



# Utah health status update

## Key findings

- 62% of Utahns in a recent survey say they're involved in a community organization.
- Religious groups are the most common (42.2%), followed by business/professional, and volunteer groups (17.6% each).
- More than 1 in 4 Utahns (25.6%) say job demands keep them from being more involved in their community.
- It is important to make the opportunities easy for people to join to help increase social connectedness across Utah through community involvement. Include a variety of times, hold events at easy to access locations, and work with local groups to encourage participation.

## Social connectedness and barriers to community involvement

### Introduction

A connection to the people around you is a key part of staying healthy and happy. Strong community ties lead to better mental health<sup>1,2</sup> and create safer neighborhoods.<sup>3</sup> Social connections are also found to be protective against both poor health outcomes and premature death.<sup>4</sup> The results of a survey conducted in Utah examined two areas related to community involvement: the different ways people get involved in their community and the reasons they may not participate. By examining these factors, this report aims to better understand these issues for public health. In this effort, we try to make sure all Utahns have the chance to build the connections they need to live a healthy life. The Utah Department of Health and Human Services (DHHS) Office of Health Equity (OHE) has put together a list of recommendations to overcome barriers to community engagement. When we understand why Utahns may not get involved in their communities and work to address potential barriers we can increase social connectedness and reduce social isolation.

### Methodology

The DHHS OHE developed a survey in partnership with the University of Utah Division of Public Health to look at non-medical factors that are related to health across Utah. The survey was taken online and by phone in 2022 by a sample of Utah residents. A total of 3,507 responses were collected. Of those who responded, 55.4% were from urban areas, 27.4% from rural areas, and 17.1% from frontier areas. The survey included the following questions related to community involvement: (a) "In the last 12 months, in which of the following organizations have you been an active member?" and (b) "Thinking about your own life while living in Utah, which of the following have limited your involvement in your local community?" For both questions, people could choose all that apply from a list of possible answers.





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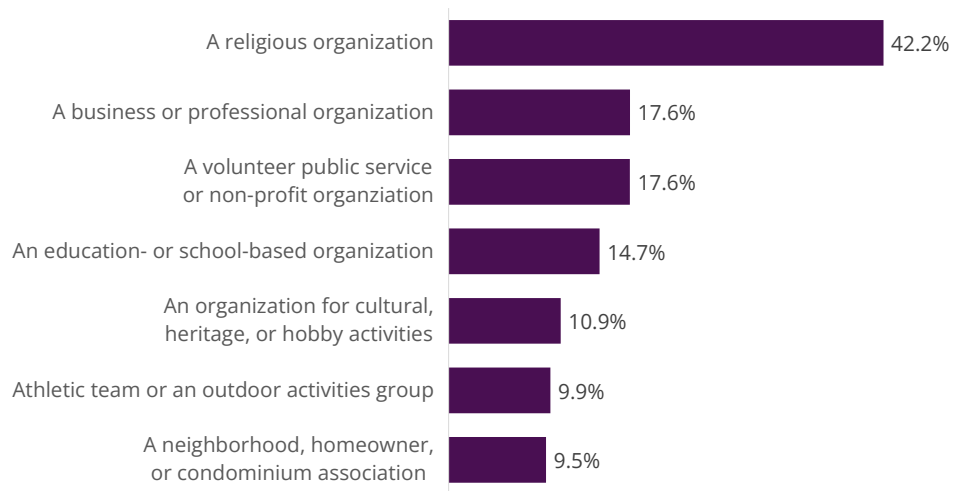
## Findings

Overall, 62.4% of respondents indicated some form of community involvement. Figure 1 details the most common forms of community involvement reported by these participants. About 42 out of every 100 people (42.2%) take part in a religious organization. People are equally likely to join business or professional groups (14.6%), do volunteer work, or join non-profit organizations (14.6%). Around 12 out of 100 people (11.7%) get involved through school or education groups. Fewer people join cultural or hobby groups (10.9%), or sports and outdoor activity groups (9.9%).

When Utahns were asked what keeps them from being involved in their community, the survey results showed a mix of responses (Figure 2). The most common reason is a demanding or inflexible work schedule, which was reported by more than 1 in 4 people (25.6%). The next major reason people gave was a lack of information. About 16% of Utahns said they either don't know about the opportunities or how to get started. Other common reasons people gave for not being involved included a lack of desire to get involved (13.8%), the feeling that they can't make a difference (11.7%), didn't find interesting groups or activities (9.8%), and they felt unwelcome in community spaces (8.9%).

