

# 2023 Davis4Health Community Health Assessment



Board of Health  
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Healthy Choices. Healthy People. Healthy Communities.

## Collaborative Effort

- 3rd iteration
- 55 partner agencies
- 33 staff

2013

### Community Health Status Assessment Davis County, Utah



Your Community.

Your Health.

Your Voice.



## 2018 Davis4Health Community Health Assessment



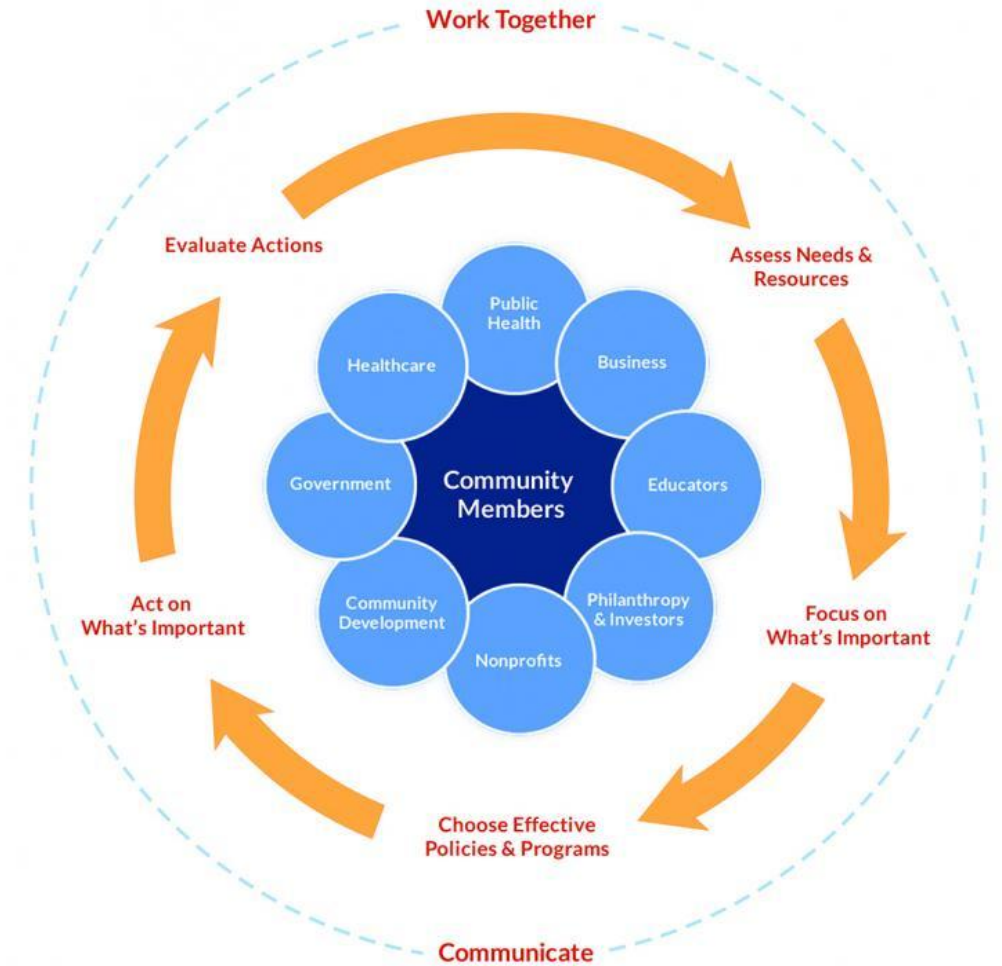


# DCHD CHA Committee



# Purpose of Assessment

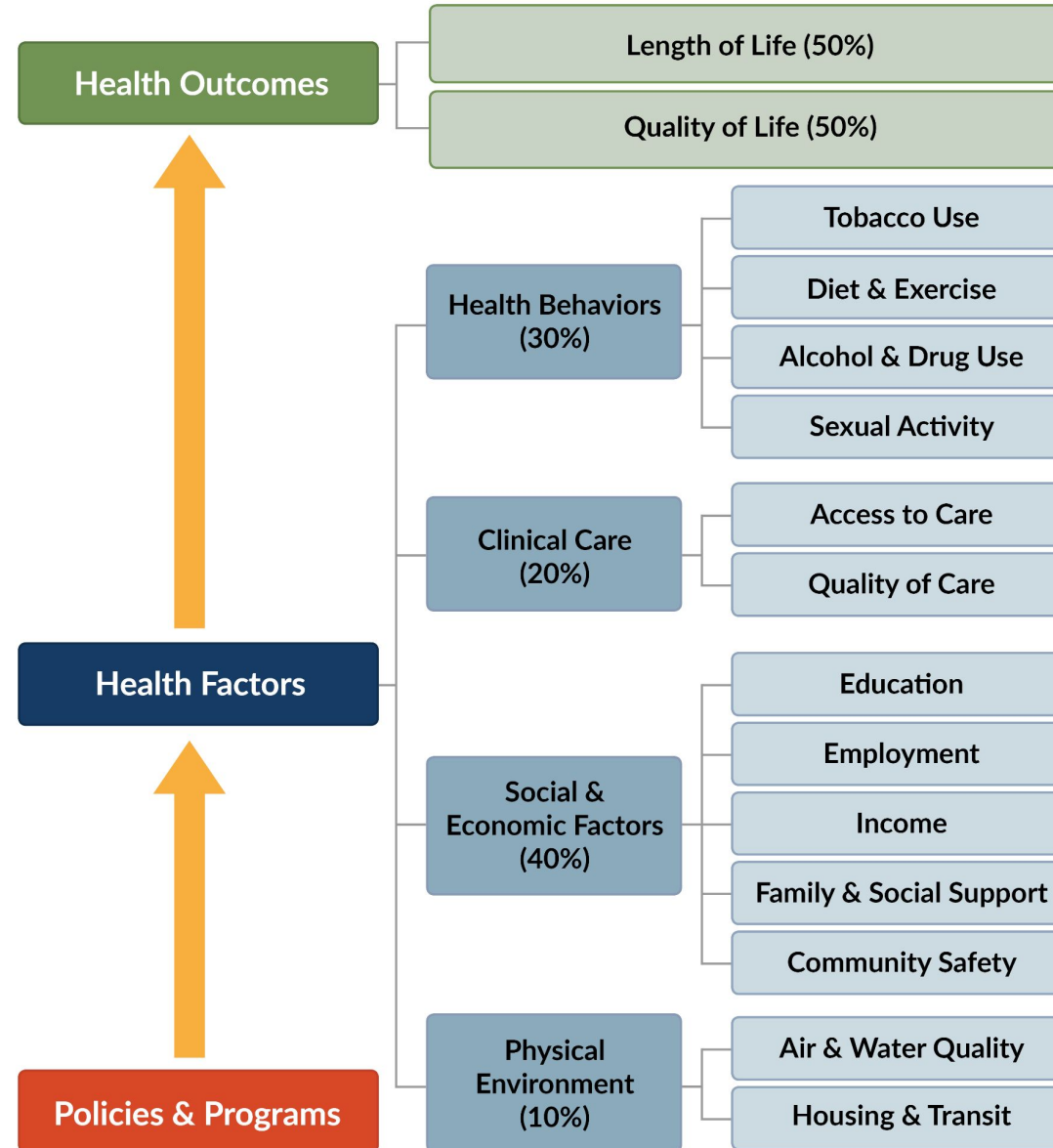
- Synthesizes multiple data sources to tell the community story & provide a foundation upon which to improve the health of the population
- Outlines data & resources for informed decisions, grant writing, program planning, policy, etc.
- Requirement of Public Health Accreditation
- Essential step in the Take Action Cycle





# County Health Rankings & Roadmaps Model

- Population health model that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, & play
- Chapters loosely organized around this model, similar to past iterations
- Community policies, programs, & resources identified throughout



# New Features in CHA 3.0

- Utah Healthy Places Index
- In-depth data on 2019 CHIP priorities
- Demographic breakdowns (equity lens)
- List of data gaps & cross-cutting concerns
- Community supports & policies
- Updated resource lists by topic

2023 Davis4Health Community Health Assessment

Among the 5,669 women that were enrolled in Davis County WIC services, a larger percentage of White, non-Hispanic/Latino clients ever breastfed and breastfed for longer compared to clients who identified as Black, Indigenous, or People of Color (BIPOC). Additionally, for all indicators except the ever breastfed indicator, those with over 12 years of education had higher breastfeeding rates than those with 9 to 12 years of education (DCHD, 2022).

Several social, cultural, and individual factors may lead a mother to stop breastfeeding early, or to never initiate breastfeeding. In limited circumstances, such as when an infant is premature or when the health conditions of the mother may impact the infant, a healthcare provider may provide different recommendations for ensuring adequate nutrition (CDC, 2021). Given that circumstances vary by individual, prevalence data for these factors is limited. However, general factors associated with lower breastfeeding rates include hospital practices, education and encouragement, access to community resources and support, and workplace policies and support (CDC, 2022).

**Community Supports**

To address some of these factors, the 2010 Break Time for Nursing Mothers Law required workplaces nationwide to provide reasonable time and non-bathroom space for breastfeeding employees to pump during their shift. These benefits were extended to more workers in 2022 with the Providing Urgent Maternal Protections (PUMP) For Nursing Mothers Act. The updated law enables workers to sue employers who do not comply with the act and clarifies that pump time should be paid if the worker is not completely relieved of duty during that time (USBC, n.d.).

In Davis County, Lakeview Hospital and Intermountain Health Layton Hospital provide breastfeeding services to insured patients who have recently delivered a baby. The Utah Breastfeeding and Tongue Tie Center provides classes and support services at two locations in Davis County to mothers with Medicaid or private insurance. The WIC program at DCHD also provides support through peer counselors, certified lactation consultants, pumps, and classes in English and Spanish to eligible mothers (DCHD, 2022).

Refer to the Reproductive and Birth Outcomes section of the Health Outcomes chapter to learn more about the health of infants and mothers.

Breastfeeding Resources		
Women, Infants, and Children (WIC), DCHD	Information about WIC, nutrition, and breastfeeding	<a href="https://daviscountyutah.gov/health/health-services/women-infants-children-wic-2-0">daviscountyutah.gov/health/health-services/women-infants-children-wic-2-0</a>
CDC Breastfeeding Promotion & Support	Information and research	<a href="https://cdc.gov/breastfeeding">cdc.gov/breastfeeding</a>
La Leche League USA	Breastfeeding support and tips	<a href="https://llusa.org">llusa.org</a>
Utah Breastfeeding and Tongue Tie Center	Information and myofunctional therapy	<a href="https://utahbreastfeedingandtonguetie.com">utahbreastfeedingandtonguetie.com</a>

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Resource lists

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**Policies & programs**

**Community Supports**

Davis County carries out a number of programs to help increase nutrition, physical activity, and/or breastfeeding levels, all of which promote a healthy weight (CDC, n.d.; Liu et al., 2022). Davis School District implements the State of Utah's comprehensive state physical education classes that recommend students maintain at least 60 minutes a day of moderate physical activity through school, extracurricular, or community activities. The Davis County Health Department also participates in a statewide program called Teaching Obesity

Prevention in Early Child Care and Education Settings (TOP Star). TOP Star is an evidence-based program that strives to address childhood obesity by improving nutrition, physical activity, and breastfeeding environments through best practices and written policy change.

Local Chronic Disease Prevention & Management Resources		
Diabetes Prevention, DCHD	Resources and self-management skills	<a href="https://daviscountyutah.gov/health/health-services/health-education-services/diabetes-prevention">daviscountyutah.gov/health/health-services/health-education-services/diabetes-prevention</a>
TOP Star, DCHD	A continuing education program for child care providers designed to help providers improve the quality of the nutrition, physical activity, and breastfeeding environments in their child care facility	<a href="https://daviscountyutah.gov/health/community-health-services-division/top-star">daviscountyutah.gov/health/community-health-services-division/top-star</a>

State Chronic Disease Prevention & Management Resources		
American Cancer Society Utah	Programs and services to help people manage cancer treatment and recovery and find the emotional support they need	<a href="https://cancer.org/about-us/local/utah.html">cancer.org/about-us/local/utah.html</a>
American Heart Association Utah Division	Information and resources	<a href="https://heart.org/en/affiliates/utah">heart.org/en/affiliates/utah</a>
Heart Health	Data and resources	<a href="https://heal.utah.gov/heart%20health/">heal.utah.gov/heart%20health/</a>
Living Well Utah	Health and wellness workshop locator	<a href="https://livingwell.utah.gov">livingwell.utah.gov</a>
Prediabetes 101 Class	A free, two-hour, group session designed to help patients that have prediabetes begin engaging in diabetes prevention and reduce their risk of getting type 2 diabetes	<a href="https://intermountainhealthcare.org/classes-and-events/list/prediabetes-101-class">intermountainhealthcare.org/classes-and-events/list/prediabetes-101-class</a>

National Chronic Disease Prevention & Management Resources		
Alzheimer's Association	Information and support	<a href="https://alz.org">alz.org</a>
American Diabetes Association	Information, tips, and events	<a href="https://diabetes.org">diabetes.org</a>
American Lung Association	Education, advocacy, research, and events	<a href="https://lung.org">lung.org</a>
American Stroke Association	News, support groups, and resources	<a href="https://stroke.org/en">stroke.org/en</a>
Childhood Overweight & Obesity Centers for Disease Control and Prevention	Learn what parents and caregivers can do to help prevent obesity at home, how healthcare systems can help families prevent and manage childhood obesity, and what strategies communities can use to support a healthy, active lifestyle for all	<a href="https://cdc.gov/obesity/childhood/index.html">cdc.gov/obesity/childhood/index.html</a>
Million Hearts	National initiative to prevent 1 million heart attacks and strokes within 5 years through evidence-based priorities and targets that can improve cardiovascular health for all	<a href="https://millionhearts.hhs.gov">millionhearts.hhs.gov</a>

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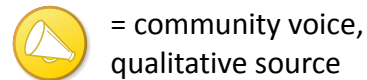
# New Data Topics in CHA 3.0

- *Culture of Health*: Quotes from underserved/underrepresented residents
- *Demographics*: LGBTQ+, national origin & citizenship, ancestry, disability
- *Outcomes*: COVID-19, COPD, TBI, PTSD, birth outcomes, well-being
- *Behaviors*: Sleep, screen time, family planning
- *Clinical Care*: Leading prescriptions & claims, high-deductible plans, preventable stays, telehealth, quality scores, medical cannabis
- *Social & Economic*: Wealth & pay gaps, hate crimes, caregiving, childcare, volunteerism, resilience
- *Environment*: Zoning, broadband, industrial emissions
- *Appendices*: Youth risk & protective factor heatmaps




# Data Sources

## Key Sources

- CDC Wide-ranging Online Data for Epidemiologic Research (WONDER)
- County Health Rankings & Roadmaps (CHR&R)
- Healthy People 2030
- Student Health and Risk Prevention (SHARP) Statewide Survey
- University of Utah, Kem C. Gardner Policy Institute (Gardner Institute)
- U.S. Census Bureau
- Utah Public Health Indicator Based Information System (IBIS)



## New Sources

- Utah Healthy Places Index (UT HPI)
-  Behavioral Risk Factor Surveillance System (BRFSS) special requests
- All Payer Claims Database request
- DCHD assessments:
  -  Community Equity Assessment - 9 focus groups with 76 people
  -  Community Resilience Assessment
    - COVID-19 Vaccine Equity Progress Report
    - Food Environment Assessment
    - Housing Environment Assessment
    - LGBTQ+ Population Health Report
    - Violence, Abuse & Trauma Report



# How to Use the Report

- Navigation tools:
  - Table of Contents in front
  - Color-coded pages
  - Navigation Index in back for list of topics
- Represents a snapshot in time
  - Data may have been updated since its assembly
  - Citations were provided to help future users explore data & check for updates
  - DCHD staff available for questions & consults

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**Navigation Index**

The purpose of this index is to assist with the navigation of this report by listing the subtopics covered in each chapter and the page on which they are located. It provides more details about the assessment's content than the Table of Contents. This index is organized by the order in which topics appear in each chapter. Community supports and resources can be found throughout each chapter as well, but are not listed in this index.

