

**Utah FY 2010
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2010

Submitted by: Utah

DUNS: 959347972

Printed: 2/10/2012 6:34 PM

Governor: Gary Herbert

State Health Officer: David Sundwall

Block Grant Coordinator:

Heather Borski

P.O.Box 142107

Salt Lake City UT 84114-2107

Phone: 801-538-9998

Fax: 801-538-9495

Email: hborski@utah.gov

Based on Work Plan: UT 2010 V0 R2 Approved 9/13/2010

Annual Report Created on: 11/22/2010

Annual Report Submitted on: 1/31/2011

Contents	Page
Executive Summary	3
Environmental Epidemiology	4
8-11 Blood lead	4
8-18 Radon	11
8-27 Monitoring of environmental diseases or conditions	16
20-7 Elevated blood lead levels from work exposure	20
Falls Prevention Among Older Adults Pilot Project	25
15-27 Falls	25
Heart Disease and Stroke Prevention	37
19-3 Overweight or obesity in children and adolescents	37
LHD Partnership for Injury Prevention	47
15-13 Unintentional injury deaths	47
LHD Partnerships for Promoting Healthy Weight	62
19-3 Overweight or obesity in children and adolescents	62
Office of Public Health Assessment	73
23-2 Public health access to information and surveillance data	73
Prevention of Rape or Attempted Rape	91
15-35 Rape or attempted rape	91

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 - \$226,475
- Local health department partnership for obesity prevention - \$344,422
- Local health department partnership for injury prevention - \$162,400
- Injury prevention: preventing falls - \$40,000
- Public health assessment - \$106,340
- Rape crises and prevention - \$54,686
- Admin - \$32,058

Total Funding = \$1,054,572 of which \$92,742 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.

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.

National Health Objective: 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%.

State Health Objective Status

Met

State Health Objective Outcome

During 2008, the Healthy Homes Coordinator received, 6,186 blood lead tests of children ages, 0-72 months of age. Of those 6,186 children tested, 42 had an elevated blood lead test for a prevalence of 0.7%.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHSBG funds supports staff to maintain the Utah Blood Lead Registry, which is critical not only DOH, but other environmental health partners working to help prevent and mitigate exposure to lead.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Report blood lead levels

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

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Healthy Homes Coordinator published **one** report, 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.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

During 2009, the Healthy Homes Coordinator received 6,186 blood lead results of children ages 0-72 months old from laboratories, on a weekly, monthly and quarterly basis. The blood lead reports submitted by the laboratories are sent either electronically, mailed (hard copy) or by fax. Of the 6,186 children tested, 42 had an EBLL, for a prevalence of 0.7%. The overall prevalence in Utah continues to decrease from 4.0% in 1996 to 0.7% in 2009.

Reasons for Success or Barriers/Challenges to Success

Since 2000, the Environmental Epidemiology program has been providing lead poisoning prevention education to the residents and physicians throughout Utah. The success of this program has made residents and physicians in Utah more aware of the risk factors and routes of exposures to lead, how to prevent exposures, and to encourage blood lead testing for those children who are at greatest risk.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.)

Activity Status

Completed

Activity Outcome

During 2009, the Healthy Homes Coordinator received 6,186 blood lead results of children ages 0-72 months old. Of the 6,186 children tested, 42 had an EBLL, for a prevalence of 0.7%. The prevalence of children with an EBLL in Utah during 2009, is below the previous year of 0.8% and below the national average of 2.2% in 2000. The overall prevalence in Utah continues to decrease from 4.0% in 1996 to 0.7% in 2009. During 2009, there were more males (52%) than females (48%) identified as having been tested for lead. Of those children with an EBLL, 63% were male and 37% were female, which is a increase in males (51%) and a increase in females (49%) in 2008.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 2 – Diagnose and Investigate

Impact/Process 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**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Healthy Homes Coordinator increased 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 **4,126**.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

During 2009, the Healthy Homes Coordinator received 6,186 blood lead results of children ages 0-72 months old from laboratories, on a daily, weekly, monthly and quarterly basis. The blood lead reports being submitted, by the laboratories are sent either electronically, mailed (hard copy) or by fax. Currently, there are eight laboratories reporting to the EEP and six of those are reporting electronically.

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

The UDOH, EEP has found that, currently, it is not feasible to change the Injury Reporting Rule to include all blood lead tests, but will continue to evaluate the possibility of being able to make such a recommendation.

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator continues to collaborate with and support the Utah Baby Your Baby Program by updating the information on blood lead screening, awareness and risk factors associated with lead poisoning in their "Baby Your Baby Keepsake" booklets and newsletters. The booklets and newsletters are given to parents whose child is from newborn through age two. In 2009, there were 29,870 booklets and 6,398 newsletters, written in English and Spanish, distributed to parents throughout Utah.

Reasons for Success or Barriers/Challenges to Success

The Healthy Homes Coordinator and the Utah Baby Your Baby Program have a great collaboration between programs to assist and educate Utah residents in ways to protect and promote the health and well being of children.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

During 2009, the Healthy Homes Coordinator continues to collaborate with Centro de la Familia/Migrant Head Start program (MHSP) to provide blood lead testing supplies and conduct blood lead analysis for 253 children enrolled in Centro de la Familia de Utah, MHSP. Of the 253 children tested, no child had an EBLL. The Healthy Homes Coordinator provided 300 lead education and prevention materials to the MHSP and were distributed to the parents/guardians of those tested and to MHSP staff.

Reasons for Success or Barriers/Challenges to Success

The Healthy Homes Coordinator serves on Centro de la Familia's, Health Service Advisory Council, as the Chairman of the committee. Centro de la Familia and the Healthy Homes Coordinator have been working together since 2000, to provide education and blood lead testing to the children and parents served by Centro de la Familia.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

During 2009, the Healthy Homes Coordinator assisted the EEP/Health Hazard Assessment program by conducting blood lead testing for the children in Eureka, Utah. During the testing incentives are provided to those children tested and educational material is given to parents and children. In 2009, there were 47 children tested and of those tested, none had an EBLL.

Reasons for Success or Barriers/Challenges to Success

The testing, education and remediation being performed and implemented in the town of Eureka, Utah has been a collaboration between the local health department, Utah Department of Health/EEP, Utah Department of Environmental Quality and the United States Environmental Protection Agency.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 3 – Inform and Educate

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Healthy Homes Coordinator provided 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.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator collaborated with the MHSP to provide their program with 300 blood lead awareness and prevention materials, which were distributed to parents of children tested for lead and to parents attending the annual in-service meeting and MHSP staff.

The Healthy Homes Coordinator distributed 750 educational materials about blood lead poisoning and secondhand smoke exposure to the six centers of Centro de la Familia de Utah's, the Utah Department of Health, ten libraries and each of the 13 local health districts throughout Utah.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator provided educational materials relating to lead contaminated soil in Eureka, Utah, to educate parents and children about the health risks of lead poisoning, how to prevent or minimize their exposure to lead. There were 75 educational materials distributed to the residents of Eureka who attended the annual blood lead testing session.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator maintains and updates the child blood lead website and the IBIS-PH website with educational information and blood lead data on a monthly and annual basis.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

National Health Objective: 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.

State Health Objective Status

Exceeded

State Health Objective Outcome

The Healthy Homes Coordinator distributed 100 radon test kits to residents of Utah in high risk areas identified by the Utah Department of Environmental Air Quality/Radon Program, and provided education to those residents about the health effects from exposure to radon gas, how to test for and mitigate radon, if levels exceed 4 pCi/L.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The UDOH would have no capacity to address this important environmental health area, without PHHSBG funding. PHHSBG supported staff is able to educate residents throughout Utah about the need for testing, and the risks and health effects of radon gas poisoning. Additionally, funding supports staff capacity to interact with external partners to influence and coordinate activities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

There were 20 residences identified in each of five high risk counties throughout Utah and each were provided a short-term radon test kit.

Reasons for Success or Barriers/Challenges to Success

The Healthy Homes Coordinator has a great working relationship with the Utah Department of Air Quality/Radon program to administer radon test kits and provide education.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

In Utah, there were a total of 100 short-term radon test kits distributed to residences in five high risk counties.

Reasons for Success or Barriers/Challenges to Success

The Utah Department of Air Quality/Radon program has radon distribution data, showing high risk areas, in Utah. The EEP and UDAQ/Radon program collaborate to use this data to identify targeted areas to provide short-term radon test kits.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 3:

Radon Awareness Survey

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

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator collaborated with the Utah Radon Program and the Hunstman Cancer Institute in developing, distributing and analyzing a survey provided to a sample of Utah residents. There were 232 people who responded, only 20% were able to correctly answer questions about radon and only 12% had tested their home for radon.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Collect and analyze data

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will evaluate **once** per year, 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Healthy Homes Coordinator evaluated **once** per year, 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.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator, in collaboration with the Utah Department of Environmental Quality, Radon Program, distributed 100 radon test kits. Analyzing the results for those tests returned, the minimum level was <0.5 pCi/L and the maximum radon level was 6 pCi/L and the average is 3.2 pCi/L.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator continues to assist the Utah Radon Program in maintaining the radon test database in Utah.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator, the Utah Radon Program and the Huntsman Cancer Institute collected and analyzed the survey distributed to a sample of Utah residents. 232 people responded. Only 20% were able to correctly answer questions about radon and only 12% had tested their home for radon. The results of this survey show a need for additional education about the dangers of radon gas exposure and the need for increased testing.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 3 – Inform and Educate

Impact/Process 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, prevent radon exposure and how to mitigate or lower radon levels in their home, to **100%** of the residents with an elevated radon level (≥ 4 pCi/L).

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Healthy Homes Coordinator distributed educational materials about the health effects of radon, how to test properly, prevent radon exposure and how to mitigate or lower radon levels in their home, to 100% of the residents with an elevated radon level (≥ 4 pCi/L).

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator provided educational materials to the 100 residents receiving a short-term radon test kit and those residences identified with an elevated radon level were provided information on how to lower their radon levels.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 2:**Maintain website**

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

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator continues to update and maintain the EEP website about radon and in collaboration with the UDAQ/Radon program on updated information and data.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

The libraries, local health departments and LEPC participants are willing to participate in distributing information to educate their communities and collaborate well with the Healthy Homes Coordinator.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator met with libraries, local health departments and participants at LEPC meetings to distribute information about radon awareness/prevention and about second-hand smoke awareness.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

National Health Objective: 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.

State Health Objective Status

Met

State Health Objective Outcome

During 2009, the Healthy Homes Coordinator distributed 33 carbon monoxide detectors in homes in Salt Lake, Weber, and Box Elder counties. In 2008, there were 30 carbon monoxide detectors distributed in Utah.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG funds provide capacity to the UDOH that allows the agency to collaborate with key partners we otherwise would not have the capacity to interact with, and to obtain and distribute carbon monoxide detectors and educational materials.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Carbon Monoxide Poisoning Data

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will obtain **100%** of reportable 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Healthy Homes Coordinator obtained **100** of reportable 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.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

During 2009, the Healthy Homes Coordinator continues to collaborate with the Hazardous Substance Emergency and Event Surveillance (HSEES) program in documenting public health actions caused by carbon monoxide poisoning.

Reasons for Success or Barriers/Challenges to Success

The Healthy Homes Coordinator and the HSEES program have a great working relationship in sharing data and resources.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

During 2009, the Healthy Homes Coordinator, in collaboration with the HSEES program and Utah Environmental Public Health Tracking program (UEPHTP), continued to maintain the database created for tracking carbon monoxide-related morbidity and mortality occurrences.

The carbon monoxide data obtained from the EPHTP indicated that in 2008, there were 289 persons that went to the hospital for carbon monoxide exposure. The ICD 9 codes used, from the injury data were 986-Toxic effects of CO, 9860-Toxic effects of CO, E8682-Poison exhaust gas, E8683-Poison exhaust gas, E8688-Poison CO NEC, E8689-Poison CO NOS, E9520 Poison exhaust gas, E9521-CO NEC, E9820-Undetermined Poison exhaust gas, E9821-Undetermined poison CO NEC.

Reasons for Success or Barriers/Challenges to Success

The Healthy Homes Coordinator, in addition to the HSEES program, is collaborating with the UEPHT program in obtaining carbon monoxide injury data.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 3 – Inform and Educate**Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Healthy Homes Coordinator provided 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.

