

2012-2017

# Tooele County Community Health Improvement Plan



# Letter from the Local Health Officer

To Our Friends and Partners,

The Tooele County Community Health Improvement Plan outlined in this report is the result of a rigorous assessment process. It was completed by a broad representation of Tooele County residents. It is intended for use as a guide by those interested in improving the health of Tooele County citizens and to serve as the foundation for their efforts. The plan will be considered a success only if concrete action is taken; actual improvements are measured; and the level of Tooele County's health status is raised. This kind of change is difficult but entirely possible with the right amount of dedication and commitment from every sector. I invite all Tooele County residents, as well as community and civic organizations to join in a collective action to improve individual, family, and community health. To become involved or to receive more information, please contact Matt LaFrance at 435-277-2459.

A sincere thank you is extended to all of those who have already contributed to the success of the Tooele County Community Health Improvement Plan, especially the members of the five health priority workgroups. Without your talents, interest, insights and knowledge, this report could not have been completed.

Sincerely,

Myron E. Bateman  
Health Officer  
Tooele County Health Department

# Tooele County Health Improvement Plan

## Contributors

The Tooele County Health Department would like to extend its appreciation to those individuals from the community who participated in health priority work groups and contributed to the development of this plan.

- Amateur Radio
- Birch Family Pharmacy
- Chamber of Commerce
- Diabetes Coalition
- Doug Sagers, State Legislator
- Dugway Proving Ground
- Grantsville City
- Grantsville Medical Clinic
- Kiwanis Club
- Mountain West Medical Center
- Dental Care Practitioners
- Medical Care Practitioners
- Rotary Club
- Tooele City
- Tooele City Engineering
- Tooele City Police Department
- Tooele County Aging Services
- Tooele County Board of Health
- Tooele County Commission
- Tooele County Courts
- Tooele County Emergency Management
- Tooele County Engineering
- Tooele County Health Department
- Tooele County Relief Services
- Tooele County School District
- Tooele County Sheriff's Office
- Tooele Transcript-Bulletin
- Tooele Valley Mental Health
- Utah Association of Local Health Departments
- Utah Department of Health
- Wendover City
- Youth Services

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# Executive Summary

The Community Health Improvement Plan (CHIP) is the result of a collaborative effort among various members of the community to identify and address health needs and priorities within Tooele County. In response to the CHIP, the Tooele County Health Department conducted a Community Health Assessment. In examining quantitative and qualitative data gathered from the Community Health Assessment, five problem areas were selected as health priorities. These five health priorities include: obesity, substance abuse, physical inactivity (includes heart disease), diabetes, and access to health care.

Tooele County has the highest prevalence of obesity rates in the state of Utah. Obesity is currently one of the most serious health problems facing adults and youths. Evidence suggests that the problem is worsening rapidly.

Substance abuse can range from tobacco use to abuse of prescription and non-prescription drugs. Currently and for the past five years, Tooele County's smoking rates have consistently exceeded the rates for the state of Utah and fatal and nonfatal overdoses from prescription pain medications have increased in recent years in Utah.

Physical inactivity is a risk factor for many diseases and conditions, particularly heart disease. Regular physical activity has been shown to reduce the morbidity and mortality from many chronic diseases.

Diabetes is one of the most prevalent diseases in the U.S. From 2004-2008 the rate/percent of adults in Tooele County who were told they have diabetes was 10.1 with a significant number estimated to have undiagnosed diabetes. The prevalence rate for Tooele County is significantly higher than the state of Utah.

Access to care is a pressing public health concern. Greater access to health care has been related to better health status, more frequent use of preventative services, and lower hospitalization rates. Transportation is a commonly identified barrier, particularly by the elderly.

To develop a successful plan, the community partners, in conjunction with the Tooele County Health Department, will develop goals and objectives specific to each priority area through a series of community action meetings. The plan will also develop strategies and address community resources and barriers.

The overall goal of CHIP is to improve the health of the public, through the strengthening of government and community partnerships. This involves fostering successful partnerships that will make Tooele County a healthier place in which to live. The Five Year Plan (2012-2017) will seek to work in cooperation and congruency with established goals and strategies set forth by the Utah Department of Health in their 10-Year Plan for Nutrition and Physical Activity, as well as their Healthy People 2020 plan.

# Community Health Improvement Process For Tooele County

In the fall of 2011 the Tooele County Health Department (TCHD) met with Tooele County and Tooele City leaders to collectively identify the health needs in the community and to determine priority public health areas. The overall objective, once the priority areas were identified, is to devise strategic plans to address these areas along with developing objectives and goals that will lead to a healthier community.

