Davis COUNTY HEALTH DEPARTMENT

Davis County

Community Assessment for Public Health Emergency Response

Survey Results from the October 2024 Exercise

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Executive Summary

In October 2024, the Davis County Health Department conducted a Community Assessment for Public Health Emergency Response (CASPER) survey to gather household-level data on community connection and access to resources and services. This effort served both as a practice exercise for future disaster response and as a way to support the 2024-2028 Davis4Health Community Health Improvement Plan.

The survey was conducted door-to-door in randomly selected census blocks across Davis County. A total of 549 households were approached, 235 households were spoken with, and 97 agreed to complete the survey.

KEY FINDINGS

The survey results highlighted that much of the community is able to access essential resources and services, as well as the strength of community connection and engagement. Many residents reported strong ties to their community and felt confident in their ability to rely on family, neighbors, and local networks for support. The majority of respondents indicated reliable access to resources and services and that they did not have many needs at the time.

Another key strength identified was the presence of strong community groups, local institutions, and organizations that provide opportunities, support, and information to residents. Respondents noted these groups play a significant role in fostering a sense of belonging and ensuring resources reach the community through various channels. Public safety and trust in local institutions were also highlighted as positive aspects, with many residents feeling secure in their neighborhoods and confident in the services provided by community organizations.

Despite these strengths, some residents faced difficulties in accessing critical services like healthcare and food. Mental health support emerged as a significant concern, with many respondents expressing a need for improved access and support. Transportation barriers also posed challenges, particularly for some underserved groups. While there is a strong foundation of community support, these findings emphasize the need to further strengthen access to resources and services and reinforce community connections to ensure the health and well-being of the Davis County community.

A LOOK TO THE FUTURE

The CASPER survey findings will guide current and future community health improvement efforts by providing valuable data which can help reduce barriers and strengthen outreach, resource sharing, and collaboration. By using this data, priorities can be tailored to address gaps, reduce obstacles, and foster a healthier, more connected community.

Introduction

A Community Assessment for Public Health Emergency Response (CASPER) is a rapid-needs assessment developed by the Centers for Disease Control and Prevention (CDC) that is used to provide household-level information to public health leaders and emergency managers. A CASPER allows for making informed decisions in disaster prevention, mitigation, and response.

On October 26, 2024, Davis County Health Department conducted a CASPER exercise to practice its implementation for emergency preparedness efforts. This exercise was also used as an opportunity to collect data on community connection and access to resources and services to support the 2024-2028 Davis4Health Community Health Improvement Plan.

This report outlines the results of the survey data collected during the CASPER exercise. Information about exercise successes, lessons learned, and uses for the future can be found in Appendix 1 at the end of this report.

Images from the exercise included in this report are only of team members who participated in the survey and do not give away identifying information about the survey respondents.

Methods

SURVEY AREAS

Population Sample

Survey areas, 30 Davis County census blocks, were chosen at random using the ArcGIS Community Health Assessment Solution, a mapping and data analysis tool for assessing community health needs.

Teams of 2 were assigned to each survey area to collect a goal of 7 surveys evenly distributed throughout the survey area. The image to the left provides an an example of what this looks like (CDC, 2019).

To achieve this, the number of households in each survey area was divided by 7 to give each team their 'n'. Teams were given a random starting point and instructed to survey 1 out of every 'n' households.

QUESTIONNAIRE

Survey Question Development

A workgroup developed questions to fill data gaps and support the 2024-2028 Davis4Health Community Health Improvement Plan. A full list of questions can be found in Appendix 2.

The topic sections of the survey included:

- Household Information
- Access to Resources & Services
- Community Connection & Engagement
- Open-ended Feedback

Question types included:

- Multiple choice
- Select all that apply
- 5-point Likert scale
- Open-ended

Methods

DATA COLLECTION

Process & Tools

The survey was developed and data were collected using ArcGIS Survey123. Team members accessed the survey through the app on their phones.

For each household they approached to attempt a questionnaire, a survey was started. In the survey, team members completed team information, gave the household an ID, identified the type of household, if it was accessible, and pinned the location.

If a household did not answer the door, they were marked as a *nonrespondent*. If they did answer but refused to take the survey they were marked as *refused*. If they agreed to take the survey, respondents had to live in the household and be over the age of 18. Survey responses were entered into the app and submitted as *complete*.

Since the suvey questions were not traditional for a CASPER, a flipchart was used so survey respondents could see all questions and answer choices. There were also Spanish-translated printed questionnaires and flipcharts provided to all Spanish-speaking team members who were strategically placed in survey areas that were part of census tracts with higher prevalence of Spanish-speaking households.

Households were also offered a link to resources whether or not they completed the survey.

Limitations

While this survey provides valuable insights about the Davis County community, it is important to acknowledge certain limitations that may have influenced the results in the following section.

The survey was conducted as in-person interviews. This may result in interviewer or response bias meaning some respondents could alter their responses to align with perceived expectations or social norms rather than providing honest answers, especially with the nature of the questions asked. Being aware of this limitation in advance, interviewers received training and help documents to ensure consistency in how questions were asked to reduce any unintentional influence on respondents. Additionally, a tailored introduction was provided before each survey to explain the purpose, assure confidentiality, and encourage honest responses.

The timing of the survey could have influenced the results in several ways. It was conducted on a Saturday morning, right before Halloween and close to an upcoming election. By surveying on just one day and time, individuals who are not typically at home during the survey period, such as shift workers or those involved in other activities, may have also been underrepresented, further limiting the generalizability of the results. The proximity to the holiday may have also affected who was at home. Additionally, the timing of the survey, combined with its connection to the health department and the political climate leading up to the election, could have made some people hesitant to participate or respond differently to the questions. Political views may have also impacted how individuals responded to questions related to community issues.

The results of this door-to-door survey may not fully represent the experiences of individuals without stable housing, such as those experiencing homelessness or those with unstable housing. These populations were excluded from the survey by its design, which focused on households, potentially leading to a skewed understanding of access to services, resources, and community connection. Questions related to access to housing may especially be influenced by the survey design.

Another limitation of the survey is that while the questions were intended to assess the experiences of the entire household, responses were provided by one individual in the household. It is possible that not everyone in the household would have answered the questions in the same way. It is also possible that the respondent may not have been fully aware of or able to accurately represent the experiences of all household members, potentially overemphasizing their own experiences or perceptions over others in the household.

Finally, there was a completion goal of 168 surveys minimum for the results to be geographically representative of Davis County. That goal was not met; therefore, while the results are supportive of other Davis County data, they may not be generalizable.

Results

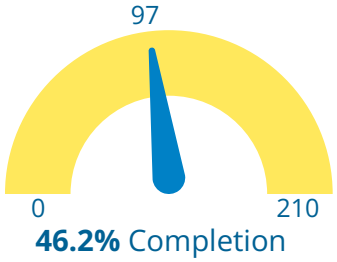
COMPLETION

Survey Response

With 7 surveys per team, a 100% completion rate would have totaled 210 surveys. The target was 80% completion (168 surveys) to ensure a geographically representative sample of Davis County, making the results more generalizable. Not all questions had to be answered to be considered complete, as respondents could decline to answer any question. A survey was considered complete if all questions were asked.

