



Tooele County Community Health Assessment 2016

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Acknowledgements

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Executive Summary

Tooele County Health Department (TCHD) is the lead public health agency serving Tooele County residents in the state of Utah. The TCHD collaborated with community partners to develop and conduct its second five-year Community Health Assessment (CHA) in 2016. The first Community Health Assessment was completed in 2011. Understanding the health challenges and available resources within the community are paramount for improving the overall health of the population. This health assessment will serve as a roadmap for the establishment of health priorities, which will be selected by community members during the Community Health Improvement planning process to take place in 2017.

Based on the findings of the County Health Ranking's 2015 report, Tooele County ranked 14th out of 29 counties in Utah in overall health. The overall health is determined by access to health care, individual health behaviors, and the socioeconomic and physical environment where residents live.

In addition to the County Health Rankings, many other health data sources were used to assess health outcomes and health factors. Primary data for the assessment was collected from Community Input meetings, focus groups, key informant interviews, online surveys, paper surveys, phone surveys, and a community photo-voice project. Some of the secondary data sources included The County Health Rankings, Behavioral Risk Factor Surveillance System (BRFSS), The Utah Department of Health's Indicator Based Information System for Public Health (IBIS-PH), Centers for Disease Control (CDC), The American Public Health Association (APHA), The United States Census Bureau, and the Utah Department of Workforce Services.

Both qualitative and quantitative data was collected to give context to health indicators and to provide understanding about the health culture in Tooele County. Surveys, focus groups, and interviews were conducted to better understand how residents felt about the overall health status of their community, what they believed were the greatest health challenges and strengths of the community, and what changes they believed needed to occur to improve the overall health of Tooele County.

The TCHD recognizes that it is only a piece of the local public health system in Tooele County, and for this reason greatly values its rich partnerships with local agencies, organizations, and businesses. TCHD has a major role to bring together community partners to develop and conduct a comprehensive community health assessment for the population of Tooele County. Understanding the health needs and resources of the community will provide a foundation for efforts to improve the health of the population. The TCHD will seek to build upon accomplishments achieved since the first CHA was conducted in 2011, improving public health services, value, and accountability to stakeholders.

Introduction and Background

In 2014, the Tooele County Health Department became the first nationally accredited health department in the state of Utah. Since then, two more local health departments (Salt Lake County and Davis County) have achieved this recognition. The Tooele County Health Department was fortunate to be selected as a Beta Site by the Public Health Accreditation Board (PHAB) in 2009 to test the accreditation process. The completion of a comprehensive Community Health Assessment is a pre-requisite to be able to apply for PHAB accreditation. The goal of the Public Health Accreditation Board is to improve and protect the health of the public by advancing the quality and performance of public health departments. PHAB ensures the same standards for all sites by defining community health assessment as:

A systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation.

The Community Health Assessment will help local public health system members identify the most pressing health issues in Tooele County. Through analysis and interpretation of data collected from a variety of sources, public health leaders in Tooele County will be able to make informed decisions and develop appropriate interventions to affect change, resulting in a healthier community for all Tooele County residents. The Community Health Assessment provides answers to five questions:

- What are the health problems in my community?
- Why do health issues exist in my community?
- What factors create or determine the health problems?
- What resources are available to address the health problems?

- What are the health needs of the community from a population-based perspective?

Purpose

The purpose of the Community Health Assessment is to learn about the current health status of Tooele County. Since the 2011 CHA, health priorities and issues have shifted and because of this the TCHD, in cooperation with community partners, will continue to conduct these assessments every five years. The information gleaned from this assessment will inform the Community Health Improvement Planning process. Data from this assessment will be used to identify top health priority issues in the county. The assessment will also aid in better understanding the health behaviors and knowledge of residents, and will help to identify existing resources which can be utilized to address issues.

This assessment will be a valuable resource to members of the local public health system, policy leaders, and the public. In conjunction with the Community Health Improvement Plan, it will be the primary resource to direct health improvement in Tooele County over the next five years. The information gathered from this assessment will help guide planning, priority selection, and policy change.

Process

The Community Health Assessment planning process began in the fall of 2015, with the establishment of an executive steering committee made up of TCHD staff and community partners. This committee provided guidance and input for data sources, data collection methods, and determination of health indicators to be included in the report. Data was gathered which included; demographics, socioeconomic characteristics, quality of life, behavioral factors, the environment, morbidity and mortality, and other social and community determinants of health. A collaborative approach was utilized to collect and analyze data and information. Public opinion and input was sought throughout the process. Verbatim comments from citizens are provided throughout this report. The TCHD utilized master's level public health students from Westminster College in Salt Lake City and the University of Utah to collect and analyze qualitative data. The Utah Department of Health also facilitated a Community Input Meeting in Tooele County to further aid in the effort to collect qualitative data.

The TCHD followed seven steps to conduct the Community Health Assessment:

CHA Development Process

- Establishing an executive steering committee
- Identifying and securing resources
- Identifying and engaging community partners
- Collecting, analyzing, and presenting data
- Setting health priorities
- Developing the Community Health Assessment document
- Managing and sustaining the process

Methods

The health indicators included in this report were selected by the CHA Steering Committee. A special emphasis was made to include indicators where Tooele County is not meeting Healthy People 2020 targets, or where the county is underperforming on a state or national level. Additionally, indicators identified as areas of concern during the last CHA process were also included. The selected health indicators show health status, quality of life, health behaviors, and risk factors for the community.

Data sources were determined by the CHA Steering Committee after careful study and evaluation of sources which had proven useful during the first iteration, and an analysis of what sources other local health departments across the country were using. The following sources were used in this assessment.

Secondary Data Sources for Health Indicators and Demographic Information

- The County Health Rankings
- The Utah Department of Health's Indicator-Based Information System for Public Health (IBIS-PH)
- The Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS)
- University of Kentucky's National Longitudinal Survey of Public Health Systems
- Utah Health Status by Race and Ethnicity Report from 2015
- Healthy People 2020
- United States Census Bureau
- Tooele County Offices
- Utah Department of Workforce Services

Primary Data Sources for Qualitative Data Collection

- Focus groups
- Online surveys (through SurveyMonkey.com)
- Paper surveys
- Phone surveys (conducted by Dan Jones and Associates)

- Community Input Meeting (facilitated by Utah Department of Health staff)
- Key informant interviews (interviewing CHIP and Live Fit Coalition members)
- Photo-Voice project (facilitated by TCHD Health Promotion staff)
- Door-to-door surveys (conducted by the University of Utah Public Health Program)

For the collection of primary qualitative data, the Tooele County Health Department conducted three focus groups (two in Tooele, and one in Wendover). The focus groups were facilitated by the Director of the Public Health Program at Westminster College. Spanish translation was required for the Wendover community focus group.

An online survey was developed by TCHD staff using SurveyMonkey.com and was distributed through social media outlets, the health department's website, and other online platforms. Incentives were offered to take the survey, most common of which was to be entered for a chance to win a gift card. The online survey was open for a period of four months and was completed by more than three hundred Tooele County residents.

In the fall of 2015, the TCHD welcomed Utah Department of Health (UDOH) staff to a Community Input Meeting. The data collected helped the state meet data collection needs for the State Health Assessment (SHA), but was also valuable information gathered for Tooele County's Community Health Assessment. A select group of community partners from the local public health system were invited to attend this meeting. The meeting included individuals representing medically underserved and low-income populations, uninsured and minority populations, healthcare advocates, non-profit and community based organizations, academic experts, local government officials, the local school district, healthcare providers, and private businesses.

TCHD contracted with Dan Jones & Associates, a public opinion and market research firm based in Salt Lake City which has more than 30 years of experience conducting polls and surveys, to gather public opinion information. This was the second time that the TCHD has worked with Dan Jones & Associates on a Community Health Assessment. In 2011, the TCHD also contracted with the firm to gather public opinion data. (See Dan Jones & Associates Assessment on page 26.)

County Description

Tooele County offers exceptional quality of life, affordable housing in a rural setting, and is located less than 30 minutes from the Salt Lake Valley. The County is home to year-round recreational opportunities including biking, hiking, Deseret Peak, and the world-class Miller Motorsports Park. Not surprisingly, rapid population growth has occurred in this beautiful area and is expected to continue in the future. This poses challenges for the County to keep pace with infrastructure demands and employment opportunities.



COURTESY: TOOELE COUNTY

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.

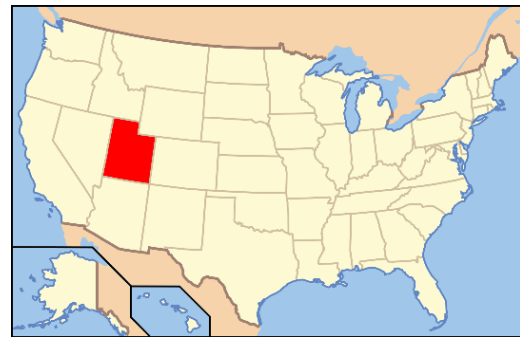
Geography

Tooele County is located in Utah approximately 25 miles southwest of Salt Lake City. According to the United States (U.S.) Census, as of 2015 the population of Tooele County was 62,952 (U.S. Census, 2010). 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, which includes the Bonneville Salt Flats, and is generally uncultivated.

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. Tooele County is bordered by Salt Lake and Utah Counties to the east. The southern border is Juab County, the northern border is made up of Box Elder and Davis Counties, and the western border is the state of Nevada. Most of the county's population lives in the eastern valleys where most of the irrigated and dry farmland is also located. Several hundred square miles in the western part of

the county are arid desert, largely owned by the Federal Government, and are scarcely populated. Altitudes range from 4,200 feet above sea level at the Great Salt Lake to 11,031 feet above sea level at the top of Deseret Peak in the Stansbury Mountains. (U. S. Census Bureau, 2010.)



Climate

Utah's climate is variable, wet in some areas of the state and dry in others. This variability is a function of latitude, elevation, topography, and distance from moisture sources. The Wasatch Front region's climate borders a semi-arid, mid-latitude steppe climate that occurs along the perimeter of the Great Basin Desert, and a humid continental climate is found at slightly higher elevations in the Rocky Mountain foothills.

Northern Utah has four seasons, low annual precipitation, convective and frontal storms, dry summers, low humidity, and large annual and diurnal temperature extremes. The Wasatch, Oquirrh, and Stansbury Mountain Ranges bring most of the precipitation to the valley floor. The winter months bring heavy snow accumulation over the mountains that are favorable for winter sport activities. Spring runoff is at its peak from April through June and can cause flooding along the lower streams. Flash flooding from summer



thunderstorms affects smaller, more localized areas in this region. The annual average rainfall in the Great Salt Lake Desert is less than five inches annually.

Government

The county seat is Tooele City. A 3-member board of commissioners is the county's governing body. They are responsible for all county services and operations. They approve, adopt, and amend the budget. They also serve as the legislative body to pass county laws and ordinances. Other Tooele County commission responsibilities include administrative oversight, contracting authority, and supporting elected officials. The commission is constantly involved in the planning of new infrastructure and facilities, economic development, recreation opportunities, and government services. Tooele County is comprised of seven municipalities and eight unincorporated areas.



Municipalities	Unincorporated Areas
Grantsville	Burmeister
Ophir	English Village
Rush Valley	Erda
Stockton	Ibapah
Tooele City	Lake Point
Vernon	Loftgreen
Wendover	Pine Canyon
	Stansbury Park

Transportation

Located along I-80, one of the major transportation routes across the United States, Tooele County is well situated for interstate commerce. The significant railway infrastructure in the County offers another mode of connectivity to economic centers in the western portion of the United States. Further, the Salt Lake International Airport is only 20 minutes away from the northern edge of the County, thereby making this a prime area for commercial and industrial development and extremely attractive to a wide variety of businesses.

Highway SR-36 is the primary corridor in the Tooele Valley. It runs north to south from Lake Point to Stockton, and becomes Main Street in Tooele. It is the main commercial road for business development in the county.

Rapid growth requires an accompanying growth in transportation infrastructure. When roadway projects do not keep up with the increase in demand, congestion can result. Because of traffic concerns, the County is planning several transportation improvements to help alleviate the congestion affecting the existing system from rising industrial and manufacturing development, residential and commuter traffic, and commercial growth. These improvements are important not only to improve existing conditions, but also as a means of influencing and attracting future economic development. This is an important time for the County as it plans for key infrastructure in order to capitalize as quickly as possible on economic development opportunities. (Economic Development, 2009.)



Population Demographics

The demographic breakdowns for Tooele County are similar to the state of Utah. Population estimates from the U.S. 2015 Census (projections) are presented in Table 1.

Table 1: U.S. Census population 2014 estimates for Tooele County and the state of Utah

U.S. 2015 Census Population Estimates	Tooele County	Utah
Categories		
Population estimates 2015	62,952	2,995,919
Population estimates base (April 1) 2010	58,218	2,763,888
Demographic breakdowns by percentage	%	%
Population, percent change, April 1, 2010 to July 1, 2015	8.1	8.4
Persons under 5 years old	5.0	9.5
Persons under 18 years old	32.9	34.7
Persons 65 years old and over	3.5	4.1
Female persons	49.5	49.8
White persons (not Hispanic)	90.7	86.1
Hispanic persons	11.8	13.0
Black persons	0.7	1.1
American Indian and Alaska Native persons	1.8	1.2
Asian persons	1.3	2.0
Native Hawaiian and other Pacific Islander persons	0.7	1.3

Source: U.S. Census Bureau, state and county quick facts, 2015.

Hispanic Population

Although the Hispanic population in the state of Utah increased from 9 percent in the year 2000 to 11.4 percent in 2010, the Hispanic population within Tooele County only increased from 11.4 percent in 2010 to 11.8 percent in 2015. This demonstrates that the Hispanic population growth has remained stable within the county.

Socioeconomics

Socioeconomic status 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 socioeconomic 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 socioeconomic 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 various factors (see Table 2):

Poverty among children: The proportion of children under 18 years of age who live in or below poverty is 9.4 percent. Although this proportion is lower than the state of Utah (14.9), it is a significant concern. Children born into poverty are less likely to have regular health care and proper nutrition. In 2015 the U.S. Census Bureau's income poverty threshold was \$24,257 for a family of four (U.S. Census Bureau, 2015).

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 \$63,077 with an average household of 3.1. The median household income for Utah is about \$59,846 with an average household of 3.0. The average U.S. household is 2.6 (U.S. Census Bureau, 2010-2014).

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 10 percent of households are headed by a single mother (U.S. Census Bureau, 2014) as compared to 9.7 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 2014, 91.4 percent of the Tooele County population completed high school; very similar to the 90 percent for the state of Utah. The percentage of the Tooele County population who has a bachelor's degree is 20.6 percent; the percentage for Utah is 30.6 percent (U.S. Census Bureau, 2014).

Unemployment: Utah's Department of Workforce Services states the unemployment rate in Tooele County (3.8 percent) is similar to Utah's rate (3.4 percent) as of April, 2015. Workforce Services also states that approximately 45 percent of Tooele County's workforce commutes to work outside of the county (U.S. Census Bureau, 2014).

The proportions presented under socioeconomics are derived from the U.S. Census Bureau 2014 projections. See Table 2 for additional information on socioeconomic indicators for Tooele County.

