

**Florida Preventive Health and Health
Services Block Grant 2010 Application
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2010

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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) 2010, which begins October 1, 2009 and ends September 30, 2010. 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.

The Bureau of Chronic Disease Prevention and Health Promotion is embarking on an extensive statewide needs assessment to be completed in 2010. Because reprioritization of current funding is expected as a result of the needs assessment, the Advisory Committee recommended continued funding of the current programs.

Funding Assumptions

The FFY 2010 application is based on the funding level table sent out by CDC on June 9, 2009. Florida currently receives \$3,067,928. 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 June 16, 2009, the Advisory Committee *reviewed and recommended* the following programs for funding contingent upon the receipt of level funding for FFY 2010. For the purposes of BGMIS requirements this meeting is referenced as July 1, 2009 in the system. A public hearing was also held on August 12, 2009.

Proposed Allocation for FFY 2010

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 2010 funding priorities are as follows:

Program/Health Objective(s)	Current Year
Healthy Communities, Healthy People Program/HO: 7-10	
Bureau of Chronic Disease Prevention (6.6 FTEs)	\$2,236,532
(Funding to Local Entities: \$1,825,744	
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:	\$2,856,724
- Administrative Costs	<u>\$ 180,000</u>
- Grand Total:	\$3,036,724

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, health screening, 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
- Office of Planning, Evaluation and Data Analysis
- Office of Public Health Improvement
- Officer for Women's Health Strategies
- Division of Health Access and Tobacco
- Division of Children's Medical Services
- Division of Environmental Health
- Bureau of Community and Family Health
- Bureau of Adult and Community Health
- Bureau of Child Nutrition
- Bureau of Women, Infants, and Children

• External:

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

- Bureau of Statewide Planning
- Bureau of HIV/AIDS
- Bureau of STD

- Florida Association of Community Health Centers
- FMQAI, Inc.

Role of PHHSBG Funds: This grant provides 100 percent of funds for the HCHP Program. These funds also support the bureau administrative director, the HCHP program manager, a health education program consultant, administrative staff, the bureau budget manager and a portion of the bureau epidemiologist (who is also the PHHSBG coordinator). 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's Community Health Assessment Resource Tool Set (CHARTS) provides morbidity, mortality, and vital statistics data. The HCHP program uses CHARTS, 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 to establish a baseline and target for each of the 67 counties. Electronic work plans from each county are stored on a 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 10/2009 and 09/2011, Maintain the HCHP Program in each of the 67 county health departments.

State Health Objective Status

Met

State Health Objective Outcome

Between 10/2009 and 9/2010, the HCHP Program has been maintained in each of the 67 county health departments.

Reasons for Success or Barriers/Challenges to Success

State and local staff worked to ensure staffing at all levels were maintained. State level staff provided oversight and technical assistance to local coordinators.

Strategies to Achieve Success or Overcome Barriers/Challenges

The counties advertised and filled vacant positions as soon as possible. State level staff required all work plans, progress reports, and success stories to be submitted in a timely fashion to ensure adequate time for review and the provision of technical assistance. Webinars and conference calls play a valuable role in assuring state and local staff maintain lines of communication to address programmatic needs.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHSBG provides funding for a percentage of HCHP coordinators' salaries. Some of the county health departments provide funding to create full time positions. In addition, county health departments provide financial support in the form of office space, office materials, and other items of infrastructure.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Data Driven Decisions

Between 10/2009 and 09/2010, The Bureau of Chronic Disease Prevention and Health Promotion will review 67 Florida county level data to determine the chronic disease morbidity, mortality, and risk factor data in order to help communities develop action plans.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The Bureau of Chronic Disease Prevention and Health Promotion reviewed 67 Florida county level data to determine the chronic disease morbidity, mortality, and risk factor data in order to help communities develop action plans.

Reasons for Success or Barriers/Challenges to Success

State level staff reviewed data in Florida CHARTS and utilized the bureau epidemiologist to determine priorities to assist communities with developing action plans.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff maintained a strong working relationship with the bureau epidemiologist to guide priorities and ensure community action plans were responsive to the health needs of Floridians. State level staff held a series of meetings to review data with the bureau epidemiologist. Each county was reviewed and priorities were set as a team.

Activity 1:

Review and Analyze Florida Chronic Disease Data

Between 10/2009 and 09/2010, The bureau epidemiologist 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 9/30/2010, the data for all 67 counties regarding chronic disease and related risk factors was reviewed, analyzed, and reported using BFRSS, HMS, YRBS, and CHARTS. Between 10/1/2009 and 9/30/2010, state level staff provided technical assistance in the development of 67 county action plans.

Reasons for Success or Barriers/Challenges to Success

The bureau epidemiologist ensured staff had access to current data analysis of chronic disease morbidity, mortality, and related risk factors. State level staff provided technical assistance to coordinators on an ongoing basis.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff provided technical assistance to coordinators in the form of webinars, teleconferences, and one-on-one consultations.

Activity 2:

Community Health Assessment and Resource Tool Set (CHARTS)

Between 10/2009 and 09/2010, 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 9/30/2010, the HCHP program manager and health educator consultant provided a webinar on how to access community data regarding chronic disease morbidity, mortality, and related risk factors using BRFSS, YRBS, YPANS, HMS, and CHARTS.

Reasons for Success or Barriers/Challenges to Success

The DOH website provides access to BRFSS, YRBS, YPANS, HMS, and CHARTS. The health educator consultant created a webinar on community data for local coordinators. The consultant also provided one-on-one technical assistance as needed.

Strategies to Achieve Success or Overcome Barriers/Challenges

The health educator consultant coordinated a webinar on data systems. The bureau epidemiologist presented on how to review the CHARTS data and retrieve county level chronic disease profile data. New HCHP coordinators are provided with an orientation to the bureau's SharePoint site and data systems by the health educator consultant. In addition, the SharePoint site provides coordinators with reference data tools and resources. HCHP Coordinators are able to be more efficient by having access to resources on one central website. The SharePoint site is maintained weekly to ensure that all resources are timely, relevant, and accurate.

Activity 3:

Use Local Data to Develop Community Action Plans

Between 10/2009 and 09/2010, At least 95% of the local HCHP programs will have reviewed the data in CHARTS, and with the help of the state level staff, updated their action plan with county specific indicators for the leading preventable risk factors for chronic disease and disabling conditions.

