

2023

# Community Equity Assessment

Davis County, Utah





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# Letter to Participants

Dear Focus Group Participants,

We are extremely grateful for your valuable contributions to this Community Equity Assessment. Your lived experiences and perceptions have played a critical role in shaping the content of this report. As the results are presented, we would like to reassure you that our primary objective is to accurately reflect the themes and insights that emerged from what you provided.

This report attempts to represent your collective stories, perspectives, and experiences. However, it is important to acknowledge that due to the depth of the discussions, not every idea or individual experience mentioned in the focus groups will be referenced in this report.

We genuinely appreciate your understanding and trust throughout this process. Each of your contributions has been important in providing a broader understanding of Davis County's strengths and opportunities for improvement. Your experiences and perspectives are a resource to guide community leaders, service providers, and workgroups in their efforts to improve opportunities, access, inclusion, representation, connection, and engagement in Davis County.

Thank you for being an essential part of this community assessment process.

Sincerely,

A handwritten signature in black ink that reads "Cody Mayer". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Cody Mayer, MPH  
Davis County Health Department  
Epidemiologist



# Acknowledgments

## Agencies Represented on the Davis4Health Steering Committee

- Bountiful Food Pantry
- Centerville Cares
- Centerville City
- Centerville Police Department
- Continue Mission
- Davis Behavioral Health
- Davis Chamber of Commerce
- Davis Community Learning Center
- Davis County Commissioners
- Davis County Domestic Violence Coalition
- Davis County Economic Development
- Davis County Sheriff
- Davis Education Foundation
- Davis Head Start
- Davis Journal
- Davis School District
- Davis School District Board of Education
- Davis Technical College
- Davis Tourism
- Department of Workforce Services
- Family Counseling Service of Northern Utah
- Friends for Sight
- Grandfamilies, Children's Service Society
- Help Me Grow Utah
- Hill Air Force Base
- Holy Cross Davis Hospital
- Hope Center
- Intermountain Healthcare
- Lakeview Hospital
- Layton City
- Layton Community Action Council
- Live Strong House
- Midtown Community Health Center
- My Discovery Destination
- NUAMES
- NUHOPE
- Office of Congressmen Chris Stewart
- Office of Guardian Ad Litem - Court-Appointed Special Advocates
- Ogden Clinic
- Open Doors
- Pantry Smiles
- Protective Factors for Utah Families
- Roads to Independence
- Safe Harbor Crisis Center
- Sol Recovery Community
- Syracuse City
- The Church of Jesus Christ of Latter-Day Saints
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- Utah Department of Health
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- Utah Suicide Prevention Coalition
- Utah Women and Leadership Project
- Weber State University

## Assessment Contributors, Workgroup Members, & Focus Group Support

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- Head Start
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- Davis Behavioral Health
- Davis County Senior Services

**Thank you to everyone who supported this assessment!**

**For questions about this report, contact:** Cody Mayer, [healthstrategy@co.davis.ut.us](mailto:healthstrategy@co.davis.ut.us)

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**Notes:** *This assessment is for applied public health practice only. These data are not for research purposes.*

*A translated Spanish version of this assessment will be released in 2024.*

# Key Terms

This is a list of key terms that may be used multiple times in this assessment. These and other terms throughout the assessment that are defined in the text will be bolded. These definitions are adapted from the following resources:

- [CDC's Preferred Terms](#)
- [County Health Rankings & Roadmaps](#)
- [Health Resources & Services Administration](#)
- [Healthy People 2030](#)
- [National Center for Chronic Disease Prevention and Health Promotion](#)
- [R.E.A.C.H Beyond Solutions](#)
- [U.S. Department of Housing and Urban Development](#)
- [Utah Department of Health and Human Services](#)
- [Prevention Institute](#)
- [GLAAD](#)
- [Christens, 2019](#)
- [Link & Phelan, 2021](#)

**Access** means all people have the ability to use and benefit from services and resources. Similarly, **accessibility** refers to making information, technology, services, resources, and environments fully and independently useable by all people. It means equal opportunities for employment and participation in activities. Accessibility is often emphasized for people living with disabilities because they often face unique barriers in obtaining and using services and resources. For the context of this assessment, when referring to access or accessibility, it will be in reference to all people or to the specific population being discussed.

**Adversities** are the difficulties and misfortunes everyone experiences in different ways unique to their own lives.

**Ally/Allies** are people who recognize the advantages they receive from power structures and injustices in society. An ally is willing to act with, and for, those who are disadvantaged in pursuit of fair and just opportunities for all.

**Barriers** are considered to be anything limiting access to a service or resource.

**Belonging** is the feeling of security, support, acceptance, inclusion, and identity within a group. It is when an individual feels they can be their true self.

**Community** can include any group of people who identify with each other in any way, including but not limited to, where they live, their values, practices, beliefs, or common goals.

**Community Engagement** is when community members are involved in decision-making processes that affect their circumstances.

**Community Outreach** includes meeting people where they are, sharing resources, providing services, and creating opportunities for community members to be heard.

**Culture** refers to social norms related to values, beliefs, systems of language, communication styles, arts, and customs that influence behavior and are shared by a group of people.

**Diversity** is the existence of varying characteristics in a group of people that make them unique, such as different social, cultural, racial, and ethnic backgrounds. It encompasses people of different genders, sexual orientations, abilities, lifestyles, experiences, and interests.

**Health Equity** is about everyone. It occurs when every individual has a fair and just opportunity to live their healthiest life, regardless of who they are, where they live, how much money they make, or any other personal characteristic.

**Health Disparities** are avoidable, unfair, and unjust differences in health outcomes.

**Health Inequities** are an uneven distribution of resources. They include barriers that limit people's access to services and opportunities. Health inequities in society lead to disparities in health outcomes.

**Identity** is a person's sense of self. It encompasses various qualities, beliefs, traits, appearances, and expressions that either exist from birth or develop and change over time.

**Inclusion** is the practice of valuing people's unique ideas and lived experiences and ensuring everyone feels involved, respected, connected, and has their voice heard.

**LGBTQ+** is an acronym used for Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and all non-straight, non-cisgender identities. For more information on LGBTQ+ terminology, see this [glossary of terms](#).

**Marginalized Groups** are those excluded from mainstream social, economic, educational, and/or cultural life. Marginalization occurs due to unequal power relationships between social groups.

**Power** can have many different meanings, but in the context of this assessment, it means having the capacity or ability to influence a course of action.

**Qualitative Data** is information described in words, such as community stories, lived experiences, viewpoints, and quotes.

**Quantitative Data** is information described by numbers and statistics, such as counts, rates, and percentages.

**Root Causes** are the underlying reasons for health inequities and disparities. They are the conditions in a community that determine whether people have access to opportunities and resources to meet their basic needs.

**Social Norms** are the unwritten rules and expectations that guide behavior and interactions within a society or group. They dictate how individuals should behave, dress, communicate, and interact with others in various social settings.

**Stigma** refers to a negative or unfavorable perception, belief, or attitude that is often associated with a particular characteristic, condition, or group of people. It can lead to discrimination, bias, and social isolation, causing individuals or groups to be unfairly judged, marginalized, or treated differently. Stigma can have harmful effects on mental and emotional well-being, and it often arises from societal norms, stereotypes, or misconceptions.

**Structural Drivers** include things, such as social, economic, cultural, environmental, and political factors that influence health outcomes and health disparities. These drivers are often deeply rooted in societal structures and systems.

**Underserved Groups** include people who face economic, cultural, or language barriers and limited access to services and resources because of existing systems and/or lack of infrastructure.

**Underrepresented Groups** refer to communities in a population whose representation in a decision or event is lower than their numbers or percent share of the total population. These groups have historically been marginalized, left behind by public systems, and are not usually reflected in positions of power.

# Executive Summary

## Abstract

The purpose of the Community Equity Assessment was to assess how structural drivers impact health equity in Davis County. The [Prevention Institute's Tool for Health and Resilience in Vulnerable Environments \(THRIVE\) Framework](#) was chosen as a guide. A **survey** assessed perceptions of structural drivers influencing health, safety, and equity among community partners and service providers. **Community focus groups** were held to learn about the lived experiences of those who felt underserved and underrepresented where they lived. Community strengths and opportunities for improvement were identified. These were used to explore root causes of inequities and make recommendations across all systems.

## Intention

This assessment is the first of its kind in Davis County. It documents the lived experiences of those who are often underserved and underrepresented and explores root causes of inequities. Understanding and addressing root causes is crucial for creating lasting and impactful strategies. Community improvement initiatives often don't address underlying issues, making it difficult to bring about sustained improvements in community health and well-being.

These lived experiences are essential for developing inclusive and effective solutions. A Davis County Health Department practice is to place a high priority on community voice and lived experiences to guide health improvement efforts. This approach is based on the health equity values of compassion, hope, integrity, respect, and humility. By emphasizing these values, the focus is shifted from divisive and politicized narratives surrounding equity. Compassion encourages understanding. Hope inspires positive change. Integrity means holding oneself accountable. Respect promotes dignity. Humility commits to continuous learning with and from each other.

The assessment is designed with the intent to bring communities together by embracing Davis County shared strengths and values of helping and supporting one another. It aims to avoid placing blame or individual responsibility. Instead, it focuses on understanding systemic factors, identifying strengths and opportunities for improvement, and fostering a constructive and collaborative approach.

As a result, direct quotes are used from individuals to support identified themes as they are shared experiences among those who feel underserved or underrepresented in some way. By listening to the experiences of community members, there is now a much stronger understanding of barriers to accessing services, engaging in the community, and feeling a sense of belonging.

For example, while learning about stigma was not initially an identified objective of this assessment, it became an obvious takeaway in lived experiences. Therefore, an intentional effort was made to further understand stigma in this report. Communicating about stigma is challenging, but important. This report contains emotional content that may be uncomfortable to read but is not intended to place blame or cause more harm. It is crucial to remember that these are real-life experiences of people in the Davis County community, who, despite facing these challenges, continue to choose Davis County as their home due to the overall safe and welcoming culture that places high value on community improvement and support.

Sharing this content aims to encourage difficult, but necessary, conversations to find sustainable solutions to benefit the health and well-being of all Davis County community members.

### Survey Methods

- The THRIVE Community Assessment Worksheet was developed into a survey and adapted to fit the Davis County community.
- It was shared with Davis4Health partners and Davis County Health Department Employees.
- Respondents were asked to grade how well they thought Davis County was doing on a variety of structural drivers across three dimensions of health: People, Places, and Opportunities.

### Survey Results

- 130 usable responses were received.
- Of the 13 identified structural drivers, Parks & Open Spaces and Look, Feel, & Safety were perceived as doing the best in Davis County.
- Living Wages & Local Wealth and Housing were perceived as doing the worst among the structural drivers.
- Comments provided context to perceptions of structural drivers, helping to guide focus group discussion questions.

### Focus Groups Methods

- Focus groups aimed to include Davis County community members over age 18 who felt underserved or underrepresented where they lived or identified with one of the following:
  - Older adult aged 60+
  - LGBTQ+ or an ally
  - Living with a mental or behavioral health condition or substance use disorder, or a caregiver
  - Spanish speaker as a primary language
  - Living with a disability, or a caregiver
  - Veteran or family
- Discussion question topics included: access to services and resources; representation, culture, belonging, and inclusion; and adversity and power.

### Focus Group Results

- There were 9 focus groups held.
- A combined 76 people participated in the focus groups.
- There was adequate representation across many groups in Davis County who are often underrepresented in data.
- Discussions highlighted community connections, safety, friendly neighbors, and opportunities to get involved.
- Themes also identified barriers people encounter to accessing services and resources, engaging and participating in their community, and feeling welcomed.

## Conclusions - Strengths

Strengths identified included safe neighborhoods; kind and supportive people; shared values; and available opportunities, services, and resources.

- The **safety** of Davis County is a key factor for residents deciding to live and stay in the county.
- **Connection** is fostered through shared values, supportive and friendly neighbors, feelings of belonging and inclusion, and opportunities for community involvement.
- Strong **family** relationships are a shared value and contribute to supportive communities.
- **Faith**, including organized religion and personal spirituality, is a community value that contributes to social cohesion and fosters meaning, purpose, and identity.
- **Community service** is prevalent in the county, ranging from simple acts of kindness to various volunteer opportunities throughout the community.
- **Recreational opportunities** including nature and active living are shared community values. There are many opportunities for active living including parks, walking paths and trails, and being close to the mountains and the Great Salt Lake.
- Davis County offers a high-quality **education** system with opportunities to learn for different ages, incomes, types of learners, and abilities.
- **Community engagement** and involvement are common by way of voting, volunteering, attending meetings, participating in organizations, advocacy, and coming together at events and activities.
- Having an accepting and understanding family and community support contributed to **resilience** in overcoming adversity.
- The variety of **services & resources**, such as public transportation, shops, restaurants, parks, grocery stores, and culturally appropriate foods help people meet their needs and contribute to their overall happiness and health, when available and accessible.

## Conclusions - Opportunities for Improvement & Exploring Root Causes

Opportunities for improvement highlight barriers, such as cost, awareness, language, stigma, location, transportation, systems, policies, and disability accommodations. These barriers make connection and engaging in activities more difficult.

- **Service and resource system barriers** included long wait times, administrative complexities, and challenges in qualifying for benefits. Culture, language, residency status, justice-involvement history, age, income, and others also posed as barriers. These made accessing efficient, timely services and resources difficult, forcing some to make difficult decisions.
- **Affordability** was the primary barrier to meeting basic needs and engaging in activities. Wages not keeping pace with the cost of living force some to choose between basic needs.
- Barriers, such as available languages, cultural and generational preferences, technological abilities, and lack of physical locations limit **awareness** of services and resources in the county.
- Rising **housing** costs, insufficient affordable options, and barriers faced by marginalized groups contribute to housing insecurity, homelessness, and disparities in housing assistance.
- Some face **food** insecurity due to high costs and difficulties accessing resources such as food banks and culturally appropriate foods.
- **Transportation** costs, lack of convenient stops, operating hours, and poor accessibility are barriers to essential services and community involvement, especially for older adults and those with disabilities.
- **Healthcare** barriers, including high costs, long wait times, limited coverage, stigma, and gaps in accessibility prevent individuals from getting necessary care.
- Challenges related to the affordability, diversity, and accessibility of healthy, culturally appropriate products, along with opportunities for cultural expression, serve as barriers to community participation. Perceived inequities in quality, inclusivity, safety, and accessibility emphasize the need for more **equitable and accessible environments**.
- Social and cultural norms create barriers to an environment that embraces **inclusion** and support for everyone. These include **stigma** related to identity, conditions, backgrounds, beliefs, and language. Biases affecting fair representation, understanding of unique needs, stereotyping of cultural behaviors, and policies that worsen inequalities were also identified. Stigma impacted access to basic needs and community involvement.
- A perceived lack of power among community members, and a disconnect between community input and decision-making, made meaningful **community engagement** challenging.

Root causes of the identified barriers and inequities pointed to system-wide solutions that could be addressed or influenced by local-level actions. The potential root causes identified in this report should be explored further and used as a foundation for developing effective solutions or strategies. These were considered when making recommendations in this assessment.



## Recommendations

The data and findings contained in this report are actionable. Guided by the collection of experiences and stories, some specific recommendations for consideration in developing policies, systems, and structures in Davis County are made for these categories at the end of the assessment:

- Address System Barriers
- Improve Information Sharing
- Improve Housing Access
- Improve Food Access
- Improve Transportation Access
- Improve Healthcare Access
- Improve Community Involvement Opportunities
- Reduce Stigma
- Encourage Community Engagement

These recommendations aim to address root causes by creating accessible environments and providing equal opportunity for each person to engage with the community and live their healthiest life. Those who have taken the time to read this report can share it with others. Every community member can initiate conversations, processes, and workgroups within the organizations they are part of. Steps can be taken to collaboratively identify the next steps to address the barriers brought to light in this report. All systems and institutions have room to improve.

In addition, every individual can contribute to community improvement by being aware of personal biases and the experiences of others, fostering inclusive environments, treating people with dignity, and being intentional with language and actions.

Community leaders can benefit from the continued collection of lived experiences, perceptions, and perspectives of community members. It is important to be accountable and transparent about the information that is being collected and treat people as experts on their own challenges, needs, and strengths. This means involving communities in the decision-making processes that affect them.



# Introduction

## Background

Too often there are avoidable, unfair, and unjust differences in health outcomes which are the result of structural community conditions (practices, policies, conditions beyond an individual's control), an uneven distribution of resources, and barriers that limit access to services and opportunities.

Many sources of quantitative data, such as numbers and statistics, are available for public health issues in Utah and Davis County. They have been compiled and can be found in the [Davis4Health Community Health Assessment 2023](#). Even with so much data available, it often lacks the depth or detail that is needed to describe the health status and experiences of diverse groups, including those who are historically underserved and underrepresented.

Community voice is crucial to understanding what is happening at the community level and why it is happening. It also helps determine what could be done to improve health and well-being and reduce health disparities in a way that addresses the root causes.

Identifying the root causes is essential for understanding the larger systemic issues and making sustainable, long-term changes to address problems at the source. Root causes in public health are often systemic, meaning health and well-being are influenced by a complex web of structural drivers.

Every individual lives through different experiences that are influenced by a variety of drivers including but not limited to relationships, social norms, history, environment, and income. Experiences in turn shape identity, beliefs, attitudes, choices, and understanding of the world. Perceptions and perspectives can be influenced by those experiences among other things, such as culture, beliefs, and values. Qualitative data, or community voice, adds context to the quantitative measures available (Figure 1).

**Figure 1: Quantitative & Qualitative Data Comparison**

Question	Quantitative	Qualitative
<b>Who?</b>	Demographics and socioeconomics	Backgrounds, experiences, perspectives
<b>What?</b>	Behaviors, outcomes, interventions	Beliefs, attitudes, experiences
<b>Why?</b>	Causes and predictors	Motivations, reasons, driving forces
<b>Where?</b>	Geographical location and distribution	Social and cultural context
<b>When?</b>	Trends and patterns in time	History and evolution

**Who:** Conducting a Community Equity Assessment in Davis County aims to bridge gaps between knowing which populations are affected by health disparities and how backgrounds, experiences, and perspectives play a role.

**What:** It will provide context on how beliefs, attitudes, power dynamics, and experiences influence health behaviors and outcomes.

**Why:** In existing data, causes and predictors of health outcomes and disparities can be identified. This assessment will aim to understand the motivations, reasons, and structural drivers affecting those outcomes.

**Where:** Data is available to compare health measures between populations and by geographical locations. Community voice can provide more information on the social and cultural contexts influencing differences in outcomes.

**When:** Lastly, while there is an abundance of data to identify trends and patterns over time relative to health equity measures, collecting community voice can help to understand more about the history and evolution of an issue.

## Purpose

Assess how structural drivers are impacting health equity in Davis County.

## Goals

- Collect and share a variety of community voices (qualitative data) from those who may be experiencing health disparities and inequities.
- Support and provide context to measurable data in the [Davis4Health Community Health Assessment](#) released May 2023.
- Inform community outreach and engagement efforts in Davis County to help set priorities for reducing and removing barriers that limit one's ability to live a healthy and quality life.

## Objectives

- Assess perceptions of structural drivers that contribute to health, safety, and equity to identify community strengths and areas for improvement.
- Explore root causes of inequities and adversities in members of the Davis County community by listening to the perceptions and lived experiences of community members who feel underserved or underrepresented where they live.

## Intention

This assessment is the first of its kind in Davis County. It documents the lived experiences of those who are often underserved and underrepresented and explores root causes of inequities. Understanding and addressing root causes is crucial for creating lasting and impactful strategies. Community improvement initiatives often don't address underlying issues, making it difficult to bring about sustained improvements in community health and well-being.

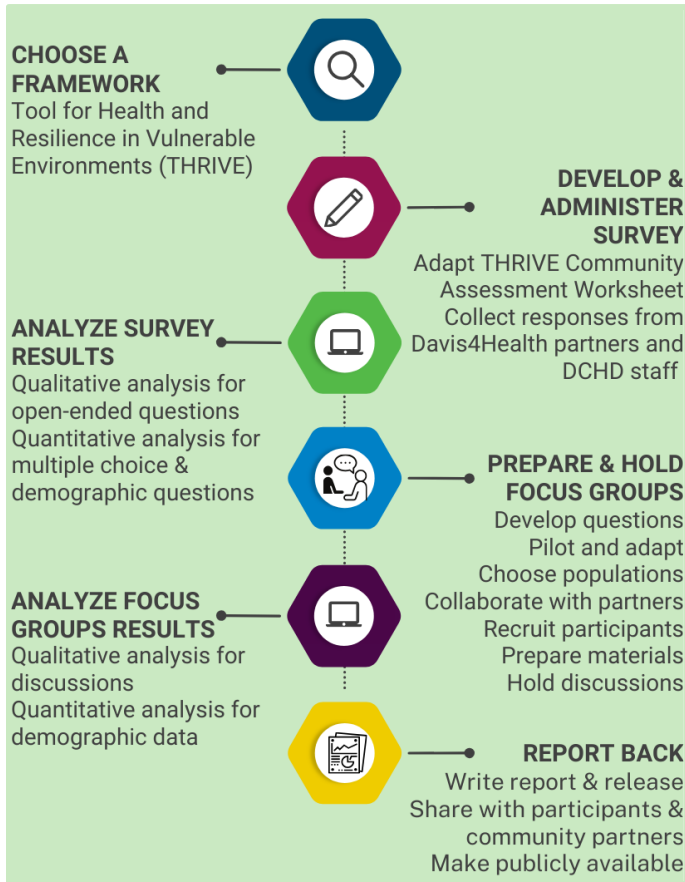
These lived experiences are essential for developing inclusive and effective solutions. A Davis County Health Department practice is to place a high priority on community voice and lived experiences to guide health improvement efforts. This approach is based on the health equity values of compassion, hope, integrity, respect, and humility. By emphasizing these values, the focus is shifted from divisive and politicized narratives surrounding equity. Compassion encourages understanding. Hope inspires positive change. Integrity means holding oneself accountable. Respect promotes dignity. Humility commits to continuous learning with and from each other.

The assessment is designed with the intent to bring communities together by embracing Davis County shared strengths and values of helping and supporting one another. It aims to avoid placing blame or individual responsibility. Instead, it focuses on understanding systemic factors, identifying strengths and opportunities for improvement, and fostering a constructive and collaborative approach. It intends to fill data gaps. It also encourages difficult, but necessary, conversations to find sustainable solutions to benefit the health and well-being of all Davis County community members.

## Methods

An outline of the methods can be seen in Figure 2.

**Figure 2: Community Equity Assessment Outline**



## THRIVE Framework

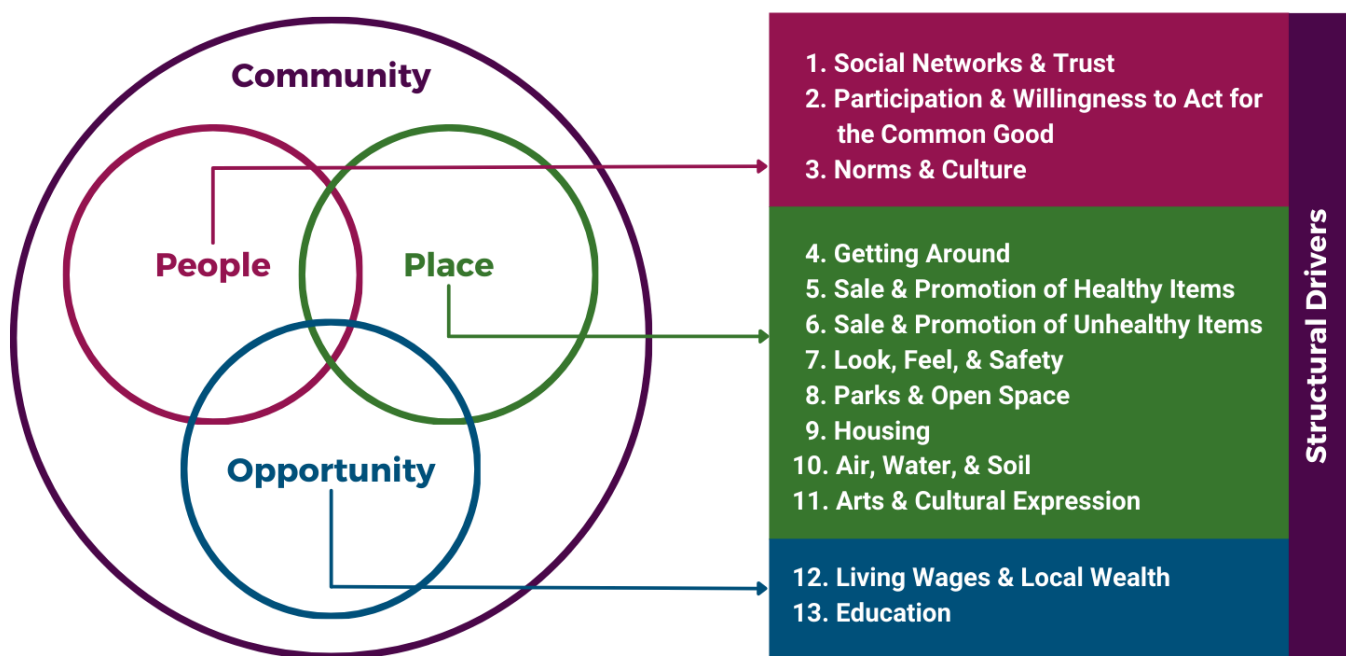
To meet the purpose, goals, and objectives, the [Prevention Institute's Tool for Health and Resilience in Vulnerable Environments \(THRIVE\) Framework](#) was chosen to guide this Community Equity Assessment. The THRIVE Framework was developed to engage a community in all stages of addressing structural drivers that impact health, safety, and equity. This framework was chosen because of the broad look at how various factors affect health, the assessment tools available that were a good fit for the Davis County community, and the emphasis on community engagement throughout all stages of the process.

