

Coalitions Lite Meeting #3: Data Consolidation & Interpretation | AGENDA

MEETING DATE | TIME *Date | Time* | MEETING LOCATION *Location*

TIME: 3 hours

OBJECTIVES

1. Set expectations for the meeting
2. Review our progress on the strategic planning process
3. Select which data to use
4. Further define the prioritized issues
5. Identify the contributing “why” factors for our issues
6. Wrap up and next steps

WORKGROUP PARTICIPANT MATERIALS

1. Completed Data Summary Tools
2. Completed Key Stakeholder Interview Form
3. Supporting data for Data Summary Tools
4. [Data Tips](#)
5. [Issue Overview Handout](#)

WORKGROUP PARTICIPANT PREPARATION

1. Be prepared to (verbally) share your completed Data Summary Tools in the meeting
2. Complete other assigned tasks and be prepared to report on outcome/status
3. Review the Data Tips document
4. Review the Issue Overview Handout

AGENDA

1. Meeting logistics and overview (10 minutes)
 - a. Introductions & team check in
 - b. Review the objectives and agenda of the meeting
2. Review progress on the strategic planning process (5 min)
3. Select which data to use (small groups) (30 minutes)
 - a. Members share information on their data from their Data Summary Tools
 - b. Determine which data reflect our community and our prioritized issues

4. Further define the prioritized issues (20 minutes per issue)
 - a. Members share their Data Summary Tool information related to defining the issues and/or who is experiencing the issues
 - b. Finalize issue identification
5. Review contributing factor data (25 minutes per issue)
 - a. Members share their Data Summary Tool information about what's contributing to the issues
6. Decide which Contributing Factors to Focus On (20 minutes per issue)
7. Wrap up and next steps (15 minutes)
 - a. Review action steps/responsible members/time for completion
 - b. Meeting check-out
 - c. Meeting #4 overview
 - d. Complete the [Coalitions Lite evaluation survey](#)

Key Stakeholder Interviews | Overview

One way to collect data is to interview key partners and stakeholders in your community who can provide a better picture of the various issues you are interested in. One risk of interviews is that you may get a slanted or one-sided perspective on an issue. For this reason, it's important to conduct multiple interviews with different people as well as factor in other data. *Try to get at least three different perspectives for each question or information need.*

This overview provides guidance on conducting key stakeholder interviews, and provides three tools for the process:

- » The **Key Stakeholder Interview Planning Form** helps organize and document the workgroup's key stakeholder interviews. It is completed during Meeting #2 and updated throughout and at the completion of Step 2. You will have a Planning Form for each issue.
- » The **Key Stakeholder Interview Checklist** outlines the process for workgroup members to follow while conducting the interviews.
- » The **Key Stakeholder Interview Form** provides a guide for the interview and a place to summarize the information from the interview. Workgroup members complete one per interview they conduct.

Step One: Identify Who to Interview

This step will be done as a group during Meeting #2. Who you interview depends on the type of information you are trying to collect. Think about what information you need to gather and what role or organization might have useful perspective on those points. Principals, school counselors, caseworkers, sheriffs, city officials, church leaders, parks and recreation staff, shelter staff, probation officers, police officials, youth, parents, doctors, hospital staff and emergency responders, business owners, and community serving organizations are some examples of key stakeholders.

Once you have decided the general roles or organizations to interview, identify the specific people in those roles or organizations to contact. In some cases, it may be a person in a specific role like the Chief of Police. In other cases, you are interested in a general group of people (e.g., treatment providers, teachers, etc.) but the specific person is less important.

When choosing stakeholders, consider a variety of groups that can introduce different perspectives. For example, if you are interested in focusing on crime, you would likely interview the Chief of Police or other law enforcement staff. Also consider interviews with emergency room staff, mental health professionals, or parents about their interactions with the justice system. Don't forget about coalition members who may represent important stakeholders or can connect you to interviewees; a warm hand off will help speed the process along.

Overall, try to talk to a diverse group of people, and look for any gaps in diversity or in representation of the population you are interested in.

