Utah Department of
Health & Human Services
Population Health

The Healthy Environment Active Living Program

Annual Report

FY 2021

Utah Department of
Health & Human Services
Population Health

Utah Department of Health and Human Services

Healthy Environments Active Living Program (HEAL)

https://heal.health.utah.gov/

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Program overview

The Utah Department of Health and Human Services (DHHS) Healthy Environments Active Living (HEAL) Program plays a key role in providing opportunities to improve the health of residents in the state of Utah. The program was formed in July 2013 (as the Healthy Living through Environment, Policy, and Improved Clinical Care [EPICC] Program) through a funding opportunity from the Centers of Disease Control and Prevention (CDC) that allowed for the merging of 3 previously existing programs: the Heart Disease and Stroke Prevention Program; the Diabetes Prevention and Control Program; and the Physical Activity, Nutrition, and Obesity Program; as well as the addition of a school health program. The HEAL Program focuses on 8 key domains of health and wellness:

The HEAL Program aims to increase access to resources that empower all people in Utah to reach their full health potential, increase the capacity of communities to support and promote healthy living for all individuals, and increase opportunities for people who are under-resourced and under-represented in Utah to live healthy and thriving lives.

Vision: All Utahns have equitable opportunities to lead healthy, informed, safe, and productive lives.

Mission: Create community-clinical linkages and improve education, policy, built environment, and access to quality care in preventing and managing chronic diseases.

To achieve the vision, the HEAL Program has developed a strategic plan, a health equity plan, and a policy agenda. These plans heavily focused on the governor's One Utah Roadmap and the priorities to expand healthcare access, reduce costs, increase state government efficiency, and address Social Determinants of Health (SDOH). Collectively, these plans will increase the efficacy of the HEAL Program and provide a roadmap of the program goals for the next 10 years.

The HEAL Program is working to target the root causes of chronic disease by working with community partners to improve prevention efforts. These efforts will help improve health outcomes and better the lives of all Utahans.

Health equity and social determinants of health

The CDC defined social determinants of health (SDOH) as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." SDOH have a major impact on a person's health, well-being, and quality of life. Example of SDOH are:

- Safe housing and neighborhoods
- Transportation
- Education, job opportunities, and income
- Access to nutritious foods
- Physical activity opportunities
- Racism, discrimination, and violence

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved July 15, 2022 from https://health.gov/healthypeople/objectives-and-data/social-determinants-health

SDOH demonstrates that there can be many underlying factors that contribute to poor health outcomes. SDOH also contribute to health disparities and inequities. Just promoting healthy choices won't eliminate health disparities. Through collaborative efforts, public health organizations and their partners in sectors like education, transportation, and housing can take action to improve the conditions in people's environments.

Focusing on SDOH means focusing on upstream drivers of improved health, addressing barriers to healthcare services, and providing Utahns with resources that will help them to make informed healthcare decisions.

The only way to accomplish the goal of health equity is to ensure that all Utahns have access to resources so that everyone can reach their maximum health potential. The One Utah Roadmap outlines strategies for achieving health equity, with a special focus on improving economic opportunities in rural communities, building better health security, and addressing SDOH for people who have experienced historical or systematic obstacles to opportunities. This includes women, people of color, and LGBTQIA+ individuals.

Diabetes and prediabetes

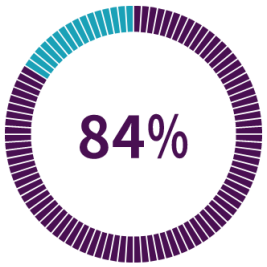
Approximately one in three Americans has prediabetes, a serious yet reversible health condition where blood sugar levels are higher than normal, and 84% of those with prediabetes do not know they have it [1]. If prediabetes is diagnosed and properly managed it can prevent the development of type 2 diabetes, which is irreversible. Diabetes is one of the most costly diseases, the leading cause of blindness in working age adults, and the leading cause of lower-extremity amputations. Direct (treatment costs) and indirect medical costs (e.g., lost productivity) place a huge burden on society and on the health system.

The National Diabetes Prevention Program (DPP) is a CDC-recognized, evidenced-based lifestyle change program that focuses on healthy eating and increasing physical activity. Participation in the National DPP has been shown to reduce an individual's risk of developing type 2 diabetes by 58% and by 71% for individuals 60 and older [1]. The HEAL Program partners with organizations throughout Utah to increase enrollment and referrals into the National DPP. HEAL provides funding to local health departments (LHDs) to work with employers and clinics. LHD staff work to increase awareness of the program and to promote referrals. As a result of these partnerships, between October 2020 and September 2021, 113 participants received scholarships to attend the National DPP. Since 2015, 6,490 Utahns have participated in the National DPP [3].

The HEAL Program promotes efforts to support people with diabetes. It also works to improve access to and use of Diabetes Self-Management Education (DSME) and comprehensive diabetes management practices. This is accomplished through clinical and community partner engagement and quality improvement efforts. The HEAL Program has successfully implemented partnerships with independent pharmacies in Utah through Community Pharmacy Enhanced Services Network, or CPESN, as well as integrated a Utah DSME consultant. These efforts combined have led to the development of 7 new clinical DSME programs and 2 new pharmacy DSME programs in areas of Utah that did not previously have access to diabetes education services. Participation data for 2020 showed a total of 12,859 individuals participating in DSME among accredited programs, an increase from 11,991 in 2019 and 11,362 in 2018 [4].

1 in 3

Americans has prediabetes [1].



84% of American adults with prediabetes do not know they have it [1].

1 in 4

U.S. healthcare dollars is spent on care for people with diagnosed diabetes [1].

8.2% of Utah adults have been diagnosed with diabetes [2].

The HEAL Program is working with Intermountain Healthcare to develop a culturally appropriate DSME program for the Native Hawaiian/Pacific Islander community. This will help address health equity issues and expand diabetes management services to populations at high risk of diabetes. The HEAL Program is also working with a media contractor to develop a DSME and National DPP awareness campaign for healthcare providers and individuals living with diabetes, and exploring innovative approaches for addressing social determinants of health in diabetes care and management.

Heart health

Hypertension increases the risk of heart disease and stroke, 2 of the leading causes of death in Utah [2].

The health of the heart is vitally important as it affects the health of the rest of the body. In order to maintain a healthy heart, individuals need to make sure their blood pressure does not get too high. Hypertension, or high blood pressure, is defined as a condition when the force of the blood against the artery wall is too high. High blood pressure is a serious concern because it can increase the risk of heart attack, kidney disease, stroke, or other related cardiovascular diseases. Currently, about one-fourth of Utahns have high blood pressure [5]. Heart disease continues to be the leading cause of death in Utah. 3% of all Utah adults have experienced one or more heart attacks, and about 2.5% have coronary heart disease [5].

25.8%
of Utah adults have high blood pressure [5].

The Utah Million Hearts Coalition works with primary care clinics across the state to help increase the adoption of best practices for heart health. The coalition is a statewide collaborative with representatives from public health, nonprofit organizations, health systems, payers, and community-based organizations.

In 2021, more than 120 clinics participated in the annual Million Hearts Award, a program designed to recognize primary care clinics that demonstrate the adoption of evidence-based practices to reduce the burden of hypertension in their clinics. The large number of clinics participating in these efforts signals that these organizations are finding value in working alongside public health to support patients with heart disease. Over time, this work will help decrease the number of Utahns who suffer from or die of heart attacks and strokes.

23.1%
of Utah adults have high cholesterol [5].

In addition to the coalition's efforts, the HEAL Program is working with 2 large health systems to create dashboards, geographic information system (GIS) maps, and other data visualization tools to identify disparities in hypertension control and management and explore interventions within clinical and community settings to reduce those disparities.

