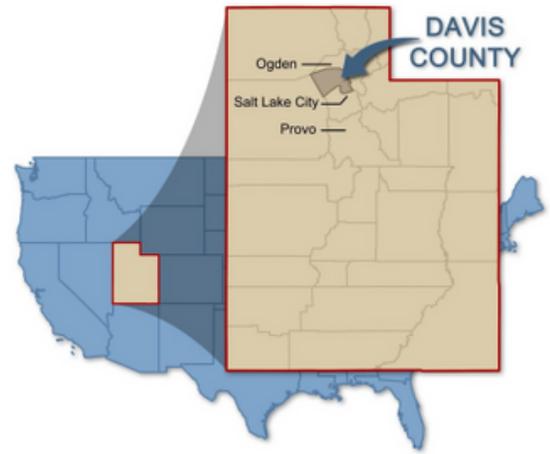


Executive Summary

In conjunction with Davis County's local community health improvement collaborative, Davis4Health, Davis County Health Department (DCHD) conducted a comprehensive community health assessment. In this third iteration of the Davis4Health Community Health Assessment (CHA), new local data was collected, priority health and human services issues were explored, and community needs and assets were assessed with an equity lens. These efforts have provided a deeper understanding of community strengths, resources, and areas for improvement in terms of people, place, and opportunity in Davis County, Utah.



What is a Community Health Assessment?

For the purpose of this assessment, health is considered in the broadest sense of the word by presenting data on the wide range of factors that influence how long and how well people live along with how they perceive their quality of life. Health is a resource that allows people to realize their aspirations and satisfy their needs. Community health was assessed using the Take Action Cycle and the County Health Rankings and Roadmaps (CHR&R) model along with a variety of quantitative and qualitative data sources. Because reports and statistics are continually being released and updated, assessment efforts are ongoing. This report represents a snapshot of the data available as of the end of 2022. The process of improving community health takes partnerships, time, and commitment. To address the wide variety of health factors outlined in the CHA, partners from many sectors are committed to working together to ensure Davis County is a place where all people are treated fairly, have a voice in decisions that affect them, and have a chance to prosper.

What is Health Equity?

Health equity means every individual has a fair and just opportunity to live their healthiest life, regardless of who they are, where they live, how much money they make, or any other personal characteristic. The idea of health equity is not new, with publications starting in 1966, and ongoing efforts at the national, state, and local levels. The assessment applies an equity lens by comparing data between demographic, economic, and geographic groups within Davis County. This approach does not blame groups for the health conditions or outcomes they experience. It highlights that disparities exist across health behaviors and outcomes so that root causes can be explored.

About Davis County

Davis County has the smallest land area, but the 3rd largest population among Utah counties with 362,679 residents. The population is young with 1 in 3 residents under age 18, but drastic increases are projected in the age 50 and older group. This may shift future healthcare needs. A growing population and shifting climate bring concerns about the environment. A large percentage of residents identify as religious (76.1%) and Republican (54.4%) leading to a culture and policies that align with conservative views and family values. A majority also identify as non-Hispanic White (84.3%). Hill Air Force Base brings many jobs and a large number of military families and veterans to the area. Health concerns vary by community in Davis County due to age, gender identity, sexual orientation, race and ethnicity, religion, immigration status, language, disability status, justice involvement, and city.

Culture of Health

CHR&R ranks Davis County as the 4th healthiest county in Utah and the Utah Healthy Places Index (UT HPI), the assessment's primary health index, suggests that it has healthier community conditions than 92.6% of other Utah counties. Residents have a life expectancy of 80.3 years, higher than the Utah and the U.S. averages. Areas of strength include clinical care, income, employment, education, civic engagement, and low use of tobacco and alcohol. Significant health disparities exist between demographic groups for several measures, even within the county's strongest areas. Physical environment continues to be Davis County's greatest challenge. Obesity and social associations are also areas for improvement. The UT HPI recommends policies linked to air quality, green space per person, and housing as the best opportunities for improving community conditions in Davis County. Community focus groups and a community resilience survey were primary data collection efforts that highlighted health concerns of underserved/underrepresented residents, such as access to resources and respect for others with different backgrounds. They also identified resilience measures like asking for help, emotional safety, and community connections as areas to explore.

