

# Bureau of Health Promotion Fiscal Year 2008 Success Stories



Fostering a culture of health in Utah  
[www.health.utah.gov/bhp](http://www.health.utah.gov/bhp)



## State of Utah

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*Lieutenant Governor*

## Utah Department of Health

David N. Sundwall, M.D.  
*Executive Director*

### Community & Family Health Services

George W. Delavan, M.D.  
*Division Director*

### Bureau of Health Promotion

Heather Borski  
*Bureau Director*

## A Message from the Bureau of Health Promotion Utah Department of Health

I am pleased to share with you key success stories from the Bureau of Health Promotion that occurred in State Fiscal Year 2008.

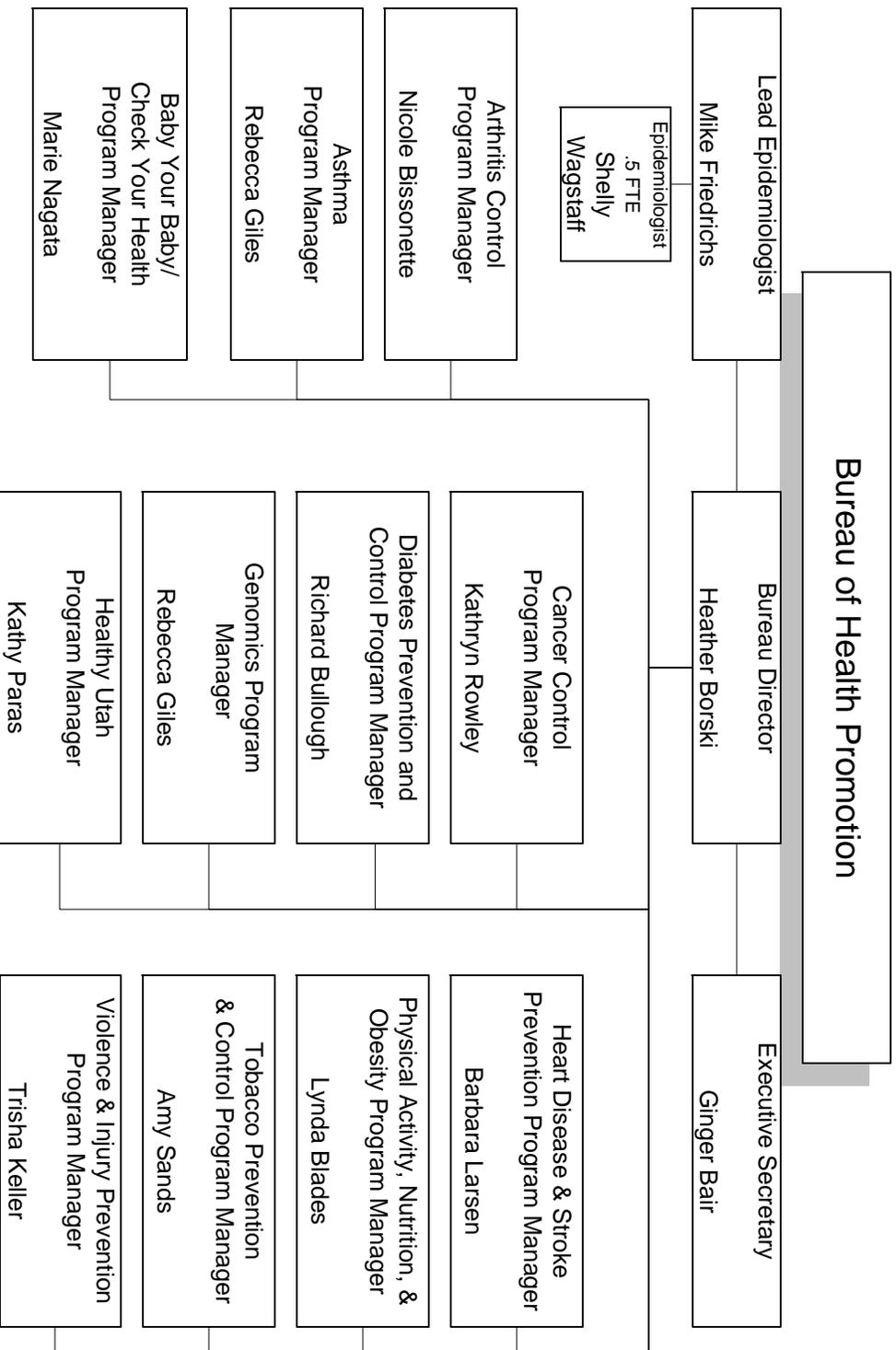
Utah is making significant progress in chronic disease and health promotion, and several key Healthy People 2010 indicators have been met. This report demonstrates real-life benefits realized from the important public health efforts the Bureau of Health Promotion and our partners in local health department, community, school, worksite, and health care settings work on together. Current programs within the Bureau include: 1. Arthritis; 2. Asthma; 3. Baby Your Baby Outreach/Check Your Health; 4. Cancer Control; 5. Diabetes Prevention and Control; 6. Healthy Utah; 7. Heart Disease and Stroke Prevention; 8. Physical Activity, Nutrition and Obesity Prevention; 9. Tobacco Prevention and Control; and 10. Violence and Injury Prevention.

Contact information is included throughout the report, should you have questions or need more information about specific areas.

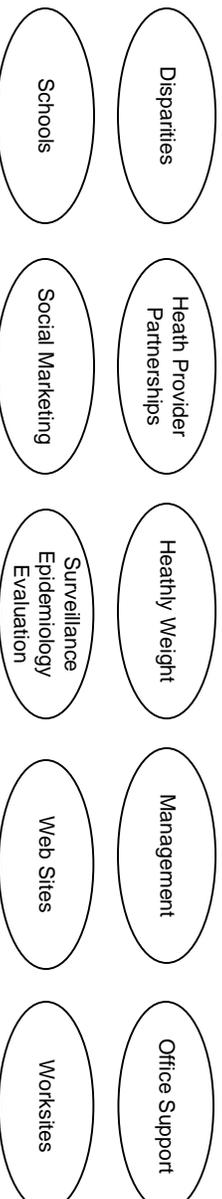
Sincerely,

Heather R. Borski, M.P.H, CHES  
Director, Bureau of Health Promotion

# DIVISION of COMMUNITY & FAMILY HEALTH SERVICES



## Bureau Coordination Work Groups



**Bureau of Health Promotion**  
**Healthy People 2010 Objectives—Status Update**

<b>Healthy People 2010 Objective</b>	<b>Target</b>	<b>Current Status</b>
<b>Access to Care</b>		
1-9a. Pediatric Asthma hospitalizations	17.3 per 10,000, children < 18	7.9 per 10,000 (2006)— <b>objective met</b>
1-9b. Uncontrolled Diabetes hospitalizations	5.4 per 10,000, adults 18-64	4.0 per 10,000 (2006)— <b>objective met</b>
24-3. Emergency Department visits for Asthma	80 per 10,000 children under age 5 years 50 per 10,000 children and adults aged 5 to 64 years 15/10,000 adults aged 65 years and older	50.89/10,000 (2006)— <b>objective met</b> 21.47/10,000 (2006)— <b>objective met</b> 20.14/10,000 (2006)
<b>Chronic Disease</b>		
2-2. Proportion of adults with doctor-diagnosed arthritis who experience a limitation of activity due to arthritis or joint symptoms	33%	31.7% (2007) — <b>objective met</b>
2-5a. Unemployment rate among adults with doctor-diagnosed arthritis.	27%	28.4% (2007)
3-1. Overall cancer deaths	158.6 age adjusted per 100,000	131.6 per 100,000 (2007)— <b>objective met</b>
3-2. Lung cancer deaths	43.3 age adjusted per 100,000	22.3 per 100,000 (2007)— <b>objective met</b>
3-3. Female breast cancer deaths	21.3 age adjusted per 100,000	20.2 per 100,000 (2007)
3-5. Colorectal cancer deaths	13.7 age adjusted per 100,000	12.6 per 100,000 (2007)— <b>objective met</b>
3-7. Prostate cancer deaths	28.2 age adjusted per 100,000	20.2 per 100,000 (2007)
3-12b. Colorectal cancer screening	50 percent of adults aged 50 years and older who have ever received a sigmoidoscopy	57.2% (2007)— <b>objective met</b>
5-3. Clinically diagnosed diabetes	25 age adjusted per 1,000	57.5 per 1,000 (2007)
12-1. Coronary heart disease deaths	162 age adjusted per 100,000	83.6 per 100,000 (2007)— <b>objective met</b>
12-7. Stroke deaths	50 age adjusted per 100,000	40.9 per 100,000 (2007)— <b>objective met</b>
<b>Health Promotion</b>		
7-5. Proportion of worksites that offer comprehensive employee health promotion program	75%	30.2% of medium and large Utah worksites meet the HP2010 objective.
<b>Healthy Weight</b>		
19-2. Obesity in adults	15% age adjusted, adults 20+	23.7 (2007)
22-2. Moderate physical activity	50% age adjusted, adults 18+	55.3% (2007)— <b>objective met</b>
<b>Maternal and Child Health</b>		
16-6a. Prenatal care in first trimester	90% of live births	79.4% (2007)
16-19a. Breastfeeding	75% in early post partum	90.3% (2005)— <b>objective met</b>
<b>Safety</b>		
15-15a. Deaths from motor vehicle crashes	8.0 age adjusted per 100,000	10.5 per 100,000 (2007)
15-19. Safety belt use	92%, all occupants	86.0% (2008)
<b>Tobacco Use</b>		
27-1a. Cigarette smoking – adults	12% age adjusted, adults 18+	11.2% (2007)— <b>objective met</b>

**Bureau of Health Promotion, Administration**  
[www.health.utah.gov/bhp](http://www.health.utah.gov/bhp)

**Bureau Director:** Heather Borski, MPH, CHES, 801-538-9998, [hborski@utah.gov](mailto:hborski@utah.gov)

**Description**

The Bureau Director provides administrative oversight of all Bureau programs and employees. She identifies and works with multiple partners throughout the state to enhance program delivery. She writes grants and obtains significant funding for program areas, supervises staff, and plans and evaluates programs for effectiveness and efficiency. The Bureau's lead epidemiologist and information analysts provide technical and direct assistance and training for epidemiology, surveillance, and evaluation to all programs. The Bureau's executive secretary provides secretarial support to Bureau administration staff, office management support to all programs, and manages the Bureau's Web site (external and DOHnet) and the Travel Health and Safety Web site.