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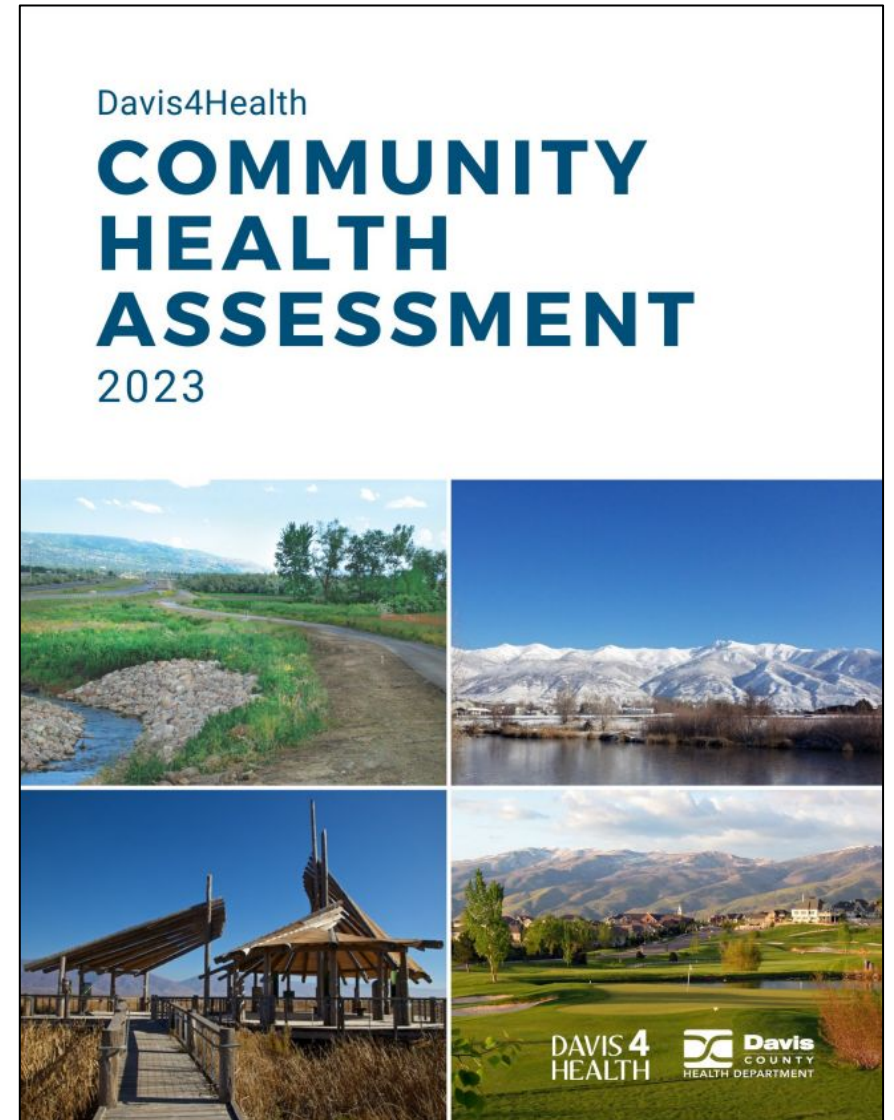
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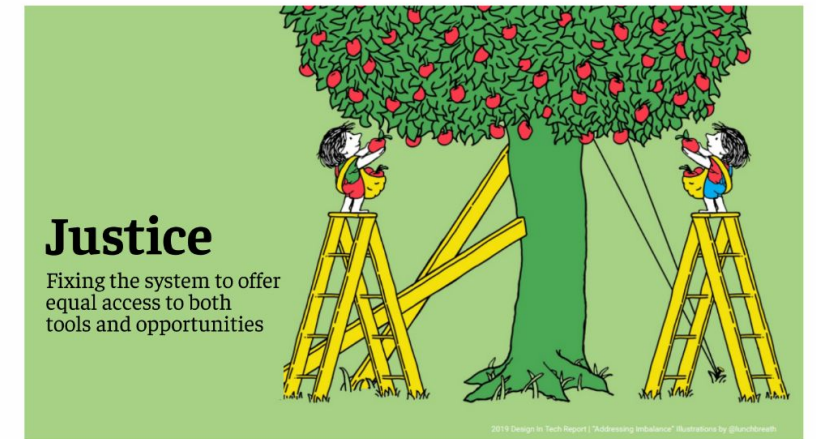
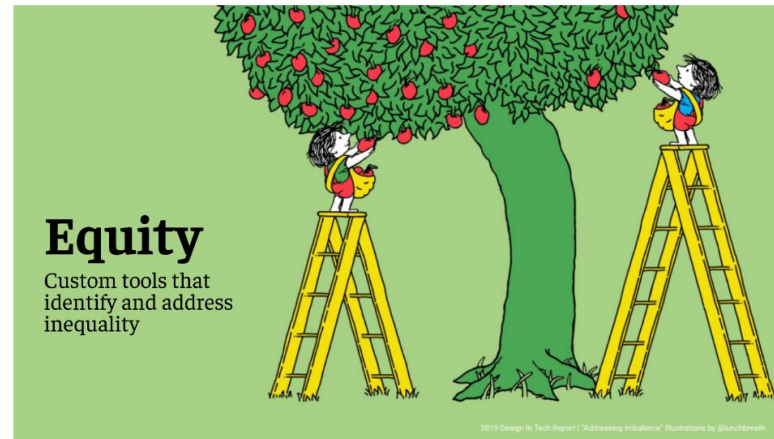
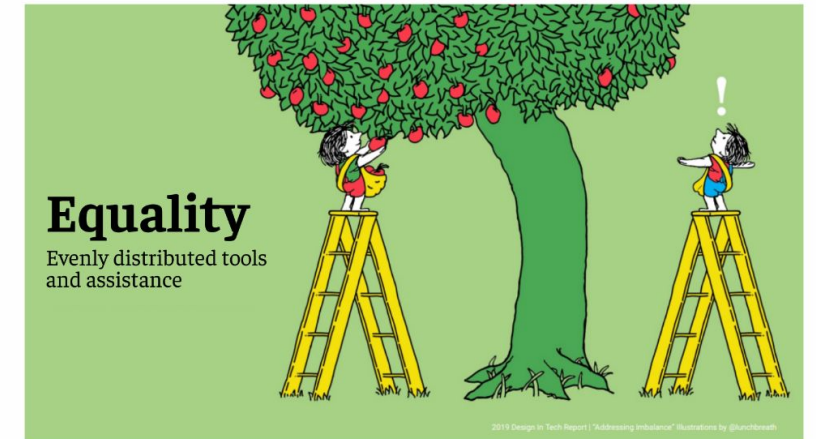
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## What is Health Equity?

- The assessment applies an equity lens by comparing groups within Davis County
- This approach does not blame groups for the health conditions, behaviors, or outcomes they experience
- Highlights disparities so root causes can be explored



2019 Design in Tech Report "Addressing Imbalance" by Tony Ruth

**Health equity means every individual has a fair and just opportunity to live their healthiest life, regardless of who they are, where they live, how much money they make, or any other personal characteristic**

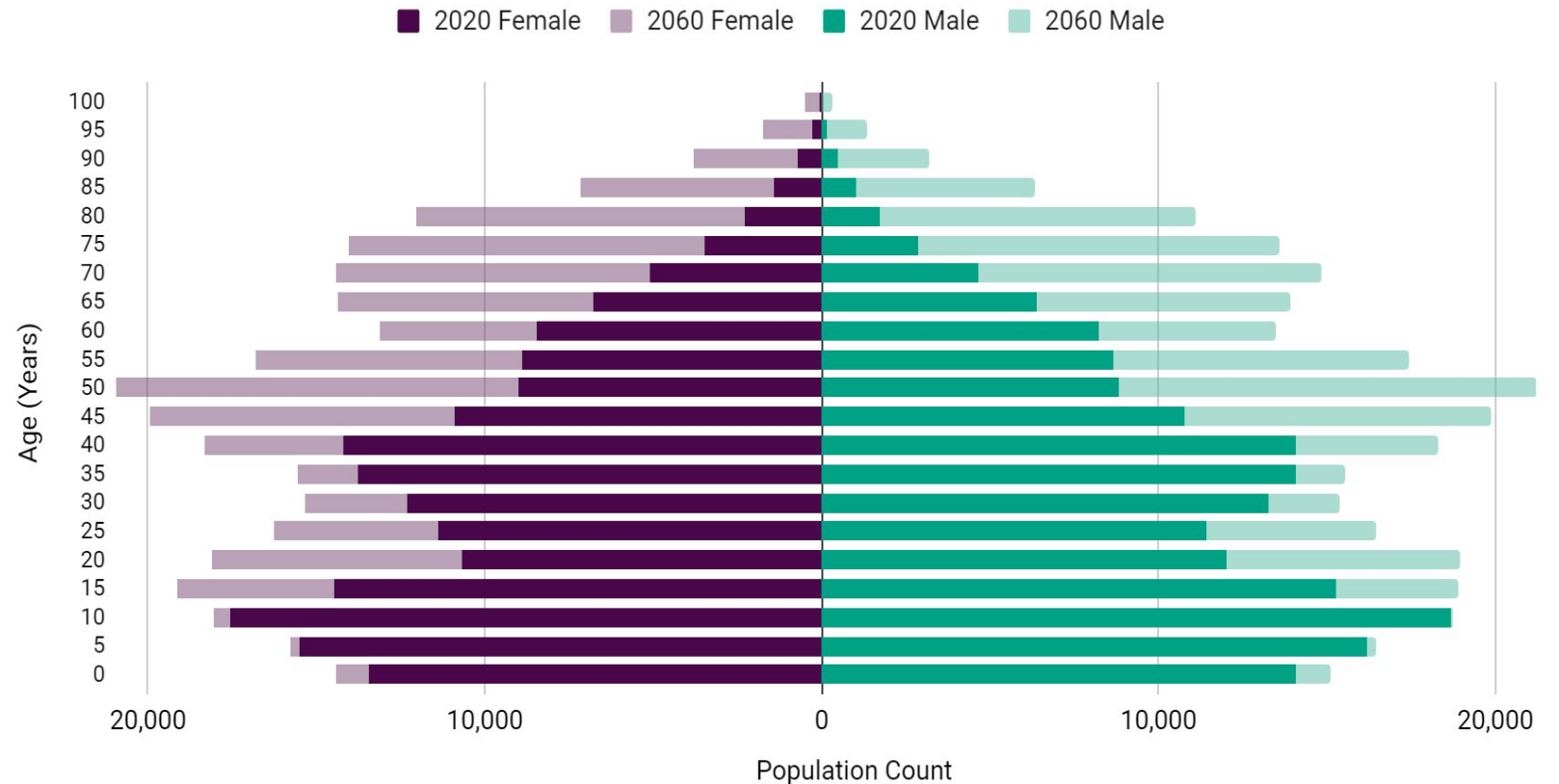
# About Davis County



## Overview: County Characteristics

- Small land area but large population (362,679 people in 2020)
- Shifting population characteristics expanding the variety of health concerns
- Young population with projected growth in older groups → future healthcare & caregiving considerations

Figure 15: Present and Future Population Pyramids by Sex, Davis County, 2020 & 2060



Data: Gardner Institute, 2021



## Highlights of Who Lives Here

- Health concerns & outcomes vary by community
  - A person can belong to multiple communities
- Majority groups influence culture & policies
  - Ex: Religious & Republican → conservative views & family values

### Selection of Population Characteristics, Davis County, Utah

Characteristics	Population Size	Percent of County Population
Reside in Layton (Largest City)	81,773	22.5%
Under Age 18	114,373	31.8%
Male	177,164	50.5%
Lesbian, Gay, or Bisexual (LGB) Adults	17,771	4.9%
Non-Hispanic White	305,712	84.3%
Foreign Born	18,458	5.3%
Speak a Language Besides English at Home	30,545	9.5%
Living with Any Disability	31,220	9.0%
Member of The Church of Jesus Christ of Latter-day Saints (LDS)	255,689	70.5%
Republican Party Affiliation	105,437	54.4%
Living in Correctional Facility (All Ages)	565	--
Active-Duty Military & Dependents Assigned to Hill AFB	9,973	--
Veterans	17,923	7.6%
Households with Married-Couple Family	72,643	66.1%
Renter Households	24,727	22.5%

Data: 2023 Davis4Health Community Health Assessment (pages 19-39)

# Culture of Health



# Davis County Strengths

## People

- Friendly, welcoming, and caring
- Shared values of family, faith, community service, and civic engagement
- Working together for common good
- Large population educated beyond high school level
- High median household income and low rates of poverty
- Low tobacco and alcohol use rates

