# Alaska FY 2011
# Preventive Health and Health Services Block Grant

## Work Plan

**Original Work Plan for Fiscal Year 2011**
**Submitted by: Alaska**
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## Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2011. It is submitted by the Division of Public Health, Section of Chronic Disease Prevention and Health Promotion as the designated state agency for the allocation and administration of PHHSBG funds.

**Funding Assumptions:** The total award for the FY 2011 Preventive Health and Health Services Block Grant is $262,961. This amount is based on a funding update allocation table distributed by CDC in June 2011.

**Proposed Allocation and Funding Priorities for FY 2011**

1. Sexual Assault-Rape Crisis (HO 15-35): $13,817. This total is a mandatory allocation to the Alaska Council on Domestic Violence and Sexual Assault which provides this funding to Aiding Women in Abuse and Rape Emergencies (AWARE) to provide sexual assault risk factor classes to high school students.
2. The Health Promotion Program (HO #7-10): $87,749 of this total will be utilized to increased local health promotion and health education competencies in local communities through training, technical assistance, networking, resource development, facilitation, and statewide collaboration.
3. The Violence and Injury Prevention (HO #15-13): $30,000 of this total will be utilized to address the leading causes of unintentional injury, motor vehicle accidents, falls, and drowning through statewide collaboration, training, and policy development.
4. The School Health Program (HO #7-2): $105,100 of this total will be used to conduct the 2011 Youth Risk Behavior Survey, as well as develop and implement technical assistance and support to districts in developing coordinate school health.
5. Administrative costs: associated with the Preventive Health Block Grant total $26,295 which is10% of the grant. These costs include funding for lease, administrative and IT support.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2010.

**Funding Rationale** The Alaska PHHS Block Grant Advisory Committee identified the following rationale in determining the funding allocations:

- There is a funding gap present
- Potential level of impact
- Evidence based practice

**Funding Priority:** Under or Unfunded, Data Trend

## Statutory Information

**Advisory Committee Member Representation:**

American Indian/Alaska Native tribe, College and/or university, Community-based organization, Community health center, Mental health organization, Minority-related organization, Schools of public-health, State health department, State or local government, Youth serving organization

**Dates:**

| **Public Hearing Date(s):** | **Advisory Committee Date(s):** |
| --- | --- |
| 6/13/2011 | 11/15/2010 |
| | 6/13/2011 |

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

Certifications: Yes
Certifications and Assurances: Yes

| Budget Detail for AK 2011 V0 R1 | |
|---|---|
| **Total Award (1+6)** | $262,961 |
| **A. Current Year Annual Basic** | |
| 1. Annual Basic Amount | $247,609 |
| 2. Annual Basic Admin Cost | ($24,760) |
| 3. Direct Assistance | $0 |
| 4. Transfer Amount | $0 |
| (5). Sub-Total Annual Basic | $222,849 |
| **B. Current Year Sex Offense Dollars (HO 15-35)** | |
| 6. Mandated Sex Offense Set Aside | $15,352 |
| 7. Sex Offense Admin Cost | ($1,535) |
| (8.) Sub-Total Sex Offense Set Aside | $13,817 |
| **(9.) Total Current Year Available Amount (5+8)** | $236,666 |
| **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)** | $236,666 |

| Summary of Funds Available for Allocation | |
|---|---|
| **A. PHHSBG $'s Current Year:** | |
| Annual Basic | $222,849 |
| Sex Offense Set Aside | $13,817 |
| Available Current Year PHHSBG Dollars | $236,666 |
| **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** | $236,666 |

## 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 |
|---|---|---|---|---|
| Health Promotion | 7-10 Community health promotion programs | $87,749 | $0 | $87,749 |
| **Sub-Total** | | **$87,749** | **$0** | **$87,749** |
| Injury Prevention | 15-13 Unintentional injury deaths | $30,000 | $0 | $30,000 |
| **Sub-Total** | | **$30,000** | **$0** | **$30,000** |
| School Health | 7-2 School health education | $105,100 | $0 | $105,100 |
| **Sub-Total** | | **$105,100** | **$0** | **$105,100** |
| Sex offense - Sexual Assault Prevention | 15-35 Rape or attempted rape | $13,817 | $0 | $13,817 |
| **Sub-Total** | | **$13,817** | **$0** | **$13,817** |
| **Grand Total** | | **$236,666** | **$0** | **$236,666** |

**State Program Title: Health Promotion**

**State Program Strategy:**

**Goal:** The Alaska Health Promotion Program's goal is to increase the capacity of communities and public health professionals to provide the core competencies related to health promotion and health education regardless of the health risk factor or disease component. This is done through provision of training, technical assistance, networking, resources development, collaboration and consultation to communities and categorical programs' related to primary prevention, health policy and environmental change, community engagement and mobilization, coalition development, community health improvement, strategic planning and evaluation, and evidence-based public health.

**Health Priority:** The health priorities for Health Promotion is as follows:

1. **Monitor Health Status**: A key factor necessary for good local community health improvement work is to have current localized data. The CBHP works with epidemiologists throughout Public Health to provide census level data to communities. In addition to community health status reports, the program provides linkages a technical assistance to communities on how to use the data.

