

**Utah FY 2012
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2012

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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. PHHS BG 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 71% of PHHSBG funds are allocated to local agencies.

Highlight of proposed FY2012 Efforts:

Physical Activity, Nutrition, and Obesity and Local Health Department Partnerships for Obesity:

Implement efforts to prevent obesity through policy and environmental changes in schools and communities to support healthy eating and physical activity. Supported efforts include the Gold Medal Schools program. Funding supports both state and local efforts, via Utah's Local Health Departments and Schools.

Local Health Department Partnerships for Injury Prevention: Work with Local Health Departments and other partners to implement strategies to reduce injury-related morbidity and mortality, with a focus on seat belt use among teens.

Rape Crises and Prevention: (Federally mandated set-aside) 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.

The **UDOH Health Advisory Council (HAC)** continues to provide the advisory function for the PHHSBG. The HAC, which provides overall advice to UDOH, meets regularly and co-conducts the annual public hearing for the PHHSBG. During FFY 2011, the HAC provided input on strategies for managing a near \$300,000 cut to PHHSBG funds. HAC conducted a public hearing on February 9, 2012, for comment on the proposed FFY 2012 application and budget.

Budget Adjustments resulting from cuts:

Due to budget cuts in the PHHSBG, FFY12 PHHSBG support for Environmental Health and the Office of Public Health Assessment was eliminated. Funding cuts were also made in all other areas, except Rape Crises and Prevention, which has a federally mandated set-aside.

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, a primary seatbelt law, and more recently, restrictions on distracted driving. In recent years, a booster seat law was passed and LHDs continue to conduct a campaign to increase booster seat use. A statewide coordinated campaign continues for teen traffic safety known as "Don't Drive Stupid". A primary purpose is to promote seatbelt use and discourage distracted driving 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.

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, Utah Teen Traffic Safety Task Force, 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 of the Office of Vital Records and Statistics in the Utah Department of Health based on ICD-10 data 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 conduct a pre and post seat belt use observation study for their targeted high schools to monitor progress. They also 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 01/2010 and 12/2019, The Violence and Injury Prevention Program will assist in decreasing the rate of deaths caused by unintentional injuries from 29.9 per 100,000 to 29.0 per 100,000.

State Health Objective Status

Not Met

State Health Objective Outcome

According to the most recent mortality data available (2011), Utah currently has an age-adjusted unintentional injury mortality rate of 42.2 per 100,000 and a crude unintentional injury mortality rate of 36.8 per 100,000 (Source: UDOH IBIS-PH, Utah Death Certificate Database).

Reasons for Success or Barriers/Challenges to Success

The Utah population numbers were recently updated with the 2010 census data for years 2000 and beyond.

This has changed the mortality rates for unintentional injury deaths for all data years, including the 2010 baseline year (29.9 per 100,000) reported in the State Health Objective, which should now be 35.9 per 100,000 (age-adjusted) and 30.6 per 100,000 (crude).

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

Prescription drug abuse is the highest contributing factor related to poisoning deaths. The number of undetermined drug overdose deaths has been decreasing. Violence and Injury Prevention (VIPP) staff are working with the Office of the Medical Examiner to develop a protocol to make sure these deaths were being classified consistently.

With regard to falls, funding is limited to address this concern 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 motorcycle helmet law for those over 18 years of age.
- Possible repeal of the Child Booster Seat law for children ages 5-8. In the 2010 and 2011 legislative sessions, a bill was narrowly defeated that would have essentially repealed the boost seat law which requires children up to age 8 to be properly restrained in a booster seat.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Utah Department of Health (UDOH) Violence and Injury Prevention Program (VIPP) recently selected poisonings as one of their focus areas for the next three years. UDOH will be working with other partners in the community to coordinate statewide strategies to reduce prescription drug overdoses and poisoning deaths.

The UDOH VIPP convened the Utah Falls Prevention Coalition in December of 2010 with the purpose of developing a strategic, statewide response to Utah's growing rate of falls among older adults in the state. Until this time, there had been no single, statewide response to address this public health problem in Utah. Many organizations recognized that older adult falls were a problem, but resources and activities were scattered and disjointed when looked at from a public health perspective. This coalition is bringing together partners who have an interest in falls prevention among older adults, developing goals and strategies on falls prevention among older adults to include in the Utah Violence and Injury Plan, and preparing the state for future funding opportunities on falls prevention. The UDOH VIPP also used small area injury data to identify communities to implement an evidence-based falls prevention program (Stepping On) in 2011. The program was well received in the communities and Utah provided two statewide trainings, so other communities can implement the Stepping On program as well. Multiple communities are prepared to offer falls prevention programs when funding becomes available.

The UDOH VIPP also provides accurate and timely research data and Utah statistics to the public, community partners, and policy makers about motor vehicle safety issues, such as child passenger seats teen driving safety, and distracted driving.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG funds provide capacity to UDOH to support local health department efforts that are often supplemented by local resources, and to partner with other internal and external partners (such as Zero Fatalities—focused on preventing teen motor vehicle crashes and Safe Kids—focused on child passenger

safety) to coordinate activities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Maintain local capacity for injury prevention surveillance

Between 10/2011 and 09/2012, nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will maintain 1 employee per LHD who evaluates and collects localized injury data for community needs assessment, prevention planning, and evaluation.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention maintained 1 employee per LHD who evaluates and collects localized injury data for community needs assessment, prevention planning, and evaluation.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 1:

Maintain employees and capacity

Between 10/2011 and 09/2012, nine LHDs will maintain at least one employee per LHD to receive and utilize copies of injury data and reports published by VIPP and other sources and have the ability to use the UDOH Indicator Based Information System (IBIS) query system to obtain local data on injury deaths and hospitalizations..

Activity Status

Completed

Activity Outcome

During FY2012 all LHDs were provided the VIPP updated injury facts sheets, data reports, and media/news releases and notification of events. LHDs were provided assistance and training, when requested, on the IBIS-PH (Indicator based Information System-Public Health) website. VIPP has also responded to requests from LHDs for data only available in other VIPP databases (e.g. traumatic brain injury, student injury).

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 2:

Conduct observation surveys

Between 10/2011 and 09/2012, six LHDs will collect pre and post teen seatbelt use observation surveys for their targeted high schools.

Activity Status

Completed

Activity Outcome

Nine LHDs completed fall and spring seatbelt observational studies with their own staff or through a partnership with local law enforcement in targeted high schools in their respective communities. Overall observed seatbelt use was 69% (FY 2011 70%) in FY2012. The seatbelt use in targeted high schools ranged from 25%-83% during the fall pre-surveys to 53%-86% at the spring post-survey. Seatbelt use still varied widely among LHDs, with rural LHDs reporting lower seatbelt use than urban LHDs.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Essential Service 3 – Inform and Educate**Impact/Process Objective 1:****Injury prevention education and awareness**

Between 10/2011 and 09/2012, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will implement 3 injury prevention education/awareness activities addressing at least two priority issues.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention implemented 3 injury prevention education/awareness activities addressing at least two priority issues.

Reasons for Success or Barriers/Challenges to Success

The total number of activities conducted by LHDs in FY2012 was:

- 913 activities (2,221 in FY2011) were conducted such as classes, presentations, bike rodeos, assemblies, safety fairs, and safety events reaching over 136,804 individuals (200,276 in FY2011).
- 130 (83 in FY2011) media activities were conducted by the LHDs and VIPP such as PSAs, press conferences, media interviews, and news releases.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 1:**Teen safe driving education**

Between 10/2011 and 09/2012, nine LHDs will implement at least one teen safe driving education and awareness activity as part of the statewide campaign targeting unsafe behaviors such as distracted driving or not using seatbelts in the disparate population.

Activity Status

Completed

Activity Outcome

Nine LHDs implemented at least one teen safe driving education/awareness activity for a total of 167 events conducted directly by the LHDs, reaching approximately 22,032 students. In addition, there was 39 other motor vehicle events held, reaching 1,360 parents. This does not include activities conducted by staff of the contractor with the statewide 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.

Reasons for Success or Barriers/Challenges to Success

The VIPP has also done 2 teen safe driving events as well as developing the fourth teen memorial booklet which shares stories of teens killed in motor vehicle crashes. The booklets are distributed to driver education classes around the state. Since October 2011, the 2010 teen memorial has been downloaded more than 10,000 times. This does not include downloads from the past three teen memoriams in 2007, 2008, and 2009. These efforts are done in conjunction with the LHDs and Don't Drive Stupid media campaign.

Strategies to Achieve Success or Overcome Barriers/Challenges

The VIPP works closely with the Don't Drive Stupid campaign to ensure efforts with the LHDs are coordinated and the LHDs have access to media campaign materials. VIPP also co-chairs the Teen Driving Safety Taskforce, which meets monthly to coordinate teen driving activities across the state.

Activity 2:**Teen traffic safety media**

Between 10/2011 and 09/2012, three LHDs will each prepare and submit two press releases on teen traffic safety to the media.

Activity Status

Completed

Activity Outcome

Five LHDs prepared and submitted a press release on teen traffic safety to the media, for a total of 15 media activities, such as news releases issued and interviews with media agencies, conducted by LHD staff. In addition to the LHD media activities, the VIPP conducted 10 media activities (press release, press event, interviews) on teen traffic safety. VIPP worked closely with the Utah Department of Transportation and Utah Highway Safety Office on these activities.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 3:**Promote teen traffic safety**

Between 10/2011 and 09/2012, three LHDs will each provide three different types of materials promoting teen traffic 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, book marks, air fresheners, t-shirts, warning citations, window decals, brochures, fact sheets, pencils and pens, tattoos, chapsticks, balls/hacky sacks, calendars, planners, air fresheners, stress balls, Frisbees, clips, mint boxes, stickers, flyers, posters, banners, pledge cards, teen driving booklets, teen driving videos, and windshield wiper cards.

- · 13,975 incentives were distributed during FY2012 (6,740 in 2011)
- · 12,061 pieces of literature were distributed during FY2012 (6,476 in 2011)

Reasons for Success or Barriers/Challenges to Success

Limited funding for purchase and development of materials by LHDs.

Strategies to Achieve Success or Overcome Barriers/Challenges

LHDs utilize materials developed by the Don't Drive Stupid/Zero Fatalities campaign. LHDs and the VIPP work closely with this campaign to tailor materials, incentive items, and literature to the LHDs' communities.