**Statutory Authority**

The Bureau's programs and efforts are authorized by Utah State Code Annotated: Chapter 26-5-1 through 4, and Chapter 26-7-1.

**How does the Bureau help meet the Department's vision?**

The Bureau's mission is to foster a culture of health in Utah. The Bureau helps the Department meet its Vision for Utah: A place where all people can enjoy the best health possible, where all can live and grow and prosper in a clean and safe environment - by working to reduce the leading causes of illness and death of Utahns through prevention, early detection, management of injuries and chronic diseases/conditions, and promotion of early pre-natal care.

The Bureau of Health Promotion's programs focus on delivering effective services with partners in community, school, worksite, and health care settings. The programs include\*: 1) Arthritis; 2) Asthma; 3) Baby Your Baby Outreach/Check Your Health; 4) Cancer Control; 5) Diabetes Prevention and Control; 6) Healthy Utah; 7) Heart Disease and Stroke Prevention; 8) Physical Activity, Nutrition, and Obesity; 9) Tobacco Prevention & Control; and 10) Violence & Injury Prevention.

\* In FY2008, the Bureau included the Chronic Disease Genomics Program. The program ended September 30, 2008. Additionally, the Physical Activity, Nutrition, and Obesity Program was established in FY2009.

## **Arthritis Program**

[www.health.utah.gov/arthritis](http://www.health.utah.gov/arthritis)

**Program Manager:** Nicole Bissonette, MPH, CHES, 801-538-9458, [nicolebissonette@utah.gov](mailto:nicolebissonette@utah.gov)

### **Health Problem**

- More than one in five Utah adults (22.2%, 413,000) has doctor-diagnosed arthritis (25% of females, 19% of males)
- In Utah, arthritis is a leading cause of disability, activity limitation, and poor health.
- Adults with arthritis were more likely to report being inactive (25.9%) than adults without arthritis (17.0%)
- More than one-third of persons with arthritis aged 18-64 reported that their arthritis or joint symptoms affected whether they worked and the type of work or amount of work they did (32.0%)

### **Intervention Strategies**

The Utah Arthritis Program's (UAP) major strategies include:

- Conduct targeted arthritis awareness campaigns in rural and urban communities
- Develop and maintain surveillance and reporting systems to describe the burden of arthritis in Utah and to capture and evaluate program impact
- Partner with providers, clinics, and health systems to identify and implement methods of professional education and process improvement
- Promote, implement, and deliver evidence-based self-management programs including the Arthritis Foundation Self-Help Course (AFSHC), Spanish Arthritis Foundation Self Help Course (SAFSHC), Arthritis Foundation Exercise Program (AFEP), Chronic Disease Self Management Course (CDSMP), and Enhanced Fitness (EF)
- Develop and implement, with the Advisory Committee, a Utah State Arthritis Plan, 2007-2011

### **Partners**

The UAP has an extensive and growing list of partners, including persons with arthritis, the Arthritis Foundation Utah/Idaho Chapter (AF), National Centers for Disease Control and Prevention, other states' arthritis programs, Local Area Agencies on Aging, The Orthopedic Specialty Hospital, Alliance Community Services, Salt Lake County Healthy Aging Program, local health departments, other programs within the Utah Department of Health (including other chronic disease programs, data reporting and surveillance programs, and others), health care providers and health systems (including community health centers, managed care, clinics, rheumatologists, and physical therapists), Community Nursing Services, and Utah senior centers. These partners participate on the Utah Arthritis Advisory Committee, which developed Utah's Arthritis Plan 2007-2011.

## **Arthritis Program** *Community Organization Helps Its Own*

### **Issue:**

Approximately 21.2% of Hispanic/Latina females and 25.6% of non-Hispanic/Latina white females reported arthritis compared to 12.1% of Hispanic/Latino males and 16.6% of non-Hispanic/Latino White males. (Source: 2001 Hispanic Health Survey)

Even after adjusting for age, Hispanic/Latino persons with arthritis were almost twice as likely to report fair or poor health when compared to non-Hispanic/Latino Whites with arthritis (45.7% and 23.4% respectively). (Source: 2001 Hispanic Health Survey)

Hispanic Latino adults with arthritis were more than twice as likely to report pain limited their activities for 15-30 days each month when compared to non-Hispanic/ Latino Whites with diagnosed arthritis (54.2% and 21.3% respectively). (Source: 2001 Hispanic Health Survey)

Self-management programs, such as physical activity and self-management education, can reduce the pain and disability associated with arthritis, yet only 13% of Utahns with arthritis reported participating in such programs during 2003 & 2005.

### **Intervention:**

- The Utah Department of Health Arthritis Program partnered with and funded Alliance Community Services (ACS) to provide Spanish Arthritis Foundation Self Help Courses (SAFSHC). The UAP has partnered with the ACS and the Arthritis Foundation since January 2007 to expand the programs within the Spanish speaking community. ACS uses their own communities, resources and ideas to recruit volunteer leaders, invited them to attend training, coordinated locations, marketed courses, and recruited participants from within the Hispanic Community.

### **Impact:**

During the grant funding period July 2007-June 2008:

- Four, 6-week programs of SAFSHCs were taught
- 63 people with arthritis participated in the SAFSHC

### **Contact Information:**

Nicole Bissonette, Program Manager, Arthritis  
801-538-9458, [nicolebissonette@utah.gov](mailto:nicolebissonette@utah.gov)

**Arthritis Program**  
*Helping People with Arthritis Move More*

**Issue:**

More than one in five Utah adults ages 18 and older (22.2% or 413,000) reported arthritis during 2007. In Utah, arthritis is a leading cause of disability, activity limitation, and poor health. Nearly one-third of persons with arthritis aged 18-64 reported that their arthritis or joint symptoms affected whether they worked and the type of work or the amount of work they did (32.0%) Adults with arthritis were more likely to report being inactive (25.9%) than adults without arthritis (17.0%)

Self-management programs, such as physical activity and self-management education, can reduce the pain and disability associated with arthritis, yet fewer than 14% of Utahns with arthritis reported participating in such programs during 2005.

**Intervention:**

The Utah Department of Health Arthritis Program (UAP) partnered with the Arthritis Foundation (AF) to expand evidence-based programs for people with arthritis. The UAP and AF have focused on the Arthritis Foundation Exercise Program (AFEP). AFEP is a gentle exercise program designed specifically for people with arthritis. This program focuses on gentle range of motion exercises and can be done sitting or standing.

**Impact:**

During the grant funding period July 2007- June 2008:

- The number of locations grew by 81%
- The number of course offerings grew by 33%
- The number of participants grew by 79%

**Contact Information:**

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801-538-9458; [nicolebissonette@utah.gov](mailto:nicolebissonette@utah.gov)

## **Asthma Program**

[www.health.utah.gov/asthma](http://www.health.utah.gov/asthma)

**Program Manager:** Rebecca Giles, MPH, CHES, 801-538-6259, [rgiles@utah.gov](mailto:rgiles@utah.gov)

### **Health Problem**

- Asthma is one of the most common chronic illnesses overall in the United States
- In 2006 in Utah, approximately 9% of children ages 17 and under reported that they had asthma
- There are currently more than 244,000 Utahns of all ages suffering from asthma (approximately 9% of the population)
- In Utah in 2006, there were 1,323 hospitalizations for asthma, with children under the age of 18 accounting for 48%. Total hospitalization costs were nearly \$11,300,000

### **Intervention Strategies**

Although medical management is at the forefront of asthma treatment, public health plays an important role in assessment of the problem, assurance that adequate and appropriate health care systems are in place, and promoting appropriate public policy. The Asthma Program:

- Developed and maintains an asthma surveillance system.
- Released the Asthma in Youth Report highlighting the most recent youth asthma prevalence and morbidity and mortality data.
- Established and staffs the Utah Asthma Task Force, comprised of 84 public and private organizations. The Program works with the Utah Asthma Task Force's action groups to provide leadership and resources to address asthma in Utah. The action groups are organized around areas addressed in the State Asthma Plan and include Asthma Management, Health Systems, Risk Factors, and Population Issues. Some of the most recent accomplishments include:
  - Developed and updated a health care provider resource guide with materials for general practitioners and pediatricians, including supplementary material to assist with patient education and identification of additional resources for providers.
  - Developed an Asthma School Resource Manual and trained over 5,000 faculty and staff in more than 270 schools.
  - Developed parent education packets.
  - Developed an online asthma training program for coaches and PE teachers that is being spread to other states.
  - Provided awareness of the asthma inhaler law to English and Spanish audiences and conducted awareness activities around air quality and asthma issues.

