



2023 - 2027

COMMUNITY HEALTH IMPROVEMENT PLAN

FOR TOOELE COUNTY



Letter to the Community

To Our Friends, Community Partners, and Tooele County Residents,

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 hand in hand 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 2022 Community Health Assessment (CHA) [here](#). 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.

Many Tooele County citizens experience physical and behavioral health problems related to mental health, substance use, and lack of nutrition and exercise. The challenges we face require a call to action. The 2023-2027 CHIP provides the framework for mobilizing community action through partnerships to improve the health of all Tooele County Residents, particularly our most vulnerable citizens. Three (03) data-driven health priorities have been identified to work on improving:

(1)- Mental Health

(2)- Substance Use Disorders (SUD)

(3)- Obesity and Healthy Living

Our community shares the ownership of these complex public health problems and we need diverse community engagement to show improvement. The 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 have a safe, healthy, and flourishing community.

We thank all those who have already contributed to the success of the Tooele County Community Health Improvement Plan, especially the members of the three (03) health priority workgroups. Without their talents, interests, insights, and knowledge, this report could not have been completed. To become involved or to receive more information about the CHIP, please contact Mamadou Tounkara at 435- 277- 2302.

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

- ❖ Representative Tim Jimenez
- ❖ Tooele County Health Department
- ❖ Tooele City
- ❖ Tooele County Board of Health
- ❖ Tooele County
- ❖ Tooele County Human Services
- ❖ Switch Point
- ❖ Sacred Circle Healthcare
- ❖ Wendover City
- ❖ Utah Independent Living
- ❖ Grantsville City
- ❖ Intermountain Healthcare
- ❖ Valley Behavioral Health
- ❖ USU extension
- ❖ NATSU
- ❖ Utah Association of Peer Support Specialists
- ❖ EMS
- ❖ Tooele County Council
- ❖ Clinical Consultants
- ❖ Tooele Children's Justice Center
- ❖ Mountain West Medical Center
- ❖ Bonneville Family Practice
- ❖ Tooele Senior Center
- ❖ Tooele County School District
- ❖ Utah Department of Environmental Quality
- ❖ Birch Pharmacy
- ❖ 5 Pillars of Health
- ❖ Optum
- ❖ Bonneville Family Practice
- ❖ Utah Department of Health and Human Services
- ❖ Medical Care Practitioners
- ❖ Dental Care Practitioners

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Executive Summary

The Community Health Improvement Plan (CHIP) is a product of a collaborative effort among community stakeholders to discuss, identify, and address the most actionable health concerns in Tooele County. The Community Health Assessment (CHA), conducted by the Tooele County Health Department, spearheaded these efforts. When looking at quantitative and qualitative data gathered from the CHA, three problem areas were identified as health priorities. The three health priorities identified for Tooele County include:

1. Mental Health
2. Substance Use Disorders (SUD)
3. Obesity

Mental Health

Approximately 20% of the United States (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 and 2022 Community Health Assessments, respectively 21.9% and 27.8% of the Tooele County residents claimed to be experiencing depression when the survey was conducted. In 2016, this statistic was the third highest among health districts in the state of Utah. In 2022, the same statistic was the highest rate of depression among health districts in the state of Utah. According to the Utah Department of Health and Human Services (DHHS), Tooele County had a suicide rate of 25 per 100,000 population in 2022 which was above both the state (20.6%) and nationally (13.5%). Since 2007 the suicide rate has increased and it is currently one of the most challenging health problems facing both adults and youths.

The CHIP Mental Health Workgroup is made up of representatives from the Tooele County Health Department, Intermountain Health, Mountain West Medical Center, Bonneville Family Practice, Tooele County Human Services, Tooele County School District, Valley Behavioral Health, Optum Healthcare, Tooele County Children's Justice Center, and the Tooele County Senior Centers.

The Workgroup leadership consists of 2 Co-Chairs (VBH and Human Services) and a Liaison (Health Department). The co-chair set the agendas for the meetings. The liaison sent the meeting agendas, meeting invitations, and reminders, collected data, and took minutes of the meeting. During the timeframe of August 2023 to January 2024, the workgroup met 7 times. The leadership met an additional 2 times. At the first work-group meeting, a list was made of mental health issues needing to be addressed in our community. The co-chair took these items and came back with a "Menu of Mental Health Topics". These topics were made into a survey and shared with the general public.

After this population was surveyed, we took the same survey to the clinical side. From the results of the survey, five goals were created to address mental health. These five goals were eventually narrowed down to two S.M.A.R.T goals which stands for Specific, Measurable, Achievable, Realistic, and Time-bound. The workgroup will continue to meet as needed.

Substance Misuse Disorders

According to the Centers for Disease Control and Prevention (CDC), Substance Use Disorders (SUD) are treatable, chronic diseases characterized by a problematic pattern of use of a substance or substances leading to impairments in health, social function, and control over substance use. It is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues to use the substance despite harmful consequences.

These patterns of symptoms resulting from substance use (drugs or alcohol) can help a doctor diagnose a person with a SUD or SUDs. Substance Use Disorders can range in severity from mild to severe and can affect people of any race, gender, income level, or social class.

In 2020, the rate of death poisoning within the State of Utah was 22.2 per 100,000 population compared to nationally in the U.S. with a rate of 29.9 per 100,000. In the same year, the rate of drug deaths in Utah was 20.5 per 100,000 population compared to nationally in the U.S. with a rate of 28.2 per 100,000. From 2017 to 2021, the rate of drug poisoning deaths in Tooele County was 24.1 per 100,000 population compared to the State of Utah with a rate of 21.7 per 100,000. Nonfatal overdoses from prescription pain medications have increased in recent years in Utah. Utah has a rate of 11.3% of binge drinking in the last 30 days compared nationally in the U.S. with a rate of 15.7% in 2020. From 2020 to 2021 the rate of adults who smoke cigarettes in Tooele County was 10.8% compared to the State of Utah which had a rate of 7.8%.