Due to time constraints, only **46.2% of the completion goal was met with 97** complete surveys (Figure 1). It is important to note that although the completion goal was not met, the data collected still provides valuable insights and a strong representation of Davis County residents.

Figure 1: Completion Goal



A total of 549 doors were knocked on. Figure 2 shows out of those 549 attempts, **235** (**42.8%**) answered the door. Figure 3 shows **17.7%** of the 549 attempts resulted in complete surveys. Figure 4 shows **41.3%** of the 235 households who answered the door agreed to complete the survey.

Figure 2: Contact Rate

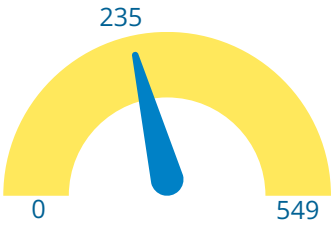


Figure 3: Response Rate

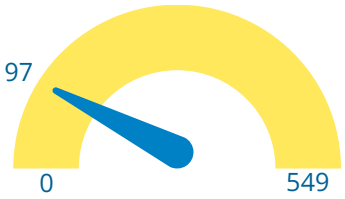
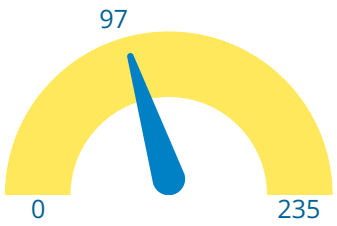


Figure 4: Cooperation Rate



These completion results demonstrate the challenges of this type of survey collection, while still reflecting a successful level of engagement from the community and providing insights into potential improvements for future efforts. All survey results are based on the people who answered that specific question, so the number of responses may vary for each question.

Results

HOUSEHOLD INFORMATION

Household Types, Residency, & Income

Respondents were asked how long they had lived in Davis County and how many children (under age 18), adults (aged 18-59), and older adults (aged 60 and older) currently lived in the household.

The average time survey respondents lived in Davis County was **22 years.**

More than 1 in 3 households lived in Davis County for **5 years or less.**

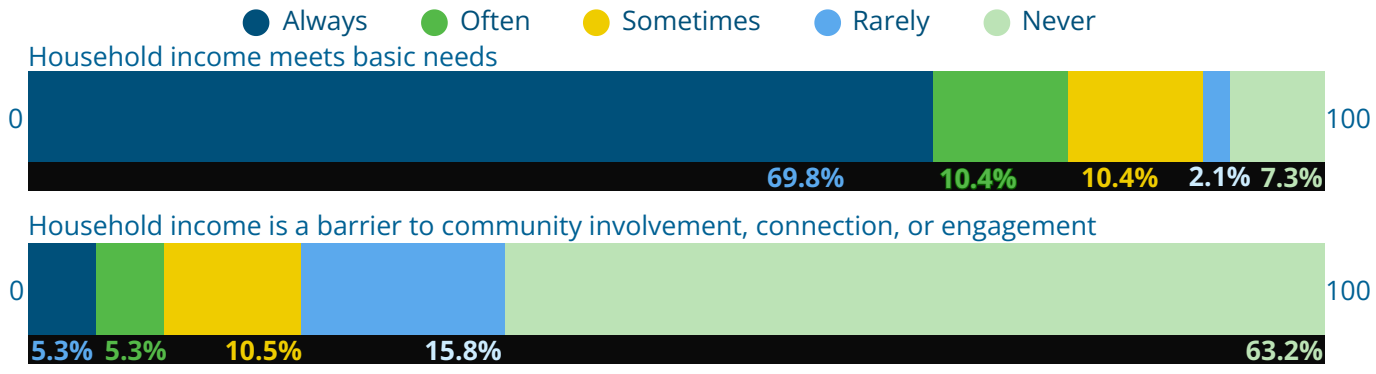
Almost 1 in 5 households lived in Davis County for **more than 40 years.**

The following highlights key findings about household sizes, family types, and living arrangements:

- The average household size was **3.1 people**.
- **11.5%** of respondents lived alone.
- The largest household size was **12**.
- **38.5%** of households had children.
  - **15.6%** had 3 or more children.
- **47.9%** of households had at least one person aged 60 or older.
  - **31.3%** were older adult only households.
  - **8.3%** were an older adult living alone.
- **4.2%** of household were single parents living with children.
- **3.1%** of households had children, adults, and older adults living together.

Respondents were asked how often (from "always" to "never") their household income met their basic needs, such as: rent or mortgage, groceries, transportation, daycare, utilities, medical bills, medications, paying debts, health insurance, mental health, and/or addiction services. They were also asked how often (from "always" to "never") income ever became a barrier to community involvement, connection or engagement, such as: playing in sports, being part of a civic group, extracurricular activities, voting, talking with neighbors or friends, and attending community events. Figure 5 illustrates the distribution of responses from "always" to "never" for each question.

Figure 5: Income Meeting Needs



Results

HOUSEHOLD INFORMATION

Household Demographics

Table 1 presents a summary of race and ethnicity, as well as key demographic and health characteristics for household members. These specific identities and characteristics were included because they often face unique challenges in accessing services, resources, and community connections.

Caregivers were identified as someone in the household providing unpaid help or assistance to a family member or friend with a health condition or disability. Of the **16.8% of households who had someone identifying as a caregiver**:

- Care was provided to anywhere from **1 to 5 people.**
- The average number of hours spent providing care was **10.6 hours per week** with households providing care anywhere from **2 hours up to 40 hours a week.**
- **62.5%** of households provided care to someone **outside of their own home.**

The following percentages represent types of disabilities reported in the **16.8% of households with 1 or more people living with a disability.**

- **37.5%** difficulty hearing
- **31.3%** difficulty seeing, even when wearing glasses
- **18.8%** difficulty concentrating, understanding, remembering, reading, or making decisions
- **81.3%** difficulty moving around, walking or climbing stairs
- **12.5%** difficulty dressing or bathing
- **12.5%** difficulty doing errands alone such as visiting a doctor's office or shopping
- **12.5%** identified another kind of disability

Table 1: Demographics Identified in Households

Race & Ethnicity	% of households
American Indian or Alaska Native	3.2%
Asian	3.2%
Black or African American	3.2%
Hispanic or Latino/a	21.1%
Native Hawaiian or Pacific Islander	1.1%
White	82.1%
Another race or ethnicity not listed	1.1%
Identities & Health Characteristics	**% of households**
Active duty military or reserves	3.2%
Caregiver	16.8%
Difficulty understanding/speaking English	4.2%
Disability	16.8%
Immigrant or refugee	8.4%
LGBTQ+	7.4%
Mental health condition	16.9%
Neurodivergence	10.5%
Single parent	5.3%
Veteran	19.0%

Data Note: Respondents could select all that apply so combined percentages do not equal 100. Middle Eastern or North African was an option but was equal to 0.

Results

ACCESS TO RESOURCES & SERVICES

Difficulty Accessing Services

Respondents were asked if they needed any of the services listed in Table 2 in the past year but were unable to access them. Of the services listed:

- **55.4%** of respondents said their household did not need to access any services in the past year.
- **48.8%** were able to receive the services they needed without difficulty.
- **53.7%** of those who needed a service were unable to access at least one.
- **4.9%** of those who needed a service were able to receive the services they needed, but it was very difficult to get some of them.

