ALIGNING STATEWIDE EFFORTS AROUND FIVE "SUPERFACTORS" IN UTAH

UTAH’S FRAMEWORK TO REDUCE VIOLENCE AND INJURY
For Utah, incorporating a shared risk and protective factor (SRPF) approach to injury and violence prevention started with a vision to implement it in one area and expand it over time. First, the Utah Violence and Injury Prevention Program’s (UT-VIPP), within the state health department’s Bureau of Health Promotion, began an effort to increase mental health and reduce the rate of suicides across the state. Capitalizing on growing interest in SRPF after success with this work, the UT-VIPP invited partners to brainstorm all SRPF that might have the greatest impact on injury and violence in the state. From this meeting, factors were chosen and then further defined with various stakeholders by ranking them based on relevance, feasibility, impact, and funding. The Injury Community Implementation Board, other UT-VIPP staff, a local health department injury work group, and the statewide Coalition to Prevent Child Abuse, ultimately chose five “superfactors” that would have the largest impact in reducing violence and injury. This became the foundation for a statewide framework using SRPF approaches to reduce violence and unintentional injury in the whole state.

FIVE SUPERFACTORS

1. Encouraging social norms that promote safety and health
2. Improving access and utilization to physical and behavioral health care
3. Enhancing the physical environment to improve safe and healthy living
4. Improving the socioeconomic conditions for Utahns
5. Promoting individual, family, and community connectedness

These five superfactors became the guiding framework that the state would use in specific community initiatives, with strategic plans aligning around the superfactors. The main idea behind the framework was to ensure that all efforts were working towards the same ultimate goal—decreasing violence, injury and suicide—, so that "if we are all collectively working on this north star, then hopefully we can see impact for multiple outcomes for the state as a whole." As the UT-VIPP was starting to implement this new framework, the COVID pandemic began and impeded progress. “The pandemic slowed down the work because resources are going to other places, but it’s also brought to light the need for health equity, which we have made essential and woven throughout our framework. For our partners, it has shifted the mindset from working on an individual level to a societal level, which supports an SRPF framework. Now we are all working towards the same mission.”

1 While funding did not directly dictate what efforts were funded, this criterium sought to determine whether each SRPF could be matched with existing RFPs or potential funding opportunities in the future.
2 A fuller description of this decision making process can be found in a previous Case Study on Utah.
3 All quotations are from discussions between state IVP practitioners/stakeholders and the Safe States Alliance that took place for the development of this case study.
Having made the bold decision to re-organize their entire injury and violence prevention program around these five upstream superfactors, the UT-VIPP faced the significant challenge of operationalizing this new framework. An important step in translating this framework into practice was examining how the program could shift its internal structure to align with the Five Superfactor Framework. Advocating for integrative upstream efforts with partners requires the removal of internal silos. To improve collaboration and remove silos, The UT-VIPP made the following changes in four key areas:

**REVAMPING STAFF STRUCTURE.** To get all staff on board with the SRPF framework, changes needed to be made to job titles and descriptions. For example, the role of Rape Prevention and Education Coordinator was changed to Health Equity Specialist, and the role now encompasses health equity work, rape prevention, suicide prevention, and a variety of other components. Although, for instance, much of the funding for the Health Equity Specialist still came from RPE, there is funding from grants across outcomes supporting the position so that staff can work in line with the Five Superfactor Framework. This illustrates how roles are moving away from intervening only on specific individual health outcomes, and toward identifying root causes that impact many population health outcomes. This helped as they found the balance between measuring desired outcomes and measuring grant-specific outcomes. Other examples include changing the titles of Men’s Engagement Specialist to Community Engagement Specialist, and Suicide Prevention Coordinator to Primary Prevention Coordinator. Staff were trained in principles of Health Equity in order to translate their new roles into actionable steps. The result is that UT-VIPP is now significantly less siloed. “Staff are now able to work across grants and collaborate towards the outcomes we outlined in our SRPF framework, infusing health equity in the process.”

