



A HEALTH NEEDS ASSESSMENT OF SUMMIT COUNTY, UTAH

Prepared for the Summit County Health Department
December 2011



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The Center for Public Policy and Administration
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STUDY BACKGROUND

The Center for Public Policy and Administration conducted a health needs assessment of Summit County under contract with the Summit County Public Health Department (SCPHD). Data was collected from March 2011 through October 2011. The purpose of the study was to identify the health and safety needs of Summit County residents to inform a countywide strategic planning effort designed to improve overall health and safety.

Part 1 of the health needs assessment consisted of a review of existing public data sources, such as population demographics, health care system use, health disparities, environmental risks, and external challenges facing the public health system. This information provides a background of the general health and safety status of the county.

Part 2 of the project used focus groups to collect data regarding perceptions of health and safety issues and concerns of Summit County residents. This information provides an understanding of how residents perceive the most important health needs faced by Summit County residents, whether existing programs are meeting those needs, what are perceived as barriers to access, and what would be effective methods for informing people about health events and resources in their communities. The report describes social and community factors that influence health and safety, issues of special concern for the Hispanic/Latino population, and issues of special concern for youth. The report presents recommendations from the focus group participants for improving the health and safety of Summit County residents.

The CPPA project team is planning further investigation into health and safety issues that will be an addendum to this report.

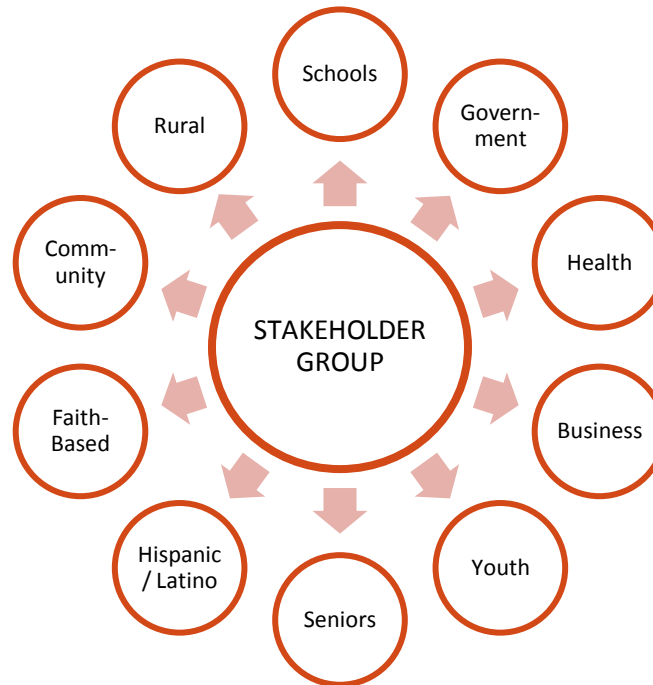
Stakeholder Group

A stakeholder group was formed to assist in conducting the study. The role of the stakeholder group was to clarify the goals for the study, provide guidance in focusing the research questions, assist in developing focus group and survey questions, and assist in interpreting the results. The stakeholder group met in April 2011, to provide guidance to researchers on the appropriate direction of the study. The stakeholder group provided input regarding the



specific target populations for the study, and identified the salient issues that would be addressed in the data collection phase. The group consisted of representatives from key sectors of the community including: schools, businesses, health providers, rural community, youth, seniors, Hispanic, faith-based, and government (see Figure 1).

Figure 1. Conceptualization of Stakeholder Group Representatives



Center for Public Policy & Administration

The Center for Public Policy and Administration (CPPA) is a component of the University of Utah, housed within the College of Social and Behavioral Sciences. Our mission is to provide research, education, and services to public and nonprofit organizations that will strengthen administration, leadership, and public policy making. Since 1946, CPPA has conducted research on challenging policy issues, evaluated programs, assessed organizations, provided training, and engaged policymakers in critical discussions – resulting in a stronger, more robust and more efficient public sector. Further information about the activities and role of CPPA can be found in the Appendix.

Methods for Part 1

Part 1 consists of a review of existing publicly available data to describe the health and safety issues of Summit County residents. Key components of this data collection included the

identification of major risk factors and health status indicators, as well as social, environmental, and economic factors that affect human health. The primary sources for public data utilized in this project include:

- ◆ Utah’s Indicator-Based Information System for Public Health
- ◆ Department of Substance Abuse and Mental Health
- ◆ Student Health and Risk Prevention Statewide Survey
- ◆ US Census Bureau
- ◆ Utah Hospital Discharge Database
- ◆ Utah Office of Vital Records
- ◆ Utah Healthcare Access Survey
- ◆ Utah Department of Public Safety
- ◆ Environmental Public Health Tracking Program
- ◆ Healthy People 2020

Utah’s Indicator-Based Information System for Public Health (IBIS-PH) provided the majority of indicator data utilized in this study. IBIS-PH presents information gathered from Utah’s Behavioral Risk Factor Surveillance System for local health districts and the state. Data obtained for the Summit County Health District was compared to data for the State of Utah and to the Healthy People 2020 objective goals.

Methods for Part 2

CPPA conducted focus groups with Summit County residents and service providers. The target populations for the focus groups and the topics to be covered were based on input from the stakeholder group, which included the Summit County Health Department team. A review of similar projects also yielded ideas for focus group questions and structure. Nominations for focus group participants were provided through suggestions from members of the stakeholder group, posting fliers in local community centers, and word of mouth. Five focus groups were conducted between August and October, 2011. Three groups targeted residents by geography: Park City, Coalville, and Kamas. One group targeted the Hispanic/Latino population and the fifth focus group targeted young adults living in Summit County.

Procedures used for the focus groups included:

- ◆ Recruitment of focus group participants
 - Direct phone calls and emails to individuals recommended by stakeholder group
 - Health Department organized recruitment of youth participants
- ◆ Referrals from confirmed participants

- ◆ Posting of community flyers and advertisements
- ◆ Conducting of focus groups in local community centers, such as libraries, According to standard focus group methodology and the University of Utah, Institutional Review Board guidelines
- ◆ Recordings of focus groups transcribed by Verbalink
- ◆ Analysis of focus group transcripts using Atlas.ti qualitative analysis software

EXECUTIVE SUMMARY

Executive Summary—Part 1

The Center for Public Policy & Administration (CPPA) conducted a review of existing publicly available data to describe the health and safety issues of Summit County residents. Key components of this data collection included the identification of major risk factors and health status indicators, as well as social, environmental, and economic factors that affect health. The primary sources for public data utilized in this project include:



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Summit County is home to more than 36,000 residents as of the 2010 Census. Racial makeup of residents is 92% White and 8% Minority, with 11.5% declaring Hispanic/Latino ethnicity.

The health status of Summit County residents is evaluated by looking at indicators of access, use of preventive and oral health care, prevalence of chronic conditions, maternal and child health, risk factors for health and injury, and indicators of public safety. The report contrasts the measurements against the Healthy People 2020 (HP2020) target goals.

- ◆ Access to Health Care

The proportion of the Summit County population with health insurance is 89.1% compared with a HP2020 target of 100%. Fifteen percent of residents report an inability to obtain or a delay in obtaining needed medical, dental care, or prescription medicines compared with a target of 9%.

◆ Preventive care

Summit County residents do not seek health screenings as frequently as recommended. The most marked areas for low screening rates are blood cholesterol screenings for men and women and breast cancer screening for women.

The immunization rate for children for the recommended childhood vaccines is very low at 41.3%, approximately half the HP2020 target of 80%.

Children with untreated dental decay in their primary and permanent teeth represent 26.9% of county residents which is slightly worse than the target of 25.9%.

◆ Chronic conditions

In the incidence and prevalence of chronic conditions, Summit County residents fare better than the HP2020 targets. They have a much lower proportion of cancer deaths from lung cancer and a slightly lower proportion of breast and colorectal cancers than the HP 2020 targets.

Cardiovascular disease is much lower than the HP2020 targets, while stroke and hypertension are only slightly better than the targets.

The obesity rate for adults is better than the HP2020 target rate, but is still a public health concern with 53.9% of adults in the county being overweight or obese. County residents have a substantially lower incidence of diabetes, and a lower rate of hospitalizations for asthma for both children and adults than the targets.

The incidence of sexually transmitted diseases in Summit County is substantially lower than the targets.

◆ Maternal and child health

Summit County has a slightly better infant mortality rate than the target, but has a greater percentage of children with low birth weight.

Pregnant women in Summit County are less likely to received prenatal care beginning in their first trimester than the target measure.

◆ Substance abuse

Alcohol abuse occurs among youth with one quarter of high school seniors reporting binge drinking in the prior two weeks, and 13% of junior high and high school students reporting

riding in a car with a person who has been drinking. The rate of smoking among adults at 6.8% is lower than the target rate of 12%.

◆ Physical activity

Summit County residents are physically active with 65% of residents reporting they engage in aerobic activity for the recommended time and intensity compared with the target of 47.9%.

◆ Public safety

Motor vehicle deaths are slightly lower (i.e. better) than the desired target, physical assaults and homicides are much lower. The rate of suicides, however, barely meets the HP2020 target of 10.2 per 100,000 people.

Executive Summary—Part 2

Five focus groups were conducted between August 23 and September 6, 2011 with a total of 35 Summit County residents attending.

One focus group was held with residents of Park City/Snyderville basin, and two were held with eastern Summit County residents in Coalville and Kamas. A fourth group was held in Park City with people who had close working knowledge of Hispanic/Latino community in the county. The Hispanic/Latino group was conducted in Spanish. A fifth focus group focused on youth issues was held with young adults who were 18 year old high school seniors representing all three county high schools: North Summit, South Summit, and Park City.

1. Health needs, whether programs are meeting needs, and barriers

IMPORTANT HEALTH NEEDS

The most important health needs identified by eastern Summit County participants were: mental health and substance abuse services, need for pharmacies outside of Park City, and dental services for children. The Park City group cited a lack of dental and vision services, lack of knowledge about health resources, and limited public transportation outside of free bus service. The Hispanic/Latino group listed mental health counseling for children and adults, primary care access, dental services, and transportation. The youth group reported lack of insurance, sports-related injuries, transportation safety, and drug abuse as the most important health needs.

ARE PROGRAMS MEETING NEEDS?

Eastern Summit stated a need for more substance abuse and mental health services, more school nurses, and more support services for seniors. Other needs include transportation, faster ambulance and fire response, and a need for more healthy choices in food. In Park City opinions were mixed with some participants feeling that people are being served adequately and others stating many who have needs do not know about services. Participants in the Hispanic/Latino focus group identified a number of health resources in the county that provide good services to their population, including the People's Health Clinic, charity care from Intermountain Hospital, Valley Mental Health, prescription drug assistance programs, and school counselors. Youth participants were generally unaware of health resources for the greater community.

BARRIERS

Eastern Summit participants cited barriers to getting health needs met as: lack of health insurance, high cost of medical services, and meeting eligibility requirements for services. Participants in the Kamas focus group indicated that they travel outside of Summit County to receive primary medical care services, particularly pediatric care. Park City participants mentioned affordability of health care, and stigma attached to receiving mental health services as the most significant barriers to getting health needs met. The Hispanic/Latino group cited requirements to produce papers to prove status of legal residency, especially to receive publicly funded health care. Youth cited inadequate sex education in schools as barriers to getting health care needs met.

2. Knowledge of health related programs and services and how to access them

Participants in eastern Summit and Park City focus groups were generally informed about programs because many were service providers. However, they reported that people in their area are typically unaware of public services or charity resources. This lack of awareness may be due to resources not being advertised sufficiently; however, the groups felt the key is personal contact. Individuals may not know what services they need. There was disagreement about whether people know about mental health services. Hispanic/Latino residents do not understand how to access the health system, or they do not perceive a need for the services. Participants believe there are many good services in Park City for Hispanic/Latino residents. Participants in the youth focus group were not very knowledgeable about health-related programs.

3. Effective methods for informing residents about health events and resources

Eastern Summit County residents responded that there are no common sources of information that would reach the majority of the population. Options for disseminating information are mail, newspapers, community notice boards, radio and television announcements, church events and soccer fields. Schools may be a good avenue for disseminating information for families with children, however, there are families that home school their children or send them to school out of the county. “Word of mouth” was cited as particularly effective in the rural communities, the Hispanic/Latino community, and Park City. The Internet is a source that many use to seek health information. The Park City group suggested sending out information through employers, membership associations, or churches. Other suggestions were to use community gathering-points such as athletic fields, grocery stores or library bulletin boards, and doctor’s offices. For the Hispanic/Latino community, suggestions were to use the Latino Market and outreach workers from their community. Literacy programs were also proposed.

4. Social and community factors influencing health and safety

Affordable housing is a key issue impacting the lives of residents throughout the county. It not only affects low income residents but also government and school workers. People are buying homes in more remote areas of the county. Lack of affordable housing is a critical issue for Hispanic/Latino people. Families often live in crowded conditions with several families living together. Focus groups cited unsanitary conditions, insect infestations, and lack of code enforcement as problems.

Related to housing are zoning issues. The focus groups mentioned policies concerning the “core rezone” and restrictions on landowner’s ability to sub-divide land as affecting the long-term development of affordable housing.

Eastern Summit residents view their emergency response system and law enforcement resources as inadequate. They would like to see trails developed for pedestrians and bicyclists, and the city park made usable and safe for families. Some concern was expressed about the safety of children who ride ATVs.

Participants described activities they do to stay healthy. Park City residents noted the high cost for families’ participation in sports activities, and would like to see a way to achieve more diverse participation.

5. Issues of special concern for the Hispanic/Latino population

The focus groups discussed several issues that apply particularly to the Hispanic/Latino community. Participants perceive that Hispanic/Latino people do not seek health care if they are not sick. For example, they are not accustomed to the idea of well child care. Hispanic/Latinos have many economic stressors that impede their ability to obtain health care. They are slow to trust providers and institutions such as schools. Therefore, it is important for providers and schools to be able to establish trust. Hispanic/Latino parents often rely on their children to be language and cultural translators, which puts pressure on the children at a young age. Children are valuable sources of information for their families because they are in the school environment. Hispanic/Latinos have strong community bonds and provide help to each other in times of crisis.

6. Issues of special concern for youth

The youth focus group discussed health issues of special concern for young people. The youth believe drinking alcohol is a common activity among a minority of their peers. They are aware of students who use tobacco at school, especially chewing tobacco. The participants were aware of the social consequences of using alcohol, tobacco and drugs. However, they described a lack of information about the physical and psychological effects of drug use. They felt the drug education they received in school was not effective. When asked about what types of drugs are used by their peers, they listed marijuana, over-the-counter medicines, prescriptions medicines, and household chemicals.

