



2025

Healthcare Assessment

A summary of findings, partner discussions, and recommendations from the November 2025 Healthcare System Partner Meeting

**DAVIS 4
HEALTH**

 **Davis
COUNTY
HEALTH DEPARTMENT**

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Executive Summary

This Healthcare Assessment was conducted as part of the Davis4Health community health improvement process. Guided by the County Health Rankings & Roadmaps Take Action Cycle and the University of Wisconsin Population Health Institute's Model of Health, the assessment combines publicly available data, local survey results, and healthcare system partner insights.

On November 7, 2025, 39 representatives from 19 organizations convened to review data, discuss community experiences with healthcare access, and conduct a strengths, weaknesses, opportunities, and threats (SWOT) analysis. Their input helped identify system-wide themes.

Key Findings

- Davis County performs well on many population health measures compared to Utah and the U.S., including lower rates of premature death, higher life expectancy, and high prevalence of health insurance coverage.
- Population growth and an aging population are expected to increase demand for primary care, behavioral health services, specialty care, and long-term care in the coming decades.
- Patient-to-provider ratios are higher than state and national averages. Workforce shortages may limit access as demand continues to grow.
- The increasing cost of care and insurance continues to create financial strain.
- Assessments focused on gathering community member experiences suggest households continue to experience a variety of barriers to care.
- A strong network of healthcare systems, community-based organizations, and public health partners supports coordination and collaboration across the county.
- Expanding clinical infrastructure, continued investment in healthcare access, and innovative solutions are helping to improve access to care over time.
- Participants emphasized opportunities to strengthen prevention efforts, improve care coordination, and expand oral and behavioral health services to address emerging needs.
- Uncertainty in broader policy and the funding landscape continues to create changes in federal and state healthcare policy, including funding streams and programs such as Medicaid, which impacts the ability of local systems to sustain services.

These findings provide a foundation for future Davis4Health planning efforts and will help inform community partners as they work to strengthen access to care in Davis County.

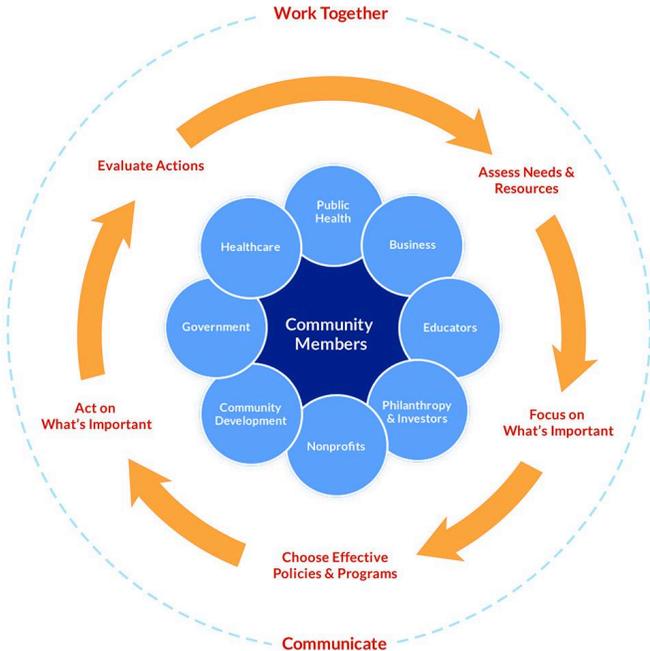
Introduction

As part of the Davis County community health improvement process, Davis4Health conducts ongoing assessments to better understand the needs of the community. A comprehensive review of healthcare access and barriers has consistently emerged as an important issue for the community. Guided by the County Health Rankings & Roadmaps (CHR&R) Take Action Cycle (Figure 1) and the University of Wisconsin Population Health Institute's (UWPHI) Model of Health (Appendix 1), this assessment combines publicly available and locally collected data, community voice, and healthcare system partner input on this topic. This collaborative assessment aims to achieve strategic alignment by bringing partners together, supports the [2024-2028 Davis4Health Community Health Improvement Plan](#), and directly informs the next Davis4Health Community Health Assessment to guide ongoing efforts to strengthen the health and well-being of the Davis County community.

Healthcare System Partner Meeting

On November 7, 2025, healthcare system partners convened for the first time since the [2014 Access to Healthcare Assessment](#). During the November 7 meeting, participants reviewed data; discussed observations, successes, and experiences with the healthcare system; and participated in a strengths, weaknesses, opportunities, and threats (SWOT) analysis. This report highlights the shared data, the results of the SWOT analysis, and provides recommendations. The meeting evaluation can be found in Appendix 2.

Figure 1: Take Action Cycle



Partner Organizations Represented

There were 39 people in attendance from 19 different organizations. Organizations included:

- Advanced Wound Care & Hyperbaric Specialists
- The Church of Jesus Christ of Latter-day Saints
- CommonSpirit - Holy Cross Hospitals
- Davis Behavioral Health
- Davis County Commission, Health Department, and Senior Services
- Davis Donated Dental
- Habitat for Humanity Greater Salt Lake Area
- The Hope Hero Foundation
- Intermountain Health
- Lakeview Hospital
- Molina Healthcare
- Ogden Clinic
- MountainStar Healthcare - Ogden Regional Medical Center
- Proxima Careers
- University of Utah Health
- University of Utah Health Plans
- Utah Department of Health and Human Services
- Weber Basin Job Corps
- WikiCharities

Participants were asked to identify who should be a part of this meeting but was missing from the conversation. The following were mentioned: emergency responders, Hill Air Force Base, Tanner Clinic, Davis School District, Department of Workforce Services, Head Start, higher education, payers/insurance, Utah Transit Authority, Midtown Community Health Center, and long-term care facilities.



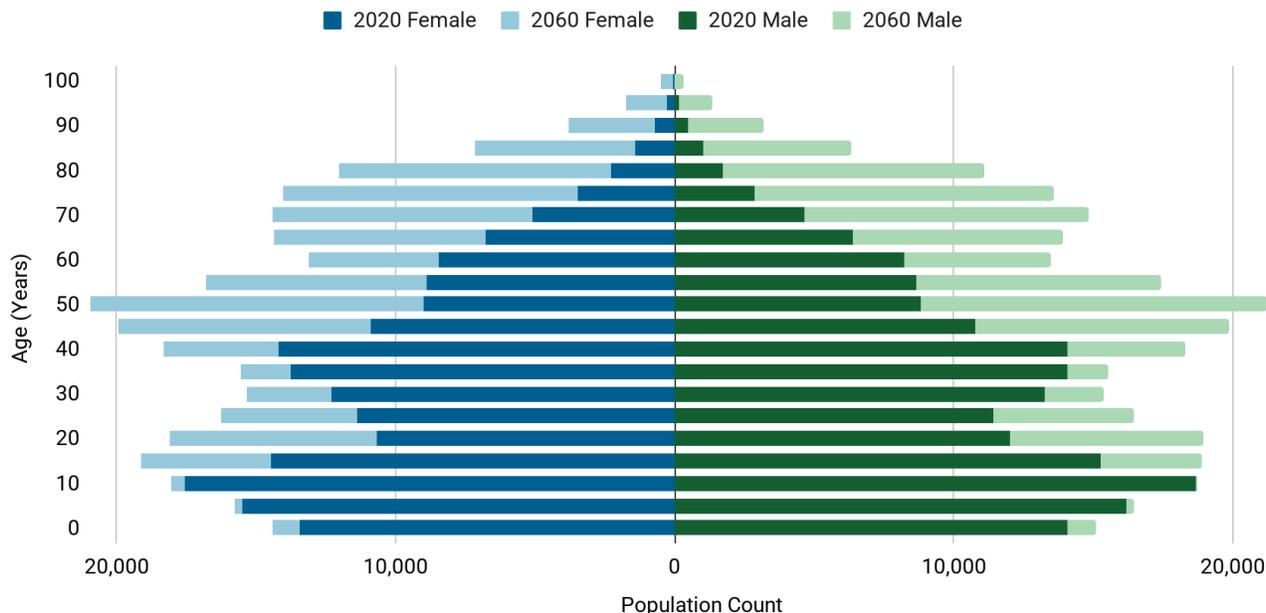
Davis County Healthcare Access Data

The following data were shared at the Healthcare System Partner Meeting. Data in this Healthcare Assessment will be included and expanded on in the upcoming 2028 Davis4Health Community Health Assessment. For the purposes of this assessment, healthcare access data was the priority.

Population Demographics

In 2024, there were an estimated 378,572 people living in Davis County ([Gardner Institute](#), 2024). This is projected to grow by approximately 201,538 people by 2060. Figure 2 shows an age breakdown by sex for the 2020 population in darker colors and 2060 projections in lighter colors.

Figure 2: Present and Future Population Pyramids by Sex, Davis County, 2020 & 2060



Data: Gardner Institute, 2021

Projected population growth and the demographic shift have important implications for healthcare access and system capacity, especially for the older adult population. The share of the population aged 65 and older is expected to grow rapidly from about 11% to about 20% by 2060. The aging population is growing proportionally faster than other age groups, and older adults typically have higher rates of chronic disease, greater need for ongoing care management, increased use of specialty care, and higher rates of hospitalization and prescription medication use. As this population grows, demand for primary care, geriatrics, home health, long-term care, and caregiver support services is expected to rise accordingly.

Other demographic characteristics of the Davis County population also shape healthcare access. Tables 1 and 2 provide additional context on racial and ethnic composition and populations that are more likely to experience barriers due to structural, economic, social, or systemic factors. These barriers may include affordability, language access, limited availability of culturally responsive services, transportation, discrimination, stigma, and lack of insurance. The populations shown are not an exhaustive list of all who may experience barriers to healthcare access.

Table 1: People by Non-Hispanic Race (in Combination*) & Ethnicity	% of Population
American Indian/Alaska Native	1.3%
Asian/Asian American	3.4%
Black/African American	1.8%
Hispanic/Latino	10.8%
Native Hawaiian/Pacific Islander	1.5%
White	84.3%
Another race	1.0%
Data: U.S. Census , 2020; Data are for Davis County, Utah; *"In combination" means someone can identify with more than one racial group.	

Table 2: Populations Who Experience Greater Barriers to Healthcare	% of Population
Children (under 18)	29.5%
Children in poverty (under 18)	7.4%
Foreign-born residents	5.3%
Households that speak English less than 'very well'	2.6%
Lesbian, gay, or bisexual adults	4.9%
Lesbian, gay, or bisexual youth	9.3%
Older adults (65+)	11.4%
People with disabilities	9.4%
People in poverty	6.0%
Transgender adults	0.4%
Transgender youth	1.1%
Uninsured	5.9%
Veterans	6.6%
Data: U.S. Census , 2019-2023; SHARP , 2021; BRFSS , 2019-2021; Data are for Davis County, Utah.	