Workforce: Per a 2016 report by the Utah Association of Counties, Tooele County has the 4th highest percentage (45 percent) of residents in the state of Utah who commute out of the county for work. Tooele has been referred to as the last "bedroom community" for those who work in Salt Lake City, given its proximity and affordable housing. The mean travel time to work is 29.4 minutes for Tooele County residents, which is the highest in the state of Utah, and 4 minutes higher than the national average of 25.4. A recent study by the University School of Medicine in Saint Louis found that driving more than 10 miles each way to and from work is associated with higher blood sugar and cholesterol levels, increased risk for depression and anxiety, decreased quality of sleep, and increased back aches. About 68 percent of Tooele County residents over the age of 16 were employed in the civilian workforce. Tooele County's major employers include the Department of Defense, Tooele County School District, Wal-Mart Distribution Center, EG&G Defense Materials, Energy Solutions, Detroit Diesel, Tooele County, Mountain West Medical Center, Miller Motor Sports Park, and U.S. Magnesium. The largest

occupations for Tooele County residents include truck drivers, cashiers, retail salespersons, recyclable materials collectors, child care workers, office clerks, military occupations, and farmers and ranchers.

Economic growth: Tooele County has experienced rapid growth in both housing units and population in recent years. Between 2000 and 2006, Tooele County grew at an average annual rate (AAGR) of 4.3 percent, a total increase of 28 percent. Based on projections from the Governor's Office of Planning and Budget, housing units in Tooele County are expected to increase by over 26,000 units, or nearly 150 percent over the next 20 years. Tooele County's existing strengths are in manufacturing and government sector employment with emerging opportunities in education and health services, professional and business services, and leisure and hospitality sectors.

Table 2: Socioeconomic indicators for Tooele County, Utah, 2014

Socioeconomics in Tooele County, Utah, 2014				
Social Characteristics				
Income	Estimate	Utah		
Median household income	\$63,077	\$59,846		
Total housing units	19,925	979,709		
Occupied housing units	16,854	877,692		
Owner-occupied	18,400	618,137		
Renter-occupied	4,327	259,555		
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	3.22		2.6	3.10
Family size	3.64		3.2	3.56
Single Parent Household (no husband present)	10.0%			9.7%

No Health Medical Coverage				Utah
All Ages	6,591		11.1%	14.3%
Ages 18-64	2,643		11%	16.4%
Education	Estimate	Tooele	U.S.	Utah
High school graduate	91.4%		n/a	91%
Bachelor's degree or higher	20.6%		n/a	30.6%
Labor Force (≥16 years of age)	26,523	71.5%	65.0%	
Workforce (unemployed)**	7.2%			7.3%
Marital Status (≥15 years 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, 2014.

Wendover

Separated by thousands of acres of undeveloped, public and private lands, Wendover is geographically isolated from other areas in the Tooele Valley. Located on the border between Utah and Nevada, Wendover is approximately 120 miles from Salt Lake City and 105 miles from Tooele City. According to the 2015 Census, Wendover has a population of 1,401. The population of Wendover City has decreased by almost 7 percent since the year 2000. A comparison of demographic data illustrates the unique character of Wendover compared to the rest of the County - that of significantly lower incomes, lower educational levels, a larger percentage of minorities, and larger households. Wendover's median household income in 2010 was \$31,196 – 68 percent of both the State and Tooele County averages. In addition, Wendover's population is comprised of 68.6 percent Hispanic or Latino, with 44 percent white, whereas the County as a whole only has 11.8 percent Hispanic or Latino population. The average household size in Wendover is the highest in the County at 3.84. Wendover shows the lowest percentages in educational attainment, with 43 percent high school graduates and 7.4

percent of residents holding a bachelor's degree. The mean travel time to/from work in Wendover is 9.5 minutes, suggesting that employment is localized either in Wendover or West Wendover.

Wendover has a unique history, with the potential to develop a greater tourist draw associated with the Historic Wendover Airfield and the Bonneville Salt Flats. While extremely rundown in appearance, Wendover has excellent rail, air, and highway access, along with superior broadband capability. Priorities for Wendover include promoting the healthcare industry. Based on



focus group discussions, a main priority of the citizens in Wendover is to have an urgent care center near the airport to provide easy access to major medical facilities on the Wasatch Front. Adequate healthcare strengthens communities and promotes growth. Current healthcare arrangements for a local physician in Wendover, Utah were secured through incentives offered by the City. Wendover Community Health Center, located in West Wendover, serves both communities in relation to family medicine, preventative health, women's health, children's health and immunizations, prenatal care, and pharmacy services.

County Health Rankings

The University of Wisconsin's Population Health Institute produces an annual report that ranks all counties within each state on their overall health. Part of the report's intent is to serve as a call to action and to help community leaders identify factors that make residents unhealthy and mobilize communities to develop solutions.

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

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

Based on the findings of the Wisconsin 2015 report, Tooele County ranked 14th out of the 29 counties in Utah in overall health. 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 report also evaluates a number of factors that affect people's health within four categories:

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

The report also includes an evaluation of important factors that can affect the health of a community, along with an assessment of how each factor compares to other communities within their respective state. Factors considered in the report included:

- Obesity
- Cholesterol Screening
- Diabetes
- Asthma

- Immunizations
- No health insurance
- Air quality
- Other risk factors
 - Cancer
 - Physical Activity
 - Smoking
 - Suicide
 - Preterm Births
 - Unintended Pregnancies
 - Death from Unintentional Injuries

Unhealthy behaviors are still a significant concern for Tooele County. These include adult smoking, obesity, binge drinking, motor vehicle deaths, teen births, and chlamydia. Tooele County was ranked 29th, which is a significant concern to TCHD. 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).

The 2015 report found that Tooele County ranked 13th out of the 29 counties in Utah for 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.

Tooele County is ranked 12th 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 8th. 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 15th in this category.

Tooele County Live Fit Coalition

In 2012, a Community Health Improvement Plan (CHIP) was implemented by TCHD and community partners to address health priorities identified from the 2011 Community Health Assessment. A coalition of Tooele County residents, representing many agencies and local businesses, was formed to implement the CHIP. The Live Fit Coalition, as they are named, focuses on three of the five identified health priorities from the 2012 CHIP; obesity, diabetes, and lack of exercise. The mission of the Live Fit Coalition is to unite individuals and organizations in Tooele County with the common purpose of addressing a healthier lifestyle; to educate and empower citizens to make healthy choices; and to identify existing physical fitness, nutrition, and support resources and help create new resources in the community. The coalition has made great strides in the past five years to reduce obesity in the county, provide

greater opportunity for indoor/outdoor recreation, and ensure that healthy foods are accessible for all residents. The coalition has received a lot of support from the community and will continue its efforts, utilizing the findings from the 2016 Community Health Assessment to tailor interventions to priority areas.

Dan Jones & Associates Assessment

Dan Jones & Associates have 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.

The information gathered by Dan Jones and Associates was obtained through telephone interviews (landline and cell) during a two-week period from August 16th to September 1st, 2016. A total of 302 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 health care issues.

A limitation of the survey was the limited data that was collected from the Wendover Community. Dan Jones and Associates was unable to collect the data that it had hoped to. The TCHD has conducted focus groups in Wendover, and will be conducting further in-person surveys utilizing University of Utah Public Health students.

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 2015 estimated population of 1,401 (U.S. Census Bureau, 2015).

The limitations of the survey include time and date availability, relative to telephone interviews.

The findings of the survey are included below.

Quality of Service

In a 1994 Dan Jones & Associates' survey for the County of Tooele, residents were asked to grade the Tooele County Health Department (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 during the first CHA process. In 2010, Tooele residents' perceptions of TCHD had notably improved. The percentages of A

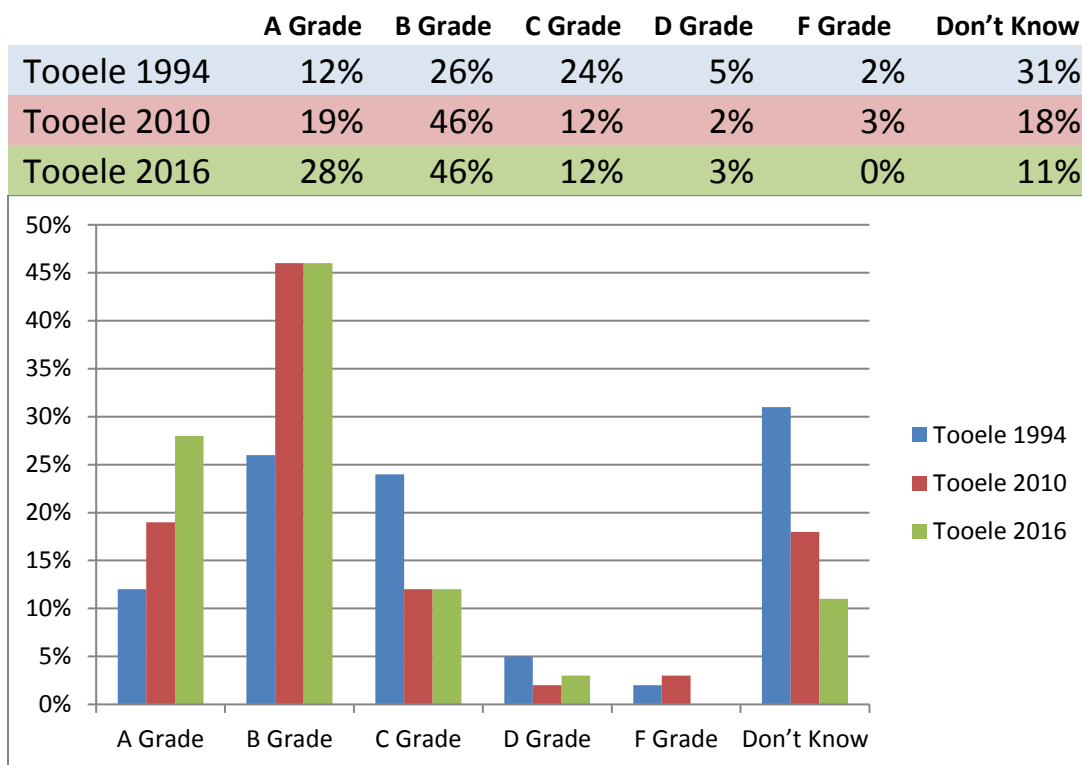
and B grades went up significantly. In 2016, the public's perception of the Tooele County Health Department continued to improve. The TCHD received more A's and fewer D's, and did not receive a single F grade from any of the survey participants.

The same survey developed by Dan Jones & Associates will be administered to Wendover residents this year in order to assess how Wendover residents perceive the quality of service they receive from the TCHD.

See Graph 1 for grade comparisons in Tooele County from 1994 until 2016.

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

Grade the Tooele County Health Department



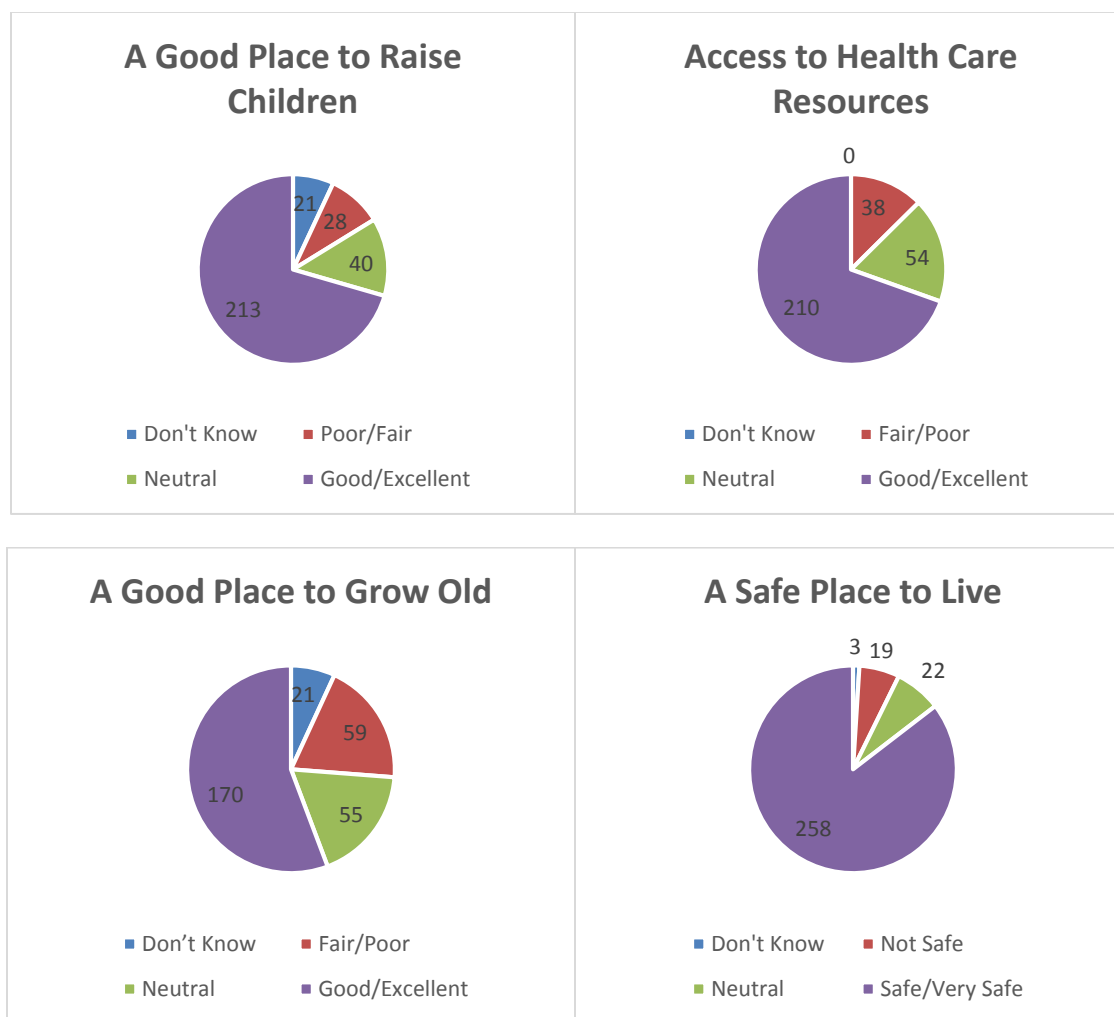
Source: Dan Jones and Associates, 2016

In the most recent study done for Tooele County Health Department 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 (74 percent), a good place to grow old (57 percent), and a safe place to live (85 percent). See Graph 2 below.