**2. Mobilize Partnerships:** Recognizing that the greater the number of committed partners there are, the better the potential is for reaching sustainable solutions, all three focus areas are highly dependent on partnerships at the local, regional, state, and national levels. Health promotion is responsible for convening several key groups, including the Alaska Health Education Library Project (AHELP) which is responsible for the development and expansion of an on-line searchable database for health promotion and education resources and projects in Alaska. Additionally, Health Promotion collaborates with Public Health Nursing and other entities to support community health improvement processes through a Mobilizing Action through Partnerships and Planning (MAPP) users group, as well as a community health improvement leadership group.

**3. Develop Policies and Plans:** In addition to supporting local efforts to develop population-based plans for locally identified health issues, Health Promotion is actively involved in several planning efforts, including the Section of Chronic Disease Prevention and Health Promotion's strategic plan. From a policy perspective, the Health Promotion advocates a comprehensive approach to its work, using the sociological framework to identify the areas of change needed from impacting individual's behaviors to the population-based, sustainable social change.

**4. Assuring a Competent Workforce:** With little funding available for actually implementing extensive projects and initiatives, Health Promotion focuses a significant amount of its resources on assisting others to increasing their levels of competency for community based health promotion, primary prevention, social norms change, injury prevention, violence prevention, social marketing, evidence-based public health, and policy and environmental change. This year the program is forming a cross-discipline work group to conduct a primary prevention competency assessment, based in part by an effort implemented by the National Center for Injury Prevention and Control. Upon completion of the assessment, the group will develop a 2-3 year training and technical assistance plan that will incorporate behavior health, public health, victim service, and education entities at a minimum.

**5. Evaluate Health Programs:** The Health Promotion Program conducts evaluation for both process and impact to ensure its projects are meeting the intended audience and leading toward the intended health change.

**Primary Strategic Partnerships:** The Health Promotion Program fosters a number of collaborative relationships and strategic partnerships both internally and externally. These include state, regional and local partnerships, cross collaborating with state and non-profit programs addressing cardiovascular health, diabetes, physical activity, nutrition, obesity, cancer, injury, public health nursing, primary care, rural health, the native health system, victim services, justice organizations, emergency responders, health care providers, law enforcement, and education.

**Evaluation Methodology:** Health Promotion relies on several surveillance systems for identifying needs, as well as monitoring the outcome and impact of its programming. These include the Behavior Risk Factor Surveillance System, Youth Risk Behavior Survey, and the School Health Education Profile, as well as a wide range of specialized surveys conducted by the State of Alaska and the University of Alaska. The majority of the State Health Objective indicators, as well as the Desired Impact Objectives, are based on Healthy Alaskan 2010 indicators intended to improve the competencies of Alaska's public health system.

The PHHS Block Grant is the sole source of funding for the community-based health promotion.

## State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Parks or playgrounds, Rape crisis center, Schools or school district, Senior residence or center, State health department, Tribal nation or area, Work site

## FTEs (Full Time Equivalents):

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

**Position Title:** Health Promotion Injury Prevention Program Manager
State-Level: 30% Local: 20% Other: 0% Total: 50%
**Position Title:** Office Assistant II
State-Level: 60% Local: 0% Other: 0% Total: 60%

**Total Number of Positions Funded:** 2
**Total FTEs Funded:** 1.10

## National Health Objective: HO 7-10 Community health promotion programs

## State Health Objective(s):

Between 01/2000 and 12/2012, increase the proportion of communities with established health promotion programs to cover 85% of the state's populations (Healthy Alaskans 2010 6-11)

**Baseline:**
75% of respondents

**Data Source:**
2010 community based health promotion survey

## State Health Problem:

**Health Burden:**
About half of all deaths occurring annually are attributable to modifiable behavioral risk factors such as uncontrolled hypertension and diabetes, smoking, physical inactivity, poor diet, alcohol abuse, violence, not

using safety devices, and risky sexual behavior. Alaskans are particularly at risk for chronic disease and premature death because of the high prevalence of risk factors. According to the Alaska Behavioral Risk Factor Survey among Alaskan adults:

- 39% are overweight, BRFSS 2009
- 26% are obese, BRFSS 2009
- 19% smoke, BRFSS 2009
- 6% have diabetes, BRFSS 2009
- 18% engage in binge drinking, BRFSS 2009
- 25% have high blood pressure, BRFSS 2007
- 20% do not engage in leisure time physical activity, BRFSS 2009
- 75% do not consume 5 fruits and vegetables a day, BRFSS 2006

Alaska faces unique challenges in developing and maintaining a statewide health promotion system. Only two Alaskan communities have local health departments. The rest of local public health services are provided by a combination of public health nursing, regional tribal health corporations, 330 clinics and local coalitions and task forces.

One challenge facing health promotion in Alaska is the lack of a clear understanding of the core functions of health promotion. With a mix of local public health systems that may or may not include trained health promotion professionals, the quality primary prevention throughout communities is mixed. Based on the Ottawa Charter for Health Promotion (WHO, 1986), effective health promotion functions need to include:

- Strengthening communities' capacities to address health issues of importance to them, and to mutually support their members in improving their health
- Developing public policies (and private sector policies) beyond the health care sector that will improve health (e.g. a healthy energy policy, or a healthy food policy)
- Creating physical and social environments supportive of health
- Helping people to develop the skills they need to make healthy life choices, and to care for themselves and their families' minor or chronic ailments, and
- Reorient health care services toward prevention of illness and promotion of health.