Schools

School health is defined as the comprehensive efforts both within the school and the broader community that provide each and every student with the resources needed to thrive. Effective school health initiatives should work to promote inclusive environments in which students can learn together about, and develop, healthy behaviors overtime.

The HEAL Program focuses on increasing physical activity and nutrition policies within the school setting. Activities include promoting 60 minutes of physical activity a day to students, supporting and providing professional development to educators on how to implement classroom best practices which increase students' physical activity levels, encouraging recess, and supporting the Utah State Board of Education (USBE) Health and Wellness Policy [6]. The HEAL Program also supports school meals by working with the USBE Child Nutrition Program (CNP) to educate families and students of opportunities to have access to food through the school system. USBE CNP and the HEAL Program have been working to develop Harvest of the Season materials, resources, and support which helps schools grow and implement local food options into their school meal programs.

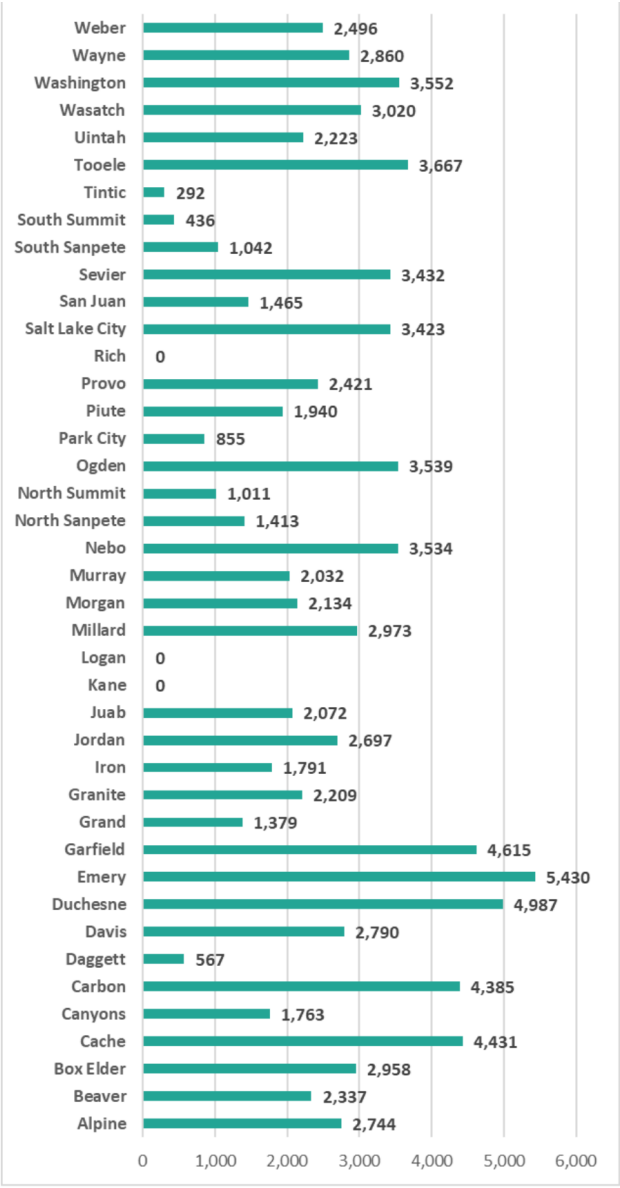
School nurses help to manage chronic health conditions among students and train staff on how to keep students healthy at school. The HEAL Program provides standardized healthcare plan template forms to schools as well as trainings for school nurses and other school staff on how to best help students manage their chronic health issues.

Each year, student health information is collected by school nurses and compiled as aggregate data. Some data points collected include: the number of registered school nurses, licensed practical nurses, and health aides in schools; total number of students; number of students with chronic health conditions; types and amount of medication administered in schools; and screenings and trainings done by school nurses. This data is compiled into an annual report that is available to the public.

The ratio of school nurses to students in Utah is:

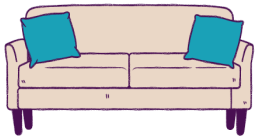
1:2,445

Number of students per school nurse by school district



Physical activity

55.2%
of Utah adults get the recommended amount of aerobic physical activity [2].



A sedentary lifestyle increases the risk of dying and doubles the risk of cardiovascular disease, diabetes, and obesity. It also increases the risk of colon cancer, high blood pressure, osteoporosis, lipid disorders, depression, and anxiety [6].

People who use public transportation are:
44% less likely to be overweight
34% less likely to have diabetes
27% less likely to have high blood pressure [7].

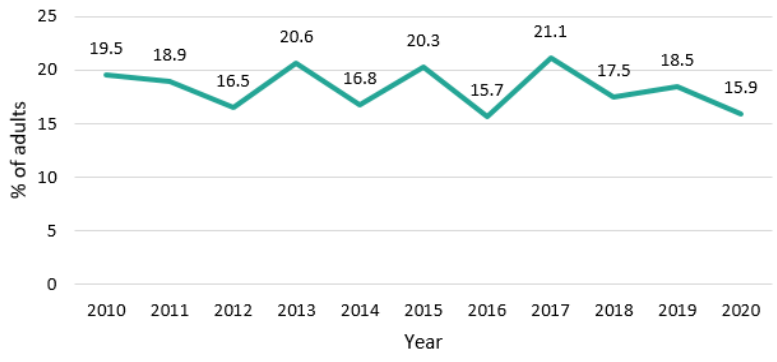
Being physically active can make a big difference in both quality and length of life. Even just 30 minutes of exercise a day can help fight depression, promote better sleep, help build stronger muscles and bones, and reduce the risk of chronic disease. The HEAL Program works with many partners across the state and throughout the country to help make Utah a place where it is easy, fun, and intuitive to be active.

Utahns can be active in their communities through efforts being made in active transportation. Strategies to increase active transportation in communities can help Utahns be more active. The CDC defines active transportation as any self-propelled human powered mode of transportation, which includes safe accessible walking and biking paths. In some Utah neighborhoods and communities, there is a lack of accessible and safe routes where active transportation can take place such as sidewalks, bike lanes, exercise trails/paths, and parks. By supporting physical activity routes within a neighborhood and community that are accessible, safe, attractive, and efficient, the HEAL program is helping more people become physically active.

In 2019, Utah ranked 8th in the nation as being the most bicycle-friendly state (League of American Bicyclists). The HEAL Program has gained considerable momentum in active transportation efforts through collaboration with other state agencies including the Utah Department of Transportation (UDOT) and Utah Transit Association (UTA). However, there is still much to do. Only 3.3% of workers walk or bike to work (based on American Community Survey, 2010-2014).

The HEAL Program is working to expand this work by promoting the CDC Active People Healthy Nation through a local brand of Active People Healthy Utah. This branding encourages people across the state to increase the amount of physical activity through coordination of programming and repeated exposure.

Percentage of Utah adults who do not engage in physical activity outside of their regular job, BRFSS, 2010-2020



Community health workers

Community health workers (CHWs) are trusted members of the neighborhoods where they serve. They are trained lay people who provide education, guidance, and social support, while serving as a liaison for healthcare providers and social services. CHWs work in a variety of organizations from public health agencies to healthcare clinics. CHWs share a connection with their communities because they understand the culture and language where they live and work. CHWs showed their invaluable worth during the COVID-19 pandemic as they served as a trusted bridge between public health and their communities, many of which were severely and disproportionately impacted by the pandemic. Low-income families, older adults, people who don't speak English, and many others were able to access life-saving information and resources with the help of dedicated and caring CHWs.