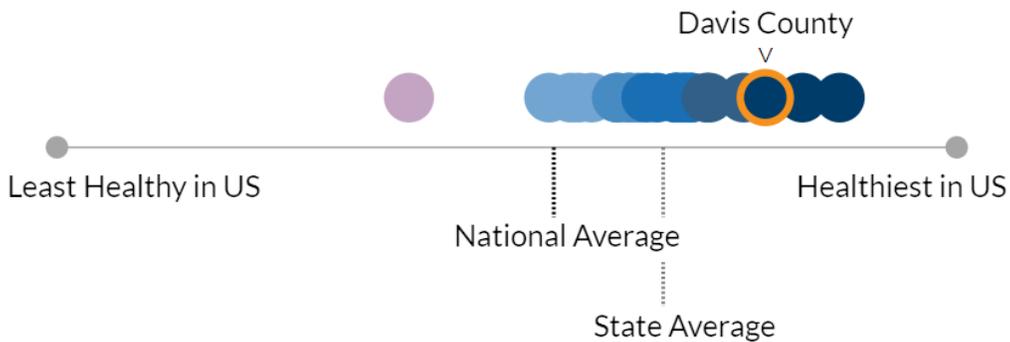
2025 County Health Rankings

With the release of the 2025 CHR&R data and UWPPI’s Model of Health (Appendix 1), data were grouped into Population Health and Well-being and Community Conditions, emphasizing how community conditions—where people live, learn, work, play, worship, and rest—shape health outcomes. Counties are put into 10 Health Groups based on similarities and key health differences from healthiest to least healthy. Davis County ranks among the top healthiest counties nationally: Group 2 for Population Health and Well-being (Figure 3) and Group 1 for Community Conditions (Figure 4).

Figure 3: Davis County is faring slightly better than the average county in Utah and better than the nation for Population Health and Well-being.



Figure 4: Davis County is faring better than the average county in Utah and the nation for Community Conditions.

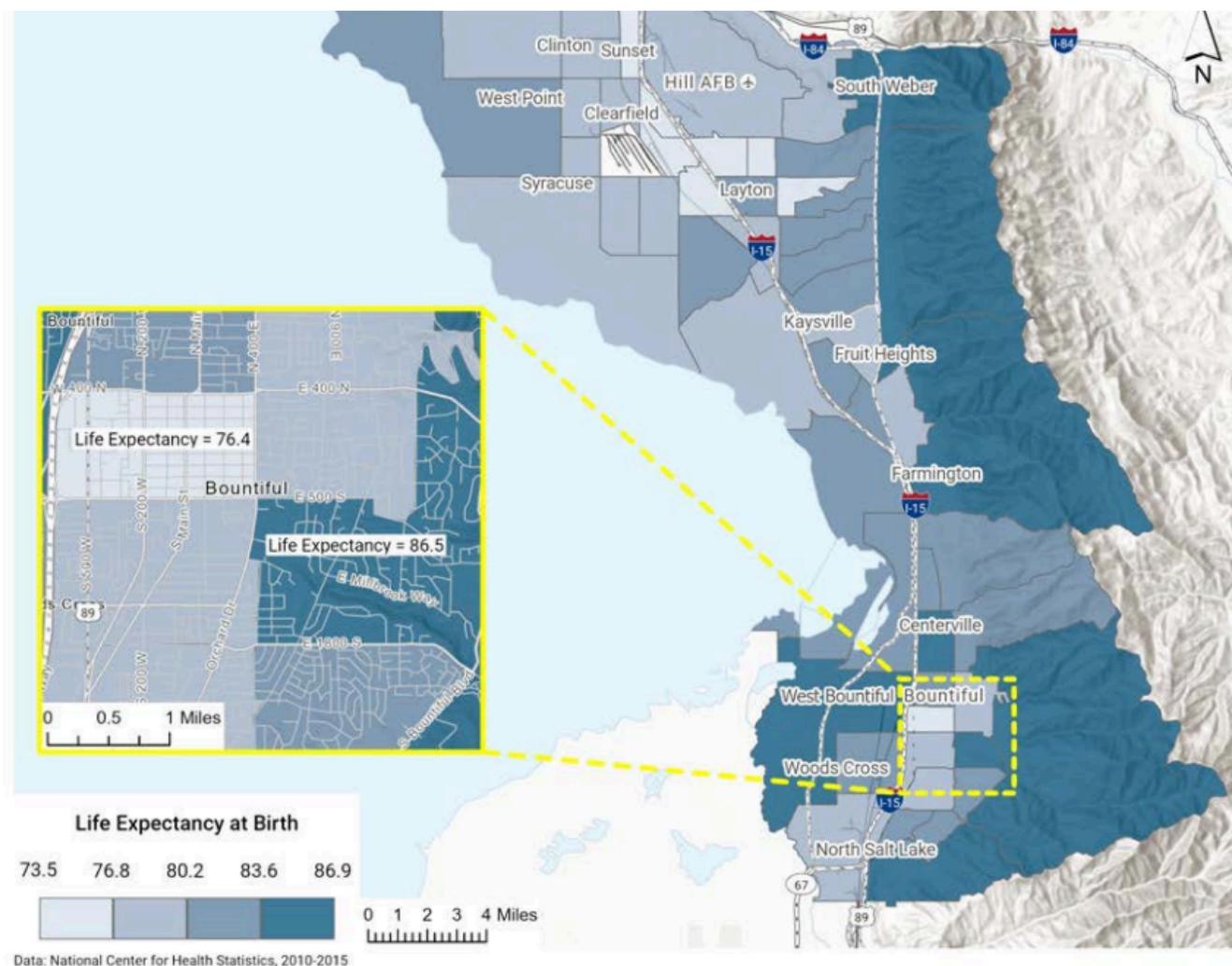


Population Health & Well-being

Table 3 includes the CHR&R Population Health and Well-being measures. Davis County has similar outcomes compared to the U.S. and Utah for many measures. The county is doing well with low rates of premature death, high life expectancy, and low mortality rates in comparison, although there are still some disparities between groups and geographies, such as life expectancy by census tract in Figure 5. Some measures to explore where Davis County is doing worse than Utah and the U.S. include having more poor mental and physical health days per month.

Table 3: CHR&R Population Health & Well-being	Trend	Davis	Utah	U.S.
Length of Life Measures				
Years of potential life lost under 75 years per 100,000 [^]	None	5,400	6,300	8,100
Life expectancy*	-	79.6	79.0	77.6
Deaths <75 years per 100,000* [^]	-	280	310	390
Child (<20 years) deaths per 100,000*	-	40	50	50
Infant (<1 year) deaths per 1,000 live births*	-	5	5	6
Quality of Life Measures				
Average number of poor physical health days in the past 30 days [^]	-	4.4	3.9	3.9
Low birth weight (<2,500 grams) among live births	-	7%	7%	8%
Average number of poor mental health days in the past 30 days [^]	-	5.6	5.2	5.1
Adults reporting poor or fair health [^]	-	14%	14%	17%
Adults reporting 14+ days of poor physical health per month* [^]	-	12%	12%	12%
Adults with diabetes* [^]	-	9%	9%	10%
People >=13 years living with HIV per 100,000*	-	84	133	387
Adult obesity* [^]	-	30%	32%	34%
Adults reporting 14+ days of poor mental health per month* [^]	-	16%	16%	16%
Suicides per 100,000*	-	19	21	14
Adults reporting always, usually, or sometimes feeling lonely*	-	33%	32%	33%
Data: CHR&R , 2025 (years of data vary) Available trend data = "None" for no significant trend, "Better" for trending better, and "Worse" for trending worse. ^ = age-adjusted; * = Measure is not included in the health group summary. Avg. = Average; BMI = Body Mass Index Green highlight indicates areas of strength where Davis County is doing better than Utah and the U.S. Blue highlight indicates areas to explore where Davis County is doing worse than Utah and the U.S.				

Figure 5: Life Expectancy at Birth by Census Tract, Davis County



Community Conditions: Health Infrastructure

In the Model of Health, Community Conditions are made up of Social and Economic Factors, Physical Environment, and Health Infrastructure. For this assessment, the Health Infrastructure is the main focus. These measures can be found in Table 4. Across this section, there are many strengths in Davis County compared to Utah and the U.S. Strengths identified during the Healthcare System Partner meeting included having a low rate of preventable hospital stays and a low prevalence of those who are uninsured. In this data, patient-to-provider ratios were highlighted as an area to explore because higher ratios indicate fewer providers available per resident, meaning access to timely care may be more limited in Davis County compared to Utah and the U.S.

Table 4: CHR&R Community Conditions Health Infrastructure	Trend	Davis	Utah	U.S.
Medicare enrollees with annual flu vaccinations	Better	50%	47%	48%
Population with adequate access to parks or recreation facilities	-	93%	85%	84%
Food Environment Index (Index from 0 = worst to 10 = best)	-	8.6	8.0	7.4
Low-income adults not living close to a grocery store*	-	5%	6%	6%
Population lacking adequate access to food*	None	11%	12%	14%
Primary care physicians (Ratio of population to providers)	-	2,130:1	1,780:1	1,310:1
Mental health providers (Ratio of population to providers)	-	340:1	240:1	290:1
Dentists (Ratio of population to providers)	Better	1,490:1	1,420:1	1,340:1
Other primary care providers* (Ratio of population to providers)	-	1,120:1	740:1	680:1
Preventable hospital stays (for ambulatory-care sensitive conditions per 100,000 Medicare enrollees)	Better	1,368	1,535	2,666
Female Medicare enrollees age 65 to 74 receiving annual mammogram	Better	44%	43%	44%
Uninsured (<65 years)	Better	6%	9%	10%
Uninsured adults (18 to 65 years)*	Better	7%	11%	11%
Uninsured children (<18 years)*	Better	4%	6%	5%
Insufficient sleep among adults (<7 hours on average per night)**	-	34%	34%	37%
Births per 1,000 females ages 15 to 19 years*	-	8	11	16
Newly diagnosed chlamydia cases per 100,000 population*	Worse	263.0	328.6	495.0
Adults reporting binge or heavy drinking**	-	14%	14%	19%
Alcohol-impaired driving deaths*	None	17%	22%	26%
Drug overdose deaths per 100,000*	-	16	20	32
Adult smoking**	-	8%	7%	13%
Adults reporting no leisure-time physical activity**	-	18%	17%	23%

Data: [CHR&R](#), 2025 (years of data vary)

Available trend data = "None" for no significant trend, "Better" for trending better, and "Worse" for trending worse.

* = Measure is not included in the health group summary.; ^ = age-adjusted; Avg. = average

Green highlight indicates areas of strength where Davis County is doing better than Utah and the U.S.

Blue highlight indicates areas to explore where Davis County is doing worse than Utah and the U.S.

2025 WalletHub Healthcare Rankings

WalletHub, a website that publishes national rankings based on publicly available data, reports that Utah performs well overall in national healthcare, but these rankings reveal an important imbalance between health outcomes and access to care ([McCann, 2025](#)). In 2025, Utah ranked 16th among the 50 states and the District of Columbia for healthcare systems, down slightly from 13th in 2022. The state ranked 6th for health outcomes and 14th for healthcare costs.