**Partners:** American Lung Association of Utah, Utah Department of Environmental Quality, school nurses and administrators, health care professionals (physicians, nurses, pharmacists, respiratory therapists, health plans, environmental specialists, industrial hygienists, occupational health specialists), community health centers, and local health departments.

## **Asthma Program**

### *Air Quality Guidance for Schools*

#### **Issue:**

In recent years, the Utah Department of Health and Department of Environmental Quality (DEQ) began receiving calls from concerned parents and school administration about the effects of air quality and when they should limit children's outdoor activities. No policies had been developed and there had been no coordination between UDOH and DEQ about how to handle these questions. As a result, air quality guidance for schools was developed in 2004. The 2004 guidance focused on the Air Quality Index (AQI), which displayed the 24-hour average of air quality. During winter inversions, the time of most concern to schools, the air quality measure displayed was particulate matter (PM 2.5). Utah schools have utilized the AQI to varying degrees. But AQI does not present current air quality conditions and school administrators need short-term air quality forecasts to make proper recess recommendations. In addition, DEQ changed the way it presented air quality measures to the public.

#### **Intervention:**

On November 14, 2007, the Asthma Program, DEQ, the State Office of Education, and many community partners held an Air Quality and Health Summit to discuss and revise the 2004 air quality guidance for schools to match new EPA and DEQ air quality standards and data presentation.

#### **Impact:**

- The 2008 revised guidance:
  - Is based on new science and experience;
  - Aligns with recommendations from the new EPA Air Standard for PM2.5;
  - Allows for greater flexibility in allowing healthy students to benefit from outdoor exercise;
  - Provides a conservative level of protection when outdoor activities are not recommended for all students; and
  - Focuses on current one-hour conditions and not a running 24-hour average.
- The guidance was disseminated in January 2008. Email notices were sent to: all 40 school district superintendents through the Utah State Superintendent listserv; Utah School Nurses Association listserv; Health Education and PE coordinators listserv; through the Utah State Office of Education (USOE); local health departments; and individual contacts with principals at both public and private/charter schools
- The Asthma Program and Asthma Task Force Risk Factors Subcommittee Chair gave presentations to approximately 100 school personnel at the Provo, Jordan, and Granite School Districts and the USOE Health/PE District Coordinators meeting
- The updated "Recess Guidance for Schools" is available at [www.health.utah.gov/asthma](http://www.health.utah.gov/asthma)

#### **Contact:**

Rebecca Giles, Program Manager, Asthma  
801-538-6289; [rgiles@utah.gov](mailto:rgiles@utah.gov)

## **Asthma Program**

### *Asthma Pharmacies Partnership*

#### **Issue:**

The Utah Asthma Task Force works to improve the quality of life of those with asthma. One aspect of improving quality of life is to improve asthma management. Pharmacists participating on the Utah Asthma Task Force presented the idea of implementing expanded asthma education at the pharmacy to help patients understand and manage asthma better. The National Asthma Education and Prevention Program (NAEPP) Guidelines state that asthma self-management education is essential to providing patients with the skills necessary to control asthma and improve outcomes.

#### **Intervention:**

- Recruited and utilized appropriate partners to develop the program:
  - Private practice, large managed care system, public clinic, and university system pharmacists, and the University of Utah School of Pharmacy.
  - Partners guided development of entire project including:
    - protocol for pilot-testing and evaluating success of project;
    - flow of program within the pharmacy setting with feedback to primary care provider;
    - identification of funding; and
    - adaptation of materials for both providers and patients.
- Developed a program that will allow pharmacists, who are an excellent resource to patients, the opportunity to take a more active role in the health care team by providing them [the pharmacist] with the infrastructure to participate in patient education. Pharmacists will:
  - provide face-to-face, individualized education sessions with the patient on the disease process, elements of control, inhaler technique and trigger avoidance, and continued reinforcement of self-management techniques that will help patients take personal ownership of their treatment plans; and
  - maintain contact with the physician to provide feedback on the interventions/education provided to the patient.
- Trained pharmacists on asthma management techniques.

#### **Impact:**

- The partnership process has enhanced efforts between public and private pharmacies
  - Fifteen pharmacies have been recruited for the pilot program, with others waiting in line to join the program
- The partnership has increased awareness and utilization of pharmacists and their expertise for public health interventions
- The pilot program will evaluate a number of outcomes, including:
  - patient awareness of how asthma affects daily activities; and
  - patient ownership in their individual treatment plans.

#### **Contact Information:**

Rebecca Giles, Program Manager, Asthma  
801-538-6259; [rgiles@utah.gov](mailto:rgiles@utah.gov)

## **Baby Your Baby Outreach and Check Your Health Program**

[www.babyyourbaby.org](http://www.babyyourbaby.org)  
[www.checkyourhealth.org](http://www.checkyourhealth.org)

**Program Manager:** Marie Nagata, 801-538-6519, [mnagata@utah.gov](mailto:mnagata@utah.gov)

### **Health Problem**

- Only 79.4% of Utah women receive adequate prenatal care
- More than half (62%) of all Utah adults are overweight or obese, as are 1 out of 5 children

### **Intervention Strategies**

- The Baby Your Baby (BYB) media campaign encourages pregnant women to see their health care provider before the 13<sup>th</sup> week of pregnancy and have at least 13 visits throughout their pregnancy
- Through the Health Resource Line, increase the understanding of the BYB program, the services it provides, and additional services that are available in Utah communities
- The Check Your Health (CYH) media campaign encourages Utahns to eat healthy and be active
- Through the Health Resource Line, increase the understanding of UDOH programs and public health services by providing accurate and timely information to those who call

### **Partners**

- KUTV Channel 2
- Intermountain Healthcare
- Citadel (radio broadcaster)
- Univision (Spanish language TV)
- Bustos Media (Spanish language radio)
- Other UDOH Programs

## **Baby Your Baby** *A Marketing Success*

### **Issue:**

The Baby Your Baby Health Keepsake, created in 1990, encourages early and regular prenatal care and well child care visits. The Keepsake educates women about proper health care during pregnancy and encourages them to seek answers to questions about their pregnancy and new baby. With only 79% of women in Utah receiving early and adequate prenatal care, it is vital to provide women with tools to encourage more frequent visits to their health care provider. The Baby Your Baby Program would like all pregnant women in Utah to receive a free Keepsake.

### **Intervention:**

Focus groups were held to explore ideas to advertise the Baby Your Baby Health Keepsake. It was discovered that there is a misconception that Baby Your Baby materials are only for low income women and that previous ads did not clearly state the advantages of ordering and using a Keepsake.

Keeping the suggestions of the focus group in mind, a new ad featuring the Keepsake was filmed. The ad portrays a 20-something woman walking to her mailbox while chatting on the phone. She checks her mail and excitedly realizes that she has received her Baby Your Baby Keepsake. She tells her friend about the book's features and how one can order by calling the hotline or ordering online.

As in years past, ad time was purchased on KUTV during January - March. The Keepsake ad was shown throughout this time, along with two partnering Baby Your Baby ads educating women about the need to receive early and adequate prenatal care and the availability of financial help to pay for prenatal care.

### **Impact:**

January is historically the busiest month for the Baby Your Baby Program. KUTV airs a number of ads for Baby Your Baby during the early part of the year. There is also an increase in the number of women who apply for Presumptive Eligibility during this time.

As a result of the new commercials, Baby Your Baby experienced a 25% increase in calls to the hotline, from 2,246 calls in January 2007 to 2,813 calls in January 2008. Similarly, there was a 47% increase in the number of Keepsake orders in January 2008 over the previous year, from 580 to 856 Keepsakes.

### **Contact Information:**

Marie Nagata, Program Manager, Baby Your Baby  
801-538-6519; [mnagata@utah.gov](mailto:mnagata@utah.gov)

## **Check Your Health** *Gardening for Health*

### **Issues:**

More than half of Utah adults are overweight or obese (59.7%, Utah BRFSS 2007). The percentage of obese adults in Utah has more than doubled since 1989. Utah is doing only slightly better than the U.S., where 62% of adults are overweight or obese and of those, 25.9% are obese.

### **Intervention:**

In 2006, the Heart Disease and Stroke Prevention Program (HDSPP) received funding from the National Governor's Association to support and encourage Community Gardens in Salt Lake and Weber Counties. Check Your Health, in partnership with HDSPP, provided media messages to encourage gardening at home and in community gardens statewide. Two 30-second public service announcements were produced in English and Spanish and aired on KUTV, a local CBS affiliate, and KUTH, a local Univision station, in spring and winter 2007.

KUTV, enthused by the project, formed a partnership with Engh Gardens to provide gardening education to the public. For eight weeks, Engh Gardens spokesperson and owner, Darin Engh, and KUTV news anchor Mary Nickles, taught viewers how to start a home vegetable and/or flower garden. Topics ranged from preparing and amending one's soil to pest control and specialty gardens for kids.

