

Tooele County Community Health Profile 2011



Prepared by:
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Letter from the Local Health Officer

To Our Friends and Partners,

The Tooele County Community Health Profile 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 Bucky Whitehouse at 435-277-2470.

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

Sincerely,

Myron E. Bateman

Tooele County Health Department

Introduction and Background

Tooele County is located in Utah approximately 25 miles west of Salt Lake City. According to the United States (U.S.) Census, as of 2009 the population of Tooele County was 58,335 (U.S. Census, 2009). The county seat is the city of Tooele which is the largest city in the county. Tooele is included in the Salt Lake City Metropolitan Statistical Area.

Tooele County is the second largest county in Utah. It encompasses a large amount of the Great Salt Lake desert. According to the U.S. Census Bureau, Tooele County has a total area of 7,287 square miles. Land covers 6,930 square miles and water covers 357 square miles (U. S. Census Bureau, 2009).

The Tooele County Health Department (TCHD) was established by Ordinance No. 82-2, which was adopted on February 9, 1982, and took effect on February 24, 1982 (Tooele County, 2011). Since then, the department has been providing numerous public health services and has consistently made efforts to improve the quality of services to the residents of Tooele County.

County Health Rankings

In 2010, the University of Wisconsin's Population Health Institute produced a first-of-its kind report that ranked all counties within each state on their overall health. Part of the report's intent was to serve as a call to action and to help community leaders to identify factors that make residents unhealthy and mobilize communities to develop solutions.

Based on the findings of the Wisconsin report, Tooele County ranked 15th out of the 29 counties in Utah in overall health. It should be noted that overall health is not just determined by access to health care or individual health behaviors, but by the socioeconomic and physical environment wherein residents live.

The University of Wisconsin researchers applied five measures to assess the level of overall health or "health outcomes" for each county. These include:

- The rate of people dying before age 75
- The percent of people who report being in fair or poor health
- The numbers of days people report being in poor physical and poor mental health
- The rate of low-birth weight infants

The report then evaluated a number of factors that affect people's health within four categories:

- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

The researcher then evaluated important factors that can affect the health of a community and then assessed how each factor measured up to other communities within their respective state. Those factors include:

- Tobacco use
- Obesity
- Access to health care
- Education
- Community safety
- Air quality

There were areas in the Wisconsin report that concerned TCHD. The Behavioral Risk Factor Surveillance System helped determine these numbers. The report ranked Tooele County 13 out of the 29 counties in Utah in premature deaths. Premature deaths are defined as the years of potential life lost before age 75. The reason for this ranking is to further identify causes of death and those residents that fall in high risk areas that may lead to a premature death. Intervention could then be targeted to the areas that lead to premature death and reduce the years of potential life lost.

The report ranked Tooele County 16th in morbidity or in the frequency of disease. This category was determined by the number of individuals in poor health, poor physical and mental health days, and low birth weight. Although obesity was not mentioned in this category, it does contribute to the burden of disease. Tooele County was ranked 29th or last in obesity measures, which is a significant concern to TCHD.

One of the rankings that caused the most concern was health behaviors. These include adult smoking, obesity, binge drinking, motor vehicle death rate, teen birth, and chlamydia. With the exception of chlamydia, Tooele County (ranked 23rd) exceeded the rates of Utah in every behavioral category with obesity being the most concerning. Obesity increases the risk for disease conditions such as coronary heart disease, type II diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis (UOWPHI 2010).

Tooele County is ranked 16th in clinical care. This category includes uninsured adults, primary care providers, preventable hospital stays, diabetic screening and hospice use.

Social and economic factors was another category where Tooele County was ranked 16th. These factors include education, unemployment, children in poverty, and income inequality.

The physical environment was evaluated by factors that include air quality, access to healthy foods, and the number of liquor stores. Tooele County was ranked 19th in this category.

In 2010 and 2011, a plan of action 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 will assist TCHD in addressing some of the health rankings/health conditions identified by the University of Wisconsin Population Health Institute Report.

Demographics

The demographic breakdowns for Tooele County are closely similar to the state of Utah. Population estimates from the U.S. 2009 Census (projections) are presented in Table 1.

Table 1. U.S. Census population 2009 estimates for Tooele County and the state of Utah.

U.S. 2009 Census Population Estimates Categories	Tooele County	Utah
Population estimates 2009	58,335	2,784,572
Population estimates base (April 1) 2000	40,735	2,233,204
Demographic breakdowns by percentage	%	%
Population, percent change, April 1, 2000 to July 1, 2009	43.2	24.7
Persons under 5 years old	10.2	9.8
Persons under 18 years old	35.1	31.2
Persons 65 years old and over, percent	7.5	9.0
Female persons	50.0	49.7
White persons (not Hispanic)	83.8	81.2
Black persons	1.6	1.4
American Indian and Alaska Native persons	1.6	1.4
Asian persons	1.0	2.1
Native Hawaiian and Other Pacific Islander	0.4	0.8

Source: U.S. Census Bureau, state and county quick facts, 2009.

Hispanic Population

Although the Hispanic population in the state of Utah increased from 9 percent in the year 2000 to 13 percent in 2010, the Hispanic population within Tooele County increased from only 10.3 percent in 2000 to 11.4 percent in 2010. This demonstrates that the Hispanic population growth trend has decreased within the county. Despite this decade long trend, Tooele County still has the seventh largest per capita Hispanic population of Utah’s 29 counties.

Socio-economics

Socio-economics is measured by factors such as income, educational attainment, and poverty. It is highly related to the health status of a specific population. Numerous health disparities have been linked to inequalities in socio-economic status. The mechanisms by which socio-economic status have contributed to the health status of a population include areas such as barriers to access of health care and prevention services, environmental and behavioral factors, unemployment, and levels of unhealthy stress.

Several socio-economic characteristics of the population of Tooele County were evaluated by TCHD that have a significant health impact in the health status of the community. These include the following (see Table 2):

Poverty among children: The proportion of children under 18 years of age who live in or below poverty is 9.6 percent. Although this proportion is lower than the state of Utah (12.2), it is a significant concern. Children born into poverty are less likely to have regular health care and proper nutrition. In 2009, the U.S. Census Bureau's income poverty threshold was \$22,050 for a family of four (U.S. Census Bureau 2005-2009).