Developing and printing brochures and conducting one-time events have not proven to have an impact in the overall health status of people or communities. Because funding is often limited, especially for local and state health promotion, public health needs to become more cognizant of the need to develop initiatives that address all levels of the socio-ecological model, and are based on the specific needs of the target audience in order to effect the needed behavioral changes to improve the quality of life.

A strong health promotion and health education response is necessary for the public health system to effectively respond to the leading causes of premature death among Alaskans, reduce behavioral health risks and develop supportive policies and environments in order to increase Alaskan's years of healthy life. Because all Alaskans of all ages are at risk for the leading causes of premature death, all Alaskans will be targeted within the Health Promotion program. While disparate populations will be focused on for specific activities throughout the year, all Alaskans are also identified as the disparate population.

**Target Population:**
Number: 710,231
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: 710,231
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
Location: Entire state
Target and Disparate Data Sources: Alaska Department of Labor and Workforce Development, Research and Analysis, 2010 population estimates

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

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
Model Practices Database (National Association of County and City Health Officials)

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

Total Current Year Funds Allocated to Health Objective: $87,749
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: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

## ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

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

## Essential Service 1 – Monitor health status

**Objective 1:**
**Health Indicators**
Between 10/2010 and 09/2011, the Health Promotion Program will increase the number of communities using Alaska-specific information on the leading health indicators at the smallest geographic and socioeconomic unit possible, while maintaining confidentiality and scientific integrity of the data from 6 to **12 (Healthy Alaskans 2010 HO 26.2)**.

**Annual Activities:**
**1. Health Indicators**
Between 10/2010 and 09/2011, the Health Promotion Program will provide census level community health status assessment reports and technical assistance on utilization to communities in conducting local community health improvement initiatives.

## Essential Service 3 – Inform and Educate

**Objective 1:**
**Healthy Behaviors**
Between 10/2010 and 09/2011, the Health Promotion will increase the percent of Alaskan adults who practice healthy behaviors by not using tobacco, eating 5 or more servings of fruits and vegetables, and engaging in moderate physical activity from 9% to **12%. Baseline: BRFSS, 2008**.

**Annual Activities:**
**1. Public Education**
Between 10/2010 and 09/2011, the Health Promotion Program will participate in the Integrated Communication Group to develop campaigns to reduce leading health risks related to chronic disease and injury.

**2. Professional Education**
Between 10/2010 and 09/2011,
1. Facilitate the upgrade and re-marketing of the Alaska Health Education Library Project to increase health promotion professionals' information on Alaskan-based initiatives.
2. Conduct outreach presentations to 3 ancillary groups on the Mobilizing Action through Partnerships and Planning.

## Essential Service 4 – Mobilize Partnerships

**Objective 1:**
**Partnering**
Between 10/2010 and 09/2011, the Health Promotion program will increase the number of partnerships to ensure that all partners understand their responsibilities and hold each other accountable for our respective responsibilities to promote the health of Alaskans by developing an inter-agency council for sharing information and resources. (Healthy Alaskans HO 26-13, modified) from 5 to **7**.

**Annual Activities:**
**1. Regional and local partnerships**
Between 10/2010 and 09/2011, the Health Promotion Program will provide technical assistance to 10 communities and regional entities on their partnerships development efforts.

**2. Statewide partnerships**
Between 10/2010 and 09/2011, the Health Promotion Program will:
1. Participate in the Integrated Communication Work Group.
2. Facilitate the Mobilizing Action through Partnerships and Planning User Group.
3. Participate in the Worksite Health Promotion Collaborative.
4. Coordinate the PHHS Block Grant Advisory Committee.
5. Convene the Alaska Health Education Library Project Advisory Committee.
6. Convene the Community Health Improvement Process leadership group.

**3. National partnerships**
Between 10/2010 and 09/2011, the Health Promotion Program Manager will:
1. Serve on the Board of Directors of the Directors of Health Promotion and Education.
2. Serve on the DHPE Policy Committee.

**Objective 2:**
**Local Partnership Development**
Between 10/2010 and 09/2011, the Health Promotion Program will provide training and technical assistance on the community coalition development initiative using the Mobilizing Action through Partnerships and Planning framework to **12** communities (Data source, program records).

**Annual Activities:**
**1. Local MAPP partnerships**
Between 10/2010 and 09/2011, the Health Promotion Program will identify and provide community outreach, networking, consultation to 12 communities interested in starting community wellness coalitions.

## Essential Service 5 – Develop policies and plans

**Objective 1:**
**Planning**
Between 10/2010 and 09/2011, the Health Promotion Program will develop **3** statewide strategic planning processes that include the assessment of the health of Alaskans, identification of priorities and development of plans for addressing priority health problems is implemented and maintained. (Healthy Alaskan 2010 HO 26-10).

**Annual Activities:**
**1. Planning**
Between 10/2010 and 09/2011, the Health Promotion Program will:
1. Coordinate the implementation of the health promotion strategic plan.
2. Facilitate the development of the Preventive Health and Health Services Block Grant annual plan.
3. Facilitate the Mobilizing Action through Partnerships and Planning.
4. Assist in the development of an integrated strategic plan for the Section of Chronic Disease Prevention and Health Promotion.

**Objective 2:**
**Local MAPP**
Between 10/2010 and 09/2011, the Health Promotion program will increase the percent of communities that have established health assessment and priority setting processes from 75% of respondents to **85% of respondents. (Healthy Alaskans 2010 HO 26.11) Baseline: Health Promotion Survey, 2010**.