### **Impact:**

The partnership proved to be successful and in 2008 Check Your Health was approached by Western Garden Centers (WGC) to sponsor a second campaign. Public Service Announcements were aired during March, April, and May 2008 on KUTV and, by October, Western Garden Center consultants will have appeared on eight segments during 2News at Noon, again encouraging Utahns to eat healthy and be active through gardening. WGC gardening consultants have reported an increased interest in growing fresh fruits and vegetables by the public as a result of the television segments and increasing household economic constraints.

### **Contact Information:**

Marie Nagata, Program Manager, Check Your Health  
801-538-6519; [mnagata@utah.gov](mailto:mnagata@utah.gov)

## **Cancer Control Program**

[www.health.utah.gov/utahcancer](http://www.health.utah.gov/utahcancer) and [www.ucan.cc](http://www.ucan.cc)

**Program Manager:** Kathryn Rowley, RTT, 801-538-6233, [krowley@utah.gov](mailto:krowley@utah.gov)

### **Health Problem**

- Cancer is the second leading cause of death in the U.S. and in Utah. Late stage diagnosis of cancer is the primary predictor of poor survival and subsequent mortality.
- In Utah in 2005, 7,719 new cases of cancer were diagnosed. In 2007, 2,547 Utahns died of cancer.
- Breast cancer is the leading cause of cancer death for all Utah women and the leading cause of death by any cause for women ages 45-64. In Utah in 2005, 1,085 new cases of breast cancer were diagnosed. In 2007, 214 women died of breast cancer.
- Cervical cancer is also a cause of morbidity and mortality for Utah women. In Utah during 2005, 65 new cases of cervical cancer were detected. In 2007, there were 15 deaths due to cervical cancer.
- Colorectal cancer is the second leading cause of cancer-related death in the U.S. and in Utah. Deaths from colorectal cancer can be substantially reduced when precancerous polyps are detected early and removed. In Utah in 2005, 737 cases of colorectal cancer were diagnosed. In 2007, 241 men and women died of colorectal cancer.

### **Intervention Strategies**

- Maintain the Utah Cancer Action Network (UCAN), a group of more than 110 representatives from 62 organizations including hospitals, private clinics, government and community agencies, non-profit organizations, and other groups that work together to reduce cancer incidence and mortality for all Utahns.
- Implement the goals and objectives of the Utah Comprehensive Cancer Control Plan 2006-2011.
- Provide low-cost or free breast and cervical cancer screenings (including mammograms) to medically underserved women. Include free screening for diabetes, high blood pressure, high cholesterol, and overweight for this population, including an extensive lifestyle intervention program.
- Pursue funding to provide low-cost or free colorectal cancer screenings to medically underserved men and women.
- Provide public and professional education about the need for early detection and availability of screening services.
- Provide a public awareness campaign that educates women ages 19-26 about the availability of the HPV vaccine to prevent cervical cancer.
- Develop and use a statewide surveillance system to plan and evaluate screening and education efforts.

### **Partners**

Local health departments, health care providers who provide follow-up for women screened through the program, contracting mammography facilities, the American Cancer Society, community health centers, the Association for Community Health Centers, other non-profit organizations, and UCAN members.

**Utah Cancer Control Program (UCCP)**  
*Dramatic Rise in Utah's Colorectal Cancer Screening Rates*

**Issue:**

- Colorectal cancer is the second leading cause of cancer-related death in Utah
- Colorectal cancer incidence rates decreased slightly between 1980 and 2003, with a rate of 44.6 per 100,000 in 1980 and a rate of 39.8 per 100,000 in 2005
- While the colorectal cancer mortality rate declined in Utah between 1980 and 2007 by 36.8%, from a rate of 20.1 per 100,000 in 1980 to a rate of 12.6 per 100,000 in 2007, there were still 241 deaths in Utah from colorectal cancer in 2007

**Intervention:**

Early colon cancer usually has no symptoms, so screening by colonoscopy is important. Colon cancer is, in nearly all cases, a treatable disease if caught early. More than 90% of patients survive at least 5 years after their diagnosis. However, only about 39% of colorectal cancer is found at an early stage, and the 5-year survival rate drops considerably once the cancer has spread. Colorectal cancer screening is one of the most cost-effective preventive services among the 25 preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP).

In partnership with the Utah Cancer Action Network (UCAN), the UCCP started a colon cancer media campaign in 2003 to raise awareness about the importance of colon cancer screening. Since the inception of the campaign, there has been a significant increase in the number of Utahns who report having been screened for colon cancer. The effectiveness of the campaign and its strategies has been presented at regional and national conferences. Additionally, the Utah Department of Health was awarded the Association of State and Territorial Health Officers "2006 Vision Award" in recognition of its colon cancer media campaign.

The UCCP continues to produce radio ads and interviews, newspaper ads, and newsletter articles to further promote the importance of colorectal cancer screening. In addition, from May 28-30, 2008, The UCAN Colon Committee and UCCP staff volunteered their time and resources to staff and supply the Super Colon exhibit, a 20-foot long, 8-foot high replica of the human colon. Approximately 3,000 people visited the exhibit to learn about colon cancer.

**Impact:**

The proportion of Utahns age 50 and older who have had a sigmoidoscopy or colonoscopy in the past 5 years has increased significantly from 41.1% in 2003 to 57.2% in 2007.

**Contact Information:**

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**Utah Cancer Control Program**  
*Cancer Survivorship Summit – September 22, 2007*

**Issue:**

- More than 7,000 Utahns will be diagnosed with cancer in fiscal year 2008 (American Cancer Society 2008 Facts & Figures)
- Cancer survivors are living longer due to more effective treatments, but may be dealing with more late effects due to those cancer treatments
- Cancer survivors do not include only the person diagnosed with cancer, but also their family, friends, and community

**Intervention:**

The 2006-2011 Utah Cancer Control Plan identified Cancer Survivorship as an important issue along with prevention, screening, and treatment. Goals, objectives, and strategies for Cancer Survivors were identified under Quality of Life, Survivorship, and End-of-Life. The UCAN Quality of Life Workgroup determined a high priority strategy was to “Hold a Cancer Survivor’s Day conference focusing on the needs of cancer survivors.” The Cancer Control Program is a major partner in UCAN and receives funding from the Centers for Disease Control and Prevention to coordinate and provide technical assistance to UCAN. The Comprehensive Cancer Control Program Specialist is assigned to work with and provide help to the Quality of Life Work Group.

Workgroup members represent the spectrum of cancer care and support available in Utah. In less than 6 months, they raised more than \$10,000, developed a two-track agenda for Adult and Childhood cancers, and provided a comprehensive cancer survivorship conference. The Summit objectives were: provide cancer survivors with information and education; increase awareness of cancer resources in Utah; give cancer survivors a chance to network with fellow survivors, and; inspire anyone battling cancer or its aftereffects with encouragement and hope.

**Impact:**

- More than 200 cancer survivors attended the Summit
- Twenty vendors provided booths with free information and resources
- Evaluation was conducted on a 4-point scale (1 strongly disagree to 4 strongly agree). Results included:
  - 3.4 – The Summit provided information I have not found anywhere else
  - 3.5 – From this Summit, I learned how to better deal with the chronic effects of cancer treatment
  - 3.3 – This Summit connected me with resources I was unaware of
  - 3.8 – I would recommend this Summit to a cancer survivor
- The Summit was so successful that the Quality of Life Work Group decided to make it an annual event.

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## **Chronic Disease Genomics Program**

[www.health.utah.gov/genomics](http://www.health.utah.gov/genomics)

**Program Manager:** Rebecca Giles, MPH, CHES, 801-538-6259, [rgiles@utah.gov](mailto:rgiles@utah.gov)

### **Health Problem**

Genomics is the complex interaction of genetic and environmental factors. Recent advances in the study of genes and their functions have led to a better understanding of the potential to integrate genomics and family history assessments into population-based strategies that will help reduce the burden of chronic, infectious, and other diseases. It is important to plan and coordinate the integration of genomics into core public health specialties (epidemiology, laboratory activities, and environmental health) and particularly chronic disease prevention.

### **Intervention Strategies**

The Chronic Disease Genomics Program developed public health leadership capacity and infrastructure to better integrate genomics into public health practice, with a focus on chronic diseases. The Program's major activities included:

- Working with internal and external partners to plan and implement strategies in public health programs. An external Chronic Disease Standing Committee formed under the aegis of the Utah Department of Health's Genetics Advisory Committee reviewed the chronic disease section of the state genetics plan and developed a five-year work plan. Within UDOH, genomics activities have been incorporated into several chronic disease funding applications. In addition, training was provided to UDOH staff on a quarterly basis on topics of interest to public health professionals.
- Assessing existing data sources for possible applications in public health genomics. For example, the Program assisted the Cancer Control and Diabetes Prevention and Control Programs in analyzing information they collected on family history of disease but have not had resources to analyze. Additionally, the Program worked with the Utah Population Database, a unique Utah resource, to use the database for public health programs as well as research purposes.
- Educating various target audiences, including training sessions for public health professionals. The Program conducted a needs assessment among physicians about the use of family history in their training and practice settings.
- Re-establishing a population-based family health history assessment for multiple chronic diseases and intervene with high-risk families. The Program conducted an in-depth analysis of the highly successful Family High Risk Program (1983-1996), with recommendations for future interventions. The Program worked in partnership with the University of Utah Cardiovascular Genetics Research Clinic and others partners to revise and pilot test a 'new-and-improved' family health history intervention.

