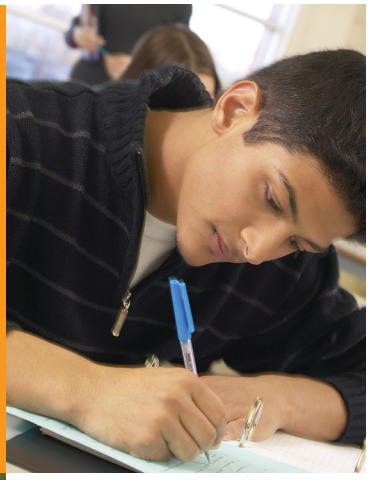
Bureau of Health Promotion

Fiscal Year 2007 Success Stories



Fostering a culture of health in Utah

www.health.utah.gov/bhp

Bureau of Health Promotion, Administration
www.health.utah.gov/bhp

Bureau Director: LaDene Larsen, 538-6141

Description
The Bureau Director provides administrative over-site for all of the Bureau programs and 97 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, to all programs, technical and direct assistance and training for epidemiology, surveillance, and evaluation. 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), the travel and safety Web site, and the A Healthier You Web site.

Statutory Authority
The Bureau's programs and efforts are authorized by Utah State Code Annotated: Chapter 26-5-1through 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) A Healthier You; 2) Arthritis; 3) Asthma; 4) Baby Your Baby Outreach/Check Your Health; 5) Cancer Control; 6) Diabetes Prevention and Control; 7) Chronic Disease Genomics; 8) Healthy Utah 9) Heart Disease and Stroke Prevention; 10) Tobacco Prevention & Control; and 11) Violence & Injury Prevention.

A Healthier You Legacy Awards Program
www.health.utah.gov/ahy

Program Coordinator: Connie Kitchens, 538-6141

Health Problem
Hosting the 2002 Olympic Winter Games meant bringing the world's greatest athletes together. For many Utah residents, it also meant using the Games as motivation to embrace lives of health and wellness. To help Utahns do this, the Salt Lake Organizing Committee for the Olympic Winter Games of 2002 (SLOC) launched the first Olympic health initiative, A Healthier You 2002 (AHY).

AHY Legacy Program moves the focus from individual messages and participation to one of policy and environmental supports for healthy behaviors. Specific and comprehensive organizational policy information and resources were outlined for four main settings: schools, worksites, communities, and campuses. Criteria were then developed to encourage improvements in those settings for the topics of nutrition, physical activity, preventive services, healthy behaviors (substance abuse prevention), and safety.

Those entities that undertake to meet the criteria are recognized annually with bronze, silver, gold, or platinum level awards.

Intervention Strategies

- **Schools*:*** Coordinate with Gold Medal School Initiative to ensure publicity for schools receiving annual awards and market GMS in a variety of settings.

- **Worksites:** Coordinate with Utah Council on Worksite Health Promotion to ensure publicity for worksites receiving annual awards and market GMS in a variety of settings.

- **Communities:** Develop criteria and resource materials for cities and towns, solicit participation in Healthy Community Awards, and publicize annual awards.

- **Campuses:** Develop criteria and resource materials for cities and towns, solicit participation in Healthy Campus Awards, and publicize annual awards.

Major Partners
The Department of Human Services' (DHS) Division of Mental Health and Substance Abuse, local health departments, Intermountain Healthcare, Utah League of Cities and Towns, Utah Council on Worksite Health Promotion, and Utah university and college campuses.

Arthritis Program
www.health.utah.gov/arthritis

Program Manager: Nicole Bissonette, MPH, CHES, 538-9458, nicolebissonette@utah.gov

Health Problem

- Over one of five Utah adults (22.7%, 395,088) 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 (26.8%) than adults without arthritis (15.9%)
- Nearly one-third of persons with arthritis aged 18-64 reported arthritis or joint symptoms affected whether they worked and the type of work or the amount of work they did (32.4%)

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 Program (AFSHP), Arthritis Foundation Exercise Program (AFEP), and Arthritis Foundation Aquatics Program (AFAP)
- Staff and partner with the Utah Arthritis Advisory Committee
- Develop and implement, with the Advisory Committee, a Utah State Arthritis Plan

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, Utah Aging Services, The Orthopedic Specialty Hospital, Local Area Agencies on Aging, Alliance Community Services, Utah State University Extension, Grand County Office, SLCo Healthy Aging Program, local health departments, other programs within the Utah Department of Health (including other chronic disease programs, data reporting and surveillance programs, Medicaid, 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.

Arthritis Program
Community Organizations Help Their Own

Issue:
Almost one in every four Utah adults ages 18 and older (22.7% or 395,088) reported arthritis during 2005. In Utah, arthritis is a leading cause of disability, activity limitation, and poor health. Among adults with doctor-diagnosed arthritis in 2005, 27.2% report activity limitation due to their arthritis and 32.4% report their arthritis affected their work for pay. Twenty-six percent of adults with doctor-diagnosed arthritis reported fair or poor health. 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:
- The Utah Department of Health Arthritis Program partnered with and funded three community organizations to build local capacity to offer evidence based arthritis programs to their communities. The three organizations and populations they serve include:
    - Alliance Community Services - Spanish Speaking individuals
    - Salt Lake County Healthy Aging Program - Senior Housing occupants
    - Utah State University Extension Service - Rural Grand County Utah residents
- Each organization used their own communities, resources and ideas to recruit volunteer leaders, invited them to attend training, coordinated locations, marketed courses, and recruited participants.

Impact:
During the grant funding period January 2007-June 2007:

- 14 Spanish Arthritis Foundation Self Help volunteer leaders were trained and four classes were conducted in Spanish.
- 10 Arthritis Foundation Exercise Program volunteer leaders for senior housing facilities were trained and four senior housing facilities are currently running the program.
- Three Arthritis Foundation Self Help volunteer leaders were trained in rural Grand County Utah and one class is running.
- All three grantees intend to sustain the programs they built infrastructure for during the mini-grant period.