Public health is a broad field which encompasses us all. The process to recognize these health objectives and create a mission statement for possible grants and funding will be a benefit to residents and leaders of our community.

In 2010 and 2011, to help improve the health of the residents of Tooele County, a plan of action (Community Health Assessment--CHA) was implemented by TCHD to evaluate the quality of life in Tooele County from a public health perspective. Several methods were employed to gather information that included data from the Utah Department of Health and information collected by Dan Jones and Associates. The CHIP process will include community partnerships to assist in the implementation of the action plan.

The following areas were identified as the priority areas in Tooele County with accompanying goals:

<b>Priority Areas</b>	<b>Goals</b>
1) Obesity	Decrease the incidence of obesity
2) Substance Abuse	Decrease the incidence of substance abuse
3) Diabetes	Lower the incidence and improve control
4) Physical Activity	Promote healthy habits
5) Access to Health Care	Improve access to affordable health care

Other concerns were: Air Quality, Traffic, Infectious Diseases and Mental Health

# Top Public Health Priorities in Tooele County

## Obesity

Obesity and overweight are labels for ranges of weight that are greater than what is generally considered healthy for a given height. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. These ranges are based from the Body Mass Index (BMI). BMI is used, for the most part, to correlate the amount of body fat a person has. Overweight is defined as a BMI of 25 or higher; obesity is defined as a BMI of 30 or higher (CDC 2010a).

Obesity is currently one of the most serious health problems facing adults and youths and evidence suggests that the problem is worsening rapidly. About one-third of U.S. adults (33.8%) are obese and approximately 17% (or 12.5 million) of children and adolescents aged 2-19 years are obese (CDC 2007-2008).

According to recent data from the National Center for Health Statistics, approximately one in five children in the U.S. are now overweight. The incidence of overweight children has doubled in the past two decades. This will most likely lead to a generation who will be at risk for cardiovascular diseases, diabetes, and other serious health problems (APHA 2010). Preventing childhood obesity is one of the most significant public health issues facing the U.S. today. Innovative approaches and partnerships are needed to help address this growing problem.

Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem (Daniels, Arnett, Eckel, et al 2005 and Office of the Surgeon General 2010).

Additional childhood obesity information in the U.S. (CDC 2007-2008):

- 1) Percent of adolescents age 12-19 years who are obese: 18.1% (2007-2008)
- 2) Percent of children age 6-11 years who are obese: 19.6% (2007-2008)
- 3) Percent of children age 2-5 years who are obese: 10.4% (2007-2008)

Information from the Utah Department of Health, collected through the Behavioral Risk Factor Surveillance System (BRFSS), on the basis of self-reported weight and height indicates that the rate for obesity for Utah during 2010 was 22.5 (per 100,000 persons) (CDC 2010a).

The most recent information (year 2008) indicates that Tooele County has the highest incidence of obesity at 30.7 in the state of Utah followed by Emery County at 28.9 (CDC 2010a). This rate indicates that almost one-third of the adult population in Tooele County is obese.

Research from the Centers for Disease Control and Prevention (CDC) has shown that as adult weight increases to reach the levels referred to as "overweight" and "obesity," the risks for the following conditions also increases (CDC 2010a):

- 1) Coronary heart disease
- 2) Type 2 diabetes
- 3) Cancers (endometrial, breast, and colon)
- 4) Hypertension (high blood pressure)
- 5) Dyslipidemia (for example, high total cholesterol or high levels of triglycerides)
- 6) Stroke
- 7) Liver and Gallbladder disease
- 8) Sleep apnea and respiratory problems
- 9) Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- 10) Gynecological problems (abnormal menses, infertility)

Several of the conditions listed above are presented in the following table for Tooele County. The variety of factors that play a role for obesity make it a complex public health issue that requires interventions from a diverse group of agencies and partners.

Table 1. Rates for obesity related chronic disease and related conditions, Tooele County, Utah, 2001-2008 (range).

<b>Chronic Disease or Related Cond.</b>	<b>*Years Under Evaluation</b>	<b>Tooele County Rates per 100,000 Population</b>	<b>Utah Rates per 100,000 Population</b>	<b>U.S. Rates per 100,000 Population</b>
<b>All Cancer Deaths</b>	2004-2008	155.3	134.3	158.6 (U.S. Goal)
<b>Breast Cancer Incidence</b>	2002-2006	96.2	106.0	N/A
<b>Colorectal Cancer Rates</b>	2004-2008	18.0	13.0	14.0
<b>Diabetes Prevalence</b>	2004-2008	10.0	7.0	2.5 (U.S. Goal)
<b>Obesity Rates (based on persons per 100)</b>	2008	30.7	22.5	N/A
<b>Heart Disease Deaths</b>	2004-2008	154.2	157.4	162.0 (U.S. Goal)
<b>Physical Activity (based on persons per 100)</b>	2003, 2005, 2007	48.0	65.0 (State Goal)	50.0 (U.S. Goal)

Source: Utah Department of Health, IBIS, 2010.

