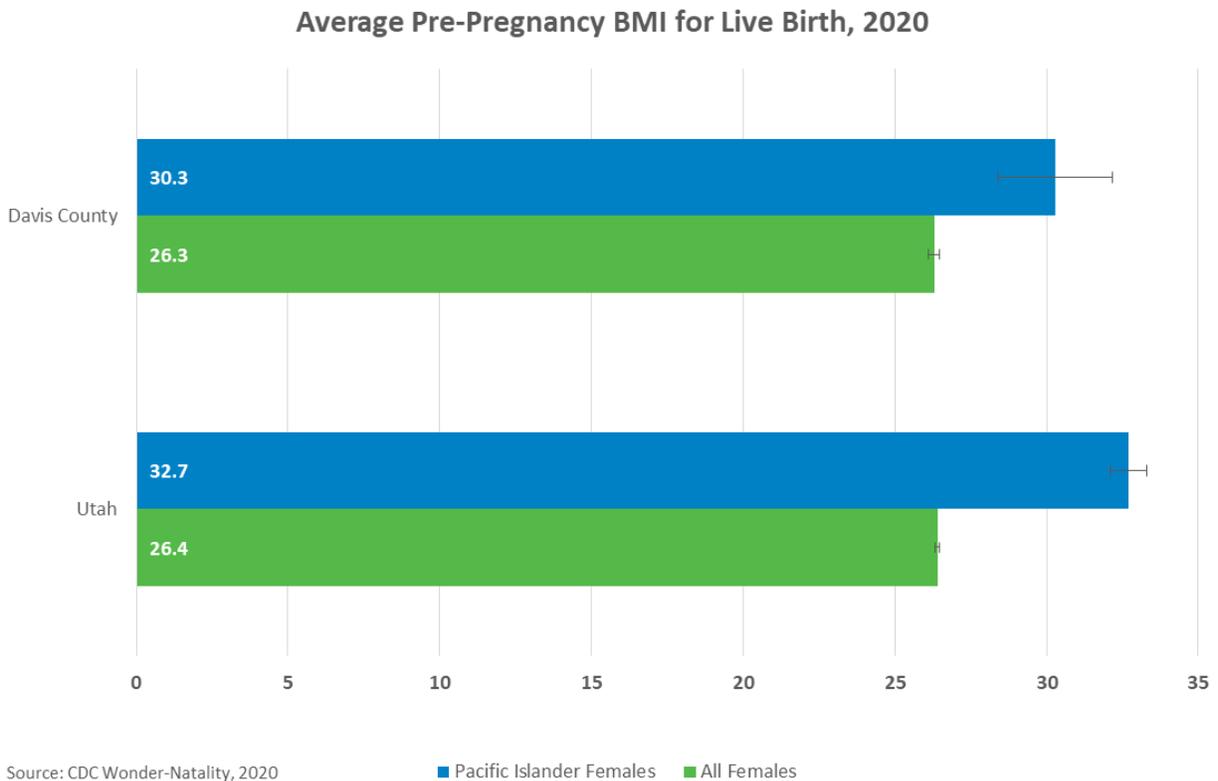
Fertility Rate

- Source: [CDC Wonder-Nativity, 2020](#)
 - Females of reproductive age 15-44
 - No confidence intervals because it is calculated from birth certificate records
- Findings: In 2020, the fertility rate for Pacific Islander females in Davis County was 66.2 per 1,000 population. The fertility rate for all Davis County females was 62.9 per 1,000 population.
 - Pacific Islander fertility rate in Utah: 65.9 per 1,000 population
 - Compared to all of Utah: 64.1 per 1,000 population
 - *Unable to determine if there is a significant difference at the county and state levels.*



