SUMMIT COUNTY HEALTH

2024 Community Health Assessment

Prepared by Nancy Porter for the Summit County Health Department, March 2025
Pending Approval by the Summit County Board of Health on April 7, 2025

Acknowledgements

Table of Contents

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Summit County Health Department
Values, Vision, and Mission

CORE VALUES

Transparency, Accountability, Awareness, Equity, Innovation, and Employee Culture

VISION

Summit County is a community where people can live a positive, healthy lifestyle through public health efforts focused on awareness, education, and preparedness.

MISSION STATEMENT

To be a trusted and innovative public health organization focused on defining and implementing strategies and services that address:

Health Equity
Community Health and Engagement
Community & Individual Resilience
Environmental Stewardship
Sustainability

STRATEGIC OBJECTIVES

Improve access and increase awareness of public health resources for the benefit of Summit County residents.	Help our community define and live a healthy lifestyle based on their personal needs and desired outcomes.
Work with our communities to protect Summit County's environment and preserve it for future generations.	Develop a diverse workforce that is engaged and qualified to serve Summit County in all situations.

5

Note to the Community

Note from the Health Director – Dr. Phil Bondurant

I am thrilled to share the results of the Summit County Health Department (SCHD) Community Health Assessment (CHA). This document is critical to understanding and improving the well-being of our residents while providing direction for the department. This comprehensive process allows us to gather essential data on the health needs, challenges, and strengths of our community. With this information, we can identify key priorities and develop targeted, data-informed programming that will have a lasting impact. However, this assessment, and the resulting report, is more than just numbers—it reflects the voices and experiences of our community. Your participation ensures that our initiatives are guided by real experiences and meaningful insights. For me, this is the real-world value of a CHA. Your voice serves as the foundation for meaningful change and helps us better understand how to serve you and the community. Thank you for sharing these experiences with us.

Finally, I want to thank and acknowledge those key staff members who put the necessary time and effort to make this happen. This engaging and robust report is the result of their hard work and dedication. So, thank you. Thank you from me, the community, and the future of public health in Summit County.

Note from the Epidemiologist – Nancy Porter

Data is the backbone of effective public health decision-making. By gathering and analyzing health data, we can identify the most pressing health challenges in our community and implement targeted, evidence-based solutions. This CHA serves as a powerful tool to guide public health policies and interventions, ensuring that resources are directed where they are needed most. With accurate, community-driven data, we can make meaningful progress toward improving health outcomes and reducing disparities in Summit County.

I want to extend my sincere gratitude to everyone who participated in the CHA survey. Your willingness to share your experiences, concerns, and insights has been invaluable in shaping this assessment. Engaging with community members was one of the most rewarding aspects of this process—I truly enjoyed getting out into the community, meeting so many of you, and having the opportunity to discuss my work and the importance of public health data. Your voices are essential in shaping a healthier future for all of us, and I appreciate your time and effort in contributing to this vital project.

Additionally, I would like to acknowledge an important context for this CHA: since the last SCHD CHA in 2019, the world experienced a global COVID-19 pandemic, which had a profound impact on public health and the Summit County community. While this CHA does not specifically focus on the pandemic, we recognize its significance during this timeframe. For more information, please refer to the Summit County Health Department COVID-19 After-Action Report Presentation.

Executive Summary

The Summit County Community Health Assessment (CHA) is a comprehensive evaluation designed to identify and address the county's key health needs. This data-driven process informs public health strategies, fosters collaboration among stakeholders, and guides the development of the Community Health Improvement Plan (CHIP). The assessment utilizes both quantitative and qualitative data collection methods, including surveys, focus groups, and secondary data analysis, to present a holistic picture of the community's health landscape.

Top Health Priorities:

- **Affordable Housing:** The lack of affordable housing emerged as the most significant issue, impacting residents' financial stability, mental health, and access to care.
- **Healthcare Access:** While Summit County scored high in healthcare coverage, challenges remain in accessing culturally appropriate care, mental health services, and treatment for substance use disorders.
- **Behavioral and Mental Health:** Mental health services are in high demand, with concerns about limited access to counseling and behavioral health support.
- **Climate Change Impacts:** Community conversations highlighted the perceived health risks of climate change, including wildfire risks, droughts, and their effects on local agriculture and air quality.
- **Transportation and Public Transit:** Improved transportation options were identified as a need, particularly in underserved rural areas.
- **Chronic Diseases:** Heart disease, cancer, and unintentional injuries are the leading causes of death. Cancer incidence is notably high, with melanoma, prostate, and breast cancer rates above state averages.

Health Disparities and Equity:

- The CHA identified health inequities related to income, ethnicity, and geographic location. Hispanic/Latino populations and individuals in rural areas reported greater challenges in accessing healthcare and social services.

Community Strengths:

- Summit County's abundant access to parks, trails, and outdoor recreational facilities contributes positively to physical and mental well-being.
- Community cohesion and active civic engagement were cited as strengths, with residents expressing optimism about the county's resilience and capacity for innovation in addressing health challenges.

This Summit County CHA offers a data-driven roadmap for improving community health. By addressing the identified priorities and fostering collaboration, Summit County can strengthen its public health infrastructure and enhance the overall well-being of its residents, ensuring a healthier community for all.

CHAPTER 1: INTRODUCTION

Community Health Assessment: A Foundation for Public Health Planning

A Community Health Assessment (CHA) is a comprehensive, systematic process used to evaluate a community's health status, identify key needs, and guide public health decision-making. It involves collecting and analyzing data on critical health indicators, including chronic disease prevalence, healthcare access, social determinants of health, and overall population well-being.

As a foundational tool for public health planning, a CHA enables Local Health Departments (LHDs) to identify priorities, allocate resources efficiently, and develop targeted strategies to enhance community health.

Key Benefits of a CHA: Learning from our community
- **Stronger Community Collaboration:** Enhances coordination among organizations, agencies, and stakeholders.
- **Increased Public Health Awareness:** Builds a deeper understanding of health challenges and their interconnected solutions.
- **Strengthened Public Health Systems:** Fosters partnerships at state and local levels to drive collective impact.
- **Data-Driven Quality Improvement:** Identifies strengths and areas for enhancement to improve public health initiatives.
- **Performance Benchmarking:** Establishes measurable baselines for tracking progress and preparing for accreditation.
- **Evidence-Based Decision-Making:** Supports continuous improvement in public health policies and practices.

Community Health Improvement Plan: Putting CHA Data into Action

The insights and data gathered from a CHA inform the development of a Community Health Improvement Plan (CHIP) - a strategic, long-term plan designed to address public health priorities and improve overall community health. The CHIP serves as a roadmap for LHDs, community organizations, policymakers, and stakeholders to collaborate on health initiatives effectively.

The CHIP Helps Communities:

- **Identify and Prioritize Health Issues**: Focuses on key health concerns identified and supported by CHA data.
- **Develop Measurable Goals**: Establishes specific, actionable objectives to drive community health improvements.
- **Align Resources and Efforts**: Ensures coordination among health organizations, government agencies, and community partners.
- **Enhance Public Health Infrastructure**: Strengthens the local health system through policy changes, programs, and targeted interventions.

By conducting a CHA, communities can make informed, strategic decisions that drive sustainable health improvements, strengthen public health policies, and build a more resilient health infrastructure. A well-executed CHA ensures that interventions are data-driven and targeted to address the most pressing health concerns while fostering long-term community well-being.

LHDs typically conduct a CHA every five years to ensure health programs and interventions remain relevant and responsive to evolving community needs and emerging health trends. This process includes gathering insights from residents, healthcare professionals, and key stakeholders to ensure the assessment accurately reflects the community's unique health priorities. By incorporating diverse perspectives, the CHA serves as a vital tool for shaping effective policies and initiatives that directly benefit the population.

While public health efforts continuously address social determinants of health (which are addressed on page 24), disparities in access and opportunities remain significant barriers to achieving optimal health. This CHA aims to uncover the root cause of inequities in Summit County, integrating a health equity framework throughout the assessment and planning process. By prioritizing equity, we strive to create a healthier, more inclusive community where every resident can thrive.

The Summit County Health Department is committed to ensuring that our CHA and CHIP not only meet the rigorous Public Health Accreditation Board (PHAB) standards but also align with our vision of fostering a community where people can live a positive, healthy lifestyle through public health efforts focused on awareness, education, and preparedness.

CHAPTER 2: METHODOLOGY

Overview

The Summit County Community Health Assessment (CHA) employed a mixed-methods approach to gain a comprehensive understanding of the county's health landscape, with a focus on identifying and addressing health inequities through targeted, data-driven interventions (Figure 1). The project aimed to:

1. **Analyze Primary Data:** Assess primary data through the lens of social determinants of health to identify the leading health indicators in Summit County.
2. **Utilize Secondary Data:** Leverage secondary data sources to pinpoint key health indicators.
3. **Integrate and Synthesize Data:** Combine insights from both primary and secondary data to uncover overarching themes and develop a holistic picture of the community's health through data triangulation.

Figure 1. Community Health Assessment Process Map

Conducting the CHA required gathering and analyzing a significant volume of primary and secondary data. This included reviewing existing literature, developing and administering public surveys, and collecting relevant research and demographic information.

A major component of the data collection was the CHA Survey, which targeted adults aged 18 and older who either live, work, or participate in activities within Summit County. To ensure broad representation, the survey team made concerted efforts to reach diverse demographic groups, with a particular focus on Hispanic/Latino

10

individuals, who make up a smaller proportion of the county's population compared to state and national averages.

To further enhance representativeness, the team conducted targeted outreach in the county's less populated, eastern, and rural areas. This strategic effort aimed to capture a more comprehensive and inclusive sample, ensuring the assessment accurately reflected the health experiences and needs of the entire community.

Literature Review

A comprehensive review of local and national CHAs informed the survey design and methodology. The CHA team conducted reviews of previously published CHAs, including prior Summit County Health Department (SCHD) assessments, CHAs from neighboring counties, and studies from areas with similar demographics and tourism-based economies. This review provided insights into key health priorities, best practices, and commonly used survey questions.

Primary Data

Survey Design

Primary data collection was conducted through a community-wide survey designed to assess key health indicators in Summit County. The survey embodied a participatory approach, incorporating input from SCHD staff, division heads, and community stakeholders to align with local health priorities.

Validated questions from established public health surveys were included to ensure reliability and comparability. These questions were supplemented with SCHD-specific input to address programmatic needs and the social determinants of health (SDOH).

Survey topics covered:
- Community Health
- Environmental Health
- Healthcare Access
- Social Determinants of Health
- Public Health Emergency Response
- Sustainability
- Health Behaviors

A health-equity lens guided both survey design and implementation. The survey instrument was translated into Spanish and reviewed by a team of bilingual staff members for language, grammar, clarity, and cultural appropriateness. The survey was offered in multiple formats, including electronic, paper (Summit County Community Survey Mailer - English), and large print, to enhance useability and accessibility. Beta testing was performed by Summit County Health staff to help refine questions for clarity, order, and technical performance.

11

Survey Sampling Methodology

To ensure broad demographic and geographic representation, the survey team used a combination of cluster and convenience sampling. The survey team conducted a statistical power analysis to determine sample size goals and confirm statistical significance. The power analysis was based on the population size of Summit County (~44,000), accounting for a 95% confidence level, with a 3% margin of error, the ideal survey sample size was calculated to be 1,042 people (Equation 1).[1] This would allow for stratification of smaller population groups, as well as provide enough margin of error to account for random sampling variability.

Equation 1. Power Analysis for Sample Size Calculation

$$n = \frac{Z^2 \times p \times (1-p)}{E^2}$$

Surveys were distributed through multiple channels to maximize accessibility, including:
- Electronic surveys via REDCap (Research Electronic Data Capture) - a secure, web-based application for online surveys.
    - QR codes linking to the online survey were available to scan via:
        - Flyers and banners displayed in Summit County buildings, local businesses, and community partner organizations
        - Stickers placed on free COVID-19 tests distributed at all health department locations and county libraries
        - Bookmarks distributed at all Summit County libraries, book mobile, and the Park City library
        - Postcards and promotional materials distributed at outreach events
    - Link provided on Summit County Health website
    - Link provided in various county newsletters
    - SMS marketing facilitated by People's Health Clinic
    - iPads with the survey were available at Summit County Health buildings and events
    - Cover letters with instructions for the paper survey also included a QR code for additional family members to complete the survey online.
- Mailed paper surveys to targeted households within Summit County zip codes
- Community outreach events
- Distribution through partner organizations

Bilingual recruitment efforts included flyers, radio ads, social media promotions, in-person events, and community partnerships (Figure 2). To ensure equitable survey participant recruitment, English and Spanish was included on all marketing items, and electronic and paper surveys were available in English and Spanish. QR codes were available for each, with information and links on each electronic and paper survey to direct participants to the other survey if needed.

Figure 2. Bilingual Recruitment Postcards

Mid-survey evaluations considered response demographics, spurring additional cluster sampling measures targeting the east side of Summit County and Hispanic/Latino households in Park City. Paper surveys were mailed directly to prospective recipients identified through census data.

Survey Inclusion/Exclusion Criteria

The survey targeted adults (18+) residing, working, or participating in activities in Summit County. A valid Utah zip code was required for data stratification based on 'resident versus non-resident' status. Responses from individuals with non-Utah zip codes are excluded from the analysis.

13

Survey Response Overview and Data Validation

A total of 1,733 completed surveys were received (exceeding the calculated (Equation 1) ideal sample size of 1,042), of those 17 surveys were excluded based on the inclusion/exclusion criteria, resulting in 1,717 surveys accepted. Of the accepted surveys, 65% were completed online, 35% completed via paper survey, and 9% were completed in Spanish (either online or on paper). Spanish survey responses were translated by native Spanish-speaking staff, with two separate translators per response with any differences in translations discussed and agreed upon. Surveys were received May through February, with peaks corresponding to outreach events and paper surveys mailed to target populations (Figure 3).
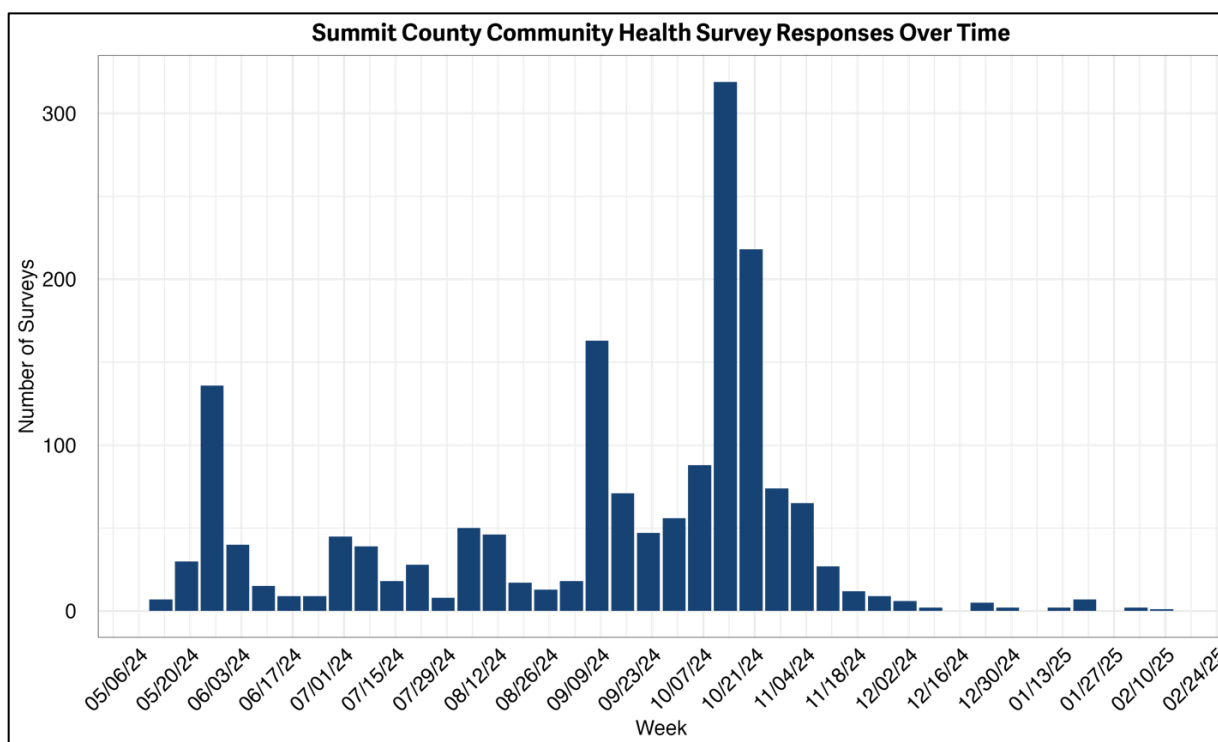
Figure 3. Plot of CHA Surveys by Week Received 2024-2025

Focus Groups

To complement survey findings, focus groups provided qualitative insights into community health perceptions, emphasizing climate change and its health impacts. Participants were recruited through radio ads, social media, and SCHD and staff email channels. Two separate focus groups were offered, one in Park City at the Swaner Preserve and EcoCenter, and the other on the east side at the Summit County Services Building in Kamas. Each event started with a short presentation on climate change in Summit County and a brief overview of the CHA. Twenty-one people attended the presentation in Park City, of which nineteen participated in the focus groups. In Kamas, seventeen people attended the presentation, and fourteen stayed for the focus group activity.

14

Secondary Data

Secondary data sources supplemented the primary survey findings. These included:
- Public Health Indicator Based Information System (IBIS)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Census & American Community Survey (ACS)
- Utah Student Health and Risk Prevention (SHARP) Survey

Additional sources were identified based on emerging primary data trends.

Data Management & Statistical Analysis Software

The survey team employed various statistical techniques and software tools, including R Studio for advanced analytics, and REDCap for electronic survey management. Survey data were collected and managed using REDCap electronic data capture tools hosted at Summit County Health.[2,3] REDCap (Research Electronic Data Capture) is a secure, web-based software platform designed to support data capture for research studies, providing 1) an intuitive interface for validated data capture; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for data integration and interoperability with external sources.

CHAPTER 3: SUMMIT COUNTY, UTAH GEOGRAPHY & HISTORY

Summit County is in the northeast corner of Utah, with the Uinta Mountains occupying a large proportion of the eastern portion. The western portion of the county runs alongside the Wasatch Mountains, commonly called the Wasatch Back. The county is home to two of the largest ski resorts in the U.S. and is home to some of the best year-round outdoor recreation in the U.S. Summit County has experienced significant population growth over the past decade, with a 15% increase in population from 2010 to 2020, growing from 36,324 to 42,759 residents.[4] This growth trend mirrors the overall growth of Utah, which saw an 21.1% population increase during the same period.[5]

The county was originally organized in 1854.[6] The current land area of Summit County is 1,871 square miles (about half the area of Connecticut). The population of 43,492 is dispersed, at 23.3 people per square mile (Figure 4). Of the 29 counties in Utah, Summit ranks 10th in population size, 8th in population per mile, and 18th in land area.[7] The county wraps around the southwest corner of Wyoming, is bordered by Rich County to the north, Morgan County to the northwest, Salt Lake County to the west, Wasatch and Duchesne Counties to the south, and Daggett County to the east (Figure 4). The main interstate running through the county is I-80 and is a major transportation route.

Summit County owes its name to the two prominent mountain ranges in the county, the Uinta and central Wasatch Mountains. The Uinta Mountains run east-west and is the only major range in the contiguous U.S. with an east-west orientation.[8] They are comprised of metamorphic and sedimentary rocks, while the Wasatch Mountains run north-south, contain multiple faults, and are comprised mainly of sedimentary and igneous rock. These mountain ranges offer fantastic outdoor recreation in summer and winter and provide fresh water from mountain creeks and rivers. Four major Utah rivers start in the High Uintas in Summit County: Duchesne, Provo, Weber, and Bear Rivers.
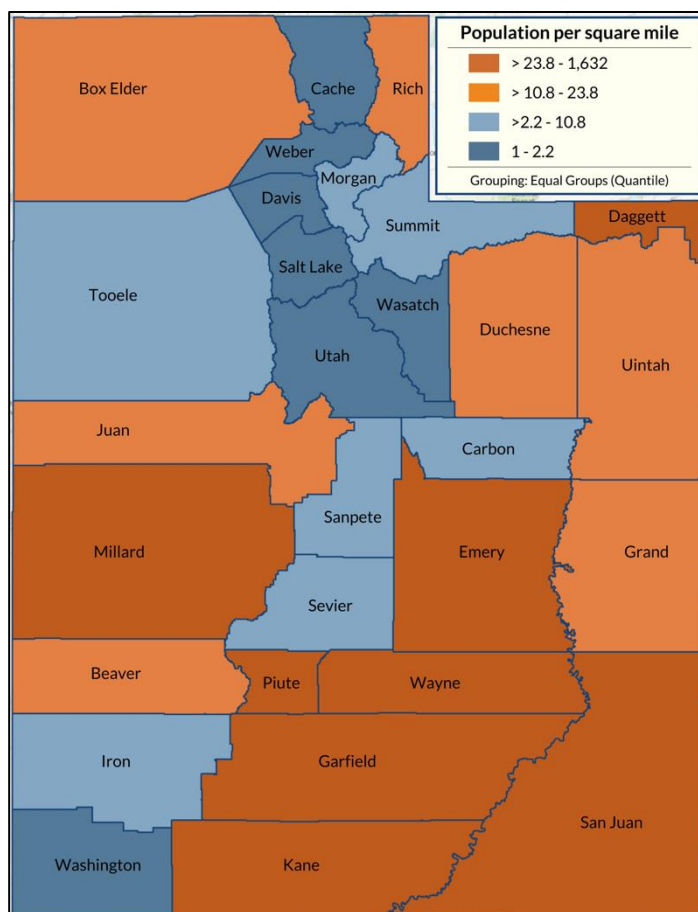
Figure 4. Utah Population Density by County (2024)[9]

16

Summit County provided water from snowmelt in the mountains, timber from the Uinta mountains, and game for food and clothing for the first settlers. In 1869, silver mining began in Park City, which led to a boom, drawing in silver ore prospectors. The silver mining boom continued until 1960, when silver prices dropped, creating a mining "ghost town." However, that decade saw the first ski lifts built, revitalizing the town and drawing in tourists again.[9,10] Silver mining did continue, on a smaller scale until 1982, which mining officially stopped in Park City.

Unfortunately, one legacy of the various mining operations, was the pollution of creeks and waterways with mine tailings, or the waste materials remaining after ore has been extracted. These tailings include rock slurry and chemical reagents used to extract the ore.[11] The main area of pollution is Silver Creek, which is a natural runoff stream from the Wasatch Mountain range in Park City and runs through the old tailing dump sites. There is a six-mile section of Silver Creek which is completely saturated with tailings, some places reaching nine feet underground.[12] Silver Creek acts as the perfect expressway for the chemical-ridden tailings to spread across town. The water saturates the tailings, dissolves the chemicals, and transports them downstream to locations where the bedrock is more permeable, or directly past known water supply wells. This wreaks havoc on the nearby wells and ground water supply. In addition, the contamination is inconsistent, sometimes large quantities of chemical pollution are released into the river at random, causing Park City municipal workers to constantly be testing the water in search of dangerous contamination. The Environmental Protection Agency (EPA) is currently suing several mining companies to clean up the tailings, however this is a long, tedious, and expensive process that may take years to pass through court and eventually take place.[13]

Summit County Demographics

County Demographics. Summit County is typically divided by west and east, when discussing the population (Figure 5). While Summit County is one community, there are ways that the western side and the eastern side of the county are geographically, and culturally distinct. West Summit County refers to Park City and Snyderville, while East Summit County is comprised of Coalville (the county seat), and Kamas, as well as other townships within Summit County. The eastern part of Summit County is further divided into North and South Summit (Figure 6). North Summit includes: Coalville, Henefer, Echo, Upton, Hoytsville, Wanship, and Rockport & Echo State Parks. South Summit includes: Kamas, Francis, Marion, Oakley, Peoa, Woodland, and unincorporated areas. The population is more heavily concentrated in the western side of the county in Park City, with the eastern part having a much more dispersed population (Figure 7).

Figure 5. Summit County Regions Map
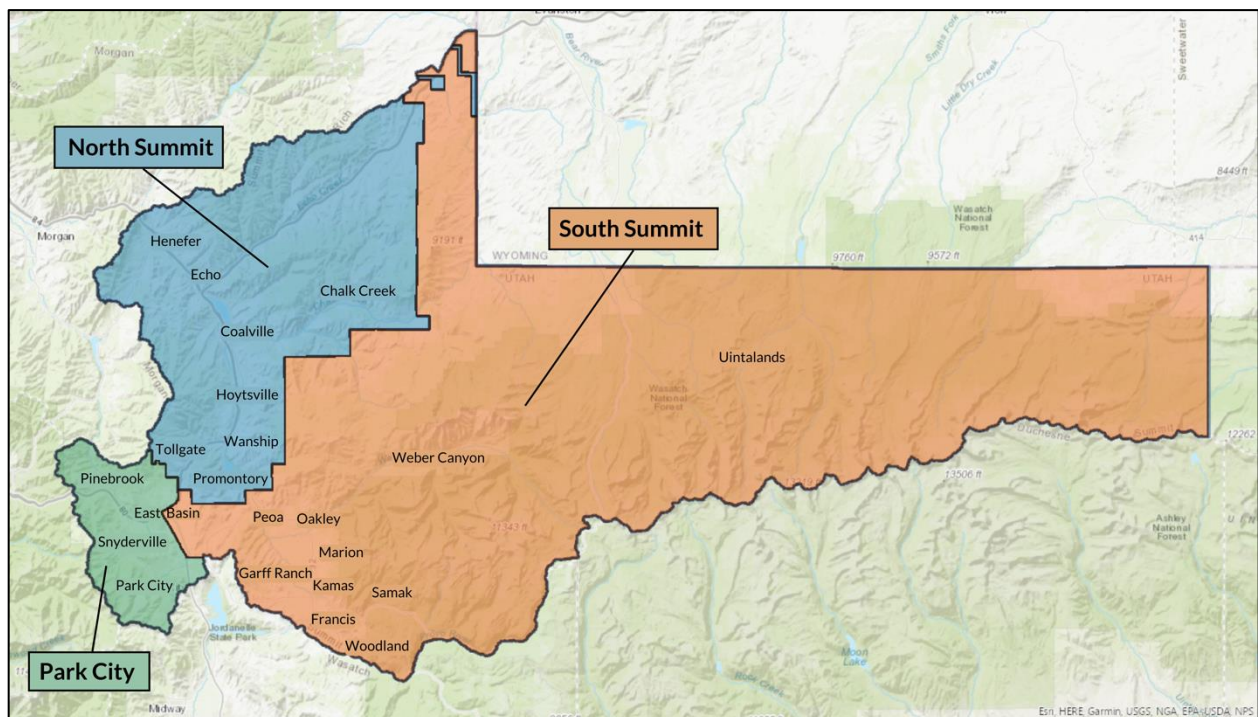
Figure 6. Summit County District Map

18
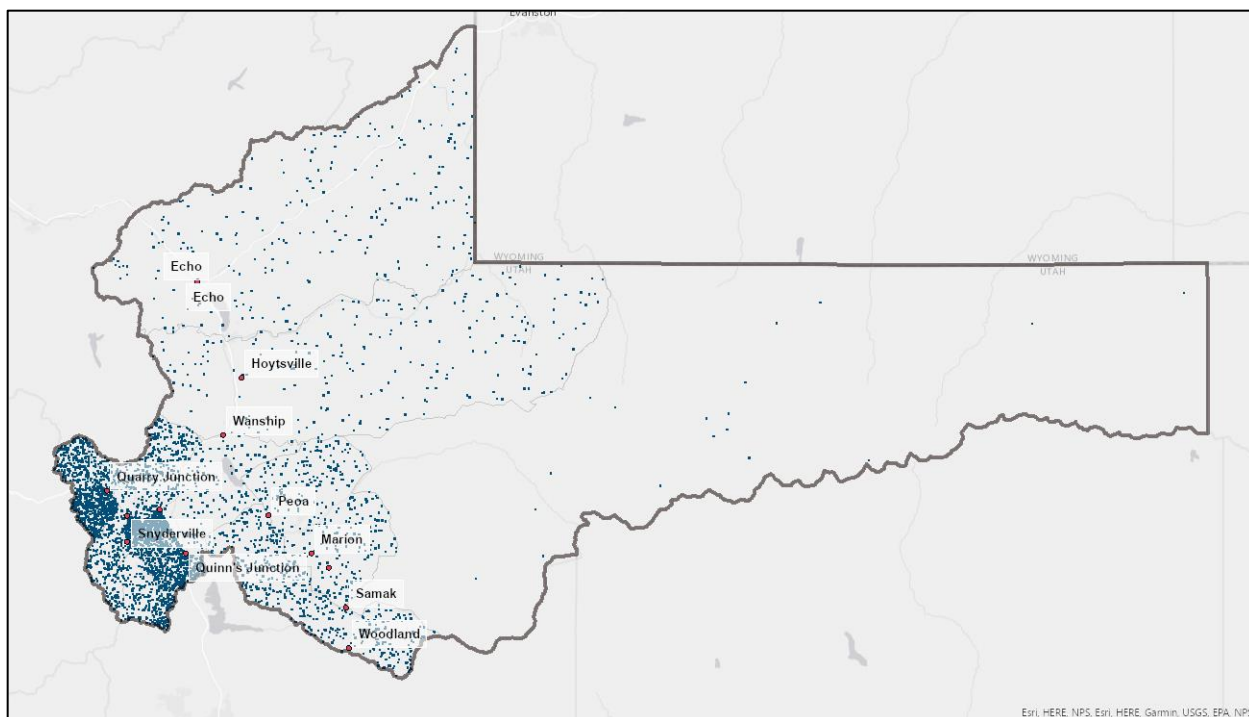
Figure 7. Summit County Population Density Map (1 dot = 10 people)

Gender and Age. Summit County's population is 51.5% male and 48.5% female,[14] aligning closely with state ratios. The median age is 40.8 years (males: 40.4 median age, females: 41.4 median age).[15] According to 2023 estimates, about a third (29.0%) of Summit County's population is middle-aged (45-64 years) making up one of the largest age groups, followed by those aged 25-44 years making up 23.8% of the population. Other age groups include: <1 year (0.9%), 1-14 years (15.7%), 15-24 years (13.6%), 65-84 years (16.0%), and 85+ years (1.1%).[4] From 2010-2020, age groups ranked in size from 45-64 years, 25-44 years, 1-14 years, 15-24 years, 65-84 years, <1 year, and 85+ years. In 2020 this started to shift with the 65-84 group overtaking those aged 15-24, and then in 2023, overtaking those aged 1-14 years (Figure 8).[14] This age distribution is slightly different than the state, where the state skews towards the younger age groups, and Summit skews slightly towards the older age groups. From 2010 to 2023, the population of Summit County has increased 15%, whereas Utah's population has increased by 21.1% since 2010 (Figure 8). [14] However, growth in Summit County is leveling off and overall population growth is projected to be -1% through 2035. [416]
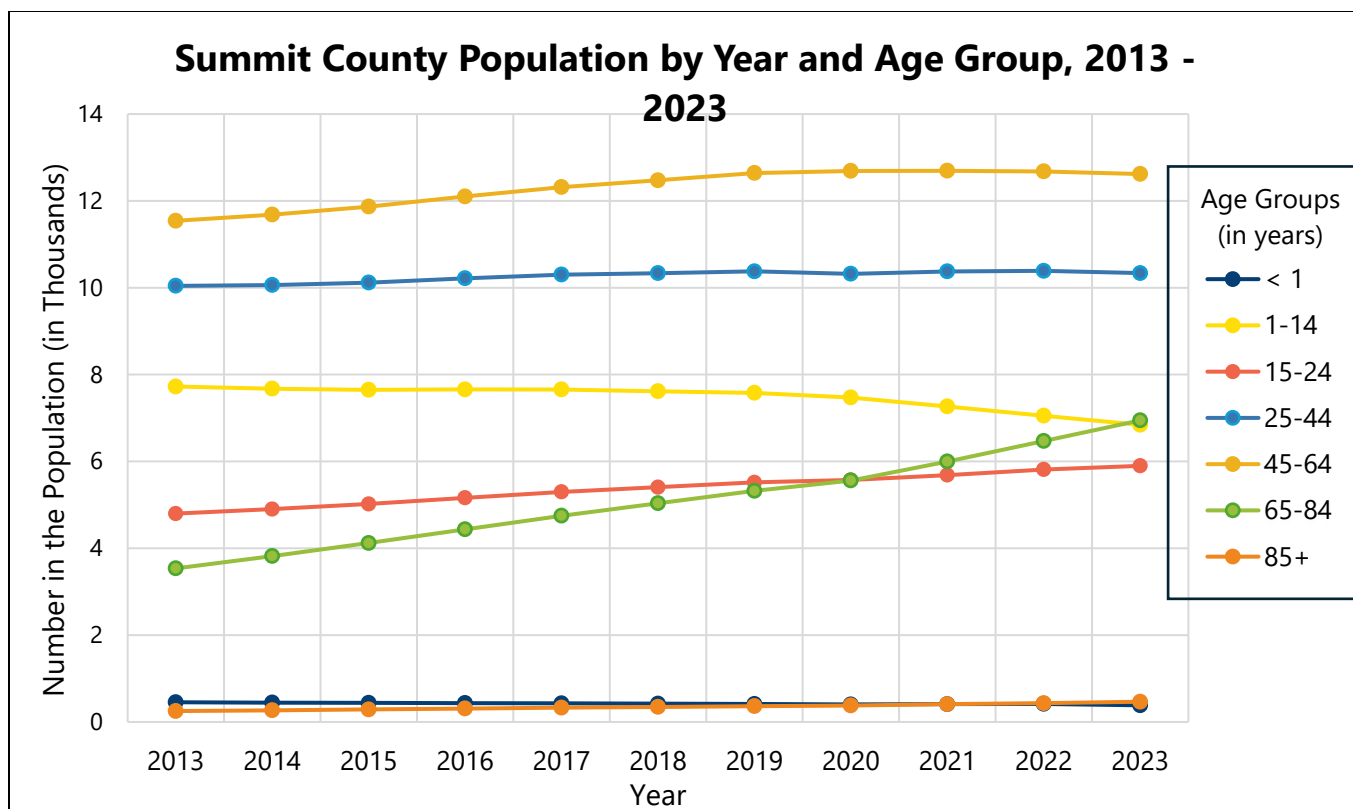
Figure 8. Summit County Population by Year and Age Group [14]

Race and Ethnicity. Summit County is less racially diverse than Salt Lake County and the United States. In Summit, it is estimated that 8.6% of the population is foreign-born; 3.6% are naturalized U.S. citizens, and 5.1% are not U.S. citizens.[17] The majority of residents (85.1%) speak English only at home, whereas 14.9% speak a language other than English at home, with about 10.5% of the population speaking Spanish at home.[17] The County's racial makeup is predominantly white, while Hispanic or Latino ethnicity represents the second largest group. This requires translation of Summit County Health materials into Spanish, as over 10% of Summit County residents speak Spanish and a portion of those residents report speaking English less than "very well."[17]

Race and Ethnicity:

- 94% White
- 83.8% White, not Hispanic or Latino
- 11.4% Hispanic or Latino
- 1.0% Black or African American
- 0.6% American Indian and Alaska Native
- 2.3% Asian
- 0.2% Native Hawaiian and Other Pacific Islander
- 1.9% Two or more races

20

Life Expectancy. The life expectancy in Summit County is 84.7 years (95%CI: 84.1-85.3 years), ranking the highest in Utah. Park City's life expectancy is 86.2 years (95%CI: 85.5-86.9 years) (3rd in small area rankings), and the life expectancy in the eastern part (Figure 5) of Summit County is 78.7 years (95%CI: 77.7-79.8 years). Overall, the life expectancy in Utah is 79.3 years (95%CI: 79.2-79.5 years), and 77.5 years in the U.S.[18]

Special Populations. In Summit County, 5.9% of the population is living with a disability. The age group most impacted are those 65 years and older, where 13.2% are living with a disability. Of those aged 18-64 years, 6% are living with a disability.[17] Based on 2019-2013 estimates, 4.9% of the population 18 years and over are veterans.[17]

Households. Most households in Summit County are married couple households (60.9%) and, 25.4% of these married couples live with their own children under 18. A small percentage (5.5%) of households are cohabitating couples, whereas 15.9% are male householder, no spouse or partner present, and 17.6% are female householder.[15]

Survey Demographics

Survey respondents were white-non-Hispanic (80%), female (65%), straight (88%), and aged 55 and older (58%). Additionally, 67% of respondents have lived in Summit County for 10 years or longer. When asked if they speak a language other than English at home, 6.87% (n=118) said yes, and about 12.2% of this population said they speak Spanish at home (Table 1).

Respondent demographics were very similar to the demographics of Summit County regarding race/ethnicity and age. The survey responses represent a slightly larger female demographic than that of the county, and a lower representative population of those who speak a language other than English at home.

Nearly all survey respondents reside in Summit County (96%), with less than 2% living in neighboring counties (Morgan, Salt Lake, Utah, Wasatch, and Weber) (zip code was unavailable for 3% of online respondents, if zip code was missing from mailed surveys, county was marked as Summit given the distribution area). Surveys were received from all nine zip codes within Summit County (Figure 9).

