

2017 Salt Lake County Community Health Assessment



**HEALTHY
SALT LAKE**

PREFACE

Healthy Salt Lake, in partnership with the Salt Lake County Health Department, is pleased to announce the 2017 Salt Lake County Community Health Assessment. Many dedicated individuals spent numerous hours collecting data, providing input, analyzing results, and compiling information in hopes it will be useful to all those interested in the health of Salt Lake County. We are especially grateful to the many residents and agencies who shared their experiences and knowledge to help us prepare a more accurate assessment.

This community health assessment highlights the health needs in Salt Lake County that were identified by reviewing public health data and listening to the concerns of residents. We will use this information as we form partnerships with other organizations, agencies, and community leaders to implement public health solutions.

We hope you find this information valuable in helping Salt Lake County residents achieve their highest level of wellbeing. We appreciate any comments you might have and look forward to working collectively as we all strive to make Salt Lake County the healthiest county in the nation.

Please visit www.healthysaltlake.org to view the most current data and to learn more about the Healthy Salt Lake partnership.

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COUNTY DEMOGRAPHICS

Population

County: Salt Lake
1,128,814 Persons

State: Utah 3,066,283 Persons

High School Graduation

County: Salt Lake
78.8%

State: Utah 82.9%

Families Below Poverty

County: Salt Lake
24,630 Families (9.24% of Families)

State: Utah 67,060 Families

Median Age

County: Salt Lake
32.7

State: Utah 30.8

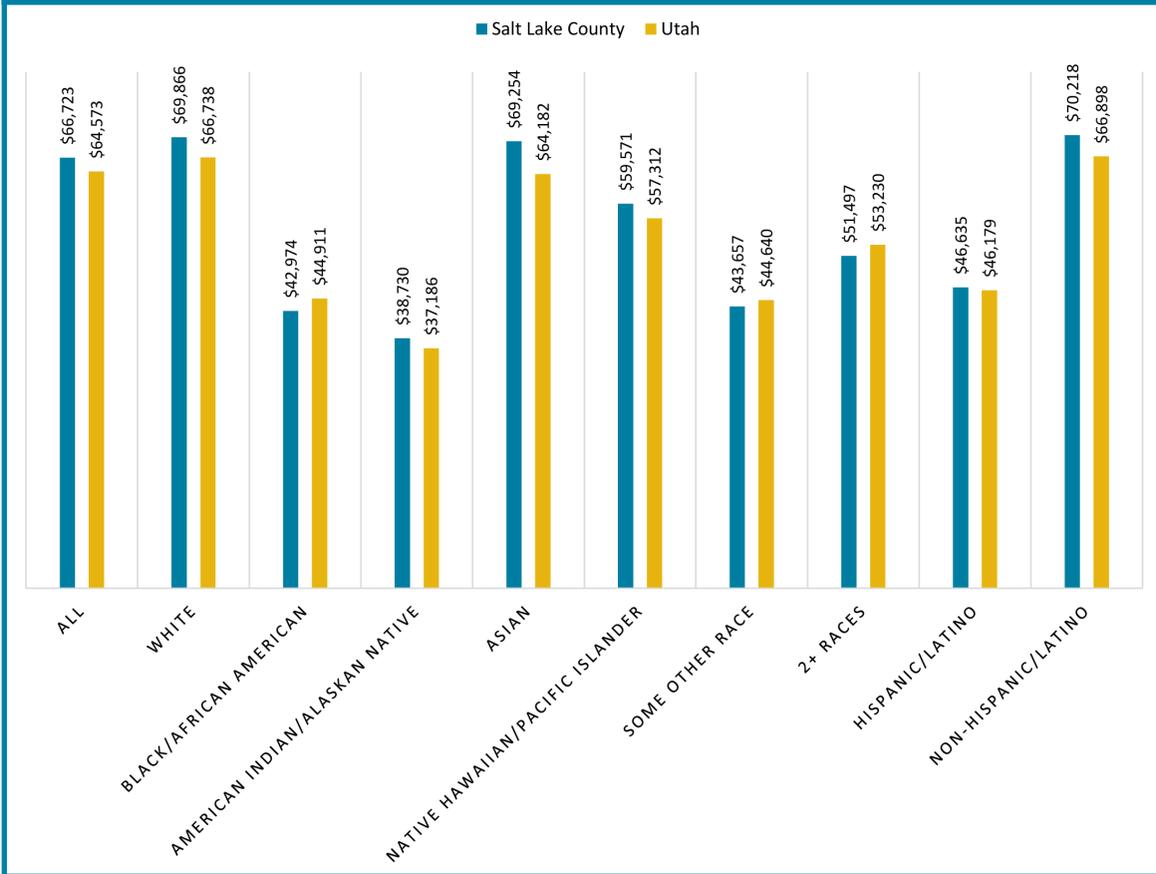
Nielsen Claritas, 2017. www.healthysaltlake.org

Top Ten Leading Causes of Death 2013-2015

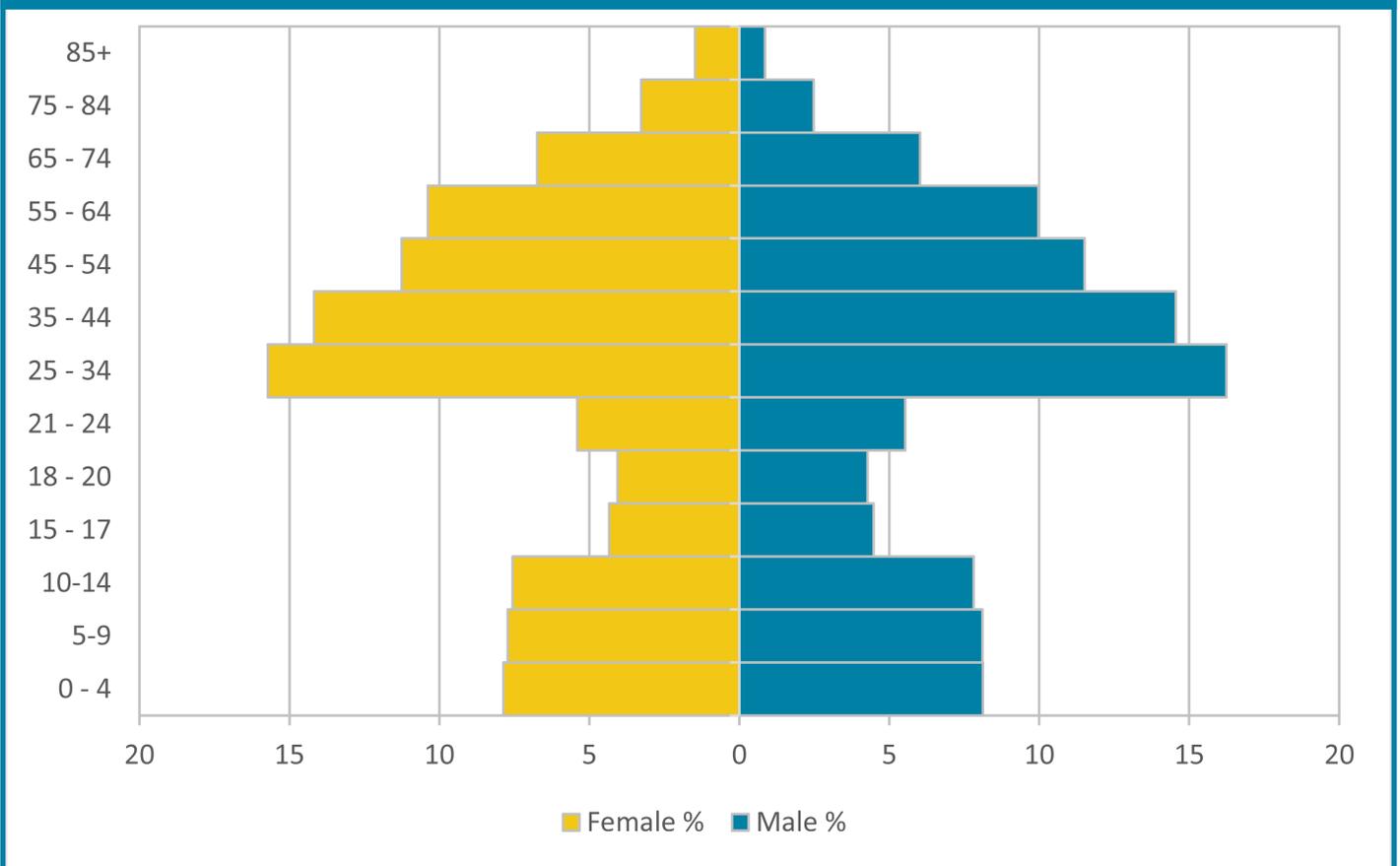
(Age-adjusted rates per 100,000 population)	Rate
Diseases of heart	152.09
Cancer	134.07
Unintentional injuries	43.71
Cerebrovascular diseases	38.36
Chronic lower respiratory diseases	34.53
Alzheimer's disease	30.35
Diabetes mellitus	26.66
Intentional self-harm (suicide)	22.28
Influenza and pneumonia	15.16
Nephritis, nephrotic syndrome and nephrosis (kidney disease)	13.14

Utah Department of Health, 2017. <https://ibis.health.utah.gov>

Median Household Income by Race/Ethnicity



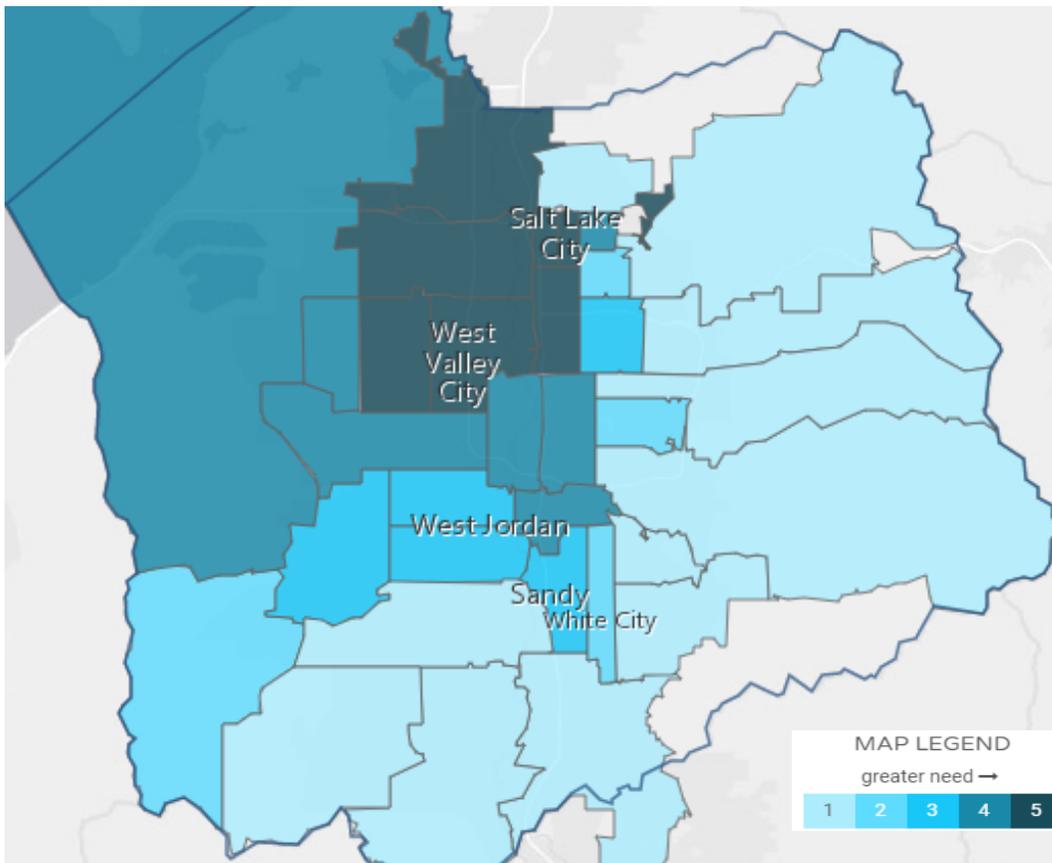
Age Distribution by Gender



Socioeconomic Needs

The 2017 SocioNeeds Index, created by Conduent Community Health Solutions, predicts preventable hospitalizations by creating a socioeconomic score based on social determinants of health, such as poverty, education, and employment. The scores, ranging from 0 (low need) to 100 (high need), predict which zip codes have the greatest public health needs. Improving the environments where people live, learn, work and play will improve individual health, community health, and advance health equity.

