

**Indiana FY 2013
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2013

Submitted by: Indiana

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Statutory Information

Advisory Committee Member Representation:

College and/or university, Community-based organization, Community resident, County and/or local health department, State health department

Dates:

Public Hearing Date(s):

Advisory Committee Date(s):

6/7/2013

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for IN 2013 V0 R0	
Total Award (1+6)	\$1,205,116
A. Current Year Annual Basic	
1. Annual Basic Amount	\$1,060,144
2. Annual Basic Admin Cost	\$0
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$1,060,144
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$144,972
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$144,972
(9.) Total Current Year Available Amount (5+8)	\$1,205,116
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$1,205,116

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$1,060,144
Sex Offense Set Aside	\$144,972
Available Current Year PHHSBG Dollars	\$1,205,116
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
C. Total Funds Available for Allocation	\$1,205,116

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Chronic Disease Prevention and Control	12-1 Coronary Heart Disease	\$300,000	\$0	\$300,000
Sub-Total		\$300,000	\$0	\$300,000
Injury Prevention Program	15-13 Unintentional Injury Deaths	\$235,000	\$0	\$235,000
Sub-Total		\$235,000	\$0	\$235,000
Oral Health	OH-16 Oral and Craniofacial State-Based Health Surveillance System	\$0	\$0	\$0
Sub-Total		\$0	\$0	\$0
Public Health Performance Management	23-8 Competencies for Public Health Workers	\$496,144	\$0	\$496,144
	PHI-15 Health Improvement Plans	\$29,000	\$0	\$29,000
Sub-Total		\$525,144	\$0	\$525,144
Sexual Assault Services	15-35 Rape or Attempted Rape	\$144,972	\$0	\$144,972
Sub-Total		\$144,972	\$0	\$144,972
Grand Total		\$1,205,116	\$0	\$1,205,116

State Program Title: Chronic Disease Prevention and Control

State Program Strategy:

Program Goal: The Indiana State Department of Health (ISDH) – Division of Chronic Disease Prevention and Control (CDPC) seeks to reduce the disparities and overall burden of chronic disease in Indiana. The Section on Cardiovascular Health and Diabetes within CDPC seeks to monitor and reduce cardiovascular health (CVH) and Diabetes (DM) disparities and overall burden in Indiana; the Cancer Section within CDPC seeks to monitor and reduce cancer disparities and overall burden in Indiana; the Chronic Respiratory Disease Section in CDPC seeks to monitor and reduce disparities and overall Indiana burden related to asthma and other chronic respiratory diseases. CDPC also seeks to address disparities and overall burden of all chronic disease in Indiana through both organizational and public policy initiatives, health systems strategies to improve clinical care, convening statewide partners to address chronic disease, and statewide health communications.

Program Priorities:

- o Improve surveillance, analysis, and communication of CVH, DM, Cancer, and Asthma indicators and risk factors in Indiana
- o Lead coordinated statewide efforts to improve CVH, DM, Cancer, and Asthma outcomes
 - Advance evidence based public health strategies to improve the chronic disease burden in community settings through systems-level change, policy, and health communications.

Primary Strategic Partnership(s):

- Internal: Division of Nutrition and Physical Activity; Tobacco Prevention and Cessation; Office of Primary Care and Rural Health
- External: Indiana Minority Health Coalition, Indiana Cardiovascular Health and Diabetes Coalition, Indiana Cancer Consortium, Indiana Joint Asthma Coalition, American Heart Association, Indiana Stroke Prevention Task Force, American Diabetes Association, American Cancer Association, American Lung Association, Indiana Public Health Association, Indiana Primary Health Care Association, and Indiana Rural Health Association.

Role of PHHSBG Funds: Strengthen state ability to provide statewide data surveillance and analysis related to chronic disease; support community-wide sodium reduction strategies to prevent and control high blood pressure; convene statewide organizational partners in order to address collaborative systems and policy initiatives to improve the state's chronic disease burden; assess initiatives related to community health workers and the role of community health workers in addressing chronic disease in Indiana; support implementation and evaluation of health systems strategies to address asthma control; and ensure evaluation methodology utilized by chronic disease public health staff address cost effectiveness of initiatives.

Evaluation Methodology:

CDPC follows national evaluation guidelines as put forth by the CDC Framework for Evaluation and individual CDC evaluation guides for state-based chronic disease public health programs. Annual evaluation plans are utilized to monitor processes and impact of division and section initiatives. Additionally, in order to evaluate support provided to local communities for community-wide initiatives, an evaluation plan including process and intermediate outcomes measures will be implemented in collaboration with community partners. These evaluation methods are to include evaluation of cost-effectiveness of selected strategies to improve chronic disease prevention and control.

State Program Setting:

State health department

FTEs (Full Time Equivalent):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 12-1 Coronary Heart Disease

State Health Objective(s):

Between 01/2013 and 12/2013, Increase by four new state department of health led chronic disease public health initiatives addressing burden of cardiovascular disease, asthma, or cancer by: addressing utilization of community health workers in Indiana's health system; mobilizing statewide chronic disease partners; supporting clinical programs demonstrated to be evidence-based in chronic disease prevention and control; identifying previously unclassified health disparities; and providing technical assistance and support to local communities in population-based sodium reduction strategies.