21

Table 1. CHA Survey Demographics by Geographic Region

	Overall	Park City	South Summit	North Summit	Other/Unknown
Total	1,717	766 (44.61%)	526 (30.63%)	331 (19.28%)	94 (5.47%)
Age					
18 to 24	33 (1.92%)	17 (2.22%)	7 (1.33%)	5 (1.51%)	4 (4.26%)
25 to 34	180 (10.48%)	80 (10.44%)	39 (7.41 %)	44 (13.29%)	17 (18.09%)
35 to 44	255 (14.85%)	113 (14.75%)	80 (15.21%)	48 (14.50%)	14 (14.89%)
45 to 54	248 (14.44%)	122 (15.93%)	69 (13.12%)	45 (13.60%)	12 (12.77%)
55 to 64	334 (19.45%)	155 (20.23%)	98 (18.631%)	65 (19.64%)	16 (17.02%)
65 to 74	430 (25.04%)	194 (25.33%)	143 (27.19%)	86 (25.98%)	7 (7.45%)
75 or older	224 (13.05%)	85 (11.10%)	90 (17.11%)	38 (11.48%)	11 (11.70%)
Blank	13 (0.76%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	13 (13.83%)
Gender					
Male	543 (31.62%)	223 (29.11%)	174 (33.08%)	114 (34.44%)	32 (34.04%)
Female	1,120 (65.23%)	519 (67.75%)	344 (65.40%)	210 (63.44%)	47 (50.00%)
Non-Binary	3 (0.17%)	3 (0.39%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Prefer not to say	22 (1.28%)	13 (1.70%)	4 (0.76%)	4 (1.21%)	1 (1.06%)
Blank	29 (1.69%)	8 (1.04%)	4 (0.76%)	3 (0.91%)	14 (14.89%)
Sexual Orientation					
Straight	1,507 (87.77%)	667 (87.08%)	470 (89.35%)	303 (91.54%)	67 (71.28%)
LGBTQ	51 (2.97%)	29 (3.79%)	9 (1.71%)	8 (2.42%)	5 (5.32%)
Prefer Not to Say	59 (3.44%)	33 (4.31%)	18 (3.42%)	5 (1.51%)	3 (3.19%)
Don't Know/Blank	100 (5.82%)	37 (4.83%)	29 (5.51 %)	15 (4.53%)	19 (20.21%)
Race & Ethnicity					
White	1,375 (80.08%)	574 (74.93%)	461 (87.64%)	294 (88.82%)	46 (548.94%)
Hispanic	200 (11.65%)	123 (16.06%)	33 (6.27%)	21 (6.34%)	23 (24.34%)
Other	43 (2.50%)	23 (3.00%)	11 (2.09%)	5 (1.51%)	4 (4.26%)
Don't Know /Prefer Not to Say/Blank	99 (5.77%)	46 (6.01%)	21 (4.00%)	11 (3.32%)	21 (22.34%)
Language Spoken At Home					
A language other than English	118 (6.87%)	62 (8.09%)	30 (5.70%)	17 (5.14%)	9 (9.57%)
Duration of Summit County Residence					
< 6 months	32 (1.86%)	15 (1.96%)	7 (1.33 %)	4 (1.21%)	6 (6.38%)
6 mo. to 1 year	36 (2.10%)	17 (2.22%)	6 (1.14%)	8 (2.42%)	5 (5.32%)
1 to 3 years	153 (8.91%)	80 (10.44%)	44 (8.37%)	20 (6.04%)	9 (9.57%)
4 to 9 years	308 (17.94%)	155 (20.23%)	95 (18.06%)	45 (13.60%)	13 (13.83%)
10 years +	1,101 (64.12%)	490 (63.97%)	341 (64.83%)	237 (71.60%)	33 (35.11%)
NA /Blank	87 (5.07%)	9 (1.17%)	33 (6.27%)	17 (5.14%)	28 (29.79%)
^ Regions divided by Zip codes within Summit County School Districts (Figure 10)					
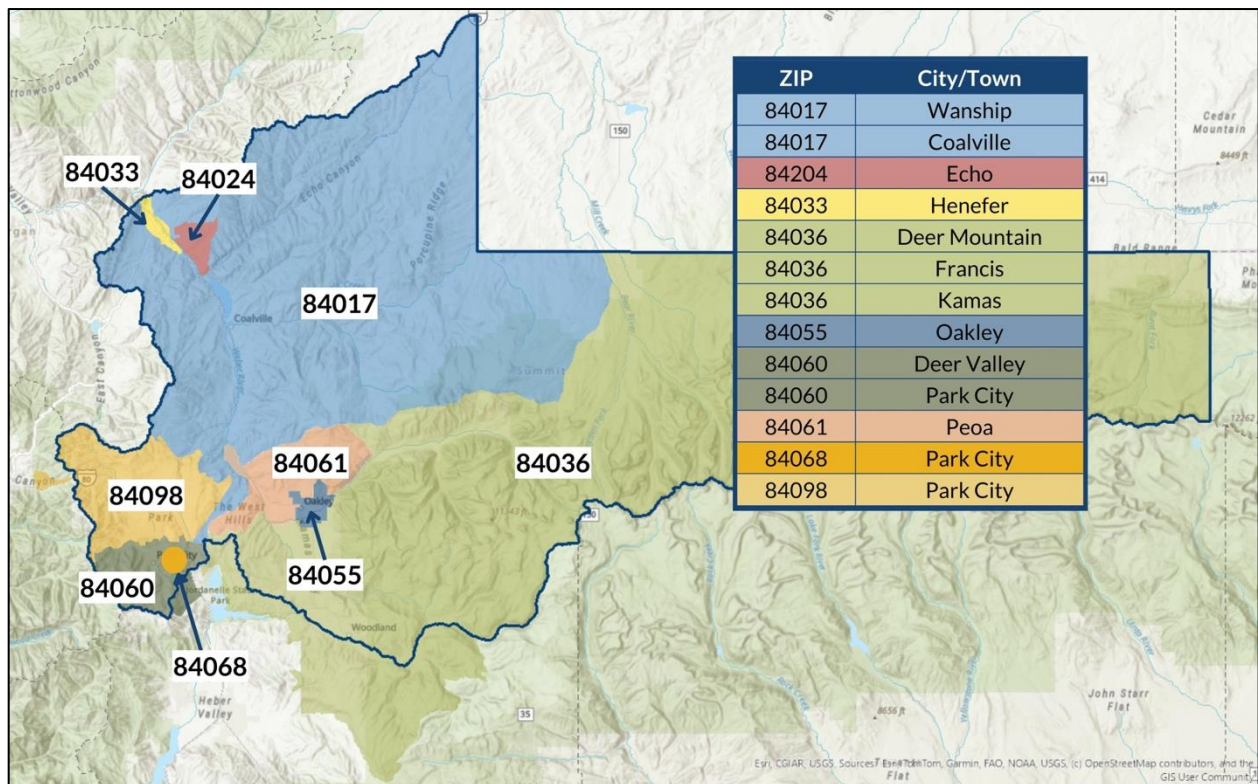
Figure 9. Summit County ZIP Codes

ZIP	City/Town
84017	Wanship
84017	Coalville
84204	Echo
84033	Henefer
84036	Deer Mountain
84036	Francis
84036	Kamas
84055	Oakley
84060	Deer Valley
84060	Park City
84061	Peoa
84068	Park City
84098	Park City
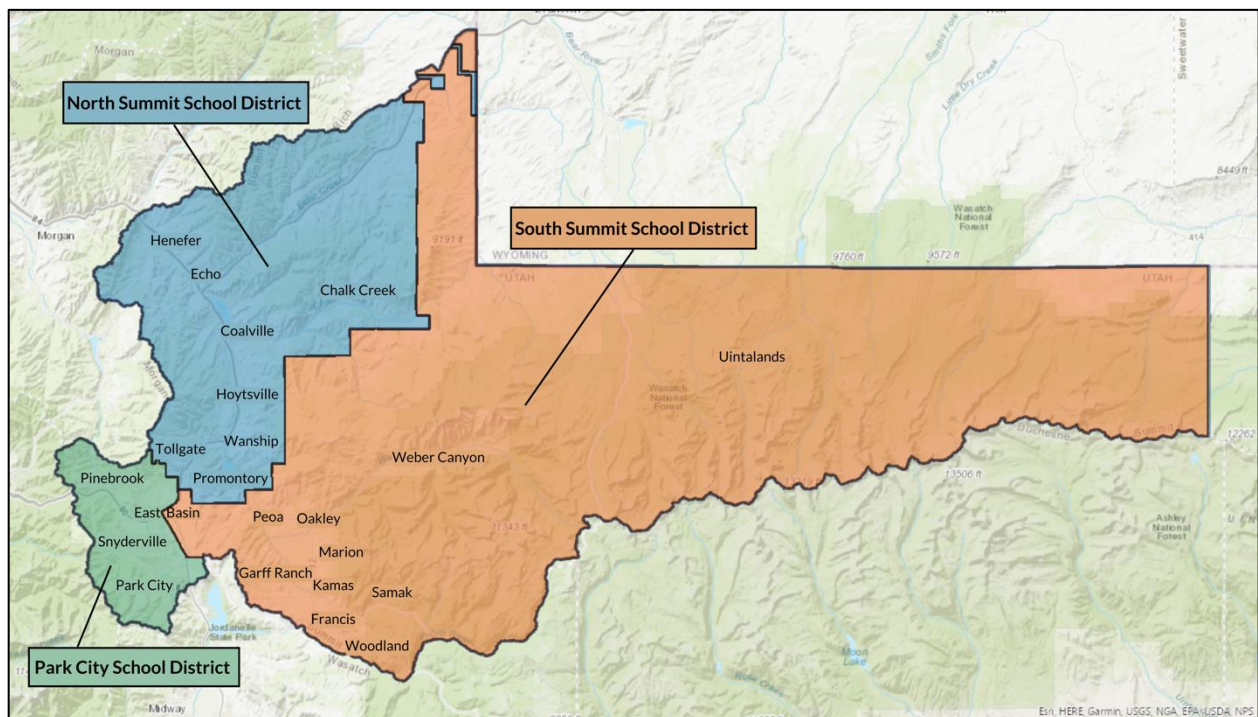
Figure 10. Map of School Districts in Summit County, Utah[19]

23

CHAPTER 4: SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) refer to the non-medical factors that impact health outcomes. They encompass the conditions in which individuals are born, grow, live, work, worship, and age. These factors are shaped by a broad range of influences, including economic policies, social norms, development initiatives, political systems, and social policies, all of which play a critical role in shaping daily life and overall well-being. The five domains of the SDOH include: economic stability, education and quality, health care access and quality, neighborhood and built environment, and social and community context (Figure 11).[20]
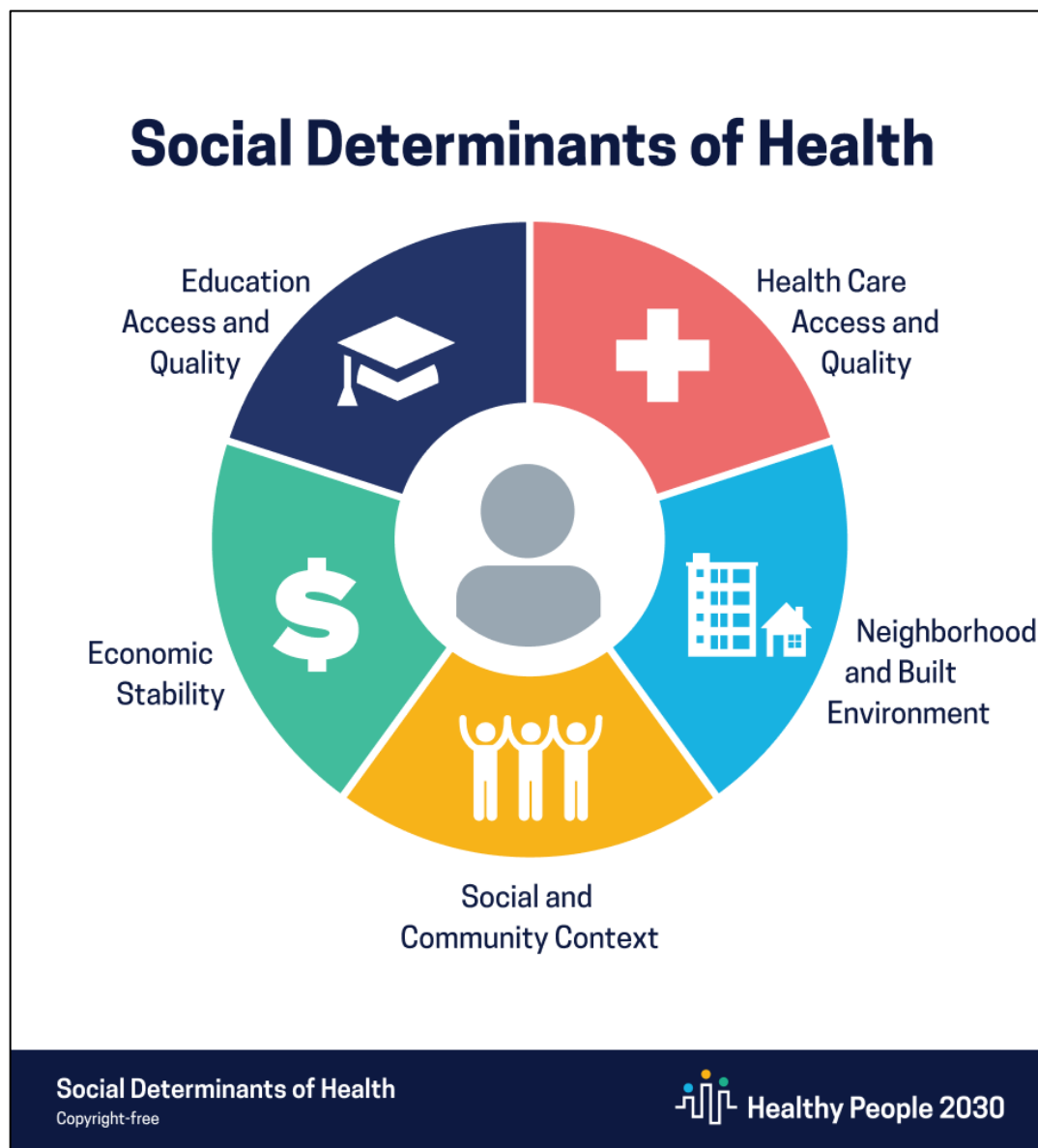
Figure 11. Social Determinants of Health[20]

County Comparisons and Rankings based on SDOH

The Utah Healthy Places Index (HPI) ranks counties based on a cumulative index score which is based on the SDOH domains. The HPI score examines neighborhood measures linked to health outcomes and indicators of diversity and equity. The eight policy action areas used to measure community conditions include: transportation, clean environment, neighborhood, economic, social, healthcare access, housing, and education. According to the Utah HPI, Summit County has healthier community conditions than 88.5% of other Utah counties.[21] Summit County ranked in the 75th percentile or higher for transportation, neighborhood, economic, healthcare access, and education. Summit County ranked low concerning clean environment conditions, with 74.1% of Utah counties having healthier clean environment conditions than Summit. The HPI is based on public data from government agencies, universities, and nonprofits; however, gaps in data can result in lower scores for certain indicators due to limited available information. This may be the case here, as Summit County is classified as a nonattainment area due to its population size and therefore lacks regulated air quality standards for emissions.[22] Regarding social conditions, Summit was only ranked better than 55.6% of counties, partially due to low rate of households completing the 2020 census. Low-income homeowner/renter severe housing cost burden reflected some of the lowest rankings (Table 2).[21]

Additionally, each year U.S. News complies a list of the healthiest communities, based on SDOH categories. Nationally, Summit County ranked number 38 of the top 500 Healthiest Communities according to U.S. News' Healthiest Communities 2024 list (Figure 12).[20] With top scores in Food and Nutrition, Community Vitality, and Population Health categories. Summit County scored low in the categories of equity (how well all residents are afforded the opportunity to live a productive, healthy life), housing (availability, affordability, and quality of homes), and environment (air and water quality, access to parks, and environmental risks).[20] In the equity category, Summit scored better than the national average for premature death disparity index score and the segregation index score, however, Summit was worse than the national average for racial disparity in educational attainment. In the housing category, Summit was slightly worse than the national average for households spending at least 30% of income on housing, and the number of work hours needed to pay for affordable housing. Where Summit was much worse than the national average was in the number of vacant homes, which was 47.4% compared to the national average of 17.6%. Environment was the third category where Summit County scored low due to a higher drinking water violation rate than the national average (14.76/1k vs 5.76/1k) and more extreme heat days per year than the national average (24.7 vs. 11.2).[20] However, according to the CDC Environmental Public Health Tracking Network, in 2022 and 2023, Summit County only had an average of 11.2 days with extreme heat.[21]

25

Table 2. Utah Healthy Places Index Score Rankings Comparison [21]

Utah Healthy Places Index (HPI) Scores by Community Conditions			
	Summit County		Utah
	Percentile Ranking (compared to other Utah counties)	Value	Value
HPI Score	88.5		
Transportation	88.9		
Automobile access	92.3	98.2%	96%
Bike lane access	73.7	27.0 miles	1,110 miles
Traffic volume	19.2	70.2 AADT/m	146 AADT/m
Clean Environment	25.9		
Diesel PM	30.8	0.0942 µg/m^3	0.260 µg/m^3
Ozone	15.4	65.4 ppb	64.5 ppb
PM 2.5	26.9	5.35 µg/m^3	6.08 µg/m^3
Neighborhood	77.8		
Park access (acres per person)	19.2	1.24 acres	9.46 acres
Tree canopy	100	12.2%	5.95%
Economic	100		
Above poverty	96.2	86.4%	75.4%
Employed	92.3	80.3%	77.9%
Per Capital Income	100	$58,700	$33,500
Social	55.6		
Census self-response rate	42.3	58%	74.5%
Voting	69.2	67.1%	59.8%
Healthcare Access	96.3		
Insured adults	96.2	92.3%	88.5%
Housing	74.1		
Homeownership	84.6	79.8%	70.6%
Housing habitability	92	99.8%	99.2%
Low-income homeowner severe housing cost burden	7.7	8.22%	5.88%
Low-income renter severe housing cost burden	38.5	16.3%	17.6%
Uncrowded housing	96.2	98.5%	96.7%
Education	100		
Bachelor's education or higher	100	55.5%	35.4%
High school enrollment	41.7	96%	96.6%
Preschool enrollment	92.3	63.6%	41.8%
See Table 24 for more information on indicator measures			
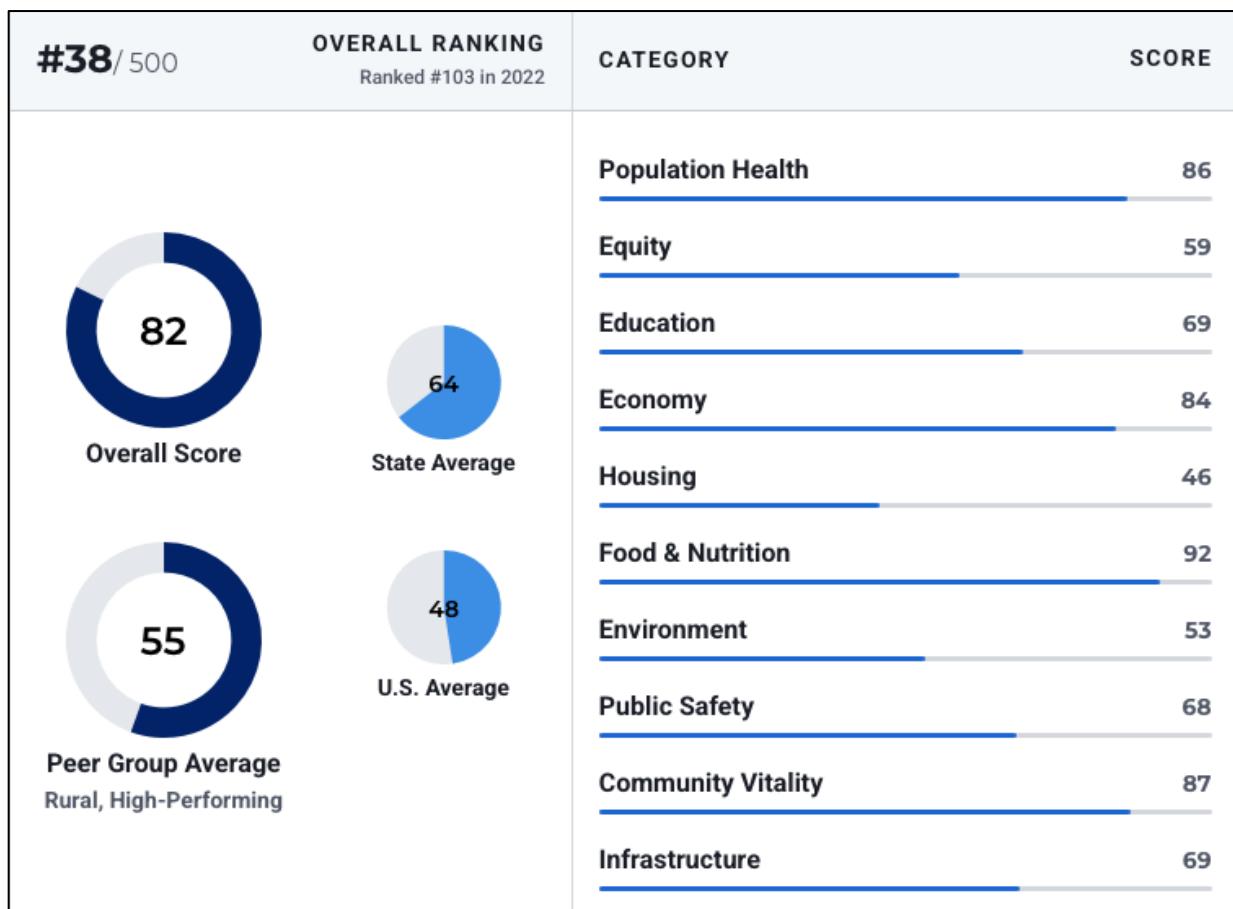
Figure 12. U.S. News Healthiest Communities Ranking, Summit County, UT[23] (see Table 24 for detailed information on each category)

Economic Stability

The economic stability domain of the social determinants of health (SDOH) refers to the financial resources and opportunities that influence an individual's ability to maintain good health. Economic stability impacts access to necessities such as healthcare, nutritious food, safe housing, and education—all of which are critical for overall well-being.

Key factors within the economic stability domain include:

- **Employment & Job Security** – Stable employment provides income, health benefits, and financial security, while job loss or underemployment can lead to financial stress and limited access to healthcare.
- **Income Level –** Higher income levels are associated with better health outcomes, as they enable individuals to afford medical care, healthy food, and safe living conditions.
- **Poverty** – Individuals and families living in poverty face increased health risks due to limited access to healthcare, food insecurity, inadequate housing, and higher exposure to environmental hazards.
- **Housing Stability** – Unstable housing or homelessness significantly impacts health by increasing exposure to stress, unsafe environments, and barriers to healthcare access.
- **Food Security** – Economic stability influences an individual's ability to afford nutritious food, which is essential for preventing chronic diseases and maintaining overall health.

Addressing economic stability as part of SDOH involves policies and programs that promote job opportunities, livable wages, affordable housing, and access to social services, ultimately improving health equity and long-term health outcomes.

Income & Employment

The workforce in Summit County swells in the winter and summer seasons with many thousands of employees filling recreation, resort, hospitality, and related support seasonal jobs. Many seasonal employees, including local, national, and international workers on visas, rely on rental housing, posing a perennial housing challenge. These trends create a uniquely complex environment for public health and emergency management, as evidenced by the COVID-19 pandemic and challenges such as implementing quarantine and isolation protocols.
- The median income in Summit County is $137,058[5]
- Poverty level overall in Summit County is 5.1%[5]
  - Park City poverty level is 5.4% [24]
  - Coalville poverty level is 8.9%[25]
  - Kamas poverty level is 3.9%[26]

- The number of jobs in Summit County varies depending on the season, with spring being the lowest and winter the highest (Figure 13):[27,28]
    - January 2024: there were 34,968 employees in Summit County
    - May 2024: there were 28,019 employees in Summit County
    - September 2024: there were 30,146 employees in Summit County
- Commute patterns
    - 63.1% of those employed in Summit County commute in from outside the county
- Top three industries in Summit County
    - Leisure/Hospitality
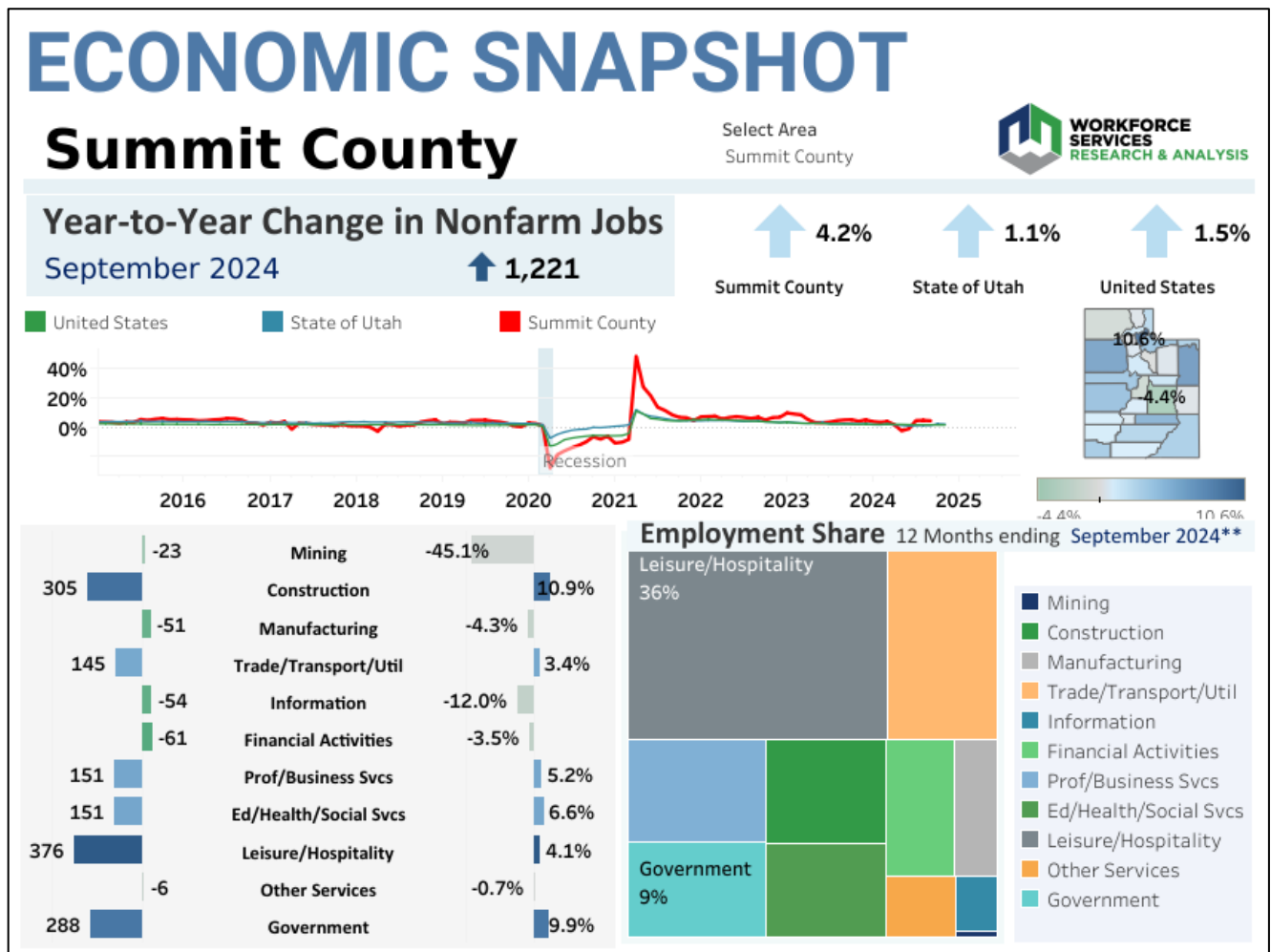   - Trade/Transport/Utilities
    - Professional/Business Services

Figure 13. Employment in Summit County (Source: jobs.utah.gov)

Housing

Housing in Summit County is a topic of significant discussion and concern. Affordable housing, especially in Park City, is scarce and in high demand. In 2024 the median value of owner-occupied housing unity in Summit County was $1.1 million. In Park City, the median value was $1.83 million, in Kamas City, the median value was $833,054, and in Coalville City, the median value was $497,692.[29]

According to the Park City's Housing Needs Assessment from 2021, the median house price in Park City was $2.25 million, the highest in the state of Utah. Comparatively, the median house price in Salt Lake County was $550,000. In order to afford the median home price in Park City, income would need to be over $500,000, which is almost five times the median income in Summit County.[30]

- Housing units in Park City: 10,440
    - Occupied units: 3,399
    - Vacant units (second home or for recreational use): 7,041 (almost 70% of inventory)
    - Owner-occupied units: 2,230
    - Renter-occupied units: 1,169 (34% of occupied units)
    - Detached single-family homes: 76% of owner-occupied units (lower than Utah average of 87%)[30]

Park City has policies to encourage affordable housing, however, the supply consistently falls short of the demand.

Household Internet Access

In Summit County, 98.2% of households have one or more types of computing device, with 92.7% owning a desktop or laptop and 96.1% having a smartphone. Additionally, 75.4% have a tablet or portable wireless computer, while 1.8% do not have any computer. Regarding internet access, 95.3% of households have internet, with 95.2% having broadband. Of the broadband users, 92.1% rely on cellular data, 78.1% use cable, fiber, or DSL, and 14% have satellite internet.[31] There is a correlation between internet access and household income, with lower-income households more likely to lack internet. The percentages of households without internet are also higher among certain racial/ethnic groups, with Hispanic and Black households showing higher rates of no internet access.[31]

In Kamas, 97.8% of households have a computing device, with 93% having a desktop or laptop, and 93.9% owning a smartphone.[32] Broadband access is widespread, with 93.5% having broadband, primarily through cellular data (89.9%) and cable/fiber/DSL (69.9%).[32] In Coalville, 94% of households have computing devices, with broadband access at 91.9%.[33] Park City has the highest rate of computing devices at 99.1%, and internet access is also very high at 96.3%.[34] The data highlights the significant impact of income on access to internet and computing devices, with lower-income households and certain racial/ethnic groups facing higher barriers to access.

Economic Stability Survey Results

Similar to the income level of Summit County, the median reported household income among survey respondents was $100-$149K a year, this was true across the geographic regions of Summit County (Table 3).

Table 3. Annual Household Income Among CHA Survey Respondents by Region

Annual Household Income Among CHA Survey Respondents by Region^					
	Overall	**Park City**	**South Summit**	**North Summit**	**Other/ Unknown**
Total	1,717	766 (44.61%)	526 (30.63%)	331 (19.28%)	94 (5.47%)
Annual Household Income					
< $20,000	74 (4.31%)	41 (5.35%)	12 (2.28%)	14 (4.23%)	7 (7.45%)
$20,000-$34,999	109 (6.35%)	44 (5.74%)	31 (5.89%)	24 (7.25%)	10 (10.64%)
$35,000-$49,999	137 (7.98%)	56 (7.31%)	51 (9.70%)	24 (7.25%)	6 (6.38%)
$50,000-$74,999	188 (10.95%)	70 (9.14%)	67 (12.74%)	45 (13.60%)	6 (6.38%)
$75,000-$99,999	166 (9.67%)	50 (6.53%)	61 (11.60%)	41 (12.39%)	14 (14.89%)
$100,000-$149,999	266 (15.49%)	89 (11.62%)	100 (19.01%)	69 (20.85%)	8 (8.51%)
$150,000-$199,999	160 (9.32%)	74 (9.66%)	42 (7.98%)	37 (11.18%)	7 (7.45%)
$200,000-$299,999	144 (8.39%)	82 (10.70%)	36 (6.84%)	19 (5.74%)	7 (7.45%)
$300,000 +	161 (9.38%)	113 (14.75%)	35 (6.65%)	10 (3.02%)	3 (3.19%)
Prefer not to say	239 (13.92%)	133 (17.36%)	65 (12.36%)	35 (10.57%)	6 (6.38%)
Blank	73 (4.25%)	14 (1.83%)	26 (4.94%)	13 (3.93%)	20 (21.28%)
^ Regions divided by Zip codes within Summit County School Districts (Figure 10)					

When asked about affordability in the past year, 5% of respondents reported that they were hungry but did not eat because they could not afford enough food, and 8.8% said they were unable to afford childcare services. About 13% of respondents said they did not fill a prescription because they could not afford it, and 6.5% said they missed one or more rent/mortgage payments. Over a quarter (26.2%) of people said they did not participate in recreational activities due to cost, and 10.1% said they were unable to afford reliable transportation (Table 4).

31

Table 4. Survey Responses on Affordability

Survey Responses on Affordability			
Survey Question	**Yes N (%)**	**No N (%)**	**Don't Know N (%)**
In the past year, have you not participated in recreational activities because you could not afford it?	450 (26.2%)	1,169 (68.1%)	13 (0.8%)
In the past year, have you NOT filled a prescription because you could not afford it?	216 (12.6%)	1,412 (82.2%)	12 (0.7%)
Are you unable to afford reliable transportation?	173 (10.1%)	1,289 (75.1%)	35 (2.0%)
Are you unable to afford childcare services?	151 (8.8%)	743 (43.3%)	30 (1.7%)
In the past year, have you missed one (1) or more rent/mortgage payments due to not having enough money?	112 (6.5%)	1,502 (87.5%)	8 (0.5%)
Does your family utilize free lunches at Summit County schools?	97 (5.6%)	1,129 (65.8%)	16 (0.9%)
In the past year, were you ever hungry but did not eat because you couldn't afford enough food?	84 (4.9%)	1,565 (91.1%)	6 (0.3%)

There were two questions on the survey asking people to select the top three items they felt made Summit County a healthy community, and the top three items they felt needed improvement. Factors relating to the SDOH economic stability domain (availability of employment, affordable housing, and affordable food options) were included as response options. Overall, the three economic stability factors were among the top factors selected for needing improvement (Table 5) and the lowest selected factors that made Summit County a healthy community (Table 6). When asked about what they felt needed improvement in Summit County, over half (55.1%) of respondents answered, "affordable housing", which was true across all geographic regions.

32

Table 5. Ranked Factors that Make Summit County a Healthy Community – Economic Stability Highlight

Community Factors that Make Summit County a Healthy Community				
Community Factors	**All**	**Park City**	**South Summit**	**North Summit**
Access to Parks/Trails and Outdoor Recreation	1st	1st	1st	4th
Crime Rate/Safe Neighborhoods	2nd	2nd	2nd	2nd
Clean Environment	3rd	3rd	3rd	3rd
Place to Raise Children	4th	4th	4th	1st
Access to Healthcare (e.g., Family Doctor)	5th	5th	6th	5th
Bike Paths	6th	7th	7th	8th
Access to Indoor Recreational Facilities	7th	8th	5th	13th
Transportation Options, Including Public Transit	8th	6th	10th	18th
Healthy Food Options	9th	9th	8th	9th
Affordable Healthcare	10th	12th	13th	10th
Availability of Employment	11th	13th	11th *	7th
Number of Healthcare Providers	12th	11th	14th	11th
Family Activities	13th	14th	9th	6th
Arts and Cultural Events	14th	10th	15th	16th
Affordable Housing	15th	15th	16th	17th
Elder Care Options	16th	17th	17th	15th
Road Maintenance and Safety	17th	21st	11th *	12th
Childcare	18th	16th	19th	21st *
Affordable Food Options	19th	19th	18th	14th
Services for Disabled People	20th	18th	21st	21st *
Behavioral/Mental Health/Counseling Services	21st	20th	20th	19th
Culturally Appropriate Healthcare	22nd	22nd	22nd	23rd
Drug and Alcohol Abuse Treatment Services	23rd	23rd	24th *	19th *
Drug and Alcohol Abuse Prevention Services	24th	24th	23rd	24th *
LQBTQ+ Resources	25th	25th	24th *	24th *
* Indicates a tied ranking (rankings of 25 factors); Top rankings color key:		1st	2nd	3rd

Table 6. Ranked Factors that Need Improvement in Summit County – Economic Stability Highlight

Community Factors that Need Improvement in Summit County				
Community Factors	**All**	**Park City**	**South Summit**	**North Summit**
Affordable Housing	1st	1st	1st	1st
Elder Care Options	2nd	2nd	2nd	3rd *
Affordable Food Options	3rd	4th	3rd	2nd
Childcare	4th	3rd	4th	7th
Transportation Options, Including Public Transit	5th	7th	5th	3rd *
Road Maintenance and Safety	6th	5th	6th	6th
Affordable Healthcare	7th	6th	8th	9th
Number of Healthcare Providers	8th	8th	10th *	10th
Availability of Employment	9th	12th	9th	8th
Healthy Food Options	10th	11th	10th *	11th
Access to Indoor Recreational Facilities	11th	14th	13th	3rd *
Behavioral/Mental Health/Counseling Services	12th	9th	14th	13th *
Access to Healthcare (e.g., Family Doctor)	13th	10th	12th	18th
Bike Paths	14th	21st *	7th	12th
Clean Environment	15th	13th	19th *	13th *
Family Activities	16th	15th	16th	16th
Services for Disabled People	17th	16th	17th	17th
Access to Parks/Trails and Outdoor Recreation	18th	23rd	15th	13th *
Crime Rate/Safe Neighborhoods	19th	18th *	19th *	19th
Drug and Alcohol Abuse Treatment Services	20th	17th	21st	20th *
Arts and Cultural Events	21st	21st *	18th	24th *
Drug and Alcohol Abuse Prevention Services	22nd	18th *	24th	22nd
Culturally Appropriate Healthcare	23rd	18th *	25th	24th *
Place to Raise Children	24th	25th	22nd *	20th *
LQBTQ+ Resources	25th	24th	22nd *	23rd
Indicates a tied ranking (rankings of 25 factors); Top rankings color key:		1st	2nd	3rd

Education Access and Quality

The education access and quality domain of the SDOH refers to the availability and quality of educational opportunities, which play a crucial role in shaping health outcomes throughout a person's life. Higher levels of education are associated with better health, increased economic stability, and improved access to healthcare resources.

Key factors within the education access and quality domain include:

- **Early Childhood Education and Development** – High-quality early learning experiences contribute to cognitive and social development, leading to better academic achievement and long-term health benefits.
- **High School Graduation Rates** – Completing high school increases opportunities for higher education and stable employment, both of which contribute to better health outcomes. Individuals without a high school diploma are more likely to experience unemployment, poverty, and health disparities.
- **Higher Education and Vocational Training** – Access to college or career training programs expands job opportunities, leading to higher income and access to employer-sponsored health benefits.
- **Literacy and Language Skills** – Strong literacy skills improve health literacy, enabling individuals to understand medical information, navigate healthcare systems, and make informed health decisions.
- **Safe and Supportive School Environments** – Schools that provide a safe, inclusive, and supportive learning environment contribute to students' mental and emotional well-being, reducing stress and promoting positive health behaviors.

Improving education access and quality involves policies and programs that reduce barriers to education, enhance school resources, and promote lifelong learning opportunities. Ensuring equitable access to quality education helps break cycles of poverty and improves overall community health.

Educational Attainment

Of Summit County's population 25 years and older, 95.0% are high school graduates or higher, 58.1% have a bachelor's degree or higher, and 22.2% have a graduate or professional degree. Among males 25 and older, 57.7% have a bachelor's degree or higher, as well as 55.9% of females. Of those who identify as White non-Hispanic, 98.1% have a high school degree or higher, and 61.9% have a bachelor's degree or higher. Among Hispanics, 61.6% have a high school degree or higher, and 24.3% have a bachelor's degree or higher.[35]

Education Access and Quality Survey Results

About a third of respondents had a 4-year college degree (33.9%), with 20% having a graduate degree. Across all geographic regions, around a third of respondents had a 4-year college degree (Table 7).

Table 7. CHA Survey Educational Attainment by Region

CHA Survey Educational Attainment by Region^					
	Overall	**Park City**	**South Summit**	**North Summit**	**Other/ Unknown**
Total	1,717	766 (44.61%)	526 (30.63%)	331 (19.28%)	94 (5.47%)
Educational Attainment					
≥ kindergarten	3 (0.17%)	3 (0.39%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Elementary	13 (0.76%)	8 (1.04%)	3 (0.57%)	0 (0.00%)	2 (2.13%)
Some high school	29 (1.69%)	17 (2.22%)	5 (0.95%)	5 (1.51%)	2 (2.13%)
High school graduate	163 (9.49%)	39 (5.09%)	56 (10.65%)	57 (17.22%)	11 (11.70%)
Some college or technical school	289 (16.83%)	74 (9.66%)	114 (21.67%)	91 (27.49%)	10 (10.64%)
College graduate	582 (33.90%)	272 (35.51%)	190 (36.12%)	92 (27.79%)	28 (29.79%)
Graduate Degree	344 (20.03%)	193 (25.20%)	89 (16.92%)	47 (14.20%)	15 (15.96%)
Professional Degree	151 (8.79%)	98 (12.79%)	35 (6.65%)	15 (4.53%)	3 (3.19%)
Blank	143 (8.33%)	62 (8.09%)	34 (6.46%)	24 (7.25%)	23 (24.47%)
^ Regions divided by Zip codes within Summit County School Districts (Figure 10)					

When asked if they speak a language other than English at home, 6.9% (n=118) said yes, and 12.2% of respondents reporting they speak Spanish at home (Table 8). Among those who reported speaking English less than "well", 18.9% reported not being able to get interpretation or translation services at school or at school activities, and only 6.3% reported interpretation/translation issues while seeking healthcare (Table 9).

Table 8. CHA Survey Responses on Other Languages Spoken at Home & English Proficiency

CHA Survey Responses on Other Languages Spoken at Home & English Proficiency	
	N (%)
Do you speak a language other than English at home? (Yes)	
Yes	118 (6.9%)
No	1406 (81.9%)
Blank	193 (11.2%)
What language do you speak at home?	
Spanish	210 (12.2%)
Other	14 (0.8%)
How well do you speak English?	
Not well at all	30 (1.7%)
Not well	81 (4.7%)
Well	40 (2.3%)
Very well	118 (6.9%)
NA/Blank	1,448 (84.3%)

Table 9. CHA Survey Responses on Interpretation/Translation Services

CHA Survey Responses on Availability of Interpretation/Translation Services in Summit County (Among those who reported speaking English less than well, n=111)		
When needed, have you been able to get interpretation services when/at:	Yes N (%)	No N (%)
Healthcare	99 (89.2%)	7 (6.3%)
Shopping/errands/around town	57 (51.4%)	23 (20.7%)
School/School activities	53 (47.7%)	21 (18.9%)
Workplace	53 (47.7%)	28 (25.2%)
Using public transportation /taxi services/ ridesharing	45 (40.5%)	42 (37.8%)
Applying for a job	41 (36.9%)	35 (31.5%)
Government resources (e.g. applying for a permit, etc.)	38 (34.2%)	31 (27.9%)
Recreation	36 (32.4%)	31 (27.9%)
Other	7 (6.3%)	10 (9.0%)

Health Care Access and Quality

The health care access and quality domain of the SDOH focuses on an individual's ability to obtain and utilize healthcare services that are timely, affordable, and high-quality. Access to healthcare plays a crucial role in preventing disease, managing chronic conditions, and improving overall health outcomes.

