Our community vision...

*To make Salt Lake County
the healthiest county
in the United States*

COMMUNITY HEALTH IMPROVEMENT PLAN   **2013–2017**

Last updated July 12, 2013

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**SALT LAKE
COUNTY
HEALTH
DEPARTMENT**

Table of Contents

TRANSMITTAL LETTER

How can a single individual stem the tide of obesity in Salt Lake? How could one organization change the way mental health issues are perceived and responded to by an entire county? It may not be possible for a singular force to influence the multi-faceted health problems Salt Lake County (SLCo) faces; however, if those fighting for change coordinate their efforts, a change could be made.

In response to these complex problems, a collaborative and focused approach is underway to improve the health of SLCo and its residents. Representatives of local and state government agencies, social service organizations, non-profit organizations, universities, local businesses, hospitals, and concerned community members have banded together to provide their expertise, resources, and influence.

As in many other areas, the health needs of SLCo residents far outstrip capacity. However, much progress can be made by working together with committed community partners on specific projects. We can leverage our resources and improve our product by working jointly as community partners on common issues. By leveraging our resources, and through creative collaborations with partners, duplication of services can be reduced enabling programs to reach a greater number of SLCo residents.

This Community Health Improvement Plan is the second logical step in a three step process. Initially we conducted a Community Health Assessment based on both qualitative data and quantitative date. Focus groups were conducted with residents from six geographic areas in the county, community, professional and business partners, and representatives from three ethnic groups. Focus groups were recorded, transcribed, and analyzed. Upon review of the results, themes and constructs were developed that provided a model to better understand the individual, system, and environmental factors influencing health in SLCo. In addition we reviewed demographic and health data on critical indicators. The data was analyzed by comparing the small areas within SLCo to each other, the county as a whole, the state, and the nation using HP 2020 targets as benchmarks.

We intend this plan to be a community health improvement plan, not a Salt Lake County Health Department improvement plan. Although the SLCoHD is taking the lead to initiate this process, the intent is to join with other community partners to determine needs, identify resources, and develop joint strategies to meet those needs.

Stephen Alder, PhD
Chair, MAPP Steering Committee
July 30, 2013

EXECUTIVE SUMMARY

On October 18, 2012 the Salt Lake County Health Department transitioned from the completed Community Health Assessment (CHA) to the next phase: the development of a Community Health Improvement Plan (CHIP). Now that the data have been analyzed, we need to put it to good use.

Community Collaboration Workgroups Formed

Building upon our collaborative efforts during the CHA, we invited the participants from prior focus groups (over 200 individuals representing residents, health professionals, special interest groups, educators, health insurance companies, policy makers, clergy, funders and elected officials), to the initial CHIP planning meeting held October 18, 2012. The first item on the agenda was sharing the results of the CHA. The participants were asked to continue their active involvement by participating in workgroups related to the priority areas identified in the CHA

Each workgroup was asked to discuss projects their agencies are currently or planning to work on; identify who else should be included in the workgroup; brainstorm projects they could collaboratively undertake; and select two projects they believe they could complete. Some of the groups noted they are already participating with other community groups and recommended that we build on and further existing work. The workgroups and their projects are more fully discussed in the body of this plan. The workgroup process was largely successful, as diverse participants noted similar interests and projects. Some of the groups are continuing to meet; each group has reached out to the broader community for support. Workgroup members also identified a lack of communication among the various groups. For example, one workgroup identified four projects, all targeting the same school and no one knew of the others' existence.

As should be expected some workgroups are further along than others. In addition, each group has adopted a slightly different model in their approach; some prefer to initiate new initiatives while others plan to work with established collaborations.

Priority Areas Identified

The six priority areas and planned projects are as follows:

Air Pollution
➢ Project 1: Implement a public education campaign addressing mobile sources.
➢ Project 2: Implement the *What's My Impact?* program for non-point sources.

Water Quality
➢ Project 1: Maintain Salt Lake County septic systems.
➢ Project 2: Reduce human and animal waste contamination.
➢ Project 3: Address standing water in Salt Lake County.

➢ Project 4: Address water hazards in Salt Lake County.

Chronic Disease and Obesity
➢ Project 1: Promote active transportation.
➢ Project 2: Promote healthy food availability among underserved populations.
➢ Project 3: Improve physical education environments in Salt Lake County Schools.
➢ Project 4: Improve Salt Lake County school eating environments.

Infectious Disease
➢ Project 1: Determine adult (ages 19+) immunization for coverage of Tdap and Influenza vaccines.
➢ Project 2: Provide vaccine information at the Salt Lake County agency new hire orientations.
➢ Project 3: Partner with current workgroups who are working with school districts to have an adult immunization requirement.
➢ Project 4: Evaluate current immunization campaigns.

Maternal and Child Health
➢ Project 1: Promote a healthy post-partum weight in mothers and children.
➢ Project 2: Promote a healthy pregnancy.
➢ Project 3: Promote preconception health.
➢ Project 4: Promote culturally appropriate outreach.

Mental Health and Substance Abuse
➢ Project 1: Improve school-based mental health education.
➢ Project 2: Increase UNI CrisisLine awareness among first responders.
➢ Project 3: Provide multi-lingual mental health services.

The MAPP Process

To help maintain the momentum created by the workgroups, the SLCoHD implemented a community-driven planning process entitled Mobilizing for Action through Planning and Partnerships (MAPP) to foster cooperation and collaboration among partners. The first step in this process was to form a Steering Committee composed of area leaders. The Steering Committee is composed of the following people:

➢ SLCo Board of Health member and the University of Utah Graduate Programs in Public Health director (Chair)
➢ United Way of Salt Lake senior vice president of collective impact (Co-Chair)
➢ Sandy City Healthy Communities chairman (a grassroots organization of committed citizens working to improve their community)

- Utah State Representative (representing one of the municipalities with many health needs)
- Community Health Center director
- Intermountain Health Care CEO of the Urban Central Division(a non-profit health care system)
- Salt Lake County Department of Human Services deputy director & Calvary Baptist Church Pastor
- Salt Lake County Diversity Director
- Murray School District Assistant Superintendent

Membership on the Steering Committee will be modified as needs change. The Committee has met twice, is scheduled to meet in September 2013, and tentatively plans to meet quarterly. The committee has the charge to oversee and guide the workgroups, facilitate the MAPP process, and assist in the implementation of the Community Health Improvement Plan.

Quality Improvement

Quality Improvement (QI), a systematic approach to improving agency processes, and a functioning CHIP go hand in hand. The SLCoHD officially adopted QI as a major initiative and has, as of this writing, completed over ten projects. We see QI as a powerful tool to help improve processes.

The CHIP is already having an Impact

The goal of any plan is to describe and guide actions that will lead to the intended change. The CHIP's goal is to stimulate and drive action. Although not fully implemented, the SLCo CHIP is already having an impact. For example, the implementation of a MAPP process, forming functioning workgroups, increased community partnerships, and an active QI process are evidence that the SLCo Community Health Improvement Plan is having an impact and is being implemented.

INTRODUCTION

How can a single individual stem the tide of obesity in Salt Lake? How could one organization change the way mental health issues are perceived and responded to by an entire county? It may not be possible for a singular force to influence the multi-faceted health problems Salt Lake County (SLCo) faces; however, maybe if those fighting for change coordinate their efforts a change could be made.

In response to the complex problems identified by a Community Health Assessment, a focused collaborative approach has been undertaken to improve the health of Salt Lake County residents. Partners from government agencies, social services, non-profits, universities, businesses, hospital systems, faith-based groups, and concerned community members have banded together to provide their respective expertise, resources, and influence.

> *"Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed it is the only thing that ever has."*
>
> *-- Margaret Mead*

Utah is generally a very healthy state. Salt Lake County, Utah's largest county, accounts for about 40 % of the population. Although Salt Lake County is generally healthy, there are some areas that are healthier than others; where you live can impact how long you live and the quality of that life. For example, the average life expectancy in Salt Lake County ranges from a high of 84.3 years in the Foothill/University of Utah area to a low of 74.5 years in the South Salt Lake area, a short six miles away.

