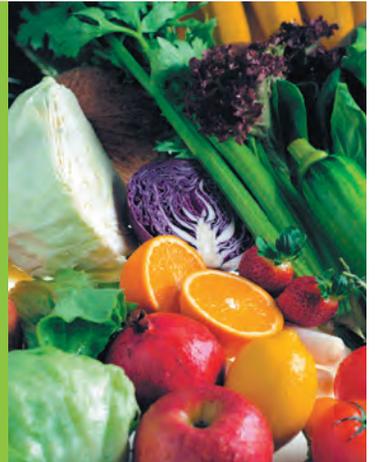
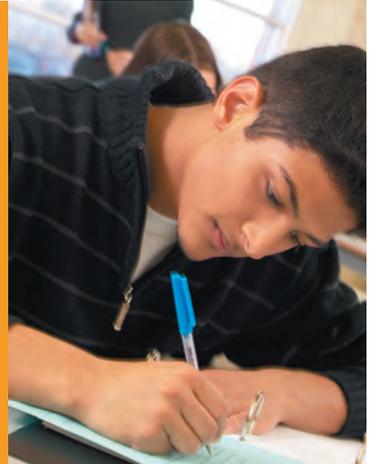


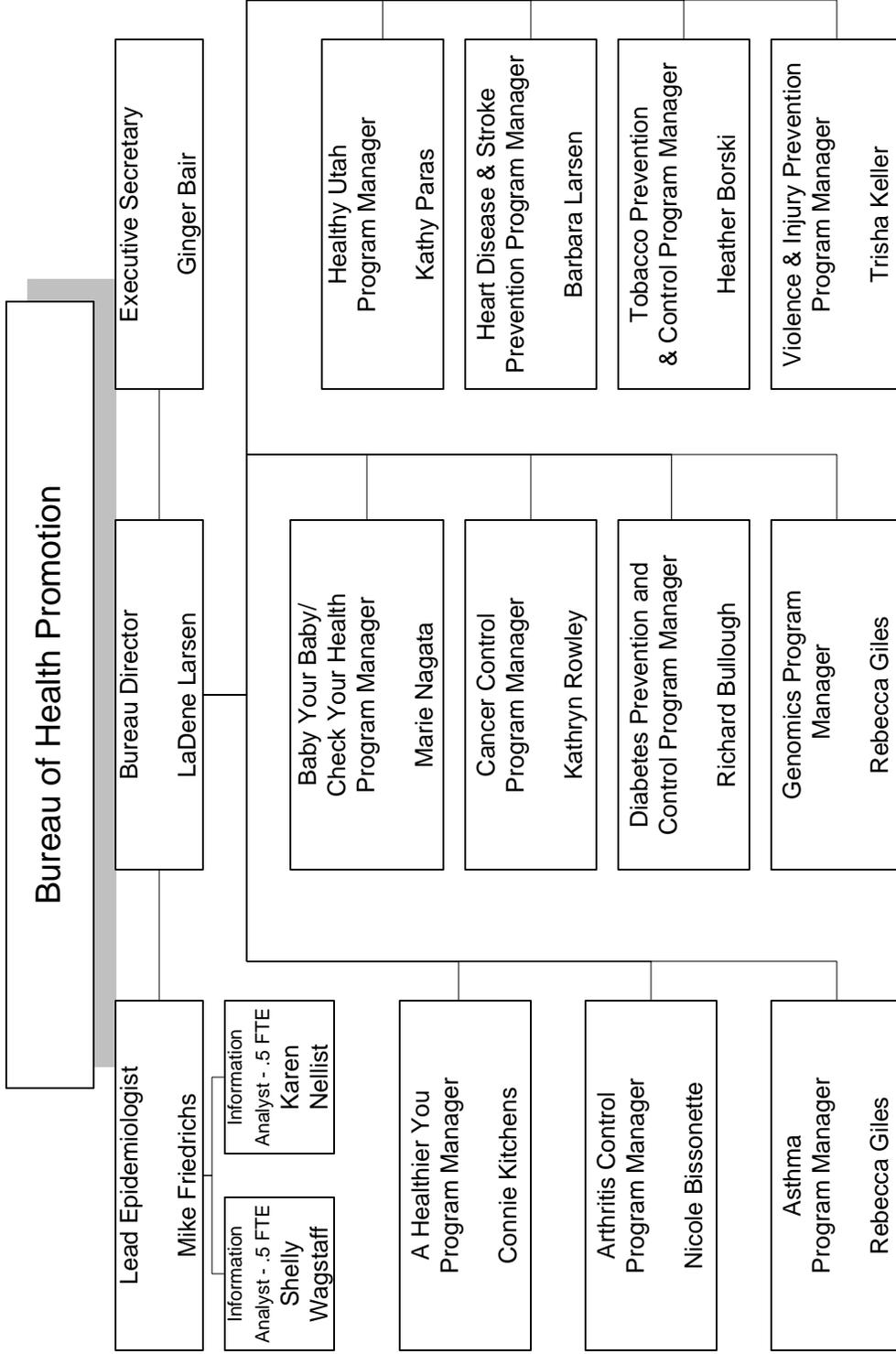
Bureau of Health Promotion

Utah Department of Health



Fostering a culture of health in Utah
www.health.utah.gov/bhp

DIVISION of COMMUNITY & FAMILY HEALTH SERVICES



Bureau Coordination Work Groups



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

Bureau Director: LaDene Larsen, 538-2660, ladenelarsen@utah.gov

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 26-5-1 through 4, and Chapter 26-7-1.

How does the Bureau help meet the Department's Vision?

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

The Bureau of Health Promotion's programs focus on delivering effective services with partners in community, school, worksite, and health care settings. The programs include: 1) 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 and Utah Council for Worksite Health Promotion; 9) Heart Disease and Stroke Prevention; 10) Tobacco Prevention & Control; and 11) Violence & Injury Prevention.

Bureau Administration Funding (FY 2007)

Total Funding (State - Utah Tobacco Settlement Restricted Account): \$314,300

A Healthier You Legacy Awards Program

www.health.utah.gov/ahy

Program Coordinator: Connie Kitchens, 538-8291, ckitchens@utah.gov

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 began when partnering health agencies identified goals that were synergistic with the Olympics and personal health. Specific and comprehensive organizational policy information and resources were outlined for four main target populations: schools, worksites, communities, and campuses. These criteria are used to promote, protect, and improve the health and well-being of individuals in the areas of healthy behaviors, nutrition, physical activity, preventive services, and safety.

Post-Olympics, AHY continues to build on the partnerships and momentum established prior to the Games by maintaining the Healthy Awards Program.

