



Tooele County Community Health Improvement Plan (CHIP)



2018-2022

**Working Together for
a Healthy, Safe and
Flourishing Community**

4/30/2018

Revised: May 16, 2018



Letter to the Community

To Our Friends and Partners,

The Tooele County Health Department is committed to making measurable improvements in the health and safety of this community. As part of an ongoing community health improvement process, community partners from various organizations worked together to develop Tooele County's Community Health Improvement Plan (CHIP). Health priorities selected by partners for the CHIP are based on data presented in the 2016 Community Health Assessment. The Community Health Assessment summarized the health status of the residents who call Tooele County home, and included data on overall health, behavioral health risks, health outcomes, the structural environment and access to medical and dental care. A review of the data shows improvement in select areas from our first health assessment conducted in 2011.

Despite the improvements made and efforts expended in promoting health and wellness, too many of our citizens continue to use tobacco products, are overweight or obese, eat unhealthy foods, lack access to affordable healthy foods, abuse substances and suicide rates continue to increase.

The challenges we face require a call to action. The 2018-2022 CHIP provides the framework for mobilizing community action through partnerships to improve the health of all Tooele County residents, particularly for our most vulnerable citizens. Three data-driven health priorities have been identified to work on improving: (1) Promoting Healthy Living (Active Living and Reducing Obesity), (2) Improving Mental Health and Preventing Suicide and (3) Reducing Substance Abuse.

Our community must share the ownership of these complex public health problems and we will need diverse community engagement to show improvement. Improved community-wide alignment of our efforts and resources across all areas will be essential to meeting the goals established for each health priority. By working together, we can improve the health of the citizens we serve and achieve our vision of Working Together for a Safe, Healthy and Flourishing Community!

A sincere thank you is extended to all of those who have already contributed to the success of the Tooele County Community Health Improvement Plan, especially the members of the three health priority workgroups. Without their talents, interest, insights and knowledge, this report could not have been completed. To become involved or to receive more information about the CHIP, please contact Scott McKenzie at 435-277-2465.

Working together today, we can improve our health and safety for tomorrow.

Sincerely,



Jeff R. Coombs, MPH
Executive Director/Health Officer
Tooele County Health Department

Tooele County Health Improvement Plan Contributors

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

- Amateur Radio
- Beehive Wireless
- Birch Family Pharmacy
- Chamber of Commerce
- Church of Jesus Christ of Latter-Day Saints
- Dan Jones and Associates
- Diabetes Coalition
- Dugway Proving Ground
- Grantsville City
- Grantsville Medical Clinic
- Indian Health Services
- Kiwanis Club
- Mountain West Medical Center
- New Life Christian Fellowship
- Dental Care Practitioners
- Medical Care Practitioners
- Rotary Club
- Stansbury Park Improvement District
- Tooele Army Depot
- Tooele City
- Tooele City Engineering
- Tooele City Police Department
- Tooele County Aging Services
- Tooele County Board of Health
- Tooele County Commission
- Tooele County Courts
- Tooele County Emergency Management
- Tooele County Engineering
- Tooele County Health Department
- Tooele County Relief Services
- Tooele County School District
- Tooele County Sheriff's Office
- Tooele Intermountain Instacare
- Tooele Technical College
- Tooele Transcript-Bulletin
- University of Utah Public Health
- Utah Association of Local Health Departments
- Utah Department of Health
- Utah Department of Workforce Services
- Valley Behavioral Health – Tooele Center
- Wendover City
- Westminster College of Public Health
- Youth Services

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Executive Summary

The Community Health Improvement Plan (CHIP) is the result of a collaborative effort among various members of the community to identify and address health needs and priorities within Tooele County. In response to the CHIP, the Tooele County Health Department conducted a Community Health Assessment. In examining quantitative and qualitative data gathered from the Community Health Assessment, three problem areas were selected as health priorities. These three health priorities include:

- 1. Promoting Healthy Living (Active Living and Reducing Obesity)**
- 2. Improving Mental Health and Preventing Suicide**
- 3. Reducing Substance Abuse**

Healthy Living

Tooele County had the highest prevalence of obesity in the state of Utah in 2011, when the county conducted its first Community Health Assessment (CHA). Since then progress has been made to decrease obesity rates. 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 additional 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. Currently the obesity rate in Tooele County is 30.4 %. According to 2015 data, 68.2% of adults in Tooele are either overweight or obese, this is higher than the state and the U.S. averages.

Improving Mental Health and Preventing Suicide

Approximately 20% of the U.S. population is affected by mental illness during any given year. Of all mental illnesses, depression is the most common disorder. According to the 2016 Community Health Assessment, 21.9% of Tooele County residents claimed to be experiencing depression when the survey was conducted.

This statistic was third highest among health districts in the state of Utah. 17.2% of Tooele County residents said they had experienced seven or more days of poor mental health in the past 30 days when polled by the Utah Department of Health in 2014. Data from the Utah Department of Health shows Tooele County has a suicide rate of 30.5 per 100,00 population. This is well above both state (23.8) and national rates (15.3). Suicide has become an increasingly worrisome problem in Tooele County among teenagers. Data collected from the Utah Department of Health indicates 5.1% of suicides and 22.7% of suicide attempts in the State of Utah involve youth between the ages of 10 to 17. Suicide is the leading cause of death among youth ages 10 to 17 in the state of Utah. The youth suicide rate in the State has tripled since 2007. Suicide is currently one of the most serious health problems facing adults and youths. Evidence suggests that the problem is worsening rapidly.

Reducing Substance Abuse

Substance abuse can range from tobacco use to abuse of prescription and non-prescription drugs. Currently, and for the past five years, Tooele County's smoking rates have consistently exceeded the rates for the state of Utah and fatal and nonfatal overdoses from prescription pain medications have increased in recent years in Utah. Tooele County had the second highest rate of drug overdose deaths in the State of Utah in 2016.

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 adults die as a result of a drug poisoning, 83.8% of which are accidental or of undetermined intent. Of these, 77.6% 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 drug overdose deaths in the State of Utah in 2016.

