

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

**Work Plan**

**Original Work Plan for Fiscal Year 2012**

**Submitted by: Utah**

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<b>Contents</b>	<b>Page</b>
Executive Summary	3
<b>Statutory and Budget Information</b>	<b>4</b>
Statutory Information	4
Budget Detail	5
Summary of Allocations	6
<b>Program, Health Objectives, and 10 Essential Services</b>	<b>7</b>
LHD Partnership for Injury Prevention	7
15-13 Unintentional Injury Deaths	7
LHD Partnerships for Promoting Healthy Weight	13
19-3 Overweight or Obesity in Children and Adolescents	13
Physical Activity, Nutrition, and Obesity	18
19-3 Overweight or Obesity in Children and Adolescents	18
Prevention of Rape or Attempted Rape	23
15-35 Rape or Attempted Rape	23

## 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.

**Funding Priority:** Data Trend, Under or Unfunded, State Plan (2010)

## Statutory Information

### **Advisory Committee Member Representation:**

College and/or university, Community resident, County and/or local health department, Hospital or health system, Primary care provider, Schools of public-health, State health department

**Dates:**

**Public Hearing Date(s):**

2/9/2012

**Advisory Committee Date(s):**

9/8/2011

7/31/2012

**Current Forms signed and attached to work plan:**

Certifications: Yes

Certifications and Assurances: Yes

**Budget Detail for UT 2012 V0 R3**

<b>Total Award (1+6)</b>	\$724,349
<b>A. Current Year Annual Basic</b>	
1. Annual Basic Amount	\$662,551
2. Annual Basic Admin Cost	(\$30,975)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$631,576
<b>B. Current Year Sex Offense Dollars (HO 15-35)</b>	
6. Mandated Sex Offense Set Aside	\$61,798
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$61,798
<b>(9.) Total Current Year Available Amount (5+8)</b>	\$693,374
<b>C. Prior Year Dollars</b>	
10. Annual Basic	\$43,573
11. Sex Offense Set Aside (HO 15-35)	\$20,193
(12.) Total Prior Year	\$63,766
<b>13. Total Available for Allocation (5+8+12)</b>	\$757,140

<b>Summary of Funds Available for Allocation</b>	
<b>A. PHHSBG \$'s Current Year:</b>	
Annual Basic	\$631,576
Sex Offense Set Aside	\$61,798
Available Current Year PHHSBG Dollars	\$693,374
<b>B. PHHSBG \$'s Prior Year:</b>	
Annual Basic	\$43,573
Sex Offense Set Aside	\$20,193
Available Prior Year PHHSBG Dollars	\$63,766
<b>C. Total Funds Available for Allocation</b>	\$757,140

### Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
LHD Partnership for Injury Prevention	15-13 Unintentional Injury Deaths	\$124,689	\$8,087	\$132,776
<b>Sub-Total</b>		<b>\$124,689</b>	<b>\$8,087</b>	<b>\$132,776</b>
LHD Partnerships for Promoting Healthy Weight	19-3 Overweight or Obesity in Children and Adolescents	\$299,836	\$19,800	\$319,636
<b>Sub-Total</b>		<b>\$299,836</b>	<b>\$19,800</b>	<b>\$319,636</b>
Physical Activity, Nutrition, and Obesity	19-3 Overweight or Obesity in Children and Adolescents	\$207,051	\$15,686	\$222,737
<b>Sub-Total</b>		<b>\$207,051</b>	<b>\$15,686</b>	<b>\$222,737</b>
Prevention of Rape or Attempted Rape	15-35 Rape or Attempted Rape	\$61,798	\$20,193	\$81,991
<b>Sub-Total</b>		<b>\$61,798</b>	<b>\$20,193</b>	<b>\$81,991</b>
<b>Grand Total</b>		<b>\$693,374</b>	<b>\$63,766</b>	<b>\$757,140</b>

**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.

**State Program Setting:**

Local health department, Schools or school district, Senior residence or center, State health department, Tribal nation or area

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded: 0**

**Total FTEs Funded: 0.00**

**National Health Objective: HO 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.

**Baseline:**

Baseline: 2010 - 29.9 per 100,000 population.

**Data Source:**

UDOH IBIS Mortality and Population data.

**State Health Problem:**

**Health Burden:**

Injury is a significant public health problem and a leading cause of premature death and disability. It is the leading cause of death for people age 1 – 44 years and the leading cause of years of potential life lost. During 2005-2009 for all Utahns, unintentional injuries resulted in 3,686 deaths, 46,948 hospitalizations and 813,829 emergency department (ED) visits. For every one death there were 13 hospitalizations and 221 emergency room visits. In addition there are an unknown number of injuries treated in clinics, doctor's offices, schools, work sites and homes. It is difficult to determine the full economic impact of unintentional injury (medical costs, lost wages, disability, etc.). However, during 2009, hospital and ED charges in Utah amounted to over \$433 million. (Source: UDOH IBIS mortality, hospitalization and ED data.)

