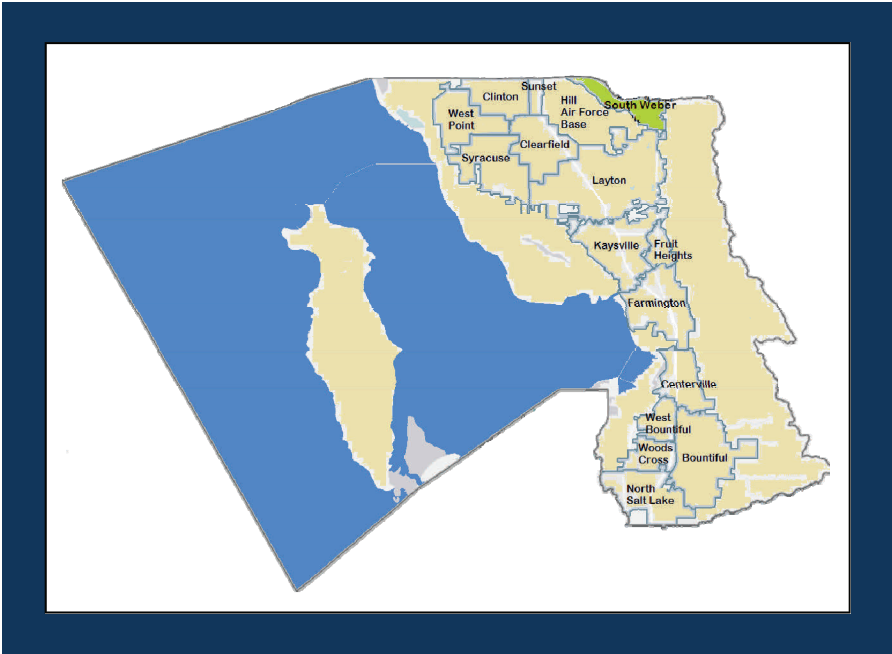


# South Weber



## Resources & Assets

Food Environment	<ul style="list-style-type: none"> <li>Produce Stand</li> </ul>
Education	<ul style="list-style-type: none"> <li>South Weber Elementary School</li> <li>Weber Basin Job Corps</li> </ul>
Recreation	<ul style="list-style-type: none"> <li>Family Activity Center</li> <li>Bonneville Shoreline &amp; Weber River Parkway Trails</li> <li>Canyon Meadows, Cedar Cove, Cedar Loop, Central, Cherry Farms, Nathan Locke, Overlook, Posse Grounds, Silver Leaf, Veteran Memorial, &amp; Wasatch Integrated Parks</li> </ul>

## Demographics



Number of Persons	6,525
Percent Increase in Population Since 2010	7.8%
Percent Age 65+	36.5%
Percent Under 18	6.0%
Land Area (Square Miles)	4.67
Population Density (Persons per square mile)	1297.1

## Race/Ethnicity



White/Non-Hispanic	93.2%
Hispanic/Latino	4.2%
Race Other than White	2.6%

## Education



High School Graduation or Higher (Age 25+)	94.6%
Bachelors Degree or Higher (Age 25+)	28.9%
Colleges	0
High Schools	0
Junior High Schools	0
Elementary Schools	1

## Income



Median Household Income	\$81,250
Percent of People Below Poverty Level	4.6%
Percent of Labor Force Unemployed	5.4%

## Housing



Home Ownership Rate	87.9%
Percent of Homeowners With Mortgage	84.3%
Percent of Housing in Multi-unit Structures	6.8%
Median Home Value	\$261,800
Median Gross Rent	\$966

## Transportation



Average Commute to Work (Minutes)	23.4
UTA Bus Stops	2
Park and Rides	1

## Trails



Paved Trails (Miles)	1
Bike Lanes (Miles)	6
Hiking Trails (Miles)	1
Trail Heads	1

## Recreation



Parks	12
Gyms	0
Recreation Centers/Amusement Parks	1
Ponds/Lakes	0
Community Pools	0
Splash Pads	0

## Food Environment



Fast Food	0
Restaurants	0
Convenience Stores	0
Grocery Stores	0
Farmers Markets/Produce Stands	1
Percent of Population with Low Income/Low Food Access	11.31%
Percent of Households Receiving SNAP Benefits	6.73%

## Tobacco & Alcohol Outlets



Tobacco Retailers	0
Smoke/E-cigarette Shops	0
Alcohol Retailers	0
Restaurants Certified to Sell Alcohol	0
Bars	0

