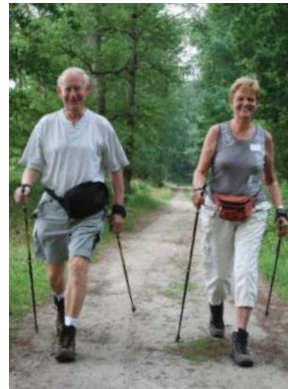


# Bureau of Health Promotion

**Fostering  
a Culture  
of Health  
in Utah**



## Programs That Make A Difference

## **Arthritis Program**

Program Manager: Nathan Peterson, MPH

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### **Health Problem:**

- More than in five Utah adults (21.4%, 415,000) has doctor-diagnosed arthritis (2009).
- 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%) (2009).
- Over 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 (32.0%) (2009).

### **Arthritis Program Strategies:**

- Develop and maintain surveillance and reporting systems to describe the burden of arthritis in Utah, as well as to capture and evaluate program impact.
- Promote, implement, and deliver evidence-based self-management and exercise programs, including the Arthritis Foundation Self-Help Course (AFSHC), Arthritis Foundation Exercise Program (AFEP), Chronic Disease Self-management Program (CDSMP), Spanish CDSMP and EnhanceFitness (EF).
- Develop partnerships with providers, health plans and health systems, businesses, Area Agencies on Aging, Local Health Departments, community-based organizations and the Arthritis Foundation to grow the evidence-based program infrastructure for persons with arthritis.
- Conduct targeted arthritis awareness campaigns in rural and urban communities.

### **Program Impact:**

- Through the arthritis evidence-based program infrastructure in Utah, more than 2,300 Utahns with arthritis and other chronic conditions have participated in a self-management or exercise program since 2008.
- Successfully obtained additional funding (\$300,000) for the CDSMP intervention through a Recovery Act grant from the Administration on Aging in March 2010.
- Developed delivery system partnerships with Valley Mental Health and Intermountain Healthcare through the Dixie Regional Medical Center and Valley View Medical Center in Southwest Utah.

### **Making a Difference:**

As a result of a mini-grant application process conducted in 2008, two organizations were specifically selected to address the arthritis management needs of two racial/ethnic groups in Utah: Pacific Islanders and Hispanics. The National Tongan American Society assumed the responsibility to coordinate CDSMP delivery for all Pacific Islanders in Utah and does so with great zeal and energy. Since its start in 2008, this community-based organization has become one of the Utah Arthritis Program's most successful partners in terms of participant reach and proper program management.

Alliance Community Services (ACS), an organization successfully serving the Hispanic/Latino population in Utah, launched the first implementation of Spanish CDSMP in 2009. Further, ACS held the first Spanish leader training in January 2010, certifying nine participants as instructors. To its credit, ACS demonstrates time and time again that it is competent and successful in broadening the Hispanic/Latino network for CDSMP implementation as indicated by the number of agencies willing to adopt CDSMP.

### **Participant Quotes from Summit and Wasatch Counties:**

- "This class [CDSMP] has helped me get my life in order."
- "I recommend this course and handbook to all seniors."
- "We have set goals, accomplished them and will continue to manage our lives better due to this class."

## **Asthma Program**

Program Manager: Rebecca Giles, MPH, CHES  
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### **Health Problem:**

- Asthma is one of the most common chronic illnesses overall in the United States.
- Asthma is the leading cause of school days missed within the United States.
- In Utah, 7.3% of children ages 17 and under report that they have asthma (about 63,000 children) (2009).
- Currently, more than 155,000 Utah adults, or approximately 8.0% of the population, experience asthma (2009).
- In 2009, females 50-64 (11.0%) and males 0-17 (9.1%) had the highest prevalence of current asthma.
- In 2008, there were 1,430 hospitalizations for asthma, with children under age 18 accounting for 52% of the hospitalizations.
- Charges for Utah hospitalizations in 2008 amounted to over \$12,700,000.

