

Voices of South Salt Lake 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



UTAH DEPARTMENT OF
HEALTH
Office of Health Disparities

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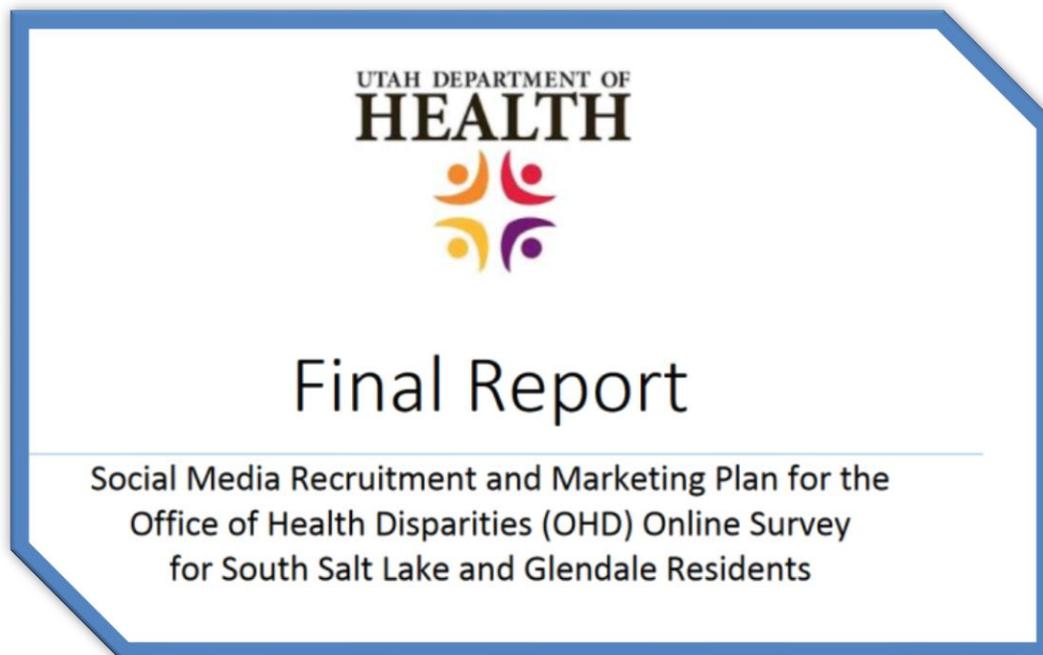
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Background

From November 2015 to February 2016, the Office of Health Disparities (OHD) conducted an online survey among South Salt Lake 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 South Salt Lake racial/ethnic minorities, especially among adults.
- One in two AI/AN¹, one in three B/AA², one in three H/L³ and one in five W⁴ needed medical care within the last year and could not get it. Among those who needed medical care within the past year and could not get it, cost was the main reason for not getting medical care.
- Medicaid is the most popular health insurance among H/L children and the second most popular among all children.
- Nearly one in three H/L use public clinics or community health centers as the usual place for primary care services.
- One in three AI/AN women and one in five H/L women do not receive female care related services; among those who received these services, public clinics or community health centers are the main providers.
- One in two PI/HN⁵ use either a hospital emergency room or urgent care as the usual place for medical care.
- Less than half of survey respondents received a flu vaccine within the last year. The percentage is especially low among PI/HN.
- The percentage of residents without dental health insurance is shocking: 35% of W, 42% of B/AA, 50% of PI/HN, 56% of H/L, and 72% of AI/AN adults 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.
- 40% of PI/HN children, 37.5% of AI/AN children, 23.08% of H/L, and 20.93% of W children have never visited a dentist.
- Indoor and outdoor air quality is a concern to all the groups except PI/HN.
- Poor cooling of their homes is a major concern for all the groups.
- For more than five months within the past year, one in three AI/AN households, one in four PI/HN households, and one in five H/L households purchased less food, medication, or other necessities in order to pay home energy bills such as gas or electricity.
- Having enough money to buy nutritious food is always a concern for 44% of AI/AN and 37% of PI/HN.

¹ American Indian/Alaska Native

² Black/ African American

³ Hispanic/Latino

⁴ White

⁵ Pacific/Islander/Hawaiian Native

- Nearly three in four AI/AN, two in four PI/HH, one in four B/A, one in four H/L, and one in four W were always worried about having enough money to pay their monthly rent or mortgage.

