

**Florida Preventive Health and Health
Services Block Grant 2009 Application
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2009

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Executive Summary

This is Florida's application (or State Plan) for the Preventive Health and Health Services (PHHS) Block Grant for Federal Fiscal Year (FFY) 2009, which begins October 1, 2008 and ends September 30, 2009. The federal government administers PHHSBG funds in accordance with the Public Health Service Act, Sections 1901-1907, as amended in October 1992, and Section 1910A, as amended October 1996.

The Florida Department of Health (DOH) is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Florida.

As established by the Public Health Services Act, Section 1905(d), the Advisory Committee makes recommendations regarding the development and implementation of the Application/State Plan. The Advisory Committee recommends Block Grant funding of prevention programs committed to reducing the burden of the leading causes of death and disability by emphasizing effective prevention strategies. In September of 1999, the Advisory Committee members worked through an extensive health prioritization process by ranking modifiable risk factors and assessing the state's ability to address the risk factors. The committee has reviewed these risk factors along with the availability of other funding sources in its continued prioritization of remaining PHHSBG funds.

Over the past five years to the PHHSBG has sustained continued decreases in funding. The Advisory Committee has continued to meet with DOH leadership to determine programs to be removed or reduced from PHHSBG funds. The Advisory Committee members are continuously informed of the reductions and possible elimination of this important funding source for Florida Public Health. Due to the continued reductions and the proposed elimination of the PHHSBG this year, the Advisory Committee has again reviewed its priorities and determined that two of the priorities identified in the 1999 assessment continue to be the priority for these funds as long as the funding remains.

Funding Assumptions

The FFY 2009 application is based on the funding level table sent out by CDC on April 24, 2009. Florida currently receives \$2,940,218. Any future significant funding changes will be discussed with the advisory committee and a public hearing will be held to comply with state and federal law.

Advisory Committee Recommendations

On August 23, 2007 and April 24, 2008, the Advisory Committee *reviewed and recommended* the following programs for funding contingent upon the receipt of level funding for FFY 2009. Public hearings were also held on August 23, 2007 and April 24, 2008.

Proposed Allocation for FFY 2009

PHHSBG dollars are allocated to those health areas approved by the State Health Officer that have little or no state or federal funds to address the health problem.

Sexual Violence set aside amount (\$391,377) awarded in the PHHSBG is allocated and used per the national legislation as required.

FFY 2009 funding priorities are as follows:

Program/Health Objective(s)	Current Year
Healthy Communities, Healthy People Program/HO: 7-10	
Bureau of Chronic Disease Prevention (5.5 FTEs)	\$2,143,518
Funding to Local Entities: \$1,768,174	
Healthy Communities/Healthy People Program	

Evidence-based, Systems, Social, Policy, and Environmental
Change strategies related to the leading preventable risk factors for chronic disease and disabilities.)

Public Health Dental Program/21.9

\$ 241,505

(Funding to Local Entities: \$241,505 is allocated to communities that elect to add fluoride to their water through contractual arrangement to purchase and install fluoridation equipment.)

Rape or Attempted Rape/15.35 (Legislative Mandate)

\$ 378,687

Bureau of Women's Health (2.0 FTE)

Funding to Local Entities: (\$270,000 is allocated to local entities to provide services to victims of sexual assault. It is estimated that nine sites will be funded.)

Total:

\$2,763,710

Administrative Costs

\$ 176,508

Grand Total:

\$2,940,218

State Program Title: Healthy Communities, Healthy People (HCHP) Program

State Program Strategy:

2007-2010 Goal: The DOH is committed to maintaining the community-based HCHP Program in all 67 county health departments.

The DOH, Bureau of Chronic Disease Prevention and Health Promotion (Bureau) has implemented a comprehensive and integrated statewide approach to reducing the burden of chronic diseases and their disabling conditions through the Healthy Communities, Healthy People Program (HCHP). The HCHP Program provides resources to each of the 67 county health departments to establish and maintain a chronic disease prevention and health promotion organizational structure; to actively participate in a local coalition or partnership; to use public health data to develop and prioritize community-based interventions focusing on chronic diseases and their risk factors; to implement evidence-informed strategies at policy and environmental levels focusing on school, worksite, health care, and faith-based settings; and to conduct evaluations that assess outcomes and progress toward achieving Healthy People 2010 objectives.

At the state level, the HCHP Program collaborates with chronic disease programs; provides epidemiological and evaluation support, technical assistance regarding evidence-based interventions, and information on healthcare professional education; develops, monitors, and analyzes state policy and legislative issues; develops program and policy guidelines; and administers funding to county health departments and their community partners.

Statewide public and private partnerships have been formed around the issues of cardiovascular health, physical activity, nutrition, obesity prevention, tobacco avoidance, diabetes, arthritis, and cancer in an effort to maximize resources and to communicate consistent and persistent messages on the prevention of chronic diseases and health promotion. Statewide representation on chronic disease-specific councils, committees, and strategic plans are also achieved through this model system.

The DOH uses an in-depth quality improvement (QI) process to ensure that county health department staff are aware of national and state objectives related to Florida's public health indicators. Bureau staff participate in the QI process by reviewing the age-adjusted death rate for chronic diseases in each county as well as related risk factors necessary for tracking chronic disease. Bureau staff also review county specific vital statistics and Behavioral Risk Factor Surveillance data to assist county health departments in identifying the community's primary risk factors and major contributors to chronic disease. Bureau staff evaluate the data and suggests possible priorities and interventions that may be used to reduce and/or prevent chronic diseases and disabling conditions related to preventable risk factors.

Primary Strategic Partnerships: The DOH has fostered a number of collaborative relationships and strategic partners both internally and externally.

Internal:

67 County Health Departments
DOH Office of Planning, Evaluation
and Data Analysis
Division of Health Awareness and Tobacco
Office of Health Improvement
Officer for Women's Health Strategies
Division of Environmental Health
Bureau of Community and Family Health
Office of Clinical Policy & Procedures
Agency for Health Care Administration
Bureau of Adult and Community Health

External:

American Heart Association
Department of Elder Affairs
Agency for Health Care Administration
Area Health Education Centers
Department of Agriculture & Consumer Affairs
Federal Health Centers
Diabetes Advisory Council
St. Petersburg College
Florida State University
University of Florida
Department of Education

Role of PHHSBG Funds: Provides approximately 83 percent of funds for the HCHP Program. Funding also provides for the PHHSBG administrator, the central office HCHP program manager, health education

program consultant, a health educator, and administrative staff. County level programs provide a 25 percent match to PHHSBG funds through cash or in-kind services.

