



Northeast Utah American Indian and Alaska Native Community Health & Wellness Needs Assessment Summer 2023

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Introduction

This report serves as a preliminary health and wellness needs assessments for the American Indian and Alaska Native (AIAN) populations residing on or in proximity to the Uintah and Ouray (U & O) Reservation of the Ute Indian Tribe, which overlaps both Duchesne and Uintah Counties. Additionally, Daggett County is located to the north of Uintah County. Specifically, the geographic area of this report examines key health indicators for the Tri-County area, and the report is divided into two sections, with the first focusing on Duchesne County and the second section focusing on Uintah and Daggett Counties. This is because each of these areas have unique resource landscapes, especially when examining where local residents would have to travel to when meeting their overall daily needs. A brief overview of the geographic area is first provided to provide basic information about the Tri-County area.

Overview

The Tri-County area of Utah includes Duchesne, Uintah and Daggett Counties in the northeast corner of the state (counties are shaded blue in the map included here). This area is mostly rural with a population per square mile of 6.1 people for Duchesne County, 7.9 people for Uintah County, and 1.3 people for Daggett County which is far less than the 39.7 population per square mile for the state of Utah.¹ The Tri-County area is rural, and this population faces unique challenges in accessing health, employment, housing, education, and other support services compared to urban areas.



Needs Assessment Methods

Secondary Data Search Procedures

Utah State University conducted a basic search of secondary data sources to build a profile of Duchesne County to understand the health outcomes and other key indicators about resident health. While data specific to the U & O Reservation community is not available, the snapshot of results provides a general overview of resident outcomes in the area. To conduct the search, we utilized local, county and state level data sources in the following areas:

- Demographics
- Financial Health
- Food Access
- Education

-
- Housing, Transportation, and Broadband Internet Access
 - Health
 - Mental Health
 - Substance Use
 - Other

The secondary data presented is by no means exhaustive, rather it provides a snapshot of the county by using the most recent secondary data at the time of publication. Duchesne County has two main population areas, Duchesne and Roosevelt.

Mapping of Resources

To examine the resources available both within and adjacent to the U & O Reservation, we first conducted a visual review of what is available by examining Google Maps. Next, we searched within the areas of Duchesne, Uintah, and Daggett Counties because of their adjacent locations near to the reservation. These areas are most likely to be the locations that people from the reservation would travel to meet their needs. We constructed a list of available resources that fell within the following areas:

- Grocery & food stores
- Medical, mental health, and substance use disorder services
- Recreation
- Public resources

For each identified resource, we constructed a list in excel that included the name, address, longitude, and latitude. Prior to mapping we had a local stakeholder review the list of resources to identify any that might be missing to ensure the resource list was robust as possible.

Section 1: Duchesne County Needs Assessment Results

Demographics

The population of Duchesne County is 20,161, with 33.7% of the population under the age of 18 which is higher than Utah (29.4%) ¹. The racial and ethnic makeup of the county is primarily Non-Hispanic White (85.1%), followed by Hispanic (8.2%), and Non-Hispanic AIAN (4.0%).

Among the population 2.2% had limited English proficiency. Veterans made up 5.4% of the population. There were an estimated 7,038 households in the county of which 62.7% were married family households and 22.5% were non-family households. Additionally, 44.7% of households had children of which 77.36% were married family households, 15.7% were single mother households, and 6.5% were single father households.

Financial Health

Duchesne County's median income is \$61,655 which is lower than the state median income for Utah (\$79,449).¹ The county has a high number of persons (13.9%) and children in poverty (17.0%). Further investigation by race shows a large disparity with a poverty rate of 12.2% among Whites compared to 47.3% among AIAN. This disparity is even higher among the rate of children in poverty by race with 12.6% among Non-Hispanic Whites compared to 60.8% among AIAN.

A positive indicator is that unemployment has been reducing in Duchesne County from 11.9% in April 2020, to only 3% in July 2022.² Figure 1 shows the top six employment industries in the county. Some of the largest employers include the Duchesne School District, Uintah Basin Medical Center, Duchesne County, Uintah Basin Telecommunications, and Peak Well Service.³

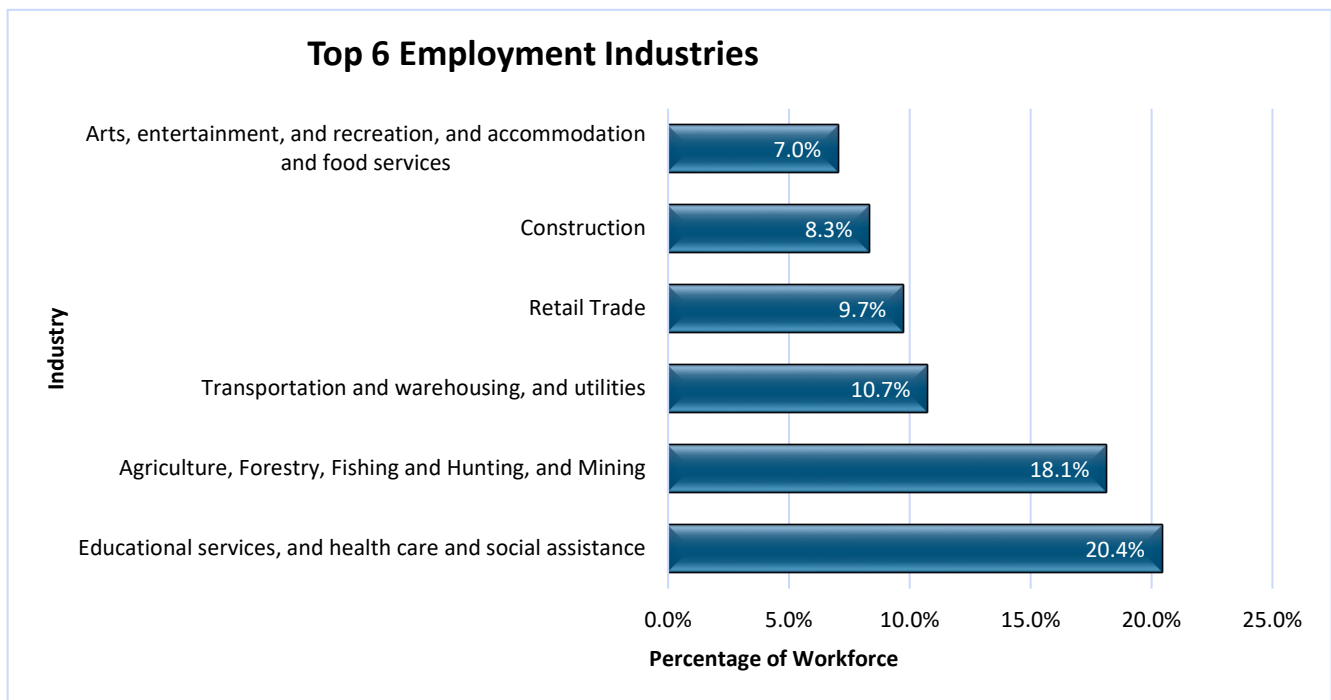


Figure 1. Top 6 employment industries in Duchesne County.

