

**Utah State Plan for FFY2010 PHHS BG
Funding
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2010

Submitted by: Utah

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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 55% of PHHSBG funds are allocated to local agencies.

Current FFY funding priorities are:

- Environmental epidemiology - \$88,191
- Heart disease and stroke prevention: focus on obesity prevention - \$177,700
- Local health department partnership for obesity prevention - \$388,536
- Local health department partnership for injury prevention - \$160,393
- Injury prevention: preventing falls - \$40,000
- Public health assessment - \$106,340
- Rape crises and prevention - \$54,686
- Admin - \$32,058

Total Funding = \$1,047,904 of which \$74,041 are previous year funds.

Major highlights for each area are:

Environmental Epidemiology: The Program will continue its efforts to reduce blood lead levels in high risk children and workers, and to increase awareness of and testing for radon and carbon monoxide.

Heart Disease and Stroke Prevention and Local Health Department Partnerships for Obesity: The Program will continue its focus on obesity prevention with policies and environmental changes through the Gold Medal School Initiative (GMS) and in communities to support heart healthy practices. Funding supports both state and local efforts, via Utah's LHDs.

Local Health Department Partnerships for Injury Prevention: The program will work with local health departments and other partners to continue strategies to reduce injury-related morbidity and mortality, with a focus on seat belt use among teens.

Injury Prevention--Preventing Falls: The Program will further define the burden of falls in Utah, and prepare a burden report. A Fall Prevention coalition will be convened to bring partners together to address the topic. Additionally, evidence-based falls prevention efforts will be pilot tested in two geographic regions of the state with a higher than average rate of hospitalizations caused by falls.

Public Health Assessment: The Office will continue to expand and improve access to on-line data, including community indicators and a new community profile system. The IBIS-PH query system is state-of-the-art and places Utah as a leader in accessible public health data.

Rape Crises and Prevention: The PHHSBG funds (mandated set-aside) will be targeted in Salt Lake County to provide rape crises intervention services, including a 24 hour toll-free hotline, and training to other rape crises centers, with a focus on Hispanic/Latino populations in Salt Lake County.

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 2009, the HAC discussed ideas for conducting a pilot study on fall prevention, and had an update on PHHSBG funding and related federal issues, such as PHHSBG goals and plans for standardized performance measures. A HAC meeting and public hearing was conducted on September 17, 2009, for comment on the proposed FFY 2010 application and budget.

Funding Rationale: Data Trend, Under or Unfunded, State Plan (2000)

Statutory Information

Advisory Committee Member Representation:

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

Dates:

Public Hearing Date(s):

9/17/2009

Advisory Committee Date(s):

6/23/2009

1/19/2010

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for UT 2010 V0 R0

Total Award (1+6)	\$972,531
A. Current Year Annual Basic	
1. Annual Basic Amount	\$917,845
2. Annual Basic Admin Cost	(\$32,058)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$885,787
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$54,686
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$54,686
(9.) Total Current Year Available Amount (5+8)	\$940,473
C. Prior Year Dollars	
10. Annual Basic	\$77,041
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$77,041
13. Total Available for Allocation (5+8+12)	\$1,017,514

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$885,787
Sex Offense Set Aside	\$54,686
Available Current Year PHHSBG Dollars	\$940,473
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$77,041
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$77,041
C. Total Funds Available for Allocation	\$1,017,514

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Environmental Epidemiology	8-11 Blood lead	\$46,342	\$4,231	\$50,573
	8-18 Radon	\$3,500	\$0	\$3,500
	8-27 Monitoring of environmental diseases or conditions	\$1,727	\$0	\$1,727
	20-7 Elevated blood lead levels from work exposure	\$30,618	\$1,773	\$32,391
Sub-Total		\$82,187	\$6,004	\$88,191
Falls Prevention Among Older Adults Pilot Project	15-27 Falls	\$0	\$40,000	\$40,000
Sub-Total		\$0	\$40,000	\$40,000
Heart Disease and Stroke Prevention	19-3 Overweight or obesity in children and adolescents	\$213,453	\$8,022	\$221,475
Sub-Total		\$213,453	\$8,022	\$221,475
LHD Partnership for Injury Prevention	15-13 Unintentional injury deaths	\$162,400	\$0	\$162,400
Sub-Total		\$162,400	\$0	\$162,400
LHD Partnerships for Promoting Healthy Weight	19-3 Overweight or obesity in children and adolescents	\$328,400	\$16,022	\$344,422
Sub-Total		\$328,400	\$16,022	\$344,422
Office of Public Health Assessment	23-2 Public health access to information and surveillance data	\$99,347	\$6,993	\$106,340
Sub-Total		\$99,347	\$6,993	\$106,340
Prevention of Rape or Attempted Rape	15-35 Rape or attempted rape	\$54,686	\$0	\$54,686
Sub-Total		\$54,686	\$0	\$54,686
Grand Total		\$940,473	\$77,041	\$1,017,514

State Program Title: Environmental Epidemiology

State Program Strategy:

Goal: The Environmental Epidemiology Program (EEP) addresses environmental hazards and disease in Utah, and provides services to identify and evaluate environmental health risks. The mission of the EEP is to develop and support programs to prevent or reduce the potential for acute and chronic morbidity and mortality associated with environmental and occupational factors. Those factors include exposure to toxic substances, reproductive hazards, unsafe home and work environments, and agents responsible for debilitating diseases. The EEP continues to expand and develop ways to educate and protect the residents of Utah through an effort to establish Healthy Homes with lead, radon, carbon monoxide and secondhand smoke poison awareness and prevention.

Primary Internal and External Strategic Partnerships:

Utah Environmental Public Health Tracking Program, Baby Your Baby Program, Health Care Financing, WeeCare Program, Utah Tobacco Program, Hazardous Substances Emergency Events and Surveillance Program (HSEES), Utah's Indicator-Based Information System for Public Health (IBIS-PH) and the Utah Refugee Health Program. Utah's 12 local health departments (LHDs), Centro de la Familia de Utah/Migrant Headstart Program, Utah Department of Environmental Quality, United States Environmental Protection Agency, Utah Department of Community and Economic Development, Utah Poison Control Center and the Utah Occupational Safety and Health Administration.

Role of PHHS BG Funds: The Preventive Health and Health Services Block Grant (PHHSBG) funds provide administrative direction to all EEP activities and specific, highly directed categorical activities. These PHHSBG funds support Utah Department of Health's ability to obtain other grants, to direct those grants appropriately, and to coordinate those categorical grants into a more comprehensive approach that benefits the people of Utah.

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

State Program Setting:

Home, 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 8-11 Blood lead

State Health Objective(s):

Between 10/2009 and 09/2010, Decrease the prevalence of blood lead levels ≥ 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) in children ages 0 through 72 months who are tested to less than 1.8%.

Baseline:

The rate of children, ages 0 through 72 months, with a blood lead level of ≥ 10 $\mu\text{g}/\text{dL}$, was 4.0% in 1996.

Data Source:

Utah Blood Lead Registry/Environmental Epidemiology Program/Utah Department of Health

State Health Problem:**Health Burden:**

Exposure to high levels of lead is toxic to the central nervous system and can be fatal. Even low levels of exposure can result in delayed learning, impaired hearing, and growth deficits in children. Lead in paint, house dust, and soil continue to contribute to the problem of lead poisoning in children in Utah today. There are approximately 127,266 pre-1950 housing units in Utah. The ban on the use of lead-based paint and leaded gasoline has decreased the geometric mean of blood lead levels nationwide. In Utah, the geometric mean has decreased in children, ages 0-5 years old, from 3.0 $\mu\text{g}/\text{dL}$ in 1996 to 2.0 $\mu\text{g}/\text{dL}$ in 2006 and the prevalence has decreased from 4.0% in 1996 to 1.8% in 2005.

The target population includes children under the age of six. Children are at the greatest risk for lead exposure due to their developing neurological systems and their behaviors in development (i.e. hand to mouth activities and crawling). Current data suggests that children living in poverty, living in deteriorating housing built prior to 1978, and exposed to second smoke are at a higher risk for lead poisoning. Housing built before 1950 poses the greatest risk for lead exposure that can result in elevated blood lead levels in children (disparate population).

Cost Burden: 1) Medical costs are based on a child's blood lead level. A child with a blood lead level from 10 $\mu\text{g}/\text{dL}$ to ≥ 70 $\mu\text{g}/\text{dL}$, the costs range from \$7.00 to \$2,626 per child, respectively. The costs incurred are based on blood sampling, nurse visits, environmental sampling/investigation, and medical treatments including chelation therapy at higher levels and have health problems later in life. 2) Lead paint abatement in a home can cost from \$1,000-\$9,000 per unit. 3) Mental development can be impaired. High lead levels contribute to lower IQ levels, an increase need for special education, decrease in the likelihood of high school and college graduation, lower lifetime earnings, and the higher propensity to engage in criminal activity. The average annual cost for special education is \$12,833 per child; cost of juvenile incarceration for one year is \$43,000.