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' Division of Mental Health and Substance Abuse, local health departments, Gold Medal School Initiative, Utah Council on Worksite Health Promotion, Utah university and college campuses, Utah League of Cities and Towns, Intermountain Health Care, Regence BlueCross BlueShield of Utah.

Program Funding (FY 2007)

State (TSRA):	\$ 6,300
State:	6,200
Federal (via DHS):	30,000
Total Funding:	\$42,500

Arthritis Program

health.utah.gov/arthritis

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

Health Problem

- Over one of five Utah adults (22%, 342,000) has doctor-diagnosed arthritis (25% of females, 19% of males).
- White non-Hispanic adults are more likely to report doctor-diagnosed arthritis (23%) when compared to Hispanic adults (13%).
- An additional 17 percent of Utah adults (259,000), who do not have doctor-diagnosed arthritis, have possible arthritis as indicated by chronic joint pain (2002 BRFSS).
- While prevalence increases with age, the majority of Utah adults with arthritis are under the age of 65 years.
- In Utah, arthritis is a leading cause of disability, activity limitation, and poor health.

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 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, 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.

Program Funding (FY 2007)

The Program is funded 100% by the National Centers for Disease Control and Prevention

Total Funding: \$265,000

Asthma Program

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 Utah, children ages 17 and under who report that they have asthma increased from 4.97% in 2001 to 7.98% in 2004.
- There are currently over 200,000 Utahns of all ages suffering from asthma, approximately 9% of the population.
- In Utah in 2004, there were 1,503 hospitalizations for asthma, with children under the age of 18 accounting for 48%. Costs for Utah hospitalization in 2004 amounted to almost \$10,300,000.

