

**Utah State Plan for FFY2009 PHHS BG
Funding
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2009

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Governor: Jon M. Huntsman, Jr.

State Health Officer: David N. Sundwall

Block Grant Coordinator:

Heather Borski

PO Box 142107

Salt Lake City UT 84114-2107

Phone: 801-538-9998

Fax: 801-538-9495

Email: hborski@utah.gov

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Executive Summary

The Utah Department of Health (UDOH) uses Preventive Health and Health Services Block Grant (PHHSBG) funding for critical public health programs and infrastructure. PHHSBG funds are allocated to those health concerns that have no other source of state or federal funds or wherein combined state and federal funds are insufficient to address the extent of the problem. About 55% of PHHSBG funds are allocated to local agencies.

Current FFY funding priorities are:

- Environmental epidemiology - \$88,191
- Heart disease and stroke prevention: focus on obesity prevention - \$177,700
- Local health department partnership for obesity prevention - \$380,536
- Local health department partnership for injury prevention - \$160,393
- Public health assessment - \$106,340
- Rape crises and prevention - \$54,686
- Admin - \$32,058

Total Funding = \$999,904 of which \$27,373 are previous year funds.

Major highlights for each area are:

- **Environmental Epidemiology:** The Program will continue its efforts to reduce blood lead levels in high risk children and workers, as well as add efforts to increase awareness of and testing for radon and carbon monoxide.
- **Heart Disease and Stroke Prevention:** The Program will continue its focus on obesity prevention with policies and environmental changes through the Gold Medal School Initiative (GMS) and in communities to support heart healthy practices.
- **Local Health Department Partnerships for Injury Prevention:** The program will work with local health departments and other partners to continue strategies to reduce injury-related morbidity and mortality, with a focus on seat belt use among teens.
- **Local Health Department Partnerships for Obesity:** Programs at the local level aimed primarily childhood obesity prevention (GMS) will be conducted almost exclusively with PHHSBG funds. Strategies will be implemented to meet local needs as well as move toward statewide goals to reduce childhood obesity.
- **Public Health Assessment:** The Office will continue to expand and improve access to on-line data, including community indicators and a new community profile system. The IBIS-PH query system is state-of-the-art and places Utah as a leader in accessible public health data.
- **Rape Crises and Prevention:** The PHHSBG funds (mandated set-aside) will be targeted in Salt Lake County to provide rape crises intervention services, including a 24 hour toll-free hotline, and training to other rape crises centers, with a focus on Hispanic/Latino populations in Salt Lake County.

Administrative Issues

The total federal reductions in basic PHHS BG funding to Utah has been \$360,799 from FFY 2004 to FFY 2009. While use of carry over from previous years has allowed the UDOH and local health departments to maintain a base level of activities, services have had to be scaled back. For example, in FY 2006, the physical activity infrastructure grants to local health departments were cut. This was a major loss to our efforts to improve systems to enhance physical activity opportunities for Utahns.

The 2006 Utah Legislature was able to provide funding for the state epidemiologist position that was previously supported by PHHSBG direct assistance. This action mitigated, for FY 2007 and FY 2008, some of the potential untoward impact for programs with PHHSBG funding. However, for FFY 2008, due to the depletion of prior year PHHSBG funds and the completion of one time funding from a private source, the

UDOH staff support for the Utah Council for Worksite Health Promotion was eliminated. This severely impacted the Council's awards program, annual worksite health promotion conference, and website/resources. UDOH is working with the Council to find alternative means of support.

The **UDOH Health Advisory Council (HAC)** continues to provide the advisory function for the PHHSBG for the Department. The HAC, which provides advice to UDOH for all services and issues, meets regularly and co-conducts the annual public hearing for the PHHSBG. During FFY 2008, the HAC had an update on PHHSBG funding and reviewed the FFY 2007 annual report. A HAC meeting and public hearing was conducted on August 26, 2008, for comment on the proposed FFY 2009 application and budget.

State Program Title: Environmental Epidemiology

State Program Strategy:

Goal: The Environmental Epidemiology Program (EEP) addresses environmental hazards and disease in Utah, and provides services to identify and evaluate environmental health risks. The mission of the EEP is to develop and support programs to prevent or reduce the potential for acute and chronic morbidity and mortality associated with environmental and occupational factors. Those factors include exposure to toxic substances, reproductive hazards, unsafe home and work environments, and agents responsible for debilitating diseases. The program conducts epidemiological investigations, cooperates with local, state, and federal agencies in problems related to hazardous substance exposure, researches environmental and occupational health problems, and provides technical assistance and education to the residents of Utah. Typical activities include performing epidemiological investigations and risk assessments of environmental exposures to toxic chemicals in the environment, the home, or occupational settings to determine adverse health impacts. The EEP continues to expand and develop ways to educate and protect the residents of Utah through an effort to establish Healthy Homes with lead, radon, carbon monoxide and secondhand smoke poison awareness and prevention.

Primary Strategic Partnerships:

Internal: Utah Environmental Public Health Tracking Program, Baby Your Baby Program, Health Care Financing, WeeCare Program, Utah Tobacco Program, Hazardous Substances Emergency Events and Surveillance Program (HSEES), Utah's Indicator-Based Information System for Public Health (IBIS-PH) and the Utah Refugee Health Program.

External: Utah's 12 local health departments (LHDs), Centro de la Familia de Utah/Migrant Headstart Program, Utah Department of Environmental Quality, United States Environmental Protection Agency, Utah Department of Community and Economic Development, Utah Poison Control Center and the Utah Occupational Safety and Health Administration.

Role of PHHS BG Funds: The Preventive Health and Health Services Block Grant (PHHSBG) funds provide administrative direction to all EEP activities and specific, highly directed categorical activities. The EEP has been successful in leveraging the PHHSBG funds to obtain additional funding to enhance the environmental public health activities of the EEP. These PHHSBG funds support Utah Department of Health's ability to obtain other grants, to direct those grants appropriately, and to coordinate those categorical grants into a more comprehensive approach that benefits the people of Utah. The PHHSBG funding supports and guides the following EEP activities:

1. Maintenance of the Utah Blood Lead Registry
2. Cancer cluster investigations
3. Childhood Lead Poisoning Prevention Program
4. Utah Adult Blood Lead Epidemiology and Surveillance Program,
5. Environmental Public Health Assessment Program,
6. Hazardous Substances Emergency Events and Surveillance Program,
7. Utah Environmental Public Health Tracking Program.
8. Environmentally related disease investigations.
9. Healthy Homes – lead, radon, carbon monoxide and secondhand smoke awareness and prevention.

Evaluation Methodology: Healthy Homes surveillance data will be used to evaluate progress toward the overall program goals of eliminating exposures to lead, radon, carbon monoxide and secondhand smoke. Data will be shared with federal, state and local programs to monitor progress and results will be tracked and trends will be evaluated.

National Health Objective: 8-11 Blood lead

State Health Objective(s):

Between 10/2008 and 09/2009, Decrease the prevalence of blood lead levels ≥ 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) in children ages 0 to 72 months who are tested to less than 1.8%.

State Health Objective Status

Met

State Health Objective Outcome

In 2008, there were 5,801 children ages 0-72 months old tested. Of the 5,801 children tested, 45 had an elevated blood lead level (EBLL), for a prevalence of 0.8%.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Report blood lead levels

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will publish **1** annual report on the prevalence of elevated blood lead levels in children ages 0 to 72 months of age with identified risk factors associated with childhood lead poisoning on the IBIS-PH website.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator published **1** annual report on the prevalence of elevated blood lead levels in children ages 0 to 72 months of age with identified risk factors associated with childhood lead poisoning on the IBIS-PH website.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Evaluate data

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will evaluate quarterly blood lead data of children 0 to 72 months of age to determine blood lead levels and ascertain statistical trends and patterns.

Activity Status

Completed

Activity Outcome

During 2008, the Healthy Homes Coordinator collected 5,801 blood lead results of children ages 0-72 months old from laboratories, on a weekly, monthly and quarterly basis. The blood lead reports submitted by the laboratories are sent either electronically, mailed (hard copy) or by fax. Of the 5,801 children tested, 45 had an EBLL, for a prevalence of 0.8%. The overall prevalence in Utah continues to decrease from 4.0% in 1996 to 0.8% in 2008 based on those children tested.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

Evaluate blood lead data

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will evaluate blood lead surveillance data for calendar year 2008 and compare results to national rates and Utah's previous yearly rates. (Descriptive statistics will be used to analyze the number of tests performed and trend over time for elevated blood lead levels.)

Activity Status

Completed

Activity Outcome

During 2008, the Healthy Homes Coordinator collected 5,801 blood lead results of children ages 0-72 months old from laboratories. Of the 5,801 children tested, 45 had an EBLL, for a prevalence of 0.8%. The prevalence of children with an EBLL in Utah during 2008, was below the previous year of 1.1% and below the national average of 2.2% in 2000. The overall prevalence in Utah continues to decrease from 4.0% in 1996 to 0.8% in 2008 based on those children tested. In 2008, there were more males (53%) than females (48%) identified as having been tested for lead. Of those children with an EBLL, 51% were male and 49% were female, which is a decrease in males (53%) and a increase in females (47%) in 2007.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Increase blood lead tests

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will increase the number of of blood lead tests conducted in children 0-72 months of age who are in high risk groups that include Medicaid, WIC, living in older housing, and play areas where the soil is contaminated from 3,526 children tested in 2000 to **3,700 children**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator increased the number of of blood lead tests

conducted in children 0-72 months of age who are in high risk groups that include Medicaid, WIC, living in older housing, and play areas where the soil is contaminated from 3,526 children tested in 2000 to 3,792.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Lab status

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will conduct quarterly reviews of the reporting status from clinical laboratories and determine compliance.

Activity Status

Completed

Activity Outcome

During 2008, the Healthy Homes Coordinator collected 5,801 blood lead results of children ages 0-72 months old from laboratories, on a daily, weekly, monthly and quarterly basis. The blood lead reports being submitted, by the laboratories are sent either electronically, mailed (hard copy) or by fax. Currently, there are eight laboratories reporting to the EEP and six of those are reporting electronically.

Barriers/Challenges to Success

The Utah Injury Reporting Rule states that only blood lead levels of 10 mcg/dL or more have to be reported to the Utah Department of Health. One laboratory used to report all blood lead results a, but since HIPAA requirements were administered, the laboratory began reporting results that are 10 mcg/dL or greater. It is difficult to get a true prevalence without this data. The laboratory was a significant reporting contributor that made up close to one fourth of the total data submitted to the UDOH Environmental Epidemiology Program.

Strategies to Overcome Barriers/Challenges

The UDOH, EEP will assess the feasibility of changing the Injury Reporting Rules to include all blood lead tests and will continue to work with the laboratory to include all of their test results.

Activity 2:

Partner with Baby your Baby

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will collaborate with the Utah Baby Your Baby program to include blood lead screening and educational information in the newsletters that are provided to new parents.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator collaborates and supports the Utah Baby Your Baby Program by including blood lead screening and awareness information in their newsletters and the "Baby Your Baby Keepsake" booklets. The newsletters are given to parents who's child is from the age of newborn through age two, depending on the child's development. The keepsake booklets are given to parents with a newborn child and has questions the parent can ask themselves to see if their child might be at risk for lead poisoning. If there is a risk, the booklet explains to the parent, their child should receive a blood lead test. In 2008, there were 34,219 booklets and 11,075 newsletters, written in English and Spanish, distributed to parents throughout Utah.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:

Testing with Migrant Head Start

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will assist with and ensure that blood lead testing of Migrant Head Start children is conducted annually. Increase lead poisoning awareness to parents of children 0 to 72 months of age by providing lead prevention and educational materials at each testing session during the months of June through August.

Activity Status

Completed

Activity Outcome

In 2008, the Healthy Homes Coordinator collaborated with the Migrant Head Start program (MHSP) to provide blood lead testing supplies and conduct blood lead analysis for 250 children enrolled in Centro de la Familia de Utah, MHSP. Of the 250 children tested, one child had an EBLL. The Healthy Homes Coordinator provided 275 pieces of lead education and prevention materials to the MHSP, which were distributed to the parents/guardians of those tested.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Educate about blood lead poisoning prevention

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will provide will provide lead poisoning prevention and educational materials to **100%** of the parents of children 0 to 72 months of age tested in the Migrant Head Start Program in Utah.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator provided will provide lead poisoning prevention and educational materials to **100%** of the parents of children 0 to 72 months of age tested in the Migrant Head Start Program in Utah.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Distribute educational materials

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will collaborate with Centro de la Familia de Utah, Migrant Head Start program to increase awareness of lead poisoning by providing prevention and educational materials to parents of children 0 to 72 months of age who received a lead blood test at the Centro. The educational materials will be distributed to all parents during their annual in-service meeting. The Healthy Homes Coordinator will also distribute lead poisoning prevention and secondhand smoke prevention materials at Centro de la Familia's six centers throughout Utah, the Utah Department of Health, ten libraries throughout Utah, and each of the 13 local health districts.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator collaborated with the MHSP provided their program with 275 blood lead awareness and prevention materials, which were distributed to parents of children tested for lead and to those parents attending the annual in-service meeting.

The Healthy Homes Coordinator provided 673 pieces of prevention materials for blood lead poisoning and secondhand smoke to the six centers of Centro de la Familia de Utah's, the Utah Department of Health, ten libraries and each of the 13 local health districts throughout Utah.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

National Health Objective: 8-18 Radon

State Health Objective(s):

Between 10/2008 and 09/2009, The Healthy Homes Coordinator will increase the number of homes tested for radon and provide awareness regarding the dangers of radon gas and the importance of testing the home in areas with an increased risk of radon gas poisoning.

State Health Objective Status

Met

State Health Objective Outcome

The number of homes tested for radon has increased from three in 2007 to nine in 2008 and the preliminary data during 2009 is 25 homes have been tested. The Healthy Homes Coordinator distributed 200 radon educational materials and 30 radon test kit vouchers to high-risk areas in Utah.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Conduct radon tests

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will identify **10** families for radon testing in high risk counties.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator identified **10** families for radon testing in high risk counties.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Collect and analyze data

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will collect all radon test results from homes quarterly and will analyze data to ascertain trends and patterns of elevated radon levels in Utah.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator, in collaboration with the Utah Department of Environmental Quality, Radon Program, collected 12,925 short-term tests. Analyzing the results, the maximum radon level in Utah is 1172 pCi/L, and the average is 5.1 pCi/L. The average radon level in Utah is above the action level of 4 pCi/L. The cumulative data from radon tests continues to show that one county in Utah has levels of 20.0 pCi/L or greater, 19 counties are between 4.0 and 10.0 pCi/L and nine counties have less than 4.0 pCi/L.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Identify high risk communities

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will identify **10** high risk communities (one in each of ten high risk counties) in coordination with the Utah Department of Air Quality/Radon.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator identified **10** high risk communities (one in each of ten high risk counties) in coordination with the Utah Department of Air Quality/Radon.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:**Analyze radon testing**

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will analyze radon testing data to ascertain trends and patterns of elevated radon levels in Utah.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator, in collaboration with the Utah Department of Environmental Quality, Radon Program, collected 12,925 short-term tests. Analyzing the results, the maximum radon level in Utah is 1172 pCi/L, the average is 5.1 pCi/L. The average radon level in Utah is above the action level of 4 pCi/L. The cumulative data from radon tests, continues to show that one county in Utah has levels of 20.0 pCi/L or greater, 19 counties are between 4.0 and 10.0 pCi/L and nine counties have less than 4.0 pCi/L. The highest concentration of Utah's population live in those counties that have radon levels between 4.0 and 10.0 pCi/L.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:**Distribute test kits and establish tracking database**

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will obtain and disseminate ≥ 10 radon test kits to each high risk community and will create a database to track homes being tested for radon levels.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator obtained and disseminated 10 radon test kit vouchers to low-income families, within high risk communities. The test results, for those individuals performing a radon test are kept and maintained in a database by the laboratory performing the analysis. The Healthy Homes Coordinator has been able obtain access to the database showing which Utah residents are performing radon testing, with demographic information and results.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:

Coordinate on radon testing and education

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will collaborate with the Utah Department of Air Quality/Radon program to coordinate radon testing and educational information.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator is collaborating with the Utah Department of Air Quality/Radon program to inform the residents of Utah about the need to test their home for radon. The Healthy Homes Coordinator has revised a radon fact sheet for Utah's Radon Program and is disseminating the fact sheet and other radon awareness information through the Healthy Homes Coordinator's website, phone calls and through activities each January, which is Radon Awareness Month.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Education on radon exposure

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will identify **10** residents to receive educational materials about the effects of radon, how to test properly, and mitigate radon, in counties that have a greater than 40% probability of homes contaminated with radon.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator identified **10** residents to receive educational materials about the effects of radon, how to test properly, and mitigate radon, in counties that have a greater than 40% probability of homes contaminated with radon.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Education to high risk families

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will provide educational awareness and materials about radon to ten families in high-risk communities. The Coordinator will also identify those homes with elevated radon levels and provide educational materials about radon and second-hand smoke and how to mitigate exposure.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator distributed radon awareness materials to those 10 families receiving a radon test kit voucher in the high-risk communities. The educational materials included the items: what is radon?, how to test for radon, the health effects of radon exposure and how the risk increases for those who smoke or are exposed to second-hand smoke. Information was provided to assist homeowners about where to get assistance to mitigate elevated radon levels from a certified mitigation provider.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

Distribute materials to partners

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will distribute radon and second-hand smoke prevention materials to Utah's local health districts, Utah Department of Health, Local Emergency Planning Committee (LEPC) meetings and libraries in those communities of increase risk.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator distributed radon awareness materials to the local health districts, Utah Department of Health, LEPC meetings and libraries in those communities of increased risk. A total of 200 radon educational materials and 20 radon test kit vouchers were distributed. The educational materials included items such as: what is radon?, the need for testing, how to test for radon, the health effects of radon exposure and how the risk increases for those who smoke or are exposed to second-hand smoke. Information was provided to assist homeowners about where to get assistance to mitigate elevated radon levels from a certified mitigation provider.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:

Develop website

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will create and maintain information about radon on the EEP website.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator created a web page and added it to the Environmental Epidemiology Program's website. The radon webpage informs viewers of: what is radon, how do I know if I have radon in my home, how to prevent radon exposure and additional informational links to various state and national agencies.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

National Health Objective: 8-27 Monitoring of environmental diseases or conditions**State Health Objective(s):**

Between 10/2008 and 09/2009, The Healthy Homes Coordinator will increase the number of carbon monoxide detectors in homes and increase public awareness about carbon monoxide poisoning prevention and to decrease the incidence of morbidity and mortality.