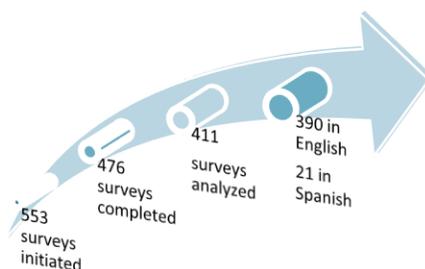
Methodology

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 the city of South Salt Lake and community partners requesting their help in getting the word out about the survey to their community members.

Eligible participants included South Salt Lake residents (18+) living in Zip codes 84115, 84119, 83123, 84106, and 84107. 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 553 surveys that were initiated, 476 were completed (86% completion rate). After the data was cleaned, a total of 411 surveys were eligible for analysis. Out of those surveys 390 were completed in English and 21 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 South Salt Lake is approximately 1:1. This was a limitation present in all the racial/ethnic groups.
- Sample size
 - For some of the groups ("Asian" and "Other"), the small number of participants does not provide the statistical power needed to generalize results.
 - The total sample size for the other groups (White, Hispanic/Latino, Pacific Islander/Hawaiian Native, and American Indian/Alaska Native) provides an 80% confidence level for most of the indicators, but not for all.
 - If the sample size lacks the statistical power to be a representative sample, the data will be accompanied by the symbol (*).
- Age of participants
 - Almost 82% of survey participants were between the ages of 18 and 50 while in the overall population, 54% of residents are between the ages of 20 and 54.
 - The percentage of survey participants over the age of 65 was almost 3%; the percentage of residents over 65 is close to 9%.
- 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. More than 85% of participants lived in Zip code 84115. The racial/ethnic distribution of survey participants was very similar to the overall racial/ethnic distribution of South Salt Lake residents.

SSL Residents Participating in Survey (Number of surveys eligible for analysis=411)			SSL Population (2009-2013 ACS ²) (Total population 24,695 ⁺)	
Sex	Frequency	Percent	Sex	
Male	97	23.60%	Male	51.09%
Female	314	76.40%	Female	48.10%
Age			Age	
18-30	139	33.82%	20 -34	30.20%
31-50	197	47.93%	35 -54	23.70%
51-65	63	15.33%	55 -64	10.30%
>65	12	2.92%	>65	8.60%
Race/Ethnicity			Race/Ethnicity (all ages)	
White	232	56.45%	White	54.00%
Hispanic/Latino	123	29.93%	Hispanic/Latino	30.10%
Amer. Indian/Alaska N.	18	4.38%	Amer. Indian/AN	2.40%
Asian	13	3.16%	Asian	8.80%
Black/African Amer.	12	2.92%	Black/African Amer.	2.30%
Pacific Isl./Haw N.	8	1.91%	Pacific Islander/HN	0.40%
Other ⁺⁺	5	1.22%	Other*	1.90%
Zip Codes			Zip Codes	
84115	352	85.64%	84115	100%
80106	35	8.52%		
83107	9	2.19%		
84119	2	1.22%		
84123	10	2.43%		

⁺ Zip code 84115

⁺⁺ Some other race alone or two or more races

Medical Care

In comparison to the statewide population, survey participants in South Salt Lake have a higher rate of being uninsured. This rate is higher for adults than for children. American Indians/Alaska Natives (AI/AN) and Pacific Islanders/Hawaiian Natives (PI/HN) have the highest rate of being uninsured among adults followed by Hispanic/Latinos (H/L). The number of children without health insurance is higher among H/L, PI/HB and Black/African American (B/AA). 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 all the groups. Almost one in three H/L use public clinics or community health centers as the usual place for primary care services. Urgent care was used as a usual place for medical care for 25% of the PI/HN and almost 28% of the AI/AN. For female care health services, community health centers were the most used by AI/AN and H/L women. A private gynecologist is the most popular place among White women. More than 33% of AI/AN women and about 22% of H/L women do not receive these types of services. All the groups have used the Internet within the last year as a source to look for a doctor or hospital. Less than half of survey respondents received a flu vaccine within the last year; the percentage is particularly low among PI/HN (12.5%).