The mission of this plan is twofold. First, the Community Health Improvement Plan will utilize the data generated from the Community Health Assessment to strategically focus on public health problems that impact the county as whole as well as unique challenges that affect specific neighborhoods and secondly, provide a catalyst for community partners to work together on mutually beneficial projects.

Community Health Assessment Background

Between 2010 and 2012, the SLCoHD formed a team with the goal to combine their knowledge, insights, and experience to create Salt Lake County's first comprehensive *Community Health Assessment*, known as the CHA. The CHA was created through "a collaborative process of collecting and analyzing data into information for use in educating and mobilizing communities, developing priorities, garnering resources, and planning actions to improve the population's health".[1]

Input was sought from the community at large including neighborhood leadership, community residents of various ages and ethnicities, and partners who provide services to

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[1] Public Health Accreditation Board. "Public Health Accreditation Board: Standards & Measures Version 1.0." phaboard.org. http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf (accessed July 2, 2013).

the community. Partners included elected officials, health care providers, employers, religious leaders, and representatives from charitable foundations, community organizations, ethnic organizations, nursing schools, emergency response, and environmental health. See Appendix A for a full list of participants.

In total, 22 focus groups were conducted with over 200 participants from six sections of the county. To enhance diverse perspectives initially missing from the focus groups three additional focus groups were conducted: Refugee, Spanish Speaking, and Native American.

The partner community leader focus groups were the largest and were used to determine the priority areas as we moved forward. Two focus groups were held with community leaders. The charge of the first focus group was to identify and discuss public health issues. Eighty-six people attended representing a wide array of partners, including city mayors, representatives from clinics serving low income residents, educators and students from major universities, a dentist, and a wildlife biologist. The second meeting, one month later, was designed to distill the numerous issues identified during the first community and partner focus groups to a manageable number; prioritize the issues, and begin to identify solutions to the issues. This meeting was attended by 58 professionals, many from the first participant focus groups. At this meeting the group identified six priority areas. Prioritization was accomplished using a cumulative voting process. The six priority areas identified are

➢ Air Pollution
➢ Water Quality
➢ Chronic Disease and Obesity
➢ Infectious disease
➢ Maternal and Child Health
➢ Mental Health and Substance Abuse

These became the areas of focus as we transitioned into the development of this Community Health Improvement Plan (CHIP).

The CHA has and will continue to guide the work undertaken by these workgroups. A copy of the CHA can be found on the Salt Lake County Health Department's website at http://www.slcohealth.org/pdf/2013CHA_Final.pdf, and will be updated in three years.

Description of the CHIP Process

As the CHA report neared completion, we transitioned into development of the CHIP. To facilitate the transition we organized a third meeting, and invited all of the participants from the prior meetings and others as appropriate. The first half of the meeting was devoted to a discussion of the findings from the CHA, the second half focused on initiating the workgroups and beginning open communication and collaboration with our community partners.

Participants self-selected into workgroups and were given the pertinent sections of the CHA to help inform their decisions about their goals and objectives. The workgroups were asked to identify any collaborative projects they were currently working on, brainstorm and prioritize potential collaborative projects, and identify any other potential partners that were not represented.

The MAPP Process

The MAPP process is just beginning. Two meetings have been held. During the first meeting the Steering Committee members were oriented to the MAPP process; during the second, members were oriented to each workgroup's progress. As the process matures, our overarching goal is to have self-sufficient groups of community partners, assisted by SLCoHD subject matter experts and administrative support, working together to ameliorate health problems in Salt Lake County under direction of a steering committee of community leaders.

The strategy selected to achieve this goal is the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a community-driven planning process to improve public health. Priority Area Workgroups will actively communicate, collaborate, and coordinate with area partners regarding resources and programs to minimize duplication and maximize use of limited resources. A steering committee of community leaders has been placed in charge of managing and guiding the work done by the various workgroups. The roles of the Steering Committee include:

- ➢ Planning
    - o Attend meetings
    - o Brainstorm approaches to implementing MAPP in the community
    - o Identify entities responsible for conducting the MAPP Process
    - o Identify resources
- ➢ Marketing
    - o Publicize the accomplishments of the MAPP workgroups
    - o Recruit new partner organizations and community members
- ➢ Implementation
    - o Hold regular meetings
    - o Oversee workgroups
    - o Provide support and resources as needed

The MAPP Steering Committee is designed to be a high level organization composed of area leaders. We are attempting to increase the membership in the Steering Committee to broaden the sectors represented. Membership will be adjusted over time, based on expertise to support projects chosen by the workgroups. Currently, the Steering Committee is composed of the following people:

Stephen Alder	Gordon Johnson	Dexter Pearce
University of Utah Graduate Programs in Public Health	*Healthy Sandy Partnership*	*Community Health Centers Incorporated*
Bill Crim	Roderic Land	Angela Romero
United Way	*Salt Lake County Calvary Baptist Church*	*Utah State Legislature*
Larry Hancock	Robert McDaniel	Rebecca Sanchez
Intermountain Healthcare	*Murray School District*	*Salt Lake County Centers, Inc.*

Together, the workgroups and steering committee form a diverse and powerful group aiming to improve the health of Salt Lake County residents. The organizational structure of these groups can be seen in Figure 2.

Figure 2. Organizational structure.
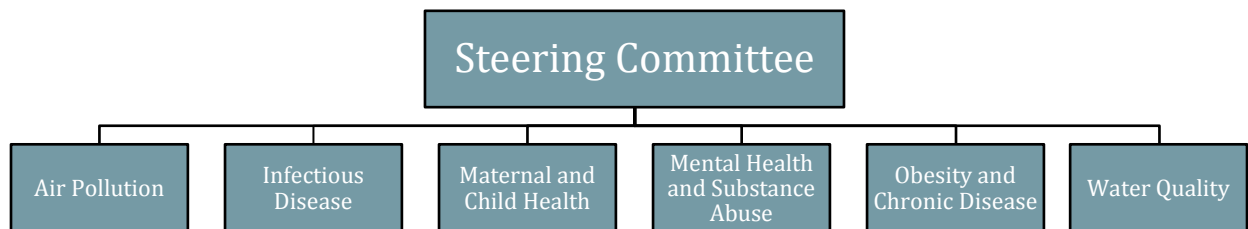
Although workgroups were lead initially by SLCoHD staff, the goal is to have community partners emerge and assume responsibility for leadership of the workgroups. However, SLCoHD staff will continue to be active participants throughout the process.

PROGRESS TO DATE AND PLANNED FUTURE ACTIONS

In addition to the actions taken to implement initiatives from the individual projects, there have been a number of actions taken related to implementing the MAPP process. These actions will be discussed in the narrative for each project below. This effort has, in many ways, helped the SLCoHD to further develop collaborations with partners. Recognizing the need to collaborate and work more closely with our partners is perhaps the single most significant evidence of progress spurred by the development of this effort. In addition this process has stimulated a change in the way we do business. Specifically the activities that have been implemented include the following:

➢ Formed workgroups composed of community partners with the goal to work collaboratively on identified, do-able projects.
➢ Implemented a MAPP Process.
  o Organized a steering committee composed of community leaders to oversee the workgroups.

- o Trained the Steering Committee on the MAPP process.
- o Held two meetings to date.
- ➢ Implemented a Quality Improvement (QI) Process.
  - o Completed six QI projects, the most significant of which is a review of the culture of quality which revealed issues associated with communication and trust. Those issues are now being worked on. Furthermore, an additional 12 projects are underway.
  - o Identified, by each division, a minimum of two projects to complete.
  - o Formed a QI Council, with each division represented by two employees serving staggered two year terms.
  - o Trained selected staff on QI methods.
  - o Developed a QI Council charter.
  - o Assigned the Department's upper management team to oversee QI process.
- ➢ Implemented a City Liaison Program. Management staff has been assigned to work directly with the Mayor of their city or a nearby city. This effort has improved communication between the Department and the cities, as now each Mayor personally knows who they can contact for immediate public health assistance.

We believe that all of these initiatives and those of the workgroups will have a positive impact on the health of Salt Lake County residents.