Reasons for Success or Barriers/Challenges to Success

The Healthy Homes Coordinator collaborates with the libraries, local health departments and participants at LEPC meetings which are willing to provide educational materials to the residents in their communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator provided carbon monoxide detectors to 33 residences in Utah.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator updated and maintained the EEP website relating to carbon monoxide poisoning awareness and prevention.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator provided educational materials relating to carbon monoxide poisoning prevention to 10 libraries, five local health departments and participants at five LEPC meetings throughout Utah.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

National Health Objective: 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%.

State Health Objective Status

Met

State Health Objective Outcome

The Healthy Homes Coordinator analyzed the 2009 blood lead data for workers exposed to lead. In 2009, the prevalence was 2.5 worker's per 100,000 exposed to lead as compared by 2.7 workers per 100,000 workers in 2008.

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHSBG supports staff time for blood lead data collection from laboratories inside and outside of Utah, the analysis of the data and educational activities provided to adults and employers in lead related industries. This work would not occur without the grant.

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

Analyze and share data

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

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Healthy Homes Coordinator published **four** reports, one that expresses the prevalence of elevated blood lead levels in adult workers, in high-risk industries, on the IBIS-PH website. An annual and biannual reports to the National Institute for Occupational Safety and Health (NIOSH).

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator received blood lead data on adults residing in Utah, in 2009. The blood lead data was evaluated monthly to identify the number of adults ages > 15 years old, and those adults that had a blood lead level ≥ 25 $\mu\text{g}/\text{dL}$. The results for each month and year to date are posted on the EEP website.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

During 2009, there were 1,996 adults tested for lead. Of those tested, 30 had a blood level of ≥ 25 $\mu\text{g}/\text{dL}$ or greater for a prevalence of 2.5 per 100,000 workers. Of the 30, 97% were male and 3% unknown. The range of blood lead levels is 0.0 to 59.0 $\mu\text{g}/\text{dL}$. In 2008, 2007, 2006 and 2005 the prevalence was 2.7, 2.1, 2.0 and

4.2 per 100,000 workers respectively. Since 1992, prevalence has decreased from 12.2 per 100,000 workers. Blood lead test results are received from clinical laboratories on a daily, weekly, monthly, or quarterly basis on Utah adults and maintained in the Utah Blood Lead Registry. In 2009, the industry classification codes (SIC), identified for adults with a blood lead level $\geq 25 \mu\text{g/dL}$ continues to be, 1721-Painting & Paper Hanging, 1752-Floor Laying & Floor Work, 1791-Structural Steel Erection, 1799-Special Trade Contractors, 2819-Industrial Inorganic Chemicals, 3312-Blast Furnaces & Steel Mills, 3321-Foundries, 3469-Metal Stampings, 3679-Electronic Components, 3691-Battery Manufacturing, and shooting/reloading of firearms.

The national rate of adult blood lead ($\geq 25 \mu\text{g/dL}$) is greater than Utah. In 2007, the national rate is 7.4 and Utah's rate is 2.1. (Adult Blood Lead Epidemiology and Surveillance --- United States, 2005-2007, MMWR, April 17, 2009 / 58(14);365-369)

Utah's rates by year, for adults ($\geq 25 \mu\text{g/dL}$) and $\geq 40 \mu\text{g/dL}$ are posted on the IBIS-PH website.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Blood lead testing and Elevated Blood Lead Levels (EBLL)

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will evaluate **100%** of the blood lead tests performed on adults, identifying those adults with a blood lead level $\geq 10 \mu\text{g/dL}$ and determine why they're being exposed to lead.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Healthy Homes Coordinator evaluated **100** of the blood lead tests performed on adults, identifying those adults with a blood lead level $\geq 10 \mu\text{g/dL}$ and determine why they're being exposed to lead.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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 $\geq 10 \mu\text{g/dL}$.

Activity Status

Completed

Activity Outcome

In 2009, the Healthy Homes Coordinator evaluated blood lead data of adults tested in Utah on a monthly basis, and on a quarterly basis, evaluated the reporting status from clinical laboratories. The Utah Injury Reporting Rule requires all clinical laboratories analyzing blood lead samples, of Utah residents, to report all blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$, to the EEP. One laboratory continues to report only those blood lead levels ≥ 10 $\mu\text{g}/\text{dL}$. The other laboratories reporting, report all blood lead levels of Utah residents. Clinical laboratories report blood lead results on a daily, weekly, monthly, or quarterly basis. The Healthy Homes Coordinator continues to work with laboratories to report electronically and to include demographic and industry data for Utah adults receiving a blood lead test.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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 $\mu\text{g}/\text{dL}$ to evaluate lead exposure, industry and health status.

Activity Status

Completed

Activity Outcome

The Healthy Homes Coordinator distributed 30 risk survey's to those adults identified with an EBLL, in 2009. In addition, educational information on how to protect themselves and reduce their risk of exposure to lead was sent with the risk survey's.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 3 – Inform and Educate

Impact/Process 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 $\mu\text{g}/\text{dL}$.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Healthy Homes Coordinator provided 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** of adult workers with blood lead levels = 10 $\mu\text{g}/\text{dL}$.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:

Identify and educate target audience

Between 10/2009 and 09/2010, the Healthy Homes Coordinator will evaluate data and identify those adults with a blood lead level of $\geq 10 \mu\text{g/dL}$. 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. The Healthy Homes Coordinator will contact and provide lead poisoning prevention materials to educate five lead-related businesses regarding the health effects of occupational lead poisoning and how to protect their workers.

Activity Status

Completed

Activity Outcome

In 2009, the Healthy Homes Coordinator identified 182 adults whose blood lead level was $\geq 10 \mu\text{g/dL}$. Lead poisoning prevention materials were mailed to adults with an EBLL. Also, five-lead related businesses were contacted and provided with lead poisoning prevention materials to the following industries: shooting/reloading of firearms, special trade contractors and foundries.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

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 (VIIPP) 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.

National Health Objective: 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.

State Health Objective Status

Met

State Health Objective Outcome

From 2008-2009 the fall hospitalization rate (all ages) in the target small areas was 12.02 per 10,000 population. This is a decrease of over 50% from the baseline.

Reasons for Success or Barriers/Challenges to Success

After submission and approval of the 2010 workplan, it was discovered that data used in the state health objective was analyzed incorrectly. The data currently listed, 29.8 fall hospitalizations per 10,000 population, is for all ages. However, the focus of the Falls Prevention Among Older Adults Pilot Project is Utahns 65 years of age and older. The 2005-2007 rate for this age group specifically, and which should have been used as the original baseline measure, was 143.4 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 and which are the areas targeted for this objective. The fall hospitalization rate for Utahns 65+ from 2008-2009 was 104.9 per 10,000 population, which is a decrease from the correct baseline data.

Despite this mistake, data show a reduction in both the rate of fall hospitalizations for all ages and those ages 65 and older.

Strategies to Achieve Success or Overcome Barriers/Challenges

Funding for falls prevention is limited and as a result efforts are scattered among local injury prevention partners. These partners select interventions based on staff capacity and interest and may not be utilizing evidence-based programs.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHSBG supported staff time at the state health department to form a statewide Utah Falls Prevention Coalition. This Coalition will be instrumental in developing priority strategies, ensuring evidence-based interventions are used, and identifying additional funding opportunities to address falls among older adults. In addition, PHHSBG funding has allowed implementation of an evidence-based falls prevention program in two small areas in Utah which have significantly higher fall hospitalization rates than the state rate. This pilot program will help position Utah for future funding opportunities as well as provide training opportunities to local health department staff who can then implement the program in their respective areas.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process 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.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, UDOH Violence and Injury Prevention staff developed 0 data report on falls in Utah.

Reasons for Success or Barriers/Challenges to Success

Limited staff and epidemiology staff support hindered progress on this objective.

Strategies to Achieve Success or Overcome Barriers/Challenges

A falls-specific report has not been completed yet. However, a timeline has been developed to complete the falls report, in conjunction with a Traumatic Brain Injury report, by the end of October 2011.

Activity 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.

Activity Status

Completed

Activity Outcome

Data was gathered on an as needed basis for various projects including media requests, Utah Falls Prevention Coalition meetings, Utah's Violence and Injury Prevention Strategic Plan, etc. Data sources used included Utah Death Certificate Database, Utah Inpatient Hospital Discharge Data, Utah Emergency Department Encounter Database, Traumatic Brain Injury Surveillance System Falls Module, and the Behavioral Risk Factor Surveillance System. These data sources are publicly available through Utah's Indicator Based Information System for Public Health (IBIS-PH) website <http://ibis.health.utah.gov/home/Welcome.html>. While data has been gathered several times throughout the fiscal year, the data has not yet been compiled into a singular falls report.

Reasons for Success or Barriers/Challenges to Success

The IBIS-PH website allows staff to quickly gather data on fall emergency department visits, hospitalizations, and fatalities. Data is available at the state, county, or small area level. However, data from the TBI Falls Module must be analyzed by program epidemiologists and this process takes substantial staff time. While data has been gathered several times throughout the fiscal year, the data has not yet been compiled into a singular falls report.

Strategies to Achieve Success or Overcome Barriers/Challenges

A timeline for compiling this data into a falls report has been developed. The report is expected to be finished by October 2011.

Activity 2:**Compile data**

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

Activity Status

Not Completed

Activity Outcome

While data has been analyzed several times throughout the fiscal year for various projects such as the strategic plan, Utah Falls Prevention Coalition meetings, and media requests, it has not been compiled into a single report on the burden of falls in Utah.

Reasons for Success or Barriers/Challenges to Success

This has been due to limited staff support. It took over six months to hire the vacant position which was supervisor over this objective.

Strategies to Achieve Success or Overcome Barriers/Challenges

A timeline has been developed to complete a falls report by October 2011.

Activity 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.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Because a report has not been completed, staff are unable to publish and disseminate it.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Violence and Injury Prevention Program (VIPP) has a successful track record of developing high-quality reports, disseminating reports to media agencies and program partners, and generating enormous interest/use of data reports. Staff have good working relationships with the state health department public information office and are able to distribute news releases/reports to media agencies throughout Utah quickly and with great success. The VIPP website is also used extensively and is an excellent venue for distribution. Once the report is complete, the VIPP is confident the publication and dissemination of the report will be highly successful.

Essential Service 3 – Inform and Educate

Impact/Process 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.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

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, conducted 0 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.

Reasons for Success or Barriers/Challenges to Success

The start date of the pilot project was delayed until January 2011 for several reasons: 1) It took several months to decide which evidence-based falls intervention to use for the pilot project. It was extremely difficult to find information on the two programs we were looking at for the pilot project - Tai Chi: Moving for Better Balance and Stepping On. Most of the information publicly available was very basic and did not provide detail on how the programs were actually implemented, timelines, required trainings/staff, evaluations, and anticipated budgets. 2) Once the Stepping On program was selected for the pilot program, it again took several months to make the right contacts with the Wisconsin Department of Health Services to understand what the program would entail. There was no business model in place to help other states interested in implementing the Stepping On program get started, find the required staff to implement the program, understand what trainings were required, etc. Staff encountered barrier after barrier working with Wisconsin in terms of arranging the required training, getting the program materials, costs, etc. The cost for the program also increased every time staff made contact with Wisconsin and budgets had to be adjusted multiple times. 3) The original organization selected to do the evaluations, Brigham Young University, was unable to fulfill their commitment. We have not been able to get another agency to commit to the evaluation at this point. 4) The position supervising this project has been vacant for over six months. In addition, the support staff helping with the project went on FMLA leave for three months again delaying the start date of the project. Staff underestimated the time and difficulty working with Wisconsin to prepare for program implementation, did not know a training was required, were unable to get travel approval for trainings prior to September 2010, and the costs associated with the program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Despite these setbacks and delay, staff at the Utah County Health Department have continued to make strides in program planning and implementation. Four Stepping On classes have been scheduled beginning in January 2011 and have had a very positive response about the classes from the community. Partnerships with several physical therapists and clinics have been formed, which is saving costs and helping to enroll class participants. UCHD staff have been trained as "master trainers" of the program and will be able to train additional professionals throughout Utah on the program, which will greatly expand the program's reach and effectiveness.

Activity 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.

Activity Status

Completed

Activity Outcome

Staff analyzed data to determine which small areas in Utah had the highest rate of fall hospitalizations. Fourteen small areas had fall hospitalization rates higher than the state rate. The local health departments and aging services in these areas were then contacted to determine their interest in and capacity to implement the project. Two local health departments were initially identified for the project but only one committed to the project.

Reasons for Success or Barriers/Challenges to Success

Data from the IBIS-PH query system made it easy to identify which small areas in Utah should be targeted for the pilot program.

Strategies to Achieve Success or Overcome Barriers/Challenges

No challenges were encountered in identifying target areas and the agencies with jurisdiction over these areas.

Activity 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.

