

Many activities that contribute to health occur at the community-level, yet adequate community-level information on health and health needs is seldom available. The northwest part of Salt Lake County contains vibrant and diverse communities, but also includes at-risk families and people. The Utah Department of Health and the Salt Lake Valley Health Department recently collaborated on the Northwest Salt Lake Valley (NWSLV) Community Health Survey. This Health Status Update presents selected findings from that survey.

Demographics

These communities (all or most of Jordan Meadows, Poplar Grove, Rose Park, State Fairgrounds, Westpointe, and West Salt Lake) are more diverse than Salt Lake County overall.

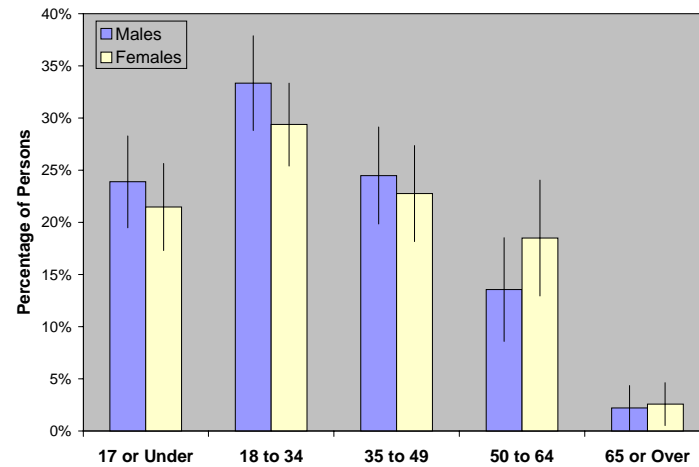
- Of people in NWSLV, 40% were Hispanic, 7% Pacific Islander, 5% Asian, and 4% Black (vs. 9% Hispanic, 4% Asian and Pacific Islander combined, and 1% Black in all of Salt Lake County).
- English was spoken and understood well in 83% of households, and Spanish in 37%.
- Of NWSLV residents (age 18 or over), 30% had not completed high school-- almost three times the overall Utah rate.
- Median household income in NWSLV was about 60% of that in SL County overall.

Health Care Access

- 23% of NWSLV residents were without health insurance, compared to about 10% statewide. (see Figure 1)
- Lack of insurance was more common for Hispanic people (38%) and residents of Poplar Grove (33%).
- Most residents had a usual place for routine medical care (97%). Many residents of NWSLV Valley depend on a public clinic for routine care (35%).

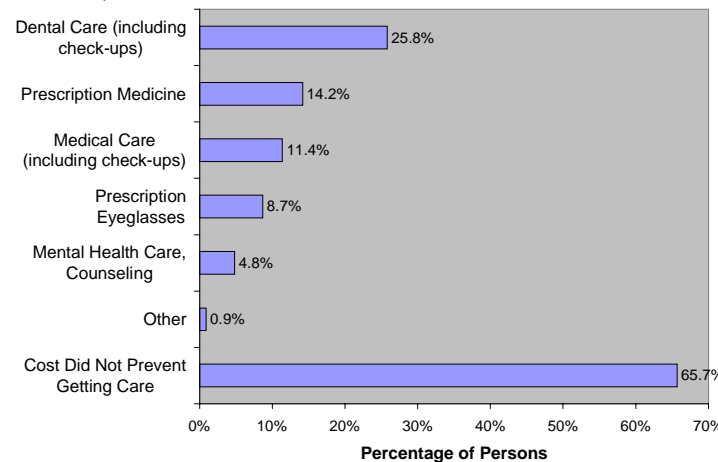
Health Insurance

Figure 1. Percentage of persons who lacked health insurance coverage by age and sex, NWSLV community residents, 1999.



Health Care Prevented by Cost

Figure 2. Percentage of residents who reported they were prevented from getting care by type of care, NWSLV community residents, 1999.



* Respondents could cite more than one type of care, so the total is greater than 100%.

