

## NORTHWEST VALLEY DATAPOINTS

# Northwest Salt Lake County Health

By Melanie Beagley, Senior Health Research Analyst

January 2026

Northwest Salt Lake County serves as home to 1 in 10 Utahns and makes up one-quarter of the state's most populous county. Located west of I-15 and hemmed in by Great Salt Lake and the southern suburbs, this region includes West Valley City—Utah's second largest city—along with Kearns, Magna, Taylorsville, and the western portion of Salt Lake City.

As the University of Utah establishes its first off-campus hospital—located in the heart of Northwest Salt Lake County—

and launches a suite of local initiatives aimed at long-term societal impact, community stakeholders need data about the region. The Kem C. Gardner Policy Institute meets this need with “Northwest Valley Datapoints,” a series of fact sheets designed to inform local decision-makers and community partners. This third installment explores health metrics for the region, including access to health care, health outcomes, and social drivers of health.

## ACCESS TO HEALTH CARE

Individuals experience better health outcomes and lower rates of preventable disease when they can afford and access health care. Access barriers are common in Northwest Salt Lake County. More than 1 in 6 residents report cost as a barrier to care, and 17.3% remain uninsured—nearly twice the county (9.0%) and state (8.0%) rates. Young adults, low-income households, and racial and ethnic minority residents face the greatest challenges to accessing care.

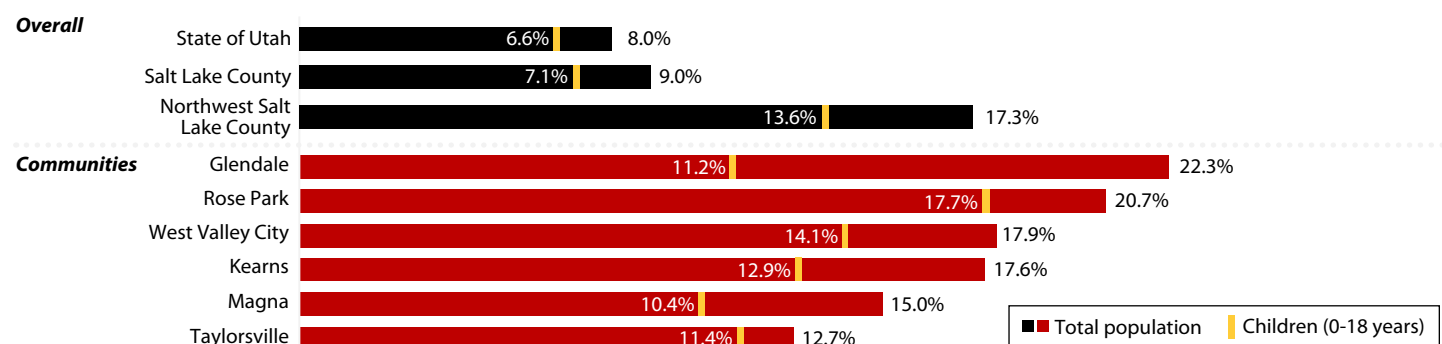
One hospital currently serves the Northwest Valley region, with another opening in 2028.

- **High uninsured rates** – Rose Park and Glendale report the highest uninsured rates in Northwest Valley,\* with 1 in 5 residents lacking health insurance coverage. The uninsured rate among children is highest in Rose Park (17.7%).

- **Uninsured rates higher among racial and ethnic minority residents** – Northwest Salt Lake County's racial and ethnic minority residents are far more likely to be uninsured than White residents (5.3%), with rates ranging from 11.1% among non-White, non-Hispanic adults to 34.3% among Hispanic or Latino adults.
- **Low-income residents face heightened access barriers** – Residents with incomes below the poverty line are three times more likely to be uninsured (32.7% vs. 11.6%) and twice as likely to report cost-related barriers to care (25.4% vs. 12.7%).
- **Young adults most likely to skip care due to cost** – Nearly 1 in 4 young adult residents (18-34 years) report cost-related barriers to care, much higher than those over age 35.
- **Hospital access** – Of the 12 hospitals serving Salt Lake County, one is currently located in Northwest Valley. The new Eccles Hospital and Health Campus will open in West Valley City in 2028.

## Northwest Valley's uninsured rate over twice the state average.

Figure 1: Share of Residents and Children without Health Insurance Coverage in Select Communities, 2019-2023

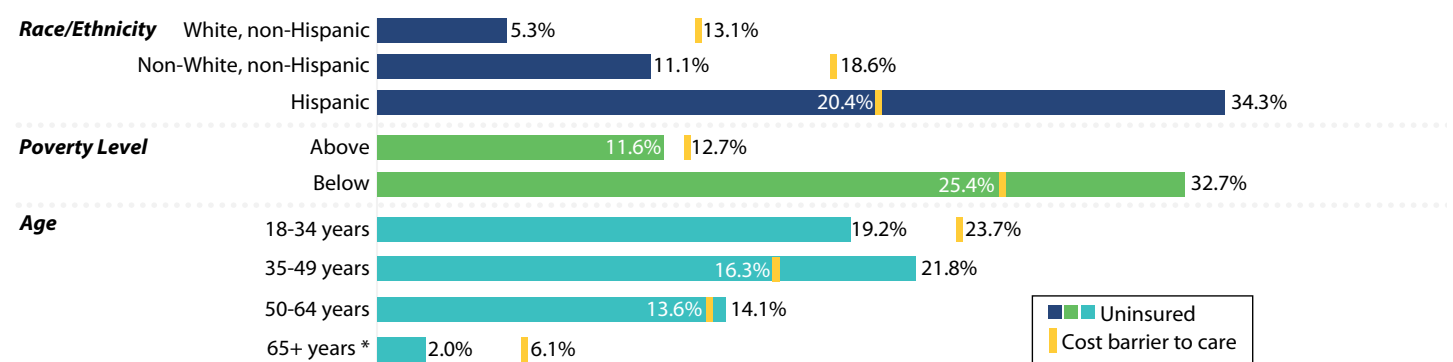


Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-year estimates

INFORMED DECISIONS™

# Access barriers hit young adult, Hispanic, and low-income residents hardest.

Figure 2: Uninsured Rates and Residents Reporting Cost Related Barriers to Care in Northwest Salt Lake County by Demographic Characteristics, 2021-2023