The top services unable to be accessed were:

- Healthcare (including primary, specialty, dental, vision, etc.)
- Mental health care
- Transportation
- Food assistance (government, financial, food pantries, etc.)

Table 2: Household Inability to Access Needed Services in the Past 12 Months

Services	% unable to access out of all respondents	% unable to access out of those who needed a service
Childcare	3.3%	7.3%
Disability services	2.2%	4.9%
Education or training	2.2%	4.9%
Financial services (tax help, government assistance, etc.)	2.2%	4.9%
Food assistance (government, financial, food pantries, etc.)	6.5%	14.6%
Healthcare (including primary, specialty, dental, vision, etc.)	13.0%	29.3%
Housing assistance	0.0%	0.0%
Legal services	0.0%	0.0%
Mental health care	7.6%	17.1%
Substance misuse/addiction treatment	0.0%	0.0%
Transportation	6.5%	14.6%
Another service	0.0%	0.0%
Data Note: Respondents could select all that apply so combined percentages do not equal 100.		

Of those who needed Healthcare services but were unable to access them:

- **1 in 2** were unable to access primary care.
- **1 in 3** were unable to access specialty care.
- **1 in 3** were unable to access dental services.
- **1 in 6** were unable to access some other type of care (e.g. Medicare issues and expensive medication).

Results

ACCESS TO RESOURCES & SERVICES

Barriers

The respondents who had difficulty accessing a service in the past year were asked what contributed to that inability or difficulty. Table 3 outlines those results.

- **More than 1 in 2** identified cost or insurance as a barrier.
- **Almost 2 in 5** identified travel or transportation as a barrier.
- **More than 1 in 4** were unable to find the service or didn't know where to go.

Table 3: Identified Barriers to Inability or Difficulty Accessing Needed Services

Barrier	% identifying barrier
Couldn't find service, didn't know where to go	28.6%
Unable to get connected from one provider to another effectively	9.5%
Difficulty using technology	23.8%
Inconvenient provider office hours	4.8%
Travel or transportation barrier	38.1%
Long wait list or wait time	14.3%
Cost or insurance barrier	52.4%
Language barrier	9.5%
I didn't qualify for the service I needed	23.8%
Paperwork or documentation barrier	0.0%
Disability barrier	9.5%
Personal concerns (burdening others, judgment/unfair treatment, lack of trust, etc.)	9.5%
Another reason	9.5%
Data Note: Respondents could select all that apply so combined percentages do not equal 100.	

Some respondents explained more about their experience with barriers such as not getting dental care because they couldn't afford it, being unable to find a needed healthcare service in the county making it inconvenient, not knowing what providers to go to for mental health care services, having a lack of trust, and having cost and insurance barriers due to a lot of hospitalizations and being on hospice.

Because respondents could select all that apply for services they were unable to receive and for the identified barriers, it is not always possible to know which barriers are identified for specific services. In a Table 4 heatmap on the next page, cells with lighter shades had overlapping services and barriers less often whereas cells with darker shades had overlapping services and barriers more often. Overlap in services and barriers does not necessarily indicate the barrier was specific to that service.

Results

ACCESS TO RESOURCES & SERVICES

Difficulty Accessing Services & Barriers

Healthcare had the most overlap with the cost and insurance barrier. Mental health care also had higher overlap with cost as well. Since transportation is a service and not having access to transportation can be a barrier, it was part of both lists so it had some expected overlap. Healthcare and food assistance also had some higher overlap with travel and transportation. More can be inferred from the Table.

Table 4: Heatmap of Overlapping Services Unable to be Received & Identified Barriers

Barriers to Services	Services Unable to be Received							
	Childcare	Disability services	Education or training	Financial services	Food assistance	Healthcare	Mental health care	Transport-ation
Couldn't find/didn't know where to go	2	2	0	1	0	3	1	1
Poor handoff from provider to provider	1	0	0	0	0	1	1	0
Difficulty using technology	1	1	1	1	2	2	2	2
Inconvenient hours	0	0	1	0	1	1	0	0
Travel/transportation	2	0	1	1	4	4	2	5
Long wait list/wait time	0	0	1	1	1	2	1	1
Cost or insurance	1	1	1	2	2	8	4	2
Language barrier	2	0	0	0	1	1	0	1
Didn't qualify	0	2	1	1	1	3	2	1
Disability barrier	0	1	0	0	0	2	0	1
Personal concerns	0	0	0	0	1	0	1	1
I'd like to explain	0	0	0	0	0	2	2	0
Another reason	0	0	0	1	0	2	0	1

Data Note: Some barriers to services have been shortened in this table from how they were written in the survey for spacing reasons. Cells with lighter shades had overlapping resources and services less often whereas cells with darker shades had overlapping services and barriers more often.

Results

ACCESS TO RESOURCES & SERVICES

Go-to Sources for Information

Respondents were asked if they had a go-to source for information about community resources and services (Figure 6), and community events and activities (Figure 7).

Many of those who responded "yes" provided more details on their go-to sources for information. Responses were open-ended so some shared specific sources while others were more broad. These responses were grouped into like categories with some specific examples also listed in Figure 8 and Figure 9.

Figure 6: Have a Go-to Source for Resources & Services

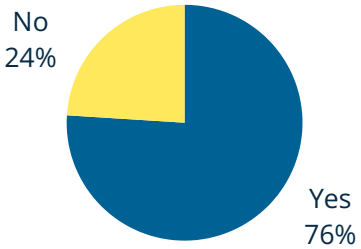
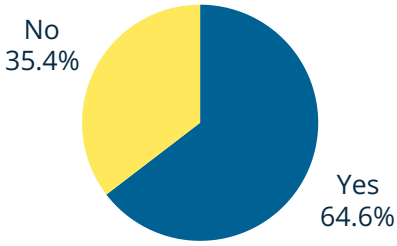
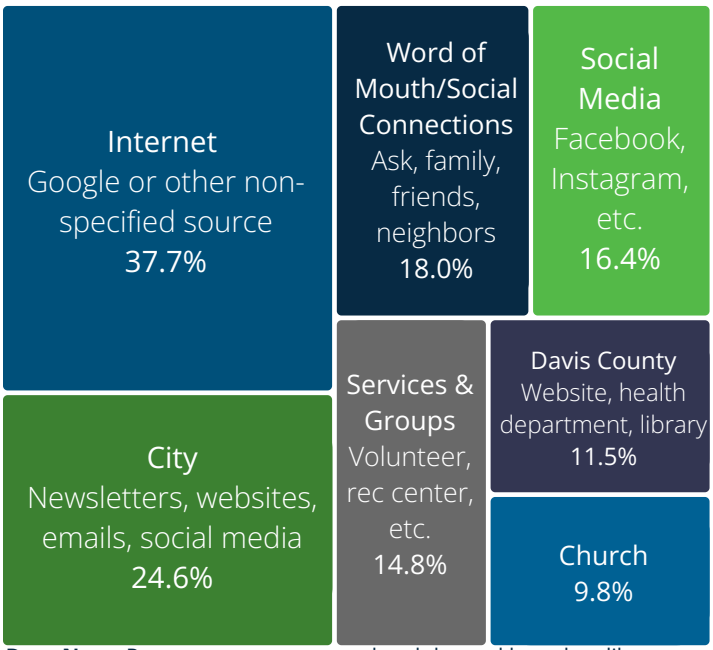


