

Strategic Framework 2021–2026

Utah's strategic framework
for the prevention of
violence and injuries
through a shared risk and
protective factor approach.



UTAH DEPARTMENT OF
HEALTH

Violence & Injury Prevention Program



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Violence and Injury Prevention Program

Vision

A Utah where communities thrive and all people feel connected, safe, and supported.

Mission

Our mission is to provide trusted data, comprehensive resources, valued community engagement, and develop strategic partnerships that prioritize comprehensive strategies and policies to prevent violence and injury in Utah communities.

Culture Statement

We cultivate an environment where staff are respected, supported, and heard. Our program embraces a culture of connectedness where all are encouraged to grow and thrive while advancing the mission and vision of the Violence and Injury Prevention Program.

Tenets / Core Beliefs

- Violence and injuries are preventable.
- A focus on primary prevention means stopping injury and violence before they begin.
- The foundation of understanding the who, what, when, where, and why of violence and injuries involves gathering and analyzing data.
- Identify and understand the risk and protective factors for violence and injury to inform prevention strategies and policy change.
- Best results are achieved by working with partners.
- Prevent adverse childhood experiences (ACEs) to allow people to prosper in safe and nonviolent communities.
- Improve long-term public health outcomes through evidence-based resources and programs.

Acknowledgments

Utah Department of Health,
Violence and Injury Prevention Program Staff

Teresa Brechlin, Program Manager
Akanksha Acharya, Epidemiologist
Amy Mikkelsen, Primary Prevention Coordinator
Corryn Wermel, Adolescent Health Coordinator
Cristy Sneddon, Data Abstractor
Deanna Ferrell, Surveillance Coordinator
Erica Bennion, CSTE Analytical Epidemiologist Fellow
Gary Mower, Epidemiology Manager
Hillary Campbell, Data Abstractor
Jason Clark, Data Abstractor
Joey Thurgood, Adverse Childhood Experiences Specialist
Kacy Robinson, Fatality Review Specialist
Karla Matheson, Law Enforcement Liaison
Kassy Keen, Health Equity Specialist
Katie McMinn, Communications Coordinator
Lauren Radcliffe, Local Health Department Liaison
Marty Liccardo, Community Engagement Specialist
Meghan Balough, Evaluation Coordinator
Melissa Leak, Administrative Assistant
Nathan Malan, Epidemiologist
Sheryl Gardner, Healthy Aging Specialist
Steve Barnes, CDC Foundation Public Health Analyst Fellow
Teresa Betzer, Policy and Prevention Manager
Tom Schleiffarth, Communications Specialist
Traci Barney, Primary Prevention Coordinator
Vanonda Kern, Grants and Contracts Coordinator
Wei Beadles, Epidemiologist
Ynhi Nguyen, Data Abstractor

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- Centers for Disease Control and Prevention
- Utah's Local Health Departments

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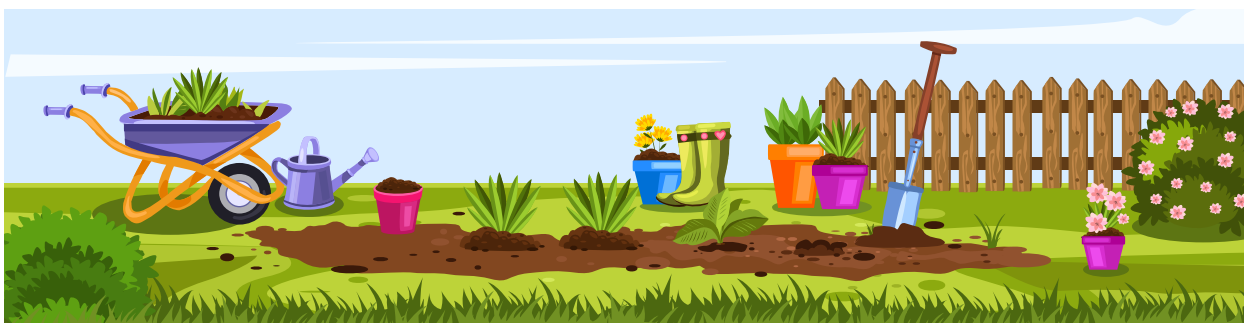
- Utah Prevention Advisory Committee
- Utah Local Association of Community Health Education Specialists Workgroup
- Safe Kids
- Utah Emergency Medical Services for Children Advisory Committee
- Utah State Board of Education
- Utah Brain Injury Council
- Utah Fetal Alcohol Coalition
- Occupant Protection Advisory Meetings
- Zero Fatalities Executive Committee
- Teen Driving Task Force
- Child Fatality Review Committee
- Utah Domestic Violence Advisory Council
- Utah Sexual Violence Council
- Utah Coalition Against Sexual Assault
- Utah Coalition for Opioid Overdose Prevention
- Opioid Community Collaborative
- Utah Coalition for Protecting Childhood

Introduction

For the past 35 years, Utah Department of Health (UDOH) Violence and Injury Prevention Program (VIPP) has endeavored to prevent and minimize the harm caused by injuries and violence. VIPP has learned a lot over these years and have valued our collaboration with you, our partner.






Since the beginning of 2018, VIPP staff and members of the Utah Injury Community Implementation Board (ICIB) have engaged in a strategic planning process using a shared risk and protective factor framework. This is a dramatic change from how our strategies were framed in the past, made more difficult because only a small handful of other states have engaged in this type of strategic planning.

Why the change in direction? Prevention science indicates social determinants play a significant role in our health and safety. These determinants, or risk and protective factors, are key to determining how to address community health and safety issues. The greater the number of risk factors, the greater the chances of adverse outcomes over the lifespan.



Picture an empty, abandoned, dirt lot in downtown Salt Lake City. Now let's say a number of "gardeners" decide to come together to turn the lot into a thriving community garden. Seasoned gardeners know before they plant the garden needs to be planned. The soil must be prepared to ensure it has the nutrients to support the seeds that will be planted. The goal is to plant a diverse variety of species to complement each other and create a healthy environment, safe from predators and insects, where each species has the best possible opportunities to bloom and flourish.

At the beginning no one knows if all the seedlings will thrive but by creating the best possible conditions, it's easier on nature to do the rest. The role of gardeners is to:

-  **Understand the needs of each child**
-  **Provide the most conducive environment (protective factors) for each child to grow**
-  **Remove major obstacles (rocks/weeds, risk factors) for the child's growth**
-  **Care for (water/feed/weed, apply strategies) to protect the children from difficulties (risk factors)**
-  **Regularly monitor each (plant, child) to make sure it's healthy and thriving**






Working alone, these tasks may seem daunting but by working together and following a coordinated plan, there is a better chance for a bountiful harvest. Why go through all the trouble if not for the best yield? We are thrilled to be sharing this plan with you. We hope you can see the value and envision how your work fits into this strategic framework. We look forward to joining together and rolling up our sleeves as we work to make this garden flourish.

Strategic Planning Process




Starting in 2018, the Utah Department of Health Violence and Injury Prevention Program (VIPP) began to develop a process for updating the Utah Violence and Injury Prevention Strategic Framework. It was decided the plan would be used to focus prevention efforts, surveillance, and partners to collaborate through a shared risk and protective factors lens.

Two federal grants from the Centers for Disease Control and Prevention (CDC) awarded to VIPP initially informed this new approach. These grants required VIPP to explore and connect a shared risk and protective factor approach to prevent violence and injuries in Utah.

The resources and technical assistance provided by the CDC assisted VIPP in identifying primary and secondary data sources, or indicators, by:

-  **Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence**
-  **Pain in the Nation: The Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy**
-  **Creating Connected and Thriving Communities Free from Violence and Injury**
-  **National Association of County and City Health Officials Guide to Prioritization Techniques**
-  **Centers for Disease Control and Prevention, Technical Packages for Violence Prevention**

Program staff developed an extensive list of risk and protective factors from literature reviews. Those factors are contributors to, or protectors from, specific forms of injury and violence. The completed list includes:

-  **182 risk factors**
-  **108 protective factors**
-  **14 injury or violence topics**

Broad categories from this initial list were prioritized to encompass each factor and cover different levels of the Socio-Ecological Model (SEM), resulting in the development of eight initial categories.