Alignment of the CHIP and State and National Priorities

National Priorities

In developing the CHA we relied heavily on three documents to examine how Salt Lake County compares with other counties in the state and nationally. The first two are primary report cards. The third, *Healthy People 2020* (HP2020) provided objectives and targets which served as benchmarks for what rates the county should aspire to attain. Using the Indicator Based Information System for Public Health (IBIS-PH)[2] data sets, we compared our Small Areas[3] to the national HP 2020 targets identifying those Small Areas that exceeded or lagged behind the national target. These comparisons were instrumental in providing insight into public health issues in the county and to identify Small Areas of the county struggling with specific challenges. As such, the comparisons were instrumental in guiding the CHIP. The challenges identified became the Priority Areas for intervention for the CHIP workgroups. Knowing what problems exist where allows us to better strategically devote resources to the areas of most need.

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[2] *IBIS-PH* is the premier data resource in Utah. Data are published on the web as "Indicator Reports" that provide on-line numerical data for *HP 2020* objectives as well as its public health context (current status and interventions). In addition, "custom queries" can be done. Staff members are available to assist if needed. Data are updated as new information is received. Data obtained for the health indicators chosen for analysis in the CHA were obtained primarily from IBIS-PH.
[3] *Small Area*s are defined as a unit of data analysis that allows examination of data specific to a geographic or geopolitical area. Variables defining small areas may include population, city boundaries, etc. Salt Lake has 24 defined small areas.

➢ **Report Cards:** Community health status was analyzed using two "report cards", the Department of Health and Human Services Community Health Status Indicator (CHSI) Project and the Robert Woods Johnson County Health Rankings and Roadmaps (CHRR) Project. The former examines all U.S. counties on >200 health indicators and compares them to peer counties. Their report identifies areas of excellence and areas for improvement. For counties in Utah, the latter compared data for various measures to an average score of the top 10% of counties in the nation.

➢ **Healthy People 2020:** The HP 2020 objectives provided the backbone of the CHA. The findings for Salt Lake County on each health indicator chosen were compared to its HP 2020 objective.

➢ **IBIS-PH:** IBIS-PH Data elements are reported by county, local health district, and Small Areas. Graphs based on IBIS data were developed for each health indicator with Small Areas, and county, state, and national rates highlighted to indicate scores below or above the HP 2020 target. When necessary, data not available by Small Areas was presented by Heath Districts.

State Priorities

The Utah Department of Health has four overarching goals for its Strategic Plan. The first is "*Healthiest People.*" This goal is consistent with the Salt Lake County Health Department's vision "*To make Salt Lake County the healthiest county in the United States".* The UDOH Statewide Health Improvement Plan lists four goals:

1. Healthy eating; active living (to reduce obesity)
2. Immunizations throughout the lifecycle
3. A unified and effective public health system
4. Adequately funded public health system

The first two align directly to Priority Initiatives identified by the Priority Area Workgroups 3 (Chronic Disease / Obesity) and 4 (Infectious Disease). Goal 3, a unified and effective public health system over arches all of the Priority Initiatives discussed in this document.

CHIP AND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

Many opportunities exist for local health departments and community partners to improve the health of the community through the provisions in the Patient Protection and Affordable Care Act (ACA). Several challenges faced by local health departments regarding ACA implementation are more pertinent for discussion in the Strategic Plan than to community implementation of the CHIP plan and will be addressed there. Examples of new or expanded opportunities for collaboration through The Patient Protection and Affordable Care Act include:

➢ Supporting public health and agency collaborations in developing broad assessments that increase the scope and depth of non-profit hospital Community Health Assessments (as required by the IRS). This also avoids duplication of efforts among participating partners such as sharing demographic data.
➢ Encouraging community partners to coordinate resources to provide safety net services to maximize efficiencies since service providers will not be reimbursed for safety net services by the ACA.
➢ Connect with groups forming Accountable Care Organizations (ACO) in order to ensure that the workgroups are serving as advocates for the priorities that can most benefit patients. Priority workgroups should also ensure that ACO clients are aware of the full range of community resources.
➢ Develop a common understanding of the differences between health promotion, primary, secondary, and tertiary prevention in the Public Health Model and primary, secondary and tertiary care in the Medical Model to promote continuity of services.
➢ Break down the walls between health care delivery and public health by identifying and utilizing partners appropriately. For example, partners will refer patients to preventive services and activities offered by the SLCoHD; the SLCoHD can develop programs related to health promotion and disease prevention needed by partner agencies.
➢ Provide resources to collaboratively address gaps and reduce redundancies.

New partnership opportunities will exist which could be facilitated by the Priority Workgroups. For example, the opportunities for the MAPP process could include the following:
➢ Engage new and existing community partners in developing health policies.
➢ Transition public health clinical services to community partners such as Federally Qualified Health Centers and focus SLCoHD resources on population-based functions.
➢ Develop and coordinate population health and health information technology resources among community partners including health care providers and community-based organizations.

New funding opportunities for community public health organizations include the following:
➢ Providing practical training opportunities for students in new U.S. Public Health Sciences Track (Section 5315), at selected schools of medicine, dentistry, nursing, public health, behavioral and mental health, physician assistance, and pharmacy to award degrees that emphasize team-based service, public health, epidemiology, and emergency preparedness and response.[4]
➢ Grants to Promote the Community Health Workforce (Sections 5313, 10501(c)) is a new CDC program that would award grants to states, health departments, health clinics, hospitals, or community health centers to promote positive health behaviors in underserved communities through the use of community health workers.

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[4] Morrissey, Taryn. "The Affordable Care Act's Public Health Workforce Provisions: Opportunities and Challenges." *APHA.org.* June 2011. http://www.apha.org/NR/rdonlyres/461D56BE-4A46-4C9F-9BA4-9535FE370DB7/0/APHAWorkforce2011_updated.pdf (accessed April 3, 2013).

WORKGROUP PROJECTS

The workgroup projects represent the backbone of this plan. We believe the project's greatest impact will be realized through their work. Although some groups are farther along than others, we are off to a good start. As should be expected the workgroups have adopted various strategies in their efforts to collaboratively impact public health, but all are looking to work with other consortiums.

As noted earlier, at the organizing meeting our community partners were asked to identify which other agencies should be invited; to identify projects they were working on or planning to do; and identify do-able projects by the group. The products of their discussions are reported here.

It also should be noted that although the SLCoHD has taken the lead in organizing this effort, the SLCoHD plans to recede into a support role as community leaders step up.

Priority Area #1: Air Pollution

Air Pollution Data from the CHA

In Salt Lake County, Ozone (O^3) and Particulate Matter (PM) pollutants are of specific concern to public health. Combustion, especially of automobiles, is one of the largest sources of these pollutants. PM2.5 is directly emitted into the atmosphere from combustion sources and includes fly ash from power plants, carbon black from cars and trucks, and soot from fireplaces and woodstoves. PM10 is typically made up of "fugitive dust" (sand and dirt blown winds from roadways, fields, and construction sites) and contains large amounts of silicate (sand-like) material. All of these sources of air pollution are caused by factors that are modifiable.

Salt Lake County was officially re-designated to "attainment status" for O^3 by the EPA in 1997 and remains in attainment. However, the levels of O^3 measured are extremely close to the EPA standard of 75 parts per billion. Salt Lake County is currently in the "non-attainment" category for PM10.

Because air pollution was the most critical issue identified by the workgroups and there are a number of initiatives going on, this workgroup has decided to join others working on similar projects. As this is a community effort, conducting parallel projects would be counterproductive.

Organizations Involved

➤ *American Lung Association*
➤ *Interfaith Based Groups*
➤ *Kennecott Utah Copper*
➤ *Salt Lake County Health Department*
➤ *Utah State Chamber of Commerce*

Project Descriptions

Project 1: Public Education Campaign Addressing Mobile Sources

> *Goal 1*: Decrease the amount of air pollution emitted by the public in Salt Lake County to help Salt Lake County meet EPA's Attainment Status.[5]
>
>> Objective 1.1: Implement a public education campaign addressing mobile sources by the end of 2013.
>>
>> Objective 1.2: Decrease the amount of air pollution emitted by the public in Salt Lake County by 5% by the end of 2013.
>
> *Strategies*:
>
> - Partner with the Governor's Office and Salt Lake City's Clear the Air Challenge.
> - Implement an anti-idling program based off model developed by Kennecott which shows significant cost savings and bring this into the public.
>
> *People Responsible*: Steve Sands (Kennecott), Corbin Anderson (SLCoHD), & Richard Valentine (SLCoHD).

