Voices of Glendale Residents



How They Access Medical and Oral Health Services and How They Feel About Their Living Conditions:

A Baseline Assessment to Address Disparities in Urban Areas



Apríl 2016

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Background

From November 2015 to February 2016, the Office of Health Disparities (OHD) conducted an online survey among Glendale adult (18 years of age and older) residents segmented by age, gender, and race/ethnicity. The purpose of this survey was:

- To gather baseline data and assess how residents access medical and oral health services and how they feel about their living conditions.
- To determine how effective social media is in reaching out to segmented populations by Zip code.

This report will focus on the first goal. A report on the effectiveness of social media can be found at: http://www.health.utah.gov/disparities/data/ohd/SocialMediaMarketingReport.pdf



Summary of Findings

- The lack of medical insurance is a disparity for Glendale residents, especially for adults. Among adults, Hispanic/Latino (H/L)¹ have the highest rate of being uninsured, (50.77%) followed by Pacific Islanders/Hawaiian Natives (PI/HN)² (44.44%). Among children, those rates switch and the number of children without health insurance is higher among PI/HN (28.05%) followed by H/L (16.48%).
- Medicaid is the most popular health insurance among H/L children (54.95%) and the second most common among White (W)³ children (39.78%).
- All the groups identified cost as the main barrier for not getting medical care.
- A doctor's office is the usual place for W. More than one in three H/L, one in three Black/ African American (B/AA)⁴, and one in four PI/HN use public clinics or community health centers as the usual place for primary care services.
- More than 43% of PI/HN and nearly 25% of H/L and W women do not receive female care related services.
- Less than half of survey respondents received a flu vaccine within the last year. The percentage is especially low among PI/HN (29%).
- One in four PI/HN use either a hospital emergency room or urgent care as the usual place for medical care.
- More than one in three H/L and almost one in three B/AA use public clinics or community health centers as the usual place for primary care services.
- The percentage of residents without dental insurance is shocking.
 Among adults: 67% of H/L, 50% of PI/HN, and 43% of W do not have dental insurance.
 Among children: 32% of PI/HN, 275 of H/L, and 22% of W do not have dental insurance.
- Not having a dentist (lack of insurance), no reason to go, and other priorities are the main reasons cited by participants for not receiving dental care.
- More than one in three PI/HN adults and almost one in five H/L adults have either never been to the dentist or visited the dentist more than five years ago.
- One in five PI/HN children has never visited a dentist.
- Three out of four W, H/L, and PI/HN participants perceived that their health, or the health of someone living in their house, was affected because of poor cooling.
- For more than five months within the past year, one in five households purchased less food, medication or other necessities in order to pay home energy bills such gas or electricity.

¹ Hispanic /Latino (H/L)

² Pacific Islander/Hawaiian Native (PI/HN)

³ White (W)

⁴ Black/African American (B/AA)

• Almost one in three W and H/L are always worried about having enough money to pay their monthly rent or mortgage. This percentage is even higher for PI (almost one in two).

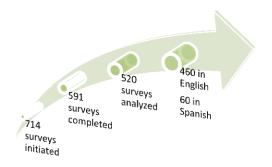
Methodology

The online survey consisted of 30 questions from the Behavioral Risk Factor Surveillance System¹ (BRFSS) developed by the Centers for Control Disease and Prevention (CDC). All the questions were multiple choice and were selected from four different BRFSS modules: health care access, oral health, environment and social context.

The survey was available in English and Spanish. Because Facebook allows paid ads and boosted posts to be geo-targeted by Zip code, age, gender, interest of users, etc. the OHD was able to recruit by city and race/ethnicity. As a result, the majority of the recruitment effort was accomplished through social media (Facebook and Twitter). OHD contracted with the Department of Health, Office of Public Information and Marketing (OPIM) to help with the planning and recruitment efforts via social media. In addition to social media, OHD reached out to community partners requesting their help in getting the word out about the survey to their community members.