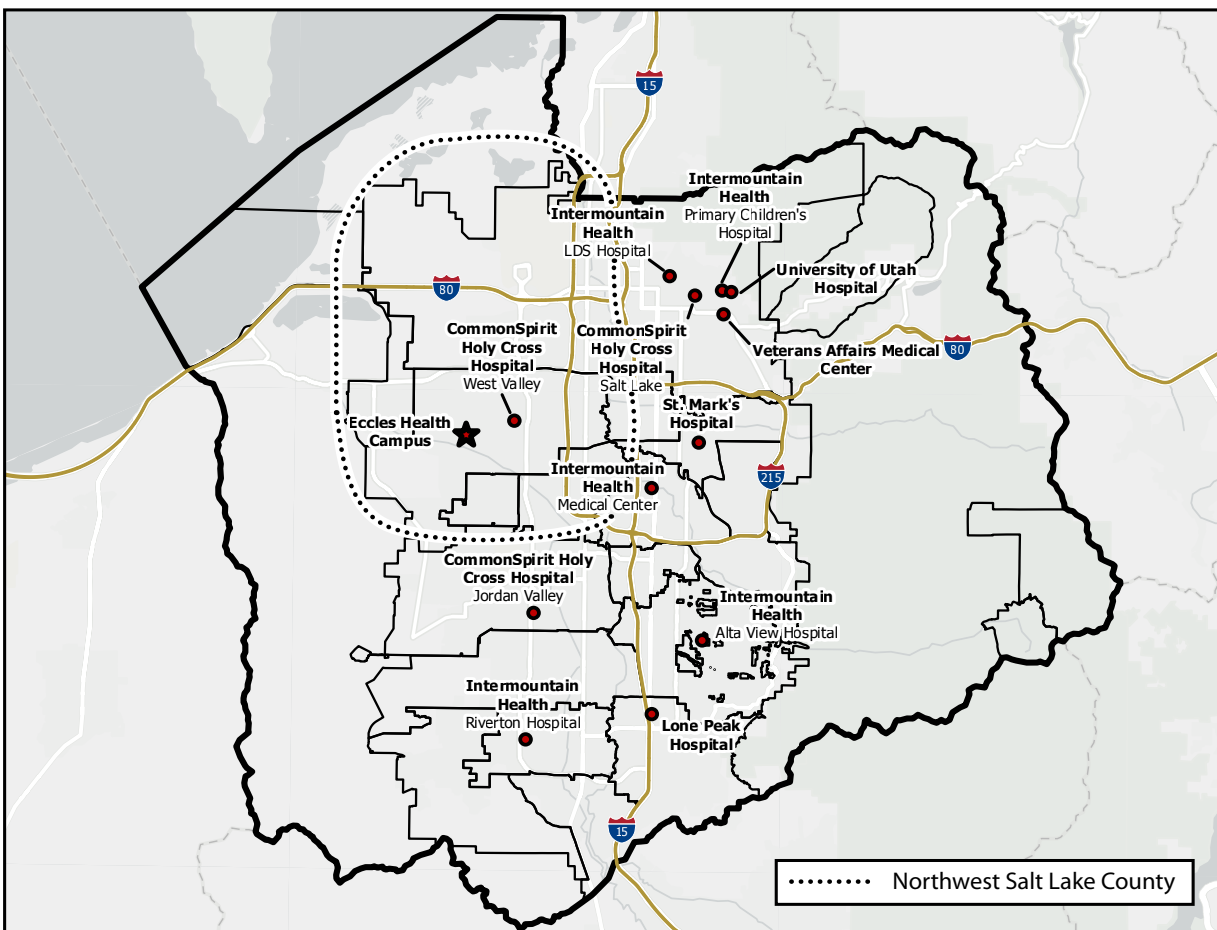


Note: Poverty is measured at 100% of the federal poverty level. Non-White, non-Hispanic includes American Indian or Alaska Native only, Asian only, Black or African American only, Pacific Islander only, Some Other Race, Two or More Races, and unknown. \*Cost barrier to care' survey respondents were asked "Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?" \*Use caution in interpreting the estimate for 65+ age group, the coefficient of variation is > 30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

## 1 of 12 hospitals in Salt Lake County is located in Northwest Valley.

Figure 3: Hospitals Located in Salt Lake County, 2026



Note: University of Utah Eccles Health Campus denotes future site.

Source: American Hospital Directory

\* The Kem C. Gardner Policy Institute utilizes the terms "Northwest Valley" and "Northwest Salt Lake County" interchangeably to reference the communities of Kearns, Magna, Salt Lake City (west of Interstate 15), Taylorsville, and West Valley City. These terms define a statistical geography useful for data analysis that overlaps with areas commonly referred to as "West Valley," the "west side," and "west side communities."

