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~EXECUTIVE SUMMARY~

BACKGROUND

The Utah County Health Department (UCHD) conducted a Community Health Assessment utilizing the Center for Disease Control and Prevention (CDC) tool called the Community Assessment for Public Health Emergency Response (CASPER). The CASPER is often used in conjunction with emergency response to assess the needs of citizens after natural disasters or emergencies. However, the survey method can be used for any topic and has been used as an effective means of collecting data for CHAs. CASPER is an epidemiological technique designed to provide household-based information about a community's needs quickly, at a low cost and in a simple format for decision-makers. It provides a systematic sampling of households in the community based on the most current United States census population. Local health departments are required to complete both Community Health Assessment (CHA) and CASPER once every five years.

The following are goals of the UCHD CHA/CASPER:

- 1. Collect data to drive the direction and programming of the health department and have a better understanding of the community needs.
- 2. Collect data that can used to compare previous efforts of local, state, and national data collection.
- 3. Provide a process and standard for the health department to follow and meet.
- 4. Provide additional information to help with future funding opportunities.

UCHD received a stipend from the National Association of County and City Health Officials (NACCHO) to send staff to a training for Mobilizing for Action through Planning and Partnerships (MAPP) to learn how to work better with community partners in addressing health concerns. Following the MAPP training, the Quality Improvement Team (Q-Team) was established in 2016 to conduct a CHA in partnership with local and community partners.













Deputy
Director

Administration
&
Oversight

Patty Cross

Health
Promotion

Division
Director

Staff
Recruitment

Ally Holmes

Quality
Improvement
Specialist

*MAPP Training
Project Lead

Tobacco Program Mgr *MAPP Training Training Data SME

PIO
PHAB Site
Visitor
QI SME

Aislynn

MRC Coordinator Volunteer Recruitment In January 2017, UCHD held a Key Partner Meeting for the Utah County Health Improvement Partnership (UC–HIP).



UC-HIP involved 122 individuals representing agencies from elected officials, nongovernmental agencies, home health, drug treatment, mental health, hospitals, transportation, parks and recreation, law enforcement, schools, emergency management services, etc.

During the January meeting, the following topics were discussed:



- Opportunities Threats (SWOT)
 analysis of the services for
 residents of Utah County
- Health equity
- Local health concerns
- Common values and
- Vision for UC-HIP

Based on the discussion and input from key partners, the top three areas of concern to for the CHA to address in the community were:

- Mental health and suicide
- Affordability of healthcare services

Access to and awareness of healthcare services

METHODOLOGY

The Q-Team developed the assessment tool utilizing resources and input from Subject Matter Experts (SME) from:









- The University of Utah
- Brigham Young University the
- Utah Department of Health
- Salt Lake County Health Department
- CDC
- community partners from around Utah County

UCHD also utilized the expertise and input of a sister agency, Clay County Health Department located in Illinois, who conducted a CASPER in 2016. (Clay County Health Department provided resources and examples for the assessment tool, 'Just in Time Training' and reports.)



The Utah County assessment had **46 questions**, asking information about demographics, emergency preparedness, UCHD services, community safety, health of the community and the environment, access to care including mental health and personal and family health including physical activity, chronic diseases, immunizations, and substance abuse.

One of the goals of UCHD conducting a CHA was to utilize **best practices** from the Public Health Accreditation Board (PHAB), MAPP, and the CASPER toolkits.

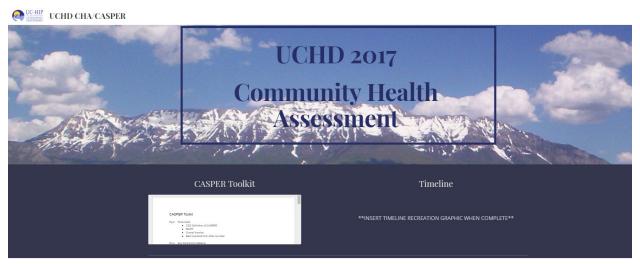
UCHD staff created a comprehensive crosswalk, comparing the requirements and of best practices.

	Phase IV: Writing th	e Report
CASPER Toolkit	MAPP	PHAB Standards and Measures (v.1.5)
6.2 Preliminary Field Report (draft version, containing initial results and recommendations to share with stakeholders; introduction, methods, results, conclusion)	Step 4: Identify Strategic Issues (Core Support Team reviews findings from Visioning process and the CHSA/CASPER; determine which issues would be considered "strategic," and what the consequences would be for failing to address specific issues; create a final list of no more than 12 issues, arranged in priority order)	See 1.1.2 a 1.1.2 b. Documentation that the preliminary findings of the assessment were distributed to the community at large and that the community's inpu was sought; 2 examples of documentation (press release, publication on website, community forums, social media, etc.)
6.3 Final Report (based on preliminary report, but with more detail; executive summary, introduction, methods, results, conslusion)	Step 5: Forumlate Goals and Strategies (MAPP Committee takes the strategic issues and formulates goal statements and broad strategies for adopting those goals; explore implementation details) Share the "Community Health Profile through the use of media, grassroots connections, and elected officials	1.1.3 a. Document how we inform partners, stakeholders, organizations, etc. of the availabilit of CHA; 2 examples of documentation (emails, newsletters, newspaper articles, social media, PSA's, etc.) 1.1.3 b. Document how we communicate CHA findings to the public; 2 examples of documentation (evidence of distribution, summaries published in newspapers or newsletters, links provided on social media, etc.)