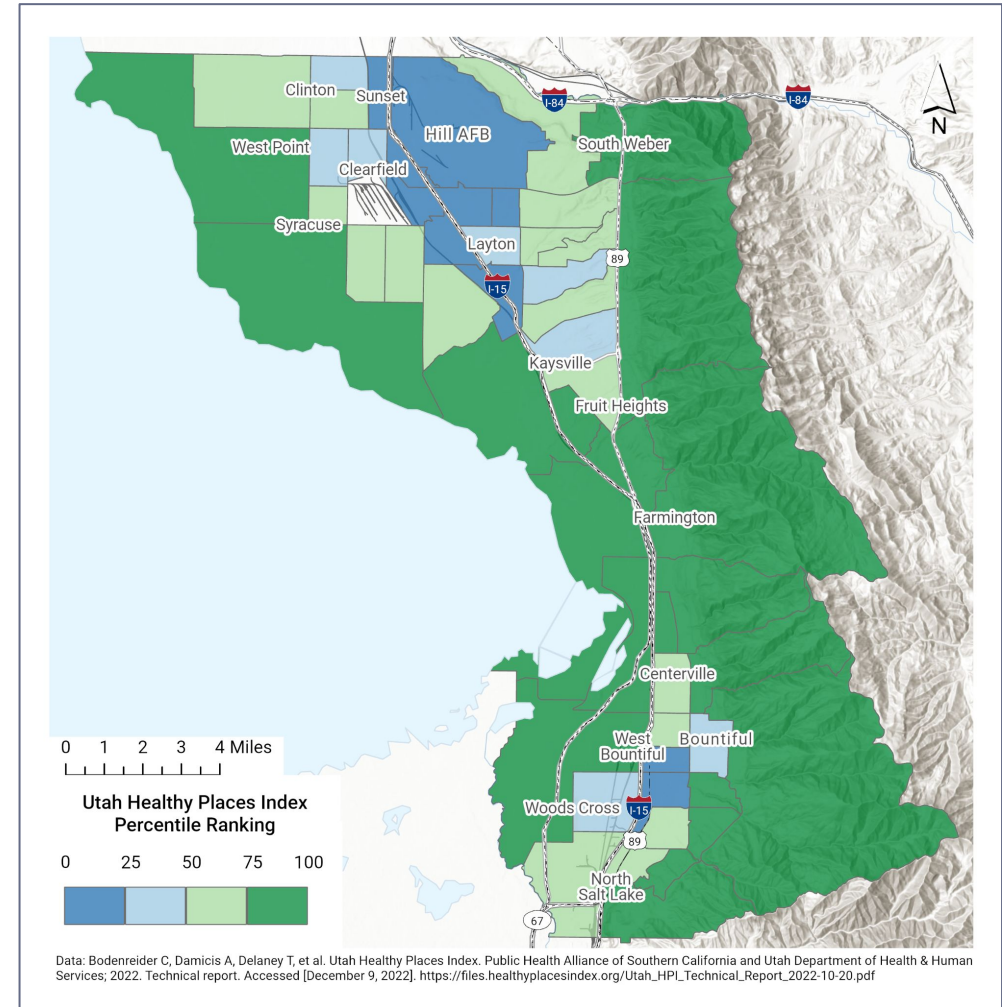
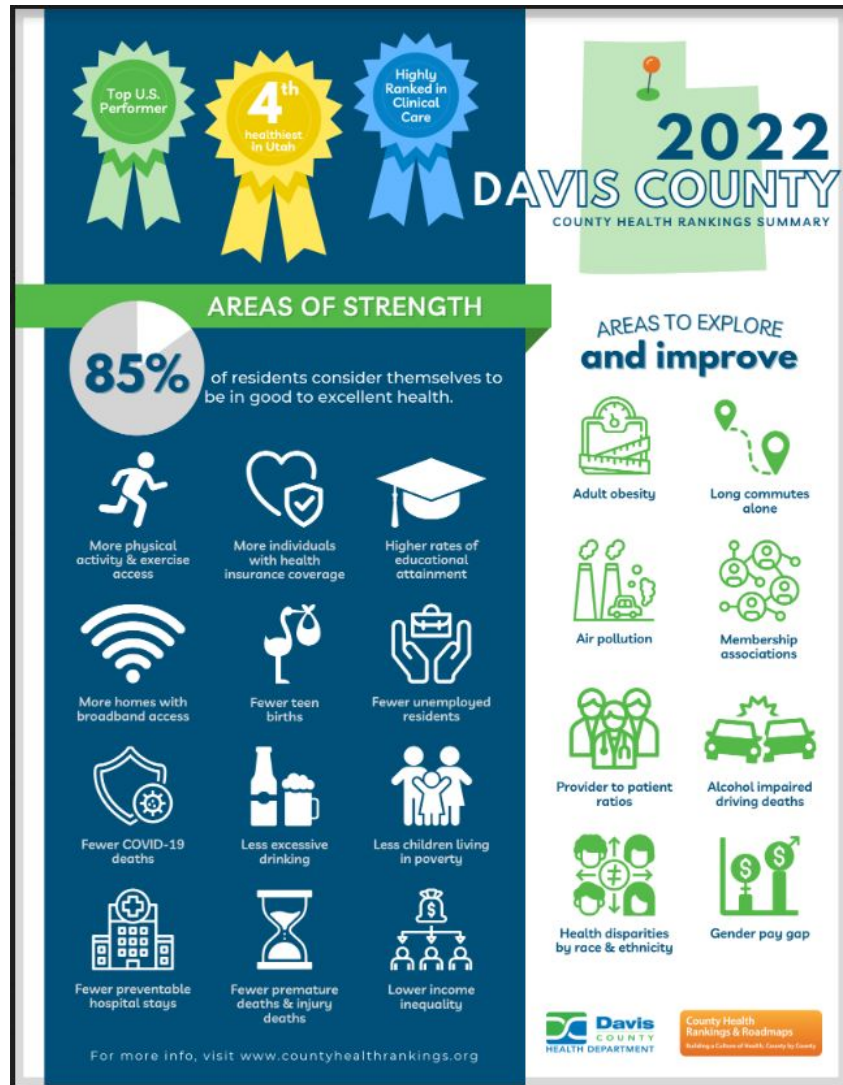
## Place

- Safe and clean neighborhoods
- Beautiful natural environment
- Proximity to goods and services, such as groceries, dining, healthcare, shopping, and entertainment
- Public transportation North to South

## Opportunities

- Access to quality education for a variety of ages, types of learners, and abilities
- Access to parks, trails, recreation, and the mountains
- Community support available through government and faith-based organizations for those in need of assistance

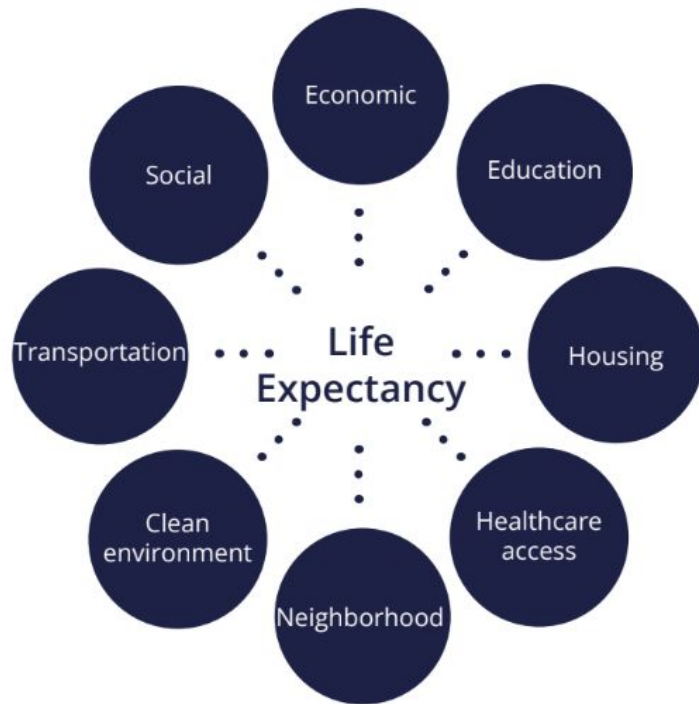
# Snapshots



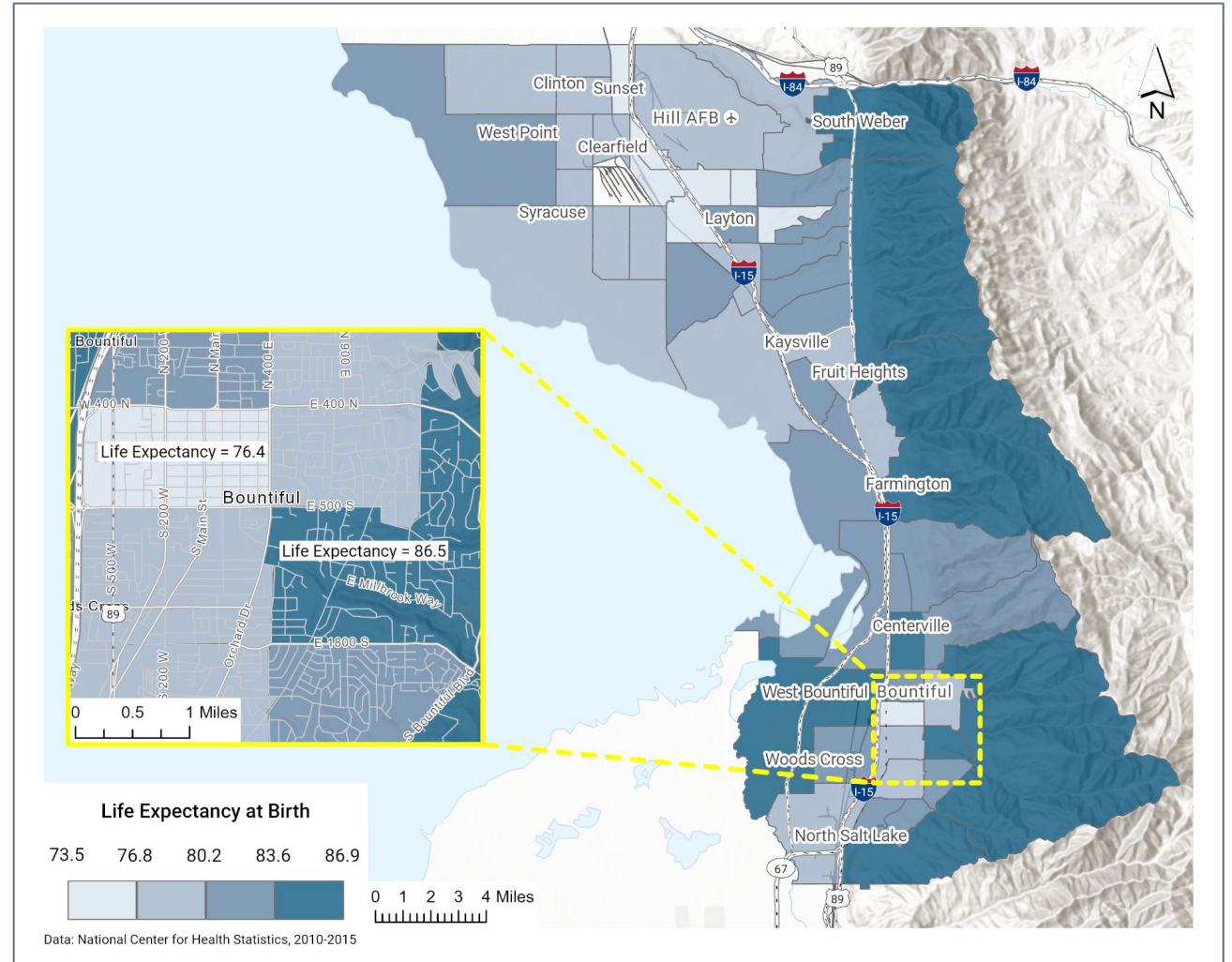
**Utah Healthy Places Index Percentile Ranking by Census Tract in Davis County, 2022**

# Life Expectancy

- Davis County- 80.3 years
- Utah- 79.7 years
- U.S.- 77.3 years



Life Expectancy at Birth by Census Tract in Davis County, 2010-2015





# Community Voice

**Community voice** is personal stories & experiences that complement the statistics & provide a local perspective on community strengths & needs

*“Sitting in [discussions] like this is helpful if your intent is giving the information back to the powers that can maybe do something with it.”*

– Focus group participant (DCHD, 2022)

Areas of improvement:

- *Focus groups*: Community engagement; housing; barriers to information, resources, & respectful treatment; transportation; growing population; cost/income/wages; many aspects of education; cliff effect
- *Resilience Survey*: asking for help, sharing feelings with others, opportunity to be involved in community decisions
- *2019 BRFSS*: Mental health, obesity, aging, substance misuse, healthcare, heart disease





# COVID-19 Pandemic

## Overview: COVID-19

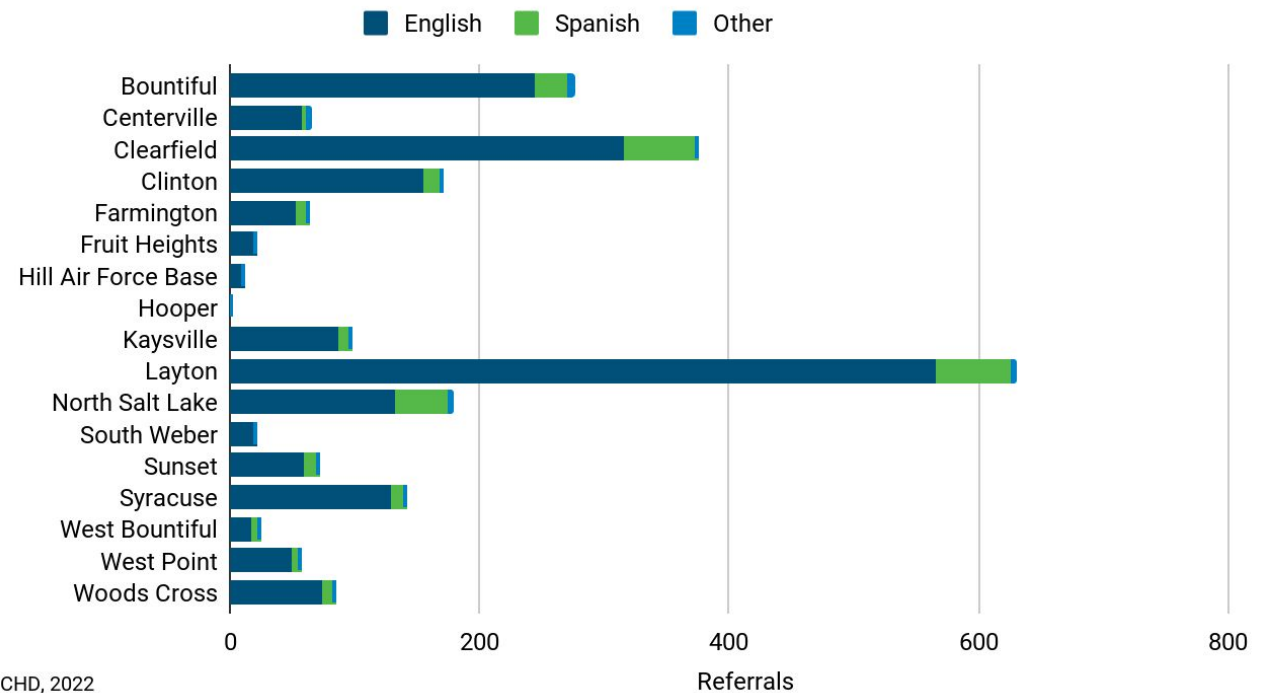
- Separate chapter since it impacted nearly every aspect of life, especially healthcare, mental health, & social economic factors
  - Keep this in mind when interpreting 2020-2022 data
- The chapter covers March 2020 to March 2022