Motor vehicle traffic crashes were the leading cause of unintentional injury death, while falls were the leading cause of unintentional injury hospitalization and ED visit. Motor vehicle crash hospitalization rates in 2009 were highest in the 18-19 age group followed by 20-24 and then 15-17 age groups. Utah teenage drivers represented 7% of the licensed drivers in 2009, yet they were involved in 22% of all motor vehicle crashes and 2.2 times more likely to be in a crash than drivers of other ages. (Source: Utah Department of Public Safety, 2009 Utah Crash Facts). The targeted population for interventions are those ages 15-19 residing in all counties in Utah according to census data. The disparate population was determined to be the student enrollment in high schools in targeted local health districts across the state.

**Target Population:**

Number: 348,749

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 136,772

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: UDOH IBIS-PH 2010 population data and Board of Education 2011 Enrollment data

### **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: 1) National Highway Traffic Safety Administration (NHTSA), Traffic Safety Digests; 2) NHTSA, Increasing Teen Safety Belt Use: A Program and Literature Review; 3) Cohen L, Swift S. The spectrum of prevention: developing a comprehensive approach to injury prevention. Injury Prevention 1999;5:203-207; 4) Hedlund JH. Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices. NHTSA.

### **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$124,689

Total Prior Year Funds Allocated to Health Objective: \$8,087

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$114,983

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Essential Service 1 – Monitor health status**

#### **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.

#### **Annual Activities:**

##### **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..

##### **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.

## **Essential Service 3 – Inform and Educate**

### **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.

### **Annual Activities:**

#### **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.

#### **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.

#### **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.

#### **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.

#### **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.

#### **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.

## **Essential Service 4 – Mobilize Partnerships**

### **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.).

### **Annual Activities:**

#### **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.

#### **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.

### **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.

### **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.

### **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.

## **Essential Service 7 – Link people to services**

### **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.

### **Annual Activities:**

#### **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.

#### **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.

#### **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.

## **Essential Service 8 – Assure competent workforce**

### **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.

### **Annual Activities:**

#### **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.

#### **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.

## **Essential Service 9 – Evaluate health programs**

### **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.

### **Annual Activities:**

#### **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.

#### **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.

#### **3. Provide feedback**

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

**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.

**State Program Setting:**

Home, Local health department, Parks or playgrounds, Schools or school district, Work site

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded: 0**

**Total FTEs Funded: 0.00**

**National Health Objective: HO 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.

**Baseline:**

20.4%, 2010

**Data Source:**

Utah Department of Health, K-6th grade height and weight surveillance studies, years 2010, 2012, 2014 and 2016

**State Health Problem:**

**Health Burden:**

See the health and cost burden statements provided in the "Physical Activity, Nutrition, and Obesity" section.

**Target Population:**

Number: 2,750,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 100,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: USOE State Educational Directory, USOE enrollment records

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$299,836

Total Prior Year Funds Allocated to Health Objective: \$19,800

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$281,509

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Essential Service 1 – Monitor health status**

#### **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.

#### **Annual Activities:**

##### **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.

##### **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.

##### **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.

##### **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.

##### **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.

##### **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.

##### **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.

##### **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.

### **Essential Service 3 – Inform and Educate**

#### **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.

**Annual Activities:**

**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.

**2. Promote Safe & Active Transportation to Schools**

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

**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.

**4. Promote Healthy Child Care Initiative**

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

**Essential Service 4 – Mobilize Partnerships**

**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.

**Annual Activities:**

**1. GMS School Coordinator Support**

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

**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.

**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.

**4. Child Care Committee**

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

**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.

**Essential Service 5 – Develop policies and plans**

**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.

**Annual Activities:**

**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.

**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.

**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”.

**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”.

**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.

**Essential Service 8 – Assure competent workforce**

**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.

**Annual Activities:**

**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.

**Essential Service 9 – Evaluate health programs**

**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).

**Annual Activities:**

**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.

**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.

**State Program Setting:**

Home, Local health department, Parks or playgrounds, Schools or school district, Work site

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Title:** Health Program Specialist

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 1.00

**National Health Objective: HO 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.

**Baseline:**

20.4%, 2010

**Data Source:**

Utah Department of Health, K-6th grade height and weight surveillance studies, years 2010, 2012, 2014 and 2016

**State Health Problem:**

**Health Burden:**

The obesity rate in Utah has more than doubled between 1989 (10.4%) and 2008 (24%). The percentage of Utah adults at an unhealthy weight (either overweight or obese) has risen from 39.3% in 1989 to 60.1% in 2008, a 53% increase in 20 years. In 2010, results from the childhood height/weight surveillance project indicated that 20.4% of elementary school age children are at an unhealthy weight.

