Introduction

We are pleased to present the first Utah Behavioral Risk Factor Surveillance System (BRFSS) report with data summarized for each of Utah’s 61 small areas. Utah Department of Health staff designated the small areas in 1997 in order to make important health data available at the community level where possible. Beginning in 2001, BRFSS sampling has been done with the specific goal of analyzing the BRFSS data by small area.

For this report we combined BRFSS data for years 2001–2005 in order to have an adequate number of completed interviews in each small area for reasonably precise estimates. Twenty-two individual BRFSS measures, for which there were sufficient data, are included in this report. In order to put the BRFSS data into context, we have included 24 health-related demographic variables by each small area.

The result is that there is an almost overwhelming amount of information in this report. Looking at 22 BRFSS measures and 24 demographic variables in 61 geographic areas has been a daunting task. We have tried to make this task as easy as possible by presenting the data in a variety of ways in order to serve a variety of purposes.

In the body of the report, Utah BRFSS Measures Small Area Findings, 2001–2005, each BRFSS measure summary includes information about the public health importance of that measure, the associated risk factors, the Healthy People 2010 or other Utah-specific objective when available, a list of resources, and the national, state, and small area prevalence rates. The small area data are presented in tables, bar graphs, and shaded maps. This section of the report affords a statewide view of the data for a single measure. The Guide to This Report provides a quick graphical reference to the information. Similarly, Appendix E: Demographic Characteristics by Small Area, provides a statewide view of each of the 24 demographic variables.

The Small Area BRFSS Summary Table in Appendix A and the Small Area Demographic Summary Table in Appendix D provide a compact visualization of all the BRFSS measures and demographic variables in each local health district and associated small areas, along with the U.S. and Utah rates. We used color shading to highlight where these rates were either substantially higher or lower than the Utah statewide rate. The tables include small area ranks from lowest to highest rate. For those interested in a particular local health district or small area, these tables provide a quick visual overview of all the BRFSS measures and demographic variables.

The Small Area Definitions and Key Maps in Appendix C are meant to help readers understand and visualize the small areas. This section starts with a list of the ZIP codes and/or counties included in each small area. The first two maps show the small areas statewide and in the Wasatch Front, respectively. Those are followed by separate maps of each health district that illustrate the small areas within them. Four of these maps are of an entire health district since those health districts have not been subdivided into small areas due to their small population.

We hope that the information in this report can be used to promote community involvement in the planning and implementation of public health interventions. Additionally, we hope that specific small area data will help make the case for targeting public health endeavors to the areas most in need in order to effect the greatest change.

Some background

The BRFSS was established by the Centers for Disease Control and Prevention (CDC) in 1984 with 14 participating states, including Utah. It was developed in order to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population. More information about the BRFSS is available in Appendix F: Methodology and online at www.cdc.gov/brfss.

Whereas the BRFSS was initially developed to make state-level estimates, from 1995 onward, the Utah BRFSS sample was stratified by local health district in order to produce estimates by health district. Starting in 2001,
ZIP code has been asked on the BRFSS questionnaire in order to assign households to small areas. More information about Utah's BRFSS is available online at http://ibis.health.utah.gov.

Utah’s 61 small areas were developed by the Utah Department of Health in 1997 in order to analyze health information at the community level. They were established to be of a certain population size and the exact geographic areas were determined using ZIP codes, singly or in combination, and in some cases entire counties are included within a small area. The geographic sizes vary widely, with the smallest small area consisting of a few square miles in Salt Lake County and the largest small area encompassing three frontier counties in northeastern Utah’s TriCounty health district. All small areas are contained within a single health district and, in four cases, include an entire health district. When possible, areas conform to established political boundaries of cities and towns. We have discovered that some established community boundaries don’t always correspond to the small areas developed for this analysis. ZIP codes were used to define the small areas because they are the smallest geographic unit that is widely available across most public health districts. However, it should be noted that ZIP codes were designed to facilitate mail delivery. Population size estimates are available from the U.S. Census Bureau, but there are some known issues with the precision of those estimates. More in-depth information about Utah’s 61 small areas is included in Appendix B: How Small Areas Were Designated.

Finally, the exact wording of the questions and their responses for the years analyzed in this report are included in Appendix G.