Utah County Community Needs Assessment in Relationship to the Opioid Crisis

Utah State University Health Extension: Advocacy, Research & Teaching (HEART) Initiative

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June 2020
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Introduction

This document is designed to assess the needs of Utah County, UT as it relates to the opioid epidemic. It was developed within the capacity of Utah State University’s Health Extension: Advocacy Research & Teaching (HEART) Initiative. Information in the document was gathered by using primary sources including interviews with organizational leaders, and secondary sources including statistical data and recently completed community needs assessments. This needs assessment focuses on the strengths of the community, as well as possible solutions to help address prevention efforts surrounding opioid use and misuse.

Utah County Demographic Information

Utah County is located in the north-central part of the state, sharing borders with Salt Lake, Wasatch, Tooele, Juab, Sanpete, Carbon, and Duchesne Counties (Utah State Government, Utah County Map, 2020). Measuring at 2,003 square miles, this county is larger than Salt Lake, Wasatch, Sanpete, and Carbon Counties, and far exceeds the population density of its neighbors, with the exception of Salt Lake County (US Census, 2010). The bulk of Utah County’s population sits along the Wasatch Range, bordered by high terrain including Flat Top Mountain, Lake Mountain, Box Elder Peak, Mount Timpanogos, Provo Peak, and Spanish Fork Peak (Utah State Government, Utah County Map, 2020). It also has complimentary valleys to its elevated mountain ranges.

Fig. 1 –Utah County, Bordering Counties, and Mountain Ranges

Used with permission: Utah County Government
According to the most recent US Census survey completed in 2010, the total population of the county was 516,564, but it is estimated to have increased by 23.1% since then (US Census, 2019). Utah County is one of the fastest growing population centers in both Utah and the U.S. Additionally, it is becoming increasingly dense, with 257.8 people per square mile (US Census, 2010). During this same time period, Utah County experienced strong job growth, housing development, and an increase in the total number of households.

Utah County’s racial and ethnic demographics are as follows: 82.1% White, 12.0% Hispanic or Latino, 1.8% Asian, 0.8% American Indian or Alaska Native, 0.8% Black or African American, and 2.8% identify as two or more races.

Fig. 2 – Racial and Ethnic Demographic Breakdown in Utah County.

According to the 2010 Census survey, 58.9% of the population is between 18-64 years of age and 7.7% is over the age of 65. Utah County is considered to be a young population as compared to the US, with 33.4% of the population under the age of 18.

Fig. 3 – Age Breakdown of Utah County Residents.
Regarding education, 94.2% of Utah County residents over the age of 25 have at least a high school degree compared to the state’s rate of 90.4%. Notably, 40.1% of county residents in that same age group have a bachelor’s degree or higher, outpacing the state rate of 32.6% (Spotlight on Poverty and Opportunity, 2020). Indeed, the median household income was estimated to be $75,296 in 2018, slightly above the state’s average of $71,381 (Department of Workforce Services, 2020a).

**Fig. 4 – Educational Degree Comparison of State of Utah and Utah County.**

![Educational Degree Comparison Chart](image)

Utah County is known for its continuous economic expansion. With 13,523 employers, there are a variety of employment sectors, including education, healthcare, technical services, manufacturing, and government positions (Department of Workforce Services, 2018). Despite a low unemployment rate of 2.8%, 9.4% of the county’s residents live at or below the poverty level, compared to a state rate of 9% and a national rate of 11.8% (US Census, 2010).

**Fig. 5 – Poverty Rates Comparisons Among Utah County, Utah State, and US.**

![Poverty Rates Chart](image)
The Immediate Impact of COVID-19

One cannot doubt that 2020 offers a new and unique narrative to the immediate and future outlook of Utah and its counties due to the novel Coronavirus (also referred to as COVID-19). The state of Utah has seen a high number of infections and numerous deaths in working-age adults ages 25-64, and among Whites and Hispanic and Latino populations. As of June, Utah County has the second highest number of cases and deaths, only behind its northern neighbor, Salt Lake County (Utah Department of Health, 2020a).

Individuals and families have suffered in many different ways and the pandemic has completely changed day-to-day living. For example, in March, educational institutions and workplaces moved learning and work activities from physical locations to remote ones. However, many industries and vital in-person gatherings could not be replicated online, leading to layoffs and furloughs. According to the Department of Workforce Services, Utah County jumped from a 2.8% unemployment rate to an alarming 7.8% unemployment rate as of April (Department of Workforce Services, 2020b).

