



COMMUNITY HEALTH IMPROVEMENT PLAN

A healthier community for all.

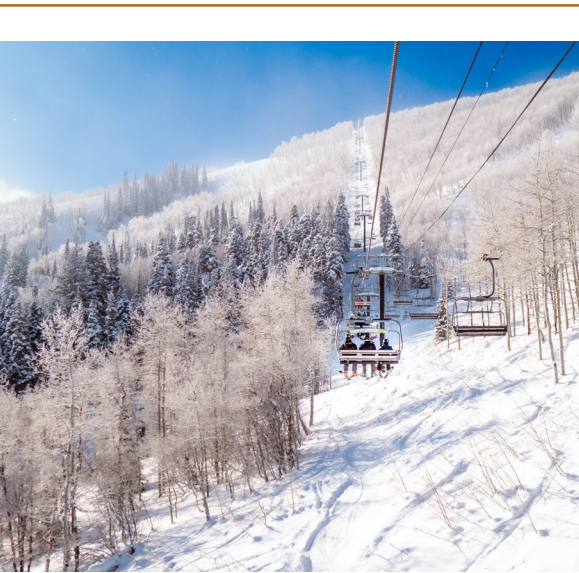


2026-2030



SUMMIT COUNTY • UTAH

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About this Plan

The Community Health Improvement Plan (CHIP) is a bold and strategic step forward in our collective effort to strengthen the well-being of Summit County. Grounded in data and shaped by community voices, the CHIP is a powerful tool for advocacy, investment, and impact. It identifies forward-facing public health needs and outlines a compelling, evidence-based case for action. This plan equips us to discuss the need for ongoing funding, implement programs that drive meaningful change, and champion solutions that reflect the real experiences of our community members. Summit County is ready to lead with purpose, and the CHIP is our roadmap.

The CHIP aligns people, resources, and partnerships around shared goals. It reduces duplication, strengthens coordination, and ensures that every effort contributes to outcomes that matter. By focusing on measurable results, it helps the Summit County Health Department (Health Department) and its partners work together with efficiency, purpose, and accountability.

To truly unlock its potential, the CHIP must be embraced as a vital complement to Summit County's broader goals, especially in housing, behavioral health, transportation, and childcare. These interconnected challenges demand unified, upstream solutions where health is paramount in the decision-making process. It brings forward local data, informed strategies, and a health equity lens that reinforces the County's commitment to systemic, cross-sector change. The CHIP strengthens and amplifies our ongoing efforts to create a safer, healthier, and more affordable Summit County for all who live and work here.

Above all, the CHIP affirms our shared responsibility to shape a healthier, more resilient Summit County through focused, collective action. It calls us to act now with optimism, accountability, and resolve. The CHIP is our commitment to each other and future generations that the idea of "building a healthier community for all" is a privilege and a promise.



Dr. Phil Bondurant
Summit County Health Director



ACKNOWLEDGEMENTS

The following partners and representatives contributed their time, expertise, and perspective to shape the priorities and strategies of this plan. Their collaboration ensured that the CHIP reflects the diverse voices and needs of the Summit County community.



Organizations Represented in the CHIP Workgroup:

- High Valley Transit
- Park City Chamber of Commerce
- Park City Community Foundation
- Park City Fire District
- Park City School District
- People's Health Clinic
- Summit Community Garden & EATS
- Summit County Clubhouse
- Summit County Sheriff's Office
- Swaner Eco Center
- USU Extension Summit County
- Summit County Housing Authority
- Summit County Board of Health
- Summit County Council
- Summit County Health Divisions:
 - WIC
 - Environmental Health
 - Behavioral Health and Prevention
 - Health Promotion
 - Sustainability
 - Early Intervention
 - Clinical
 - Administration

Summit County Board of Health:

- Michelle Downard, Board Chair
- Dr. Ilyssa Golding, Vice Chair
- Alissa Van Wie
- Chris Cherniak
- Deepani Jinadasa
- Megan Holbrook
- Megan McKenna, County Council Representative

Summit County Council:

- Tonja Hanson, Chair
- Canice Harte, Vice Chair
- Roger Armstrong
- Chris Robinson
- Megan McKenna

Summit County Manager's Office:

- Shayne Scott, County Manager
- Janna Young, Deputy County Manager

Summit County Health Department Staff

All Community Stakeholders in Support of Public Health

Special Thanks

The Summit County Health Department extends its sincere appreciation to the CHIP Steering Committee for their leadership and dedication throughout the Community Health Improvement Plan process: Nancy Porter, Epidemiologist; Kendra Babitz, Deputy Health Director; and Dr. Phil Bondurant, Health Director. Additional thanks to CV Strategies: Erin LaCombe and Lynn Oliva for their communications support and partnership in helping share this important work with our community.

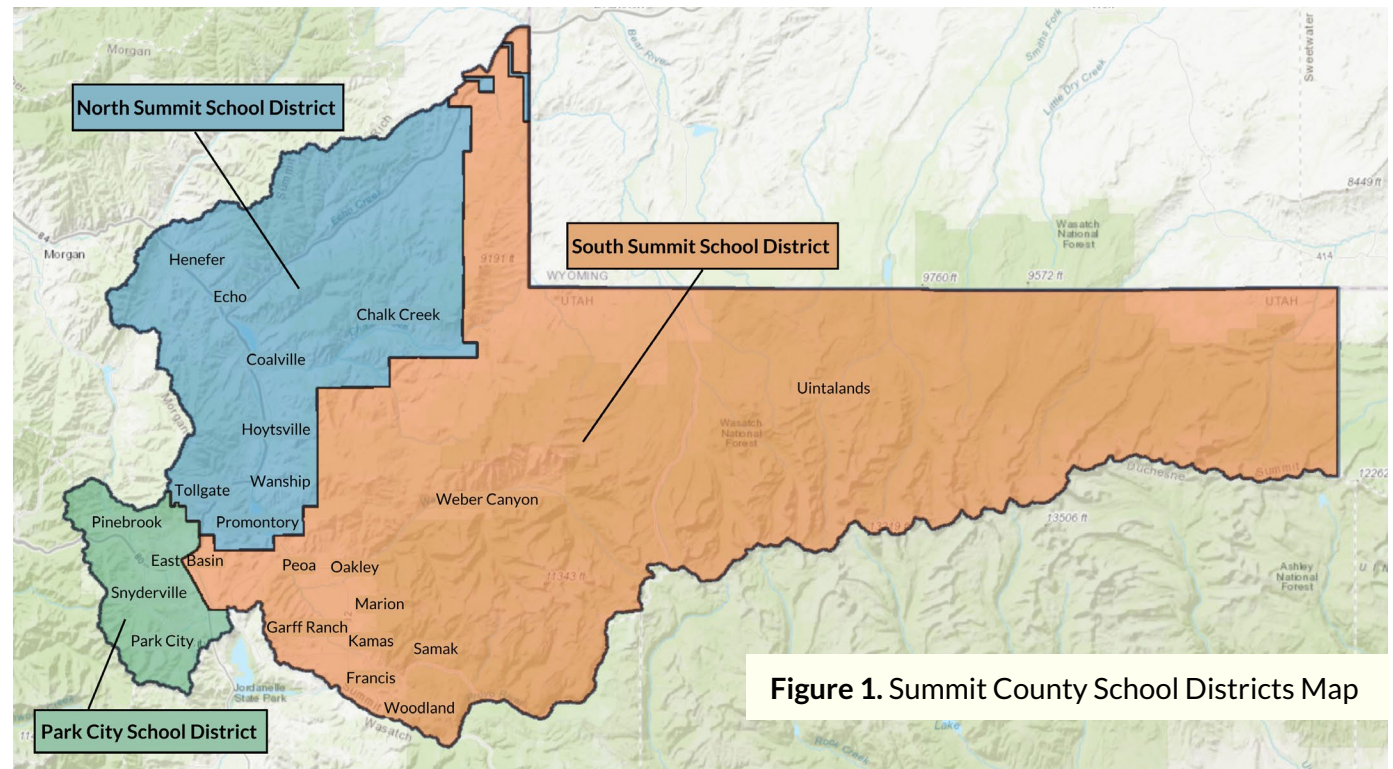
Community Profile

The CHIP is responsive to our community today and the potential community tomorrow. This section helps to illuminate key facts about the Summit County community and provides background to help us understand some of the drivers of public health.