The workgroup consists of professionals across the Institute of Medicine's *Spectrum of Mental, Emotional, and Behavioral Interventions* (aka. Continuum of Care), also including individuals with lived experience and in long-term recovery. Entities represented included Natsu Healthcare, Valley Behavioral Health, Clinical Consultants - LLC, Utah State University - Extension, Mountain West Ambulance, Utah DHHS, Tooele City - Police Department, Grantsville City - Police Department, and other county departments. Workgroup members held 2-3 'hybrid' meetings per month through late summer and fall of 2023. Early in the plan development process, the workgroup identified that a comprehensive plan must include goals and objectives that address SUD across the entire continuum and that reliable data was a shared dilemma across our system. The workgroup elected to use Google's Jamboard platform to facilitate the collaborative exchange of ideas as goals and objectives were devised. Thus, the SUD workgroup developed a CHIP strategy broken down into 4 categories; 1. primary prevention (education and onset prevention), 2. secondary prevention (early intervention and treatment), 3. tertiary prevention (long-term recovery and re-integration), and 4. reliable data exchange. Upon the release of the full CHIP document, the workgroup plans to reconvene and break up into subcommittees based on the 4 categorical focus areas. Each subcommittee will have a designated sub-committee spokesperson who will be empowered to mobilize the devised strategies and report progress to the liaison and workgroup chair quarterly.

Obesity & Healthy Living

The World Health Organization defines overweight or obesity as abnormal or excessive fat accumulation that presents a risk to someone's health. A body mass index (BMI) over 25 is considered overweight, and over 30 is obese. In 2020 the State of Utah had an obesity rate of 63.8% compared nationally to the U.S. which had a rate of 66.6%. In 2021 the State of Utah had an obesity rate of 65.5% compared nationally in the U.S. which had a rate of 67.4% in 2021.

Tooele County had an obesity rate of 64.4% compared to the State of Utah which had a rate of 64.7% from 2019 to 2021. The rate of obesity among adults in Tooele County was 35.6% compared to the State of Utah which had a rate of 30.6% from 2020 to 2021. The rate of adults involved in aerobic physical activity was 54.9% compared to the State of Utah and the U.S., with a rate of 55.2% and 50.6% in 2019.

As of January 2024, the CHIP Obesity & Healthy Living workgroup is made up of representatives from Mountain West Medical Center, Joyful Phoenix Coaching and Consulting, the Tooele County Health Department's Health Promotion team, Women Infant Children (WIC), and the Population Health team. The workgroup continues to do outreach to other organizations to expand participation.

Workgroup leadership consists of a Chair, Vice Chair, and Health Department Liaison. Together they set agendas for the workgroup meetings and the Chair leads meetings. The Health Department Liaison creates the agenda, sends meeting invitations and reminders, and takes minutes.

From July to October 2023, the workgroup met twice a month to set goals, objectives, and strategies around obesity and healthy living in Tooele County. They identified efforts that already exist to address obesity in the community and brainstormed additional ideas to expand the work that is being done as well as new strategies. From there, the workgroup identified two goals, set measurable objectives for each goal, and identified specific strategies to meet those objectives. While individuals or organizations have been assigned to each strategy, the workgroup recognizes the need for ongoing collaboration and support to accomplish each strategy and that nobody works alone.

The workgroup has developed a Google Jamboard to report progress on strategies. The group meets monthly to discuss progress, identify barriers, and offer support.

Organizational Structure

The organizational structure of the Community Health Improvement Plan (CHIP) consists of a Governance Committee within the Tooele County Health Department 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 (03) CHIP priority Work Groups were selected to manage the individual action plans. See Figure 1 below for more details.