### **Partners**

University of Utah (Huntsman Cancer Institute, Cardiovascular Genetics Research Clinic, Genetic Science Learning Center), American Heart Association, Genetics Advisory Committee, local health departments, professional genealogy organizations, Intermountain Health Care Clinical Genetics Institute, Salt Lake County Aging Services

\*\*Funding for the Program ended in 2008.

**Chronic Disease Genomics Program**  
*Hispanic Adaptation of the Family Health History Toolkit*

**Issue:**

Hispanics represent the largest and fastest growing minority group in Utah. Hispanics also experience health disparities in several important chronic disease risk factors and health conditions. In order to help Hispanics understand their risk for chronic disease, Family Health History (FHH) resources, such as the Family Health History Toolkit (FHHT), need to be culturally adapted to minimize potential language and cultural barriers.

**Intervention:**

- The Chronic Disease Genomics Program (CDGP) awarded a mini-grant award to Brigham Young University Department of Health Science to develop a culturally appropriate FHHT for Hispanics.
- The FHHT was translated into Spanish and revised to reflect data gathered during a formative evaluation of the adapted toolkit. The evaluation process included 10 interviews with key informants, four focus groups held with Utah County Hispanics, and a pilot test with English as a Second Language (ESL) students as well as with Hispanic participants at a *Dia de Salud* activity at Centro Hispano in Provo, Utah. The pilot test with the ESL classes consisted of a pre-test survey, five FHH educational modules (15 minutes each), distribution and integration of the adapted toolkit into the educational modules, and a post-test survey.

**Impact:**

- The adapted toolkit contains examples in Spanish of how to talk about FHH with family members, how to create a FHH record, and how to share the information collected with family members and medical professionals.
- ESL students and focus group participants reported that the adapted toolkit was simple and easy to understand.
- Survey results suggest that the majority of ESL students were motivated to learn more, make lifestyle changes, and share FHH information with family members following the pilot test.
- About one-fourth (23%) of the students surveyed reported visiting a medical professional as a result of the educational modules. Most students (94%) agreed the toolkit helped them feel more prepared to share their FHH with a medical professional.
- The adapted toolkit is available for free online at <http://health.utah.gov/genomics>.

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\*\*Funding for the Program ended in 2008.

**Chronic Disease Genomics Program**  
*Family Health History and the Pacific Islander Community*

**Issue:**

Utah ranks second in the proportion of the population who are Native Hawaiian/Pacific Islander, exceeded only by the state of Hawaii. Two Utah cities, West Valley City and Salt Lake City, ranked among the top five cities in the U.S. with the greatest percentages of Native Hawaiian/Pacific Islander populations. Diabetes is increasing at alarming rates among the 25,000 Native Hawaiian/Pacific Islanders living in Utah. Family health history is a risk factor for diabetes and a novel approach for addressing this health concern among the population. Culturally appropriate genetics education materials are needed to ensure family health history is used effectively to address the problem among Native Hawaiian/Pacific Islander communities.

**Intervention:**

- The National Tongan American Society (NTAS) received a mini-grant from the Chronic Disease Genomics Program to improve understanding of the influence of genetics on the development of chronic diseases in the Tongan community. NTAS partnered with community leaders to ensure the project was done in a culturally sensitive manner.
- Two focus groups with Tongan community members and church leaders were conducted to assess the community's understanding of genomics and family health history, cultural and religious beliefs of inheritance and learned behaviors, and how to best reach the community with educational interventions.
- The NTAS also partnered with the University of Utah Genetic Science Learning Center to form a Pacific Islander Advisory Committee to further to assess how best to help Pacific Islander families learn about genetics and the importance of family health history.

**Impact:**

- Two classes on genetics and health were taught to 64 Tongan community members. Classes were held at the Tongan United Methodist church and the Anderson Senior Citizen Center. All participants said their awareness of family health history had increased as a result of the class and 82% were highly interested in learning more.
- A radio spot to advertise the classes and the importance of family health history was developed and aired on KRCL community public radio shows between January and March 2008. In both the focus groups and educational classes, 45% of participants had heard the ad on the radio.
- Two educational activities were developed based on community feedback. The materials are interactive ways for Pacific Islander families to learn how genetic traits are passed down in families. The materials will be freely available from <http://learn.genetics.utah.edu> in the near future.

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\*Funding for the Program ended in 2008.

## **Diabetes Prevention and Control Program**

[www.health.utah.gov/diabetes](http://www.health.utah.gov/diabetes)

**Program Manager:** Richard Bullough, PhD, 801-538-9291, [rbullough@utah.gov](mailto:rbullough@utah.gov)

### **Health Problem**

- Approximately 125,000 Utahns have been diagnosed with diabetes
- Between 42,000 and 45,000 Utahns with diabetes are undiagnosed (National Health and Nutrition Examination Survey data applied to Utah population)
- Diabetes prevalence continues to increase, rising a full percentage point in five years, from 3.7% of the total Utah population in 2003 to 4.7% in 2007 (Utah Health Status Survey/Healthcare Access Survey)
- There were 23,232 hospital discharges for diabetes in 2006, with nearly one-fourth of discharges (5,229 discharges) listing cardiovascular complications as the primary reason for admission
- There were 274 inpatient hospital discharges for lower-extremity amputations, 1,768 for renal complications, 633 for diabetes-related eye disease, and 857 for acute complications (2006)
- Diabetes was the underlying cause of 544 deaths in 2007 in Utah, consistently contributing to over 1,000 deaths a year

### **Intervention Strategies**

- Develop and train diabetes practice recommendations to medical professionals
- Certify state diabetes self management training programs to improve quality and outcomes and to qualify them for reimbursement
- Participate with all Community Health Centers on the HRSA Diabetes Collaborative
- Provide professional education in person and via telehealth regularly
- Contract with local health departments, community based organizations and tribes to provide local programs
- Develop and produce culturally and linguistically appropriate education manuals for people with diabetes
- Conduct public awareness campaigns
- Conduct surveillance and evaluation activities to analyze data, focus interventions, and improve outcomes

### **Partners**

American Diabetes Association, Community Health Centers, HealthInsight, Utah Diabetes Center, Association of Diabetes Educators of Utah, Local Health Departments, Community Based Organizations (Comunidades Unidas; Community Health Connect), Native Indian Tribes, Health Plans (commercial and Medicaid), professional organizations (podiatrists, ophthalmologists, optometrists, the Utah Medical Association, and the Utah Nurses Association)

**Diabetes Prevention and Control Program**  
*Collaborative Efforts of Health Plans Improve Diabetes Care*

**Issue:**

Diabetes prevalence is increasing in the United States and Utah. Not all persons with diabetes receive the medical care required to reduce the negative complications of diabetes. This is, in part, due to a lack of awareness of key diabetes management indicators among those with diabetes, and a lack of systems-based care among providers and health systems.

**Intervention:**

In 1999, the Utah Diabetes Prevention and Control Program (DPCP) formed a partnership with the state's major health plans to increase diabetes awareness in patients and providers as well as implement and improve systems-based care. The Utah Health Plan Partnership (UHPP) has met monthly since 1999 and works collaboratively to identify issues and develop interventions to improve care.

Participating health plans have partnered on specific projects, including: increasing patient and provider awareness of key clinical targets and indicators for diabetes; increasing systems-based support for the delivery of diabetes care and the measurement, tracking and reporting of these indicators related to this care; implementing patient reminder/call back systems focused on these indicators and on medication compliance; providing feedback to patients and providers related to their own health and medical performance; and implementing comprehensive and standardized data collection, evaluation, and reporting methods.

**Example Activity:**

Using Health Employer Data Information Set (HEDIS) data, the UHPP identified areas where diabetes awareness and care could be improved. For example, in 1999, HEDIS data indicated that a low percentage of clients met the criteria for having had an eye exam. The UHPP developed and implemented a multifaceted intervention to improve both eye exam rates and documentation. Evaluation of this intervention showed considerable improvement. The partnership later implemented interventions for improving rates for A1C exams and lipid profiles, and it continues to work collectively to improve care.

**Results:**

The percentages of clients with diabetes who met HEDIS care standards improved between 1999 (pre-intervention) to 2008 as follows:

- *Having an eye exam in a 12-month period:* increased from 41.9% to 63.9%
- *Having at least one A1C in a 12-month period:* increased from 76.8% to 88.6%
- *Meeting the target A1C level of less than or equal to 7.0%:* increased from 23.5% to 42.7%
- *Having an LDL cholesterol exam in a 12-month period:* increased from 60.7% to 78.4%
- *Having an LDL level of less than 100 mg/dL:* increased from 17.8% to 45.2%
- *Having nephropathy screening in a 12-month period:* increased from 33.3% to 77.3%

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## **Healthy Utah**

[www.healthyutah.gov](http://www.healthyutah.gov)

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### **Health Problem**

In 2004, Healthy Utah conducted a biannual follow-up analysis of the Public Employee Health Program (PEHP)-sponsored Health Habits Survey, initially administered in 1999. The following medical claims trends in health care expenditures by state employees were identified:

- Overall claims increased 47% from the 2001 data to the 2004 data
- Drug claims went up 50% in this 3-year period; the increase from 1999 to 2001 was 17%
- Claims for persons with diabetes increased 69%
- Persons who were overweight (BMI 25-29) showed a 64% increase in claims
- Persons who were obese (BMI  $\geq$  30) had a 23% claims increase
- Persons with high cholesterol had a claims increase of 44%
- Persons with high blood pressure had a claims increase of 28%

With health care costs and premiums continuing to rise, agencies are incorporating worksite health promotion programs as part of the solution in addressing these alarming trends.