Crosswalk example

Another major goal the "Q" team has early on was to develop 'how to' resources, showing the process of the CHA Process Phases using each resource. An online toolkit was developed showing steps and resources. The toolkit is available to UCHD staff future use or other public health practitioners.

https://sites.google.com/view/uchdcasper/home



UCHD CHA CASPER Toolkit

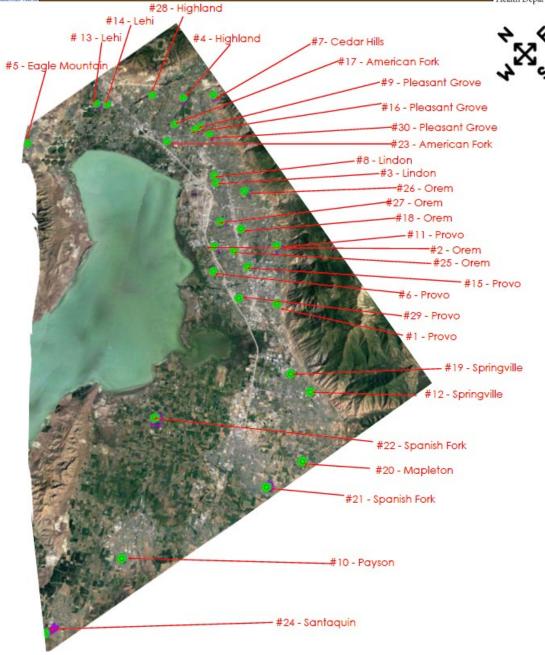
SELECTING SAMPLING CLUSTERS

The standard CASPER methodology as explained in the CASPER toolkit (version 2.0) was used in a two-stage cluster sample design to select 30 clusters and complete 7 household based interviews. CDC used Geographic Information Systems software to randomly select 30 clusters (census blocks) with probability proportional to the number of housing units. For Utah County, 30 clusters were selected, making the total possible number of interviews for the CASPER equaling 210. The 2010 census was used to generate the clusters for Utah County. Based on the 2010 census, Utah County has a population of 516,564, making it Utah's second-most populous county in Utah. Geographically, Utah County covers 2,144 square miles and is considered both urban and rural.



Community Assessment for Public Health Emergency Response (CASPER)





Map of 30 Utah County Clusters Randomly Identified Through CDC GIS Mapping Tool

Surveyors were assigned a random house as their starting point from their assigned cluster and were provided detailed maps of their clusters. They were instructed to systematically select every 'nth' household (where 'n' is the total number of households divided by seven.)

Community Assessment for Public Health



Utah County W +

CLUSTER 5

INTERVIEWS NEEDED: 7

Survey every 6 homes

Must try no-answer homes 3X before a home is a "dead door"

★ 3788 Navajo Drive, Eagle Mountain

NOTES:

Directions:
Take I-15 North
Exit on AF Main Street
Turn left on Pioneer Crossing
Turn left on Redwood Road
Turn right on Pony Express Pkwy
Turn left on to Geronimo Drive
Navajo Drive is on the left.

Should be straightforward

April 2017

Cluster Map used during CASPER CHA.

"DAY-OF" ASSESSMENT

On April 22, 2017, UCHD staff and Medical Reserve Corps (MRC) volunteers were trained in a one hour 'Just In Time Training' session on selecting households, interview techniques, safety precautions, and tracking methods.

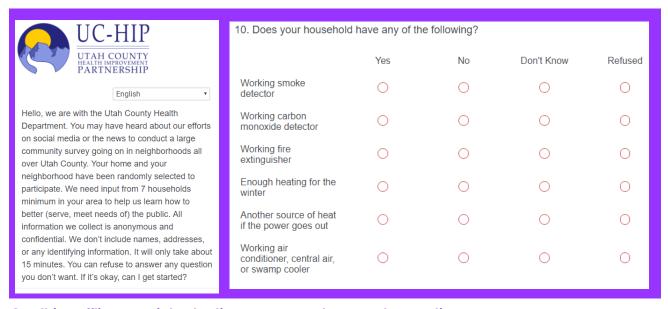


Surveyor teams consisted of two to three individuals from UCHD staff and MRC volunteers. Residents of the selected households who were at least 18 years of age or older were considered eligible to participate. Teams were instructed to ask for verbal consent from the resident before proceeding with the interview. Each team was provided with a packet that included:

- letter from the Executive Director
- cluster map,
- tracking forms,
- Frequently Ask Questions for survey teams,
- information on how individuals interviewed could be further involved with focus groups,
- flip chart with some of the longer questions/answers from the survey,
- information in Spanish
- bag to give to participants, including:
 - UCHD Services Sheet
 - UCHD Services Magnet
 - o other UCHD program collateral

DATA COLLECTION

UCHD is the first health department to use Qualtrics for data collection for a CASPER. Each team received a tablet with an offline app. After teams returned to the health department, data was uploaded to the Qualtrics online server.