Key Factors in Health Care Access and Quality:
- **Health Insurance Coverage** – Individuals without health insurance are less likely to receive preventive care, timely treatments, and necessary medications, leading to worse health outcomes. Expanding coverage improves access to essential medical services.
- **Availability of Healthcare Services** – Geographic location, provider shortages, and limited healthcare facilities in rural or underserved areas create barriers to care, delaying diagnoses and treatment.
- **Health Literacy** – Understanding medical information, navigating the healthcare system, and making informed decisions about treatments are critical for managing one's health effectively. Low health literacy is linked to poorer health outcomes.
- **Culturally and Linguistically Appropriate Care** – Language barriers and cultural differences can prevent individuals from accessing and understanding healthcare services. Providing interpreters and care with cultural humility improves health outcomes for diverse populations. Cultural humility is a process of self-reflection and discovery in order to build honest and trustworthy relationships between healthcare provider and patient. The goal is to understand inherent bias and personal cultural experiences and seek knowledge of other cultural experiences, while mitigating power imbalances to provide appropriate care.[36,37]
- **Preventive and Primary Care Access** – Regular check-ups, screenings, and early interventions reduce the risk of serious illnesses and healthcare costs over time. Limited access to primary care often leads to reliance on emergency departments for non-emergency issues.

Improving Health Care Access and Quality:

- Efforts to improve healthcare access and quality include expanding insurance coverage, increasing healthcare provider availability, enhancing health literacy programs, and promoting culturally competent care.
- Addressing these barriers ensures that all individuals, regardless of socioeconomic status or geographic location, have equitable access to the care they need for better health and well-being.

Health Care Access and Quality Survey Results

Among the survey population, 11.3% reported not having health insurance. The top reason for not having health insurance was that they could not afford an insurance plan (Table 10).

Table 10. CHA Survey Results – Health Insurance

CHA Survey Results about Health Insurance	
Health Insurance Survey Questions	**N (%)**
Which type(s) of health insurance do you have?	
I don't have health insurance	194 (11.3%)
Private	903 (52.6%)
Medicare	606 (35.3%)
VA/Military	54 (3.2%)
Medicaid	32 (1.9%)
Other	17 (1.0%)
I prefer not to say	57 (33.2%)
Please select the reason(s) you do not have health insurance	
I am currently unemployed	36 (2.1%)
I cannot afford an insurance plan	99 (5.8%)
My employer/employment level does not offer health insurance	56 (3.3%)
I am starting a new job and my insurance benefits have not started	8 (0.5%)
I do not want health insurance	4 (0.2%)

About 10% of survey respondents said they had not visited a healthcare provider, such as a doctor or nurse practitioner for any non-medical care in the past year. The primary reason given was that they did not need medical care during that time, followed by concerns about affordability (Table 11). Close to half (42.3%) of individuals said they schedule most of their healthcare visits within Summit County.

Table 11. CHA Survey Results - Health Care Access

CHA Survey Results on Health Care Access	
Healthcare Access Survey Questions	**N (%)**
Did you visit a healthcare provider for any non-emergency medical care in the past year?	
Yes	1,496 (87.1%)
No	164 (9.6%)
Don't Know	1 (0.1%)
Reasons why you didn't visit a healthcare provider in the past year	
I did not need medical care	92 (5.4%)
I do not have health insurance and/or self-pay rates would be too high	31 (1.8%)
My insurance co-pay/ out-of-pocket costs are too high	21 (1.2%)
I could not find a provider taking new appointments	10 (0.6%)
I needed care but did not have time to make an appointment	7 (0.4%)
I was worried that the provider/ care needed would not be covered under my insurance or would be too expensive	4 (0.2%)
I could not find childcare	4 (0.2%)
I did not have any transportation	3 (0.2%)
I was worried about the provider not having interpretation/ translation services	2 (0.1%)
I was worried about discrimination due to my race/ ethnicity/culture	1 (0.1%)
I was worried about discrimination due to my gender	1 (0.1%)
Other	6 (0.4%)
Where do you schedule most of your healthcare visits?	
Summit County	726 (42.3%)
People's Health Clinic	168 (9.8%)
Salt Lake County	145 (8.5%)
Wasatch County	27 (1.6%)
Utah County	9 (0.5%)
Other	6 (0.4%)

Individuals indicated that access to healthcare was one of the top five factors that makes Summit County a healthy community, with 16% marking it as one of their top three factors. Access to healthcare was ranked as the 5th top factor across all geographic regions (Table 12). Other healthcare access and quality factors ranked a bit lower. Among the healthcare related factors that individuals ranked as needing improvement, elder care options ranked 2nd overall for all communities (Table 13). About 14% of people selected affordable healthcare and 11% selected the number of healthcare providers as needing improvement in Summit County.

Table 12. Ranked Factors that Make Summit County a Healthy Community – Healthcare Access and Quality Highlight

Community Factors that Make Summit County a Healthy Community				
Community Factors	**All**	**Park City**	**South Summit**	**North Summit**
Access to Parks/Trails and Outdoor Recreation	1st	1st	1st	4th
Crime Rate/Safe Neighborhoods	2nd	2nd	2nd	2nd
Clean Environment	3rd	3rd	3rd	3rd
Place to Raise Children	4th	4th	4th	1st
Access to Healthcare (e.g., Family Doctor)	5th	5th	6th	5th
Bike Paths	6th	7th	7th	8th
Access to Indoor Recreational Facilities	7th	8th	5th	13th
Transportation Options, Including Public Transit	8th	6th	10th	18th
Healthy Food Options	9th	9th	8th	9th
Affordable Healthcare	10th	12th	13th	10th
Availability of Employment	11th	13th	11th *	7th
Number of Healthcare Providers	12th	11th	14th	11th
Family Activities	13th	14th	9th	6th
Arts and Cultural Events	14th	10th	15th	16th
Affordable Housing	15th	15th	16th	17th
Elder Care Options	16th	17th	17th	15th
Road Maintenance and Safety	17th	21st	11th *	12th
Childcare	18th	16th	19th	21st *
Affordable Food Options	19th	19th	18th	14th
Services for Disabled People	20th	18th	21st	21st *
Behavioral/Mental Health/Counseling Services	21st	20th	20th	19th
Culturally Appropriate Healthcare	22nd	22nd	22nd	23rd
Drug and Alcohol Abuse Treatment Services	23rd	23rd	24th *	19th *
Drug and Alcohol Abuse Prevention Services	24th	24th	23rd	24th *
LQBTQ+ Resources	25th	25th	24th *	24th *
* Indicates a tied ranking (rankings of 25 factors); Top rankings color key:		1st	2nd	3rd

40

Table 13. Ranked Factors that Need Improvement in Summit County – Healthcare Access and Quality Highlight

Community Factors that Need Improvement in Summit County				
Community Factors	**All**	**Park City**	**South Summit**	**North Summit**
Affordable Housing	1st	1st	1st	1st
Elder Care Options	2nd	2nd	2nd	3rd *
Affordable Food Options	3rd	4th	3rd	2nd
Childcare	4th	3rd	4th	7th
Transportation Options, Including Public Transit	5th	7th	5th	3rd *
Road Maintenance and Safety	6th	5th	6th	6th
Affordable Healthcare	7th	6th	8th	9th
Number of Healthcare Providers	8th	8th	10th *	10th
Availability of Employment	9th	12th	9th	8th
Healthy Food Options	10th	11th	10th *	11th
Access to Indoor Recreational Facilities	11th	14th	13th	3rd *
Behavioral/Mental Health/Counseling Services	12th	9th	14th	13th *
Access to Healthcare (e.g., Family Doctor)	13th	10th	12th	18th
Bike Paths	14th	21st *	7th	12th
Clean Environment	15th	13th	19th *	13th *
Family Activities	16th	15th	16th	16th
Services for Disabled People	17th	16th	17th	17th
Access to Parks/Trails and Outdoor Recreation	18th	23rd	15th	13th *
Crime Rate/Safe Neighborhoods	19th	18th *	19th *	19th
Drug and Alcohol Abuse Treatment Services	20th	17th	21st	20th *
Arts and Cultural Events	21st	21st *	18th	24th *
Drug and Alcohol Abuse Prevention Services	22nd	18th *	24th	22nd
Culturally Appropriate Healthcare	23rd	18th *	25th	24th *
Place to Raise Children	24th	25th	22nd *	20th *
LQBTQ+ Resources	25th	24th	22nd *	23rd
Indicates a tied ranking (rankings of 25 factors); Top rankings color key:		1st	2nd	3rd

41

Neighborhood and Built Environment

The neighborhood and built environment domain of the SDOH refers to the physical surroundings where people live, work, and engage in daily activities. The quality and safety of a person's environment significantly impacts health outcomes, influencing factors such as exposure to pollutants, access to healthy food, opportunities for physical activity, and overall safety.

Key Factors in Neighborhood and Built Environment:

- **Safe and Affordable Housing** – Poor housing conditions, including overcrowding, mold, lead exposure, and lack of heating or cooling, contribute to respiratory issues, infectious diseases, and mental health stress.
- **Access to Healthy Foods** – Living in a food desert (an area with limited access to affordable, nutritious food) increases the risk of chronic diseases such as obesity, diabetes, and heart disease due to reliance on processed and fast food.
- **Environmental Conditions** – Exposure to air pollution, contaminated water, and hazardous waste increases the risk of respiratory illnesses, cancer, and other health problems. Climate change-related factors, such as extreme heat and natural disasters, also disproportionately affect vulnerable communities.
- **Crime and Violence** – High crime rates and neighborhood violence contribute to chronic stress, mental health issues, and physical injuries, discouraging outdoor activities and social engagement.
- **Transportation and Infrastructure** – Reliable and affordable public transportation and walkable neighborhoods improve access to jobs, healthcare, education, and healthy food. Poor infrastructure, such as a lack of sidewalks or unsafe roadways, increases the risk of accidents and limits mobility.

Improving Neighborhood and Built Environment:
Enhancing the physical and social environments where people live involves policies and initiatives that promote affordable housing, improved urban planning, increased green spaces, cleaner environments, and safer neighborhoods. Addressing these factors helps create healthier communities, reducing disparities and improving overall well-being.

Sustainability and Climate Change

Due to climate change, Summit County is expected to experience more frequent and severe droughts. Combined with population growth, these extreme droughts will intensify water scarcity in the area. Additionally, the length of the wildfire season will increase. Factors such as income, occupation, and proximity to wildlands will affect residents' ability to cope with droughts and wildfires. The Woodwell Climate Research Center's findings on severe drought, water scarcity, and wildfire danger days, paired with data on the wildland-urban interface and income levels, provide insights that can help Summit County build a more resilient future.[38]

Drought. Between 2000 and 2020, central Summit County experienced severe drought (or worse) less than 20% of the time, while the eastern, drier part of the county faced drought conditions around 40% of the time. Park City saw drought conditions 20% of the time.

Water Scarcity Index. An estimated 97% of Summit County's population faces high water scarcity, ranking in the 80th percentile compared to other locations worldwide.[39] One key contributor to severe water scarcity is the risk to groundwater. In the Water Scarcity Index (WSI) used in a study by Woodwell Climate Institute, this risk is assessed based on when groundwater extraction begins to affect environmental streamflow— a threshold known as the environmental flow limit. This occurs due to excessive groundwater withdrawal combined with inadequate recharge rates. When this limit is reached, the flow of groundwater into streams may decrease, reverse direction, or cease entirely, leading to significant environmental consequences. In the far eastern part of the county, the environmental flow limit was reached as early as 2012, impacting 2,136 people.

Projected Water Stress. The projected water stress ratio, which compares water withdrawals to available renewable water, shows that Summit County's cities are projected to have a water stress ratio of 189% in 2030. This means that water demand is expected to be almost twice as much as the available water supply.[39]

Wildfire. The Fire Weather Index (FWI) estimates wildfire potential based on temperature, humidity, wind speed, and precipitation. Wildfire danger days are those with FWI values that exceed the historical 1-in-20-day occurrence (values that happen 5% of the time, or 18 days per year). By mid-century, Summit County can expect around 6 additional wildfire danger days per year, increasing to 8-11 days by the late-century. By 2080, northwestern and eastern Summit County will face up to a month's worth of wildfire danger days.[39]

Poverty & Wildfire. Low-income individuals are more vulnerable to the impacts of wildfires due to limited resources to maintain defensible spaces around their properties and financial challenges in recovering after a fire. Over 25% of residents in northwestern Summit County live below 200% of the Federal Poverty Level (FPL). In parts of southwestern Summit County, including Park City, 20–25% of the population falls below the 200% FPL threshold. Providing additional resources to these communities before, during, and after wildfire events will help strengthen their resilience.[39]

For more information regarding Summit County's climate risk, please refer to the Woodwell Climate Research Center's 2022 Climate Risk Assessment: Summit County, Utah report.[38]

Climate

Summit County's climate is unique compared to other climates within Utah. Summit County is at high altitude, with an average elevation of 8,487 feet. The county is nestled on the back of the Wasatch Mountains to the west and the Uinta Mountains to the east. This presents a bevy of summer and winter recreation opportunities for residents and tourists alike. This also creates colder temperatures throughout the county during the winter, as well as greater precipitation than state-wide averages.

However, Summit County is not immune to climate change concerns. One issue is the rising temperatures during both warm and cold seasons. Due to its high elevation, Summit County typically observes lower temperatures than many other counties in Utah. However, those temperatures are creeping up as climate change intensifies. As seen on the graphs below, the maximum temperature has been steadily increasing from 1950 to present day in both summer (Figure 14) and winter (Figure 15).
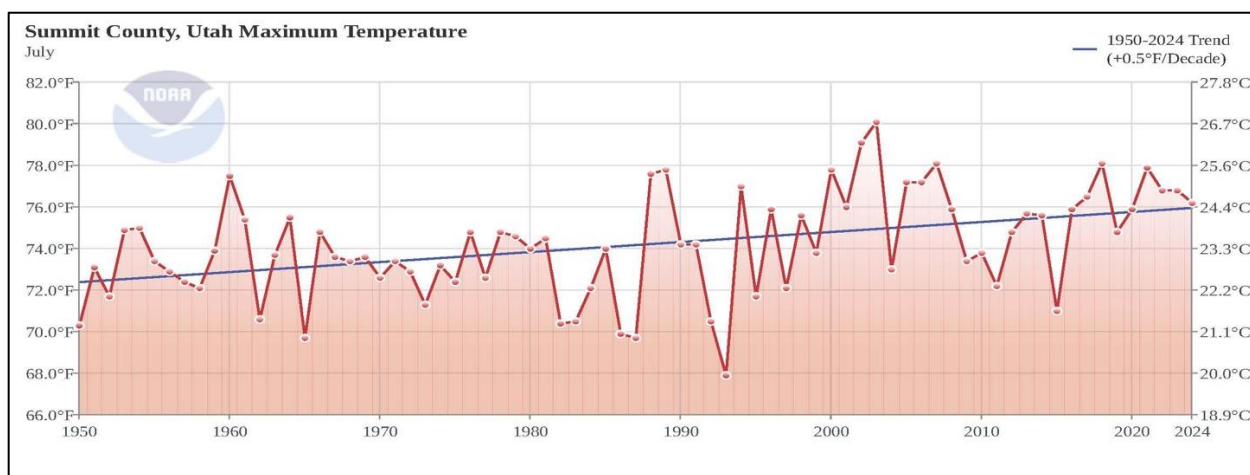
Figure 14. Summit County, UT Maximum July Temperature, 1950-2024
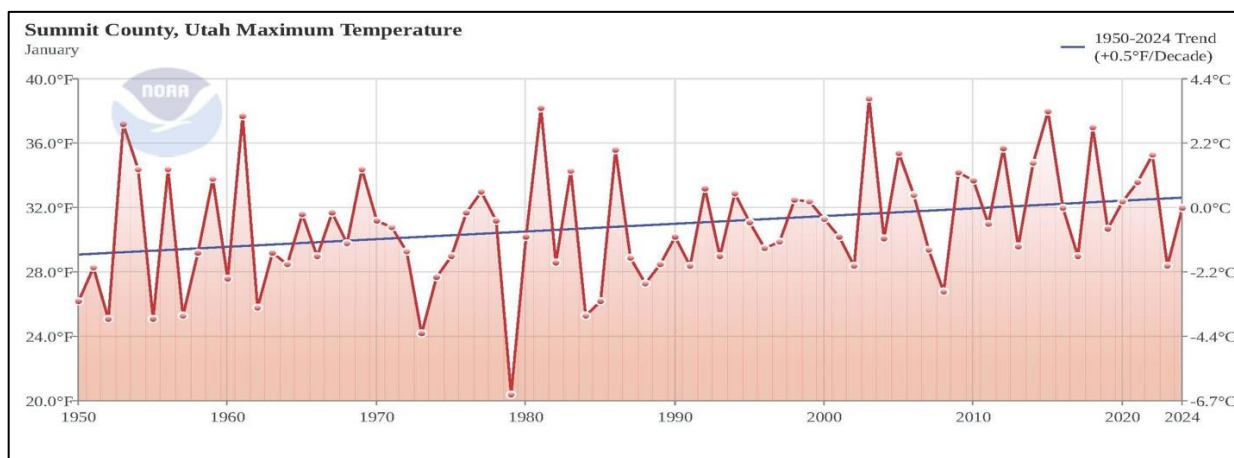
Figure 15. Summit County, UT Maximum January Temperature, 1950-2024

44

An increased maximum temperature creates issues in summer and winter seasons. In summer, higher temperatures may lead to more heat-related illnesses. This is especially true in Summit County, as many older homes do not have air conditioning. In winter, higher temperatures mean faster snowmelt. Snowpack in the mountains provides the bulk of the population's drinking water, and a faster melt means less reserves of water. Also, faster snowmelt may contribute to flooding, especially if a high snow level year is observed, followed by a rapid thaw in the spring.

According to a 2022 environmental risk assessment by Woodwell Climate Research Center,[39] the frequency of drought across Utah, including Summit County, will increase, leading to greater water scarcity. This is due to less precipitation and faster melt of snowpack, which leads to less water in reservoirs such as Echo and Rockport. In October 2021, a prolonged drought brought Echo Reservoir and Rockport Reservoir down to 11% and 26% (respectively) of their total capacity.

Wildfire risk has always existed in Summit County and is projected to increase in the coming decades. This is due to a confluence of factors, including population and housing growth, creating more wildland-urban interfaces. Also, due to the high level of recreation in areas with vegetation that can create fuel for wildfires, the potential for human-caused fires is always present.

Exposure to environmental changes, such as higher summer temperatures, can pose its own risk for health. Then, there are secondary repercussions of these changes for the Summit County recreation (especially snow-based activities) and agricultural communities. Shifts in local economy can further cascade into health concerns, such as mental health.

Snowpack

Mountain snowpack plays a key role in the water cycle in western North America, storing water in the winter when the snow falls and releasing it as runoff in spring and summer when the snow melts. This snowpack is measured by snow water equivalent (SWE), which estimates the amount of water that would cover the ground if the snow cover was in a liquid state. Millions of people in the West depend on the melting of mountain snowpack for hydropower, irrigation, and drinking water. In most western river basins, snowpack is a larger component of water storage than human-constructed reservoirs. In Utah, approximately 95% of our drinking water comes from our snowpack in the mountains.[40,41] Continued reductions in snowpack and earlier snowmelt are expected in the future, which will affect water reserves and reduce hydropower production in the West.[41]

Temperature and precipitation are key factors affecting snowpack, which is the amount or depth of snow that accumulates on the ground. In a warming climate, more precipitation will be expected to fall as rain rather than snow in most areas—reducing the

extent and depth of snowpack. Long-term observations across the contiguous 48 states show that nearly 80 percent of weather stations examined have experienced a decrease in the proportion of precipitation falling as snow (see the Snowfall indicator) (Figure 16) In addition, with warmer winters and springs (see the Seasonal Temperature indicator), the seasonality of snowpack is also changing. Ski resorts are seeing less cold temperatures and snowpack during Thanksgiving and Christmas holidays, when historically tourists visit to ski.[41,42] Also, higher temperatures cause snow to melt earlier, which in turn affects the timing and availability of water. Warmer temperatures also mean less snowpack and often ski resorts will turn to snowmaking to maintain a skiable base.[42] This uses considerable water and electricity resources.

Changes in mountain snowpack can affect agriculture, winter recreation, and ski tourism in Utah, as well as plants and wildlife. It is expected that as temperatures warm, snowpack accumulation will decrease, and the snowpack season will shorten.

Below are figures showing the overall snowpack decrease in the mountain west, including Utah (Figure 17), the change in the start of melt season across the mountain west (Figure 17), the average minimum temperature across Utah ski resorts (Figure 18), and the proportion of days in early ski season with a minimum daily temperature below -5°C (this shows the shifting seasonality of skiing) (Figure 19).
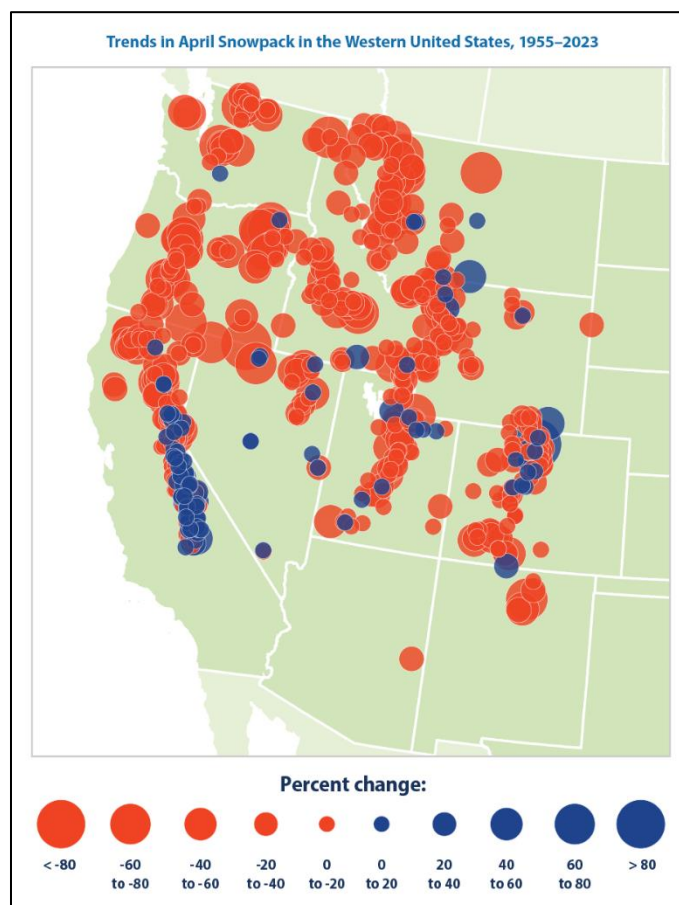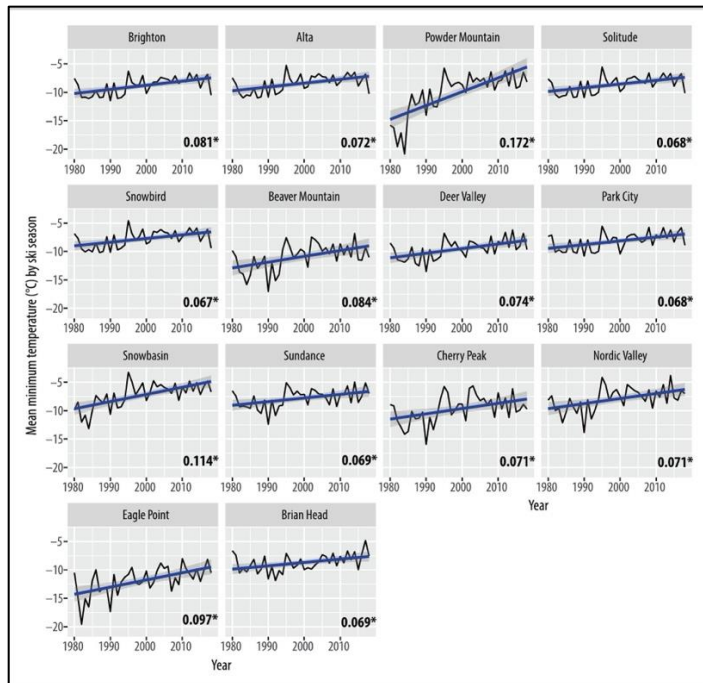

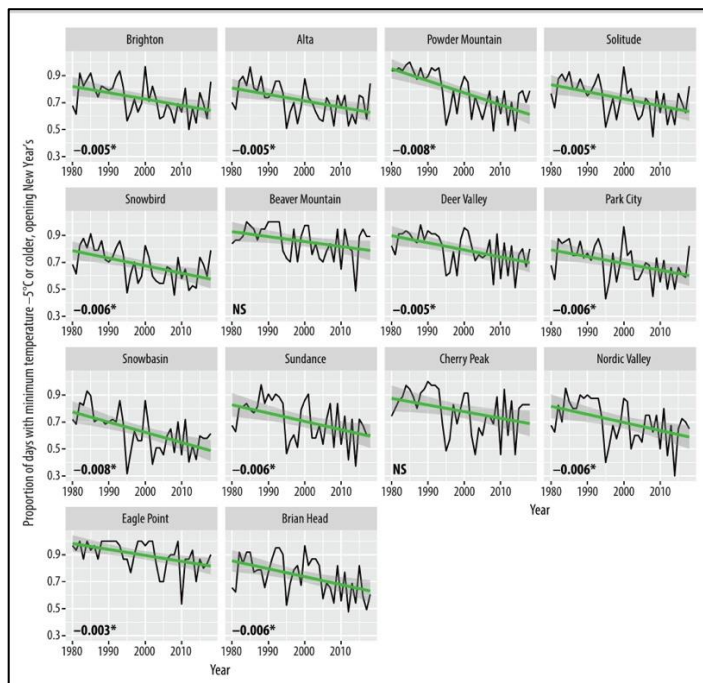**Figure 16.** Trends in April Snowpack in the Western U.S., 1955-2023[37]
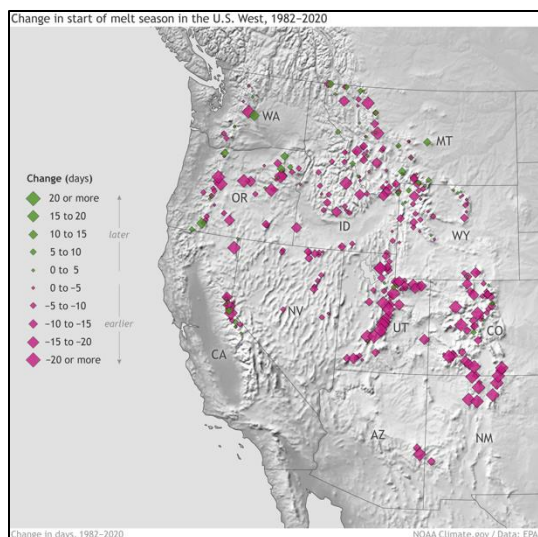
Figure 17. Change in start of melt season in the U.S. West, 1982-2020[40]

46

Figure 18. Trends In the Mean Minimum Daily Temperature (8°C) by Ski Resort Season (1980-2018). *Numbers on each panel represent Sen's slope; * Indicates the value is statistically significant at α < .05.*[42]

Figure 19. Trends in the Proportion of Days in the Early Season with a Minimum Daily Temperature below -5°C by Ski Resort (1980-2018). *The Early season is defined as 2 weeks before opening (varies by ski resort) through January 2, to capture the holiday season. Numbers on each panel represent Sen's slope; Indicates the value is statistically significant at α < .05.*[42]

47

Drinking Water

Summit County is home to many lakes, rivers, reservoirs, and streams. This water originates from the Uinta/Wasatch Mountain range as snowmelt, rain, natural springs, and ground water. A large portion of the county is comprised of mountain ranges and unoccupied wilderness home to seasonal streams, creeks, rivers and ponds. The three largest rivers in the county are the Weber River, the Provo River, and the Bear River all originating in the Uinta Mountain range as runoff and surfacing groundwater.[12]

Most drinking water in Summit County is provided by regulated public water systems. These systems are regulated by the Utah Department of Environmental Quality's (DEQ) Division of Drinking Water. The Summit County Health Department (SCHD) works closely with the Division of Drinking Water to ensure compliance with the state parameters.[43] The SCHD Division of Environmental Health assists DEQ in conducting sanitary surveys, sampling, and source protection regulations to ensure proper operation and maintenance requirements are achieved. It is required that each public water system completes a sanitary survey conducted by a certified professional at least every three years.

In Summit County there are about 141 public water systems, many of which are campgrounds. According to the DEQ, Public Water Systems are defined as, "a system, either publicly or privately owned, providing water through constructed conveyances for human consumption and other domestic uses, which has at least 15 service connections or serves an average of at least 25 individuals daily at least 60 days out of the year and includes collection, treatment, storage, or distribution facilities under the control of the operator and used primarily in connection with the system, or collection, pretreatment, or storage facilities used primarily in connection with the system but not under the operator's control."[44,45]

Contaminants to our drinking water are always of concern. Therefore, the Environmental Protection Agency (EPA) has set standards and monitoring requirements for each community system to follow. The Safe Drinking Water Act was passed by Congress in 1974 to protect the public from possible contaminants. This sets national health standards to protect the public from both naturally occurring and manmade contaminants that may be present in drinking water. These contaminants can come from improperly disposed chemicals, animals, pesticides, human waste, and naturally occurring substances. If contaminated water is consumed, it can pose health risks to the consumer.[46]

Each public water system must submit an annual consumer confidence report. This report outlines what kind of toxins/contaminants were detected and where it was sourced. Operators of public water systems must be certified to operate under the guidelines put in place by the EPA.[46]

To protect public health, the EPA has established a maximum contaminant level (MCL) for each toxin. The concentration of the toxin must not exceed these levels. Each public water system is expected to routinely sample its distribution and main sources. If an MCL has been reached, the public must be notified of the results.[44]
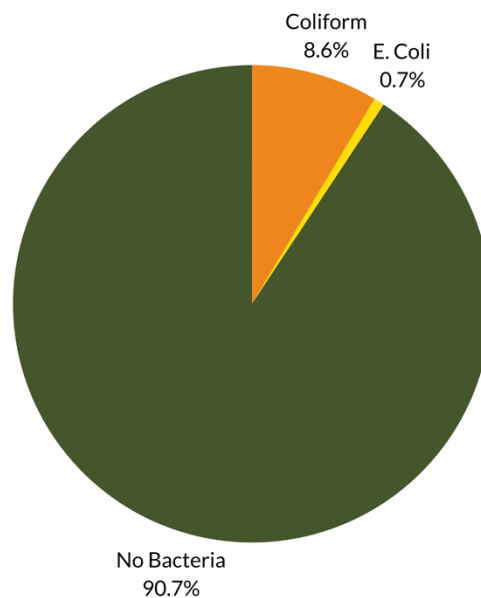
New drinking water sources shall be analyzed for each of the analytes listed in Rule R309-200.[47] This includes primary and secondary contaminants listed in Table 200-1; Ammonia; boron; calcium copper; lead, magnesium; potassium, turbidity; bicarbonate; carbon dioxide; carbonate; hydroxide; phosphorous; silica; MBAS; total hardness; alkalinity; pesticides; VOCs; and radiologic chemicals. Ultimately, these initial results will establish the protocol of what analytes will be required for testing. Each public system will establish a sampling protocol for each of its sources, as well as its distribution based on the population size served. Typically, in Summit County majority of water systems are required to test nitrates annually, bacteria monthly, lead and copper every 3 years, and sulfate every year if levels tend to be high.

Summit County has an in-house laboratory facility to test for bacteria and nitrates in drinking water. The SCHD provides this service for individuals and community water systems. Individuals may test their water if they have a private well, or if they want to check water that comes from a community system. Community systems are required to test their water regularly, and the lab reports these results to the Utah DEQ.[43]

If a resident wants to test for an analysis that is not provided by the Summit County laboratory, arrangements can be made to have the samples obtained and transported to a certified lab in Salt Lake City. The Summit County Environmental team also operates programs about water quality by way of source protection ordinance regulation, water concurrency, and onsite wastewater regulations. In conjunction, the Summit County Environmental team operates a program that provides education and regulation for public swimming pools/ spas, air quality, food safety, public school inspections, hazmat response, temporary events, used oil disposal, body art/cosmetology, and radon awareness.

SCHD has a team of environmental scientists who assist the public water companies in sampling sources and their distribution systems around the county. Between public water samples in addition to private well samples, on average Summit County tests 1400 water samples annually for bacteria. On average over the past three years, we received 120 samples that were totally coliform positive, and of those, 10 samples were E. coli positive (Figure 20).

Figure 20. SCHD Bacteria Testing Results of Drinking Water Samples, 2021-2024

Water Concurrency is a program to ensure that a new user or connection has ample culinary water capacity when they connect to their water system. The Summit County Board of Health – Water Concurrency program consists of an ordinance (including the system data submission and a county review program), providing for the establishment of requirements for a Commitment of Service letter within Summit County based on the ability of water systems to deliver safe and reliable water, and promoting the conservation and wise use of Summit County water resources.[48]

Another issue that is related to quality of water is quantity, or availability of water for drinking and irrigation. Utah is one of the driest states in the US, and as stated above, relies heavily upon snow to provide water for the state. Utah is also reliant on water from the Colorado River, which has seen historically low levels in the last decade, currently at 41% of capacity.[49] As water quantity decreases, typically quality also decreases, as contaminants become more concentrated in available water, and water ecosystems suffer, due to a reduction in both quantity and quality of water in the environment. Climate change also contributes to both quantity and quality of water, as drought dries up available water and more intense storms and flooding may increase pollutants in water systems.[50,51] Water also forms the backbone of Summit County tourism, as tourists flock to the ski slopes in the winter – and need snow to do so, and residents and tourists alike use the reservoirs and rivers in Summit County for recreation. Also, the increased growth of the county demands a consistent quantity of high-quality drinking water.

Boil Orders/ E. coli

Public water systems in Summit County are routinely required to sample E. coli bacteria. E. coli bacteria is an anaerobic, coliform bacteria that has been known to cause health risks if consumed. The public water system is responsible for issuing orders or adversaries under the direction of the SCHD and the Division of Drinking Water. These boil orders are issued by the local water company at the request of the Division of Drinking Water and the local health department. The boil order cannot be lifted until two consecutive sets of samples test negative and not less than 24 hours apart have been confirmed negative for E. coli and jointly approved by the SCHD and DEQ.[43] On average, Summit County issues 2 boil orders annually.

Nitrates/Nitrites

Nitrates are nitrogen-oxygen chemical compounds, and when consumed they are converted into nitrites. Nitrates are usually found in human waste, fertilizers, and other agricultural practices. Each public water system is tested routinely to ensure nitrate levels are not exceeding the MCL level established by the Safe Water Drinking Act. Nitrates can pose health concerns to the public, specifically elderly populations and children.[52] On average Summit County laboratory runs 50 nitrate samples per year. Over the past 5 years, we have no confirmed nitrate samples that have exceeded the EPA-required maximum contaminant level of 10 mg/L.

PFAS

Polyfluoroalkyl substances (PFAS) are manufactured chemicals used in industry and consumer goods. Ongoing research shows that they pose a health threat to the public if consumed. PFAS is known to cause cancer, immune effects, developmental effects, and reproductive harm. PFAS can be found in water, air, and soil. These chemicals are extremely difficult and expensive to remediate. Currently, there are no regulations in place to test and sample for PFAS.[53]

Harmful Algae Bloom

SCHD works closely with the Utah Division of Water Quality to ensure all recreational water bodies are monitored for harmful algae blooms (HABs). There are recreational health thresholds established by the Department of Health and Human Services to determine if, and when, an algae bloom is present and poses a risk to the public. The Division of Water Quality supports the local health departments in establishing routine sampling procedures for recreational bodies of water that are at a higher risk of developing cyanobacteria blooms. The Division of Water Quality reports on each body of water on their website with the current conditions. If, and when, there is a danger risk of an algae bloom, the local health department works with the State Parks and Forest service to post signage warning recreationalists of the advisory.

If consumed, these toxins can pose a threat to human health. Individuals can be exposed to these toxins by recreating in water contaminated with harmful algae blooms, drinking

contaminated water, and eating fish that has been contaminated. These toxins can also be deadly to animals and are known to cause severe illness and possible death in dogs that consume contaminated water. Animals absorb the toxins by drinking contaminated water, eating the algae mats, or licking their fur after swimming in the contaminated water.[54]

Water Concerns Survey Results

From the Community Health Assessment (CHA) survey, about a third (35.2%) of respondents said they were somewhat concerned about their drinking water quality, and 16.4% said they were very concerned. Most people (48%) were concerned about contaminants in their water. The graph below (Figure 21) shows a breakdown of the categorized responses to the question: "What concerns you most about your drinking water?" Most responses categories were similar across the three regions in Summit County, however, concerns due to mining were much higher among participants in Park City than the other regions (Figure 21).
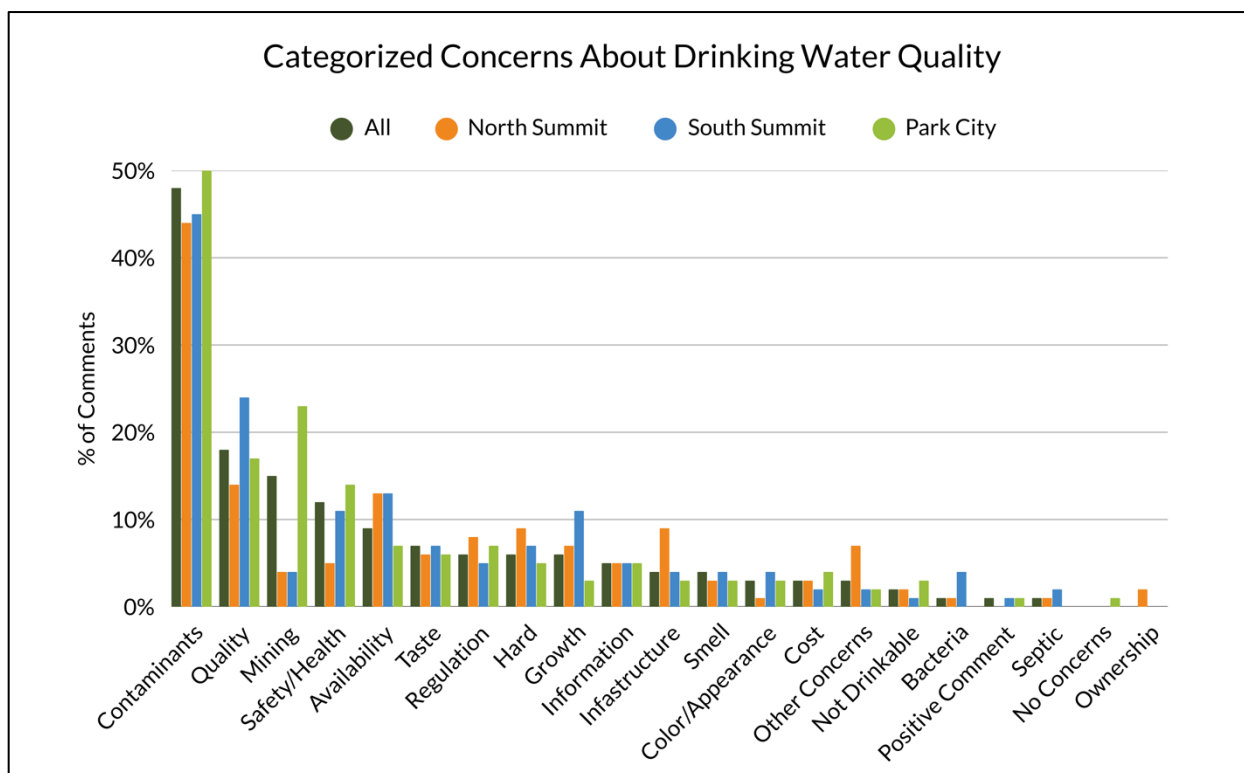
Figure 21. Reasons for Concern about Drinking Water Quality

Mining History and Drinking Water

One thing was very clear after reviewing the responses regarding concerns about water quality was the concern regarding contaminants from the mines. Park City, Utah, has a rich mining history but is also grappling with the environmental legacy of that past. There are concerns of contamination of land and water from mining activities, especially with metals like lead, arsenic, and cadmium. The presence of these heavy metals in the region, which includes other contaminants like thallium and zinc, can be dangerous to the public water system. However, Park City has taken significant steps to mitigate these risks, especially through its complex water treatment processes at their three treatment plants.[55] These plants are specifically designed to filter out contaminants, addressing the concerns of the local residents and ensuring that drinking water remains safe. The collaboration among local, state, and federal agencies is crucial in this context. The 2014 administrative order of consent, signed by various stakeholders including the U.S. Environmental Protection Agency (EPA), the Bureau of Land Management, and other state and federal agencies, shows a comprehensive effort to clean up the Richardson Flat Superfund site.[56] This site, which spans over 2,700 acres, is a major source of contamination, and the cleanup plan is a vital part of ensuring the long-term safety of the water supply.