### **Asthma Program Strategies:**

- Develop and maintain an asthma surveillance system.
- Establish and staff the Utah Asthma Task Force, comprised of 84 public and private organizations.
- Implement programs with community partners to reduce disparities and improve the quality of life for those with asthma in settings where people live, work, and play.

### **Program Impact:**

- Three Asthma Telehealth Programs were offered in 2010. More than 100 participants registered for the live sessions. The archived presentations have been viewed 916 times and the presentations have been downloaded more than 3,000 times.
- School Resource Manual Presentations by interns to schools have reached 356 schools in Utah and more than 4,700 school faculty and staff.
- The online coaches' asthma educational tool, *Winning with Asthma*, developed by the Minnesota and Utah Asthma Programs, has been running for five years. Over that time, *Winning With Asthma* has been utilized by more than 4,300 coaches nationally and by 176 coaches in Utah.
- In a recent survey of school principals in the four regions where air quality is measured, 84% reported having heard of the Recess Guidance for Schools and 94% of responding principals had kept children inside for recess on at least one occasion due to poor air quality.
- Completed a work-related asthma curriculum for the Future Farmers of America and trained FFA faculty statewide. Created facts sheets for the agriculture industry on asthma and pesticides.

### **Making a Difference:**

*Winning with Asthma*, an online training program for coaches and PE teachers who work with student athletes with asthma. A basketball coach says "I have a number of players who suffer from asthma. This is an excellent program for all coaches to experience." An athletic director says "Excellent training tool! I will be requesting that all my coaches participate in this free program...thank you for making it free." From a school coach: "Great video; should be mandatory for all coaches at the beginning of each season."

*Community mini-grants*: From a participant in a class offered by the Alliance Community Services for the Hispanic community: "I'm very grateful that my friend invited me to this class. I received information about how to detect the symptoms, how to manage the disease and what to do in case there is an asthma attack. I now have a clearer understanding of the disease and how to live with someone who has asthma."

**Baby Your Baby Outreach Program**  
Program Manager: Marie Nagata, BS  
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**Health Problem:**

- The rate of women receiving prenatal care in Utah is lower than the national rate, and has been declining since 1995. In 2006, 79.0% of pregnant women sought prenatal care in the first trimester, compared to 83.2% of pregnant women nationally. (2006 is the most recent year for which U.S. data are available)

**Baby Your Baby Program Strategies:**

- Conduct a media campaign encouraging women to visit their health care provider by their 13<sup>th</sup> week of pregnancy and to receive at least 13 visits throughout their pregnancy. The campaign includes television, radio, and a website.
- Distribute, free of charge, a Baby Your Baby Health Keepsake book to pregnant women in Utah. The Keepsake is a simple way to provide health education in a non-invasive way. Each page is filled with simplified education on what to expect during the pregnancy. Women who are unsure about signs and symptoms of a normal pregnancy can be reassured that everything is going well or when to notify their health care provider of problems.
- Partner with other UDOH organizations with similar populations to promote healthy pre-pregnancy living. That includes eating right, exercising, taking folic acid, staying away from drugs and alcohol, and making informed family planning choices. It also educates women on the health benefits of waiting at least 15 to 18 months between pregnancies.

**Program Impact:**

- The number of women who received early and adequate prenatal care increased by 31% since 2002.
- Baby Your Baby provided resources, referrals, materials and services to 74,734 women in FY 2010 through phone calls to the hotline.
- More than 30,000 Keepsakes were distributed during the last year, bringing the total number of Keepsakes distributed to more than 500,000 since it was created in 1990.

**Making a Difference:**

The Baby Your Baby Program began work with the Utah Indian Health Advisory Board (UIHAB) beginning in 1997, when it was noted that the American Indian/Alaskan Native population had low rates of adequate prenatal care. Several ideas were presented to the board for consideration, with the concept of adapting the Baby Your Baby Health Keepsake for the American Indian/Alaskan Native population, which was approved.