Project 2: What's My Impact? Program for Non-point Sources

> *Goal 2*: Decrease the amount of air pollution emitted by Salt Lake County businesses to help Salt Lake County meet EPA's Attainment Status.[5]
>
>> Objective 2.1: Increase the percentage of Salt Lake County businesses that have received their own air pollution emission report.
>>
>> Objective 2.2: Reduce the amount of air pollution emitted by Salt Lake County businesses by 5% by the end of 2013.
>
> *Strategies*:
>
> - Access already existing programs such as UCAIR, Breathe Utah, and other organizations formed to address air pollution.
> - Develop comprehensive program utilizing already existing inspections done by regulators from DEQ and local Health Departments to help businesses determine how much air pollution they emit. Use this number to assist in reduction of pollution from these sources.
>
> *People Responsible*: Corbin Anderson (SLCoHD) & Richard Valentine (SLCoHD).

Alignment with State Priorities

The work done by the Air Quality Workgroup is aligned with priorities of the state government in as much as the state has established a specific organization to address

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[5] EPA. "National Ambient Air Quality Standards (NAAQS)." epa.gov/. http://www.epa.gov/air/criteria.html (accessed July 10, 2013).

similar issues. The Utah Department of Environmental Quality maintains a division titled the Division of Air Quality which works to curb the amounts of air borne pollutants in Utah. Additionally, the Utah Department of Environmental Quality has developed the State Implementation Plan which directs local governments to address air quality.

Alignment with National Priorities

Salt Lake County's priority area addressing Air Quality aligns with national priorities by sharing common goals and strategies from both the National Prevention Strategy as well as HP 2020. Specifically, one of the National Prevention Strategies' Strategic Directions is to create healthy and safe community environments. As part of this Strategic Direction, the plan details that we should improve the quality of our nation's air, land, and water. Additionally, there is a list of objectives addressing outdoor air quality within Healthy HP 2020's Topic Area for Environmental Health.

Policy Changes Needed

➢ Develop and implement targeted emissions control standards for sources in Small Areas of Salt Lake County.

Priority Area #2: Water Quality

Water Quality Data from the CHA

For the first two quarters of 2012, the SLCoHD Water Quality and Household Hazardous Waste Bureau employees responded to 223 emergency response complaints and are pursuing 17 Notices of Violations for illicit discharges into the storm drain. UDOH data indicate that 99.9% of Salt Lake County residents are served by water meeting the standards of the Safe Drinking Water Act. Since 1999, there have been no verifiable water-borne disease outbreaks or illnesses in Salt Lake County attributable to Public Drinking Water.

Organizations Involved

➢ *Department of Environmental Quality, Division of Water Quality*
➢ *Salt Lake County Board of Health*
➢ *Salt Lake City Public Utilities*
➢ *UDOH Office of Community Transformation*
➢ *Kennecott Utah Copper*
➢ *Salt Lake City Water Department – Lab*
➢ *Salt Lake County Health Department*

Project Descriptions

Project 1: Maintaining Salt Lake County Septic Systems

Goal 1: Determine which systems are failing.

> Objective 1.1: Decide if this is voluntary or mandatory replacement requirements.

> Objective 1.2: Determine regulator authority.

> Objective 1.3: Need scientific backing through sampling.

*Strategies***:**

- Work on the proper functioning of septic tanks and evaluate systems in need of repair as consistent with national standards.
- Educate on process for general water way discharges.

People Responsible: To be determined

Project 2: Reduce Human and Animal Waste Contamination

Goal 2: Decrease the amount of chemical, human, and animal waste contamination in Salt Lake County's water sources.

> Objective 2.1: Document 80% of the sites in Salt Lake County which are affected the most by chemical, human, and animal waste contamination.

> Objective 2.2: Increase the percentage of animal parks with clear and visible signage addressing human and animal waste contamination to 90%.

*Strategies***:**

- Increase education and outreach to the public.
- Improve animal parks.
- Provide better signage.
- Increase enforcement.

People Responsible: To be determined

Project 3: Address Standing Water in Salt Lake County

Goal 3: Reduce the rate of West Nile Virus in Salt Lake County.

> Objective 3.1: Increase the amount of sources of standing water treated for mosquitos in Salt Lake County.

> Objective 3.2: Decrease the rate of West Nile Virus in Salt Lake County by 10% by the end of 2013.

*Strategies***:**

- Identify locations that contain standing water.
- Formulate abatement processes.
- Regularly treat standing water to reduce mosquitos and other insects.

People Responsible: To be determined

Goal 4: Reduce contamination of Salt Lake County's water supply.

Objective 4.1: Reduce the concentrations of pesticides in Salt Lake County's water supply by 10%.

Objective 4.2: Reduce the concentrations of pharmaceuticals in Salt Lake County's water supply by 10%.

Objective 4.3: Reduce the concentrations of chemical (plume) contaminant in Salt Lake County's water supply by 10%.

Strategies:

- Work as a partner with Kennecott and the contaminated wastewater that they receive.
- Clean up City Creek.
- Partner to help enforce proper disposal of waste.
- Increase the number of pharmaceutical drop off events.

People Responsible: To be determined

Alignment with State Priorities

The work done by the Water Quality Workgroup is aligned with priorities of the state government in as much as the state has established a specific organization to address similar issues. The Utah Department of Environmental Quality maintains a division titled the Division of Water Quality which works to curb the amounts of water borne pollutants in Utah. Additionally, the Utah Department of Environmental Quality has developed the State Implementation Plan which directs local governments to address water quality.

Alignment with National Priorities

Salt Lake County's priority area addressing Water Quality aligns with national priorities by sharing common goals and strategies from both the National Prevention Strategy as well as HP 2020. Specifically, one of the National Prevention Strategies' Strategic Directions is to create healthy and safe community environments. As part of this Strategic Direction, the plan details that we should improve the quality of our nation's air, land, and water. Additionally, there is a list of objectives addressing water quality within HP 2020's Topic Area for Environmental Health.

Policy Changes Needed

- ➢ Assist municipalities in the development of ordinances with an environmental health base.
- ➢ Regulation and ordinance review.
- ➢ Develop a county wide master plan addressing environmental issues.

Priority Area #3: Chronic Disease and Obesity

The Chronic Disease and Obesity Priority Workgroup decided to focus on addressing obesity prevention, to encompass the most significant preventive measures for chronic diseases such as heart disease, cancer, and diabetes. They have been key collaborators with the Utah Physical Activity, Nutrition, and Obesity (UPANO) group convened by the UDOH. UPANO has partnered with all local health departments in the state as well as many community organizations and businesses. More information can be found here: *Utah Nutrition and Physical Activity Plan: 2010 to 2020 (Version 2.0)*

Chronic Disease Data from the CHA

Obesity
Although Salt Lake County as a whole has a lower rate of obesity (25.4%) than the HP 2020 target (30.6%), six Small Areas within Salt Lake County have a higher rate, with Magna showing the highest rate at 35.6%. Salt Lake County's overall rate of healthy weight is 39.4%, meeting the HP 2020 target of 33.9%, but seven Small Areas have lower rates than the target, with Rose Park having the lowest rate at 24.2%.

For childhood obesity, Utah has set a target of 10%. Some age groups in SLCo meet that target but boys in grades 3, 5, 9, 11 and 12 have higher obesity rates than the target.

While some chronic diseases are declining or becoming better controlled, type 2 diabetes is still increasing steadily in Salt Lake County as it is in the US. Obesity is a significant risk factor for type 2 diabetes. Additionally, type 2 diabetes rates closely mirror obesity rates.