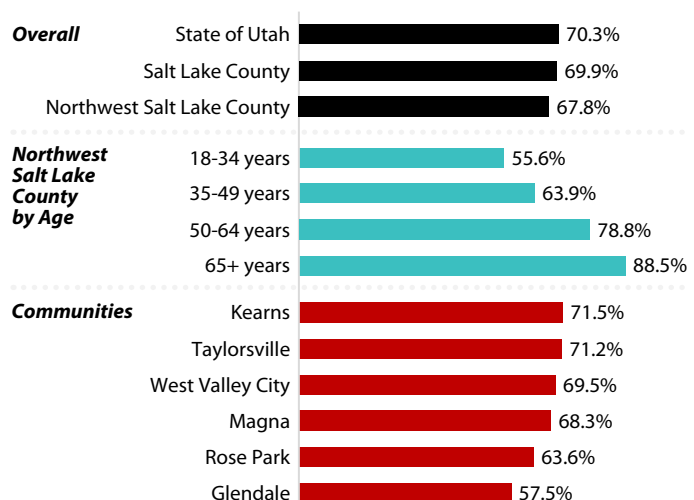
## PREVENTIVE CHECK-UPS

Preventive check-ups help individuals identify health problems and manage their health, yet routine medical and dental check-up rates among Northwest Salt Lake County adults lag behind the county and state. Health insurance coverage improves the likelihood of receiving preventive care, with 72.0% of insured residents getting preventive check-ups compared to 42.3% of those without insurance.

- **Young adults often skip preventive check-ups** – Only half of Northwest Valley young adults (ages 18-34) get an annual preventive medical check-up. Accessing preventive medical care increases with age, from 55.6% of young adults accessing care to 88.5% of those age 65 and older. This trend persists at the county and state level.

### Preventive check-ups rise with age.

Figure 4: Share of Adults Getting a Preventive Annual Medical Check-Up for Select Communities, 2021-2023

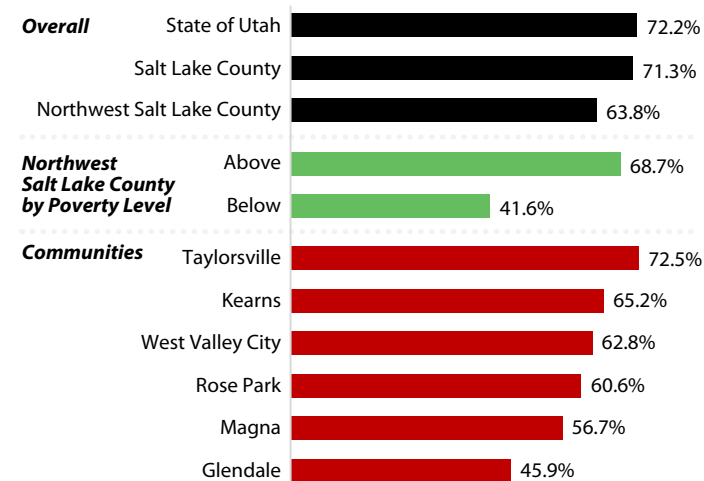


Note: Adults 18 and older. Age-adjusted. Survey respondents visiting a doctor for a routine check-up in the previous 12 months.  
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

- **Dental care tied to income** – Income is a significant barrier to accessing routine dental care. In Northwest Valley, only 41.6% of adults below the poverty line get an annual dental check-up, compared to 68.7% of adults above poverty.
- **Low rates of preventive care** – Glendale reports the lowest rates of adults accessing preventive medical (57.5%) and dental (45.9%) check-ups within Northwest Valley. These rates are much lower than the county's rates (69.9% medical and 71.3% dental).

### Preventive dental care lags in 5 of 6 Northwest Valley communities.

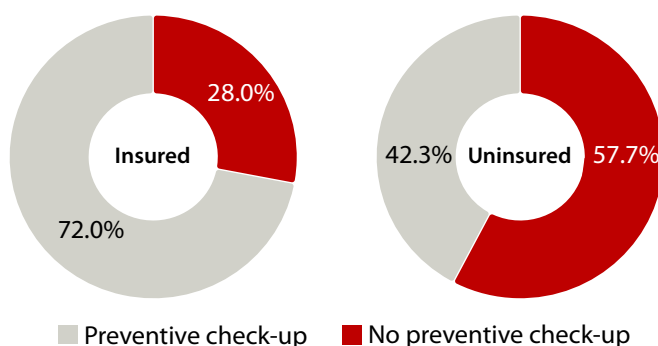
Figure 6: Share of Adults Getting a Preventive Annual Dental Check-Up for Select Communities, 2018-2022



Note: Adults 18 and older. Age-adjusted. Survey respondents visiting a dentist or dental clinic in the previous 12 months. Poverty is measured at 100% of the federal poverty level.  
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

### Insured adults get preventive care almost twice as often as uninsured adults.

Figure 5: Share of Northwest Salt Lake County Adults Getting a Preventive Annual Medical Check-Up by Insurance Status, 2021-2023



Note: Adults 18 and older. Age-adjusted. Survey respondents visiting a doctor for a routine check-up in the previous 12 months.  
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

## HEALTH OUTCOMES

Life expectancy measures a community's overall health and well-being, and self-reported physical and mental health provide insight into the combined effects of chronic disease, injury, and emotional wellness. Life expectancy in Northwest Valley falls below the county and state, ranging from 74.7 years in Kearns to 77.4 years in Taylorsville.

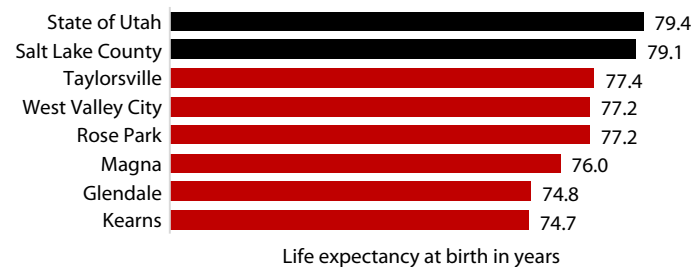
Reported rates of poor physical and mental health are also higher in Northwest Valley, with 18.6% of area residents reporting poor physical health and 28.4% reporting poor mental health. Rates are even higher among residents with incomes below the poverty line and young adults, whose rates of poor mental health have surged over the past decade.