After identifying the people to interview, assign specific workgroup members each interview. The interviews do not require previous experience and usually take about 30 minutes. But they do require time for scheduling and summarizing each interview afterwards. Plan for more scheduling time for interviewees you are “cold calling.” Choose workgroup members who have flexibility in their schedule; the most difficult part of these interviews is making contact and finding a time that works for both parties. It usually helps if the member already knows the interviewee or has a connection that can facilitate the introduction. Record this information in the **Key Stakeholder Interview Planning Form**.

Step Two: Identify the Questions to Ask

The next task, also done during Meeting #2, is to develop the interview questions. A basic list of questions is provided below; they gather information to more clearly identify your issue and why it’s occurring along with existing resources and data related to the issue. Plan to ask these at all interviews. Walk through the questions in the meeting, inserting your issue(s) to complete the questions and making sure all workgroup members understand the questions.

Then develop a few additional questions if needed, specific to your individual information needs. Start with the end goal: What information do you need to gather to best understand the specific issue you have identified? Try to limit the number of questions to ten so you can leave time for open-ended discussion. You may use yes/no or multiple-choice questions, but most questions should be open-ended questions; they will give you more in-depth information and give respondents an opportunity to elaborate on their ideas and opinions.

Update the **Key Stakeholder Interview Planning Form** to reflect your questions.

It may not make sense to ask all questions of every person interviewed. Make sure you clearly identify which specific questions an interviewee will be asked. Individual workgroup members conducting the interviews will need to record the specific questions they will ask their interviewees in their individual **Key Stakeholder Interview Forms**.

Some of the questions might put respondents in a situation where they feel concerned about confidentiality or uncomfortable answering because of how the answer will reflect on them. Discuss during how to handle concerns about confidentiality during Meeting #2. Responses will not be anonymous; what can you tell interviewees about who will see their responses and how the information will be used? It is important to let them know their responses will be used to guide the efforts and knowledge of the coalition. Do what you can to lessen these concerns but always respect the interviewees wishes if they decline to answer a question.

KEY STAKEHOLDER INTERVIEW QUESTIONS

Issue identification

1. Ask question 1 if you need to further define your issue.

Which [issue] problems do people in our community experience?

- » Example: Which mental health problems do people in our community experience?
- » Example: Which wellbeing problems do people in our community experience?

Ask them to be more specific if needed. For example, if they reply “physical” for wellbeing, ask them what types of physical issues people experience. Use what they identify in the rest of your questions.

2. Ask question 2 if you’ve defined your issue but you’re not confident in how you’ve done so.

How big of a problem is [defined issue]?

- » Example: How big of a problem is depression/diabetes, etc. in our community?

If not a problem or a low priority problem, ask: What is a bigger [issue] problem?

- » Example: What is a bigger mental health/physical health, etc. problem?
Continue interview referencing larger issue (i.e. mental health).

3. Are there neighborhoods or populations in our community that struggle with [issue] more? What about among [focus population discussed in Meeting #2]?

- » Example: Are there certain neighborhoods or populations in our community that struggle with depression more? What about among teens?
- » Example: Are there certain neighborhoods or populations in our community that struggle with diabetes more? What about among those over 18 not in school?

Contributing factors

4. What do you see as contributing to or causing [issue] in the community?

If specific populations were identified by the workgroup or in question 3, ask about those groups specifically.

- » Example: What do you see as contributing to or causing depression in the community?
- » Example: What do you see as contributing to or causing depression among teens in the community?

5. If you have a “why” they didn’t mention in question 4, ask: How much do you see [insert contributing factor from Meeting #2] contributing to [issue] in the community?

- » Example: How much do you see limited places to get exercise contributing to diabetes in the community?

- » Example: How much do you see stigma against getting help contributing to depression in the community?
- 6. **What resources do you know of that are available to help prevent or treat [issue], either in your organization or in the broader community?**
 - » Example: What resources do you know of that are available to help prevent or treat depression/diabetes, etc. either in your organization or in the broader community?
- 7. **What do we need to do to help prevent or address [issue]?**
 - » Example: What do we need to do to help prevent or address diabetes?
 - » Example: What do we need to do to help prevent or address youth alcohol and marijuana use?
- 8. ***If applicable:* Does your organization collect any data related to [issue] that you could share with us?**
 - » Example: Does your organization collect any data related to diabetes that you could share with us?