Although the situation is constantly fluctuating and businesses have started opening their doors as of May, many aspects of Utah County are still impacted and may continue into the long-term, bringing new challenges and opportunities.

A Look at the Opioid Epidemic

Opioid misuse has become a major national concern over the last two decades. Types of opioids include heroin, synthetics such as fentanyl, and prescription pain relievers like oxycodone, codeine, and morphine. According to the Centers for Disease Control and Prevention (CDC), these substances are most commonly administered as pills or injections. Opioids have a variety of uses, including post-surgical recovery, pain management, and recreation.

No matter the intended use, the nation is experiencing an epidemic. Granted, the number of drug overdose deaths decreased by four percent within the last three years. However, the welcome news is met with the reality that these deaths have still been four times higher over the past 19 years due to overprescribing and accessibility, with opioid overdoses accounting for 70% of all drug deaths (CDC, 2020a). Since 2013, there has been an increase in overdose deaths specifically involving synthetic opioids including fentanyl (CDC, 2020b).
One hundred twenty-eight people die every day from an opioid overdose in the United States (CDC, 2020a). This is higher than the number who die from car fatalities (Pierce & Texas Medical Center, 2019). One in 96 people die from an opioid overdose while one in 103 people die from motor vehicle crashes. For years, the leading cause of death in the U.S. was heart disease. Unfortunately, opioid overdose is not far behind.

The medical community has experienced an increase in treatment for acute and chronic pain. In the last two decades, a set of new standards and ways to manage pain has evolved. Although healthcare providers have generally prescribed opioids as a method, this has resulted in a large population of people who have become addicted to pain-relieving medications. The current opioid crisis has awakened medical professionals and community leaders to the overall practice of opioid distribution and consumption.

The National Institute on Drug Abuse (NIDA) reported that three out of four people who have used heroin are believed to have misused prescription opioids first (NIDA, 2020a). There are roughly 2.1 million Americans who are suffering from an Opioid Use Disorder. Only 20% of that total have received specialized addiction treatment (NIDA, 2018).

Utah has experienced a similar narrative to the nation. NIDA noted from 2018 data that for every 100,000 people, there were 15 deaths from opioid overdose compared to the national rate of 20.7 (NIDA, 2020b). The opioid prescription rate per 100 people in Utah was 57.2; this was 5.8 prescriptions more than the national rate of 51.4 (NIDA, 2020b). According to statistics presented by Utah’s Violence and Injury Prevention Program, 60% of those who suffered from a prescription opioid-related death were also found to have physical health problems, a
diagnosed mental illness, and substance abuse problems, and 10% showed a history of attempting suicide (Utah Department of Health, n.d.).

This general increase in opioid use and misuse poses a significant health risk and sounds the community’s call to action. Additionally, co-morbidities such as mental health, physical health, and suicidality show the need to address underlying circumstances, not just the opioid misuse.

**Current Actions in Utah County**

In 2018, USU Extension sought to address the state’s opioid crisis with an innovative initiative that included prevention and education, strengthening community ties, stigma reduction, and harm reduction, which came to be considered the initiative’s “pillars” (Utah State University Extension HEART Initiative, 2019). By identifying and directing efforts in the nine counties in Utah whose opioid death rates surpassed state and/or national rates, the initiative was tasked with using these pillars as the foundation for opioid reduction efforts. Utah County was one such county.

These counties were highlighted in a new initiative called “Health Extension: Advocacy, Research, and Teaching”, or HEART. At the time of the initiative’s first annual report, it was reported that opioid overdose rate per 100,000 population age 18+ was 18.8 from 2013-2017, which was higher than both state and national rates (Utah State University Extension HEART Initiative, 2019). In its first year, HEART faculty in Utah County laid the foundation for strong agency partnerships, education and prevention in schools and communities, and stigma reduction efforts.

The following information is constructed from informal interviews with organizational leaders from county and state organizations and Extension faculty. All organizations provide education and resources to meet the county’s needs, and serve on a variety of coalitions that bring partners together.

Utah County practices several different methods of community outreach and preventative actions to aid in the opioid epidemic, but there is still an increasing number of opportunities to fill some of the needs. In an interview with the United Way of Utah County’s EveryDay Strong Director, it was shared that the influence of positive psychology and continual support has had a great influence in the reduction of opioid use (Gardner, 2020). Such forms promote resilience-
building though motivation and encouragement. Additionally, a focus on education, prevention, and stigma reduction are all making an impact.

