



Utah health improvement plan 2023–2028



Utah Department of
Health & Human
Services

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Section 1: executive summary

The Utah health improvement plan (UHIP) is a statewide, collaborative plan designed to address health priorities with people and agencies in Utah who are committed to improve the health of all Utahns. The goal of the UHIP is to positively impact complex health concerns and reduce similar work through collaboration that aligns goals and maximizes resources. This approach supports the Utah Department of Health and Human Services (DHHS) vision for all Utahns to have fair and equitable opportunities to live healthy and safe lives. The UHIP is led and coordinated primarily by DHHS and local health department (LHD) staff, but relies on strong participation from many organizations and individuals in order to maximize impact to move the needle within selected priorities.

The 2023–2028 UHIP builds on data gathered through many sources, including the state health assessment process. DHHS staff worked through this process in 2023, which included:

- A review of more than 100 health data indicators
- Input received during 21 community meetings held around the state
- Work with partner agencies to review data and prioritize indicators for focus
- A multi-stage prioritization process which included many partner agencies
- Opportunity for public feedback

The UHIP executive committee, operations committee, and coalition used data from the state health assessment (SHA) in various meetings to review and provide input on priorities and areas of focus for the new UHIP. While many state health improvement plans, including the last UHIP, focus primarily on categorical or single outcomes, input for the new UHIP led to a focus to improve upstream protective factors with potential to positively impact multiple outcomes in Utah’s communities.

The following priority statement for the new UHIP was finalized through this process:

Increase mental, physical, and economic health protective factors by:

- **Building connectedness**
- **Improving health access**

The same process resulted in the choice of 4 areas of focus for workgroups, including:

- Low income populations
- Youth

- Individuals with disabilities
- Deepening our knowledge (data, messaging, communications)

We chose leaders for workgroup planning, formed workgroups, and developed plans to advance UHIP priorities within these areas of focus. Plans are included within this document and include objectives, strategies, and activities to facilitate increasing connectedness and improving health access. Process and outcome measures to demonstrate progress along the way are also included and will be reviewed regularly by the UHIP executive committee. If issues are identified, we'll make recommendations for course corrections. Accountability will be reinforced through communication and coordination with the UHIP operations committee and the UHIP coalition, with a minimum of annual meetings with the coalition to report on progress and gather input on recommendations to improve the efficacy of the plan.

The UHIP relies on multi-sector engagement in the workgroups to advance this work, including individuals from multiple agencies and communities. Improvement in these priorities will only occur with united efforts involving multiple partners. Implementing this plan together promises to demonstrate the value of this innovative, upstream approach. As we learn, we anticipate opportunities to adjust strategies that will ultimately support all Utahns to feel connected and experience better health in multiple aspects of life.

Section 2: state health assessment and improvement plan process

Purpose

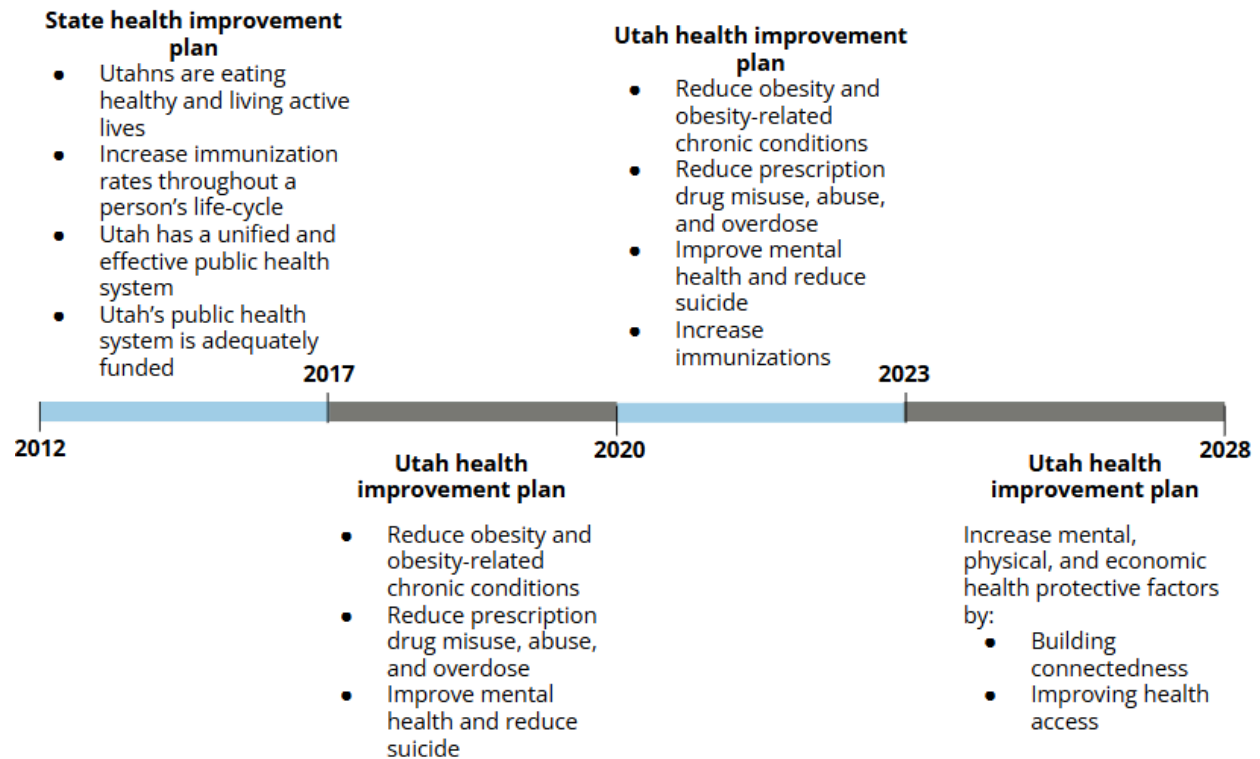
The Utah health improvement plan (UHIP) is a statewide collaborative plan to address chosen priority health issues by the people and agencies in the state interested in the health of the population. The goal of the UHIP is to positively impact complex health concerns and reduce similar work through collaboration to align goals and maximize resources. The DHHS works closely with LHDs to facilitate the collaborative efforts. Partners with an interest in the health and well-being of Utahns also participate through workgroups or the UHIP coalition partner group.

Background

The first state health improvement plan was implemented in 2012. This first iteration was largely an effort between the former Utah Department of Health and LHDs. The state health improvement plan goals included fostering a unified and effective public health system, ensuring adequate public health funding, and health-focused outcomes. The 2017–2019 state health improvement was branded as the Utah health improvement plan and was expanded to include the larger public health system with the involvement of many partners from community groups, other state agencies, health systems, and others. The priority health outcomes included: obesity, prescription drug misuse, and mental health and suicide. At the end of 2019 and into 2020, work began to refresh the improvement plans for the three pre-existing priorities (obesity, prescription drug misuse, and mental health) and to create a work plan for a new immunizations priority. Once COVID-19 arrived, staff time and resources were diverted to address the outbreak which meant a pause of much of the UHIP efforts. In the following years, the decision was made to stay the course with the current improvement plans and continue work in these areas where possible. Despite the challenges of COVID-19, work continued and achieved many accomplishments.

Table 1

History of Utah state health improvement plan efforts



In July 2022, House Bill 365 State Agency Realignment, went into effect to merge the Utah Department of Health and the Utah Department of Human Services. The consolidation of these 2 state departments brought programs together into a single state department to better serve all Utahns. Partners in child and family health and well-being, adult and aging services, mental health, child welfare, juvenile justice, and services for people with disabilities joined with preparedness and emergency health, disease control and prevention, Medicaid, and other programs to promote the department's vision, which is to ". . . ensure all Utahns have fair and equitable opportunities to live safe and healthy lives."

Utah's public health system

The Centers for Disease Control and Prevention (CDC) define the public health system as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction" (Centers for Disease Control and Prevention, 2023, para. 1). The concept of a state public health system recognizes the responsibility to make

sure the health and well-being of a state goes beyond the public health agencies at the state, local, and tribal levels. It includes healthcare, public safety and human service agencies, education and other youth organizations, environmental organizations, not-for-profit organizations, and more.

The public health capacity in Utah is provided by state and local public health entities, healthcare systems, tribal healthcare services, community health centers, other government agencies, and community-based organizations. The governmental public health system in Utah is decentralized. The DHHS, along with the LHDs, works to detect and prevent outbreaks of infectious diseases, promote healthy lifestyles and safe behaviors, protect citizens from man-made and natural disasters, and provide access to healthcare services for Utah's most vulnerable populations.

Public health services in Utah are organized into 13 health districts at the local level. Seven of the 13 local health districts are single county and 6 are multi-county districts (see Figure 1).

LHDs provide many essential health services, including disease outbreak investigations, regulation of known sources of health hazards such as risks in food establishments, and health education and prevention services such as immunizations and preventive health screenings.

LHDs are often the front line for reporting communicable diseases and other events, such as signs and symptoms of exposure to biological agents of terrorism. For more information about local public health in Utah, see the Utah Association of Local Health Departments' website at www.ualhd.org.

The Utah Indian Health Advisory Board advises and makes recommendations for tribal healthcare services and related policy to the DHHS, the Utah Native American Legislative Liaison Committee, and the governor's office on behalf of American Indians and Alaska Natives in Utah. The tribes and tribal epidemiology centers are recognized public health authorities in Utah. The DHHS' Office of American Indian/Alaska Native Health and Family

Figure 1: Map of local health districts in Utah



Services works with the tribes to develop strategies and policies to improve the Indian health in Utah.

Private healthcare systems, including hospitals, physicians, health plans, schools, and private, non-profit agencies also deliver many important local public health services. The DHHS and LHDs collaborate on many initiatives with the private healthcare system to improve the overall health of the population. Community health centers are available to provide care to vulnerable populations. The Association for Utah Community Health (AUCH) is a private, non-profit membership alliance of community health centers and other organizations committed to the accessibility of high-quality, family-oriented, affordable, and community-sensitive healthcare. There are 14 health centers which operate 60 clinics throughout Utah. Members include federally-qualified health center grantees who provide comprehensive primary and preventive healthcare services to all individuals, regardless of ability to pay (Association for Utah Community Health, 2022).