Diabetes
Salt Lake County's residents have a rate of 7.3% diagnosed with diabetes, and UDOH estimates that another 2.7% have diabetes but are not yet diagnosed. Populations with the highest rates of diabetes include the following:
➢ Over 65 years old (21.3%)
➢ Earn less than $25,000/year (11.3%)
➢ Without a high school diploma (10%)
➢ Native Americans (9.8%)
➢ Pacific Islanders (9.3%)
➢ Hispanics (7.6%)

Additionally, fourteen Small Areas in Salt Lake County have higher rates than the US HP 2020 target of 7.2%, with Midvale having the highest Small Area diabetes rate of 12.9%.

Hypertension
Salt Lake County has a rate of hypertension of 23.4%, which is lower than the HP 2020 target of 26.9%. However, five Small Areas exceed the target, with West Valley East having the highest rate at 29.5%.

Organizations Involved

- *American Heart Association and American Stroke Association*
- *Area Health Education Center at the University of Utah*
- *Association for Utah Community Health*
- *University of Utah Department of Family and Preventive Medicine*
- *Intermountain Healthcare*
- *Rio Tinto/Kennecott*
- *Sanofi Pharmaceuticals*
- *SLCoHD Chronic Disease Program*
- *SLCoHD Health Promotion Bureau*
- *UDOH Bureau of Health Promotion*
- *UDOH Community Transformation Program*
- *UDOH Office of Public Health Assessment*
- *UDOH Physical Activity, Nutrition, and Obesity Program*
- *University of Utah Division of Public Health*
- *Utah Partnership for Health Weight*

Project Descriptions

Project 1: Promote Active Transportation

Goal 1: Increase the percentage of children and adults using active transportation.[6]

Objective 1.1: The SLCoHD will help at least one Salt Lake County school start a Walking School Bus program by the end of 2013.

Objective 1.2: The number of children at targeted schools in Salt Lake County who use active transportation to school will increase 20% by the end of 2013.

*Strategies***:**

- Promote Walk to School Day Activities and Walking School Buses in county schools.[7]
- Conduct Walkability Audits using the Audit Tool in Bike-Pedestrian Master Plan.
- Promote local Active Community Environments (ACE) Coalitions.[8]

People Responsible: Kevin Condra (SLCoHD), Terri Sory (SLCoHD), & Kristina Viera (Howard Driggs Elementary School)

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[6] Enhance Infrastructure Supporting Walking," Strategy 18, from Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. (2009). *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

[7] Community Preventative Services Task Force. Centers for Disease Control and Prevention, "Behavioral and Social Approaches to Increase Physical Activity: Social Support Interventions in Community Settings." Last modified December 21, 2011. Accessed June 14, 2013. http://www.thecommunityguide.org/pa/behavioral-social/community.html.

[8] National Prevention Council, *National Prevention Strategy* pg. 39, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

Project 2: Promote Healthy Food Availability among Underserved Populations

Goal 2: Increase the percentage of underserved populations who have access to healthy food options.[9]

> Objective 2.1: The percentage of Salt Lake County markets accepting Supplemental Nutrition Assistance Program (SNAP) food stamps will increase 10% by the end of 2013.
>
> Objective 2.2: The percentage of Salt Lake County residents who are food insecure will decrease 3% by the end of 2013.

*Strategies***:**

- Assist markets with mini-grant funding to implement SNAP program.[10]
- Maintain a list of farmers markets accepting SNAP.[5]
- Encourage county community gardens to participate in the Grow a Row program to donate to food banks.
- Support Utah Department of Agriculture's 10,000 Gardens program.
- Promote USU Extension gardening resources by publicizing the helps available at http://extension.usu.edu/yardandgarden/.
- Promote purchases of fruits and vegetables at farmers markets with campaigns such as Fruits & Veggies: More Matters.

People Responsible: Terri Sorry (SLCoHD), Rebecca Fronberg (UDOH), & Michelle Martin (SLCoHD)

Project 3: Improve Physical Education Environments in Salt Lake County Schools

Goal 3: Increase the percentage of schools with trained physical education (PE) specialists.[11][12]

> Objective 3.1: The percentage of Salt Lake County Schools with trained physical education specialists will increase 10% by the end of 2013.
>
> Objective 3.2: The percentage of children in Salt Lake County reaching National Physical Activity Recommendations will increase 3% by the end of 2013.

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[9] "Provide incentives for the production, distribution, and procurement of foods from local farms," Strategy 6 from Keener et al, 2009.

[10] National Prevention Council, *National Prevention Strategy* pg. 34, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

[11] "Increase the amount of physical activity in physical education programs in schools," Strategy 5 from Keener et al, 2009.

[12] National Prevention Council, *National Prevention Strategy* pg. 39, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

*Strategies***:**

- Identify and list available PE trainings throughout the state on the UPANO website.
- Educate schools, parents, and stakeholders about available PE trainings.

People Responsible: Terri Sorry (SLCoHD) & Becky Low (Utah/Nevada Dairy Council)

Project 4: Improve School Eating Environments

Goal 4: Increase the percentage of schools with healthy school eating environments.[13]

> Objective 4.1: The percentage of Salt Lake County Schools who participate in school breakfast and lunch program will increase 10% by then end of 2013.

> Objective 4.2: The percentage of children in Salt Lake County eating five or more servings of fruits and vegetables will increase 3% by the end of 2013.

*Strategies***:**

- Educate community on facts of school lunch and breakfast programs.
- Encourage students in Fuel Up to Play 60 schools to promote breakfast and lunch programs, including expanding schools participating.
- Include marketing of breakfast and lunch programs in learning sessions at the School Nutrition Association (SNA) Utah Conference.
- Promote participating in breakfast and lunch programs through Gold Medal Schools.
- Promote and educate on Healthy Hunger Free Kids Act to schools, parents, and stakeholders.

People Responsible: Terri Sorry (SLCoHD) & Becky Low (Utah/Nevada Dairy Council)

Alignment with State Priorities

The work done by the Chronic Disease and Obesity Workgroup is readily aligned with the priorities of the Utah Department of Health. The Utah Department of Health has made publicly available their priorities dealing with physical activity and nutrition, which can be found at http://choosehealth.utah.gov/documents/PANO%20state%20plan3UCI.pdf. The Chronic Disease and Obesity Workgroup's priorities and those of the State Health Department are categorically aligned in their shared emphasis, as well as specifically aligned in their strategies and goals, as listed in the Utah Department of Health's *Utah Nutrition and Physical Activity Plan 2010 to 2020 Version 2.0,* which can be found at the link above.

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[13] "Increase availability of healthier food and beverage choices in public service venues," Strategy 1 from Keener et al, 2009.

Alignment with National Priorities

Salt Lake County's focus area addressing Chronic Disease shares common goals and strategies with both the National Prevention Strategy as well as HP 2020. Specifically, two of the seven priority areas detailed in the National Prevention Strategy, Healthy Eating and Active Living, are addressed by the Chronic Disease and Obesity Workgroup. Additionally, Nutrition and Weight Status as well as Physical Activity are two topic areas addressed by HP 2020.

Policy Changes Needed

➢ For Goal 3: We will encourage school districts to require physical education specialist training.
➢ For Goal 4: We will encourage the Utah State Office of Education to incentivize and support more schools to include breakfast and expand healthy lunch offerings.

Priority Area #4: Infectious Disease

Infectious Disease Data from the CHA

Participants of the Infectious Disease Group for the Community Health Assessment (CHA) meeting decided to focus on the priority area of increasing adult immunizations based on the Community Health Status Indicator (CHSI) Project. Many adults do not receive recommended adult immunizations. Further, the rates are low compared to rates for children and most importantly the HP 2020 objectives.

Vaccines should be a cornerstone of preventive medicine and can prevent serious illness, disability, and death. Some of these illnesses once contracted do not have a cure and all may cause tremendous health problems, disability, or even death. Vaccines are among the safest medical products available; they are very effective, and can prevent the suffering and costs associated with these preventable diseases as well as reducing this cost to society.

The group that met already represented local and state government agencies, but wanted to expand to other groups interested in increasing adult immunizations. Assignments were given to contact Aging Services, pharmacists, and other state representatives who are critical partners in this process. Outreach efforts to community partners will continue after the next meeting when the other representatives are at the table and to hear their ideas for partnering.