Food Access

Duchesne County has high rates of food insecurity, 16.4% among the total population and 21.1% among children.⁴ In addition, about 19% of the county population lives in a food desert which are neighborhoods that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.⁵

Several programs are working to address this issue with 34.5% of children receiving free/reduced price lunch and 10.8% of the population is receiving SNAP benefits.⁴ However; there are an estimated 2,669 low-income individuals not enrolled in SNAP that could be utilizing these benefits. There are five food

pantry sites and seven summer food programs at schools across the county to provide increased access to food.⁴

Education

Access to high quality education is essential to improve future economic opportunities as well as improve health outcomes.⁶ A critical component is access to early childhood education or preschool. In Duchesne County, 40.6% of children aged 3-4 had access to preschool compared to 42.6% for Utah and 47.3 for the United States.

The county also has 10.8% of the population 25 years and older without a high school diploma or higher compared to only 7.1% for Utah.¹ The rates of no high school diploma vary by race, with Non-Hispanic White at 9.2%, while AIAN is 16.5%. Furthermore, there are 17.7% of youth age 16-19 who are not currently enrolled in school and who are not employed which is far higher than the state average of 6.39%. Table 1 below summarizes educational attainment for the county compared to Utah and the United States and overall, the county has fewer people obtaining college degrees.

Table 1. Educational attainment for Duchesne County, UT.

	No High School Diploma	High School Completion	Some High School	Associates Degree	Bachelor's Degree	Graduate degree or higher
	%	%	%	%	%	%
Duchesne Co.	10.8	38.4	28.7	8.4	9.9	3.9
Utah	7.1	22.8	25.5	10.0	23.0	11.7
United States	11.5	26.7	20.3	8.6	20.2	12.7

Housing, Transportation, and Broadband Internet Access

The percentage of households where housing costs are 30% or more of total household income, and a high burden, in Duchesne County is 22.7% which was below state and national averages.⁷ On the other hand, 13% of the population are facing severe housing problems (e.g., overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities).⁸

In addition to housing, 4.1% of households do not have a motor vehicle which could limit access to needed services. Furthermore, the COVID-19 pandemic highlighted the need to have access to high-speed broadband internet for children to attend virtual classes, to access virtual healthcare, and to work remotely but only 71.7% of the population had access to high-speed broadband internet. While not widespread, these issues are more likely to impact low-income families and may be a target for interventions and new programing.⁹

Health

Duchesne County is ranked among the least healthy counties in Utah for health outcomes and health factors. Some of the key indicators contributing to this poor outcome are outlined in the Table 2 below. Briefly, the county has a high rate of several unhealthy behaviors including smoking (14%), physical inactivity (26%), and excessive drinking (12%).⁸

In addition, the county has high rates of chronic conditions such as obesity (33%) and diabetes (10%). The county also has a very high rate of premature death and premature age-adjusted mortality compared to the state impacted in part by the high rate of drug overdose deaths and motor vehicle crash deaths.

Table 2. Health outcomes and factors in Duchesne County, Utah.

Outcome or Factor	Duchesne	Utah
Health Outcomes		
Premature death (per 100,000)	9,900	6,000
Poor or fair health	19%	15%
Premature age-adjusted mortality (per 100,000)	430	290
Frequent physical distress	14%	11%
Frequent mental distress	16%	14%
Diabetes prevalence	10%	8%
Health Factors		
Adult smoking	14%	8%
Adult obesity	33%	30%
Excessive drinking	12%	12%
Physical inactivity	26%	19%
Drug overdose deaths (per 100,000)	20	19
Motor vehicle crash deaths (per 100,000)	25	8
Teen births (per 1000 population)	30	15
Uninsured)	15%	11%
Primary care physicians (ratio)	2,220:1	1,740:1
Dentists (ratio)	1,660:1	1,450:1
Health Factors		
Mental health providers (ratio)	550:1	280:1
Preventable hospital stays	3,401	2,110
Mammography screening	28%	42%
Flu vaccinations	42%	49%

All of the data indicate a need to improve access and use of health care, limit risky behaviors, and improve preventative health. However, this is difficult with 15% of the county population being uninsured, and the low number of providers which limits access and use of healthcare services.

Cancer

One of the most common health issues observed in the county is cancer. The age adjusted incidence rate (cases per 100,000 population per year) of cancer in Duchesne County was 490.2 compared to 405.4 for Utah.¹⁰ The five most common newly diagnosed cancers in the county include:

1. Prostate
2. Lung & Bronchus
3. Colon & Rectum
4. Breast
5. Melanoma of the Skin

Several factors contribute to the development of cancer including tobacco use, alcohol use, diet, physical activity, and stress among others. Programs should focus on improving these health behaviors. In addition, it is important to promote use of early detection and screening programs to identify cancer early. However, data indicate that only 23% of female Medicare beneficiaries age 65 or older had a mammogram in the past year compared to 31% for Utah.¹¹ This low rate among screening may contribute to the higher rate of deaths caused by cancer in the county. Overall, the age-adjusted death rate from cancer in Duchesne County was 148.2 compare to 119.8 for Utah.¹²

Mental Health

Duchesne County has also been impacted by the growing mental health crisis. The county had 16% of the adult population reporting frequent mental distress and has limited access to mental health providers with only 1 provider for every 550 people.⁸ In addition, there were a total of 35 deaths due to suicide which represents an age-adjusted death rate of 38.2 per every 100,000 total population which is higher than state (21.7) and national (13.8) rates.¹²

Adolescents were also impacted by mental health issues with the 2021 SHARPS data for the Northeastern Region which includes Duchesne County identifying 10.6 having high depressive symptoms, and 32.9% feeling sad or hopeless for two weeks or more in a row during the past year.¹³ This resulted in 25.5% having high treatment needs, 27.6% having moderate treatment needs and 46.9% having low treatment needs. These data highlight the need to address stigma and improve access and use of mental health and substance use treatment services.