No Health Insurance

South Salt Lake Residents (participating in survey)		Statewide ⁴ (age-adjusted)	
Adults (18 or more)		Race/Ethnicity	
White	16.81%	White	10.40%
Hispanic/Latino	38.21%	Hispanic/Latino	32.70%
Amer. Indian/Alaska Native	55.56%	Amer. Indian/AN	21.50%
Asian*	15.38%	Asian	9.20%
Black/African Amer.	25.00%	Black/African Amer.	14.20%
Pacific Islander/Hawaiian Native	50.00%	Pacific Islander/HN	15.40%
Other*	40.00%	Other	—
Children (less than 18)		No Health Insurance	
White	13.95%		
Hispanic/Latino	20.51%		
Amer.Indian/Alaska Native	12.50%		
Asian*	0%		
Black/African Amer.	20.00%		
Pacific Islander/Hawaiian Native	20.00%		
Other*	7.69%		

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

Adults with a Primary Care Provider

SSL Residents (participating in survey)	
Race/Ethnicity (>18 years)	
White	64.65%
Hispanic/Latino	66.66%
Amer. Indian/Alaska Native	50.00%
Asian*	—
Black/African Amer.	58.33%
Pacific Islander/Hawaiian N.	37.50%
Other*	55.56%

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

Need Medical Care in the Past 12 Months and Could Not Get It

South Salt Lake Residents (participating in survey)	
Race/Ethnicity (>18 years)	
White	21.55%
Hispanic/Latino	30.08%
Amer. Indian/Alaska Native	66.67%
Asian*	0%
Black/African Amer.	33.33%
Pacific Islander/Hawaiian N.	12.50%
Other*	60.00%

* 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*	80.36%	5.36%	1.79%	12.50%
Hispanic/Latino*	77.27%	2.27%	0%	15.91%
Amer. Indian/AN*	83.33%	8.33%	8.33%	0%
Asian*	0%	0%	0%	25.00%
Black/African Am.*	75.00%	0%	0%	25.00%
Pacific Islander/HN*	100%	0%	0%	0%
Other*	80.00%	0%	1.67%	12.50%

* 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

South Salt Lake Residents (participating in survey)		Statewide ² (age-adjusted)	
Race/Ethnicity (>18 years)		Race/Ethnicity	
White*	80.36%	White	14.30%
Hispanic/Latino*	77.27%	Hispanic/Latino	27.70%
Amer. Indian/Alaska Native*	83.33%	Amer. Indian/AN	24.10%
Asian*	-	Asian	15.50%
Black/African Amer.*	75.00%	%	
Pacific Islander/Hawaiian N.*	100.00%	Black/African Amer.	24.50%
Other*	80.00%	Pacific Islander/HN	21.80%
		Other	—

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

Routine Medical Checkup Within the Last Year

South Salt Lake Residents (participating in survey)		Statewide ² (age-adjusted)	
Race/Ethnicity (>18 years)		Race/Ethnicity	
White	56.90%	White	57.40%
Hispanic/Latino	58.54%	Hispanic/Latino	55.60%
Amer. Indian/Alaska Native	33.33%	Amer. Indian/AN	57.60%
Asian*	61.54%	Asian	61.90%
Black/African Amer.	58.33%	Black/African Amer.	66.40%
Pacific Islander/Hawaiian N.	25.00%	Pacific Islander/HN	68.40%
Other*	40.00%	Other	—

