

# Bureau of Health Promotion

FY2009  
Success  
Stories

Fostering  
a Culture  
of Health  
in Utah





**State of Utah**

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**Bureau of Health Promotion**

Heather Borski  
*Bureau Director*

**A Message from the Utah Department of Health,  
Bureau of Health Promotion**

I am pleased to share with you key success stories from the Bureau of Health Promotion that occurred in State Fiscal Year 2009.

Utah continues to make significant progress in preventing and managing chronic disease and promoting healthy behaviors. This report demonstrates real-life benefits realized from the important efforts of the Bureau of Health Promotion in partnership with local health departments, communities, schools, worksites, and health care settings. 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, please contact me directly at (801) 538-9998 or by e-mail at [hborski@utah.gov](mailto:hborski@utah.gov).

Sincerely,

Heather R. Borski, MPH, CHES  
Director, Bureau of Health Promotion

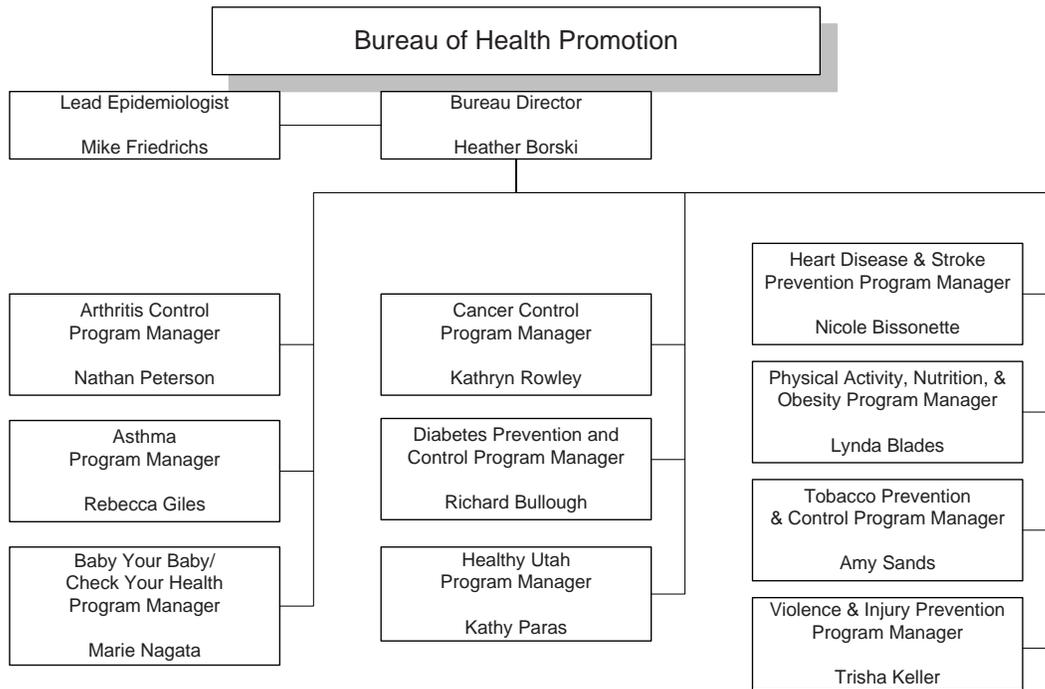


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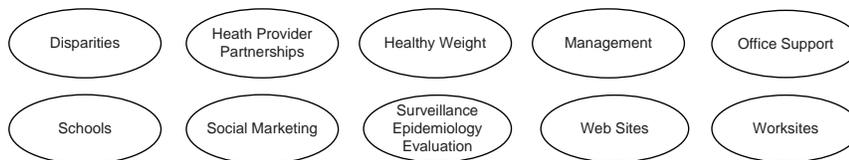


<b>Bureau of Health Promotion</b>		
Select Healthy People 2010 Objectives Addressed by BHP—Status Update		
<b>Healthy People 2010 Objective</b>	<b>Target</b>	<b>Current Status</b>
<b>Access to Care</b>		
1-9a. Pediatric Asthma hospitalizations	17.3 per 10,000, children < 18	7.9 per 10,000 (2006)— <b>objective 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% (age-adjusted)	25.2% (age-adjusted) (2007) — <b>objective met</b>
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	20.4 per 100,000 (2007) — <b>objective met</b>
3-5. Colorectal cancer deaths	13.7 age-adjusted per 100,000	12.6 per 100,000 (2007)— <b>objective met</b>
3-12b. Colorectal cancer screening	50 percent of adults aged 50 years and older who have ever received a sigmoidoscopy (age-adjusted)	67.2% (2008)— <b>objective met</b>
5-5. Diabetes-related deaths (any listed)	46 (age-adjusted) deaths per 100,000 population	33.7 deaths per 100,000 Utah population (2007)— <b>objective met</b>
12-1. Coronary Heart Disease deaths	162 age-adjusted per 100,000	80.5 per 100,000 (2008)— <b>objective met</b>
12-7. Stroke deaths	50 age-adjusted per 100,000	40.3 per 100,000 (2008)— <b>objective met</b>
12-8. Increase the proportion of adults who are aware of the early warning symptoms and signs of a stroke and importance of calling 911.	83% (age-adjusted)	43.3% of Age-adjusted population (2008) 28.4% of Hispanic Adults (2008)
12-11. Increase the proportion of adults with high blood pressure who are taking action to control their high blood pressure.	98% (age-adjusted)	95% (2007)
<b>Healthy Weight</b>		
19-2. Obesity in adults	15% age-adjusted, adults 20+	24.0 (all ages) (2008)
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% ever breastfed	90.6% (2005)— <b>objective met</b> (PRAMS 2005)
<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+	9.1% (2008)— <b>objective met</b>
27-2a. Tobacco use – youth	21% students grades 9-12	8.9% (2007) — <b>objective met</b>
27-2b. Cigarette smoking – youth	16% students grades 9-12	7.9% (2007) — <b>objective met</b>

**DIVISION of DISEASE CONTROL AND PREVENTION**



**Bureau Coordination Work Groups**



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### **Bureau Director:**

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### **Creating a Culture of Health in Utah**

The Bureau of Health Promotion's mission is to foster a culture of health in Utah. The Bureau helps the Utah Department of Health 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 among Utahns through prevention, early detection, and management of injuries and chronic diseases/conditions, and promotion of early prenatal 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 and Control; and 10) Violence and Injury Prevention.

### **Description**

The Bureau Director provides administrative oversight to all Bureau programs and employees. She identifies and works with multiple partners throughout the State to coordinate and enhance program delivery. She writes grants and obtains 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.

### **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.

## Arthritis Program

### Program Manager:

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### 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 arthritis or joint symptoms affected whether they worked and the type 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, as well as 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 and exercise 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), Spanish CDSMP and EnhanceFitness (EF)
- Develop and implement, with the Advisory Council, 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), Centers for Disease Control and Prevention, other state arthritis programs, Local Area Agencies on Aging, The Orthopedic Specialty Hospital, Alliance Community Services, National Tongan American Society, 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, academia, and Utah senior centers. These partners participate on the Utah Arthritis Advisory Council, which developed Utah's Arthritis Plan 2007-2011.

**Issue:**

- More than one in five Utah adults ages 18 and older (22.2% or 413,000) reported arthritis during 2005 and 2007. In Utah, arthritis is a leading cause of disability, activity limitation, and poor health. Just less than one-third of persons with arthritis aged 18-64 reported arthritis or joint symptoms affected whether they worked and the type or amount of work they did (32.0%).
- Self-management programs, such as physical activity and self-management education, can reduce the pain and disability associated with arthritis, yet less than 14% of Utahns with arthritis reported participating in such programs during 2005.

