

Tooele County Community Health Assessment 2022



Prepared by:
Tooele County Health Department



Community Health Assessment 2022

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Acknowledgments

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Executive Summary

Tooele County Health Department (TCHD) is the public health agency serving the Tooele County residents in the state of Utah. The TCHD in collaboration with community partners and coalitions developed the third five-year Community Health Assessment (CHA) in 2022. The first and second community health assessments were completed in 2011 and 2016 respectively. Based on the 2022 County Health Rankings Report, Tooele County ranked 13th out of 29 counties in Utah in overall health. Understanding public health indicators in our community is the first step in improving the health of our population. The CHA is our roadmap for the next five years. We use the CHA to determine our communities and populations health priorities.

The CHA allows us to assess the health priorities of our population based on input provided by members of our community. To gain input we used surveys to determine the public health indicators in our population. Our primary data for this CHA was collected from a mixed survey method conducted by LightHouse Inc., focus groups, and our After-Action Report for the COVID-19 pandemic performed by Advanced Emergency Management Technology, LLC.

The TCHD team and partners have collected qualitative as well as quantitative data to provide meaning and context to the public health indicators that help us determine our populations health priorities for the next five years. We recognize that fostering better collaboration with our local agencies such as local coalitions, police and fire departments, local non-profit organizations, businesses, and other health agencies within Tooele County will help us achieve our goals and objectives in the short and long-term.

As our TCHD team seeks to build upon accomplishments from the 2011 and 2016 CHA, it is crucial to ask for input from every partner and health agency that supported us in achieving our mission which is to serve as a leader in public health for the community by promoting health, striving to prevent avoidable diseases, assessing the health of our community, developing policies, providing services and education, and protecting the environment to assure a better quality of life for all residents.

As the Executive Health Officer, I encourage my Tooele County Health Department Team to use our mission statement as a roadmap to this greater vision for our communities. A place where everyone is treated with respect and dignity that we all may strive for success in all aspects of life. My hope is this team is to work together to make Tooele County the healthiest and happiest place in Utah, and everyone has what they need to reach their highest potential and be successful.

Introduction & Backgrounds

In 2014, Tooele County Health Department was the first nationally accredited health department in the State of Utah by the Public Health Accreditation Board (PHAB). The goal of the PHAB is to improve and protect the health of the public through the advancement of the quality and performance of public health departments. Since its initial accreditation, TCHD completes the process every five years to maintain its PHAB accreditation status. To ensure that each health department is working to improve health outcomes and quality of life of its constituents, a key requirement of PHAB is to conduct a community health assessment (CHA).

The CHA will help local public health system members identify the most urgent health issues in Tooele County. By analyzing and evaluating data collected from various sources, public health leaders in Tooele County can make informed decisions and develop appropriate interventions that affect positive change in their community. The CHA will address the following questions:

- What are the health problems in my community?
- Why do health issues exist in my community?
- What factors contribute to these health problems?
- What resources are available to address health problems?
- What are the health needs of the community from a population-based perspective?

Purpose

The primary objective of the CHA is to tell the community's story and provide a foundation to improve the health of the population (PHAB, 2022). Health priorities and issues shift, thus making it necessary for the CHA to be completed every five years to ensure that TCHD and its partners are meeting the needs of the community and meeting the community where they are. Information gathered from the CHA directly impacts the Community Health Improvement Plan (CHIP), a tailored plan to address community needs that utilizes a continuous quality improvement approach with a health equity lens. The assessment will also be used to better understand the health behaviors and knowledge of residents and will help to identify existing resources, which can be used to address issues.

This assessment will be a valuable resource to members of the local public health system, policy leaders, and the public. Working in conjunction with the CHIP, this document will serve as a primary resource to direct health improvement in Tooele County over the course of the next five years. Information gathered from this assessment will help guide planning, priority setting, and policy change.

Process

The CHA planning process started in Spring 2022 with the establishment of the executive steering committee, which included several members of the Tooele County Health Department such as the Community Resources Center (CRC) and other healthcare organizations. This committee collaborated on what data sources to include in this report and what additional information needed to be gathered. Data that was gathered included demographics, socioeconomic characteristics, quality of life, behavioral factors, the environment, morbidity and mortality, and other social determinants of health. A mixed-method survey was conducted via phone interviews and email surveys to gather additional data and information regarding community perceptions and opinions. The Tooele County Health Department conducted two focus groups to gather qualitative data to gain further insight into community health indicators and concerns.

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

- Establishing a steering committee
- Identifying gaps in data
- Contracting a third-party group to conduct the community survey
- Conducting focus groups
- Gathering and analyzing data
- Setting health priorities
- Developing the CHA document
- Managing and sustaining the process

Methods

The public health indicators included in this report were selected by the CHA steering committee with a health equity lens to target population health priorities in the community. Not only health professionals from TCHD were included, but also community partners to make sure the decision of choosing health priority indicators were consensual. THCD health professionals wanted to make sure that the process was fully community-based participatory research in accordance with some of the PHAB accreditation criteria.

Community Description

Located in northwest Utah, Tooele County is a beautiful, rural county that is unique in both its geography and population. The county is home to numerous recreational activities, including hiking, biking, Deseret Peak, and the world-class Miller Motorsports Park. The county population has been rapidly increasing due to the many new homes and communities that have been built with more under way. This has posed challenges for Tooele County as there is increasing demand for infrastructure and employment opportunities.

The Tooele County Health Department (TCHD) was established on February 9th, 1982 through the implementation of Ordinance No. 82-2, which took effect on February 28th, 1982. Since its establishment, TCHD strives to improve the quality of life and health outcomes of its community members through the implementation of numerous programs, interventions and services.

Geography:

Tooele County is located about 25 miles southwest from Salt Lake City. As of July 2021, Tooele County's population has grown to roughly 76,640 with a strong majority of the population residing in the Tooele City, Grantsville, Erda and Stansbury Areas. Being the second largest county in Utah, Tooele County has a total area of 6,941.95 square miles. The county remains generally uncultivated and encompasses a large part of the Great Salt Lake desert, including the infamous Bonneville Salt Flats (U.S. Census Bureau, 2021).

Tooele County is bordered by Box Elder County and Davis County to the north, Utah County and Salt Lake County to the east, Juab County to the south and the State of Nevada to the west. The majority of the county's population resides in the eastern valleys where most of the irrigated and dry farmland is located. A large portion of the arid desert located in the western portion of the county is owned by the Federal Government with only a small population residing in that area. Being a mountainous area, altitudes range from 4,200 to 11,031 feet above sea level.

Climate:

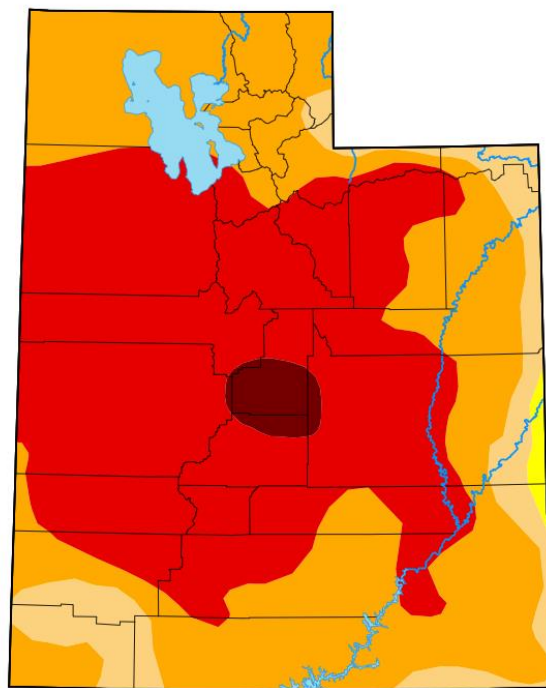
Utah's climate is variable; wet in some areas and dry in others. There are several factors that feed this variability, including latitude, elevation, topography, and proximity to water sources. Northern Utah experiences all four seasons, low annual precipitation, dry summers, and low humidity levels. The Wasatch Front region's climate borders a semi-arid, mid-latitude steppe climate that occurs along the perimeter of the Great Basin Desert, and a humid continental climate is found at slightly higher elevations in the Rocky Mountain foothills. The Wasatch, Oquirrh, and Stansbury Mountain Ranges bring most of the precipitation to the valley floor. Winters bring heavy snow accumulation over the mountains, creating ideal conditions for winter sports activities. Spring runoff is at its peak from April through June, which can cause some flooding along lower streams. Summer thunderstorms can cause flash flooding in some localized areas of the county. The annual precipitation average is about five inches in the Great Salt Lake Region.

Since the early 2000s, Utah state has been experiencing a drought putting stress on the vegetation, wildlife, water systems, and the Great Salt Lake (National Integrated Drought Information System, 2022). As the megadrought persists, so do the declining levels of the Great Salt Lake resulting in the lake losing close to half of its surface area (The European Space Agency, 2022). Not only is this negatively affecting the billions of microbes, brine shrimp, and brine flies that reside in the lakes, the low water levels allow for severe dust pollution to be released into the

air. Neighboring the Great Salt Lake, Tooele County is directly impacted by these drought consequences (Utah Division of Water Resources, 2022).

The maps below display the impact of drought in Utah. This is a graduated-colored showing that the majority of Tooele County is impacted by extreme drought. The consequences of the drought are detrimental to agriculture and livestock since Tooele County is well known for being a rural farming community. Understanding the impacts of drought and ways to have a symbiotic relationship with our environment is essential for our well-being in our community. Also, it is important to avoid the contributing factors that are associated in increasing the drought phenomenon in our community specifically and in the State of Utah in general.

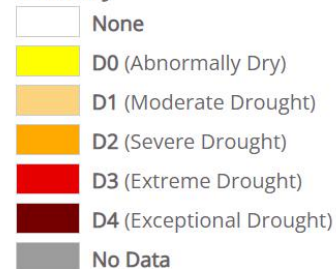
Figure 1: Drought in the State of Utah



Map released: Weds. November 23, 2022

Data valid: November 22, 2022 at 7 a.m. EST

Intensity

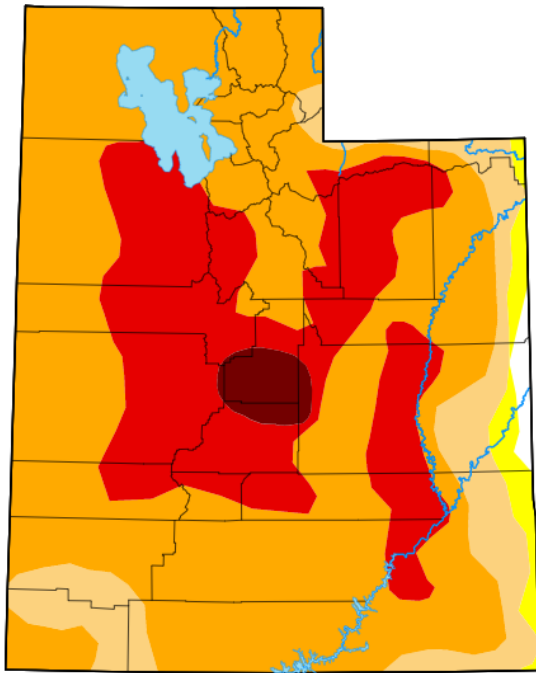


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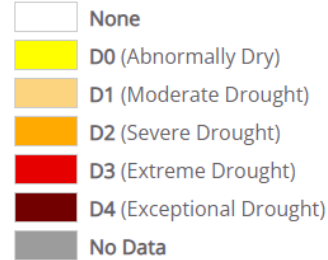
The Drought Monitor focuses on broad-scale conditions. Local conditions may vary. See accompanying text summary for forecast statements.



Map released: Thurs. January 5, 2023

Data valid: January 3, 2023 at 7 a.m. EST

Intensity



Authors

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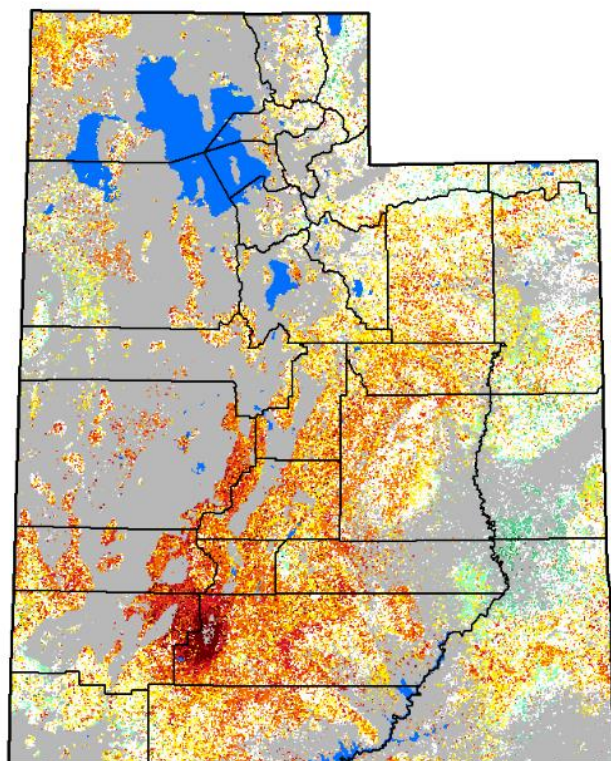
Pacific Islands and Virgin Islands Author(s):

Ahira Sanchez-Lugo, NOAA/NCEI

*The Drought Monitor focuses on broad-scale conditions. Local conditions may vary. See accompanying **text summary** for forecast statements.*

Figure 2: Effects of Drought on Vegetation in the State of Utah

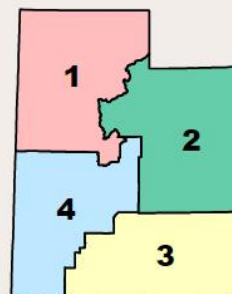
Map for November 13, 2022



Vegetation Condition

- Extreme Drought
- Severe Drought
- Moderate Drought
- Pre-drought stress
- Near Normal
- Unusually Moist
- Very Moist
- Extremely Moist
- Out of Season
- Water
- Other Landcover

Zoom to a region



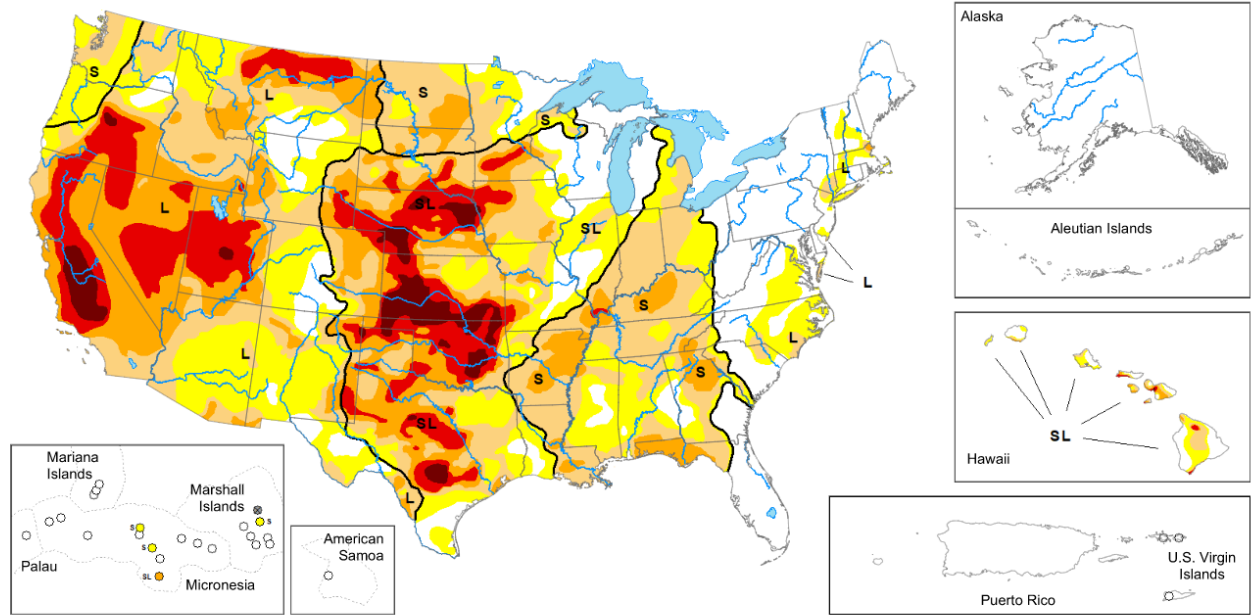
[Return to the U.S. map](#)

[State Statistics](#)

Figure 3: Drought in the United States

Map released: November 17, 2022

Data valid: November 15, 2022



Government

The county seat is Tooele City. The Tooele County governing body consists of a 5-member County Council and County Manager. The County Council is responsible for all county services and operations. They approve, adopt, and amend the county's budget while also serving as the legislative body to pass laws and ordinances. Other county council responsibilities include administrative oversight, contracting authority for the county, giving support to elected officials, and hearing appeals from various elements of county government.

Since the county's population is quickly growing, the county council is involved in the planning of new infrastructure, new facilities, economic development, increased recreational opportunities, and expanded government services. The county manager is given the executive role to direct the daily operations of county departments under the direction of the county council. The county manager and assistant county manager advise and deliberate with the other county officers by authorizing and establishing policies and creating an annual budget and work plan to help carry out the council's vision.

Transportation

Running the width of the county, I-80 is one of the major transportation routes across the United States, making Tooele County well-situated for interstate travel and commerce. The Salt Lake International Airport is only a 20-minute drive away from the northeastern corner of the county, thus making this a prime area for commercial and industrial development and extremely attractive to a wide variety of businesses. Highway SR-36 serves as the primary corridor for the Tooele Valley area, running north to south from Lake Point to Vernon. With a portion of the highway serving as Tooele city's Main Street, it is the main commercial road for business development in the county.

Being a rural county that spans a large geographic area comes with challenges in regard to transportation accessibility, further exacerbating health disparities for those who do not have transportation readily available to them. In order to address this barrier, Tooele County Health Department manages the public transportation system for the county. There are several UTA transportation programs available to Tooele County residents, including On Demand and senior transportation services.

UTA On Demand started in Tooele County in September 2022. While residents can still call Transportation Services to schedule a ride, residents can now schedule a ride through a convenient app on their phones. Before the implementation of this program, UTA had traditional bus routes available. Rather than having a set bus route that may require residents to walk to a far location, UTA On Demand picks up and drops off residents closer to their destination. While this service aims to address several barriers to transportation, the limitation of this program is that it is primarily available to those residing in the Tooele Valley.

To address senior transportation barriers in the county, UTA offers senior transportation. This program allows seniors to run their errands, go to their medical appointments, and other community events without the added stress of trying to find transportation.

Population Health

The Division of Population Health is a newly structured division within Tooele County Health Department. This division includes (02) two main public health sections within the Health Department: Epidemiology and Health Equity. This division was created in August 2022. The Epidemiology subsection of population health collects and analyzes data from local and state data sources to determine best practices to address public health concerns in Tooele County.

The Population Health Division supports different divisions within TCHD in terms of finding the best data sources for specific programs, and the best tools to collect, analyze, interpret and present data for our community leaders and coalition groups. The Population Health Team Lead is part of the administration team and ensures that the leadership team is up-to-date on new infectious diseases such as COVID-19, Influenza Virus, West Nile Virus, and Monkeypox.

Within the Health Equity Section, under the direction of the Health Equity Coordinator, there are (03) three Community Health Workers (CHWs) who provide support to Public Health Nurses, Emergency Management Planners, vaccination clinics and the WIC clinics in Tooele Valley and Wendover. Our CHWs are known for the incredible role they play in our community and direct people to the correct and available resources. They are actively involved in multiple coalitions groups meetings and attend the local/State Health Fair and events.

Each CHW has their own areas of expertise. One of the CHWs is primarily focused on supporting our elderly population in terms of getting vaccinations and keeping their immunization updated. A second CHW runs the Wendover Clinic and makes sure the residents have accurate and updated information in terms of vaccination, health fair, and events such as Car Sit Training and many more community events. The resources our CHWs provide for the community are priceless and valuable and keep people healthier and safe.

The Epidemiologists provide TCHD with accurate and the most up-to-date data to the leadership team to make sure they make informed decisions and evidence practices. They provide multiple weekly reportings including COVID-19, Suicide attempts Suicide Ideation, Opioid Overdose, Motor Vehicle Crashes, Mental health, and recently Monkeypox. All of these reports are based on real data collected from the emergency department (ED) and made available for the Department of Health and Human Services (DHHS) and the Centers for Diseases Control and Prevention (CDC).

The Epidemiologists participate in several Statewide Epidemiology Coordination Meetings and Training. One of the epidemiologists oversees (12) twelve COVID-19 Contact Tracers. The Contact Tracer Team also provides vaccination call reminders focusing mainly on our elderly population and our pediatric population under 18 years old. They play an unmatched role in terms of accurate COVID-19 data for our weekly COVID-19 report.

Demographics Description

The demographic breakdowns for Tooele County and Utah state are illustrated in Table 1 with the population estimates from the U.S. 2021 American Community Survey.

Table 1: U.S. Census Population Demographics for Tooele County & Utah State (2021)

Population Estimates Categories	Tooele County	Utah
Total Population	76,640	3,337,975
Demographic breakdowns		
Age (%)		
Persons under 5 years old	9.3%	7.0%
Person under 18 years old	31.3%	28.3%
Person 65 years and older	9.4%	11.6%
Persons of working age (16+)	73.0%	71.9%
Sex Ratio		
Sex Ratio (Males per 100 Females)	108.6	103.1
Race and Ethnicity (%)		
White persons (not Hispanic)	80.6%	76.0%
Hispanic or Latino persons	14.2%	14.8%
Two or More Races persons	2.5%	3.9%
American Indian and Alaska Native persons	1.4%	0.6%
Black or African American persons	1.0%	1.0%
Native Hawaiian & Other Pacific Islander persons	1.0%	0.8%
Asian persons	0.9%	2.5%

Social Determinants of Health and Health Equity

Social determinants of health (SDH) are the non-medical factors that impact the health outcomes of individuals and populations. They are the conditions by which people are born, grow, work, and live that shape the conditions of daily living. SDH can be grouped into 5 main domains: Economic Stability, Education Access and Quality, Healthcare Access and Quality, Neighborhood and Built Environment, and Social and Community Context (Office of Disease Prevention and Health Promotion, n.d.a).

SDH plays a key role in contributing to health inequities - the unfair and avoidable differences in health status among populations of lower and higher socioeconomic status. Becoming a focal point and best practice in the public health field, health equity focuses on addressing these unjust differences, improving health at both in the individual and community levels.

Numerous studies have found that SDH has a greater impact on health status more so than health care and lifestyle choices, accounting for 30-55% of health outcomes. Thus, assessing the health status of a community must include more than just health behaviors and outcomes; SDH needs to also be assessed to create interventions that are meaningful to the community.

Below are several key indicators that assess SDH in Tooele County:

Poverty among children: Approximately 2.7% of children under 18 years of age lives below the poverty line in Tooele County (U.S. Census Bureau, 2021). While this percentage is lower than both the averages for Utah State (8.1%) and the United States (16.9%), it is alarming as children who live in poverty are less likely to have regular healthcare and proper nutrition. In 2022, the U.S. Census Bureau's income poverty threshold was \$53,000 for a family of four.

Household Income: Low-income level is a driver for health disparities for a number of reasons. From 2016 - 2020, the median household income for Tooele County was \$76,737 with an average household size of 3.23 while the median household income for Utah state was \$79,449 with an average household size of 3.16.

Single-parent households: It has been shown that children born out of wedlock carry a socioeconomic disadvantage throughout their lives (Mikkonen et al., 2016). According to the U.S. Census, about 3.5% of households in Tooele County have children under 18 years with no spouse or partner present (0.2% male householders and 3.3% female householders).

No medical coverage/insurance: Those without health insurance are less likely to have a primary care provider and may not be able to afford the health care services and medications that they need. Tooele County has a lower rate (5.8%) of uninsured persons compared to Utah State (9.0%) and the US (8.6%). While Tooele County does have a smaller population uninsured compared to Utah state and the US, uninsured persons likely are not getting the preventative care or treatment for

chronic illness that they need, culminating into much more invasive and expensive interventions later (Office of Disease Prevention and Health Promotion, n.d.b).

Education Status: Education level is strongly related to health status. In 2021, Tooele County and Utah state had similar high school graduation rates. Tooele County had a high school graduation rate of 92.9% and Utah state had a rate of 93.2%. However, Tooele and Utah states did differ in their bachelor's degree or higher rate. While Utah State has a rate of 36.8%, Tooele County has a bachelor's degree or higher rate of 19.78%.

Unemployment: According to the U.S. Census Bureau, Tooele County has an unemployment rate of 2.1% in 2021. While the rate is similar to Utah state (2.4%), it is smaller than the United State's unemployment rate (3.9%).

Workforce: In 2019, roughly 63% of Tooele County residents who were in the workforce commuted out of the county for work. From 2016 - 2020, the average commute time was 29 minutes (U.S. Census, 2021). This amount of workforce exiting and reentering the county creates a large amount of traffic to and from Salt Lake County, culminating in a longer commute time, especially on days of poor weather.

Economic Growth: Tooele County has experienced rapid growth in both housing units and population in recent years. Just from April 2020 to July 2021, the population increased by 5.4%.

Inflation: According to the U.S Bureau of Labor Statistics, consumer prices have increased by 9.1% from June 2021 to June 2022, the largest increase in 40 years (U.S. Bureau of Labor Statistics, 2022). These increases have been felt by everyone, but especially those who are living in poverty.

Table 2: Tooele County Household Characteristics

Characteristic	Tooele County	Utah	U.S.
Income and Housing			
Median Household Income (in 2020 dollars; 2016 - 2020)	\$76,737	\$79,449	\$69,717
Total Housing Units	24,116	1,190,154	142,148,050
Percent Vacant Housing Units	2.6%	7.4%	10.3%
Percent Owner-occupied	85.9%	69.7%	65.4%
Median Mortgage	\$384,000	\$427,700	\$309,000
Percent Renter-occupied	14.1%	30.3%	34.6%

Median gross rent (2016-2020)	\$1,083	\$1,208	\$1,191
Household and Family Size (count)			
Average Household Size	3.23	3.16	2.64
Average Family Size	3.67	3.65	3.24
Single Parent Households with own children the householder under 18 years			
Male Householder (no wife present)	0.2%	2.2%	2.3%
Female Householder (no husband present)	3.3%	5.4%	7.0%
Marital Status Percentages (≥15 years of age) (2020)			
Never Married	27.7%	30.3%	33.5%
Now Married	57.2%	55.8%	48.1%
Separated	2.1%	1.3%	1.8%
Widowed	3.5%	3.6%	5.7%
Divorced	9.6%	9.0%	10.8%

Table 3: Other Characteristics for Tooele County

Characteristic	Tooele County	Utah	U.S.
Poverty (Percent Below Poverty Level)			
All Ages	7.2%	11.7%	15.1%
Under 18 years	7.0%	13.4%	21.2%
65 years and older	6.3%	6.9%	9.3%
Health Insurance			
No Health Insurance (civilian noninstitutionalized population)	5.8%	9.0%	8.6%
Education (25 years and older)			
High School Graduate (or equivalency) or higher	92.9%	93.2%	89.4%
Bachelor's Degree or higher	19.78%	36.8%	35.0%
Employment and Commute (2021)			

Labor Force Participation Rate	72.6%	68.3%	62.5%
Unemployment Rate	2.1%	2.4%	3.9%
Mean Travel to Work (minutes)	28.3	21.4	25.6

Wendover Description

Wendover is a small town in Tooele County with a population size of 1,059 according to the world population review in 2020. Wendover sits on the Utah/Nevada state border. The city was first established in 1907 as a railroad town. The sister town, known as West Wendover, Nevada, was established in 1991.

Besides being known as the main attraction for gamblers from the Salt Lake City area, Wendover is also known for its world-famous historical sites including the famous Enola Gay Bomber and the Bonneville Salt Flats. It's the 157th largest city in Utah and the population size is currently declining at a rate of -2.58% annually with a -15.82% decrease since the most recent census, which recorded 1,258 in 2020. The average household income is \$42,166 with a poverty rate of 18.52%. The median age in Wendover is 30.4 years with 26.9 years for males and 34.8 years for females.

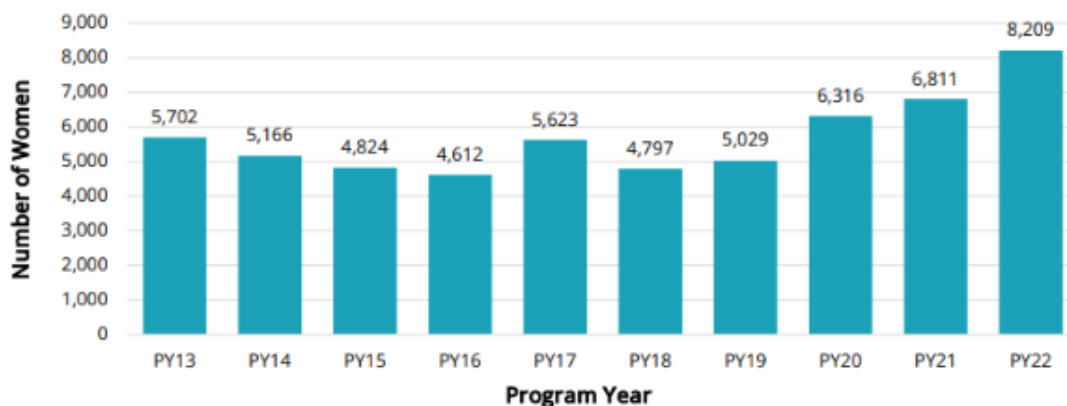


Breast and cervical cancer data in Utah 2022

The rate of breast and cervical cancer screening programs is increasing over the years in Utah. This graph beautifully illustrates the number of women this program is serving throughout

the state of Utah. The total number of women served through UBCCP have been increasing since 2018. The program has been successful at serving women especially in rural communities.

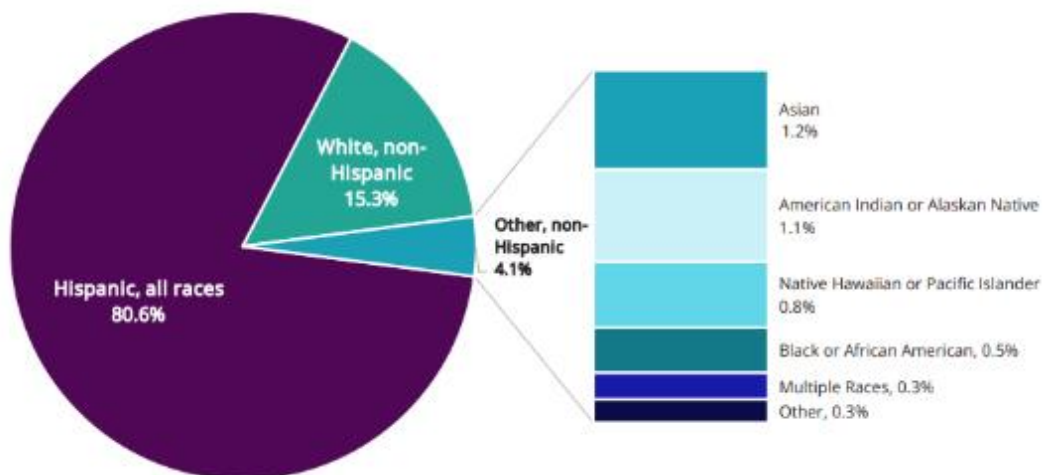
Figure 4: Total Number of Women Served Through UBCCP, PY2013 - PY2022



*From PY13–PY22, 27,453 women received at least one paid screening or diagnostic procedure through UBCCP.

The demographic data are essential to identify the health equity gap in our communities. Based on the data provided in the figure below, 80.6% of women who received services through the UBCCP are Hispanic, all races.

Figure 5: Race/Ethnicity Distribution of Women Who Received Breast Services Through UBCCP, PY2018 - PY2022



Utah Breast and Cervical Cancer Program | Summary Report for Program Years 2018-2022

County Health Ranking

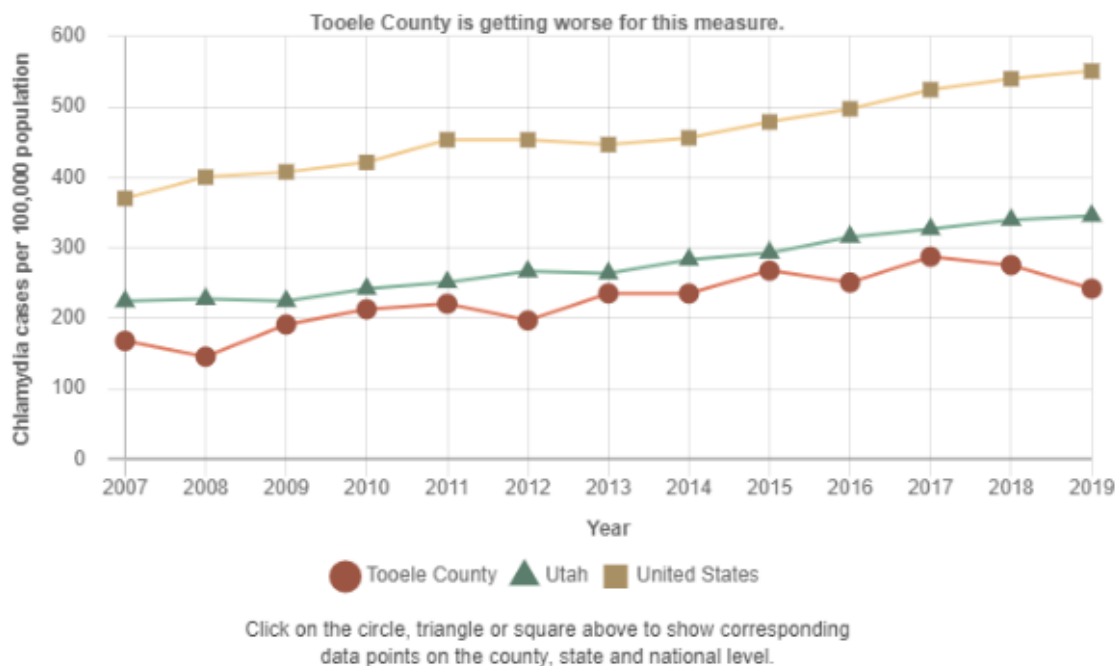
The County Health Rankings & Roadmaps (CHR&R) is a program of the University of Wisconsin Population Health Institute in the School of Medicine and Public Health. This program is supported by the Robert Wood Johnson Foundation and is working to improve health outcomes for all individuals regardless of race, ethnicity, gender, income, location, or any other factor. This work focuses on a strong belief in health equity, the idea that each human being has a fair and just opportunity to be as healthy as possible and have a fulfilling life.

Based on the findings of the University of Wisconsin Population Health Institute's CHR&R for 2022 report, Tooele county ranked 13th out of the 29 counties in Utah in overall health. In the 2011 Community Health Assessment by Tooele County Health Department, Tooele County ranked 15th of the 29 counties. Based on this ranking, the county is improving in terms of overall health.

The health indicators measured to predict this ranking are mainly based on health outcomes and factors indicators. The health outcomes indicators include: length of life and quality of life. The health factors indicators include: health behaviors, clinical care, social & economic factors, and physical environment. This report highlighted the tremendous effort TCHD has put into place to improve the health of the residents. It also showed the continuing quality improvement process within each division.

The rate of Sexually Transmitted Infections (STI) in Tooele County has been consistently lower compared to the State of Utah and the United States. The data provided by the county ranking from the population health institute from the University of Wisconsin support these findings. Please see the graphic below.

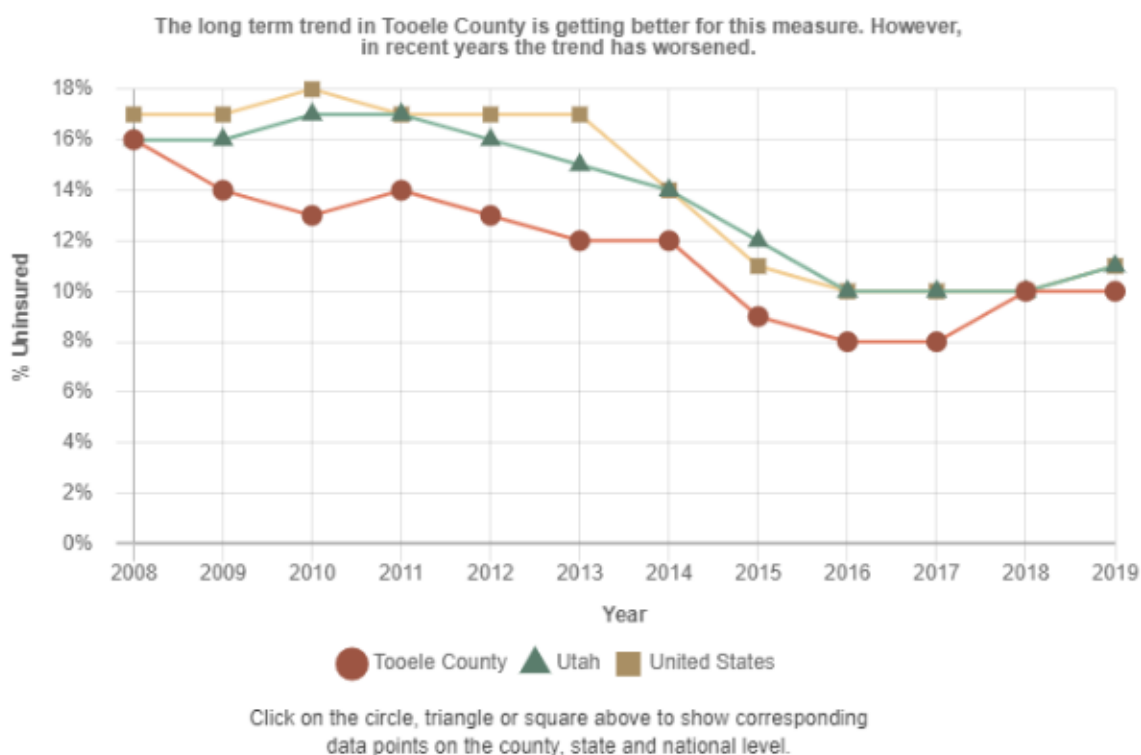
Figure 6: Sexually transmitted infections in Tooele County, Utah: County, state and national trends



Over the years, Tooele County has been consistently below the state and national average for sexually transmissible diseases. These results are due to the sexual health education program provided by our nursing staff and our health educators. Our nursing staff provides safe sex education in collaboration with our school district and school nurse to make sure high school students are knowledgeable in terms of safe sex practices.

Most of the residents in Tooele County have health insurance. The number of uninsured in Tooele County has been below the state and national average because most residents work in companies that provide health insurance. Also, Tooele County in general is among the fastest-growing communities in the state of Utah. A lot of educated young families are moving into Tooele County because of its location to Salt Lake City but also to the International Salt Lake City Airport which is about 30-minute drive time.