Substance Use

The county is also being dramatically impacted by substance use and the opioid epidemic. Among adults in the county, 14% smoke and 12% are excessive drinkers.⁸ The county reported 21.6 deaths per 100,000 population from poisoning which includes drug overdoses of all types. This is concerning as there are only three treatment providers available in the county that provide medications for opioid use disorder which is a leading cause of overdose death.¹⁴

Substance use is also a growing concern for adolescents with SHARPS data indicating that lifetime substance use included 15.1% marijuana use, 19.9% alcohol use, 22.1% vaping use, 12.0% cigarette use, and 6.5% prescription drugs use.¹³ Overall, the county faces a growing challenge to provide prevention, treatment and recovery services for substance use issues.

Duchesne Mapping of Resources Results

The first area mapped, using ARCMAP, was the Duchesne area which can be seen in Figure 2. The legend provided within the map shows which point corresponds with each resource type. Like many rural communities in Utah, resources are clustered along the main road for the community and in proximity to other resources. A list of resources by type are presented in Table 3 below. While there are several resources are not visible on the map because of the dispersion of locations the area boasts a variety of resources to meet the needs of local residents. However, it is important to note that those living on the U & O Reservation would have to travel up to 20 miles (originating in Myton) to access services located in Duchesne.

Table 3. List of resources in the Duchesne area.

Point on Map	Name	Address
Grocery & Food Stores		
1	Al's Food Town	171 E Main St
2	IFA DEALER	591 W Main St
3	Chuck's Meat	17 E Main St
4	Family Dollar	105 W Main St
Medical Services (Medical, Mental Health, and Substance Use Treatment)		
1	Duchesne Valley Medical Clinic	50 E 200 S St
2	Teem Family Clinic*	51 E 800 N
3	Second Nature Wilderness family therapy	382 W Main St
4	Northeastern Counseling Center	28 E 200 S St
Recreation		
1	Tennis Park*	815 N Center St
2	Duchesne City Pool	95 N 100 W St
Public Resources		

Point on Map	Name	Address
1	Duchesne County Library	130 S Center St
2	Westside Food Pantry	8180 S 21000 W

*Outside of map area

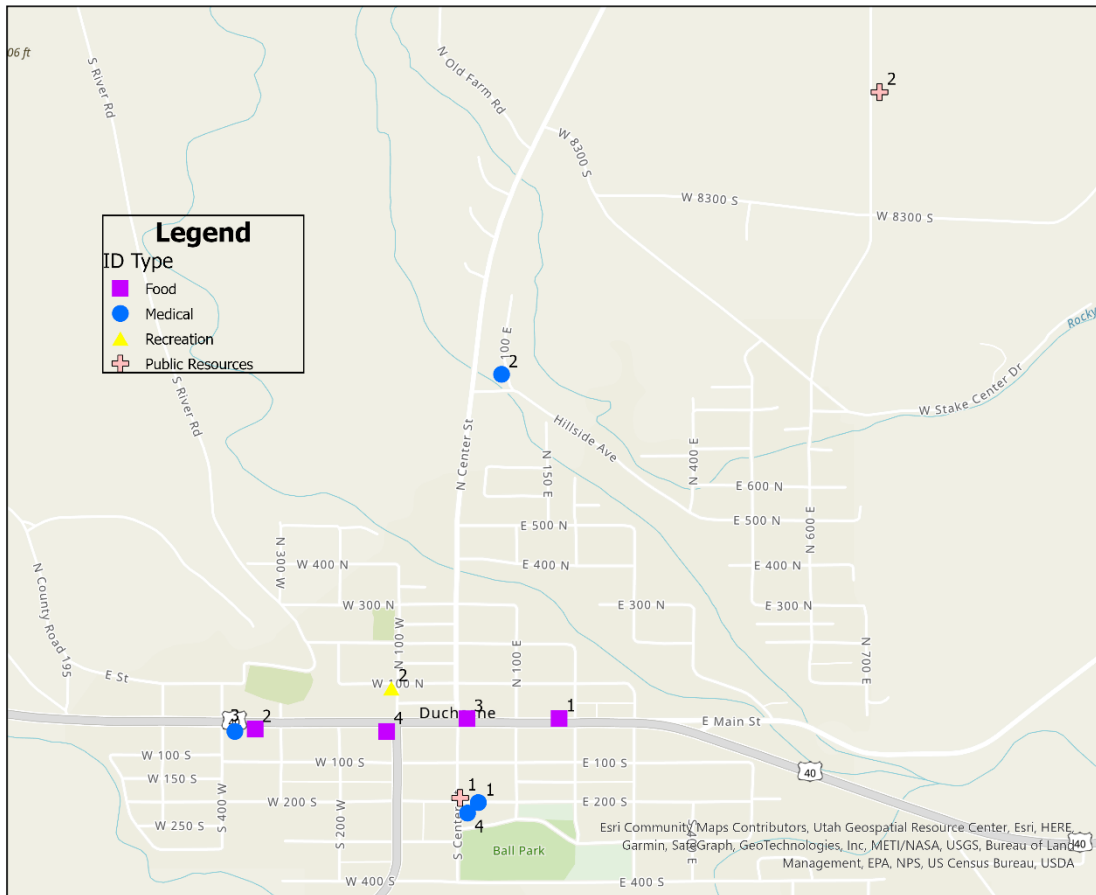


Figure 2. Resources in Duchesne, UT.

The second area mapped was the Roosevelt area. While this community straddles the Duchesne and Uintah County lines, it is a resource area that persons living on the Uintah and Ouray Reservation are likely to use to meet their household needs. As Figure 3 shows, resources can be most often found on the main street in Roosevelt.