Intervention Strategies

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

- Developed and maintains an asthma surveillance system
- Conducts statewide needs assessments for schools and worksites
- 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, in the following areas:
 - **Providers** – Developed a pediatric module for the Medical Home Project and when pilot-tested, will market this module to family practice physicians and pediatricians statewide.
 - **School Issues** – Developed an Asthma School Resource Manual and trained faculty and staff in over 150 schools. Developed parent education packets. Developed an online training program for coaches and PE teachers.
 - **Public Awareness** - Developed an awareness campaign of the asthma inhaler law when it was passed in 2004. They also developed radio spots to increase asthma awareness in adults, aged 18-64, which are currently airing on KSL radio.
 - **Risk Factors** – 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.
 - **Data and Monitoring** – Analyzed the various data sets associated with asthma, provides the data to various stakeholders, and conducted a gap analysis that showed that Utah needed more information about asthma in the school setting. Subsequently, data collected from a random sample of schools statewide is providing partners with additional information to help design interventions.

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

Program Funding (FY 2007)

The Program is funded 100% by the National Centers for Disease Control and Prevention
Total Funding: \$335,000

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 76.9% of Utah women receive adequate prenatal care.
- Over half (56.4%) 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, the local CBS affiliate
- Intermountain Health Care (IHC)
- Citadel (radio broadcaster)
- Univision (Spanish language TV)
- Bustos Media (Spanish language radio)
- Other UDOH Programs

Program Funding (FY 2007)

Health Resource Line

State General Fund –	\$332,300
CHIP Funding –	80,000
Medicaid Match –	353,700

Baby Your Baby Media Campaign*

IHC –	50,000
Medicaid match –	250,730

Check Your Health Media Campaign*

IHC –	100,000
Medicaid match –	21,580

Total Funding: \$1,188,310

*KUTV, Citadel Broadcasting, Univision and Bustos Media provide in-kind match as part of the partnership: KUTV – \$852,000; Citadel Radio – \$200,000; Bustos Media Radio – \$40,000; Univision – \$40,000

Total In-Kind: \$1,132,000

Cancer Control Program

www.utahcancer.org

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 2002, there were 6,957 new cases of cancer diagnosed and 2,360 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 2002, 222 women died of breast cancer and 1,043 new cases of cancer were diagnosed.
- Cervical cancer is also a cause of morbidity and mortality for Utah women. In Utah during 2002, there were 68 new cases of cervical cancer detected and 15 deaths due to cervical cancer.
- Many other cancers contribute to the mortality rate.

The Utah comprehensive cancer control plan 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 organization and other groups who work together to reduce cancer incidence and mortality for all Utahns.
- Implement the goals and objectives of the State Cancer Plan, 2006 to 2011.
- Provide low cost or free breast and cervical cancer screenings (including mammograms) to medically under-served women;
- Provide public and professional education about the need for early detection and availability of screening services;
- Develop and use a statewide surveillance system to plan and evaluate screening and education efforts.

Partners

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

Program Funding (FY 2007)

Breast and Cervical Cancer Program -

o State Funds (TSRA):	\$ 496,000
o Federal:	2,051,862
Comprehensive Cancer – Federal:	300,000
Colorectal Media – Federal:	330,000
Prostate Media – Federal:	310,000
Ovarian – Federal:	63,000
Total Funding:	\$3,550,862

Diabetes Prevention and Control Program

health.utah.gov/diabetes

Program Manager: Richard Bullough, PhD., 538-9291, rbullough@utah.gov

Health Problem

- 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 over 20,000 (22,626) discharges for diabetes in 2004, with nearly one-fourth of discharges (5,364 discharges) listing cardiovascular complications as the primary reason for admission
- in-patient hospital discharges for lower-extremity amputations, 1,729 for renal complications, 772 for diabetes-related eye disease, and 791 for acute complications
- Diabetes was the underlying cause of 539 deaths in 2004 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)

Program Funding (FY 2007)

The Program is funded 100% by the National Centers for Disease Control and Prevention

Total Funding: \$905,300

Chronic Disease Genomics Program

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, the UDOH Genomics Workgroup receives training 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.
- 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

Program Funding (FY 2007)

The Program is funded 100% by the National Centers for Disease Control and Prevention
Total Funding: \$200,000

Heart Disease & Stroke Prevention Program

www.hearhighway.org

Program Manager: Barbara Larsen, 538-6228, barbaralarsen@utah.gov

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

Local Health Departments, SelectHealth, Molina Health Care, American Heart Association, State Office of Education and Local School Districts, University of Utah Health Sciences Center, Utah Trails Association, Utah Parks and Recreation, Utah Dairy Council, Utah Department of Transportation, Bureau of Emergency Medical Services, Action for Healthy Kids Coalition, A Healthier You.