Figure 7: Have a Go-to Source for Events & Activities



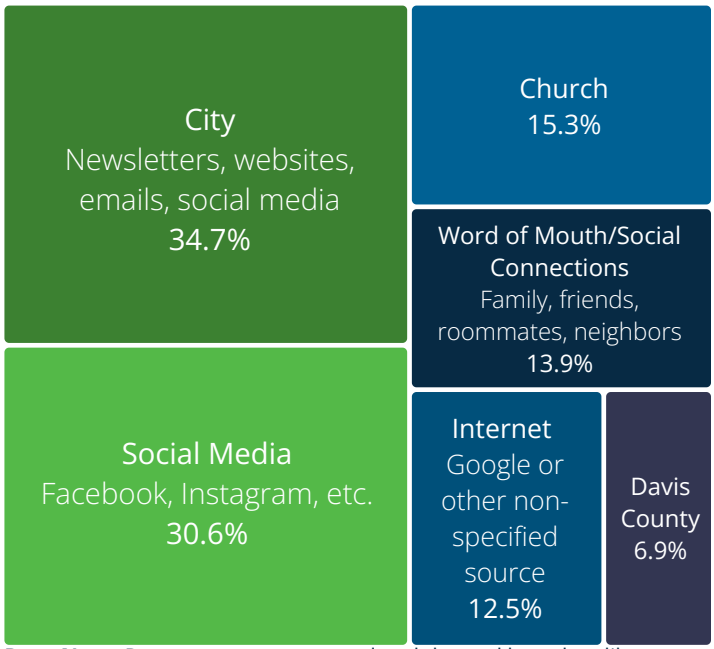
Internet, such as Google or other unspecified websites, was the most commonly mentioned source for information about community resources and services. This was followed by various city sources and word of mouth. For information about community events and activities, city sources were most common, followed by social media and church.

Figure 8: Go-to Sources for Information About Community Resources & Services



Data Note: Responses were grouped and themed based on like categories. Other source examples provided in less than 3 instances include: Department of Workforce Services, the Veterans Administration, and Utah.gov.

Figure 9: Go-to Sources for Information About Community Events & Activities



Data Note: Responses were grouped and themed based on like categories. Other source examples provided in less than 3 instances include: monthly magazine, newsletters, newspapers, Department of Workforce Services, the Veterans Administration, water bill, volunteer programs, local news, Salt Lake Activities app, and work.

Results

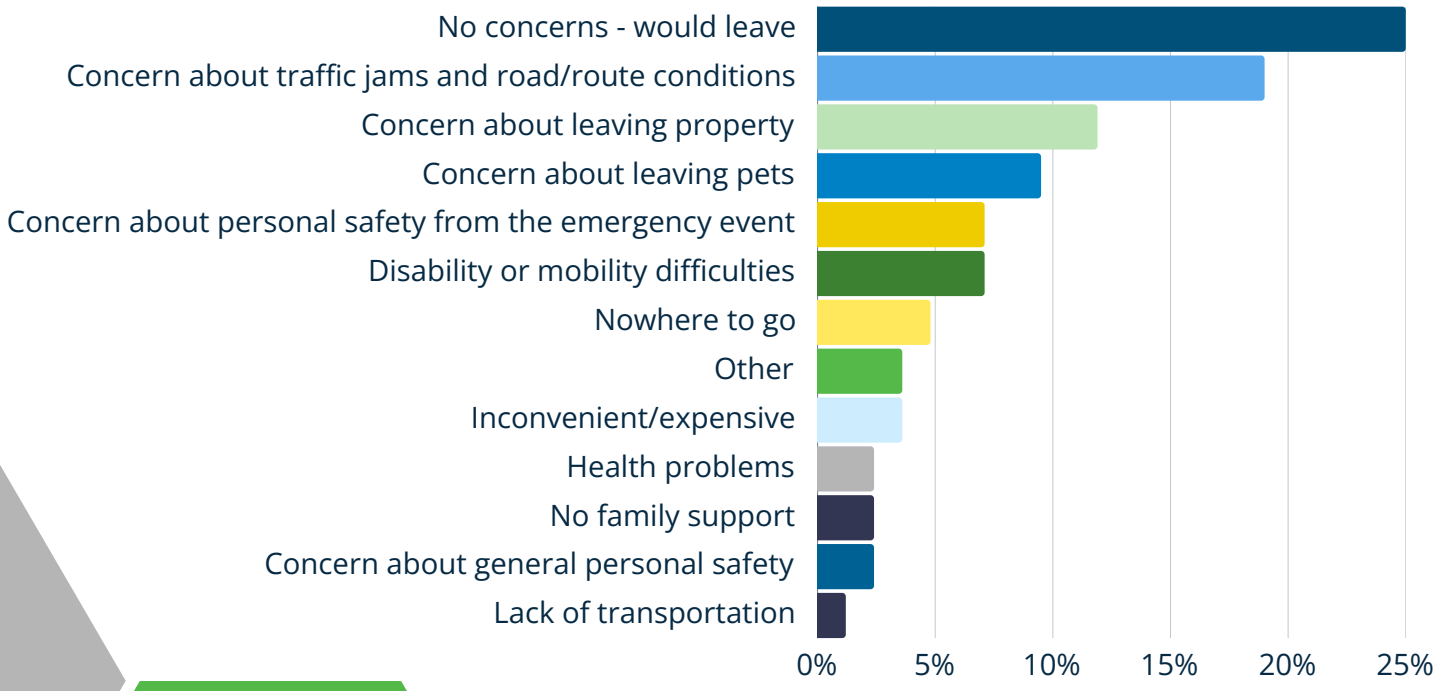
ACCESS TO RESOURCES & SERVICES

Concerns with Evacuation in Emergency

To assess potential barriers to leaving the county if there were ever an evacuation order during an emergency, respondents were asked what would be the main reason that might prevent their household from evacuating during an emergency if asked to do so.

Results are shown in Figure 10. The most common response shown, 'No concerns - would leave', was not actually an option in the multiple choice question. It was pulled out of the 'Other' category because it was so prevalent with **1 in 4 households saying they would leave**. The top reason identified as what might prevent households from evacuating in an emergency was **concern about traffic jams and road/route conditions** with almost **1 in 5** choosing this option.