Eligible participants included Glendale residents (18+) living in Zip codes 84104, 80104, 83104, 84044, 84101, 84119, 44120, 84128, and 85104. Participation in the survey was voluntary. At the beginning of the survey participants had to check a consent form and agree to participate; at the end of the survey, respondents were invited to provide their name and contact information to participate in a raffle to win a \$50 grocery gift card. A total of 60 gift cards were awarded among the participants. The survey process was reviewed by the Utah Department of Health, Internal Review Board (IRB).

Out of 714 surveys that were initiated, 591 were completed (83% completion rate). After the data was cleaned, a total of 520 surveys were eligible for analysis. Out of those surveys, 460 were completed in English and 60 in Spanish. Epi Info 7.0 was used to calculate the power analysis and Stata 14.0 was used for the data analysis.



Limitations

Since this was not a stratified randomized sample, caution is advised when generalizing results. Confidence in the estimate is constrained mainly by:

Internet Access

 This was an online survey and only people with internet access and access to a computer, laptop, tablet, or smart phone could fill out the survey.

Social Media Activity

 Because the survey was mainly promoted via social media (Facebook and Twitter), those more active in social media were more exposed to the survey than those less active or without social media activity.

• Differences in gender participation:

 The rate of participant women vs. participant men was 3:1, whereas the rate in the overall population in Glendale is approximately 1:1.3. This was a limitation present in all the racial/ethnic groups.

Sample size:

- For some of the groups ("Asian," "American Indian/Alaska Native,"
 "Black/African/American," and "Other"), the small number of participants does not provide the statistical power needed to generalize results.
- The total sample size for the Pacific/Islander/Hawaiian Native group provides a 80% confidence level; the sample size for the White and Hispanic/Latino groups provides a 90% confidence level.
- If the sample size lacks the statistical power to be a representative sample, the data will be accompanied by the symbol (*).

• Age of participants:

- More than 83% of survey participants were between the ages of 18 and 50 while in the overall population, 50% of residents are between the ages of 20 and 54.
 The percentage of survey participants over the age of 65 was almost 2%; the percentage of residents over 65 is close to 7%.
- Although this survey used BRFSS questions, survey results are not comparable with BRFSS results because the methodology differs.

Demographics of Survey Population

Most of the participants in the survey were women between the ages of 31 and 50; this was very consistent among all the racial/ethnic groups. People younger than age 18 were not eligible to participate. Almost 96% of participants lived in Zip code 84104. The racial/ethnic distribution of survey participants was very similar to the overall racial/ethnic distribution of Glendale residents.

| Glendale Reside (Number of surve | | | Glendale Population (20 (Total population | |
|--|--|--|---|---|
| Male Female | equency 125 395 | Percent 24.04% 75.96% | Sex Male Female | 52.50% 47.50% |
| Age 18-30 31-50 51-65 >65 | 191 243 76 10 | 36.73% 46.73% 14.65% 1.92% | Age 20 -34 35 -54 55 -64 >65 | 27.00% 23.20% 6.60% 6.80% |
| Race/Ethnicity White Hispanic/Latino Amer.Indian/Alask Asian Black/African Ame Pacific Isl./Haw N. Other** | 7 er. 10 | 36.15% 50.00% 1.54% 1.35% 1.92% 7.31% 1.73% | Race/Ethnicity (all ages) White Hispanic/Latino Amer.Indian/AN Asian Black/African Amer. Pacific Islander/HN Other* | 33.10% 49.70% 2.30% 4.20% 2.30% 6.30% 2.20% |
| Zip Codes 84104 80104 83104 84044 84101 84119 84120 84128 85104 | 498 1 1 2 3 7 5 1 | 95.77% 0.19% 0.19% 0.38% 0.58% 1.35% 0.96% 0.19% 0.38% | Zip Codes 84104 | 100% |

⁺Zip code 84104

^{**} Some other race alone or two or more races

Medical Care

When compared to the statewide population, survey participants in Glendale have a higher rate of being uninsured. This rate is higher for adults than for children. Hispanic/Latino (H/L) have the highest rate of being uninsured among adults followed by Pacific Islanders/Hawaiian Natives (PI/HN). For children, those rates switch and the number of children without health insurance is higher among PI/HN followed by H/L. Studies show that "insurance coverage increases outpatient utilization by roughly one visit per year for children and between one and two visits per year for adults³".