Activity 4:

Seatbelt cues to action

Between 10/2011 and 09/2012, 3 LHDs will maintain or repair the 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

A total of 81 permanent equipment (stencils, marquees, and buckle up signs) reminding teens to buckle up were placed at recreation sites, high schools, and "hang out" locations throughout the community. LHDs determined where to place permanent equipment.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 5:

Injury education and awareness

Between 10/2011 and 09/2012, nine LHDs will each 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 Chapter/Coalitions to provide educational and awareness activities to address bicycle and pedestrian safety and child passenger safety. LHDs also implemented activities on poisoning prevention (prescription drug overdoses specifically), underage drinking, suicide prevention, home safety inspections, dating violence, older adult falls prevention, and fire prevention. Approximately 3,315 bicycle helmets (917 in FY2011), 1,463 child safety seats (1,236 in FY2011) were distributed, 1,998 car seats inspected, and 48 car seat checkpoints held in FY2012. As stated previously, the total number of activities conducted by LHDs in FY2012 was:

- 913 activities (2,221 in FY2011) were conducted such as classes, presentations, bike rodeos, assemblies, safety fairs, and safety events reaching over 136,804 individuals (200,276 in FY2011).
- 130 (83 in FY2011) media activities were conducted by the LHDs and VIPP such as PSAs, press conferences, media interviews, and news releases.

Reasons for Success or Barriers/Challenges to Success

There are still transitions being made from Safe Kids Chapters to Coalitions as required by Safe Kids USA.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Utah Violence and Injury Small Area Report was developed in FY2011 to assist LHDs in conducting community needs assessments, which are required as part of the transition to Safe Kids Coalitions. This report continues to help LHDs identified priority needs in their communities, targeting interventions, and making better use of limited resources, staff, and funding. Data specific to the LHDs' communities is also provided by VIPP staff upon request.

Activity 6:

Fall prevention

Between 10/2011 and 09/2012, at least three LHDs will implement one or more fall prevention activities focusing on reducing falls among people ages 65+ years.

Activity Status

Completed

Activity Outcome

Six LHDs (6 in FY2011) included fall prevention activities targeting Utahns 65 and older. Four LHDs partnered with community partners including, senior centers, aging services, nursing homes, local physical/occupational therapists, pharmacists, physical therapists, independent living facilities, senior housing, etc. to provide evidence-based fall prevention classes (e.g., Stepping On and Matter of Balance programs) to seniors as high risk for falls. Three LHDs implemented 5 Stepping On classes for 7 weeks each and an additional LHD implemented three Matter of Balance classes for 9 weeks each. The Stepping On classes reached approximately 72 older Utahns. A Stepping On leadership training was also provided to 18 individuals from around the state by one of the LHDs (who was previously trained to be "Master" trainers by the Wisconsin Institute of Healthy Aging) to teach other LHDs and private partners how to set up Stepping-On classes in their areas. Other LHDs did presentations, participated in the statewide Falls Prevention Coalition, attended geriatrics professional conferences, held booths at senior expos and health fairs, and distributed safety equipment. A total of 53 events (88 in FY2011) were conducted reaching 1,341 individuals (1067 in FY2011) were conducted by LHDs in FY2012. In addition, 795 incentives, 2,109 pieces of literature, and 38 pieces of safety equipment were distributed to the public.

Reasons for Success or Barriers/Challenges to Success

Funding is limited to expand falls prevention efforts further among the LHDs currently working on falls prevention or to replicate efforts in other LHDs across the state. With the stall of PBG funds in FY2012, one LHD had to discontinue all falls prevention efforts and cancel Matter of Balance classes in the community, severely limiting impact of efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges

The VIPP has formed a Utah Falls Prevention Coalition to assist in these efforts. Partners are eager to work together, share resources, and seek additional resources to expand falls prevention efforts. The Stepping On program will serve as a model program for all LHDs in Utah. While it is expensive to sustain programs, such as the Stepping On program (estimates from the LHD listed as Utah's "Master" trainer were \$7,000 to train 20 people to implement the program), close to \$13,000 was saved by doing the training in Utah with

Utah-trained leaders rather than having to send staff to the Wisconsin Institute for Healthy Aging.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Maintain partnerships in support of injury prevention

Between 10/2011 and 09/2012, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will maintain **3** or more partnerships 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, etc.).

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention maintained **3** or more partnerships 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, etc.).

Reasons for Success or 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. Many LHD staff are also involved in chronic disease prevention efforts and able to integrate and leverage resources with injury and violence prevention/partners.

Strategies to Achieve Success or 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. LHDs have forged new relationships with private businesses and law enforcement in their communities.

Activity 1:

Maintain Safe Kids coalitions or chapters

Between 10/2011 and 09/2012, nine LHDs will each maintain at least one local Safe Kids coalition or chapter, which they actively participate in or sponsor.

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.

Reasons for Success or Barriers/Challenges to Success

Funding has decreased on grants from Safe Kids USA for activities such as Safe Kids Week. However, we have received funding in Utah from the Utah Department of Public Safety and Utah Department of Transportation to help with Safe Kids' activities in May and in September.

Strategies to Achieve Success or Overcome Barriers/Challenges

Safe Kids Utah is a non-profit organization and part of the Utah Nonprofits Association. As such, the Safe Kids Utah Executive 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. In addition, the use of social network tools and building partnerships will help increase awareness of Safe Kids throughout Utah.

Activity 2:

Work with law enforcement

Between 10/2011 and 09/2012, seven LHDs will each maintain a relationship with at least one local law enforcement agency they work with to enforce seatbelt laws among teenagers.

Activity Status

Completed

Activity Outcome

Nine LHDs continued to work with law enforcement agencies across Utah to enforce seatbelt laws among teens. LHDs worked with law enforcement (i.e. Utah Highway Patrol, high school resource officers) to hold events such as school assemblies, lunch activities, seat belt observation surveys, after school events, Alive at 25 courses, etc.

Reasons for Success or 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 Achieve Success or Overcome Barriers/Challenges

There has been discussion among injury partners at the state level to go back to the legislature to pursue making the seatbelt law mandatory for all ages. However, the current political climate in the state legislature is opposed to government intrusion into what is perceived as family or personal rights. VIPP staff attended the Utah Coalition for Traffic Safety Coalition or CUTS to stay up-to-date on pending legislation such as a primary seat belt law. In addition, there was an effort in the 2012 legislative session to enact a cellphone ban for teen drivers which failed. VIPP staff provided weekly updates on legislation during the Utah General Legislative Session, which ran from January to March 2012.

Activity 3:

Maintain high school and youth partners

Between 10/2011 and 09/2012, nine LHDs will each maintain at least one target high school with whom they work to conduct at least one peer led program promoting teen driving safety.

Activity Status

Completed

Activity Outcome

Nine LHDs worked with 44 high schools during FY2012 (42 in FY2011) 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 grass-roots events.

Reasons for Success or 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 Achieve Success or 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-chair the 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. The group is looking at reducing the number of teen driving activities and presentations done in the high schools and moving towards a parent program where teen drivers and their parents receive education in a more formal manner together through driver education courses.

Activity 4:

Maintain local partnerships

Between 10/2011 and 09/2012, at least five LHDs will each maintain one or more local coalitions, committees or community groups (other than Safe Kids) with whom they work to promote injury or violence prevention.

Activity Status

Completed

Activity Outcome

Nine LHDs participated in local coalitions, committees, or community groups other than Safe Kids. Groups included substance abuse prevention, suicide prevention, Boy Scouts, Healthy Communities, Hispanic Health, senior health, PTA, Traffic Safety Committees, Safe Communities, Injury Prevention Coalition, and Youth Councils.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 5:

Document success

Between 10/2011 and 09/2012, nine LHDs will each document in the Utah Data Analysis and Reporting Tool System, one success story that resulted from their injury prevention efforts in their communities.

Activity Status

Not Completed

Activity Outcome

Eight LHDs submitted success stories that resulted from their injury prevention activities in the Utah Data Analysis and Reporting Tool.

Reasons for Success or Barriers/Challenges to Success

The VIPP has used success stories in media activities, educational presentations, and discussions with policymakers. The Utah Department of Health has also attempted to collect success stories for several years and has had great success in using them as educational and promotional tools. The LHD success stories build upon this achievement and serve as examples of effective policy, interventions, and showcase the need for continued funding for their activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

VIPP staff will work with the remaining LHD to identify barriers and reasons for not submitting a success story via the Utah Data Analysis and Reporting Tool System.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Disseminate injury information

Between 10/2011 and 09/2012, the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will implement **3** strategies per LHD to provide an injury prevention message, product or other services to their constituents and clients.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention implemented **3** strategies per LHD to provide an injury prevention message, product or other services to their constituents and clients.

Reasons for Success or Barriers/Challenges to Success

Nine LHDs implemented a variety of strategies per LHD to provide an injury prevention message, product or other services to their constituents and clients. Injury prevention messages, products and services including older adult falls prevention, teen traffic safety, child passenger safety, bicycle and pedestrian safety, prescription drug overdose prevention, ATV/OHV safety, sports concussion safety and policy, fire safety, home safety, etc. Activities included community and school presentations, car seat checkpoints and distributions, policy development, medication tack back events, health and safety fairs, and media activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 1:

Child safety seat check points

Between 10/2011 and 09/2012, at least five LHDs will implement at least one community child safety seat checkpoint.

Activity Status

Completed

Activity Outcome

Nine LHDs conducted 48 checkpoints in FY2012 (40 in FY 2011), checking 1,998 child safety seats during community checkpoints or individual appointments at the LHD (1,684 in FY2011). Low cost seats and booster seats were made available at most checkpoints. LHDs distributed 1,463 low cost child safety seats (car seat or booster seats) during FY2012 (1,236 in FY2011).

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

Most LHDs are doing an excellent job in training LHD staff or other staff from community agencies to inspect car seats as a way of expanding available resources. Several Child Passenger Safety Technician trainings were held in rural areas of the state during the fiscal year, greatly increasing the LHDs' capacity to conduct child safety seat inspections and checkpoints in the future. These trainings are often coordinated by Safe Kids Utah, which is housed under the VIPP. This year there were also multiple LHDs that participated in

recertification trainings for technicians whose certification was close to expiring. In this way they were able to use resources more efficiently by keeping skilled technicians rather than needing to train new individuals.

Activity 2:

Car seat distribution

Between 10/2011 and 09/2012, at least seven 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.

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 FY2012 was 1,463 (1,317 in FY2011).

Reasons for Success or Barriers/Challenges to Success

Limited funding for car seat and booster seat purchases.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 3:

Car seat checks

Between 10/2011 and 09/2012, at least five LHDs will maintain an inspection station for residents to receive a car seat inspection at the LHD.