Figure 10: Main Reasons Households Might be Prevented from Evacuating During an Emergency



Results

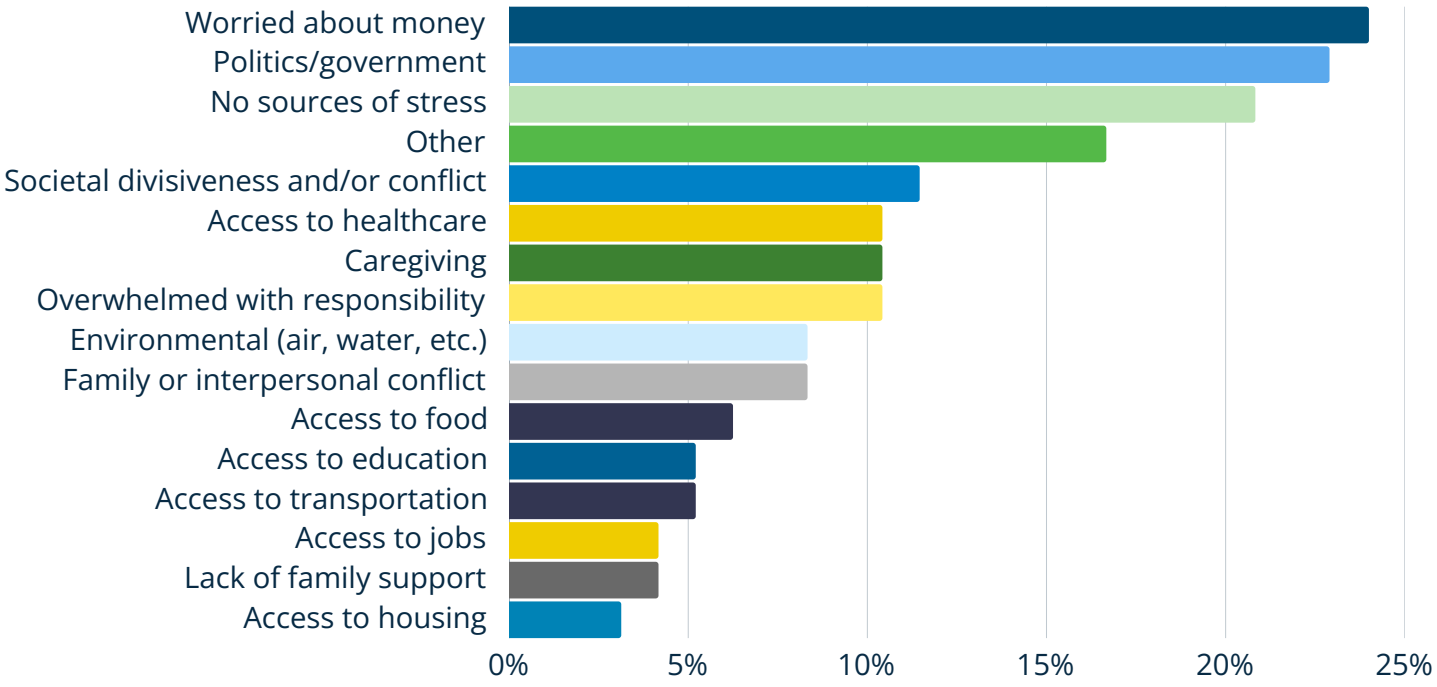
ACCESS TO RESOURCES & SERVICES

Daily Sources of Stress

Respondents were asked about the sources of stress in their household's daily life. The results are illustrated in Figure 11. They could choose all that applied to their household and provide their own response for the 'Other' category. The top takeaways included:

- **24.0%** of respondents said being worried about money was a daily source of stress.
- **22.9%** of respondents said politics/government was a daily source of stress.
- **20.8%** of respondents said their household did not have a daily source of stress.
- **16.7%** of respondents chose other and reported the following as sources of daily stress: aging, being alone, road construction, busy streets/traffic, electronic communication, daily needs, death of a spouse, depression, caring for a disabled family member, getting out of the house, each other, health conditions, life in general, mobility, neighbor disputes, and safety.

Figure 11: Sources of Stress in Household's Daily Lives



Results

COMMUNITY CONNECTION & ENGAGEMENT

Community Involvement & Support

Respondents were asked if members of their household were involved in anything that improves social connection(s). The following examples were provided: community organizations, hobby groups, associations, sports, and volunteering. Refer to Figure 12 for an illustration of the results.

To understand more about social connection and community engagement, respondents were then asked if anyone in the household ever worked with someone or a group to solve a problem in their neighborhood or community. Refer to Figure 13 for an illustration of these results.

To assess perception of their power to affect community change, respondents were asked if they felt members of their household could be involved in community decisions. Refer to Figure 14 for an illustration of these results.

Because having a support system is crucial for connection and well-being, respondents were asked if their household had someone outside of the home they could rely on for help if needed. Refer to Figure 15 for an illustration of these results.