In addition to health agency partners, the Utah health system also includes other state agencies. For example, the Department of Environmental Quality works with the DHHS and LHDs on issues related to air and water quality and contaminants. The Utah State Office of Education collaborates on school-based assessment and interventions. There are also several community-based organizations that work on health issues for communities of focus, work in specific geographic areas, or focus on specific health concerns.

State health assessment and improvement planning process

The state health assessment and improvement planning process was a collaborative process with community and stakeholder involvement. The Association of State and Territorial Health Officials' *State Health Assessment Guidance and Resources* was used as a model for this process as well as the Take Action Cycle from the County Health Rankings (see Figure 2).

Multiple groups and individuals are involved in the state health planning and improvement process. Some participants are highly involved and serve as champions for the process and provide strategic direction and guidance. Others are actively engaged in the planning and logistics, while others serve as

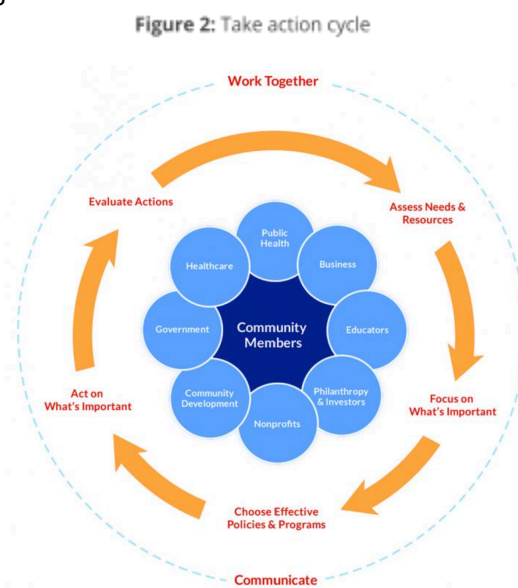
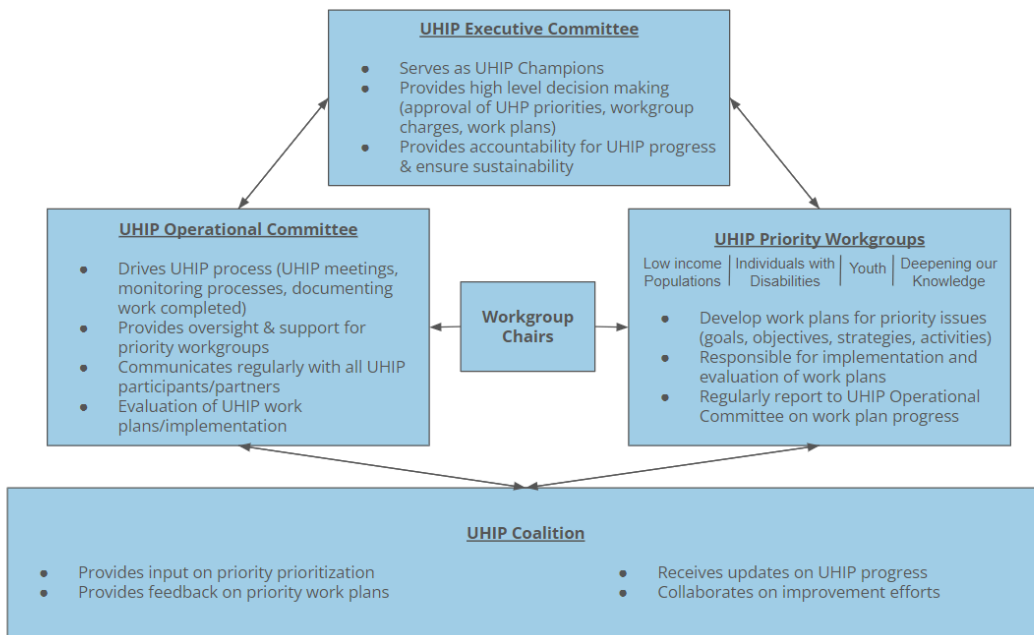


Figure 2: Take action cycle

From "Take action cycle" by County Health Rankings, 2023

subject matter experts for UHIP workgroups. Finally, other individuals provide key input at important steps of the process. Figure 3 shows the UHIP collaborator groups and the contributions they make.

Figure 3:
Utah health improvement plan (UHIP) organizational structure



To see a full list of the individuals and organizations who participate in the state health assessment and improvement planning process see Section 7.

Community input meetings: The Utah community health needs assessment (CHNA) collaboration works together to gather community input from partners statewide. The CHNA collaboration is made up of representatives from DHHS, LHDs, and hospital systems who all do health assessment work in their respective organizations. In 2022, the CHNA collaborative worked together to host 21 input meetings. The meetings were held throughout the state, both in-person and virtually. One meeting focused on children’s health and one was conducted entirely in Spanish. These meetings gathered feedback about health needs and opportunities in each community.

“With the families I work with, they have other priorities such as rent, bills and the health of their children. Especially during the pandemic, while the priority of health is important it is still ranked below the list of priorities to keep their homes by paying bills, rent etc and keeping their jobs in these difficult times.”
-Community input participant

Participants included representatives from:

- State, local, tribal, or regional public health departments
- Healthcare advocates
- Non-profit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Healthcare providers
- Community health centers and other safety net clinics
- Private businesses and workforce representatives
- Representatives of medically underserved, low-income, and minority populations
- Members of the public

Participants in the partner discussion group identified the following issues as key health needs in their community:

Mental health affecting children and adults:

- Isolation as a result of COVID-19 changes and stress
- Individuals dying by suicide
- Stigma and lack of mental health literacy in some communities
- Financial pressures and stress of unmet needs
- Lack of coping skills being taught
- Lack of providers, difficult to recruit new caregivers
- Mental health considered a top priority for most community leaders
- General lack of resources and assets to remove barriers

Chronic diseases associated with unhealthy weight and behaviors affecting physical health in all ages. Barriers discussed:

- Obesity and diabetes
- Lack of preventive health emphasis
- Cost and access to healthcare

Substance use and misuse:

- Tied into mental health, self-medicating
- Lack of detox and treatment facilities in rural communities
- Homelessness

Other community concerns include:

- Inflation
- Cost of housing

- Lack of cultural competent providers and resources
- Domestic violence and adverse childhood experiences
- Intergenerational poverty
- Nutrition and hunger

Most noted community strengths include:

- Education
- Access to outdoor recreation
- Strong social connections and family life

Most noted community opportunities

- Affordable, safe quality housing
- Low crime, safe neighborhoods
- Benefits that diverse populations bring to communities
- Transportation
- Childcare and afterschool programs
- Access to high speed internet in rural communities
- Knowledge of health and community available resources

Data indicators: The SHA team started with a list of more than 100 data indicators. This list was co-developed with local health department and health system partners in previous SHA cycles, and updated by the SHA team to reflect current efforts and health issues in Utah. Data was updated, or identified for new data indicators, and subject matter experts were asked to prioritize data indicators in the following categories:

Social drivers of health	Vaccine preventable diseases
Environmental health	Other infectious disease
Respiratory conditions	Mental health
Cancers	Addictive behaviors
Cardiovascular conditions	Care access
Diabetes conditions	Preventive services
Overweight and obesity	Maternal and child health
Other chronic conditions	Violence and injury

The data indicators were prioritized using the following criteria:

- **Seriousness:** The degree to which the health indicator reflects health issues with high severity such as mortality and morbidity, severe disability, significant pain and suffering, or trending negatively.
- **Size:** The number of individuals affected by the health issue.

- Feasibility: The degree to which we have the ability to influence the health indicator. Evidence-based interventions and strategies to address, resources, and community support exist to work on the issue.
- Health equity: The degree to which the health indicator measures issues that disproportionately affect population subgroups.

Data from the community input meetings and the prioritized data indicators were shared with the UHIP coalition partners and further discussed and prioritized, as described below. More information about the state health assessment can be found at:

<https://healthassessment.utah.gov/>.

UHIP development: Once data was available from the SHA, discussions with the UHIP executive committee and UHIP operations committee started to plan for a community partner, or UHIP coalition, meeting. Data was collected and summarized to inform the first UHIP coalition meeting for the 2023–2028 plan development.

At the UHIP coalition kickoff meeting, DHHS provided an orientation to UHIP, including an overview of UHIP and accomplishments of UHIP from the prior UHIP cycle. We also shared the summary of health assessment data. Coalition members received information from community input meetings and data demonstrating gaps and needs throughout the state, and then the group split into breakout groups to talk about the information and make recommendations for priorities. Each breakout group was given criteria for recommending priorities, as well as discussion questions to guide the conversation. An assigned facilitator supported discussion and documentation, and groups used jamboards to document thoughts on priorities to consider. Common ideas emerged for priorities to consider during this meeting, including mental health, preventive care/screenings, protective factors, and access to care/resources.

Information from this meeting was summarized and discussed with the UHIP executive committee, UHIP operations committee, and DHHS leadership to further refine priorities, and identify key partners to engage in the conversation. We held meetings with these groups to talk about where the greatest opportunities for impact existed. Given protective factors have potential to positively impact the areas brought forward in the UHIP coalition kickoff meeting, the conversation naturally progressed towards considering a focus on these, anchoring to data and resources such as the Surgeon General’s report, “Our Epidemic of Loneliness and Isolation 2023”. DHHS paid close attention to make sure priorities align with DHHS, the governor’s office, and local priorities and goals.