THRIVE identifies 13 structural drivers grouped into three dimensions of health:

- **People:** social and cultural environment
- **Place:** physical and built environment
- **Opportunity:** economic and educational environment

Figure 3 shows the THRIVE structural drivers and how they are spread throughout the three dimensions of health within a community.

**Figure 3: THRIVE Framework Dimensions & Structural Drivers**



Adapted from the Prevention Institutes THRIVE Framework

## Survey Methods

Community partners were chosen to complete a survey ranking the THRIVE structural drivers to prioritize topics for community focus group discussions.

### Development

To assess structural drivers in Davis County, a tool from the chosen framework, the THRIVE Community Assessment Worksheet, was adapted to develop a survey specific to Davis County. The worksheet helps to identify and prioritize the needs of the community to improve health outcomes and reduce inequities.

The Community Health Assessment (CHA) committee at Davis County Health Department (DCHD) reviewed the THRIVE assessment survey to provide feedback on content and comprehension. With this input, the Community Equity Assessment Survey was built in SurveyMonkey. Simplified language was used while keeping the same content from the THRIVE assessment. These are further outlined on the next page.

Survey respondents were asked to give a letter grade in multiple-choice format (A for “Excellent” to F for “Failing”) for how well they thought Davis County was doing for each of the structural drivers. At the end of each section, respondents were asked in an open-ended question if they would like to share anything or any experience that may have influenced the grades assigned to the drivers in that dimension.

### Distribution




The survey was shared with the county’s health improvement collaborative, Davis4Health, via email as a post-meeting survey on September 28, 2021. It was open until October 8, 2021. It was later shared via email with DCHD employees and available from November 15, 2021, through December 1, 2021.

## Analysis

Statistical Analytical Systems (SAS) software was used to analyze the demographic data and structural driver grades from the survey. Open-ended comments provided further context. They were coded and thematic analysis was applied using Dedoose qualitative analysis software by labeling and categorizing sentences with ‘codes’ to find common themes and patterns across all of the comments. Survey results can be found starting on [page 26](#).

## THRIVE Frameworks Structural Drivers



### People: Social and cultural environment

	<b>Social networks and trust</b>	Trusting relationships among community members are built upon shared history, mutual obligations, opportunities to exchange information, and promote a sense of connection and belonging
	<b>Participation and willingness to act for the common good</b>	Individual desire to improve the community; meaningful participation by local leaders; individuals participate in social and service organizations and the local political process
	<b>Norms and culture</b>	Common behaviors and beliefs that promote health, wellness, and safety are widely supported by community members; causing harm to others is discouraged; behaviors that positively affect others are rewarded

### Place: Built and physical environment

	<b>Getting around</b>	Availability of safe, reliable, convenient, and affordable ways for people to move around, including public transit, walking, biking, and using mobility aids (i.e. wheelchairs, walkers, cane)
	<b>Sale and promotion of healthy items</b>	Availability, sale, or promotion of safe, healthy, affordable, and culturally-appropriate products and services are common (e.g. food, pharmacies, school supplies, sports equipment, etc.)
	<b>Sale and promotion of unhealthy items</b>	Availability, sale, or promotion of potentially health-reducing products is limited (e.g. tobacco, alcohol, other drugs)
	<b>Look, feel, and safety</b>	Surroundings that are well-maintained, appealing, perceived to be safe and culturally inviting for all residents
	<b>Parks and open space</b>	Availability and access to safe, clean parks, green space and open areas that appeal to the interests and activities of people of all abilities and ages
	<b>Housing</b>	High-quality, safe and affordable housing that is accessible for residents with mixed income levels
	<b>Air, water, and soil</b>	Safe and non-toxic water, soil, indoor and outdoor air
	<b>Arts and cultural expression</b>	Opportunities for both cultural and artistic expression exist; positive cultural values are expressed through the arts; the arts reflect the backgrounds and cultures of all residents

### Opportunity: Economic and educational environment

	<b>Living wages and local wealth</b>	Accessible employment that pays living wages and salaries; access to investment opportunities; and local ownership of businesses and resources
	<b>Education</b>	High-quality and accessible education; all ages and learners develop the ability to read and write



## Focus Group Methods

Following the THRIVE survey, a workgroup was created to prepare for community focus groups. It consisted of the Davis4Health coordinator, epidemiologists, community outreach planners, and community health educators. Later in this process, community health workers (CHWs) were included with the recognition that they should have been involved from the beginning of the assessment to ensure adequate consideration of all communities in Davis County.

### Pilot Focus Groups

Two pilot focus groups were held as practice sessions ahead of the focus groups with community members.

DCHD staff working in Environmental Health, Senior Services, and Community Health were invited via email to join the conversation because of their experience working directly with Davis County residents and their availability. The workgroup created a registration Google Form that was sent out in a recruitment email to these divisions. Registration was open from December 7 to December 14, 2021. Pilot focus group discussions were held on December 15, 2021, from 2:30 PM to 4:00 PM and December 22, 2021, from 9:00 AM to 10:30 AM.

After each discussion, participants were sent a follow-up thank-you email with a feedback survey on how the discussion could be improved for the community focus groups.

Since these focus groups were intended as a pilot only, themes were shared back with DCHD staff, but are not included in the final results of this report. With results from the feedback survey and other lessons learned, improvements were made to the facilitation guide, discussion questions, demographic checklist, recording and transcribing methods, and recruitment process, which are all explained further in the following section.

## Populations

The workgroup developed a list of different populations that were known to live in Davis County, but were often underrepresented in data and community voice due to smaller population sizes and being historically underserved. With input from the DCHD Equity Committee, the workgroup decided to hold eight different focus groups (which later became nine) to hear from a variety of different people and populations, including:

- Anyone feeling underserved or underrepresented where they live
- Older adults ages 60+
- People identifying with the LGBTQ+ community or as an ally
- People living with mental and behavioral health or substance use disorders and their caregivers
- People speaking Spanish as their primary language
- People living with disabilities and their caregivers
- Veterans and their families

## Location & Schedule

The focus groups were held in a variety of locations and during different times of the day to accommodate working schedules and transportation-related barriers. Partner organizations were vital in the success of focus groups by providing host locations and helping to recruit participants. A few were also able to provide childcare services during the discussions. Focus group host and location details are outlined in Table 1.

**Table 1: Focus Group Host & Location Details**

Date	Start Time End Time	Host and Location	Populations Invited	Notes
Tuesday, May 17, 2022	6:00 PM 7:30 PM	Head Start Family Enrichment Center Kaysville	Anyone feeling underserved or underrepresented	Childcare services provided
Wednesday, May 18, 2022	11:00 AM 12:30 PM	Head Start Family Enrichment Center Bountiful	Anyone feeling underserved or underrepresented	Childcare services provided
Tuesday, May 24, 2022	10:30 AM 12:00 PM	Davis County Senior Services North Davis Senior Center Clearfield	Older adults, age 60+	
Wednesday, June 1, 2022	6:00 PM 7:30 PM	USU Extension Kaysville	Those identifying as LGBTQ+ or an ally	
Tuesday, June 21, 2022	12:00 PM 1:30 PM	Davis Behavioral Health (DBH) Main Street Clinic Layton	Anyone feeling underserved or underrepresented	Held at DBH in effort to hear from those with mental and behavioral health conditions
Thursday, June 30, 2022	6:00 PM 7:30 PM	Open Doors Clearfield Community Church Clearfield	Anyone who spoke Spanish	Two focus groups hosted in Spanish, childcare services provided
Wednesday, July 20, 2022	11:00 AM 1:00 PM	Phoenix Services Clearfield	People living with disabilities and caregivers	
Saturday, July 30, 2022	12:00 PM 1:30 PM	American Legion Post 87 Layton	Veterans and their families	

## Recruitment

Recruitment for focus groups started approximately three weeks prior to each event. Fliers specific to the upcoming focus group (Figure 4-10) were shared with the hosting partner, other Davis4Health partners, and organizations identified who served the intended populations. Incentives were offered to those who participated including a meal during the discussion and a \$25 gift card.

Posts were shared on Davis County's social media pages with tailored images for each platform. CHWs shared fliers at outreach events. Staff attending partner meetings and events promoted the focus groups for partners to share with their clients. Fliers were also posted at county libraries, grocery stores, and service provider offices.

Using the traditional recruitment methods described previously did not work well for every focus group. For some, more direct, in-person recruitment was vital. Many older adults who attended the North Davis Senior Center focus group were told about the event in person either at the senior center or through word-of-mouth.

The workgroup promoted the focus group for those with disabilities and Veterans at additional business locations and community organizations that served those populations, through a Senior Services email list, and on the Hill Air Force Base Facebook page.

As the day of the Spanish-speaking focus group approached, there were only a couple of people registered. Discussions with CHWs and partner organizations led to shifted recruitment efforts for this event to in-person and direct partner-client contact recruitment at restaurants, through congregations, community events, and other gathering places. Using this method, registration more than doubled the original recruitment goal resulting in the need to hold two focus groups for Spanish speakers to ensure everyone had the opportunity to share. Highlighting the availability of childcare services was also a benefit for this population to register.

Figure 4: General Focus Groups



Figure 5: Older Adult Focus Group



Figure 6: Spanish-Speaking Focus Groups





Figure 7: Veterans Focus Group

**We want to hear your story!**  
Help guide our efforts to help you live your healthiest life.



Join us in Layton on **Saturday, July 30** from 12-1:30 p.m.

**We are looking for individuals who:**

- Reside in Davis County & are Veterans
- Have the desire to influence their community for good, but feel underserved or underrepresented where they live

**Scan this code or call 385-288-1145 to register**

Questions? Call or text Hillary at the number above or email [hchristensen@daviscountyutah.gov](mailto:hchristensen@daviscountyutah.gov)

**You will receive a meal and \$25 gift card for your time and participation!**

Figure 8: LGBTQ+ Focus Group

**WE WANT TO HEAR YOUR STORY**  
you can help guide our efforts to help you live your healthiest life



**All participants will receive a meal and \$25 gift card.**

**We are looking for individuals who**

- Reside in Davis County & are age 18+
- Identify with the LGBTQ+ community
- Have the desire to influence their community for good, but feel underserved or underrepresented where they live

Join us in Kaysville on **Wednesday, June 1** from 6-7:30 p.m.

**Scan this code or call 385-288-1145 to register**

Questions? Call or text Hillary at the number above or email [hchristensen@daviscountyutah.gov](mailto:hchristensen@daviscountyutah.gov)

Logos: Utah State University Extension, Davis County Health Department

Figure 9: General Focus Group

**WE WANT TO HEAR YOUR STORY**  
join the conversation and help guide our efforts to help you live your healthiest life



**You will receive a meal and \$25 gift card for your time and participation!**

**Join us for an important 90 minute conversation.**

**We are looking for individuals who:**

- Reside in Davis County & are age 18+
- Have the desire to influence their community for good, but feel underserved or underrepresented where they live

Join us in Layton on **Tuesday, June 21** from 12-1:30 p.m.

**Scan this code or call 385-288-1145 to register!**

Questions? Contact Hillary at the number above or email [hchristensen@daviscountyutah.gov](mailto:hchristensen@daviscountyutah.gov)

Logos: Davis Behavioral Health, Davis County Health Department

Figure 10: Focus Group for Those with Disabilities

**We want to hear your story!**  
Help guide our efforts to help you live your healthiest life



**Join us for an important 90-minute conversation.**

**We are looking for individuals who:**

- Reside in Davis County & are age 18+
- Have the desire to influence their community for good, but feel underserved or underrepresented where they live
- Are living with a disability or support someone living with a disability

**All participants will receive a meal and \$25 gift card.**

Clearfield on **Wednesday, July 20** from 11 a.m. – 1 p.m.

**Scan this code or call 385-288-1145 to register!**

Questions? Contact Hillary at the number above or email [hchristensen@daviscountyutah.gov](mailto:hchristensen@daviscountyutah.gov)

Logos: Davis County Health Department, Community Services

## Registration

To register for a focus group, participants could sign up through a SurveyMonkey link, accessible via a QR code on each flier. Registering by phone or in person was also offered. While specific populations were invited to the different focus groups, anyone over the age of 18 living in Davis County could participate in any of the discussions.

The QR codes on each flier directed participants to a registration form that was specific to that focus group. However, other focus group dates with populations were listed so they could choose the date and discussion that was best for them. Participants who registered online answered these qualifying questions:

- Are you 18 years or older?** “Yes” required
- Where do you live in Davis County?** Davis County city required
- Do you feel underserved or underrepresented where you live?** “Yes” required

Names, contact information, preferred contact method, preferred pronouns, food allergies or restrictions, and whether or not participants would need child care (if applicable) were all collected. All registration information was kept confidential on a secure server separate from any focus group results. Focus group results cannot be connected back to the personal information of participants.

Some participants registered over the phone or in person, and not everyone who registered in this way answered all of the qualifying questions. Also, those who showed up for a focus group but had not registered were allowed to participate. Therefore, it cannot be concluded that everyone who participated felt underserved or underrepresented where they lived. This is also how participants who did not live in Davis County were included.

Participants received reminder texts, calls, or emails seven, three, and one day prior to the focus group for which they registered using their preferred contact method. Participants were also able to reach out with any questions or to update registrations via phone or email.

## Data Collection Methods & Materials

### Technology

Pilot focus groups revealed the importance of good-quality audio recording and an auto-transcription service. In the community focus groups, a Bluetooth conference speaker was placed at the center of the focus group table to capture voices clearly around the room. The microphone was linked to a tablet with an app for the auto-transcribing service, Otter.ai. This allowed for higher-quality recordings that were transcribed automatically and auto-identified the different speakers. While the auto-transcription was not completely accurate, edits were later made. To keep data unidentifiable, participant identification numbers (participant IDs) were assigned to each participant in the transcript using seat numbers and focus group dates.

Recordings required internet access to save, so if Wi-Fi was not available at the location, a Hotspot device was essential. A backup recording was critical in case of technical difficulties, so a secondary recording device was also used.

### Supplies

Fidget tools, sticky note pads, and pens were set around the table for participants to use throughout the discussion (Figure 11). Participants were welcome to take these items when they left. Fidget tools were valuable during most of the focus groups since participants relied on them when opening up about difficult experiences. Tissues were placed on the table for emotional moments during the conversations.

**Figure 11: Focus Group Table Set-up**



A poster of ground rules was either hung on the wall or placed on an easel so it could be referenced and viewed during the discussion, see Figure 12 on the next page. This was intended to create a safe, respectful environment. A few small fliers with the ground rules were placed around the table. These were all translated into Spanish for the Spanish-speaking focus groups.

**Figure 12: Focus Group Poster of Ground Rules**

A note-taker document that included main discussion questions along with follow-up questions was created for each focus group. Two note-takers were in the room for each focus group. They tracked seat numbers in the order participants spoke along with a few notes about what was said. This was done so the transcript could be accurately linked to participant IDs and the demographic checklist. Any non-verbal actions (nodding, shaking head, fidgeting, etc.) from participants were also noted to gauge comfort with topics being discussed and identify whether people who were not speaking agreed or disagreed with what was being said.

Brochures and other resources were shared with participants at the end of the focus groups. These were not included in the first community focus group but were brought to all the rest due to many requests for assistance and services during the first discussion.

Upon checking in, participants were given their meal to eat while they got settled and waited for others to arrive. After the completion of the discussions, they stopped back by the check-in desk to get their gift card.

### Demographic Checklist

The optional demographic checklist intended to learn more about whose voices were being heard. The checklist was organized by demographic categories and allowed participants to check all that applied. There was a spot to write in the participant's seat number so it could be linked to the notes and transcript. The pilot focus groups helped to improve the demographic checklist. The final demographic checklist can be found in Appendix 1 for English and Appendix 2 for Spanish.

### Facilitation Guide & Discussion Questions

The workgroup developed a facilitation guide to inform the discussion questions. Using results from the survey and lessons learned from the pilot focus groups, discussion questions were modified to reduce bias, avoid speculative assumptions, and improve the overall quality of the discussion. In consideration of pilot focus group recommendations, focus group topics were listed in the online sign-up method and shared with participants if they asked during phone or in-person registration.

The facilitation guide for the community focus groups included the following sections.

#### Welcome

Discussions were scheduled for 90 minutes for all focus groups, except for the discussion specific to participants living with disabilities and their caregivers, which was held for 120 minutes for accessibility purposes. Time was provided at the beginning for participants to eat a boxed meal, complete the demographic checklist, and ensure participants arrived before the discussion.

When the discussion started, the two facilitators thanked everyone for coming and shared the intention of the focus groups. They introduced themselves and all team members in the room, including notetakers and helpers at the check-in table. Participants were reminded that the conversation would be audio recorded, their identities would remain confidential, and anonymous quotes could be used to convey community voice and perceptions. The amount of time remaining was shared to let everyone know when the discussion should wrap up. After this time passed, the facilitators started the discussion by following the facilitation guide. A broad description of the topics that would be covered was shared. Room orientation and housekeeping items were mentioned.

### Ground Rules

Facilitators established ground rules to have a smooth, safe, and respectful conversation. An outline of that part of the discussion can be found in Appendix 3.

### Dos & Don'ts

Facilitators did not read this section, but it was there as a reference for good facilitation practices. A copy can be found in Appendix 4.

### Discussion Intro

Participants were reminded again of the intention of the focus groups. Because the term **community** can mean different things to different people, facilitators asked participants to consider both people who live in their neighborhood or city as well as groups who they identify with, such as similar values, practices, beliefs, common goals, or any other factor. Examples provided of groups included friends, faith groups, volunteer groups, work, school, and social/support groups.

Finally, before diving into the group introductions and discussion questions, the facilitators opened it up to questions.

### Discussion Questions

Table 2 on page 26 includes a list of the main discussion questions and optional follow-up questions asked during the focus groups. Every focus group was asked the main questions (bolded) unless the flow and direction of the conversation did not allow the facilitators to get through everything. There were alternative ways to frame these questions if there was any confusion, uncertainty, or a lack of responses. The optional follow-up questions (labeled and italicized) were more specific and designed to build on the conversation if needed. More often than not, most of the follow-up questions were asked. Facilitators were also encouraged to ask other questions that came to mind to help elaborate or expand on what participants were saying.

### Introduction

The first question asked was intended to be one everyone could feel comfortable answering to introduce themselves. It was also used to learn how long participants had been living in their neighborhood, or Davis County, and to start on a positive note by asking about participants' favorite parts of living in Davis County (Q1 from Table 2).

### Access to Services & Resources

**Access** means all people have the ability to use and benefit from services and resources. Similarly, **accessibility** refers to making information, technology, services, resources, and environments fully and independently usable by all people. It means equal opportunities for employment and participation in activities. Accessibility is often emphasized for people living with disabilities because they often face unique barriers in obtaining and using services and resources. For the context of this assessment, when referring to access or accessibility, it will be in reference to all people or to the specific population being discussed.



**Barriers** were considered to be anything limiting access to a service or resource.

In the focus groups, facilitators asked participants about their experience finding and affording things to meet their basic needs (Q2 from Table 2). This concept was first introduced by having participants consider things they and their families need for survival, success, and well-being. Examples were provided of services and resources including healthy food, water, jobs or other income, transportation, education, housing, cultural opportunities, and various forms of healthcare, mental health, and supportive services.

The purpose of this question was to identify:

- Available and accessible services and resources
- How services and resources could be more accessible
- Available services and resources people have difficulty accessing
- Services and resources not available in Davis County
- Barriers encountered, what leads to basic needs not being met

### *Representation, Connection, Belonging, & Inclusion*

**Underserved groups** include people who face economic, cultural, or language barriers and limited access to services and resources because of existing systems and/or lack of infrastructure.

**Underrepresented groups** refer to communities in a population whose representation in a decision or event is lower than their numbers or percent of the total population. These groups have historically been marginalized, left behind by public systems, and are not usually reflected in positions of power.

Since an objective of this assessment led to the recruitment of participants who felt underserved or underrepresented where they live, the intent of asking participants *how* they felt underserved or underrepresented (Q3 from Table 2) was to:

- Gain an understanding of how community members defined these terms
- Learn if they had experienced these feelings
- Identify barriers to being adequately served and represented at the county level

To learn about how connected participants felt to the people in their communities, they were asked about their experience with making friends and feeling welcomed (Q4 from Table 2).

Participants were asked about their opportunities to engage in family and cultural traditions in Davis County (Q5 from Table 2). This was included to:

- Explore participants' feelings of belonging and inclusion in Davis County
- Learn about the ability of participants to engage in cultural practices regardless of background and beliefs

### *Adversity & Power*

**Adversities** are the difficulties and misfortunes everyone experiences in different ways unique to their own lives.

**Power** can have many different meanings, but in the context of this assessment, it means having the capacity or ability to influence a course of action. Power distribution and dynamics influence many aspects of a community including how empowered individuals feel in their lives and communities. When people feel empowered, they are better able to make independent decisions, get involved in community and civic engagement, and take action to achieve their goals. This contributes to their overall health and well-being. Fostering an environment where people feel empowered includes having the tools, resources, knowledge, and support so individuals can more fully participate in society and have an increased sense of agency.

If people are not feeling empowered in their community, there could be several underlying issues or challenges within that community including systemic barriers that prevent access to resources, opportunities, and decision-making processes. It may also indicate people do not feel their voices are heard, their opinions are disregarded, or there are limited opportunities for them to contribute in decision-making processes. Cultural norms, social expectations, and power dynamics within a community can influence the degree of empowerment people feel.

This section was included to:

- Learn about the adversities people in Davis County face and how they overcome them
- Determine if people are making sacrifices to their health or well-being to make ends meet (Q6 from Table 2)
- Determine if people feel empowered to engage in their community
- If not, explore what is creating barriers to empowerment (Q7 from Table 2)

### *Final Thoughts*

The last two questions were used to wrap things up and allow participants to voice what they hope to see improved in Davis County (Q8 from Table 2) and share anything else that was not discussed (Q9 from Table 2).

## Analysis

### Transcribing

- All focus groups in English were auto-transcribed using Otter.ai.
- Spanish focus groups were auto-transcribed using Sonix.ai.
- In their respective software, transcripts were corrected using note-taker documents for support. Participant IDs were assigned to the speakers to match their demographic checklist.
- Spanish focus groups were translated by community health workers.

### Coding

- All transcripts were coded using Dedoose Qualitative Analysis Software by labeling and categorizing sentences and stories with 'codes' to find common themes and patterns.
- Two coders each coded half of the transcripts by combining an inductive and a deductive approach to code application. This means an agreed-upon baseline list of codes was created by anticipating themes considering the purpose, objectives, and focus group questions (deductive). Codes were also added and edited throughout the process to best reflect the themes of the discussions (inductive).
- Once all transcripts were initially coded, the coders then reviewed each other's code applications and came to mutual agreement on all codes applied.

### Analyzing

- SAS quantitative analysis software was used for demographic checklist analysis.
- In Dedoose, qualitative thematic analysis was used to identify overarching themes across all focus groups. This means grouping similar ideas/codes together to discover the main themes. This helps understand what is important in the data by finding patterns and key points.
- In the conclusion of this assessment, there is an exploration of root causes. This was done by reviewing the opportunities for improvement that were identified. Overarching problem statements were identified, followed by causal factors known to influence that problem. Root causes were identified by thinking systematically about what leads to the causal factors and using supporting references. An official root cause analysis was not completed.

The focus group results can be found starting on [page 33](#).

**Table 2: Focus Group Discussion Questions**

Topic	Main Questions & Optional Follow-Up Questions
Introduction	<b>Q1. How long have you lived in your current neighborhood and what is your favorite part of living in Davis County?</b>
Access to Services & Resources	<b>Q2. What has been your experience with finding and affording things to meet your basic needs?</b>
	<i>Follow-up: What has been your experience with trying to rent or buy a home here?</i>
	<i>Follow-up: How accessible are healthy, affordable food options that are also specific to your culture?</i>
	<i>Follow-up: What has been your experience with finding wages that will support the cost of living in Davis County?</i>
	<i>Follow-up: Is there anything else you'd like to share about accessing different resources in services in Davis County?</i>
Representation, Connection, Belonging, & Inclusion	<b>Q3. Can you tell me a little about how you feel underserved or underrepresented where you live?</b>
	<b>Q4. What is your experience with making friends and feeling welcomed in your community?</b>
	<i>Follow-up: Are there times where you have felt unwelcome in your community?</i>
	<b>Q5. Thinking about your family and cultural traditions, what has been your experience participating in those in Davis County?</b>
	<i>Follow-up: Are there opportunities for you to engage in art and cultural activities that are specific to your background or culture?</i>
Adversity & Power	<b>Q6. If you are struggling to make ends meet, what kinds of sacrifices do you have to make?</b>
	<i>Follow-up: If you or a family member is feeling sick, or you have an unexpected expense, how does that usually affect you?</i>
	<b>Q7. Can you speak to a time when you felt you had the power or influence to make a change in your situation or your community?</b>
	<i>Follow-up: If you haven't felt that you had power, who do you feel does have the power to make changes?</i>
Final Thoughts	<b>Q8. Of everything we've talked about today, what is most important for you to see improvements on?</b>
	<b>Q9. Is there anything else you want to add to what we have discussed today?</b>

# Results

## Survey Participants

In total, 136 responses were submitted including 27 from Davis4Health partners and 109 from DCHD staff. Any survey with three or more unanswered structural driver questions was considered incomplete and removed from the sample. This resulted in six responses being removed from the DCHD.

Davis4Health and DCHD datasets were combined to have a total of 130 responses. Because not every question was required, some respondents did not provide demographic information, and not every structural driver question had the same number of responses.

The combination of Davis4Health and DCHD datasets expanded the variety of demographic groups represented by the survey sample because the datasets had different respondent characteristics. However, the sample was not representative of the overall demographic makeup of Davis County.

For example, Davis4Health respondents were older, had higher educations, and lived in Davis County longer than DCHD respondents. The benefit of combining the datasets was expanding the variety of race and ethnicity groups, education levels, ages, and cities represented in the sample.

Table 3 outlines the demographic characteristics of all survey respondents including age, gender identity, race, ethnicity, and education. Table 4 on the next page includes details on what city and for how long respondents had lived in Davis County. If respondents did not live in Davis County their responses were still included because they worked in the Davis County community. More than half (54.6%) of respondents had lived in Davis County for 10 or more years. South Weber, West Bountiful, and Woods Cross were not represented unless some did not provide the city where they lived.