### COVID-19 Outcomes, Davis County, March 2020-March 2022

Disease Measures	Population
Total Cases	100,131
Hospitalizations	1,826
Deaths	402
At Least One Dose of Vaccine	73%

Data: 2023 Davis4Health Community Health Assessment

### Referrals for CHW Assistance by City & Language, Davis County, 2020-2022



# Health Outcomes

County Health Rankings

2022: 4th

2023: 6th



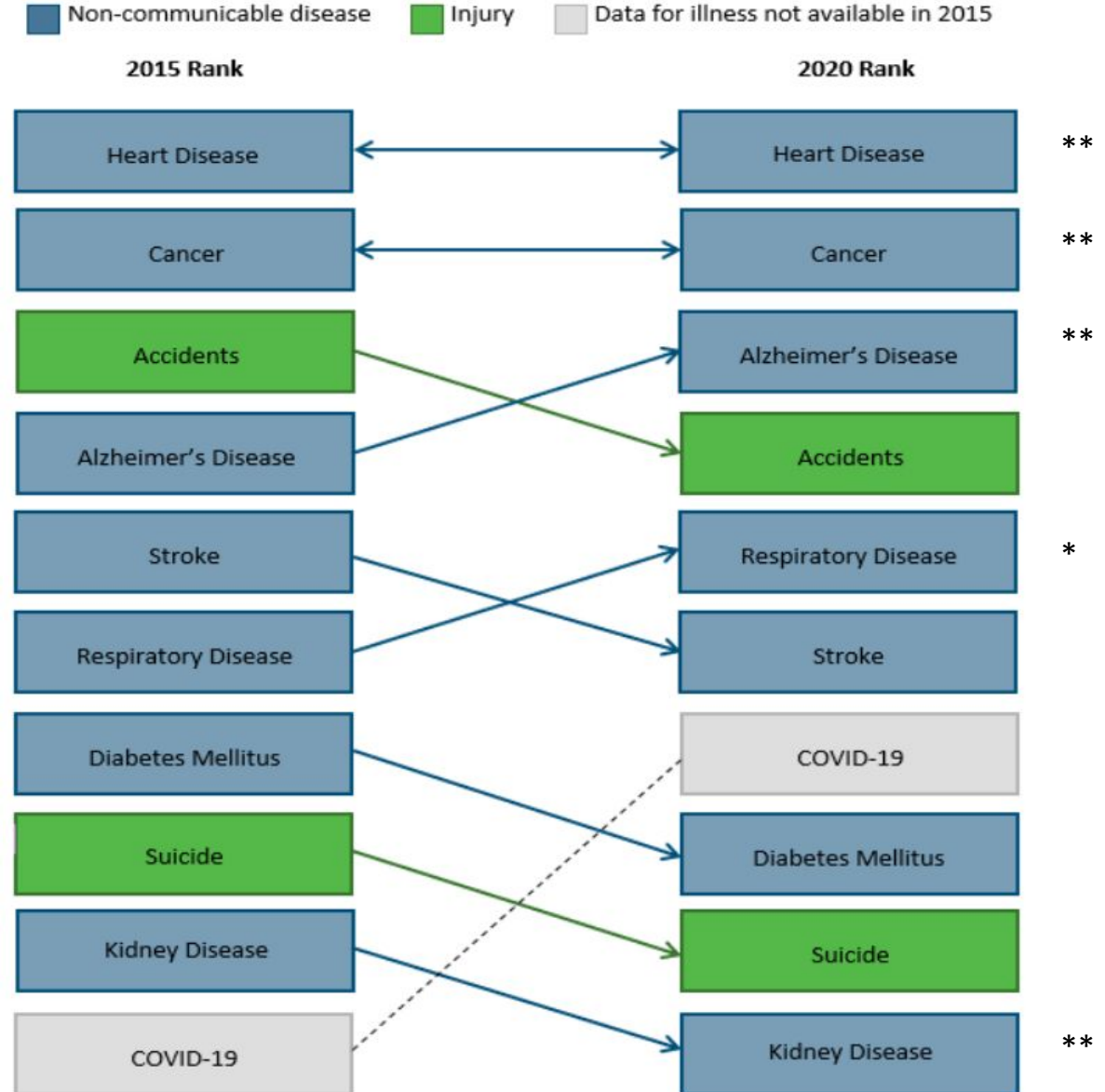
## Leading Health Outcomes

- *Deaths:* Chronic disease, unintentional injury, COVID-19, suicide
- *Hospitalizations:* Pregnancy/childbirth, septicemia, leading causes of death, flu

\* higher rate than Utah only

\*\* higher rate than Utah & U.S.

Figure 49: Leading Cause of Death Rankings, Davis County, 2015 & 2020



Data: [CDC WONDER](#), 2020

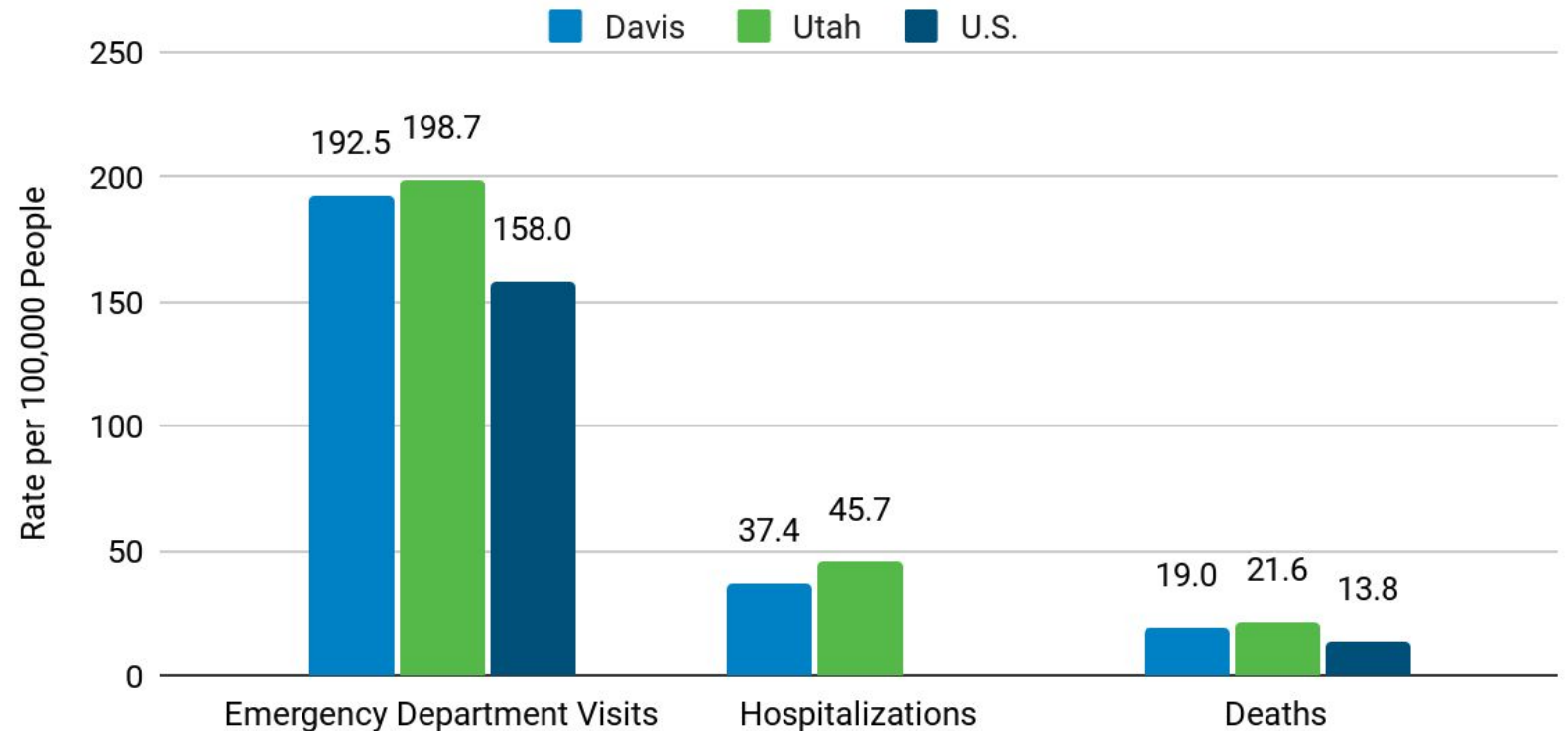
# Concerning Health Outcomes

- Higher than Utah & U.S. rates:
  - Alzheimer's disease
  - Depression
  - Obesity
  - Skin cancer
- Higher than U.S. only:
  - Some infectious diseases
  - Suicide
- Increases over time:
  - Mental health conditions
  - Obesity
  - Sexually transmitted infections
- Watch list:
  - Maternal mortality
  - Postpartum depression
  - Unintentional injuries: poisoning, falls

## CHIP Check: Suicide

- Davis County rates higher than U.S. but lower than Utah rates
- ED visits & hospitalizations are highest among ages 15-24 & females
- Deaths are highest among these groups: males, ages 18-64, non-Hispanic, & American Indian/Alaska Native
- Nearly 1 in 2 suicide deaths involved a firearm
- Circumstances: crisis within 2 weeks, history of mental health or substance use disorder

### Rate of Suicide Deaths, Hospitalizations, & Emergency Department Visits, 2016–2020



Data: IBIS, 2016-2020; WIQARS, 2016-2020 (age-adjusted)

# Health Behaviors

County Health Rankings

2022: 2nd

2023: 6th



# Overview: Health Behaviors

- Determined by available choices, resources, & opportunities

- Influenced by money, access, & advantage

- Strengths:

- Higher fruit intake
- Lower adult inactivity
- Lower use of all substance types by youth & adults
- Improving opioid trends

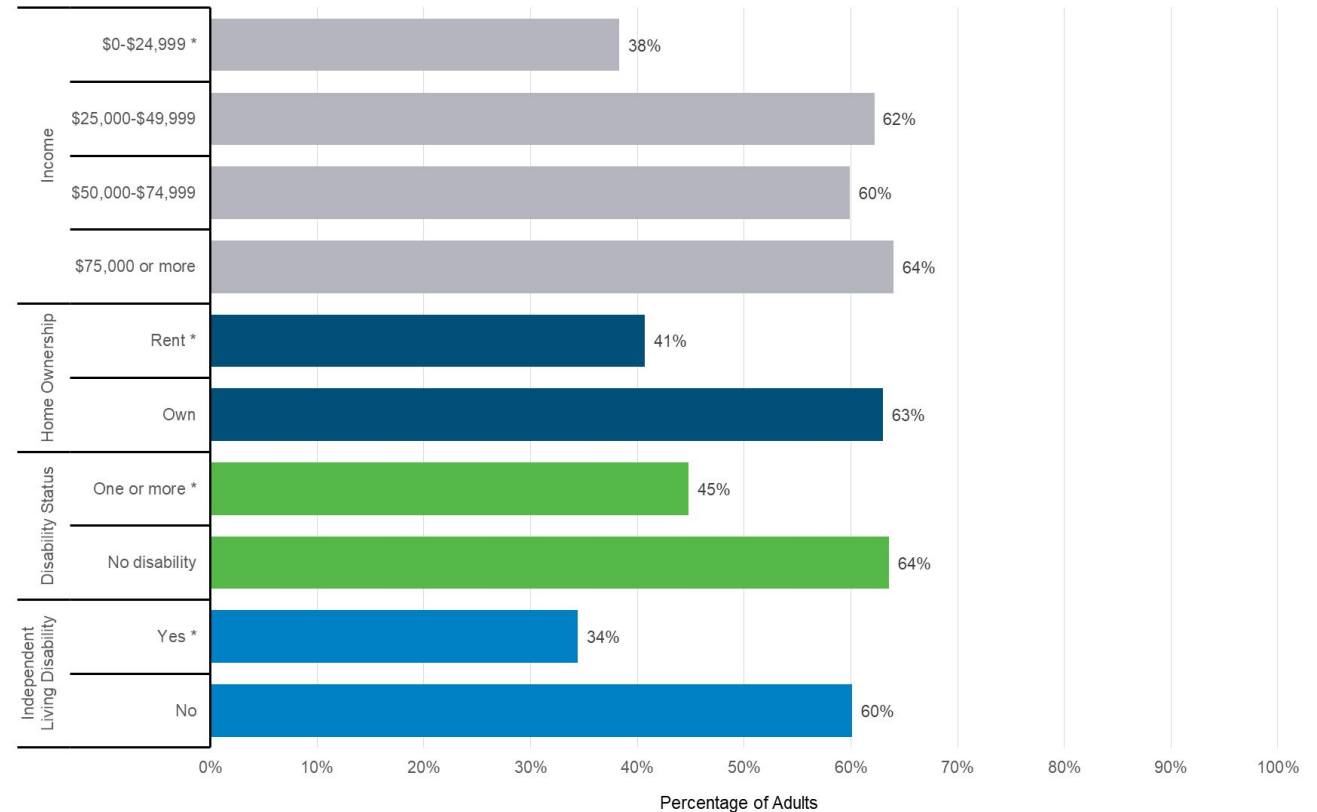
- Challenges:

- Vegetable consumption
- Youth physical activity
- Youth sleep

- Watch/explore:

- Fentanyl
- Meth
- Sexual activity
- Technology

Figure 109: Adults Meeting Recommendations for Aerobic Physical Activity by Demographic Group, 2019



Data: IBIS, 2019 (age-adjusted)

\* = Significantly lower physical activity than other categories within the demographic group