In relation to the type of insurance, Medicaid is the most popular health insurance among Hispanic/Latino children and the second most common among White children. All the groups identified cost as the main barrier for not getting medical care.

Regarding the usual place for medical care, a doctor's office is the usual place for Whites (W), whereas for H/L the usual place is a public health clinic or community health center. Almost one in three H/L use public clinics or community health centers as the usual place for primary care services. For female care health services, a private gynecologist is the most popular place among White women and community health centers continue to be the most popular among Hispanic/Latinas. Almost 25% of White and Hispanic/Latina, and 44% of Pacific Islander women do not receive any type of female care health services. All the groups used the Internet within the last year as a source to look for a doctor or hospital; that percentage is higher among W than among other groups. Less than 30% of Pacific Islanders received a flu vaccine last year.

No Health Insurance

| Glendale Residents (participating in su | irvey) | Statewide⁴ (age-adjusted) | |
|---|---------------------|---------------------------|--------|
| Adults (18 or more) | | Race/Ethnicity | |
| White | 24.47% | White | 10.40% |
| Hispanic/Latino | 50.77% | Hispanic/Latino | 32.70% |
| Amer.Indian/Alaska Native* | 50.00% | Amer.Indian/AN | 21.50% |
| Asian* | 0% | Asian | 9.20% |
| Black/African Amer. | 20.00% | Black/African Amer. | 14.20% |
| Pacific Islander/Hawaiian Native | 44.74% | Pacific Islander/HN | 15.40% |
| Other* | 44.44% | Other | _ |
| | | | |
| Children (less than 18) | No Health Insurance | | |
| White | 11.83% | | |
| Hispanic/Latino | 16.48% | | |
| Amer.Indian/Alaska Native* | 16.67% | | |
| Asian* | | | |
| Black/African Amer.* | 11.11% | | |
| Pacific Islander/Hawaiian Native | 28.95% | | |
| Other* | 16.67% | | |
| | | | |

^{*} Sample size lacks the statistical power to be a representative sample

Adults with a Primary Care Provider

| Glendale Residents (participating in survey) | | | | | |
|--|--------|--|--|--|--|
| Race/Ethnicity (>18 years) | | | | | |
| White | 55.32% | | | | |
| Hispanic/Latino | 64.62% | | | | |
| Amer. Indian/Alaska Native | 50.00% | | | | |
| Asian* | | | | | |
| Black/African Amer. | 60.00% | | | | |
| Pacific Islander/Hawaiian N. | 42.11% | | | | |
| Other* | 55.56% | | | | |
| | | | | | |

^{*} Sample size lacks the statistical power to be a representative sample

Reason for Not Getting Medical Care

| | Cost | Distance to Clinic & no Transportation | Language Barrier | Other |
|---------------------|--------|--|---------------------|--------|
| White | 68.18% | 10.6% | 0% | 21.22% |
| Hispanic/Latino | 73.20% | 4.12% | 2.06% | 20.62% |
| Amer.Indian/AN* | 100% | 0% | 0% | 0% |
| Asian* | 0% | 0% | 0% | 100% |
| Black/African Am.* | 100% | 0% | 0% | 0% |
| Pacific Islander/HN | 86.67% | 0% | 0% | 13.16% |
| Other* | 100% | 0% | 11.11% | 0% |

^{*} Sample size lacks the statistical power to be a representative sample

All the groups identified cost as the main barrier for not getting medical care.

Cost as a Barrier to Health Care

| Glendale Residents (participating | in survey) | Statewide ² (age-adjusted) | |
|-----------------------------------|------------|---------------------------------------|--------|
| Race/Ethnicity (>18 years) | | Race/Ethnicity | |
| White* | 68.18% | White | 14.30% |
| Hispanic/Latino* | 73.20% | Hispanic/Latino | 27.70% |
| Amer.Indian/Alaska Native* | 100.00% | Amer.Indian/AN | 24.10% |
| Asian* | 0% | Asian | 15.50 |
| Black/African Amer.* | 100.00% | Black/African Amer. | 24.50% |
| Pacific Islander/Hawaiian N.* | 86.67% | Pacific Islander/HN | 21.80% |
| Other* | 100.00% | Other | |