Every public water system in Summit County is required to publish an Annual Consumer Confidence Report (CCR).[57] This allows residents to stay informed about the quality of their water and any potential concerns about contaminants. The CCR provides detailed insights into the treatment processes, the sources of the water, and the results from regular testing. With the inclusion of parameters from the distribution system, the report ensures that residents have a comprehensive picture of the water's quality from source to tap. The public can access this information online on the Division of Environmental Quality's website,[58] allowing anyone to track water quality over time and see the results of ongoing monitoring.
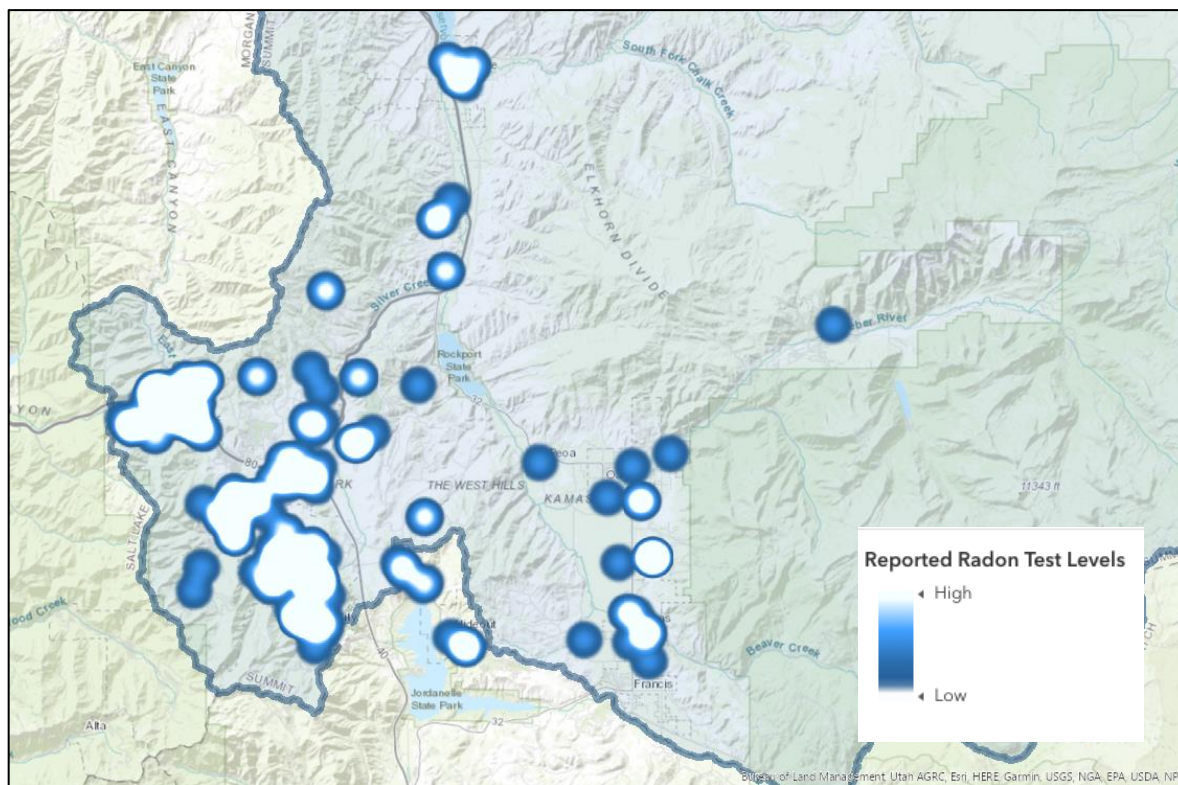
Radon

Radon is a radioactive gas that forms naturally when uranium, thorium, or radium, which are radioactive metals, break down in rocks, soil and groundwater. People can be exposed to radon primarily from breathing radon in air that comes through cracks and gaps in buildings and homes. Because radon occurs naturally, people are always exposed to it.[59]

Radon can cause lung cancer in non-smokers and smokers. The EPA estimates that radon is the number one cause of lung cancer in non-smokers. About 21,000 lung cancer deaths are due to radon every year in the U.S., with about 2,900 of those lung cancer deaths in individuals who have never smoked.[60] The World Health Organization estimates that 14% of lung cancer cases are attributable to radon gas.[61] It is estimated that as many as 1 in 3 Utah homes have dangerous levels of radon gas.

The Utah DEQ radon program offers home radon test kits at a low-cost. Results from tests purchased through this program are below for Summit County (Figure 22). In 2023-2024, 77% of radon tests were under the level of "high risk" (<4 pCi/L, and 33% of tests were in the high-risk level (≥ 4 pCi/L) (Table 14). These data include tests that occurred both pre- and post-mitigation.

Table 14. Radon Test Levels by ZIP Code, 2023-2024

Radon Gas Home Test Results by Summit County ZIP Code, 2023-2024					
ZIP Code	< 4 pCi/L	≥ 4 pCi/L	Max	Average	Total tests
84017	43%	57%	11	5.3	7
84036	91%	9%	4.9	1.7	11
84055	63%	38%	16.8	5.2	8
84060	77%	23%	37.7	4.7	26
84061	0%	100%	5.6	5.3	2
84068	100%	0%	1.5	3.4	2
84098	84%	16%	19.3	2.9	50
Total	**77%**	**33%**	**37.7**	**3.6**	**106**
*No test results reported in 84024 and 84033 ZIP codes in 2023-2024					

Figure 22. Reported Radon Test Results, 2018-2024

Radon Survey Results

From the Community Health Assessment (CHA) survey, 73.7% of respondents said that they knew what radon gas was; 39.1% said they have tested their homes for radon, and 45.1% said they have not tested their home for radon (Table 15).

Table 15. CHA Survey Results - Radon

| CHA Survey Results on Radon Gas Knowledge and Testing	
Survey Questions about Radon	**N (%)**
Do you know what radon gas is?	
Yes	1265 (73.7%)
No	254 (14.8%)
Don't know	56 (3.3%)
NA/ Blank	142 (8.3%)
Has your house been tested for the presence of radon gas?	
Yes	672 (39.2%)
No	775 (45.1%)
Don't know	202 (11.8%)
NA/ Blank	68 (4.0%)

Neighborhood and Built Environment Survey Results

Climate Change Survey Results

Half (50.7%) of respondents said they are very concerned about climate change, and 27.3% said they were somewhat concerned. Of those who expressed their concerns regarding climate change, the majority of concerns fell within the environmental category, which included environmental drivers (e.g. temperature, weather patterns, etc.), and environmental hazards (e.g. flooding, wildfire risk, air quality, drought, natural disasters, etc.). These were similar across the three geographic regions of Summit County. The social category of concern included 6 different categories: uncertainty about impact (future implications, health concerns, etc.), solutions need attention (electric vehicles, recycling), perceptions of others' opinions (climate change deniers, inaction), concerns are unwarranted (climate change is natural, climate change isn't real), and other. The other broad categorization of climate change concerns was economic, which included the local impact of climate change, and levers not being used (lack of regulation, emissions) (Figure 23).

Table 16. CHA Survey Results - Climate Change

CHA Survey Results on Climate Change	
Climate Change Survey Questions	**N (%)**
Are you Concerned about climate change?	
Very Concerned	870 (50.7%)
Somewhat concerned	469 (27.3%)
Not at all concerned	329 (19.2%)
Blank	49 (2.9%)
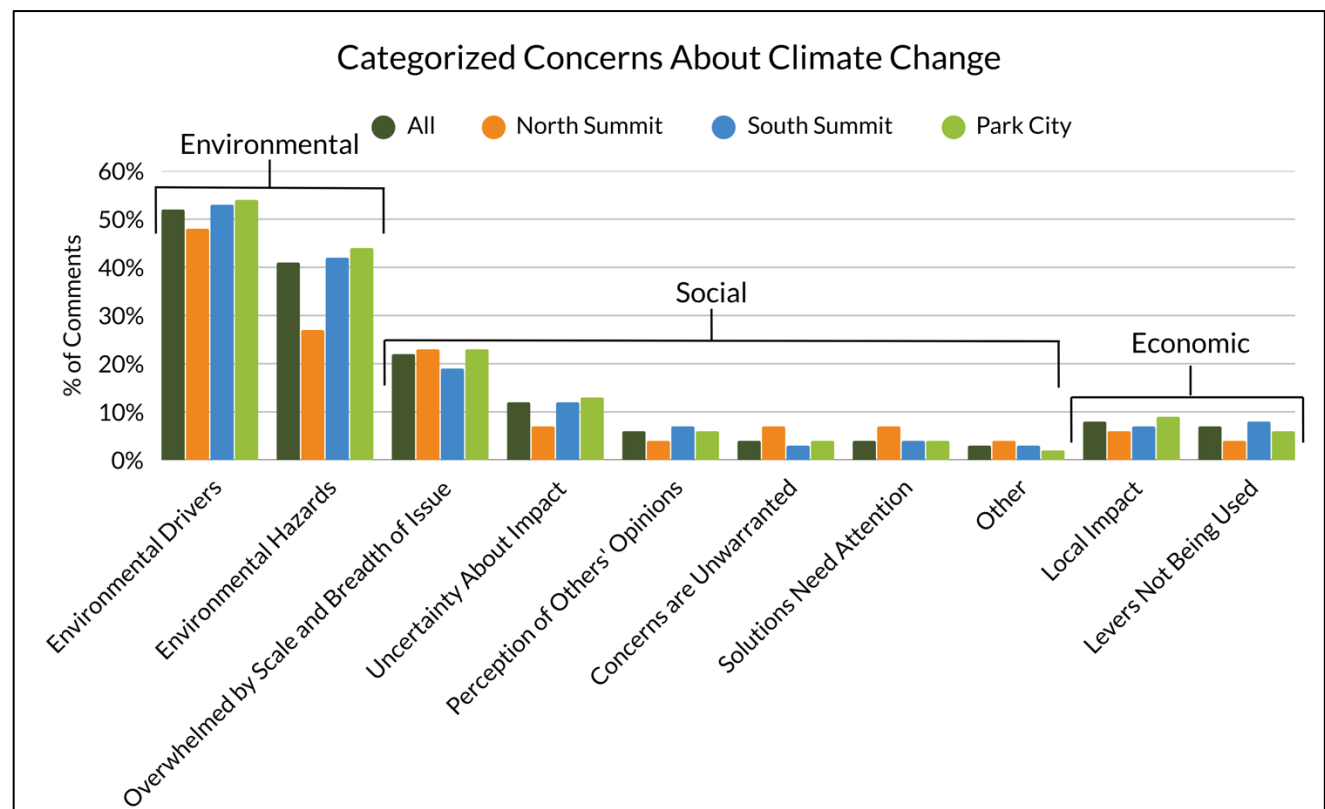
Figure 23. CHA Survey Results - Categorized Concerns About Climate Change

Community Priority Survey Results

Survey respondents ranked neighborhood and built environment factors very high on the list of community factors that make Summit County Healthy. Ranking at the top of the list was access to parks and trails and outdoor recreation (Table 17). Other factors that ranked high for needing improvement included childcare options, transportation options, and access to indoor recreation (Table 18).

Table 17. Ranked Factors that Make Summit County a Healthy Community – Healthcare Access and Quality Highlight

Community Factors that Make Summit County a Healthy Community				
Community Factors	**All**	**Park City**	**South Summit**	**North Summit**
Access to Parks/Trails and Outdoor Recreation	1st	1st	1st	4th
Crime Rate/Safe Neighborhoods	2nd	2nd	2nd	2nd
Clean Environment	3rd	3rd	3rd	3rd
Place to Raise Children	4th	4th	4th	1st
Access to Healthcare (e.g., Family Doctor)	5th	5th	6th	5th
Bike Paths	6th	7th	7th	8th
Access to Indoor Recreational Facilities	7th	8th	5th	13th
Transportation Options, Including Public Transit	8th	6th	10th	18th
Healthy Food Options	9th	9th	8th	9th
Affordable Healthcare	10th	12th	13th	10th
Availability of Employment	11th	13th	11th *	7th
Number of Healthcare Providers	12th	11th	14th	11th
Family Activities	13th	14th	9th	6th
Arts and Cultural Events	14th	10th	15th	16th
Affordable Housing	15th	15th	16th	17th
Elder Care Options	16th	17th	17th	15th
Road Maintenance and Safety	17th	21st	11th *	12th
Childcare	18th	16th	19th	21st *
Affordable Food Options	19th	19th	18th	14th
Services for Disabled People	20th	18th	21st	21st *
Behavioral/Mental Health/Counseling Services	21st	20th	20th	19th
Culturally Appropriate Healthcare	22nd	22nd	22nd	23rd
Drug and Alcohol Abuse Treatment Services	23rd	23rd	24th *	19th *
Drug and Alcohol Abuse Prevention Services	24th	24th	23rd	24th *
LQBTQ+ Resources	25th	25th	24th *	24th *
Indicates a tied ranking (rankings of 25 factors); Top rankings color key:		1st	2nd	3rd

Table 18. Ranked Factors that Need Improvement in Summit County – Neighborhood and Built Environment Highlight

Community Factors that Need Improvement in Summit County				
Community Factors	**All**	**Park City**	**South Summit**	**North Summit**
Affordable Housing	1st	1st	1st	1st
Elder Care Options	2nd	2nd	2nd	3rd *
Affordable Food Options	3rd	4th	3rd	2nd
Childcare	4th	3rd	4th	7th
Transportation Options, Including Public Transit	5th	7th	5th	3rd *
Road Maintenance and Safety	6th	5th	6th	6th
Affordable Healthcare	7th	6th	8th	9th
Number of Healthcare Providers	8th	8th	10th *	10th
Availability of Employment	9th	12th	9th	8th
Healthy Food Options	10th	11th	10th *	11th
Access to Indoor Recreational Facilities	11th	14th	13th	3rd *
Behavioral/Mental Health/Counseling Services	12th	9th	14th	13th *
Access to Healthcare (e.g., Family Doctor)	13th	10th	12th	18th
Bike Paths	14th	21st *	7th	12th
Clean Environment	15th	13th	19th *	13th *
Family Activities	16th	15th	16th	16th
Services for Disabled People	17th	16th	17th	17th
Access to Parks/Trails and Outdoor Recreation	18th	23rd	15th	13th *
Crime Rate/Safe Neighborhoods	19th	18th *	19th *	19th
Drug and Alcohol Abuse Treatment Services	20th	17th	21st	20th *
Arts and Cultural Events	21st	21st *	18th	24th *
Drug and Alcohol Abuse Prevention Services	22nd	18th *	24th	22nd
Culturally Appropriate Healthcare	23rd	18th *	25th	24th *
Place to Raise Children	24th	25th	22nd *	20th *
LQBTQ+ Resources	25th	24th	22nd *	23rd
Indicates a tied ranking (rankings of 25 factors); Top rankings color key:		1st	2nd	3rd

Focus Group Results

Overview. The Summit County Health Department (SCHD) contracted Mountain Mediation Center to facilitate community conversations following Health Department presentations on May 14th and 20th at the Kamas Services Building and the Swaner Eco Center about the impacts of climate change on personal and community health.

Mountain Mediation Center hosted five discussion circles over two nights in Kamas and Park City, providing a platform for participants to voice concerns about how climate change impacts personal and community health. Although both groups were presented with the same set of discussion questions based on a SCHD presentation, their responses revealed regional differences and a variety of perspectives.

At the Kamas event, participants were particularly concerned about the impact of climate change on agriculture, whereas those in Park City raised issues related to county and state attitudes towards water, which they felt were overly optimistic. Despite these regional differences, both groups shared common concerns. These included worries about wildfire and drought, the vulnerability of certain communities, the need for more local data collection, and the desire for more extensive outreach from the SCHD. Participants also anticipated that climate-related risks could spur innovation.

Both groups expressed reservations about continuing to rely on winter and tourism-dependent economies, especially as winters shorten and the county's service industry plays a significant role in its economy. The culture surrounding climate change discussions was another point of concern, with participants noting that some view terms like "climate change" as politically charged and feel that scientific organizations may have their own agendas.

There was a consensus on the need for consistent, accessible, and high-quality local climate and health data, with many participants calling for tools that match or exceed the level of data available at the state and national levels. They also emphasized the Health Department's responsibility to educate the community about climate change prevention and mitigation, and to use climate-related challenges as an opportunity to reach out to those who are still unsure.

Ultimately, both groups expressed optimism about Summit County's resilience. They viewed climate change as an opportunity for community-building, infrastructural improvements, innovation, and the development of comprehensive health information systems that empower community members to advocate for their needs.

Social and Community Context

The social and community context domain of the SDOH refers to the relationships and social environments in which people live, work, and interact. Social connections, community support, and experiences of discrimination or adversity can significantly influence health outcomes, well-being, and overall quality of life.

Key Factors in Social and Community Context:

- **Social Support Networks** – Strong relationships with family, friends, and community members provide emotional, financial, and practical support, reducing stress and promoting mental and physical well-being.
- **Community Engagement and Cohesion** – A sense of belonging and participation in community activities fosters social connectedness, enhances mental health, and encourages healthier behaviors. Supportive communities can also promote advocacy for better public health policies.
- **Discrimination and Social Inequality** – Experiences of racism, sexism, and other forms of discrimination contribute to chronic stress, mental health challenges, and reduced access to opportunities for economic and educational advancement.
- **Workplace and School Environments** – Positive, inclusive environments at work and school contribute to mental and emotional well-being. In contrast, experiences of discrimination, harassment, or lack of support can negatively impact health.
- **Involvement with the Criminal Justice System** – Individuals and families affected by incarceration face significant health and economic challenges, including limited employment opportunities, mental health impacts, and barriers to healthcare access.

Improving Social and Community Context:
Efforts to strengthen social and community support include promoting inclusive policies, reducing discrimination, improving workplace and school environments, expanding access to mental health services, and fostering strong community networks. Addressing these factors helps build resilient, supportive communities that enhance individual and collective health outcomes.
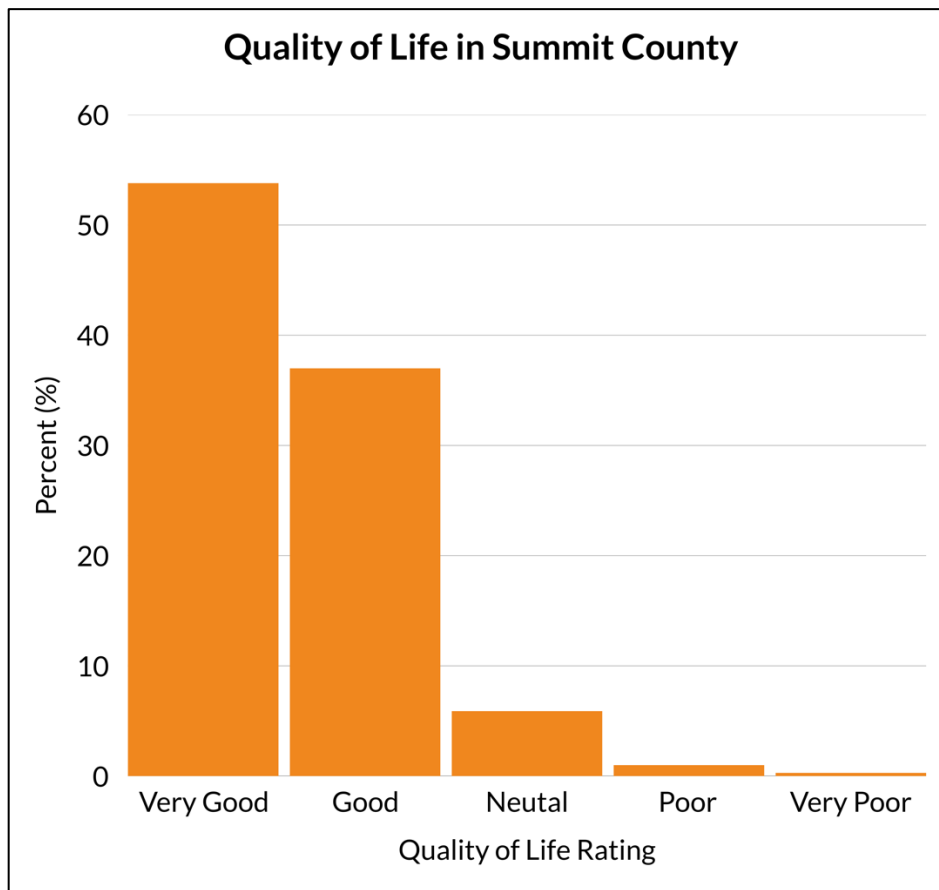
Figure 24. Quality of Life

The quality of life in Summit County is "very good" according to 53.8% of respondents, with 37% saying it is "good" (only 5.9% of respondents rated their quality of life as "neutral", 1% "poor" and 0.3% as "very poor") (Figure 24). Overall, the top factor that people believe makes Summit County a healthy community is access to parks/trails and outdoor recreation; this was true for Park City and South Summit. North Summit ranked the top factor as a good place to raise children (Table 19). The top factor for needing improvement across all districts was affordable housing (Table 20).

61

Table 19. Ranked Factors that Make Summit County a Healthy Community

Community Factors that Make Summit County a Healthy Community				
Community Factors	**All**	**Park City**	**South Summit**	**North Summit**
Access to Parks/Trails and Outdoor Recreation	1st	1st	1st	4th
Crime Rate/Safe Neighborhoods	2nd	2nd	2nd	2nd
Clean Environment	3rd	3rd	3rd	3rd
Place to Raise Children	4th	4th	4th	1st
Access to Healthcare (e.g., Family Doctor)	5th	5th	6th	5th
Bike Paths	6th	7th	7th	8th
Access to Indoor Recreational Facilities	7th	8th	5th	13th
Transportation Options, Including Public Transit	8th	6th	10th	18th
Healthy Food Options	9th	9th	8th	9th
Affordable Healthcare	10th	12th	13th	10th
Availability of Employment	11th	13th	11th *	7th
Number of Healthcare Providers	12th	11th	14th	11th
Family Activities	13th	14th	9th	6th
Arts and Cultural Events	14th	10th	15th	16th
Affordable Housing	15th	15th	16th	17th
Elder Care Options	16th	17th	17th	15th
Road Maintenance and Safety	17th	21st	11th *	12th
Childcare	18th	16th	19th	21st *
Affordable Food Options	19th	19th	18th	14th
Services for Disabled People	20th	18th	21st	21st *
Behavioral/Mental Health/Counseling Services	21st	20th	20th	19th
Culturally Appropriate Healthcare	22nd	22nd	22nd	23rd
Drug and Alcohol Abuse Treatment Services	23rd	23rd	24th *	19th *
Drug and Alcohol Abuse Prevention Services	24th	24th	23rd	24th *
LQBTQ+ Resources	25th	25th	24th *	24th *
Indicates a tied ranking (rankings of 25 factors); Top rankings color key:		1st	2nd	3rd

Table 20. Ranked Factors that Need Improvement in Summit County

Community Factors that Need Improvement in Summit County				
Community Factors	**All**	**Park City**	**South Summit**	**North Summit**
Affordable Housing	1st	1st	1st	1st
Elder Care Options	2nd	2nd	2nd	3rd *
Affordable Food Options	3rd	4th	3rd	2nd
Childcare	4th	3rd	4th	7th
Transportation Options, Including Public Transit	5th	7th	5th	3rd *
Road Maintenance and Safety	6th	5th	6th	6th
Affordable Healthcare	7th	6th	8th	9th
Number of Healthcare Providers	8th	8th	10th *	10th
Availability of Employment	9th	12th	9th	8th
Healthy Food Options	10th	11th	10th *	11th
Access to Indoor Recreational Facilities	11th	14th	13th	3rd *
Behavioral/Mental Health/Counseling Services	12th	9th	14th	13th *
Access to Healthcare (e.g., Family Doctor)	13th	10th	12th	18th
Bike Paths	14th	21st *	7th	12th
Clean Environment	15th	13th	19th *	13th *
Family Activities	16th	15th	16th	16th
Services for Disabled People	17th	16th	17th	17th
Access to Parks/Trails and Outdoor Recreation	18th	23rd	15th	13th *
Crime Rate/Safe Neighborhoods	19th	18th *	19th *	19th
Drug and Alcohol Abuse Treatment Services	20th	17th	21st	20th *
Arts and Cultural Events	21st	21st *	18th	24th *
Drug and Alcohol Abuse Prevention Services	22nd	18th *	24th	22nd
Culturally Appropriate Healthcare	23rd	18th *	25th	24th *
Place to Raise Children	24th	25th	22nd *	20th *
LQBTQ+ Resources	25th	24th	22nd *	23rd
Indicates a tied ranking (rankings of 25 factors); Top rankings color key:		1st	2nd	3rd

The large majority (75.7%) of respondents reported that they or their family had not been discriminated against in Summit County. However, about 17% reported that they or their family had experienced discrimination, and 5% reported that they were unsure. The top reasons people felt they were discriminated against were race/ethnicity, gender, and religion (Table 21). The most reported reasons people felt they were discriminated against were race and ethnicity (6.5%), gender (4.6%), and religion (4.3%).

Table 21. CHA Survey Results - Discrimination

| CHA Survey Responses on Discrimination	
Survey Questions on Discrimination	N (%)
Have you or anyone in your family been discriminated against?	
No	1,299 (75.7%)
Yes	292 (17.0%)
Don't know	79 (4.6%)
NA/Blank	47 (2.7%)
Locations you have felt discriminated against within Summit County	
While shopping/ running errands	54 (3.1%)
In my neighborhood	53 (3.1%)
Generally "around town"	53 (3.1%)
In a faith community	33 (1.9%)
By law enforcement police	33 (1.9%)
Online	29 (1.7%)
By a government agency	27 (1.6%)
While dining at a restaurant	25 (1.5%)
I prefer not to answer	26 (1.5%)
Reasons you feel you or your family were discriminated against	
Race/ ethnicity	112 (6.5%)
Gender	79 (4.6%)
Religion	73 (4.3%)
Age	61 (3.6%)
Accent/ English proficiency	52 (3.0%)
Physical appearance	41 (2.4%)
Financial status/ ability to pay	36 (2.1%0
Other	35 (2.0%)
Cultural practices	25 (1.5%)
Weight	23 (1.3%)
Prefer not to say	22 (1.3%)
Disability	21 (1.2%)
Sexual orientation	19 (1.1%)
Health status diagnosis	14 (0.8%)

CHAPTER 5: HEALTH OUTCOMES

Leading Causes of Death

In 2023, the leading cause of death in Summit County was heart disease (91.2 deaths per 100,000 population (age-adjusted rate), 95%CI: 63.9-126.2), followed by cancer (75.3 (95%CI: 51.4-106.4)), and unintentional injuries (52.8 (95%CI: 32.0-82.2)).[62] Data is suppressed due to low counts for other causes of death in 2023. Looking at the leading causes of death over a 5-year time span, from 2019-2023 (Figure 25), the leading cause of death was heart disease (98.5 deaths per 100,000), followed by cancer (85.4), and unintentional injuries (42.9), Alzheimer's disease (23.9), suicide (18.4), stroke (17.1), chronic lower respiratory diseases (15.7), Covid-19 (12.3), chronic liver disease and cirrhosis (8.6), and diabetes mellitus (7.9).[62] These are very similar to the leading causes of death in Utah, as well as the U.S.[62,63]

Utah (age-adjusted death rate per 100,000 population): In 2023, the leading causes of death were: heart disease (151.3), cancer (117.1), unintentional injuries (47.5), Alzheimer's disease (37.1), stroke (29.1), chronic lower respiratory diseases (28.0), diabetes mellitus (22.1), suicide (20.9), nutritional deficiencies (15.0), and nephritis, nephrotic syndrome and nephrosis (12.4). From 2019-2023 (5 years) (Figure 25), the leading causes of death were: heart disease (154.1), cancer (117.8), unintentional injuries (48.8), Alzheimer's disease (39.6), Covid-19 (33.3), cerebrovascular disease (32.7), chronic lower respiratory diseases (30.3), diabetes mellitus (25.6), suicide (20.9), and nutritional deficiencies (13.6).[62]

Figure 25 shows the leading causes of death in the U.S. for 2019,[64] which are very similar to the leading causes of death in 2023 (heart disease, cancer, unintentional injury, stroke, chronic lower respiratory disease, Alzheimer disease, diabetes, kidney disease, chronic liver disease and cirrhosis, and Covid-19) except for the addition of COVID-19.[63]
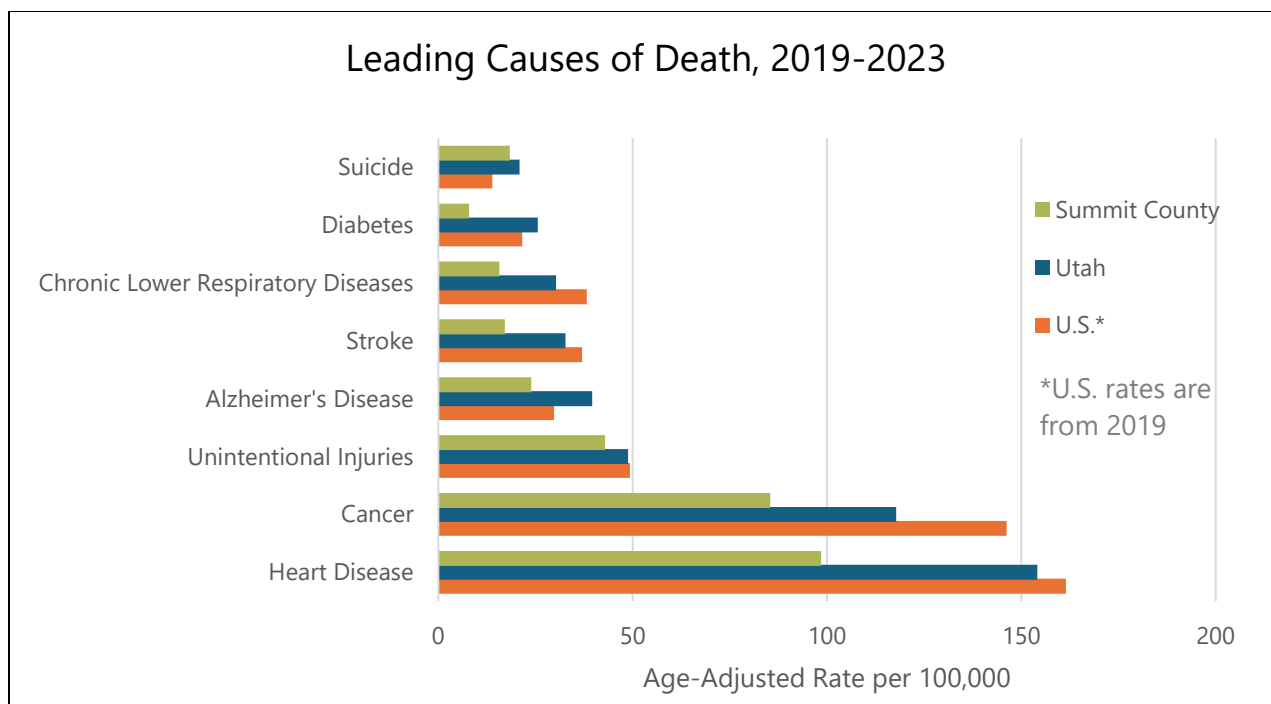
Figure 25. Leading Causes of Death, Utah and Summit County, 2019-2023

Reproductive Health & Birth Outcomes

Maternal Mortality. The loss of a woman during pregnancy, childbirth, or postpartum is a profound tragedy, impacting not only her family but society as a whole. Pregnancy-related deaths have increased over time in Utah. In 2008, there were 10.8 pregnancy-related deaths per 100,000 live births in Utah while the U.S. at this time had 15.5 deaths per 100,000 live births. The Utah maternal mortality rate exceeded the U.S. maternal mortality rate from 2015 to 2020. In 2015, Utah overtook the U.S. rate (MR= 25.6 and 17.2 respectively) and was above or at the U.S. rate until 2020. In 2022, Utah was again higher than the national average with 24 pregnancy-related deaths per 100,000 live births compared to 22.3 per 100,000 nationally.[65,66]

Preterm Births. Preterm birth, defined as birth before 37 weeks of gestation, is the leading cause of perinatal death in otherwise healthy newborns and a major contributor to long-term neurological disabilities in children. In the U.S. in 2021, 65% of infant deaths were among those born preterm (before 37 weeks).[67] Preterm infants face higher risks of long-term health issues and often require intensive care after birth. The healthcare costs and hospital stays for premature infants are significantly higher, with average hospital stays about 10 times longer than full-term infants. According to Utah inpatient hospital discharge data from 2022, the average cost for a preterm infant's hospital stay was $125,128, compared to $16,220 for all deliveries, and the average length of stay for preterm infants was 22 days, compared to just 2 days for full-term infants. In Summit County (2023), 7.7% (95%CI:6.3-9.3%) of live born infants were preterm. In Utah, the rate was 9.5% (95%CI: 9.4-9.7%), and in the U.S. it was 10.4%.[68]

66

Infant mortality. Summit County has very low infant mortality (data is suppressed, but falls within the range of 0.4 and 5.4 deaths per 1,000 live births from 2020-2023). In Utah the rate was 5.1 (95%CI: 4.8-5.4) infant deaths per 1,000 live births. In 2023, the rate of infant deaths due to perinatal conditions was 2.6, congenital malformations (1.4), medical conditions (0.6), and undetermined (0.3).[69]

Prenatal care. Women who receive early and consistent prenatal care (PNC) significantly increase their chances of having a healthy baby. Healthcare providers strongly recommend that women begin prenatal care during the first trimester of pregnancy. Of mothers in Summit County, 77.2% had prenatal care in the first trimester of pregnancy (2023). In Utah, the rate was 71.1% and 76.1% in the U.S.[70]

Senior Health

Falls. Unintentional fall hospitalization visits (2016-2022) were highest among Utah women aged 75+ (225 hospitalizations per 10,000 population) and men 75+ (141.6). In Summit County, 89.2 hospitalizations per 10,000 population due to falls occurred from 2016-2022 (State: 104.6). In Park City, the rate was 121.5, and 143.1 on the East side of Summit County.[71]

Arthritis. For several years, arthritis prevalence in Utah has been lower than the U.S. average. However, in 2019, Utah's arthritis prevalence exceeded the national average. This trend reversed in 2020, and since then, Utah has remained below the U.S. average. In 2022, the national arthritis rate was 24%, while Utah's rate was slightly lower at 23.2%. In Summit County, the prevalence of arthritis was 23%. In Park City (western Summit County), the prevalence was lower at 16%. On the Eastern side of the county, prevalence was higher at 24.6%.[72] In Utah, 46% of adults with arthritis reported limiting their usual activities due to arthritis (2021), the U.S. rate was 44%. In Utah, this was highest among females aged 35-49 (55.7%).[73]

Alzheimer's Disease and Related Dementias. Alzheimer's disease is the most common form of dementia in older adults and ranks as the 6th leading cause of death in the United States and the 4th leading cause in Utah. This disease affects the brain's ability to control memory, thought, behavior, and language. The exact causes of Alzheimer's remain unclear, and there is currently no cure. Symptoms typically develop gradually and worsen over time, eventually making daily activities challenging. Deaths due to Alzheimer's disease have been increasing in Utah since 2013 (19.3), in 2020, 42.8 per 100,000 deaths were due to Alzheimer's disease. This was much lower in Summit County, with 21.5 per 100,000 deaths due to Alzheimer's disease. The U.S. trend has been fairly steady with a slow increase over time, with Utah's rate consistently higher than the U.S. since 2013, U.S. rate in 2020: 29.8 deaths per 100,000.[74]

Chronic Diseases

Cancer

Cancer Incidence. Among Summit County residents in 2022, a total of 234 incident cancers were reported.[75] The top cancer sites included: prostate cancer (n=43), melanoma of the skin (n=33), and breast cancer (n=32).[75]

Over a 10-year period (2012-2022), after adjusting for age, the incidence rate for female breast cancer was 136.8 per 100,000 in Summit County (UT IR=117.9). Among men, the incidence of prostate cancer was 131.9 per 100,000 (UT IR=120.7), and among males and females, the incidence of melanoma was 68.8 per 100,000 (UT IR=40.8) (Figure 26).[75] Summit County had higher incidence rates of female breast cancer and male prostate cancer than the state. The incidence of melanoma in Utah from 2018-2020 was 40.8 new cases of melanoma per 100,000 people. In Summit County at this time the incidence rate was much higher with 60.7 new cases of melanoma per 100,000 people (2nd highest in Utah). When looking at overall cancer incidence rates, Summit County has had higher incidence rates than the state since 2013 (to 2022 (most recent year of data available).