State Health Objective Status

Met

State Health Objective Outcome

In 2008, the Healthy Homes Coordinator distributed one carbon monoxide detectors to 30 homes among six counties, to low-income families. The Healthy Homes Coordinator distributed 450 carbon monoxide poisoning prevention/awareness materials to low-income families throughout Utah and local and state agencies.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 1 – Monitor health status****Impact/Process Objective 1:****Carbon Monoxide Poisoning**

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will identify 6 high-risk areas and implement interventions to reduce the incidence of CO poisoning in homes.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator identified 6 high-risk areas and implement

interventions to reduce the incidence of CO poisoning in homes.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Obtain data

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will coordinate with the Hazardous Substance Emergency and Event Surveillance (HSEES) program to obtain carbon monoxide poison events, and analyze carbon monoxide poisoning data collected.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator is coordinating with the Hazardous Substance Emergency and Event Surveillance program (HSEES) in obtaining carbon monoxide (CO) poisoning events among residents in Utah. The HSEES program obtains carbon monoxide incidents from the Utah Poison Control Center. In addition, the Healthy Homes Coordinator is collaborating with the Environmental Public Health Tracking program (EPHTP) to obtain hospitalization and Emergency Department data regarding carbon monoxide poisoning. The carbon monoxide data obtained from the EPHTP found that in 2007 and 2008 there were 302 and 43 persons respectively, that went to the hospital for carbon monoxide exposure. The ICD 9 codes used, from the injury data were 986-Toxic effects of CO, 9860-Toxic effects of CO, E8682-Poison exhaust gas, E8683-Poison exhaust gas, E8688-Poison CO NEC, E8689-Poison CO NOS, E9520 Poison exhaust gas, E9521-CO NEC, E9820-Undetermined Poison exhaust gas, E9821-Underdetermined poison CO NEC.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

Create database

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will create a database to track the causes of carbon monoxide poisoning to ascertain trends and guide outreach educational activities.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator has created a database of carbon monoxide incidents to track the causes of carbon monoxide poisoning. The causes that were identifiable to persons exposed to carbon monoxide ranged from exhaust fumes from a motorboat, heater used inside of a tent, using a propane stove inside an enclosed garage, and improper furnace/water heater ventilation.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Provide CO detectors

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will provide education and carbon monoxide detectors to 30 Utah families.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator provided education and carbon monoxide detectors to 30 Utah families.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Distribute materials on CO poisoning

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will distribute carbon monoxide poisoning prevention materials and carbon monoxide detectors to 20 senior service centers, Utah's 12 local health districts, five LEPC, UDOH, and 10 libraries throughout Utah.

Activity Status

Completed

Activity Outcome

In 2008, the Healthy Homes Coordinator distributed one carbon monoxide detectors to 30 homes among six counties, to low-income families. The Healthy Homes Coordinator distributed 450 carbon monoxide poisoning prevention/awareness materials to low-income families throughout Utah.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

Maintain website

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will create and maintain information about carbon monoxide poisoning on the EEP website.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator created a web page and added it to the Environmental Epidemiology Program's website. The carbon monoxide poisoning webpage informs viewers of: what is carbon monoxide, what are the symptoms of carbon monoxide poisoning, how to prevent exposure to carbon monoxide poisoning and additional information of pamphlets/booklets and web links to state and national agencies.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

National Health Objective: 20-7 Elevated blood lead levels from work exposure**State Health Objective(s):**

Between 10/2008 and 09/2009, The Healthy Homes Coordinator will decrease the prevalence of blood lead levels ≥ 25 $\mu\text{g}/\text{dL}$ in adult workers tested in 2006 by 10%.

State Health Objective Status

Partially Met

State Health Objective Outcome

In 2008, there were 2,771 adults, ages 15 years and older tested for lead and of those tested, 36 had a blood lead level ≥ 25 $\mu\text{g}/\text{dL}$ for a prevalence of 1.3%, which is greater than 1.0% in 2006.

Barriers/Challenges to Success

The Utah Injury Reporting rule, states that only blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$ are reportable to the Utah Department of Health. One laboratory used to report all blood lead levels and since HIPAA requirements were administered the laboratory began reporting only those results ≥ 10 $\mu\text{g}/\text{dL}$. It is difficult to get a more true prevalence without this data. The laboratory was a significant reporting contributor, which made up about one fourth of the total data submitted to the Utah Department of Health, Environmental Epidemiology Program.

Strategies to Overcome Barriers/Challenges

The Utah Department of Health, Environmental Epidemiology Program will need to assess the feasibility of changing the Injury Reporting Rule to include all blood lead tests or continue to work with the laboratory to include all of their blood lead results.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 1 – Monitor health status****Impact/Process Objective 1:****Analyze and share data**

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will distribute published quarterly reports that present the prevalence of elevated blood lead levels in adult workers in high-risk industries and the potential to expose family members at home to **15** organizations including the National Institute for Occupational Safety and Health, 12 local health departments, Utah Occupational Safety and Health, and to the Utah Labor Commission.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator distributed published quarterly reports that present the prevalence of elevated blood lead levels in adult workers in high-risk industries and the potential to expose family members at home to **15** organizations including the National Institute for Occupational Safety and Health, 12 local health departments, Utah Occupational Safety and Health, and to the Utah Labor Commission.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Lab data collection and analysis

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will conduct quarterly evaluations of blood lead data/results from clinical laboratories to ascertain statistical trends and patterns of elevated blood lead levels in Utah workers. Evaluate blood lead surveillance data for calendar year 2007 and compare results to national rates and Utah's previous yearly rates. (Descriptive statistics will be used to analyze the number of tests performed and trend over time for elevated blood lead levels and occupational lead exposure data will be evaluated, including industry classification codes (SIC), blood lead surveillance data, and worker and employer surveys.)

Activity Status

Completed

Activity Outcome

During 2008, there were 2,771 adults tested for lead. Of those 2,771 adults tested, 36 had a blood level of ≥ 25 $\mu\text{g}/\text{dL}$ or greater for a prevalence of 2.7 per 100,000 workers. Of the 36, 3% were females and 97% were male. The range of blood lead levels is 0.0 to 86.0 $\mu\text{g}/\text{dL}$. In 2007, 2006 and 2005 the prevalence was 2.1, 2.0 and 4.2 per 100,000 workers respectively. Since 1992, prevalence has decreased from 12.2 per 100,000 workers. Blood lead test results are received from clinical laboratories on a weekly, monthly, or quarterly basis on Utah adults and maintained in the Utah Blood Lead Registry. In 2008, the industry classification codes (SIC), identified for adults with a blood lead level ≥ 25 $\mu\text{g}/\text{dL}$ are, 1721-Painting & Paper Hanging, 1752-Floor Laying & Floor Work, 1791-Structural Steel Erection, 1799-Special Trade Contractors, 2819-Industrial Inorganic Chemicals, 3312-Blast Furnaces & Steel Mills, 3321-Foundries, 3469-Metal Stampings, 3679-Electronic Components, 3691-Battery Manufacturing, and shooting/reloading of firearms.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Blood lead testing

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will increase the number of will increase the number of blood lead tests conducted in workers in high-risk industries from 2,576 in 2000 to **2,700**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator increased the number of will increase the number of blood lead tests conducted in workers in high-risk industries from 2,576 in 2000 to 2,771.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:**Assess lab reporting status and determine prevalence**

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will conduct quarterly evaluations to determine the reporting status from clinical laboratories and will conduct monthly data evaluations from mandatory reporting by clinical laboratories to identify adult workers with blood lead levels ≥ 25 $\mu\text{g}/\text{dL}$.

Activity Status

Completed

Activity Outcome

Utah's Injury Reporting Rule requires all clinical laboratories analyzing blood lead samples, from Utah adults, to be reported to the EEP, if the blood lead level is ≥ 10 $\mu\text{g}/\text{dL}$. All of the laboratories except one, report all blood lead levels. The clinical laboratories report blood lead results on a daily, weekly, monthly, or quarterly basis, on Utah adults. The Healthy Homes Coordinator maintains the blood lead data in the Utah Blood Lead Registry and is evaluated on a monthly basis to identify adults with a blood lead level ≥ 25 $\mu\text{g}/\text{dL}$. The Healthy Homes Coordinator continues to work with laboratories to encourage reporting electronically, to include demographic and industry data for Utah adults receiving a blood lead test, and to identify new laboratories, conducting blood lead analysis of Utah residents.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 3 – Inform and Educate**Impact/Process Objective 1:****Provide information to adults with elevated blood lead**

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will provide information on the associated adverse health effects to 100 percent of adult workers with blood lead levels > 25 $\mu\text{g}/\text{dL}$ and the potential to expose family members at home.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Healthy Homes Coordinator provided information on the associated adverse health effects to **100%** of adult workers with blood lead levels > 25 µg/dL and the potential to expose family members at home.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Identify target audience and provide information

Between 10/2008 and 09/2009, the Healthy Homes Coordinator will evaluate data collected by the surveillance system to identify risk factors for occupational lead poisoning and methods to prevent it from occurring and potentially exposing family members at home, and disseminate results to other state and local health agencies, to health care providers, and to high risk employers. Contact and educate lead-related businesses regarding the issues and adverse health effects of occupational lead poisoning and the potential to expose workers family members.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator evaluates all adult surveys returned, from individuals identified as having a blood lead level of ≥ 25 µg/dL and risk factors associated with lead exposure are identified and lead poisoning prevention education materials are provided to the adult on how to protect themselves as well as protecting their family from take home lead. In maintaining confidentiality, the EEP acquires the consent of an adult with an EBLL, before contacting their employer. Upon consent, a specific educational pamphlet and an evaluation form is sent to the employer. For an adult with a blood lead level ≥ 40 µg/dL, a specific health care provider pamphlet and evaluation form is sent to the adult's physician. The EEP coordinates with their physician on the management of the adults' blood lead level. Blood lead data and informational pamphlets about risk factors and prevention activities are disseminated to UOSHA, health professionals, communities, employers, EPA, and the Utah Department of Environmental Quality. Also, blood lead data and risk factors are posted on the Utah Department of Health/Utah Indicator-Based Information System for Public Health website, which is available for the public and other interested parties to view at the following website: <http://ibis.health.utah.gov>.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

State Program Title: Heart Disease and Stroke Prevention

State Program Strategy:

Goal: The overall goal of the Heart Disease and Stroke Prevention (HDSP) Program is to decrease premature death and disability due to heart disease and stroke through the following: **(1) Enhanced visibility of the problem:** Reawaken awareness of the need for improved cardiovascular health and disease prevention with federal, state and local policy makers, partners, and the general public; **(2) Improve system policies and environmental supports:** Encourage development of policies and incentives for supportive environments that can ultimately affect the social and cultural environment of communities and change the norms, values and policies which affect health behaviors; **(3) Enhance core capacity:** Provide resources and learning opportunities to health professionals and other partners to enable their participation in the policy and environmental enhancements and provide community-based health promotion and disease prevention services in school, work, community, and health care sites; **(4) Establish and maintain a comprehensive statewide partnership:** Support the Physical Activity, Nutrition, and Obesity Program, Utah Partnership for Healthy Weight and Utah Fruit and Veggies Committee to allow all of the stakeholders to avoid duplication, fill in gaps, and maximize resources, and **(5) Coordinate health surveillance and information systems:** Provide data that enable the Program and partners to fulfill the core public health functions of assessment and assurance and monitor the burden of disease and health status indicators.

Primary Strategic Partnerships:

Internal: Tobacco Prevention and Control Program, Violence and Injury Prevention Program, Physical Activity, Nutrition, and Obesity Program, and Bureau of Health Promotion Healthy Weight Workgroup
External: Utah's 12 local health departments (LHDs), Intermountain HealthCare, Utah State Office of Education, School Districts, Utah Department of Transportation, and the Utah Parent Teacher Association.

Role of PHHS BG Funds: The Program's most urgent need in primary prevention of heart disease and stroke is to address the issue of childhood obesity. Through Gold Medal Schools (GMS), the Program is developing and maintaining strategies to target school age children and help them form healthy habits in nutrition and physical activity through school environments and policies that encourage and promote healthy choices. The Program at the state level is funded by a blend of state, federal, and private monies, and in-kind donations from numerous partners. With PHHS BG funds, a GMS director and policy coordinator are able to coordinate marketing efforts, training, and resources to facilitate program success.

Evaluation Methodology: Elementary school height and weight surveillance data will be used to determine if the program is having a long term affect on childhood obesity trends. The school heart health survey will be used to determine if specific school policies are in place and implemented. In addition, a long-term evaluation plan is in development.

National Health Objective: 19-3 Overweight or obesity in children and adolescents

State Health Objective(s):

Between 10/2002 and 12/2010, decrease the percent of Utah children, grades K-6th grades, who are overweight by 10%, from 12.3% in 2002 to 10.8%.

State Health Objective Status

Exceeded

State Health Objective Outcome

In 2008, 9.7% of elementary school students were obese, compared to 2006 when 10.3% were obese.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Utah Childhood Weight Report

Between 07/2008 and 01/2009, the Heart Disease and Stroke Prevention Program will update 1 Childhood Overweight Report, adding data collected spring 2008.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2008 and 01/2009, the Heart Disease and Stroke Prevention Program updated 1 Childhood Overweight Report, adding data collected spring 2008.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Analyze Data

Between 07/2008 and 10/2008, the data collected in spring 2008 will be analyzed.

Activity Status

Completed

Activity Outcome

2008 data were analyzed by the Bureau of Health Promotion Epidemiologist in July 2008, and made available to Heart Disease and Stroke Prevention (HDSPP) staff and Physical Activity, Nutrition and Obesity (PANO) staff for reporting purposes.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

Update report

Between 07/2008 and 10/2008, the HDSPP will complete a report request form, update the report data and narrative, and publish the report of the UDOH obesity website.

Activity Status

Completed

Activity Outcome

HDSPP staff completed and submitted a report request form to the BHP Epidemiologist; PANO staff updated the report data and narrative using data collected in 2008; and the report: "Childhood Overweight in Utah, 2008" was published on the UDOH obesity website:

http://health.utah.gov/obesity/pages/Obesity/Resources_and_Publications.php. In addition 6 report supplements were updated as necessary: What Schools Can Do, What Families Can Do, What Communities Can Do, What Health Care Systems Can Do, What Media Can Do, and What Worksites Can Do. These are also available on the above website.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:

Distribute report

Between 10/2008 and 01/2009, a hard copy of the report will be sent to a minimum of 50 participating school nurses, 69 participating schools, and 23 school districts.