The HEAL Program offers a CHW Core Skills Certification program. The program is also available at several host sites such as Southern Utah University, Utah State University, Association for Utah Community Health (AUCH), and the Utah Refugee Training Education Center. This 90-hour self-paced course provides participants with a variety of information and skill-building activities to develop the 10 CHW core competencies. Some of these trainings focus on topics such as cultural awareness and humility, motivational interviewing, trauma-informed care and medical and behavioral health challenges. As part of the certification process, participants develop a final project that is presented to their cohort for approval. Since 2018, 211 CHWs have graduated from this program and received their certificate. At the end of the training, participants receive a certificate which they can use for employment purposes.

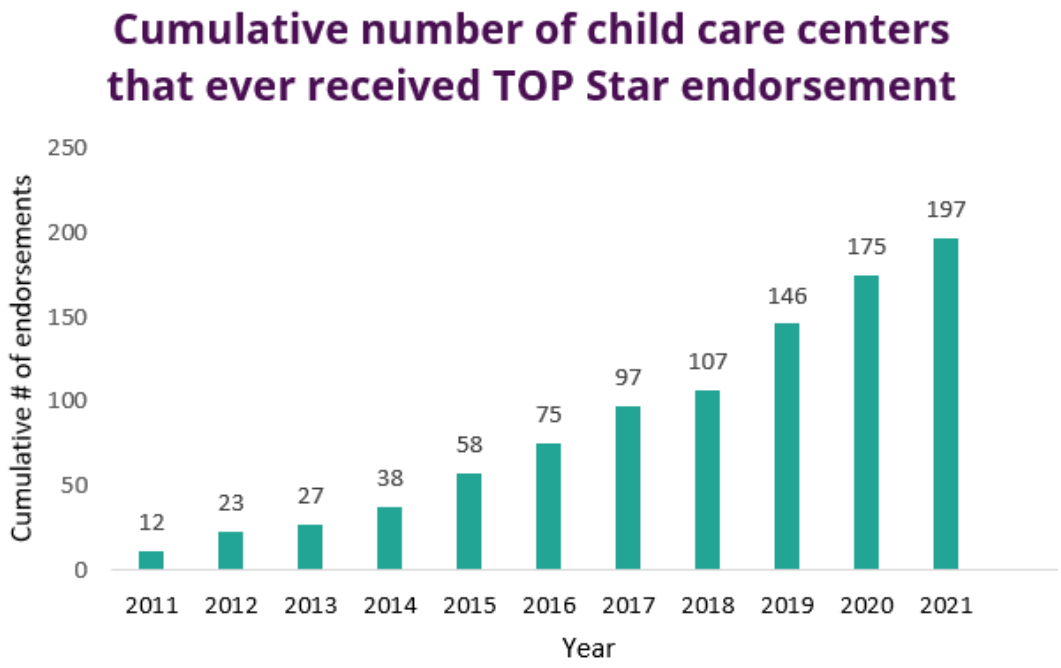
Child care

Early child care and education centers (ECEs) are ideal settings for children to learn good health habits to live long, healthy lives. About three-fourths of children in the U.S. spend an average of 35 hours per week in child care. However, it can be difficult for ECEs to dedicate staff time and resources to changing practices and creating new policies that can encourage healthy behaviors for the children in their care.

Within the state of Utah, 9.3% of young children ages 2 to 4 enrolled in the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children (WIC) were overweight and 5.4% were classified as obese [8]. Young children who are obese may also develop conditions such as high cholesterol, high blood sugar, and high blood pressure which can develop into severe chronic conditions even before they reach adulthood. Developing the skills and tools for healthy living at a young age can greatly improve a person's quality and length of life in the future.

The statewide Teaching Obesity Prevention in Childcare Settings (TOP Star) program is designed to guide ECEs in their adoptions of policies and practices through an endorsement process. Endorsement requires staff training, assessments, and action plans for implementing healthy practices for nutrition, physical activity, and breastfeeding. Online training modules are available in English and Spanish. Head Start is a federal program designed to care for children of preschool age and younger from low-income families.

Staff at LHDs reach out to unendorsed ECEs to let them know about the benefits of becoming a TOP Star facility and provide technical assistance to ECEs already endorsed. Almost 200 ECEs in Utah have received a TOP Star endorsement. The HEAL Program and LHD staff provide new and updated resources and technical assistance to TOP Star facilities and ECE providers.



Food and nutrition

Healthy eating is complex and involves far more than individual willpower. A person's environment affects eating habits more than an they might realize. Having access to affordable and healthy food is critical for developing healthy eating habits and positive health outcomes. Nutrition policies such as labeling calories on menus, banning the use of trans fat in food production, or even doubling the Supplemental Nutrition Assistance Program (SNAP) benefits when used at farmer's markets, can lead to increased food options and healthier choices for consumers.

Food insecurity means a person doesn't have reliable access to nutritious or affordable food. Food insecurity is associated with an increase risk of health problems like having a low birth weight, birth defects, anemia, poor mental health; higher health care costs; and increased use of healthcare services. About 1 in 5 (19.8%) Utah adults experience food insecurity when asked if they were worried or stressed about having money to purchase nutritious foods sometimes, usually, or always in the past 12 months [9].

The HEAL Program is addressing food insecurity in many ways. Funding was provided to 2 food pantries in San Juan County to purchase refrigeration units. This allowed the food pantries to provide fresh produce every day to those in need instead of once a month. The HEAL Program will be partnering with the University of Utah nutrition graduate students to study the needs and desires for food variety in pantry settings. These partnerships will work to promote healthy food policies in worksites, community locations, schools, and childcare centers. The HEAL Program also works with the Community Food Systems Coordinator at the Utah Department of Health & Human Services (DHHS). Together, they help eligible individuals to receive aid from the Supplemental Nutrition Assistance Program (SNAP) by assisting them in purchasing healthy foods. In 2019, about 172,000 people in Utah (just under 5% of the population) received (SNAP) benefits. Additionally, the HEAL Program plans to expand the reach of pantries further by creating five new pantries in childcare centers in 2022.

1 in 5

Utah adults experienced food insecurity in 2020 [9].

Only **14.2%** of Utah adults got a daily serving of fruits and vegetables [9].

26.7%

of Utah adolescents got 2 or more servings of fruit a day [10].

12.4%

of Utah adolescents got 3 or more servings of vegetables a day [10].

Worksite wellness

The average full-time U.S. worker spends

8.5 hours

per day at work [11].

Poor employee health cost U.S. employers

$1,685

per employee per year [12].

Worksite wellness programs result in returns of

$3 for every $1

invested over a 2 to 5 year period [13].

Work@Health is an employer-based training program from the CDC designed to improve the organizational health of employers. The program focuses on strategies that have been shown to reduce chronic disease and injury risk to all employees and improve overall worker productivity. Employers complete the CDC Online Worksite Health ScoreCard, a tool that makes it easier to assess the overall health of their employees, plan strategies and interventions to improve their programs or introduce new programs, and evaluate workforce progress in key areas on an ongoing basis.

The HEAL Program has a staff member who is a Master Trainer for Work@Health program. This staff member provides technical assistance to employers throughout the state which are interested in worksite wellness. An employer training was conducted during January and February of 2022. A total of 7 staff representing 6 employers participated in the blended learning experience which consisted of online modules and a full-day in-person training.

The HEAL Program also worked with LHDs to offer resources to worksites not in compliance with the federal lactation accommodation law. Staff offered to help these worksites create or improve lactation rooms and develop a worksite lactation accommodation policy. The HEAL Program received $50,000 in funding from the Association of State and Territorial Health Officials (ASTHO) to assist worksites with becoming compliant with the federal lactation accommodation law, and was able to leverage an additional $18,550 from other funding sources. The HEAL program worked with LHDs to provide mini-grants ($500-2,500) to qualifying employers to assist with this purpose. A total of 17 worksites received these mini-grants in 2020 and 38 worksites received these mini-grants in 2022.