Activity Status

Completed

Activity Outcome

Five LHDs maintained an appointment process for residents to receive a car seat inspection at the LHD. The five LHDs that have transitioned from Safe Kids Chapters to Safe Kids Coalitions all have inspection stations, however all LHDs do car seat inspections.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Maintain designated local injury prevention staff

Between 10/2011 and 09/2012, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will maintain 1 Injury Prevention Program with a designated injury prevention (IP) coordinator.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention maintained 1 Injury Prevention Program with a designated injury prevention (IP) coordinator.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 1:**LHD staff training**

Between 10/2011 and 09/2012, at least one injury staff from each of the nine LHDs will attend one training provided by the Violence and Injury Prevention Program to strengthen the knowledge and skills in injury prevention principles and practice of LHD staff.

Activity Status

Completed

Activity Outcome

At the request of the LHDs and Local Health Officers, a statewide training was not held for LHD staff, as has been held in previous years. Instead, LHDs and LHOs requested the VIPP attend the Utah Local Association of Community Health Education Specialists (ULACHES) in November 2011 to provide training, updates, and begin negotiations for FY12 contracts. LHDs also attended Safe Kids Advisory Committee meetings and trainings, geriatrics conferences, state public health conferences (e.g., Utah Public Health Association and Health Education Association of Utah conferences), Lifesavers conference, and the Safe States Alliance.

Reasons for Success or Barriers/Challenges to Success

Level funding results in increasingly limited time and resources. Travel restrictions also make attending conferences difficult for some of the LHDs.

Strategies to Achieve Success or Overcome Barriers/Challenges

VIPP provided funding for one staff from two LHDs to attend the Safe States Alliance annual conference. Funding was leveraged from another grant from the CDC to help build state and local capacity in injury and violence prevention.

Activity 2:**Data Training**

Between 10/2011 and 09/2012, nine LHDs will maintain at least one employee per LHD who has access to injury prevention data, information, and education resources on the Internet.

Activity Status

Completed

Activity Outcome

Nine LHDs maintained at minimum one employee with access to injury prevention data, information, and education resources.

Reasons for Success or Barriers/Challenges to Success

VIPP utilizes a listserv to update LHD injury prevention staff with important data reports, fact sheets, and

upcoming events or announcements. There are also several Bureau-level listservs that VIPP staff can use to contact LHD staff about media activities, funding opportunities, and trainings available.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluate program activities

Between 10/2011 and 09/2012, the Violence and Injury Prevention Program will evaluate 9 LHD injury prevention contracts to determine if the objectives and activities were accomplished as outlined and to identify problem areas or gaps and offer solutions.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, the Violence and Injury Prevention Program evaluated 9 LHD injury prevention contracts to determine if the objectives and activities were accomplished as outlined and to identify problem areas or gaps and offer solutions.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 1:

Evaluate progress reports

Between 10/2011 and 09/2012, 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 feedback.

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 2:

Conduct site visits

Between 10/2011 and 09/2012, the Violence and Injury Prevention Program will implement at least three site visits to LHDs to assist/observe activities, assess progress and address any concerns.

Activity Status

Completed

Activity Outcome

UDOH staff conducted five site visits and/or attended trainings for LHDs in July, August, and September 2012. Regular email and telephone communication with the LHD injury prevention staff are also made. The Safe Kids Utah Coordinator also conducted multiple site visits with Safe Kids Coalitions/Chapters around the state, many of which are part of the LHDs receiving PHHSBG funds.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 3:**Provide feedback**

Between 10/2011 and 09/2012, Provide semi-annual feedback to the 9 LHDs with injury prevention contracts.

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

State Program Title: LHD Partnerships for Promoting Healthy Weight

State Program Strategy:

Goal:

Evidence suggests that the most desirable primary prevention goal to decrease chronic disease, including heart disease and stroke, is to prevent children with a normal, desirable weight from becoming overweight or obese. The Utah Physical Activity, Nutrition & Obesity (PANO) Program and 12 Local Health Departments (LHDs) are directing primary prevention efforts for childhood obesity toward the elementary schools through the Gold Medal Schools (GMS) program. For a complete list of the criteria please visit <http://health.utah.gov/obesity/gms/guide/Guide.pdf>. In addition to school-based strategies, local health departments are engaged in promoting policy and environmental change in their communities and worksites within their jurisdiction to encourage healthy eating and physical activity.

Primary Internal and External Strategic Partnerships:

Asthma Program; Cancer Control and Prevention Program; Diabetes Control and Prevention Program; Environmental Quality Program; Immunization Program; Oral Health Program; Heart Disease and Stroke Prevention Program; Tobacco Use Prevention and Control Program; Violence and Injury Prevention Program; and school nurses. Utah's 12 Local Health Departments, Utah State Office of Education, School Districts, Utah Department of Transportation, Utah League of Cities and Towns, the Utah Parent Teacher Association, the Bureau of Health Promotion (BHP) Healthy Weight Workgroup, BHP School Workgroup, Action for Healthy Kids, and statewide Universities and Colleges.

Role of PHHS BG Funds:

Funding supports twelve Local Health Departments (LHD) in Utah that provide public health services at the county level. LHDs play a vital role in the implementation of physical activity and nutrition-related activities, including the GMS program. They have well-established relationships with their schools and school districts, and are seen as a credible source for health information. All twelve LHDs receive dedicated funding to support physical activity, nutrition and obesity prevention efforts. Activities include integrating the GMS program into their communities. LHDs serve as main point of contact and resource to participating schools and provide assistance with reporting and activities including individual school policy development and implementation. LHDs implement additional physical activity and nutrition initiatives in school, worksite and community settings. Activities include conducting community campaigns, supporting active community environments partnerships, promoting the A Healthier You Community and Worksite Awards Programs, promoting safe and active transportation to schools and conducting environmental assessments to identify community supports or barriers to physical activity and/or healthy eating.

Evaluation Methodology:

Elementary school height and weight surveillance data will be used to monitor childhood obesity trends. Local health departments reporting of progress and evaluations will be assessed.

National Health Objective: 19-3 Overweight or Obesity in Children and Adolescents

State Health Objective(s):

Between 07/2010 and 07/2016, decrease the percent of Utah children, grades K-6th grades, who are overweight by 17%, from 20.4% in 2010 to 17% in 2016.

State Health Objective Status

Not Met

State Health Objective Outcome

The prevalence of overweight for Utah children, grades K-6, was 20.4% in 2010. Its increase to 20.8% in 2012 did not represent a statistically significant difference.

Reasons for Success or Barriers/Challenges to Success

Utah PANO has continued implementing height and weight surveillance since 2006 in a representative sample of elementary schools. This required investment in equipment and staff resources, and developing partnerships with schools, local health departments, and school nurses to collect and analyze data. Validity of results may be impacted by type of consent: rate of obesity was higher in schools using passive consent than those using active consent.

Strategies to Achieve Success or Overcome Barriers/Challenges

One-time investment in equipment, ongoing commitment of staff resources, contracts with LHDs. Continued cooperation with schools through GMS or similar programs

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

N/A

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Community Assessment

Between 07/2011 and 06/2012, Local Health Departments will identify **24** barriers and/or supports to physical activity/or healthy eating.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, Local Health Departments identified **26** barriers and/or supports to physical activity/or healthy eating.

Reasons for Success or Barriers/Challenges to Success

The results may help provide additional information for improving supports for physical activity and/or healthy eating.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:

Assess Availability of Supermarkets in Underserved Areas

Between 07/2011 and 06/2012, six LHDs will measure the number of full-service grocery stores and supermarkets within the three largest underserved census tracts within a local jurisdiction.

Activity Status

Completed

Activity Outcome

Six LHDs measured the number of full-service grocery stores and supermarkets within the three largest underserved census tracts within the jurisdiction. Southwest District found two underserved tracts lack grocery stores. In Summit County, they identified one

area without access. Summit County also collected data on the availability and quality of product in stores in the jurisdiction. In TriCounty, three underserved tracts lack full-service grocery stores. In Utah County, three communities were identified without full-service grocery stores.

Reasons for Success or Barriers/Challenges to Success

In Southwest Utah HD, lack of GIS capacity was a barrier. The university student who volunteered to assist with GIS did not complete the project. They were able to obtain this service from a state epidemiologist.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 2:

Assess Availability of Mechanisms for Purchasing Foods from Farms

Between 07/2011 and 06/2012, one LHD will determine the number of farmer-days at farmers markets.

Activity Status

Completed

Activity Outcome

Salt Lake Valley Health Department (SLVHD) collected data to determine there are 12.27 annual farmer market days per 10,000 residents.

Reasons for Success or Barriers/Challenges to Success

SLVHD reported that the data collection was challenging and lengthy. Barriers included: limited information about farmers markets and participating vendors via the internet; inconsistent information from one year to the next; difficulty reaching organizations by phone. The success has been gathering information about farmers markets that was unknown as well as establishing partners for the future.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Salt Lake City Food Policy Task Force is conducting a community food assessment. Results may help to provide additional information.

Activity 3:

Discourage Consumption of Sugar-Sweetened Beverages

Between 07/2011 and 06/2012, five LHDs will work with licensed child care facilities to ban sugar-sweetened beverages, including flavored/sweetened milk and limit the portion size of 100% juice.

Activity Status

Completed

Activity Outcome

Five of 6 LHDs completed this objective. Overall, they found that most facilities do not have formal policies, but have practices to restrict SSBs and limit juice. Those participating in the Child and Adult Care Food Program are regulated in these areas and thus do not have individual facility policies.

Reasons for Success or Barriers/Challenges to Success

Successes: In Davis County and Tooele Counties, all child care providers who participated in TOP Star showed improvement or best practice in this area. SE collaborated with Child care Resource and Referral to meet this objective. SE went beyond required objective to also distribute gardening kits to providers. Smaller jurisdictions (SE and Wasatch County) had more success in reaching all licensed providers.

Barriers/Challenges: One LHD did not complete this objective due to uncertain funding and limited time (Central). This was deferred until FY 2013. The larger jurisdictions, Davis County and Weber-Morgan District,

reported challenges in reaching a large number of providers. Tooele County was unable to reach all facilities but assessed all Top Star facilities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Successes were achieved through collaboration with Child care Resource and Referral Agencies and experience with TOP Star Program. PANO will track mid-year progress of LHD that did not complete and plans to do so in FY 2013.

Activity 4:

Extracurricular Physical Activity

Between 07/2011 and 06/2012, six LHDs will increase opportunities for extracurricular physical activity by allowing public schools to use the athletic facilities by the public during nonschool hours.

Activity Status

Completed

Activity Outcome

Six local health departments worked with the largest school district in their local jurisdiction to determine physical activity opportunities during non-school hours.

Reasons for Success or Barriers/Challenges to Success

Majority of school districts that were contacted allowed the public to use outdoor facilities to promote physical activities. Usage included track, field, One LHD was able to determine that a Resolution adopting a Joint Use of Facilities Recreation Interlocal Agreement was adopted in April. An Intermediate School houses a swimming pool which is designated as a community pool which is open to the public during the summer, evening hours and weekend.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 5:

Support for Breastfeeding

Between 07/2011 and 06/2012, one LHDs will increase support for breastfeeding accommodations for employees that include both time and designated space for breastfeeding and expressing breast milk during working hours.