Although the Baby Your Baby program and the UIHAB were both enthusiastic about the project, progress was slow going. Several new covers were created and a few changes were made to some of the pages. Then in 2009, the Diabetes Prevention and Control Program entered into the partnership, making the vision a reality. The program asked tribal representatives to review the current Keepsake and provide feedback and insight as to the changes they wished to see. Baby Your Baby applied the feedback to the Keepsake, making as many changes as were feasible. Nearly 14,000 books were printed and will be distributed through tribal health representatives.

## **Cancer Control Program**

Program Manager: Kathryn Rowley

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### **Health Problem:**

Cancer is the second leading cause of death in the U.S. and in Utah. In Utah in 2007, there were 8,213 new cases of cancer diagnosed and in 2008, 2,478 deaths due to cancer. Heart disease and stroke are the number one and number three causes of death among Utah women. In 2008, there were 8,141 hospitalizations as a result of cardiovascular disease and 1,905 cardiovascular disease deaths among women.

Regular cancer screening examinations by a health care professional can result in the detection and removal of precancerous growths, as well as the diagnosis of cancers at an early stage, when treatment is most successful. Cardiovascular disease can also be found and treated through health screenings for high blood pressure, high blood cholesterol, diabetes, and tobacco use. Many uninsured and underinsured Utah women, however, cannot afford these preventive screenings.

### **Utah Cancer Control Program (UCCP) Strategies:**

- Prevent late stage diagnosis and decrease female breast and cervical cancer deaths by providing free and low cost clinical breast exams, mammograms, and Pap tests to women who meet age and income guidelines.
- Reduce the burden of colorectal cancer by increasing colon cancer screening among persons aged 50 and older.
- Prevent, delay and control cardiovascular and other chronic diseases by providing screening services for high blood pressure, high blood cholesterol, diabetes, and tobacco use.

### **Program Impact:**

- Since 1994, the UCCP has provided more than 113,790 breast and cervical cancer screenings to Utah women. In that time, 487 women have been diagnosed with breast cancer and 446 women have been diagnosed with cervical cancer and precancerous lesions.
- Since January 2010, the UCCP colon cancer screening program has provided 298 colonoscopies. As a result of these screenings, two masses were found (both non-cancerous, hyperplastic polyps), and a total of 88 clients had polyps removed.
- Since January 2009, the UCCP BeWise program has screened 3,288 women for cardiovascular disease risk factors. Of women screened, 1,092 (33.2%) had high blood pressure, 869 (26.4%) had a high total blood cholesterol level, and 87 (2.6%) had a high fasting glucose level. More than 80% of the women screened (2,636) were overweight or obese and 10% (331) reported smoking some days or every day. One-on-one and group health counseling were provided to 81% of the women.

### **Making a Difference:**

In addition to providing cancer screenings, the UCCP promotes cancer awareness and education through grassroots activities and media campaigns. In 2002, the program started a campaign to encourage Utahns aged 50 and older to get screened for colon cancer. Since this campaign began, the rate of Utahns who have been screened with a colonoscopy or sigmoidoscopy has increased from 50% in 2002 to 68.3% in 2008. Dr. John Fang, gastroenterologist and UCCP screener, had this to say about the program: "It actually was a very gratifying experience for us at the University of Utah Redwood Clinic. The patients were very appreciative of the screening, which they never would have received otherwise. We also had some other patients scheduled who saw the very, very effective ads."

## **Diabetes Prevention and Control Program**

Program Manager: Nathan Peterson, MPH

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### **Health Problem:**

- Diabetes is the sixth leading cause of death in Utah (Utah Death Certificate Database, 2008).
- The prevalence of diabetes increased from 4.1% of the total Utah population in 2005 to 6.1% in 2009 (Utah Health Status Survey: 2005, 2009). Approximately 118,000 Utahns have been diagnosed with diabetes.
- Diabetes was the underlying cause of 539 deaths in 2005 in Utah; it consistently contributes to more than 1,000 deaths a year.
- Approximately 42,000 Utahns with diabetes are undiagnosed (NHANES data applied to Utah population).