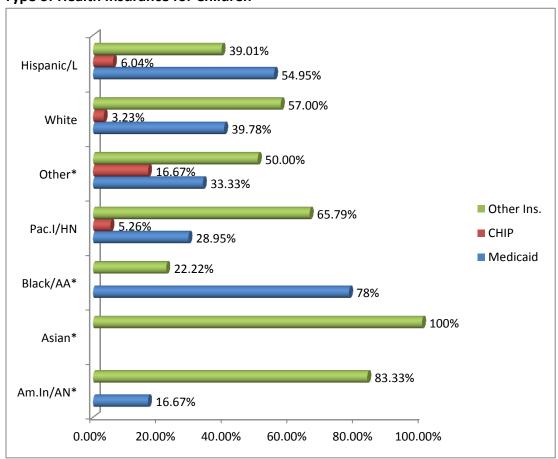
^{*} Sample size lacks the statistical power to be a representative sample

Routine Medical Checkup Within the Last Year

| Glendale Residents (participating | g in survey) | Statewide ² (age-adjusted) | |
|-----------------------------------|--------------|---------------------------------------|--------|
| Race/Ethnicity (>18 years) | | Race/Ethnicity | |
| White | 50.00% | White | 57.40% |
| Hispanic/Latino | 51.92% | Hispanic/Latino | 55.60% |
| Amer.Indian/Alaska Native* | 25.00% | Amer.Indian/AN | 57.60% |
| Asian* | 57.14% | Asian | 61.90% |
| Black/African Amer.* | 50.00% | Black/African Amer. | 66.40% |
| Pacific Islander/Hawaiian N. | 34.21% | Pacific Islander/HN | 68.40% |
| Other | 49.62% | Other | |
| | | | |

^{*} Sample size lacks the statistical power to be a representative sample

Type of Health Insurance for Children



^{*} Sample size lacks the statistical power to be a representative sample of the Glendale population

Medicaid is the most popular health insurance among Hispanic/Latino children and the second most common among Pacific Islander and White children.

Usual Place for Medical Care

| | Doctor's Office | Public Clinic or Community Health Center | Hospital ER | Urgent Care | Other | Don't know/ Not Sure |
|-------------------|--------------------|--|-------------|-------------|--------|----------------------------|
| White | 45.21% | 10.11% | 4.26% | 15.96% | 3.72% | 3.72% |
| Hispanic/Latino | 26.54% | 38.08% | 5.38% | 14.23% | 3.08% | 3.08% |
| Amer.Indian/AN* | 37.50% | 12.50% | 12.50% | 0% | 25% | 12.50% |
| Asian* | 85.71% | 0% | 14.29% | 0% | 0% | 0% |
| Black/African Am. | 30.00% | 30.00% | 0% | 30.00% | 10.00% | 0% |
| Pacific | 26.32% | 15.79% | 13.16% | 13.16% | 26.32% | 5.26% |
| Islander/HN | | | | | | |
| Other | 55.56% | 0% | 11.11% | 0% | 33.33% | 0% |

^{*} Sample size lacks the statistical power to be a representative sample of the Glendale population

A doctor's office is the usual place for W. More than one in three H/L, one in three B/AA, and one in four PI/HN use public clinics or community health centers as the usual place for primary care services.

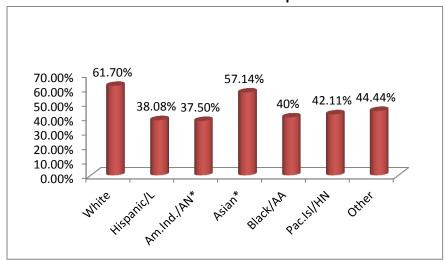
More than 43% of PI/HN and nearly 25% of H/L and W women do not receive female care related services.