Graph 2: Quality of Life in Tooele County, Utah, 2010

N = 302



Source: Dan Jones and Associates, 2016

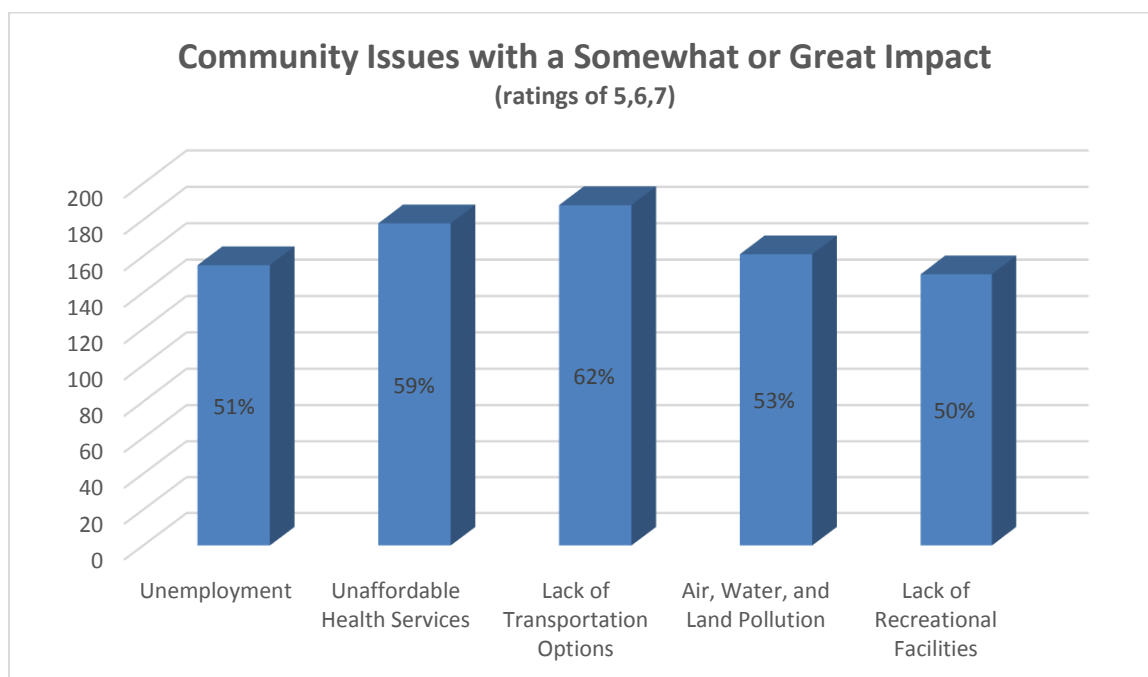
The majority (51 percent or greater) of Tooele County residents cited unemployment, unaffordable health insurance, lack of transportation options, and the unavailability of healthy

family and teen activities as significant factors impacting their respective communities (see Graph 3).

Obesity, diabetes, heart disease, and cancer were the greatest perceived health problems impacting the community. Sexually transmitted diseases and influenza or H1N1 were the infectious diseases with the greatest perceived impact on the community. Motor-vehicle accidents was the greatest perceived personal injury problem among residents surveyed. Mental health issues such as suicide, depression, and schizophrenia were perceived as another significant health problem, as was teenage pregnancy.

The most common unhealthy behaviors perceived as having the most negative impact on the community were unhealthy eating habits, lack of exercise, illicit drug use, prescription drug abuse, smoking, practicing unsafe sex, suicide, and alcohol abuse.

Graph 3: Community issues that impact communities in Tooele County, Utah, 2016



Source: Dan Jones and Associates, 2010

The majority of residents in Wendover (52 percent) are 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, 2016).

For accessing personal health-related information, the majority of residents (66 percent) are most likely to consult a doctor, nurse, or pharmacist. However, it was interesting to note that those between the ages of 25-34 are most likely to turn to the internet for health-related information.

For immunizations (or flu shots) the top response (61 percent) was to visit a doctor's office, retail store, or pharmacy, followed by visiting the health department (21 percent).

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. The program helps provide nutrition education and counseling, nutritious foods, and help accessing health care to low-income women, infants, and children.

Residents were asked if they were aware of the WIC program and 91 percent of residents responded that they were aware.

Health Issues

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

The top five perceived health problems, according to the 2016 Dan Jones & Associates survey, for Tooele County residents are obesity, unhealthy eating habits, illicit drug use, lack of exercise, and mental health issues including suicide, depression, schizophrenia (see Graph 4 regarding obesity). Tooele County has been identified in the past as having one of the highest rates of obesity as compared to all other counties in the state of Utah, but has made significant progress in recent years. (UOWPHI, 2016).

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 4-x and Table 3) present information that includes immunizations, no health insurance, chronic diseases, and risk factors for obesity for Tooele County. The information for each indicator was obtained from the Utah Department of Health, Indicator Based Information System (IBIS, 2016, <https://ibis.health.utah.gov/indicator/view/ImmInflAdu.LHD.html>).

Obesity

Obese 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) (UDOH, 2016). 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).

Obese and overweight health conditions increase the risk of chronic diseases, including heart disease, stroke, hypertension, type 2 diabetes, osteoarthritis, and cancer. Obesity is the second leading cause of preventable deaths in the U.S. (UDOH, 2016). About one-third of U.S. adults (34.9 percent) are obese and approximately 17 percent (or 12.5 million) children and adolescents aged 2-19 years are obese (CDC, 2010a). Utahns have been gaining weight so rapidly that in 2014 almost two-thirds (60.5 percent) of all adults were overweight or obese. (UDOH, 2016). Table 3 below compares the overweight or obese rates by Local Health Districts. Tooele is rated at 68.2 percent, higher than the state and the U.S.

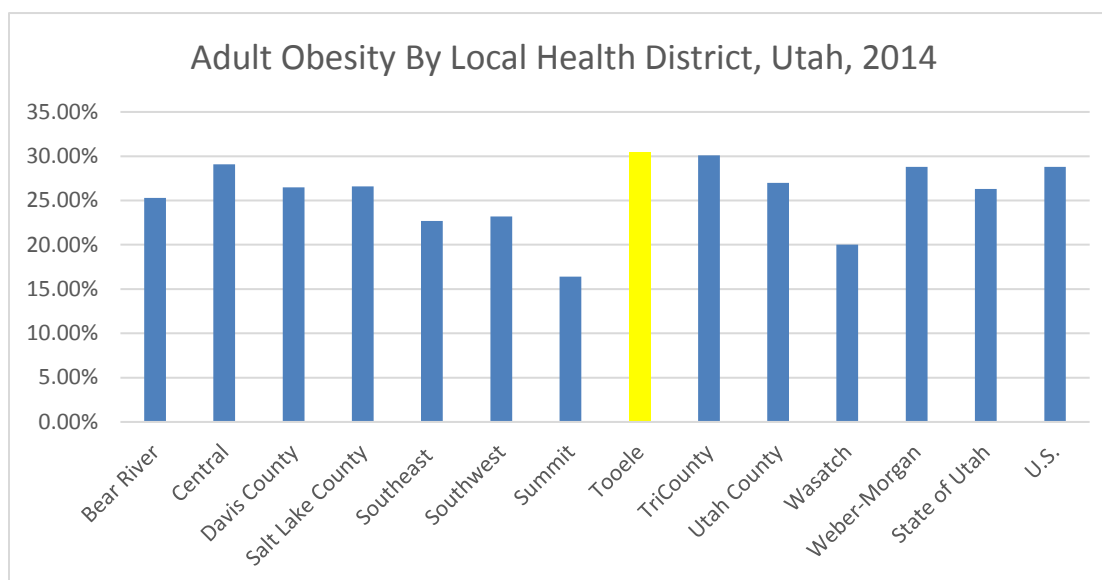


Table 3: Adult Obesity by Local Health District, Utah, 2014

Local Health District	Age-adjusted Percentage of Adults	Lower 95% CI	Upper 95% CI
Bear River	25.30%	21.90%	29.00%
Central	29.10%	24.70%	33.90%
Davis County	26.50%	23.90%	29.20%
Salt Lake County	26.60%	25.10%	28.10%
Southeast	22.70%	17.80%	28.50%
Southwest	23.20%	20.10%	26.50%
Summit	16.40%	12.20%	21.60%
Tooele	30.40%	25.00%	36.50%
TriCounty	30.10%	25.10%	35.60%
Utah County	27.00%	24.80%	29.30%
Wasatch	20.00%	16.30%	24.20%
Weber-Morgan	28.80%	25.90%	31.90%
State of Utah	26.30%	25.40%	27.20%
U.S.	28.80%	28.60%	29.10%

Source: Utah Department of Health, Utah IBIS, 2016

Graph 4: Adult Obesity by Local Health District, Utah, 2014



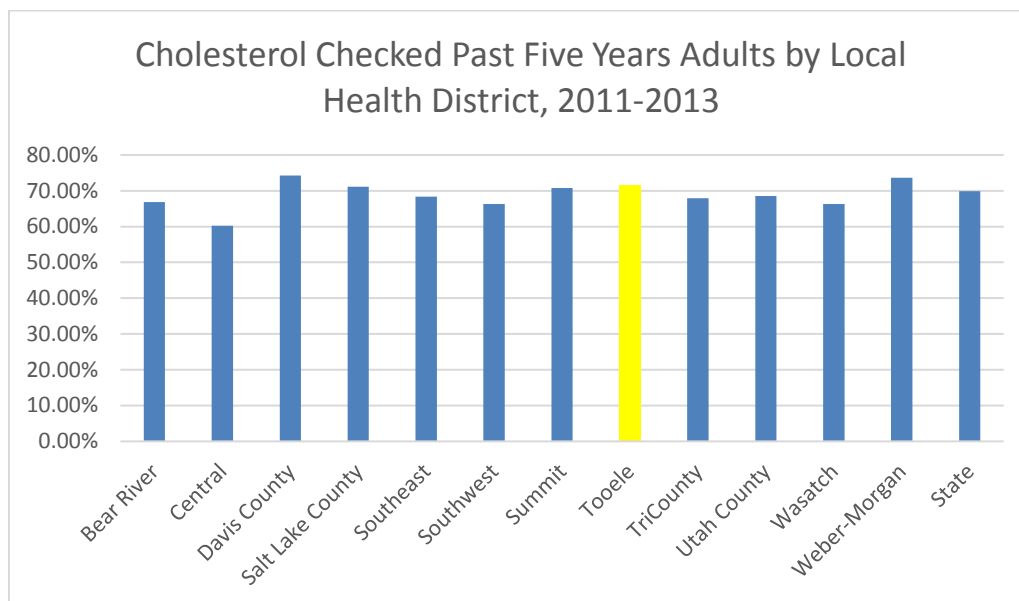
Source: Utah Department of Health, Utah IBIS, 2016

Table 4: Cholesterol Checked Within the Past Five Years by Local Health District, Utah 2011-13

Local Health District	Age-adjusted		
	Percentage of Adults	Lower 95% CI	Upper 95% CI
Bear River	66.80%	63.80%	69.50%
Central	60.20%	56.30%	64.00%
Davis County	74.30%	72.30%	76.10%
Salt Lake County	71.10%	69.80%	72.30%
Southeast	68.40%	63.90%	72.60%
Southwest	66.30%	63.30%	69.20%
Summit	70.80%	65.70%	75.30%
Tooele	71.60%	67.40%	75.60%
TriCounty	67.90%	64.10%	71.60%
Utah County	68.50%	66.80%	70.20%
Wasatch	66.30%	60.90%	71.30%
Weber-Morgan	73.60%	71.20%	75.90%
State	69.90%	69.20%	70.60%

Source: Utah Department of Health, Utah IBIS, 2016

Graph 5: Cholesterol Checked Within the Past Five Years by Local Health District, Utah 2011-13



Diabetes

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 (CDC, 2011b).

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 (CDC, 2011b).

Diabetes Management

People with type 1 diabetes need to take insulin for life to survive. For people with type 2 diabetes, healthy eating, regular physical activity, and medicines to lower blood sugar can help prevent or delay complications. It's important for both groups to keep a healthy lifestyle that is full of physical activity and healthy eating. It is also important to work with



your physician and establish regular checkup that include diabetes education and ongoing support (CDC, 2011b).

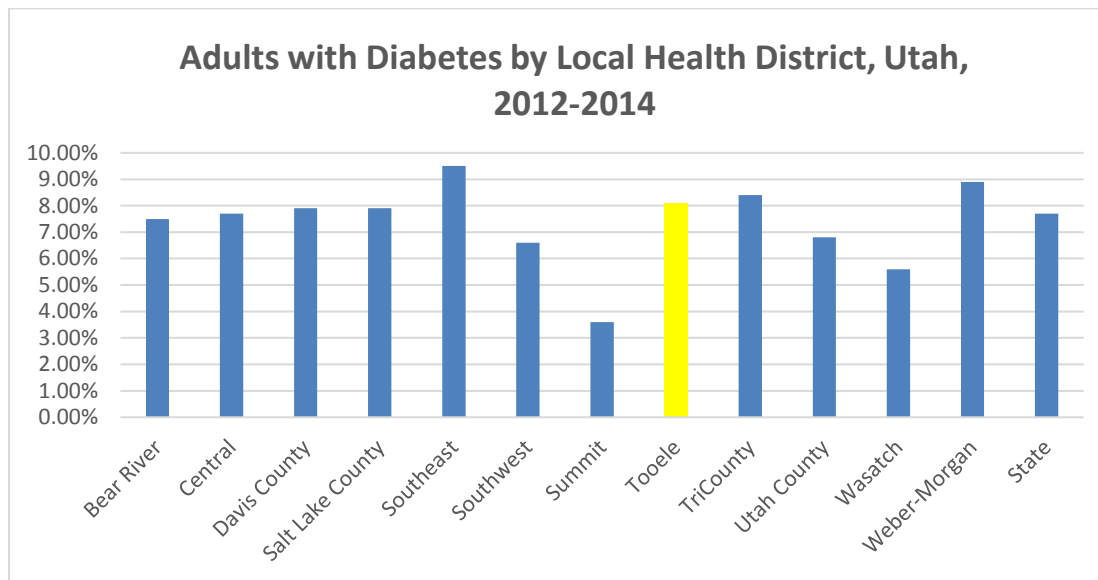
The prevalence of diabetes (type 2) and the rate of obesity were higher in Tooele County as demonstrated by Table 4 and Graph 6. In addition, the rate of persons who exercise was lower in Tooele County. This is significant since exercise is a preventative factor in the development of diabetes and in reducing obesity.

Table 4: Diabetes Prevalence by Local Health District, 2012-2014

Local Health District	Age-adjusted		
	Percentage of Adults	Lower 95% CI	Upper 95% CI
Bear River	7.50%	6.40%	8.80%
Central	7.70%	6.40%	9.10%
Davis County	7.90%	7.00%	8.90%
Salt Lake County	7.90%	7.40%	8.40%
Southeast	9.50%	7.30%	12.10%
Southwest	6.60%	5.50%	8.00%
Summit	3.60%	2.70%	4.80%
Tooele	8.10%	6.60%	9.80%
TriCounty	8.40%	7.00%	10.20%
Utah County	6.80%	6.10%	7.60%
Wasatch	5.60%	4.60%	6.70%
Weber-Morgan	8.90%	7.80%	10.10%
State	7.70%	7.40%	8.00%

Source: Utah Department of Health, Utah IBIS, 2016

Graph 6: Adults with Diabetes by Local Health District, Utah, 2012-2014



Source: Utah Department of Health, Utah IBIS, 2016

Asthma

Asthma is a chronic respiratory disease that currently affects over 235 million people around the world (World Health Organization [WHO], 2013). The disorder is characterized by recurring episodes of wheezing, breathlessness, and chest tightness due to inflamed and narrowed airways (Healthy People, 2015). Symptoms vary in both frequency and severity among different people, ranging from mild to life-threatening. There is no known cure for asthma, but with asthma management skills and daily preventative efforts, asthma symptoms can be controlled and reduced. An asthma attack can result in hospitalization. In 2013, 9.1 percent of adults and 6.1 percent of children had asthma (UDOH, 2009). The chart below compares Utah Counties to the state. Tooele County is above state rates in asthma hospitalizations.