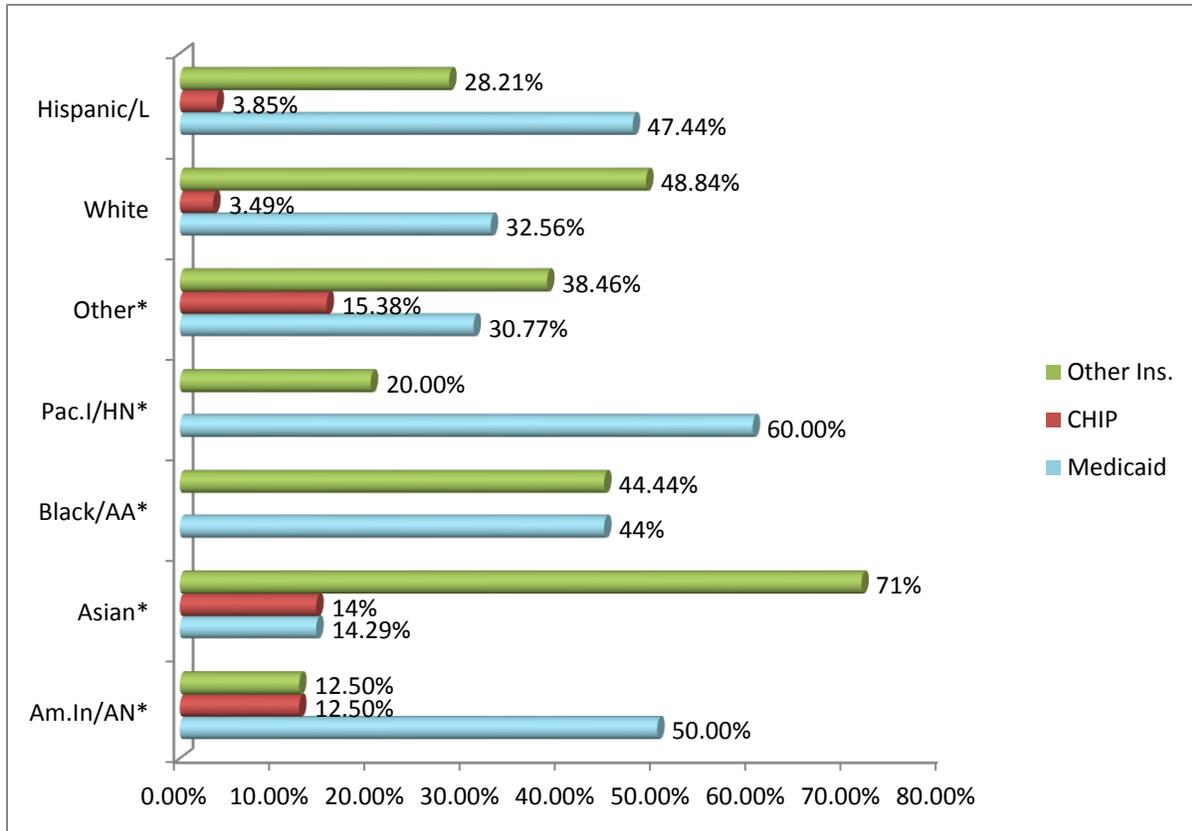
* Sample size lacks the statistical power to be a representative sample

One in four PI/HN and one in three AI/AN had a routine medical checkup during the past twelve months. This percentage is much lower than the statewide percentage.

For other W and H/L the percentage is similar to the statewide percentages.

For B/AA the percentage in SSL is slightly lower than the statewide percentage.

Type of Health Insurance for Children



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

Medicaid is the most popular health insurance among Hispanic/Latino children and the second most popular among 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	59.91%	4.74%	3.88%	18.10%	11.21%	2.16%
Hispanic/Latino	35.77%	30.89%	8.13%	13.82%	8.94%	2.44%
Amer. Indian/AN	33.33%	16.67%	11.11%	27.78%	11.12%	0%
Asian*	53.85%	15.38%	0%	7.69%	15.38%	7.69%
Black/African Am.	50.00%	8.33%	16.67%	16.67%	8.33%	0%
Pacific Islander/HN	25.00%	12.50%	25.00%	25.00%	26.32%	12.50%
Other*	40.00%	0%	20.00%	20.00%	20.00%	0%

* Sample size lacks the statistical power to be a representative sample of the SSL population

A doctor's office is the usual place for all the groups. Almost one in three H/L use public clinics or community health centers as the usual place for primary care services.

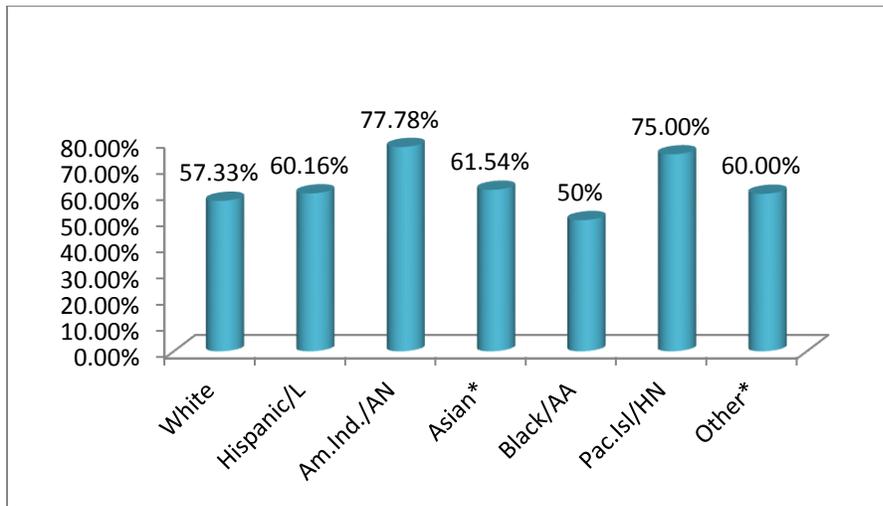
More than 33% of AI/AN and nearly 22% of H/L women do not receive female care related services.