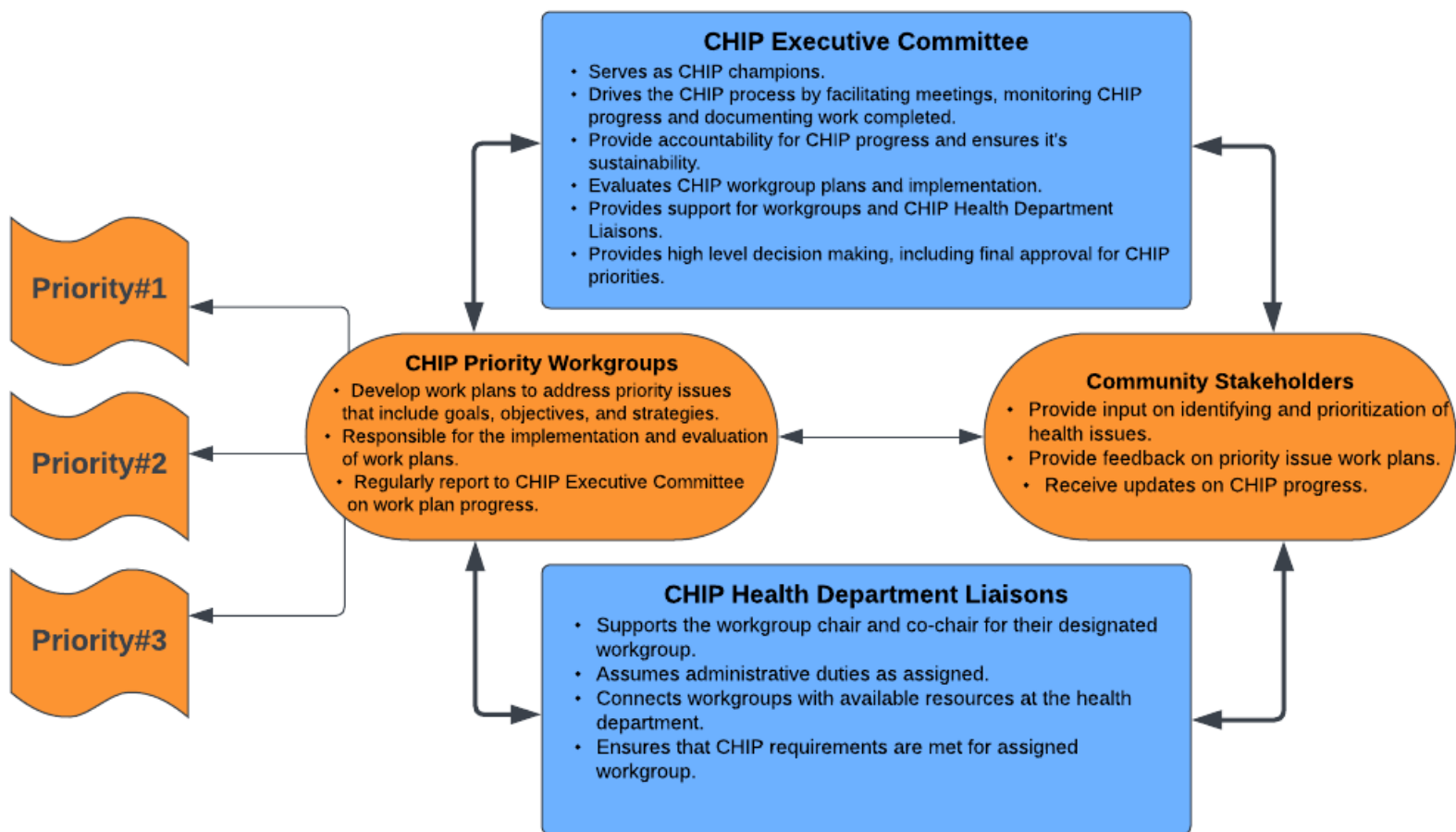


Figure 1: Organizational Structure of the Community Health Improvement Plan (CHIP)

Community Health Improvement Plan Timeline

CHIP Development Timeline	
MARCH 2023	<ul style="list-style-type: none">● CHIP Planning Begins● First CHIP Executive Committee Meeting
MAY 2023	<ul style="list-style-type: none">● First Stakeholder Meeting● CHIP Planning Process Developed
JUNE 2023	<ul style="list-style-type: none">● Second CHIP Executive Meeting● Priority Groups Finalized
JULY 2023	<ul style="list-style-type: none">● First Work Group Meetings
AUGUST 2023	<ul style="list-style-type: none">● Board of Health Briefed on CHIP Process
SEPTEMBER 2023	<ul style="list-style-type: none">● Required Policy and System Level Changes
NOVEMBER 2023	<ul style="list-style-type: none">● CHIP Executive Committee completes a final review of the three (03) Work Group Plans
JANUARY 2024	<ul style="list-style-type: none">● Based on the CHIP Executive Committee recommendations changes made to the CHIP
FEBRUARY 2024	<ul style="list-style-type: none">● CHIP Report Finalized

Required Policy, System Level, and Environmental Changes

While many health programs focus on behavior change to help individuals live healthier lives, policy, systems, and environmental (PSE) level interventions have the capability to positively impact health outcomes for a community by addressing socioeconomic factors that contribute to and exacerbate health issues and inequities. These interventions aim to help make healthier decisions the easier or default choice.

- **Policy Change** - Policy interventions include formal and informal rules, regulations, ordinances, and laws that will significantly impact the decisions individuals make about health (e.g., tobacco prevention policy on a school campus and worksites).
- **Systems Change** - System interventions are changes made within an organization, institution, or community that impact the overall infrastructure within schools, parks, worksites, or health settings (e.g., establishing a school-based health center to increase access and decrease absenteeism).
- **Environmental Change** - Environmental interventions are changes that affect the economic, social, or physical environment (e.g., assuring sidewalks are built to link a neighborhood to a nearby park).

The Health Impact Pyramid, developed by a previous CDC Director, Thoms Frieden, depicts the level of impact of different types of public health interventions. As depicted in the “Health Impact Pyramid”, efforts taken to address the lower tier have the greatest impact. The CHIP strategies and objectives reflect all tiers of this pyramid but will emphasize PSE intervention as they have the highest potential for reaching the total population of Tooele County. An example of this would be having a mobile health clinic reach the more rural areas of a county where health services are not readily available. See Figure 2 for the Health Pyramid and Figure 3 for Collective Impact respectively below.

“The health impact pyramid, a framework for public health action, postulates that addressing socioeconomic factors (tier 1, or the base of the pyramid) has the greatest potential to improve health. Interventions that change the context for individual behavior (tier 2) are generally the most effective public health actions; 1-time clinical interventions (tier 3), such as immunizations, can be more effectively applied than those requiring ongoing care; and clinical interventions (tier 4) are generally, although not inevitably, more effective than counseling and education (tier 5).”