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Arthritis Program
Healthy Living with Arthritis Seminars

Issue:
Almost one in every four Utah adults18 and older (22.7% or 395,088) reported arthritis during 2005. In Utah, arthritis is a leading cause of disability, activity limitation, and poor health. Among adults with doctor-diagnosed arthritis in 2005, 27.2% report activity limitation due to their arthritis and 32.4% report their arthritis affected their work for pay. Twenty-six percent of adults with doctor-diagnosed arthritis reported fair or poor health. 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 people with arthritis reported participating in such programs during 2005.

Intervention:
The Orthopedic Specialty Hospital (TOSH), Utah Arthritis Program (UAP), and the Arthritis Foundation-Utah/Idaho Chapter (AF) have partnered since 2002 to provide Healthy Living with Arthritis Seminars to the public. The seminars were offered in a four evening block each May and September.

- Each seminar had an orthopedic surgeon, physical therapist, dietician and arthritis resource specialist speak for about 20 minutes followed by a question/answer section. Participants were educated about their condition and the appropriate treatment options available. They were encouraged to take an active role in the management of their arthritis including taking an evidence based program such as Arthritis Foundation Self Help Program, Arthritis Foundation Exercise Program, or Arthritis Foundation Aquatics Program.

- The seminars were a true a partnership effort. Speakers came from all agencies, marketing efforts were combined and all agencies provided follow up.

Impact:
These seminars are the first step in educating the public to take steps toward arthritis awareness and action. After attending a seminar, guests become interested in their own arthritis education and enroll in other education or exercise classes offered by TOSH or the Arthritis Foundation.

Over 300 individuals attended the series in 2007, and 124 individuals signed up at the seminar series for the Arthritis Foundation Self-Management Program.

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Asthma Program
www.health.utah.gov/asthma

Program Manager: Rebecca Giles, 538-6259, rgiles@utah.gov

Health Problem

- Asthma is one of the most common chronic illnesses overall in the United States
- In 2005 in Utah, approximately 9% of children ages 17 and under reported that they had asthma
- There are currently over 200,000 Utahns of all ages suffering from asthma, approximately 7.8% of the population.
- In Utah in 2005, there were 1,549 hospitalizations for asthma, with children under the age of 18 accounting for 46%. Costs for Utah hospitalization in 2005 amounted to over $10,800,000.

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 Utah Burden Report highlighting the most recent asthma prevalence, morbidity and mortality data.
- Conducts statewide needs assessments among target populations to assist with developing appropriate activities for those populations.
- Developed an awareness campaign of the asthma inhaler law when it was passed in 2004. Translated the inhaler law education material into Spanish. Also developed radio spots to increase asthma awareness in adults, aged 18-64, which aired most recently on KSL radio in Spring 2007.
- Established and staffs the Utah Asthma Task Force, comprised of 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 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 over 200 schools. Developed parent education packets. Developed an online asthma training program for coaches and PE teachers that is being spread to other states.
    - Developed 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 – physicians, nurses, respiratory therapists, health plans, environmental specialists, industrial hygienists, occupational health specialists, community health centers, local health departments

Asthma Program
Keeping Kids with Asthma in School

Issue:
In Utah, asthma affects about 8% of Utah children, or approximately 61,000 children under age 18. That is equivalent to 2,000 classrooms or 127 elementary schools filled with these students. Asthma is the leading cause of school absenteeism due to a chronic illness with approximately 14.7 million school days missed per year in the U.S. Children with severe asthma may miss more than 30 school days per year. Students with asthma may have trouble keeping up-to-date with assignments because of missed days of school and classroom time. Lost productivity among parents/caregivers is estimated to be more than $1 billion per year.

Intervention:
- The Utah Asthma Task Force developed the "Utah Asthma School Resource Manual" and training as a guide for all school staff who are key players in promoting student health and health services in the school.

- More then twenty school nurses, school administrators, health care providers and others from across the state compiled and reviewed the manual.

- The manual addresses the role of all school personnel (teachers, custodial staff, food service staff, PE teachers, school nurses, administrators, etc.) individually and stresses the importance of a team effort in improving asthma management. The goal is to train faculty and staff to assist with improved asthma management at school among students with asthma.

Impact:
The manual and training were pilot-tested in the spring of 2004 and then implemented statewide. The Utah Asthma Program hires interns to assist with implementation efforts. To date:
- 201 schools have been trained, including over 5,000 faculty and staff.
- The training is now being implemented in charter and private schools as well as public schools
- Pre and post-test results show a 53% overall increase in knowledge

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Asthma Program
Winning With Asthma

Issue:
Asthma is a serious disease and while there is no cure, it can be managed with proper medication. People with asthma can participate in almost any sport or physical activiy when their asthma is well controlled. Every year thousands of youth athletes suffer with asthma while participating in athletic events. Nationally, up to 15% of athletes have asthma. That means that an average team of 10 players generally has at least one athlete with asthma.

Intervention:
- Winning With Asthma is a collaborative project between the Utah and Minnesota Departments of Health, to educate coaches, referees and PE teachers working with children aged 18 years and younger about asthma. The online interactive training program is approximately 25 minutes long and provides asthma information to sports coaches and PE teachers about how to improve asthma management.

- The training program includes:
    - Video clips of celebrity coaches talking about asthma, including Jerry Sloan with the Utah Jazz and John Ellinger with the Salt Lake REAL soccer team
    - Asthma basics
    - Exercise-induced asthma information
    - Training tips
    - Pre-test and post-tests to assess the coaches' knowledge before and after completing the program

- After a coach or PE teacher completes the program on-line, a certificate of completion, an educational booklet and a "Coaches Clipboard" are sent to them. On the back of each clipboard are printed steps for handling asthma emergencies.

Impact:
From January 2006-January 2007
- There were 7,269 visitors to the Winning With Asthma web site
- 559 completed the program
- 6 other states have or are in the process of adopting the Winning With Asthma program
- Pre and post-test results show a 10% overall increase in knowledge.

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Baby Your Baby Outreach and Check Your Health Program

www.babyyourbaby.org
www.checkyourhealth.org

Program Manager: Marie Nagata, 538-6519, mnagata@utah.gov

Health Problem

- Only 79.1% of Utah women receive adequate prenatal care.
- More than half (57%) of all Utah adults are overweight or obese, and 1 out of 4 children.