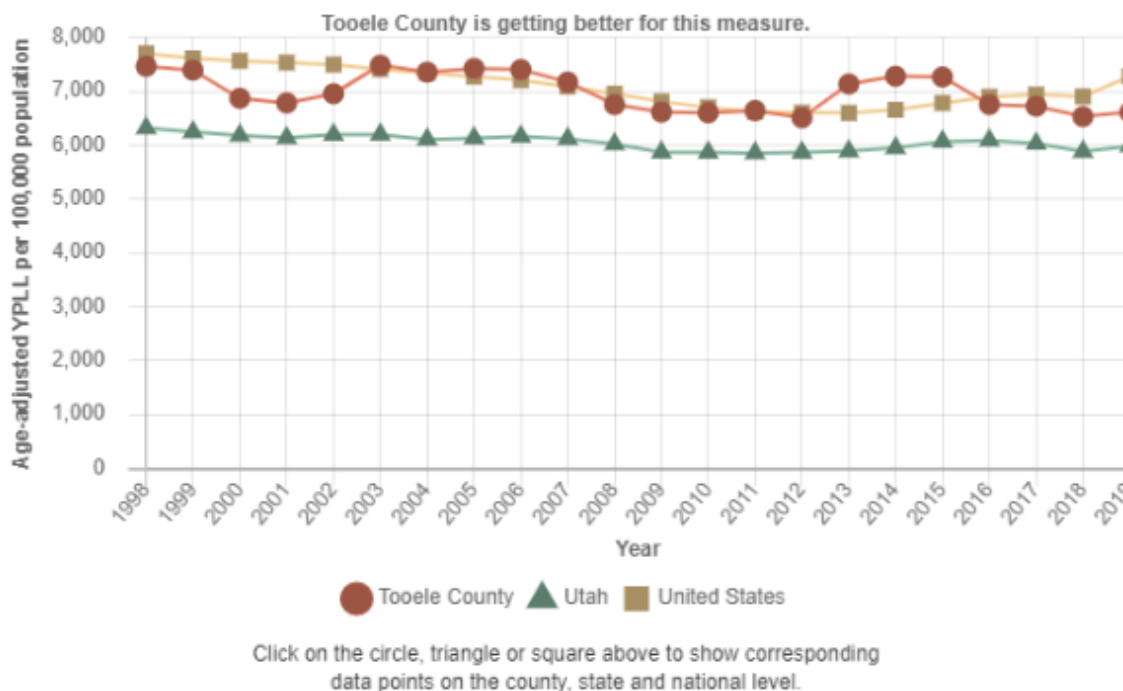
Figure 7: Uninsured in Tooele County, Utah: County, state and national trends



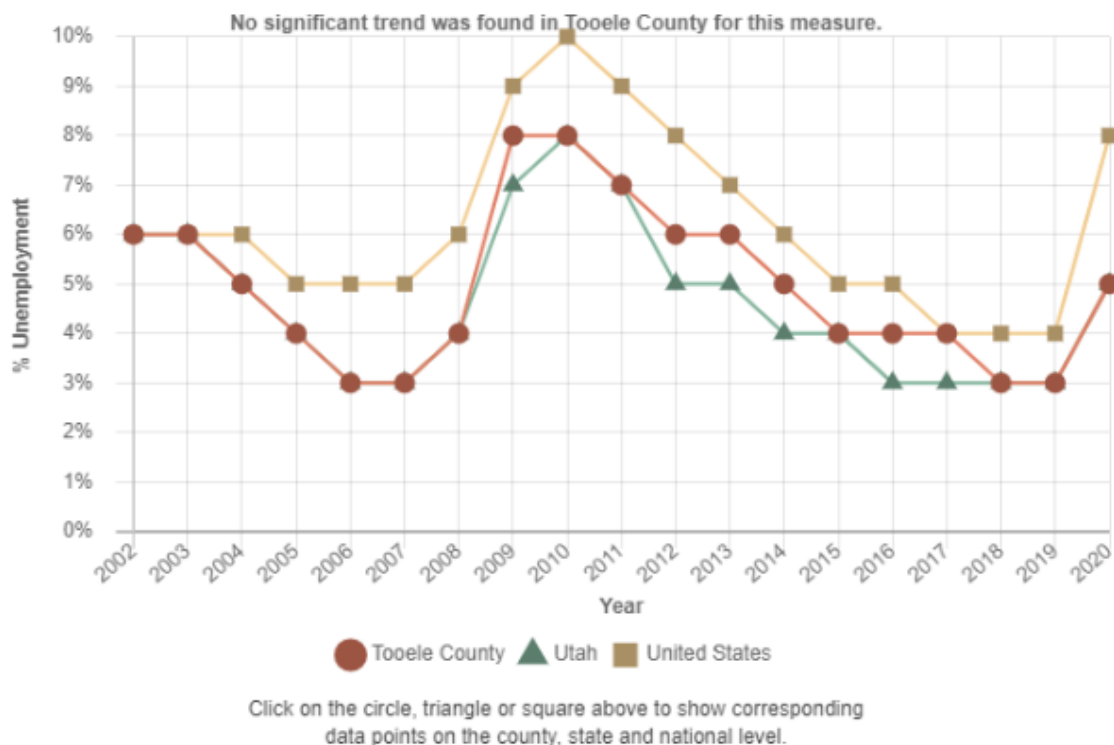
According to the CHR&R, Tooele County is ranked in the higher middle range of counties in Utah (Higher 50% - 75%) in terms of health outcomes. Health outcomes represent how healthy a county is right now in terms of length of life but also quality of life as well. Health factors represent behavior that we can modify to improve the length as well as the quality of life for our residents. Tooele County is ranked in the higher middle range of counties in Utah (Higher 50% - 75%).

In terms of health outcomes, premature death in Tooele County has been above the State of Utah. However, Tooele County has been fluctuating with the national US average for Years of Potential Life Lost (YPLL). This is partially since most of the residents of Tooele County are commuters. They commuted to Salt Lake City for jobs. Though there are some benefits in that, most residents have a higher risk of getting involved in car collisions. These unfortunate circumstances affect mostly working-age adults, thus increasing tremendously the year of potential life lost. See the graphic below provided by CR&R.

Figure 8: Premature death in Tooele County, Utah Years of Potential Life Lost (YPLL): county, state and national trends

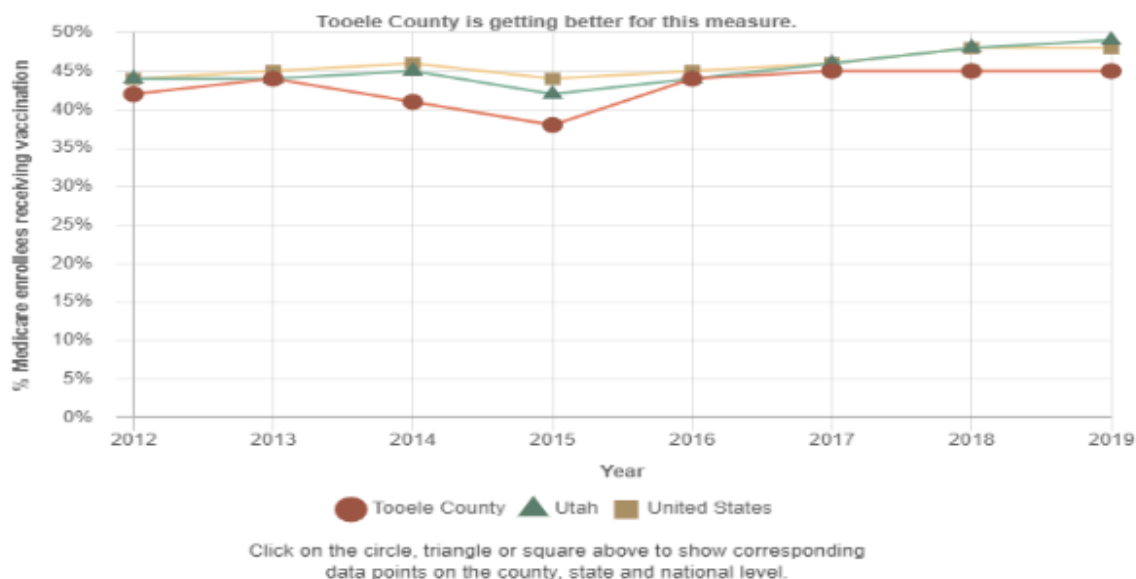


In terms of employment, even though the CR&R data did not find significant trends, employment in Tooele County has been growing. People of working age have been fortunate in Tooele County because several US national companies have built satellite locations such as the Walmart distribution center in Grantsville, Carvana and other renowned companies have relocated in Tooele County to expand their services to the Utah Residents.

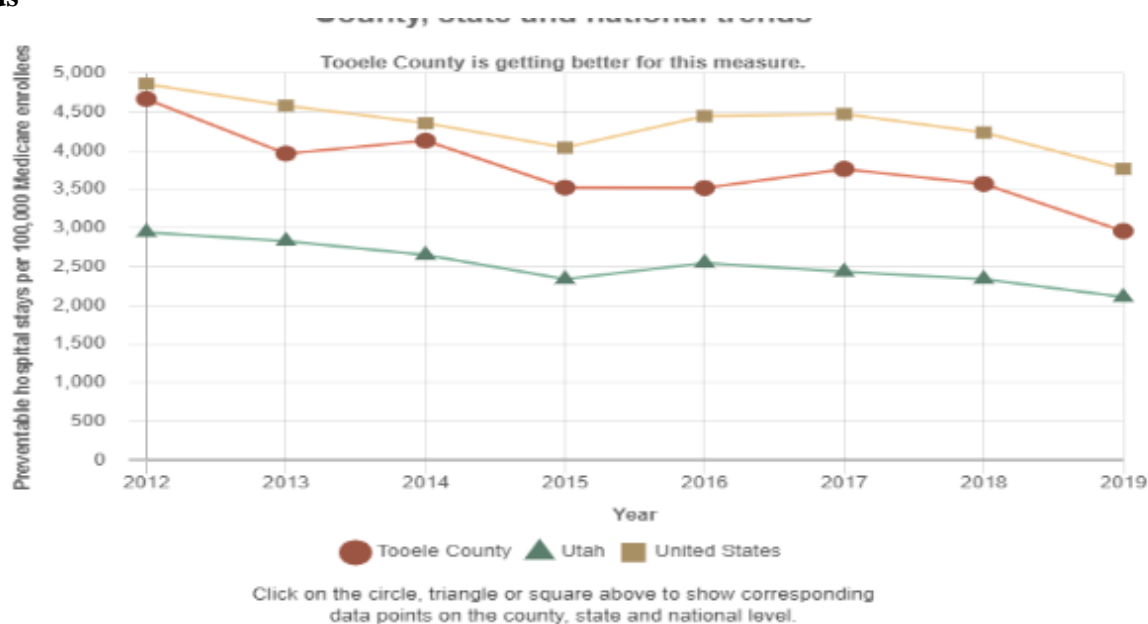
Figure 9: Unemployment in Tooele County, Utah: County, state and national trends

In terms of flu vaccinations, Tooele County has registered 45% of people getting their flu vaccine. Though the graphic below is showing that Tooele County is below the State of Utah and the US national average, there is some improvement in terms of percent of people getting vaccinated for flu last year.

This is partially due to the amazing services provided by public health nurses as well as the family and school secretaries who provide ways for Tooele residents to be safe and well taken off once they showed up for an unscheduled vaccination appointment. Our contact tracer has been heavily involved in reaching out to our community members, especially older people, to remind them about vaccine availability within the Health Department.

Figure 10: Flu vaccinations in Tooele County, Utah: County, state and national trends

In terms of preventable hospital stays in Tooele County, the graphic shows that even though Tooele County is above State Utah, there has been some improvement compared to the last time this variable was analyzed in Tooele County. They compared the Preventable Hospitalization Rate yearly to determine improvement overtime.

Figure 11: Preventable hospital stays in Tooele County, Utah: County, state and national trends

Lighthouse Research & Development Mixed-Method Survey Assessment

Lighthouse Research & Development, Inc. was contracted by Tooele County Health Department to conduct a mixed-mode survey with Tooele County residents regarding their impressions of health-related issues in Tooele County, Utah.

Project Objectives

Specific objectives for each section of the report are outlined below.

- Discover how respondents perceive Tooele County as a place for raising children and growing old
- Determine how concerning various aspects of the following are to respondents:
 - ❖ Community issues
 - ❖ Health issues
 - ❖ Infectious diseases
 - ❖ Situations
 - ❖ Behaviors
- Explore respondents' exercise behaviors
- Determine where respondents obtain health-related information
- Explore respondent perceptions and satisfaction with Tooele County Health Department
- Gather demographic profile information, including gender, age, employment status, marital status, presence of children in the home, the highest level of education, ethnicity, political views, religious affiliation, and annual household income

Project Overview

The mixed-mode research project consisted of telephone and online surveys to gather information from general public respondents. The scope of work for the research project included the following:

- Project consultation with Tooele County Health Department personnel
- Programming of the telephone and online survey instruments
- Completion of 608 countywide surveys, with an oversampling of 39 Wendover residents
- Analysis of the data, including percentages of results, cross-tabulations, and coding of open-ended responses
- A written report describing the results of the survey including research methodology, an executive summary, and a detailed description of the results

Research Methodology

The research methods used to complete the project are outlined in detail below.

Sampling Procedures

Sample of adult residents in Tooele County was obtained by Lighthouse Research and used for data collection. Individuals were then invited to participate by phone, email, or in-person.

Data Collection

Lighthouse Research completed a total of 608 countywide surveys, allowing for an overall confidence level of 95% with a margin of error of $\pm 3.95\%$. All interviews were automatically given a numeric code upon entry into the system to assist in the data analysis. All data collection for this survey was completed between July 12 and August 18, 2022.

Pretest

Lighthouse Research conducted a pretest of the survey instrument with a small sample of respondents to determine the need for any modifications to the survey instrument. Following the pretest, minor adjustments were made to the survey before proceeding with data collection.

Telephone Interviews

All telephone data collection was conducted by an experienced team of telephone interviewers at the Lighthouse Research interviewing facility located in Riverton, Utah. All staff members were thoroughly briefed and trained on the survey before proceeding with data collection. Calling hours for the survey were between 9:00 a.m. and 9:00 p.m. on weekdays and between 9:00 a.m. and 4:00 p.m. on Saturdays. The survey was programmed in a Computer-Assisted Telephone Interviewing (CATI) format. Using the CATI system, survey responses were directly entered into the database by the **interviewer as the interview was in progress.**

Online Surveys

The online survey was programmed in a Computer-Assisted Web Interviewing (CAWI) format. Using the CAWI system, survey responses were entered directly into the database by the respondent as the survey was in progress.

In-person Surveys

To assist with collecting additional surveys in Wendover, in-person surveys were conducted. Such surveys were programmed in a Computer-Assisted Web Interviewing (CAWI) format, and administered by Lucia Benitez, representing the Tooele County Health Department.

Using the CAWI system, survey responses were either entered directly into the database by the respondent or by Ms. Benitez as the survey was in progress.

Data Analysis

The data analysis provides the following statistics upon which the written interpretative report is based:

- The frequency and valid percent of responses to each of the survey questions
- Responses to open-ended questions, coded for all occurrences of five or more mentions
- Cross-tabular analysis to compare the significant differences in responding among various demographic groups

Organization of the Report

The remainder of the report is organized under the following areas:

- ❖ Executive Summary
- ❖ Detailed Results
- ❖ Segment Analysis
- ❖ Appendices

The Executive Summary section of this report includes an overview of the research findings and an analysis of the survey.

The Detailed Results section includes charts and a written description of the results for that topic. The Detailed Results section also includes average means and medians that exclude those respondents who selected *don't know* and *wouldn't say*.

The Segment Analysis section contains the results of the cross-tabular analysis and indicates significant differences in responses among respondents.

The Appendices section of the report provides a copy of the survey questionnaire with frequencies of responses, and complete lists of all verbatim responses collected during the survey. The responses given by respondents who were placed in the “other” category when the response did not fit any of the options for that question are also reported in the Appendices.

The following report represents the deliverable for this contract and is presented respectfully to the project sponsors.

Public Health Indicators

- **Community Issues**

(The rising cost of health services, lack of recreational facilities, **air, water, and land pollution**, lack of healthy family and teen activities, lack of transportation options, and unemployment)

- **Health Issues**

(Obesity, cancer, diabetes, heart disease or heart attack, asthma, lung problems, hypertension, autism, kidney or liver problems, neurological disorders, stroke, and birth defects)

- **Infectious Diseases**

(COVID-19, contagious diseases, STD, influenza or H1N1, West Nile Virus, and HIV/AIDS)

- **Situations**

(Mental health issues, suicide, teenage pregnancy, aging problems, and infant deaths)

- **Behaviors**

(Illicit drug use, prescription drug abuse, drunk driving, alcohol abuse, violence, smoking, and tobacco use)

The main goals of using these public health indicators are to provide an up-to-date situational review, data analysis, and comparative analysis with the last two community health assessments (CHA) conducted in 2011, and 2016 and the current conducted in 2022. In terms of comparison of public health indicators, we are using the data provided from the mixed survey analysis conducted by the Lighthouse Group which conducted a separate analysis of the data collected from phone calls and emails in our community. The data provided by the Lighthouse Group will serve as relevant data obtained in our community to compare public health indicators from our 2011 and 2016 CHA. This will be a great way to assess where we are and where we have been in terms of health improvement and health indicators.

Community Issues

Community issues identified from the data collected by Lighthouse Group include the high cost of healthcare services, lack of recreational facilities, air, water, and land pollution, lack of healthy family and teen activities, and lack of transportation options and unemployment. The components of public health indicators in our community issues from the 2022 mixed survey are different in many ways as compared to community issues in the 2011 and 2016 surveys conducted within our community.

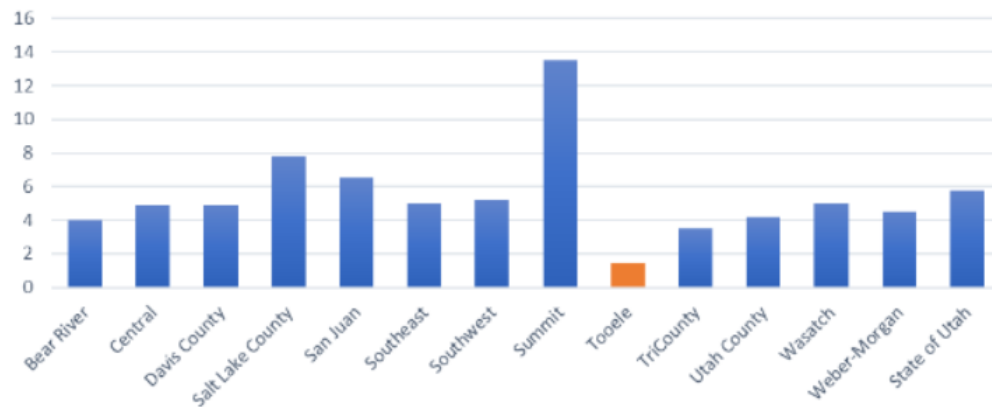
1.1 Healthcare Cost

These data are consistent with the data in our community health assessment conducted in 2011 which showed the top 10 serious public health concerns in Tooele County and Wendover (see table below). These data are important to know and will allow us to focus our population health intervention directed specifically to these areas in order to get better health outcomes. While

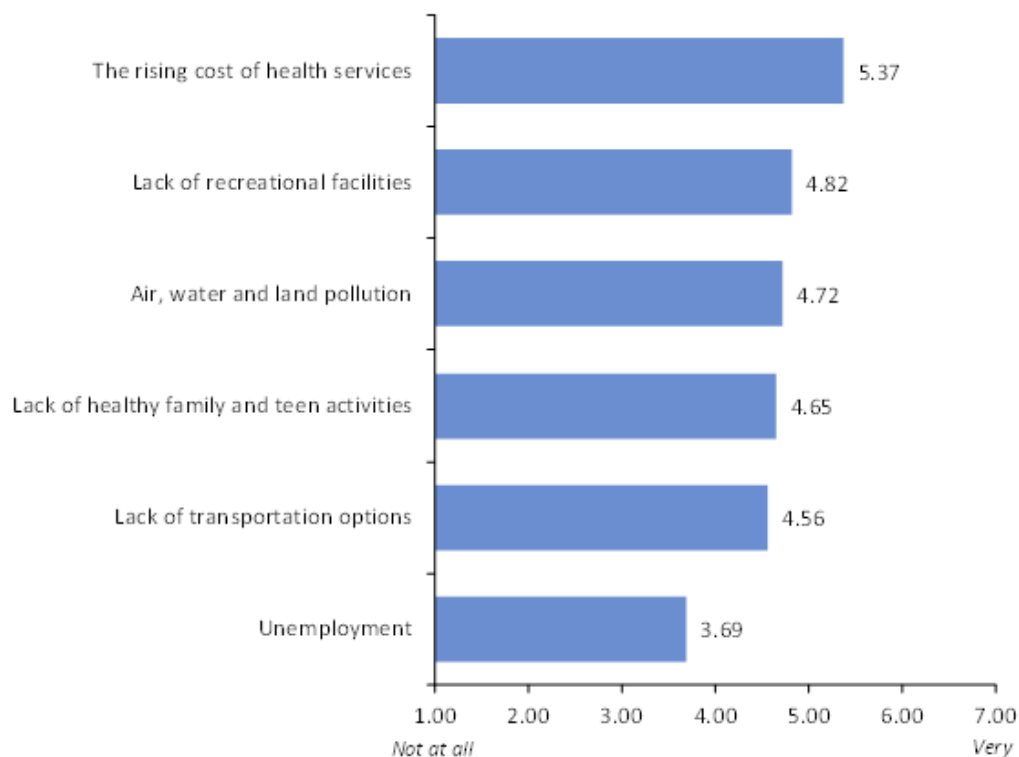
both the rising cost of health services and lack of recreational facilities are the main community issues in both Tooele Valley and Wendover, lack of transportation options is one of the top three community issues in Wendover, which is not among the top three community issues in Tooele Valley. This is an interesting finding and will allow us to direct transportation services and their respective intervention in Wendover to target the transportation issues.

Table 12: Cost as a Barrier to Care by Utah Local Health District (LHD)			
LHD	Age-adjusted Percentage of Adults	Lower 95% CI	Upper 95% CI
TriCounty	16.00%	11.20%	22.30%
Tooele	14.20%	10.40%	19.20%
Southeast	13.10%	9.00%	18.80%
San Juan	12.70%	6.40%	23.80%
U.S.	11.20%	11.00%	11.50%
Central	11.10%	7.90%	15.60%
Salt Lake County	10.90%	9.70%	12.30%
Southwest	10.70%	8.10%	14.10%
Weber-Morgan	10.30%	8.00%	13.10%
State of Utah	10.20%	9.40%	11.00%
Summit	9.20%	5.00%	16.30%
Bear River	9.00%	6.60%	12.20%
Utah County	8.50%	7.00%	10.40%
Davis County	8.20%	6.40%	10.50%
Wasatch	5.20%	2.50%	10.50%

Based on the community survey, Tooele County residents ranked the rising cost of healthcare as the highest community issue. Based on the IBIS collected in 2021, roughly 14% of the county residents expressed that cost was a barrier to care, second only to TriCounty LHD.

Figure 12: Primary Care Physicians per 10,000 Population (IBIS)

While healthcare costs are a major concern for the community, the ratio of primary care physicians to residents is the lowest in the state at 1.4 physicians per 10,000 residents.

Figure 13: How concerning are the following community issues in Tooele County

Health Issues

Obesity was identified as the most concerning health issue for the county. For several years, the rate of obesity in Tooele County was ranked among the highest in the state. While Tooele County has gone down in ranking compared to the other LHDs, the percentage of obese adults has not changed significantly over the years with an obesity rate of roughly 33%. These numbers could be attributed to a number of things, including low physical activity rates. For Tooele County, only about 55% of Tooele County adults meet the weekly aerobic activity recommendations.

Table 5: Adult Obesity by Utah LHD (IBIS)			
LHD	Age-adjusted Percentage of Adults	Lower 95% CI	Upper 95% CI
San Juan	36.60%	28.60%	49.00%
Davis County	33.00%	28.60%	35.10%
Tooele	32.50%	26.70%	37.80%
Weber-Morgan	32.40%	31.20%	38.90%
TriCounty	31.60%	28.90%	39.20%
Southeast	30.50%	28.50%	42.00%
Salt Lake County	29.90%	27.20%	31.00%
State of Utah	29.40%	28.80%	31.00%
Wasatch	28.90%	19.50%	34.30%
Utah County	28.30%	26.00%	30.60%
Bear River	26.70%	27.10%	35.70%
Southwest	26.70%	24.70%	32.70%
Central	24.40%	26.40%	36.40%
Summit	14.20%	15.20%	31.30%

Lack of physical activity is one of the top concerns of Tooele County residents. Most adults of working age from Tooele County are commuters that work in Salt Lake County. It can be assumed that due to the long drive time, most people do not have enough time to get involved in regular physical activity. Another plausible reason is that most residents between the age of 18 - 44 years are day jobs workers. It can be assumed that even though physical activity is their priority, they would instead be working more hours to provide for their family.

Figure 14: Amount of Physical Activity by Local Health District, Utah 2019 (IBIS)

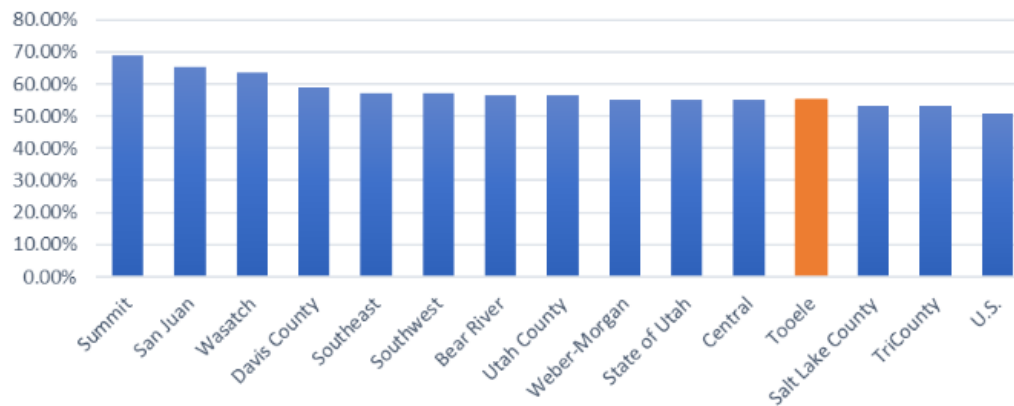
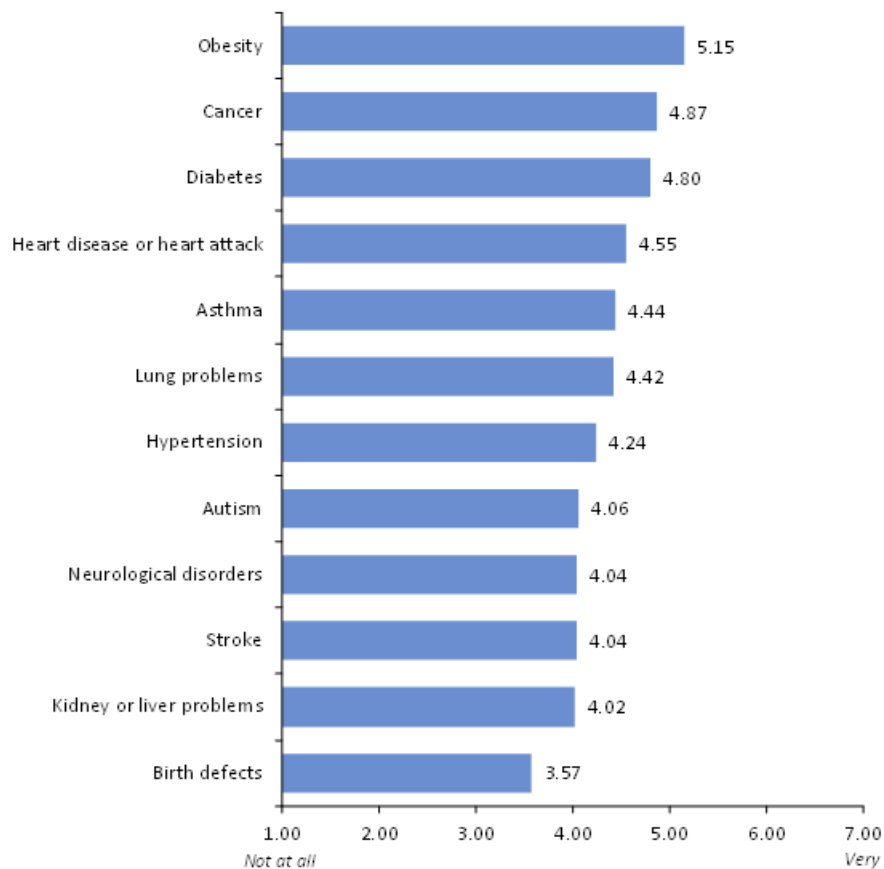


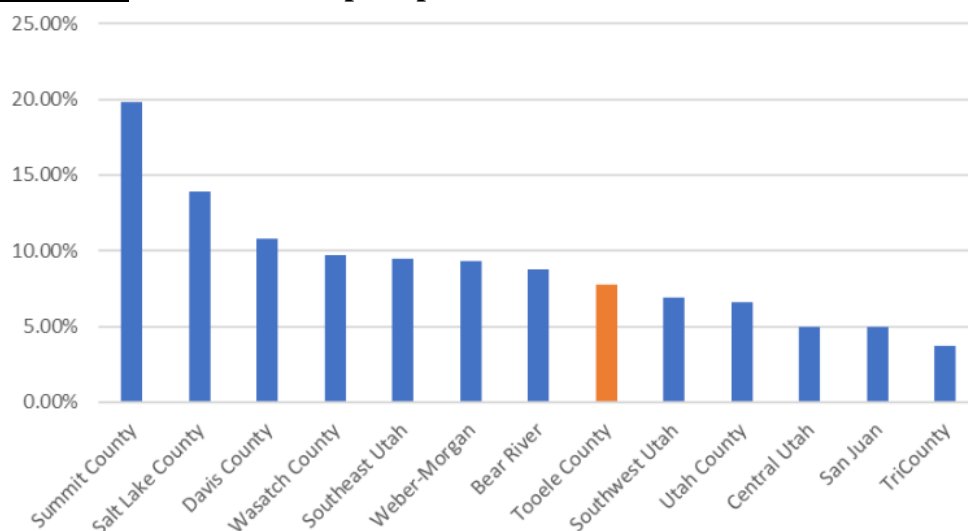
Figure 15: How concerning are the following health issues facing Tooele County?



Infectious Diseases

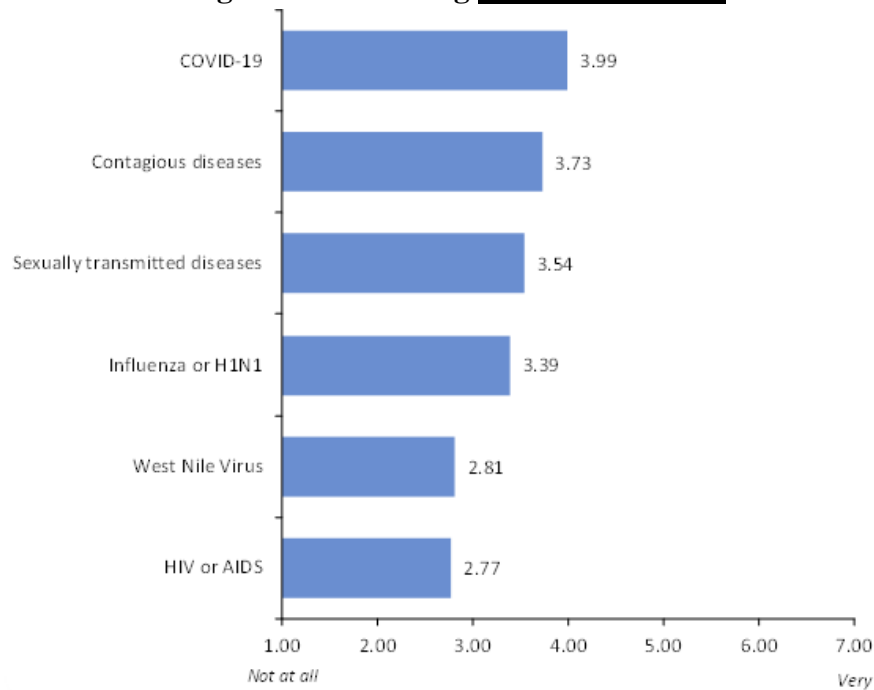
Tooele County residents ranked COVID-19 as the most concerning infectious disease followed by other contagious diseases, sexually transmitted diseases, and Influenza. When looking at the percentage of residents who are up-to-date with their COVID-19 vaccines, Tooele County falls in the middle when compared to the other LHDs. To be considered up-to-date, a person needs to have completed their primary series and have the bivalent COVID-19 vaccine. As the virus and pandemic evolve, research has shown that vaccines work. In order to limit and prevent the spread, increasing the public's vaccination rate will be the best way to prevent further disease transmission.

Figure 16: Percent of People Up-to-Date on COVID-19 Vaccine



Note: For the purposes of this data, a person is considered to be up-to-date on their COVID-19 vaccines when they (1) complete a primary series and (2) receive a bivalent vaccine.

Utah Department of Health and Human Services. 2022, Nov 25. Vaccinations in Utah. <https://coronavirus.utah.gov/case-counts/>

Figure 17: How concerning are the following infectious diseases in Tooele County?

Health Situations

Tooele County residents ranked mental health issues and suicide as the most concerning health situations. Although depression is the highest health concern in Tooele County, the rate of suicide is lower compared to other LHDs. We feel that one of the main reasons is that the Prevention Service Division within TCHD is doing an excellent job. They have provided several gatekeeper trainings in Tooele County. They are also heavily involved in youth coalitions, peer groups and social support group trainings. All of these training sessions are provided by prevention specialists who are using their knowledge to bridge the gap in our community.

Table 6: Depression Prevalence by LHD (Ages 18+)			
LHD	Age-adjusted Percentage of Adults	Lower 95% CI	Upper 95% CI
Tooele	27.80%	24.60%	31.30%
Weber-Morgan	26.30%	24.20%	28.50%
Southeast	25.50%	22.00%	29.40%
Davis County	25.30%	23.40%	27.20%
Bear River	24.40%	22.10%	26.80%
Salt Lake County	24.20%	23.20%	25.30%
State of Utah	23.40%	22.90%	24.00%
Utah County	22.10%	20.90%	23.40%
Central	22.10%	19.50%	25.00%
Southwest	20.90%	18.70%	23.20%
TriCounty	20.80%	18.10%	23.70%
Wasatch	18.70%	14.90%	23.20%
San Juan	18.10%	13.40%	24.10%
Summit	17.10%	13.20%	21.90%

Based on the data collected from IBIS, the prevalence of depression in Tooele County is 27.80% which is the highest in the state of Utah. In the effort of improving mental health issues and especially depression, TCHD prevention services hired a full-time suicide prevention specialist to assess ways to prevent suicide in Tooele County. The rate of depression is increasing not only in Tooele County, but also in the state of Utah as a whole. There has been a tremendous effort to target the root cause of mental health issues in Tooele County.

Figure 18: Suicide by Local Health District, Utah 2018 - 2020

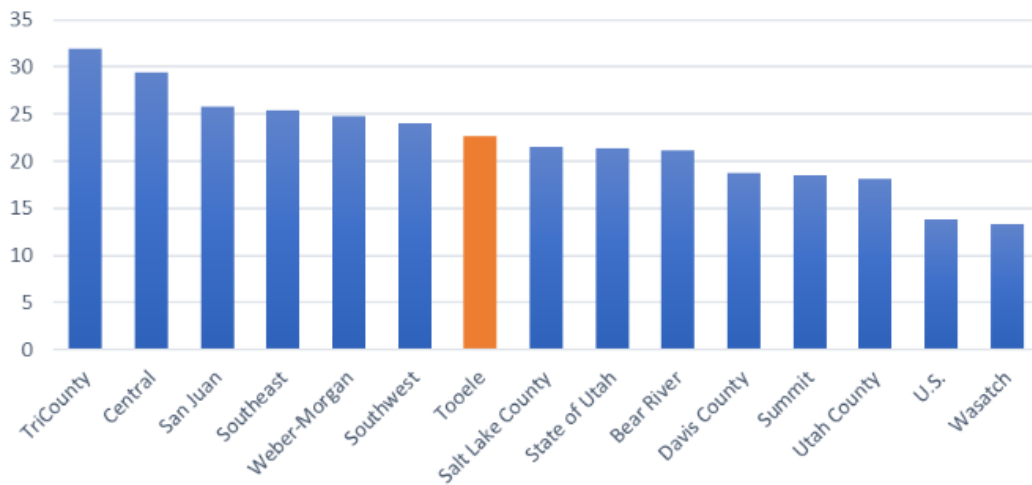
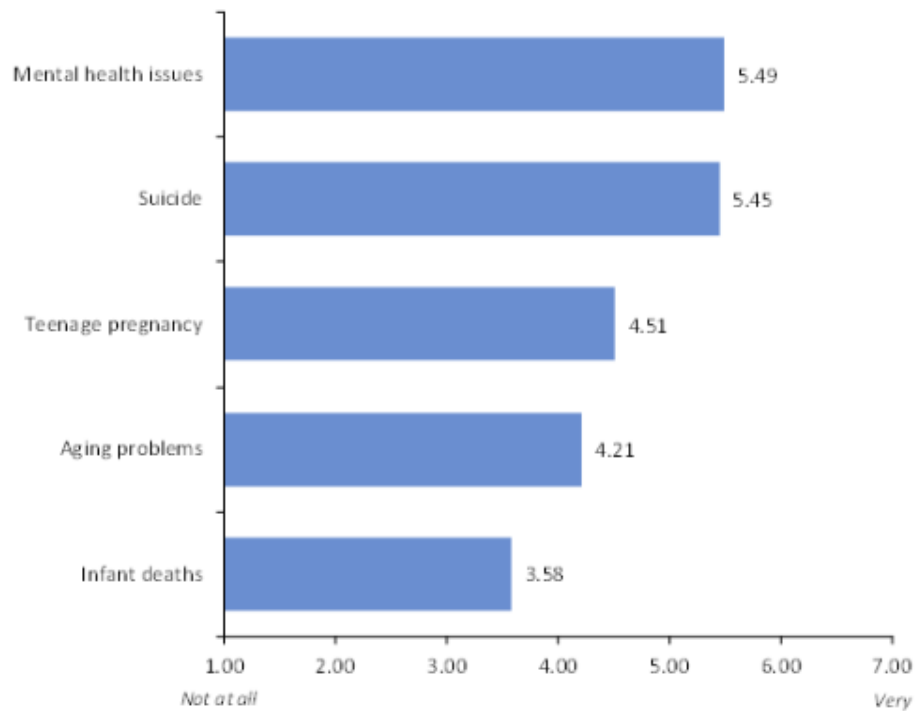


Figure 19: How concerning are the following situations in Tooele County?



Health Behaviors

Tooele County residents identified several forms of substance use as the most concerning health behavior for the county, ranking illicit and prescription drug use as the most concerning. Roughly 6% of Tooele 8th, 10th, and 12th graders reported consuming beer, wine, or hard liquor in the last 30 days. Among Tooele County adults, approximately 9% report smoking cigarettes every day or some days. This rate is statistically worse than the state of Utah. However, as we compared this rate to the other LHDs, Tooele County is the middle or is the average. Please see [Figure 20](#) for more information.

Table 7: Current Cigarette Smoking by LHD (Ages 18+)			
LHD	Age-adjusted Percentage of Adults 18+	Lower 95% CI	Upper 95% CI
Southeast	19.10%	15.40%	23.50%
TriCounty	15.60%	12.50%	19.30%
Central	13.30%	10.50%	16.80%
Weber-Morgan	9.50%	7.90%	11.40%
San Juan	9.40%	4.60%	18.20%
Tooele	9.30%	7.30%	11.80%
Salt Lake County	9.20%	8.30%	10.20%
State of Utah	8.20%	7.70%	8.70%
Southwest	7.60%	6.00%	9.60%
Wasatch	7.40%	4.50%	11.80%
Bear River	6.70%	5.10%	8.80%
Davis County	6.60%	5.30%	8.20%
Summit*	5.40%	2.50%	11.20%
Utah County	4.70%	3.90%	5.80%

Figure 20: Illegal Substance on One or More of the past 30 days, Utah 2021

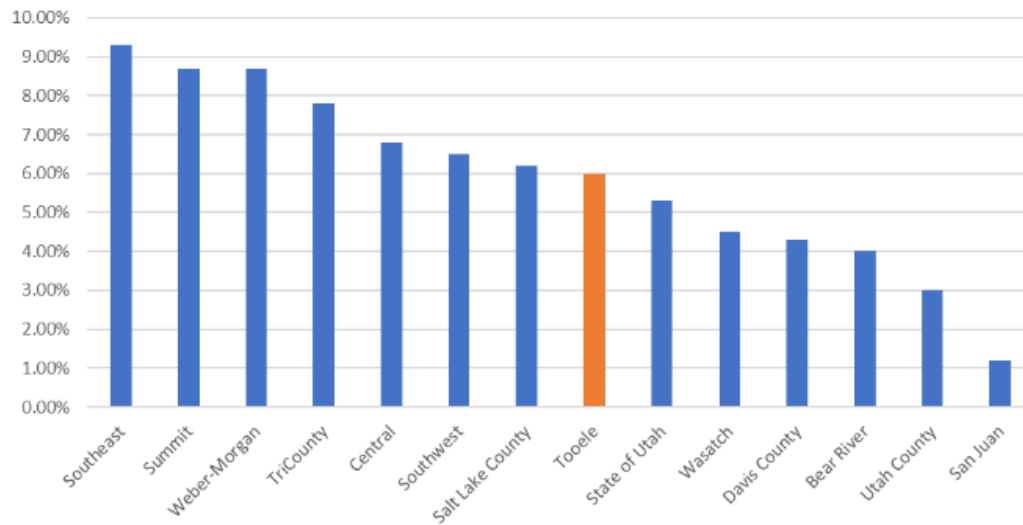
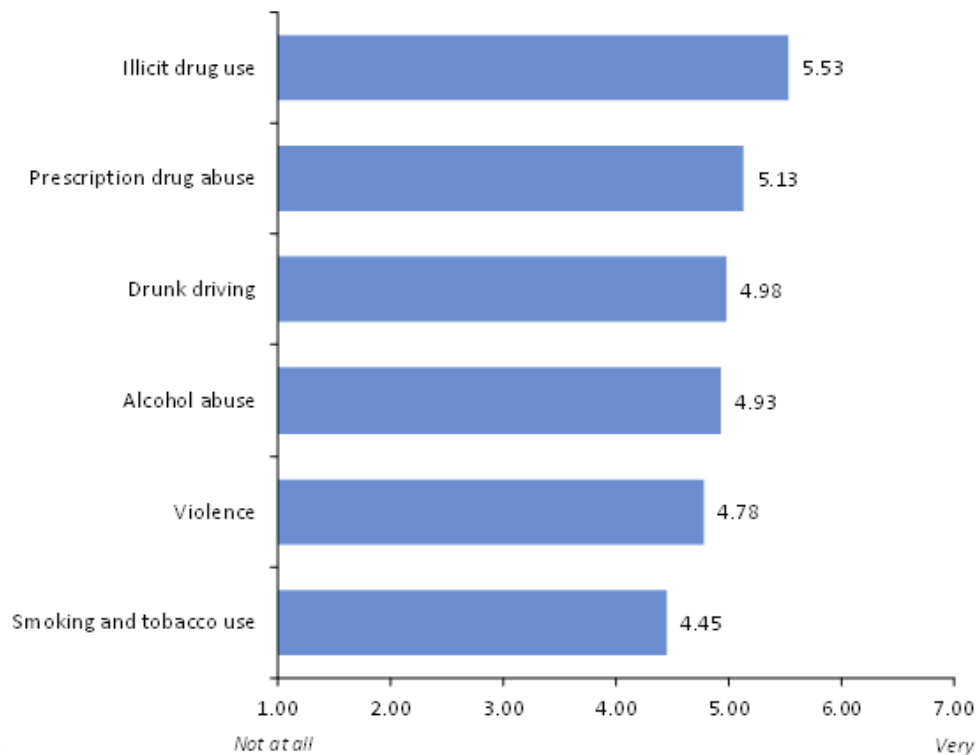


Figure 21: How concerning are the following behaviors in Tooele County?