### **Intervention Strategies**

Healthy Utah is a worksite-based employee health promotion and prevention program available to more than 50,000 state and other public employees and spouses covered by PEHP. The Program strives to increase public employee productivity, decrease employee absenteeism, reduce the rapid escalation of health care costs, and reduce disability and illness due to cardiovascular disease and other chronic diseases by offering the following programs/services:

- **Rebate Program**—Participants receive financial rebates for improvements in physical activity, weight loss, cholesterol and blood pressure levels, diabetes management, and tobacco cessation
- **Health Risk Appraisal Sessions**—A 30-minute private personal health counseling and suggestions for improvement where cholesterol, blood glucose, body composition, waist circumference, blood pressure, height, and weight are measured
- **Wellness Councils**—Technical, educational, and financial assistance are offered to agencies that wish to form a team to address health and wellness at worksites
- **Wellness Seminars**—More than 30 free seminars are offered in the areas of stress management, communication, physical activity, nutrition, and personal/professional development
- **Additional Benefits**—Free consultations with a Registered Dietitian, Certified Diabetes Educator, and Exercise Specialist; a comprehensive Web site; tobacco cessation resources
- **myHealthyUtah**—An online account management tool for members to access services
- **Health Challenges**—Bi-monthly, self-paced programs to help members make improvements

### **Partners**

Public Employees Health Program (PEHP), Local Governments Risk Pool, State and Local Government Agencies with Wellness Councils, Healthy Utah Advisory Committee

**Healthy Utah**  
*Capitol Hill Wellness Council – Biggest Loser Contest*

**Issue:**

Escalating health care costs remain an issue of great concern for many employers and providers of health care services. Studies show that worksite health promotion can help improve employee morale, reduce turnover, aid in recruitment, reduce absenteeism, assist with containment of health care costs, and improve health status of employees.

**Intervention:**

In 2000, Healthy Utah began promoting ‘Wellness Councils’ throughout state and local government agencies. The councils are teams of employees who implement programs and changes at their agency to improve overall health. Healthy Utah supports the councils by providing financial incentives, information, staff support, training, and recognition.

In January 2008, the Capitol Hill Wellness Council launched a *Biggest Loser Contest* for employees working on Capitol Hill. To establish a sense of accountability, the 70 participants were assigned to one of 8 teams. A captain was chosen by each team to help motivate team members, as well as act as the liaison between contest coordinators and participants. They were then given a random 4-digit number to maintain anonymity.

On Mondays, participants reported their new weight for the week. The weight loss was calculated and recorded in a spreadsheet. Using the random numbers assigned, a weekly newsletter was sent out with the results. It included the weekly and to-date percentage weight loss for each individual and team.

Three challenges during the 10 weeks kept teams motivated. The first was a stairs challenge where six members of each team ran the steps from the 6th floor to the basement of the State Office Building. The second challenge required each participant to record their food and water consumption and amount of exercise on a daily basis for a week. Teams guessed the calorie content of certain foods for the third challenge.

**Impact:**

At the end of the 10-week contest, the 70 participants lost a total of 621 pounds. The ‘Pink Team’ lost the most weight - a combined total of 153.2 pounds, or 7.2% of their total body weight.

Twenty-six participants continued an additional 5 weeks during an individual contest. The winner in the male category had a 20.4% weight loss in 15 weeks. The winner of the female category achieved a 10.9% loss.

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## Heart Disease and Stroke Prevention Program

[www.hearhighway.org](http://www.hearhighway.org)

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### Health Problem

Cardiovascular disease (CVD), including heart disease and stroke, is the leading cause of death, preventable disability, and hospitalization costs in both Utah and the U.S. Over half (54 percent) of early CVD cases (occurring before the age of 55 years) could be prevented or controlled through healthy lifestyle choices. Utah data for 2007 show the following:

- 11.2% smoke cigarettes
- 19.7% have diagnosed high blood pressure
- 22.6% report having high cholesterol
- 34.1% have not had a blood cholesterol check in the past 5 years
- 5.8% have been diagnosed with diabetes (roughly 1 in 3 persons with diabetes is unaware they have it)
- 28.8% know the signs and symptoms of heart attack and would call 911
- 38.5% know the signs and symptoms of stroke and would call 911

### Intervention Strategies

A combination of primary, secondary, and tertiary prevention and acute medical interventions are needed to reduce CVD mortality. The Utah Heart Disease and Stroke Prevention Program:

- Addresses childhood obesity by promoting opportunities for physical activity and nutrition to policymakers, including school boards and administrations
- Promotes policies and environments that increase opportunities for healthier nutrition and physical activity in schools through the Gold Medal Schools program
- Informs the population of the signs and symptoms of stroke and the need to call 911 in the event of a stroke
- Provides a collaborative environment to create statewide systems for prevention, awareness, diagnosis, and treatment of stroke and heart disease
- Enhances the capacity of local health departments and other partners to support local efforts to improve school environments
- Maintains surveillance data to provide evidence-based support and evaluation

### Partners

Action for Healthy Kids Coalition; A Healthier You; Alliance for Cardiovascular Health in Utah; American Heart/Stroke Association; Association for Utah Community Health (AUCH) and member community health centers; *HealthInsight*; Intermountain Healthcare; local health departments, State Office of Education and local school districts; University of Utah Health Sciences Center; Utah Bureau of Emergency Medical Services and Preparedness; Utah Council for Worksite Wellness; Utah health plans (Altius, DMBA, Molina Health Care, PEHP, Regence BlueCrossBlueshield, SelectHealth, University of Utah Health Plans); and the Utah Stroke Task Force.

## **Heart Disease and Stroke Prevention Program** *Utah Navajo Health Systems*

### **Issue:**

According to Indian Health Services, 36% of American Indians die of cardiovascular disease (CVD) before the age of 65. Unlike other ethnic groups, American Indians have an increasing incidence of CVD. In the state of Utah, 33.5% of American Indians have high blood pressure, a rate that is nearly 50% greater than the state average of 22.5%. Utah Navajo Health Systems (UNHS) consists of four clinics in Southeastern Utah and is dedicated to providing medical care to all patients in the area, but focuses on the Navajo tribe in the rural communities of San Juan County.

### **Intervention:**

With funding from the Heart Disease and Stroke Prevention Program and through a contract with AUCH, UNHS hired a nurse to coordinate a focused care management program for patients with CVD. There were 1,986 patients identified with CVD and, of that number, 1,224 had hypertension, 683 had diabetes, and 687 were obese. CVD care management services were provided. The patients received reminders every six months via phone call or mail if they had not been seen at one of the clinics. If the patient did not have either an address or a phone and had not shown up to a scheduled appointment, UNHS made a personal contact. Additionally, a University of Utah cardiologist came to UNHS once a month to see CVD patients and offer specialty care. Interventions currently in place also include:

- Providing culturally-appropriate education programs, materials and tools
- Cross-training staff to enter data and track outcomes, using a registry to proactively plan care, and providing information from registry to patient to promote involvement in care
- Integrating evidence-based guidelines into clinical practice
- Obtaining free or discounted medications or resources
- Providing alternative visits, such as group visits, blood pressure clinics and providing phone follow-up or case management for complex patients

### **Impact:**

Before 2007, UNHS knew that CVD was a health concern, but did not have data to demonstrate the specific problem. By creating and maintaining a database for CVD patients, UNHS is able to document the need for CVD preventive care, assess the extent of the disease impact on the population, and implement interventions based on that knowledge. As a result:

- 80% of coronary artery disease patients now show up for their follow-up appointments
- 30 of the 43 patients who received one-on-one patient education saw improvement in their blood pressure
- 200 patients received echocardiograms, resulting in 21 preventive heart procedures
- In August 2008, UNHS started a Pace Maker clinic and has already seen success with that program

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**Heart Disease and Stroke Prevention Program**  
*Utah's Gold Medal Schools Battle Poor Eating Habits*

**Issue:**

One in five Utah school-aged children is obese or overweight. Experts believe that conditions in schools that limit opportunities for physical activity and healthy eating may be contributing to the epidemic of obesity among school-aged children. With schools under tremendous pressure to increase standardized test scores, creating a healthy, supportive school environment for students is a challenge for educators.

**Intervention:**

With partners, the Utah Department of Health, combines federal, state, and private funding sources to implement the Gold Medal Schools (GMS) program which provides students with more opportunities to eat healthy, be active, and stay tobacco free

**Impact:**

In one example, Coral Cliffs Elementary School in St. George changed its class schedule to hold recess before lunch to help students achieve the Gold Medal level. Mikelle Moody, an 8th grade student, chose to study how the policy might help the school for her science project. She tested the premise that having recess before lunch would result in students eating more of their lunches and being ready to work on classroom activities after lunch. She compared the amount of lunch trash between two similar elementary schools: Coral Cliffs, with a-lunch-after-recess policy, and another that holds recess after lunch. The schools are located near each other and have similar student populations. Though the menus at each school were the same every day, Mikelle found a big difference between the amounts of waste from the two schools.