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.
- 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
Celebrating Twenty Years of Success

Issue:
Utah's infant death rate decreased steadily until 1983 when the decrease slowed considerably. Between 1983 and 1987, the infant death rate remained stable and many states passed Utah in the rankings. At the same time, improvement in the neonatal death rate slowed, while the post neonatal death rate and the low birth weight percent of all births both increased slightly. In 2003, according to United Health Foundation (UHF), Utah ranked 49th in women receiving early and adequate prenatal care. Adequate prenatal care is defined as beginning in the first trimester and having at least 13 visits throughout pregnancy, depending on when delivery takes place.

Intervention:
In 1987, the Utah Department of Health and KUTV joined in a partnership to create a multi-faceted media and outreach campaign combined with an improved and enhanced prenatal service delivery system called Baby Your Baby.

Twenty years later, the Baby Your Baby program is reminding women that 13 is their lucky number. The campaign encourages women to go to their health care provider before their 13th week of pregnancy and to go back at least 13 times throughout their pregnancy. BYB also informs low income women about financial assistance for their pregnancy care.

Impact:
- The initial two-year campaign proved successful. In 1988, one year after the beginning the program, vital records data measured success of the program. The infant death rate fell from 8.8 to 8.0 per thousand live births, the fetal death ratio fell from 7.1 to 5.2 per thousand live births and the perinatal death rate fell from 11.3 to 9.0. All of these decreases were the largest in Utah history.

- The Baby Your Baby media component has won many prestigious awards including the National Association of Governors Award for the Best Outreach Program in America and the Healthy Mothers Healthy Babies National Achievement Award for the Best Sustained Public Information Program in America.

- The Baby Your Baby Health Keepsake has been in print since 1990 and is available in English and Spanish: over 400,000 keepsakes have been sent to Utah women. The Baby Your Baby hotline has answered over 300,000 phones calls providing resources and referrals to families in need.

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Check Your Health
Utahns Moving with Workouts on the Web

Issue:
More than half of Utah adults are overweight or obese (57.4%, Utah BRFSS 2006). Utah is doing only slightly better than the US where 61% of adults are overweight or obese, and of those 30% are obese. The percentage of obese adults in Utah has more than doubled since 1989, from 10.5% to 22.8% in 2006.

Intervention:
- Check Your Health developed 2 online "tools" that average citizens can use to help them be more active and to eat a healthier diet: a series of workout (strength training) and healthy cooking segments targeted at women ages 25-55.

- The web and pod casts or PDFs of these segments are available to download or to watch on line at KUTV's website, and are linked to the Check Your Health Website.

- During the 4-minute workout videos, viewers are shown two options to train a particular body part – one more difficult than the other. Even users who are not internet savvy can use these workouts. Each "Workout" is explained in a PDF file, complete with pictures, and is made available to download and print.
- "Think Healthy" cooking segments are done by a certified Chef who demonstrates a recipe with simple ingredients that is easy to cook and healthful. A variety of dishes are demonstrated – from desserts to entrees to breakfasts.

- "Workouts on the Web" are also featured in the 6:00 AM KUTV News, and the "Think Healthy" cooking segments on KUTV's Noon news program each Thursday, making these a truly "multi-media" experience.

Impact:
- Over 55,000 Check Your Health "Workouts on the Web" and 54,000 "Healthy Cooking" pod casts have been downloaded from iTunes.

- The number of visits to the CYH web site increased from 4,645 in August 2006 to 10,008 in April 2007 – reaching a peak of 10,880 in January 2007.

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Cancer Control Program
www.utahcancer.org and www.ucan.cc

Program Manager: Kathryn Rowley, 538-6233, 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 2004, there were 7,577 new cases of cancer diagnosed and 1,304 deaths due to cancer.
- Breast cancer is the leading cause of cancer death for Utah women and the leading cause of death for women ages 45-64. In Utah in 2004, 1,100 new cases of breast cancer were diagnosed, and in 2005, 238 women died of breast cancer.
- Cervical cancer is also a cause of morbidity and mortality for Utah women. In Utah during 2004, there were 63 new cases of cervical cancer detected and in 2005, 13 deaths due to cervical cancer.
- Colorectal cancer is the second leading cause of cancer-related deaths 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 2004, 687 cases of cancer were diagnosed, and in 2005, 238 men and women died of colon cancer.
- Childhood, Lung, Ovarian, prostate, and skin cancers also contribute to the mortality rate.

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.

Intervention Strategies

- Maintain the Utah Cancer Action Network (UCAN), a group of over 100 people from 60 organizations including hospitals, private clinics, government and community agencies, non-profit organizations, and other groups who 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;
- 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 public awareness campaign that educates women 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, healthcare providers who provide follow-up for women screened through the program, contracting mammography facilities, the American Cancer Society, community health centers, other non-profit organizations, and UCAN members.

Cancer Control Program
Saving Utah Women's Lives through Early detection of Breast and Cervical Cancer

Issue:
According to 2006 Behavioral Risk Factor Surveillance System (BRFSS) data, 67.8% of Utah women ages 40 and older reported having a mammogram within the past two years. This number is lower than both the U.S. rate of 76.1% and the 2006-2011 Utah Comprehensive Cancer Control Plan goal of 80% (Healthy People 2010 objective).

Intervention:
The Utah Cancer Control Program (UCCP) continues to leverage its resources to recruit and screen as many eligible women as possible. Eligible women receive the following free screening services through the UCCP: Pap test, pelvic exam, clinical breast exam, instruction on self-breast examination, and a voucher for a free mammogram. The services are available statewide.

Since 1994, the Utah Cancer Control Program (UCCP), a joint program of the Utah Department of Health (UDOH) and Utah's local health departments, has provided more than 95,000 breast and cervical cancer screenings to Utah women.

Impact:
Since 1994, the following number of women have been diagnosed through the UCCP:
- 378 women have been diagnosed with breast cancer
- 351 women have been diagnosed with cervical cancer and precancerous lesions.