Usual Source of Services for Female Health Concerns

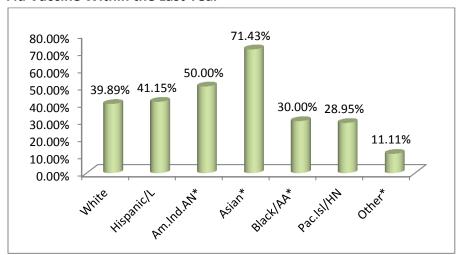
| | Family Planning Clinic | Public Clinic or Community Health Center | Private Gynecologist | Private Family Physician | Do not Receive These Services | Don't know/ Not Sure |
|------------------------|------------------------------|--|-------------------------|--------------------------------|--|----------------------------|
| White | 13.55% | 9.03% | 25.81% | 25.16% | 23.23% | 3.23% |
| Hispanic/Latino | 14.60% | 36.73% | 9.73% | 8.41% | 24.78% | 5.75% |
| Amer.Indian/AN* | 12.50% | 0% | 12.50% | 25.00% | 50.00% | 0% |
| Asian* | 0% | 20.00% | 40.00% | 0% | 0% | 20.00% |
| Black/African Am* | 12.50% | 25.00% | 12.50% | 37.50% | 12.50% | 0% |
| Pacific Islander/HN | 0% | 12.51% | 18.75% | 15.63% | 43.75% | 9.38% |
| Other* | 37.50% | 12.50% | 25.00% | 25.00% | 0% | 0% |

^{*} Sample size lacks the statistical power to be a representative sample of the Glendale population

Internet Used to Look for Providers or Hospitals

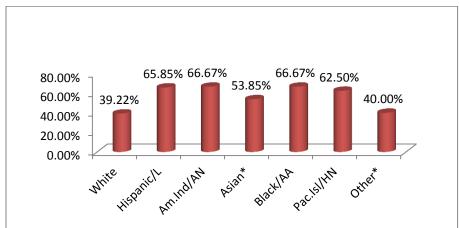


Flu Vaccine Within the Last Year



Less than half of survey respondents received a flu vaccine within the last year. The percentage is especially low among PI/HN.

Cholesterol Check Within the Last Year



^{*} Sample size lacks the statistical power to be a representative sample of Glendale population

Dental Care

The percentage of people without dental insurance is even higher than medical insurance. This is especially relevant among all adults, particularly H/L, and PI/HN. The percentage of children with dental insurance is higher than adults, but still nearly one in three H/L children and one in three PI/HN children do not have dental insurance. More than one in three PI/HN adults and almost one in five H/L have either never been to the dentist or visited the dentist more than five years ago. Not having a dentist and "other priorities" are the main reasons cited by all groups for not receiving dental care within the last year.

No Dental Insurance

| Adults (18 years or more) | Children (less than 18 yea | Children (less than 18 years) | | | |
|----------------------------------|----------------------------|-------------------------------|-----------|--|--|
| Adults (>18 years) No Dental | | Race/Ethnicity | No Dental | | |
| | Insurance | | Insurance | | |
| White | 43.09% | White | 21.51% | | |
| Hispanic/Latino | 66.54% | Hispanic/Latino | 27.07% | | |
| Amer.Indian/Alaska Native* | 50.00% | Amer.Indian/AN* | 16.67% | | |
| Asian* | 14.29% | Asian* | 20.00% | | |
| Black/African Amer.* | 30.00% | Black/African Amer.* | 0% | | |
| Pacific Islander/Hawaiian Native | 50.00% | Pacific Islander/HN | 31.58% | | |
| Other* | 55.56% | Other* | 25.00% | | |

^{*} Sample size lacks the statistical power to be a representative sample of Glendale population