Usual Source of Services for Female Health Concerns

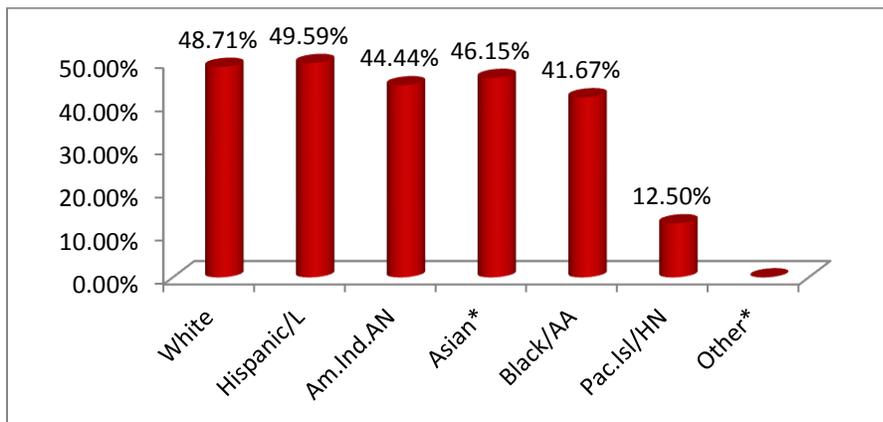
	Family Planning Clinic	Public Clinic or Community Health Center	Private Gynecologist	Private Family Physician	Do not Receive These Services	Don't know/ Not Sure
White	8.04%	7.55%	37.69%	27.14%	14.07%	3.52%
Hispanic/Latino	8.91%	28.71%	19.80%	15.84%	21.78%	4.95%
Amer. Indian/AN	0%	40.01%	26.67%	0%	33.33%	0%
Asian*	9.09%	36.36%	27.27%	0%	27.27%	0%
Black/African Am*	0%	22.22%	11.11%	11.11%	55.56%	0%
Pacific Islander/HN*	28.57%	0%	0%	42.86%	14.29%	14.29%
Other*	0%	0%	33.33%	0%	33.33%	33.33%

* Sample size lacks the statistical power to be a representative sample of the SSL population

Internet Used to Look for Providers or Hospitals

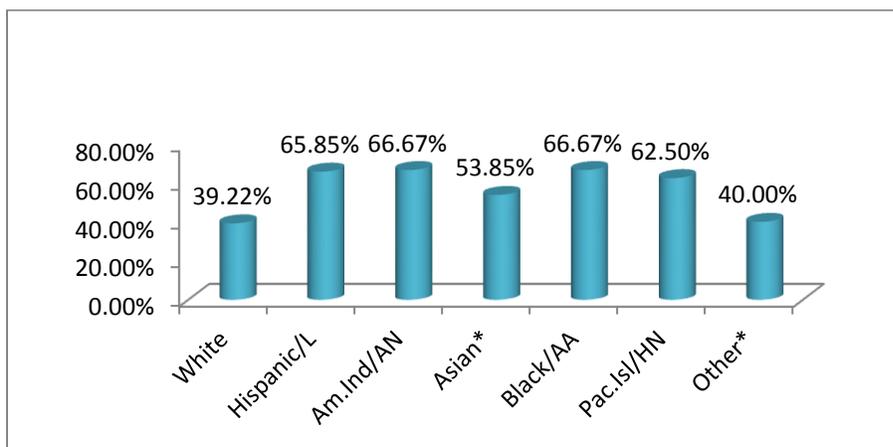


Flu Vaccine Within the Last Year



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 SSL population

Dental Care

The percentage of people without dental insurance is even higher than medical insurance. This is especially relevant among all adults particularly AI/AN, 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 five PI/HN children do not have dental insurance. Following that trend, 40% of PI/HN children and 37.5% of AI/AN children have never visited a dentist. 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 years)	
Adults (>18 years)	No Dental Insurance	Race/Ethnicity	No Dental Insurance
White	34.91%	White	18.60%
Hispanic/Latino	56.10%	Hispanic/Latino	28.21%
Amer. Indian/Alaska Native	72.22%	Amer. Indian/AN	12.50%
Asian*	23.08%	Asian*	57.14%
Black/African Amer.	41.67%	Black/African Amer.	11.11%
Pacific Islander/Hawaiian Native	50.00%	Pacific Islander/HN	20.00%
Other*	40.00%	Other*	23.08%