At the same time, Utah ranked very poorly for healthcare access, coming in at 49th overall, 51st for hospital beds per capita, and 49th for dentists per capita, suggesting limited provider and facility capacity relative to the population ([McCann, 2025](#)). These findings align with the CHR&R patient-to-provider ratios and the 2025 State of the Primary Care Workforce, which states Utah is among the top two states with the fewest primary care physicians per capita in the nation at 71.8 per 100,000 people ([Health Resources and Services Administration, 2025](#)). A separate WalletHub report on the best and worst states for doctors ranked Utah as the 5th best state to practice medicine, placing 27th for opportunity and competition and 1st for medical environment ([Kiernan, 2025](#)). Based on WalletHub rankings alone, despite having low patient-to-provider ratios, Utah providers still consider it to be a great state to practice medicine.

In another WalletHub report, Utah was ranked 31st for Medicaid coverage, placing it in the lower half of states for combined Medicaid metrics, including spending, quality, and eligibility/enrollment ([McCann, 2021](#)). Key findings from the rankings include:

- Spending on Medicaid
 - 46th due to spending less relative to its low-income population ranking
 - 48th due to spending less as a share of the state's budget on Medicaid programs compared with most states
- Quality of care
 - 18th for Medicaid quality, indicating strong outcomes among those who are covered
- Eligibility and enrollment
 - 31st overall for eligibility and enrollment
 - 2nd for having the lowest eligibility levels among children (restrictive eligibility at 205% of the federal poverty level)
 - 5th for having the lowest eligibility levels among pregnant women (restrictive eligibility at 144% of the federal poverty level)
 - 49th for total Medicaid enrollment among the low-income population

These findings indicate Utah’s Medicaid program has relatively low spending and restrictive eligibility and enrollment criteria, especially among children and pregnant women; however, there are strong quality outcome metrics among those who are covered by Medicaid.

2024 Community Assessment for Public Health Emergency Response

In October 2024, Davis County Health Department conducted a door-to-door survey for a Community Assessment for Public Health Emergency Response (CASPER) exercise. This was used as an opportunity to collect data related to the CHIP priorities on community connection and access to resources and services ([DCHD, 2025](#)).

Respondents were asked about their household’s ability to access various resources and services in Davis County. Of those who had difficulty or were unable to access at least one needed service in the past year, 29.3% were unable to access healthcare, and 17.1% were unable to access mental health care. Of those who were unable to access healthcare:

- 1 in 2 were unable to access primary care
- 1 in 3 were unable to access specialty care
- 1 in 3 were unable to access dental care
- 1 in 6 were unable to access some other type of care (e.g., expensive medication)

If a household had difficulty accessing any resources or services, they were asked a follow-up question about barriers. Because both questions were “select all that apply”, it was not always possible to know which barrier went with which service, but healthcare had the most overlap with cost or insurance as a barrier, followed by travel or transportation. Mental health care had the most overlap with cost or insurance.

When asked about daily sources of stress, 10.4% of respondents said access to healthcare was a daily source of stress.

Barriers to Care

Cost & Insurance

In 2024, 10.2% of adults in Davis County were unable to get needed care due to cost ([BRFSS, 2024](#)). This has shown to vary significantly by ethnicity, sex, sexual orientation, disability status, education level, insurance coverage, and household income.

Cost of care, insurance costs, and access are constant themes among Davis County community member data and in conversations with partners. In the Community Equity Assessment, a focus group participant shared a story about their daughter who had an emergency stay in the hospital for two days ([DCHD](#), 2023). Their bill was \$20,000 with no support from Medicaid or hospital financial assistance to help lower it. The family was forced to sell their vehicle and was still making payments 10 years later.

Another parent in these focus groups shared about their son, who had suicidal ideation (refer to the quote to the right).

“ [My son] had suicidal ideation, and we couldn't find any help...We wound up paying about \$14,000 to go to the OCD and Anxiety Center in Bountiful. And that was his college bond. ”

In the [Intermountain Community Health Needs Assessment](#) (2025) Davis County Public Survey, health insurance cost was the top concern, being noted as a high concern among 47% of respondents.

In Utah, insurance premiums are lower than the national average but have continued to increase by 56% over the past 10 years ([State of Utah](#), 2024). One of the main causes of increasing premiums are healthcare costs. National healthcare expenditures have increased by 62% during that time. According to [One Utah Health Collaborative](#) (2025), from 2021 to 2023, Utah's total healthcare expenditures increased from about \$15.8 billion to \$18.1 billion. From 2022 to 2023, per capita healthcare costs grew about 6.6%, outpacing per capita income growth at about 5.6%. Some of the biggest drivers of increasing healthcare costs include changes in medical technology, prescription drug costs, government regulations, payment models, demographics, lifestyles, inflation, unnecessary medical services, and administrative costs ([State of Utah](#), 2024).

High deductible health plans (HDHPs) traditionally have lower monthly premiums, with high deductibles often leading to higher out-of-pocket costs if someone does need more care during the year. According to the All-Payer Claims Database, from 2021 to 2022, roughly 22% of patients in Davis County had HDHPs. These are often the best option for people who do not need much care, a common choice for younger adults. However, it can delay people from getting care when needed for fear of a high bill. These premiums continue to increase over time as well.

The [Urban Institute's](#) (2025) medical debt data estimates about 2% (more than 7,400 people) of the Davis County population has medical debt in collections. This indicates ongoing financial strain related to healthcare expenses, with a median medical debt in collections of \$1,459. While Davis County performs better than some counties and statewide, medical debt remains present even with

relatively high insurance coverage. This highlights that insurance alone does not eliminate cost barriers and that out-of-pocket expenses, deductibles, and gaps in coverage can still result in long-term financial hardship.

Insurance coverage and disparities in expenditures and medical debt can also vary by population. For example, in Figure 6, the image on the left highlights the census tract in Davis County with the highest percentage of people with health insurance, and the image on the right highlights the census tract with the lowest coverage. The tract with the highest coverage has 99.6% of adults and 100% of children who are insured, compared to the tract with the lowest coverage, with 66.3% of adults and 58% of children having health insurance.

Figure 6: Insured Adults by Census Tract in Davis County

Highest coverage

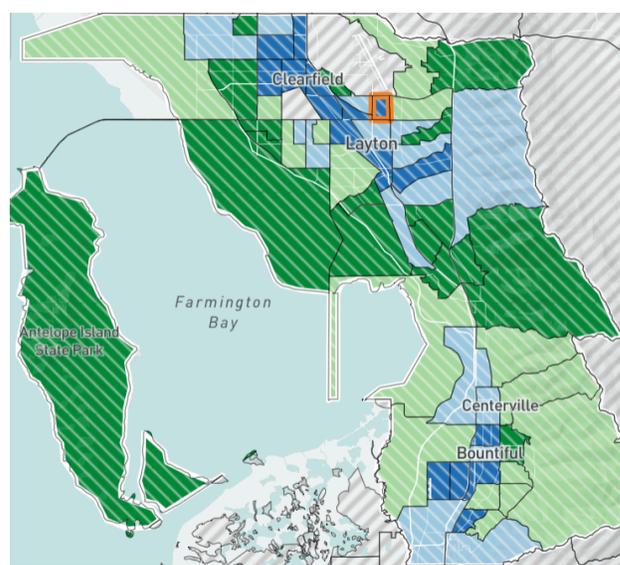
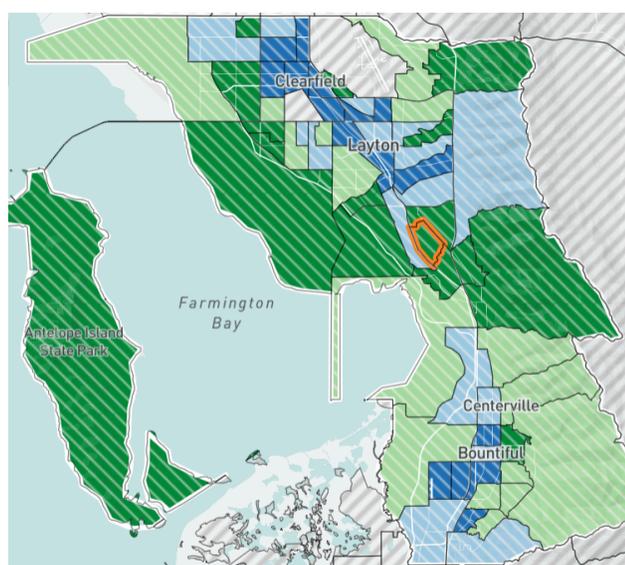
Adults: 99.6%

Children: 100%

Lowest coverage

Adults: 66.3%

Children: 58%



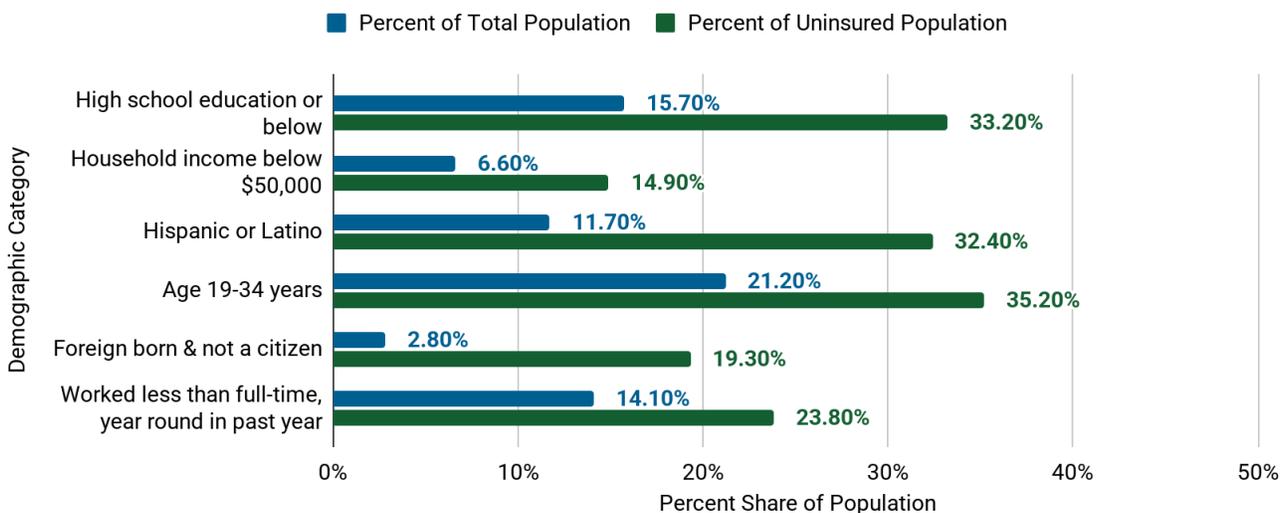
Less → More healthy community conditions



Data: [Utah Healthy Places Index](#), 2017-2021

In another example, Figure 7 compares the percent share a demographic group makes of Davis County to the percent share they make of the uninsured population. This highlights the disproportionate effect these demographics can experience with insurance coverage status.