Zip Code	Index Score
84104	96.5
84113	92.4
84116	91.2
84119	88.6
84115	84.8
84111	77.5
84120	77.3
84101	72.3
84118	60.3
84044	57.5
84128	54.4
84047	52
84107	51.3
84123	51.2
84102	42.9
84070	34.4
84106	33.6
84084	32.8
84081	25.4
84088	24.2
84006	21.7
84094	14.7
84105	14.6
84117	11.4
84103	8.6
84096	6.8
84124	6.7
84109	6.5
84065	6.2
84121	6.1
84093	4.5
84095	4.4
84108	4.1
84020	3.4
84092	2.8



DATA COLLECTION AND ANALYSIS

Healthy Salt Lake identified health concerns by reviewing data from the Utah Department of Health's State Health Assessment, Intermountain Healthcare's Community Health Needs Assessment, and the Healthy Salt Lake dashboard. The Community Health Assessment was completed in three phases: data review, prioritization, and community input.

Data Review

Healthy Salt Lake

Healthy Salt Lake ranked 160 health measures using the Healthy Communities Institute Data Scoring Tool by comparing data points to state and national averages, trends, and Healthy People 2020 targets. Indicators in the worst scoring quartile were marked as potential priorities.

Utah Health Assessment

The Utah Department of Health ranked 120 state level health data points. Ranking was based on: if the health measure is contributed to other health problems, feasibility with a good return on investment, percentage of the population it affects, disproportionately affected population (race, ethnicity, gender, age), and if addressing the issue aligns with current public health initiatives. Indicators in the worst scoring quartile were marked as potential priorities.

Intermountain Healthcare

Intermountain engaged its internal and external partners in a rigorous prioritization process to rank 16 broad health issues. Participants reviewed summaries of community input meetings and health indicator data as well as completed a survey to quantify the relative priority of the health issues.

Utah Health Improvement Partnership

Community partners and staff from the state and local health departments voted on which health issues to address in the Utah Health Improvement Plan. The topics receiving the most votes were marked as potential priorities.



Prioritization

Healthy Salt Lake reviewed and researched all topics and indicators that were identified as potential priority issues in least one of the above analyses. Similar health indicators were categorized into broader topics.

Three separate groups—Salt Lake County Health Department staff, members of Healthy Salt Lake, as well as city leaders and Board of Health members—rated each of the topics as either a high, medium, or low priority. Mental health, substance abuse, and air quality were rated as the highest priority issues in every group.



Community Input

Focus groups and surveys were conducted with county residents to understand how air quality, mental health, and substance use are perceived in their communities. The discussion also included questions to find out what type of resources are in the community and to get ideas for implementing programs to address those issues. Comments from the focus groups and surveys were reviewed and categorized by public health workers with expertise in those areas.

Healthy Salt Lake reviewed all topics identified as a concern in at least one community health assessment. The table below shows the organizations identifying each topic as a health concern.

Topic	Healthy Salt Lake	Intermountain Healthcare	Utah Health Assessment	Utah Health Improvement Plan
Substance Use	X	X	X	X
Mental Health	X	X	X	X
Injury Prevention	X			
Maternal and Child Health	X			
Exercise and Nutrition		X	X	
Access to Healthy Foods	X		X	
Diabetes		X	X	
Heart Disease and Stroke		X	X	X
Access to Healthcare		X	X	
Infectious Disease	X			
Cancer	X			
Air Quality	X			X

You can view the data or reports on each organizations website:

Healthy Salt Lake: www.healthysaltlake.org; Utah State Health Assessment: <https://ibis.health.utah.gov/pdf/opha/publication/SHAReport2016.pdf>; Intermountain Healthcare: <https://intermountainhealthcare.org/bout/who-we-are/chna-reports/>

Top Five Topics Voted by Groups		
Healthy Salt Lake Members	SLCoHD Staff	City Leaders and SLCo Board of Health
1. Air Quality 2. Substance Use 3. Mental Health 4. Access to Healthcare 5. Maternal and Child Health	1. Mental Health 2. Air Quality 3. Substance Use 4. Access to Healthcare 5. Maternal and Child Health	1. Air Quality 2. Mental Health 3. Substance Use 4. Water Quality 5. Infectious Disease

The table shows the top five issues as voted for by three different groups. As the top three health concerns were consistent among all three groups they were chosen to be discussed with community residents during focus groups.

FOCUS GROUPS

Focus Groups & Key Stakeholder Survey

Community focus groups and online surveys were conducted with residents and stakeholders in Salt Lake County to gain input on air quality, mental health, and substance use. The participants were asked the following questions:

- When you think of (Air Quality, Substance Use, Mental Health) what comes to mind?
- What should be done in your community to address these issues?
- What is preventing your community from addressing these issues?
- What resources are you aware of that should be included to address these issues?
- Are you personally interested in being involved in addressing these issues?
- Are there other issues you would like to make us aware of that are affecting your family, friends or neighbors that is causing them to seek medical care or disrupting their normal daily activities?

Focus groups were held in Draper, Holladay, Magna, Riverton, Sandy, Salt Lake City, and South Salt Lake.

Organizations that participated as key stakeholders were:

National Tongan American Society	International Rescue Committee
Calvary Baptist Church of Salt Lake City	Hispanic Health Care Task Force
University of Utah, Division of Public Health	University of Utah, Genetic Learning Center
Utah Department of Health	Mosaic Interfaith Ministries
Best of Africa	Utah Indian Urban Center
University of Utah, Center for Clinical Translational Science	

Statements made during focus groups and the input provided through the online surveys were reviewed and categorized to identify commonalities. These common themes represent how the community perceives these health issues in Salt Lake County and what they think should be done to address these issues.

MENTAL HEALTH

Question	Common Themes
What comes to mind?	<p>Mental illness is related to mental health.</p> <p>The homeless and transient population generally have mental health needs.</p> <p>Community has a negative perception regarding mental health.</p> <p>Suicide is related to mental health.</p>
What should be done?	<p>Treatment for those who need it.</p> <p>Increased community education to destigmatize mental health problems.</p> <p>Increased prevention efforts.</p>
What is preventing this?	<p>Mental health is stigmatized in the community so it is not talked about.</p> <p>Factors of daily living affect an individuals mental health.</p> <p>Treatment can be inaccessible for people due to costs or lack of providers.</p>

AIR QUALITY

Question	Common Themes
What comes to mind?	<p>Cars are large contributors.</p> <p>Poor air quality has negative health impacts.</p> <p>Businesses, refineries, and corporations also pollute the air.</p>
What should be done?	<p>Businesses, refineries, and corporations need to be part of the solution.</p> <p>More efficient cars; less dependence on cars.</p> <p>Better public transportation can reduce single occupancy vehicle trips.</p> <p>Alternative transportation and more walkable cities can reduce trips in cars.</p> <p>Legislation and policy solutions are needed to improve air quality.</p>
What is preventing this?	<p>Not enough political will to implement some solutions.</p> <p>Access and availability of public transportation makes it inconvenient.</p>

SUBSTANCE USE

Question	Common Themes
What comes to mind?	<p>Mental illness is sometimes associated with substance use.</p> <p>Crime can be associated with substance use.</p> <p>Prescription drugs, especially opioids, are also substances that are abused.</p> <p>Substances and users are stigmatized in the community.</p> <p>Increased e-cigarette use as many people, including teens, do not consider it harmful.</p> <p>Syringe and syringe exchanges.</p>
What should be done?	<p>Increase access to affordable treatment.</p> <p>Prescribing habits of physicians should change.</p> <p>Provide better education.</p>
What is preventing this?	<p>Patients rely on opioid prescriptions.</p> <p>Doctors' prescribing practices for pain management generally involve opioids.</p> <p>Inadequate education of decision makers about the issue.</p> <p>Negative public perception.</p> <p>Treatment options are expensive and inaccessible for many who need them.</p>

OTHER CONCERNS

Question	Common Themes
What else is on your mind?	<p>Obesity</p> <p>Concerns regarding obesity and chronic disease.</p> <p>Media promotion of unhealthy food and habits.</p> <p>Too many rules for kids to be active.</p> <p>Addiction to electronics. Screen time reducing physical activity.</p> <p>Families spending time together in front of screens.</p> <p>Lack of communication skills due to excessive media use.</p> <p>Nutrition</p> <p>Inequitable distribution of available fresh fruits and vegetables and food deserts.</p> <p>Lack of good nutrition.</p> <p>Need for nutrition and health coaching.</p> <p>Emphasis on nutrition instead of body weight.</p> <p>Understanding and reading nutrition labels.</p> <p>Food cultivation, Organic & GMOs.</p>

DATA SUMMARY

The following section contains public health data about each of the topics. Use the legend below to interpret the gauges and icons on the following pages.

Legend

The gauge represents the **distribution** of communities reporting the data, and tells you how you compare to other communities. Keep in mind that in some cases, high values are "good" and sometimes high values are "bad."

 Green represents the "best" 50th percentile.

 Yellow represents the 50th to 25th quartile.

 Red represents the "worst" quartile.

The circle represents a comparison to a **target value**.

 The current value has met, or is better than the target value.

 The current value not met the target value.

The diamond represents a comparison to a **single value**.

 The current value is lower than the comparison value.

 The current value is higher than the comparison value.

 The current value is not statistically different from the comparison value.

The square represents the measured **trend**.

 There has been a non-significant increase over time.

 There has been a non-significant decrease over time.

 There has been a significant increase over time.

 There has been a significant decrease over time.

 There has been neither a statistically significant increase nor decrease over time.

The triangle represents a comparison to a **prior value**.

 The current value is higher than the previously measured value.

 The current value is lower than the previously measured value.

 The current value is not statistically different from the previously measured value.

Our icons are color-coded. Green  is good. Red  is bad. Blue  is neither.



The **calendar** shows the time period when this data was collected.

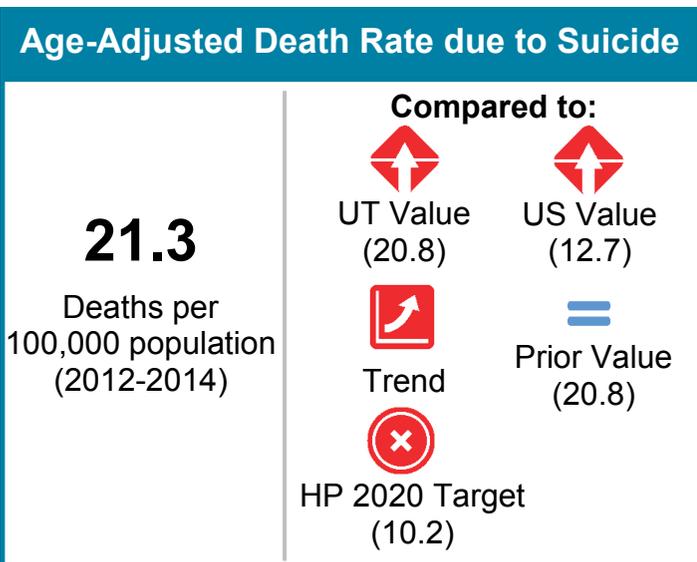
MENTAL HEALTH

Mental health is commonly referred to as mental illness. However, the two should be differentiated. Although mental health and mental illness are related, they represent different psychological states.