\*Multiple years are calculated cumulatively.

N/A - Endometrial cancer rates



## **Substance Abuse**

### **Tobacco Use**

Tobacco (cigarette use) continues to be the leading cause of death in the U.S. It is responsible for approximately 400,000 deaths each year. Cigarette use and chewing tobacco account for more deaths than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires combined. There are over 4,000 chemicals that are toxic in tobacco, with many having carcinogenic effects (causing cancer). Tobacco and nicotine have a potential for addiction that is similar to alcohol, cocaine, and morphine.

Smoking harms nearly every organ of the body, causing many diseases and affecting the health of smokers in general (CDC 2010b). Quitting smoking has immediate as well as long-term benefits for you and your loved ones.

According to the CDC, chewing tobacco or snuff, as it is often called, is not a safe alternative to smoking. Chewing tobacco increases the risk of developing cancer of the oral cavity and is associated with gum disease and tooth decay.

Table 2. Presents the smoking/cigarette use for Tooele County 2006 – 2010 as compared to Utah.

<b>Cigarette Use/Rate in Tooele County, Utah, 2006 – 2010</b>		
<b>YEAR</b>	Tooele	Utah
2006	17.7	9.5
2007	16.0	11.2
2008	12.4	9.1
2009	12.2	9.5
2010	13.5	8.8
<b>Rate:</b>	Per 100 Persons	
<b>Source:</b>	<i>Source: Utah Department of Health, IBIS, 2010</i>	

### **Drug/Prescription Drug Abuse**

Fatal and nonfatal overdoses from prescription pain medications have increased in recent years in Utah and throughout the nation (CDC 2005 and Fingerhut 2010).

In 2008, the Utah Department of Health's BRFSS survey indicated that an estimated 20.8% of Utah adults aged  $\geq 18$  years had been prescribed an opioid pain medication during the preceding 12 months. The findings indicate that use of prescription pain medications is common in Utah. The following were reported from those prescribed an opioid pain medication;

- a. Three percent reported more frequent usage or in higher doses than had been directed by their doctor;
- b. Seventy-two percent reported having leftover medication, and

- c. Seventy-one percent of those with leftover medication reported that they had kept the medication.
- d. Approximately two percent of all adults reported using prescription opioids that had not been prescribed to them.
- e. Twenty-one percent of participants reported using at least one prescribed opioid medication.
- f. Seventy-one percent said they were prescribed the drug for short-term pain.
- g. Fifteen percent said they were prescribed the drug for long-term pain, and
- h. Fourteen percent said they were prescribed the drug for both short-term and long-term pain. Prescription opioids usage was more common among adults aged 35-64 years of age.

(CDC 2010c)

In Utah, from 1999-2007, deaths attributed to poisoning by prescription pain medications increased nearly 600%, from 39 in 1999 to 261 in 2007. Deaths due to leftover medications are unknown. Approximately 1.8% of respondents who reported using prescription opioids that had not been prescribed to them extrapolates to approximately 35,000 adults in Utah engaged in illegal and risky behavior (CDC 2010c).

## **Diabetes**

**Type 1 diabetes** is usually first diagnosed in children and young adults, although it can occur at any age. Type 1 diabetes is an autoimmune disease that may be caused by genetic, environmental, or other factors. It develops when the body's immune system destroys pancreatic cells that make the hormone insulin that regulates blood sugar. It accounts for about 5% of diabetes cases. There is no known way to prevent it, and effective treatment requires the use of insulin (CDC 2011a).

**Type 2 diabetes** occurs when the body develops a resistance to insulin and no longer uses the insulin properly. As the need for insulin rises, the pancreas gradually loses its ability to produce sufficient amounts of insulin to regulate blood sugar. Most type 2 diabetes can be controlled through eating a proper diet and exercising regularly. Some people with type 2 diabetes need to take medications, insulin, or both. Insulin is a hormone that allows glucose (sugar) to enter cells and be converted to energy. When diabetes is not controlled, glucose and fats remain in the blood and, over time, damage vital organs (CDC 2011a).

Type 2 diabetes accounts for 90%–95% of diabetes cases and is usually associated with older age, family history of type 2 diabetes, a personal history of gestational diabetes and the most significant risk factors obesity and physical inactivity. Therefore, it can be prevented or managed through healthy food choices, physical activity, and weight loss (CDC 2011a).