Evaluation Methodology: The evaluation data for the HCHP Program is obtained from quarterly reports completed by local HCHP coordinators. Program evaluation includes success stories of completed interventions that have been evaluated and a summative inventory of all policy and environmental interventions implemented across the state. Progress towards achieving the Healthy People 2010 objectives is evaluated using the CDC progress quotient.

Florida Community Health Assessment Resource Tool Set (CHARTS) provides morbidity, mortality, vital statistics, Behavioral Risk Factor Surveillance Survey (BRFSS), Youth Risk Behavior Survey (YRBS), Florida Youth Tobacco Survey (FYTS), Youth Physical Activity and Nutrition Survey (YPANS), and community health assessment data used to establish a baseline and targets for each of the 67 counties. Electronic work plans from each county are stored on an Microsoft access database through the SharePoint website and reviewed at least monthly by central office liaisons. The number of policy and environmental changes developed and implemented are tracked and reported at the Surgeon General's quarterly department performance review.

National Health Objective: 7-10 Community health promotion programs

State Health Objective(s):

Between 10/2008 and 09/2009, Maintain the HCHP Program in each of the 67 county health departments.

State Health Objective Status

Met

State Health Objective Outcome

Each of the 67 county health departments has maintained a local HCHP Program.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Data Driven Decisions

Between 10/2008 and 09/2009, Chronic Disease Prevention and Health Promotion will review **67** Florida county level data to determine the chronic disease morbidity, mortality and risk factors data in order to help communities develop action plans.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Chronic Disease Prevention and Health Promotion reviewed **67** Florida county level data to determine the chronic disease morbidity, mortality and risk factors data in order to help communities develop action plans.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:**Review and Analyze Florida Chronic Disease Data**

Between 10/2008 and 09/2009, The PHHSBG administrator and HCHP program manager will review, analyze, and report the data for 100% of the 67 counties regarding chronic disease morbidity, mortality and related risk factors using the BRFSS, the DOH Health Management System (HMS), YRBS, YPANS, and CHARTS.

Staff will then provide technical assistance in the development of county level action plans.

Activity Status

Completed

Activity Outcome

Through 9/30/2009, the data for all 67 counties regarding chronic diseases and related risk factors was reviewed, analyzed, and reported on Florida CHARTS. <http://www.floridacharts.com/charts/chart.aspx>.

Between 10/1/2008 to 9/30/2009, Central Office HCHP staff provided technical assistance in the development of 67 county action plans.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 2:**Community Health Assessment and Resource Tool Set (CHARTS)**

Between 10/2008 and 09/2009, At least 95% of the local HCHP programs will be trained in how to review the CHARTS data to determine and retrieve their respective county level chronic disease profile data.

Activity Status

Completed

Activity Outcome

Through 9/30/2009, the HCHP Program State Wide Program Manager and Consultant provided an orientation to 100% of the new local HCHP coordinators on how to access community data regarding chronic disease morbidity, mortality, and related risk factors using the BRFSS, YRBS, YPANS, HMS, and CHARTS. The Bureau Epidemiologist maintains a SharePoint site for local HCHP coordinators that references data tools and resources.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 3:**Use Local Data to Develop Community Action Plans**

Between 10/2008 and 09/2009, At least 95% of the local HCHP programs will have reviewed the data in CHARTS and, with the help of the state level staff, develop an action plan with county specific indicators for the leading preventable risk factors for chronic disease and disabling conditions.

Activity Status

Completed

Activity Outcome

Through 9/30/2009, 100% of the local HCHP coordinators received instruction on how to review CHARTS data. HCHP coordinators set local goals for the leading preventable risk factors based on CHARTS and community data.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 4:**Monitor Community Action Plan**

Between 10/2008 and 09/2009, At least 85% of the local HCHP community action plans will be monitored quarterly, and progress reported and approved by state level staff.

Activity Status

Completed

Activity Outcome

Through 09/30/2009, the HCHP state level staff monitored 100% of the community action plans and success stories submitted on the Success Story Generator. Feedback is provided to the local HCHP coordinators through conference calls, e-mails and SharePoint. The Success Story Generator is an online system that automatically generates feedback when the reviewer edits the story and submits a final report.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 5:**Policy and Environmental Change Strategies**

Between 10/2008 and 09/2009, The HCHP state level staff will monitor 85% of the local HCHP Programs' community action plans and report progress in the Policy and Environmental Tracking System (PETS).

Activity Status

Completed

Activity Outcome

Through 9/30/2009, the central office HCHP staff has monitored the implementation of local policy and environmental strategies that were submitted by the county health departments in the bureau's Success Story Generator.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 6:

DOH Quality Improvement Review

Between 10/2008 and 09/2009, The HCHP state level staff will participate in 100% of the DOH Quality Improvement Peer Review conference calls or on-site visits to county health departments.

Activity Status

Not Started

Activity Outcome

N/A

Barriers/Challenges to Success

There is not a standard quality improvement process and calendar that the DOH follows. The DOH's Office of Performance Improvement piloted an updated quality improvement peer review process and recommended that each program develop their own process for ensuring performance improvement.

Strategies to Overcome Barriers/Challenges

The bureau has initiated integration efforts which will include core competencies of a chronic disease program. These competencies will be applied to chronic disease staff in county health departments.

Activity 7:

Develop a Minority Health Profile in CHARTS

Between 10/2008 and 09/2009, HCHP state level staff and the bureau epidemiologist will coordinate the development of a Minority Health Profile in CHARTS that will allow local HCHP coordinators to assess the health status of minorities in their county and highlight health disparities.

Activity Status

Completed

Activity Outcome

Between 10/1/2008 and 9/30/2009, the Bureau Epidemiologist coordinated the development of the Minority Health Profile in CHARTS.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 8:

Identify health disparities for Chronic Disease

Between 10/2008 and 09/2009, The HCHP state level staff and the bureau epidemiologist will review, analyze, and report health disparities relative to chronic disease and its related risk factors to the local HCHP coordinators and help them to develop interventions to eliminate disparities.

Activity Status

Completed

Activity Outcome

Through 9/30/2009, the Bureau Epidemiologist and Evaluator developed materials that can be used by the local HCHP programs to address health disparities related to chronic diseases and related risk factors. This information is stored on the Internet and SharePoint and can be viewed by all county health department staff.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges
None

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:
Media Events

Between 10/2008 and 09/2009, HCHP Coordinators will implement **at least four** media events.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 10/2008 and 09/2009, HCHP Coordinators implemented **67** media events.

Barriers/Challenges to Success
None

Strategies to Overcome Barriers/Challenges
None

Activity 1:
Healthy Floridians Campaign
Between 10/2008 and 09/2009, 85% of the local HCHP programs will promote and participate in the statewide Healthy Floridians campaign.