Comparing 5 years of data (2018-2022), the cancer incidence in Utah was 416.6 per 100,000. Summit County's incidence rate was higher than the state rate at 453.4 per 100,000. Compared to other counties, Summit had the 4th highest cancer incidence rate in Utah.[75] Looking at overall cancer incidence rates, from 1980 to 2002 Summit County was more often lower than the state, after 2004 (to 2022), Summit County's cancer incidence rate has been higher than the state for most years (Figure 27).
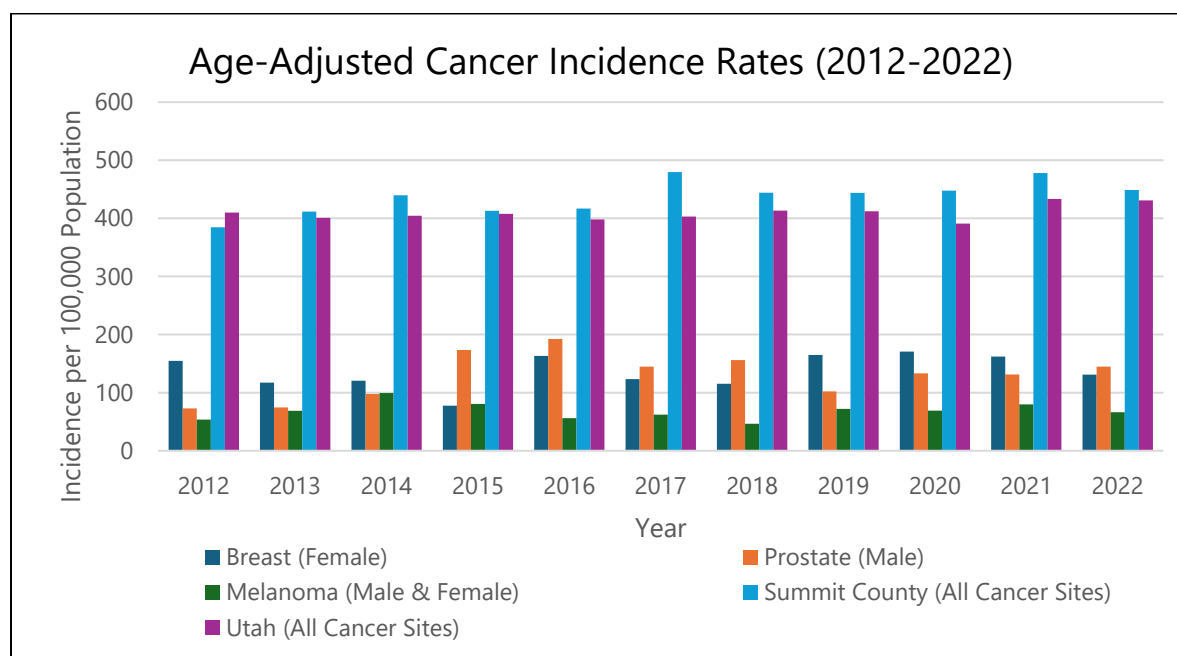
Figure 26. Summit County Cancer Incidence Rates 2012-2022, by Type
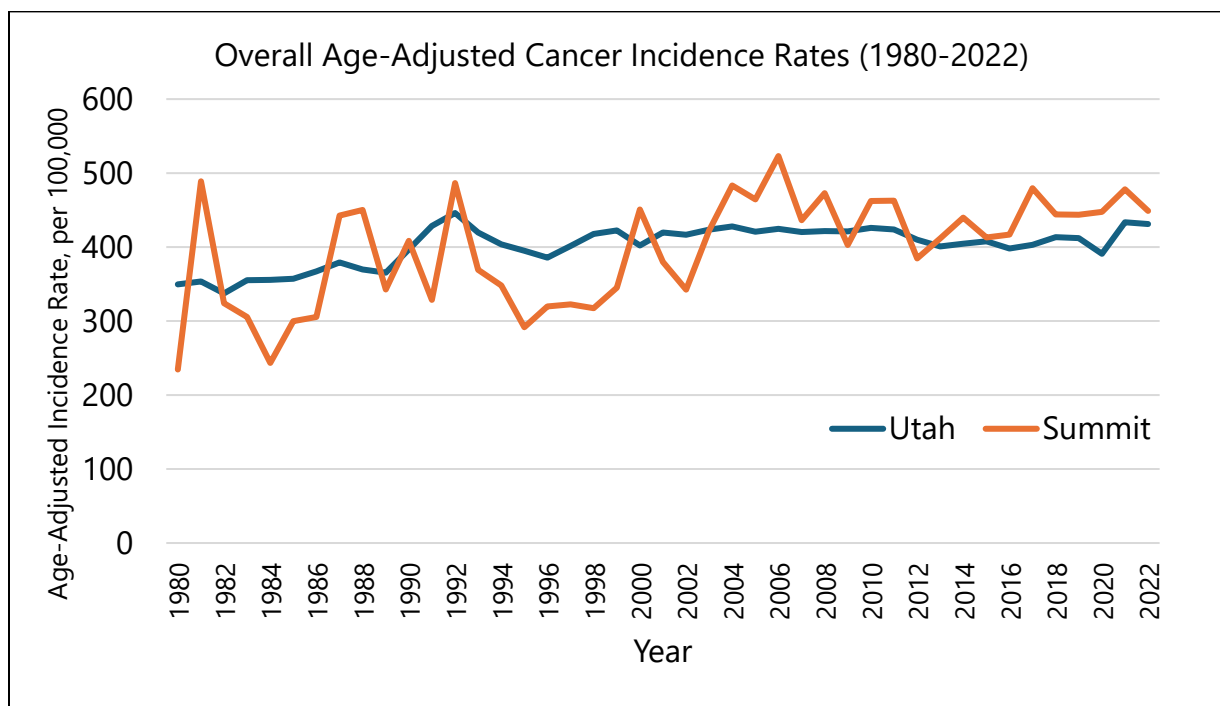
Figure 27. Utah and Summit County Cancer Incidence Rate Trends, 1980-2022

Cancer Incidence by Ethnicity. Overall cancer incidence was higher among Hispanics than non-Hispanics (499.3 per 100,000 and 453.9 per 100,000, respectively).[76] This is true when looking at incidence by sex and ethnicity. Hispanic males have the highest cancer incidence rate (IR = 538.8), followed by Hispanic females (IR=496.2), then non-Hispanic males (IR=488.4), and non-Hispanic females (IR=435.9).

Among Hispanics, breast and prostate cancers are the most common as they are among non-Hispanics, however, kidney and renal pelvis cancer is the 3rd most common incident cancer among Hispanics (IR=39.7, white NH IR=10.9) and melanoma is the 3rd most common incident cancer among non-Hispanics (IR=73.9, Hispanic incidence rate is suppressed due to low counts).

Mortality rates for liver and stomach cancers were statistically higher among Hispanics compared to White non-Hispanics (2017-2021). Whereas the mortality rates for lung cancer, pancreatic cancer, leukemia, and brain and other nervous system tumors among Hispanics were statistically lower compared to White non-Hispanics.[77]

In Utah (2017-2021), cancer incidence rates for colon and rectum, kidney, liver, ovary, stomach, cervix, intrahepatic bile duct, and other biliary cancers were statistically higher among Hispanics compared to White non-Hispanic individuals. Conversely, incidence of prostate, bladder, melanoma, and oral cavity and pharynx cancers were statistically lower among Hispanics than White non-Hispanics.[77]

69

Cancer Mortality. In Summit County, from 2012-2022, the age-adjusted mortality rate due to cancer was 93.5 deaths per 100,000 (Utah: 121.3). In Summit County, the mortality rate among women due to breast cancer was 18.5 per 100,000 (Utah: 19.9). In Summit County, the mortality rate among men due to prostate cancer was 16.0 per 100,000 (Utah: 21.1), and among men and women, the mortality rate due to malignant melanoma was just 2.7 per 100,000 (Utah: 2.9).

The mortality rates for the cancers listed above are much lower than their incidence rates, meaning that the rate of people dying from that cancer is much lower than the rate of people being diagnosed with that cancer. Overall, among cancer-related deaths in Summit County from 2012-2022, 10.6 deaths per 100,000 people (95%CI: 7.5-14.5) were due to malignant neoplasms of trachea, bronchus, and lung (12th leading cause of death, and the leading cause of cancer related death).[13] Incidence during this time for that cancer (lung & bronchus) was ranked 4th in Summit County, IR = 22.4 per 100,000 (95%CI: 15.9-30.5).[75]

Among Females in Summit County from 2012-2022, the incidence rate of breast cancer was 136.8 per 100,000, and the mortality rate 18.5 per 100,000 women died from breast cancer. Among women during that 10-year time period, breast cancer mortality had the highest mortality rate compared to other cancer types among women.[62,75]

Among males in Summit County from 2012-2022, 131.9 per 100,000 were diagnosed with prostate cancer, during that same time frame, 16.0 per 100,000 died from prostate cancer.[62,75] Among men during that 10-year time period, prostate cancer mortality had the highest mortality rate compared to other cancer types among men.[62] The mortality rate for cancers of kidney and renal pelvis was 3.7 per 100,000 (95%CI: 2.1-6.3).

Diabetes

Diabetes is a chronic condition where the body either does not produce enough insulin or cannot effectively use the insulin it makes, leading to high blood sugar levels. Over time, unmanaged diabetes can cause serious health complications, including heart disease, kidney damage, and nerve issues. Summit County has some of the lowest rates of diabetes in Utah. The 2021-2022 age-adjusted prevalence of diabetes among adults was 7.5% (95%CI: 5.1-8.4%), the overall rate for the state was 8.7% (95%CI: 8.3-9.2%). Diabetes rates in Utah and Summit County are lower than the U.S. (10.8%, 95%CI: 10.6-11.0%).[78] Diabetes prevalence varied by ethnicity in Utah, prevalence was higher among Hispanics (14.4% (95%CI: 11.8-17.4%)) than non-Hispanics (8.3% (95%CI: 7.6-9.0%)).[78]

In 2023 (most recent year) 6.7% ± 28.95 (95%CI: 3.8-11.7) of Summit County residents had diabetes (Utah = 8.1%, 95%CI: 7.5-8.7%).[79] From 2013-2023, the 10-year average age-adjusted percentage of residents in Summit County with diabetes was 5.3% (95%CI: 4.4-6.4%). Diabetes prevalence varied by ethnicity and sex (Hispanics: 10.1% (95%CI: 6.2-16.2%), non-Hispanics: 4.8% (95%CI: 3.9-5.8%); males: 6.9% (95%CI: 5.6-8.5%),

females: 3.4% (95%CI: 2.4-4.9%).[79] Prevalence was highest among men, specifically Hispanic males (15.0% vs 6.2% among non-Hispanic males), and lowest among Hispanic females (estimate suppressed)(non-Hispanic females: 3.1%).[79]

Heart Disease

Heart disease refers to a range of conditions that affect the heart, including coronary artery disease, heart attacks, and heart failure. It is a leading cause of death worldwide and often results from factors such as high blood pressure, high cholesterol, smoking, and a lack of physical activity. Heart disease has been the leading cause of death in Summit County and Utah for many years. Yet, between 2016 and 2020, Summit County ranked in the bottom 10% compared to other counties in the state.[80]

Obesity

Among adults in Summit County, 50.7% are overweight or obese (2023 age-adjusted rates). Summit County has the lowest rate in Utah, and Utah is lower than the U.S. (UT: 65.8%, U.S.: 67.4%).[81]

Stroke (Cerebrovascular disease)

In the U.S., over 140,000 people die from stroke each year. Stroke, which occurs when brain tissue dies due to blocked arteries, was the sixth leading cause of death in Utah in 2020, resulting in 916 deaths where stroke was the underlying cause. Stroke death is one of the top 10 causes of death in Summit County. When compared to the state, the age-adjusted rate of stroke in the county ranks in the bottom 10% of the state (2016-2020).[82]

Asthma

Asthma is a significant health concern with wide-ranging medical, economic, and psychosocial impacts. The burden of asthma is evident in the frequency of related medical events, such as emergency department visits, hospitalizations, and fatalities. Asthma attacks, which may lead to hospitalization, can be triggered by various factors, including exposure to environmental tobacco smoke, dust mites, cockroach allergens, mold, pets, intense physical exercise, and air pollution. Key pollutants that affect asthma include ozone (found in smog) and particulate matter (PM), which is present in haze, smoke, and dust.

Adult Asthma. The prevalence of asthma in adults in Summit County is 12.8% (95%CI: 8.2-19.5%) (2021-2022). This is slightly higher to the prevalence in Utah, which is 10.3%, and the U.S. (10%).[83] Within Summit County, Park City has a prevalence of 9.1% and 11% in Eastern Summit County.

Child Asthma. Among children 0-17 years old, about 8.2% (95%CI: 5.3-12.4%) have been diagnosed with asthma. This is slightly higher than the prevalence in Utah (6.0%, 95%CI: 5.5-6.5%) and the U.S. (6.7%, 95%CI: 6.2-7.8%).[84]

Asthma-related emergency department visits (2021-2022) were 6.6 (95%CI: 4.9-8.8) per 100,000 population in Summit County, which was lower than the state (19.1, 95%CI: 18.7-19.5) and all other counties.[85] In 2022, hospitalizations due to asthma in Utah were highest among children aged 0-4 years (IR=12.2 per 100,000, 95%CI: 10.8-13.7), and children aged 5-14 years (IR=6.8 per 100,000, 95%CI: 6.1-7.5).[86]

Unintentional Injuries.

Unintentional injuries are a leading cause of death and disability in Utah, accounting for 1,520 deaths in 2023. Additionally, thousands of nonfatal injuries are treated each year in hospitals, doctor's offices, clinics, emergency departments, homes, schools, and workplaces.

In both Summit County and Utah, deaths due to unintentional injuries are the 3rd leading cause of death.[87] In 2022, the rate in Utah was 49.7 and the rate in the U.S. was 64 per 100,000. In 2023, the rate in Summit County was 52.8 per 100,000 (from 2021-2023, 16 unintentional injury deaths were due to a fall, and 11 due to poisoning).[88] Eastern Summit County had a higher rate of unintentional injury death than Park City (73.6 vs 33.4) (age-adjusted rate per 100,000 population, 2021-2023).

Across the state, in 2023, the majority of unintentional injuries were poisoning (18.6), followed by falls (13.2), motor vehicle/traffic accidents (8.3), suffocation (1.8), and drownings (1.2).[89] Over the past 20 years, these trends in causes have shifted, with motor vehicle accidents being the main cause from 2003 to 2008. In 2009, poisoning became the leading cause of unintentional injury death in Utah.[89]

Mental/Behavioral Health

Suicide

In Summit County from 2019-2023, 43 deaths due to suicide were reported. Over half of these deaths (n=25) were due to death by firearm.[88]

Suicide is defined as death caused by self-directed injurious behavior with intent to die as a result of the behavior. A suicide attempt is a non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury. Suicidal ideation refers to thinking about, considering, or planning suicide.

In the U.S:
- As of 2022, suicide was the eleventh leading cause of death overall in the United States, claiming the lives of over 49,476 people (14.2 per 100,00).[90–92]
- As of 2023, suicide is the 2nd leading cause of death in the 1 – 44 years age group.
- There were two times as many suicides (49,476) (14.2 per 100,000) in the United States as there were homicides (24,849) (7.5 per 100,000).

From 2021 to 2023, the age-adjusted suicide rate in Utah was 20.93 per 100,000 persons, with an average of 685 suicides per year. This is higher than the U.S. rate which is 20.9 suicide deaths per 100,000. In Summit County, the suicide death rate is 17.5 per 100,000.

In 2023, suicide was the second leading cause of death for Utahns ages 10 to 17, 18-24, and 25 to 44. It was the fifth leading cause of death for ages 45-64. Overall, suicide was the ninth leading cause of death for Utahns.

Suicide deaths are only part of the problem. More people are hospitalized or treated in emergency rooms for suicide attempts than are fatally injured. In 2022, 14 Utahns were treated for self-inflicted injuries every day (3,816 treat-and-release emergency department visits plus 1,311 total hospitalizations).

According to the 2023 Youth Risk Behavior Survey, in the 12 months preceding the survey, Utah high school students reported the following: 37% felt sad or hopeless, 22.9% seriously considered attempting suicide, 18.5% made a suicide plan, 9% attempted suicide one or more times, and 3.2% had a suicide attempt that required medical attention. The 2023 Utah SHARP survey found that 15% of students surveyed in Summit County reported considering attempting suicide in the past 12 months (state: 17.6%), 11.2% planned attempting suicide (state: 13.2%), 6.3% had attempted suicide (state: 7.3%), and 19.3% reported engaging in any self-harm (state: 19.8%).[93]

The 2023 Prevention Needs Assessment data indicate that overall, 27% of Utah students in grades 8, 10, and 12 reported experiencing serious mental illness. Students were also asked social isolation questions and reported the following: 14.2% felt moderately socially isolated and 9.2% felt severely socially isolated. Additionally, 7.3% reported having attempted suicide in the past year and 18.9% reported having seriously considered attempting suicide in the past year.

All suicide attempts should be taken seriously. Suicide attempt survivors are often seriously injured, are likely to have depression and/or another mental health disorder and are at an increased risk for suicide. Suicidal behavior is a serious and complex public health issue that takes an enormous toll on communities with both economical and human costs.

Depression

Depression (also called major depressive disorder or clinical depression) can cause severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. It is an illness that can affect anyone—regardless of age, race, income, culture, or education. Research suggests that genetic, biological, environmental, and psychological factors play a role in depression.

Depression is one of the most common mental health disorders in the United States. Symptoms range from mild to severe and can disrupt a person's ability to carry out everyday activities. It is linked to increased health care costs and other health conditions like heart disease and diabetes. It is also a risk factor for suicidal thoughts and behaviors. The prevalence of a depressive disorder in the U.S. is 21.4%.[94]

In Utah, the prevalence of a depressive disorder is:
- 26.1% for adults overall
- 32% for 18-24 years
- 29.7% for 25-34 years
- 25.7% for 35-44 years
- 21.7% for 45-54 years
- 22.1% for 55-64 years
- 19.2% for 65-74 years
- 13% for 75-84 years
- 9% for 85+ years
- SHARP survey results for 2023 – depression in the last year[95]
  - 36.7% for 12th graders
  - 34.6% 10th for graders
  - 31.2% for 8th graders
  - 26.9% for 6th graders
  - All: 32.3%

In Summit County, the prevalence of a depressive disorder is:
- 17.7% for adults overall
- 20.5% for 35-49 years
- 10.7% for 50-64 years
- 19.1% for 65+ years
- SHARP survey results for 2023 – depression in the last year[95]
  - 26.3% for 12th graders
  - 34.0% 10th for graders
  - 28.4% for 8th graders
 - 21.9% for 6th graders
  - All: 27.8% depression in past year

Drug Overdoses

In the U.S. the age-adjusted rate of drug overdose deaths was 32.6 deaths per 100,000 people in 2022.[96] The rate of drug overdose deaths has nearly quadrupled over 20 years (8.2 in 2002). From 2021 to 2022 the rate remained stable, as no significant changes were observed (32.4 to 34.6), however the rate of deaths from overdose increased 1.1% among males and decreased 1% among females (Figure 28).
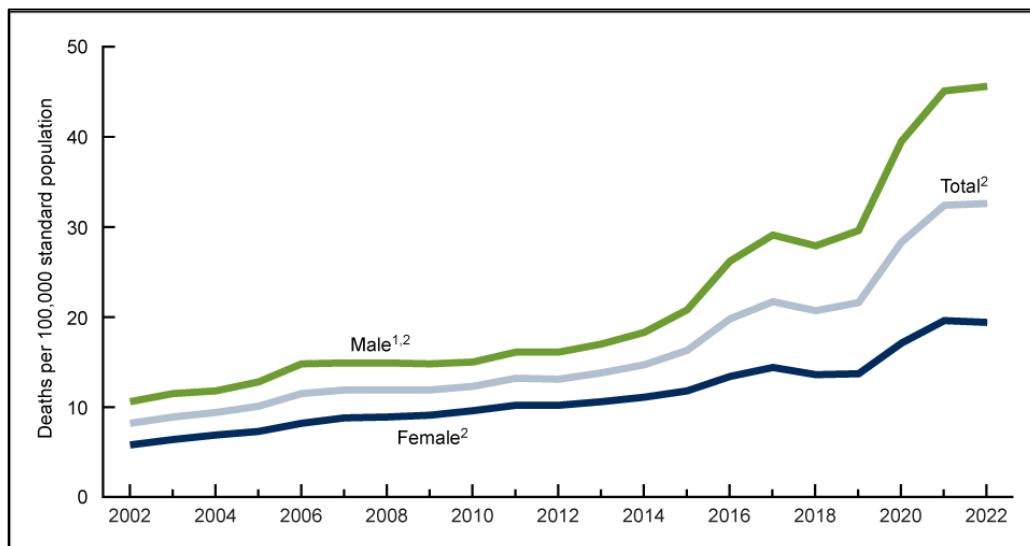
Figure 28. Age-adjusted Rate of Drug Overdose Deaths, by Sex: U.S., 2002-2022

The age-adjusted rate of drug overdose deaths in Utah is lower than the U.S. rate (Figure 29), however, it has only been lower than the U.S. since 2019.[97] In 2023, there were 606 deaths due to drug overdose in Utah, 48% were due to a fentanyl-related overdose.[98]
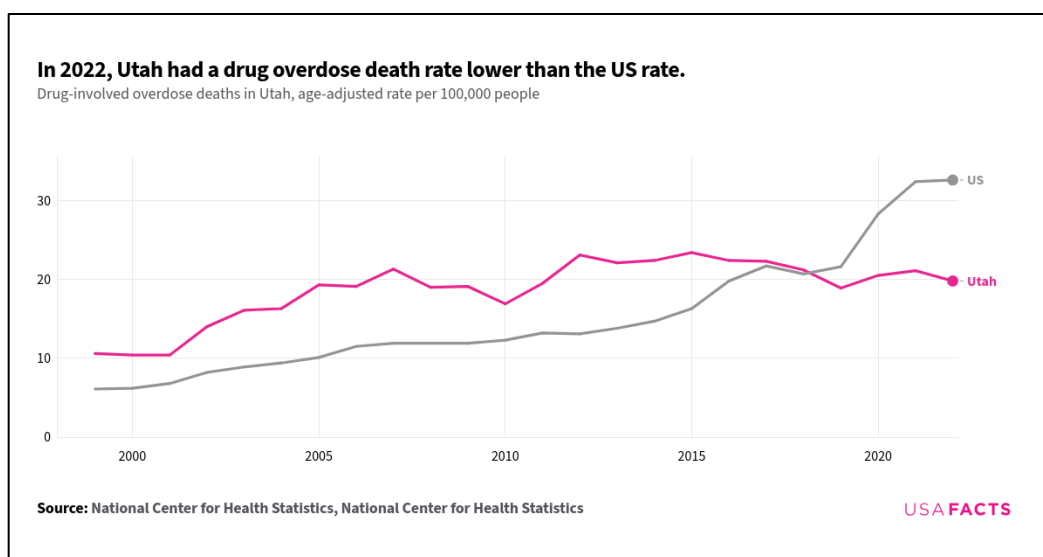
Figure 29. Overdose Death Rate, Utah and U.S., 1999-2022[97]

In Summit County, there have been 62 suspected drug overdoses in 2024, with an incidence rate of 143 per 100,000 people, which is lower than the Utah rate of 272 per 100,000. Since 2021, there have been 7 confirmed opioid overdoses in Summit County, with none reported in 2024. In total (since 2021), there have been 11 confirmed and 19 suspected drug overdoses in the county. While confirmed opioid overdoses statewide have shown a downward trend from 2021 to 2025, suspected drug overdoses from 2022 to 2025 appear to be on the rise.

2024 Summit County Behavioral Health Survey Report

For more information on mental and behavioral health, please refer to the 2024 Community Engagement & Behavioral Health Survey Report for Summit County. This report, conducted biennially, includes a comprehensive community survey. Due to its frequency and the representative population it captures, the Summit County Health Department (SCHD) Community Health Assessment (CHA) survey included only a limited number of questions on mental and behavioral health.

Infectious Diseases

Sexually Transmitted Infections

Chlamydia

Chlamydia is the most common sexually transmitted infection (STI) in the United States. The majority of people who have chlamydia do not exhibit any symptoms. Untreated chlamydia in women can cause pelvic inflammatory disease (PID) that can lead to infertility or ectopic pregnancy. There has been a steady increase in cases of Chlamydia over the past 30 years, both within the U.S. and Utah. The incidence of chlamydia in Utah for 2022 was 328.7 cases per 100,000 people, which was lower than the U.S. (IR=495.0 per 100,000). Summit County ranked 2nd in Utah for the highest rate of chlamydia cases in 2022 at 323.1 cases per 100,000 people (Figure 30).[99]

Most of the chlamydia cases in Utah were women between the ages of 20-24 years with a rate of 1,988.0 cases per 100,000 people, followed by women between the ages of 15-19 years (IR=1354.0 per 100,000), and 25-29 years (IR=996.8 per 100,000).[99] This is also true for cases in the U.S. (Figure 31).[38] The CDC recommends all sexually active women under the age of 25 test for chlamydia at least once a year. It is also recommended that every sexually active individual get tested annually, with every new sexual partner, or, for people with a high volume of sexual partners, get tested on a regular schedule (i.e. every 3 or 6 months).[100] The Summit County Health Department (SCHD) offers low-cost chlamydia testing at all clinic locations as well as free treatment.

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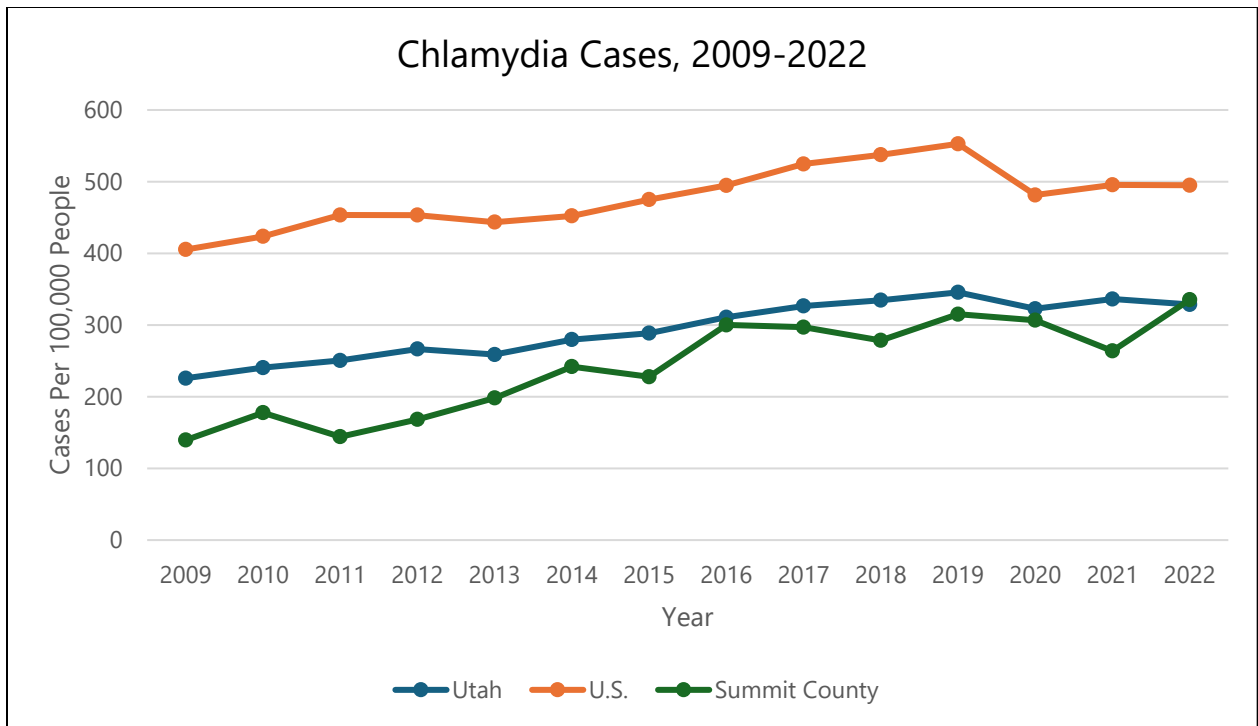
**Figure 30.** Summit County Chlamydia Cases, 2009-2022
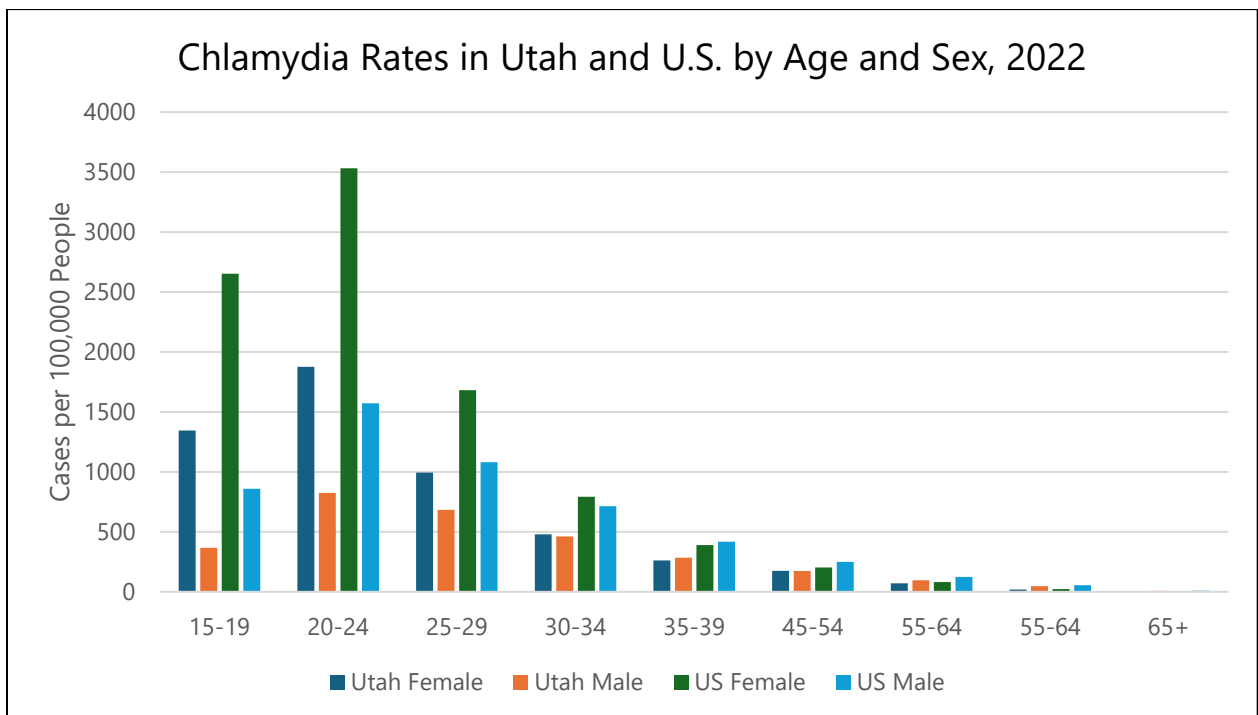
**Figure 31.** Chlamydia Rates by Age and Sex, 2022 [101]

77

Gonorrhea is the second most common STI in the U.S.. Most cases of gonorrhea in women are without symptoms, and untreated gonorrhea infections can cause pelvic inflammatory disease that then can lead to infertility or ectopic pregnancy.[102] Men typically have symptoms with a urethral gonorrhea infection, so they are more likely to seek out testing and treatment.[102] The CDC recommends similar screening guidelines for gonorrhea as they do chlamydia. SCHD offers low-cost testing and free treatment for gonorrhea infections.

Gonorrhea case rates in Summit County and Utah have been significantly lower than the rest of the U.S. over the past 15 years (Figure 32), however Utah is following the U.S. trend with increasing rates starting in the 2010s and continuing to steadily climb.[103] 2022 saw a decline in case rates for both Utah at 91.2 cases per 100,000 people and the U.S. at 194.4, but they are still higher than cases observed between 1992 and 2020.
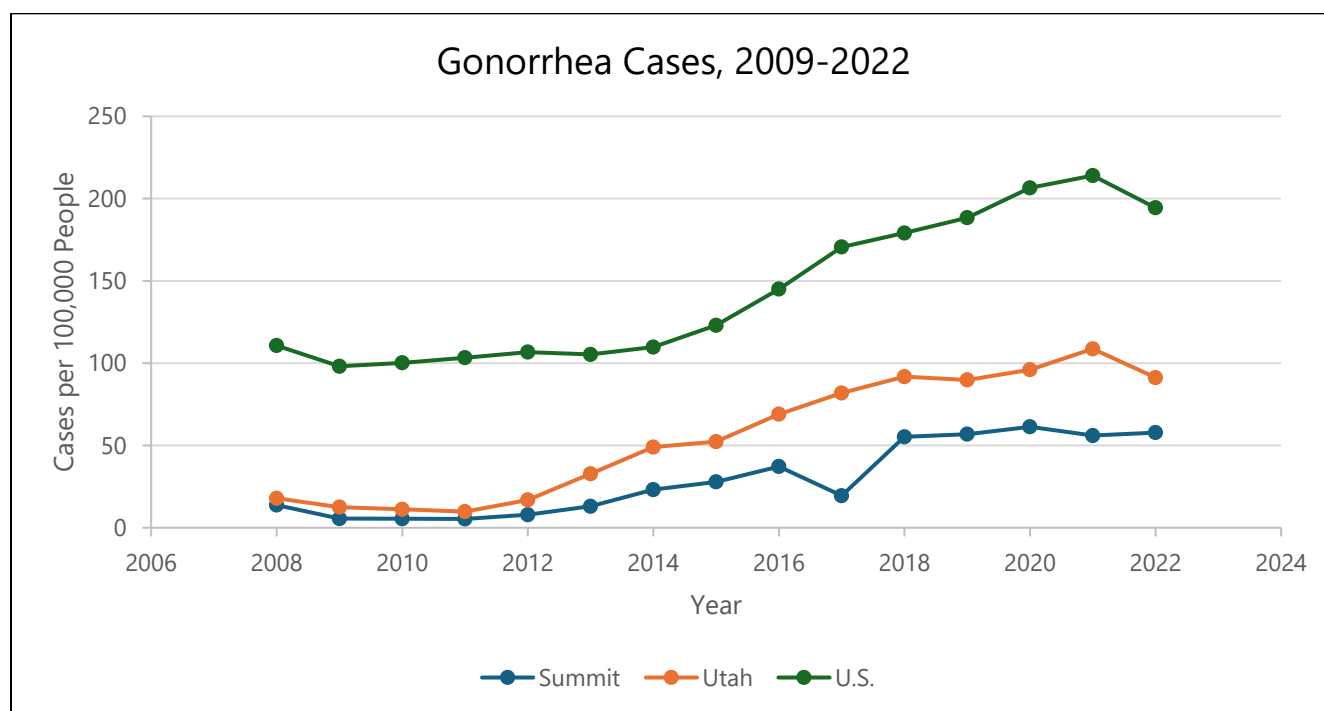
Figure 32. Summit County Gonorrhea Cases, 2009-2022

The majority of gonorrhea cases in Utah were found in men between the ages of 25-29 at a rate of 370.1 cases per 100,000 people, followed by men between the ages of 30-34 and 20-24 at rates of 309.1 and 305.2 respectively (Figure 33). Rates in women were highest for ages 20-24 at a rate of 233.0 cases per 100,000 people, followed by ages 25-29 (152.2) and 15-19 (132.9). These groups were all lower than the top 3 men age ranges. Summit County had a rate of 50.4 cases of gonorrhea per 100,000 people in 2022. Utah's overall rate was 91.2 and the U.S. rate was 194.4 (Figure 33).[103]
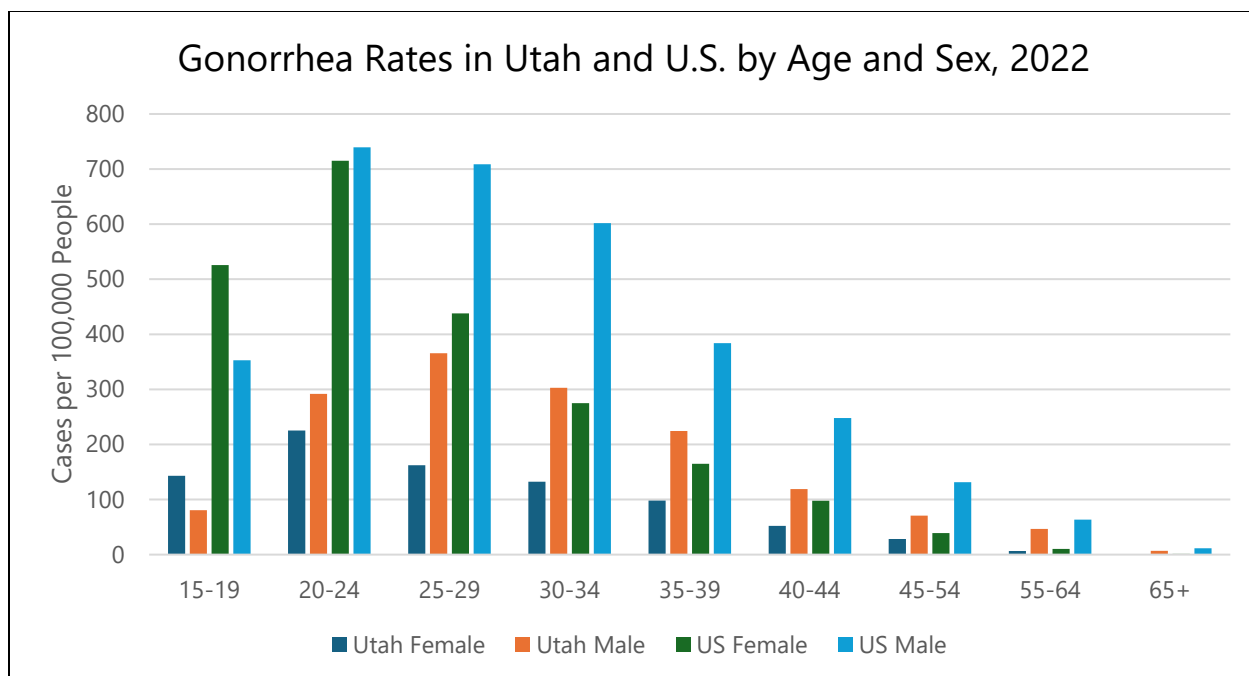
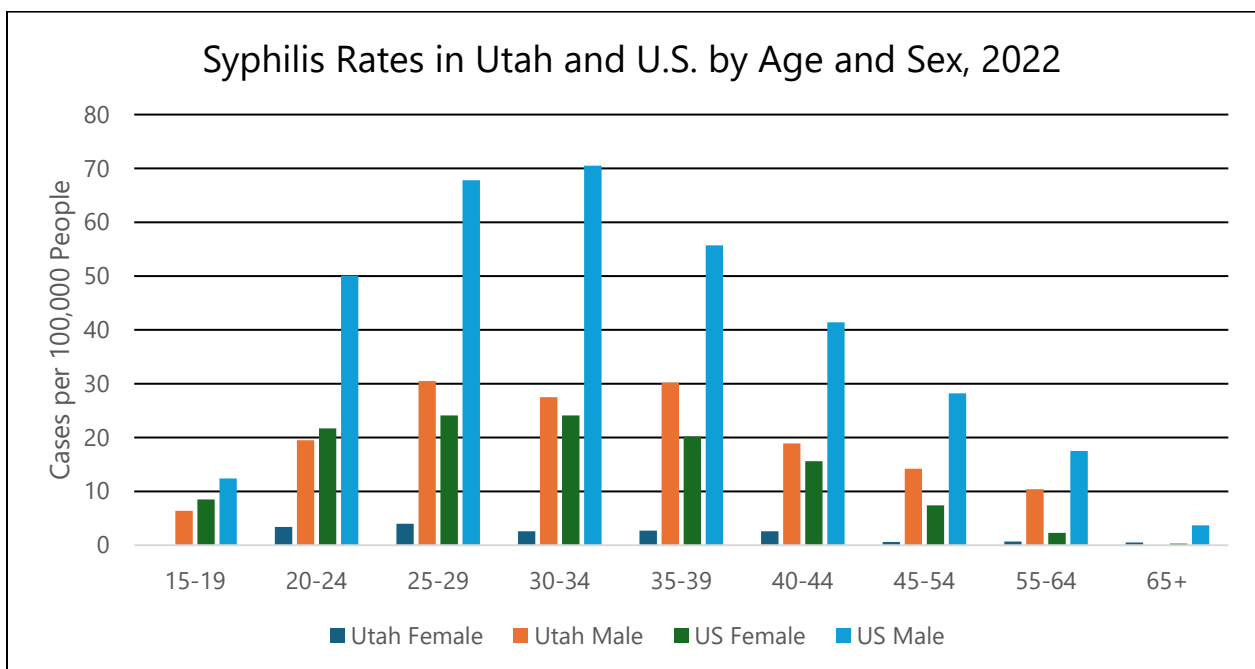**Figure 33.** Gonorrhea Cases by Age and Sex, 2022

Syphilis

Syphilis is a STI that can cause extensive health issues when left untreated and does not always exhibit obvious symptoms to prompt someone to get tested. As it is especially dangerous in people who are pregnant, where it can pass to the fetus and cause miscarriage or fetal abnormalities, testing is common at multiple points in the pregnancy. General screening guidelines recommend people who are men who have sex with men, have sex for money or drugs, have been incarcerated, or are men younger than 29, to test annually. Screening can be done more frequently (i.e. every 3 or 6 months) for individuals with higher risk factors (i.e. have multiple sex partners). SCHD offers low-cost syphilis testing and free treatment.[104]