From 2004-2008 the rate of adults who were told they have diabetes was 10.1; and a significant number are estimated to have undiagnosed diabetes (Table 1). The rate for the state of Utah, for the same time period, was 7.0 (UDOH, 2009). The rate for Tooele County is significantly higher than the state of Utah.

When diabetes strikes during childhood, it was routinely assumed to be type I, or juvenile-onset diabetes. However, in the last two decades, type 2 diabetes (formerly known as adult-onset diabetes) has been reported among U.S. children and adolescents with increasing frequency and predicted to reach epidemic proportions. Diabetes is one of the most common chronic diseases among children in the U.S. About one in approximately 450 children has diabetes (CDC 2011b).

The epidemics of obesity and the low level of physical activity among young people, as well as exposure to diabetes *in utero*, may be major contributors to the increase in type 2 diabetes during childhood and adolescence (CDC 2011b).

## **Physical Activity**

Research has demonstrated that virtually all individuals can benefit from regular physical activity, whether they participate in vigorous exercise or some type of moderate health-enhancing physical activity. Even among frail and very old adults, mobility and functioning can be improved through physical activity (Butler, Davis, Lewis, et al 1998). Therefore, physical fitness should be a priority for all residents of all ages.

Physical inactivity is a risk factor for many diseases and conditions. Physical activity does not need to be strenuous to be beneficial. People of all ages can benefit from moderate physical activity, such as 30 minutes of walking five or more times a week. In addition, physical activity does not need to be sustained for long periods of time in order to provide health benefits. Repeated shorter bursts of moderate-intensity activity also yield health benefits.

Regular physical activity has been shown to reduce the morbidity and mortality from many chronic diseases. Regular physical activity that is performed on most days of the week reduces the risk for developing or dying from some of the leading causes of illness in the U.S., such as heart disease. In addition, physical activity helps combat problems that can result from a sedentary lifestyle, such as obesity and diabetes.

In 2003, 2005, and 2007 48% of the residents of Tooele County reported exercising at least once a week (UDOH 2009). Residents who do not exercise cited their work schedules as the inhibiting factor followed by caring for their children. The majority of residents reported exercising at home and/or around their neighborhood (TCHD 2010).

As mentioned earlier, the TCHD is making an effort to encourage both the public and private sectors to band together to promote more healthy habits for the residents of Tooele County and to serve as resources.

## **Access to Health Care**

Access to health care in the state of Utah requires having health insurance, an income significantly higher than poverty level, a regular primary care provider, and any other source of ongoing health care. In order to have private health care coverage or insurance, a person must be able to pay the costs of premiums, and the more health coverage a person would like to have, the more they have to pay. The type of insurance a person has will determine who their regular primary care provider will be because most physicians will only accept certain types of health insurance plans.

The following is a report from the Utah Department of Health's Annual Survey for research of lack of insurance published in 2008. The Table below breaks down reasons for lack of insurance.

Table 3. Utah Department of Health - Annual Survey of Reasons for Lack of Insurance, 2008

Reasons for Lack of Insurance	Percent of Responses (2008)
<b>Cannot Afford Insurance</b>	51%
<b>Employer Does Not Offer Insurance</b>	30%
<b>Lost Job</b>	25%
<b>Does Not Need or Want Insurance</b>	16%
<b>Employed Part-Time</b>	12%
<b>Lost Eligibility</b>	14%
<b>Insurance Company Refused to Cover</b>	7%

*Source: Utah Department of Health, 2008*

Two significant issues/concerns related to access include the lack of medical specialized services and care services available in Tooele County. An example of this would be cancer treatment services, which are not currently available in the county. Cost issues have also led Tooele County residents to seek medical treatment outside the county. The second significant issue/concern is the lack of public transportation to health care services in the county.

Access to care is a pressing public health concern. Greater access to health care has been related to better health status, more frequent use of preventative services, and lower hospitalization rates. Transportation is a commonly identified barrier, particularly by the elderly.

# Goals, Objectives, Strategies and Resources to Address Priorities

## Obesity

### **GOAL 1: Increase nutritional awareness, and consumption of nutritious foods**

#### Objectives:

- 1) Increase the number of food service establishments with easily accessible nutritional information by 50% to 100% in the next five years.
- 2) Increase awareness and disseminate information of the nutritional benefits of fruits and vegetables.
- 3) Disseminate information on the health benefits of reducing the consumption of saturated fat in diets.

#### Strategies:

- 1) Establish partnership with local farmers to increase the number of farmers' markets within the community.
- 2) Work with government authorities to allow food stamps or vouchers to be used at local farmers' markets.
- 3) Develop policy and work with food service establishments to provide nutritional information.