**Annual Activities:**
**1. Local community health improvement plans**
Between 10/2010 and 09/2011, the Health Promotion Program will provide training and technical assistance, resources, and facilitation to 8 communities on the MAPP framework.

**2. Networking**
Between 10/2010 and 09/2011, the Health Promotion Program will host 8 networking teleconferences for communities that are conducting a community health improvement process for the purpose of sharing information and ideas on what has worked.

## Essential Service 8 – Assure competent workforce

**Objective 1:**

**Workforce Development**
Between 10/2010 and 09/2011, the Health Promotion Program will develop **1** process to assess and monitor the primary prevention capacity of the public health workforce in Alaska and develop and implement a plan to meet the identified gaps (HA 26-8, modified).

**Annual Activities:**
**1. Training**
Between 10/2010 and 09/2011, the Health Promotion Program will:
1. Become a certified trainer on competencies for policy and environmental change, training 50 health professionals and paraprofessional.
2. Assist in planning the Alaska Health Summit to provide training to 300 public health workers.
3. Convene an infrastructure and training work group to assess primary prevention knowledge levels and develop a multi-year training plan.

## Essential Service 9 – Evaluate health programs

**Objective 1:**
**Outcome-based Program Evaluation**
Between 10/2010 and 09/2011, the Health Promotion Program will evaluate **the** community-based health promotion efforts from both a process and outcome perspective.

**Annual Activities:**
**1. CBHP Evaluation**
Between 10/2010 and 09/2011, the Health Promotion Program will:
1. Collaborate with the Section of Public Health Nursing to develop an electronic data collection system for community-based health promotion activities.
2. Conduct process evaluation including number of trainings, number of people served, number of resources developed and disseminate.
3. Conduct short-term outcome evaluation through pre and post training surveys
4. Conduct mid-term outcome evaluation through population-based community-based health promotion indicators.

**State Program Title:** **Injury Prevention**

**State Program Strategy:**

**Goal:** The Alaska Injury Prevention Program's goal is to reduce and eliminate the impact of injury and violence on Alaskans. This is done through the provision of training, technical assistance, networking, resources development, collaboration and consultation to communities and programs working in the areas of motor vehicle safety, poisoning, water safety, fire prevention, falls, traumatic brain injury, and intimate partner and sexual violence prevention.'

**Health Priority:** Alaska addresses injury prevention in the following ways:

1. **Monitor Health Status**: For both unintentional and intimate partner and sexual violence, the Injury Prevention Program, in conjunction with the Alaska Native Tribal Health Consortium (ANTHC), supports a Violence and Injury Prevention Planning data work group made up of epidemiologists throughout various statewide entities. This workgroup is responsible for compiling and analyzing data necessary to track incidence, trends and contributing factors for injury and violence prevention.

2. **Mobilize Partnerships:** Recognizing that the greater the number of committed partners there are, the better the potential is for reaching sustainable solutions, the violence and injury prevention focus areas are highly dependent on partnerships at the local, regional, state, and national levels. Injury Prevention is responsible for convening several key groups, including the Alaska Health Education Library Project (AHELP) which is responsible for the development and expansion of an on-line searchable database for health promotion and education resources and projects in Alaska. Injury Prevention plays a lead role in the Pathways/Rape Prevention and Education (RPE) statewide steering committee, as well as several ancillary work groups. ANTHC and Injury Prevention are co-convening a statewide Violence and Injury Prevention Planning Group to compile a statewide plan, incorporating a wide range of partners.

3. **Develop Policies and Plans:** In addition to supporting local efforts to develop population-based plans for locally identified injury and violence prevention issues, Injury Prevention is actively involved in several planning efforts, including the statewide Violence and Injury Prevention Plan, a State of Alaska Injury Prevention plan, intimate partner and sexual violence primary prevention strategic plans, and the Section of Chronic Disease Prevention and Health Promotion's strategic plan. From a policy perspective, Injury Prevention advocates a comprehensive approach to its work, using the sociological framework to identify the areas of change needed from impacting individual's behaviors to the population-based, sustainable social change.

4. **Assuring a Competent Workforce:** With little funding available for actually implementing extensive projects and initiatives, Injury Prevention focuses a significant amount of its resources on assisting others to increase their levels of competency for community based and primary prevention work, social norms change, social marketing, evidence-based public health, and policy and environmental change. This year the program is forming a cross-discipline work group to conduct a primary prevention competency assessment, based in part by an effort implemented by the National Center for Injury Prevention and Control. Upon completion of the assessment, the group will develop a 2-3 year training and technical assistance plan that will incorporate behavior health, public health, victim services, and education entities at a minimum.

5. **Evaluate Health Programs:** The Injury Prevention Program conducts evaluation for both process and impact to ensure its projects are meeting the intended audience and leading toward the intended health change.

**Primary Strategic Partnerships:** The Injury Prevention Program fosters a number of collaborative relationships and strategic partnerships both internally and externally. These include state, regional and local partnerships, cross collaborating with state and non-profit programs addressing physical activity, obesity, public health nursing, primary care, rural health, the native health system, victim services, justice organizations, emergency responders, health care providers, law enforcement, and education.