The youth commented that sex education in the schools is inadequate and inconsistent. Suggestions for improving sex education were to teach it at an older age, teach it more often, have a regular school class, and include parents in the process. Youth get their information about sex from their peers and the Internet. They are unlikely to ask their parents.

In the eastern Summit adult focus groups, the participants felt drug abuse among youth is a significant problem in their area. In regard to teaching sex education, adults in both eastern Summit and Park City acknowledged that legal restrictions placed on schools create a chilling effect on teachers, and that sex education in schools is inadequate. The Hispanic/Latino focus group offered that sex education in schools is important for their population, and that Hispanic/Latino parents typically do not talk to their children about sex.

7. Recommendations for improving the health and safety of Summit County residents

At the conclusion of the focus groups, the participants made recommendations, based on their discussions, to improve the health and safety of Summit County residents. Participants would like to see the Health Department provide more health education on topics such as nutrition and safety. For Hispanic/Latino residents, this education would need to address cultural and language barriers, and could be combined with English and/or parenting classes. Other actions recommended for the Health Department were: sponsoring health fairs in schools and public gathering places, and providing vouchers for rural residents to obtain clinic services outside of Park City. In regard to clinical services they suggested the Health Department should perform health screenings and provide immunizations.

Beyond these specific health services, the participants suggested the county needs increased transportation services, improved access to nutritional food options, affordable sports activities for children and youth, and more recreational options such as municipal parks and trails.

A desire was expressed for more mental health services in all parts of the county, and in the eastern part of the county for more pharmacy services and more responsive emergency services. Other suggestions for the “wish list” were to create more after-school programs for kids, and provide subsidies for low income youth to participate in sports.

The focus groups explored creating a community center as a central gathering place to disseminate information, provide youth and senior programming, and health education. Some in Park City pointed out that other institutions and nonprofit groups were already performing the functions envisioned for a community center.

***PART 1: OVERVIEW OF HEALTH AND SAFETY
STATUS OF SUMMIT COUNTY RESIDENTS***

SUMMIT COUNTY HEALTH NEEDS ASSESSMENT

PART 1: OVERVIEW OF HEALTH AND SAFETY STATUS OF SUMMIT COUNTY RESIDENTS

The following report summarizes the findings of a health needs assessment for Summit County Utah. Part 1 describes demographic information followed by health indicators gathered through public data sources. The focus group discussion guides are contained in the Appendix.



Summit County Population Description

Geography

Summit County has a total area of 1,882 square miles, a large portion of which is part of the Wasatch National Forest. The majority of cities and towns are located in the southern and western regions of the county. For the purposes of this assessment, the cities and towns of Summit County have been divided into two regions: East Summit and West Summit. East Summit contains towns within zip codes 84036, 84017, 84024, 84033, 84055, and 84061. West Summit contains towns within zip codes 84060, 84098, and 84068.

Ethnicity, Race and Age

The 2010 U.S. Census population count for Summit County is 36,324 individuals; 72.2% of the population is over the age of 18 and 7.6% is over the age of 65. The majority of Summit County population is racially classified as White, at 92.1%. The remaining areas of race categorization are illustrated in Table 1.

TABLE 1. Race Categorization by City, Summit County, UT (2010)

Area	Population	White	Black/African American	Native American/Alaska Native	Asian	Native Hawaiian/Pacific Islander	Some Other Race	Hispanic/Latino of Any Race
Summit County	36,324	92.1%	0.6%	0.7%	1.9%	0.3%	6.2%	11.5%
Coalville CCD	4,865	92.7%	0.2%	1.0%	0.7%	0.5%	6.3%	8.2%
Francis (town)	1,077	95.6%	0.3%	1.5%	0.2%	0.2%	3.4%	6.2%
Henefer (town)	766	98.0%	0.1%	0.4%	0.1%	0.0%	1.7%	3.9%
Kamas CCD	6,763	93.9%	0.6%	0.6%	0.5%	0.2%	5.3%	8.8%
Marion (CDP)	685	97.2%	0.0%	1.3%	0.6%	0.0%	1.8%	3.6%
Oakley (city)	1,470	96.9%	1.2%	0.2%	0.5%	0.2%	1.6%	5.4%
Park City CCD	24,696	91.4%	0.7%	0.6%	2.5%	0.3%	6.5%	12.9%
Silver Summit (CDP)	3,632	95.2%	0.4%	1.0%	1.6%	0.3%	3.6%	6.7%
Snyderville (CDP)	5,612	93.4%	0.7%	0.9%	3.5%	0.3%	3.6%	7.9%
Summit Park (CDP)	7,775	95.9%	0.8%	0.3%	2.2%	0.2%	2.0%	8.8%

Note: Census-designated place (CDP) and census county division (CCD)

Housing and Income

The 2010 Census median household income level for Summit County was \$76,257, with a mean household income of \$104,316. Slightly over nine percent of families with children under the age of 18 are classified as in poverty status, and 8.0% of individuals age 18 and older are classified as poverty status. Seventy-six percent of households own or are buying their homes. Further information is detailed in Table 2.

TABLE 2. Housing and Income, Summit County, UT¹ (2010)

Area	Median Household Income	Families with Children 18 and Under in Poverty	Civilian Workforce Unemployment Rate	Mean Travel Time to Work (minutes)	Home Ownership Rate
Summit County	\$76,257	9.40%	5.50%	24.3	76.2%

Environmental Indicators

The majority (86.6%) of Summit County's population were served by community water systems in 2007.² The water systems met arsenic and nitrate standards. Prior to 2006, the safety standard for arsenic levels established by the US Environmental Protection Agency (EPA) was 50 micrograms of arsenic per liter of water. After 2006, this level was reduced to 10 micrograms per liter. From 1999-2006, Summit County had arsenic levels ranging from 0.00-15.00 micrograms per liter of water, and met the EPA safety standards for that time period.³ Data on arsenic levels in the county after 2006 is not currently available. The current EPA safety standard for nitrate levels is 10 milligrams of nitrate per liter of water. From 1999-2006, Summit County had nitrate levels ranging from 0.00-3.00 milligrams of nitrate per liter of water and meet the EPA safety standard.⁴

As of 2009, Summit County is not covered by the Utah Air Quality Monitoring Network. Therefore, measures of air quality for the county, such as ozone and Particulate Matter 2.5 levels, are not currently available.

Summit County Health Indicators

The health indicators presented below were gathered from public databases available in Utah. The primary resources utilized were the Utah Department of Health's Indicator-Based Information System for Public Health (IBIS-PH); the Behavioral Risk Factor Surveillance System (BRFSS); the Utah Hospital Discharge Query System (HI_IQ); the Utah Healthcare

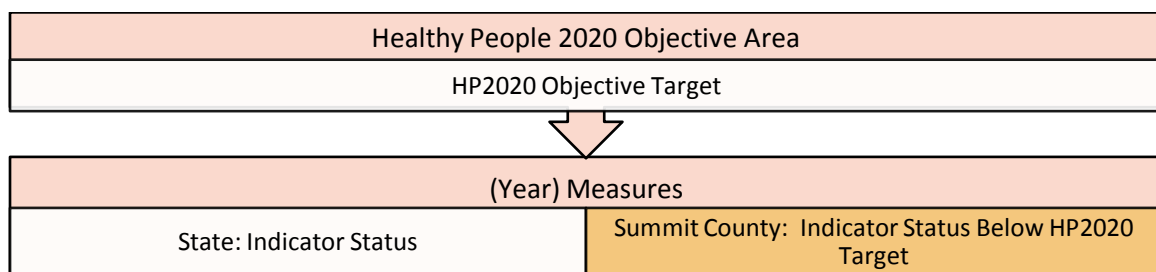
Access Survey (UHAS); and other similar resources. There is a link provided for each indicator resource listed below.

The indicators gathered for Summit County have been contrasted to the Healthy People 2020 goals that address each health area. Healthy People began in 2000 as a science-based initiative to establish 10-year national objectives to improve the health of people living in the United States. Healthy People 2020 (HP2020) is the third installment of this initiative and was launched December 2010. HP2020 has almost 600 objectives, each of which includes a reliable data source, baseline measure and target for specific improvements to be achieved by the year 2020. These objectives were developed by experts from multiple lead Federal Agencies, some of which include the Centers for Disease Control and Prevention (CDC), Agency for Healthcare Research and Quality, Food and Drug Administration, and National Institutes of Health. The US Department of Health and Human Services convenes the Secretary’s Advisory Committee to produce recommendations for implementation guidelines of HP2020.

HP2020 objectives are used by many states as a guide to improving health. More information regarding Healthy People 2020 national health objectives can be found at <http://www.healthypeople.gov>. The Utah Department of Health, Public Health Outcome Measures Report contains the priority public health objectives for the state of Utah, many of which are based on Healthy People targets. Utah’s Division of Medicaid and Health Financing, Division of Family Health and Preparedness, Division of Disease Control and Prevention, and Center for Health Data collect information addressing these priority public health objectives.

Areas in which Summit County does not meet the Healthy People 2020 targets are **highlighted in gold** (see Figure 2).

Figure 2. Example Indicator Comparison Diagram

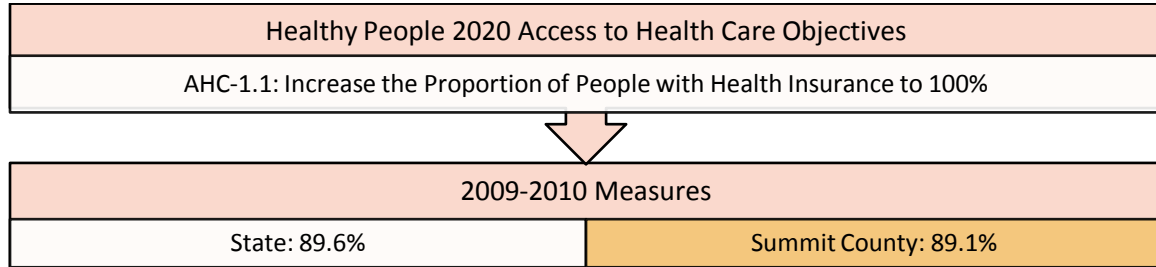


Source: Link to Secondary Data Resource

Access to Care

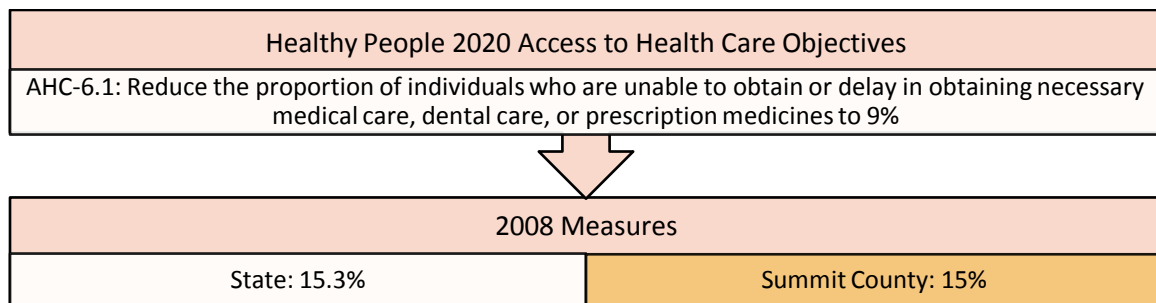
The HP2020 definition of access to care is, “the timely use of personal health services to achieve the best health outcomes.” Access to care impacts overall physical, social and mental

health status, and limited access to health care can negatively affect quality of life. Three distinct steps are required to have full access to care: 1. gain entry into the health care system; 2. access a health care location where needed services are provided; and 3. find a health care provider with whom the patient can communicate and trust.⁵



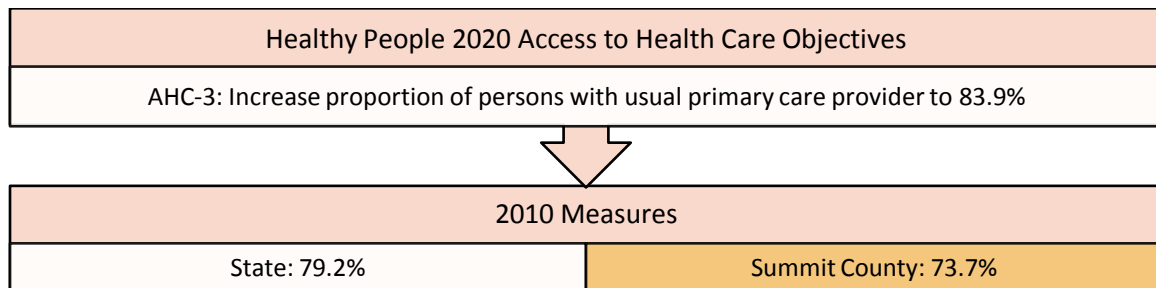
Source: [IBIS-PH](#)

Summit County is relatively equal to the state average for insurance coverage from 2009-2010, with 89.1% of the county's population covered compared to 89.6% coverage across Utah, but substantially below the HP2020 target of 100%.



Source: [UHAS](#)

In 2008, 15% of Summit County residents were unable to obtain needed medical, dental or mental health care within the previous 12 months, which is six percentage points below the HP2020 target for the objective. Summit County is almost equal to the state on this measure.



Source: [IBIS](#)

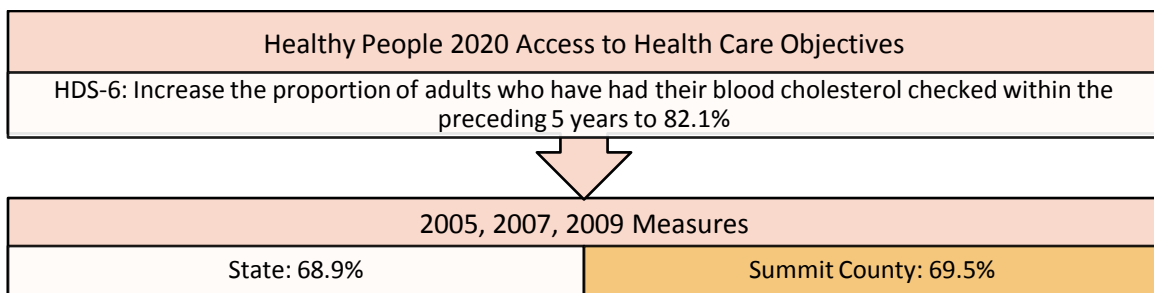
Roughly 74% of adults reported having at least one personal doctor or health care provider in 2010, which is 10.2 percentage points below the HP2020 target. This is also below the state level of 79.2% of adults having at least one personal doctor or health care provider.

Preventive Care

Preventive care refers to measures taken to prevent the occurrence of disease. These measures can include health screenings and immunizations corresponding to a person's need based on age, health and family history.