**Intervention:**

In July 2008, the Utah Department of Health Arthritis Program began working with partners on a new evidence-based program: The Chronic Disease Self-Management Program (CDSMP). Through program implementation, individuals learn how to better manage their chronic illnesses, including arthritis. CDSMP has significantly improved participants’ lifestyle and helped them learn how to decrease the burden associated with their condition. UAP and its partners are seeking out and applying more effective methods of program promotion and outreach. As the project began to progress, the CDSMP Coordination Workgroup was also created, holding its first meeting in October 2008. The CDSMP Coordination Workgroup is comprised of six Utah Department of Health chronic disease programs, five local health districts, one health system and two community-based organizations. The members are divided into implementation and referral partners, and all meet monthly, discussing broad expansion planning and best practices. Through the workgroup, the following have been developed: a data collection tool and database, an online repository for marketing materials available to all partners, and a comprehensive schedule of CDSMP courses. Communication has increased among new and current partners and expansion efforts are underway.

**Impact:**

During the initial CDSMP implementation period October 2008-June 2009:

- 320 participated in courses through the newly launched state CDSMP infrastructure
- 61% reported arthritis diagnosis
- 58% reported three or more coexisting conditions
- More than 1,200 participated in CDSMP and Arthritis Foundation Evidence-based Programs



**Issue:**

In 2008, the Utah Arthritis Program (UAP) was awarded a significantly larger grant than in previous years. This larger award allowed the UAP to provide funding in the form of \$10,000 mini-grants for up to 10 organizations. Following an application process, the UAP funded eight organizations. To receive funding, each recipient was asked to report its activities monthly. Collecting monthly reports from grantees, however, is tedious and difficult. The UAP was looking for a solution that would allow partners to collect reports in a centralized location and compare them to reports submitted by other grantees.

**Intervention:**

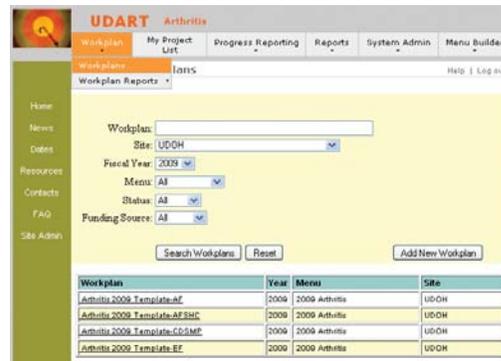
After consulting with the Tobacco Program within the Bureau of Health Promotion, the UAP chose the Utah Data Analysis and Reporting Tool (UDART) as the answer to organizing its monthly reporting. UDART is a user-friendly, data collection tool developed by Utah Local Association of Community Health Education Specialists (ULACHES), and the Utah Department of Health, Bureau of Health Promotion. The tool improves reporting efficiency and allows users to run quarterly and annual progress reports, fulfill process evaluation requirements, and query specific data elements to improve planning.

The UAP trained all mini-grant recipients in using UDART either individually or as part of a group. All recipients are now using UDART. Progress reports are submitted by the 10th of the month for the previous month. The UAP responds to the reports by the 20th of the month.

**Impact:**

Using UDART allows the Utah Arthritis Program to:

- collect data in a centralized location
- generate reports
- track the progress of mini-grant recipients
- organize data
- view the data on demand
- ensure timely reporting from recipients
- ensure timely response to recipients.

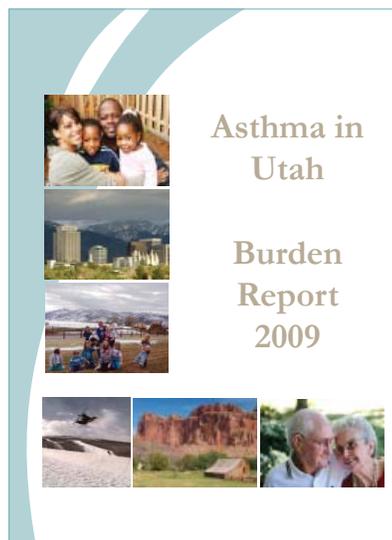


### Program Manager:

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### Health Problem

- Asthma is one of the most common chronic illnesses overall in the United States.
- In 2007 in Utah, approximately 9% of children ages 17 and under and 8% of the total population reported that they had asthma. In 2007, females in the 50-64 age group (11.8%) and males in the 0-17 age range (8.7%) had the highest prevalence of current asthma.
- In Utah in 2007, there were 1,297 hospitalizations for asthma, with children under the age of 18 accounting for 49%. Costs for Utah asthma hospitalizations in 2007 amounted to nearly \$10,700,000.



### 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 the promotion of appropriate public policy. The Asthma Program:

- Developed and maintains an asthma surveillance system. Released the 2009 Asthma Burden Report highlighting the most recent asthma prevalence, management, 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 materials to assist with patient education and identification of additional resources for providers.
  - Developed an Asthma School Resource Manual and trained more

## Asthma Program

than 7,100 faculty and staff in more than 300 schools. Developed parent education packets.

- Developed an online asthma training program for coaches and PE teachers that is being spread to other states.
- Recruited Asthma School Advocates who conduct asthma awareness activities in multiple school locations.
- Provided awareness of the asthma inhaler law to English and Spanish audiences and conducted awareness activities around air quality and asthma issues
- Developed an “asthma-friendly pharmacy” program to utilize pharmacists to assist primary care providers in education and coordination of care.
- Created Recommendations for Outdoor Physical Activity During Ozone Season (May-September)
- Updated the “Indoor Air Quality Guidance” for schools and conducted research to determine if indoor air quality in schools is better during winter inversions than outdoor air quality.

### Partners:

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



**Issue:**

The Utah Asthma Task Force, which seeks to improve quality of life for those with asthma, identified a gap in asthma care within the Utah school system. Members of the Task Force realized that children, parents, and school personnel were unaware of asthma resources and programs that exist to assist children in their self-management of asthma, and to aid in education of those without asthma. According to the CDC's Strategies for Addressing Asthma Within a Coordinated School Health Program, two key components to asthma management in schools include establishing support systems and coordinating school, family, and community efforts to better manage asthma symptoms. Both strategies were goals that were reached through the Asthma School Advocates and accompanying Asthma School Advocate Resource Packet.

**Intervention:**

- Recruited appropriate partners to develop Asthma School Advocate Resource Packet and to recruit Asthma School Advocates
- Partners from the PTA, local school leaders, nurses, respiratory therapists, and representatives from the Hispanic communities were brought together to identify important resources
- Materials were gathered, categorized, and compiled into a Resource Packet under the following headings: Asthma Activities, Asthma Friendly Schools, Identification and Information, Asthma Medications, Kid's Materials, Air Quality Guidance, and Tools for Schools
- Asthma School Advocates were recruited via several listserves, PTA newsletters and meetings, word of mouth, and local universities.

**Impact:**

Nine Asthma Advocates including mothers and respiratory therapy students, were recruited and given an in-depth training on asthma and the Advocate Resource Packet.

Activities were successfully held in five schools. They included an idle-free campaign, an assembly and asthma classes for two schools in the Ogden area, and an Asthma Awareness Week during the week of World Asthma Day in Springville. Children with asthma and without, teachers, and community members participated in all activities conducted by the advocates. Activities involving Utah Valley University students were highlighted in their newsletter:

[www.wolverinegreen.com/genrel/051109aaa.html](http://www.wolverinegreen.com/genrel/051109aaa.html)



**Asthma  
School  
Advocates**



**Asthma  
Health  
Care  
Provider  
Manual**

**Issue:**

The Utah Asthma Task Force surveyed providers to assess adherence to the National Heart, Lung, and Blood Institute (NHLBI) Asthma Diagnosing and Management Guidelines and identify barriers in implementing the guidelines on a regular basis in their practice. The results of the needs assessment showed that most providers were not aware of the asthma diagnosing and management guidelines. The assessment also revealed that providers had a need for clinical assessment and therapy tools, patient education materials, and resources.

**Intervention:**

The Utah Asthma Providers Manual was developed to address diagnosing and medication issues in the management of asthma. The manual focuses on the NHLBI's Guidelines for the Diagnosis and Management of Asthma. It was designed to keep clinical practices up to date on how to use a comprehensive approach to managing patients' asthma. Better asthma management results in improved quality of life and allows patients to breathe easier.

The manual includes four sections: pediatric, adult, resources, and medications, which are designed to address the needs of individual practices and patients. Each section can be used independently or together, depending on the needs of the provider.