**Table 3: Survey Respondents Demographic Characteristics**

<b>Age (Mean=46.6 years)</b>	<b>N (%)</b>
18-24	7 (5.4%)
25-34	26 (20.0%)
35-44	24 (18.5%)
45-54	29 (22.3%)
55-64	12 (9.2%)
65 or older	8 (6.2%)
Unknown	24 (18.5%)
<b>Gender Identity</b>	<b>N (%)</b>
Genderqueer/Non-Binary	1 (0.8%)
Man	20 (15.4%)
Woman	97 (74.6%)
Unknown	12 (9.2%)
<b>Race &amp; Ethnicity</b>	<b>N (%)</b>
American Indian or Alaska Native	1 (0.8%)
Asian or Asian American	7 (5.4%)
Black or African American	1 (0.8%)
Hispanic or Latino/a/x	9 (6.9%)
Native Hawaiian or Pacific Islander	1 (0.8%)
White	104 (80.0%)
Two or More	4 (3.1%)
Unknown	7 (5.4%)
<b>Education</b>	<b>N (%)</b>
Associates degree or trade/tech cert.	8 (6.2%)
Bachelor's degree	54 (41.5%)
Graduate degree or higher	40 (30.8%)
High school graduate, or GED	6 (4.6%)
Some college, no degree	14 (10.8%)
Unknown	8 (6.2%)

Note: Respondents could choose all that apply.



**Table 4: Survey Respondents Time Living in Davis County & Current City**

Time Living in Davis County	N (%)
Less than 5 years	16 (12.3%)
5-9 years	14 (10.8%)
10 or more years	71 (54.6%)
Did not live in Davis County	24 (18.5%)
Unknown	5 (3.8%)
Current City	N (%)
Bountiful	12 (9.2%)
Centerville	1 (0.8%)
Clearfield	7 (5.4%)
Clinton	4 (3.1%)
Farmington	13 (10.0%)
Fruit Heights	3 (2.3%)
Kaysville	11 (8.5%)
Layton	31 (23.8%)
North Salt Lake	3 (2.3%)
Sunset	1 (0.8%)
Syracuse	7 (5.4%)
West Point	1 (0.8%)
Not in Davis County	14 (10.8%)
Unknown	22 (16.9%)

Note: South Weber, West Bountiful, and Woods Cross were not represented.

**Table 5: Survey Grading Results**

Structural Drivers	Average Score	Grade Average	Rank
Parks & Open Space	3.2	B	1
Look, Feel, & Safety	3.0	B	2
Education	2.9	C	3
Sale of Healthy Items	2.9	C	4
Participation & Willingness to Act for the Common Good	2.7	C	5
Social Networks & Trust	2.7	C	6
Getting Around	2.6	C	7
Norms & Culture	2.5	C	8
Sale of Harmful Items	2.5	C	9
Air, Water, & Soil	2.5	C	10
Arts & Cultural Expression	2.4	C	11
Living Wages & Local Wealth	2.4	C	12
Housing	1.5	D	13

There were open-ended comments provided by 55 participants. Basic themes were identified by noting the structural drivers discussed, positive and negative differences, and identifying commonalities between them. Most comments were to provide clarification on why a poor grade was assigned, so themes failed to highlight many of the strengths in Davis County resulting in a negativity bias.

In the following sections, each structural driver will be discussed with themes. Each driver will have a side-by-side figure that shows the proportion of each grade assigned in a chart with quotes highlighting some of the themes related to that driver. Quotes will have the same color background as the grade it was assigned in the chart. It is important to note that some comments could be reflective of multiple drivers even though they are attached to a particular one in each figure.

## Survey Themes

Numerical values were assigned to the letter grades given to each structural driver by respondents: 0=F, 1=D, 2=C, 3=B, 4=A. An average (mean) score was then calculated for each.

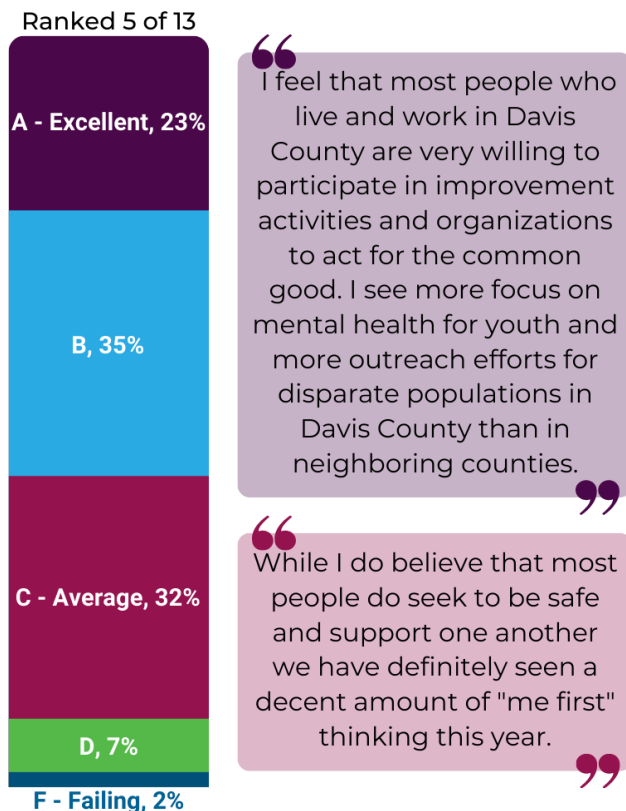
Therefore, structural drivers with higher average grades had higher scores, and those with lower grades had lower scores. Table 5 shows these results with average scores and grades along with the ranked value for each structural driver. A rank of 1 represents the best while 13 was the worst driver.

## People Drivers

The structural drivers **Participation & Willingness to Act for the Common Good** (Figure 13), **Social Networks & Trust** (Figure 14), and **Norms & Culture** (Figure 15) were among the middle rankings and had positive and negative comments. Participants recognized that service-minded culture and supportive efforts made across Davis County to be more inclusive and welcoming to all. Comments also mentioned how there may be social norms and cultural barriers preventing everyone from feeling welcomed and supported in the community. Each of these drivers had a majority of grades B or C. Due to the timing of the survey, recent events influenced perspectives related to these drivers:

- COVID-19 response from local leaders and practices of the community members
- Media coverage of an elementary student who died by suicide
- [Department of Justice settlement agreement with Davis School District](#) related to discrimination

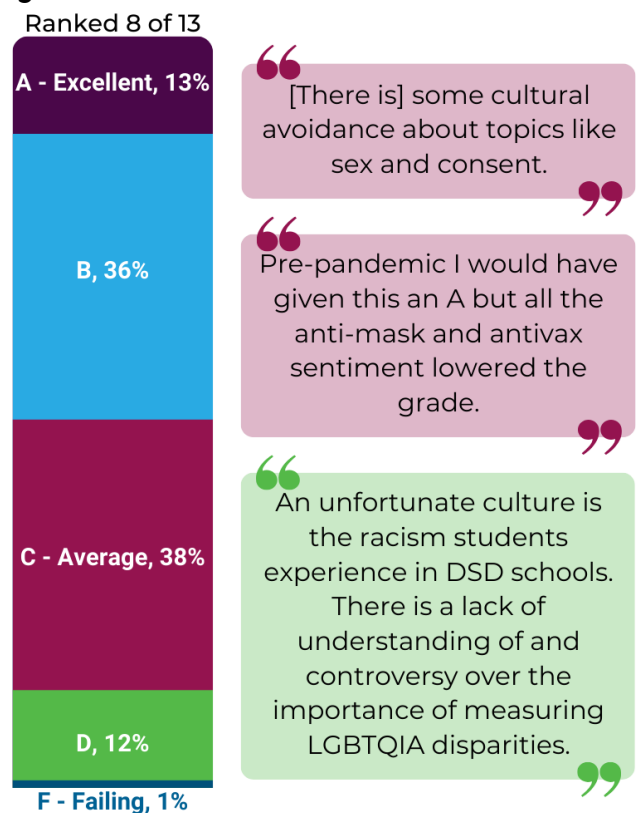
**Figure 13: Participation & Willingness to Act for the Common Good**



**Figure 14: Social Networks & Trust**



**Figure 15: Norms & Culture**



## Place Drivers

Clear strengths, **Parks & Open Spaces** (Figure 16) and **Look, Feel, & Safety** (Figure 17) were the top-ranked structural drivers. Around 3 in 4 participants gave each driver an A or B. There were a few comments noting Davis County as an overall safe and healthy place to live as well as comments on how these structural drivers could be improved.

**Sale of Healthy Items** (Figure 18), ranked 4 of 13, had fairly proportional grades assigned among A, B, and C. There were few comments left regarding the sale of healthy items, but some pointed to opportunities for improvement, especially related to the food environment.

**Figure 16: Parks & Open Space**



**Figure 17: Look, Feel, & Safety**

Ranked 2 of 13



**Figure 18: Sale of Healthy Items**

Ranked 4 of 13

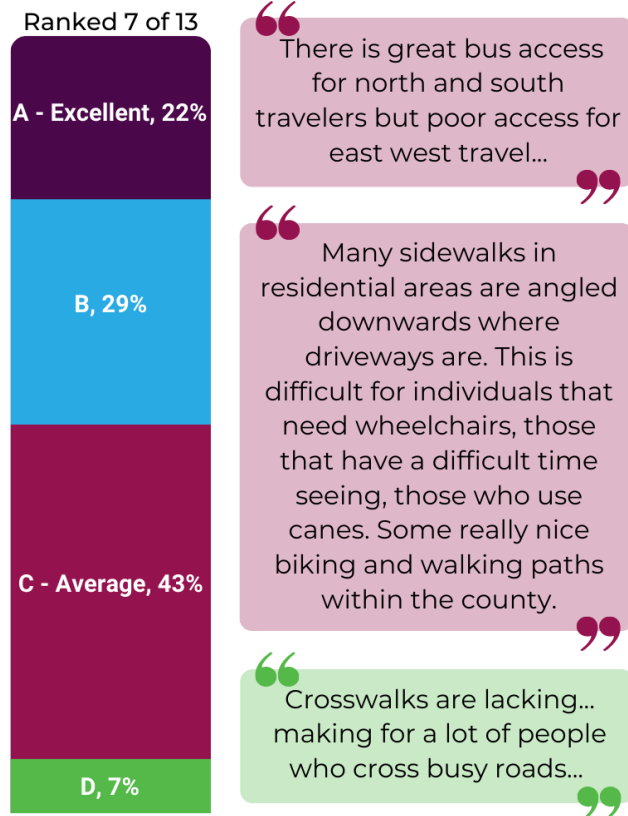


**Getting Around** (Figure 19) was ranked in the middle at 7 of 13. Grade C was the most common. Public transportation concerns included lack of access to community services and resources, east-west travel, and cost (not in the figure). Built environment concerns included traffic crossing safety and sidewalk accessibility. Nice multi-use paths were mentioned in positive comments.

**Sale of Harmful Items** (Figure 20) was ranked toward the bottom at 9 of 13. Almost half of the grades were a C. Not many comments were made about this structural driver, but a few pointed to the accessibility of controversial products, such as firearms, tobacco, and sugary beverages.

**Air, Water, & Soil** (Figure 21), ranked 10 of 13, had many comments about poor air quality. Grade B was the most common, but 17% were grades D or F, the third highest among all drivers. Respondents pointed to wildfires, refineries, fireworks, new homes, increasing population, and commuting as contributors (not all are reflected in the figure). A few comments were also made about water, soil, and concerns for the Great Salt Lake.

**Figure 19: Getting Around**



**Figure 20: Sale of Harmful Items**



**Figure 21: Air, Water, & Soil**

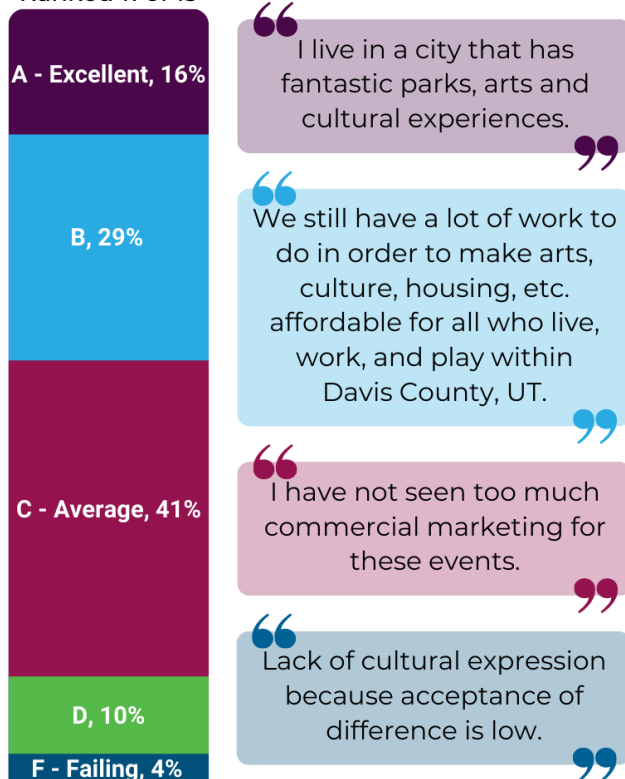


**Arts & Cultural Expression** (Figure 22) was the third lowest-ranked structural driver with grade C being the most common. Comments were mixed with some feelings that there are opportunities for art and cultural experiences and others highlighting a lack of diversity in the opportunities, affordability, and an influence of social norms and acceptance of being different on expression.

**Housing** (Figure 23) was the lowest-ranked structural driver. Unlike any other structural driver, more than half of respondents gave housing a D or F. This driver had the most comments made indicating a need for improvement and a top concern among respondents. Most of the comments were negative and focused on the lack of affordable housing.

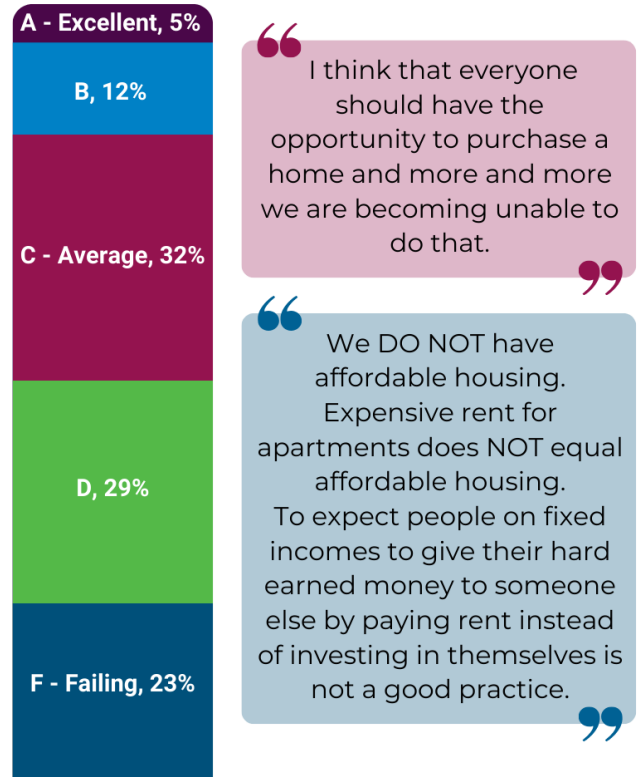
**Figure 22: Arts & Cultural Expression**

Ranked 11 of 13



**Figure 23: Housing**

Ranked 13 of 13



## Opportunity Drivers

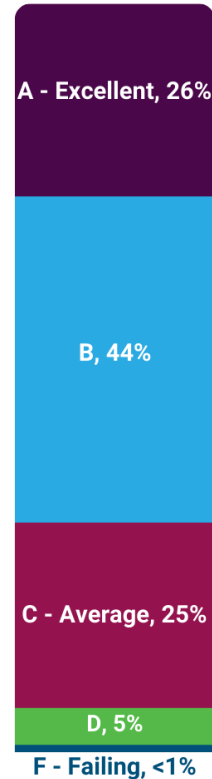
**Education** (Figure 24) was the 3rd highest-ranked structural driver with 70% of the grades being A or B. Respondents gave mixed comments about education in the county. A little over half described it as being the highest quality in the state and accessible to most, with opportunities to advance education for most ages and types of learners (not reflected in the figure). Respondents also noted some opportunities for improvement (all are not reflected in the figure) including:

- Demand on teachers
- Overcrowded classrooms
- Discrimination in school
- Support for disabilities and neurodiversity
- Long program wait lists
- Language barriers
- Opportunities for older adults
- Equitable quality in different schools

**Living Wages & Local Wealth** (Figure 25) was ranked toward the bottom at 12 of 13. While it did not receive any failing grades, more than half were grade C or D. Most comments focused on how wages offered in Davis County are not keeping pace with the cost of living.

**Figure 24: Education**

Ranked 3 of 13



“I believe we have the best school district in the state and opportunities for those who choose to home school, attend a charter school or participate in online school.”

“Davis County hosts many opportunities for advanced learning...”

“I personally have struggled with the accessibility of education options for my children, one of which is on an IEP (individualized educational program).”

**Figure 25: Living Wages & Local Wealth**

Ranked 12 of 13



“The cost of living in Utah is high right now in general and the living wages are not comparable...”

“Most jobs in Davis County do not pay enough to live here. This causes many people to get higher paying jobs outside of Davis County, causing more people to commute everyday increasing our air pollution levels.”

“Wages are too low, living expenses are very high!”



## Focus Group Participants

There were a total of  
**76 participants** across  
**9 focus groups.**

This represented 74.5% of all those who originally registered, which was higher than expected. There were as few as two participants attending one focus group to as many as 17 in the largest focus group.

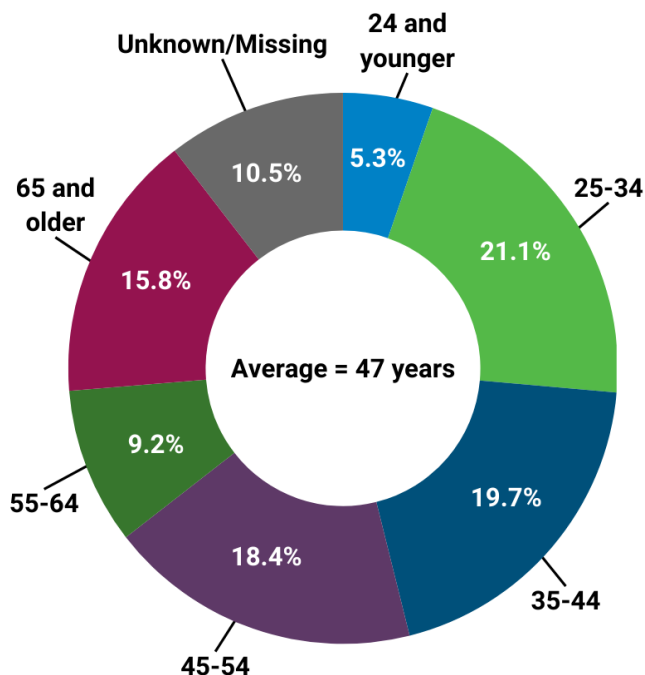
Five participants did not complete a demographic checklist. Therefore, at least 6.6% of the data are “unknown” for each demographic variable.

### Age

The focus groups were advertised for those ages 18 and up. However, one parent did bring a 16-year-old who participated in the discussion. Of those who provided their age (89.5%), the average age was 47 years with participants ranging from ages 16 to 85 years.

Age group distribution is displayed in Figure 26.

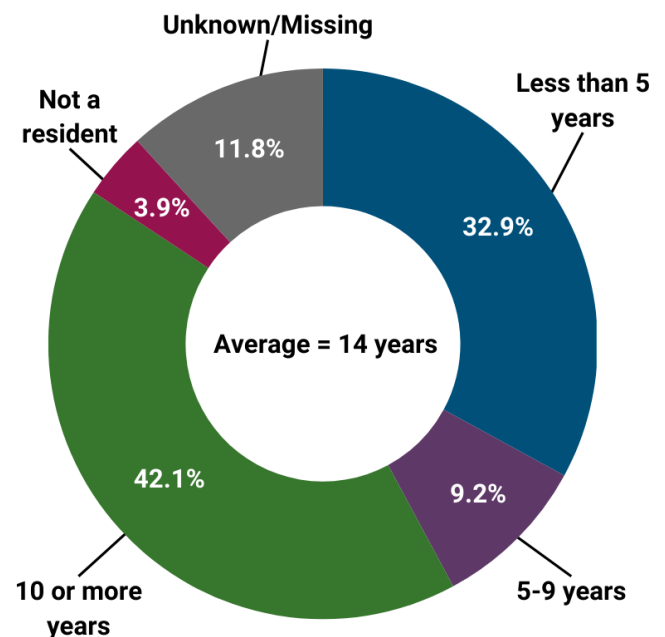
**Figure 26: Focus Group Participants Age Groups**



## Time in Davis County

Some participants had been living in Davis County all their lives while some had moved to the county less than one year before the discussion. Eight participants (10.8%) did not share how long they had been living in Davis County, and three participants were not Davis County residents (3.9%). The average time participants had been living in Davis County was 14 years. Figure 27 groups and displays the amount of time participants had been living in the county.

**Figure 27: Focus Group Participants Time in Davis County**



## City Representation

There was participation from 11 of 15 Davis County cities. As previously mentioned, three participants did not live in Davis County; but, they either provided or had experience using services and resources in the county. Table 6 compares the percentage of participants living in each city to the percentage of the whole county population living in each city. While many cities are adequately represented, future efforts should aim to have representation from all cities.

**Table 6: Focus Group Participants City Representation Compared to Davis County**

City	Percent Share of County Population	Share of Focus Group Participants Living in City
Bountiful	12.6%	22.4%
Layton	22.5%	21.1%
Kaysville	9.1%	10.5%
Clearfield	8.8%	10.5%
North Salt Lake	6.0%	6.6%
Syracuse	8.9%	3.9%
Centerville	4.7%	3.9%
West Bountiful	1.6%	2.6%
Farmington	6.8%	1.3%
Clinton	6.4%	1.3%
Sunset	1.5%	1.3%
Woods Cross	3.1%	-
West Point	3.0%	-
South Weber	2.2%	-
Fruit Heights	1.7%	-
Not in Davis County	-	3.9%
Unknown	-	10.5%

Data: [DCHD](#), 2023

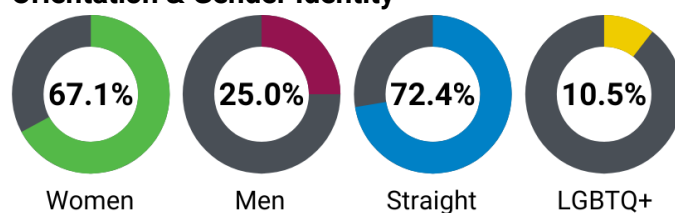
## Sexual Orientation & Gender Identity

For information on what sexual orientation and gender identity mean, refer to the Sex, Gender & Sexual Orientation section of the [2023 Davis4Health Community Health Assessment](#). For gender identity, focus group participants could select woman, man, genderqueer/non-binary, and/or identity not listed. For sexual orientation, participants could select heterosexual, gay or lesbian, bisexual, queer, and/or identity not listed. Five participants did not provide gender identity and 13 did not provide sexual orientation.

As with the survey, women were most likely to participate in the focus groups (Figure 28). These results are not out of the ordinary or a major concern for gender bias because of the traditional gender roles many, but not all, women in society take on. For example, women are traditionally more likely to work in public service jobs, part-time, or in the home compared to men. They are also more likely to take on caregiver roles and engage with services and resources than men ([DCHD](#), 2023). This makes them more available and likely to participate in these conversations.

For analysis and reporting, those who identified as genderqueer, non-binary, gay or lesbian, bisexual, queer, or marked their identity as not listed were combined into the LGBTQ+ variable due to small sample sizes. In Davis County, approximately 4.9% of adults identify as lesbian, gay, or bisexual, and 0.4% identify as transgender ([DCHD](#), 2023). With 10.5% of the participants identifying as LGBTQ+, there was adequate representation of this traditionally underrepresented demographic group. (Figure 28).

**Figure 28: Focus Group Participants Sexual Orientation & Gender Identity**

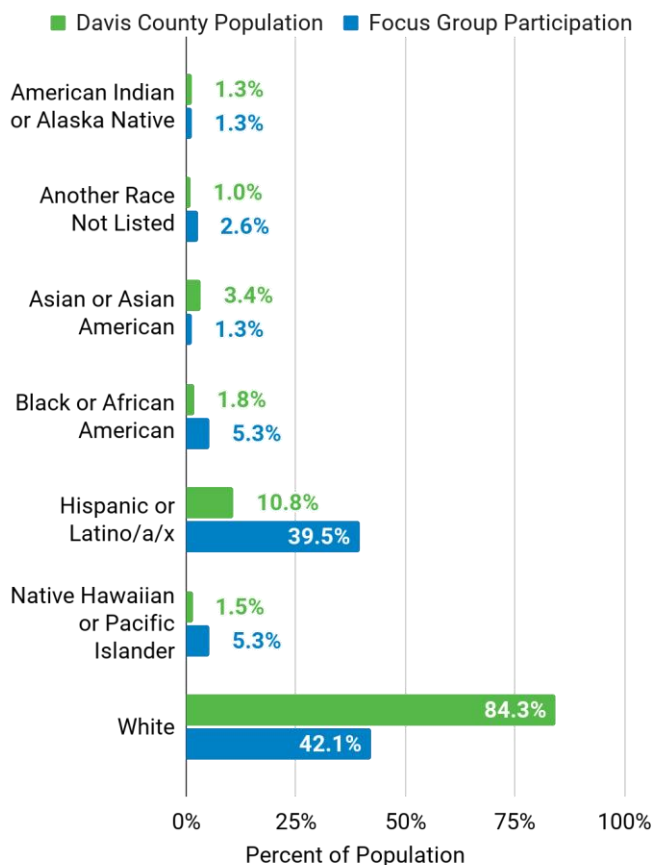




## Race & Ethnicity

Most racial and ethnic groups in Davis County were adequately represented in the focus groups when compared to their demographic makeup in the county. The Hispanic and Latino/a/x community makes up 10.8% of the county population, while almost 40% of the focus group participants identified with this ethnicity (Figure 29). This is in large part due to the successful in-person recruitment of participants by members of their own community. In contrast, White and Asian or Asian American groups were underrepresented in focus groups compared to their demographic makeup in the county, suggesting they were less likely to identify as underserved or underrepresented during the recruiting period (Figure 29).

