

**Indiana FY 2012
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2012

Submitted by: Indiana

DUNS: 824799407

Printed: 3/26/2012 1:59 PM

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CDC Work Plan ID: IN 2012 V0 R0
Created on: 2/15/2012
Submitted on:**

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Executive Summary

This is Indiana's application for the Preventive Health and Human Services (PHHSBG) for Federal Fiscal Year 2012. The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC) in accordance with the Public Health Service Act, Sections 1901-1907, as amended in October, 1992 and Section 1910A as amended in October 1996. The Indiana State Department of Health is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Indiana.

Funding Assumptions

The total award for the FFY 12 PHHSBG is \$1,199,440.00. This amount is based upon the final allocation table distributed for FFY 12 by the CDC.

Proposed Allocation for FY 2012

PHHS Block Grant dollars are allocated to those health areas that have no other source of state or federal funds, or, wherein combined, state and federal funds are insufficient to address the extent of the public health problem. FFY 2012 funding priorities are as follows:

| Program | Health Objective | Funds |
|--------------------------------------|-------------------------|--------------|
| Chronic Disease Prevention & Control | 12-1 | \$200,000 |
| Injury and Violence Prevention | 15-7 | \$250,000 |
| Oral Health | | |
| Public Health Performance Management | 23-8 | \$429,468 |
| Sexual Assault Services | 15-35 | \$144,972 |
| State Health Data Center | 8-27 | \$75,000 |

Impacting other health objectives:

- Disability and Secondary Conditions 6-12

- Educational/Community-Based Programs 7-2, 3, 5, 6, 7, 9, 10, 11, 12
- Health Communication 11-1, 4, 5

- Injury and Violence Prevention 15-7, 8, 10
- Maternal, Infant, & Child Health 16-14
- Nutrition and Overweight 19-1, 2, 3, 5, 6, 8, 9, 16
- Oral Health 21-16
- Physical Activity and Fitness 22-1, 2, 6, 13, 14, 15
- Population-based Prevention Research 23-17
- Public Health Infrastructure 23-3, 4, 5, 9, 10, 11, 12, 15
- Tobacco Use 27-1, 2, 3, 4, 5, 6, 7, 11, 12, 13

As established by the Public Health Services Act, Section 1905(d), the Indiana PHHSBG Advisory Committee makes recommendations regarding the development and implementation of the State Plan/Application. The Advisory Committee reviewed and approved the programs listed above for funding for FFY 2012.

Funding Priority: Under or Unfunded, State Plan (2012), Data Trend

Statutory Information

Advisory Committee Member Representation:

Advisory Members have not been entered for this workplan.

Dates:

Public Hearing Date(s):

Advisory Committee Date(s):

Current Forms signed and attached to work plan:

Certifications: No

Certifications and Assurances: No

| Budget Detail for IN 2012 V0 R0 | |
|---|--------------------|
| Total Award (1+6) | \$1,199,440 |
| A. Current Year Annual Basic | |
| 1. Annual Basic Amount | \$1,054,468 |
| 2. Annual Basic Admin Cost | \$0 |
| 3. Direct Assistance | \$0 |
| 4. Transfer Amount | \$0 |
| (5). Sub-Total Annual Basic | \$1,054,468 |
| 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) | \$1,199,440 |
| 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) | \$1,199,440 |

| Summary of Funds Available for Allocation | |
|--|--------------------|
| A. PHHSBG \$'s Current Year: | |
| Annual Basic | \$1,054,468 |
| Sex Offense Set Aside | \$144,972 |
| Available Current Year PHHSBG Dollars | \$1,199,440 |
| 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 | \$1,199,440 |

Summary of Allocations by Program and Healthy People 2010 Objective

| Program Title | Health Objective | Current Year PHHSBG \$'s | Prior Year PHHSBG \$'s | TOTAL Year PHHSBG \$'s |
|--|---|-----------------------------|---------------------------|---------------------------|
| Chronic Disease Prevention and Control | 12-1 Coronary Heart Disease | \$200,000 | \$0 | \$200,000 |
| Sub-Total | | \$200,000 | \$0 | \$200,000 |
| Injury Prevention Program | 15-13 Unintentional injury deaths | \$250,000 | \$0 | \$250,000 |
| Sub-Total | | \$250,000 | \$0 | \$250,000 |
| Oral Health | 21-1 Dental caries experience | \$100,000 | \$0 | \$100,000 |
| Sub-Total | | \$100,000 | \$0 | \$100,000 |
| Public Health Performance Management | 23-8 Competencies for public health workers | \$504,468 | \$0 | \$504,468 |
| Sub-Total | | \$504,468 | \$0 | \$504,468 |
| Sexual Assault Services | 15-35 Rape or attempted rape | \$144,972 | \$0 | \$144,972 |
| Sub-Total | | \$144,972 | \$0 | \$144,972 |
| Grand Total | | \$1,199,440 | \$0 | \$1,199,440 |

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 Equivalents):

Full Time Equivalents 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 01/2012 and 12/2012, 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; and providing technical assistance and support to local communities in population-based sodium reduction strategies.

