

INTRODUCTION

Public health has increasingly emphasized local or community health assessment and planning. Small area analysis is a tool that can help inform community health planning by providing public health information that is specific for each community or small area. This report provides data on a variety of health status and demographic measures for small areas in Utah.

Sixty-one small areas with an average 1997 population size of 33,500 persons (range 15,000 to 62,500 persons) were identified. Areas varied widely in surface area, with the smallest area consisting of a few square miles in an urban county, and the largest area encompassing four large frontier counties. The largest urban health district, Salt Lake City/County Health District, included 23 small areas. Sometimes ZIP codes or counties were used individually, at other times contiguous areas were combined. Population size, political boundaries of cities and towns, and economic similarity were the chief criteria used to combine the areas. A list of areas and how the small areas were defined (ZIP codes and county combinations that were used to create each area) is found in the table on page one. A detailed description of the methodology used to designate small area boundaries may be found in the Technical Appendix on page 99.

The report begins with an overview of the locations of the 61 small areas. The table on page one contains definitions of area boundaries and selected demographic information for each area. Following that table are five maps that display the small area boundaries at different levels of detail for Utah (the entire state, the Wasatch Front, and Salt Lake, Utah, and Davis and Weber Counties).

The report then provides maps that depict health and demographic measures by small area. For each health measure, four maps are presented. The first two maps present information on the values of the measure (e.g., death rates); one map is a view of Utah and the other of the Wasatch Front. The next two maps (also views of Utah and the Wasatch Front) indicate which small areas had values on the measure that were higher or lower than the overall state value. An area was considered different from the state if the 95% confidence interval for the measure in the area did not include the state rate. Following the maps are reference tables that provide information on the health measures for each small area, along with the corresponding 95% confidence intervals.

Two small areas (#35, South Jordan and #46, East Orem) contain zip codes that were created recently (1993 and 1996, respectively). For measures that rely on combining data over multiple years, the estimates for those areas will be based on smaller populations (e.g., a population over one year instead of five). Because of the smaller population base, the precision of the estimates for areas #35 and #46 will not be as good as it would have otherwise been. In addition to lack of precision in the estimates, it is likely that use of new ZIP codes does not begin uniformly on the date the ZIP code change was initiated. It is very possible that some events that took place in areas #35 and #46 after creation of the new ZIP codes were improperly coded as having taken place in areas #39 (Riverton) and #45 (West Orem), respectively, the areas that include the former ZIP codes. Reported rates calculated for areas #35 and #46 should be interpreted with caution. A discussion of calculation of rates for these areas may be found in the Technical Appendix.

We hope that this report will provide useful measures of community health in Utah, but we recognize that it is a first step. We welcome comments about our selection of health status measures, and our small

area designations. In addition, we hope this report provides some of the groundwork for others who wish to present information at the community level, and that others will consider using these area designations. We welcome inquiries about the methods used. Finally, we hope that the reporting and use of small area information will promote improved collection of geographic data and adoption of uniform standards for such data. That collection and those standards should apply not only to health data, but also to demographic, survey, economic, social welfare, and other data that could be used to improve our understanding of Utah communities and the people who make up those communities.