

# Introduction

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Overview. The community survey described in this report represents a collaborative effort between the Salt Lake Valley Health Department (SLVHD) and the Utah Department of Health (UDOH). The purpose of the project was to obtain information on the health status, health care needs, and access to health care for residents, including ethnic populations, in selected Salt Lake County communities. Following a protocol developed by the two lead agencies, in-person interviews were conducted with randomly-selected households within selected census tracts in Northwest Salt Lake Valley. Recent analyses of health status measures<sup>1</sup> had suggested that this area of the county had substantial unmet health needs relative to the state, overall (e.g., low rates of health insurance coverage, low rates of prenatal care, high rates of low-birth weight births, and high all-cause death rates). In addition, the area includes an ethnically diverse population, and it was believed that a survey would provide estimates of health measures for several ethnic groups, some — most notably Utah’s growing Pacific Islander population — for the first time in Utah.

Initial efforts toward this collaborative project began in December 1998 when representatives from the SLVHD and the UDOH met to discuss the possibility of a survey being conducted to identify the health care needs and access issues of ethnically diverse populations in Salt Lake County. Over the following months, the focus of the survey expanded to include more than ethnic health issues. Schools in the area had reported that often in a year’s time, nearly half of the students move on to another school, with others moving in to replace them. Language barriers have added greatly to the needs of these families, with many agencies unable to keep up with the variety of languages spoken and amount of translation services that has been needed. Ongoing lack of access had been identified as an issue in these communities, with little accurate information as to the detailed needs of people living there. It was believed that a survey could help to elucidate some of the health status and health care issues for residents of these communities.

Because both lead agencies play a role in health care policy, program planning, and service provision in the selected communities, identification of the needs of these communities was agreed upon as an important goal for the project. An additional goal was to develop, evaluate, and acquire experience implementing a household-based, non-telephone-dependent health survey that could be used in other areas of Salt Lake County and elsewhere in Utah.

Sampling and Data Collection. For this project, the population of inference was defined as persons living in households in 10 census tracts in Northwest Salt Lake County. The selected census tracts coincide very closely with postal ZIP codes 84116 and 84104, and include members of the Jordan Meadows, Poplar Grove, Rose Park, State Fairgrounds, Westpointe, and West Salt Lake communities. These are adjacent neighborhoods with a population of about 45,000 residents. These neighborhoods cover an area of 41 square miles and are bordered by Highway 201 (21<sup>st</sup> South) to the South, Interstate-15 to the East, oil refineries to the north, and an airport to the west. Since the geographic area was small and clearly defined, it was believed it would be logistically feasible to perform an area cluster-sample survey of households in these communities.

The community survey utilized a standard geographic cluster sampling method. This method provided a sample that was representative of all persons living in the geographic area. Data collection for the survey began on October 6, 1999, and continued through December 31, 1999. The primary mode of data collection was through face-to-face interviews, although telephone interviews were conducted after first speaking with a household member face-to-face in about 10% of the cases. The survey respondent was an adult household member who was most knowledgeable about the health of all household members. This person provided health status information on all household members. The survey sample included 1,210

households and 4,057 persons. Interviews were conducted in English, Spanish, Bosnian, Vietnamese, Tongan, Somalian, and Arabic.

About This Report. This report presents a Summary of Findings, followed by graphs and tables that provide demographic breakouts and age/sex graphs for most questionnaire items. For some items (such as household income and household hunger) information has been provided at the household level (n=1,210 surveyed households). The smaller sample size precluded analysis by race, but a breakout is provided by whether the household includes any persons who were Hispanic. Unless otherwise noted, differences stated in the bulleted text are statistically significant. A Technical Notes appendix provides detailed information on the survey methodology.

The data tables provide estimates for the numbers of persons living in the 10 census tracts sampled for this project. These numbers should be considered estimates. 1990 U.S. Census estimates of area populations of persons and households were used as a starting point, and projections to 1999 were made based on what little additional information was available. It is likely that the 2000 U.S. Census numbers, when they come out, will be quite different.

The data presented in this report are representative of all persons living in the 10 sampled census tracts. It should be noted that the estimates provided for the six communities include only those community members who also live in the 10 selected census tracts. Although we believe the 10 census tracts included all or almost all members of all six communities, it is possible that some community members were not sampled because they lived outside of the population of inference for this project. A more detailed description of the methodology for this project may be found in the Technical Notes section of this report.