- Pediatric: This section discusses diagnosing and medication issues specifically for children up to age 18. It also includes information on identifying and controlling triggers, special medication considerations with children, and managing asthma in the school setting.
- Adult: This section discusses diagnosing and medication issues for adults age 18 and older. It includes information on asthma management plans, self-assessments, and special considerations related to asthma, such as asthma in pregnancy, work-related issues, and asthma in the elderly.
- Resources: Throughout the text of the pediatric and adult manuals, there are references to additional resources for both physician and patient education.
- Medications: This section discusses the effects of asthma medications, mechanism of action, precautions/contraindications, and adverse drug effects. This section is applicable to both pediatric and adult patients.

The manual is available at:

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

The Pediatric and Adult Asthma Provider Manuals were revised in 2008 to reflect the changes to the NHLBI Diagnosing and Management Guidelines.

**Impact:**

- A provider manual was developed to assist in diagnosing and managing asthma; it also provides information on asthma medications and provides patient education materials.
- To date there have been nearly 150 requests from Utah physicians for the print and CD-Rom versions of the manual.
- The manual is available online or in PDA format for easy access. Various sections of the manual have been downloaded on average 1,500 times each year since they have been posted.

### Program Manager:

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### Health Problem

- Only 78.6% of Utah women receive adequate prenatal care.
- More than half (62%) of all Utah adults, and 1 out of 5 children, are overweight or obese.

### Intervention Strategies

- The Baby Your Baby (BYB) media campaign encourages pregnant women to see their health care provider before the 13th week of pregnancy and have at least 13 visits throughout their pregnancy.
- The Baby Your Baby Hotline increases 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.
- The Health Resource Line increases 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
- Other UDOH Programs



### Success Story

#### Issue:

Navigating through the state system can be daunting and at times, confusing for many Utahns trying to find services for their families. When faced with an unplanned pregnancy, a job (and/or health insurance) loss, needing immunizations for a four-year-old and help for a parent diagnosed with diabetes, frustration starts before some even begin searching for services. That is where the Baby Your Baby Outreach Program comes in.

#### Intervention:

Launched in 1988, the Baby Your Baby hotline began with a lone operator answering a few telephone calls each day from expecting mothers looking for assistance. As the program grew, so did the calls. The Baby Your Baby program encouraged well child visits and immunizations. Staff soon began answering Immunization Hotline calls and then calls for Wee Care, PEHP's prenatal care program.

In 2009, the program now answers telephone calls for 19 different programs. The hotline staff answer questions about CHIP, PCN, Immunizations, Diabetes, Asthma, Cancer, Baby Your Baby, and more. They listen to individual requests and try to address all of the issues in the household. For example, if a mother calls to find out where she can take her baby to receive his immunizations because they do not have insurance, the staff member will refer her to the local health department for the immunization AND ask if she would like a CHIP/Medicaid application. Every day is a new adventure with unique questions, problems, and complaints from the public. Our staff is well-versed on UDOH programs and can answer most questions or know where to refer the caller.

#### Impact:

- During FY 2009, the Baby Your Baby Outreach Program answered 76,974 phone calls. In March, during PCN open enrollment, Baby Your Baby took the largest volume of calls ever in a single month, answering 8,931 calls.
- Over the course of the year, staff mailed 3,967 CHIP and 2,528 PCN applications, more than 2,000 were reviewed and approved for the Presumptive Eligibility (PE) Prenatal Medicaid (Baby Your Baby) Program and 1,000 women were enrolled in the Wee Care program.

**Baby  
Your  
Baby  
Outreach  
Program  
Hotline**

## Cancer Control Program

### Program Manager:

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### 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.
- Heart disease and stroke are the number one and number three causes of death among Utah women. Cardiovascular and other diseases can be found and treated through health screenings for high blood pressure, high blood cholesterol, diabetes, and tobacco use. Many uninsured and underinsured women, however, cannot afford these preventive screenings.
- In Utah in 2006, there were 7,796 new cases of cancer diagnosed and in 2008, 2,478 deaths due to cancer.
- Breast cancer is the leading cause of cancer death for Utah women. In Utah in 2006, 1,154 new cases of breast cancer were diagnosed, and in 2008, 219 women died of breast cancer.
- Cervical cancer is also a cause of morbidity and mortality for Utah women. In Utah during 2006, there were 58 new cases of cervical cancer detected and in 2008, 11 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 2006, 725 cases of colorectal cancer were diagnosed, and in 2008, 225 men and women died of colorectal cancer.
- Childhood, lung, ovarian, prostate, and skin cancers also contribute to the mortality rate.

### Intervention Strategies

- Maintain the Utah Cancer Action Network (UCAN), a group of more than 110 people 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.
- The Utah Comprehensive Cancer Control Plan 2006–2011 and initiative continue to provide an integrated and coordinated approach to prevention, early detection, treatment, rehabilitation and palliation of cancer.
- Provide low cost or free breast and cervical cancer screenings (including mammograms) to medically underserved women. Offer free health screenings for high blood pressure, high cholesterol, diabetes, and tobacco use. Provide individualized lifestyle counseling and interventions

tailored to address their identified risk factors.

- Provide low cost or free colorectal cancer screenings (colonoscopy) to medically underserved Utahns 50 to 64.
- Provide public and professional education about the need for early detection and availability of select cancer and other health screening services, including a public awareness campaign encouraging Utah men and women to get screened for colorectal cancer.

- Develop and use a statewide surveillance system to plan and evaluate screening and education efforts.

### **Partners**

Centers for Disease Control and Prevention, local health departments, health care providers, mammography facilities, the American Cancer Society, community health centers, Association for Community Health Centers, American Heart Association, other non-profit organizations, and UCAN members.





**Using  
Social  
Networking  
to  
Promote  
Cervical  
Cancer  
Prevention**

### **Issue:**

In a single year, it is estimated that more than 11,000 women in the U.S. will be diagnosed with cervical cancer. Of those, nearly 3,670 will die. More than 99 percent of all cervical cancers are caused by the Human Papillomavirus (HPV), the most common sexually transmitted infection in the U.S. with approximately 50-80% of sexually active adults having been exposed to HPV. A vaccine for HPV was approved by the Food and Drug Administration (FDA) in June 2006 and is effective against four strains of the virus that cause 90% of genital warts and 70% of cervical cancers.

### **Intervention:**

The Cervical Cancer Prevention Contest was launched in June in an effort to virally spread messages about cervical cancer prevention and HPV to women age 18 to 30. It focused on three prevention messages about cervical cancer:

- Cervical cancer is caused by the HPV virus. HPV is spread by skin-to-skin genital contact and chances of getting HPV can be reduced by abstaining from skin-to-skin genital contact or having fewer sexual partners.
- Females between the ages of 9 and 26 can get an HPV vaccine that prevents 70% of cervical cancers.
- To prevent cervical cancer, women over the age of 18 should get regular Pap tests even if they have received the HPV vaccine.

Participants had the opportunity to win prizes by posting messages on their blog or the social networking site Twitter about how to prevent cervical cancer. The contest was promoted through local newspapers, Chanel 2 news, emails, Twitter, Facebook, and blogs. The contest ran for four weeks, with one winning blog entry or 'tweet' (Twitter message) chosen each week.

### **Impact:**

- A total of 45 entries were submitted. Based upon that number, if an average of 10 people saw each message, at least 450 individuals learned from their friends, family or peers how to prevent cervical cancer.
- There were 19 tweets, 23 blog entries, and 3 Facebook entries.
- During the contest, there were 249 visits to the cervical cancer prevention webpage and 349 page views. Visitors to the website were mostly in Utah and connected from every major city and several small towns throughout Utah.
- Over 75% of those who visited the site were between the ages of 18 and 30.

This campaign provided an opportunity for Utah men and women to voice cervical cancer prevention messages or tell their own story of getting vaccinated, screened, and even diagnosed with cervical cancer in their own words. It also provided the opportunity for the Utah Cancer Control Program to engage with the community and encourage positive messages, clear up misunderstandings, and answer questions via Twitter and blog comments.