Activity Status

Completed

Activity Outcome

Through 9/30/2010, 100% of the local HCHP coordinators received training on how to review CHARTS data. The HCHP coordinators set local goals for the leading preventable risk factors based on CHARTS and community data. County specific data were required to be included in community work plans.

Reasons for Success or Barriers/Challenges to Success

Florida CHARTS provided county specific data, which assisted coordinators in setting local goals for the leading preventable risk factors. The training provided by state level staff assisted coordinators with understanding how to use county specific datasets to justify interventions.

Strategies to Achieve Success or Overcome Barriers/Challenges

The HCHP program manager and health educator consultant provided instruction and guidance through weekly conference calls and webinars. State level staff provided technical assistance as needed. All local coordinators were provided training on how to use CHARTS.

Activity 4:

Monitor Community Action Plan

Between 10/2009 and 09/2010, 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 9/30/2010, the HCHP state level staff monitored 100% of the community action plans and success stories. Feedback was provided to the local HCHP coordinators through conference calls and e-mail.

Reasons for Success or Barriers/Challenges to Success

Local HCHP coordinators received feedback in the manner of their choosing. Some coordinators preferred feedback through conference call, while others preferred the use of e-mail.

Strategies to Achieve Success or Overcome Barriers/Challenges

Coordinators are routinely reminded of due dates for action plans, progress reports, and success stories. Feedback is provided in a timely manner. Request for revisions are sent to local staff with a deadline. Local staff are provided with a copy of the final version of all reports. State level staff maintained folders of program documents for each county. Local coordinators were encouraged to communicate concerns or ask questions at any time.

Activity 5:

Policy and Environmental Change Strategies

Between 10/2009 and 09/2010, 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 9/30/2010, the HCHP state level staff monitored 100% of the local HCHP Programs' community action plans, progress reports, and success stories.

Reasons for Success or Barriers/Challenges to Success

Coordinators submitted community action plans and progress reports through e-mail and SharePoint. Success stories were submitted in the Bureau's Success Story Generator. State level staff reviewed all documents and provided feedback in a timely manner.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff maintained a tracking mechanism to monitor submission of required program documents. The Success Story Generator provided a systematic way for the coordinators to share their success stories with state level staff.

Activity 6:

DOH Quality Improvement Review

Between 10/2009 and 09/2010, 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 Completed

Activity Outcome

Between 10/2009 and 09/2010, the Public Health Accreditation Board selected the DOH and Miami CHD to participate in a pilot test of the new national voluntary public health accreditation program. Accreditation will provide a nationally recognized set of standards for public health departments. The Division Director represents the bureau on the DOH Accreditation Collaborative and regularly asks for our input on chronic disease issues. The pilot test did not end until December 2010.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

Participating in the accreditation process is critical to DOH's efforts to achieve a system of continuous quality improvement.

Activity 7:

Identify health disparities for Chronic Disease

Between 10/2009 and 09/2010, 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 9/30/2010, the bureau epidemiologist coordinated the development of the Minority Health Profile in CHARTS. State level staff and the bureau epidemiologist provided training to local coordinators to review county specific data to include disparate populations in their target population.

Reasons for Success or Barriers/Challenges to Success

The bureau epidemiologist is highly skilled at identifying health disparities and related risk factors, and provided technical assistance to local coordinators to address county specific health disparities.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff provided education and technical assistance to local coordinators in the form of webinars and teleconferences.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Media Events

Between 10/2009 and 09/2010, HCHP Coordinators will implement **at least four** media events.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, HCHP Coordinators implemented **250** media events.

Reasons for Success or Barriers/Challenges to Success

HCHP coordinators often fill more than one role within their local county health department. Coordinators are often tasked with coordinating media events for multiple chronic disease related programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

HCHP coordinators often have the program support of several offices within their health department to support media events. Media events were shared with other local coordinators and the state office through the SharePoint calendar. Updates were also shared during weekly conference calls.

Activity 1:**Healthy Floridians Campaign**

Between 10/2009 and 09/2010, 85% of the local HCHP programs will promote and participate in the statewide Healthy Floridians campaign.

Activity Status

Completed

Activity Outcome

Between 10/1/2009 and 9/30/2010, 85% of the local HCHP programs promoted physical fitness and sound nutrition practices to promote healthy lifestyles.

A coordinated statewide Healthy Floridians campaign did not occur. Coordinators promoted the tenants of the campaign independently.

Reasons for Success or Barriers/Challenges to Success

HCHP coordinators promote physical fitness and nutrition locally through a variety of methods such as media events, newsletters, and community walks.

Strategies to Achieve Success or Overcome Barriers/Challenges

HCHP coordinators utilized local resources and stimulated partners to promote physical fitness and nutrition locally. Coordinators tied the promotion of healthy lifestyles in their community action plans.

Activity 2:**Employee Wellness Programs**

Between 10/2009 and 09/2010, 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 9/30/2010, 80% of the local HCHP coordinators promoted employee wellness to schools, hospitals, and other employers in their local communities.

Reasons for Success or Barriers/Challenges to Success

HCHP coordinators had strong partnerships with community entities, and utilized their relationships to promote worksite wellness. State level staff provided coordinators with technical assistance to find evidence-based worksite wellness strategies to promote locally.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff provided technical assistance to coordinators to provide evidence-based strategies that promote worksite wellness.

Activity 3:**Educate Local Leaders**

Between 10/2009 and 09/2010, 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 9/30/2010, 96% of local HCHP coordinators provided information on local chronic disease risk factors and evidence-based health promotion on a quarterly basis.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 4:**Annual Health Observances**

Between 10/2009 and 09/2010, 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 9/30/2010, 96% of local HCHP programs participated in annual health observances for heart disease, diabetes, cancer, and arthritis.

Reasons for Success or Barriers/Challenges to Success

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.

Strategies to Achieve Success or Overcome Barriers/Challenges

HCHP coordinators used press releases to highlight community chronic disease prevention initiatives. Programs within the Bureau developed and disseminated materials to all 67 county health departments for highlighting special events associated with promoting health awareness days, months, and special events.

Essential Service 4 – Mobilize Partnerships**Impact/Process Objective 1:****County Health Council**

Between 10/2009 and 09/2010, 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

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The HCHP staff established 60 health council or participate on an existing health council to address the chronic disease morbidity, mortality and risk factors needs.