Environment Health

Air Quality

Air pollution refers to the presence of one or more contaminants that are in the atmosphere that can be hazardous to human health. These contaminants include dust gas, smoke, and fumes. The main pathway by which exposure occurs is through the respiratory tract. Breathing in these pollutants can lead to a number of symptoms including inflammation, oxidative stress, immunosuppression, and mutagenicity in cells, ultimately leading to disease (World Health Organization, n.d.)

Utah has struggled with air quality, particularly in the winter months. Normally atmospheric conditions allow for it to be warmer near the ground and cooler at higher altitudes. During these times, snow-covered valleys reflect heat rather than absorb it during the winter months, keeping the air closer to the ground colder than the air above, leading to an inversion. The mountainous topography of Utah creates a “bowl” effect that traps both the colder air and pollution at the mountain basins, concentrating the pollution at the valley level. In Tooele Valley, this “bowl” effect results from the Oquirrh and Stansbury Mountain ranges. These inversions trap pollutants that come from vehicles, wood burning, area sources, and industry leading to increasingly unhealthy PM 2.5 concentrations at the ground level (Division of Air Quality, 2021).

The best way to prevent exposure to air pollution is by monitoring the daily air quality conditions through apps and limiting time spent outside when air quality is poor. The Division of Air Quality updates the current air quality trends to their website where community members can get an easy, quick glance at the air quality in their areas. This website can be found at <https://air.utah.gov/>. This information is shared regularly on TCHD’s social media.

Picture of an Inversion in Tooele County.

Note: Tim Gillie. (2018, November 29). *Winter's Inversion Usher in County Wide Burn Restrictions*. Tooele Transcript



Bulletin. <http://tooeleonline.com/winters-inversion-usher-in-county-wide-burn-restrictions/>

Radon

According to the Utah Department of Environmental Quality one in three homes in Utah contains dangerous levels of radon. Radon is an invisible and dangerous threat that's lurking in many Utah homes including homes in Tooele County. Radon is a colorless, odorless, tasteless gas that gets into your home and causes lung cancer. Radon is caused by natural breakdown of uranium underground and eventually rises above the surface causing overtime the destruction of lung tissues. It was estimated by the Department of Health and Human Services that between 1973 and 2017, 5826 people in Utah died from cancer caused by exposure to radon.

TCHD conducted radon testing to determine the level of radon in different municipalities. TCHD is also conducting an ArcGIS-Pro mapping project to identify radon levels in different locations according to the EPA standard level. This would allow Tooele County residents to use the map and location of their address and see if there is a potential threat to their home. Radon mitigation is available at the UDEQ website.

Septic Systems

TCHD conducted a study on wastewater regionalization plans for northern Tooele Valley. The main purpose of this was to evaluate alternatives for providing waste water service to the northern Tooele Valley. The study considers alternative locations and types of treatment, possible service areas, and types and sizes of conveyance. TCHD also conducted a septic tank density study to ensure that septic systems are meeting EPA standards.

Emergency Preparedness and Responses

The Tooele County Health Department through the Emergency Preparedness and Responses Team has conducted an After-Action Report & Improvement plan for the COVID-19 pandemic. This report mainly highlighted and described our incident command staff (ICS), incident action plan, Tooele Joint Risk Assessment (JRA), timeline of our epidemiologist's responses, vaccine administration, and our current AAR/IAP. The following contents below is the work of Zac Kearney from Advanced Emergency Management Technology, LLC for full disclosure. He is the lead writer for the Tooele County Health Department AAR/IP. This report also highlighted major areas of improvements and strengths during our COVID-19 pandemic responses.

COVID-19 Responses After - Action/ Improvement Plan (AAR/IP)

The Tooele County Health Department COVID-19 Response After Action Report and Improvement Plan, will be referred to as TCHD AAR/IP from this point forward. The COVID-19 pandemic was a worldwide response that lasted multiple years. This document is being used following HSEEP to evaluate the Emergency Response plans and actions from COVID-19 and is currently in place at TCHD. This AAR/IP is written in accordance with the Homeland Security Exercise Evaluation Plan (HSEEP). Through the use of the HSEEP, TCHD can develop, execute, and evaluate exercises that address preparedness priorities. These priorities are informed by risk and capability assessments, findings, corrective actions from previous events, and external requirements. These priorities guide the overall direction of an exercise program and the design and development of individual exercises.

NIMS/ICS Background

TCHD participates in Public Health Emergency Preparedness (PHEP) which requires National Incident Management System (NIMS) compliance and Incident Command System (ICS) usage with emergencies. NIMS compliance means staff are trained in the ICS 100, 200, 700, and 800 online courses offered by FEMA, while some employees in higher positions should take ICS 300 and 400 classes. These classes help provide a base for ramping up for emergencies. NIMS was instituted on March 1, 2004, in response to the Homeland Security Presidential Directive-5. NIMS was developed to provide a consistent nationwide approach for federal, state, tribal, and local governments to work together to prepare for, prevent, and respond to and recover from domestic incidents, regardless of cause, size, or complexity.

NIMS incorporates many existing best practices into a comprehensive national approach to domestic incident management, applicable at all jurisdictional levels and across all functional disciplines. The NIMS represents a core set of doctrine, principles, terminology, and organizational processes to enable effective, efficient, and collaborative incident management at all levels. To provide the framework for interoperability and compatibility, the NIMS is based on a balance between flexibility and standardization. The recommendations of the National Commission on Terrorist Attacks Upon the United States (the "9/11 Commission") further highlight the importance of the Incident Command System (ICS). The Commission's report recommends the national adoption of the ICS to enhance command, control, and communications capabilities.

ICS Command Staff

The incident command comprises the Incident Commander and Command Staff. Command staff positions are established to assign responsibility for key activities not specifically identified in the General Staff functional elements. These positions may include the Public Information Officer, Safety Officer, and Liaison Officer, in addition to various others, as required and assigned by the Incident Commander.

Incident Action Plan (IAP)

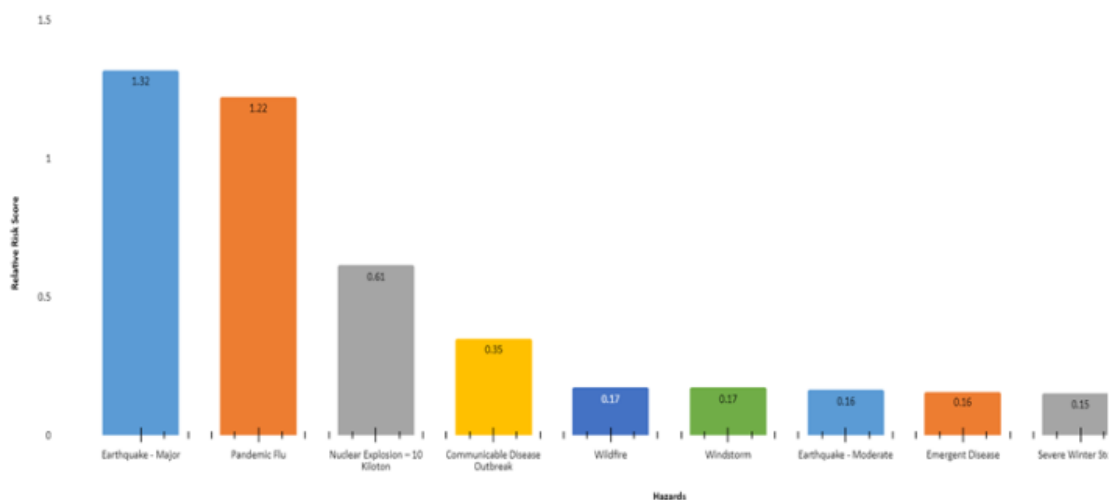
The IAP includes the overall incident objectives and strategies established by the Incident Command. The Planning Section is responsible for developing and documenting the IAP. This planning process involves productive interaction between jurisdictions, functional agencies, and private organizations. The IAP contains provisions for continuous incorporation of "lessons learned" as identified by the Incident Safety Officer or incident management personnel as activities progress.

It is essential that everyone understands that with the establishment of the NIMS, there is only one ICS. As agencies adopt the principles and concepts of ICS as established in the NIMS, the incident command system can expand to meet the needs of the response, regardless of the size or number of responders. The key to both NIMS and ICS is a balance between standardization and flexibility.

Tooele Joint Assessment (JRA)

In 2019 TCHD did a JRA in accordance with the Public Health Emergency Preparedness (PEHP) grant requirement. Figure 1 shows that pandemics ranked as their second highest hazard risk. The pandemic in this document was defined as: Emergence and global spread of novel influenza strain with high transmission and virulence; 30% illness attack rate, 2% case fatality rate, higher among children and elderly; a significant and sustained surge in healthcare delivery systems; multiple waves of disease present over the years-long duration of the pandemic; the efficacious vaccine is unavailable until 9 months after the pandemic declaration.

Figure 22: Top 10 Hazards (Based on Public Health and Medical Hazard Assessment)



The JRA that was used had 52 identified hazards in the categories of Natural, Chem Rad, Technology, and Biological that were ranked from most probable to least likely. It had public impact categories of Mental health, Public Health, Healthcare, and Community (disruption of

routine). In the last category, department staff ranks themselves on their preparedness level. The Pandemic line in the JRA was marked highly catastrophic in all categories.

They also ranked themselves as very prepared, a number 4, which is the highest rank to give one's self in this category. The definition of a 4 in this document/category means: the agency has approved and updated hazard response and COOP plans; the agency regularly tests and exercises these plans, often, in cooperation with other partner agencies; the agency has a significant degree of specialized resources and capabilities to mitigate the hazard impact; the agency has developed and maintains ready, backup systems for all of its primary response functions; MOU/MOAs with key partner agencies and vendors are in place and have been tested; the agency regularly engages with community stakeholder groups and supports preparedness activities for this specific hazard.

Epidemiologist/State Timeline

In January 2020 the Utah Public Health Laboratory (UPHL) started receiving inquiries regarding their ability to test for the new Coronavirus. Fewer than five individuals were investigated for having Coronavirus with travel history. Influenza activity was at the highest levels Utah had seen for 6 years. Testing for the novel coronavirus was not widely available. In early February UPHL was able to start ordering agents for Coronavirus testing. Forms were developed rapidly for the surveillance of persons under investigation and monitoring.

By mid-February, over 100 individuals were being monitored by local health departments. The majority were travelers returning from China, Cambodia, and South Korea. Many were from cruise ships. By the end of February, public health officials were wrestling with many questions for identifying cases and changing guidance for monitoring possible cases. Questions around testing included:

- 1-Where to get tested?
- 2-What was the appropriate collection body site (Nasopharyngeal only or saliva testing)?
- 3-Who is qualified to collect samples (nurses and doctors only or anyone with special training) and what type of personal protective equipment should be worn?
- 4-Where should this collection take place (home, clinic, vehicle, etc)?
- 5-Will testing be a way to stay open when public health shuts down schools, businesses, churches, and any mass gatherings?

The CDC changed the definition of persons under investigation for COVID-19 to add flexibility but did not include specific countries of travel exposure for risk level assessment. Until the end of February 2020, the primary communication for COVID between the communicable disease programs at the state and local health departments was through the weekly phone conference meeting entitled "Stand up Call." This call for general reportable disease coordination has been in place in Utah's public health programs on a weekly basis for over 10 years. All

reportable diseases with any possible cross-jurisdictional impacts are discussed and coordinated regularly. As COVID began to overpower the agenda time on this standing meeting, a second weekly call entitled “Touchpoint” was added specifically to discuss COVID questions, concerns, and updates.

The focus of planning communication shifted from containment to a mitigation perspective. It was clear that transmission to Utah was inevitable and so plans for how to mitigate the impacts were initiated. The surveillance burden of active monitoring overwhelmed the available resources and hence the strategy shifted to voluntary self-monitoring. Discussions of ideas for non-pharmaceutical interventions were explored. Testing remained inadequate for the demand from public and private health care. Schools were asking local health departments for guidance and there was very limited known epidemiological information.

Historically in Utah, all reportable diseases have an individual website on the Utah Department of Health A-Z disease list page (<https://epi.health.utah.gov/a-list/>). Each disease that falls within the public health purview has resources for reporting, investigating, and controlling its spread. It is the central location for coordinating documentation for communicable disease epidemiology and response resources. There was not a page for the novel coronavirus with such resources initially and collaboration to acquire this required a time-sensitive response with limited information. The document that is known as the Disease Plan historically is the primary document for use in standards of what surveillance aspects are collected and what interventions are done as part of case investigation and outbreak control.

Disease plans contain case definitions that follow the national standards set by the Council for State and Territorial Epidemiologists (CSTE). It describes what is known about the disease and its epidemiology, why it is important to public health, best practices for control measures, case investigation, and what the minimum required fields for investigation are. The set of minimum required fields was an ever-changing target. This was due to the rapid changing of relevant factors and differences between laboratory responses and epidemiologic responses. The case definition was not consistent across the nation. The interconnectedness of the globe brought an emergence of a pandemic where there were many unknowns. The first creation of the Utah COVID disease plan did not happen until August 2021, over 18 months after the first cases in Utah.

The website coronavirus.utah.gov became the website for public information and resource access and live calls with shared drives became the modality for internal public health communication.

By March 2020, local health departments began receiving COVID-19 test results from physicians. Positive cases were identified in hospitals in Utah and Utah residents who had traveled tested positive. Testing was being ramped-up and businesses were shutting down. The

reporting of test results required the creation of a test reporting matrix, known as “swim lanes” for criteria to determine whether a case should be reported to public health authorities. The sheer volume of negative test results became a factor that slowed the surveillance system, and the electronic laboratory reporting setup scrambled to get the informatics support needed. Disease-specific data elements to be included in the initial reports were debated.

The Utah Department of Health informatics program worked on an online test requests portal. Private labs were testing, including Quest who prioritized WA and CA, and LabCorp was rapidly maxed out. Testing at ARUP was only for insured individuals, and Intermountain laboratories didn’t start until later in March. A text-based monitoring system was set up called T.I.M. (Text Illness Monitoring). Negative test results initially overwhelmed the EpiTrax surveillance system and separate export portals had to be created by the informatics team to handle the sheer volume.

On March 6th, 2020 Utah’s governor declared a State of Emergency in Utah. The state of Utah saw its first laboratory-confirmed case of COVID-19 in March 2020, and Tooele County saw its first case shortly after on March 16th—a male with a travel history where close contact with a confirmed COVID-19 case was reported. The Utah governor’s declaration of a two-week soft closure for schools was issued on March 16th, 2020, and subsequent other social distancing policy support came in rapid succession thereafter. Cases continued to consistently come in until the first surge of cases in July 2020. The efforts of remote working and schools for social distancing were primarily focused to slow the spread and protect the healthcare systems from surges of severe cases.

Challenges to surveillance efforts continued to evolve as schools began to have virus transmission and roles were further developed for the investigation of cases within the school. Rapid hiring of case investigators and contact tracers was underway in both the private and public sectors. The school’s internal absenteeism surveillance and reporting systems that had been used during H1N1 were insufficient to handle the load of COVID-like illness. The coronavirus@utah.gov website became a hub for reporting counts for schools but that presented its own challenges in differences in case definitions. Tensions increased as the onset date or date of testing impacted the isolation periods, and when those dictated dates a student missed school or sporting events.

The transmissibility, as measured by R_0 (R naught), is one of the most basic epidemiological metrics used and estimates for COVID-19 R_0 varied widely. The methods used to quantify contacts that subsequently developed the disease had many confounding factors. The recommended quarantine period and isolation period used for controlling the spread were problematic to public functions of society and were problematic in the realm of work and education. Some employees were not able to quarantine and isolate and large outbreaks ensued.

National examples of non-pharmaceutical interventions and social distancing messaging impacted local decisions. Graduations, sporting events, church worship services, and all mass gatherings were canceled.

Surveillance continued throughout the summer. However, cases did not decline despite schools being out for the summer, and summer camps being canceled. The 4th of July holiday brought cases associated with outdoor family, or non-officially sponsored gatherings that were perceived as compatible with social distancing recommendations. Worksites, prisons, and other group living quarters, along with skilled nursing facilities and long term care facilities, worked to develop a COVID-19 standard operation procedure where no previous standards for infectious disease control were applicable to the unique constraints presented by COVID-19.

Surveillance of outbreaks among employees and residents faced challenges in accuracy for naming contacts of cases. The criteria for counting a COVID case as hospitalized was different from classifying a case as hospitalized due to COVID. The window of catching any hospitalization within 90 days before or after a COVID-positive lab test was the initial white list rule to generate the hospitalized case count. White rule is how laboratory results get entered into the national reporting system negative and positive results go there and it is a placeholder until we see if they qualified reportable diseases.

The Fall of 2020 brought a significant rise in cases, and schools worked to develop the best plans for hybrid and remote learning. Communication plans were developed with step-by-step instructions on how to share information on school case investigations and surveillance with local public health. Parents were driving requests for transparency to understand their students' exposure risk at school. The US Department of Health and Human Services sent 250,000 tests to schools and universities. Rapid testing machines such as the BianaxNow were acquired to help with a more timely measure of spread in schools. Worksites also privately purchased testing machines and Utah Public Health began mobile testing. Standards for CLIA (Clinical Laboratory Improvement Amendments) were navigated by agencies that had never entered the testing realm. A state worksite team was developed to help work in partnerships for managing outbreaks and surveillance efforts.

Local Health Department resources were stretched thinner than ever imagined as Fall holidays such as Halloween were canceled, and mask-wearing for infection control remained a controversial topic that became more political than transmission focused. In November a team of case investigators and contact tracers was formed by the State of Utah and a call center for fielding questions was prioritized

December brought the added component of surveillance of the vaccination status of cases and contacts. This impacted quarantine recommendations for vaccinated contacts. Continual surveillance of cases began to pilot an automated text message or automated phone call for case investigation and contact tracing. The informatic support was sufficient by the end of December

to launch the Automatic Contact Tracing System, or ACTS. Priority groups for the live person calling of cases for investigation were developed by each local health department. This lifted the burden of surveillance investigation just in time for the shift of public health response to vaccination efforts.

As the COVID-19 vaccine came to Utah, so did the surveillance for vaccination. Public Health was tasked to lead the vaccination efforts even when other partners were administering the vaccine. The Utah Statewide Immunization and Information System (USIIS) was ultimately the system where the vaccines would be recorded. Many different vaccine administration software such as Salesforce was used at the mass vaccination clinics and then the data was uploaded into USIIS. There were challenges in the interoperability for uploads and timeliness of the data transfer. The surveillance of vaccines could be sorted by the agency giving the vaccine, or the residence of the person being vaccinated, which served to quantify different aspects of the response. Initial doses were tracked and rates were calculated.

Vaccine Administration

Vaccine rollout approximate timeline:

- December 15: Healthcare workers
- January 11: Teachers and school staff in K-12 schools January 18 - Age 70+
- February 18: Age 65+
- February 25: Age 16+ with certain underlying medical conditions March 24 - Everyone 16+

In addition to surveillance for vaccine administration, attitudes regarding the COVID specific vaccine and its emergency use authorization were measured. The Behavioral Risk Factor Surveillance System (BRFSS) looked at vaccine attitudes about COVID vaccine from 8/1/20 - 12/19/20 and collected 3866 responses. Questions included:

- How likely are you to receive the COVID-19 vaccine as soon as it is approved and made available to the public?

- Combined 72.4% Likely and Very Likely

- 46.2% Very Likely

- 26.2% Somewhat Likely

- 10.3% Not Very Likely

- 17.3 Very Unlikely

- Likelihood by Race

- Not seeing huge differences between white and non-white respondents in amount or hesitancy of vaccine
 - Similar with ethnicity
- Likelihood by Age Group
 - Older individuals more likely to get the vaccine
 - 35-44 y.o. had the lowest acceptance
- Likelihood by Income
 - Lowest and highest income category had the most acceptance
- Likelihood by education
 - Less hesitancy with higher education
- Likelihood by LHD
 - Wasatch (83%), Salt Lake, Utah, Davis, Weber-Morgan, Tooele, Summit, Bear River, Southwest, Southeast, San Juan, Central, TriCounty (55%)
- Combined likelihood held steady around 80% over the last 3 weeks, increased from 71%
- Hesitancy for those somewhat, not very likely, and very unlikely
 - Side effects, too fast development, and no protection
 - Very unlikely a lot more reasons for hesitancy

Vaccination status was added as a variable to the COVID case and contact investigation. The definition of a vaccine breakthrough case had to be standardized but the Council for State and Territorial Epidemiologists (CSTE) was slow in providing guidance. It changed the epidemiological recommendations for the isolation and quarantine for cases and contacts.

As laboratory capacity testing increased, variant detection became a standard surveillance metric. Global trends were identified with the new variants such as Delta and Omicron. These global trends were able to inform preparation for when the variants hit Utah. The COVID-19 virus became one of the most sequenced viruses of all time

Novel surveillance methods such as wastewater detection of the COVID-19 virus and its variants began in Utah with the Division of Environmental Quality. One of the first projects that proved effective for surveillance was in dorms at Utah State University. The sophistication of this tool became a valuable asset in syndromic surveillance.

Cases with an address at diagnosis in Utah produced a different case set than looking at cases that were visiting Utah and only seen in the emergency or urgent care settings. Wastewater captured both residents and visitors.

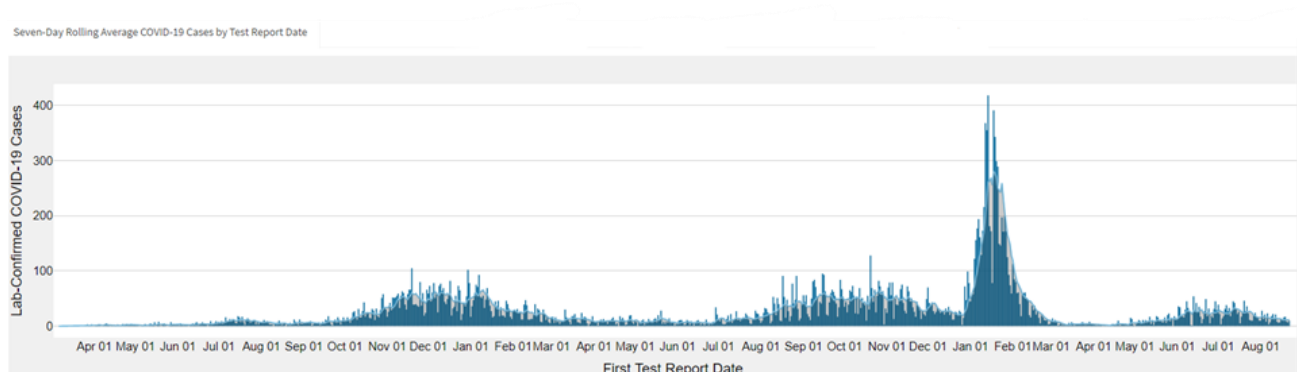
Monoclonal antibody treatment became available in Utah in December 2020. The availability of the treatment was limited and it required specific criteria for eligibility. This created a need for surveillance of the criteria required for treatment to assess the need. Treatment also added another variable for case surveillance.

As the pandemic continued, cumulative death counts rose. The Utah Office of the Medical Examiner reviewed each death associated with COVID and determined which deaths followed the national standard for COVID deaths.

The Utah Legislative Order to suspend the school ‘test to stay’ occurred in January 2022 when the logistic capacity for testing and surveillance exceeded the resources available.

When home tests became standard in 2022, the use of laboratory testing as a proxy for almost all the metrics of surveillance was severely impacted. The percent positivity had been calculated by the number of positive tests over the number of total tests performed at laboratories. The denominator of this changed dramatically as only cases who were symptomatic enough to seek health care got laboratory-confirmed cases.

Figure 23: Tooele County Epi Curve March 2020- August 2022



Current AAR/IAP

This After Action Report/Improvement Plan provides detailed information about how the response was executed. It is based on factors and data available at the time of document production. The AAR/IP writing team was composed of the AEMT Team,

and TCHD Emergency Response Coordinator. All participating partners in the hotwashes are listed in Section 1, subheading Participating Organizations. This team picked the PHEP capabilities and areas of focus to review during the hotwashes. Based on the AAR/IP writing team's deliberations, the following PHEP Capabilities were the focus for TCHD AAR/IP:

Capability 3: Emergency Operations Coordination

Emergency operations coordination is the ability to coordinate with emergency management. It also is the ability to direct and support an incident or event with implications for public health or healthcare by establishing a standardized, scalable system of oversight, organization, and supervision. This system must be consistent with jurisdictional standards and practices and the National Incident Management System (NIMS).

- Function 2: Activate public health emergency operations
- Function 3: Develop and maintain an incident response strategy
- Function 4: Manage and sustain the public health response
- Function 5: Demobilize and evaluate public health emergency operations

Capability 6: Information Sharing

Information sharing is the ability to conduct a multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of government and the private sector. This capability includes the routine sharing of information, as well as, issuing public health alerts to all levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

- Function 3: Exchange information to determine a common operating picture

Capability 8: Medical Countermeasure Dispensing and Administration

Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.

- Function 2: Receive medical countermeasures to be dispensed/administered
- Function 3: Activate medical countermeasure dispensing/administration operations
- Function 4: Dispense/administer medical countermeasures to targeted population(s)

Capability 9: Medical Material Management and Distribution

Medical material management and distribution is the ability to acquire, manage, transport, and track medical material during a public health incident or event and the ability to recover and account for unused medical materials, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident.

- Function 1: Direct and activate medical material management and distribution
- Function 2: Acquire medical material from national stockpiles or other supply sources
- Function 3: Distribute medical material
- Function 4: Monitor medical material inventories and medical material distribution operations
- Function 5: Recover medical material and demobilize distribution operations

Capability 13: Public Health Surveillance and Epidemiological Investigation

Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance.

- Function 1: Conduct or support public health surveillance
- Function 2: Conduct public health and epidemiological investigations

The purpose of this report is to analyze the results, identify strengths to be maintained and built upon, identify potential areas for further improvement, and support the development of corrective actions.

Major Strengths

The major strengths identified during this response are:

- Employee willingness to jump in and help wherever needed.
- Tracy F. was great with communicating to Long Term Care Facilities.
- The department, in general, was great at communicating to partners.
- Requesting and receiving PPE supplies worked very smoothly.

Areas for Improvement

Throughout the hotwashes with management, staff, and partners concerning the COVID-19 response, several opportunities for improvement in the TCHD's ability to respond to the incident were identified. The primary areas for improvement are:

- EOC activation was clunky and confusing.
- Inequitable level of duties across the staff.
- Digital system for vaccine administration. Salesforce did not upload to the eClinicalWorks software.

Focus Group Findings

TCHD conducted two focus groups to collect community feedback from Tooele County residents to gain deeper insight into the needs of the population, how TCHD can best support the community and identify any community concerns. In order to incentivize focus group participation, a \$50 gift card was offered to all applicants that were selected. Despite efforts to incentivize participation and clearly communicate event details, focus group participation was low and resulted in a small sample size. A small sample size makes it difficult to draw any statistically significant findings, therefore limiting the generalization of these findings. While findings from these focus groups should be interpreted with caution, themes from the focus groups included mental health concerns and limited access to healthcare.

Mental health concerns were a consistent theme for both adults and children. Community members expressed that there is an increasing need for mental health resources and education on existing resources. Activities to increase community connection, additional support in schools, parent education on mental health indicators in children and training on how to positively use social media were identified as potential areas to address mental health needs of the community.

A secondary theme that was identified in the focus groups was limited access to healthcare. Community members articulated that there is an increasing demand for medical specialists that practice within Tooele County, expressing that the only way to access these services is by going to Salt Lake County. Affordable health care was also mentioned as a barrier to accessing needed healthcare services.

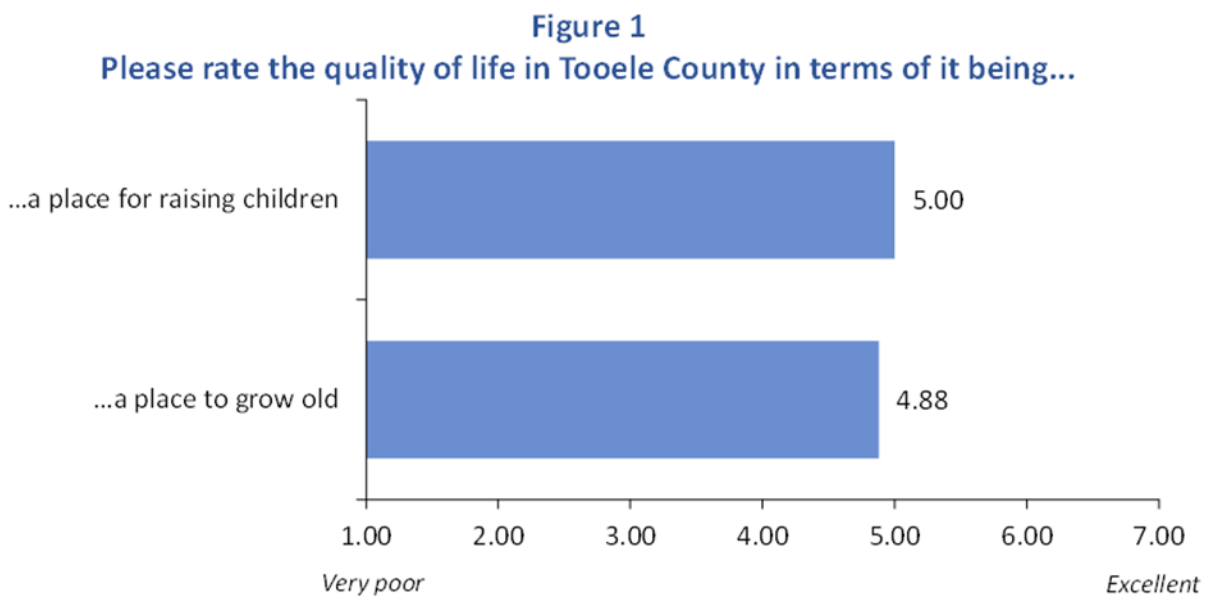
While these themes were identified, it is important to note that the limited participation in these focus groups limits the validity of these findings. Further research into these themes was conducted using secondary data resources to ensure that community feedback was taken into account for the purposes of this CHA.

Mixed-methods Survey Findings

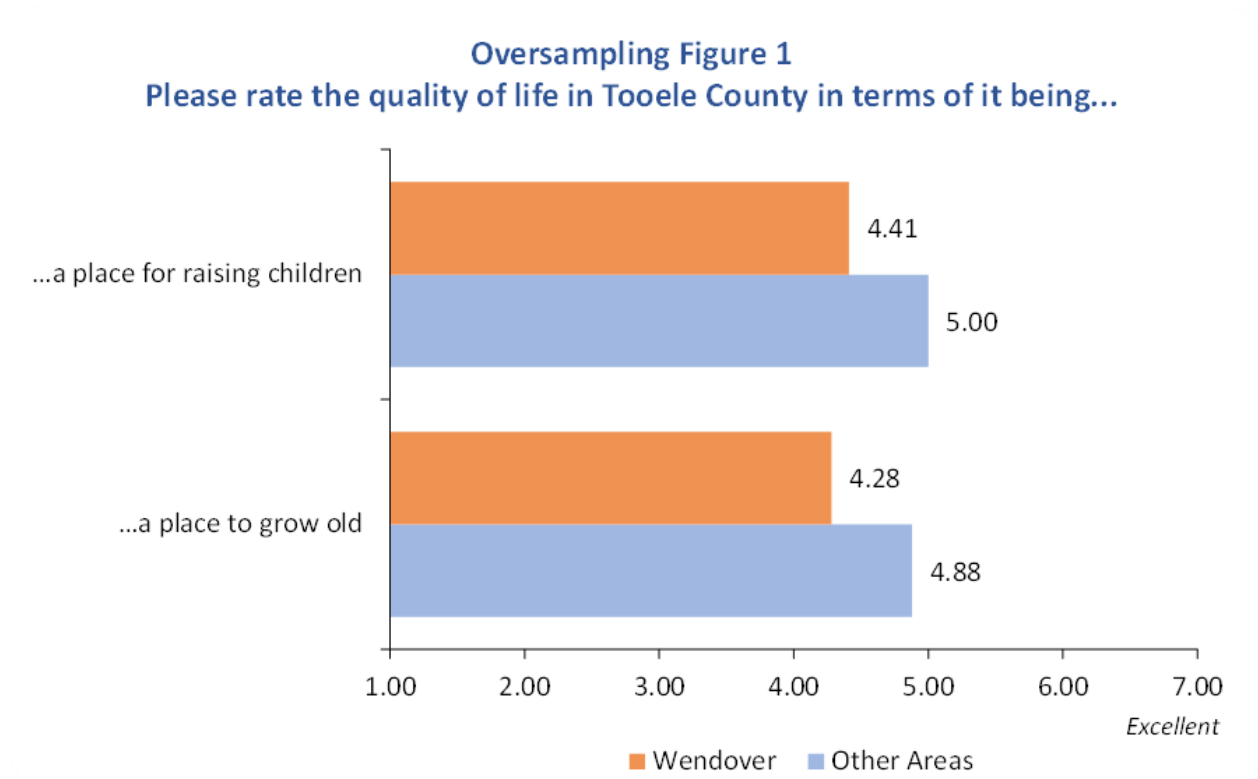
Detailed Results

Tooele County Concerns

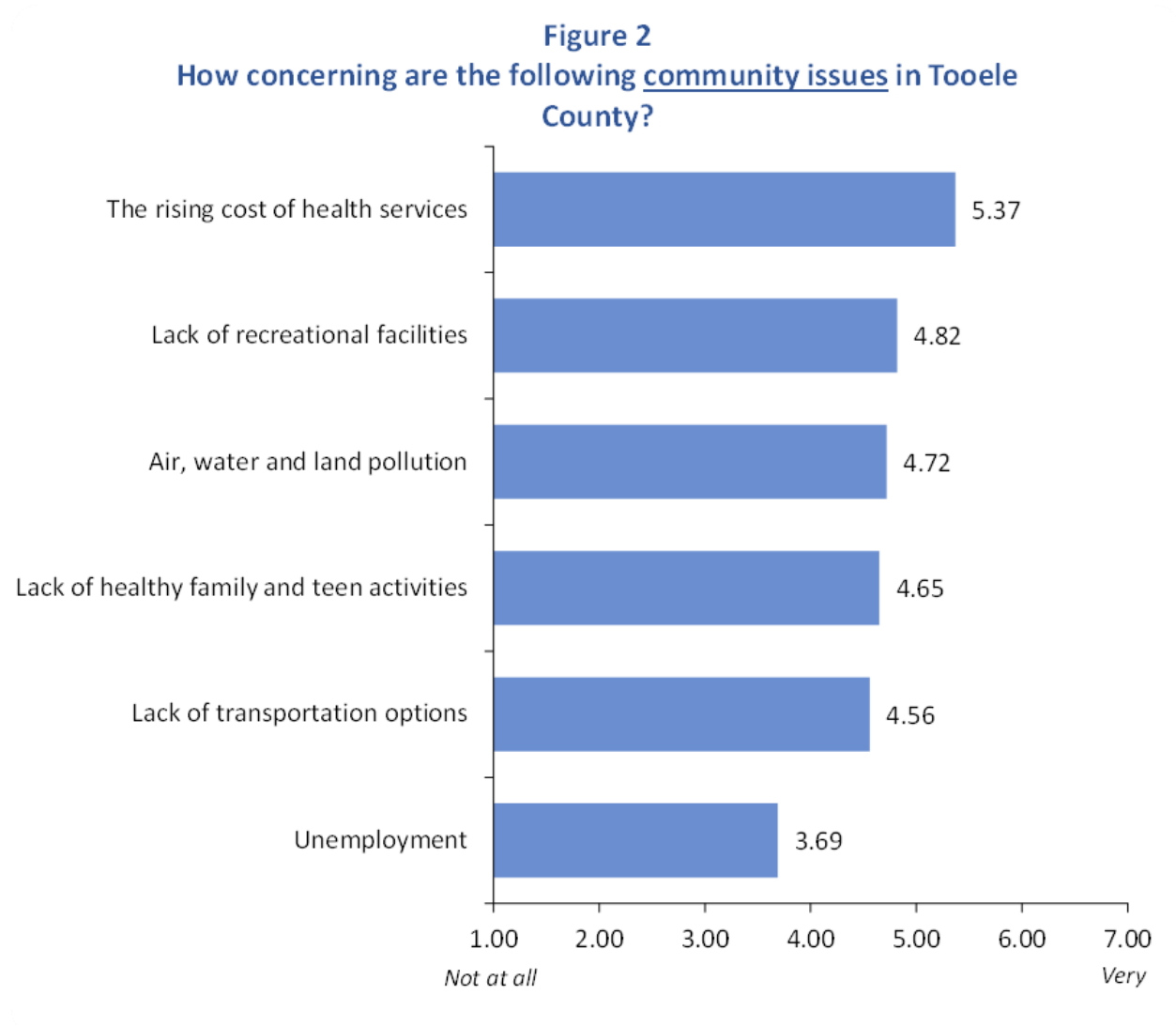
As [Figure 1](#) illustrates, respondents gave an average mean rating of 5.00 on the 1-to-7 scale to describe Tooele County as a place for raising children and a rating of 4.88 to describe Tooele County as a place for growing old.



As Oversampling [Figure 1](#) illustrates, Wendover respondents gave slightly lower ratings when rating Tooele County as a place for **raising children** (4.41) and a place for **growing old** (4.28).

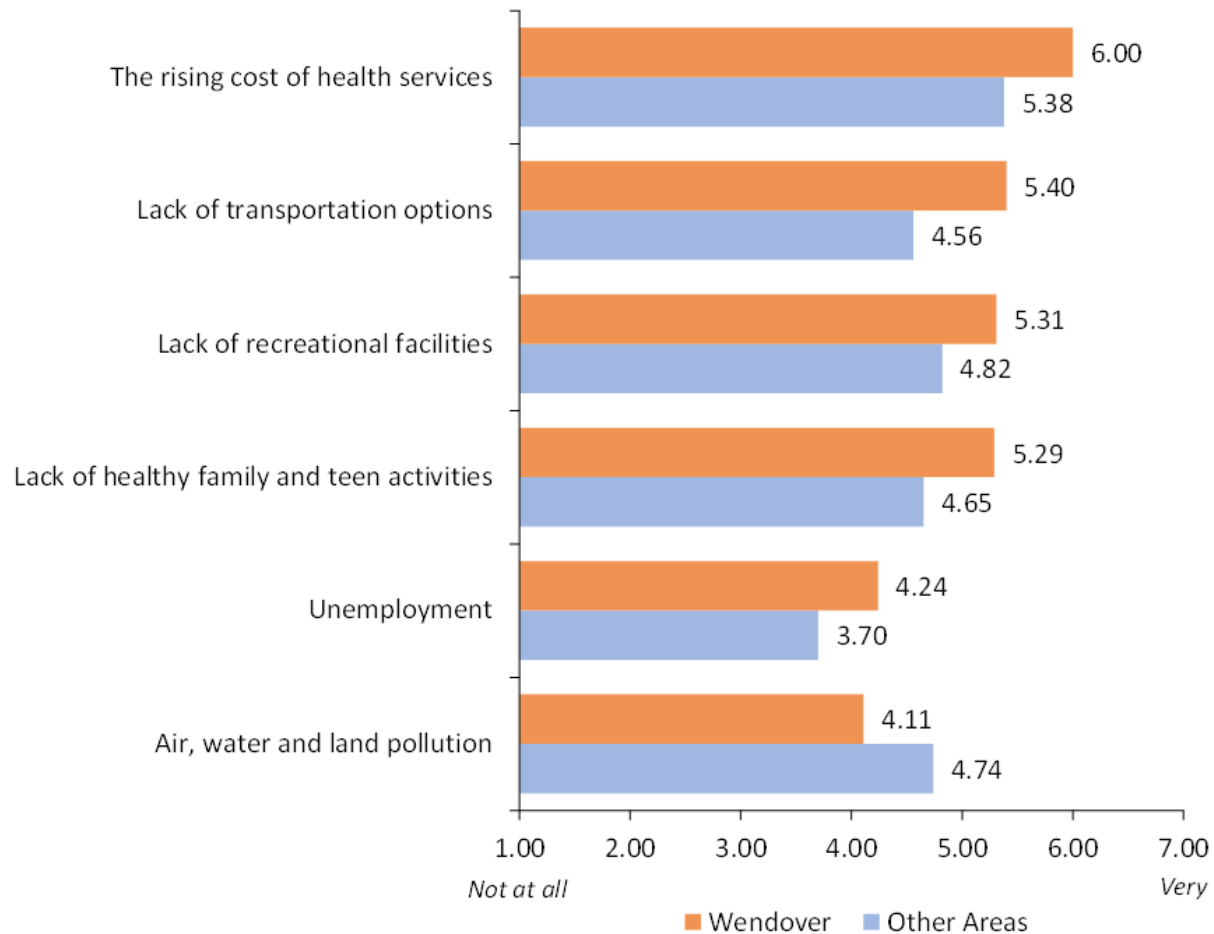


When rating how concerned they are with various community issues in Tooele County, respondents gave the highest average mean rating (5.37) to the rising cost of health services, indicating this is the most concerning issue. On average, respondents were least concerned with unemployment. Please see Figure 2.