Last Visit to a Dentist or Dental Clinic

| Adults (18 years or more) | < 1 year | <2 years | < 5years | >5 years | Never | Don't know/ Not Sure |
|---------------------------|----------|----------|----------|----------|-------|-------------------------|
| White | 45.21% | 21.28% | 14.36% | 15.55% | 0.53% | 1.06% |
| Hispanic/Latino | 45.00% | 18.08% | 16.15% | 14.62% | 3.85% | 2.21% |
| Amer.Indian/AN* | 50.00% | 25.00% | 0% | 25.00% | 0% | 0% |
| Asian* | 71.43% | 14.29% | 0% | 14.29% | 0% | 0% |
| Black/African Am* | 70.00% | 20.00% | 0% | 10.00% | 0% | 0% |
| Pacific Islander/HN | 23.68% | 21.05% | 18.42% | 31.58% | 5.26% | 0% |
| Other* | 33.33% | 22.22% | 0% | 44.44% | 0% | 0% |

| Children (less than 18 years of age) | < 1 year | <2 years | < 5years | >5 years | Never | Don't know/ Not Sure |
|--------------------------------------|----------|----------|----------|----------|--------|-------------------------|
| White | 64.52% | 10.75% | 3.23% | 1.08% | 15.05% | 5.35% |
| Hispanic/Latino | 74.59% | 9.39% | 1.66% | 2.76% | 8.29% | 3.31% |
| Amer.Indian/AN* | 100% | 0% | 0% | 0% | 0% | 0% |
| Asian* | 60.00% | 20.00% | 0% | 0% | 20.00% | 0% |
| Black/African Am* | 88.89% | 0% | 0% | 11.11% | 0% | 0% |
| Pacific Islander/HN | 60.53% | 7.89% | 7.89% | 2.63% | 21.05% | 0% |
| Other* | 50.00% | 16.67% | 16.67% | 8.33% | 0% | 8.33% |
| | | | | | | |

^{*} Sample size lacks the statistical power to be a representative sample of Glendale population

Reasons for not Receiving Dental Care in the Last Year

| Adults (18 years or more) | Fear | Not have a dentist | Cannot get to Dental Clinic | No reason to go | Other priorities | Don't know/ Not Sure |
|---------------------------|--------|--------------------------|--------------------------------|--------------------|------------------|-------------------------|
| White | 17.48% | 21.36% | 5.83% | 11.65% | 37.86% | 5.83% |
| Hispanic/Latino | 9.09% | 34.97% | 8.39% | 4.20% | 31.47% | 11.89% |
| Amer.Indian/AN* | 25.00% | 25.00% | 25.00% | 0% | 25.00% | 0% |
| Asian* | 0% | 50.00% | 0% | 0% | 50.00% | 0% |
| Black/African Am* | 33.33% | 66.67% | 0% | 0% | 0% | 0% |
| Pacific Islander/HN | 0% | 41.38% | 3.45% | 13.79% | 34.48% | 6.90% |
| Other* | 0% | 16.67% | 33.33% | 0% | 33.33% | 16.67% |

| Children (less than 18 years of age) | Fear | Not have a dentist | Cannot get to Dental Clinic | No reason to go | Other priorities | Don't know/ Not Sure |
|--------------------------------------|-------|--------------------------|--------------------------------|--------------------|------------------|-------------------------|
| White | 0% | 18.18% | 9.09% | 36.36% | 24.24% | 12.12% |
| Hispanic/Latino | 4.35% | 21.74% | 2.17% | 19.57% | 30.43% | 21.74% |
| Amer.Indian/AN* | - | - | - | - | - | - |
| Asian* | 0% | 50.00% | 0% | 0% | 50.00% | 0% |
| Black/African Am* | 0% | 0% | 0% | 0% | 100% | 0% |
| Pacific Islander/HN | 0% | 53.33% | 0% | 26.67% | 6.67% | 13.3% |
| Other* | 0% | 33.33% | 0% | 16.67% | 33.33% | 16.67% |

^{*}Sample size lacks the statistical power to be a representative sample of Glendale population

Not having a dentist and "other priorities" are the main reasons cited by all groups for not receiving dental care within the last year.

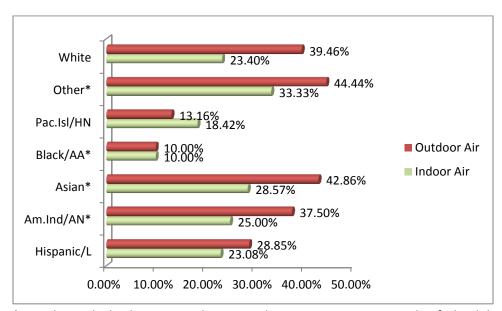
More than one in three PI/HN adults and almost one in five H/L have either never been to the dentist or visited the dentist more than five years ago.