**Figure 29: Focus Group Participants Race & Ethnicity Compared to Davis County**



Data: [DCHD](#), 2023

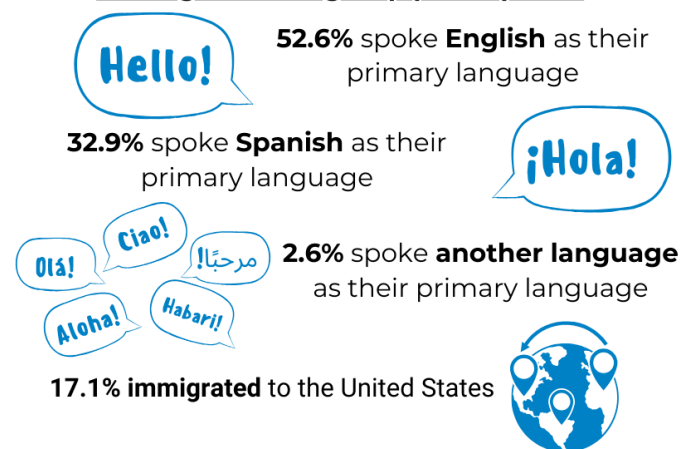
Note: Some participants may be counted in multiple categories if they chose more than one race or ethnicity. Race categories are non-Hispanic or Latino/a/x & include one race alone or in combination with another race; Hispanic/Latino can be of any race.

## Language & Immigration

As seen in Figure 30, a high proportion of the focus group participants were immigrants (17.1%) despite immigrants making up only 5.3% of the county population ([DCHD](#), 2023). This representation is crucial to understanding the social and economic barriers faced when moving to the United States and Davis County. Similarly, there was adequate representation of those who spoke languages other than English. Among participants, 32.9% spoke Spanish as their primary language compared to 6.2% of the general population ([DCHD](#), 2023). In line with the county estimates, 2.6% of the participants spoke another primary language besides English or Spanish.

**Figure 30: Focus Group Participants Language & Immigration Status**

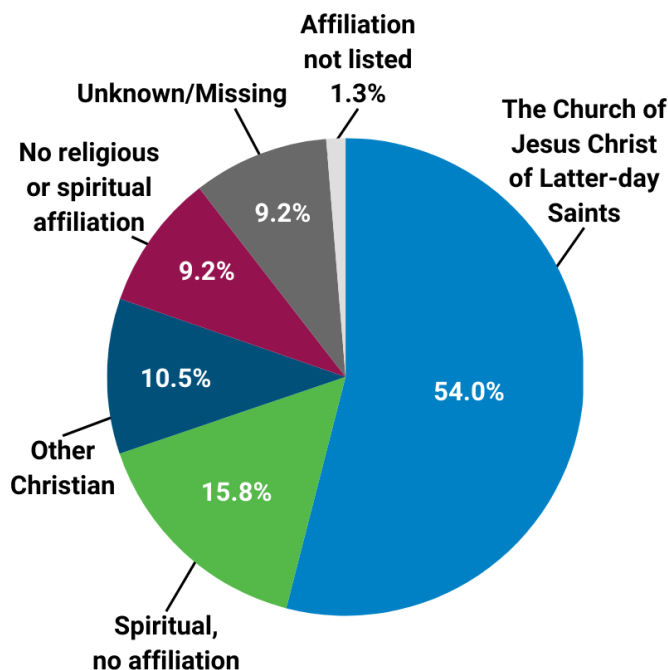
**Among all focus group participants:**



## Religious Affiliation

The greatest proportion (54.0%) of participants were affiliated with The Church of Jesus Christ of Latter-day Saints (Figure 31). This proportion was smaller compared to the makeup of the county population (70.5%) ([DCHD, 2023](#)). This result was unsurprising because the focus group promotional materials specifically invited those who felt underrepresented which is less likely for members of a majority demographic group. Some participants identified as spiritual but not affiliated (15.8%), other Christian religions (10.5%), or not religious or spiritual (9.2%). Few noted their affiliation as not listed (1.3%). Religious affiliation was not provided for 9.2%.

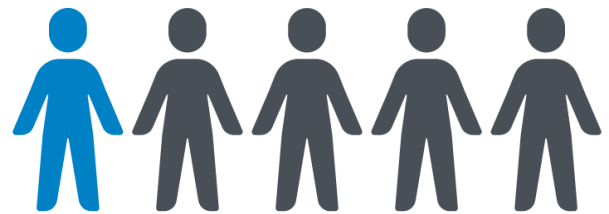
**Figure 31: Focus Group Participants Religious Affiliation**



## Military Affiliation

One focus group discussion aimed to hear from veterans and their families, but across all focus groups, only 4.0% of the participants identified as veterans, compared to 7.6% of the Davis County population ([DCHD, 2023](#)). No participants were currently serving in the military and 15.8% identified as being part of a military family. In total, approximately 1 in 5 (19.8%) participants had some sort of military affiliation (Figure 32).

**Figure 32: Focus Group Participants Military Affiliation**

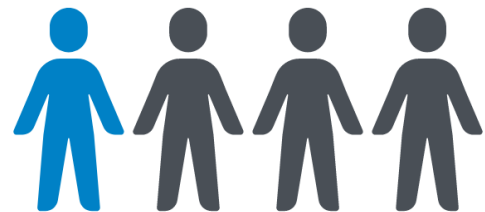


1 in 5 had a previous or current military affiliation

## Disability

Close to 1 in 10 adults in Davis County are living with a disability ([DCHD, 2023](#)). As seen in Figure 33, about 1 in 4 participants (23.7%) were living with a disability and 1 in 5 (19.7%) were living with someone who had a disability. There was adequate representation in the focus groups from people living with disabilities and their caregivers.

**Figure 33: Focus Group Participants Disability Status & Household Associations**



1 in 4 were living with a disability

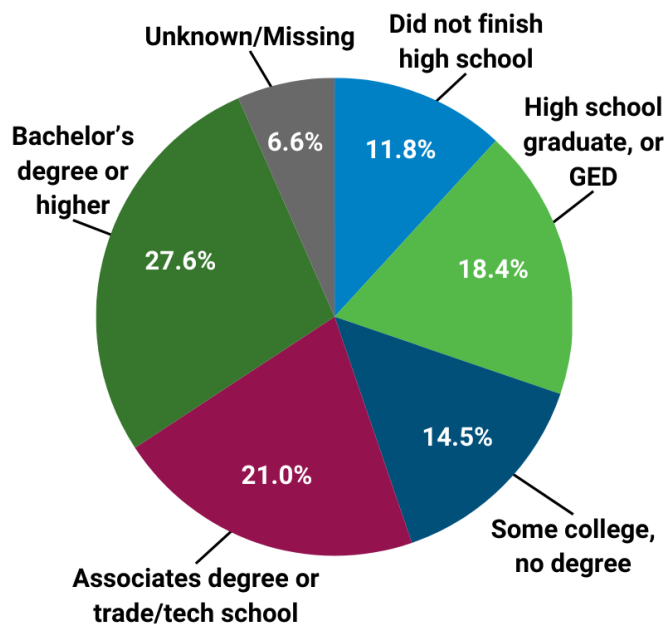


1 in 5 were living with someone with a disability

## Education

There was participation across all education levels. As seen in Figure 34, about 2 in 3 (63.1%) participants had attended some sort of higher education with just under half of the participants holding a college degree or certificate (48.6%). About 1 in 9 (11.8%) participants had not finished high school and about 1 in 5 (18.4%) had a high school diploma or General Education Development (GED) as their highest level of education. There was adequate representation of all education levels in the focus groups.

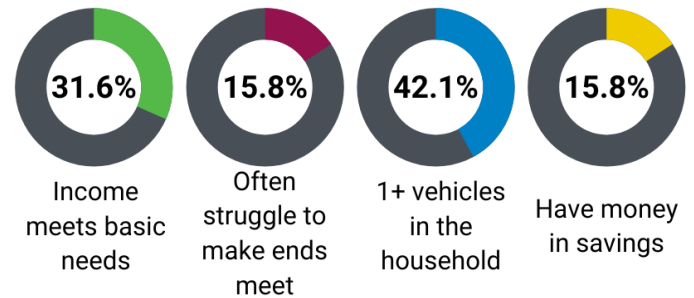
**Figure 34: Focus Group Participants Educational Attainment**



## Economic Stability

Participants were asked about their current economic stability. As seen in Figure 35, 31.6% of participants said their income meets their basic needs, 15.8% said they often struggle to make ends meet, 42.1% had one or more vehicles in the household, and 15.8% had money in savings. There were no population-level data to compare for these questions.

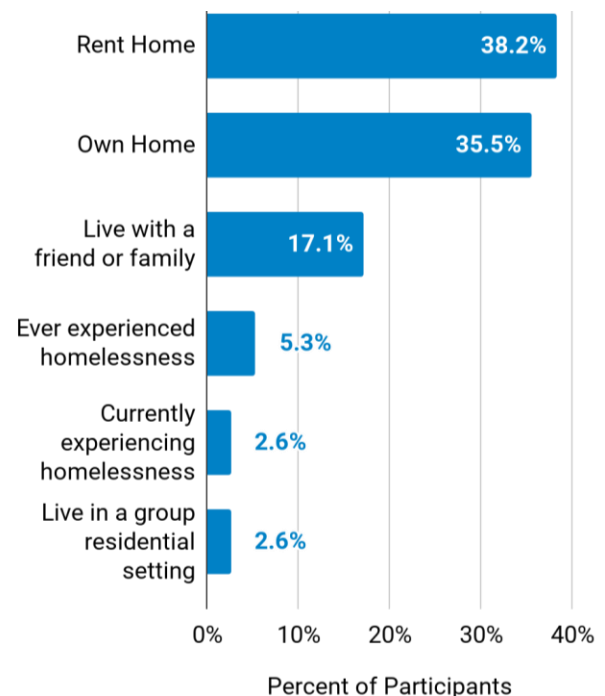
**Figure 35: Focus Group Participants Economic Stability**



## Housing Status

In Davis County, 77.5% of households are homeowners and 22.5% are renters ([DCHD, 2023](#)). This differed among focus group participants. A majority of participants (38.2%) were renters, while slightly fewer were homeowners (35.5%), as seen in Figure 36. Living with a friend or family member was also fairly common (17.1%) with approximately half of those also noting that they rented or owned their home. Some participants had also experienced homelessness at some point in their lives (5.3%). A few were currently experiencing homelessness (2.6%) or were living in a group residential setting (2.4%). There were no comparative measures for these categories.

**Figure 36: Focus Group Participants Housing Status**

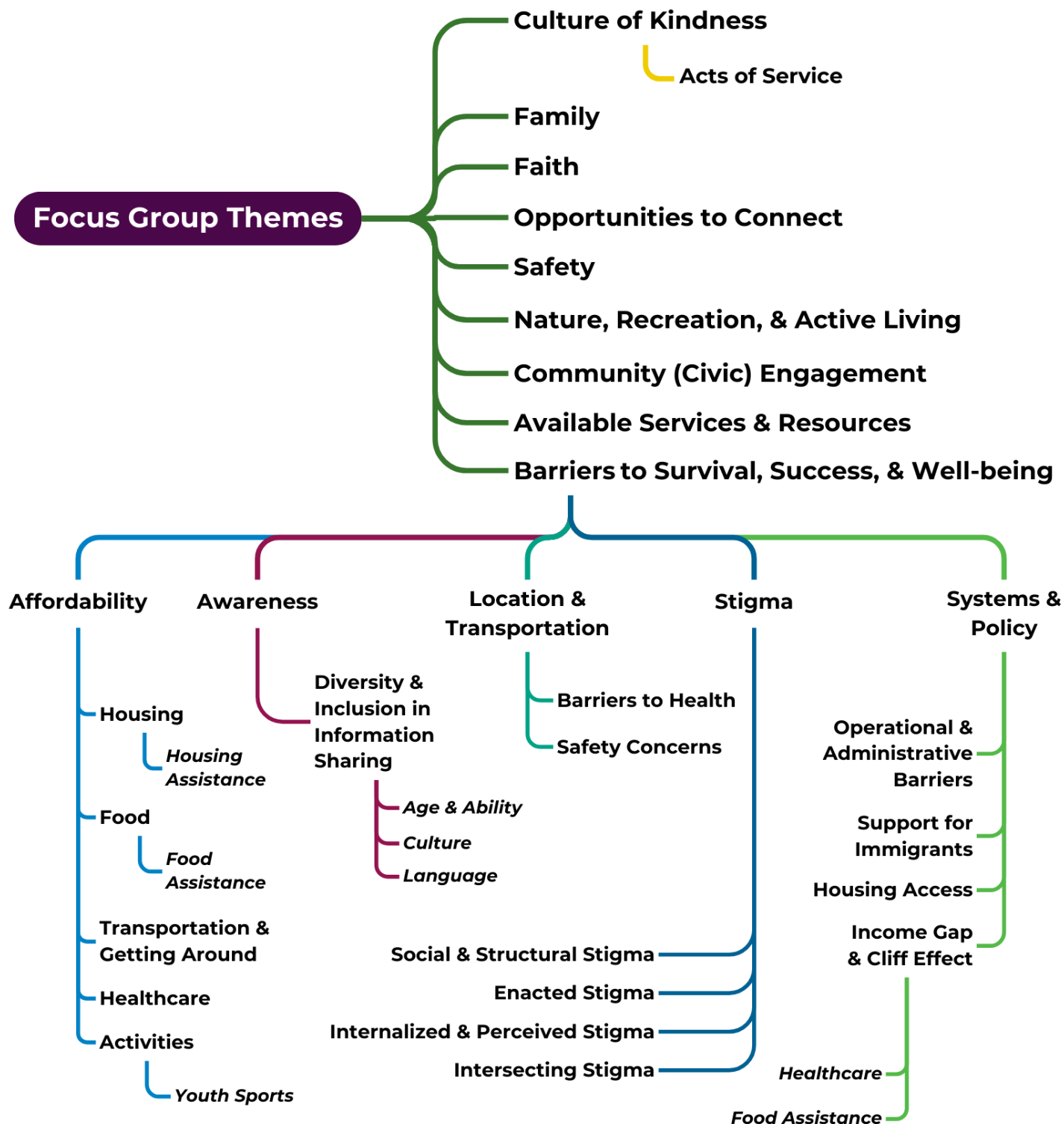


Note: Some participants may be counted in multiple categories

## Focus Group Themes

Focus group themes identified in participant stories through lived experiences, perceptions, and perspectives are broken down into the following sections shown in this complex mapped outline (Figure 37). Each participant's story is an important piece of understanding what is happening in the community. Participant quotes are in bubble quotes throughout this section to support these overarching themes.

Figure 37: Mapped Outline of Community Focus Group Themes



## Culture of Kindness

There were many examples of kind and friendly encounters throughout the county that helped people feel included, welcomed, and supported. Those who moved to Davis County noted experiences of neighbors reaching out to welcome them and bring gifts, something they had not experienced living in other places.

“ I really like how it is very quiet and the neighbors are very kind and friendly. I've never had that experience where they just knock on your door and offer cookies. ”

“ Fue muy bueno también la unidad de la comunidad...hubo buenos vecinos, buena gente, muy noble. Entonces, por eso quedamos en esta área. ”

*The unity of the community was also very good...There are good neighbors, very noble. That is why we stayed in this area.*

41% of participants discussed feeling connected in Davis County related to the people, their neighborhoods, events, and opportunities.

43% of participants mentioned feeling included and welcomed by people in the Davis County community.

## Acts of Service & Support

Acts of service and support were mentioned as a common practice in the community and contributed to the culture of kindness. Participants felt this provided them an opportunity to help others who may be facing challenges or adversity, develop a better understanding of different perspectives and experiences, and influence their community for good.

Stories of simple actions demonstrating kindness and support were shared, including:

- Helping a stranger fix a broken-down car at an event
- Sharing information on services available to those in need
- Helping a mother cover the cost of her groceries
- Neighbors being allies to the LGBTQ+ community by flying a Pride flag outside their home
- A good Samaritan getting off the bus a stop early to help someone in a wheelchair cross the street safely
- Donating clothes and food
- Volunteering or working for service providers or human services organizations
- Communities coming together during crises with meal sign-up initiatives and cooking meals to support each other

Participants perceived community service and support as creating a sense of connection to one another and helping people feel welcomed, included, and empowered to make a difference.

“ I [felt] empowered when I worked at Open Doors...[It] helped me see how much other people were struggling, and how I'm having a big effect on their case...helping somebody that's really in need. ”



## Family

Participants emphasized family as a primary source of support, love, and social identity in Davis County noting they play a central role in providing a sense of belonging. Many participants shared that having their families in Davis County was one of their favorite parts of living here or was the main reason they moved here.

“I moved back two and a half years ago...I like it here because I'm related to about three-quarters of Davis County. I have a huge family.”

“My daughter is here, that's one of the main reasons I moved here.”

Participant experiences highlighted that family members can often take on the role of caregivers providing essential support for those living with disabilities and health conditions.

“I was sick, so we moved here...because I have my daughter who came here for work.”

It was made clear that families also provide a strong foundation of support and create safety nets, fostering an environment where they can rely on each other during challenging times.

“I don't get access to food stamps, because I make too much money...I would probably starve if it wasn't for my daughter.”

Some examples shared included:

- Co-signing for an apartment
- Providing financial support
- Helping to find housing
- Living in multiple generational households
- Keeping a fully stocked fridge for kids and grandkids to take anything they need
- Supporting and encouraging aspirations
- Adult children giving rides to older parents
- Being the on-call uncle, helping in a crisis

## Faith

Faith, not necessarily organized religion, was identified as a community value because of shared beliefs and practices among different religious groups and spiritual individuals. Faith was recognized as providing a sense of meaning, purpose, identity, community, and social cohesion. Regardless of affiliation, this shared value encouraged connection, trust, and support among community members in participant stories.

“I enjoy my church a lot.”

“Hay iglesias a las que nosotros pertenecemos.. que permiten ese tipo de intercambio cultural, deportivo, de adoración, de fe. Entonces eso hace que tengas amigos donde tú te puedes apoyar el uno al otro... Si hay ancianos o...viudas, entonces eso hace que la amistad y el amor entre las personas sea algo muy importante.”

*There are churches to which we belong...that allow that type of cultural, sport, worship, and faith exchange. So that makes you have friends where you can support each other...If there are elderly people or...widows, then that makes friendship and love between people something very important.*

Participants also touched on the importance of remembering that to have faith one does not have to engage in religious practices. A few different individuals, for example, talked about how they were once part of an organized religion but have since left due to differing beliefs. They mentioned still having respect for that religion but experiencing their faith and spirituality outside of organized religion.

“One thing that me and my mom fight about...the relationship between religion and queer people...because I knew, even before I knew I was queer, I wasn't going to be in this church for long...It took one conversation...I said, 'I'm not in that religion, I'm spiritual, not religious'...She understood at the point of spiritualness without religion.”



## Opportunities to Connect

Having opportunities to connect was very important to participants. This included connecting with people they identified with and people of diverse backgrounds. They mentioned different events held across Davis County, such as opportunities for celebration of culture and identity. Social groups and gatherings to engage in activities with peers were also common. Examples included:

- Multicultural events and festivals that incorporate food, music, dance, etc.
- Davis County Pride Festival
- Senior center activities
- Theater groups
- Events at Davis Conference Center
- Car shows
- Support groups

Opportunities to connect with those who have things in common was recognized as fostering a sense of belonging and creating safe spaces.

“En Bountiful hubo una actividad de cultura latinoamericana. Estábamos de [lugares como] México, Chile, [etc.], y con música folclórica y todo muy bonito. Me encantó. Me sentí como en mi país.”

*In Bountiful, there was a Latin American cultural activity. We were from [places like] Mexico, Chile, [etc.], and with folk music and everything was very nice. I loved it. I felt like I was in my country.*

“I'm grateful for [multicultural events], you know, not feeling alone in it.”

“We have a teen group that meets every other week, and all of its members are LGBTQ+...That's their space. We try to create a space where it's safe. It's respectful. There's no judgment.”

Participants shared that engaging with those who have different experiences broadens cultural awareness and humility and encourages integration and acceptance.

“[We were invited] to a multicultural event...and it was a lot of fun...I love learning about all of the different cultures...It'd be nice to be able to have more experiences to take my family to those kinds of events.”

“This is a Polynesian event, it's not just for Polynesians. Just come, everyone.”

“A mí me gusta involucrarme en actividades de la cultura estadounidense, porque uno aprende y también puede aportar.”

*I like to get involved in activities related to American culture because you learn and can also contribute.*

“Yo creo que...deberíamos involucrarnos también en actividades donde no solamente hayan latinos porque también nos enriquece eso.”

*I think we should also get involved in activities where there are not only Latinos because that also enriches us.*

“I think that besides the church, you don't have any other opportunity of sharing our culture with other people...The Church of Jesus Christ does some cultural events. Specifically in the Latin branches...I like to go and participate...but what I'm trying to do to be included is to share my own culture.”

Participants mentioned that fewer opportunities were available during the COVID-19 pandemic. One older adult shared that during that time, they still found ways to gather safely because it was important for them to have social connections.

“We were meeting in the park for a while... just in order to say hi, and part of the reason we do this isn't because we need to come and sew... it's a social thing for us.”

## Safety

Safety was identified as being related to the people who live in a community, as well as the environment in which they live.

Safety in Davis County was mentioned by 1 in 4 participants.

It was one of the most common reasons given for why participants loved living in Davis County and was particularly important for older adults and families.

Es seguro. También tiene un buen sistema de policía, de seguridad o de emergencia, porque he visto los bomberos. He visto que si hay un accidente pues hay una respuesta muy buena, entonces eso ayuda a que estés con más tranquilidad.

*It is safe. It also has a good police system, security or emergency, because I have seen the firefighters. I have seen if there is an accident there is a very good response, so that helps you to be more calm.*

I live alone now. I feel very safe here.

La seguridad para nuestros hijos es muy importante.

*Safety for our children is very important.*

Those who had recently moved often compared their experiences as vastly different from living in other places.

[Si] voy a un parque y se me quedó algo ahí en el parque o algo y debo volver al día siguiente y está ahí todavía...Es impresionante...Yo soy de Chile y salimos en un auto y las puertas tienen que estar todas cerradas, los vidrios no puede quedar nada abierto porque al no sea a los minutos ya no está el auto.

*[If] I go to a park and leave something there... I would come back the next day and it's still there...That's impressive...I am from Chile, and if we get out of the car, the doors have to all be closed, the windows cannot be left open at all because a few minutes later the car will be gone.*

Those who had lived in Davis County for many years identified safety as one of the many reasons why they stayed.

We've been here for 18 years...My husband was going to be deployed...We drove around the neighborhood and felt like [it] was really safe. So we decided to stay here because we knew I was going to be alone in the home for a couple of years. That is why we chose here and we've stayed because we love it.

## Nature, Recreation, & Active Living

Participants loved living near the mountains and the Great Salt Lake.

22% of participants mentioned the beautiful environment as one of their favorite parts of living in Davis County.

Many referred to accessible parks and green spaces, golf courses, and trails for walking, biking, and hiking. These offered opportunities to get outside to be physically active and improve overall well-being for people of all ages and abilities.

“Cuando quiero salir y despejarme con mis hijos, pues cualquier parque está muy cerca y ahí podemos disfrutar en la tarde y en familia.”

*When I want to go out and clear my head with my children any park is very close, and there we can enjoy the afternoon as a family.*

“We love going hiking.”

“We like Davis County golf courses. We've played golf since day one.”

“I like Davis County because of the activities and I really like that trail because I'm a cyclist, so I use that a lot.”

“[Una] cosa que me gusta del condado es que también tiene muchas áreas verdes y están bien cuidadas.”

*[The] thing I like about the county is that it has lots of green spaces and they are well taken care of.*

“When they have extracurricular activities it helps them to be better kids...”

## Community (Civic) Engagement

**Community (civic) engagement** is when community members are involved in decision-making processes that affect their circumstances.

Participants conveyed a desire to actively participate in the decision-making processes in Davis County through community and civic engagement. They mentioned the following ways of engaging in their community:

- Voting
- Volunteering
- Attending community meetings or town halls
- Participating in community organizations
- Advocating for groups and community change
- Joining in focus group discussions and committees

Having these opportunities promotes a sense of responsibility and empowerment.

“Hace algunos años abrí una tienda de productos hispanos y en el proceso de abrirla tuve la oportunidad de participar en un council de la ciudad de North Salt Lake...y me sentía empoderado de poder participar y en North Salt Lake para ese tiempo.”

*A few years ago, I opened a Hispanic products store and in the process of opening it I had the opportunity to participate in the North Salt Lake City Council...and I felt empowered to be able to participate in North Salt Lake for that time.*

“We should always encourage people to vote because that's where the real change comes in.”

When asked about ever having the power to make a change, participants shared experiences with making a change in their own lives or helping others as previously outlined in Acts of Service & Support on [page 39](#). However, when it came to community change they mostly saw the power in the hands of the legislators and city and county leaders and did not see the desires of community members reflected in decisions. For example, a participant shared a story about attending city meetings where people were providing public comment against commercialization to keep the area as farmland. Yet, today there are stores, fast food restaurants, and gas stations still in development, commercializing the area.

“You go to the city meetings and all that stuff, and everybody gives their input, but it's like, why go? Because you give an input and they do exactly the opposite.”

The participant further explained that they plan to move away from their home of 26 years if apartment buildings and subdivisions continue to go up around them.