Household Income: Low-income persons tend to have poorer health status, primarily due to medical services they cannot afford. Low income levels are also prevalent among people with chronic mental or physical illnesses that limit their ability to complete educational goals and earn a good income (UDOH 2010). The median household income in Tooele County is \$56,000 with an average household of 3.1. The median household income for Utah is about \$55,000 with an average household of 3.0. The average U.S. household is 2.6 (U.S. Census Bureau 2005-2009).

Single parent (no husband present): Children who live with one parent (primarily the mother) are at a greater risk to live in poverty than are children who grow up in households with two adults (UDOH 2010). A single mother faces specific challenges that include lack of leisure time, increased need for child care, and stressed financial resources. In Tooele County about 10 percent of households are headed by a single mother as compared to 7 percent of Utah (U.S. Census Bureau 2005-2009).

No Medical Coverage/Insurance: Persons with health insurance are more likely than persons without health insurance to have a regular source of primary health care, and are more likely to have routine preventive care. Persons without coverage often delay seeking needed care due to financial issues (UDOH 2010). In Tooele County 10.3 percent of the population has no medical coverage as compared to 15 percent for Utah (U.S. Census Bureau 2005-2009).

Education Status: Education level is strongly related to health status. It is likely that someone with higher education will lead to better health and access to care (UDOH 2010). In 2009, 14.7 percent of U.S. residents aged 25 and over had not completed high school, while only 14 percent of the Tooele County population and 10 percent of the state of Utah in the same age group did not complete high school. The percentage of the Tooele County population who has a bachelor's degree is 18 percent; the percentage for Utah is 28.4 percent (U.S. Census Bureau 2005-2009).

Utah's Department of Workforce Services states the unemployment rate in Tooele County (7.2 percent) is almost similar to Utah's rate (7.3 percent) as of May 2010. Workforce Services also states that approximately 46 percent of Tooele County's workforce commutes to work outside of the county. This is the highest percentage in the state of Utah (UDWS 2010).

The proportions presented under socio-economics are derived from the U.S. Census Bureau projections covering the years from 2005 through 2009 (through the American Community Survey, 2005-2009). See Table 2 for additional information on socio-economic indicators for Tooele County.

Table 2. Socio-economic indicators for Tooele County, Utah, 2005 – 2009.

Socio-Economics in Tooele County, Utah, 2005 - 2009				
Social Characteristics				
Income		Estimate	Utah	
Median Household Income	\$56,053		\$55,000	
Total Housing Units	18,094		n/a	
Occupied Housing Units	16,854		n/a	
Owner-Occupied	12,938		n/a	
Renter-Occupied	3,916		n/a	
Poverty				
	Number in Population		Tooele	Utah
All Ages	4,063		7.2%	13.0%
Under 18	1,913		9.6%	12.2%
Household Size				
	Estimate		U.S.	Utah
Average Size	3.14		2.6%	3.01%
Family Size	3.59		3.2%	n/a
Single Parent Household (no Husband Present)	9.6%			7.3%
No Health Medical Coverage				
				Utah
All Ages	8.2%			10.9%
Ages 64 - 19	10.3%			15.0%
Population ≥25 Yrs of Age	30,911	n/a	n/a	
Education				
	Estimate	Tooele	U.S.	Utah
High School Graduate	86%		84.6%	90%
Bachelor's Degree or Higher	18%		27.5%	28.4%
Foreign Born	1,708	3.1%	12.4%	
Labor Force (≥16 Yrs of Age)	26,523	71.5%	65.0%	
Workforce (unemployed)**	7.2%			7.3%
Marital Status (≥15 Yrs of Age)				
	Estimate	Tooele	U.S.	
Male now Married	11,599	61.0%	52.3%	
Female now Married	11,598	61.0%	48.4%	

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, American Community Survey, 2005-2009.

**Utah Department of Workforce Services

Overview of Information Gathered

Dan Jones & Associates Assessment

Dan Jones & Associates has over 30 years of experience in gathering public opinion information. The TCHD contracted with this agency to assess the attitudes and practices of Tooele County residents relative to a variety of health issues that include quality of life, community problems and issues, unhealthy behaviors, personal health, and physical activity. This was a measure to engage the community in a broad and comprehensive manner.

The information gathered by Dan Jones and Associates was obtained through telephone interviews and face-to-face interviews. A total of 327 residents (randomly selected) were interviewed.

Although the entire county was evaluated by the Dan Jones & Associates survey, Wendover was evaluated separately due to its geographical location and access to care issues/concerns.

Wendover is located on the western border of Utah, and is contiguous with West Wendover, Nevada. The population was 1,537 at the 2000 census, with a 2006 estimated population of 1,632 (U.S. Census Bureau 2007).

The limitations of the survey include time and date availability and, relative to telephone interviews, only residents with landline telephones were called. Wendover residents were surveyed face to face.

The findings of the survey are as follows:

Quality of Service

In a 1994 Dan Jones & Associates' survey for the county of Tooele, residents were asked to grade the TCHD using the A, B, C, D, F system. Twelve percent gave TCHD an A grade, 26 percent a B grade, 24 percent a C grade, 5 percent a D grade, and 2 percent an F grade. The grading survey was redone in 2010. This time the Tooele and Wendover percentages were broken down. Tooele residents' perceptions of TCHD had notably improved. The percentages of A and B grades went up significantly.