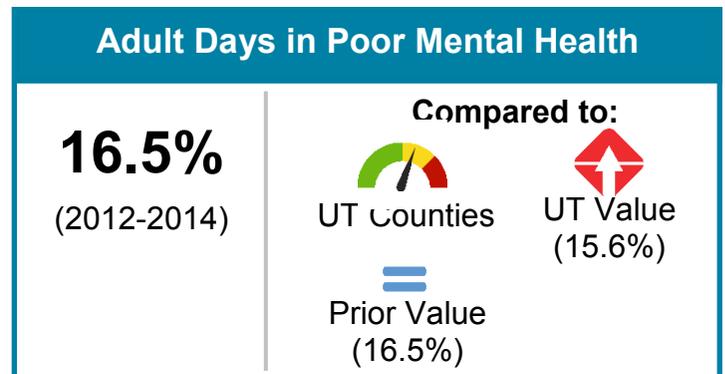
Mental illness is all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior associated with distress and/or impaired functioning. Depression is the most common type of mental illness.

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. Positive mental health is thought to be associated with improved health outcomes.

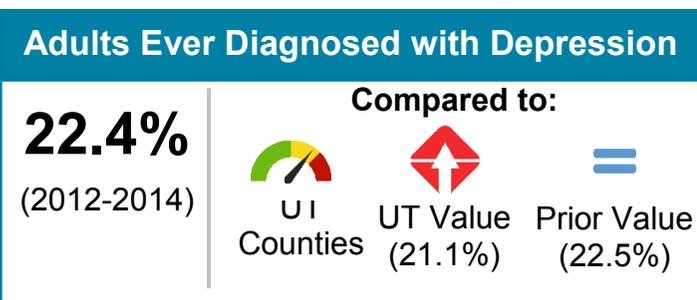
Centers for Disease Control and Prevention, 2017, <https://www.cdc.gov/mentalhealth/sics.htm>



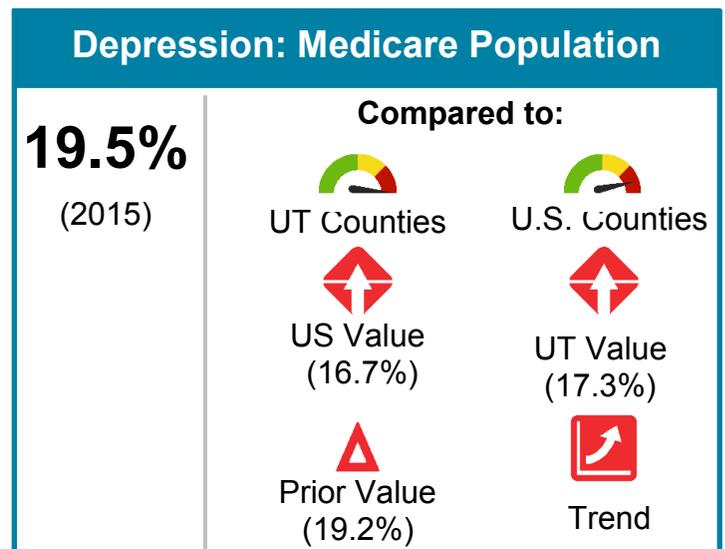
This indicator shows the age-adjusted death rate per 100,000 population due to suicide.
 Source: [Utah Department of Health](#)



This indicator shows the percentage of adults who stated that they experienced seven or more days of poor mental health in the past month.
 Source: [Utah Behavioral Risk Factor Surveillance System](#)



This indicator shows the percentage of adults who report they have been diagnosed with depression.
 Source: [Utah Behavioral Risk Factor Surveillance System](#)



This indicator shows the percentage of adults who stated that they experienced seven or more days of poor mental health in the past month.
 Source: [Utah Behavioral Risk Factor Surveillance System](#)

AIR QUALITY

Poor air quality can be attributed to pollutants in our air. These pollutants come from many different sources such as: factories, power plants, cars, buses, planes, and trains. Poor air quality is linked to premature death, cancer, and long-term damage to respiratory and cardiovascular systems.

Decreasing air pollution is an important step in creating a healthy environment in Salt Lake County.

EPA, 2017, <https://www.epa.gov>

Adults with Current Asthma

9.7%
(2012-2014)

 UT Counties

Compared to:

 UT Value
(8.9%)

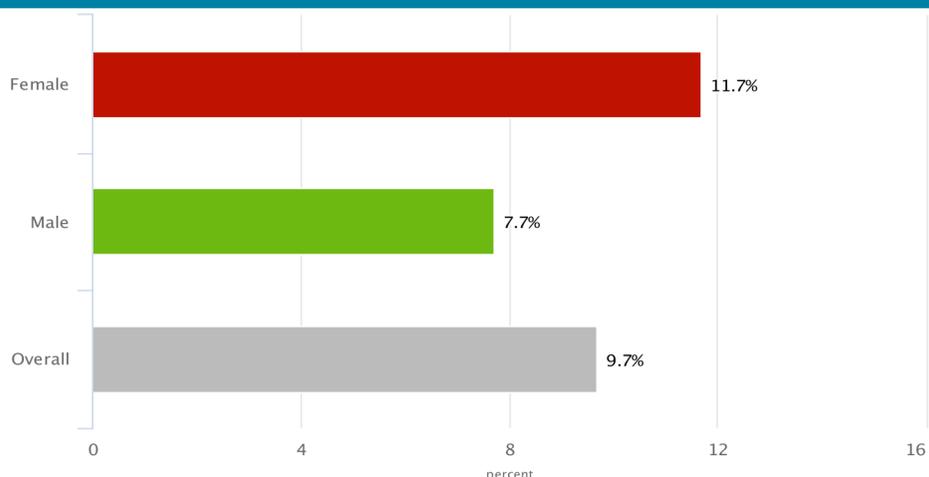
 Prior Value
(9.6%)

 US Value
(8.9% in 2014)

This indicator shows the percentage of adults who have been told by a health care provider that they currently have asthma.

Source: [Utah Behavioral Risk Factor Surveillance System](#)

Adults with Current Asthma by Gender



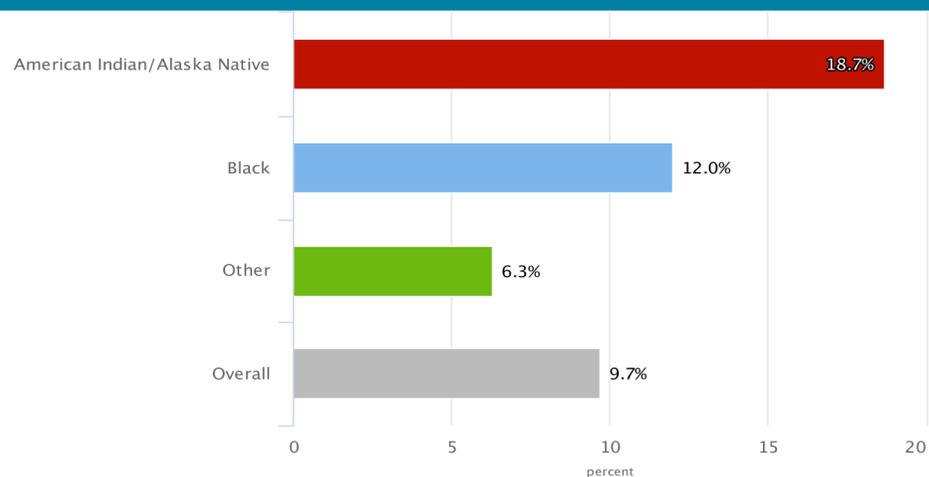
Source: Utah Behavioral Risk Factor Surveillance System (2012-2014)

Asthma is a long-term condition that affects many adults. Asthma and asthma attacks can be prevented by reducing exposure to poor housing conditions, automobile exhaust, and secondhand smoke.

The first graph show that females are more likely to have asthma than males.

The second graph shows that American Indians and Alaska Natives have a higher asthma prevalence compared to the overall population.

Adults with Current Asthma by Race/Ethnicity



Source: Utah Behavioral Risk Factor Surveillance System (2012-2014)

Age-Adjusted ER Rate due to Pediatric Asthma

29.4

ER visits per 10,000 population under 18 years
(2013-2015)



UT Counties

Compared to:



UT Value
(24.0)

This indicator shows the average annual age-adjusted emergency room visit rate due to asthma per 10,000 population aged under 18 years. Asthma cases with a secondary diagnosis of cystic fibrosis or other respiratory anomalies are excluded.

Source: [Utah Department of Health, Office of Health Care Statistics](#)

Age-Adjusted ER Rate due to Adult Asthma

20.7

ER visits per 10,000 population 18+ years
(2013-2015)



UT Counties

Compared to:

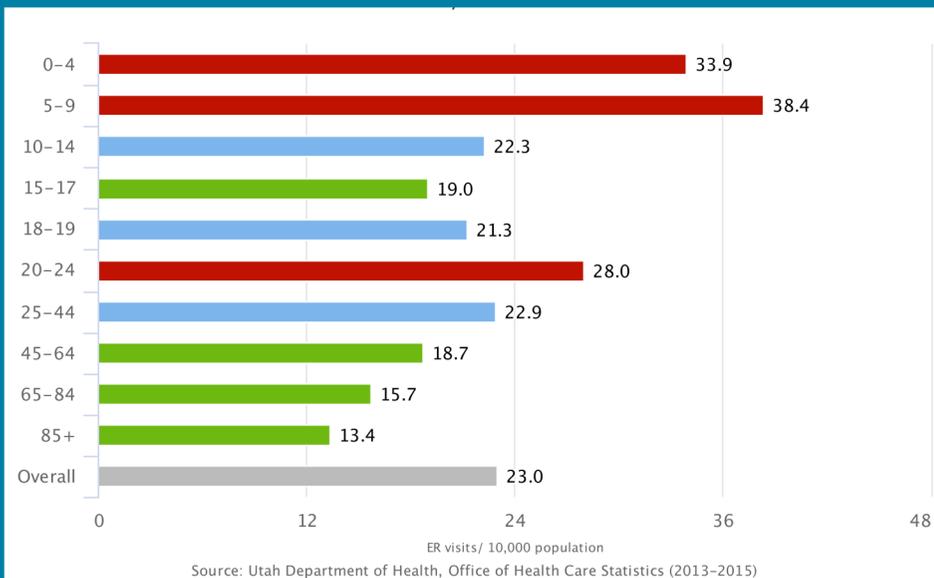


UT Value
(19.1)

This indicator shows the average annual age-adjusted emergency room visit rate due to asthma per 10,000 population aged 18 years and older. Asthma cases with a secondary diagnosis of cystic fibrosis or other respiratory anomalies are excluded.

Source: [Utah Department of Health, Office of Health Care Statistics](#)

ER Rate due to Asthma by Age



This graph shows that children ages 0-4 and 5-9, and adults ages 20-24 are at the highest risk for an emergency department visit due to asthma.

Workers who Drive Alone to Work

75.3%

(2011-2015)



UT Counties



U.S. Counties



UT Value
(79.9%)



US Value
(76.4%)



Prior Value
(76.0%)



Trend

Compared to:

This indicator shows the percentage of workers aged 16 years and over who get to work by driving alone in a car, truck, or van.