Activity Status
Completed

Activity Outcome
Through 09/30/2009, 85% of the county health departments had a HCHP program coordinator promoting Healthy Floridians in their perspective communities. On March 26, 2007, Governor Charlie Crist established the Governor's Council on Physical Fitness (Council). The Council developed a state plan of action to increase Floridians' levels of physical fitness through regular exercise and sound nutrition practices. One of the recommendations was to designate February and March of each year as "Healthy Floridians Months."

Barriers/Challenges to Success
None

Strategies to Overcome Barriers/Challenges
None

Activity 2:
Employee Wellness Programs
Between 10/2008 and 09/2009, 80% of the local HCHP programs will promote employee wellness programs to at least two new businesses within their community.

Activity Status
Completed

Activity Outcome
Through 9/30/2009, 80% of the local HCHP coordinators promoted employee wellness to schools, hospitals, and other employers in their local communities. The DOH proposed legislation that would allow

for state government agencies to conduct wellness programs for their employees. This proposed legislation was postponed and is being reintroduced to this year's legislative session.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 3:

Educate Local Leaders

Between 10/2008 and 09/2009, 90% of local HCHP programs will provide information on local chronic disease risk factors and evidence-based health promotion programs at least quarterly.

Activity Status

Completed

Activity Outcome

Through 09/30/2009, 90% of the local HCHP coordinators participated in a local coalition and provided information on local chronic disease risk factors and evidence-based health promotion programs to partners.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 4:

Annual Health Observances

Between 10/2008 and 09/2009, 85% of local HCHP programs will participate in annual health observances for at least heart disease, diabetes, cancer, and arthritis.

Activity Status

Completed

Activity Outcome

Through 09/30/2009, 85% of local HCHP programs participated in annual health observances for at least heart disease, diabetes, cancer, and arthritis. Bureau staff wrote press releases for special events associated with increasing awareness of breast cancer, prostate cancer, skin cancer, heart disease, stroke, diabetes, healthy nutrition, and physical activity. These press releases are used by the local HCHP program coordinators to highlight community chronic disease prevention initiatives. Programs within the Bureau have developed and disseminated materials to all 67 county health departments for highlighting special events associated with promoting health awareness days, months, and special events.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

County Health Council

Between 10/2008 and 09/2009, The HCHP staff will establish **one** health council or participate on an existing health council to address the chronic disease morbidity, mortality and risk factors needs.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, The HCHP staff established **67** health council or participate on an existing health council to address the chronic disease morbidity, mortality and risk factors needs.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:

Health Council Attendance

Between 10/2008 and 09/2009, Attend at least 85% of the local health council meetings and provide information chronic disease and the leading preventable risk factors.

Activity Status

Completed

Activity Outcome

Through 09/30,2009, 100% of the local HCHP Program Coordinators was involved with a local health coalition. Each local program coordinator participates in or leads the process that entails sharing of data, consensus building, and community action planning. The Bureau has collaborated with the Office of Health Statistics and Assessment to discuss and exchange ideas on community health assessment and health improvement planning for chronic disease prevention. This quarterly community health assessment and health improvement planning conference call is open to county health departments and their external partners. The calls foster skill and knowledge enhancement, learn from the experiences of others, provide technical information and resources, and create a support network for those engaged in community health assessment and health planning.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Impact/Process Objective 2:

Establish Partnerships with Local Health Care Providers

Between 10/2008 and 09/2009, Local HCHP staff will establish **at least one** partnership with local health care providers to establish collaborative efforts for prevention or referrals services.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Local HCHP staff established **10** partnership with local health care providers to establish collaborative efforts for prevention or referrals services.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:**Collaborate with Local Providers**

Between 10/2008 and 09/2009, 85% of the HCHP local coordinators will meet with local providers and establish a collaborative partnership to participate in prevention or referral services.

Activity Status

Completed

Activity Outcome

Through 09/30/2009, 85% of the local HCHP program coordinators met with local health care providers, hospitals, and non-profit health organizations to establish a collaborative partnership in order to increase referral services to chronic disease self-management classes, tobacco cessation services, diabetes management, and wellness programs.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

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

Between 10/2008 and 09/2009, HCHP local staff will develop **at least one** HCHP Action Plan that addresses at least the three leading preventable causes of chronic disease and disabling conditions, physical inactivity, poor and over nutrition and tobacco use.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, HCHP local staff developed **67** HCHP Action Plan that addresses at least the three leading preventable causes of chronic disease and disabling conditions, physical inactivity, poor and over nutrition and tobacco use.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:**Community Action Plan Details**

Between 10/2008 and 09/2009, At least 95% of the local HCHP programs will implement at least one systems, social, policy or environmental intervention in the worksite, school, community, or faith-based organization that addresses the leading preventable risk factors for chronic disease and disabling conditions.

Activity Status

Completed

Activity Outcome

Through 09/30/2009, 100% of the local HCHP programs implemented at least one systems, social, policy or environmental intervention in the worksite, school, community, or faith-based organization that addresses the leading preventable risk factors for chronic disease and disabling conditions.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Impact/Process Objective 2:**Florida Integrated Chronic Disease Strategic Plan**

Between 10/2008 and 09/2009, State level HCHP staff will provide technical assistance in the development of a Florida Integrated Chronic Disease Strategic Plan to **assure more efficient and effective chronic disease prevention and health promotion efforts** throughout Florida.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, State level HCHP staff provided technical assistance in the development of a Florida Integrated Chronic Disease Strategic Plan to **67 county health departments** throughout Florida.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:**Strategic Planning**

Between 10/2008 and 09/2009, Participate in at least 90% of meetings to develop a chronic disease strategic plan that integrates program specific and PHHSBG activities to ensure a comprehensive prevention and health promotion plan.

Activity Status

Completed

Activity Outcome

Between 10/01/2008 and 09/30/2009, Bureau staff participated in 100% of the meetings to develop a chronic disease strategic plan that integrates program specific and PHHSBG activities to ensure a comprehensive prevention and health promotion plan. Bureau administrators and program managers have had weekly meetings for the purpose of developing an overall integrative plan.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Impact/Process Objective 3:

Policy and Environmental Change Strategies

Between 10/2008 and 09/2009, HCHP community action plans will identify **at least two** policy or environmental change strategies implemented annually.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, HCHP community action plans identified **2** policy or environmental change strategies implemented annually.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:

Policy and Environmental Tracking System (PETS)

Between 10/2008 and 09/2009, HCHP state level staff will upload completed community level policy and environmental change strategies in the PETS system.