Activity Status

Completed

Activity Outcome

HDSPP worked with PANO to distribute approximately 200 hard copies of the updated report. A hard copy of the report was mailed to 69 participating elementary school Principals, 23 participating school district Superintendents, approximately 12 Utah School Board Association members, approximately 20 Action For Healthy Kids members, the State Office of Education Director of Child Nutrition, and the State Superintendent. In addition, hard copies were distributed at the Annual PTA Conference and the Utah School Nurses Association Conference. HDSPP and PANO decided to email an electronic copy of the 2008 report to the 54 participating school nurses before distributing hard copies at the Conference.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 4:

Promote report

Between 10/2008 and 01/2009, a letter will be sent to a minimum of 500 additional stakeholders, including non-participating elementary school principals, notifying them of the availability of the report on line.

Activity Status

Completed

Activity Outcome

Rather than send letters, HDSPP and PANO decided to email an electronic copy of the report to 508 elementary school Principals, and 40 school district superintendents. Also, the President of the Utah

School Nurses Association and the President of Action for Healthy Kids were asked to include it on their listservs. A link to the website was included with the electronic copy of the report.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Impact/Process Objective 2:

GMS Heart Health Surveys

Between 09/2008 and 06/2009, the Heart Disease and Stroke Prevention Program will collect **1000** Gold Medal Schools (GMS) Heart Health Surveys.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 09/2008 and 06/2009, the Heart Disease and Stroke Prevention Program collected **1,408** Gold Medal Schools (GMS) Heart Health Surveys.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Collect baseline data

Between 09/2008 and 04/2009, collect baseline GMS Heart Health Surveys from all new schools.

Activity Status

Completed

Activity Outcome

GMS Heart Health Surveys were distributed to 40 new schools. All 40 schools returned surveys by December 2008. A total of 927 surveys were collected from new schools, which include surveys completed by teachers and administrators.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

Collect follow-up data

Between 04/2009 and 06/2009, collect follow-up GMS Heart Health Surveys from all Gold Medal Schools that completed the bronze level by June 2006.

Activity Status

Partially Completed

Activity Outcome

Heart Health Surveys were distributed to 89 schools that had completed the bronze criteria by June 2006. Thirty-four schools turned in the surveys totaling 481 surveys completed by teachers and administrators.

Barriers/Challenges to Success

Completion of surveys by schools is not required by the program. Schools may choose if they complete the survey or not. Surveys are sent to schools in the spring. A \$100 incentive is given to the first 5 schools who complete the surveys.

Strategies to Overcome Barriers/Challenges

The GMS team will put the survey on-line, so it's more convenient for teachers and administrators to complete.

Essential Service 3 – Inform and Educate**Impact/Process Objective 1:****Increase GMS Participation**

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention will increase the number of elementary schools participating in GMS from 316 to **376**.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention increased the number of elementary schools participating in GMS from 316 to **363**.

Barriers/Challenges to Success

The majority of the schools that joined GMS have heard about the program for several years, but have chosen not to participate. Many factors influence a schools' choice not to participate including: lack of administrative support to implement specific criteria, e.g. not using food as a reward; lack of teacher support; and/or time constraints.

Strategies to Overcome Barriers/Challenges

As administration and teacher turn over occurs LHDs will educate new personnel about the GMS program, and invite them to participate.

Activity 1:**Marketing Plan**

Between 07/2008 and 06/2009, the state GMS team will revise, implement, and support a marketing plan for local health departments and partners for promoting GMS.

Activity Status

Completed

Activity Outcome

The state GMS team reviewed the 2007 marketing plan to determine if revisions were necessary. Based on input from partners, they determined that local health department (LHD) public information officers (PIO) could help promote GMS, and that the GMS PowerUp recruitment packet needed to be revised. The UDOH

GMS team sent a fact sheet to all the LHD PIO that highlighted the achievements of GMS. LHD PIO localized the information and sent a news release it to their local media outlets. UDOH also sent an end of the school year news release announcing the schools that maintained or achieved a GMS level. The use of the recruitment packet was reviewed with the LHDs. Recruitment speaking points were reviewed and were used by the LHD representatives to recruit schools. In addition, UDOH GMS staff promoted the program through presentations at three conferences.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

Promote program

Between 07/2008 and 06/2009, the state and LHDs will promote GMS to at least 60 schools by in-person contacts, presentations or using a combination of both to PTAs, school districts, principals, teachers or staff.

Activity Status

Completed

Activity Outcome

All 12 LHDs and the state HDSPP gave at least 60 presentations about GMS to schools through principal meetings, faculty meetings, and school district meetings. In addition, presentations were given to other organizations including Action for Healthy Kids, the Utah Parent Teacher Association, and the Four Corners Chronic Disease Conference.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:

Title One schools

Between 07/2008 and 06/2009, recruit 10 Title One schools using the methods listed in this Essential Service and other methods as defined in the marketing plan.

Activity Status

Completed

Activity Outcome

Twelve Title-One schools were recruited during FY09 by LHDs.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 4:

Track contacts

Between 07/2008 and 06/2009, the State and LHDs will report and detail all contacts made to promote GMS.

Activity Status

Completed

Activity Outcome

Based on mid-year and year end reporting, LHDs contacted 150 non-participating schools at least once. LHDs promoted GMS through letters, recruitment packets, emails, PTA regional conferences, PE specialist, principal meetings, faculty presentations, superintendents, phone calls, district meetings, community events, etc.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Increase policies and environmental supports

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention Program will increase the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 4727 to **8000**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention Program increased the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 4727 to **9,024**.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Submit documentation

Between 01/2009 and 05/2009, mentors will submit policies and environmental supports implemented by 300 participating GMS schools during school year 2008-2009.

Activity Status

Completed

Activity Outcome

Reports, including policies and descriptions of environmental changes, were turned in by 219 participating GMS schools. The number of participating schools that were required to submit reports decreased during FY09, because schools at the Platinum Focus Level are no longer required to submit reports. All participating schools that were required to provide reports completed them.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

GMS award levels

Between 09/2008 and 05/2009, 250 schools will achieve at least one new GMS level.

Activity Status

Partially Completed

Activity Outcome

During the 2008-2009 school year, 203 schools achieved at least one new level, including schools completing a new platinum focus area.

Barriers/Challenges to Success

Several schools chose to maintain their current GMS award level this school year in order to remotivate and strengthen support by teachers, faculty and staff. These schools did not want to overwhelm the teachers with new requirements.

Strategies to Overcome Barriers/Challenges

Information on GMS award criteria, helpful ideas on how to implement these criteria, and ways to motivate teachers can be found on the GMS website (www.hearthighway.org/gms/index.html) and in the GMS guide. Mentors for these schools will promote these resources.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Train stakeholders

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention will provide training to **180** GMS stakeholders.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention provided training to **381** GMS stakeholders.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:**Training session**

Between 08/2008 and 02/2009, two GMS trainings will be offered to school coordinators and principals.

Activity Status

Completed

Activity Outcome

School Coordinators and Principals were invited to a total of 2 trainings: The Annual Training that was held on 08/05/2008 and the PE Training that was held on 01/15/2009. The Annual Training reached 159 participants and included presentations for mentors, principals, school coordinators and local health department staff focusing on easy, fun ways to implement GMS criteria. The PE Training reached 90 partners, and included presentations for principals, school coordinators, PE specialists, mentors and local health departments on maintaining or achieving the gold criteria #1 which states, "Write a policy that requires all Pre K-12 physical education and physical activity courses to be overseen by certified Physical Education (PE) teachers or PE specialists employed by the school or district."

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:**Technical Assistance**

Between 07/2008 and 06/2009, technical assistance will be provided to 12 LHDs through five trainings and 12 conference calls.

Activity Status

Completed

Activity Outcome

RESULTS: LHD's participated in five trainings offered to our GMS participants:

- Annual Training reached 159 participants
- Physical Education training reached 90 participants
- Mentor Orientation reached 51 participants
- Six Regional Policy Training's reached 40 participants
- Late Annual Training reached 41 participants

The state conducted twelve conference calls with the LHD's each month. The calls were held on the third Tuesday of month from 10:00-11:30 AM. These calls focused on discussing current ideas, brainstorming and talking about upcoming GMS events.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:**Mentor training**

Between 07/2008 and 02/2009, mentors will receive at least three trainings on GMS. Each LHD will support mentors by providing at least nine monthly meetings.

Activity Status

Completed

Activity Outcome

Mentors are required to attend three trainings; the Mentor Orientation, Annual GMS, and the Policy Training. All LHDs with mentors (11) held at least nine monthly meetings with their mentors, which they reported during the monthly conference calls with the state GMS team.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 4:

Evaluate trainings

Between 07/2008 and 06/2009, four trainings will be evaluated to determine satisfaction and utility of trainings.

Activity Status

Completed

Activity Outcome

Four trainings were evaluated:

- Mentor Orientation - 95% satisfaction rate
- Annual GMS Training - 92% satisfaction rate
- Policy Trainings - 100% satisfaction rate
- Physical Education Training - 83% satisfaction rate

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluation

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention Program will evaluate 3 GMS processes, and identify problem areas or gaps in the program.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2008 and 06/2009, the Heart Disease and Stroke Prevention Program evaluated 3 GMS

processes, and identify problem areas or gaps in the program.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Evaluate trainings

Between 07/2008 and 02/2009, four trainings will be evaluated by the participants and evaluations will be summarized and results used to improve future trainings.

Activity Status

Completed

Activity Outcome

The GMS team had participants evaluate four trainings, and the results follow:

- Mentor Orientation - 95% satisfaction rate
- Annual GMS Training - 92% satisfaction rate
- Policy Trainings - 100% satisfaction rate
- Physical Education Training - 83% satisfaction rate

After the trainings, the state GMS team discussed evaluation results with LHDs, and how to improve trainings based on those results. Issues identified to improve for next year included: how to utilize the audiences time effectively, how to engage with the audience members who have attended the training for several years, and how to communicate information better.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

Survey

Between 01/2009 and 06/2009, one survey and one focus group will be conducted with mentors to determine how the GMS program can be improved.

Activity Status

Completed

Activity Outcome

The GMS team created and distributed one survey to all mentors to determine how program reporting could be improved. Seventy-nine percent of the mentors stated that they were receiving enough support for the program. The GMS team decided a focus group was unnecessary this year.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:**School surveys**

Between 01/2009 and 06/2009, two surveys will be conducted with participating schools to determine if mentors are meeting school needs.

Activity Status

Completed

Activity Outcome

The GMS team conducted two online surveys with participating GMS school Principals and school coordinators to determine if mentors were meeting school needs. The surveys were conducted in December 2008 with 27 schools responding and in April 2009 with 54 schools responding. 85% percent of the schools thought they were receiving enough support from their mentors to achieve the schools' awards level.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

State Program Title: LHD Partnership for Injury Prevention

State Program Strategy:

The Violence and Injury Prevention Program (VIPP) partners with local health departments (LHDs) to establish injury prevention priorities, strengthen local injury prevention program capacity, and develop community-based injury prevention projects. The three broad priority areas for injury prevention in Utah are: 1) motor vehicle crashes; 2) falls; and 3) community and family violence. All 12 LHDs have agreed to work together with the VIPP to conduct activities that address an agreed upon aspect of motor vehicle injury prevention. In past years, the partnership has conducted coordinated statewide campaigns addressing the need for legislation for graduated driver licensing and a primary seatbelt law. More recently they conducted a five-year campaign to increase booster seat use. Currently, a statewide coordinated campaign is underway to promote seatbelt use among teenagers. In addition to this coordinated campaign, each LHD is encouraged to identify local injury issues and develop prevention activities based on local resources and capacity.

Nine of the twelve LHDs in Utah elect to use PHHSBG funds to conduct injury prevention interventions. All 12 LHDs receive contracts for Maternal and Child Health Block Grant funds to conduct injury prevention interventions that are coordinated with the PHHSBG efforts. FY 2009 LHD contracts are available upon request.

Primary Strategic Partners:

The Utah Department of Health (UDOH) has fostered a number of collaborative relationships and strategic partnerships. Some of the primary partners include Brain Injury Association of Utah, Coalition for Utah Traffic Safety, Intermountain Injury Control Research Center, Law Enforcement Agencies, Local Health Departments, Primary Children's Medical Center, Safe Kids Utah, UDOH Office of the Medical Examiner, UDOH Bureau of Emergency Medical Services, Utah Department of Human Services Division of Child and Family Services, Utah Department of Public Safety, Utah Department of Transportation, Utah Driver and Traffic Safety Education Association, Utah Poison Control Center, and Utah State Office of Education.

Evaluation Methodology:

Mortality data from the Utah Death Certificate Database, Office of Vital Records and Statistics, Utah Department of Health based on External Cause of Injury Mortality Matrix for ICD-10 from the U.S. National Center for Health Statistics will be used to evaluate progress toward the overall program goal. The goal is to decrease the rate of deaths caused by unintentional injuries. Local health departments will produce a report and compile data on the Utah Data Analysis and Reporting Tool System that will be used to monitor progress.

National Health Objective: 15-13 Unintentional injury deaths

State Health Objective(s):

Between 01/2000 and 12/2010, The Violence and Injury Prevention Program will assist in decreasing the rate of deaths caused by unintentional injuries from 31.5 per 100,000 to 20.8 per 100,000.

State Health Objective Status

Partially Met

State Health Objective Outcome

Rates have been declining, moving toward the target rate and in fact surpassed a previous target rate in 2006. According to the most recent mortality data available (2008) Utah currently has an unintentional injury mortality rate of 29.98 per 100,000. (Source: UDOH IBIS Mortality and population data)

Barriers/Challenges to Success

Utah's highest rates for mortality related to unintentional injury include: 1) poisoning, 2) falls, and 3) motor vehicles.

Prescription drug abuse seems to be the highest contributing factor related to poisoning deaths.

With regard to falls, funding is limited to address this concern with an aging population and as a result efforts are scattered among local injury prevention partners.

A few legislative barriers that will impact the overall mortality rate for motor vehicles include:

- Mandatory seat belt law is only for those 18 years of age and under
- No motor cycle helmet law for those over 18 years of age
- Graduated drivers license law needs to be amended to move back getting a license until age 16 and six months instead of 15 years and 6 months. This was a compromise made when the law was passed a few years back and this has been a deadly mistake as the crash data proves with the increasing number of crashes to young teens.

Strategies to Overcome Barriers/Challenges

One time state funding was given to the Utah Department of Health during the 2009 legislative session to implement a media campaign on prescription abuse. The campaign was developed and implemented although funding is not currently available to continue this awareness campaign through 2010. A prescription drug abuse task force that was formed is continuing to discuss other options to get the message out to the public along with advertising drop off sites for un-used prescriptions throughout Utah.

The Violence and Injury Prevention Program (VIPP) has used small area injury data to identify a community to implement a falls prevention program and hope to use this as an example to replicate a prevention effort to other communities when funding becomes available. A senior falls state coalition is also being organized through the VIPP.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Maintain local capacity for injury prevention surveillance

Between 10/2008 and 09/2009, nine local health departments (LHDs) receiving PHHSBG funds will maintain **3** employees who evaluate localized injury data for community needs assessment, prevention planning, and evaluation.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, nine local health departments (LHDs) receiving PHHSBG funds maintained **20** employees who evaluate localized injury data for community needs assessment, prevention planning, and evaluation.

Barriers/Challenges to Success

All LHDs receiving federal PBG funding have maintained most injury prevention staff in spite of lay offs as a result of declining state and local funding.

Salt Lake Valley Health Department (SLVD) lost an injury prevention coordinator to retirement with over 30 years of experience. Due to current budget restrictions at the county level a hiring freeze prevents SLVD in filling this position and it is likely that the position may be eliminated.

Strategies to Overcome Barriers/Challenges

Contractual injury prevention requirements with SLVHD will stay the same as remaining injury employees will focus more on problem areas identified in the Small Area Injury Report.

Activity 1:

Maintain employees and capacity

Between 10/2008 and 09/2009, nine LHDs will maintain the number of employees receiving copies of injury data and reports published by VIPP and other sources, especially reports that contain localized data, and have the ability to use the UDOH Indicator Based Information System (IBIS) query system to obtain local data on injury deaths and hospitalizations, at a minimum of one employee per LHD.