Program Funding (FY 2007)

State (TSRA):	\$ 348,500
Federal (CDC):	1,126,035
IHC Corporation:	300,000
Total Funding:	\$1,774,535

Healthy Utah
www.healthyutah.gov

Program Manager: Kathy Paras, 538-6242, kparas@utah.gov

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 Dietitians, 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

Program Funding (FY 2007)

One hundred percent of the Program's funding comes from Public Employees Health Plan
Total Funding: \$835,543

Tobacco Prevention and Control Program

www.tobaccofreeutah.org

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 **\$63.7 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 2004, Utah's adult smoking rate reached its lowest level since health surveys started to measure smoking behaviors. With a 2005 smoking rate of **11.5%**, 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 **18%**.
 - 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 **23%** (from 8.2% in 1999 to 6.3% in 2004).
 - Child exposure to second-hand smoke in the home declined by **53%** (from 6.0% in 2001 to 2.8% in 2005).
 - 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,
 - and efforts to ensure those at higher risk for tobacco use have **access to tailored services**.

Partners

- 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

Program Funding (FY07)

Utah Tobacco Settlement Restricted Account:	\$4,110,200.00
Cigarette Tax Restricted Account:	\$3,131,500.00
Centers for Disease Control and Prevention:	<u>\$1,349,351.00</u>
Total:	\$8,591,051.00

Utah Council for Worksite Health Promotion

www.health.utah.gov/worksitewellness

Program Manager: Kathy Paras, 538-6242, kparas@utah.gov

Health Problem

Preventable illness makes up approximately 70% of the total health care costs. Because much of these costs are linked to health habits, it is possible for employers to take aggressive action toward reducing health care utilization and containing costs by implementing a health promotion program (Employee Benefits News, 1997). Further,

- According to the National Coalition on Health Care, the premiums for employer based health care insurance rose by 11.2% in 2004, the fourth consecutive year of double-digit increases for all types of health plans – including health maintenance organizations (HMOs), preferred provider organizations (PPOs) and point of service plans (POS);
- Between 2001 and 2003, increases for national spending for prescription medications averaged 14%;
- Employee spending for health insurance coverage has increased 126% between 2004 and 2004; and
- Health insurance premiums will rise to an average of more than \$14,500 for family coverage in 2006.

Intervention Strategies

- Work cooperatively with businesses, government agencies, and organizations to encourage and assist them in providing health promotion programs to employees.
- Conduct an annual worksite health promotion conference for businesses
- Recruit and recognize business participation in A Healthier You Healthy Worksite Awards Program
- Facilitate collaboration with and among Utah businesses for worksite health promotion
- Serve as a clearinghouse for resources, programs and information on worksite health promotion.

Partners

The Utah Council for Worksite Health Promotion (UCWHP) is a collaboration with partner, Regence BlueCross BlueShield of Utah, private and public businesses throughout the State, and the Utah Department of Health.

Program Funding (FY 2007)

Federal (CDC):	\$ 40,000
Regence BlueCross BlueShield of Utah:	<u>62,000</u>
Total Funding:	\$102,000

Violence and Injury Prevention Program

health.utah.gov/vipp

Program Manager: Trisha Keller, M.P.H., R.N., 538-6865, trishakeller@utah.gov

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

Program Funding (FY 2007)

The Violence and Injury Prevention Program receives no state funds and is federally funded through the following major grants:

- Maternal and Child Health Block Grant (HRSA)
- Preventive Health and Health Services Block Grant (CDC)
- Core Injury Surveillance Cooperative Agreement (CDC)
- Utah Department of Public Safety, Office of Highway Safety
- Traumatic Brain Injury Cooperative Agreement (CDC)
- Sexual Assault Prevention and Education Cooperative Agreement (CDC)
- National Violent Death Reporting System Cooperative Agreement (CDC)

Total Funding: \$1,654,000