UHIP priorities:

Increase mental, physical, and economic health protective factors by:

- Building connectedness
- Improving health access

The UHIP priorities align with initiatives as follows:

- DHHS strategic plan (Utah Department of Health and Human Services [DHHS], 2023):
 - DHHS vision statement: The vision of the Utah Department of Health and Human Services is to ensure that all Utahns have fair and equitable opportunities to live safe and healthy lives.
 - When we build connectedness and improve health access we can increase mental, physical, and economic health factors and directly influence opportunities for Utahns to experience better health outcomes.
 - Strategy 1: Make sure quality care, services, and programs are accessible where and when they're needed.
 - A focus on improving health access directly supports this strategy since efforts will lead to improved access to care, services, and programs in populations where gaps exist.
 - Strategy 2: Foster safe and supportive environments.
 - Building connectedness means people feel safe and have support networks. This directly supports fostering safe and supportive environments, and safe and supportive environments likewise support connectedness.
 - Strategy 3: Improve health outcomes, both physical and mental.
 - The focus on increasing mental, physical, and economic health protective factors directly supports this strategy
 - Strategy 4: Create a high-quality, effective, and efficient department.
 - The UHIP does not directly influence this strategy, primarily because it is a highly collaborative, multidisciplinary group. However, indirectly, it may influence this strategy since it is fostering relationships with key partners, and the resulting collaborations are essential for the success of the department.
 - Strategy 5: Build public trust in DHHS.

- A focus on improving health in collaboration with community partners provides a critical opportunity to demonstrate concern and interest in the public. By engaging with partners, UHIP gives DHHS an excellent opportunity to build trust with these partners and the clients and communities they serve as we work to improve connectedness and health access together.

Governor Cox's Built Here. Second Term Strategic Plan with alignment to UHIP:

- People: A future health and opportunity for every Utahn.
 - Promote child well-being by supporting healthy development within families.
 - Ensure all Utah children grow up with a strong foundation of good behavioral health.
 - Enhance behavioral health infrastructure.
 - Improve access to high quality affordable healthcare for rural Utahns.
- Place: Neighborhoods and communities where the American Dream thrives.
 - Increase housing affordability and ownership rates at all income levels.
 - Increase Utahns' access to opportunities for essential quality of life destinations.
 - Expand and increase access to outdoor recreation opportunities for all Utahns to improve quality of life and public health.
- Prosperity: An economy that celebrates entrepreneurs, rural Utah, education, and the spirit of service.
 - Preserve and amplify the "Utah Way" of kindness, service, and spirit of community.

Section 3: background on priorities

The decision to work toward improved health of Utahns by focusing on connectedness and health access is different from approaches to UHIP in the past, where the focus was on improving specific outcomes. The rationale is unique and transformative since the focus is on community protective factors. Improvements in these areas have the potential to improve multiple physical, mental, and emotional outcomes in Utah.

UHIP vision
All Utahns will experience connection & health access to achieve optimal mental, physical, and economic health.

Community protective factors

Protective factors are conditions in an individual, family, or community that increase health and well-being. Community protective factors include access to care, neighborhood and built environment, economic stability, education, social norms, and connectedness. A protective factor approach emphasizes the strengths that exist within communities and also identifies areas where improvements are needed. Protective factors provide support to Utahns and lower the likelihood of negative outcomes.

Protective factors are associated with multiple outcomes. For example, improvements to the built environment, such as access to parks and safe walking and biking areas, positively impacts both chronic disease and mental health outcomes. Addressing protective factors requires a multisector approach that focuses on collaboration given the complexity of issues across disciplines.

Building connectedness

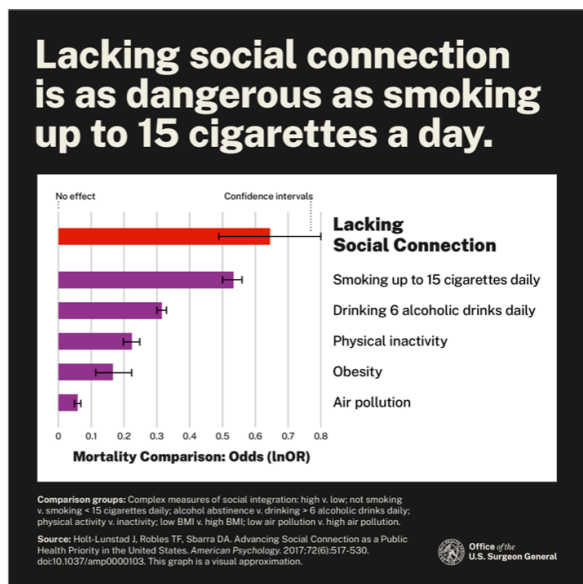
Across the United States, and in Utah, social isolation and loneliness have become widespread problems that negatively impact mental and physical health. As highlighted in the Surgeon General's report, "Our Epidemic of Loneliness and Isolation," building connectedness is a protective factor for several conditions, including cardiovascular disease, dementia, depression, and premature death.

From 2019 to 2022, Utah adults who report being socially isolated have increased from 5.1% to 9.4% (Public Health Indicator Based Information System [IBIS], 2023). People who are lonely are more likely to suffer from depression, anxiety, and suicidal ideation (Mann et al., 2022; Shaw et al., 2021). Loneliness also increases the likelihood of chronic diseases like

diabetes and heart disease. Loneliness and social isolation increase the risk for premature death by 26% and 29% respectively (Holt-Lunstad et al., 2015). The effects of social connection, isolation, and loneliness on mortality are comparable to other risk factors as shown in Figure 4.

Figure 4

Comparison of risk factors: smoking, alcohol, physical inactivity, obesity, and air pollution



Social connection is shaped by both individual and community conditions. Socially connected communities provide opportunities for mental and physical activity in order to keep minds and bodies healthy and safe. These communities include a supportive built environment, accessible programs, and strong local policies that can impact people's access to social connections.

When people are socially connected and have supportive relationships, they are more likely to make healthy choices, are better

able to cope with stress, anxiety, and depression, and have better health outcomes overall (Office of the Surgeon General, 2023). By working collectively to build connectedness, the UHIP effort will improve a variety of health factors and lead to improved health outcomes like Utahns reporting good physical and mental health and quality of life. This work can lead to communities throughout Utah that are connected, stable, and safe and support the UHIP vision that all Utahns will experience connection and health access to achieve optimal mental, physical, and economic health.

Improving health access

Healthcare alone is not sufficient to achieve optimal health outcomes. Access to quality healthcare has a much smaller impact on a person's health than non-medical factors (Shroeder, 2007). In addition to healthcare, access to health includes the ability to access those things necessary for health and well-being. This may include the neighborhood and built environment, economic stability, safe and affordable housing, food security, and education. These factors play a significant role in health outcomes.

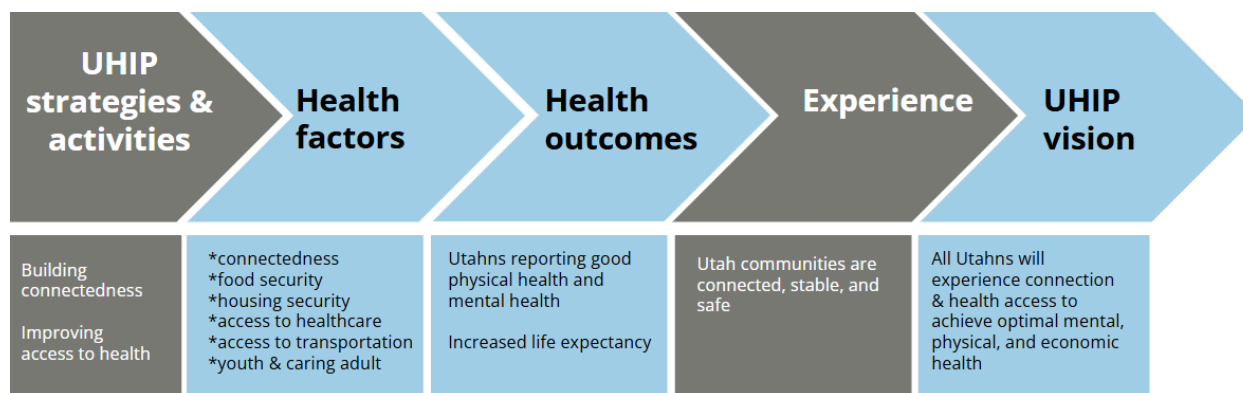
- Neighborhood and built environment: The neighborhoods people live in have a major impact on their health and well-being. Safe communities with clean air and water improve outcomes for residents.
- Economic stability: In Utah, nearly 9% of people live in poverty (IBIS, 2023). Economic opportunity is essential for individuals and families to access the necessities of a healthy life. Opportunities for steady employment make it less likely for people to live in poverty.
- Safe and affordable housing: Housing security has an important impact on health and well-being. Safe and affordable housing is a basic need for all Utahns. There is a shortage of affordable housing throughout Utah. According to the Utah Healthy Places Index, homeownership ranges from 63% in Cache County to 87% in Daggett County. In some areas of Utah, the percentage of low-income renters who pay more than 50% of their income on housing costs is as high as 65.2% (Bodenreider C, Damicis A, Delaney T, et al., 2022).
- Food security: Nearly 10% of Utahns do not have consistent and equitable access to healthy, safe, and affordable food (Feeding America, n.d.). Policy and systems approaches to food security help ensure food security for all Utahns.
- Education: Quality education from early childhood through college is associated with improved health outcomes (Braveman and Gottlieb, 2014). In Utah, 43.5% of 3- and 4-year olds are enrolled in preschool and 34.0% of Utahns older than age 25 have a bachelor's education (Bodenreider C, Damicis A, Delaney T, et al., 2022).

When access to health, broadly defined, is improved people have access to the resources to help them make healthy choices, receive appropriate care, and have better health outcomes overall. By working collectively to improve conditions supportive to good health, the UHIP effort will improve a variety of health factors and lead to improved outcomes like Utahns reporting good physical and mental health and quality of life. This work can lead to communities throughout Utah that are connected, stable, and safe and support the UHIP vision that all Utahns will experience connection and health access to achieve optimal mental, physical, and economic health.

The approach of focusing upstream is a common theme within Utah's priority discussions. Available evidence shows focusing on connectedness and health access as priorities for the UHIP promises to significantly improve all aspects of the health of Utah's residents.