Baseline:

at baseline, no cvh data and analysis, no support systems for community level intervention, and incomplete knowledge of health disparities

Data Source:

ISDH records; BRFSS, hospital discharge/mortality data, EMS data, vital statistics

State Health Problem:

Health Burden:

Chronic diseases such as heart disease, stroke, cancer and diabetes are the leading causes of death in Indiana. In 2010, more than 55% of all deaths were attributed to these four diseases. The financial impact of chronic diseases on Indiana's economy is substantial. In its milestone report, "An Unhealthy America: The Economic Impact of Chronic Disease," the Milken Institute (MI) illustrates the enormous economic cost of chronic diseases in the United States. Based on the State Chronic Disease Index, MI ranks Indiana the 23rd healthiest state.

Economic Impact of Chronic Diseases in Indiana: 2013 (Annual estimated costs in billions)

Treatment Expenditures: **\$7.3**

Lost Productivity: **\$31.5**

Total Costs: \$38.8

Common Chronic Diseases in Indiana:

Heart Disease and Stroke

-Heart disease was the leading cause of death (23.6%, or 13,374 deaths) in Indiana in 2010

-Stroke was the fourth leading cause of death (5.4% or 3,077 deaths) in 2010.

-In 2011, more than 32% of Indiana residents reported having high blood pressure

-In 2011, nearly 40% of those screened reported having high blood cholesterol, a risk factor for developing heart disease and stroke.

Cancer

- Cancer was the second leading cause of death (23.2% or 13,139 deaths) in Indiana in 2010.
- More than 30,000 new cancer cases were diagnosed in Indiana in 2009, which includes nearly 4,352 new cases of breast cancer among women and about 3,064 new cases of colorectal cancer.

Diabetes

- Diabetes was the seventh leading cause of death (1,590 deaths) in Indiana in 2010. Although diabetes is considered to be underreported as the primary cause of death, risk of death among people with diabetes is about twice as high as people of similar age without diabetes. In the same year, 4,653 deaths in Indiana listed diabetes as a contributing cause.
- In 2011, 10.2% of adults reported being diagnosed with diabetes.

Asthma

- Asthma affects an estimated 23 million people every year in the United States. In Indiana, an estimated 435,000 adults (age 18 years or older) reported having asthma in 2009.
- There were more than 31,000 emergency room visits related to asthma in 2009 – an increase of nearly 3,000 (9.8%) from 2008.
- Nearly 9,100 hospitalizations were recorded due to asthma in 2009, which increased by 6.6 percent from 2008.
- There were 66 deaths from asthma in 2007, which translates into an age-adjusted death rate of 1.03 per 100,000 population.

Target Population:

Number: 6,500,000

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 6,500,000

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: US Census Bureau; BRFSS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Glynn LG, Murphy AW, Smith SM, Schroeder K, Fahey T. Interventions used to improve control of blood pressure in patients with hypertension. Cochrane Database of Systematic Reviews 2010, Issue 3.

Purchaser's Guide to increase use of clinical preventive services among employees
http://www.cdc.gov/pcd/issues/2008/apr/07_0220.htm

Guide to Clinical Preventive Services. The Community Guide: www.thecommunityguide.org

Guide to Clinical Prevention Services (for screening); Health Affairs November 2010 issue: Designing Insurance To Improve Value In Health Care; Purchaser's Guide to Clinical Preventive Services

Better Diabetes Care
www.betterdiabetescare.nih.gov

How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's* Evidence-Based Toolbox and Guide 2008: <http://www5.cancer.org/aspx/pcmanual/default.aspx>;
<http://www.cancer.org/acs/groups/content/documents/document/acspc-024588.pdf>

NCI Patient Navigator Research Program <http://crchd.cancer.gov/pnp/pnrp-index.html>

Patient Navigator Role of CHW can be found in Community Health Workers National Workforce Study. U. S. Department of Health and Human Services Resources and Services Administration Bureau of Health Professions. Community Health Worker National Workforce Study. 2007.
<http://bhpr.hrsa.gov/healthworkforce/chw/>

Community Health Workers' Sourcebook
http://www.cdc.gov/dhdsp/library/chw_sourcebook/pdfs/sourcebook.pdf

Asthma: A Business Case for Employers and Health Care Purchasers

Housing Interventions and Health: A Review of the Evidence
Healthy Housing Reference Manual

The Asheville Project <http://www.pharmacytimes.com/files/articlefiles/TheAshevilleProject.pdf>
Surgeon General's Call to Action to Promote Healthy Homes
(www.surgeongeneral.gov/topics/healthyhomes/calltoactiontopromotehealthyhomes.pdf)

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

Total Current Year Funds Allocated to Health Objective: \$300,000

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Address health disparities and outcomes by preparing health workforce through e-learning (ES8)

Between 01/2013 and 12/2013, ISDH CDPC will provide a web-based learning platform and support materials to **30** community health workers working with community-based health systems to address the chronic disease needs of at-risk patient populations.

Annual Activities:

1. Develop a web-based learning resource and materials

Between 01/2013 and 12/2013, The Division of Chronic Disease Prevention and Control will work with (6) community based organizations, health providers and community health workers to develop, convey, and document materials and learning activities via an online learning system.