### **Program Strategies:**

- State Certification of Diabetes Self-Management Education (DSME) programs to improve quality of care for Type 1, Type 2 and gestational diabetes.
- Development of the Utah Diabetes Practice Recommendations for health care providers.
- Active participation with all Community Health Centers on the HRSA Diabetes Collaborative.
- Health Plan Partnership with public and private health plans as it relates to the improvement of diabetes-specific HEDIS measures.
- Administration of the Utah Diabetes Telehealth Series (UDTS), with a focus on practice change for improved outcomes.
- Partnerships with local health departments, community based organizations and tribal entities to provide local programs for persons with diabetes.
- Development of public awareness campaigns.
- Surveillance and evaluation activities to analyze data, focus interventions and improve outcomes.

### **Program Impact:**

- Improvement in A1C outcomes (a standard measure of Diabetes control) via DSME: 8.09 pre- to 6.99 post-program (1,100 sample size)
- 18 local DSME Programs are certified by the Utah DPCP
- The UDTS has grown from six to 325 unique sites; average monthly attendance has increased from 15 to 122; annual attendance has increased from 54 to 1,863
- Follow-up provider surveys (from three to 15 months post-training) indicate that nearly 20% of participants improved their clinical practice as a result of the UDTS training

### **Making a Difference:**

The Utah Diabetes Telehealth Series (UDTS) was established in 2003 by the UDPCP to improve the knowledge of diabetes health care providers and the clinical practice of diabetes care in Utah. The UDTS is presented monthly and addresses educational needs and professional practice gaps by integrating competencies, standards and evidence-based guidelines. The UDPCP utilizes distance learning technologies to maximize reach, including Telehealth networks, videoconference systems, audio bridges, and web streaming. The program is capable of reaching all levels of providers in rural, frontier, suburban and urban areas. In addition to the measures identified above, successes achieved through the UDTS include:

- The program has expanded beyond Utah, with 25 states now participating.
- Pre/post tests indicate an average 27% increase in knowledge among participants across all topics.
- “Excellent presentation; we saved 7 hours drive time or \$400 airfare by using Telehealth today!” (Anonymous, 2008)
- “Thank you for all of the work you do in providing us the Telehealth Brown Bag Series. I have improved my diabetes care as a result of your program.” (Angelita, Colorado, 2008)

## **Healthy Utah Program**

Program Manager: Kathy Paras, M.S, CHES  
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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.
- Healthy Utah 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.

### **Healthy Utah Strategies:**

- Offer rebates or financial incentives for participation, and to make health improvements.
- Conduct Testing Sessions to measure biometrics and engage members in the rebate program.
- Administer On-line Health Questionnaire to provide personal and agency information on health risks.
- Provide support for on-site Wellness Councils to improve the agency's health environment.
- Conduct Wellness Seminars and monthly Webinars on various health topics.
- Offer Health Challenges using a self-paced model quarterly.
- Provide and maintain myHealthyUtah, the online account management tool for members.
- Provide additional benefits, including free consultations with nutrition and exercise professionals.

### **Program Impact:**

- In 2009, Healthy Utah conducted an analysis of biometric data obtained from of our members. During a 5-year period, there were significant improvements in biometric results. Of members with high readings: 30.6% made improvements in body composition; 20.3% lost weight; 78% improved systolic blood pressure; 74% improved diastolic blood pressure; 42.9% improved total cholesterol, and 28.1% improved HDL levels.