During the course of the CHA several ideas were generated during this meeting to increase adult vaccine preventable diseases:
➢ Target geographic areas of Salt Lake County with low immunization rates.
➢ Target schools to increase immunization of school-age children; however, the number exempt is already low.
➢ Research LHD/UDOH best practices for increasing adult immunization rates.
➢ Potential partners: OB/GYNs, pharmacies, AARP, Salt Lake County Aging +Services/senior centers, health care providers, March of Dimes, United Way, Statewide

Health Improvement Program, refugee services, UDOH Immunization Program, school districts, and possibly preschools.

The adult immunizations group with the new community partners met in April to continue the discussion on vaccine preventable diseases and how to increase adult immunization rates within the community. The first order of business was to discuss if other community partners were missing or if anyone knew of any current or on-going vaccine campaigns.

This group did identify other immunizations campaigns that were going on in the community and we discussed the possibility of joining with the groups and to find out what was going well or if there were gaps; assignments were given for follow up.

The group discussed the ideas generated at the Community Health Assessment meeting and narrowed down three feasible projects with a couple on the horizon along with a place holder to keep in mind during the process.

The next discussion that took place in the meeting was the gap with employees getting vaccinated that work in high risk settings. The group felt that before we focused on places of employment such as long term care facilities, it was critical for the group to look at their own agencies and if vaccinations were encouraged or required.

In addition, besides the currently designated projects, a committee member representing the local health department asked if the group would be willing to put a place holder in place for discussion on strategies to vaccinate employees in long term care facilities. Part of the discussion is if vaccination on site would increase the immunizations rates. A project is currently underway by a local health department and the representative as well as the Immunization Workgroup would like to wait to hear the outcome of their project and to hear lessons learned before embarking on a new endeavor. This will provide better guidance on how to proceed working with employees at long term care facilities.

Organizations Involved

➢ *Salt Lake County Aging Services*
➢ *Salt Lake County Health Department*
➢ *Utah Association of Local Health Departments*
➢ *Utah Department of Agriculture and Food*
➢ *Utah Department of Health*

Project Descriptions

Project 1: Determine Adult (ages 19+) Immunizations for Coverage of Tdap and Influenza Vaccines

> *Goal 1*: Improve Adult Immunization Rates for Tdap and Influenza Vaccines.
>
> > Objective 1.1: Determine which areas of Salt Lake County are lacking the most in terms of Tdap and Influenza vaccines.

Objective 1.2: Increase the percentage of adults (ages 19+) who are immunized with Tdap and Influenza vaccines by 5% by the end of 2013.

*Strategies***:**

- Access and analyze immunization records from SLCoHD and local pharmacies using Utah Statewide Immunization Information System (USIIS).
- Identify gaps in rates using GIS mapping.
- Target geographic areas of SLCo with low immunization rates.
- Better understand vaccination trends and determine who truly are the "unvaccinated" to better target interventions, e.g. low-income/high-income/both, conservative/liberal/both.
- Share data with group to develop a formal plan of action based on national guidance.

People Responsible: Ilene Risk (SLCoHD) & Jennifer Brown (UDOH)

Project 2: Provide Vaccine Information at New Hire Orientation

Goal 2: Increase new hire immunization rates among Salt Lake County employers.

Objective 2.1: Ensure that 100% of new hires at Salt Lake County receive vaccine information during new hire orientation.

*Strategies***:**

- Meet with County Human Resources to discuss why this is valuable.
- Disseminate vaccine information with slides or at in person orientation.
- Develop additional outcome measures.
- Expand vaccine requirements currently in place at the health department to all county employees consistent with CDC guidelines.

People Responsible: Dagmar Vitek (SLCoHD) & Gary Edwards (SLCoHD)

Project 3: Partner with Current Workgroups Who Are Working With School Districts to Have an Adult Immunization Requirement

Goal 3: Increase immunization rates among school employees.

Objective 3.1: 50% of all school districts in Salt Lake County will have an immunization requirement for school employees.

*Strategies***:**

- Contact other workgroups.
- Meet with the Granite School District superintendent.
- Consult CDC guidelines for other implementation strategies.

People Responsible: Anna Dillingham (UALHD) & Gary Edwards (SLCoHD)

Project 4: Evaluate Current Immunization Campaigns

    Goal 4: Learn from the experiences of other immunization campaigns.

        Objective 4.1: Gather data from the current statewide immunization campaign called "Goo Goo Gaa Gaa".

        Objective 4.2: Share the results with the Infectious Disease MAPP Workgroup.

    *Strategies***:**

- In order to learn from others' mistakes and capitalize on their successes in formulating our own immunization campaign, the group will utilize lessons learned, identify gaps in immunization education, and share results. Sharon Moon will gather data from a current statewide immunization campaign called "Goo Goo Gaa Gaa." She will contact those in charge of the campaign and share results with the group.
- Utilize CDC methodologies to review our efforts and those of other jurisdictions.

    People Responsible: Sharon Moon (SLCoHD)

Alignment with State Priorities

The work done by the Infectious Disease Workgroup is aligned with the priorities of the Utah Department of Health's priorities in that the state department maintains their Bureau of Epidemiology. The Utah Department of Health's Bureau of Epidemiology addresses similar issues such as immunizations and disease control.

Alignment with National Priorities

Salt Lake County's priority area addressing Infectious Disease aligns with national priorities by sharing common goals with HP 2020. One of HP 2020's topic areas titled Immunization and Infectious Diseases, addresses similar goals to those outlined for Salt Lake County's Infectious Disease Workgroup.

Policy Changes Needed

➢ Pass legislation to require that school employees be vaccinated against vaccine preventable diseases (e.g. Washington State).
➢ Accelerate efforts to implement the plan to expand USIIS in tracking adult immunizations.
➢ Include employee vaccine requirements in new hire orientation.
➢ Policies that direct school districts in SLCo to have an immunization requirement for school employees.

Priority Area #5: Maternal and Child Health

Maternal and Child Health Data from the CHA

Utah has the highest fertility rate in the US. The incidence of low, very low, and extremely low birth weight births has been increasing recently due primarily to the increase in premature multiple gestation pregnancies. Low, very low, and extremely low birth weight in the case of a single gestation baby can also be an indicator of the quality and availability of prenatal health care. Many of the causes can be identified if prenatal care is initiated early. Cases caused by poor lifestyle decisions can be averted through counseling and education. Additionally, childhood obesity is addressed in the Chronic Disease and Obesity section above.

Although Salt Lake County as a whole exceeds the HP 2020 objective for low birth weight infants, SLCo does not compare favorably with peer counties on percentage of women who receive prenatal care in the first trimester. SLCo falls below the state rate by 2.5 percentage points, the HP 2020 target by 7.8 percentage points and the U.S average by 0.7 percentage points.

Organizations Involved

- *Aarches Community Health Care*
- *American Diabetes Association*
- *American Heart Association*
- *National Tongan American Association*
- *Asian Association of Utah*
- *Catholic Community Services*
- *Communidades Unidas/Communities United*
- *Exodus Healthcare Network*
- *Health Access Project*
- *Health Choice Utah*
- *Health Insight*
- *Helping Hands, Inc.*
- *Housing Authority of Salt Lake County*
- *International Rescue Committee*
- *Jordan School District*
- *PEHP*
- *Planned Parenthood Association of Utah*
- *Queen Center*
- *Regence Blue Cross Blue Shield of Utah*
- *SLCoHD WIC Program*
- *University of Utah*
- *Urban Indian Center of Salt Lake*
- *Utah Department of Alcoholic Beverage Control*
- *UDOH Baby Your Baby Program*
- *Utah Health Policy Project*
- *UDOH Office of Health Disparities*

Project Descriptions

Project 1: Promote a Healthy Post-partum Weight in Mothers and Children

> *Goal 1*: Promote a healthy post-partum weight for mothers enrolled in the WIC program.

>> Objective 1.1: Educate eligible mothers on the need for a healthy post-partum weight.

>> Objective 1.2: Identify baseline numbers of children in Head Start families who need intervention to promote a healthy weight.