**Target Population:**

Number: 2,750,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

**Disparate Population:**

Number: 100,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: USOE State Educational Directory, USOE enrollment records

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$207,051

Total Prior Year Funds Allocated to Health Objective: \$15,686

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Essential Service 1 – Monitor health status**

#### **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.

#### **Annual Activities:**

##### **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

##### **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.

### **Essential Service 3 – Inform and Educate**

#### **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**.

#### **Annual Activities:**

##### **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.

##### **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.

##### **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.

##### **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.

### **Essential Service 5 – Develop policies and plans**

**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**.

**Annual Activities:**

**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.

**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.

**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.

**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.

**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.

**6. Child Care Initiative**

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

**Essential Service 8 – Assure competent workforce**

**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.

**Annual Activities:**

**1. Training sessions**

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

**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

**3. PANO Planning Forum**

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

**Essential Service 9 – Evaluate health programs**

**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.

**Annual Activities:**

**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.

**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.

**3. Outcome Evaluation**

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

**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.

**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.

**State Program Setting:**

Community based organization, Rape crisis center, Schools or school district, University or college

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Title:** Intentional Injury Prevention Coordinator

State-Level: 60% Local: 0% Other: 0% Total: 60%

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 0.60

**National Health Objective: HO 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.

### **Baseline:**

Baseline: 1998 – 108.0 per 100,000 women ages 15 and older.

Recent data: 2010 – 87.1 per 100,000.

### **Data Source:**

Crime in Utah Report 1998-2010. UDOH IBIS population data.

### **State Health Problem:**

#### **Health Burden:**

Sexual violence occurs in our society with much more regularity than most people realize and it is directly linked to negative health behaviors. National research has shown that sexual violence victims are more likely than non-victims to smoke cigarettes, drink alcohol, and are not likely to use seat belts. In Utah, victims (19.4%) had a statistically higher prevalence of being a current smoker than non-victims (6.1%).

Sexual violence also affects the quality of life and may have lasting consequences for victims. Studies have shown that victims may have strained relationships with family, friends, and intimate partners and typically get less emotional support from them. Victims also face immediate and chronic psychological problems such as withdrawal, distrust of others, alienation, post-traumatic stress disorder, denial, and fear. This is evident in the BRFSS survey results when victims and non-victims were asked about their quality of life, victims had a significantly higher prevalence in reporting that they were not satisfied with life (11.4% vs. 3.3%), didn't receive the social and emotional support they need (27.2% vs. 12.5%), and were limited in activities because of physical, mental, or emotional problems (37.1% vs. 17.7%). Moreover, the prevalence of major depression was significantly higher among victims (13.7%) compared to non-victims (3.8%).

A Utah sexual assault state assessment was conducted in 2008 which indicated that in Utah:

- Among sexual assault **victims**, females were the prominent gender compared to males (98.3% and 1.7% respectively).
- Sexual assault **perpetrators** were overwhelmingly male (99.3%).
- The average age of a victim's first assault was 15.9 years old.
- Males between the ages of 15 and 19 are arrested more frequently for rape than any other age group.
- Five counties in Utah have a significantly higher reported rape rate than the state rape. They are Uintah County, Carbon County, Salt Lake County, Tooele County and Weber County.

#### **Target Population:**

Number: 1,080,049

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years

Gender: Male

Geography: Rural and Urban

Primarily Low Income: No

#### **Disparate Population:**

Number: 541,040

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older  
Gender: Male  
Geography: Rural and Urban  
Primarily Low Income: No  
Location: Specific Counties  
Target and Disparate Data Sources: UDOH IBIS 2008 population data

### **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Evidence based guidelines for prevention and education of sexual assault include: Best Practices of Youth Violence Prevention: A Sourcebook for Community Action published by the Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2002; Preventing Violence Against Women: Program Activities Guide by the Center's for Disease Control and Prevention; and Sexual Violence Prevention: Beginning the Dialogue.

### **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$61,798  
Total Prior Year Funds Allocated to Health Objective: \$20,193  
Funds Allocated to Disparate Populations: \$31,000  
Funds to Local Entities: \$49,218  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
10-49% - Partial source of funding

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Essential Service 3 – Inform and Educate**

#### **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.

#### **Annual Activities:**

##### **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.

##### **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.

### **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.

## **Essential Service 4 – Mobilize Partnerships**

### **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.

### **Annual Activities:**

#### **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.

#### **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.

#### **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.

## **Essential Service 7 – Link people to services**

### **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.

### **Annual Activities:**

#### **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.

#### **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.

## **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.

### **Annual Activities:**

#### **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.

#### **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.

#### **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.

## **Essential Service 9 – Evaluate health programs**

### **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.

### **Annual Activities:**

#### **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.

#### **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.

### **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.