Since the initiation of the Medicaid Breast and Cervical Cancer Treatment Act (MBCCTA) in July 2001, the following number of women have received Medicaid-funded treatment through the UCCP (under the MBCCTA, the UCCP can enroll women in Medicaid who have been diagnosed through the UCCP and those diagnosed by non-UCCP providers).
- 389 women with breast cancer (168 detected by the UCCP, 221 by other providers)
- 292 women with cervical cancer or precancerous conditions (54 detected by the UCCP, 238 by other providers

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Cancer Control Program
Utah Ovarian Cancer *Dialogue for Action*

Issue:

- Most ovarian cancers are detected in late stage disease and there is no routine screening test.
- Over one-half of ovarian cancer patients die within the first five years following diagnosis.
- Ovarian cancer accounts for 3% of all cancers, but it causes more deaths than any other cancer of the reproductive system.

Intervention:

The UCCP contracted with the Cancer Research and Prevention Foundation to conduct a first ever Ovarian Cancer *Dialogue for Action* (OCDA), which took place May 5, 2007. The goals of this event were to: (1) determine the best way to educate providers on when and how to refer a suspected ovarian cancer case to a gynecological oncologist, and (2) address barriers that may keep women from accessing gynecological oncologists for ovarian cancer.

Healthcare providers were invited, and the Utah Medical Association gave six counting education credits to physicians for the event. The morning sessions included education on epidemiology, screening, treatment, and advocacy. After lunch, participants split up into one of three assigned conversations. Each conversation included a facilitator, a note taker, and a content expert. To measure changes in participants' knowledge of ovarian cancer issues, keypad "testing" sessions were held in the morning before the speakers began and repeated in the afternoon after the conversations. Each session consisted of five pre- and post-questions.

Impact:

- Twenty-eight health care professionals and health educators attended the OCDA.
- Five pre and post-test questions were asked to the attendees at the OCDA. Knowledge changed as follows:
    - Ovarian cancer has symptoms in its earlier stages (false) – 23.6% increase
    - CA-125 is not a reliable widespread screening tool (false) – 33% increase
    - The best diagnostic test for ovarian cancer is the transvaginal ultrasound (true) – 43% increase
    - Surgery is done to confirm diagnosis, remove as much cancerous tissue as possible, and determine the stage of the cancer (all of the above) – no knowledge change, all participants answered correctly in the pre-test.
    - Utah ovarian cancer mortality rates are comparable with the nation (true) – 166% increase
- Overall evaluation of the DFA was very positive.
- As a result of the Ovarian DFA, the Utah Cancer Action Network Ovarian Committee and Utah Cancer Registry (UCR) created an ovarian cancer fact sheet, 2,500 copies of which were sent to primary care physicians, nurse practitioners, general surgeons, gastroenterologists, and urologists throughout the state.

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Chronic Disease Genomics Program
www.health.utah.gov/genomics

Program Manager: Rebecca Giles, 538-6259, 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 integration of genomics into core public health specialties (such as epidemiology, laboratory activities, and environmental health), particularly into chronic disease prevention efforts.

Intervention Strategies
The Chronic Disease Genomics Program is developing 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 include:

- Working with external and internal 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 has 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 is 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 is assisting the Cancer Control and Diabetes Prevention and Control Programs in analyzing information they collect on family history of disease but have not had resources to analyze. Additionally, the Program is working with the Utah Population Database, a unique Utah resource, to use the data base for public health programs as well as research purposes.
- Educating various target audiences, including training sessions for public health professionals. The Program has conducted a needs assessment among physicians about family history use in their training and practice settings, and is developing training sessions.
- Providing funding to community organizations to conduct genomics activities that meet the needs of their communities and accomplish goals as outlined in the Utah Genomics Plan.
- Working to re-establish a population-based family health history assessment for multiple chronic diseases and intervene with high-risk families. The Program has conducted an in-depth analysis of the highly successful Family High Risk Program (1983-1996), with recommendations for future interventions. The Program is working in partnership with the University of Utah Cardiovascular Genetics Research Clinic and other 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

Chronic Disease Genomics Program
Making Family Health History a Tradition

Issue:
Family health history is a practical, cost-effective, and engaging tool that can be used to teach people how genetics, environment, and behaviors interact to affect health. By knowing their family health history, individuals and families can make targeted lifestyle and screening choices to lower their risk of developing health problems that runs in their family. In 2004, the U.S. Surgeon General, Dr. Richard H. Carmona, launched a Family History Initiative in which he encouraged all Americans to collect their family health history during the holiday season. Thanksgiving Day was declared National Family History Day. But few utilized this to promote family health history at state and local levels. Results from a recent survey showed that 96% of Americans felt knowing their family health history was important but only 33% had actually collected information from their relatives to develop a family health history.

Intervention:
- The Genomics Program and partners adapted the U.S. Family Health History Initiative for Utah communities. A free, six-page toolkit was developed to help families collect their family health history and thus increase awareness of the importance of family health history in Utah. The toolkit provided tips for talking about and sharing family health history information and was divided into three sections: 1) Talk about it; 2) Write it down; and 3) Share it.

- The toolkits were available on the CDGP website, through classes offered at the Family History Library (FHL) and senior centers, FHL main floor service desk, and by calling the UDOH Health Resource Line (HRL).

- Several additional strategies were used to promote the availability of the toolkits including a display at the FHL, Public Pioneer/Utah's Online Library website, listserv emails, and media placements.

Impact:
- Approximately 945,547 Utahns were reached regarding the importance of family health history through television, radio, newspapers, and periodicals.
- Over 6,700 toolkits were distributed
- Results from a four question survey, given to over 400 in–class participants showed that
    - 84.2% of participants would share their family health history
    - 78.1% would collect their family health history
    - Seniors were as likely to report that they would collect and share their family health history as younger participants

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Chronic Disease Genomics Program
Genomics and Asthma – Understanding the Connection

Issue:
Genomics is the study of genes and their interaction with each other and the environment. Many health problems, including asthma, are the result of an interaction between genes and environment. Genomics is predicted to revolutionize public health and medicine as we know it today. The Utah Department of Health Asthma and Chronic Disease Genomics Programs have recognized the importance of preparing for the genomics era and have begun to explore how genomics can be used to better understand and treat asthma. In September of 2003 when the Utah Asthma Plan was unveiled, genomics was included as an objective but stakeholders were unsure of how to proceed with its implementation.