1. Health care Access/Utilization
2. Resources for Mental and Physical Health
3. Connectedness
4. Cultural Context and Social Norms
5. Employment & Economic
6. Family/Individual History of Behavior
7. Personality
8. Skills
9. High Risk Activity
10. Laws and Policies
11. Physical Environment

Framework Plan 2021–2026

Ranking sheets were created for each of the eight categories to determine priorities. Key partners were asked to work on cross-topic teams to rank the eight identified categories. A table was created for each category with the pre-identified risk and protective factors at the four levels of the social ecology model (SEM). The strategic planning committee determined ranking criteria and questions to consider. All criteria were ranked 1 (no or none); 2 (low or little); 3 (moderate); 4 (strong or many). The criteria included:

Relevance/Importance/Resources

Does this category align with your coalition goals?

Do you have community partners who work in this area?

Feasible/Acceptability

Does your coalition have programs/strategies that address this area?

Will you focus on this type of work over the next five years?

Is there a political will to improve this area?

Impact

Will improving this area have the ultimate outcome of reducing injury and violence in Utah?

Can this area be approached through a large scale (the outer levels of the socio-economic model)?

Funding

Are funds available to develop programs and strategies in this area?

Are potential funding opportunities available?

As a result, the following “super” factors were identified and are the framework for this plan.

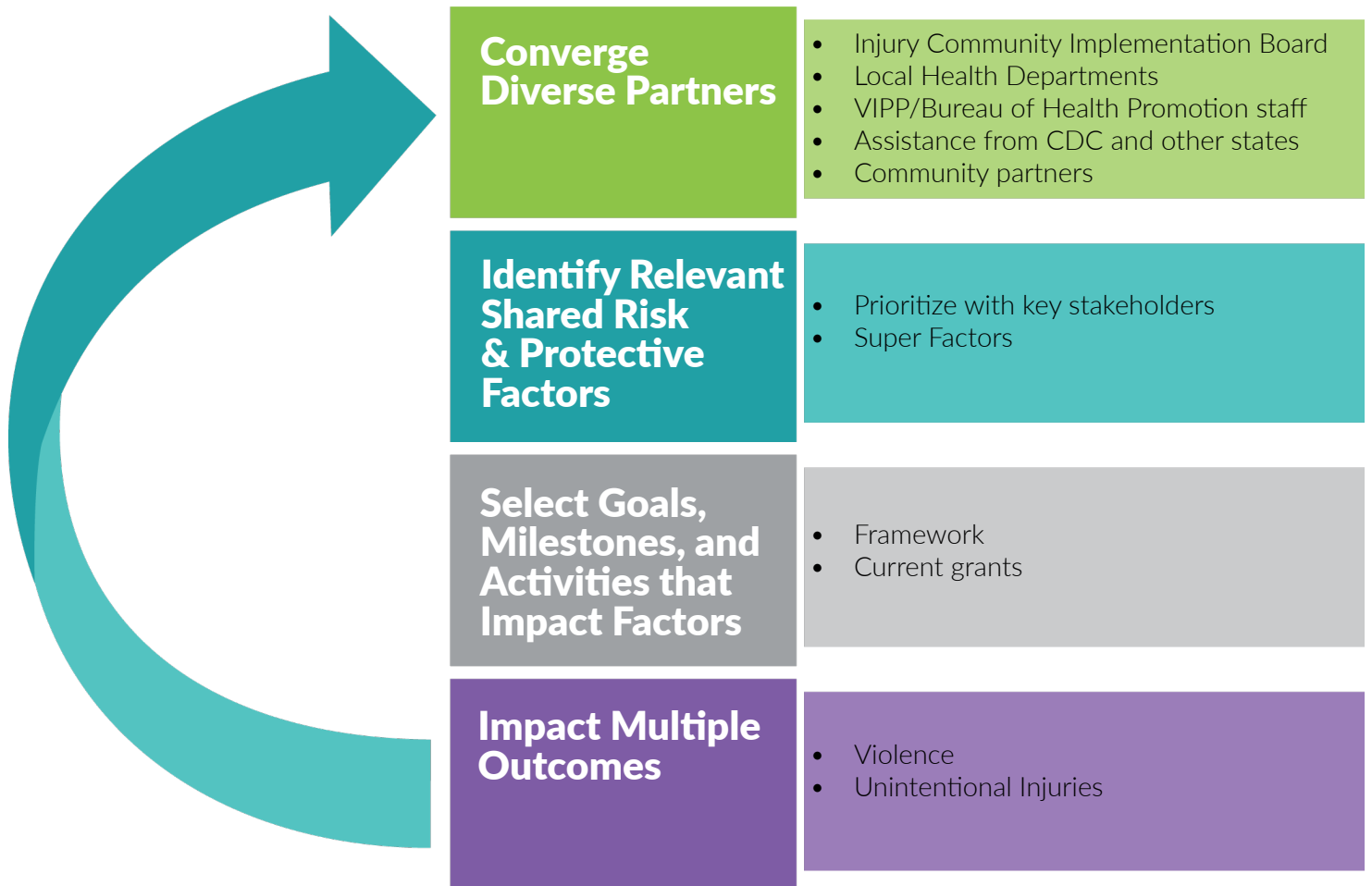
Utah Super Factors:

1. Encourage social norms that promote safety and health
2. Improve access to and utilization of physical and behavioral health care
3. Enhance the physical environment to improve safe and healthy living
4. Improve the socioeconomic conditions for Utahns
5. Promote individual, family, and community connectedness

Strategic Framework 2021–2026

The overall Strategic Planning Process is summarized in **Figure 1**. The plan is a framework, informed by multiple prevention frameworks, to guide Utah’s surveillance, partnership building, prevention, and policy development through a shared risk and protective factors (SRPF) lens. It is a living document and serves as a tool to build social capital and resources to support primary prevention efforts to reduce violence and injury in Utah.