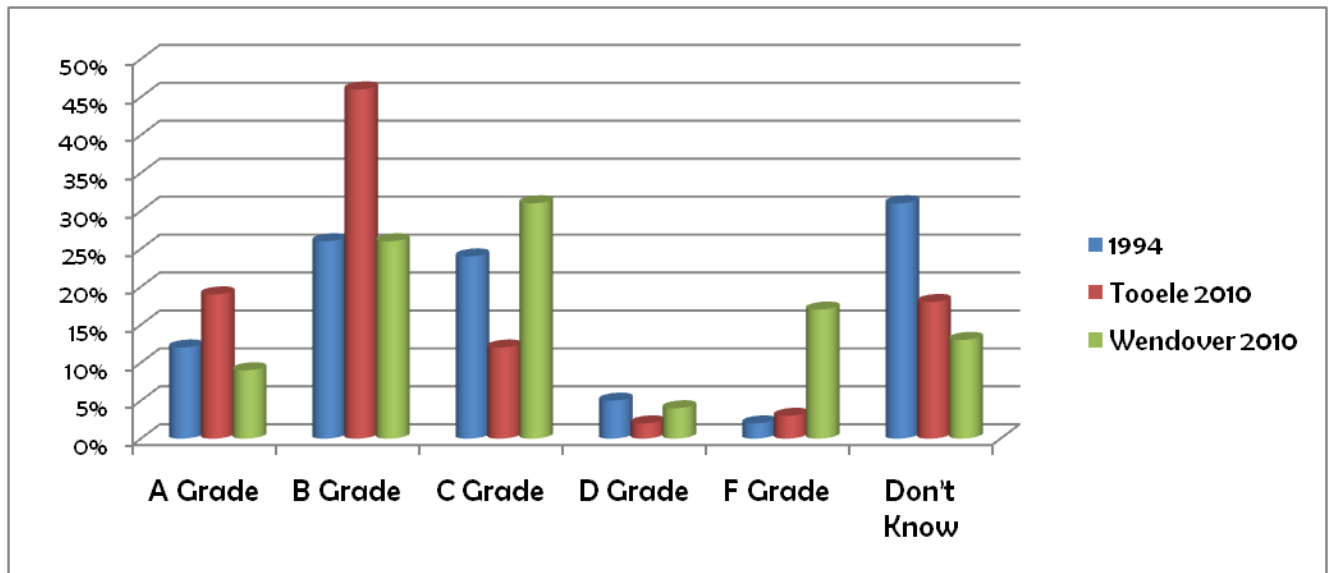
There is room for improvement in Wendover. TCHD's A and D grades in Wendover, when compared to the combined 1994 survey, dropped. The B grade stayed the same; and the C and F grade percentages both increased.

See Graph 1 for grade comparisons in Tooele County from 1994 until 2010.

Graph 1. Grade Comparison Survey in Tooele, Utah, 2010.

Grade the Tooele County Health Department

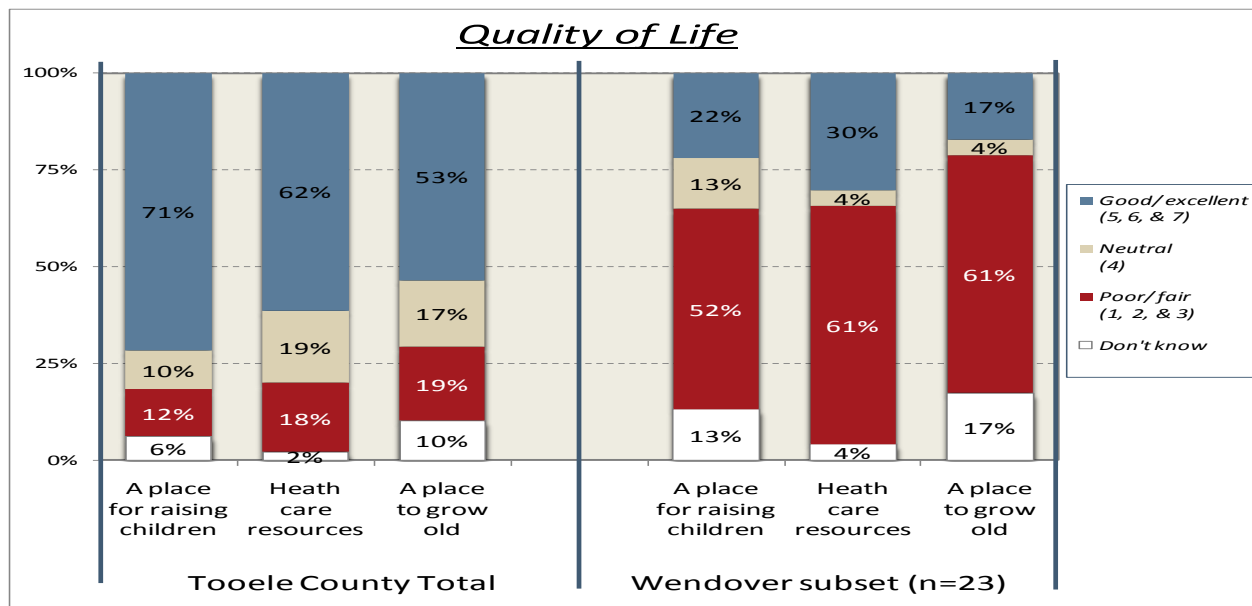
	A Grade	B Grade	C Grade	D Grade	F Grade	Don't Know
1994	12%	26%	24%	5%	2%	31%
Tooele 2010	19%	46%	12%	2%	3%	18%
Wendover 2010	9%	26%	31%	4%	17%	13%



Source: Dan Jones and Associates, 2010

In the most recent study conducted for TCHD through Dan Jones & Associates, the majority of residents provided positive assessments (presented as percentages) in *quality of life* topics. Residents assessed Tooele County as a good/excellent place to raise children (71 percent), good/excellent access to health care resources (62 percent), and a great place to grow old (53 percent). See Graph 2 on the next page.