Figure 7: Demographic Disparities in Insurance Coverage, Davis County

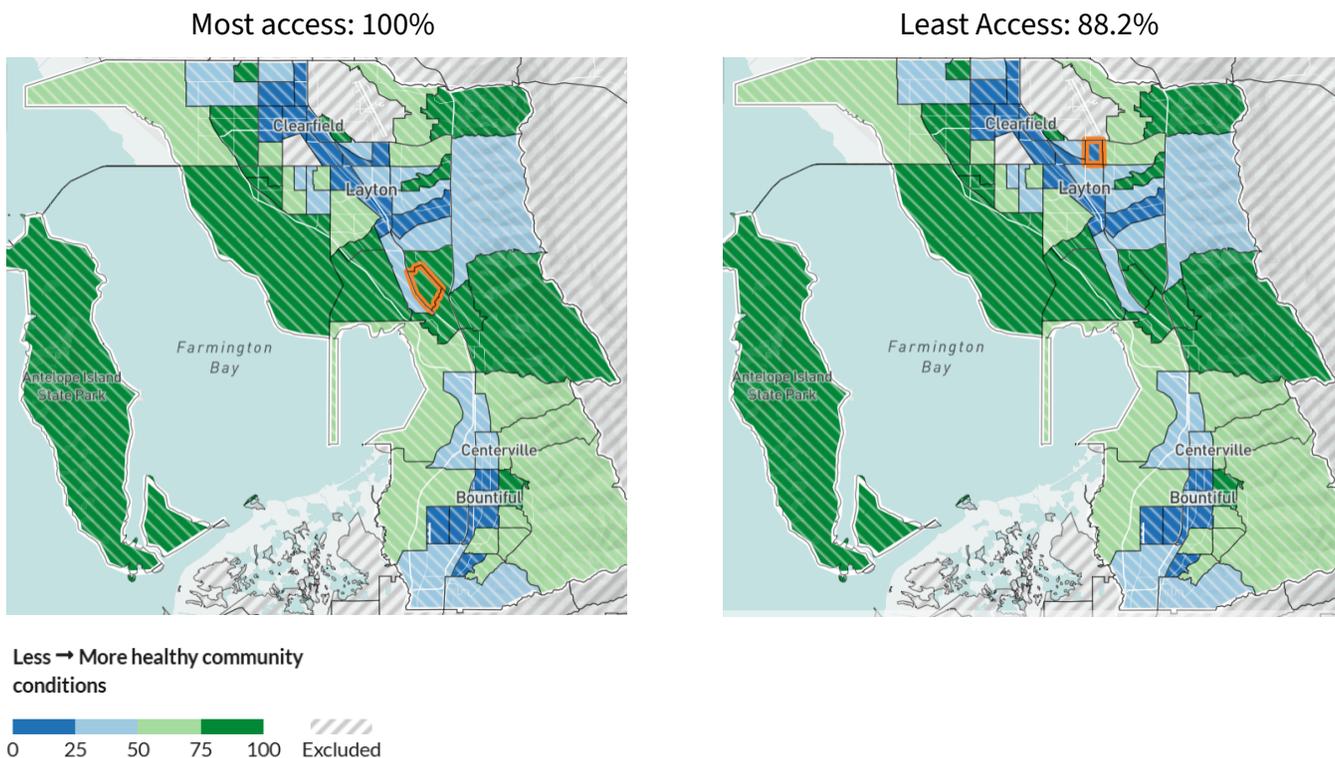


Data: U.S. Census, 2020-2024

Location & Transportation

In 2024, 4.6% of adults in Davis County lacked reliable transportation in the past 12 months. This can vary by population: Figure 8 compares the census tract in the county with the highest percentage of households with access to an automobile (100%) to the least access (88.2%).

Figure 8: Household Automobile Access by Census Tract in Davis County



Data: [Utah Healthy Places Index](#), 2017-2021

Access to transportation is another barrier that commonly comes up in county-wide surveys and community conversations. The [Community Equity Assessment](#) (2023) had many quotes and stories related to this, including:

- Older adults and those with disabilities scheduling medical transportation that never arrived or was late for pickup, causing missed appointments
- Waiting outside for hours after appointments were over for medical transportation to take them home
- Inability to find specialty services or something covered by insurance in the county
- Only having services in one location of the county when those in need are located across the county

Social Norms & Stigma

Mental and physical health are impacted by social norms and stigma. Social norms are the unwritten rules or expectations in a community about how people should think, act, or feel, guiding everyday behavior, often without people realizing it. Stigma is a negative judgment or bias toward people because of who they are or a life experience. These can act as barriers to care. In the Community Equity Assessment, much was learned from those who felt underserved and underrepresented in Davis County about social norms and stigma and their impacts on care ([DCHD](#), 2023). Some examples community members shared included:

- Immigrants feeling they cannot ask for help to afford and get access to healthcare
- Someone with a disability receiving a less than comprehensive medical exam, resulting in missed diagnosis
- LGBTQ+ individuals having negative healthcare experiences, feeling unsafe seeing providers or having providers being unwilling to treat them
- Men struggling to talk about and seek support for mental health
- Justice-involved individuals with a history of substance use feeling judgment from providers

“ Sometimes you go in [to the doctor], and as a Hispanic, you're automatically judged [it] doesn't matter if you know English. ”

“ We struggled to find doctors that are willing to work with her because they think of her as rude, and instead of seeing the disability they aren't willing to work with us. ”

These community stories are reflected in quantitative data as well, indicating there are statistically significant differences in reported experiences with feelings of being treated with less respect or receiving lower-quality care across several demographic groups ([BRFSS, 2021-2024](#)).

Operational & Administrative

Operational and administrative barriers are also commonly mentioned among community members and partners. Examples outlined in the [Community Equity Assessment](#) (2023) included:

- Long wait times to schedule appointments
- Limited hours of operation
- Complex and time-consuming paperwork
- Inefficient processes and processing delays
- Lack of coordination within and between agencies and organizations
- Funding and budgeting
- Unavailability of specialized services
- Policies and operations that do not meet accessibility needs

“ I'll just speak on behalf of parents...When parents have a medically fragile child, they will take a lower income job, or they will refuse a raise so that they can still maintain an income that qualifies for Medicaid. And that is across the board problem I have seen over years and years and years of doing this. That's a huge sacrifice that I can't take a promotion because I might lose my Medicaid benefits...It is a terrible strategy, that they have to watch those financial lines so that they don't lose those benefits that they depend on for life”

“ The problem is, I fall between all the cracks... I'm 54, so I'm not old enough, I don't qualify. But, I have herniated discs, partial paralysis down my left leg, I have next to no balance, and I can see clearly [after] about 18 inches. So, I'm not legally blind. I don't fit any of the right categories... Davis County put me in under a waiver program to have help with housekeeping. So, I'm getting that one day a week.

“ There needs to be some sort of middle ground to help people survive. A one-house roof is something that, in the disability world, we have prayed for for years. It would be lovely if every agency—[Utah Services for People with Disabilities] DSPD, [Supplemental Security Income] SSI, Medicaid— all have the same darn application form, the same requirements so that a parent or caregiver doesn't have to dig up different things for each agency. Especially when they age out of school and are now in the adult world.

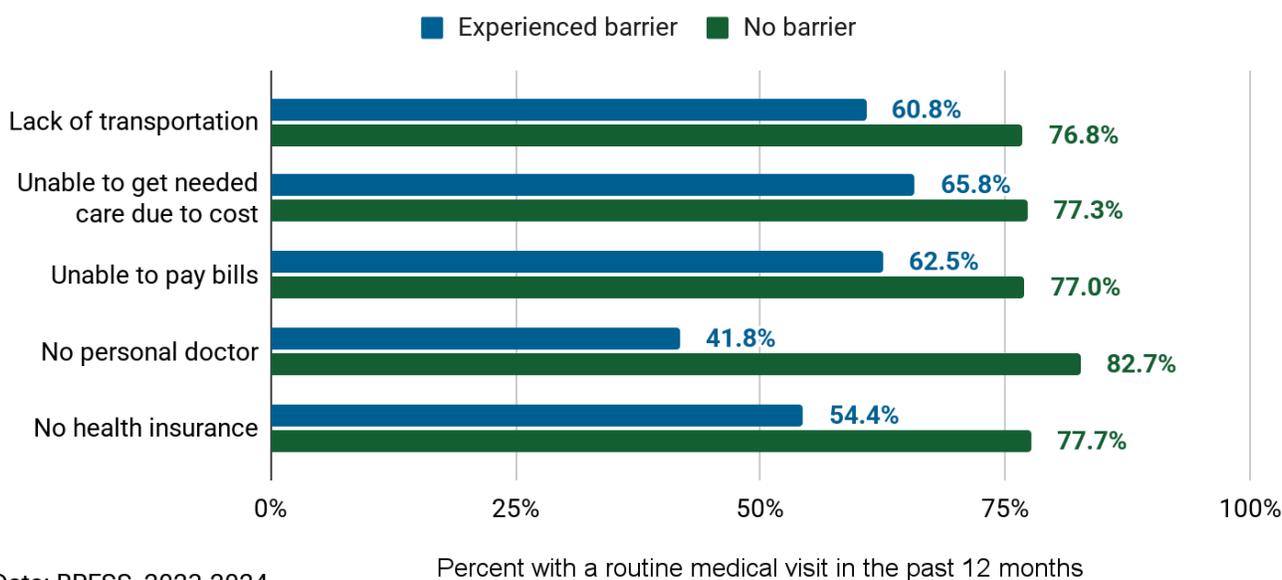
“ I went through a suicide Grief Support Group at The U, and probably 90% of the classroom — their loved one had been into some healthcare-type facility in the last 30 days and had been turned away prior to them taking their lives. We've experienced it. 'You need to see a psychiatrist.' 'Okay, that's a three-month wait.' 'Can you help me?' 'Well, I don't know what insurance you have.' 'Okay, so we're just leaving?' 'Yep. You're just leaving.' 'What do we do?' 'I don't know; check who's on your insurance.'

“ My mom worked for many years [as] a subcontractor. Now she has no retirement and all her medical expenses are out of our pocket, because my dad does not provide enough money to pay for those medical bills. So if you guys can make it a little easier for people to apply instead of having all these barriers [for immigrants]. Honestly, I don't want to have Medicaid anymore, and that's sad because I need it, but...it's so hard consistently having to prove my status.

Routine Checkups & Primary Providers

In 2024, 14.2% of adults in Davis County did not have a primary provider, and 23.6% of adults had not had a routine medical checkup in the past 12 months. This was significantly higher among adults aged 18-34 compared to other age groups at 38.1% of the population. Figure 9 shows that people who faced barriers such as lack of transportation, cost, inability to pay bills, not having a personal doctor, or a lack of health insurance were significantly less likely to have had a routine medical visit in the past 12 months ([BRFSS, 2024](#)).