Reasons for Success or Barriers/Challenges to Success

Through 9/30/2010, 90% of the local HCHP program coordinators were involved with a local health coalition. Each local program coordinator participated in or led the process that involves sharing of data, consensus building, and community action planning.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Bureau 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.

Activity 1:**Health Council Attendance**

Between 10/2009 and 09/2010, Attend at least 85% of the local health council meetings and provide information about chronic diseases and the leading preventable risk factors.

Activity Status

Completed

Activity Outcome

Through 9/30/2010, 90% of the local HCHP program coordinators were involved with a local health coalition.

Reasons for Success or Barriers/Challenges to Success

Each local program coordinator participated in or led the process that involves sharing of data, consensus building, and community action planning.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Bureau 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, provide technical information and resources, and create a support network for those engaged in community health assessment and health planning.

Impact/Process Objective 2:**Establish Partnerships with Local Health Care Providers**

Between 10/2009 and 09/2010, HCHP local 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 10/2009 and 09/2010, HCHP local staff established on average 10 partnership with local health care providers to establish collaborative efforts for prevention or referrals services.

Reasons for Success or Barriers/Challenges to Success

HCHP coordinators are housed within the county health departments. HCHP coordinators work in a system of health care providers and have access to other health care providers due to common professional ties. Partnerships are especially strong in rural areas where resources are limited, and collaboration is strongly favored to accomplish shared goals.

Strategies to Achieve Success or Overcome Barriers/Challenges

Many local HCHP coordinators established councils to maximize resources and create opportunities for collaborative efforts for prevention. Several counties included the creation of a referral guide in their work plans, which highlighted local providers and services that serve as resources for the community.

Activity 1:**Collaborate with Local Providers**

Between 10/2009 and 09/2010, 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 09/30/2010, 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.

Reasons for Success or Barriers/Challenges to Success

Local HCHP coordinators are housed within the county health departments, and have access to a wide network of health care providers. In addition, HCHP coordinators have access to state level staff to assist with establishing collaborative partnerships with stakeholders throughout the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff facilitated conference calls with HCHP coordinators and various state level program managers of chronic disease programs. The calls provided local coordinators with information to facilitate collaboration at the local level.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Community Action Plans

Between 10/2009 and 09/2010, 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 nutrition and tobacco use.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, 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 nutrition and tobacco use.

Reasons for Success or Barriers/Challenges to Success

State level staff provided technical assistance to each HCHP coordinator to develop an action plan that addresses physical inactivity, poor nutrition, and tobacco use. State level staff offered technical assistance in the form of conference calls, webinars, and one-on-one consultation.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff provided technical experts to present on evidence-based interventions on conference calls. State level staff also provided a wealth of information and resources to HCHP coordinators through the HCHP SharePoint site.

Activity 1:

Community Action Plan Details

Between 10/2009 and 09/2010, At least 95% of the local HCHP programs will implement one or more 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 09/30/2010, 95% of the local HCHP programs implemented at least one system, social, policy, or environmental intervention in a worksite, school, community, or faith-based organization.

Reasons for Success or Barriers/Challenges to Success

Local HCHP coordinators are provided with technical assistance throughout the year to create realistic action plans to address at least one system, social, policy, or environmental intervention in a worksite, school, community, or faith-based organization. Coordinators are required to submit progress reports to ensure they are making progress with stated goals.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff provided technical assistance in the form of conference calls, emails, and one-on-one consultation. The HCHP SharePoint site provided local coordinators with a wealth of resources, and provided a forum for collaboration and a sharing of ideas between coordinators.

Impact/Process Objective 2:

Florida Integrated Chronic Disease Strategic Plan

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

Reasons for Success or Barriers/Challenges to Success

State level staff provided technical assistance to the 67 county health departments through teleconferences and webinars.

Strategies to Achieve Success or Overcome Barriers/Challenges

The state level staff participated in weekly meetings for the purpose of developing an overall integrated plan.

Activity 1:

Strategic Planning

Between 10/2009 and 09/2010, 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 10/01/2009 and 9/30/2010, staff participated in 100% of meetings to develop a chronic disease strategic plan that integrates program specific and PHHSBG activities to ensure a comprehensive chronic disease prevention and health promotion plan.

Reasons for Success or Barriers/Challenges to Success

Bureau administrators met weekly to discuss the Florida Integrated Chronic Disease Strategic Plan.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff shared mandated PHHSBG activities with the planning group to ensure all program specifics were included in the plan.

Activity 2:

Integrated Surveillance Plan

Between 10/2009 and 09/2010, The bureau evaluator, epidemiologist, and state level HCHP staff will establish an integrated chronic disease epidemiology and evaluation plan.

Activity Status

Completed

Activity Outcome

Through 9/30/2010, the bureau evaluator, epidemiologist, and state level HCHP staff established an integrated chronic disease epidemiology and evaluation plan.

Reasons for Success or Barriers/Challenges to Success

The bureau evaluator, epidemiologist, and state level HCHP staff attended bi-weekly meetings to establish an integrated chronic disease epidemiology and evaluation plan.

Strategies to Achieve Success or Overcome Barriers/Challenges

The bureau evaluator led the team by creating a timeline, agenda, and scheduling meetings to ensure efficiency in creating the integrated chronic disease epidemiology and evaluation plan.

Impact/Process Objective 3:**Policy and Environmental Change Strategies**

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, HCHP community action plans identified two policy or environmental change strategies implemented annually.

Reasons for Success or Barriers/Challenges to Success

State level staff provided resources and technical assistance to local coordinators to identify two policy or environmental change strategies to implement during the fiscal year.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff provided resources through SharePoint, teleconferences, and webinars to assist local coordinators to identify two policy or environmental changes to implement during the fiscal year.

Activity 1:**Policy and Environmental Tracking System (PETS)**

Between 10/2009 and 09/2010, HCHP state level staff will upload 100% of completed community level policy and environmental change strategies in the PETS system.

Activity Status

Completed

Activity Outcome

By 9/30/2010, HCHP staff used the SharePoint site to highlight policy and environmental change strategies implemented on a local level.

Reasons for Success or Barriers/Challenges to Success

The PETS system could not be used because it is in the developmental phase.