Figure 1: Utah Strategic Planning Process

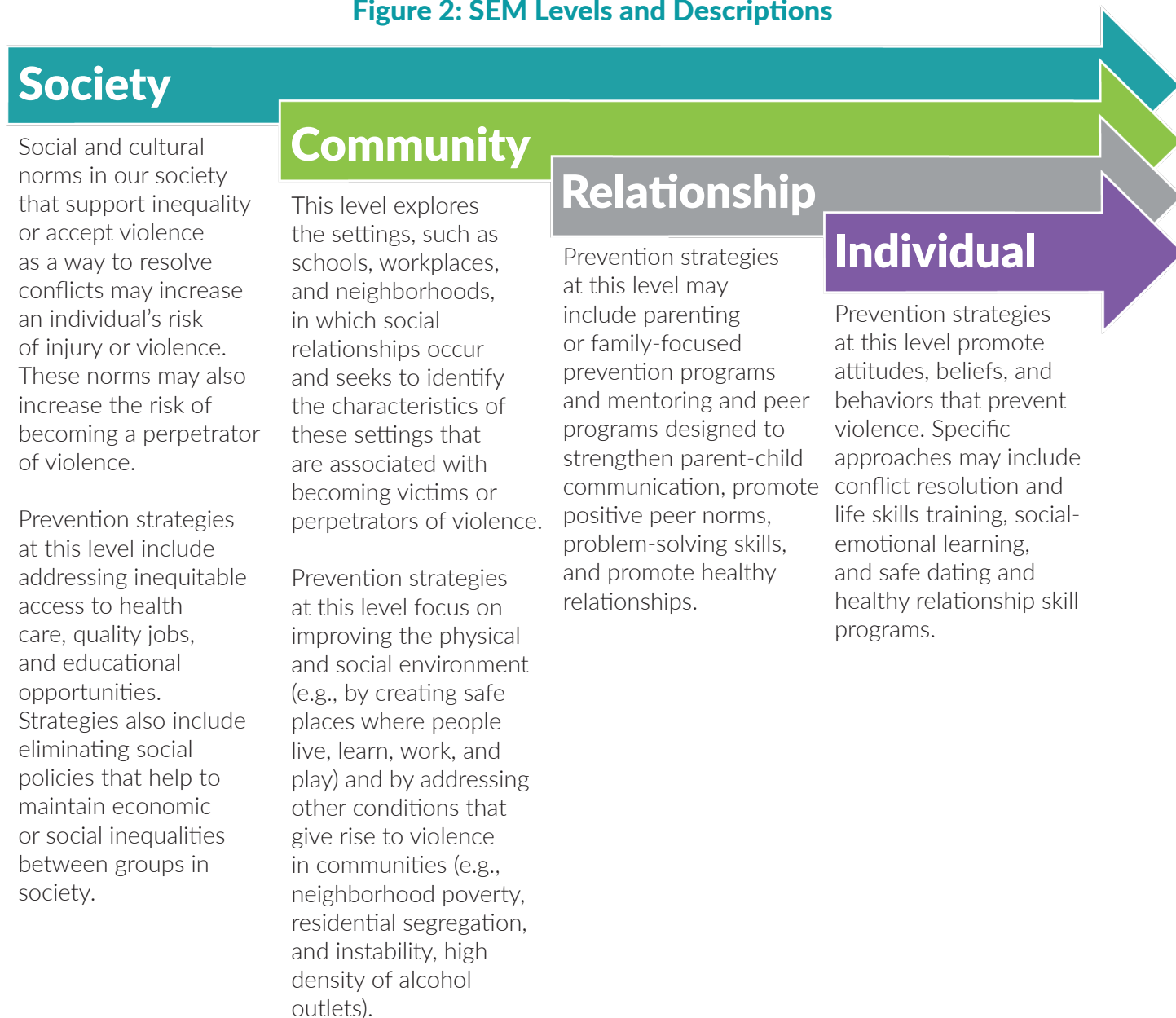


Prevention Framework

The Socio-Ecological Model

The Socio-Ecological Model (SEM) is a framework for understanding the effects of personal and environmental factors that determine behaviors. There are four levels of the SEM: Individual, Relationship, Community, and Society. **Figure 2** provides a brief description of each of the SEM levels. The most effective approach to public health prevention and control uses a combination of interventions at all levels of this model.

Figure 2: SEM Levels and Descriptions



Commitment to Advance Health Equity in Utah

The VIPP is committed to advancing health equity (HE) in Utah. Our team is prepared to take on the challenging work of confronting inequities through partnerships, programs, and policies. We believe we can enact positive change in all Utah communities to break down systems of oppression.

Many factors work together to determine health. An individual's health is partly a product of the social, physical, and economic burden they face, including the quality and safety of our communities, access to education and affordable housing, availability of healthy food, access to health care, and the presence of discrimination. These societal factors help determine health outcomes, which are often not distributed equally in a community. Health disparities are differences in the incidence, prevalence, mortality, burden of disease, and other adverse health conditions or outcomes

that exist among specific population groups in the U.S.⁴⁴ Health disparities are referred to as health inequities when they are the result of the systematic and unjust distribution of these conditions. Addressing social determinants of health is a primary approach to achieving health equity. Only when every person has the opportunity to attain their full health potential despite their social position or social circumstances will health equity be achieved.

Health equity means everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health. These obstacles include poverty and discrimination, as well as their consequences such as powerlessness and lack of access to good jobs with fair

pay. It also includes quality education and housing, safe environments, and health care. The root causes of health inequities are the underlying social inequalities that create different living conditions. Discrimination based on gender, age, class, race and ethnicity, immigration status, sexual orientation, physical, or mental disability influence the distribution of resources and power. Past discrimination is reinforced in the policies and practices of institutions that define our daily lives. This in turn creates an unequal distribution of beneficial opportunities and negative exposures, resulting in health inequities.



What is Health Equity?

Health equity is the principle underlying the commitment to reduce and, ultimately, eliminate health disparities by addressing its determinants. Pursuing health equity means striving for the highest possible standard of health for all people with special attention to the needs of those communities at greatest risk for health disparities.⁴³



What are Health Disparities?

Health disparities are differences in health outcomes that are closely linked to economic, socio-cultural, environmental, and geographic disadvantage.

A new strategic framework is required to work on social determinants of health and conditions.

This framework is built on the idea that we must impact structural and system-based determinants of health to shift power imbalances across our communities.

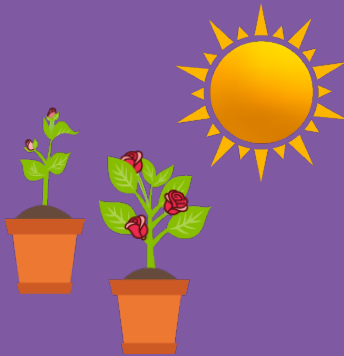
What are Social Determinants of Health?

Social determinants of health (SDoH) are the conditions in which people are born, grow, live, play, learn, work, worship, and age, including the health system, that shape health outcomes.⁴⁵

“We acknowledge that generations-long social, economic, and environmental inequities result in adverse health outcomes, including injuries and violence . . . From an action standpoint, Safe States is committed to advocating for public policies that promote diversity, inclusion, and equity and will challenge systems and policies that create inequity, oppression, and disparity.”

- Safe States

These power imbalances affect the degree to which some communities have access to economic opportunities, affordable housing, and quality schools.



Dr. Camara Jones described this by comparing it to **growing flowers in garden boxes**. The allegory of Jones’ “Gardener’s Tale” begins with two flower boxes in the yard of a home recently purchased by Jones and her husband. One flower box has existing soil but the other box doesn’t have enough soil to plant. The empty box gets filled with dark, nutrient-rich soil before flower seeds are planted. The other box, with adequate soil, is cleared of weeds and turned before the same seeds are planted. The box with new soil produces bright red, beautiful flowers, whereas, the other box produces pale, pink, drab flowers. The first box supported the healthy growth of the flowers because it was enriched with resources denied the second box. The seed’s success depends on the environment in which it is planted.

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This metaphor is used to illustrate social, physical, and psychological components inherent in the human condition to help us understand the impact of racism on the public's health.

- 🌿 **We wanted the garden we talked about in the introduction to thrive and grow**
- 🌿 **Imagine the garden is divided into sections**
- 🌿 **Imagine each section of the garden is treated equally (same amount of sun, nutrients, water)**
- 🌿 **Different plants need different things and may not thrive with the same amount of water, sun, or the same kind of nutrients**

The Violence and Injury Prevention Program (VIPPP) believes we can improve outcomes, prevent injury, and reduce violence for people living in Utah by focusing on health equity.

The concept to advance health equity to reduce injuries and violence has required VIPPP to broaden the lens and utilize a different framework for prevention. The Utah Department Health Office of Health Disparities has developed a conceptual framework (**Figure 3**) that outlines the connection between inequities and health, and focuses attention on measures which have not characteristically been within the scope of public health epidemiology. VIPPP uses this framework as a guide to develop the strategies outlined in this document.

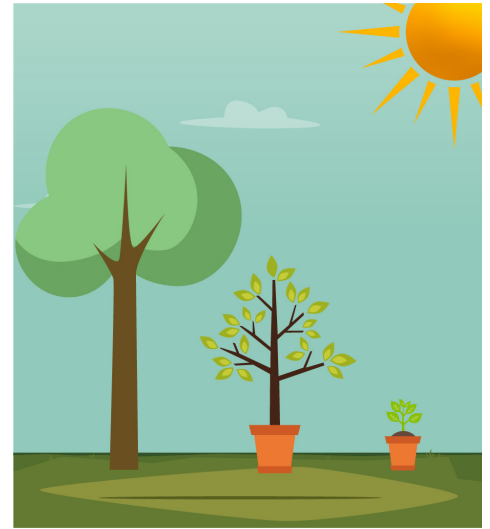
Figure 3: Equity vs Equality



Each tree will benefit from the same supports. They are treated equally.