2. Assessment of the web-based learning system

Between 01/2013 and 12/2013, The DPCP will work with (6) community based organizations, health providers and community health workers to evaluate the web-based learning system; improve the resource; and develop capacity to expand the use of the learning system by CHWs

Objective 2:

Collaborate with local communities/organizations to develop organizational policy (ES5)

Between 01/2013 and 12/2013, ISDH Chronic Disease Prevention and Control (CDPC) will provide technical assistance and support to **4** Indiana communities or statewide community organizations in developing organizational policy and plans to address efforts to improve blood pressure, diabetes management and overall improvement in cardiovascular health indicators.

Annual Activities:

1. Organizational policy development and evaluation of policies to improve CVD and Diabetes outcomes

Between 01/2013 and 12/2013, The CDPC will provide technical assistance and support to **2** local Indiana communities in developing organizational policy and plans to address community-wide sodium reduction efforts to improve blood pressure and overall cardiovascular health indicators. CDPC will inform initiative design, provide guidance on health communication needs, and coordinate local and statewide evaluation efforts for the initiative.

2. Development of strategic plans for diabetes and cardiovascular disease prevention and control.

Between 01/2013 and 12/2013, CDPC will work with **1** statewide community organization to publish a diabetes plan and develop a cardiovascular health improvement plan, including communications and evaluation workplans, for the coordinated prevention and control of these conditions and associated risk factors, and the improvement of health outcomes in Indiana.

3. Strategic workplan to improve the health outcomes of individuals with disabilities

Between 01/2013 and 12/2013, ISDH CDPC will work with **1** statewide community organization to use information developed from the individuals with disabilities surveillance project to prioritize chronic health needs, identify barriers to the quality delivery of care, and to develop a strategic workplan to reduce health inequities and improve health outcomes in this population.

Objective 3:

Identify health disparities and health system initiatives used to improve outcomes (ES1)

Between 01/2013 and 12/2013, ISDH CDPC will provide technical assistance and support to **2** statewide community organizations to support identification and reduction of health disparities and improved patient outcomes.

Annual Activities:

1. Assess current use of and need for Community Health Workers (CHWs) by Indiana health care providers

Between 01/2013 and 12/2013, Assess current use of and need for Community Health Workers (CHWs) by Indiana health care providers to assist with chronic disease management and prevention Division of Chronic Disease Prevention and Control will implement one statewide assessment tool to identify current health care provider utilization of and need for community health workers in promoting the health of their patients.

2. Update statewide database of community health worker organizations and individuals in Indiana

Between 01/2013 and 12/2013, The Division of Chronic Disease Prevention and Control will create and update a statewide database of community health worker organizations and individuals in Indiana that are addressing chronic disease prevention and control; link this database to community health center, federally qualified health center and rural health clinic systems throughout the state; and use this information resource to leverage team-based care in the community setting to improve patient health outcomes.

3. Identify chronic health needs of individuals with disabilities.

Between 01/2013 and 12/2013, ISDH will work with a statewide community organization to assess the health needs and barriers to access to services of the population of Indiana residents with disabilities by developing and implementing a surveillance tool for responses from individuals with disabilities, their family members, and care providers; assessing the responses; disseminate findings to primary care providers, public health professionals and the Governor's Council on People with Disabilities.

Objective 4:

Support statewide coalitions to address critical health burdens related to chronic disease (ES4)

Between 01/2013 and 12/2013, ISDH CDPC will provide technical assistance and support to 4 statewide coalitions of critical organizational partners in addressing chronic diseases including asthma, cancer, cardiovascular health and diabetes, and obesity, and populations experiencing health inequities.

Annual Activities:

1. Provide technical assistance to statewide chronic disease coalitions to improve disease outcomes in

Between 01/2013 and 12/2013, The CDPC will provide technical assistance to 4 statewide chronic disease coalitions, including those for cancer, asthma, obesity, and cardiovascular health and diabetes. CDPC will work closely with statewide and community-based partners to ensure that activities are informed by scientific research and represent best- or evidence-based practices; maximize the resources available to the coalition for purposes of coordination, communication, and effective work; and address long-term sustainability of effective chronic disease partnerships. CDPC will provide technical assistance to the coalitions on the areas of evidence-based public health programming, organizational and public policy to address the chronic disease burden in Indiana, and health systems initiatives to improve chronic disease outcomes. Additional technical assistance related to data needs and evaluation will also be provided to coalitions.

2. Evaluation of progress associated with chronic disease strategic plans in asthma, cancer and obes

Between 01/2013 and 12/2013, Division of Chronic Disease Prevention and Control will provide technical assistance to 3 community partnerships to assess progress associated with their respective disease state strategic plans, including the development of a summary report on current health status for these disease areas, a communications platform for the information resulting from the evaluation, and strategies to further progress towards long-term strategic objectives.

Objective 5:

Systems change to improve access to quality care and team-based management (ES7)

Between 01/2013 and 12/2013, ISDH CDPC will provide technical assistance and support to 5 Indiana community health systems addressing the health needs of populations with high burdens of chronic

diseases, with high proportions of chronic disease risk factors, or who experience health disparities.

Annual Activities:

1. Community-based health systems change to improve disease prevention, screening, and management

Between 01/2013 and 12/2013, ISHD CDPC will implement a quality improvement initiative within 5 partner health systems to improve population level identification of chronic disease risk factors, screening for chronic conditions, management of chronic conditions and overall health outcomes; facilitate execution of the chronic care model and integration of team-based care into the standard of care for adult patient panels; develop methodologies to use electronic records to assess aggregate outcomes for targeted conditions; provide technical assistance to support these activities, and develop a model framework for expansion of this intervention to other community health systems within the state.