Activity Status

Completed

Activity Outcome

The Utah County Health Department was selected to implement the falls prevention program. An existing injury prevention program contract with UCHD was already in place, which made it faster to amend the current contract to include the falls program.

Reasons for Success or Barriers/Challenges to Success

Contract approval processes at both the state and local level take several months.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff remained in regular communication with UCHD staff and state finance staff to ensure the contract was making its way through the approval process as fast as possible.

Activity 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.

Activity Status

Completed

Activity Outcome

It has not been necessary to obtain IRB approval for this project at this time.

Reasons for Success or Barriers/Challenges to Success

It has not been necessary to obtain IRB approval for this project at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

It has not been necessary to obtain IRB approval for this project at this time.

Activity 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.

Activity Status

Not Completed

Activity Outcome

The start date of the pilot project was delayed until January 2011. However, four small areas have been selected in Utah County for the project (Lehi/Cedar Valley, Pleasant View/Lindon, North Orem, and American Fork/Alpine). These small areas have higher fall hospitalization rates compared to the state rate. Four, 7 week classes have been scheduled in these areas from January - April 2011.

Reasons for Success or Barriers/Challenges to Success

Several barriers have been encountered: 1) It took several months to decide which evidence-based falls intervention to use for the pilot project. It was extremely difficult to find information on the two programs we were looking at for the pilot project - Tai Chi: Moving for Better Balance and Stepping On. Most of the information publicly available was very basic and did not provide detail on how the programs were actually implemented, timelines, required trainings/staff, evaluations, and anticipated budgets. 2) Once the Stepping On program was selected for the pilot program, it again took several months to make the right contacts with the Wisconsin Department of Health Services to understand what the program would entail. There was no business model in place to help other states interested in implementing the Stepping On program get started, find the required staff to implement the program, understand what trainings were required, etc. Staff encountered barrier after barrier working with Wisconsin in terms of arranging the required training, getting the program materials, costs, etc. The cost for the program also increased every time staff made contact with Wisconsin and budgets had to be adjusted multiple times. 3) The original organization selected to do the evaluations, Brigham Young University, was unable to fulfill their commitment. We have not been able to get another agency to commit to the evaluation at this point. 4) The position supervising this project has been vacant for over six months. In addition, the support staff helping with the project went on FMLA leave for three months again delaying the start date of the project. Staff underestimated the time and difficulty working with Wisconsin to prepare for program implementation, did not know a training was required, were unable to get travel approval for trainings prior to September 2010, and the costs associated with the program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Despite these setbacks and delay, staff at the Utah County Health Department have continued to make strides in program planning and implementation. Four Stepping On classes have been scheduled and have had a very positive response from the community. Evaluations are ready to begin, despite having a contract with an outside evaluator. Partnerships with several physical therapists and clinics have been formed, which is saving costs and helping to enroll class participants. UCHD staff have been trained as "master trainers" of the program and will be able to train additional professionals throughout Utah, which will greatly expand the program's reach and effectiveness.

Essential Service 4 – Mobilize Partnerships

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, UDOH Violence and Injury Prevention Program staff developed 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.

Reasons for Success or Barriers/Challenges to Success

Coalition members are very enthusiastic about addressing falls among older Utahns. Previously, there had been no statewide focus on falls prevention. This was key to success as coalition members felt the leadership of a state agency was critical for addressing falls in Utah. Coalition members were eager to meet and network with other professionals in a more concerted manner, with help coordinating this effort from the state health department. Coalition members represent a wide array of partners including aging services, public health, clinical, research, nursing, geriatrics, and academia. Each partner brings a wealth of experience in falls prevention research and clinical/community application of different falls prevention programs. Members are excited to expand their current activities, build further partnerships, and develop appropriate programs for Utahns at risk of falling.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coalition was formed two months past the original deadline due to vacancy of staff and staff on FMLA leave for three months. However, prior to these vacancies, staff met with key partners in the aging services field to identify potential Coalition members, get feedback on how best to proceed with this project, and determine what, if any, statewide efforts had been made in Utah in terms of falls prevention. Upon return from FMLA leave, staff was able to finish compiling a list of contacts to invite to participate on the Coalition. Support from the state health officer was also obtained and helped to overcome the lag in completion of this objective.

Activity 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.

Activity Status

Completed

Activity Outcome

Staff searched for agencies with a primary focus on healthy aging, aging services, falls, gerontology or which worked with older adults using Internet searches and networking with program partners. Over 30 agencies were reviewed and information compiled on services provided regarding falls and agency contact information.

Reasons for Success or Barriers/Challenges to Success

Because little has been done regarding falls prevention on a coordinated, statewide basis, it was difficult to identify if and how agencies were addressing falls. Outdated websites, agency contacts, and publicly available information also made it difficult to gather information.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff met with agency leadership to determine how to proceed with this objective and to identify additional agencies that should be included in the environmental scan/falls activities. An intern was also able to help with the environmental scan. The intern finished the objective quickly and with limited supervision.

Activity 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.

Activity Status

Completed

Activity Outcome

Agencies with an interest in falls were identified. Contact information, key staff contacts, and programs/services the agency provided were documented.

Reasons for Success or Barriers/Challenges to Success

No problems were encountered.

Strategies to Achieve Success or Overcome Barriers/Challenges

An intern was able to help document findings from the environmental scan which helped with the limited staff support to work on this project. The intern worked well independently and completed this assignment quickly and with limited supervision.

Activity 3:**Recruit partners**

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

Activity Status

Completed

Activity Outcome

Approximately 65 partners were identified as potential members for the coalition. Meetings were held with four key partners to gain support for the coalition and identify missing agencies from the recruitment list.

Reasons for Success or Barriers/Challenges to Success

Individuals recruited to participate on the coalition were enthusiastic, quick to respond, and eager to invite colleagues with an interest in falls to participate as well. However, there was some confusion about if and

how falls could be integrated into a governor-appointed Commission on Aging and as such, who from this group would be invited to participate on the coalition.

Strategies to Achieve Success or Overcome Barriers/Challenges

A meeting was held with a member of the state health department's executive director office to figure out how to approach the Commission on Aging. This individual identified a key contact on the Commission on Aging for recruitment.

Activity 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.

Activity Status

Not Completed

Activity Outcome

The Utah Falls Prevention Coalition has been formed but the first two meetings were held after the time frame outlined in the objective.

Reasons for Success or Barriers/Challenges to Success

Due to staff vacancies and staff FMLA leave, two coalition meetings were not held during the outlined time frame.

Strategies to Achieve Success or Overcome Barriers/Challenges

The first meeting of the Utah Falls Prevention Coalition was held in December 2010. A second meeting is scheduled for the first week in February 2011. The Coalition is moving along nicely, with approximately 30 active members.

Activity 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.

Activity Status

Not Completed

Activity Outcome

A draft of priority objectives and activities to prevent falls has been completed, but it was after this objective's specified deadline. The draft was developed in December 2011.

Reasons for Success or Barriers/Challenges to Success

Staff vacancies hindered progress in forming a falls coalition. This pushed back the time line for developing priority objectives and activities by a couple of months.

Strategies to Achieve Success or Overcome Barriers/Challenges

A draft of priority objectives and activities has been developed but it wasn't completed until December 2011.

Activity 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.

Activity Status

Not Completed

Activity Outcome

The Utah Violence and Injury Prevention Strategic Plan has not been finalized yet. The draft falls objectives and activities will be integrated into the plan once it is finished. Data on falls was gathered during the fiscal year and will also be included in the plan.

Reasons for Success or Barriers/Challenges to Success

Staff vacancies, delay in forming the falls coalition by several months, and delay in finishing the strategic plan hindered progress on this objective.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategic plan is organized by ages across the lifespan, making integration of the falls prevention priorities an easy task once the strategic plan is finished. A draft of the plan will be completed by February 2011.

Essential Service 9 – Evaluate health programs**Impact/Process 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.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The start date of the pilot project was delayed until January 2011, thus making it impossible to evaluate the outcomes of the intervention. The reasons for the delay are several: 1) It took several months to decide which evidence-based falls intervention to use for the pilot project. It was extremely difficult to find information on the two programs we were looking at for the pilot project - Tai Chi: Moving for Better Balance and Stepping On. Most of the information publicly available was very basic summaries and did not provide detail on how the programs were actually implemented, timelines, required trainings/staff, evaluations, and anticipated budgets. 2) Once the Stepping On program was selected for the pilot program, it again took several months to make the right contacts with the Wisconsin Department of Health Services to understand what the program would entail. There was no business model in place to help states interested in implementing the Stepping On program get started, find the required staff to implement the program, etc. Staff encountered barrier after barrier working with Wisconsin in terms of arranging the required training, getting the program materials, etc. The cost for the program also increased every time staff made contact with Wisconsin and budgets had to be adjusted multiple times. 3) The original organization selected to do the evaluations, Brigham Young University, was unable to fulfill their commitment. We have not been able to get another agency to commit to the evaluation at this point.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff were in constant communication with Wisconsin and documented all communications. This proved vital to finally getting the pilot project up and running. Staff from the Utah County Health Department received the

required training to teach and evaluate the Stepping On program in September 2010. Wisconsin eventually provided staff with the Stepping On evaluation materials, which have been reviewed and will be used once the pilot program begins. Staff have two names of potential evaluators and have met with one of these organizations in December 2010 to discuss the program. An evaluator will be selected by April 2011.

Activity 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.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The implementation start date of the pilot project was delayed until January 2011, making it impossible to collect data from participants during the fiscal year. Identifying an outside evaluator to collect additional information on the fidelity of the pilot program was also delayed. An initial commitment to do the evaluation was given by Brigham Young University but later recinded due to lack of faculty time.

Strategies to Achieve Success or Overcome Barriers/Challenges

The "Stepping On" program provides pre- and post- intervention evaluations and has a strict time line for collecting this data from participants. Staff have copies of the evaluations and have received training in collecting the data from the Wisconsin Department of Health Services, which agency is responsible for the Stepping On program training. Two additional contacts have been made to potential outside evaluators but no contract is in place with them currently.

Activity 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.

Activity Status

Completed

Activity Outcome

The Utah County Health Department (UCHD) - the agency receiving the PHHSBG funds submitted a mid-year and year end progress report using the Utah Data Analysis and Reporting Tool.

Reasons for Success or Barriers/Challenges to Success

The UDART allows staff to enter and review progress, barriers, and assistance needed quickly and easily.

Strategies to Achieve Success or Overcome Barriers/Challenges

UCHD staff have a solid track record of submitting progress reports by their respective deadlines. UCHD staff are also very good at communicating with state health department staff if problems arise and to share successes.

Activity 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.

Activity Status

Completed

Activity Outcome

Staff reviewed activities entered by the Utah County Health Department (the agency receiving PHHSBG funds to conduct the pilot falls prevention program) onto UDART. Written feedback was provided to the UCHD in July 2010.

Reasons for Success or Barriers/Challenges to Success

The UDART system allows agencies receiving funds to enter progress on their activities anytime. It also allows staff to review this information at anytime and provide feedback, ask questions, or request additional documentation. However, the UDART system can be cumbersome to use and may not provide a complete picture of what the outcome of the activities are.

Strategies to Achieve Success or Overcome Barriers/Challenges

Conference calls and email communication with UCHD staff helped to clarify information on the UDART system and keep staff at the state health department abreast of progress. Regular, monthly conference calls were scheduled throughout the fiscal year to discuss progress and identify any assistance needed.

Activity 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.

Activity Status

Not Completed

Activity Outcome

An on-site visit to the Utah County Health Department (UCHD), the agency conducting the pilot program, was not completed during the fiscal year.

Reasons for Success or Barriers/Challenges to Success

Due to delay in starting the pilot program, a site visit was not necessary. However, multiple conference calls with staff at the UCHD throughout the fiscal year as planning for the pilot program were held. Staff were also kept updated on UCHD's progress through email communication and entered progress on the Utah Data Analysis Reporting Tool (UDART).

Strategies to Achieve Success or Overcome Barriers/Challenges

Positive working relationships with the UCHD injury prevention staff enabled the project to move forward, although at a slower time frame than originally anticipated, without the need for an on-site visit. Plans are underway to schedule a site visit with UCHD during January or February 2011, which is when they will begin implementation of 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.hearthighway.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.hearthighway.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.

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

State Health Objective(s):

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

State Health Objective Status

Exceeded

State Health Objective Outcome

Prevalence of obesity for Utah children, grades K-6, was 10.3% in 2006, 9.7% in 2008, and 9.7% in 2010. (Note: when objective was written, child overweight was defined as BMI for age $\geq 95^{\text{th}}$ percentile. Due to change in nomenclature, this is now classified as obese.)