Activity Status

Completed

Activity Outcome

Between 10/01/2008 and 09/30/2009, HCHP staff used the SharePoint site to highlight policy and environmental change strategies implemented on a local level. SharePoint was used because the PETS system is still in the developmental phase.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 2:

Monitor Community Action Plan for Policy and Environmental Change Strategies

Between 10/2008 and 09/2009, State level HCHP staff will monitor at least 85% of local HCHP community action plans and report policy and environmental change strategies being implemented in communities and input the data into the Policy and Environmental Change Tracking System (PETS).

Activity Status

Completed

Activity Outcome

Through 9/30/2009, central office HCHP staff monitored 100% of the local HCHP community action plans that documented the policy and environmental change strategies implemented in the communities. The data was recorded in the HCHP internal recording process (spreadsheet).

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Train Local Staff on Data

Between 10/2008 and 09/2009, The epidemiologist and state level HCHP staff will conduct **at least two** annual opportunities to receive training on how to review and interpret data from BRFSS, YRBS, CHARTS and YFTS.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, The epidemiologist and state level HCHP staff conducted **2** annual opportunities to receive training on how to review and interpret data from BRFSS, YRBS, CHARTS and YFTS.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:

Success Story Generator

Between 10/2008 and 09/2009, At least 95% of the local HCHP programs will have submitted a progress report in the Florida Successes: Prevention Works, Success Story Generator.

Activity Status

Partially Completed

Activity Outcome

Through 9/30/2009, 50% of the local HCHP programs submitted a progress report in the Florida Successes: Prevention Works, Success Story Generator.

Barriers/Challenges to Success

HCHP program coordinators find writing a success story to be much harder than the usual, standardized reporting methods.

Strategies to Overcome Barriers/Challenges

The HCHP Lecture Series plans to host writing webinars to help HCHP coordinators increase their writing confidence.

Activity 2:

Success Story

Between 10/2008 and 09/2009, At least 80% of all HCHP programs Success Stories will be reviewed, edited, and approved by state level HCHP staff.

Activity Status

Completed

Activity Outcome

Through 9/30/2009, 100% of the HCHP program success stories were reviewed, edited, and approved by state level HCHP staff.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 3:**HCHP Job Requirements**

Between 10/2008 and 09/2009, 100% of the local HCHP program coordinators will have a position description that outlines the duties that are specific to leading and managing chronic disease prevention and health promotion programs.

Activity Status

Completed

Activity Outcome

Between 10/01/2008 and 09/30/2009, 100% of the local HCHP program coordinators have a position description that outlines the duties that are specific to leading and managing chronic disease prevention and health promotion programs.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 4:**HCHP Program Coordinator**

Between 10/2008 and 09/2009, At least 90% of the local HCHP programs will maintain a full-time employee (FTE position) as the HCHP program coordinator.

Activity Status

Completed

Activity Outcome

Through 09/30/09, 94% of the local HCHP programs maintained a full-time employee as the HCHP program coordinator. There are 63 local HCHP program coordinators serving 67 counties. Four of the 67 counties share a coordinator.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 5:**Chronic Disease Prevention and Risk Factors Training**

Between 10/2008 and 09/2009, Provide at least six training opportunities for local HCHP program coordinators as well as community partners to gain up to date information regarding chronic disease prevention, related risk factors and healthy lifestyles.

Activity Status

Completed

Activity Outcome

Through 9/30/2009, the HCHP Lecture Series provided 12 trainings for local HCHP program coordinators as well as community partners to gain up-to-date information regarding chronic disease prevention, related risk factors, and healthy lifestyles.

In addition, Bureau programs developed and facilitated, through a contract with the St. Petersburg College, online chronic disease continuing education modules for physicians, nurses, health educators, and dietitians. Each module is approved for one credit of continuing education. They offer a convenient opportunity to enrich chronic disease knowledge in the areas of diabetes, cancer, heart disease, obesity, and cultural competency.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 6:**Data Training**

Between 10/2008 and 09/2009, The state level HCHP staff and epidemiologist will provide training to at least 85% of local HCHP coordinators regarding how to use data to assess needs and set targets for community action plans.

Activity Status

Completed

Activity Outcome

Through 9/30/2009, the central office HCHP staff and Epidemiologist provided training to local HCHP program coordinators regarding how to use data to assess needs and set goals for community action plans through monthly business and one-on-one conference calls.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 7:**Annual Wellness Institute**

Between 10/2008 and 09/2009, The state level HCHP staff will help to conduct at least one training event to provide up-to-date information, materials, and health promotion programs regarding the benefits of good nutrition, physical fitness, weight reduction and management, diabetes prevention and management, heart disease (sign and symptoms, high blood pressure, high blood cholesterol, the importance of calling 9-1-1), and tobacco cessation in preventing and reducing chronic diseases and disabling conditions.

Activity Status

Completed

Activity Outcome

Between 10/01/2008 and 9/30/2009, the central office HCHP provided a total of 12 webinar trainings to local HCHP staff and their community partners.

Barriers/Challenges to Success

The Summer Wellness Institute was cancelled due to statewide travel restrictions.

Strategies to Overcome Barriers/Challenges

The statewide training event has been replaced with a statewide webinar series.

Activity 8:**Training for REHD Grant Recipients**

Between 10/2008 and 09/2009, The HCHC program manager will at least annually provide training to local HCHP coordinators and REHD grant recipients to ensure the coordination of services.

Activity Status

Not Started

Activity Outcome

N/A

Barriers/Challenges to Success

Staffing and budget restrictions did not allow for the HCHP program manager to conduct a training for local HCHP program coordinators and REHD grant recipients.

Strategies to Overcome Barriers/Challenges

The HCHP state level staff will integrate a webinar and/or conference call into the 2010 lecture series that will allow local HCHP program coordinators and REHD grant recipients to network and collaborate.

Activity 9:**Training on Minority Health Profile**

Between 10/2008 and 09/2009, The HCHP state level staff and the bureau epidemiologist, in collaboration with the Office of Minority Health, will train local staff and communities on how to assess chronic disease disparities using the Minority Health Profile in CHARTS.

Activity Status

Partially Completed

Activity Outcome

N/A

Barriers/Challenges to Success

The Minority Health Profile is still in the testing stages and has not gone live on CHARTS.

Strategies to Overcome Barriers/Challenges

When the Minority Health Profile is complete and live on CHARTS Bureau staff will provide training to local staff and communities.

Activity 10:**Technical Assistance for REHD Grant Recipients**

Between 10/2008 and 09/2009, State level HCHP staff will provide overall technical assistance to the 17 Chronic Disease REHD grant program recipients as they develop community and neighborhood projects to improve health.