### Figure 1. Most common forms of community involvement

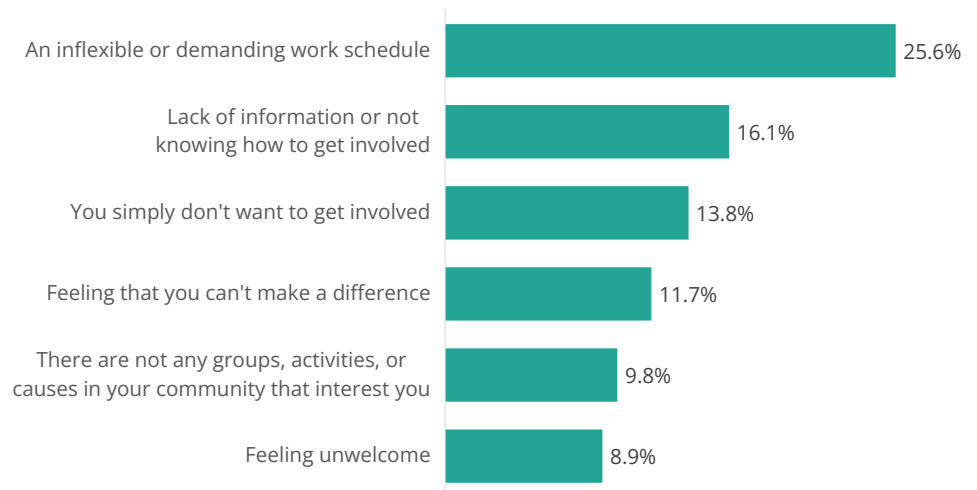
A religious organization was the most common form of community involvement reported by respondents.



Source: Survey on social connectedness and barriers to community involvement, DHHS Office of Health Equity and University of Utah Division of Public Health

### Figure 2. Most common reasons that limit community involvement

A quarter of respondents reported an inflexible or demanding work schedule keeps them from being involved in their community.



Source: Survey on social connectedness and barriers to community involvement, DHHS Office of Health Equity and University of Utah Division of Public Health



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## Conclusion

This data helps us better understand how Utahns connect with their communities and what makes it hard for them to get involved. We've learned that religious groups are the most common way Utahns participate, while busy work schedules and not knowing how to find opportunities are key barriers. By understanding both what helps and what hinders community involvement, we can work to make sure everyone in Utah has the chance to build strong connections and live a healthy, supported life.

Here are some ways we can help build stronger community connections based on what we've learned:

- 1. Help people who have busy schedules find ways to join in:** Offer community activities and meetings at times that are easier for busy people, like evenings or weekends. Make sure you tell people how much time they will need to spend on an activity. Include options to join online (virtual meetings) to make it easier for people to take part even if they can't travel.
- 2. Make sure everyone knows about opportunities and how to get started:** Information about community groups and events needs to be shared in many different ways, using clear and simple language. Materials should be easy for everyone to understand, no matter their language or reading level. You can also help spread the word about opportunities by working with local groups that people already trust.
- 3. Create welcoming and convenient ways for people to engage:** Make sure all community spaces feel friendly and open to encourage more people to get involved. Consider convenient and familiar locations (like libraries or public parks) when you plan events, and offer meals or snacks. You might also wish to provide options for childcare, if funding allows.

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## Using EHR data for asthma clinical quality improvement work

Many Utah adults and children report living with asthma (11.0% of adults and 7.2% of children).<sup>1</sup> Managing asthma well helps prevent attacks and lets people take part in daily activities.<sup>2</sup> The Utah Asthma Program (UAP) helps Utahns with asthma live better.<sup>3</sup> The program uses data to track asthma trends, find groups with uncontrolled asthma, and offer resources for asthma care.

The National Asthma Education and Prevention Program (NAEPP) made guidelines to help healthcare providers assess and improve patient care and asthma management skills.<sup>4</sup> These guidelines, called asthma clinical guidelines-based care (GBC), help doctors improve patient care and asthma management. GBC is key to controlling asthma, reducing its impact, and improving life for people with asthma.<sup>5</sup> There is no data yet on how many Utahns get asthma GBC.

The UAP did a test project to see if electronic health records (EHR) could track asthma GBC in Utah clinics. The UAP partnered with others to make measures based on NAEPP guidelines to check how many Utahns get asthma GBC (see Figure 1). The test project used EHR data from the Association for Utah Community Health (AUCH) and its 14 health centers across Utah. Out of the 6 measures, 4 gave accurate and reliable results.