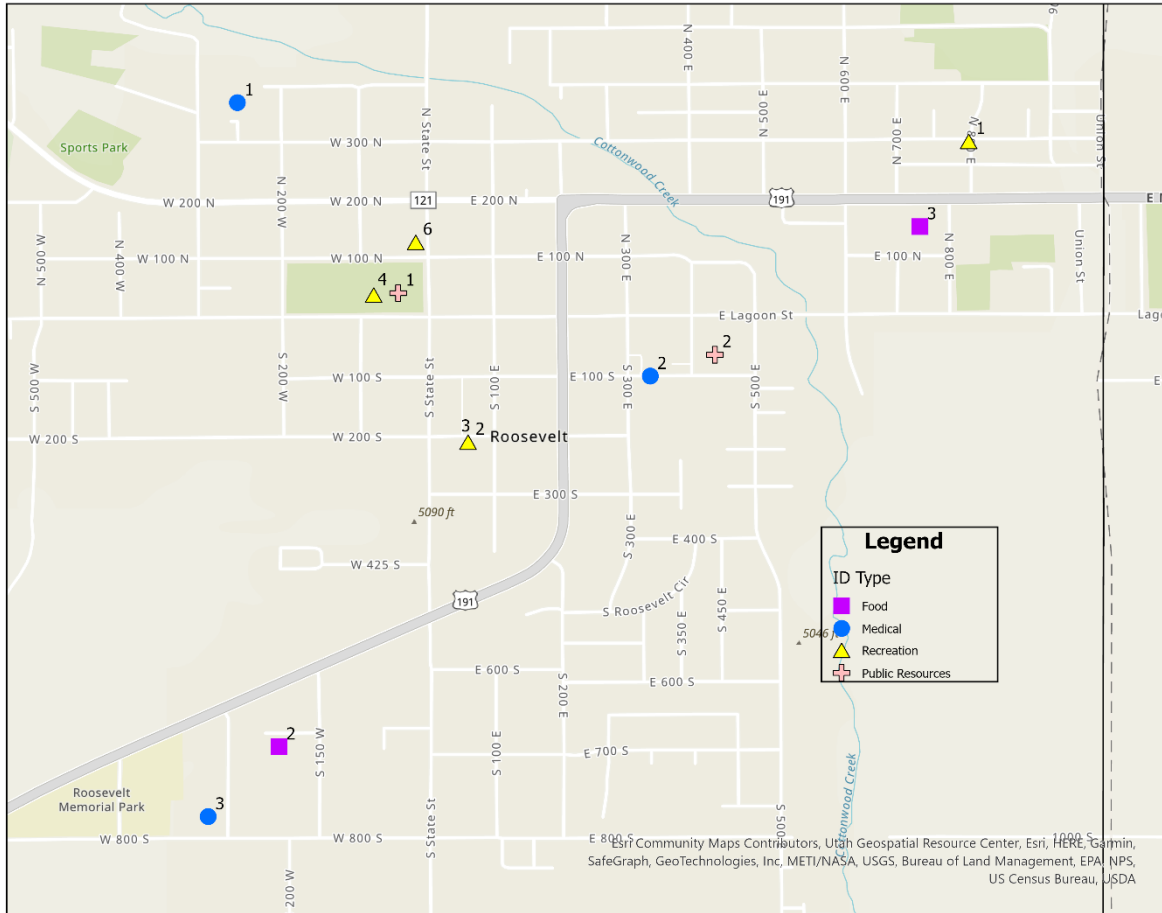


Figure 3. Resources in Roosevelt, UT.

When examining the resource environment in the area it is important to note that additional resources are located in Altamont, Neola, and Myton. These do not appear on the map because of the spread-out nature of the resources however, as Table 4 shows there are additional resources available outside of Roosevelt. Finally, while Fort Duchesne is located adjacent to Roosevelt, the map for that area is included in the Uintah County assessment as it is across county lines. However, Fort Duchesne has important resources located locally that people living on the Uintah and Ouray Reservation are likely to access.

Table 4. List of resources in the Roosevelt area.

Point on Map ⁺	Name	Address
Grocery & Food Stores		
1	Upper Country Market*	3986 North 15675 W
2	Stewart's Marketplace	245 US-40
3	Davis Food and Drug	750 E 200 N
4	Neola Korner Store*	9037 N Uintah Cyn Hwy
5	Ute Petroleum*	565 West US-40
Medical Services (Medical, Mental Health, and Substance Use Treatment)		

Point on Map ⁺	Name	Address
1	Uintah Basin Medical Center	250 W 300 N
2	Uintah Basin Association	330 E 100 S
3	Northeastern Counseling Center	285 W 800 S St #3707
Recreation		
1	Constitution Park	792 West 300 South
2	Crossroads Senior Citizens Center	50 E 200 S
3	Crossroads Community Center	50 E 200 S
4	Roosevelt Aquatic Center	90 W Lagoon St
5	Myton City Park*	N Center St
6	Central Park	25 N State Street
Public Resources		
1	Duchesne County Library	70 W Lagoon St
2	Roosevelt Food Pantry	420 E 100 S

*Outside of map area

Section 2: Uintah and Ouray Reservation

Duchesne County is adjacent to portions of the U & O Reservation and this assessment includes some specific data relevant to this population. In 2017, the U & O Reservation had a population of 26,063 including areas not adjacent to Duchesne County.¹ The population on the U & O Reservation is 12.2% AIAN alone, 13.5% AIAN in combination with other races, and the remaining 74.3% are other races. The median age is 30.4 years old for all racial groups and 28.1 years old for AIAN alone.

Table 5 below summarizes the educational attainment for the population located on the U & O Reservation. Overall, AIAN alone males had the poorest educational outcomes with 44.5% having less than a high school diploma which dropped to 14.9% for all races. This disparity highlights the need to improve graduation rates among the AIAN alone population.