**Using  
Social  
Networking  
to  
Promote  
Cervical  
Cancer  
Prevention**



**Breast  
Cancer  
Staging  
In  
Utah**

**Issue:**

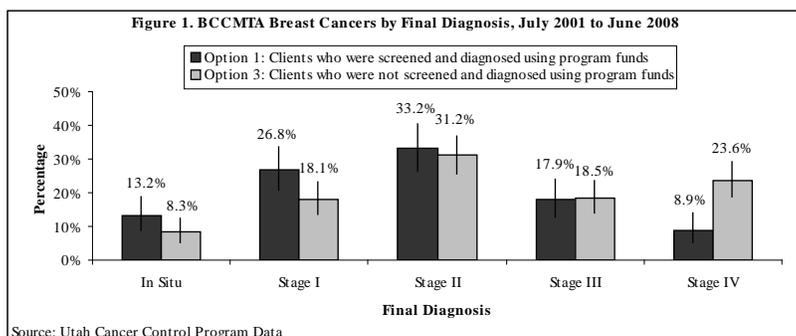
Breast cancer is the most commonly occurring cancer in U.S. women (excluding basal and squamous cell skin cancers) and the leading cause of cancer death among Utah women. Deaths from breast cancer can be substantially reduced if the tumor is discovered at an early stage. Utah's age-adjusted female breast cancer incidence rate between 2002 and 2006 was lower than the U.S. rate. While incidence rates are significantly lower in Utah, mortality rates are only slightly lower than the national rate. Higher rates of female breast cancers in Utah are diagnosed at late stage, which likely contributes to increased mortality rates.

**Intervention:**

In order to prevent late stage diagnosis and decrease female breast cancer deaths, the Utah Cancer Control Program (UCCP) provides free and low cost clinical breast exams and mammograms to women who meet age and income guidelines. Eligible women with abnormal screening exams are offered diagnostic evaluation by participating providers. Since July 1, 2001, the UCCP has been able to enroll qualifying Utah women in need of treatment for breast cancer through the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA), where they receive full Medicaid benefits.

**Impact:**

Among MBCCTA breast cancer clients screened and diagnosed by the UCCP between July 2001 and June 2008, more than one-fourth of those with invasive cancer (26.8%) were diagnosed with Stage I cancer, and only 8.9 percent were diagnosed at Stage IV. In contrast, among MBCCTA clients referred to the UCCP after diagnosis of invasive breast cancer, 18.1 percent had been diagnosed with Stage I cancer, and 23.6 percent had been diagnosed with Stage IV. Women screened and diagnosed through the UCCP were more likely to report having received a mammogram and the time since their previous mammogram was less when compared to women referred to the UCCP after diagnosis. See figure 1.



**Issue:**

Heart disease and stroke are the number one and number three causes of death among Utah women, respectively. Although heart disease is commonly thought to disproportionately affect men, in reality, more than half of all people who die of heart disease and stroke are women. At particular risk are women with low incomes. Cardiovascular and other diseases can be found and treated through health screenings for high blood pressure, high blood cholesterol, diabetes, and tobacco use. Many uninsured and underinsured women, however, cannot afford these preventive screenings.

**Intervention:**

In June 2009, the Utah Cancer Control Program (UCCP) received funding from the Centers for Disease Control and Prevention (CDC) to offer additional health screening services for high blood pressure, high blood cholesterol, diabetes, and tobacco use through its Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program.

To qualify for these services, women must be 50-64, live at or below 250% Federal Poverty Level (FPL), and receive federally funded breast and cervical cancer screening through the UCCP. In addition to clinical screenings and referrals, participants can take advantage of healthy lifestyle counseling and interventions tailored to address their identified risk factors.

**Impact:**

- Between January 1 and June 30, 2009, the UCCP/BeWise program screened 1,354 women. Most participants had risk factors for heart disease and stroke. During this initial screening period, participants were found to have the following health risk factors:
  - 314 (23%) had high blood pressure (defined as systolic blood pressure greater than 140 mm Hg or diastolic blood pressure greater than 90 mm Hg). Of those, 110 (35%) had never been told by a health professional that they had high blood pressure.
  - 370 (27%) had a high total blood cholesterol level (defined as greater than or equal to 240 mg/dl). Of those, 165 (45%) had never been told by a health professional that they had high cholesterol.
  - 49 (3.6%) had a high glucose level (defined as greater than or equal to 200 mg/dl). Of those, 9 (0.7%) had never been told by a health professional that they had diabetes.
  - 100 (7.4%) reported smoking some days or every day.
  - 976 (82%) were overweight or obese.
  - The program provided one-on-one and/or group health counseling to 81% of program participants.

**Health  
Screenings  
for Blood  
Pressure,  
Cholesterol,  
Diabetes and  
Tobacco Use**

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### Health Problem

- Approximately 120,000 Utahns have been diagnosed with diabetes.
- Approximately 45,000 Utahns with diabetes are undiagnosed (National Health and Nutrition Examination Survey data applied to Utah population).
- Diabetes prevalence continues to increase, from 5.2% of the Utah population in 2004 to 6.1% in 2007 (Utah Health Status Survey/Healthcare Access Survey).
- There were 24,276 hospital discharges for diabetes in 2007, with nearly one-fourth of discharges (4,944 discharges) listing cardiovascular complications as the primary reason for admission.
- There were 269 inpatient hospital discharges for lower-extremity amputations, 1,703 for renal complications, 563 for diabetes-related eye disease, and 933 for acute complications (2006).
- Diabetes was the underlying cause of 544 deaths in 2007 in Utah, and it is a contributing factor in over 1,000 deaths a year.

### Intervention Strategies

- Develop Utah Diabetes Practice Recommendations based on clinical best practice, and distribute these to medical providers across Utah.

- Conduct medical provider trainings through Tele-health and in person on the latest diabetes-related clinical and education best practices.
- Certify state diabetes self management training programs to improve quality and outcomes and to qualify them for reimbursement.
- Partner with Community Health Centers to implement continuous quality improvement initiatives.
- Contract with community based organizations, tribes, and LHDs to implement local diabetes programs.
- Develop and produce culturally and linguistically appropriate education materials for people with diabetes.
- Develop and implement targeted diabetes awareness campaigns.
- Monitor and report diabetes trends, risks, and related health outcomes.

### Partners

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

Success Story

**Issue:**

Diabetes prevalence is increasing in the U.S. and Utah. Diabetes-related health outcomes are greatly improved through Diabetes Self-Management Education (DSME). Unfortunately, the quality of DSME programs in Utah had not been held to clinically high standards. Additionally, at the outset of this program, only half of Utah adults with diabetes had ever received DSME, and there was no tracking system for diabetes-related clinical measures.

**Intervention:**

In 2000, the Utah Diabetes Prevention and Control Program (DPCP) initiated a project aimed at achieving several objectives related to DSME: 1) certify Utah DSME programs, based on national standards, to achieve consistently high quality; 2) increase the proportion of persons with diabetes who receive DSME in Utah; and 3) improve A1C levels in DSME participants.

The Utah DPCP established protocols for state certification of DSME programs (following national standards). Staff met with providers to discuss the process and benefits of state certification. One of these benefits was reimbursement for services provided to federally funded health insurance programs. Also, the Utah DPCP began to work with existing programs and providers to establish systems-based reminder and referral programs to increase the proportion of persons with diabetes who received DSME. Finally, the Utah DPCP initiated a process of tracking A1C (a measure of long-term glucose control in persons with diabetes) and worked with educators to assure pre-post DSME A1C values would be measured and reported.

**Example Activity:**

Initial site visits are conducted at existing DSME programs to carry out a comprehensive review of services, assessment of certification potential (based on resources, gaps in services, and current standards), and discuss benefits of certification. Geographic location and population served are considered. If a program elects to pursue certification, follow-up technical assistance, site visits, and program review are conducted. Upon certification, systems are identified to increase referral into the DSME program and track pre-post data. The Utah DPCP provides ongoing support and technical assistance, with recertification review every three years.