Utah is below the national goal to reduce asthma hospitalizations, however there are specific groups such as Tooele County with higher numbers of hospitalizations.

Immunization Coverage

Pneumococcal Coverage

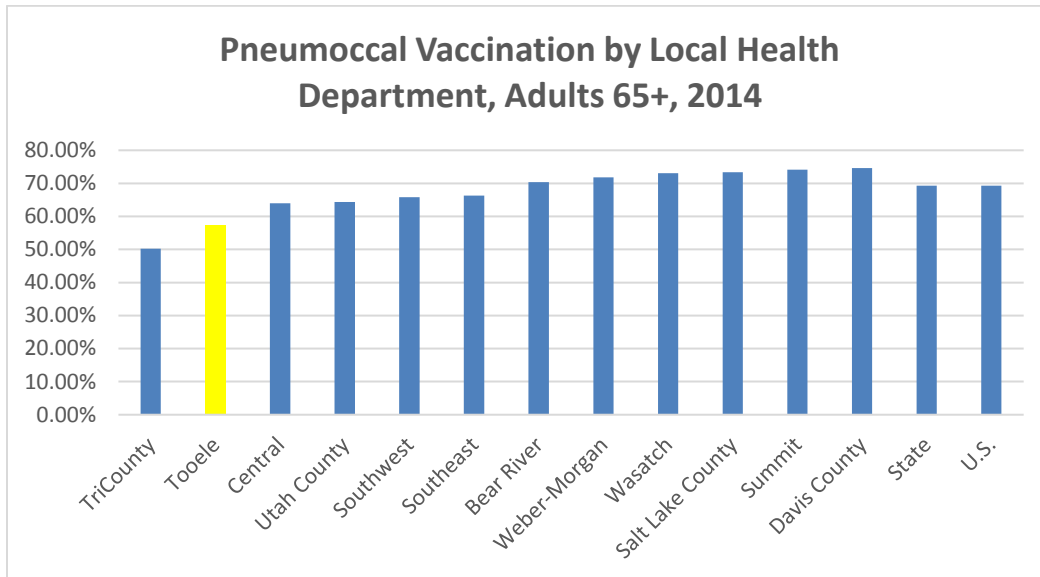
Pneumococcal disease is a serious infection of the lungs, blood, or outer lining of the brain. Each year it kills more people in the United States than all other vaccine preventable diseases combined. The most common form of serious pneumococcal disease among adults is pneumonia. In 2014, only TriCounty had lesser pneumococcal vaccination coverage than Tooele County.

Table 5: Ever Received Pneumococcal Vaccination by Local Health District, Utah Adults Aged 65+, 2014

Local Health District	Age-adjusted Percentage of Adults 65+	Lower 95% CI	Upper 95% CI
TriCounty	50.20%	38.20%	62.20%
Tooele	57.30%	41.00%	72.20%
Central	64.00%	54.80%	72.30%
Utah County	64.40%	58.40%	70.00%
Southwest	65.80%	59.40%	71.70%
Southeast	66.30%	56.10%	75.10%
Bear River	70.40%	62.20%	77.40%
Weber-Morgan	71.80%	65.20%	77.60%
Wasatch	73.10%	65.20%	79.80%
Salt Lake County	73.40%	70.00%	76.60%
Summit	74.10%	66.20%	80.70%
Davis County	74.60%	68.40%	79.80%
State	69.30%	67.40%	71.30%
U.S.	69.30%	68.80%	69.80%

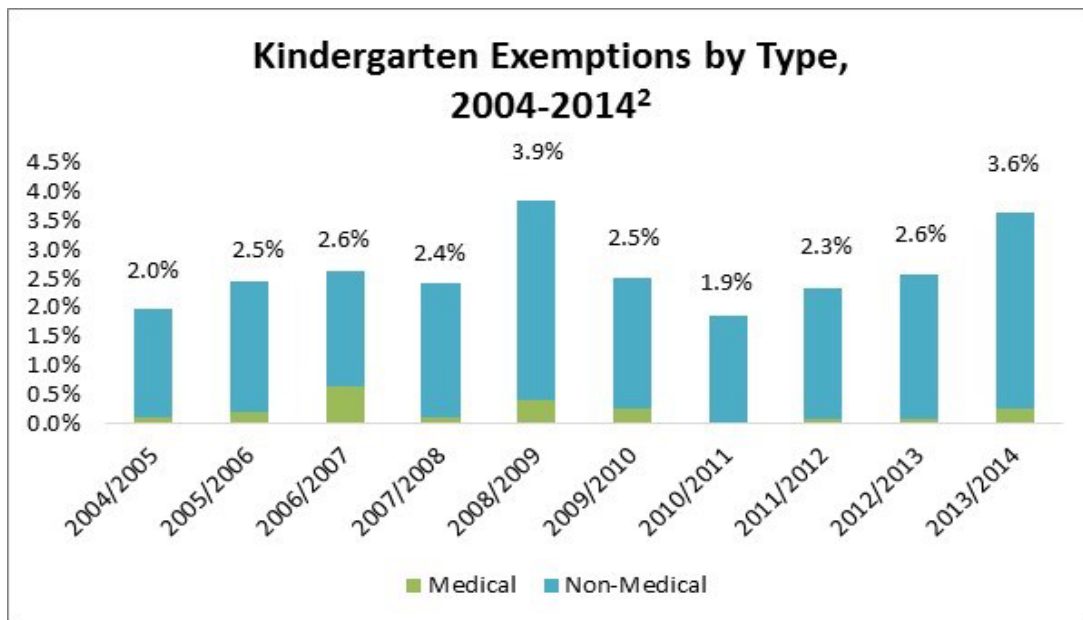
Source: Utah Department of Health, Utah IBIS, 2016

Graph 7: Ever Received Pneumococcal Vaccination by Local Health District, Utah Adults Aged 65+, 2014



Source: Utah Department of Health, Utah IBIS, 2016

Graph 8: Kindergarten Exemptions by Type, 2004-2014



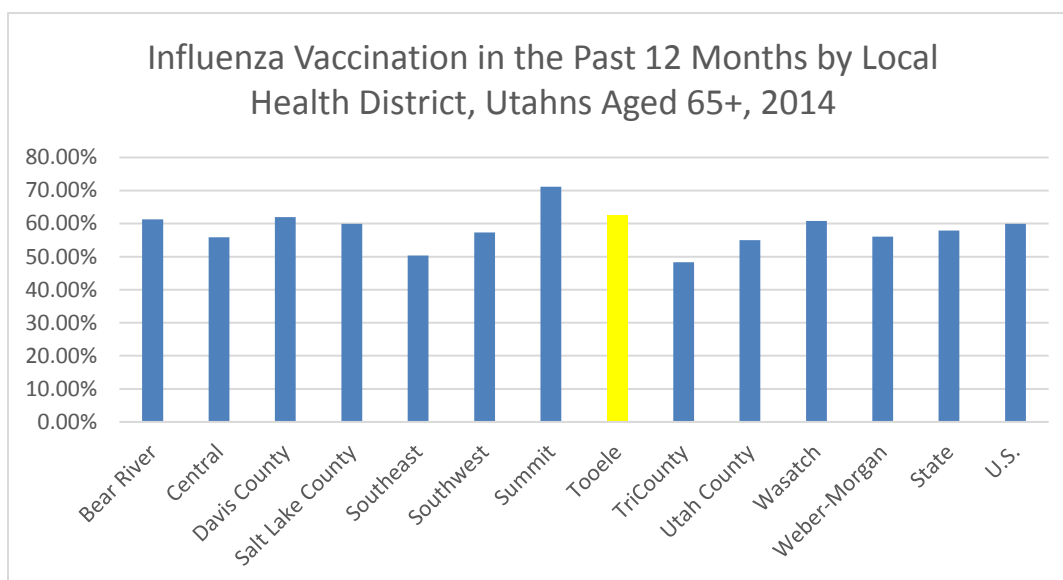
Source: Utah Department of Health, Utah IBIS, 2016

Table 6: Influenza Vaccination in the Past 12 Months by Local Health District, Utahns Aged 65+, 2014

Local Health Department	Crude Percentage of		
	Adult Age 65+	Lower 95% CI	Upper 95% CI
Bear River	61.30%	52.80%	69.20%
Central	55.90%	46.60%	64.70%
Davis County	62.00%	55.50%	68.20%
Salt Lake County	59.90%	56.30%	63.50%
Southeast	50.30%	40.40%	60.20%
Southwest	57.30%	50.90%	63.50%
Summit	71.20%	62.80%	78.40%
Tooele	62.50%	47.00%	75.80%
TriCounty	48.30%	36.50%	60.20%
Utah County	55.00%	49.00%	60.80%
Wasatch	60.80%	52.80%	68.30%
Weber-Morgan	56.10%	49.40%	62.50%
State	57.90%	55.90%	60.00%
U.S.	59.90%	59.30%	60.40%

Source: Utah Department of Health, Utah IBIS, 2016

Graph 9: Influenza Vaccination by Local Health District, Utahns Aged 65+, 2014



Source: Utah Department of Health, Utah IBIS, 2016

In 2013, Tooele County had approximately 8 percent of residents with no health insurance coverage.

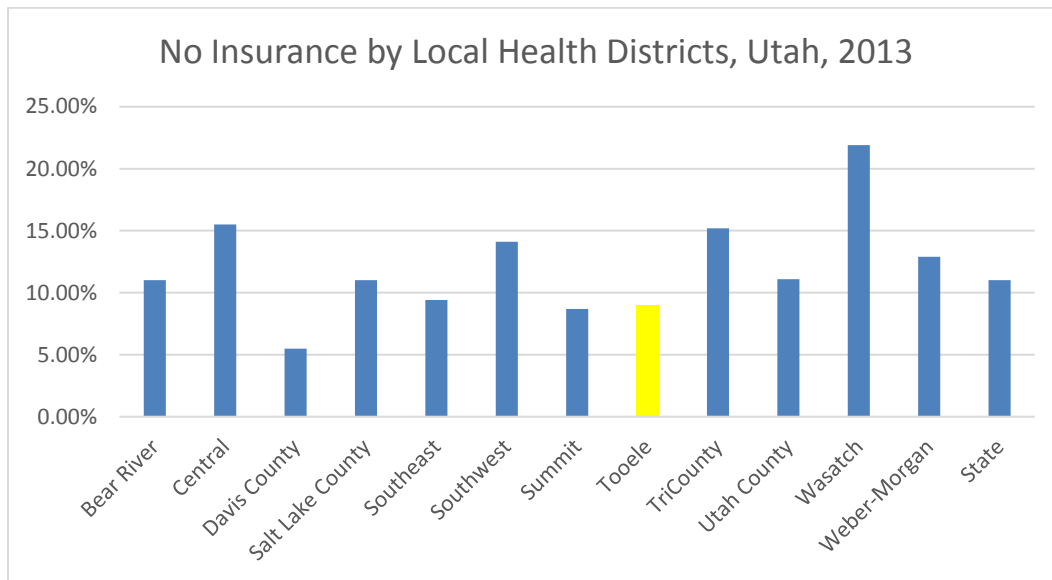
Table 7: No Health Insurance by percentage by Local Health Department, Utah, 2013

Local Health District	Age-adjusted Percentage of Adults	Lower 95% CI	Upper 95% CI
Bear River	11.00%	7.30%	16.40%
Central	15.50%	9.70%	23.70%
Davis County	5.50%	3.70%	8.10%
Salt Lake County	11.00%	9.30%	12.90%
Southeast	9.40%	4.20%	19.90%
Southwest	14.10%	10.30%	19.10%
Summit	8.70%	3.90%	18.50%
Tooele	9.00%	4.80%	16.30%
TriCounty	15.20%	10.10%	22.40%
Utah County	11.10%	8.90%	13.70%
Wasatch	21.90%	12.90%	34.70%
Weber-Morgan	12.90%	9.60%	17.10%

State	11.00%	10.00%	12.10%
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Source: Utah Department of Health, Utah IBIS, 2016.

Graph 11: No Health Insurance by percentage by Local Health District, Utah, 2013



Source: Utah Department of Health, Utah IBIS, 2016

Cancer and Other Risk Factors

Increasing age is a risk factor for developing cancer. In 2013, more than 73 percent of all cancers in Utah were diagnosed in persons aged 55 years or older. Other risk factors for cancer include a person's gender and family medical history.

Cancer may also be linked to environmental exposures and lifestyle choices such as use of tobacco and alcohol, diet, and sun exposure. In fact, "cigarette smoking is by far the most important risk factor for lung cancer" and will be responsible for nearly 29 percent of all cancer deaths in 2015 (IBIS, 2015).



Table 8: Rates for chronic disease and related conditions, Tooele County, Utah, 2010-2014

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 Goal
All Cancer Deaths	2010-2012	133.5	127.3	161.4 (U.S. Goal)
Breast Cancer Incidence	2010-2012	120.0	114.6	N/A
Breast Cancer Deaths	2010-2014	15.7	20.6	N/A
Mammogram Rates	2013-2014	66.8	65.1	81.1
Lung Cancer Death Rates	2011-2014	22.6	19.4	45.5 (U.S. Goal)
Colorectal Cancer Deaths	2011-2014	8.1	11.2	14.5
Diabetes Prevalence	2012-2014	8.1	7.7	7.2 (U.S. Goal)
Obesity Rates (<i>based on persons per 100</i>)	2014	64.0	56.0	N/A
Heart Disease Deaths	2012-2014	79.7	68.1	103.4 (U.S. Goal)
Physical Activity (<i>based on persons per 100</i>)	2013	57.8	55.7	50.0 (U.S. Goal)

Smoking Rates (based on persons per 100)	2014	13.7	9.5	12.0 (U.S. Goal)
Suicide	2011-2013	25.7	20.8	10.2 (U.S. Goal)
Preterm Births (per 100 births)	2014	9.1	9.1	11.4 (U.S. Goal)
Unintended Pregnancies	2012-2013	23.8	23.8	N/A
Deaths from Unintentional Injuries	2012-2014	66.1	43.3	36.4 (U.S. Goal)

Source: Utah Department of Health, IBIS, 2010

*Multiple years are calculated cumulatively.