Activity Status

Completed

Activity Outcome

During 2009 all LHDs were provided the VIPP updated injury facts sheets, developed reports, and received a draft copy of the Utah Violence and Injury Small Area report for planning purposes related to the 2010 injury contract. LHDs were also provided assistance and training, when requested, on the IBIS-PH (Indicator based Information System-Public Health) website and WISQUARS data system on CDC's website. VIPP has also responded to requests from LHDs for data only available in other VIPP databases (i.e. traumatic brain injury, student injury).

Barriers/Challenges to Success

Nothing at this time

Strategies to Overcome Barriers/Challenges

Nothing at this time

Activity 2:

Conduct observation surveys

Between 10/2008 and 09/2009, nine LHDs will collect two teen seatbelt use observation surveys in their local target communities.

Activity Status

Completed

Activity Outcome

Nine LHDs completed fall and spring seatbelt observational studies with targeted high schools in their respective communities. Overall observed seatbelt use was 65% (FY 2008 67%) in targeted communities in FY2009. Seatbelt use still varied widely among LHDs, ranging from 30% to 84%.

Barriers/Challenges to Success

For the 2010 contractual year LHDs have requested looking at seatbelt use across the age spectrum instead of just the teen years.

Strategies to Overcome Barriers/Challenges

In the 2010 LHD injury contracts, VIPP agreed to consider a broader look at seatbelt use across the life span based on two items. First the Small Area Injury Report should be considered when selecting injury prevention priorities related to motor vehicles. Second teen seat belt use observation surveys will still be required with high schools located within the identified small areas high for motor vehicle related injuries and deaths.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Injury prevention education and awareness

Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds will implement **3** injury prevention education/awareness activities addressing at least two or more priority issues.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds implemented **1,498** injury prevention education/awareness activities addressing at least two or more priority issues.

Barriers/Challenges to Success

As funding has remained level over the years LHDs are decreasing the overall range of activities to focus on priorities. The VIPP is assisting with this effort by providing the Utah Violence and Injury Small Area report that will help LHDs better identify issues and target communities. Although total activities decreased by focusing on the priorities the total number of participants actually increased in FY 09:

- 1,498 activities (21,555 in FY2008) were conducted such as classes, presentations, bike rodeos, assemblies, safety fairs, and safety events reaching over 230,668 (224,192 in FY2008) individuals.
- 67 media activities were conducted such as PSAs, press conferences, and news releases

Strategies to Overcome Barriers/Challenges

1. The VIPP will continue to assist LHDs to focus on problem areas in their communities identified in the Utah Violence and Injury Small Area report.
2. Language has also been added to the FY10 LHD injury contracts that encourages them to consult this data when selecting activities.

Activity 1:

Teen seat belt education

Between 10/2008 and 09/2009, nine LHDs will implement at least one teen seatbelt education and awareness activity as part of the statewide seatbelt campaign targeting the disparate population.

Activity Status

Completed

Activity Outcome

Nine LHDs promoted teen seatbelt use through a variety of methods. There were 20 media activities such as press conferences conducted and news releases issued. There were 293 events conducted directly by LHDs with 36,638 students and parents receiving information on the importance of teen seatbelt use. This does not include assemblies conducted by staff of the contractor with the state wide teen driving media

campaign (Don't Drive Stupid). Estimates of students reached by this campaign could easily approach over 75,000. This contractor is funded by the Utah Department of Transportation and works collaboratively with UDOH and the LHDs.

Barriers/Challenges to Success

Focus less on number of activities and more on clear as well as frequent messages to teens. Effective activities with parents are still a challenge.

Strategies to Overcome Barriers/Challenges

Staff with the Don't Drive Stupid Campaign has developed a school tool kit to encourage high schools to implement at least a monthly activity during the school year to reinforce messages to teens. The VIPP staff continues to work closely with this campaign and co-chairs a state Teen Driving Safety Task Force that meets monthly to coordinate these efforts. The VIPP has also included language in the LHD injury contracts that encourages coordination with all partners in their respective communities including the Don't Drive Stupid Campaign.

LHDs as well as the task force are continuing to work on finding effective educational and/or legislative strategies with parents of teens. UDOH and LHDs are reaching out to the Driver's Education instructors in public high schools.

Activity 2:

Teen seat belt public relations

Between 10/2008 and 09/2009, nine LHDs will develop two press releases on teen motor vehicle safety and submit them to the media.

Activity Status

Completed

Activity Outcome

A total of 20 media activities related to teen motor vehicle safety were conducted by nine LHDs.

Barriers/Challenges to Success

Nothing at this time

Strategies to Overcome Barriers/Challenges

Nothing at this time

Activity 3:

Promote teen motor vehicle safety

Between 10/2008 and 09/2009, nine LHDs will develop three different types of materials promoting teen motor vehicle safety.

Activity Status

Completed

Activity Outcome

Nine LHDs developed and distributed at least three different types of materials promoting teen motor vehicle safety. Materials included brochures, buckle up book marks, air freshners, t-shirts, buckle up parking lot signs, buckle up stencils, buckle up window decals, fact sheets, flyers, posters, seatbelt banners, seatbelt pledge cards, seatbelt quizzes, teen driving booklets, teen driving videos, and windshield wiper cards.

Barriers/Challenges to Success

Limited funding for purchase and development of materials by LHDs.

Strategies to Overcome Barriers/Challenges

Utilize and distribute materials developed by the Dont Drive Stupid/Zero Fatalities campaign. UDOH and LHDs have collaborated with Dont Drive Stupid/Zero Fatalities campaign in the development of materials that will be useful in local communities.

Activity 4:

Cues to action

Between 10/2008 and 09/2009, nine LHDs will implement three installations of cues to action (buckle up signs, buckle up stencils, etc. at entrances/exits of schools and other places teenagers frequent) to remind teenagers to wear their seatbelt.

Activity Status

Completed

Activity Outcome

Nine LHDs conducted a community assessment of the teen motor vehicle problem in their targeted areas. Each LHD determined where permanent equipment (buckle up signs and buckle up stencils) was needed to remind teens to wear their seatbelts. The permanent equipment will serve as cues to action.

Barriers/Challenges to Success

Signage has been an ongoing effort now for several years and many of the old signs now need to be replaced.

Strategies to Overcome Barriers/Challenges

Requirements were changed in the FY10 LHD injury contracts to allow for a maintenance mode to replace signs around high schools and at the same time encourage additional signage in other places around their communities.

Activity 5:

Injury education and awareness

Between 10/2008 and 09/2009, nine LHDs will implement at least two education and awareness activities that address one or more additional injury prevention areas.

Activity Status

Completed

Activity Outcome

Nine LHDs collaborated with local Safe Kids Chapters/Coalitions to provide educational and awareness activities to address bicycle safety, nine LHDs addressed child passenger safety, six LHDs addressed pedestrian safety, three LHDs addressed poisoning prevention, two LHDs addressed fall prevention, three LHDs addressed drowning prevention, and one LHD addressed Shaken Baby. In addition to the teen motor vehicle safety campaign, there were 32 media activities and 733 additional activities (523 in FY2008) conducted reaching individuals 206,973 (32,790 in FY 2008). Over 2,299 bicycle helmets and 2,139 child safety seats were distributed.

Barriers/Challenges to Success

Transitioning of local Safe Kids Chapters to Safe Kids Coalitions as required by Safe Kids USA and then addressing the new requirements.

Strategies to Overcome Barriers/Challenges

One of the requirements of a Coalition is a community needs assessment. The FY 10 LHD injury contracts require a needs assessment to be conducted by all groups regardless of their relationship (i.e. chapter vs. coalition) to National Safe Kids. The Utah Violence and Injury Small Area report was developed to assist with the needs assessment. This effort will help communities to better understand their areas, identify problems, and then develop strategies to address their population.

Activity 6:

Fall prevention

Between 10/2008 and 09/2009, at least three LHDs will implement at least one fall prevention activity focusing on reducing falls among people age 65 and older.

Activity Status

Completed

Activity Outcome

Three LHDs used PBG funds to conduct fall prevention activities among those age 65 or older. All of these LHDs worked with one or more community agencies, agency service programs, nursing homes, senior centers, etc. A total of 192 activities (97 in FY2008) were conducted reaching 5,158 individuals (581 in FY2008). One LHD continued to provide a monthly senior safety newsletter that went out to over 100 aging service programs, senior centers, housing complexes, and assisted living centers.

Barriers/Challenges to Success

Funding is limited to expand falls prevention efforts further among the three LHDs or replicate efforts in others.

Strategies to Overcome Barriers/Challenges

1. The Utah Violence and Injury Small Area report was developed to assist LHDs and communities in identifying injury priorities and the target communities/small areas in which to focus.
2. Continue looking for opportunities to obtain additional federal or state funding to expand falls prevention activities.
3. Develop an evidence-based falls prevention pilot project for older adults.
4. Initiate a State Fall's Prevention Coalition.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Maintain relationships in support of injury prevention

Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds will maintain **18** relationships with local community coalitions or organizations that promote safety, injury prevention, or violence prevention (such as Safe Kids, Safe Communities, schools, PTAs, youth councils, law enforcement, businesses).

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds maintained **18** relationships with local community coalitions or organizations that promote safety, injury prevention, or violence prevention (such as Safe Kids, Safe Communities, schools, PTAs, youth councils, law enforcement, businesses).

Barriers/Challenges to Success

Maintaining relationships and engaging injury/violence prevention partners is an ongoing process that requires time. With new partners many LHDs find dedicating their time to issues others feel are important will over the long haul increase the chances these partners will reciprocate on a shared injury/violence prevention effort. During FY2009 the nine LHDs partners engaged at least 18 partners such as Safe Kids, Safe Communities, PTAs, youth councils, law enforcement, and businesses in their injury/violence prevention efforts.

Strategies to Overcome Barriers/Challenges

LHDs as well as the VIPP are continuing to explore how new as well as existing partners can help each other so that the relationship is mutually beneficial.

Activity 1:

Maintain Safe Kids coalitions or chapters

Between 10/2008 and 09/2009, nine LHDs will maintain the number of local Safe Kids coalitions or chapters they sponsor or participate in at a minimum of one chapter per LHD.

Activity Status

Completed

Activity Outcome

Nine LHDs remain active participants in local Safe Kids coalitions or chapters, including attending local and state meetings as well as planning and participating in scheduled events. Partners in local coalitions and chapters include local schools, PTAs, fire departments, police departments, community health/human service agencies, and a variety of local businesses. Membership in local coalitions or chapters range from three to twenty local partners.

Barriers/Challenges to Success

Additional funding to assist local efforts is always a struggle especially since funding has decreased on grants from National Safe Kids for activities such as Safe Kids Week. These grants as well as other funding from National partners has decreased as a result of the economy and their inability to continue funding at the same levels during tough times.

Strategies to Overcome Barriers/Challenges

Safe Kids Utah has incorporated into a non profit association and as such the Board is exploring ideas to raise funds on a state level that then could be granted to Safe Kids chapters/coalitions to implement activities at the local level.

Activity 2:

Work with law enforcement

Between 10/2008 and 09/2009, nine LHDs will maintain the number of local law enforcement agencies they work with encouraging them to enforce seatbelt laws among teenagers at a minimum of one law enforcement agency per LHD.

Activity Status

Completed

Activity Outcome

Nine LHDs continued to work with law enforcement agencies across Utah to enforce seatbelt laws among teens. Over eighteen successful partnerships were established with law enforcement and others are continuing to develop.

Barriers/Challenges to Success

A primary seatbelt law for only those 18 and under makes it difficult to enforce and does not help with law enforcement viewing this as a priority over other concerns.

Strategies to Overcome Barriers/Challenges

There has been discussion among injury partners at the state level to go back to the legislature in 2011 to pursue making the seatbelt law mandatory for all ages. However, this is far from being reality given the political climate currently in the state legislature against federal intrusion and at times even state intrusion into what is perceived as family or personal rights.

Activity 3:

Maintain high school and youth partners

Between 10/2008 and 09/2009, nine LHDs will maintain the number of high schools they work with to identify and solve the teen motor vehicle crash problem at a minimum of one high school per LHD, and will maintain the number of peer led coalitions or programs promoting teen seatbelt use they assist with at a minimum of one per LHD.

Activity Status

Completed

Activity Outcome

Nine LHDs worked with over over 30 high schools during FY2008 as part of their teen motor vehicle safety activities. Many more schools were reached by the state media campaign partner (Zero Fatalities/Don't Drive Stupid) with producing educational DVDs, delivering school assemblies, and coordinating other various community events.

Barriers/Challenges to Success

The VIPP, LHDs and other injury partners are continually looking to identify where activities are occurring so as not to duplicate efforts but be able to reinforce messages in a consistent manner to have a greater impact.

Strategies to Overcome Barriers/Challenges

Coordinating teen MV activities, events, and resources are the primary reasons the Utah Teen Driving Task Force continues to meet on a monthly basis. Staff from the VIPP co-chairs this group consisting of members representing highway safety, state and local health, children's hospital, transportation department, schools, PTA, drivers education, legislature, law enforcement, advertising (media campaign), and other MV safety/advocacy organizations.

Activity 4:

Maintain other local coalitions

Between 10/2008 and 09/2009, at least four LHDs will maintain the number of local coalitions, committees or community groups other than Safe Kids they work with to promote injury or violence prevention at a minimum of one per LHD.

Activity Status

Completed

Activity Outcome

Nine LHDs (8 in FY2008) participated in local coalitions, committees, or community groups other than Safe Kids. Groups included domestic violence prevention, suicide prevention, Boy Scouts, Healthy Communities,

Hispanic Health, senior health, PTA, Traffic Safety Committees, Safe Communities, Community of Promise, and Youth Councils.

Barriers/Challenges to Success

Nothing at this time.

Strategies to Overcome Barriers/Challenges

Requirements were added to the FY10 LHD injury contract to consult the Small Area Injury report as one indicator to help with identifying what issues may be of greater priority.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Provide injury information to clients

Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds will implement **3** strategies to provide injury prevention products or other services related to injury prevention for their constituents and clients.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds implemented **3** strategies to provide injury prevention products or other services related to injury prevention for their constituents and clients.

Barriers/Challenges to Success

Level funding necessitates maximizing and efficiently distributing resources. As such nine LHDs implemented at least three ways to provide injury prevention services to local citizens. These include responding to requests for information, data or injury prevention literature. Nine LHDs also conducted child safety seat/booster seat inspections. Equipment provided at low cost or no cost included child safety seats, booster seats, bicycle safety helmets, smoke detectors, and carbon monoxide detectors.

Strategies to Overcome Barriers/Challenges

Nothing at this time

Activity 1:

Child safety seat check points

Between 10/2008 and 09/2009, at least one LHD will implement at least one community child safety seat checkpoint.

Activity Status

Completed

Activity Outcome

Nine LHDs saw a reduction by conducting 40 checkpoints (103 in FY2008) however there was a significant increase to 2,827 (1,438 in FY2008) in child safety seats inspected during community checkpoints or individual appointments at the LHD. Low cost seats and booster seats were made available at most checkpoints.

Barriers/Challenges to Success

As demand increases the time needed to coordinate child safety restraint efforts is taking away from time spent on other injury priorities.

Strategies to Overcome Barriers/Challenges

Most LHDs are doing an excellent job in training either other LHD staff or other staff from community agencies to inspect car seats as a way of expanding available resources.

Activity 2:

Car seat checks

Between 10/2008 and 09/2009, at least five LHDs will implement at least one method for providing a limited number of car seats and booster seats for sale at reduced cost to low-income families and/or will establish at least one method for residents to receive car seat inspections by appointment at LHD facilities.

Activity Status

Completed

Activity Outcome

Nine LHDs provided car seats and booster seats at a reduced cost. The total number of car seats and booster seats distributed in FY2008 was 1,683.

Barriers/Challenges to Success

Limited funding for car seat and booster seat purchases.

Strategies to Overcome Barriers/Challenges

LHDs apply for Office of Highway Safety (NHTSA) contracts to fund car seat and booster seat purchases.

Activity 3:

Access to bicycle helmets

Between 10/2008 and 09/2009, at least two LHDs will implement at least one method for providing a low-cost bicycle helmet sales program for local residents.

Activity Status

Completed

Activity Outcome

Eight LHDs maintained low cost bike helmet sales programs. The total number of helmets distributed was 2,018 (2,637 in FY2007).

Barriers/Challenges to Success

Nothing at this time.