Utah Department of
Health & Human Services
Population Health

State of Utah statistics	Percentage	Number
Demographics		
Number of persons [1] [2]	100%	3,249,879
Number of persons <5 years of age [1] [2]	7.4%	241,733
Number of persons 18+ [1] [2]	71.4%	2,320,603
Number of persons 65+ [1] [2]	11.7%	381,593
All ages living in poverty [1] [8]	7.3%	237,241
Adults living in poverty (150% threshold) [1] [4]	22.8%	740,972
Non-Hispanic white [1] [2]	77.6%	2,522,370
Hispanic [1] [2]	14.5%	471,647
Non-Hispanic non-white [1] [2]	7.9%	255,862
Obesity		
Adult obesity rate [1] [4]	28.6%	663,692
Adult overweight or obese [1] [4]	62.4%	1,448,056
Pre-Pregnancy obesity [1] [3]	23.7%	10,843
Adolescent obesity rate [6]	10.4%	38,730
Diabetes		
Prediabetes (adults) [1] [4]	10.2%	236,702
Diabetes (adults) [1] [4]	8.2%	190,289
Gestational diabetes (births) [1] [3]	6.8%	3,103
Kidney disease (ever had) (adults) [1] [4]	2.6%	60,336
Heart health		
High blood pressure (ever had) (adults) [1] [5]	25.8%	598,716
High cholesterol (ever had) (adults) [1] [5]	23.1%	536,059
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	62,656
Stroke (ever had) (adults) [1] [4]	2.3%	53,374
Heart attack (ever had) (adults) [1] [4]	3.0%	69,618
Nutrition		
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	329,526
2 or more servings of fruits a day (adolescents) age 12-18 [1] [7]	26.7%	99,432
3 or more servings of vegetables a day (adolescents) [1] [7]	12.4%	46,178
1+ can, bottle, or glass of soda a day (adolescents) [1] [7]	11.8%	43,944
Food insecurity in past 12 months [4]	19.80%	459,479
Family meals 5+ times a week (adults) [5]	68.1%	253,608
Family meals 5+ times a week (adolescents) (PNA part b) [6]	57.9%	215,622
Physical activity		
Physical inactivity (adults) [1] [4]	15.9%	368,976
Recommended aerobic physical activity (adults) [1] [5]	54.8%	1,271,690
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	62,564
Schools		
Nurse to student ratio [9]	-	1:2,445
Proportion of schools with free/reduced lunch program [9]	100.0%	-
Mortality rates (# deaths per 100,000 population)		
Diabetes [1] [3]	23.9	778
Stroke [1] [3]	28.2	916
Heart disease [1] [3]	130.9	4,253
Heart attack [1] [3]	14.7	476
Chronic kidney disease [1] [3]	11.1	360

Bear River Health District statistics	State	BRHD	Number
Demographics			
Number of persons [1] [2]	5.83%	100%	189,463
Number of persons <5 years of age [1] [2]	6.12%	7.8%	14,785
Number of persons 18+ [1] [2]	5.71%	69.9%	132,413
Number of persons 65+ [1] [2]	5.53%	11.1%	21,105
All ages living in poverty [1] [8]	6.79%	8.5%	16,104
Adults living in poverty (150% threshold) [1] [4]	4.15%	23.2%	30,720
Non-Hispanic white [1] [2]	6.35%	84.5%	160,169
Hispanic [1] [2]	4.22%	10.5%	19,906
Non-Hispanic non-white [1] [2]	3.67%	5.0%	9,388
Obesity			
Adult obesity rate [1] [4]	28.6%	24.6%	46,608
Adult overweight or obese [1] [4]	62.4%	57.5%	108,941
Pre-Pregnancy obesity [1] [3]	23.7%	27%	788
Adolescent obesity rate [6]	10.4%	10.3%	2,381
Diabetes			
Prediabetes (adults) [1] [4]	10%	8.2%	10,858
Diabetes (adults) [1] [4]	8.2%	7.9%	10,461
Gestational diabetes [1] [3]	6.8%	5.6%	164
Kidney disease (ever had) (adults) [1] [4]	2.6%	3.5%	4,634
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	23.3%	30,852
High cholesterol (ever had) (adults) [1] [5]	23.1%	21.9%	28,998
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	2.5%	3,310
Stroke (ever had) (adults) [1] [4]	2.3%	1.8%	2,383
Heart attack (ever had) (adults) [1] [4]	3.0%	3.2%	4,237
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	14.0%	18,538
Food insecurity in past 12 months [4]	19.8%	19.10%	25,291
Family meals 5+ times a week (adults) [5]	68.1%	74.70%	98,913
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	62.20%	14,379
Physical activity			
Physical inactivity (adults) [1] [4]	16%	13.2%	17,479
Recommended aerobic physical activity (adults) [1] [5]	54.8%	57.4%	76,005
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	20.50%	4739.19
Schools			
Nurse to student ratio [9]	1:2,445	-------	1:4,442
Proportion of schools with free/reduced lunch program [9]	-	100%	-------
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	27.5	52
Stroke [1] [3]	28.2	27.5	52
Heart disease [1] [3]	130.9	139.9	265
Heart attack [1] [3]	14.7	23.75	45
Chronic kidney disease [1] [3]	11.1	8.4	16

Central Utah Health District statistics	State	CUHD	Number
Demographics			
Number of persons [1] [2]	2.55%	100%	82,854
Number of persons <5 years of age [1] [2]	2.34%	6.8%	5,659
Number of persons 18+ [1] [2]	2.58%	72.1%	59763
Number of persons 65+ [1] [2]	3.49%	16.1%	13,302
All ages living in poverty [1] [8]	3.98%	11.4%	9,445
Adults living in poverty (150% threshold) [1] [4]	2.11%	26.2%	15658
Non-Hispanic white [1] [2]	2.89%	88.0%	72,929
Hispanic [1] [2]	1.43%	8.1%	6,741
Non-Hispanic non-white [1] [2]	1.24%	3.8%	3,184
Obesity			
Adult obesity rate [1] [4]	28.6%	24.5%	14,642
Adult overweight or obese [1] [4]	62.4%	58.3%	34,842
Pre-Pregnancy obesity [1] [3]	23.7%	23.9%	255
Adolescent obesity rate [6]	10.4%	10.4%	1,054
Diabetes			
Prediabetes (adults) [1] [4]	10%	8.5%	5,080
Diabetes (adults) [1] [4]	8.2%	10.3%	6,156
Gestational diabetes [1] [3]	6.8%	6.6%	70
Kidney disease (ever had) (adults) [1] [4]	2.6%	3.0%	1,793
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	29.1%	17,391
High cholesterol (ever had) (adults) [1] [5]	23.1%	23.8%	14,224
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	4.2%	2,510
Stroke (ever had) (adults) [1] [4]	2.3%	3.4%	2,032
Heart attack (ever had) (adults) [1] [4]	3.0%	4.9%	2,928
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	16%	9,562
Food insecurity in past 12 months [4]	19.8%	19.3%	15,991
Family meals 5+ times a week (adults) [5]	68.1%	76.3%	45,599
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	58.4%	5,921
Physical activity			
Physical inactivity (adults) [1] [4]	16%	15.9%	9,502
Recommended aerobic physical activity (adults) [1] [5]	54.8%	57.4%	34,304
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	22.10%	2,240
Schools			
Nurse to student ratio [9]	1:2,445	-	1:1,775
Proportion of schools with free/reduced lunch program [9]	-	100%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	42.2	35
Stroke [1] [3]	28.2	33.79	28
Heart disease [1] [3]	130.9	178.6	148
Heart attack [1] [3]	14.7	31.38	26
Chronic kidney disease [1] [3]	11.1	8.45	7