*Strategies***:**

- Ideal pregnancy weight gain and post-partum weight loss (set individual weight loss goals with clients and monitor for six months post-partum).
- Promote breastfeeding through WIC, community coalitions, and insurance plans as a means to maintain a healthy weight in mothers.[14]
- Work with Head Start families to identify effective strategies to promote healthy weights among children they serve less than five years of age.

People Responsible: Iliana MacDonald (WIC) & Keith Jensen (WIC)

Project 2: Promote a Healthy Pregnancy

Goal 2: Increase the number of women receiving early and adequate prenatal care.

Objective 2.1: Increase the number of low-income health clinics providing prenatal classes.

*Strategies***:**

- The Baby Your Baby program will conduct at least one BYB radio ad encouraging women to go to their doctor by their 13th week of pregnancy and to go to the doctor at least 13 times through their pregnancy.[14]
- Expand prenatal classes offered by Health Choice Utah as a means to reduce cultural barriers for women.[14]

People Responsible: Marie Nagata (UDOH) & Joyce Kim (Health Choice Utah)

Project 3: Promote Preconception Health

Goal 3: Increase the number of women who delivered a live birth who practiced preconception health prior to pregnancy.

Objective 3.1: Identify a baseline of the number of women who delivered a live birth who practiced preconception health prior to pregnancy

Objective 3.2: Increase the number of women who delivered a live birth who practiced preconception health prior to pregnancy.

*Strategies***:**

- The Utah Department of Health will strengthen their partnership with the University of Utah to screen women at risk for pre-term births and offer intervention.
- Planned Parenthood Association of Utah will continue to work on outreach and services to decrease unintentional pregnancies through birth control, education, and spacing.

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[14] National Prevention Council, *National Prevention Strategy* pg. 35, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

- The Utah Department of Health will initiate an effort to be called "Healthy Utah Births" (HUB) that will cover preconception through pregnancy, postpartum, interconception for women, and cover infancy from young childhood to age five.[15]

People Responsible: Nan Streeter (UDOH) & Heather Stringfellow (Planned Parenthood)

Project 4: Promote Culturally Appropriate Outreach

Goal 4: Identify new, or tailor current, outreach efforts for women and families to be more culturally appropriate.

Objective 4.1: Develop or identify existing outreach materials for four distinct ethnic groups.

Objective 4.2: Receive feedback from the four ethnic groups on outreach materials.

Strategies:

- Develop outreach materials for Salt Lake County ethnic groups.
- Meet and coordinate with community ethnic groups in collaboration with The Mayor's Office of Diversity Affairs.

People Responsible: Fahina Pasi (National Tongan American Association) & Jake Fitisemanu Jr. (UDOH Office of Health Disparities)

Alignment with State Priorities

The work done by the Maternal and Child Health Workgroup is aligned with the state priorities of the Utah Department of Health. The Utah Department of Health uses their Bureau of Maternal and Child Health to address similar priorities such as prenatal care and breastfeeding.[16]

Alignment with National Priorities

Salt Lake County's priority area addressing Maternal and Child Health aligns with national priorities by sharing common goals and strategies from both the National Prevention Strategy as well as HP 2020. Specifically, the National Prevention's priority area addressing healthy eating shares support for policies and programs that promote breast feeding. Additionally, the priority area addressing reproductive and sexual health aims to increase the use of preconception and prenatal care. Lastly, HP 2020 shares their topic area of

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[15] National Prevention Council, *National Prevention Strategy* pg. 46, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

[16] UDOH. "Utah Department of Health: Maternal and Child Health." health.utah.gov/. http://health.utah.gov/mch/ (accessed July 6, 2013).

Maternal, Infant, and Child Health with Salt Lake County's Maternal and Child Health priority workgroup.

Policy Changes Needed

➢ Policy changes will be identified as needed in the future.

Priority Area #6: Mental Health and Substance Abuse

Mental Health Data from CHA

The SLCoHD does not regulate or provide behavioral health services for Salt Lake County. Instead, the Division of Behavioral Health Services assesses and refers clients to treatment providers in the community as well as subcontracts with school districts and other providers to deliver prevention programs.

The burden of mental illness in the United States is among the highest of all diseases, and mental disorders are among the most common causes of disability. Recent figures suggest that in 2004 approximately 1 in 4 adults in the United States had a mental health disorder in the past year—most common were anxiety or depression—and 1 in 17 had a serious mental illness.[17]

Even though the group was small, there was a lot of energy around the lack of access to mental health care for a majority of Salt Lake County residents. However, the group felt that without more players at the table it was difficult to gain any mobility around the topics that were determined to be high on the priority list. The group prioritized some areas that were important, but believed there was no way to begin the project without other key people being involved.

Both the United States and Salt Lake County report 15.7% of adults having seven or more days of poor mental health in the past 30 days. However, in Utah, this number was slightly lower with 14.5%.

The treatment capacity for mental health and substance abuse is not adequate to meet the need. In 2010, the Utah Department of Human Services estimated that in Salt Lake County 35,237 adults and 12,548 children needed treatment. However, only 10,927 adults and 4,354 children were served.

On two measures of mental health (major depressive episodes and suicides) for adults, Salt Lake County does not have favorable rates when compared to either the state or HP 2020 target.

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[17] Reeves WC, Strine TW, Pratt LA, et al. Mental illness surveillance among adults in the United States. *MMWR*.2011;60(3):1-32. Atlanta, GA: Centers for Disease Control and Prevention. Available from http://www.cdc.gov/mmwr/preview/mmwrhtml/su6003a1.htm?s_cid=su6003a1_w

Organizations Involved

➢ *Health Access Project*
➢ *Salt Lake County Behavioral Health Services*
➢ *Salt Lake County Health Department*
➢ *West Jordan City Emergency Response Center*

Project Descriptions

Project 1: Improve School-based Mental Health Education

> *Goal 1*: Increase the percentage of Salt Lake County schools that provide education for adolescents and parents about mental health problems such as depression, suicide, substance abuse.
>
> > Objective 1.1: Reduce the stigma surrounding mental health problems.
> >
> > Objective 1.2: Increase the percentage of Salt Lake County schools that provide mental health education by 20% by the end of 2013.
>
> *Strategies*:
>
> - Examine how mental health, substance abuse, and suicide are addressed in the school system and determine resources available to train school nurses and counselors about warning signs.[18]
>
> *People Responsible*: Michelle Moyes (SLCo Behavioral Health Services)

Project 2: Increase UNI CrisisLine Awareness among First Responders

> *Goal 2*: Increase the utilization of the University Neuropsychiatric Institute (UNI) CrisisLine.
>
> > Objective 2.1: Increase the percentage of emergency response teams in Salt Lake County who are aware and have information regarding the UNI CrisisLine.
>
> *Strategies*:
>
> - Supply information regarding the UNI CrisisLine to all emergency response teams in Salt Lake County.[18]
>
> *People Responsible*: Reed Scharman (West Jordan City Emergency Operations Center)

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[18] National Prevention Council, *National Prevention Strategy* pg. 49, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.
http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

Project 3: Provide Multi-lingual Mental Health Services[19]

Goal 3: Increase the number of people in Salt Lake County who receive mental health services in a second language.

Objective 3.1: Increase the utilization of currently available multi-lingual mental health services.

Objective 3.2: Increase the amount of multi-lingual mental health services available.

Strategies:

- Recruit and employ multi-lingual staff at health care clinics.
- Publish mental health educational materials in multiple languages.
- Train staff on how to access translators.

People Responsible: Adriana Lopez (Health Access Project)

Alignment with State Priorities

The work done by the Mental Health and Substance Abuse Workgroup is aligned with the state priorities of the Utah Department of Human Services. The Utah Department of Human Services' Division of Substance Abuse and Mental Health, in conjunction with the National Alliance on Mental Illness, has released its Utah Prevention by Design Community Action Plan (UPDCAP) which aims to improve mental health conditions in Utah. The priorities identified by this workgroup are consistent with the UPDCAP's goal of promoting emotional and mental wellbeing. Furthermore, the Utah Department of Human Services funds these types of activities, thus driving the programs at the local level.