POPULATION OVERVIEW

Summit County is home to a diverse and growing population of about 43,000 across several distinct communities.¹ The county is often described as having two regions—Western Summit County, which includes Park City and the Snyderville Basin, and Eastern Summit County, which includes cities and townships in the North and South Summit School Districts (Figure 1).

Western Summit County is more densely populated and has a tourism-driven economy, while Eastern Summit County maintains a strong agricultural base and a small-town character.



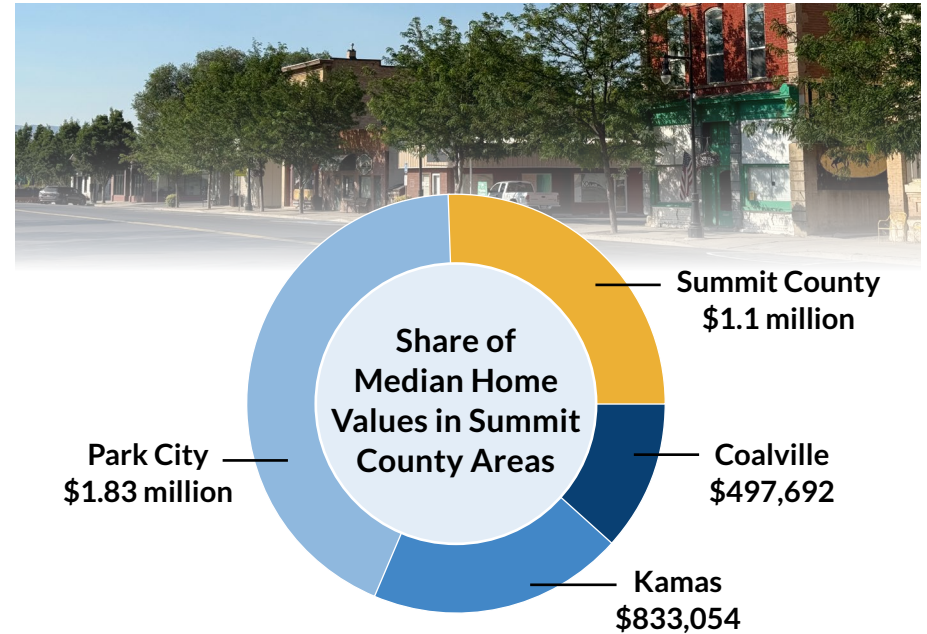
The population is 51.5% male and 48.5% female,¹ with a median age of 40.8 years—slightly older than Utah’s state average. About 29% of residents are between ages 45 and 64, and 16% are 65 or older, reflecting an aging trend that differs from Utah’s younger profile.² Summit County is less racially diverse than the state overall, with 94% of residents identifying as White and 11.4% as Hispanic or Latino.³ Roughly 15% of residents speak a language other than English at home, and about 10% speak Spanish.³ Life expectancy is among the highest in Utah at 84.7 years, though it varies by region—from 86.2 years in Park City to 78.7 years in eastern Summit County.⁴

Economic Conditions and Cost of Living

Housing and income are key factors that influence health and well-being in Summit County. The high cost of housing, especially in Park City, makes it difficult for many people who work in the community to live nearby.

In 2024, the median home value in Summit County was \$1.1 million, with Park City at \$1.83 million, Kamas at \$833,054, and Coalville at \$497,692.⁵ According to Park City's 2021 Housing Needs Assessment, the median home price of \$2.25 million was the highest in Utah and would require an annual income of more than \$500,000, nearly five times the county's median income.⁶ This limits access to stable, affordable housing for many workers and families.

In Park City, about 70% of housing units are vacant or used as second homes, reducing options for year-round residents.⁷ Limited affordable housing can lead to longer commutes, higher stress, and fewer opportunities for connection, all of which affect health. Despite local policies to expand affordable housing, the need continues to exceed supply, particularly for workers in service, education, and healthcare jobs.