Activity Status

Completed

Activity Outcome

Through 09/30/2009, central office staff provided contract management and technical assistance to the 17 chronic disease REHD grant program recipients.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluation

Between 10/2008 and 09/2009, HCHP state level staff will review **at least 85%** of the local HCHP programs and community partners action plans annually.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, HCHP state level staff reviewed **100%** of the local HCHP programs and community partners action plans annually.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:

HCHP SharePoint

Between 10/2008 and 09/2009, 100% of HCHP programs will maintain their community action plans on the SharePoint site.

Activity Status

Completed

Activity Outcome

Through 09/30/2009, 100% of the local HCHP programs have maintained their own individual SharePoint site. Each program was responsible for posting and updating community action plans and budget expenditures, as directed in the HCHP guidebook.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 2:

Quarterly Updates

Between 10/2008 and 09/2009, 100% of HCHP community action plans will be updated at least quarterly on the SharePoint site.

Activity Status

Completed

Activity Outcome

Between 10/1/2008 to 9/30/2009, 100% of the local HCHP community action plans were updated and stored on the SharePoint site.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Impact/Process Objective 2:

Evaluate HCHP Action Plans

Between 10/2008 and 09/2009, HCHP state level staff will evaluate **at least 85%** of HCHP community action plans.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, HCHP state level staff evaluated **100%** of HCHP community action plans.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:

SharePoint Reporting System

Between 10/2008 and 09/2009, At least 90% of the local HCHP programs and community partners will be reporting county-level objectives, goals, interventions, and work plans using the SharePoint system, and state-level staff will be able to run all ad hoc reports necessary to evaluate every aspect of the statewide program.

Activity Status

Completed

Activity Outcome

Through 09/30/2009, 90% of the local HCHP programs reported county-level objectives, goals, interventions, and work plans using the SharePoint system.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 2:

Policy and Environmental Tracking System (PETS)

Between 10/2008 and 09/2009, The bureau evaluator, epidemiologist, and HCHP state level staff will update fields in the Policy and Environmental Tracking System (PETS) ensuring the accuracy of ad hoc reports used to continuously evaluate each of the 67 HCHP programs.

Activity Status

Partially Completed

Activity Outcome

HCHP staff are working with internal partners to update PETS.

Barriers/Challenges to Success

PETS utilizes Internet technology that requires additional funding, specialized technical assistance and approval through the DOH's IT governance process.

Strategies to Overcome Barriers/Challenges

A central office committee will be established to explore other software options for housing the PETS systems since the Bureau does not have the resources or funding to expedite this process.

Activity 3:**Specialized Analysis**

Between 10/2008 and 09/2009, The CHARTS system will be reviewed and analyzed and a list of the top 10% of county health departments needing specialized chronic disease prevention and health promotion interventions will be identified.

Activity Status

Completed

Activity Outcome

The Bureau Epidemiologist has analyzed the CHARTS data and determined the top 10% of county health departments needing special assistance in chronic disease prevention and health promotion. Special focus was placed on providing technical assistance regarding chronic disease prevention and health promotion to the identified counties.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 4:**Quality Improvement Reviews**

Between 10/2008 and 09/2009, Bureau HCHP staff will participate in 100% of the Quality Improvement Reviews scheduled to promote and monitor the provision of services related to chronic disease and related risk factors and report findings to the Office of Performance Improvement, the county health department director/administrator, and the Family Health Services division director within the specified periods.

Activity Status

Not Started

Activity Outcome

N/A

Barriers/Challenges to Success

There is not a standard quality improvement process and calendar that the DOH follows. The DOH's Office of Performance Improvement piloted an updated quality improvement peer review process and recommended that each program develop their own process for ensuring performance improvement.

Strategies to Overcome Barriers/Challenges

The bureau has initiated integration efforts which will include core competencies of a chronic disease program. These competencies will be applied to chronic disease staff in county health departments.

State Program Title: Public Health Dental Program

State Program Strategy:

The Public Health Dental Program provides policy direction for oral health issues to promote the development of cost-effective preventive programs and the improvement of inequities in access to oral health care; provides consultative and technical assistance to county health departments, the MCH program, the School Health program, the WIC program, schools, state and federal government entities, community and professional organizations, and private citizens; monitors state and county oral health status, dental treatment needs, utilization of dental services and Year 2010 objectives; evaluates and promotes the development of efficient and effective programs; and provides administrative and quality assurance guidance to CHD dental programs.

The program facilitates the continued development of an integrated, coordinated oral health system between the public and private sectors. In these efforts, the program coordinates the development and implementation of a broad-based, oral health improvement plan for disadvantaged persons. These activities are partially supported by a HRSA state oral health collaborative systems grant.

The program also administers contracts with the University of Florida, College of Dentistry, a Community Health Center, and several community-based programs to provide indigent dental care services and provide promotional and educational activities to address racial and ethnic disparities.

Community water fluoridation has been demonstrated to be the most cost-effective mechanism for preventing dental caries. The PHHSBG provides the funding to conduct a statewide fluoridation project. The purpose of the project is to assist communities throughout Florida to promote, implement, and maintain fluoridation of their water systems. Information is provided to local health departments, fluoridation committee members and organizers, and city/county commissioners on the benefits of fluoridation and how to obtain grant dollars to implement water fluoridation. Communities that elect to add fluoride to their water may be provided with funds through contractual arrangement.

Primary Strategic Partners:

The program has core partners interested in increasing the number of communities that have access to fluoridation. Most, but not all of these partners are from the oral health or public health communities. Obviously, it takes more than oral health advocates to actually get fluoridation initiated in a community. While state leadership from the DOH is sometimes needed for communities to get active about getting fluoridation in their local area, often times local health officials located in the county health departments respond to the need for fluoridation. This is where local community coalitions form to create powerful groups that represent the local community. Each community has its own set of challenges and strengths to getting fluoridation approved by the local officials. This is why we have encouraged local communities to take the lead in getting their coalitions organized and educated about fluoridation. They in turn educate their local officials and hence their local community about the benefits of fluoridation. There are several stakeholders that can play a role in this process. The following is a list of internal (work for the DOH) and external partners that have historically played a role in getting fluoridation established in an area:

Core Partners

Florida Department of Health
Local County Health Department Staff
Florida Dental Association

Internal

Florida Department of Health Statewide Public Health Dental Program Coworkers
Florida Department of Health Statewide Drinking Water Program Coworkers
Local County Health Department Administrators and Directors
Local County Health Department Dental Directors, Dentists, Dental Hygienists, Dental Assistants
Local County Health Department Health Educators
Local County Health Department Environmental Staff

External

Florida Dental Association (including local district chapters)
Florida Dental Hygiene Association
Local community coalition groups supporting oral health, (e.g. Okeechobee Community Oral Health Coalition), which often include several professionals from various organizations
Local City Council or County Commission Board Members
Local City and County Water Officials, Engineers
Local City Manager or County Administrators
Local City Water Operators
Dentists, Dental Hygienists, Dental Assistants, Physicians, Public Health Educators, and students of these various professions
Community Advocates
University of Florida, College of Dentistry

These are just some of the partners that are instrumental in educating, promoting, and implementing fluoridation as a public health measure. We are in the beginning stages of organizing a statewide coalition of key stakeholders, which will help to support and guide local oral health coalitions in their efforts to educate their community.