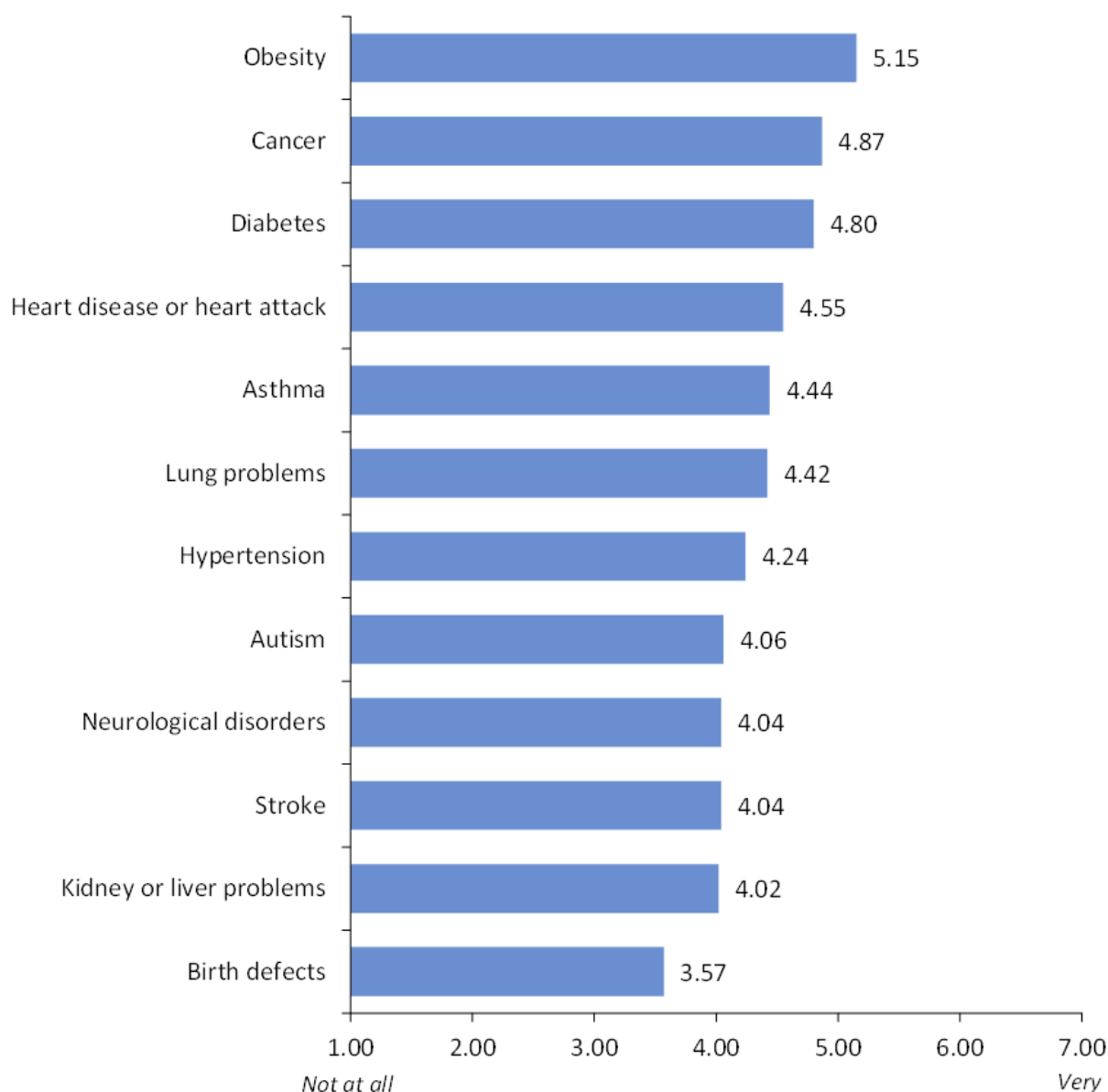
As Oversampling [Figure 2](#) illustrates, Wendover respondents, on average, gave **higher ratings** when rating their concern with most community issues, meaning they are more concerned with these issues than are respondents in other areas of Tooele County. The only exception is that Wendover respondents, on average, seem less concerned with air, water, and land pollution.

Oversampling Figure 2
How concerning are the following community issues in Tooele County?

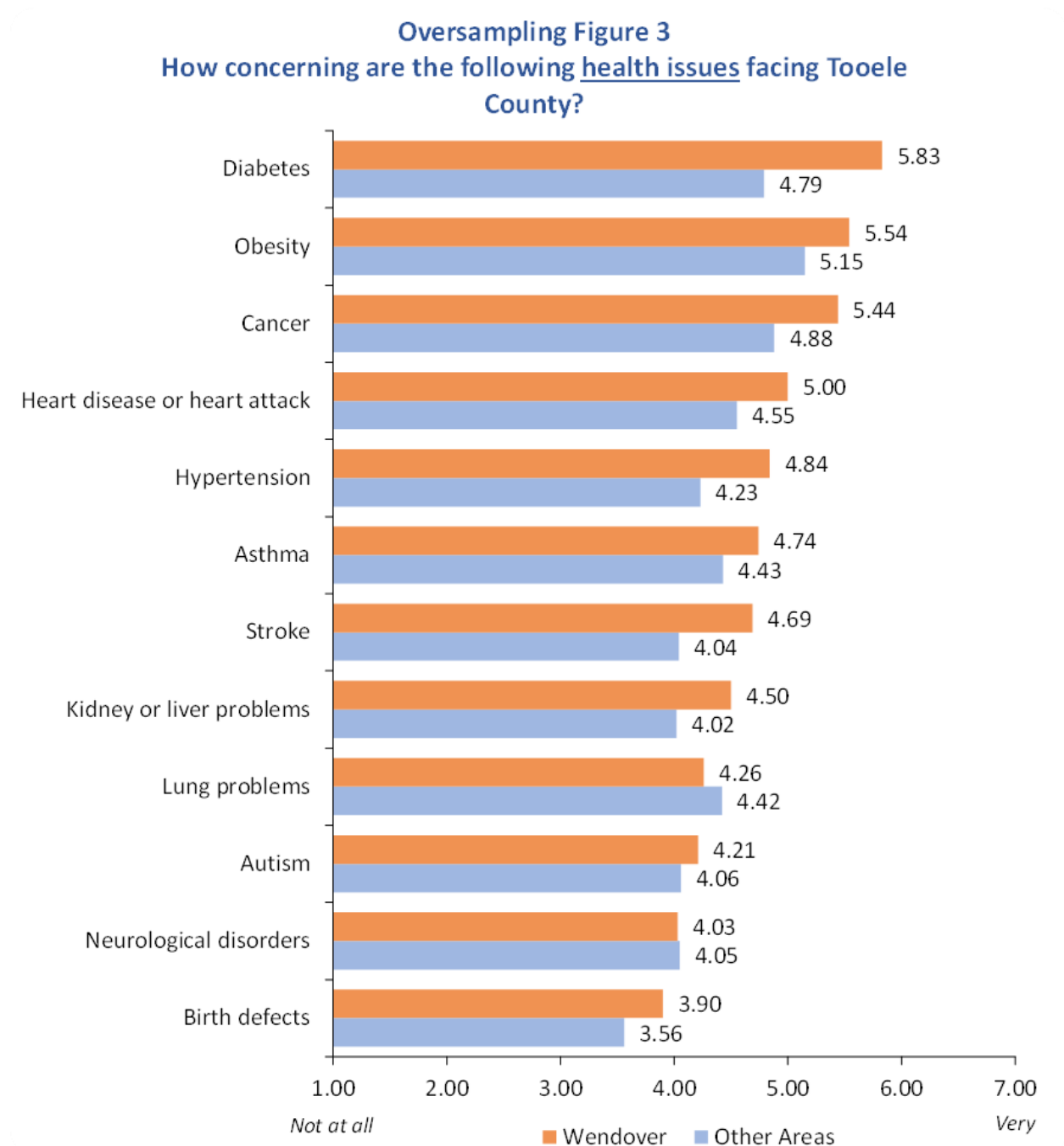


When rating their level of concern with various health issues facing Tooele County, respondents gave the highest average mean rating to **obesity** (5.15), followed by **cancer** (4.87) and **diabetes** (4.80). For details, please refer to Figure 3.

Figure 3
How concerning are the following health issues facing Tooele County?

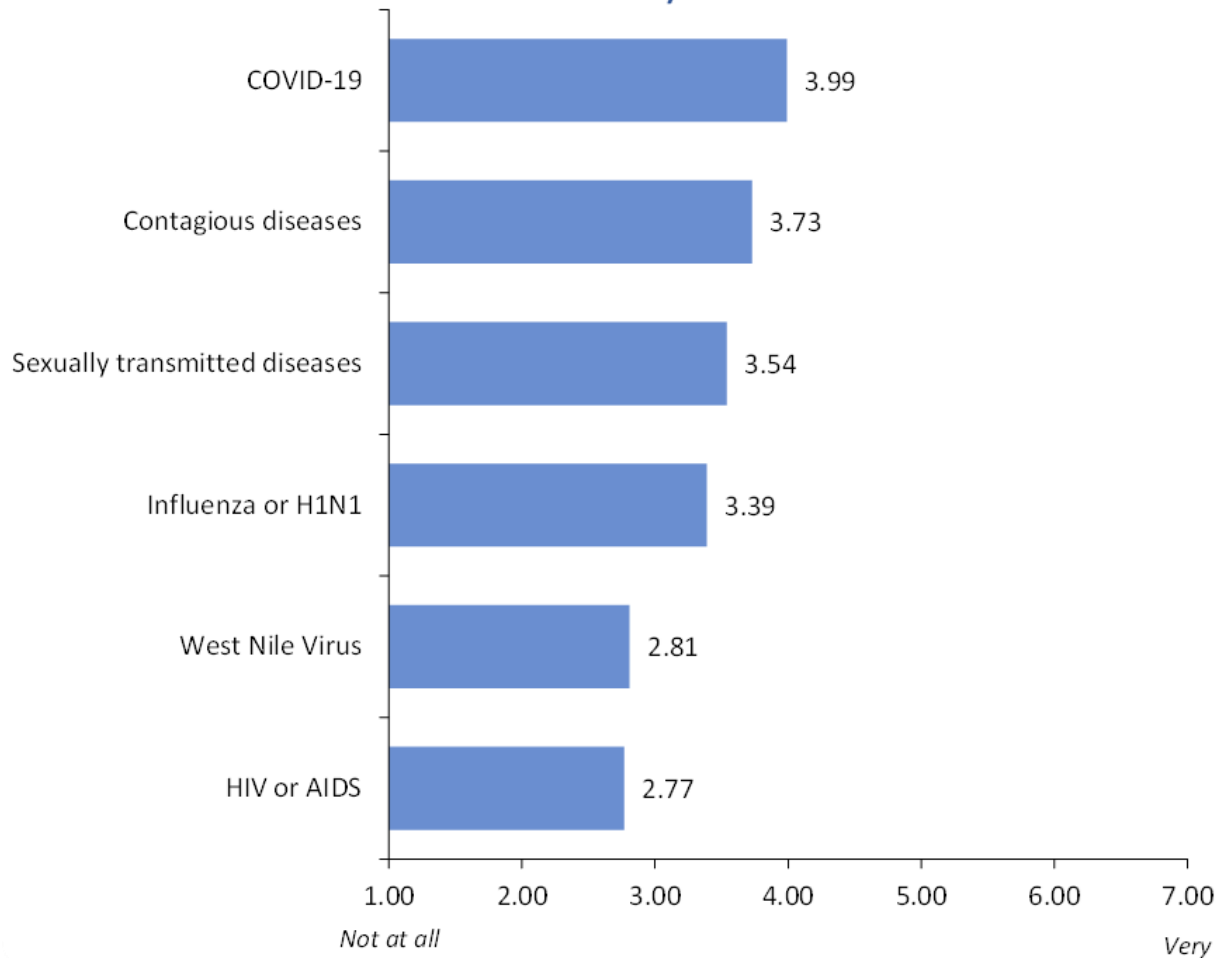


As Oversampling Figure 3 illustrates, Wendover respondents were most concerned with **diabetes** (5.83), and appear to be more concerned than other Tooele County residents with nearly all health issues facing their area. On average, Wendover respondents gave statistically higher ratings regarding diabetes than did all other respondents.



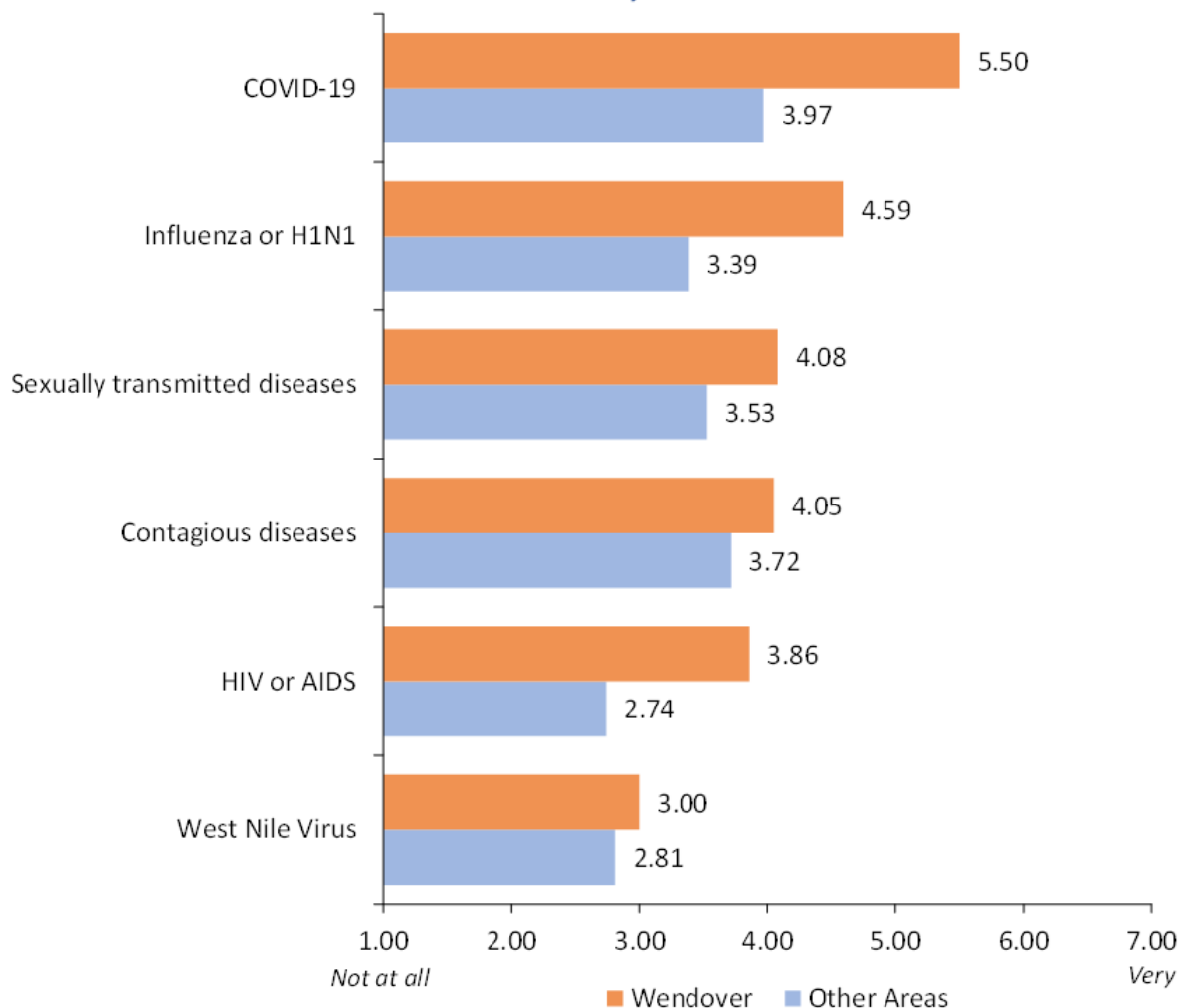
When rating how concerned they are with various infectious diseases, respondents gave the highest average mean rating (3.99) to **COVID-19**, though respondents gave low- to mid-range ratings when rating their concern with other infectious diseases. Please refer to [Figure 4](#) for details.

Figure 4
How concerning are the following infectious diseases in Tooele County?

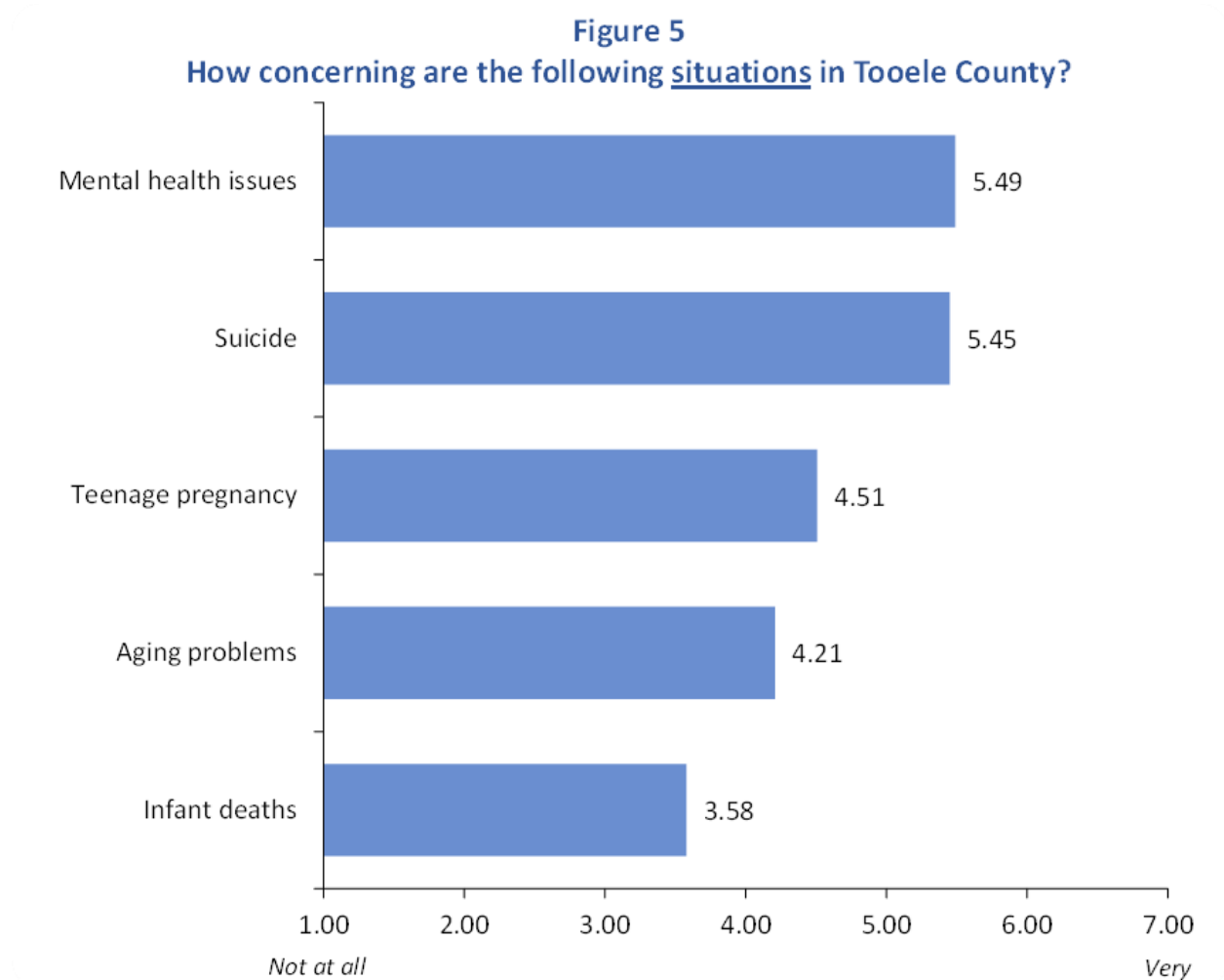


As Oversampling Figure 4 illustrates, Wendover respondents were most concerned with **COVID-19** (5.50), and were more concerned than other Tooele County residents about infectious diseases in their area. On average, Wendover respondents gave statistically higher ratings than all other respondents regarding **COVID-19, HIV or AIDS, and influenza or H1N1**.

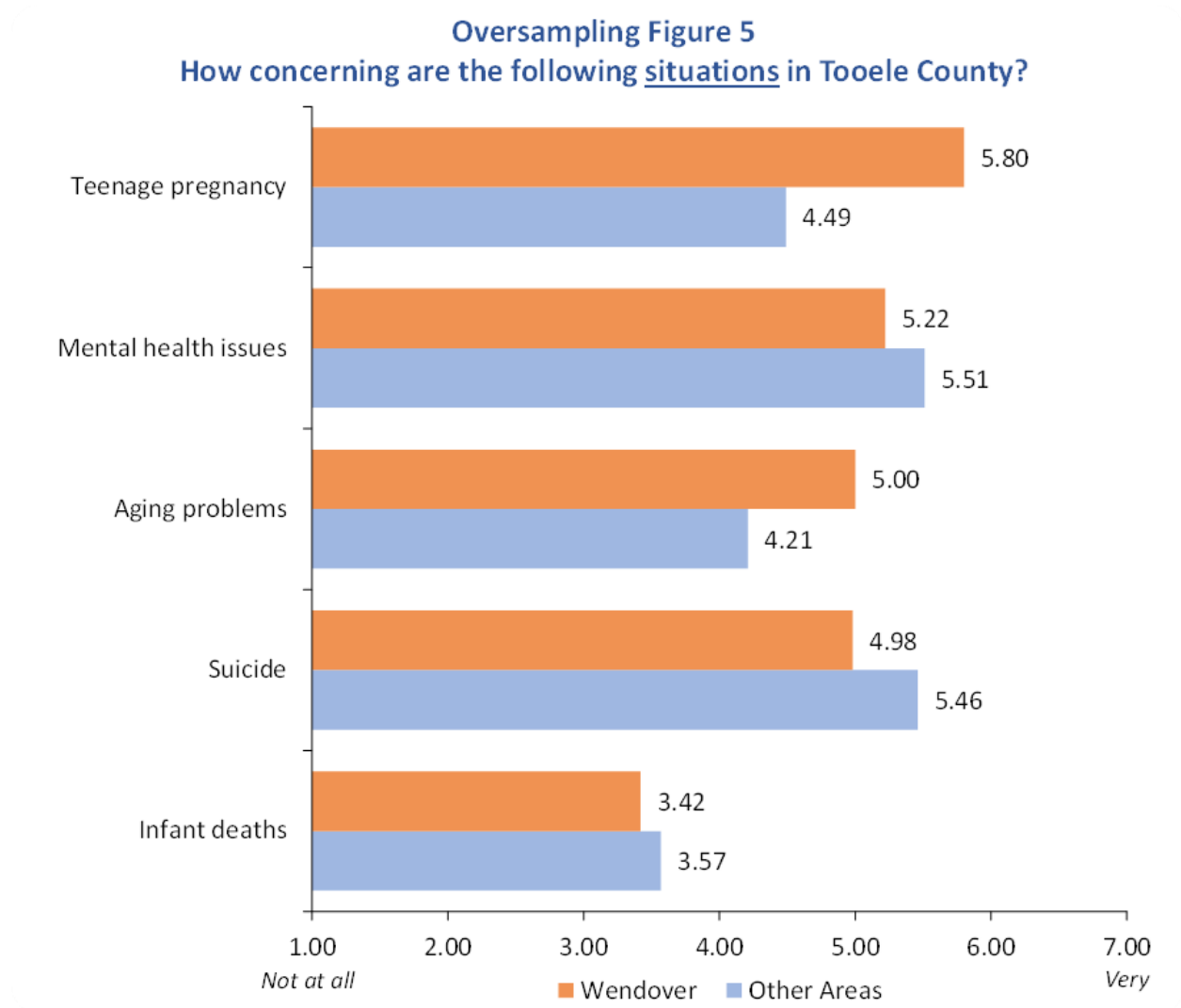
Oversampling Figure 4
How concerning are the following infectious diseases in Tooele County?



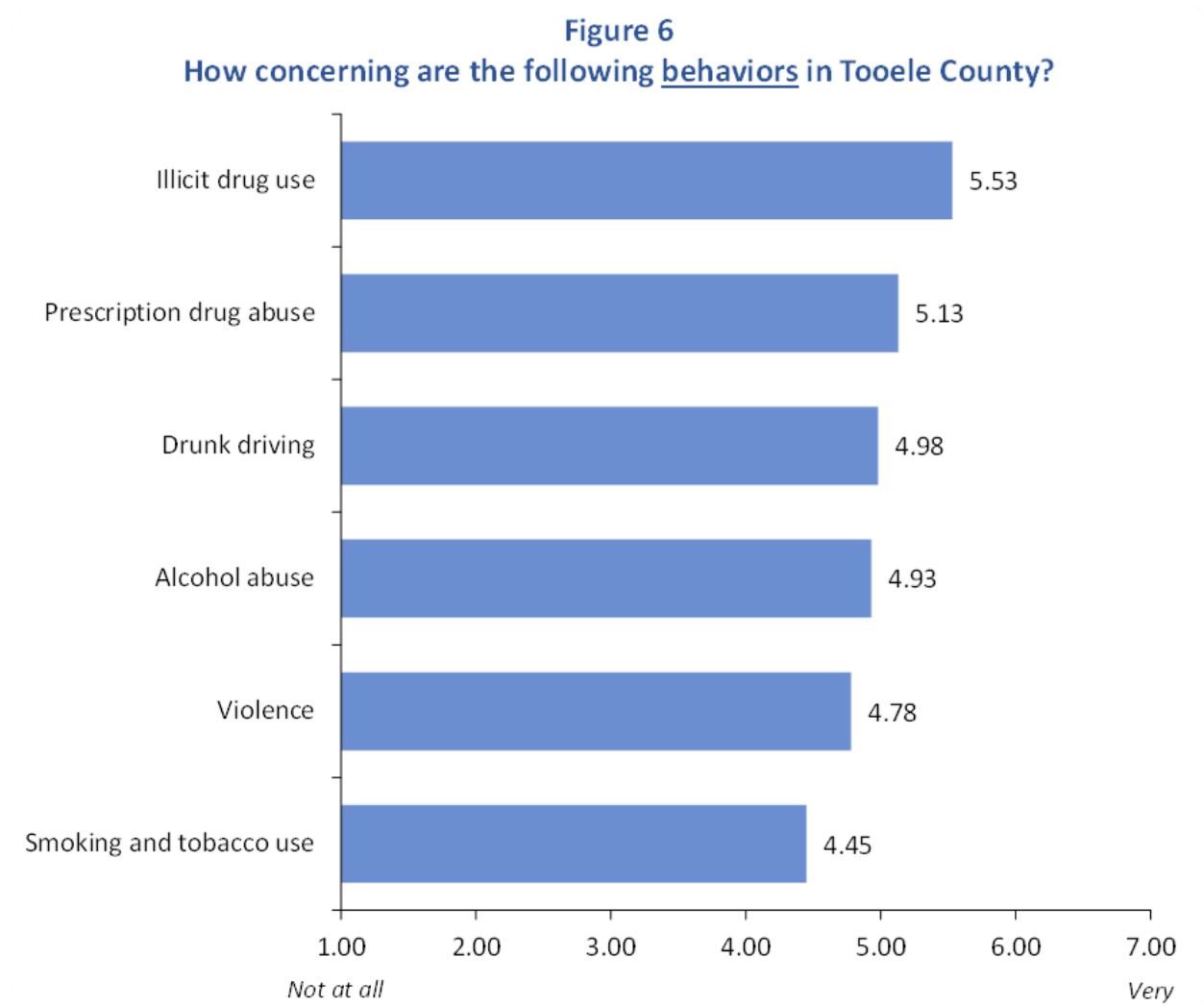
When rating their level of concern with various situations in Tooele County, respondents gave the highest ratings to mental **health issues** (5.49) and **suicide** (5.45), indicating these situations are most concerning to them. Please see Figure 5.



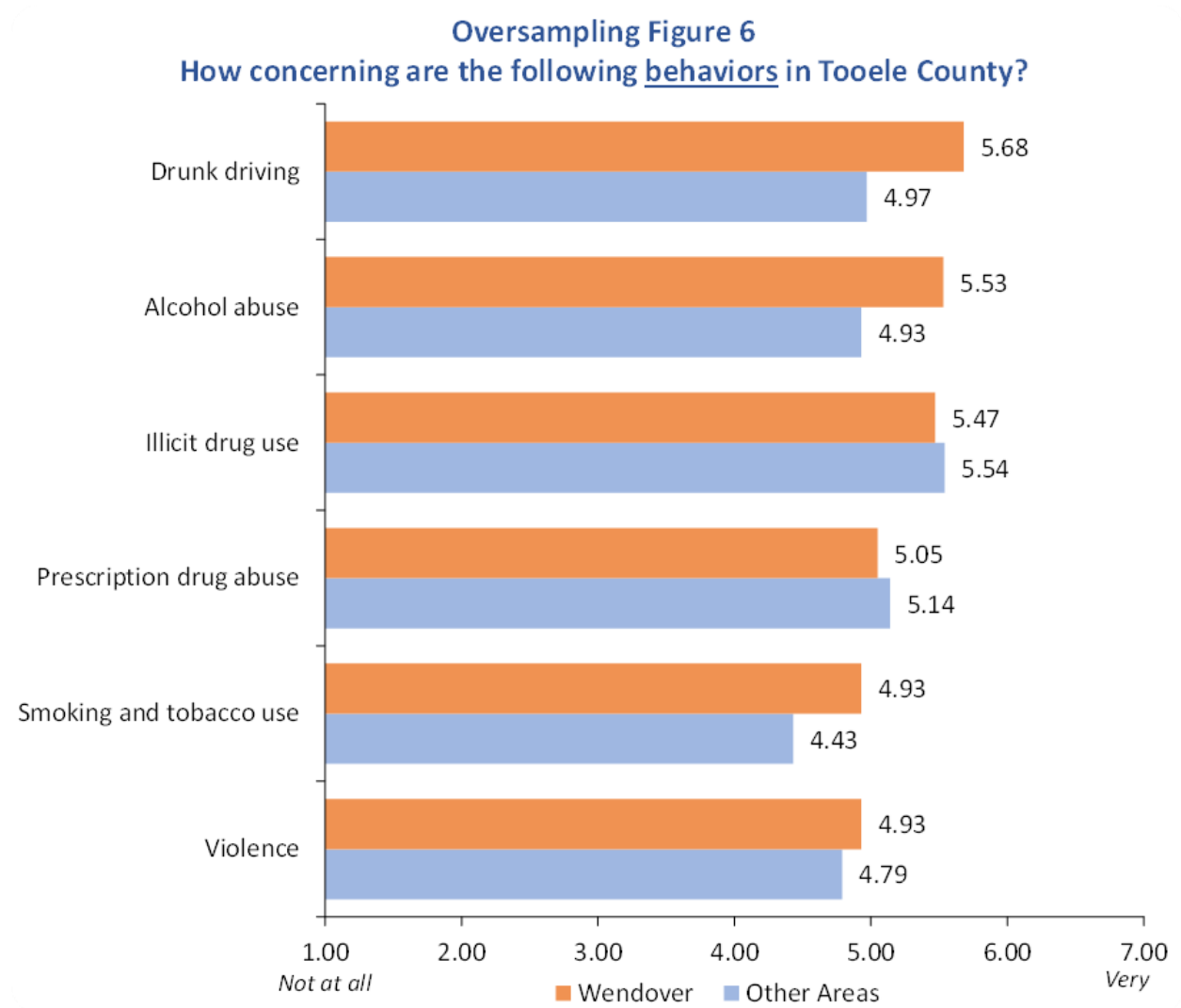
As Oversampling Figure 5 illustrates, Wendover respondents were most concerned **about teenage pregnancy** (5.80), and were more concerned about teenage pregnancy and aging problems than were residents in other parts of the county.



When rating how concerned they are with various behaviors in Tooele County, on average, respondents gave the highest rating (5.53) to **illicit drug use**, indicating that this behavior is most concerning to them. Please refer to Figure 6.



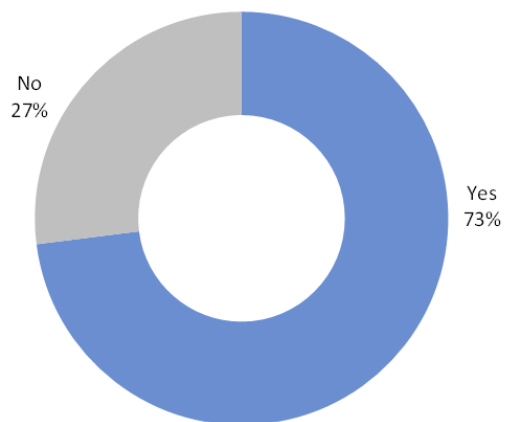
As Oversampling Figure 6 illustrates, Wendover respondents rated **drunk driving** (5.68) and **alcohol abuse** (5.53) as the most concerning behaviors in Tooele County and were more concerned with these issues than were respondents in the rest of the county.



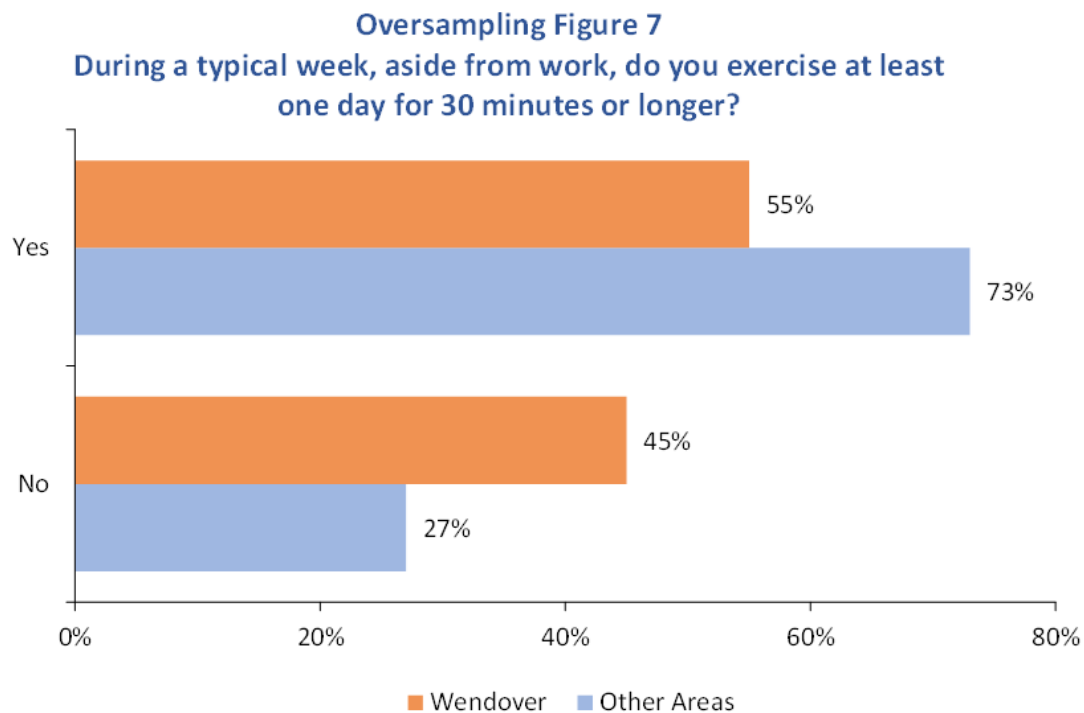
Exercise in Tooele County

As [Figure 7](#) illustrates, nearly three-quarters of respondents (73%) indicated that they **exercise** at least one day a week for 30 minutes or longer.

Figure 7
During a typical week, aside from work, do you exercise at least one day for 30 minutes or longer?

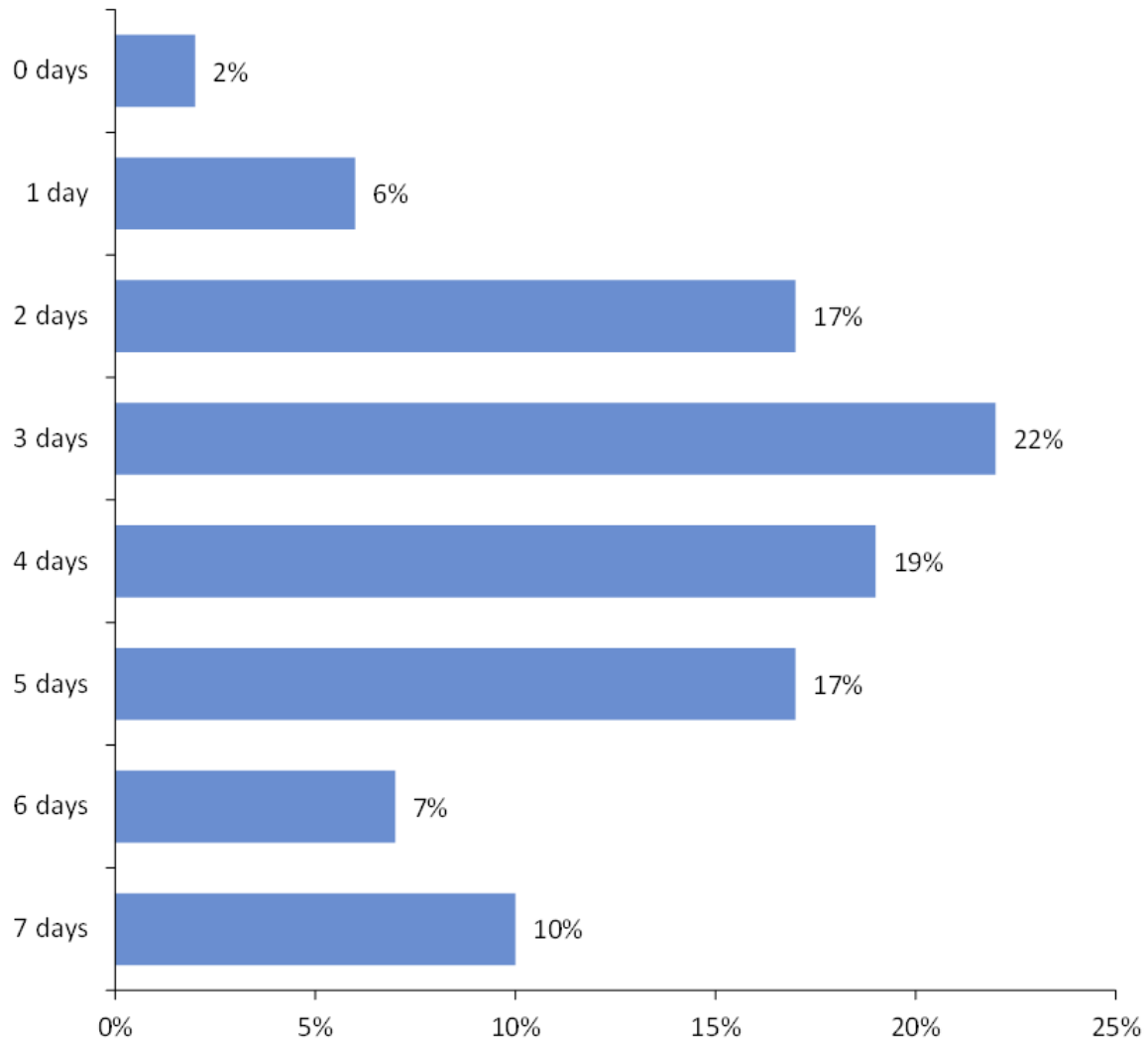


As [Oversampling Figure 7](#) illustrates, 55% of Wendover respondents reported **exercising** at least once a week for 30 minutes at a time, compared to 73% of respondents in the rest of the county who do the same.



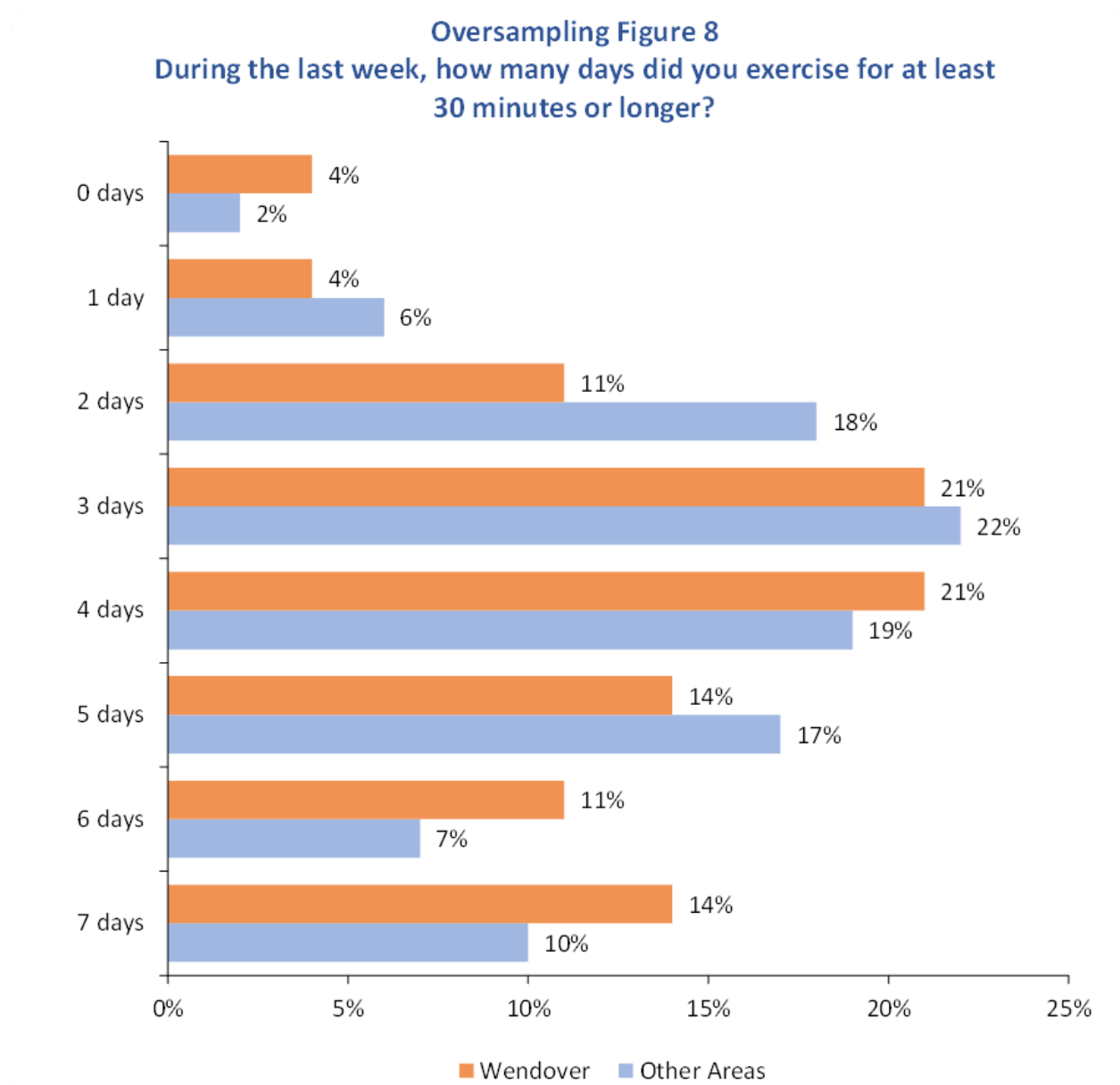
When asked to identify the number of days they exercised during the week prior, one-third of respondents said they exercised **5 to 7 days** the previous week. Please see [Figure 8](#).