When it comes to obesity, Northwest Valley's rate (40.1%) exceeds both county (30.6%) and state (31.6%) levels, heightening risk for diabetes, heart disease, and other diet-related chronic conditions.

- **Lower life expectancy** – Life expectancies in Kearns (74.7 years) and Glendale (74.8 years) are the lowest in the region, more than four years shorter than the county (79.1 years) and the state (79.4 years).
- **Lower-income residents report worse physical and mental health** – Residents with incomes below the poverty line have higher rates of poor physical (25.8%) and mental (32.3%) health than those with incomes above the poverty line (14.5% and 27.2%).
- **Young adults' declining mental health** – Young adults (ages 18-34) report significantly higher rates of poor mental health (38.5%) in Northwest Valley than older age groups. This share increased by nearly 14 percentage points over the last 10 years.
- **High obesity** – Obesity affects nearly half of adults in Kearns (48.1%) and Magna (47.0%) and 41.9% in West Valley City, increasing risk for diet-related chronic conditions.

## Life expectancy trails the state and county.

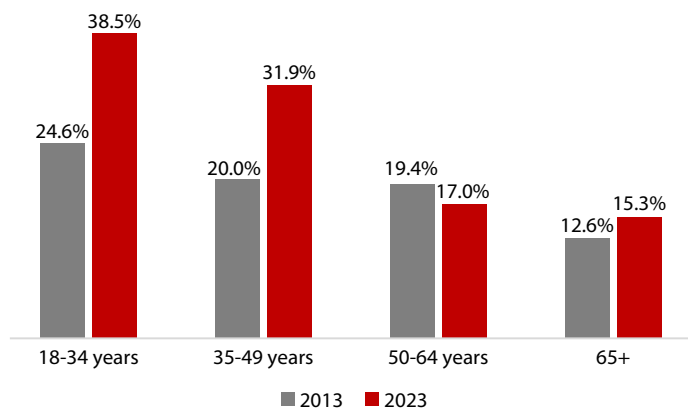
**Figure 7: Life Expectancy at Birth in Select Communities, 2019-2023**



Source: Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health and Human Services, and Kem C. Gardner Policy Institute population estimates

## Poor mental health surges among young adults.

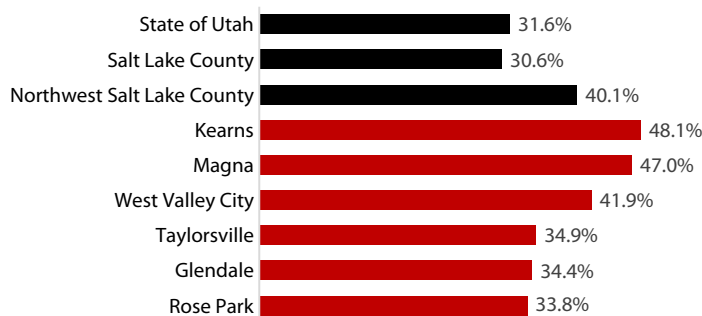
**Figure 8: Share of Northwest Salt Lake County Adults with Poor Mental Health by Age Group, 2013 and 2023**



Note: Adults 18 and older. 'Poor mental health' is measured as survey respondents replying 7 or more days to the question "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"  
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

## Elevated obesity rates in Kearns, Magna, and West Valley City.

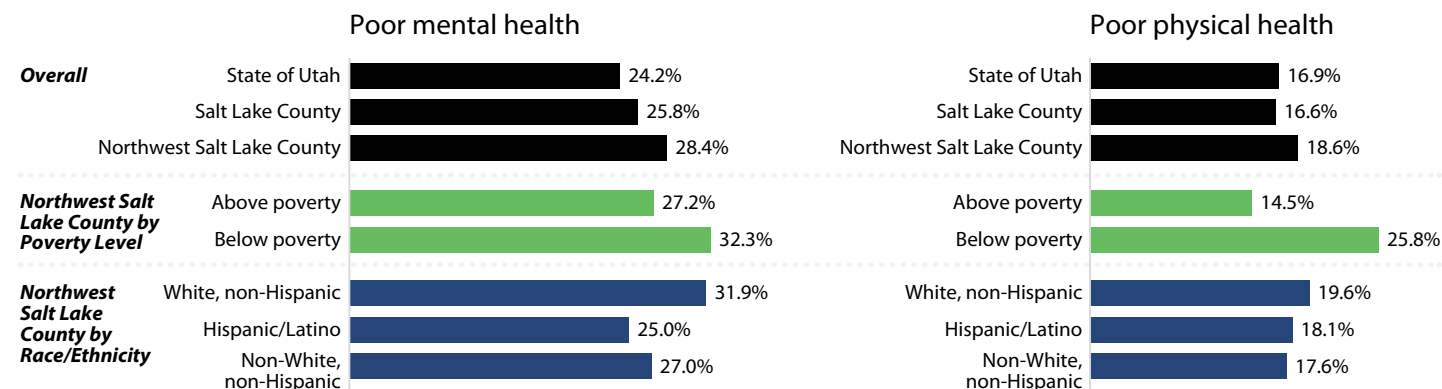
**Figure 9: Share of Adults with Obesity in Select Communities, 2021-2023**



Note: Adults 18 and older. Age-adjusted. Obesity is BMI greater than 30.  
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