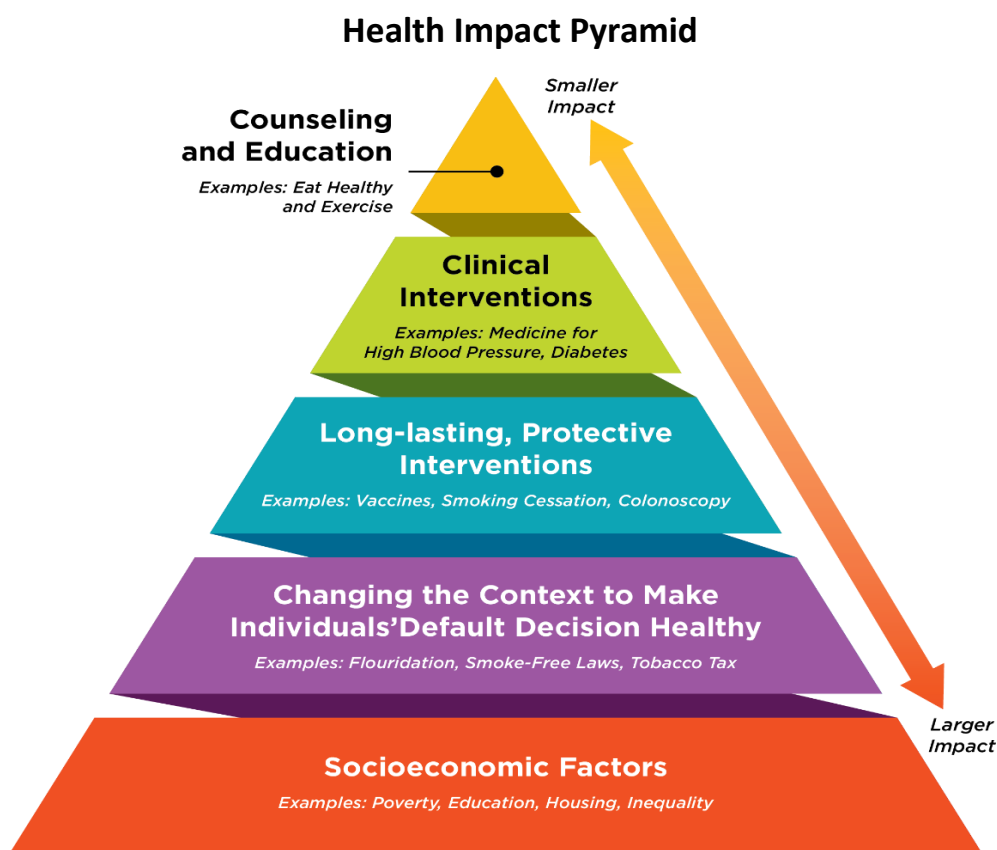


Figure 2: Health Impact Pyramid

Collective Impact

To help the workgroups be successful, the Health Impact Pyramid and the principles of Collective Impact and Systems-Level Thinking were introduced to each of the three workgroups to be used when identifying the overall goals, objectives, and strategies. Using these principles can help the workgroups have successful outcomes and have a greater impact.

“Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.”



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 Measurement	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 appreciate common motivation.
Backbone Support	Creating and managing collective impact requires a dedicated staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

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Figure 3: The Five Conditions of Collective Impact Framework

Systems-Level Thinking Process

For community health improvement, it is important to emphasize the systems that impact health, not just the individuals of a community. System-level interventions aim to affect change in organizations, policies, and laws. Each workgroup was introduced to five cross-cutting themes to help them have a systems-level approach when planning the goals, objectives, and strategies.

Five Cross-Cutting Themes
<ul style="list-style-type: none"> • Infrastructure • Policy • Evidence-Based Practices • Relationships/Partnerships • Health Disparities/Health Equity

Community Health Improvement Process

Public health is an all-encompassing field that includes us all. Public health systems include “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction” (CDC, 2023). From cell phone carriers to healthcare providers, each entity can have an impact on the well-being of a community, necessitating the need to acknowledge them when assessing community public health needs. See Figure 4.

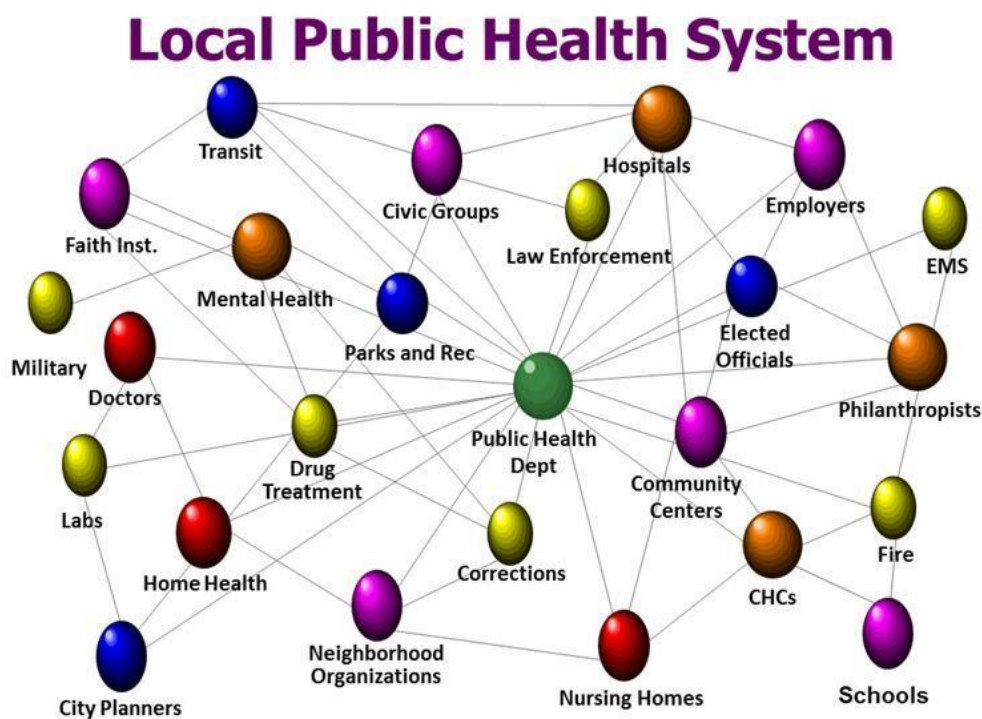


Figure 4: The Local Public Health System Framework

In the summer of 2022, a Community Health Assessment (CHA) was conducted by the Tooele County Health Department. The CHA intended to assess the current health perceptions of the community and identify the primary health concerns of the county. Several methods were used to collect this data including focus groups and a mixed-methods survey with phone interviews and emailed survey links. Assessment is included in the Essential Public Health Services as shown in Figure 5.



