

**Utah FY 2011  
Preventive Health and Health Services  
Block Grant**

**Work Plan**

**Original Work Plan for Fiscal Year 2011**

**Submitted by: Utah**

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**Governor: Gary Herbert  
State Health Officer: W. David Patton  
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](mailto:hborski@utah.gov)  
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<b>Contents</b>	<b>Page</b>
Executive Summary	3
<b>Statutory and Budget Information</b>	<b>4</b>
Statutory Information	4
Budget Detail	5
Summary of Allocations	6
<b>Program, Health Objectives, and 10 Essential Services</b>	<b>7</b>
Environmental Epidemiology	7
8-11 Blood lead	7
8-18 Radon	11
8-27 Monitoring of environmental diseases or conditions	13
20-7 Elevated blood lead levels from work exposure	16
Falls Prevention Among Older Adults Pilot Project	19
15-27 Falls	19
LHD Partnership for Injury Prevention	24
15-13 Unintentional injury deaths	24
LHD Partnerships for Promoting Healthy Weight	30
19-3 Overweight or obesity in children and adolescents	31
Office of Public Health Assessment	35
23-2 Public health access to information and surveillance data	36
Physical Activity, Nutrition, and Obesity	41
19-3 Overweight or obesity in children and adolescents	42
Prevention of Rape or Attempted Rape	46
15-35 Rape or attempted rape	46

## 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.

### **Highlight of proposed FY2011 Efforts:**

**Environmental Epidemiology:** Implement efforts to reduce blood lead levels in high risk children and workers, and to increase awareness of and testing for radon and carbon monoxide.

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

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

**Injury Prevention--Preventing Falls:** Define the burden of falls in Utah, and prepare a burden report. Convene a Fall Prevention Coalition to bring partners together to address the topic. Pilot test evidence-based falls prevention efforts in a targeted area in Utah County, that has the highest rate of hospitalizations caused by falls in the state. (one-time pilot)

**Public Health Assessment:** 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:** (Federally mandated set-aside) Provide rape crises intervention services, including a 24 hour toll-free hotline, and training to other rape crises centers, with a focus on Hispanic/Latino populations in Salt Lake County.

The **UDOH Health Advisory Council (HAC)** continues to provide the advisory function for the PHHSBG. The HAC, which provides overall advice to UDOH, meets regularly and co-conducts the annual public hearing for the PHHSBG. During FFY 2010, the HAC received an update on the fall prevention pilot, progress of HP2020 Objective development, and discussed strategies for improving public attendance at the mandatory hearing. HAC conducted a public hearing on October 26, 2010, for comment on the proposed FFY 2011 application and budget.

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

## Statutory Information

**Advisory Committee Member Representation:**

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

**Dates:**

**Public Hearing Date(s):**

10/26/2010

**Advisory Committee Date(s):**

9/21/2010

4/12/2011

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

Certifications: Yes

Certifications and Assurances: Yes

**Budget Detail for UT 2011 V0 R1**

<b>Total Award (1+6)</b>	\$736,100
<b>A. Current Year Annual Basic</b>	
1. Annual Basic Amount	\$681,414
2. Annual Basic Admin Cost	(\$32,058)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$649,356
<b>B. Current Year Sex Offense Dollars (HO 15-35)</b>	
6. Mandated Sex Offense Set Aside	\$54,686
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$54,686
<b>(9.) Total Current Year Available Amount (5+8)</b>	\$704,042
<b>C. Prior Year Dollars</b>	
10. Annual Basic	\$296,264
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$296,264
<b>13. Total Available for Allocation (5+8+12)</b>	\$1,000,306

<b>Summary of Funds Available for Allocation</b>	
<b>A. PHHSBG \$'s Current Year:</b>	
Annual Basic	\$649,356
Sex Offense Set Aside	\$54,686
Available Current Year PHHSBG Dollars	\$704,042
<b>B. PHHSBG \$'s Prior Year:</b>	
Annual Basic	\$296,264
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$296,264
<b>C. Total Funds Available for Allocation</b>	\$1,000,306

## Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Environmental Epidemiology	8-11 Blood lead	\$0	\$42,641	\$42,641
	8-18 Radon	\$3,500	\$0	\$3,500
	8-27 Monitoring of environmental diseases or conditions	\$1,727	\$0	\$1,727
	20-7 Elevated blood lead levels from work exposure	\$21,822	\$10,569	\$32,391
<b>Sub-Total</b>		<b>\$27,049</b>	<b>\$53,210</b>	<b>\$80,259</b>
Falls Prevention Among Older Adults Pilot Project	15-27 Falls	\$0	\$36,299	\$36,299
<b>Sub-Total</b>		<b>\$0</b>	<b>\$36,299</b>	<b>\$36,299</b>
LHD Partnership for Injury Prevention	15-13 Unintentional injury deaths	\$149,124	\$10,103	\$159,227
<b>Sub-Total</b>		<b>\$149,124</b>	<b>\$10,103</b>	<b>\$159,227</b>
LHD Partnerships for Promoting Healthy Weight	19-3 Overweight or obesity in children and adolescents	\$324,526	\$25,066	\$349,592
<b>Sub-Total</b>		<b>\$324,526</b>	<b>\$25,066</b>	<b>\$349,592</b>
Office of Public Health Assessment	23-2 Public health access to information and surveillance data	\$34,880	\$67,759	\$102,639
<b>Sub-Total</b>		<b>\$34,880</b>	<b>\$67,759</b>	<b>\$102,639</b>
Physical Activity, Nutrition, and Obesity	19-3 Overweight or obesity in children and adolescents	\$113,777	\$103,827	\$217,604
<b>Sub-Total</b>		<b>\$113,777</b>	<b>\$103,827</b>	<b>\$217,604</b>
Prevention of Rape or Attempted Rape	15-35 Rape or attempted rape	\$54,686	\$0	\$54,686
<b>Sub-Total</b>		<b>\$54,686</b>	<b>\$0</b>	<b>\$54,686</b>
<b>Grand Total</b>		<b>\$704,042</b>	<b>\$296,264</b>	<b>\$1,000,306</b>

**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 support specific activities. These PHHSBG funds support Utah Department of Health's ability to obtain other grants, to direct those grants appropriately, and to coordinate those categorical grants into a more comprehensive approach that benefits the people of Utah.

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

**State Program Setting:**

Home, Work site

**FTEs (Full Time Equivalents):**

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

**Position Title:** Health Program Specialist

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

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 1.00

**National Health Objective: HO 8-11 Blood lead**

**State Health Objective(s):**

Between 10/2010 and 09/2011, Decrease the prevalence of blood lead levels  $\geq 10$  micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ) in children ages 0 through 72 months who are tested to less than 1.8%.

**Baseline:**

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

**Data Source:**

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

**State Health Problem:****Health Burden:**

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

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

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

**Target Population:**

Number: 313,627

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

**Disparate Population:**

Number: 39,606

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

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

Health

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**  
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: 1) Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997  
2) Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention, March 2002

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

Total Current Year Funds Allocated to Health Objective: \$0  
Total Prior Year Funds Allocated to Health Objective: \$42,641  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
75-99% - Primary source of funding

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

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

**Essential Service 1 – Monitor health status**

**Objective 1:**

**Report blood lead levels**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will publish **one** report on the prevalence of elevated blood lead levels in children ages 0 to 72 months of age with identified risk factors associated with childhood lead poisoning on the IBIS-PH website.

**Annual Activities:**

**1. Evaluate monthly blood lead data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will evaluate monthly blood lead data of children 0 to 72 months of age to determine blood lead levels and ascertain statistical trends and patterns.