Figure 5

Utah Health Improvement Plan (UHIP) vision and desired outcomes



What success looks like

This document outlines a five-year plan aimed at getting us closer to our vision of “all Utahns achieving optimal mental, physical, and economic health.” UHIP partners provided input about what they would hope to see if we are successful in implementing this plan. In addition to improved health outcomes, partners see a stronger public health system, implemented policy change, and an overall increased awareness about the important role social connectedness and health access play in experiencing healthy outcomes. Table 2 shows a framework for evaluating the success of this 5-year UHIP.

Table 2

Framework for evaluating the success of the 5-year UHIP

A successful UHIP will:	What this looks like:
Have a clear roadmap to success	Measurable outcomes and attainable strategies and activities with tracked progress
Include policy changes	A focus on state and local policy opportunities to create communities supportive to connection and health
Increase awareness	Increased awareness of the links between social connectedness and access to health and improved health outcomes Increased opportunities to share resources, information, and data Increased public knowledge of resources

Strengthen the public health system	New relationships built and strengthened alignment and coordination among current partners Sustainable changes supported
Show progress on measurable outcomes	Improved health outcomes

Section 4: workgroup plans

Once priorities were finalized, work to develop the UHIP transitioned to defining which populations or topics would be the focus of workgroups in order to have the greatest impact in Utah. The UHIP executive and operations committee evaluated the impact on specific populations in terms of connectedness and health access and after reviewing data, narrowed the focus to three population groups with one additional workgroup to support data and messaging needs.¹ The workgroups include:

- Low income populations
- Youth
- Individuals with disabilities
- Deepening our knowledge—this term comes from the surgeon general’s report on loneliness and refers to collecting and understanding the data, as well as messaging and communications about the data.

Once we finalized the priority statement and workgroups, we held a second UHIP coalition meeting to get input on what success would look like within the workgroups and to identify participants for each workgroup. We also sent a survey to all UHIP coalition members to ask about their interest in workgroups. The information gathered at this meeting was shared with workgroup leads who were charged with developing work plans with each workgroup. The work plans follow.

¹ Note: The aging population in Utah was one of the population groups considered as a potential workgroup. Nationally, this group is disproportionately impacted by isolation, however, current data shows isolation is not significantly affecting the aging population in Utah, as compared with other groups. It was decided to focus efforts on the low income, youth, and individuals with disabilities population groups to make the greatest impact with available resources.

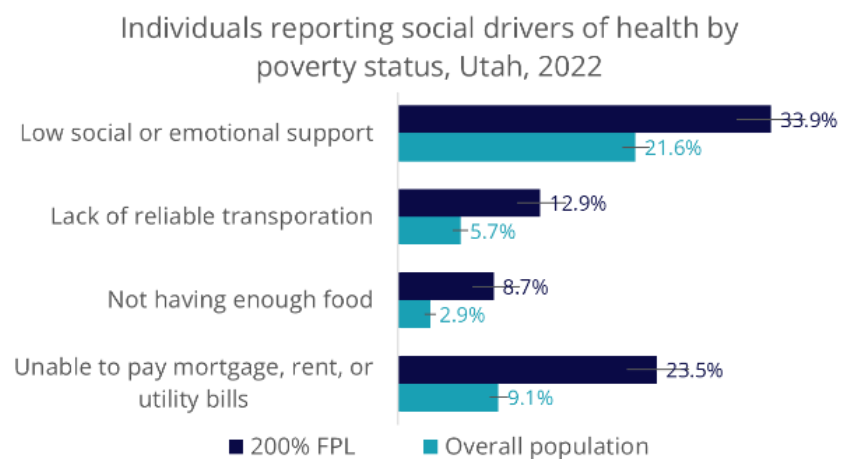
Low income populations

Background

One quarter of Utahns live at 200% of the federal poverty level, or below (IBIS, 2022). Economic opportunity is one of the most powerful predictors of good health. When families are in poverty, they often do not have reliable access to the goods and services that are necessary for a healthy life. Low income individuals and families are more likely to experience food and housing insecurity than the overall population. They are also more likely to report that they never, rarely, or sometimes get the social and emotional support that they need (Figure 5).

Figure 6

Individuals living at 200% of the federal poverty level, or below, report higher needs related to social drivers of health



Source: 2022 Utah Behavioral Risk Factor Surveillance System

Current efforts

A variety of efforts continue around the state to improve social connectedness and access to health, many specifically benefit low income populations. Some examples include:

- Medicaid community sessions
- Local health department prevention block grant activities
- Wasatch Front Regional Council Wasatch Choice
- Food security efforts: USU SNAP Ed Program; Salt Lake Food Security Council; State Nutrition Action Committee
- Community health workers

- [Equitable access to nutrition in Utah](#)—research looking at access to nutrition food and the connection with access to transportation

Priority 1: building connectedness

Table 3

Low income population priority 1 outcomes

UHIP priority Build connectedness for low income populations		
UHIP objective Decrease social isolation		
UHIP strategies	Outputs	Outcomes
Understand the current state of connectedness for low income populations	Survey results	Decreased loneliness
Increase community engagement	Trainings held	Improved mental health
Identify key transportation partners and active transportation efforts aimed at improving the transportation infrastructure to increase opportunities for social connectedness	Best practices created	Decreased social isolation
	Partners identified	
	Events held	

Objective 1.1: Decrease social isolation.

Measure: Decrease the percentage of low income adults in Utah who are socially isolated from others by 5% by December 2028.

- Data source: BRFSS
- Baseline value: 33.9%

Strategy 1: Understand the current state of connectedness for low income populations.

- Activity 1: Compile information from previous conducted focus groups, learning sessions, and other meetings that have gathered input from community members.
 - Owner: deepening our knowledge workgroup
 - Time frame: December 2026
- Activity 2: Train state and local health agency and partner organization staff on equitable community engagement frameworks and processes.
 - Owner: low income population workgroup
 - Time frame: December 2027
- Activity 3: Create community engagement policies and best practices, including community compensation.
 - Owner: DHHS Office of Health Promotion and Prevention, DHHS Office of Health Equity
 - Time frame: June 2028

Strategy 2: Increase community engagement.

- Activity 1: Identify partners and training opportunities to improve community engagement.
 - Owner: low income population workgroup
 - Time frame: June 2028
- Activity 2: Support events that connect people to each other, provide resources, and encourage people to advocate for their needs.
 - Owner: low income population workgroup
 - Time frame: June 2028

Strategy 3: Identify key transportation partners and active transportation efforts aimed at improving the transportation infrastructure to increase opportunities for social connectedness.

- Activity 1: Collaborate with transit organizations to identify opportunities for collaboration.
 - Owner: DHHS Office of Health Promotion and Prevention
 - Time frame: June 2028
- Activity 2: Collaborate with the Utah Department of Transportation (UDOT) to use the Utah Healthy Places Index as a resource for the Utah Trail Network.
 - Owner: DHHS Office of Health Promotion and Prevention; UDOT
 - Time frame: June 2025 (completed)

Priority 2: access to health

Table 4

Low income population priority 2 outcomes

UHIP priority Improve access to health for low income populations		
UHIP objectives Increase food security among Utah families Increase federal earned income tax credit (EITC) use among eligible Utahns Build relationships between public health and housing		
UHIP strategies	Outputs	Outcomes
Identify ways to support healthy school meals for all Understand the barriers to enrollment in food security programs Educate people on EITC eligibility and use Build the capacity of state and local public health and partner agencies to work with housing partners	School meals legislation Focus group results Meetings held Partnerships built Materials distributed Resources shared Inventory created Target geographies identified	Increased healthy eating Improved financial stability Improved chronic disease outcomes

Objective 2.1: Increase food security among Utah families.

Measure: Increase the percentage of eligible Utahns enrolled in programs that increase access to nutritious foods by 2% by December 2028.

- Data source(s): US Department of Agriculture, DHHS programs
- Baseline value(s): SNAP: 74%

Strategy 1: Identify ways to support healthy school meals for all.

- Activity 1: Understand and support the work happening in other coalitions to support Healthy School Meals for All.
 - Owner: low income population workgroup
 - Timeframe: June 2025 (completed)

Strategy 2: Understand the barriers to enrollment in food security programs.

- Activity 1: Work with community members to assess barriers to enrollment.
 - Owner: deepening our knowledge
 - Time frame: June 2026
- Activity 2: Develop communication to inform decision-makers about administrative burdens to enrollment.
 - Owner: low income population workgroup
 - Time frame: December 2026
- Activity 3: Convene agencies who administer programs to identify ways to reduce burden.
 - Owner: low income population workgroup
 - Time frame: June 2027

Objective 2.2: Increase federal earned income tax credit (EITC) use among eligible Utahns.

Measure: Increase uptake in the federal EITC by 5% by December 2028.

- Data source(s): IRS
- Baseline value(s): 76.9% in 2020

Strategy 1: Educate people on EITC eligibility and use.

- Activity 1: Partner with agencies and organizations across the state that serve low income populations to communicate about EITC.
 - Owner: DHHS Office of Health Promotion and Prevention
 - Time frame: December 2026
- Activity 2: Increase the use of free tax help.
 - Owner: Utah 2-1-1
 - Time frame: December 2026

Objective 2.3: Build relationships between public health and housing.

Measure: Pre/post survey with public health and housing representatives to see if relationships were strengthened.

- Data source(s): pre/post survey questions
- Baseline value(s): pre-tests not yet conducted

Strategy 1: Build the capacity of state and local public health and partner agencies to work with housing partners.