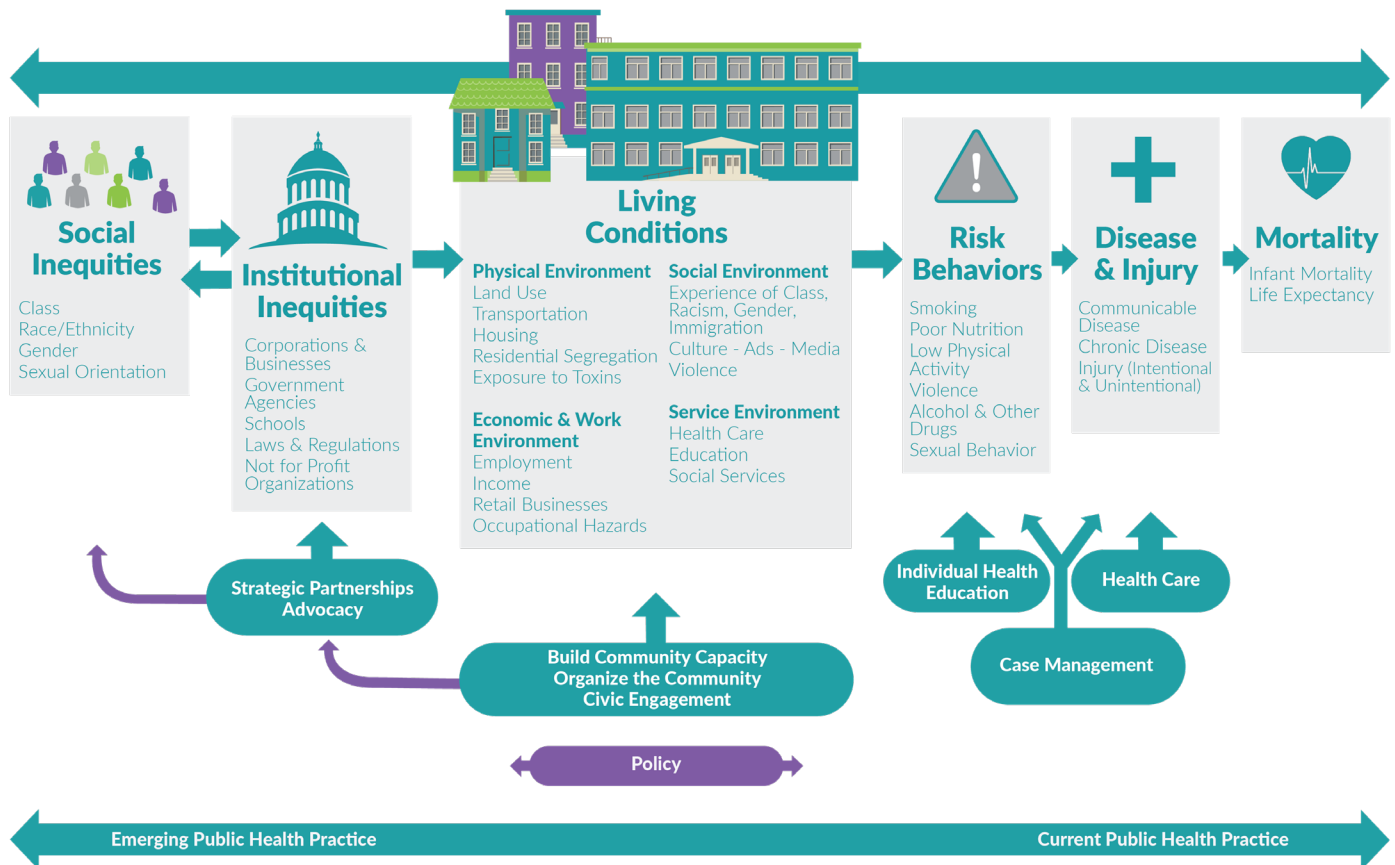
Each tree gets different supports to give them equal access to sunlight. They are treated equitably.



All three trees have full access to the sunlight without any supports because the reason for the inequity was addressed. The systemic barrier has been removed.

Applying a Health Equity Lens

Figure 4: A Public Health Framework for Reducing Health Inequities



Advancing Health Equity in Utah

The Violence and Injury Prevention Program (VIPP) is committed to apply a healthy equity lens to all injury and violence work through implementation of the Health Equity Framework. The effort will encompass the following:

1. Identify and prioritize health disparities through data and stakeholder feedback.
2. Identify structural and social determinants of health through data and stakeholder feedback.
3. Choose evidence-based or evidence informed health equity strategies to implement that include stakeholders with lived experience.
4. Implement strategic practices to advance health equity.
5. Use evaluation to improve the quality of the strategies being implemented.

Building internal capacity and using the framework to guide strategic planning will ensure continuous quality improvement of VIPP strategies.

Utah Shared Risk and Protective Factors

The shared risk and protective factor (SRPF) approaches to prevention are designed to target and improve outcomes for multiple populations. This is done through collaboration of government, businesses, and community collaboration to align efforts justly, equitably, and positively to impact the social determinants of health.⁷

1. Improve multiple population-level outcomes

SRPF approaches can include interventions across the Socio-Ecological Model, including upstream (primary prevention) and downstream (secondary and tertiary prevention) interventions. The goal of a SRPF approach is to address and impact more than one health or quality-of-life outcome at the same time. For instance, instead of implementing a program to only reduce teen suicide, a SRPF approach would include implementing an intervention that addresses teen suicide and at least one other outcome, such as substance abuse among teens. SRPF approaches can also simultaneously address a health outcome (such as bullying) and a quality-of-life outcome (such as educational attainment).

2. Change conditions that impact health and quality of life in positive and equitable ways

SRPF approaches include strategies to address underlying social and physical environments in a way that quantifiably improves health and quality-of-life outcomes. Positively impacting the social determinants of health (SDoH) involves intervening in vicious cycles (e.g., poverty, income inequity, structural racism, unacknowledged historical trauma) and reinforcing positive cycles (e.g., equitable access to quality education, de-stigmatized mental health care, and community culture, resilience, and engagement). While all social determinants of health are not SRPFs (SDoH is the broader category), all factors found to be SRPFs for injury and violence are encompassed by SDoH.

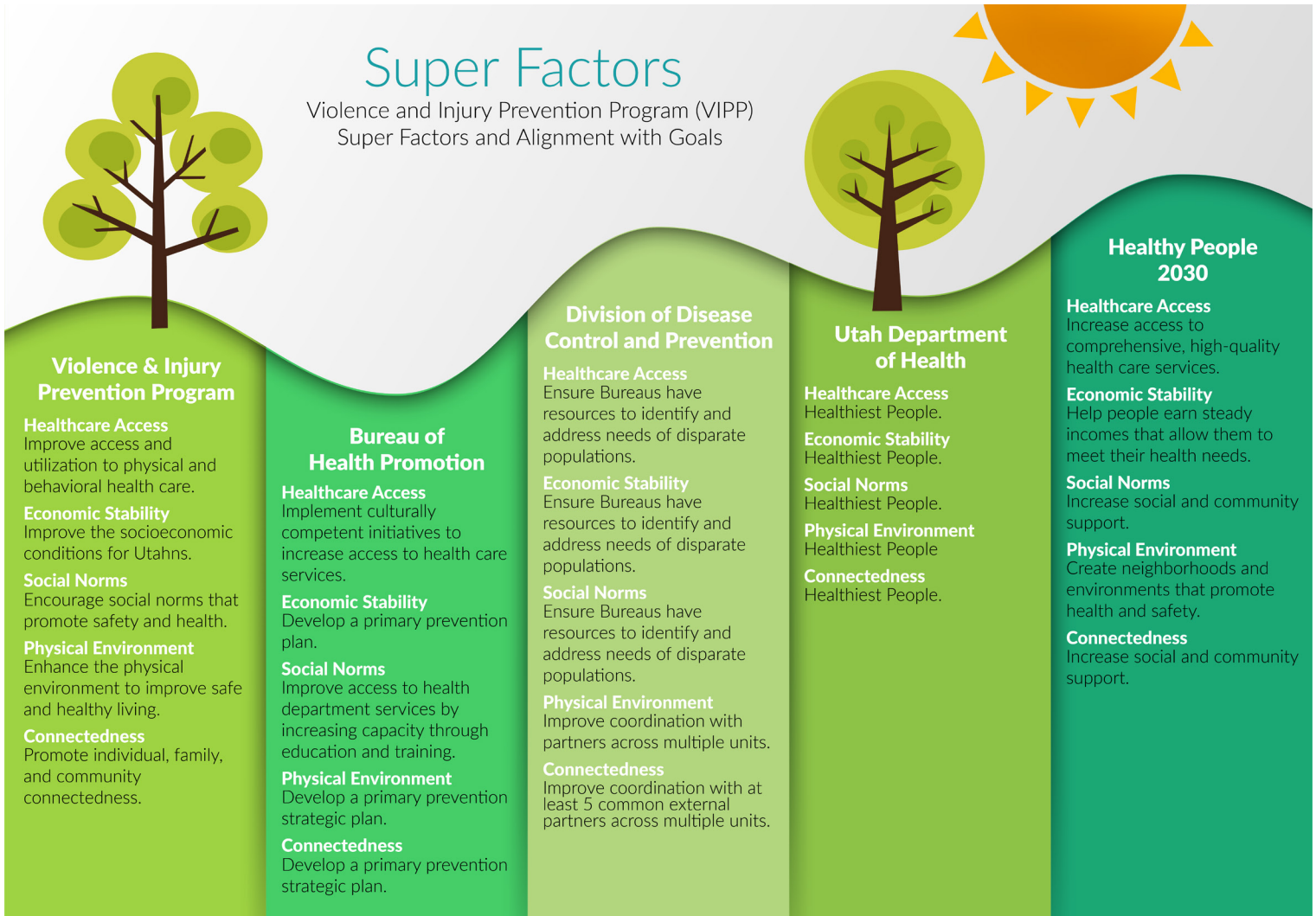
3. Partner across multiple disciplines and sectors