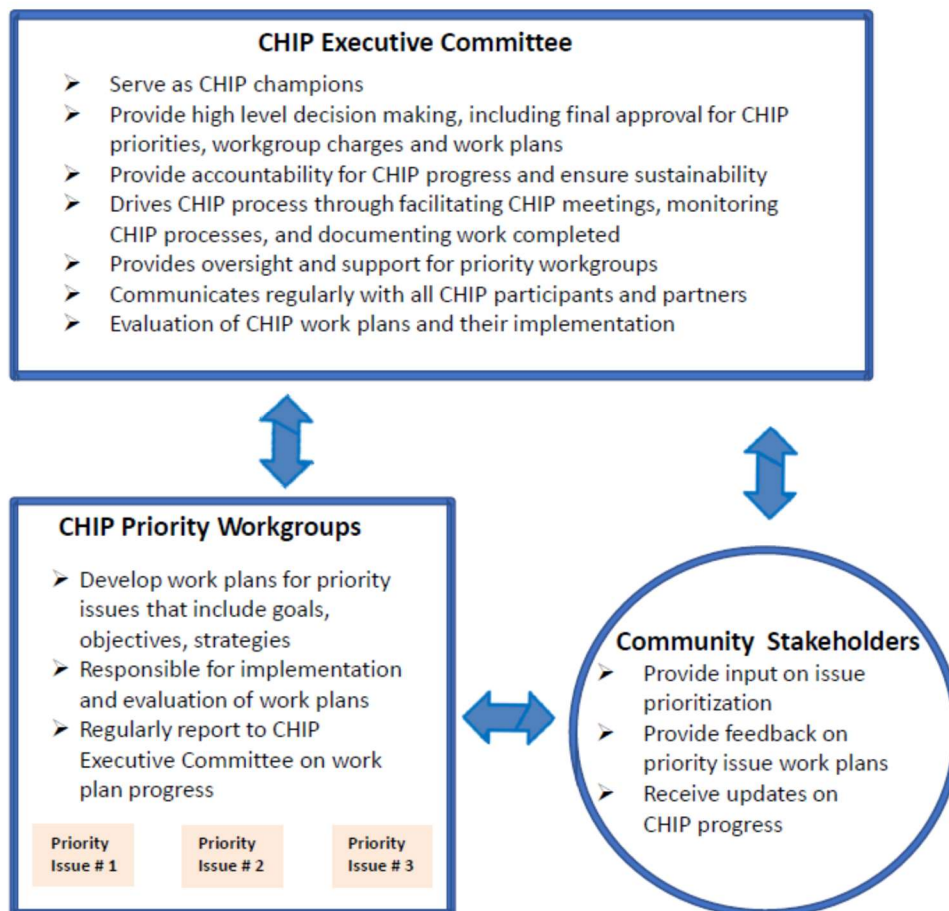
To develop a successful plan, the community partners, in conjunction with the Tooele County Health Department, will develop goals and objectives specific to each priority area through a series of community action meetings.

The overall goal of CHIP is to improve the health of the public, through the strengthening of government and community partnerships. This involves fostering successful partnerships that will make Tooele County a healthier place in which to live.

Organizational Structure

The organizational structure of the Community Health Improvement Plan consists of a Governance body called the CHIP Executive Committee that leads and directs the CHIP process. The majority of the CHIP planning process was conducted by this group with significant input from all plan participants including the local community stakeholder group. From this group of stakeholders, three CHIP Priority Work Groups were selected to manage the individual action plans.

Tooele County Community Health Improvement Plan (CHIP) Organizational Structure



Community Health Improvement Plan Timeline

Tooele County CHIP Development Timeline	
March 2017	<ul style="list-style-type: none">• CHIP Planning Begins• First CHIP Executive Committee Meeting
May 2017	<ul style="list-style-type: none">• First Stakeholder Meeting• CHIP Planning Process Developed
June 2017	<ul style="list-style-type: none">• Second CHIP Executive Meeting• Priority Groups Finalized
July 2017	<ul style="list-style-type: none">• First Working Group Meetings
August 2017	<ul style="list-style-type: none">• Board of Health Briefed on CHIP Process
September 2017	<ul style="list-style-type: none">• Required Policy and System Level Changes
November 2017	<ul style="list-style-type: none">• CHIP Executive Committee completes final review of the three Working Group Plans
January 2018	<ul style="list-style-type: none">• Based on the CHIP Executive Committee recommendations changes made to the CHIP
March 2018	<ul style="list-style-type: none">• CHIP Report finalized

Required Policy and System Level Changes

The CHIP Continues to Focus on the Impact of Policy, Systems and Environmental Change

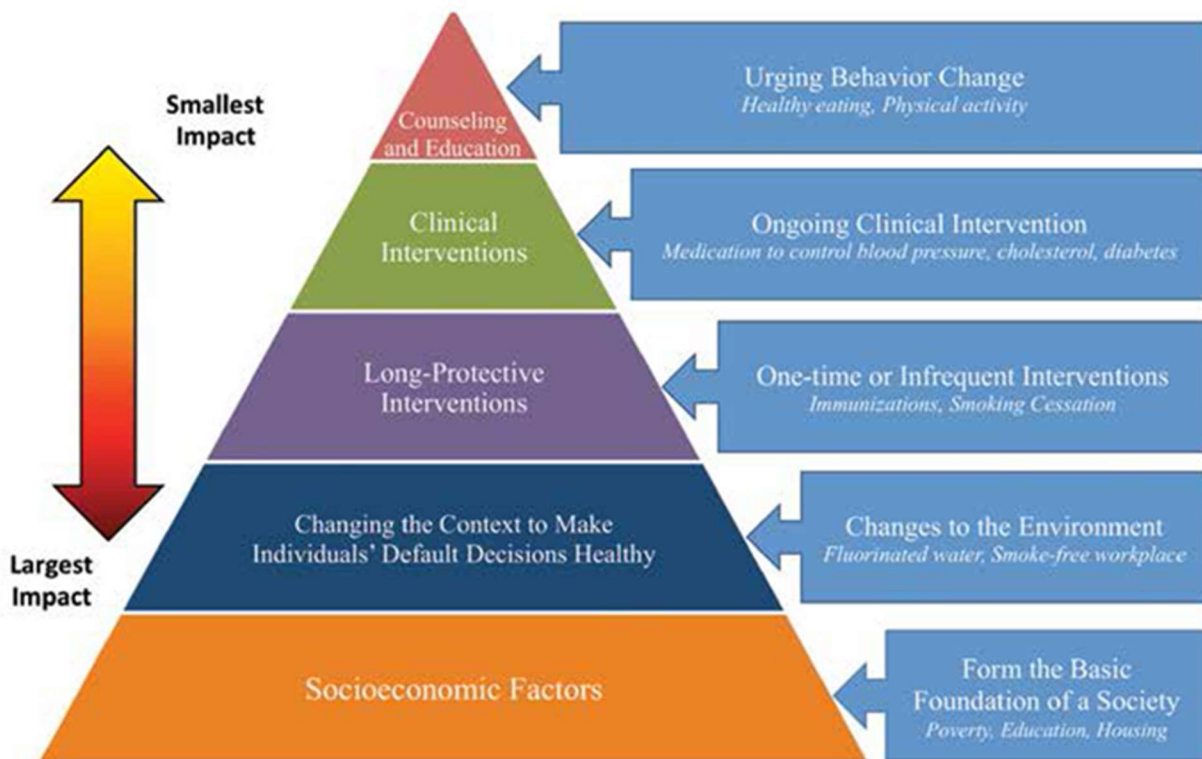
For many years, most health programs focused on teaching behavioral changes that could help individuals live healthier lifestyles. Realizing that it is not enough for one to know how to be healthy, policy, systems and environmental (PSE) changes help to modify the environment to make healthy choices practical and available to all members of the community.

- Policy Change – includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules that will greatly influence the decisions individuals make about health (e.g., a tobacco prevention policy on a school campus).
- Systems Change – made to the rules within an organization and will often focus on changing infrastructure within a school, park, worksite or health setting (e.g., establishing a school-based health center to increase access and decrease absenteeism).
- Environmental Change – made to the physical environment to help promote healthy behaviors (e.g., assuring sidewalks are built to link a neighborhood to a nearby park).