Figure 5: The 10 Essential Public Health Services

In the spring of 2023, the Tooele County Health Department hosted a Stakeholder Dinner where community partners, leaders, and gatekeepers met to collectively discuss the health needs of Tooele County residents and determine the health priority areas. The overall goal of establishing these health priorities is to improve the health of the community through the implementation of strategic plans that include set goals and objectives. The 2022 CHA findings were presented during this meeting.

Based on the data from the 2022 CHA and input from the community stakeholders at the Stakeholder Dinner, the following areas were identified as actionable health priority areas for Tooele County:

Priority Areas:

1. Mental Health
2. Substance Use Disorders (SUD)
3. Obesity

Alignment with Local, State, and Federal Priorities

The CHIP planning process considered the following models to align our health priorities with the Utah Department of Health and Human Services (DHHS) and National Public Health Priorities. See Figure 6.

- The Ten (10) Essential Public Health Services is a national framework for the public health activities that all communities should undertake to contribute to their health and well-being.
- Healthy People 2030 is a ten (10) year national agenda for improving the nation's health.
- The Centers for Disease Control and Prevention (CDC)'s Health Impact in 4 Years (HI-5) framework is an initiative that highlights cost-effective, non-clinical, Community Based Participatory Research (CBPR), and community-wide approaches that are evidenced to have positive health impacts within a 5-year time frame.
- The Utah Department of Health and Human Services (DHHS) Utah Improvement Plan (UHIP) is a statewide health improvement goal and strategy.

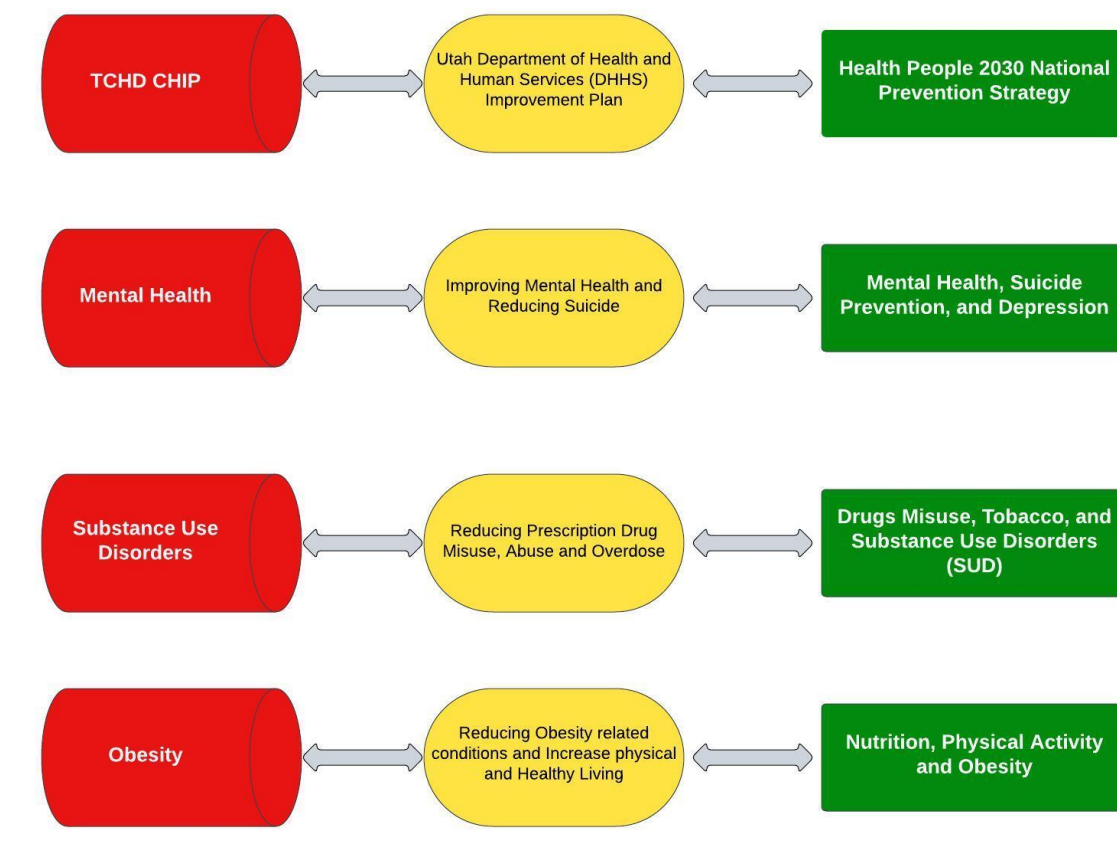


Figure 6: Priorities alignment with Local, State, and Federal goals and objectives

Top Three (03) Public Health Priorities in Tooele County

Mental Health

Mental illness affects a person's emotional, psychological, and social well-being. It affects how we think, feel, and act. Mental illnesses are one of the most common health conditions in the US with more than 1 in 5 US adults currently living with a mental illness. In youth, more than 1 in 5 ages 13 to 18 either currently or at some point had a serious debilitating mental illness. In Utah, Tooele County has the highest depression prevalence of 27.8% of Tooele County adults have ever been told that they have Depression. Tooele County also has the highest rate of people reporting seven more days of poor mental health in the past 30 days at 30.7%. These statistics are alarming, demonstrating a need to address mental illness for Tooele County residents.