While many injury and violence prevention efforts involve partnerships, by definition, a SRPF approach requires cooperation across disciplines and sectors. SRPF approaches can include working with a state department of transportation to reduce teen substance abuse as part of an effort to also decrease motor vehicle crashes involving teens. SRPF approaches can also include working with businesses and non-profit organizations to increase affordable housing in order to address neighborhood poverty and reduce community violence.

“Policies and practices have created areas of concentrated social and economic disadvantages, so people of certain races, ethnicities, and incomes with diminished opportunities live together in places where violence is more likely to occur. As the gap widens between the privileged and those with disadvantages, the level of violence in a society increases. Some communities and groups are far more exposed to poor neighborhood conditions that give rise to violence and other health inequities . . .”⁸

Violence and Injury Prevention Program (VIPP) Super Factors and Alignment with Goals

Figure 7: Super Factors



Priority Violence and Injury Target Areas

Target Area

Why is this a priority?

Protective Factors



Motor Vehicle Crashes

A crash occurs in Utah every eight minutes. A person is injured in a crash every 20 minutes, and a person dies in a crash every 33 hours.⁹

- Policies to reduce or prevent impaired driving (interlocks, etc.)
- Environments that prevent impaired driving (designated drivers, etc.)
- Community norms encourage use/non-use of seatbelts



Suicides

On average, two Utahns die as a result of suicide every day and 20 Utahns are treated for suicide attempts every day.¹⁰ Utah's suicide rate has been consistently higher than the national rate for more than a decade.¹

- Access to care for mental, physical, and substance abuse disorders
- Family and community support (connectedness)
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes¹²



Domestic Violence

In Utah, one in 10 males and two in 11 females will be the victims of interpersonal violence.^{13, 14} In Utah, one in four adult homicides are related to domestic violence.¹⁵

- Policies that support income equality
- Community connectedness
- Social support
- Healthy conflict resolution



Rape and Sexual Assault

One in 10 adults report being the victim of sexual assault.¹⁶ Rape is the only violent crime in Utah that is higher than the national average.¹⁷ In 2011, the direct and indirect costs resulting from sexual assault totaled nearly \$5 billion, or almost \$1,700 per Utah resident.¹⁸

- Emotional health and connectedness
- Academic achievement
- Policies that support income equality
- Strong parental relationships
- Gender equity



Adverse Childhood Experiences & Child Maltreatment

There is a link between ACEs and child maltreatment and later physical, psychological, and behavioral consequences as well as societal costs.¹⁹ Child maltreatment is estimated to have a lifetime cost of \$831,000 per child victim.²⁰

- Access to mental health and substance abuse services
- Family, school, community support and connectedness
- Household financial security

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Target Area

Why is this a priority?

Protective Factors



Traumatic Brain Injury

Every day in Utah, 60 people are treated and released from an emergency department due to a traumatic brain injury (TBI). Another seven are hospitalized and one person dies each day from a TBI.²²

- Increase seat belt usage through policies, laws, or education
- Decrease driving under the influence of alcohol/drugs through policies, laws, or education
- Increase helmet usage
- School policies and norms/culture



Falls

Falls are the leading cause of non-fatal injury-related hospital admissions among Utahns aged 65+.²³

- Strength and balancing exercise
- Check eyes regularly
- Make physical environment safer (rails on stairways, adequate lighting, bars on windows, sit on safe stools, don't place obstacles in walking pathways)
- Falls risk assessment
- Evidence-based falls prevention programs



Opioids

On average 475 people a year in Utah die from unintentional drug poisoning deaths.²⁴ Between 2016–2018, Utah ranked 28 in the U.S. for unintentional drug poisoning deaths, which have outpaced deaths due to firearms, falls, and motor vehicle crashes.²⁵

- Harm reduction activities such as syringe exchange
- Adequate availability of naloxone
- School connectedness
- Information on safe medication disposal
- Limit access to opioids
- Prescribers use the prescription database



Substance Misuse

In Utah in 2018, 29.7 percent of adults reported current alcohol use and 10.6 percent reported binge drinking.²⁶ Utah is ranked 7 in the nation for the number of alcohol poisoning deaths. Estimates suggest that more than 530 Utahns die from alcohol-attributable causes each year.²⁷

- Family, school, and community connectedness
- Parental monitoring
- Connection/commitment to school
- Household financial security
- Access to treatment services



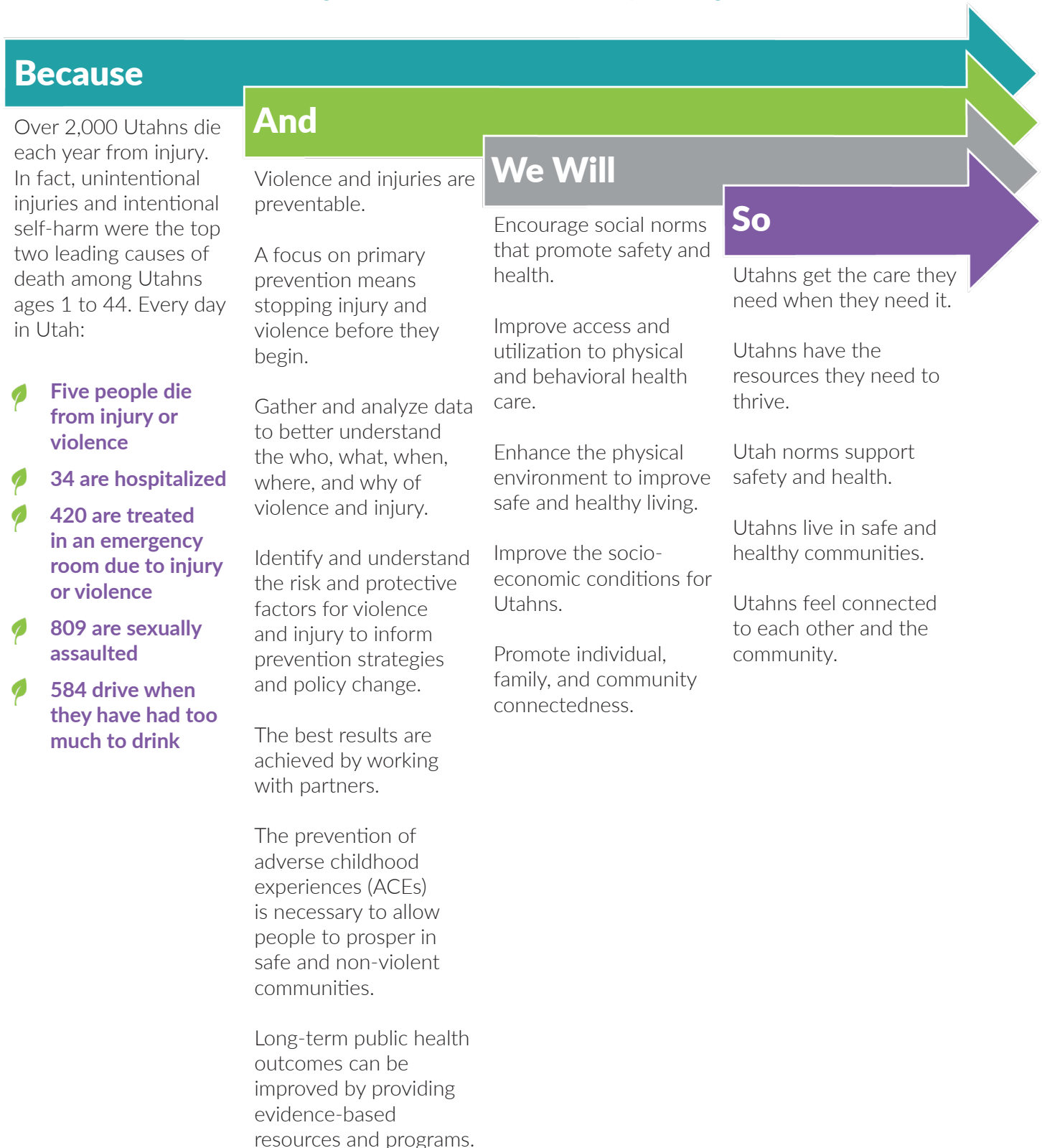
Childhood & Student Injuries

Each year in Utah, enough students are hurt at school to fill the average school classroom 87 times. More than 5,000 school days are missed each year, 9-1-1 is called twice a day, and a student is hospitalized every other day because of a student injury. During the 2016–2019 school years, 1,521 Utah students suffered a concussion while at school.²⁸