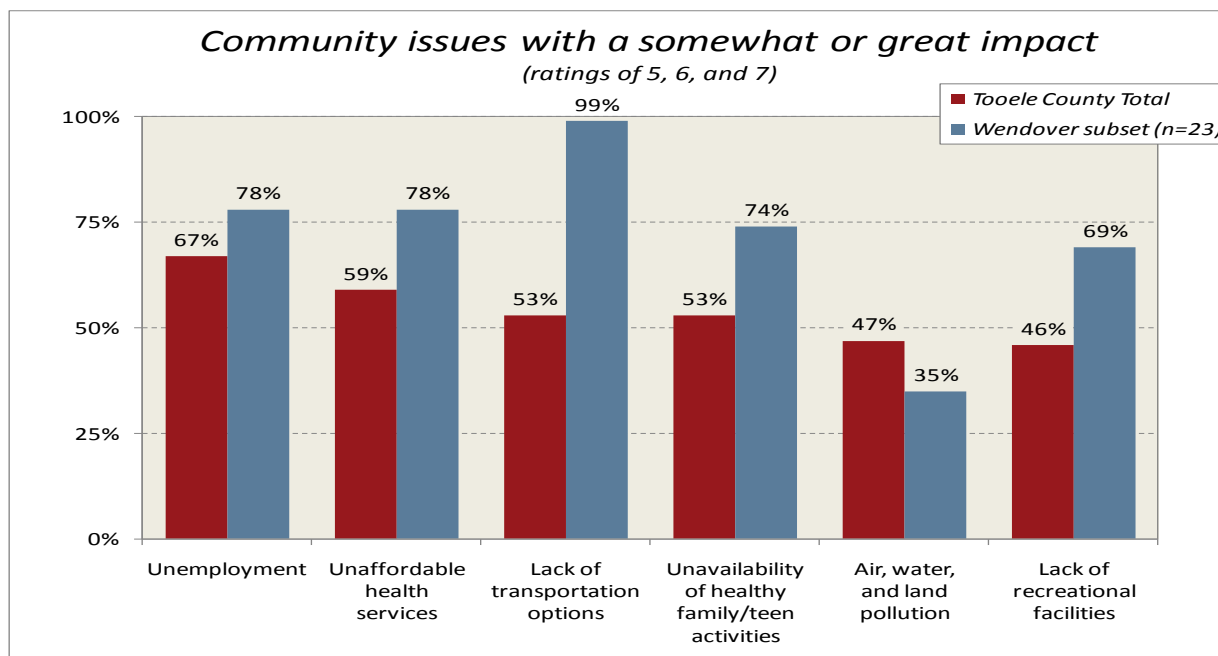
Graph 2. Quality of life survey in Tooele County, Utah, 2010.



Source: Dan Jones and Associates, 2010

The majority (51 percent or greater) of Tooele County residents cited unemployment, unaffordable health insurance, lack of transportation options, and unavailability of healthy family and teen activities as significant factors impacting their respective communities (see Graph 3).

Graph 3. Community issues that impact communities in Tooele County and Wendover (subset), Utah, 2010.



Source: Dan Jones and Associates, 2010

The majority of residents in Wendover (52 percent) is concerned with the risk of cancer and perceives they are at a higher risk because they live in Tooele County. However, 67 percent of the residents cited smoking in the casinos as the primary reason for the concerning risk. The rate for cancer in Tooele County is 29 percent (Dan Jones & Associates, 2010).

For accessing personal health-related information, the majority of Tooele County residents (56 percent) are most likely to consult a doctor, nurse, or pharmacist. The majority of residents in Wendover (52 percent), however, would seek out a friend or family member for health-related information.

For immunizations (or flu shots), 58 percent of Tooele County residents responded that they would contact their health care provider, visit a retail store, or visit a pharmacy. However, 48 percent of residents in Wendover cited TCHD as their choice for receiving immunizations.

The Women, Infant, and Children Program (WIC) is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. Nutrition education and counseling, nutritious foods, and help accessing health care are provided to low-income women, infants, and children.

Residents were asked if they were aware of the WIC. Eighty-nine percent of the residents said they are aware of the WIC program.

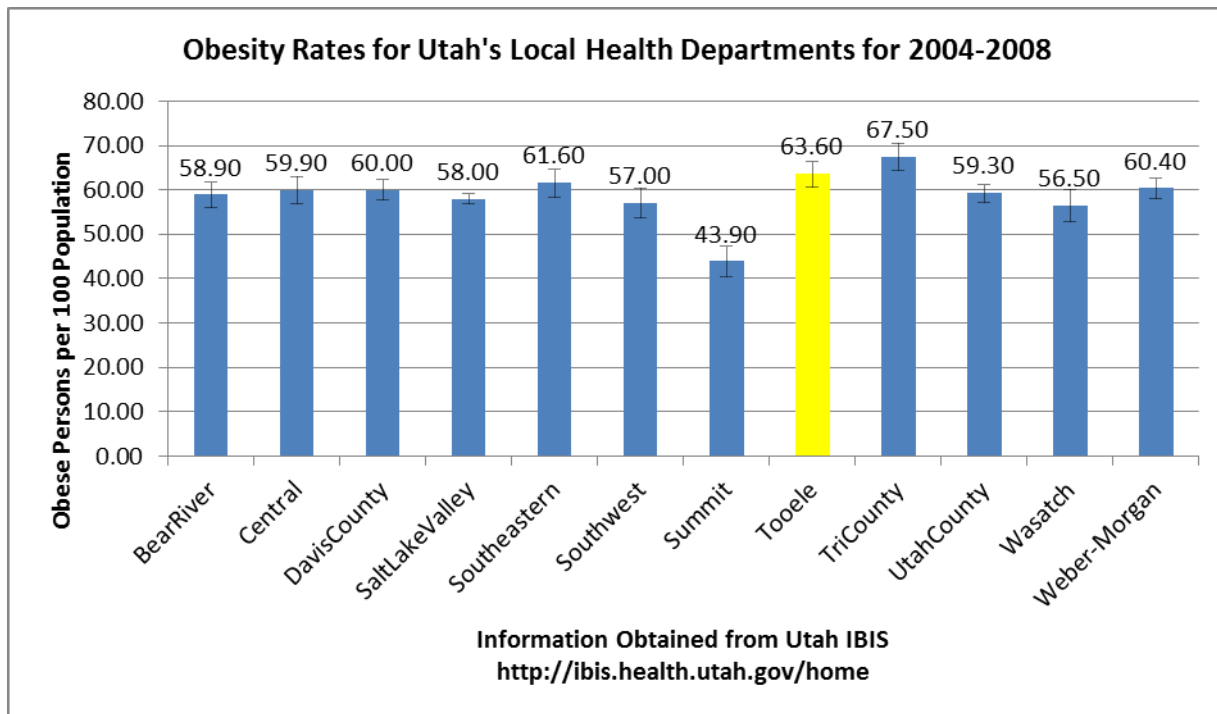
Health Issues

Residents were asked to rate (based on a seven point scale from poor to excellent) a series of 40 health conditions (six categories) and what conditions they perceive to be the top health issues in the county.

The top three health problems are obesity, cancer, and diabetes. Tooele County has been identified as having one of the highest rates of obesity as compared to all other counties in the state of Utah (UOWPHI 2010).