**2. Evaluate annual blood lead data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will evaluate blood lead surveillance data for calendar year 2010 and compare results to national rates and Utah's previous yearly rates. (Descriptive statistics will be used to analyze the number of tests performed and trend over time for elevated blood lead levels.)

**Essential Service 2 – Diagnose and Investigate**

**Objective 1:**

**Increase blood lead tests**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will increase the number of blood lead tests conducted in children 0-72 months of age who are in high risk groups that include Medicaid, WIC, living in older housing, and geographic areas where the soil is contaminated from 3,526 children tested in 2000 to **4,000 children**.

## **Annual Activities:**

### **1. Lab status**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will conduct quarterly reviews of the clinical laboratories to ensure blood lead tests are being reported.

### **2. Partner with Baby your Baby**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will collaborate with the Utah Baby Your Baby program to include blood lead screening and educational information in the newsletters that are provided to new parents.

### **3. Testing with Migrant Head Start**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will assist with and ensure that blood lead testing of Migrant Head Start children is conducted annually, with all children enrolled. Increase lead poisoning awareness to parents of children 0 to 72 months of age by providing lead prevention and educational materials at each testing session during the months of June through August.

### **4. Testing Children in Eureka**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will assist the Environmental Epidemiology Program/Health Hazard Assessment program with conducting blood lead testing of the children in Eureka, Utah. Eureka has been impacted from past mining activities, which caused the soil in and around Eureka to be contaminated, especially where children play.

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

### **Objective 1:**

#### **Education in high-risk population**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will provide lead poisoning prevention and educational materials to **100%** of the parents of children 0 to 72 months of age tested in the Migrant Head Start Program in Utah.

### **Annual Activities:**

#### **1. Distribute educational materials**

Between 10/2010 and 09/2011, 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 blood lead 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 head start centers throughout Utah, a Utah soccer league group for minorities, the West/Central Salt Lake City Children's Environmental Health & Environmental Justice Project & Children's Health Month Celebration and each of the 12 local health districts.

### **Objective 2:**

#### **Blood lead education in Utah**

Between 10/2010 and 09/2011, 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 session in Eureka, Utah.

### **Annual Activities:**

#### **1. Distribute lead educational materials**

Between 10/2010 and 09/2011, 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 to parents and children on how to prevent lead poisoning, especially relating to lead contaminated soil, at the annual blood lead testing session in Eureka.

## **2. Maintain website**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will maintain the child blood lead website and IBIS-PH website to provide educational materials and blood lead data.

### **National Health Objective: HO 8-18 Radon**

#### **State Health Objective(s):**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will assist the Utah Radon Program in increasing the number of radon tests performed to at least 1000 and provide awareness regarding the dangers of radon gas and the importance of testing the home in areas with an increased risk of radon gas poisoning.

#### **Baseline:**

900 radon tests were conducted in 2005.

#### **Data Source:**

Utah Department of Environmental Quality/Radon Program.

#### **State Health Problem:**

##### **Health Burden:**

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

##### **Target Population:**

Number: 2,757,779

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

##### **Disparate Population:**

Number: 1,340,766

Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other  
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes  
Location: Specific Counties  
Target and Disparate Data Sources: Utah Governor's Office of Planning and Budget. Retrieved on September 10, 2009 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health

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

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

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

Total Current Year Funds Allocated to Health Objective: \$3,500  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$3,500  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 75-99% - Primary source of funding

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

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

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

#### **Objective 1:**

#### **Conduct radon tests and awareness**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will identify **100** residences for radon testing in Utah and provide radon awareness to Utah residents.

#### **Annual Activities:**

##### **1. Identify residences to receive radon tests**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will continue to coordinate with the Utah Department of Air Quality/Radon program to randomly select 100 residences, within five high risk counties in Utah, to receive a short-term radon test kit.

##### **2. Provide radon test kits**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute short-term radon test kits to a total of 100 residences identified within five high risk counties.

### **Essential Service 2 – Diagnose and Investigate**

**Objective 1:**

**Collect and analyze data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will evaluate **100** radon test results received from residences that received a short-term radon test kit. The data will be analyzed to ascertain trends and patterns of elevated radon levels in Utah.

**Annual Activities:**

**1. Analyze radon testing**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will collect and analyze radon testing data, which were sent to 100 residences, in Utah, to ascertain trends and patterns of elevated radon levels in Utah.

**2. Maintain tracking database**

Between 10/2010 and 09/2011, 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.

**Essential Service 3 – Inform and Educate**

**Objective 1:**

**Radon education - high-risk families**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute educational materials about the health effects of radon, how to test properly, how to prevent radon exposure and how to mitigate or lower radon levels in their home, to **100%** of the residents with an elevated radon level.

**Annual Activities:**

**1. Education to high risk families**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will provide educational materials about the health effects of radon, how to test properly and prevent radon exposure to 100 residents receiving a short-term radon test kit. Those identified with an elevated radon level (greater than or equal to 4 pCi/L), provide information on how to mitigate or lower radon levels in their home.

**2. Maintain website**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will update and maintain the EEP website and the IBIS-PH indicator about radon.

**Objective 2:**

**Radon education - high-risk communities**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute educational materials about radon awareness/prevention and second-hand smoke to **10 libraries, 5 local health departments and to at least 3 events for the National Radon Tee Campaign for Utah** in high-risk communities, identified by the Utah Radon program.

**Annual Activities:**

**1. Education in high-risk communities**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will contact and distribute radon awareness/prevention materials and second-hand smoke to libraries, local health departments and events held in Utah for the national Radon Tee campaign, a national campaign to raise awareness about radon exposure sponsored by Cancer Survivors Against Radon.

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

**State Health Objective(s):**

Between 10/2010 and 09/2011, The Healthy Homes Coordinator will increase the number of carbon monoxide detectors distributed in homes by 10% and increase public awareness about carbon monoxide poisoning prevention.

**Baseline:**

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

**Data Source:**

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

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

**State Health Problem:****Health Burden:**

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

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

**Target Population:**

Number: 2,757,779

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 2,757,779

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

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

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

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

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

Total Current Year Funds Allocated to Health Objective: \$1,727

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

Funds Allocated to Disparate Populations: \$1,727

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

75-99% - Primary source of funding

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

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

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

#### **Objective 1:**

##### **Carbon Monoxide Poisoning Data**

Between 10/2010 and 09/2011, 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.

#### **Annual Activities:**

##### **1. Obtain data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will continue to coordinate with the Hazardous Substance Emergency and Event Surveillance (HSEES) program to obtain data on carbon monoxide poison events that created a public health action.

##### **2. Create database and analyze results**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will maintain the database to track the causes of carbon monoxide poisoning and where the incident occurred. Analyze the database to ascertain trends and guide outreach educational activities.

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

#### **Objective 1:**

##### **Provide CO detectors and educational materials**

Between 10/2010 and 09/2011, 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 and five local health departments in Utah.

#### **Annual Activities:**

##### **1. Distribute CO detectors and educational materials**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute a CO detector and CO poisoning prevention materials to 33 Utah residences.

##### **2. Maintain website**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will update and maintain information about carbon monoxide poisoning on the EEP website.

### **3. CO education - communities**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute CO poisoning prevention materials to 10 libraries and five local health departments.

## **National Health Objective: HO 20-7 Elevated blood lead levels from work exposure**

### **State Health Objective(s):**

Between 10/2010 and 09/2011, The Healthy Homes Coordinator will decrease the prevalence of blood lead levels  $\geq 25$   $\mu\text{g}/\text{dL}$  in adult workers tested, to below 3.0 % per 100,000.