Closing

- 9. **Is there anything else about [issue] you'd like to add?**
 - » Example: Is there anything else about depression/diabetes/youth substance use, etc. you'd like add?
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Step Three: Conduct the Interviews

The next step, done by the workgroup members on their own between Meeting #2 and Meeting #3, is to conduct the interviews. This includes arranging the interviews and post interview follow-up. The **Key Stakeholder Interview Checklist** outlines a how-to for conducting the interviews. The **Key Stakeholder Interview Form** provides a guide for members to use during the interviews and a place to summarize interviews afterwards. Members will need to integrate and summarize *all* of their interview data (as well as non-interview data they may collect) into the **Data Summary Tool** in preparation for Meeting #3.

Bluffdale Health Coalition Data Scan

Each indicator has a link to a primary or secondary source (Date Collected: 8/16/2023)

Physical Activity and Movement

[Adults Meeting Recommended Amount of Aerobic Physical Activity](#) (Small Area of Bluffdale/Riverton; 2017-2019): **58.4%** (Utah: 58.4; Herriman: 54.0%)

[People Who Do Not Exercise or Participate in Physical Activities Outside of their Regular Job](#) (City; 2018): **16.2%** (Utah: 19.4%; SLCo: 19.6%)

[Adults Who Are Overweight or Obese](#) (Small Area of Bluffdale/Riverton; 2019-2021): **66.8** (Utah: 64.7%; Herriman: 69.6%)

[Adults Who Are Obese](#) (City; 2020): **28.3%** (US: 31.9%)

[Adults Who Are Sedentary](#) (City; 2020): **13.8%** (Better than the Healthy Places 2030 goal of 21.8%)

[Workers who Walk to Work](#) (City; 2017-2019): **0.3%** (SLCo: 2.2%)

[People Commuting by Public Transportation](#) (City; 2017-2021): **0.6%** (Utah: 2.0%; SLCo: 2.9%; US: 4.2%; Healthy People 2030 Goal: 5.3%)

**Note: The trend over time is significant. From the 2013-2017 survey, 1.4% commuted by public transportation and there has been a reduction since then.*

[Children With a Disability](#) (City; 2017-2021): **3.4%** (Utah: 3.8%; SLCo: 3.9%; US: 4.4%)

[Any Age with a Disability](#) (City; 2017-2021): **6.3%** (Utah: 9.8%; SLCo: 9.5%; US: 12.6%)

[Adults 65+ with a Disability](#) (City; 2017-2021): **18.1%** (Utah: 31.3%; SLCo: 29.7%; US: 33.4%)

**Note: Disability status was included because the definition of the indicator is activity limitations which can impact a person's ability to move*

[Age-Adjusted ER Rate due to Unintentional Falls](#) (Zip Code; 2018-2020): **155.8 Visits per 10,000 population 18+ years** (SLCo: 161.4; Prior value: 114.0)

[EPA Walkability Score](#) (City; 2019): **7.5** (SLCo: 13.0; Herriman: 12.1; Downtown SLC: 15.9)

[Population Within a 10-minute walk to a Local Park or Trailhead](#) (City; 2020): **10%** (Utah: 39%; SLCo: 46.5%; Herriman: 55%)

Mental Health

[Mental Health Index Score](#) (Zip Code; 2023): **9.8** (Note: This index ranges from 0-100 with the higher the number representing more needs and concern).