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

One-time investment in equipment, ongoing commitment of staff resources, contracts with LHDs.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The Gold Medal Schools program would not have been developed without Block Grant Dollars. Over the years the Program has partnered with Local Health Departments, Private Health Care providers, and other non-profit organizations. Private and State dollars have been obtained to promote and support the program. Block Grant Dollars supported 2.5 FTE to build partnerships, develop and support a statewide Power-Up program targeting 11-15 years to decrease childhood overweight and obesity, and increase policies and environmental changes in Elementary schools.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 1 – Monitor health status****Impact/Process 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.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 09/2009 and 06/2010, the Heart Disease and Stroke Prevention Program collected **240** 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.

Reasons for Success or Barriers/Challenges to Success

Due to loss of private funding we were not able to have as many schools enroll in the program.

Strategies to Achieve Success or Overcome Barriers/Challenges

To overcome this barrier we will offer the Heart Health Survey's online for easier distribution among the schools. We will also keep in contact with the local health departments to ensure that schools complete the surveys.

Activity 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.

Activity Status

Completed

Activity Outcome

Baseline policy data was collected from 11 new schools through the GMS Heart Health Surveys during the Fall of 2009. The online survey was completed by 240 teachers and 11 administrators.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

Follow-up policy data was collected from GMS that completed baseline surveys in June 2004 and June 2007. Surveys were completed by 19 administrators and 197 teachers.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

Three questions from Heart Health Surveys taken between 2001 and 2009 were analyzed to determine if policies were maintained over time. Analysis is still being performed to determine statistical significance.

The 3 questions being analyzed for statistical significance ask about the amount of physical activity students receive, if food is used as a reward or incentive, and if there is a policy that food is not to be used as a reward or punishment.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 3 – Inform and Educate

Impact/Process 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.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2009 and 06/2010, the Heart Disease and Stroke Prevention Program increased the number of elementary schools participating in GMS from 365 to 373.

Reasons for Success or Barriers/Challenges to Success

Due to loss of private funding GMS was not able to enroll as many schools as anticipated.

Strategies to Achieve Success or Overcome Barriers/Challenges

Due to loss of private funding GMS was not able to enroll as many schools as anticipated.

Activity 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.

Activity Status

Completed

Activity Outcome

There were nine new schools for the 2010-2011 school year. All recruitment was completed by e-mail, word of mouth, in-person contacts by the LHDs. At least 50 schools were contacted.

Reasons for Success or Barriers/Challenges to Success

Due to funding cuts to the Program, recruiting of new schools was stopped in July. This gave the LHDs only one month to recruit new schools.

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

Three title-one schools were recruited during FY10 by LHDs.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 3:

Track contacts

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

Activity Status

Completed

Activity Outcome

Based on mid-year and year end reporting, LHDs contacted 50 non-participating schools at least once. LHDs promoted GMS through letters, recruitment packets, emails, PTA regional conferences, PE specialist, principal meetings, faculty presentations, superintendents, phone calls, district meetings, community events, etc.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Increase policies and environmental supports

Between 07/2009 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**.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2009 and 06/2010, the Heart Disease and Stroke Prevention Program increased the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 8826 to **10,594**.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Not Completed

Activity Outcome

Mentors assisted 150 schools in writing policies and creating environmental supports during the 2009-2010 school year.

Reasons for Success or Barriers/Challenges to Success

Due to loss of funding there was a decrease in the number of schools recruited to the GMS program during the 2009-2010 school year. There was also a significant amount of schools that dropped the program for various reasons; new principal, new staff, budget cuts, the Program is too time consuming and demanding, teachers did not want to do Gold Criteria #2 (non-food rewards).

Strategies to Achieve Success or Overcome Barriers/Challenges

In the future, the School Coordinator, who is generally a staff member or parent volunteer, will receive a stipend to write the school policies and reports. The mentor position will be eliminated. The state health department will provide technical assistance, webinars, and support to local health departments and schools to ensure Program implementation.

Activity 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.

Activity Status

Not Completed

Activity Outcome

166 schools achieved or maintained a level between 09/2009 and 05/2010.

Reasons for Success or Barriers/Challenges to Success

Due to loss of funding from a private source there were fewer schools recruited to the program for the year.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Program's budget and number of schools that will be recruited for the next year has been adjusted to reflect the resources available. The state health department will provide technical assistance, webinars, and support to local health departments and schools to assist in school recruitment.

Activity 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.

Activity Status

Completed

Activity Outcome

All mentors received trainings on assisting schools with writing policies and submitting reports to GMS via webinar. A Mid-Year Report webinar was held on September 24, a policy writing webinar was held on December 3, and a End-Year Report webinar was held on February 11.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

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

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

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2009 and 06/2010, the Heart Disease and Stroke Prevention provided training to **215** GMS stakeholders.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:**Training session**

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

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

LHD's participated in an average five trainings/webinars offered to our GMS participants: The state conducted twelve conference calls with the LHD's each month. The calls were held on the third Tuesday of month from 10:00-11:30 AM. These calls focused on discussing current ideas, brainstorming and talking about upcoming GMS events.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 9 – Evaluate health programs

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

All ten training webinars were evaluated by participants via a survey at the end of the webinar. Evaluations were used to improve future webinars.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

It was decided by the GMS program to not survey mentors at the end of the year. This was decided because the mentor position was dissolved at the end of this year and the feedback received would not be used in the future. However, a school survey was sent to School Coordinators and Principals to determine the best way to provide resources, materials, and support to the School Coordinators for the 2010-2011 school year. The feedback that was collected was used to restructure the Mentor position and the School Coordinator position into one.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Not Completed

Activity Outcome

Only one survey was sent to School Coordinators and Principals to determine if mentors were replaced with a School Coordinator stipend would your school continue implementing GMS. 79% of the responses said yes.

Reasons for Success or Barriers/Challenges to Success

Due to elimination of the mentor position for the 2010-2011 school year a second survey was not applicable

Strategies to Achieve Success or Overcome Barriers/Challenges

During the 2010-2011 school year a school survey will be created and sent to the School Coordinators and Principals to evaluate the support from GMS.

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.

National Health Objective: 15-13 Unintentional injury deaths

State Health Objective(s):

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

State Health Objective Status

Not Met

State Health Objective Outcome

According to the most recent mortality data available (2009), Utah currently has an unintentional injury mortality rate of 31.1 per 100,000 (Source: UDOH IBIS-PH, Utah Death Certificate Database).

Reasons for Success or Barriers/Challenges to Success

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

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

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

A few legislative barriers that will impact the overall mortality rate for motor vehicles include: - Mandatory seat belt law is only for those 18 years of age and under

- No motor cycle helmet law for those over 18 years of age

- Graduated drivers license law needs to be amended to move back getting a license until age 16 and six months instead of 15 years and 6 months. This was a compromise made when the law was passed a few years back and this has been a deadly mistake as the crash data proves with the increasing number of crashes to young teens.

- Repeal of the Child Booster Seat law for children ages 5-8. In the 2010 legislative session, a bill was narrowly defeated that would have essentially repealed the boost seat law which requires children up to age 8 to be properly restrained in a booster seat. A similar bill is expected to again be brought forth during the 2011 legislative session.

Strategies to Achieve Success or Overcome Barriers/Challenges

The sole staff person at the Utah Department of Health assigned to the Prescription Drug Program was recently moved from another bureau into the Violence and Injury Prevention Program (VIPP). This will help the VIPP ensure interventions are coordinated statewide with local injury prevention partners, strategies are incorporated into the strategic plan, and duplication of efforts is avoided.

The VIPP has used small area injury data to identify four communities to implement a falls prevention program and hope to use this as an example to replicate a prevention effort to other communities when funding becomes available. The Utah Falls Prevention Coalition was also organized by the VIPP.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

PHHS BG funds provide capacity to UDOH to support local health department efforts that are often supplemented by local resources, and to partner with other internal and external partners (such as Zero Fatalities--focused on preventing teen motor vehicle crashes) to coordinate activities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Maintain local capacity for injury prevention surveillance

Between 10/2009 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, nine local health departments (LHDs) receiving PHHSBG funds maintained **3** employees who evaluate and collect localized injury data for community needs assessment, prevention planning, and evaluation.

Reasons for Success or Barriers/Challenges to Success

All LHDs receiving PHHSBG have maintained most injury prevention staff in spite of layoffs as a result of declining state and local funding.

Strategies to Achieve Success or Overcome Barriers/Challenges

Salt Lake Valley Health Department (SLVHD) lost an injury prevention coordinator to retirement in FY2009. Due to budget restrictions it took several months before SLVHD could fill this position. However, SLVHD was able to fill the position in July 2010.

Activity 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.

Activity Status

Completed

Activity Outcome

During FY2010 all LHDs were provided the VIPP updated injury facts sheets, data reports, and media/news releases and notification of events. LHDs were provided assistance and training, when requested, on the IBIS-PH (Indicator based Information System-Public Health) website. VIPP has also responded to requests from LHDs for data only available in other VIPP databases (e.g. traumatic brain injury, student injury).

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 2:

Conduct observation surveys

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

Activity Status

Completed

Activity Outcome

Nine LHDs completed fall and spring seatbelt observational studies with targeted high schools in their respective communities. Overall observed seatbelt use was 65% (FY 2008 67%) in targeted communities in FY2009. Seatbelt use still varied widely among LHDs, ranging from 21% to 89%.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Injury prevention education and awareness

Between 10/2009 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.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the nine local health departments (LHDs) receiving PHHSBG funds implemented **1916** injury prevention education/awareness activities addressing at least two or more priority issues.

Reasons for Success or Barriers/Challenges to Success

VIPP assisted this effort by producing the Utah Violence and Injury Small Area report which provides data at the community level (by zip code) for 17 injury-related indicators. This has helped LHDs target limited resources to communities with the greatest needs. The total number of activities and participants increased in FY2010:

- 1,916 activities (1,498 in FY2009) were conducted such as classes, presentations, bike rodeos, assemblies, safety fairs, and safety events reaching over 286,359 individuals (230,668 in FY2009).
- 38 media activities were conducted such as PSAs, press conferences, and news releases.

Strategies to Achieve Success or Overcome Barriers/Challenges

The VIPP will continue to assist LHDs in acquiring small area data to determine priority areas for focus of activities and PHHSBG funds.

Activity 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.

Activity Status

Completed

Activity Outcome

Nine LHDs promoted teen seatbelt use through a variety of methods. There were 20 media activities such as news releases issued and interviews with media agencies. There were 93 events conducted directly by LHDs with 21,518 students and parents receiving information on the importance of safe driving. This does not include assemblies conducted by staff of the contractor with the statewide teen driving media campaign (Don't Drive Stupid). Estimates of students reached by this campaign could easily approach over 75,000. This contractor is funded by the Utah Department of Transportation and works collaboratively with UDOH and the LHDs.

Reasons for Success or Barriers/Challenges to Success

The VIPP has also done 16 teen driving related media activities as well as developing the third teen memorial booklet which shares stories of teens killed in motor vehicle crashes. These efforts are done in conjunction with the LHDs and Don't Drive Stupid media campaign.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 2:

Teen 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.

Activity Status

Completed

Activity Outcome

A total of 20 media activities relating to teen motor vehicle safety were done by the nine LHDs.

Reasons for Success or Barriers/Challenges to Success

LHDs have no control over whether a local media agency will "pick up" a story they submit. The LHDs continue to work closely with their agencies' Public Information Officers to proactively distribute news releases and story ideas to reporters in their area, but again, no guarantees on whether a story is run or not.

Strategies to Achieve Success or Overcome Barriers/Challenges

LHDs are supportive of the VIPP's statewide media activities to promote safe teen driving. The VIPP often sends out a statewide news release that may then trickle down to the local level with calls from reporters in the LHD's districts coming to their staff. Several LHDs are also exploring the use of social media to reach teens. LHDs are successfully using Facebook, YouTube, and Twitter to market messages to teens.

Activity 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.

Activity Status

Completed

Activity Outcome

Nine LHDs developed and distributed at least three different types of materials promoting teen motor vehicle safety. Materials included brochures, book marks, air fresheners, t-shirts, parking lot signs, warning citations, stencils, window decals, fact sheets, pencils and pens, tattoos, chapsticks, balls/hacky sacks, calendars, planners, air fresheners, stress balls, Frisbees, clips, mint boxes, stickers, flyers, posters, banners, pledge cards, teen driving booklets, teen driving videos, and windshield wiper cards.