Intervention:
- On April 12, 2006, the 1st Asthma and Genomics workshop was held with goals to:
    - Bring together asthma and genomics stakeholders in Utah.
    - Provide education on how genomics may impact public health in the future (specifically as it relates to asthma care).
    - Develop an asthma genomics work plan to include in the Utah Asthma Plan that would provide direction for future activities.

- The workshop was designed to increase participants' knowledge about genomics and it's application to public health as well as to facilitate interaction and communication of genomics strategies with stakeholders.

Impact:
- An asthma genomics work plan was developed and the priorities identified were added to the Utah Asthma Plan. The broad topics addressed in the work plan include pharmacogenomics, family health history, and ethical, legal and social issues. The full work plan can be found at: http://health.utah.gov/asthma/genomics.html
- The majority of participants (55%) strongly agreed that their knowledge of genomics increased and 60% found value in attending the conference.
- Most participants (72%) would like to help integrate genomics into asthma activities.
- A 2nd Annual Asthma and Genomics Conference was held in June 2007. Presentations included:
    - The Healthy Homes University Project being conducted in Washington. This project uses family health history to identify and intervene in the home environment with at-risk asthma families in a low-income community,
    - Predisposition to asthma among the Utah population, and
    - Genomics in the Clinic - A Panel's Perspective

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Diabetes Prevention and Control Program
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Health Problem

- Approximately 42,000 Utahns with diabetes are undiagnosed (NHANES data applied to Utah population)
- An increase in prevalence of diabetes, from 3.5% of the total Utah population in 2001 to 4.1 % in 2005 (Utah Health Status Survey 2001, 2005) — approximately 104,000 Utahns
- There were 23,232 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 in-patient hospital discharges for lower-extremity amputations, 1,768 for renal complications, 633 for diabetes-related eye disease, and 857 for acute complications
- Diabetes was the underlying cause of 539 deaths in 2005 in Utah. It consistently contributes to over 1,000 deaths a year.
- Approximately 42,000 Utahns with diabetes are undiagnosed (NHANES data applied to Utah population)

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
- Active participation 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, UMA, UNA)

Diabetes Prevention and Control Program
Helping People with Diabetes Achieve Better Control

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:
The Utah Diabetes Prevention and Control Program (DPCP) formed a partnership among the state's major health plans to increase diabetes awareness in patients and providers as well as implement and improve systems-based care. This partnership, known as the Utah Health Plan Partnership, 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 deliver 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
- Implementing comprehensive and standardized data collection, evaluation, and reporting methods

Impact:
The percentages of clients with diabetes who met HEDIS care standards improved between 1999 (pre-intervention) to 2007 as follows:

- Having an eye exam in a 12-month period: increased from 41.9% to 58.0%
- Having at least one A1C in a 12-month period: increased from 76.8% to 87.7%
- Meeting the target A1C level of less than or equal to 7.0%: increased from 23.5% to 49.3%
- Having an LDL cholesterol exam in a 12-month period: increased from 60.7% to 88.4%
- Having an LDL level of less than 100 mg/dL: increased from 17.8% to 48.0%
- Having nephropathy screening in a 12-month period: increased from 33.3% to 58.0%

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Healthy Utah
www.healthyutah.gov

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Health Problem
In 2004, Healthy Utah conducted a bi-annual 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%
- Claims for persons who reported being of ideal weight (BMI<25) increased 21%
- Persons who were overweight (BMI 25-29) showed a 64% increase in claims
- Persons who were obese (BMI ≥ 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 at double-digit rates, agencies are incorporating worksite health promotion programs as part of the solution in addressing this alarming trend.

Intervention Strategies
Healthy Utah is a work-site based employee health promotion and prevention program available to more than 60,000 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**—30 minute private appointment where cholesterol, blood glucose, body composition, blood pressure, height and weight are measured; personal health counseling and suggestions for improvement are offered to participant
- **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**—Over 30 free seminars are offered in the areas of stress management, communication, physical activity, nutrition, and personal/professional development
- **Additional Benefits**—Free consultations with Registered Dieticians, Certified Diabetes Educator, and Exercise Specialist; a comprehensive website; tobacco cessation resources
- **myHealthyUtah** —An online account tool for members to access programs and services

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

Healthy Utah
Making the Healthy Choice the Easy Choice at Work

Issue:
Escalating health care costs continue to 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, minimize absenteeism, assist with containment of health care costs, and improve health status of employees.

Intervention:
- In 2000, Healthy Utah began promoting "Wellness Councils" to enhance program efficiency. Wellness councils are teams of volunteers who implement programs and changes at the local worksite to improve the overall health of employees. Healthy Utah offers a variety of resources to help Wellness Councils succeed:
    - **Financial** – In 2004, Healthy Utah began offering a limited number of $500 mini-grants to seed wellness council efforts and spark interest in the program.
    - **Information** – Healthy Utah created a "Wellness Council Tool Kit" to provide councils with the resources they need.
    - **Operational** – A Healthy Utah staff member as a liaison for each council.
    - **Training and Recognition** – Healthy Utah sponsors an awards program and two annual conferences to train council volunteers, who generally do not have a health background.

- Typical **Wellness Council Activities:**
    - Create on-site fitness facility.
    - Implement physical activity and nutrition programs.
    - Obtain upper management support for policy changes, such as exercise release time and healthy food guidelines.
    - Educate employees through posters, seminars, electronic messages, etc.
    - Improve stairwells to promote stair usage.

Impact:
- At the end of 2003, only three Wellness Councils existed.
- In 2004, the Wellness Council Mini-Grant Program was formally implemented.
- From 2004-2007, the number of wellness councils steadily climbed to 35 - a 10-fold increase.
- The number of employees served by wellness councils nearly quadrupled from 2,150 in 2003 to 8,500 by the end of 2007.