Qualtrics offline app introduction screen and a sample question

DATA ANALYSIS

For data analysis, Qualtrics and Epi Info 7 was used. A weighted cluster analysis was used to generate projected number of households, weighted percentages and 95% confidence intervals. To account for the probability that the responding household was selected, sampling weights based on the total number of occupied houses according to the 2010 Census, the number the clusters selected, and the number of interviews completed in each cluster. This weight was used to calculate all weighted frequencies and percentages presented in this report.

The CASPER served as a functional exercise for UCHD incident command staff:

- 1. Responder Safety and Health (PHEP #14): safety officer checking pre-and postdeployment health safety assessments, and conducting safety presentation
- 2. Volunteer Management (PHEP #15): setting up a volunteer reception center, and assigning roles based on incident command, properly setting up volunteer demobilization desk
- 3. Emergency Operations Coordination (PHEP #3): incident commander performs duties of volunteer center director; safety officer performs duties of safety trainer.
- 4. Emergency Public Information and Warning (PHEP #4): proper promotion and media management before and during event.

PUBLIC NOTIFICATION

The Public Information Officer (PIO) notified the public of the CASPER through:

Media Release

Social Media

Facebook Live

Newsletters

Community Police Dept Notification

During the 'Just In Time' training with UCHD staff and volunteers, the PIO utilized Facebook Live's feature letting residents know that the "Community health assessment happening today in Utah County. Surveyors being trained...you might see them in your neighborhood today." About 400 people viewed the Facebook Live video.

MEDIA COVERAGE

KSL Channel 5's Erin Goff conducted an interview with UCHD staff and a Utah County resident about the CASPER and the segment aired on May 5, 2017.



How healthy is Utah County? Health dept. goes door to door to find out

By Erin Goff | Posted May 5th, 2017 @ 6:27pm





Focus Groups

After completing the data collection for the CHA, focus groups were held for:

- North county
- Central county
- South county
- Senior citizens population
- Latino Hispanic population

Residents were asked follow-up questions to the CHA and expounded on a variety of topics. For example, during the focus group with the Latino Hispanic population, the group described the need for housing regulations in Utah County.

SURVEY COMPLETION

From April 22 – June 30, 2017, the surveyors conducted 182 interviews with a completion rate of 86.6%.

SURVEY DESIGN

Questions were grouped into 5 categories:

- Demographics
- Home safety & emergency preparedness
- Personal & family health
- Access to healthcare

Health and safety of community

~SURVEY RESULTS~

For purposes of this report, each question asked in the assessment will be referenced with purple <u>underline</u>. To see the questions in full, see <u>Attachmment 2</u>.

UTAH COUNTY DEMOGRAPHICS

QUESTION 2

What is your race and ethnicity?

- 1. White or Caucasian: 85.5%
- 2. Hispanic/Latino: 5.8%
- 3. Black or African American: 2.76%
- 4. Asian: 2.35%
- 5. Native Hawaiian or other Pacific Islander: 2.15%
- 6. American Indian or Alaskan: 0.61%
- 7. Other: 0.44% 8. Refuses: 0.44%

QUESTION 3

What is the high level of education finished?

- Bachelor's degree 38.71%
- Graduate or professional degree 24.4%
- Associate's degree or vocational training 11.27%
- Some college 17.07%
- High school graduate (or GED/equivalent) 6.58%
- Some high school 1.5%
- Less than high school 1.48%

QUESTION 4

What is the annual household income from all sources?

- \$15,000 to \$24,999 8.7%
- \$15,000 to \$49,999 15.49%
- \$25,000 to \$74,999 21.49%
- \$75,000 or more 37.91%
- Don't know 4.51%
- Less than \$14,999 5.38%
- Refused 6.53%

QUESTION 5

What is the marital status of your household?

- Married 78.95%
- Divorced 4.78%
- Partnered (living with someone) 4%
- Separated 0.48%

- Single (never married) 5.86%
- Widow or widower 5.93%

Which of the following describes your current living situation?

- Own this home 78.51%
- Rent this home 20.54%
- Other 0.95%

QUESTION 7

How long has your household lived in Utah County?

- Less than two years 7.99%
- More than two years 92.01%

QUESTION 8

Is there a non-English speaking adult in your household?

- Yes -5.64%
- No 94.36%

QUESTION 9

Other languages spoken?