# Northwest Valley residents report higher rates of poor health, both mental and physical.

Figure 10: Share of Northwest Salt Lake County Adults with Poor Physical Health and Poor Mental Health by Poverty and Race/Ethnicity, 2021-2023



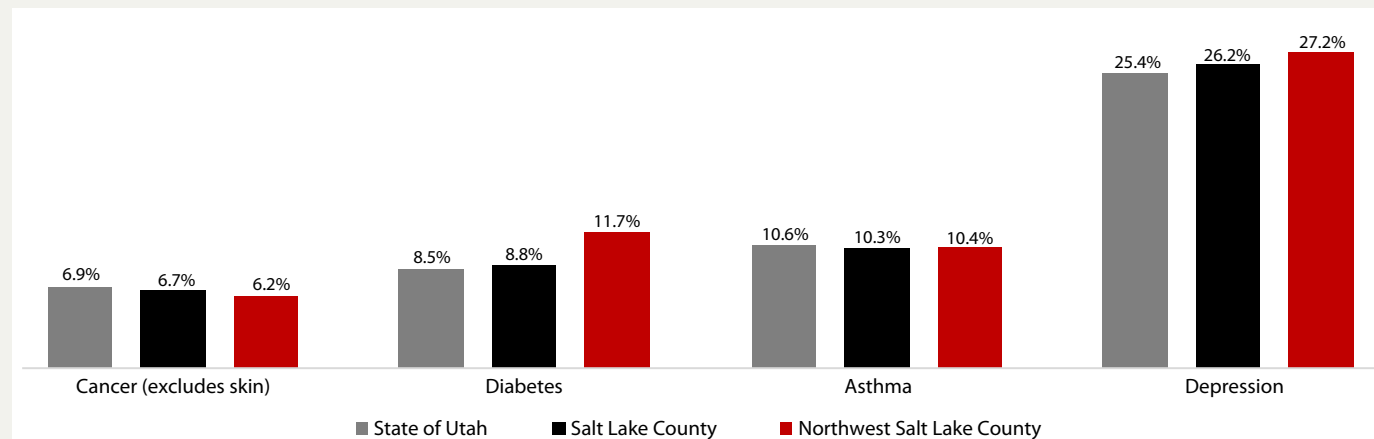
Note: Adults 18 and older. Age-adjusted. 'Poor mental health' is measured as survey respondents replying 7 or more days to the question "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" 'Poor physical health' is measured as survey respondents replying 7 or more days to the question "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" Poverty is measured at 100% of the federal poverty level. Non-White, non-Hispanic includes American Indian or Alaska Native only, Asian only, Black or African American only, Pacific Islander only, Some Other Race, two or More Races, and unknown.

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

## Chronic Conditions

Chronic conditions affect many Northwest Salt Lake County residents. More than 1 in 10 live with diagnosed diabetes or asthma, and over 1 in 3 have diagnosed depression. About 6% experienced cancer. Rates of some chronic conditions may be underreported due to higher uninsured rates in the region and the challenges involved in receiving an official diagnosis.

Figure 11: Share of Adults with Select Chronic Conditions by Select Communities, 2021-2023



Note: Adults 18 and older. Age-adjusted. Chronic conditions are diagnosed by a medical provider. Cancer excludes skin cancer.

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

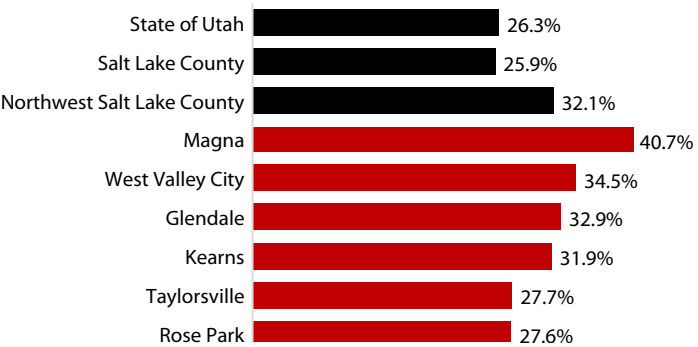
DISABILITY

About 1 in 3 Northwest Salt Lake County adults report a disability (32.1%), which is above county (25.9%) and state (26.3%) levels. These functional limitations — physical or mental — hinder a person’s ability to perform daily activities.<sup>1</sup> Disability rates increase with age and poverty with Magna reporting the highest share at more than 40% of adults.

- **Elevated disability rates** – An especially high share of Magna residents report a disability (40.7%). Rates fall below 35% for all other Northwest Valley communities, with Taylorsville (27.7%) and Rose Park (27.6%) approaching the state level (26.3%).
- **Greater prevalence among lower-income** – Northwest Valley adults with incomes below the poverty line are far more likely to report a disability (38.5%) compared to those with incomes above poverty (28.4%).
- **Disability rates increase with age** – Adults in Northwest Valley are more likely to report a disability as they age—rising from about 28% of those under age 50 to 42.1% of adults over age 65.

2 in 5 Magna adults live with a disability.

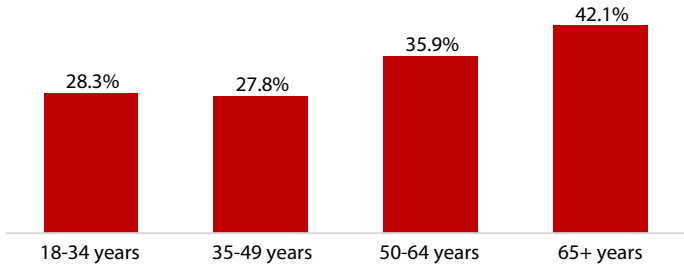
Figure 12: Share of Adults who Report a Disability in Select Communities, 2021-2023



Note: Adults 18 and older. Age-adjusted. Disability status is self-reported and not confirmed by a health-care provider; however, such self-reports have been shown to be acceptable for surveillance purposes.  
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Disability rates climb sharply with age.