Table 5. Educational Attainment, U & O Reservation

	AIAN Female	AIAN Male	AIAN Total	All Races
Less than high school diploma	28.1%	44.5%	35.4%	14.9%
High school graduate, GED, or equivalent	38.2%	37.1%	37.7%	37.3%
Some college or associate's degree	23.8%	16.1%	20.3%	34.5%
Bachelor's degree or higher	9.9%	2.3%	6.5%	13.4%

The median household income for AIAN alone on the U & O Reservation was \$50,157 compared to \$62,756 for all races. However, the per capita income was higher for AIAN alone at \$27,125 compared to \$23,411 for all races. The poverty rate was 28.9% for AIAN alone compared to 13.2% for all races. This disparity was also seen in the youth poverty rate with was over 40% for AIAN alone compared to 16% among all races.

Home ownership on the U & O Reservation was 76.6%, which was higher than national rates which may contribute to a less of the population being impacted by high housing cost burden, which are also less than national averages. These key indicators highlight the need to improve economic opportunities among the AIAN alone population.

Fort Duchesne Mapping of Resources Results

The next area mapped, using ARCMAP Pro, was Fort Duchesne area which can be seen in Figure 4. The legend provided within the map shows which point corresponds with each resource type. There are limited resources available in the area, however these are located on the U & O Reservation.

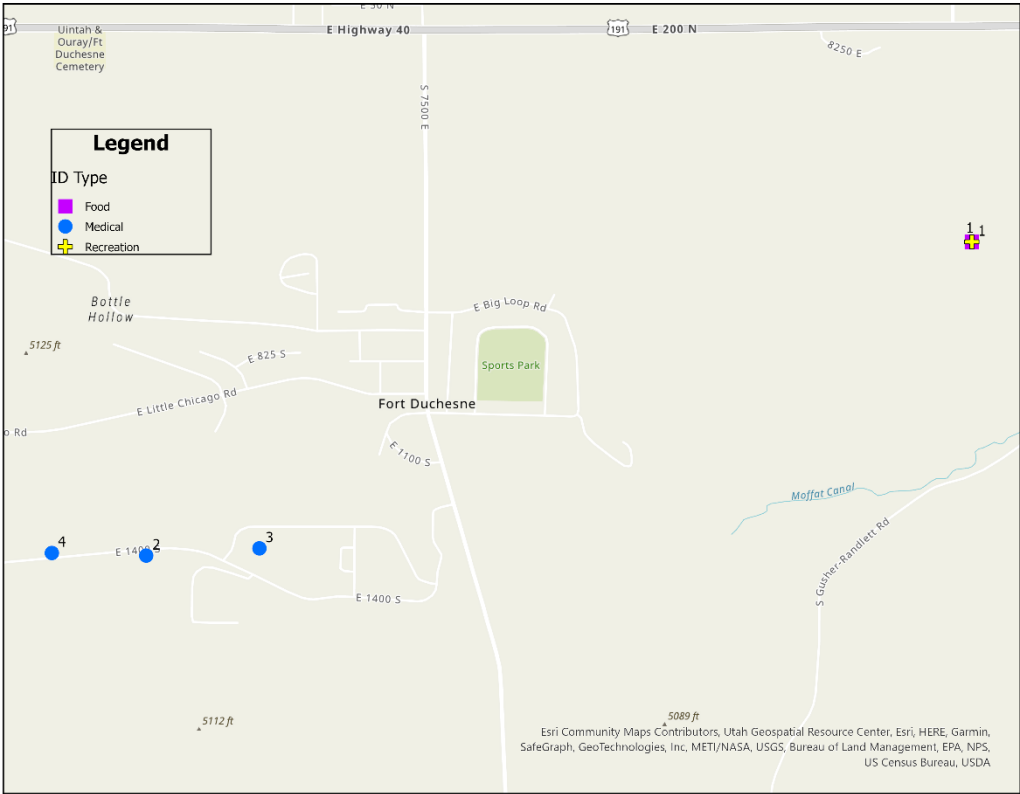


Figure 4. Resources in Fort Duchesne, UT.

Table 6. List of resources in Fort Duchesne, UT.

Point on Map ⁺	Name	Address
Grocery & Food Stores		
1	Ute Plaza Supermarket	7750 US-40
Medical Services (Medical, Mental Health, and Substance Use Treatment)		
1	Ute Indian Tribe Red Pine Residential Treatment Center*	550 S 6777 E
2	Uintah-Ouray Service Unit (IHS)	Fort Duchesne
3	Ute Tribe Family Services	Fort Duchesne
4	Painted Horse Diabetes Program	
Recreation		
1	Ute Indian Tribe Recreation Department	7723 Small Loop Rd

*Not shown on map

Section 3: Uintah and Daggett Counties

Demographics

The total population for the Tri-County area is 58,316, which includes Duchesne (population 20,161), Uintah (population 37,141), and Daggett (population 1,014) Counties.¹ Uintah County (31.8%) has a higher percentage of persons under 18 years compare to Utah (28.4%), however Daggett (25.8%) has a much higher percentage of persons over 65 years old compared to the state of Utah (11.7%).

The racial and ethnic makeup of Uintah County is primarily Non-Hispanic White (81.2%), followed by Hispanic (8.7%), and Non-Hispanic AIAN (7.9%).¹ Table 7 provides an overview of the population and race and ethnicity for the area.

Table 7. Population and race and ethnicity for Uintah County, Daggett County, and Utah.¹

	Uintah County	Daggett County	State of Utah
Demographics			
Population Estimates, July 2022	37,141	1,014	3,380,800
Persons under 5 years	7.6%	4.7%	7.1%
Persons under 18 years	31.8%	21.9%	28.4%
Persons 65 years and over	12.0%	25.8%	11.7%
Race and Ethnicity			
White alone	87.9%	95.1%	90.3%
Black or African American alone	0.7%	0.3%	1.5%

	Uintah County	Daggett County	State of Utah
American Indian and Alaska Native alone	7.9%	1.1%	1.6%
Asian alone	0.7%	0.6%	2.7%
Native Hawaiian and Other Pacific Islander alone	0.4%	0.1%	1.1%
Two or More Races	2.5%	2.8%	2.8%
Hispanic or Latino	8.7%	6.5%	14.8%
White alone, not Hispanic or Latino	81.2%	89.8%	77.2%

Financial Health

The Tri-County area faces several challenges in regards to financial health of the population. The median household income for Uintah County was \$59,428 was far lower than the state of Utah (\$74,197).¹ In addition, most families do not earn enough money to meet modest living needs as a family of four would need to make above \$85,000 a year.¹⁵ These factors suggest the need for more higher paying employment opportunities in the region. A positive indicator is that the unemployment rate has been declining in Uintah County from March 2021 to March 2022 showing recovery from the pandemic (see Table 8).