State Certification of Diabetes Self-Management Education Programs

**Success  
Story**

**State  
Certification  
of  
Diabetes  
Self-  
Management  
Education  
Programs**

**Results:**

At the outset of this project, there were no state certified DSME programs in Utah, only half of adults with diabetes received DSME, and there was no tracking and reporting system for A1C among those receiving DSME. Today, there are 18 certified programs (10 in rural/frontier counties), more than 60% of persons with diabetes receive DSME, average client A1C improved (pre = 8.1% vs. post = 6.8%), and the proportion of clients with A1C less than 7% increased (pre = 56% vs. post = 79%) following education.



Success Story

**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 due in part 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 unique partnership with the state’s major health plans to increase diabetes awareness among patients and providers as well as implement and improve systems-based care. The Utah Health Plan Partnership (UHPP) 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 indicators related to this care; implementing patient reminder/call back systems focused on 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 partners work together to identify joint objectives and targets for diabetes-related clinical indicators. They establish a three- to five-year work plan with annual single target goals. All media, awareness, and clinical interventions are coordinated across plans. Examples include development and distribution of clinical guidelines, coordinated educational announcements through member newsletters and mailings, and coordinated clinical reminders systems to members with diabetes.

Collaborative Efforts of Health Plans Improve Diabetes Care

**Success  
Story**

**Collaborative  
Efforts  
of  
Health  
Plans  
Improve  
Diabetes  
Care**

**Results:**

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

- Having an eye exam in a 12-month period increased from 41.9% to 50.3%
- Having at least one A1C in a 12-month period increased from 76.8% to 89.1%
- Meeting the target A1C level of less than or equal to 7.0%: increased from 23.5% to 46.3%
- Having an LDL cholesterol exam in a 12-month period increased from 60.7% to 78.5%
- Having an LDL level of less than 100 mg/dL increased from 17.8% to 43.4%
- Having nephropathy screening in a 12-month period increased from 33.3% to 69.3%

The UHPP is one of only three diabetes-focused health plan partnerships nationally, and has been recognized by the CDC as an exemplary state program.

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### Health Problem

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 and other chronic diseases.

### Intervention Strategies

In 2009, Healthy Utah conducted an analysis of biometric data obtained from our members who had attended at least 3 health risk appraisal sessions during the past 5 years. During the 5 year period, there were significant improvements in members biometric results:

- 30.6% of members made an improvement in body composition
- 20.3% of members made an improvement in overweight or obesity
- 78% of members made an improvement in systolic blood pressure
- 74% of members made an improvement in diastolic blood pressure

- 42.9% of members made an improvement in total cholesterol
- 28.1% of members made an improvement in HDL (high density lipoproteins)

Healthy Utah offers members the following programs and services:

- Rebate Program – Financial incentives for members who obtain biometric measurements, meet “healthy criteria”, and for making improvements in weight loss, cholesterol and blood pressure, diabetes control, tobacco cessation, and good prenatal care.
- Testing Session – members are tested for total and HDL (good) cholesterol, blood glucose, body composition, waist circumference, blood pressure, height and weight, and are provided a personal health counseling.
- On-line Health Assessment – Identifies the member’s health risks, and offers recommendations to make health improvements.
- Wellness Councils – Technical, educational, and financial assistance is offered to agencies who wish to form a team to address health and wellness at worksites.
- Wellness Seminars – More than 20 free seminars offered in the areas of stress management, communication, physical activity, nutrition, and personal/professional development.
- Health Challenges – Offer bi-monthly, self-paced programs

## Healthy Utah Program

to help members make health improvements.

- myHealthyUtah – An online account management tool for members to access services.
- Additional Benefits – Free consultations with a Registered Dietitian (RD), Certified Diabetes Educator (CDE), and Exercise Specialist; a comprehensive website; tobacco cessation resources.

### Partners:

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



**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:**

Central Utah Water Conservancy District organized a wellness council four years ago to address these important factors affecting the organization's bottom line.

As part of its annual focus on physical, emotional/mental, and financial wellness, CUWCD employees have four major activities per year to emphasize participation in related activities with the intent of helping employees and families establish healthy lifestyle habits. CUWCD conducted a successful Provo River Bike/Hike activity where more than 40 employees and family members participated. CUWCD's goal with any major activity is to reach the individual employee and family members, realizing that healthy families not only create happy employees but impact health care utilization.

Employees were invited to participate in a 3.5-mile hike or 15-mile bike ride in Provo Canyon. Recently, CUWCD asked staff to design state-of-the-art trail signs that would highlight the history of water development and conveyance in the canyon. The signs depict and describe early water and power project development as well as the District's role in the project. As employees and family members hiked from the Olmsted Diversion Intake structure to Canyon View Park, or biked from the Riverwoods Plaza to Vivian Park and back to Canyon View Park, they made frequent stops to read the signs, enter a cave to see some underground structures, and view some of the beautiful vistas the canyon provides – like the famous Bridal Veil Falls. The District's Operation and Maintenance staff tagged along to educate employees along the way about issues like river flows, the endangered June sucker fish, water diversions, and the size of the structures that are operated and maintained. Employees wrapped up the hike/bike activity at Canyon View Park for healthy snacks.

**Impact:**

The event was attended by a large number of participants and was one of the most successful wellness programs CUWCD has ever held. District leaders say it was largely due to the addition of the wellness and

**Central  
Utah Water  
Conservancy  
District,  
Provo River  
Bike & Hike  
Activity**

educational components. It gave employees and their families the chance to visit different geographical facilities and get better acquainted in an informal atmosphere. Participants say the experience has improved relations among co-workers representing the agency's various locations.

The event provided an opportunity for employees and their families from different facilities in Utah, to visit, and get better acquainted in an informal atmosphere. This has also resulted in improved work relations among co-workers representing the agency's various locations.



**Central  
Utah Water  
Conservancy  
District,  
Provo River  
Bike & Hike  
Activity**

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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. More than 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 show the following about Utahns:

- 9.3% smoke cigarettes (2008)
- 19.7% have diagnosed high blood pressure (2007)
- 22.6% report having high cholesterol (2007)
- 34.1% have not had a blood cholesterol check in the past 5 years (2007)
- 6.1% have been diagnosed with diabetes (roughly 1 in 3 persons with diabetes are unaware they have it) (2008)
- 30.8% know the signs and symptoms of heart attack and would call 911 (2008)
- 42.7% know the signs and symptoms of stroke and would call 911 (2008)

### Intervention Strategies

A combination of primary, secondary, and tertiary prevention and acute medical interventions is 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 administration.
- 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 and member community health centers; HealthInsight; Intermountain Healthcare; local health departments; State Office of Education and

## Heart Disease & Stroke Prevention Program

local school districts; University of Utah Health Care; 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 &  
STROKE PREVENTION PROGRAM**  
UTAH DEPARTMENT OF HEALTH

Success  
Story

Green  
River  
Medical  
Center

**Issue:**

Having high blood pressure (hypertension) increases a person's risk for developing heart disease and stroke. However, a 12 to 13 point reduction in systolic blood pressure can reduce heart attacks by 21%, strokes by 37% and total cardiovascular deaths by 25%.

Utah's frontier population, defined as counties with six persons or less per square mile, has high blood pressure and dies of heart disease at a rate that is 12% higher than the population of the state as a whole. The Green River Medical Center (GRMC), located along the border between the frontier counties of Emery and Grand, is the sole medical provider between Price and Moab, a distance of 115 miles. As one of the smaller community health centers in the U.S., the GRMC not only provides an essential health care access point for the region, but ensures that rural residents can also access quality, cost-effective health care through all life cycles. In July 2008, only 26% of their patients with hypertension had their blood pressure under control.

**Intervention:**

With funding from the Heart Disease and Stroke Prevention Program, through a contract with the Association for Utah Community Health (AUCH), GRMC was able to enhance its quality improvement efforts for care of patients with high blood pressure. A key component of these efforts included collecting blood pressure data, adding it to their PECS (Patient Electronic Care System) data base, and using this data to guide care decisions with patients, including appropriate follow-up. Interventions include:

- Assisting patients to set self-management goals, and developing a process to improve accessibility of this information for providers
- Providing low cost blood pressure monitors and a log for home monitoring
- Educating patients in the proper use of their hypertensive medications and working to find medications that are suitable for patient needs
- Working with pharmaceutical resources and service organizations to receive free and discounted medications for their patients

**Impact:**

In September 2008, GRMC set three goals as part of its contract with AUCH to improve care for cardiovascular patients. GRMC exceeded all three goals:

**Success  
Story**

**Green  
River  
Medical  
Center**

- Increase the percent of all hypertensive patients with at least 2 blood pressure checks annually to 52.5%. As of June 2009, 64.8% of hypertensive patients had at least 2 blood pressure checks in the past year.
- Increase the percent of all hypertensive patients with appropriate blood pressure control to 30%. As of June 2009, 58.4% of all hypertensive patients have appropriate blood pressure control.
- Increase the percent of all hypertensive patients with smoking status documented in chart. As of June 2009, 36.8% of all hypertensive patients had their smoking status documented in their chart.