Role of PHHSBG Funds:

The PHHSBG funding is instrumental to communities implementing fluoridation. The grant has direct impact most noticeably by actually purchasing the equipment and services needed to build the community the fluoridation system. Without this funding, many communities would not be able to afford to purchase the equipment themselves. Often a barrier that faces some small to medium size communities is the financial barrier. City or county officials will often see a measure that may be beneficial to the community desirable, but be impossible because of the lack of funding. The funding provided to purchase the equipment is crucial to many communities. In addition to purchasing equipment, the mention of a grant to cover the cost for equipment and services to build the system often removes the “funding barrier” to allow the measure to seriously be considered. Many times, the cost effectiveness and prevention of cavities that fluoridation can bring is a message that can only be heard after officials learn that the state provides aid to getting the equipment. Therefore, the funds also serve as an incentive to open the door for city or county officials to view the measure as achievable. Grant publications that mention the block grant funding for fluoridation also helps to make communities aware of the state and federal governments’ commitment to the oral health of its citizens. The prevention of cavities is the best way to fight cavities. This funding historically has and continues to play a critical role in helping local governing bodies to pay for the relatively high-start up costs, which greatly influences them to proceed to initiate fluoridation.

Evaluation Methodology: The current evaluation methodology of the Fluoridation Project focuses annually on calculating the number of people on community water systems that have optimally fluoridated water compared to the total number of people on community water systems. In addition to this, we also monitor the quality of systems that adjust their fluoride level by adding fluoride to the community water system. Every system that adjusts their fluoride level is required by Florida Administrative Code to send the office the “Monthly Operation Report for PWSs (Public Water Systems) Fluoridating Water,” which details the level of fluoride tested and reported in the water for that water system. We review and enter the data indicated on the report into our database. We track this data monthly and give feedback to the systems on their progress throughout the year. We monitor the levels throughout the state, we address systems whose reported levels are not optimal, and we report this information to the CDC annually. We give technical assistance to those systems not meeting the optimal level. The spread of fluoridation as a health measure in our state continues to grow. Since the State of Florida began receiving the Preventive Health and Health Services Grant funding in 1980, the percent of people on community water systems receiving fluoridated water has grown steadily. As mentioned earlier, in 1980 the percent of persons on community water systems receiving optimally fluoridated water was 25 percent. This increased steadily to 65.8 percent by 2001.

We were excited to report that the 2010 Healthy People Goal of 75 percent of people on community water systems receiving optimally fluoridated water was reached by 2005. Even though that goal was reached, we set a new and more challenging goal of 85 percent for our state. In the past, larger and medium sized water systems allowed us to make great strides in seeing the percent of persons receiving fluoridated water increase. Now as the number of larger systems that do not fluoridate decreases in number, we will have to focus our efforts even more to reach this goal. The program will continue to reach out to larger and medium-sized systems. While the percentages may not rise as fast as they have in recent years, the percentages should be able to sustain moderate increases, which will benefit all who live in and visit Florida.

National Health Objective: 21-9 Community water fluoridation

State Health Objective(s):

Between 10/2008 and 09/2009, Increase the proportion of Floridians served by community water systems that are optimally fluoridated.

State Health Objective Status

Exceeded

State Health Objective Outcome

The State Health Objective Outcome of 75% has been exceeded. Florida's current level of Floridians served by community water systems that are fluoridated is 78.7%.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Community Information

Between 10/2008 and 09/2009, Public health dental staff will increase the number of communities that have received information on the benefits of community water fluoridation and how to obtain funding to initiate fluoridation from one to sixteen.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Public health dental staff increased the number of communities that have received information on the benefits of community water fluoridation and how to obtain funding to initiate fluoridation from one to 34.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:
Information

Between 10/2008 and 09/2009, The eleven non-fluoridating community water systems serving over 50,000 persons will continue to receive priority emphasis and a minimum of sixteen non-fluoridating community water systems serving 10,000-50,000 will be provided information on the benefits of water fluoridation and information on grant funds available to initiate fluoridation.

Activity Status
Completed

Activity Outcome

A total of 34 communities were provided information on water fluoridation. Twelve communities with water systems that serve over 50,000 people received priority emphasis while 22 other communities that serve between 10,000 and 50,000 people were provided information on the benefits of water fluoridation and available grant funds for fluoridation.

Barriers/Challenges to Success
None

Strategies to Overcome Barriers/Challenges
None

Activity 2:
Fluoridation Knowledge and Awareness

Between 10/2008 and 09/2009, Increase the knowledge and awareness of fluoridation and its benefits to oral health and the availability of the PHHSBG funding for communities interested in getting fluoridation initiated in their community.

Activity Status
Completed

Activity Outcome

Public health dental staff increased knowledge of the benefits of fluoridation by presenting information in seven venues. Awareness of fluoridation was increased when over 100 fluoridation packets were provided to community leaders. Fluoridation was also discussed by city councils in several communities while working with local fluoridation coalitions attempting to initiate or reaffirm fluoridation throughout the year.

Barriers/Challenges to Success
None

Strategies to Overcome Barriers/Challenges
None

Activity 3:
Professional Education

Between 10/2008 and 09/2009, Present information on fluoridation in at least three venues where health professionals, water operators, engineers, public or governmental officials, and others will receive technical knowledge about the benefits of fluoridation on oral health and the availability of the PHHSBG funding for communities who want fluoridation in their community.

Activity Status
Completed

Activity Outcome

The Fluoridation Program presented information in the following 7 different venues: Florida Rural Water Association, First Annual Oral Health Florida Conference, Florida National Dental Conference, Florida Dental Hygiene Association Conference, National Association for the Advancement of Colored People Florida State Conference, Black Entertainment Television Women's Health Symposium, and the National Public Health Week Celebration.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Partnerships

Between 10/2008 and 09/2009, Public health dental staff will maintain **at least six** coalitions in communities that are actively pursuing fluoridation.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Public health dental staff maintained **10** coalitions in communities that are actively pursuing fluoridation.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:

Community Technical Assistance

Between 10/2008 and 09/2009, All communities that are actively pursuing fluoridation will receive assistance in community organization principles and technical assistance to promote a positive fluoridation outcome.