Table 8. Financial indicators for Uintah and Daggett Counties compared to Utah.

	Uintah County	Daggett County	Utah
Median household income, 2016-2020	\$59,428	\$74,911	\$74,197
Per capita income in past 12 months	\$24,578	\$27,568	\$30,986
Annual family budget needed for modest living	\$85,643	\$85,956	NA
Unemployment rate 2021	6.2%	3.3%	3.0%
Unemployment rate 2022	3.9%	3.4%	2.0%
Change in unemployment rate	-2.3%	+0.1%	-1.0%

There are high rates of poverty for individuals and children observed in Duchesne County (see Table 9).¹⁵ When looking at the breakdown of poverty by race and ethnicity, data shows a large disparity with poverty rates among Whites (11.3%) being much lower than poverty rates experienced by AIAN (47.3%) and Hispanics (24.8%). This is a key health equity need of the area and should be a focus of future programs in Uintah County. Meanwhile, Daggett County has a low poverty rate compared to the state of Utah.

Table 9. Poverty rates by age, race, and ethnicity by county compared to Utah, 2021

	Uintah County %	Daggett County %	Utah %
Individuals living below federal poverty level	13.0	3.3	9.1
Under age 18 living below poverty level	16.2	-	9.6
60 years and over living below poverty level	7.0	-	6.3
American Indian and Alaska Native alone	32.5	-	25.2
Hispanic or Latino	24.8	-	15.0
White alone, not Hispanic or Latino	10.2	3.3	7.5

Food Access

The Tri-County area also faces many barriers to accessing healthy food. There are high rates of food insecurity in Daggett and Uintah Counties, impacting about 1 out of every 7 people (16.4%) and about 1 in every 5 children (21%; see Table 10). This region has a large population living in a food desert, which are neighborhoods that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.⁵ Several programs are working to address this issue with high rates of children receiving free/reduced price lunch and many families receiving SNAP benefits.¹⁵ However, there are over 3,200 low-income individuals not enrolled in SNAP that could be utilizing these benefits indicating a need to promote these programs.

Table 10. Food insecurity, limited access to healthy food by county

	Duchesne County		Daggett County	
	%	n	%	n
Individuals Food Insecure	16.4	3,300	10.1	60
Children Food Insecure	21.1	1,440	18.1	20
Living in food desert	20.6		0	
Children receiving free/reduced price lunch	34.5		12.1	
Participating in SNAP	10.8		6.8	
Low-income individuals not enrolled in SNAP		2,669		5

Education

Access to high quality education is essential to improve future economic opportunities as well as improve health outcomes.⁶ A critical component is access to early childhood education or preschool. Approximately 40% of children ages 3-4 in Uintah County were enrolled in preschool compared to 42.6% for Utah showing room for improvement (see Table 11).¹⁶ This region also had a higher rate of the population not earning a high school diploma with 11.5% in Uintah compared to only 3.9% in Daggett and 7.1% for Utah. The rates of no high school diploma vary by race and ethnicity with 28.4%

of Native Americans not graduating in Uintah County. Other minority groups had similar disparities, indicating a key need to implement evidence-based programs to improve the education system.

Table 11. Educational access and attainment in Tri-County region compared to Utah (2016-2020)

	Uintah County %	Daggett County %	Utah %
Pre-School Access			
3-4 year old's enrolled in pre-school	39.5	-	42.6
Educational Attainment			
No High School Diploma	11.5	3.9	7.1
High School Only	38.1	42.5	22.8
Bachelor's Degree	12.0	10.2	23
Graduate or Professional Degree	4.3	4.5	11.7
Population with No High School Diploma by Race Alone			
White	10.3	4.1	5.2
Black or African American	7.5	-	12.7
Native American or Alaska Native	28.4	-	18.8
Asian	3.6	-	11.7
Native Hawaiian or Pacific Islander	-	-	8.4
Population with No High School Diploma by Ethnicity Alone			
Hispanic	16.4	-	26.2
Non-Hispanic	11.2	4.8	4.4

Housing, Transportation, and Broadband Internet Access

Social determinants of health include access to affordable housing, reliable transportation, and high-speed internet access, all of which are essential to improving economic conditions and overall health. However, rural areas, including much of the Tri-County area are facing disparities to access these essential services.

Housing: Recent data indicated that 22.3% of the population in Uintah County and 5.3% of the population in Daggett County had housing costs that were 30% or more of their total household income.¹⁵ Furthermore, 13% of the population in Uintah County and 6% in Daggett County are facing severe housing problems—which include overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.¹⁷

Transportation: This area also has a small percentage of households do not have a motor vehicle with 2.9% in Uintah and 6.5% in Daggett.¹⁵ This is compounded by little or no access to local public transportation which could limit access to needed services.

Broadband Internet: The COVID-19 pandemic highlighted the need to have access to high-speed broadband internet for children to attend virtual classes, to access virtual healthcare, and to work remotely. However, all three counties had limited access to high-speed broadband internet with 77.3% in Uintah and 88.0% in Daggett having access to high-speed broadband which were far lower than rates for Utah (97.3%).⁹ While not widespread, these issues are more likely to impact low-income families and may be a target for interventions and new programming. This region has also seen low enrollment into the Affordable Connectivity Program, which helps low-income households reduce their monthly internet bill, with only 14.8% of eligible households in Uintah and 11.0% of eligible households in Daggett enrolling in the program.¹⁸

Health

Overall, Uintah County is ranked among the poorest counties in Utah when examining health factors (26 out of 28).¹⁷ Daggett County was not ranked due to small population size. Table 12 below contains a summary of the key indicators contributing to poor health outcomes in the Tri-County area compared to the overall state of Utah. Briefly, the counties have a high rate of several unhealthy behaviors including smoking, physical inactivity, and excessive drinking. In addition, both counties have high rates of preventable chronic conditions such as obesity and diabetes.