Substance Abuse

According to the U.S. Public Health Service, "Health risk behaviors that contribute to the leading causes of illness, death, and social problems among youth and adults often are established during youth, extend into adulthood, and are interrelated."¹

1. U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000. P. 26-20.

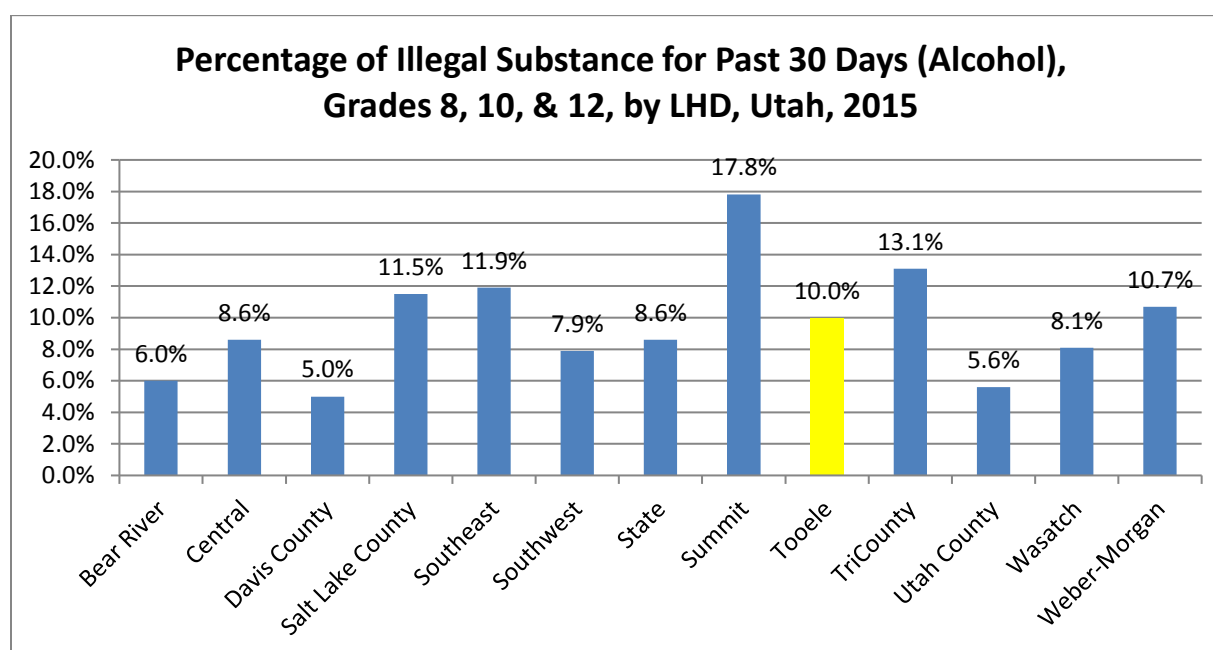
Table 9: Illegal Substance on One or More of the Past 30 Days: Alcohol, Grades 8, 10, and 12 by Local Health District, Utah, 2015.4

Local Health District	Rate	Lower 95% CI	Upper 95% CI
Bear River	6.0%	4.60%	7.80%
Central	8.6%	6.80%	10.80%
Davis County	5.0%	4.00%	6.30%
Salt Lake County	11.5%	9.70%	13.70%
Southeast	11.9%	9.10%	15.40%
Southwest	7.9%	6.30%	9.80%
State	8.6%	7.80%	9.50%

Summit	17.8%	8.90%	32.40%
Tooele	10.0%	7.40%	13.60%
TriCounty	13.1%	10.20%	16.70%
Utah County	5.6%	4.30%	7.20%
Wasatch	8.1%	4.90%	13.20%
Weber-Morgan	10.7%	7.90%	14.30%

Source: IBIS, Utah Department of Health, 2016

Graph 11: Illegal Substance on One or More of the Past 30 Days: Alcohol, Grades 8, 10, and 12 by Local Health District, Utah, 2015



Source: IBIS, Utah Department of Health, 2016

Healthy People Objective SA-13.1: Reduce the proportion of adolescents reporting use of alcohol or any illicit drugs during the past 30 days U.S. Target: 16.6 percent.

Table 10: Illegal Substance on One or More of the Past 30 Days: Marijuana, Grades 8, 10 and 12 by Local Health District, Utah, 2015

Local Health District	Percentage Reporting Marijuana Use		
	(Grades 8, 10, 12)	Lower 95% CI	Upper 95% CI
Bear River	4.0%	3.00%	5.20%

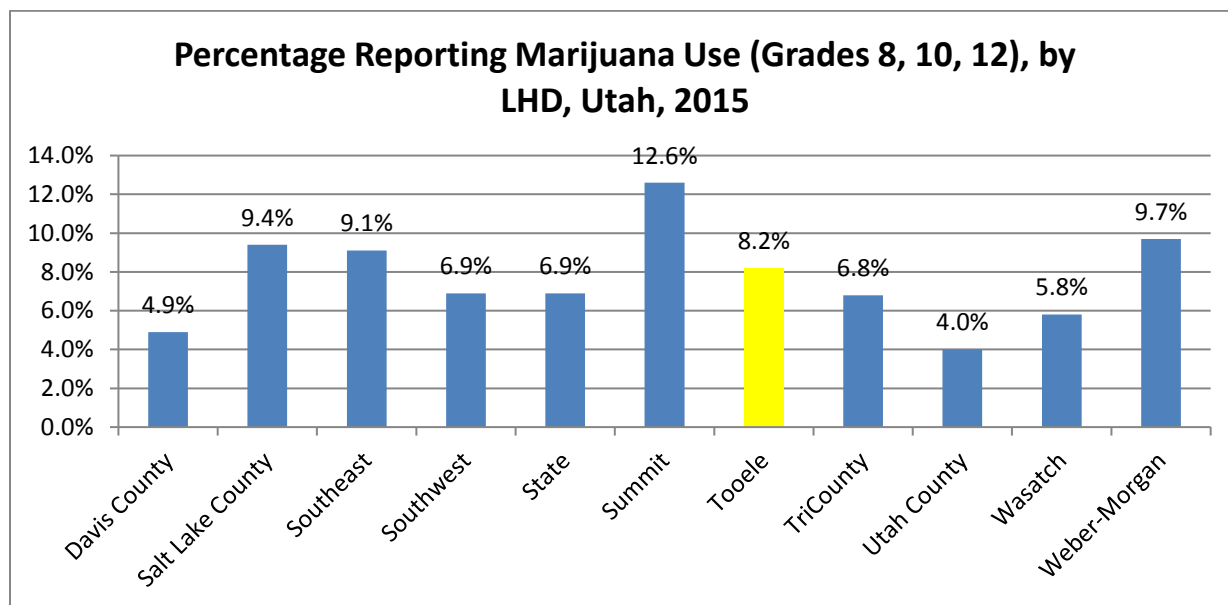
Central	4.5%	3.30%	6.00%
Davis County	4.9%	3.80%	6.20%
Salt Lake County	9.4%	8.20%	10.90%
Southeast	9.1%	6.10%	13.20%
Southwest	6.9%	5.80%	8.20%
State	6.9%	6.30%	7.60%
Summit	12.6%	6.70%	22.40%
Tooele	8.2%	6.30%	10.50%
TriCounty	6.8%	4.20%	10.90%
Utah County	4.0%	3.10%	5.20%
Wasatch	5.8%	3.60%	9.40%
Weber-Morgan	9.7%	7.50%	12.30%

Local Health District	Percentage Reporting Marijuana	Lower 95%	
	Use (Grades 8, 10, 12)	CI	Upper 95% CI
Bear River	4.0%	3.00%	5.20%
Central	4.5%	3.30%	6.00%
Davis County	4.9%	3.80%	6.20%
Salt Lake County	9.4%	8.20%	10.90%
Southeast	9.1%	6.10%	13.20%
Southwest	6.9%	5.80%	8.20%
State	6.9%	6.30%	7.60%
Summit	12.6%	6.70%	22.40%
Tooele	8.2%	6.30%	10.50%
TriCounty	6.8%	4.20%	10.90%
Utah County	4.0%	3.10%	5.20%
Wasatch	5.8%	3.60%	9.40%
Weber-Morgan	9.7%	7.50%	12.30%

Source: IBIS, Utah Department of Health, 2016

Healthy People Objective SA-13.2: Reduce the proportion of adolescents reporting use of marijuana during the past 30 days U.S. Target: 6.0 percent.

Graph 12: Illegal Substance on One or More of the Past 30 Days: Marijuana, Grades 8, 10 and 12 by Local Health District, Utah, 2015



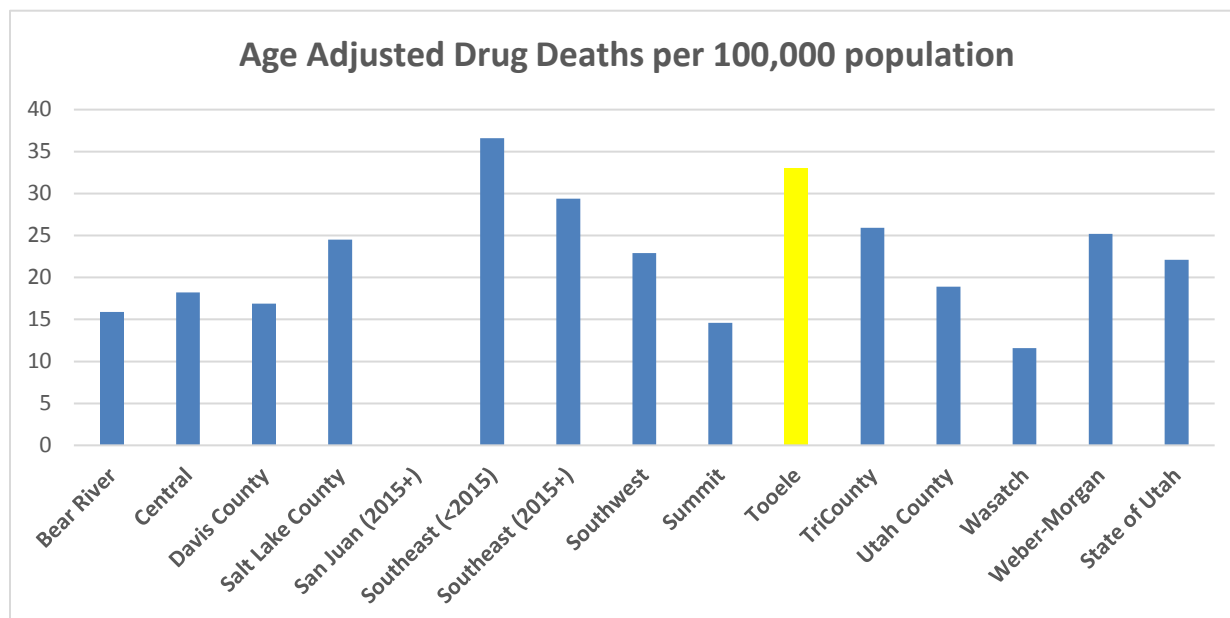
Source: IBIS, Utah Department of Health, 2016

Healthy People Objective SA-13.2: Reduce the proportion of adolescents reporting use of marijuana during the past 30 days U.S. Target: 6.0 percent.

Drug Overdose

Drug poisoning deaths are a preventable public health problem and have outpaced deaths due to firearms, falls, and motor vehicle crashes in Utah. In 2015, Utah ranked 9th in the U.S. for drug poisoning deaths with a rate of 23.4 per 100,000 people. Every month, 52 Utah adults die as a result of a drug poisoning, 83.8 percent of which are accidental or of undetermined intent. Of these, 77.6 percent involve opioids. Utah is particularly affected by prescription opioids, which are responsible for many of the drug poisoning deaths in Utah (IBIS, 2016). Tooele County had the second highest rate of deaths due to drug overdose in the state of Utah in 2016.

Graph 13: Drug Overdose Deaths, Utah, 2016



Mental Health

Approximately 20 percent of the U.S. population is affected by mental illness during any given year. Of all mental illnesses, depression is the most common disorder.¹ Major depression is defined as having severe symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy life. Symptoms of major depression may include fatigue or loss of energy, feelings of worthlessness or guilt, impaired concentration, loss of interest in daily activities, appetite or weight changes, sleep changes, and recurring thoughts of death or suicide. Despite the availability of effective treatments for major depression, such as medications and/or psychotherapeutic techniques, it often goes unrecognized and untreated.²



1. U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. Washington, DC: U.S. Government Printing Office, November 2000.

2. National Institutes of Mental Health Mental Illness Facts and Numbers Retrieved from http://www.nami.org/factsheets/mentalillness_factsheet.pdf on December 10, 2014.

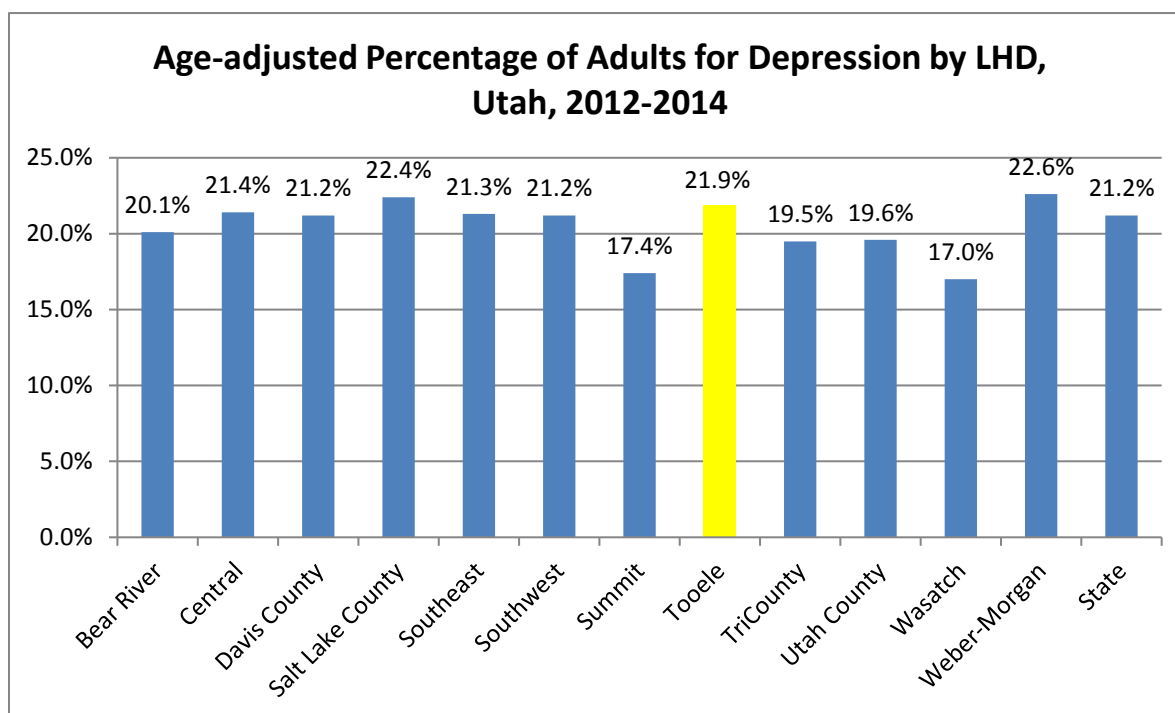
Table 11: Depression Prevalence by Local Health District, Utah, 2012-2014

Local Health District	Age-adjusted		
	Percentage of Adults	Lower 95% CI	Upper 95% CI
Bear River	20.1%	18.20%	22.10%
Central	21.4%	18.80%	24.10%
Davis County	21.2%	19.70%	22.80%
Salt Lake County	22.4%	21.50%	23.30%
Southeast	21.3%	18.20%	24.80%
Southwest	21.2%	19.00%	23.50%
Summit	17.4%	14.50%	20.80%
Tooele	21.9%	19.10%	25.00%
TriCounty	19.5%	17.00%	22.30%
Utah County	19.6%	18.40%	20.90%
Wasatch	17.0%	13.80%	20.80%
Weber-Morgan	22.6%	20.90%	24.40%
State	21.2%	20.70%	21.70%

Source: IBIS, Utah Department of Health, 2016

Healthy People 2020 Objective MHMD-11: Increase depression screening by primary care providers.