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	45.69%	21.12%	15.09%	16.38%	0.86%	0.86%
Hispanic/Latino	43.90%	26.02%	14.63%	11.57%	4.07%	0.81%
Amer. Indian/AN	11.11%	27.78%	27.78%	22.22%	5.56%	5.56%
Asian*	46.15%	30.77%	7.69%	15.38%	0%	0%
Black/African Am.	58.33%	0%	8.33%	25.00%	8.33%	0%
Pacific Islander/HN	50.00%	0%	37.50%	12.50%	0%	0%
Other*	60.00%	0%	20.00%	20.00%	0%	0%

Children (less than 18 years of age)	< 1 year	<2 years	< 5years	>5 years	Never	Don't know/ Not Sure
White	60.47%	12.79%	4.65%	0%	20.93%	1.16%
Hispanic/Latino	60.26%	6.41%	5.13%	1.28%	23.08%	3.85%
Amer. Indian/AN	37.50%	12.50%	0%	12.50%	37.50%	0%
Asian*	42.86%	28.57%	0%	0%	28.57%	0%
Black/African Am*	77.78%	22.22%	0%	0%	0%	0%
Pacific Islander/HN	40.00%	0%	0%	0%	40.00%	20.00%
Other*	58.74%	10.68%	4.37%	0.97%	22.33%	2.91%

*Sample size lacks the statistical power to be a representative sample of SSL 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	19.05%	19.84%	5.56%	11.90%	38.89%	4.76%
Hispanic/Latino	13.04%	23.19%	8.70%	13.04%	39.13%	2.90%
Amer. Indian/AN	18.75%	25.00%	6.25%	0%	50.00%	0%
Asian*	14.29%	14.29%	0%	42.86%	28.57%	0%
Black/African Am	20.00%	20.00%	0%	60.00%	0%	0%
Pacific Islander/HN	25.00%	25.00%	0%	25.00%	0%	25.00%
Other*	0%	50.00%	0%	0%	50.00%	0%

**Sample size lacks the statistical power to be a representative sample of SSL population*

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

40% of PI/HN children, 37.5% of AI/AN children, 23.08% of H/L, and 20.93% of White children have never visited a dentist.

Reasons for not Receiving Dental Care in the last Year

Children (younger 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	2.94%	11.76%	2.94%	52.94%	26.47%	2.94%
Hispanic/Latino	9.68%	29.03%	6.45%	41.94%	6.45%	6.45%
Amer. Indian/AN	20.00%	20.00%	0%	20.00%	40.00%	0%
Asian*	25.00%	25.00%	0%	50.00%	0%	0%
Black/African Am*	0%	0%	100%	0%	0%	0%
Pacific Islander/HN	0%	66.67%	0%	0%	33.33%	13.3%
Other*	0%	16.67%	0%	33.33%	16.67%	33.33%