Baseline:

No current CVH data analysis, burden reports, or other data reports

Data Source:

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

State Health Problem:

Health Burden:

Chronic diseases such as heart disease, stroke, cancer and diabetes are the leading causes of death in Indiana. In 2007, more than 57% 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 of 2006, MI ranks Indiana the 23rd healthiest state.

Economic Impact of Chronic Diseases in Indiana: 2003 (Annual estimated costs in billions)

Treatment Expenditures: **\$6.7**

Lost Productivity: **\$22.7**

Total Costs: \$29.4

Common Chronic Diseases in Indiana:

Heart Disease and Stroke

- Heart disease was the leading cause of death (25.5%, or 13,715 deaths) in Indiana in 2007; stroke was the fourth leading cause of death (5.6% or 3,001 deaths) in 2007.
- In 2009, more than 31% of Indiana residents reported having high blood pressure, and 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 (nearly 24% of deaths or 12,750 deaths) in Indiana in 2007.
- More than 28,000 new cancer cases were diagnosed in Indiana in 2007, which includes nearly 3,892 new cases of breast cancer among women and about 3,050 new cases of colorectal cancer.

Diabetes

- Diabetes was the seventh leading cause of death (1,564 deaths) in Indiana in 2007. 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 2009, more than 9% 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/asp/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: \$200,000

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

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

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

Essential Service 1 – Monitor health status

Objective 1:

Identify initiatives utilized by health care providers for improving health outcomes in patients

Between 01/2012 and 12/2012, ISDH will identify **10** community health worker initiatives currently utilized by healthcare providers in Indiana for improving patient outcomes.

Annual Activities:

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

Between 01/2012 and 12/2012, **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. Create statewide database of community health worker organizations and individuals in Indiana

Between 01/2012 and 12/2012, the Division of Chronic Disease Prevention and Control will create one statewide database of community health worker organizations and individuals in Indiana that are addressing chronic disease prevention and control.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Support statewide coalitions to address large public health burdens related to chronic disease

Between 01/2012 and 12/2012, ISDH will provide technical assistance to **4** statewide coalitions of critical organizational partners in addressing chronic diseases such as cardiovascular health and diabetes, cancer, asthma, and obesity.

Annual Activities:

1. technical assistance to four statewide chronic disease coalitions

Between 01/2012 and 12/2012, The Division of Chronic Disease Prevention and Control (CDPC) will provide technical assistance to four 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 coalition activities are informed by current public health evidence; 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.

Essential Service 5 – Develop policies and plans

Objective 1:

Collaborate with a local community to develop organizational policy and plans to support improved ca

Between 01/2012 and 12/2012, ISDH will provide technical assistance and support to **1** local Indiana community in developing organizational policy and plans to address community-wide efforts to improve blood pressure and overall cardiovascular health indicators.

Annual Activities:

1. Work with a local community to evaluate ongoing efforts in the development of organizational policy

Between 01/2012 and 12/2012, The Section on Cardiovascular Health and Diabetes will provide technical assistance and support to **1** local Indiana community in developing organizational policy and plans to address community-wide sodium reduction in 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.

Essential Service 7 – Link people to services

Objective 1:

Support implementation of health systems changes to improve access to and adherence with recommended

Between 01/2012 and 12/2012, The Section on Chronic Respiratory Disease will provide technical assistance and support to 1 Indiana health system of care.

Annual Activities:

1. Work with an Indiana hospital system to implement systems change linked to improved asthma contro

Between 01/2012 and 12/2012, Implementing a systems initiative to: identify a population with a barrier to continuity care related to asthma; facilitate effective entry into a coordinated system of continuity clinical care for members of this population; ensure provision of culturally appropriate and targeted health information for a population group at risk for uncontrolled asthma, and implement evidence-based strategies to improve the system of care for asthma.

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 01/2012 and 12/2012, 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: \$250,000

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

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

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

Essential Service 3 – Inform and Educate

Objective 1:

Injury communication

Between 01/2012 and 12/2012, ISDH and Indiana Public Health Association will develop 1 5 year injury prevention plan.