The Health Impact Pyramid, developed by previous CDC Director, Thomas Frieden, displays the smallest to largest impact of factors affecting health. The CHIP strategies and objectives (to be established in the action planning phase) reflect all tiers of this pyramid but will prioritize PSE changes as interventions with the potential for high impact for the total population. For example, building adequate sidewalks to connect neighborhoods to local parks may be more important in parts of the county with fewer choices for physical activity. This approach would also apply the health equity lens towards environmental changes in a community with less resources.

THE HEALTH IMPACT PYRAMID

The Health Impact Pyramid describes the effectiveness of different types of public health interventions. Interventions focusing on socioeconomic factors, at the base of the pyramid, have the greatest potential to improve health. Although interventions at the higher levels have less of an impact on health, the likelihood of long-term success is maximized when strategies are implemented at all intervention levels (Frieden, 2010).



Collective Impact

The Health Impact Pyramid and the concepts of Collective Impact and Systems-Level Thinking were introduced to both the Stakeholder Group and Workgroups as overarching principles to consider throughout the planning process.

Alignment with other health improvement initiatives at the county, state, and national levels was also considered throughout the planning process.

Collective Impact

"Organizations from different sectors agree to solve a specific problem using a common agenda, aligning their efforts, and using common measures of success (Kania & Kramer, 2011)."



THE FIVE CONDITIONS OF COLLECTIVE IMPACT

Common Agenda - All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

Shared Measurements - Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

Mutually Reinforcing Activities - Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.

Continuous Communication - Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.

Backbone Support - Creating and managing a collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Source: Hanleybrown, Kania & Kramer, 2012

A Systems-Level Thinking Process

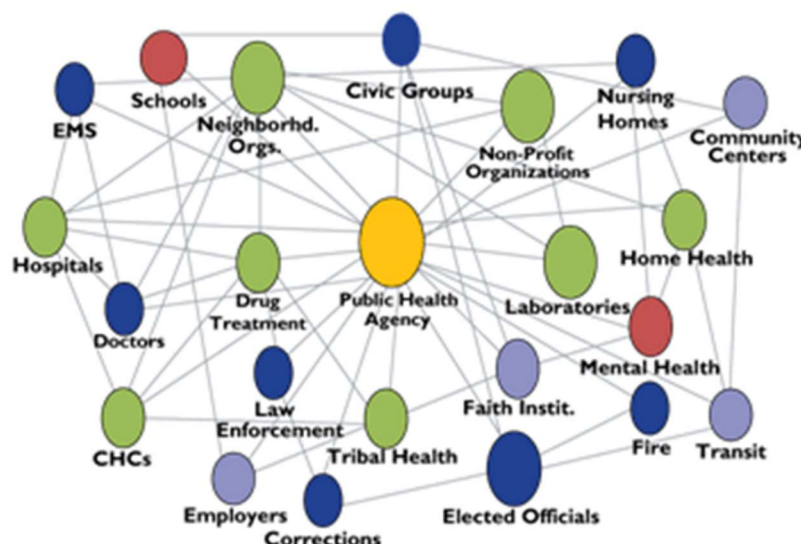
An approach to community health improvement places the focus on the systems that impact health, not solely on individuals. Interventions implemented at the systems-level are intended to affect change in organizations, policies and laws. As part of this CHIP process, five cross-cutting themes were introduced to help the Stakeholders and Workgroups approach the process of selecting priorities, goals, and objectives at the systems-level.

Five Cross-Cutting Themes:

- Infrastructure
- Policy
- Evidence-Based Practice
- Relationships/Partnerships
- Health Disparities/Health Equity

The Community Health Improvement Process for Tooele County

In the Spring of 2016 the Tooele County Health Department (TCHD) met with community partners and Tooele County leaders to collectively identify the health needs in the community and to determine priority public health areas. The overall objective, once the priority areas were identified, is to devise strategic plans to address these areas along with developing objectives and goals that will lead to a healthier community.



Public health is a broad field, which encompasses us all. The system management process helps to recognize community needs through the assessment process and then enables the policy development process to provide the framework that will benefit the residents of our community.



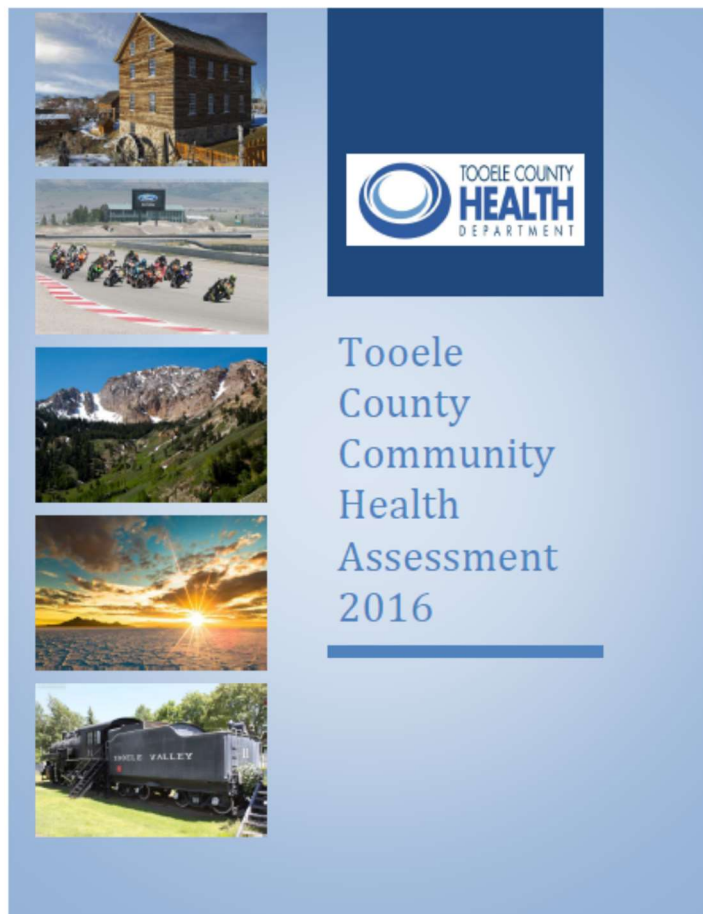
In 2016 and 2017, to help improve the health of the residents of Tooele County, a plan of action (Community Health Assessment--CHA) was implemented by TCHD to evaluate the quality of life in Tooele County from a public health perspective. Several methods were employed to gather information that included data from the Utah Department of Health and information collected by Dan Jones and Associates. The CHIP process will include community partnerships to assist in the implementation of the action plan.

Based on the data from the 2016 Tooele County Community Health Assessment (CHA), the following areas were identified as the priority areas in Tooele County with accompanying goals:

Priority Areas

- 1. Promoting Healthy Living (Active Living and Reducing Obesity)**
- 2. Improving Mental Health and Preventing Suicide**
- 3. Reducing Substance Abuse**

Other noted concerns were: Access to Quality Care, Air Quality, and Motor Vehicle Accidents.