HEALTH SCREENINGS

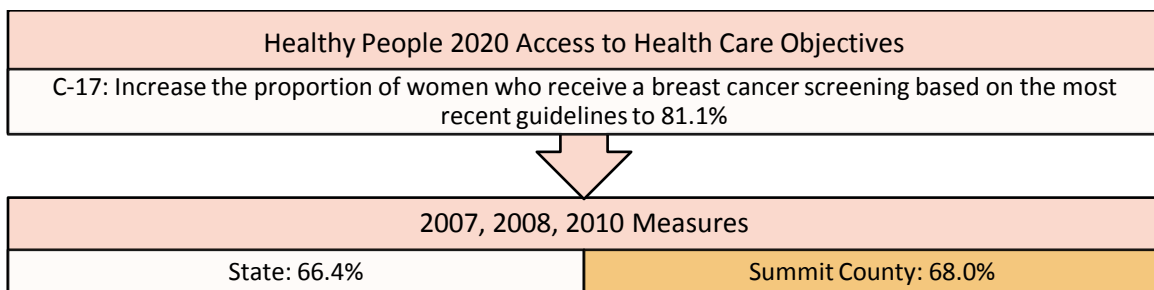
High blood cholesterol level is one of the leading risk factors for heart disease and stroke. However, high cholesterol levels can be controlled through diet, physical activity and appropriate use of medication.⁵ Screening blood cholesterol levels is an important step in controlling this risk factor.



Source: [IBIS-PH](#)

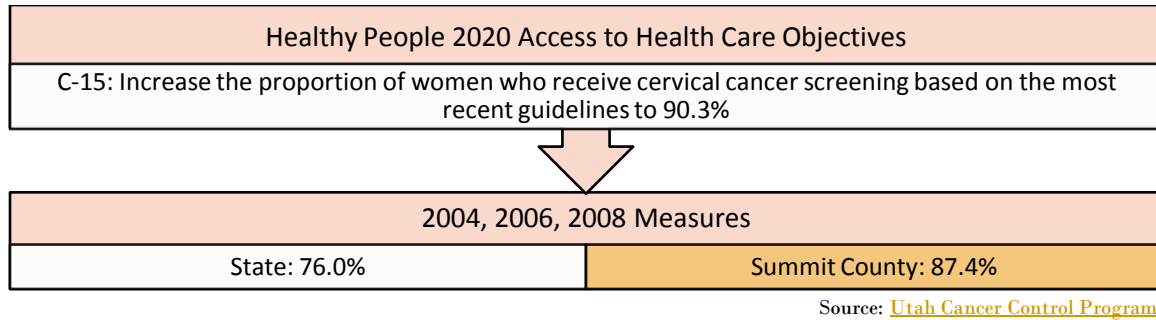
Cumulatively across 2005, 2007 and 2009, 69.5% of Summit County adults 18 and older had their blood cholesterol levels checked within the past five years; this falls almost 12 percentage points below the HP2020 target. Summit County performs relatively equal to the state in blood cholesterol screenings.

Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. Research shows that screening for certain types of cancer can reduce the number of new cases and prevent many cancer deaths. Screening for cervical, colorectal and breast cancers helps find these diseases at an early, often highly treatable stage.⁶

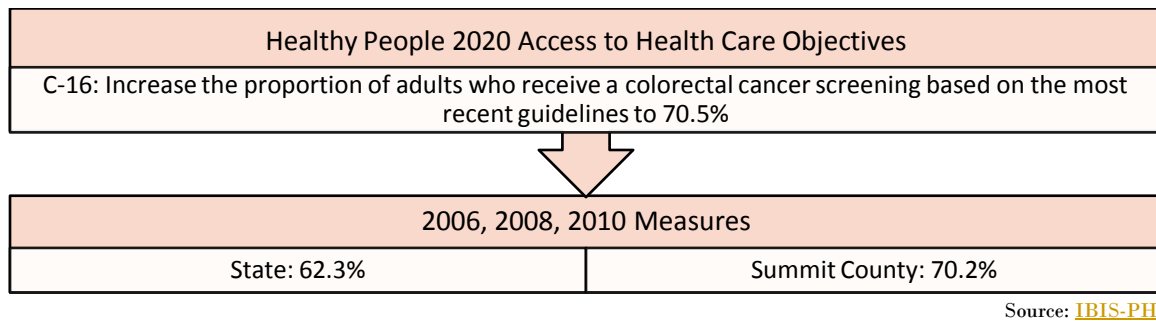


Source: [IBIS-PH](#)

Summit County falls below the HP2020 target for breast cancer screenings. Cumulatively across 2007, 2008 and 2010, 68.0% of women age 40 and older received a mammography, which is 13 percentage points below the objective target. Summit County had a higher proportion of breast cancer screening than the State in these years.

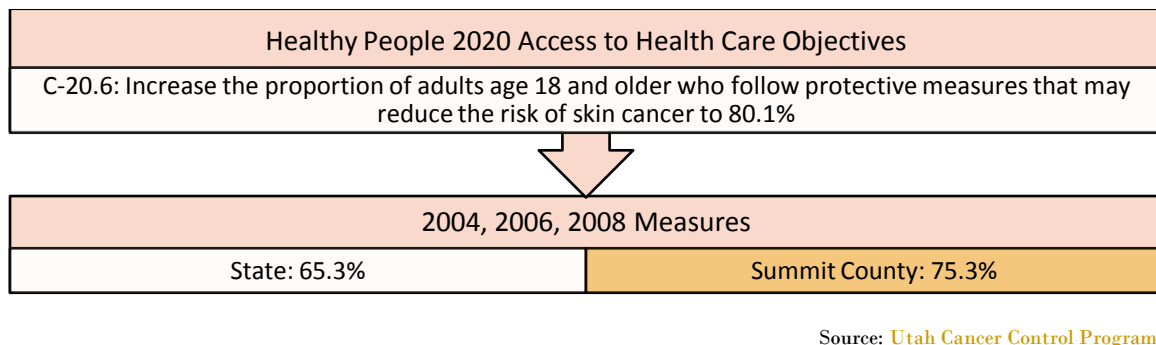


Cumulatively across 2004, 2006 and 2008, 87.4% of women living in Summit County were screened for cervical cancer through a Pap test. While this proportion is higher than the state, it fails to meet the HP2020 target by almost three percentage points.



Summit County is approximately equal to the HP2020 target for colorectal cancer screening. Cumulatively across 2006, 2008 and 2010, 70.2% of adults age 50 and older were screened for colorectal cancer, which is only 0.3 percentage points below the objective target. Summit County is eight percentage points above the state proportion in these years.

Skin cancer is the most commonly occurring form of cancer in the United States. Protection from ultraviolet (UV) radiation is the most effect prevention measure against Melanoma. Sun safety measures include wearing sunscreen of SPF 15 or higher, wearing a hat, seeking shade, wearing protective clothing, and avoiding indoor tanning.⁶



Cumulatively across 2005, 2006 and 2008, 75.3% of Summit County adults age 18 and older practiced one or more sun safety measures. Though this proportion is 10 percentage points above that of the state, it fails to meet the HP2020 target by roughly five percentage points.

Cancer incidence refers to the number of new cases of cancer diagnosed in a given period of time. Table 3 portrays the cancer incidence rates per 100,000 population for Summit County and the State of Utah.⁷

Table 3. Cancer Incidence Rates for Summit County and Utah (2005-2007)

Region	Breast Cancer (per 100,000 females)	Colorectal Cancer	Melanoma
Summit County	141.5	31.5	47.5
State	105.1	35.2	27.3

IMMUNIZATIONS

Immunization against infectious diseases has greatly improved health of vulnerable populations. Vaccines are a core component of any preventive services package, and are among the most cost-effective clinical preventive services. However, adults and children in the United States continue to die from diseases that are vaccine preventable each year.⁵

The CDC recommends that children between the ages of 19 to 35 months receive the following vaccinations:

- ◆ 4 or more doses of diphtheria and tetanus toxoids and pertussis vaccine (DTaP)
- ◆ 3 or more doses of poliovirus vaccine
- ◆ 1 or more doses of a measles-mumps- rubella vaccine (MMR)
- ◆ 3 or more doses of Haemophilus influenzae type b vaccine (Hib)
- ◆ 3 or more doses of hepatitis B vaccine
- ◆ 1 or more doses of varicella vaccine received at or after age 12 months
- ◆ 3 or more doses of pneumococcal conjugate vaccine (PCV)

This schedule is often referred to as the 4:3:1:3:3:1 vaccinations, which excludes the PCV vaccine.⁶

Healthy People 2020 Access to Health Care Objectives	
IID-8: Increase the proportion of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines to 80%	
↓	
2010 Measures	
State: 70.6%	Summit County: 41.3%

Source: [IBIS-PH](#)

Summit County vaccination was almost half of the HP2020 target for childhood immunization rates. In 2010, 41.3% of Summit County children ages 19-35 months were up-to-date on 4:3:1:3:3:1 vaccinations, which is 38.7 percentage points below the objective target.

Summit County also measured considerably lower (30 percentage points) than the state proportion for childhood immunizations.

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the United States.⁵ Influenza, or the flu, is a contagious respiratory illness caused by a virus. Older adults, young children and persons with certain health conditions are at a high risk for developing complications from infection. Yearly vaccination against the flu virus is a recommended method of flu prevention. Pneumonia is a bacterial infection of the lungs. Individuals over age 65, children younger than 5, and individuals with underlying health conditions are at higher risk of developing pneumonia. The pneumococcal vaccine is one immunization that can prevent infection.⁶

Healthy People 2020 Access to Health Care Objectives	
IID-12.7: Increase the proportion of noninstitutionalized adults 65 and older who are vaccinated annually against seasonal influenza to 67%	
2010 Measures	
State: 62.6%	Summit County: 76.5%

Source: [IBIS-PH](#)

In 2010, Summit County had a vaccination proportion of 76.5% for seasonal influenza among adults age 65 and older within the past year. This is above the state coverage proportion of 62.6% and is nine percentage points above the HP2020 target.

Healthy People 2020 Access to Health Care Objectives	
IID-13.1: Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease to 90%	
2010 Measures	
State: N/A	Summit County: 52.7%

Source: Utah Department of Health

In 2010, 52.7% of Summit County residents age 65 and older reported that they had received a vaccine against pneumonia at some point in life. This is roughly 37 percentage points below the HP2020 target for pneumococcal disease vaccination.

Chronic Conditions

Chronic diseases are the leading causes of death and disability in the United States, accounting for 70% of all deaths each year. Heart disease, cancer and stroke account for more than 50% of all deaths each year.⁸

CARDIOVASCULAR DISEASE

Cardiovascular diseases are conditions that involve the heart or blood vessels. Heart disease is the leading cause of death for both men and women in the United States. Coronary heart disease is the most common type of heart disease in the United States. Inactivity, obesity, high blood pressure, cigarette smoking, high cholesterol and diabetes are common risk factors for heart disease.

Healthy People 2020 Access to Health Care Objectives	
HDS-2: Reduce coronary heart disease deaths to 100.8 deaths per 100,000 population	
↓	
2006-2010 Measures	
State: 70.1 deaths per 100,000	Summit County: 47.5 deaths per 100,000

Source: [IBIS-PH](#)

The coronary heart disease death rate in Summit County from 2006-2010 was 47.5 deaths per 100,000 population. This rate is dramatically lower than the HP2020 objective target and is below the State heart disease death rate.

Stroke is the third leading cause of death in the United States. A stroke occurs when a clot blocks the blood supply to the brain or when a blood vessel in the brain bursts. A stroke can cause death, paralysis, speech problems or emotional difficulties. High blood pressure, high cholesterol, heart disease, diabetes and obesity can increase the risk of stroke.⁶

Healthy People 2020 Access to Health Care Objectives	
HDS-3: Reduce stroke deaths to 33.8 deaths per 100,000 population	
↓	
2006-2010 Measures	
State: 36.1 deaths per 100,000	Summit County: 25.9 deaths per 100,000

Source: [IBIS-PH](#)

Summit County had a rate of 25.9 stroke deaths per 100,000 population from 2006-2010. This rate meets the HP2020 objective target and is below the state stroke death rate.

High blood pressure, or hypertension, is a condition in which the pressure of the blood in arteries is too high. There are often no symptoms to signal the presence of high blood pressure, which makes regular screening essential for detection. High blood pressure can be reduced through changes in lifestyle and use of medication.⁶

Healthy People 2020 Access to Health Care Objectives	
HDS-5.1: Reduce the proportion of adults with hypertension to 26.9%	
↓	
2005, 2007, 2009 Measures	
State: 23.1%	Summit County: 17.1%

Source: [IBIS-PH](#)

A combined measure from 2005, 2007 and 2009 revealed that Summit County had a proportion of doctor-diagnosed hypertension of 17.1%. This measure was better than the HP2020 objective target and fell below the state proportion.

CANCER

Cancer is the second leading cause of death in the United States. There are more than 100 types of cancer, and most are named for the organ or cell type in which they originate. Some of the most commonly diagnosed cancers within the United States include breast cancer, colorectal cancer and lung cancer.⁹

Summit County recently experienced the following cancer death rates:

- 16.3 breast cancer deaths per 100,000 females (from 2008-2010)
- 9.5 colorectal cancer deaths per 100,000 population (from 2007-2010)
- 8.2 lung cancer deaths per 100,000 population (from 2006-2010)

Summit County met the HP2020 target for cancer deaths all three categories.

Healthy People 2020 Access to Health Care Objectives	
C-2: Reduce the lung cancer death rate to 45.5 deaths per 100,000 population	
↓	
2006-2010 Measures	
State: 20.6 deaths per 100,000	Summit County: 8.2 deaths per 100,000

Source: [IBIS-PH](#)

Summit County reported fewer lung cancer deaths compared to the state from 2006-2010, and exceeded the HP2020 target by 37.3 deaths.

Healthy People 2020 Access to Health Care Objectives	
C-9: Reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population	
↓	
2007-2010 Measures	
State: 11.6 deaths per 100,000	Summit County: 9.5 deaths per 100,000

Source: [IBIS-PH](#)

Summit County reported fewer colorectal cancer deaths compared to the state from 2007-2010, and exceeded the HP2020 target by 5.9 deaths.

Healthy People 2020 Access to Health Care Objectives	
C-3: Reduce the female breast cancer death rate to 20.6 deaths per 100,000 females	
↓	
2008-2010 Measures	
State: 20.2 deaths per 100,000	Summit County: 16.3 deaths per 100,000

Source: [IBIS-PH](#)

Summit County reported fewer breast cancer deaths compared to the state from 2008-2010, and exceeded the HP2020 target by 4.3 deaths.