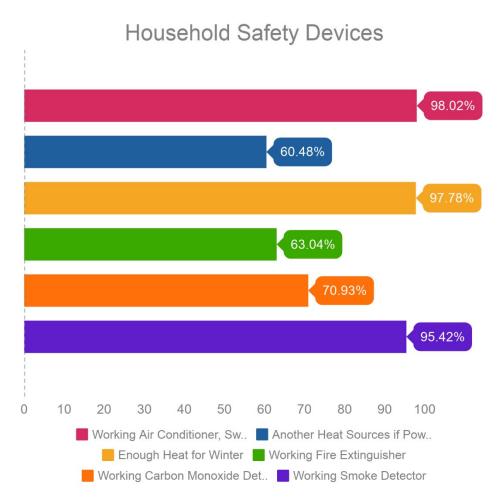
- Spanish 46.32%
- Japanese 14.74%
- French 14.74%
- Italian 8.42%
- Korean 8.42%
- ASL 7.37%

HOME SAFETY & EMERGENCY PREPAREDNESS

The results of the emergency preparedness questions indicate that Utah County citizens have made significant progress in many areas of emergency preparedness.

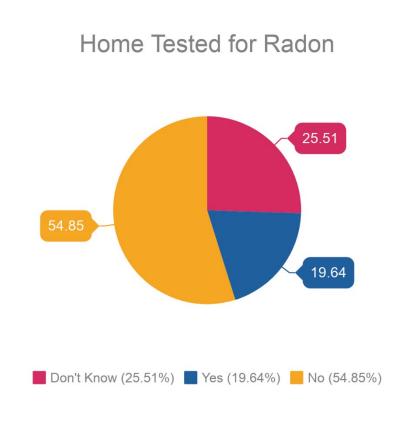
QUESTION 10

Currently a majority of residents have smoke detectors, adequate heating and cooling in their homes. All hazards planning requires acquisition of necessary supplies, safety equipment, creation of emergency plans, and implementing other precautions before potential man made or natural disasters occur. The following responses indicate "all hazards" of readiness of Utah County residents.



Results indicate that at least 50% of residents have taken all hazards precautions of safety devices during emergencies. FEMA recommends that a working carbon monoxide detector on each level of a home, UCHD will continue efforts to have heightened awareness for households to have a working carbon monoxide detector, fire extinguisher, and another heat source if the power goes out.

Utah County residents reported the following rates of having their homes tested for radon:



74.49% Utah County residents have not tested their home for radon or don't know if their home has been tested for radon. Radon is a gas that individuals cannot smell, taste, or see and is the second leading cause of lung cancer deaths each year in the United States. People can radon exposed to by breathing in the gas that comes through the cracks of homes and buildings. CDC recommends that the most effective means of reducing exposure to radon is by having homes be tested for the radon gas. UCHD provides low cost radon kits available to the public throughout the year.

Collaborative awareness campaigns from many community partners continue to educate and promote the critical need for increased radon testing in the homes of Utah County residents.

QUESTIONS 12 & 16

Over 94% Utah County Residents reported having access to the internet. This is one of the higher rates of connectivity in the State of Utah. This offers many opportunities to educate the population both prior to an emergency and during.

Survey results indicate that most residents would seek information from social media, religious leaders, and traditional media outlets. This allows UCHD to plan both educational opportunities as well as emergency communication pathways. Future emergency drills will help to optimize the UCHD's ability to best prepare and respond during an emergency.

Utah County residents reported the following for personal preparedness during an emergency:

A majority of Utah County residents indicated having adequate food, water, medication and a first aid kit, however, only 55% of residents reported having an emergency plan. Utah.gov recommends that families plan in advance for all disasters. Emergency plans should include information about escape routes, what to do when your family members are in separate locations, meeting places, fire safety, first aid, insurance, etc. Family emergency plans can be downloaded at BeReadyUtah.gov. UCHD will continue to bring heightened awareness to resources available for residents to be ready if a disaster were to happen in the home or in the community. (https://www.utah.gov/beready/family/make-a-plan.html)

QUESTIONS 14 & 15

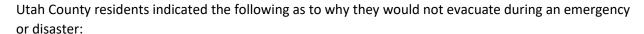
Approximately 37% of Utah County Residents reported having a pet that requires more than a minimal amount of care.

Communities suffering tragic disasters have learned that one of the underrecognized concerns of the public are the needs of their pets and livestock. The Utah Emergency Preparedness Program recommends having adequate food, water, and medication for all pets and livestock. A variety of resources are available at BeReadyUtah.gov.

QUESTION 17

As in all emergencies, it is critical for residents to plan where they will go if advised to evacuate. A majority of Utah County residents reported that they would evacuate overnight to friends and family residing outside of Utah county. Other respondents would seek shelter at a hotel/motel, second residence, or emergency shelter. Some residents reported not knowing where they would go during an evacuation. Less than 2% of residents said that they would not evacuate when advised.

UCHD continues to implement a variety of strategies to help the public prepare before an evacuation. UCHD recognizes the important role of informing residents about the types of disasters that are likely to occur in Utah County. Areas of focus include local emergency, evacuation, and shelter plans for each specific disaster.