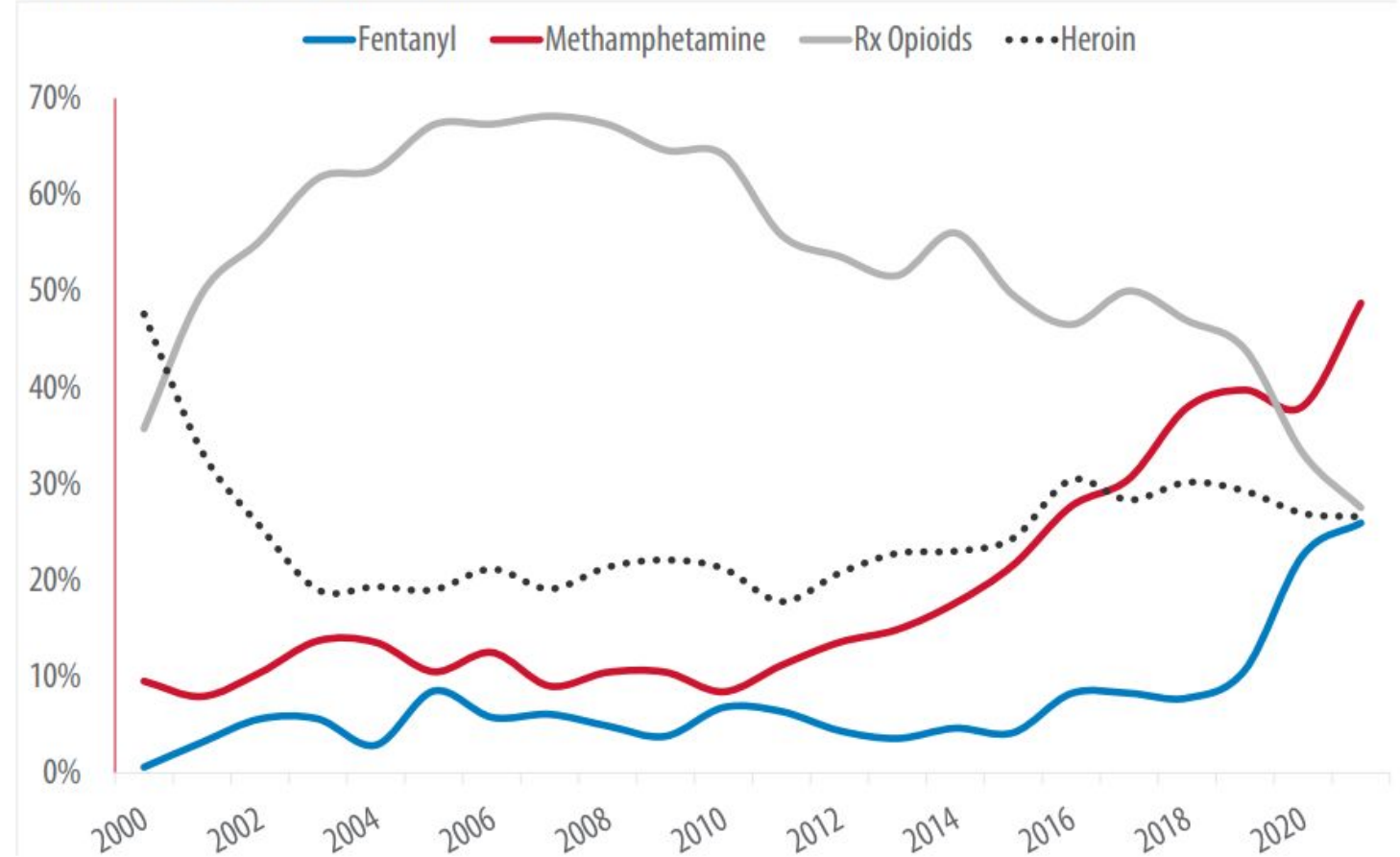
## CHIP Check: Opioids

In Davis County:

- Rates of drug overdose deaths are highest among those aged 35-44, males, & cases involving opioids
  - 72.9% of drug overdose deaths involved an opioid
- Opioid overdose rates for ED visits, hospitalizations, & deaths lower than Utah rates
- Opioid prescribing rates decreased 36% from 2017 to 2020, similar to Utah trends

## Percentage of Drug Involved Deaths In Utah, by Drug Type, Utah 2000–2021<sup>2</sup>

Figure 2. The number of deaths in Utah involving fentanyl more than doubled from 2019 (n=53) to 2020 (n=120).



\* Data is only for January-June of 2021 and is preliminary and subject to change

Source: Utah Office of the Medical Examiner

# Clinical Care

County Health Rankings

2022: 2nd

2023: 3rd

# Overview: Clinical Care

- **Strengths:**

- Health insurance coverage
- Preventable hospital stays
- Early prenatal care
- Community Health Workers
- Adult immunizations
- Appropriate care scores

- **Challenges:**

- Provider ratios
- Cost as barrier to care
- Cancer screenings
- Flu vaccine
- Insurance coverage disparities

- **Watch:**

- Youth immunization
- Telehealth
- Access to mental/behavioral health services trending in right direction

- **Explore:**

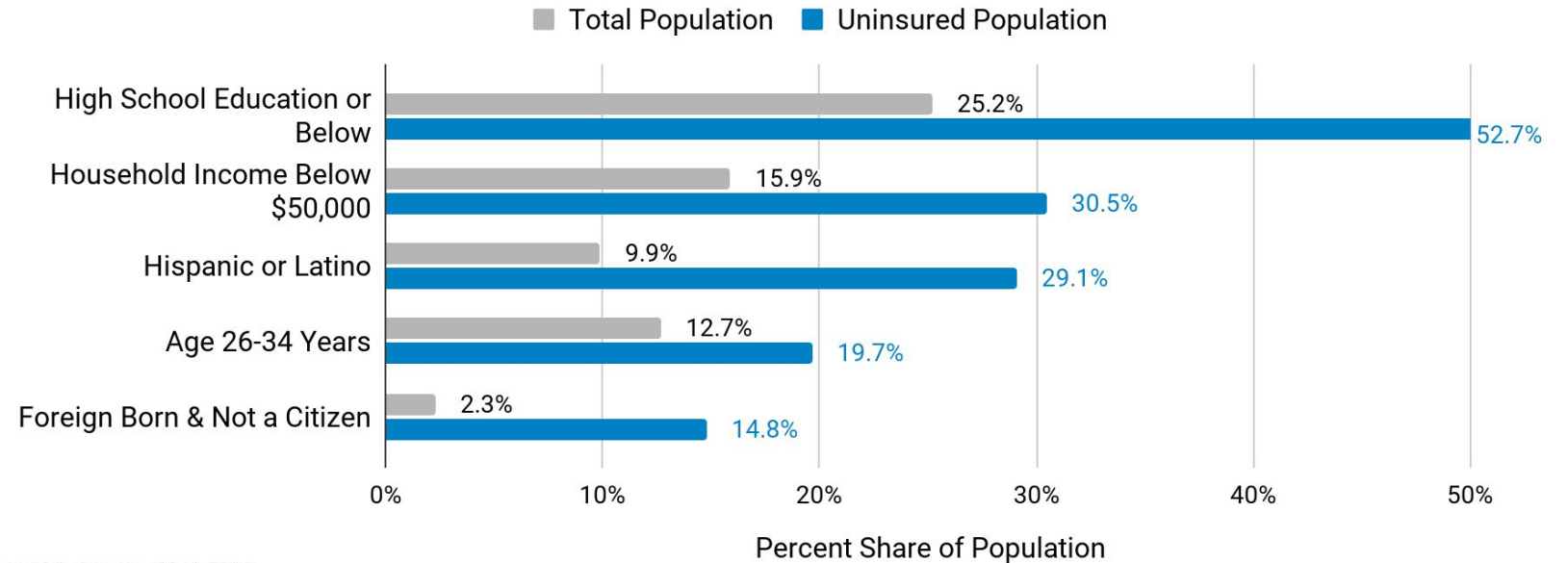
- Antidepressants among leading prescriptions for all age groups
- Substance abuse services as 4th most common insurance claim



## Access: Insurance & Provider Ratios

- 93.7% of Davis County residents have health insurance
  - Disparities exist among uninsured population & those with cost as a barrier to care
- Davis County has higher provider ratios than Utah & U.S. but they are trending in the right direction

### Demographic Disparities in Health Insurance Coverage, Davis County, 2016-2020



Data: U.S. Census, 2016-2020

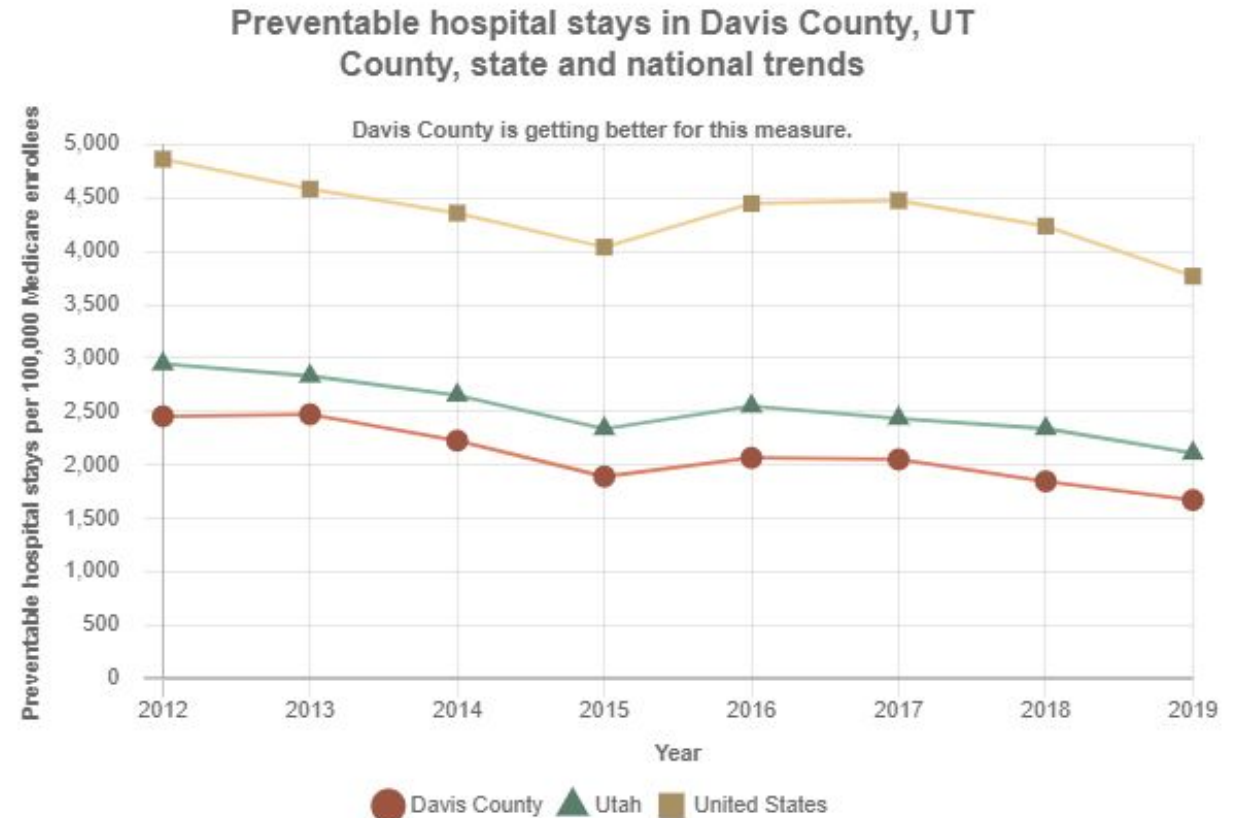
#### Health Care Provider to Patient Ratios

Provider	Davis	Utah	U.S.
Primary Care Physicians	2,040:1	1,740:1	1,310:1
Dentists	1,470:1	1,450:1	1,400:1
Mental Health Providers	430:1	280:1	350:1
School Nurses	2,790:1	2,789:1	-

Data: 2023 Davis4Health Community Health Assessment

# Quality: Preventive Services

- Davis County has lower rates of preventable hospital stays & hospital readmissions than Utah & U.S.
- Declining school immunization rates & unmet Healthy People 2030 target for flu vaccine
- Chronic disease screenings are mostly similar to U.S., but demographic differences need to be explored



# Social & Economic Factors

County Health Rankings

2022: 3rd

2023: 3rd

# Overview: Social & Economic Factors

- **Strengths:**

- Education
- Employment
- Economic diversity
- Community safety
- Above poverty
- Lower youth risk factors

- **Challenges:**

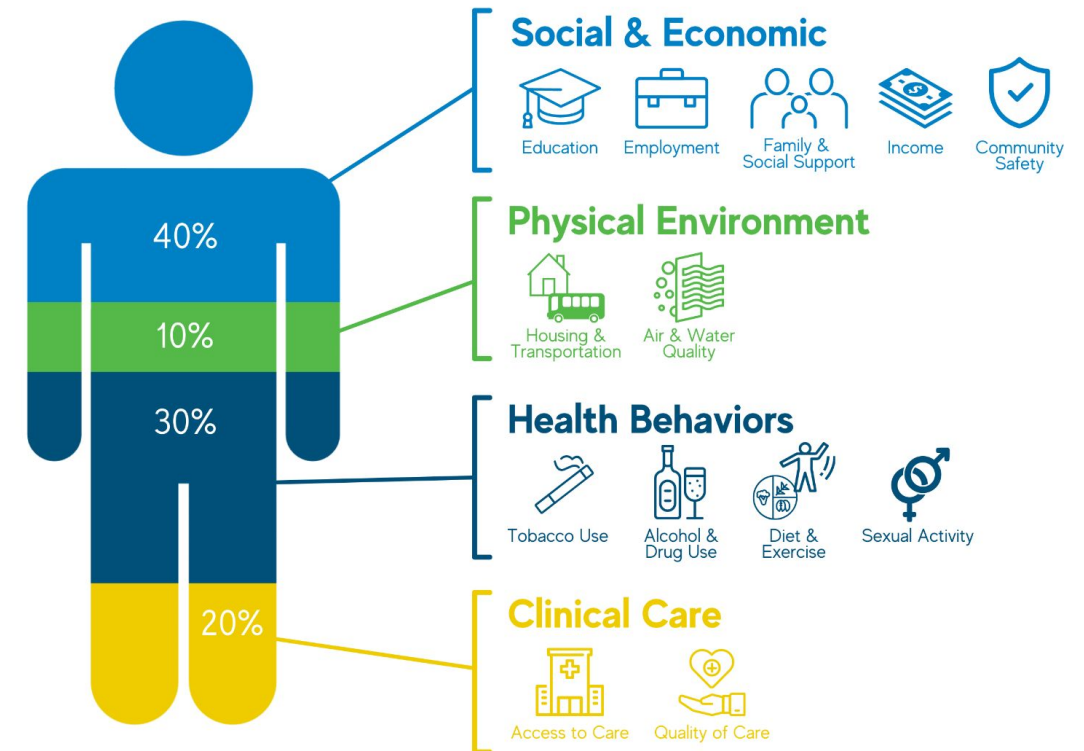
- Housing
- Income
- Community connection
- Abuse