Graph 4, which is shown on the next page, gives an idea of the problems facing Utah counties in regards to obesity rates.

Graph 4. Obesity rates for the 12 local health departments/districts, Utah, 2004-2008.



Source: Utah Department of Health, Utah IBIS, 2010.

The concern over infectious diseases is fairly low. The top three concerns in this area were identified as sexually transmitted diseases/infections (STIs), influenza or H1N1, and communicable/contagious diseases (separate from STIs).

Relative to personal injuries, residents feel that motor vehicle accidents are the greatest concern followed by home and gun related injuries.

Other health issues that are of concern to the residents are teen pregnancy followed by mental health issues and aging problems.

In the area of unhealthy behaviors the majority of residents feel all the issues related to unhealthy behaviors are serious problems in Tooele County. The rating gaps between the top unhealthy behaviors cited were very small. The residents feel that illicit drug use, smoking, and prescription drug abuse are the top three concerns.

Relative to lifestyles, lack of exercise and unhealthy eating habits emerge as most serious followed by unsafe sex. Other lifestyle behaviors that are considered a serious concern by the majority of the residents are drunk driving followed by violent and suicidal behaviors.

When the overall categories were evaluated, *the lack of exercise, obesity, and unhealthy eating habits* emerge as the top three health issues, countywide. Table 3 presents the top 10 public health concerns for Tooele County and Wendover (subset of survey participants).

Table 3. Top 10 serious public health concerns in Tooele County and Wendover (subset), Utah, 2010

Top 10 Public Health Issues/Concerns	
Tooele County	Wendover
Lack of Exercise	Developing Diabetes
Obesity	Illicit Drug Use
Unhealthy Eating Habits	Smoking & Tobacco Use
Illicit Drug Use	Lack of Exercise
Smoking & Tobacco Use	No Annual Doctor Checkups/Screening
Having Unsafe Sex	Teenage Pregnancy
Risk of Developing Cancer	Alcohol Abuse
Developing Diabetes	Having Unsafe Sex
Prescription Drug Abuse	Drunk Driving
Alcohol Abuse	Unhealthy Eating Habits

Source: Dan Jones and Associates, 2010.

Wendover

Although the sample size used to evaluate Wendover was small (23), there was a concerted effort to gather the top issues of East Wendover residents. The views of the residents do differ from the county as a whole in a few key areas (see Table 4).

Table 4. Greater and lesser public health concerns among residents from Wendover, Utah, 2010.

2010 Greater Concerns for Wendover Residents	2010 Lesser Concerns for Wendover Residents
Annual Doctor Checkups/Screenings	Neurological Disorders
Diabetes	Suicide
Kidney and Liver Problems	Motor Vehicle Accidents
Lung/Respiratory Problems	West Nile Virus
Smoking and Tobacco Use	HIV/AIDS
Illicit Drug Use	
Teen Pregnancy	

Source: Dan Jones and Associates, 2010

Community Health Assessment Focus Group

In an effort to gather more information and to engage the community, TCHD conducted two focus groups. TCHD used the local newspaper to advertise its plans to conduct a focus group on community health issues. Two groups were formed by random community members who called in and were self-selected into groups by time availability. The 26 people who participated varied by age, sex, occupation, income, and interests.

The focus groups discussed six public health areas of concern: quality of life, community problems and issues, unhealthy behaviors, community concerns, personal health and physical activity. These areas are consistent with the telephone survey conducted by Dan Jones and Associates. A discussion guide was developed for the moderator and questions for the participants. The results were based on a seven point scale (similar to the Dan Jones and Associates scale). The following are the results of the focus groups:

Quality of Life

Most responses were favorable about living in Tooele County. The groups ranked the cost and quality of care, healthcare options and availability as the major concerns.

Community Problems and Issues

The main issues cited by the groups include cancer, autism, and lung/respiratory problems. Other top concerns that emerged from the discussions include diabetes, kidney & liver problems, and obesity.

Unhealthy Behaviors

The unhealthy serious behaviors that emerged from both groups include illicit drug use, alcohol abuse (and availability to youth), smoking/tobacco use, lack of education for high school students (for prevention), and prescription drug abuse.

Community Concerns

The top community-wide issues that have the largest impact on the overall quality of life in Tooele County include unemployment, availability of healthy family and teen activities, and air, water and land pollution. Other concerns that emerged include lack of transportation options, affordability of health services, availability of healthy food choices, lack of recreation facilities such as parks, trails and community centers, inadequate or unaffordable housing, and animal control services.

Personal Health

There was a consensus that most of the individuals in the focus group found their health-related information on the Internet. Other information came from the news media and medical providers. For immunizations (such as flu shots) the majority agreed that TCHD and their respective medical providers were their primary choices.

For vital record information and to request a copy of a birth or a death certificate, the participants selected the TCHD, the Internet, and the Utah Department of Health as their choices.

Physical Activity

Participants responded favorably to being able to exercise weekly for at least 30 minutes. At least half of the participants were able to exercise over 240 minutes weekly. The majority of participants exercised at home and/or around their neighborhood.

The participants who do not exercise cited their work schedules as the inhibiting factor followed by caring for their children.