Figure 8
During the last week, how many days did you exercise for at least 30 minutes or longer?

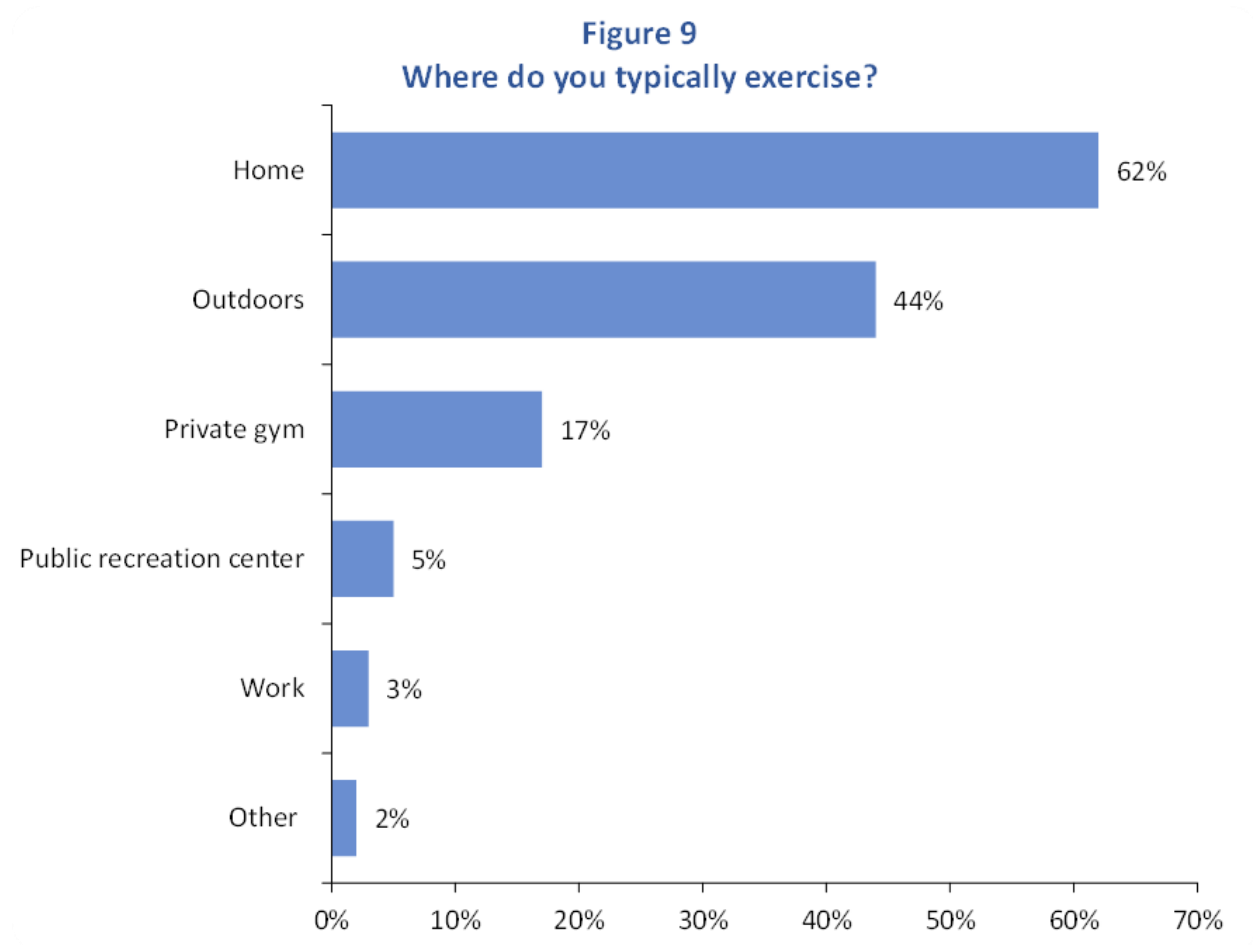


Note: Percentages in the above chart are based on respondents who said they typically exercise at least one day a week for 30 minutes or longer.

Oversampling Figure 8 illustrates the number of days Wendover respondents exercised during the week prior.

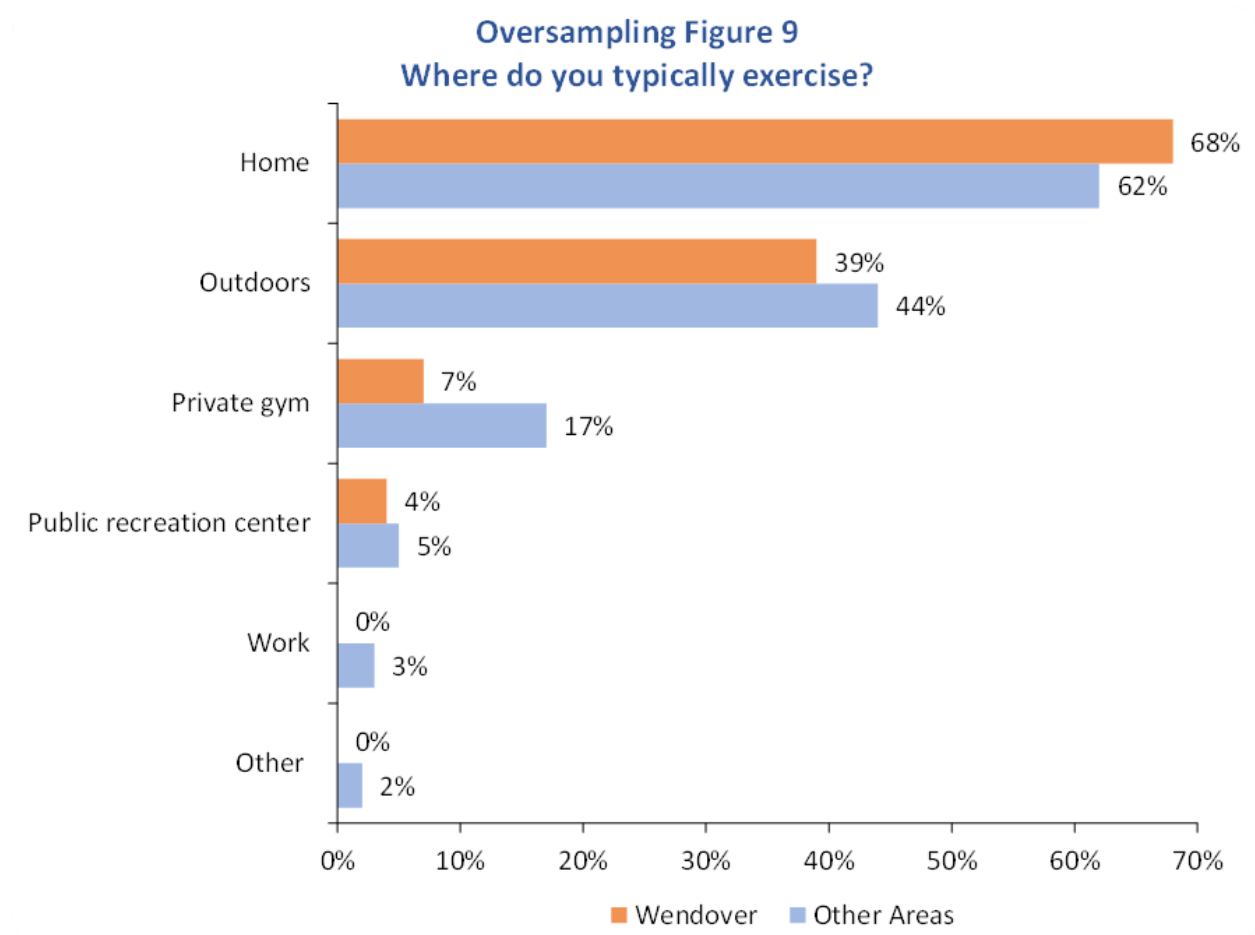


As [Figure 9](#) illustrates, respondents most frequently reported exercising at **home** (62%) or **outdoors** (44%).



Note: Percentages in the above chart are based on respondents who said they typically exercise at least one day a week for 30 minutes or longer.

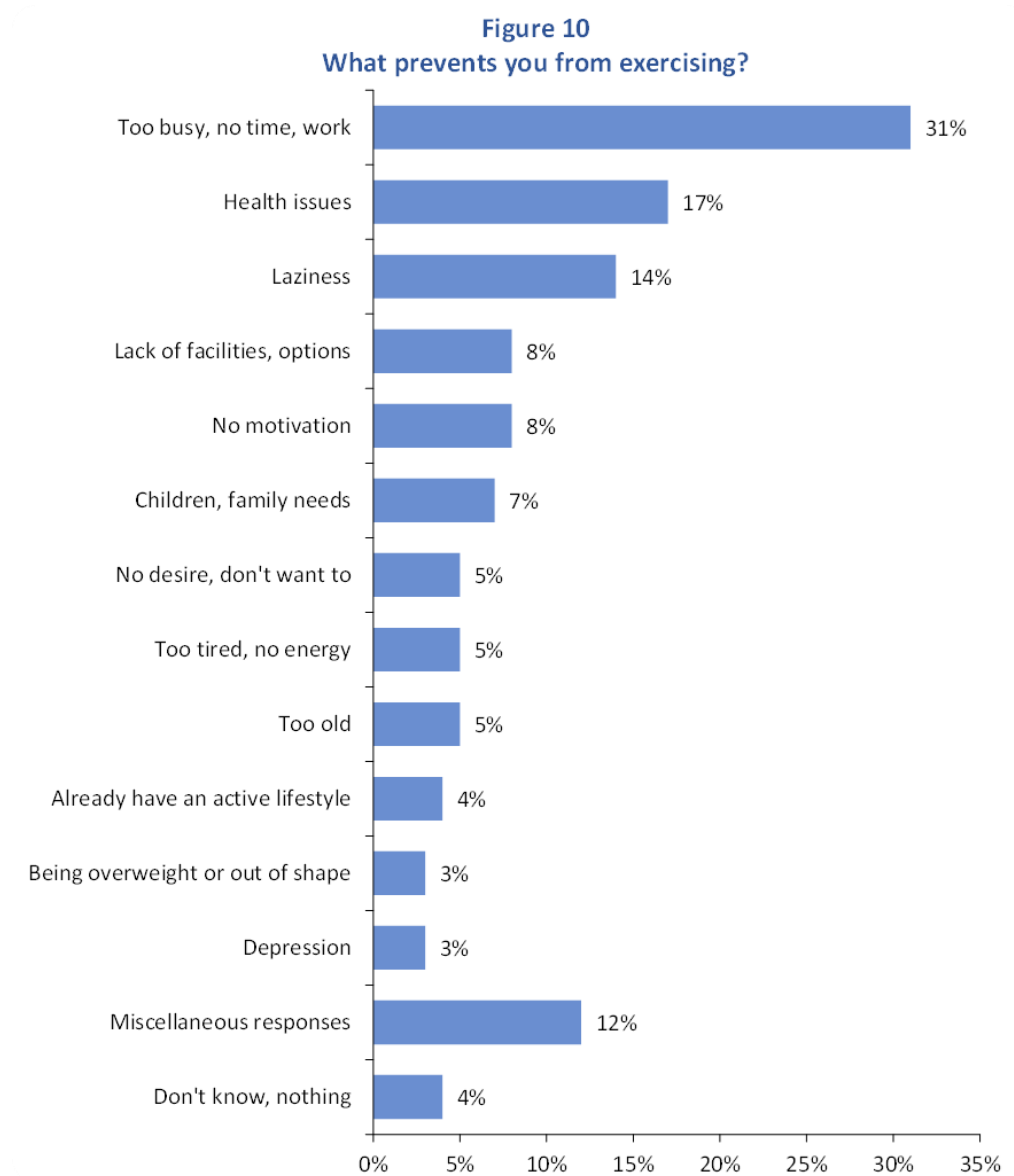
Oversampling Figure 9 illustrates, Wendover respondents most frequently reported exercising at **home** (68%) or **outdoors** (39%).



Note: Percentages in the above chart are based on respondents who said they typically exercise at least one day a week for 30 minutes or longer.

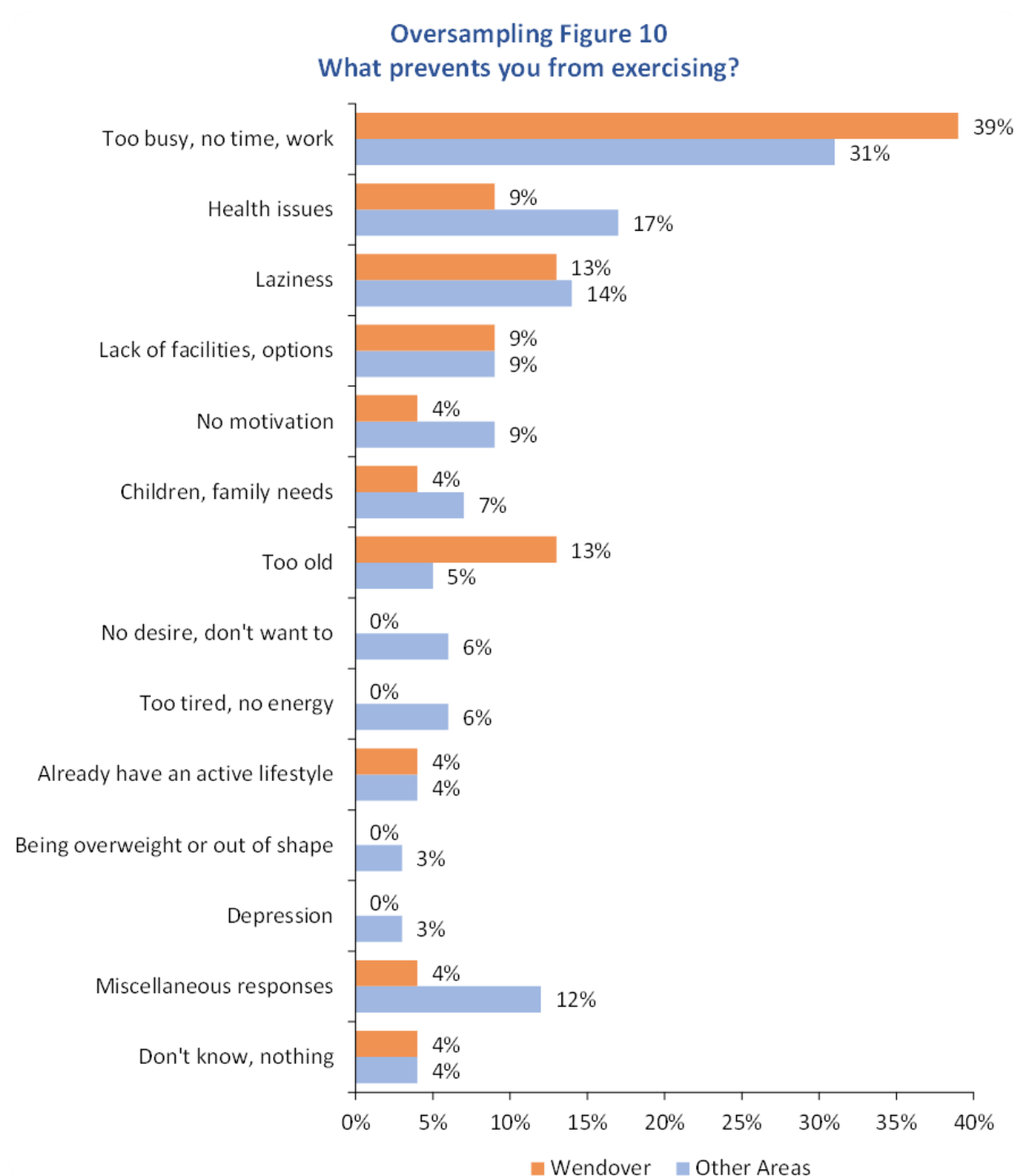
Respondents who do not exercise at least one day a week for 30 minutes or longer most frequently said they are **too busy** to exercise (31%), they have **health issues** that prevent them

from exercising (17%), or they are **lazy** (14%). Please see [Figure 10](#) for details. For a categorized list of verbatim responses to these open-ended questions, please refer to Appendix C.



Note: Percentages in the above chart are based on respondents who said they do not typically exercise at least one day a week for 30 minutes or longer.

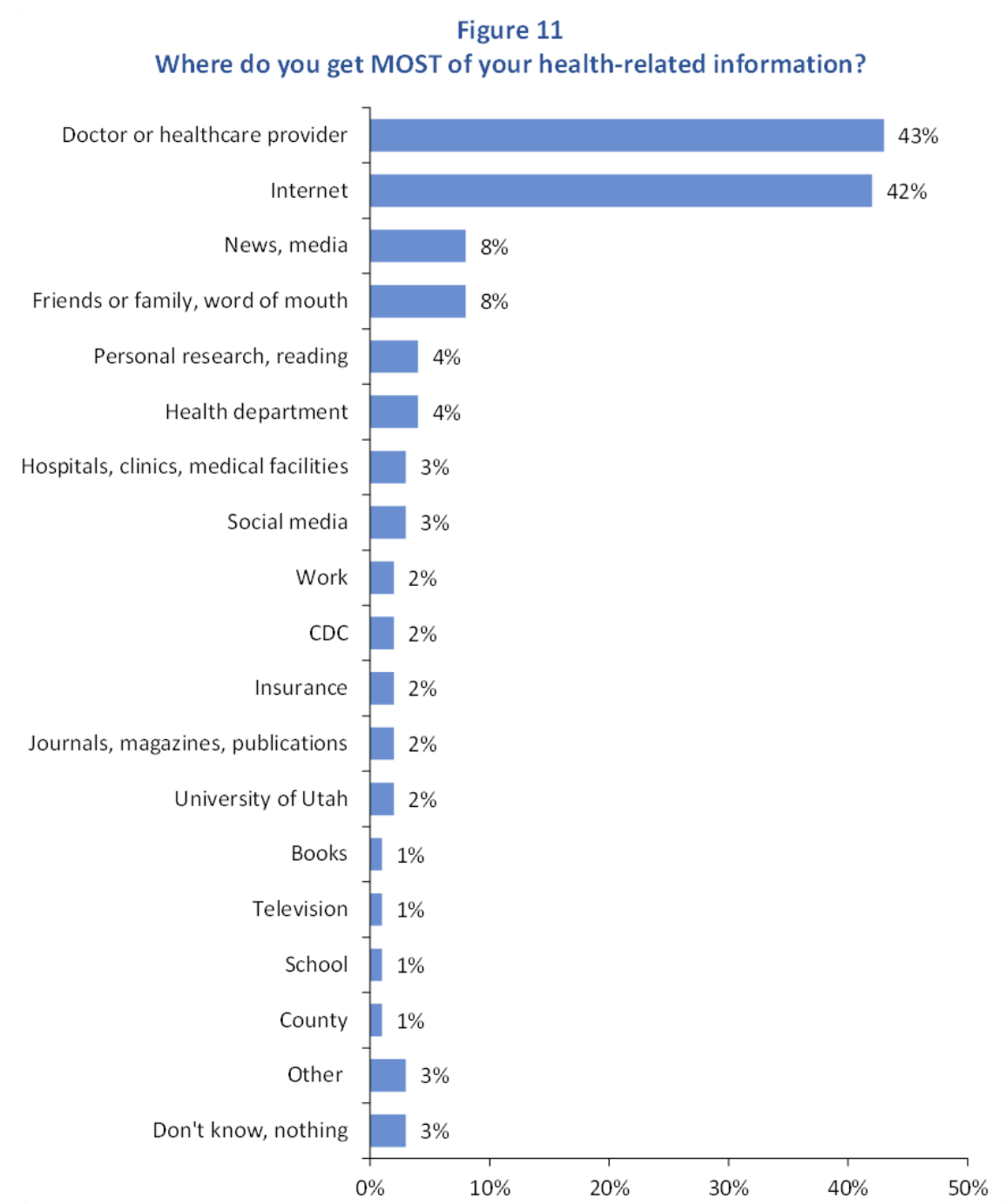
As Oversampling Figure 10 illustrates, Wendover respondents who do not exercise most frequently said they are **too busy and don't have time** (39%) to exercise.



Note: Percentages in the above chart are based on respondents who said they do not typically exercise at least one day a week for 30 minutes or longer.

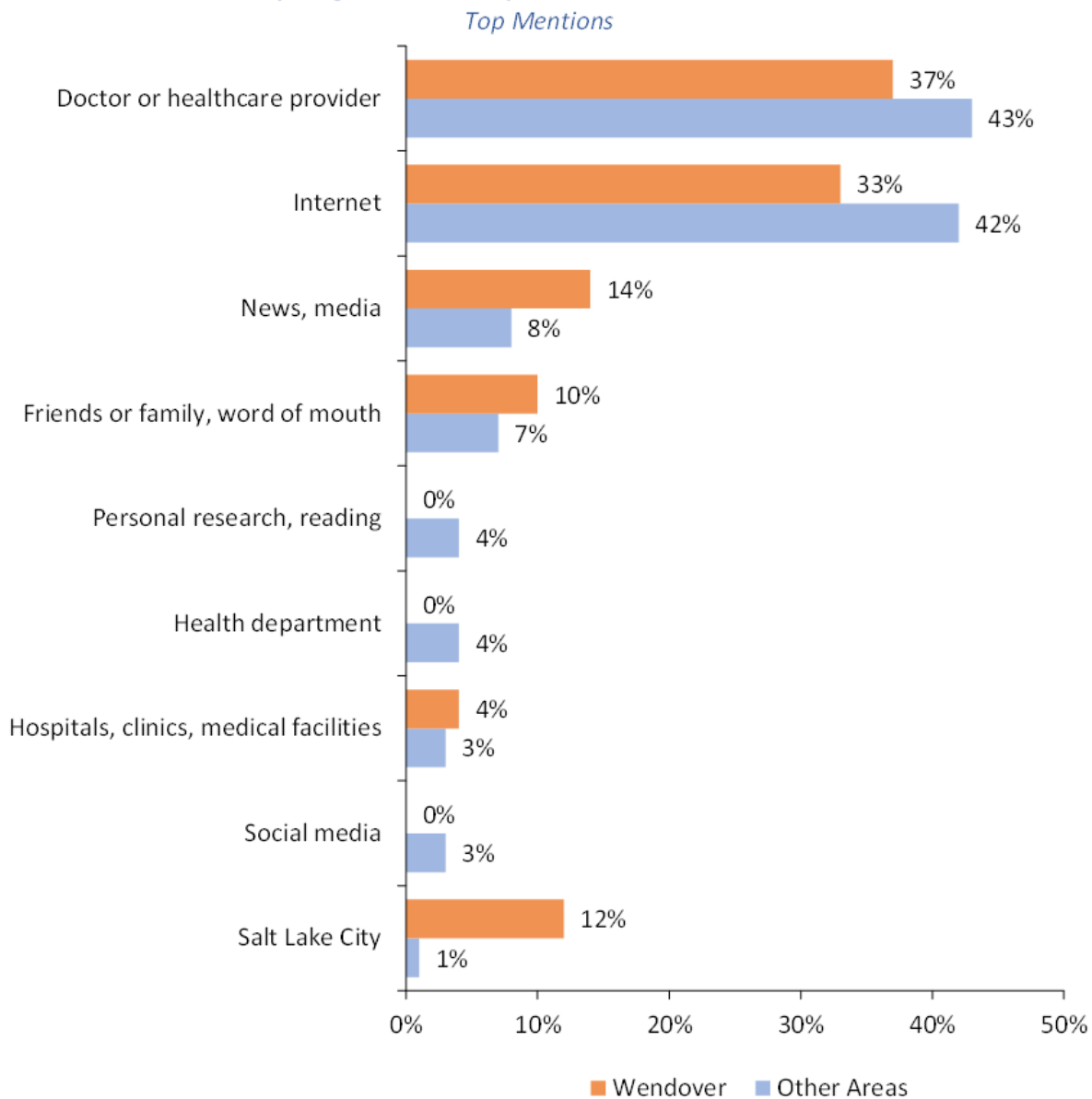
Information and Community Resources

When asked where they get the majority of their health-related information, respondents most frequently said they rely on information from their **doctor or healthcare provider** (43%) or the **internet** (42%). For details, see [Figure 11](#).

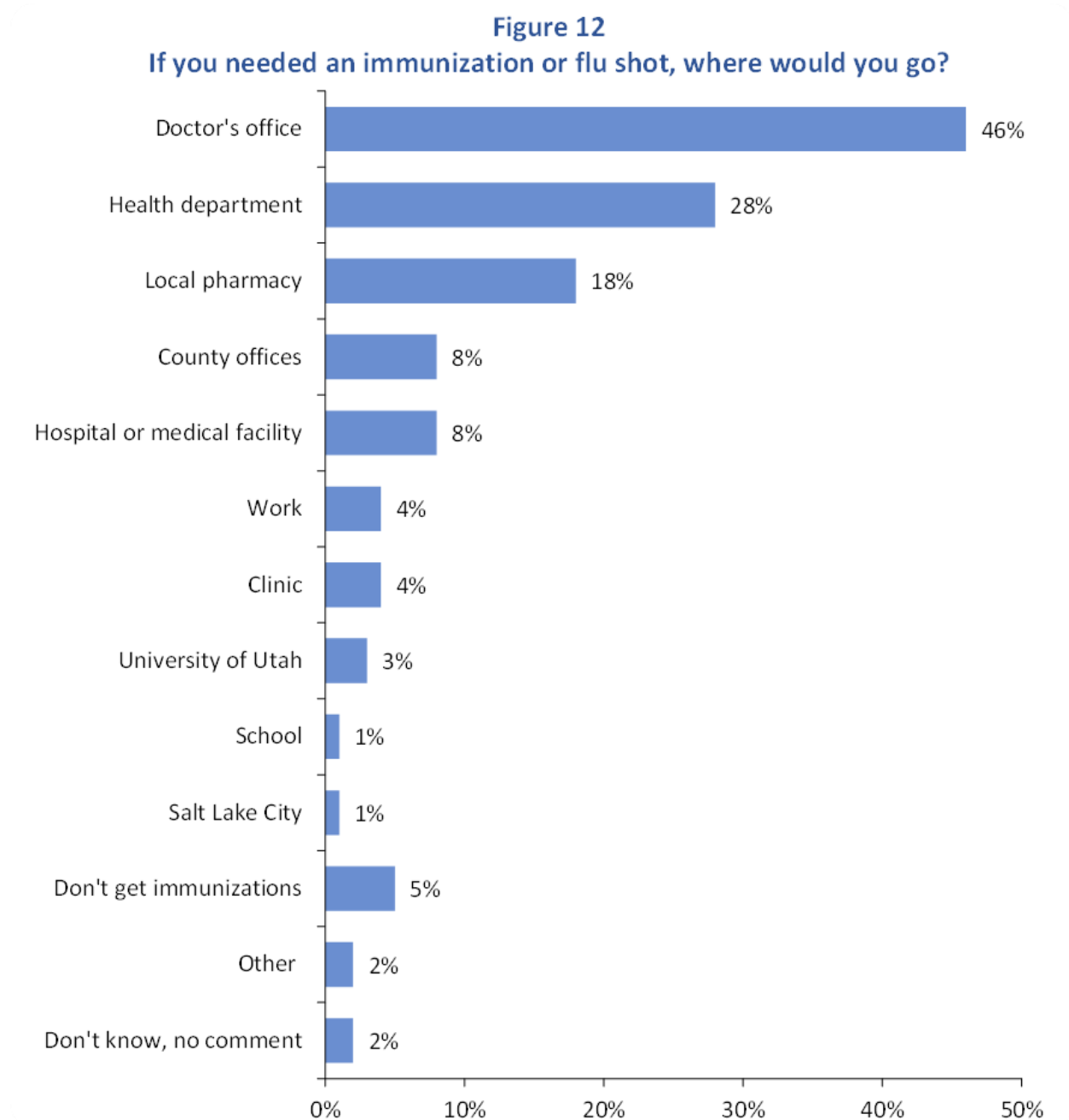


As Oversampling [Figure 11](#) illustrates, Wendover respondents most frequently said they rely on information from their **doctor or healthcare provider** (37%) or the **internet** (33%) for health-related information. Wendover respondents were statistically more likely to say they get most of their health-related information from “Salt Lake City” than were all other respondents.

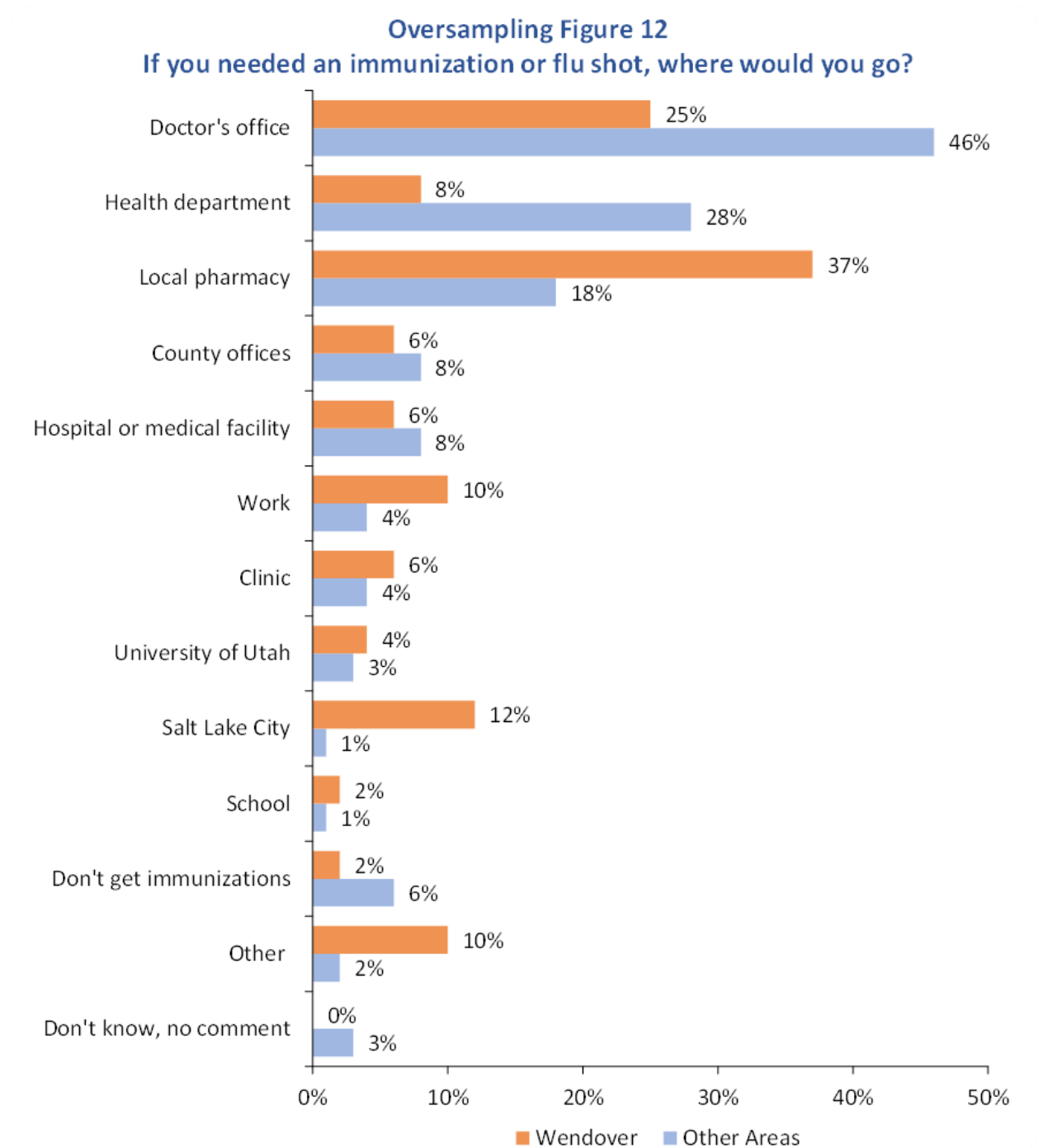
Oversampling Figure 11
Where do you get MOST of your health-related information?



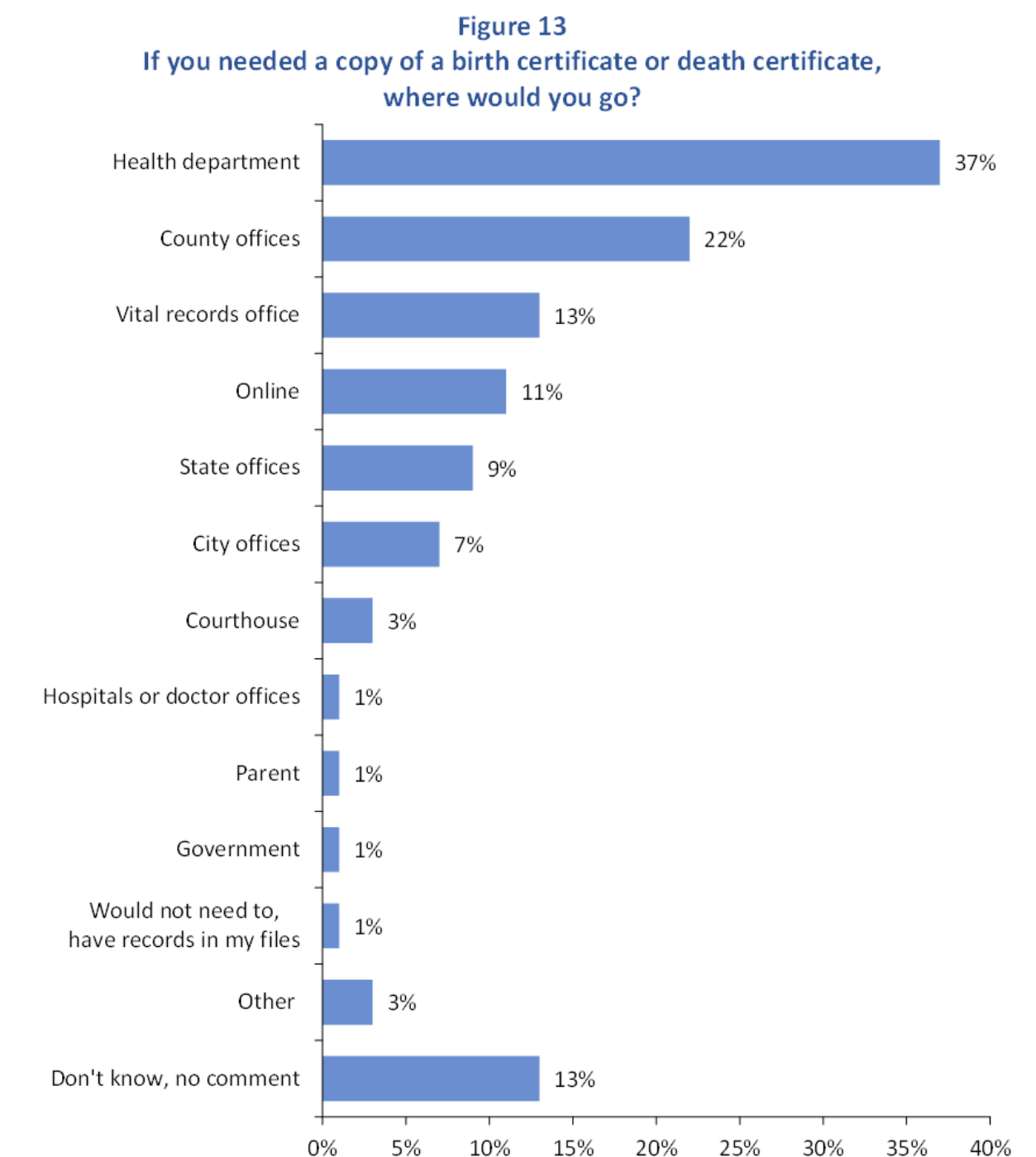
When asked where they would go if they needed an immunization or a flu shot, nearly one-half of respondents (46%) said they would visit a **doctor's office**, while 28% said they would visit the **health department**. Please see [Figure 12](#).



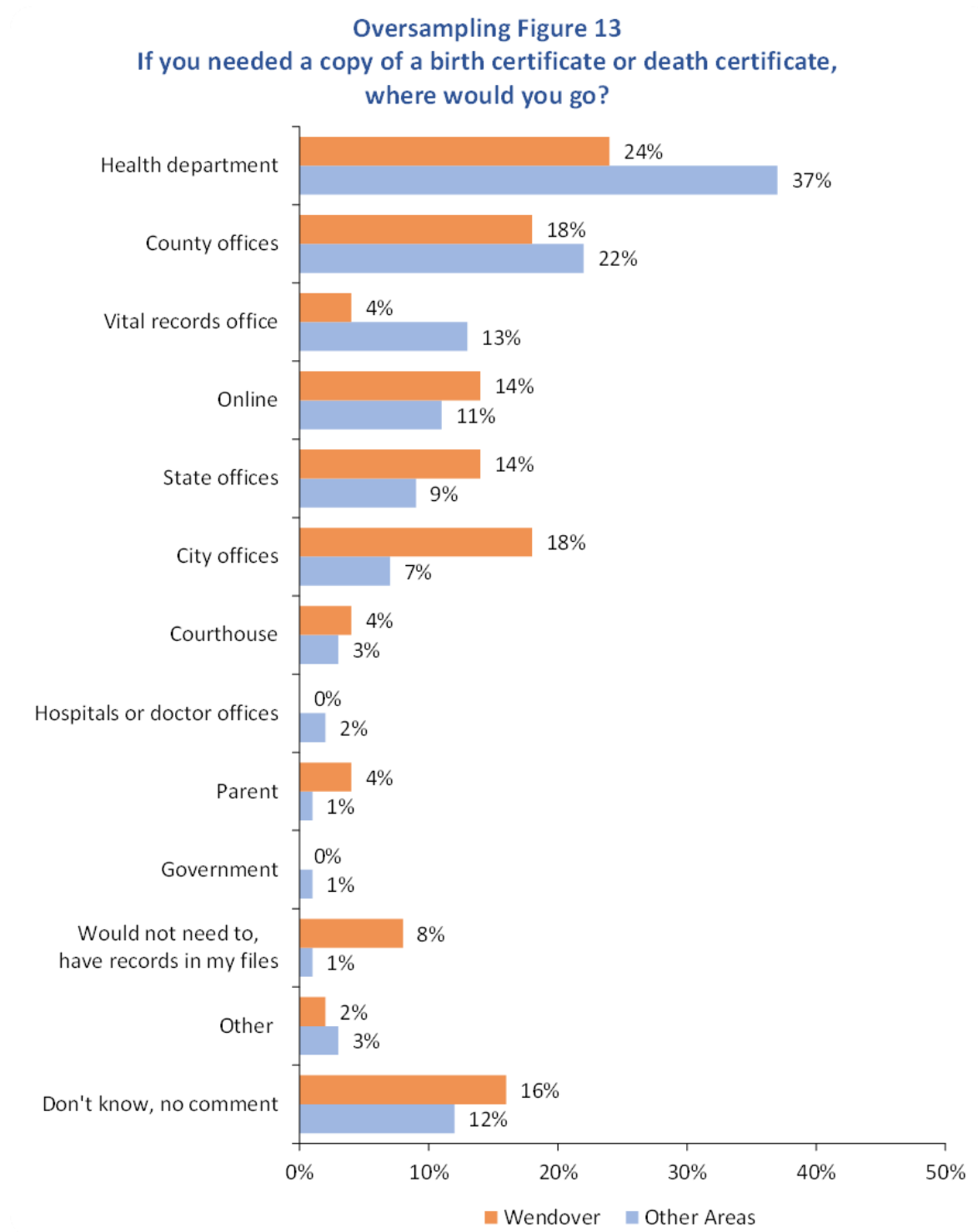
Wendover respondents most frequently said that if they needed an immunization of a flu shot, they would visit a **local pharmacy** (37%) or a **doctor's office** (25%). Please see Oversampling [Figure 12](#). Wendover respondents were statistically more likely than all other respondents to say they would go to “Salt Lake City” if they needed an immunization or flu shot.