Substance Use Disorders (SUD)

Tooele County had 25.1 drug deaths per 100,000 population from 2018-2021. Tooele County residents identified several forms of substance use as the most concerning health behavior for the county. Illicit and prescription drug use was ranked the most concerning during our community health assessment. Roughly 6% of Tooele County 8th, 10th, and 12th graders reported consuming beer, wine, or hard liquor in the last 30 days. According to the Utah Public Health Indicator-Based Information System (IBIS), Tooele County LHD ranked in the middle compared to the rest of the 13 local health departments (LHDs) when residents were asked about using illegal substances on one or more of the past 30 days in 2021 survey. These statistics on substance use disorders demonstrate the need to address this use using community-based participatory research as a collaborative approach to lower the risk of residents getting involved in substance use disorders (SUD).

Obesity and Healthy Living

Obesity and overweight are labels used to describe whether a person is generally considered to be at a healthy weight regarding their height. Body weight and height are used to calculate a person's body mass index (BMI). That BMI in turn places them in a category of underweight, healthy, overweight, and obese. BMI is also used to identify ranges of weight that have been shown to increase a person's probability of developing diseases and varying health conditions. The CDC defines overweight as having a BMI of 25 to 29.99 and obese as a BMI of 30 and over.

A person who is overweight or obese is at a higher risk of developing many different health conditions, including type 2 diabetes, cancer, cardiovascular disease, and so on. Within the US, the obesity prevalence was 41.9% in 2017 to March 2020. In Utah, Tooele County is the second leading health district for obesity with a rate of 35.6%. Tooele County also has the worst rates of adolescent obesity at a rate of 12.2%.

A healthy diet and physical activity have been shown to reduce obesity rates. The CDC recommends adults complete 2 days of muscle-strengthening activity and 150 minutes of

moderate-intensity physical activity each week. Within Tooele County, only 33.8% of residents meet the recommended muscle strength training and 54.9% meet the recommended moderate-intensity physical activity each week. In regard to diet, 36.2% of Tooele County residents reported eating 2 or more servings of fruit each day. Only 13.5% of Tooele County residents consumed 3 or more vegetables a day.

Goals, Objectives, Strategies, and Resources to Address Priorities

Mental Health

Goal #1: Decrease stigma surrounding mental health.

Objectives:

- By 2024, a “Stop the Stigma Campaign” will be implemented utilizing at least 12 graphics created by high school students.
- By 2027, promote the monthly TCHD and Department of Human Services “Mental Health Matters Campaign” by publishing/distributing informational handouts at 5 different locations/websites.

Strategies:

- By 2024, utilize local high schools (Grantsville, Stansbury, Tooele, Deseret Peak, Blue Peak, Wendover, and Dugway) to engage in stigma reduction through clubs, associations, Hope Squads, and class campaigns.
- By 2024, host a drawing contest in at least one high school for the “Stop the Stigma Campaign” and a chance to win a \$50 gift card.
- By 2025, equip social and print media to increase safe messaging.
- By 2025, share messaging from both campaigns with vulnerable populations by distributing messaging to youth-led groups, local nonprofits, healthcare organizations, and mental health agencies.
- By 2024, partner with the State of Utah’s “Stop the Stigma” initiative and utilize their shared resources as needed.
- By 2024, translate messaging into Spanish and share it with Wendover affiliates.

Assigned: *Natalie Heiner, Prevention Services at TCHD*

Goal #2: Increase prevention and early intervention for mental health and suicidal ideation.

Objectives:

- By 2027, partner with at least one faith-based organization to provide mental health training as needed.
- By 2027, engage with tribal leaders in Ibapah, Skull Valley, and the Nat-Su Health Organization at least once a year about available training and resources to address mental health and suicide.
- By 2027, provide training to address mental health at least once a year in Wendover.

- By 2027, distribute social and/or print media on Tooele County's Suicide Prevention Plan to up to a dozen outside organizations.

Strategies:

- Utilize mental health training available at TCHD including QPR, Mental Health First Aid, Vital Cog, Guiding Good Choices, "Counseling in the Streets", and others.
- Partner with organizations that work with vulnerable populations to promote resource availability.

Assigned: Stacy Smart, Prevention Services at TCHD

Substance Use Disorder

Goal #1 (Primary Prevention): By 2026, increase access and participation in SUD prevention activities through at least 4 novel partnerships.

Objectives:

- Increase community engagement with CTC coalitions that address primary prevention.
- Broaden the primary prevention workforce through novel partnerships and training opportunities.
- Increase access and participation in SUD prevention activities through novel partnerships.

Strategies:

- Be proactive in demonstrating needs, share outcomes often, and offer training opportunities to better understand the role of prevention.
- Assist coalitions in becoming financially sustainable, (E.g. applying for 501c3 status, grants, private and public org. contributions.)
- Participate in coalition-led strategies and assist CTC coalitions in meeting their action plan goals. Promote existing upstream strategies.
- Increase saturation of primary prevention programs in schools: Second Step, Botvin's Life Skills, and fostering connection and supportive environments

Assigned: Peter Clegg, Prevention Services at TCHD

Goal #2 (Secondary Prevention): Standardize and streamline the process of SBIRT (Screening, Brief-intervention, & Referral to Treatment) among healthcare, behavioral health, education, and social service providers in Tooele County and establish an effective method of listing appropriate early-intervention options by June 2025. (See SAMHSA [Tapp 33 Framework](#))

Objectives:

- Increase the accessibility of early intervention classes and activities through the implementation of a program expansion and the establishment of novel partnerships.
- Develop a comprehensive framework and accompanying tools that empower eligible community agencies to effectively conduct active screening for substance use and seamlessly facilitate prompt referrals for early intervention, proactively.

Strategies:

- Establish a user-friendly platform to share appropriate service offerings with referring parties e.g., Guiding Good Choices, Incredible Years, Strengthening Families
- Form a sub-committee to develop a comprehensive framework for screening tools and referrals using the Tapp 33 framework.
- Make Prime for Life for youth more accessible for minors in Possession and other first-time offenses.
- Establish novel partnerships (e.g., law enforcement, pediatrician offices, schools, and social services providers) to increase the number of offerings and to promote culturally appropriate interventions.