Davis COUNTY Health Department

Davis County Health District statistics	State	DCHD	Number
Demographics			
Number of persons [1] [2]	11.05%	100%	359,232
Number of persons <5 years of age [1] [2]	14.04%	9.4%	33,929
Number of persons 18+ [1] [2]	10.66%	68.9%	247,415
Number of persons 65+ [1] [2]	10.03%	10.7%	38,278
All ages living in poverty [1] [8]	7.50%	5.0%	17,794
Adults living in poverty (150% threshold) [1] [4]	8.39%	17.3%	62,147
Non-Hispanic white [1] [2]	11.79%	82.8%	297,508
Hispanic [1] [2]	7.91%	10.4%	37,297
Non-Hispanic non-white [1] [2]	9.55%	6.8%	24,427
Obesity			
Adult obesity rate [1] [4]	28.6%	32.8%	81,152
Adult overweight or obese [1] [4]	62.4%	65.1%	161,067
Pre-Pregnancy obesity [1] [3]	23.7%	22.9%	1,103
Adolescent obesity rate [6]	10.4%	9.0%	4,010
Diabetes			
Prediabetes (adults) [1] [4]	10%	11%	27,216
Diabetes (adults) [1] [4]	8.2%	8.7%	21,525
Gestational diabetes [1] [3]	6.8%	6.7%	314
Kidney disease (ever had) (adults) [1] [4]	2.6%	2.2%	5,443
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	27.1%	67,049
High cholesterol (ever had) (adults) [1] [5]	23.1%	26.4%	65,318
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	2.9%	7,175
Stroke (ever had) (adults) [1] [4]	2.3%	2.2%	5,443
Heart attack (ever had) (adults) [1] [4]	3.0%	2.8%	6,928
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	15.3%	37,854
Food insecurity in past 12 months [4]	19.8%	18.9%	46,761
Family meals 5+ times a week (adults) [5]	68.1%	69.3%	171,459
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	59.9%	26,690
Physical activity			
Physical inactivity (adults) [1] [4]	16%	16%	39,586
Recommended aerobic physical activity (adults) [1] [5]	54.8%	41.2%	101,935
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	17.6%	7,842
Schools			
Nurse to student ratio [9]	1:2,445	-	1:2,691
Proportion of schools with free/reduced lunch program [9]	-	100%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	19.21	69
Stroke [1] [3]	28.2	28.19	94
Heart disease [1] [3]	130.9	132.5	476
Heart attack [1] [3]	14.7	12.25	44
Chronic kidney disease [1] [3]	11.1	12.53	45

SALT LAKE COUNTY HEALTH DEPARTMENT

Salt Lake County Health District statistics	State	SLCHD	Number
Demographics			
Number of persons [1] [2]	35.86%	100%	1,165,517
Number of persons <5 years of age [1] [2]	33.40%	6.9%	80,729
Number of persons 18+ [1] [2]	37.06%	73.8%	860,033
Number of persons 65+ [1] [2]	35.26%	11.5%	134,562
All ages living in poverty [1] [8]	34.39%	7.0%	81,586
Adults living in poverty (150% threshold) [1] [4]	27.04%	23.3%	200,388
Non-Hispanic white [1] [2]	32.37%	70.1%	816,521
Hispanic [1] [2]	46.87%	19.0%	221,050
Non-Hispanic non-white [1] [2]	50.01%	11.0%	127,946
Obesity			
Adult obesity rate [1] [4]	28.6%	29.5%	253,710
Adult overweight or obese [1] [4]	62.4%	63.8%	548,701
Pre-Pregnancy obesity [1] [3]	23.7%	24.4%	3,713
Adolescent obesity rate [6]	10.4%	13.1%	15,820
Diabetes			
Prediabetes (adults) [1] [4]	10.0%	12.0%	103,204
Diabetes (adults) [1] [4]	8.2%	8.8%	75,683
Gestational diabetes [1] [3]	6.8%	7.0%	1,063
Kidney disease (ever had) (adults) [1] [4]	2.6%	2.8%	24,081
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	26.1%	224,469
High cholesterol (ever had) (adults) [1] [5]	23.1%	23.8%	204,688
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	2.8%	24,081
Stroke (ever had) (adults) [1] [4]	2.3%	2.3%	19,781
Heart attack (ever had) (adults) [1] [4]	3.0%	3.1%	26,661
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	13.8%	118,685
Food insecurity in past 12 months [4]	19.8%	19.8%	170,287
Family meals 5+ times a week (adults) [5]	68.1%	68.00%	584,822
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	54.20%	65,455
Physical activity			
Physical inactivity (adults) [1] [4]	16%	17.80%	153,086
Recommended aerobic physical activity (adults) [1] [5]	54.8%	52.60%	452,377
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	15.30%	18,477
Schools			
Nurse to student ratio [9]	1:2,445	-	1:2,353
Proportion of schools with free/reduced lunch program [9]	-	100.00%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	24.9	290
Stroke [1] [3]	28.2	26.86	313
Heart disease [1] [3]	130.9	130.07	1,516
Heart attack [1] [3]	14.7	14.76	172
Chronic kidney disease [1] [3]	11.1	7.55	88

San Juan Public Health
PREVENT • PROMOTE • PROTECT

San Juan County Health District statistics	State	SJCHD	Number
Demographics			
Number of persons [1] [2]	0.47%	100.00%	15,278
Number of persons <5 years of age [1] [2]	0.43%	6.7%	1,028
Number of persons 18+ [1] [2]	0.47%	71.0%	10,851
Number of persons 65+ [1] [2]	0.60%	14.9%	2,281
All ages living in poverty [1] [8]	1.20%	18.6%	2,842
Adults living in poverty (150% threshold) [1] [4]	0.89%	60.6%	6,576
Non-Hispanic white [1] [2]	0.27%	44.8%	6,840
Hispanic [1] [2]	0.20%	6.1%	925
Non-Hispanic non-white [1] [2]	2.94%	49.2%	7,513
Obesity			
Adult obesity rate [1] [4]	28.6%	37.1%	4,026
Adult overweight or obese [1] [4]	62.4%	69.5%	7,541
Pre-Pregnancy obesity [1] [3]	23.7%	36.2%	64
Adolescent obesity rate [6]	10.4%	**	**
Diabetes			
Prediabetes (adults) [1] [4]	10.0%	19.9%	2,159
Diabetes (adults) [1] [4]	8.2%	16.1%	1,747
Gestational diabetes [1] [3]	6.8%	10.2%	18
Kidney disease (ever had) (adults) [1] [4]	2.6%	2.6%	282
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	45%	4,883
High cholesterol (ever had) (adults) [1] [5]	23.1%	22%	2,387
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	2.35%	255
Stroke (ever had) (adults) [1] [4]	2.3%	**	-
Heart attack (ever had) (adults) [1] [4]	3.0%	3.86%	419
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	15.32%	1,662
Food insecurity in past 12 months [4]	19.8%	25.2%	2,734
Family meals 5+ times a week (adults) [5]	68.1%	74.4%	8,073
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	69.7%	1,325
Physical activity			
Physical inactivity (adults) [1] [4]	16%	20.7%	2,246
Recommended aerobic physical activity (adults) [1] [5]	54.8%	64.4%	6,988
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	21.8%	416
Schools			
Nurse to student ratio [9]	1:2,445	-	1:1,465
Proportion of schools with free/reduced lunch program [9]	-	100%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	45.82	7
Stroke [1] [3]	28.2	39.27	6
Heart disease [1] [3]	130.9	144.0	22
Heart attack [1] [3]	14.7	26.18	4
Chronic kidney disease [1] [3]	11.1	.	0