- Activity 1: Identify opportunities for collaboration between local homeless coalitions, affordable housing coalitions, LHDs, state agencies, and other health partners.
 - Owner: low income population workgroup
 - Time frame: October 2025
- Activity 2: Create an inventory of current coalitions and activities underway to address affordable housing in Utah.
 - Owner: DHHS homeless epidemiologist
 - Time frame: October 2025
- Activity 3: Use the Utah Healthy Places Index to identify communities with low levels of affordable housing and other risks for homelessness.
 - Owner: DHHS Office of Health Promotion and Prevention
 - Time frame: June 2026

Resources, potential partners, and barriers for the low income work plan

Resources

- Academic partners with research interests in food insecurity
- Active Transportation—coalition in existence with a strategic plan and funding
- Utah State University Wellbeing Project, a survey to track local perspectives on wellbeing around the state
- Office of Homeless Services workgroups/coalitions
- United Way community compensation policies

Barriers

- Time constraints
- Staff time
- Funding sources/funding gaps
- Competing priorities
- Burnout
- Lack of trust
- Lack of progress

Partners

- Aging and Adult Services
- American Cancer Society
- Association of Utah Community Health (AUCH)
- Community-based organizations
- Community members
- Department of Workforce Services (DWS)
- Department of Health and Human Services (DHHS)
- DWS Office of Homeless Services
- Get Healthy Utah
- Intermountain Health
- Local health departments
- Local homeless councils
- Local school districts
- Local substance abuse authorities
- OgdenCAN
- Rural Health Association of Utah
- Utah State Nutrition Action Coalition
- Tax Help Utah
- UDOT
- Universities and community colleges
- Utah Transit Authority (UTA)
- Utah Association of Local Health Departments
- Utah Community Health Workers Association (UCHWA)
- Utah Security Council
- Utah Public Health Association (UPHA)
- Utah Refugee Center
- Utah Senior Advisor on Housing
- Utah State Board of Education
- Utah's Promise
- Utahns Against Hunger
- Voices for Utah Children
- Wasatch Front Regional Council

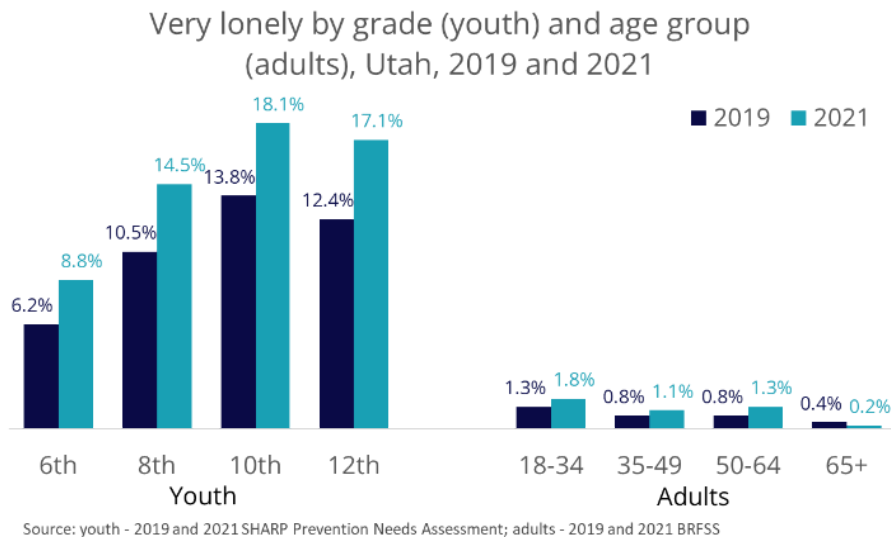
Youth

Background

According to the surgeon general’s report on loneliness and isolation, loneliness rates among young adults in the United States have increased every year between 1976 and 2019 (Office of the U.S. Surgeon General, 2023). In 2019 and 2021, the Utah Prevention Needs Assessment survey (administered to youth in grades 6, 8, 10 and 12) and the BRFSS survey (administered to adults 18+) asked the same set of 4 questions to create a scale for social loneliness. Nationally, older adults are disproportionately impacted by isolation, however in Utah, data shows isolation is not a significant issue for older adults. Figure 6 shows the significant rates of reported loneliness and isolation among youth.

Figure 7

Reported loneliness and isolation among youth and adults



Current efforts

There is increased awareness and educational efforts statewide to increase positive childhood experiences (PCEs), social connectedness, household financial stability, and other protective factors to ensure safe, stable, nurturing relationships and environments for Utah youth. In the past few years, the DHHS Division of Population Health has convened the Utah Coalition for Protecting Childhood, a multisectoral coalition focused on increasing protective factors for Utah’s families and youth. This group continues to organize partners,

increase education, collect data, and create resources to increase protective factors for Utah’s youth.

Priority 1: building connectedness

Table 5

Youth priority 1 outcomes

<p>UHIP priority Build connectedness for youth</p>		
<p>UHIP objectives Increase the number of youth who report having a caring adult to talk to about their feelings Increase our understanding of the root causes of disparity in social connectedness among youth</p>		
<p>UHIP strategies</p>	<p>Outputs</p>	<p>Outcomes</p>
<p>Promote daily positive interactions between youth and parents, or other caregivers</p> <p>Engage parents and caregivers (2-generation approach) to model healthy social media and screen time behaviors, including disconnecting, being present with others, and putting phones down to improve connectedness at home</p> <p>Understand and address the barriers and facilitators to social connectedness for youth who are experiencing the highest levels of social isolation at the interpersonal, school, and community levels</p>	<p>Partners</p> <p>Education/resources for parents</p> <p>Messaging campaigns</p> <p>Lit review</p> <p>Needs assessments/focus groups</p> <p>Youth advisories</p>	<p>Increased positive connections with caring adults and youth</p> <p>Increased healthy social media and technology behaviors</p> <p>Increased understanding of the root causes of social connectedness disparities among youth</p>

Objective 1.1: Increase the number of youth who report having a caring adult to talk to about their feelings.

Measure: Increase the number of youth who report having a caring adult to talk to by 5% by December 2028.

- Data source: YRBS (Utah youth in 9th, 10th, 11th, and 12th grades)
- Baseline value: 50.5% (2021)

Strategy 1: Promote daily positive interactions between youth and parents, or other caregivers.

- Activity 1: Conduct a literature review of research that shows the link between positive interactions with parents, and other caregivers, and improved youth mental and physical health.
 - Owner: deepening our knowledge workgroup
 - Time frame: May 2026
- Activity 2: Assess barriers and facilitators to daily positive interactions and identify strategies to decrease barriers and increase facilitators.
 - Owner: youth workgroup
 - Time frame: December 2026
- Activity 3: Promote resources, tools, and messaging for adults to help facilitate daily positive interactions between youth and parents, or other caregivers.
 - Owner: youth workgroup
 - Time frame: ongoing thru 2028

Strategy 2: Engage parents and caregivers (2-generation approach) to model healthy social media and screen time behaviors, including disconnecting, being present with others, and putting phones down to improve connectedness at home.

- Activity 1: Explore partnerships with social media campaigns to include social connectedness, positive childhood experiences (PCE), and healthy social media behavior messaging for parents and caregivers.
 - Owner: youth workgroup
 - Time frame: December 2026

Objective 1.2: Increase our understanding of the root causes of disparity in social connectedness among youth.

Measure 1: Decrease connectedness disparities among youth groups disparately experiencing loneliness and isolation.

- Data source: TBD (pending completion of assessment, see strategy 2)

- Baseline value: TBD

Strategy 1: Understand and address the barriers and facilitators to social connectedness for youth who are experiencing the highest levels of social isolation at the interpersonal, school, and community levels.

- Activity 1: Identify and engage community members, community representatives, or community organizations that represent groups disparately impacted by social isolation to participate in the UHIP youth workgroup, as well as engage existing youth-focused groups at DHHS.
 - Owner: youth workgroup
 - Time frame: Ongoing
- Activity 2: Complete a youth social connectedness assessment and establish benchmarks to increase connection among groups disparately impacted by social isolation.
 - Owner: youth workgroup
 - Time frame: July 2026
- Activity 3: Engage youth in creating shared strategies for addressing barriers and facilitators for social connectedness, after the assessment is completed.
 - Owner: youth workgroup
 - Time frame: December 2027

Priority 2: access to health

Table 6

Youth priority 2 outcomes

UHIP priority Improve access to health for youth		
UHIP objective Increase funding, capacity, partnership, and collaboration between public health and schools, universities, and trade schools to improve health access		
UHIP strategies	Outputs	Outcomes

<p>Engage schools, universities, and trade schools to partner on efforts to reduce food insecurity</p> <p>Expand access and use of systems and programs to improve mental and physical health in youth populations</p> <p>Increase health literacy among parents/caregivers, and young adults who attend universities and trade schools to increase capacity to navigate healthcare and health resources and increase health seeking behaviors</p>	<p>Partnerships with schools</p> <p>Resources for school resource centers</p> <p>Communication materials</p> <p>Resources for WIC/SNAP enrollment assistance</p> <p>Health literacy curriculum</p>	<p>Increased access to healthcare</p> <p>Increased food security among youth</p>
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Objective 1.1: Increase funding, capacity, partnership, and collaboration between public health and schools, universities, and trade schools to improve health access.

Measure 1: Increase use of telehealth services in schools by December 2028.

- Data source(s): Utah State Board of Education
- Target and baseline value: TBD

Measure 2: Decrease food insecurity experienced by students by December 2028.

- Data source(s): Utah School Board of Education, SHARP survey
- Target and baseline value: TBD

Strategy 1: Engage schools, universities, and trade schools to partner on efforts to reduce food insecurity.

- Activity 1: Increase resources to expand/establish food banks and student resource centers in schools statewide, with priority placed on communities experiencing high rates of childhood hunger.
 - Owner: youth workgroup
 - Time frame: December 2028

- Activity 2: Provide resources to schools, universities, and trade schools to aid and support parents/caregivers and young adults through the SNAP and WIC application process.
 - Owner: youth workgroup
 - Time frame: December 2028

Strategy 2: Expand access and use of systems and programs to improve mental and physical health in youth populations.

- Activity 1: Expand awareness and use of the Utah Education Telehealth Network (UETN) with particular focus on local education agencies (LEAs) who have been slow to use.
 - Owner: youth workgroup
 - Time frame: December 2027
- Activity 2: Ensure qualified families are enrolled in CHIP, and explore opportunities with Medicaid to increase enrollment and coverage of uninsured children in Utah.
 - Owner: youth workgroup
 - Time frame: December 2027

Strategy 3: Increase health literacy among parents/caregivers, and young adults who attend universities and trade schools to increase capacity to navigate healthcare and health resources and increase health seeking behaviors.