[People reporting their mental health as "not good"](#) (tract; 2018): **15.1%** (US: 13.5%; Utah: 15.1%; SLCo: 15.6%; Percentile: 56.8%)

[Age-Adjusted ER Rate due to Adult Mental Health Concerns](#) (Zip Code; 2018-2020): **51.3 visits per 10,000 people** (SLCo: 80.8; Percentile: Lowest 20%)

[Age-Adjusted ER Rate due to Pediatric Mental Health Concerns](#) (Zip Code; 2018-2020): **78.2 visits per 10,000 people** (SLCo: 97.7; Percentile: Lowest 40%)

[Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-included Injury](#) (Zip Code; 2018-2020): **27.8 visits per 10,000 people** (SLCo: 50.7; Percentile: Lowest 20%)

[Adults Ever Diagnosed with Depression](#) (Tract; 2020): **26.0%** (Utah: 24.6%; SLCo: 24.2%)

[Adults with Cognitive Difficulty](#) (City; 2017-2021): **3.4%** (US: 5.1%; Utah: 4.5%; SLCo: 4.4%)

[Adults with Insufficient Sleep](#) (City; 2020): **29.7%** (SLCo: 30.0%; Healthy People 2030 Goal: 31.4%)

[Adults With a High Adverse Childhood Experiences Score of 4+](#) (Small Area of Bluffdale/Riverton; 2013-2020): **18.8%** (Utah: 16.5%).

[Suicides](#) (Small Area; 2017-2021): **20.1 death rate per 100,000 people** (Utah: 21.9 per 100,000)

[No Health Insurance Coverage](#) (Small Area of Bluffdale/Riverton; 2015-2019): **7.3%** (Utah: 12.0%; Herriman: 6.7%)

Social Isolation

Linguistic Isolation (City; 2017-2021): **0.0%** (Utah: 2.1%; SLCo: 3.1%)

*Note: The census tract that incorporates Bluffdale had 0.3% reporting linguistic isolation on the US census in 2019 but this data is not available for 2020 and beyond yet due to updates not yet implemented from the new census).

Race/Ethnicity Diversity Index (City; 2015-2019): **22.4%** (Utah: 32.5%; SLCo: 40.2%)

*Note: this measures the likelihood that two people chosen randomly will be of a different race or ethnicity

People over the age of 65 Living Alone (City; 2017-2021): **22.9%** (Utah: 21.7%; SLCo: 24.4%; US: 26.3%)

*Note: The trend over time for this indicator is significant. The city in 2015-2019 had 3.5% of those aged 65 and over living alone...2016-2020 had those aged 65 and over living alone at 29%.

Households Without a Vehicle (City; 2017-2021): **1.2%** (SLCo: 5.2%)

Youth Not In School or Working (City; 2017-2021): **0.0%** (Utah: 6.4%; SLCo: 7.3%; US: 6.9%)

*Note: Youth is defined here as 16-19 year olds that are not enrolled in school AND are unemployed or not in the labor force. In the 2014-2018 survey, 1.2% of youth fit this criteria. In the 3 surveys since, it has been at 0.0%.

Self-Reported General Health Assessment of Poor or Fair (City; 2020): **8.4%** (SLCo: 11.1%; US: 14.5%)

*Note: Community connectedness and social isolation can be impacted by a person's subjective health status because if a person feels unhealthy they will be less likely to connect and move

Households with an Internet Subscription (City; 2017-2021): **95.9%** (Utah: 91.1%; SLCo: 92.1%)

Financial Health (including debt, food insecurity)

People 25+ with a bachelor's degree or Higher (City; 2017-2021): **34.3%** (Utah: 35.4%; SLCo: 37.1%)

Renters Spending 30% or More of Household Income on Rent (City; 2017-2021): **50.1%** (Utah: 45.4%; SLCo: 46.2%; Draper: 36.9%)

Median Gross Rent (City; 2015-2019): **\$1,430** (Utah: \$1,190; SLCo: \$1,290; Herriman: \$1,140)

Gini Index of Income Inequality (City; 2017-2021): **0.35** (Utah: 0.43; SLCo: 0.43)

US Census Bureau Hardship Index (City; 2015-2019): 29 (Less hardship than Utah: 34 and SLCo: 33)

Median Household Income (City; 2017-2021): **\$113,007** (Utah: \$79,133; SLCo: \$82,206)

Income Per Person (City; 2017-2021): **\$36,841** (Utah: \$33,378; SLCo: \$37,098)