- 6,674 incentives were distributed during FY2010
- 6,476 pieces of literature were distributed during FY2010

Reasons for Success or Barriers/Challenges to Success

Limited funding for purchase and development of materials by LHDs.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 4:

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.

Activity Status

Completed

Activity Outcome

A total of 135 permanent equipment (stencils and buckle up signs) reminding teens to buckle up were placed at recreation sites, high schools, and "hang out" locations throughout the community. LHDs determined where to place permanent equipment.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time.

Activity 5:

Injury education and awareness

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

Activity Status

Completed

Activity Outcome

Nine LHDs collaborated with local Safe Kids Chapter/Coalitions to provide educational and awareness activities to address bicycle safety and child passenger safety. LHDs also implemented activities on pedestrian safety, poisoning prevention, drowning/water safety, underage drinking, family and domestic violence, home safety inspections, infant safety, gang prevention, and fire prevention. In addition to the teen motor vehicle related activities, there were 16 media activities and 1,823 activities conducted reaching 264,841 individuals. Approximately 2,743 bicycle helmets and 1,765 child safety seats were distributed.

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 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.

Activity Status

Completed

Activity Outcome

Four LHDs included fall prevention activities targeting Utahns 65 and older. Two LHDs went through the planning process and/or began implementation of an evidence based falls prevention program - Matter of Balance and Stepping On. Two LHDs began to identify community partners and department priorities with regards to fall prevention. All LHDs worked with one or more community agencies, such as aging services, nursing homes, physical/occupational therapy, senior centers, senior housing, etc. A total of 36 events were conducted reaching 845 individuals. Although these numbers are lower than in FY2009, emphasis on activities focused on conducting smaller, evidence based interventions that are proven effective in reducing falls among older adults.

Reasons for Success or Barriers/Challenges to Success

Funding is limited to expand falls prevention efforts further among the LHDs currently working on falls prevention or replicate efforts in other LHDs across the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

The VIPP has formed a Utah Falls Prevention Coalition to assist in these efforts. Partners are eager to work together, share resources, and seek additional resources to expand falls prevention efforts. The Stepping On program will serve as a model program for all LHDs in Utah.

Essential Service 4 – Mobilize Partnerships

Impact/Process 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.).

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the nine local health departments (LHDs) receiving PHHSBG funds maintained **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.).

Reasons for Success or Barriers/Challenges to Success

Maintaining relationships and engaging injury/violence prevention partners is an ongoing process that requires time. With new partners many LHDs find dedicating their time to issues others feel are important will over the long haul increase the chances these partners will reciprocate on a shared injury/violence prevention effort.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 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.

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

Safe Kids Utah is a non profit organization and part of the Utah Nonprofits Association. As such, the Safe Kids Utah Executive Board is exploring ideas to raise funds on a state level that then could be granted to Safe Kids chapters/coalitions to implement activities at the local level. In addition, the use of social network tools and building partnerships will help increase awareness of Safe Kids throughout Utah.

Activity 2:

Work with law enforcement

Between 10/2009 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.

Activity Status

Completed

Activity Outcome

Nine LHDs continued to work with law enforcement agencies across Utah to enforce seatbelt laws among teens. LHDs worked with law enforcement (i.e. Utah Highway Patrol, high school resource officers) to hold 28 events encouraging them to wear a seatbelt reaching 1,419 high school students.

Reasons for Success or Barriers/Challenges to Success

A primary seatbelt law for only those 18 and under makes it difficult to enforce and does not help with law enforcement viewing this as a priority over other concerns. One LHD experienced difficulty working with their law enforcement agencies in their area due to the agency's limited number of officers and funding to dedicate to projects. The LHD is located in a rural part of the state and had no other resources upon which to draw from for this objective. Another LHD expressed how greatly law enforcement's participation influenced teen seatbelt use in their area. In one of their high schools, a part-time school resource officer position was lost due to lack of funding, and the LHD reported a decrease in seatbelt use after this occurred.

However, in another high school in their district where officers were involved in activities, teen seatbelt use increased.

Strategies to Achieve Success or Overcome Barriers/Challenges

There has been discussion among injury partners at the state level to go back to the legislature to pursue making the seatbelt law mandatory for all ages. However, the current political climate in the state legislature is opposed to government intrusion into what is perceived as family or personal rights.

Activity 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.

Activity Status

Completed

Activity Outcome

Nine LHDs worked with over 40 high schools during FY2010 (30 in FY2009) as part of their teen motor vehicle safety activities. Many more schools were reached by the state media campaign partner (Zero Fatalities/Don't Drive Stupid) with producing educational DVDs, delivering school assemblies, and coordinating other grass-roots events.

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 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.

Activity Status

Completed

Activity Outcome

Nine LHDs (8 in FY2008) participated in local coalitions, committees, or community groups other than Safe Kids. Groups included domestic violence prevention, suicide prevention, Boy Scouts, Healthy Communities, Hispanic Health, senior health, PTA, Traffic Safety Committees, Safe Communities, Community of Promise, and Youth Councils.

Reasons for Success or Barriers/Challenges to Success

Nothing at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time.

Activity 5:

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.

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time.

Essential Service 7 – Link people to services

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

Nothing at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time.

Activity 1:

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.

Activity Status

Completed

Activity Outcome

Nine LHDs conducted 53 checkpoints (40 in FY2009), checking 2,420 child safety seats (2,827 in FY2009) during community checkpoints or individual appointments at the LHD. Low cost seats and booster seats were made available at most checkpoints. LHDs distributed 1,765 low cost child safety seats (car seat or booster seats) during FY2010.

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

Most LHDs are doing an excellent job in training either other LHD staff or other staff from community agencies to inspect car seats as a way of expanding available resources. Several Child Passenger Safety Technician trainings were held in rural areas of the state during the fiscal year, greatly increasing the LHDs' capacity to conduct child safety seat inspections and checkpoints in the future.

Activity 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.

Activity Status

Completed

Activity Outcome

Nine LHDs provided car seats and booster seats at a reduced cost. The total number of car seats and booster seats distributed in FY2010 was 1,765.

Reasons for Success or Barriers/Challenges to Success

Limited funding for car seat and booster seat purchases.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 3:

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.

Activity Status

Completed

Activity Outcome

Eight LHDs maintained low cost bike helmet sales programs. The total number of helmets distributed was 2,743 (2,018 in FY2009).

Reasons for Success or Barriers/Challenges to Success

The VIPP lost a Bicycle and Pedestrian Safety Coordinator position due to lack of funding from the Utah Highway Safety Office (UHSO). This position had been contracted with the VIPP for a decade. It will now be in-house at UHSO. This may hinder efforts of LHDs in bicycle safety (i.e. bike rodeos, etc) as it is unknown whether funding for low-cost helmets or how much staff assistance from UHSO will continue to be made available in the future.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Maintain designated local injury prevention staff

Between 10/2009 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

Nothing at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time.

Activity 1:

LHD staff training

Between 10/2009 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.

Activity Status

Completed

Activity Outcome

At the request of the LHDs and Local Health Officers, a statewide training was not held for LHD staff, as has been held in previous years. Instead, LHDs and LHOs requested the VIPP attend the Utah Local Association of Community Health Education Specialists (ULACHES) in October 2009 and January 2010 to provide training, updates, begin negotiations for FY11 contracts.

Reasons for Success or Barriers/Challenges to Success

Level funding results in increasingly limited time and resources.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. The Utah Violence and Injury Small Area Injury report was developed to assist LHDs and communities in identifying injury priorities and where to spend already limited time and resources.
2. Language was added to the FY11 LHD injury contract requirements asking them to consult the Utah Violence and Injury Small Area Injury Report to develop priorities and prevention strategies.
3. VIPP staff hold regular conference calls with LHD staff to negotiate contract priorities. The VIPP also participants with the Injury Workgroup, which has injury prevention representatives from the LHDs.

Activity 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.

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

Nothing at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluate program activities

Between 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time.

Activity 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.

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

Nothing at this time

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time

Activity 2:

Conduct site visits

Between 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.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Site visits were not conducted due to budget and travel restraints.

Strategies to Achieve Success or Overcome Barriers/Challenges

Regular email and telephone communication with the LHD injury prevention staff were made in place of site visits. The Safe Kids Utah Coordinator also conducted multiple site visits with Safe Kids Coalitions/Chapters around the state, many of which are part of the LHDs receiving PHHSBG funds. However, this was not a formal site visit pertaining to this objective.

Activity 3:

Provide Feedback

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

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

Nothing at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges
Nothing at this time

State Program Title: LHD Partnerships for Promoting Healthy Weight

State Program Strategy:

Goal:

Evidence suggests that the most desirable primary prevention goal to decrease chronic disease, including heart disease and stroke, is to prevent children with a normal, desirable weight from becoming overweight or obese. The Utah 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.

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

State Health Objective(s):

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

State Health Objective Status

Exceeded

State Health Objective Outcome

Prevalence of obesity for Utah children, grades K-6, was 10.3% in 2006, 9.7% in 2008, and 9.7% in 2010.

(Note: when objective was written, child overweight was defined as BMI for age $\geq 95^{\text{th}}$ percentile. Due to change in nomenclature, this is now classified as obese.)

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

One-time investment in equipment, ongoing commitment of staff resources, contracts with LHDs.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The Gold Medal Schools program would not have been developed without Block Grant Dollars. Over the years the Program has partnered with Local Health Departments, Private Health Care providers, and other non-profit organizations. Private and State dollars have been obtained to promote and support the program. Block Grant Dollars supported 2.5 FTE to build partnerships, develop and support a statewide Power-Up program targeting 11-15 years to decrease childhood overweight and obesity, and increase policies and environmental changes in Elementary schools.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process 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.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 09/2009 and 04/2010, school nurses or health educators in seven LHDs maintained **35** elementary schools participating in the height and weight surveillance project.

Reasons for Success or Barriers/Challenges to Success

In one local health district, grades were realigned during the FY 2010 school year with fifth graders in a different school than first and third graders.

Strategies to Achieve Success or Overcome Barriers/Challenges

School nurse collected data at one additional school to reach fifth graders, to ensure continuity with the survey methodology.

Activity 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.

Activity Status

Completed

Activity Outcome

In 5 LHDs, school nurses conducted height and weight measurements in 22 elementary schools. In 2 LHDs, health education specialists collected data in 12 schools. All data were collected during the required time frame.

Reasons for Success or Barriers/Challenges to Success

One school had very low participation with few students returning consent forms.

Strategies to Achieve Success or Overcome Barriers/Challenges

The school nurse in this LHD worked with the school to repeat the process and collected additional data.

Activity 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.

Activity Status

Completed

Activity Outcome

All data were returned to the UDOH in a timely manner, data entry and analysis are completed

Reasons for Success or Barriers/Challenges to Success

One school nurse in one LHD did not record height data according to protocol

Strategies to Achieve Success or Overcome Barriers/Challenges

PANO nutrition coordinator worked with school nurse to resolve data issue.

Essential Service 3 – Inform and Educate**Impact/Process 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.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2009 and 06/2010, 11 LHDs increased the number of elementary schools participating in GMS from 365 to 373.

Reasons for Success or Barriers/Challenges to Success

Due to funding cuts to the Program, recruiting of new schools was stopped so the GMS program could support the schools participating.

Strategies to Achieve Success or Overcome Barriers/Challenges

The state health department will work with local health departments to assist in recruiting, provide resources, and information about the GMS program.

Activity 1:**Promote GMS**

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

Activity Status

Not Completed

Activity Outcome

There were nine new schools. Promotion of the GMS was stopped by July 2010 because of budget cuts

Reasons for Success or Barriers/Challenges to Success

Due to funding cuts to the Program, recruiting of new schools was stopped so the GMS program could support the existing schools participating.

Strategies to Achieve Success or Overcome Barriers/Challenges

LHD could not recruit new schools to the Program because of budget cuts

Activity 2:

Promote grocery store tours

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

Activity Status

Completed

Activity Outcome

Fruits & Veggies More Matters grocery store tours were completed in 6 LHDs, including 72 classrooms in 24 schools, reaching 1829 students.

Reasons for Success or Barriers/Challenges to Success

UDOH discontinued transportation reimbursement for tours this year, resulting in a decline in participation from previous years.

Strategies to Achieve Success or Overcome Barriers/Challenges

In 2 LHDs, the tour was replaced with a classroom presentation by a trained tour guide.

Activity 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.

Activity Status

Completed

Activity Outcome

Four LHDs worked with partners, including PTA, Safe Kids Coalitions, and the Department of Transportation to conduct "Walk to School" events. At least 76 elementary schools held a "Walk to School" event.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

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

Activity 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.