Social Determinants of Health

The social determinants of health (SDH) are the conditions in the environments in which people are born and live. ⁵ Affordable housing and housing conditions, air pollution, the ability to purchase healthy foods, and the capacity for covering basic needs, such as medications and food, were the SDH topics addressed in this survey.

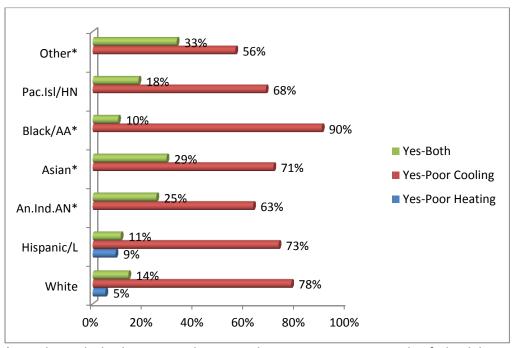
Whites and H/L are the groups more concerned about outdoor air quality. Three out of four W, H/L, and PI/HN participants perceived that their health, or the health of someone living in their house, was affected because of poor cooling. For more than five months within the past year, one in five households purchased less food, medication or other necessities in order to pay home energy bills such gas or electricity. Almost one in three Whites and Hispanic/Latinos are always worried about having enough money to pay their monthly rent or mortgage. This percentage is even higher in Pacific Islanders (almost one in two). Having enough money to buy nutritious food is always a concern for a quarter of the participants, even higher in Pacific Islanders.

Perceived Illness or Symptoms Caused by Poor Air Quality in the Past 12 Months



^{*}Sample size lacks the statistical power to be a representative sample of Glendale population

Perceived that Health has Been Affected Because of Poor Heating or Cooling in the Past 12 Months



^{*}Sample size lacks the statistical power to be a representative sample of Glendale population

Three out of four W, H/L, and PI/HN participants perceived that their health, or the health of someone living in their house, was affected because of poor cooling.

Perceived that Basic Needs Were not Covered in the Past 12 months

| | 1 or 2 Months | 3-5 Months | >5 | Did not Have | Don't know/ Not |
|---------------------|---------------|------------|--------|--------------|-----------------|
| | | | Months | that Problem | Sure |
| White | 17.55% | 15.96% | 21.28% | 40.43% | 4.79% |
| Hispanic/Latino | 21.92% | 21.92% | 20.77% | 28.08% | 7.31% |
| Amer.Indian/AN* | 12.50% | 25.00% | 25.00% | 37.50% | 0% |
| Asian* | 28.57% | 14.29% | 0% | 42.86% | 14.29% |
| Black/African Am* | 30.00% | 20.00% | 0% | 50.00% | 0% |
| Pacific Islander/HN | 23.68% | 39.47% | 23.68% | 10.53% | 2.63% |
| Other* | 44.44% | 0% | 44.44% | 0% | 11.11% |

^{*}Sample size lacks the statistical power to be a representative sample of Glendale population

For more than five months within the past year, one in five households purchased less food, medication or other necessities in order to pay home energy bills such gas or electricity.

Stressed Out to Pay Rent or Mortgage in the Past 12 Months

| | Always | Usually | Sometimes | Rarely | Never | Don't Know/not Sure |
|---------------------|--------|---------|-----------|--------|--------|------------------------|
| White | 29.79% | 15.96% | 24.47% | 13.83% | 15.96% | 0% |
| Hispanic/Latino | 31.54% | 14.23% | 31.92% | 10.00% | 11.15% | 1.15% |
| Amer.Indian/AN* | 50.00% | 0% | 37.50% | 0% | 12.50% | 0% |
| Asian* | 14.29% | 0% | 71.43% | 0% | 14.29% | 0% |
| Black/African Am* | 20.00% | 10.00% | 30.00% | 20.00% | 20.00% | 0% |
| Pacific Islander/HN | 42.11% | 26.32% | 21.05% | 5.26% | 5.26% | 0% |
| Other* | 44.44% | 22.22% | 33.33% | 0% | 0% | 0% |

^{*}Sample size lacks the statistical power to be a representative sample of Glendale population

Almost one in three Whites and Hispanic/Latinos are always worried about having enough money to pay their monthly rent or mortgage. This percentage is even higher in Pacific Islanders (almost one in two).