State Program Title: Injury Prevention Program

State Program Strategy:

Goal: To continue developing an Injury Prevention Program for the State of Indiana that will ultimately lead to a reduction in the number of preventable injuries and deaths.

Health Priorities: In the past year, the Indiana State Department of Health has taken the initial steps to develop an organized Injury Prevention Program. As promised in last year's Block Grant application, the agency hired a director to lead the new Trauma and Injury Prevention Division, and an injury epidemiologist to conduct injury surveillance, prepare epidemiologic reports related to injury and serve as a subject matter expert of injury incidence and risk factors. The ISDH will continue to prioritize the efforts needed to more fully develop an Injury Prevention Program for its citizens.

Primary Strategic Partners:

Internal:

Epidemiology Resource Center
Vital Records
Maternal and Child Health
State Health Data Center
Trauma Program

External:

Indiana Child Fatality Review Team
Coroner's Association
Riley Hospital
Indiana Department of Education (IDOE)
Department of Natural Resources
Injury Prevention Task Force
IDOE School Safety Advisory Committee
Indiana Criminal Justice Institute
Department of Mental Health and Addiction
Indiana Poison Control
Indiana Hospital Association
Indiana Department of Homeland Security
Indiana Department of Labor
Purdue Extension Project

Evaluation Methodology: The development of a core Injury Prevention Program that will ultimately lead to acquisition of data, analysis, and development of appropriate activities.

State Program Setting:

State health department

FTEs (Full Time Equivalents):

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

Position Title: Trauma and Injury Prevention Division Director

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

Position Title: Injury Epidemiologist

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

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO 15-13 Unintentional Injury Deaths

State Health Objective(s):

Between 01/2013 and 12/2013, Continue the process begun in 2011 of developing a comprehensive injury and violence prevention program at the state health department that provides focus and direction, coordinates and finds common ground among the many prevention partners, and maximizes injury and violence prevention resources; begins the drafting of a 5-year state plan; and seeks additional grant funding.

Baseline:

The Indiana State Department of Health (ISDH) did not have a comprehensive injury and violence prevention program responsible for providing leadership and coordination for injury and violence prevention in the state until the second half of 2011 when a division director and an injury epidemiologist were hired and began work.

Data Source:

An assessment of the Indiana State Department of Health Injury Prevention Program conducted June 7-11, 2010 by the Safe States Alliance (formerly the State and Territorial Injury Prevention Directors Association).

State Health Problem:

Health Burden:

Injuries are a serious public health problem in Indiana. Injuries often result in trauma, possible lifelong disabilities, or even death. In Indiana, unintentional injury is the leading cause of death among persons 1 to 34 years of age and the fifth leading cause of death overall following heart disease, cancer, stroke, and chronic lower respiratory disease. Fatality rates and hospitalization rates are highest among persons over the age of 75. In addition, injury fatalities caused by intentional acts, such as homicide or suicide were among the top four causes of death in Indiana in all age groups from age 5 to 54. Unfortunately, prior to 2011, Indiana lacked the resources to support a program devoted to injury prevention.

Target Population:

Number: 6,000,000

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 1,200,000

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau

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

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

Total Current Year Funds Allocated to Health Objective: \$235,000

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Start-up

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

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Injury communication

Between 01/2013 and 12/2013, ISDH and Indiana Public Health Association will develop 1 5 year injury prevention plan.

Annual Activities:

1. Injury Surveillance Data communication

Between 01/2013 and 12/2013,

1. The State will conduct injury surveillance by--
 - Expanding its data collection and analysis for motor vehicle injuries
 - Exploring the collection of school injury data from school insurers
 - Analyzing data for workforce safety
 - Analyzing home care data for falls in collaboration with other State agencies
 - Analyze poisoning data in collaboration with the Indiana Poison Center

The injury surveillance will yield data which we will use to—

1. Drive much of the 5-year Injury Prevention Plan
2. Communicate with injury prevention professionals and the general public through the development and publication of fact sheets regarding specific types of injuries, and be reported on the Trauma and Injury Prevention website of the ISDH
3. Publish epidemiologic reports related to injury such as:
 - A tri-annual report on injuries in Indiana
 - An annual Fireworks Injuries report
 - Trauma and EMS data accuracy report

State Program Title: Oral Health

State Program Strategy:

The main goal of the Oral Health Program is to obtain valid estimates of the prevalence of dental decay and dental sealants in children 8-9 years old in Indiana. The Oral Health Program, in collaboration with the Division of Nutrition and Physical Activity, will recruit participating schools, provide trainings and safeguards for systematic data collection, and conduct the assessments.

Program priorities:

- Monitor the burden of oral diseases
- Emphasize the prevention of oral diseases
- Evaluate programs to ensure cost-effectiveness
- Collaborate with others to achieve these goals

Strategic Partners:

Internal
Nutrition and Physical Activity

External
Indiana Department of Education
Indiana Institutions of Higher Education
Indiana Oral Health Coalition
Indiana Dental Association
Indiana Medicaid
Indiana Healthy Weight Initiative

The validity of these estimates will be evaluated, based on the percentage of selected schools that participate and the percentage of eligible children within these schools that participate. This project's ability mobilize partners will be evaluated based on the degree to which the partners actually participate.