Activity Status

Completed

Activity Outcome

Eight LHDs provided support to nine Jr. High/Middle Schools that participated in the GMS Power-Up program.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 4 – Mobilize Partnerships

Impact/Process 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.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2009 and 06/2010, six LHDs maintained 1.7 external partnership each to promote healthy nutrition and physical activity behaviors.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:

Active Community Environments

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

Activity Status

Completed

Activity Outcome

During FY10, one participated in an Active Community Environment Committee that is in an implementation phase. The other LHD participated in the planning component of a community project that involved health as

a focus. As part of this activity, one LHD partnered with the University of South Carolina's Physical Activity & Public Health course that assisted local planning leaders in identifying Active Community Environment principles pertinent to the area

Reasons for Success or Barriers/Challenges to Success

A committee in one LHD had not met in some time due to the lack of need for committee members input in technical aspects.

Strategies to Achieve Success or Overcome Barriers/Challenges

That LHD worked with the committee leaders to encourage discussion of future planning projects. That same LHD began discussions with the county sustainability group for future interaction.

Activity 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.

Activity Status

Completed

Activity Outcome

One LHD partnered with the WIC Program to promote fruits and vegetables during Fruits & Veggies—More Matters Month in September 2009. The health education specialist coordinated with the WIC program to provide fruits and veggies information and promotional materials, display bulletin board, and nutrition education classes. Approximately 450 participants attended 15 nutrition education classes.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 3:

Platinum school support

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

Activity Status

Completed

Activity Outcome

6 LHDs provided support to GMS that have reached the Platinum Focus level. Support was provided by meeting with principals at the beginning of school year, sending e-mails, providing newsletters, holding sharing meetings for School Coordinators, and awarding them for completing a Platinum Focus level.

Reasons for Success or Barriers/Challenges to Success

One LHD had a difficult time getting in touch with the principal of a school in her area.

Strategies to Achieve Success or Overcome Barriers/Challenges

To overcome the barrier of getting in touch with the principal the LHD would e-mail the principal with information that related to school health and was available if he had questions.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Increase policies and environmental supports

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

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2009 and 06/2010, 11 LHDs increased the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 8,826 to **10,594**.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:

Assist school mentors

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

Activity Status

Not Completed

Activity Outcome

11 LHDs assisted mentors in establishing GMS policies in 166 schools statewide.

Reasons for Success or Barriers/Challenges to Success

Due to loss of funding there was a decrease in the number of schools recruited to the GMS program during the 2009-2010 school year. There was also a significant amount of schools that dropped the program for varies reasons; new principal, new staff, budget cuts, the Program is too time consuming and demanding, teachers did not want to do Gold Criteria #2 (non-food rewards).

Strategies to Achieve Success or Overcome Barriers/Challenges

In the future schools School Coordinator, who is generally a staff member or parent volunteer, will receive a stipend to write the school policies and reports. The mentor position will be eliminated. The state health department will provide technical assistance, webinars, and support to local health departments and schools to ensure Program implementation.

Activity 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.

Activity Status

Not Completed

Activity Outcome

166 schools maintained or achieved at least one new GMS level implementing approximately 6 policies or environmental supports per level.

Reasons for Success or Barriers/Challenges to Success

Due to loss of funding from a private source there were fewer schools recruited to the program for the year.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Program's budget and number of schools that will be recruited for the next year has been adjusted to reflect the resources available. The state health department will provide technical assistance, webinars, and support to local health departments and schools to assist in school recruitment.

Activity 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.

Activity Status

Not Completed

Activity Outcome

3 LHDs assisted Power-Up School Coordinators in establishing policies in 4 schools statewide. 3 LHDs supported 3 schools in maintaining existing health policies.

Reasons for Success or Barriers/Challenges to Success

3 schools decided to maintain a previously earned level for this year and plan to continue next year. These schools did not create any new policies.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continued to support schools so they will be able to create new policies next year.

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

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

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2009 and 06/2010, 11 LHDs maintained **56** GMS mentors to support participating schools.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

11 LHDs participated in recruiting, interviewing and hiring 56 mentor positions. Mentors supported between 1-7 schools. On average each mentor provided technical assistance to 5.9 schools. LHDs had between 0-17 mentors in their district.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 3:

Attend GMS trainings

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

Activity Status

Completed

Activity Outcome

11 LHDs attended at least three of the following trainings: the Mentor, Annual, Policy, and/or PE training.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Essential Service 9 – Evaluate health programs

Impact/Process 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).

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2009 and 06/2010, 12 LHDs evaluated 8 objectives each in the standardized web-based Utah Data Analysis and Reporting Tool (UDART).

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 1:

Process evaluation

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

Activity Status

Completed

Activity Outcome

12 LHDs participated in developing process evaluation methods for each objective and activity through meetings, conference calls, and e-mails.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

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.

Activity Status

Completed

Activity Outcome

All 12 LHDs used UDART to track their project outcome.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

Activity 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.

Activity Status
Completed

Activity Outcome

All 12 LHDs received feedback within one month of their mid-year and end-year reports.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

N/A

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.

National Health Objective: 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.

State Health Objective Status

Met

State Health Objective Outcome

Utah continued the in-house collection of the Behavioral Risk Factor Surveillance System (BRFSS) in the health department's Survey Center, completing approximately 10,000 land-line interviews in 2009 and 2010, with 1,000 cell phone interviews in 2009 and 2,000 in 2010, in addition to the Asthma Callback Survey. The online public health data dissemination system, IBIS-PH, was accessed extensively. Between 10/2009 and 9/2010, the monthly total number of Website visits ranged from 2,972 to 20,050 and the unique number of monthly visitors was between 1,629 and 6,142. Users are directed to IBIS-PH through popular search engines including Google, Yahoo and Bing amongst others.

Reasons for Success or Barriers/Challenges to Success

The BRFSS continues to be in high demand by programs within the UDOH and also by many public health partners in Utah. Requests to include state-specific questions are increasing and people require special analyses of these questions. Utah continues to have one of the highest BRFSS response rates. The cell phone interviews require a greater number of interviewer hours per completed interview. IBIS-PH has become increasingly complicated and difficult to navigate due to the addition of new Indicator Reports and enhancements to the Query System and all supporting documentation.

Strategies to Achieve Success or Overcome Barriers/Challenges

We continue to seek input from a broad representation of BRFSS and IBIS-PH users, through the Utah State Health Surveys Advisory Committee for the BRFSS and by working with the Owners/Editors of the Indicator Reports and the Data Stewards of the Query System datasets for IBIS-PH. We have also developed an IBIS-PH Analysts Working Group to guide us in refining and further enhancing the query system.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

By maintaining the IBIS-PH web site, the Block Grant dollars are leveraged by the hours that IBIS-PH Indicator Owners and Editors, and the Query System Data Stewards spend in assisting us in creating, updating and enhancing IBIS-PH content. For the state-specific health survey needs, Block Grant dollars are leveraged in obtaining funding to cover the data collection costs of state-added questions to the BRFSS and data collection for other health surveys conducted in the Survey Center.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Surveys Coordinator maintained **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.

Reasons for Success or Barriers/Challenges to Success

We were able to obtain our target number of completed interviews on all three legs of the survey. Utah also maintained one of the highest land-line CASRO survey response rates in the country at 68.3%.

Strategies to Achieve Success or Overcome Barriers/Challenges

Our Survey Center staff works diligently to train and monitor interviewing staff so that interviews are completed on time and to the highest standards possible. The BRFSS Coordinator takes an active role in overseeing the Survey Center operations.

Activity 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.

Activity Status

Completed

Activity Outcome

The BRFSS grant application was submitted on time and funding for the project was received. We obtained supplemental funding to increase the number of cell phone interviews.

Reasons for Success or Barriers/Challenges to Success

The fact that the BRFSS grant application is part of a combined grant that includes the Diabetes Prevention and Control Program and the Tobacco Prevention and Control Program presents some challenges.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Utah BRFSS Coordinator worked well with staff in the other two programs to complete the combined grant application on time and to accurately reflect the needs of in-house survey data collection. She was able to obtain supplemental funding by responding to the announcement in a timely manner.

Activity 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.

Activity Status

Completed

Activity Outcome

The Surveys Coordinator and other UDOH program staff developed state-added questions addressing H1N1 vaccination among pregnant women. A series of questions regarding types of health information accessed via the internet were also developed and asked on the 2010 BRFSS.

Reasons for Success or Barriers/Challenges to Success

Through the BRFSS Advisory Committee, programs in UDOH along with other public health partners in Utah are well aware of the BRFSS and its ability to address state-level public health priorities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The BRFSS Coordinator and Survey Center staff are capable, flexible and willing to assist people in how best to utilize the Utah BRFSS to meet public health survey needs.

Activity 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.

Activity Status

Completed

Activity Outcome

Three Utah-specific BRFSS questionnaires were developed for 2010.

Reasons for Success or Barriers/Challenges to Success

The demand for state-specific questions on the Utah BRFSS remains high.

Strategies to Achieve Success or Overcome Barriers/Challenges

We will continue to develop three Utah BRFSS questions yearly in order to meet state-specific data needs.

Activity 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.

Activity Status

Completed

Activity Outcome

Health care insurance and access questions were included on the 2010 BRFSS in Utah.

Reasons for Success or Barriers/Challenges to Success

Including these questions on the survey went smoothly this year. The real challenge was managing the data and then analyzing the questions for the first time from the BRFSS in order to create a standard report that was comparable to the analysis and reporting the Utah Healthcare Access survey that they were originally developed for.

Strategies to Achieve Success or Overcome Barriers/Challenges

We were successful in developing the database, analyzing and reporting the data in a way that was comparable. The summary report is available at:

http://health.utah.gov/opa/publications/2009brfss/Cheatsheet_2009.pdf

Activity 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.

Activity Status

Completed

Activity Outcome

In the middle of the survey year, some supplemental funding became available, allowing Utah to increase the number of cell phone BRFSS interviews to 20% of the total sample. We continue to include a select number of state-added questions on the cell phone survey.

Reasons for Success or Barriers/Challenges to Success

With the supplemental funding, we were further able to increase our number of cell phone surveys. This continues to be important because Utah has the second highest rate of cell phone only households in the nation (almost 27%). The interviewer time required for a completed cell phone interview is greater than that for a land-line interview.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Survey Center team continues to stay current in cell phone interviewing methodology, and in assuring that the interviewers are following protocols to enhance participation of cell phone-only respondents.

Activity 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.

Activity Status

Completed

Activity Outcome

Interviews were conducted in Spanish for the 2010 Utah BRFSS as requested by the individual respondent.

Reasons for Success or Barriers/Challenges to Success

Recruiting interviewers who are bilingual in Spanish and English continues to be a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

We work with public partners to recruit qualified interviewers for the in-house collection of BRFSS and other surveys in Spanish.

Impact/Process Objective 2:**Enhance BRFSS queryable data set**

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

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

Nothing at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Nothing at this time.

Activity 1:

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.

Activity Status

Completed

Activity Outcome

Data suppression rules were implemented on the IBIS-PH Query System for the BRFSS Query Module.

Reasons for Success or Barriers/Challenges to Success

This process took longer than expected due to the complexity of the IBIS-PH Query System statistical programming and the process that we used to arrive at the methodology (using our IBIS-PH Analysts Work Group).

Strategies to Achieve Success or Overcome Barriers/Challenges

We convened a group of analysts from across the health department to be involved in arriving at our chosen methodology. They also participated in creating documentation that is available at:

<http://health.utah.gov/oph/IBIShelp/DataSuppression.pdf>

Activity 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.

Activity Status

Not Completed

Activity Outcome

Query topics for the insurance and access BRFSS data have been established but they have not yet been implemented on IBIS. The dataset containing these data is forthcoming.

Reasons for Success or Barriers/Challenges to Success

We have identified the questions that will be included in the Query Module. However, whereas in the past the BRFSS Query Module has only included adults aged 18 years and older, this module will need to include all ages. Creating a BRFSS data set with all ages is quite challenging and will require more data management expertise and time than we anticipated. And this is all happening when the BRFSS is also changing the weighting methodology to take into account additional demographic variables, and to include cell phone interviews.

Strategies to Achieve Success or Overcome Barriers/Challenges

The BRFSS Coordinator and a statistician in the Office of Public Health Assessment will attend the BRFSS Annual Conference in order to receive further training these areas.

Impact/Process 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.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the IBIS Query System Program Manager updated 26 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.

Reasons for Success or Barriers/Challenges to Success

We were unable to update the birth query module with 2009 data because the data structure has been changed starting in 2009. More time is needed by the data steward and data users to work on the data.