Activity Status

Completed

Activity Outcome

Davis County local government was determined to be in compliance with FLSA Section 4207 Patient Protection and Affordable Care Act. Additionally, Davis county Health Department has a dedicated room that is available for all employees to breastfeed or express milk.

Reasons for Success or Barriers/Challenges to Success

Davis County has an active breastfeeding coalition, of which Health Promotion staff is a member. Davis County Health Department WIC Program provides space and support for lactating employees.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 6:

Reduce Screen Time

Between 07/2011 and 06/2012, four LHDs will work with licensed child care facilities to limit screen time to no more than 2 hours per day for children 2 years of age or older.

Activity Status

Completed

Activity Outcome

Five of 6 LHDs completed this objective. Overall, policies are lacking regarding limiting screen time, although most facilities reached report having practices in place without written policies. This reflects lack of state or federal regulation in this area.

Reasons for Success or Barriers/Challenges to Success

Successes: In Davis County and Tooele County, all child care providers who participated in TOP Star showed improvement or best practice in this area. SE collaborated with Child care Resource and Referral to meet this objective. Smaller jurisdictions (SE and Wasatch County) had more success in reaching all licensed providers.

Barriers/Challenges: One LHD did not complete this objective due to uncertain funding and limited time (Central). Objective will be completed in FY 2013. The larger jurisdictions, Davis County and Weber-Morgan District, reported challenges in reaching a large number of providers. Tooele County was unable to reach all facilities but assessed 16 Top Star facilities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Successes were achieved through collaboration with Child care Resource and Referral Agencies and experience with TOP Star Program. PANO will track mid-year progress of LHD that did not complete and plans to do so in FY 2013.

Activity 7:**Enhance Traffic Safety**

Between 07/2011 and 06/2012, one LHDs will enhance traffic safety in areas where people are or could be physically active.

Activity Status

Not Completed

Activity Outcome

The local health department has educated the city on complete streets. The public works division is practicing these environment changes and we are working to get the city to pass policy.

Reasons for Success or Barriers/Challenges to Success

The city council has been educated on the importance of complete streets and the local health department now has support from the assistant city manager. The city manager has given the local health department push back

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue working the with the city to encourage and educate the benefits of complete streets.

Activity 8:**Height Weight Screening**

Between 07/2011 and 06/2012, school nurses in six LHDs coordinate with the PANO program to collect height and weight data on elementary students to monitor the prevalence of overweight and obesity

statewide.

Activity Status

Completed

Activity Outcome

Measurements were completed and data submitted to PANO within project timeframe (Jan-March 2012). School nurses in six LHDs coordinated with PANO to collect height and weight data for 1914 students in 29 elementary schools. Statewide, data were collected for 4477 first, third, and fifth grade students. PANO staff updated *Childhood Overweight in Utah* report and will share results with nurses, principals, and superintendents in FY 2013. Wasatch County received additional funding through 805 grant to conduct measurements at all schools and determine district-wide prevalence of overweight and obesity. PANO developed a report specific to Wasatch County.

Reasons for Success or Barriers/Challenges to Success

Limited funding for school nurses means some nurses serve several schools. Nurses are interested and invested in the project. Principals determine type of consent to require – some require active consent which decreases participation and may influence results. In 2012, we had a decrease in number and percentage of schools requiring active consent. One principal wanted to opt out of the project, but agreed when PANO nutrition coordinator spoke with her about the importance of involvement.

Strategies to Achieve Success or Overcome Barriers/Challenges

PANO Nutrition coordinator has ongoing communication with school nurses. PANO provides the tools and equipment for this project. PANO staff has attended school nurse annual meetings to talk about the project and share results. PANO now has school nurse consultant on staff who has a relationship with school nurses.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Physical Activity and Nutrition Awareness

Between 07/2011 and 06/2012, local health departments will increase the number of schools, community, and child care facilities to promote and implement physical activity and nutrition activities, events, and/or messages from 100 to 150.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, local health departments increased the number of schools, community, and child care facilities to promote and implement physical activity and nutrition activities, events, and/or messages from 100 to 160.

Reasons for Success or Barriers/Challenges to Success

Over 150 activities and/or events were promoted and implemented in the schools, community, and child care facilities to increase the opportunity for physical activity or nutrition messages

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:

Promote Gold Medal Schools

Between 07/2011 and 06/2012, three LHDs will promote GMS to elementary schools to increase visibility and increase participation.

Activity Status

Completed

Activity Outcome

All 12 local health departments promotes the Gold Medal Schools program to increase physical activity and nutrition consumption policies and enviornmental changes.

Reasons for Success or Barriers/Challenges to Success

Over 80% of elemetnary schools in Utah have participated in the Gold Medal Schools program. The program has a great reputation in the State and schools will participate for many different reaseons.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local health departments are important stakeholders with increasing the visibility of GMS. They consistently help guide the schools to create healthy policies and environments.

Activity 2:

Promote Safe & Active Transportation to Schools

Between 07/2011 and 06/2012, seven LHDs will promote safe and active transportation to 100 schools.

Activity Status

Completed

Activity Outcome

157 schools across seven local health departments were informed and presented with information to promote safe and active transportation to and from school

Reasons for Success or Barriers/Challenges to Success

Local Health Departments worked with PTAs, Utah Department of Transportation, Safe Kids Coalitions, and other community partners to promote and educated safe and active transportation through Walk to School Day, Walk More in Four, and Green Ribbon Month

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 3:

Promote nutrition or physical activity campaign

Between 07/2011 and 06/2012, five LHDs will work with schools to promote campaigns about fruits and vegetable consumption, physical activity, sugar sweetened beverage consumption or unplug 'n play.

Activity Status

Completed

Activity Outcome

Six LHDs conducted community-side campaigns on a variety of topics. Davis County Breastfeeding Coalition hosted a Breastfeeding Café during the Davis County fair and reached over 93,000 residents through local media efforts. Central – Healthy Richfield included community activities and media articles. SEUDHD provided information for fruit and vegetable consumption and limiting sweetened beverages. They worked with CCR&R to provide garden kits to child care providers. They partnered with WIC to teach fruit and veggie classes. Southwest focused on fruit and vegetable consumption. They produced 3 videos on

how to access fruits and vegetables other than in a grocery store. Summit County conducted Farm to School activities in an underserved district, increased awareness of farmers markets, and a physical activity campaign. Wasatch County conducted a 5-2-1-0 campaign.

Reasons for Success or Barriers/Challenges to Success

Davis – coalition members donated time and resources. Barriers: Summit County had a difficult time identifying a partner to assume management of EBT machine at farmers market.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partnerships were a key to success in all these projects.

Activity 4:

Promote Healthy Child Care Initiative

Between 07/2011 and 06/2012, two LHDs will provide training, education, and resources to child care providers.

Activity Status

Completed

Activity Outcome

34 child care facilities received training, education, and resources as part of the TOP Star program in Davis and Weber-Morgan LHD jurisdictions.

Reasons for Success or Barriers/Challenges to Success

Davis and Weber-Morgan LHDs participated in the Healthy Child Care Initiative pilot project.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Strengthen external partnerships

Between 07/2011 and 06/2012, Local health departments will maintain **9** external partnership each to promote healthy nutrition and physical activity behaviors.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, Local health departments maintained **9** external partnership each to promote healthy nutrition and physical activity behaviors.

Reasons for Success or Barriers/Challenges to Success

All twelve LHDs maintained and created external partnerships in the schools, community and worksite environment. External partnerships are strong in the schools and communities because of previous relationships that have been built over the year.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:

GMS School Coordinator Support

Between 07/2011 and 06/2012, 12 LHDs will provide technical support and resources to GMS School Coordinators.

Activity Status

Completed

Activity Outcome

59 school coordinators were provided with tools and education to complete GMS policies

Reasons for Success or Barriers/Challenges to Success

Local health departments have built strong relationships with their schools. The Program continues to strengthen because of the work that LHDs have dedicated to their schools.

Strategies to Achieve Success or Overcome Barriers/Challenges

During the year a UDOH intern conducted key informant interviews with LHDs to establish the future direction of GMS and local school health activities. One finding from the interviews that was very important to the LHDs was to continue building and sustaining relationships with the schools through GMS.

Activity 2:**Community Committee**

Between 07/2011 and 06/2012, nine LHDs will actively participate on one active community environments committee/task force within the respective Local Health District to maintain external partnerships.

Activity Status

Completed

Activity Outcome

Eight LHDs actively participated on one active community environments committee/task force. Southwest District participated on two committees in different counties (Washington and Iron County). An additional LHD (Summit Co) mobilized partnerships to strengthen farmers markets and facilitate electronic benefits transfer for SNAP participants at a local farmers' market.

Reasons for Success or Barriers/Challenges to Success

Barriers cited by LHDs include: partners are very busy (schools), getting enough participants at meetings (worksites) need for municipal administrative support (complete streets), funding for infrastructure. One LHD had limited involvement in a coalition due to leadership transition within a partner organization. LHDs faced challenges this year with uncertain funding for PHBG which prevented them from being able to work on objectives for a portion of the year.

Strategies to Achieve Success or Overcome Barriers/Challenges

Southwest received additional funding through a local grant to fund school gardens; sponsored quarterly networking breakfasts to get worksites to meeting at a convenient time. Committed partners contribute to successes. Several LHDs are successfully maintaining partnerships over time, with engaged partners.

Activity 3:**Community Event**

Between 07/2011 and 06/2012, one LHD will plan, support, and provide health nutrition and physical activity behavior messages to a community.

Activity Status

Completed

Activity Outcome

One health department took the lead and participated on a committee to plan and conduct healthy nutrition and physical activity behavior messages.

Reasons for Success or Barriers/Challenges to Success

Media coverage to educate the public about Choose My Plate and the importance of health choices.
Participants look for free services and are not ready for behavior changes

Strategies to Achieve Success or Overcome Barriers/Challenges

Partner with Media outlets.

Activity 4:**Child Care Committee**

Between 07/2011 and 06/2012, two LHDs will participate on child care committee to maintain external partnerships.

Activity Status

Completed

Activity Outcome

TOP Star Consultants from Davis and Weber-Morgan LHDs attended all HCCI Advisory Committee meetings, and participated in phone conference calls held between 07/2011 and 06/2012.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 5:**Resource Lists on Websites**

Between 07/2011 and 06/2012, six LHDs will create or maintain one list of community resources related to physical activity, nutrition or weight management and post online for use by the public and patients through physician referrals.