Syphilis in Utah was almost non-existent in the 1990s. Since the new millennium, rates have been increasing both in Utah and the U.S. overall, with a significant jump seen in 2021 and the highest rate of the past 28 years seen in 2022, with the U.S. at 17.7 cases per 100,000 people and Utah at a rate of 7 cases per 100,000 people.[105] Despite this increasing trend, Utah and Summit County remain well below the national rate (Figure 34).
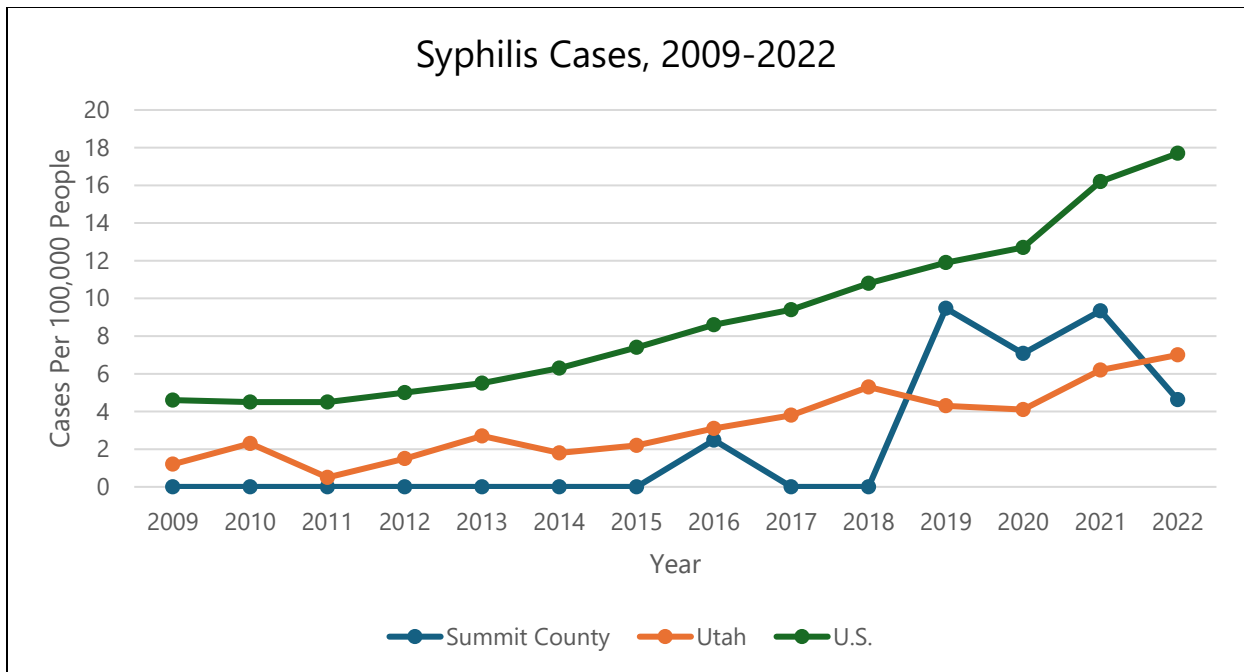
Figure 34. Summit County Syphilis Cases, 2009-2022 [105]

Within Utah, Summit County sits in the middle of the counties for case rate at 4.6 cases per 100,000 people in 2022. Most syphilis cases are seen in men between the ages of 25-29 at a rate of 31.2 cases per 100,000 people, followed by men between the ages of 35-39 (27.7) and 30-34 (27.5). The rates of syphilis cases in women are lower in every age range. The highest rate in women is between the ages 25-29 at a rate of 4.0 cases per 100,000 people (Figure 35).[101]
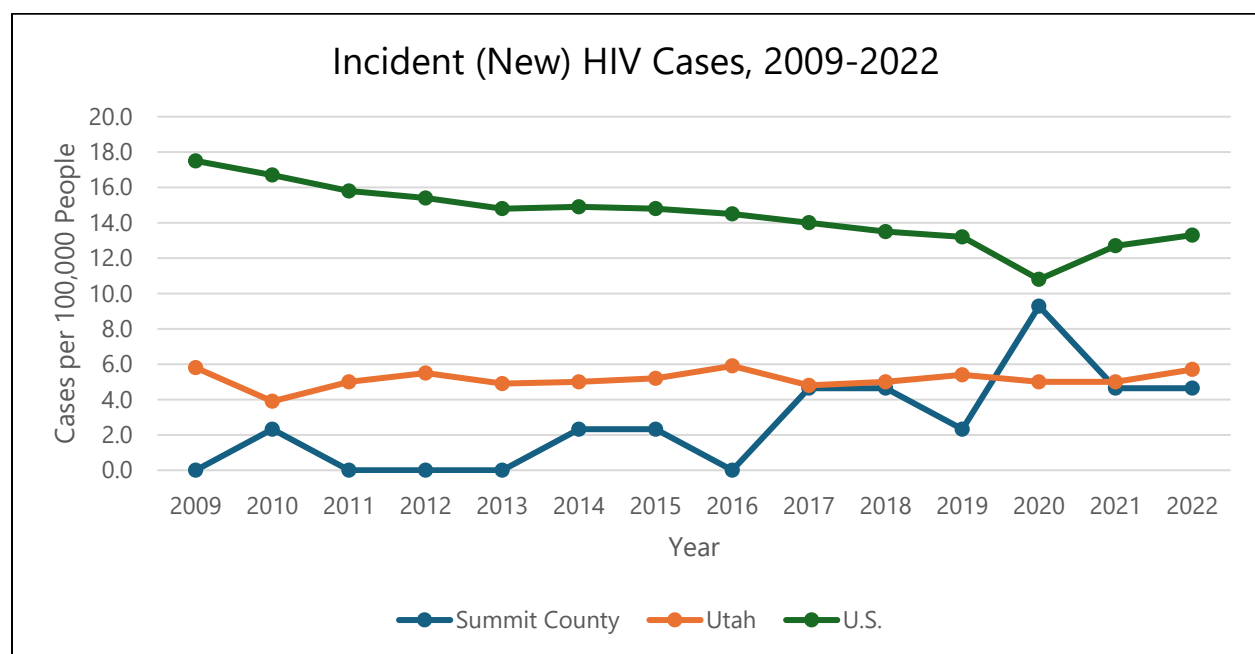

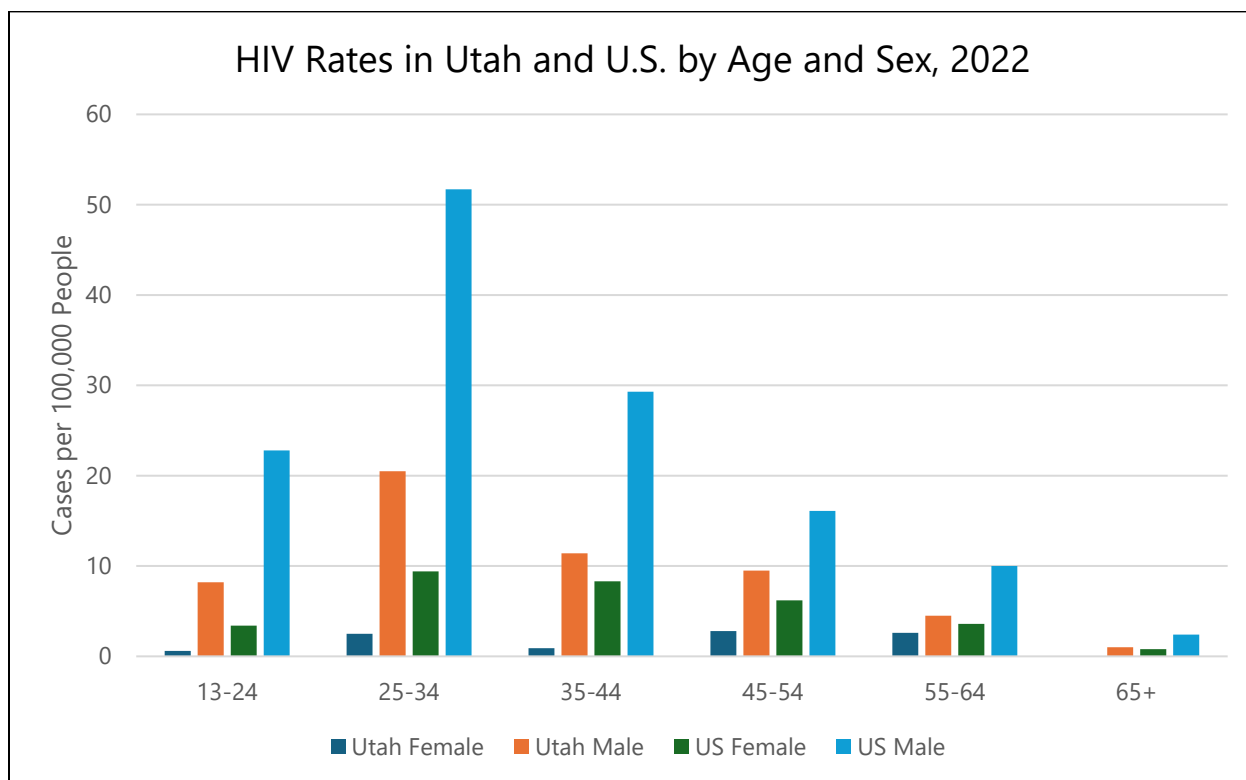**Figure 35.** Syphilis Cases by Age and Sex, 2022

80

HIV is a virus that can be transmitted sexually or through contact with blood. It is recommended that anyone between the ages of 15-65 test for HIV at least once in their lifetime, and that all sexually active people test for HIV whenever they test for other STIs.[106] Medications to prevent HIV infection are available to anyone and can be prescribed by any healthcare provider who is licensed to write prescriptions. These medications, called Pre-Exposure Prophylaxis (PrEP), can reduce the chance of getting HIV by 99%.[107] SCHD offers low-cost rapid HIV testing, with results given within 20 minutes, and can provide resources on PrEP and HIV treatment.

Utah has maintained a low rate of new HIV infections each year, with approximately 4 new cases per 100,000 people per year. The U.S. overall has seen a slow decrease in new cases each year. Despite the Utah rate remaining steady, it is still significantly lower than the U.S. rate (9.2 per 100,000 in 2021) (Figure 36).[108] Summit County has maintained a low number of incident (new) cases of HIV, with a small increase in 2020. The CDC does warn that HIV diagnoses data for the year 2020, which coincided with the onset of the COVID-19 pandemic, should be interpreted with caution due to the impact of the pandemic on access to HIV testing.[108]

According to the Utah Department of Health and Human Services HIV/STD Prevention and Surveillance Program, the rate of people living in Summit County with HIV/AIDS (prevalent cases) is 61.3 cases per 100,000 people in 2020.[109] Utah's average was 88.6 cases per 100,000. The majority of all cases in Utah are men, with men above the age of 60 having the highest rate at 715.7 people per 100,000 (Figure 37). There is a steep, progressive decline in the rate with each younger age range.[109]


Figure 36. Incident HIV Cases, 2009-2022[108]

Figure 37. HIV Cases by Age and Sex, 2022[109]

Immunization Coverage

## Early childhood immunizations

In Summit County, of children aged 24 to 35 months, 73.8% of children have completed the combined 7 series and are up to date on required vaccines (2024).[110] Vaccination rates have been declining over time in Utah and the U.S. (as well as Region 8 (CO, MT, ND, SD, UT, WY)). (Figure 39, Figure 40,Figure 40).
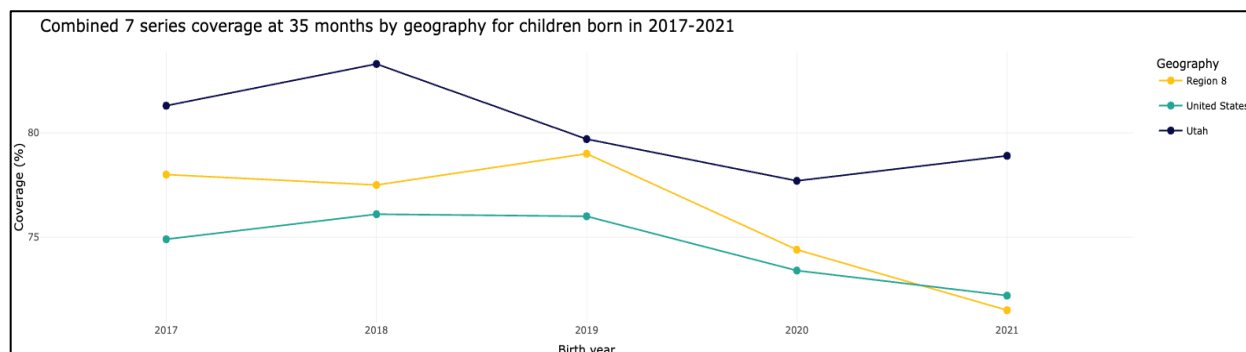
Figure 38. Childhood Vaccination Coverage by Geography

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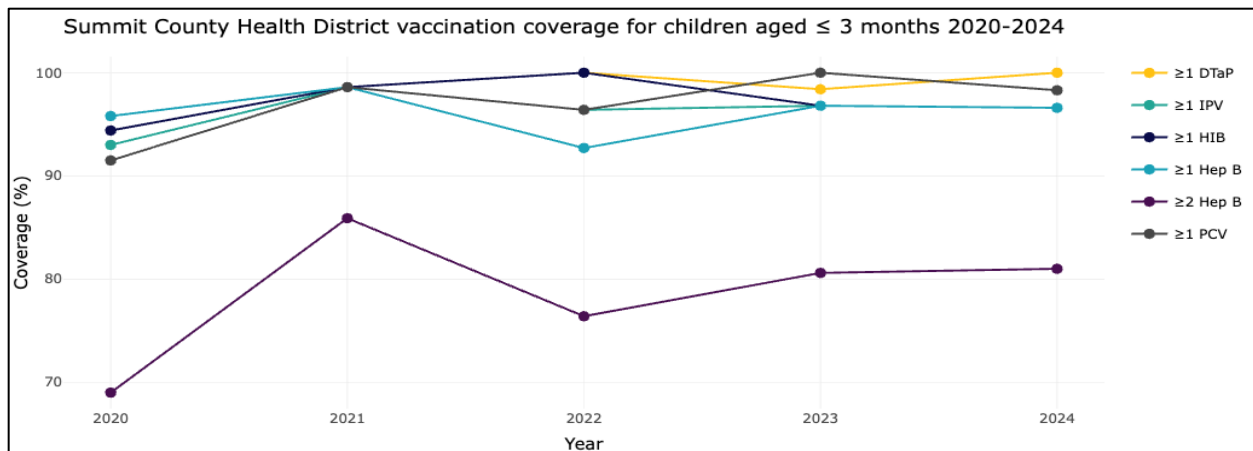
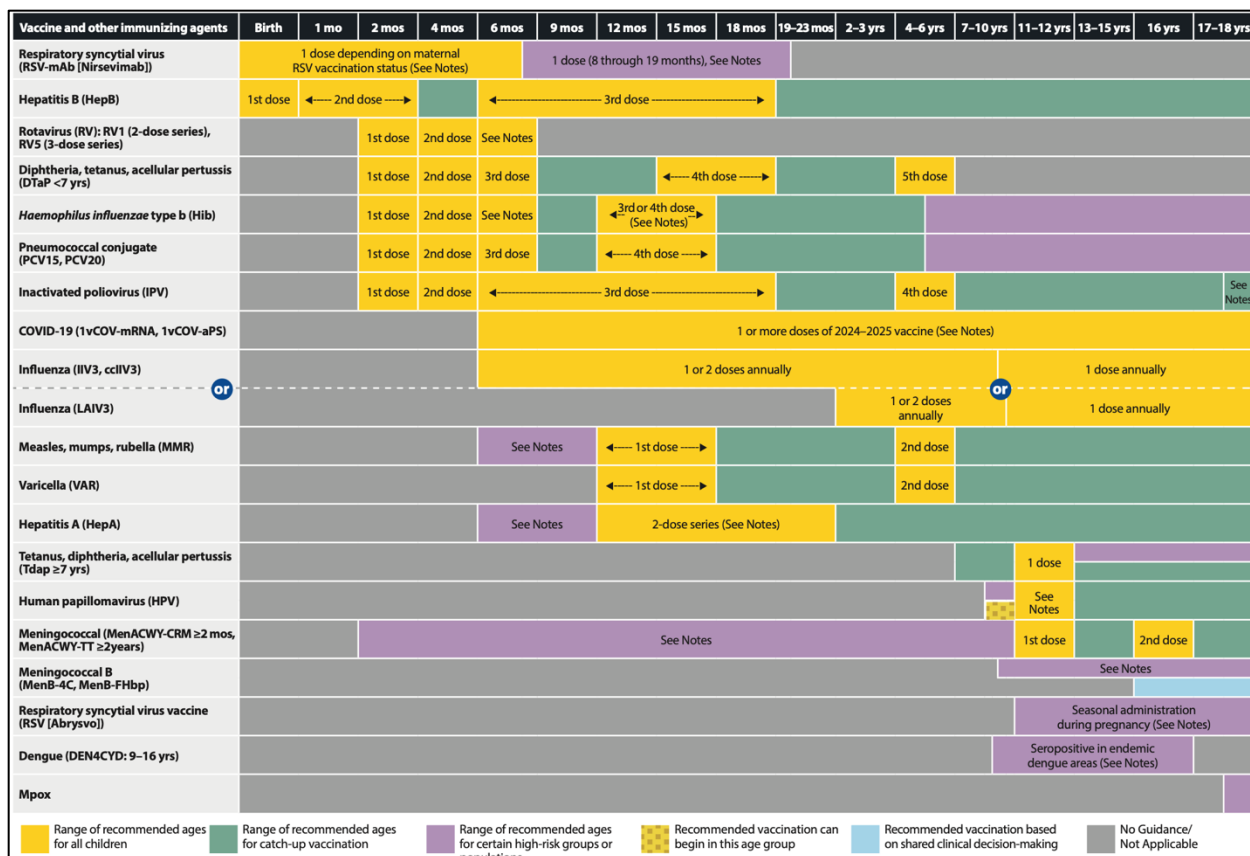**Figure 39.** Summit County Vaccination Coverage for Children ≤3 months, 2020-2024
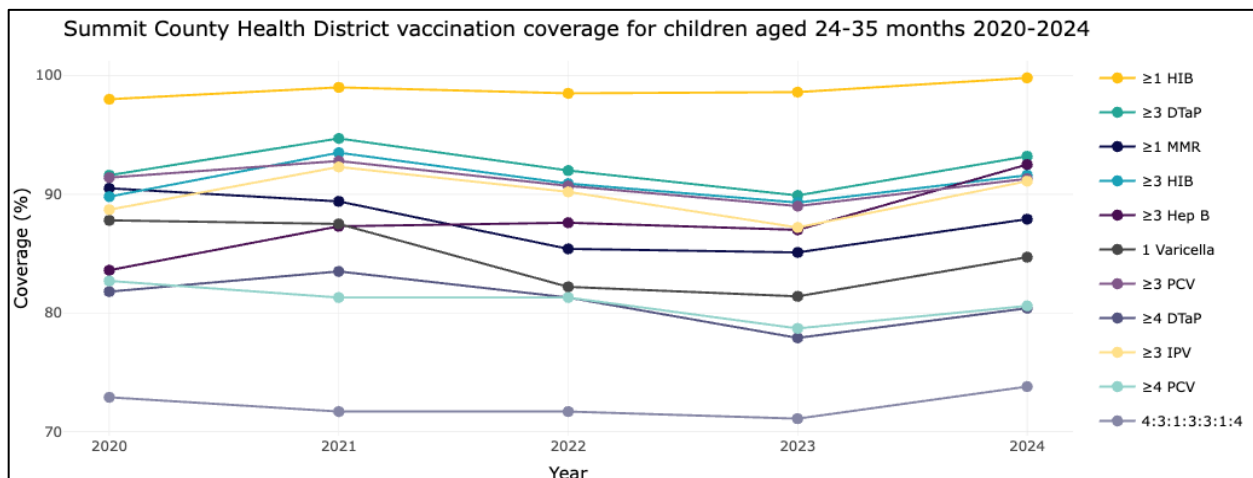
Figure 40. Summit County Vaccination Coverage for Children 24-35 months, 2020-2024

Table 22. Childhood Vaccine Abbreviations

| Abbreviation	Vaccine
DTaP	Diphtheria, tetanus, and pertussis (DTaP) vaccination
IPV	Inactivated Poliovirus
HIB	Haemophilus influenza type b
Hep B	Hepatitis B
PCV	Pneumococcal conjugate
MenACWY	Meningococcal
MMR	Measles, mumps, rubella
VAR	Varicella (chickenpox)
4:3:1:3:3:1:4	Combined 7 vaccine series (4:3:1:3:3:1:4) or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status (See Notes)					1 dose (8 through 19 months), See Notes											
Hepatitis B (HepB)	1st dose	←— 2nd dose —→			←——————————— 3rd dose ———————————→												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose			←— 4th dose —→				5th dose					
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		3rd or 4th dose (See Notes)										
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose		←— 4th dose —→										
Inactivated poliovirus (IPV)			1st dose	2nd dose	←——————————— 3rd dose ———————————→							4th dose					See Notes
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of 2024–2025 vaccine (See Notes)												
Influenza (IIV3, ccIIV3)					1 or 2 doses annually								1 dose annually				
Influenza (LAIV3)											1 or 2 doses annually		1 dose annually				
Measles, mumps, rubella (MMR)						See Notes	←— 1st dose —→					2nd dose					
Varicella (VAR)							←— 1st dose —→					2nd dose					
Hepatitis A (HepA)						See Notes	2-dose series (See Notes)										
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)														1 dose			
Human papillomavirus (HPV)														See Notes			
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)			See Notes											1st dose		2nd dose	
Meningococcal B (MenB-4C, MenB-FHbp)															See Notes		
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy (See Notes)			
Dengue (DEN4CYD: 9–16 yrs)														Seropositive in endemic dengue areas (See Notes)			
Mpox																	

Legend: Range of recommended ages for all children · Range of recommended ages for catch-up vaccination · Range of recommended ages for certain high-risk groups or populations · Recommended vaccination can begin in this age group · Recommended vaccination based on shared clinical decision-making · No Guidance/Not Applicable

Figure 41. Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, U.S., 2025[111]

Immunization Survey Results

The Community Health Assessment (CHA) survey results showed that 95.5% (n=1321) of people said that they had received their childhood shots/vaccinations, and overall, 80.5% said that their household members have received their childhood shots/vaccinations. Of individuals who had received their childhood shots, 97% said their household also had their childhood shots.

The majority (44.6%) of respondents said that they were not at all concerned about childhood vaccinations, and 39% (n=664) reported being either somewhat or very concerned. Of those concerned, 57% were most concerned about others not being vaccinated and spreading disease (population concern), and 9% were concerned about all the misinformation out there making it difficult for people to understand the facts regarding vaccinations. On the other side, about 21% of people were concerned about safety issues, and 3% were concerned about vaccinations being mandated (personal freedom concerns). Categorized concerns were similar across all 3 geographic regions in Summit County (Figure 42).
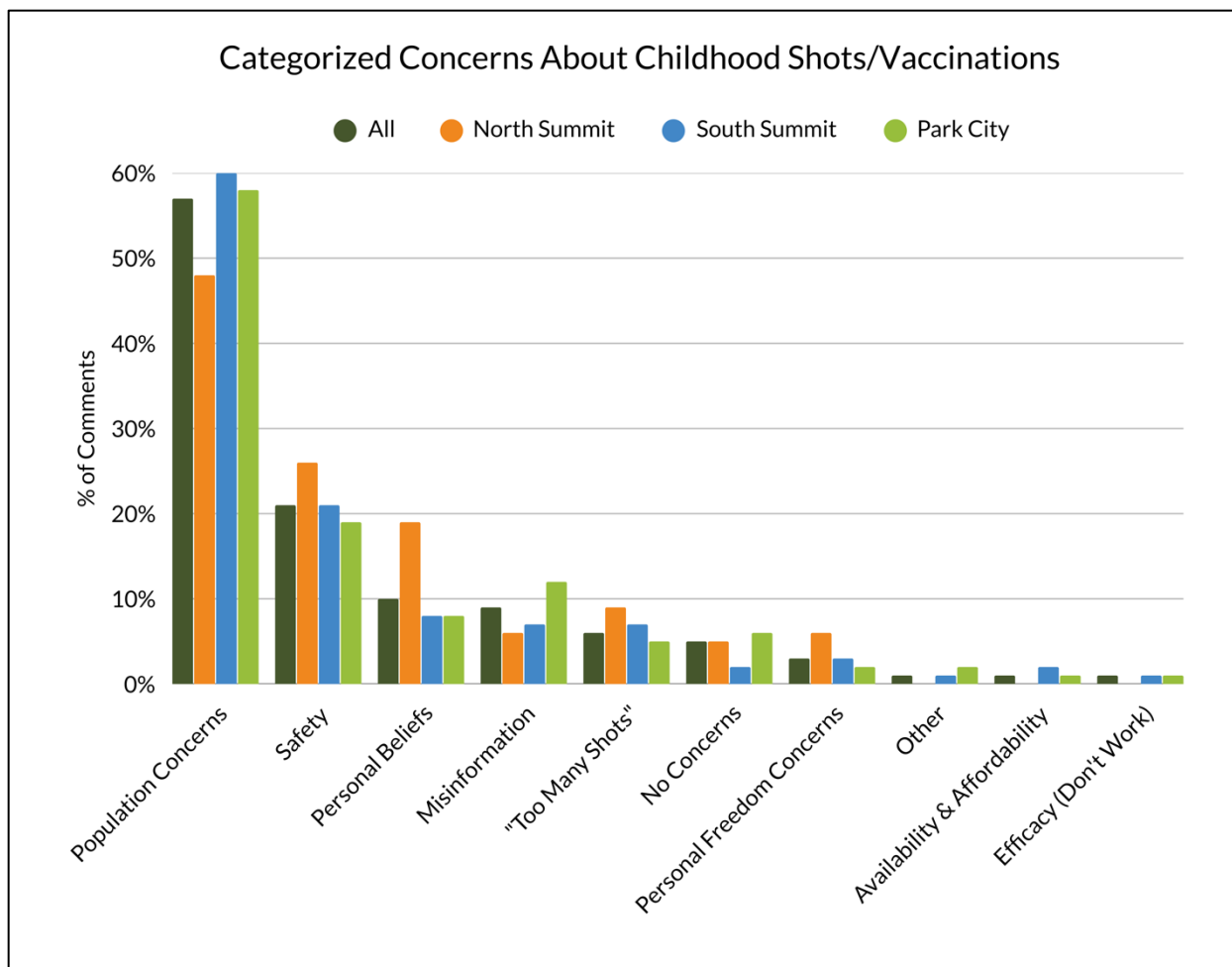
Figure 42. CHA Survey Results - Categorized Concerns About Childhood Shots/Vaccinations

School Vaccine Exemptions

In Summit County, during the 2023/2024 school year, 9.7% of kindergarteners exempted (very similar to "pre-covid" of 2019/2020 with 9.9% exempted). Kindergartens in Summit County ranged from 3.4% exempt to 15.9% exempt, where middle schools (7th grade) in Summit County ranged from 7.1% to 11.8% exempt. Compared to other local health districts, Summit is in the middle of the pack (range: 5% - 15.6%).[110] Of kindergarten exemptions in Utah last year (2023/2024) 84.9% were due to personal reasons, 13% due to religious reasons, and 2.1% due to medical reasons. The majority of students with exemptions were enrolled in online school (51.2%), 12% in charter schools, 7.9% in private schools, and 7% in district schools.

Teen Vaccines

In Summit County, 39% of teens aged 12-17 years (2024) are up to date for HPV vaccines (males and females), 41.2% of females are up to date, and 36.8% of males. These are higher rates than the state, (33% total, 34.5% females, 31.7% males). Individuals need 3 doses of HPV to be up to date, 55.1% of females in Summit have 1 or more doses, 52.6% of males have 1+.

Seasonal Immunizations

In Summit, the rate of seasonal influenza immunizations among children (≤18) has been declining since 2021 (38.8%) with the lowest coverage in 2024 (27% reporting they had a flu shot last flu season). This same trend is seen among adults 19+, with the decline starting in 2020 (33.2%) to the lowest in 2024 (22.1%). *Data only shown for 2020-2024. This is also seen across Utah, 2020: 32.2% children, 28.5% adults, down to 2024: 20.7% children, 19.4% of adults. Trend similar across all age groups.

Senior Health

Mental Health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. It is crucial to personal, community, and socio-economic development.[112]

At older ages, mental health is shaped not only by physical and social environments but also by the cumulative impacts of earlier life experiences and specific stressors related to aging. Exposure to adversity, significant loss in intrinsic capacity and a decline in functional ability can all result in psychological distress. Older adults are more likely to experience adverse events such as bereavement, or a drop in income or reduced sense of purpose with retirement. Despite their many contributions to society, many older adults are subject to ageism, which can seriously affect people's mental health.[113]

Social isolation and loneliness, which affect about a quarter of older people, are key risk factors for mental health conditions in later life. So too is abuse of older people, which includes any kind of physical, verbal, psychological, sexual, or financial abuse, as well as neglect.[114] One in six older adults experience abuse, often by their own care givers. Abuse of older adults has serious consequences and can lead to depression and anxiety. In Summit County, 16.7% of those aged 65+ years reported three (3) or more days of poor mental health within the past month (2024) and 18.4% of those aged 65+ years felt that they could not get mental health services they needed.[115]

Dementia

Dementia is not a single disease. It's an overall term to describe a collection of symptoms that one may experience if one is living with a variety of diseases, including Alzheimer's disease. Diseases grouped under the general term "dementia" are caused by abnormal brain changes. Dementia symptoms trigger a decline in thinking skills, also known as cognitive abilities, severe enough to impair daily life and independent function. They also affect behavior, feelings and relationships.[116]

Alzheimer's disease accounts for 60%-80% of cases. Vascular dementia, which occurs because of microscopic bleeding and blood vessel blockage in the brain, is the second most common cause of dementia. Those who experience the brain changes of multiple types of dementia simultaneously have mixed dementia. There are many other conditions that can cause symptoms of cognitive impairment but that aren't dementia, including some that are reversible, such as thyroid problems and vitamin deficiencies.

Dementia is often incorrectly referred to as "senility" or "senile dementia," which reflects the formerly widespread but incorrect belief that serious mental decline is a normal part of aging. Dementia rates are often underreported, as it is an umbrella term for cognitive decline. In Summit County, 11.3% of those aged 65+ have some form of confusion or memory loss.[74]

Alzheimer's Disease

Alzheimer's is the most common cause of dementia, a general term for memory loss and other cognitive abilities serious enough to interfere with daily life. Alzheimer's disease accounts for 60-80% of dementia cases.

Alzheimer's is not a normal part of aging. The greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. Alzheimer's disease is considered to be younger-onset Alzheimer's if it affects a person under 65. Younger-onset can also be referred to as early-onset Alzheimer's. People with younger-onset Alzheimer's can be in the early, middle, or late stage of the disease.[117]

Alzheimer's is a progressive disease, where dementia symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and respond to their environment. On average, a person with Alzheimer's lives four to eight years after diagnosis but can live as long as 20 years, depending on other factors. In Utah, 10% or 38,300 people have been diagnosed with Alzheimer's Disease (2020). In Summit County, 8.2% or 500 people have been diagnosed with Alzheimer's Disease and 21.5 people per 100,000 died from Alzheimer's Disease.[74,118]

Medicare

Summit County has 8,130 individuals on Medicare. Of which, 14% are receiving home health services. About 9% of Summit's Medicare beneficiaries have medical devices that are dependent on electricity (including cardiac devices, ventilators, etc.).[119]

Health Behaviors

Physical Activity

Regular physical activity, which involves any movement that engages muscles or joints and requires more energy than resting, offers a wide range of health benefits. Aerobic exercise, such as brisk walking, running, cycling, swimming, and dancing increases heart rate and breathing, improving endurance, circulation, and lung function. Strength training, including weightlifting and resistance band exercises, builds muscle strength and power, helping individuals maintain independence and perform daily tasks like climbing stairs or carrying groceries. Flexibility exercises stretch muscles, ligaments, and tendons to improve movement range and reduce injury risk, while balance exercises, like standing on one foot or practicing Tai Chi, enhance stability and reflexes to prevent falls and joint injuries. Additionally, bone-strengthening activities, which involve weight-bearing exercises, help strengthen bones over time, promoting overall physical health.

Summit County offers a wealth of physical activity options, from trails and parks to fitness centers and recreational groups. The area's mountains provide opportunities for hiking and biking in the warmer months and skiing during the winter. Despite these abundant opportunities, a significant portion of the population remains physically inactive. In Summit County, 10.8% of adults report being inactive, with higher inactivity rates among certain age groups: 15.6% of adults aged 18-34, 8.7% of adults aged 35-49, and 13.7% of adults aged 65 and older. Among adolescents, the rates of inactivity are also concerning: 11.5% of 9th graders, 12.8% of 10th graders, 15.3% of 11th graders, and 11.0% of 12th graders.

Alcohol Use

Excessive alcohol use encompasses four drinking patterns that can have serious health consequences: binge drinking, heavy drinking, underage drinking, and drinking during pregnancy. Binge drinking is defined as consuming four or more drinks for women or five or more drinks for men on a single occasion. Heavy drinking refers to having eight or more drinks for women or 15 or more drinks for men within one week. Underage drinking involves any alcohol consumption by individuals under 21, while drinking during pregnancy refers to any alcohol use at any point during pregnancy. In contrast, moderate alcohol use is defined as no more than two drinks per day for men and one drink per day for women.

For health guidelines, one standard drink is considered 12 ounces of beer (5% alcohol), 8 ounces of malt liquor (7% alcohol), 5 ounces of wine (12% alcohol), or 1.5 ounces of liquor or distilled spirits (80-proof). Common examples of liquor include brandy, gin, rum, tequila, vodka, and whiskey. Nationally, 6.9% of adults report engaging in heavy drinking, and 17.0% report binge drinking within the past 30 days. In Utah, 32.8% of adults have had at least one alcoholic drink in the past 30 days, with 5.0% reporting heavy drinking and 11.9% engaging in binge drinking. In Summit County, 66% of adults report drinking at least once in the past 30 days, 7.7% engage in heavy drinking, and 19.6% report binge drinking.[93,120]

Youth Alcohol Use. According to the SHARP survey, students reported alcohol use in the past 30 days. 6th graders report usage at 0.4%, 8th-grade students report usage at 6.7%, 10th graders report usage at 11.2%, and 12th graders report usage at 38.7%. Alcohol use across all grades is reported at 14%, while the state usage reported is at 3.4% past 30-day use.

Tobacco Use

Tobacco products encompass multiple varieties of products, including cigarettes, cigarette tobacco, roll-your-own tobacco, smokeless tobacco, electronic cigarettes, cigars, hookahs, pipe tobacco, nicotine gels, and dissolvable products. Vapes, vaporizers, vape pens, hookah pens, e-cigarettes or e-cigs, and e-pipes are some of the many terms used to describe Electronic Nicotine Delivery Systems (ENDS), which are battery-powered tobacco products that typically deliver nicotine in the form of an aerosol. Cigars include premium cigars, little filtered cigars, and cigarillos.