Assigned: Megan Raschke, Health Promotion at TCHD

Goal #3 (Tertiary Prevention): By the end of 2027, create and distribute at least 3 education/resource materials designed for those seeking services for a loved one with a history of substance misuse.

Objectives:

- Identify and enhance ongoing Substance Use Disorder (SUD) recovery efforts through expanding accessible support services and increasing engagement.
- Identify and enhance the availability of Stabilization Supports for individuals undergoing Substance Use Disorder (SUD) treatment, transition, and recovery.
- Integrate and mobilize the Tooele County Opioid Response Plan.

Strategies:

- Promote the availability of MAT offerings and encourage proportionate supply & demand ratios.
- Establish a subcommittee focusing on advocacy to increase transitional housing and low-cost housing options for people in recovery
- Promote employment & education opportunities through expanded partnerships with DWFS, chamber of commerce, and education organizations.

Assigned: Leena Chapman, Natsu Behavioral Health

Goal #4 (Tertiary Prevention): Increase the presence of the recovery community in Tooele County, ensure a minimum of 4 annual engagements

Objectives:

- Implement a range of pro-social support initiatives that actively engage the recovery community, leading to an increase in community participation and involvement
- Reduce stigma associated with substance use and recovery

Strategies:

- Establish a subcommittee dedicated to planning and implementing quarterly activities, composed of representatives from local recovery agencies and advocacy groups.
- Increase visibility and activities for the recovery community through promotion efforts across many agencies
- Partner with local businesses, schools, and community centers to sponsor and host events
- Create volunteer opportunities within the recovery community to strengthen relationships.
- Engage participants in organizing and hosting events, fostering a sense of ownership.
- Solicit feedback from the community after each event for continuous improvement and use feedback to tailor future activities to the specific needs and preferences of the community.

Assigned: Matt Huntington, USU Extension

Goal #5 (Data): Increase access to up-to-date and relevant SUD data in Tooele County that can be safely used to enhance services, monitor outcomes, and secure future funding.

Objectives:

- Develop a comprehensive framework that facilitates the seamless sharing of Substance Use Disorder (SUD) data among local agencies.
- Undertake a thorough assessment of data needs within local agencies to identify key requirements and gaps in SUD-related metrics.
- Provide clear and standardized guidance to local agencies on best practices for the collection, storage, and sharing of SUD data.
- Diversify and enhance existing data sources to better monitor benchmarks and behavior trends.

Strategies:

- Establish a workgroup focused on engaging stakeholders to collaboratively design and implement a framework for the systematic sharing of SUD data among local agencies.
 - o Explore and implement technological solutions that facilitate secure and efficient data sharing among local agencies while ensuring data privacy and security.
 - o Establish a feedback mechanism to continuously assess the effectiveness of the data-sharing framework and make necessary adjustments based on stakeholder input.
 - o Conduct training sessions to build the capacity of local agency staff in utilizing the established framework for efficient data sharing.
- Identify, interpret, and share additional data sources that are available but currently under-utilized
- Devise outreach efforts to educate the community about the importance of up-to-date SUD data and the role of local agencies in data sharing.
- Advocate for the continuation of the SHARP survey.

- Devise a plan to address misinformation and soften parental reluctance.

Assigned: Yiran Qin, Population Health at TCHD

Obesity and Healthy Living

Goal #1: Increase the daily consumption of nutritious foods among Tooele County residents.

Objectives:

- By 2028, the percentage of adults in Tooele County who consume fruit 2 or more times per day will increase from 36.2% to 41.2%.
- By 2028, the percentage of adults who consume vegetables 3 or more times per day will increase from 13.5% to 18.5%.

Strategies:

- Implement the Senior Farmers Market Nutrition Program and hold the market 3 times per month July-October. (Health Promotion/Senior Centers)
- Develop a social media campaign and Healthy Eating Newsletter to be sent quarterly (Gwen Bristol and group)
- Enhance partnerships with grocery stores and clinics to educate the public about nutrition and/or offer nutritious foods at a discounted rate (i.e. snack basket for kids, etc.) (WIC/CHWs)
- Reimplement the LiveFit program in Tooele County. (Shelby)
- Increase the # of TOPStar-endorsed daycare centers in Tooele County (Health Promotion)

Assigned: Megan Raschke, Health Educator at TCHD

Goal #2: Increase physical activity in Tooele County.

Objectives:

- By 2028, the percentage of adults in Tooele County who get the recommended amount of physical activity will increase from 54.9% to 60%.
- By 2028, the percentage of adults in Tooele County who get the recommended amount of muscle-strengthening activity will increase from 33.8% to 38.8%.
- By 2028, the percentage of youth in Tooele County who get the recommended amount of physical activity will increase from 20.5% to 25.5%.

Strategies:

- Increase the # of TOPStar-endorsed daycare centers in Tooele County (Health Promotion)
- Implement and promote the Park Rx program (Health Promotion)
- Increase provider referrals to lifestyle change programs in the community (Megan and Shelby)
- Have 1 DSMES provider in Tooele County. (Health Promotion and Hospital)
- Reimplement the LiveFit program in Tooele County. (Shelby)

- Utilize platforms (FB, websites, PT/hospital/doctor offices) to promote NDPP twice a month- (Megan and Shelby)
- Develop handouts and social media posts about "do at home" or "quick 5-minute exercises" to be shared with the community and providers. (Gwen and group)

Assigned: Jamie Andersen, Health Promotion Coordinator at TCHD

Next Steps

Action Cycle (Planning, Implementation, and Evaluation)

The next step in the health improvement process is planning, implementation, and evaluation, also known as the action cycle. The action cycle is a continuous process that will extend through the remainder of the 2023-2027 CHIP.