Education and Language Access

Education and language access also play important roles in community health. Nearly 95% of adults in Summit County have a high school diploma or higher, and **more than half hold a bachelor's degree or beyond.**⁸ However, Hispanic and Latino residents are less likely to have completed higher education⁸ and more likely to face language barriers when accessing school or health services.

These differences affect job opportunities, income, and the ability to understand and act on health information. Summit County's strengths, including its highly educated population, engaged community, and access to outdoor recreation, provide a strong foundation for health. Yet addressing housing costs, educational equity, and access to care remains essential to ensure all community members can live, work, and thrive in the community.



Healthcare Access and Affordability

Most people in Summit County have access to healthcare, but affordability and provider availability remain a concern.

The 2024 Community Health Assessment (CHA) found that about **11% of individuals lack health insurance**, most often because they cannot afford a plan. Roughly one in ten did not visit a healthcare provider in the past year, and many travel outside the county for specialized services.

Although **87% received non-emergency care locally**, community members identified affordable healthcare, the number of local providers, and elder care options as top areas for improvement.⁹ Expanding healthcare access, preventive services, and affordability will ensure that all people can receive timely care close to home.

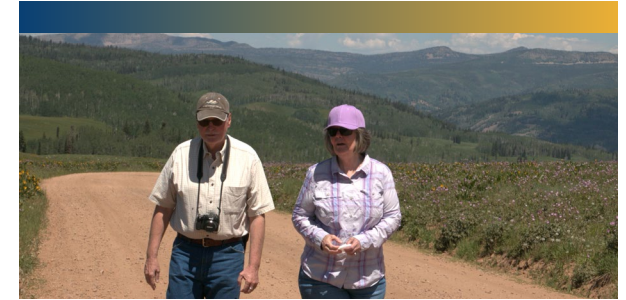


Environment, Housing, and Infrastructure

Summit County's mountain setting provides cooler temperatures, open spaces, and exceptional outdoor recreation, features community members identified as the top reasons the county is a healthy place to live. Yet challenges remain, including transportation barriers for rural communities, concerns about drinking water quality, and growing risks from drought, wildfire, and reduced snowpack.

Nearly half of survey respondents expressed concern about their drinking water, and more than three-quarters said they were somewhat or very concerned about climate change.⁹ These environmental pressures threaten both health and the local recreation-based economy.

Strengthening climate resilience, investing in sustainable infrastructure, and protecting water quality will help preserve Summit County's natural and built environments for the future.



Community Life and Social Connections

Summit County residents report a high quality of life and strong sense of community. **Over half rated their quality of life as "very good,"** and 37% as "good." Access to parks, trails, and outdoor recreation, along with safe neighborhoods and clean air, contribute to individuals' well-being. At the same time, challenges such as affordable housing, childcare, and transportation affect daily life and family stability.



Most people (76%) said they had not experienced discrimination, but **17% reported experiences of bias**, most often related to race or ethnicity, gender, or religion.⁹ Building inclusive, welcoming, and culturally responsive communities will help ensure that every person feels supported and valued.

CHIP Overview and Process

The 2024 Community Health Assessment (CHA) established the foundation for this Community Health Improvement Plan (CHIP). The CHA identified the most significant factors affecting health in Summit County and provided the data and context needed to set clear priorities for improvement. Building on those findings, the CHIP Steering Committee convened a workgroup of public health staff, community partners, and local representatives to review data, identify actionable goals, and outline strategies for implementation.

The process was structured to ensure broad participation and balanced input. An independent facilitator guided two days of discussions designed to identify priorities through open dialogue, small group sessions, and virtual voting. This approach helped reduce bias and reflect the perspectives of both the Health Department and the communities it serves.

Community health drivers such as housing, education, income, transportation, and food access shape health long before medical care begins. By focusing on these upstream conditions, the CHIP aims to reduce health disparities and strengthen the systems that support well-being for all.