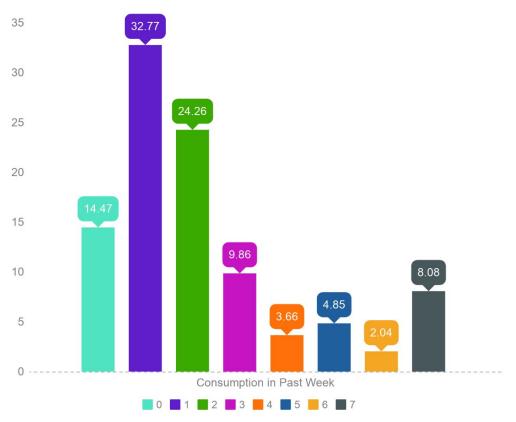
Local, state, and federal emergency preparedness programs recommend that residents plan in advance for disasters. As part of disaster planning, Ready.gov gives guidelines of how to plan when to leave and where to evacuate including a friend's home or motel in another area. Utah County residents indicated as the number one concern for not evacuating during a disaster is traffic. Planning for alternate routes, other means of transportation of the area, having a full tank of gas if an evacuation seems likely, having an emergency kit in the car, and planning to take one car per family to reduce congestion and delay can help with preparedness during an evacuation. UCHD will continue to bring heightened awareness to resources available for residents to be ready if a disaster were to happen in the home or in the community.

PERSONAL & FAMILY HEALTH

Utah County residents reported the following for how many days they consumed at least one meal or beverage from a restaurant:

QUESTION 19

Meals/Beverage Consumed from Restaurant/ Vendor



Eating away from home is associated with the consumption of meals higher in fats, sugars, and calories compared to meals eaten at home. The Utah Department of Health (UDOH) recommends that individuals and children eat more meals at home to obtain positive benefits to their health and well-being. Better nutrition, improved grades, less depression, lower obesity rates and socially adjusted adolescents are some of the reported benefits of eating together as a family. National, state, and local public health agencies continue to prioritize public health promotion efforts to focus on promoting family mealtime and education to make healthy food choices whether at home or away.

QUESTION 20

Utah County residents reported two main reasons for not preparing their own meals. The most common response indicated was a lack of time (16.87%), while the second reason was a concern over the high cost of nutritious food (8.71%).

The CDC has stated that the health benefits of eating nutritious foods are many and include reduced risk of chronic diseases such as obesity, type 2 diabetes, heart disease and some cancers. However, barriers may prevent individuals from acquiring, preparing, or consuming foods high in nutritional quality. Community partners have joined UCHD's efforts to promote interventions that address affordable access to fresh fruits and vegetables, healthy meal preparation, and nutrition for disease prevention.

QUESTION 21

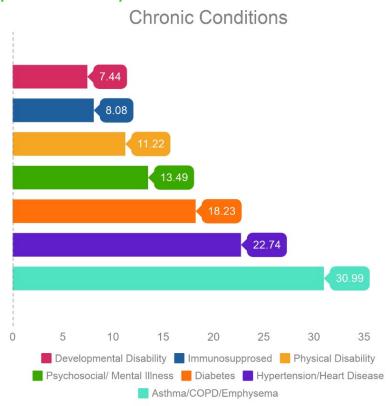
On average, 76.19% of Utah County residents are performing at least 30 minutes of physical activity between 3 and 7 days per week.

Achieving a minimum of 30 minutes of physical activity daily for adults is the recommendation in the *Physical Activity Guidelines for Americans* to obtain health benefits such as weight management, reduced risk of disease, and improved mental health. Participation in sedentary activities involving the use of computers, video games, television, and hand-held devices, referred to as screen time activities, has increased and can interfere with children and adults achieving recommended amounts of daily physical activity. UCHD offers programs and education to promote an active lifestyle at daycares, schools, and in the community while encouraging reduced involvement in screen time activities.

QUESTION 22

Utah County residents have been told by healthcare professional that they have the following diseases:

- Asthma/COPD/Emphysema 30.99%
- Hypertension/heart disease 22.74%
- Diabetes 18.23%
- Psychosocial/mental illness 13.49%
- Physical disability 11.22%
- Immunosuppressed 8.08%
- Developmental disability 7.44%



New research linking lifestyle choices and the development of many chronic conditions highlight the importance of engaging in healthy behaviors and quitting unhealthy, risky habits. Primary prevention efforts conducted by UCHD focus on helping public residents

start and maintain healthy lifestyles. For example, a new evidence based diabetes prevention and control program (Prevent T2) was implemented in 2017. Participants learn the healthful habits that can prevent the onset of type 2 diabetes. Another evidence based program (Living Well with Chronic Disease) gives participants the tools necessary to manage their chronic conditions, rather than have their chronic conditions manage them. Many other opportunities exist for public health partners to make an impact on preventing the burden of chronic conditions with Utah County residents.