Strategies to Achieve Success or Overcome Barriers/Challenges

As an alternative, state level staff and HCHP coordinators use the SharePoint site. The program does not know when PETS will be available for use.

Activity 2:**Monitor Community Action Plan for Policy and Environmental Change Strategies**

Between 10/2009 and 09/2010, 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

Between 10/1/2009 and 9/30/2010, state level HCHP staff monitored 100% of the local HCHP community action plans that documented the policy and environmental change strategies implemented in the communities.

Reasons for Success or Barriers/Challenges to Success

State level staff maintained a spreadsheet to record and monitor action plans and report policy and environmental change strategies implemented in the communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local coordinators uploaded action plans and progress reports to the SharePoint site.

Essential Service 8 – Assure competent workforce**Impact/Process Objective 1:****Train Local Staff on Data**

Between 10/2009 and 09/2010, 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 FYTS.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, The epidemiologist and state level HCHP staff conducted **two** annual opportunities to receive training on how to review and interpret data from BRFSS, YRBS, CHARTS and FYTS.

Reasons for Success or Barriers/Challenges to Success

State level HCHP staff worked very closely with the bureau epidemiologist. The epidemiologist was very cooperative and willing to assist in training local staff on how to review and interpret state and county specific data.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff provided two annual opportunities to receive training on reviewing and interpreting data through webinars. Resources related to state specific data is available on the SharePoint site for staff throughout the year.

Activity 1:**Success Story Generator**

Between 10/2009 and 09/2010, At least 95% of the local HCHP programs will have submitted a progress report in the Block Grant Management Information System.

Activity Status

Completed

Activity Outcome

Between 10/1/2009 and 9/30/2010, 95% of the local HCHP programs submitted a progress report in the Success Story Generator.

Reasons for Success or Barriers/Challenges to Success

Local HCHP coordinators used the Success Story Generator to submit success stories. Stories were also added to the SharePoint site.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff provided feedback and technical assistance to local HCHP coordinators to submit success stories through the Success Story Generator.

Activity 2:**Success Story**

Between 10/2009 and 09/2010, 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 9/30/2010, 100% of the HCHP program success stories were reviewed, edited, and approved by state level HCHP staff.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 3:**HCHP Job Requirements**

Between 10/2009 and 09/2010, 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 10/1/2009 and 9/30/2010, 100% of the local HCHP program coordinators had a position description outlining the duties that are specific to leading and managing chronic disease prevention and health promotion programs.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 4:**HCHP Program Coordinator**

Between 10/2009 and 09/2010, 100% of the local HCHP programs will maintain a HCHP infrastructure.

Activity Status

Completed

Activity Outcome

Through 09/30/2010, 100% of the local HCHP programs maintained an employee as the HCHP coordinator. There are 63 local HCHP coordinators serving 67 counties. Four of the 67 counties share a coordinator.

Reasons for Success or Barriers/Challenges to Success

Local coordinators and county health departments keep state level staff informed of all staff changes.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff encouraged and supported local counties filling vacancies as quickly as possible.

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

Between 10/2009 and 09/2010, HCHP state level staff will provide or facilitate 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

Between 10/2009 and 9/2010, HCHP state level staff provided 12 trainings for local HCHP coordinators and community partners to gain up-to-date information regarding chronic disease prevention, related risk factors, and healthy lifestyles.

Reasons for Success or Barriers/Challenges to Success

The health educator consultant coordinated a series of webinar trainings to local HCHP program coordinators and community partners focused on chronic disease prevention, related risk factors, and healthy lifestyles.

Strategies to Achieve Success or Overcome Barriers/Challenges

The bureau 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.

Activity 6:**Data Training**

Between 10/2009 and 09/2010, The HCHP state level 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 09/30/2010, the HCHP state level staff and epidemiologist provided trainings to 90% of local HCHP coordinators regarding how to use data to assess needs and set targets for community action plans.

Reasons for Success or Barriers/Challenges to Success

Due to a few position vacancies, the health educator consultant and the bureau epidemiologist only trained 90% of the HCHP coordinators.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff and the bureau epidemiologist worked together to provide trainings. Trainings and resource materials were uploaded to the SharePoint site and stored as a resource guide for coordinators.

Activity 7:

Training for Reducing Racial and Ethnic Health Disparities (REHD) Grant Recipients

Between 10/2009 and 09/2010, The HCHP program manager will at least annually provide training to local HCHP coordinators and REHD grant recipients to ensure the coordination of services.

Activity Status

Completed

Activity Outcome

REHD grant recipients were invited to all conference calls and webinars provided by the HCHP Program staff. HCHP coordinators are invited to work with the regional REHD grant recipients to share information and resources.

Reasons for Success or Barriers/Challenges to Success

This activity was successful because HCHP Program staff ensured the collaboration of resources and kept all programs updated.

Strategies to Achieve Success or Overcome Barriers/Challenges

The contract managers for the REHD grants worked directly with state level staff.

Activity 8:

Training on Minority Health Profile

Between 10/2009 and 09/2010, 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

Not Completed

Activity Outcome

This activity was not completed because the Minority Health Profile was not launched before 09/30/2010. The Minority Health Profile launched on the CHARTS system in December 2010.

Reasons for Success or Barriers/Challenges to Success

The bureau is not responsible for launching new profiles on CHARTS. This profile compiled extensive data and the launch date was repeatedly delayed.

Strategies to Achieve Success or Overcome Barriers/Challenges

The bureau epidemiologist provided annual standard data points on SharePoint and the HCHP coordinators had access to this data if needed.

Activity 9:

Technical Assistance for REHD Grant Recipients

Between 10/2009 and 09/2010, 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 9/30/2010, state level staff provided contract management and technical assistance to the 17 chronic disease REHD grant recipients.

Reasons for Success or Barriers/Challenges to Success

State level staff were trained to provide contract management and technical assistance to grant recipients.

Strategies to Achieve Success or Overcome Barriers/Challenges

Appropriate state level staff were provided with in-depth contract management training. The staff ensured all contract materials meet guidelines and closely monitor program activities.

Essential Service 9 – Evaluate health programs**Impact/Process Objective 1:****Evaluation**

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, HCHP state level staff reviewed 100% of the local HCHP programs and community partners action plans annually.