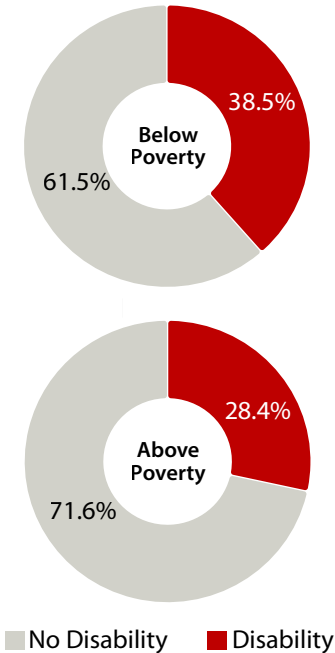
Figure 13: Share of Adults Reporting a Disability in Northwest Salt Lake County by Age, 2021-2023



Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

Low income residents report higher disability rates.

Figure 14: Share of Adults who Report a Disability in Northwest Salt Lake County by Poverty Status, 2021-2023



Note: Adults 18 and older. Age-adjusted. Poverty is measured at 100% of the federal poverty level.  
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance System

1. For purposes of this report, “disability” is defined as someone who said “yes” to one or more of the following questions: 1. “Are you blind or do you have serious difficulty seeing, even when wearing glasses?” 2. “Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?” 3. “Do you have serious difficulty walking or climbing stairs?” 4. “Do you have difficulty dressing or bathing?” 5. “Because of a physical, mental, or emotional condition, do you have any difficulty doing errands alone such as visiting a doctor’s office or shopping?” 6. “Are you deaf or do you have serious difficulty hearing?”

## SOCIAL DRIVERS OF HEALTH

Access to healthy food, reliable transportation, and supportive social relationships can strengthen a person's health and quality of life by improving access to care and reducing chronic disease risks. A higher share of Northwest Valley residents report difficulty affording food, fewer social supports, and transportation barriers to accessing needed health care and other supportive resources (i.e., grocery stores with healthy foods, employment and educational opportunities, etc.).

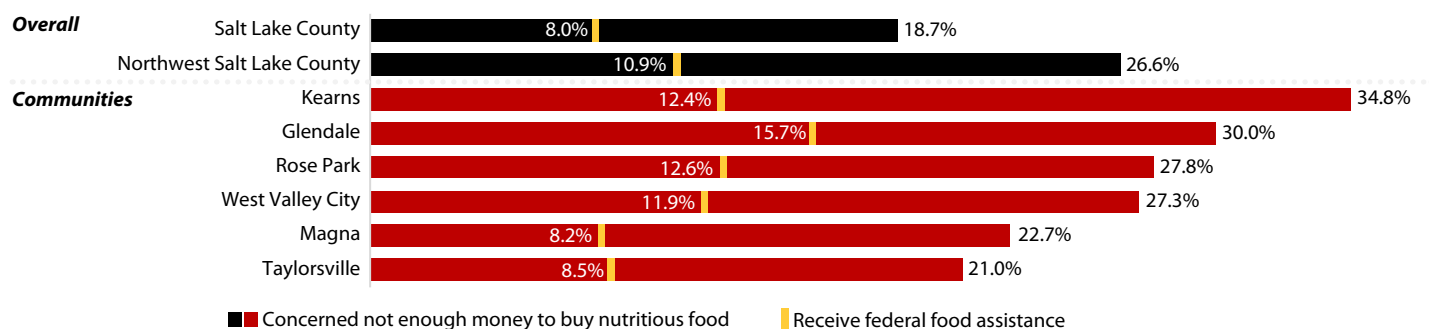
Northwest Valley residents are more likely to receive food assistance (10.9% compared to 8.0% of county residents), and over 1 in 4 households (26.6%) worry about affording nutritious food. Despite strong public transit access (46.0% of Northwest Valley residents live near reliable transit vs. 34.5% countywide), transportation barriers persist in some communities, limiting access to appointments, work, and daily necessities. And while most Northwest Valley residents receive needed social and emotional support (72.3%), rates trail county (77.7%) and state (79.7%) averages.

- **Higher food assistance program participation** – A higher share of Glendale residents participate in food assistance programs (15.7%) compared to other Northwest Valley communities.

- **Worries around affording nutritious food** – Over 1 in 3 (34.8%) Kearns residents report worrying about not having enough money to purchase nutritious food, the highest percentage in the region.
- **High transportation needs** – Glendale residents are more than twice as likely to lack reliable transportation (18.0%) than residents of other Northwest Valley communities, despite a higher share of residents with transit access (64.7%).
- **Social and emotional support varies by race** – Social and emotional support differs by race and ethnicity, with nearly 8 in 10 White residents reporting receiving needed supports, compared to 60.6% of Hispanic/Latino and 62.6% of non-White, non-Hispanic residents.
- **Some residents lack social and emotional support** – Kearns (79.8%) and Taylorsville (76.9%) report the region's highest rates of residents receiving needed social and emotional support, with rates ranging from 59.7% in Glendale to a high of 79.8% in Kearns.