NEXT STEPS

Action Cycle (Planning, Implementation, and Evaluation)

Planning, implementation, and evaluation of progress on the 2018-2022 CHIP, hereafter referred to as the action cycle, is the next step in the health improvement process.

The action cycle is a continuous process conducted annually from 2019 to 2022. Every year, working groups will plan, implement, and evaluate.

First, groups will plan for implementation of strategies by assigning individuals and allocating resources to strategies.

Second, groups will carry out those strategies.

Third, groups will evaluate progress and address barriers to implementation of strategies.

Feedback from earlier cycles will inform and improve later cycles.

Community Health Improvement Plan implementation will begin in 2018.

Within each action plan, a lead has been identified for each objective. These agencies are responsible for continued planning and implementation. While keeping in mind the concept of Collective Impact, the tiers of the Health Impact Pyramid, and Systems-Level Thinking, agencies will put into practice evidence-based strategies that will show improvements in the community's health.

Conduct an Annual Review of the Community Health Improvement Plan.

Yearly, the Tooele County Health Department will create an annual report outlining the progress made in implementing the CHIP. Based on that progress, revisions to objectives, responsible organizations, targets, and time-frames may be needed.

A Community Health Improvement Plan is a long-term plan.

The current CHIP reflects goals and objectives slated to be implemented over a five-year period (2018-2022). By the end of 2022, the TCHD will complete the next Community Health Assessment, after which, Tooele County will begin the Community Health Improvement Planning process again.

Top Public Health Priorities in Tooele County

Promoting Healthy Living

Obesity

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

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, 2017). 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).



Graph 1: Adult Obesity by Local Health District, Utah, 2014

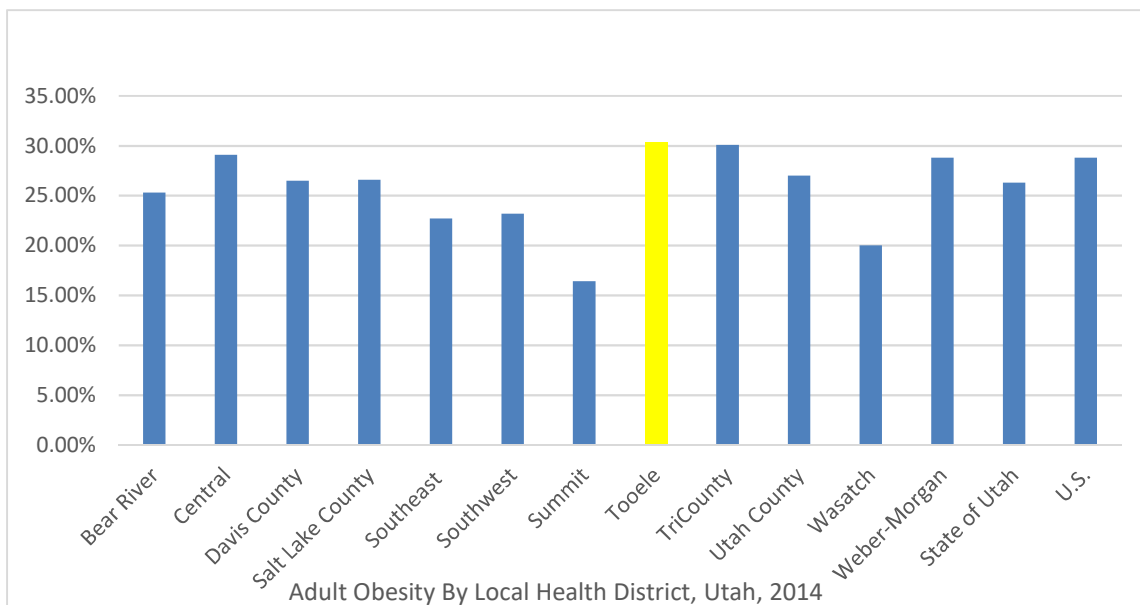


Table 1: Adult Obesity by Local Health District, Utah, 2014

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

The most recent information (year 2016) indicates that Tooele County has the fifth highest incidence of obesity at 28.7 in the state of Utah (CDC 2016a).

Research from the Centers for Disease Control and Prevention (CDC) has shown that as adult weight increases to reach the levels referred to as "overweight" and "obesity," the risks for the following conditions also increases (CDC 2017):

- 1) Coronary heart disease
- 2) Type 2 diabetes
- 3) Cancers (endometrial, breast, and colon)
- 4) Hypertension (high blood pressure)
- 5) Dyslipidemia (high total cholesterol or high levels of triglycerides)
- 6) Stroke
- 7) Liver and Gallbladder disease
- 8) Sleep apnea and respiratory problems

9) Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)

10) Gynecological problems (abnormal menses, infertility)

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

**Table 2. Rates for obesity related 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	2013-2015	120.3	126.6	158.6 (U.S. Goal)
Breast Cancer Incidence	2011-2015	122.2	114.4	N/A
Colorectal Cancer Rates	2012-2014	27.0	30.9	14.0
Diabetes Prevalence	2014-2016	9.1	7.8	2.5 (U.S. Goal)
Obesity Rates (<i>based on persons per 100</i>)	2016	28.7	26.2	N/A
Heart Disease Deaths	2013-2015	140.5	139.3	162.0 (U.S. Goal)
Physical Activity (<i>based on persons per 100</i>)	2015	46.7	55.0	50.0 (U.S. Goal)

Source: Utah Department of Health, IBIS, 2017. *Multiple years are calculated cumulatively.

N/A - Endometrial cancer rates

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.

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.

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.



The prevalence of diabetes (type 2) and the rate of obesity were higher in Tooele County. 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 3: 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

Physical Activity

Physical activity protects independently against cardiovascular disease. Physical activity has been shown to reduce the risk of some cancers, type 2 diabetes, stroke, and heart disease. Physical activity improves general physical and mental health. Regular physical activity helps to relieve pain from osteoarthritis.

Regular physical activity is also known to improve effective disorders; such as, depression and anxiety, and increase quality of life and independent living among the elderly. Physical inactivity is a leading cause of premature death and results in greater occurrences of illness.

According to 2015 data collected by the Utah Department of Health, just 46.7% of Tooele County adults met aerobic physical activity recommendations of getting at least 150 minutes per week of moderate-intensity activity, or 75 minutes of vigorous-intensity activity, or an equivalent combination of moderate-vigorous intensity activity. Tooele was the worst health district in the state of Utah for adult physical activity.

Only 22% of adolescents in Tooele County met recommendations for physical activity. It is recommended that adolescents in grades 8 through 12 participate in physical activity that increases the heart rate for at least 60 minutes per day.



Table 4: Recommended Amount of Physical Activity by Local Health District, Utah, 2015

Local Health District	Age Adjusted Percentage of Adults
Bear River	54.8%
Central	48.9%
Davis County	56.8%
Salt Lake County	54.6%
San Juan	67.3%
Southeast	70.2%
Southwest	56.5%
Summit	70.9%
Tooele	46.7%
TriCounty	51.0%
Utah County	57.9%
Wasatch	63.8%

Source: Utah Department of Health (IBIS), 2015

Improving Mental Health and Preventing Suicide

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 6: 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.