### **Baseline:**

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

### **Data Source:**

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

### **State Health Problem:**

#### **Health Burden:**

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

#### **Cost Burden:**

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

#### **Target Population:**

Number: 1,336,156

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

#### **Disparate Population:**

Number: 228,824

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

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**  
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

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

Total Current Year Funds Allocated to Health Objective: \$21,822  
Total Prior Year Funds Allocated to Health Objective: \$10,569  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
75-99% - Primary source of funding

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

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

**Essential Service 1 – Monitor health status**

**Objective 1:**

**Analyze and share data**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will publish **four** reports on the prevalence of elevated blood lead levels in adult workers in high-risk industries on the IBIS-PH website. A biannual and annual report will be submitted to the National Institute for Occupational Safety and Health (NIOSH).

**Annual Activities:**

**1. Lab data collection and evaluation**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will collect blood lead data and conduct monthly evaluations of blood lead data/results from clinical laboratories.

**2. Data Analysis**

Between 10/2010 and 09/2011, 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. Results will be provided to NISOH and published to the IBIS-PH website.

**Essential Service 2 – Diagnose and Investigate**

**Objective 1:**

**Blood lead testing and Elevated Blood Lead Levels (EBLL)**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will evaluate **100%** of the blood lead tests performed on adults, identifying those adults with a blood lead level between 9.9 and 25 µg/dL and those

adults with a blood lead level equal to or greater than 25 µg/dL and determine why they're being exposed to lead.

**Annual Activities:**

**1. Assess lab reporting status**

Between 10/2010 and 09/2011, 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  $\geq 10$  µg/dL.

**2. EBLL Risk Evaluation**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will distribute risk surveys to adults with an EBLL of  $\geq 25$  µg/dL to evaluate lead exposure, industry and health status.

**Essential Service 3 – Inform and Educate**

**Objective 1:**

**Educating adults about lead exposure**

Between 10/2010 and 09/2011, 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%** of adult workers with blood lead levels equal to or greater than 25 µg/dL.

**Annual Activities:**

**1. Identify and educate target audience**

Between 10/2010 and 09/2011, the Healthy Homes Coordinator will evaluate data and identify those adults with a blood lead level of  $\geq 25$  µg/dL. The coordinator will mail them lead poisoning prevention material to assist workers in lowering or eliminating their exposure to lead and how to protect family members from being exposed. 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.

**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 targeted small area(s) where the age-adjusted fall hospitalization rate is significantly higher than the state age-adjusted fall hospitalization rate. 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. One of the programs supported by CDC, *Stepping On*, is the focus of the UDOH 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), Utah Valley University (UVU), Utah Commission on Aging, 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. Hospitalization rates by small area will also be monitored for impact.

**State Program Setting:**

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

**FTEs (Full Time Equivalent):**

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

**Position Title:** Health Program Specialist

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

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 0.25

**National Health Objective: HO 15-27 Falls**

**State Health Objective(s):**

Between 10/2010 and 09/2011, By 2011, the UDOH Violence and Injury Prevention Program will assist in decreasing the rate of fall hospitalization among Utahns 65 years and older in the target small area(s) by 5%.

**Baseline:**

2005-2007 - 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 among Utahns 65 years and older than the state rate that will be targeted for the pilot project)

**Data Source:**

Utah Inpatient Hospital Discharge Data, 2005-2007; Utah's Indicator-Based Information System

**State Health Problem:**

**Health Burden:**

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

In Utah, there are 14 small areas with significantly higher age-adjusted rates than the state fall hospitalization rate. Lehi/Cedar Valley, located in the Utah County Health District, had the highest age-adjusted fall hospitalization rates of all the small areas (205.5 per 10,000 population). Data for the small areas was calculated for years 2005-2007.

The target population is the 51,571 Utah residents aged 65 and older living in the 14 small areas where the fall hospitalization rate is significantly higher than the state fall hospitalization rate. These small areas represent the highest risk areas in Utah for falls. The disparate population is the 11,430 Utah residents aged 65 and older living in Lehi/Cedar Valley, Pleasant Grove/Lindon, North Orem, and American Fork/Alpine small areas where the pilot program will take place and which have fall hospitalization rates that are significantly higher than the state rate.

**Target Population:**

Number: 51,571

Ethnicity: Hispanic, Non-Hispanic

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

Age: 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 11,430

Ethnicity: Hispanic, Non-Hispanic

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

Pacific Islander, White  
Age: 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: No  
Location: Specific Counties  
Target and Disparate Data Sources: Utah Inpatient Hospital Discharge Data, 2005-2007; Utah's Indicator-Based Information System

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

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

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

Total Current Year Funds Allocated to Health Objective: \$0  
Total Prior Year Funds Allocated to Health Objective: \$36,299  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

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

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

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

#### **Objective 1:**

##### **Falls Data Report**

Between 10/2010 and 09/2011, UDOH Violence and Injury Prevention staff will develop 1 data report on falls in Utah.

#### **Annual Activities:**

##### **1. Gather data**

Between 10/2010 and 09/2011, Gather existing data on falls from the following sources: Utah Death Certificate Database, Utah Inpatient Hospital Discharge Data; Utah Emergency Department Encounter Database; Traumatic Brain Injury Surveillance System Falls Module; Behavioral Risk Factor Surveillance System; and National Sources as appropriate.

##### **2. Compile data**

Between 10/2010 and 09/2011, Compile existing data into a single report on the burden of falls in Utah.

### **3. Disseminate report**

Between 10/2010 and 09/2011, Publish and disseminate report to appropriate partners via the Violence and Injury Prevention Program website, Injury Coordinators Listserve, etc.

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

### **Objective 1:**

#### **Pilot Test of Falls Prevention Program**

Between 10/2010 and 09/2011, local health department injury prevention staff at the Utah County Health Department (UCHD), with support from UDOH Violence and Injury Prevention staff, will conduct **1** evidence-based falls prevention program (i.e. Stepping On) in at least one small area with a significantly higher age-adjusted fall hospitalization rate than the state rate.

### **Annual Activities:**

#### **1. Contract with agency**

Between 10/2010 and 09/2011, Contract with the UCHD to implement the falls prevention program.

#### **2. IRB approval**

Between 10/2010 and 09/2011, If necessary, obtain Institutional Review Board (IRB) approval at UDOH, UCHD, and other participating agencies as required.

#### **3. Implement pilot test**

Between 10/2010 and 09/2011, Conduct a pilot test of the falls prevention program in at least one small area for a minimum of seven weeks. The Stepping On program is conducted once a week for seven consecutive weeks. This does not include the evaluation component of the program.

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

### **Objective 1:**

#### **Statewide Falls Coalition**

Between 10/2010 and 09/2011, UDOH Violence and Injury Prevention Program staff will develop **1** Statewide Falls Coalition with representatives from agencies and communities that have an interest in healthy aging, older adults, and/or falls to guide state planning efforts.

### **Annual Activities:**

#### **1. Coalition meetings**

Between 10/2010 and 09/2011, Convene a minimum of two Statewide Falls Coalition meetings to discuss fall prevention priorities for the state.

#### **2. Implement priorities**

Between 10/2010 and 09/2011, Meet with interested Coalition members on an as needed basis to implement the fall prevention priorities for the state.

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

### **Objective 1:**

#### **Evaluation of Impact Objectives**

Between 10/2010 and 09/2011, UDOH Violence and Injury Prevention Program and Utah County Health Department will evaluate **4** impact objectives to determine if they were accomplished as outlined.