- Activity 1: Partner with schools/universities to develop deliverables and learning opportunities to increase health literacy and health access among school communities.
 - Owner: youth workgroup
 - Time frame: by December 2027
- Activity 2: Partner with employers across sectors to increase health literacy and health access to employees and their families to reach youth ages 19–25 years who do not access secondary education.
 - Owner: youth workgroup
 - Time frame: by December 2027

Resources, potential partners, and barriers for the youth work plan

Resources

- [Surgeon General's advisory on social isolation and loneliness](#)

- [Youth connectedness toolkit](#)
- [Healthy Places By Design: Socially Connected Communities](#)
- [Solutions for Social Isolation:](#) RWJ Foundation
- [How Local Leaders Can Create Socially Connected Communities:](#) RWJ Foundation
- [Places to Be and Places to Belong: Youth Connectedness in School And Community](#)
- Youth and adult health surveys
- Social harms social media campaign
- [Live On suicide prevention campaign](#)
- [Healthy Places Index](#)

Barriers

- Lack representation from disparately impacted communities
- Funding
- Manpower
- Lack of institutional trust
- Political climate/political will to address priority areas, such as increasing funding to schools to help increase health access
- Difficult to ask teachers to take on new responsibilities to address health access without adequate and appropriate funding
- Lack of capacity in the CHIP program to serve all children in need

Partners

- DHHS Division of Integrated Healthcare
- Division of Workforce Services
- LHDs
- Local mental health authorities/local substance abuse authorities
- Community-based organizations
- Education (schools, school districts/superintendents/USBE)
- Healthcare (Intermountain Health)
- Food banks
- Family support centers
- Brigham Young University Social Connections Research Lab
- One Utah Health Collaborative
- Utah State Board of Education
- Voices for Utah Children

Individuals with disabilities

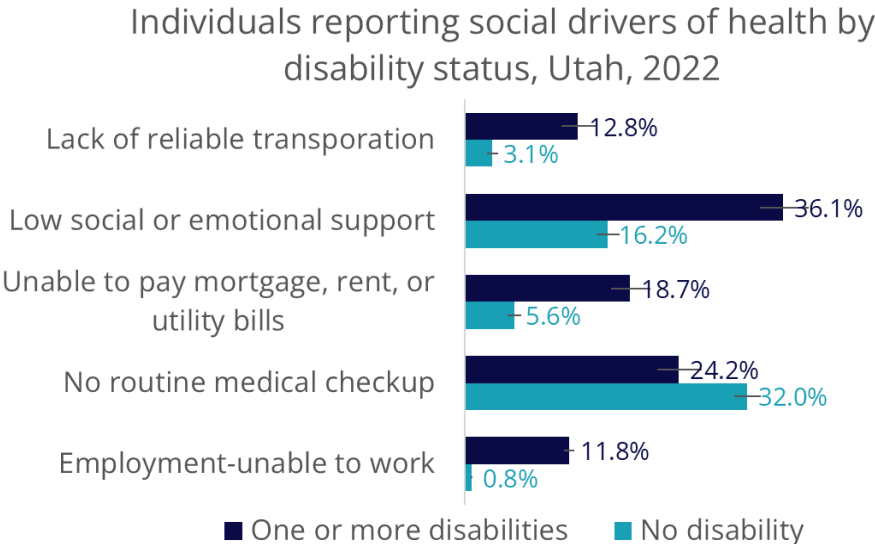
Background

Social support plays an especially critical role in the lives of people who have disabilities. The health and wellness of people with disabilities in Utah is directly correlated with their level of social connectedness. In addition to providing emotional support and a sense of belonging, social connections provide practical assistance with daily tasks, transportation, and help to access resources. This practical support helps individuals with disabilities maintain independence and manage their daily lives more effectively. Social connections also play a significant role in facilitating employment opportunities for people with disabilities through job search assistance, providing opportunities for skill development and training, and support and advocacy for individuals with disabilities in the workplace, to make sure they receive necessary accommodations and support.

Figure 7 shows some of the health disparities faced by individuals with disabilities related to factors that facilitate health and well-being.

Figure 8

Individuals with one or more disabilities reported higher needs related to social drivers of health



Source: 2022 Utah Behavioral Risk Factor Surveillance System

Current efforts

There are many organizations and efforts currently underway in Utah to help people who have disabilities live fulfilling, healthy, and inclusive lives. For example, the Kem C. Gardner Institute and the Utah Behavioral Health Coalition are developing a behavioral health master plan to guide partners in creating more efficient and effective behavioral health systems to provide timely access to high-quality care of behavioral health services and supports. The Utah Department of Commerce, Office of Professional Licensing Review is updating and streamlining the overall process for providers to increase the number of available providers and the quality of services available. Several committees and councils exist specifically to address issues that impact people who have disabilities, including the Governor’s Committee on Employment for People with Disabilities, the Utah Developmental Disabilities Council: Ready and Able, and the Salt Lake City Accessibility and Disability Commission.

Priority 1: building connectedness

Table 7

Individuals with disabilities priority 1 outcomes

UHIP priority Build connectedness for people with disabilities		
UHIP objective Increase social connectedness for people with disabilities in Utah by addressing barriers to employment, housing, and transportation; and develop informal support networks and community integration opportunities		
UHIP strategies	Outputs	Outcomes
Increase access to employment opportunities for individuals with disabilities in Utah	Literature review	Improved mental health (reduced social isolation)
Enhance transportation accessibility for individuals with disabilities	Repository of data and resources collected (including provider training, employer training, etc.)	Decreased percentage of people with disabilities who

<p>Strengthen social support networks for individuals with disabilities by promoting social inclusion and community engagement for individuals with disabilities</p>	<p>Partners</p> <p>Shared resources (newsletter content, partner listservs, etc.)</p> <p>Advertising (transportation related)</p>	<p>experience transportation barriers</p> <p>Increased percentage of people with disabilities participating in the workforce</p>
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Objective 1.1: Increase social connectedness for people with disabilities in Utah by addressing barriers to employment, housing, and transportation; and develop informal support networks and community integration opportunities.

Measures: Decrease the percentage of individuals with disabilities who report a lack of reliable transportation by 3% by December 2028

(BRFSS—During the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?)

Data source(s): BRFSS

Baseline value(s): 12.8% (2022)

Decrease the percentage of individuals with disabilities in Utah who report they are not receiving the social or emotional support they need by 10% by December 2028.

- Data source(s): BRFSS
- Baseline value(s): 65.9% (2022)

Increase the percentage of individuals with disabilities in Utah who participate in the labor force by 10% by December 2028.

- Data source(s): American Community Survey (ACS)
- Baseline value(s): 58% (2021)

Strategy 1: Increase access to competitive and integrated employment opportunities for individuals with disabilities in Utah.

- Activity 1: Identify Utah policies and practices that are barriers and promoters to people with disabilities finding employment.
 - Owner: individuals with disabilities workgroup

- Time frame: December 2028
- Activity 2: Identify and promote community-integrated employment training and placement programs, certification processes, and resources to increase the number of individuals with disabilities who are employed in Utah.
 - Owner: Individuals with disabilities workgroup
 - Time frame: December 2028

Strategy 2: Enhance transportation accessibility for individuals with disabilities.

- Activity 1: Identify and evaluate existing barriers to transportation for individuals with disabilities in Utah and participate in efforts to address the challenges identified.
 - Owner: individuals with disabilities workgroup
 - Time frame: December 2026
- Activity 2: Expand and improve public transportation accessibility, including accessible routes, vehicles, and stations.
 - Owner: individuals with disabilities workgroup
 - Time frame: December 2028
- Activity 3: Collaborate with transportation providers to expand paratransit services to meet the needs of individuals with disabilities in a more timely and efficient manner.
 - Owner: individuals with disabilities workgroup
 - Time frame: ongoing, by December 2028
- Activity 4: Promote the creation of accessible community-based transportation options for individuals with disabilities.
 - Owner: individuals with disabilities workgroup
 - Time frame: ongoing, by December 2028
- Activity 5: Develop materials to raise awareness of the importance and availability of accessible public transportation for people with disabilities through advertising, public service announcements, and media campaigns.
 - Owner: individuals with disabilities workgroup
 - Time frame: December 2027

Strategy 3: Strengthen social support networks for individuals with disabilities by promoting social inclusion and community engagement for individuals with disabilities.

- Activity 1: Partner with community and mental health organizations to create and expand the availability of support groups for individuals with disabilities, with and without co-occurring mental health issues.
 - Owner: individuals with disabilities workgroup
 - Time frame: ongoing, by December 2028
- Activity 2: Develop and share resources to support community organizations in creating inclusive social events, activities, and programs that are accessible and welcoming to individuals with disabilities.
 - Owner: individuals with disabilities workgroup
 - Time frame: ongoing, by December 2026
- Activity 3: Promote programs that focus on social skill development, self-advocacy training, and community integration for individuals with disabilities.
 - Owner: individuals with disabilities workgroup
 - Time frame: ongoing, by December 2028

Priority 2: access to health

Table 8

Individuals with disabilities priority 2 outcomes

UHIP priority Increase health access for people with disabilities		
UHIP objective Expand access to high-quality healthcare and social support services for people with disabilities so they can achieve optimal physical health, mental health, and well-being		
UHIP strategies	Outputs	Outcomes
Increase the awareness, accessibility, and use of telehealth options for individuals with disabilities in Utah	Literature review	Increased access and use of healthcare
Increase the number of healthcare providers in Utah who are trained, equipped, and incentivized to deliver	Repository of data and resources collected	Increased provider competency to provide accessible care for individuals with disabilities
	Partners	

<p>high-quality care to individuals with disabilities</p> <p>Increase the availability and quality of care coordination and patient navigation services for individuals with disabilities in Utah to help them coordinate services and supports within and across healthcare and social service systems</p>	<p>Shared resources (newsletter content, partner listservs, etc.)</p>	<p>Increased accessibility of healthcare services and systems</p>
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Objective 1.1: Expand access to high-quality healthcare and social support services for people with disabilities so they can achieve optimal physical health, mental health, and well-being.