## Food affordability challenges vary across Northwest Valley communities.

Figure 15: Select Measures of Food and Nutrition Access in Select Communities, 2019-2022

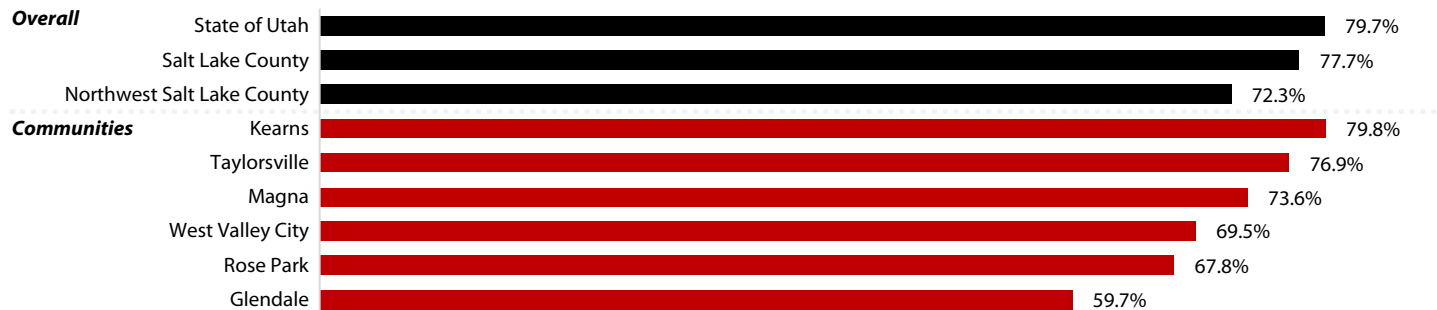


Note: State of Utah data is not available for this measure. Federal food assistance is the share of Utah adults who report that anyone in their household received benefits from a federal food assistance program such as SNAP (food stamps), WIC, and free and reduced lunch program in the past 12 months. Concerned not enough money to buy nutritious food is the share of adults reporting in the past 12 months they were worried or stressed about having enough money to buy nutritious meals.

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance

## Glendale, Rose Park, and West Valley City residents report lowest social and emotional support.

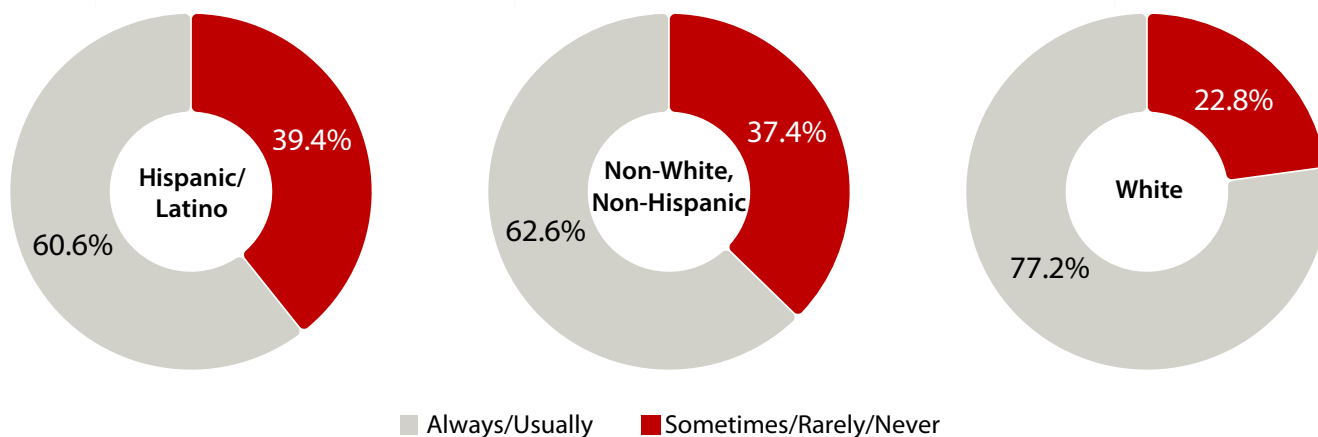
Figure 16: Share of Adults with Social and Emotional Support in Select Communities, 2021-2023



Note: Adults 18 and older. Age-adjusted. Survey respondents replying “usually” or “always” to the question “How often do you get the social and emotional support you need?”  
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance

## Social and emotional support rates vary by race and ethnicity.

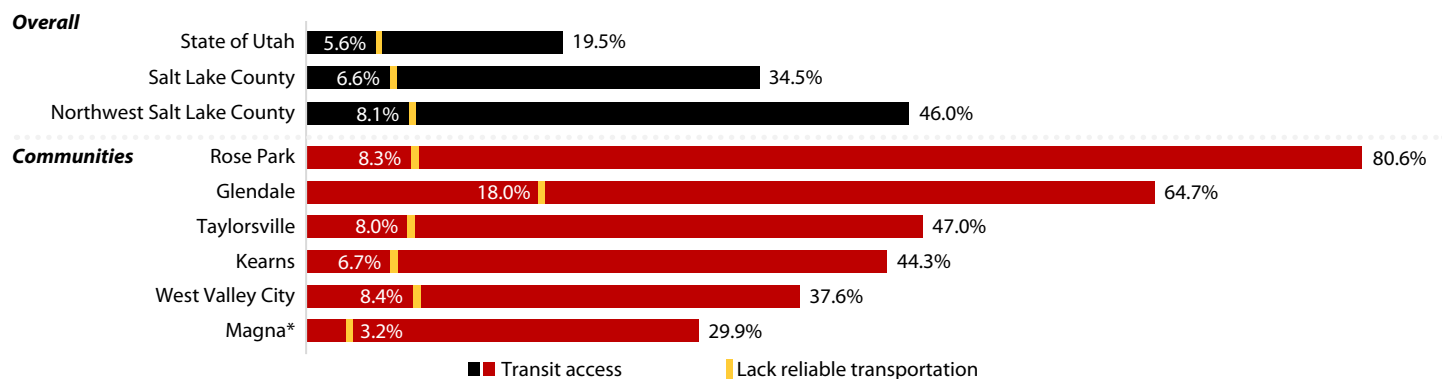
Figure 17: Share of Northwest Salt Lake County Adults with Social and Emotional Support by Race and Ethnicity 2022-2024