### **Annual Activities:**

#### **1. Evaluations with fall prevention program participants**

Between 10/2010 and 09/2011, Evaluations will be conducted with participants of the pilot program to determine effectiveness 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 program, Stepping On. This includes a baseline evaluation, attendance logs, exercise charts, self-checklist, 6 month follow up evaluation, and 12 month follow up evaluation.

## **2. Progress reports**

Between 10/2010 and 09/2011, The UCHD will publish two progress reports documenting progress of activities and objectives, impact of the pilot falls prevention program, lessons learned, and technical assistance needed from the VIPP on the Utah Data Analysis and Reporting Tool System.

## **3. Feedback to agency**

Between 10/2010 and 09/2011, 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 the UCHD.

## **4. Site visit**

Between 10/2010 and 09/2011, Conduct a minimum of one site visit to the UCHD.

**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. A statewide coordinated campaign continues for teen traffic safety known as "Don't Drive Stupid". 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.

**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 conduct a pre and post seat belt use observation study for their targeted high schools to monitor progress. They also produce a report and compile data on the Utah Data Analysis and Reporting Tool System that will be used to monitor progress.

**State Program Setting:**

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

**FTEs (Full Time Equivalents):**

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

**Position Title:** Health Program Coordinator

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

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 0.25

**National Health Objective: HO 15-13 Unintentional injury deaths**

**State Health Objective(s):**

Between 01/2000 and 12/2011, 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 29.5 per 100,000.

**Baseline:**

Baseline: 1998 – 31.5 per 100,000 population.  
Recent data: 2008 – 30.0 per 100,000 population.

**Data Source:**

UDOH IBIS Mortality and Population data.

**State Health Problem:****Health Burden:**

Injury is a significant public health problem and a leading cause of premature death and disability. It is the leading cause of death for people age 1 – 44 years and the leading cause of years of potential life lost. During 2004-2008 in Utah, unintentional injuries resulted in 3,684 deaths, 47,117 hospitalizations and 1,060,832 emergency department (ED) visits. For every one death there were 13 hospitalizations and 226 emergency room visits. In addition there are an unknown number of injuries treated in clinics, doctor's offices, schools, work sites and homes. It is difficult to determine the full economic impact of unintentional injury (medical costs, lost wages, disability, etc.). However, during 2008, hospital and ED charges in Utah amounted to \$332 million. (Source: UDOH IBIS mortality, hospitalization and ED data.)

Motor vehicle traffic crashes were the leading cause of unintentional injury death, while falls were the leading cause of unintentional injury hospitalization and ED visit. Motor vehicle crash death rates are now highest in the 65+ age group followed by 20-24 and 15-19 age groups. Motor vehicle crash hospitalization rates are highest in the 15-19 year age group. Utah teenage drivers represented 7% of the licensed drivers in 2008, yet they were involved in a disproportionate percent of crashes; 22% of all motor vehicle crashes and 18% of all fatal crashes. (Source: Utah Department of Public Safety, 2008 Utah Crash Facts). The targeted population for interventions are those ages 15-19 residing in all counties in Utah according to census data. The disparate population then was determined to be the student enrollment within the targeted high schools by local health departments across the state.

**Target Population:**

Number: 348,749  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White  
Age: 12 - 19 years  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: No

**Disparate Population:**

Number: 47,434  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White  
Age: 12 - 19 years

Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: No  
Location: Entire state  
Target and Disparate Data Sources: UDOH IBIS-PH 2008 population data

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**  
Guide to Community Preventive Services (Task Force on Community Preventive Services)

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

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

Total Current Year Funds Allocated to Health Objective: \$149,124  
Total Prior Year Funds Allocated to Health Objective: \$10,103  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$143,093  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
10-49% - Partial source of funding

**ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

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

**Essential Service 1 – Monitor health status**

**Objective 1:**

**Maintain local capacity for injury prevention surveillance**

Between 10/2010 and 09/2011, nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will maintain 1 employee per LHD who evaluates and collects localized injury data for community needs assessment, prevention planning, and evaluation.

**Annual Activities:**

**1. Maintain employees and capacity**

Between 10/2010 and 09/2011, nine LHDs will maintain at least one employee per LHD 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..

**2. Conduct observation surveys**

Between 10/2010 and 09/2011, nine LHDs will collect pre and post teen seatbelt use observation surveys for their targeted high schools.

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

### **Objective 1:**

#### **Injury prevention education and awareness**

Between 10/2010 and 09/2011, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will implement 3 injury prevention education/awareness activities addressing at least two priority issues.

### **Annual Activities:**

#### **1. Teen seat belt education**

Between 10/2010 and 09/2011, nine LHDs will implement at least one teen seatbelt education and awareness activity as part of the statewide seatbelt campaign targeting the disparate population.

#### **2. Teen traffic safety media**

Between 10/2010 and 09/2011, nine LHDs will each prepare and submit two press releases on teen traffic safety to the media.

#### **3. Promote teen traffic safety**

Between 10/2010 and 09/2011, nine LHDs will each provide three different types of materials promoting teen traffic safety.

#### **4. Seatbelt cues to action**

Between 10/2010 and 09/2011, nine LHDs will maintain or repair the cues to action (buckle up signs, buckle up stencils, etc.) at entrances/exits of schools and other places teenagers frequent to remind teenagers to wear their seatbelt.

#### **5. Injury education and awareness**

Between 10/2010 and 09/2011, nine LHDs will each implement at least two education and awareness activities that address one or more additional injury prevention areas.

#### **6. Fall prevention**

Between 10/2010 and 09/2011, at least three LHDs will implement one or more fall prevention activities focusing on reducing falls among people ages 65+ years.

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

### **Objective 1:**

#### **Maintain partnerships in support of injury prevention**

Between 10/2010 and 09/2011, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will maintain 3 or more partnerships with local community coalitions or organizations that promote safety, injury prevention, or violence prevention (such as Safe Kids, Safe Communities, schools, PTAs, youth councils, law enforcement, businesses, etc.).

### **Annual Activities:**

#### **1. Maintain Safe Kids coalitions or chapters**

Between 10/2010 and 09/2011, nine LHDs will each maintain at least one local Safe Kids coalition or chapter, which they actively participate in or sponsor.

#### **2. Work with law enforcement**

Between 10/2010 and 09/2011, nine LHDs will each maintain a relationship with at least one local law enforcement agency they work with to enforce seatbelt laws among teenagers.

### **3. Maintain high school and youth partners**

Between 10/2010 and 09/2011, nine LHDs will each maintain at least one target high school with whom they work to conduct at least one peer led program promoting teen seatbelt use.

### **4. Maintain local partnerships**

Between 10/2010 and 09/2011, at least five LHDs will each maintain one or more local coalitions, committees or community groups (other than Safe Kids) with whom they work to promote injury or violence prevention.

### **5. Document success**

Between 10/2010 and 09/2011, nine LHDs will each document in the Utah Data Analysis and Reporting Tool System, one success story that resulted from their injury related efforts in their communities.

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

### **Objective 1:**

#### **Disseminate injury information**

Between 10/2010 and 09/2011, the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will implement **3** strategies per LHD to provide an injury prevention message, product or other services to their constituents and clients.

### **Annual Activities:**

#### **1. Child safety seat check points**

Between 10/2010 and 09/2011, at least five LHDs will implement at least one community child safety seat checkpoint.

#### **2. Car seat distribution**

Between 10/2010 and 09/2011, 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.

#### **3. Car seat checks**

Between 10/2010 and 09/2011, at least five LHDs will maintain an appointment process for residents to receive a car seat inspection at the LHD.