#### Resources:

Possible partners include Tooele County School District, Tooele Transcript-Bulletin newspaper, social media outlets such as Facebook and Twitter.

#### Evaluation:

After a five-year period an initial study will be conducted to evaluate the impact of food service establishments in the community that are providing nutritional information; a subsequent evaluation will be conducted.

**GOAL 2: Increase weight status awareness and the percentage of population at a healthy weight**

Objectives:

- 1) Increase by 30% the proportion of adults who are at a healthy weight.
- 2) Reduce the obesity rate by 20% (which is currently at 30.7), thereby improving the obesity standings in Tooele County.
- 3) Conduct two annual workshops and campaigns to educate parents as to what is considered a healthy weight for children and teenagers whose bodies are going through changes.
- 4) Develop educational campaigns to increase understanding of BMI and the implications it may have on health status.

Strategies:

- 1) Utilize social media to provide nutrition and healthy lifestyle tips, including BMI.
- 2) Establish partnerships with schools to provide healthier food choices for students.
- 3) Establish partnerships with local food service establishments that will lead to publishing nutritional information and increase healthy food choices, including smaller portion options.

Resources:

Tooele Transcript-Bulletin newspaper, 90 North Main Newsletter, Tooele County School District, Utah Indicator-Based Information System (IBIS) and consultation with local epidemiologist.

Evaluation:

Pre- and post-surveys will be administered to local food service establishments to evaluate the impact of healthy menu options. School cafeterias will be monitored regularly over a five-year period by health department staff to ensure that healthy food options are available for students.

**GOAL 3: Increase worksite, health care, and school promotion of good nutrition and weight control.**

Objectives:

- 1) Develop posters and placards promoting the inclusion of BMI assessments that will be distributed to all primary care physicians.
- 2) Develop posters and placards encouraging physicians to counsel and educate their patients about nutrition and weight management.
- 3) Establish partnerships with 20 worksites within the county to offer nutrition or weight management classes and counseling.

Strategies:

- 1) Continue to enhance the Gold Medal Schools program.
- 2) Partner with the local Chamber of Commerce to establish and provide counsel for worksite wellness programs; assist small businesses to cooperate in a combined program.
- 3) Establish a partnership with a local advertising agency to create promotional and educational posters and placards that increase physician's awareness of providing counsel on nutrition and weight management, as well as the inclusion of BMI assessments.

Resources:

Mountain West Medical Center, Tooele County School District, local clinics and medical offices, local advertising agency.

Evaluation:

Local teachers will be asked to complete program evaluation forms for the Gold Medal Schools Program to evaluate its efficacy. Program evaluation forms will also be distributed to individuals participating in worksite wellness programs.

**Substance Abuse**

**GOAL 1: Maintain and/or limit availability of abusive substances (to include tobacco) in Tooele County**

Objectives:

- 1) Create an advertising campaign to increase by 15% the amount of community reporting (to law enforcement) of substance abuse in the next five years.
- 2) Continue to partner with local law enforcement to monitor the effectiveness of compliance testing for alcohol, tobacco and prescription drug abuse.
- 3) Increase the number of pharmacies and healthcare providers who are reporting prescription drug abuse to law enforcement by 10% in the next five years.

Strategies:

- 1) Beginning in 2013, establish partnerships with local convenience stores to encourage their employees to report underage youth attempting to purchase alcohol, cigarettes etc.
- 2) By December 2012, develop and/or update alcohol, substance abuse and tobacco resource materials for local health care settings and law enforcement.
- 3) Beginning 2013, disseminate educational pamphlets to pharmacies and physicians encouraging them to collaborate with health department and local law enforcement when they have patients who are abusing prescription medications.

Resources:

Possible partners include Tooele County Sheriff's Office, Valley Mental Health, local pharmacies, clinics, and medical offices.

Evaluation:

TCHD will work closely with the Tooele County Sheriff's office to evaluate data collected from community reporting on substance abuse.

**GOAL 2: Increase worksite, health care, school and community based promotion of substance abuse (to include tobacco use) treatment opportunities.**

Objectives:

- 1) Increase by 10% the proportion of primary care physicians who identify and provide substance abuse counseling or referral options to their patients in the next five years.
- 2) Increase by 25% the proportion of worksites which provide substance abuse education and referral programs for their employees.
- 3) Increase by 25% the media promotion of substance abuse treatment opportunities throughout the community in the next five years.



Strategies:

- 1) Establish a partnership with Valley Mental Health to create and promote a combined localized media plan to combat substance abuse.
- 2) Assist and encourage worksites to update and maintain worksite policies and resources for substance abuse prevention.
- 3) Strengthen END referral systems based on initial assessments.
- 4) Continue to support the substance referral systems within Tooele County School District (Tooele County School District, Valley Mental Health).