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Heart Disease & Stroke Prevention Program
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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 2005 show the following about Utahns:

- 45.0 percent do not get the recommended daily amount of physical activity
- 78.0 percent do not eat five or more servings of fruits and vegetables per day
- 11.5 percent smoke cigarettes
- 56.2 percent of adults are overweight or obese; Utah height/weight study shows 1 of 4 children are overweight or at risk of becoming overweight
- 18.9 percent have diagnosed high blood pressure
- 21.9 percent report having high cholesterol (37.2 percent have not had a blood cholesterol check in the past 5 years)
- 5.5 percent have been diagnosed with diabetes (roughly 1 in 3 persons with diabetes is unaware they have it)

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 obesity prevalence, especially 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 School program.
- Supports local communities in creating active environments that enhance physical activity opportunities in neighborhoods.
- Provides a collaborative environment to create statewide systems for prevention, awareness, diagnosis, and treatment of stroke.
- Enhances the capacity of local health departments and other partners to support local efforts.
- 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, Bureau of Emergency Medical Services, health plans (Altius, DMBA, Molina Health Care, SelectHealth, United Health Care, University of Utah Health Plans), Intermountain Health Care, local health departments, State Office of Education and local school districts, University of Utah Health Sciences Center, Utah Department of Transportation, Utah Parks and Recreation, Utah Trails Association, , 5-A-Day Association.

Heart Disease and Stroke Prevention Program
"Go Red for Women" Campaign

Issue:
Women are more likely to die of a heart attack than men. In 2005, 52.5% of deaths associated with cardiovascular disease in Utah were attributed to women. The 2005 Utah Behavioral Risk Factor Surveillance Survey shows that the following percentages of Utah women experience the major cardiovascular risk factors. High Blood Pressure (19.2%)

- High Blood Cholesterol (20.3%)
- Smoking (10.3%)
- Diabetes (4.7%)
- Inadequate Physical Activity (44.6%)
- Obesity (46.3%)

Intervention:

- "Go Red for Women" was a national campaign in February sponsored by the American Heart Association. The main message of "Go Red for Women" was for women to know their numbers (blood pressure and cholesterol levels). They were encouraged to see their health care provider each year and discuss ways that they can change their lifestyle to prevent heart disease and stroke.

- The Program provided resources to local health departments, worksites, media, schools and other partners to publicize the issue of heart disease and women. Activities took place throughout the month and each partner was encouraged to take the heart healthy message to their specific community in a memorable way that would have a lasting impact.

Impact:

- Nine of the twelve Utah local health departments held events and educated the public on heart disease and stroke.
- Two employee wellness programs distributed information to employees at their worksites.
- Several media outlets publicized the Go Red message, including six television interviews, several newspaper articles, and information published on the Utah Heart Disease and Stroke Prevention Program Website.
- The Utah Department of Health Wellness Council held a Go Red for Women event and distributed information about heart health during the month of February.
- Students from over 200 of Utah's elementary schools participated in the Go Red campaign by coloring cards for their mothers and grandmothers with messages about heart health.
- The total number of "Go Red" events that took place in February reached 28 for the state.

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Heart Disease and Stroke Prevention Program
Utah's Gold Medal Schools Battle Childhood Obesity

Issue:
One in four of Utah's school aged children is overweight or at risk for being overweight. Many experts believe that conditions in schools that limit opportunities for physical activity and healthy nutrition 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 real challenge for educators.

Intervention:
The Utah Department of Health and partners, by combining federal, state, and private funding sources, created **Gold Medal Schools** to provide students with more opportunities to:

- Eat healthy
- Be active
- Stay tobacco free

Health experts, teachers, parents and principals created a broad menu of criteria for Bronze, Silver, Gold and Platinum Award levels that focus on school policy and environmental supports. As schools advance from the Bronze to Platinum level, they make sustainable changes that support and enhance healthy behaviors for students and faculty, such as the following:

- Establishing Gold Medal Mile tracks on or near school grounds, and setting goals for student participation
- Setting policies for at least 90 minutes of structured physical activity for each student/ week
- Creating staff and faculty wellness programs
- Involving parents through school wellness councils, newsletters and other resources

Impact:
During the 2001-2007 school years:

- 284 schools have participated in the Gold Medal Schools Program
- The proportion of Gold Medal Schools with a policy for 90 minutes of physical activity each week for each child has increased from 13.2% to 89%
- 140,905 students and 6,367 teachers have been reached
- Over 90% of Utah school districts are participating
- 59% of Gold Medal Schools have adequate eating time for their students
- The cost for the program is $5.11 per child per year

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Heart Disease and Stroke Prevention Program
"Unplug 'n Play" Campaign

Issue:
Many research studies show a positive correlation between TV viewing and obesity. The average American child watches three to five hours of television every day and spends between 20-33 minutes a day playing video games. By high school graduation, most children have spent more time in front of the television than in the classroom.

The 2005 YRBS indicates that while physical activity levels are rising in Utah's adolescent population, still 19% watch at least 3 hours of television on a typical school night. The American Academy of Pediatrics (AAP) recommends that children engage in no more than 2 hours of screen time per day.

Intervention:
In conjunction with National "TV Turnoff" Week (April 23-29, 2007) the Utah Department of Health partnered with Check Your Health and a U of U Senior Communications class to create the "Unplug 'n Play" campaign to encourage youth age 8-13 to limit TV, computer, and video game use to no more than two hours per day and to promote active alternatives. The campaign consisted of the following components:

- A 3-week radio campaign with Citadel stations.
- A school-based competition to motivate students to limit screen time. Promotional items including wristbands, posters were given to students along with Unplug 'n Play post-it notes to place on computer monitor and TV screens. Some participants received larger prizes through a drawing.
- A kick-off event held at the Olympic Oval where children and families were given the chance to try new sports and activities.
- A press release announcing Unplug 'n Play week and the kick-off event.