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

### **Objective 1:**

#### **Maintain designated local injury prevention staff**

Between 10/2010 and 09/2011, each of the nine local health departments (LHDs) electing to use PHHSBG funds for injury prevention will maintain **1** Injury Prevention Program with a designated injury prevention (IP) coordinator.

### **Annual Activities:**

#### **1. LHD staff training**

Between 10/2010 and 09/2011, the Violence and Injury Prevention Program will implement one training to strengthen the knowledge and skills in injury prevention principles and practice of LHD staff.

#### **2. Data Training**

Between 10/2010 and 09/2011, nine LHDs will maintain at least one employee per LHD who has access to injury prevention data, information, and education resources on the Internet.

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

### **Objective 1:**

#### **Evaluate program activities**

Between 10/2010 and 09/2011, the Violence and Injury Prevention Program will evaluate 9 LHD injury prevention contracts to determine if the objectives and activities were accomplished as outlined and to identify problem areas or gaps and offer solutions.

### **Annual Activities:**

#### **1. Evaluate progress reports**

Between 10/2010 and 09/2011, the Violence and Injury Prevention Program will evaluate all progress reports for activities and impact objectives entered on the Utah Data Analysis and Reporting Tool System and provide feedback.

#### **2. Conduct site visits**

Between 10/2010 and 09/2011, the Violence and Injury Prevention Program will implement at least four site visits to LHDs to assist/observe activities, assess progress and address any concerns.

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

Between 10/2010 and 09/2011, Provide semi-annual feedback to the 9 LHDs with injury prevention contracts.

## **State Program Title: LHD Partnerships for Promoting Healthy Weight**

### **State Program Strategy:**

#### **Goal:**

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

#### **Primary Internal and External Strategic Partnerships:**

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

#### **Role of PHHS BG Funds:**

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

#### **Evaluation Methodology:**

Elementary school height and weight surveillance data will be used to 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. Additional evaluation criteria include number of active community environment partnerships developed, community environmental changes made, number of employers and communities applying for and receiving the A Healthier You Community Awards.

### **State Program Setting:**

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

### **FTEs (Full Time Equivalent):**

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

**Total Number of Positions Funded:** 0

**Total FTEs Funded:** 0.00

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

**State Health Objective(s):**

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

**Baseline:**

20.4%, 2010

**Data Source:**

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

**State Health Problem:**

**Health Burden:**

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

**Target Population:**

Number: 2,750,000

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 100,000

Ethnicity: Hispanic, Non-Hispanic

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

Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural

Primarily Low Income: Yes

Location: Entire state

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

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

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

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

Total Current Year Funds Allocated to Health Objective: \$324,526

Total Prior Year Funds Allocated to Health Objective: \$25,066  
Funds Allocated to Disparate Populations: \$94,000  
Funds to Local Entities: \$324,526  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
75-99% - Primary source of funding

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

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

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

#### **Objective 1:**

##### **Community Assessment**

Between 07/2010 and 06/2011, Local Health Departments will identify **14** barriers and/or supports to physical activity/or healthy eating.

#### **Annual Activities:**

##### **1. Conduct Environmental Assessment**

Between 07/2010 and 06/2011, two LHDs will conduct two environmental assessment(s) to identify barriers and supports to physical activity and/or healthy eating.

##### **2. Prioritize Community Strategies and Collect Measures**

Between 07/2010 and 06/2011, 12 LHDs will identify and collect data related to community priority strategies.

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

#### **Objective 1:**

##### **Increase Gold Medal Schools**

Between 07/2010 and 06/2011, five local health departments will increase the number of elementary schools participating in Gold Medal Schools from 373 to **382**.

#### **Annual Activities:**

##### **1. Promote Gold Medal Schools**

Between 07/2010 and 06/2011, five LHDs will promote GMS to elementary schools to increase visibility and increase participation.

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

Between 07/2010 and 06/2011, three LHDs will promote safe and active transportation to schools.

##### **3. Promote nutrition or physical activity campaign**

Between 07/2010 and 06/2011, two LHDs will work with schools to promote campaigns about fruits and vegetable consumption, physical activity, sugar sweetened beverage consumption or "Unplug 'n Play".

##### **4. Promote GMS Power-Up schools**

Between 07/2010 and 06/2011, one LHD will encourage middle schools to apply to become a Power-Up school.

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

**Objective 1:**

**Strengthen external partnerships**

Between 07/2010 and 06/2011, 11 Local health departments will maintain 1 external partnership each to promote healthy nutrition and physical activity behaviors.

**Annual Activities:**

**1. GMS School Coordinator Support**

Between 07/2010 and 06/2011, 10 LHDs will provide technical support and resources to GMS School Coordinators.

**2. Community Committee**

Between 07/2010 and 06/2011, four LHDs will participate on a community environment committee to maintain external partnerships.

**3. Community Event**

Between 07/2010 and 06/2011, one LHD will plan, support, and provide health nutrition and physical activity behavior messages to a community.

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

**Objective 1:**

**Increase policies and environmental supports**

Between 07/2010 and 06/2011, 12 local health departments will increase the number of individual school policies and environmental supports implemented, strengthened and/or maintained to support healthy choices in elementary schools from 10,603 to 11,853.

**Annual Activities:**

**1. Assist GMS School Coordinators**

Between 07/2010 and 06/2011, 12 LHDs will assist school coordinators to establish GMS or Power-Up policies in 122 schools statewide.

**2. GMS Award Levels**

Between 07/2010 and 05/2011, 120 schools will achieve at least one new GMS medal level implementing approximately 5 policies or environmental supports per level.

**3. Healthy Community Award**

Between 07/2010 and 06/2011, one LHD will provide technical assistance to one community to apply for the “A Healthier You Healthy Community Award”.

**4. Healthy Worksite Award**

Between 07/2010 and 06/2011, one LHD will provide technical assistance to one worksite to apply for the “A Healthier You Healthy Worksite Award”.

**Essential Service 9 – Evaluate health programs**

**Objective 1:**

**Evaluate Program Progress**

Between 07/2010 and 06/2011, 12 local health departments will evaluate 5 objectives each in the standardized web-based Utah Data Analysis and Reporting Tool (UDART).

**Annual Activities:**

**1. Process Evaluation**

Between 07/2010 and 06/2011, 12 LHDs will develop process evaluation methods for each objective and activity.

**2. Track Outcomes**

Between 07/2010 and 06/2011, 12 LHDs will use the standardized web-based data and reporting tool to track their project outcomes.

**3. Report Progress**

Between 07/2010 and 06/2011, 12 LHDs will report progress at least two times per year in UDART, including mid-year and year end.

**State Program Title: Office of Public Health Assessment**

**State Program Strategy:**

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

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

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

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

**Evaluation Methodology:**

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

**State Program Setting:**

Local health department, State health department

**FTEs (Full Time Equivalents):**

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

**Position Title:** IBIS Query System Program Manager

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

**Position Title:** UDOH Surveys Coordinator

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

**Total Number of Positions Funded: 2**

**Total FTEs Funded:** 1.25

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

**State Health Objective(s):**

Between 10/2010 and 09/2011, The OPHA will improve access to important public health data and information for public health professionals and others through the on-going collection of household survey data, and the updating of public health datasets, public health priority measures and results of analyses on Utah's IBIS-PH (Indicator-Based Information System for Public Health) Website.

**Baseline:**

Twenty-seven queryable data sets that are available in IBIS contain data through 2010. IBIS-PH Indicator reports of priority public health information contain data up through 2010. Reports published through 09/2010 are included on IBIS-PH. The BRFSS will collect 10,000 land line and 1,500 cell phone interviews in 2010.

**Data Source:**

IBIS-PH Web site. BRFSS data.