DIABETES

Diabetes is the seventh leading cause of death in the United States. Diabetes is a condition in which the pancreas cannot produce enough insulin for the body or cannot effectively use insulin, which causes glucose (sugar) to build up in the blood. There are three forms of diabetes: Type 1, Type 2, and gestational. Type 2 diabetes accounts for 90-95% of all diagnosed cases of diabetes, and can be influenced by age, obesity, family history, and physical inactivity. Serious health complications caused by diabetes include heart disease, blindness, kidney failure, lower-limb amputations, and death. ⁶

Healthy People 2020 Access to Health Care Objectives	
D-3: Reduce the diabetes death rate to 65.8 deaths per 100,000 population	
↓	
2005-2009 Measures	
State: 22.0 deaths per 100,000	Summit County: 18.2 deaths per 100,000

Source: [IBIS-PH](#)

Diabetes was the underlying cause of death for 18.2 deaths per 100,000 population in Summit County between 2005-2009. This measure falls dramatically below the HP2020 target of 65.8 deaths per 100,000 population, and is lower than the state diabetes death rate.

ASTHMA

Asthma is a respiratory disease that involves a swelling and shrinking of the airways that prevents air from passing in and out of the lungs. Asthma can cause repeated episodes of wheezing, breathlessness, chest tightness and coughing. These symptoms only present when an irritant, or trigger, interacts with the lungs. There is no cure for asthma, but it can be managed through avoidance of personal triggers and proper use of medication. ⁶

Healthy People 2020 Access to Health Care Objectives	
RD-2.2: Reduce hospitalizations for asthma among children and adults age 5-64 to 8.6 hospitalizations per 10,000 children and adults age 5-64	
↓	
2010 Measures	
State: 3.86 hospitalizations per 10,000	Summit County: 1.30 hospitalizations per 10,000

Source: [HL IQ](#)

Summit County had an asthma hospitalization rate for children and adults age 5-64 of 1.3 per 10,000 in 2010. This rate meets the HP2020 target and the hospitalization rate for the state.

Healthy People 2020 Access to Health Care Objectives	
RD-2.3: Reduce hospitalizations for asthma among adults age 65 and older to 20.3 hospitalizations per 10,000 adults age 65 and older	
↓	
2010 Measures	
State: 1.0 hospitalizations per 10,000	Summit County: N/A

Source: [HL IQ](#)

Data for asthma hospitalizations of adults age 65 and older in Summit County is not available for 2010. The state measured 1.0 hospitalizations per 10,000 population for this year, which is significantly below the HP2020 goal.

OBESITY

Overweight and obesity are terms used to describe a range of weights that are greater than what is generally considered to be healthy for a given height. Body mass index (BMI) uses weight and height to calculate an estimate of a person's body fat. An adult with BMI between 25 and 29.9 is considered overweight, and an adult with BMI over 30 is considered obese. Behavior, genes, metabolism, environment, culture, and socioeconomic status all impact body weight. Behavior and environment play a predominant role in causing people to be overweight or obese. ⁶

Healthy People 2020 Access to Health Care Objectives	
NWS-8: Increase the proportion of adults who are at a healthy weight to 33.9%	
↓	
2010 Measures	
State: 59.7% overweight or obese	Summit County: 53.9% overweight or obese

Source: [IBIS-PH](#)

In 2009, 53.9% of Summit County adults 18 and older were considered either overweight or obese. This measure can also be viewed as 46.1% of the population having a healthy weight, which meets the HP2020 objective target by roughly 12 percentage points. Summit County also measures below the state proportion of overweight or obese adults for this year.

Oral Health

The health of the mouth and surrounding structures of the skull and face is central to a person's overall health and well-being. Most of the improvements in oral health over the past 50 years have been the result of effective prevention and treatment initiatives. However, people who have the least access to preventive services and dental treatment have greater rates of oral diseases.⁵

Tooth decay, or dental caries, affects children in the United States more than any other chronic infectious disease. Untreated tooth decay causes pain and infections that may lead to problems in areas such as eating and speaking.⁶ However, tooth decay and other oral diseases are avoidable through the use of preventive treatments.

Healthy People 2020 Access to Health Care Objectives	
OH-2.2: Reduce the proportion of children aged 6 to 9 years with untreated dental decay in their primary and permanent teeth to 25.9%	
↓	
2005 Measures	
State: 21.4%	Summit County: 26.9%

Source: [IBIS-PH](#)

Summit County failed to meet the HP2020 target for reduction in untreated dental decay in children by one percentage point in 2005, with 26.9% of children age six to eight experiencing some form of untreated dental decay. Summit County also measured below the state proportion of 21.4% during the same year.

Healthy People 2020 Access to Health Care Objectives	
OH-7: Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year to 49%	
↓	
2010 Measures	
State: 72.7% of adults	Summit County: 72.7% of adults

Source: [IBIS-PH](#)

The measurements for oral health care system use in Summit County are based on the adult population. The county had a high proportion of oral health care use in 2010, at 72.7%; this percentage was equal to that of the state. ***This measure cannot be accurately compared to the HP2020 target, as it does not incorporate children and adolescents.***

Sexually Transmitted Diseases

Communicable diseases, or infectious diseases, result from infection of the body by an outside agent, such as a virus, bacterium, fungus or parasite. More than 25 infectious organisms are transmitted through sexual activity, and are thus labeled sexually transmitted diseases, or STDs⁵. The CDC estimates that nearly half of all new STD infections per year occur among people ages 15-24. Untreated STDs can cause serious long-term health consequences, especially for adolescent girls and young women.⁶

Chlamydia trachomatis is the most commonly reported STD in the United States. Treatment for Chlamydia is simple and effective, but many women are unaware of their infection status. If left untreated, Chlamydia can negatively impact a woman's ability to have children. The CDC recommends that sexually active women age 25 and younger should be tested yearly for Chlamydia infection.⁶

Healthy People 2020 Access to Health Care Objectives	
STD-1.1: Reduce the proportion of females age 15-24 years attending family planning clinics with Chlamydia trachomatis infections to 6.7%	
↓	
2010 Measures	
State: 234.9 cases per 100,000 (both sexes)	Summit County: 155.5 cases per 100,000 (both sexes)

Source: [IBIS-PH](#)

Summit County fell significantly below the state rate of Chlamydia trachomatis infection in 2010, with 155.5 cases per 100,000 population. ***However, the measurements for Chlamydia in the State of Utah and Summit County cannot be compared to the***

HP2020 target due to differences in units measured: HP2020 measures female infection only and as a percentage of the population.

Gonorrhea is a sexually transmitted bacterial infection that predominantly affects the reproductive tract and urethra. The highest rates of gonorrhea infection in the United States occur among sexually active teenagers, young adults and African Americans. If left untreated, gonorrhea can cause complications leading to infertility in both men and women. Gonorrhea can be successfully treated with antibiotics.⁶

Healthy People 2020 Access to Health Care Objectives	
STD-6.1: Reduce gonorrhea rates among females aged 15 to 44 years to 257 new cases per 100,000 population	
2010 Measures	
State: 10.9 cases per 100,000 (both sexes)	Summit County: 4.9 cases per 100,000 (both sexes)

Source: [IBIS-PH](#)

Healthy People 2020 Access to Health Care Objectives	
STD-6.2: Reduce gonorrhea rates among males aged 15 to 44 years to 198 new cases per 100,000 population	
2010 Measures	
State: 10.9 cases per 100,000 (both sexes)	Summit County: 4.9 cases per 100,000 (both sexes)

Source: [IBIS-PH](#)

The measurement of gonorrhea infection rates in Summit County do not differentiate between male and female cases and therefore do not match the measurement criteria of the HP2020 targets. However, in 2010, Summit County experienced a total of 4.9 cases per 100,000 population, which falls dramatically below the differentiated HP2020 targets for both sexes and also below the state rate of infection.

Maternal and Child Health

The well-being of mothers, infants and children can help predict future public health challenges for communities, families and health care systems.⁵

IBIS-PH reports that in 2010, Summit County had a birth rate of 10.8 live births per 1,000 population; the state had an overall birth rate of 18.3 live births per 1,000 population. During 2009, Summit County also had the highest live birth to abortion ratio in the state at 160.1;

the overall state ratio is 60.7. The abortion ratio represents the total number of induced abortions to resident females to the total number of live births to resident females, per 1,000.¹⁰

CHILD HEALTH

Infant mortality is defined as death before reaching age 1. The leading causes of infant death are congenital abnormalities, pre-term birth, low birth weight, SIDS, complications of pregnancy, and respiratory distress syndrome.¹¹

Healthy People 2020 Access to Health Care Objectives	
MICH-1.3: Reduce the rate of infant deaths within 1 year of birth to 6 infant deaths per 1,000 live births	
↓	
2006-2010 Measures	
State: 4.8 infant deaths per 1,000	Summit County: 4.1 infant deaths per 1,000

Source: [IBIS-PH](#)

There were 4.1 infant deaths per 1,000 live births from 2006-2010 in Summit County. Both the state and Summit County rates met the HP2020 target for infant mortality reduction during this time period.

Low birth weight is considered a weight of less than 5.5 lbs., or 2500 grams, for a newborn infant. A low birth weight infant may be born too early, too small, or both, and may have an increased risk for infection, illness, and impaired development.¹¹

Healthy People 2020 Access to Health Care Objectives	
MICH-8.1: Reduce infants with low birth weight to 7.8% of live births	
↓	
2008-2010 Measures	
State: 6.9%	Summit County: 9.4%

Source: [IBIS-PH](#)

Summit County fell 1.6 percentage points below the HP2020 target for infants with low birth weight from 2008-2010, at 9.4% of live births; conversely, the state achieved this target with 6.9% of live births having low birth weight during the same time period.

A premature infant is born before reaching the 37th week of gestation, and preterm birth is the leading cause of death among newborns. Premature infants face serious lifelong health risks, including intellectual disabilities, breathing and respiratory problems, vision and hearing loss, and feeding and digestive problems. Known risk factors for preterm birth include having a previous preterm birth, chronic maternal health problems, cigarette smoking or alcohol use

during pregnancy, and carrying multiple fetuses. However, preterm births can also happen for women who have no known risk factors.¹¹

Healthy People 2020 Access to Health Care Objectives	
MICH-9.1: Reduce total preterm births to 11.4% of live births	
↓	
2009-2010 Measures	
State: 9.7%	Summit County: 10.4%

Source: [IBIS-PH](#)

Both Summit County and the state achieved the HP2020 target for preterm births in 2009-2010. Summit County reported 10.4% of live births being preterm, which exceeds the objective target by one percentage point.

MATERNAL HEALTH

Pregnancy can provide an opportunity to identify existing risks in women and prevent future health problems for women and their children. Increasing access to quality prenatal care can reduce the risk for maternal and infant mortality and increase healthy birth outcomes.⁵

Healthy People 2020 Access to Health Care Objectives	
MICH-10.1: Increase the proportion of pregnant women who receive prenatal care beginning in first trimester to 77.9%	
↓	
2009-2010 Measures	
State: 72.3%	Summit County: 68.5%

Source: [IBIS-PH](#)

In 2009-2010, 68.5% of women with live births in Summit County received prenatal care during their first trimester. This measure is 9.4 percentage points below the HP2020 prenatal care target, and almost four percentage points below the state proportion. The state also failed to meet HP2020 target of prenatal care.

Risk Factors for Illness and Injury

SUBSTANCE ABUSE

Substance abuse is a maladaptive pattern of use of mind- and behavior-altering substances that have negative behavioral and health outcomes. These substances include alcohol and

illicit drugs. Substance and alcohol abuse contribute significantly to social, physical, mental and public health problems, including HIV/AIDS, domestic violence, homicide and suicide.⁵

In 2011, the Department of Substance Abuse and Mental Health (DSAMH) conducted a Student Health and Risk Prevention (SHARP) needs assessment survey across the state. Table 4 portrays the percent of students surveyed who reported riding in a car or other vehicle with a person who had been drinking in the 30 days prior to taking the survey:

Table 4. % Students Riding in a Car with Person who has been Drinking, by Grade (2011)

Grade of Students Surveyed	Summit County	State of Utah
6 th Grade	8.5%	5.0%
8 th Grade	11.7%	8.4%
10 th Grade	19.0%	10.1%
12 th Grade	14.1%	10.5%
All Grades	13.3%	8.5%

Source: [DSAMH](#)

The HP2020 target for adolescents who report riding with a driver who had been drinking alcohol is 25.5%. ***This goal is not directly comparable to the results of the SHARP assessment.*** However, it is important to note that Summit County displays a trend of increased likelihood of riding with a driver who has been drinking as age increases among the students surveyed, peaks at 10th grade and then decreases. Summit County has higher percentages than the state for each age group.

Healthy People 2020 Access to Health Care Objectives	
SA-14.1: Reduce the proportion of high school seniors engaging in binge drinking during the past 2 weeks to 22.7%	
↓	
2011 Measures	
State: 12.2%	Summit County: 25.9%

Source: [DSAMH](#)

In 2011, 25.9% of Summit County 12th grade students reported binge drinking within the past two weeks. This measure does not meet the HP2020 target by roughly three percentage points, and is significantly above the state proportion of 12.2% of 12th grade students.

Healthy People 2020 Access to Health Care Objectives	
SA-14.3: Reduce the proportion of adults aged 18 years or older engaging in binge drinking during the past month to 24.3%	
↓	
2008-2010 Measures	
State: 8.2%	Summit County: 16.3%

Source: [IBIS-PH](#)

From 2008-2010, 16.3% of Summit County adults age 18 and older reported binge drinking within the previous 30 days. This measure meets the HP2020 objective target by eight percentage points, but is significantly higher than the state proportion of 8.2%.

TOBACCO USE

Smoking harms nearly every organ of the body, and is linked to cancer, heart disease and respiratory diseases. Smoking cessation has immediate as well as long-term benefits for smokers as well as those around them.⁶

Healthy People 2020 Access to Health Care Objectives	
TU-1: Reduce the proportion of adults age 18 and older who are current cigarette smokers to 12.0%	
↓	
2010 Measures	
State: 8.8%	Summit County: 6.8%

Source: [IBIS-PH](#)

In 2010, 6.8% of Summit County adults age 18 and older reporting currently smoking cigarettes. This measure meets the HP2020 target by approximately five percentage points and is lower than the state proportion of smoking adults.