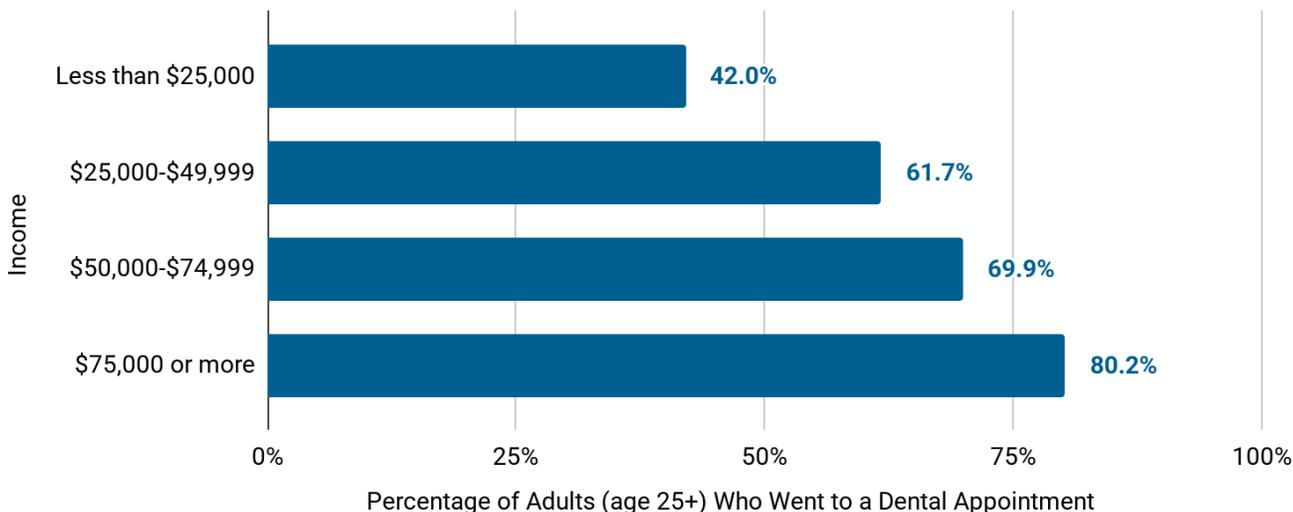
Figure 9: Routine medical care by access related barriers in the past 12 months, Davis County



Oral Health

Oral health is an essential component of overall health, and access to oral health care is an important part of the local healthcare landscape. During the Healthcare System Partner Meeting, there were concerns raised that a new state law leading to the removal of fluoride from Davis County water systems could increase oral health complications particularly among those who already face barriers to dental care. In 2024, 26% of adults in Davis County had not had a routine dental visit in the past year ([BRFSS, 2024](#)). This prevalence varies by income, showing a very clear correlation between income and getting needed oral care, as shown in Figure 10 on the next page.

Figure 10: Routine Dental Visit by Income in Davis County



Data: BRFSS, 2024

From 2007 to 2017, an estimated 56,000 preventable emergency department visits in Utah were related to oral health, costing nearly \$52 million (UDOH, 2019). An example of this happening in the Davis County community was shared in the community focus groups, indicated in the quote below.



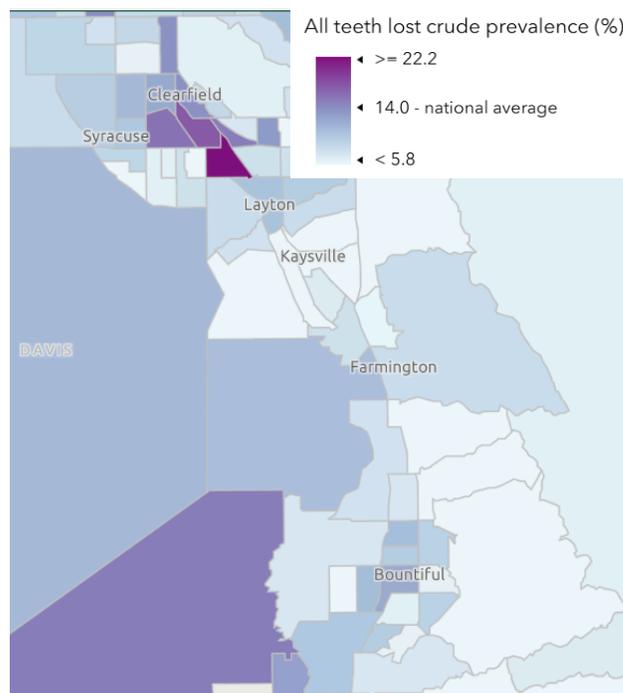
Mi esposo casi se me muere. Tenía un diente malo y nos aguantamos mucho tiempo para buscarle ayuda. Le arrancaron una muela y lo tuve en el hospital... Los billetes suben y uno trata de no hacer ver por el dinero, por los bajos recursos

My husband almost died on me. He had a bad tooth and we held out for a long time to get him help. He had a tooth pulled and was in the hospital... The bills get high and you try not to be seen because of the [cost], because of low resources...



In 2022, 8.6% of adults in Davis County aged 65 and older were missing all of their teeth (CDC Places, 2022). This varies by census tract as shown in Figure 11 where the dark purple tract in Clearfield has 22% of adults aged 65 and older missing all their teeth. Tooth loss can impact nutrition, speech, and quality of life and is more common among adults with certain chronic conditions (CDC, 2024).

Figure 11: Adults 65+ Missing All Their Teeth by Census Tract in Davis County



Data: CDC Places, 2022

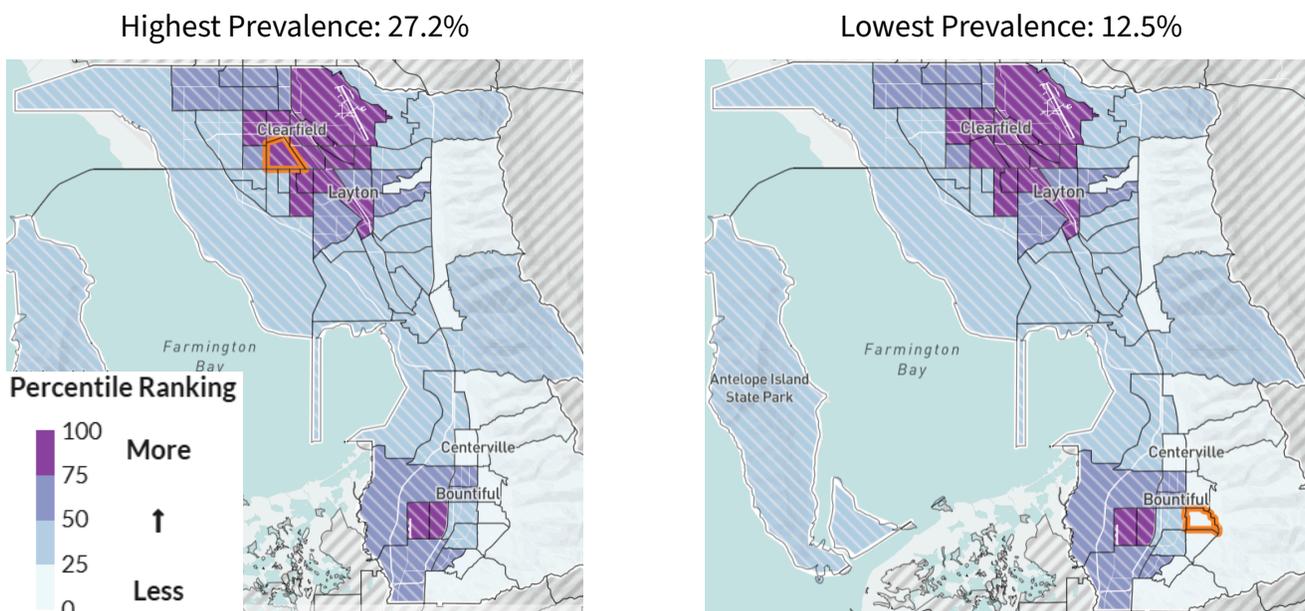
Mental and Behavioral Health

Mental and behavioral health are critical components of overall health, and access to timely, appropriate services continues to be a priority in Davis County. Davis County performs relatively well on many population health measures compared to Utah and the U.S.; yet, according to the *2025 State of Mental Health in America* report, Utah ranks among the bottom half of the U.S., 31 out of 51, for mental health outcomes and access (MHA, 2025). Higher rankings indicate higher prevalence of mental illness and lower rates of access to care. The measures for these rankings are in Table 5.

Table 5: 2025 State of Mental Health in America, Utah Rankings	Rank	Value
Adult overall ranking	50	-
Youth overall ranking	10	-
Prevalence ranking	28	-
Adults experiencing any mental illness in the past year	50	29.9%
Adults reporting serious thoughts of suicide in the past year	51	7.6%
Adults with a substance use disorder in the past year	1	13.7%
Youth (12 to 17) experiencing a major depressive episode in the past year	4	16.7%
Youth (12 to 17) with a substance use disorder in the past year	1	6.6%
Youth (12 to 17) reporting serious thoughts of suicide in the past year	5	12.1%
Youth (6 to 17) meeting criteria for flourishing*	50	54.0%
Access to care ranking	33	-
Adults with a substance use disorder who didn't receive needed treatment	2	70.9%
Adults with any mental illness who are uninsured	38	10.5%
Adults with 14+ poor mental health days a month who didn't see a doctor due to cost	38	28.2%
Adults with any mental illness reporting an unmet need for treatment	50	37.5%
Adults with any mental illness whose private insurance doesn't cover treatment	39	13.2%
Youth (12 to 17) whose private insurance doesn't cover mental or emotional treatment	24	8.1%
Youth (12 to 17) with a major depressive episode who didn't receive treatment or counseling	8	41.5%
Youth (12 to 17) without a preventive health visit in the past year	33	28.4%
Students (K to 12) identified with emotional disturbance for an Individualized Education Program (IEP)	45	2.4%
Population per mental health provider	15	260:1
Data: Mental Health America , 2025; *Flourishing reflects how well youth engage, manage emotions, and cope.		

At the local level, 16.4% of Davis County adults reported experiencing 14 or more days of poor mental health in the past month, with notable variation across census tracts, ranging from approximately 12.5% to more than 27% as indicated in Figure 12 ([Utah Healthy Places Index](#), 2021).

Figure 12: Adults with 14+ Poor Mental Health Days a Month by Census Tract in Davis County



Data: [Utah Healthy Places Index](#), 2021

As previously noted in Table 3, the average number of poor mental health days in Davis County is 5.6, which varies by age, education, income, and sexual orientation ([BRFSS](#), 2017-2021). To provide additional context on both mental health and access to care, Table 6 includes a broader set of mental health indicators for Davis County, with comparisons to Utah and the U.S. where available.