When asked where they would go if they needed a birth certificate or death certificate, respondents most frequently said they would visit the **health department** (37%) or **county offices** (22%). Please refer to [Figure 13](#).

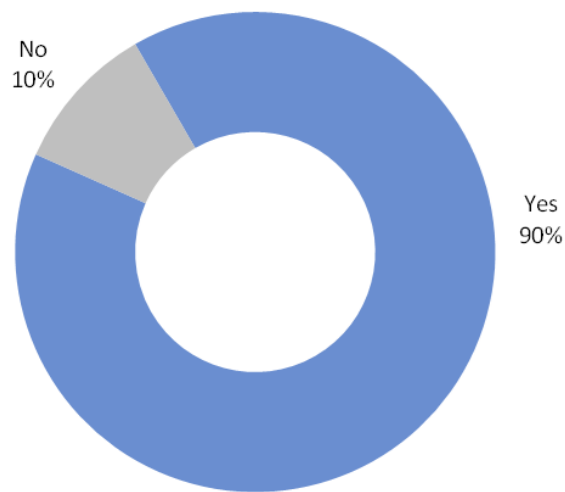


As Oversampling Figure 13 illustrates, Wendover respondents most frequently said they would go to the **health department** (24%) if they needed a birth certificate or death certificate.

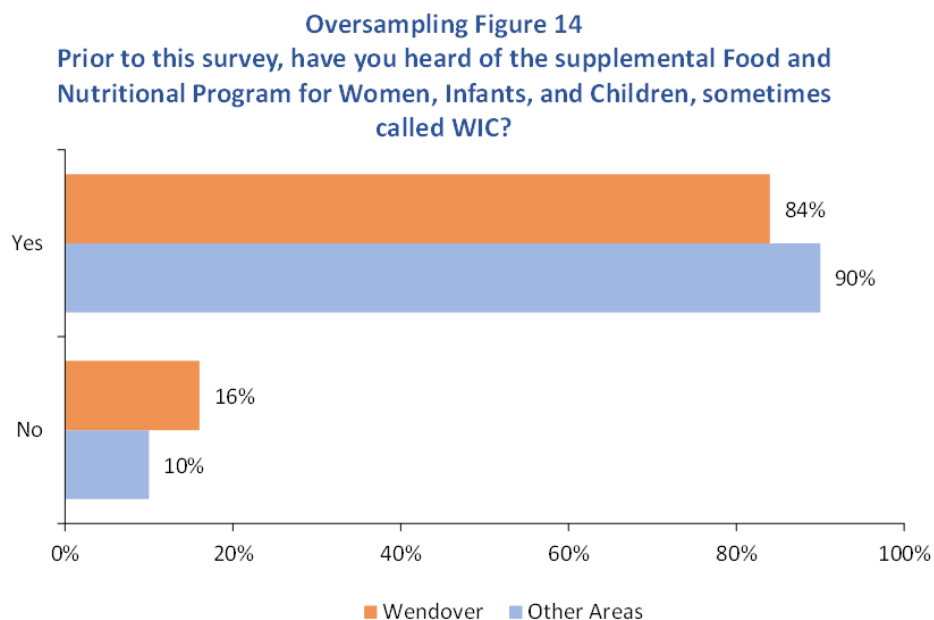


When asked if they had heard of WIC prior to this survey, 90% of respondents answered **affirmatively**. Please see [Figure 14](#).

Figure 14
Prior to this survey, have you heard of the supplemental Food and Nutritional Program for Women, Infants, and Children, sometimes called WIC?

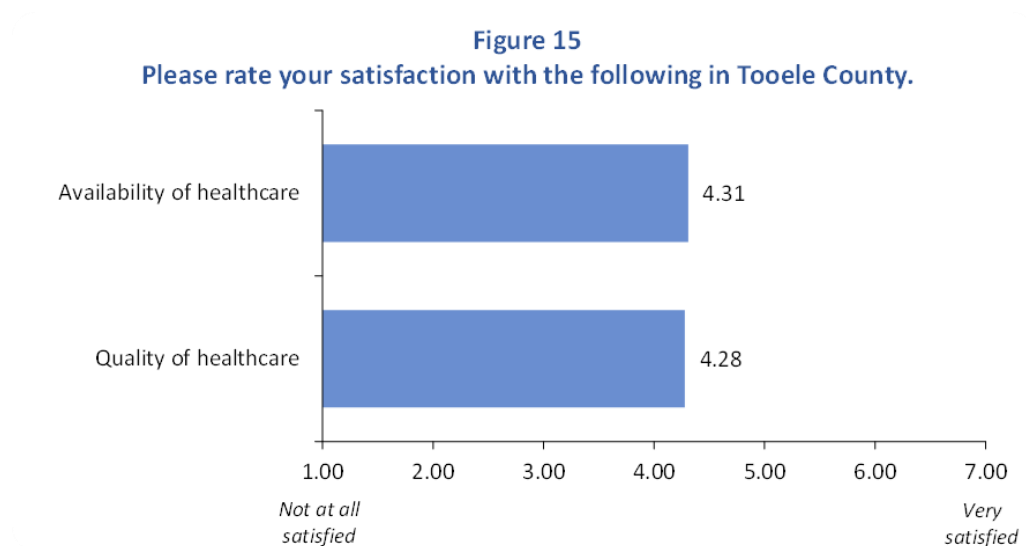


As Oversampling [Figure 14](#) illustrates, 84% of Wendover respondents said they **had heard of WIC** prior to this survey.

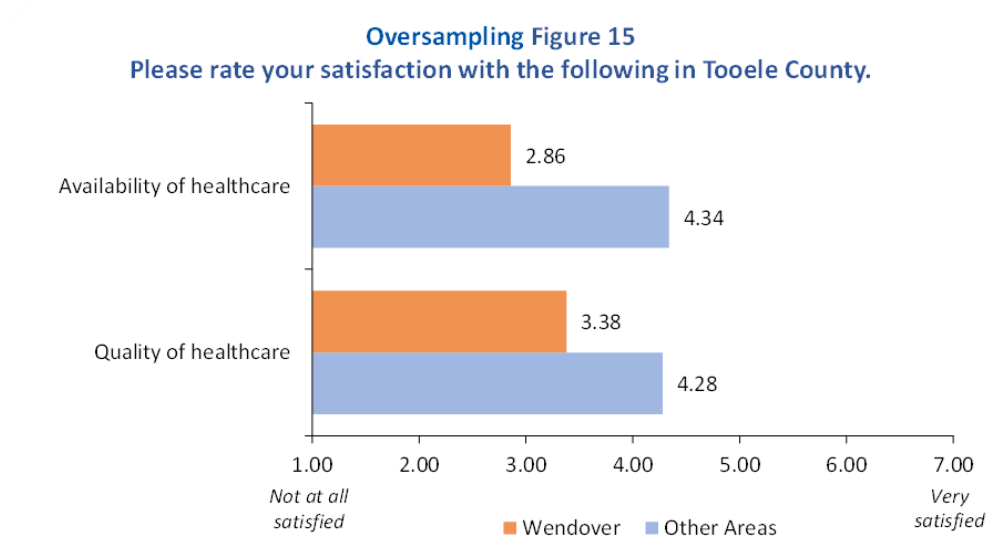


Satisfaction with Tooele County Health Department

When rating their satisfaction with healthcare in Tooele County, respondents gave an average mid-range rating of 4 on the 1-to-7 scale to describe their satisfaction with the **availability** (4.31) and **quality** (4.28) of healthcare in Tooele County. Please see [Figure 15](#).

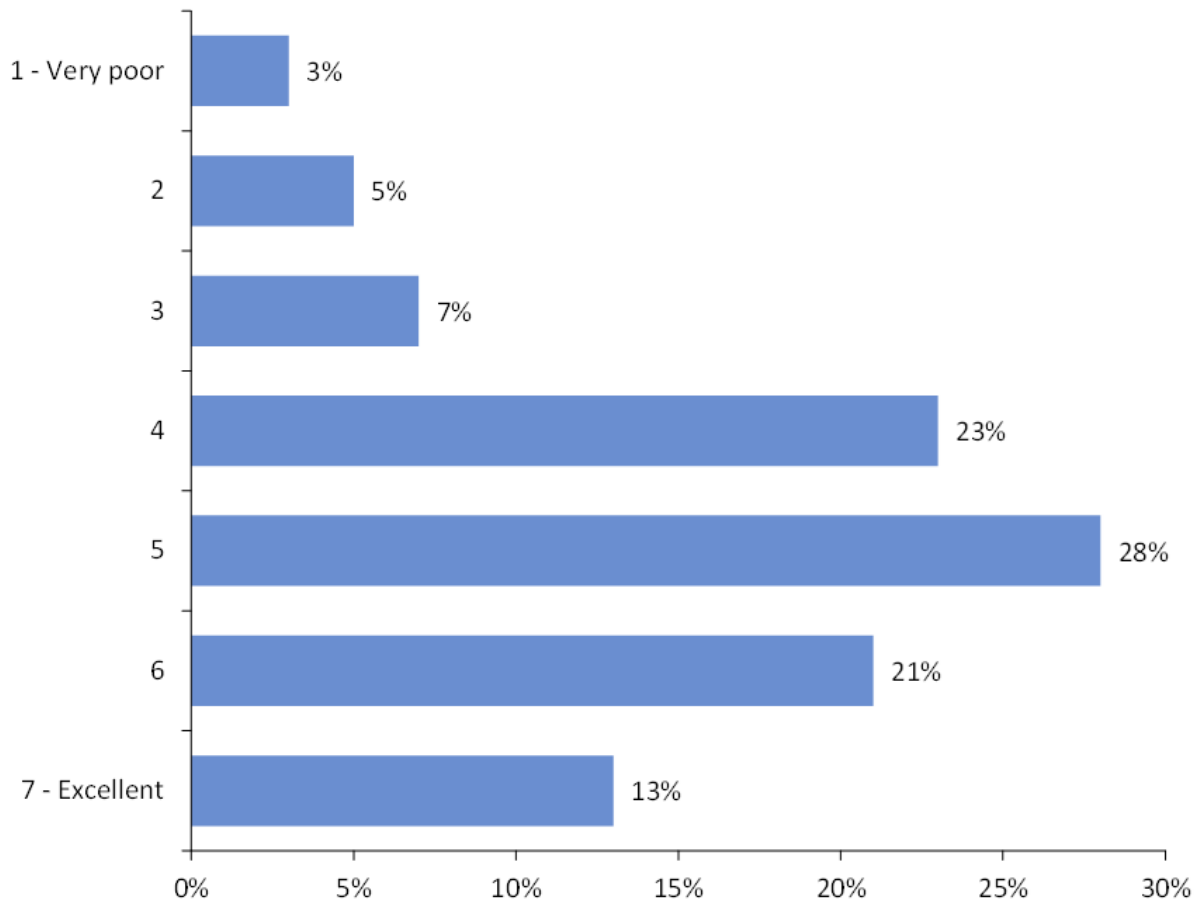


As Oversampling [Figure 15](#) illustrates, Wendover respondents, on average, were **less satisfied** with the availability and quality of healthcare in Tooele County than were respondents in other parts of the county. On average, Wendover respondents gave statistically *lower* satisfaction ratings than did all other respondents in regards to the “availability of healthcare” in Tooele County.

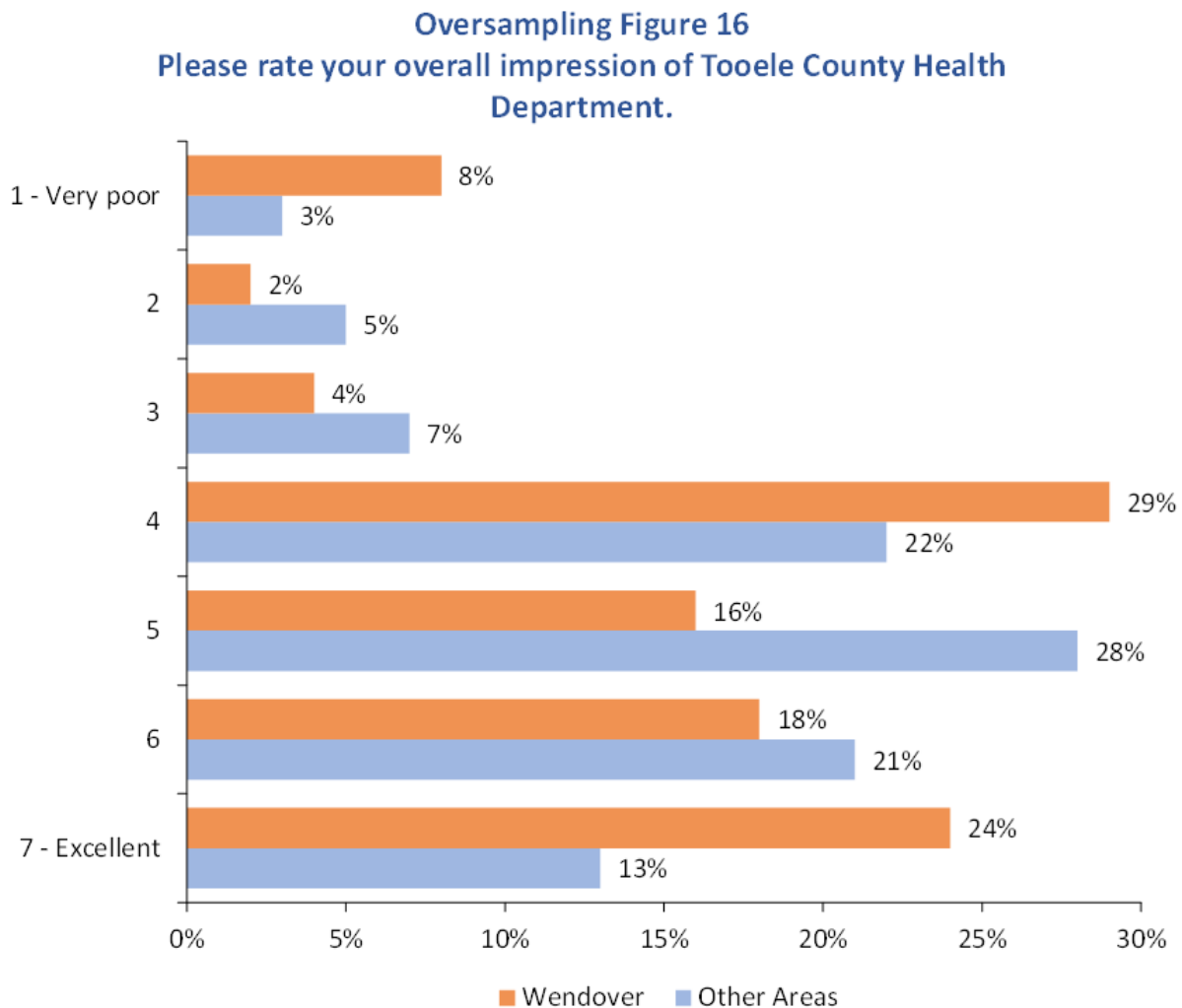


When rating their impression of Tooele County Health Department, respondents gave a mid-range average mean rating of **4.83** on the 7-point scale, though one-third of respondents (34%) indicated being satisfied with the Health Department, giving ratings of **6** and **7 – excellent**. Please see [Figure 16](#).

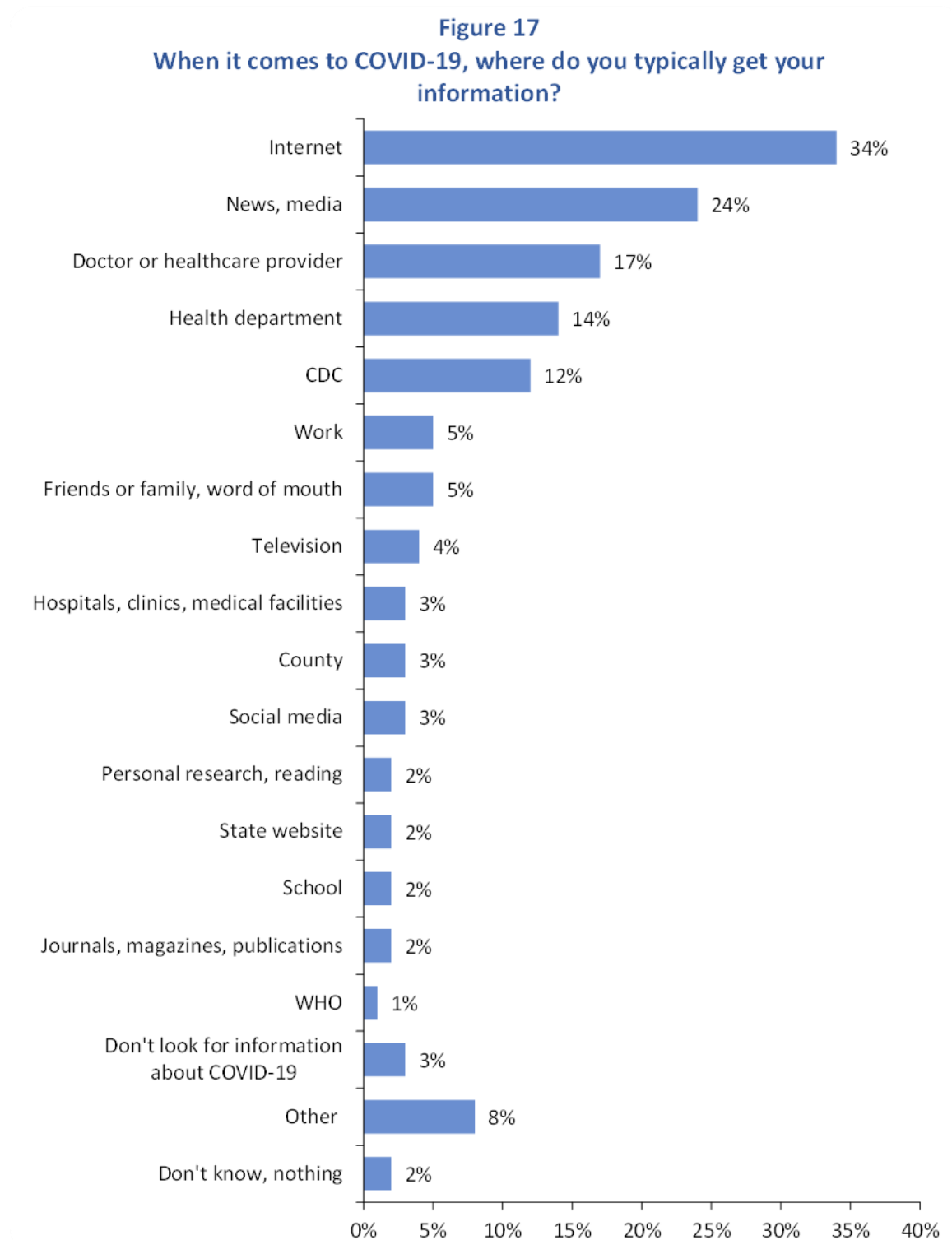
Figure 16
Please rate your overall impression of Tooele County Health Department.



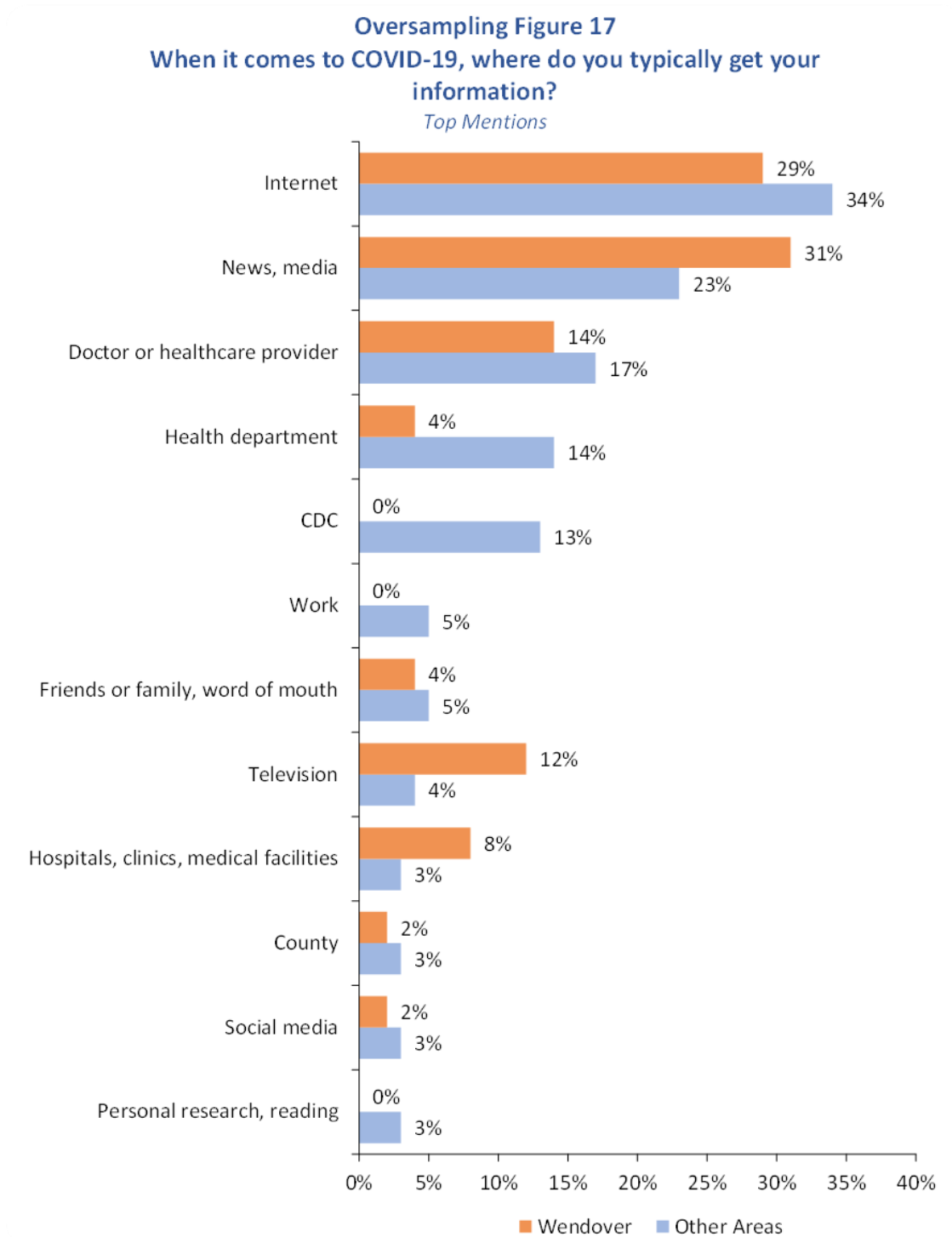
On average, Wendover respondents gave a rating of **4.90** on the 7-point scale to describe their impression of Tooele County Health Department, though 41% of respondents gave a rating of **6** or **7 – excellent**. Please see Oversampling [Figure 16](#) for details.



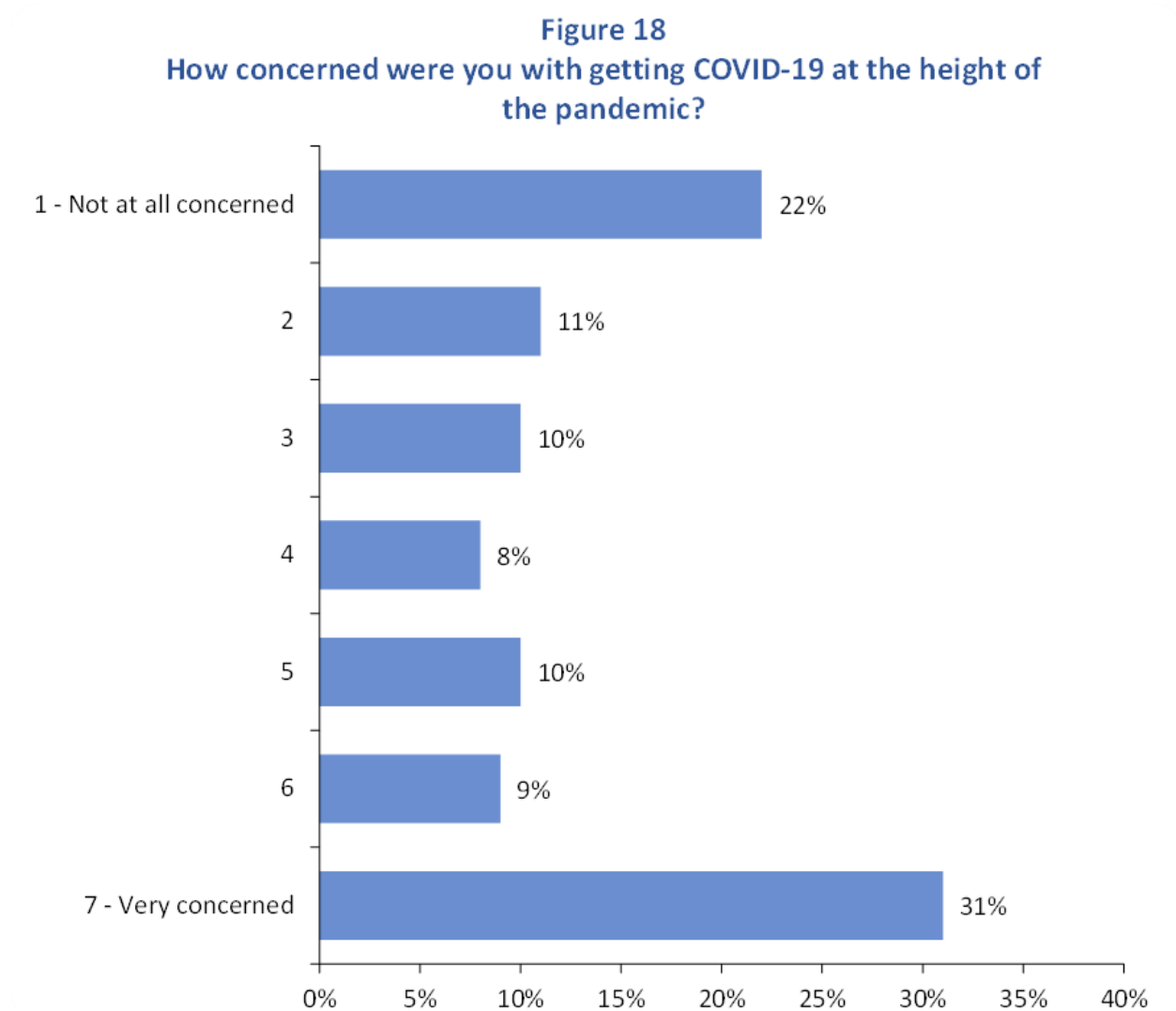
As [Figure 17](#) illustrates, respondents most frequently said they rely on the **internet** (34%) or **news and media** (24%) for information about COVID-19.



As Oversampling Figure 17 illustrates, Wendover respondents most frequently said they rely on **news and media** (31%) or the **internet** (29%) for information about COVID-19.

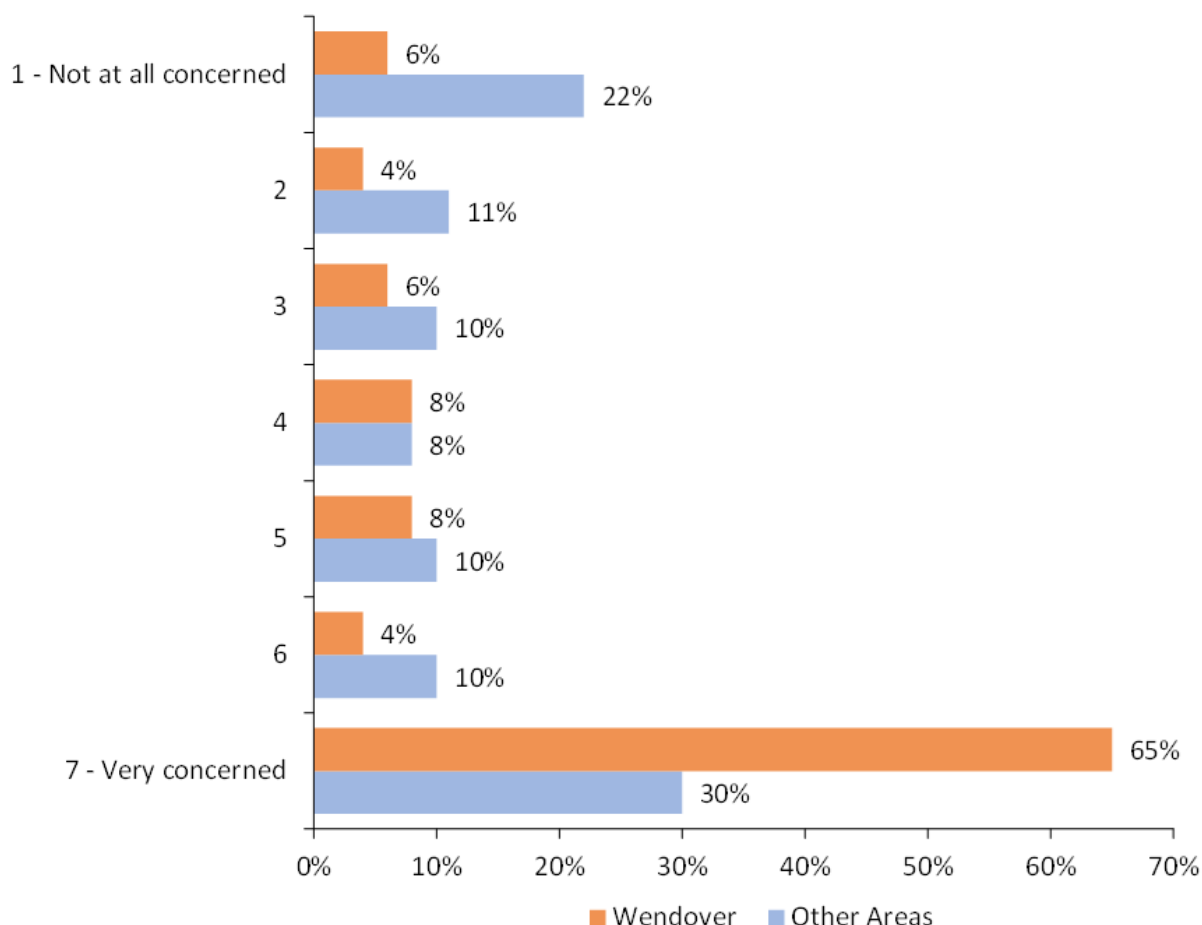


When rating how concerned they were with contracting COVID-19 at the height of the pandemic, respondents gave an average mean rating of **4.24**, though 31% of respondents reported being **very concerned**. Please see [Figure 18](#).



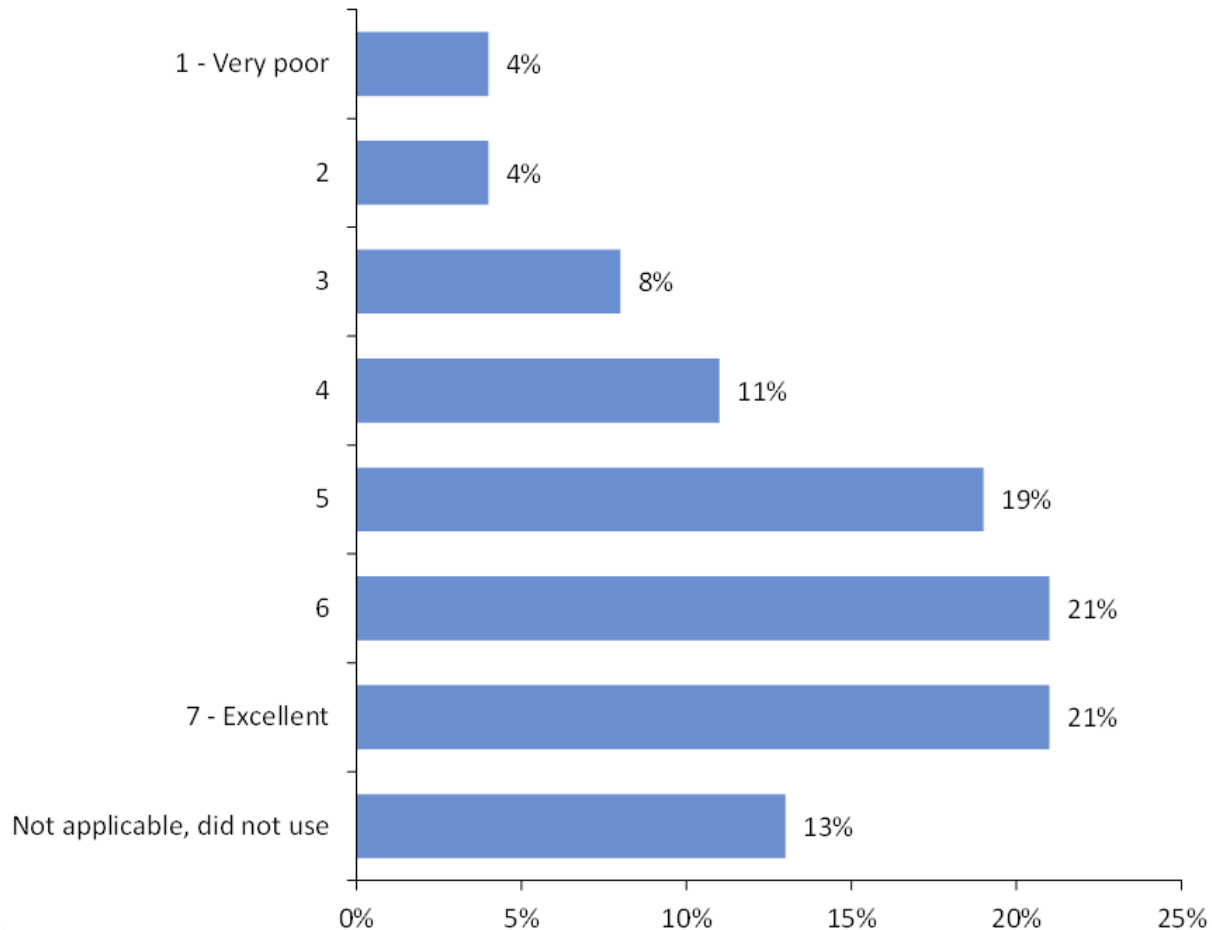
As Oversampling Figure 18 illustrates, 65% of Wendover respondents reported being **very concerned** with contracting COVID-19 at the height of the pandemic. On average, Wendover respondents gave a rating of **5.78** on the 7-point scale to describe their level of concern with contracting COVID-19. On average, Wendover respondents (5.78 average mean) gave statistically higher ratings than did all other respondents (4.21) in regards to how concerned they were with getting COVID-19 at the height of the pandemic.

Oversampling Figure 18
How concerned were you with getting COVID-19 at the height of the pandemic?

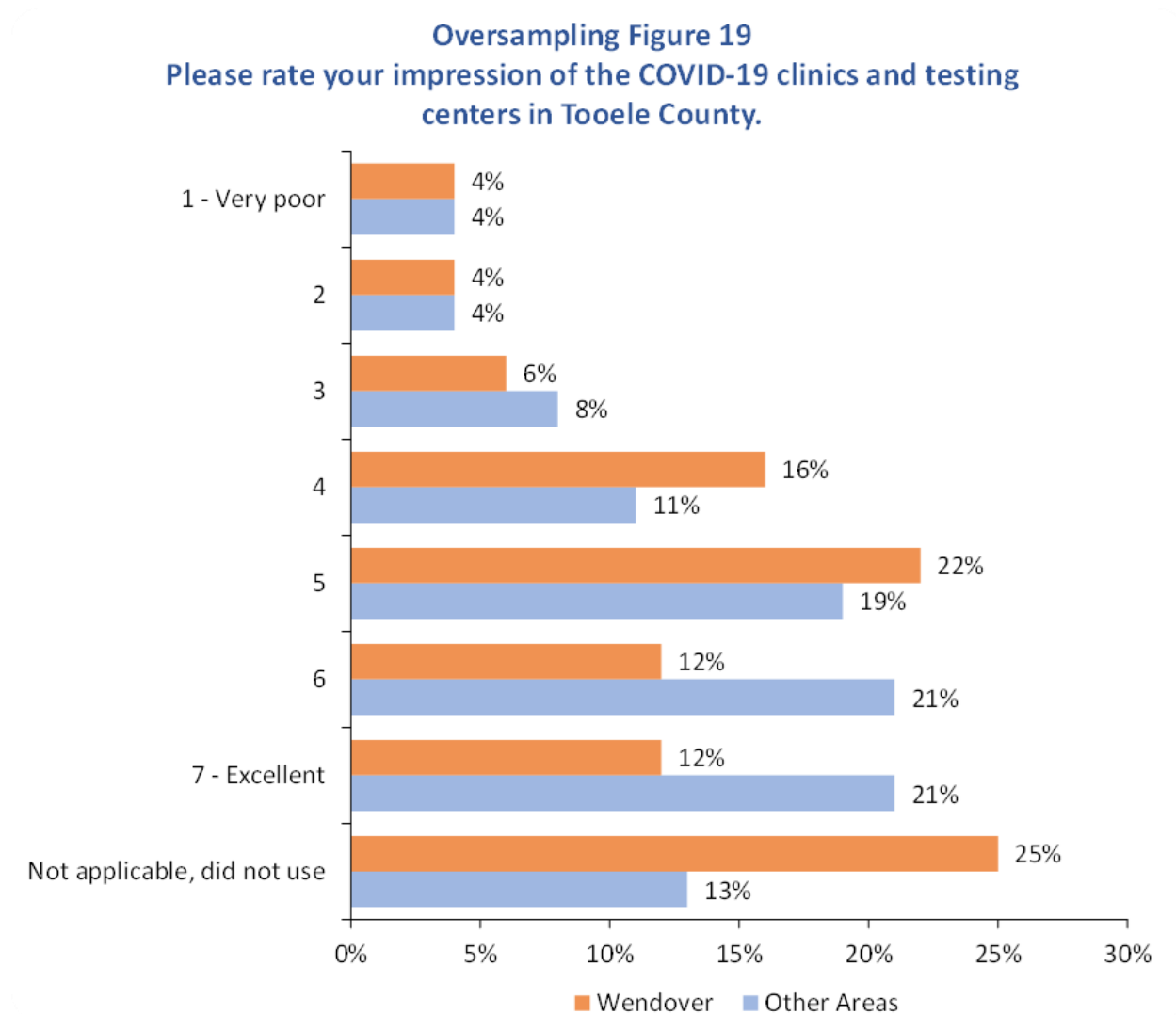


Respondents, on average, gave a rating of **5.13** on the 7-point scale to describe their impression of the COVID-19 clinics and testing centers in Tooele County. Overall, 42% of respondents gave a rating of **6 or 7 – excellent** to describe their impression of clinics and testing centers. Please refer to [Figure 19](#) for details.

Figure 19
Please rate your impression of the COVID-19 clinics and testing centers in Tooele County.

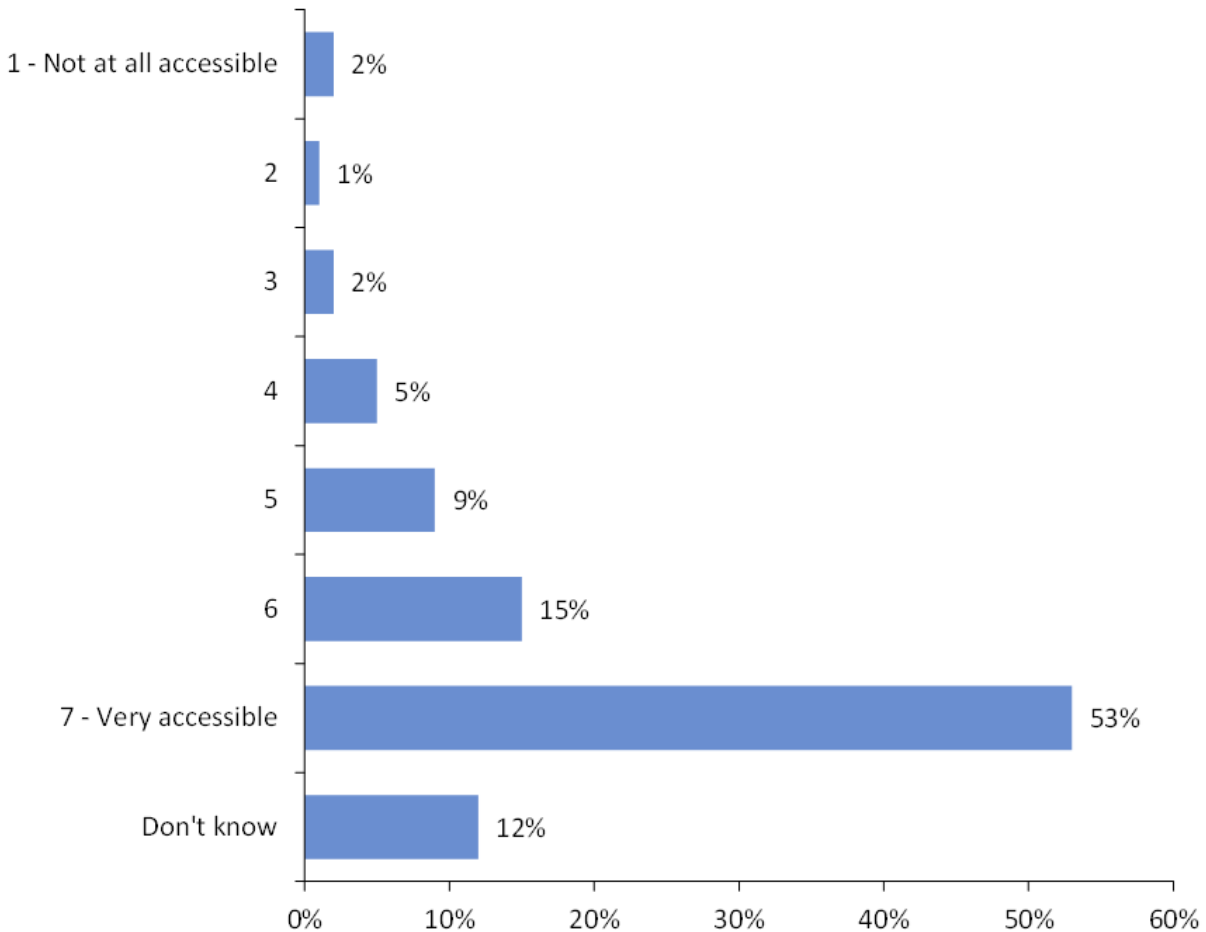


Wendover respondents, on average, gave a rating of **4.74** on the 7-point scale to describe their impression of the COVID-19 clinics and testing centers in Tooele County. Overall, 24% of respondents gave a rating of **6** or **7 – excellent** to describe their impression of clinics and testing centers, and 25% of respondents said they **never used** such clinics or testing centers. Please refer to Oversampling [Figure 19](#) for details.