Annual Activities:

1. Injury Surveillance Data communication

Between 01/2012 and 12/2012,

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
 - A bi-annual Suicide Indiana report

State Program Title: Oral Health

State Program Strategy:

The 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 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 21-1 Dental caries experience

State Health Objective(s):

Between 01/2012 and 12/2012,

- 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: \$100,000
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

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

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

Essential Service 1 – Monitor health status

Objective 1:

Conduct examinations for dental decay

Between 01/2012 and 12/2012, ISDH and field staff will conduct **3,000** 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 01/2012 and 12/2012, 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:

Student examinations for oral health and obesity

Between 01/2012 and 12/2012, ISDH and field staff will analyze **3000** 3rd grade students for oral health (dental sealants) and obesity and oral health.

Annual Activities:

1. Student examinations for oral health and obesity

Between 01/2012 and 12/2012, 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.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Develop partnerships

Between 01/2012 and 12/2012, ISDH will develop **5** partnerships.

Annual Activities:

1. Developing partnerships

Between 01/2012 and 12/2012,

- 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.

Essential Service 5 – Develop policies and plans

Objective 1:

Future Plans for surveillance of oral health

Between 01/2012 and 12/2012, 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 01/2012 and 12/2012, 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.

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 2012, approximately 10 public health agencies will complete training in Lean Six Sigma Green and Yellow Belt for Public Health Departments.

Strategic partners: Indiana Public Health Association, Purdue University, local health departments, public health laboratories

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: Local Health Department Outreach Training Manager

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: 4
Total FTEs Funded: 4.00

National Health Objective: HO 23-8 Competencies for public health workers

State Health Objective(s):

Between 01/2012 and 12/2012, Conduct Lean Six Sigma for Public Health training in local public health agencies.

Baseline:

A total of 6 of Indiana's 93 local health departments have completed the training in quality improvement and Lean Six Sigma. 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. As there is an increasing focus on quality improvement and national voluntary public health accreditation, it is not clear as to the number of public health academic program include it as part of the educational package students receive. Numerous challenges continue to face the public health workforce, including job cuts, non-competitive wages, and lack of education opportunities.

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: \$504,468

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

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

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

Essential Service 3 – Inform and Educate

Objective 1:

Communication Improvement

Between 01/2012 and 12/2012, ISDH will increase the number of participants on the monthly LHD webcasts from 60 to **80**.

Annual Activities:

1. Surveys

Between 01/2012 and 12/2012, Analyze data collected in 2011 to determine how to improve viewership, either live or viewing the archived webcasts.

Objective 2:

Health Officer News Letters

Between 01/2012 and 12/2012, Indiana State Department of Health will publish **12** Health Officer Newsletters.

Annual Activities:

1. Newsletter development

Between 01/2012 and 12/2012, Seek articles for the newsletter from both local health departments and the State Department of Health staff.

Objective 3:

Food Borne Illness Education Campaign

Between 01/2012 and 12/2012, ISDH will develop 1 media campaign.

Annual Activities:

1. Media Campaign development

Between 01/2012 and 12/2012, The media campaign will educate healthcare providers and local health department staff on foodborne outbreaks and proper actions during suspected foodborne outbreaks. ISDH will examine best methods to educate healthcare workers—whether it is via radio/tv or print 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.

Essential Service 8 – Assure competent workforce

Objective 1:

Lean Six Sigma Training

Between 01/2012 and 12/2012, Indiana State Department of Health and Contractors will identify 10 local public health agencies to participate in training.

Annual Activities:

1. Quality Improvement Training

Between 01/2012 and 12/2012, Conduct training in Lean Six Sigma Green belt for Public Health Departments and Lean Six Sigma Yellow Belt for Public Health Departments.

Objective 2:

Provide access to educational resources and trainings

Between 01/2012 and 12/2012, ISDH and contractors will maintain 4 opportunities for education and/or training of the public health workforce.

Annual Activities:

1. Local health department trainings

Between 01/2012 and 12/2012, 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.

Create and maintain a Continuing Education Planning Manual. Manual will provide guidance on planning continuing education activities and will be continually evaluated and updated to reflect experience and knowledge gained at each event.

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 Equivalents):

Full Time Equivalents 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 01/2012 and 12/2012, Between 1/2012 and 12/2012, 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:

Uniform Crime Reports

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

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

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

Essential Service 7 – Link people to services

Objective 1:

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

Between 01/2012 and 12/2012, Indiana Criminal Justice Institute will provide services to **950** victims of sexual violence.

Annual Activities:

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

Between 01/2012 and 12/2012, 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 01/2012 and 12/2012, the programs would

- 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, including the new State Victims Assistance Academy.

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

Between 01/2012 and 12/2012, the programs would

- 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.