As of February 2025, 39 states, 3 territories, and the District of Columbia all the medical use of marijuana (including Utah in 2018). Based on data from the National Survey on Drug Use and Health (NSDUH), Utahans use marijuana at a much lower rate than the U.S., however, medical use of marijuana has been increasing in Utah since 2018. Most of this use is among those 18 and older as youth rates have been decreasing.[121]
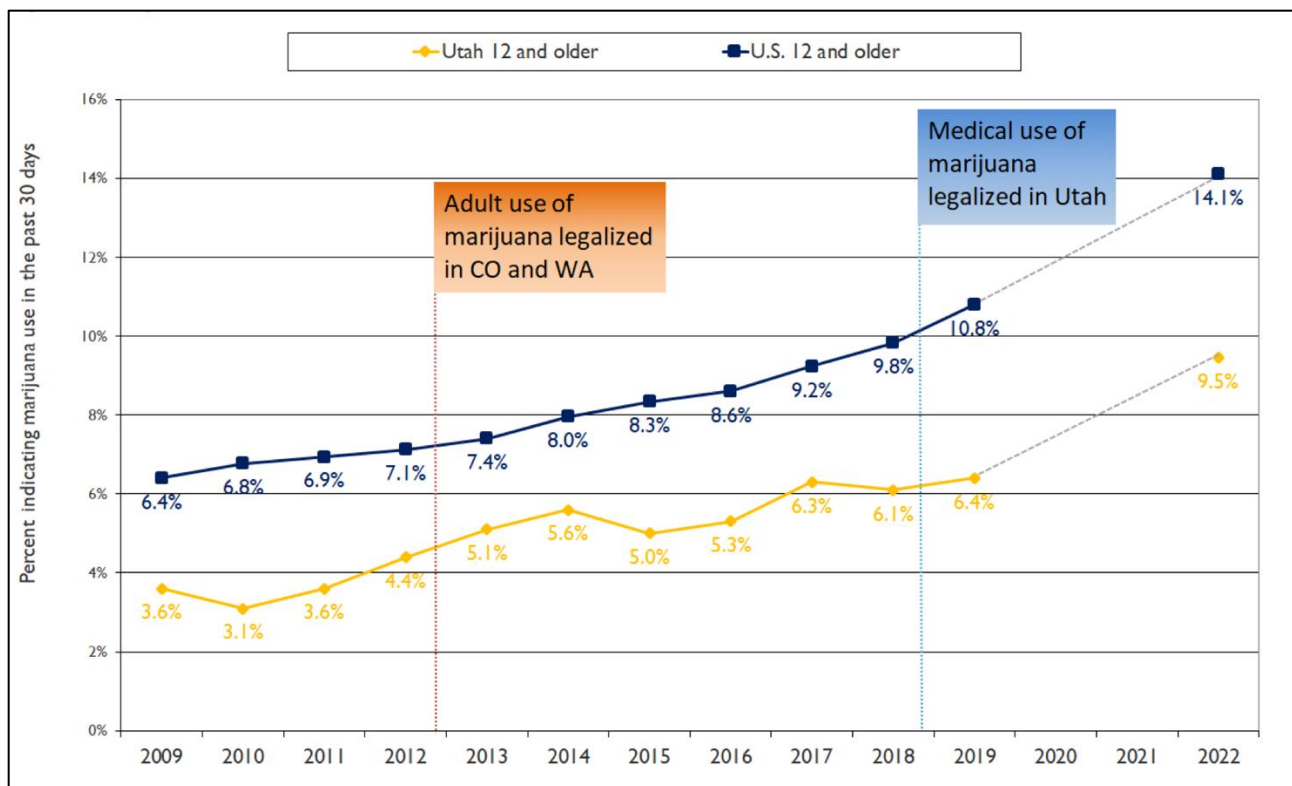
Figure 43. Past 30-day Marijuana Use Trends Ages 12 and Older: Utah vs. U.S., 2009-2022[121]
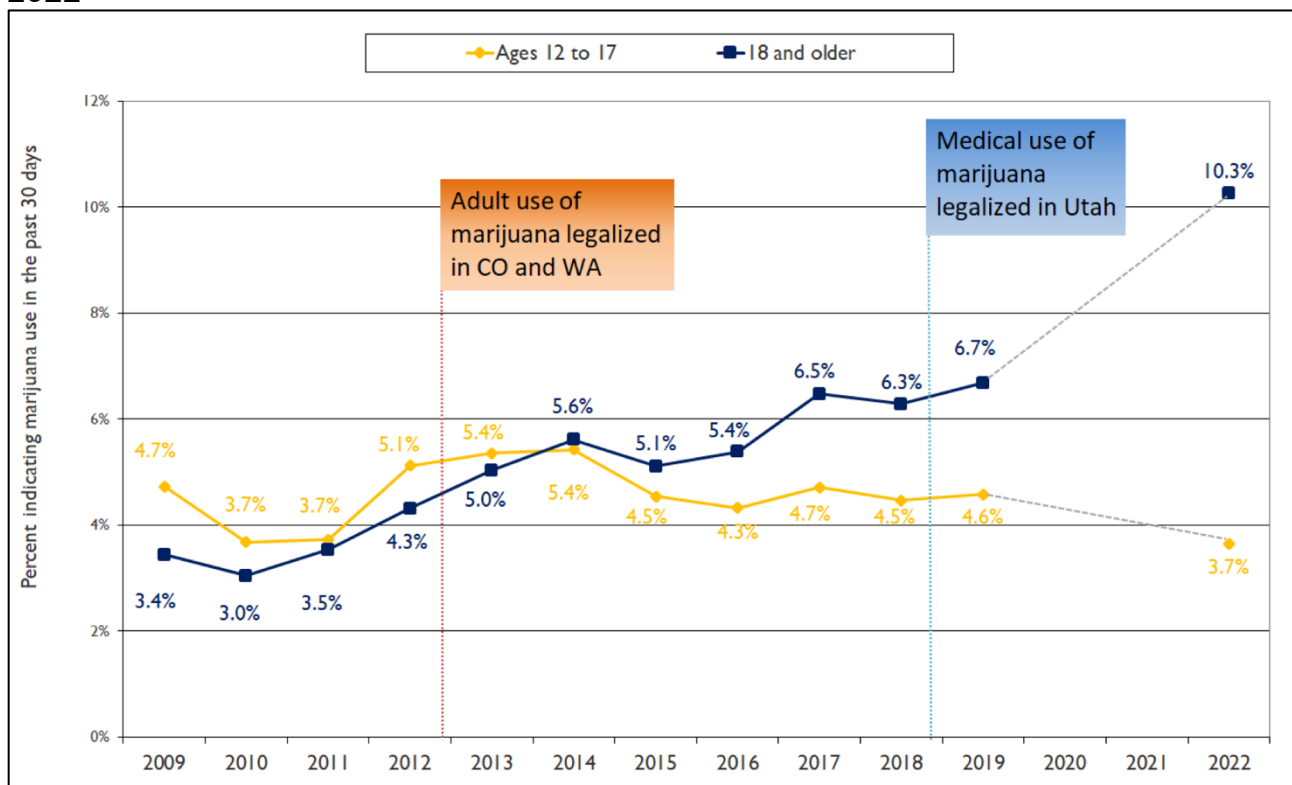
Figure 44. Utah Past 30-day Marijuana Use Trends by Age, 2009-2022[121]

In Utah:
- 7.1% adults currently smoke cigarettes[122]
- 6.5% of adults currently smoke e-cigarettes
- 1.1% of adolescents currently smoke cigarettes[123]
- 10.4% of 8th graders have tried an e-cigarette and 5.0% currently use e-cigarettes
- 15.2% of 10th graders have tried an e-cigarette and 7.3% currently use e-cigarettes
- 19.9% of 12th graders have tried an e-cigarette and 10.3% currently use e-cigarettes

In Summit County:
- 6.3% of adults currently smoke cigarettes[122]
- 7.43% of adults currently smoke e-cigarettes
- 5.8% of adolescents overall have used an e-cigarette once or more in last 30 days[123]
  - 8.8% of 9th graders have used an e-cigarette once or more in last 30 days
  - 4.2% of 10th graders have used an e-cigarette once or more in last 30 days
  - 5.8% of 11th graders have used an e-cigarette once or more in last 30 days

Youth Tobacco and Marijuana Use. When looking at the past 30-day data for "vaping products" 6th, 8th, and 10th grades are less than 1% above or below the state rate of use and trending down from 2019 to 2023. However, 12th graders report a 12.1% rate of use which is 2 times the usage reported by 10th graders and 4.3% above the state reporting usage for 12th grade. In overall marijuana use from 6th to 8th grade, we see a 5% increase in use, and from 10th to 12th grade a 20% increase in reported use on the past 30-day scale. Marijuana vaping is a new question in 2023; in the past 30-day use, there is an increase from 6th at 0.3% to 10th grade at 4.8% with 12th reported use going to 17.3%.[95]

CHAPTER 6: CONCLUSION

In summary, we have undertaken a comprehensive and data-driven approach to assess the health needs of Summit County by analyzing both primary and secondary data sources. This Community Health Assessment (CHA) provides a clear understanding of the current health landscape and highlights areas that require attention, enabling informed decision-making that is rooted in evidence.

Through this CHA, we empower the community to make strategic, evidence-based decisions that promote sustainable improvements in health. These efforts strengthen public health policies and play a critical role in building a more resilient and responsive health infrastructure. By conducting a thorough and well-executed CHA, we ensure that interventions are directed toward the most urgent health issues, fostering long-term community well-being. Summit County is well-positioned to respond to the health disparities and needs identified in this assessment. The community is incredibly strong, with a wealth of community assets (Table 25) and a broad range of programs and services provided by the Summit County Health Department (Table 26). These strengths create a solid foundation for coordinated, equity-focused efforts that support the health and well-being of all residents.

The findings from this assessment will guide the development of the Community Health Improvement Plan (CHIP). The Summit County Health Department is committed to ensuring that the CHIP aligns with our vision that *Summit County is a community where people can live a positive, healthy lifestyle through public health efforts focused on awareness, education, and preparedness.* Our focus remains on raising awareness, providing education, and ensuring preparedness to improve the health and well-being of our residents for years to come.

Community partners and stakeholders can reference this report and the accompanying dashboard to identify and address priority health concerns over the next five years. Together, we can make Summit County a healthier community for all.

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Appendix

Table 23. Terms, Abbreviations, and Definitions

Terms & Abbreviations Definitions	
Term (Abbreviation)	**Definition**
AADT/m (Average Annual Daily Traffic per mile)	AADT/m measures the average number of vehicles traveling on a specific road segment per day, normalized by the length of the segment in miles, providing a traffic density metric.
Age-adjusted rate	An age-adjusted rate is a statistical method used to account for the age **distribution** of a population when comparing rates (such as mortality or disease rates) between different populations. This ensures that comparisons are not biased by differences in age structure.
BMI (Body Mass Index)	BMI is a measure used to assess whether a person has a healthy body weight for a given height. It is calculated by dividing a person's weight in kilograms by their height in meters squared (kg/m^2).
CDC (Centers for Disease Control and Prevention)	A U.S. federal agency that works to protect public health by providing guidance, research, and implementing health programs to prevent and control diseases, injuries, and disabilities.
CHA (Community Health Assessment)	A Community Health Assessment (CHA) is a process that evaluates the health needs and issues of a community, identifies key health indicators, and helps in planning for health interventions and improvements. It is a collaborative effort typically led by public health departments.
CHIP (Community Health Improvement Plan)	A Community Health Improvement Plan (CHIP) is a strategic plan developed based on the findings from a CHA. It outlines actions and strategies to address the identified health issues and improve the overall health of the community.
DEQ (Department of Environmental Quality)	A state or regional governmental agency responsible for regulating environmental practices, monitoring pollution, and ensuring environmental health standards are met.
Drought	A prolonged period of abnormally low rainfall, resulting in a water shortage that affects agriculture, water supply, and ecosystems.
EPA (Environmental Protection Agency)	A U.S. federal agency responsible for protecting human health and the environment through regulations, research, and enforcement of environmental laws.
FPL (Federal Poverty Level)	The Federal Poverty Level (FPL) is a measure of income that is used to determine eligibility for various public assistance

	programs. It is updated annually and is based on family size and income.
FWI (Fire Weather Index)	The FWI is a numerical rating system that estimates wildfire risk based on weather conditions, including temperature, humidity, wind speed, and precipitation. It helps predict the likelihood and intensity of fire behavior.
HIV (Human Immunodeficiency Virus)	A virus that attacks the body's immune system, specifically the CD4 cells (T cells), and can lead to acquired immunodeficiency syndrome (AIDS) if left untreated.
HPI (Healthy Places Index)	The Healthy Places Index (HPI) is a tool used to measure the health of communities based on a variety of factors, including socioeconomic conditions, environment, education, and access to healthcare. It provides a way to identify health disparities and areas of need within a region.
IR (Incidence Rate)	The incidence rate is a measure of the frequency with which a new case of a specific disease or condition occurs in a population during a defined time period. It is typically expressed as the number of new cases per 1,000 or 100,000 people per year.
LGBT+	LGBTQ is an acronym that stands for Lesbian, Gay, Bisexual, Transgender, and Queer, representing a spectrum of sexual orientations and gender identities, often used as an inclusive term for individuals who don't conform to traditional heterosexual or cisgender norms.
LHD (Local Health Department)	A Local Health Department (LHD) is a governmental organization at the local level that is responsible for protecting and improving public health within a specific geographic area, such as a county or city.
MCL (Maximum Containment Levels)	The highest permissible concentration of a contaminant in drinking water, set by regulatory agencies such as the EPA, to ensure water safety.
MR (Mortality Rate)	The mortality rate is the rate at which deaths occur in a population, often expressed per 1,000 or 100,000 people per year. It is used to assess the overall health status of a population.
Obesity	Obesity is defined as a BMI of 30 or more.
Overweight	Overweight is defined as having a body mass index (BMI) that is between 25.0 to <30.
PFAS (Polyfluoroalkul substances)	A group of man-made chemicals used in a variety of products for their water- and grease-resistant properties, but are associated with health risks such as cancer and environmental contamination.
PPB (parts per billion)	PPB is a unit of measurement used to express extremely small concentrations of a substance. It represents one part

100

	of a substance per one billion parts of the total mixture, commonly used in fields like environmental science, chemistry, and toxicology.
PrEP (Pre-Exposure Prophylaxis)	A medication regimen taken by individuals at high risk of HIV to prevent infection. It involves taking a pill daily to reduce the likelihood of acquiring HIV.
Prevalence	Prevalence is the proportion of individuals in a population who have a particular disease or condition at a specific point in time or over a defined period. It provides an estimate of how widespread a health issue is within a population.
SCHD (Summit County Health Department)	The Summit County Health Department (SCHD) is the local public health agency serving Summit County, responsible for promoting and protecting the health and well-being of its residents through various health initiatives, programs, and services.
SDOH (Social Determinants of Health)	The SDOH are the non-medical factors that influence health outcomes, including **economic stability, education, health care access, neighborhood environment, and social connections**. They shape the conditions in which people live and significantly impact overall well-being and health equity.
SHARP (Student Health and Risk Prevention)	The SHARP Survey is a biennial statewide survey conducted by the Utah Department of Health that collects data on the health behaviors, attitudes, and risks of students in grades 6-12. The survey gathers information on topics such as substance use, mental health, physical activity, sexual behaviors, and other factors that influence the well-being of youth in Utah.
STI (Sexually Transmitted Infection)	An infection transmitted through sexual contact, caused by bacteria, viruses, or parasites, including conditions such as chlamydia, gonorrhea, syphilis, and HIV.
SWE (Snow Water Equivalent)	A measurement used to estimate the amount of water contained in snow, calculated by measuring the depth of the snow and converting it to an equivalent volume of liquid water.
WSI (Water Scarcity Index)	A metric used to evaluate the availability of fresh water in a region, measuring the ratio of water demand to available water resources, often used to assess the severity of water scarcity.
$\mu g/m^3$ (micrograms per cubic meter)	$\mu g/m^3$ is a unit of measurement used to express the concentration of a substance (usually airborne particles or pollutants) in the air. It represents the number of micrograms (one millionth of a gram) of a substance present in one cubic meter of air.

Table 24. Utah Healthy Places Index Indicators

Utah Healthy Places Index Indicator Definitions/Descriptions	
Indicator Name by Category	**Indicator Definition**
Transportation	
Automobile access	Percent of households with access to an automobile^
Bike lane access	Total miles of bike lanes and paths
Traffic volume	Traffic volume (average annual daily traffic) along nearby major roads. Measured as the inverse distance weighted average annual daily traffic at major roads within 500 meters (or nearest one beyond 500 m), divided by distance in meters.
Clean Environment	
Diesel PM	Average daily amount of particulate pollution (very small particles) from diesel sources, measured in micrograms per meter cubed. Diesel particulate matter level in air (microgram/m^3) in 2019
Ozone	Average amount of ozone in the air (measured for 8 hours a day) during the 10 most polluted days
PM 2.5	Yearly average of fine particulate matter concentration (very small particles from vehicle tailpipes, tires and brakes, powerplants, factories, burning wood, construction dust, and many other sources), measured in micrograms/meter^3
Neighborhood	
Park access	Total acres of parks, public land, and public golf courses per person
Tree canopy	Percent of land with tree canopy (weighted by number of people per acre
Economic	
Above poverty	Percent of people earning more than 200% of federal poverty level
Employed	Percentage of population aged 20-64 who are employed^
Per Capital Income	Per capita income in the past 12 months (in 2020 inflation-adjusted dollars)
Social	
Census self-response rate	Percent of households who completed the 2020 decennial census
Voting	Percent of registered voters who voted in the 2022 general election^
Healthcare Access	
Insured adults	Percent of adults aged 19 to 64 years with health insurance^
Housing	

Homeownership	Percent of people who own their home
Housing habitability	Housing habitability: Percent of households with basic kitchen facilities and plumbing^
Low-income homeowner severe housing cost burden	Low-income homeowner severe housing cost burden: Percent of low-income homeowners who pay more than 50% of their income on housing costs^
Low-income renter severe housing cost burden	Percent of low-income renters who pay more than 50% of their income on housing costs^
Uncrowded housing	Percentage of households with 1 or fewer occupants per room*
Education	
Bachelor's education or higher	Percent of people over age 25 with a bachelor's education or higher^
High school enrollment	Percentage of 15-17 year olds enrolled in school
Preschool enrollment	Percentage of 3 and 4 year olds enrolled in school
^ Well-Being in the Nation (WIN) indicator[124]	

Table 25. Summit County Health Department Programs and Services

Summit County Health Department Programs and Services by Division*	
Clinical	
Women & Children's Health	
Family Planning	Low-cost birth control and Pap tests
Baby your Baby	Baby Your Baby is a resource for women who are pregnant, through the period after your delivery. Coverage for pregnancy related services if qualify
BeWise	The BeWise Program provides cardiovascular health screening and health coaching to eligible Utah women. BeWise is for women ages 40-64 who are mid-to-low-income, underinsured, or uninsured.
Breast & Cervical Cancer Screening	Free screening for woman ages 21-64 low -income, uninsured.
STI & Reportable Diseases	
STI Testing and Treatment	Low-cost testing for STI's (sexually transmitted infections) and free treatment.
TB Test and Treatment	Low-cost TB (tuberculosis) skin Test, T-spot blood test, chest-x-ray for uninsured, treatment.
Reportable Diseases	Rabies, and other testing.
Immunizations & Vaccines	
Vaccines for Children (VFC) Program	Vaccines for children 18 years and younger at low cost for uninsured.
Low cost or free immunizations for uninsured adults	State covered immunizations (Hep A & B, Tdap, HPV, Shingles, Flu, Covid).
Immunizations & Vaccinations	Provide affordable vaccines to our clients—free to low-cost options are available to those who qualify.
Vax-n-Go Clinics	Drive through vaccine clinics for seasonal respiratory immunizations.
Home Visitation Programs	
Homebound Vaccinations	Vaccines for individuals who are unable to safely leave their homes.
Target Case Management	A specialized Medicaid program that assists eligible families with children under 5 through home visitation and provides accessible resources throughout the county.
Birth & Death Certificates	
Utah Department of Vital Records and Statistics	Issuing individuals born in the state of Utah with Birth Certificates/Issuing Death Certificates to individuals who have passed in the state of Utah, as well as amending certificates.
Vaccine Records	Translating foreign or out-of-state records to Utah's Statewide Immunization Information System (USIIS) database.
Notary Services	Notarizing official documents.
Health Promotion	

Collaboration and Education Resources	The SCHD Health Promotion team is a community resource that is available to provide training, educational resources, and collaboration.
Tobacco	
Tobacco Cessation, Prevention, and Education	Tobacco & Vaping quit resources.
Tobacco permitting	Provides Utah Tobacco Retailer Education guides, general tobacco retailer permits, and retail tobacco specialty business permits.
Utah Indoor Clean Air Act Complaints	Education and resources for residents, business owners, and landlords made to protect those in Utah from the dangers of secondhand tobacco smoke.
Youth Electronic Cigarette and Other Drug Prevention Funding	Provides grants to LEAs, CBOs, and other government agencies in Summit County to do risk and protective work aimed at lowering e-cigarette and other drug use rates.
Chronic Disease	
Self-Measured Blood Pressure Lending Library (SMBP)	Provides community members with access to blood pressure monitors for home use, enabling them to actively participate in managing their blood pressure and improving hypertension control. Available for checkout at all Summit County Health locations and Summit County libraries.
Injury & Drug Prevention	
Opioid Overdose Prevention	Provide free Naloxone and education to help reverse an opioid overdose.
Car Seat Checks and Seats for Families	Providing car seats and proper installation by registered Child Passenger Safety Technicians (CPSTs).
Low-Cost Bike Helmets	Bike helmets for purchase for $10, including proper fitting and education.
Stepping On - Falls Prevention	An evidence-based program to prevent falls for senior citizens.
Safe Routes Utah	School assembly education program.
School Resources	
School Lunch Nutrition Program Support	Provides Summit County school districts with training and support services to improve school lunch nutrition.
Tobacco Prevention Education	Provides Summit County school districts with tobacco education for health classes and other resources needed.
Bullying Prevention	Provides Summit County school districts with classes and programming to address bullying.
Youth Group Support	Provides Summit County school districts leading youth groups monthly activities and opportunities in the community.
Behavioral Health & Prevention	
Behavioral Health Prevention Programs	
Crisis Intervention Team (CIT) Training	CIT programs create connections between law enforcement, mental health providers, hospital

105

	emergency services and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis and ensures officer and community safety.
Suicide Prevention QPR (Question. Persuade. Refer.) Training	The QPR mission is to reduce suicidal behaviors and save lives by providing innovative, practical and proven suicide prevention training. The signs of crisis are all around us. We believe that quality education empowers all people, regardless of their background, to make a positive difference in the life of someone they know.
Gun Safe Program	State funded grant program to provide biometric gun safes to residents of Summit County along with suicide prevention and 988 information.
Mental Health First Aid	Mental health first aid is the help you give to someone developing a mental health problem, experiencing a worsening of a mental health problem Skills
SAFE UT	SAFE UT is an app designed for individuals in mental health crisis to reach out and either text or call the state crisis center. If needed, it is able to dispatch the mobile crisis outreach team (MCOT).
Prevention Programs for Adults	
Guiding Good Choices	A family competency training program that aims to enhance parenting behaviors and skills, to enhance effective child management behaviors and parent-child interactions and bonding, to teach children skills to resist peer influence, and to reduce adolescent problem behaviors.
Parent's Empowered	Parent's Empowered is a state-wide campaign designed to prevent and reduce underage drinking by providing parent and guardians with information about the harmful effects of alcohol on the developing teen brain, with proven skills for preventing underage alcohol use.
STEP (Systematic Training for Effective Parenting) Parenting Workshop	A parenting intervention program designed to improve parent-child relationships and family dynamics, teaching parents to understand child behavior, encourage cooperation, and use effective discipline methods.
Gray Matters	Campaign to reduce THC use.
Know Your Script	Adult prescription medication education.
Prime for Life	Prime For Life is a class that provides a judgment-free way of understanding how alcohol and drug-related problems develop, what we can do to prevent them, and why sometimes we need help.
Prevention Programs for Schools/Youth	
Botvin Life Skills	Substance abuse and violence prevention program based on more than 35 years of rigorous scientific research.
Bullying prevention	Classes that provide tools to help eliminate bullying in schools. This program sheds light on why some kids are

106

	bullied, how students can stand up for themselves and for their friends, and more. All components are designed to encourage students to practice assertiveness skills and promote a zero- tolerance policy toward bullying.
Alcohol Prevention	Classes to help kids make healthy decisions when it comes to information about the harmful effects of alcohol on the developing teen brain, along with proven skills for preventing underage alcohol use.
Prescription Drug Abuse	Classes providing adolescents the skills and knowledge necessary to help them avoid the misuse and abuse of opioids and prescription drugs.
Refusal Skills	Classes to help children avoid participating in high-risk behaviors. The class is designed to help students resist peer pressure while maintaining self-respect.
Youth Coalition	Creating youth coalition groups for peer-to-peer education on substance abuse prevention.
Clinical Mental Health Services	
Adult & Youth Inpatient	Mental health treatment services are provided at a residential treatment facility where the client is housed during care.
Adult & Youth Outpatient	Clinical treatment services where the client meets with the clinician and is able to remain at their home and outside of restricted care.
Adult & Youth Residential	Residential care services providing a less restrictive form of outpatient care involving long-term residency.
MCOT & Crisis Care	Mobile Crisis Outreach Teams (MCOT) is a dispatched crisis care unit who responds to mental health crises in Summit and Wasatch Counties, such as solicitation or several mental health episodes. The team responds to all locations, including schools.
Receiving Center	Short-term observed treatment facility in which individuals with a mental health or substance us disorder can be voluntarily admitted for 24 hours to receive care or be under observation during low-risk detox.
Adult & Youth Psychotropic Medication Management	Medication assessment and prescription of psychotropic medication (such as antidepressants, antianxiety medications, antipsychotics, and stimulants).
Adult & Youth Psychoeducational Services & Psychosocial Rehabilitation	Psychoeducation services teach clients with mental illness and their family members about the nature of the illness, including its etiology, progression, consequences, prognosis, treatment, and alternatives. Psychosocial rehabilitation is for individuals with chronic mental illness to reach their optimal level of independent functioning in society and for improving their quality of life.
Adult & Youth Case-Management	Certified case managers work with clients to develop a plan that coordinates and integrates the support services that the patient/client needs to optimize the healthcare and psychosocial possible goals and outcomes.

Adult Community Support Services (Housing)	Community support services provide rehabilitative and support services for individuals with a primary mental health diagnosis. In Summit County, this manifests as housing support, such as coverage of rent and finding a place to live.
Child/Youth Community Support (Respite)	Respite care provides short-term relief for primary caregivers (usually parents), giving them time to rest, travel, or spend time with other family and friends; can take place at home or in a certified day care facility.
Adult & Youth Outplacement	Outplacement in the process of helping someone coming out of inpatient care find employment in the community.
Adult & Youth Unfunded Services	Unfunded services are those which are deemed medically necessary and part of a client's treatment plan but are not funded through Medicaid or traditional insurance.
Youth Mental Health Early Intervention (Family Resource Facilitation)	Early Intervention services are specific to mental health services for babies and young children with a mental health diagnosis or early indicators based on parent diagnosis.
School-Based Services	Mental health services are provided within the school for students in need of care. Students can be referred by staff or self-referred for care.
Suicide Intervention & Postvention	Clinical services provided to individuals exhibiting suicidal ideation, generally detected using a general treatment session. Postvention refers to clinical support either to an individual, family, or community (mass shooting or death of a student) upon the loss of an individual to suicide.
Civil Commitment	Civil commitment is the court-ordered, long term, institutionalization of a person suffering from mental illness or substance use disorder to a restricted care facility, such as the Utah State Hospital.
Clinical Substance Abuse Disorder Services	
Screening & Assessment	Performed generally during intake, screenings and assessments are conducted through a standard set of questions that a person answers to help the clinician identify signs of a mental disorder. Mental health screenings can catch mental health conditions early.
Detoxification Services (ASAM IV-D, III 7-D, III 2-D, I-D, or II-D)	Medically managed, 24-hour intensive inpatient detoxification provided at an inpatient facility requiring medical oversight and observation.
Residential Treatment Services (ASAM III 7, III 5, III 3, or III 1)	Inpatient care post detox, involving medication administration in an inpatient facility, but not requiring 24-hour observation.
Opioid Treatment Services (OTP-Methadone)	Methadone is a physician administered medication used to treat Opioid Use Disorder (OUD). Methadone is a long-acting full opioid agonist, and a schedule II-

	controlled medication. Methadone used to treat those with a confirmed diagnosis of opioid use disorder.
Office-Based Opioid Treatment (Vivitrol, Naltrexone, Buprenorphine)	Medically Assisted Treatment (MAT), Vivitrol, Naltrexone, and Buprenorphine is available at no cost to individuals for treatment of Opioid Use Disorders and Substance Use Disorders or to prevent overdoses.
Outpatient - Non-Methadone (ASAM I)	ASAM 1 treatment is for substance use that is less than 9 hours a week. Level 1 is appropriate for people with less severe disorders, or as a step-down from more intensive services.
Intensive Outpatient (ASAM II 5 or II 1)	ASAM II 1 is an intensive outpatient service consisting of at least 9 and no more than 20 hours per week of treatment. These programs typically offer medical care 24 hours a day by phone or within 72 hours in person. ASAM II 5 is a partial hospitalization at least 20 hours a week but is less than 24-hour care. This level of care provides structure, and daily oversight for people who need daily monitoring, but not 24/7 care.
Recovery Support Services	Support clients in initiating and/or maintaining recovery. Recovery support services can be provided prior to treatment, during treatment, after treatment, and in lieu of treatment for those clients who choose not to engage in formal treatment services.
Women's Treatment	Treatment specifically focused on pregnant mothers with a substance use disorder diagnosis, generally ordered by a court.
Justice Reinvestment Initiatives	Joint programing and service development and delivery partnered with the Summit County Attorney, Summit County Sharrif, District and Justice Court Judges, and public defenders to identify and address issues of mental health and substance use disorder in individuals who qualify as justice involved.
Drug Court Program	Drug Court is an evidence-based court program that provides an alternative to traditional criminal justice case adjudication for high risk/high need individuals struggling with substance use disorders. A collaborative justice court model, Drug Court takes a team based, less adversarial approach to case processing and combines close judicial oversight and monitoring with intensive supervision and substance abuse treatment services in lieu of incarceration.
Clinical Mental Health & Substance Abuse Disorder Services	
Adult & Youth Peer Support Services	Peer support services are provided by a certified Peer Support Specialist, who has lived experience with mental health concerns, developing skills in areas including creation of recovery goals, daily and community living, including, when age appropriate, independently obtaining food, clothing, housing, medical care, employment, etc.

109

Services to Incarcerated Persons	Mental health services for inmates in the Summit County Jail. Including pre-trial assessment to determine competency for trial and coordination with the County Attorney's Office to determine if it is better to transfer the case to an inpatient treatment facility.
Public Health Emergency Preparedness	
Response planning	SCHD agency and community-based public health emergency response planning, training, exercises, and implementation.
Medical Reserve Corps (MRC)	The MRC program manages, trains, and oversees volunteers for deployment during public health emergency actions. As part of a nationwide network, the Medical Reserve Corps is responsible for volunteer recruitment, training, and deployment during public health emergency and outreach activities; management, safety, and oversite during public health emergency response and recovery actions; and community engagement including information sharing, training, exercises, and outreach.
Basic Life Saving and "Stop the Bleed" Training	"Stop the Bleed" is a national training campaign that empowers bystanders to become trained and equipped to help in bleeding emergencies before professional help arrives, focusing on basic trauma care and bleeding control techniques.
American Red Cross trainings	Offer first aid, CPR, and AED courses.
Salt Lake, Summit, Tooele Public Health Emergency Regional Coalition	Public health emergency response partner coalition members, including public health, hospitals, and response agencies, within Salt Lake, Summit, and Tooele counties through integrated planning, collaboration, shared resources, and surge capacity support.
Environmental Health	
Hazmat Response	Collaborates with local emergency responders, providing public health expertise, and potentially assisting with decontamination and medical response to protect public health during, and after, a hazardous materials incident.
Water	
Wastewater – Septic Systems	Summit County's Wastewater Program protects public health by making sure that wastewater systems work properly. Septic system inspections, permits, and perc testing ensure that wastewater systems are designed, installed, and maintained in ways that meet State and local standards.
Swimming Pools and Spas Testing	Sample and test all public pools and spas in Summit County to protect the wellness and safety of the public.
Drinking Water Safety	The program protects public health by helping prevent water-related illness and working with individual well owners and owners of community water systems. Includes drinking water sampling and testing.

110

Daycare/school Inspection	Conducts routine health and safety inspections at daycares and schools throughout the county.
Water concurrency	An ordinance providing for the establishment of requirements for a Commitment of Service letter within Summit County based on the ability of water systems to deliver safe and reliable water and promote the conservation and wise use of all Summit County water resources.
Food	
Restaurant Inspections and Food Service Permits	Conducts food establishment inspections, provides food handler cards, food manager certifications, micro-kitchens, and grants food service permits.
Food Handlers Training	A Food Handlers Card is required to work in a food service establishment. Food handlers classes are taught throughout the year in both English and Spanish.
Mass Gatherings	SCHD inspects all mass gatherings over 1000 people. This is to ensure they meet state requirements regarding safety and health. This includes sufficient water supply, appropriate lighting, availability of medical services and proper solid waste disposal, and withholding the local noise ordinance and regulations.
Other	
Radon Program	The Health Department, working with local school districts and facilities, conducts annual radon tests for all school buildings in Summit County. Home radon test kits are available at each health department location to test radon levels in your home. The cost for each kit is $10, which includes lab analysis.
Other Permitting	Oversees applications for Dogs on Patio Variance permits, Indoor tanning establishment permits, body art facility, and micro-blading permits. (In addition to onsite wastewater and food permitting).
Sustainability	
Education Resource, Support, and Collaboration	The SCHD Sustainability team provides educational resources, training, consultation, support, and collaboration within the county.
Greenhouse Gas (GHG) Emissions Inventory	The sustainability department conducts an annual GHG emissions inventory for Summit County government operations and oversees the completion of a communitywide inventory (~ every 5 years).
Utah Renewable Communities	A coalition of communities working to create a default net-100% renewable energy option through Rocky Mountain Power for all households and businesses in our communities by 2030.
Renewable Energy for County Facilities	Collaborate on multiple projects all aimed at meeting Summit County Council's goal of net-100% electrical energy for County facilities by 2030. Largely: onsite solar, Subscriber Solar, and Elektron Solar.

111

Climate Change & Public Health Speaker Series	The Speaker Series is designed to elevate public health as a key consideration in the local conversation about climate change.
Discount Rain Barrels	The RainHarvest program provides discounted rain barrels for Summit County residents to purchase. The Utah Rivers Council and RainWater Solutions collaborate with the County, City, and Mountain Regional to organize this annual event.
Electric Vehicle (EV) Charging Stations	Assist with the installation and maintenace of the free and pay public EV chargers installed at County facilities.
Energy Detective Kits and Energy & Water Conservation Kits	Detective kits can be checked out and returned to the library and conservation kits can be taken home and kept. The kits contain materials to help people learn how energy and water is being used in their home, as well as simple materials that can be installed to save energy and water.
Green Business Program	The Green Business Program supports local Summit County-based businesses in setting and achieving sustainability goals and integrating green practices into their operations.
Women, Infants & Children (WIC)	
WIC	A federal nutrition education program that provides supplemental foods for pregnant, breastfeeding, and postpartum women, as well as infants and children up to age 5.
WIC Special Supplemental Nutrition Program	Provides a debit-like card to redeem nutritious foods (aligned w/ Dietary Guidelines for Americans) & infant formula breastfeeding promotion, breastfeeding counseling and support nutrition education & counseling growth assessment & hemoglobin checks (anemia screening) referrals to health care & community resources.
WIC Breastfeeding Peer Counselor	Provides Breastfeeding guidance, support and encouragement during Prenatal & Postpartum periods for WIC moms
Early Intervention (EI)	
Early Intervention	Provides comprehensive individualized evaluation and treatment for children with developmental delays in their home environment by offering nursing, occupational therapy, physical therapy, and speech service visits.
Baby Watch	Utah's network of services for children ages birth to 3 with developmental delays or disabilities. It provides early identification and development services for families of infants and toddlers; ages birth to 3.
Epidemiology	
Data Support Resource and Collaboration	The Epidemiology department provides assistance and collaboration on data resources and interpretation.

Disease Surveillance	Conducts community public health surveillance efforts, identifying trends in disease occurrence, and providing data-driven insights to inform prevention strategies and protect population health.
Data Dashboard	The respiratory disease dashboard provides real-time data on local trends in respiratory illnesses such as influenza and RSV, to support public awareness and guide community health responses. Weekly updates provide data interpretations and information on any special reports, such as national measles outbreak information.
*This table provides a list of Summit County Health Department services and programs available in 2024. Program and service offerings may change due to changes in funding, staffing, or community need.	

Table 26. Summit County Community Assets

Summit County Community Assets*	
Organization	**Program/ Service Description**
Animals	
Liberty Sanctuary	A nonprofit organization which rescues equines from the slaughter pipeline and offers comprehensive care, training, and adoption programs.
Nuzzles & Co. Pet Rescue and Adoption	Animal shelter/sanctuary, cares for high-needs animals, animal foster/hospice placement.
Summit County Animal Control	Summit County Animal Control exists as a problem-solving entity, dedicated to the service of Summit County residents and the welfare of animals. Offering services including registration, lost pet reporting, and pet adoption.
Wild Heart Sanctuary	A nonprofit organization devoted to rescuing wild mustangs and educating the public about the plight of America's iconic wild horses and burros.
Summit Mosquito Abatement District (SMAD)	SMAD is a special district within Summit County. Their mission is not to completely eradicate mosquitoes but to enhance residents' health and quality of life by suppressing diseases and reducing the annoyance levels caused by mosquitoes.
Business	
Park City Chamber of Commerce	Local business and tourism promotion.
Utah Film Studios	Film production and industry engagement hub.
Mountain Mediation	A nonprofit community organization providing mediation and facilitation services in Summit and Wasatch counties. We also offer communication trainings to help individuals, organizations, schools,

113

	and businesses engage in constructive dialogue and effectively manage and resolve conflicts.
Coalition	
Summit County Prevention Coalition	The Prevention Coalition is a collaborative community initiative dedicated to promoting wellness and preventing substance misuse, suicide, and other behavioral health issues across all age groups. By uniting local partners, sharing resources, and fostering education, the coalition empowers individuals and families to build healthier, more resilient communities.
Community Association	
Boy Scouts, Troop 72 Park City	Youth leadership and community service group.
Park City Rotary Club	Civic engagement and community service organization. Other Park City chapters include the Sunrise chapter and the Twilight chapter.
Summit County Senior Centers	Community centers provide support services and programing for individuals 60 and older. Provides a fun, safe, friendly atmosphere where seniors meet and socialize, including transportation services, and group lunches. Locations in Coalville, Park City, and Kamas
Education	
Creek Side/PEEC	Environmental education and outdoor learning program.
Holy Cross Ministries School Readiness Preschool	Early childhood education readiness and support.
North Summit School District	Public school district serving the North Summit region.
Park City Day School	Independent private school in Park City.
Park City Library	A public library offering educational programs and resources.
Park City School District	Public school district serving the Park City area.
Park City Tots	Preschool and early childhood education center
Winter Sport School Park City	College preparatory high school for winter sports athletes.
Picaboo Street Academy	Online and blended learning public school.
Silver Summit Academy	Public school serving the Park City area.
Soaring Wings International Montessori School	Montessori-based private school with international curriculum.
South Summit School District	Public school district serving the South Summit region.
Summit County Library	Public library with branches and community learning programs.
Swaner Preserve	Environmental education and nature preserve program.

114

Weilenmann School	Charter school offering innovative educational programs.
Lectura Lounge	Bilingual early literacy program offering storytime, book giveaways, and parent engagement to foster a love of reading in young children.
Early Childhood Alliance	Coalition of organizations and community members working to improve access, quality, and coordination of early childhood services in Summit County.
Faith-Based	
Christian Center of Park City (CCPC)	Faith-based nonprofit with multiple community outreach programs.
Holy Cross Ministries	Legal immigration services, Parents as Teachers program, Promoter outreach program, Counseling, School Readiness program, Healthy pregnancies promotion.
Park City Community Church	Christian church involved in community outreach and events.
Park City Interfaith Council	Interfaith council promoting religious cooperation and service.
St. Mary's Catholic Church	Catholic church serving the local faith community.
Temple Har Shalom	Jewish temple offering religious services and education.
The Church of Jesus Christ of Latter-day Saints	Local congregation providing religious and humanitarian services.
Young Life Park City	Faith-based youth outreach organization.
Food Bank/Food Distribution	
Community Action Services & Food Bank	Food bank providing groceries and resources in Kamas and Coalville.
Eat Awesome Things (EATS) and Summit County Gardens	Nutrition education and community gardening program.
Meals on Wheels, Summit County	Meal delivery service for seniors and homebound residents.
Foundation	
Huntsman Mental Health Foundation	Foundation supporting mental health awareness and funding.
Katz-Amsterdam Charitable Trust	Charitable foundation supporting behavioral health initiatives.
Park City Community Foundation	Non-service-provider, provides grant support to non-profits, addresses pressing challenges in community. Communications with Latino populations and bilingual outreach coordinators. Facilitates the capture and distribution of grants, as well as undocumented population assistance.
Park City Education Foundation	Community foundation offering grants and support to local nonprofits.
Wasatch Community Foundation	Local foundation supporting community needs.

Women's Giving Fund (Park City Community Foundation)	Women's philanthropic group under the Park City Community Foundation.
Healthcare	
Park City Hospital (Intermountain Healthcare)	Local hospital providing a range of medical services.
Community Building Community (CBC) / Summit County Coalition	Coalition focused on health equity and behavioral health support.
Coalville Health Center	Health clinic offering medical services in Coalville.
Hope Alliance	Non-profit organization providing vision care and eyeglasses to underserved populations.
Kamas Health Center	Health center in Kamas serving local residents.
Latino Behavioral Health Services	Behavioral health services for Latino individuals and families.
National Alliance on Mental Health (NAMI) Utah	Mental health advocacy and support organization.
People's Health Clinic	Free clinic offering healthcare to uninsured residents.
Public Outreach	
Hispanic Chamber of Commerce	Latino business and community support organization.
Coletiva Resources	Digital hub created by and for the Latino community, offering culturally relevant support, events, and information in one accessible place. It connects families with vital local services while fostering belonging, empowerment, and community-driven change.
KPCW	Local nonprofit radio station providing news, community updates, and bilingual public service announcements.
NS Unite	Community group focused on building youth leadership and empowerment in the North Summit region. - provide a monthly newsletter.
Park Record	Park City's longest-running newspaper offering coverage of local news, events, and community issues.
TownLift	Digital news platform reporting on Summit County's lifestyle, community events, and public affairs.
Kept Current	Digital communications tool or newsletter designed to keep residents informed on local services, events, and health updates.
Service Provider	
Adopt a Native Elder	Support for Navajo elders through food, supplies, and outreach.
Americorps	Volunteer organization supporting local initiatives.
Big Brothers Big Sisters	Mentoring organization for youth development.

116

Bill White Agriculture Education and Sustainability Center	Sustainable agriculture and education center.
3 Springs Land and Livestock	Sustainable agriculture and education center.
Children's Justice Center	Support center for abused and neglected children.
Habitat for Humanity	Affordable housing and community building nonprofit.
Immigrant Legal Services	Legal aid for immigrants and refugee populations
Jewish Family Services	Social services including counseling and support for families.
Summit Pride	LGBTQ+ advocacy and support network.
Wasatch immigration project	Nonprofit organization providing pro bono immigration legal services and advocacy for immigrants and asylum seekers in Summit and Wasatch Counties.
Rainbow law Clinic (University of Utah)	Legal resource dedicated to serving LGBTQ+ individuals and families, offering inclusive legal services and support with issues like name changes, family law, and discrimination.
Recreation	
Youth Sports Alliance (YSA)	YSA runs affordable afterschool programs including Get Out & Play (GO&P) for elementary school students and ACTiV8 for middle school, junior high and high school students, as well as provides fundraising support for seven competitive winter sport programs.
National Ability Center	The National Ability Center empowers individuals of all abilities by providing adaptive recreation, sports, and educational programs to foster confidence, independence, and inclusion.
S.O.S Outreach	SOS Outreach is a national youth-development nonprofit with local impacts that uses mentoring and powerful outdoor experiences to engage 3,000 young people in a core values-based, leadership development curriculum aimed at building skills for life and bridging opportunities.
Basin Recreation	Provides equitable access to a variety of recreational opportunities for every age and ability.
Mountain Trails Foundation	A non-profit organization dedicated to building, maintaining and protecting trails for non-motorized recreation in the Park City area.
Utah Olympic Park	Venue for Olympic training and public recreation including zip lines, bobsledding, and museum tours.
North Summit Recreation	A Summit County Special Service District providing recreation opportunities for both youths and adults in the North Summit community.