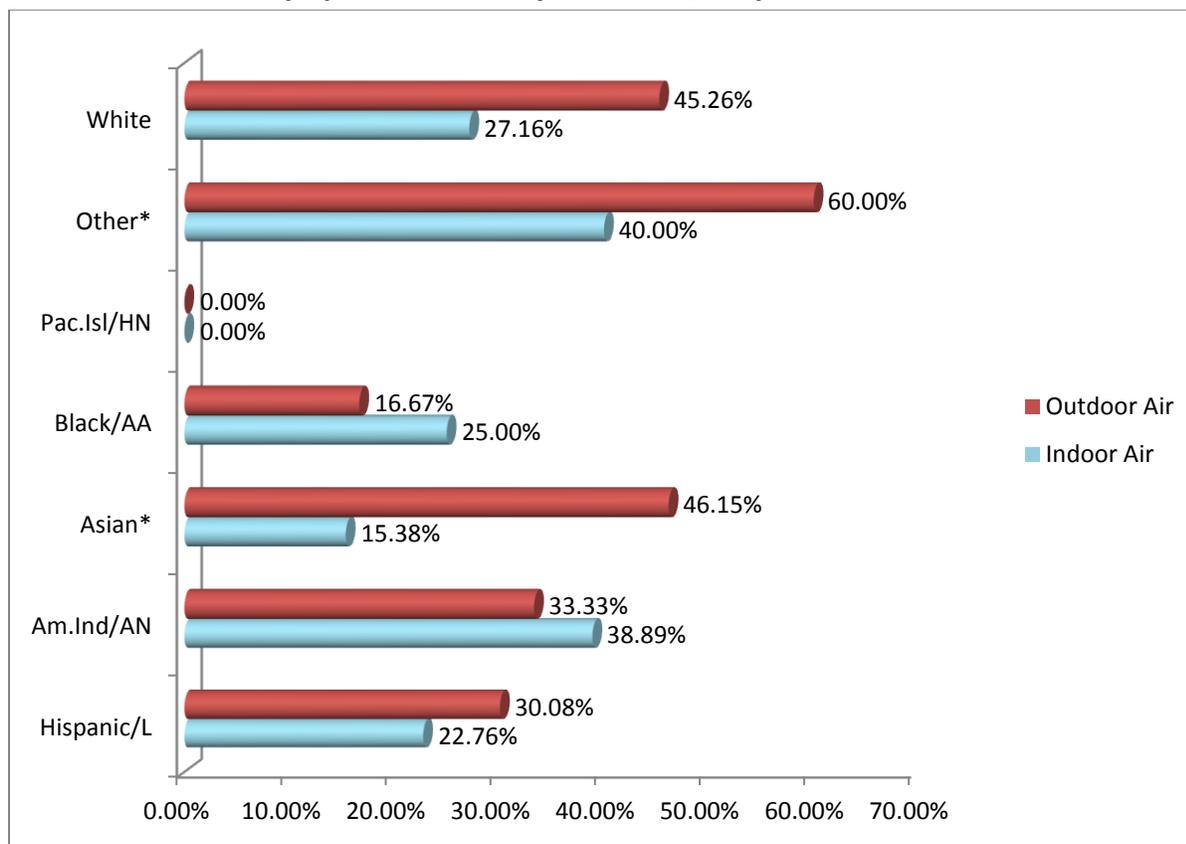
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Social Determinants of Health

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.

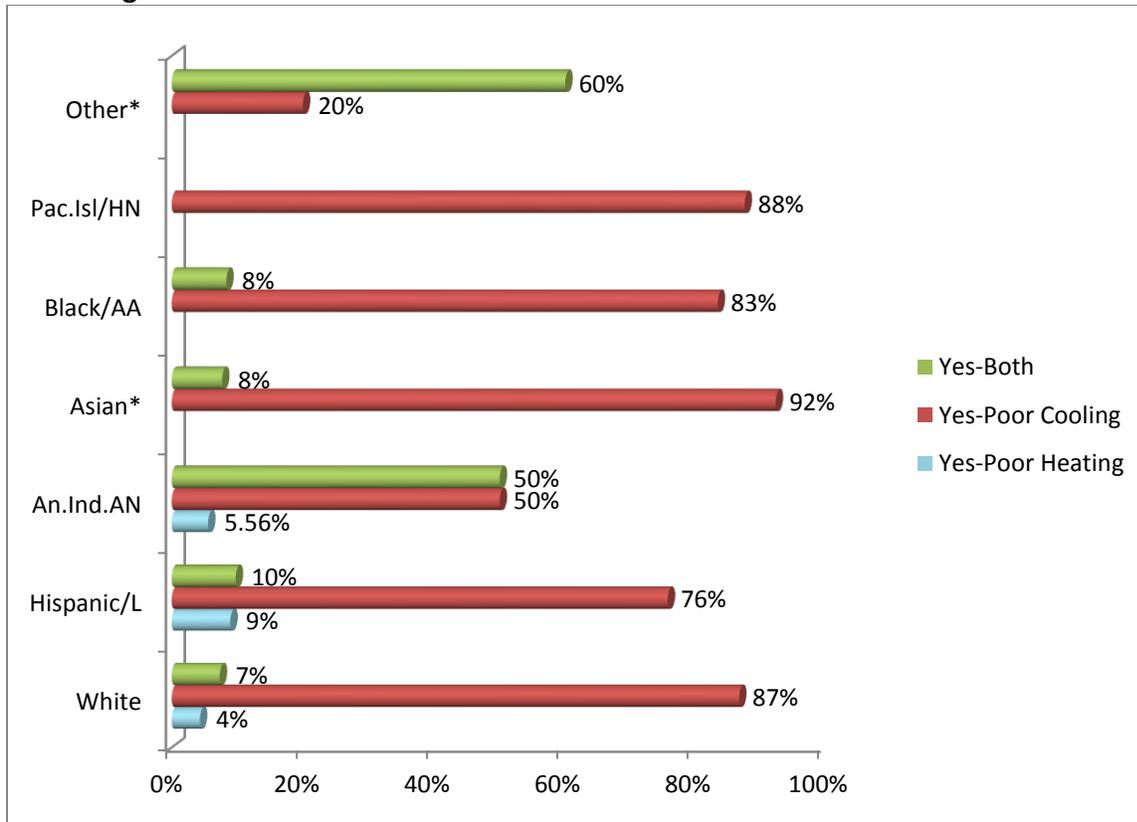
Whites, AI/AN, and H/L are the groups who are more concerned about outdoor air quality. Indoor air quality is a major concern for AI/AN where almost 40% of the participants believe that their health has been affected by poor air quality inside the house. Poor cooling and its health effects is a major concern for a higher percentage of participants in all the groups. For more than five months within the past year, one in three AI/AN households, one in four PI/HN households, and one in five H/L households purchased less food, medication or other necessities in order to pay home energy bills such as gas or electricity. Almost three in four AI/AN and two in four PI/HN are always worried about having enough money to pay their monthly rent or mortgage. Having enough money to buy nutritious food is always a concern for 44% of AI/AN and 37% of PI/HN.