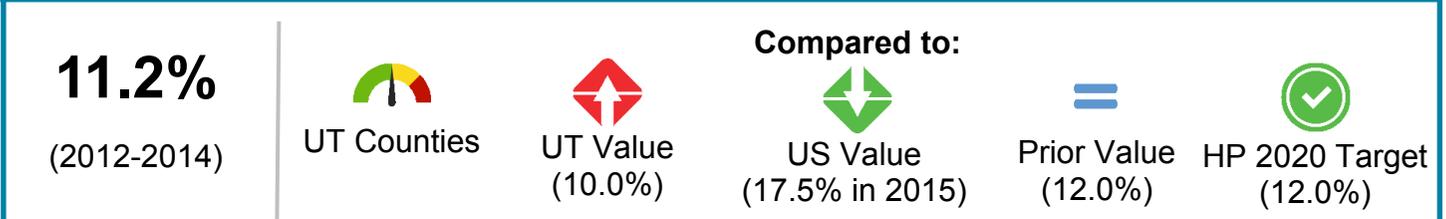
Source: [American Community Survey](#)

SUBSTANCE USE

Substance use refers to the use of tobacco and psychoactive substances, such as illicit drugs, prescription drugs, and alcohol, which can lead to dependence. The inappropriate use of substances is a preventable health issue that can lead to addiction and other health problems.

World Health Organization, 2017, http://www.who.int/topics/substance_abuse/en/

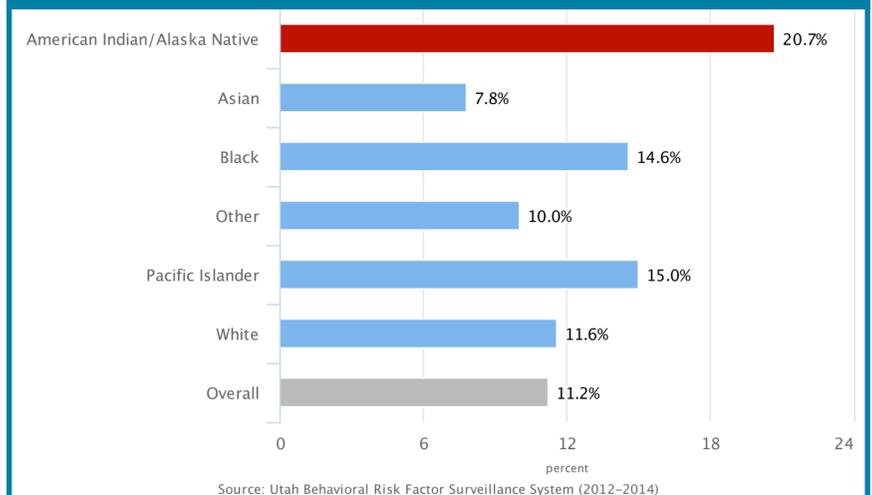
Adults who Smoke



This indicator shows the percentage of adults who currently smoke cigarettes in Salt Lake County. Source: [Utah Behavioral Risk Factor Surveillance System](#)

This graph shows American Indian and Alaska Natives smoke at higher rates than the overall population. The blue lines show all other populations are not statistically significant from the overall rate.

Adults who Smoke by Race/Ethnicity



Adults who Binge Drink



This indicator shows the percentage of adults who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.

Source: [Utah Behavioral Risk Factor Surveillance System](#)

Age-Adjusted ER Rate due to Substance Use

28.3

ER visits per 10,000 population 18+ years
(2013-2015)

Compared to:



UT Counties

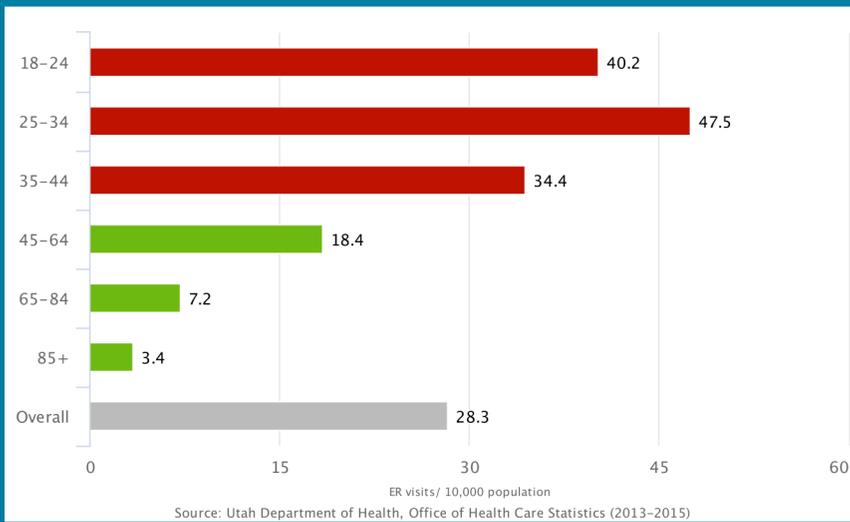


UT Value
(22.1)

This indicator shows the average annual age-adjusted emergency room visit rate due to substance abuse per 10,000 population aged 18 years and older in Salt Lake County. Cases of alcohol-related disorders are excluded.

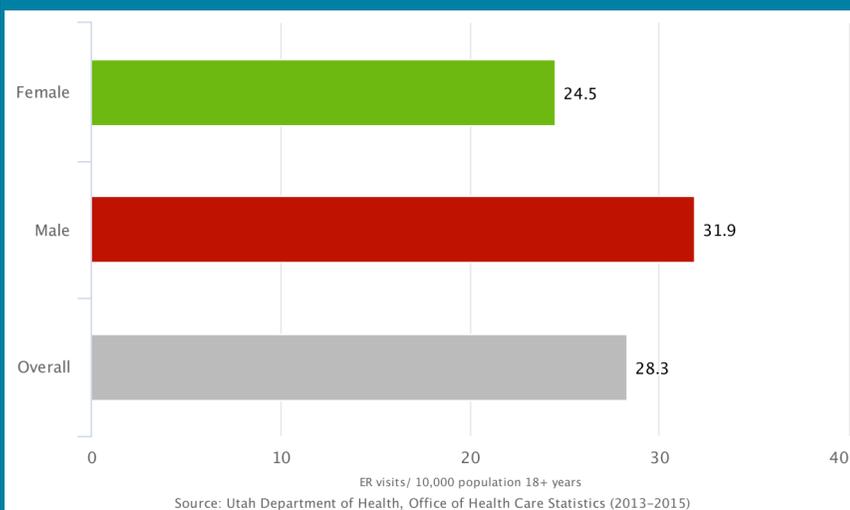
Source: [Utah Department of Health, Office of Health Care Statistics](#)

ER Rate due to Substance Use by Age



Ages 18-24, 25-34, and 35-44 have a higher risk of an emergency department visit due to substance use than ages 45 and higher.

ER Rate due to Substance Use by Gender



This graph shows that males visit the emergency department due to substance use more often than females.

EXERCISE AND NUTRITION

Good nutrition and regular physical activity reduce the risk of many serious health conditions including obesity, heart disease, diabetes, stroke, colon cancer, and high blood pressure. Physical activity also helps maintain healthy bones, muscles, joints, and weight control.

Daily Vegetable Consumption

18.3%

(2015)



UT Value
(17.3%)

Compared to:



US Value
(16.8%)



Prior Value
(18.6% in 2013)

This indicator shows the percentage of adults who reported consuming at least three daily servings of vegetables, with at least one third of them being dark green or orange vegetables .

Source: [Utah Behavioral Risk Factor Surveillance System](#)

Daily Fruit Consumption

31.7%

(2015)



UT Value
(29.9%)

Compared to:



US Value
(28.8%)



Prior Value
(36.3% in 2013)

This indicator shows the percentage of adults who reported consuming two or more servings of fruit daily.

Source: [Utah Behavioral Risk Factor Surveillance System](#)

Adults Engaging in Regular Physical Activity

24.2

(2011-2013)



UT Counties

Compared to:



U1 Value
(24.1%)



HP 2020 Target
(47.9%)

This indicator shows the percentage of adults who participate in moderate or high intensity muscle-strengthening activities as well as at least 150 minutes of moderate physical activity, 75 minutes of vigorous physical activity, or an equivalent combination of moderate and vigorous aerobic activity per week.

Source: [Utah Behavioral Risk Factor Surveillance System](#)

Adults who are Overweight or Obese

60.0%

(2012-2014)



UT Counties

Compared to:



UT Value
(60.1%)



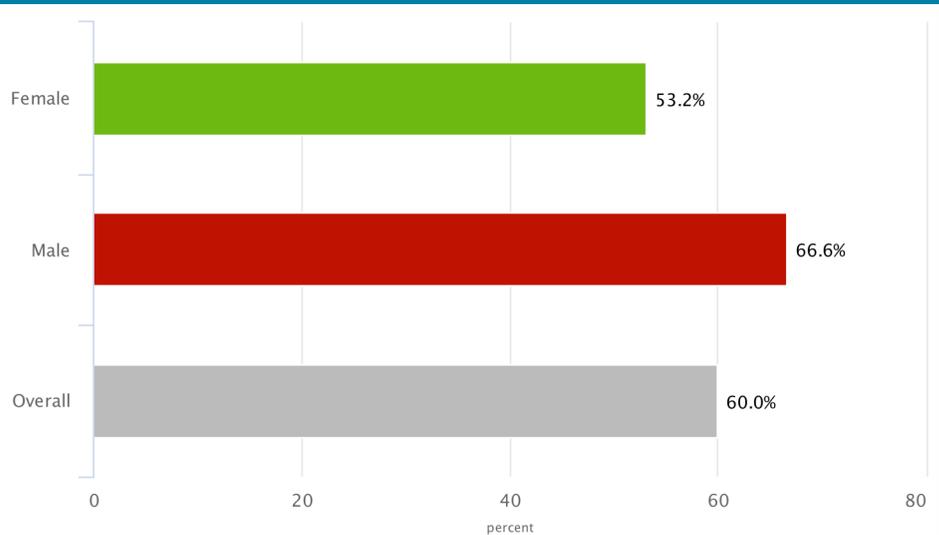
US Value
(65.0% in 2014)



Prior Value
(60.2%)

This indicator shows the percentage of adults who are overweight or obese according to the Body Mass Index (BMI). A BMI between 25 and 29.9 is considered overweight and a BMI ≥ 30 is considered obese.
Source: [Utah Behavioral Risk Factor Surveillance System](#)

Adults who are Overweight or Obese by Gender

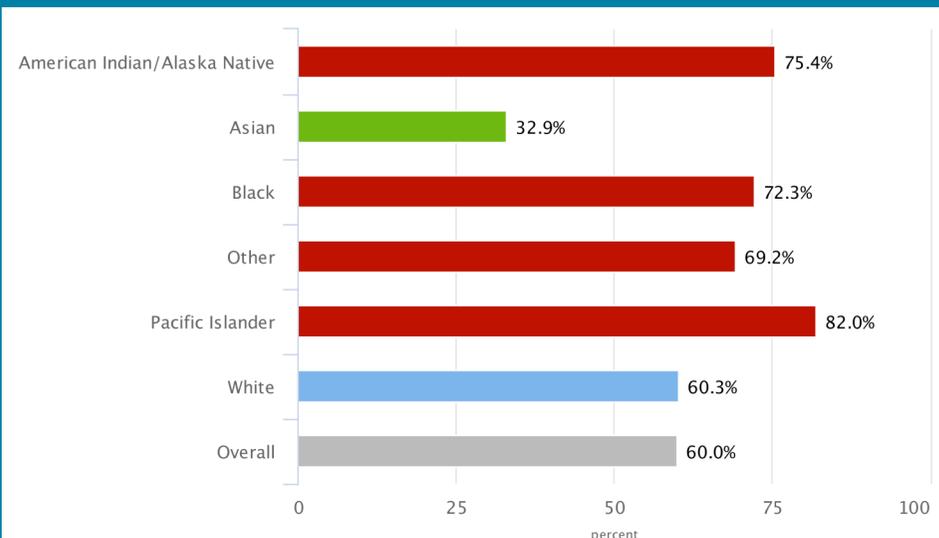


Source: Utah Behavioral Risk Factor Surveillance System (2012-2014)

The percentage of overweight and obese individuals is an indicator of the overall health of a population.