**Evaluation Methodology:** Injury Prevention relies on several surveillance systems for identifying needs, as well as monitoring the outcome and impact of its programming. These include the Behavior Risk Factor Surveillance System, Youth Risk Behavior Survey, and the School Health Education Profile, as well as a wide range of specialized surveys conducted by the State of Alaska and the University of Alaska. Injury and violence related data is obtained from the Alaska Trauma Registry, hospital discharge data, poison control data, highway safety, and vital statistics to name a few. The majority of the State Health Objective indicators, as well as the Desired Impact Objectives, are based on Healthy Alaskan 2010 indicators intended to improve the competencies of Alaska's public health system.

The PHHS Block Grant is a partial source of funding the injury prevention efforts.

## State Program Setting:

Child care center, Community based organization, Community health center, Home, Local health department, Parks or playgrounds, Rape crisis center, Schools or school district, Senior residence or center, State health department, Tribal nation or area, University or college, Work site

## FTEs (Full Time Equivalents):

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

**Position Title:** Health Prom
State-Level: 40% Local: 10% Other: 0% Total: 50%

**Total Number of Positions Funded:** 1
**Total FTEs Funded:** 0.50

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

## State Health Objective(s):

Between 01/2000 and 09/2011, reduce deaths caused by unintentional injury to 31 per 100,000.

**Baseline:**
55.2 per 100,000, age adjusted

**Data Source:**
2007-2009, Alaska Vital Statistics

## State Health Problem:

**Health Burden:**
Alaska has one of the highest injury death rates in the U.S. Intrinsic hazards of environment and terrain impact the rate. Unintentional injuries are the third leading cause of all Alaskan deaths, while suicide ranks as the sixth highest cause of death. During 2004-2007, the Alaska Native unintentional injury death rate was

2.4 times greater than for U.S. whites and 2.0 times greater than for Alaska whites. More importantly, unintentional injuries are the leading cause of death for Alaskans aged 1 to 44 years, with suicide as the second leading cause for ages 15 to 44.

- Alaska's **work-related** deaths run two to five times higher than U.S. rates.
- From 2004-2008, 3,000 older Alaskans sustained non-fatal injuries from f**alls requiring hospitalization**: 43 older Alaskans died from fall related injuries.
- The five leading causes of hospitalized **traumatic brain injury** are highway motor vehicle crash injuries, falls, assaults, all- terrain vehicle and snow machine crash injuries. In bush Alaska, off-road vehicles are the primary mode of transportation, but with considerably less regulatory and safety protections in place. Alaskan youth are at particularly high risk for accidental brain injuries due to widespread use of off-road vehicles in the state, specifically all-terrain vehicles and snow machines. Alaska has no statewide helmet use laws for bicyclists, motorcyclists or off-road motor vehicle users.
- **Motor vehicle** related incidents continue to cause a disproportionate number of deaths; in 2008, more Alaskans died due to motor vehicle accidents than any other type of accidental death. That year, 26% of fatal motor vehicle crashes in Alaska involved drivers age 20 and younger, and 49% of injuries and fatalities of rural Alaska children 2 – 17 year-old, are motor-vehicle related. Driver inattention is cited in 28 % of all traffic-related crashes in Alaska. One cause of distraction, cell phone and texting, are not addressed in the "Alaska's Text Messaging Ban" law, AS 28.35.16. It specifically prohibits driving "a motor vehicle with a DVD, computer, or monitor playing," but does not address text messaging or any handheld device with phone, video, movie, internet, email, cyber meetings capabilities such as Skype.
- Alaska's **drowning rates** far exceed the national numbers. The USCG data system currently shows Alaska's fatality rate (per 100,000 registered boats) has been holding at 5 times the national average. Nationally, almost three-fourths of all fatal boating accident victims drowned, and of those, 84% were not reported as wearing a life jacket. The Alaska Bureau of Vital Statistics reported 454 drowning deaths between 2000-2009 in which 52 of those drowning were children 14 years of age or younger.

**Target Population:**
Number: 710,231
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: 710,231
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
Location: Entire state
Target and Disparate Data Sources: Alaska Department of Labor and Workforce Development, Research and Analysis, 2010 population estimates

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

Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
Model Practices Database (National Association of County and City Health Officials)

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

Total Current Year Funds Allocated to Health Objective: $30,000
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: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

## ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

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

## Essential Service 1 – Monitor health status

**Objective 1:**
**Injury Indicators**
Between 10/2010 and 09/2011, the Injury Prevention Program will establish **1** Violence and Injury Prevention data work group to compile and analyze existing data for incorporation into planning and evaluation efforts.

**Annual Activities:**
**1. Injury Indicators**
Between 10/2010 and 09/2011, the Injury Prevention Program will convene a violence and injury prevention data work group.

## Essential Service 3 – Inform and Educate

**Objective 1:**
**Healthy Behaviors**
Between 10/2010 and 09/2011, the Injury Prevention Program will increase the percent of Alaskan adults who practice healthy behaviors by wearing a seat belt from 92.3% to **95%. Baseline: BRFSS 2008**.

**Annual Activities:**
**1. Public Education**
Between 10/2010 and 09/2011, the Injury Prevention Program will participate in the Integrated Communication Work Group to develop campaigns to reduce the leading health risks associated with chronic disease and injuries.

**2. Professional Education**
Between 10/2010 and 09/2011,
1. Facilitate the upgrade and re-marketing of the Alaska Health Education Library Project to increase injury and violence prevention information on Alaskan-based initiatives.
2. Provide monthly updates to the ANTHC's Injury Prevention Directors on the State's injury prevention initiatives.
3. Provide regular updates to the Alaska Council on Emergency Medical Services.