Secondhand smoke is a mixture of gases and fine particles that originate from a burning cigarette, cigar or pipe tip, or from smoke that has been exhaled. Exposure to secondhand tobacco smoke most commonly occurs in the home or workplace.⁶ Secondhand smoke can cause severe asthma attacks, respiratory infections, ear infections, and SIDS in infants and children.⁵

Healthy People 2020 Access to Health Care Objectives	
TU-14: Increase the proportion of smoke-free homes to 87%	
↓	
2010 Measures	
State: N/A	Summit County: 1.1% with exposure in home

Source: [IBIS-PH](#)

In 2010, 1.1% of children under the age of 17 living in Summit County reported exposure to cigarette smoke in the home. This measure indicates that 98.9% of homes are smoke free, which exceeds the HP2020 target by roughly 12 percentage points. A measure of cigarette smoke exposure in the home for the state was unavailable for 2010.

PHYSICAL ACTIVITY

Regular physical activity helps improve overall health and fitness, and reduces the risk of many chronic diseases.⁶ Physical activity includes participation in moderate and vigorous physical activities and muscle-strengthening activities.⁵

Healthy People 2020 Access to Health Care Objectives	
PA-2.1: Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination to 47.9%	
↓	
2009 Measures	
State: 56.6%	Summit County: 65.6%

Source: [BRFSS](#)

In 2009, 65.6% of Summit County adults reported getting the recommended amount of physical activity. This measure meets the HP2020 target by roughly 18 percentage points and is higher than the state proportion of physical activity.

Public Safety

Public safety is the prevention and protection of the general public from events that can cause injury or damage.

INJURY AND VIOLENCE

Injuries, both unintentional and those caused by violence, contribute significantly to premature death, disability, poor mental health, high medical costs, and lost productivity. These effects extend beyond the injured person to family members, friends, coworkers and communities.⁵

Motor vehicle crashes are the leading cause of death among individuals age 5-34 in the United States. Behaviors that impact motor vehicle crash-related death and injury include improper seat belt use, impaired driving, and distracted driving. Older adults, teens and child passengers are at-risk groups for motor vehicle crash-related injuries and death. Pedestrians and bicyclists are also impacted by motor vehicle crashes.⁶

Healthy People 2020 Access to Health Care Objectives	
IVP-13.1: Reduce motor vehicle crash-related deaths to 12.4 deaths per 100,000 population	
↓	
2008-2010 Measures	
State: 9.2 deaths per 100,000	Summit County: 10.2 deaths per 100,000

Source: [IBIS-PH](#)

From 2008-2010, Summit County reported 10.2 motor vehicle crash-related deaths per 100,000 population. This measure meets the HP2020 target by roughly two deaths per 100,000, but is higher than the state death rate.

Suicide is a death caused by self-directed injury made with the intent of dying. Causes of suicide are complex and determined by multiple factors, including family history, mental disorders, isolation, and barriers to accessing mental health treatment. Factors that reduce suicide may include effective clinical care for mental, physical and substance abuse disorders, and family and community support.⁶

Healthy People 2020 Access to Health Care Objectives	
MHMD-1: Reduce the suicide rate to 10.2 suicides per 100,000 population	
↓	
2006-2010 Measures	
State: 15.8 suicides per 100,000	Summit County: 10.0 suicides per 100,000

Source: [IBIS-PH](#)

Summit County had a suicide rate of 10.0 suicides per 100,000 population from 2006-2010. This measure is approximately equivalent to the HP2020 objective target and is lower than the state suicide rate.

CRIME STATISTICS

Homicide is the willful (non-negligent) killing of one human being by another. Assault can be defined as aggravated assault or simple assault. Aggravated assault is defined by the FBI's Uniform Crime Reporting Program as, "an unlawful attack by one person upon another wherein the offender uses a weapon or displays it in a threatening manner, or the victim suffers obvious severe or aggravated bodily injury involving apparent broken bones, loss of teeth, possible internal injury, severe laceration, or loss of consciousness." Simple assault is defined as, "all assaults that do not involve the use of a firearm, knife, cutting instrument, or other dangerous weapon and in which there were no serious or aggravated injuries to the victim."¹²

Healthy People 2020 Access to Health Care Objectives	
IVP-33: Reduce physical assaults to 14.7 assaults per 1,000 population	
↓	
2009 Measures	
State: 1.31 assaults per 1,000	Summit County: 0.70 assaults per 1,000
Source: UT DPS	
Healthy People 2020 Access to Health Care Objectives	
IVP-29: Reduce homicides to 5.5 homicides per 100,000 population	
↓	
2009 Measures	
State: 1.5 homicides per 100,000	Summit County: 0 homicides per 100,000
Source: UT DPS	

In 2009, Summit County experienced an aggravated assault rate of 0.37 assaults per 1,000 population and a homicide rate of 0 homicides per 100,000 population. Both of these measures meet the HP2020 objective targets and fall below the state crime rates for each offense.

PART 2: FOCUS GROUP REPORT

SUMMIT COUNTY HEALTH NEEDS ASSESSMENT

PART 2: FOCUS GROUP REPORT

Five focus groups were conducted between August 23 and September 6, 2011, with a total of 35 Summit County residents and service providers attending.



Methods

The format of the focus groups was the same across all five groups. Each participant was provided a copy of the informed consent document to read when he or she arrived for the meeting. The group moderator explained that participants would signify their consent by staying and participating in the discussion. If no participants objected, the session was recorded on an MP3 player. Refreshments were offered, and each person was given a \$30 gift card at the end of the session. The focus group questions were the same for the four adult groups, and were slightly altered for the youth focus group, which will be explained later.

Recruitment for participants was conducted using a “snowball sampling” technique. Members of the Summit County Health Stakeholders Group were asked to submit names of potential participants. CPPA staff contacted these individuals by phone and email to invite them to participate in one of the focus groups. Attempts were made to have a cross-section of participants representing various characteristics: health care providers, county government, schools, private business, a balance of gender and age, especially young parents and seniors. One focus group was held with residents of Park City/Snyderville basin, and two were held with eastern Summit County residents in Coalville and Kamas. A fourth group was held in Park City with people who had close working knowledge of the Hispanic/Latino community in the county. The Hispanic/Latino group was conducted in Spanish. A fifth focus group focusing on youth issues was held with young adults who were 18 year old high school seniors representing all three county high schools: North Summit, South Summit, and Park City. Table 5 summarizes the participant representation by community.

Table 5. Place of Residence for Focus Group Participants, By Focus Group

Community of Participant	Hispanic/Latino Group	Park City Group	East Summit County Group	Youth Group	Total Number in Attendance
Coalville			4	4	8
Francis			1		1
Henefer			1		1
Jeremy Ranch		1			1
Kamas		1	1	1	3
Kimball Junction		1			1
Marion			1		1
Oakley		1	3		4
Park City	8		1	2	11
Pine Brook		1			1
Silver Springs		1			1
Outside Summit Co.	1	1			2
Total Number in Attendance	9	7	12	7	35

The findings of the focus groups are reported in seven main sections. The first section combines the responses to questions about important health needs, whether current programs are meeting the needs, and barriers to access (focus group questions 2, 4, and 5). The second section discusses responses regarding whether residents have knowledge of existing programs and how to access them (question 3). The third section summarizes participants' perspectives on effective methods for disseminating information about health resources in their community (question 7). The fourth section discusses broader social, cultural, and environmental factors that impact the health of residents. This section also reports activities that residents engage in to stay healthy (question 1). In the fifth and sixth sections, the report discusses special concerns of Hispanic/Latino residents and youth, respectively. The final section summarizes all recommendations made during the focus groups to improve the health and safety of people in Summit County. The sections are:

1. Most important health needs faced by residents, whether existing programs and services meet those needs, and what are barriers to accessing these services.
2. Knowledge of health related programs and services in the county and how to access them
3. Effective methods for informing residents about health events and resources in their communities
4. Social and community factors influencing health and safety
5. Issues of special concern for Hispanic/Latino population
6. Issues of special concern for youth
7. Recommendations for improving the health of Summit County

Within the first three sections we discuss the findings separately for eastern Summit, western Summit, Hispanic/Latino, and youth. This is done to show the contrasting perspectives among residents who live in the rural eastern part of the County, those who live in more densely populated Park City/Snyderville area (western), residents who are Hispanic/Latino, and youth. In the fourth through seventh sections the comments from the different groups are integrated within subtopic areas.

Copies of the focus group discussion guides are contained in Appendix A.

1. Most important health needs faced by residents, whether existing programs and services meet these needs, and what barriers exist to access the services.

This section describes the most important health needs faced by Summit County residents, whether existing programs are meeting those needs, and what barriers exist for people to be able to access the services. We begin with a summary of the section, and then describe details from each of the four sub-groups: eastern Summit County (Coalville and Kamas focus groups), western Summit County (Park City focus group), Hispanic/Latino, and youth. We include direct quotes where these illustrate the ideas well.

Summary Section 1

IMPORTANT HEALTH NEEDS

The most important health needs identified by eastern Summit County participants were: mental health and substance abuse services; need for pharmacies outside of Park City; and dental services for children. The Park City group cited a lack of dental and vision services, lack of knowledge about health resources, and limited public transportation outside of the free bus service. The Hispanic/Latino group listed mental health counseling for children and adults, primary care access, dental services, and transportation. The youth group reported lack of insurance, sports-related injuries, transportation safety, and drug abuse as the most important health needs.

ARE PROGRAMS MEETING NEEDS?

Eastern Summit stated a need for more substance abuse and mental health services, more school nurses, and more support services for seniors, including transportation, faster ambulance and fire response, and a need for more healthy choices in food. In Park City, opinions were mixed with some participants feeling that people are being served adequately

and other stating many who have needs do not know about services. Participants in the Hispanic/Latino focus group identified a number of health resources in the county that provide good services to their population, including the People’s Health Clinic, charity care from Intermountain Hospital, Valley Mental Health, prescription drug assistance programs, and school counselors. Youth participants were generally unaware of health resources for the greater community.

BARRIERS

Eastern Summit participants cited barriers to getting health needs met as: lack of health insurance, high cost of medical services, and meeting eligibility requirements for services. Participants in the Kamas focus group indicated that they travel outside of Summit County to receive primary medical care services, particularly pediatric care. Park City participants mentioned affordability of health care and stigma attached to receiving mental health services as the most significant barriers to getting health needs met. The Hispanic/Latino group cited requirements to produce papers to prove status of legal residency, especially to receive publicly funded health care. Youth did not identify barriers to health care.

Eastern Summit County

IMPORTANT HEALTH NEEDS

Participants listed high cost and lack of health insurance as reasons people forego health care. Their income may not be low enough to qualify for assistance.

- ◆ “A lot of people don’t have insurance. So you just don’t go [to the doctor].”
- ◆ “Those individuals who are on a fixed income and money are a real necessity and they put off those type of routine screenings 'cause they can't afford to do it.”
- ◆ “...making just enough to not - just enough not to qualify for those programs.”

Participants pointed out that there is no pharmacy in Coalville and only one in Kamas. Many people drive to Park City to find a pharmacy they can use.

One provider observed seeing many young children with tooth decay and no resources to help low income families.

Abuse of both illegal and prescription drugs, is seen as a problem, particularly among the younger population. Participants in the Coalville group felt that illicit drugs are accessible in all communities across the county, whereas Kamas participants expressed that most illicit drugs are obtained in Park City or Salt Lake City.

- ◆ “I think my worst heroin addicts are probably 17 to 25.”

- ◆ “You can get anything up here.”
- ◆ “Everybody that we’ve heard of and we know of goes to Park City or Salt Lake.”

ARE PROGRAMS MEETING NEEDS?

The resources devoted to mental health are insufficient and also shrinking, which places a burden on individuals who need mental health care and on primary health providers who treat patients with mental health needs in their practices.

Participants in the Coalville focus group mentioned that high costs and long waitlists were a particular issue for mental health and substance abuse treatment.

The lack of health services in schools, such as screenings and an appropriate nurse-to-student ratio, is a growing issue.

Long waiting lists for senior center programs, such as those offered by Mountainlands Area Agency on Aging, and the lack of transportation assistance were cited as a burden on families.

The eastern county participants complained about slow ambulance and fire service in their region. There is a perception that western county residents do not have this problem.

- ◆ “And I mean, countless times when we've needed backup on the ambulance, we have to wait for somebody to come from the other side of the county. So we - that's a safety issue, too. We don't really have adequate availability here on a regular basis.”

BARRIERS

Barriers to accessing services cited by participants in eastern Summit County were: lack of health insurance, long waitlists for mental health appointments, high cost of medical services and treatments, and meeting eligibility requirements for services. Participants in the Kamas focus group indicated that they sometimes travel outside of Summit County to receive primary medical care services, particularly pediatric care.

- ◆ “We go to Salt Lake for our doctors and our peds.”
- ◆ “We haven’t yet found much else for pediatrics here.”

There was a comment that many of the low-income services offered in the County are specifically targeted toward Hispanic/Latino residents and overlook non-Hispanic/Latino residents who may also need those services. The participants also commented that the high cost of healthy food makes it difficult to maintain a healthy diet.

Western Summit County

IMPORTANT HEALTH NEEDS

Dental resources were perceived as quite limited in availability in Summit County, and are particularly difficult for low income families to receive adequate dental care.

- ◆ “When there’s a dental issue, a lot of the population that I work with goes to Salt Lake or Heber.”
- ◆ “There’s a dental clinic at the health department. . . . it’s like a two-day thing and it’s maxed”
- ◆ “I can refer to doctors, but . . . I don’t know any dentist who does pro bono.”

One participant noted that vision care was lacking. It was specifically noted that Latinos go to “Eye Care for Kids” in Salt Lake.

Transportation, in general and specifically to meet health care needs, was of concern, especially since many individuals commute from outside Summit County to work in Park City. Participants valued the free bus service but noted that individuals were not aware of the “dial a ride” program or the availability of the bus to the hospital.

ARE PROGRAMS MEETING NEEDS?

There were mixed opinions in the Park City group on whether services were meeting people’s needs. In terms of utilization of resources, some respondents felt that people were served adequately.

- ◆ “My sense is that those that are using the services are being served adequately.”

In addition, Wasatch County residents are seen to benefit tremendously from Summit County social services and “a variety of other government functions.” In contrast, another participant felt that:

- ◆ “Services are meeting a lot of needs, but it’s certainly not meeting all the needs.”

In general, the perception of the Park City focus group participants was that the Park City area has more health resources available than rural Summit and Wasatch Counties. They believe these services benefit residents of more remote areas of Summit County as well as Wasatch County. In the words of one participant,

- ◆ “They work here in Summit County and they live over there because it’s cheaper. So, if they work here and have issues, after work [they] go to the facilities here.”

Regarding emergency care, participants noted that Park City has full-time emergency responders compared with part-time volunteer emergency responders in the eastern part of

the county. Participants stated a preference for Park City responders because they are perceived to be more professional.

- ◆ “Oh my gosh, you know, if something happens to me, I want to be over [in western Summit County].”
- ◆ “I want the EMT from Park City to pick me up, as opposed to - you know what I mean?”
- ◆ “I don’t want to get injured in Kamas.”