Day 1 - Coral Cliffs: 59 more students and 30 lbs. less waste than the second school

Day 2 - Coral Cliffs: 27 more students and 1 lb. less waste than the second school

Day 3 - Coral Cliffs: 48 more students and 9 lbs. less waste than the second school

Day 4 - Coral Cliffs: 34 more students and 14 lbs. less waste than the second school

Day 5 - Coral Cliffs: 43 more students and 18 lbs. less waste than the second school

Even though every day that the trash was analyzed, Coral Cliffs had more students eat lunch, they had less trash. Students eat a better lunch and less food is wasted if the school has recess first. Coral Cliffs' principal Teria Mortensen said, "Having lunch after recess gives students more time for enjoying their food as opposed to gulping down lunch so they can get outside to play." She adds that other benefits of recess before lunch include:

- Students appear to be drinking more milk as well as eating more of their lunches
- There is additional teacher supervision on the playground during lunchtime recess
- Students seem more ready to settle down to classroom activities after eating lunch

Coral Cliffs Elementary school teachers and students look forward to going for the Platinum Medal this year, and are already planning on working even harder to make their school environment even healthier.

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## Tobacco Prevention and Control Program

[www.tobaccofreeutah.org](http://www.tobaccofreeutah.org)

**Program Manager:** Amy Sands, MPH, CHES, 801-538-9374, [asands@utah.gov](mailto:asands@utah.gov)

### Health Problem

- Tobacco use remains the leading preventable cause of death and disease in the U.S.
- In Utah, tobacco use claims more than 1,100 lives annually, resulting in \$618 million in annual smoking-attributable medical and lost productivity costs
- Major tobacco companies spend an estimated \$57.9 million marketing tobacco products in Utah—many times more than that spent on anti-tobacco programming

### Intervention Strategies

- Sustained, consistent, multi-faceted efforts including:
  - An innovative mass media campaign to prevent children from starting tobacco use and encourage tobacco users to quit
  - Local health department, school, and community-based efforts that promote tobacco prevention, strengthen and enforce tobacco-free policies, and link tobacco users to the help they need to quit
  - Free and easily accessible telephone, Internet, and community-based quitting programs, like the Utah Tobacco Quit Line and Utah QuitNet, to help tobacco users quit
  - Enforcement efforts that assist retailers and businesses in complying with laws restricting tobacco sales to underage youth and the Utah Indoor Clean Air Act
  - Efforts to ensure those at higher risk for tobacco use have access to tailored services.
- Utah's comprehensive efforts are making an impact:
  - In 2007, Utah's age-adjusted adult smoking rate was 11.2%. Since 1999, the adult smoking rate has decreased by 17%. Utah is the only state that meets the Healthy People 2010 Objective of reducing cigarette smoking to 12%
  - In 2007, Utah's high school smoking rate of 7.9% was less than half the national rate of 20.0%. Since 1999, the rate of high school smoking decreased by 34%
  - The rate of smoking among pregnant women decreased by 28% (from 8.2% in 1999 to 5.9% in 2006)
  - The rate of children exposed to secondhand smoke in the home declined by 70% (from 6.0% in 2001 to 1.8% in 2007)
  - From 2001 through 2008, illegal tobacco sales to underage youth during retailer compliance checks declined by 53%

### Major Partners Include:

Tobacco Control Advisory Committee, Utah's local health departments, Coalition for a Tobacco-Free Utah, state agencies like Medicaid, the Division of Substance Abuse and Mental Health, State Office of Education, and the state Tax Commission, community-based organizations, like the Indian Walk-In Center and the American Lung Association.

**Tobacco Prevention and Control Program**  
*Keep Your Business Healthy: Utah's Tobacco-Free Workplace Toolkit*

**Issue:**

The U.S. Centers for Disease Control and Prevention estimates that smoking costs employers \$3,383 per smoker per year, including \$1,760 in lost productivity and \$1,623 in excess medical expenditures. Employers can cut those costs and improve employees' health and productivity by implementing a tobacco-free workplace policy and helping people quit tobacco. Every tobacco user who quits saves companies money in costs associated with absenteeism, smoke breaks, life insurance, health care and more. Tobacco-free worksites also serve to protect employees and patrons from involuntary exposure to tobacco smoke. The U.S. Surgeon General has stated that there is no risk-free level of exposure to secondhand smoke.

**Intervention:**

A tobacco-free workplace makes good business sense and creates a supportive setting for employees who want to quit using tobacco. In August 2007, the Keep Your Business Healthy: Utah's Tobacco-Free Workplace Toolkit was developed by the Tobacco Prevention and Control Program (TPCP). The guide makes the case for tobacco-free policies and cessation in the workplace. It also outlines three steps that a business can take to help employees quit using tobacco and to protect workers and patrons from secondhand smoke:

1. Use the company's health plan to help employees and their families quit using tobacco
2. Encourage use of free tobacco cessation services like the Utah Tobacco Quit Line (1.888.567.TRUTH) and Utah QuitNet ([utahquitnet.com](http://utahquitnet.com))
3. Implement and maintain tobacco-free worksite policies

Over the past year, more than 500 tobacco-free workplace toolkits have been distributed to businesses and local health departments and other contractors who work one-on-one with companies. In addition, nearly 10,000 copies of the toolkit have been downloaded from the TPCP website. The tobacco-free workplace toolkit has also been promoted to insurance brokers and is available on the Utah Association of Health Underwriter's Web site. See <http://www.tobaccofreeutah.org/shsworksitokit.pdf>

**Impact:**

During fiscal year 2008, TPCP's partners worked with 67 businesses to develop or strengthen their tobacco-free policies. As a result, 18 companies implemented tobacco/smoke-free policies. The information in the toolkit has helped TPCP contractors in working with worksites. "The Tobacco-Free Workplace Toolkit contains all of the materials needed for a worksite to implement a tobacco-free policy," says Holly Budge, Program Manager of the Bear River Health Department Tobacco Prevention and Control Program. "It is presented in a professional format and is a very user-friendly document. Our businesses have especially appreciated the testimonials from other worksites that are contained in the kit."

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**Tobacco Prevention and Control Program**  
*Utah Hospitals and Health Systems Association Adopts Tobacco-Free Hospital Policy*

**Issue:**

The use of tobacco products is the number one source of preventable death and disability in the United States. Annual health care expenses directly caused by smoking costs Utah \$345 million, with \$104 million of that total covered by the state Medicaid program. Hospitals, that treat tobacco users have professional and economic reasons to curb its use among patients, employees and community members:

- Smoking delays wound healing, whether the wound is surgical or the result of trauma or burns
- Recovery room stays are 20 percent longer for smokers than non-smokers
- Broken bones take nearly twice as long to heal for smokers
- Each year, 1,100 Utahns die from tobacco-related illnesses
- Businesses pay an average of \$2,189 in workers' compensation costs for smokers, compared with \$176 for non-smokers

**Intervention:**

Research shows that protocols and policies can curb tobacco use and its health and economic toll. The Tobacco Prevention and Control Program, in conjunction with the Coalition for Tobacco-Free Utah (CTFU), developed a Tobacco-Free Hospital Policy Statement for the Utah Hospitals and Health Systems Association (UHA). Joseph Krella, UHA President/CEO, and CTFU members presented the prospective policy to the UHA Board of Trustees. The board voted in favor of adopting the Tobacco-Free Hospitals Policy on March 28, 2008. The UHA now recommends that all Utah hospitals:

- Create and implement a tobacco free hospital policy to provide a safe and health environment for all of its patients, employees, volunteers, and visitors.
- Present a positive example to the public by making no tobacco use a normal practice on hospital property and among hospital staff.
- Assist both patients and employees who wish to quit using tobacco products.
- Be a leader in the community by encouraging tobacco free environments.

**Impact:**

The Utah Hospitals and Health Systems Association mailed the newly adopted Tobacco-Free Hospital Policy to all 44 member hospitals through their CEO-to-CEO communication, a monthly newsletter sent directly from Joe Krella to hospital CEOs. The policy has also been shared with the UHA Workforce Committee and included as part of the Board of Trustees Manual. Local health department representatives are following up with hospitals in their districts to offer technical assistance and training on how to create and implement a tobacco-free policy as recommended by the UHA.

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## **Tobacco Prevention and Control Program** *Smoke-Free Apartments and Condominiums*

### **Issue:**

Approximately 50,000 individuals die each year nationally as a result of secondhand smoke (SHS) exposure. Hundreds of thousands of people exposed to SHS suffer various other illnesses like asthma and bronchitis.

SHS from one multiple dwelling unit (apartment or condominium) may seep through cracks or travel by a shared ventilation system and enter the living space of another. This drifting smoke can make a home an unhealthy place to live. According to the 2006 Surgeon General's Report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke," there is no risk-free level of exposure to SHS. The Surgeon General's report also states that policies creating completely smoke-free environments are the most economical and efficient approach to providing protection from involuntary exposure to tobacco smoke.