Success Story

**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 these 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 program, which provides students with more opportunities to eat healthy, be active, and stay tobacco free.

**Impact:**

Gold Medal Schools has helped schools establish over 6,500 policies statewide that address eating healthy, being active, and staying tobacco free.

Granite Elementary is an example of one school that realized the importance of having a healthy school environment and community support in the lives of their students. The school adopted one policy requiring that all organizations raise funds without selling food items and another requiring healthy food options to be available whenever food is served outside of school meal services.

This year students raised funds by participating in a “Jog-a-thon”. Each student pledged that they would jog, walk, or skip around the track and set a goal for themselves. Students then got sponsors who pledged money to donate to the school. Families were invited to participate in the fundraiser. Students started the event by doing a 10-minute warm up, then a 20-minute jog, and 15 minute cool down. After their jog, students were given a water bottle and apple slices as a reward. Local businesses donated enough items that every student received a prize for participating. They raised a grand total of \$17,000 during the event. This was more than double what they had netted in the previous three years combined.

“Parents, teachers, and students were all challenged to physical activity,” said one satisfied parent. “We didn’t pay for anything we didn’t need. And our principal, Mrs. Orme, ran with every grade.”



Utah’s Gold Medal Schools Use Policies to Battle Childhood Overweight and Obesity



Success Story

Spanish Stroke Information Website

Issue:

- According to the Heart Disease and Stroke Burden Report, stroke is the third leading cause of death in Utah.
- The Hispanic population in the state of Utah is one of the priority populations for the Heart Disease and Stroke Prevention Program. 2007 BRFSS data show that 80% of this population knows fewer than five of the signs and symptoms of stroke and would call 911 in case of a stroke.
- A Spanish Stroke Awareness campaign started in 2007 with ads printed in the Spanish speaking newspapers and radio ads aimed to the target population of 40-65 years of age.

Intervention:

With funding from the Heart Disease and Stroke Prevention Program, an all-Spanish Stroke Information Website was launched in June 2009.

This website includes information on signs and symptoms of stroke and the importance of calling 911. It also provides animation that describes how different types of strokes happen and a quiz for users to test their knowledge of stroke.

Other resources such as advertorials (articles written and published in the Spanish newspapers) and links to community clinics are also available on the site.

Impact:

Results from focus groups held in June 2009 with members of the target population indicate the majority were very pleased with the website and were willing to use it. A newspaper insert which was developed and included in the Ahora UT newspaper reaches 15,000 people.

The website was introduced to other Heart Disease and Stroke Prevention Programs nationwide at the Annual Centers for Disease Control and Prevention Grantee Meeting in September, 2009.



## **PANO Program**

(Physical Activity, Nutrition & Obesity)

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### **Health Problem**

The prevalence of obesity in Utah adults has more than doubled since 1989, from 10.5% to 23.1% in 2008; a 120% increase. Utah has the 7th lowest rate of obese adults and may be viewed as one of the states least affected by the obesity epidemic; however, 58.2% of Utah adults are either overweight or obese and the prevalence of overweight and obesity in Utah is increasing at rates similar to those observed nationally. And the problem affects children as well as adults. Nearly 22% of Utah elementary school students and 20.4% of high school students are at an unhealthy weight.

### **Intervention Strategies**

Efforts to influence policy and environmental change within various settings, including health care, worksites, schools, and communities, are being implemented and coordinated by many public and private partners at state and local levels. This type of approach fosters sustained individual behavior change and creates a culture where healthy behaviors become the accepted norm.

Program goals include: engaging partners in developing a 10-year state plan to address obesity; coordinating state and local partner activities related to state plan goals; providing

training and assistance to local health departments and community partners to assist with implementing state plan activities; and developing surveillance and program evaluation capacity.

State plan activities will target several behavioral areas identified by CDC as priorities. These include: 1) increase physical activity; 2) increase consumption of fruits and vegetables; 3) decrease consumption of sugar sweetened beverages; 4) increase breastfeeding initiation, duration and exclusivity; 5) reduce consumption of high energy dense foods; and 6) decrease television viewing.

### **Partners**

Utah Partnership for Healthy Weight; Local Health Departments; Utah Council for Worksite Health Promotion; Action for Healthy Kids; A Healthier You; American Heart Association; Utah Medical Association; University of Utah; Intermountain Healthcare; Altius Health Plans; Utah Department of Transportation; Utah Athletic Foundation; Association for Utah Community Health; Active Planning; Brigham Young University; KUTV-Check Your Health; Utah Parks and Recreation Association; Utah Breastfeeding Coalition; Utah Parent Teacher Association; Utah State Office of Education; Utah League of Cities and Towns.



**Elementary  
School  
Height  
&  
Weight  
Measurement  
Project**

**Issue**

National data for elementary school-age children show an increase in the prevalence of obesity over time, with the percentage more than doubling since the 1960s. A pilot project conducted by the Heart Disease and Stroke Prevention Program (HDSPP) in 2002 showed an estimated 23.5% of Utah Kindergarten through 8th grade students were at an unhealthy weight. A statewide measurement system was needed to determine the rate of obesity and overweight in elementary school children, trends over time, and to demonstrate the need for and impact of interventions.

**Intervention**

Based on the 2002 pilot project, the Bureau of Health Promotion (BHP) epidemiologist determined the numbers of schools, classes, and students needed for a representative statewide sample of elementary schools, and identified the sample. BHP staff obtained approval from district superintendents and school principals to collect data among 1st, 3rd, and 5th grade students in 69 selected schools. HDSPP provided standardized measuring equipment, protocols, and data collection tools (including consent forms) to schools and coordinated data collection, entry, and analysis.

School nurses, local health department personnel, and volunteers collected data in the selected schools in 2006 and 2008, and will continue the project in 2010. In 2008, height and weight data used to determine body mass index (BMI) were collected on 4,123 students statewide. Of those, 21.5% of students were at an unhealthy weight. The rate of overweight and obesity did not change from 2006 to 2008. The data resulted in a childhood obesity report that is published on the PANO website and was shared with PANO partners, school nurses and administrators, and legislators. These data have been included in various reports to compare the childhood rate of overweight and obesity in Utah to the nation.

**Impact**

The Elementary School Height Weight Measurement Project enables the BHP to monitor overweight and obesity trends in elementary school students with minimal investment of state resources through sampling the population and working effectively with partners. State-specific childhood body mass index (BMI) data can help policy makers and the public understand the health implications of obesity. By obtaining these data, questions previously raised by the legislature about state-specific childhood obesity rates were addressed.

The data can be used to establish funding and programmatic priorities. The BHP used the data to demonstrate the need for federal funding for a Physical Activity, Nutrition and Obesity Program (PANO). The data have been distributed to school administrators and state legislators to create a compelling need for change. Data have been presented at several obesity forums, including one held by the University of Utah. The data were also presented at the annual school nurses' conference; and the data and methods will be published in CDC's peer-reviewed e-journal, Preventing Chronic Disease.

**Elementary  
School  
Height  
&  
Weight  
Measurement  
Project**



**Partnerships  
&  
State  
Plan  
Development**

**Issue**

Acknowledging that obesity is a major public health threat, the UDOH Bureau of Health Promotion, local health departments and other public and private partners have been engaged over the last several years in efforts to promote physical activity and improve dietary behaviors to impact rising obesity rates. With limited staff and resources dedicated to obesity prevention, the challenge faced by the Bureau was to engage these partners in a collaborative manner to maximize effectiveness and reduce duplication of efforts. When the UDOH received a federal grant to develop a state-level program in 2008, it created an opportunity to better coordinate, strengthen, and expand existing initiatives and partnerships and create a 10-year state plan that would unite partners under a shared vision of “making the healthy choice the easy choice” for Utahns.