### **Making a Difference:**

- The DCFS Metro Wellness Council has actively engaged its employees in wellness by:
  - Setting up a healthy snack station and offering an annual farmers market;
  - Sponsoring a silent auction to raise funds for fitness equipment;
  - Offering a monthly "Learning Group" focusing on health topics;
  - Sponsoring a Route 66 walking challenge and other walks;
  - Offering a free skin cancer/melanoma screening for employees; and
  - Providing spotlights on three employees who made successful lifestyle changes and posting their stories and pictures on a bulletin board.

### **Quotes from Employees:**

"There is one employee that started out by doing the Wellness Council walks, and now he runs marathons!" *Delayne Heinhold*

"The Wellness Council has motivated people to get moving, eat healthier, relax and stay calm in a sometimes-chaotic environment." *Carma Hemingway*

"This council has made a huge impact on me. Almost two years ago I was about 40 pounds heavier and the activity that got me going was the walk to New York. After that I joined a gym and started to use the stationary bike, then noticed how the pounds around the belt were coming off."  
*Robert Carboni*

## **Heart Disease and Stroke Prevention Program**

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**Health Problem:** Two forms of cardiovascular disease (CVD)—heart disease and stroke—are the first and third leading causes of death, hospital costs and preventable disability in Utah. More than half (54%) of early CVD cases (before the age of 55 years) could be prevented or controlled through healthy lifestyles and policies/environments that promote and support these choices. Despite the fact that major risk factors for CVD are modifiable, a substantial proportion of Utahns are at risk for developing CVD because of their lifestyles and lack of preventive care.

### **Heart Disease and Stroke Prevention Strategies:**

- Increase awareness about the signs and symptoms of stroke and heart attack and their relationship to blood pressure through mass media and grassroots awareness campaigns.
- Work with Emergency Medical Services to implement stroke transport policies to ensure rapid transport to hospitals prepared to treat stroke patients.
- Work with medical clinics to improve the recognition, treatment and follow-up of hypertensive patients.
- Work with health plans to implement blood pressure quality improvement measures within their care systems.
- Partner with Utah businesses to implement policies that will improve the work environment relating to CVH. Examples include: Exercise and/or preventive care exam release time and healthy food at meetings.
- Use data to inform policy makers about the burden of CVD in Utah.

### **Program Impact:**

- 14 hospitals have been verified as Stroke Receiving Facilities (SRF).
- 18 hospitals are using Get With the Guidelines, a stroke quality improvement program.
- 19 hospitals are using Get With the Guidelines, a heart failure quality improvement program.
- 154 patients received educational interventions through our Healthy U project.
- 43 providers attended a health literacy and motivational interviewing training through our Healthy U project.
- 13,770 health plan members were reached by phone with disease management information on knowing your numbers, medication adherence or diet and exercise through the SelectHealth project.
- Approximately 9,115 Spanish-speaking individuals were contacted through grassroots activities.

### **Making a Difference:**

#### ***Jane***

Jane, a 34-year-old woman with long-standing hypertension, was identified as meeting the criteria for inclusion in one of the health plan programs. Jane had recorded blood pressures as high as 140/88 and was being treated with one medication. Jane said she was surprised to find out how much stress can increase blood pressure, and that she understood why it is so important to learn to control it. She found the tips to reduce stress very helpful. Jane began to exercise more, using a treadmill and stationary bike. She altered her diet by eating more healthy foods, including vegetables, and using low sodium and low fat dressings on her salads. She was able to track her blood pressure at home as well as at the doctor's office. She took her medications as prescribed and visited her doctor regularly. Jane's most recent documented blood pressure was 118/68, a reading within the normal range.

## **Physical Activity, Nutrition, & Obesity (PANO) Program**

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### **Health Problem:**

In 2009, the percentage of Utah adults at an unhealthy weight (overweight or obese) was 57.96%, representing a 65% increase over 1989. Though the percentage of obese adults in Utah has remained lower than that of the nation during those years, the rates of increase are following national trends. Additionally, approximately 20% of Utah's elementary school students (2010 data) were at an unhealthy weight and 16.9% of Utah's public high school students (2009 data) were at an unhealthy weight. In 2008, the PANO program received a federal grant to address the problem.