QUESTION 23

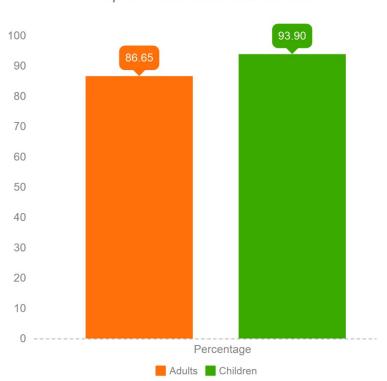
The reported rates of households with special healthcare needs indicated various outcomes. The highest reported need was the use of daily medications.

Graph

QUESTIONS 24 - 27

The Center for Disease Control and Prevention recommends vaccination as the best way to protect against many vaccine preventable diseases. The Utah County Health Department will promote best practices at the community level to help improve coverage rates. Additional key strategies include ongoing provider outreach, avoiding missed opportunities, and public education about vaccines and the diseases they prevent.

Utah County residents reported the following rates of immunization for adults and children (Q. 24 & 25):



Up to Date Immunizations

The main reasons that prevent Utah County adults from receiving immunizations: (26,26a)

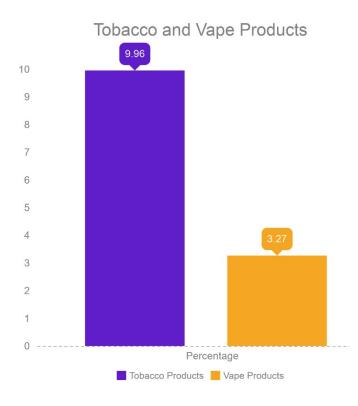
Don't know why.

Locations where Utah
County residents received
their seasonal flu shots:

Doctor's office

The main reasons that prevent Utah County residents from receiving their flu shots:

Don't feel they need it



For the purpose of this assessment, tobacco products were defined as cigarettes, chewing tobacco, cigars, hookah, etc. and vape products were defined as e-cigarettes, e-cigs, vape pens, personal vaporizes, mods, e-hookah, etc. It is estimated that Utah citizens incur and estimated \$542 million in annual medical cost directly related to tobacco use. Tobacco use the leading cause of preventable death and by avoiding any form of nicotine addiction, it can improve the health and wellbeing of Utah county residents.

QUESTION 29

Utah County residents were asked their opinion on drug and alcohol abuse.

Public Health Problem

Yes	86.07%
No	9.52%
DK/R	4.41%

Behavioral or Criminal Justice Problem

Yes	7.08%
No	18.22%
DK	8.70%

Health Problem

Yes	88.87%
No	9.07%
DK	2.06%

Moral Failing

Yes	39.90%
No	49.09%
DK	10.94%

Character Flaw

Yes	23.68%
No	64.65%
DK	11.67%

Genetic/biological Process

Yes	49.61%
No	30.70%
DK	19.68%

Utah County residents were asked their opinion on drug and alcohol use, in relation to how it became a problem and into which category it falls.

When asked if it is believed to be a health problem, 89% of the participants answered yes.

The data also shows that 50% of participants believe that it is not a moral failing, and 65% say it is *not* a character flaw, which would suggest that although there is much stigma around addiction, improvements have been made. In the past, addiction has not been believed to be a medical issue, rather a choice to be made. 40% of the respondents still say it is a moral failing. 50% of the respondents do believe there is a genetic predisposition as well. This data shows the tide is shifting in the right direction, but there is still much work to be done.

In order to effectively change the perception of drug and alcohol use, we need more information on the root cause of people's beliefs. We need more education on the reasons for initiation and continuation, who is most susceptible, and how use affects the person holistically.

The CDC maintains that public access to primary and other ongoing healthcare is a vital determinant in maintaining optimal health and wellness. Utah County residents reported higher access to receiving and seeking medical attention than other parts of the state and nation. (UDOH, EPPIC Report)

Where residents receive primary or ongoing medical care

- Doctor's clinic: 66.23%
- Urgent care/walk-in-clinic: 20.35%
- Hospital ER: 7.11%
- Health department: 2.51%
- Military: 0.81%Other: 0.74%
- Refused/Don't Know: 2.26%

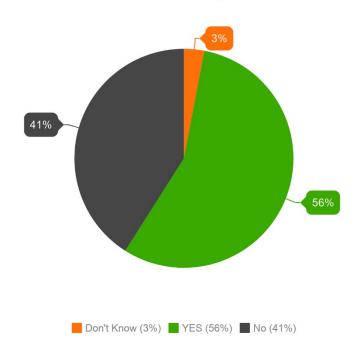
What prevents residents from seeking medical attention:

- Cost/lack of or insufficient coverage
- Lack of transportation
- Distance
- Inconvenient provider office hours

QUESTION 32

Utah County residents reported that in the past five years, physicians have discussed early detection for cancer screenings:



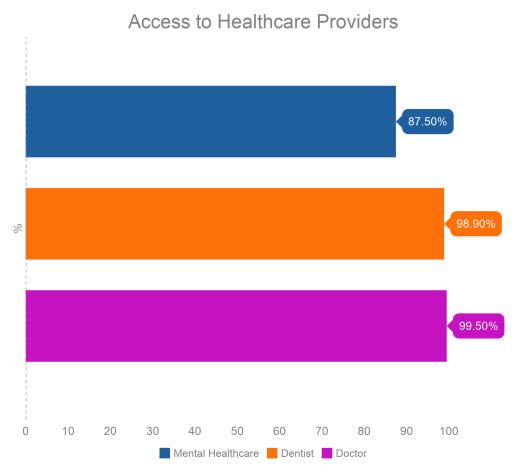


Cancer screening means check your body for cancer before an individual's show symptoms of having cancer. It is important for physicians to be having discussions with patients about the importance of cancer screenings. Just as important as it is for

physicians to be discussing early detection for cancer screenings, patients need to follow-up and schedule cancer screenings. The United States Preventive Service Task Force (USPSTF) recommends individuals get screening test regularly based on age, gender and lifestyle for early detection of breast, cervical, colorectal (colon), lung, ovarian, prostate and skin cancers. (CDC)

QUESTION 33

Utah County residents reported access to the following healthcare providers:

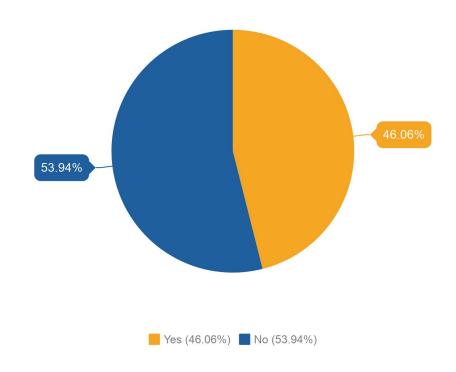


Current science highlights the importance of annual checkups with physicians, dentists, and other healthcare providers. The CDC recommends all residents to seek preventive checkups and screenings for the early diagnosis and prevention of the leading causes of death and illness. UCHD continues to work with community partners to encourage and provide annual care for all residents.

QUESTION 34

Utah County residents reported the following rates for members of their household receiving treatment or assistance for mental or emotional conditions in the past five years:

Received Treatment or Assistance for a Mental or Emotional Condition - Past 5 Years



For the purpose of this assessment treatment or assistance was defined as medication, therapy, counseling, or support groups and a mental or emotional condition was defined as depression, anxiety, eating disorders, past trauma, developmental or behavioral disorders, learning and attention disorders, substance abuse, etc.

QUESTION 35

Top three sources reported for individuals of household had received treatment or assistance for a mental or emotional condition:

1. Private physician: 40.01%

2. Outpatient private counselor/therapist: 31.35%

3. School/public mental health services: 15.34%

QUESTION 36

In order to pay for these services, 60.53% of the respondents said that they used private insurance. Respondents also reported the next highest source of payment for services was to pay it personally (17.88%) followed by ecclesiastical assistance/church (11.49%) and a public agency (9.25%).

Approximately **seven percent** of Utah County residents responded that either themselves

or someone in their household needed services for a mental condition in the past 5 years but did not receive or have access services.

Individuals with Mental Condition, but did not Receive Treatment



Reasons for not receiving treatment are:

- Financial
- Lack of knowledge of services
- Stigma/embarrassed
- Other



The public is reporting that mental health is a concern in our community. UCHD seeks to work collaboratively with mental health providers and encourage residents to receive critical treatment and care to reduce the burden of behavioral health issues.

QUESTIONS 39-41

UCHD is committed to promoting the health to the community and strives to provided needed services. Utah County residents reported using the following health department.

services:

Utah County Health Department Services that have been used by Utah County Residents over the past 2 years.

Services listed in order of most frequently used:

- 1. Immunizations
- 2. Birth or death certificates
- 3. Food handlers permits
- 4. Health screenings
- 5. School nurses
- 6. WIC
- 7. Mosquito complaints
- 8. Car seat checks

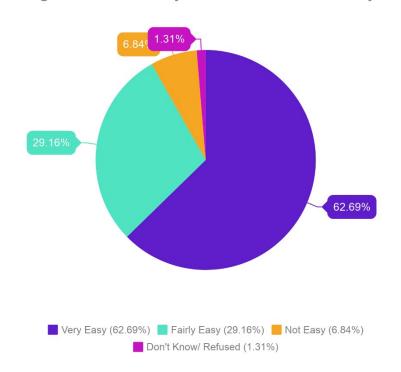
The main reason Utah County residents reported not using the health department services was lack of knowledge of the programs. Residents recommended that UCHD could have a better website, provide knowledge of services and education through advertisements. UCHD is currently working on improving their website and outreach through social media avenues.