- Playgrounds have soft surfaces
- Family support and connectedness
- Connection/commitment to school
- Proper supervision/parental engagement
- Problem solving skills

Theory of Change

Figure 8: Visualization of the theory of change

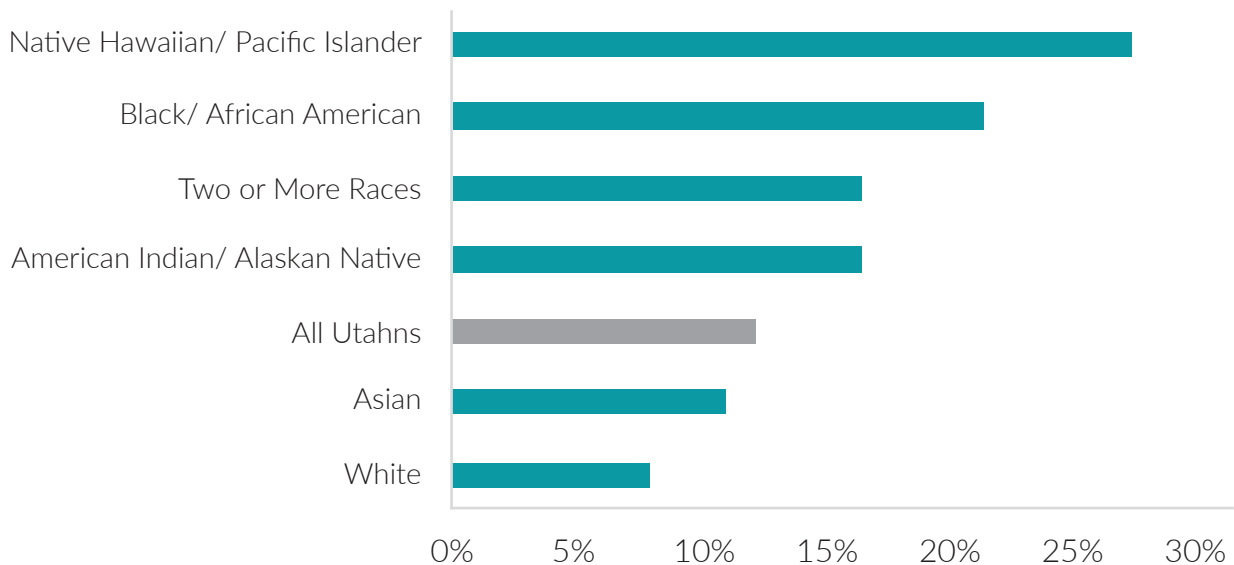


Utahns get the care they need when they need it

Goal 1: Improve Access to and Utilization of Health Care, Including Behavioral Health care

Most Utahns will need some kind of health care during their life. Unfortunately, health care is unaffordable for many Utahns. Health insurance coverage covers all or some costs of care and protects people from very high expenses. People with health insurance are more likely than people without health insurance to regularly visit a primary health care provider and to have routine preventive care. Those without health insurance coverage and those who are under-insured often have to delay seeking care and find services difficult to afford. Additionally, those living in poverty are at especially high risk for delaying care for conditions that eventually lead to hospitalization. Because these delays are associated with longer hospital stays and potentially poorer health outcomes, interventions that reduce delays are especially important.²⁹

Figure 9: Percentage of Utahns Without Health Insurance by Race & Ethnicity (2016–2018)



Commercial health insurance coverage for mental health services is often limited, which can result in high out-of-pocket costs or delay in seeking care. Additionally, not all commercial health insurance plans are required to cover mental health services. The demand for mental health care in Utah is increasing. Nearly one in five Utah adults experience poor mental health and the demand for youth services is increasing. Almost 15 percent of males and 28.5 percent of females age 15–17 seriously considered attempting suicide in 2015–2017³⁰.

According to the Centers for Disease Control and Prevention's technical packages on the prevention of violence, the following are the evidence-based, evidence informed, or promising approaches to increase access to health care.

Support policy changes that improve access and utilization of health care, including behavioral health care, early intervention, and health education.

1. Strengthen access and delivery of suicide care

- 🌱 Coverage of mental health conditions in health insurance policies
- 🌱 Reduce provider shortages in under-served areas
- 🌱 Safer suicide care through systems change
- 🌱 Enhanced primary care

2. Intervene to lessen harms and prevent future risk

- 🌱 Post-vention
- 🌱 Safe reporting and messaging about suicide
- 🌱 Hospital-community partnerships
- 🌱 Treatment to prevent problem behavior and further involvement in violence

3. Support victims/survivors to lessen harms

- 🌱 Victim-centered services
- 🌱 Patient-centered approaches
- 🌱 Treatment and support for survivors of interpersonal violence, child maltreatment, and teen dating violence
- 🌱 Treatment to lessen harms of violence exposures
- 🌱 Treatment for sexual violence victims
- 🌱 Treatment for at-risk children and families to prevent problem behavior including sex offending
- 🌱 Treatment to lessen harms of abuse and neglect exposure





4. Connect injury survivors with resources

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Take Action

Individuals	Organizations	Local and State Governments
<p>Train to be a Medicaid navigator</p> <p>Volunteer with United Way's 211</p> <p>Volunteer to transport patients to appointments</p> <p>Participate in local and national elections</p> <p>Become a health care provider</p> <p>Become a community health worker</p> <p>Obtain naloxone</p> <p>Get training in a suicide prevention gatekeeper program such as Question, Persuade, Refer (QPR) or Mental Health First Aid (MHFA)</p> <p>Be an informed opioid user</p>	<p>Reduce stigma by supporting mental wellness</p> <p>Prioritize mental health at the same level as physical health</p> <p>Offer health screenings such as a suicide screening or domestic violence screening</p> <p>Increase access to employee assistance programs</p> <p>Learn how to "Stop the Bleed"</p> <p>Learn first aid, CPR</p> <p>Offer employees family medical leave</p> <p>Provide suicide prevention gatekeeper training such as QPR or MHFA to employees</p> <p>Become familiar with local resources for suicide prevention, sexual violence, etc.</p> <p>Develop and implement organizational comprehensive mental health policies</p> <p>Adopt Employee Assistance Programs</p>	<p>Adopt a "Health in all Policies" approach</p> <p>Implement policies that encourage people to pursue a health care and mental health career</p> <p>Implement parity policies for behavioral health care</p> <p>Expand telehealth availability throughout Utah</p> <p>Support family medical leave policies</p> <p>Implement policies that incentivize people to provide health care, mental health care, telehealth, and telemental health care in rural communities</p>

Success is:

-  An Increase in the proportion of Utahns who report having medical insurance
-  A Decrease in the proportion of Utahns unable to access health care due to cost
-  An Increase in the proportion of Utahns with a usual primary care provider
-  A Decrease in the number of preventable hospital admissions

Utahns have the resources to thrive

Goal 2: Improve the socioeconomic conditions for Utahns

Social income inequality is a risk factor for youth violence, interpersonal violence, bullying, and family violence. It is also one of the most influential social determinants of health. A study in the Journal of the American Medical Association examined more than one billion U.S. tax records from 1999 through 2014. Researchers found higher incomes were linked with longer life. Additionally, poverty and its factors were highly correlated with the prevalence of prescription opioids and with substance use measures.³¹