Table 6: Mental Health Indicators	Davis	Utah	U.S.
Percent of adults told by a doctor they had a depressive disorder	25.2%	23.8%	-
Percent of adults who “always” or “usually” have the social and emotional support they need	76.3%	76.6%	-
Suicide deaths per 100,000	18.0	20.9	-
Emergency department visits for suicide per 100,000	200.2	196.2	-
Percent of students with depressive symptoms	30.0%	30.4%	-
Percent of students who “often” or “always” felt isolated from others in the past week	17.1%	17.4%	-
Percent of students who think it’s ok to seek help and talk to a professional if they’ve been feeling very sad, hopeless, or suicidal	84.1%	84.2%	-

Table 6: Mental Health Indicators	Davis	Utah	U.S.
Percent of students who have talked to an adult in the past month about feeling sad, hopeless, or suicidal	17.3%	16.7%	-
Percent of students who reported attempting suicide in the past year	5.2%	5.6%	-
People at risk for depression per 100,000	35.1	47.4	36.7
People reporting frequent suicide ideation per 100,000	36.7	51.7	40.2
People identifying as trauma survivors per 100,000	72.5	89.7	66.9
People at risk for psychotic-like experiences per 100,000	19.3	24.3	19.8
Data: BRFSS , 2024; IBIS , 2021-2023; SHARP , 2025; Mental Health America , 2020-2025			

Mental health was also identified as a high concern by 34% of respondents to the [Intermountain Community Health Needs Assessment](#) (2025) Davis County public survey, reinforcing its significance as a community priority. As outlined in the previous barriers section, community voice continues to highlight persistent barriers to accessing mental health care, including long wait times for appointments, cost, insurance coverage limitations, administrative complexity, and provider shortages.

“He had a major problem with vaping. I still don't know where to go and get help. The doctors were like... 'Here's this number to call.' But, he needs to have face-to-face, and I finally was able to get him to a psychiatrist...It took literally six months to get him in, which is concerning.”

“¿Qué es lo que estamos haciendo para cuidar nuestra salud mental? Porque es algo que nosotros tenemos prohibido. Nosotros no, nos podemos enfermar, no nos podemos estresar... ¿Pero los tenemos, no? ¿Cómo hacemos?
What are we doing to take care of our mental health? Because it is something that we have prohibited. We can't get sick, we can't get stressed...But we have that, right? What do we do?”

These experiences align with Davis County’s higher mental health patient-to-population ratios, where limited capacity can translate directly into longer wait times and fewer options for care. Social norms and stigma further add to these challenges. Despite significant growth in mental and behavioral health capacity over the past decade, these findings underscore ongoing gaps in mental health needs and access to services in Davis County.

The [Utah Behavioral Health Commission Master Plan Update](#) (2025) provides a comprehensive statewide synthesis of mental and behavioral health data and system performance. It is widely recognized as an authoritative source on mental and behavioral health needs, capacity, and access in Utah. Findings from Davis County align closely with the Commission’s conclusions.

Root Cause Analysis

A root cause analysis in Table 7 was completed in the Community Equity Assessment ([DCHD, 2023](#)). Although it was specific to that assessment’s findings, the problem statement applies broadly to the healthcare system and aligns with recurring community themes. The causal factors and root causes identified are not exhaustive and are largely upstream, making them difficult to address at a local level. However, because there are actionable opportunities within local control, the root cause analysis was used as a bridge into the SWOT analysis to focus on local areas of impact.

Table 7: Community Equity Assessment Root Cause Analysis	
Problem Statement: Healthcare barriers, including high costs, limited coverage, stigma, and gaps in accessibility prevent individuals from getting necessary care.	
Causal Factors	Potential Root Causes
<ul style="list-style-type: none"> ● Extremely high cost of healthcare ● Lack of insurance among those with low or limited incomes ● Limited financial assistance options ● Significant financial burdens, even with insurance ● Lack of covered providers for certain services ● Long wait times, especially in mental and behavioral health ● Provider biases regarding culture and identity ● Provider shortages, burnout, and high patient-to-provider ratios ● Insufficient medical transportation opportunities, not enough options, too much demand for the need 	<ul style="list-style-type: none"> ● Systemic issues in healthcare and insurance systems; insurance often being tied to employment; eligibility gaps and restrictions especially among immigrants; inconsistencies in policies and costs; high cost of premiums; high costs of care not reimbursed to hospitals ● Lack of cultural awareness and understanding of differing identities among providers ● Insufficient number of primary providers, specialists, facilities, and especially mental health providers to support population growth ● Costly medical transportation services often not covered by insurance; lack of systematic operations in place to support medical transportation from a healthcare provider perspective; healthcare systems not equipped to connect to wrap around services or address social determinants of health
References: AHA, 2017 ; KFF, 2022 ; KFF, 2023 ; Kaihlainen, Hietapakka, & Heponiemi, 2019 ; IBIS, 2018 ; HRSA, n.d. ; AHA, 2017 ; UHC, n.d. ; Syed, Gerber, & Sharp, 2013	

Partner Voice

Partners could ask questions and give input throughout the meeting, but were asked to share their insights in three specific instances. This included a discussion question posed to the whole group following the data sharing portion of CHR&R and WalletHub rankings; the SWOT analysis small group discussions; and a poll-everywhere question related to a five-year vision.

Discussion on Outcomes and Access

After sharing CHR&R data and WalletHub rankings, healthcare system partners were asked to provide their thoughts about how these access measures might be impacting care in Davis County, especially as some of the data seem contradictory, with good outcomes but poor access to care. The discussion is summarized in the bullets below:

- Nursing home residents may have Medicaid to cover various services, but not qualify for Medicaid to pay for long-term skilled care due to qualification gaps.
- We are the healthiest, but have issues with access and provider ratios, but we still have good outcomes. Isn't low spending for good outcomes something to be proud of or a success?
- What does access really mean? What do you mean by access... if people are getting care...if transportation, insurance, and primary care providers are available? Are they going to other places for care? Is this different from preventive care?
- Utah seems to be one of the healthiest states. The concern is that these access issues/measures will catch up to us in the next 20 years. Getting long-term holistic care is going to become problematic as the community ages. Good to get a start on it now before it gets worse.
- Family physician ratios may only get worse as the population grows and physicians experience burnout, which is becoming common as reported at a recent conference for family medicine providers.
- We are in a good position, even though ranked 51st for hospital beds; more care is being offered in outpatient settings (they don't need hospital beds), which is a good thing! The shift is good because it focuses more on preventive health and transitional care for the future. Not enough hospital beds are a problem when you have something like COVID.
- 85% of your health is determined by your social factors, so even if community members can't get into a provider, they still have strong social support in the county to help with overall care.

SWOT Analysis

Those in attendance at the Healthcare System Partner Meeting sat in small groups of three to six around the room. They each had a handout with four sections of questions: Strengths, Weaknesses, Opportunities, and Threats. The groups were given approximately seven to ten minutes to discuss each section of questions, and conversations were captured by designated note takers at each table. There was about a minute of verbal share-out after each section was completed. All notes were combined and reviewed to identify common themes across discussion sections.

Strengths Questions

1. When it comes to accessing care, what have you noticed is going well in Davis County?
2. How do social norms in Davis County contribute positively to access to care in health outcomes?
3. What existing partnerships, policies, and community assets help us address upstream health issues?

Weaknesses Questions

1. Where/how are we most limited by silos, funding restrictions, or policy constraints?
2. What services and/or types of care are people in our community having the most difficulty accessing?
3. What social norms in Davis County create barriers to care and can worsen health outcomes?

Opportunities Questions

1. What improvement opportunities exist where our collective effort could make the greatest impact?
2. How can we work together systematically to shift social norms that improve access to care and health outcomes?

Threats Questions

1. What is the biggest challenge and/or threat to community members' ability to access care?
2. What do you feel is the biggest threat to you being able to do your work effectively?

Strengths Themes

Access

- A lot of options for care and coverage
- Expansion of Medicaid coverage for dental
- Expansion of specialty and outpatient care
- High concentration of hospitals, clinics, and outpatient services across the county
- Low proportion of uninsured

Mental and behavioral health and crisis resources

- Availability of crisis supports (988, SafeUT, Receiving Center, Switchpoint)
- Davis Behavioral Health provides valuable services
- Increased state and local focus on mental health and reducing stigma, with many efforts targeting youth mental health

Healthy population and community culture around health, safety, support, and well-being

- Culture of physical activity, outdoor recreation, and healthy lifestyles
- Culture of service and support
- Education is a priority
- Emphasis on family and child development
- Good health outcomes and an overall healthy population
- Safe neighborhoods, walking paths, and low crime rates

Partnerships and collaboration

- A lot of collaboration between agencies
- Community meetings, when partners convene, are valuable
- Culture of engagement and partnerships
- Strong health department presence

Weaknesses Themes

Insurance and funding constraints

- Cost of care is a major barrier
- Funding and taxes aren't meeting the needs for healthcare and mental health
- Gaps for people who do not qualify for services, like Medicaid, but cannot afford care
- Grant limitations make it difficult to have the impact that is needed
- Insurance controls premiums and limits networks, creating barriers to providers
- Medicaid is confusing and restrictive
- Rising costs without increased funding or Medicaid reimbursement

Social norms and stigma that limit access

- Adult mental health stigma and lack of awareness
- Cultural, language, identity, and racial/ethnic barriers
- Expectations of self-reliance and resistance to social programs
- Lack of understanding of the needs of some populations (e.g., LGBTQ+ and neurodivergent)
- Norm of hiding problems like mental health needs
- Stigmas toward many populations, including immigrants, unhoused, and LGBTQ+

System silos and administrative barriers

- Department of Labor standards for Licensed Clinical Social Workers (LCSWs) make it difficult to provide effective mental health support to students
- Difficulty accessing specialty providers
- Fragmentation between healthcare and social services
- Immigrants are having difficulty accessing care
- Lack of agreement on healthcare and oral health across the political spectrum
- Limited or difficult data sharing between providers
- Long wait lists for things like mental health, Davis Donated Dental, etc.
- Paperwork and eligibility requirements are difficult to navigate
- Quick appointments are prioritized over deliberate care
- Small income increases, sudden loss of benefits, and strict eligibility rules prevent many people from getting care

Transportation, basic needs, and technology barriers

- Difficulty accessing basic needs like food, shelter, and assistance
- Lack of affordable housing, especially for seniors and low-income residents
- Limited and hard-to-use public and medical transportation
- Technology requirements create barriers, especially for older adults and people with disabilities

Opportunities Themes

Addressing upstream needs

- Affordable housing and housing assistance
- Expand services to support more individuals
- Increased use of volunteers and community-based support
- Reduce stigma and shift norms to encourage more preventative care and reduce barriers
- Transportation solutions tied to healthcare access

Mental and behavioral health expansion

- Increased access to adult mental and behavioral health services
- Normalizing conversations around mental and behavioral health, especially for men
- Partnerships to expand psychological and counseling services

Improved navigation and information sharing

- Better shared digital tools and services are needed to help people find, understand, and navigate available services
- Continue collecting and sharing community voice
- Educating and supporting people in navigating insurance access and coverage
- Expanding awareness and use of Davis Links
- Gaps exist due to the loss of community health workers
- Health system transparency
- Simplifying and assisting with insurance and benefits enrollment, especially for those who face more barriers accessing care
- Using data and improving data sharing to create solutions

Insurance and provider coverage

- Improving coverage for Medicare Advantage Plans
- Including insurance companies in these kinds of conversations
- Making it possible for providers to accept more types of insurance, including Medicare and Medicaid

Stronger collaboration

- Better coordination between clinics, hospitals, nonprofits, faith-based organizations, and volunteers
- Ensure those with the biggest reach and ability to impact are included in conversations
- Healthcare system partners meet more regularly to align efforts
- Improved data sharing with providers, case workers, navigators, and patients to reduce duplication and improve care
- Increased public-private partnerships

Threats Themes

Barriers to care

- Accessibility, like physical building accommodations
- Availability of services
- Difficulties getting people connected to resources
- Fear, stigma, social norms
- Lack of awareness of resources
- Lack of insurance
- Language barriers

Cost and economic pressure

- Funding cuts to social services and health programs
- Inflation and cost of living increases
- Rising healthcare and insurance costs

Misinformation and mistrust

- Harmful health misinformation, especially through social media
- Low participation in preventative or free services due to distrust

Policy and political environment

- Attendance at decision-making meetings (e.g., cities)
- Distrust of government and public health
- Medicaid eligibility limitations
- Political climate creating fear and reluctance to seek care

Workforce and capacity

- A growing aging population without matching resources, cuts to programs, and funding for senior services
- Burnout among staff and volunteers
- Provider shortages and high caseloads

Five-Year Vision

To wrap up the meeting, partners were asked the same question they were asked at the 2014 Healthcare System Partner Meeting: “Imagine 5 years from now, Davis County is recognized for its efforts to improve healthcare services. Why? What did we do?” The responses are summarized and grouped into themes below.