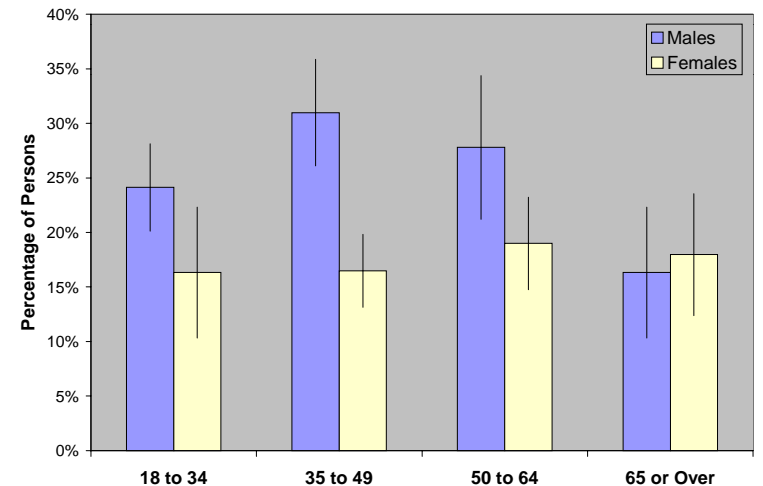
- 34% of residents reported they needed health care in the past 12 months, but were unable to get it due to cost. (see Figure 2)
- 29% of children had not seen a dentist in more than 3 years.

Health Behaviors

- Most residents (86%) reported they always used a motor vehicle restraint.
- The smoking rate for NWSLV adults was higher than elsewhere in Utah (21% vs. 14% statewide). (see Figure 3).
- Most households had a working smoke detector (86%), but 12% of households with children did not have a smoke detector.

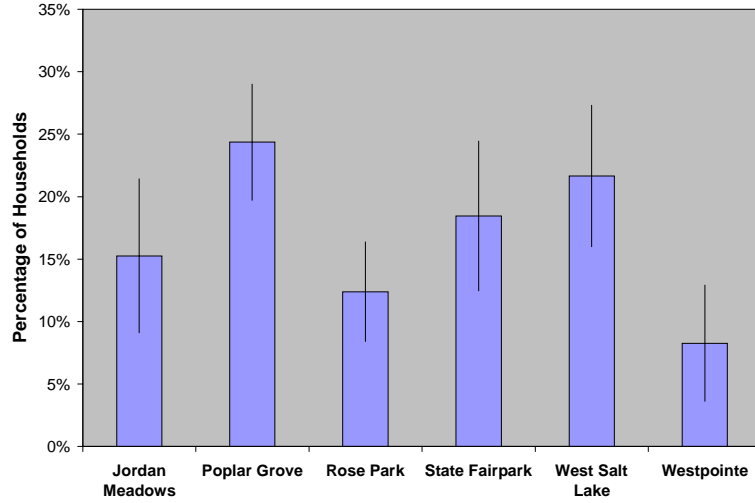
Cigarette Smoking

Figure 3. Percentage of persons who reported current cigarette smoking by age and sex, NWSLV community adults age 18 or over, 1999.



Not Enough Food

Figure 4. Percentage of households that were unable to obtain enough food in the past year by community, NWSLV community households, 1999.



Other Issues

- 18% of households were unable to obtain enough food at some point in the past year. This was more common for households with Hispanic people (26% vs. 13%), households with children (26% vs. 10%), and larger households. (see also Figure 4).
- Most residents (81%) felt safe in their community, but in some communities as many as 1 in 4 did not feel their family was safe in that neighborhood.

Conclusion: The survey provided important information about these communities and identified important issues, including needs for dental care and health insurance coverage. This survey method can be useful elsewhere, especially where telephone coverage is inadequate. The Salt Lake Valley Health Department will be presenting the results to these communities and working with community leaders to identify ways to address the needs identified.

NW Salt Lake Valley Community Health Survey

In addition to providing needed information about these communities, this survey was intended as a pilot to develop a method of collecting community-level data. The survey targeted a set of adjacent neighborhoods with a population of about 45,000 residents. A geographic cluster sampling method was used. Interviews were conducted in October-December, 1999, primarily by face-to-face interviews with the “most knowledgeable” adult household member. The sample included 1,210 households and 4,057 persons. Interviews were conducted in 7 languages.

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For additional information about this topic, contact the Office of Public Health Assessment, Utah Department of Health, P.O. Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 536-0947 or (801) 538-9346, email: phidata@doh.state.ut.us; or the Salt Lake Valley Health Department, Bureau of Epidemiology, 610 South 200 East, Room 218, Salt Lake City, Utah 84111-3878, (801) 534-4600, FAX (801) 534-4557, email: irisk@co.slc.ut.us.

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