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 SSL 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 SSL population*

Indoor and outdoor air quality is a concern to all the groups except PI/HN.

Poor cooling of their homes is a major concern for all the groups.

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

	1 or 2 Months	3-5 Months	>5 Months	Did not Have that Problem	Don't know/ Not Sure
White	15.52%	11.21%	15.95%	53.45%	3.88%
Hispanic/Latino	26.83%	13.01%	19.51%	33.33%	7.32%
Amer.Indian/AN	22.22%	33.33%	33.33%	11.11%	0%
Asian*	15.38%	0%	7.69%	61.54%	15.38%
Black/African Am	41.67%	0%	16.67%	41.67%	0%
Pacific Islander/HN	25.00%	12.50%	25.00%	25.00%	12.50%
Other*	0%	0%	40.00%	40.00%	20.00%

For more than five months within the past year, one in three AI/AN households, one in four PI/HN households, and one in five H/L households purchased less food, medication, or other necessities in order to pay home energy bills such as 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	26.29%	16.38%	25.43%	12.93%	18.53%	0.43%
Hispanic/Latino	25.20%	16.26%	32.52%	10.57%	13.82%	1.63%
Amer.Indian/AN	72.22%	11.11%	16.67%	0%	0%	0%
Asian*	23.08%	15.38%	23.08%	15.38%	23.08%	0%
Black/African Am	25.00%	16.67%	25.00%	0%	33.33%	0%
Pacific Islander/HN	50.00%	12.50%	12.50%	0%	12.50%	12.50%
Other*	60.00%	0%	0%	20.00%	20.00%	0%

Nearly three in four AI/AN, two in four PI/HN, one in four B/A, one in four H/L, and one in four W are always worried about having enough money to pay their monthly rent or mortgage.

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	24.14%	15.09%	26.72%	16.38%	17.67%	0%
Hispanic/Latino	19.51%	21.14%	31.71%	13.01%	13.82%	0.81%
Amer.Indian/AN	44.44%	22.22%	27.78%	5.56%	0%	0%
Asian*	23.08%	7.69%	30.77%	15.38%	23.08%	0%
Black/African Am.	25.00%	16.67%	33.33%	0.00%	25.00%	0%
Pacific Islander/HN	37.50%	12.50%	12.50%	12.50%	25.00%	0%
Other*	60.00%	0%	0%	0%	40.00%	0%

**Sample size lacks the statistical power to be a representative sample of SSL population*

Having enough money to buy nutritious food is always a concern for 44% of AI/AN and 37% of PI/HN.

Recommendations

- Increase promotional and awareness activities in South Salt Lake to educate residents about health insurance enrollment.
- Promote Medicaid dental coverage for eligible children.
- Acknowledge and promote the work and practices 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:
 - Educate the community about the importance of oral health
 - Promote and provide preventive dental screenings
 - Create a network for referrals for restorative and emergency dental 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.
- Recognize and promote the work that the City of South Salt Lake is doing through the Promise South Salt Lake Councils & Committees.



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OHD Partners

- 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
- Maliheh Clinic
- Salt Lake County on Diversity Affairs (CODA)
- City of South Salt Lake
- 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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