Target Population:

Number: 313,627

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 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: 39,606

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years

Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state

Target and Disparate Data Sources: Utah Governor's Office of Planning and Budget. Retrieved on July 29, 2008 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Other: 1) Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997

2) Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention, March 2002

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

Total Current Year Funds Allocated to Health Objective: \$46,342

Total Prior Year Funds Allocated to Health Objective: \$4,231

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:

Report blood lead levels

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will publish annually, the prevalence of elevated blood lead levels in children ages 0 to 72 months of age with identified risk factors associated with childhood lead poisoning on the IBIS-PH website.

Annual Activities:

1. Evaluate monthly blood lead data

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will evaluate monthly blood lead data of children 0 to 72 months of age to determine blood lead levels and ascertain statistical trends and patterns.

2. Evaluate annual blood lead data

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will evaluate blood lead surveillance data for calendar year 2009 and compare results to national rates and Utah's previous yearly rates. (Descriptive statistics will be used to analyze the number of tests performed and trend over time for elevated blood lead levels.)

Essential Service 2 – Diagnose and Investigate

Objective 1:

Increase blood lead tests

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will increase the number of blood lead tests conducted in children 0-72 months of age who are in high risk groups that include Medicaid, WIC, living in older housing, and geographic areas where the soil is contaminated from 3,526 children tested in 2000 to 4,000 children.

Annual Activities:

1. Lab status

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will conduct quarterly reviews of the clinical laboratories to ensure blood lead tests are being reported.

2. Partner with Baby your Baby

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will collaborate with the Utah Baby Your Baby program to include blood lead screening and educational information in the newsletters that are provided to new parents.

3. Testing with Migrant Head Start

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will assist with and ensure that blood lead testing of Migrant Head Start children is conducted annually, with all children enrolled. Increase lead poisoning awareness to parents of children 0 to 72 months of age by providing lead prevention and educational materials at each testing session during the months of June through August.

4. Testing Children in Eureka

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will assist the Environmental Epidemiology Program/Health Hazard Assessment program with conducting blood lead testing of the children in Eureka, Utah. Eureka has been impacted from past mining activities, which caused the soil in and around Eureka to be contaminated, especially where children play.

Essential Service 3 – Inform and Educate

Objective 1:

Education in high-risk population

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will provide lead poisoning prevention and educational materials to 100% of the parents of children 0 to 72 months of age tested in the Migrant Head Start Program in Utah.

Annual Activities:

1. Distribute educational materials

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will collaborate with Centro de la Familia de Utah, Migrant Head Start program to increase awareness of lead poisoning by providing prevention and educational materials to parents of children 0 to 72 months of age who received a lead blood test at the Centro. The educational materials will be distributed to all parents during their annual in-service meeting. The Healthy Homes Coordinator will also distribute lead poisoning prevention and secondhand smoke prevention materials at Centro de la Familia's six centers throughout Utah, the Utah Department of Health, ten libraries throughout Utah, and each of the 12 local health districts.

Objective 2:

Blood lead education in Utah

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will provide lead poisoning prevention and educational materials to 100% of the parents of children tested at the annual blood lead testing in Eureka, Utah.

Annual Activities:

1. Distribute lead educational materials

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will collaborate with the Environmental Epidemiology Program/Health Hazard Assessment program, the U.S. Environmental Protection Agency (EPA) and the Utah Department of Environmental Quality (UDEQ), to provide educational materials on how to protect and prevent lead poisoning, especially relating to lead contaminated soil, to parents and children, in Eureka, at the annual blood lead testing session.

2. Maintain website

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will maintain the child blood lead website and IBIS-PH website to provide educational materials and blood lead data.

National Health Objective: HO 8-18 Radon

State Health Objective(s):

Between 10/2009 and 09/2010, The Healthy Homes Coordinator will provide 1000 radon test kits to increase the number of homes tested for radon and provide awareness regarding the dangers of radon gas and the importance of testing the home in areas with an increased risk of radon gas poisoning.

Baseline:

900 radon tests were conducted in 2005.

Data Source:

Utah Department of Environmental Quality/Radon Program.

State Health Problem:

Health Burden:

Radon is a cancer-causing, radioactive gas that is colorless, tasteless and does not have an odor. Radon is estimated to cause 21,000 deaths each year from lung cancer. One in 15 homes, in the United States, has elevated radon levels and in Utah, one in three homes have elevated radon levels. Breathing air containing radon can cause lung cancer. Radon is the second leading cause of lung cancer (following smoking). If you smoke and your home has high radon levels, your risk of lung cancer is especially high. Radon comes from the natural (radioactive) breakdown of uranium in soil, rock and water and gets into the air. The cost for a kit to test homes for radon including the analysis is from \$10 to \$15 and if the analysis shows an elevated radon level in your home, on average, costs approximately \$500 to \$1,500 to mitigate. The loss of life due to lung cancer caused by radon gas has detrimental costs to the effects of family, community, and society. The target population is the population for the state of Utah and the disparate population target is five counties (Salt Lake, Juab, Sanpete, Weber and Box Elder) that have been identified with an increased risk for elevated radon levels.

Target Population:

Number: 2,757,779

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 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: 1,340,766

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 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

Location: Specific Counties

Target and Disparate Data Sources: Utah Governor's Office of Planning and Budget. Retrieved on September 10, 2009 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Evidenced based guidelines for radon, EPA-Contractor Report: Exploratory Study of Basement Moisture During Operation of ASD Radon Control Systems, March 2008, EPA Map of Radon Zones (Sections 307 and 309 of the Indoor Radon Abatement Act of 1988).

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

Total Current Year Funds Allocated to Health Objective: \$3,500

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$3,500

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:****Conduct radon tests and radon awareness survey**

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will identify 100 residences for radon testing in Utah and determine radon awareness of Utah residents.

Annual Activities:**1. Identify residences to receive radon tests**

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will continue to coordinate with the Utah Department of Air Quality/Radon program to identify 20 residences in each of five high risk counties in Utah, by randomly selecting those residences to receive a short-term radon test kit.

2. Provide radon test kits

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will distribute short-term radon test kits to a total of 100 residences identified in five high risk counties.

3. Radon Awareness Survey

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will collaborate with the Utah Radon program and the Huntsman Cancer Institute to develop and distribute a survey, to a sample of Utah residents, to determine their understanding about radon.

Essential Service 2 – Diagnose and Investigate

Objective 1:

Collect and analyze data

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will evaluate annually, the radon test results received from those residences, that received a short-term radon test kit. The data will be analyzed to ascertain trends and patterns of elevated radon levels in Utah.

Annual Activities:

1. Analyze radon testing

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will collect and analyze radon testing data, which were sent to 100 residences, in Utah, to ascertain trends and patterns of elevated radon levels in Utah.

2. Maintain tracking database

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will continue to assist Utah's Radon Program in maintaining the radon test result database, for those homes being tested for radon levels.

3. Collect and analyze radon awareness survey

Between 10/2009 and 09/2010, the Healthy Homes Coordinator in collaboration with the Utah Radon program and Huntsman Cancer Institute will collect and analyze radon awareness survey results.

Essential Service 3 – Inform and Educate

Objective 1:

Radon education - high-risk families

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will distribute educational materials about the health effects of radon, how to test properly and prevent radon exposure to those 100 residents with an elevated radon level ($= 4$ pCi/L), provide information on how to mitigate or lower radon levels in their home, to all residents receiving a short-term radon test kit.

Annual Activities:

1. Education to high risk families

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will provide educational materials to 100 residents receiving a short-term radon test kit, about the health effects of radon, how to test properly and prevent radon exposure. Those identified with an elevated radon level (greater than or equal to 4 pCi/L), provide information on how to mitigate or lower radon levels in their home.

2. Maintain website

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will update and maintain the EEP website about radon.

Objective 2:

Radon education - high-risk communities

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will distribute educational materials about radon awareness/prevention and second-hand smoke to 10 libraries, 5 local health departments and 5 Local Emergency Planning Committee (LEPC) meetings in high-risk communities, identified by the Utah Radon program.

Annual Activities:

1. Education in high-risk communities

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will contact and distribute radon awareness/prevention materials and second-hand smoke to libraries, local health departments and LEPC meetings in high risk communities.

National Health Objective: HO 8-27 Monitoring of environmental diseases or conditions

State Health Objective(s):

Between 10/2009 and 09/2010, The Healthy Homes Coordinator will increase the number of carbon monoxide detectors distributed in homes by 10% and increase public awareness about carbon monoxide poisoning prevention.

Baseline:

The number of carbon monoxide detectors distributed in 2009 was 30.

Data Source:

Utah Death Certificate and Utah Emergency Department Encounter Databases for Carbon Monoxide Poisoning, morbidity and mortality crude rates. Retrieved on December 18, 2008 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health website:

<http://ibis.health.utah.gov/>

State Health Problem:

Health Burden:

Carbon monoxide, or CO, is an odorless, colorless gas that can cause sudden illness and death. CO is found in combustion fumes, such as those produced by cars and trucks, small gasoline engines, stoves, lanterns, burning charcoal and wood, gas ranges, and heating systems. CO from these sources can build up in enclosed or semi-enclosed spaces. People and animals in these spaces can be poisoned by breathing it. The cost burden of carbon monoxide poisoning can be significant due to hospitalization care or loss of life. The loss of life due to carbon monoxide poisoning has detrimental costs to the effects of family, community, and society.

The target population and the disparate population is all residents of Utah.