BARRIERS

Affordability of health care was the most significant barrier to getting health needs met, according to the Park City group. This barrier has ramifications beyond having health care. As noted by one participant:

- ◆ “If you have to make that choice, food and shelter or mental health or physical, what do you choose?”
- ◆ “One of the number one reasons people are losing their homes is because of medical expenses, right behind job loss.

Cost of health care was seen as a “huge” barrier everywhere for both physical health and mental health.

Economic disparity was definitely perceived by residents as well. The economic disparity impacts everything from housing to ability to play soccer to meeting medical needs. Stressful economic conditions compound these problems.

- ◆ “I’ve seen people who don’t have the resources financially to put gas in their car or to get childcare to go somewhere.”

A final barrier mentioned was the need to have to travel outside the county for some health services.

Hispanic/Latino

IMPORTANT HEALTH NEEDS

Focus group participants believe there are not adequate mental health services for Hispanic/Latino children. There is a belief that these children may experience traumas that other children are not exposed to. For example, families may be split because part of the family lives in Mexico, or the children may have witnessed the trauma of arrest and deportation. One participant told of a different kind of incident at her school:

- ◆ “One day at school a first or second grade girl was crying and one of the teachers asked her why she was crying. She said it was because one of her older brothers hit her grandfather and they had to call the police. The police came and took the children and the grandfather to the hospital. We talked to the mother to see what had happened. [The mother said] the grandfather is gone because he died. This event allegedly happened in Mexico many years ago.”

Adults also experience lack of mental health services. They are often uninsured, perhaps in the country illegally, and are unable to obtain the treatment they need.

- ◆ “At Valley Mental Health [many] Hispanic families of low income come that don’t have Medicaid or insurance. And it’s very expensive to give them adequate therapy. So what happens is they don’t come back because they don’t have the funds to continue the therapy.”

It is commonly reported that uninsured individuals use a hospital emergency room rather than an outpatient clinic for acute care. An example was cited of pregnant women:

- ◆ “I have seen pregnant women who are not going to have a checkup. Sometimes they have the due date and wait until the last minute. And I say, “Where are you going to give birth?” “No, I don’t know. I will see when the day comes. When the day comes they will take me to the hospital because everything will be fast.”

According to one focus group participant, there is also a need for health screenings for prevention, such as Pap smears. The low rate of screenings may be due to Hispanic/Latino women not seeking preventative care.

- ◆ “For women the Pap smear is very important. There are many especially in the Hispanic community who do not do it.”

There is a shortage of dentists who will work with the uninsured. One participant told of seeing children with bad teeth who are only 4 or 5 years old.

- ◆ “There’s nothing available, right now all the dentists are private. There aren’t clinics accessible for the community here in Summit County that they can receive services perhaps at low cost.”

Finally, a lack of available public transportation was noted, especially in the rural areas. It was noted that there is now a public bus to People’s Health Clinic in Park City.

ARE PROGRAMS MEETING NEEDS?

Participants in the Hispanic/Latino focus group were able to identify a number of health resources that exist in the county, including the People’s Health Clinic, charity care from Intermountain Hospital, Valley Mental Health, prescription drug assistance programs, and school counselors.

Participants noted that the People's Health Clinic offers clinic services and prenatal care for pregnant women for the entire pregnancy. For chronic conditions, such as asthma, the Clinic tries to obtain free or low cost prescriptions.

- ◆ “[The person went to People's Health Clinic] and got a prescription but after they didn't have the money to pay for the prescription. They had to pay full price. People's Health Clinic is very good at giving samples, but they only cover you for a day.”
- ◆ “[The People's Health Clinic] utilizes the pharmacies with easy \$4 prescriptions. In the case that there are costly medicines, like for asthma or things like that, they use the house pharmacy. And they fill an application for the patient and try to provide them this medicine completely free.”

Another important resource is the Intermountain Hospital charity care, although providing proof of US residency creates barriers to access.

- ◆ “The hospital gives financial help, everything that they want, but obviously you have to present papers. They have to take their photo, they have to have some type of identification, and they do the same with Americans.”

Valley Mental Health helps their patients obtain free medication, and helps them apply for free or reduced cost drugs through drug companies. Valley Mental Health also has free programs for children in the summer.

Schools offer guidance counseling and also have crisis counselors.

BARRIERS

People who are in the country illegally cannot receive most publicly funded health care. Medicaid does provide limited pregnancy/labor/delivery coverage for low income women who are in the country without documentation.

- ◆ “If they are illegal here the last two or three months are covered. The third trimester, yes, the first two trimesters are not covered, if you are illegal.”

The focus group participants speculated that the low rate of adults using mental health services is due to the stigma of mental illness or lack of understanding of how psychological counseling may help.

Youth

Youth focus group participants were asked questions similar to those asked in the adult focus groups regarding health needs, information, and access. In the youth focus group, the moderator used additional probing questions regarding drugs, alcohol, and sex.

IMPORTANT HEALTH NEEDS

One participant felt that children from low-income households, especially single parent households, do not have health insurance.

Focus group participants mentioned common health-related issues for youth were sports-related injuries, transportation safety, and drug use.

Participants mentioned transportation as an issue across the county, stating that people do not seem to follow traffic safety laws during dangerous weather conditions. Driving long distances is necessary to reach many locations.

- ◆ “They already teach you to drive according to conditions, but it is not stressed enough.”
- ◆ “People do not know how to drive in the snow. I will be passed by people in blizzards going 70 mph.”

ARE PROGRAMS MEETING NEEDS?

Youth participants were generally unaware of health resources for the greater community, such as Valley Mental Health and People’s Health Clinic.

2. Knowledge of health related programs and services in the County and how to access them

Summary Section 2

Participants in Coalville and Park City focus groups were generally informed about programs because many in both groups were service providers. However, they reported that people in their areas are typically unaware of public services or charity resources. This lack of awareness may be due to resources not being advertised sufficiently. Both groups emphasized personal contact as the most effective approach for getting people to attend an event. Individuals may not know what services they need. There was disagreement about whether people know about mental health services. Participants believe there are many good services in Park City for Hispanic/Latino residents, but Hispanic/Latino residents do not understand how to access the health system, or they do not perceive a need for the services. Participants in the youth focus group were in general not very knowledgeable about health-related programs.

Eastern Summit

Participants in the Coalville focus group seemed to be generally informed about programs such as the People’s Health Clinic, services offered by Valley Mental Health, services offered by the local health department, and the Wal-Mart prescription program. Participants in the Kamas group were not as well informed about programs. They were very aware of emergency response services offered in the County, such as helicopter and fire rescue.

Eastern Summit County residents indicated that people in their area are generally unaware of many services offered, such as low-income programs like WIC or resources for dental care. Many participants in both the Kamas and Coalville focus groups stated that they were unaware of services located in the county outside of the Park City area.

- ◆ “But those people who either don't have a job that has a healthcare plan that has resources, or who seek those resources for the people who need them the most are not aware of what's available.”
- ◆ “We still go to Park City largely for our health needs because that’s what available.”

The resources available to the community are not advertised sufficiently or are not updated regularly. One participant described an effort on her part to find a dentist by going to the Health Department.

- ◆ “I actually went into the Health Department. I said, “Hey do you have a list of community resources? Maybe I can find a dentist for the kids.” And what they

gave me had a couple of dentists listed. I think it had six listed, and I think two of them were accurate information.”

Western Summit

The participants in the Park City focus group were more informed about programs and services available because most were in service professions. Some of the sources noted were Valley Mental Health, People’s Health Clinic, Park City Medical Center, and the County Health Department. The participants felt that individuals with stronger social networks had more knowledge of resources.

Lack of knowledge of resources and about where to go to get services appears to be a problem. As one participant indicated:

- ◆ “I just don’t think people across the whole strata are aware of what’s out there.”

This lack of awareness may be due to resources not being advertised sufficiently; however, the group felt the key to awareness is “word of mouth.” Regarding information about services, participants indicated that those who are using the services are being served adequately. The problem is that “the people who need it are often the ones that don’t know about it.”

In addition to a lack of knowledge of resources, individuals do not always know what they need. Instances were cited where law enforcement identifies a problem and makes a referral:

- ◆ “[Those who] absolutely need to have access to programs ... the only time they hear about it is when [law enforcement] shows up and tells them about it. So, you know, that’s often the first time they hear about it.”

Demonstrating a perception that there are geographic differences in attitudes toward health care, one participant noted that:

- ◆ “[People from the east side of the county are] hardier ... if they get a sore throat, they just ride it out, whereas people on the west side, they get a sore throat, they go to the doctor.”

Existing health fairs at schools were cited as useful resources for the community.

Hispanic/Latino

In the Hispanic/Latino community, the problem may not be lack of services, but lack of information about the services. With some, it may be that the system is very different from their home country. One participant said Hispanic/Latino residents do not understand how to access the health system.

There was disagreement about whether people know about mental health services; one participant said there is knowledge about some programs while another participant said people do not know about Valley Mental Health.

- ◆ “With us for example at Valley Mental Health, people generally don’t know where we are, don’t really know what we offer.”

On the other hand, people may know about services, but refuse to access them. The services may not be what they are looking for or they do not feel the services are needed. One participant stated, “free mental health groups are made available but no one takes advantage of them.” Some services are underutilized for lack of demand.

- ◆ “There is this saying my mom has, ‘Why do you want to put a hat on one who has no head?’ It’s like, the help is there but they don’t want it, don’t want it, don’t want it.”

There is also a problem of inappropriate use of resources. People use the emergency room because they are unaware of other clinic options.

There is a perception that many good services exist in Park City for Hispanic/Latino residents. Specific mention was made of the People’s Health Clinic and Holy Cross Ministries. One participant who is knowledgeable about many options stated:

- ◆ “There are also thousands of resources. I am also a translator for the hospital, and I know that the hospital gives financial help, everything that they want but obviously you have to present papers.”

Youth

Participants in the youth focus group were in general not very knowledgeable about health-related programs. Two of the participants were involved in community volunteer projects and were more informed than their counterparts. One participant mentioned a volunteer medical facility for the low-income and uninsured, but did not know the name of the organization. The other participant mentioned youth programs, such as Kids on Skis, which works with low-income families.

3. Effective methods for informing residents about health events and resources in their communities

Summary Section 3

Eastern Summit County residents indicated that there are no common sources of information that would reach the majority of the population. Options for disseminating information are mail, newspapers, community notice boards, radio and television announcements, church events and soccer fields. Schools may be a good avenue for disseminating information for families with children, however, there are families that home school their children or send them to school out of the county. “Word of mouth” is particularly effective in the rural communities and the Hispanic/Latino community, and even Park City. The Internet is a source that many use to seek health information. The Park City group suggested sending out information through employers, membership associations, or churches. Other suggestions were to use community gathering-points such as athletic fields, grocery stores or library bulletin boards, doctor’s offices, and the Latino market. For the Hispanic/Latino community, suggestions were to use outreach workers from the community. Literacy programs were also proposed.

Eastern Summit

Eastern Summit County residents responded that there are no common sources of information that would reach the majority of the population in their part of the county. All of the sources mentioned would only reach a small portion of the community. Examples are: regular mail, newspapers, community notice boards, radio and television announcements, church events and local sporting venues. Some residents watch local television, but many have cable TV with many non-local channel options; bulletin boards are available at the grocery store and gas station; Kamas and Coalville each have a library branch with a bulletin board.

For families with children, sending flyers home from school is a way to disseminate information. One person mentioned that schools used to be a good source of information for families, but are less so now that some families home-school their children or send them to charter schools outside the county.

In regards to health resources in their community, it is notable that none of the focus group participants mentioned that there is a county health department clinic in both Kamas and Coalville.

“Word of mouth” was mentioned as a method of disseminating information that is particularly useful in the rural communities of eastern Summit County.

Eastern Summit County residents mentioned that many individuals access health information through Internet websites, such as WebMD. They recognized the limitations of

using the Internet because sites can be inaccurate or misleading. Increased health education was seen as essential within the Coalville community across all levels of society.

- ◆ “I think education is huge and, you know, you talk about the... there is some but I think you just have to keep having that repetitive over and over and over again and a lot, too, I think for the younger and maybe for the older people as well.”

Western Summit

Park City participants said that word of mouth was key for distributing information: “I think in this town, word-of-mouth is a big, big thing.” In addition, it was noted as “the only way for the Latino community. I mean you have to talk to them at least; it’s not a pamphlet; it’s not the Internet.”

The Park City group came up with many specific suggestions for informing residents about health messages and events. They suggested going through large organizations that people know and trust. For example, human resource departments of large employers could print messages on payroll statements. Examples of other prominent organizations that could be approached to disseminate information were ski resorts and the Homebuilder’s Association.

Schools are sources of information for families with school-age children. Reaching people through churches was also mentioned. The Catholic Church would be a useful source, especially for the Hispanic population.

Giving people information where they congregate is effective. Community gathering points such as the soccer and lacrosse fields and free concerts were noted. Bulletin boards in public places, such as grocery stores or the library, and public service announcements on KPCW were also mentioned. The People’s Health Clinic holds screening day at the Latino market, Anina’s. This is seen as an effective strategy for reaching the Latino population. For eastern Summit County residents, the Park City group suggested places where people congregate such as baseball games, rodeos, and parades.

- ◆ “From a cross-cultural standpoint, I think you have to go to where the cultures hang out and just make it easy relatively. I mean if you’re talking about Latino or Hispanic, where do they hang out?”

First generation immigrants such as Hispanics are less likely to be congregating at soccer fields because the families cannot afford to sign their children up for sports.

Education is not a one-time effort. One participant pointed out the constant need, in every arena, for education efforts no matter what the program is.

- ◆ “[I’m] constantly trying to educate people about what the programs really are and what they really aren’t”

With respect to where the participants obtain health information, they mentioned their doctors including pediatricians, the Internet, and friends for a referral. One participant noted,

- ◆ “Knowing what I know, I’d call Rich Bullough at the Health Department.”

Hispanic/Latino

Focus group participants identified areas for education and outreach with the Hispanic/Latino population. The group mentioned using outreach workers from the community as liaisons. Again, “word of mouth” was recommended as a strategy for spreading information among the Hispanic/Latino community. Receiving messages from someone from their own community would be effective. Providing childcare would attract families to health events.

Several suggested the Internet is a place where people go for information. The hospital and clinics are seen as places to disseminate information. Other suggestions were to make a CD or video with information about available programs.

Literacy programs were proposed as a way to attract Hispanic/Latino parents to educate them about the culture and the community, including the health system. Children get some information from the schools, but adults may not have the same opportunity to learn about what is available.

- ◆ “We should educate the parents so they can help others who come here.”