### **Intervention:**

- The Tobacco Prevention and Control Program (TPCP), local health departments, and the Utah Apartment Association (UAA) worked together to educate property management companies, managers, homeowners, and tenants around the state. Materials and technical assistance were provided on how to increase tenant safety and reduce tobacco smoke-related health risks, fire hazards, and maintenance costs within multiple dwelling units.
- The TPCP maintained an online resource, the Utah Smoke-Free Apartment and Condominium Guide Statewide Directory. The guide includes tools to create voluntary smoke-free policies and implement smoke-free environments. It also includes a listing of properties that provide smoke-free environments. See <http://www.tobaccofreeutah.org/aptcondoguide-dir.htm> and <http://www.tobaccofreeutah.org/aptcondoguide.html>
- Ads/articles ran in the UAA Journal and Membership Directory, and ForRent magazine. The National Apartment Association mailed "Clearing the Air, Industry Discusses Trend Toward Smoke-Free Housing" to all members of the UAA.

### **Impact:**

- More smoke-free homes means healthier environments for Utah children. From 2001 to 2007, the percentage of children who were exposed to tobacco smoke inside their homes decreased by 70%.
- From 2007 to 2008, there was a 59% increase in the number of communities listed in the Statewide Directory as protecting Utahns from exposure to SHS, totaling 10,000 units in more than 900 buildings in 10 counties.
- Managers and owners benefited from decreased maintenance costs and greater tenant satisfaction. Tenants benefited from the elimination of health risks associated with SHS.

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## **Violence and Injury Prevention Program**

[www.health.utah.gov/vipp](http://www.health.utah.gov/vipp)

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### **Problem Statement**

Violence and injury are major threats to the health and safety of Utahns and claim an average of 1,300 lives a year. Among unintentional injuries, motor vehicle crashes, falls, and poisonings are responsible for three-fourths of the deaths. Violence, including suicide and homicide, claim another 390 persons annually.

### **Major Prevention Strategies**

The Violence and Injury Prevention Program (VIPP) prioritizes its prevention strategies based on available injury data. Program areas of focus include:

- Preventing motor vehicle crash deaths by advocating the use of seat belts and child restraints. In partnership with local health departments, VIPP makes infant and booster seats available through promotional events and conducts car seat checkpoints to teach motorists proper installation and use. In addition, the partnership also focuses on teen driver safety.
- Preventing brain injuries through advocating the use of helmets while riding motorcycles, bicycles, ATVS, snowmobiles, skis, skateboards, etc. In partnership with local health departments, VIPP makes low-cost helmets available throughout the year.
- Providing primary prevention sexual assault activities through contracts with non-profit rape crisis centers.
- Compiling and analyzing injury data and best or most promising interventions to distribute and promote to local health departments, community organizations, the public and others.

### **Partners**

VIPP partners with many community and government agencies, including:

- Primary Children's Medical Center
- Safe Kids Worldwide
- Utah Safety Council
- Utah's 12 Local Health Departments
- National Alliance for the Mentally Ill (NAMI), Utah Chapter
- Utah Department of Public Safety, Office of Highway Safety
- Utah Coalition Against Sexual Assault (UCASA)
- Utah's 10 Rape Crisis Centers
- The Governor's Violence Against Women and Families Cabinet Council

## **Violence and Injury Prevention Program** ***'Boost Til 8' Campaign***

### **Issue:**

According to the Utah Department of Public Safety's 2005 Utah Crash Summary, safety restraint use among children involved in crashes decreases as children grow older. Approximately 88% of children ages 0-1 were in a child safety seat at the time of a crash as compared to 74% of 2-to-4 year olds and only 19% of 5-to-8 year olds. Children placed in approved and properly used child safety seats and seat belts have an 80% lower risk of fatal injury than those who are unrestrained.

### **Intervention:**

- The Safe Kids Utah Coalition was organized in 1995 with Utah Department of Health Violence and Injury Prevention Program (VIPPP) as the lead agency. It was created to address the issue of unintentional childhood injuries. A primary focus for the coalition is promoting child safety restraints like car seats and booster seats.
- Advocates were successful in securing the passage of House Bill 140, the Child Restraint Devices Amendments, during the 2008 Utah legislative session. The law requires the operator of a motor vehicle to provide protection for a person younger than 8 years of age by using an appropriate child restraint device, like a car seat or a booster seat. Previously, the law required only children under the age of 5 to use an approved child restraint device. The new law now protects children up to 8 years of age through use of a booster seat or car seat. However, children younger than 8 who are at least 57 inches tall are exempt from the law, and are still required to use a regular seat belt, as are older children 8-17 years of age.
- Primary Children's Medical Center, Safe Kids Utah, VIPPP and other community partners created the *'Boost Til 8' Campaign* to promote the new law to Utah parents, caregivers, and law enforcement officers.
- A kick-off event and press conference were held on April 26, 2008. The event included a community car seat check and booster seat giveaway.
- Information on the law was sent to administrators in all 40 Utah school districts as well as to parents of kindergarten through third grade students throughout the state.

### **Impact:**

- 300 booster seats donated by the Utah Highway Safety Office were given away at the kick-off event to assist families in meeting the requirements of the new law.
- Promotion of the new booster seat law is ongoing and car seat/booster seat checks will continue throughout 2008 by local Safe Kids coalitions and chapters to ensure children are properly restrained. Low cost booster and car seats are available for low-income families.

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## **Violence and Injury Prevention Program** *Student Injury Report System*

### **Issue:**

The Utah Department of Health (UDOH) began investigating school-related injuries among Utah students in 1982. However, since there was no uniform or standardized system for reporting and collecting student injury data, it was not possible to determine the frequency, nature, severity, or contributing factors of these injuries. There was a need to collect this data to identify school injury problems, implement interventions, and prevent injuries. The UDOH Violence and Injury Prevention Program (VIPP) developed the Student Injury Reporting System in 1983 and continues as administrator of the system.

### **Intervention:**

- The UDOH collaborated with the Utah State Office of Education and school districts in the development and implementation of a unique and innovative program that monitors injuries for grades K-12 in the Utah public school system.
- Reporting criteria were established. Student Injury Report (SIR) forms were designed and distributed to school districts and public schools.
- The SIR system is voluntary. The VIPP provides SIR forms, business-reply envelopes, and training and encouragement to districts and schools.
- Data from SIR forms are collected and analyzed by VIPP.

### **Impact:**

- All 40 school districts and more than 800 public schools have participated in the SIR program.
- Data from more than 106,000 SIR forms that meet the reporting criteria have been stored in the SIR database since 1990. Electronic images of SIR forms are linked to the database.
- Peer-reviewed articles on the SIR have been published in the *Journal of School Health*, *Journal of Academic Emergency Medicine*, and *Pediatrics*.
- In 2000 and 2004, each school district received a report with its own unique data as well as cumulative state data for comparison. Data included injury rates, school days absent due to injury, and injury rates by sex, time of day, etc. Schools were surveyed and reported that they would utilize fact sheets more than large reports.
- Six fact sheets containing SIR data for grades K-12 and prevention tips have been distributed. Updated fact sheets are available at [www.health.utah.gov/vipp](http://www.health.utah.gov/vipp)
- In a recent VIPP survey of secondary schools, approximately 23% reported having implemented changes at their school as a result of an SIR fact sheet. These changes include: increased supervision during high traffic times, use of protective eyewear in shops, and use of proper warm up exercises for athletes.

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## **Violence and Injury Prevention Program** ***Traumatic Brain Injury E Code Observation Report***

### **Issue:**

Traumatic Brain Injury (TBI) is a leading cause of death and disability in Utah. In 2006, more than 2,500 Utahns suffered a TBI that required an inpatient hospitalization for an average of 4.3 days costing approximately \$74 million. Preventing TBI begins with understanding its causes and contributing factors, which is the purpose of surveillance. The U.S. Centers for Disease Control and Prevention (CDC) has funded the Utah Department of Health Violence and Injury Prevention Program (VIPP) to conduct TBI Surveillance in Utah since 1990. The surveillance of TBI is a process of collecting information through review of hospital discharge data and vital records data, as well as hospital records abstractions by trained certified data abstractors. The data are entered into a database and electronically submitted to CDC without personal identifiers. The cause, intent, and location of injury information is coded using the External Cause of Injury codes (E codes) from the International Classification of Disease coding manual. Utah hospitals are only required to document E codes for the “cause” of a TBI. As a result, records often have missing or incorrect E codes for the location where the TBI occurred.

### **Intervention:**

- A large representative sample of TBI cases is selected each year for hospital record abstractions in order to collect more specific information on the TBI.
- The CDC grant requires documentation of both cause and location E codes, therefore certified data abstractors from the VIPP revise missing or incorrect E codes for each case. For example, an E code may indicate a TBI was caused by a fall off scaffolding, but the description of the injury says the TBI was caused by a fall off a ladder. In these cases, the grant procedures instruct the certified data abstractors to revise the E codes for inclusion in the database to more accurately reflect the cause of the TBI, based on available information in the hospital record.
- VIPP analyzed the revised E codes and developed an E Code Observation Report. It included an overview of the total number of TBI cases reviewed and the percentage of E codes that needed to be revised in the individual Utah hospitals.

### **Impact:**

- In 2007, a total of 1,394 (55%) TBI cases for 2005 were abstracted. Of these, 243 cases (17.5%) had E Codes that required revision.
- The E Code Observation Report was distributed to each hospital that participated in the TBI surveillance project. Information was hospital-specific and was not shared with any other hospital to protect privacy.
- Meetings were held with hospital administration to discuss the findings and importance of accurately documenting E codes.
- Hospitals used the information to train medical record coders, understand the types of errors being made, and verify the findings with their own quality assurance procedures.

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