### **Physical Activity, Nutrition & Obesity Program Strategies:**

- Mobilize partners to implement strategies in Utah's Ten-year Nutrition & Physical Activity State Plan (2010 – 2020). The plan includes strategies involving worksites, schools, communities, healthcare, government and the media. It presents opportunities to develop policies and modify the environment to enable Utahns to make healthy choices.
- Monitor and report trends in obesity and related behavioral risk factors including physical activity, consumption of fruits and vegetables, consumption of sugar-sweetened beverages and high calorie foods, television viewing and breastfeeding.
- Provide support to all 12 local health departments for physical activity- and nutrition-related initiatives.
- Manage the Gold Medal Schools Program which provides incentives, resources and training to help elementary schools create healthy environments where students and staff are given opportunities to be active, eat healthfully and stay tobacco free.

### **Program Impact:**

- There are 382 Gold Medal Schools in Utah. More than one-third of these are Title I schools.
- To date, 4,117 school policies and 6,586 environmental changes have been established in participating Gold Medal Schools. Policies include requiring 90-150 minutes of structured physical activity per week, non-food rewards, teacher/faculty/staff wellness programs, safe routes to school, and Gold Medal Mile™ walking routes.
- A Ten-year Nutrition and Physical Activity State Plan has been developed. Five workgroups meet regularly.
- Disseminated information to partners about current national and statewide trends in breastfeeding, physical activity, fruit and vegetable consumption, and the association between chronic conditions and obesity.
- Awarded *A Healthier You* Community Awards.
- Partnered with Utah Department of Transportation, Violence and Injury Prevention Program, and Safe Routes to School on a Walk to School Day promotion.

### **Making a Difference:**

Burton Elementary has participated in the Gold Medal Schools (GMS) program for the past two years and achieved the Gold level. To fulfill program criteria, teachers at Burton Elementary help ensure students receive 90-150 minutes of structured physical activity weekly. Many of the teachers walk the Gold Medal Mile™ (GMM) with their students and ask parents to come to school and walk with students when they are unable.

One teacher has noticed the positive changes resulting from the physical activities. She said, "I have noticed that my students are much more attentive when they have had enough exercise. They are alert and ready to learn. The benefits from this program are very positive in an educational setting." Another teacher noted how her students' endurance has improved because of the Gold Medal Mile™ walking program. She stated, "Our class enjoys the walk and we are all healthier for doing it."

**Tobacco Prevention and Control Program (TPCP)**  
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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 the amount Utah spends on anti-tobacco programs.

**Tobacco Prevention and Control Program Strategies**

Sustained, consistent, multifaceted efforts include:

- Local health department, school, and community-based efforts that prevent tobacco initiation, 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; and
- Efforts to ensure that those at higher risk for tobacco use have access to tailored services.

**Program Impact**

- Since 2001, illegal tobacco sales to underage youth during compliance checks declined by 62% to the lowest recorded level—6.2%—in FY2010. With TPCP guidance, local health departments educated nearly 1,000 Utah retail clerks about Utah's tobacco access laws.
- During FY2010, nearly 11,000 Utahns used TPCP-funded tobacco cessation services tailored for adults, teens, and pregnant women, including low-income, uninsured and Medicaid insured clients. These quit services greatly increased tobacco users' quit success.
- In FY2010, the telephone Utah Tobacco Quit Line served an average of 525 Utahns per month with free counseling and tailored quit information. Since 2001, more than 58,000 Utahns have registered.
- TPCP has trained 15 of Utah's 20 Safety Net Medical and Dental clinics in how to help patients quit using tobacco. These clinics serve low-income patients with economic and other barriers to care.
- Since 2002, 19 of Utah's 41 school districts (serving more than 216,000 students in 361 schools) worked with TPCP and local health departments to strengthen tobacco education, policies and enforcement.
- TPCP and partners helped 22 worksites, 9 healthcare entities, 17 outdoor venues, two school districts, and two public housing authorities pass policies in FY2010 to reduce secondhand smoke exposure.