Target Population:

Number: 2,757,779

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 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: 2,757,779

Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 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
Location: Entire state
Target and Disparate Data Sources: Utah Governor's Office of Planning and Budget. Retrieved on November 10, 2009 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health

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: \$1,727
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$1,727
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:

Carbon Monoxide Poisoning Data

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will obtain all CO injury data that created a public health action (eg., evacuation, emergency personnel response, etc.) in Utah and determine high-risk areas and/or causation of CO poisoning.

Annual Activities:

1. Obtain data

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will continue to coordinate with the Hazardous Substance Emergency and Event Surveillance (HSEES) program to obtain carbon monoxide poison events which created a public health action.

2. Create database

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will maintain the database to track the causes of carbon monoxide poisoning and where the incident occurred and analyze the database to ascertain trends and guide outreach educational activities.

Essential Service 3 – Inform and Educate

Objective 1:

Provide CO detectors and educational materials

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will provide carbon monoxide detectors and educational materials to 33 Utah residences and distribute CO poisoning prevention materials to 10 libraries, five local health departments and five LEPC meetings in Utah.

Annual Activities:**1. Distribute CO detectors and educational materials**

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will distribute to 33 residences, in Utah, a CO detector and CO poisoning prevention materials.

2. Maintain website

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will update and maintain information about carbon monoxide poisoning on the EEP website.

3. CO education - communities

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will distribute CO poisoning prevention materials to 10 libraries, five local health departments and five LEPC meetings in Utah.

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

Between 10/2009 and 09/2010, The Healthy Homes Coordinator will decrease the prevalence of blood lead levels ≥ 25 $\mu\text{g}/\text{dL}$ in adult workers tested by 10%.

Baseline:

The rate of adults, age ≥ 16 , with a blood lead level of ≥ 25 $\mu\text{g}/\text{dL}$, is 4.2 % per 100,000 in 2005.

Data Source:

Utah Blood Lead Registry/Environmental Epidemiology Program/Utah Department of Health.

State Health Problem:**Health Burden:**

High levels of lead can adversely affect many systems in the body including the neurological, reproductive, gastrointestinal, hematologic and renal systems. Persons of all ages are exposed to lead in the environment and exposure to low environmental levels may result in measurable physiological effects. Exposure to lead may result in long term storage of lead in the body such as bone tissue. Lead stored in bone tissue can be released from the bone to continue to affect other body systems after the environmental exposure has been removed. A significant source of lead exposure in adults comes from their workplace environment. A person working in a lead related occupation could expose family members to the dangers of lead poisoning by bringing lead contaminated dust home from their work clothes, shoes, etc. The target population in Utah is based on those individuals employed full or part-time in non-agricultural jobs. Industries in which workers have been occupationally exposed to lead include battery manufacturing, nonferrous foundries, radiator repair shops, lead smelters, construction, demolition, and firing ranges (disparate population).

Cost Burden:

Most adults with an elevated blood lead level are exposed to lead from their occupation and therefore costs are incurred by their employer, e.g., quarterly blood lead testing (\$10-\$20 per quarter, required by OSHA), physicals, loss of work (due to sickness), worker compensation (if employee has high blood lead level), and chelation therapy (\$1,000-\$1,800). If an adult is exposed to lead not associated with occupation, costs are incurred personally to the adult and possibly to their insurance company.

Target Population:

Number: 1,336,156
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 228,824
Ethnicity: Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Utah Department of Workforce Services, Preliminary Workforce Information. Retrieved on July 29, 2008.

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: \$30,618
Total Prior Year Funds Allocated to Health Objective: \$1,773
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:

Analyze and share data

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will publish an annual report that expresses the prevalence of elevated blood lead levels in adult workers in high-risk industries on the IBIS-PH website and a biannually report to the National Institute for Occupational Safety and Health (NIOSH).

Annual Activities:

1. Lab data collection and evaluation

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will collect blood lead data and conduct monthly evaluations of blood lead data/results from clinical laboratories on lead tests conducted on Utah residents.

2. Data Analysis

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will analyze blood lead and surveillance data to ascertain trends and patterns to compare Utah's previous yearly rates with national rates and provide the results to NISOH and present the results on the IBIS-PH website.

Essential Service 2 – Diagnose and Investigate

Objective 1:

Blood lead testing and Elevated Blood Lead Levels (EBLL)

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will evaluate all blood lead tests performed on adults, identifying those adults with a blood lead level =10 µg/dL and determine why they're being exposed to lead.

Annual Activities:

1. Assess lab reporting status

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will conduct quarterly evaluations to determine the reporting status from clinical laboratories and conduct monthly data evaluations from mandatory reporting by clinical laboratories to identify adult workers with blood lead levels ≥ 10 µg/dL.

2. EBLL Risk Evaluation

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will distribute risk survey's to adults with an EBLL of ≥ 10 µg/dL to evaluate lead exposure, industry and health status.

Essential Service 3 – Inform and Educate

Objective 1:

Educating adults about lead exposure

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will provide information on how to prevent lead exposure, the associated adverse health effects of lead and the potential to expose family members at home, to 100 percent of adult workers with blood lead levels = 10 µg/dL.

Annual Activities:

1. Identify target audience and provide information

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will evaluate data collected and identify those adults with a blood lead level of ≥ 10 µg/dL. The coordinator will mail them lead poisoning prevention material to assist workers in lowering or eliminating their exposure to lead and how to protect family members from being exposed from take home lead from the workers employment.

2. Educating lead-related businesses

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will contact and provide lead poisoning prevention materials to educate five lead-related businesses regarding the issues and adverse health effects of occupational lead poisoning and how they can protect their workers.

3. Maintain website

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will maintain the adult blood lead website and IBIS-PH website to provide educational materials and blood lead data.

State Program Title: Falls Prevention Among Older Adults Pilot Project

State Program Strategy:

Program Goal:

The program goal is to reduce the number of falls among Utah adults age 65 and older in the targeted small area(s) where the age-adjusted fall hospitalization rate is significantly higher than the state age-adjusted fall hospitalization rate. The Utah Department of Health (UDOH) Violence and Injury Prevention Program (VIPPP) has received funding from CDC to conduct a Traumatic Brain Injury Surveillance (TBI) program since 1997. For the last two years, a Falls Module was included to track the number of TBIs caused by falls among Utahns age 65+. The CDC has developed a list of effective, community-based fall prevention programs. These programs have rigorous scientific evidence to show their effectiveness in reducing falls. Two of the programs supported by CDC, *Tai Chi: Moving for Better Balance* and *Stepping On*, will be the focus of the UDOH activities in the pilot project. Activities will be conducted in at least one small area with a significantly higher age-adjusted fall hospitalizations rate than the state rate.

Primary Strategic Partners:

Utah's 12 Local Health Departments (LHDs), Utah Arthritis Program (UAP), Brigham Young University (BYU), University of Utah Gerontology Department, Brain Injury Association of Utah, Utah Department of Human Services Division of Aging and Adult Services, Utah's Area Agencies on Aging, Community Health Centers, County-level Senior Centers and UDOH Bureau of Emergency Medical Services

Evaluation Methodology:

Pre- and post-evaluations will be conducted as part of the pilot falls prevention program to determine effectiveness of the pilot program on reducing the number of falls, fall-related injuries, and risk of falling among Utahns aged 65 and older. Data from a variety of surveillance systems will also be collected to evaluate overall impact of falls prevention activities and objectives.

State Program Setting:

Community based organization, Local health department, Senior residence or center, State health department, University or college

FTEs (Full Time Equivalent):

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

Position Title: Health Program Specialist

State-Level: 15% Local: 5% Other: 5% Total: 25%

Total Number of Positions Funded: 1

Total FTEs Funded: 0.25

National Health Objective: HO 15-27 Falls

State Health Objective(s):

Between 10/2009 and 09/2010, By 2010, the UDOH Violence and Injury Prevention Program will assist in decreasing by 5% the rate of fall hospitalization among Utahns 65 years and older in the target small area(s) from at least 29.8 per 10,000 population.

Baseline:

2006 - 29.8 fall hospitalizations per 10,000 population (this is the rate in the lowest of the 14 small areas with significantly higher age-adjusted fall hospitalization rates than the state rate that will be targeted for the pilot project)

Data Source:

Utah Inpatient Hospital Discharge Data, 2006; Utah's Indicator-Based Information System

State Health Problem:

Health Burden:

Falls are the most common cause of nonfatal injuries and trauma-related hospital admissions among older adults in the U.S. Nationally, falls account for as many as 87% of all fractures and are the second leading cause of traumatic brain and spinal cord injuries among older adults. Among people ages 75 and older, those who fall are four to five times more likely to be admitted to a long-term care facility for a year or longer. In Utah, falls are the most common cause of injury hospitalization and the second leading cause of unintentional injury death for Utahns aged 65 and older. From 2001-2006 there were 649 fall-related deaths and 27,016 fall hospitalizations in Utah at a hospitalization cost of over \$406 million. More than 70% of the deaths and 60% of the hospitalizations were among Utahns aged 65 and older. Females have a significantly higher fall hospitalization rate than males. Females are injured more often in falls than males, but males die more often from their injuries. More than one out of every seven (15.3%) Utah adults aged 45 and older reported falling in the past three months. Areas with higher self-reported falls tend to also have higher unintentional fall hospitalizations ($R=.2764$, $p<.0001$). The percentages of falling appear to increase with age among men but remain fairly stable among women.