**State Health Problem:**

**Health Burden:**

Access to accurate and timely information about the health of Utah's populations and Utah's healthcare and public health systems is vital to effective governance and public health program planning. The OPHA must maintain the ability to collect, analyze, evaluate and publicize this information as extensively, widely and quickly as possible. Because disparities continue to exist for Utah subpopulations such as race, ethnicity, income, and geographic groups, OPHA must make meaningful information available for these groups. And in order to support effective community-level public health practice, OPHA must provide the information at the smallest population level possible. The OPHA challenges in collecting reliable and valid telephone health survey data due to declining response rates and the ever-increasing use of cell phones. Our Web-based system for public health data dissemination requires continual maintenance and enhancements due to changing software technologies, data updates and user requirements. The public health workforce is ever changing and must have the ability to effectively and competently use data to monitor health status of the population and to present public health data so that it can be used. The IBIS-PH Website must continue to provide documentation to inform and educate public health practitioners in these areas. Finally, we need to know that the information we provide is being used effectively to promote the health of Utah populations.

**Target Population:**

Number: 2,847,897

Infrastructure Groups: Other

**Disparate Population:**

Number: 1

Infrastructure Groups: Other

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

Other: Other: The American Association for Public Opinion Research (AAPOR), 'Standards and Ethics' for survey research. The Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance

System (BRFSS) 'BRFSS Operational and User's Guide'. The Contextual Design process for software development.

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

Total Current Year Funds Allocated to Health Objective: \$34,880

Total Prior Year Funds Allocated to Health Objective: \$67,759

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

10-49% - Partial source of funding

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

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

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

#### **Objective 1:**

##### **Obtain BRFSS interviews**

Between 10/2010 and 09/2011, the Surveys Coordinator will maintain **10,000** Behavioral Risk Factor Surveillance System (BRFSS) telephone interviews that address state-specific data needs stratified by Utah's 12 local health districts and able to be analyzed by Utah's 61 small areas.

#### **Annual Activities:**

##### **1. Develop grant application**

Between 10/2010 and 01/2011, the Surveys Coordinator will develop one Behavioral Risk Factor Surveillance System (BRFSS) grant application that will support the in-house collection of the BRFSS to monitor Utah's health status and support state initiatives.

##### **2. State-added questions**

Between 10/2010 and 01/2011, the Surveys Coordinator in collaboration with UDOH program staff will develop 10 new state-added questions to be included on the 2010 Utah BRFSS questionnaire in order to measure important emerging health issues for Utah adults and children.

##### **3. Develop survey questionnaires**

Between 10/2010 and 01/2011, the Surveys Coordinator will develop 3 Utah-specific BRFSS 2010 questionnaires that utilize the multi-questionnaire capability of the Computer-assisted Telephone Interviewing (CATI) system in order to be able to measure an increasing number of behavioral health determinants.

##### **4. Health Access Questions for Adults and Children**

Between 01/2011 and 09/2011, the Surveys Coordinator will include 35 state-added questions on the 2010 BRFSS in order to measure important health insurance and health care access issues for Utah adults and children.

##### **5. Conduct cell phone interviews**

Between 01/2011 and 09/2011, the Surveys Coordinator will conduct 20% of BRFSS interviews in cell-phone only households in order to measure the health status of this growing population.

## **6. Conduct Spanish interviews**

Between 01/2011 and 09/2011, the Surveys Coordinator will conduct 2% of BRFSS interviews in Spanish in order to measure health status and help eliminate disparities in this growing population in Utah.

### **Objective 2:**

#### **Enhance BRFSS queryable data set**

Between 10/2010 and 09/2011, the Surveys Coordinator in collaboration with OPHA and UDOH program staff will implement 1 IBIS-Q BRFSS queryable data set with enhanced content and functionality as specified in the activities below.

### **Annual Activities:**

#### **1. Update dataset**

Between 01/2011 and 09/2011, the Surveys Coordinator, in collaboration with OPHA and UDOH program staff, will update the BRFSS queryable data set to include data from the 2010 BRFSS.

#### **2. Add health access data to BRFSS IBIS-Q**

Between 10/2010 and 09/2011, the Surveys Coordinator, in collaboration with UDOH program staff, will upload 1 one health care insurance and health care access dataset on IBIS-Q using data collected through the BRFSS in order to implement the set of query topics established in the previous funding cycle.

### **Objective 3:**

#### **Maintain IBIS-Q data sets**

Between 10/2010 and 09/2011, the IBIS Query System Program Manager will update 27 datasets on the IBIS Query system and add one new dataset. The updated data will be available online within 2 weeks of it becoming available to OPHA. Textual information included with the data sets will be updated revised as needed.

### **Annual Activities:**

#### **1. Update data sets**

Between 10/2010 and 09/2011, the IBIS-Q Program Manager will update each dataset throughout the year within 2 weeks of the data becoming available.

#### **2. Update population, race/ethnicity, and small area data**

Between 10/2010 and 09/2011, the IBIS-Q Program Manager will update data for one population data module, the race/ethnicity population module, and one small area data module, as data becomes available from the U.S. Census, Utah Governor's Office of Planning and Budget (GOPB), and other sources.

#### **3. Explore time series analysis and implement it on IBIS query system**

Between 10/2010 and 09/2011, the IBIS-Q Program Manager will explore time series analysis and implement 5% of IBIS query modules.

#### **4. Utah Prehospital Reporting System**

Between 10/2010 and 09/2011, the IBIS-Q Program Manager will add the Utah Prehospital Reporting System module to IBIS-Q in order to provide information about Utah's EMS prehospital data.

#### **5. Utah Violent Death Reporting System**

Between 10/2010 and 09/2011, the IBIS-Q Program Manager will continue to add the Utah Violent Death Reporting System module to IBIS-Q in order to provide information about Utah's violent deaths.

#### **6. Make 2009 new coding of birth data available for year trend analysis on IBIS**

Between 10/2010 and 09/2011, The IBIS-Q Program Manager will work with program staff to make 2009 birth comparable with previous years data.

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

### **Objective 1:**

#### **Maintain reporting infrastructure**

Between 10/2010 and 09/2011, OPHA staff will maintain **1** reporting infrastructure (technical and human resources) to present public health information (data and context) for 180 priority state health objectives.

#### **Annual Activities:**

##### **1. IBIS Indicator Administration training**

Between 10/2010 and 09/2011, OPHA Staff will provide two IBIS-Admin training sessions to Web content developers.

##### **2. Ensure reports are up-to-date**

Between 10/2010 and 12/2010, OPHA Staff will ensure that information for 101 priority IBIS Indicator reports is up to date.

##### **3. Disseminate data**

Between 10/2010 and 12/2010, OPHA Staff will present data and public health context for 101 priority state health objectives in Utah's HP2010 plan and report, and notify all 104 Utah legislators and more than 300 recipients of the Center for Health Data monthly data email that they are available.

##### **4. Publish Utah Public Health Outcome Measures**

Between 05/2011 and 09/2011, the Surveys Coordinator in collaboration with UDOH program staff will publish 27 IBIS-PH pre-defined public health indicators that utilize BRFSS data with 2010 BRFSS data for the Utah Public Health Outcome Measures Report.

##### **5. Update indicators**

Between 05/2011 and 09/2011, 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 2010.

### **Objective 2:**

#### **Update resources**

Between 10/2010 and 09/2011, the Surveys Coordinator will update **100%** or resources available to the public online via IBIS from 0% updated to 100% updated as specified in the activities below.