**Community Education**

One such example of how education is used is a series-based program called Living Well with Chronic Pain, a six-week series that teaches participants non-prescription methods to manage chronic pain (Utah Department of Health, 2020b). In Utah County, the program is provided through a partnership between Intermountain Healthcare and the Utah County Department of Health. Other classes that support recovery include fall and injury prevention, chronic disease management, diabetes prevention, and general health and wellness education. These classes facilitate community members with similar challenges to gather, learn, and connect.

**Prevention**

The healthcare industry is participating in prevention efforts by arming citizens and professionals with live-saving tools. An Extension faculty with the HEART Initiative noted one method that has saved lives is the introduction of Narcan®, commonly known as Naloxone, which is used to reverse the effects of an opioid overdose (Keady, 2020). While these kits are available in substance use recovery facilities, they have also been distributed throughout public locations like libraries and police stations (NIDA, 2020). In Utah County, Narcan® is also available in over 70 private, chain, supermarket, and hospital pharmacies without a prescription. These entities and coalitions provide community trainings on how to recognize an overdose and administer Narcan® (Utah Naloxone, n.d.).

Utah County has also instituted a Safe Drug Disposal program run by the Utah Valley Drug Prevention Coalition (Utah Valley Drug Prevention Coalition, 2020). This allows users to properly dispose of their old (unused) medications in a place where the drugs will not be stolen, sold or misused. Often old medications can be found in the trash or even in sewage, so the development of safe drug disposal locations helps users carefully dispose of their drugs. Currently, there are 22 such locations in Utah County, granting flexibility and the ability to have a broader outreach (Utah County Overdose Prevention Program, 2019).
**Stigma Reduction**

All of these efforts serve an additional goal and movement to reduce stigma. The negative view of opioid users leads some to not seek treatment, thus leading to a sector of the population that needs the most help.

One such project determined to reduce stigma is the HEART Initiative’s “Informing the National Narrative: Stories of Utah’s Opioid Crisis”. Spearheaded by the Davis County HEART faculty, the project seeks to give a voice to individuals, families, and professionals affected by opioid use and addiction. By allowing them to tell their stories through in-depth interviews, and making those interviews accessible online, the hope is to challenge misunderstanding, stereotyping, and biases that exist in communities (Utah State University Extension HEART, n.d.).

As stated earlier in the document, co-morbidities exist with substance abuse, making it important to address multiple factors. The Utah County Health Department’s Injury Prevention Coordinator noted that public health professionals must focus attention and resources on mental health as a component of substance abuse prevention (Brannum, 2020). There tend to be minimal discussions about ways to address mental health and a lack of normalcy in seeking mental health resources and treatment.

Two such industries that Brannum noted are in construction and business. As a result of Utah County’s continual commercial and industrial growth, the construction and professional office workforce face many challenges. Within both construction and corporate industries, there is a “tough man” or “successful person” mentality that keeps people from seeking the mental health resources that can help them. Bringing such resources to employers can help start the conversation, provide education, and promote self-care.

**Engaging the Youth**

Utah County is home to three school districts: Nebo, Alpine and Provo. Currently, Nebo has 33,834 students, Alpine has 81,715 students, and Provo has 16,551 students (National Center for Education Statistics, n.d.). These school districts have a great impact on the students and the overall community, and are influential when it comes to substance use and misuse prevention efforts among youth. The schools use education, events, and policies to address substance use and misuse.
Through school sponsors and state and county grants, offerings such as Prevention Night and 3rd Millennium Classroom courses are provided as direct supports for students and educate the community. Prevention Night is an opportunity for students and parents to learn about living a healthy, substance free life. Third Millennium Classrooms offers online prevention and intervention courses to students covering such topics as drugs, alcohol, relationships, sex trafficking, and shoplifting (3rd Millennium Classrooms©, 2019). These courses are designed for students who are considered “at risk” of developing an addiction or behavior. Their enrollment in the courses is designed as a preventative measure or in instances where the student is court ordered to enroll.

Schools also involve the whole family by educating them on the importance of family meals. According to Utah County’s Drug and Alcohol Prevention and Treatment Bureau Director, eating meals together as a family at least five times a week reduces the student’s chance of using substances by 67% (Lewis, 2020). By informing families of the impact this simple routine can have, many families may be influenced to create change.