Reducing Substance Abuse



Tobacco Use

Tobacco (cigarette use) continues to be the leading cause of death in the U.S. It is responsible for approximately 400,000 deaths each year. Cigarette use and chewing tobacco account for more deaths than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires combined.

There are over 4,000 chemicals that are toxic in tobacco, with many having carcinogenic effects (causing cancer). Tobacco and nicotine have a potential for addiction that is similar to alcohol, cocaine, and morphine.

Smoking harms nearly every organ of the body, causing many diseases and affecting the health of smokers in general (CDC 2016b). Quitting smoking has immediate as well as long-term benefits for you and your loved ones.

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

Exposure to secondary tobacco smoke was one of the top perceived health issues in the community of Wendover, Utah. Wendover has a prominent casino industry, which can have a tendency to correlate with high rates of tobacco use.

Table 5. Presents the smoking/cigarette use for Tooele County in 2016 as compared to Utah.

Cigarette Use/Rate in Tooele County, Utah, 2016		
YEAR	Tooele	Utah
2016	18.3	8.7
Rate:	Per 100 Persons	
Source:	Source: Utah Department of Health, IBIS, 2016	

Drug/Prescription Drug Abuse

Fatal and nonfatal overdoses from prescription pain medications have increased in recent years in Utah and throughout the nation (CDC 2017 and Fingerhut 2016).

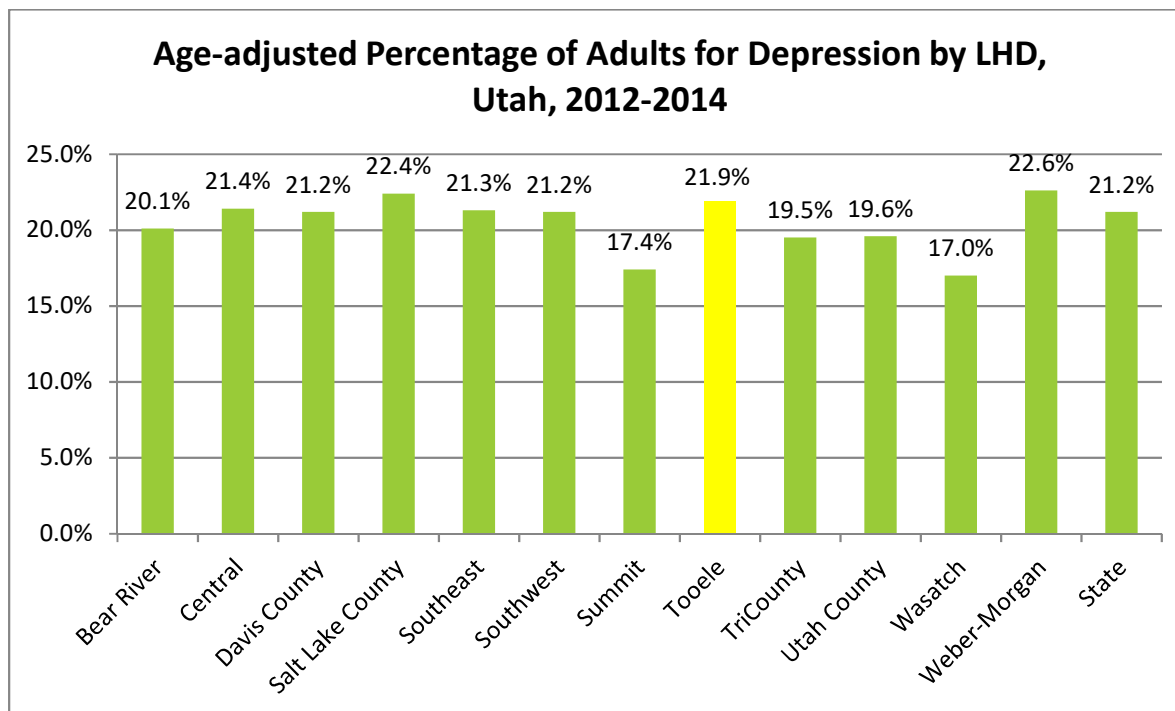
In 2016, the Utah Department of Health's BRFSS survey indicated that an estimated 20.8% of Utah adults ages ≥ 18 years had been prescribed an opioid pain medication during the preceding 12 months.

The findings indicate that use of prescription pain medications is common in Utah. The following were reported from those prescribed an opioid pain medication:

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

In Utah, from 2007-2016, deaths attributed to poisoning by prescription pain medications increased nearly 600%, from 39 in 1999 to 261 in 2007. Deaths due to leftover medications are unknown. Approximately 1.8% of respondents who reported using prescription opioids that had not been prescribed to them extrapolates to approximately 35,000 adults in Utah engaged in illegal and risky behavior (CDC)

Graph 2: Depression Prevalence by Local Health District, Utah, 2012-2014



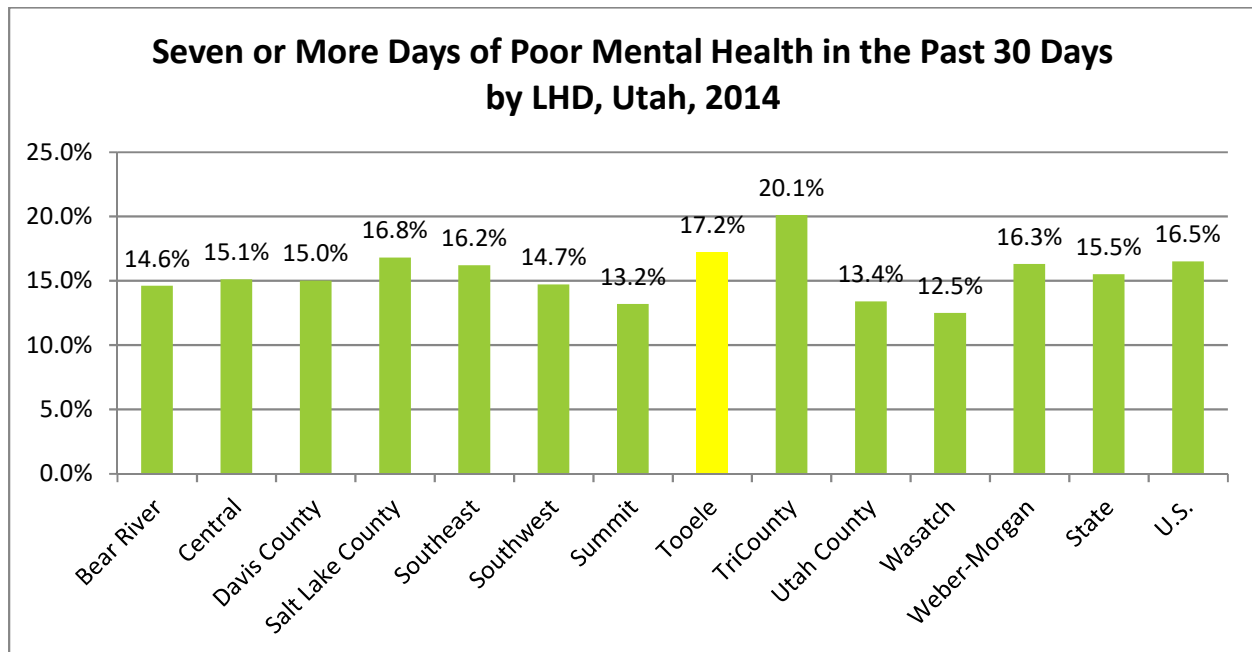
Source: IBIS, Utah Department of Health, 2016

Table 7: 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 3: Seven or more days of poor mental health in the past 30 days



Source: IBIS, Utah Department of Health, 2016. Healthy People 2020 Objective MHMD-4: Reduce the proportion of persons who experience major depressive episodes.