Focus groups, committees, nonprofits, and other groups were mentioned as always looking to gather information from community members; however, participants felt like they never knew the results of sharing their voices.

“We're on a committee that is at the northern end of Davis, there are elected officials, police departments. We sit on those committees and share our input of what's going on. What they do with it, It's hard to say.”

“All of these people...they're behind closed doors. We pay their salaries, they're making decisions for us, but there is no accountability. We have no say so about the decisions that they make. They just make them and we suffer the consequences.”

Some people also did not know how to get involved in community engagement or did not feel that they had any power to make a change.

“As far as the community, I don't know if I've ever felt like I've had the power to change anything. I don't know how to go about it.”

“Everything is still run by old white men. There's not much I can do.”

“The town hall meetings and stuff like that. I didn't know that we were able to participate in it until I was told, 'No, go to this event'. Like, Oh really? I didn't think it was for me.”

## Available Services & Resources

Participants shared services and resources that they used or know of, suggesting there are a variety of services and resources available to those who live in Davis County. The following is a non-exhaustive list with descriptions of services and resources discussed.

- Head Start was mentioned for assisting with education and childcare services, as well as helping people to get connected to many other resources and services.
- The education system was talked highly of for being one of the best in the state, providing some in-home support, sharing information on available services and resources, and equitable programs to support students and the community.
- Davis Technical College has a resource center that is helpful for students to learn about many of the community's services and resources, and provide support for those who have financial difficulties.
- Grocery stores, like WinCo and Costco, which offer bulk food and others with coupon deals, help people save money on food.
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), Medicaid, and other state and federal programs were frequently mentioned as helpful for those struggling to make ends meet.
- Bountiful Community Food Pantry, Open Doors, and a few local churches were mentioned for having food banks to help those experiencing food insecurity.
- Open Doors was also mentioned for their rental assistance program.
- Various mental and behavioral health and substance use services, resources, programs, and support groups were mentioned in Davis County and surrounding areas.
- Roads to Independence, Utah Parent Center, and Phoenix Services were specifically mentioned as providing services for those living with disabilities and their families.
- Davis County Senior Centers provide many services for older adults, including Meals on Wheels, transportation, and activities. They also help connect them to other available resources.
- Veterans of Foreign Wars (VFW), Veterans Affairs, and Hill Air Force Base were mentioned for providing services to veterans and their families.

## Barriers to Survival, Success, & Well-being

The social, physical, and economic environments in Davis County all influenced participants' experiences related to how they were treated and their ability to access services, resources, and opportunities. Participants discussed the following as important to their overall survival, success, and well-being:

- Housing
- Transportation
- Information
- Events, opportunities, and activities
- Connection, belonging, and inclusion
- Parks and green space
- Nutritious and culturally appropriate foods
- Food assistance
- Utilities, such as water and electricity
- Healthcare
- Mental and behavioral healthcare
- Quality and inclusive education
- Community engagement
- Child care
- Wages that align with the cost of living

This section will discuss the most common struggles and barriers experienced by participants with having their basic needs met and receiving fair and just treatment. It is important to recognize that these barriers often overlap and compound each other in many ways.

## Affordability

Affordability was the top barrier to accessing services and resources to meet basic needs and opportunities to engage in recreational activities.

59% of participants mentioned affordability as a barrier.

Affordability barriers were linked to:

- Housing
- Food
- Transportation and getting around
- Healthcare including mental and behavioral healthcare
- Events and activities
- Child care
- Education
- Utilities

This section will provide further details on those that were discussed the most among participants.



## Housing

With such a significant rise in housing costs in recent years, there was discussion in all but one focus group about the affordability of housing. A couple of participants were experiencing homelessness, some had difficulty finding a place to live in Davis County due to the cost, and others commented on the long or closed wait lists for housing assistance.

Participants who had owned their homes for many years were fortunate to be able to more easily afford their homes. This was especially true among people living on fixed incomes, such as older adults and military families.

“I don't think I can buy now because the price of housing is outrageous, but because we bought eight years ago, we can afford it.”

“We built our house 60 years ago, we're still in it. \$9,000 house. I'm happy there. I love it there. I'm not leaving.”

A participant who recently bought their home in Layton talked about the difficult process.

“Our experience buying in Davis County became a little challenging, and we got to a point where we were thinking, 'Can we really afford to buy it there?'”

The participant further explained that programs are available to help with paperwork or down payments in other cities or counties.

“We didn't find anything like that here at Davis County...We want[ed] this nicer location, more quiet and better schools. But the programs available for low-income and all that seem to be [in places] like Salt Lake County, not here.”

Those who did not own their home discussed how finding a place to rent had been a struggle. Those who were on limited incomes, living with disabilities, and previously justice-involved (formerly incarcerated) had an especially difficult time.

“Es muy difícil encontrar un lugar para alquilar...Si vas a un lugar para alquilar algo y siempre hay muchísimas personas detrás de ese alquiler y el que va a dar más dinero como que alquilan a esa persona.”

*It is very difficult to find a place to rent. If you go to a place to rent, there are always so many people after that rental and they will rent to the person who will give the most money.*

“I have family members who have good jobs, who can't afford an apartment very well.”

Some were also frustrated that despite the increase in apartment construction, housing was not becoming more affordable. There were concerns that large corporations, particularly those from out-of-state, benefit more than local community members.

“Nobody's profiting but these corporations, the people are not...They're raising the minimum wage, but minimum wage is not keeping pace with a low-income apartment...They're giving these contracts to these people, why [is the city] not asking [them] to create affordable housing? ...Why [are] they not taking our tax dollars and building affordable housing for people?”

“Apartments are going in and the latest I heard they're averaging \$1,300 a month...Where are these people going to come from that can afford \$1,300 a month?...That's a one-bedroom.”

“I'm watching here in my little town of Clearfield, they've done this build-up. Every acre, apparently, is going into high-rise apartments. But, I'm not seeing...any mandate from the city, who allowed the building to occur, to ask for a percentage to be considered lower income or assets rent. I don't think it needs to be the whole thing, because people are doing this to make money...but at the same time, there should be some fairness...to help our community...including senior citizens on fixed incomes.”

Individuals unable to find an affordable rental were at risk of experiencing homelessness due to financial strain and limited housing options. One participant was trying to find housing for her brother who lives with a disability and was previously justice-involved.

“I've been trying to locate affordable housing for my brother. My parents have passed away. He's out here alone. He's lived with them his entire life, and we cannot find affordable housing for the minimal income that he has. Not just that, but he got himself into trouble...He has a [criminal] record and trying to find a place that will allow him to live there....He got himself in trouble and he knows that's his fault, but people still need a place to live.”

In another instance, a mother and a daughter with three children of her own were living in a hotel together. The daughter left an abusive husband. The mother had a history of substance use, two years sober, and a felony record from many years ago. Because housing was unaffordable for a single mother making \$15 an hour, finding a place together was their best option. However, the rent was raised in their previous home. In an effort to find something more affordable, they faced intersecting housing barriers of cost and rental policies denying people with felony records. Ultimately, they wound up homeless. They were in the process of working with Open Doors to hopefully find some rental relief for the hotel where they were staying.

This intersecting barrier of housing affordability and justice involvement is also discussed in the Systems & Policy section under Housing Access on [page 68](#).

### *Housing Assistance*

Participants shared that while different assistance programs exist in Davis County to help those in dire housing situations, they can become overwhelmed by community needs.

“The [Davis Community] Housing Authority, they're not taking any new applications or anything. It's closed down right now.”

“Even if you're put on a waiting list, where do you go? Because you still need housing. When I was applying, I did go to Roads to Independence... They gave me a list of...apartment dwellings, but the quality, the safety, the area that these apartments are located in are very sad.”

When services are available and accessible, they can truly help those in need. For example, Phoenix Services helps those with brain injuries and those with disabilities who need individualized support.

“The place I lived in [Weber County] raised my rent so I could barely afford it...This is why I moved here to the Phoenix Apartments.”

## Food

High cost of food was also a common barrier to meeting nutritional needs. Participants discussed how finding food specific to one's own culture can be more expensive. Latinos in southern Davis County said they would travel to Salt Lake County to stores with more affordable produce.

“Las tiendas en mi área serían en Centerville, Bountiful... Son muy caras. Smiths, Dicks todo eso es muy caro. Tienes que viajar para Rosepark, para agarrar tus verduras más baratas, tus comidas más baratas.”

*The stores in my area would be Centerville, Bountiful... They are very expensive. Smiths, Dicks, all of that is very expensive. You have to travel to Rose Park to grab your cheapest vegetables, your cheapest foods.*

Inflation and the rising cost of food were of concern among participants.

“Every time we go to the grocery store it's like, whoa, it's so much money.”

“Sí lo que ha afectado y yo creo que esto no nos escapa...es la inflación...Quizás hace tres años cuando llegamos, pues costaba unos 20 o 25% menos de lo que está actualmente, pues el cartón de huevo, la leche, las cosas diarias.”

*What has affected us and we can't escape...is inflation...Perhaps, three years ago, when we arrived [in this country] it cost about 20-25% less than today for egg cartons, milk, daily things.*

Beliefs and experiences that eating healthy is less affordable were mentioned by some participants.

“Si uno quiere comer bien, cuesta más. Definitivamente de nuestro presupuesto se tiene que hacer. Uno tiene que hacer maravillas para comer saludable.”

*If you want to eat well, it costs more. Definitely, our budget has to be done. One has to do wonders to eat healthy.*

“A lot of people hate McDonald's, but it's like the only way I can afford [to eat out].”

“I make a sacrifice by not buying meat, except for once a week...I don't buy a lot of vegetables.”

## Food Assistance

Some resources were mentioned that help make food more affordable.

- Food banks
- SNAP, commonly referred to as food stamps
- School resource centers
- Commissary for military and some veterans
- Meals on Wheels
- Coupons

“Thankfully we have food stamps. I don't have to worry about feeding my family. Plus, there's the Bountiful Food Pantry, which is also a great resource.”

“I feel like the only reason I've been surviving at school is because they've been helping me so much, like I will not have food for lunch. And now that they have the [Davis Tech] resource center, I know I can go in there and get some noodles or have a meal.”

Other affordability barriers to food assistance are discussed under Income Gap & Cliff Effect in the Systems & Policy section on [page 69](#).

## Transportation & Getting Around

The cost of transportation was a concern among participants. For those who drove, there was discussion about the cost of fuel. Those who did not drive, those on limited incomes, older adults, and those with disabilities, commented about the cost of transportation services.

Gas prices were affecting people's ability to meet their basic needs and required those on fixed incomes to budget exactly how much traveling would cost. Some had to choose between gas money and food or housing.

“WIC moved all the way up [to Clearfield]. That's really hard, especially with gas prices...It's extremely inconvenient, especially when you're already tight on finances.”

“A gallon of gas to come [to the North Davis Senior Center from Centerville]. We have that figured out in our budget, \$4.50 just to travel.”

“Do I want gas money to get to school, or do I want to eat lunch?”

Participants in the focus group at Phoenix Services were concerned about those living with disabilities not having adequate access to affordable transportation services so they could participate in community activities.

“I want to go to community events, like...at the Davis Conference Center...I don't have the accessibility to do that, because I don't have a way to get there...I don't have the money.”

Older adults acknowledged available transportation for medical services and to the senior centers, as well as public transit for other community locations. However, they still had to rely on family members for transportation due to concerns about cost and donations for other services.

“[Free and discounted transportation is] critical for getting the seniors out of the house.”

The Davis County Senior Center transportation is a free service, but it was mentioned that some people feel obligated to pay since there is a donation jar, even if they cannot afford it.

“I just really think there's a lot of older folks that can't afford it, you know, and most of us want to pay our way.”

In a focus group held at Head Start, there was a comment about the cost of bus fares for those who rely on that service.

“Is there somebody that we can talk to so they lower bus fares? It's getting higher and higher.”



## Healthcare

Cost of healthcare including mental, behavioral, and oral care was identified as a barrier for people in need of services. Not having insurance and needing services that insurance does not cover were financial barriers experienced by participants. Some faced qualification barriers to getting insurance due to immigration, employment, income, and disability status. Even with insurance, some still faced significant financial burdens in receiving the care they needed.

“I pay less money on health insurance through the Marketplace than I do with CHIP, which is ridiculous because it should be the opposite.”

A participant shared a story about their daughter who had an emergency health problem and stayed in the hospital for two days. They received a bill for over \$20,000. Medicaid and financial assistance through the hospital did not provide any support. The family was forced to sell their vehicle and was still paying the bill 10 years later.

Cost was also a barrier that prevented participants from seeking medical care in the first place.

“Mi esposo casi se me muere. Tenía un diente malo y nos aguantamos mucho tiempo para buscarle ayuda. Le arrancaron una muela y lo tuve en el hospital... Los billetes suben y uno trata de no hacer ver por el dinero, por los bajos recursos

*My husband almost died on me. He had a bad tooth and we held out for a long time to get him help. He had a tooth pulled and was in the hospital... The bills get high and you try not to be seen because of the [cost], because of low resources...*

Another family who had recently moved to Utah did not have insurance set up yet and their son needed emergency surgery. They were unable to afford it. A friend had to help pay their bills.

A couple who had been trying to establish residency for almost 30 years also struggled with healthcare costs. They were in their 60s and had to pay for medical bills out of pocket. The wife relied on her husband and daughter to provide 24-hour care assistance.

Another who struggled with attaining residency status also suffered from unaffordable medical bills and barriers with insurance.

“My mom worked for many years [as] a subcontractor. Now she has no retirement and all her medical expenses are out of our pocket, because my dad does not provide enough money to pay for those medical bills. So if you guys can make it a little easier for people to apply instead of having all these barriers [for immigrants]. Honestly, I don't want to have Medicaid anymore, and that's sad because I need it, but...it's so hard consistently having to prove my status.”

One older adult mentioned that while currently in good health, if they were to get a major diagnosis, such as cancer, they would not have the funding for treatment and would be forced to make difficult decisions.

A participant talked about how expensive mental healthcare can be.

“I have a therapist, a psychiatrist, and a life coach, and those are not cheap; not even a little bit.”

This participant also wanted gender-affirming surgery; however, the cost was not covered by insurance so this care was unaffordable to them.

Another participant shared about the difficulty finding needed therapy for her daughter with a mental illness. Exposure to animal therapy was helpful, but not very common. They found one location, but the facility did not accept the family's insurance and they could not pay out of pocket.

Another parent who needed mental health services for her son had to spend his college tuition money to afford his care.

“[My son] had suicidal ideation, and we couldn't find any help... We wound up paying about \$14,000 to go to the OCD and Anxiety Center in Bountiful. And that was his college bond.”

Other affordability barriers to healthcare are discussed under Income Gap & Cliff Effect in the Systems & Policy section on [page 69](#).

## Activities

Access to activities, events, and recreational opportunities was also limited for some due to cost. Groups affected included people with disabilities, older adults, and those on limited incomes.

People with disabilities and their caregivers discussed how they are sometimes unable to be involved in social and recreational activities. One reason mentioned was tight budgets due to fixed incomes. Government-funded service providers were noted as offering support to individuals with disabilities, enabling them to access community activities. However, service provider limitations relating to the number of funded hours and staffing availability also affected accessibility of activities.

Those struggling to make ends meet mentioned being unable to go out and do fun things that cost money. They often looked for free or low-cost activities. Older adults mentioned regularly looking to see if senior discounts were available for them to be able to afford to participate in activities.

## Youth Sports

One of the most common concerns for access to activities was related to youth sports. Sports were not always accessible, especially for families with multiple children or those with limited incomes.

“[I have] a friend [who is] fairly wealthy, and all of his kids play multiple sports. And I get how much he spends on all of the equipment and all of the gear for each kid. We're not near that financial freedom, and so our kids miss out on playing those games.”

“It's so expensive...If we can get those costs lower for families that have multiple kids...”

Some parents discussed the importance of having access to sports for youth, noting that it can help direct their energy, connect with others, be physically active, and prevent them from acting out.

“My son was getting into a lot of trouble in school, but when they have extracurricular activities, it helps them be better kids.”

Participants would like structured activities for youth to engage in physical activity to be more affordable and accessible to everyone. A parent even provided an example of a solution.

“A lot of parents would be willing to volunteer to allow it to be free so multiple kids experience sports. There's a lot of times they can't because of how much it costs, but if we could create a community...”

Another family shared a story about starting a soccer team due to their family needs. Their son was attacked in school resulting in a change in his personality and a lack of support among peers.

“Para contrarrestar esto, con un amigo, formamos un equipo de fútbol en el condado de Davis para darle ambiente pues que tenga necesidad porque es muy caro hacer deporte.”

*To counteract this, with a friend, we formed a soccer team in Davis County to give him the environment he needed, because it is very expensive to play sports.*

In the beginning, the team did not have many resources, but they were eventually able to give scholarships which helped many other young Latino men with similar problems.

“Hay un montón de costo, pero fue una experiencia muy maravillosa.”

*There is a lot of cost, but it was a very wonderful experience.*



## Awareness

Participants desired more awareness of what is available and how to access resources and opportunities for their success, survival, and well-being. They shared experiences of trying to find services, but having difficulty knowing how or where to look.

“Where do you go to find out about [services]? ...If you don't know what's on [a] list, or even where the list is, or if there is a list, that's a shortcoming for me.”

“I wish there was a better way to advertise to get the word out...it would be nice...to have better resources on spreading the word for events.”

“It's very hard to find resources if you don't have the right person in your life.”

“I don't know of any food banks, or I don't know how to access healthcare for my children.”

However, when participants knew about an available resource or service, they were eager to share that information with anyone who might benefit.

“Este año tuve la oportunidad de servir en la escuela Head Start...nos hemos llegado a enterar de tantos recursos que hay ahí en la facultad...Cualquier persona que está sufriendo [o] está pasando por algo, trato de darles la información inmediatamente porque la información es oro y tenemos que tenerla.”

*This year I had the opportunity to serve in the school with Head Start...we have come to know about so many resources that are there...Anyone who is suffering [or] is going through something, I try to give them the information immediately because the information is gold and we have to have it.*

Participants discussed how they learn about and exchange information in various ways due to differences in personal preferences, technology, culture, age, and ability.

Some methods of exchanging and learning about information shared in the focus groups included:

- Letters and emails from schools
- Organizations like church and Head Start
- Mail, such as community newsletters and advertisements
- Social media groups, such as Latinos in Utah and Davis County Pride
- Internet, search engines, webpages, etc.
- Community or school resource centers, such as at Davis Technical College
- Word of mouth within communities
- TV/News
- Brochures and other advertisements

Additionally, participants shared the ways in which their avenues for learning about services and resources were limited.

“I don't like the only resource that I know of is through Davis County or the school.”

“I read [my daughter's] school [email]. It's a thing called Peach Jar. They send me what's happening with Layton High. But, if I didn't have that, I wouldn't know.”

“I have been in Head Start for 10 plus years. I didn't know about resources until I started volunteering and it's very sad that other parents that don't volunteer don't have the same knowledge and resources that [are] out there.”

“I think without a school, I don't even know where I would go for resources. Because at Davis Tech, they just barely set that room up to be the resource center so it has everything now.”

“Si no hubiera sido por [una actividad de la Iglesia], yo no estaría [en este grupo de enfoque] aquí hoy día.”

*If it had not been for [a Church activity], I would not be [in this focus group] here today.*

“ Cuando vivía en un apartamento... no tenía acceso a eso, entonces no sabía qué actividades tenía la ciudad, no sabía qué academias podría encontrar para mis pequeños, en deportes, en cosas así, porque no me llegaba la información. Quizás eso sería de mucha ayuda. No importa el lugar donde se viva, pero quizás los apartamentos también deberían de llegarle esa información para que las personas puedan saber.

*When I lived in an apartment...I did not have access to [the city's schedule of activities]...I did not know what [schools] I could find for my little ones, in sports, or things like that, because the information did not reach me. Perhaps that would be very helpful, it doesn't matter where you live, but perhaps the apartments should also get that information so people can know.*

“ This came in [the mail]. This is a place called Optimum. They have diabetic stuff, they have yoga, they have dancing, they have exercising, and it's all free...We have a grandson who is challenged in school, and we recently got in the mail another small card announcing a group that provides literature and training stuff for people who need help. So, we got on board with that.

“ Si hay muchas actividades solamente creo que hay que estar en las redes [sociales]

*There are many activities, I just think you have to be on [social] media.*

“ Looking for something, I generally go to the internet...That's how I found the quilt group. I went out searching...and ended up at the senior center here. It's been great and now that I've been here for a while I know the services. There's transportation, there's food, there's activities, they try to get people involved...That's been very helpful.

Participants specifically mentioned a lack of awareness for finding:

- Food assistance including food banks
- Childcare services
- Multicultural events outside of church coordinated events
- Social, cultural, and physical activities
- Healthcare services

## Diversity & Inclusion in Information Sharing

It was recognized that the way some people learn and share information might not work well for others. Differences in preference and ability can create barriers to awareness of available services and resources, as information may not effectively reach certain demographics, leading to unequal access and opportunities.

### Age & Ability

Older adults and those with disabilities shared how online methods had been helpful for some, but posed as barriers for those who were not technologically savvy or preferred exchanging information by other means.

“ They've gotta realize not everybody is tech savvy...Everything's becoming that now. If there's easier ways, especially for older people [and people with disabilities], that might know [the] basics of a computer to make it a little bit easier for some of them...I know I've had problems. If I hadn't had my grandkids that were really good at the computer I'd be lost.

### Culture

Some participants expressed that their culture influenced a preference for sharing information through informal channels, such as by word of mouth, community gatherings, social events, or organizations because of the combined trust, personalization, and authenticity of the information.

“ We live in a collective culture, for the [Pacific] Islanders, we call it coconut wireless...Our marketing is awesome, naturally, organically, with diverse communities.

This participant went on to further explain that there have been limitations to learning about services and resources for the Pacific Islander community. Making phone calls, going online, and reading letters were not methods they preferred. This was often a barrier to information for them in Davis County. Having a physical location to learn and talk about services and resources would be much more inclusive of their culture.

Other participants shared similar experiences with having a difficult time finding and exchanging information in a way that aligns with their culture. Participant examples and suggestions included:

- A participant with a teaching degree in El Salvador spent a lot of time learning to navigate the Utah systems, and did a lot of online research to become certified in the U.S.
- Immigrants shared that establishing themselves in one place could help them adjust to state and county systems and learn about essential needs, such as understanding city and county geographical boundaries, getting a driver's license, finding food pantries, and accessing healthcare and dental services.
- It could be helpful if ethnic groups, such as Latinos, had a platform to advertise and find activities. It was recommended that social media networks, like Facebook, could be utilized to share announcements and publications for people within the community to stay informed about cultural and social events to participate in.

Participants also discussed how advertisements that do not represent their culture and/or language could lead to unawareness of what is available.

“There's not that much advertisement for the Hispanic community...many of our parents only got to fifth, sixth grade in our countries. So they think college or university or anything beyond that is inaccessible to them and if we don't have those flyers or those advertisements in their cultural language, it becomes hard.”

When participants were unaware of what was available or how to access a service due to cultural barriers, it worsened financial inequities.

- One story included a single mother who spent hundreds of dollars and most of her income on childcare, barely making ends meet. She had recently moved to the U.S. and faced a language and cultural barrier. When she discovered Head Start, she was devastated to realize she had missed out on this opportunity for so long and could have saved a lot of money.
- Another participant shared that their family had been living in the U.S. for four years and only within the last year did someone explain to them how to build their credit so banks would work with them.

Cultural stigmas related to using assistive services also created awareness-related barriers for friends and family of those who knew about services but did not share the important, helpful information. More about this can be found in the Internalized & Perceived Stigma section starting on [page 62](#).

“Empecé a buscar. Encontré el banco de comida, Bountiful food bank... entonces, después de un año, fui... nadie me decía y mis amigas sabían y nadie me había dado esa información. A mí me dio mucha pena. Yo gastaba mucho en alimentos, \$500 semanales.”

*I started looking. I found the food bank, Bountiful food bank...after a year, I went... Nobody told me and my friends knew and nobody had given me that information. It made me very sad. I was spending a lot on food, \$500 a week.*

## Language

Culture and language are closely related and intertwined. Participants shared how language barriers make it difficult to communicate, leading to a lack of awareness about available services and how to access them. These barriers also made it difficult for some to express their needs and sometimes discouraged those who might be misunderstood from seeking help in the first place. Language barriers also exacerbated cultural differences making it harder for individuals to feel understood, comfortable, and respected when receiving services.

One participant waited at a bus stop for more than an hour before someone who spoke her language stopped and helped her understand she was at the wrong location.

El transporte para mí se me hace muy difícil... porque yo no manejo.

*Transportation is very difficult for me... because I don't drive.*

Some felt as though they could not attend events or organizations even when invited because they did not speak English.

No sabemos inglés y eso no nos permite participar abiertamente en sus organizaciones, pero nos invitan a participar en ella. Pero no he visto que haya una organización como para latinos en la comunidad... quieren ayudarnos, quieren integrarnos y eso me gusta muchísimo.

*We don't know English and that doesn't allow us to participate in their organizations openly, but they invite us to participate. But, I have not seen an organization for Latinos in the community... They want to help us [and] integrate us, and I like that very much.*

Not knowing how or where to pay basic utilities was due to a language barrier.

Nosotros cuando recién llegamos, alquilamos. No sabíamos dónde pagar las [utilidades]. Estábamos perdidos.

*When we first arrived, we rented. We did not know where to pay [utilities]. We were lost.*

Being unable to communicate with public service workers was also a problem for some.

No había nadie que hablara español ni un poquito, y son servicios básicos como el agua [y] la luz.

*There was no one who spoke Spanish even a little bit. They are basic services such as water and electricity.*

One participant shared a story of being unable to read the letters sent home from school.

Mi hija salió de 6° grado y tuvo su graduación y yo no, no supe. Y todas las niñas fueron con sus vestidos y su papá con flores y yo ni por si acaso llegué, no tenía idea que mi hija llegó con. Cualquier ropa...Fue terrible para ella.. Entonces, tal vez esto de la comunicación sea en español, porque no hablo inglés todavía.