People Living 200% Above Federal Poverty Level (City; 2017-2021): **80.9%** (Utah: 75.3%; SLCo: 77.0%)

Labor Force Participation Rate (City; 2015-2019): **75.2%** (Utah: 68.6%; SLCo: 71.9%)

Children Living Below Poverty (City; 2017-2021): 1.9% (Utah: 9.3%; SLCo: 9.5%)

Low-Income Households with Low Access to Grocery Stores (Tract; 2019): **9.6%**

Households on Federal Food Assistance (City; 2019-2020): **4.5%** (SLC Glendale Neighborhood: 18.4%)

Air Quality

Ozone parts per billion (tract; 2020): **57.9 ppb** (Utah: 56.6; SLCo: 58.2)

Adults Who Smoke (City; 2020): **8.9%** (SLCo: 9.2%; US: 14.3%; Healthy Places 2030 Goal: 6.1%)

PBT (Persistent, Bioaccumulative, and Toxic Chemicals, such as mercury or lead) Released in Environment (City; 2021): **8,408 PBTs** (4th highest in the county)

Average Daily Amount of Particulate Pollution from Diesel Sources (City; 2020): **0.59 ug/m3** (Utah: 0.59; SLCo: 0.85)

Yearly average of PM2.5 Exposure Concentration (City; 2020): **7.0 ug/m3** (SLCo: 7.7)

Percentage of High Indoor Radon Test Levels (Bluffdale/Riverton Small Area; 2017-2019): **41.4%** (Herriman: 38.5%; Downtown Salt Lake: 17.9%; Magna: 63.2%)

Adults with Current Asthma (City; 2020): **10.9%** (SLCo: 10.9%; Herriman: 10.6%)

Percent of Workers over the age of 16 Working Outdoors (City; 2019): **8.2%** (Utah: 5.8%; SLCo: 7.6%)

Additional data sources for Air Quality:

- EPA Live Air Quality Map: [AirNow Interactive Map \(epa.gov\)](https://www.airnow.gov/)
- Purple Air Live Map with Historical Data: <https://map.purpleair.com/#11/40.7742/-111.8721>

Traffic and Public Transit

*Note: Bluffdale City has limited access to public transit options, as seen in the various links below. Traffic patterns tend to be higher on freeways around Bluffdale due to the Salt Lake-Utah County corridor. The UTA On Demand service, as mentioned in the last health coalition meeting, currently serves the Bluffdale area.

Motor Vehicle Crashes (Bluffdale/Riverton Small Area; 2021): **1,500 crashes per 100,000 people** (*Less than 65% of communities in Utah*)

Motor Vehicle Injuries (Bluffdale/Riverton Small Area; 2018-2020): **48.3 Injuries per 100,000 People** (*Less than 74% of communities in Utah*)

Average Travel Time to Work (City; 20217-2021): **23 Minutes** (*SLCo: 22 Minutes; US: 27 Minutes; Median value for Utah cities is 23 minutes and ranges from 11 minutes to 33 minutes across Utah*).

Public Transit Access (City; 2020): **0.0%** (*Utah: 19.6%; SLCo: 34.8%; Herriman: 0.0%*)

*Note: Access is defined as transit options that are within a half-mile walk and come every 30 minutes or less during peak commute times

Monthly Interstate Highway 15 Traffic Volume (14600 South Exit; 2022): **89,000** (*Murray: 91,526; Lehi: 70,198*)

*Note: Traffic and crash data can be requested for specific uses from UDOT and State Highway Safety

Additional data sources for traffic/transit:

- [Assessing Transit Suitability in Salt Lake County \(arcgis.com\)](#)
- [Utah Statewide Annual Average Daily Traffic \(AADT\) - Historic & Forecast \(wfr.org\)](#)
- [UTA Routes and Most Recent Ridership | UTA Routes and Most Recent Ridership | Utah's State Geographic Information Database \(AGRC\)](#)
- Ridership data by service for UTA: [UTA Mode-Level Boardings, Weekday Averages | UTA Mode-Level Boardings, Weekday Averages | Utah Transit Authority \(arcgis.com\)](#)