The first graph shows that females have a lower rate of being overweight or obese than males.

Adults who are Overweight or Obese by Race/Ethnicity



Source: Utah Behavioral Risk Factor Surveillance System (2012-2014)

The graph below shows that American Indian and Alaska Natives, Black, and Pacific Islander populations have higher than average overweight or obesity rates. The Asian population has a rate that is lower than average.

ACCESS TO HEALTHY FOOD

Lack of healthy food options is a public health issue many low-income families and communities face. Multiple physical and socioeconomic factors, such as store locations and income levels, influence food choices and diet quality.

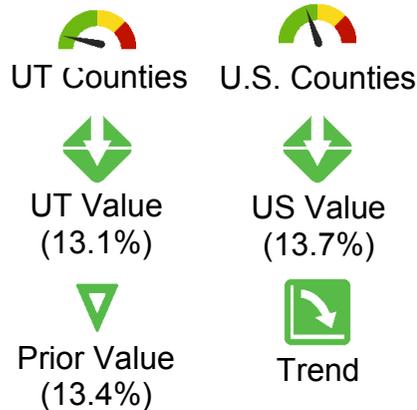
The U.S. Department of Agriculture defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods. Food insecurity puts children at risk for poorer health and development outcomes.

U.S. Department of Agriculture, 2017, www.ers.usda.gov

Food Insecurity Rate

12.6%
(2015)

Compared to:



This indicator shows the percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during the year.

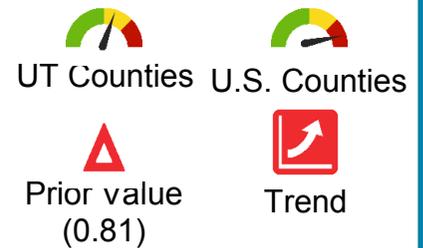
Source: Feeding America

Fast Food Restaurant Density

0.82

Restaurants per
1,000 population
(2012)

Compared to:



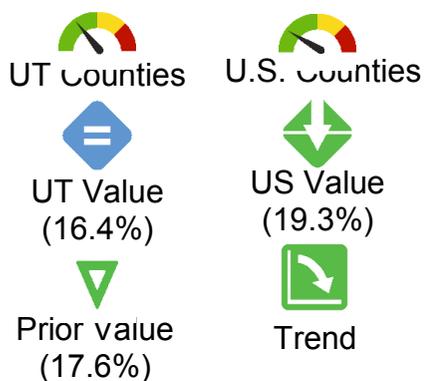
This indicator shows the number of fast food restaurants per 1,000 population. These include limited-service establishments where people pay before eating.

Source: U.S. Department of Agriculture - Food Environment Atlas

Child Food Insecurity Rate

16.4%
(2015)

Compared to:



This indicator shows the percentage of the population that experienced food insecurity at some point during the year.

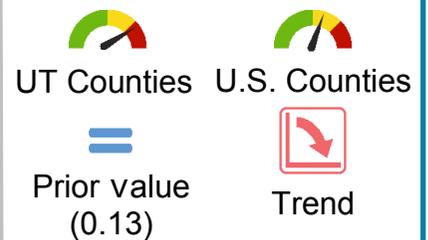
Source: Feeding America

Grocery Store Density

0.13

Stores per 1,000
population
(2012)

Compared to:



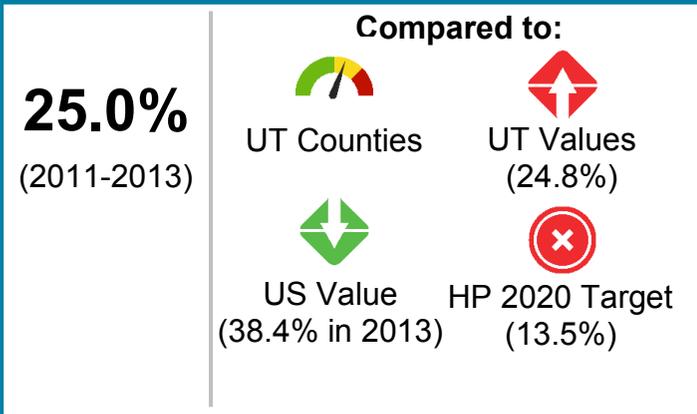
This indicator shows the number of supermarkets and grocery stores per 1,000 population. Convenience stores and large general merchandise stores such as supercenters and warehouse club stores are not included in this count.

Source: U.S. Department of Agriculture - Food Environment Atlas

HEART DISEASE AND STROKE

Heart disease is the leading cause of death in the Salt Lake County and stroke is the fourth leading cause of death. Together, heart disease and stroke, along with other cardiovascular diseases, are among the most widespread and costly health problems in the United States.

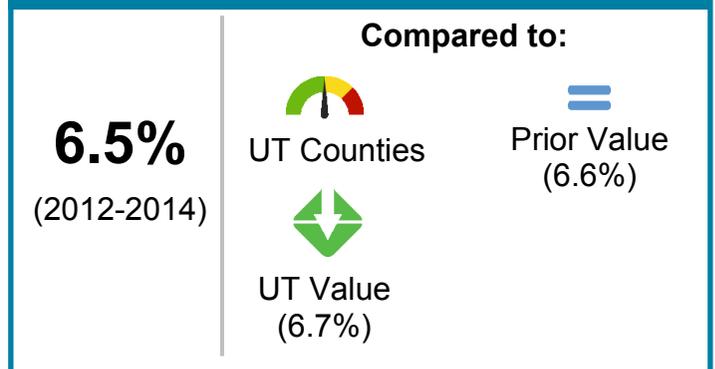
High Cholesterol Prevalence



This indicator shows the percentage of adults who have had their blood cholesterol checked and have been told that it was high

Source: [Utah Department of Health](#)

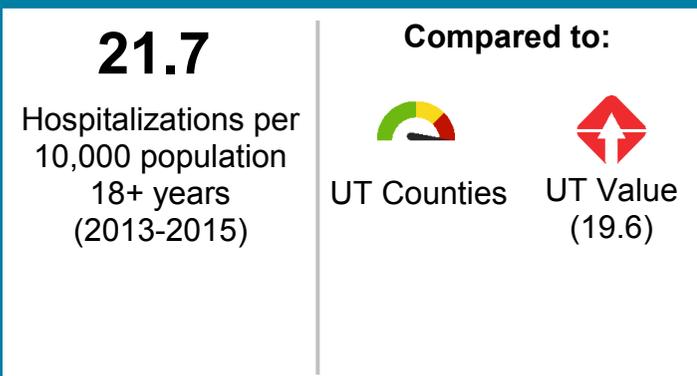
Adults who Experienced a Heart Attack, Coronary Heart Disease or a Stroke



This indicator shows the percentage of adults 35 years and older who have ever been told by a health care provider that they had a heart attack, coronary heart disease, or a stroke

Source: [Utah Behavioral Risk Factor Surveillance System](#)

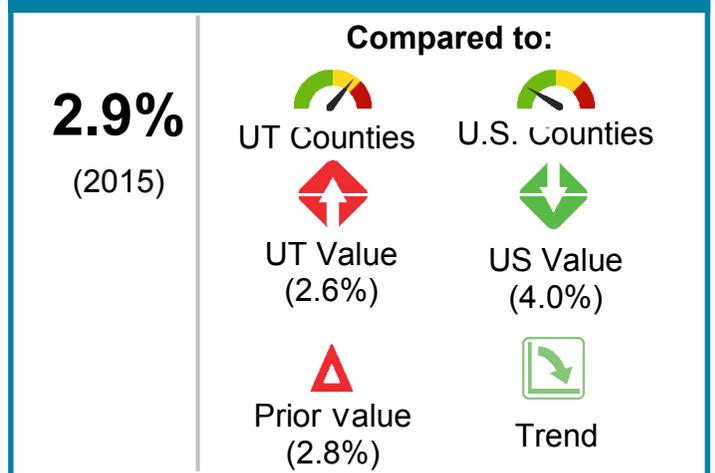
Age-Adjusted Hospitalization Rate due to Heart Failure



This indicator shows the average annual age-adjusted hospitalization rate due to heart failure per 10,000 population aged 18 years and older. Cases with a cardiac procedure are excluded.

Source: [Utah Department of Health, Office of Health Care Statistics](#)

Stroke: Medicare Population



This indicator shows the percentage of Medicare beneficiaries who were treated for stroke.

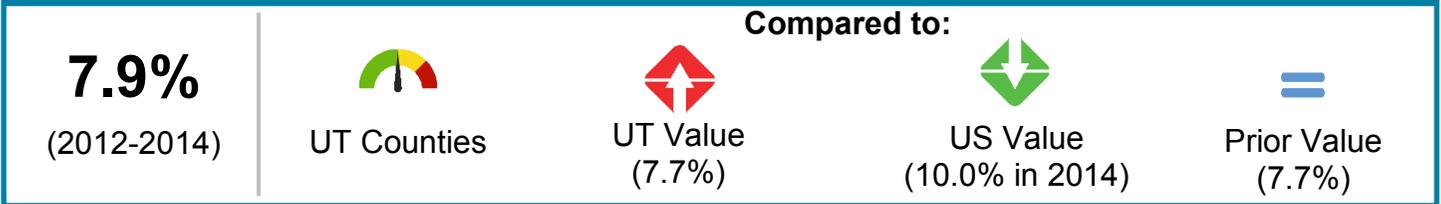
Source: [Centers for Medicare & Medicaid Services](#)

DIABETES

Diabetes is a chronic disease that affects how the body turns food into sugar to be released into the bloodstream. Diabetes means the body either doesn't make enough insulin or can't use the insulin it makes properly. This causes too much blood sugar to stay in the bloodstream, which over time can cause serious health problems, such as heart disease and kidney disease.

Centers for Disease Control and Prevention, 2017, <https://www.cdc.gov/diabetes/basics/diabetes.html>

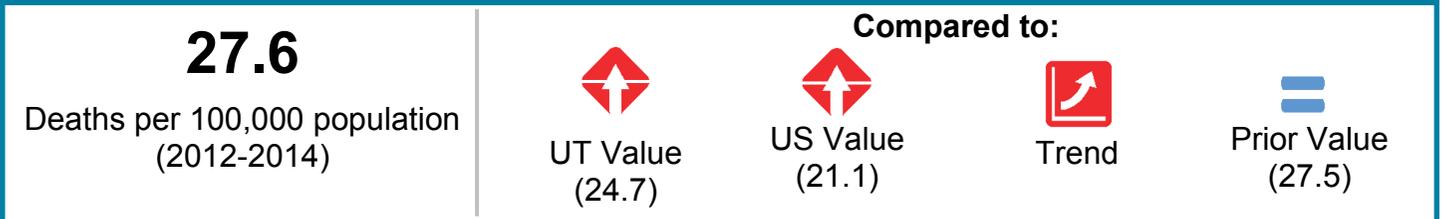
Adults with Diabetes



This indicator shows the percentage of adults who have ever been diagnosed with diabetes.