**Making a Difference**

- "I believe Quitnet literally saved my life," wrote Rose, a QuitNet user from southeast Utah in May 2010. "I smoked for 36 years and if not for the support that I received from the State giving me access to this website, I may not have ever been successful. I have been smoke free for five years and two months now and am deeply grateful."
- Since Master Settlement Agreement (MSA) funds were allocated to the TPCP in 1999, Utah's smoking rates among adults, youth and pregnant women have declined by about one third.
- Children's exposure to secondhand smoke in their homes has declined by two thirds since 2001.
- At 5%, the smoking rate among pregnant women is at its lowest recorded level (2008, PRAMS).

## **Violence and Injury Prevention Program (VIPP)**

Program Manager: Trisha Keller, MPH, RN

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### **Health Problem:**

- Injury is the leading cause of death among Utahns ages 1-44.
- On average, 1,450 Utahns die, 11,000 are hospitalized, and 174,000 are treated in emergency departments because of injury each year.
- In 2008, total ED and hospital charges for the treatment of injuries exceeded \$430 million.
- In 2008, the top five causes of injury-related death in Utah were poisoning, motor vehicle crashes, firearms, falls, and suffocation.
- Nearly one in three Utah women will experience some form of sexual violence during their lives.

### **Violence and Injury Prevention Program Strategies:**

- Collect, assess, and distribute data on the impact of violence and injury on Utahns.
- Convene and work with a wide array of partners in both the private and public sectors to address injuries in a coordinated manner, to develop a statewide injury and violence prevention plan, and to then work with those partners to implement the plan.
- Provide contract funds to eight community-based organizations to implement rape/sexual assault primary prevention activities throughout Utah.
- Provide contract funds to 12 local health departments to implement injury prevention activities to reduce motor vehicle-related injuries and fatalities throughout Utah, including Safe Kids Car Seat Checkpoints with car seat distributions to needy families and Teen Traffic Safety efforts in targeted high schools, etc.

### **Program Impact:**

- 96,535 downloads of the *Utah Violence and Injury Small Area Report* (since February 8, 2010).
- Reduced the median number of months from date of death to incident completion of cases in the Utah Violent Death Reporting System from 13 months in 2007 and 2008 to 11 months in 2009.
- Checked and distributed 1,879 child safety or booster seats to families in need in FY2010.
- Increased to 70% motor vehicle seatbelt use among teens ages 15-19 years in targeted high schools.