#### **Annual Activities:**

##### **1. Enhance website**

Between 10/2010 and 09/2011, the Surveys Coordinator will further develop one BRFSS website linked through IBIS-PH from one that is less comprehensive to one that is more comprehensive and user-friendly.

##### **2. Health Status Updates**

Between 10/2010 and 09/2011, the Surveys Coordinator will upload 10 Utah Health Status Updates that utilize BRFSS data to the web in order to allow wider access to these data and publications.

##### **3. Health Care Coverage Publications**

Between 10/2010 and 09/2011, the Surveys Coordinator will upload 1 Health Care Coverage "Cheatsheet" to the web in order to allow wider access to the data collected on the 2010 BRFSS related to this topic.

### **Objective 3:**

#### **Enhance and Publicize IBIS Community Profiles**

Between 10/2010 and 09/2011, OPHA staff will implement **12** Utah local health district Community Profile reports utilizing data from the IBIS-IRV (Indicator Reporting and Visualization) system SQL data base as updated in a new deployment of the IBIS-PH software system.

**Annual Activities:**

**1. Community Profile Testing and Enhancement**

Between 10/2010 and 09/2011, IBIS Staff will coordinate the usability testing and evaluation of the Community Profiles as deployed on the new version of IBIS-PH in order to promote their accessibility and use by Utah's public health community and citizens.

**2. Community Profile Publicizing and Training**

Between 10/2010 and 09/2011, IBIS Staff will provide 2 presentations and trainings about the Community Profiles for Local Health Department staff.

**3. Community Report**

Between 10/2010 and 09/2011, IBIS Staff will test and evaluate the new IBIS-PH Version 2 software Community Reports capability and produce one pilot test prototype for one of Utah's local health districts.

**Essential Service 8 – Assure competent workforce**

**Objective 1:**

**Provide Informative and Up-to-date IBIS Help pages**

Between 10/2010 and 09/2011, OPHA staff will update **4** online IBIS Help pages about public health analytic topics and query data bases.

**Annual Activities:**

**1. Identify topics and draft help pages**

Between 10/2010 and 09/2011, OPHA Staff will identify 4 help topics to address, and publish new updated IBIS help pages for the selected topics.

**Essential Service 9 – Evaluate health programs**

**Objective 1:**

**IBIS Web site visits**

Between 10/2010 and 09/2011, OPHA staff will evaluate **12** monthly IBIS-PH Web site summary utilization reports in order to gauge IBIS-PH usage.

**Annual Activities:**

**1. Evaluate web hits**

Between 10/2010 and 09/2011, 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.

**State Program Title: Physical Activity, Nutrition, and Obesity**

**State Program Strategy:**

**Goal:**

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

**Primary Internal and External Strategic Partnerships:**

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

**Role of PHHS BG Funds:**

The Program at the state level is funded by a blend of state and federal monies, and in-kind donations from numerous partners. 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 school coordinators; and provide resources to facilitate program success, including the website, <http://health.utah.gov/obesity/gms>. The UDOH GMS team is responsible for statewide promotion, recruitment efforts, media coverage, technical support to schools and LHDs, policy implementation and building partnerships.

**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. Additional evaluation criteria include number of active community environment partnerships developed, community environmental changes made, number of employers and communities applying for and receiving the A Healthier You Community Awards.

**State Program Setting:**

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

**FTEs (Full Time Equivalents):**

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

**Position Title:** Health Program Specialist

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

**Position Title:** Health Program Specialist

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

**Total Number of Positions Funded:** 2  
**Total FTEs Funded:** 2.00

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

**State Health Objective(s):**

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

**Baseline:**  
20.4%, 2010

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

**State Health Problem:**

**Health Burden:**

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

**Target Population:**

Number: 2,750,000  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, Asian, Native Hawaiian or Other Pacific Islander, White  
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes

**Disparate Population:**

Number: 100,000  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White  
Age: 4 - 11 years, 12 - 19 years  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes  
Location: Entire state  
Target and Disparate Data Sources: USOE State Educational Directory, USOE enrollment records

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

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

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

Total Current Year Funds Allocated to Health Objective: \$113,777

Total Prior Year Funds Allocated to Health Objective: \$103,827  
Funds Allocated to Disparate Populations: \$43,000  
Funds to Local Entities: \$60,000  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
10-49% - Partial source of funding

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

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

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

#### **Objective 1:**

##### **Community and School Assessment**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program will collect **450** health status assessments from community and schools to assess baseline nutrition, physical activity and tobacco policy data for program evaluation to assess community and school progress in increasing health promoting policies.

#### **Annual Activities:**

##### **1. Collect GMS baseline data**

Between 09/2010 and 12/2010, collect baseline policy data from 9 new schools through the GMS Heart Health Surveys to assess level of health promoting policies before participating in the GMS program.

##### **2. Collect GMS follow-up data**

Between 04/2011 and 06/2011, collect follow-up policy data from 85 GMS and Power-Up schools that completed baseline surveys as part of the Bronze level in June 2005 and June 2008 to assess implementation of new health promoting policies after becoming a Gold Medal School.

##### **3. Community Strategies and Collect Measures**

Between 07/2010 and 06/2011, 12 local health departments will submit priorities of policies and environmental change efforts to help guide state level training and technical assistance

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

#### **Objective 1:**

##### **Increase GMS Participation**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program will increase the number of elementary schools participating in GMS from 373 to **382**.

#### **Annual Activities:**

##### **1. Promote GMS**

Between 07/2010 and 06/2011, the state and LHDs will promote GMS to at least 30 schools by in-person contacts, presentations or using a combination of both to PTAs, school districts, principals, teachers or staff.

##### **2. Track contacts**

Between 07/2010 and 06/2011, the State and LHDs will report and detail all contacts made to promote GMS.

### **3. Platinum Focus Schools**

Between 07/2010 and 06/2011, the State will provide support and resources 50 platinum focus schools that apply to achieve the next platinum focus level in GMS.

### **4. Web site**

Between 07/2010 and 06/2011, Between 07/2010 and 06/2011, the State will provide 20 list serv messages to schools, LHDs, and stakeholders to increase Web site visibility.

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

### **Objective 1:**

#### **Increase policies and environmental supports**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program will increase the number of individual school polices and environmental supports implemented, strengthened and/or maintained to support healthy choices in community, worksites, and schools from 10,000 to **11,000**.

### **Annual Activities:**

#### **1. Submit documentation**

Between 01/2011 and 05/2011, the state and LHDs will assist 122 participating GMS and Power-Up schools in writing policies and creating environmental supports during school year 2010-2011.

#### **2. GMS Award Levels**

Between 09/2010 and 05/2011, 120 schools will achieve at least one new GMS medal level implementing approximately 5 policies or environmental supports per level.

#### **3. Policy Training**

Between 09/2010 and 05/2011, 100 school coordinators will receive training on how to assist schools with writing policies and submitting reports to GMS.

#### **4. Community Awards**

Between 07/2010 and 06/2011, 3 new community awards will receive a new award implementing approximately 23 policies or environmental supports per level.

#### **5. Worksite Awards**

Between 07/2010 and 06/2011, 7 new worksite awards will receive a new award implementing approximately 18 policies or environmental supports per level.

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

### **Objective 1:**

#### **Train Stakeholders**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program will provide training and/or webinars to **175** stakeholders.

### **Annual Activities:**

#### **1. Training sessions**

Between 08/2010 and 06/2011, 25 GMS trainings and/or webinars will be offered to school coordinators, principals, and local health departments.

#### **2. Technical Assistance**

Between 07/2010 and 06/2011, technical assistance will be provided to 12 LHDs through at least six trainings and 6 conference calls.