Impact:

- Fifteen schools were involved in the competition with over 1,000 students and teachers tracking their screen time during Unplug 'n Play week.
- As a result of the press release, there were 17 reports on radio and TV news stations and in newspapers about Unplug 'n Play, totaling over 2 million media impressions.
- The radio campaign reached approximately 340,000 people age 12+ with a frequency of 7.
- Questions about the amount of time a child spends in front of a screen were added to the BRFSS questionnaire and may be used to evaluate similar efforts in the future.

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Tobacco Prevention and Control Program

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Program Manager: Heather Borski, 538-9998, hborski@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.
- Utah incurs approximately **$530 million** in annual smoking-attributable medical and lost productivity costs.
- Major tobacco companies spend an estimated **$57.9 million** marketing tobacco products in Utah—several times more than what Utah spends on anti-tobacco programming.

Intervention Strategies

- Utah's comprehensive efforts are having an impact:
  - In 2006, Utah's adult smoking rate reached its lowest level since health surveys started to measure smoking behaviors. With a 2006 smoking rate of **9.5%**, Utah continues to be the **only state** that meets the Health People 2010 Objective of reducing cigarette smoking to 12%. Since 1999, adult smoking decreased by **30%**.
  - In 2005, the percentage of Utah high school students who reported that they had ever tried cigarettes reached a **historic low** of **25.0%**. **7.4%** of students reported that they had smoked in the past 30 days.
  - Smoking among pregnant women decreased by **28%** (from 8.2% in 1999 to 5.9% in 2005).
  - Child exposure to second-hand smoke in the home declined by **50%** (from 6.0% in 2001 to 3.0% in 2006).
  - From 2001 through 2005, sales to youth during retailer compliance checks declined by **56%**
- These impressive outcomes are the result of a sustained, consistent, multi-faceted effort 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 policies, and link tobacco users to the help they need to quit,
  - Free, easily accessible telephone, Internet, and community-based **quitting programs**, such as 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 minors and the Utah Indoor Clean Air Act,
  - Efforts to ensure those at higher risk for tobacco use have **access to tailored services**.

Major partners include:

- Tobacco Control Advisory Committee
- Utah's Local Health Departments, and other local government entities
- Coalition for a Tobacco Free Utah
- State Agencies such as Medicaid, the Division of Substance Abuse and Mental Health, State Office of Education, Office of the Utah Attorney General, and State Tax Commission
- Community-based organizations, such as Area Utah Health Education Centers, Indian Walk In Center, and American Lung Association

Tobacco Prevention and Control Program
Momentum for Tobacco-Free Policies Builds

Issue:
The 2006 Surgeon General Report on the "Health Consequences of Involuntary Exposure to Tobacco Smoke" concludes that second hand smoke (SHS) causes premature death and disease in children and adults who do not smoke. In 2005, more than 49,000 adult nonsmokers in the U.S. died of SHS-related lung cancer or coronary heart disease, and 430 newborns died of SHS-related sudden infant death syndrome. In addition, SHS causes other respiratory problems such as coughing, production of phlegm, and reduced lung function. The report also concluded that there is no risk-free level of exposure to secondhand smoke and that the only way to fully protect yourself and your loved ones from the dangers of secondhand smoke is through 100% smoke-free environments.

Intervention:
Since 2004, the Tobacco Prevention and Control Program (TPCP) and its local partners have been working on tobacco free policies. TPCP and partners have provided education and assistance to local elected officials, communities, housing units, educational institutions, and businesses.

- Tobacco program staff at Wasatch County Health Department (WCHD) worked with the mayor and City Council of Midway City to participate in the Healthy Community Awards program. WCHD Tobacco program staff presented the benefits of a smoke-free parks policy to the city council in January and by March the policy was passed. In addition to banning smoking, the policy prohibits anyone from selling, possessing, or consuming tobacco products, alcoholic beverages, or controlled substances in any Midway City park or trail

- The Midway City non-smoking policy prohibits smoking inside all Midway City facilities

- Building on the success of Midway City, Heber City will also experience a breath of fresh air this year at its annual Wasatch County Fair Days Carnival. The Parks and Recreation Department is requiring all carnival employees to be tobacco-free while on the job, as they were found to be the primary source of secondhand smoke and tobacco use last year.

Impact:
Over 173 new local smoke-free policies are in place. For a detailed map of all the passed policies see http://www.tobaccofreeutah.org/tpcpfy06report.pdf

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Tobacco Prevention and Control Program
TRUTH Network Materials Making an Impact with Healthcare Providers

Issue:
Tobacco use is still the leading preventable cause of death in the U.S. and kills more than 1,100 Utahns each year. Annual health care expenses directly caused by smoking costs Utah $345 million with $104 million of that total covered by the state Medicaid program. More than 190,000 Utahns use tobacco; 80% would like to quit. Research shows that people are more likely to quit when a healthcare provider advises them to do so.

Intervention:
- In June 2005, the TRUTH Network: Treating Nicotine Dependence Guide was created by the Tobacco Prevention and Control Program (TPCP) and members of the Coalition for Tobacco Free Utah (CTFU). The Guide explains the 5 A's of tobacco control (Ask, Advise, Assess, Assist, and Arrange), pharmacologic therapies, statewide cessation programs and fax referral to the Utah Tobacco Quit Line.

- Local health departments and other contractors have trained health care providers, distributed more than 2,000 Guides, and formed partnerships with the following health organizations:
    - Utah Dental Association
    - Utah Dental Hygienist Association
    - Utah Hospitals and Health Systems Association
    - Utah Medical Association
    - Utah Nurse Practitioners
    - Utah Nurses Association
    - Utah Pharmacists Association
    - Utah Society of Respiratory Care
    - Utah Urologic Society

Impact:
- According to the 2006 Behavioral Risk Factor Surveillance data, the percentage of smokers who saw a healthcare provider and were advised to quit increased to 64.8%. This rate had been declining significantly from 2000 to 2005.

- TPCP contractors and CTFU members developed relationships with professional organizations that have distributed the TRUTH Network materials to healthcare providers.

- Dr. Mansoor of the Maliheh Free Clinic said, “The fax referral system to the Utah Tobacco Quit Line is a great service and easy to use. Many people are using the services and benefiting from them. It is a great way to help patients make one of the most important decisions of their lives.”