Table 12. Key Health Indicators for the Tri-County region compared to Utah⁵

	Uintah County	Daggett County	Utah
Health Outcomes			
Premature death (per 100,000)	9,800	-	6,000
Poor or fair health	20%	15%	15%
Premature age-adjusted mortality (per 100,000)	430	-	290
Frequent physical distress	14%	11%	11%
Diabetes prevalence	11%	8%	8%
Health Factors			
Adult smoking	14%	11%	8%
Adult obesity	36%	30%	30%
Excessive drinking	12%	13%	12%
Physical inactivity	25%	20%	19%
Drug overdose deaths (per 100,000)	25	-	19
Motor vehicle crash deaths (per 100,000)	14	-	8
Teen births (per 1,000)	27	-	15
Uninsured	16%	9%	11%
Primary care physicians (ratio)	3,250:1	950:0	1,740:1
Dentists (ratio)	1,890:1	1,030:0	1,450:1

	Uintah County	Daggett County	Utah
Preventable hospital stays	3,859	-	2,110
Mammography screening	28%	27%	42%
Flu vaccinations	46%	55%	49%

Taken altogether, the data indicates a need to improve access and use of health care, limit risky behaviors, and improve preventative health. However, this is difficult with a high rate of the county population being uninsured, and the low number of providers which limits access and use of healthcare services.

Cancer

One of the most common health issues in the Tri-County area and a leading cause of death is cancer. Table 13 below summarizes key data on the impact of cancer in the Tri-County region. Overall, cancer incidence rates are much higher in Daggett County compared to the state of Utah.¹⁹ There was also a disparity by race in the region, with AIAN in Uintah County having a rate that is much higher than the state average. The region also had cancer death rates that were higher in Uintah County compared to Utah.

Table 13. Cancer indicators for Tri-County region compared to Utah (2014-2018)

	Uintah County	Daggett County	Utah
Cancer (per 100,000)			
Cancer Incidence Rate	395.3	447.9	405.4
Age-Adjusted Cancer Death Rate	130.7	-	119.8
Cancer by Race/Ethnicity (per 100,000)			
American Indian or Alaskan Native	318.9	-	240.6
White	401.8	455.6	407.1
Hispanic or Latino	308.4	-	379.6
Common Cancers (per 100,000)			
Prostate	115.6	-	115.1
Lung & Bronchus	26.2	-	26.1
Colon & Rectum	43.5	-	29.3
Breast	87.7	-	115.5
Melanoma	27.7	-	41.0

When looking into the five most common newly diagnosed cancers we see that the region had a much higher rate of lung & bronchus and colon & rectum cancers compared to Utah.²⁰ Several factors contribute to the development of cancer including tobacco use, alcohol use, diet, physical activity, and stress among others. Programs should focus on improving these health behaviors. In addition, it is important to promote use of early detection and screening programs to identify cancer early.

However, data report a low rate of mammogram screening in the past year among Medicare beneficiaries that were females 35 years and older with only 22% in Uintah compared to 31% for the state of Utah.²¹ Data were unavailable for colonoscopy exams, which are key to early detection and diagnosis for colon & rectum cancers.

Mental Health

The Tri-County area has also been impacted by the growing mental health crisis with higher rates of the adult population reporting frequent mental distress compared to the state of Utah.²² The growing mental health needs has been compounded by the limited access to mental health providers in the region (see Table 14). This may play a role in part to the high rates of deaths due to suicide which were higher in the region compared to Utah and a key issue to address.

Table 14. Key Mental Health Indicators for the Tri-County region compared to Utah (2022)¹¹

	Uintah County	Daggett County	Utah
Mental Health Indicators			
Frequent Mental Distress	17%	14%	14%
Mental health providers (ratio)	690:1	-	280:1
Suicide data			
Deaths due to suicide	50	-	3,253
Age-adjusted suicide death rate (per 100,000)	29.9	-	21.7

The mental health crisis has also been impacting adolescents. Data from the 2021 Student Health and Risk Prevention (SHARP) Statewide Survey for the Northeastern Region (includes Duchesne, Uintah and Daggett Counties) identified that 10.6% of students have high depressive symptoms and 32.9% were feeling sad or hopeless for two weeks or more in a row during the past year.¹³ Additionally, 25.5% have high treatment needs, 27.6% have moderate treatment needs, and 46.9% have low treatment needs. These data, found in Table 15, highlight the need to address stigma and improve access and use of mental health and substance use treatment services.

Table 15. Student Health and Risk Prevention (SHARP) Survey Data by Region (2021)

	Northeastern Region			Utah
	2017	2019	2021	2021
High Mental Health Treatment Needs	21.1%	23.4%	25.5%	24.6%
High Depressive symptoms	5.8%	9.5%	9.9%	10.6%
Moderate Depressive symptoms	69.9%	62.6%	65.8%	64.6%
Felt sad or hopeless for 2 weeks or more r	22.2%	30.5%	32.9%	32.5%
Past 12 months, seriously consider attempting suicide	20.0%	18.2%	17.9%	17.5%

Substance Use

The Tri-County region has also been impacted by substance use and the opioid epidemic. The region reported higher death rates from poisoning (which includes drug overdoses of all types) in Uintah County compared to the state of Utah.²³ Table 16 provides an overview of the key substance use indicators in the area. Additionally, the drug deaths reported for the Tri-County Health District between 2017-2020 were 22.3 per 100,000 people which was the sixth highest region in the state.²³ This is concerning as access to evidence-based treatment services is limited in the region with only seven buprenorphine treatment locations, all of which are in Vernal.²⁴ This limits the ability of people with opioid use disorder to receive treatment, especially if living in rural locations. This is further limited if rural patients have limited access to broadband internet and are unable to receive telehealth services. Additionally, there are no opioid treatment programs in the region which limits options to other treatment services such as methadone.

Table 16. Key substance use indicators by region compared to Utah

	Uintah and Daggett Counties	Utah
Drug overdose deaths (per 100,000)	25.0	22.0
Buprenorphine treatment providers	7	585
Opioid Treatment Programs	0	18

Substance use is also a growing concern for adolescents with SHARPS data indicating high rates of lifetime substance use (compared to the state of Utah; see Table 17): 15.1% marijuana use, 19.9% alcohol use, 22.1% vaping use, 12.0% cigarette use, and 6.5% prescription drugs use.¹³ Overall, the county faces a growing challenge to provide prevention, treatment and recovery services for substance use issues.