Strategies to Achieve Success or Overcome Barriers/Challenges

The IBIS-Q Manager is working with people in the Maternal and Child Health Program, and the data steward to develop a way to bridge the data in the IBIS-Q Query Module so that the module can accommodate the changes and allow for tracking trends where possible.

Activity 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.

Activity Status

Completed

Activity Outcome

All data sets except the birth data were updated. The 2010 birth data set has not yet been finalized for the IBIS-PH Query Module.

Reasons for Success or Barriers/Challenges to Success

The data collected on birth certificates for Utah in 2010 changed to a new National Center for Health Statistics standard. This change affects a number of variables in the IBIS-Q Birth Module.

Strategies to Achieve Success or Overcome Barriers/Challenges

The IBIS-Q Manager is working closely with the data steward and data users to formulate the new data set and develop the query selection, query builder and query output pages on IBIS-Q. She is also working to make sure that textual information to explain the changes is available to IBIS-Q users.

Activity 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.

Activity Status

Completed

Activity Outcome

It is an on going process to get the best population estimate data. We are continuously working with Utah Governor's Office of Planning and Budget (GOPB) staff to get the most recent version of the data.

Reasons for Success or Barriers/Challenges to Success

For the IBIS-PH Query System, we provide Utah population estimates from the GOPB. This can lead to confusion for users who may be more familiar with the U.S. Census numbers and estimates. This also affects rates as calculated in IBIS-Q.

Strategies to Achieve Success or Overcome Barriers/Challenges

We have involved IBIS-Q data stewards and users in presentations and decisions about the best population estimates for IBIS-Q. We also work closely with GOPB staff to understand issues with the estimates and how to make the data fit our needs.

Activity 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.

Activity Status

Completed

Activity Outcome

The IBIS-Q Race/Ethnicity Module data set was updated right after the data were available on the U.S. Bureau of the Census web site.

Reasons for Success or Barriers/Challenges to Success

Updating this data goes smoothly because the data are easily available on the Census Bureau web site. The challenge is the issue of matching numbers from the two sources of population estimates that are included in IBIS-PH: the Utah GOPB and the Census Bureau estimates. This leads to some confusion for IBIS-Q users.

Strategies to Achieve Success or Overcome Barriers/Challenges

We include thorough documentation in IBIS-Q about data sources.

Activity 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.

Activity Status

Completed

Activity Outcome

2008 Utah Small Area population data has been updated. 2009 Small Area population data uses a new ZIP Code that required an update to the Small Area definitions, so these population estimates are still being developed.

Reasons for Success or Barriers/Challenges to Success

For the first time since the Utah Small Health Statistical Areas (or Small Areas) were developed in 1997, we have had to revise them due to a change in ZIP Codes in the city of West Jordan. We eliminated 2 Small Areas, and created 3 new Small Areas in their place. This will affect trend data across the new small areas from 2008-2009, and required a lot of planning and revision of the IBIS-Q data sets that provide small area information.

Strategies to Achieve Success or Overcome Barriers/Challenges

Small Areas rely on ZIP Code-level population estimates. This requires us to purchase intercensal ZIP Code population estimates for Utah from ESRI. We will use this information to update Small Areas for 2009, with the Small Area definition changes.

Activity 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.

Activity Status

Completed

Activity Outcome

Data suppression rules have been implemented on 100% of IBIS query modules on the IBIS-PH test server. We are waiting to deploy these rules for all data sets until our production server has been updated with the new version of IBIS-PH.

Reasons for Success or Barriers/Challenges to Success

We have been successful in implementing these new data suppression rules across the IBIS-Q query modules except for the Utah Cancer Registry (UCR) Query Module. However, it is a challenge to figure out a best suppression rule for all data modules. In particular, the UCR data steward requested that we implement standard Cancer Registry data suppression rules as recommended by the North American Association of Central Cancer Registries.

Strategies to Achieve Success or Overcome Barriers/Challenges

We communicated with the UCR staff, and researched this issue, and were then able to customize the suppression rules for the UCR data in IBIS-Q.

Activity 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.

Activity Status

Not Completed

Activity Outcome

The IBIS-Q Manager and staff in the Environmental Public Health Tracking Program (EPHT) began work on these IBIS-Q modules. Preliminary modules have been developed on the IBIS-PH test site, but never deployed to the public site.

Reasons for Success or Barriers/Challenges to Success

The EPHT Program is still unsure about what information they want to present to the public in these query modules.

Strategies to Achieve Success or Overcome Barriers/Challenges

The EPHT Program staff needs to know what exactly they want to present to the public. Right now they have decided not to put the water and air quality data on the query system. We can always continue work on this project when possible.

Activity 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.

Activity Status

Not Completed

Activity Outcome

The IBIS-Q Manager worked with staff from the Violence and Injury Prevention Program to develop this module on the IBIS-PH test server.

Reasons for Success or Barriers/Challenges to Success

The new module is in preliminary form and just waiting for the VIPP staff to make sure it is working correctly to meet their needs.

Strategies to Achieve Success or Overcome Barriers/Challenges

We will continue to communicate with VIPP staff to test and complete the module so it can be deployed to the public IBIS-PH site.

Activity 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.

Activity Status

Completed

Activity Outcome

Adolescent birth rate selection is now available by race and ethnicity in the Birth Query Module.

Reasons for Success or Barriers/Challenges to Success

This process went smoothly due to the availability of the race and ethnicity information on birth certificates.

Strategies to Achieve Success or Overcome Barriers/Challenges

We hope to develop further query capability by race and ethnicity for other IBIS-Q modules.

Essential Service 3 – Inform and Educate

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

Although many IBIS-PH Indicator Owners and Editors have become very adept at the using the IBIS-PH Indicator Administration System, there are always new Owners and Editors due to staff turnover and the development of new Indicators.

Strategies to Achieve Success or Overcome Barriers/Challenges

We will continue to maintain help files on the IBIS-PH web site, and to conduct trainings for current and new Indicator Owners and Editors. We also answer individual questions and provide one-on-one technical assistance when necessary.

Activity 1:

IBIS Indicator Administration training

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

Activity Status

Completed

Activity Outcome

OPHA staff provided 4 training sessions during October-November 2009.

Reasons for Success or Barriers/Challenges to Success

The training materials have been well developed over the years and these sessions are well attended. Not all Indicator Owners and Editors are able to attend the scheduled sessions.

Strategies to Achieve Success or Overcome Barriers/Challenges

We maintain tutorials on the IBIS-PH web site and also provide one-on-one technical assistance when requested.

Activity 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.

Activity Status

Completed

Activity Outcome

Before the January 2010 Legislative session, Indicator Owners and Editors were notified that the reports were due to be updated. All Indicators with new data were updated and included in the IBIS-PH on-line Public Health Outcome Measures Report. A subset of the Indicators were selected to be included in a printed report. The printed report was easily created using the information on IBIS-PH.

Reasons for Success or Barriers/Challenges to Success

We are successful in maintaining the IBIS-PH Indicator Reports because we have the support from subject-matter experts from across the health department, and have developed a fairly easy web-based user interface that allows our experts to develop, edit and enhance the Indicators. One challenge to our success is that some staff need more reminding and assistance to develop and maintain Indicators.

Strategies to Achieve Success or Overcome Barriers/Challenges

We work closely with Indicator Owners and Editors to make sure that IBIS-PH is meeting their needs. We also provide assistance and training individually.

Activity 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.

Activity Status

Completed

Activity Outcome

The 102 priority state health objectives were updated for the Utah's Healthy People 2010 Plan and Report (known as the Public Health Outcome Measures Report: <http://ibis.health.utah.gov/phom>). The report includes an Executive Summary written by Division Directors throughout the Utah Department of Health (UDOH). Utah Legislators and others were notified via the Center for Health Data's monthly email, and a link to the report is included on the UDOH Legislative Portal.

Reasons for Success or Barriers/Challenges to Success

The big challenge for this report is that it requires the active participation of division and program staff throughout the UDOH to meet an important deadline each year.

Strategies to Achieve Success or Overcome Barriers/Challenges

OPHA staff starts this process early in order to allow UDOH participants ample time to complete assignments.

Activity 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.

Activity Status

Completed

Activity Outcome

These indicators were updated with 2009 BRFSS data and published in the Public Health Outcome Measures report.

Reasons for Success or Barriers/Challenges to Success

These Indicators have been included in the IBIS-PH Indicator Reports for a number of years and are fairly easy to update.

Strategies to Achieve Success or Overcome Barriers/Challenges

Much of the data for these Indicators is available on the IBIS Query System, so once the data are available in the BRFSS Query Module dataset, they are easily analyzed for updating the Indicator Reports.

Activity 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.

Activity Status

Completed

Activity Outcome

All BRFSS indicators on IBIS-PH were updated to include race and ethnicity data through 2009.

Reasons for Success or Barriers/Challenges to Success

A challenge to completing this activity is that currently BRFSS IBIS-Q data cannot be queried by racial groups included in these Indicators.

Strategies to Achieve Success or Overcome Barriers/Challenges

An analyst in the Bureau of Health Promotion has developed a SAS program to do this analysis and provides this information to the BRFSS Coordinator.

Impact/Process 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.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, the Surveys Coordinator updated **50%** or resources available to the public online via IBIS from 0% updated to 100% updated as specified in the activities below.

Reasons for Success or Barriers/Challenges to Success

Some documents available on the web site have been updated but the more comprehensive web site is still under construction. The BRFSS Coordinator had to devote more time than expected this year to creating the new BRFSS dataset that includes state-added insurance and access questions, and developing the SAS programs to analyze the data.

Strategies to Achieve Success or Overcome Barriers/Challenges

We will have another SAS analyst in the Office of Public Health Assessment assist in analyzing the BRFSS data. He will attend the next BRFSS Conference in order to receive training in analyzing the data, and in

developing raked weighting programs, too. The BRFSS Coordinator will receive further SAS and SUDAAN training at the next BRFSS Conference.

Activity 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.

Activity Status

Not Completed

Activity Outcome

The website has been partially updated.

Reasons for Success or Barriers/Challenges to Success

The BRFSS Coordinator has to spend more time on other projects than anticipated.

Strategies to Achieve Success or Overcome Barriers/Challenges

Other OPHA staff will assist the BRFSS Coordinator in BRFSS analysis particular to the new state-added healthcare insurance and access questions and the new raking weighting procedure.

Activity 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.

Activity Status

Completed

Activity Outcome

On February 19, 2010 the CDC published a front-page article in the MMWR Weekly Report entitled "Adult Use of Prescription Opioid Pain Medications – Utah, 2008."

Reasons for Success or Barriers/Challenges to Success

We were successful in this endeavor due to collaborative work of the Coordinator and other participants in the Prescription Pain Medication Overdose Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

The BRFSS Coordinator oversaw the development, testing and administration of these questions on the BRFSS. She participated fully in preparing the report.

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

The profiles have been developed and are implemented on the IBIS-PH test server. We are waiting for the next version of IBIS-PH (IBIS 2) to be completed and deployed on the public site before we can make the profiles public. It has taken us longer than expected to complete the upgrade to IBIS-PH because we have been unable to fund a full-time software developer for IBIS-PH.

Strategies to Achieve Success or Overcome Barriers/Challenges

We continue to contract with the original IBIS-PH software developer on a very part-time basis (as he has been assigned to other projects since not being full-time on IBIS-PH). We also work with the other users of IBIS-PH through the IBIS-PH Community of Practice to prioritize development needs and fund software development. We also have developed further in-house expertise to enhance IBIS-PH.

Activity 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.

Activity Status

Completed

Activity Outcome

The trainings were developed and completed.

Reasons for Success or Barriers/Challenges to Success

The OPHA staff member who developed these trainings has many years of experience in working with the IBIS Indicators and was able to create a very thorough and understandable PowerPoint presentation.

Strategies to Achieve Success or Overcome Barriers/Challenges

We were able to provide a number of trainings that included all the Indicator Owners and Editors, and analytic staff. So we were able to have productive discussions about how exactly to implement these profiles, and also provide technical assistance.

Activity 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.

Activity Status

Completed

Activity Outcome

The selection menu and text have been created for the 12 local health districts.

Reasons for Success or Barriers/Challenges to Success

No problems. Office staff were able to complete this part of the profile project.

Strategies to Achieve Success or Overcome Barriers/Challenges

The current IBIS-PH software could accommodate the selection menu and textual material needed for the profiles.

Essential Service 8 – Assure competent workforce

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

It is always challenging to add, update and enhance all of the textual documentation on IBIS-PH. This includes tutorials, help documents and the query system selection, builder and output pages.