Southeast Utah Health District statistics	State	SUHD	Number
Demographics			
Number of persons [1] [2]	1.25%	100.00%	40,703
Number of persons <5 years of age [1] [2]	3.22%	25.6%	7,788
Number of persons 18+ [1] [2]	0.20%	11.4%	4,640
Number of persons 65+ [1] [2]	2.00%	18.7%	7,615
All ages living in poverty [1] [8]	12.82%	74.7%	30,423
Adults living in poverty (150% threshold) [1] [4]	0.33%	6.1%	2,475
Non-Hispanic white [1] [2]	1.36%	84.2%	34,260
Hispanic [1] [2]	0.96%	11.1%	4,532
Non-Hispanic non-white [1] [2]	0.75%	4.7%	1,911
Obesity			
Adult obesity rate [1] [4]	28.6%	29.8%	9,066
Adult overweight or obese [1] [4]	62.4%	67.3%	20,475
Pre-Pregnancy obesity [1] [3]	23.7%	26.4%	119
Adolescent obesity rate [6]	10.4%	9.1%	395
Diabetes			
Prediabetes (adults) [1] [4]	10.0%	9%	2,829
Diabetes (adults) [1] [4]	8.2%	14.00%	4,259
Gestational diabetes [1] [3]	6.8%	5.1%	23
Kidney disease (ever had) (adults) [1] [4]	2.6%	**	-
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	28.4%	8,640
High cholesterol (ever had) (adults) [1] [5]	23.1%	27.9%	8,488
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	4.57%	1,390
Stroke (ever had) (adults) [1] [4]	2.3%	3.0%	910
Heart attack (ever had) (adults) [1] [4]	3.0%	5.4%	1,643
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	19.0%	5,780
Food insecurity in past 12 months [4]	19.8%	17.60%	5,374
Family meals 5+ times a week (adults) [5]	68.1%	81.60%	24,825
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	56.80%	2,469
Physical activity			
Physical inactivity (adults) [1] [4]	16%	22.90%	6,967
Recommended aerobic physical activity (adults) [1] [5]	54.8%	57.20%	17,402
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	20.70%	900
Schools			
Nurse to student ratio [9]	1:2,445	-	1:3,181
Proportion of schools with free/reduced lunch program [9]	-	100.00%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	13.49	11
Stroke [1] [3]	28.2	31.94	13
Heart disease [1] [3]	130.9	297.3	121
Heart attack [1] [3]	14.7	29.48	12
Chronic kidney disease [1] [3]	11.1	24.57	10

SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT
PREVENT • PROMOTE • PROTECT

Southwest Utah Health District statistics	State	SWHD	Number
Demographics			
Number of persons [1] [2]	8.04%	100%	261,452
Number of persons <5 years of age [1] [2]	6.91%	6.4%	16,709
Number of persons 18+ [1] [2]	8.37%	74.3%	194,263
Number of persons 65+ [1] [2]	14.14%	20.6%	53,962
All ages living in poverty [1] [8]	9.37%	8.5%	22,223
Adults living in poverty (150% threshold) [1] [4]	7.21%	27.5%	53,422
Non-Hispanic white [1] [2]	8.75%	84.4%	220,602
Hispanic [1] [2]	5.75%	10.4%	27,132
Non-Hispanic non-white [1] [2]	5.36%	5.2%	13,718
Obesity			
Adult obesity rate [1] [4]	28.6%	26.4%	51,285
Adult overweight or obese [1] [4]	62.4%	60.1%	116,752
Pre-Pregnancy obesity [1] [3]	23.7%	21.3%	684
Adolescent obesity rate [6]	10.4%	9.5%	2,689
Diabetes			
Prediabetes (adults) [1] [4]	10.0%	8%	14,570
Diabetes (adults) [1] [4]	8.2%	6.40%	12,433
Gestational diabetes [1] [3]	6.8%	8.0%	257
Kidney disease (ever had) (adults) [1] [4]	2.6%	3.7%	7,188
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	31.2%	60,610
High cholesterol (ever had) (adults) [1] [5]	23.1%	25.8%	50,120
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	2.6%	5,051
Stroke (ever had) (adults) [1] [4]	2.3%	3.7%	7,188
Heart attack (ever had) (adults) [1] [4]	3.0%	2.7%	5,245
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	14.3%	27,780
Food insecurity in past 12 months [4]	19.8%	21.20%	41,184
Family meals 5+ times a week (adults) [5]	68.1%	67.90%	131,905
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	53.00%	15,000
Physical activity			
Physical inactivity (adults) [1] [4]	16%	13.10%	25,448
Recommended aerobic physical activity (adults) [1] [5]	54.8%	57.80%	112,284
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	18.70%	5,292
Schools			
Nurse to student ratio [9]	1:2,445	-	1:2,966
Proportion of schools with free/reduced lunch program [9]	-	100.00%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	27.16	71
Stroke [1] [3]	28.2	50.1	131
Heart disease [1] [3]	130.9	141.9	371
Heart attack [1] [3]	14.7	15.3	40
Chronic kidney disease [1] [3]	11.1	27.16	71

Summit County Health District statistics	State	SCHD	Number
Demographics			
Number of persons [1] [2]	1.31%	100%	42,499
Number of persons <5 years of age [1] [2]	0.87%	4.9%	2,092
Number of persons 18+ [1] [2]	1.40%	76.6%	32,559
Number of persons 65+ [1] [2]	1.59%	14.3%	6,068
All ages living in poverty [1] [8]	0.81%	4.5%	1,912
Adults living in poverty (150% threshold) [1] [4]	0.61%	13.9%	4,526
Non-Hispanic white [1] [2]	1.42%	84.3%	35,831
Hispanic [1] [2]	0.99%	11.0%	4,690
Non-Hispanic non-white [1] [2]	0.77%	4.7%	1,978
Obesity			
Adult obesity rate [1] [4]	28.6%	14.5%	4,721
Adult overweight or obese [1] [4]	62.4%	66.9%	21,782
Pre-Pregnancy obesity [1] [3]	23.7%	14.6%	58
Adolescent obesity rate [6]	10.4%	7.4%	339
Diabetes			
Prediabetes (adults) [1] [4]	10.0%	10%	3,093
Diabetes (adults) [1] [4]	8.2%	6.81%	2,217
Gestational diabetes [1] [3]	6.8%	6.8%	27
Kidney disease (ever had) (adults) [1] [4]	2.6%	3.38%	1,100
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	22.4%	7,293
High cholesterol (ever had) (adults) [1] [5]	23.1%	26.5%	8,628
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	1.82%	593
Stroke (ever had) (adults) [1] [4]	2.3%	**	-
Heart attack (ever had) (adults) [1] [4]	3.0%	**	-
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	14.5%	4,721
Food insecurity in past 12 months [4]	19.8%	16.3%	5,307
Family meals 5+ times a week (adults) [5]	68.1%	30.3%	9,865
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	59.2%	2,710
Physical activity			
Physical inactivity (adults) [1] [4]	16%	9.5%	3,093
Recommended aerobic physical activity (adults) [1] [5]	54.8%	68.4%	22,270
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	24.1%	1,103
Schools			
Nurse to student ratio [9]	1:2,445	-	1:855
Proportion of schools with free/reduced lunch program [9]	-	100%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	**	**
Stroke [1] [3]	28.2	23.53	10
Heart disease [1] [3]	130.9	65.9	28
Heart attack [1] [3]	14.7	**	**
Chronic kidney disease [1] [3]	11.1	11.76	5