State Program Setting:

Schools or school district, State health department

FTEs (Full Time Equivalent):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO OH-16 Oral and Craniofacial State-Based Health Surveillance System

State Health Objective(s):

Between 01/2013 and 12/2013,

- Decrease disease incidence and burden;
- Better use of information and data from electronic sources to develop and sponsor outcomes-driven programs; and
- Improve relationships and partnerships with key stakeholders, coalitions and networks throughout the

State of Indiana.

Baseline:

Oral Health Program

No current representative, statewide data on the oral health status of children is available in Indiana. A pilot study conducted in 2010 indicated that among children enrolled in Medicaid approximately 37% of children 8-9 years old had received a dental sealant on one or more permanent first molars.

Division of Nutrition and Physical Activity

No current representative, statewide data on the prevalence of overweight and obesity among Indiana 3rd graders (or elementary-aged school children) is available. Fifteen school corporations in Indiana are collecting height, weight, and BMI measurements for some and/or all of their students. For now, these data are not being reported to the ISDH.

Data Source:

Medicaid data.

State Health Problem:

Health Burden:

Health Burden: Dental Decay

Indiana's currently available data concerning oral health is limited. Previous statewide surveys of the oral health status of children are dated, with the last large statewide survey occurring during 1992–1993. More recently available dental data only describes the burden of disease among certain populations (e.g., children receiving services through Medicaid). While this data is somewhat useful, such as indicating an uneven distribution of dental decay by geographical region, race/ethnicity, gender, and socio-economic status, it does not adequately describe how dental disease is impacting all elementary-aged children in Indiana. Therefore, the ISDH and its community partners do not have adequate data to guide the development of programmatic and policy initiatives, nor track the impact of those activities.

Health Burden: Obesity

Data from currently available surveillance systems indicates that the burden of obesity is high among young children (ages 2-4 years) on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, children (10-17), adolescents, and young adults. Overweight and obesity data available for children 10-17 is self-reported and has been shown to be under reported. It is vital that we better understand the actual burden among elementary-aged students to better guide and evaluate initiatives that occur during a period of development when preventative interventions can be particularly effective.

Target Population:

Number: 79,000

Ethnicity: Hispanic, Non-Hispanic

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

Age: 4 - 11 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 79,000

Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Association of State and Territorial Dental Directors.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Oral Health Program

New Hampshire Department of Health and Human Services, Division of Public Health Services. (2009). New Hampshire 2008-09 third grade Healthy Smiles – Healthy Growth survey: Oral health and body mass index assessment of New Hampshire 3rd grade students. New Hampshire: Division of Public Health. Association of State and Territorial Dental Directors. (2008). Basic screening survey tool. Nevada: Association of State and Territorial Dental Directors. Retrieved from <http://www.astdd.org/basic-screening-survey-tool/>
Division of Nutrition and Physical Activity
New Hampshire Department of Health and Human Services, Division of Public Health Services. (2009). New Hampshire 2008-09 third grade Healthy Smiles – Healthy Growth survey: Oral health and body mass index assessment of New Hampshire 3rd grade students. New Hampshire: Division of Public Health. Reena Oza-Frank; Siegal, Mark D. (May 2011). Body mass index measurement in schools: partnering with oral health. Journal of Public Health Dentistry, Volume 71, Issue 5, pages 301-307.

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

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

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Conduct examinations for dental decay

Between 01/2013 and 12/2013, ISDH and field staff will conduct **3,600** examinations of a representative sample of 3rd grade students from the state to obtain estimates of the prevalence of untreated and treated dental decay.

Annual Activities:

1. Student examinations for dental decay

Between 01/2013 and 12/2013, 1. Develop a sampling methodology that will allow for an adequate description of the burden of dental decay among a representative group of Indiana 3rd graders.

2. Recruit schools to participate in the screenings
3. Train screeners on obtaining accurate and reliable measures of dental decay.
4. Conduct screenings of the representative group of 3rd grade students.
5. Weight and analyze the data to appropriately character the burden of dental decay among Indiana 3rd graders.
6. Stratify the analyses to describe the burden among specific populations of Indiana 3rd graders.

Objective 2:

Develop partnerships

Between 01/2013 and 12/2013, ISDH will develop **2** partnerships.

Annual Activities:

1. Developing partnerships

Between 01/2013 and 12/2013,

- Develop partnerships to collect burden (prevalence) data on the oral health status of Indiana children. The OHP in collaboration with the Division of Nutrition and Physical Activity (DNPA) will work with the Indiana Department of Education, Indiana Institutions of Higher Education, Indiana Oral Health Coalition, Indiana Dental Association and Indiana Medicaid.
- Team with the ISDH's OHP to foster partnerships with Indiana Department of Education, Indiana Institutions of Higher Education, Indiana Oral Health Coalition, Indiana Dental Association and Indiana Medicaid

Activities:

1. Provide information to the above groups about the purpose and process of the project
 2. Incorporate their feedback into the implementation of the program/project.
 3. Provide analyses and interpretation of the data back to the partners.
- Provide information to the above groups about the purpose and process of the project.
5. Incorporate their feedback into the implementation of the program.
 6. Provide analyses and interpretation of the data back to the partners.