Valley Mental Health does outreach among the Hispanic/Latino community, but there is still a need for more education about mental health services. Education is important to let people know about the different counseling or parenting sessions so they can use them.

- ◆ “I go there and walk through the neighborhoods. . . and when the children are outside with the mom I say, ‘Did you know that we have free programs that we’ll take care of the children during the summer, that they can go to groups?’”

Youth

The youth focus group was not asked about how best to inform them about health events or resources in their community.

4. Social and community factors influencing Health and Safety

Summary Section 4

This section on social and community factors pulls back from focusing on specific health issues to discussing health and safety from a broader, community perspective. We explore the commonalities and the divisions across social, ethnic, and income strata within the county in regard to factors influencing health and safety. We chose to focus on geographical division between east and west, and cultural differences between Hispanic/Latino and non-Hispanic/Latino. This allows contrast and comparison among these different groups.

Affordable housing is a key issue impacting the lives of residents throughout the county. It not only affects low income residents but also government workers and people who run the city and county. In response, people are buying homes in more remote areas of the county. Lack of affordable housing is a critical issue for Hispanic/Latino people. Families often live in crowded conditions with several families living together. The Hispanic/Latino focus group cited unsanitary conditions, insect infestations, and lack of code enforcement as problems.

Related to housing are zoning issues. The focus groups mentioned policies concerning the “core rezone” and restrictions on landowners’ ability to sub-divide land as affecting the long-term development of affordable housing.

Some eastern Summit residents view their emergency response system and law enforcement resources as inadequate. In addition, they would like to see trails developed for pedestrians and bicyclists, and the city park made usable and safe for families. Some concern was expressed about the safety of children who ride ATVs and do not use helmets.

Participants described activities they do to stay healthy. Park City residents complained about the high cost for families’ participation in sports activities, and would like to see a way to achieve more diverse participation.

THE DIVIDES

Participants in three of the adult focus groups discussed the geographical division between east and west as if it were a cultural divide. Several admitted that “people don’t like to talk about” the divide. One participant described divergent lifestyles between the more rural, agricultural east and more densely populated, resort-centric west.

- ◆ “Generally speaking, you’ve got a more sedentary lifestyle, a more rural, agricultural lifestyle on the east side, particularly as it compares to west side Summit County. You really have a tale of two counties. People don’t like to talk about that, but that’s reality.”

The county's fast-growing and changing populations were discussed in the Kamas group as a cultural clash between new and longer-term residents. This tension represents a clash of values in regard to county planning, aesthetics, and community development. The perceptions of the longer-term residents are that new residents moving in are second homeowners or retirees with a lot of money.

However, the “divide” is not only geographical. As one eastern Summit participant commented on new settlers buying homes in the Kamas area:

- ◆ “Of people moving in are doing so as a second home or a retirement home and, to be frank, they’re coming in with a lot of money, and they don’t - by and large, they don’t seem to care much for how the people with less money live their lives or do or do not maintain their properties.”

One participant said he finds that residents like to foster the impression that they live in Park City when they actually live in Snyderville Basin or other areas of Summit County. The information that one does not live in Park City comes as a “blow” to some residents.

- ◆ “You’ve got 20,000 people that live in Snyderville Basin that don’t live in Park City that think they live in Park City because that’s their address, Park City 84098.”

One participant made the point that Park City and Deer Valley are typical of high-end resort communities in their patterns of development.

- ◆ “When you have a resort community like Park City, the development and the evolution is pretty consistent. It may not be exact, but the resort develops from the core out.”

HOUSING

Affordable housing is a key issue impacting the lives of residents in Park City/Snyderville. One participant says the county and Park City municipality “pay a lot of lip service to affordable housing – It’s a sexy issue,” but there’s not much action. Some participants feel the issue is not well understood:

- ◆ “We talk and hear an awful lot about affordable housing on the radio and around town, and that term itself is a blanket term that is, I think, overused, because it doesn’t address what the problem is.”

Lack of low-cost housing impacts not only workers on the low end of the pay scale, seniors on fixed incomes, and single parents, but also government workers such as teachers, police and firemen.

Even residents who are perceived to have a middle class income are priced out of the housing market in the area around Park City. One participant expressed it this way:

- ◆ “The folks who work here and make the city run, make Park City run and Summit County run aren’t high wage earners, and I don’t know how people are ever able to afford to live and support the tax base here.”

The result is that housing development is increasing in more remote areas and individuals have to drive longer distances, sometimes in dangerous weather conditions. Many people cannot afford to live in the western part of the county even though they work there.

There is a perception that all people who live in Park City have money. One participant noted that when he is buying something, he makes sure the seller knows he lives in Snyderville because if they think he lives in Park City “the price just goes up.”

Lack of affordable housing was raised as a critical issue for Hispanic/Latino families.

- ◆ “The housing here in Park City is very expensive . . . The rent of a three bedroom apartment is \$1,400 or \$1,500 or more.”

Participants noted that people often live in crowded conditions with several families living in a single family house or apartment.

- ◆ “Places like Crystal View where the majority of renters are Hispanic, the problem is there.”

But if they have a choice to move to a less crowded apartment that is more expensive, one participant commented, they will choose to stay in the crowded condition. “The Hispanic community is willing to sacrifice their privacy to have more money.”

In regard to sanitary conditions, one participant described an incident in which a high school student was living in a home in which a toilet overflowed.

- ◆ “And so there was raw sewage all over the carpet in her apartment complex and she came to school smelling of feces.”

There is the perception that health codes are being violated due to overcrowding, and that no one is monitoring or enforcing these violations. Situations cited were unsanitary living conditions and roach infestations. Property managers overlook the situation, and no agency, such as the Housing Authority, will enforce health codes.

Zoning issues were noted as impacting the ability to develop affordable housing. One participant mentioned that there are some policy issues that need to be addressed at the county level around the “core rezone.” Zoning is also a point of contention for those who want to subdivide their land. The perception is that this issue pits long-term resident-landowners versus those that are anti-development/pro-open space. There are landowners who want to sell their property and “divide it up and give it to their kids and make some money,” but the zoning does not allow that. This issue is true in both eastern and western Summit regions.

Participants of the Coalville group expressed concern that people who do not pay taxes and are receiving services are a drain on law enforcement resources.

HEALTHY BEHAVIORS

Eastern Summit County participants described what they do to stay healthy. They stated that they incorporate exercise, proper nutrition, have outlets for stress relief, and take proper safety precautions to maintain personal health. Participants in the Kamas focus group added that setting a good example for children is also an important behavior.

In Park City, the participants highlighted exercising, reading, eating well, and being engaged in their community through church activities and volunteering. They also noted using a helmet for skiing and cycling.

In the Hispanic/Latino focus group, the responses to how people stay healthy included eating healthy and drinking water.

Participants of the youth focus group mentioned using local trails and school sport activities as ways to stay healthy. Participants listed working, hanging out with friends, playing sports, four-wheeling, and shopping as common extracurricular activities for youth. The youth did mention community resources that are more targeted for their demographic, such as the Alpine slide, Kamas Recreation Center, Art Kids, community sports teams, and the community orchestra, as places that provide resources to youth and volunteer opportunities.

EMERGENCY RESPONSE AND PUBLIC SAFETY

Most residents of eastern Summit County view the emergency response system as inadequate for areas outside Park City, resulting in issues such as long wait times for ambulance service and the inability of the volunteer fire department to quickly respond to calls. However, one focus group participant from Kamas and one focus group participant from Coalville do not believe the response time of the fire department to be an issue

- ◆ “...I’m not aware of an example, in the 15 years I’ve been here in the valley, where a structure has burned that everybody believed shouldn’t have burned or that a life was lost that shouldn’t have been lost because of response times.”

But they admit that the geographical distances between the rural communities covered by volunteer ambulance units is a challenge.

- ◆ “But still, it never fails that we've got the one Wanship unit out when a call comes in at Tollgate and we've gotta come clear from Henefer with the ambulance or vice-versa.”

Eastern Summit County residents noted that key services, such as public transportation, medical facilities and public safety resources, are all centered in Park City rather than other areas of the county.

Residents of eastern Summit County expressed concerns over the limited resources of law enforcement to adequately monitor their community due to the large geographic area.

Participants in the Kamas focus group mentioned concerns over risky behaviors of youth in the area, stating that many children using ATVs do not follow safety guidelines such as wearing helmets. One commented that,

- ◆ “ATVs are a way of life....It’s not as heavily regulated, and it’s so accepted out here that nobody says anything.”

Another participant opined that texting while driving is a growing issue among young drivers.

RECREATION

One of the issues in eastern Summit County is trail development for recreation. There was a discussion about the hazards of trying to walk or bike along the rural roads, and that a path alongside the road would provide safety for pedestrians or bicyclists. It was mentioned that past efforts to build a trail were unsuccessful because of local opposition. Those opposing were thought to be against “those city people moving in.”

- ◆ “They ran into so much opposition, the trail out there is only half finished”

One participant, whose grandfather is a long-time landowner near Kamas, reported that he was one of those opposing trail development. She said she believes her grandfather’s attitude toward a trail may change if he sees it as benefiting the health of the whole community, and not just for outside recreationalists.

Residents of Kamas complained that the city park has become run down due to lack of maintenance. Mothers of young children in the group said they are reluctant to have their children play there. Groups of young people hang out in the park performing suspicious activities and the mothers are concerned about a lack of law enforcement. They feel this is a community resource that is not usable for family activities.

The Park City group talked about the high cost of participating in sports and clubs. The soccer league charges a fee of \$60 to play. This fee most likely prevents some kids from participating. It was noted that Basin Recreation has started a “multi-cultural league” that has a lower cost. Several participants objected to the idea of segregated leagues and felt that reducing these barriers would be beneficial.

- ◆ “It’s pretty sad if people can’t play soccer without \$60.00. I mean that’s a tragedy.”

5. Issues of special concern for the Hispanic/Latino Population

Summary Section 5

The focus groups discussed several issues that apply particularly to the Hispanic/Latino community. Participants perceive that Hispanic/Latino people do not seek health care if they are not sick. For example, they are not accustomed to the idea of well-child care.

Hispanic/Latinos have many economic stressors that impede their ability to obtain health care. They are slow to trust providers and institutions such as schools. Therefore, it is important for providers and schools to be able to establish trust. Hispanic/Latino parents often rely on their children to be language and cultural translators, which puts pressure on the children at a young age. As a result, children can be valuable sources of information for the family because they are in the school environment. Hispanics/Latinos have strong community bonds and provide help to each other in times of crisis.

ATTITUDE TOWARD HEALTH

One key to understanding the attitude of Hispanic/Latino residents toward health and health care is that Hispanic/Latino residents do not seek health care if they are not sick. In Latin American countries, people are not accustomed to going to a doctor or taking a child when they are healthy. Their view of health is different. Therefore, parents do not understand the reasons for taking a child for a well-child exam.

They may also be reluctant to go to a doctor because of language barriers.

- ◆ “Sometimes the parents don’t speak English, don’t write English, and sometimes they don’t even write Spanish. They are illiterate in English and Spanish and they are ashamed of being illiterate.”

ECONOMIC STRESSORS

There are many economic stressors. People are struggling to get by.

- ◆ “[Hispanic/Latino residents are] too stressed knowing where's the money gonna come from. ‘Can I pay this bill? Where am I gonna live? Where is so and so gonna live when they come here?’ There's too many stresses.”

They do not have enough money to pay for the lights or rent. Given those circumstances, “why would you go see a doctor for a physical exam you don’t need because you aren’t sick,” as one participant put it. If they are being treated for a condition that requires ongoing treatment, they may discontinue it because of lack of money to pay for it. “They don’t come back because they don’t have the funds to continue the therapy.”

Hispanic/Latino residents may not take advantage of existing programs because long work hours mean they cannot access programs when they are open.

- ◆ “We have tried to do a lot of things with them and they haven’t worked for the fact that the first thing is to go to work.”

Some services are not available locally, thus necessitating residents to seek health care outside the county.

TRUST

The issue of trust of providers and institutions kept coming up in the Hispanic/Latino focus group. It was noted that many Hispanic/ Latino individuals do not get bank accounts due to trust issues. The tension over illegal immigration creates an aura of distrust for all in the Hispanic/Latino community. Participants said this distrust has impact on the delivery of health care. Patients need to trust their health providers or they will not be open in discussing their problems or complying with medical advice. The participants emphasized the importance of providers figuring out ways to establish trust.

- ◆ “If they have trust and they’re willing to open up to you, tell you their problems and all of that, wow, you’ve taken a big step. And from there you can go forward. But if it’s not there they’re not gonna talk to you.”

Trust is also important with schools. Parents need to be able to trust a teacher before they will attend parent-teacher meetings, or support their kids in extracurricular activities.

One participant spoke about a local program called *Haciendo Mejores Padres* [Making Better Parents]. The program was designed after receiving input from Hispanic/Latino parents on their perceived problems. The parents were having difficulty with child discipline and were seeking help. They were most concerned about education for their children. As one put it:

- ◆ “The children were born here or brought here when they were very young and now they don’t speak to their parents. Or they don’t obey them how they should.”

YOUTH AS LANGUAGE AND CULTURAL TRANSLATORS

Participants in the Hispanic/Latino groups discussed at some length the phenomenon that exists when children know English better than their parents, and children learn more about the culture from being in school. This puts children in the position of being language and cultural translators for the family. One participant described it as living a “double life.”

- ◆ “The children live a double life. They live one life in the house and one life outside the house. In the house they live as if they were back in the country with the food, the customs, and that. But after they leave they have to adapt to how to live in this country. “

Another participant observed that young people from immigrant families are a key conduit for information for their families. Thus, by improving information given to the student, communication will improve to the entire community.

- ◆ “A lot of the students that I deal with are the ones in charge of knowing what’s going on in this community. So, [if there is] better health information in all of the schools...that then can be disseminated at home for my population.”

DISCUSSION OF ISSUES UNIQUE TO HISPANIC/LATINO POPULATION BY NON-HISPANIC/LATINO GROUPS

Park City focus group participants’ perceptions were that the Hispanic/Latino population is good at taking care of one another, especially in times of crisis. For example:

- ◆ “If there’s an emergency, you know, if something needs to happen, if they need to fly a body home, if they - you know, I mean I hate to be morbid, but, you know, if something needs to be done that is critical to the family, then everybody will pitch in fifty dollars.”

In the Park City group there were mixed perceptions regarding the Latino population’s attachment to the community. Some felt they were here just to make money and send it home to their family while others felt they wanted to remain in the community but could not afford housing or other community resources.

Park City focus group participants perceive that language barriers to accessing services do not seem to be as much of an issue in Park City it might be in other parts of the county.

- ◆ “Park City has made an effort to have people who are bilingual that can serve a certain population, where maybe it’s not so well covered elsewhere.”