In Utah, there are 14 small areas with significantly higher age-adjusted rates than the state fall hospitalization rate. Lehi/Cedar Valley and Pleasant Grove/Lindon, both located in the Utah County Health District, had the highest age-adjusted fall hospitalization rates of all the small areas (43.5 and 43.2 per 10,000 population respectively) more than double the U.S. rate of 20.3 per 10,000 population. The other small areas with significantly higher age-adjusted fall hospitalization rates than the state rate include Riverton/Draper, Sandy Southeast, West Jordan North, Summit County HD, Riverdale, Woods Cross/North Salt Lake, West Valley West, Downtown Salt Lake, American Fork/Alpine, West Jordan/Copperton, Sandy Northeast, and Juab/Millard/Sanpete.

The target population is the 40,251 Utah residents aged 65 and older living in the 14 small areas where the fall hospitalization rate is significantly higher than the state fall hospitalization rate. These small areas represent the highest risk areas in Utah for falls. The disparate population is the 40,251 Utah residents aged 65 and older living in the 14 small areas where the fall hospitalization rate is significantly higher than the state fall hospitalization rate. These small areas represent the highest risk areas in Utah for falls. Two of these high risk small areas will be selected to participate in the activities.

Target Population:

Number: 40,251

Ethnicity: Hispanic, Non-Hispanic

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

Age: 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 2,875

Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: Utah Inpatient Hospital Discharge Data, 2006; Utah's Indicator-Based Information System

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Evidence based guidelines for the intervention guidance includes: 1) Stevens JA, Sogolow ED. Preventing Falls: What Works. A CDC Compendium of Effective Community-Based Interventions from Around the World. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2008; 2) National Center for Injury Prevention and Control. Preventing Falls: How to Develop Community-based Fall Prevention Programs for Older Adults. Atlanta, GA: Centers for Disease Control and Prevention, 2008; and 3) Injury Surveillance Workgroup on Falls, Consensus recommendations for surveillance of falls and fall-related injuries. Atlanta (GA): State and Territorial Injury Prevention Directors Association, 2006.

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

Total Current Year Funds Allocated to Health Objective: \$0
Total Prior Year Funds Allocated to Health Objective: \$40,000
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total 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:

Falls Data Report

Between 10/2009 and 09/2010, UDOH Violence and Injury Prevention staff will develop 1 data report on falls in Utah.

Annual Activities:

1. Gather data

Between 10/2009 and 09/2010, Gather existing data on falls from the following sources: Utah Death Certificate Database, Utah Inpatient Hospital Discharge Data; Utah Emergency Department Encounter Database; Traumatic Brain Injury Surveillance System Falls Module; Behavioral Risk Factor Surveillance System; and National Sources as appropriate.

2. Compile data

Between 10/2009 and 09/2010, Compile existing data into a single report on the burden of falls in Utah.

3. Disseminate report

Between 10/2009 and 09/2010, Publish and disseminate report to appropriate partners via the Violence and Injury Prevention Program website, Injury Coordinators Listserve, etc.

Essential Service 3 – Inform and Educate

Objective 1:

Pilot Test of Falls Prevention Program

Between 10/2009 and 09/2010, local health department injury prevention staff and/or community-based organizations serving older adults, with support from UDOH Violence and Injury Prevention staff, will conduct 1 evidence-based falls prevention program (i.e. Tai Chi: Moving for Better Balance or Stepping On) in at least one small area with a significantly higher age-adjusted fall hospitalization rate than the state rate.

Annual Activities:

1. Identify agencies

Between 10/2009 and 09/2010, Identify local health departments (LHDs) and/or community-based agencies with jurisdiction over the targeted small area that have an interest in pilot testing the falls prevention program.

2. Contract with agency

Between 10/2009 and 09/2010, Contract with the LHD and/or community-based agency to implement the falls prevention program.

3. IRB approval

Between 10/2009 and 09/2010, If necessary, obtain Institutional Review Board (IRB) approval at UDOH and the agencies implementing the pilot falls prevention program.

4. Implement pilot test

Between 10/2009 and 09/2010, Conduct a pilot test of the falls prevention program in at least one small area for a minimum of six months.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Statewide Falls Coalition

Between 10/2009 and 09/2010, UDOH Violence and Injury Prevention Program staff will develop 1 Statewide Falls Coalition with representatives from agencies and communities that have an interest in healthy aging, older adults, and/or falls to guide state planning efforts.

Annual Activities:

1. Environmental scan

Between 10/2009 and 09/2010, Conduct an environmental scan of a minimum of 30 agencies across the state with an interest in healthy aging, older adults, and/or falls.

2. Document findings

Between 10/2009 and 09/2010, Document findings from the environmental scan. Findings will include the agency's name, contact information of key staff, list of programs and services available to Utahns aged 65 and older, and mission statements.

3. Recruit partners

Between 10/2009 and 09/2010, Recruit a minimum of 15 partners to participate on the Statewide Falls Coalition.

4. Coalition meetings

Between 10/2009 and 09/2010, Convene a minimum of two Statewide Falls Coalition meetings to discuss fall prevention priorities for the state.

5. Develop priorities

Between 10/2009 and 09/2010, Develop a Statewide Falls Coalition vision statement and a list of priority objectives and activities to prevent falls in Utah.

6. Integrate priorities

Between 10/2009 and 09/2010, Integrate the fall prevention priorities developed by the Statewide Falls Coalition into the Utah Violence and Injury Prevention Strategic Plan.

Essential Service 9 – Evaluate health programs

Objective 1:

Evaluation of Impact Objectives

Between 10/2009 and 09/2010, UDOH Violence and Injury Prevention Program and contracted agencies receiving PHHSBG funds will evaluate 4 impact objectives to determine if they were accomplished as outlined.

Annual Activities:

1. Evaluations with fall prevention program participants

Between 10/2009 and 09/2010, Evaluations will be conducted with participants of the pilot program to determine effectiveness of the pilot program in reducing the number of falls among Utahns aged 65 and older, as outlined by the CDC and original principal investigators of the evidence-based falls prevention programs.

2. Progress reports

Between 10/2009 and 09/2010, The agency receiving pilot project funds will publish two progress reports documenting progress of activities and objectives, impact of the pilot falls prevention program, lessons learned, and technical assistance needed from the VIPP on the Utah Data Analysis and Reporting Tool System.

3. Feedback to agency

Between 10/2009 and 09/2010, Evaluate all progress reports for activities and objectives entered on the Utah Data Analysis and Reporting Tool System and provide semi-annual written feedback to agency receiving PHHSBG funds.

4. Site visit

Between 10/2009 and 09/2010, Conduct a minimum of one site visit to the agency conducting the pilot falls prevention program.

State Program Title: Heart Disease and Stroke Prevention

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 Heart Disease and Stroke Prevention Program (HDSPP) and Local Health Departments (LHDs) are directing primary prevention efforts for childhood obesity toward the elementary schools and middle schools/jr high schools through the Gold Medal Schools (GMS) program. GMS was designed using the evidence based School Health Index from the Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health (DASH), Healthy People 2010 objectives, and recommendations from the USOE. The Program follows five of the eight components of the coordinated school health program model: Health Education, Physical Education, Family/Community Involvement, Health Promotion for Staff, and Healthy School Environments. GMS creates sustainable and healthy school environments for elementary school students, teachers, faculty, and staff by assisting schools in developing strong health policies and environmental changes that support good nutrition, physical activity, and tobacco prevention. Schools can achieve five levels (Bronze, Silver, Gold, Platinum, and Platinum Focus) by implementing progressively more stringent levels of criteria representing various policies and environmental changes. For a complete list of the criteria please visit <http://www.hearhighway.org/pdfs/criteria.pdf>.

Primary Internal and External Strategic Partnerships:

Internal: Asthma Program; Cancer Control and Prevention Program; Diabetes Control and Prevention Program; Environmental Quality Program; Immunization Program; Oral Health Program; Physical Activity, Nutrition, and Obesity Program; Tobacco Prevention and Control Program; and Violence and Injury Prevention Program.

External: Utah's 12 LHDs, Intermountain HealthCare, Utah State Office of Education, School Districts, Utah Department of Transportation, the Utah Parent Teacher Association, 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. With PHHS BG funds, a GMS director, policy coordinator, and office technician are able to work with partners to establish Program goals, objectives, and guidelines; provide training to LHD staff, schools, and mentors; and provide resources to facilitate program success, including the website, www.hearhighway.org/gms. The UDOH GMS team is responsible for statewide promotion and recruitment efforts, and they generate media coverage for the Program. In addition they assist the LHDs in working with statewide Universities and Colleges to recruit and hire mentors to support participating schools.

Evaluation Methodology:

Elementary school height and weight surveillance data will be used to determine if the program is having a long term affect on childhood obesity trends. The school heart health survey will be used to determine if specific school policies are in place and implemented. In addition, a long-term evaluation has been developed. Results from this evaluation will become available throughout 2010.