Reasons for Success or Barriers/Challenges to Success

State level staff reviewed each county's action plan and provided technical assistance as needed.

Strategies to Achieve Success or Overcome Barriers/Challenges

HCHP coordinators utilized the SharePoint site to upload community action plans and progress reports. State level staff reviewed documents when appropriate.

Activity 1:**HCHP SharePoint**

Between 10/2009 and 09/2010, 100% of HCHP programs will maintain their community action plans on the SharePoint site.

Activity Status

Not Completed

Activity Outcome

Between 10/1/2009 and 9/30/2010, 85% of HCHP programs maintained their community action plans on the SharePoint site.

Reasons for Success or Barriers/Challenges to Success

Barriers to success are due to vacant positions and several HCHP coordinators feeling uncomfortable using the SharePoint site. Eighty-five percent of coordinators posted and updated community action plans and budget expenditures.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff supported local counties filling vacant positions as soon as possible. The health educator consultant will include SharePoint orientation to new staff and will incorporate an overview of SharePoint in the webinar series.

Activity 2:**Quarterly Updates**

Between 10/2009 and 09/2010, 100% of HCHP community action plans will be updated at least quarterly on the SharePoint site.

Activity Status

Not Completed

Activity Outcome

Between 10/1/2009 and 9/30/2010, 85% of the local HCHP community action plans were updated and posted on the SharePoint site.

Reasons for Success or Barriers/Challenges to Success

Due to position vacancies and a lack of proficiency on SharePoint, only 85% of the counties updated community action plans and progress reports posted on SharePoint.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff will include an overview of SharePoint in orientation to new and current staff. State level staff will continue to provide technical assistance and one-on-one consultation to coordinators on using SharePoint. Mandated requirements will be emphasized at the beginning of each fiscal year.

Impact/Process Objective 2:**Evaluate HCHP Action Plans**

Between 10/2009 and 09/2010, HCHP state level staff will evaluate at least 85% of HCHP community action plans.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, HCHP state level staff evaluated 100% of HCHP community action plans.

Reasons for Success or Barriers/Challenges to Success

State level staff evaluated all action plans and progress reports and provided feedback as needed.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff evaluated all action plans and maintained records on a spreadsheet. State level staff used pre-determined criteria to evaluate action plans.

Activity 1:**SharePoint Reporting System**

Between 10/2009 and 09/2010, 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 9/30/2010, 90% of the local HCHP programs reported county-level objectives, goals, interventions, and work plans using the SharePoint system.

Reasons for Success or Barriers/Challenges to Success

Bureau IT staff assisted with SharePoint maintenance to ensure files are saved and accessible.

Strategies to Achieve Success or Overcome Barriers/Challenges

State level staff provided technical assistance to HCHP coordinators to utilize the SharePoint system to upload reports.

Activity 2:**Policy and Environmental Tracking System (PETS)**

Between 10/2009 and 09/2010, 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

Not Completed

Activity Outcome

State level staff worked with internal partners to update PETS.

Reasons for Success or Barriers/Challenges to Success

The PETS system is not yet active.

Strategies to Achieve Success or Overcome Barriers/Challenges

HCHP staff will continue working with internal partners to update PETS and determine if it is feasible and beneficial.

Activity 3:**Specialized Analysis**

Between 10/2009 and 09/2010, 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 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.

Reasons for Success or Barriers/Challenges to Success

The bureau epidemiologist has extensive knowledge of the CHARTS system and was able to determine the top 10% of county health departments needing special assistance in chronic disease prevention and health promotion.

Strategies to Achieve Success or Overcome Barriers/Challenges

The bureau epidemiologist analyzed data by ranking the counties with the highest rates of death, chronic disease, hospitalizations, and low socioeconomic status. State level staff worked closely with the top 10% of county health departments, and provided technical assistance through webinars, telephones, and email.

Activity 4:**Quality Improvement Reviews**

Between 10/2009 and 09/2010, 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 Completed

Activity Outcome

Between 10/2009 and 09/2010, the Public Health Accreditation Board selected the DOH and Miami CHD to participate in a pilot test of the new national voluntary public health accreditation program. Accreditation will provide a nationally recognized set of standards for public health departments. The Division Director represents the bureau on the DOH Accreditation Collaborative and regularly asks for our input on chronic disease issues. The pilot test did not end until December 2010.

Reasons for Success or Barriers/Challenges to Success

N/A

Strategies to Achieve Success or Overcome Barriers/Challenges

Participating in the accreditation process is critical to DOH's efforts to achieve a system of continuous quality improvement.

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 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, address systems whose reported levels are not optimal, and 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 10/2009 and 09/2010, Increase the proportion of Floridians served by community water systems that are optimally fluoridated.

State Health Objective Status

Met

State Health Objective Outcome

While the proportion of Floridians served by community water systems that are optimally fluoridated did not change, Florida's estimate population increased. The program remains at approximately 77 percent.

Reasons for Success or Barriers/Challenges to Success

Population changes in Florida seem to be the main barrier to any significant increase in fluoridation proportion this year. In addition, the economy remains a problem for communities as they continue cutting budgets and programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

We will continue to provide information, technical assistance, and seed money to communities to support their efforts to provide community water fluoridation.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Additional staff was hired to work in the fluoridation program. Staff was hired through another statewide health initiative and grant.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Community Information

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, 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 40.

Reasons for Success or Barriers/Challenges to Success

Several communities received information this year on the benefits of community water fluoridation and how to obtain funding. Presenting information at the annual Focus on Change event sponsored by the Florida Department of Environmental Protection (DEP) and the Florida Rural Water Association allowed the program to reach several communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program was successful in reaching communities by partnering with agencies to provide information to several municipal staff and water operators.

Activity 1:**Information**

Between 10/2009 and 09/2010, 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

The largest communities continued to receive priority emphasis and more than 16 non-fluoridating community water systems serving 10,000-50,000 were provided information on the benefits of water fluoridation.

Reasons for Success or Barriers/Challenges to Success

Most communities were provided information through partnering with DEP. This was a very successful method.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partnering with other agencies specifically DEP was the main strategy used.

Activity 2:**Fluoridation Knowledge and Awareness**

Between 10/2009 and 09/2010, Present information on water fluoridation in at least three venues focused on disparate populations or medium to smaller rural communities to increase the knowledge and awareness of fluoridation and the availability of the PHHSBG funding.