Strategies to Overcome Barriers/Challenges

Nothing at this time.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Maintain designated local injury prevention staff

Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds will maintain 9 Injury Prevention Programs with a designated Injury Prevention (IP) Coordinator.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the nine local health departments (LHDs) receiving PHHSBG funds maintained 9 Injury Prevention Programs with a designated Injury Prevention (IP) Coordinator.

Barriers/Challenges to Success

Nine LHDs maintained an Injury prevention program with an Injury Prevention Coordinator. Economic conditions in the state still however are impacting FTE's as injury staff retire positions are likely being considered for elimination.

Strategies to Overcome Barriers/Challenges

FY10 LHD injury contract requirements have incorporated some flexibility with staffing requirements as long as there is still a core injury prevention skill set. The core contract requirements and efforts however have remained the same so as to maintain partnerships and continue building on successes.

Activity 1:**LHD staff training**

Between 10/2008 and 09/2009, the Violence and Injury Prevention Program will implement one training to strengthen the knowledge and skills in injury prevention principles and practice of LHD staff.

Activity Status

Completed

Activity Outcome

The VIPP implemented a training with the nine LHDs during a fall 2009 meeting to strengthen knowledge as well as initiate the discussion on the FY 10 injury contract priorities.

Barriers/Challenges to Success

Level funding results in increasingly limited time and resources.

Strategies to Overcome Barriers/Challenges

1. The Utah Violence and Injury Small Area Injury report was developed to assist LHDs and communities in identifying injury priorities and where to spend already limited time and resources.
2. Language was added to the FY10 LHD injury contract requirements asking them to consult the Utah Violence and Injury Small Area Injury Report.

Essential Service 9 – Evaluate health programs**Impact/Process Objective 1:****Evaluation program activities**

Between 01/2009 and 08/2009, Violence and Injury Prevention Program and the nine local health departments (LHDs) receiving PHHSBG funds will evaluate 100% of all objectives and activities in contracts to determine if they were accomplished as outlined and to identify problem areas or gaps.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 01/2009 and 08/2009, Violence and Injury Prevention Program and the nine local health departments (LHDs) receiving PHHSBG funds evaluated **100%** of all objectives and activities in contracts to determine if they were accomplished as outlined and to identify problem areas or gaps.

Barriers/Challenges to Success

Nine LHDs continued ongoing evaluation of their activities as their contracts with the VIPP require either process evaluation or outcome evaluation depending on the activities.

Strategies to Overcome Barriers/Challenges

Nothing at this time.

Activity 1:**Evaluate programs and report progress**

Between 01/2009 and 07/2009, the nine LHDs receiving PHHSBG funds will evaluate all objectives and activities in contracts. Between 01/31/2009 and 07/31/2009, the nine LHDs receiving PHHSBG funds will publish two progress reports for activities and impact objectives on the Utah Data Analysis and Reporting Tool System.

Activity Status

Completed

Activity Outcome

All nine LHDs submitted mid-year reports and year-end reports in the Utah Data Analysis and Reporting Tool System (UDART).

Barriers/Challenges to Success

UDART reporting does not always provide the outcome data in the way it is needed and can not be grouped as needed without extensive compilation by state staff.

Strategies to Overcome Barriers/Challenges

Updates have been suggested to UDART.

Activity 2:**Evaluate progress reports and provide feedback**

Between 01/2009 and 08/2009, the Violence and Injury Prevention Program will evaluate all progress reports for activities and impact objectives entered on the Utah Data Analysis and Reporting Tool System and provide semi-annual written feedback to LHDs.

Activity Status

Completed

Activity Outcome

Within 10 working days of receipt of reports, the VIPP staff provided written confirmation of receipt. Within 20 working days of receipt of reports, the VIPP staff provided written feedback on results and progress. Mid-year reports and written feedback are all filed in the respective contract folders.

Barriers/Challenges to Success

Nothing at this time.

Strategies to Overcome Barriers/Challenges

Nothing at this time.

Activity 3:

Conduct site visits

Between 01/2009 and 08/2009, the Violence and Injury Prevention Program will implement five site visits to LHDs to assess progress and address any problems.

Activity Status

Completed

Activity Outcome

VIPP staff conducted six site visits to LHDs to assess progress and to provide technical assistance.

Barriers/Challenges to Success

State travel restrictions may hamper this in FY10.

Strategies to Overcome Barriers/Challenges

Phone calls are the next best method if travel becomes restricted.

State Program Title: LHD Partnerships for Promoting Healthy Weight

State Program Strategy:

Goal: Best evidence suggests that the most desirable primary prevention goal is to prevent children with a normal, desirable weight from becoming at risk for overweight or overweight. The Utah Heart Disease and Stroke Prevention (HDSP) Program and LHDs are directing primary prevention efforts for childhood obesity toward the elementary schools (and piloting in middle schools this year) through an incentive based program, the Gold Medal Schools (GMS) Program. This program helps schools implement policies and environmental supports to encourage healthy eating and physical activity by students and faculty.

Primary Strategic Partnerships: Utah's Heart Disease and Stroke Prevention (HDSP) Program works collaboratively with all twelve local health departments (LHDs), over fifty agencies, institutions, providers and representatives from the public sector, committed to a healthier Utah through the prevention and control of heart disease and stroke, and promotion of healthier lifestyle choices.

Internal: Tobacco Prevention and Control Program, Violence and Injury Prevention Program, Physical Activity, Nutrition, and Obesity Program, and School Nursing

External: Intermountain HealthCare, Utah State Office of Education, local elementary schools, school districts, Utah Department of Transportation, and the Utah Parent Teacher Association.

Role of PHHS BG Funds: The LHD programs do not focus on individual behavior change, but strive to change "systems" apt to discourage or prevent behavior changes, into systems that provide support for policies and environments that promote health. Activities for FY 2009 will continue to focus on improving awareness of the burden of heart disease and stroke, and the need for policies and environmental changes to improve opportunities and provide support for healthier choices in nutrition and physical activity, especially in schools. With this funding, LHDs, in conjunction with the State HDSP Program, are able to recruit elementary schools in their communities, and provide guidance and resources to schools participating in GMS. All LHD contracts are available on request.

Evaluation Methodology: Elementary school height and weight surveillance data will be used to determine if the program is having a long term affect on childhood obesity trends. The school heart health survey will be used to determine if specific school policies are in place and implemented. In addition, a long term evaluation plan is being developed

National Health Objective: 19-3 Overweight or obesity in children and adolescents

State Health Objective(s):

Between 01/2002 and 12/2010, decrease the percent of Utah children, grades K-6th grades, who are overweight by 10%, from 12.3% in 2002 to 10.8%.

State Health Objective Status

Exceeded

State Health Objective Outcome

In 2008, 9.7% of elementary school students were obese, compared to 2006 when 10.3% were obese.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Increase GMS schools

Between 07/2008 and 09/2009, 11 LHDs will increase the number of elementary schools participating in GMS from 316 to **376**.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 07/2008 and 09/2009, 11 LHDs increased the number of elementary schools participating in GMS from 316 to **363**.

Barriers/Challenges to Success

The majority of the schools that joined GMS have heard about the program for several years, but have chosen not to participate. Many factors influence a schools' choice not to participate including: lack of administrative support to implement specific criteria, e.g. not using food as a reward; lack of teacher support; and/or time constraints.

Strategies to Overcome Barriers/Challenges

As administration and teacher turn over occurs LHDs will educate new personnel about the GMS program, and invite them to participate.

Activity 1:

Promote GMS

Between 07/2008 and 06/2009, eleven LHDs will promote GMS to elementary schools to increase visibility and increase participation.

Activity Status

Completed

Activity Outcome

Eleven LHDs reported their promotion efforts. These efforts included sending letters; recruitment packets; individual meetings with principals, district superintendents, district PE specialist and healthy community boards; presentations given at principal meetings, PTA meetings, community coalition meetings, school nurse and school secretary meetings; setting up booths and events and health fairs; and getting articles in local papers.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

Promote grocery store tours

Between 07/2008 and 06/2009, seven LHDs will promote Fruits & Veggies More Matters grocery store tours in GMS.

Activity Status

Completed

Activity Outcome

Seven LHDs promoted the grocery store tours, 88 schools participated reaching 6160 students in 256 classes.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:**Promote "Walk to School Day"**

Between 07/2008 and 11/2008, seven LHDs will work with the PTA to conduct a "Walk to School" program in GMS.

Activity Status

Completed

Activity Outcome

Seven LHDs worked with partners, including PTA and Safe Kids Coalitions, to conduct "Walk to School" events. At least 78 elementary schools held a "Walk to School" event.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 4:**Increase GMS PowerUP schools**

Between 07/2008 and 06/2009, eight LHDs will increase the number of GMS Power-Up schools participating in the program from 4 to 13.

Activity Status

Partially Completed

Activity Outcome

Eight LHDs attempted to recruit schools, and six LHDs succeeded in recruitment to participate in GMS Power-Up. Nine Jr. High/Middle Schools are participating in the GMS Power-Up program. Four GMS Power-Up schools received the bronze level.

Barriers/Challenges to Success

Schools didn't join the GMS Power-Up program for reasons which included: not enough time, criteria, lack of teacher support, etc.

Strategies to Overcome Barriers/Challenges

Provide schools with information regarding the GMS Power-Up program and provide them with resources to help them overcome barriers.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Maintain number of external partnerships

Between 07/2008 and 06/2009, six LHDs will maintain 1 external partnership to promote healthy nutrition and physical activity.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2008 and 06/2009, six LHDs maintained 1.7 external partnership to promote healthy nutrition and physical activity.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Active Community Environments

Between 07/2008 and 06/2009, three LHDs will participate on one local active community environments committee/task force.

Activity Status

Completed

Activity Outcome

Four LHDs participated on at least one local active community environment committee/task force. Summit County LHD worked with two committees, community members, community leaders, and city engineers to update their walkable community blue print; Weber-Morgan LHD worked with Weber Pathways to promote the health benefits of trail/pathway usage; Central Utah LHD and Wasatch County LHD worked with their active community coalitions to promote and increase physical activity in their communities through community events. In addition, Wasatch County LHD participated on the Physical Activity, Nutrition and Obesity State Plan Workgroup, reviewing and providing input on the state plan.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

WIC

Between 07/2008 and 06/2009, three LHDs will partner with their WIC Program to incorporate components of the Fruit and Veggies More Matters program into WIC nutrition education sessions.

Activity Status

Completed

Activity Outcome

Three LHDs worked with their WIC directors and/or dieticians to incorporate Fruits and Veggies More Matters into WIC nutrition classes, one to one counseling at appointments, and education materials provided. Central Utah LHD, Southeastern Utah LHD, and Tooele County LHD distributed 2,455 education materials to WIC participants.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 5 – Develop policies and plans**Impact/Process Objective 1:****Increase AHY Awardees**

Between 07/2008 and 06/2009, 12 LHDs will increase the number of schools, worksites and communities that receive “A Healthier You” Awards from 377 to 442.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 07/2008 and 06/2009, 12 LHDs increased the number of schools, worksites and communities that receive “A Healthier You” Awards from 377 to 429.

Barriers/Challenges to Success

The state GMS team and LHDs did not meet the projected goal for number of schools participating in the program this year (those that have received at least a bronze level award). Rather than a total of 60 new GMS participating in 2008-2009, there were 47 schools. The majority of the schools that joined GMS have heard about the program for several years, but have chosen not to participate. Many factors influence a schools' choice not to participate including: lack of administrative support to implement specific criteria, e.g. not using food as a reward; lack of teacher support; and/or time constraints.

A total of 56 worksites received awards in October 2008, and 10 communities received awards.

Strategies to Overcome Barriers/Challenges

As administration and teacher turn over occurs LHDs will educate new personnel about the GMS program, and invite them to participate.

Activity 1:**Assist school mentors**

Between 08/2008 and 05/2009, twelve LHDs will assist mentors to help schools achieve the A Healthier You school award.

Activity Status

Completed

Activity Outcome

All 12 LHDs and their mentors have assisted a total of 363 elementary schools to receive awards since 2002, including public schools (343), private schools, charter schools and special schools. During school year 2008-2009, 178 schools achieved a new level of A Healthier You school award.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:**Assist worksites**

Between 07/2008 and 06/2009, one LHD will facilitate a worksite's application for A Healthier You worksite award.

Activity Status

Completed

Activity Outcome

One LHD, Wasatch County, facilitated their county wide worksite program, which received the Gold level award in 2009.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:**Assist communities**

Between 07/2008 and 06/2009, two LHDs will facilitate a community's application for A Healthier You community award.

Activity Status

Completed

Activity Outcome

Two LHDs, Summit County and Wasatch County, approached 6 communities regarding participation in A Healthier You community awards. All 6 communities expressed interest. One community, Midway, applied for the Gold level award. One community in Summit began the process, but more pressing issues became priorities during the year.

Barriers/Challenges to Success

LHDs found that this is an on-going process. Communities express interest, but other issues become the priority or the person working on the project leaves, and the process has to be started again.

Strategies to Overcome Barriers/Challenges

LHDs will stay in touch with their mayors and/or city councils, in order to keep interest in the awards current. In addition, communities can apply for awards without assistance from the LHD. A total of 10 communities applied for and received awards during FY2009.

Essential Service 8 – Assure competent workforce**Impact/Process Objective 1:**

Maintain GMS Mentors

Between 07/2008 and 06/2009, 12 LHDs will maintain 50 GMS mentors to support participating schools.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2008 and 06/2009, 12 LHDs maintained 61 GMS mentors to support participating schools.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:

Recruit and hire mentors

Between 07/2008 and 06/2009, 11 LHDs will participate, with the state, in recruitment and hiring of GMS mentors.

Activity Status

Completed

Activity Outcome

Eleven LHDs participated in recruiting, interviewing and hiring 61 mentor positions. Mentors supported between 1-7 schools. On average each mentor provided technical assistance to 5.9 schools. LHDs had between 0-17 mentors in their district.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:

Mentor support and guidance

Between 07/2008 and 06/2009, 11 LHDs will provide their mentors with support and guidance.

Activity Status

Completed

Activity Outcome

Eleven LHDs provided a minimum of nine mentor meetings/mini trainings for their mentors during the school year. Most of them met monthly.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:

Attend GMS trainings

Between 07/2008 and 06/2009, 12 LHDs will attend GMS trainings.

Activity Status

Completed

Activity Outcome

Eleven LHDs attended at least two of the following trainings: the Mentor, Annual, Policy, and/or PE training. All 11 LHDs presented during the trainings at least one time.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 4:**District mentor facilitators**

Between 07/2008 and 06/2009, two LHDs will provide supervision and technical assistance to a district mentor facilitator.

Activity Status

Completed

Activity Outcome

Two LHDs provided supervision and technical assistance to a district mentor facilitator by way of training and regular meetings on various topics regarding the GMS.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Essential Service 9 – Evaluate health programs**Impact/Process Objective 1:****Report progress**

Between 07/2008 and 06/2009, 12 LHDs will update 2 progress reports in standardized web-based reporting system to the Utah HDSPP.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2008 and 06/2009, 12 LHDs updated 2 progress reports in standardized web-based reporting system to the Utah HDSPP.

Barriers/Challenges to Success

All LHDs updated their mid-year progress, and 11 of 12 updated their year-end progress. The LHD that did not update their progress had staff turn over, and reporting was not completed before this employee left.

Strategies to Overcome Barriers/Challenges

N/A

Activity 1:**Process evaluation**

Between 07/2008 and 06/2009, 12 LHDs will develop process evaluation methods for each objective and activity.

Activity Status

Completed

Activity Outcome

HDSPP staff provided LHDs with guidance on what information to collect for their process evaluations. All 12 LHDs selected specific process evaluation methods for each objective on their UDART work plans.

Barriers/Challenges to Success

Done.

Strategies to Overcome Barriers/Challenges

N/A

Activity 2:**Track outcomes**

Between 07/2008 and 06/2009, 12 LHDs will use the standardized web-based data and reporting tool to track their project outcomes.

Activity Status

Completed

Activity Outcome

All 12 LHDs used UDART to track their project outcome.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

Activity 3:**Feedback**

Between 07/2008 and 06/2009, 12 LHDs will receive written feedback from HDSP staff via the web based reporting system within one month of submitting completed report.

Activity Status

Completed

Activity Outcome

All 12 LHDs received feedback within one month of their mid-year reports. Out of 11 LHDs that completed year-end reports, 10 received feedback within one month.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

N/A

State Program Title: Office of Public Health Assessment

State Program Strategy:

Goal: The goal of the Office of Public Health Assessment (OPHA) is to support evidence-based decision making and program planning by Utah's policy makers and advocates, and by public health program staff in Utah's state and local health departments.