State Program Setting:

Local health department, Schools or school district

FTEs (Full Time Equivalent):

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

Position Title: Health Program Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Title: Health Program Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Title: Office Technician
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 3
Total FTEs Funded: 3.00

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

State Health Objective(s):

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

Baseline:
12.3% in 2002

Data Source:
Utah Department of Health, K-6th grade height and weight surveillance studies, years 2002, 2006, 2008, and 2010

State Health Problem:

Health Burden:

Cardiovascular disease (CVD), including stroke, is the leading cause of death in Utah and the U.S. Direct and indirect costs due to CVD are the highest of any cause. Coronary heart disease (CHD) is the leading cause of death due to heart disease, and one of the conditions most responsive to lifestyle intervention. One of these CHD primary risk factors, obesity, has increased dramatically in Utah. Prior to 1992 Utah's obesity rate was less than 10 percent. In 1992 we saw an increase to the 10-14% range. We saw a second increase in 1998 to the 15-19 % range and another increase in 2005 to our current rate of 22.5%. One out of four children grades K-8 and 18.3% of high school students are either overweight or at risk for overweight. The health consequences of obesity for adults are life threatening, but increasingly, studies are showing that the consequences are dire for children as well. These include: metabolic syndrome, type 2 diabetes, inflammation leading to vascular damage, cardiovascular abnormalities, obstructive sleep apnea, high blood pressure, high blood lipids, and psycho-social abnormalities (primarily depression) – and all of these occur during childhood, adolescence, and young adulthood.

Cost Burden:

Medical Costs

Obesity related medical costs are already at alarming proportions. In a 2002 study, CDC estimated that annually, Utah spends \$393 million on obesity related illness, with \$71 million for Medicaid and \$62 million for Medicare. On average, in 2002, treating an obese person cost \$1,244 more per year than treating a healthy weight person did. Without a comprehensive, concerted approach, we can anticipate that both the health consequences and costs will continue to increase.

Target Population:

Number: 397,662

Ethnicity: 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, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 99,768
Ethnicity: 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: \$213,453
Total Prior Year Funds Allocated to Health Objective: \$8,022
Funds Allocated to Disparate Populations: \$43,000
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:
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:

GMS Heart Health Surveys

Between 09/2009 and 06/2010, the Heart Disease and Stroke Prevention Program will collect 400 Gold Medal Schools (GMS) Heart Health Surveys, from teachers and administrators, to assess baseline nutrition, physical activity and tobacco policy data for program evaluation to assess school progress in increasing health promoting policies.

Annual Activities:

1. Collect baseline data

Between 09/2009 and 12/2009, collect baseline policy data from 11 new schools through the GMS Heart Health Surveys to assess level of health promoting policies before participating in the GMS program.

2. Collect follow-up data

Between 04/2010 and 06/2010, collect follow-up policy data from 50 GMS that completed baseline surveys as part of the Bronze level in June 2004 and June 2007 to assess implementation of new health promoting policies after becoming a GMS.

3. Analyze data

Between 09/2009 and 06/2010, three questions from Heart Health Surveys, taken between 9/2001 and 6/2009 will be analyzed to determine if implemented policies are maintained over time.

Essential Service 3 – Inform and Educate

Objective 1:

Increase GMS Participation

Between 07/2009 and 06/2010, the Heart Disease and Stroke Prevention Program will increase the number of elementary schools participating in GMS from 365 to 377.

Annual Activities:

1. Promote program

Between 07/2009 and 06/2010, the state and LHDs will promote GMS to at least 30 schools by in-person contacts, presentations or using a combination of both to PTAs, school districts, principals, teachers or staff.

2. Title One schools

Between 07/2009 and 06/2010, recruit three Title One schools using the methods listed in this Essential Service and other methods as defined in the marketing plan.

3. Track contacts

Between 07/2009 and 06/2010, the State and LHDs will report and detail all contacts made to promote GMS.

Essential Service 5 – Develop policies and plans

Objective 1:

Increase policies and environmental supports

Between 07/2009 and 06/2010, the Heart Disease and Stroke Prevention Program will increase the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 8826 to 9876.

Annual Activities:

1. Submit documentation

Between 01/2010 and 05/2010, mentors will assist 200 participating GMS schools in writing policies and creating environmental supports during school year 2009-2010.

2. GMS award levels

Between 09/2009 and 05/2010, 175 schools will achieve at least one new GMS level implementing approximately 6 policies or environmental supports per level.

3. Policy training

Between 09/2009 and 03/2010, 50 mentors will receive training on how to assist schools with writing policies and submitting reports to GMS.

Essential Service 8 – Assure competent workforce

Objective 1:

Train stakeholders

Between 07/2009 and 06/2010, the Heart Disease and Stroke Prevention will provide training to 150 GMS stakeholders.

Annual Activities:

1. Training session

Between 08/2009 and 02/2010, at least two GMS trainings will be offered to school coordinators and principals.

2. Technical Assistance

Between 07/2009 and 06/2010, technical assistance will be provided to 12 LHDs through at least three trainings and 12 conference calls.

3. Mentor training

Between 07/2009 and 02/2010, mentors will receive at least five trainings on GMS. Each LHD will support mentors by providing at least nine monthly meetings.

Essential Service 9 – Evaluate health programs

Objective 1:

Evaluation

Between 07/2009 and 06/2010, the Heart Disease and Stroke Prevention Program will evaluate 3 GMS processes, and identify problem areas or gaps in the program.

Annual Activities:

1. Evaluate trainings

Between 07/2009 and 03/2010, all ten trainings will be evaluated by the participants and evaluations will be summarized and results used to improve future trainings.

2. Mentor survey

Between 03/2010 and 06/2010, one survey will be conducted with mentors to determine how support materials, school relationships, and communication can be improved.

3. School surveys

Between 01/2010 and 06/2010, two surveys will be conducted with participating schools to determine if mentors are meeting school needs.

State Program Title: LHD Partnership for Injury Prevention

State Program Strategy:

The Violence and Injury Prevention Program (VIPP) partners with local health departments (LHDs) to establish injury prevention priorities, strengthen local injury prevention program capacity, and develop community-based injury prevention projects. The three broad priority areas for injury prevention in Utah are: 1) motor vehicle crashes; 2) falls; and 3) community and family violence. All 12 LHDs have agreed to work together with the VIPP to conduct activities that address an agreed upon aspect of motor vehicle injury prevention. In past years, the partnership has conducted coordinated statewide campaigns addressing the need for legislation for graduated driver licensing and a primary seatbelt law. More recently a booster seat law was passed and LHDs continue to conduct a campaign to increase booster seat use. Currently, a statewide coordinated campaign known as "Don't Drive Stupid" is underway and a primary purpose is to promote seatbelt use among teenagers. In addition to this coordinated campaign, each LHD is encouraged to identify local injury issues and develop prevention activities based on local resources and capacity. Nine of the twelve LHDs in Utah elect to use PHHSBG funds to conduct injury prevention interventions. All 12 LHDs receive contracts for Maternal and Child Health Block Grant funds to conduct injury prevention interventions that are coordinated with the PHHSBG efforts. FY 2010 LHD contracts are available upon request.

Primary Strategic Partners:

The Utah Department of Health (UDOH) has fostered a number of collaborative relationships and strategic partnerships. Some of the primary partners include Brain Injury Association of Utah, Coalition for Utah Traffic Safety, 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, Office of Vital Records and Statistics, Utah Department of Health based on External Cause of Injury Mortality Matrix for ICD-10 from the U.S. National Center for Health Statistics will be used to evaluate progress toward the overall program goal. The goal is to decrease the rate of deaths caused by unintentional injuries. Local health departments will produce a report and compile data on the Utah Data Analysis and Reporting Tool System that will be used to monitor progress.

State Program Setting:

Local health department, Parks or playgrounds, Schools or school district, Senior residence or center, State health department

FTEs (Full Time Equivalents):

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

Position Title: Health Program Specialist

State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 1

Total FTEs Funded: 0.25

National Health Objective: HO 15-13 Unintentional injury deaths

State Health Objective(s):

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

Baseline:

Baseline: 1998 – 31.5 per 100,000 population.
Recent data: 2008 – 30.0 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 2002-2007 in Utah, unintentional injuries resulted in 4,231 deaths, 55,225 hospitalizations and 1,060,832 emergency department (ED) visits. For every one death there were 13 hospitalizations and 250 emergency room visits. In addition there are an unknown number of injuries treated in clinics, doctor's offices, schools, work sites and homes. 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 death rates are highest in the 15-19 and 20-24 age groups. Motor vehicle crash hospitalization rates are highest in the 15-19 year age group. Utah teenage drivers represented 7% of the licensed drivers in 2005, yet they were involved in a disproportionate percent of crashes; 24% of all motor vehicle crashes and 18% of all fatal crashes. (Source: Utah Department of Public Safety, 2007 Utah Crash Summary). The targeted population for interventions are those ages 15-19 residing in all counties in Utah according to census data. The disparate population then was determined to be the student enrollment within the targeted high schools by local health departments across the state. It is difficult to determine the full economic impact of unintentional injury (medical costs, lost wages, disability, etc.). However, during 2007, hospital and ED charges in Utah amounted to \$332 million. (Source: UDOH IBIS mortality, hospitalization and ED data.)