Figure 12: Social Connection Involvement

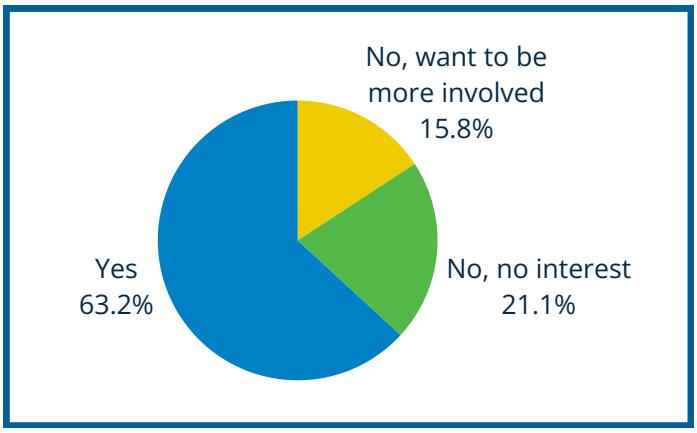


Figure 13: Community Engagement Involvement

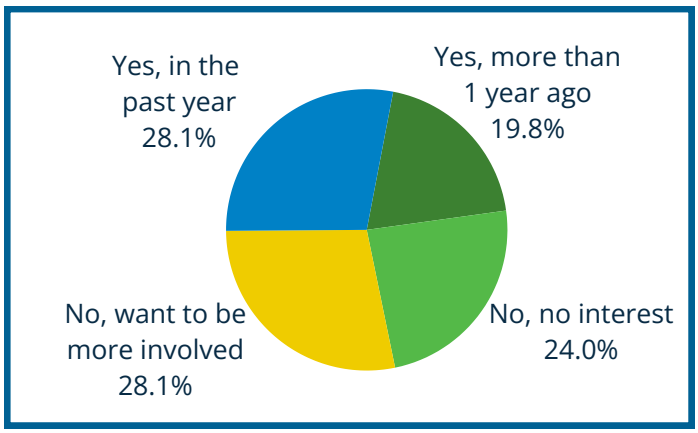


Figure 14: Perception of Ability to be Involved in Community Decisions

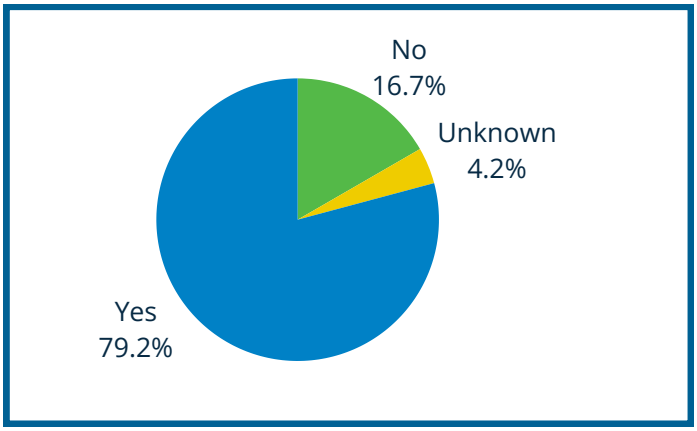
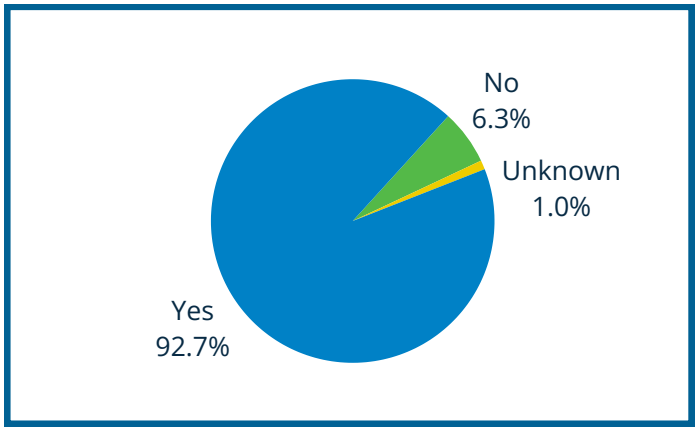


Figure 15: Have Someone Outside of the Home to Rely on for Help



Results

COMMUNITY CONNECTION & ENGAGEMENT

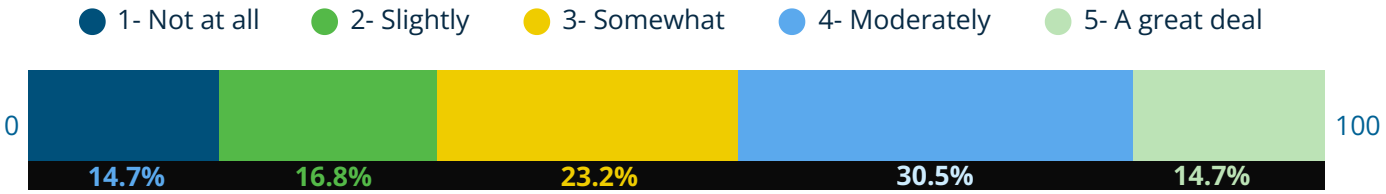
Connection & Well-being

The 2024-2028 Davis4Health Community Health Improvement Plan relies on connection and well-being data from the Utah Wellbeing Project for evaluating progress over time on the set priorities. Since that data is only available for five Davis County cities, this survey used two similar questions to gauge community connection and well-being at the county level.

While both surveys measure similar concepts with the shared questions, there are key differences in methodology. The Utah Wellbeing Project collects responses from individuals through an online survey, whereas this survey gathered household-level responses from an individual in person. Additionally, the wording of the questions was slightly modified. As a result, the findings are not directly comparable, but they still offer valuable insights into overall well-being and community connection within Davis County.

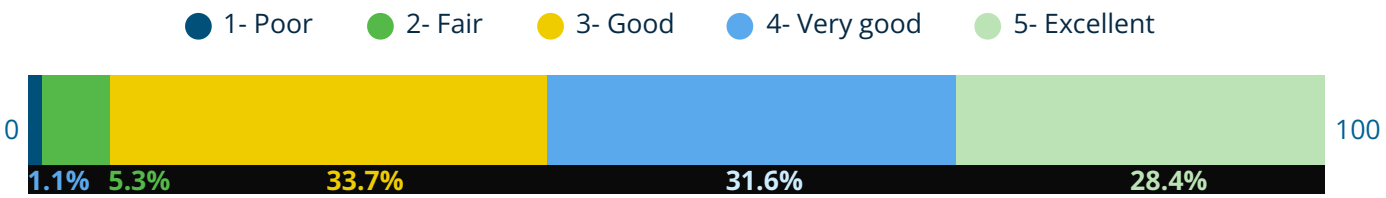
Respondents were asked how connected they felt their household was to their city as a community. Choices ranged from "not at all" to "a great deal". To compare the results to the Utah Wellbeing Project's community connection scores, the responses were given a score of 1 (not at all) to 5 (a great deal) and averaged. Figure 16 illustrates the distribution of these results. Slightly less than half (**45.2%**) of respondents felt their **household was moderately or greatly connected to their city as a community**. The **average community connection score in this survey was 3.14**. The community connection scores of the five Davis County cities involved in the Utah Wellbeing Project average to be 3.14 as well.

Figure 16: Household Connection to City as a Community



The other question similar to the Utah Wellbeing Project survey asked respondents how they would rate the overall well-being of their household. Choices ranged from "poor" to "excellent". To compare the results to the Utah Wellbeing Project's overall personal wellbeing scores, the responses were given a score of 1 (poor) to 5 (excellent) and averaged. Figure 17 illustrates the distribution of these results. Over half (**60%**) of respondents rated their **overall household well-being as very good or excellent**. The **average overall household well-being score in this survey was 3.81.** The overall personal wellbeing scores of the five Davis County cities involved in the Utah Wellbeing Project average to be 4.09.

Figure 17: Overall Household Well-being



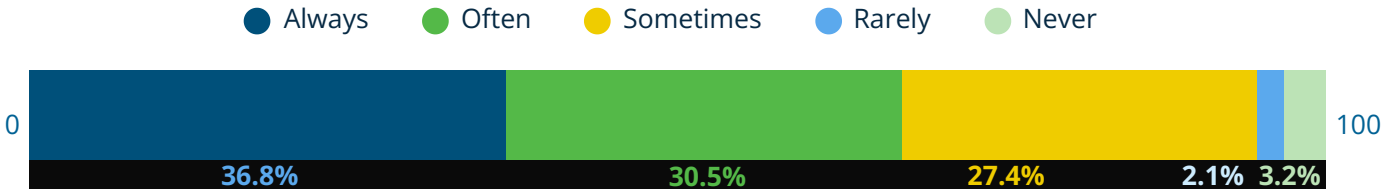
Results

COMMUNITY CONNECTION & ENGAGEMENT

Belonging & Social Climate

Respondents were asked how often their household felt a sense of belonging where they lived from "always" to "never". The distribution of results are illustrated in Figure 18. A majority (**67.3%**) **felt a sense of belonging often or always.**

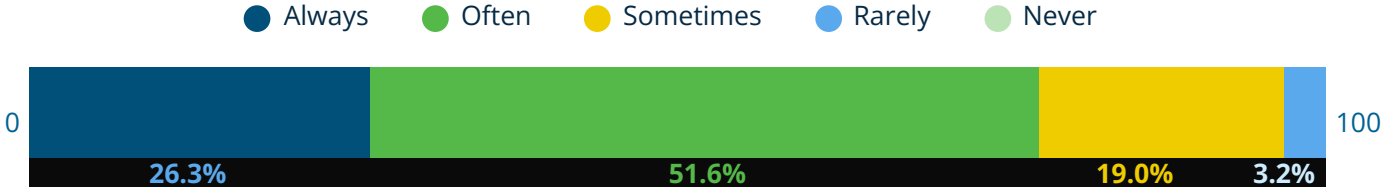
Figure 18: Household's Feeling of Belonging Where They Live



When asked if, in the past 30 days, anyone in the household had been treated unfairly in the community because of background, identity, or circumstance a majority (**92.6%**) **of respondents said no**.