Graph 14: Depression Prevalence by Local Health District, Utah, 2012-2014



Source: IBIS, Utah Department of Health, 2016

Healthy People 2020 Objective MHMD-11: Increase depression screening by primary care providers.

Table 12: Seven or more days of poor mental health in the past 30 days by Local Health District, Utah, 2014

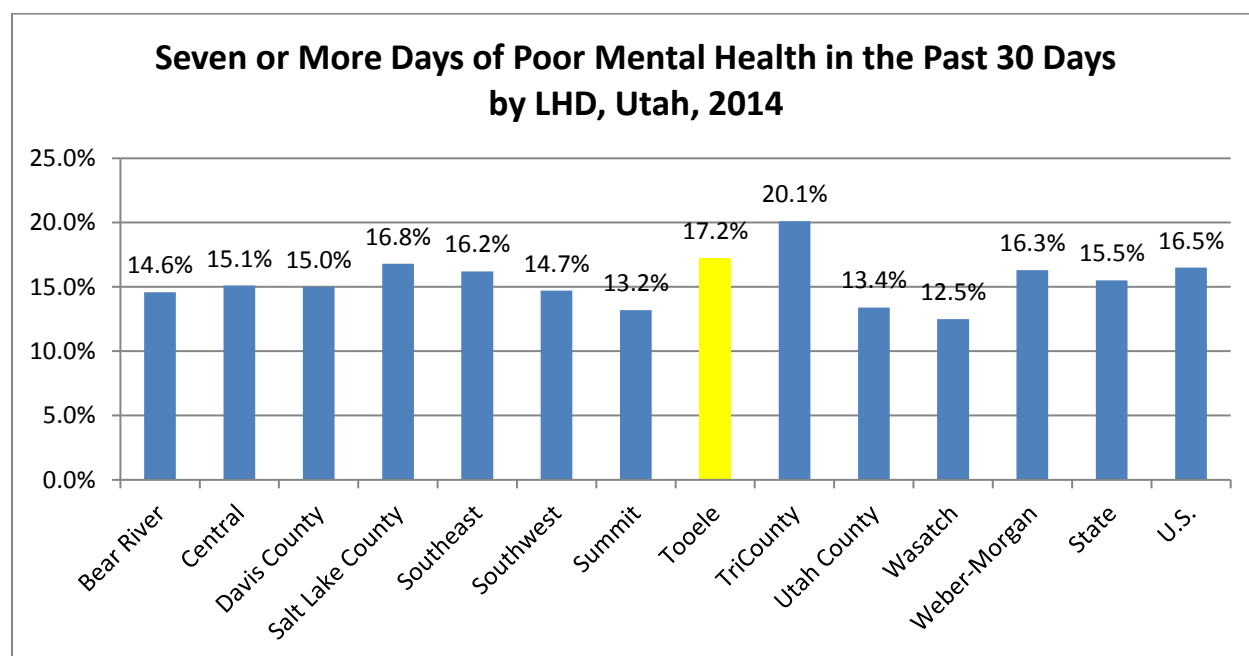
Local Health District	Age-adjusted Percentage of Adults	Lower 95% CI	Upper 95% CI
Bear River	14.6%	11.90%	17.80%
Central	15.1%	11.60%	19.50%
Davis County	15.0%	13.00%	17.40%
Salt Lake County	16.8%	15.60%	18.20%
Southeast	16.2%	11.90%	21.80%
Southwest	14.7%	12.00%	17.80%
Summit	13.2%	9.40%	18.30%
Tooele	17.2%	13.00%	22.50%
TriCounty	20.1%	15.80%	25.20%
Utah County	13.4%	11.70%	15.10%

Wasatch	12.5%	9.50%	16.30%
Weber-Morgan	16.3%	14.00%	18.90%
State	15.5%	14.80%	16.20%
U.S.	16.5%	16.20%	16.70%

Source: IBIS, Utah Department of Health, 2016

Healthy People 2020 Objective MHMD-4: Reduce the proportion of persons who experience major depressive episodes.

Graph 15: Seven or more days of poor mental health in the past 30 days by Local Health District, Utah, 2014



Source: IBIS, Utah Department of Health, 2016

Healthy People 2020 Objective MHMD-4: Reduce the proportion of persons who experience major depressive episodes.

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 reads 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.

Ranking by emissions

Scorecard rank states or counties based on total annual emissions of each criteria air pollutant, or by emissions from specific source categories (mobile, area, or point sources). Ozone-season daily average emissions data are provided for nitrogen oxides and volatile organic compounds because emissions of these ozone precursors cause more harm in the May to September ozone season than during other parts of the year. PM 2.5 is also high in Tooele City (and surrounding areas). Graph 16 depicts the number of good, moderate, and poor air quality days in Tooele County over the past 3 years. Graph 17 presents emission for 2015. Compared with larger neighboring counties such as Salt Lake and Davis Counties, Tooele generally has fewer unhealthy air quality days annually.

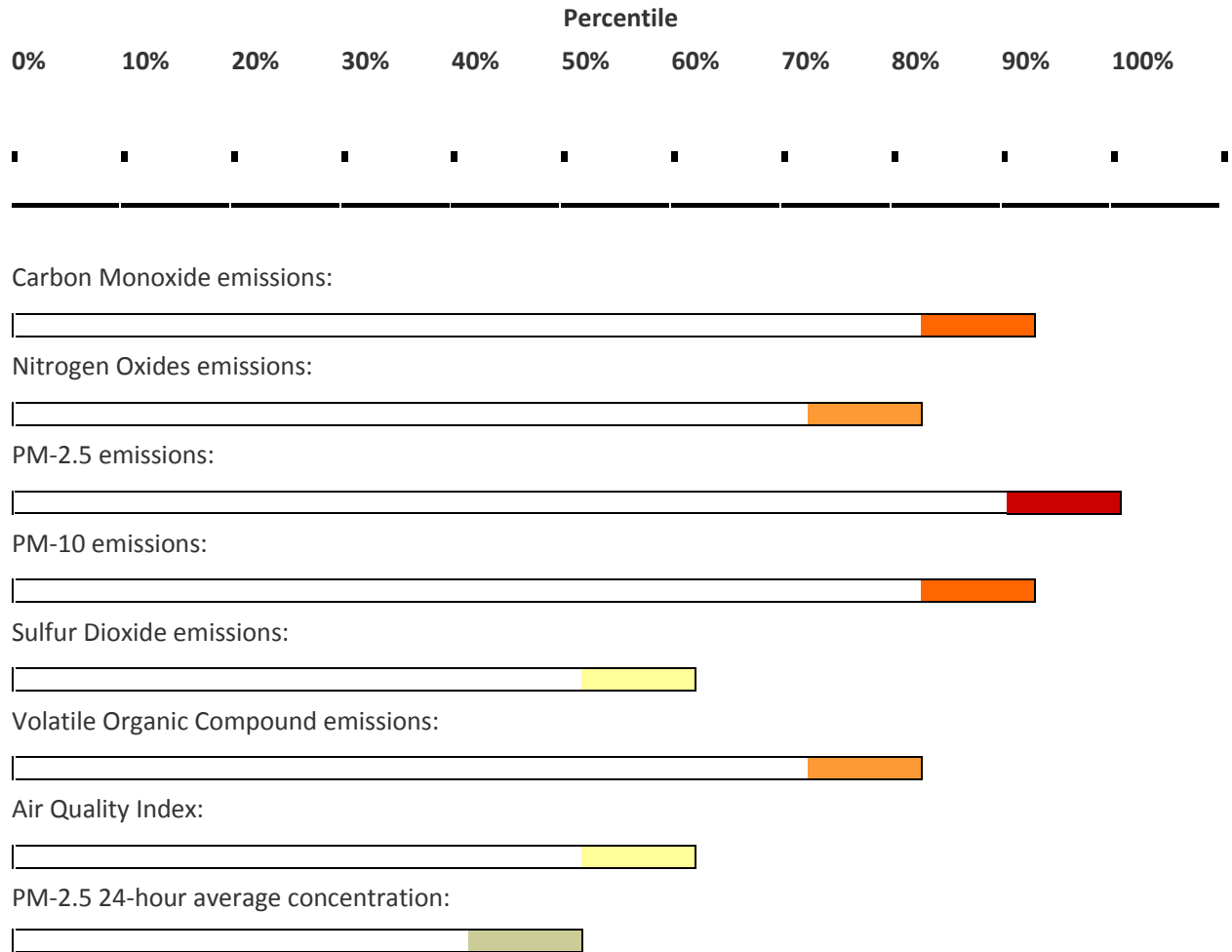
Hazardous Wastes: Since the 1980s, much of Tooele County's economic prospects have centered around private hazardous waste disposal facilities. Between 1988 and 1993, hazardous waste landfills and incinerators were installed at Clive and Aragonite. This, coupled with uranium mine tailings from Salt Lake County which were disposed in Tooele County in the 1980s, the presence of the Deseret Chemical Depot which was closed in 2012, and a high-polluting magnesium facility in Rowley, have contributed to a general perception of Tooele County as a "sacrifice zone" for unwanted wastes.



Graph 16: Air Quality Days in Tooele County (2014-2016)

GOOD		AQI VALUE = 0-50		
MODERATE		AQI VALUE = 51-100		
UNHEALTHY FOR SENSITIVE GROUPS		AQI VALUE = 101-150		
UNHEALTHY		AQI VALUE = 151-200		
Year	Green Air Days	Yellow Air Days	Orange Air Days	Red Air Days
2014	306	58	1	0
2015	311	50	4	0
2016	279	80	6	1

Graph 17: Tooele County, Utah, Annual Percentage Emissions for 2015



SCORE CARD – Pollution information site - http://scorecard.goodguide.com/env-releases/cap/county.tcl?fips_county_code=49045

Emergency Preparedness and Response, 2010 to 2016

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 and 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 2009-2010 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 and 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 was 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 13 for more specific information.

Table 13: 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

Focus Group Findings

Introduction

In September 2011, the Tooele County Health Department (TCHD) completed its first Community Health Assessment (CHA) in over a decade, a critical step in addressing the strategic health goals of the community. By completing the assessment, the community moved one step forward in a comprehensive process for ongoing public health improvement in Tooele County. The next step creating the Community Health Improvement Plan (CHIP) began the following year in 2012. The CHIP outlined the goals, objectives, and strategies for various interventions aimed at reducing obesity and diabetes incidence rates, improving access to quality affordable health care, increasing opportunities for physical activity, and improving mental health and substance abuse care and treatment options in the county. These were the top five health priorities identified in the 2011 CHA process. The TCHD, in cooperation with various community partners, is now in the process of completing its second iteration of the Community Health Assessment. The assessment must be completed once every five years for the TCHD to maintain its status as a nationally accredited health department with the Public Health Accreditation Board (PHAB).

The TCHD contracted with Westminster College in Salt Lake City to assist with the design, facilitation, and analysis of two focus groups conducted at the Tooele County Health Department in Tooele, Utah on June 21st and 22nd, 2016. The focus group discussions were audio recorded, with permission of the participants, and then summarized. An Internal Review Board was utilized through the Westminster College Public Health Program. The project team included Dr. John Contreras, who is the Public Health Program Director at Westminster College, Matt LaFrance, Accreditation Coordinator at the Tooele County Health Department, Kristen Bolinder (Tooele County Health Department), and Kristy Lee (Tooele County Health Department).

Methods

The TCHD facilitated two focus groups in June 2016 with a total of 18 participants. The Community Health Assessment Advisory Team sought participation from a broad and diverse cross-section of the community. Participants in the focus groups represented five cities in Tooele County (Tooele, Grantsville, Stansbury Park, Erda, and Stockton). Age ranges were between 19 and 78. There were 15 female participants and four male participants. Participants received a \$25 Walmart gift card as compensation for their time and contributions. All participants were required to sign a consent form to verify that they understood the purpose of their participation and clarify that they would in no way be identified with the input and comments they provided. A note taker was used to capture participants' comments during both focus group sessions. Notes were taken using a white board and dry erase marker in real time so that participants could ensure that their opinions were accurately captured. A projector and PowerPoint presentation were utilized to display focus group questions. Question development centered around identifying health concerns and issues in the county. A total of eight questions were posed by the facilitator, and plenty of time was given for as many participants to respond as desired. Both focus groups were scheduled for 90 minutes from 6:30 PM – 8:00 PM to allow residents to participate after normal work hours. Snacks and beverages were provided.

The following ground rules were presented to the participants at the beginning of each focus group:

- We want you to do the talking
- There are no right or wrong answers
- What is said in this room stays here
- We will be audio recording the group

The facilitator also stressed the importance of respecting the opinions of others in the group, and not taking too much time with individual responses.

Research Objectives and Protocol

TCHD staff worked with Westminster College Public Health Director, Dr. John Contreras, to develop the questions and script to identify and prioritize health issues in the community. Additionally, the assessment identified the current resources in the community and the resources that are needed to address the top health issues identified. These findings will inform strategies in the community health improvement plan to develop interventions that are targeted in the clinical and community settings. Specifically, the focus group objectives were to:

- Identify the most pressing health concerns impacting Tooele County residents
- Identify available resources to improve these health concerns
- Identify the resources that are still needed to improve these health concerns
- Gauge resident's awareness of the services the local health department offers and receive feedback on how we can improve our ability as a health department to become more visible in the community

The first part of the focus group discussions centered around overall quality of life in Tooele County. To start the conversation, the facilitator asked the group how they felt about the overall quality of life in Tooele County?

How satisfied are you with the quality of life in Tooele County?

Participants were asked to rate the quality of life in Tooele as it relates to health. A scale of high, somewhat high, somewhat low, and low was used to assess the question:

What are the greatest strengths of our community as it relates to health?

It was during this question that the facilitator expanded with follow up questions to determine existing resources in the county benefitting resident's health. Participants shared their

experience and knowledge about the resources that are available to meet health needs in the community.

What are the most important health related issues for Tooele County residents?

The purpose of this question was for participants to identify those most pressing health issues or concerns in the county. Ample time was given for participants to express all of their concerns.

What would most improve the quality of life for residents in our county?

The facilitator asked participants to think about what essential resources were missing within in our county that would most improve the overall quality of life related to health.

What are some common unhealth behaviors that have an impact on the overall health of people in Tooele County?

The next question focused on health behaviors. The purpose of this question was to identify the most serious health behaviors having a negative impact on the overall health of Tooele County residents. This question is very pertinent moving forward as the health department will seek to create goals and objectives focused on changing unhealthy behaviors.