## Essential Service 4 – Mobilize Partnerships

**Objective 1:**
**Partnering**
Between 10/2010 and 09/2011, the Injury Prevention Program will increase the number of partnerships for injury and violence prevention to ensure that all partners understand their responsibilities and hold each other accountable by developing an inter-agency council (Healthy Alaskans HO 26-13, modified from 5 to **7**.

**Annual Activities:**
**1. Statewide Partnerships**
Between 10/2010 and 09/2011, Between 10/2010 and 09/2011, the Injury Prevention Program will:
1. Participate in the Integrated Communication Work Group.
2. Participate in the Work site Health Promotion Collaborative.
3. Coordinate the PHHS Block Grant Advisory Committee.
4. Convene the Alaska Health Education Library Project Advisory Committee.
5. Co-facilitate the Pathways/RPE Statewide Steering Committee.
6. Develop a collaborative working relationship with the ANTHC Injury Prevention Program.
7. Co-convene the Violence and Injury Prevention Planning Group's strategic planning process.
8. Participate in the Child Passenger Safety Coalition.
9. Serve on the Alaska Marine Highway Safety Education Association.
10. Participate on the Prescription Drug Use Safety work group.

## Essential Service 5 – Develop policies and plans

**Objective 1:**
**Planning**
Between 10/2010 and 09/2011, Injury Prevention will develop **3** statewide strategic planning processes that include assessment of the health of Alaskans, identification of priorities and development of plans for addressing priority health problems is implemented and maintained. (Healthy Alaskans 2010 HO 26-10).

**Annual Activities:**
**1. Planning**
Between 10/2010 and 09/2011, the Injury Prevention Program will:
1. Coordinate the development and implementation of the State of Alaska Injury Prevention strategic plan.
2. Facilitate the development of the PHHS Block Grant annual plan.
3. Co-convene the Violence and Injury Prevention Planning Group's strategic planning process.
4. Participate in the Child Passenger Safety Coalition strategic planning process.
5. Assist in the development of an integrated plan for the Section of Chronic Disease Prevention and Health Promotion.

## Essential Service 8 – Assure competent workforce

**Objective 1:**
**Workforce Development**
Between 10/2010 and 09/2011, the Injury Prevention Program will develop **1** process to assess and monitor the primary prevention capacity of the public health workforce in Alaska an develop and implement a plan to meet the identified gaps. (Healthy Alaskans 26-8, modified).

**Annual Activities:**

**1. Training**

Between 10/2010 and 09/2011, the Injury Prevention Program will convene an infrastructure and training work group to assess primary prevention knowledge levels and develop a multi-year training program.

## Essential Service 9 – Evaluate health programs

**Objective 1:**

**Outcome-based Program Evaluation**

Between 10/2010 and 09/2011, the Injury Prevention Program will evaluate **the** Injury Prevention Program from both a process and an outcome perspective.

**Annual Activities:**

**1. Intimate Partner/Sexual Violence Evaluation**

Between 10/2010 and 09/2011, the Injury Prevention Program will:

1. Collaborate with the Pathways/RPE committee to develop and implement a comprehensive evaluation plan for intimate partner and sexual violence efforts.
2. Convene a primary prevention assessment work group to develop and administer a baseline assessment tool.

**2. Unintentional Injury Evaluation**

Between 10/2010 and 09/2011, Injury Prevention will establish and implement a unintentional injury prevention evaluation plan.

**State Program Title:** **School Health**

**State Program Strategy:**

**Goal:** The School Health Program promotes healthy and safe behaviors among students by supporting Coordinated School Health Programs and providing a scientific basis for school health program planning and evaluation.

The health priorities for the School Health program are:

1. **Monitor Health Status:** The School Health Program is responsible for administering the biyearly CDC Youth Risk Behavior Survey in the state of Alaska. The YRBS survey provides valuable information about Alaskan youth that is gathered no other way in the state. This information is used by multiple agencies and entities for tracking adolescent health issues, targeting prevention programs, applying for funding opportunities, creating community coalitions, and various other purposes. The School Health Program has expanded the distribution and participation of the YRBS survey far beyond the number of CDC federally required participants, mailing out almost 20,000 surveys in 2011 with an estimated return of approximately 10,000 surveys. The increased volume of completed surveys provides more comprehensive and higher quality data analysis on a state level.

2. **Mobilize Partnerships:** The School Health Program collaborates with multiple state, federal, and local agencies who are involved in the different components of Coordinated School Health. These include the Dept. of Education and Early Development, the Dept. of Transportation, the Environmental Protection Agency, the United Way of Anchorage and Mat-Su, the Alaska Native Tribal Health Consortium, the Alaska Association of School Boards, the Alaska Mental Health Trust, all 54 school districts and school district professionals, the Alaska School Nurses Association, the statewide PTA Association, and the American School Health Association. The School Health Program Manager participates in multiple workgroups and coalitions involving these agencies, as well as communicating one-on-one with key partners.