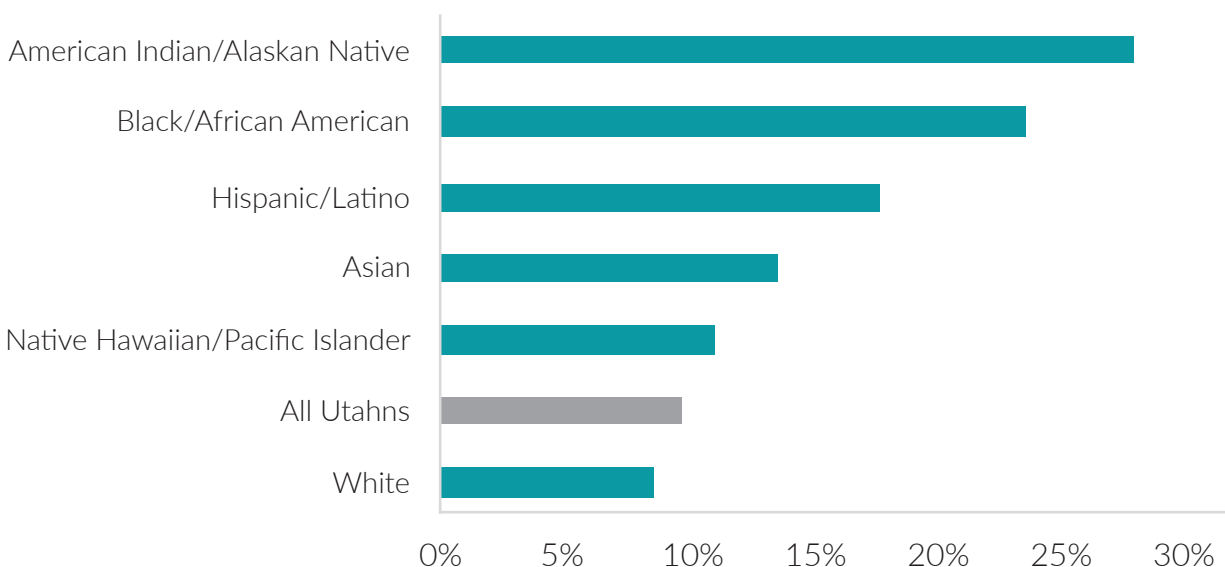
In 2012, the Utah State Legislature passed the Intergenerational Poverty (IGP) Mitigation Act. The purpose of this act was to study IGP-related data in order to develop plans and programs to help individuals and families break the cycle of poverty. As a result, the Intergenerational Welfare Reform Commission was established in 2013. The goal of the commission is: “To reduce the number of Utah families in the cycle of poverty, improving their quality of life, and helping them become economically stable.”

Key Intergenerational Poverty Plan recommendations include:

- 🌱 **Increase the uptake of the Earned Income Tax Credit by developing an effective public awareness campaign of its availability to all low-income workers**
- 🌱 **Evaluate state governmental policies related to child support enforcement and workforce development to determine whether revisions need to be made to encourage increased involvement of non-custodial parents in raising and supporting their children.**




These strategies complement VIPP’s efforts which aim to improve social determinants of health, decrease violence, and decrease risk-taking behavior for Utahns experiencing economic instability.

Figure 10: Percentage of Utahns Living Below the Poverty Level by Race & Ethnicity (2014–2018)



Strategic Framework 2021–2026







Evidence-based or evidence informed approaches to improve socioeconomic conditions for Utahns:

-  **Strengthen household financial security**
-  **Promote family-friendly work policies**
-  **Support economic policies that ensure equitable practices for low-income families**
-  **Encourage housing stabilization policies**
-  **Strengthen economic supports for disadvantaged groups**
-  **Support policies that improve access to education**

Take Action

Individuals	Organizations	Local and State Governments
<p>Donate to agencies working on economic justice policies</p> <p>Advocate for comparable worth policies</p> <p>Educate clients, family, and friends about the requirements and benefits of filing for an Earned Income Tax Credit (EITC)</p> <p>Volunteer to provide tax help to low-income filers with the Volunteer Income Tax Assistance (VITA) utahtaxhelp.org</p>	<p>Raise awareness about the earned income tax credit with clients and employees</p> <p>Support microfinance programs</p> <p>Provide family friendly paid leave policies</p> <p>Adopt equitable pay policies</p>	<p>Implement comparable worth laws</p> <p>Implement housing stabilization policies</p> <p>Increase unemployment benefits and their duration</p> <p>Adopt equitable pay policies</p> <p>Implement livable wage policies</p>

Success is:

-  A Decrease in the percentage of Utahns living under the poverty level
-  A Decrease in the proportion of Utah children living below the poverty level
-  A Decrease in the percentage of household spending more than 30% of income on housing
-  A Decrease in the percentage of Utah adults who are unemployed
-  An Improvement in income equality
-  A Decrease in the proportion of households with food insecurity

Utah norms support safety and health

Goal 3: Encourage social norms that promote safety and health

Social norms are the values, beliefs, attitudes, and/or behaviors shared by a group of people. Social norms vary by social group, and individuals may alter their behavior to conform to different groups. Social norms can protect against violence, but they can also encourage violence. For instance, cultural acceptance of violence, either as a normal method of conflict resolution or as a usual part of rearing a child, is a risk factor for all types of interpersonal violence.³²

The social norms approach to health promotion assumes people have misperceptions of the attitudes and behavior of others in their peer groups or communities. For example, a perception might be that most adolescents in Utah vape nicotine, but the data show only 12.4% of Utah adolescents actually vape.³³ This misperception may be used by individuals to justify vaping thereby increasing the prevalence.

Additionally, people are less likely to speak out against a perceived norm, reinforcing social tolerance. The social norms approach seeks to correct these misperceptions by giving people a more realistic sense of the actual social norms in the community. Social norms approaches such as bystander interventions have also reported some success in changing the attitudes of male peer groups toward risky sexual behaviors.³⁴

Approaches

Evidence-based or evidence informed approaches to encourage social norms that promote safety and health:






1. Change misperceptions about community social norms through education
2. Increase access and utilization of peer norm programs
3. Provide campaigns to support parents and positive parenting
4. Encourage policies shown to reduce corporal punishment
5. Bystander approaches
6. Mobilize men and boys
7. Trauma informed approach
8. Street outreach
9. Community norms change programs
10. Enhance primary care to include screening assessments (e.g. SEEK)
11. Ensure services are victim-centered
12. Continue effective treatment modalities with affected clients

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Take Action

Individuals	Organizations	Local and State Governments
<p>Become a trained bystander</p> <p>Speak up against bullying and sexist words and behaviors</p> <p>Counsel and set boundaries with children regarding alcohol/drug use, bullying, sex</p> <p>Educate clients, friends, and family on the risks of using corporal punishment as well as alternative discipline</p> <p>Wear your seatbelt</p> <p>Obtain naloxone</p> <p>Practice a trauma-informed approach</p>	<p>Encourage social norms that promote health and safety” into your own agency’s strategic plan</p> <p>Become a “Trauma-Informed” agency</p> <p>Schools can improve safety and monitoring in schools</p> <p>Assess institutional racism and other health inequities within your organization</p> <p>Sponsor a World Cafe for parents to foster peer-to-peer learning and sharing</p> <p>Comprehensive violence prevention school policies</p>	<p>Encourage social norms that promote health and safety” into your own department or division’s strategic plan</p> <p>Become a trauma-informed city, county, or state</p>

Success is:

-  Increase the number of community organizations per 100,000 population
-  Increase the percentage of adults aged 25+ who have a Bachelor’s degree or higher
-  Increase the high school cohort graduation rate
-  Increase the percentage of registered voters voting the last election
-  Decrease the percentage of children who report neglect or physical/sexual abuse

Utahns live in safe and healthy communities

Goal 4: Enhance the physical environment to improve safe and healthy living

The physical environment consists of both the natural environment and the built environment. The physical environment profoundly affects health and safety from the air we breathe and water we drink, to the transportation and infrastructure to which we have access. Considering the physical environment in our injury and violence prevention work opens up many opportunities to be creative and to collaborate with non-traditional partners in meaningful ways that can help improve health and safety for whole communities and populations.