Activity Status

Completed

Activity Outcome

All communities actively pursuing fluoridation have received assistance mainly through face-to-face technical assistance, conference calls, guidance, and information. We have worked with our state partners to help communities build up their coalitions and contact instrumental individuals in their particular community.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 2:

Fluoridation Feasibility Review

Between 10/2008 and 09/2009, At least six local coalitions will assess the feasibility of initiating fluoridation in their community by reviewing the community water system design as well as community awareness and support for fluoridation.

Activity Status

Completed

Activity Outcome

Nine local coalitions assessed their community's ability for fluoridation. They were the following: Volusia County (Deltona and Edwater), Palm Beach County (Riviera Beach, Lake Worth, Palm Springs, Jupiter), Indian River County (Fellsmere), Hillsborough County (Plant City), Lake County (Leesburg), Lee County (Cape Coral, Bonita Springs), Orange County communities, Hernando County, Hardee County (Bowling Green).

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 3:

Coalition Technical Assistance

Between 10/2008 and 09/2009, All local fluoridation coalitions will receive technical assistance in assessing their local community and defining needs regarding fluoridation.

Activity Status

Completed

Activity Outcome

All fluoridation coalitions received technical assistance in assessing their local community and defining their needs regarding fluoridation. The following coalitions received assistance: Volusia County, Palm Beach County, Indian River County, Hillsborough County, Lake County, Lee County, Orange County, Hernando County, Hardee County.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 4:

Statewide Fluoridation Plan

Between 10/2008 and 09/2009, The Statewide Fluoridation Coalition will begin the development of a statewide plan with input from oral health partners and stakeholders to help remaining local communities that have not initiated fluoridation to take steps towards attaining fluoridation.

Activity Status

Completed

Activity Outcome

The Fluoridation Coalition began the development of a statewide plan with input from oral health partners and stakeholders to increase access to fluoridation in the state.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 5:**Statewide Fluoridation Coalition**

Between 10/2008 and 09/2009, The Statewide Fluoridation Coalition will conduct at least six conference calls and two face-to-face meetings to develop a plan of action in addressing the remaining community water systems that have not initiated fluoridation.

Activity Status

Partially Completed

Activity Outcome

The Fluoridation Coalition conducted 11 conference calls and one face-to-face meeting in the development of a plan of action in addressing remaining communities with no fluoridation. The plan is still in the process of being developed.

Barriers/Challenges to Success

Due to the severe financial restraints, travel was restricted this year therefore we were only approved for one face-to-face meeting. Travel was also a challenge for many participants of the coalition.

Strategies to Overcome Barriers/Challenges

The Fluoridation Program increased its communications with its partners through conference calls and other methods to deal with the impact of the financial challenges the state of Florida endured.

Essential Service 6 – Enforce laws and regulations**Impact/Process Objective 1:****Community Water System Management**

Between 10/2008 and 09/2009, Public health dental staff will review **100%** of the fluoridating community water systems to ensure that at least 90% will continue to consistently maintain 0.7 to 1.2 mg/l fluoride (optimal range).

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Public health dental staff reviewed **100%** of the fluoridating community water systems to ensure that at least 90% will continue to consistently maintain 0.7 to 1.2 mg/l fluoride (optimal range).

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:**Water Fluoridation Monitoring**

Between 10/2008 and 09/2009, All fluoridating community water systems' daily operational reports and split sample results will continue to be monitored on a monthly basis.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 09/2009, 100% of community water systems' daily operational reports and split sample results were monitored monthly. All systems adding fluoride were monitored for compliance.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

State Program Title: Sexual Violence Prevention Program

State Program Strategy:

Goal: The Florida Sexual Violence Prevention Program (SVPP) is committed to increasing services and the quality of those services to rape victims in Florida by 2010.

To increase services to victims, a competitive process awarded a contract to nine rape crisis centers to provide funding for services to rape victims using PHHSBG monies. Rape crisis centers are required to ensure the following services are available to rape victims:

- Advocacy and accompaniment
- Information and referral
- Crisis intervention
- Individual and group counseling
- Medical and forensic services
- Therapy

In addition to providing services to rape victims, the program focuses on providing education to rape crisis centers to improve the quality of services provided to rape victims.

The DOH staff and the SVPP overall strategy is to reduce and prevent rape by working in collaboration with county health departments, rape crisis centers, universities and colleges, traditional and non-traditional partners, and the state coalitions to develop a comprehensive infrastructure throughout Florida that provides consistent, quality, victim services; targets and supports primary rape prevention education; and initiates policy development necessary to support the victims of rape, and for the eventual prevention of rape.

Primary Strategic Partnerships: The SVPP has fostered a number of collaborative relationships and strategic partnerships both internally and externally.

Internal:

- DOH-Maternal and Child Health
- DOH-HIV/AIDS Program
- DOH-Injury Prevention Program
- DOH-Legal Office
- DOH-Office of Communications
- DOH-Office of Performance Improvement
- DOH-County Health Departments
- Department of Children and Families
- Attorney General's Office

External:

- Victim Advocates
- Rape Crisis Centers
- Hospitals
- Florida Universities and Colleges
- Florida Middle/High Schools
- Florida Council Against Sexual Violence
- Florida Council Against Domestic Violence
- Law Enforcement
- Federal Agencies – CDC, HHS

Role of PHHSBG Funds:

Support efforts to provide services to rape victims and improve the quality of those services. Nine rape crisis centers each receive \$30,000 that supports at least one full or partial salary (no more than five percent can be used for administrative or indirect costs). The following services are provided to rape victims at the following reimbursable rates.

Category One:

Information and referral

1-hour (\$25.00) :30 minutes (\$12.50)

Category Two:

Crisis intervention

Advocacy & accompaniment

Support group

1-hour (\$50.00) :30 minutes (\$25.00)

Category Three:

Therapy

Medical and/or forensic intervention

1-hour (\$75.00) :30 minutes (\$37.50)

Evaluation Methodology: Surveillance data from the SVPP confidential internet-based Sexual Violence Data Registry (SVDR) are used to evaluate progress toward the program goal of providing services to rape victims. Funded rape crisis centers are required to enter data into the SVDR as part of their contracts. The SVDR provides surveillance reports for staff to review and to ensure victims receive services. The reports are also used to monitor contract invoices and track compliance with contract deliverables.

National Health Objective: 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2008 and 09/2009, Reduce the number of rapes by 2% annually.