- **Concerns to explore:**

- Cyberbullying
- Gender pay gap
- Caregiver burden
- Sexual abuse

- Biggest return on investment for improving outcomes

## Health Factors



## Income, Wages, & Wealth

- Wages are not increasing at the same rate as cost of living expenses & demographic disparities exist
- *Cliff effect*: make too much to qualify for assistance but not enough to meet basic needs
- Living wage for a family of 4 with 1 full-time working adult is \$36.72/hr in Davis County

*“I was struggling with food, so I applied for food stamps. They told me because I don’t work 20 hours a week and I’m a student, I can’t get food stamps. But now I’m working. I’m making \$15 an hour and I’m working like 20-24 [hours] and now they’re saying I make too much.”*

– Focus group participant (DCHD, 2022)

### Cost of Living Comparison, 2019

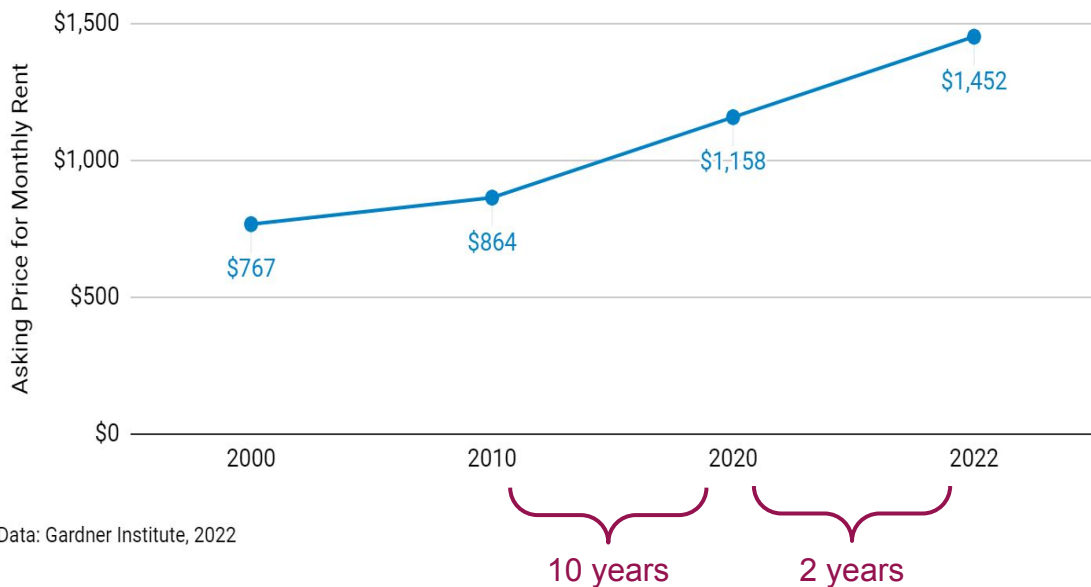
Cost of Living Category	Davis	Utah	U.S.
Overall	114.6	114.2	100
Grocery	95.0	93.2	100
Health	100.5	102.7	100
Housing	161.2	157.3	100
Utilities	93.3	94.6	100
Transportation	85.8	91.2	100
Miscellaneous	110	91	100

Data: 2023 Davis4Health Community Health Assessment



# Housing

Average Cost of Rent Over Time, Davis County, 2000-2022



Data: Gardner Institute, 2022



Selection of Social, Economic, & Environmental Housing Measures, 2016-2020

Homeowners	Davis	Utah	U.S.
Median Sales Price (Mid-2022)	\$541,185	\$534,807	\$449,000
Owner Occupied Units with Mortgage	73.2%	70.1%	62.1%
Median Monthly Mortgage	\$1,633	\$1,597	\$1,621
Renters	Davis	Utah	U.S.
Percent of Households	22.3%	29.5%	35.6%
Median Monthly Rent	\$1,167	\$1,090	\$1,096
Cost Burdened Renter Households	39.0%	44.5%	49.1%
Environment	Davis	Utah	U.S.
Median Year Housing Structures Built	1991	1989	1978
Single Family Homes	81.7%	75.2%	67.6%
Housing Units in Multi-Unit Structures (2 units or more)	15.6%	21.5%	26.1%
Housing in Mobile Home, Boat, RV, Van, etc.	2.9%	3.2%	6.1%
Vacant Housing Units	3.2%	9.6%	11.6%
At least One Severe Housing Problem (Overcrowding, High Costs, Lack Kitchen Facilities, or Lack Plumbing Facilities)	10%	14%	17%

Data: 2023 Davis4Health Community Health Assessment

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## CHIP Check: ACEs & Trauma

- Childhood experiences impact brain development, lifelong health & opportunity
- ACEs related to abuse & mental illness are higher in Utah than the U.S.
  - ACE measures are lower in Davis County than in Utah, except for mental illness
  - Nearly 1 in 2 adults report experiencing abuse during childhood in Davis County & Utah
- Most commonly reported ACEs in Davis County:
  - Emotional abuse
  - Living with someone with a mental illness
  - Parental divorce or separation

# 3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.



Thanks to Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [ACESConnection.com](https://www.acesconnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

# Physical Environment

County Health Rankings

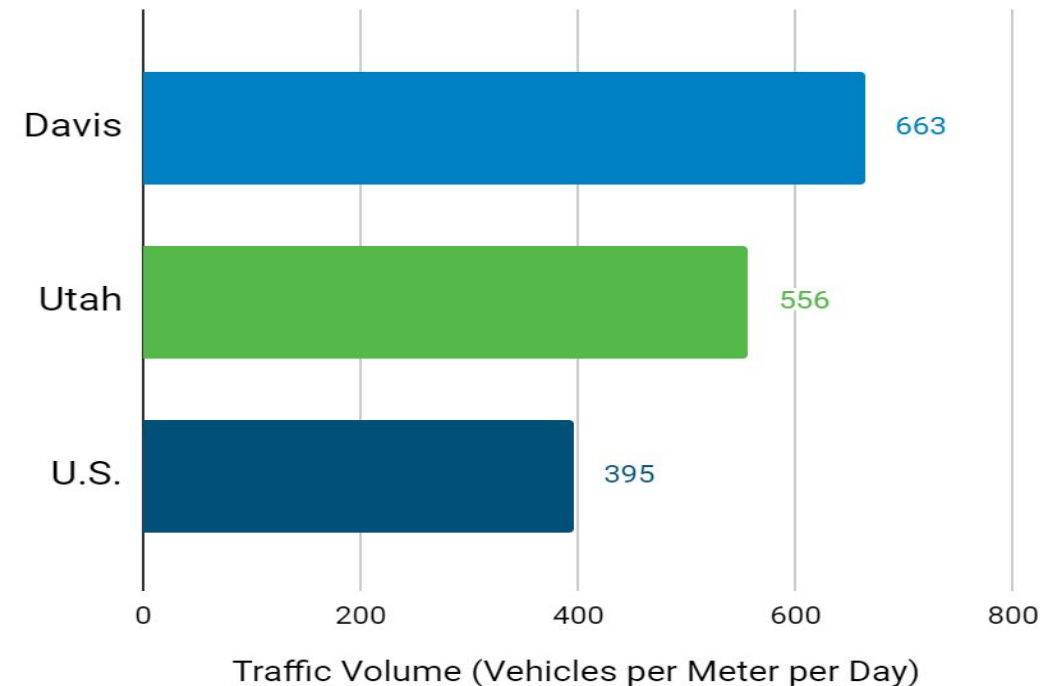
2022: 15th

2023: 24th

# Physical Environment

- **Strengths:**
  - Trails/facilities supporting walking/biking
  - Safe, fluoridated water systems
  - Internet access
- **Challenges:**
  - Food environment measures
  - Commuting & traffic volume
  - Air quality
- **Concerns/explore:**
  - Green space
  - Radon
  - Rental environment
  - Water supply

**Traffic Volume on Major Roadways, 2019**

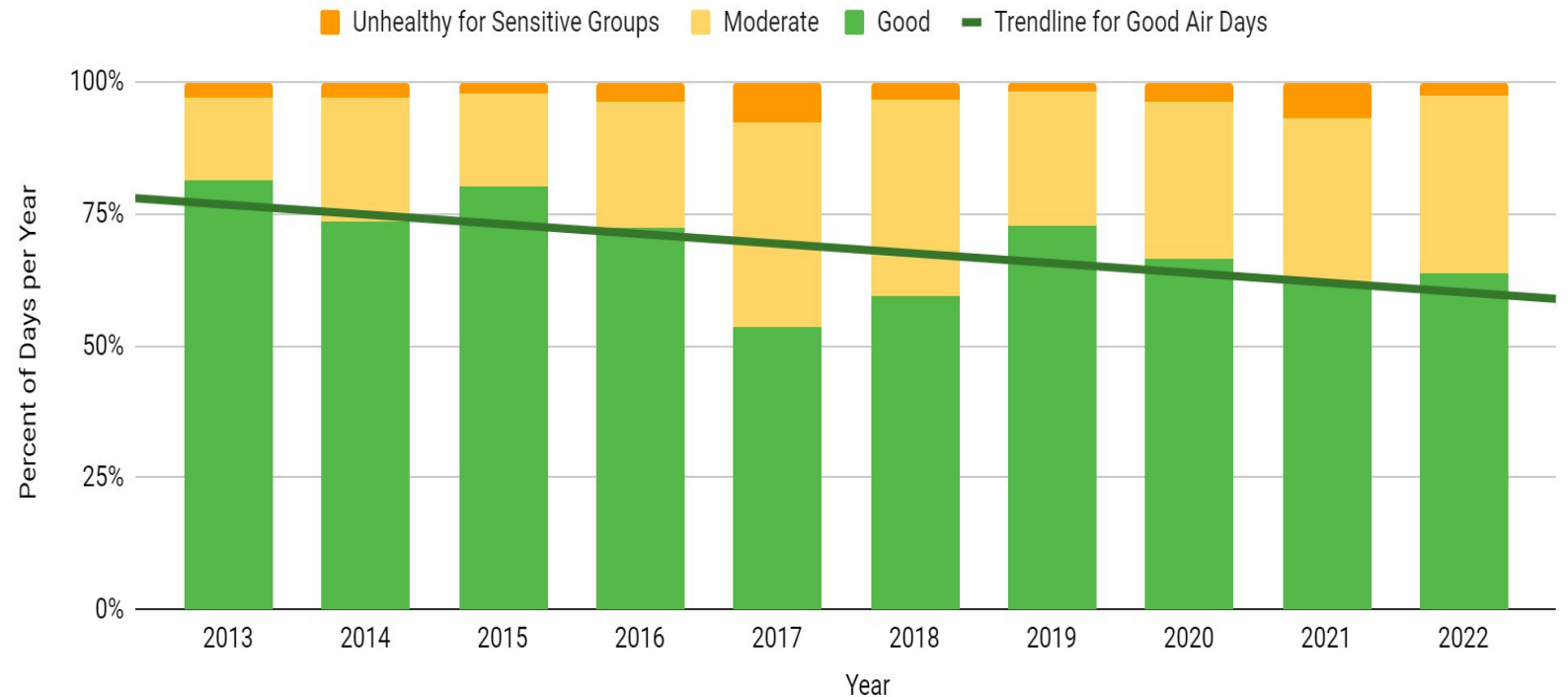


Data: CHR&R, 2022

## Air Quality

- Davis County has similar lifetime cancer risk from respiratory hazards as Utah & slightly lower than U.S.
- Wasatch Front problem, not just Davis County
  - Traffic volume
  - Particulate matter & ozone nonattainment
  - Inversions
  - Indoor radon

Percent of Year Spent in Green, Yellow, & Orange AQI Categories, Davis County, 2013-2022



Data: EPA, 2013-2022 (Note: Unhealthy red, very unhealthy purple, & hazardous maroon AQI categories not shown due to small or zero counts)

AQI= Air Quality Index



# Conclusion

Identified community themes, strengths, concerns, policies, programs, & supports along with:

- 300+ resources
- 30+ new health topics
- 50 data gaps
- 36 “hot” (cross-cutting) topics

**Table 101: Common Health Topics Across Community Health Assessment Data Sources, Davis County, 2019-2023**

Chapter	Topics *	Type of Data Source							
		Community Voice	Community Partner Inputs	Hospital Assessments	County Health Rankings & Roadmaps	Utah Healthy Places Index	Unmet Healthy People 2030 Leading Health Indicators	Leading Causes of Death & Hospitalization	Worse than the State of Utah
Demographics	Health Disparities								
	Aging								
	Population Growth								
Culture of Health	Resource Access & Awareness								
	Arts & Cultural Expression								
	Diverse Engagement								
Health Outcomes	Mental Health & Suicide								
	Heart Disease & Stroke								
	Obesity								
	Cancer								
	Diabetes								
	Infectious Diseases								
	Alzheimer's								
	Chronic Lower Respiratory Diseases								
	Maternal Health								
Health Behaviors	Unintentional Injury								
	Arthritis								
	Substance Use								
	Nutrition								
	Physical Activity								
Clinical Care	Sleep								
	Sexual Health								
	Healthcare Access								
	Vaccines & Immunizations								
Social & Economic Factors	Dental Care & Oral Health								
	Food Insecurity								
	Connection & Resilience								
	Education Programs & Performance								
	Income, Wages, & Wealth								
	Housing								
	Social Determinants of Health (SDOH)								
Environment	Violence, Abuse, & Trauma								
	Air Quality								
	Transportation								
	Water Quality & Access								
Environment	Park Access								

Data: UT HPI, 2022; University of Utah Health, 2023; Intermountain Healthcare, 2022; DCHD, 2022; CHR&B, 2022; IRIS, n.d.  
 \* Note: Topics are not mutually exclusive and may overlap each other

# Appendices

- List of Common Acronyms
- Utah Small Area Map
- Adolescent Health Profile
- Senior Health Profile
- 2022 CHR&R Snapshot Report
- Intermountain Healthcare 2022 CHNA, Layton Hospital Summary
- Healthy People 2030 Infographic
- Top 20 Infectious Disease Report
- Preventative Pediatric Healthcare Recommendations
- 2021 Adolescent Risk & Protective Factors Compared by Race/Ethnicity