Objective 3:

Future Plans for surveillance of oral health

Between 01/2013 and 12/2013, ISDH will develop **1** plan for conducting this project and for conducting future periodic surveillance projects on the oral health status of Indiana children.

Annual Activities:

1. Planning Development

Between 01/2013 and 12/2013, **Objectives:**

- Analyze the data and implement targeted, evidence-based initiatives throughout the state that decrease the burden of dental decay and overweight and obesity among elementary-aged children in Indiana.
- Develop initiatives to decrease dental decay and obesity
- Use the findings of this project to possibly support ongoing efforts to collect this type of data, whether it be via this or another mechanism, like having schools report student these data annually

Activities:

1. Use data to establish baselines and drive the implementation of evidence-based initiatives.
2. Use the data to measure the effect of interventions and policy, environmental and system changes.
3. Continue to explore how to collect this type of data in a longitudinal fashion.
4. Use data to establish baselines and drive the implementation of evidence-based initiatives.

5. Use the data to measure the effect of interventions and policy, environmental and system changes.
6. Continue to explore how to collect this type of data in a longitudinal fashion.

Objective 4:

Student examinations for oral health and obesity

Between 01/2013 and 12/2013, ISDH and field staff will analyze **3600** 3rd grade students for oral health (dental sealants) and obesity and oral health.

Annual Activities:

1. Student examinations for oral health and obesity

Between 01/2013 and 12/2013, Objectives:

- Determine the prevalence of oral health (dental sealants) and overweight and obesity among a representative group of Indiana 3rd graders.
- Determine the prevalence of oral health (dental sealants) and overweight and obesity among specific populations of Indiana 3rd graders, including schools that have high percentages of children getting free or reduced lunches, by racial and ethnic groups, by sex, and by geographic region (e.g., Indiana Public Health Preparedness Districts 1–10).
- Better understand the correlation between BMI and oral health.

Activities:

1. Develop a sampling methodology that will allow for an adequate description of oral health (dental sealants) and the burden of overweight and obesity among a representative group of Indiana 3rd graders.
2. Recruit schools to participate in the screenings.
3. Train screeners on obtaining accurate and reliable oral health (dental sealants) and height and weight measures of students.
4. Conduct screenings of the representative group of 3rd grade students.
5. Analyze the data to appropriately character the burden of overweight and obesity among Indiana 3rd graders and determine any correlation between BMI and oral health.
6. Stratify the analyses to describe the burden among specific populations of Indiana 3rd graders.

State Program Title: Public Health Performance Management

State Program Strategy:

Goal: To improve the overall quality and capabilities of Indiana's public health system. There will be a specific focus on the 10 public health essential services for the purposes of future voluntary accreditation for public health agencies.

Health Priorities: In order to improve the competencies of Indiana's Public Health Sector, it is important for all public health agencies to assess current competencies and subsequently work to improve identified weaknesses.

In FFY 2007, the Indiana State Department of Health (ISDH) was granted advance access to version 2 of the National Public Health Performance Standards Program (NPHPSP) assessment tool. This tool has currently already been used by several local health departments in Indiana, and a state public health assessment workshop was conducted in August of 2007. In FFY 2008, public health agencies that had already started this process continued their respective activities, while other agencies were invited to begin with the assessment phase.

In FFY 2009, all previous agencies continued their respective activities, and mentored other communities by sharing ideas and their best practices. Twenty new public health agencies began the assessment phase of the quality improvement project.

For FFY 2010 approximately 18 new public health agencies and the state lab system will begin the assessment phase of the quality improvement project. Governance assessments will be conducted with 5 boards of health, and 14 public health agencies that began the process in the past will complete a comprehensive evaluation. Agencies that underwent the assessment phase previously will continue respective activities.

For FFY 2011, over 20 new public health agencies completed the Local Public Health System Assessment. Five new Local Public Health Governance Assessments were conducted. Local Public Health Systems were trained in Lean Six Sigma Yellow Belt for Public Health Systems.

For FFY 2013, Workforce Development will be a priority by offering webinars to local health departments regarding strategic planning; monthly support calls for public health issues; and the development of a new learning management system to enhance training opportunities to a wider audience while also tracking assessment data to determine impact of trainings.

Strategic partners: Indiana University, Purdue University, local health departments,

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

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

Position Title: Director-Office of Public Health Performance Mgmt

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

Position Title: Workforce Development Coordinator

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

Position Title: Vital Records Clerk
State-Level: 100% Local: 0% Other: 0% Total: 100%

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

National Health Objective: HO 23-8 Competencies for Public Health Workers

State Health Objective(s):

Between 01/2013 and 12/2013, Increase the workforce development and training opportunities for Public Health workers in Indiana.

Baseline:

The U.S. Department of Health and Human Services 2010 report on *Priority Areas for Improvement of Quality in Public Health* cited Workforce Development as a priority area to improve public health. Numerous challenges continue to face the public health workforce, including job cuts, non-competitive wages, and lack of education opportunities. Increasing opportunities through distance education, partnerships, and required trainings focusing on public health, health care regulation, and public health accreditation related activities.