Source: [Utah Behavioral Risk Factor Surveillance System](#)

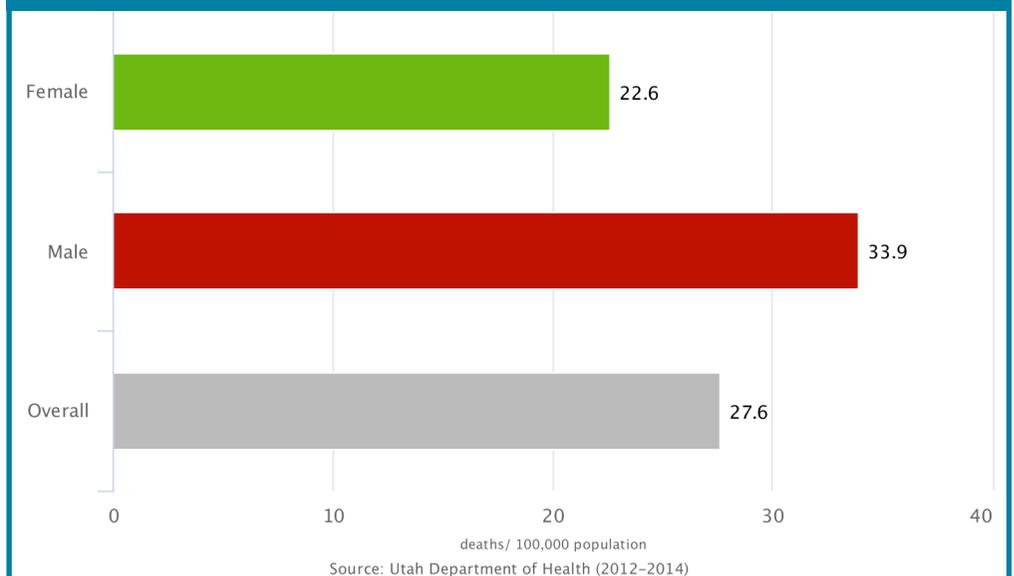
Age-Adjusted Death Rate due to Diabetes



This indicator shows the age-adjusted death rate per 100,000 population due to diabetes.

Source: [Utah Department of Health](#)

Age-Adjusted Death Rate due to Diabetes by Gender



This graph shows males have a higher death rate due to diabetes than females.

Age-Adjusted Hospitalization Rate due to Diabetes

11.6

Hospitalizations per 10,000 population
18+ years
(2013-2015)

Compared to:



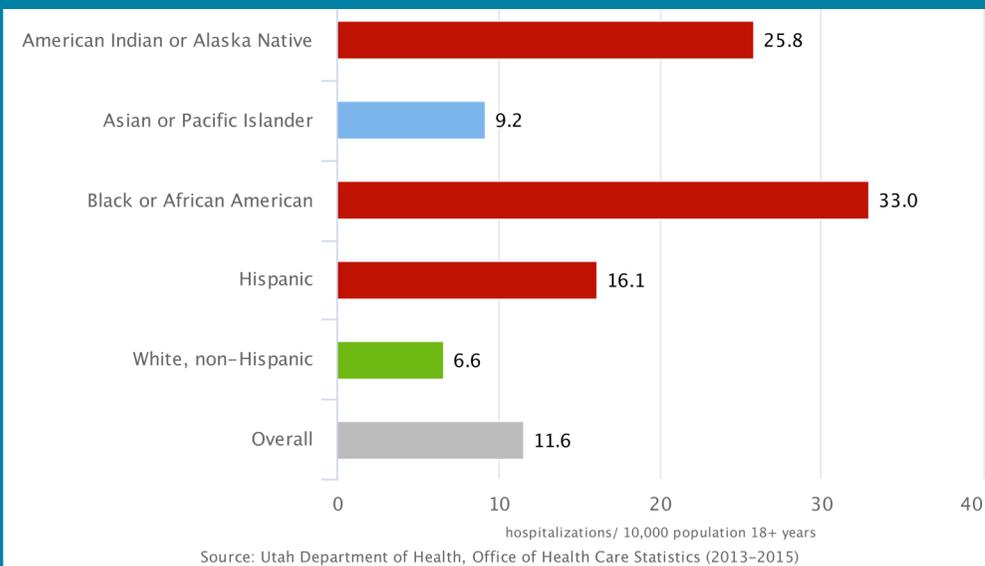
UT Counties



UT Value
(11.4)

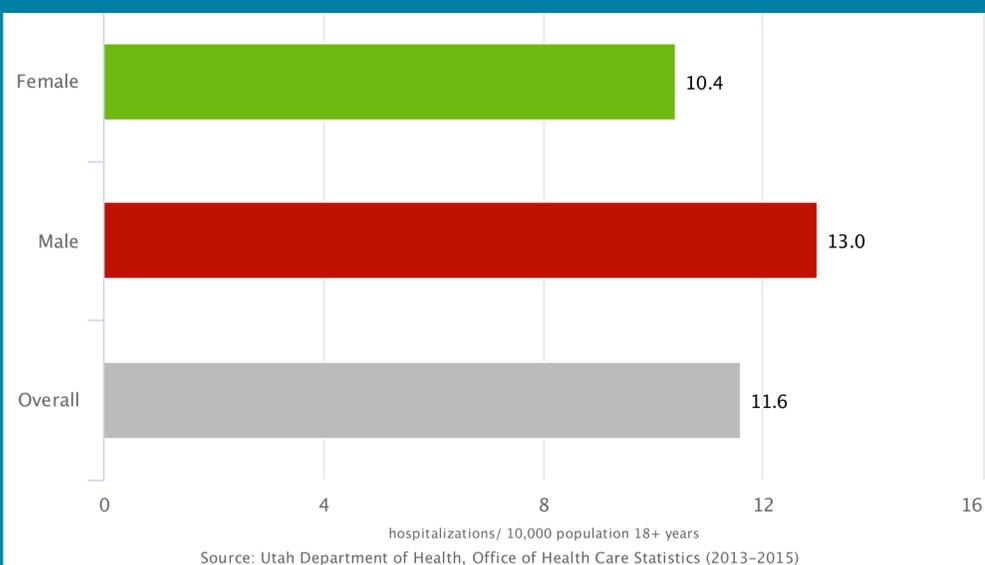
This indicator shows the average annual age-adjusted hospitalization rate due to diabetes per 10,000 population aged 18 years and older. Both Type 1 and Type 2 are included. Cases of gestational diabetes are excluded. Source: [Utah Department of Health, Office of Health Care Statistics](#)

Age Adjusted Hospitalization Rate due to Diabetes by Race/Ethnicity



Diabetes disproportionately affects American Indian and Alaska Natives, Black, and Hispanic populations. These groups have higher than average hospitalization rates due to diabetes.

Age Adjusted Hospitalization Rate due to Diabetes by Gender



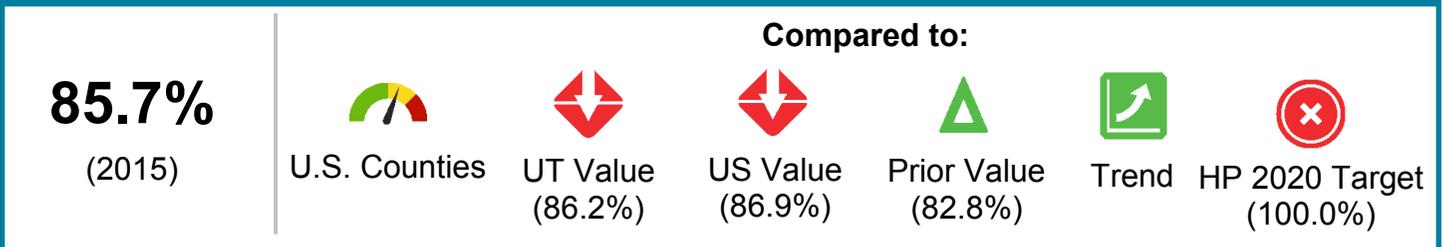
This graph shows males have higher hospitalization rates due to diabetes than females.

ACCESS TO HEALTH CARE

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing disease, reducing death and disability, and promoting health equity. However, the high cost of medical care may prevent some people from obtaining it. Access to care requires three steps: entry into the healthcare system, most often through insurance coverage, accessing a location where needed health care services are provided, and finding a health care provider the patient can communicate with and trust.

Healthy People 2020, 2017. <https://www.healthypeople.gov/>

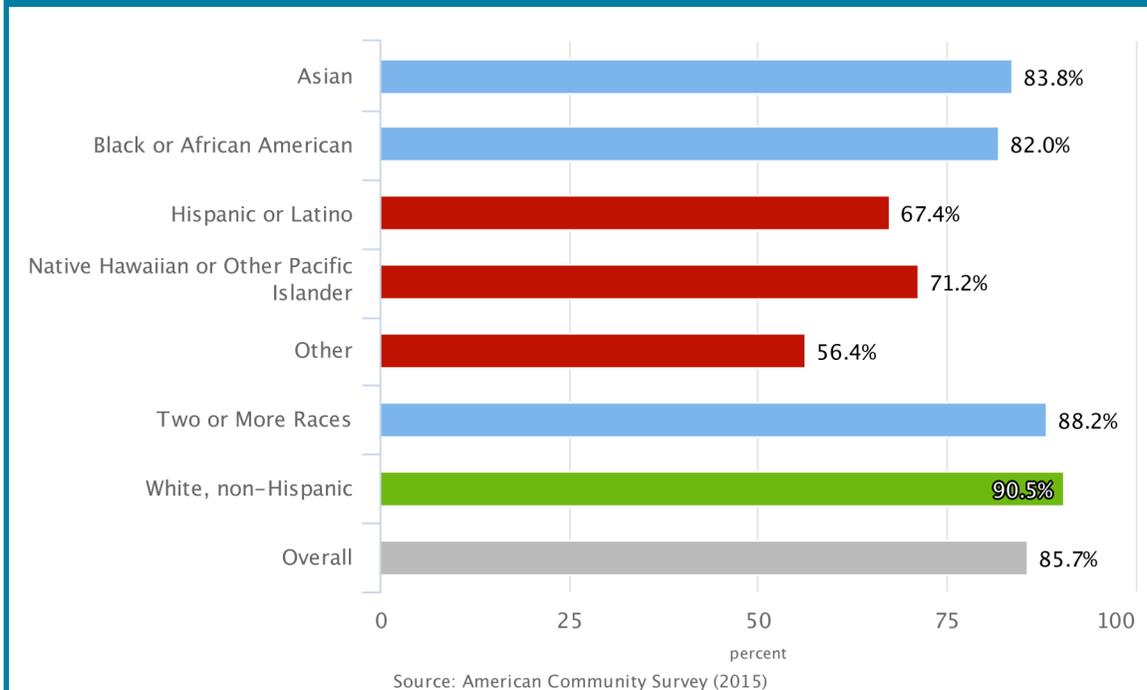
Adults with Health Insurance



This indicator shows the percentage of adults aged 18-64 years that have any type of health insurance coverage .

Source: [American Community Survey](#)

Adults with Health Insurance by Race/Ethnicity



This graph shows a breakdown of adults with health insurance by race and ethnicity in Salt Lake County. Red indicates it is worse than the overall rate. Green indicates it is better than the overall rate. Blue indicates that the difference is not statistically significant compared to the overall rate.

Children with Health Insurance

92.5%
(2015)



U.S. Counties



UT Value
(92.8%)



US Value
(95.2%)



Prior Value
(89.6%)

Compared to:



Trend

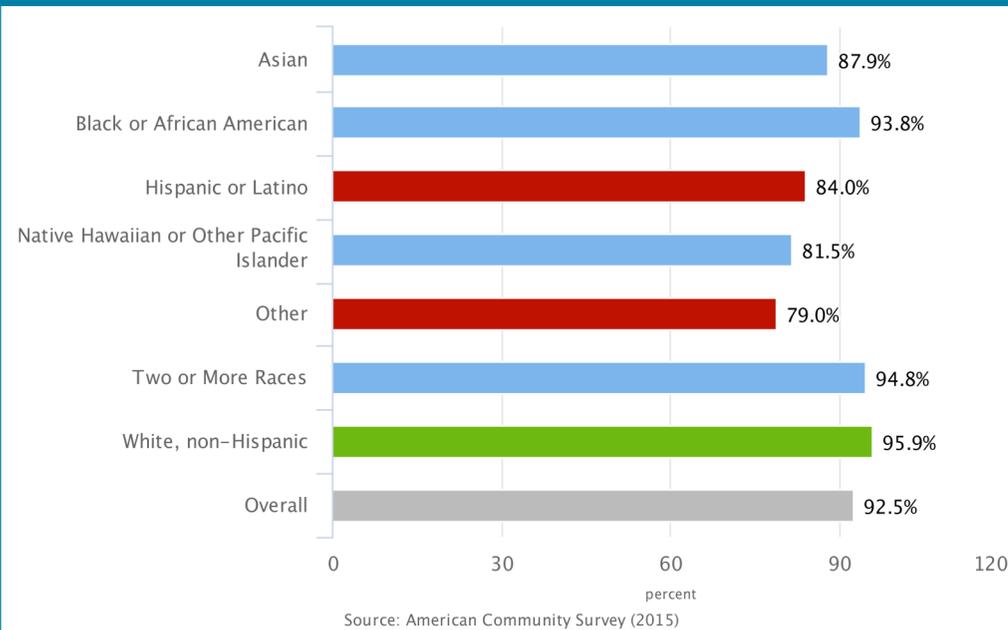


HP 2020 Target
(100.0%)

This indicator shows the percentage of children ages 0-17 that have any type of health insurance coverage.