Activity Status

Completed

Activity Outcome

The program presented information in three venues focused on disparate or smaller rural communities including an NAACP conference in Miami-Dade, Lake City, and Stuart.

Reasons for Success or Barriers/Challenges to Success

In each of these presentations, the program partnered with agencies and organizations to complete the activity. Partners included the NAACP, the DEP, and the City of Stuart Water Utility.

Strategies to Achieve Success or Overcome Barriers/Challenges

The largest barrier to completing this activity is the travel restrictions implemented for state agencies. The main strategy this program used has been to partner with others when the opportunity presents itself.

Activity 3:

Professional Education

Between 10/2009 and 09/2010, 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 program presented fluoridation information in five different venues including Panama City, Lake City, Lake Alfred, Tallahassee, and Stuart.

Reasons for Success or Barriers/Challenges to Success

The program presented in these different venues even though travel was greatly limited this year due to budget challenges.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program partnered with a state agency and private agency to provide these presentations. This allowed us to conserve resources while completing this activity.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Partnerships

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, Public health dental staff maintained eight coalitions in communities that are actively pursuing fluoridation.

Reasons for Success or Barriers/Challenges to Success

Eight local coalitions were provided support by the Public Health Dental Program staff. The coalitions operate themselves, and the program staff provide support and technical assistance where needed.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program continued to support coalitions through technical assistance provided by conference calls and information. The program also provided a link between federal, state, and local agencies, private coalitions and associations, and local stakeholders and private citizens.

Activity 1:

Community Technical Assistance

Between 10/2009 and 09/2010, 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 that pursued fluoridation and requested help received technical assistance to help promote a positive outcome.

Reasons for Success or Barriers/Challenges to Success

The Public Health Dental Program pursued resources to dedicate more staff to promote fluoridation in the state. The budget challenges that have hit the state of Florida have made it extremely difficult for cities and communities to extend funding to new programs like fluoridation. Most communities are currently cutting budgets and staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program continues to monitor the state for opportunities to increase fluoridation to new communities and continue fluoridation where it exists. The program will increase communication between dental, health, and municipal professionals.

Activity 2:**Fluoridation Feasibility Review**

Between 10/2009 and 09/2010, 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

Six local coalitions assessed the feasibility of fluoridation in their community.

Reasons for Success or Barriers/Challenges to Success

The program facilitated coalition activity through conference calls and technical assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program continues to promote coalition activity whenever possible through agency partners.

Activity 3:**Coalition Technical Assistance**

Between 10/2009 and 09/2010, All local fluoridation coalitions will receive technical assistance in assessing their local community and defining needs regarding fluoridation.

Activity Status

Completed

Activity Outcome

All eight local fluoridation coalitions received technical assistance in assessing their local communities this year.

Reasons for Success or Barriers/Challenges to Success

The program has been attentive to the needs of local coalitions and their efforts to begin or keep fluoridation. The program had the support of DOH leaders and was able to be responsive to the needs of local coalitions. The program was also able to attend to the needs of local coalitions due to the strong supportive effort of partners like the Florida Dental Association and the Florida Dental Hygiene Association. In addition, local county health department Dental Directors were able to be responsive to the needs of local coalitions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Conducting regularly scheduled conference calls were helpful in the communications between state employees, private partners, private associations, and local stakeholders. In addition, they allowed coalitions to discuss strategies with one another and further develop relationships beyond geographic regions and professional colleagues. The funds provided by the PHHSBG were instrumental in helping local communities with start-up costs. This allowed many communities to create positive energy moving forward with discussions of initiating fluoridation even during difficult financial times.

Activity 4:

Statewide Fluoridation Plan

Between 10/2009 and 09/2010, 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 coalition began the development of a statewide plan with input from oral health partners and stakeholders throughout the state to help remaining communities initiate fluoridation.

Reasons for Success or Barriers/Challenges to Success

The coalition focused the main plan around the local coalition experiences in Florida. Input from several partners helped the program create a plan that is useful and comprehensive.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success included the process of obtaining input from different partners and stakeholders in the development of the plan.

Activity 5:

Statewide Fluoridation Coalition

Between 10/2009 and 09/2010, The Statewide Fluoridation Coalition will conduct at least six conference calls and one face-to-face meeting to develop a plan of action in addressing the remaining community water systems that have not initiated fluoridation.

Activity Status

Completed

Activity Outcome

The Statewide Fluoridation Coalition conducted nine conference calls to develop plans of action to address the remaining community water systems that have not initiated fluoridation.

Reasons for Success or Barriers/Challenges to Success

The program has consistently discussed any challenges or barriers to fluoridation through monthly conference calls. Due to travel restrictions, the face-to-face meeting replaced additional conference calls.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program used a strategy of staying connected to local communities and their concerns and challenges in initiating fluoridation. The state program office offered technical assistance when requested by local communities. This allowed the office to support the actions of stakeholders on the local level when most needed.

Essential Service 6 – Enforce laws and regulations

Impact/Process Objective 1:

Community Water System Management

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, 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).

Reasons for Success or Barriers/Challenges to Success

Staff reviewed 100% of fluoridating community water systems. The program continues to dedicate staff for this important activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

The current strategy is to dedicate staff to input all reports and contact water systems directly if problems exist.

Activity 1:

Water Fluoridation Monitoring

Between 10/2009 and 09/2010, 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

All community water system daily operational reports and split sample results were monitored monthly.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 2:

Contract Manager Review

Between 10/2009 and 09/2010, Contract manager will conduct at least one on-site visit per contract to evaluate contract compliance.

Activity Status

Completed

Activity Outcome

The program conducted one visit per contract this year for contract compliance.

Reasons for Success or Barriers/Challenges to Success

The program dedicated funding to visit each contractor this year.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program continues to dedicate scarce dollars to efficient travel opportunities and purchasing educational information that allows the program to complete activities.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Professional Education and Training

Between 10/2009 and 09/2010, Dental health staff will increase the number of individuals who receive professional training, or professional educational opportunities on water fluoridation from 0 to 7.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Dental health staff increased the number of individuals who receive professional training, or professional educational opportunities on water fluoridation from 0 to 3.