Data Source:

US Department of Health and Human Services

State Health Problem:

Health Burden:

The public health workforce in Indiana currently lacks many of the core competencies necessary to fully and positively impact the health of the populations they serve. While the majority are competent in their own individual duties, most are not competent in the 10 essential public health services and how their duties fit in to the overall provision of these services. This is not an issue that is unique to Indiana. The National Academy for Sciences' 2002 report on *The Future of the Public's Health in the 21st Century* cited figures released jointly by the CDC and the Agency for Toxic Substances and Disease Registry in 2001 which indicated that "80% of the current public health workforce lacks formal training in public health."

This lack of basic public health competencies is widespread. It is seen in both small, rural local health departments and in large, urban local health departments. The problem continues to worsen in many areas because new employees are often only trained in their day-to-day functions and are not provided with the big picture of public health. Subsequently, most public health agencies in Indiana do not operate at full efficiency.

Therefore, our target population is the workforce at a select number of local health departments in Indiana as well as the Indiana State Department of Health.

Cost Burden

This lack of basic competencies within Indiana's public health workforce threatens to result in a reduced quality of life in the communities they serve. The failure to act to address these competencies could result in the inability to pursue future voluntary accreditation, and the potential benefits that could result from that accreditation, financial, and otherwise.

Target Population:

Number: 75

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Disparate Population:

Number: 1

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Public Health Accreditation Board Standards and Measures

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

Total Current Year Funds Allocated to Health Objective: \$496,144

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Food Borne Illness Education Campaign

Between 01/2013 and 09/2013, ISDH will develop 1 media campaign.

Annual Activities:

1. Media Campaign development

Between 01/2013 and 09/2013, The media campaign will educate general public on foodborne outbreaks and proper actions during suspected foodborne outbreaks. ISDH will examine best methods to educate the general public via print and/or electronic materials. The campaign will help increase readiness to receive reports of foodborne illness and improve positive investigation outcomes by local health department staff and medical providers.

Objective 2:

Provide access to educational resources and trainings

Between 01/2013 and 12/2013, ISDH and contractors will conduct 6 opportunities for education and/or training of the public health workforce.

Annual Activities:

1. Local health department trainings

Between 01/2013 and 12/2013, Continue conducting an annual conference for Public Health Nurses including providing CNEs.

Continue the New Public Health Nurse Orientation and offer CNEs for participants.

Continue the health officer training program that has 2 live trainings per year and archive presentations and

publish presentations on the Health Officer Training section of the LHD website. Continue to provide CMEs for the live meetings.

Continue to collect data from training participants to determine success of the training and assess gaps in training gaps that will be addressed in future educational events.

Develop new training opportunities for strategic planning for local health departments.

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2012 and 10/2013, Increase the capacity for local health departments and nonprofit hospitals conduct community health assessments and improvement plans by creating a data dashboard for county level data.

Baseline:

ISDH nor the Indiana Hospital Association had a central location for hospitals, local health departments or partners had access to county level data in one central location. This website will house public health data, SES data and other resources for those doing health improvement plans to access best practices.

Data Source:

BRFSS, Hospital Discharge Data, County Health Rankings, vital records, census data, community economic data

State Health Problem:

Health Burden:

Many communities do not know the overall health burden of their community based on solid data. They also don't know what best practices are to address those health issues. This dashboard will provide national, state and local data to make the best improvement plan possible.

Target Population:

Number: 6,000,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants

Disparate Population:

Number: 1,000,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

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

Total Current Year Funds Allocated to Health Objective: \$29,000

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Data Warehouse Development

Between 10/2012 and 09/2013, ISDH, Indiana Hospital Association, Indiana Business Research Center will develop 1 data dashboard website.

Annual Activities:

1. Data Development Research

Between 10/2012 and 09/2013, Develop a data plan for appropriate data to be included on the website

Create a website name

Partner with appropriate agencies to ensure policies and procedures

Launch the website

Evaluate the website

State Program Title: Sexual Assault Services

State Program Strategy:

Program Goal: To reduce the prevalence of rape and attempted rape of women age 12 and older.

Program Priorities: The Indiana Criminal Justice Institute (ICJI) oversees Indiana's Sexual Assault Services programs. Distribute Sexual Assault Services funds to various sub-grantee organizations throughout the state that provide services aimed at increasing and enhancing prevention, intervention, and treatment programs with the ultimate goal of reducing the prevalence of rape or attempted rape. Priorities will be placed on education programs specifically targeting the young adult and youth populations. The purpose of these programs is to link people to services as part of efforts to reduce the rate of sexual violence among young adults and youth.

Contracts with each sub-grantee will include the following deliverables:

- To show an increase in services or coverage to underserved areas.
- To show an increase in focus on the targeted populations.
- To enhance the dissemination of information on treatment for sex offenders in Indiana.
- To show an increase in the number of youth receiving education on issues of sexual violence.

Primary Strategic Partnership: To date, the Indiana Criminal Justice Institute has fostered collaborative partnerships with 21 external organizations around the state that provide sexual assault services.

Role of PHHSBG Funds: PHHSBG funds will be used to provide direct funding for programs at organizations that provide sexual assault services.