2023 Davis4Health Community Health Assessment

### Appendix 4: Senior Health Profile

Older Adult Health Profile, Age 60+

DAVIS UTAH Strengths:

2023 Davis4Health Community Health Assessment

### Appendix 7: Healthy People 2030 Infographic

Healthy People 2030 provides a compass for the next decade. A smaller group of factors that impact major causes of disparities and creating equitable opportunities at the start of the decade. Our targets for 10 (10) indicators, is not

- Access to Health Services
- Persons with medical insurance
- Clinical Preventative Services
- Newly diagnosed diabetes cases (per 100,000 population)
- Older adults receiving colorectal cancer screening (per 100,000 population)
- Population receiving flu vaccine
- Environmental Quality
- Days exposed to unhealthy air
- Injury & Violence
- Homicide deaths (per 100,000 population)
- Maternal, Infant, & Child Health
- Maternal deaths (per 100,000 live births)
- Infant deaths (per 1,000 live births)
- Mental Health
- Adolescents with depression getting treatment (per 100,000 population)
- Suicide deaths (per 100,000 population)

2023 Davis4Health Community Health Assessment

### Appendix 10: 2021 Adolescent Risk & Protective Factors Compared by Race/Ethnicity

Youth Risk Factors

Domain	Risk Factor	Student Race/Ethnicity (Sample Size)						
		African American / Black (120)	American Indian / Alaska Native (11)	Asian (133)	Hispanic or Latino (1,033)	Multiracial (44)	Native Hawaiian / Pacific Islander (0,540)	White (9,540)
Community	Low neighborhood attachment	48.0	44.2	50.9	46.0	39.9	39.6	35.0
	Laws and norms favorable to drug use	26.3	29.8	24.4	30.2	18.7	18.9	16.7
	Perceived availability of drugs	27.7	31.6	23.8	29.2	22.2	17.7	16.5
Family	Parental attitudes favorable to drug use	36.9	27.6	29.8	25.4	21.9	26.5	26.5
	Peer family management	38.0	39.7	26.4	26.9	16.1	22.0	14.4
	High family conflict	36.0	39.1	41.6	37.1	35.6	26.7	24.9
	Family history of antisocial behavior	18.9	20.4	16.0	20.4	22.4	27.7	19.2
School	Parental attitudes favorable to antisocial behavior	34.0	41.5	37.8	42.3	38.0	32.0	31.0
	Parental attitudes favorable to drug use	19.4	6.0	17.6	17.4	12.3	6.0	8.9
	Academic failure	24.0	29.2	24.4	49.0	27.9	19.2	23.2
Peer-Individual	Low commitment to school	68.6	48.8	51.8	51.3	53.3	60.3	43.6
	Rebelliousness	30.7	21.4	38.9	24.2	24.1	33.0	19.3
	Early initiation of problem behavior	36.6	26.7	18.6	24.4	28.9	23.9	16.8
	Early initiation of drug use	12.1	12.6	11.0	20.1	13.1	16.4	6.7
Peer-Individual	Attitudes favorable to antisocial behavior	41.0	39.0	42.7	44.7	47.5	52.9	34.1
	Attitudes favorable to drug use	24.1	29.2	24.0	29.1	26.3	19.4	17.8
	Perceived risk of drug use	43.0	47.2	41.4	46.3	39.9	37.8	31.1
	Interaction with antisocial peers	24.7	29.8	19.3	19.7	13.9	26.7	10.1
	Friends' use of drugs	24.5	13.9	10.0	17.2	11.0	16.6	7.8
Peer-Individual	Reasons for antisocial behavior	30.5	24.6	19.7	33.3	26.4	37.3	24.0
	Depressive symptoms	53.5	37.4	50.7	56.2	46.5	53.8	36.4
	Gang involvement	6.8	0.8	0	3.1	1.4	1.7	0.8

**Background:** The Student Health and Risk Prevention (SHARP) Statewide Survey is given every two years to students in grades 6, 8, 10, and 12. It measures life experiences that predict a youth's risk of engaging in unhealthy behaviors like drug use, violence, or delinquency. Survey results are used to create risk and protective profiles for the county.

**Methods:**

- In 2021, Davis County had 11,614 participants and respondents self-identified their preferred race/ethnicity group
- Scores are percentages ranging from 0 to 100; the closer a score is to 100, the greater the risk and an area of potential concern
- Average scores for race/ethnicity groups were color formatted per row from low (green) to high (red) to compare peers on each risk factor to identify disparities; note, this color scale is opposite of the protective profile scale
- This was a peer comparison within the county; race/ethnicity groups were compared to each other for the same year, thus a score may be red but better than the state value and/or a prior year's score
- To find trends, look down columns or across domains (row groups) for color patterns; also compare how close or far apart scores are per row
- When interpreting trends, consider the impact COVID-19 and policy changes may have had on student experiences and risk

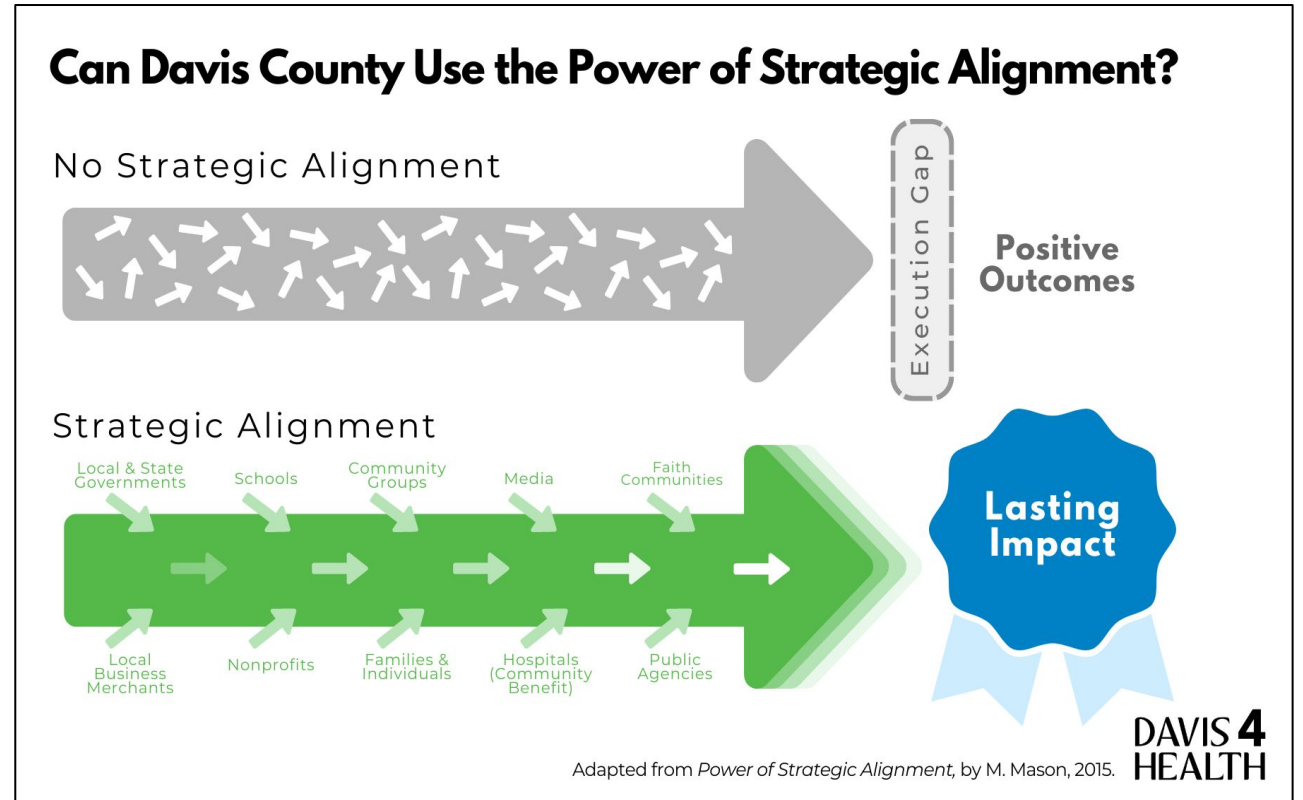
**Conclusions:**

- Overall, students identifying as White had lower risk (green) and students identifying as Hispanic/Latino had higher risk (no green) than their peers in Davis County suggesting a disparity; however, race/ethnicity is not the cause of scores; these trends are likely influenced by structural factors beyond an individual's control, like access to opportunities
- Three race/ethnicity groups had lower risk (green) in the Community domain
- Of all the factors, gang involvement had the lowest risk score for all groups
- Among four race/ethnicity groups, over half of students reported depressive symptoms
- Among five race/ethnicity groups, over half of students reported low commitment to school
- Disparities and high risk scores emphasize the continued need for community prevention efforts and partnership



# Next Steps

- The CHA provides the information Davis4Health partners will use to prioritize issues, choose strategies, & direct resources to improve the health of the population and environment
  - May 17: Davis4Health Steering Committee & COG presentations
  - Ongoing offer of community presentations & data consults
- Train staff on the CHA in support of the Strategic Plan & data-driven programs
- Continuous assessment & following the Take Action Cycle
  - Begin writing 2024-2028 Community Health Improvement Plan (CHIP)



# Questions/Comments



Logan Hyder, MPH

Epidemiologist III

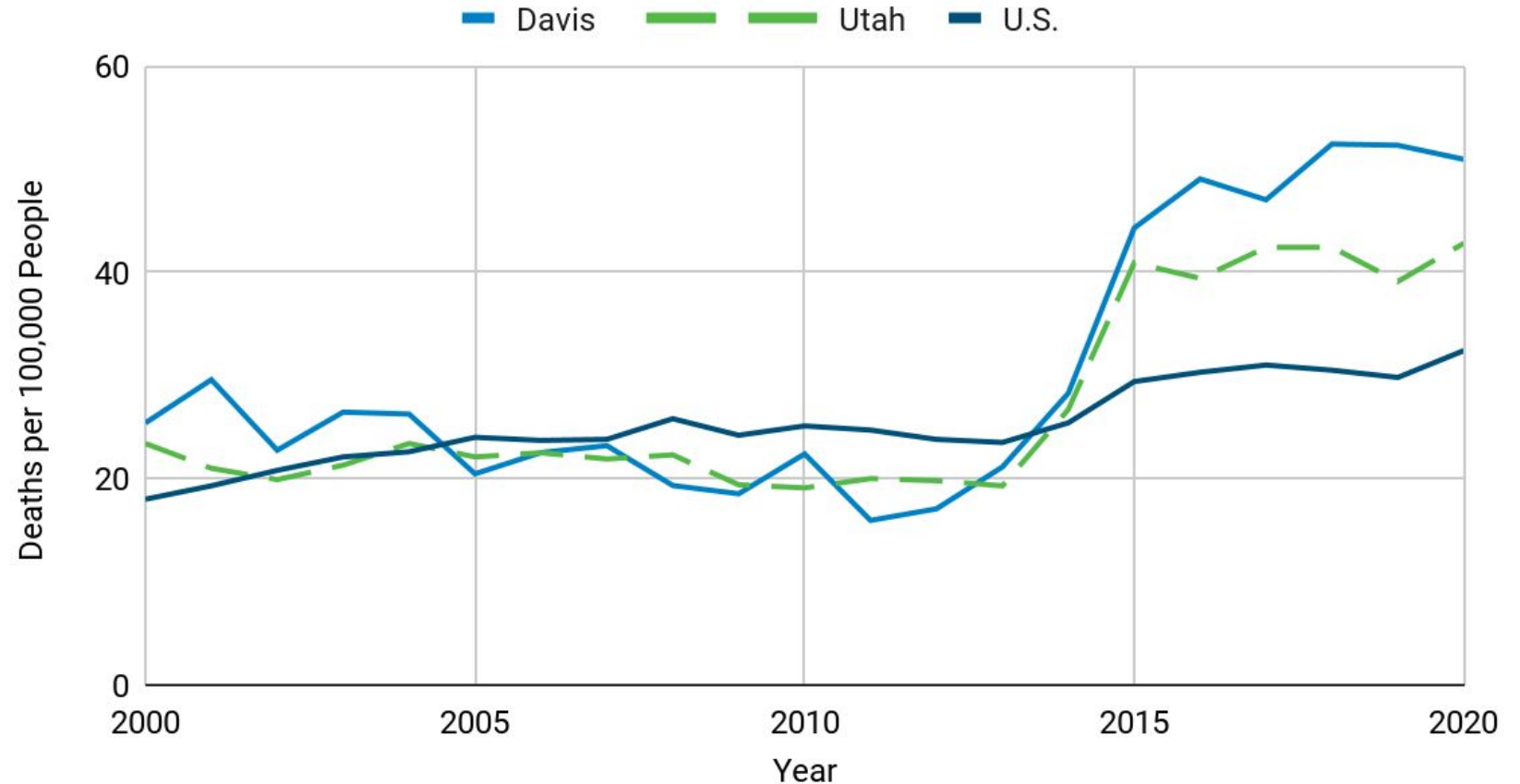
801-525-5172 | [lhyder@co.davis.ut.us](mailto:lhyder@co.davis.ut.us)

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## Alzheimer's disease

- In 2020, for every 100,000 people, there were 50.9 deaths due to Alzheimer's disease in Davis County compared to 42.9 deaths in Utah and 32.4 deaths in the U.S.
- Trending up over time
  - Unknown reason for sharp increase in 2014; possibly due changes in diagnosing, public awareness, data collection