Schools not only have the power to influence students for good, but they also have the ability to implement policies and take disciplinary action (refer to Table 1). When it comes to substance use and misuse, school and legislative policies play a large role in the regulation of these behaviors. The three school districts handle conduct in slightly different ways, but there is active communication between schools as to what is the most effective way to discipline a student that will help them recover rather than immediately resorting to expulsion or jail time.

The 4-H Youth Development Program (4-H) is a national youth-focused program that is housed with the Cooperative Extension Service of each state’s Extension land-grant institution, which in Utah is Utah State University. The 4-H Program prepares youth ages 5-18 to become productive members of society through hands-on experiential learning opportunities including leadership, volunteerism, and entrepreneurship. These life skills are taught in partnership with adult mentors who serve as role models.

In Utah County, 4-H has led a mentoring program for over 20 years, partnering with schools and community organizations (Utah State University Extension 4-H, 2020). While the programs have evolved throughout the years, the most recent partnership between 4-H and the school district is the 4-H Health Rocks! program, which pairs at-risk middle-school youth with positive high-school mentors while teaching them drug resistance strategies, self-confidence, and positive relationships. In its first year, Health Rocks engaged over 15 at-risk
youth and eight mentors. Efforts are being made to bring more 4-H mentoring programs to Utah County.

Table 1 – Utah County School Districts Policies on Possession, Use, Sale, and Distribution of Substances.

<table>
<thead>
<tr>
<th></th>
<th>Provo City School District</th>
<th>Nebo School District</th>
<th>Alpine School District</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tobacco Use or Possession</strong></td>
<td>1st violation: Principal will issue citation and notify the parents.</td>
<td>1st violation: Court referral, sign nonuse contract.</td>
<td>1st violation: Intervention program referral.</td>
</tr>
<tr>
<td></td>
<td>2nd &amp; following violations: Issued citation, must participate in intervention program.</td>
<td>2nd violation: Suspended for 10 days, court referral, intervention program referral.</td>
<td>2nd violation: Suspended for 10 days, intervention program referral.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3rd Violation: Suspended and referred to the district for 90-day suspension, intervention program a second time.</td>
<td>3rd Violation: Suspended for 10 days and referred for Administrative Hearing, intervention program referral.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4th violation: Referred to district for expulsion and court referral.</td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol &amp; Drug Use or Possession</strong></td>
<td>1st violation: Suspended for up to 10 days or intervention program registration, sign a no use contract, reveal source of the material.</td>
<td>1st violation: Suspended for up to 10 days and intervention program referral, sign a no use contract, reveal source of the material.</td>
<td>1st violation: Suspended for up to 10 days, sign a no use contract, referred to first offender PRI.</td>
</tr>
<tr>
<td></td>
<td>2nd violation: Suspended for up to 10 day and referred to district office for alternative placement or suspension of up to 45 days.</td>
<td>2nd violation: Suspended and referred to district office for suspension of up to 90 days, intervention program placement, drug assessment.</td>
<td>2nd and further violations: Suspension for 10 days, referred for Administrative Hearing with District for expulsion. May be referred to first offender PRI in lieu of Administrative Hearing.</td>
</tr>
<tr>
<td></td>
<td>3rd violation: Suspended for 10 days, referred to district for alternative placement, suspension for up to one year, or expulsion.</td>
<td>3rd violation: Referred to the district for expulsion.</td>
<td></td>
</tr>
<tr>
<td><strong>Sale or Distribution</strong></td>
<td>1st violation: Suspended for 10 days, referred to district for alternative placement, suspension for up to one year, or expulsion.</td>
<td>1st violation: Suspended from school, referred to district for 90-day suspension.</td>
<td>1st violation: Administrative Hearing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2nd violation: Referred for expulsion.</td>
<td></td>
</tr>
</tbody>
</table>

Table sourced from the Utah County 2016 Needs Assessment Summary. Used with permission: Utah Valley Drug Prevention Coalition
Opportunities/Gaps in Utah County

Without a doubt, the current resources in Utah County have brought significant favorable impacts to the community. With this positive progression, there are still gaps and opportunities to reach out in new and unique ways. Plenty of residents continue to seek aid from community services, but not all who need assistance are able to access the services they need. For example, some of the classes and services provided are only available in limited locations. When looking at this method of instruction, it is clear that there are people who will not be able to attend these classes because of certain circumstances. These sorts of challenges are the reason the county’s organizations have such strong partnerships, to encourage a widespread set of locations to implement services.