Evidence-based or evidence informed approaches to enhance the physical environment to improve safe and healthy living:









1. Modify the physical and social environment
2. Reduce exposure to community-level risks through environmental approaches
3. Street outreach and community norm change
4. Improve school climate, safety, and monitoring in schools
5. Improve organizational policies and workplace climate
6. Modify the physical and social environments of neighborhoods
7. Reduce access to lethal means among persons at risk for suicide or violence
8. Organizational policies and culture
9. Community-based policies to reduce excessive alcohol use

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Take Action

Individuals	Organizations	Local and State Governments
<p>Safely store firearms and prescription medication</p> <p>Participate in drug take-back days</p> <p>Install carbon monoxide and smoke detectors</p> <p>Become trauma-informed</p> <p>Wear your seatbelt</p>	<p>Become a trauma-informed organization</p> <p>Establish sexual harassment policies</p> <p>Support suicide prevention training for all staff</p> <p>Conduct organizational safety assessment (e.g. locate unsafe areas in a school)</p>	<p>Become a trauma-informed state</p> <p>Establish business improvement districts</p> <p>Establish green spaces</p> <p>Pass red flag laws</p> <p>Intervene at suicide hot spots by erecting barriers (bridge barriers)</p> <p>Infrastructure improvements such as lighting and sidewalks</p> <p>Last mile active transportation projects</p>

Success is:

-  A Decrease in the number of violent crime per 100,000 people
-  A Decrease in the proportion of days where air quality is $>100 \mu\text{g}/\text{m}^3$
-  A Decrease in the average commute hours per year
-  An Increase in the number of workers commuting by walking, cycling or transit
-  An Increase in the percentage of the population living within $\frac{1}{2}$ mile of a park, beach, or open space greater than 1 acre
-  An Increase in the number of civic, social, religious, political, and business organizations per 10,000 people
-  A Decrease in the proportion of the population lacking adequate access to food
-  A Decrease in the percentage of low-income households who do not live close to a grocery store

Utahns feel connected to each other and to the community

Goal 5: Promote individual, family, and community connectedness

Connectedness encompasses both family connection and support, as well as community violence. Connectedness is a shared protective factor across suicide, falls, substance abuse, motor vehicle accidents, interpersonal violence, child maltreatment, and traumatic brain injury topic areas.






Evidence-based or evidence informed approaches to promote individual, family, and community connectedness:

1. Conduct mentoring programs
2. Develop after-school programs
3. Conduct peer norm programs
4. Hold community engagement activities

Take Action

Individuals	Organizations	Local and State Governments
<p>Volunteer with mentoring (e.g. Big Brothers, Big Sisters)</p> <p>Participate in school and community activities</p> <p>Eat dinner as a family</p> <p>Give, share, support and perform acts of kindness for others</p> <p>Volunteer to organize family, school, or community activities</p> <p>Volunteer with Meals on Wheels or other similar program</p>	<p>Provide or support mentoring or after-school programs (e.g. After School Matters)</p> <p>Schools can implement suicide prevention programs. (e.g. Hope for Utah, Sources of Strength)</p> <p>Provide education and opportunities to enable families to be actively involved in their children's academic and school life.</p> <p>Sponsor a World Cafe for parents to foster peer-to-peer learning and sharing</p>	<p>Provide community engagement activities such as vacant lot greening initiatives</p> <p>Support community gardens</p> <p>Support community art programs</p> <p>Increase community and recreation centers</p> <p>Increase opportunities for residents to collaborate or socialize</p>

Success is:

-  Increase the number of days a family eats together
-  Increase the proportion of residents living in same neighborhood for 5 or more years
-  Decrease the number of poor mental health days in the past seven days
-  Increase the percentage of registered voters who voted in last election
-  Increase the number of civic, social, religious, political, and business organizations per 10,000

Conclusion

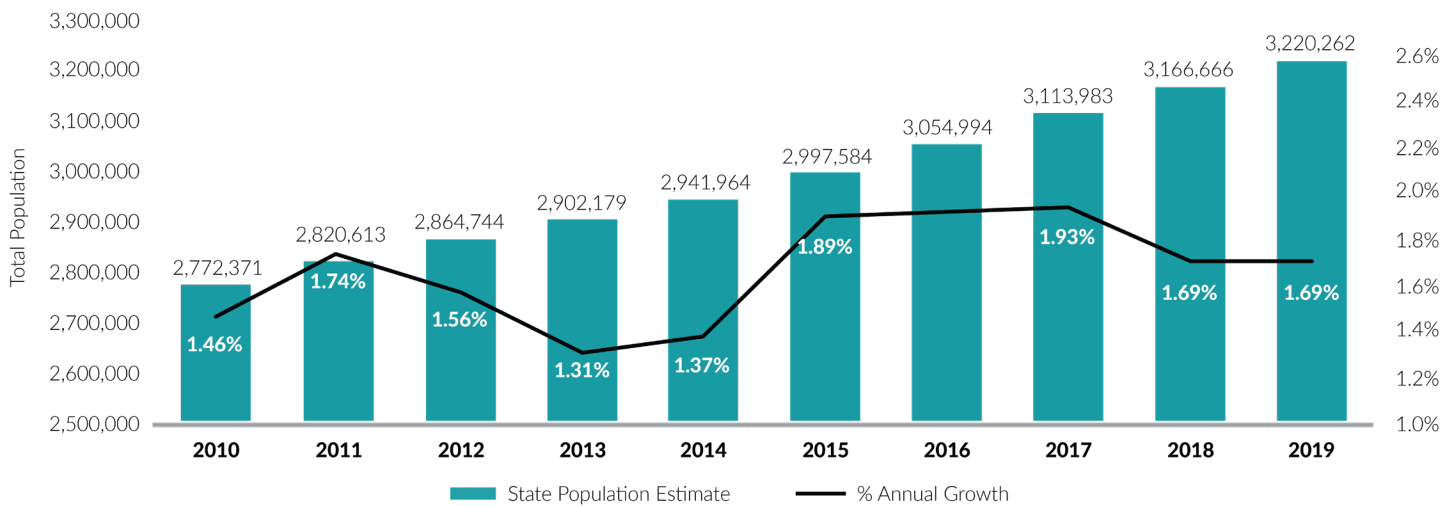
Violence and injury are major public health problems in Utah and costs the state approximately \$11 billion per year. Violence and injury is pervasive. It affects us as individuals, in our relationships, and the cohesiveness of our communities. As we enter a new decade, this strategic plan will serve as a blueprint for the transformation of the prevention of injury and violence by addressing the root causes. Research shows we can best change the dynamics of our community by targeting shared risk and protective factors.

Appendix A: Utah State Profile

Population

In 2019, Utah's estimated population was 3,220,262. There are a total of 29 counties in Utah. There are four counties in Utah centered around Salt Lake City which make up an area called the Wasatch Front. This area consists of 75.0% of the population and includes Davis, Salt Lake, Utah, and Weber counties. Utah had the 3rd fastest population growth from 2016 to 2017 in the U.S. Utah has one of the highest total fertility rates in the U.S. Utah also has the largest average household size in the nation at 3.19 persons per household compared to the U.S. household size of 2.65 persons³⁹.

Figure 11: Utah's Population and Annual Growth Rates, 2010-2019



Age

Utah had the youngest median age (31.0 compared to U.S. 38.2) and the highest percent of persons younger than 18 years (29.5% compared to U.S. 22.4%) in the U.S. during 2018.³⁷

Race and Ethnicity

While the state's population still predominantly identifies as White, non-Hispanic (78.0%), the share of the population identifying as minority (something other than non-Hispanic White alone) increased from 19.5% to 22.0% between 2010 and 2018. People who identify as Hispanic (14.2%), non-Hispanic Asian (2.6%), and multiple races (2.1%) were the largest minority groups.³⁸

Economy

Health care, education, and government entities made up eight of the ten largest employers in Utah. Trade, transportation, utilities, government, and professional and business services provided the most jobs to Utahns in 2017. In 2017, Utah had the strongest job growth in the nation. The median household income in Utah in 2016 was \$65,977 compared to the U.S. median of \$57,617.³⁹

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