How would you rate health care in Tooele County (this refers to availability, cost, and quality of care)?

The next question focused on how participants feel about health care in the county. Improving access to quality care was identified as a major health priority in the Community Health Assessment conducted in 2011, and the purpose of this question was to see if there is still room for improvement.

What are some of the main chronic health problems in the country?

Chronic health problems such as diabetes have been identified as major detriments to the overall health of the county in past years. The purpose of this question was to identify the most significant chronic health issues afflicting residents.

Which community-wide issues have the largest impact on the overall quality of life in Tooele County?

On the final question residents were asked to identify the top three community-wide issues from the following list, or other issue that had the largest impact on quality of life in the county.

- Unemployment or underemployment
- Lack of opportunity and areas to recreate and exercise (trails, recreation facilities, parks, etc.)
- Air, water, and land pollution
- Lack of transportation options
- Affordability of health care
- Access to healthy food options
- Inadequate or unaffordable housing

Limitations

As with all focus groups, there were limitations. The focus groups are a snapshot of the experiences, attitudes, and beliefs of the participants and cannot be generalized to the entire population. Conclusions can be drawn about the groups, but cannot be generalized to the entire population or cultural ethnic subgroups. The recruitment for the focus group was a convenience sample. The focus group participants were recruited through local newspaper advertisements and online flyers posted on the health department's website and social media outlets. A majority of the participants found out about the focus group through a Facebook posting on a community group Facebook page known as the Tooele County 411. These participants may, in some way, be different from the general population in that they are Facebook users with computer access. The \$25 gift card incentive was advertised in the flyer posted in the newspaper and on social media, and we cannot discount the idea that there were likely participants motivated to participate solely for the gift card incentive.

Analysis

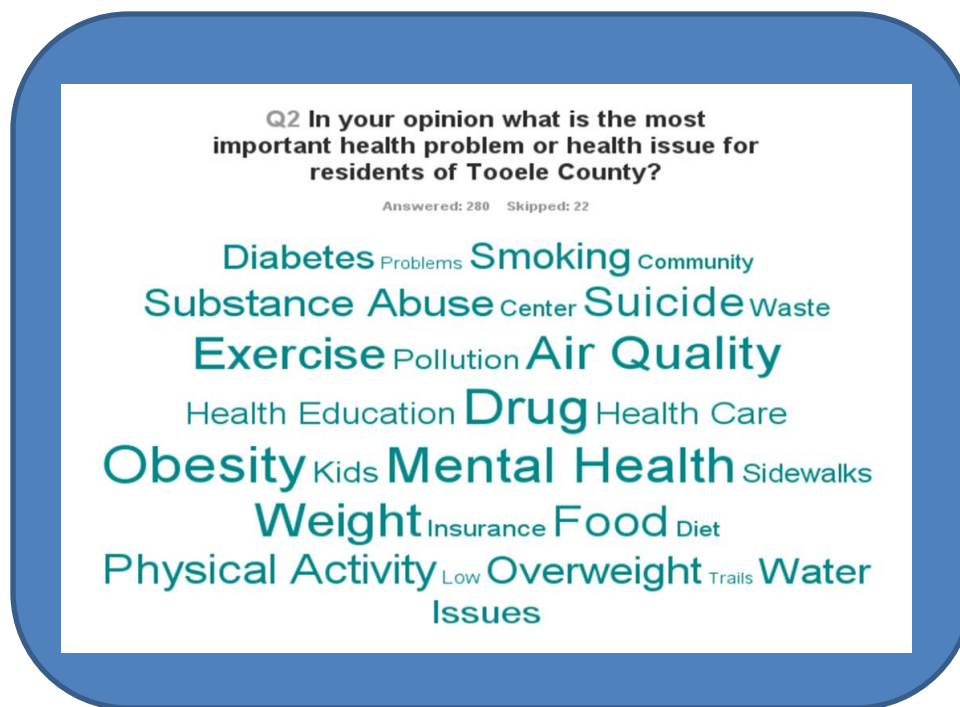
The analysis of the qualitative data collected throughout the focus group process is presented below. The data source was the actual focus group discussions.

Qualitative Findings

This section of the report is a summary of the discussions across both focus groups. For detailed findings from each group, including concerns and identified opportunities and recommended resources, please see the focus group summaries in the attachment section. Similar themes and categories were repeated in both focus group sessions, suggesting consensus among participants from the focus groups.

In each focus group, participants were asked to collectively share their top five health concerns for the county. Obesity, diabetes, mental health issues (suicide), and illicit and prescription drug abuse were the most common health issues identified between the two focus groups. Other issues brought up by multiple participants included lack of quality care and medical specialists, lack of mental health services, air pollution, lack of trail systems and a recreational center, and sexually transmitted diseases.

The following is a text analysis from the focus group meetings. The more often a word is mentioned, the larger and bolder it is.



Obesity

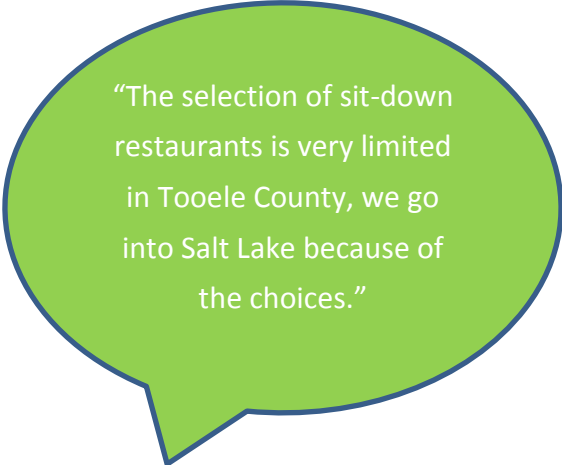
Obesity is not a new health issue in Tooele County. Five years ago when the department conducted its first Community Health Assessment, the county had the dubious recognition of being the most obese in the state of Utah. Since 2011, progress has been made. The obesity rate for the county has remained stagnant over the last five years, while in other parts of the state it has continued to climb. Tooele County may no longer be the most obese county in Utah but, according to participants, this is a major health issue which still needs to be addressed.

Closely correlated with obesity was the prevalence of diabetes in the county which was most commonly mentioned as the most important chronic health condition in the county. Unhealthy behaviors mentioned by participants that contribute to the obesity epidemic in Tooele County, included:

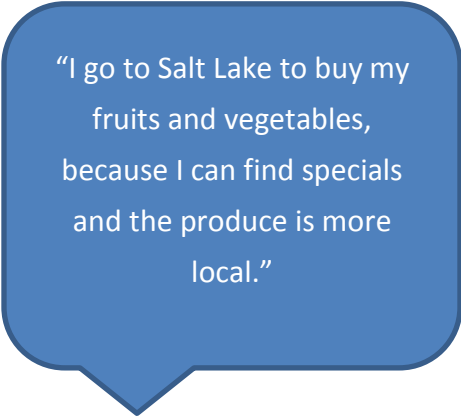
- Lack of a Recreation Center

- Lack of trails, bike lanes, and sidewalks
- Too many options for fast food and not enough options for sit down dining
- Lack of a central farmer's market
- Cost and quality of healthy food available in the county
- Poor eating habits
- Sedentary lifestyle
- Video games and screen time among youth

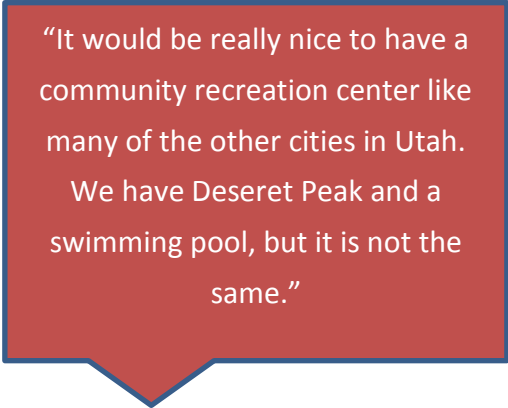
What are Tooele County residents saying about Obesity, Healthy Eating, and Exercise?



"The selection of sit-down restaurants is very limited in Tooele County, we go into Salt Lake because of the choices."

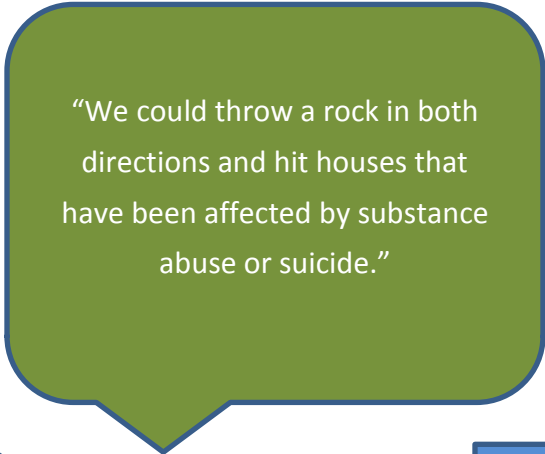


"I go to Salt Lake to buy my fruits and vegetables, because I can find specials and the produce is more local."

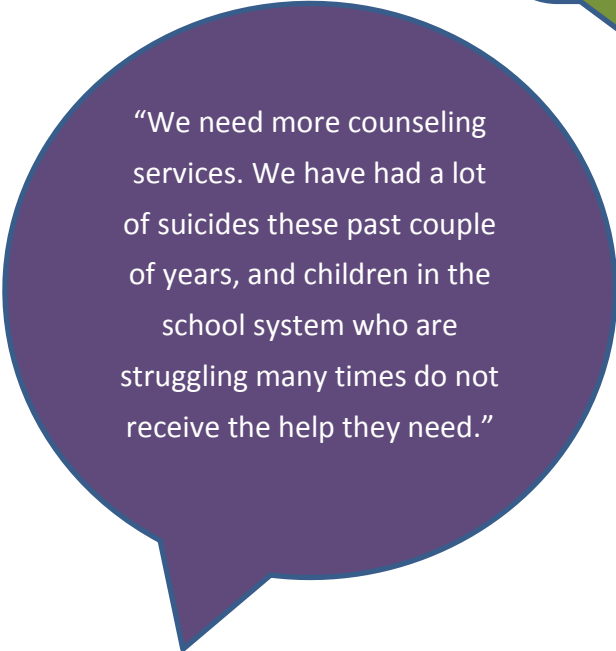


"It would be really nice to have a community recreation center like many of the other cities in Utah. We have Deseret Peak and a swimming pool, but it is not the same."

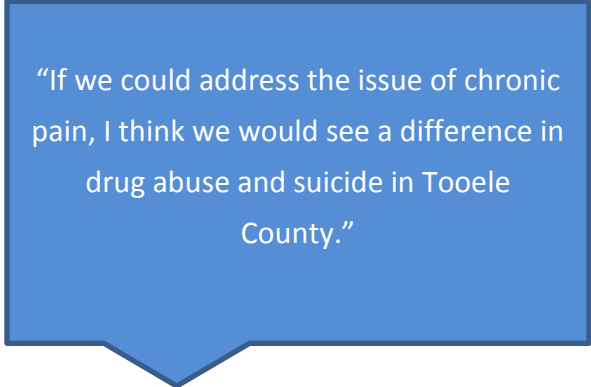
What are Tooele County residents saying about Suicide and Mental Health?



"We could throw a rock in both directions and hit houses that have been affected by substance abuse or suicide."




"We need more counseling services. We have had a lot of suicides these past couple of years, and children in the school system who are struggling many times do not receive the help they need."

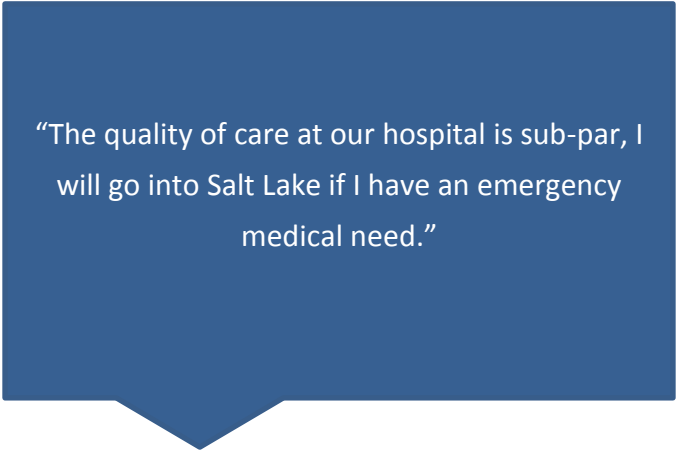


"If we could address the issue of chronic pain, I think we would see a difference in drug abuse and suicide in Tooele County."

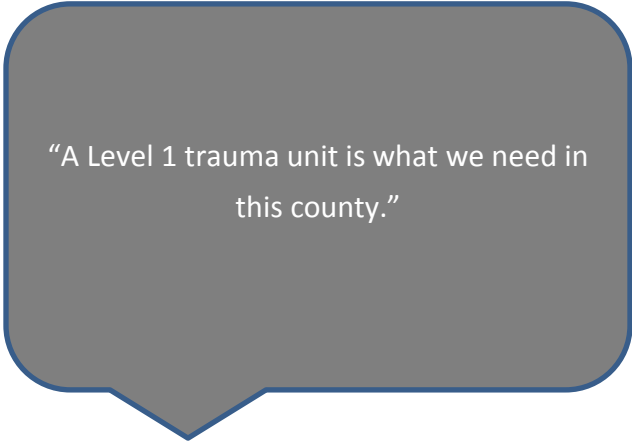
What are Tooele County residents saying about Access to and Quality of Health Care Services?



"I don't feel like we have a sufficient number of primary care physicians for the size of our community."



"The quality of care at our hospital is sub-par, I will go into Salt Lake if I have an emergency medical need."



"A Level 1 trauma unit is what we need in this county."

Health Education in the county was another area that some participants voiced was lacking. Campaigns promoting healthy eating and raising awareness about healthy lifestyle choices to prevent diabetes and promote healthy weight were not recognized as in existence by many of the participants who attended the focus groups.

The facilitator steered the conversation at one point in each of the focus groups to ask participants what services they were aware of the health department providing. The following responses were recorded:

- WIC
- Dental clinic
- Immunizations
- Aging services
- Meals on Wheels
- School nurses
- Restaurant inspections
- Household hazardous waste collection day
- Tobacco prevention
- Healthy lifestyle class
- Live Fit program
- Emergency management
- Radon testing
- Home inspections
- Epidemiological studies
- Death and birth certificates

It appeared that there were some participants who were not aware of many of the services provided by the health department, while there were a few participants who were aware of the majority of services provided by the health department. As a follow-up question the facilitator asked “What are the best ways we can make the public aware of the services and programs we provide here at the health department?” The following responses were received:

How can the Health Department best communicate with Tooele County residents?

- Mailings
- Message sent with power bills
- Message with prescription papers
- Tooele Valley Extra
- Text messages with link
- Peach Jar
- Community newsletter
- Mountain West magazine
- Hometown Values newspaper insert
- A phone app
- Tooele County Transcript-Bulletin newspaper
- High school counselors
- School secretaries
- 4th of July parade (float)
- Movie trailers at the UEC

Where do you go to receive health information?