Activity Status

Completed

Activity Outcome

Six local health departments created, maintained or collected information for a list of community resources to be posted on each health department's website.

Reasons for Success or Barriers/Challenges to Success

The challenge with the community resources will be updating and adding the most up to date information.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

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

Increase policies and environmental supports

Between 07/2011 and 06/2012, local health departments will increase the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 11,000 to 11,500.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, local health departments increased the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 11,000 to 11,020.

Reasons for Success or Barriers/Challenges to Success

The worksite group is no longer facilitated by UDOH, and no one is participating on the council. The Healthy Community award was no longer funded this year and no staff was assigned to work on this initiative beyond administratively reviewing applications and getting awards processed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Funding for the worksite and community award programs.

Activity 1:**Assist GMS School Coordinators**

Between 07/2011 and 06/2012, 12 LHDs will assist school coordinators to establish GMS policies in 75 schools statewide.

Activity Status

Completed

Activity Outcome

59 schools were supported by 12 local health departments to implement policies and environmental changes through Gold Medal Schools

Reasons for Success or Barriers/Challenges to Success

Local health departments continue to support school coordinators to achieve the GMS levels.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 2:**GMS Awards**

Between 07/2011 and 05/2012, 75 schools will achieve at least one new GMS level implementing approximately five policies or environmental supports per level.

Activity Status

Not Completed

Activity Outcome

59 schools implemented approximately five policies or environmental supports

Reasons for Success or Barriers/Challenges to Success

There were 16 Platinum Focus mini-grants that were not given to schools because of the lack of interest of

applying. Schools have concerns that the reporting is too much for the amount of funding that is given to the schools.

Strategies to Achieve Success or Overcome Barriers/Challenges

Identify ways to collect information from Platinum Focus schools that would meet the needs of their expectations.

Activity 3:

Healthy Community Award

Between 07/2011 and 06/2012, four LHDs will provide technical assistance to one community to apply for the "A Healthier You Healthy Community Award".

Activity Status

Completed

Activity Outcome

Four LHDs promoted "A Healthier You Community Award" to leaders in their jurisdiction. Perry City (BRDHD) applied for and received an award.

Reasons for Success or Barriers/Challenges to Success

Three LHDs promoted and offered technical assistance to Mayors, Commissioners, and city administration in their jurisdictions. None of the communities pursued the award. It wasn't a priority for them at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 4:

Healthy Worksite Award

Between 07/2011 and 06/2012, one LHD will provide technical assistance to five worksite to apply for the "A Healthier You Healthy Worksite Award".

Activity Status

Completed

Activity Outcome

Utah County contacted five worksites and promoted the award through local workshops and health fairs. Utah County received the platinum level award at the Worksite Wellness Conference in October 2012.

Reasons for Success or Barriers/Challenges to Success

This was difficult to achieve due to timeframes. The worksite award is given in October and the LHD contract begins July 1, which doesn't allow sufficient time to work with worksites.

Strategies to Achieve Success or Overcome Barriers/Challenges

LHD will need to start earlier or try a different approach.

Activity 5:

Child Care Endorsement

Between 07/2011 and 06/2012, two LHD will endorse child care facilities for improvements in their physical activity and nutrition environments.

Activity Status

Completed

Activity Outcome

Davis: 9 child care facilities received TOP Star endorsement

Weber-Morgan: 14 child care facilities received TOP Star endorsement

Reasons for Success or Barriers/Challenges to Success

Participating TOP Star child care facilities receive endorsement for marked improvements in their physical activity and nutrition environments (above and beyond child care licensing standards).

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

State Planning and Implementation Process

Between 07/2011 and 06/2012, local health departments will increase the number of activities and/or meetings related to the state Physical Activity, Nutrition, and Obesity implementation process from 40 to 55.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, local health departments increased the number of activities and/or meetings related to the state Physical Activity, Nutrition, and Obesity implementation process from 40 to 71.

Reasons for Success or Barriers/Challenges to Success

During our annual meeting with LHD the conversation of how meetings can be attended was addressed. The option of conference calls became available to all meetings. We also clarified the different options of workgroups that LHDs could participate in.

Strategies to Achieve Success or Overcome Barriers/Challenges

Communicating with the LHDs strengthened our relationship.

Activity 1:

PANO Implementation

Between 07/2011 and 06/2012, 12 LHDs will attend 55 regular meetings relevant to the state plan workgroups including worksites, healthcare, schools, community and/or the PANO Steering Committee.

Activity Status

Completed

Activity Outcome

71 workgroup meetings and the PANO forum meeting were supported and attended by all 12 LHDs.

Reasons for Success or Barriers/Challenges to Success

All meetings provide conference calls for those individual who are unable to participate in person. Barriers: Funding cuts/threat by federal government makes it hard for LHDs to plan and participate in meeting.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluate Program Progress

Between 07/2011 and 06/2012, local health departments will evaluate 4 objectives each in the standardized web-based Utah Data Analysis and Reporting Tool (UDART).

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, local health departments evaluated 5 objectives each in the standardized web-based Utah Data Analysis and Reporting Tool (UDART).

Reasons for Success or Barriers/Challenges to Success

LHDs had a better understanding and felt more confident in PANO state plan.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:

Report Progress

Between 07/2011 and 06/2012, 12 LHDs will report progress at least two times per year in UDART identifying barriers, needs, successes, and outcome to measures.

Activity Status

Completed

Activity Outcome

All 12 health departments were encouraged and reminded to report progress and end-year reports in UDART by July 2012.

Reasons for Success or Barriers/Challenges to Success

Mid-year reports were not completed by local health departments because of the delay in announcement for PBG funding.

Strategies to Achieve Success or Overcome Barriers/Challenges

Encourage local health departments to document successes and barriers in UDART as often as they can.

State Program Title: Physical Activity, Nutrition, and Obesity

State Program Strategy:

Goal

Evidence suggests that the most desirable primary prevention goal to decrease chronic disease, including heart disease and stroke, is to prevent children with a normal, desirable weight from becoming overweight or obese. The Utah Physical Activity, Nutrition & Obesity (PANO) Program and 12 Local Health Departments (LHDs) are directing primary prevention efforts for childhood obesity toward the elementary schools through the Gold Medal Schools (GMS) program. For a complete list of the criteria please visit <http://health.utah.gov/obesity/gms/guide/Guide.pdf>. In addition to school-based strategies, local health departments are engaged in promoting policy and environmental change in their communities and worksites within their jurisdiction to encourage healthy eating and physical activity.

Primary Internal and External Strategic Partnerships:

Asthma Program; Cancer Control and Prevention Program; Diabetes Control and Prevention Program; Environmental Quality Program; Immunization Program; Oral Health Program; Heart Disease and Stroke Prevention Program; Tobacco Use Prevention and Control Program; Violence and Injury Prevention Program; and school nurses. Utah's 12 LHDs, Utah State Office of Education, School Districts, Utah Department of Transportation, Utah League of Cities and Towns, the Utah Parent Teacher Association, the Bureau of Health Promotion (BHP) Healthy Weight Workgroup, BHP School Workgroup, Action for Healthy Kids, and statewide Universities and Colleges.

Role of PHHS BG Funds:

The Program at the state level is funded by a blend of state and federal monies, and in-kind donations from numerous partners. PHHS BG funds a GMS director who will work with partners to establish GMS goals, objectives, and guidelines; provide training to LHD staff, schools, and school coordinators; and provide resources to facilitate program success, including the website, <http://health.utah.gov/obesity/gms>. The UDOH PANO Program and partners statewide aim to address barriers through changes in policies and environments where healthy food and opportunities for physical activity are offered.

Evaluation Methodology:

Elementary school height and weight surveillance data will be used to monitor childhood obesity trends. The healthy Child Care Initiative, the TOP Star Pilot Program, and the GMS program will be evaluated to identify strengths and weaknesses of the programs.

National Health Objective: 19-3 Overweight or Obesity in Children and Adolescents

State Health Objective(s):

Between 07/2010 and 06/2016, decrease the percent of Utah children, grades K-6th grades, who are overweight by 17%, from 20.4% in 2010 to 17% in 2016.

State Health Objective Status

Not Met

State Health Objective Outcome

The prevalence of overweight for Utah children, grades K-6, was 20.4% in 2010. Its increase to 20.8% in 2012 did not represent a statistically significant difference.

Reasons for Success or Barriers/Challenges to Success

Utah PANO has continued implementing height and weight surveillance since 2006 in a representative sample of elementary schools. This required investment in equipment and staff resources, and developing

partnerships with schools, local health departments, and school nurses to collect and analyze data. Validity of results may be impacted by type of consent: rate of obesity was higher in schools using passive consent than those using active consent.

Strategies to Achieve Success or Overcome Barriers/Challenges

One-time investment in equipment, ongoing commitment of staff resources, contracts with LHDs. Continued cooperation with schools through GMS or similar programs

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Community and School Assessment

Between 07/2011 and 06/2012, the Physical Activity, Nutrition, and Obesity Program will collect 12 status assessments from the community and schools to assess baseline nutrition, physical activity and tobacco policy data for program evaluation to assess community and school progress in increasing health promoting policies.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, the Physical Activity, Nutrition, and Obesity Program collected 23 status assessments from the community and schools to assess baseline nutrition, physical activity and tobacco policy data for program evaluation to assess community and school progress in increasing health promoting policies.

Reasons for Success or Barriers/Challenges to Success

LHDs will look through the Recommended Community Strategies and Measures to Prevent Obesity in the United States: Implementation and Measurement Guide to determine if statewide data would be beneficial as a state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continued funding will be an issue in determining if these projects can be completed.

Activity 1:

Community Strategies and Collect Measures

Between 07/2011 and 06/2012, 12 local health departments will submit priorities of policies and environmental change efforts to help guide state level training and technical assistance

Activity Status

Not Completed

Activity Outcome

Eleven LHDs collected data for at least one nutrition measure and one physical activity community measure

from the *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*.

Reasons for Success or Barriers/Challenges to Success

One LHD failed to collect data for the measures they selected. They reported that uncertainty over the PBG funding prevented staff from working on this objective and therefore they did not have time to complete the data collection. They also reported having difficulty identifying and contacting the data source (child care providers).

Strategies to Achieve Success or Overcome Barriers/Challenges

The LHD carried this objective over into the FY 2013 contract year. PANO will provide technical assistance to identify and locate child care providers, and monitor progress mid-year.

Activity 2:

Height Weight Screening

Between 07/2011 and 06/2012, the State will coordinate with 6 local health departments and 6 school districts to collect height weight data on elementary students to monitor the prevalence of overweight and obesity statewide.