**Figure 1. NAEPP guidelines for asthma patient care and the UAP asthma GBC measures developed to assess EHR data**

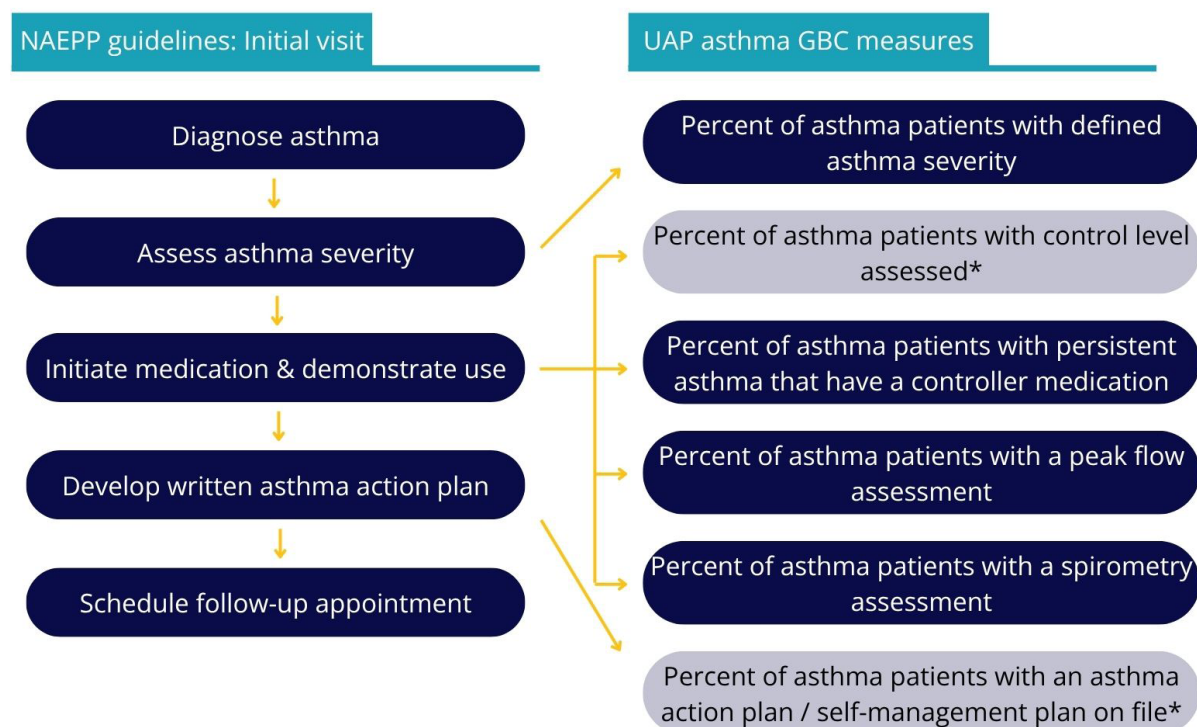


Image adapted from the NAEPP asthma GBC developed by the National Institutes of Health<sup>6</sup>

\*GBC measures that could not be assessed because of accuracy concerns with data

The test project showed that EHR data can help track how well asthma is managed across Utah. The use of EHR data helped UAP understand how asthma GBC works in clinics and can help UAP improve asthma care across Utah while building provider capacity to do better asthma work. For example, healthcare systems and public health can work together to build trust and improve asthma care in Utah.

## Resources

The UAP offers resources and services for people in Utah with asthma, including the Utah Asthma Home Visiting Program. The Home Visiting Program supports those with hard to control asthma. To find out more about the UAP and the Home Visiting Program, visit the website at [www.asthma.utah.gov/home-visiting/](http://www.asthma.utah.gov/home-visiting/).

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## Housing stability and safe sleep behaviors in Utah, 2023

Previous studies have found that housing issues can impact infant health outcomes, including low birth weight and preterm birth.<sup>1</sup> Infants who live in unsafe or poor housing are also at higher risk for sleep-related deaths, which is a leading cause of infant death in Utah.<sup>2,3</sup> Following safe sleep practices can reduce the risk of sleep-related deaths in infants. These practices include:

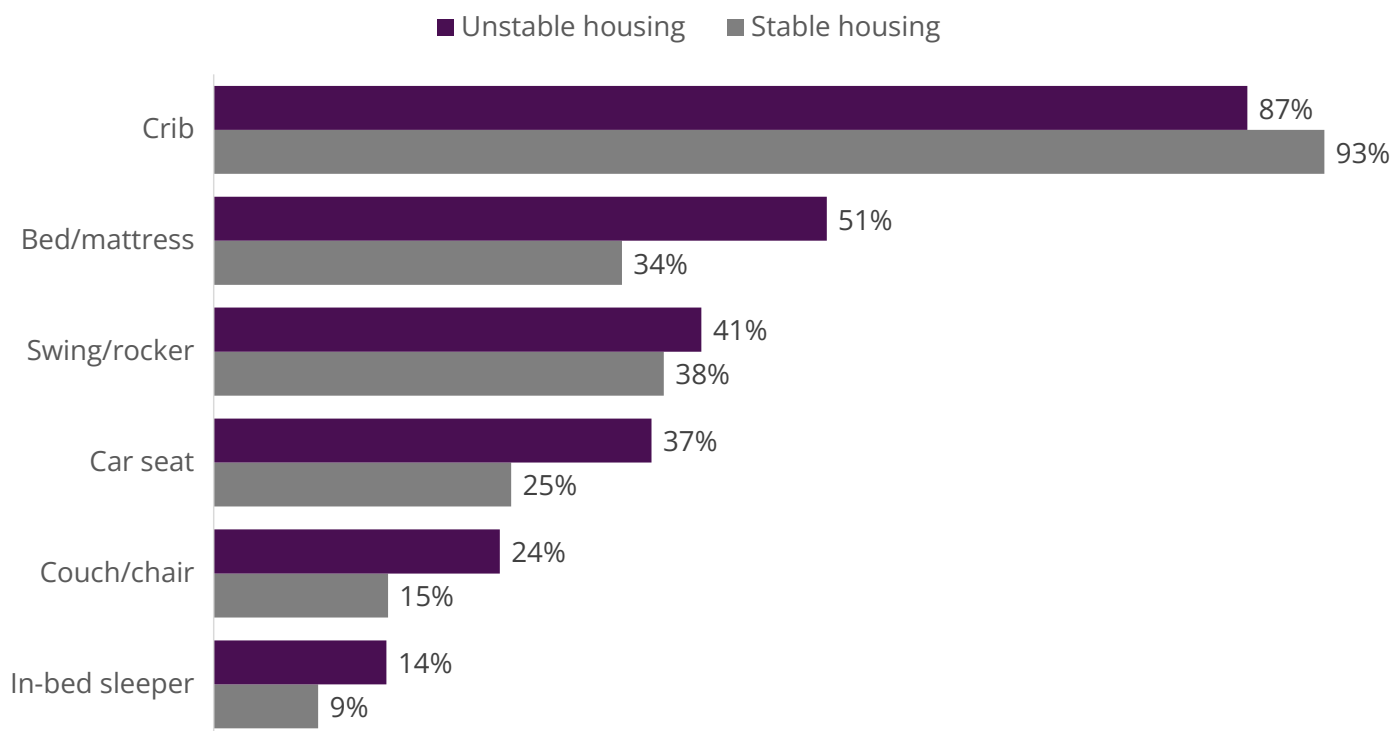
- Always place babies on their backs to sleep.
- Don't share your bed with your baby.
- Use a sleep area that is firm, flat, and level, and clear of everything except for a fitted sheet.
- Don't use unsafe sleep areas, including twin size or larger beds and soft mattresses, sofas, armchairs, car seats, swings, inclined rockers, and in-bed sleepers.

Other risk factors include parents who smoke and use drugs. It's also important to make sure your baby is appropriately vaccinated.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is an ongoing survey that collects information on maternal and infant health before, during, and after pregnancy. PRAMS data from 2023 births were used to estimate the rate of housing instability and to describe safe sleep practices among moms who have stable housing and those who have unstable housing. Unstable housing was defined as either having no steady place to live, or having a place to live but being worried about losing it in the future.

In 2023, 9% of Utah moms who recently gave birth reported they had unstable housing. The use of safe sleep surfaces such as cribs and bassinets was reported by most of the stable housing group (93%) and the unstable housing group (87%). The use of unsafe sleep surfaces was more common for moms with unstable housing. Fifty-one percent of the

**Figure 1. Locations where infant was placed to sleep in the past 2 weeks, by current housing status**





unstable housing group reported they placed their baby to sleep on a bed compared to 34% of the stable housing group. In addition, the use of sofas, armchairs, car seats, swings, rockers, and in-bed sleepers as a sleep surface were all more common in the unstable housing group compared to the stable housing group.

These results were consistent with previous research. Families with unstable housing are less likely to practice safe sleep practices even when there is a crib or bassinet in the home. Overcrowded housing may result in bedsharing with infants while parents use the crib for storage. Concerns about the home being too warm or too cold, or about pests inside the home may also cause families to bedshare or to use blankets inside the sleep area.

Sleep-related death prevention efforts should keep in mind that safe sleep behaviors may have more complex causes. It should be a priority for public health and housing assistance agencies to work together. This would help families with infants get the information and assistance that addresses their unique challenges. Finally, safe and affordable housing should be recognized as a key driver for improving the health of our communities.

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