Following the workshop, the Steering Committee synthesized the group's recommendations and coordinated with internal divisions to define timelines, responsible parties, and measurable objectives. Each objective was developed using the SMART framework (specific, measurable, achievable, realistic, and time-bound), and aligned with the Public Health Accreditation Board's performance standards.

Health equity serves as the foundation of the CHIP. It recognizes that not all individuals have the same opportunities to achieve good health and that conditions such as poverty, discrimination, and limited access to resources can create persistent barriers. Each CHIP priority includes strategies that strive to remove those barriers and ensure fair access to services and opportunities across the county.

The resulting CHIP provides a five-year framework for monitoring progress and aligning public health initiatives with countywide goals. It links community priorities to measurable outcomes, helping the Health Department and its partners coordinate work, guide investments, and maintain accountability.





CHIP STRUCTURE

This CHIP provides a clear framework for tracking progress on community health goals over the next five years. The CHIP Steering Committee developed a four-tier structure that aligns with the Public Health Accreditation Board's standards.

Priorities represent focus areas that the Health Department and community partners can realistically influence within the next five years to advance a healthier Summit County. Goals define measurable outcomes with each priority and define clear areas of focus. Objectives describe how each goal will be met using measurable targets.

Action steps outline the activities required to achieve each objective. Because these steps reflect operational details, they were identified by subject matter experts within the Health Department rather than by workshop participants.

INTRODUCTION TO CHIP PRIORITIES

The 2024 Community Health Assessment (CHA)⁹ helped identify the priorities in this CHIP by showing which factors have the greatest impact on health in Summit County. While the county ranks high in overall health compared to the rest of Utah, the CHA revealed ongoing challenges related to access, affordability, and equity. The CHIP focuses on three main priorities that reflect community input and areas where change can make the biggest difference: strengthening partnerships to address the social and economic drivers of health, improving access to healthy and affordable food, and increasing immunization coverage.

Although housing, childcare, transportation, and mental/behavioral health are all important influences on health, these areas are not included as CHIP priorities. Summit County already has strong community partners leading efforts in these areas, such as expanding affordable housing, improving childcare access, and strengthening public transit. The Health Department will continue to support this work through collaboration and data sharing but will focus its efforts on the priorities where it can make the most direct impact. Behavioral health is also not a CHIP priority because the Summit County Behavioral Health Division has its own plan to improve mental health and substance use services across the county.

The CHA found that lasting improvements in community health require collaboration between sectors and organizations. Residents and community partners expressed the need for better communication, stronger coordination, and shared goals. These findings shaped Priority 1: Strengthen Partnerships to Impact Community Health Drivers, which focuses on improving coordination, building trust, and developing joint strategies that address policies and systems influencing health.

The CHA also identified access to healthy, affordable, and culturally appropriate food as a major need. Rural and eastern parts of the county face limited grocery options, higher prices, and transportation challenges that make it harder to eat healthy foods. Strengthening local food systems and expanding programs that support food security were recognized as key ways to improve nutrition and equity.

Finally, the CHA showed gaps in immunization coverage, especially among children and adolescents. While overall vaccination rates in Summit County are high, some schools and neighborhoods have more exemptions and lower coverage. Vaccine hesitancy, access barriers, and lack of awareness were among the challenges identified.

These priorities on partnerships, food access, and immunization coverage reflect Summit County's commitment to prevention, equity, and coordinated public health action. The CHIP provides a clear structure for strengthening collaboration, removing barriers and improving health outcomes for all individuals.



CHIP WORKPLAN

PRIORITY 1

Strengthen Partnerships to Impact Community Health Drivers



Goal 1.1

Collaborate with community stakeholders to address policy affecting community health drivers through inclusive communication and trust-building strategies.