State Health Objective Status

Exceeded

State Health Objective Outcome

Between 10/2008 and 09/2009, the number of rapes were reduced by 4.8% annually.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Sexual Violence Data Registry (SVDR)

Between 10/2008 and 09/2009, Sexual Violence Prevention Staff will maintain **100%** the data in the SVDR for analysis.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Sexual Violence Prevention Staff maintained **100%** the data in the SVDR for analysis.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:

Identify Number of Services

Between 10/2008 and 09/2009, Evaluate 100% of SVDR reports submitted by rape crisis centers to identify the number of services provided to victims.

Activity Status

Completed

Activity Outcome

In 2008-2009, 100% of the SVDR reports were analyzed to identify the number of services provided to victims. The analysis of the monthly reports determined contract deliverables were met or were exceeded. Before paying an agency invoice, the SVDR reports must reflect the number of victim services provided, as submitted on the invoice for reimbursement.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 2:

Evaluate Rape Crisis Center Contracts

Between 10/2008 and 09/2009, Review 100% of data submitted to the SVPP through the SVDR to evaluate whether rape crisis centers are complying with contract deliverables.

Activity Status

Completed

Activity Outcome

In 2008-2009, 100% of the data submitted to the SVPP through the SVDR was reviewed to evaluate whether rape crisis centers complied with contract deliverables. SVDR data reports substantiated invoice charges for (1) the number of services provided, (2) the number of units of time provided, and (3) the number of victims served using these funds. During annual site contract monitoring, client files were reviewed to ensure services were appropriately documented and files were maintained.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Increase Services to Rape Victims

Between 10/2008 and 09/2009, Rape Crisis Centers will increase the number of services provide to rape victims from 11,000 to 11,110.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Rape Crisis Centers increased the number of services provide to rape victims from 11,000 to 12,374.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:

Advocacy and Accompaniments

Between 10/2008 and 09/2009, SVPP staff will review 100% of the number of advocacy and accompaniments provided to rape victims.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 09/2009, SVPP staff reviewed 100% of the number of advocacy and accompaniments provided to rape victims. Nine funded rape crisis centers provided 2,212 units of advocacy and accompaniment to rape victims.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 2:

Crisis Interventions

Between 10/2008 and 09/2009, SVPP staff will review 100% of the number of crisis interventions provided to rape victims.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 09/2009, SVPP staff reviewed 100% of the number of crisis interventions provided to rape victims. Nine funded rape crisis centers provided 4,170 units of crisis intervention to rape victims.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 3:

Information and Referrals

Between 10/2008 and 09/2009, SVPP staff will review 100% of the number of information and referrals provided to rape victims.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 09/2009, SVPP staff reviewed 100% of the number of information and referrals provided to rape victims. Nine funded rape crisis centers provided 2,707 units of information and referral to rape victims.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 4:

Group Counseling

Between 10/2008 and 09/2009, SVPP staff will review 100% of the number of group counseling sessions provided to rape victims.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 09/2009, SVPP staff reviewed 100% of the number of group counseling sessions provided to rape victims. Nine funded rape crisis centers provided 1,455 units of group counseling to rape victims.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 5:

Therapy Sessions

Between 10/2008 and 09/2009, SVPP staff will review 100% of the number of therapy sessions provided to rape victims.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 09/2009, SVPP staff reviewed 100% of the number of therapy sessions provided to rape victims. Nine funded rape crisis centers provided 1,471 units of therapy sessions to rape victims.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Professional Education and Training

Between 10/2008 and 09/2009, SVPP staff will increase the number of professional development, educational opportunities sent to rape crisis centers from 36 to 60.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, SVPP staff increased the number of professional development,

educational opportunities sent to rape crisis centers from 36 to **71**.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 1:
Information

Between 10/2008 and 09/2009, SVPP staff will send by the Internet, articles, meeting, and conference information to rape crisis centers that will provide opportunities for staff to provide up-to-date information to victims.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 09/2009, SVPP staff sent by the Internet, articles, meeting, and conference information to rape crisis centers that will provide opportunities for staff to provide up-to-date information to victims. The SVPP electronically disseminated **20 articles** and **10 webinar** training opportunities to 9 rape crisis centers.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluation

Between 10/2008 and 09/2009, SVPP staff will conduct **at least one** contract monitoring site visit per funded site per year.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, SVPP staff conducted **one** contract monitoring site visit per funded site per year.

Barriers/Challenges to Success

Due to state travel restrictions, desk reviews were performed instead of an onsite monitoring review. Sites were required to validate and send all information required by onsite visits.

Strategies to Overcome Barriers/Challenges

A written report of the desk review is prepared documenting the results of the review. The desk review included a file review of services provided to victims to ensure these services include advocacy and accompaniment, crisis intervention, counseling, case management, therapy, support groups, information and referral, systems coordination, and provisions for forensic and medical examinations. Quality assurance also included a review of the data entry and review of monthly invoices. Recommendations and technical assistance were provided as needed.

Activity 1:

Contract Deliverables

Between 10/2008 and 09/2009, 100% of the SVPP contracts will provide contract deliverables.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 09/2009, 100% of the SVPP contracts provided contract deliverables. Data are checked monthly to confirm services are provided to rape victims.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges

None

Activity 2:

Contract Management Review

Between 10/2008 and 09/2009, The SVPP contract manager will conduct at least one on-site visit or desk review to ensure contract compliance and evaluate services.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 09/2009, the SVPP contract manager conducted at least one on-site visit or desk review to ensure contract compliance and evaluate services.

Barriers/Challenges to Success

Due to state travel restrictions, desk reviews were performed instead of an on-site monitoring review. Sites were required to validate and send all information required by onsite visits.

Strategies to Overcome Barriers/Challenges

A written report of the desk review is prepared documenting the results of the review. The desk review included a file review of services provided to victims to ensure these services include advocacy and accompaniment, crisis intervention, counseling, case management, therapy, support groups, information and referral, systems coordination, and provisions for forensic and medical examinations. Quality assurance also included a review of the data entry and review of monthly invoices. Recommendations and technical assistance were provided as needed.

Activity 3:

Technical Assistance

Between 10/2008 and 09/2009, The SVPP contract manager will provide technical assistance, chart reviews, fiscal accountability, and an agency assessment on 100% of the SVPP contracts.

Activity Status

Completed

Activity Outcome

Between 10/2008 and 09/2009, the SVPP contract manager provided technical assistance, chart reviews, fiscal accountability, and an agency assessment on 100% of the SVPP contracts.

Barriers/Challenges to Success

None

Strategies to Overcome Barriers/Challenges
None