TOOELE COUNTY HEALTH DEPARTMENT

Tooele County Health District statistics	State	TCHD	Number
Demographics			
Number of persons [1] [2]	2.29%	100%	74,512
Number of persons <5 years of age [1] [2]	2.33%	7.5%	5,624
Number of persons 18+ [1] [2]	2.19%	68.3%	50,881
Number of persons 65+ [1] [2]	1.84%	9.4%	7,024
All ages living in poverty [1] [8]	1.79%	5.7%	4,247
Adults living in poverty (150% threshold) [1] [4]	1.47%	21.4%	10,889
Non-Hispanic white [1] [2]	2.42%	81.8%	60,940
Hispanic [1] [2]	2.12%	13.4%	9,998
Non-Hispanic non-white [1] [2]	1.40%	4.8%	3,574
Obesity			
Adult obesity rate [1] [4]	28.6%	33.2%	16,892
Adult overweight or obese [1] [4]	62.4%	66.9%	34,039
Pre-Pregnancy obesity [1] [3]	23.7%	31.5%	322
Adolescent obesity rate [6]	10.4%	13.0%	1,242
Diabetes			
Prediabetes (adults) [1] [4]	10.0%	10.7%	5,444
Diabetes (adults) [1] [4]	8.2%	10.7%	5,444
Gestational diabetes [1] [3]	6.8%	7.9%	81
Kidney disease (ever had) (adults) [1] [4]	2.6%	2.4%	1,221
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	31.6%	16,078
High cholesterol (ever had) (adults) [1] [5]	23.1%	24.2%	12,313
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	3.3%	1,679
Stroke (ever had) (adults) [1] [4]	2.3%	1.27%	646
Heart attack (ever had) (adults) [1] [4]	3.0%	2.5%	1,272
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	14.1%	7,174
Food insecurity in past 12 months [4]	19.8%	25.7%	2,454
Family meals 5+ times a week (adults) [5]	68.1%	64.6%	32,869
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	58.4%	5,577
Physical activity			
Physical inactivity (adults) [1] [4]	16%	14.4%	7,327
Recommended aerobic physical activity (adults) [1] [5]	54.8%	54.7%	27,832
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	20.2%	1,929
Schools			
Nurse to student ratio [9]	1:2,445	-	1:3,667
Proportion of schools with free/reduced lunch program [9]	-	100.00%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	24.16	18
Stroke [1] [3]	28.2	17.45	13
Heart disease [1] [3]	130.9	100.65	75
Heart attack [1] [3]	14.7	9.39	7
Chronic kidney disease [1] [3]	11.1	12.08	9

TriCounty Health District statistics	State	TRCHD	Number
Demographics			
Number of persons [1] [2]	1.75%	100%	56,890
Number of persons <5 years of age [1] [2]	1.89%	8.0%	4,578
Number of persons 18+ [1] [2]	1.66%	67.7%	38,509
Number of persons 65+ [1] [2]	1.85%	12.4%	7,065
All ages living in poverty [1] [8]	2.57%	10.7%	6,087
Adults living in poverty (150% threshold) [1] [4]	1.35%	26.0%	10,012
Non-Hispanic white [1] [2]	1.87%	83.0%	47,192
Hispanic [1] [2]	1.01%	8.4%	4,754
Non-Hispanic non-white [1] [2]	1.93%	8.7%	4,944
Obesity			
Adult obesity rate [1] [4]	28.6%	31.8%	12,246
Adult overweight or obese [1] [4]	62.4%	66.0%	25,416
Pre-Pregnancy obesity [1] [3]	23.7%	29.2%	234
Adolescent obesity rate [6]	10.4%	13.3%	969
Diabetes			
Prediabetes (adults) [1] [4]	10.0%	11.2%	4,313
Diabetes (adults) [1] [4]	8.2%	9.00%	3,466
Gestational diabetes [1] [3]	6.8%	6.9%	55
Kidney disease (ever had) (adults) [1] [4]	2.6%	3.4%	1,309
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	30.6%	11,784
High cholesterol (ever had) (adults) [1] [5]	23.1%	24.3%	9,358
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	3.3%	1,271
Stroke (ever had) (adults) [1] [4]	2.3%	2.4%	924
Heart attack (ever had) (adults) [1] [4]	3.0%	4.9%	1,887
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	13.7%	5,276
Food insecurity in past 12 months [4]	19.8%	23.7%	9,127
Family meals 5+ times a week (adults) [5]	68.1%	76.6%	29,498
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	60.3%	4,394
Physical activity			
Physical inactivity (adults) [1] [4]	16%	17.9%	6,893
Recommended aerobic physical activity (adults) [1] [5]	54.8%	52.8%	20,333
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	16.3%	1,188
Schools			
Nurse to student ratio [9]	1:2,445	-	1:2,059
Proportion of schools with free/reduced lunch program [9]	-	100%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	28.12	16
Stroke [1] [3]	28.2	26.37	15
Heart disease [1] [3]	130.9	168.8	96
Heart attack [1] [3]	14.7	28.12	16
Chronic kidney disease [1] [3]	11.1	28.12	16

Utah County
HEART of UTAH
Health Department

Utah County Health District statistics	State	UCHD	Number
Demographics			
Number of persons [1] [2]	20.03%	100%	651,059
Number of persons <5 years of age [1] [2]	24.05%	8.9%	58,141
Number of persons 18+ [1] [2]	18.95%	67.6%	439,834
Number of persons 65+ [1] [2]	13.67%	8.0%	52,169
All ages living in poverty [1] [8]	21.41%	7.8%	50,783
Adults living in poverty (150% threshold) [1] [4]	12.94%	21.8%	95,884
Non-Hispanic white [1] [2]	21.02%	81.4%	530,105
Hispanic [1] [2]	17.01%	12.3%	80,224
Non-Hispanic non-white [1] [2]	15.92%	6.3%	40,730
Obesity			
Adult obesity rate [1] [4]	28.6%	25.8%	113,477
Adult overweight or obese [1] [4]	62.4%	58.7%	258,183
Pre-Pregnancy obesity [1] [3]	23.7%	20.8%	2,400
Adolescent obesity rate [6]	10.4%	7.8%	6,498
Diabetes			
Prediabetes (adults) [1] [4]	10.0%	8.1%	35,627
Diabetes (adults) [1] [4]	8.2%	5.90%	25,950
Gestational diabetes [1] [3]	6.8%	6.7%	771
Kidney disease (ever had) (adults) [1] [4]	2.6%	1.4%	6,158
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	21.6%	95,004
High cholesterol (ever had) (adults) [1] [5]	23.1%	19.3%	84,888
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	2.0%	8,797
Stroke (ever had) (adults) [1] [4]	2.3%	1.3%	5,718
Heart attack (ever had) (adults) [1] [4]	3.0%	2.6%	11,436
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	14.6%	64,216
Food insecurity in past 12 months [4]	19.8%	19.9%	87,527
Family meals 5+ times a week (adults) [5]	68.1%	66.9%	294,249
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	62.4%	51,983
Physical activity			
Physical inactivity (adults) [1] [4]	16%	12.3%	54,100
Recommended aerobic physical activity (adults) [1] [5]	54.8%	55.2%	242,788
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	15.4%	12,829
Schools			
Nurse to student ratio [9]	1:2,445	-	1:2,880
Proportion of schools with free/reduced lunch program [9]	-	100%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	17.05	111
Stroke [1] [3]	28.2	20.43	133
Heart disease [1] [3]	130.9	99.07	645
Heart attack [1] [3]	14.7	8.75	57
Chronic kidney disease [1] [3]	11.1	8.14	53