Activity Status

Completed

Activity Outcome

PANO coordinated with school nurses in six LHDs and 24 local school districts to collect height and weight data for students in 69 elementary schools. Measurements were completed and data submitted to PANO within project timeframe (Jan-March 2012). Statewide, data were collected for 4477 first, third, and fifth grade students. BHP epidemiologist analyzed the data and PANO epidemiologist and nutrition coordinator updated *Childhood Overweight in Utah, 2012* report. Results will be shared with nurses, principals, superintendents, and PANO partners in FY 2013. Wasatch County received additional funding through 805 grant to conduct measurements at all schools and determine district-wide prevalence of overweight and obesity. PANO developed a report specific to Wasatch County. Weber District also completed a district-wise data collection and PANO developed a report. Utah County Nurses collected data district-wide and will submit to PANO in FY 2013 for analysis and data translation.

Reasons for Success or Barriers/Challenges to Success

Limited funding for school nurses means some nurses serve several schools, and have limited time and resources. Nurses are interested and invested in the project. Principals determine type of consent to require – some require active consent which decreases participation and may influence results. In 2012, we had a decrease in number and percentage of schools requiring active consent. One principal wanted to opt out of the project, but agreed when PANO nutrition coordinator spoke with her about the importance of involvement.

Strategies to Achieve Success or Overcome Barriers/Challenges

PANO Nutrition coordinator has ongoing communication with school nurses. PANO provides the tools and equipment for this project. PANO staff has attended Utah School Nurse Association annual meetings to talk about the project and share results. PANO now has school nurse consultant on staff who has a relationship with school nurses.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Increase GMS Participation

Between 07/2011 and 06/2012, the Physical Activity, Nutrition, and Obesity Program will increase the

number of elementary schools participating in GMS from 381 to 384.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, the Physical Activity, Nutrition, and Obesity Program increased the number of elementary schools participating in GMS from 381 to 386.

Reasons for Success or Barriers/Challenges to Success

The LHDs promote and encourage schools to participate in the Program. The Program is well known in the communities and is highly supported by communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:

Promote GMS

Between 07/2011 and 06/2012, the state and LHDs will promote GMS to at least 10 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

Least 20 schools were contacted to encourage and promote participation through stake holders like the PTA, Action for Healthy Kids, Schools, Districts, and Principals.

Reasons for Success or Barriers/Challenges to Success

We also see an increase in participation through media exposure, word of mouth and administration turnover.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 2:

School Coordinator Support

Between 07/2011 and 06/2012, the State will provide support and resources to 75 GMS to achieve the next level in the Program.

Activity Status

Completed

Activity Outcome

59 schools were supported by the State to implement policies and environmental changes

Reasons for Success or Barriers/Challenges to Success

The State has provided 4 webinars and one PE training to help support implementation of the GMS criteria. The State also provides technical assistance to the schools and LHDs with stipends, reports, and policies.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 3:

Platinum Focus Schools

Between 07/2011 and 06/2012, the State will provide support and resources 50 platinum focus schools that apply to achieve the next platinum focus level in GMS.

Activity Status

Completed

Activity Outcome

34 Platinum Focus Schools applied for mini-grants to achieve the next level

Reasons for Success or Barriers/Challenges to Success

There were 16 Platinum Focus mini-grants that were not given to schools because of the lack of interest of applying. Schools have concerns that the reporting is too much for the amount of funding that is given to the schools.

Strategies to Achieve Success or Overcome Barriers/Challenges

Identify ways to collect information from Platinum Focus schools that would meet the needs of their expectations.

Activity 4:

Website

Between 07/2011 and 06/2012, the State will provide 20 list serv messages to schools, LHDs, and stakeholders to increase Web site visibility.

Activity Status

Completed

Activity Outcome

10 list serv messages were sent to schools, local health departments and stakeholders

Reasons for Success or Barriers/Challenges to Success

It was challenging to have one FTE over the Program so tasks were prioritized and only half the messages were sent out on the list serv. Program Coordinator was on maternity leave for 6 of the list serv messages that were scheduled.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Increase policies and environmental supports

Between 07/2011 and 06/2012, the Physical Activity, Nutrition, and Obesity Program will increase the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in community, worksites, schools and child care facilities from from 11,000 to **11,500**.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, the Physical Activity, Nutrition, and Obesity Program increased the number of individual school policies and environmental supports implemented, strengthened and/or maintained to support healthy choices in community, worksites, schools and child care facilities from from 11,000 to **11,020**.

Reasons for Success or Barriers/Challenges to Success

The worksite group is no longer facilitated by UDOH, and no one is participating on the council. The Healthy Community award was no longer funded this year and no staff was assigned to work on this initiative beyond administratively reviewing applications and getting awards processed.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:**Submit documentation**

Between 01/2012 and 05/2012, the state and LHDs will assist 60 active GMS schools in writing policies and creating environmental supports during school year 2010-2011.

Activity Status

Not Completed

Activity Outcome

59 schools completed an end-year report and received an award.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 2:**GMS Awards**

Between 09/2011 and 05/2012, 75 schools will achieve at least one new GMS level implementing approximately five policies or environmental supports per level.

Activity Status

Completed

Activity Outcome

59 schools implemented 4,222 policies and 6,627 environmental changes during the year

Reasons for Success or Barriers/Challenges to Success

There were 16 Platinum Focus mini-grants that were not given to schools because of the lack of interest of applying. Schools have concerns that the reporting is too much for the amount of funding that is given to the schools.

Strategies to Achieve Success or Overcome Barriers/Challenges

Identify ways to collect information from Platinum Focus schools that would meet the needs of their expectations.

Activity 3:
Policy Training

Between 09/2011 and 05/2012, 75 school coordinators will receive training on how to assist schools with writing policies and submitting reports to GMS.

Activity Status

Completed

Activity Outcome

A webinar was available for stakeholders to participate in.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 4:
Community Awards

Between 07/2011 and 06/2012, three new community awards will receive a new award implementing approximately 23 policies or environmental supports per level.

Activity Status

Completed

Activity Outcome

There were 4 new community awards that were given this year.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 5:
Worksite Awards

Between 07/2011 and 06/2012, three new worksite awards will receive a new award implementing approximately 23 policies or environmental supports per level.

Activity Status

Not Completed

Activity Outcome

Unknown

Reasons for Success or Barriers/Challenges to Success

The worksite group is no longer facilitated by UDOH, and no one is participating on the council at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Determine if someone from UDOH should participate on the council.

Activity 6:

Child Care Initiative

Between 07/2011 and 06/2012, 34 child care facilities will implement 103 policies or environmental changes.

Activity Status

Completed

Activity Outcome

In Davis and Weber-Morgan LHDs, 34 child care providers wrote/rewrote a total of 151 nutrition, physical activity, and/or breastfeeding policies.

Reasons for Success or Barriers/Challenges to Success

The key to the success of child care providers implementing new policies can be attributed to the LHD TOP Star Consultant providing assistance and resources related to policy implementation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Future success of child care providers implementing new policies will be determined by the involvement and commitment of LHD TOP Star Consultants.

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

Between 07/2011 and 06/2012, the Physical Activity, Nutrition, and Obesity Program will provide training and/or webinars, and technical assistance to 175 stakeholders.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, the Physical Activity, Nutrition, and Obesity Program provided training and/or webinars, and technical assistance to 200 stakeholders.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:**Training sessions**

Between 08/2011 and 06/2012, five GMS trainings will be offered to school coordinators, principals, and local health departments.

Activity Status

Completed

Activity Outcome

Four GMS trainings were offered through webinars to stakeholders to assist in completing the GMS criteria, reports and policies. One training was offered to PE specialist, teachers or administration.

Reasons for Success or Barriers/Challenges to Success

The PE training was put on hold due to funding limitations. The PE training was offered in September 2012

so there was a significant decrease in attendance rate.

Strategies to Achieve Success or Overcome Barriers/Challenges

Funding limitations

Activity 2:

Technical Assistance

Between 07/2011 and 06/2012, technical assistance will be provided to 12 LHDs through at least 5 conference calls and 8 advisory committee meetings

Activity Status

Completed

Activity Outcome

Through the HCCI Advisory Committee, 9 committee meetings and 3 conference calls were conducted. 2 GMS conference calls were held or notes were sent to LHDs to provide information regarding the program.

Reasons for Success or Barriers/Challenges to Success

HCCI Advisory Committee meetings were well attended by partners. Convenient times and meeting frequency (bi-monthly or more frequent if needed, based on program needs) proved to be successful. Conference calls were held to discuss issues important to the subcommittee of LHD consultants, not necessarily the larger group.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 3:

PANO Planning Forum

Between 10/2011 and 06/2012, a planning PANO forum will be provided to at least 60 stakeholders.

Activity Status

Completed

Activity Outcome

Over 60 stakeholders to the PANO program participated in the 2012 forum. The LHD had time in the morning to meet as a group to identify success and gaps. In the afternoon the group was divided into workgroups and completed end-year workplans.

Reasons for Success or Barriers/Challenges to Success

PANO workgroups are able to meet together to discuss goals, objectives, and strategies for the upcoming year.

Strategies to Achieve Success or Overcome Barriers/Challenges

Some people participate in more than one workgroup making it difficult to understand what is happening in both groups.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluation

Between 07/2011 and 06/2012, the Physical Activity, Nutrition, and Obesity Program will evaluate **4** processes, and identify problem areas or gaps in the Program.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2011 and 06/2012, the Physical Activity, Nutrition, and Obesity Program evaluated 4 processes, and identify problem areas or gaps in the Program.

Reasons for Success or Barriers/Challenges to Success

The PANO program leveraged the following resources: contracting partners at the University of Utah's (U of U's) Center for Public Policy and Administration (CPPA), Zoomerang™ surveys, and LHD partnerships.

Strategies to Achieve Success or Overcome Barriers/Challenges

Incorporate evaluation findings into future directions in order to ensure partnership buy-in.

Activity 1:**Process Evaluation of Stakeholders**

Between 08/2011 and 01/2012, conduct a process evaluation with key partners to identify strength and weakness of the Healthy Child Care Initiative.

Activity Status

Completed

Activity Outcome

Process evaluation of key partners was conducted in September-October 2011 by contracted parties (i.e. Ken Embley, Samantha Ball) at the CPPA, U of U. 15 key informant interviews were conducted.

Reasons for Success or Barriers/Challenges to Success

Key findings of the evaluation included: Membership on the HCCI Advisory committee was a positive experience; sustaining partnerships and the TOP Star program is important; and the end of funding created unease and confusion.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 2:**Process Evaluation of Target Population**

Between 10/2011 and 03/2012, conduct a process evaluation of child care providers to identify strength and weakness of the TOP Star Program.