Goals, Objectives, Strategies and Resources to Address Priorities



Promoting Healthy Living and Reducing Obesity

GOAL 1: Increase the daily consumption of nutritious foods.

Objectives:

- 1) Increase the number of people's daily fruit consumption, consuming at least 2 servings of fruits by 1% each year over the next 5 years, resulting in a decrease of less than 2 from 75.0% to 70.0%.
- 2) Increase the number of people's daily vegetable consumption, consuming at least 3 servings of vegetables by 1% each year over the next 5 years, resulting in a decrease of less than 3 from 86.6% to 81.6%.

Strategies:

- 1) Increase access to healthy foods and beverages.
- 2) Maintain partnerships with farmers markets.
- 3) Increase the number of farmer's markets that accept SNAP/EBT benefits.
- 4) Health Educators will implement UDOH EPICC contract food service guidelines/nutrition standards, where foods and beverages are available by working to complete CDC worksite health score cards for the health department and by using the EPICC mini score card to assess the nutrition environments and policies with worksites.
- 5) Health Educators will implement UDOH EPICC contract to create supportive nutrition environments in schools, by assisting and educating the school district to strengthen district wellness and nutrition policies.
- 6) The Live Fit coalition will be asked to develop a Change It Up campaign to promote nutrition awareness in the community, and continue supporting other Live Fit coalition initiatives.
- 7) The Health Department will use social media to educate people on the importance of consuming whole grains, water consumption, better beverage choices, and community knowledge of nutritious choices.

Resources:

Resources include www.livefittc.org, www.tooelehealth.org, www.myplate.gov, CDC, USDA recommendations, UDOH EPICC, Food Sense classes, SNAP/EBT, Active Transportation Committee, best fast food choices, Tooele Transcript Bulletin, social media platforms, and Tooele County School District to include Peach Jar their digital newsletter software.

Key Measures:

Monitor daily fruit and vegetable consumption with BRFSS annually, and adolescents with the SHARP data biennially; our goal is a 1% increase in daily fruit and vegetable consumption per year for five years.

Responsible Individual and Organization:

Amy Bate, TCHD

Partners:

Partners include the Utah Department of Health, CDC, USU Extension, Live Fit Coalition, WIC, City and County community parks and recreation, Chamber of Commerce, worksites, Tooele County School District schools, Tooele Education Foundation, religious organizations, local retailers, restaurants, food pantries, farmers markets, support groups, Tooele Transcript Bulletin, and Meals on Wheels.

GOAL 2: Increase the level of daily physical activity among residents.**Objectives:**

- 1) Decrease the number of people reporting no leisure time activity by 1% per year over the next 5 years from 22.2% to 17.2%.
- 2) Decrease the number of people that do not meet the recommendation for aerobic physical activity by 1% per year over the next five years from 53.3% to 48.3%.
- 3) Decrease the number of people that do not meet the recommendation for muscle strengthening by 1% per year over the next five years from 72.1% to 67.1%.

Strategies:

- 1) Increase the number of awareness campaigns.
- 2) Increase the number of worksite policies that incorporate physical activity.
- 3) Increase the number or community locations that are created or expanded for daily walking, biking, or other forms of physical activity.
- 4) Increase the number of schools that adopt programs and policies that support physical activity.
- 5) Increase the number or community locations that are created or expanded for daily walking, biking, or other forms of physical activity.
- 6) Spotlight of healthy successes. Point out what options are available for free, low cost, or in bad weather. Share state health program resources.
- 7) Promote and educate on Active Transportation.
- 8) Identify and partner with community champions.
- 9) Strengthen community promotion of physical activity through signage, worksite policies, social support, and joint use agreements.
- 10) Develop and/or implement transportation and community plans that promote walking.

Resources:

www.livefittc.org, social media, County and City parks and recreations, Tooele County Trails, and identified partners.

Key Measures:

Monitor physical inactivity, recommended aerobic physical activity, and muscle strengthening activity, with BRFSS and the county health rankings annually and adolescents with the SHARP data biennially. Our goal is a 1% increase per year for five years.

Responsible Individual and Organization:

Amy Bate, TCHD

Partners:

Partners include the Utah Department of Health, CDC, USU Extension, Live Fit Coalition, WIC, City and County community parks and recreation, Chamber of Commerce, worksites, Tooele County School District schools, Tooele Education Foundation, religious organizations, local retailers, and restaurants, food pantries, farmer's markets, support groups, Tooele Transcript Bulletin, and Meals on Wheels.

GOAL 3: Increase the percentage of the population at a healthy weight.

Objectives:

- 1) Reduce the number of adults and adolescents that are overweight or obese by 1% each year over the next 5 years, resulting in a decreased rate of 66.6 % to 61.6%.
- 2) Increase the percentage of Tooele County residents who are at a healthy weight by 1% over the next five years. Resulting in an increase from 33.4% to 38.4%.

Strategies:

- 1) Promote and educate the community on the importance of annual visits with a primary care provider, to include talking about maintaining or achieving a healthy weight.
- 2) Help the public understand the importance of regular screenings such as A1C tests, blood sugar tests, and risk tests completed

- 3) Increase the number of referrals made by healthcare providers to the National Diabetes Prevention Program (NDPP) class, measure the number of successful NDPP participants.
- 4) Educate community members on the improvements a healthy weight can make on energy levels, physical mobility, general mood, and self-confidence.
- 5) Use social media to educate the community on the benefits of being at a healthy weight.

Resources:

www.livefittc.org, social media, County and City parks and recreations, Tooele County Trails, and identified partners.

Key Measures:

Monitor Obese, Overweight, and Healthy BMI categories for adults using the BRFSS annually and adolescents with the SHARP data biennially; our goal is a 1% increase per year for five years.

Responsible Individual and Organization:

Amy Bate, TCHD

Partners:

Partners include the Utah Department of Health, CDC, USU Extension, Live Fit Coalition, WIC, City and County community parks and recreation, Chamber of Commerce, worksites, Tooele County School District schools, Tooele Education Foundation, religious organizations, local retailers, restaurants, food pantries, farmers markets, support groups, Tooele Transcript Bulletin, and Meals on Wheels.

**Improving Mental Health and Preventing Suicide****GOAL 1: Increase Social norms supportive of help-seeking and recovery.****Objectives:**

- 1) Partner with the faith-based community to increase awareness of suicide prevention and mental health resources.
- 2) Partner with Tooele City to offer public trainings related to mental health awareness.
- 3) Partner with Wendover City to offer public trainings related to mental health awareness in the Hispanic population (preferably in Spanish or with Spanish materials)
- 4) Provide outreach to local tribal leaders in Ibapah and Skull Valley, offer training.