Alignment with National Priorities

Salt Lake County's priority area addressing Mental Health and Substance Abuse aligns with national priorities by sharing common goals and strategies from both the National Prevention Strategy as well as HP 2020. Specifically, two of the seven priority areas detailed in the National Prevention Strategy, Mental and Emotional Well Being as well as Preventing Drug Abuse and Excessive Alcohol Use, are addressed by the Chronic Disease and Obesity Workgroup. Additionally, Mental Health and Mental Disorders as well as Substance Abuse are two topic areas addressed by HP 2020.

Policy Changes Needed

➢ Work with school districts in Salt Lake County to add mental health education to school curriculum.

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[19] National Prevention Council, *National Prevention Strategy* pg. 26, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

➢ Require training for emergency response teams regarding the availability and use of the UNI CrisisLine.

CONCLUSION AND RECOMMENDATIONS

We face a steep learning curve during our early stages of CHIP implementation. There remains a lot of work to be done before workgroups and processes are well developed. We recognize that although this is intended to be a community driven process, the initial driving force has been the SLCoHD. However our overarching goal, moving forward, is to shift the focus toward a more community driven process as our collaborations mature.

For this effort to succeed, the following tasks need to be accomplished by the MAPP Steering Committee in collaboration with the Priority Area Workgroups and support from SLCoHD staff:

➢ Develop and implement evaluation strategies
➢ Refine and implement performance measures
➢ Refine the MAPP process as needed
➢ Revise and update the CHIP based on results
➢ Implement improvement strategies based on evidence based practices or promising strategies from the national prevention strategy or HP 2020
➢ Meet and invite additional agencies to participate
➢ Review current and relevant SLCo community programs
➢ Identify role of the CHIP and strategically coordinate with existing statewide plans

Process Changes Needed to Accomplish Objectives

➢ The SLCoHD will provide staff to assist the workgroups, but for the most part, community agencies will be encouraged to assume leadership roles.
➢ Better communication can be achieved through increased use of email, press releases, social media, and traditional means of communication such as regular meetings and telephone calls.
  o Alternatives to in-person meetings, such as conference calls and *GoToMeetings*, might result in more participation.
➢ Better data sharing among partners.
➢ Develop next CHA in conjunction with private non-profit hospitals.

Policy Changes Needed to Accomplish Objectives

➢ Focus interventions on individual areas that are not reaching HP 2020 objectives.
➢ Work for tighter standards on air quality
➢ Some large businesses have on-site primary preventive healthcare. Work to replicate this in other large businesses. Having on-site healthcare helps employees and saves time. For example, Kennecott Copper's model reaches more than just its employees by

reaching out to spouses as well with their health coaching. Further, Kennecott is trying to decrease smoking in all its locations.

➢ Form an administrative structure for the MAPP process
  o If the MAPP process is to succeed it will need a driving force, common needs, funding and an organizational structure that can coordinate projects and aid in implementation across agencies.
➢ Develop a policy with school districts to coordinate outside initiatives.

Invitation

This plan represents our best thinking and efforts to date to improve the health of Salt Lake County and its residents. This plan will be revisited and updated in three years in order to remain relevant in our changing community. We are eager to work with new community partners as the work moves forward. Please feel free to contact any members of the Steering Committee if you would like to partner with us in the future.

APPENDIX A

Individuals Involved in MAPP Priority Workgroups

Priority Area #1: Air Pollution
- Corbin Anderson - *Salt Lake County Health Department*
- Richard Valentine - *Salt Lake County Health Department*
- Steve Sands - *Kennecott Utah Copper*

Priority Area #2: Water Quality
- Cas Knies - *SLC WFR – Lab*
- Dale Keller - *Salt Lake County Health Department*
- Heather Edwards - *Salt Lake County Health Department*
- Hilary Arens - *Department of Environmental Quality, Division of Water Quality*
- Jeremy Roberts - *UDOH Office of Community Transformation*
- John Whitehead - *Department of Environmental Quality, Division of Water Quality*
- Kim Hills - *Salt Lake City Public Utilities*
- Randy Williams - *Salt Lake County Health Department*
- Steven Schnoor - *Kennecott Utah Copper*
- Tom Godfrey - *Salt Lake County Board of Health*

Priority Area #3: Chronic Disease and Obesity
- Alan Pruhs - *Association for Utah Community Health*
- Becky Kapp - *Intermountain Healthcare*
- Beverly Hyatt Neville - *SLCoHD Health Promotion Bureau*
- Brett McIff - *UDOH Office of Community Transformation*
- Eric Allred - *Rio Tinto/Kennecott*
- Erica Dahl - *Intermountain Healthcare*
- Heather Borski - *UDOH Bureau of Health Promotion*
- Jean McFarlane - *Sanofi Pharmaceuticals*
- Kathy Marti - *UDOH Office of Public Health Assessment*
- Leon Hammond - *Utah Partnership for Health Weight*
- Rebecca Fronberg - *UDOH Physical Activity, Nutrition, and Obesity Program*
- Sandra Marsh - *Area Health Education Center at University of Utah, Department of Family and Preventive Medicine*
- Sarah Willardson - *University of Utah Division of Public Health*
- Scott Brown - *American Heart Association and American Stroke Association*
- Terri Sory - *SLCoHD Chronic Disease Program*

Priority Area #4: Infectious Disease
- Anna Dillingham - *Utah Association of Local Health Departments*
- Audrey Stevenson - *Salt Lake County Health Department*
- Dagmar Vitek - *Salt Lake County Health Department*

- Debbie Dean - *Salt Lake County Health Department*
- Ilene Risk - *Salt Lake County Health Department*
- Jennifer Brown - *Utah Department of Health*
- Kristy Cottrell - *Salt Lake County Aging Services*
- Linda Abel - *Utah Department of Health*
- Linda Bogdanow - *Salt Lake County Health Department*
- Sam Haddadin - *Pharmacist*
- Sharon Moon - *Salt Lake County Health Department*
- Teresa Garrett - *Utah Department of Health*
- Traci Lee - *Salt Lake County Aging*
- Wyatt Frampton - *Utah Department of Agriculture and Food*

Priority Area #5: Maternal and Child Health
- Aden Batar - *Catholic Communiry Services*
- Alema Leota - *Queen Center*
- Allison Mathis - *University of Utah*
- Beverly Bartel - *American Diabetes Association*
- Brenda Ralls - *Utah Department of Health*
- Christy Calderon - *Valley Mental Health*
- Cortney Larson – *Public Employees Health Plan*
- Craig Thomas - *West Valley City Emergency Operations Center*
- Doug Murakami - *Utah Department of Alcoholic Beverage Control*
- Dough Hasbrouck - *Health Insight*
- Fahina Pasi – *National Tongan American Association*
- Heather Aino - *Helping Hands, Inc.*
- Heather Stringfellow – *Planned Parenthood Association of Utah*
- Jake Fitisemanu Jr. - *Utah Department of Health Office of Health Disparities*
- Jessie Oyler - *Health Access Project*
- Korey Capozza - *Health Insight*
- Kris Johnson - *Jordan School District*
- Lauri Buzianis - *American Heart Association*
- Lori Ann Williams - *Urban Indian Center of Salt Lake*
- Luis Garza – *Communidades Unidais/Communities United*
- Marie Nagata - *Utah Department of Health Baby Your Baby Program*
- Michael Cox - *Housing Authority of the County of Salt Lake*
- Mike Corrigan - *Exodus Healthcare Network*
- Patrick Poulin - *International Rescue Committee*
- Randal Serr - *Utah Health Policy Project*
- Shaun Greene - *Aarches Community Health Care*
- Terri Nehorai - *Regence Blue Cross Blue Shield*
- Victoria Christensen - *Asian Association of Utah*

Priority Area #6: Mental Health and Substance Abuse
- Adriana Lopez - *Health Access Project*
- Kathy Garrett - *Salt Lake County Health Department*

- Matt Ferguson - *Salt Lake County Health Department*
- Michelle Moyes - *Salt Lake County Behavioral Health Services*
- Reed Scharman - *West Jordan City Emergency Operations Center*