Resources:

Tooele County School District, Valley Mental Health, Tooele Transcript-Bulletin newspaper, social media outlets such as Facebook and Twitter.

Evaluation:

The localized media plan will be evaluated by tracking the amount of advertising conducted within the community. TCHD will monitor and assess whether there has been an increase in referrals to partnering organizations.

**GOAL 3: Promote substance abuse prevention in all ages for Tooele County residents.**

Objectives:

- 1) Increase by 10% the awareness of substance abuse (to include tobacco use) prevention providers and prevention activities during the next five years.
- 2) Increase by 20% attendance at existing prevention programs focused towards healthy lifestyle choices.
- 3) Increase by 15% the proportion of adults who receive information on substance abuse resistance techniques in the home in the next five years.
- 4) Increase by 40% the number of adults and youth who understand the effects of substance abuse on their health.

Strategies:

- 1) Establish and promote Quitnet/Quitline services through local media outlets.
- 2) Create, combine and promote localized alcohol, substance abuse and tobacco media plans.
- 3) Partner with trade organizations, which can contribute to convey and distribute alcohol, substance abuse and tobacco free worksite related tools.

Resources:

Trade organizations, Tooele County Transcript-Bulletin newspaper, volunteers

Evaluation:

The localized media plan will be evaluated by tracking the amount of advertising conducted within the community. TCHD will partner with trade organizations and distribute substance abuse literature and a questionnaire to select neighborhoods to gauge public knowledge; a subsequent post-test will be administered.

## **Diabetes**

**GOAL 1: Develop a Sentinel Surveillance System that will provide data for persons with and at risk for diabetes.**

Objectives:

- 1) Partner with the Utah Diabetes Prevention and Control Program to develop a system to collect and monitor the incidence of diabetes.
- 2) Partner with the Utah Diabetes Prevention and Control Program to develop a system that will obtain data of the levels of A1C in persons with and at risk for diabetes.
- 3) Partner with the Utah Department of Health's Diabetes Prevention and Control Program to develop a system to accurately monitor the health behaviors of people with and at risk for diabetes (includes activity levels and nutrient intake).

Strategies:

- 1) Form a partnership with The Beacon Project to share ideas and advice about improving available assessment data for diabetes.
- 2) Consult with the TCHD epidemiologist in areas of data collection and evaluation.

Resources:

Electronic medical records (CHIE), UDOH Diabetes group, health care providers and clinics, local epidemiologist, data collection methods.

Evaluation:

Coordinate with UDOH and the Diabetes Prevention and Control Program to evaluate data collection methods. Administer evaluation forms to UDOH and Diabetes Control program workers to solicit ideas for improvement.

**GOAL 2: Reduce the incidence of diagnosed type 2 and gestational diabetes in Tooele County.**

Objectives:

- 1) Increase by 25% the proportion of residents who understand what diabetes is, how it develops, and what are the symptoms and risk factors.
- 2) Increase by 25% the physical activity levels among persons with or at risk for developing diabetes.

Strategies:

- 1) Distribute diabetes awareness information through educational column in the local newspaper.
- 2) Highlight diabetes success stories through media forums.
- 3) Conduct worksite diabetes presentations and testing in businesses and schools throughout the community.

Resources:

Possible partners could include Tooele County Diabetes Coalition, The Tooele Transcript-Bulletin newspaper, school newspapers, Senior Circle, Healthy Woman Program, National Diabetes Educational Program, utility bill flyers/inserts, local physicians and clinics, local epidemiologist, social marketing and local media outlets, Facebook and Twitter websites.

Evaluation:

Consult with the TCHD Epidemiologist to evaluate the incidence of type 2 and gestational diabetes.

**GOAL 3: Provide education that will motivate people diagnosed with type 2 diabetes to better manage their health.**

Objectives:

- 1) Develop workshops for health care providers directed at assessing the needs of diabetic patients that includes diabetes self-management training (DSMT).
- 2) Increase by 25% the proportion of persons diagnosed with diabetes who have an A1C <9%.

- 3) Increase by 25% the proportion of persons diagnosed with diabetes who have an A1C <7%.
- 4) Increase by 25% the proportion of persons diagnosed with diabetes who have had DSMT.
- 5) Increase by 25% the numbers of DSMT programs and opportunities.

Strategies:

- 1) Simplify registration forms to facilitate the process of becoming qualified for the DSMT program in a timely manner.
- 2) Research and explore grant opportunities in the area of peer counseling.
- 3) Promote the use of Electronic Medical Records – CHIE to medical facilities.
- 4) Work with physicians to create a questionnaire to gather medical information from patients regarding DSMT.
- 5) Train healthcare providers to provide simple and direct instruction for patients on the benefits of diet and exercise.