Note: Adults 18 and older. Age-adjusted. Survey respondents were asked “How often do you get the social and emotional support you need?” Non-White, non-Hispanic includes American Indian or Alaska Native only, Asian only, Black or African American only, Pacific Islander only, Some Other Races, Two or More Races, and unknown.  
Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance

## Transit access strong, but transportation gaps persist.

Figure 18: Select Measures of Transportation Access in Select Communities, 2020-2024



Note: Transit access is the share of residents living close to convenient, reliable transit, as defined by a quarter-mile or ten-minute walk, that comes every thirty minutes or less during peak commute times. Lack reliable transportation is the share of respondents reporting a lack of reliable transportation kept them from medical appointments, meetings, work, or from getting things needed for daily living. \*Use caution in interpreting; the estimate has a coefficient of variation > 30% and is therefore deemed unreliable by Utah Department of Health and Human Services standards.

Source: Utah Department of Health and Human Services Behavioral Risk Factor Surveillance. Utah Healthy Places Index analysis of Utah Transit Authority and 2020 Decennial Census data

## Partners in the Community

The following individuals and entities help support the research mission of the Kem C. Gardner Policy Institute.

### Legacy Partners

The Gardner Company  
Christian and Marie Gardner Family  
Intermountain Health  
Clark and Christine Ivory Foundation  
KSL and Deseret News  
Larry H. & Gail Miller Family Foundation  
Mountain America Credit Union  
Salt Lake City Corporation  
Salt Lake County  
University of Utah Health  
Utah Governor's Office of Economic Opportunity  
WCF Insurance  
Zions Bank

### Executive Partners

The Boyer Company  
Clyde Companies

### Sustaining Partners

Enbridge  
Salt Lake Chamber  
Staker Parson Materials and Construction  
Utah Chamber  
Wells Fargo

## Kem C. Gardner Policy Institute Advisory Board

### Conveners

Michael O. Leavitt  
Mitt Romney

### Board

Scott Anderson, Co-Chair  
Gail Miller, Co-Chair  
Doug Anderson  
Deborah Bayle  
Roger Boyer  
Michelle Camacho  
Sophia M. DiCaro

Cameron Diehl  
Kurt Dirks  
Lisa Eccles  
Spencer P. Eccles  
Christian Gardner  
Kem C. Gardner  
Kimberly Gardner  
Natalie Gochmour  
Brandy Grace  
Jeremy Hafen  
Clark Ivory  
Ann Marie McDonald

Derek Miller  
Ann Millner  
Sterling Nielsen  
Jason Perry  
Ray Pickup  
Gary B. Porter  
Taylor Randall  
Jill Remington Love  
Josh Romney  
Charles W. Sorenson  
James Lee Sorenson  
Vicki Varela

### Ex Officio (invited)

Governor Spencer Cox  
Speaker Mike Schultz  
Senate President  
Stuart Adams  
Representative  
Angela Romero  
Senator Luz Escamilla  
Mayor Jenny Wilson  
Mayor Erin Mendenhall

## Kem C. Gardner Policy Institute Staff and Advisors

### Leadership Team

Natalie Gochmour, Associate Dean and Director  
Jennifer Robinson, Chief of Staff  
Mallory Bateman, Director of Demographic Research  
Phil Dean, Chief Economist and Senior Research Fellow  
Shelley Kruger, Director of Accounting and Finance  
Colleen Larson, Associate Director of Administration  
Nate Lloyd, Director of Economic Research  
Laura Summers, Director of Public Policy Research  
Nicholas Thiriot, Communications Director  
James A. Wood, Ivory-Boyer Senior Fellow

### Staff

Eric Albers, Senior Natural Resources Policy Analyst  
Samantha Ball, Dignity Initiative Research Director  
Parker Banta, Public Policy Analyst  
Melanie Beagley, Senior Health Research Analyst  
Kristina Bishop, Research Economist  
Andrea Thomas Brandley, Senior Education Analyst  
Kara Ann Byrne, Senior Health and Human Services Analyst  
Nate Christensen, Research Economist  
Moirra Dillow, Housing, Construction, and Real Estate Analyst  
John C. Downen, Senior Research Fellow  
Dejan Eskic, Senior Research Fellow and Scholar  
Kate Farr, Monson Center Maintenance Specialist  
Chance Hansen, Communications Specialist  
Emily Harris, Senior Demographer

Michael T. Hogue, Senior Research Statistician  
Mike Hollingshaus, Senior Demographer  
Madeleine Jones, Dignity Initiative Field Director  
Jennifer Leaver, Senior Tourism Analyst  
Maddy Oritt, Senior Public Finance Economist  
Levi Pace, Senior Research Economist  
Praopan Pratoomchat, Senior Research Economist  
Heidi Prior, Public Policy Analyst  
Megan Rabe, Demography Research Associate  
Natalie Roney, Research Economist  
Shannon Simonsen, Research Coordinator  
Paul Springer, Senior Graphic Designer  
Gaby Velasquez, Monson Center Special Events Coordinator  
Cayley Wintch, Monson Center Building Manager  
David Witt, Dignity Initiative Program Associate

### Senior Advisors

Jonathan Ball, Office of the Legislative Fiscal Analyst  
Ari Bruening, Community-at-Large  
Silvia Castro, Suazo Business Center  
Gary Cornia, Marriott School of Business  
Beth Jarosz, Population Reference Bureau  
Dianne Meppen, Community-at-Large  
Pamela S. Perlich, Community-at-Large  
Chris Redgrave, Community-at-Large  
Juliette Tennert, Community-at-Large