Target Population:

Number: 220,216
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: 47,434
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 2008 population 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: \$162,400
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$143,093
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 10/2009 and 09/2010, nine local health departments (LHDs) receiving PHHSBG funds will maintain 3 employees who evaluate and collect localized injury data for community needs assessment, prevention planning, and evaluation.

Annual Activities:

1. Maintain employees and capacity

Between 10/2009 and 09/2010, nine LHDs will maintain the number of employees receiving copies of injury data and reports published by VIPP and other sources, especially reports that contain small area data, and have the ability to use the UDOH Indicator Based Information System (IBIS) query system to obtain local data on injury deaths and hospitalizations, at a minimum of one employee per LHD.

2. Conduct observation surveys

Between 10/2009 and 09/2010, nine LHDs will collect two teen seatbelt use observation surveys in their local target communities.

Essential Service 3 – Inform and Educate

Objective 1:

Injury prevention education and awareness

Between 10/2009 and 09/2010, the nine local health departments (LHDs) receiving PHHSBG funds will implement 3 injury prevention education/awareness activities addressing at least two or more priority issues.

Annual Activities:

1. Teen seat belt education

Between 10/2009 and 09/2010, nine LHDs will implement at least one teen seatbelt education and awareness activity as part of the statewide seatbelt campaign targeting the disparate population.

2. Teen seat belt public relations

Between 10/2009 and 09/2010, nine LHDs will develop two press releases on teen motor vehicle safety and submit them to the media.

3. Promote teen motor vehicle safety

Between 10/2009 and 09/2010, nine LHDs will develop three different types of materials promoting teen motor vehicle safety.

4. Cues to action

Between 10/2009 and 09/2010, nine LHDs will implement three installations of cues to action (buckle up signs, buckle up stencils, etc. at entrances/exits of schools and other places teenagers frequent) to remind teenagers to wear their seatbelt.

5. Injury education and awareness

Between 10/2009 and 09/2010, nine LHDs will implement at least two education and awareness activities that address one or more additional injury prevention areas.

6. Fall prevention

Between 10/2009 and 09/2010, at least three LHDs will implement at least one fall prevention activity focusing on reducing falls among people age 65 and older.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Maintain partnerships in support of injury prevention

Between 10/2009 and 09/2010, the nine local health departments (LHDs) receiving PHHSBG funds will maintain 18 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 10/2009 and 09/2010, nine LHDs will maintain the number of local Safe Kids coalitions or chapters they sponsor or participate in at a minimum of one chapter per LHD.

2. Work with law enforcement

Between 10/2009 and 09/2010, nine LHDs will maintain the number of local law enforcement agencies they work with encouraging them to enforce seatbelt laws among teenagers at a minimum of one law enforcement agency per LHD.

3. Maintain high school and youth partners

Between 10/2009 and 09/2010, nine LHDs will maintain the number of high schools they work with to identify and solve the teen motor vehicle crash problem at a minimum of one high school per LHD, and will maintain the number of peer led coalitions or programs promoting teen seatbelt use they assist with at a minimum of one per LHD.

4. Maintain other local coalitions

Between 10/2009 and 09/2010, at least five LHDs will maintain the number of local coalitions, committees or community groups other than Safe Kids they work with to promote injury or violence prevention at a minimum of one per LHD.

5. Maintain Success

Between 10/2009 and 09/2010, Nine LHDs will report, in the Utah Data Analysis and Reporting Tool System, one success story that resulted from their injury related efforts in their communities.

Essential Service 7 – Link people to services

Objective 1:

Provide injury information to clients

Between 10/2009 and 09/2010, the nine local health departments (LHDs) receiving PHHSBG funds will implement 3 strategies to provide injury prevention products or other services related to injury prevention for their constituents and clients.

Annual Activities:

1. Child safety seat check points

Between 10/2009 and 09/2010, at least one LHD will implement at least one community child safety seat checkpoint.

2. Car seat checks

Between 10/2009 and 09/2010, at least five LHDs will implement at least one method for providing a limited number of car seats and booster seats for sale at reduced cost to low-income families and/or will establish at least one method for residents to receive car seat inspections by appointment at LHD facilities.

3. Access to bicycle helmets

Between 10/2009 and 09/2010, at least two LHDs will implement at least one method for providing a low-cost bicycle helmet sales program for local residents.

Essential Service 8 – Assure competent workforce

Objective 1:

Maintain designated local injury prevention staff

Between 10/2009 and 09/2010, each of the nine local health departments (LHDs) receiving PHHSBG funds will maintain 1 Injury Prevention Program with a designated Injury Prevention (IP) Coordinator.

Annual Activities:

1. LHD staff training

Between 10/2009 and 09/2010, the Violence and Injury Prevention Program will implement one training to strengthen the knowledge and skills in injury prevention principles and practice of LHD staff.

2. Data Training

Between 10/2009 and 09/2010, Nine LHDs will maintain the number of employees who have access to injury prevention data, information, and education resources on the Internet at a minimum of one employee per LHD.

Essential Service 9 – Evaluate health programs

Objective 1:

Evaluate program activities

Between 01/2010 and 07/2010, Violence and Injury Prevention Program and the nine local health departments (LHDs) receiving PHHSBG funds will evaluate 16 objectives in contracts to determine if the activities were accomplished as outlined and to identify problem areas or gaps.

Annual Activities:

1. Evaluate progress reports and provide feedback

Between 01/2010 and 07/2010, 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.

2. Conduct site visits

Between 01/2010 and 07/2010, the Violence and Injury Prevention Program will implement five site visits to LHDs to assess progress and address any problems.

3. Provide Feedback

Between 01/2010 and 07/2010, Provide semi-annual feedback to the 9 funded LHDs.

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 Heart Disease and Stroke Prevention Program (HDSPP) and 12 Local Health Departments (LHDs) are directing primary prevention efforts for childhood obesity toward the elementary schools and middle/junior high schools through the Gold Medal Schools (GMS) program. For a complete list of the criteria please visit <http://www.hearhighway.org/pdfs/criteria.pdf>.

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; Physical Activity, Nutrition, and Obesity Program; Tobacco Prevention and Control Program; Violence and Injury Prevention Program; and school nurses. Utah's 12 LHDs, Intermountain HealthCare, Utah State Office of Education, School Districts, Utah Department of Transportation, 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 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 have a Heart Disease and Stroke Prevention Program, which has assisted with the integration of the GMS program into their communities. In addition to promoting, recruiting, and supporting participating schools in their area, they assist the State GMS staff with recruiting, hiring, and training mentors. Once mentors are hired, LHDs manage all mentor activities and reports, including individual school policy development and implementation.

Evaluation Methodology:

Elementary school height and weight surveillance data will be used to determine if the program is having a long term affect on childhood obesity trends. The school heart health survey will be used to determine if specific school policies are in place and implemented. In addition, a long-term evaluation has been developed. Results from this evaluation will become available throughout 2010.

State Program Setting:

Local health department, Schools or school district

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

Baseline:

12.3%, 2002

Data Source:

Utah Department of Health, K-6th grade height and weight surveillance studies, years 2002, 2006, 2008, and 2010

State Health Problem:

Health Burden:

See the health and cost burden statements provided in the "Heart Disease and Stroke Prevention" section.

Target Population:

Number: 397,662

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, 20 - 24 years, 35 - 49 years, 50 - 64 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 99,768

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: \$328,400

Total Prior Year Funds Allocated to Health Objective: \$16,022

Funds Allocated to Disparate Populations: \$94,000

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:

Height Weight Surveillance

Between 09/2009 and 04/2010, school nurses or health educators in seven LHDs will maintain 34 elementary schools participating in the height and weight surveillance project.

Annual Activities:

1. Conduct measurements

Between 01/2010 and 04/2010, seven LHDs will conduct height and weight measurements on first, third and fifth graders in 34 elementary schools.

2. Submit data

Between 01/2010 and 04/2010, seven LHDs will mail height and weight data collection forms to the Utah Physical Activity, Nutrition and Obesity Program for data entry and analysis.

Essential Service 3 – Inform and Educate

Objective 1:

Increase GMS schools

Between 07/2009 and 06/2010, 11 LHDs will increase the number of elementary schools participating in GMS from 365 to 377.

Annual Activities:

1. Promote GMS

Between 07/2009 and 06/2010, nine LHDs will promote GMS to elementary schools to increase visibility and increase participation.

2. Promote grocery store tours

Between 07/2009 and 06/2010, five LHDs will promote Fruits & Veggies More Matters grocery store tours in GMS.

3. Promote "Walk to School Day"

Between 07/2009 and 11/2009, four LHDs will work with the PTA to conduct a "Walk to School" program in GMS.

4. Increase GMS PowerUP schools

Between 07/2009 and 06/2010, eight LHDs will maintain the number of GMS Power-Up schools participating in the program.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Maintain number of external partnerships

Between 07/2009 and 06/2010, six LHDs will maintain 1 external partnership each to promote healthy nutrition and physical activity behaviors.

Annual Activities:

1. Active Community Environments

Between 07/2009 and 06/2010, two LHDs will participate on one local active community environments committee/task force.

2. WIC

Between 07/2009 and 06/2010, one LHD will partner with their WIC Program to incorporate components of the Fruit & Veggies More Matters program into WIC nutrition education sessions.