Activity Status

Completed

Activity Outcome

Process evaluation of child care providers was conducted in November-December 2011 through a Zoomerang™ survey emailed to child care providers participating in the TOP Star program

Reasons for Success or Barriers/Challenges to Success

Response rate was 80.1%. Results were analyzed by the PANO Epidemiologist/ Evaluator. Overall the TOP Star program was well-received and all providers thought it was worthwhile. Based on key findings, the PANO Evaluator recommended to consider offering materials in Spanish and to add more training workshops at convenient times.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 3:**Outcome Evaluation**

Between 07/2011 and 06/2012, collect quarterly reports from local health departments indicating child care facility participation and environmental changes.

Activity Status

Completed

Activity Outcome

Complete reporting databases were collected from LHDs (Davis, Tooele, and Weber-Morgan) quarterly: July 2011, September 2011, December 2011, and March 2012.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 4:**GMS Key Informant Interviews**

Between 07/2011 and 06/2012, conduct a GMS evaluation with 12 local health departments personal to evaluate the future directions of the GMS program.

Activity Status

Completed

Activity Outcome

The PANO program completed telephone interviews with LHD representatives regarding their perceptions of the GMS program in October 2011. Responses were compiled into an evaluation report as of November 2011.

Reasons for Success or Barriers/Challenges to Success

We conducted 13 interviews with 14 LHD representatives. Three LHDs scheduled interviews but chose not to participate, so that 9 of 12 LHDs (75% participation rate) were involved. Successful scheduling was due to the involvement of both an intern and the PANO epidemiologist/evaluator, so PANO staff members were available any business hours when LHD representatives wanted to schedule interviews.

Strategies to Achieve Success or Overcome Barriers/Challenges

Based on interview responses, the PANO may successes in increasing future LHD buy-in by responding accordingly to LHD input and encouraging early LHD participation in future healthy school initiatives.

State Program Title: Prevention of Rape or Attempted Rape

State Program Strategy:

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). 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 concern.

The overall goal of the program is to decrease the incidence of rape or attempted rape by:

1) Increasing the understanding and awareness of sexual violence. 2) Building the capacity of disparate communities to prevent sexual violence. 3) Increasing prevention efforts toward disparate populations and 4) Establishing primary prevention coalitions in all disparate communities.

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. Additionally a plan to collect narrative data to gain insight on students attitudes and behaviors toward relationships has been delayed and so will be continued this year. This program will, in addition to the traditional ways of evaluating rape prevention programs, use FaceBook and other web 2.0 applications to use narrative data from teens which may be used as an indicator for determining teens' attitudes and behaviors regarding healthy relationships and sexual violence.

National Health Objective: 15-35 Rape or Attempted Rape

State Health Objective(s):

Between 10/2011 and 09/2012, Assist in reducing the incidences of rape in Utah to 85 per 100,000 women ages 15 and older.

State Health Objective Status

Met

State Health Objective Outcome

Between 10/2010 and 09/2011, Assist in reducing the incidences of rape in Utah to 81 per 100,000 women ages 15 and older.

Reasons for Success or 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. Utah has been provided funding and support to

communities to do primary prevention of sexual violence for the past 7 years. The goal is to change the social norms that feed into sexual assault within our youth.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Continue to work to raise awareness and 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.
3. Continue to conduct primary prevention activities throughout Utah.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Funding provides staff time to address statewide capacity building, collaboration, community mobilization and technical assistance to partners to conduct rape prevention activities. Without PHHS BG funding, rape could not be addressed by our agency outside of Rape Prevention and Education Grant funding that goes to community partners.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

The Rape Recovery Center

Between 10/2011 and 09/2012, The Rape Recovery Center prevention specialists will provide sexual violence primary prevention programs, Safe Dates or teen dating violence curriculum to **a minimum of 130** junior high and high school classes in Salt Lake County.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Rape Recovery Center prevention specialists provided sexual violence primary prevention programs, Safe Dates or teen dating violence curriculum to **320** junior high and high school classes in Salt Lake County.

Reasons for Success or Barriers/Challenges to Success

No challenges or barriers. The RRC's program is designed to prevent all forms of violence among youth. By teaching and modeling appropriate behavior students learn to effectively handle conflict so that violence does not take place.

Strategies to Achieve Success or Overcome Barriers/Challenges

UDOH and the RRC have been working with the State Office of Education to add a revised Safe Dates program to the state prevention curriculum, Prevention Dimensions for the next school year. This will provide SV prevention program to virtually all public school students.

Activity 1:

Rape prevention program

Between 10/2011 and 09/2012, the RRC will update curriculum(s) for prevention programs that focus 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, teen dating violence, consent/coercion, bystander intervention, etc.

Activity Status

Not Completed

Activity Outcome

The Rape Recovery Center is working with the Utah Healthy Relationship Education Workgroup to adapt the SAFE DATES curriculum to meet state-wide healthy relationship education needs. This adapted curriculum will then be tested in Salt Lake County Schools.

Reasons for Success or Barriers/Challenges to Success

It has taken longer to adapt the curriculum than originally thought. One of the reasons for this is that RRC petitioned the State Board of Education to include it in their Prevention Dimensions program that is required for all public schools in the state. This has been approved and planning is underway to include it in that curriculum.

Strategies to Achieve Success or Overcome Barriers/Challenges

Getting the curriculum included in Prevention Dimensions has been a great opportunity and has been worth the delay in implementation. It will be implemented at the beginning of the 2013/2014 school year to all schools in Utah.

Activity 2:

Educational sessions

Between 10/2011 and 09/2012, The Rape Recovery Center will

1. conduct Teen Dating Violence Toolkit training(s) for 10-15 health teachers in identified districts in Salt Lake County.
2. present a minimum of 15 2-session SVPP and 20 1-session SVPP to public and private junior high schools (50 total) in Salt Lake County.
3. present a minimum of 15 2-session and 20 1-session Safe Dates program to public and private senior high schools (50 total) in Salt Lake County.

Activity Status

Not Completed

Activity Outcome

RRC and the Healthy Relationship Task Force has been working diligently to revise the Safe Dates Curriculum and the Teen Dating Violence Toolkit. They meet monthly and are currently working with the Utah Healthy Relationship Education Workgroup to update the Teen Dating Violence Toolkit and create a curriculum for health teachers to guide discussions about healthy relationships.

Reasons for Success or Barriers/Challenges to Success

With the opportunity to include the program in the state's Prevention Dimensions program, it has taken much longer to complete this objective.

Strategies to Achieve Success or Overcome Barriers/Challenges

RRC meets monthly with the Utah Healthy Relationship Education Workgroup to update the Teen Dating Violence Toolkit and create a curriculum for health teachers to guide discussions about healthy relationships. This will be completed and implemented by next school year.

Activity 3:

Evaluation

Between 10/2011 and 09/2012, 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

The RRC and UCASA both submitted progress reports in May and November.

Reasons for Success or Barriers/Challenges to Success

It is a requirement for their funding.

Strategies to Achieve Success or Overcome Barriers/Challenges

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.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Collaboration/Coordination

Between 10/2011 and 09/2012, The Utah Coalition Against Sexual Assault and Violence and Injury Prevention Staff will increase the number of counties/judicial districts that currently have sexual assault prevention coalitions from ten to **thirteen**.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Utah Coalition Against Sexual Assault and Violence and Injury Prevention Staff increased the number of counties/judicial districts that currently have sexual assault prevention coalitions from ten to **thirteen**.

Reasons for Success or Barriers/Challenges to Success

There are coalitions in Cache County, Weber County, Box Elder County, Rich County, Davis County, Salt Lake City, Salt Lake County, Utah County, Washington County, Tooele County, Grand County, Sevier County, and Richfield City. We are now working with the prevention coalitions of the Substance Abuse Authorities to introduce sexual violence primary prevention as a priority within their prevention coalitions.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 1:

Continue to support the Utah Sexual Violence Council

Between 10/2011 and 09/2012, UCASA and VIPP will continue to provide staff support to the Utah Sexual Violence Council, in order to link USVC's support into the disparate counties, by participating in at least 75% of bi-monthly council meetings as well as monthly subcommittee meetings.

Activity Status

Completed

Activity Outcome

VIPP staff participated on 100% of the USVC meetings. Additionally, VIPP staff serve as co-chairs of the Prevention Subcommittee of the USVC

Reasons for Success or Barriers/Challenges to Success

Staff at UCASA and the VIPP are dedicated to working with the Utah Sexual Violence Council. Currently the executive director of UCASA and the program coordinator of VIPP serve on the Executive Committee of the USVC. Additionally, staff members from VIPP as well as UCASA serve on each of the subcommittees of the council which include; prevention, treatment, justice and policy and legislation.

Strategies to Achieve Success or Overcome Barriers/Challenges

The USVC has developed a 5 year plan for prevention.

Activity 2:

Salt Lake Sexual Violence Prevention Community Coalition

Between 12/2011 and 06/2012, The Rape Recovery Center will develop a community coalition and generate Memorandum of Understandings or written strategies between participating agencies.

Activity Status

Completed

Activity Outcome

A sexual violence coalition has been meeting in Salt Lake for several years but has been multi directional committee responding to sexual violence as part of their SART (Sexual Violence Response Team). In January 2013 RRC is meeting with the new education coordinator at Utah Coalition Against Sexual Assault to organize a new Salt Lake Coalition. This new coalition will be taking a more comprehensive approach to primary prevention, addressing individual, community and institutional level risk and protective factors as well as those on the relationship level. The new Salt Lake County area task force will be starting with the goals developed at the Prevention Summit earlier this year.

Reasons for Success or Barriers/Challenges to Success

As part of the SART, the RRC felt as though prevention wasn't getting enough effort. This new coalition will be taking a more comprehensive approach to primary prevention, addressing individual, community and institutional level risk and protective factors as well as those on the relationship level.

Strategies to Achieve Success or Overcome Barriers/Challenges

In January 2013 RRC is meeting with the new education coordinator at Utah Coalition Against Sexual Assault to organize a new Salt Lake Coalition. This new coalition will be taking a more comprehensive approach to primary prevention, addressing individual, community and institutional level risk and protective factors as well as those on the relationship level. The new Salt Lake County area task force will be starting with the goals developed at the Prevention Summit earlier this year.

Activity 3:

Technical Assistance to Communities

Between 01/2012 and 09/2012, UCASA will provide 15 technical assistance consultations per quarter by phone or in person to RPE grantees on community assessment, coalition building, and prevention education program development and evaluation.

Activity Status

Completed

Activity Outcome

UCASA staff have actively participated in meetings of the USVC Council and Prevention sub-committee and have continued to be a resource for RPE Grantees seeking guidance on resources and best practices for implementation of programming that supports primary prevention. Last year UCASA provided 88 technical assistance consultations.