## Alzheimer's Death Rates, 2000-2020



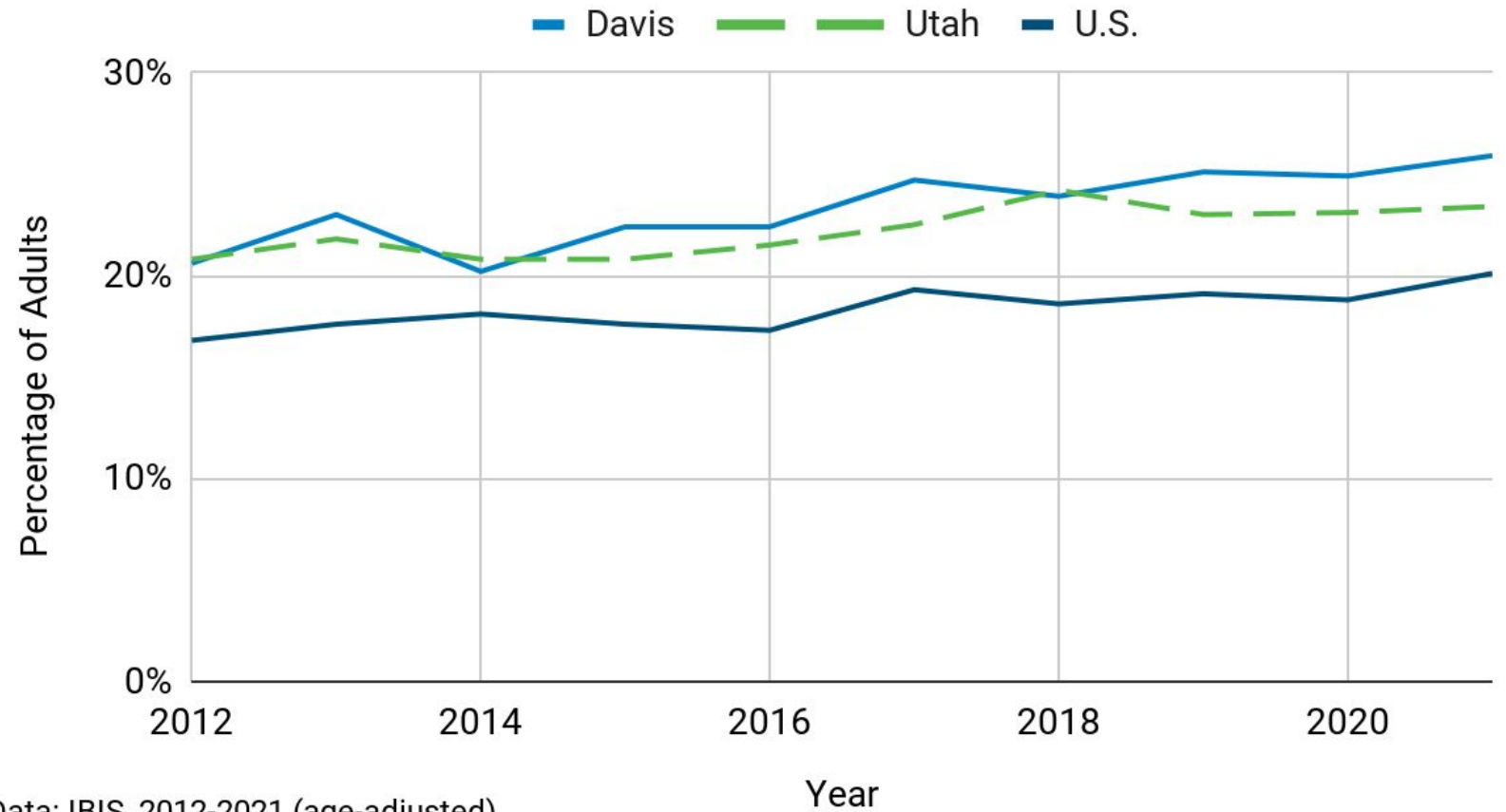
Data: IBIS, 2020 (age-adjusted)



## Depression

- In 2021, 25.9% of Davis County adults reported ever being diagnosed with depression compared to 23.4% of Utah adults and 20.1% of U.S. adults
- Gradually increasing trend
  - Youth trends increasing more rapidly but remain lower than Utah & U.S. youth
  - Consider impact of access to care and decreasing stigma

### Adults Ever Diagnosed with Depression, 2012-2021

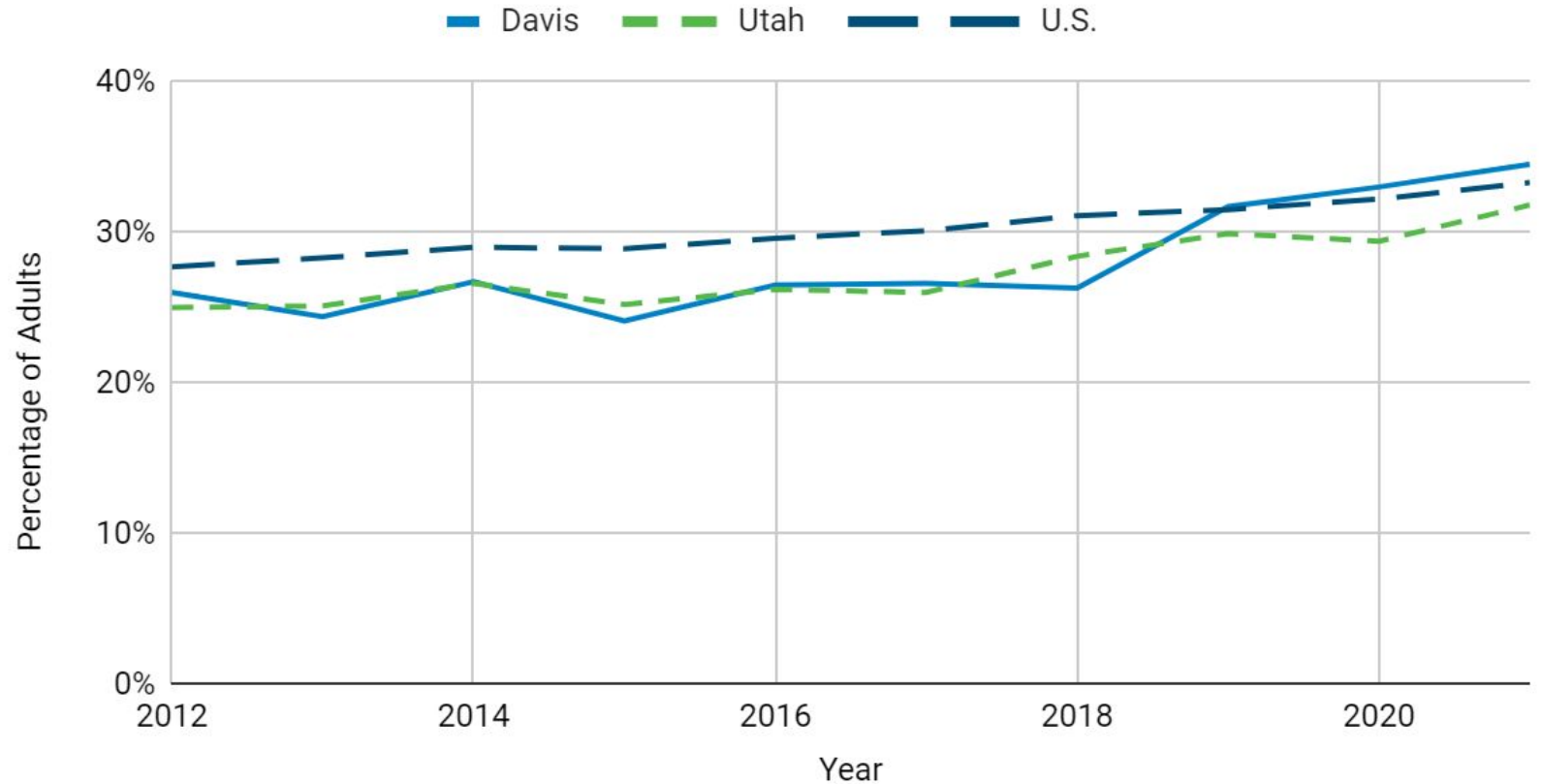


Data: IBIS, 2012-2021 (age-adjusted)

## Obesity

- Davis County has been similar to Utah & U.S. but recent increase is concerning
- Flagged by CHR&R as area to explore
  - Reduction would improve future rankings
- Youth in Davis County are meeting the Healthy People 2030 target for obesity
  - Should be monitored due to rising 30-year trends nationally

## Prevalence of Adult Obesity, 2012-2021

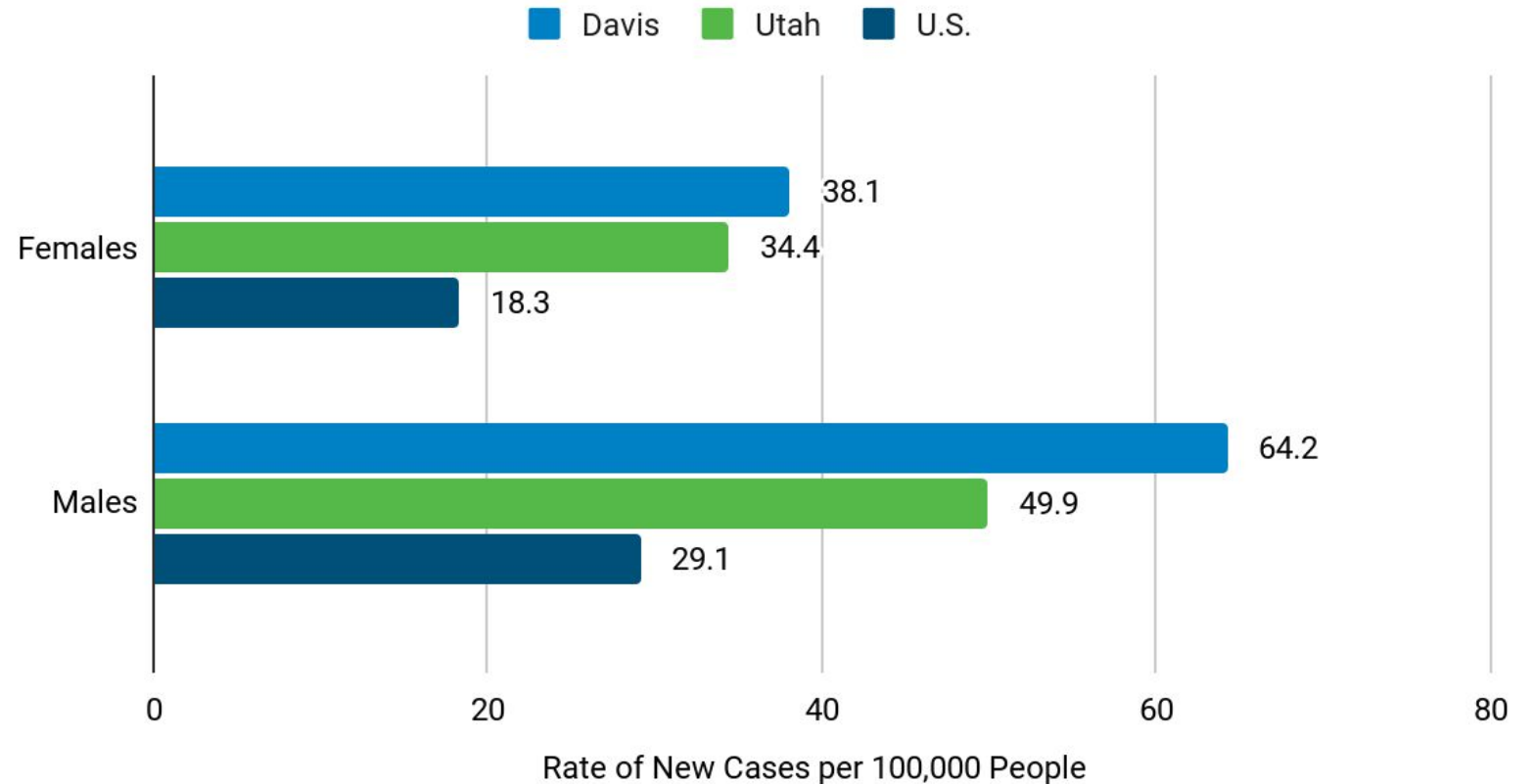


Data: IBIS, 2012-2021 (age-adjusted)

## Skin Cancer (Melanoma)

- On average, there were 49.8 new melanoma cases diagnosed per 100,000 people in Davis County compared to 41.3 in Utah and 22.9 in the U.S.
  - Utah has highest incidence and second highest death rate among all 50 states
- For every 100,000 people, there are 3 melanoma deaths in Davis County compared to 2.8 in Utah and 2.1 in the U.S.
- Men have higher rates than women



## Skin Cancer (Melanoma) Incidence, 2015-2019











Data: NIH, 2015-2019 (age-adjusted)

## Overview: Health Behaviors

- Determined by available choices, resources, & opportunities; influenced by money, access, & advantage
- Watch/explore:
  - Fentanyl
  - Meth
  - Sexual activity
  - Technology

-  Strength
-  Challenge

Selection of Health Behavior Measures			
<b>Nutrition</b>			
	<b>Davis</b>	<b>Utah</b>	<b>U.S.</b>
 Eating 3+ Vegetables Daily, Adults	11.9%	12.6%	13.7%
 Eating 2+ Fruits Daily, Adults	40.3%	32.2%	28.6%
<b>Physical Activity</b>			
	<b>Davis</b>	<b>Utah</b>	<b>U.S.</b>
 No Leisure Time Activity (Inactive), Adults	16.5%	16.4%	22.4%
 Met Physical Activity Guidelines, Students	17.6%	16.8%	23.9%
<b>Sleep per Night</b>			
	<b>Davis</b>	<b>Utah</b>	<b>U.S.</b>
 Students with 8+ Hours	34.6%	36.5%	22.7%
Adults with 7+ Hours	67.3%	69.0%	67.7%
<b>Technology Use</b>			
Students with 2+ Hours of Screen Time	80.3%	78.8%	80.2%
<b>Driving</b>			
12th Graders Texting/Emailing While Driving	51.8%	45.5%	54.3%
Always Wear a Seat Belt, Adults	94.7%	95.8%	94.2%
<b>Substance Use</b>			
 Overdose Deaths, Any Drug (per 100,000 People)	16.3	20.5	32.4
 Current E-Cigarette Use, Students	5.6%	6.3%	7.6%
 Current Alcohol Use, Adult	25.1%	32.7%	53.3%

Data: 2023 Davis4Health Community Health Assessment (pages 132-170)

Note: Measures from the Sexual Activity section are not shown because comparable local & state data is unavailable.

Note: Student data for Davis & Utah are grades 6, 8, 10, & 12 while U.S. data are grades 9, 10, 11, & 12.

# New All Payer Claims Data



## Top Insurance Claims

1. **Dental:** Preventative, diagnostic, surgical, orthodontics
2. **Office Visits:** Exam, medical history, advice/counseling
3. **Tests:** Diagnostic, genetic, chemistry, disease panels
4. **Outpatient Psych- Alcohol/Drug Abuse:** Rehab, treatment, counseling, evaluation, supported housing
5. **Non-Oral Drug Administration:** Infusion (IV), injection, chemotherapy, contraceptive

## Top Prescriptions Filled\*

1. **Antidepressants:** Treat clinical depression, anxiety, & long-term pain
2. **Antihypertensives:** Lower blood pressure
3. **Antidiabetics:** Manage diabetes, control blood sugar levels
4. **Anticonvulsants:** Epileptic seizures, mood stabilizer for bipolar disorder
5. **Analgesics- Opioid:** Moderate to severe pain relief

\* Based on raw counts of filled prescriptions, not adjusted for length, size, or refill frequency