Strategies:

- 1) Train local religious leaders in Mental Health First Aid.
- 2) Offer Mental Health First Aid training to community partners, including, but not limited to; Valley Behavioral Health, Mountain West Medical Center and ambulance, Tooele County Health Department, Tooele City, Tooele County School District etc.

Resources:

Tooele County's Life Worth Living organization

Key Measures:

Pre/Post mental health first aid surveys, event evaluation/surveys, S.H.A.R.P. Surveys, number of trainings and attendance records, utilization of Valley Behavioral Crisis Hotline, Safe UT App. usage.

Responsible Individual and Organization:

Wayne Lyman, TCHD

Partners:

Valley Behavioral Health, Tooele County Health Department, Tooele City Communities that Care, Life's Worth Living Foundation, Tooele County School District and Tooele City Police.

GOAL 2: Increase prevention and early intervention for mental health, suicidal ideations and substance misuse and abuse.

Objectives:

1. Partner with the faith-based community to increase awareness of suicide prevention and mental health resources.
2. Partner with Tooele City to offer public trainings related to identifying the warning signs and risk factors of suicide. Train community members how to communicate with people at risk for suicide in a manner that supports help-seeking from professionals.
3. Offer these trainings in Wendover City to the Hispanic population with materials in Spanish.
4. Offer training to the tribal leaders in Ibapah and Skull Valley and partner with them to provide training in the risk factors and warning signs of suicide.

Strategies:

1. Train local religious leaders in Question, Persuade, Refer (QPR) suicide prevention curriculum.
2. Offer QPR training to the public and local businesses and agencies including, but not limited to; Valley Behavioral Health, Mountain West Medical Center and ambulance, Tooele County Health Department, Tooele City, and Tooele County School District.

Resources:

Tooele County's Life Worth Living organization

Key Measures:

Pre/Post QPR surveys, event evaluation/surveys, S.H.A.R.P. Surveys, number of trainings and attendance records, utilization of Valley Behavioral Crisis Hotline, Safe UT App. usage.

Responsible Individual and Organization:

Heidi Peterson, Community That Cares

Partners:

Valley Behavioral Health, Tooele County Health Department, Tooele City Communities that Care, Life's Worth Living Foundation, Tooele County School District and Tooele City Police.

GOAL 3: Increase support for survivors of suicide loss.**Objectives:**

- 1) Provide grief support for suicide loss survivors.
- 2) Connect survivors with local support and mental health resources.

Strategies:

- 1) The Life's Worth Living Foundation offers one to two grief support groups for survivors of suicide loss. Last year they had 250 participants.
- 2) The Life's Worth Living Foundation will continue to contact families that have lost someone to suicide and provide resource referrals and connection through one on one conversations and printed materials.
- 3) The Life's Worth Living Foundation will continue their community outreach efforts through sponsoring various events and fundraisers. Funds are used to help families in need with funeral expenses and counseling where applicable.

Resources:

National Association of Mental Illness (N.A.M.I.), Valley Behavioral Health, Tooele City Communities That Care, Tooele County Health Department. Utah Suicide Prevention Coalition, Tooele Transcript Bulletin and various social media platforms.

Key Measures:

Attendance records and phone logs.

Responsible Individual and Organization:

Jon Gossett, Life's Worth Living Foundation

Partners:

Valley Behavioral Health, Tooele County Health Department, Tooele City Communities that Care, Life's Worth Living Foundation, Tooele County School District and Tooele City Police.



Reducing Substance Abuse

GOAL 1: Increase awareness and decrease availability of all abusive substances in Tooele County by 2022.

Objectives:

- 1) Promote prevention campaigns in the community and increase social media coverage regarding prevention efforts (i.e. Parents Empowered, Stop the Epidemic, Use Only As Directed, Outrage, and UDOH).
- 2) Partner with local law enforcement, or outside agencies, to increase compliance testing for alcohol and tobacco.
- 3) Increase the number of prescription take-back by 10% (in lbs.) by 2022.

Strategies:

- 1) Promote prevention campaigns and education regarding local and online resources at a minimum of 2 community events annually.
- 2) Continue regular tobacco compliance checks and identify and overcome barriers to establish consistent alcohol compliance checks.
- 3) Continue to disseminate educational pamphlets and information on drop off boxes to pharmacies, medical offices and Tooele County residents to encourage them to dispose of unused prescription drugs.

Resources:

Possible partners include Tooele County Sheriff's Office, Tooele City Police Department, Valley Behavioral Health, Parents Empowered, Tooele City Communities That Care, Tooele County School District, local pharmacies, clinics, and medical offices.

Key Measures:

1. Measure attendance at community events to evaluate reach.
2. TCHD & Valley Behavioral Health will work closely with the Tooele County Sheriff's office and Tooele City Police Department to gather data on alcohol and tobacco compliance checks.
3. TCHD will work closely with the Tooele County Sheriff's office and Tooele City Police Department to evaluate data collected from drop off boxes and take back events for prescription drugs.

Responsible Individual and Organization:

Hilary Makris, TCHD

Partners:

Tooele County School District, Tooele City Communities that Care, Valley Behavioral Health

GOAL 2: Increase substance abuse treatment referrals and prevention programs in Tooele County by 2022.

Objectives:

- 1) Educate Tooele County on drop boxes, dangers of overdose, addiction, and prevention resources.
- 2) Increase the number of substance treatment and prevention referrals to existing programs within Tooele County.

Strategies:

- 1) Educate at least three medical offices per year to identify and provide substance abuse counseling or referral options (Valley Behavioral Health and Tobacco Quitline) to their patients in the next five years.
- 2) Increase referrals to END (Ending Nicotine Dependence) Classes, Prime for Life, Life Skills, Guiding Good Choices, and Second Step.
- 3) Promote prevention events in the community (i.e. Save Family Dinner, Youth Summit).

Resources:

Tooele County School District, Tooele City Communities that Care, Valley Behavioral Health, trade organizations, RAD PAC, Tobacco Quitline, Tooele Transcript-Bulletin newspaper, community newsletters, and social media outlets such as, Facebook and Twitter.

Key Measures:

- 1) Record the number of medical offices educated each year with 2017 being the baseline and evaluate over the next five years.
- 2) Record the number of community events and advertisements in community news letters.

- 3) Data collection through community surveys and evaluations.