Resources:

Clinical Health Information Exchange (CHIE), American Diabetes Association (ADA), Tooele County Diabetes Coalition, diabetes scholarship fund, and peer counselors.

Evaluation:

Collect and evaluate baseline data for the number of existing DSMT programs.

**GOAL 4: Increase screening activities directed at persons with pre-diabetic conditions.**

Objective:

- 1) Provide three diabetes screenings per year at convenient, affordable locations.

Strategy:

- 1) Employ a nurse practitioner in TCHD Health Department who can conduct routine screenings.

Resource:

Tooele County Chamber of Commerce

Evaluation:

TCHD staff will monitor the number of diabetes screenings occurring within the county.

## Physical Activity

**GOAL 1: Improve health, fitness and quality of life through daily physical exercise.**

### Objectives:

- 1) Increase by 20% residents' awareness of the need to incorporate physical activity into their daily lives.
- 2) Establish a partnership with Tooele County Trails Committee to evaluate the feasibility of developing non-motorized walking & biking trails.

### Strategies:

- 1) Explore ways to increase public awareness of local parks and recreational facilities such as England Park.
- 2) Work with Tooele County Commissioners to require walking trails in all new subdivisions.
- 3) Include community gardens and bike stations in all new subdivisions within the county.
- 4) Work with volunteers to establish walking/biking clubs within the community.
- 5) Work with the county to construct bike lanes along specified streets within the community.
- 6) Work with county to construct a recreation center adjacent to high schools, and/or adjacent to municipal buildings.
- 7) Work with county to construct a sidewalk on Droubay Road between Vine Street and Utah Avenue.
- 8) Establish a Junior/Youth basketball league to help keep youth active and out of trouble.

### Resources:

Possible partners include 90 North Main Newsletter, [committofit.org](http://committofit.org), recreational clubs, recreational facilities, schools and churches.

### Evaluation:

Distribute surveys/questionnaires to residents at town hall meetings to gauge level of use and satisfaction with recreational facilities, trails, and sidewalks.

**GOAL 2: Increase the level of daily physical activity among residents in Tooele County.**

Objective:

- 1) Increase by 30% the number of residents engaging in daily physical activity or “meeting the CDC Physical Activity Guidelines” within the next five years.

Strategies:

- 1) Educate residents about benefits of exercise using social media tools, and newspapers.
- 2) Place physical activity information near elevators to raise awareness and encourage people to use stairs at all county buildings.

Resources:

Deseret Peak Sports Complex, County Parks and Recreation, 90 North Main Newsletter, “Hike-a-Month” Club, Facebook and Twitter, Tooele County School District.

Evaluation:

Use baseline data from the Dan Jones Community Health Assessment to evaluate the incidence of residents engaging in daily physical exercise. Random telephone interviews will be conducted to gauge levels of physical activity.

**Access to Health Care**

**GOAL 1: Foster an environment that will attract medical and care professionals (includes specialized treatment and care).**

Objectives:

- 1) By December 2013, create a system that will identify health care professionals who have a connection to Utah as a recruitment tool.
- 2) By December 2013, create a system that will promote positive collaborations among medical/health care professionals and organizations, school district, law enforcement, local health department, etc.
- 3) By December 2013, create a system that will promote the quality and excellence of care award received by medical professionals in Tooele County.

Strategy:

- 1) Establish a partnership with local medical facilities and health care providers.

Resources:

Office space, Wendover Resource Council, same day surgery center.

Evaluation:

Work with medical facilities and clinics to monitor and track new physicians and medical care professionals entering the workforce in Tooele County.

**GOAL 2: Explore resources for affordable medical care for qualified Tooele County residents. (This may include affordable care in and out of the county).**

Objectives:

- 1) By December 2013, assess the benefits of the Primary Care Network which provides primary and preventive health care coverage to those qualified.
- 2) By December 2013, assess the benefits of Utah's Premium Partnership for Health Insurance (UPP)—provides subsidies to uninsured employed individuals to help them pay for Eligibility Services, Inc. (ESI) plans (The program targets low-wage workers regardless of health status and helps them gain entry into the ESI market).
- 3) By December 2013, assess the benefits of NetCare Basic Health Care Plan for Tooele residents.

Strategies:

- 1) Apply for grant money to pay a physician to evaluate low income patients one day/night per week.
- 2) Employ a physician from Tooele County to work for a flat rate (one day/night per week) for low income patients.
- 3) Organize a community campaign to promote utilizing urgent care services rather than emergency room services.