Each workgroup will plan, implement, and evaluate the progress made to its established goals and objectives at least once a year.

The first step includes the workgroups implementing their strategies by assigning individuals and allocating necessary resources.

Second, groups will carry out those strategies.

Third, workgroups will evaluate their progress and address any barriers to the successful implementation of the strategies.

The feedback from earlier phases will inform and improve later phases.

Community Health Improvement Plan Implementation will begin in 2024.

A lead has been identified for each objective of the action plan. These individuals are responsible for continued planning and implementation. The principles of Collective Impact, the Health Impact Pyramid, and Systems-Level thinking will help guide these agencies to carry out evidence-based strategies that will demonstrate progress in the community's health.

Annual Review of the Community Health Improvement Plan.

The Tooele County Health Department will conduct a yearly report detailing the progress made by the implementation of the CHIP. Revisions to objectives, responsible organizations, targets, and timeframes will be updated as needed.

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

This CHIP reflects goals and objectives that will be implemented over five years from 2023-2027. By the end of 2027, the TCHD will conduct another Community Health Assessment, which will be utilized in the next CHIP cycle.

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

Social Determinants of Health (SDOH) refer to “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” See Figure 7. Healthy People 2030 has identified 5 domains of SDOH:

- Economic Stability
- Education Access and Quality
- Healthcare Access and Quality
- Neighborhood and Built Environment
- Social and Community Context



Figure 7: The Social Determinants of Health Framework

To effect change in its community, Tooele County must collaborate across sectors to fully address the health needs of its community. Organized by domain, below is a list of resources and key concepts from Healthy People 2030’s Social Determinants of Health that were considered throughout the CHIP planning process.

- Economic Stability
 - Employment
 - Housing
 - Food insecurity
 - Poverty
- Education Access and Quality
 - Early Childhood Education and Development
 - Enrollment in Higher Education
 - High School Graduation
 - Language and Literacy
- Healthcare Access and Quality
 - 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
- Social and Community Context
 - Civic Participation
 - Discrimination
 - Incarceration
 - Social Cohesion
- Health and Health Care
 - Healthcare access
 - Access to a Primary Care Provider
 - Health Literacy
- Neighborhood and Built Environment
 - Access to Healthy Foods
 - Crime and Violence
 - Environmental Conditions
 - Housing Quality

The 2023-2028 CHIP Applied the Ten (10) Essential Public Health Services in the Lens of Health Equity in Tooele County

Resources to support a long and healthy lifestyle should be available to everyone. Healthy People 2030 defines health equity as “the attainment of the highest level of health for all people”. To achieve health equity for all, there needs to be a continuous, integrated multi-sector effort to address avoidable disparities, injustices, and social determinants of health.

The overarching goal of each CHIP workgroup is to address social determinants of health to reduce the burden of health disparities and eventually eradicate them. By identifying social and economic conditions that may impact health risks and outcomes, the workgroups can have a larger impact on the health of the community. Another important strategy is the deployment of compensated full-time Community Health Workers to integrate into the community, share resources, and assist community members in navigating through those resources. These and additional strategies demonstrate a resolve to improve the quality of life for everyone in Tooele County, regardless of income, education, zip code, or background.

Health Disparities & Health Outcomes

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

Health Disparity & Health Equity

- 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.
- Health Disparities are the 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 & Disability

- Health behaviors can directly affect health outcomes. Healthy behaviors can lower the risk for certain conditions while unhealthy behaviors can increase the risk of conditions such as heart disease, diabetes, and cancer.
- Adults with disabilities are more likely to report engaging in behaviors that are harmful to their health.
- Disability itself does not always cause poor health.

Assigned: Kevin Neff, Population Health Strategist at TCHD

Addressing Health Disparities and Health Equity in Tooele County

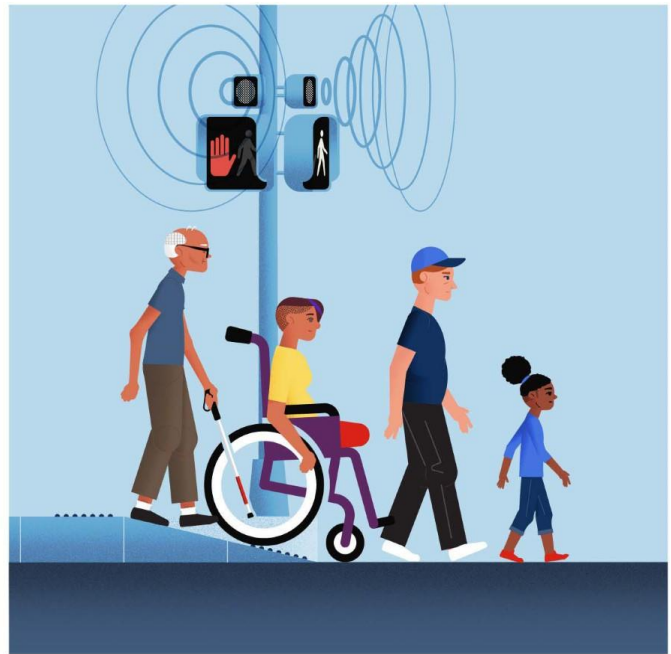
EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.



EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



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Figure 8: Equality and Equity

The above image from the Robert Wood Johnson Foundation illustrates the lens of equity that is the standard to which the CHIP workgroups and the Tooele County Health Department adhere. This involves accessibility design thinking, a preventative (rather than reactionary) mindset for strategies and processes, careful planning, and thoughtful allotment of resources to ensure that all individuals within the county have the opportunity to achieve optimal health despite any disability or disadvantage.

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