OPHA's strategy involves enhancing the state's ability to monitor health status (essential service #1), informing and educating policy makers, health care providers, students, and the general public about public health issues (essential service #3), providing technical and statistical assistance to public health staff in the conduct of public health assessment activities (essential service #8), and evaluating the effectiveness of programs and of our own IBIS-PH Web site (essential service #9). OPHA accomplishes these program priorities on an ongoing basis by:

1. Collecting data using household telephone surveys,
2. Analyzing and reporting data from a wide variety of sources (e.g., telephone surveys, vital events, hospital administrative records, disease registries, etc.),
3. Developing, implementing, and maintaining a Web-based infrastructure for dissemination of public health data and information.

The OPHA includes the Behavioral Risk Factor Surveillance System (BRFSS) staff, charged with collecting, processing, analyzing and disseminating information about the health status, risk behaviors and health-related knowledge of Utah residents. The OPHA also provides a comprehensive health information dissemination Web site known as the Indicator-Based Information System for Public Health (IBIS-PH). IBIS-PH includes published reports, static Web pages and a Web-based data query system. IBIS-PH allows state and local public health program staff, other public health partners and the general public to access information on priority public health issues conveniently and to query datasets directly.

Primary Strategic Partners: Utah's BRFSS staff work with programs in state and local health departments, other state agencies, universities and others to ensure that our state surveys are meeting priority public health information needs. We actively pursue state-added questions through a structured process that utilizes an advisory committee with broad Utah public health community representation. Similarly, OPHA IBIS-PH staff has cultivated strategic relationships with public health programs across the Utah Department of Health and several local health districts in the state, along with other public health partners in order to develop, test and maintain the IBIS-PH Web site. In addition, OPHA has formed a Community of Practice around using the IBIS-PH technology for public health assessment across the country. We are currently working with several states (Alaska, New Mexico, New Jersey and Missouri) and national organizations (National Association for Public Health Statistics and Information Systems, National Association of Health Data Organizations, National Center for Health Statistics) in this Community of Practice. Utah is a national leader in this area, and in using Web-based technologies with complex survey data, such as the BRFSS.

Internal:

UDOH Asthma Control Program
UDOH Tobacco Prevention & Control Program
UDOH Diabetes Prevention & Control Program
UDOH Arthritis Program
UDOH Heart Disease & Stroke Prevention Program
UDOH Genomics Program
UDOH Cancer Control Program
UDOH Violence & Injury Prevention Program
Environmental Public Health Tracking Network Program

Communicable Disease Epidemiology Program
Utah Medicaid Program
Utah Children's Health Insurance Program
UDOH Center for Multicultural Health
UDOH Physical Activity, Nutrition & Obesity Program

External:

University of Utah
Utah's 12 local health districts
Association for Utah Community Health
Utah Medical Association
Utah Division of Housing and Community Development
Utah Division of Substance Abuse & Mental Health
Intermountain Health Care
Utah Kid's Count Project
National Association of Health Data Organizations
National Association for Public Health Statistics and Information Systems
National Center for Health Statistics

Role of PHHS BG Funds: Block grant dollars are a major source of funding for staff resources to develop and maintain the IBIS-Q query system, and for staff required to maintain the IBIS-IRV (Indicator Reporting and Visualization) system. IBIS-PH was programmed by a contractor through another grant, but IBIS-Q was developed in-house. Both systems require staff time and expertise for maintenance and enhancement. PHHS Block Grant funds cover staff that direct and coordinate the BRFSS in Utah. Utah collects its own BRFSS data. Staff oversees data collection for the BRFSS, provide data analysis, produce reports, and consult with Department program staff on BRFSS and other survey data issues. Block grant dollars support the BRFSS staff in order to perform Utah state-specific health assessment and program evaluation, and to address Utah's emerging health issues.

Evaluation Methodology:

OPHA will assess the use of IBIS-PH and our BRFSS survey reports monthly, using the Website metrics available through our state IT operations. We find it most beneficial to work closely with our system users and involve our customers in the design and testing of the system. The Utah Department of Health Bureau of Health Promotion's Surveillance, Epidemiology, Evaluation and Data (SEED) Committee provides a forum for power users to share in development, evaluation and testing. We will continue to track the uses of BRFSS state-specific data, particularly at the community level and in underserved populations through the Utah State Health Surveys Advisory Committee.

National Health Objective: 23-2 Public health access to information and surveillance data

State Health Objective(s):

Between 10/2008 and 09/2009, The OPHA will improve access to important public health data and information for public health professionals and others through the on-going collection of household survey data, and the updating of public health datasets and results of analyses on Utah's IBIS-PH (Indicator-Based Information System for Public Health) Website.

State Health Objective Status

Met

State Health Objective Outcome

Utah continued the in-house collection of the Behavioral Risk Factor Surveillance System (BRFSS) in the health department's Survey Center, roughly doubling annual completes from 5,000 to 10,000. The online public health data dissemination system, IBIS-PH, was accessed extensively. Between 3/2009 and 9/2009, the monthly total number of Website visits ranged from 4,100 to 6,900, and the unique number of monthly visitors was between 2,400 and 3,900. Users are directed to IBIS-PH through popular search engines including Google, Yahoo and Bing amongst others.

Barriers/Challenges to Success

The BRFSS continues to be in high demand by programs within the UDOH and also by many public health partners in Utah. Requests to include state-specific questions are increasing and people require special analyses of these questions. IBIS-PH has become increasingly complicated and difficult to navigate due to the addition of new Indicator Reports and enhancements to the Query System and all supporting documentation.

Strategies to Overcome Barriers/Challenges

We continue to seek input from a broad representation of BRFSS and IBIS-PH users, through the Utah State Health Surveys Advisory Committee for the BRFSS and by working with the Owners/Editors of the Indicator Reports and the Data Stewards of the Query System datasets for IBIS-PH.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Increase interviews

Between 10/2008 and 09/2009, the Surveys Coordinator will increase the number of Behavioral Risk Factor Surveillance System (BRFSS) telephone interviews that address state-specific data needs stratified by Utah's 12 local health districts and able to be analyzed by Utah's 61 small areas from 5,040 to **10,000**.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Surveys Coordinator increased the number of Behavioral Risk Factor Surveillance System (BRFSS) telephone interviews that address state-specific data needs stratified by Utah's 12 local health districts and able to be analyzed by Utah's 61 small areas from 5,040 to **10,161**.

Barriers/Challenges to Success

There was some difficulty getting enough completes on all three legs of the survey in order to meet the requirements of CDC. Each leg of the questionnaire has to have 2,500 completes in order to be weighted. One of the three legs, which was set-up to get 2,500 completes, was falling a little short.

Strategies to Overcome Barriers/Challenges

The Survey Coordinator arranged the purchase of more sample in order to reach the target number of completes on that leg of the survey.

Activity 1:

Develop grant application

Between 10/2008 and 12/2008, the Surveys Coordinator will develop one Behavioral Risk Factor Surveillance System (BRFSS) grant application that will support the in-house collection of the BRFSS to monitor Utah's health status and support state initiatives.

Activity Status

Completed

Activity Outcome

The grant application that supports the in-house collection of BRFSS data in Utah was successfully completed in December, 2008.

Barriers/Challenges to Success

The BRFSS continuing grant application is part of a combined grant that includes the Diabetes Prevention and Control Program and the Tobacco Prevention and Control Program.

Strategies to Overcome Barriers/Challenges

The Utah BRFSS Coordinator worked well with staff in the other two programs to complete the combined grant application on time and to accurately select the needs of in-house survey data collection.

Activity 2:**State-added questions**

Between 10/2008 and 01/2009, the Surveys Coordinator in collaboration with UDOH program staff will develop 35 new state-added questions to be included on the 2009 Utah BRFSS questionnaire in order to measure important health insurance and healthcare access issues for Utah adults and children.

Activity Status

Completed

Activity Outcome

Approximately 35 questions for adults and 32 questions for children were developed and added to the BRFSS for survey year 2009 in order to collect information on health insurance and health care access.

Barriers/Challenges to Success

Questions were adapted from Utah's own state survey – the Utah Healthcare Access Survey. This survey rostered each household and asked questions about each member of the household. These questions had to be adapted to fit the BRFSS methodology of collecting information on one randomly selected adult and one randomly selected child. These changes in the questions had to take place without compromising the data needs of state partners.

Strategies to Overcome Barriers/Challenges

The Survey Coordinator worked with partners in the Office of Public Health Assessment and the Department of Health to ensure that data needs would be met.

Activity 3:**Develop survey questionnaires**

Between 10/2008 and 01/2009, the Surveys Coordinator will develop 2 Utah-specific BRFSS 2009 questionnaires that utilize the dual questionnaire capability of the Computer-assisted Telephone Interviewing (CATI) system in order to be able to measure an increasing number of behavioral health determinants.

Activity Status

Completed

Activity Outcome

The Survey Coordinator developed 3 Utah specific BRFSS questionnaires for 2009 that utilized and expanded on the dual questionnaire capability of the CATI system, thus allowing the measurement of an increased number of behavioral health determinants.

Barriers/Challenges to Success

There has been increased demand for state-specific questions on the BRFSS over the past few years.

Strategies to Overcome Barriers/Challenges

We decided to develop 3 legs on the questionnaire in order to accommodate more state-specific questions.

Activity 4:**Pilot test**

Between 10/2008 and 11/2008, the Surveys Coordinator will coordinate one pilot test for evaluating the addition of insurance questions to the BRFSS, in order to enhance the quality of the BRFSS data collected for Utah.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 11/2008, a pilot test was conducted that evaluated the addition of insurance questions onto the BRFSS. Based on this pilot test, it was determined that the inclusion of these questions on the BRFSS was a suitable alternative to conducting 2 separate surveys. Insurance data collected on BRFSS was found comparable to the data collected on the Utah Healthcare Access Survey.

A report about this project is available at: http://health.utah.gov/oph/publications/hsu/09May_Insurance.pdf

Barriers/Challenges to Success

It was challenging to conduct this pilot survey in addition to the ongoing survey projects in the Survey Center.

Strategies to Overcome Barriers/Challenges

Staff from programs across the health department contributed to developing, programming and analyzing the pilot project.

Activity 5:**Conduct cell phone interviews**

Between 01/2009 and 09/2009, the Surveys Coordinator will conduct 500 BRFSS interviews in cell-phone only households in order to begin measuring the health status of this growing population.

Activity Status

Completed

Activity Outcome

The Survey Coordinator oversaw the completion of 1,000 cell phone interviews in 2009.

Barriers/Challenges to Success

Utah has the second highest rate of cell phone only households in the nation (almost 27%). The Survey Center felt that 500 cell phone interviews would not be enough to adequately represent our state population however, funding would not allow for 27% of BRFSS completes to be done on cell phones.

Strategies to Overcome Barriers/Challenges

The Survey Center team decided to do more than 500 interviews on cell phones and to reach at least 10% of our total BRFSS sample on cell phones. One thousand BRFSS surveys were done on cell phones in 2009.

Impact/Process Objective 2:**Update data sets**

Between 10/2008 and 09/2009, the Surveys Coordinator in collaboration with UDOH program staff will update 1 IBIS-Q BRFSS queriable data set from one with less content and functionality to one with enhanced content and functionality as specified in the activities below.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Surveys Coordinator in collaboration with UDOH program staff updated 1 IBIS-Q BRFSS queriable data set from one with less content and functionality to one with enhanced content and functionality as specified in the activities below.

Barriers/Challenges to Success

We did not encounter any barriers.

Strategies to Overcome Barriers/Challenges

The infrastructure of the IBIS-PH Query System has been well established for maintaining and adding yearly BRFSS data.

Activity 1:**Develop rules**

Between 10/2008 and 09/2009, the Surveys Coordinator, in collaboration with UDOH program staff, will establish 1 set of rules for proper suppression of data within the IBIS-PH query system.

Activity Status

Completed

Activity Outcome

Data suppression rules for IBIS-Q were established, reviewed and approved by UDOH administration, and implemented in the IBIS-Q system during 2009.

Barriers/Challenges to Success

We undertook a health department-wide effort to agree on new IBIS-PH Query System rules for the suppression of statistical results table cells based on the coefficient of variation (or relative standard error). This process took longer than expected due partly to staff turnover.

Strategies to Overcome Barriers/Challenges

The new director of the Office of Public Health Assessment carried on with the effort that was started by the previous office director. A document that outlines the process, participants and rules can be found at: <http://health.utah.gov/oph/IBIShelp/DataSuppression.pdf>

Impact/Process Objective 3:**Maintain data sets**

Between 10/2008 and 09/2009, IBIS Query System Program Manager will maintain 100% of 19 datasets on the IBIS Query system and add one new dataset. The data will be available online within 2 weeks of the data becoming available to OPHA.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, IBIS Query System Program Manager maintained **100%** of 19 datasets on the IBIS Query system and add one new dataset. The data will be available online within 2 weeks of the data becoming available to OPHA.

Barriers/Challenges to Success

It took longer than expected to implement the new IBIS-PH Query System suppression rules in the CGI/SAS code that makes up the backend of the Query System. The All-Payor Database is still being finalized within its own analysis system and may not be available as an IBIS-PH Query System database.

Strategies to Overcome Barriers/Challenges

We have implemented the new suppression rules on some of the query modules on the production site, including the BRFSS query module. The rules have also been implemented on the IBIS-PH test server for other query modules and we are working on coding the last of the query modules.

Activity 1:**Update data sets**

Between 10/2008 and 09/2009, update each dataset throughout the year within 2 weeks of the data becoming available.

Activity Status

Completed

Activity Outcome

All 19 data sets were updated with the new year of data within 2 weeks of data becoming available.

Barriers/Challenges to Success

We need to know when each data set will be ready and ask for updating if data steward doesn't provide data in a timely. Data set availability can change from year to year.

Strategies to Overcome Barriers/Challenges

We maintain good communication with data stewards about data availability.

Activity 2:**Update population data**

Between 10/2008 and 09/2009, update data for one population data module as the Utah Governor's Office of Planning and Budget (GOPB) data become available.

Activity Status

Completed

Activity Outcome

The population query module was updated with the most recent version of population data when GOPB revised the numbers. The documentation on IBIS-PH was also updated to reflect the changes and current status.

Barriers/Challenges to Success

It is an ongoing process to get the best population estimates and projections data for this query module. The numbers are also used in a number of other query modules to calculate rates and can affect these rates when revised.

Strategies to Overcome Barriers/Challenges

We continuously work with the GOPB staff to get the most recent version of the population numbers using the latest methodology that will meet our needs for reliable information.

Activity 3:

Update race/ethnicity data

Between 10/2008 and 09/2009, update data for one race/ethnicity population module as data maintained by the U.S. Bureau of the Census become available.

Activity Status

Completed

Activity Outcome

The 2008 race/ethnicity data was updated right after it became available on the U.S. Bureau of the Census web site.

Barriers/Challenges to Success

This process is pretty smooth because we only use the data from Census bureau web site. It does lead to some confusion when IBIS-PH users try to compare these Census numbers to the population numbers obtained from GOPB. The GOPB does not provide estimates by race/ethnicity.

Strategies to Overcome Barriers/Challenges

We continually educate IBIS-PH users as needed about what is provided on IBIS-PH and maintain accurate Query System output documentation in the 'Data Notes' section and in the module-specific 'Help' file:
<http://ibis.health.utah.gov/query/PopEst.html>

Activity 4:

Update small area data

Between 10/2008 and 09/2009, update data for one small area population data module using linear interpolation of ESRI ZIP code data as both GOPB population data and population estimates for ZIP code areas become available.

Activity Status

Completed

Activity Outcome

The 2008 small area population data were added to the Utah small area population data module.

Barriers/Challenges to Success

We had to purchase updated ESRI ZIP Code data in order to update the module this year, and had to revise population numbers due to the revision of the GOPB population numbers, too.

Strategies to Overcome Barriers/Challenges

The ability to develop these community-level estimates is expertise that we maintain in the Office of Public Health Assessment so that health programs and communities will have the best possible population estimates at the smallest geographical level in Utah in order to assess community health status.

Activity 5:

Implement suppression rules

Between 10/2008 and 09/2009, implement revised Utah Health Department data suppression rules on 100% of IBIS query modules.

Activity Status

Completed

Activity Outcome

The new data suppression rules have been implemented on 100% of the IBIS-PH query modules. They are on the live IBIS-PH production site for the BRFSS data. The remainder of the query modules are in a test environment and waiting for deployment with other IBIS-PH upgrades.