**Intervention**

The Physical Activity, Nutrition and Obesity (PANO) Program was created within the Bureau of Health Promotion in 2008. Program staff worked with the non-profit Utah Partnership for Healthy Weight to solidify workgroups focused on settings including health care, schools, worksites, and communities. Workgroups were also formed to define potential roles of the government and the media in obesity prevention. In May 2009, program staff held a forum where these workgroups participated in facilitated discussions to identify specific, measurable, population-based strategies to include in a 10-year strategic plan for obesity prevention. These partnership workgroups meet regularly to implement strategies identified as priorities. With consultation from an advisory committee, PANO Program staff will evaluate the effectiveness of selected state plan strategies.

The chairs of each of the partnership workgroups, along with local health departments and UPHW Board representatives, comprise the PANO Steering Committee. This Committee will meet at least quarterly to coordinate efforts among workgroups wherever possible. Additionally, PANO Program staff will convene all partners annually to assess progress, design an implementation plan for the upcoming year, and acknowledge those who have made significant contributions to achieving state plan goals.

**Impact**

The foundation for a statewide movement has been laid and partners are now poised to take action to implement a strategic plan for obesity prevention. A structure now exists under which partnering organizations can function efficiently with state-level leadership, expertise and support. A 10-year strategic plan for obesity prevention has been created. The plan

will guide programs, policies, and environmental supports for long-term sustained behavior change and will address special needs among disparate groups.

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### 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 what Utah spends on anti-tobacco programming.

### Intervention Strategies

The Tobacco Prevention and Control Program (TPCP) sustained, consistent, and multi-faceted efforts including:

- 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, such as the Utah Tobacco Quit Line and Utah QuitNet, to help tobacco users quit;
- An innovative mass marketing campaign to prevent children from starting tobacco use and encourage tobacco users to 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 2008, Utah's age-adjusted adult smoking rate was 9.1%. Since 1999, the adult smoking rate has decreased by 33%. Utah is the only state that met the Healthy People 2010 Objective of reducing cigarette smoking to less than 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 29% (from 8.2% in 1999 to 5.8% in 2007).
  - The number of children exposed to secondhand smoke in the home declined by 68% (from 6.0% in 2001 to 1.9% in 2008).
  - From 2001 through 2009, illegal sales to underage youth during retailer compliance checks declined by 56% (from 16.0% in 2001 to 7.1% in 2009).

### Major Partners Include:

Tobacco Control Advisory Committee, Utah's local health departments, Coalition for a Tobacco-Free Utah, state agencies such as Medicaid, the Division of Substance Abuse

and Mental Health, State Office of Education, and the State Tax Commission, community-based organizations such as the Indian Walk-In Center and the American Lung Association.

### Success Story

**Excise Taxes and Targeted Messaging Increase Demand for Quit Services**

#### Issue:

Tobacco use remains the leading preventable cause of death in Utah and the United States. More than 190,000 Utahns currently use tobacco. Nationally, low-income individuals have a higher smoking rate than the general public. The Medicaid population in Utah has a smoking rate of 23.9%, compared to Utah's overall rate of 9.1%. Nearly 80% of adult smokers in Utah want to quit.

#### Intervention:

Research shows that the most effective tobacco dependence treatment includes medication combined with quit counseling. The Utah Tobacco Quit Line provides free and confidential professional counseling for people who are interested in quitting. Nicotine replacement therapy is also provided to callers who are eligible. Tobacco users are two to three times more likely to quit when they access evidence-based services like the Utah Tobacco Quit Line. One Quit Line caller said, "It is so wonderful that even as a low-income citizen, I can get all of the support and tools I need to quit. Thank you so much for what you do!"

A federal cigarette tax increase went into effect in April 2009. Raising the tobacco excise tax is a national best practice strategy for encouraging quitting and discouraging youth initiation, especially among low income individuals. To leverage quitting in the period following the cigarette tax increase, TPCP promoted the Utah Tobacco Quit Line and Utah QuitNet through targeted television and radio ads featuring Teri James, a Utah woman diagnosed with lung cancer due to smoking.

#### Impact:

- In FY09, Utahns using the Utah Tobacco Quit Line and QuitNet numbered 9,500, an increase of 21% over 2008.
- In FY09, there was a 35% increase in calls to the Quit Line from Medicaid clients.
- In FY09, the Utah Tobacco Quit Line reported a 30-day quit rate of 40.7% for adults and 60.6% for youth. With no help, only 8-9% of smokers are able to quit successfully.



Success  
Story

**Issue:**

In the 2006 Surgeon General's report "The Health Consequences of Involuntary Exposure to Tobacco Smoke", secondhand smoke (SHS) was found to have adverse effects on the heart and respiratory systems and to increase the severity of asthma attacks, especially in children. According to Repace Associates, the country's leading secondhand smoke experts, SHS levels in outdoor public places can reach as high as those found in indoor facilities where smoking is permitted. 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:**

According to the 2008 Utah Adult Media Survey, 93% of non-smokers and 59% of smokers support smoke-free outdoor venues. Since 2003, more than 60 policies establishing smoke-free outdoor settings throughout Utah have been implemented and reported to TPCP. Two of the policies adopted in FY09 protecting Utahns from SHS exposure include:

After two years of educational groundwork, the Utah County Board of Health voted unanimously in November 2008 to ban smoking in public parks. To make this possible, Utah County Health Department's anti-tobacco youth group OUTRAGE made educational presentations to the Board of Health and city councils, and collected thousands of cigarette butts from parks to illustrate the problem. OUTRAGE won the President's Environmental Youth Award and members were honored among their peers from across the nation in Washington D.C. The policy went into effect January 1, 2009.

As a result of educational efforts by the Weber-Morgan Health Department, a regulation that prohibits smoking in outdoor publicly-owned recreation areas in Weber and Morgan counties went into effect June 1, 2009. Perhaps the greatest benefit of the new policy is that the public park Riverdale Elementary uses for its playground is now smoke free. Given that the park essentially belongs to Riverdale Elementary students, the students themselves designed the resulting "No Smoking" signs. As Health Officer Gary House stated, "Two years of persistence will now translate into years of improved health for all county residents."

**Impact:**

More tobacco-free settings mean healthier environments for Utah children. Following national trends, these tobacco-free policies help protect Utah children from SHS exposure, encourage quitting, set tobacco-free norms, and reduce cigarette litter.

Tobacco-Free Policies Decrease Exposure to Secondhand Smoke

### Success Story

### Reducing The Toll of Tobacco Use In Utah

#### Issue:

In Utah, nearly 190,000 youth and adults smoke, and 1,100 Utahns die each year because of their smoking. Tobacco use remains a leading cause of preventable death nationally and a leading public health problem in Utah.

#### Intervention:

- Free and easily accessible quitting programs, the Utah Tobacco Quit Line and Utah QuitNet help hundreds of Utah tobacco users to quit each year.
- Comprehensive programs in schools prevent youth from starting to use tobacco.
- A targeted marketing campaign reaches both adults and youth with anti-tobacco messaging as well as information on how to quit tobacco.
- Community-based interventions ensure that those at higher risk for tobacco use have access to tailored programs and services.
- Tobacco-free policies protect Utahns from the dangers of secondhand smoke.