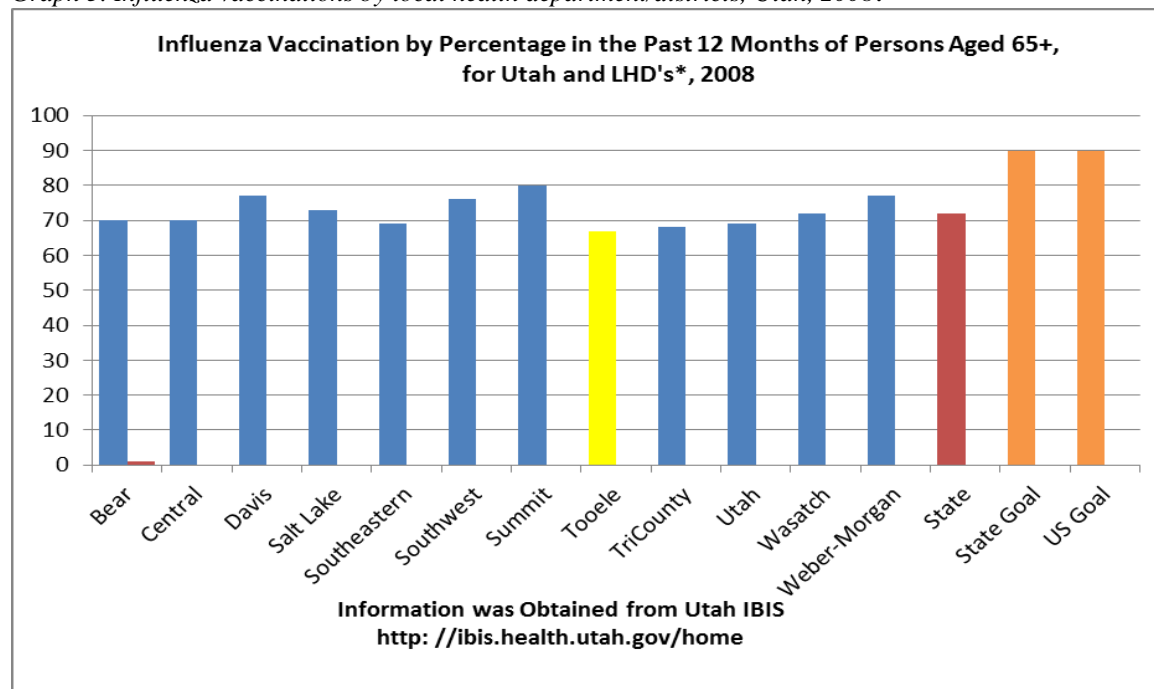
Public Health Indicators

Public health indicators are widely used in the public sector. There is also widespread use of indicators for performance management of public health. The following indicators (Graphs 5-8 and Table 5) present information that includes infectious and chronic diseases, preventive care, and injuries and accidents for Tooele County. The indicator information was obtained from the Utah Department of Health, Indicator Based Information System (IBIS).

Infectious Disease – Influenza Immunization

In 2008 Tooele County was second to last in the number of persons aged 65+ who received the influenza immunization vaccine. Graph 5 presents influenza vaccinations by local health department/districts for 2008.

Graph 5. Influenza vaccinations by local health department/districts, Utah, 2008.



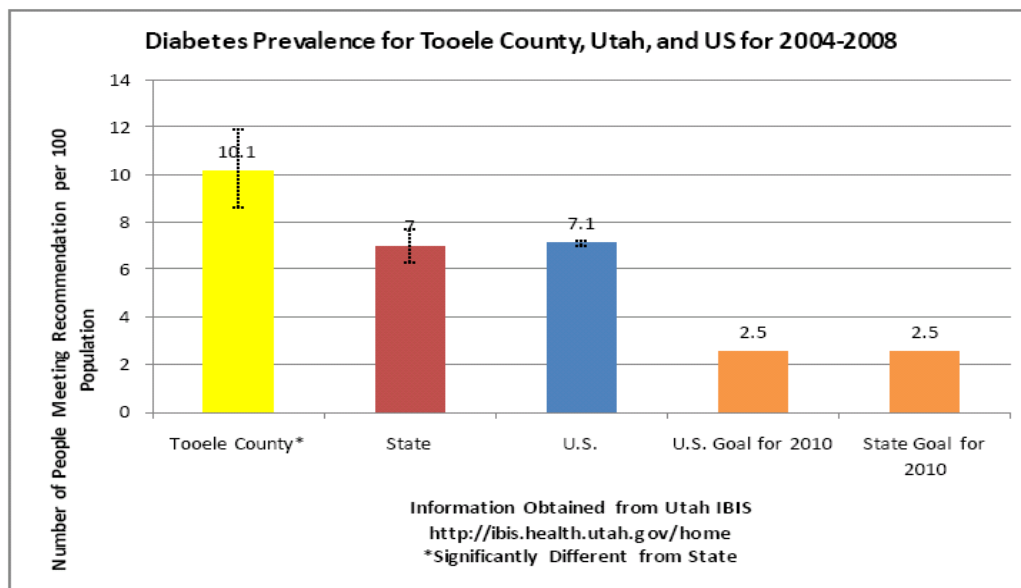
Source: Utah Department of Health, Utah IBIS, 2010.

Chronic Diseases and Related Conditions

Tooele County exceeded the rates for the state of Utah for all cancer deaths, particularly for site specific cancers that include lung and colorectal. The incidence and death rate for breast cancer was lower in Tooele County.

The prevalence of diabetes (type II) and the rate of obesity were higher in Tooele County as demonstrated by Graph 6 and Graph 7. In addition, the rate of persons who exercise was lower in Tooele County. This is significant since exercise is a preventative factor in the development of diabetes and in reducing obesity.

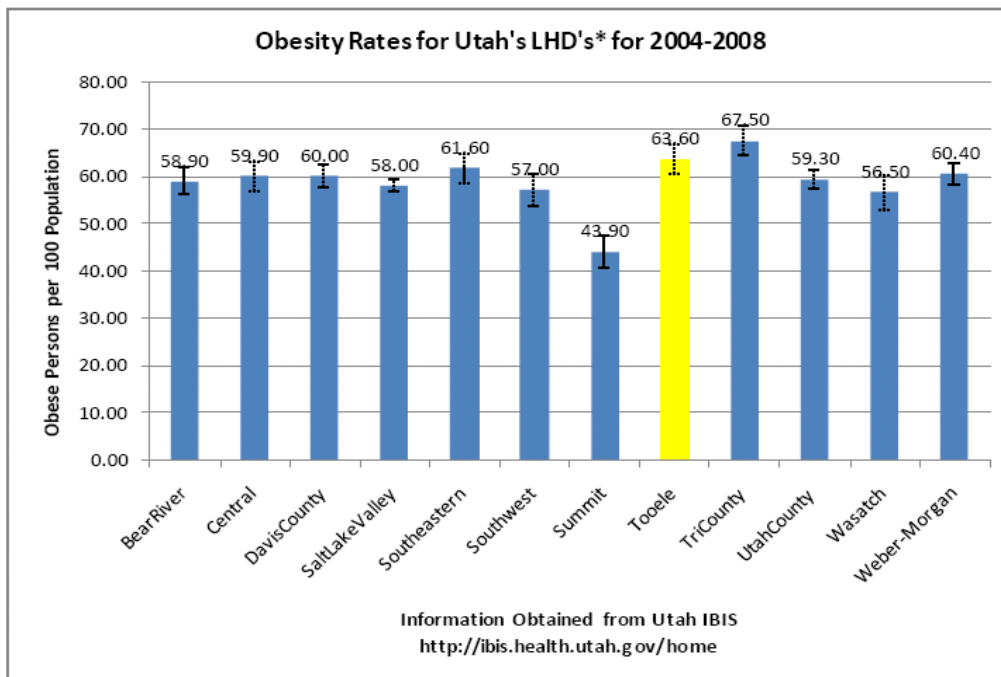
Graph 6, Diabetes Prevalence for Tooele County, 2004-2008.