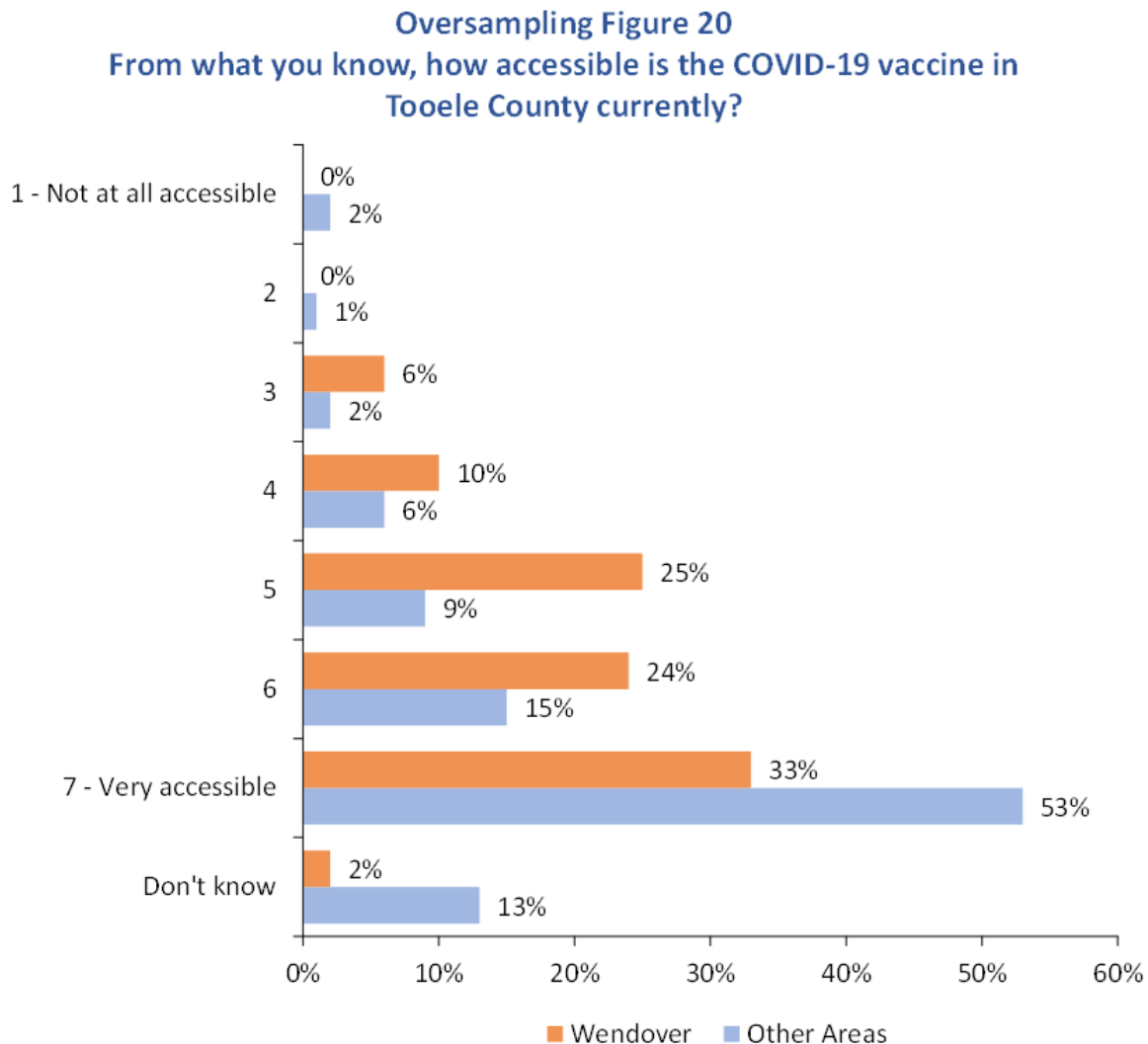


When asked how accessible the COVID-19 vaccine is in Tooele County, 53% of respondents said the vaccine is **very accessible**. Please see [Figure 20](#) for details.

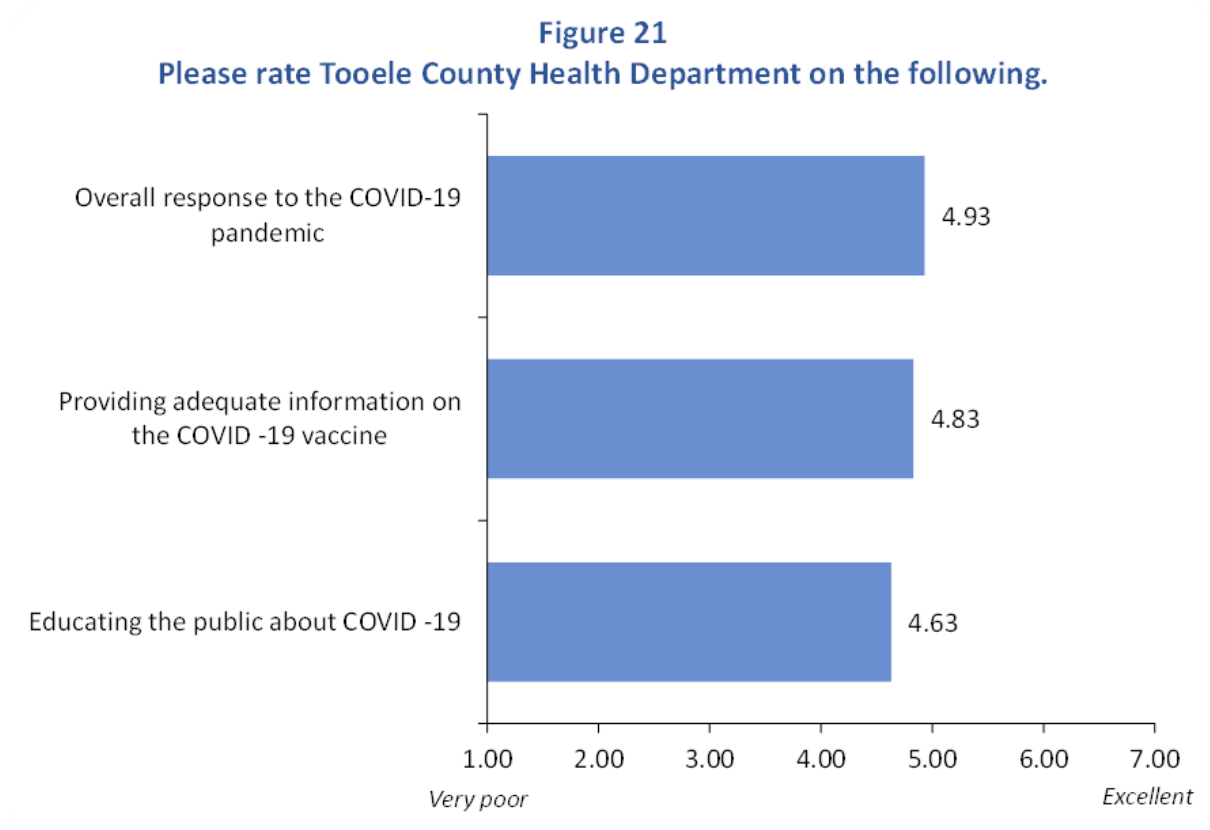
Figure 20
From what you know, how accessible is the COVID-19 vaccine in Tooele County currently?



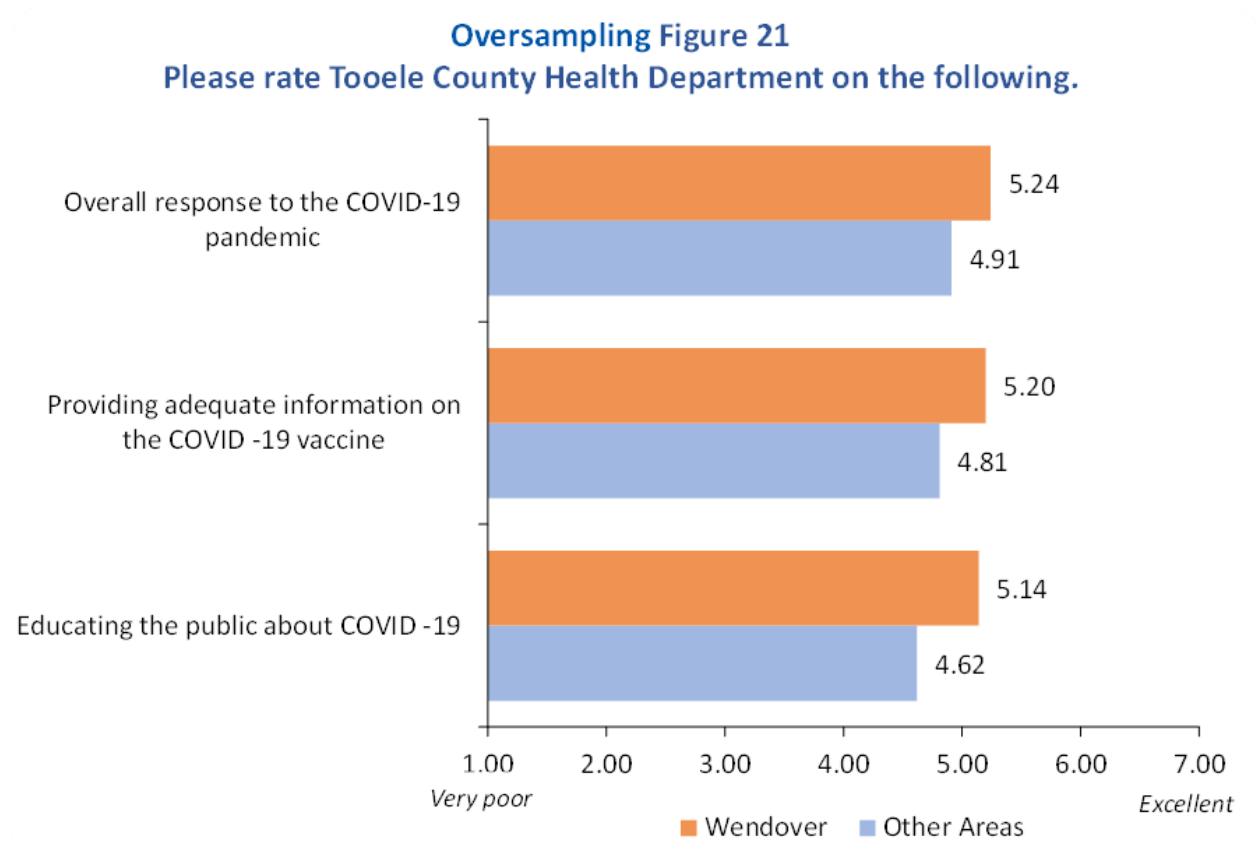
When asked how accessible the COVID-19 vaccine is in Tooele County, 33% of Wendover respondents said it was very **accessible**, compared to 53% of respondents in the rest of the county who said the same thing. Please see Oversampling [Figure 20](#) for details. On average, Wendover respondents (5.70 average mean) gave statistically *lower* ratings than all other respondents (6.16) regarding how accessible the COVID-19 vaccine is in Tooele County.



On average, respondents gave a mid-range rating of 4 on the 7-point scale to describe Tooele County Health Department in terms of its **response to the COVID-19 pandemic** (4.93), **providing adequate COVID-19 vaccine information** (4.83), and **educating the public about COVID-19** (4.63). Please see [Figure 21](#).

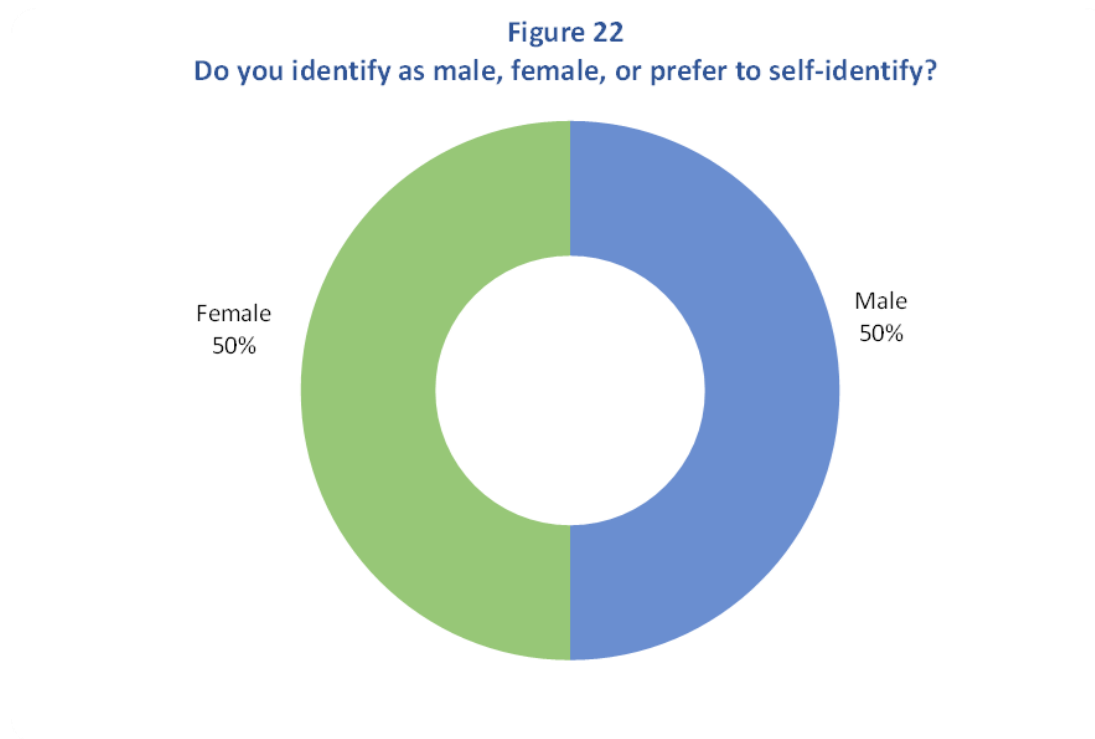


As Oversampling Figure 21 illustrates, Wendover respondents were more satisfied than the rest of the county with Tooele County Health Department in terms of its **response to the COVID-19 pandemic** (5.24), **providing adequate COVID-19 vaccine information** (5.20), and **educating the public about COVID-19** (5.14).



Respondent Demographics

As [Figure 22](#) illustrates, there was an even distribution of male and female respondents.



Please see Oversampling [Figure 22](#) for a breakout of respondent genders.

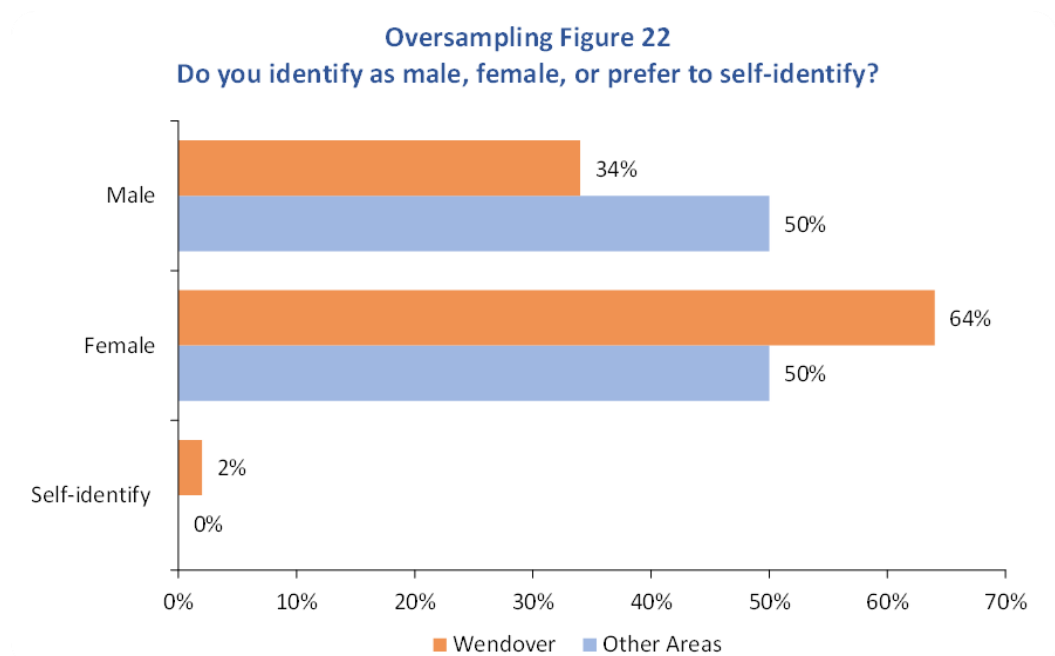
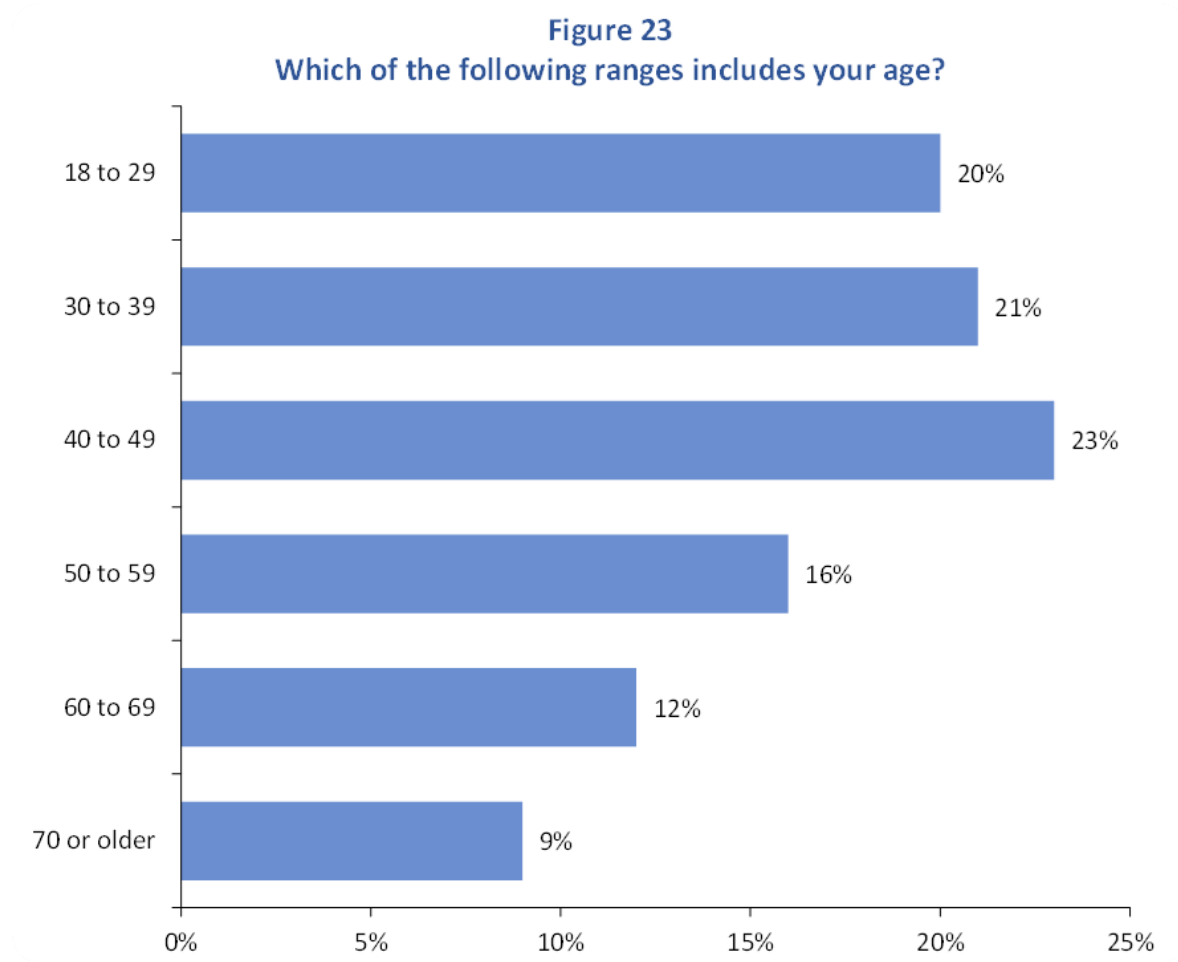


Figure 23 illustrates the percentage of respondents in each age category.



Please see Oversampling [Figure 23](#) for a breakout of respondents within each age category.

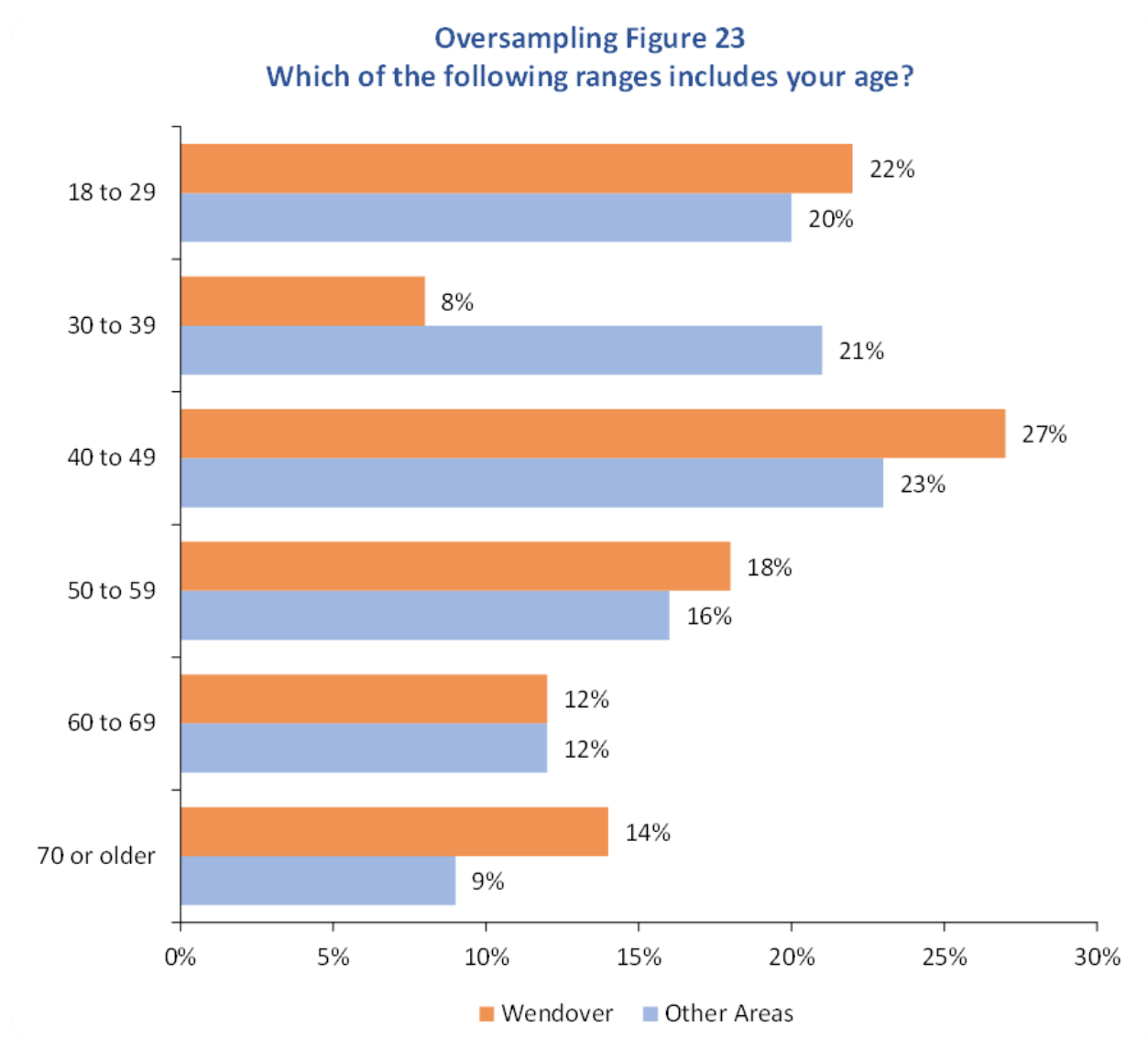
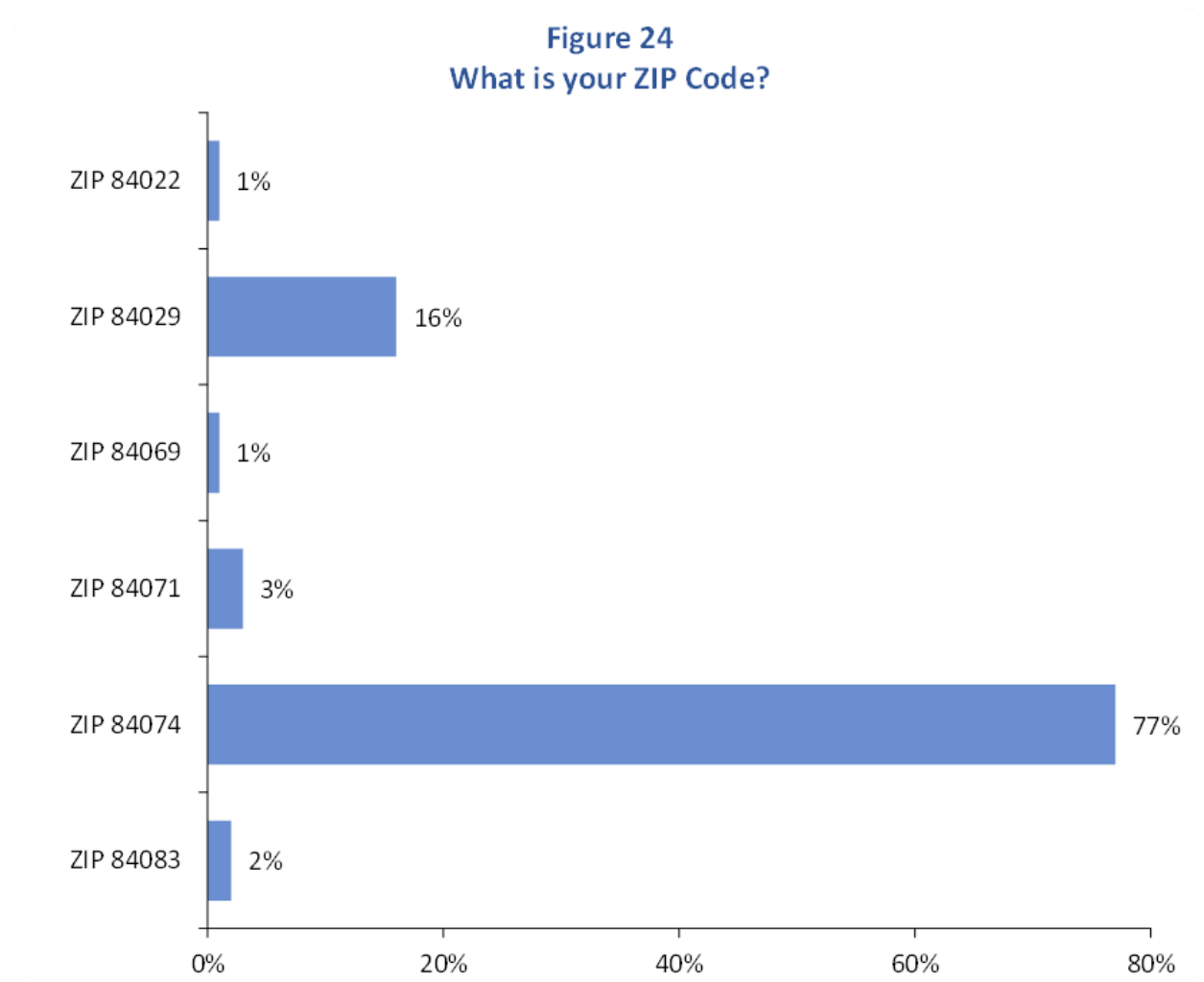
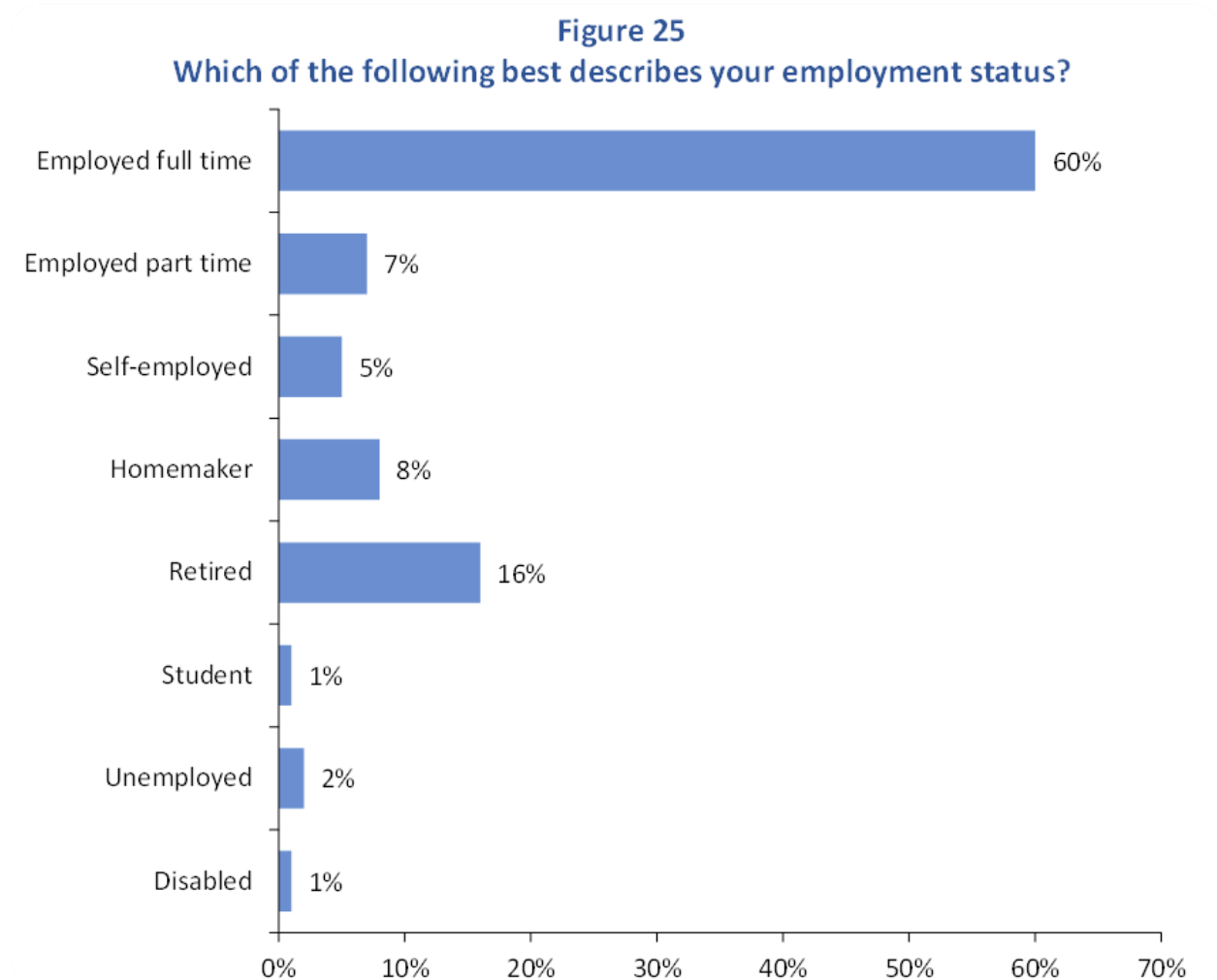


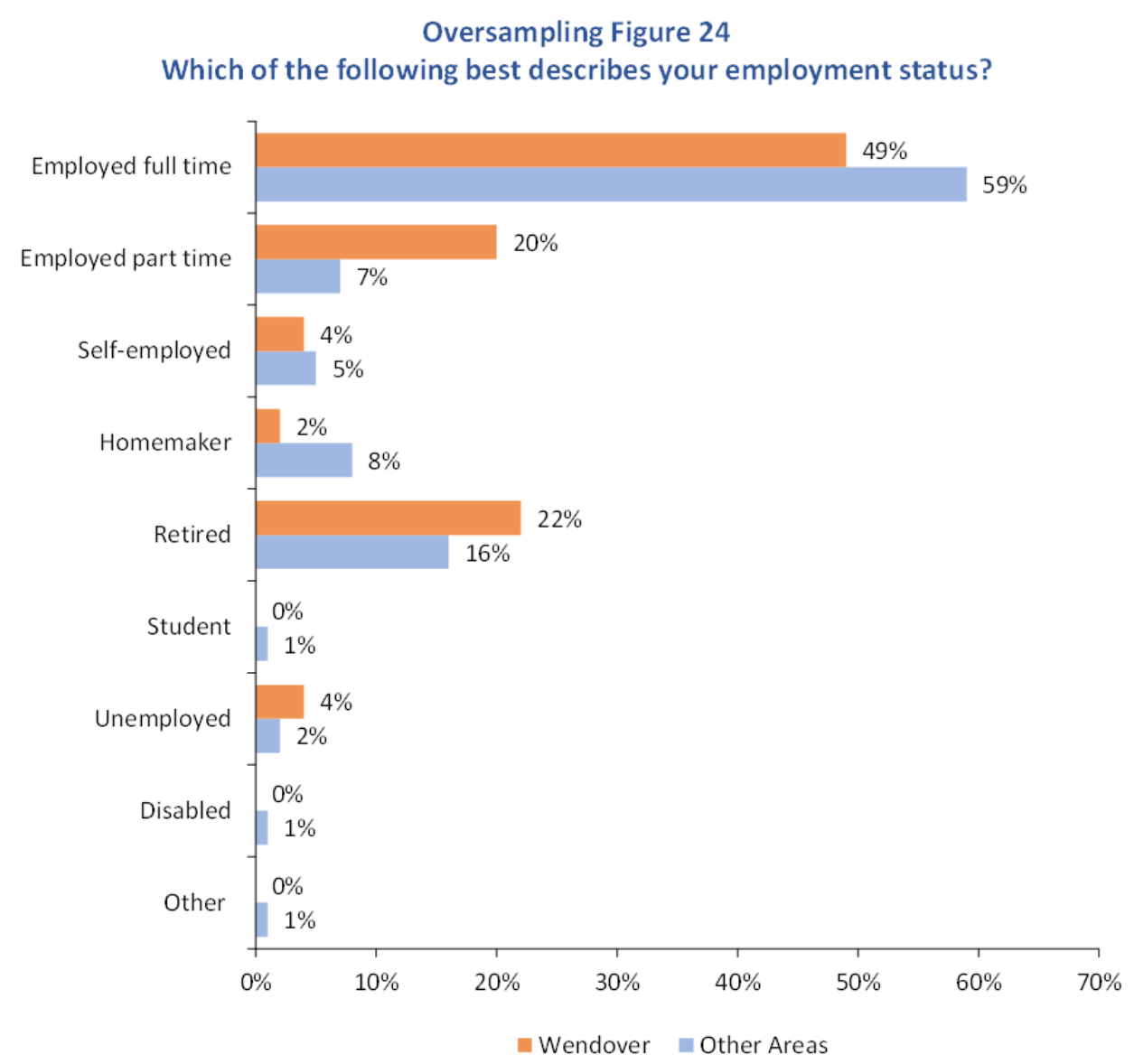
Figure 24 illustrates the breakout of respondents residing within each ZIP code.



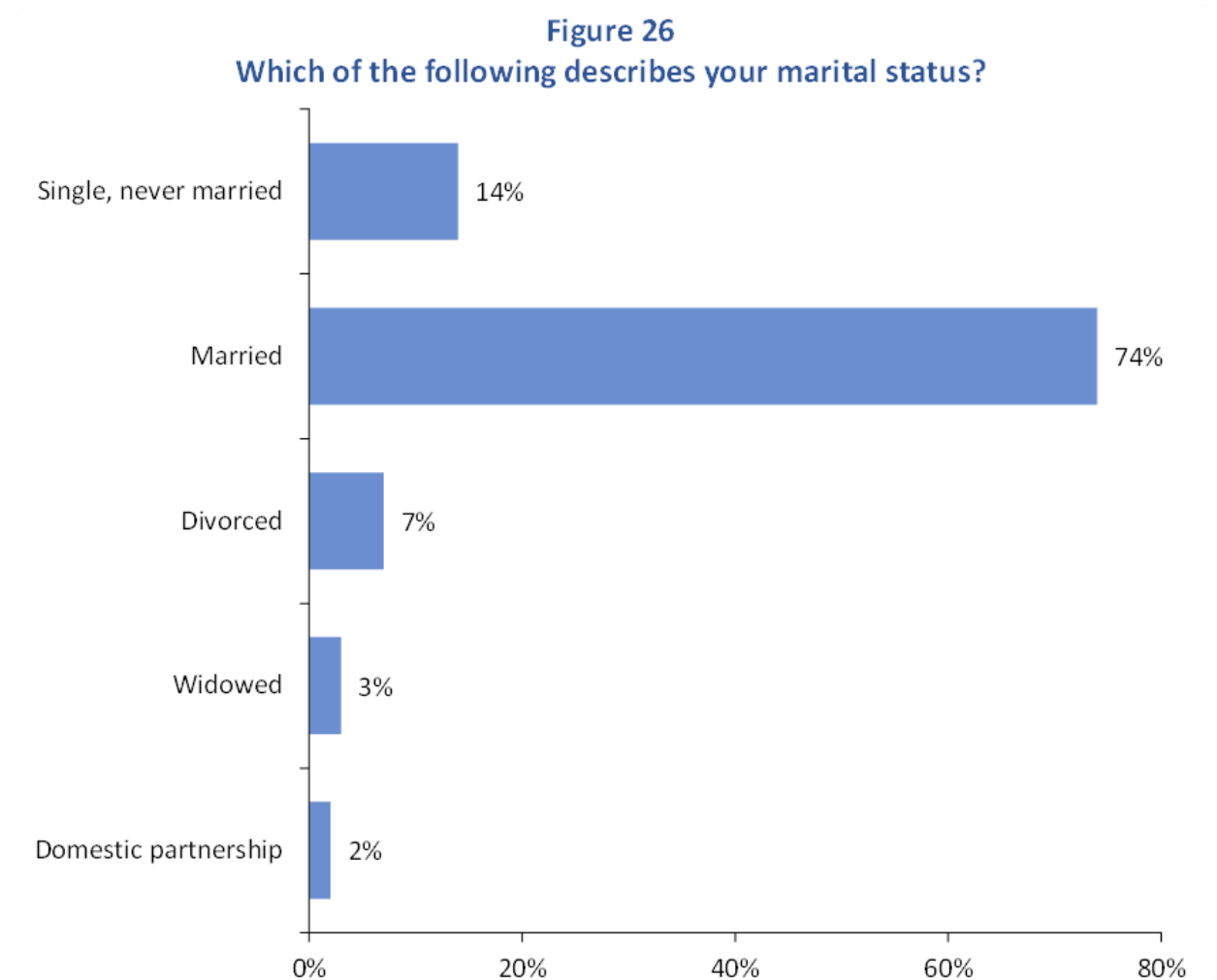
As [Figure 25](#) illustrates, three-fifths of respondents (60%) reported being employed **full time**.