3. **Develop Policies and Plans:** The School Health Program has been instrumental in creating and updating the Alaska School Health and Safety Framework, based on the eight interactive components of the CDC models of Coordinated School Health. The Alaska School Health and Safety Framework describes each component, the goal of the component, the essential steps to reach the goal, and benchmarks of success. It is the first such document to be created in the state and is pivotal in moving the state toward a more coordinated approach to School Health. The Framework is in the final revision process with plans to print and distribute in 2011/2012.
The School Health Program coordinator continually revises and updates the YRBS policies and procedures to streamline the YRBS survey process and increase the number of returned surveys. Alaska requires active parental consent for a student to participate in the YRBS. This makes obtaining completed surveys a challenging process which requires efficient and effective policies and procedures.

4. **Assure Competent Workforce:** The School Health Program is the primary organizer for the annual School Health and Wellness Institute (SHWI), working collaboratively with the Dept. of Education and Early Development. The 6th Annual SHWI will be in October 2011, and typically draws 100-120 attendees interested learning more about School Health. This includes teachers, school nutrition services, school nurses, school administrators, school counselors, public health nurses, youth advocacy coalition members, and various other disciplines. The SHWI has a generous scholarship program which allows attendees from all throughout Alaska to attend. For many of these individuals, it is their only opportunity to network with other school health professionals and increase their knowledge base about coordinated school health. The SHWI features national speakers on various topics, and provides a preconference day of workshops for

specialized trainings. Attendees are then able to return to their schools/districts, share their knowledge and assist in implementing different components of school health programs.

**Primary Strategic Partnerships:** The School Health program functions primarily through collaboration, partnerships, workgroups and community coalitions on local, statewide and national levels. These include the Dept. of Education and Early Development, the Dept. of Transportation, the Environmental Protection Agency, the United Way of Anchorage and Mat-Su, the Alaska Native Tribal Health Consortium, the Alaska Association of School Boards, the Alaska Mental Health Trust, all 54 school districts and school district professionals, the Alaska School Nurses Association, the statewide PTA Association, and the American School Health Association.

**Evaluation methodology:** The School Health Program relies on the biyearly Youth Risk Behavior Survey results to evaluate the effectiveness of prevention measures and interventions in the state targeted to reduce youth risk behaviors. The Alaska School Health Profiles are a yearly tool provided by the CDC that evaluates school health curriculum. The Alaska School Health and Wellness Institute is evaluated by attendees each year and the feedback is incorporated into the next year's planning.

## State Program Setting:

Schools or school district, State health department

## FTEs (Full Time Equivalents):

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

**Position Title:** School Health/YRBS Coordinator
State-Level: 100% Local: 0% Other: 0% Total: 100%

**Total Number of Positions Funded:** 1
**Total FTEs Funded:** 1.00

## National Health Objective: HO 7-2 School health education

## State Health Objective(s):

Between 10/2010 and 09/2011, Healthy Alaskans 2010 Objective 6.2: Increase the proportion of middle, junior high, and senior high schools that provide comprehensive school health education to prevent health problems in the following areas as age appropriate: unintentional injury; violence; suicide; tobacco use and addiction; alcohol and other drug use; unintended pregnancy, HIV/AIDS, and STD infection; unhealthy dietary patterns; inadequate physical activity; and environmental health.

**Baseline:**

Injury prevention and safety 76%
Violence Prevention 82%
Suicide 65%
Tobacco use and addiction 87%
Alcohol and other drugs 89%
Pregnancy Prevention 64%
STD Prevention 69%
HIV Prevention 68%
Nutrition 88%

Physical Activity 94%
Environmental health N/A

**Data Source:**
CDC 2010 Alaska School Health Profile Data

## State Health Problem:

**Health Burden:**
**Health Burden:** Among Alaskan youth ages 14-19, 75% of deaths are from injuries (intentional and unintentional). From 2006-2008, the leading causes of death were suicide (29%); motor vehicle crashes (26%), other unintentional injuries (13%), homicide (7%) and all other causes (25%). (Alaska Bureau of Vital Statistics)

Many Alaskan high school students are at risk for being hurt, fatally injured or developing diseases by engaging in unhealthy behavior. Among Alaska high school students, 21% rode with a driver (in the past month) who been drinking alcohol; 20% carried a weapon (in the past month); 28% were in a physical fight (in the past month) and 9% attempted suicide during the past year. Among Alaska high school students, 33% drank alcohol in the past month; 22% engaged in binge drink in the past month); 23% used marijuana in the past month; 10% had ever used inhalants; and 21% had ever used prescription drugs without a prescription. (Alaska YRBS, 2009)

Alaska high school students were also at risk for sexually transmitted diseases and unintended pregnancy: 44% had ever had intercourse, 11% had 4 or more partners, 30% had sexual intercourse in the past three months and 39% of those did not use a condom during the last intercourse.(Alaska YRBS, 2009)

Regarding risks for developing chronic disease, 25% used some kind of tobacco product; 16% smoked cigarettes in the past month, 14% used smokeless tobacco in the past month. 26% were either overweight or obese, 83% ate less than 5 fruits or veggies a day (during past 7 days58% did not attend physical education class daily. (Alaska YRBS, 2009).

**Other disparate populations:**

29,456 Alaska Native/American Indian students

4,882 Black students

51,386 students on federal free and reduced school lunch program

1,439 high school students grades 9-12 from 15 selected high schools in Alaska

**Target Population:**
Number: 129,187
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

**Disparate Population:**
Number: 87,163
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Other
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Alaska Department of Education & Early Development, duplicated count

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

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: CDC Coordinated School Health Program Model
CDC School Health Index Policies and Programs
CDC Health Education Curriculum Analysis Tool
CDC Physical Education Curriculum Analysis Tool
CDC Guidelines for School Health Programs
CDC Handbook for Conducting Youth Risk Behavior Surveys

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

Total Current Year Funds Allocated to Health Objective: $105,100
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:
50-74% - Significant 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:**
**YRBS 2011**
Between 10/2010 and 09/2011, the School Health/YRBS coordinator will conduct **1** 2011 YRBS statewide survey of middle and senior high school students to provide YRBS data users throughout the State of Alaska access to current reliable youth risk behavior data.