#### Impact:

As a result of the sustained commitment of comprehensive tobacco prevention and control programming, the Utah adult smoking rate has decreased by 33% since 1999. Utah's TPCP has driven rates lower than ever thought possible nationally. The following is the projected number of smokers who would be living in Utah now if the adult smoking rate was the same today as it was in 1999:

- 261,168 - Projected number of smokers if the smoking rate were still 14% in 2008
- 173,490 - With a smoking rate of 9.3%, actual total number of smokers in 2008

Total = 87,678 fewer smokers

Number of additional smokers if the smoking rate had not declined and was still 14% in 2008

If rates had stayed at 14% until 2008, Utah would have:

- Enough additional adult smokers to fill Rice Eccles stadium twice at maximum capacity (87,700)
- Enough additional youth smokers to fill 280 high school classes (6,200)
- Enough additional pregnant smokers to fill 58 kindergarten classes with children whose health would be affected by prenatal smoking (1300)

Total = More smokers than the entire population of Sandy, twice the population of Logan, or half the population of Salt Lake City (95,200)

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### Problem Statement

Violence and injury are major threats to the health and safety of Utahns and claim an average of 1,422 lives a year. Among unintentional injuries, motor vehicle crashes, falls, and poisonings are the cause of three-fourths of those deaths. Violence, including suicide and homicide, claims another 422 lives 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:

- Prevention of 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.
- Prevention of brain injuries through advocating the use of helmets while riding motorcycles, bicycles, ATVs, snowmobiles, skis, skateboards, etc. In partnership with local health departments and schools, VIPP makes low-cost

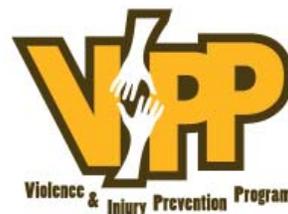
helmets available throughout the year.

- Contracting with community-based organizations to provide sexual assault primary prevention activities.
- Compiling and analyzing injury data to develop interventions and to make the data available to partners, the media, the public, or any requestor.

### 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
- Brain Injury Association of Utah
- 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



### Success Story

#### Utah Violent Death Reporting System (UTVDRS)

#### Issue:

Violent deaths in Utah represent a significant public health concern. Suicide is the eighth leading cause of overall death and the third leading cause of injury death for Utahns. Utah has a significantly higher age-adjusted suicide rate compared to the U.S. (15.5 and 11.0 per 100,000 population, respectively). In addition, poisoning deaths are the second leading cause of injury death for Utahns. Utah is one of the few states in which the policy of the medical examiner is to classify poisoning deaths of unclear intent as 'Injury Deaths of Undetermined Intent' as opposed to 'Accidental.' Utah's death from undetermined intent rate is significantly higher than the U.S. rate (13.8 and 1.7 per 100,000 population, respectively). In order to prevent violence, it is critical to understand the risk factors and circumstances surrounding violent deaths.

#### Intervention:

- The Utah Department of Health (UDOH) Violence and Injury Prevention Program (VIPP) received a five-year grant from the Centers for Disease Control and Prevention to implement the Utah Violent Death Reporting System (UTVDRS) in 2005. Additional funding was secured to continue implementing UTVDRS in 2010 for four more years.
- UTVDRS is an incident-based surveillance system. Data are collected from death certificates, medical examiner reports, and police records and include circumstances of the event, weapon information, victim and suspect characteristics, and the relationship between victims and suspects.
- UTVDRS includes suicides, homicides, deaths from legal intervention, deaths from undetermined intent, and deaths from firearms.
- Annual reports are published and data are provided to partners for grants and reports (i.e. the No More Secrets report by the Commission on Criminal and Juvenile Justice).

#### Impact:

- Since 2005, 3,622 medical examiner records and death certificates and 2,838 police reports have been abstracted and coded into UTVDRS.
- Utah ranked first for timeliness of data collection of the 17 states participating in the National Violent Death Reporting System. Utah initiated 97% of its violent death cases within six months of the date of death.
- VIPP has collaborated with many partners to use UTVDRS data to identify risk factors and circumstances surrounding violent deaths. Some of these partners include the Domestic Violence Fatality Review Committee, the Commission on Criminal and Juvenile Justice, University of Utah Division of Pediatric Emergency Medicine, UDOH Center for Multicultural Health, and the Division of Substance Abuse and Mental Health.

### Success Story

#### Issue:

Motor vehicle crashes are the leading cause of death for 15- to 19 year-olds in Utah. On average, motor vehicle crashes account for 40 deaths, 330 hospitalizations, and 5,400 emergency department (ED) visits a year for Utahns ages 15-19 years. Motor vehicle crash hospitalization and ED visit rates are also highest in the 15-19 age group. Teen drivers represent 7% of the licensed drivers in Utah, yet they are involved in a disproportionate percent of crashes – 27% of all motor vehicle crashes and 18% of all fatal crashes. Each number, however, represents a story to be told that may prevent others from dying.

#### Intervention:

- Early in 2008, the Utah Department of Health Violence and Injury Prevention Program (VIPP) staff obtained, through the Utah Highway Safety Office and Office of Vital Records, a list of (40) teens killed in motor vehicle crashes in 2008. The location, time, and a short description of what occurred in each fatality were obtained from death certificates.
- The families were contacted at least six months following the death of each teen.
- VIPP sent a letter and consent form to the families asking permission to tell their teen's story in a press conference. Follow-up calls were made to each family to answer questions and confirm their permission. Consent was given by (16) families who were then invited to a dinner to meet VIPP staff and other key partners.
- During the dinner, the families were asked for their input on the press conference and were requested to submit, in their own words, their story of losing a teen in a motor vehicle crash and the impact it has had on their lives. The stories were included in a memorial booklet ([www.health.utah.gov/vipp/pdf/Zero%20Fatalities%20Teen%20Memoriam.pdf](http://www.health.utah.gov/vipp/pdf/Zero%20Fatalities%20Teen%20Memoriam.pdf)).
- On September 11, 2008, a press conference was held to release the booklet. The event received very favorable coverage in the local media. Utah's Lt. Governor and three families spoke at the event, with many of the other teen victims' families in attendance.
- Partners with the Utah Teen Driving Task Force served as a resource to access crash data and plan the press conference.

#### Impact:

- The memorial booklet has received both state and national awards. The American Maternal Child Health Program Association also requested the booklet be submitted for a 'Promising Practice' award.

**Sixteen  
Reasons  
Why Zero  
Is the  
Only  
Acceptable  
Number**

## Violence & Injury Prevention Program

### Success Story

- As of August 2009, the memorial booklet has been downloaded more than 3,000 times. It is also being distributed in all driver's education classes across the state.
- Families interested in strengthening state legislation were put in touch with legislators and/or other advocates. Families interested in education efforts have worked with local health department injury prevention staff. The foundation of a unique advocacy and support group has also been formed.
- Work on a 2008 teen memorial booklet and possible DVD to accompany it has begun.

**Sixteen  
Reasons  
Why Zero  
Is the  
Only  
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Number**

### Success Story

#### Issue:

Dating violence is one of the fastest-growing and most serious violent crimes in Utah. In 2007, 13% of Utah high school students reported being hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (YRBS). A survey conducted in 12 communities across Utah showed that 36% of teenagers thought dating violence was a problem in their community. Dating violence includes physical, verbal, emotional, and sexual abuse. In order to combat teen dating violence, teenagers across the nation spearheaded a stand to put a stop to teen dating violence. In February 2006, Congress declared the first week in February “National Teen Dating Violence Awareness and Prevention Week.”

#### Intervention:

- The Utah Dating Violence Task Force was formed in 2003 with representatives from health, legal, substance abuse, youth, and victim advocate organizations. The purpose of the Task Force is to create and promote a climate in Utah communities where the prevention of dating violence is a priority.
- The Task Force joined forces with Murray High School for Utah’s Teen Dating Violence Awareness and Prevention Week held February 2-6, 2009. Together with students and faculty, the Task Force implemented the following:
  - Information table at the high school girls’ basketball game;
  - Awareness and support rally where students were asked to complete a survey on dating violence and encouraged to wear purple in support of teen dating violence prevention;
  - Fact or fiction library display on healthy relationships; and
  - Dating violence resource guides were given to every teacher.
  - A multi-media contest was also held for Utah students grades 9-12. Students were encouraged to submit posters, songs, music videos, and public service announcements to raise awareness of the seriousness of dating violence.

#### Impact:

- 48% of Murray High School students who participated in the week’s activities said they knew either an abuser or a victim of teen dating violence.
- A reception was held at the State Capitol to recognize the winners of the multi-media art contest.
- Two segments on dating violence prevention were aired on local radio and T.V. news stations.

### Teen Dating Violence Awareness and Prevention Week