Resources:

Urgent care clinics, CDVG grants, Wendover Resource Council

Evaluation:

Work with hospital and urgent care to monitor, track and compare the percentage of residents using urgent care to those visiting the emergency department.

**GOAL 3: Identify and evaluate the availability of affordable transportation to medical and other health services in Tooele.**

Objectives:

- 1) By December 2013, assess and describe the level of access to mass transit systems or local transportation and whether it has influenced the number of missed medical or health services appointments.
- 2) By December 2013, assess and describe how current patients travel to their medical provider or to specialized services.
- 3) By December 2013, assess and describe patients' experience with actual transportation barriers.
- 4) By December 2013, assess and describe the financial considerations (which play a major factor) in the selection of the public transportation method.
- 5) By December 2013, assess and describe the impact of bus routes and their stops (these are important factors when accessing health care).

Strategies:

- 1) Solicit a partnership with the Tooele County Mobility Council to better serve residents' transportation needs.
- 2) Plan and conduct a community focus group meeting to discuss transportation concerns among county residents
- 3) Create a transportation survey to administer to Tooele County residents at the community focus group meeting.

Resources:

Le Bus of Wendover, Valley Mental Health, Tooele County Aging Services, Tooele County Relief Services, volunteer senior transport, Utah Transit Authority Trax, and Wendover Resource Council.

Evaluation:

According to the Community Health Assessment, 53% of Tooele County residents cited lack of transportation as a major hindrance to accessing health care facilities and treatment. After efforts have been made to improve available transportation options for residents, TCHD staff will follow-up with those residents polled during the community health assessment to determine if the public's perception has changed.



## **Integration with State Plan**

The Utah Department of Health (UDOH) unveiled its 10-year plan for Nutrition and Physical Activity in 2010. The Tooele County Health Department has attempted to integrate various strategies and measures set forth by the state into their own Community Health Improvement Plan.

Three of the main priorities that Tooele County has focused on improving (Obesity, Physical Activity, and Access to Healthcare) are highlighted in the state's Nutrition and Physical Activity Plan for 2010-2020. As we implement our Community Health Improvement Plan in Tooele County we will seek to align our efforts with those of the state, as many of the goals and strategies being implemented by the state are harmonious with what we are hoping to achieve in Tooele County.

Some of those goals outlined in the state's plan include: increasing physical activity, increasing consumption of fruits and vegetables, decreasing consumption of sugar-sweetened beverages, and decreasing television viewing time.

The state also plans to increase provider awareness and the proportion of health care providers who routinely monitor, track, and inform patients and/or parents about body mass index (BMI), overweight and obesity and their risks. Tooele County has established similar goals and objectives with regards to BMI. Both Tooele County and the state aim to increase the proportion of primary care physicians who regularly measure BMI of their patients.

UDOH follows the Federal Healthy People 2020 initiative. Healthy People 2020 provides science-based, national goals and objectives with 10-year targets designed to guide national public health promotion and disease prevention efforts to improve the health of all people in the U.S. Some of the goals established in this plan that align with Tooele County's CHIP include: creating social and physical environments that promote good health for all and promotion of healthy development and healthy behaviors across every stage of life.

# Forces of Change

The Tooele County Health Department conducted a Forces of Change Analysis while developing the CHIP. Forces of Change refer to forces, trends, events or factors that are occurring or will occur within the community that will affect the community or the local public health system. A Forces of Change Assessment identifies possible threats and opportunities that these forces create.

While conducting the Forces of Change Analysis, barriers to accomplishing the established goals were discussed. These barriers included: lack of public support, lack of recreational facilities, lack of funding, lack of resources, opposing political views, lack of available public transportation, confidentiality issues, lack of data collection, lack of public interest, lack of manpower, motivation and money

Table 4. The Tooele County Health Department identified eight forces of change occurring in Tooele County, 2012.

<b>Forces of Change - Threats and Opportunities</b>		
Forces (Trend, Events, Factors)	Threats Posed	Opportunities Created
<b>Economy</b>	Eating habits, unemployment, lack/decline in services, crime up	Increase in use of public transportation
<b>Loss of Jobs</b>	Less insurance, property values down, class sizes increase, county revenue down	
<b>Health Care Reform</b>	Increased burden on safety net providers	Preventative services increased
<b>Cost of Health Insurance</b>	Fewer patients seeking care	
<b>Immigration Laws</b>	Unable to provide some services, wait too long for services	
<b>Shrinking levels of Government (State level)</b>	Force locals to do services, won't get done	
<b>Change in EPA Laws</b>	Lowering standards	

*Source: Tooele County Health Department, 2012*

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