Reasons for Success or Barriers/Challenges to Success

Not currently having a full-time Prevention Coordinator has made the necessary level of communication with and between local prevention educators difficult to achieve

Strategies to Achieve Success or Overcome Barriers/Challenges

There is a definite need for time spent individually with local prevention educators as well as opportunities for them to meet together to share lessons learned and develop an array of skills from working with individual students to working with community leaders and school administrators. UCASA says, "We have been developing a good understanding of what the areas of need are in terms of training and technical assistance and identifying alternative resources to meet those needs where possible."

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Rape and Sexual Assault Crisis Line

Between 10/2011 and 09/2012, The Utah Department of Health, Violence and Injury Prevention Program 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 10/2011 and 09/2012, The Utah Department of Health, Violence and Injury Prevention Program 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.

Reasons for Success or Barriers/Challenges to Success

The toll free sexual assault crisis line - 1-888-421-1100 is free for calls within the state. Calls are automatically routed to the local rape crisis center from where the call originates. The only challenge that we experienced this year was the implementation of a new area code. As these numbers are added to the system, we have to have them added in order for them to be routed correctly. Any number that the system does not recognize is automatically routed to the Salt Lake City Rape Crisis Center.

Strategies to Achieve Success or Overcome Barriers/Challenges

Yearly reviews are conducted by VIPP staff of all new exchanges and/or area codes in Utah and an updated list is forwarded to our DTS who works with the telephone company to have the exchanges added. The Rape Crisis Center is amiable about fielding calls that are incorrectly routed and they either transfer call to the correct agency or provide them with the correct number to call for the callers area.

Activity 1:

Accept and route calls

Between 10/2011 and 09/2012, a minimum of 300 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

Completed

Activity Outcome

The sexual assault information and referral line received 429 calls to the 800 line.

Reasons for Success or Barriers/Challenges to Success

VIPP advertises the toll-free line on a statewide basis but the local crisis centers, for the most part, list their local rape crisis numbers online and on their distribution materials. For this reason, the number of calls to the toll free line have been decreasing. We anticipate that the number of calls to the toll free line will remain around 300 to 400 calls per year. We believe it's imperative to have one number to publicize on a statewide basis for rape crisis and information, however, we will adjust our target numbers for the purpose of this grant.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 2:

Promote line

Between 10/2011 and 09/2012, the toll free line will be advertised on the VIPP website, brochures and information packets distributed by rape prevention programs throughout the state and in all local telephone directories in the state.

Activity Status

Completed

Activity Outcome

The toll free line is prominently displayed on the VIPP website as well as UCASA and RRC's websites. All new brochures printed with funding from the VIPP have included the toll free line. We advertise in all local telephone directories in the state as well as online telephone directories. All of these directories have the toll free line listed for rape crisis or information on sexual assault.

Reasons for Success or Barriers/Challenges to Success

A system is in place through the health department to provide the crisis line information in the directories each year

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Impact/Process Objective 2:

Training

Between 10/2011 and 09/2012, UCASA, Rape Recovery and VIPP will provide training, information and resources on sexual assault primary prevention and teen dating violence to **a minimum of 150** county stakeholders in Utah.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, UCASA, Rape Recovery and VIPP provided training, information and resources on sexual assault primary prevention and teen dating violence to 386 county stakeholders in Utah.

Reasons for Success or Barriers/Challenges to Success

UCASA has continued to improved their website to increase accessibility. UCASA’s Facebook and Twitter pages are active and in use. A lending library of research and media resources on primary prevention has been assembled and is available to prevention educators and to the public. UCASA staff have assisted with the provision of information regarding the nature and prevalence of sexual violence in Utah. Organizing and maintaining contact with professionals and community members who are interested in prevention but have many other demands for their time and energy has proven to be a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

Have multiple avenues for connecting with community members and educators who are invested in prevention has proven to be an effective strategy for getting prevention messages to communities on a spectrum of levels from individual to institutional. In spite of the challenges we have developed and extensive network of professional and community based allies to assist with bringing about change on the community and institutional levels.

Activity 1:

Maintain website

Between 10/2011 and 09/2012, UCASA will maintain and update 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 has continued to improve their website to increase accessibility. UCASA’s Facebook and Twitter pages are active and in use. They have a monthly e-newsletter that is distributed to 1600 professionals every month. On their website they maintain an updated training calendar and have up-to-date data, reports and journal articles.

Reasons for Success or Barriers/Challenges to Success

A dedicated media coordinator is assigned to update the webpage, update facebook statuses and information, and send out regular tweets.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 2:

Technical assistance

Between 10/2011 and 09/2012,

1. UCASA staff will participate in conducting at least 8 rape crisis 40 hour trainings throughout the state.
2. UCASA staff will, in collaboration with UDOH, disseminate information to all RPE Grantees and other state and local agencies on evidence based strategies for sexual violence prevention education.
3. UCASA staff will coordinate with UDOH VIPP staff to identify and present professional development topics for quarterly RPE grantee meetings.

4. UCASA staff will provide on-site and remote training and technical assistance opportunities for RPE grantees
5. UCASA staff will maintain a Prevention Resource Guide which will be accessible in electronic form on the agency website.
6. UCASA staff will maintain a website, Facebook page, and other appropriate social media resources promoting social change through sexual violence prevention education.
7. UCASA will produce e-mail updates on prevention resources and lending library materials which will be distributed to Rape Prevention Educators and UCASA membership on a quarterly basis.
8. UCASA's Prevention Education Specialists will partner with local rape crisis programs, schools, and other community agencies to prepare and provide activities designed to increase and reinforce protective factors against sexual offending and victimization for junior high, high school, and college aged youth.

Activity Status

Completed

Activity Outcome

UCASA has continued to improve their website to increase accessibility. UCASA's Facebook and Twitter pages are active and in use. They have a monthly e-newsletter that is distributed to 1600 professionals every month. On their website they maintain an updated training calendar and have up-to-date data, reports and journal articles. During this grant cycle worked primarily on the statewide and institutional levels with the Utah Department of Health and the Governor's Commission on Criminal and Juvenile Justice to address statewide coordination of primary prevention activities. Other organizations that UCASA has worked with include the Utah Domestic Violence Council, Prevent Child Abuse Utah, Salt Lake County Criminal Justice Services, University of Utah Women's Resource Center, Comunidades Unidas, Centro de la Familia, Wasatch Youth Services, Utah Juvenile Justice Services Observation and Assessment, Miss Imagen Inc., Ok en Español, and Coalision Latina en contra de la Violencia Intrafamiliar.

Reasons for Success or Barriers/Challenges to Success

A dedicated media coordinator is assigned to update the webpage, update facebook statuses and information, and send out regular tweets.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 3:

Train Health Teachers in Salt Lake County

Between 01/2012 and 09/2012, participate in the development of a strategy to distribute and/or train 10-15 health teachers on the use of the Dating Violence Prevention Toolkit.

Activity Status

Not Completed

Activity Outcome

Once the toolkit is complete and mailing will go out to all health teachers to attend a free training on how to use the tool kit with their students.

Reasons for Success or Barriers/Challenges to Success

Again, the extra work put into getting the Safe Dates curriculum in Prevention Dimensions has been time consuming. The toolkit should be ready by this summer.

Strategies to Achieve Success or Overcome Barriers/Challenges

Health educators will be contacted over the summer.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluate efforts

Between 10/2011 and 09/2012, The Utah Coalition Against Sexual Assault, the Rape Recovery Center and the Utah Department of Health will evaluate **100%** of training, prevention, and capacity activities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2011 and 09/2012, The Utah Coalition Against Sexual Assault, the Rape Recovery Center and the Utah Department of Health evaluated **100%** of training, prevention, and capacity activities.

Reasons for Success or Barriers/Challenges to Success

Evaluations are administered and the results evaluated for every training event conducted by UCASA, RRC and VIPP. Ongoing evaluation via survey is also conducted periodically with all grantees. A capacity evaluation was conducted in 2011 and will be conducted again over the next year. Evaluation reports are available for inspection.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to require evaluation on all programs conducted by UCASA and RRC.

Activity 1:

Progress reporting

Between 11/2011 and 05/2012, UCASA and RRC will submit mid-year reports by May 15, 2012 and year-end reports by November 15, 2012 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

Mid year and final reports were received by the Utah Department of Health.

Reasons for Success or Barriers/Challenges to Success

The mid year and final reports have a standing due date each year and the date is included in UCASA and RRC's contracts. Meetings are held in May and November each year and programs are encouraged to submit their reports at the meeting.

Strategies to Achieve Success or Overcome Barriers/Challenges

The mid year and final reports have a standing due date each year and the date is included in UCASA and RRC's contracts. Meetings are held in May and November each year and programs are encouraged to submit their reports at the meeting.

Activity 2:

Evaluate training sessions

Between 10/2011 and 09/2012, An evaluation tool will be used for all training sessions and professional development sessions. The results will be compiled and used to inform future training sessions.

Activity Status

Completed

Activity Outcome

Written evaluations were collected from participants at all training sessions and the professional development sessions conducted by UCASA. Additionally, a survey was conducted with each of the rape prevention educators to assess training needs and technical assistance needs. This survey was completed and submitted with the final report.

Reasons for Success or Barriers/Challenges to Success

Participants in the survey identified the following as topics they would like further training:

- Comprehensive assessment, evaluation and data collection,
- Development and implementation of sexual violence prevention education programs that are culturally competent,
- Technological resources for training and information sharing,
- Opportunities for mentorship and professional development with an emphasis on underserved and marginalized communities.
- Promoting an anti-oppression framework within programs and institutions engaged in sexual violence prevention.

Strategies to Achieve Success or Overcome Barriers/Challenges

Webinars, training sessions and conference calls will be developed in order to meet the training needs of our grantees.

Activity 3:

Capacity

Between 10/2011 and 09/2012, Success of capacity growth will be measured by the following:

- Prevention Coalitions have established strategic prevention plans in at least 5 counties
- The number of organizations, individuals, and communities receiving tools to increase their prevention capacity has been increased.
- Each judicial district has been assigned a technical provider from the Utah Sexual Violence Council
- Technical assistance needs have been met.

Activity Status

Completed

Activity Outcome

Prevention coalitions in each of the 8 judicial districts have developed strategic plans for the next 3 years. Each of these coalitions has been assigned a technical provider from the Utah Sexual Violence Council. The USVC representatives call each coalition representative, each month for updates and to assess their technical needs.

Reasons for Success or Barriers/Challenges to Success

Each of these coalitions has been assigned a technical provider from the Utah Sexual Violence Council. The

USVC representatives call each coalition representative, each month for updates and to assess their technical needs. Each USVC representative provide updates at the semi monthly USVC Meetings. Time is provided at each USVC meeting for discussion and to link representatives up with the resources needed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Member of the USVC will continue to provide technical assistance to local coalitions.