Pre-Pregnancy BMI

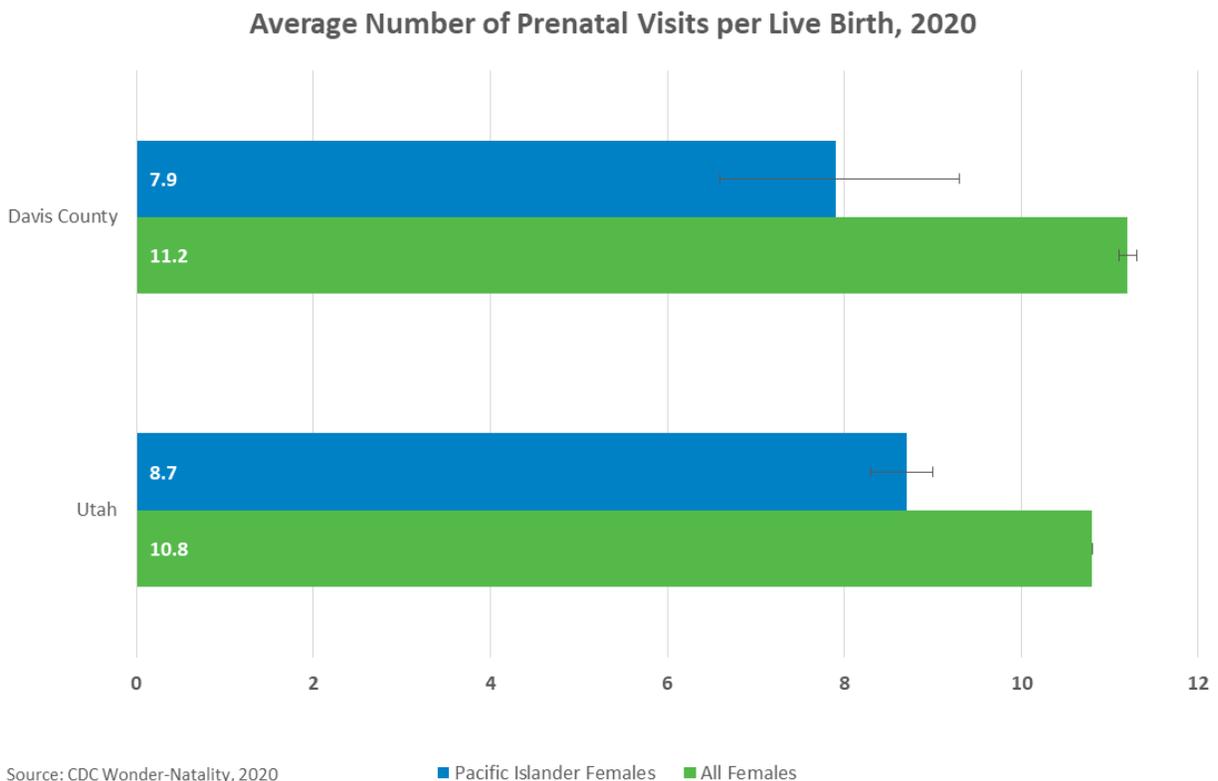
- Source: [CDC Wonder-Nativity, 2020](#)
 - Not age-adjusted
- Findings: In 2020, the average pre-pregnancy BMI for Pacific Islander females who had a live birth in Davis County was 30.3 (28.4–32.2). The average pre-pregnancy BMI for all Davis County females who had a live birth was 26.3 (26.2–26.5). ***Pacific Islander females in Davis County who had a live birth had a significantly higher pre-pregnancy BMI compared to all Davis County females who had a live birth.***
 - Pacific Islander average pre-pregnancy BMI in Utah: 32.7 (32.1–33.3)
 - Compared to all of Utah: 26.4 (26.4–26.5)
 - ***Pacific Islander females in Utah who had a live birth had a significantly higher pre-pregnancy BMI compared to all Utah females who had a live birth.***



Data note: BMI does not account for full body composition, racial, ethnic, or sex differences and thus can be an inaccurate measure to determine if someone is actually overweight or obese.

Prenatal Visits

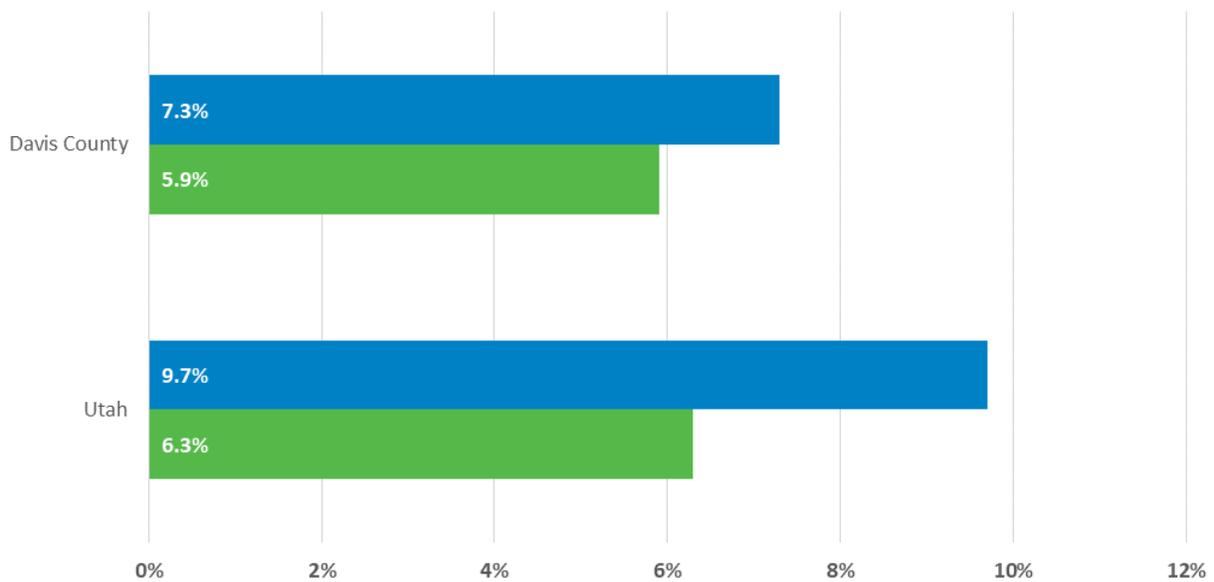
- Source: [CDC Wonder-Nativity, 2020](#)
 - Not age-adjusted
- Findings: In 2020, the average number of prenatal visits per one live birth to Pacific Islander females in Davis County was 7.9 (6.5–9.2). The average number of prenatal visits per one live birth to all Davis County females was 11.2 (11.1–11.3). ***Pacific Islander females in Davis County who had a live birth had a significantly lower number of prenatal visits compared to Davis County females who had a live birth.***
 - Pacific Islander average number of prenatal visits per live birth in Utah: 8.7 (8.4–9.1)
 - Compared to all of Utah: 10.8 (10.8–10.8)
 - ***Pacific Islander females in Utah who had a live birth had a significantly lower number of prenatal visits compared to Utah females who had a live birth.***