Prevention and value-based care capacity

- Shift from volume-based care toward quality of care, incentivizing fewer unnecessary visits and hospitalizations
- Strong prevention focus

Reduce barriers and improve access

- Expanded mental health workforce and volunteer involvement, especially in schools
- Greater support for Latino populations and a focus on equitable access
- Improved access to affordable housing and housing assistance, and reduced homelessness
- Improved Medicaid and Medicare navigation and enrollment support
- Increased access to affordable healthcare for all residents
- Increased number of mental health providers
- Leveraging telehealth to reduce access barriers, particularly for older adults
- Recognition as a leader in caring for a growing older adult population

Resource connection

- All major healthcare networks are connected to Davis Links and other community programs
- Community resilience events held to connect providers and community members
- Davis Links is widely known and used as a one-stop shop for community resources
- Development of a centralized resource center
- Increased awareness among residents about available supports and services
- Regular education for providers on available community resources

Strategic partnerships

- Increased collaboration between insurance companies, health plans, and hospitals to reduce denials and administrative barriers
- Ongoing engagement of city officials in these efforts
- Reduced system silos, resulting in better coordination across resources, public services, and healthcare
- Strengthened connections between public resources and private services, with an emphasis on education
- Stronger collaboration between community programs and the healthcare system
- This collaborative group meets regularly, at least annually, to sustain progress

Sustainable funding

- Increased private funding for mental health services
- Sustainable funding solutions identified without overly raising taxes

Resource Highlights

Davis Links

Davis Links was highlighted at the Healthcare System Partner Meeting as the go-to source for connecting everyone in Davis County to essential resources and services, helping close the gap between needs and available support. With over 2,000 local programs, many of which are free or low-cost, this platform improves access by reducing cost barriers and simplifying how community members find services to support their health and well-being. It is free to use, requires no account, and is available in more than 130 languages. The public site, davislinks.org, is the easy way for community members to access programs and services by searching a keyword and ZIP Code to connect to care.

Service Providers

For service providers, Davis Links offers an opportunity to expand reach and streamline referrals, supporting more coordinated connections to social care. The provider site, davislinksproviders.findhelp.com, allows providers to manage their program listings, set up preferred referral methods, make and receive referrals, collaborate, and expand their reach. Instructions to set up an account can be found in the Davis Links [Welcome Kit](#).

Promotion

Healthcare System Partner Meeting attendees provided input on the best way to spread the word about Davis Links among healthcare partners. Ideas included: internal TV monitors (Figure 13), social media platforms, adding it to provider websites, newsletters, staff training, etc. Partners were also encouraged to join the Davis Links Resource Forum email list and request promotional materials, training, and technical support as needed. This can be done by visiting davislinks.org or emailing davislinks@daviscountyutah.gov.

Figure 13: Davis Links TV Monitor Promotion



Other Resources Shared

- A representative on the [One Utah Health Collaborative](#) Board of Directors provided a brief overview and update about the group's work, including aligning the healthcare community around the Utah Model of Care, working to explore innovative initiatives to address rising healthcare costs, and working toward digital health interoperability.
- A representative from [Davis County Health Department Family Health Division](#) shared the programs offered at the health department, including:
 - Immunizations: Regular vaccines, Vaccines for Children, Vaccines for Adults, Travel clinic
 - Women, Infants, and Children (WIC): Still accepting clients, have a flyer for new income guidelines
 - Maternal and Child Health: Family connection visit programs for families in Davis County, ages 0-8. Free in-home visits!
 - Quarterly newsletter about programs and events
- Information on a future public oral health campaign, "Your Smile Matters", led by the Utah Oral Health Coalition, was also shared. The effort is in response to the discontinuation of water fluoridation decided by the Utah Legislature in 2025.

Limitations

This assessment reflects the healthcare landscape based on data and partner input available at the time of analysis. Some sectors of the healthcare system were not in attendance so those perspectives might not be well reflected in the results and recommendations. Healthcare policy and financing continue to evolve rapidly at both the state and federal levels. Potential changes to Medicaid and Medicare, insurance regulations, and healthcare and public health funding may influence access, costs, and system capacity in the coming years. Additionally, some data sources used in this report rely on multi-year estimates or self-reported information and may not fully capture recent changes in healthcare utilization or community needs. Changes in public health policy, preventive health infrastructure, and levels of community trust in health and public health systems also continue to shift health behaviors and demand for services. Findings should therefore be interpreted within the context of an evolving healthcare environment.

Conclusions

Davis County performs well on many population health and healthcare outcome measures compared to Utah and the United States. Davis County does well at supporting the health and well-being of the community. High levels of insurance coverage, strong and expanding clinical infrastructure, and the presence of multiple health systems and community-based organizations provide a solid foundation for continued improvement. These strengths reflect the long time collaboration, investment, and innovation across the local healthcare and public health system.

Davis County benefits from a strong culture of partnership and collaboration. The Healthcare System Partner Meeting brought together a diverse group of partners who share a commitment to improving access to care and addressing barriers. This willingness to convene, share data, and engage in conversations is a key asset and supports coordinated action across sectors. Tools such as Davis Links further strengthen this by improving awareness of available resources and helping connect the community to services more effectively.

While there are clear strengths in Davis County's healthcare system, multiple data sources and community input consistently point to gaps in healthcare access, affordability, and experiences that affect specific populations and are likely to intensify as the county grows and ages.

Projected population growth and a rapidly increasing older adult population will place additional strain on the healthcare system workforce capacity, availability, and care coordination if infrastructure and staffing do not expand at a similar pace. Planning for these challenges now presents an opportunity to build on existing strengths. Without proactive planning, these pressures may lead to longer wait times, reduced access to preventative care, and greater cost and coverage barriers.

While overall health insurance coverage in Davis County is high, coverage and access vary significantly by geography and demographic characteristics. Restrictive Medicaid eligibility thresholds, rising healthcare costs, patient-to-provider ratios, and administrative barriers create gaps for people who are uninsured or underinsured, navigating complex systems of care, or have lower incomes.

Community voice and partner discussion highlight that access is not only shaped by coverage and availability, but also by experience. Social norms and stigma continue to influence whether people feel safe, respected, and willing to seek care. Shifting norms and reducing stigma can strengthen trust, improve quality of care, and reduce unmet healthcare needs.

Summary of Key Strengths

- There is strong overall system performance at the local level.
- Davis County has good health outcomes and a high prevalence of health insurance coverage.
- There is a strong culture of collaboration among healthcare systems, public health, and community-based organizations.
- Tools like Davis Links strengthen healthcare navigation, improve awareness of available resources, and support connections between healthcare and social services.
- There has been significant growth in behavioral health capacity over the past decade.
- Mental health remains a priority with ongoing expansion reflecting both progress and continued demand.
- Utah's relatively lower per-capita investment in healthcare compared to other states and better-than-average outcomes is viewed by state and healthcare system leaders as a success.
- Utah has implemented beneficial Medicaid expansion initiatives, including expanded dental coverage and coverage for individuals reentering the community following incarceration, improving continuity of care for populations with previous gaps in coverage.

Summary of Challenges and Emerging Issues

- Healthcare costs are increasing at a pace that is affecting community members significantly.
- Routine preventative dental care is most common among higher-income residents. Delayed oral healthcare contributes to missed school and work, increased emergency department use, and higher long-term costs. The removal of fluoride from the water supply is expected to increase dental caries and associated healthcare costs.
- Providers are experiencing increased burnout, earlier burnout in careers, and rising incidents of patient-related violence, threatening workforce stability and access to care.
- Immigration-related fears and policy restrictions continue to affect care-seeking behavior and access for immigrant communities.
- Data privacy concerns and limited interoperability hinder care coordination and efficiency.
- High cost of living and limited transitional options create challenges for those moving out of healthcare settings, increasing the risk of homelessness and poor health outcomes.
- A growing older adult population coincides with state and federal funding reductions, increasing pressure on healthcare systems and support services.
- Funding shortages, along with politicized healthcare, oral health, and public health initiatives, are leading to increased barriers and a risk for poorer health outcomes.

Local Solutions and Recommendations

Based on assessment findings, partner discussion, and community input, the following recommendations focus on areas where local action and collaboration can have the greatest impact. In addition to these recommendations, other best practices should also be considered. Local hospital system Community Health Needs Assessments (CHNAs) and Implementation Strategies should also be consulted (refer to Appendix 3).

Strengthen healthcare navigation and information sharing

- Expand support for those navigating insurance, especially Medicaid and Medicare, and financial assistance programs.
- Increase awareness and routine use of Davis Links among providers and community members as a centralized resource connection tool.
- Provide training for providers, navigators, and front-line staff on available community resources and referral pathways.

Reduce system silos and administrative barriers

- Improve coordination and data sharing between healthcare providers, insurers, social services, and community-based organizations.
- Leverage technology to enhance collaboration, data sharing, and improve access to care while ensuring solutions are accessible and do not create additional barriers.
- Continue convening healthcare system partners through Davis4Health to align efforts, share data, and identify gaps.
- Ensure key partners are included in ongoing discussions.
- Improve the partnerships between the public and private sectors.

Address workforce capacity and provider burnout

- Support strategies to recruit, retain, and sustain the healthcare workforce, particularly in primary care, mental and behavioral health, and dental care.
- Explore expanded use of community health workers, volunteers, and peer support models to extend system capacity and connect with diverse communities.
- Promote prevention, outpatient care, and value-based approaches that reduce strain on emergency and acute care services.

Improve access to mental and behavioral health services

- Continue expanding mental and behavioral health capacity while addressing long wait times and insurance limitations.
- Normalize conversations around mental and behavioral health, particularly for populations less likely to seek care due to stigma.
- Promote telehealth options where available.