Barriers/Challenges to Success

The time required to implement the necessary CGI/SAS code revisions was longer than expected. We also felt it was important to get permission from all the query module Data Stewards before making the change.

Strategies to Overcome Barriers/Challenges

We developed a permission form that Data Stewards had to read and sign before we made the changes. A formal document describing the changes was posted on IBIS-PH.

Activity 6:**All Payer Database**

Between 10/2008 and 09/2009, add the Utah All Payer Database module to IBIS-Q in order to provide information about actual costs of health care in Utah.

Activity Status

Partially Completed

Activity Outcome

The UDOH Office of Health Care Statistics (OHCS) staff is finalizing the first installment of this large dataset and it is being pilot tested in a secure site that includes identifiable information in all the records, and an internal query system. We are still discussing with the Data Steward the possibility of including a pared-down de-identified dataset for the IBIS Query System.

Barriers/Challenges to Success

This is a very sensitive and large dataset that is different from many of the other public health data sets included in the IBIS-PH Query System to date. It may end up not being an appropriate addition to the IBIS Query System

Strategies to Overcome Barriers/Challenges

We will stay informed and communicate with OHCS staff about this rich data source, and continue to explore of the possibility of including it in IBIS-PH.

Essential Service 3 – Inform and Educate**Impact/Process Objective 1:****Maintain reporting infrastructure**

Between 10/2008 and 09/2009, OPHA will maintain 1 reporting infrastructure (technical and human resources) to present public health information (data and context) for 162 priority state health objectives.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, OPHA maintained 1 reporting infrastructure (technical and human resources)

to present public health information (data and context) for 162 priority state health objectives.

Barriers/Challenges to Success

Although the IBIS-PH Indicator Report Data Administration System has gotten easier to use over the years, there are still some challenges to entering new information and updating text and graphs. Also, there are increasing numbers of Indicator Reports each year and that has made it more difficult for IBIS-PH users to find information easily in the reports.

Strategies to Overcome Barriers/Challenges

OPHA staff maintain up-to-date tutorials on the IBIS-PH web site and conduct trainings throughout the year, particularly later in the year when it is necessary to update Indicator Report information for the Utah legislative session that is held each January. We also encourage IBIS-PH users to contact us with questions via the Website.

Activity 1:

IBIS training

Between 10/2008 and 09/2009, provide two IBIS-Admin training sessions to Web content developers.

Activity Status

Completed

Activity Outcome

Two OPHA staff members provided 4 training sessions during October-November 2008.

Barriers/Challenges to Success

These training sessions are well attended, but some Indicator Report owners and editors are unable to be present at specific training times.

Strategies to Overcome Barriers/Challenges

Up-to-date tutorials are available on IBIS-PH and OPHA staff is available to assist editors on a one-to-one basis, too.

Activity 2:

Ensure reports are up-to-date

Between 10/2008 and 12/2008, ensure that information for all 162 IBIS indicator reports is up to date.

Activity Status

Completed

Activity Outcome

Before the January 2009 Legislative session, Indicator Owners and Editors were notified that the reports were due to be updated. All Indicators with new data were updated.

Barriers/Challenges to Success

Some Indicator Report editors are very infrequent users of the Indicator Report Data Administration System and need more reminding and assistance than others.

Strategies to Overcome Barriers/Challenges

OPHA staff provides one-on-one assistance for people with less familiarity with the IBIS-PH Indicator Report Administration System.

Activity 3:**Disseminate data**

Between 10/2008 and 09/2009, present data and public health context for 90 priority state health objectives in Utah's HP2010 plan and report, and notify all 103 Utah legislators and 1,400 recipients of the Center for Health Data monthly data email that it is available.

Activity Status

Completed

Activity Outcome

The 90 priority state health objectives were updated for the HP2010 Plan and Report (known as the Public Health Outcome Measures Report or PHOM). This report included an executive summary that Division Directors throughout the UDOH contributed to. Utah legislators and others were notified via the CHD monthly email, and a link to the report is included on the UDOH Legislative Portal.

Barriers/Challenges to Success

This report requires the active participation of program and division staff throughout the UDOH to meet an important deadline each year.

Strategies to Overcome Barriers/Challenges

OPHA staff starts this process early in order to give UDOH participants ample time to complete assignments. We make sure that the UDOH Executive Management Team is aware of this initiative and its importance.

Activity 4:**Publish Utah Public Health Outcome Measures**

Between 05/2009 and 09/2009, the Surveys Coordinator in collaboration with UDOH program staff will publish 27 IBIS-PH pre-defined public health indicators that utilize BRFSS data with 2008 BRFSS data for the Utah Public Health Outcome Measures Report.

Activity Status

Completed

Activity Outcome

All indicators that include BRFSS data were updated with 2008 data during 2009 and published in the Public Health Outcome Measures Report.

Barriers/Challenges to Success

No barriers or challenges were met. The current Utah BRFSS Coordinator has become very familiar with the IBIS-PH Indicator Report Administration System and is able to update information easily.

Strategies to Overcome Barriers/Challenges

No barriers or challenges were met.

Activity 5:**Update indicators**

Between 05/2009 and 09/2009, the Surveys Coordinator in collaboration with UDOH program staff will update the percent of IBIS-PH pre-defined public health indicators that include BRFSS data by small area from zero that include data up through 2008 to 100% that include data up through 2008.

Activity Status

Completed

Activity Outcome

All indicators that include BRFSS data were updated to include data by small area using data up through 2008.

Barriers/Challenges to Success

No barriers or challenges were met.

Strategies to Overcome Barriers/Challenges

No barriers or challenges were met.

Impact/Process Objective 2:**Update resources**

Between 10/2008 and 09/2009, the Surveys Coordinator will update 100% of resources available to the public online via IBIS as specified in the activities below.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Surveys Coordinator updated 50% of resources available to the public online via IBIS as specified in the activities below.

Barriers/Challenges to Success

The Survey Coordinator is unfamiliar with the software needed to make more comprehensive changes to the website.

Strategies to Overcome Barriers/Challenges

Web design software has been ordered and received. The Survey Coordinator will begin trainings this year in order to use the software for enhancing the usability and content of the BRFSS website.

Activity 1:**Enhance website**

Between 10/2008 and 09/2009, the Surveys Coordinator will develop one BRFSS website linked through IBIS-PH from one that is less comprehensive to one that is more comprehensive and user-friendly.

Activity Status

Partially Completed

Activity Outcome

Some content on the BRFSS website has been updated but more comprehensive changes are ongoing.

Barriers/Challenges to Success

The Survey Coordinator is unfamiliar with the software needed to make more comprehensive changes to the website.

Strategies to Overcome Barriers/Challenges

Web design software has been ordered and received. The Survey Coordinator will begin trainings this year in order to use the software for enhancing the usability and content of the BRFSS website.

Activity 2:**Depression report**

Between 10/2008 and 09/2009, the Surveys Coordinator will publish one Depression Report that utilizes BRFSS data in order to enhance the public's understanding of depression in the state of Utah.

Activity Status

Completed

Activity Outcome

The Utah Depression Surveillance Report was published and is available online. A press release was published and the report received local media coverage.

Barriers/Challenges to Success

We had to combine 3 years of data, years over which the responses to the questions were coded slightly differently, in order to provide information at the small area level in Utah.

Strategies to Overcome Barriers/Challenges

We were able to recode the last 2 years of data responses to fit with the original coding scheme in order to score the instrument and report small area data.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

IBIS Help pages

Between 10/2008 and 09/2009, OPHA will publish 2 online IBIS Help pages on public health analytic topics.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, OPHA published 2 online IBIS Help pages on public health analytic topics.

Barriers/Challenges to Success

There is a wealth of 'Help' documentation on IBIS. IBIS-PH has been in existence long enough that more people are getting familiar with the system and finding that the documentation can be overwhelming and almost too thorough whereas in other cases it is inadequate and/or difficult to find help.

Strategies to Overcome Barriers/Challenges

OPHA staff work to address concerns of IBIS-PH users in updating existing and adding new information when requested.

Activity 1:

Identify topics and draft help pages

Between 10/2008 and 09/2009, identify two topics to address, and complete and publish new or updated IBIS help pages on public health analytic topics.

Activity Status

Completed

Activity Outcome

We identified two topics including the need to post more of the Utah-specific BRFSS questionnaires on the IBIS-PH pages in order to provide information to IBIS users about the state-added questions included on the Utah Questionnaire each year. We also realized that a 'Help' document about Confidence Intervals (CIs)

needed to be updated to reflect changing SAS® system analytic capabilities and best practices for computing CIs for Poisson-distributed small number data. The final version of the ‘ Report of Guidelines for Data Result Suppression’ was posted on the IBIS-PH Web site: <http://health.utah.gov/oph/IBIShelp/DataSuppression.pdf>. Additional Utah BRFSS Questionnaires are available in the IBIS Query System ‘Help’ section.

Barriers/Challenges to Success

Some IBIS-PH users have already suggested that IBIS-PH has an almost overwhelming amount of textual information and that many documents are too wordy. IBIS-PH ‘power’ users, including Data Stewards and Indicator Owners/Editors particularly, need to be involved in any issues affecting how data are presented in the Indicator Reports and analyzed in the Query System.

Strategies to Overcome Barriers/Challenges

We will continue to review the IBIS-PH Web site and are currently working to create a ‘Site Map’ (e.g. catalogue) of textual material that we would like to assign to OPHA staff. The expectation is that textual material will be reviewed routinely (maybe annually, like the Indicator Reports). OPHA staff has worked to include IBIS-PH users in identifying concerns with the Web site, including a representation of users in addressing issues once they are identified, notifying users of changes, and posting changes in the Home Page ‘New/Updates’ section.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

IBIS visits

Between 10/2008 and 09/2009, OPHA will publish 12 IBIS-PH Website monthly visit reports.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, OPHA published 2 IBIS-PH Website monthly visit reports.

Barriers/Challenges to Success

The OPHA director was not very familiar with the new ‘Summary Web Reports’ Website reporting system available on the UDOH intranet Web site, and the site itself was not functioning properly at times during the year, so these reports were not routinely done. Also, a major upgrade to the IBIS-PH software made finding the files for particular Indicators, Query System datasets and publications different from how past Website reports were done.

Strategies to Overcome Barriers/Challenges

The OPHA director reviewed documentation about the ‘Summary Web Reports’ Website evaluation tool and started developing a protocol for how best to review the IBIS-PH Web site specifically using this new tool. She also notified UDOH IT staff about issues when they occurred. Fortunately, the ‘Summary Web Reports’ can look back over a 12-month period.

Activity 1:

Evaluate web hits

Between 10/2008 and 09/2009, visit the Utah Department of Health Web page for results of Website activity monthly to assess which public health indicators, help pages, and IBIS query datasets were accessed. Review the total number of unique visitors, and the number of page requests for each. Download

results into Excel and email them to all the IBIS indicator owners and data stewards who have a stake in the IBIS system.

Activity Status

Partially Completed

Activity Outcome

The IBIS-PH Website was evaluated twice for Website activity using the 'Summary Web Reports' program on the UDOH intranet site. During these two reviews, the OPHA director was able to look back at a 365-day period by monthly activity. The report only included overall Website activity measures. The results were downloaded into Excel but were not emailed to the IBIS Indicator Report Owners/Editors or the Data Stewards.

Barriers/Challenges to Success

The OPHA director is still becoming familiar with using the 'Summary Web Reports' system. Therefore, lack of familiarity with the 'Summary Web Reports' Website evaluation system, and changes to the IBIS-PH software file structure were definite challenges.

Strategies to Overcome Barriers/Challenges

We will continue to develop a protocol using the new 'Summary Web Reports' tool that can delve deeper into the specific files such as particular Indicator Reports and Query System datasets. The OPHA director will continue to develop understanding of the new Website reporting system and develop a protocol for Website evaluation. Reports will be emailed to Indicator Owners/Editors and Data Stewards.

State Program Title: Rape or Attempted Rape

State Program Strategy:

Sexual violence occurs in our society with much more regularity than most people realize. Sexual violence is defined as sexual activity that involves victims who do not consent, or who are unable to consent. There are different forms of sexual violence and not all consist of physical contact, for example being exposed to unwanted sexual situations. This can include voyeurism, pornography, or taking nude photos of a sexual nature. Sexual violence that consists of physical contact includes rape, attempted rape, and unwanted sexual touching. Rape is defined as putting anything into the vagina, anus, or mouth. Unwanted sexual touching is defined as intentional touching of the genitalia, anus, groin, breast, inner thigh, or buttocks.

Of the overall violent crimes that occur in Utah, rape is the only one in which Utah's rate is above the national average. In a state where other violent crimes such as, murder, robbery or aggravated assault is historically half to three times lower than the national average, this is of grave concern. Additionally, according to data from Utah's Crime Victimization Survey only about 20% of victims who were raped during the previous year went on to report it to law enforcement.

According to the 2006 Utah Behavioral Risk Factor Surveillance System (BRFSS), 7.3% of adults experienced rape or attempted rape in their lifetime. Although anyone can be a victim of SV, the lifetime prevalence of rape or attempted rape was significantly higher among women (1 in 8) than men (1 in 50). A 2005, Sexual Violence in Utah study showed that 34% of victims of rape were less than 16 years of age. This is consistent with the National Violence Against Women survey, which found that sexual violence is a crime committed primarily against youth with 54% of women who reported being raped having been victimized before the age of 18.

The RRC client profile supports this figure with 72% of all RRC clients being under age 34. Nearly 60% of the sexual assault victims seen in local hospitals by Rape Recovery Center staff and volunteers are under age 18; approximately 40% are under age 13. The majority of RRC clients seen over the age of 35 tend to fall into three categories, primary survivors 83%, adults molested as children 20% and 17% secondary victims. Child sexual abuse victims were over five times more likely to experience adult rape than women with no history of child sexual abuse. This leads to a continuing cycle of violence that has an extremely detrimental effect on society.

In order to prevent sexual assault from ever occurring we must understand who perpetrates these crimes. According to the BRFSS, perpetrators were known to the victim in approximately 92% of the cases.. They were current or former intimate partners (29.3%), friends (26.8%), acquaintances or coworkers (18.5%), relatives (14.2%), first dates or someone known for less than 24 hours (3.1%), and complete strangers (8.0%). Among female victims who experienced rape or attempted rape, 99.3% were victimized by a male. There was no difference in perpetrator gender for male victimization

Primary Strategic Partners:

The Utah Department of Health (UDOH) collaborates closely with the sexual violence prevention community. A representative sits on the Board of the Utah Sexual Violence Council that is housed in the Governor's Office. Some other primary partners include the Utah Coalition Against Sexual Assault, the Utah Domestic Violence Council, Intermountain Injury Control Research Center, Law Enforcement Agencies, Local Health Departments, Primary Children's Medical Center, UDOH Office of the Medical Examiner, UDOH Bureau of Emergency Medical Services, Utah Department of Human Services Division of Child and Family Services, Utah Crime Victim's Reparations, local rape crisis centers throughout the state, and the Utah State Office of Education.

Evaluation Methodology:

Rape rates from the Bureau of Criminal Investigations as well as the collection of the Utah Confidential Rape and Sexual Assault Data Form from all of the rape crisis centers in Utah will be used to evaluate progress toward the overall program goal of decreasing the rate of sexual assaults in Utah. Call data is also collected on the statewide rape crisis hotline. Rape Recovery Center and UCASA both administer pre and post tests on all presentations and training sessions then submits biannual reports on numbers of presentations and participants. These reports are used to monitor progress.

National Health Objective: 15-35 Rape or attempted rape

State Health Objective(s):

Between 01/2000 and 12/2010, Assist in reducing the incidences of rape in Utah to 97 per 100,000 women ages 15 and older.

State Health Objective Status

Met

State Health Objective Outcome

In Utah, in 2008, the rape rate was 86 per 100,000 women ages 15 and older.
Source: Crime in Utah Report 1998-2006. UDOH IBIS population data.

Barriers/Challenges to Success

As we can only get data from rapes that are reported to law enforcement, this is not a true rape rate. Studies in the United States as well as in Utah show that a very small percentage of rape victims report the rape to law enforcement. According to the Rape in Utah, 2007 Survey, only 11.6% of rape victims indicated that they had reported the rape to law enforcement.