Lastly, respondents were asked how often they felt people in Davis County generally treat others with kindness and respect regardless of their background, identity, or circumstances from "always" to "never". The result distribution is illustrated in Figure 19. No respondents said never and **77.9% said they felt people in Davis County often or always treated others with respect and kindness.**

Figure 19: Perceptions of Kindness & Respect in Davis County



Results

OPEN-ENDED RESPONSES

Households' Greatest Strengths

Respondents were asked what they thought their **household's greatest strength** was considering all the questions that were asked. While not every response is reflected in these results, the key themes that emerged are as follows:

Family values: Family was mentioned as households' greatest strengths more than anything else. This included close-knit bonds, mutual support, and the connections that serve as a key source of motivation and happiness.

Community service and involvement: Household strengths were also rooted in community service and involvement indicating a collective effort to contribute to the well-being of their communities and neighborhoods. There were mentions of active participation in their community, being community centered, volunteering, engaging in community service, and participating in organizations and neighborhood activities.

Love, support, and resilience: Love and support within households and the ability to withstand challenges together was a theme identified among the household strengths.

Work ethic and stability: Several households mentioned hard work, financial stability, and independence as key elements of their strength.

Home and environment: There were mentions of households taking pride in maintaining comfortable and beautiful homes, gardens, and yards.

Communication and relationships: Strong communication, openness, trust, and relationships were also a recurring household strength theme, highlighting the importance of a solid support system and the ability to connect and have conversations.

Safety and security: Some households focused on living in and creating a safe and secure environment for their family, including things like having a roof over their heads and preparedness for emergencies.

Uncertainty: There were some households who did not know how to answer this question either declining to answer or stating they didn't know or had never thought about it.

Results

OPEN-ENDED RESPONSES

Households' Greatest Needs

Following the question about greatest strengths, respondents were asked what they thought their **household's greatest need** was considering all the questions that were asked. While not every response is reflected in these results, the key themes that emerged are as follows:

No needs: Most households mentioned not having any needs at this time with a few mentioning how grateful they were for that.

Money and financial support: Many households mentioned needing more money or financial assistance. This included general financial support, a need for more Social Security, issues related to small businesses, and struggles with affordability particularly related to housing, medical costs, food, and general income needs.

Healthcare access and good health: Many households also highlighted needs for better access to healthcare including mental health resources, affordable medication, insurance, and an advocate to help navigating forms and paperwork for a family member living with disabilities. Some households simply mentioned a need for good health for themselves or their loved ones.

Access to resources and information: Respondents mentioned the need for resources and community information to be more accessible, such as having resource materials at community locations, a need for a single source of information, and a desire to be more informed and connected with what is going on in the community.

Time and relaxation: Several households wished for more time in their day-to-day lives some mentioning specifically to relax, reduce stress, sleep, and spend time with family.

Community and social connections/support: Many respondents expressed a need for stronger connections and support systems. This included more opportunities to connect with the community, build relationships, and strengthen social ties. Some mentions included the need for more family gatherings, more friendships in the area, emotional support for a loved one, and a general need for more community.

Basic needs and services: Respondents mentioned basic needs like affordable housing, transportation, education, food security, and jobs. The high cost of land and housing makes buying difficult. There was a need for a car and accessible sidewalks. Education needs included things like support for a child with ADHD and help during college. Some mentioned needing food assistance and more job opportunities.

Neighborhood/household needs: Respondents mentioned various needs related to their neighborhood and household such as needing: better access to parking with HOA restrictions, help with yard work, better tasting water, and a tree removed from a neighboring property.

Conclusion

This survey provided valuable information about community connection and access to services across Davis County. By gathering household-level data, the findings highlight both the strengths among households and the challenges they face related to these areas.

While many households reported feeling connected to their community and having reliable resources for information, gaps remain in accessing essential services. Some respondents reported encountering barriers such as cost, transportation, difficulty finding information, and long wait times. Although the survey structure did not allow for directly linking these barriers to specific services, the results suggested that affordability and accessibility may be common challenges across multiple areas of need. Additionally, while most respondents indicated they had a support system outside their home, a portion of households expressed a desire for stronger community ties and more opportunities for connection and engagement.

Limitations such as not meeting the completion goal for more generalizable results, interviewer and response bias, exclusion of individuals without stable housing, reliance on a single respondent per household, and the timing of the survey should be considered when interpreting the results. Despite these, the data collected offers an understanding of community needs and strengths.

The findings from this survey will support community health improvement efforts. Insights on service access barriers and community connection will inform strategies, improve outreach, enhance resource sharing, and strengthen the ongoing priorities. By using this data to guide planning and collaboration with community partners, initiatives can be tailored to address gaps, reduce barriers, and foster a healthier, more connected community.

Appendix 1: CASPER Exercise

While the 2024 CASPER provided valuable data on access to resources and services and community connection – the core focus of the survey – the overarching purpose of the CASPER was to conduct a full-scale emergency preparedness exercise.

The exercise offered Davis County Health Department (DCHD) staff the opportunity to practice critical response functions in a non-emergency setting, strengthening operational readiness for future events. Key successes of the exercise are listed below.

Cross-divisional Hands-on Training

Over 60 staff members across the health department participated, most of whom had never been part of a CASPER before. With the last CASPER exercise conducted in 2016, and significant staff turnover since, this served as essential cross-training for future deployments.

Development of Leadership Capacity

DCHD's new Emergency Response Coordinator led her first full-scale exercise, and three additional staff members gained their first experience facilitating a response operation — helping build internal leadership for future emergencies.

Technology Integration & Preparedness Planning

An epidemiologist learned how to utilize an ArcGIS solution across all parts of the data collection process including selecting the survey areas using Pro, collecting the data using Survey123, and reviewing the data in real-time at the Department Operations Center (DOC) using Dashboards. This resulted in new internal procedures that have been incorporated into the health department's All Hazards Plan.

Team Building & Department-wide Collaboration

Field teams were intentionally paired across divisions, promoting working relationships and improving internal collaboration—a key strength in real-world emergency response and public health.

Testing Communications Systems

DCHD partnered with the Davis County Sheriff's Office to issue an Everbridge alert to community members living in the selected survey areas. This enabled emergency preparedness staff to learn more about the features and capabilities of the system and the Sheriff's Office to practice sending alerts to several neighborhoods at the same time. Utah Notifications & Information System (UNIS) alerts were also used for DOC and exercise activation by sending emergency staff notifications with reporting locations and times.