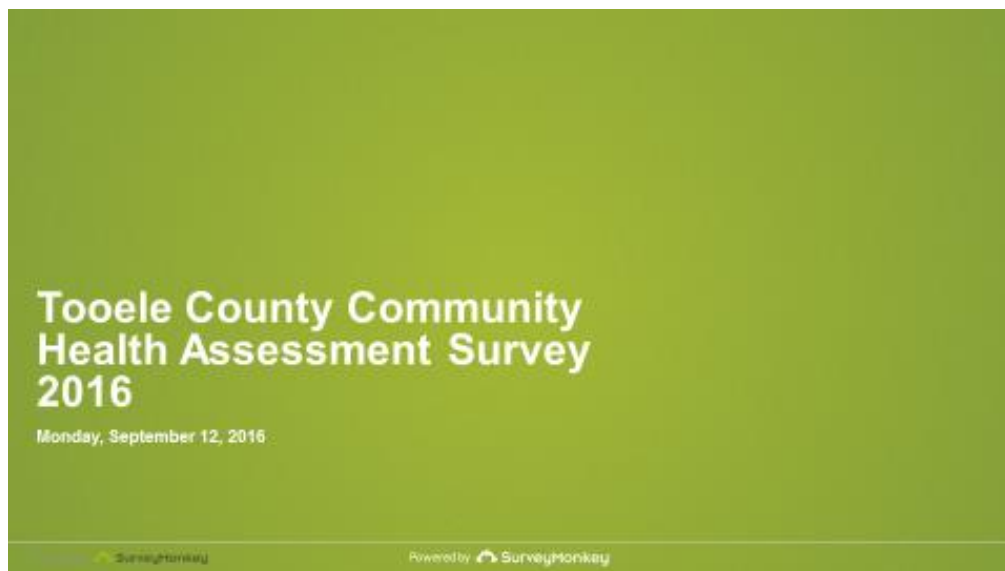
- Internet/Google
- Local news
- Facebook and Twitter

Many of the participants were not aware that the Tooele County Health Department has a Facebook, Twitter and YouTube account. Additionally, many of the participants admitted that they had never visited the Tooele County Health Department's website, and were not aware of what information the website contained.

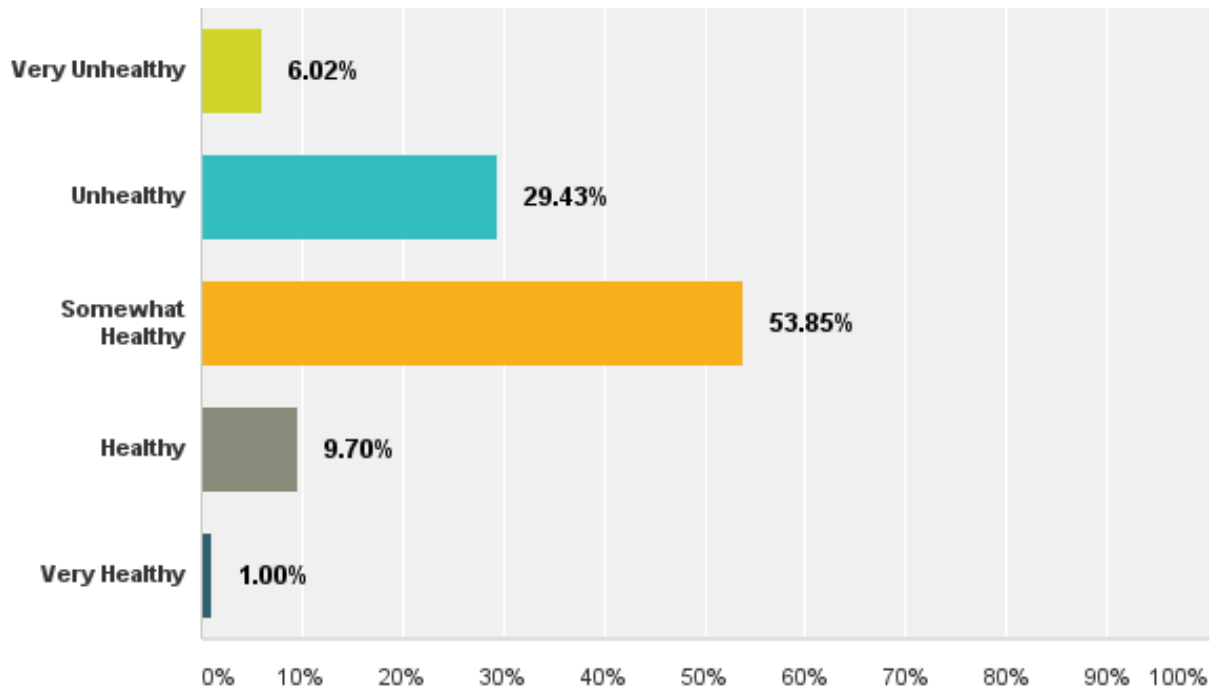
Online Survey Findings

An online survey was developed by TCHD staff using SurveyMonkey.com and was distributed on social media outlets, the health department's website, and through other online platforms. Incentives were offered to take the survey, most commonly of which was to be entered for a chance to win a gift card. The online survey was open for a period of four months, and was completed by more than 300 Tooele County residents from April to July of 2016.

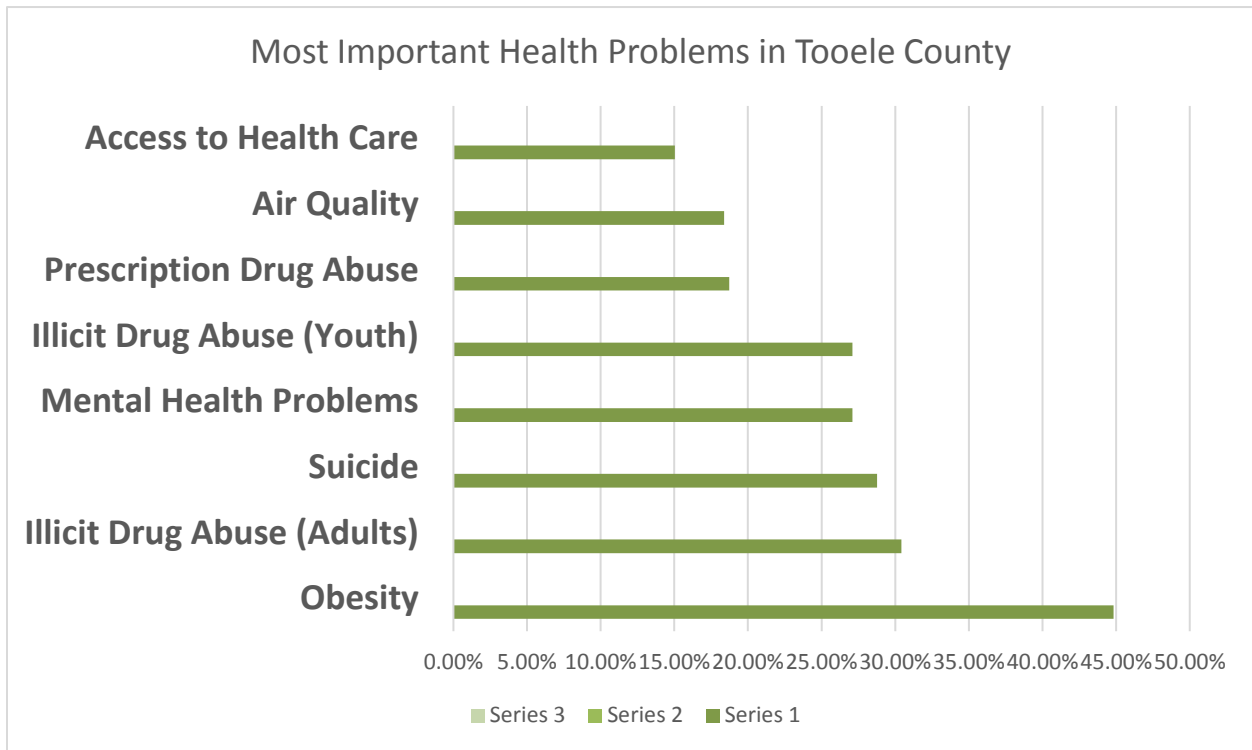
The survey was another tool used to examine how Tooele County residents felt about the health status of the community, and identify strengths, weaknesses, needs, and resources pertaining to the overall health of the county.



Graph 17: How would you rate Tooele County as a Healthy Community?



Graph 18: Most Important Health Problems in Tooele County



Top Health Concerns among Tooele County residents:

1. Obesity (44.82%)
2. Illicit drug abuse by adults (30.43%)
3. Suicide (28.76%)
4. Mental health problems (27.09%)
5. Illicit drug abuse by youth (27.09%)
6. Prescription drug abuse (18.73%)
7. Air quality (18.39%)
8. Access to health care services (15.05%)

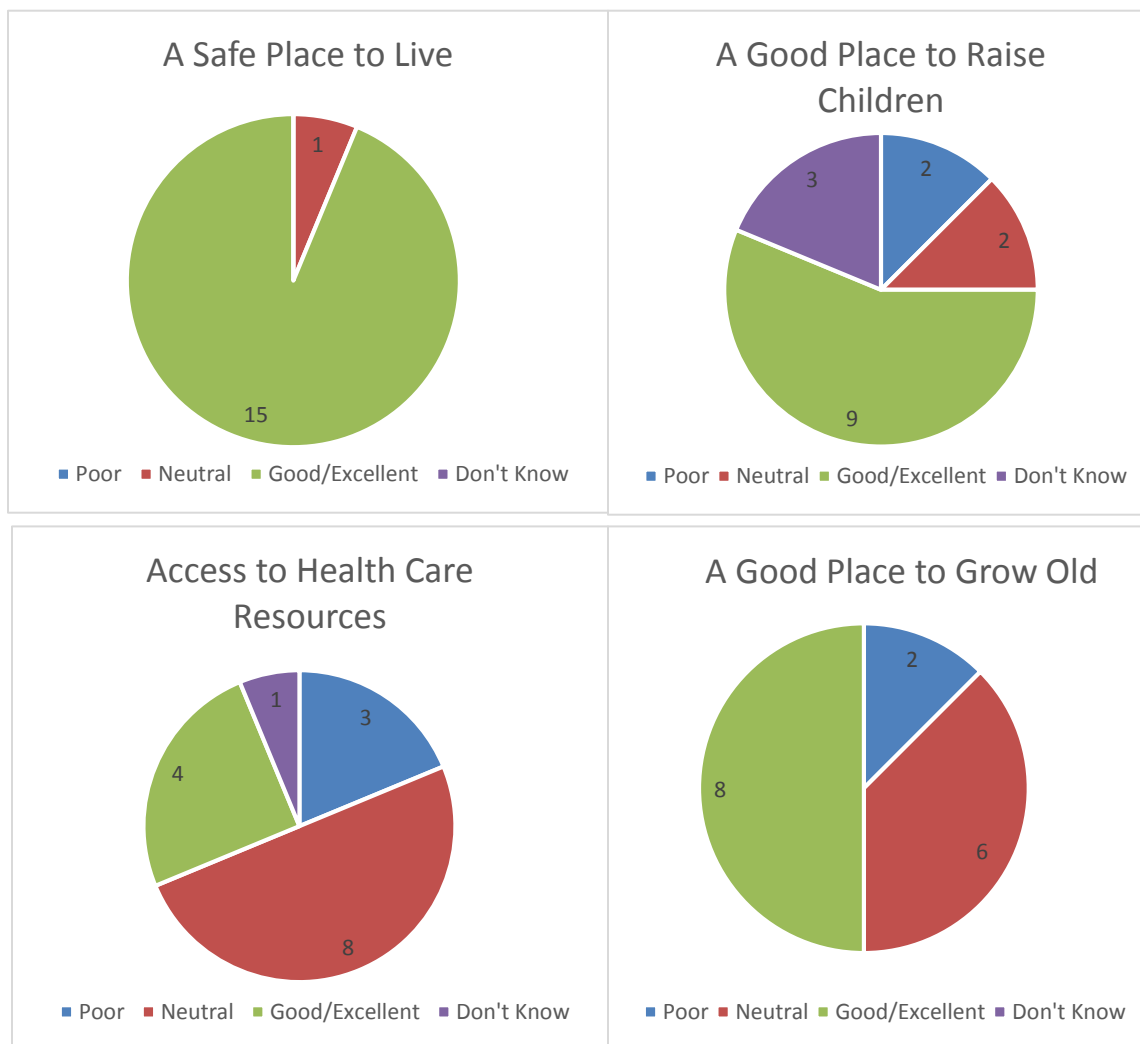
Wendover Survey Responses

On February 18th, graduate students from the University of Utah's Public Health Program assisted the Tooele County Health Department in collecting data for the 2016 Community Health Assessment. Seven students from the University conducted door-to-door surveys using the same 102-question survey tool that was developed by Dan Jones & Associates phone surveys. It was decided that after Dan Jones & Associates were unable to get a large enough number of responses over the phone from Wendover residents, that a door-to-door approach would be more suitable.

The survey tool was translated to Spanish, as there exists a large non-English speaking population in Wendover. A total of 16 surveys were conducted with Wendover (Tooele County) residents. The survey was conducted on a Saturday morning to try to catch people at home from work. It proved to still be a challenge to find people who were home.

Graph 19 below represents how the sample of Wendover residents feel about their community.

Graph 19: Wendover Door-to-Door Survey Results, 2016



Wendover 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 five perceived health problems, according to the door-to-door survey conducted by the University of Utah Public Health students, are diabetes, smoking/tobacco use, not attending the doctor for annual check-ups, illicit drug use, and drunk driving.

Significant community issues affecting overall health also identified by Wendover residents included unavailability of healthy family and teen activities, lack of recreational facilities like parks, trails, and community centers, inadequate or unaffordable housing, and air, water, and land pollution.

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 have been identified. The purpose of this process is to identify community health resources and opportunities for improvement, set health objectives, and monitor progress towards those objectives to effectively address the priority health needs and community concerns. The findings from this assessment reflect upon the current overall health status of Tooele County residents. The data gathered in this report will inform the Community Health Improvement Planning (CHIP) process. Various stakeholders from the local public health system will utilize the findings contained in this report to select priority health concerns on which to focus collective efforts over the next five years.

The community has made great strides since completing the first health assessment in 2011. As a result of the community health improvement planning process which began in 2012, and a focus of community efforts on addressing priority areas identified during the CHIP process, the county has seen a slight decrease in obesity prevalence. Some of the measures implemented which have resulted in decreased obesity rates include; increasing the availability of healthy foods such as fruits and vegetables to lower income individuals, partnering with restaurants to provide nutritional information on popular menu items, and working with local healthcare professionals to educate patients about body mass index (BMI). The Live Fit Coalition which was formed as a result of the 2012 CHIP process has also encouraged residents to be more physically active. New walking trails and bicycle lanes have been developed. The coalition has partnered with indoor recreation facilities within the county to provide free indoor play for children during cold winter months. The TCHD has forged stronger partnerships with members of the local public health system, and will look to continue to strengthen these relationships during the next CHIP process.

This community health assessment is an ongoing process that will require a sustained collaborative effort by 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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