South Summit Trails	Maintains and expands public trail systems for hiking, biking, and horseback riding in the South Summit area.
Park City Recreation	City-managed sports leagues, fitness classes, aquatic programs, and recreation facilities.
Coalville Fit	Community fitness program in Coalville offering accessible group workouts and wellness events
Egyptian Theatre Park City	Seasonal performing arts camps offering youth hands-on experience in acting, singing, and stage production, fostering creativity, confidence, and collaboration in a historic theater setting.
Luna Lobos	Dog sledding and animal therapy experience promoting outdoor education and rescue awareness.
Park City Ice Arena	Year-round public ice skating and hockey facility with lessons, camps, and leagues.
Park City Trails	Trail network supporting hiking, biking, and outdoor recreation in and around Park City.
Rise Boxing	Youth-focused wellness and recreation initiative promoting resilience through movement and mentorship. Boxing & martial arts.
Ski Utah	Tourism and education non-profit organization promoting winter sports and ski safety throughout Utah. Offer community engagement and school programs aimed at increasing equitable access to the sport.
South Summit Aquatic and Fitness Center	Indoor pool and gym complex offering swim lessons, fitness classes, and open recreation.
Woodward Park City	Action sports campus with skiing, snowboarding, skateboarding, and BMX for all skill levels.
Young Riders Youth Mountain Bike Program	Nonprofit offering mountain biking skills training and team opportunities for youth.
Youth United	Organization focused on increasing access to recreational opportunities for diverse youth by offering scholarships, registration support, and connections to local programs.
Transportation	
Bike Share	A community bike-sharing service providing residents and visitors with accessible, eco-friendly transportation options for short trips around Park City.
High Valley Transit	Free public transit system serving Summit County with regional routes, on-demand services, and connections to Park City Transit to increase mobility and reduce transportation barriers.
Park City Transit	Free, city-operated transit system offering fixed-route buses, seasonal routes, and paratransit

	services to reduce traffic congestion and improve air quality.
Immigration	
Utah Immigrant Advocacy Coalition	Statewide coalition advocating for immigrant rights, access to legal services, and equitable policies through collaboration, education, and policy change.
State Tribunal of Utah Help Center	Provides free legal information, forms, and guidance for individuals navigating the Utah court system, especially those representing themselves in immigration or family law matters.
Utah Immigration Collaborative (UIC)	A network of nonprofits organizations who provide immigrant legal services to community members in Utah. The goal of the UIC is to improve access to immigration legal assistance for individuals who are traditionally underrepresented in proceedings through legal representation as well as improve access to other immigration legal services throughout the State of Utah. Referral line: 801-382-9027
Catholic Community Services of Utah	Nonprofit offering refugee resettlement, immigration legal assistance, food programs, and housing support, rooted in Catholic social teachings of compassion and service.
Comunidades United (CU)	Comunidades Unidas (CU) is a community-based, non-profit organization dedicated to empowering Latinas/os to recognize and achieve their own potential and be a positive force for change in the larger community.
Disability Law Center	Utah's protection and advocacy agency for people with disabilities, providing free legal assistance and advocating for disability rights.
Multicultural Counseling Center	Offers culturally responsive mental health services and support to individuals and families from diverse backgrounds, including immigrants and refugees.
Holy Cross Ministries	Provides immigration legal services, health outreach, and early childhood education programs with a focus on underserved Latino communities.
Nomas Legal Clinic	Free legal clinic offering bilingual legal advice and resources for immigrants and underserved communities in Utah.
Legal Aid Society of Salt Lake	Nonprofit law firm providing legal representation and advocacy for low-income individuals in family law and protective order cases.
Utah Legal Services	Statewide nonprofit offering free legal assistance to low-income and vulnerable Utah residents in civil legal matters.

Lutheran Family Services	Provides refugee and immigration services, adoption support, and mental health counseling rooted in values of dignity and compassion.
Timpanogos Legal Center	Offers free legal consultations and representation in family law, protective orders, and other civil matters through clinics and partnerships.
Hispanic Center Provo	Community-based organization supporting Latino families with legal referrals, education, translation services, and family assistance.
Wasatch Immigration Project	Provides pro bono immigration legal services and advocacy to immigrants and asylum seekers in Summit and Wasatch Counties.
BYU Community Legal Clinic	Law student-led legal clinic offering free services and consultations under attorney supervision to underserved Utah residents.
Stowell Crayk PLLC	Law firm specializing in immigration, criminal defense, and family law, with a commitment to serving diverse and immigrant communities.
Utah Free Legal Answers	Online platform where eligible Utahns can ask civil legal questions and receive answers from volunteer attorneys.
Utah office for victims of crime	Provides financial compensation, advocacy, and support services for victims of violent crime, including immigrants and refugees.
Utah Legal Help .org	Online legal resource providing self-help forms, legal information, and referrals to legal aid providers statewide.
Daycare Services	
Creekside Kids Academy	Private childcare center offering early learning programs with a focus on play-based development and school readiness
Deer Valley Childrens Center	On-site childcare center for employees and guests of Deer Valley Resort, providing nurturing care and age-appropriate activities
Little Adventures Children Center	Daycare center offering educational and recreational activities that support early childhood development and learning
Little Miners Montessori	Montessori-based early childhood education program emphasizing independence, creativity, and individualized learning.
Love and Learning Child Care	Family-based childcare provider offering a safe, loving environment and developmentally appropriate activities for young children.
Moutain Sprouts Children's Center	Nature-based early learning center that integrates outdoor exploration with traditional early childhood education.

PC Tots	Nonprofit childcare center providing high-quality, affordable daycare with an emphasis on inclusion and support for working families.
The Peek Program	Park City School District preschool program focused on academic and social-emotional development for young learners.
Mental Health & Clinical Services	
The Club House – Summit County	The Clubhouse is an international, evidence-based program supporting adults with mental health challenges such as depression, anxiety, bipolar disorder, schizophrenia, substance use disorder, PTSD and other clinical diagnoses.
Live Like Sam	Live Like Sam is a Summit County-based nonprofit that aims to empower adolescents to take charge of their well-being and live authentic lives. Our aim is to help students become the most authentic version of themselves and develop healthy tools for well-being. While the majority of our programming focuses on mental well-being and positive development for teens and adolescents
Peace House	Peace House provides shelter, support, and advocacy to survivors of interpersonal violence and abuse. Services include: 24/7 helpline, emergency housing, clinical and case management services, outreach, victim advocacy, prevention education, and sexual assault services
Latino Behavioral Health Services	Offers culturally appropriate mental health services and support to the Latino community in Summit County.
Summit County Recovery Foundation	Supports individuals in recovery from substance use disorders through advocacy, education, and access to resources.
Summit County Mental Wellness Alliance	A collaborative initiative committed to enhancing mental health and well-being by bringing together community organizations, healthcare providers, and individuals to address mental health challenges.
988 Suicide & Crisis Lifeline	Nationwide 24/7 phone and text line that connects individuals in mental health or substance use crises with trained counselors and support.
Encircle	LGBTQ+ family and youth resource center offering therapy, support groups, community programming, and safe spaces for connection.
Summit Pride	Local LGBTQ+ advocacy group promoting equity, inclusion, and mental wellness through events, education, and community partnerships.
Utah Pride Center	Statewide organization providing mental health services, peer support, and advocacy for LGBTQ+ individuals and families.

Housing	
Habitat for Humanity	Nonprofit organization building and repairing affordable homes in partnership with low-income families and volunteers.
HUD Utah	Utah branch of the U.S. Department of Housing and Urban Development (HUD), providing housing assistance, fair housing advocacy, and funding for affordable housing projects.
Mountainlands Community Housing Trust	Regional housing nonprofit that develops and manages affordable housing and provides down payment and rental assistance programs.
Park City Municiple Affordable housing	City-managed housing program offering income-based rental and ownership opportunities to promote workforce and inclusive housing.
Summit County Affordable Housing	County-wide initiative to increase access to affordable housing through policy, partnerships, and development incentives.
Sustainability	
Recycle Utah	A non-profit organization committed to reducing waste and preventing groundwater pollution in the community. They offer various collection programs, education programs, workshops, and events.
Swaner Preserve & EcoCenter	The Swaner Preserve and EcoCenter is a 1,200 acre nature Preserve and a 10,000 square foot LEED Platinum building with interactive exhibits about the surrounding environment. They offer weekly nature tours, wildlife viewing opportunities, summer camps, environmental education for children and adults, evening lecture series, and a gift shop with local and ecofriendly art.
County Lands & Natural Resources	Summit County department overseeing the stewardship of public lands, open space conservation, trail access, and sustainable land use.
Wasatch Wildlife Conservation Center	Organization focused on protecting native wildlife and habitats through research, education, and conservation programs in the Wasatch region.
Park City Community Foundation (PCCF) "Climate Fund"	A grantmaking initiative by the Park City Community Foundation supporting local climate action and environmental sustainability projects.
Summit CWMAA Cooperative Weed Management Area	Partnership of local agencies and landowners working collaboratively to manage and reduce noxious weeds across Summit County.
Utah Open Lands	Statewide land trust dedicated to preserving open space, wildlife habitat, agricultural lands, and scenic vistas through conservation easements.
Water	

Snyderville Basin Water Reclamation District	Public utility providing wastewater treatment and water reclamation services to protect public health and local water quality in the Snyderville Basin.
Weber Basin Water Conservancy District	As the regional water supplier within the Ogden and Weber River drainages, Weber Basin Water Conservancy District provides a wide variety of water supplies within our community and is continually developing new strategies to conserve our water and extend existing supplies.
Mountain Regional Water	Public utility regionalizing water service in the Snyderville Basin. Their mission is to provide high-quality water and exceptional service in a safe, reliable, efficient, and sustainable manner.
Response Agency	
American Red Cross of Utah	Disaster relief and emergency response organization.
North Summit Fire District	Community-based emergency service provider. The North Summit Fire District servs the Cities of Coalville & Henfer and the areas of Echo, Upton, Hoytsville, Wanship, Rockport & Echo State Parks and everywhere in between.
Park City Fire District	Community-based emergency service provider. Located in the Wasatch Mountain Range, the Park City Fire District (PCFD) services the historic mining town of Park City, Utah, and its surrounding 110 square miles.
South Summit Fire Protection District	South Summit Fire Protection District provides fire protection, emergency medical services and other emergency responses for Kamas, Francis, Marion, Oakley, Peoa, Woodland and the Unincorporated Areas.
Summit County Search and Rescue	Summit County Search and Rescue is a group of dedicated and trained volunteers. We all have normal jobs, and lives, but choose to give back to our community in the form of helping out those in need. We regularly train to keep on top of skills and respond to calls when the need arises. Summit County SAR is under the jurisdiction of the Summit County Sheriff's Office.
Summit County Sheriff	Our professional deputies and civilian staff conduct law enforcement operations, corrections operations, and special operations throughout Summit County, Utah.
Park City Police	The Park City Police Department was established in 1884 and has provided law enforcement services throughout the many changes Park City has experienced, from our rich mining past to the world class multi-seasonal resort we are today.

123

Art	
Create PC Local Artist Collective	CREATE PC provides local artists with studio and gallery exhibition space and sales opportunities. A local artist collective geared towards creating community among local artists, CREATE PC showcases Summit County creatives, giving them a platform to grow and thrive.
Artes de México en Utah	A nonprofit organization that aims to build cultural connections by creating educational programs that acknowledge the contributions of Mexicans and Latinos in the USA through art.
Kimball Art Center	The Kimball Art Center (KAC) provides international quality art exhibitions and dynamic educational opportunities for the citizens of Park City, Summit County, Wasatch County, and the region's many visitors.
*This table represents a sample of all the community assets in Summit County and is not meant to be exhaustive	

SCHD COVID-19 Response Timeline

SCHD COVID-19 Response Milestones	
COVID-19 Response Mobilization	2/9/2020
First COVID-19 Case, Summit County	3/12/2020
Declaration of Emergency	3/12/2020
COVID-19 Testing	3/14/2020
Core Health Orders	3/15/2020 -10/21/2020
Mass Vaccination Clinics	1/5/2021-5/27/2021
School Mask Orders	8/26/2020 8/21/2021 9/23/2021
Omicron Mask Order	1/6/2021
Declaration of Emergency Rescinded	4/1/2022

SCHD COVID-19 Response After-Action Report Presentation
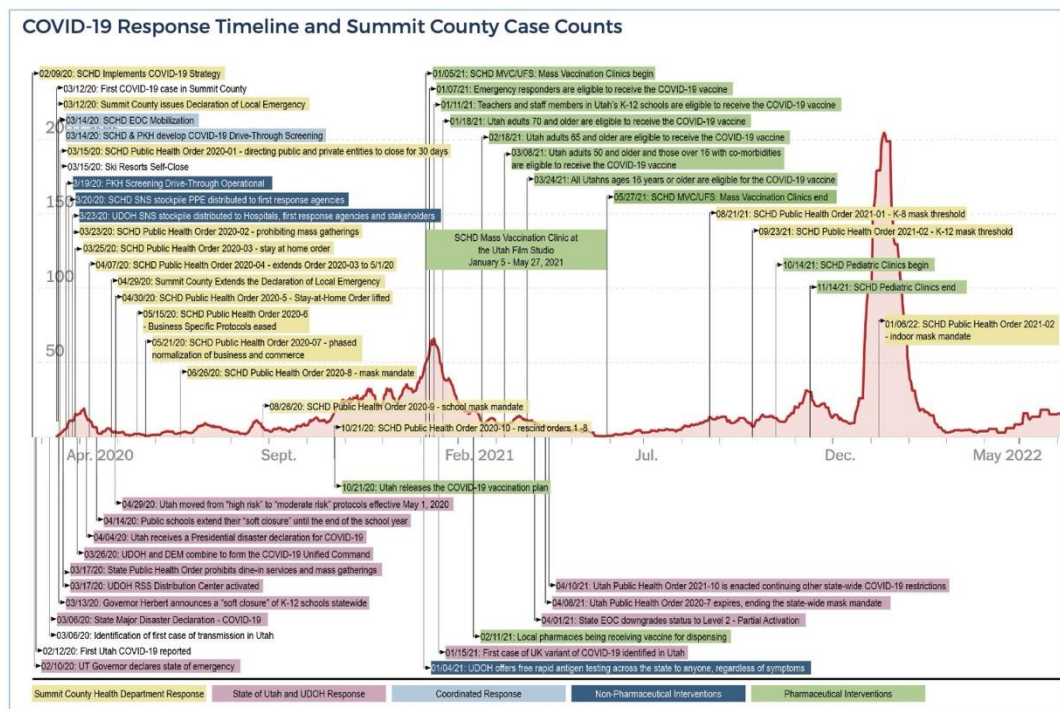
SCHD COVID-19 Response After-Action Report Presentation

SCHD COVID-19 After Action Report Method

The After-Action Report (AAR) is intended to collect and evaluate best practices and lessons learned by Summit County Health Department (SCHD) during the COVID-19 Pandemic response from January 2020 through May 2022.

SCHD AAR Strategy

- Record and review key COVID-19 response efforts by Summit County and the Summit County Health Department.

- Identify achievements, challenges, and gaps in preparedness, response, and recovery actions.

- Strengthen future public health response capabilities in Summit County and the community.

SCHD AAR Framework and Reference Information

- Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities guidance provides public health emergency preparedness framework and outline of AAR report.

- Review plans, documents, and reports.

- Conduct partner, staff, and volunteer surveys and interviews.

- SCHD staff experience and observations.

CDC Public Health Emergency Preparedness & Response Capabilities *(CDC, 2019)*

Domain	Capability
1. Community Resilience	• Community Preparedness • Community Recovery
2. Incident Management	• Emergency Operations Coordination
3. Information Management	• Emergency Public Information and Warning • Information Sharing
4. Countermeasures and Mitigation	• Medical Countermeasure Dispensing and Administration • Medical Materiel Management and Distribution • Nonpharmaceutical Interventions • Responder Safety and Health
5. Surge Management	• Fatality Management • Mass Care • Medical Surge • Volunteer Management
6. Biosurveillance	• Public Health Laboratory Testing • Public Health Surveillance and Epidemiological Investigation

SCHD COVID-19 Response After-Action Report Presentation

Domain 1: Community Resilience

Community resilience is the ability of a community to use its assets to strengthen public health and healthcare systems, and to improve the community's physical, behavioral, and social health to withstand, adapt to, and recover from adversity (ASPR, 2022; CDC, 2019).

Domain 1: Community Resilience	
🎯	Medical Reserve Corps (MRC) Volunteers
🎯	Community-based organizations support and participation
🎯	Environmental Health response and business support
⚡	Medical Reserve Corps (MRC) operations and volunteer plan
⚡	Pre-COVID community public health emergency preparedness
👥	Strengthen community preparedness, partnerships, and participation.
👥	Develop robust Medical Reserve Corps (MRC) program

🎯 On-target   ⚡ Disconnect   👥 Recommendation

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127

Domain 2: Incident Management

An incident command structure is critical to organize the response within a healthcare facility, agency, or across disciplines to assure common structures, terminology, communications, development of objectives, and management of information and resources (ASPR, 2022; CDC, 2019).

	Domain 2: Incident Management
🎯	National Incident Management System (NIMS) and Incident Command System (ICS) organization and implementation
🎯	Policy Group, Health Orders, and Community Integration
🎯	SCHD Pandemic, Strategic National Stockpile (SNS), and Points of Distribution Site (PODS) plans
🔧	Emergency Operations Center (EOC) operations boundaries and training
🔧	Mutual Aid and External Resources Agreements (MOU)
🖥	Align EOC training and exercises with implementation needs
🖥	Develop emergency purchasing and hiring polices/procedures

On-target · Disconnect · Recommendation

Domain 3: Information Management

Information management involves the gathering and dissemination of timely information and data that is pertinent to the unfolding and ongoing emergency (CDC, 2019).

	Domain 3: Information Management
🎯	Public information strategy: transparent, immediate, accurate
🎯	Public emergency alerts, social-media, Joint Information Center (JIC), and other outlets
🎯	Community Call Center and Information Hotline
🔧	Common operating picture – data and measurements
🔧	Communication with vulnerable populations
🖥	Strengthen communication paths across community partners, stakeholders, and response agencies

On-target · Disconnect · Recommendation

Domain 4: Countermeasures & Mitigation

Countermeasures and mitigation involves the dispensing and administration of pharmaceutical and non-pharmaceutical countermeasures to prevent, mitigate, or treat the adverse health effects of a public health incident.

This capability focuses on dispensing and administering medical countermeasures, such as vaccines, devices, antiviral drugs, antibiotics, and antitoxins, as well as non-pharmaceutical programs, such as public information, community outreach, and personal protective equipment (PPE) distribution (TN Dept of Health; CDC, 2019).

Domain 4: Countermeasures & Mitigation	
🎯	Mass Vaccination Campaigns (Closed, Mass, Specialty)
🎯	Personal Protective Equipment (PPE) distribution
🎯	Community Call Center registration assistance
🎯	Quarantine & Isolation (Q&I) facilities
🔌	Vaccine scarcity and priority system
🔌	Vaccine Administration Management System (VAMS) registration – vulnerable populations
👥	Protective Health Orders and stakeholder integration
👥	Update public health emergency response plans, training, and exercises – include community stakeholders

🎯 On-target   🔌 Disconnect   👥 Recommendation

SCHD COVID-19 Response After-Action Report Presentation

Domain 5: Surge Management

Medical surge is the ability to expand care capabilities and to provide medical evaluation and care to the injured or ill during events, natural or man-made, that cause health care facilitates to exceed the limits of their normal medical capacity capabilities in response to a great increase in demand (TN Dept of Health; CDC, 2019).

Domain 5: Surge Management	
🎯	Summit County Health Department as Incident Command (IC)
🎯	SCHD pre-COVID-19 connection to community organizations and stakeholders
🎯	Communication with medical and response partners
🔌	Intensive Care Unit (ICU) capacity and regional support systems
🔌	Formal surge management plans, training and exercises with Park City Hospital (PKH) and other medical providers
🔌	Lack of Medical Reserve Corps (MRC) volunteer management plan, licensing verification, and scheduling system
👥	Regional surge management planning, training, and exercises
👥	Medical Reserve Corps (MRC) recruitment, training, deployment planning for future community preparedness

🎯 On-target   🔌 Disconnect   👥 Recommendation

SCHD COVID-19 Response After-Action Report Presentation

129

Domain 6: Biosurveillance

Biosurveillance primarily focuses on developing effective surveillance, prevention, and operational capabilities for detecting and countering biological threats (DHS, 2022; CDC, 2019).

Domain 6: Biosurveillance	
🎯	SCHD Clinical Staff Testing, Contact Tracing, and Case Investigation
🎯	People's Health Clinic (PHC) support of COVID-19 response
🎯	Addition of SCHD Epidemiologist
🎯	Availability of free COVID-19 testing in Summit County throughout pandemic
🔺	Clinical staff burn-out
👥	Public health emergency planning to include Epidemiologist and Clinical Staff

On-target   Disconnect   Recommendation

SCHD COVID-19 Response Statistics
May 31, 2022

COVID-19 Infection Data, Summit County		COVID-19 Vaccination Rates, Summit County	
Total Population	42,647	Total Summit County Vaccination Rate (5yrs +)	90%
COVID-19 Cases	14,158	Senior 65+ (*demand exceeds estimated population*)	107%
COVID-19 Hospitalizations	332	Adults 18-64	94%
COVID-19 Hospitalization, ICU	50	Adolescents 12-17	81%
COVID-19 Deaths	26	Children 5-11	47%

- *Pediatric <5 data incomplete for this time-period.*

130

After Action Report Improvement Plan

The After-Action Report/Improvement Plan (AAR/IP) aligns the incident actions and objectives with response results, data, feedback, and experiences. Key objectives include:

- Record and review key COVID-19 response efforts by Summit County and the Summit County Health Department.
- Identify achievements, challenges, and gaps in public health emergency preparedness, response, and recovery actions.
- Strengthen future public health response capabilities in Summit County and the community.

Improvement plan recommendations are provided as a starting point for improving future public health emergency response and mitigation efforts.

SCHD COVID-19 AAR Improvement Plan Recommendations	
Public Health Emergency Response (PHEP)	• CDC Public Health Preparedness and Response Capabilities • National Association of County and City Health Organizations (NACCHO) Project Public Health Ready (PPHR) Program • Jurisdictional Risk Assessment
Medical Reserve Corps (MRC)	• Administration for Strategic Preparedness and Response (ASPR) Medical Reserve Corps Deployment Guide and MRC Connect • MRC Volunteer Management Plan and System
SCHD Clinical Staff	• Medical Surge planning and Mutual Aid Agreements • PHEP planning, training, and exercises • School District planning and collaboration (school nurses) • Long-term care and home-bound program development
Summit County Health Department	• PHEP planning, training, and exercises • NIMS & ICS training and exercises • Cross-over and redundancy training • Update Mutual Aid and External Resources Agreements • Communication and outreach
Summit County	• NIMS & ICS training and exercises • Continuity of Operations (COOP) Plan, Public Health Annex • Update Memorandums of Understanding (MOU) • Call Center planning and exercises
Response Partners	• Local governments, first response agencies, and medical providers integration, communication, and response planning • PHEP planning, training, and exercises
Community Preparedness	• School District integration, planning, and communication (Administration) • Community Public Health Emergency Preparedness • Business Community planning and integration • Community Support Programs development and planning

Summit County Health Department: SCHD COVID-19 Response Improvement Plan Recommendations, 2022

SCHD COVID-19 Response After-Action Report Presentation

AAR Critical Takeaways

Infectious Disease Emergency Response (IDER) Plans	• Infectious Disease and Pandemic Response Plans • Emergency Support Function 8: Public Health and Medical Services Plan • Strategic National Stockpile (SNS) Plan • Points of Distribution Site (PODS) Plan
Medical Reserve Corps (MRC) Development	• MRC Emergency Operations and Deployment Plan • MRC Volunteer Management and Training Plan
All-Hazards Plan	• All-Hazards Plan, Public Health Annexes • Integrated NIMS/ICS and EOC planning, training, and exercises • Emergency Public Information and Warning, Public Health Annex
Community Preparedness	• Community Public Health Preparedness, Partnerships, and Collaboration • At-Risk Populations Engagement and Communications • Community Recovery Plan, Public Health Annex
Summit County	• Continuity of Operations (COOP) Plan, Public Health Annex • Mutual Aid and External Resources Agreements • Call Center Planning • Environmental Health Emergency Response Plan

SCHD COVID-19 Response After-Action Report Presentation

131

Summit County Health Community Survey

The Summit County Health Department is working on assessing the health needs of our community through a Community Health Assessment (CHA). A CHA is a way of collecting information about the community's current health status, needs, & issues. We do these every 5 years to help us plan how & where resources should be used to best meet community needs.

Participation in the Summit County Community Health Assessment survey is completely voluntary. All information provided will be kept confidential & used solely for the purpose of enhancing community health initiatives. You do not have to answer any question you do not want to, & you can end the survey at any time. Your contribution will help shape future programs & interventions aimed at addressing the health needs of our community. Thank you for your participation & support in this important effort.

If you have any concerns or questions about the survey, please contact the Summit County CHA Project Director Nancy Porter at CHA@summitcounty.org, or call 435-333-1512.

1. What is your age? _____

2. What is the ZIP code where you currently live? _____

3. What is your race &/or ethnicity? Choose all that apply:
   - [ ] White
   - [ ] Hispanic or Latino
   - [ ] Black or African-American
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Pacific Islander
   - [ ] Other:_____
   - [ ] Don't know / Not sure
   - [ ] Prefer not to say

4. What is your gender? Choose one:
   - [ ] Female
   - [ ] Male
   - [ ] Transgender
   - [ ] Non-Binary
   - [ ] A gender not listed here
   - [ ] Prefer not to say

5. What is your sexual orientation?
   - [ ] Straight
   - [ ] Gay or Lesbian
   - [ ] Bisexual
   - [ ] A sexual orientation not listed
   - [ ] I don't know
   - [ ] Prefer not to say

6. Do you speak a language other than English at home?
   - [ ] Yes
   - [ ] No

6a. What language do you speak at home?
   - [ ] Spanish
   - [ ] Other:

6b. How well do you speak English?
   - [ ] Not well at all
   - [ ] Not well
   - [ ] Well
   - [ ] Very well

6c. When needed, have you been able to get interpretation or translation services at/when:

	Yes	No	Don't Know	N/A
Healthcare	[ ]	[ ]	[ ]	[ ]
School/school activities	[ ]	[ ]	[ ]	[ ]
Workplace	[ ]	[ ]	[ ]	[ ]
Shopping/errands/around town	[ ]	[ ]	[ ]	[ ]
Recreation	[ ]	[ ]	[ ]	[ ]
Applying for a job	[ ]	[ ]	[ ]	[ ]
Using public transportation/taxi/ride-sharing services (e.g. Uber)	[ ]	[ ]	[ ]	[ ]
Government services (e.g., applying for a license, etc.)	[ ]	[ ]	[ ]	[ ]

Other:

COMMUNITY

7. How would you rate the quality of life you experience living in Summit County?
   - [ ] Very poor
   - [ ] Poor
   - [ ] Neutral
   - [ ] Good
   - [ ] Very good

Page 1 of 6

132

COMMUNITY Continued

8. Please choose the **TOP THREE (3) things** that you think **MAKE SUMMIT COUNTY A HEALTHY COMMUNITY**:

☐ Childcare   ☐ Availability of employment   ☐ Road maintenance and safety

☐ Elder care options   ☐ Culturally appropriate healthcare   ☐ Other:

☐ Services for disabled people   ☐ Drug and alcohol abuse prevention services

☐ Affordable healthcare   ☐ Behavioral/mental health/counseling services

☐ Number of healthcare providers   ☐ LGBTQ+ resources

☐ Place to raise children   ☐ Access to indoor recreational facilities

☐ Crime rate/safe neighborhoods   ☐ Access to parks/trails and outdoor recreation

☐ Access to healthcare (e.g., family doctor)   ☐ Clean environment

☐ Drug and alcohol abuse treatment services   ☐ Arts and cultural events

☐ Affordable food options   ☐ Family activities

☐ Healthy food options   ☐ Transportation options, including public transit

☐ Affordable housing   ☐ Bike paths

9. Please choose the **TOP THREE (3) things** you think **NEED IMPROVEMENT IN SUMMIT COUNTY**:

☐ Childcare   ☐ Availability of employment   ☐ Road maintenance & safety

☐ Elder care options   ☐ Culturally appropriate healthcare   ☐ Other:

☐ Services for disabled people   ☐ Drug & alcohol abuse prevention services

☐ Affordable healthcare   ☐ Behavioral/mental health/counseling services

☐ Number of healthcare providers   ☐ LGBTQ+ resources

☐ Place to raise children   ☐ Access to indoor recreational facilities

☐ Crime rate/safe neighborhoods   ☐ Access to parks/trails & outdoor recreation

☐ Access to healthcare (e.g., family doctor)   ☐ Clean environment

☐ Drug & alcohol abuse treatment services   ☐ Arts & cultural events

☐ Affordable food options   ☐ Family activities

☐ Healthy food options   ☐ Transportation options, including public transit

☐ Affordable housing   ☐ Bike paths

DISCRIMINATION

10. Have you or anyone in your family been discriminated against? Discrimination means unfair treatment based on something like gender, race, disability, or other trait.

☐ Yes

☐ No

☐ Don't know

10a. **(If Yes)** Check all location(s) or activity(s) where you experienced discrimination in Summit County.

☐ In my neighborhood   ☐ While seeking a job   ☐ By a government agency

☐ While seeking housing   ☐ In a healthcare setting   ☐ On social media/online/texting

☐ In school or an educational setting   ☐ In a faith community   ☐ While dining at a restaurant

☐ While shopping/running errands   ☐ By a bank or financial institution   ☐ Generally "around town"

☐ At my workplace   ☐ By law enforcement/police   ☐ I prefer not to answer

10b. Check all reasons you feel you or your family may have been discriminated against.

☐ Accent/ability to speak English   ☐ Physical appearance   ☐ I prefer not to answer

☐ Race/Ethnicity   ☐ Sexual orientation   ☐ Other:

☐ Cultural practices   ☐ Disability

☐ Gender   ☐ Health status/diagnosis

☐ Age   ☐ Religion

☐ Weight   ☐ Financial status/ability to pay

AFFORDABILITY

	Yes	No	Don't Know	N/A
11. In the past year, were you ever hungry but did not eat because you couldn't afford enough food?	☐	☐	☐	☐
12. In the past year, have you NOT filled a prescription because you could not afford it?	☐	☐	☐	☐
13. In the past year, have you missed one (1) or more rent/mortgage payments due to not having enough money?	☐	☐	☐	☐
14. In the past year, have you not participated in recreational activities because you could not afford it?	☐	☐	☐	☐
15. Does your family utilize free lunches at Summit County schools?	☐	☐	☐	☐
16. Are you unable to afford childcare services?	☐	☐	☐	☐
17. Are you unable to afford reliable transportation?	☐	☐	☐	☐

HEALTH CARE

18. Which type(s) of health insurance do you have? Choose all that apply:

☐ I don't have health insurance

☐ Private (SelectHealth, University of Utah, etc.)

☐ Medicare

☐ Medicaid

☐ VA/Military

☐ I prefer not to say

☐ Other:

18a. **(If No)** Please select all the reason(s) you do not have health insurance.

☐ I am currently unemployed

☐ I am starting a new job & my insurance benefits have not started

☐ My employer/employment level does not offer health insurance

☐ I cannot afford an insurance plan

☐ I do not want health insurance

☐ Other:

19. Did you visit a healthcare provider, such as a doctor or nurse practitioner, for any non-emergency medical care in the past one (1) year?

☐ Yes

☐ No

☐ Don't know

19a. **(If No or Don't know)** Please check the reason(s) why you did not visit a healthcare provider. Please choose all that apply:

☐ I did not need medical care.

☐ I do not have health insurance &/or self-pay rates would be too high.

☐ My insurance co-pay/out-of-pocket costs are too high.

☐ I could not find a provider taking new appointments.

☐ I was worried that the provider/care needed would not be covered under my insurance or would be too expensive.

☐ I needed care but did not have time to make an appointment.

☐ I could not find childcare.

☐ I did not have any transportation.

☐ I was worried about the provider not having interpretation/translation services.

☐ I was worried about discrimination due to my race/ethnicity/culture.

☐ I was worried about discrimination due to my gender.

☐ Other:

20. Where do you schedule most of your healthcare visits?

☐ Within Summit County

☐ At People's Health Clinic (free medical clinic in Park City)

☐ Salt Lake County

☐ Wasatch County

☐ Utah County

☐ Other:

IMMUNIZATIONS

21. Did you receive your childhood shots/vaccinations?

- ☐ Yes
- ☐ No
- ☐ Don't know

22. Have your household members received childhood shots/vaccinations?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Not applicable

22a. **(If No)** Please check all reasons why you or others in your household have not received childhood shots/vaccinations. Choose all that apply:

- ☐ Do not have time to get shots/vaccinations.
- ☐ Too expensive
- ☐ Do not have reliable transportation to get shots/vaccinations.
- ☐ Do not believe shots/vaccines are safe.
- ☐ Do not believe shots/vaccines are effective.
- ☐ Do not believe we are at risk of contracting vaccine-preventable diseases.
- ☐ Opposed to shots/vaccines due to religious beliefs.
- ☐ Concerned about side effects.
- ☐ Other:

23. Overall, how concerned are you about childhood shots/vaccinations?

- ☐ Not Concerned
- ☐ Somewhat Concerned
- ☐ Very Concerned
- ☐ Not Applicable

23a. Please tell us what concerns you most about childhood shots/vaccinations?

24. How concerned are you that you or your child might have a serious side effect from a shot/vaccination?

- ☐ Not Concerned
- ☐ Somewhat Concerned
- ☐ Very Concerned
- ☐ Not Applicable

ENVIRONMENT/PREPAREDNESS

25. Are you concerned about your drinking water quality?

- ☐ Not Concerned
- ☐ Somewhat Concerned
- ☐ Very Concerned

25a. Please tell us what concerns you most about your drinking water quality:

26. Are you concerned about climate change?

- ☐ Not Concerned
- ☐ Somewhat Concerned
- ☐ Very Concerned

26a. Please tell us what concerns you most about climate change:

27. Does your home have a cooling system?

- ☐ Yes
- ☐ No
- ☐ Don't know

27a. **(If Yes)** What type of cooling system?

- ☐ Air conditioner
- ☐ Swamp cooler/Evaporative cooling
- ☐ Fans
- ☐ Other: _____
- ☐ Don't know

27b. **(If No or Don't know)** Do you have access to a community space that has cooling?

- ☐ Yes
- ☐ No
- ☐ Don't know

ENVIRONMENT/PREPAREDNESS Continued

28. Does your home have a heating system?

   ☐ Yes
   ☐ No
   ☐ Don't know

28a. **(If Yes)** What type of heating system?

   ☐ Gas
   ☐ Electric
   ☐ Fuel (wood-fire or pellet stove)
   ☐ Geothermal
   ☐ Solar
   ☐ Space heater
   ☐ Other:_____
   ☐ I don't know

28b. **(If No or Don't know)** Do you have access to a community space that has heating?

   ☐ Yes
   ☐ No
   ☐ Don't know

29. Do you know what radon gas is?

   ☐ Yes
   ☐ No
   ☐ Don't know

30. Has your household been tested for the presence of radon gas?

   ☐ Yes
   ☐ No
   ☐ Don't know

	Yes	No	Don't Know	N/A
31. Do you have about 3 days' worth of food & water stored for an emergency?	☐	☐	☐	☐
32. Do you have about 3 days' worth of necessary medications on hand in case of emergency?	☐	☐	☐	☐
33. Does anyone in your household have a medical device that needs constant or frequent power?	☐	☐	☐	☐
34. Does your household use a well for drinking water?	☐	☐	☐	☐
35. Have you had regular testing done on your water?	☐	☐	☐	☐
36. Have you had any quality or health problems with your water?	☐	☐	☐	☐

(If Yes), what type of water problems:

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DEMOGRAPHIC QUESTIONS

37. How long have you lived in Summit County?

   ☐ Less than 6 months
   ☐ 6 months to 1 year
   ☐ 1 to 3 years
   ☐ 4 to 9 years
   ☐ 10 years or longer
   ☐ N/A (work in or visit Summit County often)

38. How many people (including yourself) live in your household?

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If you are the only person in your household, enter "1"

How many household members are under the age of 18 years?

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If no one is under 18, enter "0"

39. What is the highest grade or year of school you have completed?

   ☐ Never attended school or only attended Kindergarten
   ☐ Grades 1 through 8 (elementary/middle school)
   ☐ Grades 9 through 11 (high school)
   ☐ Grade 12 or GED (high school graduate)
   ☐ College 1 to 3 years (some college or technical school)
   ☐ College 4 years or more (college graduate)
   ☐ Graduate Degree (Master's, etc.)
   ☐ Professional Degree or PhD (MD, PsyD, etc.)

40. Please select your annual household income from all sources:

   ☐ Less than $20,000
   ☐ $20,000-$34,999
   ☐ $35,000-$49,999
   ☐ $50,000-$74,999
   ☐ $75,000-$99,999
   ☐ $100,000-$149,999
   ☐ $150,000-$199,999
   ☐ $200,000-$299,999
   ☐ $300,000 or more
   ☐ Prefer not to say

SUMMIT COUNTY HEALTH PROGRAMS

41. Please mark which programs/services offered by the Summit County Health Department that you are aware of & which programs you have used:

	Aware	Used	Not Aware	N/A		Aware	Used	Not Aware	N/A
Immunizations (shots/vaccinations)	☐	☐	☐	☐	Permits (wastewater, pool, restaurant, tobacco)	☐	☐	☐	☐
Cervical/Breast cancer screening	☐	☐	☐	☐	Drinking water testing	☐	☐	☐	☐
Car seat checks	☐	☐	☐	☐	Family planning/affordable contraception	☐	☐	☐	☐
STD testing	☐	☐	☐	☐	Guiding Good Choices (parenting class)	☐	☐	☐	☐
Gun lock & safe program	☐	☐	☐	☐	Tobacco & vaping quit resources	☐	☐	☐	☐
QPR suicide prevention	☐	☐	☐	☐	Discount bike helmet program	☐	☐	☐	☐
Underage alcohol use prevention	☐	☐	☐	☐	Free naloxone (opioid overdose reversal drug)	☐	☐	☐	☐
Drug use prevention	☐	☐	☐	☐	SAFE UT (app for mental health crisis)	☐	☐	☐	☐
Medical Reserve Corps (MRC)	☐	☐	☐	☐	Know Your Script (opioid prevention campaign)	☐	☐	☐	☐
Respiratory disease dashboard	☐	☐	☐	☐	Mobile Crisis Outreach Team (MCOT)	☐	☐	☐	☐
Women Infants & Children (WIC)	☐	☐	☐	☐	Other (Please Specify Programs):				
Early Intervention (EI)	☐	☐	☐	☐					
RainHarvest Rain Barrels	☐	☐	☐	☐					
Green Business Program	☐	☐	☐	☐					
Restaurant food inspections	☐	☐	☐	☐					
Pool sample testing	☐	☐	☐	☐					

42. Is there anything else you would like Summit County Health to know?

End of Survey – Thank you!