Appendix 2: Questionnaire

HOUSEHOLD INFORMATION

D1. How long have you lived in Davis County? _____ years OR _____ months (if less than 1 year)

D2. How many people live in the household who are:
Under age 18: _____ Ages 18-59: _____ Ages 60 or older: _____

D3. What races and/or ethnicities are represented in the household? (select all that apply)

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino/a
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White
- Identity not listed _____

D4. Does anyone in your household identify with any of the following? (select all that apply)

- Active duty military or reserves
- Difficulty understanding or speaking English
- Disability
- Immigrant or refugee
- LGBTQ+
- Mental health condition
- Neurodivergence (Autism, ADHD, Dyslexia, etc.)
- Single parent
- Veteran
- Another identity you'd like to share _____
- None of the above

Appendix 2: Questionnaire

*****ONLY IF Disability is chosen, THEN ask question D4a*****

D4a. You mentioned there is a disability in your household. Does anyone in your household have any of the following that might affect daily living, accessing resources and services, or create a challenge during an emergency? *(select all that apply)*

- **Hearing:** Difficulty hearing
- **Vision:** Difficulty seeing, even when wearing glasses
- **Developmental/cognitive:** Difficulty concentrating, understanding, remembering, reading, or making decisions
- **Mobility:** Difficulty moving around, walking or climbing stairs
- **Self-care:** Difficulty dressing or bathing
- **Living independently:** Difficulty doing errands alone such as visiting a doctor's office or shopping
- Another disability: _____

D5. Does anyone in your household provide unpaid help/assistance to a family member or friend with a health condition or disability? (circle one)

Note: The person receiving the care does not have to live in the same household and can be of any age.

Examples of caregiving listed on the flipchart: Arranging or coordinating outside services, Companionship (checking in with phone calls/visits), Household chores (shopping, cooking, laundry, home maintenance), Managing medications, Moving around the house, Paying bills/managing finances, Personal care (dressing, bathing, feeding, toileting), Providing transportation

- Yes
- No

*****ONLY IF Yes is chosen, THEN ask questions D5a - D5c *****

D5a. How many people does your household provide this care for? _____

D5b. Does everyone who is being provided care live in this household? (circle one)

- Yes
- No

D5c. On average, how many combined hours per week does your household provide this care?
_____ hours.

Appendix 2: Questionnaire

D6. How often does your household income meet your basic needs? (circle one)

Examples of basic needs are listed on the flipchart: Rent or mortgage, Groceries, Transportation, Daycare, Utilities, Medical bills, Medications, Paying debts, Health insurance, Mental health, Addiction services

Always Often Sometimes Rarely Never

D7. How often is your household income a barrier to community involvement, connection, or engagement? (circle one)

Examples of community involvement, connection, and engagement listed on the flipchart: Playing in sports, Being part of a civic group, Extracurricular activities, Voting, Talking with your neighbors or friends, Attending community events

Always Often Sometimes Rarely Never

Appendix 2: Questionnaire

ACCESS TO RESOURCES & SERVICES

A1. In the past 12 months, was there a time when someone in your household needed any of the following services and couldn't get them? (select all that apply)

- Childcare
- Disability services
- Education or training
- Financial services (tax help, government assistance, etc.)
- Food assistance (government, financial, food pantries, etc.)
- Healthcare (including primary, specialty, dental, vision, etc.)
- Housing assistance
- Legal services
- Mental health care
- Substance misuse/addiction treatment
- Transportation
- Another service: _____
- I have been able to receive the services I needed, but it was very difficult to get some of them.
- I have been able to receive the services I needed without difficulty.
- I have not needed any of the services listed above.

*****IF ANY service is chosen above OR if it was difficult to get some of them, ask question A1a *****

A1a. Which of the following contributed to the difficulty receiving services? (select all that apply)
Note: Choose 'I'd like to explain' if they want to provide details for any of the selected options

- Couldn't find service, didn't know where to go
- Unable to get connected from one provider to another effectively
- Difficulty using technology
- Inconvenient provider office hours
- Travel or transportation barrier
- Long wait list or wait time
- Cost or insurance barrier
- Language barrier
- I didn't qualify for the service I needed
- Paperwork or documentation barrier
- Disability barrier
- Personal concerns (burdening others, judgment/unfair treatment, lack of trust, etc.)
- Another reason: _____
- I'd like to explain: _____

Appendix 2: Questionnaire

*****ONLY IF Health care was chosen in A1, ask question A1b*****

A1b. Specifically, what healthcare services were unable to be received when needed? (select all that apply)

- Primary care
- Specialty care
- Dental/oral health care
- Vision care
- Other: _____

A2. Do you have a go-to source for information about community resources and services? (circle one)
Examples provided if asked: City/County government/newsletters, Church/place of worship/religious leaders, Online community resource locator, In-person resource center, Through a specific service provider like Head Start, Community or cultural leaders, Community events, fairs, etc., Friends/family/word of mouth, Mail, Community Health Workers, School emails, letters, newsletters, Online search engines, Social media/Influencers (Facebook, Instagram, X, TikTok), Work, Etc..

- Yes
  - If yes, explain: _____
- No

A3. Do you have a go-to source for information about community events and activities? (circle one)

- Yes
  - If yes, explain: _____
- No

A4. What would be the main reason that might prevent your household from evacuating during an emergency if asked to do so? (circle one)

- Concern about leaving property
- Concern about personal safety from the emergency event
- Concern about general personal safety
- Concern about traffic jams and road/route conditions
- Concern about leaving pets
- Health problems
- Disability or mobility difficulties
- Nowhere to go
- No family support
- Lack of transportation
- Inconvenient/expensive
- Other: _____

Appendix 2: Questionnaire

A5. What are the sources of stress in your household's daily life? (select all that apply)

- Access to education
- Access to food
- Access to healthcare
- Access to housing
- Access to jobs
- Access to transportation
- Caregiving
- Environmental (air, water, etc.)
- Family or interpersonal conflict
- Lack of family support
- Overwhelmed with responsibility
- Politics/government
- Societal divisiveness and/or conflict
- Worried about money
- Other: _____
- No sources of stress

COMMUNITY CONNECTION & ENGAGEMENT

C1. Are members of your household involved in anything that improves social connection(s)? (circle one)
Note: Examples listed on the flipchart: Community organizations, Hobby groups, Associations, Sports, Volunteering

- Yes
- No, we have no interest
- No, but we would like to be more involved

C2. Has anyone in your household ever worked with someone or a group to solve a problem in your neighborhood/community? (circle one)
Note: Rephrase: Has anyone in your household connected with others to make community change?

- Yes, within the last 12 months
- Yes, but more than a year ago
- No, we have no interest
- No, but we would like to be more involved

C3. Do you feel members of your household can be involved in community decisions? (circle one)

- Yes
- No
- Unknown

Appendix 2: Questionnaire

C4. Does your household have someone outside of the home you can rely on for help if needed? (circle one)

- Yes
- No
- Unknown

C5. How connected do you feel your household is to your city as a community? (circle one)

Not at all Slightly Somewhat Moderately A great deal

C6. How would you rate the overall well-being of your household? (circle one)

Poor Fair Good Very good Excellent

C7. How often does your household feel a sense of belonging where you live? (circle one)

Always Often Sometimes Rarely Never

C8. In the past 30 days, has anyone in your household been treated unfairly in the community because of background, identity, or circumstances? (circle one)

- Yes
- No
- Unknown

C9. How often do you feel people in Davis County generally treat others with kindness and respect regardless of their background, identity, or circumstances? (circle one)

Always Often Sometimes Rarely Never

OPEN-ENDED FEEDBACK

Considering the questions we asked today, what would you say is your household's greatest strength? (open-ended)

_____

Considering the questions we asked today, what would you say is your household's greatest need at this time? (open-ended)

_____

Is there anything else you'd like to share with us today? (open-ended)

_____