Measures: Increase the percentage of individuals with disabilities who report using telehealth in the past 12 months by 5% by December 2028.

- Data source: BRFSS
- Baseline value: 39.6%

Increase the number of providers who participate in training, support, learning activities for working with individuals with disabilities to 300 by December 2028.

- Data source(s): 211 database and disability and health program records
- Baseline value(s): N/A

Strategy 1: Increase awareness, accessibility, and use of telehealth options for individuals with disabilities in Utah.

- Activity 1: Identify and collaborate with partners to gather feedback on barriers to using telehealth services among people with disabilities in Utah.
 - Owner: individuals with disabilities workgroup
 - Time frame: December 2027
- Activity 2: Promote training, education, and resources to encourage healthcare providers to adopt and implement telehealth technologies that are accessible to individuals with disabilities. This includes making sure telehealth platforms meet accessibility standards and increasing provider capacity to deliver telehealth services to individuals with disabilities.

- Owner: individuals with disabilities workgroup
- Time frame: ongoing, by December 2028

Strategy 2: Increase the number of healthcare providers in Utah who are trained, equipped to deliver high-quality care to individuals with disabilities.

- Activity 1: Engage in advocacy efforts to promote policies that support disability care, such as funding for training programs, reimbursement for disability-related services, and initiatives to address disparities in access to care for people with disabilities in Utah.
 - Owner: individuals with disabilities workgroup
 - Time frame: ongoing, by December 2028
- Activity 2: Promote existing trainings and curricula specifically focused on disability-related topics for healthcare and mental healthcare providers.
 - Owner: individuals with disabilities workgroup
 - Time frame: ongoing, by December 2026
- Activity 3: Work with universities and other professional training programs to integrate disability-related content into the core curricula of medical schools, nursing programs, psychology, social work, OT, PT, SLP, and other healthcare-related professions.
 - Owner: individuals with disabilities workgroup
 - Time frame: December 2028

Strategy 3: Increase the availability and quality of care coordination and patient navigation services for individuals with disabilities in Utah to help them coordinate services and supports within and across healthcare and social service systems.

- Activity 1: Identify and collaborate with partners to understand the needs needed to improve patient navigation programs and services for individuals with disabilities.
 - Owner: individuals with disabilities workgroup
 - Time frame: December 2027
- Activity 2: Integrate social service coordination into care planning processes for individuals with disabilities including identifying and addressing social drivers of health, such as housing, transportation, and employment needs, which can significantly impact their overall well-being.
 - Owner: individuals with disabilities workgroup
 - Time frame: December 2028

- Activity 3: Foster collaboration among healthcare providers, social workers, case managers, and other professionals involved in the care of individuals with disabilities through joint training programs, interdisciplinary teams, and regular case conferences.
 - Owner: individuals with disabilities workgroup
 - Time frame: ongoing, by December 2028
- Activity 4: Promote educational materials and workshops for people with disabilities and their families to empower them to become active participants in their care management and decision-making processes.
 - Owner: individuals with disabilities workgroup
 - Time frame: December 2026

Resources, potential partners, and barriers for the individuals with disabilities work plan

Resources

- Governor’s Committee on Employment for People with Disabilities
- Utah Developmental Disabilities Council
- Workforce Services Rehabilitation
- Utah State University–Institute for Disability Research, Policy, and Practice (USU IDRPP)
- Salt Lake City Accessibility and Disability Commission
- The Utah DHHS Disability and Health Program has funding and existing programming to promote responsive practice training for healthcare providers on how to improve communication, accessibility, and inclusivity of their practices. The training is free and open to healthcare providers and any individuals who wish to learn more and receive free continuing education credits.

Barriers

- Policy barriers
 - Denying reasonable accommodations
- Healthcare and insurance systems
 - Reimbursement rates and priorities
- Funding
 - To implement strategies and activities
 - Retrofitting healthcare settings and physical environments to improve accessibility
- Social barriers

- Employer perspectives of people with disabilities, hiring practices, and accessibility of jobs postings/applications
- Built environment: physical environment and mobility may prevent access
- Current transportation system
- Capacity and burnout
 - For implementation staff
 - For providers and healthcare systems to train healthcare professionals on behavioral health care and oversight of trainings
- Communication barriers
- Making sure people with disabilities are included in the planning and implementation processes

Partners

- Department of Workforce Services, Office of Homeless Services
- Utah Department of Transportation
- Rural Health Association of Utah
- Utah Community Health Worker Association/CHWs
- Office of Primary Care and Rural Health (DHHS)
- Utah Housing and Urban Development
- Association for Utah Community Health
- Utah Parent Center
- USU-IDRPP
- Medicare and Medicaid (CMS)
- Division of Services for People with Disabilities (DSPD, DHHS)
- Utah Community Action
- Adult Probation and Parole
- Salt Lake County Adaptive Recreation
- Salt Lake City Mayor's Office
- Utah Association of Counties: Utah Behavioral Healthcare Committee
- Utah One Health Collaborative
- Office of Professional Licensing
- Governor's office
- Utah Developmental Disabilities Council
- Workforce services/rehabilitation
- Utah Transit Authority
- Salt Lake City Accessibility and Disability Commission
- Centers for Independent Living (10 in Utah)

- Utah Telehealth Network
- Utah Disabilities Advisory Council
- Local health departments/Utah Association of Local Health Departments
- Salt Lake Community College, Accessibility and Disability Services
- Source America
- Disability Law Center
- Special Olympics-Utah
- Disabled Rights Advocacy Center
- Utah Health Policy Project/Take Care Utah
- Healthcare systems (Intermountain Health, University of Utah, etc.)
- Higher education programs training healthcare providers: U of U medical school, dental schools, etc.
- Utah 211

Deepening our knowledge (data/messaging/communications)

Background

As the UHIP priorities were in the process of being drafted and then finalized, we gathered input from numerous partners about the draft priorities. A common theme from these discussions was the need to better understand the data as it relates to social connectedness and health outcomes. The messaging about UHIP priorities needs to be well thought out and clearly communicated. This guidance is reflected in the selection of the first workgroup: Deepening our knowledge.

Deepening our knowledge includes:

- Further advancing our understanding of the causes and consequences of social connection, trends, populations at risk, and the effectiveness of interventions and other efforts to advance connection
- Expanding our capacity to measure using standard metrics
- Increasing public awareness and education of the drivers and solutions of connection and disconnection.

While these principles come from the report on loneliness and isolation, they can be equally applied to both the social connectedness and improving health access priorities.

Current efforts

There is growing momentum in Utah to better understand and address the upstream factors impacting health. For several years, there has been enhanced data collection to better understand real and perceived social isolation for Utah youth and adults, as well other factors impacting health. For example, in the Utah Behavioral Risk Factor Surveillance System (BRFSS) survey, and other population health surveys, DHHS programs have been adding questions for better surveillance of social drivers of health. There is a good foundation of data for this workgroup to build on.

Table 9

Deepening our knowledge priority 1 and 2 outputs

<p>UHIP objectives</p> <ul style="list-style-type: none"> • Increase understanding of the relationship between health outcomes and interventions associated with access to health and social connectedness • Increase understanding of the available Utah data, resources, and current activities related to access to health and social connectedness • Increase awareness of UHIP activities aimed to improve access to health and social connectedness • Ensure resources are allocated effectively for Utah health improvement plan activities around access to health and social connectedness 	
UHIP strategies	Outputs
Identify factors that influence social connectedness and health outcomes related to access to health and social connectedness	Literature review Mind map
Identify and evaluate data sources related to access to health and social connectedness in Utah and describe the data available for stratifying data by communities of focus	Data and resource inventory Data collection plan
Identify and define key terms and common language to be used when communicating about the UHIP	Glossary of terms
Develop communication plan(s)	Training about the impacts of loneliness and social connectedness
Increase awareness around access to health as a health-related social need	UHIP website
Increase awareness around loneliness and social connectedness as a health-related social need	
Evaluate UHIP activities around access to health and social connectedness	Evaluation plan

Priority 1: building connectedness

Objective 1.1: Increase understanding of the relationship between health outcomes and interventions associated with social connectedness by November 2025.

Measure: Complete a final mind map, a diagram that shows relationships between social connection and the downstream and upstream factors, by November 2025.

- Data source(s): Literature review, deepening our knowledge sub workgroup
- Baseline value(s): Mind map not developed

Strategy 1: Identify factors that influence social connectedness and health outcomes related to social connectedness (either high social connectedness or low social connectedness).

- Activity 1: literature review
 - Owner: deepening our knowledge workgroup
 - Time frame: by July 2025
- Activity 2: Develop mind map of how upstream factors influence connectedness and how connectedness impacts downstream health impacts by November 2025.
 - Owner: deepening our knowledge workgroup
 - Time frame: by November 2025

Objective 1.2: Increase understanding of the available Utah data, resources, and current activities related to social connectedness by August 2025.

Measure: Complete a social connectedness data collection plan by August 2025 (new measures to follow).

- Data source(s): data inventory and gap analysis
- Baseline value(s): social connectedness data collection plan not developed

Strategy 1: Identify and evaluate data sources related to social connectedness in Utah and describe the data available for stratifying data by communities of focus.

- Activity 1: Create an inventory of the data and resources currently available regarding social connectedness, including information about available demographic and social drivers of health stratifications.
 - Owner: deepening our knowledge workgroup

- Time frame: by April 2025
- Activity 2: Create an inventory of resources (including current activities being done by DHHS staff and other partners) related to social connection available in Utah.
 - Owner: deepening our knowledge workgroup
 - Time frame: by April 2025
- Activity 3: Analyze gaps in currently available data sources and resources.
 - Owner: deepening our knowledge workgroup
 - Time frame: by July 2025
- Activity 4: Create a data collection plan to address identified gaps in data sources.
 - Owner: deepening our knowledge workgroup
 - Time frame: by August 2025

Strategy 2: Identify and define key terms and common language to be used when we communicate about the UHIP by June 2025.