### **3. PANO Planning Forum**

Between 10/2010 and 06/2011, a planning PANO forum will be provided to at least 60 stakeholders.

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

### **Objective 1:**

#### **Evaluation**

Between 07/2010 and 06/2011, the Physical Activity, Nutrition, and Obesity Program will evaluate 3 processes, and identify problem areas or gaps in the Program.

### **Annual Activities:**

#### **1. Evaluate Trainings**

Between 07/2010 and 05/2011, two trainings will be evaluated by the participants and evaluations will be summarized and results used to improve future trainings.

#### **2. GMS School Coordinator Survey**

Between 10/2010 and 06/2011, one survey will be conducted with school coordinators to determine how support materials, school relationships, and communication can be improved.

#### **3. GMS Evaluation Workplan**

Between 07/2010 and 06/2011, the GMS evaluation workplan will be revised and at least 3 strategies will be developed for Program improvement.

**State Program Title: Prevention of Rape or Attempted Rape**

**State Program Strategy:**

According to the 2006 Utah Behavioral Risk Factor Surveillance System (BRFSS), 7.3% of adults experienced rape or attempted rape in their lifetime. Although anyone can be a victim of SV, the lifetime prevalence of rape or attempted rape was significantly higher among women (1 in 8) than men (1 in 50). Of the overall violent crimes that occur in Utah, rape is the only one in which Utah's rate is above the national average. In a state where other violent crimes such as, murder, robbery or aggravated assault is historically half to three times lower than the national average, this is of concern.

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

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

**Primary Strategic Partners:**

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

**Evaluation Methodology:**

Rape rates from the Bureau of Criminal Investigations as well as the collection of the Utah Confidential Rape and Sexual Assault Data Form from all of the rape crisis centers in Utah will be used to evaluate progress toward the overall program goal of decreasing the rate of sexual assaults in Utah. Call data is also collected on the statewide rape crisis hotline. Additionally a plan to collect narrative data to gain insight on students attitudes and behaviors toward relationships has been delayed and so will be continued this year. This program will, in addition to the traditional ways of evaluating rape prevention programs, use FaceBook and other web 2.0 applications to use narrative data from teens which may be used as an indicator for determining teens' attitudes and behaviors regarding healthy relationships and sexual violence.

**State Program Setting:**

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

**FTEs (Full Time Equivalents):**

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

**Position Title:** Intentional Injury Prevention Coordinator

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

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 0.60

**National Health Objective: HO 15-35 Rape or attempted rape**

### **State Health Objective(s):**

Between 10/2010 and 09/2011, Assist in reducing the incidences of rape in Utah to 85 per 100,000 women ages 15 and older.

### **Baseline:**

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

Recent data: 2008 – 87.1 per 100,000.

### **Data Source:**

Crime in Utah Report 1998-2008. UDOH IBIS population data.

### **State Health Problem:**

#### **Health Burden:**

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

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

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

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

#### **Target Population:**

Number: 1,080,049

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Male

Geography: Rural and Urban

Primarily Low Income: No

#### **Disparate Population:**

Number: 541,040

Ethnicity: Hispanic, Non-Hispanic

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

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

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

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

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

Total Current Year Funds Allocated to Health Objective: \$54,686  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$31,000  
Funds to Local Entities: \$49,218  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
10-49% - Partial source of funding

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

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

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

#### **Objective 1:**

##### **The Rape Recovery Center**

Between 10/2010 and 09/2011, The Rape Recovery Center prevention specialists will provide primary prevention focused, sexual violence activities and programming to **1,100** junior high/high school/and university males in Salt Lake County.

#### **Annual Activities:**

##### **1. Rape prevention program**

Between 10/2010 and 09/2011, the RRC will update curriculum for a prevention program that is focused on primary prevention, has a health promotion framework, uses varied teaching methods (to allow participants to build and practice skills over time), be provided by well trained staff and will include outcome evaluation. Program will include topics such as building healthy relationships, gender roles, and expectations, consent/coercion, bystander intervention, etc.

##### **2. Educational session**

Between 10/2010 and 09/2011, the RRC will conduct a minimum of 5 sessions utilizing the new, primary prevention curriculum to junior high and high school aged males.

##### **3. Evaluation**

Between 10/2010 and 09/2011, the RRC and UCASA will conduct evaluation on each objective and report success to the Utah Department of Health bi-annually.

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

### **Objective 1:**

#### **Collaboration/Coordination**

Between 10/2010 and 09/2011, 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 five to **ten**.

### **Annual Activities:**

#### **1. Continue to support the Utah Sexual Violence Council**

Between 10/2010 and 09/2011, UCASA and VIPP will continue to provide staff support to the Utah Sexual Violence Council, in order to link USVC's support into the disparate counties, by participating in at least 75% of bi-monthly council meetings as well as monthly subcommittee meetings.

#### **2. Sexual Violence Summit**

Between 03/2011 and 06/2011, Conduct a survey of participants attending the Sexual Assault Prevention Summit to identify stakeholders in each Judicial District in order to establish prevention coalitions in the county system.

#### **3. Technical Support to Disparate Counties**

Between 01/2011 and 09/2011, UCASA and VIPP will work closely with stakeholders in the five disparate counties to support the prevention coalitions. A minimum of 100 hours of technical assistance will be provided.

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

### **Objective 1:**

#### **Rape and Sexual Assault Crisis Line**

Between 10/2010 and 09/2011, The Utah Department of Health, Violence and Injury Prevention Program will maintain **1** statewide toll-free rape and sexual assault crisis and information line to provide confidential crisis services, information, support and referral to victims/survivors of rape and sexual assault.

### **Annual Activities:**

#### **1. Accept and route calls**

Between 10/2010 and 09/2011, a minimum of 2,000 rape and sexual assault crisis and information calls will be routed to local rape crisis centers throughout the state via the 24 hour, toll free crisis line maintained by the Utah Department of Health.

#### **2. Promote line**

Between 10/2010 and 09/2011, the toll free line will be advertised on the VIPP website, brochures and information packets distributed by rape prevention programs throughout the state and in all local telephone directories in the state.

### **Objective 2:**

#### **Training**

Between 10/2010 and 09/2011, UCASA will provide training, information and resources on sexual assault prevention to **a minimum of 150** county stakeholders in Utah.

### **Annual Activities:**

### **1. Maintain website**

Between 10/2010 and 09/2011, UCASA will maintain and update their webpage designed for people and professionals seeking information on prevalence of sexual assault, training availability and prevention of sexual assault.

### **2. Technical assistance**

Between 10/2010 and 09/2011, UCASA and VIPP will provide at least 20 hours of technical assistance linking coalitions to existing community based Rape Prevention agencies conducting primary prevention activities in their communities.

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

### **Objective 1:**

#### **Evaluate efforts**

Between 10/2010 and 09/2011, The Utah Coalition Against Sexual Assault and the Utah Department of Health will evaluate **100%** of training, prevention, and capacity activities.

### **Annual Activities:**

#### **1. Progress reporting**

Between 11/2010 and 05/2011, UCASA and RRC will submit mid-year reports by May 15, 2011 and year-end reports by November 15, 2011 reporting on number educated, clients served and progress on program objectives, and receive written feedback from State Program. VIPP will provide written feedback to UCASA and RRC within 30 days of receipt of mid-year and final reports.

#### **2. Evaluate training sessions**

Between 10/2010 and 09/2011, An evaluation tool will be used for all training sessions and professional development sessions. The results will be compiled and used to inform future training sessions.

#### **3. Capacity**

Between 10/2010 and 09/2011, Success of capacity growth will be measured by the following:

- Prevention Coalitions have established strategic prevention plans 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.