HEALTH AND SAFETY OF COMMUNITY

QUESTION 42

Utah County residents reported the following for walkable and bikeable communities in Utah County:

Neighborhoods Easy Access on Foot or Bicycle

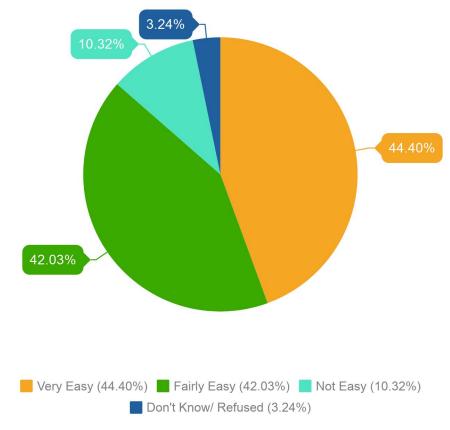


According to the Utah Department of Health, walking and biking produce health and economic benefits to residents in addition to providing an important means of transportation. Initiatives which design communities to allow individuals to travel to their destinations by means other than cars, create active transportation alternatives. UCHD maintains partnerships with county and city planners to promote and develop active transportation initiatives such as *Complete Streets* to create a more walkable, bikeable community. Increase emphasis in improving the built environment policy interventions are needed to increase rates of physical activity in our community.

QUESTION 43

Utah County residents reported the following for level of safety and convenience for walkers in Utah County communities:

Level of Safety & Convenience for Walkers



Pedestrian safety is an important concern for residents walking to and from destinations within Utah County. According to the Center for Disease Control, older adults and children are particularly at risk for pedestrian injuries. UCHD provides education on pedestrian safety to the community and promotes the implementation of *Safe Routes to School* in local schools. More opportunities are emerging for securing pedestrian friendly community.

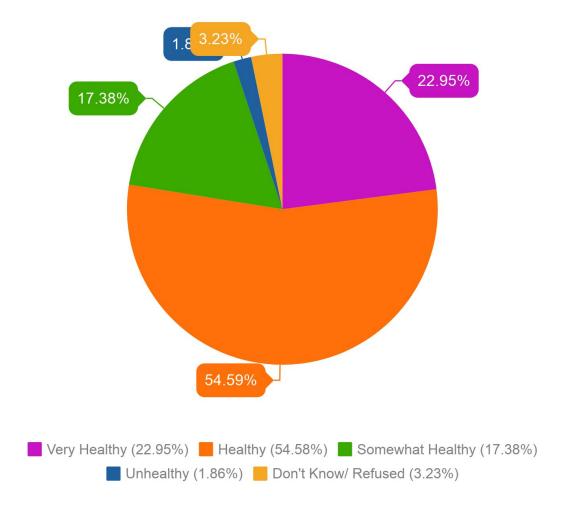
QUESTION 44

While 20.53% of residents' report that they stay indoors due to poor air quality, a majority of 79.47% of residents did not see this as a limitation in the past six months. Continued efforts for the public, private, and government sectors to improve air quality in Utah County exists.

QUESTION 45

Approximately 80% of Utah County Residents reported Utah County to be healthy.

Utah County's Rating as Health Community



Based on the Robert Wood Johnson Foundation County Health Rankings, Utah County is the third healthiest county in the state of Utah.

~ACKNOWLEDGEMENTS~

Q TEAM MEMBERS

- Talisha Bacon
- Patty Cross
- Eric Edwards
- Linnea Fletcher
- Allyson Holmes
- Aislynn Tolman-Hill

VOLUNTEERS

Staff	Organization
AJ Patha	UCHD
Ally Holmes	UCHD
Amanda Ottley	UCHD
Andrea Jensen	UCHD
Aislynn Tolman-Hill	UCHD
Brett Jones	UCHD
Carrie Bennet	UCHD
Colin Judkins	UCHD
Debbie Shoemaker	UCHD
Deb Gilchrest	MRC
Denae Titmus	MRC
Drew Rasmussen	UCHD
Eli Reynoso	UCHD
Elvia Caldera-Soria	UCHD
Eric Edwards	UCHD
Greta Lopez	UCHD
Hannah Brady	Intern
Hilary Harris	Intern
Heather Lewis	ADAAPT
Jackie Bush	UCHD
Jenny Davis	MRC

Jordan Barrett	Intern
Judy Thompson	MRC
JulieAnn Titmus	UCHD
Kari Schmidt	UCHD
Katie Call	UCHD
Kristi Strongo	UCHD
Laura Paxton	UCHD
Linnea Fletcher	UCHD
Lisa Schmidt	UCHD
Lisa Brown	MRC
Lisa Wilson	MRC
Lori Galvez	UCHD
Mariah Tuttle	UCHD
Marilyn Walton	UCHD
Marilyn Watts	MRC
Marla Brannum	UCHD
Melissa Porter	UCHD
Nathan Brown	Intern
Quincy Boyce	UCHD
Patty Cross	UCHD
Ranae Powell	UCHD
Raven Albertson	UCHD
Sami Keilbart	UCHD
Sarah Simons	UCHD
Spencer Davis	UCHD
Stephanie Jones	UCHD
Steve Beach	SLCoHD
Talisha Bacon	UCHD

DOCUMENT PREPARATION

- Linnea Fletcher, UCHD
- Aislynn Tolman-Hill, UCHD

~ATTACHMENTS~

- 1. Casper Community Health Assessment Participant Organizations
- 2. UTAH COUNTY CASPER COMMUNITY HEALTH ASSESSMENT