Reasons for Success or Barriers/Challenges to Success

Travel restrictions limited the amount of training that could be completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program will increase the opportunities to provide training and educational opportunities despite travel restrictions. The program will explore opportunities to use video equipment to provide training to more individuals.

Activity 1:

Training for water operators

Between 10/2009 and 09/2010, Dental health staff will partner with stakeholders to provide local, regional, or state training for water operators and municipal staff on water fluoridation to at least five individuals.

Activity Status

Not Completed

Activity Outcome

The program provided training to one water operator.

Reasons for Success or Barriers/Challenges to Success

Travel restrictions limited the amount of training that could be completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program decided to focus efforts on providing education on fluoridation to water operators in mass numbers rather than provide training to individual water operators.

Activity 2:

Attendance at CDC training

Between 10/2009 and 09/2010, Dental Health staff will sponsor the attendance of two individuals to the CDC's water fluoridation training.

Activity Status

Completed

Activity Outcome

The program sponsored the attendance of two individuals to complete the CDC water fluoridation training in Sacramento, California.

Reasons for Success or Barriers/Challenges to Success

The program secured reimbursement for the training from the Association of State and Territorial Dental Directors. This was necessary to get approval to travel out of state. The most challenging barrier is the travel restrictions implemented for all state employees.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategy needed to meet this activity was to secure funding from national partners to reimburse dollars spent on travel.

Activity 3:

Attendance at national conference

Between 10/2009 and 09/2010, Dental health staff will sponsor the attendance of two individuals to a national public health or water related conference where water fluoridation information will be presented.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Travel restrictions due to budget cuts limited the amount of out of state travel that could be done this year.

Strategies to Achieve Success or Overcome Barriers/Challenges

We will monitor the state for any national public health or water related conferences that occur in Florida this year. We will plan to attend any conferences that occur in the state or adjust plans if restrictions are lifted.

State Program Title: Sexual Violence Prevention Program

State Program Strategy:

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

To achieve this goal 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

The SVPP focuses on providing education and training opportunities to rape crisis centers to improve the quality of services provided to rape victims.

Additionally, the SVPP has developed the first-ever 5-year strategic plan to prevent sexual violence in Florida. Created in 2007, over 80 state and community partners joined together to create a vision (to end sexual violence in Florida), a mission (to collaborate with and empower organizations and individuals statewide to eliminate sexual violence in our communities through advocacy, education, and training), and the following six goals: 1) to *increase knowledge and awareness* of sexual violence prevention across the lifespan, 2) to *influence social norms* in support of gender equality, respect, and safety for men, women, and children, 3) to *advance policies* that promote gender equality, respect, and safety, 4) to *increase capacity* to prevent sexual violence 5) to *increase funding* for sexual violence prevention and intervention programs, and 6) to improve and increase access to sexual violence prevention and intervention *data*. The sexual violence primary prevention strategic plan was developed on the premise that sexual violence is a public health issue and encourages strong community participation to promote gender equality, respect, and sexual safety among all social and economic groups.

The Department of Health (DOH) staff and the SVPP's 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. Goals include 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:

PHHSBG funds support efforts to provide services to rape victims and improve the quality of those services. Nine rape crisis centers each receive funding that supports at least one full or partial salary (no more than five percent can be used for administrative or indirect costs). Funding is provided for advocacy and accompaniment, crisis intervention counseling, support group, therapy, and medical exams to rape victims at the following Medicaid reimbursable rates. Agencies also participate in the SVPP strategic plan efforts and travel to attend SVPP trainings/meetings.

Category One:

Advocacy & Accompaniment
Crisis intervention Counseling
Support Group
01 15 minutes \$12.00
16 30 minutes \$24.00
31 60 minutes \$48.00

Category Two:

Therapy
Medical Exams (reporting and non-reporting *forensic exams* are reimbursed by Attorney General's office)
01 30 minutes \$36.50
31 60 minutes \$73.00

Category Three:

Strategic Plan Meeting \$1,800
Travel \$1,500

Funded agencies are required to enhance or create a Community Action Team (CAT) that brings community partners together to create activities to prevent rape.

Participation is required at the SVPP strategic plan meeting. At this meeting, agencies receive training on primary prevention of rape, and victim services data requirements. Additionally agencies report to their peers on the progress of their CAT team and draft activities for the next year six strategic plan goals. The goals are (1) to *increase knowledge and awareness* of sexual violence prevention across the lifespan, (2) to *influence social norms* in support of gender equality, respect, and safety for men, women, and children (3) to *advance policies* that promote gender equality, respect, and safety, (4) to *increase capacity* to prevent sexual violence, (5) to *increase funding* for sexual violence prevention and intervention, and (6) to improve and increase access to sexual violence prevention and intervention *data*.

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 10/2009 and 09/2010, Reduce the number of rapes by 2% annually.

State Health Objective Status

Exceeded

State Health Objective Outcome

Between 10/2009 and 09/2010, the number of rapes were reduced by 5.2 % annually.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The program leveraged more staff in support of rape prevention initiatives.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Sexual Violence Data Registry (SVDR)

Between 10/2009 and 09/2010, Sexual Violence Prevention Staff will maintain 100% of the data in the SVDR for analysis.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Sexual Violence Prevention Staff maintained 100% of the data in the SVDR for analysis.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 1:

Identify Number of Services

Between 10/2009 and 09/2010, Evaluate 100% of SVDR reports submitted by rape crisis centers to identify the number of services provided to victims.

Activity Status

Completed

Activity Outcome

Between 10/2009 and 09/2010, 100% of the SVDR reports were analyzed to identify the number of services provided to victims. The analysis of the monthly reports determined whether 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.

Reasons for Success or Barriers/Challenges to Success

Contract managers reviewed monthly invoices and confirmed data submitted in the SVDR before paying invoices. All funded sites are required to submit data in the SVDR as stated in the contract deliverables.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 2:

Evaluate Rape Crisis Center Contracts

Between 10/2009 and 09/2010, 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

Between 10/2009 and 09/2010, 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.

Reasons for Success or Barriers/Challenges to Success

Rape crisis centers must agree to meet contract deliverables that clearly state requirements of funding. Ongoing technical assistance is provided and as requested.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Increase Services to Rape Victims

Between 10/2009 and 09/2010, Rape Crisis Centers will increase the number of services provide to rape victims from 11,000 to 11,110.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Rape Crisis Centers increased the number of services provide to rape victims from 11,000 to 8,469.