## Recommendations

### Active Transportation

- Communities that prioritize active transportation tend to be healthier by enabling residents to be more physically active in their daily routines and by having cleaner air to breathe.
- Making walking and bicycling safe and convenient meets a critical need of our community that benefits everyone.
- Children, the elderly, the visually impaired or otherwise physically challenged, those with lower incomes, or those who simply choose to not have access to a car, are among the groups that benefit most when opportunities to safely walk or bicycle are improved.
- Communities with higher rates of bicycling and walking have lower obesity rates than communities with lower levels of active transportation.
- People are more likely to consistently ride a bicycle or walk than to maintain a gym-based exercise program.
- There is safety in numbers. The walking/bicycling crash risk decreases as walking/bicycling rates increase.
- Active transportation systems foster economic health by creating dynamic, connected communities with a high quality of life that catalyzes small business development, increases property values, sparks tourism and encourages corporate investment that attracts a talented, highly educated workforce.
- Creating walking and bicycling networks linking home, work, school, shopping, transit and recreation destinations are a fraction of the cost of comparable roads.

(Information taken from American Public Health Association Active Transportation Fact Sheet, Partnership 4 Active Transportation, Utah Collaborative Active Transportation Study.)

### Food Environment

- Center for Disease Control and Prevention recommends one full service grocery store per 10,000 residents.
- The map of Low Income/Low Food Access areas is taken from the Food Access Research Atlas (FARA) presents a spatial overview of food access indicators for populations using different measures of supermarket accessibility. The FARA is a compliment to the USDA's [Food Environment Atlas](#), which houses county-level food related data. The FARA provides census-tract level detail of the food access measures, including food desert census tracts. Estimates in the Food Access Research Atlas draw from various sources, including the 2010 STARS list of supermarkets, the Supplemental Nutrition Assistance Program (SNAP) Retailer Directory, the 2010 Decennial Census, and the 2006-10 American Community Survey.

### Recreation

- Individuals who reside within a half mile of a park, or reside within one mile of a recreational facility, are considered to have adequate access to exercise opportunities (County Health Rankings).

## Methods

### Social and Economic

- Most information on demographics, race/ethnicity, education, income, housing, transportation is taken directly from 2013 US Census or as an average from 2009-2013 ([www.census.gov](http://www.census.gov)). The number of low income housing units (Bountiful, Clearfield, Clinton, Farmington, Kaysville, Layton, North Salt Lake, and Woods Cross) comes from the Low Income Housing Tax-Credit Program (<http://lihtc.huduser.org>).
- Information regarding average commute time was retrieved from the US Census, park and ride information from individual city interviews, and number of UTA bus stops from UTA Capital Development personnel.

### Food Environment

(Information taken from the North American Industry Classification System, NAICS.)

- Fast Food: primarily engage in providing food services where patrons generally order or select items and pay before eating (NAICS 722513). Includes snack/nonalcoholic beverage bars, and bakeries (NAICS 722515, 311812). This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behavior.
- Full-Service Restaurants: primarily engage in providing food services to patrons who order and are served while seated and pay after eating. May provide service in combination with selling alcoholic beverages, providing carryout services, or presenting live entertainment (NAICS 722511).
- Grocery Store: stores/supermarkets primarily engage in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry (NAICS 445110).
- Convenience Stores: primarily retail a limited line of goods that generally include milk, bread, soda, and snacks (NAICS 445120, 447110). Ex: 7-Eleven, Walgreens.
- Bar: primarily prepare and serve alcoholic beverages for immediate consumption (NAICS 722410). Ex: bars, taverns, nightclubs.
- Farmers Markets/Produce Stands: primarily retail fresh fruits and vegetables (NAICS 445230). Usually seasonal.

### Recreation

- Recreation Centers/Amusement Parks: establishments engage in fitness/recreational sports facilities (NAICS 713940) and parks operating a variety of attractions, such as mechanical or water rides (NAICS 713110) and trampoline parks.
- Gyms: primarily engage in fitness/sports conditioning (NAICS 713940).
- All other recreation information from city interviews conducted in 2012, from Davis County Staycation Guide, and individual city websites.