Wasatch County Health District statistics	State	WCHD	Number
Demographics			
Number of persons [1] [2]	1.09%	100%	35,300
Number of persons <5 years of age [1] [2]	1.01%	6.9%	2,446
Number of persons 18+ [1] [2]	1.06%	69.8%	24,647
Number of persons 65+ [1] [2]	1.17%	12.6%	4,448
All ages living in poverty [1] [8]	0.70%	4.7%	1,659
Adults living in poverty (150% threshold) [1] [4]	0.67%	20.2%	4,979
Non-Hispanic white [1] [2]	1.16%	82.7%	29,200
Hispanic [1] [2]	1.05%	14.1%	4,965
Non-Hispanic non-white [1] [2]	0.44%	3.2%	1,135
Obesity			
Adult obesity rate [1] [4]	28.6%	29%	7,148
Adult overweight or obese [1] [4]	62.4%	61.3%	15,109
Pre-Pregnancy obesity [1] [3]	23.7%	15.6%	62
Adolescent obesity rate [6]	10.4%	6.9%	313
Diabetes			
Prediabetes (adults) [1] [4]	10.0%	11.32%	2,790
Diabetes (adults) [1] [4]	8.2%	5.46%	1,346
Gestational diabetes [1] [3]	6.8%	4.8%	19
Kidney disease (ever had) (adults) [1] [4]	2.6%	**	-
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	26.8%	6,605
High cholesterol (ever had) (adults) [1] [5]	23.1%	27%	6,655
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	1.51%	372
Stroke (ever had) (adults) [1] [4]	2.3%	**	**
Heart attack (ever had) (adults) [1] [4]	3.0%	2.33%	574
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	19%	4,683
Food insecurity in past 12 months [4]	19.8%	17.5%	4,313
Family meals 5+ times a week (adults) [5]	68.1%	58.8%	14,492
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	60.1%	2,722
Physical activity			
Physical inactivity (adults) [1] [4]	16%	14.5%	3,574
Recommended aerobic physical activity (adults) [1] [5]	54.8%	60.7%	14,961
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	17.2%	779
Schools			
Nurse to student ratio [9]	1:2,445	-	1:1,585
Proportion of schools with free/reduced lunch program [9]	-	100%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	**	**
Stroke [1] [3]	28.2	31.16	11
Heart disease [1] [3]	130.9	85.0	30
Heart attack [1] [3]	14.7	14.16	5
Chronic kidney disease [1] [3]	11.1	**	**

Weber Morgan Health District statistics	State	WMHD	Number
Demographics			
Number of persons [1] [2]	8.47%	100%	275,120
Number of persons <5 years of age [1] [2]	8.18%	7.2%	19,777
Number of persons 18+ [1] [2]	8.58%	72.3%	199,012
Number of persons 65+ [1] [2]	8.69%	12.1%	33,174
All ages living in poverty [1] [8]	8.35%	7.2%	19,809
Adults living in poverty (150% threshold) [1] [4]	6.02%	22.4%	44,579
Non-Hispanic white [1] [2]	8.34%	76.4%	210,273
Hispanic [1] [2]	10.48%	18.0%	49,433
Non-Hispanic non-white [1] [2]	6.02%	5.6%	15,414
Obesity			
Adult obesity rate [1] [4]	28.6%	32.4%	64,480
Adult overweight or obese [1] [4]	62.4%	69.6%	138,512
Pre-Pregnancy obesity [1] [3]	23.7%	38.4%	1,041
Adolescent obesity rate [6]	10.4%	11.9%	3,572
Diabetes			
Prediabetes (adults) [1] [4]	10.0%	11.60%	23,085
Diabetes (adults) [1] [4]	8.2%	8.50%	16,916
Gestational diabetes [1] [3]	6.8%	6.5%	241
Kidney disease (ever had) (adults) [1] [4]	2.6%	2.8%	5,572
Heart health			
High blood pressure (ever had) (adults) [1] [5]	25.8%	28.0%	55,723
High cholesterol (ever had) (adults) [1] [5]	23.1%	23.9%	47,564
Coronary heart disease (ever had) (adults)[1] [4]	2.7%	3.4%	6,766
Stroke (ever had) (adults) [1] [4]	2.3%	2.8%	5,572
Heart attack (ever had) (adults) [1] [4]	3.0%	2.8%	5,572
Nutrition			
5 or more servings of fruits and vegetables a day (adults) [1] [5]	14.2%	13.3%	26,469
Food insecurity in past 12 months [4]	19.8%	18.6%	37,016
Family meals 5+ times a week (adults) [5]	68.1%	66.2%	131,746
Family meals 5+ times a week (adolescents) (PNA part b) [7]	57.9%	55%	16,510
Physical activity			
Physical inactivity (adults) [1] [4]	16%	21%	41,793
Recommended aerobic physical activity (adults) [1] [5]	54.8%	55%	109,457
Adolescents participated in recommended physical activity (7 days 60 minutes) [1] [6]	16.8%	15.1%	4,533
Schools			
Nurse to student ratio [9]	1:2,445	-	1:2,696
Proportion of schools with free/reduced lunch program [9]	-	100%	-
Mortality rates (# deaths per 100,000 population)			
Diabetes [1] [3]	23.9	34.17	94
Stroke [1] [3]	28.2	35.26	97
Heart disease [1] [3]	130.9	167.2	460
Heart attack [1] [3]	14.7	16.72	46
Chronic kidney disease [1] [3]	11.1	13.45	37

Appendix 1: Data for Utah Small Areas and local health districts

[1] Public Health Indicator-Based Information System (IBIS), Office of Public Health Assessment, Center for Health Data and Informatics, Utah Department of Health, Utah http:/ibis.health.utah.gov.

[2] IBIS Data Source: U.S. Census Bureau-NCHS Population Estimates Query Module for Utah Counties and Local Health Districts.

[3] IBIS Data Source: Utah Office of Vital Records & Statistics, Utah Department of Health, 2020.

[4] IBIS Data Source: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Enter for Health Data and Informatics, Utah Department of Health, 2020.

[5] IBIS Data Source: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Enter for Health Data and Informatics, Utah Department of Health, 2019.

[6] IBIS Data Source: Youth Risk Behavior Surveillance System (YRBSS), Utah Department of Health, 2019.

[7] Prevention Needs Assessment, Utah Department of Health, 2021.

**The estimate has been suppressed because 1) The relative standard error is greater than 50% or when the relative standard error can't be determined. Consider aggregating years to decrease the relative standard error and improve the reliability of the estimate. 2) the observed number of events is very small and not appropriate for publication, or 3) it could be used to calculate the number in a cell that has been suppressed.

Appendix 2: References

1. Centers for Disease Control and Prevention, Diabetes and Prediabetes Basics, 2021.
2. Public Health Indicator-Based Information System (IBIS), Office of Public Health Assessment, Center for Health Data and Informatics, Utah Department of Health, Utah http:/ibis.health.utah.gov.
3. IBIS Data Source: U.S. Census Bureau-NCHS Population Estimates Query Module for Utah Counties and Local Health Districts.
4. IBIS Data Source: Utah Office of Vital Records & Statistics, Utah Department of Health, 2020.
5. IBIS Data Source: Behavioral Risk Factor Surveillance System, Office of Public Health Assessment, Enter for Health Data and Informatics, Utah Department of Health, 2020.
6. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans. Washington, DC: U.S. Department of Health and Human Services, 2008.
7. American Heart Association, "Taking public transportation instead of driving linked with better health." ScienceDaily. ScienceDaily, 8 November 2015.
8. Office of Maternal and Child Health data, Utah DHHS, 2022.
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10. IBIS Data Source: Youth Risk Behavior Surveillance System (YRBSS), Utah Department of Health, 2019.
11. Bureau of Labor Statistics, U.S. Department of Labor, American Time Use Survey-2021 Results, News Release, 2021.
12. Centers for Disease Control and Prevention, Workplace Health Promotion, Work Productivity Measures, 2003.
13. Work@health, Workplace Health Promotion, CDC-Sponsored Worksite Wellness Program, Train-the-Trainer Program Fact Sheet, 2019.

**The estimate has been suppressed because 1) The relative standard error is greater than 50% or when the relative standard error can't be determined. Consider aggregating years to decrease the relative standard error and improve the reliability of the estimate. 2) the observed number of events is very small and not appropriate for publication, or 3) it could be used to calculate the number in a cell that has been suppressed.