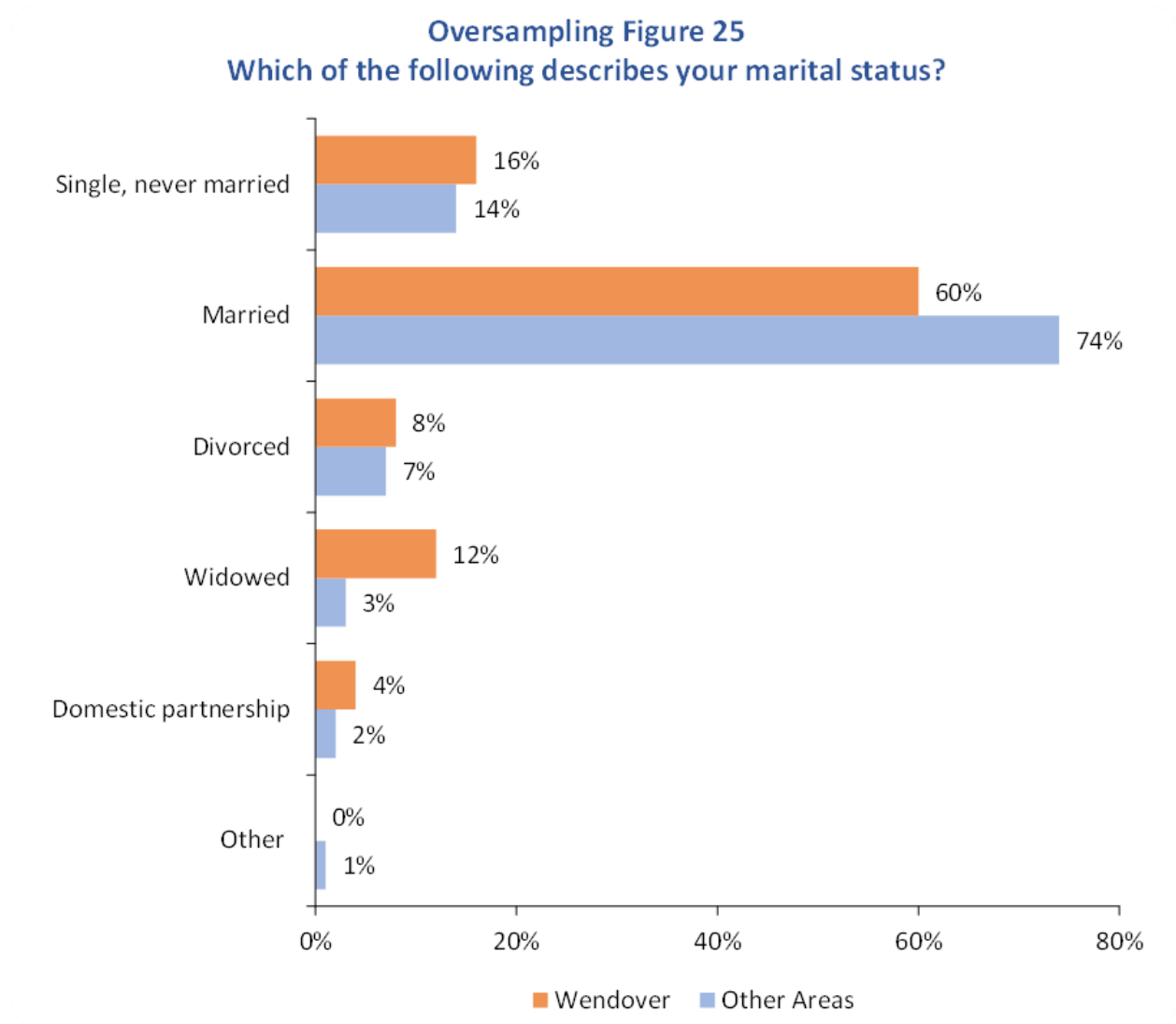
As **Oversampling Figure 24** illustrates, Wendover respondents most frequently reported being employed **full time** (49%).



As [Figure 26](#) illustrates, three-quarters of respondents (74%) reported being married.



As **Oversampling Figure 25** illustrates, 60% of Wendover respondents reported being married.

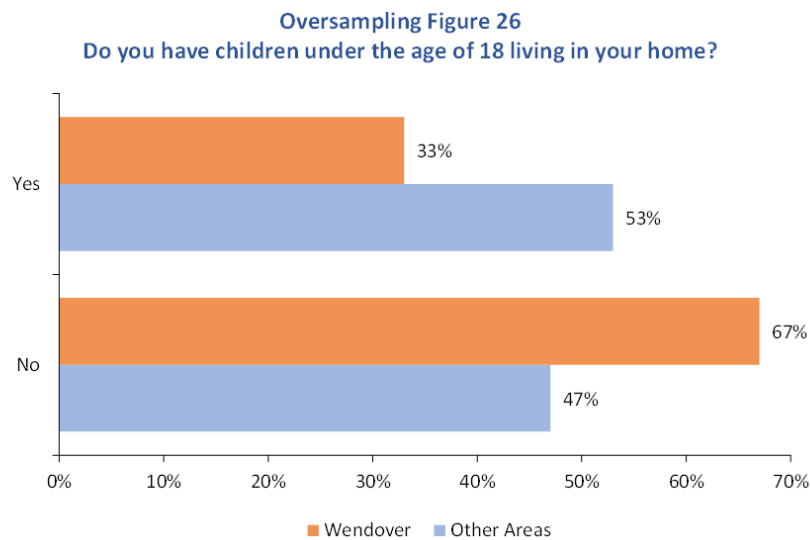


As **Figure 27** illustrates, 53% of respondents reported having children under age 18 living in the home.

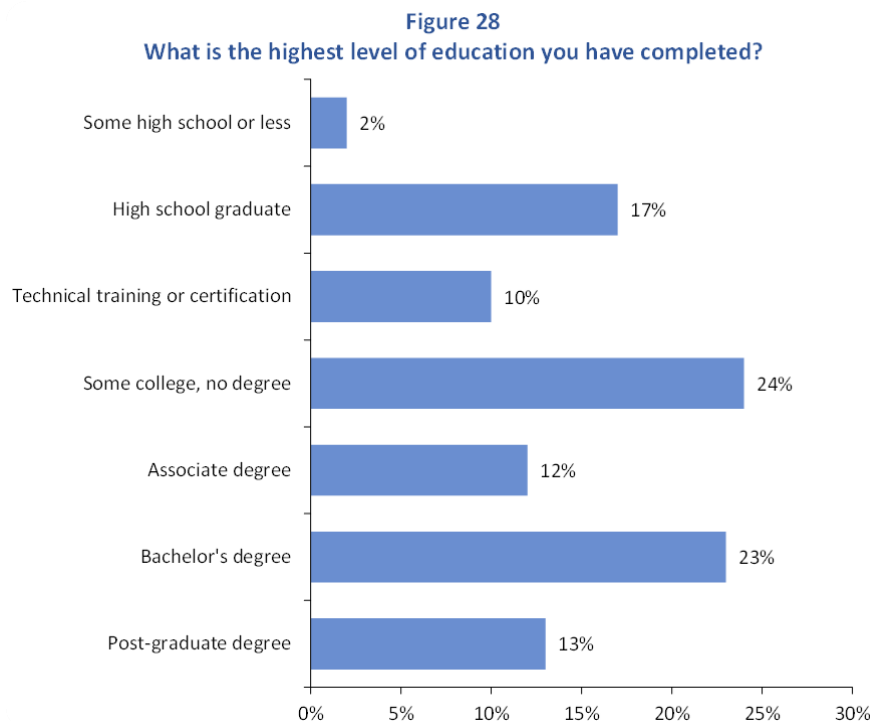
Figure 27
Do you have children under the age of 18 living in your home?



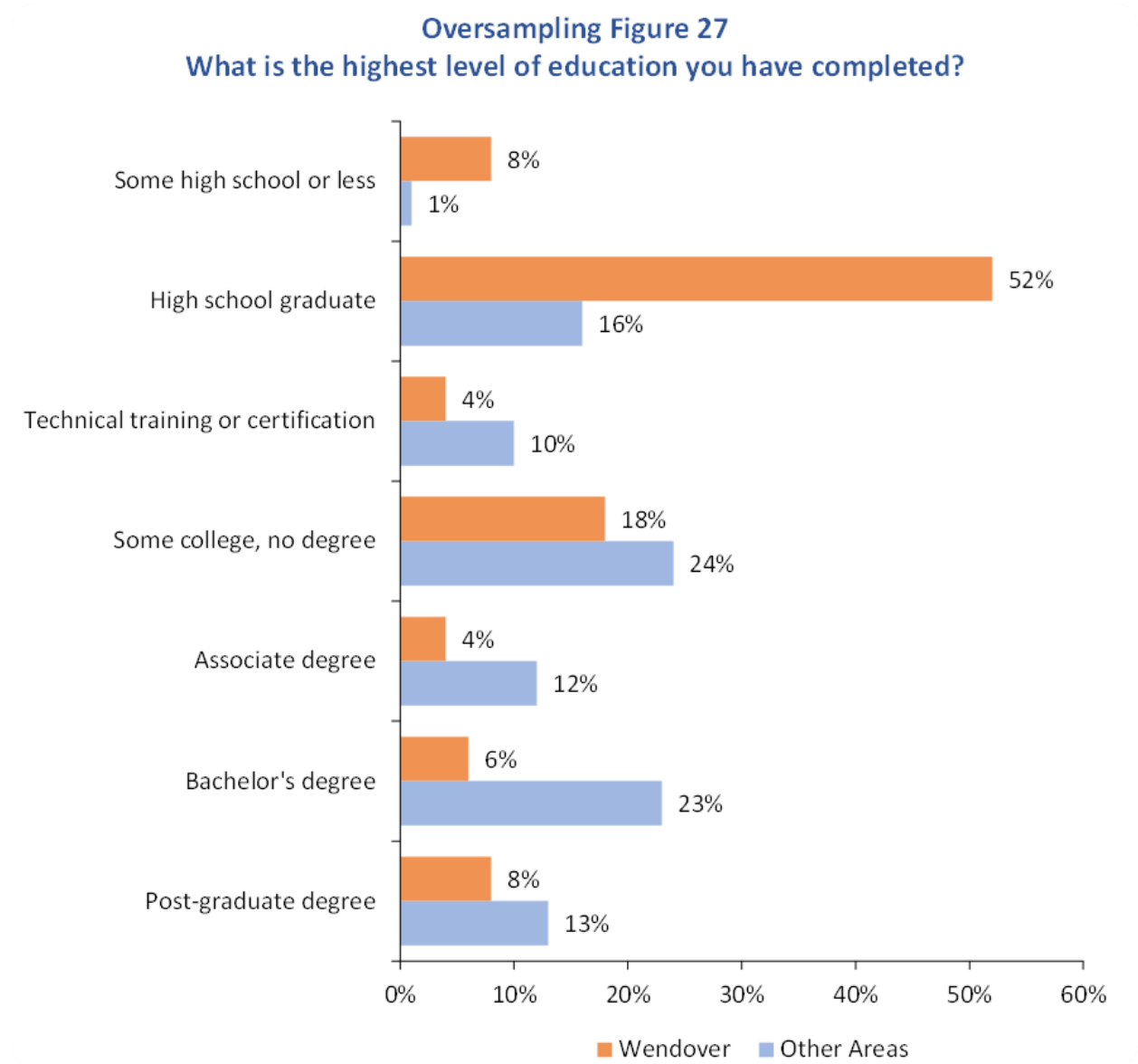
As Oversampling [Figure 26](#) illustrates, one-third of Wendover respondents (33%) reported having **children under age 18** living in the home.



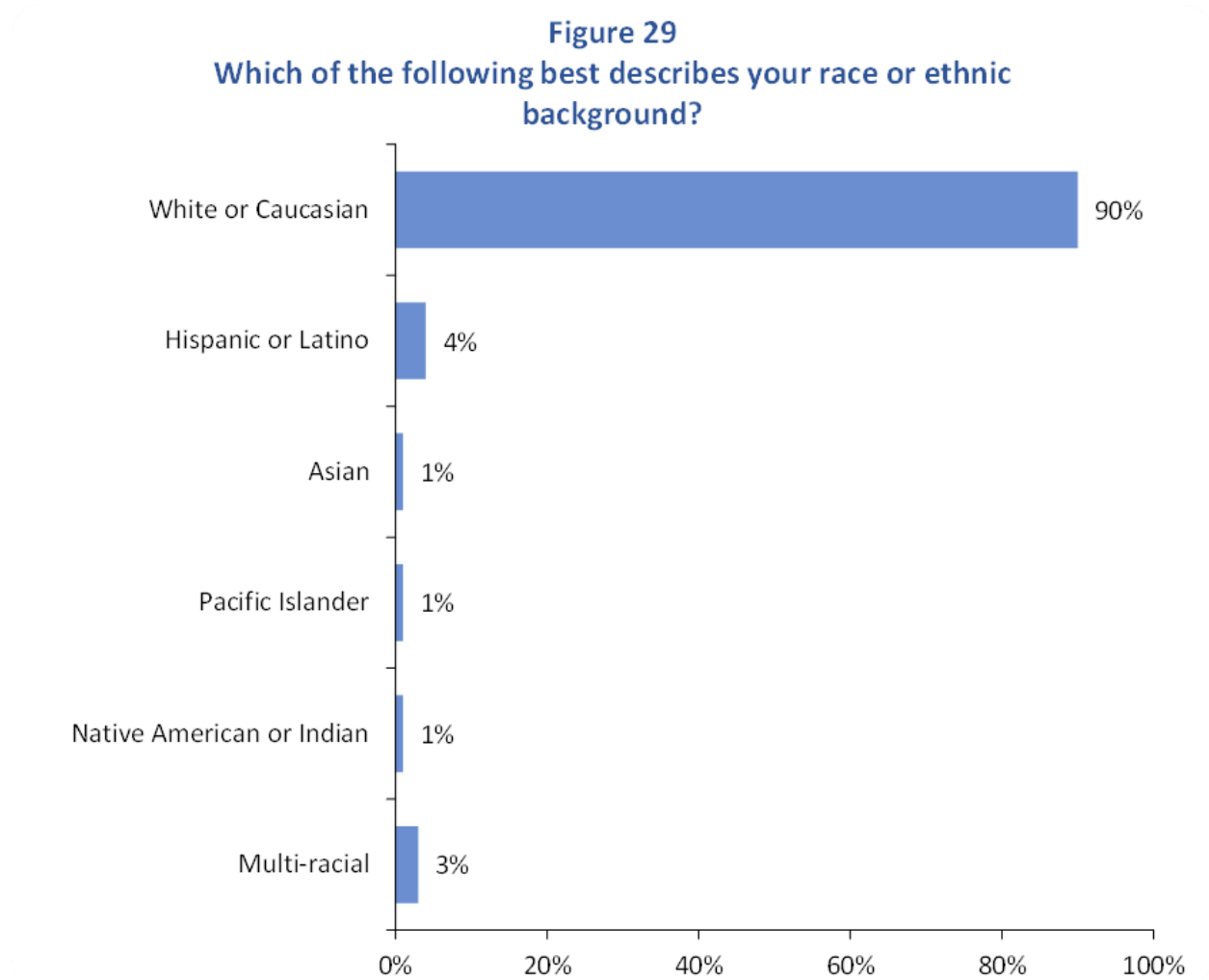
[Figure 28](#) illustrates respondents' highest levels of education.



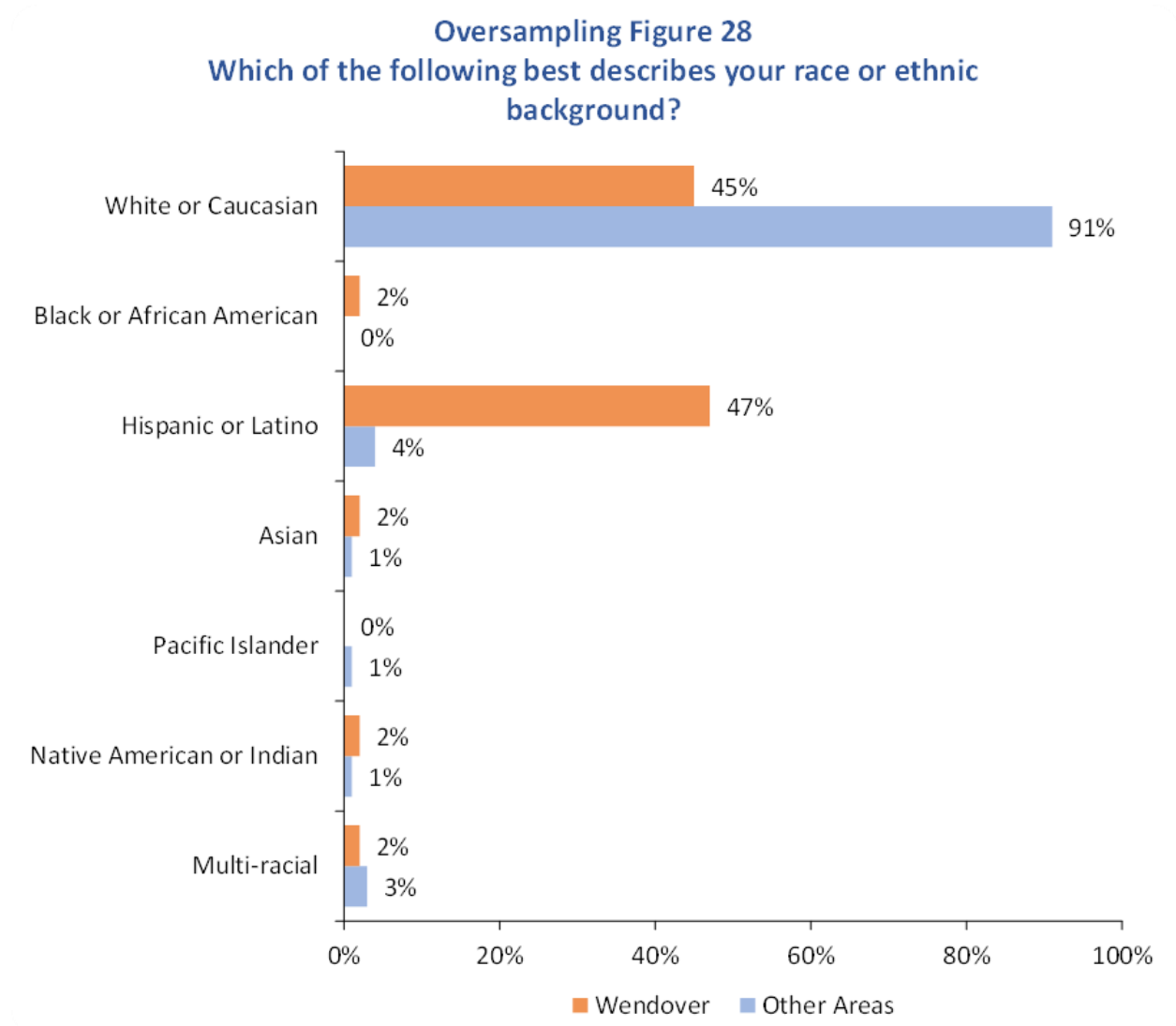
Oversampling [Figure 27](#) illustrates respondents' highest levels of education.



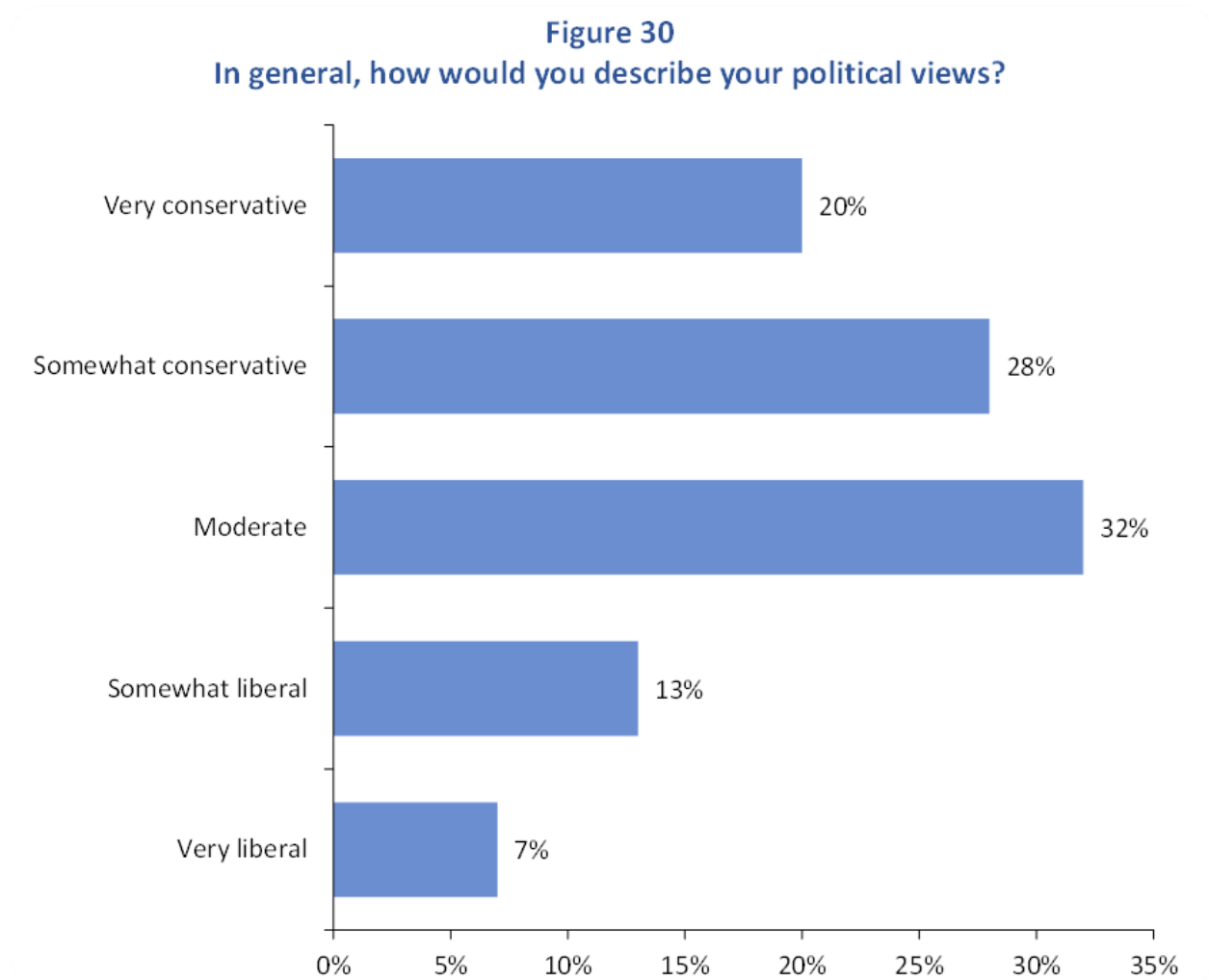
As [Figure 29](#) illustrates, the large majority of respondents reported being White or of Caucasian descent.



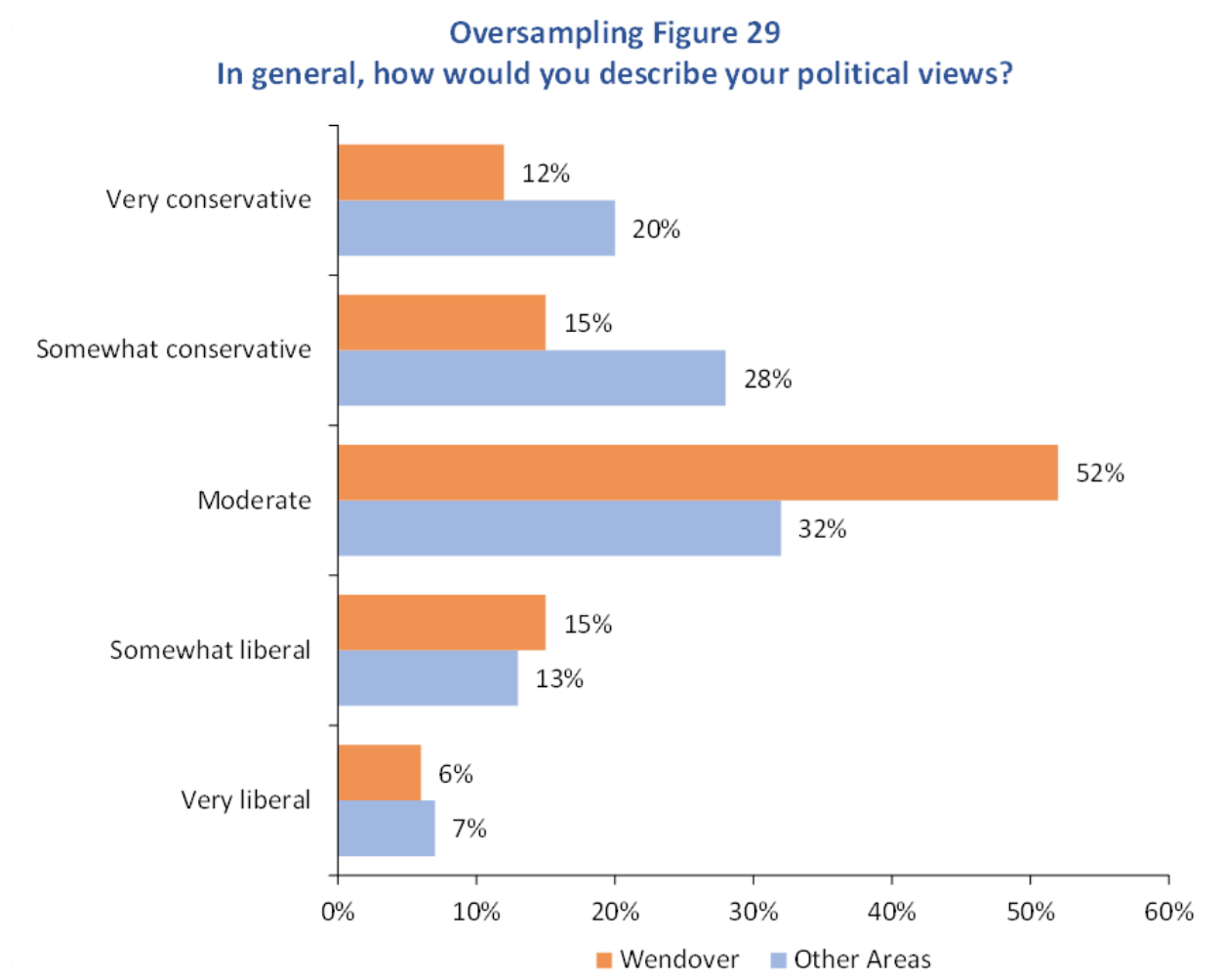
As **Oversampling** [Figure 28](#) illustrates, 45% of respondents reported being **White or of Caucasian descent**, while 47% reported being **Hispanic or Latino**.



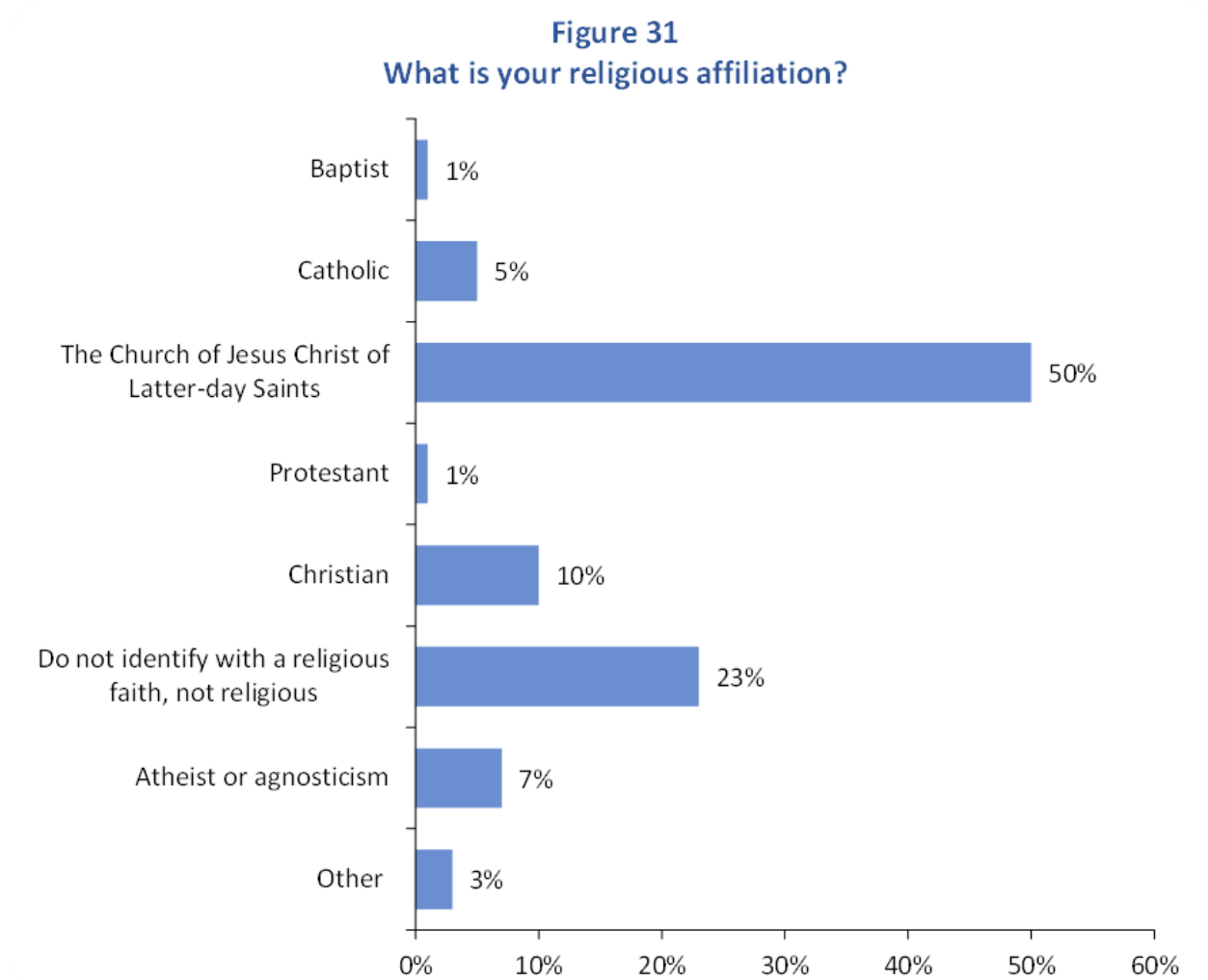
As [Figure 30](#) illustrates, respondents most frequently reported having conservative (48%) or moderate (32%) political views.



As **Oversampling** [Figure 29](#) illustrates, 52% of respondents reported having **moderate** political views.



As [Figure 31](#) illustrates, one-half of respondents (50%) reported belonging to The Church of Jesus Christ of Latter-day Saints.



As Oversampling Figure 30 illustrates, Wendover respondents most frequently reported being **Catholic** (40%) or members of **The Church of Jesus Christ of Latter-day Saints** (34%).

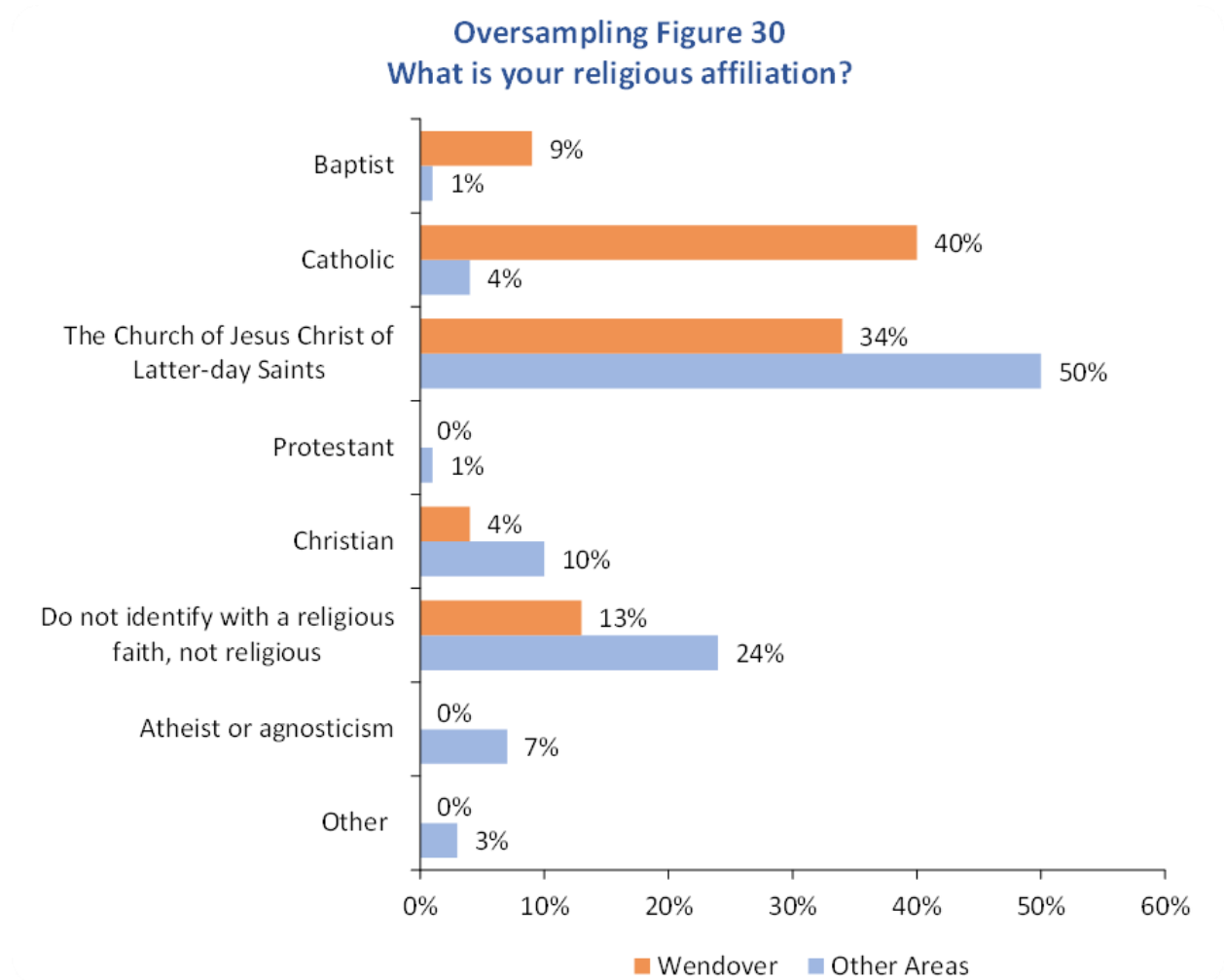
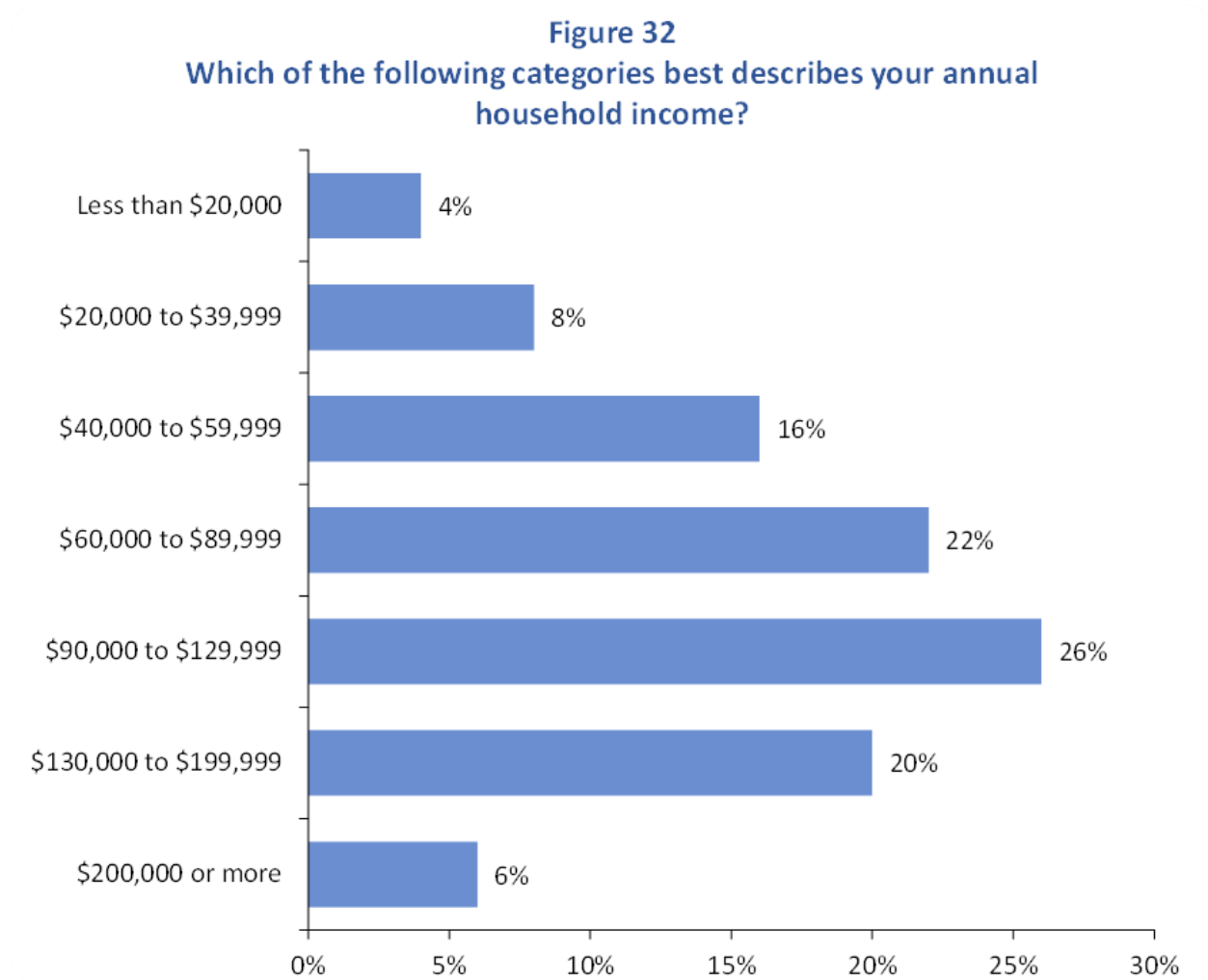
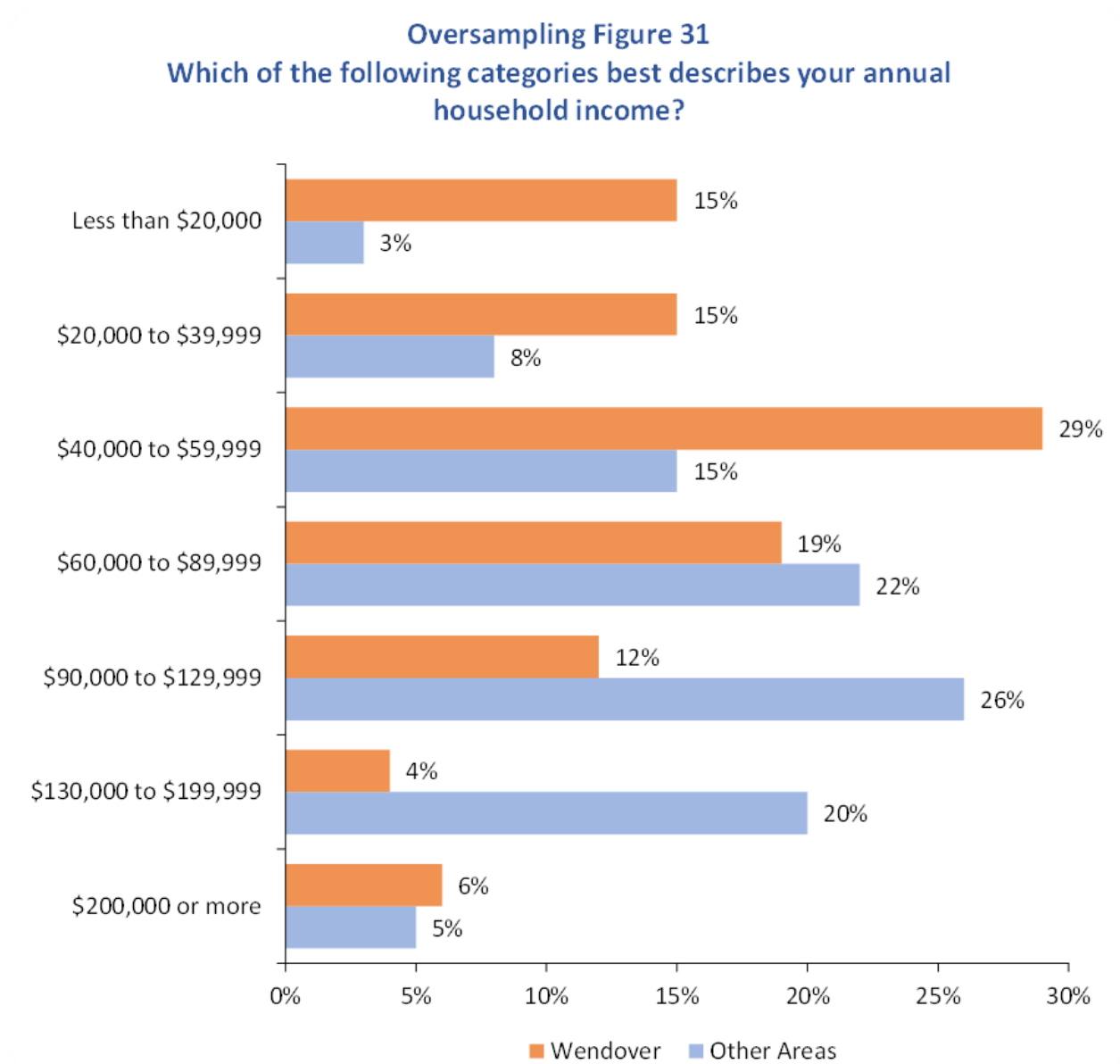


Figure 32 illustrates the percentage of respondents within each annual household income category.



As Oversampling Figure 31 illustrates, 58% of respondents reported having an annual household income **less than \$60,000**.



Conclusion

The Tooele County Health Department has evaluated both the primary and secondary data sources to evaluate the health needs of the county. The purpose of this process is to identify areas of improvement in terms of community health resources and opportunities, set health objectives, and monitor the progress toward effectively addressing those health objectives. The overall findings of this document reflect the current needs and overall health status of Tooele County residents. The data gathered in this report will be used to inform the Community Health Improvement Plan (CHIP). Community partners and stakeholders can refer to this report to identify priority health concerns on which to focus for the next five years.

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