Language Barriers

One of the hurdles to progress in the fulfillment of community needs is the existence of language barriers between service providers and community members. According to Intermountain Healthcare’s (IMH) Senior Community Health Specialist, a lack of services and opportunity for English as a Second Language (ESL) creates a disparity in who is able to receive effective services. Oftentimes, language differences create gaps in education, income, and issues in mental health (Varner, 2020). This creates a chance for IMH and other organizations to broaden their locations and to reach remote areas. When allowing people to access useful services in other languages, it opens the door for more individuals to find help they need.

Services as Natural Supports

The idea of offering more services provides members of the community with additional places to turn to when they are in need. In many cases, when more services and locations are available, more people become aware of what will help them. These services are natural supports and powerful tools for the betterment of the entire community. A sentiment shared in the interviews that could be useful in Utah County include immediate housing programs, services for basic needs, and health and wellness programs.

There are also numerous faith-based organizations that act as supports in the community. One prevalent religious community in Utah County is The Church of Jesus Christ of Latter-Day Saints (LDS), which helps those who are in need. Aid from this organization includes
family services, immigrant services, emergency preparedness, and counseling services (LDS, 2018).

**Youth Learning Amid COVID-19**

As of March 2020, schools were taken out of the in-person setting and resumed remotely, thus created a challenge for students, teachers, and parents alike, leading to creative adaptations to meet the learning needs of youth. Some youth tend to work better in the physical classroom while some thrive in an online setting, but Alpine, Nebo and Provo School Districts all worked to create a positive online learning experience.

As shared by the Utah County’s Drug and Alcohol Prevention and Treatment Bureau Director, there is concern with the online learning format. She shared that students need the in-person attention and instruction from teachers, and thus have struggled with motivation for their online learning experiences. Additionally, family circumstances including working parents, siblings, stress in the family, and food insecurity to name a few factors have created challenges in providing online learning opportunities for their child(ren). (Lewis, 2020). Moving forward, it is unclear what learning will look like for these students. Whether learning takes place in-person, online, or a hybrid of the two, school districts will do their best to help their students engage in their education.

**Addressing Community Needs**

Utah County is considered an economic powerhouse in Utah, and has been ‘booming’ for several decades. The county is considered well-off in comparison to other areas, and is a great place to grow and learn, to find a job, and to raise a family. However, Utah County is above the national average for opioid use and misuse, bringing an important need for action. Currently, Utah County is following the same trend as the state, and has been quickly increasing during the past two decades. This section will discuss ways that USU Extension’s HEART Initiative can address the opioid crisis and other pressing public health issues in Utah County.

USU Extension’s HEART Initiative in Utah County will work with community partners to focus on education, stigma reduction, and resilience-building to complement the Initiative’s updated pillars: **Stigma and Harm Reduction, Strengthening Community Ties, Prevention and Education, and Resilience Building** (Utah State University Extension HEART, 2020).
Upon discussions with community partners, there is a need to expand educational classes in chronic pain management and injury prevention to underserved audiences in the community, such as Living Well with Chronic Pain and physical activity classes. The faculty will also partner with the community organizations to provide stigma reduction efforts modeled after successful programs in other counties. One such program is the Informing the National Narrative project discussed earlier, and community education dinners that bring professionals together to learn about and address the opioid epidemic and related public health issues. Resilience-building combines education with behavior adoption that builds strength, self-confidence, and positive habits.

As shared earlier, COVID-19 has influenced the way communities interact. Parents took on new roles as teachers and tutors as schools moved to an online platform, and employers were finding that tasks were still accomplished through remote work. While in-person services are generally favored and sometimes necessary, the nation is experiencing a shift in the approval of remote and online access to education, services, and work.

With that being said, while the state continues to prioritize online versus in-person efforts, USU Extension will adapt and offer educational classes and services in a variety of formats. For example, series-based classes can be offered online, helping participants eliminate transportation costs. In the case of in-person classes, social distancing requirements mean less attendees per session, so they can be offered more often or in a mixed format.

Utah County organizations and the HEART faculty and staff will continue to seek new areas of opportunity and assess service needs. Together, they will address the gaps in ways that most effectively meet the health and wellness needs of its residents. The goal is to help others find and maintain health and reach their potential. This can be done through living a healthy life free from substance abuse.
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https://utahcountyoverdoseprevention.org/where/drug-disposal/

https://coronavirus-dashboard.utah.gov/