- **Objective 1.1.1** – By April 2026, create a Health Department workgroup to address social conditions that influence health.
 - **Action Step 1:** Extend invitations to Health Department staff.
 - **Action Step 2:** Determine group structure and meeting cadence.
 - **Action Step 3:** Identify work being done by other community groups, current policy efforts, and opportunities for public health partnerships during each meeting.
- **Objective 1.1.2** – Between May 2026 and January 2028, the Health Department workgroup will identify policy needs and gaps in areas related to social conditions that influence health and develop a workplan to address the gaps that include plans for communication and evaluation.
 - **Action Step 1:** Conduct a scan of policy work being done in Summit County to identify gaps and opportunities for public health to support efforts.
 - **Action Step 2:** Develop a workplan based on the policy scan to establish or strengthen partnerships to address identified gaps, considering community priorities and political feasibility.
- **Objective 1.1.3** – From 2028 through 2030, the workgroup will implement policy strategies from the workplan.
 - **Action Step 1:** Identify policy strategies from the workplan that can be accomplished within 1-2 years.
 - **Action Step 2:** Implement policy strategies from the workplan utilizing the department communications strategic plan.
 - **Action Step 3:** Evaluate each strategy for desired outcome at the end of implementation.

PRIORITY 1

Strengthen Partnerships to Impact Community Health Drivers



Goal 1.2

Leverage existing community partnerships and infrastructure to expand access to information, services, and coordinated health equity efforts.

- **Objective 1.2.1** – By 2028, Health Department staff will identify and evaluate existing online resource tools.

- **Action Step 1:** Conduct an inventory of existing online resource platforms (e.g., [alexinfo.org](https://www.alexinfo.org) and [findhelp.org](https://www.findhelp.org)) to assess current functionality, accessibility, and alignment with community needs.
- **Action Step 2:** Engage community members, service providers, and partner organizations to identify gaps, barriers, and opportunities to improve usability of these platforms.

- **Objective 1.2.2** – From 2028 to March 2030, Health Department staff will build on existing platforms to create a comprehensive hub that connects community members to health, housing, food, childcare, transportation, and other local resources.

- **Action Step 1:** Integrate access points for government support programs such as WIC, SNAP, Medicaid, and other assistance programs to streamline enrollment and referrals.
- **Action Step 2:** Ensure the platform is culturally responsive, multilingual, mobile-friendly, and accessible to individuals with access and functional needs.
- **Action Step 3:** Establish mechanisms for long-term sustainability by fostering community-wide buy-in and active participation from nonprofits, local governments, and other organizations in maintaining and updating the hub.

- **Objective 1.2.3** – From 2028 through 2030, Health Department staff will launch a community-centered health equity promotion campaign to help residents understand how investments in social conditions benefit the entire community.

- **Action Step 1:** Create a health equity communications campaign in plain language with culturally and linguistically tailored materials that feature personal stories, CHA data, and relevant health issues.
- **Action Step 2:** Implement monthly health equity outreach events in public locations (e.g., libraries, clinics, community centers) to promote the resource hub and strengthen visibility and community connection with the Health Department.
- **Action Step 3:** Provide training for service providers, community leaders, and frontline staff to guide community members in using the platform effectively to ensure it remains a trusted, up-to-date community tool.
- **Action Step 4:** Host periodic in-person engagement events with underrepresented or underserved populations to build relationships and gather qualitative feedback on barriers to access.

PRIORITY 2

Improve Food and Nutrition Access for an Evolving Community



Goal 2.1

Promote an equitable, resilient, and sustainable local food network.

- **Objective 2.1.1** – By 2030, build and sustain community food infrastructure that increases equitable access.
 - **Action Step 1:** Partner with local governments, nonprofits, and producers to create shared-use facilities such as community kitchens and establish a food resiliency fund.
 - **Action Step 2:** Support mobile markets to offer fresh, affordable food in underserved areas with convenient service times and community outreach.
- **Objective 2.1.2** – In 2028, expand community food literacy and engagement across all Summit County regions.
 - **Action Step 1:** Support hands-on food education through gardens, classes, and school-based programs.
 - **Action Step 2:** Collaborate with local chefs, athletes, and nutritionists to create multilingual cooking and nutrition videos distributed through community channels.
- **Objective 2.1.3** – In 2029, advance climate resilience and sustainability within the local food system.
 - **Action Step 1:** Collaborate with local producers to assess climate-related risks and support adaptation strategies.
 - **Action Step 2:** Educate consumers and institutions on sourcing climate-resilient, locally grown foods.