Worried about Having Enough Money to Buy Nutritious Food in the Past 12 Months

| | Always | Usually | Sometimes | Rarely | Never | Don't Know/not Sure |
|---------------------|--------|---------|-----------|--------|--------|------------------------|
| White | 26.06% | 17.02% | 26.60% | 14.89% | 15.43% | 0% |
| Hispanic/Latino | 22.69% | 16.15% | 31.15% | 11.54% | 17.31% | 1.15% |
| Amer.Indian/AN* | 37.50% | 12.50% | 37.50% | 0% | 12.50% | 0% |
| Asian* | 14.29% | 0% | 42.86% | 14.29% | 28.57% | 0% |
| Black/African Am* | 20.00% | 20.00% | 20.00% | 0.00% | 40.00% | 0% |
| Pacific Islander/HN | 31.58% | 31.58% | 21.05% | 7.89% | 7.89% | 0% |
| Other* | 55.56% | 22.22% | 22.22% | 0% | 0% | 0% |

^{*}Sample size lacks the statistical power to be a representative sample of Glendale population

Having enough money to buy nutritious food is always a concern for a quarter of the participants, even higher in Pacific Islanders.

Recommendations

- Increase promotional and awareness activities in Glendale to educate residents about health insurance enrollment.
- Promote Medicaid dental coverage for children.
- Acknowledge and promote the work of community health centers and public clinics in the area.
- Educate women about the importance of female care prevention services.
- Promote flu vaccination.
- Promote partnerships among oral health stakeholders to:
 - o Educate the community about the importance of oral health
 - Promote and provide preventive dental screenings
 - Create a network for referrals for restorative and emergency services
- Create a user friendly tool for residents to locate medical and dental clinics in the area. Among others, specify the type of services offered, languages spoken, conditions for accepting new clients, and fees charged.
- Investigate why most of the participants think that poor cooling of their houses is having a negative impact on their health.
- Investigate why most of the participants think that poor indoor air quality of their houses is having a negative impact on their health.
- Educate residents about healthy and affordable eating: where to buy, what to buy, and how to prepare healthy, nutritious meals.
- Create or promote programs to subsidize energy bills for low income residents.
- Create or promote programs to provide affordable housing for low income residents.
- Organize a coalition to coordinate these activities.
- In order to create effective, efficient, and sustainable programs, involve a wide range of stakeholders who are already working in or have an interest in working in Glendale. In addition to that, include a representative sample of local residents.





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- Communities United/Comunidades Unidas
- Communities Building Communities
- Salt Lake American Muslim
- Somali Community Self Management Agency
- National Tongan American Society
- Black/African American Health Taskforce
- Utah Multicultural Affairs Office
- Urban Indian Center of Salt Lake
- Utah Indian Health Advisory Board
- Salt Lake County on Diversity Affairs (CODA)
- Utah Department of Health, Tobacco Prevention & Control Program
- Utah Department of Health, WIC Program
- Utah Department of Health, Oral Health Program
- Utah Department of Health, Asthma Program

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References

- 1. Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention. Accessed at http://www.cdc.gov/brfss/
- 2. American Community Survey. 2009-2013 American Community Survey 5-Year Estimates. Washington D.C: U.S. Census Bureau.
- 3. Buchmueller, TC. et al. *The effect of health insurance on medical care utilization and implications for insurance expansion: a review of literature*. Medical Care Research and Review, 2005 Feb:62(1):3-30
- 4. Health Status by Race and Ethnicity 2015, Utah Department of Health, Office of Health Disparities. Accessed at http://www.health.utah.gov/disparities/data/race-ethnicity report/2015HealthStatusbyRace&Ethnicity.pdf
- 5. Understanding the Social Determinants of Health. Healthy People 2020. Office of Disease Prevention and Health Promotion. Accessed at http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health