Reasons for Success or Barriers/Challenges to Success

Challenges include funding new providers, several who are located in very rural areas of Florida. Some of the previously funded providers were located in urban areas that had a higher population, thus more services were provided to rape victims.

Strategies to Achieve Success or Overcome Barriers/Challenges

Services will be provided to rape victims in much needed rural areas in Florida.

Activity 1:

Advocacy and Accompaniments

Between 10/2009 and 09/2010, SVPP staff will review 100% of the number of advocacy and accompaniments provided to rape victims.

Activity Status

Completed

Activity Outcome

Between 10/2009 and 09/2010, SVPP staff reviewed 100% of the number of advocacy and accompaniments provided to rape victims. Nine funded rape crisis centers provided 1,140 units of advocacy and accompaniment to rape victims.

Reasons for Success or Barriers/Challenges to Success

Data is collected in the SVDR, the confidential internet database especially designed to report victim data. Advocacy and accompaniment is one of the core services required to become a certified rape crisis center. Only certified rape crisis centers are funded to provide services to rape victims.

Strategies to Achieve Success or Overcome Barriers/Challenges

Ongoing technical assistance and training are provided to assist rape crisis centers.

Activity 2:**Crisis Interventions**

Between 10/2009 and 09/2010, SVPP staff will review 100% of the number of crisis interventions provided to rape victims.

Activity Status

Completed

Activity Outcome

Between 10/2009 and 09/2010, SVPP staff reviewed 100% of the number of crisis interventions provided to rape victims. Nine funded rape crisis centers provided 3,117 units of crisis intervention to rape victims.

Reasons for Success or Barriers/Challenges to Success

Crisis intervention is one of the core services required to become a certified rape crisis center. Only certified rape crisis centers are funded to provide services to rape victims.

Strategies to Achieve Success or Overcome Barriers/Challenges

Ongoing technical assistance and training are provided to rape crisis centers.

Activity 3:**Information and Referrals**

Between 10/2009 and 09/2010, SVPP staff will review 100% of the number of information and referrals provided to rape victims.

Activity Status

Completed

Activity Outcome

Between 10/2009 and 09/2010, SVPP staff reviewed 100% of the number of information and referrals provided to rape victims. Nine funded rape crisis centers provided 1,102 units of information and referral to rape victims.

Reasons for Success or Barriers/Challenges to Success

Information and referral is one of the core services required to become a certified rape crisis center. Only certified rape crisis centers are funded to provide services to rape victims.

Strategies to Achieve Success or Overcome Barriers/Challenges

Ongoing technical assistance and training are provided.

Activity 4:**Group Counseling**

Between 10/2009 and 09/2010, SVPP staff will review 100% of the number of group counseling sessions provided to rape victims.

Activity Status
Completed

Activity Outcome

Between 10/2009 and 09/2010, SVPP staff reviewed 100% of the number of group counseling sessions provided to rape victims. Nine funded rape crisis centers provided **825** units of group counseling to rape victims.

Reasons for Success or Barriers/Challenges to Success

Counseling is an enhanced service provided by certified rape crisis centers. Only certified rape crisis centers are funded to provide services to rape victims.

Strategies to Achieve Success or Overcome Barriers/Challenges

Ongoing technical assistance and training are provided to rape crisis centers.

Activity 5:

Therapy Sessions

Between 10/2009 and 09/2010, SVPP staff will review 100% of the number of therapy sessions provided to rape victims.

Activity Status
Completed

Activity Outcome

Between 10/2009 and 09/2010, SVPP staff reviewed 100% of the number of therapy sessions provided to rape victims. Nine funded rape crisis centers provided **2,098** units of therapy sessions to rape victims.

Reasons for Success or Barriers/Challenges to Success

Therapy is an enhanced service provided by certified rape crisis centers. Only certified rape crisis centers are funded to provide services to rape victims.

Strategies to Achieve Success or Overcome Barriers/Challenges

Ongoing technical assistance and training are provided to rape crisis centers.

Essential Service 8 – Assure competent workforce

Impact/Process Objective 1:

Professional Education and Training

Between 10/2009 and 09/2010, SVPP staff will increase the number of professional development and educational opportunities sent to rape crisis centers from 36 to **60**.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, SVPP staff increased the number of professional development and educational opportunities sent to rape crisis centers from 36 to **81**.

Reasons for Success or Barriers/Challenges to Success

Rape crisis centers are provided professional training and webinar opportunities to enhance skills.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 1:
Information

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, SVPP staff sent by the Internet, articles, meeting, and conference information to rape crisis centers that provided opportunities for staff to present up-to-date information to victims. The SVPP electronically disseminated **36 articles** and **24 webinar** training opportunities to nine rape crisis centers.

Reasons for Success or Barriers/Challenges to Success

Articles and training opportunities are provided to rape crisis centers from federal, state, and local resources.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

Evaluation

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, SVPP staff conducted **one** contract monitoring site visit per funded site per year.

Reasons for Success or Barriers/Challenges to Success

On-site contract monitoring 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.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 1:

Contract Deliverables

Between 10/2009 and 09/2010, 100% of the SVPP contracts will provide contract deliverables.

Activity Status

Completed

Activity Outcome

Between 10/2009 and 09/2010, 100% of the SVPP contracts provided contract deliverables. Data are checked monthly to confirm services are provided to rape victims.

Reasons for Success or Barriers/Challenges to Success

Ongoing technical assistance and training are provided to rape crisis centers to ensure services are provided to victims and contract deliverables are achieved.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 2:

Contract Management Review

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, the SVPP contract manager conducted at least one on-site visit to ensure contract compliance and evaluate services.

Reasons for Success or Barriers/Challenges to Success

Contract managers conducted on-site detailed contract monitoring. This included record reviews, fiscal and programmatic monitoring.

Strategies to Achieve Success or Overcome Barriers/Challenges

None

Activity 3:

Technical Assistance

Between 10/2009 and 09/2010, 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 10/2009 and 09/2010, the SVPP contract manager provided technical assistance, chart reviews, fiscal accountability, and an agency assessment on 100% of the SVPP contracts.

Reasons for Success or Barriers/Challenges to Success

None

Strategies to Achieve Success or Overcome Barriers/Challenges

None