Improve access to oral health services

- Support preventative oral health efforts and access to routine dental care, especially for low-income community members and children.
- Provide ongoing support for clinics and providers who offer low cost care.
- Increase the number of providers who accept Medicaid and Medicare.

Reduce the impact of negative social norms and stigma on care

- Provide ongoing education and training for healthcare providers on cultural norms, disability awareness, and inclusive care.
- Support community-driven efforts to reduce stigma related to mental health, substance use, immigration status, and identity.
- Continue centering community voices to ensure services reflect experiences and build trust.

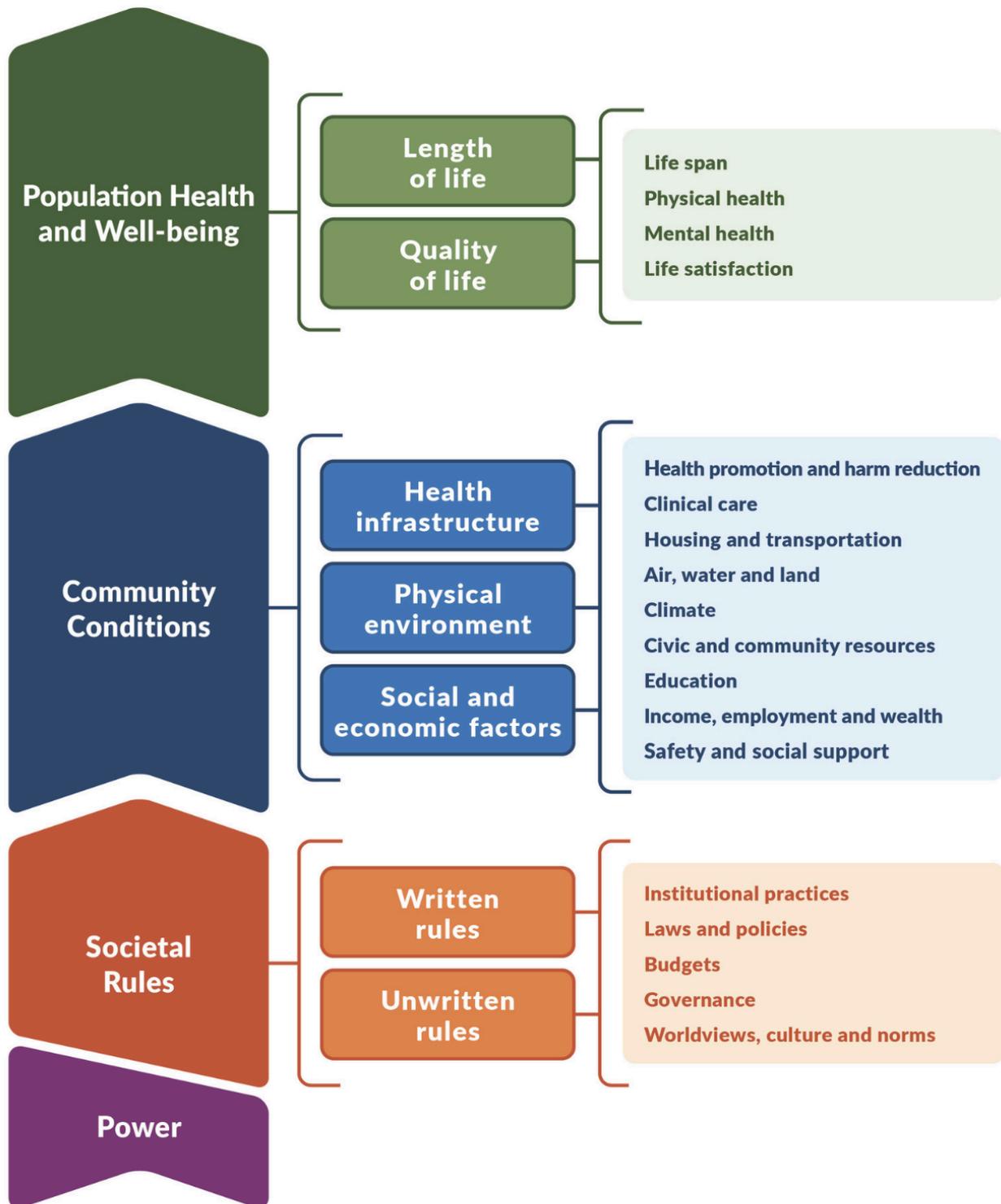
Plan for aging and growing populations

- Proactively plan for increased demand related to the growing older adult population, including chronic disease management, caregiver support, and long-term care.
- Align healthcare planning with housing, transportation, and social support strategies to reduce downstream health impacts.

Support sustainable funding and policy advocacy

- Identify sustainable funding strategies to support prevention, mental health services, and community-based supports.
- Monitor and communicate the impacts of state and federal funding changes on access.
- Use assessment findings to inform policy discussions and advocacy related to Medicaid eligibility, coverage gaps, and affordability.

Appendix 1: University of Wisconsin Population Health Institute's (UWPHI) Model of Health

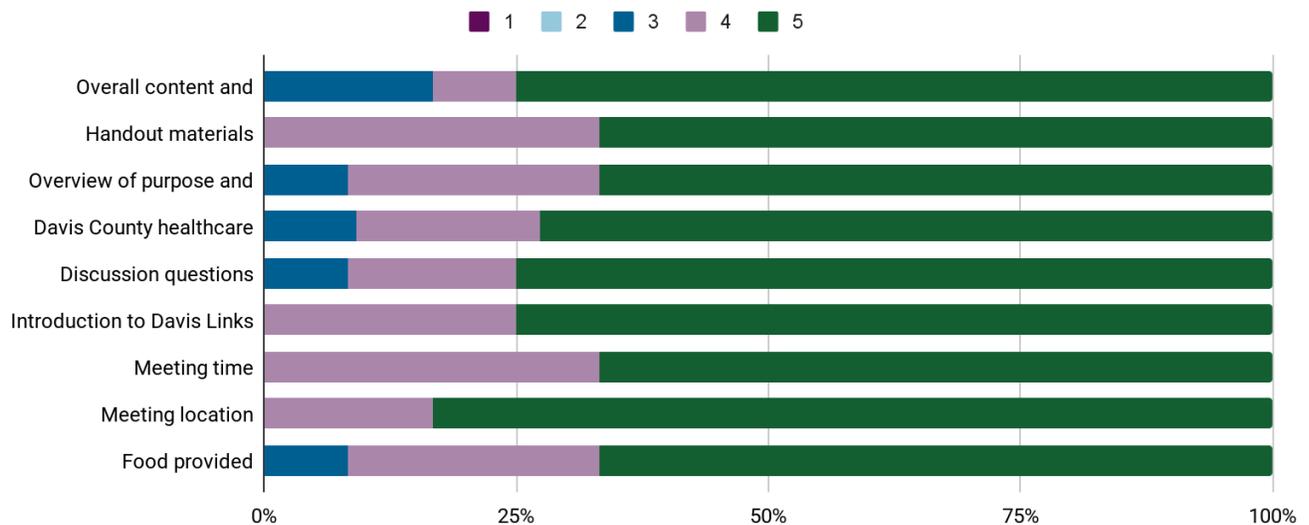


Appendix 2: Healthcare System Partner Meeting Evaluation Results

There were 12 responses to the meeting evaluation. The results are summarized below.

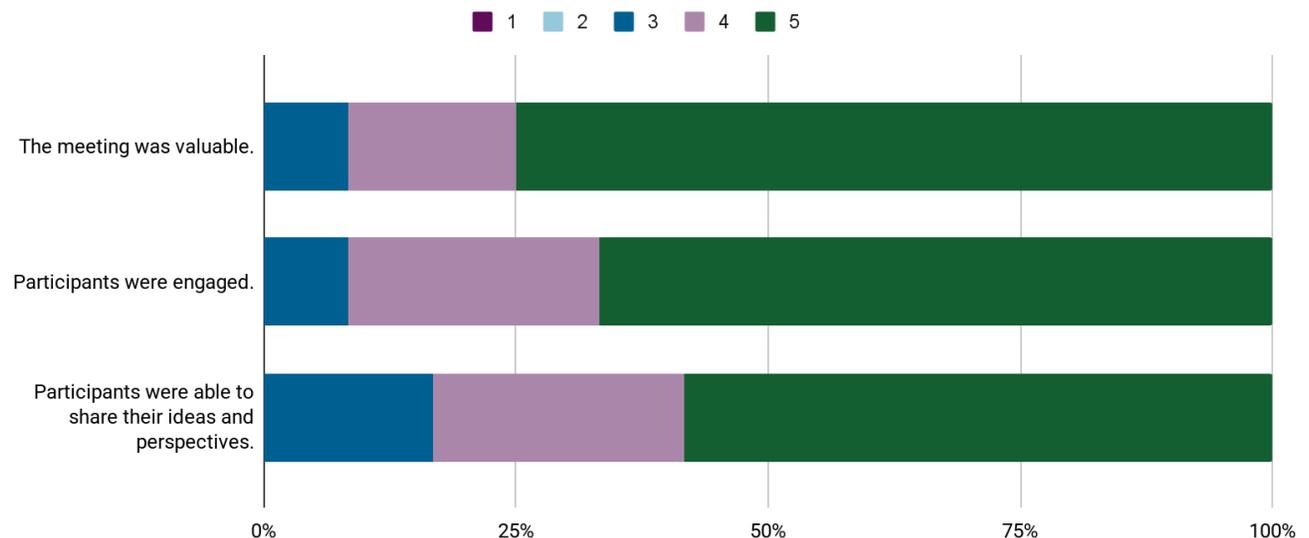
Meeting Satisfaction

Please rate the following on a scale of 1 = Very dissatisfied to 5 = Very satisfied



Value and Engagement

Please rate how much you agree with the following statements on a scale of 1 = Strongly disagree to 5 = Strongly agree



Final Review Questions

Was the meeting length appropriate?

All respondents felt the meeting length was just right.

What aspects of the meeting were most valuable?

- Hearing of ideas
- Statistics on the county and everyone's thoughts about them
- Networking with other professionals
- Would have been nice to have more time to discuss the SWOT -great discussions
- Networking and brainstorming with organizations in this field.
- The data
- Discussion groups

What could be improved for future meetings?

- Where I go will be presented on the outcomes
- I would love to see more working groups where we walk away with potential ways to get involved with each other.
- Representation from insurance companies, more time for networking between tables
- Meet more regularly
- Everything is moving smoothly.
- More talks from the community partners in the room may help, but not necessary.

Is there anything else you'd like to share?

- Insurers were missing
- I applaud Davis County for [having] forward thinking to organize this group.
- More frequent meetings with this group would be beneficial

Appendix 3: Hospital Systems Community Health Needs Assessments and Implementation Strategies

CommonSpirit Holy Cross Hospital - Davis

- [2025 Community Health Needs Assessment](#)
- [2025 Community Health Implementation Strategy and Plan](#)

Intermountain Health, Layton Hospital

- [2025 Community Health Needs Assessment](#)
- [2026 Implementation Strategy](#)

University of Utah Health

- [Community Health Needs Assessment 2026-2029](#)