Strategies to Achieve Success or Overcome Barriers/Challenges

We continue to work with the IBIS-PH Analysts Work Group and Data Stewards to create, update and enhance documentation and text throughout IBIS-PH website.

Activity 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.

Activity Status

Completed

Activity Outcome

OPHA staff created new help files and updated others. We updated the Population Estimates Query Module due to a change in methodology used by the Utah Governor's Office of Planning and Budget (GOPB), and had to update text in the query help, selection and output pages. This change also required additional help text in the query modules that calculate rates based on Utah population estimates, such as the Utah Cancer Registry (UCR) Query Module. The UCR Query Module was enhanced to allow users to choose between using Surveillance, Epidemiology, and End Results (SEER) Program population estimates or GOPB population estimates to calculate rates, thus requiring updates to accompanying textual information. We also completed an update to the Confidence Interval calculations in IBIS-PH and the help file:

<http://health.utah.gov/oph/IBIShelp/Cancer.htm>

Reasons for Success or Barriers/Challenges to Success

IBIS-PH is constantly evolving and adding new content to address a wide array of public health issues. It is challenging to make sure that documentation is added, updated and enhanced to support these changes, and that IBIS-PH users are notified.

Strategies to Achieve Success or Overcome Barriers/Challenges

We work with analysts throughout the UDOH using the IBIS-PH Analysts Work Group, and we request assistance from Data Stewards to develop and refine the query modules and supporting documentation on IBIS-Q.

Essential Service 9 – Evaluate health programs

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

There was some down time to the web log system for the 'Summary Web Reports' web analytic tool on the Utah Department of Health intranet site.

Strategies to Achieve Success or Overcome Barriers/Challenges

We were able to report IBIS-PH Indicators Reports usage for each of the 12 months, and also overall IBIS-Q usage for the 12 month period. We informed Indicator Owners and Editors that the system might have missed some visits to the Indicators due to the web log down time.

Activity 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.

Activity Status

Completed

Activity Outcome

A report of visits to the Indicators for all 12 months was sent to Indicator Owners and Editors. A report of the visits to the Query System selection, builder and output pages was created.

Reasons for Success or Barriers/Challenges to Success

The 'Summary Web Report' system is useful in evaluating these web analytics, but really being able to drill down and know the exact parts of IBIS-PH that are being utilized takes a lot of web log data management and analysis.

Strategies to Achieve Success or Overcome Barriers/Challenges

We were able to download data from 'Summary Web Reports' to understand Indicators and Query Module usage.

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.

National Health Objective: 15-35 Rape or attempted rape

State Health Objective(s):

Between 01/2000 and 12/2010, Assist in reducing the incidences of rape in Utah to 85 per 100,000 women ages 15 and older.

State Health Objective Status

Not Met

State Health Objective Outcome

In Utah, in 2009, the reported rape rate was 90 per 100,000 women ages 15 and older.

Source: Crime in Utah Report 2009. UDOH IBIS Population data.

Reasons for Success or Barriers/Challenges to Success

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

Since we are trying to focus our efforts on the primary prevention of sexual violence, it may be several years to see a significant outcome in the rape rate.

An increase in the reporting of rape may occur because of increased awareness and education. This could potentially negatively impact the rape rate as more people would be reporting even though the incidence may not be increasing.

Strategies to Achieve Success or Overcome Barriers/Challenges

1. Continue to work to raise awareness and educate potential victims about the importance of reporting.
2. Continue to administer household surveys such as BRFSS and the Rape in Utah Survey to get a better picture of the incidence of rape in Utah.
3. Continue to conduct primary prevention activities throughout Utah.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Funding provides capacity to the DOH to collaborate with and provide assistance to partners to address rape prevention. Without PHHS BG funding, rape would not be addressed by our agency.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process 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.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Rape Recovery Center prevention specialists provided primary prevention focused, sexual violence activities and programming to **1425** junior high/high school/and university males in Salt Lake County.

Reasons for Success or Barriers/Challenges to Success

None at this time. The RRC's program is designed to prevent all forms of violence among youth. By teaching and modeling appropriate behavior students learn to effectively handle conflict so that violence does not take place.

Strategies to Achieve Success or Overcome Barriers/Challenges

None at this time.

Activity 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.

Activity Status

Completed

Activity Outcome

Curriculum was updated by center staff and an evaluation was conducted on the curriculum with the teachers and students participating in the program. The Salt Lake Board of Education approved the curriculum and a letter was sent out to the schools announcing the approval.

Reasons for Success or Barriers/Challenges to Success

None at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

None at this time.

Activity 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.

Activity Status

Completed

Activity Outcome

By 09/30/2010 the RRC conducted 46 sessions utilizing the new, primary prevention curriculum to junior high and high school aged males.

Reasons for Success or Barriers/Challenges to Success

There has been a tremendous amount of requests coming in to the center for this program.

Strategies to Achieve Success or Overcome Barriers/Challenges

The RRC may need to increase staff to accommodate the requests.

Activity 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.

Activity Status

Completed

Activity Outcome

The RRC and UCASA each submitted a progress report in May and a final report in November.

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

The RRC is looking at the possibility of training students who have completed the program to act as mentors as well as conduct long-term outcome evaluations.

Essential Service 4 – Mobilize Partnerships

Impact/Process 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**.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Utah Coalition Against Sexual Assault and Violence and Injury Prevention Staff increased the number of counties that currently have sexual assault prevention coalitions from zero to **4**.

Reasons for Success or Barriers/Challenges to Success

Mobilizing communities to establish prevention coalitions has been more difficult than we anticipated. While we are still working with several counties to get their coalitions established, only four are currently functioning on a regular basis. Weber, Box Elder, and Grand counties should have coalitions up and running by January, 2011. Currently there are prevention coalitions in Salt Lake, Utah, Cache and Rich counties.

Strategies to Achieve Success or Overcome Barriers/Challenges

A sexual violence prevention summit will be held in the summer of 2011. Goals of this full day summit are to mobilize communities and provide these communities with the tools they need to establish coalitions to make prevention a priority in their communities.

Activity 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

Activity Status

Completed

Activity Outcome

UCASA and VIPP attended 100% of the USVC meetings. In addition, VIPP worked with the USVC chair to hold a day retreat for members in which a strategic plan for sexual violence in Utah was created.

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

None at this time.

Activity 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.

Activity Status

Completed

Activity Outcome

A survey of participants of the 2010 Sexual Violence Summit was conducted in March and a roster of individuals interested in participating in a prevention summit has been compiled.

Reasons for Success or Barriers/Challenges to Success

There was an incredible amount of energy following the SV Summit in January. We asked participants to identify individuals working in prevention in their communities and had a very good response. These individuals will be sent an invitation to participate in the next summit where they will receive support and tools to make the prevention of sexual violence a priority in their communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

None at this time.

Activity 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.

Activity Status

Completed

Activity Outcome

VIPP provided 90 hours of technical assistance to professionals working in Tooele, Box Elder, Sevier, and Grand counties. Additionally, UCASA has been working closely with Sevier county to establish a prevention coalition, conduct school-based programs on sexual violence prevention and evaluation. UCASA has provided 280 hours of technical assistance to Sevier county.

Reasons for Success or Barriers/Challenges to Success

Professionals working in disparate counties are eager to begin prevention work in their communities and just need the technical assistance and tools to get started. Staff will continue to work with these counties.

Strategies to Achieve Success or Overcome Barriers/Challenges

None at this time

Essential Service 7 – Link people to services**Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Utah Department of Health, Violence and Injury Prevention Program maintained 1 statewide toll-free rape and sexual assault crisis and information line to provide confidential crisis services, information, support and referral to victims/survivors of rape and sexual assault.

Reasons for Success or Barriers/Challenges to Success

The statewide, toll-free, rape and sexual assault crisis and information line continued to operate without any lapse in service.

Strategies to Achieve Success or Overcome Barriers/Challenges

The only challenge we have experienced is when we have someone call the crisis line with an out of state area code. The toll-free line only operates within Utah, utilizing a Utah area code. The population of Utah continues to grow and much of this growth is due to immigration. Often these new residents will maintain a mobile phone with an out of state area code. Unfortunately, these calls are not routed to the in-state WATTS line. It would be too cost and time prohibitive to open the line to other area codes.

Activity 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.

Activity Status

Completed

Activity Outcome

All calls within the 801 and 435 area codes have been routed to local rape crisis centers.

Reasons for Success or Barriers/Challenges to Success

We have had some difficulty in obtaining the exact number from our Division of Technology Services as they have changed how we receive the bills/notifications. We know that there were no issues in routing any of the calls and are confident we exceeded our goal.

Strategies to Achieve Success or Overcome Barriers/Challenges

VIPP staff are working with DTS to get copies of all of the bills/notifications so that we may accurately report on the number of calls received on the rape crisis line.

Activity 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.

Activity Status

Completed

Activity Outcome

The toll free line is prominently displayed on the VIPP website as well as UCASA and RRC's websites. All new brochures printed with funding from the VIPP have included the toll free line. We advertise in all local

telephone directories in the state as well as online telephone directories. All of these directories have the toll free line listed for rape crisis or information on sexual assault.

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

No real challenges exist, however, it was too cost prohibitive to require the rape crisis programs to print new brochures with the toll-free line so as they are printing or updating new brochures or information packets they are including the toll free number. Most programs are also including their local numbers so they dont miss calls from people calling on an out of state area code.

Impact/Process 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.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, UCASA provided training, information and resources on sexual assault prevention to **302** county stakeholders in Utah.

Reasons for Success or Barriers/Challenges to Success

UCASA has provided training, technical assistance, information and/or resources to the Rape Recovery Center, SafeHarbor Crisis Program, New Hope Crisis Center, CAPSA, Center for Women and Children in Crisis, Seekhaven Crisis Center, Your Community Connection, DOVE Crisis Center, New Horizons Crisis Center, Unified Sheriffs's Department, Planned Parenthodd Association, Utah PTA, Centro de la Familia, Salt Lake District Attorney's Office, Diversity Affairs and Human Rights, and the Attorney General's Office.

Strategies to Achieve Success or Overcome Barriers/Challenges

None at this time.

Activity 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.

Activity Status

Completed

Activity Outcome

Staff of VIPP update the website on a monthly basis to ensure all new information and training opportunities, as well as promotional activities are current.

Reasons for Success or Barriers/Challenges to Success

VIPP staff are diligent about updating information in a timely manner and have scheduled tasks so that they are reminded to update at least monthly.

Strategies to Achieve Success or Overcome Barriers/Challenges

We are in the process of updating our webpage to make it more appealing and user friendly. This should be finalized over the next year.

Activity 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.

Activity Status

Completed

Activity Outcome

Staff of VIPP and UCASA have provided 119 hours of technical assistance to nine Rape Prevention Education Agencies as well as the Victim Advocate Program in Tooele County.

Reasons for Success or Barriers/Challenges to Success

UCASA works very closely with all of the rape crisis centers in the state. They have fielded calls and conducted training and technical assistance. VIPP has held two technical assistance calls with contracted programs as well as conducted two meetings with the programs and other invited guests.

Strategies to Achieve Success or Overcome Barriers/Challenges

None at this time

Essential Service 9 – Evaluate health programs

Impact/Process 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.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

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

Reasons for Success or Barriers/Challenges to Success

complete

Strategies to Achieve Success or Overcome Barriers/Challenges

complete

Activity 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.

Activity Status

Completed

Activity Outcome

Progress reports were received by UCASA and the RRC in November of 2009 and May 2010. VIPP provided feedback on activities, outcome and evaluation to UCASA and RRC in May and November, as well.

Reasons for Success or Barriers/Challenges to Success

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

Strategies to Achieve Success or Overcome Barriers/Challenges

None at this time.

Activity 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.

Activity Status

Completed

Activity Outcome

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

Reasons for Success or Barriers/Challenges to Success

UCASA and VIPP staff believe that feedback and evaluation are important in order to provide the educators with the tools they need. When a training need or technical need is identified staff work diligently to provide whatever topic or assistance to the educators.

Strategies to Achieve Success or Overcome Barriers/Challenges

None at this time.

Activity 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.

Activity Status

Not Completed

Activity Outcome

As stated previously, prevention coalitions have only been established in 4 counties in Utah. However, there has been a tremendous increase in communities receiving technical assistance, training and development tools. We have met all identified technical assistance needs.

Reasons for Success or Barriers/Challenges to Success

Mobilizing communities to establish prevention coalitions has been more difficult than anticipated.

Strategies to Achieve Success or Overcome Barriers/Challenges

A sexual violence prevention summit will be held in the summer of 2011. Goals of this full day summit are to mobilize communities and provide these communities with the tools they need to establish coalitions to make prevention a priority in their communities.