Table 17. Adolescent Substance Use Indicators from the SHARP Survey by Region 2017-2021

	2017 %	Northeastern Region 2019 %	2021 %	Utah 2021 %
Alcohol				
Lifetime use	22.1	18.4	19.9	14.0
Past 30-day use	7.9	4.2	6.4	4.3
Marijuana				
Lifetime use	11.4	11.0	15.1	9.8
Past 30-day use	5.0	3.2	6.3	4.5
Prescription drugs (all types)				
Lifetime use	6.3	6.3	6.5	5.3
Past 30-day use	2.0	1.4	2.4	1.7

Table 18. List of resources in the Roosevelt area.

Point on Map ⁺	Name	Address
Grocery & Food Stores		
1	7-Eleven	465 N 2500 W
2	Walmart	1851 US-40
3	B's Buzz In Buzz Out	1980 US-40
4	Walgreens	1316 US-40
5	Smith's	1080 US-40
6	Davis Food and Drug	575 W Main St
7	B's Buzz In Buzz Out	81 N 500 W
8	Chalet Hallmark	67 W Main St
9	Market on Main	14 W Main St
10	Stella's Kitchen	3340 N Vernal Ave
Medical Services (Medical, Mental Health, and Substance Use Treatment)		
1	Mountainlands Family Health Center	1680 W. Hwy. 40 Ste. 201
2	Ashley Valley Family Practice	872 US-40
3	Uintah Care Center	510 S 500 W
4	Uintah Basin Med Center Dialysis	224 E 500 S
5	Valley Family Clinic	266 W 100 N #6th
6	Root Medical	266 W 100 N #2
7	Ashley Regional Medical Center	150 W 100 N
8	The Journey Counseling Center - Ronda A Merrell	185 N Vernal Ave
9	Anderson Rodney S Family practice	475 N 500 W
10	Uintah Basin Healthcare	405 N 500 W
11	Basin Clinic Urgent Care Center	475 N 500 W
12	Basin Clinic	379 N 500 W
13	Family practice - Karl Breitenbach	379 N 500 W APT 1A
14	Revere Health Nephrology	379 N 500 W #1b
15	Vernal Urgent Care	872 US-40
16	Vernal Christian Psychological	1201 W 2500 S
17	Allegiance Addiction Recovery Center	4430 N Little Vly Rd
Recreation		
1	The Uintah Community Center	610 S Vernal Ave
2	Avalon Community Center	10420 E 8th St
Public Resources		
1	Uintah County Human Resources	152 E 100 N
2	Ashley Valley Food Pantry	426 E 200 S

*Outside of map area

Summary and Recommendations

There is a considerable need for attention to OUD/SUD in AIAN communities and throughout the Tri-County area to address the health and economic disparities identified in this report. These results point toward needs across sectors, and not just those aimed directly at providing treatment and recovery for opioid use disorder and other drug use disorders. We recommend the following areas be considered to address the disparities identified in this report.

1. Support initiatives to support economic development and social support services to address low-incomes and high-poverty rates. Specifically, the following areas could benefit from increased attention and enhanced support by the community:
 - a. Support economic development for employers that will provide on-site training and higher paying positions in rural areas with potential focus on remote work options.
 - b. Support low-income housing, transportation, and broadband support programs that seek to expand access and reduce the digital divide.
 - c. Focus on implementing interventions that occur on tribal lands, or areas with largest disparities to address, to reach more people who need and are eligible for programs.
2. Implement evidence-based programs to increase educational attainment with a focus on early childhood education and increasing high-school graduation rates. Specifically, we suggest the following receive additional attention in the community:
 - a. Support development of additional low-cost or free early childhood education programs in local communities.
 - b. Identify and implement evidence-based high school graduation improvement programs across the region with a focus on Native American and Hispanic students to focus on reducing recidivism.
3. Increase access to prevention, treatment, and recovery services for mental health and substance use in the region to lower impact on morbidity and mortality. We suggest the following areas could benefit from additional attention:
 - a. Increase access to opioid use disorder treatment through telehealth services or adding new trained providers with a focus on rural areas and reservations.
 - b. Implement evidence-based prevention programs in schools with a focus on social emotional learning or other skill-based learning programs.
 - c. Address stigma associated with uptake of treatment for mental health and substance use disorders through culturally appropriate media and outreach campaigns.
 - d. Improve access and use of Naloxone among high-risk groups to reduce overdose deaths.

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4. Increase use of preventative medical services across the region to address health disparities and increase access. We suggest the following areas receive additional support:
 - a. Educate public on the costs and how to access preventative services with a focus on services that are free with insurance coverage.
 - b. Assist uninsured population with applying for Medicaid or other options to meet their daily needs.
 - c. Promote early screening for common cancers in the region through media campaigns and other outreach programs.

Finally, the Tribal and Rural Opioid Initiative and Resource Center will use the findings from this report to continue to provide support to agencies who provide prevention, treatment, and recovery services in the Tri-County area. This report provides evidence that there continues to be a need for our efforts and we plan to provide the following community supports:

1. Offer culturally centered harm reduction programming
2. Naloxone training in-person or online virtual
3. Supporting elder talking circles to enhance and understand the current experiences of the community related to opioid use disorder and other drug use related disorders
4. Increasing awareness of stigma (for opioid use and other drug use) by hosting 5k/fun walks annually
5. Providing local programming that uses traditional and contemporary arts
6. Developing community conversation events and coordinating with city, tribal, and county health departments to build community partnerships
7. Invite our local partners, agencies, and allied groups to listening sessions to hear from AIAN community members on how we can work together to create strategies for addressing our needs related to OU/SUD. This will include several in-person and online (virtual) programs for the Ute Indian Tribe and Paiute Tribe of Utah.

The team at the Tribal and Rural Opioid Initiative Resource Center will continue to increase youth prevention awareness by continuing to supporting and sponsoring family wellness activities within AIAN communities. We will continue to address the need to maintain resiliency in the community by emphasizing cultural connectedness, cultural services, proactive role models, and available support. In addition, they are looking to expand online resources that support AIAN communities, continue to understand community needs, and develop impactful programming that addresses opioid use disorder health gaps and disparities.

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