Source: [American Community Survey](#)

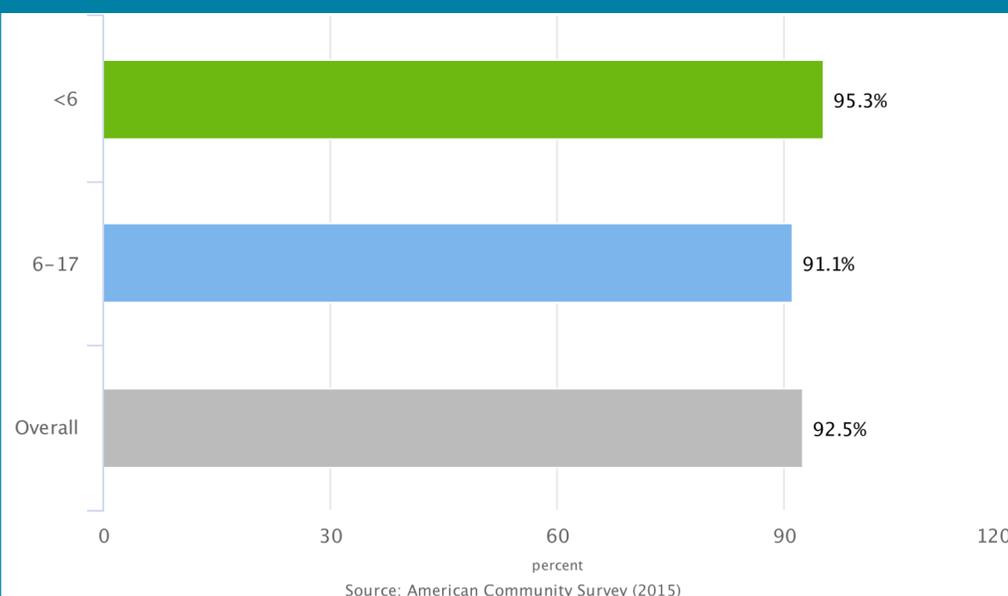
Children with Health Insurance by Race/Ethnicity



These graphs shows a breakdown of children with health insurance in Salt Lake County. Red indicates it is worse than the overall rate. Green indicates it is better than the overall rate. Blue indicates that the difference is not statistically significant from the overall rate.

The first graph shows that the White, non-Hispanic population has a better than average health insurance rate. Hispanic or Latino, and "Other" populations are at worse than average rates.

Children with Health Insurance by Age



The second graph shows that children younger than 6 are more likely to be covered by health insurance than children aged 6-17.

CANCER

Evidence-based screening for cervical, colorectal, and breast cancer can help decrease the death rate due to cancer. The National Cancer Institute (NCI) defines cancer as abnormal cell division that can invade other tissues. According to the NCI, there are over 100 different types of cancer, but breast, colon, lung, pancreatic, prostate, and rectal cancer contribute to the greatest number of deaths each year.

National Cancer Institute, 2017, <https://www.cancer.gov>

All Cancer Incidence Rate



This indicator shows the age-adjusted incidence rate for all cancer sites in cases per 100,000 population.

Source: [National Cancer Institute](https://www.cancer.gov)

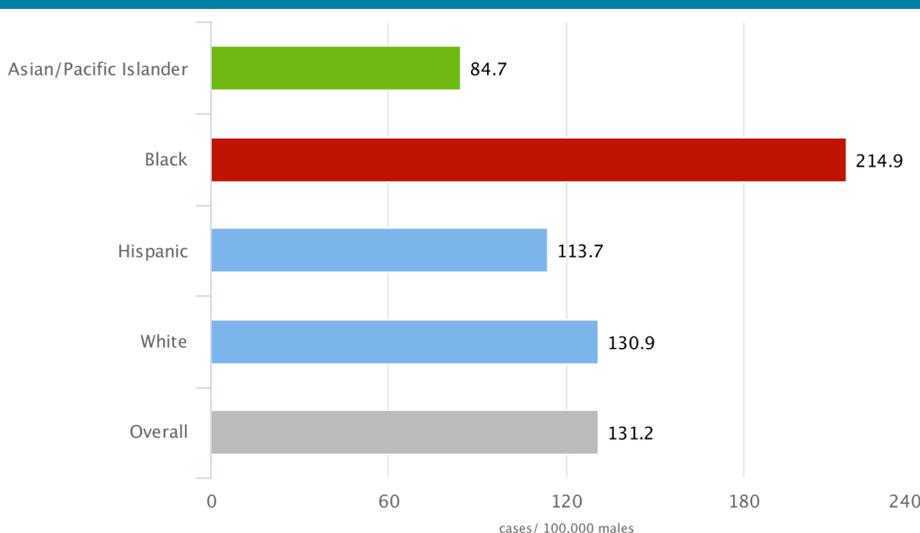
Prostate Cancer Incidence Rate



This indicator shows the age-adjusted incidence rate for prostate cancer in cases per 100,000 males.

Source: [National Cancer Institute](https://www.cancer.gov)

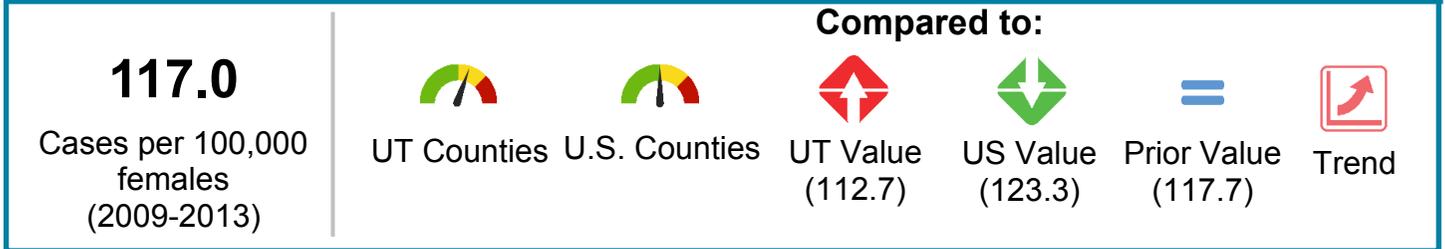
Prostate Cancer Incidence Rate by Race/Ethnicity



Source: National Cancer Institute (2009-2013)

The Asian and Pacific Islander population has the lowest incidence of prostate cancer while the Black population has the highest incidence. The rates for the Hispanic and White populations are not statistically different than the overall rate.

Breast Cancer Incidence Rate



This indicator shows the age-adjusted incidence rate for breast cancer in cases per 100,000 females.

Source: [National Cancer Institute](#)

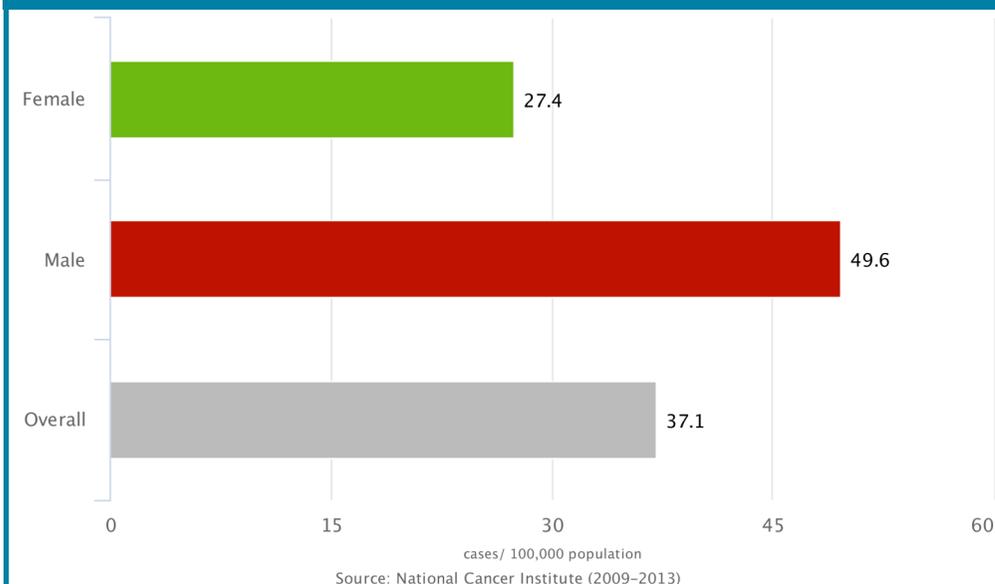
Melanoma Incidence Rate



This indicator shows the age-adjusted incidence rate for melanoma of the skin in cases per 100,000 population.

Source: [National Cancer Institute](#)

Melanoma Incidence Rate by Gender



This graph shows males have higher incidence rates of Melanoma than females.

MATERNAL AND CHILD HEALTH

A healthy pregnancy reduces the risk of poor health outcomes to both the mother and the child. Improving health before pregnancy can prevent a variety of future problems for mothers and babies. Maternal health has significantly improved in the 21st century, but still too many women continue to die or suffer severe pregnancy complications every year.

Centers for Disease Control and Prevention, 2017, <https://www.cdc.gov/chronicdisease/>

Babies with Low Birth Weight

7.4%
(2014)



This indicator shows the percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).
Source: [Utah Department of Health](#)

Teen Birth Rate 15-19

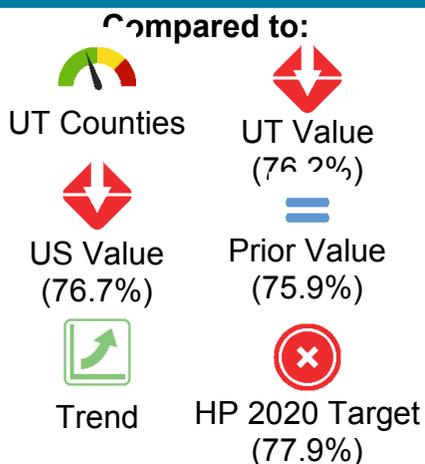
24.2
Live births per 1,000 females aged 15-19 (2014)



This indicator shows the birth rate in live births per 1,000 females aged 15-19 years.
Source: [Utah Department of Health](#)

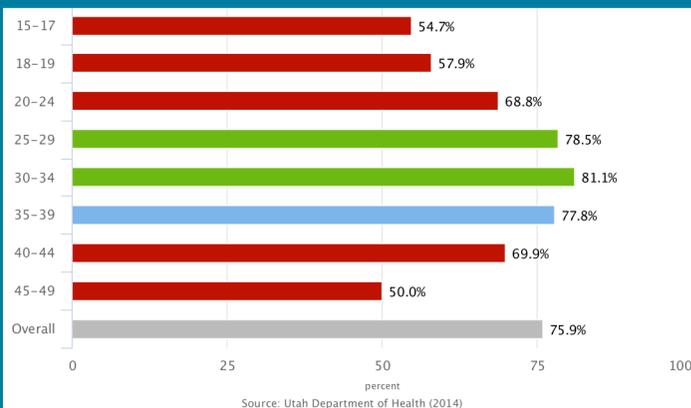
Mothers who Received Early Prenatal Care

75.9%
(2014)



This indicator shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.
Source: [Utah Department of Health](#)

Mothers who Received Early Prenatal Care by Age

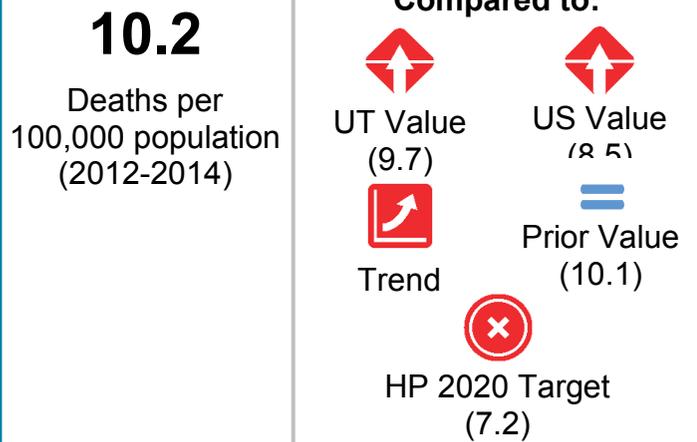


Mothers 25-34 years of age are the most likely to receive early prenatal care. Mothers 19 years and younger as well as mothers 45 years and older are the least likely to receive early prenatal care.