Strategies to Overcome Barriers/Challenges

1. Work to educate potential victims about the importance of reporting.
2. Continue to administer household surveys such as BRFSS and the Rape in Utah Survey to get a better picture of the incidence of rape in Utah.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Rape Recovery Ctr, UT Coalition Against Sexual Assault

Between 10/2008 and 09/2009, the Rape Recovery Center and/or the Utah Coalition Against Sexual Assault will implement 1 primary prevention focused, sexual violence activities and programming for Utah males.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Rape Recovery Center and/or the Utah Coalition Against Sexual Assault implemented 1 primary prevention focused, sexual violence activities and programming for Utah males.

Barriers/Challenges to Success

None at this time.

Strategies to Overcome Barriers/Challenges

None at this time.

Activity 1:**Rape prevention program**

Between 10/2008 and 09/2009, the RRC and/or UCASA will develop curriculum for a prevention program that is focused on primary prevention, has a health promotion framework, uses varied teaching methods (to allow participants to build and practice skills over time), be provided by well trained staff and will include outcome evaluation. Program will include topics such as building healthy relationships, gender roles, and expectations, consent/coercion, bystander intervention, etc.

Activity Status

Completed

Activity Outcome

Curriculum has been updated and approved by individual school district curriculum committees for junior and senior high schools.

Barriers/Challenges to Success

Changes in staff, notably Principals, have made it difficult and time consuming to coordinate training.

Strategies to Overcome Barriers/Challenges

A spring teacher/coaching session has been scheduled.

Activity 2:**Educational session**

Between 10/2008 and 09/2009, the RRC will conduct a minimum of 40 sessions utilizing the new, primary prevention curriculum to junior high and high school aged males.

Activity Status

Completed

Activity Outcome

Forty primary prevention educational sessions were provided to 3,689 students in Salt Lake County.

Barriers/Challenges to Success

None at this time

Strategies to Overcome Barriers/Challenges

None

Activity 3:**College-level education**

Between 10/2008 and 09/2009, the RRC and/or UCASA will conduct primary prevention activities to a minimum of 450 college and university level students.

Activity Status

Partially Completed

Activity Outcome

UCASA worked with the Women's Resource Center, fraternity houses and some of the sport teams but were only able to reach 231 students.

Barriers/Challenges to Success

Due to staff turnover, UCASA was unable to meet this obligation by the end of the grant cycle. They have now hired new staff and will be increasing their effort with the Universities.

Strategies to Overcome Barriers/Challenges

Adequate staff have been hired.

Activity 4:

Public service announcements

Between 10/2008 and 09/2009, the RRC and/or UCASA will produce and distribute no less than three (3) PSA's for campus and community radio stations that challenge stereotypes, norms and violent behavior and promote healthy relationships. The PSA's will reach approximately 50,000 community members.

Activity Status

Not Started

Activity Outcome

N/A

Barriers/Challenges to Success

Because of staffing problems at UCASA the infrastructure and relationships no longer existed to complete the PSA's. Instead, UCASA worked very closely with the Health Department and the Utah Sexual Violence Council to conduct a campus needs assessment, build partnerships with the Universities and complete a sexual violence prevention plan for Utah.

Strategies to Overcome Barriers/Challenges

Focus for College and University students has changed and objectives are being changed to meet the needs of the student bodies. Building capacity at the schools and empowering them to focus on changing attitudes and behaviors that are known risk factors for sexual violence are now a priority.

Activity 5:

Evaluation

Between 10/2008 and 09/2009, the RRC and UCASA will conduct evaluation on each objective and report success to the Utah Department of Health bi-annually.

Activity Status

Completed

Activity Outcome

Progress reports were submitted by UCASA and RRC in May and December.

Barriers/Challenges to Success

There are no barriers regarding bi-annual reports. However, long term measures for evaluating their primary prevention programs are needed. Currently pre and post tests, evaluation feedback forms, and teacher evaluations are used.

Strategies to Overcome Barriers/Challenges

RRC is currently working on developing some long term measures for evaluating their primary prevention programs.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Collaboration/Coordination

Between 10/2008 and 09/2009, the Utah Department of Health will conduct **4** quarterly, collaboration and professional development meetings to be attended by the RRC and UCASA.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Utah Department of Health conducted **2** quarterly, collaboration and professional development meetings to be attended by the RRC and UCASA.

Barriers/Challenges to Success

Historically, the professional development meetings have been held on a quarterly basis and were day long meetings for Rape Prevention and Education Educators which included UCASA and RRC. Because of the changes to the economy it was too cost prohibitive to have all of the programs travel to Salt Lake City for the meetings.

Strategies to Overcome Barriers/Challenges

1. Only two meetings were held to reduce associated travel, one in November and one in May. However, because UCASA and RRC are both located in Salt Lake City, we were able to have several meetings with the staff of both agencies. In addition, we have formal meetings with the executive director of UCASA the first Wednesday of every month to strategize and plan activities.
2. We are in the process of developing a listserv for all of the programs to share resources, get technical assistance and share progress.
3. We may also do quarterly conference calls or webinars if the programs need additional training or professional development.

Activity 1:

Sexual Assault Awareness Month

Between 10/2008 and 09/2009, RRC and UCASA will plan, organize, and participate in activities for Sexual Assault Awareness Month (SAAM).

Activity Status

Completed

Activity Outcome

Sexual Assault Awareness Month (SAAM) was held in April. Some of the activities sponsored by the RRC and UCASA were:

- April 2nd A Dialogue Series on Human Rights and Equity: Sexual Violence Prevention
- April 7th Expressions of Healing: Words and Images Healing the Impact of Sexual Violence
- April 9th KRCL Radioactive: Dialogue on Male Survivors with Jim Struve, LCSW
- April 15th Community Brown Bag - "Empowerment in the Aftermath of Trauma"
- April 18th Self Defense Training
- April 24th pARTy at the Rape Recovery Center Fundraiser
- April 28th Movie: Bastard Out of Carolina

- April 29th SAAM Awards
- April 30th Community Forum Series: Bastard Out of Carolina by Dorothy Allison

Barriers/Challenges to Success

None at this time

Strategies to Overcome Barriers/Challenges

None at this time

Activity 2:

Support Utah Sexual Violence Council

Between 10/2008 and 09/2009, UCASA will provide staff support to the Utah Sexual Violence Council by participating in at least 75% of bi-monthly council meetings as well as monthly subcommittee meetings. RRC will attend at least 75% of council meetings.

Activity Status

Completed

Activity Outcome

The executive director of UCASA participated in 100% of Utah Sexual Violence Council Meetings as well as 100% of the USVC prevention subcommittee meetings and 100% of the USVC treatment subcommittee meetings.

The executive director of the RRC attended 83% of the meetings and was the chair over the treatment subcommittee and attended 100% of the subcommittee meetings.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 3:

Collaborate with partners

Between 10/2008 and 09/2009, collaborate with local disability centers and religious groups to request opportunities to present on sexual violence prevention to secure a minimum of five presentations.

Activity Status

Completed

Activity Outcome

The RRC worked with Salt Lake Advocacy and Community Training (Salt Lake ACT) to incorporate sexual assault prevention information into their curriculum for people who have developmental disabilities and traumatic brain injuries. SL ACT provided 24 training sessions to a total of 168 participants.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 4:
Technical Support

Between 10/2008 and 09/2009, UCASA will provide a minimum of 80 hours of technical support to rape prevention programs conducting sexual assault prevention throughout the state.

Activity Status
Partially Completed

Activity Outcome

UCASA staff have provided training and technical assistance to the following rape prevention organizations: Utah State University, Center for Women and Children in Crisis, Planned Parenthood of Utah, the Dove Center, and Community Abuse Prevention Services Agency (CAPSA). It is unknown how many total hours were provided as there was some miscommunication about how it should be reported.

Barriers/Challenges to Success

There was a misunderstanding on how UCASA was to report completion of this objective. Their final report indicated that they have worked with five different agencies.

Strategies to Overcome Barriers/Challenges

UCASA will start tracking the number of hours spent providing technical assistance to programs.

Activity 5:
Strategic Planning

Between 10/2008 and 09/2009, UCASA will participate in strategic planning for the state by partnering with the Utah Department of Health and the Utah Sexual Violence Council. The state strategic plan will be finalized and published by January 2008 and will be available for review.

Activity Status
Completed

Activity Outcome

The executive director of UCASA has participated in all aspects of our state planning. She participated in focus groups, community assessment and all stages of planning. The Utah State Plan for the Prevention of Sexual Violence was completed in January 2009 and is going through approval for publication.

Barriers/Challenges to Success

The actual publish date was to be January 2009 not January 2008 as the activity indicates.

Strategies to Overcome Barriers/Challenges

None at this time

Activity 6:
Professional development

Between 10/2008 and 09/2009, UCASA will provide quarterly professional development training to at least 25 community based rape prevention educators in conjunction with the RPE meeting. Educators will be surveyed to glean the most appropriate topics for the training.

Activity Status
Partially Completed

Activity Outcome

UCASA provided professional development at each of the RPE training sessions held. Because of the economy these meetings were decreased to twice a year to save money on travel, food and accomodation for those educators traveling to Salt Lake City. UCASA provided training at the May and November meetings as required. The May training topic was on the primary prevention of sexual assault and the November training topic was on conducting a community assessment. These were topics that the educators requested for further training.

Barriers/Challenges to Success

Because of the economy these meetings were decreased to twice a year to save money on travel, food and accomodation for those educators traveling to Salt Lake City.

Strategies to Overcome Barriers/Challenges

UCASA is looking into webinars as a way of offering training more frequently.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Rape and Sexual Assault Crisis Line

Between 10/2008 and 09/2009, the Utah Department of Health will maintain 1 statewide toll-free rape and sexual assault crisis and information line to provide confidential crisis services, information, support and referral to victims/survivors of rape and sexual assault.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, the Utah Department of Health maintained 1 statewide toll-free rape and sexual assault crisis and information line to provide confidential crisis services, information, support and referral to victims/survivors of rape and sexual assault.

Barriers/Challenges to Success

None at this time.

Strategies to Overcome Barriers/Challenges

None at this time.

Activity 1:

Accept and route calls

Between 10/2008 and 09/2009, a minimum of 2,000 rape and sexual assault crisis and information calls will be routed to local rape crisis centers throughout the state via the 24 hour, toll free crisis line maintained by the Utah Department of Health.

Activity Status

Partially Completed

Activity Outcome

Only 539 calls were placed to the 24 hour, toll free crisis line.

Barriers/Challenges to Success

The purpose of the statewide toll-free line is that whenever someone calls 1-888-421-1100 in the state, it will be routed to their local rape crisis center. This makes it possible to publicize one phone number for rape

crisis information or to get help. The problem is many of the local crisis centers are using their local numbers on brochures and websites. This is causing the number of calls to the toll-free line to wane.

Strategies to Overcome Barriers/Challenges

We are asking rape crisis programs to change their rape crisis number to the toll free line as they get new brochures published

Activity 2:

Promote line

Between 10/2008 and 09/2009, the toll free line will be advertised on a minimum of 10,000 brochures and information packets distributed by rape prevention programs throughout the state.

Activity Status

Completed

Activity Outcome

UCASA distributed 20,963 brochures across the state at their 40 rape crisis trainings, health fairs, campus fairs and during sexual assault awareness month. All of these brochures included the toll free crisis line. To see a copy of the brochure go here: <http://www.ucasa.org/sexual%20violence%20brochure.pdf>

Barriers/Challenges to Success

Not all of the rape crisis programs used the toll free line on their brochures.

Strategies to Overcome Barriers/Challenges

We are currently working with the other programs in the state to include the toll free crisis line instead of their local line.

Impact/Process Objective 2:

Training

Between 10/2008 and 09/2009, UCASA will provide training, information and resources on sexual assault prevention, statewide as needed to 15 partners.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, UCASA provided training, information and resources on sexual assault prevention, statewide as needed to 20 partners.

Barriers/Challenges to Success

UCASA has provided services to the following agencies: Hill Air Force Base, Southern Utah University, South Valley Sanctuary, Your Community in Unity Crisis Center, Seekhaven Crisis Center, Center for Women and Children in Crisis, Your Community Connection Crisis Center, Valley Mental Health, Brigham Young University, Snow College, Draper City Police Department, Salt Lake Area Domestic Violence Coalition, Kearns High School, University of Utah – Women’s Resource Center, Planned Parenthood, Safe Harbor Crisis Center, Weber State University and the Park City School District. They have also begun collaborating with Comunidades Unidas (United Communities), a Latino based organization that provides several services for Spanish speaking clients.

Strategies to Overcome Barriers/Challenges

None

Activity 1:

Maintain website

Between 10/2008 and 09/2009, UCASA will maintain a minimum of 5,000 hits on their webpage designed for people and professionals seeking information on prevalence of sexual assault, training availability and prevention of sexual assault.

Activity Status

Completed

Activity Outcome

UCASA had 32,951 website hits on their webpage. They are in the process of updating the website and adding a technical assistance section that will have tools available for communities, frequently asked questions and best practice guidelines.

Barriers/Challenges to Success

None at this time.

Strategies to Overcome Barriers/Challenges

None at this time.

Activity 2:

Distribute materials

Between 10/2008 and 09/2009, UCASA will distribute at least 4,000 brochures and handouts on sexual violence prevention to the community and to local rape crisis centers.

Activity Status

Completed

Activity Outcome

UCASA distributed 20,963 brochures across the state at their 40 rape crisis trainings, health fairs, campus fairs and during sexual assault awareness month.

Barriers/Challenges to Success

None at this time.

Strategies to Overcome Barriers/Challenges

None at this time.

Activity 3:

Technical assistance

Between 10/2008 and 09/2009, UCASA will provide at least 20 hours of technical assistance to community based Rape Prevention educators developing and conducting primary prevention activities in their communities.

Activity Status

Partially Completed

Activity Outcome

UCASA staff have provided training and technical assistance to the following rape prevention organizations: Utah State University, Center for Women and Children in Crisis, Planned Parenthood of Utah, the Dove

Center, and Community Abuse Prevention Services Agency (CAPSA). It is unknown how many total hours were provided as there was some miscommunication about how it should be reported.

Barriers/Challenges to Success

UCASA believes they exceeded 20 hours of technical assistance, however due to a misunderstanding in reporting, they did not log hours expended.

Strategies to Overcome Barriers/Challenges

UCASA is now logging all times spent providing technical assistance.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluate efforts

Between 10/2008 and 09/2009, Utah Department of Health will conduct 1 site visit with both the RRC and UCASA to monitor results and provide written feedback to RRC and UCASA to improve performance.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Utah Department of Health conducted 1 site visit with both the RRC and UCASA to monitor results and provide written feedback to RRC and UCASA to improve performance.

Barriers/Challenges to Success

Site visits were conducted with UCASA as well as RRC. A final report was written up and sent to each program detailing strengths and weaknesses and recommendations for improvement. In addition, the executive director of UCASA meets with VIPP staff monthly for strategic planning.

Strategies to Overcome Barriers/Challenges

None at this time

Activity 1:

Evaluate crisis line staffing

Between 10/2008 and 09/2009, RRC will apply process evaluation methods to determine the usefulness and quality of rape crisis line staffing.

Activity Status

Completed

Activity Outcome

The RRC conducted focus groups comprised of crisis line staff and also sent evaluation forms to users (who identified themselves) of the crisis line. This latter group consisted of advocates and victims. Outcomes and recommendations of the evaluation have been utilized to increase training to crisis line staff to incorporate a more victim centered approach to advocacy.

Barriers/Challenges to Success

None at this time.

Strategies to Overcome Barriers/Challenges

None at this time.

Activity 2:**Progress reporting**

Between 10/2008 and 09/2009, UCASA and RRC will submit mid-year reports by May 15, 2009 and year-end reports by November 15, 2010 reporting on number educated, clients served and progress on program objectives, and receive written feedback from State Program. VIPP will provide written feedback to UCASA and RRC within 30 days of receipt of mid-year and final reports.

Activity Status

Completed

Activity Outcome

UCASA and RRC both submitted written progress reports by the due date. A response and feedback on the reports were sent to UCASA and RRC on December 7, 2009. Progress reports are compiled and filed for reporting purposes.

Barriers/Challenges to Success

None at this time.

Strategies to Overcome Barriers/Challenges

None at this time.

Activity 3:**Evaluate training sessions**

Between 10/2008 and 09/2009, use evaluation tool for all presentations and training sessions.

Activity Status

Completed

Activity Outcome

An evaluation tool is distributed at every presentation and training session provided by VIPP, UCASA and RRC. Information from the evaluation forms are entered into an Access database and the results are used to improve presentations, tabulate numbers reached, and to provide presenter feedback.

Barriers/Challenges to Success

None.

Strategies to Overcome Barriers/Challenges

None.