PRIORITY 2

Improve Food and Nutrition Access for an Evolving Community



Goal 2.2

Promote inclusive, stigma-free participation in local food programs.

- **Objective 2.2.1** – From July 2027 through 2030, reduce stigma through inclusive communication and outreach.
 - **Action Step 1:** Launch a culturally responsive messaging campaign that normalizes participation in food support programs.
 - **Action Step 2:** Partner with community hubs to host outreach events that celebrate food access and promote community connection.
- **Objective 2.2.2** – From 2029 through 2030, strengthen local capacity for dignity-based food access programs.
 - **Action Step 1:** Engage community partners and volunteers to sustain participation and support for food programs.
 - **Action Step 2:** Provide training for local leaders and service providers to champion programs and counter misconceptions.

PRIORITY 3

Increase Immunization Coverage to Reduce Preventable Disease



Goal 3.1

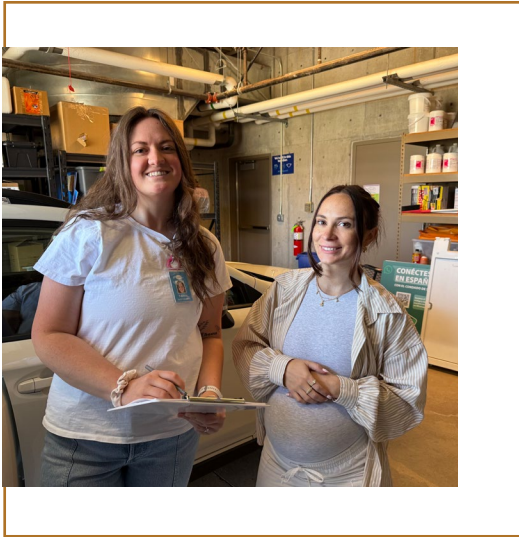
Strengthen public trust in vaccines through clear communication, trusted messengers, and culturally responsive engagement.

- **Objective 3.1.1** – Conduct annual community listening sessions among various groups to assess vaccine hesitancy, affordability, and access gaps – using these findings to inform communication and outreach strategies.
 - **Action Step 1:** Engage a neutral external partner to plan and conduct listening sessions, focusing on priority groups (e.g., parents, young adults, community members) in accessible locations to ensure a broad demographic and geographic representation.
 - **Action Step 2:** Analyze listening session data and existing sources to identify demographic and geographic patterns, key drivers of vaccine hesitancy, and information gaps.
- **Objective 3.1.2** – By July 2027, partner with trusted community messengers to co-create and implement annual targeted immunization campaigns that address local barriers and improve vaccine confidence among priority groups.
 - **Action Step 1:** Identify and engage trusted community messengers (e.g. local leaders, healthcare providers, educators, spiritual leaders, and employers) representing diverse demographic and geographic areas.
 - **Action Step 2:** Co-create culturally responsive, Summit County-specific evidence-based vaccine messaging in digital and print formats for groups identified in listening sessions.
 - **Action Step 3:** Equip and support messengers to share co-created, evidence-based materials through clinical, community, and digital channels.



PRIORITY 3

Increase Immunization Coverage to Reduce Preventable Disease



Goal 3.2

Expand vaccine access through improved delivery models and system coordination.

- **Objective 3.2.1** – In 2027, identify underserved populations and geographic access gaps through data analysis and evaluate existing vaccine delivery models to inform equitable access strategies.

- **Action Step 1:** Conduct a countywide gap analysis to identify staffing needs, barriers, and potential sites for new models of delivery.
- **Action Step 2:** Evaluate new and existing platforms, partnerships, and reminder systems to support scheduling, follow-up, and education.
- **Action Step 3:** Develop an implementation plan to adapt and scale delivery models to meet identified needs.

- **Objective 3.2.2** – In 2028, develop and implement tailored access strategies to improve vaccine reach and uptake among underserved and high-turnover populations identified through community assessment.