*My daughter finished 6th grade and had her graduation and I didn't know...All the girls went with dresses and their parents with flowers, and I didn't even show up. I had no idea. My daughter went to school with everyday clothes...It was a terrible experience for her...So maybe the communication could be in Spanish because I don't speak English yet.*

Not understanding how to save money, particularly grocery store rewards, memberships, coupons, and posted deals was also mentioned.

[Muchos hispanos] no sabemos cómo aprovechar las oportunidades que, por ejemplo, las tiendas nos ofrecen...no sabemos que es un mix...no sabemos qué es un cupón, no sabemos qué es, entonces no tenemos idea de eso y compramos los productos al precio que están.

*[Many Hispanics] don't know how to take advantage of the opportunities that, for example, stores offer us...We don't know what a mix-and-match is, we don't know what a coupon is...so we have no idea about that and we buy the products at the price they are.*



## Location & Transportation

Participants generally loved the neighborhood where they lived in part due to the ease of access to different shops, restaurants, parks, and grocery stores nearby. Some participants mentioned living in Davis County due to its location in Utah and proximity to other major cities, noting the good highway access for those with a vehicle.

Those who had accessible sidewalks and bus stops recognized this as a benefit that contributed to their overall happiness, health, and well-being.

“I love it there. I'm not leaving. And the bus that comes here would stop right in front of my house and bring me [to North Davis Senior Center]. So I'm happy.”

The free Midtown Trolley was also mentioned as a positive for those who live in its path, but this service is in a limited location.

“My kid likes the free bus that goes around Layton over to the mall and back...It's awesome.”

There were concerns about the availability of transportation services. Geographical barriers were commonly identified as limiting access to services, resources, and opportunities. Some included:

- Needing to travel to another county for specific healthcare services, to attend events, and find affordable culturally appropriate foods
- Not having access to transportation on Sundays or late at night
- Buses not being available in every neighborhood
- Not being able to easily access a food pantry without a vehicle
- Medical transportation not arriving on time or being available when needed, causing appointments to be missed and people being forced to wait outside for hours
- Important services being located on one end of the county as opposed to centrally located or in multiple locations

“Since I've been here, I have noticed a lot of times the information and resources are great. The travel is terrible. You've got to go so far to get what you want, so you may not [be able to] get there as often.”

“It's three-quarters of a mile for me to get to a UTA bus stop before they even pick me up.”

Older adults and people with disabilities were especially concerned with not being able to connect and engage in activities that improve their quality of life. This was often related to limited accessibility to transportation when unable to drive, and the time and location of the event not being supported by public transportation.

“We have season tickets to the theater in Salt Lake...I don't like driving at night, and I can't get down there because it's on Sunday.”

“I'm missing out on meeting new people and making friends.”

Some also mentioned they often have to travel outside of Davis County to attend events specific to their culture.

While cost was the main barrier to accessing youth sports, a parent mentioned how they were also impacted by a location barrier due to there not being enough sports available for their young children near their home in Bountiful.

## Barriers to Health

Getting to healthcare appointments was difficult for those dependent on others for transportation, creating a barrier to accessing healthcare. Two participants shared similar experiences of scheduling transportation to medical appointments. A time had to be given for when to pick up and when the appointment will be done. Yet, in their experiences, the transportation either never arrived or was very late causing them to miss multiple appointments. They also experienced having their ride pick them up hours after the scheduled time. This left them feeling very frustrated and undervalued.

Another participant living with HIV was unable to find the necessary healthcare services in Davis County. Services available in other parts of Utah were difficult to get ahold of or were not covered by insurance. This participant was impressed with the University of Utah and DCHD who followed up later to check if anyone who could provide services had returned a call, but was still frustrated at how difficult the process was.

WIC only being available in Clearfield since the closure of the South Davis office was identified as an inconvenience for those who live in that end of the county. People relied on having a location in Bountiful for easy access. Utilizing that service became difficult due to the amount of traveling time required and hours of operation. There was frustration that input from people needing that service was not collected prior to closure, leaving some feeling underserved and underrepresented.

“WIC moved all the way up to Clearfield and that's really hard.”

“There's still people who need services down here, and I just feel so much excluded.”

## Safety Concerns

Some reported that getting around the county could sometimes be unsafe, especially for those with disabilities and older adults. One participant shared their experience with getting around the county in a wheelchair. The participant explained that the roads and crosswalks are not built in a way that they can safely cross the street. Getting to the bus or paratransit was often difficult due to the pickup and drop-off locations. There were also occasions where paratransit services did not feel safe because of being hooked up incorrectly or almost being hit by the bus door.

“I can't drive anywhere. Trying to go anywhere in a chair gets tricky. UTA is not as convenient as they'd like you to think they are and paratransit is a joke.”

Another participant shared an example of putting her safety at risk to stop traffic to help an older woman in a wheelchair cross the street because cars were not stopping even though she was in the crosswalk.

“That road is so bad where I live...I see so many accidents with people in wheelchairs on my street.”



## Stigma

**Stigma** refers to a negative or unfavorable perception, belief, or attitude that is often associated with a particular characteristic, condition, or group of people. It can lead to discrimination, bias, and social isolation, causing individuals or groups to be unfairly judged, marginalized, or treated differently. Stigma can have harmful effects on mental and emotional well-being, and it often arises from societal norms, stereotypes, or misconceptions.

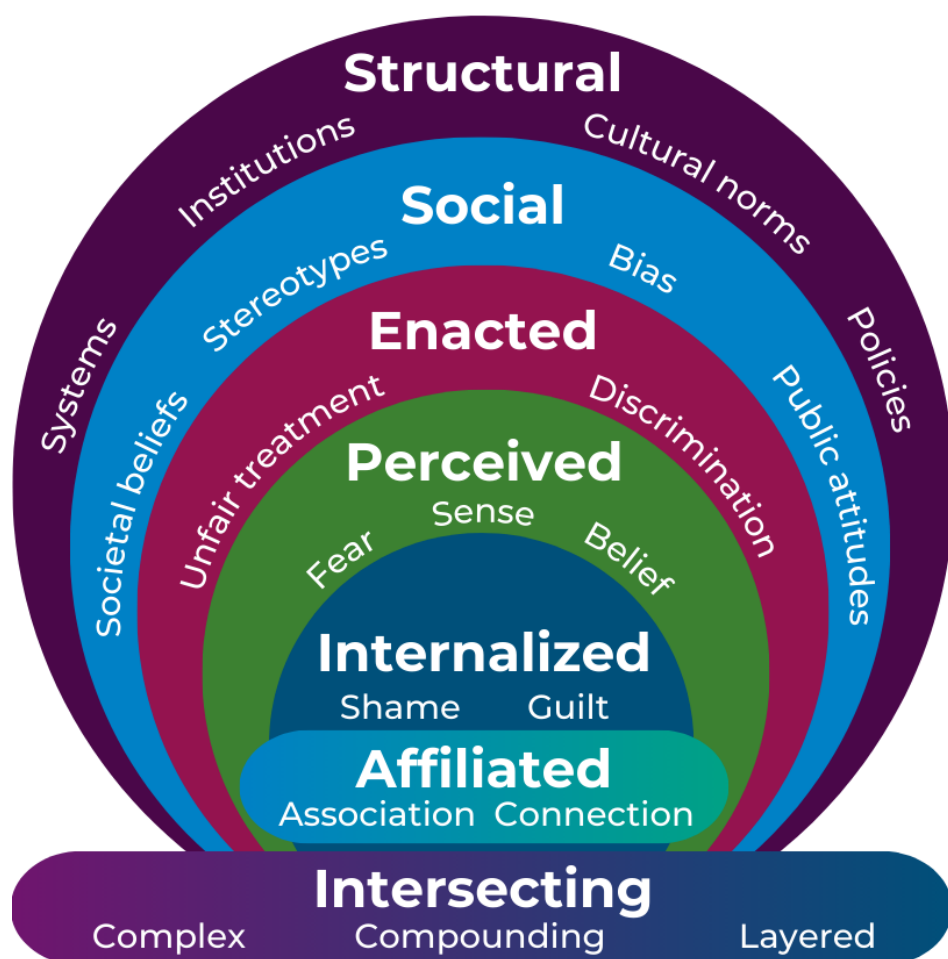
While a culture of kindness was identified as a community strength, participants felt there were opportunities to better serve those with differing identities and experiences. Stigmatizing beliefs and behaviors, such as discrimination, bullying, exclusion, violence, assumptions, and hate crimes were experienced by participants and their children for reasons related to:

- Identity
- Health conditions
- Financial situations
- Backgrounds
- Beliefs
- Language

These experiences occurred at all ages and in various circumstances. Those who had these experiences often felt different from those around them, excluded, unwelcomed, and unsupported by those in positions of power. Stigmatizing beliefs and behaviors were also linked to feelings of shame, poor mental health, injustice, and barriers to services and resources.

This section will discuss the different levels of stigma, as seen in Figure 38, that were identified in the focus groups. Sources along with a more detailed figure can be found in Appendix 5.

**Figure 38: Levels of Intersecting Stigma**



## Social & Structural Stigma

**Social stigma** is a negative view or attitude that many in the general public have about people with a certain identity or condition. **Structural stigma** is embedded in institutions, policies, systems, and cultural norms. It limits opportunities, resources, and well-being for stigmatized groups.

Social and structural stigma were identified in participant stories. These stigmas can create barriers to health and mental healthcare, education, and basic needs like housing. For example, a parent explained the difficulty of finding providers for a child with autism.

“We struggled to find doctors that are willing to work with her because they think of her as rude, and instead of seeing the disability they aren't willing to work with us.”

This family also had poor experiences with the public school system feeling a lack of support and resources along with stigmatization from teachers.

“I've gone to the state [and] school board twice reporting teachers being disrespectful...I feel like our schools are kind of failing our kids...It's more of a push the kid through the program instead of sit down and help them, but I have a lot of kids with special needs...I take my kids to [a] charter school because that's where they are accepted...what drove us out of the school system...was the disrespect from the faculty and staff, and then for my son it was the bullying of the students.”

The religious culture and institutions in Davis County were mentioned as contributing to stigmatizing behaviors and beliefs.

“There's so much shame in this community... because of this one organization that [is so] deep-rooted...It's shame, shame, shame...fear, fear, fear...I don't hate the church that I was raised in. I celebrate many parts of it...my family's very active and they love me.”

Social and structural stigma were also identified as a risk of injustice.

“My attorney mentioned to me, 'You're in Davis County, you're a Hispanic woman, and they're not going to look at you the right way. So, think about it. Take the plea deal, because you're not going to get the results we want in court.' So, that makes me feel...not represented in the right way...racism is still really strong.”

Other examples of social and structural stigma shared by participants included:

- A participant with disabilities receiving a less than comprehensive medical exam resulting in missed diagnoses
- Housing discrimination against someone because of their ethnicity requiring a third-party to purchase a home
- [Public Charge Rule](#) limiting access to some federal assistance services for immigrants applying for Lawful Permanent Residence through a family-based petition
- Individuals, especially immigrants, facing policy barriers to housing due to not having credit history, even when they are able to provide proof of employment
- Stereotypes about the Hispanic/Latino culture that they are aggressive resulting in unfair accusations
- Negative experiences with law enforcement when calling for support during a mental health crisis or suicidal ideation
- Previously justice-involved individuals facing policy barriers to housing and employment due to having a criminal record
- LGBTQ+ youth unable to talk with teachers, parents, etc.; getting information and advice from peers and strangers
- Negative healthcare experiences; providers unwilling to treat LGBTQ+ individuals, particularly youth, and disregarding or denying expressions of sexual orientations and gender identities
- A lack of comprehensive and inclusive sex education that teaches safety and risks for students of any sexual orientation

Participants acknowledged that social and structural stigma prevents people from talking about these topics. The conversations can be difficult and uncomfortable but are important.

“We have to normalize engaging conversations that most people are uncomfortable with. I don't know how to do that.”

## Enacted Stigma

Social and structural stigmas in Davis County were made clearer with stories of stigmas enacted on an individual level. **Enacted stigma** is an experience of discrimination or mistreatment based on a stigmatized identity or condition.

38% of participants experienced, or had children who experienced, unfair treatment in Davis County

22% experienced feeling excluded or unwelcomed

Increasing acceptance and support for those who are LGBTQ+ was recognized noting how over time, conditions are getting better. However, participants shared that they still face discrimination in various forms.

Members and allies of the LGBTQ+ community experienced hate crimes where Pride flags were stolen or destroyed on multiple occasions and houses have been egged. One participant said that every June, when Pride Month is celebrated, their mailbox is vandalized.

Some participants also shared that they and their children had experienced exclusion and rejection because they were not affiliated with the predominant religion. One participant shared her family's experience with leaving their church.

“I have a gay brother that was impacted by conversion therapy and he left the Church. I left in 2015 when the Church made their statement [response to Supreme Court decision about same-sex marriage]. The only reason I had stayed was fear...We've been [in my neighborhood] for 18 years...everybody in my neighborhood has rejected me except for one family. That was very difficult, and it was really hard to see my son get rejected too from a lot of his friends. Which, I think, is what kind of happened with some of his suicidal ideation... just the rejection...they don't just reject one person, they reject the entire family.”

Hispanic and Latino individuals living in Davis County had experienced enacted stigma in various ways, as well. Participants and their children had instantly been assumed to be the aggressors by law enforcement or teachers when disagreements or violence were involved.

“Fuimos víctimas de road rage y que la otra persona atrás tiene mucho coraje porque no estás manejando de la manera que ellos quieren. nos metimos a un parque, una para dejarlos pasar. Pero se metieron del otro lado y casi nos chocaron. Entonces yo me salí del carro y le digo '¿Qué te pasa? Yo tengo mis hijos en el carro!' Una persona viendo llamo a la policía, pero la policía se vino encima de mí completamente y no hizo preguntas... Simplemente yo era la que la agresora.”

*We were the victims of road rage. Someone was behind me and was very angry that we were not driving the way they wanted. We went into a park to let them pass, and they came in from the other side and almost hit us. So I got out of the car and said, 'What is wrong with you? I have my children in the car!' A person watching called the police, but the police came on me completely and didn't ask any questions...Simply, I was the aggressor.*

In other examples of enacted stigma, participants shared the following stories:

- A Latina participant was having car troubles where the vehicle would not accelerate while on the highway. A police officer pulled her over, gave her a sobriety test, made her get in his car, and questioned her for half an hour. She was permitted to leave because she did nothing wrong, but this experience was very traumatizing for her.
- A participant experienced a stranger in the grocery store yelling at her because she was speaking her primary language, Spanish, while on the phone.
- Another participant was denied service at a restaurant because she did not speak English even though she was able to communicate by pointing to the menu.
- A student was bullied for not speaking English very well. The parent of the student who was bullying justified their child's behavior by agreeing that the other child was a migrant who should return to their country.

In other cases where Hispanic and Latino students were bullied, participants experienced people in positions of power being unsupportive and making assumptions about who the aggressor was.

“Mi hijo fue agredido. Casi lo matan y el principal le echaba la culpa a mi hijo...En realidad, como realmente uno se siente, especialmente cuando tiene hijos en la escuela, es que uno está jugando un partido en un lugar hostil hacia ti, donde tiene el árbitro y te cobran todo en contra, donde la gran mayoría del estadio está lleno de hinchas del otro equipo.

*My son was attacked, they almost killed him, and the principal blamed my son... In reality, how you really feel, especially when you have children in school, is that you are playing a game in a place that is hostile to you, where they have the referee and they charge everything against you, where the vast majority of the stadium is full of fans of the other team.*

“

Me pasó con mi nieto que tiene diez años...Lo golpeaban todo el tiempo en la escuela. Entonces nosotros nos reunimos con el director de distrito [y] con la policía. Hicimos denuncia un montón de cosas. Todo lo que lo que es legalmente uno puede hacer, pero ellos no se hacen cargo...Como distrito educacional no hicieron absolutamente nada.

*It happened to me with my grandson who is ten years old...They beat him all the time at school. So we met with the district director [and] the police. We reported a lot of things. Everything that one can do legally, but they are not responsible...As an educational district, they did absolutely nothing.*

”

### Internalized & Perceived Stigma

**Internalized stigma** is when an individual accepts society's negative stereotypes and beliefs associated with their identity or condition. This is often accompanied by shame and perceived stigma. **Perceived stigma** is the subjective awareness of social stigma and the feeling that one will be stigmatized or discriminated against due to their identity or condition.

LGBTQ+ participants and their allies shared that people who identify as LGBTQ+ in Davis County often feel fear or shame due to their identity being stigmatized. Examples included:

- Kids telling their parents they are scared to talk about their sexuality with peers in school because they are afraid of being bullied or killed
- Transgender adults feeling unsafe taking the bus, going anywhere in the dark, going to the grocery store, seeing a healthcare provider, and trusting the police
- A young adult feeling like they were doing something wrong when running into their bishop in their neighborhood while wearing rainbow colors and carrying Pride flags



In one mother's experience, Davis County schools had different social environments influencing the social safety. She noted the racial and ethnic diversity and a higher concentration of LGBTQ+ students attending Mountain High and felt students transferred because they did not feel safe at other schools, including her son.

“My son, with the [LGBTQ+] community, had resources with Mountain High School which is in Kaysville. I truly believe he would be dead without the high school. That school was a lifesaver. It shouldn't be where we have to have a school saving our kid's lives. That's not fair.”

Religious culture was also identified as being related to internalized stigma. It was discussed how some religious individuals can be burdened by their own internalized stigma leading them to project shame onto others. This perpetuates a cycle where internalized and social stigmas feed into each other, reinforcing negative attitudes and behaviors.

There was discussion about how connection, acceptance, and community and family support of those who are LGBTQ+ act as protective factors by reducing feelings of stigma and improving abilities to access services and resources. A service provider shared the following quote.

“It comes down to connection. That is the number one thing...A lot of our work deals with suicidal ideation, and I saw a phrase several months ago that said, 'Gender affirmation equals suicide prevention.' They've consistently said the number one factor, in this context with suicide prevention, is family acceptance and affirmation.”

A female participant shared how her experience might differ from others with similar identities.

“My experience would be that I know I'm very privileged. I come from a very good background, very accepted by my family. I live in a life where I appear to be normal because I'm married to a man. I'm bisexual...I look, on the outside, normal, so I feel like it's very easy to access things. I don't have a problem going into public or getting help.”

A young adult shared their thoughts on a non-profit that supports, educates, and empowers mothers of LGBTQ+ children:

“Mama Dragons are like, the best thing to ever happen to queer people...I see them every Pride.”

Providing support can sometimes be difficult because family, friends, and allies can experience **affiliated stigma**, internalized and perceived stigma due to association with a stigmatized individual.

A participant talked about coming out to their mom and asking if they could put a Pride flag on the house. Their mom said no, worried the neighbors would talk and come knocking because of her religious affiliation and the influence in the neighborhood.

“It feels like she's ashamed.”

A parent of a gay son talked about his evolution of shameful emotions and how he struggled with his faith. He recognized the way he initially reacted was not okay, including the hurtful words and attitudes he expressed, now serving as an ally advocating for love and acceptance of LGBTQ+ youth.

“I get the fact that we come from a culture that says that's okay. I'm saying it's not...We have to get to a point where we can have these conversations and be really comfortable with the conversation. And it can be, you know... 'My son just came out, and I had no idea, and I don't know how to do this. Can somebody talk to me about this? And how do I not get in this war between my faith and my religion and my queer child? How do I make sure that first of all, my queer child is number one, and how do I then try to figure out how to make sure that my faith fits there somewhere?'... How do we do this? I do think it's getting better.”

Latinos and immigrants from other parts of the world also shared experiences with internalized and perceived stigma, some of which derived from the culture in Davis County, while others were related to their own cultural norms.



Due to negative experiences a woman had with law enforcement, she developed a fear of calling for help when needed.

Usualmente me da horror llamar a la policía cuando necesito ayuda, y soy ciudadana americana y aun así, solo por ser latina, me siento discriminada.

*I usually dread calling the police when I need help, and I am an American citizen and even so, just because I am Latina, I feel discriminated against.*

Some shared a belief that the unfair treatment in the school system would not change. Parents mentioned teaching their children to be more reserved and extra respectful to teachers to avoid stigmatizing behaviors.

Como somos muy pocos en Davis County, latinos y no estamos...metidos completamente en las escuelas con nuestros hijos, no nos van a escuchar...y van a seguir dejando que las cosas pasen.

*Since there are very few Latinos in Davis County, and we are not completely involved in the schools...they are not going to listen to us...and they are going to continue letting things happen.*

Stigma from healthcare providers was also sensed.

Sometimes you go in [to the doctor], and as a Hispanic, you're automatically judged [it] doesn't matter if you know English.

Stigmatizing beliefs and attitudes about receiving assistance and seeking help were also discussed. A Latina woman shared how due to their culture they feel they must work even when feeling sick.

At my house, we feel like we have to work. We don't waste it. So if my husband, for example, his coworker, American, is sneezing he would not show up to work, but if my husband has a fever he has to go to work.

You can't ask for help. We're accustomed to being self-sufficient that work hard.

¿Qué es lo que estamos haciendo para cuidar nuestra salud mental? Porque es algo que nosotros tenemos prohibido. Nosotros no, nos podemos enfermar, no nos podemos estresar... ¿Pero los tenemos, no? ¿Cómo hacemos?

*What are we doing to take care of our mental health? Because it is something that we have prohibited. We can't get sick, we can't get stressed...But we have that, right? What do we do?*

A Pacific Islander shared that she and her husband had been trying to become citizens for many years. The process was challenging, and they struggled in many ways to access and afford healthcare. They knew their church would be willing to help them but felt they should not ask for help.

Discussions also illustrated perceived stigma resulting from difficulty finding a balance between adapting to American culture and still maintaining one's own. A participant shared his mindset on integration.

Yo creo que es también uno involucrarse con la gente americana, uno como latino porque nosotros queremos que nos acepten a nosotros, pero también nosotros tenemos que ver que es otra cultura...cuando veo algún abuelito o alguien que necesita tratar de ayudarlo...y saber que no cerrarse, no tener ese miedo que a veces uno tiene, no que nos van a rechazar porque somos diferentes o porque gritamos.

*I think it is also about one getting involved with people that are American, as a Latino because we want them to accept us, but we also have to see that it is another culture...When I see a grandparent, or someone who needs something, try to help...and know not to be closed off, not to have that fear that sometimes one has, not that they will reject us because we are different or because we shout.*

Another immigrant initially expressed fear when first moving here, but later experienced that most people were very nice and wanted to learn about and share in their culture.

## Intersecting Stigma

**Intersecting stigma** refers to the compounding of multiple forms of stigma that an individual or group may experience due to the intersection of various stigmatized identities or conditions.

Intersecting identities and accompanying stigmas were noted for the following reasons:

- Men struggling with talking about and seeking support for mental health
- Justice-involved individuals with a history of substance use feeling judgment from healthcare providers
- LGBTQ+ individuals struggling with mental health, suicide ideation, and substance use and the compounding effects on seeking and receiving services/support
- A Hispanic/Latino student feeling different and isolated when singled out by teachers making assumptions about her ability to understand, and being excluded from friend groups for not identifying with the same religion

While stigma, especially intersecting stigma, can affect the health and well-being of those who experience it, there were protective factors recognized as helping to combat this for some.

One participant shared her experience of feeling like she did not fit in as a Latina student at Davis Tech who often struggled to make ends meet. Finding people she identified with and being recognized for her hard work and school dedication helped her excel. She mentioned intentionally creating connections with those who may be quieter and with diverse backgrounds so they feel more comfortable getting involved knowing they are not alone. She was also asked to share her experiences with foundation members, received an award, and served as a teacher's assistant inspiring and educating high school students on how they can also pursue education regardless of their circumstances.

## Systems & Policies

**System and policy barriers** are rooted in the overarching structures, regulations, and governing policies. They can impact accessibility, availability, and quality of services and resources. Some that were identified were discussed as intersecting other barriers to various services and resources in the previous sections. This section will highlight those again briefly and discuss other themes related to systems and policies.

### Operational & Administrative Barriers

**Operational and administrative barriers** refer to the obstacles and difficulties participants mentioned encountering when trying to access services and resources. These were often caused by the operational and administrative aspects of service providers, institutions, or organizations. Examples included:

- Long waiting times getting an appointment when in need
- Limited hours of operation
- Complex and time-consuming paperwork and documentation requirements
- Inefficient processes that lead to delays
- Lack of coordination within and between agencies and organizations
- Funding and budgeting
- Unavailability of specialized services
- Long processing times for benefit paperwork, residency, etc.
- Policies and operations that do not meet accessibility needs

Some of these operational and administrative barriers are highlighted in the following quotes.

“He had a major problem with vaping. I still don't know where to go and get help. The doctors were like... 'Here's this number to call.' But, he needs to have face-to-face, and I finally was able to get him to a psychiatrist...It took literally six months to get him in, which is concerning.”

“When you apply for specific status, it takes time to review your case, and then you wait for the paperwork to arrive. In that time, are those moms who have to look at ways to survive, like doing cash jobs, just to provide for your basic needs.”

“I went through a suicide Grief Support Group at The U, and probably 90% of the classroom — their loved one had been into some healthcare-type facility in the last 30 days and had been turned away prior to them taking their lives. We've experienced it. 'You need to see a psychiatrist.' 'Okay, that's a three-month wait.' 'Can you help me?' 'Well, I don't know what insurance you have.' 'Okay, so we're just leaving?' 'Yep. You're just leaving.' 'What do we do?' 'I don't know; check who's on your insurance.’”

“Some places are just not accessible. And then as far as weekends, a lot of places are not even open on Sundays.”

“With the food bank, I haven't been able to get it. I told them I work, so I can't go cause their business hours are like eight to four, which is basically impossible with my job...So, I sent them an email. I never got an answer.”

A participant shared her experience with encountering a barrier that required a minimum number of working hours to qualify for childcare assistance. This created a challenge for her due to having health issues that fluctuate and do not allow her to meet the specified working hours.

“I didn't find any childcare help. If you're not working the right amount of hours a week, like I'm working like maybe 10 hours a week... 'We can't help you unless you're working 15'...If I work 15 my health is going to not be as good...I felt... you're not deserving of help unless you work.”