COVID-19 Pandemic

The new infectious disease overburdened the healthcare system and community assistance programs. In 2020, it was a leading cause of death in Davis County. Vaccination helped reduce the impact of the disease with 2 in 3 residents getting vaccinated. The Pandemic magnified existing disparities at the local, state, and national levels. In Davis County, the Native Hawaiian/Pacific Islander community was impacted the most with the highest rates of cases, hospitalizations, and deaths.

Health Outcomes

In Davis County, most leading causes of death are chronic diseases. Accidents and suicide are also among the top causes of preventable death. Childbirth, septicemia, and heart disease are the leading causes of hospitalization. Davis County has higher rates of obesity, skin cancer, Alzheimer's disease, and depression than both Utah and the U.S. Notable disparities exist by sex, sexual orientation, and income. Davis County has higher rates than the U.S., but not Utah, for the following outcomes: chickenpox, invasive pneumococcal disease, pertussis, shiga toxin-producing *Escherichia coli*, and suicide. Increases over time in injuries, mental health conditions, maternal mortality, postpartum depression, obesity, and sexually transmitted infections are concerning and should be addressed.

Health Behaviors

Health behaviors are determined by the choices, resources, and opportunities available in the places where people live, learn, work, and play. Not everyone has the money, access, and advantages needed to make healthy choices. Davis County strengths include seat belt use along with low rates of tobacco and alcohol use. Progress has also been made towards lessening the impact of opioid misuse due to many community supports. Challenges include less than half of Davis County adults meeting nutrition recommendations along with low physical activity and sleep among youth. Technology use and sexual health indicators also warrant further exploration. For harmful behaviors like substance misuse, early prevention that reduces risk factors and increases protective factors is key. Populations most affected by substance use include males, working ages, and the LGBTQ+ community. Emerging substance use trends are the increasing use of methamphetamine and synthetic opioids like fentanyl.

Clinical Care

Davis County is ranked 3rd among Utah counties for Clinical Care by CHR&R for access and quality measures. Strengths include adults with health insurance, especially from an employer; fewer preventable hospital stays; prenatal care sought in the first trimester; use of community health workers and telehealth services; and higher vaccination rates for most indicators compared to Utah and the U.S. Access to mental and behavioral health services is also improving. Challenges for Davis County include the financial burden of medical care; demographic disparities in insurance coverage, especially by nationality, age, and income; provider to patient ratios; cancer screening rates; and declining school immunization rates. Among Davis County residents, the most frequently filled prescriptions in 2021 were related to mental health, pain relief, and chronic disease. Areas for further exploration are antidepressants as the leading prescription, substance abuse services as the fourth most common type of insurance claim, and post-Pandemic telehealth trends.

Social & Economic Factors

Improving social and economic factors addresses multiple health outcomes and helps everyone have the opportunity to reach their desired quality of life. Strategies to improve these factors have a greater impact on health over time than those directed at changing behaviors because the experiences, choices, and resources that are available in a community are impacted by social and economic factors. Education, employment, economic diversity, and community safety are strengths of Davis County along with low rates of poverty and youth risk factors. Housing, income, community connection, and abuse are areas for improvement. Housing affordability and financial disparities were the top issues across multiple sources. Concerning issues are cyberbullying, gender pay gap, caregiver burden, and sexual abuse.

Physical Environment

The physical environment has always been Davis County's lowest ranked health factor according to CHR&R, mainly due to air quality and commuting measures. Many trails and facilities that support walking and biking, safe and fluoridated water systems, and broadband access are among Davis County's strengths. Davis County is doing worse than Utah and the U.S. for grocery stores, supermarkets, and SNAP/WIC-authorized stores per person; traffic volume; commuting alone; and air pollution from PM2.5. Differences by city for park access and indoor radon levels are also areas of concern. Emerging issues include multi-unit rental housing, water supply, and density of fast food restaurants.

Conclusion

This thorough assessment has led to the identification of current community themes, strengths, and concerns. Many community supports are also outlined, including infrastructure, policies, partnerships, services, programs, resource directories, and community centers. Data gaps that exist for specific topics and groups have been acknowledged. The CHA provides the information Davis4Health partners will use to prioritize issues, choose strategies, and direct resources to improve the health of the Davis County community.