- **Action Step 1:** Identify priority groups (e.g. visitors, J-1 visa workers, and young adults transitioning out of pediatric care) using data, community input, and employer contacts.
- **Action Step 2:** Partner with employers, nonprofits, schools, health providers, and community organizations to deliver flexible vaccination opportunities and culturally appropriate messaging.
- **Action Step 3:** Collaborate with community partners involved in early childhood and family care (e.g., midwives, doulas, and others who regularly engage with new and expecting parents), schools and youth-serving organizations, and adult-serving workplaces and community settings to host mobile clinics and expand convenient access.

- **Objective 3.2.3** – By 2030, develop a countywide vaccine affordability and resilience plan to sustain equitable access for identified priority groups.

- **Action Step 1:** Convene healthcare providers, pharmacies, insurers, and community organizations to assess affordability and adaptability to potential coverage and policy changes.
- **Action Step 2:** Develop a vaccine affordability and resiliency plan outlining funding mechanisms, policy options, stakeholders, and emergency response protocols.

Timeline



Summit County Health CHIP 5-Year Project Timeline (2026-2030)

Start Date: 1/1/26

Priority	Goal	Objective	Year 1												Year 2												Year 3												Year 4												Year 5														
			2026												2027												2028												2029												2030														
			Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60						
Priority 1	Goal 1.1	Objective 1.1.1	Create staff policy group																																																														
		Objective 1.1.2					Develop policy workplan																																																										
		Objective 1.1.3																	Implement policy strategies																																														
	Goal 1.2	Objective 1.2.1	Evaluate online resource tools																																																														
		Objective 1.2.2																									Develop centralized resource hub																																						
		Objective 1.2.3																									Launch health equity campaign																																						
Priority 2	Goal 2.1	Objective 2.1.1	Build and sustain food infrastructure																																																														
		Objective 2.1.2																									Expand food literacy and engagement																																						
		Objective 2.1.3																																																	Advance food system climate resilience														
	Goal 2.2	Objective 2.2.1																	Reduce food program stigma																																														
		Objective 2.2.2																																					Strengthen dignity-based food programs																										
Priority 3	Goal 3.1	Objective 3.1.1	Conduct annual listening sessions																																																														
		Objective 3.1.2	Implement annual immunization campaigns																																																														
	Goal 3.2	Objective 3.2.1													Evaluate delivery models																																																		
		Objective 3.2.2																									Implement tailored access strategies																																						
		Objective 3.2.3	Develop vaccine affordability plan																																																														

Next Steps

Implementation and evaluation are essential to ensuring that the CHIP remains an active, measurable, and transparent tool for improving health in Summit County. The Health Department and its partners will begin implementing the CHIP priorities immediately following its adoption, with the CHIP Steering Committee providing coordination, oversight, and accountability throughout the process.

A detailed evaluation plan will be developed and published as a separate companion document to this report. That plan will outline the evaluation schedule, responsible parties, and performance metrics used to measure progress toward each CHIP goal and objective. Overall CHIP progress will be reviewed at least annually by the CHIP Steering Committee, with results included in the Health Department's annual report, presented to the Board of Health, and posted on the Health Department's website. Concurrently, objectives and action steps will be evaluated every three months, with updates provided to the Board of Health and other stakeholders as needed. Every objective will be evaluated and promoted based on public health best practices, ensuring that all strategies are data-driven, measurable, and aligned with evidence-based approaches.

To ensure transparency and accountability, progress reports will also be shared with the Summit County Council, community coalitions, and the public through website postings, the annual report, and regular progress updates. As projects are completed, summaries of outcomes and community impacts will be presented to both the Board of Health and County Council.

Information gathered through the implementation and evaluation of this CHIP will be used to inform the next Community Health Assessment (CHA), CHIP, and Strategic Plan, ensuring that future planning efforts are grounded in evidence, community experience, and measurable progress.

This CHIP establishes a foundation for ongoing, coordinated public health work in Summit County. Implementation and evaluation will continue as part of a disciplined process that uses data and measurable outcomes to guide decisions and document progress. The goal is steady, transparent improvement that keeps public health priorities aligned with community needs.





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2026-2030

COMMUNITY HEALTH IMPROVEMENT PLAN

A healthier community for all.

SUMMIT COUNTY • UTAH