## Davis County Health Department

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Current: July 2016



## Davis County Small Area Health Profile

### Layton & South Weber

	Small Area	Davis County	Utah
<b>Demographics</b>			
Number of Persons (2014)	79,528	329,692	2,942,902
Persons Living in Poverty (2014)	9.2%	7.2%	8.3%
<b>Health Status</b>			
Life Expectancy at Birth in Years (2010-2014)	80.5	81.0	80.1
Reported Fair or Poor Health Status (2014)	12.6%	10.8%	12.8%
Reported Poor Physical Health for Seven or More of the Past 30 Days (2012-2014)	14.1%	15.6%	14.6%
Reported Poor Mental Health for Seven or More of the Past 30 Days (2012-2014)	18.1%	15.0%	15.5%
<b>Healthy Beginnings</b>			
Adolescent Births, aged 15-19, per 1,000 population (2014)	19	13.4	19.4
Infant Mortality per 1,000 Live Births (2010-2014)	6.2	4.8	5
Low Birth Weight (2012-2014)	7.2%	6.6%	7.0%
<b>Chronic Conditions</b>			
Adult Obesity (2013-2014)	28.8%	26.5%	28.8%
Adult Overweight or Obese (2013-2014)	64.5%	63.4%	60.5%
Asthma: Adult Prevalence (2012-2014)	8.8%	8.4%	8.4%
Asthma-related Emergency Department Visits per 10,000 population (2012-2013)	16.9	16.5	23.0
Blood Cholesterol: Doctor-Diagnosed Hypercholesterolemia (2013)	23.0%	27.3%	25.5%
Blood Pressure: Doctor-Diagnosed Hypertension (2013-2014)	30.5%	25.5%	25.3%
Breast Cancer Incidence per 100,000 women (2010-2012)	122.5	125.2	114.6
Cancer Death per 100,000 population (2012-2014)	130.7	123.7	127.3
Colorectal Cancer Incidence per 100,000 population (2011-2014)	31.9	29.4	31.8
Coronary Heart Disease Deaths per 100,000 population (2012-2014)	76.9	71.8	68.1
Depression: Adult Prevalence (2012-2014)	21.2%	21.2%	21.2%
Diabetes Prevalence (2012-2014)	10.9%	7.9%	7.7%
Melanoma of the Skin Incidence per 100,000 population (2011-2013)	31.1	39.5	35.6
Population (under age 65) with Any Disability (2010-2014)	6.8%	6.1%	6.4%
Prostate Cancer Incidence per 100,000 men (2011-2013)	134.0	145.0	128.0
Stroke Deaths per 100,000 population (2012-2014)	34.3	33.7	36.1
<b>Health Behaviors</b>			
Activities Limited Due to Physical, Mental, or Emotional Problems (2013-2014)	20.0%	18.0%	18.6%
Daily Fruit Consumption Adults 18+ (2011-2013)	27.9%	33.8%	34.2%
Daily Vegetable Consumption Adults 18+ (2011-2013)	17.5%	18.0%	17.5%
Percent of Adults Reporting Routine Medical Check-up in Past Year (2013-2014)	63.4%	61.0%	68.8%
Smoking Among Adults (2013-2014)	7.1%	8.7%	9.5%
<b>Injuries</b>			
Drug Overdose and Poisoning Deaths per 100,000 population (2011-2013)	18.8	17.2	13.4
Hospitalizations Due to Falls per 10,000 persons age 65+ (2011-2013)	98.2	119.2	150.2
Motor Vehicle Deaths per 100,000 population (2010-2014)	7.2	7.5	7.8
Suicide Rate per 100,000 population (2012-2014)	18.2	17.0	12.5
<b>Access to Care</b>			
Colorectal Cancer Screening (age-adjusted percentage 50+) (2013-2014)	76.7%	79.6%	72.4%
Cost as a Barrier to Health Care in Past Year (2014)	14.6%	11.2%	14.2%
Mammogram Within the Past Two Years (2013-2014)	69.8%	66.3%	65.1%
No Health Insurance Coverage (2011-2013)	8.3%	5.5%	11.0%

### Strengths:

- Lowest percentage of doctor-diagnosed hypercholesterolemia (blood cholesterol) of all small areas in Davis County
- Lowest hospitalization rate due to falls for persons age 65+ of all small areas in Davis County

### Challenges:

- Currently Layton and South Weber are combined in the state's small area data system
- It is very difficult to get health data at the city level for a small city like South Weber
- Highest percentage of doctor-diagnosed hypertension of all small areas in Davis County
- Highest diabetes prevalence of all small areas in Davis County
- Highest percentage of people who reported cost as barrier to healthcare in the past year in Davis County

Notes: Small area data includes zip codes 84040, 84041, and 84405 (South Weber only), the cities of Layton and South Weber

Data retrieved from Utah's Indicator-Based Information System (IBIS) for Public Health, and Community Commons ([chna.org](http://chna.org)). Much of the data comes from the Behavioral Risk Factor Surveillance System (BRFSS), self-reported by those ages 18+.