Responsible Individual and Organization:

Hilary Makris, TCHD

Partners:

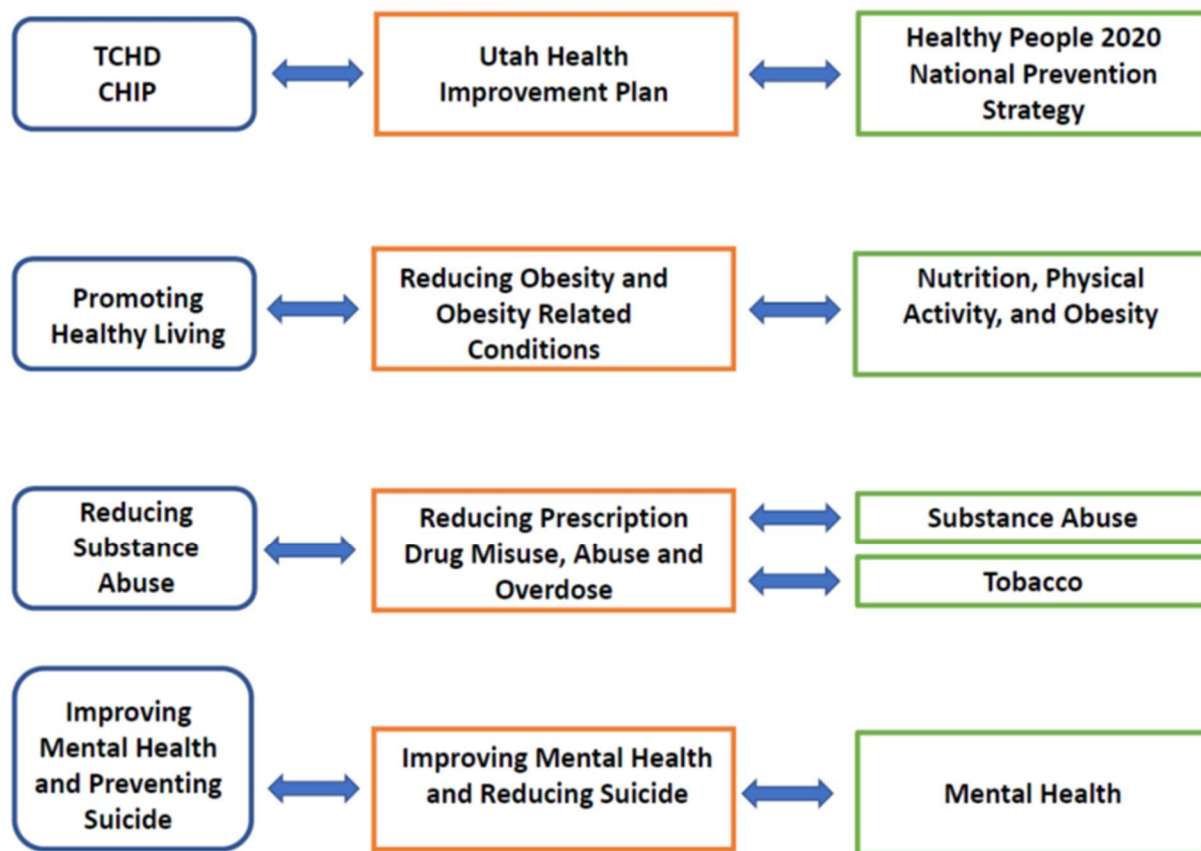
Tooele County School District, Tooele City Communities that Care, Valley Behavioral Health

Alignment with State and National Priorities

The CHIP planning process considered the following models in order to align our health priorities with the Utah Department of Health and National Public Health Priorities.

- The 10 Essential Public Health Services – a national framework for the public health activities that all communities should undertake to contribute to their health and well-being.
- Healthy People 2020 – a 10-year national agenda for improving the Nation’s health.
- CDC’s Health Impact in 5 Years (HI-5) framework – an initiative that highlights cost-effective, non-clinical and communitywide approaches that are evidenced to have positive health impacts within a 5-year time-frame.
- Utah Department of Health’s Utah Health Improvement Plan (UHIP) – statewide health improvement goals and strategies

Community Health Improvement Priority Alignment with Local, State and Federal Priorities



Forces of Change

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

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

Table 8. The Tooele County Health Department identified six forces of change occurring in Tooele County, 2016.

Forces of Change - Threats and Opportunities		
<u>Forces (Trend, Events, Factors)</u>	<u>Threats Posed</u>	<u>Opportunities Created</u>
Economy	Eating habits, unemployment, lack/decline in services	Increase in use of public transportation
Unemployment	Less insurance, county revenue down	
Shrinking levels of Government (State and County levels)	Less services available	
Cost of Health Insurance	Fewer patients seeking preventative care	
Health Care Reform	Increased burden on safety net providers	Preventative services increased
Change in EPA Laws	Lowering standards	Less governmental regulations potentially increase business profits which increases county revenues

Source: Tooele County Health Department, 2016

Social Determinants of Health, Causes of Higher Health Risks and Poorer Health Outcomes, and Health Inequities

Nearly everyone is impacted by the social determinants of health (SDOH) in one way or another. Healthy People 2020 organizes the social determinants of health around five key domains:

These five key domains (determinants) include:

- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment



To create effective public health programs, Tooele County must work collaboratively across sectors to address the unique needs of their community. Below are a variety of resources, organized by domain, to help understand and explore the ways the CHIP process considered the effects of the Healthy People 2020's Social Determinants of Health within Tooele County.

Each of these five determinant areas reflects a number of key issues that make up the underlying factors in the arena of SDOH. All of these areas were considered in the CHIP planning process.

- Economic Stability
 - Employment
 - Food Insecurity
 - Housing Instability
 - Poverty
- Education
 - Early Childhood Education and Development
 - Enrollment in Higher Education
 - High School Graduation
 - Language and Literacy
- Social and Community Context
 - Civic Participation
 - Discrimination
 - Incarceration
 - Social Cohesion
- Health and Health Care
 - Access to Health Care
 - Access to Primary Care
 - Health Literacy
- Neighborhood and Built Environment
 - Access to Foods that Support Healthy Eating Patterns
 - Crime and Violence
 - Environmental Conditions
 - Quality of Housing

The 2018-2022 CHIP Applies a Health Equity Lens

Everyone should have an opportunity to access available resources that can help them live a long and healthy lifestyle. Healthy People 2020 defines health equity as the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities.

For each strategic priority being addressed, our goal is to focus on the related social and economic conditions, in the places where people work, live, learn or play, effecting health risks and outcomes. These social determinants of health have the power to positively or negatively affect an individual or family's ability to achieve health. The CHIP's approach recognizes that all Americans should have the opportunity to make the choices that allow them to live a long, healthy life, regardless of their income, education or background. It seeks to raise the bar for everyone, especially those who face significant barriers to better health.

Health Disparities and Health Outcomes

- Health disparities are more than differences in health outcomes.
- The fact that some individuals or groups die sooner, or experience a disease more severely than others, is a necessary and yet insufficient condition to establish a disparity.
- A disparity implies that the difference is avoidable, unfair, and unjust.

Health Disparities and Health Equity

- Health disparities are differences in health outcomes that are closely linked to economic, socio-cultural, and environmental/geographic disadvantage.
- Health disparities are the metrics by which health equity is assessed.
- Health equity is the principle behind the commitment to pursue the highest possible standard of health for all while focusing on those with the greatest obstacles.

Addressing Health Disparities and Health Equity in Tooele CountyWhat are our Health Disparities?

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

How can Health Equity be Achieved?

Every person must have full and equal access to opportunities that enable them to lead healthy lives. Everyone must be treated equally, and avoid health inequities, and health disparities should be eliminated.



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