- Activity 1: Create a glossary of terms.
 - Owner: deepening our knowledge workgroup
 - Time frame: by June 2025

Objective 1.3: Increase awareness of UHIP activities aimed to improve social connectedness.

Measure: UHIP website traffic

- Data source(s): website analytics
- Baseline value(s): June 2024 analytics

Strategy 1: Develop communication plan(s).

- Activity 1: Develop initial, general talking points to educate partners about the relationship between the upstream strategies and protective factors with key health outcomes.
 - Owner: deepening our knowledge workgroup
 - Time frame: By June 2026

Strategy 2: Increase awareness around loneliness and social connectedness as a health-related social need.

- Activity 1: Develop a UHIP website to store resources and training materials, and

promote information and resources related to UHIP activities.

- Owner: deepening our knowledge workgroup
- Timeframe: June 2024

Objective 1.5 Make sure resources are allocated effectively for Utah health improvement plan activities around social connectedness.

Measures: Complete evaluation plan by October 2026 (evaluation measures TBD after plan created).

- Data source(s): work plans and discussions with other workgroup leads
- Baseline value(s): evaluation plan not developed

Strategy: Evaluate UHIP activities around social connectedness.

- Activity 1: Work with other workgroup partners to develop an evaluation plan to implement social connectedness activities.
 - Owner: deepening our knowledge workgroup
 - Time frame: October 2026

Priority 2: access to health

Objective 2.1: Increase understanding of the relationship between health outcomes and interventions associated with access to health by November 2025.

Measure: Complete a final mind map showing connections between access to health and downstream and upstream factors by November 2025.

- Data source(s): literature review, deepening our knowledge sub workgroup
- Baseline value(s): mind map not developed

Strategy 1: Identify factors that influence access to health and health outcomes related to access to health.

- Activity 1: literature review.
 - Owner: deepening our knowledge workgroup
 - Time frame: by July 2025
- Activity 2: Develop a mind map of how upstream factors influence access to health and the impact access to health has on downstream health outcomes.
 - Owner: deepening our knowledge workgroup
 - Time frame: by November 2025

Objective 2.2: Increase understanding of the available Utah data related to access to health by August 2025.

Measure: Complete access to health data collection plan by August 2025 (new measures to follow).

- Data source(s): data inventory and gap analysis
- Baseline value(s): access to health data collection plan not developed

Strategy 1: Identify and evaluate data sources related to access to health in Utah and describe the data available to stratify data by communities of focus.

- Activity 1: Create an inventory of the data and resources currently available regarding access to health, including information about available demographic and social drivers of health stratifications.
 - Owner: deepening our knowledge workgroup
 - Time frame: by April 2025
- Activity 2: Create an inventory of resources (including current activities being done by DHHS and other partners) related to access to health available in Utah.
 - Owner: deepening our knowledge workgroup
 - Time frame: by April 2025
- Activity 3: Analyze gaps in currently available data sources and resources.
 - Owner: deepening our knowledge workgroup
 - Time frame: by July 2025
- Activity 4: Create a data collection plan to address identified gaps in data sources.
 - Owner: deepening our knowledge workgroup
 - Time frame: by August 2025

Strategy 2: Identify common language to use when we communicate about the UHIP by June 2025.

- Activity 1: Create a glossary of terms.
 - Owner: deepening our knowledge workgroup
 - Time frame: by June 2025

Objective 2.3: Increase awareness of UHIP activities aimed to improve access to health (ongoing activity).

Measure: UHIP website traffic

- Data source(s): website analytics
- Baseline value(s): June 2024 analytics

Strategy 1: Develop communication plan(s).

- Activity 1: Develop initial, general talking points.
 - Owner: deepening our knowledge workgroup
 - Time frame: By June 2026
- Activity 2: Determine audiences who may need tailored talking points (ongoing, 2–3 new audiences each year).
 - Owner: deepening our knowledge workgroup
 - Time frame: annually through 2028

Objective 2.5: Make sure resources are allocated effectively for Utah health improvement plan activities around access to health.

Measure: Complete an evaluation plan by October 2026 (evaluation measures TBD after plan created).

- Data source(s): work plans and discussions with other workgroup leads
- Baseline value(s): work plans not developed

Strategy 1: Evaluate UHIP activities around access to health.

- Activity 1: Work with other workgroup partners to develop an evaluation plan to implement access to health activities.
 - Owner: deepening our knowledge workgroup
 - Time frame: October 2026

Resources, potential partners, and barriers for the deepening our knowledge work plan

Resources

- Live On campaign and other suicide prevention
- Governor Cox's initiatives and priorities: social media and disagree better (don't let our disagreements separate/isolate us); health and well-being priority
- Communities that care coalitions (CTCs), Boys and Girls clubs and other organizations already doing this work in the community

- Governor Cox health and well-being priority (<https://governor.utah.gov/issues/opportunity/>)
- US surgeon general report (<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>)
- Magnify Utah: Connecting Communities, Places & Multicultural Stories, <https://multicultural.utah.gov/magnify/>
- Brigham Young University Social Connections Research Lab
- Utah Wellbeing Project—<https://www.usu.edu/utah-wellbeing-project/>
- Faith organizations—opportunity to educate faith leaders about financial and health support systems available to refer people

Barriers

- Working upstream requires a lot of partner commitment and engagement
- Need to make sure we are aware of what is already happening in Utah and make sure we integrate and support existing efforts rather than duplicate current work
- Challenges to access to health:
 - Cost
 - Awareness
 - Language
 - Stigma
 - Policies/systems
 - Transportation
 - Location
 - Disability accommodations

Partners

- Communities that care coalitions (CTCs), Boys and Girls clubs and other organizations already doing this work in the community
- Brigham Young University Social Connections Research Lab
- City planners to discuss ways to create spaces in communities that enhances and supports connection
- Community health workers
- Community councils to assist with awareness
- Identify rural resources to ensure those resources are incorporated in efforts to increase access to health care.
- Rural Health Association of Utah (RHAU) and other rural health councils

- Utah League of Cities and Towns
- DHHS Office of Primary Care and Rural Health

Section 5: evaluating and ongoing monitoring of UHIP

Monitoring and revising the Utah Health Improvement Plan (UHIP) is a crucial step to ensure it remains relevant and meaningful throughout the implementation of the five year plan. It is important to track the progress of activities, strategies, and timelines and how they are supporting the identified priorities and objectives. Situations may take place that justify making revisions to the goals, priorities, and/or objectives of the plan. This may include a newly emerged health issue in the community, changes in responsibility in moving the work forward, or the development of a new state health assessment. It is also possible that the original objectives are not possible to measure and/or there are better objectives that meet the priority issues. The current UHIP is a new approach and those involved need to be prepared to make course corrections as needed.

Elements of an effective monitoring and revision process include:

- Involvement and active participation by community stakeholders and partners who have been implementing strategies in the UHIP.
- Clear roles and responsibilities of community stakeholders and partners in the process (what data or information are they expected to collect and share).
- Scheduled meetings where monitoring and revising the UHIP are an intentional part of the agenda/discussion.
- Data review, information sharing, and discussion regarding progress toward objectives and effectiveness of strategy/activity implementation.
- A decision-making process for revising the UHIP and approval of those revisions.

Guiding questions

These questions can be used to facilitate discussions with the UHIP groups and other partners throughout the monitoring and revision process.

1. Health priority issues: building connectedness and improving health access
 - Have there been changes in resources and/or responsibilities that impact the ability to address the health priority issues?
 - Are there any emerging health issues in the community?
 - If so, what data do we have about this issue?
 - Do we need to make any revisions to the health priority issues?

2. Objectives

- Has the objective been accomplished?
- Is this the right objective? Is it a logical link between the priority health issue goal and strategies?
- Is the objective SMART (specific, measureable, achievable, relevant, and time-bound)?
- Does it include a baseline measure and goal/target? Does it include a timeframe to monitor progress?
- Are there any revisions needed to this objective?

3. Strategies/action steps

- Is the strategy/intervention logical? Will successful implementation of this strategy impact the objective over time?
- What is the progress made on this strategy? What data/information do we have to show progress?
- Is the impact made the intended impact? Why or why not?
- Are revisions needed to make this strategy more effective?
- Is this strategy still feasible?
- Do we want to continue with this strategy?
- Are there other strategies we should add to make progress toward the objective?

Evaluation

Monitoring the plan will help to determine progress in implementing the plan's objectives and strategies. This evaluation plan will assess the impact UHIP efforts have on Utah communities and the public health system as UHIP activities are implemented over the next five years. It will also give important information about successes and lessons learned in the overall process which can be built on in future iterations of the UHIP.

Evaluation Questions:

1. What has been the impact of the Utah Health Improvement Plan? (impacts include short and long term outcomes, connections, improvements, etc.)
2. What changes did UHIP efforts influence?
 - a. policy changes
 - b. alignment within the public health system
 - c. partnerships created or strengthened
3. What have been the barriers and facilitators to UHIP work?
4. What resources have been made available because of UHIP?

Table 10

Evaluation framework and indicators

A successful UHIP will...	Results and indicators
Have a clear roadmap to successful outcomes	Include measurable outcomes and attainable strategies and activities. Track progress.
	Are work plans regularly monitored and modified when necessary?
Include policy changes	Include state and local policy opportunities.
	Number of system-level changes supported or implemented Number of projects/activities implemented to support system level changes
Increase awareness	Increase awareness of the links between social connectedness and access to health and improved health outcomes. Increase opportunities to share resources, information, and data. Increase public knowledge of resources.
	Number of outreach activities conducted Number of resources developed using UHIP funds
Strengthen the public health system	Strengthen the alignment and coordination among partners. Establish partnerships and build relationships. Support sustainable changes.
	Number of partners involved in UHIP activities Number of organizations involved in sustainable activities supported

	by UHIP mini grants Number of aligned strategies/ activities of CHAs/CHNAs
Show progress on measurable outcomes	Contribute to improved health outcomes

Updates on the UHIP can be found online at dhhs.utah.gov/uhip/.

*Adapted from Minnesota Department of Health [*Community Health Assessment and Planning Toolkit*](#).

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