There was also difficulty in learning and navigating the Utah systems for service and resources, particularly compared to living in other states. Perceptions were of a disconnect between various services and resources leaving people feeling lost and frustrated with needs unmet.

“One thing I would like to see more of is less paperwork. It's the paperwork and/or you call one number, and they are referring you to another...Sometimes you might have to go through four different tiers of an organization to get what you want...The other negative thing I would say is, 'We'll put you on the list.' I think a lot of people hear that. 'We will put you on the list. If funding comes available, we will call you.' By that time I have given up or figured out another way.”

“There needs to be some sort of middle ground to help people survive. A one-house roof is something that, in the disability world, we have prayed for for years. It would be lovely if every agency—[Utah Services for People with Disabilities] DSPD, [Supplemental Security Income] SSI, Medicaid—all have the same darn application form, the same requirements so that a parent or caregiver doesn't have to dig up different things for each agency. Especially when they age out of school and are now in the adult world.”

“It's just having the orientation of where to go, who to call, and what to do.”

A participant shared her reasoning for moving to Utah without her brother who lives with a disability.

“Where I came from in Arizona, health services and community stuff, this is how it is set up there. They go to their home, visit them in the home, we teach them how to cook; we set up an emergency plan with them, and they've got it on the refrigerator, and they have peer support. The bus comes and picks them up and takes them to different places. They teach them how to ride the bus, and if you can't ride the bus, they do have a voucher where the peer support persons take them out on activities... [My brother] is in Georgia now...but that was one reason I didn't bring him to Utah...It's not feasible for me to do this at this time...my life would be on hold trying to navigate for him.”

Another participant and her husband had been trying to get their residency established for many years. When they lived in California, they were able to work with their current status, but in Utah, they had not been able to find any jobs that would hire them even with their many years of experience.

“In California, everything was easy...we [were] not limited there, but here it is a problem.”

Getting oriented to the Utah service and resources systems took more time and difficulty compared to California for another participant.

“You get lost. I had to learn [the] California system in six months. And then it took me one year to learn [the] Utah system.”

These operational and administrative barriers did take a mental toll on some making it difficult to continue the process.

“I wish there was an easier way to file for assistance, like for utilities, because we're really struggling with that. The Head Start program used to have a lady that would help us, but they don't have that anymore. I wish there was an easier resource, because just where I am emotionally, it's really hard for me to, I guess, reach out or...search for it. I'm already exhausted.”



## Support for Immigrants

Participants shared that it can be difficult to qualify for benefits for those working on the long process of establishing residency in the United States. Even after becoming a resident and legally being able to apply for most public benefits, there is still a fear that receiving those benefits could ruin their immigration status or chance at citizenship if they make any mistakes. The [Public Charge Rule](#) was identified as a barrier because it can be confusing, the rules can often change from year to year. This can be especially difficult to understand when there are cultural and language barriers.

“Muchas veces tenemos miedo de ser negados la ciudadanía...por recibir cualquier tipo de ayuda.

*Often, we are afraid of being denied citizenship...for receiving any kind of help.*”

“It's really hard because before my husband got his residency, we couldn't apply for anything. And then even when he got his residency, it was hard enough to even want to apply because our immigration status is hard. So, if we get benefits that we need right now, it ruins our immigration status, and so we couldn't apply for anything.

“Muchas [servicio] no afecta el estatus migratorio, no afecta a la ciudadanía, aunque siempre hay que estar pendiente porque estas leyes van cambiando. Pero todo esto es información, que está al alcance, se puede encontrar.

*Many [services] do not affect immigration status, they do not affect citizenship, although you always have to be aware because these laws are changing. But all this is information, that is within reach, it can be found.*”

## Housing Access

The discussions highlighted two particular groups, immigrants and justice-involved individuals, who struggle with finding a place to live due to restrictive policies set by businesses and landlords. This theme was also touched on under Affordability of Barriers to Survival, Success, & Well-being starting on [page 46](#).

Immigrants often struggle with finding housing due to not having a credit history or rental history in the United States.

“Cuando uno recién llega a este país...Ellos esperan que uno tenga un crédito de 700 para poderte o darte un alquiler, aunque demuestres que estás trabajando, pero no le importas. Si tienes un trabajo y si tienes dinero, lo que importa es el crédito. Entonces, cuando uno va llegando. No tiene ese. Es frustrante.

*When we just arrived in this country...They expect you to have a credit of 700 to be able to rent. Even if you show you are working...they don't care if you have a job and if you have money, what matters is credit. So, when you arrive you don't have that, it's frustrating.*”

“Quizás si hubiera forma de reducir en tiempo ese proceso, eso sí sería bueno...En vez de de que ellos puedan pedir, por ejemplo, lugares donde has vivido antes, puedan pedir a personas que te recomienden.

*Maybe if there was a way to reduce this processing time, that would be good...instead of them asking, for example, places where you have previously lived, they can ask for a recommendation of people that know you.*”

People who have been justice-involved also struggle to find housing because landlords can reject rental applicants for having a criminal record.

“I'm hearing this through the parole system also, that there are people coming out [of incarceration] trying to start their lives over and they can't find a place because of the big corporations who all have these background checks.

“It was a struggle that I've seen us deal with, with finding apartments...with [my mom's] background. I feel like there should be more open-minded places...especialmente...if they have character letters or something like we have for her...There could be different ways they could work with felons to be able to get housing. That's been the biggest struggle for us.”

“These [housing] communities shouldn't be allowed to exempt people just because they have a felony record...they don't care what kind but I think the city could step in and that would help a lot.



## Income Gap & Cliff Effect

The **income gap** is when someone earns too much income to qualify for certain government or social assistance programs but still struggles to make ends meet. The **cliff effect** happens when an individual or family experiences a sudden and significant reduction or loss of benefits as their income increases slightly or crosses a certain threshold. This reduction or loss can be so substantial that it can leave individuals and families in a worse financial position than before, despite their increased income.

### Healthcare

Some participants gave examples of how the income gap and cliff effect affect access to healthcare. A service provider shared her perspective on the cliff effect over the years.

“I'll just speak on behalf of parents...When parents have a medically fragile child, they will take a lower income job, or they will refuse a raise so that they can still maintain an income that qualifies for Medicaid. And that is across the board problem I have seen over years and years and years of doing this. That's a huge sacrifice that I can't take a promotion because I might lose my Medicaid benefits...It is a terrible strategy, that they have to watch those financial lines so that they don't lose those benefits that they depend on for life”

The surviving spouse of a veteran living with a disability shared her experience of being unable to receive any of her husband's veteran benefits and not qualifying for many services that could help improve her quality of life.

“The problem is, I fall between all the cracks... I'm 54, so I'm not old enough, I don't qualify. But, I have herniated discs, partial paralysis down my left leg, I have next to no balance, and I can see clearly [after] about 18 inches. So, I'm not legally blind. I don't fit any of the right categories... Davis County put me in under a waiver program to have help with housekeeping. So, I'm getting that one day a week.”

## Food Assistance

Participants also struggled with the income gap and cliff effect when qualifying for food assistance.

“I was struggling with food, and so I applied for food stamps. They told me because I don't work 20 hours a week and I'm a student, I can't get food stamps. But now I'm working. I'm making \$15 an hour and I'm working 20-24 [hours]...now they're saying I make too much.”

“My kids, at school, I tried applying for [school lunch] waivers...But, they told me I was off by \$100 with my income. So, I'm not getting the pandemic card that many people are receiving this summer and I tried twice. I told them I don't work for summers.”

“I just started this job making \$15 an hour. I worry that when I update the paper about how much I make about my food stamps...and the healthcare, is a big worry I've had lately. What am I going to do? Because my job doesn't offer healthcare. I hope that they just reduce it down a little bit rather than take it away completely.”

## Lessons Learned

Throughout the survey and focus group process there were multiple lessons learned. These are recommendations and considerations for future assessments.

### Survey

- Share the survey more broadly with partner organizations beyond Davis4Health steering committee members to better assess the perception of structural drivers across multiple sectors.
- Ask participants to explain and provide examples of good grades as well as poor grades to avoid negativity bias.
- More carefully consider terminology used for the Davis County culture (e.g. a comment was concerned with using firearms as an example of 'harmful items').
- Current events can influence survey responses possibly making comparisons over time difficult.
- More carefully consider what demographic data is necessary and collect similar info in the survey and focus groups.

### Focus Groups

- Ensure qualifying questions are asked through all registration methods.
- Implement a process to verify eligibility, provide consent for focus group methods, and acknowledge privacy and confidentiality standards.
- Use a variety of recruitment methods for diverse community groups who learn and share information in different ways.
- Amazon, or any online-only gift card, is not the best option for everyone. Choosing a gift card that can be used anywhere is more equitable.
- Community Health Workers should be involved from the very beginning when planning focus groups to ensure adequate consideration and recruitment of various communities in the county.
- Qualitative data can take a very long time to analyze especially when participation is so high and all data is compiled together. This can also be costly, especially in billed staff hours. Future assessments should consider this and hold fewer focus groups at one time, or increase the number of people working on analysis and reporting.
- Demographic data can be used to identify differences in themes between focus groups if enough people are involved, but this would increase the time analysis takes.

# Limitations

Limitations to this assessment include:

- Many focus group participants were recruited from specific organizations, which may inadvertently highlight these organizations more than others.
- Qualitative data analysis is ambiguous, meaning it can be open to different interpretations. This makes it challenging to ensure precise and widely applicable conclusions.
- Due to the timing of the survey, recent events influenced the perspectives of respondents:
  - COVID-19 response from local leaders and practices of the community members
  - Media coverage of an elementary student who died by suicide
  - [Department of Justice settlement agreement with Davis School District](#) related to discrimination
- There is a negativity bias, where survey respondents and focus group participants may be more inclined to remember and emphasize negative experiences and perceptions, potentially skewing the overall perspective of the conclusions.
- Direct environmental-related questions were not asked of focus group participants, and this remains a data gap. Future focus groups could further explore lived experiences, perceptions, and perspectives relating to the environmental drivers that can influence health and well-being.

# Conclusions

## Strengths

Survey respondents and focus group participants had a lot of good things to say about Davis County including but not limited to the safe neighborhoods, kind and supportive people, shared values, and available opportunities, services, and resources. Strengths identified are outlined here.

### Safety

- Safety is a common reason why participants love living in Davis County.
- Feeling safe is particularly crucial for older adults and families.
- Participants who recently moved compare the safety of Davis County favorably to other places.
- Safety is identified as a key factor in residents' decision to stay in the community.

### Connection

- Shared values encourage connection, trust, and support among community members.
- There is importance placed on opportunities to connect with people of similar and diverse backgrounds.
- Events, social groups, and gatherings contribute to a sense of belonging.
- Connecting with diverse experiences fosters cultural awareness, humility, integration, and acceptance.
- People and neighborhoods are friendly and welcoming.
- Community organizations strive for inclusivity, health, and well-being.
- There are many opportunities, events, gatherings, and activities to support various cultures and beliefs encouraging community involvement, connection, and cultural integration.
- Shared values offer a sense of connection and belonging.

### Family

- Family plays a central role in providing support, love, and social identity in Davis County.
- Many participants express that having their families in the county is a significant factor in their happiness.
- Families serve as caregivers for those with disabilities and health conditions.
- Strong family foundations create safety nets, particularly important for older adults and those facing financial challenges.
- Diverse examples of family support contribute to community well-being, from co-signing for apartments to providing food and financial resources.

## Faith

- Faith, beyond organized religion, is a cultural value fostering meaning, purpose, identity, and community.
- Shared community values among different religious groups create social cohesion.
- Participants express faith outside of organized religion, emphasizing the importance of personal spirituality.

## Community Service

- Acts of service and support are a community value, offering opportunities for community members to help those facing challenges.
- Simple acts of kindness, such as helping strangers, supporting the LGBTQ+ community, and volunteering, contribute to a positive community culture.
- Community service initiatives during crises, like meal sign-ups, demonstrate a sense of connection and empowerment.

## Recreational Opportunities

- Many parks, open spaces, and nice walking paths and trails exist.
- People value nature, recreation, and active living. They are grateful for easy access to these opportunities.
- People have an appreciation for living near the mountains and the Great Salt Lake.
- Accessible parks, green spaces, golf courses, and trails contribute to overall well-being.
- Opportunities for outdoor activities promote physical activity for people of all ages and abilities.

## Educational Experience

- Davis County has a high-quality education system and school district.
- Learning opportunities are available for different ages, incomes, types of learners, and abilities.



## Community Engagement & Participation

- People have a desire and want to be invited to actively participate in decision-making processes, especially those that have a direct impact on their lives.
- Participation in community and civic affairs is common through voting, volunteering, attending meetings, participating in organizations, and advocacy. This participation gives them a sense of responsibility and empowerment.
- Communities and families often come together to create events, clubs, and teams making these opportunities more accessible.

## Resilience

- For those experiencing stigma, protective factors were identified including supportive families and communities, social connections, recognition of individual achievements, and the normalization of engaging in inclusive conversations.
- Having accepting and understanding support systems contributed to resilience in overcoming adversity.

## Available Services & Resources

- There are a variety of available services and resources in Davis County that can help people meet their basic needs for survival, success, and well-being.
- Some culturally appropriate foods are available in Davis County.
- Accessible sidewalks and bus stops contribute to overall happiness, health, and well-being when available.

## Accessible Services & Resources

- Some neighborhoods have accessible public transportation that gets people where they need to go.
- Public transportation offers good north-south travel.
- There is a general appreciation for the neighborhoods in which people live due to the accessibility of shops, restaurants, parks, grocery stores, highways, etc.
- Some choose to live in Davis County due to its location in Utah and easy access to other nearby cities.
- The presence of the Midtown Trolley and free bus services in specific areas helps improve access to services and resources for those who use it.

## Opportunities for Improvement

Access barriers, such as cost, awareness, language, stigma, location, transportation, systems, policies, and disability accommodations can make developing connections and engaging in healthy activities difficult. Opportunities for improvement were identified in the perceptions and experiences of survey respondents and focus group participants.

### Service & Resource System

- Long wait times, limited hours of operation, complex and time-consuming paperwork, inefficient processes, unavailability of specialized services, long paperwork processing times, and accessibility challenges are barriers to receiving efficient and timely services and resources to meet basic needs.
- There is difficulty learning and navigating Utah's service and resource system compared to other states' systems.
- There are challenges related to referrals and recommendations within and between organizations.
- There is a desire for a standardized application form across agencies to streamline the processes for receiving necessary services.
- The impact of administrative barriers can take a toll on individuals' well-being making it challenging to persevere through the process. Expressions of exhaustion, frustration, and emotional difficulty were linked to the complex administrative procedures.
- Qualifying for benefits while establishing residency was a challenge for immigrants, with fear of jeopardizing immigration status.
- The Public Charge Rule, cultural, and language barriers impact understanding and utilization of available support.
- The income gap and cliff effect create major barriers for families and individuals on limited incomes. People experience losing crucial benefits due to making too much money to qualify, but not having enough to make ends meet.

### Affordability

- Affordability challenges cut across various aspects of life, affecting housing, food, transportation, healthcare, and recreational activities. Other barriers in addition to cost make accessing these things even more difficult.
- Cost was the most commonly mentioned barrier to meeting basic needs and participating in events and recreational activities.
- Many feel that wages are not keeping pace with the cost of living.
- Some are forced to choose between gas money, food, and housing.

## Awareness

- People want to be aware of available services and resources but are not sure where to look for them and have a hard time finding what they need.
- Preferences and ability to provide and receive information leads to limited awareness or unmet needs. Older adults and people with disabilities express the need for alternative communication to online methods while various cultural groups have additional preferences, such as physical and linguistic representation in advertisements, in-person opportunities for services, and word-of-mouth information sharing.
- People would like a physical location that assists with finding and applying for services and resources.
- Cultural stigmas create barriers to sharing information, which worsens financial inequities.
- Language barriers hinder communication affecting access to services and the ability to participate in the community. Some experiences include understanding how to ride a bus, difficulty reading a school letter, overspending on groceries, feeling excluded or missing events, and struggling with utility payment methods.

## Housing

- Rising housing costs and lack of affordable options were common concerns, especially for those on lower or limited incomes.
- People are experiencing homelessness, long wait lists for housing assistance, and challenges finding a place to live.
- Existing homeowners fare better than those currently looking for housing. This is due to more affordable mortgages for those who bought or built their homes before the recent cost increases.
- There is frustration about a lot of new apartment construction with high monthly rates and no units designated for those who are on low or limited incomes.
- There are concerns about the impact of rapid development of multi-unit housing and commercialization on the community, with some considering moving away.
- Individuals facing unaffordable rents are at risk for homelessness.
- Housing assistance programs exist, but they are not sufficient to meet community needs.
- Immigrants face housing challenges due to credit and rental history requirements.
- Justice-involved individuals face housing challenges due to rejection for having a felony.

## Food

- Food costs are high, especially for culturally specific items.
- Inflation and rising food costs are a concern.
- Resources like food banks, SNAP, and school resource centers aim to alleviate food costs, but there are barriers to accessing these benefits.
- Some people do not qualify for food assistance due to making too much money even though they still struggle to make ends meet.

## Transportation & Getting Around

- Concerns about the cost of transportation, including fuel for drivers and transit for those without personal vehicles, limit opportunities to meet basic needs and participate in community events, activities, and gatherings.
- There is an absence of buses in some neighborhoods, making it challenging to access public transportation conveniently.
- There are limited transportation options on Sundays or late at night. This impacts access to various services, resources, and engagement opportunities.
- Older adults and individuals with disabilities have limited accessibility to transportation. This hinders their ability to participate in social events and connect with others.
- People with disabilities and older adults who often have to rely on family or insufficient transportation services experience even more barriers to affordable and accessible transportation.
- There were concerns raised about unsafe paratransit experiences when using the service.
- Some people must travel to other counties for specific healthcare services, food, and events.
- The location of essential services at one end of the county, rather than being centrally located or in multiple areas, can create challenges for some.
- There is a lack of safe infrastructure for safely crossing roads and accessing transportation services, especially for those in wheelchairs.

## Healthcare

- Cost creates barriers to healthcare, oral care, and mental and behavioral health care.
- Identified barriers included lack of insurance, limited coverage for specific services, financial burdens after receiving care, and unexpected or extremely high medical bills.
- Income gaps and the cliff effect can affect access to healthcare.
- Issues with medical transportation services, including late arrivals and no-shows, create significant barriers to accessing healthcare.
- Stigma, language, long wait times, and lack of available specialized services were among the commonly mentioned barriers to healthcare.

## Equitable & Accessible Environments

- Cost and transportation can limit access to recreational opportunities and other activities, especially for those with disabilities, older adults, and those with limited incomes.
- There are cultural and linguistic barriers to engaging in events and activities.
- Access to youth sports is a concern for families with multiple children or on limited incomes.
- People recognize the importance of affordable youth sports for physical activity, social connection, and behavioral support.
- Poor air quality is a concern affecting outdoor recreation among other things.
- There are perceived disparities in quality, inclusivity, safety, and accessibility to various environments.
- There are concerns with affordability, diversity, and accessibility of healthy, culturally appropriate products as well as opportunities for art and cultural expression.
- Some perceive easy access to controversial products, such as firearms, tobacco, and sugary drinks.

## Inclusion & Stigma

- Social and cultural norms create barriers to a welcoming and supportive environment for all. These include stigma and discrimination related to identity, conditions, backgrounds, beliefs, and language. Biases affecting fair representation, stereotyping of cultural behaviors, and policies that worsen inequalities were also identified.
- Some perceive a need to enhance education quality including classroom conditions, inclusivity, and access for everyone.
- Stigmatization occurs across all ages and various circumstances, causing feelings of exclusion, shame, and barriers to services.
- Social and structural stigma impacted education, healthcare, and basic needs.
- Enacted stigmas manifested in hate crimes, discrimination, bullying, and mistreatment against LGBTQ+, Hispanics/Latinos, non-Latter-day Saints, and other groups. Stories included theft and destruction of Pride flags, rejection based on religious beliefs, and unfair treatment by law enforcement and teachers.
- LGBTQ+ individuals faced internalized and perceived stigma, fearing discrimination and violence and feeling shame. This stigma also affected family members through affiliated stigma, hindering open support due to potential societal judgment.
- Immigrants and Latinos experienced perceived stigma in healthcare, education, and societal integration, impacting help-seeking behaviors.
- Intersecting identities can compound the effects of stigma, including struggles with substance abuse, men struggling with mental health stigma, justice-involved individuals facing healthcare judgment, and LGBTQ+ individuals navigating religion.



## Community Engagement

- A perceived lack of power among community members was a challenge to community engagement.
- Some are unaware of how to get involved to be able to influence community change.
- There is a perceived disconnect between community input and decisions made by legislators and leaders. Some desire more influence in community decision-making.
- Community members are unsure how their community input is used due to a lack of transparency and accountability from people in positions of power.
- Decisions regarding changes to services without input from those who use them lead to feelings of being underserved.

## Exploring Root Causes

The identified opportunities to improve should be addressed at the root causes. This section explores the root causes of barriers identified in this assessment. Problem statements are provided to address the most commonly identified themes in this assessment. Contributing causal factors and potential root causes that should be further explored are outlined for each problem statement.

**Causal factors** include elements or conditions that directly contribute to the problem. They may be an immediate or direct reason behind a problem, but may not be the ultimate source.

**Root causes** are the underlying reasons for health inequities and disparities. They are the conditions in a community that determines whether people have access to opportunities and resources to meet their basic needs. They are the deepest underlying cause or factor, that when addressed prevent the problem from recurring.

Root causes are considered potential because they represent the underlying factors that can contribute to a problem. Identifying root causes involves analyzing various factors that could be influencing the situation. Since causation can be complex, the identification of root causes is a process of considering possibilities and determining the most influential factors. The term "potential" reflects the changing and dependent nature of these underlying causes, acknowledging that not all potential factors may contribute equally in every situation.

## Service & Resource System

**Problem Statement:** Long wait times, administrative complexities, and challenges in qualifying for government programs, services, and benefits create barriers to accessing efficient and timely services and resources.

Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> <li>Insufficient staffing and limited resources within service organizations</li> <li>Complex administrative procedures</li> <li>Complex qualification requirements or criteria for benefits</li> <li>Outdated and inefficient technology systems</li> <li>Excessive bureaucracy, including layers of approval and paperwork</li> <li>Poor communication and coordination between different agencies or departments</li> <li>Hierarchical structures and resistance to change</li> <li>Complex and frequently changing policies</li> <li>Language and cultural barriers</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate funding and investment in staffing, streamlined administrative systems, technology, and resources</li> <li>Outdated and poorly integrated technology systems</li> <li>Lack of standardized application systems across agencies</li> <li>Lack of economic support for those who are working, not making enough to meet basic needs, but either lose or are unable to qualify for assistance</li> <li>Insufficient training for staff and lack of capacity-building programs</li> <li>Limited involvement of community members in design and evaluation of benefit programs</li> <li>Complex and frequently changing policies and regulations, with limited training and capacity of service providers to stay up-to-date</li> </ul>

**References:** Davis4Health, 2023; [Heinrich et al, 2021](#); [CDC, 2023](#); [Schweitzer, 2022](#); [Center on Budget and Policy Priorities, 2018](#); [Urban Institute, 2020](#)

## Affordability

**Problem Statement:** Affordability challenges spanning housing, food, transportation, healthcare, and recreational activities, compounded by other barriers, hinder individuals from meeting basic needs and participating in the community.

Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> <li>• High cost of housing, food, transportation, healthcare, and recreational activities</li> <li>• Wages not keeping pace with cost of living</li> <li>• Age, ability, income, language, stigma, etc. as barriers on top of high cost</li> <li>• Cliff effect and income gap</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient policies and initiatives to decrease costs to consumers</li> <li>• Economic policies leading to wage stagnation</li> <li>• Inadequate safeguards for workers' rights and fair compensation, such as a decline in unionization</li> <li>• The commercialization of youth sports; limited public funding and fundraising for recreational activities</li> <li>• Lack of opportunities and benefits to support those who do not make enough for financial support but still struggle to make ends meet</li> </ul>
<b>References:</b> <a href="#">Kenton, 2023</a> ; <a href="#">Benmelech, Bergman, &amp; Kim, 2019</a> ; <a href="#">Mischel, 2015</a> ; <a href="#">Mischel, 2021</a> ; <a href="#">The University of Kansas, 2023</a> ; <a href="#">Campbell, 2022</a>	

## Awareness

**Problem Statement:** Limited awareness of available services and resources, along with cultural and age-related differences in information preferences, creates barriers to accessing essential information.

Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> <li>• Lack of centralized and easily accessible information sources; disconnected sources</li> <li>• Unawareness of where to look for information</li> <li>• Language barriers</li> <li>• Differences in technological abilities between populations</li> <li>• Differences in cultural preferences for information exchange not always considered when sharing information</li> <li>• Lack of representation and inclusivity in advertisements, at events, and in organizations</li> <li>• Stigma associated with using a supportive service and sharing information with others</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding, staffing, technology, and infrastructure to have a centralized hub and organize clear communication among providers</li> <li>• Providers not prioritizing inclusivity or having the financial ability to address language, cultural, accessibility, and identity barriers to information</li> <li>• Communication methods and channels not effectively addressing cultural preferences; lack of cultural awareness, and disconnect between service providers and the public</li> <li>• Social and culturally rooted stigmas related to help-seeking</li> </ul>
<b>References:</b> <a href="#">Davis4Health, 2023</a> ; <a href="#">DHHS, 2021</a> ; <a href="#">Flores, Meunier, &amp; Peacock, 2022</a> ; <a href="#">Misra et al, 2021</a> ; <a href="#">CDC, 2023</a>	

## Housing

**Problem Statement:** Rising housing costs, insufficient affordable options, and barriers faced by marginalized groups contribute to housing insecurity, homelessness, and disparities in housing assistance.

Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> <li>Increasing and unaffordable housing costs</li> <li>Insufficient construction</li> <li>Real estate investors prioritize profit over community needs</li> <li>Overwhelmed assistance programs</li> <li>Intersecting challenges to housing, such as disabilities, and justice involvement, limited credit history, and discrimination</li> <li>Rental providers and real estate agencies protecting themselves from financial and legal burdens by limiting access to marginalized communities</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient city planning policies that effectively reduce the cost of housing</li> <li>Loss of and lack of affordable housing stock</li> <li>Wages not meeting the cost of housing</li> <li>Insufficient funds and programs to address the community need for housing assistance</li> <li>Systemic bias in policies rather than consideration for alternative opportunities for those who are unable to qualify for housing</li> <li>Lack of regulation on housing policies making it harder for some to qualify based on criminal records or lack of credit history</li> </ul>
<b>References:</b> <a href="#">DCHD, 2023</a> ; <a href="#">Fair Housing Center for Rights &amp; Research, n.d.</a> ; <a href="#">National Alliance to End Homelessness, n.d.</a> ; <a href="#">Bailey, 2022</a> ; <a href="#">Campisi, 2021</a> ; <a href="#">Joint Center for Housing Studies of Harvard University, 2023</a> ; <a href="#">WFRC, 2022</a> ; <a href="#">Gardner, 2016</a> ; <a href="#">Owens, 2019</a>	

## Food

**Problem Statement:** People are experiencing high food costs and barriers to accessing resources like food banks and culturally appropriate foods. Food insecurity is especially of concern for those who do not qualify for assistance despite financial struggles.

Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> <li>• Inflation and the overall rise in food costs</li> <li>• Beliefs and experiences that healthy eating (a nutrient-dense diet) is less affordable</li> <li>• Lack of time and awareness for preparing affordable nutrient-dense foods</li> <li>• Inadequate number of food pantries</li> <li>• Unawareness of where to find food banks or inability to access due to hours of operation</li> <li>• Income gap and cliff effect for food assistance programs</li> <li>• Lack of consideration for those with non-American traditional cultural preferences in grocery stores</li> <li>• Limited grocery stores with a variety of culturally diverse foods</li> </ul>	<ul style="list-style-type: none"> <li>• General inflation and economic conditions</li> <li>• COVID-19, supply shortages, and production problems driven by world/local events</li> <li>• Supply and demand of more commonly preferred foods of the general population compared to culturally diverse food options</li> <li>• Cheaper, less nutrient-dense foods, especially processed and fast foods, are mass-produced, have longer shelf lives, and have processed ingredients subsidized by the government making unhealthy foods appear more affordable and accessible</li> <li>• Insufficient education on how to make eating healthy, nutrient-dense foods more affordable</li> <li>• Lack of financial support for those who do not qualify for federal assistance programs but still struggle to make ends meet</li> </ul>
References: DCHD, 2023; <a href="#">Mozaffarian et al, 2018</a> ; <a href="#">Siegel, et al., 2016</a>	

## Transportation & Getting Around

**Problem Statement:** Transportation cost and accessibility concerns, especially for those with disabilities and older adults, limit opportunities for community engagement and access to essential services.

Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> <li>• Lack of public transportation infrastructure encourages reliance on private vehicles</li> <li>• Lack of public transportation financial assistance programs for those with low or limited incomes</li> <li>• Limited number of accessible bus stops, crosswalks, bridges, sidewalks, and traffic crossing lights</li> <li>• Fluctuating price of fuel, especially increases during unprecedented times</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient public transportation influenced by urban sprawl, emphasis on car culture, the automotive industry, policies, limited funding and resources, and lack of infrastructure planning</li> <li>• Fuel price increases driven by global oil prices, supply and demand, natural disasters, world events (such as the COVID-19 pandemic and wars), federal and local government taxes and regulations, etc.</li> </ul>
References: <a href="#">Mattioli et al, 2020</a> ; <a href="#">EIA, 2023</a> ; <a href="#">OECD, 2020</a> ; <a href="#">UDOT, 2022</a>	



## Healthcare

**Problem Statement:** Healthcare barriers, including high costs, limited coverage, stigma, and gaps in accessibility prevent individuals from getting necessary care.

Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> <li>Extremely high cost of healthcare</li> <li>Lack of insurance among those with low or limited incomes</li> <li>Limited financial assistance options</li> <li>Significant financial burdens, even with insurance</li> <li>Lack of covered providers for certain services</li> <li>Long wait times, especially in behavioral health</li> <li>Provider biases regarding culture and identity</li> <li>Provider shortages, burnout, and high patient-to-provider ratios</li> <li>Insufficient medical transportation opportunities, not enough options, too much demand for the need</li> </ul>	<ul style="list-style-type: none"> <li>Systemic issues in healthcare and insurance systems; insurance often being tied to employment; eligibility gaps and restrictions especially among immigrants; inconsistencies in policies and costs; high cost of premiums; high costs of care not reimbursed to hospitals;</li> <li>Lack of cultural awareness and understanding of differing identities among providers</li> <li>Insufficient number of primary providers, specialists, facilities, and especially mental health providers to support population growth</li> <li>Costly medical transportation services often not covered by insurance; lack of systematic operations in place to support medical transportation from a healthcare provider prospective; healthcare systems not equipped to connect to wrap around services or address social determinants of health</li> </ul>
<p><b>References:</b> <a href="#">AHA, 2017</a>; <a href="#">KFF, 2022</a>; <a href="#">KFF, 2023</a>; <a href="#">Kaihlainen, Hietapakka, &amp; Heponiemi, 2019</a>; <a href="#">IBIS, 2018</a>; <a href="#">HRSA, n.d</a>; <a href="#">AHA, 2017</a>; <a href="#">UHC, nd.</a>; <a href="#">Syed, Gerber, &amp; Sharp, 2013</a></p>	

## Equitable & Accessible Environments

**Problem Statement:** Perceived inequities in the quality, inclusivity, safety, and accessibility of various environments impact community well-being.

Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> <li>• Economic development areas without concern for desires of those who live there</li> <li>• Unequal investment in infrastructure development across cities; unequal distribution of services and resources</li> <li>• Corporate influence on prioritization of commercial interests over community well-being</li> <li>• Policies that explicitly or implicitly discriminate against certain groups; cultural insensitivities</li> <li>• Lack of representation of communities and diverse voices in decision-making processes</li> </ul>	<ul style="list-style-type: none"> <li>• Deep-rooted structural inequities including discriminatory policies and historical and systemic factors, such as segregation and displacement</li> <li>• Lack of policies prioritizing inclusivity, safety, and accessibility across all cities</li> <li>• Lack of understanding and consideration of diversity</li> <li>• Lack of community involvement, especially those who are underrepresented, in zoning, planning, and political decisions</li> <li>• Media influence on stereotypes and public perceptions (Not in My Back Yard - NIMBYism)</li> </ul>
<b>References:</b> <a href="#">Rous et al, 2021</a> ; <a href="#">Schindler, 2015</a> ; <a href="#">Sibley et al, 2022</a> ; <a href="#">Urban Institute, 2023</a> ; <a href="#">Owens, 2019</a> ; <a href="#">UDOT, 2022</a>	

## Inclusion & Stigma

**Problem Statement:** Stigma, discrimination, and biased representations and policies, hinder inclusive and supportive environments for all. Lack of understanding for differing needs and experiences and stigmatizing beliefs and behaviors, including social and structural stigma, contribute to unfair treatment, isolation, and barriers to services and support.

Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> <li>Stigmatization of identities and conditions</li> <li>Biases affecting fair representation</li> <li>Social and structural stigma in institutions, policies, and cultural norms</li> <li>Stigmatizing beliefs embedded in religion and culture</li> <li>Stigmatizing behaviors, bullying, and lack of support in the education system</li> <li>Stigmatizing beliefs and discriminatory practices within the healthcare system</li> <li>Lack of cultural competence and acceptance of those who are different</li> </ul>	<ul style="list-style-type: none"> <li>Deep-rooted, pre-existing cultural biases, societal beliefs, and attitudes</li> <li>Lack of effective and inclusive policies addressing stigmatization and discrimination</li> <li>Unaddressed biases and absence of cultural sensitivity and acceptance of personal identity across many systems and institutions</li> <li>Insufficient cultural competence training among service providers</li> <li>Lack of sufficient community education to improve cultural awareness and appreciation for differing identities</li> <li>Systemic issues within institutions to address unique individual needs relating to funding, budgeting, workloads, available staff, resource allocation, and disciplinary disparities</li> </ul>
<b>References:</b> <a href="#">National Academies of Sciences, Engineering, and Medicine, et al., 2018</a> ; <a href="#">Du, 2021</a> ; <a href="#">Agency for Healthcare Research and Quality, 2014</a> ; <a href="#">Grindstaff, 2019</a> ; <a href="#">DOJ/DSD, 2021</a> ; <a href="#">Rush, 2021</a> ; <a href="#">OECD, 2012</a> ;	

## Community Engagement

**Problem Statement:** A perceived lack of power among community members, and a disconnect between community input and decision-making, creates challenges in meaningful community engagement.

Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> <li>Unawareness of avenues for community involvement</li> <li>Lack of influence in community decision-making</li> <li>Belief that an individual cannot influence community change that improves conditions</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate communication between leaders and community members</li> <li>Lack of transparent processes for community input</li> <li>Lack of accountability among community leaders to report back to those who contribute their time and input</li> <li>Not including community members in the decision-making process</li> </ul>
<b>References:</b> <a href="#">Itton &amp; Shrimali, 2016</a> ; <a href="#">Matera, 2020</a> ; <a href="#">Luszczynski, 2022</a> ; <a href="#">Bell &amp; Reed, 2021</a>	

# Recommendations

This collection of stories and experiences can be used to guide policies, systems, and structures in Davis County. Some specific recommendations for consideration are provided here. They aim to address root causes by creating healthy and accessible environments, fostering a culture of connection and belonging, and providing equal opportunity for every person to engage with the community and live their healthiest life. These can be important for policy-making in government, social, and business sectors. All systems and institutions have room to improve.

Those who have taken the time to read this report can share it with others. Every community member can initiate conversations, processes, and workgroups within the organizations they are part of. Steps can be taken to collaboratively identify the next steps to address opportunities for improvement. In addition, every individual can contribute to community improvement by being aware of personal biases and the experiences of others, fostering inclusive environments, treating people with dignity, and being intentional with language and actions.

## Address System Barriers

- Implement technology to reduce paperwork and streamline documentation processes.
- Enhance coordination among agencies to improve efficiency in service delivery.
- Develop user-friendly platforms that guide individuals through available services.
- Develop community language access plans that include easy access to interpretations and translations in multiple languages and consider those with different literacy levels.
- Establish centralized information hubs for easy access to resources.
- Ensure clear communication of policies, especially for immigrants. Train service providers on these policies.
- Work towards policy consistency and simplicity across agencies.
- Create flexible benefit structures that account for gradual income increases.
- Mitigate the cliff effect by adjusting benefit reductions to be more gradual.
- Look at how other states have minimized and addressed benefit cliffs. Bring together partners and policy-makers to advocate for statewide initiatives to reduce these cliff effects and income gaps.
- Establish transparent feedback mechanisms for community members from service providers, organizations, and leaders who collect community voice and input.

## Improve Information Sharing

- Consider the implementation of cultural hubs or multicultural centers where people can go to learn about and engage in different cultural activities and celebrations.
- Establish a centralized platform or hub that compiles information about available services, resources, and events. Use various channels including online or physical locations that are accessible for different ages, abilities, and cultures.
- Provide information in multiple languages to address language barriers. Utilize translated materials, multilingual hotlines, and interpreters to facilitate communication.
- Recognize and accommodate diverse preferences in communication methods. Use a combination of online methods, traditional media, community gatherings, and word of mouth to reach a wider audience.
- Implement technology training programs, especially for older adults and individuals with disabilities. Collaborate with community centers and organizations to provide in-person training sessions.
- Ensure advertisements, event promotions, and informational materials are culturally inclusive. Collaborate with community leaders, community health workers, and organizations to better understand and address cultural preferences in communication.
- Conduct awareness campaigns to educate the community about available services and resources. Utilize various communication channels, including social media, newsletters, and local events, to disseminate information widely.

## Improve Housing Access

- Have more options for housing affordability for people who have limited incomes, such as calculating the cost of housing based on a percentage of the income and financial assistance one is receiving.
- Advocate for housing policies that promote reduced costs of new home construction. Explore policies to ensure that economic growth benefits local communities and individuals.
- Advocate for fair housing policies, considering alternative evaluations beyond credit history.
- Implement measures to reduce housing discrimination against justice-involved individuals.
- Strengthen community support systems to understand and address intersecting challenges faced by individuals who face multiple barriers due to stigma, marginalization, disability status, etc.
- Improve and expand assistance programs to meet the overwhelming demand for housing assistance.
- Include community members in city development decisions.



## Improve Food Access

- Improve and expand programs and facilities to meet the overwhelming demand for food assistance.
- Advocate for increased funding for food assistance programs at the local, state, and national levels.
- Foster collaboration between government agencies, charitable/humanitarian organizations, and private businesses to create a more coordinated and efficient food assistance network.
- Conduct targeted outreach campaigns to raise awareness about available food assistance programs and eligibility criteria.
- Collaborate with community organizations, schools, and healthcare providers to reach individuals who may be in need but are not currently accessing assistance.
- Work with businesses to ensure federally required nutrition information is included for all online food purchasing.
- Invest in local food systems, including farms, farmers markets, community and school gardens, and food cooperatives, such as Community Supported Agriculture, to promote access to fresh and nutritious food and reduce dependence on external supply chains.
- Educate the public about the importance of diverse diets and cultural significance of different foods.
- Implement mobile markets and food pantry delivery services for those without easy access to affordable, healthy foods.
- Host workshops and seminars on nutrition, budgeting, and cooking to empower communities to make healthier food choices. Consider context-specific outreach for those with a greater share of food insecurity.
- Work with local retailers to promote and incentivize the stocking of healthier, culturally diverse foods.
- Advocate for policy changes that address the systemic issues contributing to food insecurity, such as income inequality, housing affordability, and healthcare access.

## Improve Transportation Access

- Advocate for policies that address transportation equity and ensure fair access for all residents.
- Engage with policymakers to advocate for transportation policies that prioritize accessibility, sustainability, and inclusivity.
- Expand bus services to cover all neighborhoods and areas with essential community services. This includes increasing the number and frequency of stops. Consider implementation of neighborhood or community shuttle services to bridge gaps in transportation accessibility.
- Extend operating hours to accommodate various work and life schedules, including evenings and weekends.
- Encourage community design that is supportive of all modes of transportation including bus, rail, and pedestrian and bicycle infrastructure, such as sidewalks, bike lanes, crosswalks, and bridges.
- Establish committees that include community members to provide input on transportation planning.
- Ensure transportation is accessible to those who do not speak English well.
- Provide online and in-person support for those who want to learn to use public transportation.
- Ensure Paratransit locations are user-friendly, and near accessible sidewalks and crosswalks.
- Conduct a thorough assessment of roads, sidewalks, and crosswalks to ensure wheelchair accessibility.
- Implement safety checks and training for paratransit services to enhance user confidence.

## Improve Healthcare Access

- Advocate for healthcare system improvements to address the high cost of services, improve access, and allocate resources, particularly for mental health.
- Conduct a healthcare assessment to learn more about the healthcare environment in Davis County, for example, explore why provider-to-patient ratios are so large.
- Establish partnerships with local mental health organizations and online providers to expand access to counseling and therapy.
- Establish or expand community health clinics and mobile clinics that provide basic healthcare services at affordable costs. Encourage partnerships between local governments, charitable organizations, and healthcare providers to expand clinic services.
- Implement and promote telehealth services to reduce the need for in-person visits, thereby easing the strain on local healthcare facilities, and cost to patients, hospitals, and insurers.
- Organize community social care delivery systems to partner with healthcare organizations to implement sustainable, equitable, and scalable interventions to address social drivers of health.
- Collaborate with healthcare providers to enhance medical transportation options for patients.

## Improve Community Involvement Opportunities

- Work towards making recreational activities, including youth sports, more affordable and accessible to a broader range of community members.
- Encourage community member-led sports programs that can get financial assistance from organizations, grants, etc.
- Encourage more organizations to host cultural events.
- Develop opportunities for people to share more about their unique cultures and identities with others.
- Ensure opportunities for community involvement are accessible and encourage inclusion.

## Reduce Stigma

- Advocate for institutional policies that are inclusive and foster equal opportunity for those who have been historically marginalized.
- Run long-term campaigns in the community and educational settings that encourage cultural awareness, celebrate diversity, and break down stereotypes.
- Emphasize and encourage cultural integration as opposed to assimilation.
- Encourage individuals to proactively engage in their communities to influence conditions that lead to a sense of belonging, inclusion, and connection in their communities.
- Implement cultural competency training programs within educational systems and healthcare settings.
- Introduce and enforce anti-bullying measures, support systems, and inclusive curriculum in education systems.
- Encourage unconscious bias training across all systems and involvement in community engagement initiatives.
- Normalize conversations about topics that have historically and culturally been linked to fear and shame.

## Encourage Community Engagement

- Share the information in this assessment to encourage community engagement.
- Promote community engagement through education and accessible participation avenues.
- Encourage inclusive decision-making and involve community members in the processes that will affect them.
- Develop community engagement strategies that involve residents in the creation and dissemination of information. Leverage existing community networks, such as churches and community centers, to enhance information sharing.
- Develop accountability strategies for reporting back to the communities on how their input was used.

# Appendix 1: Demographic Checklist (English)

## Tell us about yourself

Seat # \_\_\_\_\_

This form is *not* a requirement to participate in the focus group.

This information helps us understand participant backgrounds to ensure the varying communities within our county are represented. If you prefer not to disclose some, or any, of the information you may skip sections.

**Check ALL of the following as they relate to you - you may choose multiple options per category.**

### Gender Identity

- Woman
- Man
- Transgender
- Genderqueer/Non-Binary
- Identity not listed

### Sexual Identity or Orientation

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Identity not listed

### Race/Ethnicity Identity

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino/a
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Identity not listed

### Language and Nationality

- English is my primary language
- Spanish is my primary language
- My primary language is not listed
- I was born in the United States
- I was not born in the United States

**Disability** - *difficulty seeing, hearing, walking, remembering, making decisions, or communicating*

- I have a disability
- I do not have a disability
- I live with someone who has a disability

**Age in Years:** \_\_\_\_\_

**How long have you lived in Davis County?** \_\_\_\_\_

**What Davis County city do you currently live in?** \_\_\_\_\_

**Do you have any notes or comments for us?** \_\_\_\_\_

### Religious Affiliation

- No religious or spiritual affiliation
- Spiritual but not affiliated
- Church of Jesus Christ of Latter-day Saints
- Another Christian affiliation
- Religious affiliation not listed

### Military Service

- Veteran
- Active Duty Military or Reserves
- Never served in the military
- Part of a military family

### Education

- Did not complete high school
- High school graduate (or GED)
- Some college but did not get a degree
- Associates degree
- Trade or technical certification
- Bachelor's degree
- Graduate degree or higher

### Household Economic Stability

- Currently rent home
- Currently own home
- Live with friend/family
- Live in group residential setting
- Currently experiencing homelessness
- Experienced homelessness in the past
- My/our income meets basic needs
- I/we often struggle to make ends meet
- I/we have money in savings
- I/we do not have savings
- I/we own at least one vehicle
- I/we do not own a vehicle

## Appendix 2: Demographic Checklist (Spanish)

### Cuéntanos acerca de tí

Asiento # \_\_\_\_\_

Este formulario no es un requisito para participar en el grupo de enfoque.

Esta información nos ayuda a comprender los antecedentes de los participantes para asegurar que las diferentes comunidades dentro de nuestro condado estén representadas. Si prefiere no revelar alguna parte de la información, puede omitir esas secciones.

**Marque TODO lo que se relacione con usted - puede elegir más de una opción por categoría.**

#### Identidad de Género

- Mujer
- Hombre
- Transgénero
- Género no binario/no binario
- Identidad no incluida

#### Identidad u Orientación Sexual

- Heterosexual
- Gay o lesbiana
- Bisexual
- Queer
- Identidad no incluida

#### Raza/Identidad étnica

- Índio Americano o Nativo de Alaska
- Asiático o Asiático americano
- Negro o Afroamericano
- Hispano o Latino/a
- Medio Oriente o África del Norte
- Nativo de Hawái o de Las Islas del Pacífico
- Blanco
- Identidad no incluida

#### Idioma y Nacionalidad

- El inglés es mi idioma principal
- El español es mi idioma principal
- Mi idioma principal no está en la lista
- Nací en los Estados Unidos
- No nací en los Estados Unidos.

**Discapacidad** - *dificultad para ver, oír, caminar, recordar, tomar decisiones o comunicarse*

- Si tengo una discapacidad
- No tengo una discapacidad
- Vivo con alguien que tiene una discapacidad

#### Afiliación Religiosa

- Sin afiliación religiosa o espiritual
- Espiritual pero no afiliado
- Iglesia de Jesucristo de los Santos de los Últimos Días
- Otra afiliación Cristiana
- Afiliación religiosa no listada

#### Servicio Militar

- Veterano
- Militares en Servicio Activo o Reservas
- Nunca sirvió en el ejército
- Parte de una familia militar

#### Educación

- No terminó el bachillerato
- Graduado de secundaria (o GED)
- Algo de universidad pero no obtuve un título
- Grado asociado
- Certificación comercial o técnica
- Licenciatura
- Título de posgrado o superior

#### Estabilidad Económica del Hogar

- Actualmente estoy alquilando
- Actualmente soy dueño de mi casa
- Vivo con un amigo/familiar
- Vivo en un entorno residencial grupal
- Actualmente no tengo un hogar estable
- Experiencia sin hogar en el pasado
- Mis/nuestros ingresos cubren las necesidades básicas
- Yo/nosotros frecuentemente luchamos para llegar a fin de mes
- Tengo/tenemos dinero en ahorros
- Yo/nosotros no tenemos ahorros
- Soy/somos dueño de un vehículo
- No soy/somos dueño de un vehículo

Edad en años: \_\_\_\_\_

¿Cuánto tiempo ha vivido en el condado de Davis? \_\_\_\_\_

¿En qué ciudad del condado de Davis vives? \_\_\_\_\_

¿Tienes algún comentario para nosotros? \_\_\_\_\_

## Appendix 3: Focus Group Facilitation Ground Rules

### Ground Rules (3 min for page)

\*Transition how you see fit\*

- [Speak one at a time] Only one person should speak at a time. We want everyone here to feel welcome to say whatever you are thinking, but please respect other participants by not interrupting or talking over them.
  - As mentioned previously, we are making a written transcript of the conversation today, and there will be an audio recording. If more than one person is speaking at a time it is difficult to capture everyone's experiences and perspectives.
- [Talking time] Be mindful of how long you are speaking as we want to ensure everyone has the opportunity to speak on a subject if they would like.
- [No obligation to speak] Do not feel obligated to answer every question. This is a discussion. If you do not have anything to say or do not feel comfortable discussing a certain topic, you do not have to.
- [Speak your mind] There are no wrong answers. Share your own perspective, even if you are the only person who is feeling or thinking that way. We want to hear the differing opinions and experiences; that is why we are here. Do not let the group sway you; but if you do change your opinion or thoughts based on discussion, please let us know.
- [Respect] Please be respectful in how you comment on what others share, even if you disagree. We don't want to shame anyone for their honest thoughts. We realize these are complex topics so there will likely be differing opinions and that's ok.
- [Confidentiality] This is a confidential discussion. Your names will not be linked to anything you say or to the demographic checklist. Everyone here, please help protect each others' privacy by not discussing anything said here outside of the group. We are stressing confidentiality because we want you all to feel free to speak openly and comment on each other's remarks. This should be a safe space.
- [Stay on topic] Try to stay on topic and avoid side conversations as our time is limited.



# Appendix 4: Focus Group Facilitation Dos & Don'ts

Notes for the facilitator (FOR STUDYING ONLY - not read during focus group)

Can also refer to the [Possible Scenario](#) document.

## DOs

- [Nonverbal cues] Pay attention to nonverbal cues that someone is feeling uncomfortable or that they might have something to say but are having a hard time speaking up
- [Unclear responses] Dig a little deeper when a response is unclear
  - Say “can you say more about that” rather than “why do you think...” (avoids people feeling the need to defend their point of view)
- [Balance participation] Balance participation by asking “who else has something to say?” or “I would like to hear more from this side of the table.”
  - Do not push anyone to speak who does not feel comfortable, but also remind them that we would like to hear from everyone at some point throughout the discussion.
- [Off topic] If the discussion strays off topic, say something like “these are all very interesting and important points, and I understand that these can be complicated issues; however, we need to bring the discussion back to our main focus”.
- [Understanding/Clarification] Check with participants to ensure that you understand what they are saying. Active listening technique - repeat back summary of what they said before adding or requesting more.
- [Use your best judgment] If it seems that one of the following questions will not go over well with the group, ask it in a different way or skip the question.
- [Extra or follow-up questions] If you find that the discussion could be made better by introducing a question that is not listed, but that would be helpful for the purposes of the assessment, feel free to ask follow-up questions. If there is time left over, feel free to engage participants on one of the extra topics listed.

## DON'Ts

- DO NOT finish people's sentences or make assumptions about what is being said
- DO NOT allow for one or two people to dominate the group
- DO NOT take sides, challenge ideas, or share your own opinions (verbally or nonverbally).

## Appendix 5: Levels of Intersecting Stigma

This figure illustrates various levels at which stigma occurs. Structural stigma is the highest form of stigma in the outer circle. It is often built into institutions, policies, and systems and is the most influential because it affects a lot of people at once. All forms of stigma listed in the inner circles are influenced by larger ones. Affiliated stigma crosses perceived and internalized stigma for a person who is associated with someone who has a stigmatized identity. Intersecting stigma crosses all forms of stigma because it is a compounding of all forms of stigma, especially for those who have multiple stigmatized identities. Definitions are adapted from [Olivine, 2022](#), [Hatzenbuehler & Link, 2014](#), [Gray, 2002](#), [Zhang et al, 2018](#), and [Turan et al., 2019](#).