UNINTENTIONAL INJURIES

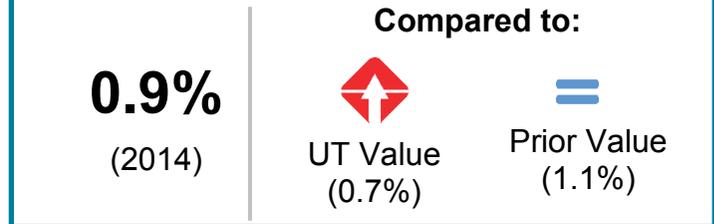
Unintentional injuries are among the leading cause of death for residents of Salt Lake County. Major categories of unintentional injuries include suicides, motor vehicle collisions, poisonings, and falls.

Age-Adjusted Death Rate Due to Falls



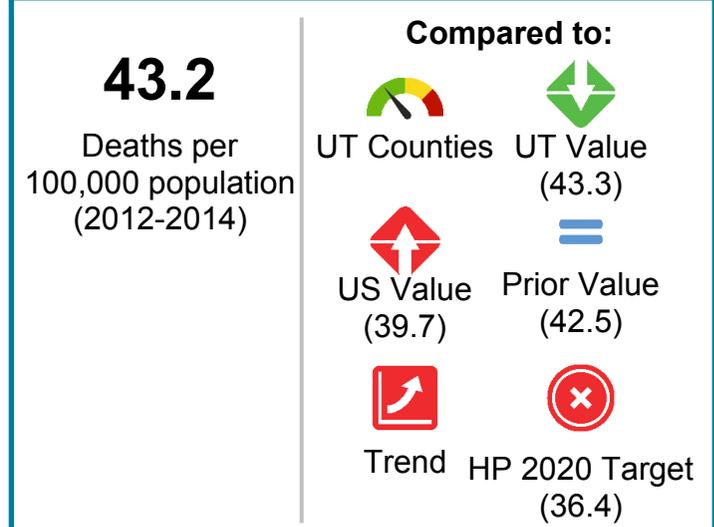
This indicator shows the age-adjusted death rate per 100,000 population due to falls.
Source: [Utah Department of Health](#)

Adults who Drink and Drive



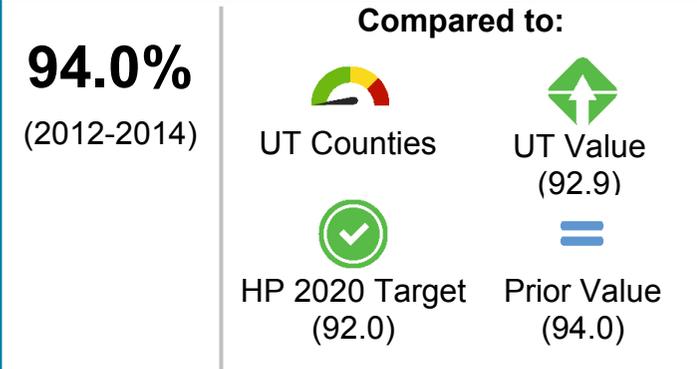
This indicator shows the percentage of adults who report driving when they have had perhaps too much to drink at least once during the 30 days prior to the survey.
Source: [Utah Behavioral Risk Factor Surveillance System](#)

Age Adjusted Death Rate due to Unintentional Injuries



This indicator shows the age-adjusted death rate per 100,000 population due to unintentional injuries.
Source: [Utah Department of Health](#)

Adults who Wear a Seat Belt



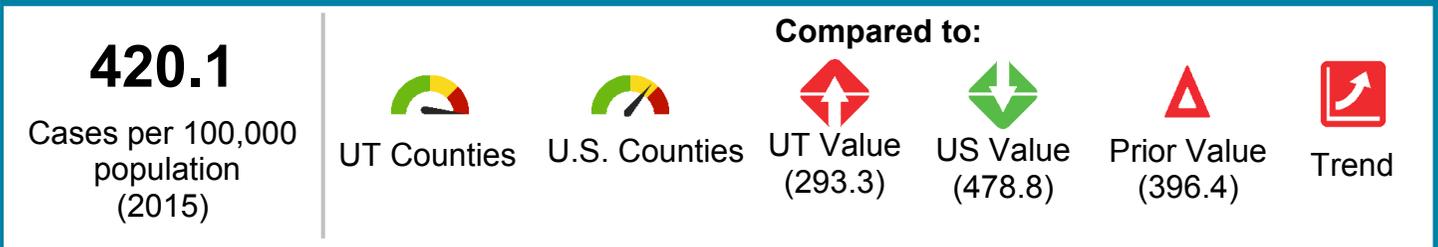
This indicator shows the percentage of adults who always, or nearly always wear a seatbelt while riding or driving in a car.
Source: [Utah Behavioral Risk Factor Surveillance System](#)

INFECTIOUS DISEASE

Infectious diseases are caused by organisms, such as viruses or bacteria, that can be spread from person to person either directly or indirectly. Reduction in mortality from infectious disease is largely due to immunization. This has resulted in an increase in life expectancy during the 20th century. However, infectious diseases still remain a major cause of illness, disability, and death.

WHO, 2017, www.who.int/

Chlamydia Incidence Rate



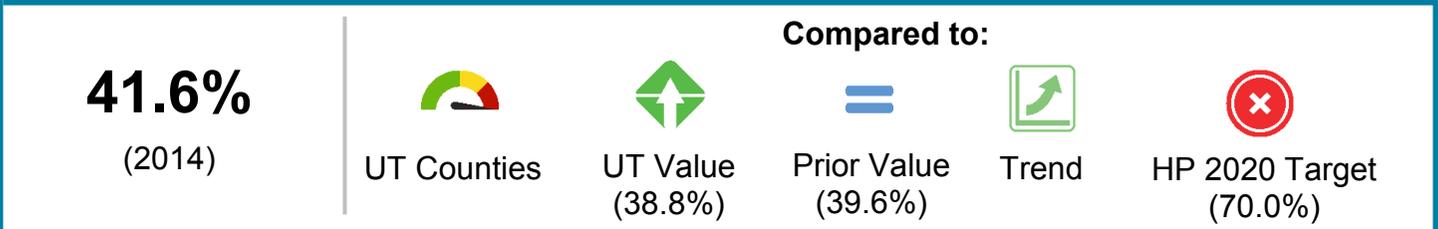
This indicator shows the chlamydia incidence rate in cases per 100,000 population.
 Source: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)

Gonorrhea Incidence Rate



This indicator shows the gonorrhea incidence rate in cases per 100,000 population.
 Source: [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#)

Adults with Influenza Vaccination



This indicator shows the percentage of adults who received an influenza vaccination in the past year.
 Source: [Utah Behavioral Risk Factor Surveillance System](#)

Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza

2.7

Hospitalizations per 10,000 population 18+ years (2013-2015)

Compared to:

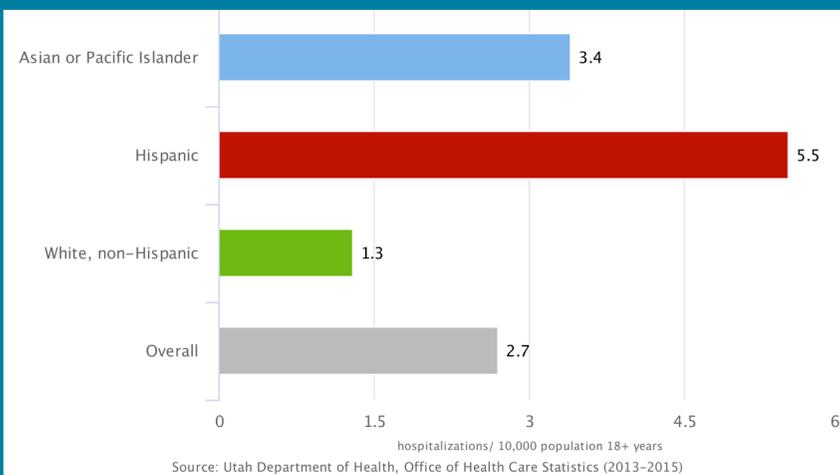


UT Value (2.6)

This indicator shows the average annual age-adjusted hospitalization rate due to immunization-preventable pneumonia and influenza per 10,000 population aged 18 years and older.

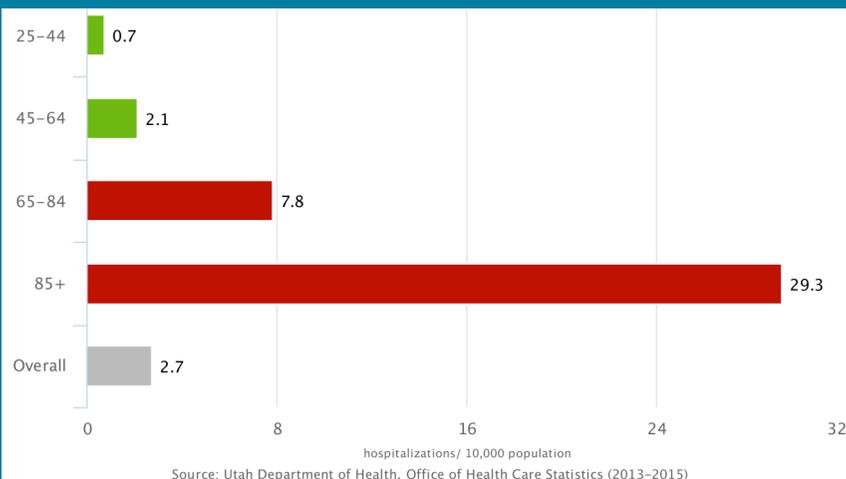
Source: [Utah Department of Health, Office of Health Care Statistics](#)

Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza by Race/Ethnicity



The Hispanic population is most likely to be hospitalized due to immunization preventable pneumonia and influenza. The white, non-Hispanic population is least likely to be hospitalized. The rate for the Asian or Pacific Islander population is not statistically different than the overall rate.

Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza by Age



The risk of adults being hospitalized due to immunization-preventable pneumonia and influenza increases with age. Those 85 and older have the highest hospitalization rates.

Community Healthy Improvement Plan (CHIP)

Healthy Salt Lake and Salt Lake County Health Department staff developed goals and recommendations, based on their expertise on the subjects, to address the top health concerns in Salt Lake County. Utilizing the common themes gathered during the community focus groups, public health professionals and community partners will work to develop a Community Health Improvement Plan (CHIP).