3. Platinum school support

Between 07/2009 and 06/2010, six LHDS will provide support to their GMS that have reached the Platinum level.

Essential Service 5 – Develop policies and plans

Objective 1:

Increase policies and environmental supports

Between 07/2009 and 06/2010, 11 LHDs will increase the number of individual school policies and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 8,826 to 9,876.

Annual Activities:

1. Assist school mentors

Between 08/2009 and 05/2010, 11 LHDs will assist mentors to establish GMS policies in 200 schools statewide.

2. GMS award levels

Between 09/2009 and 05/2010, 175 schools will achieve at least one new GMS level implementing approximately 6 policies or environmental supports per level.

3. Assist school coordinators

Between 07/2009 and 06/2010, six LHDs will assist Power-Up school coordinators to establish policies in 8 schools statewide.

Essential Service 8 – Assure competent workforce

Objective 1:

Maintain GMS Mentors

Between 07/2009 and 06/2010, 11 LHDs will maintain 50 GMS mentors to support participating schools.

Annual Activities:

1. Recruit and hire mentors

Between 07/2009 and 06/2010, 11 LHDs will participate, with the state, in recruitment and hiring of GMS mentors.

2. Mentor support and guidance

Between 07/2009 and 06/2010, 11 LHDs will provide their mentors with support and guidance, including at least nine monthly meetings.

3. Attend GMS trainings

Between 07/2009 and 06/2010, 11 LHDs will attend GMS trainings.

Essential Service 9 – Evaluate health programs

Objective 1:

Evaluate progress

Between 07/2009 and 06/2010, 12 LHDs will evaluate 5 objectives each in the standardized web-based Utah Data Analysis and Reporting Tool (UDART).

Annual Activities:

1. Process evaluation

Between 07/2009 and 06/2010, 12 LHDs will develop process evaluation methods for each objective and activity.

2. Track outcomes

Between 07/2009 and 06/2010, 12 LHDs will use the standardized web-based data and reporting tool to track their project outcomes.

3. Report progress

Between 07/2009 and 06/2010, 12 LHDs will report progress at least two times per year in UDART, including mid-year and year end.

State Program Title: Office of Public Health Assessment

State Program Strategy:

The goal of the Office of Public Health Assessment (OPHA) is to provide information that supports evidence-based public health decision-making and program planning in Utah. The OPHA's priorities include enhancing the state's ability to monitor health status (essential service #1), informing and educating the state about public health issues (essential service #3), providing technical and statistical assistance in the conduct of public health assessment activities (essential service #8), and evaluating the effectiveness of public health programs and policies, and of our own IBIS-PH Web site (essential service #9).

The OPHA includes the Behavioral Risk Factor Surveillance System (BRFSS) staff who are charged with collecting, processing, analyzing and disseminating information about the health status, risk behaviors, health-related knowledge and healthcare access of Utah residents. The OPHA also provides a comprehensive health information dissemination Web site known as the Indicator-Based Information System for Public Health (IBIS-PH).

Primary Strategic Partners: Utah's BRFSS staff works with our partners to ensure that our state surveys are meeting priority public health information needs. **Internal:** UDOH Programs: Asthma Control; Tobacco Prevention & Control; Diabetes Prevention & Control; Arthritis; Heart Disease & Stroke Prevention; Cancer Control; Violence & Injury Prevention; Environmental Public Health Tracking Network; Communicable Disease Epidemiology; Medicaid; Children's Health Insurance Program; Center for Multicultural Health; and Physical Activity, Nutrition & Obesity Program. **External:** University of Utah; Utah's 12 local health districts; Association for Utah Community Health; Utah Medical Association; Utah Division of Housing and Community Development; Utah Division of Substance Abuse & Mental Health; Intermountain Health Care; Utah Kid's Count Project; National Association of Health Data Organizations; National Association for Public Health Statistics and Information Systems; National Center for Health Statistics; IBIS-PH adopters.

Role of PHHS BG Funds: Block grant dollars are a major source of funding for staff needed to enhance, update and maintain the IBIS-PH Web site. Block Grant funds also cover staff that direct and coordinate the BRFSS in Utah. Utah collects its own BRFSS data. Block grant dollars support the BRFSS staff in order to perform Utah state-specific health assessment and program evaluation, and to address Utah's emerging health issues.

Evaluation Methodology:

OPHA will assess the use of IBIS-PH, including the BRFSS queriable database and survey reports, monthly using the Web site metrics available through our state IT operations. We will continue to work closely with our system users and involve them in the design and testing of the system. We will track the uses of BRFSS state-specific data, particularly at the community level and in underserved populations through the Utah State Health Surveys Advisory Committee.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

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

Position Title: IBIS Query System Program Manager

State-Level: 75% Local: 0% Other: 0% Total: 75%

Position Title: UDOH Surveys Coordinator

State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 2

Total FTEs Funded: 1.25

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

State Health Objective(s):

Between 10/2009 and 09/2010, The OPHA will improve access to important public health data and information for public health professionals and others through the on-going collection of household survey data, and the updating of public health datasets, public health priority measures and results of analyses on Utah's IBIS-PH (Indicator-Based Information System for Public Health) Website.

Baseline:

Twenty-seven queryable data sets that are available in IBIS contain data through 2009. IBIS-PH Indicator reports of priority public health information contain data up through 2009. Reports published through 09/2009 are included on IBIS-PH. The BRFSS will collect 10,000 interviews in 2009.

Data Source:

IBIS-PH Web site. BRFSS data.

State Health Problem:

Health Burden:

Access to accurate and timely information about the health of Utah's populations and Utah's healthcare system is vital to effective governance and public health program planning. The OPHA must maintain the ability to collect, analyze, evaluate and publicize this information as extensively, widely and quickly as possible. Because disparities continue to exist for Utah subpopulations such as race, ethnic, income, and geographic groups, OPHA must make meaningful information available for these groups. And in order to support effective community-level public health practice, OPHA must provide the information at the smallest population level possible.

The OPHA faces many challenges in collecting reliable and valid telephone health survey data due to declining response rates and the ever-increasing use of cell phones. Our Web-based system for public health data dissemination requires continual maintenance and enhancements due to changing software technologies, data updates and user requirements.

The public health workforce is ever changing and must have the ability to effectively and competently use data to monitor health status of the population and to present public health data so that it can be used. The IBIS-PH Website must continue to provide documentation to inform and educate public health practitioners in these areas.

Finally, we need to know that the information we provide is being used effectively to promote the health of Utah populations.

Target Population:

Number: 2,927,643

Infrastructure Groups: Other

Disparate Population:

Number: 1

Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The American Association for Public Opinion Research (AAPOR), 'Standards and Ethics' for survey research. The Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) 'BRFSS Operational and User's Guide'. The Rational Unified Process for software development.

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

Total Current Year Funds Allocated to Health Objective: \$99,347

Total Prior Year Funds Allocated to Health Objective: \$6,993

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:

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:

Obtain BRFSS interviews

Between 10/2009 and 09/2010, the Surveys Coordinator will maintain 10,000 Behavioral Risk Factor Surveillance System (BRFSS) telephone interviews that address state-specific data needs stratified by Utah's 12 local health districts and able to be analyzed by Utah's 61 small areas.

Annual Activities:

1. Develop grant application

Between 10/2009 and 12/2009, the Surveys Coordinator will develop one Behavioral Risk Factor Surveillance System (BRFSS) grant application that will support the in-house collection of the BRFSS to monitor Utah's health status and support state initiatives.

2. State-added questions

Between 10/2009 and 01/2010, the Surveys Coordinator in collaboration with UDOH program staff will develop 10 new state-added questions to be included on the 2010 Utah BRFSS questionnaire in order to measure important emerging health issues for Utah adults and children.

3. Develop survey questionnaires

Between 10/2009 and 01/2010, the Surveys Coordinator will develop 3 Utah-specific BRFSS 2010 questionnaires that utilize the multi-questionnaire capability of the Computer-assisted Telephone Interviewing (CATI) system in order to be able to measure an increasing number of behavioral health determinants.

4. Health Access Questions for Adults and Children

Between 01/2010 and 09/2010, the Surveys Coordinator will include 35 state-added questions on the 2010 BRFSS in order to measure important health insurance and health care access issues for Utah adults and children.

5. Conduct cell phone interviews

Between 01/2010 and 09/2010, the Surveys Coordinator will conduct 10% of BRFSS interviews in cell-phone only households in order to measure the health status of this growing population.

6. Conduct Spanish interviews

Between 01/2010 and 09/2010, the Surveys Coordinator will conduct 2% of BRFSS interviews in Spanish in order to measure health status and help eliminate disparities in this growing population in Utah.

Objective 2:

Enhance BRFSS queriable data set

Between 10/2009 and 09/2010, the Surveys Coordinator in collaboration with UDOH program staff will implement 1 IBIS-Q BRFSS queriable data set with enhanced content and functionality as specified in the activities below.

Annual Activities:

1. Implement new data suppression rules

Between 10/2009 and 09/2010, the Surveys Coordinator, in collaboration with UDOH program staff, will implement new rules for the proper suppression of data within the IBIS-PH query system.

2. Add health access data to BRFSS IBIS-Q

Between 10/2009 and 09/2010, the Surveys Coordinator, in collaboration with UDOH program staff, will establish 1 set of query topics on IBIS-Q related to health care insurance and health care access using data collected through the BRFSS in order to allow public access to these data.