Source: Report on Specific Health Indicators for Tooele County, Matiaco, 2010.

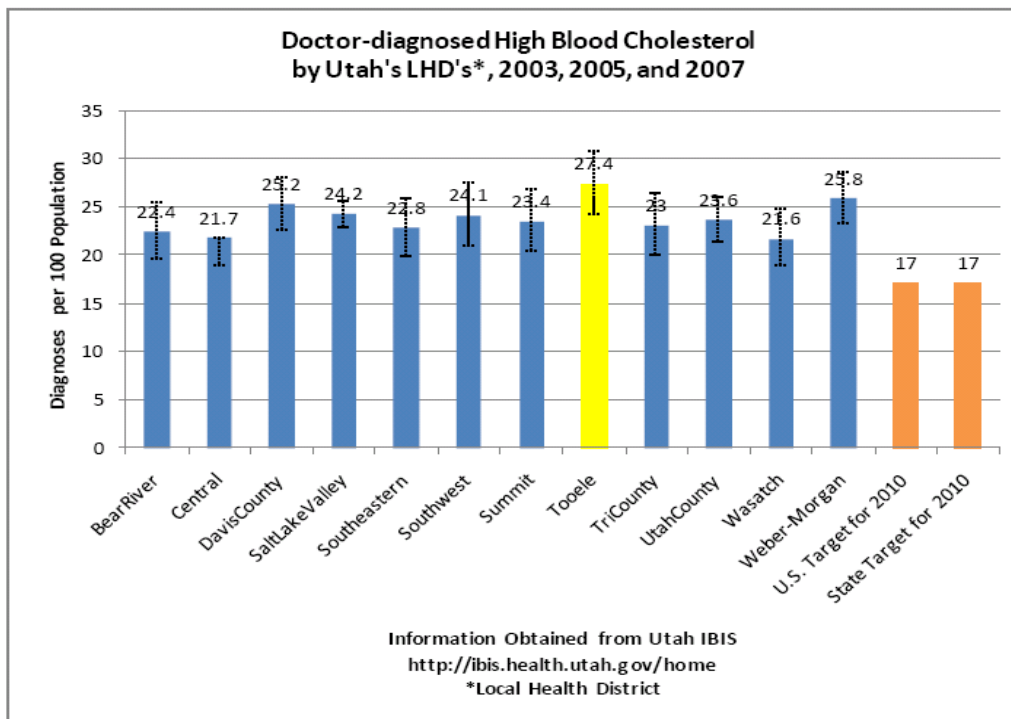
Although heart disease deaths were slightly lower than the state of Utah, the rate of smoking was higher in Tooele County.

Graph 7, Obesity Rates for Utah's Local Health Departments, 2004-2008.



Source: Report on Specific Health Indicators for Tooele County, Matiaco, 2010.

Graph 8, Doctor-diagnosed High Blood Cholesterol, 2003-2007 (range).



Source: Report on Specific Health Indicators for Tooele County, Matiaco, 2010.

Tooele County also exceeded the rates of the state of Utah for the incidence of dental carries, teenage pregnancy, and deaths from unintentional injuries. Preterm birth rates were slightly higher than the rates for Utah.

The following Table 5 presents indicator information for chronic diseases or related conditions for Tooele County. The years in which data was collected by IBIS may vary from other chronic diseases or related conditions.

Table 5. Rates for chronic disease and related conditions, Tooele County, Utah, 2001-2008 (range).

Chronic Disease or Related Cond.	*Years Under Evaluation	Tooele County Rates per 100,000 Population	Utah Rates per 100,000 Population	U.S. Rates per 100,000 Population
All Cancer Deaths	2004-2008	155.3	134.3	158.6 (U.S. Goal)
Breast Cancer Incidence	2002-2006	96.2	106.0	N/A
Breast Cancer Deaths	2006-2008	20.8	22.0	N/A
Mammogram Rates	2004,2006, 2007, 2008	64.3	68.0	75.0
Lung Cancer Death Rates	2004-2008	34.1	22.8	43.3 (U.S. Goal)
Colorectal Cancer Rates	2004-2008	18.0	13.0	14.0
Diabetes Prevalence	2004-2008	10.0	7.0	2.5 (U.S. Goal)
Obesity Rates (based on persons per 100)	2004-2008	64.0	56.0	N/A
Heart Disease Deaths	2004-2008	154.2	157.4	162.0 (U.S. Goal)
Physical Activity (based on persons per 100)	2003, 2005, 2007	48.0	65.0 (State Goal)	50.0 (U.S. Goal)
Smoking Rates (based on persons per 100)	2001-2005	17.8	11.7	12.0 (U.S. Goal)
Dental Carries (based on persons per 100)	2005	69.5	55.3	42.0 (U.S. Goal)
Preterm Births (per 100 births)	2007,2008	10.5	9.6	7.6 (U.S. Goal)
Adolescent Pregnancies	2006, 2007	41.1	33.7	N/A
Deaths from Unintentional Injuries	2006-2007	48.0	32.0	16.0 (U.S. Goal)

Source: Utah Department of Health, IBIS, 2010.

*Multiple years are calculated cumulatively.