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Tobacco Prevention and Control Program
Youth Battle Big Tobacco

Issue:
In 2005, 7.4% of Utah's high school students reported that they smoked in the past 30 days. According to the 2005 Utah Youth Tobacco Survey, nearly one in three high school students experimented with tobacco products. Early initiation of tobacco use has been shown to increase the likelihood of lifetime smoking and the risk of tobacco-related illnesses and morbidity. Tobacco companies spend an estimated 57.9 million dollars marketing to Utahans each year. Although direct advertising of tobacco products to youth is restricted, students continue to be exposed to tobacco use and tobacco promotions through the entertainment industry, sports, and the Internet.

Intervention:
The Phoenix Alliance is a statewide, youth-led anti tobacco movement. Youth advocate for and educate about tobacco prevention and policy change to their peers. Whitney Rutt has been with the Phoenix Alliance for four years serving in various leadership positions, and is the current President. Her great uncle suffered from lung cancer and passed away from a lifetime of use. Whitney has been involved with the following initiatives:

- Tobacco and Hollywood: Sent letters to directors and actors asking to decrease smoking in movies. Contacted the Motion Picture Association of America (MPAA) to encourage them to increase movie ratings for glamorized or pervasiveness tobacco use.
- Smoke-free establishments: Encouraged business establishments not covered by the Utah Indoor Clean Air Act to voluntarily go smoke-free for the health of their employees and patrons.
- Food and Drug Administration (FDA) regulation: Assisted in gathering almost three thousand signatures in support of FDA regulation of tobacco products.

Impact:

- Whitney was recognized by Campaign for Tobacco-free Kids as Western Regional Advocate of the Year. She received $2,000 in scholarship funds as well as $500 in grant money to use toward a youth anti-tobacco activity. She went to Washington D.C. twice to meet with Utah's Senators to educate about FDA regulation and tobacco prevention.

- She started a chapter of a national group called Ignite that supports public officials to act responsibly and reject campaign contributions from tobacco companies.

In her personal life she helped her mother and father quit using tobacco shortly after she joined the Phoenix Alliance.

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Violence and Injury Prevention Program
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 those deaths. Violence, including suicide and homicide, claims another 390 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, VIPP makes low-cost helmets available throughout the year.
- Contracts with non-profit rape crisis centers to provide sexual assault prevention education.
- Compiling and analyzing injury data to develop interventions and to distribute to 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
- 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
Helping a Family in a Time of Grief - Fatality Review Committee Provides Critical Information

Issue:
Rapid review of the circumstances surrounding a child's death can yield important information both for the specific case and to prevent other such occurrences. This is illustrated by a review of a case that occurred in July, 2006.

In July of 2006, a police officer discovered a very ill child when he stopped a car for speeding in a rural Utah town. The parents spoke almost no English. An ambulance was dispatched and the child later transported by life-flight to Primary Children's Hospital where he expired shortly after arriving. Previously, the child's doctor had reported the parents to Child Protective Services because the child seemed to be suffering from failure-to-thrive syndrome. A feeding tube was placed and the child seemed to be doing better. This diagnosis changed however, the day the parents were pulled over for speeding. Upon autopsy it was discovered that the child suffered from congenital adrenal hyperplasia (CAH), a metabolic disorder that if discovered at birth could have been treated. With treatment, children with CAH can lead normal, healthy, productive lives.

Intervention:
A Child Fatality Review Rapid Response meeting was held to discuss this case, and a coordinator from the Newborn Metabolic Screening Program in the Bureau of Children's Special Health Care Needs at the Utah Department of Health attended. She informed the group that new screening test was about to be implemented in all of Utah's hospitals that would detect CAH. The review committee recommended that the couple receive counseling. The Newborn Metabolic Screening Program agreed to contact the family to inform them, via a Spanish speaking staff, of the results of the autopsy and counsel them regarding the concerns for future pregnancies.

Impact:
Because the Child Fatality Review Committee reviewed the case, the family was offered much needed information about their child's death as well as life saving information for any future children born to the couple. Since the family had limited resources and did not speak English, the information about their child's death might never have been available to them. Further, the need for qualified counselors able to speak other languages was highlighted since the implementation of the new screening tests will likely yield many more families needing counseling.

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Violence and Injury Prevention Program
Bicycles and Cars Share the Road

Issue:
Every year in Utah more than 900 bicyclists are involved in a crash with a motor vehicle:

- 93% of the bicycle-motor vehicle crashes, result in an injury to the bicyclist, with more than 70% of the injuries to the bicyclist being serious.
- most bicycle-motor vehicle crashes are due to the motorist or the bicyclist violating one or more traffic laws and could be prevented.

Intervention:
Upon receipt of a national "Share the Road" the Program partnered with the Utah Department of Public Safety and Transportation to develop:

- Share the Road with Bicycles driver education curriculum, consisting of a 12-minute video, worksheets and other classroom activities to teach students to safely drive around bicycles.
- Bicycle Safety Enforcement Action (BSEA) for which seven law enforcement agencies received overtime pay for officers to set up an enforcement area with a non-uniformed officer on a bicycle. When the safety of the bicycle officer was endangered, an officer in a chase vehicle stopped the violator (motorist or bicyclist) and educated about violations.

Impact:

- In pilot testing, the Share the Road with Bicycles driver education curriculum results showed that driver education students taught using the curriculum scored an average of 21% higher when tested than did students not taught using the curriculum.
- 35,000 teenagers in Utah take driver education through a public high school driver education program and most are now being taught using the curriculum.
- The curriculum was presented nationally at the 2006 ProWalk/ProBike Conference in Madison, WI resulting in more than 100 copies being distributed to interested groups from across the United States.
- The BSEA was pilot tested along the Wasatch Front with seven different law enforcement agencies that:
    - Conducted a total of 47 BSEAs, with a total of 742 man-hours worked by law enforcement.
    - Issued 996 warnings and citations to motorists (629) and bicyclists (367) for violating traffic laws that put the bicyclist safety at risk.

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