Objective 3:

Maintain IBIS-Q data sets

Between 10/2009 and 09/2010, the IBIS Query System Program Manager will update 27 datasets on the IBIS Query system and add one new dataset. The updated data will be available online within 2 weeks of it becoming available to OPHA. Textual information included with the data sets will be updated revised as needed.

Annual Activities:

1. Update data sets

Between 10/2009 and 09/2010, the IBIS-Q Program Manager will update each dataset throughout the year within 2 weeks of the data becoming available.

2. Update population data

Between 10/2009 and 09/2010, the IBIS-Q Program Manager will update data for one population data module as the Utah Governor's Office of Planning and Budget (GOPB) data become available.

3. Update race/ethnicity data

Between 10/2009 and 09/2010, the IBIS-Q Program Manager will update data for race/ethnicity population module as data maintained by the U.S. Bureau of the Census become available.

4. Update small area data

Between 10/2009 and 09/2010, the IBIS-Q Program Manager will update data for one small area population data module using linear interpolation of ESRI ZIP code data as both GOPB population data and population estimates for ZIP code areas become available.

5. Implement suppression rules

Between 10/2009 and 09/2010, the IBIS-Q Program Manager will implement revised Utah Department of Health data suppression rules on 100% of IBIS query modules.

6. Water and air quality data

Between 10/2009 and 09/2010, the IBIS-Q Program Manager will add the Utah water and air quality module to IBIS-Q in order to provide information about Utah's air and water quality.

7. Utah Violent Death Reporting System

Between 10/2009 and 09/2010, the IBIS-Q Program Manager will add the Utah Violent Death Reporting System module to IBIS-Q in order to provide information about Utah's violent deaths.

8. Using race/ethnic population for adolescent birth rate

Between 10/2009 and 09/2010, the IBIS-Q Program Manager will add the adolescent birth rate selection in birth module in order to provide information about Utah's adolescent birth rate by race and ethnicity.

Essential Service 3 – Inform and Educate

Objective 1:

Maintain reporting infrastructure

Between 10/2009 and 09/2010, OPHA staff will maintain 1 reporting infrastructure (technical and human resources) to present public health information (data and context) for 180 priority state health objectives.

Annual Activities:

1. IBIS Indicator Administration training

Between 10/2009 and 09/2010, OPHA Staff will provide two IBIS-Admin training sessions to Web content developers.

2. Ensure reports are up-to-date

Between 10/2009 and 12/2009, OPHA Staff will ensure that information for all 180 IBIS Indicator reports is up to date.

3. Disseminate data

Between 10/2009 and 12/2009, OPHA Staff will present data and public health context for 101 priority state health objectives in Utah's HP2010 plan and report, and notify all 104 Utah legislators and more than 300 recipients of the Center for Health Data monthly data email that they are available.

4. Publish Utah Public Health Outcome Measures

Between 05/2010 and 09/2010, the Surveys Coordinator in collaboration with UDOH program staff will publish 27 IBIS-PH pre-defined public health indicators that utilize BRFSS data with 2009 BRFSS data for the Utah Public Health Outcome Measures Report.

5. Update indicators

Between 05/2010 and 09/2010, the Surveys Coordinator in collaboration with UDOH program staff will update the percent of IBIS-PH pre-defined public health indicators that include BRFSS data by race and ethnicity from zero that include data up through 2009 to 100% that include data up through 2009.

Objective 2:

Update resources

Between 10/2009 and 09/2010, the Surveys Coordinator will update 100% or resources available to the public online via IBIS from 0% updated to 100% updated as specified in the activities below.

Annual Activities:

1. Enhance website

Between 10/2009 and 09/2010, the Surveys Coordinator will develop one BRFSS website linked through IBIS-PH from one that is less comprehensive to one that is more comprehensive and user-friendly.

2. Prescription pain medication article

Between 10/2009 and 09/2010, the Surveys Coordinator will publish one article that utilizes BRFSS data regarding prescription pain medication use and misuse in order to enhance the public's understanding of

prescription pain medication use in the state of Utah and in order to help decrease the number of premature deaths in the state related to misuse of these drugs.

Objective 3:

Develop IBIS Community Profiles

Between 10/2009 and 09/2010, OPHA staff will establish 12 Utah local health district Community Profile reports utilizing data from the IBIS-IRV (Indicator Reporting and Visualization) system SQL data base.

Annual Activities:

1. Community Profile training

Between 10/2009 and 09/2010, IBIS Staff will conduct Indicator administration training for Indicator owners and editors so that Community Profile reports can be obtained for local health districts in Utah.

2. Community Profile selection and text

Between 10/2009 and 09/2010, IBIS Staff will develop the Community Profile selection menu and accompanying textual material for Utah's 12 local health districts.

Essential Service 8 – Assure competent workforce

Objective 1:

IBIS Help pages

Between 10/2009 and 09/2010, OPHA staff will update 4 online IBIS Help pages about public health analytic topics and query data bases.

Annual Activities:

1. Identify topics and draft help pages

Between 10/2009 and 09/2010, OPHA Staff will identify 4 help topics to address, and publish new updated IBIS help pages for the selected topics.

Essential Service 9 – Evaluate health programs

Objective 1:

IBIS Web site visits

Between 10/2009 and 09/2010, OPHA staff will evaluate 12 monthly IBIS-PH Web site summary utilization reports in order to gauge IBIS-PH usage.

Annual Activities:

1. Evaluate web hits

Between 10/2009 and 09/2010, the IBIS Manager will visit the Utah Department of Health Web page for results of Web site activity monthly to assess which public health indicators, help pages, and IBIS query datasets were accessed. The report will include the total number of unique visitors, and the number of page requests for each. The results will be downloaded into Excel and emailed to all the IBIS indicator owners and data stewards who have a stake in the IBIS system.

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. This year, in addition to the traditional ways of evaluating rape prevention programs we will participate in the Sensemaking Project that will 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 01/2000 and 12/2010, 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: 2007 – 90.1 per 100,000.

Data Source:

Crime in Utah Report 1998-2007. 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 evidence 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: 1,089,227

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

Disparate Population:

Number: 545,601

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, 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: Urban
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: UDOH IBIS 2009 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: \$54,686
Total Prior Year Funds Allocated to Health Objective: \$0
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 10/2009 and 09/2010, The Rape Recovery Center prevention specialists will provide primary prevention focused, sexual violence activities and programming to a minimum of 500 junior high/high school/and university males in Salt Lake County.

Annual Activities:

1. Rape prevention program

Between 10/2009 and 09/2010, the RRC will update curriculum for a prevention program that is focused on primary prevention, has a health promotion framework, uses varied teaching methods (to allow participants to build and practice skills over time), be provided by well trained staff and will include outcome evaluation. Program will include topics such as building healthy relationships, gender roles, and expectations, consent/coercion, bystander intervention, etc.

2. Educational session

Between 10/2009 and 09/2010, the RRC will conduct a minimum of 5 sessions utilizing the new, primary prevention curriculum to junior high and high school aged males.

3. Evaluation

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, The Utah Coalition Against Sexual Assault and Violence and Injury Prevention Staff will increase the number of counties that currently have sexual assault prevention coalitions from zero to five.

Annual Activities:

1. Continue to support the Utah Sexual Violence Council

Between 10/2009 and 09/2010, 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. This will

2. Sexual Violence Summit

Between 01/2010 and 03/2010, Conduct a survey of participants attending the Sexual Assault Summit to identify county stakeholders in order to establish prevention coalitions in the county system.

3. Technical Support to Disparate Counties

Between 01/2010 and 09/2010, UCASA and VIPP will work closely with stakeholders in the five disparate counties to establish prevention coalitions. A minimum of 100 hours of technical assistance will be provided.

Essential Service 7 – Link people to services

Objective 1:

Rape and Sexual Assault Crisis Line

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, a minimum of 2,000 rape and sexual assault crisis and information calls will be routed to local rape crisis centers throughout the state via the 24 hour, toll free crisis line maintained by the Utah Department of Health.

2. Promote line

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, UCASA will provide training, information and resources on sexual assault prevention to a minimum of 150 county stakeholders in Utah.

Annual Activities:

1. Maintain website

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, UCASA and VIPP will provide at least 20 hours of technical assistance linking new coalitions to existing community based Rape Prevention agencies conducting primary prevention activities in their communities.

Essential Service 9 – Evaluate health programs

Objective 1:

Evaluate efforts

Between 10/2009 and 09/2010, The Utah Coalition Against Sexual Assault and the Utah Department of Health will evaluate 100% of training, prevention, and capacity activities.

Annual Activities:

1. Progress reporting

Between 11/2009 and 05/2010, UCASA and RRC will submit mid-year reports by May 15, 2010 and year-end reports by November 15, 2009 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 10/2009 and 09/2010, 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 10/2009 and 09/2010, Success of capacity growth will be measured by the following:

- Prevention Coalitions have been established in the five disparate counties
- The number of organizations, individuals, and communities receiving tools to increase their prevention capacity has been increased.
- UCASA and VIPP have received an increase in technical assistance requests from the five disparate counties.
- Technical assistance needs have been met.