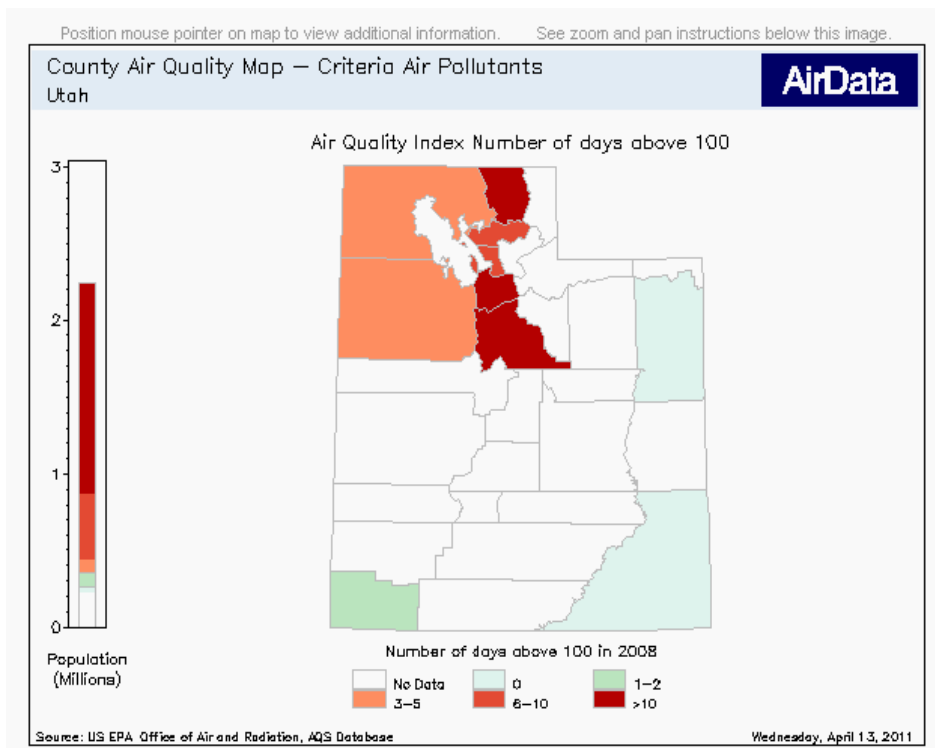
Environmental Health

Air Quality

The Tooele County Health Coalition and results of the survey and focus groups identified air quality as a primary health concern in our county.

The Air Quality Index (AQI) is an index for reporting daily air quality. It tells how clean or polluted the air is, and what associated health effects might be a concern for the community. The AQI focuses on health effects individuals may experience within a few hours or days after breathing polluted air. The U.S. Environmental Protection Agency (EPA) calculates the AQI for five major air pollutants regulated by the Clean Air Act: ground-level ozone, particle pollution (also known as particulate matter), carbon monoxide, sulfur dioxide, and nitrogen dioxide. For each of these pollutants, the EPA has established national air quality standards to protect public health. Ground-level ozone and airborne particles are the two pollutants that pose the greatest threat to human health in this country, and are monitored at an air monitoring station in Tooele County. For 2008, Tooele County had three days with an AQI above 100 and classified as unhealthy by the EPA. Please view the accompanying map.

Map -- County Air Quality – Criteria Air Pollutants, 2008.



Emergency Preparedness and Response (2002 to 2010)

The possibility of public health emergencies arising in the U. S. concerns many people in the wake of recent earthquakes, tsunamis, hurricanes, acts of terrorism, and the threat of pandemic influenza. In Tooele County, the TCHD has established a proven system of preparing and responding to these types of emergencies.

The Emergency Services Program (ESP) works to enhance the capacity of public health and health care organizations to prepare for and respond to emergencies that threaten the public's health. This program is responsible for all-hazards planning and program coordination across all Tooele County emergency preparedness functions. It coordinates emergency response activities across the department. The ESP is working with health care organizations, emergency management, and public safety to build an integrated emergency response system to protect all residents of Tooele County.

ESP staff have successfully conducted more than 20 preparedness related exercises & drills. Operation “Cache Out” conducted in the spring of 2009, was one of the first successful bank drive-thru medication dispensing exercises in the U.S. More than 2,000 citizens received simulated medication through bank/credit union drive-up windows.

TCHD manages the local Strategic National Stockpile which is the local pharmaceutical and medical stockpile of supplies to be used in the event of a large scale disaster or public health emergency.

In the recent past, TCHD has responded to assist the residents of Tooele County in a variety of emergency situations. Most notable were during the 2009-10 Novel H1N1 Pandemic. TCHD conducted 86 mass clinics successfully immunizing over 22,000 Tooele County residents.

TCHD’s preparedness capabilities vary in their level of completion. Local public health authorities are now leading preparedness efforts in areas not before attempted. Areas such as responder health & safety, fatality management and medical surge are important overall readiness indicators for emergency preparedness that public health must now achieve.

In a recent capabilities assessment TCHD’s overall level of readiness for emergencies is ranked at **2.4** on a scale of **0 (poorest rating)** to **3 (highest rating)**. TCHD excels in areas such as medical countermeasure dispensing and emergency operations coordination. TCHD ranks lower in areas of catastrophic incident planning, i.e., fatality management and medical surge (mass casualty) management. See Table 6 for more specific information.

Table 6. TCHD’s Overall Level of Readiness for Emergencies

Capability	Score (0=Poorest rating, 3=Highest rating)
Medical Countermeasures Dispensing and Distribution	2.8
Emergency Operations and Information Sharing	2.6
Community Preparedness and Recovery	2.0
Medical Surge and Fatality Management	1.5

Source: Centers for Disease Control Office of Public Health Preparedness and Response

Conclusion

The Tooele County Health Department has evaluated health indicators and data and engaged the community to gather opinions and to identify potential community partners through a community health assessment process. Through this process priority health needs and concerns were identified. The purpose of this process is to identify community health assets, set health objectives, and monitor progress towards those objectives to effectively address the priority health needs and community concerns.

In addition, several areas were identified that will require further research and evaluation. These areas include: 1) The number of medical providers and clinics/hospitals in Tooele, surrounding areas, and Wendover; and 2) Data sources for social and mental health, maternal and child health, uninsured accessibility to medical and dental services, and sentinel events such as asthma and lead exposures.

This community health assessment is an ongoing process that will require structured community wide partnerships from the public health system to assess ongoing concerns, and to develop and support action plans that can be implemented effectively in day-to-day practices. These efforts will ensure a high level of success in increasing healthier lifestyles in children and adults.

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