Coalville focus group participants mentioned that communicating with Hispanic “patients” can be particularly difficult due to both language and cultural barriers.

6. Issues of special concern for youth

Summary Section 6

The youth focus group discussed health issues of special concern for young people. The youth believe drinking alcohol is a common activity among a minority of their peers. They are aware of students who use tobacco at school, especially chewing tobacco. The participants were aware of the social consequences of using alcohol, tobacco and drugs. However, they described a lack of information about the physical and psychological effects of drug use. They felt the drug education they received in school was not effective. When asked about what types of drugs are used by their peers, they listed marijuana, over-the-counter medicines, prescriptions medicines, and household chemicals.

The youth commented that sex education in the schools is inadequate and inconsistent. Suggestions for improving sex education were to teach it at an older age, teach it more often, have a regular school class, and include parents in the process. Youth get their information about sex from their peers and the Internet. They are unlikely to ask their parents.

In the eastern Summit adult focus groups, the adults felt drug abuse among youth is a significant problem in their area. In regard to teaching sex education, adults in both eastern Summit and Park City acknowledged that the legal restrictions placed on schools creates a chilling effect on teachers, and that sex education in schools is inadequate. The Hispanic/Latino focus group offered that sex education in schools is important for their population, and that Hispanic/Latino parents typically do not talk to their children about sex.

ALCOHOL AND DRUG USE

When asked to comment on drinking rates among youth, youth participants indicated that it is a common activity, but only among a minority of their peers. A participant from eastern Summit County mentioned that drinking tends to occur in social settings, such as large bonfire parties. One participant shared a personal experience in which a young family member has encountered several legal and health issues due to drinking.

- ◆ “Yes my brother has been in hospital due to alcohol, drinking so much. Had some legal issues because of it. He said that he regrets everything because it has been so bad for him.”

Youth participants described the impact of drinking as decreasing students’ ability to do well in school, decreasing their involvement in school activities, and as a habit-forming activity that could have long-term negative effects.

Participants in eastern Summit County stated that they were aware of tobacco use on campus, particularly chewing tobacco. Those from Park City, however, stated that tobacco

use was not common on school campuses. One participant suggested that some youth begin smoking around the age of 13.

Participants seemed aware of the consequences of drugs and tobacco use on school campuses, which include exclusion from sports activities and suspension.

- ◆ “If they find out that you have it, if they see you have it that’s bad but if they find it and see that you’ve been hiding it that’s worse.”
- ◆ “If you get caught using, it is suspension. Or maybe even expulsion. But I know it is at least suspension.”

When asked about the use of drugs beyond alcohol and tobacco, youth participants listed marijuana, over-the-counter medicines, prescription medicines, and household chemicals as types of substances abused by youth. Hard drugs, such as methamphetamine and cocaine, were not perceived as high-use substances within this group. One participant suggested that over-the-counter medicines and household chemicals are being used as replacements for these hard drugs. Specific substances mentioned were Advil, vanilla extract, and cleaners.

Youth participants mentioned taking medications from their parents, getting older friends to buy it, and using alternative sources (such as vanilla extract) to find alcohol and drugs.

- ◆ “[The store] had to take vanilla off the shelves and put it behind the counter. People were drinking the fake vanilla and putting the box back on shelf in store. Because it has alcohol.”

One participant mentioned that if a parent uses drugs or alcohol, the child is more likely to do so as well. One said, “Their parents do it so they do.”

Youth participants described a lack of general information about the effects of drug use, such as the effects of marijuana, and that further education to clarify the realities of drug use could be beneficial as they grow older. A few participants suggested that current methods for drug education, such as the Red Ribbon program, are not effective. One participant mentioned a survey [SHARP survey] that assesses student drug use could actually introduce drug use behaviors to youth who were not previously familiar with them.

- ◆ “...it was supposed to be prevention but actually turned out to be more of education. It gave kids example of things that they can do. Like, ‘have you sniffed glue in the past 30 days?’” [discussing SHARP survey]
- ◆ “I went through the program and then got to go to a fair. You go through program and then get a prize” [describing experience in a drug education program].
- ◆ “I overheard a conversation discussing smoking marijuana. They said it was totally safe and might be good for you. And that’s not what it really is.”

Adult participants in eastern Summit reported drug abuse, of both illicit drugs and prescription drugs, as a significant health issue in eastern Summit County, particularly among the younger population.

- ◆ “I hear a lot that the level of drug abuse, particularly in young people, is rampant.”
- ◆ “...when you send them home [from jail], they're going right back into that same environment...”
- ◆ “I think some of it is denial, and some of it I’ve heard parents say, ‘Well, you know if they’re at home and it’s controlled. I mean I’m right there. It’s probably okay,’ or, ‘They have to experience a little bit so that they’re not going to go out and experience a lot.’”

SEX EDUCATION

When asked to comment on sex education, participants generally perceived it as inadequately provided and was inconsistently presented to them through the school system, with some individuals receiving it at a young age and others receiving it in high school.

- ◆ “Didn’t learn much.”
- ◆ “They don’t do it enough. I did not hear about it in high school.”
- ◆ “They do it in 5th grade.”

Suggestions to improve sex education within schools include: starting at an older age, teaching courses more often, offer a designated class on the topic, and including parents in the process.

- ◆ “I don’t think they understand, maybe it is the age. They teach sex ed so young...”
- ◆ “I think 8th grade is more appropriate because [before that] they’re just so young.”
- ◆ “Communicate with parents. I think most kids are more likely to listen to parents than some random person. I would have just spaced out.”

Youth participants stated that they would ask friends or look on the Internet to answer questions about sex education before they would ask their parents. None of the youth participants stated that sex education in the schools was adequate.

One adult participant mentioned that providing sex education in schools was particularly important for the Hispanic/Latino community, as family discussions on the topic may not adequately inform youth.

- ◆ “It’s really good that schools do it. Parents do not talk to kids about sex. Especially in the Latino community - communication within families not great on

this area because the parents don't talk to their kids and those are the kids who need it and are getting pregnant.”

Eastern Summit and Park City adult participants acknowledged sex education is limited because of a legal restriction regarding what can be taught in the schools. For example, the state restricts teachers from covering certain topics or saying certain words. These rules have a chilling effect on teachers concerned about saying things that would get them in trouble: “I can't say, “Planned Parenthood is around the corner if you want.” Teachers admit they are uncomfortable talking about sex.”

- ◆ “From a teacher's perspective . . . I don't feel comfortable talking, and when it comes up, I just refer them to a counselor.”

Young people obtain information about birth control from their peers: “One of my students had birth control, and her friend was taking it one day and she was taking it the other.”

The Hispanic-Latino group also mentioned lack of sex education for youth as a problem.

- ◆ There is a need for “education about contraceptives . . . The schools once a year does an orientation more or less, and Planned Parenthood does it too. . .”
- ◆ “Yes but in the schools we can't talk about those things.”
- ◆ “This . . . leads to them being pregnant and I have seen them drop out of school.”
- ◆ “There's a cycle like you said of the mom who doesn't pay attention to the daughter, and the daughter therefore becomes pregnant. And you see the girl who is 17 years old and already is with a husband and three children and doesn't study.”

There is also a lack of education about available reproductive health services

- ◆ “Right now mothers who have daughters 20 years old are getting pregnant too.”

7. Recommendations for improving the health and safety of Summit County residents

Summary Section 7

At the conclusion of the focus groups, the participants made recommendations, based on their discussions, to improve the health and safety of Summit County residents. Focus groups would like to see the Health Department provide more health education on topics such as nutrition and safety. For Hispanic/Latino residents, this education would need to address cultural and language barriers, and could be combined with English and/or parenting classes. Also mentioned were sponsoring health fairs in schools and public gathering places, and providing vouchers for rural residents to obtain clinic services outside of Park City. In addition to health education, they suggested the Health Department should perform health screenings and provide immunizations.

Beyond these specific health services, the participants suggested the county needs increased transportation services, improved access to nutritional food options, affordable sports activities for children and youth, and more recreational options such as municipal parks and trails.

A need was expressed for more mental health services in all parts of the county, for more pharmacy services and more responsive emergency services in the eastern part of the county, for after-school programs for kids, and subsidies for low-income youth to participate in sports.

The idea of creating a community center was explored as a central gathering place to disseminate information, provide youth and senior programming and health education, among other things. Some in the Park City group pointed out that other institutions and nonprofit groups were already performing the functions envisioned for a community center.

HEALTH EDUCATION

All of the adult focus groups would like to see the Health Department sponsor community education courses or health fairs on topics such as nutrition and safety. Providing health education to people in the Hispanic/Latino community is more challenging because of language barriers, different views of health care, and lack of understanding of the health systems by newer residents. Recommendations included providing English classes and/or providing translators and classes to help new residents understand the health system. Other approaches besides classes could be a video or home visits from a community liaison.

Classes in parenting and support groups for parents were recommended by the Hispanic/Latino focus group. These might not be considered “health education” in a narrow sense, but the people who work with the Hispanic/Latino population brought up examples of Hispanic/Latino parents needing support to raise children in a different culture.

- ◆ “In every school we have crisis counselors and other counselors. And we can help the students with whatever thing. But what we need is support for the parents specifically.”

Eastern Summit identified issues that could be addressed by the Health Department, such as health screening programs in schools, free immunizations “with no questions asked,” easier access to a pharmacy, and health education classes or health fairs.

Participants recognized the limitations of the County Health Department in addressing many of the social problems discussed. They can provide services such as low-cost immunizations, but many other issues fall outside the realm of the Health Department.

- ◆ “I think the health department can be a minor adjunct to help society function but I don't think they can rescue malfunctioning society and families.”

In regard to clinic services, a participant in the eastern Summit group would like to see vouchers used for patients to see private physicians, instead of all the resources going to the People's Health Clinic. This would address the problems of access and transportation, and would spread resources to other areas besides Park City.

Other issues beyond the scope of the Health Department are increased transportation services and more resources to support good nutrition, such as grocery store co-ops, farmers markets, and organic food options. Eastern residents would like to see more affordable recreation, such as a trail system and parks safe for families. The concept of a community center was mentioned as being desirable.

One participant suggested that offering empowerment skill building courses would be beneficial because it would encourage people to take control of their lives.

- ◆ “There's a lot of work that can be done around empowerment, around building up those personal skills and what that does for one's life.”

One participant would like to see community-wide Internet access: “Make the entire city a ‘hot spot.’”

MENTAL HEALTH SERVICES FOR CHILDREN AND ADULTS

All the focus groups would like to see an increase in the availability and affordability of mental health services for both children and adults. For the Hispanic/Latino population these services should be culturally competent to recognize the different perspectives on mental health and the role of the family in Latin American culture. Even with increased availability, the taboos around mental health services would still be an issue.

PUBLIC SAFETY & EMERGENCY RESPONSE

Participants in the Park City focus group were in support of combining paramedic and fire protection services across the county to allow for “economies of scale, consolidation of government services.”

The eastern Summit groups were mixed about whether they wanted to move to a professional emergency response system or stay with their volunteer system. However, they are dissatisfied with the response times for both emergency and law enforcement services.

AFTER-SCHOOL AND OTHER RECREATION PROGRAMS

There was a recommendation from the Hispanic/Latino group to provide more after-school programs. An earlier experiment to offer a “Boys and Girls Club” was not continued because of the cost. Parents would pay \$10 and children would be bused to the park after school for supervised activities. The parents would pick the children up in late afternoon. The program was eventually shut down because the cost of running the program was too high.

The Park City group recommended having subsidies for families who could not afford fees associated with sports. These activities are important to the whole community because they promote exercise and keep kids involved, active, and out of trouble.

COMMUNITY CENTER CONCEPT

The idea of a community center was discussed in the Park City, eastern Summit and youth focus groups. Participants in the Park City group discussed the idea in some detail. They envisioned it could serve multiple purposes: for providing health services, recreation, and be a hub for disseminating information. The center could have computers so people who do not have Internet could use them. They saw it as focusing on youth and seniors. They noted the challenge would be to find a location that would draw people from all parts of the county. The idea was suggested to build centers in each of the larger communities in the county to better serve local residents.

- ◆ “You have to have it in each community by community to make it work.”

In the youth focus group one participant suggested a community youth center would be a good way to provide programs and activities for youth.

- ◆ “I think I saw a place in Cedar City for youth to go and hang out and do things to stay out of trouble.”

The lack of a “community center,” meaning a central gathering place, is seen as a deficiency in Summit County for disseminating information to the entire community. “There’s no community center where everyone finds themselves at some point during the week.” Another participant added, “There’s no community center, like the building, but there’s also *no place*.”

On the other side of the issue, participants pointed out that other institutions, such as churches, libraries, and nonprofit organizations, are already carrying out many of the functions envisioned for a community center. A community center would not be the solution to all problems. Two organizations were specifically mentioned: the Park City Foundation as a “clearinghouse” for other nonprofits, and the Park City Ambassadors, an arm of the Chamber, which tries to be “the go-to place for volunteers.”

Note

The CPPA project team is planning further investigation into health and safety issues that will be an addendum to this report.

End Notes

- ¹ The 2010 U.S. Census has not yet published the general social characteristics for subdivisions below the county level for the Summit County region as of December 14, 2011.
- ² Utah Department of Health, Indicator-Based Information System for Public Health (2011). *Drinking Water: Public Water Use*. Retrieved from <http://ibis.health.utah.gov/>.
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- ⁵ Healthy People 2020. (2011). *2020 Topics and Objectives*. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>.
- ⁶ Centers for Disease Control and Prevention. (2011). *Health and Safety Topics*. Retrieved from <http://www.cdc.gov/>.
- ⁷ Utah Department of Health, Utah Cancer Control Program. (2011). *Utah Cancer Burden Small Area Report 2011*. Salt Lake City, UT: Utah Department of Health.
- ⁸ Centers for Disease Control and Prevention. (2011). *Chronic Disease Prevention and Health Promotion*. Retrieved from <http://www.cdc.gov/chronicdisease/index.htm>.
- ⁹ National Cancer Institute. (2011). *What is Cancer?* Retrieved from <http://www.cancer.gov/cancertopics/cancerlibrary/what-is-cancer>.
- ¹⁰ Utah Office of Vital Records and Statistics. *Births and Deaths, 2009*. (VRS Technical Report No. 217). Salt Lake City, UT: Utah Department of Health Center for Health Data.
- ¹¹ Centers for Disease Control and Prevention. (2011). *Reproductive and Birth Outcomes*. Retrieved from <http://ephtracking.cdc.gov/showRbMain.action>.
- ¹² Utah Department of Public Safety. (2009). *2009 Crime in Utah*. Salt Lake City, UT: Utah Bureau of Criminal Identification.