Evaluation Methodology: Evaluations of each project shall be conducted on two levels. The first level of evaluation will be completed internally by the sub-grantee's agency director or through another internal control process of evaluation. The second level is conducted by ICJI with statistical data and other anecdotal information to allow for rigorous evaluation of each individual project as well as providing a means for overall evaluation of the SAS funding stream. ICJI and The Coalition against Sexual Assault will be working in a collaborative approach in regards to compliance monitoring for all grant funds awarded. Monthly reports will be required of each funded project. These reports are broken into the following categories:

- financial information to document accounting of SAS funding.
- statistical information to document sexual assault activities, programming efforts and victims served.
- narrative information to document attainment toward objectives.

Each organization that receives funding will also be required to establish its own mechanism of data collection and internal controls. The ICJI monthly reporting process establishes the guidelines and requires extensive data collection and maintenance information from each subgrantee organization.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalent):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO 15-35 Rape or Attempted Rape

State Health Objective(s):

Between 01/2013 and 12/2013, Between 1/2013 and 12/2013, provide services to victims of sexual violence and provide education about prevention to the general public.

Baseline:

It is estimated that in Indiana there could be as many as 5,730 victims of rape annually based upon reports from the Federal Bureau of Investigation.

Data Source:

ICJI Victims Compensation area – processes payments for rape kits (forensic medical exam evidence collection) and from the Indiana Coalition Against Sexual Assault reports from the field. UCR reports are not used as they are not mandatory in Indiana.

State Health Problem:

Health Burden:

Indiana continues to deal with the serious problem of sexual violence. On December 14, 2011, the Centers for Disease Control and Prevention released the National Intimate Partner and Sexual Violence Survey which listed Indiana as having the 8th highest rate of interpersonal violence in the country. IPV combines rape, physical violence and stalking. In 2008, according to UCR data, 1,720 forcible rapes (completed and attempted) in Indiana were reported to law enforcement, for a rate of 27 per 100,000. Nationally in 2008 there were 89,000 rapes reported to UCR and 203,830 victims of rape (persons 12 and older) reported through the National Crime Victimization Survey. Of those victims 182,000 were women. Females ages 12-24 experienced the highest sexual assault victimization rates. Black females experienced higher rates of rape or sexual assault than white females or females of other races (2.9 compared to 1.2 and 0.9 per 1,000 females age 12 or older, respectively).

A recent study showed on average from 1992 through 2000, 31 percent of rapes and sexual assault were reported to police. More recently, the 2008 NCVS illustrated that 41% of rapes and sexual assaults were reported to police. A Bureau of Justice Statistics report on Female Victims of Violence found that almost half (47%) of the rapes or sexual assaults against women in 2008, were reported to the police. Using a 31% - 47% reporting rate, it can be estimated that 3,664 to 5,730 rapes could occur annually in Indiana. The problem affects all races and income levels, but is more prominent in low-income, urban areas. The target population for this program includes all individuals who receive sexual assault treatment and prevention services from the selected sub-grantee organizations. The disparate population includes the more specific group of low-income individuals who receive this treatment.

According to the FBI, forcible rapes are at their lowest figure in the past 20 years. This is further backed up with the data from the NCVS which indicates rapes have been declining gradually since 1999. This is attributed to many factors: (1) improvements in the criminal justice system, including reform in how police gather evidence and better prosecution. (2) Advances in DNA can help identify the offender and lead to a higher chance of prosecution, keeping the offender from repeat attacks. (3) The creation of the federal Violence Against Women act in 1994 has helped bolster attention to rape cases and increased the number of professionals working to assist victims and (4) There has been an increase in awareness of rape and more educational public awareness campaigns that has helped shift attitudes about rape (RAINN). This trend can be furthered with the continuation of the educational programs developed through SAS programs. In recent years, the number of agencies that have established sexual assault prevention, treatment and

intervention programs has increased significantly.

There continues to be problems of sexual violence in Indiana and the need for prevention, intervention, and treatment programs is ever pressing. With the continuation of funding from the Sexual Assault Services grant, the number of sexual assaults can be further reduced with the overall goal of total eradication of sexual violence.

Target Population:

Number: 3,000

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 2,000

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: RAINN, NCVS

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

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

Total Current Year Funds Allocated to Health Objective: \$144,972

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$144,972

Role of Block Grant Dollars: No other existing federal or state funds

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

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Provide services to victims, and provide information about prevention to all

Between 01/2013 and 12/2013, Indiana Criminal Justice Institute will provide services to **1000** victims of sexual violence.

Annual Activities:

1. Extend coordinated, comprehensive sexual violence prevention programs within counties

Between 01/2013 and 12/2013, the programs would

- Educate youth about the role of drugs and alcohol in sexual violence.
- Encourage underserved regions and counties to develop a prevention curriculum.
- Encourage communities to provide programs in environments that will teach males as well as females.

2. Expand coordinated, comprehensive sexual offender treatment programs with the state

Between 01/2013 and 12/2013,

- Disseminate informational materials on effective treatment programs in Indiana.
- Increase services to underserved regions, specifically in the Northwest and West Central regions of Indiana.
- Expand collaborative efforts with correctional re-entry programs targeting services for domestic violence offenders.

ICJI will also work the other state level partners to increase the percentage of prevention programming throughout the state.

3. Improve and enhance services and response initiatives to victims of sexual assault.

Between 01/2013 and 12/2013,

- Encourage and support current efforts to provide services through crisis intervention, hotlines, support groups, and other services.
- Encourage expansion of services and support to underserved counties.
- Encourage services with correctional re-entry programs targeting family preservation for victims of sexual violence.