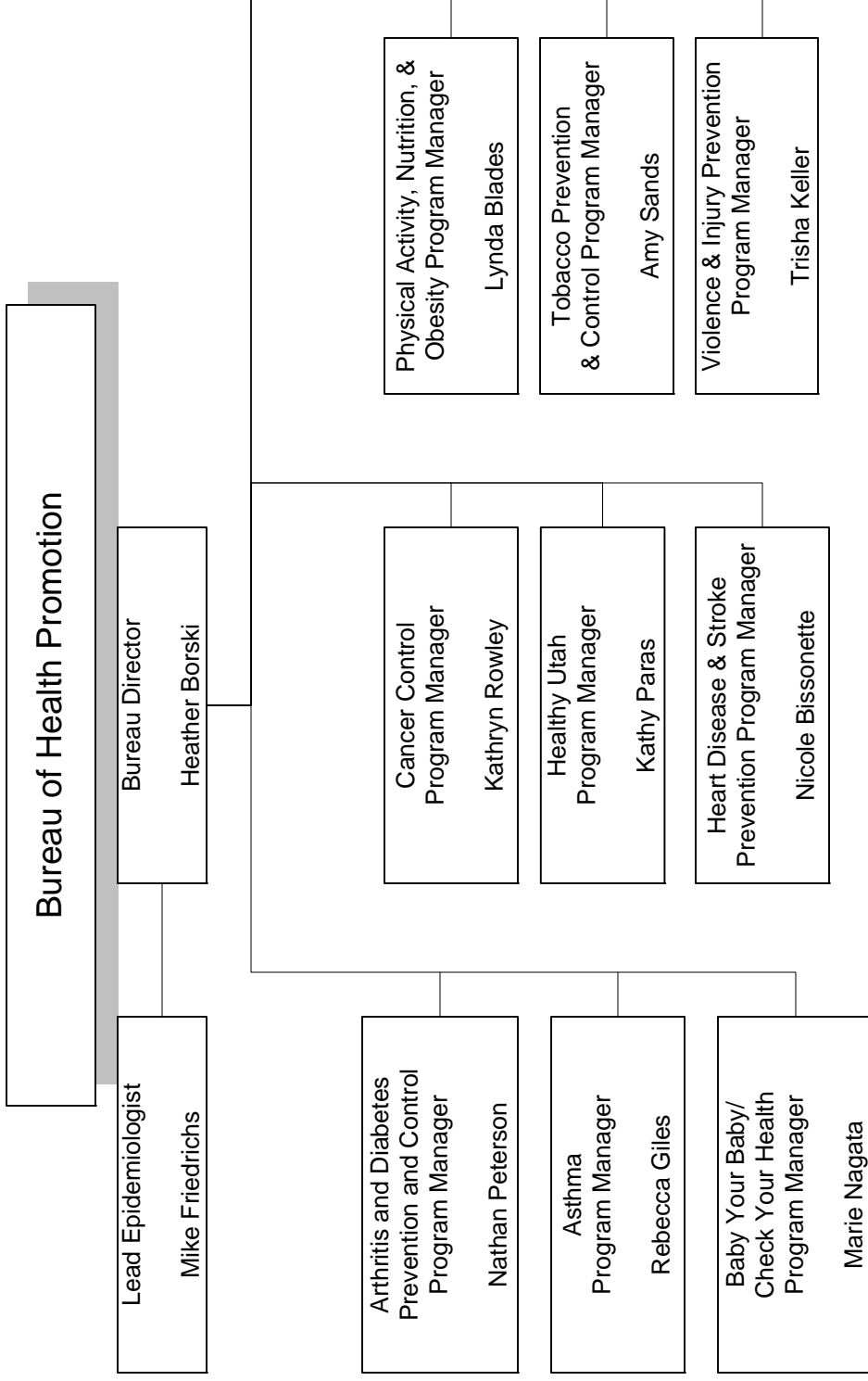
### **Making a Difference:**

Have you ever wondered whether your town has more suicides than others? Whether more residents are involved in motor vehicle crashes? Just check the *Utah Violence and Injury Small Area Report* (<http://health.utah.gov/vipp>). It is the first report to summarize data on 17 different injury-related topics by "small areas" across the state. "Small areas" refers to a set of 61 geographic areas grouped by ZIP code in Utah. These areas are especially useful for assessing health needs at the community level and targeting programs to those at greatest risk for injury.

The report was hugely successful, generating an overwhelmingly positive response from local media. Fourteen media contacts were made to the VIPP about the report. Reports were done by KSL TV, Fox 13, KSL Radio, Associated Press, Salt Lake Tribune, Provo Daily Herald, and the Salt Lake County Mayor's Office.

Injury prevention staff members at Utah's 12 local health departments have also begun to use the report in prioritizing strategies to better meet the needs of their community members. These priorities are being reflected in contracts during this fiscal year.

# DIVISION of DISEASE CONTROL AND PREVENTION



## Bureau Coordination Work Groups