**QUESTIONING THE DATA.** A second important step in the process was questioning whether the data being collected represented the desired population and captured outcomes accurately and equitably. Concerns revolved around whether the correct language was being used, whether marginalized populations were represented, and whether outcomes aligned with the SRPF indicators were being measured. As one team member put it, using a health equity lens helped UT-VIPP team members examine a variety of data considerations. As noted by one team member, “do we have the data that we want to have to be able to measure success? For instance, are we collecting race and ethnicity correctly? When to collect sex and when gender? How do we talk about minority populations? How do we frame issues in ways that are transparent, that also benefit communities impacted by the...
data, and that reflect what the communities themselves want to talk about? We now think about this when we talk within our team, with external partners, and with reports we put out there. The focus on equity has shifted our mind to be able to think of those challenges.”

FULFILLING SPECIFIC GRANTS WHILE DOING COMPREHENSIVE WORK. Many grants that support UT-VIPP work are very outcomes focused and require reporting of progress towards those outcomes. Although the superfactor framework is the guiding principle behind all of UT-VIPP’s efforts, this is not yet reflected in how their current funding sources are structured to support their injury and violence prevention programs. This led to a process of analyzing how these grant-specific outcomes overlap with their five Superfactor Framework to be able to both move towards their goals and efficiently report back to funders. Even further, the team has started incorporating SRPF language into other grants so they can streamline this process in the future. However, evaluation is still one of the biggest challenges to this work because many grants do not support SRPF frameworks, making it difficult to show impact. The program is currently leaning on the theory of SRPF and social determinants of health (SDOH), as well as storytelling, to ensure policymakers and funders understand that this work will lead to long-term success.

WALKING THE TALK THROUGH LIVED EXPERIENCE. An additional powerful shift for the team came when they realized all the issues they were tackling throughout the state were also present right outside their offices. A large unhoused community living close to the building where multiple divisions in the Department of Health was causing discomfort and feelings of unsafety for many of the staff in the building. In an effort to center equity and collaboration, UT-VIPP team sought venues in which staff could get to know this population and have opportunities to change the way they perceived them. The team began panel discussions between advocates from the community and employees in the building to understand each other’s lived experiences and needs, decreasing perceived lack of safety. Feelings of mutual support and community care have begun to flourish, with many employees providing them with essential resources and helping them relocate when necessary.

SUCCESSES AND NEXT STEPS

One of the biggest successes resulting from their five superfactors work is that the efforts of UT-VIPP have inspired other programs within the Bureau of Health Promotion to work on upstream factors that address multiple SDOH. This was further helped because the previous director of the UT-VIPP was promoted to Director of the whole Bureau, creating an opportunity for this framework to be embedded into other areas of the organization. Similar to the staffing realignment in the UT-VIPP, Bureau staff are being supported to align their efforts so that there is more cross-collaboration. For instance, the Bureau has a Community Food Security program and a Healthy Living through Environmental Policy and Improved Clinical Care program, which also encompasses community food security. With shared priorities in mind, the leads of each program now share a position and are aligning their strategies so one streamlined effort impacts outcomes in both of the programs.

Another big change was adapting their Healthy People 2030 objectives. While they used to be very specific, they now encompass a wider range of health outcomes. One example is changing the objective of “reducing the percentage of adolescents who have a guardian/parent who has been incarcerated” to “increasing the percentage of adolescents

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who talk to friends and family about their health.” With this broad objective, the work can span many more areas that impact multiple SDOH.

All of these internal and organizational changes have laid the foundation for the UT-VIPP to work with external partners to address their five superfactors. While the pandemic has slowed some of their initiatives, there are still exciting examples of this work in action. One project designed to address “improving socioeconomic conditions for Utahns” is working to reduce poverty among Latinx communities. This project is encouraging Latinx families to use the Earned Income Tax Credit when they submit their income tax forms because it has been shown to lift a significant number of families out of poverty by itself. The UT-VIPP partnered with Spanish language television and a non-profit organization that supports low income families with tax forms to promote this effort. In a different effort, the program is collaborating with the Division of Substance Abuse and Mental Health to both “promote individual, family and community connectedness” and “improve access and utilization of physical and behavioral healthcare” by hiring Community Health Workers to work in communities with high levels of adolescent and adult opioid overdose. A third example is a project in which the UT-VIPP is collaborating with 13 local health departments to create a Connectedness Toolkit for designing positive, healthy, community spaces—an effort which encompasses both the superfactor on connectedness and “enhancing the physical environment to improve safe and healthy living.”

UT-VIPP’s efforts are a prime example of how creating changes within an organization is essential for external work to succeed. With the five superfactor framework, the whole state is aligned in addressing SDOH to improve the health and quality of life outcomes for Utah’s communities.