Gestational Diabetes

- Source: [CDC Wonder-Natality, 2016-2020](#)
 - Not age-adjusted
 - No confidence intervals available
- Findings: From 2016 to 2020, an estimated 7.3% of Pacific Islander females in Davis County who had a live birth had gestational diabetes. Of all Davis County females who had a live birth, 5.9% had gestational diabetes.
 - Pacific Islanders live births with gestational diabetes in Utah: 9.4%
 - Compared to all of Utah: 6.3%
 - *Unable to determine if there is a significant difference at the county and state levels.*

Percent of Births to Females with Gestational Diabetes, 2016-2020



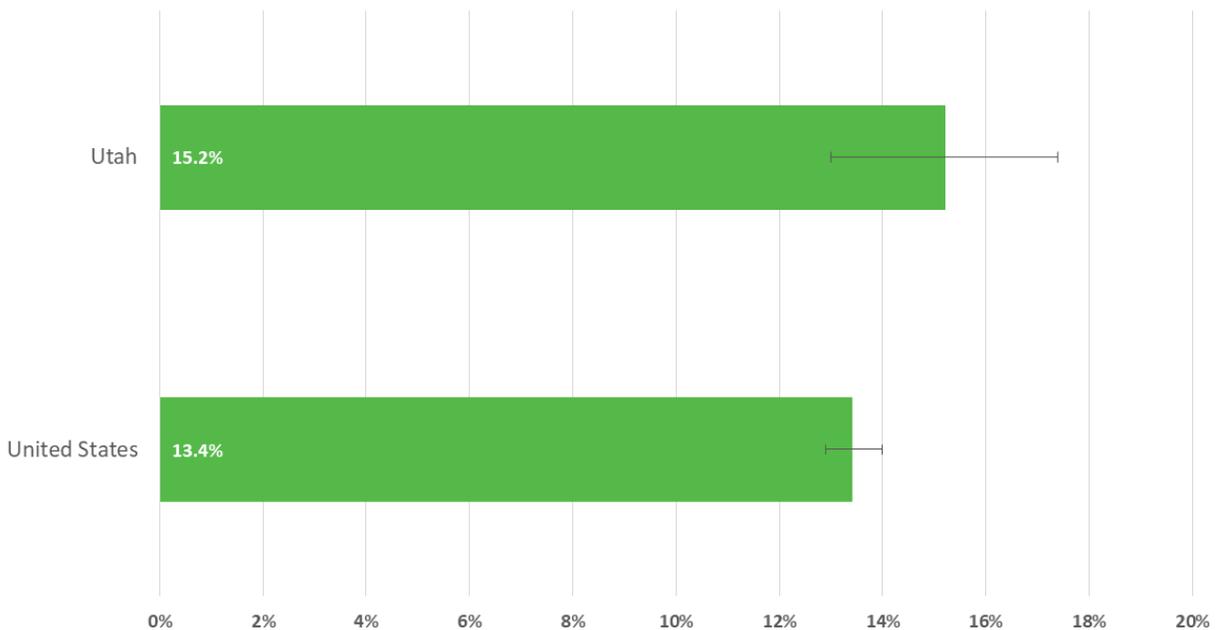
Source: CDC Wonder-Natality, 2016-2020

■ Pacific Islander Females ■ All Females

Postpartum Depression

- Postpartum depression data is not available at the county level. It is not available to be queried by race at the state level either (only White compared to Other than White data is available). In 2020, there was no significant difference in postpartum depression by race in Utah ([IBIS-PRAMS, 2020](#)). However, according to a study done in 2017, data from 2004, 2008, and 2012 suggests that the prevalence of postpartum depression is higher among Asian and Pacific Islander females compared to non-Hispanic White females, but postpartum depression prevalence is decreasing overtime ([Ko et al, 2017](#)). In 2019, there is no significant difference in the prevalence of postpartum depression between Utah females at 15.2% (13.0–17.4%) than all females in the United States 13.4% (12.9–14.0%).

Percent of Females With Postpartum Depression, 2019



Source: America's Health Rankings, 2019