**Annual Activities:**
**1. School Communication**

Between 10/2010 and 06/2011, The School Health/YRBS Coordinator will communicate continuously with the 43 CDC selected schools and 90 other selected schools (including alternative high schools and youth correctional facilities) in the state to inform them of the YRBS process and monitor their progress in administering the YRBS surveys.

**2. 2011 YRBS Instruments**
Between 10/2010 and 01/2011, The School Health/YRBS coordinator will create 3 different YRBS surveys to be used in traditional high schools, alternative high schools and youth correctional facilities.

**3. 2011 YRBS Distribution and Collection**
Between 10/2010 and 06/2011, The School Health/YRBS Coordinator and YRBS Data Analyst will distribute over 18,000 surveys to Alaskan schools, and collect, process and analyze the data of over 9500 completed returned surveys.

**4. Funding**
Between 10/2010 and 03/2011, The School Health/YRBS coordinator will seek additional funding for the YRBS project from the Dept. of Education and Early Development, the Alaska Native Tribal Health Consortium, and the United Way of Anchorage and the Mat-Su Valley.

**5. Policies and Procedures**
Between 10/2010 and 09/2011, The School Health/YRBS coordinator and YRBS Data Analyst will review and revise the YRBS form, procedures and policies

**Objective 2:**
**2007-2009 YRBS Reports**
Between 10/2010 and 09/2011, The School Health/YRBS coordinator will publish **1500** 2007-2009 YRBS Highlights brochure and larger complete 2007-2009 YTBS technical reports to provide YRBS data users throughout the State of Alaska access to current reliable youth risk behavior data.

**Annual Activities:**
**1. Develop, publish and distribute 2007-2009 YRBS reports**
Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will publish **1000** 2007-2009 YRBS Highlights brochures and distribute to all schools, school districts, school administrators, YRBS partners and supporters, and multiple agencies at the local, regional and state levels for planning and evaluation purposes.

**2. Develop, publish and distribute 2007-2009 YRBS Techinical Reports**
Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will publish **500** 2007-2009 YRBS technical reports for distribution to school districts, YRBS partners and supporters, and multiple agencies at the local, regional and state levels for planning and evaluation purposes.

**3. Broad Distribution of 2007-2009 YRBS Reports**
Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will release both the YRBS 2007-2009 Highlights brochure and technical report and will be broadcast through multiple state list serves, a press release and hard copy mailings.

## Essential Service 4 – Mobilize Partnerships

**Objective 1:**
**Improve coordination and collaboration of school health information and services**
Between 10/2010 and 09/2011, the School Health/YRBS Coordinator will maintain **3** collaborative projects with the Department of Education & Early Development and develop multiple other partnerships for the

purpose of improving the health of students.

**Annual Activities:**

**1. Collaborate with DEED**

Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will maintain 3 collaborative projects with the Dept. of Education and Early Development: the School Health and Wellness Institute, the School Health Collaborative Steering Committee, and the YRBS.

**2. Meetings with DEED**

Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will meet with DEED staff a minimum of twice monthly on joint projects.

**3. Establish New Partnerships**

Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will initiate collaboration with the Alaska Native Tribal Health Consortium, the United Way of Anchorage and Mat-Su, the state Tobacco Prevention program, the state Division of Behavioral Health, the state Obesity program, the state Dept. of Transportation, the Anchorage Youth Development Coalition and the statewide PTA association.

**4. Meetings with Partner Agencies**

Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will coordinate a two hour videoconference with all partners in the School Health Collaborative a minimum of 3 times. The School Health/YRBS Coordinator will also meet with individual partners on a regular basis.

## Essential Service 5 – Develop policies and plans

**Objective 1:**

**Alaska School Health and Safety Framework**

Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will publish **500** copies of the Alaska School Health and Safety Framework, based on the 8 interactive components of Coordinated School Health recommended by the CDC.

**Annual Activities:**

**1. Develop the Alaska School Health and Safety Framework**

Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will work with the Dept. of Education and Early Development and multiple other state and local agencies to develop the Alaska School Health and Safety Framework, a 30+ page color booklet.

**2. Review with contractor**

Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will work with a contractor on booklet design, layout and review of information.

**3. Publish the Framework Document**

Between 10/2010 and 09/2011, The School Health/YRBS Coordinator and DEED staff will publish 500 copies of the Alaska School Health and Safety Framework.

## Essential Service 8 – Assure competent workforce

**Objective 1:**

**Professional Development for School Staff on CSHP**

Between 10/2010 and 09/2011, The School Health/YRBS Coordinator will implement **2** Alaska School Health and Wellness Institutes to increase opportunities for school health professionals to develop their knowledge and skill base in the multiple components of Coordinated School Health Programs.

**Annual Activities:**

**1. Facilitate 5th Annual SHWI Training Institute**

Between 10/2010 and 11/2010, The School Health/YRBS Coordinator will facilitate the 5th Annual SHWI occurring in October 2010 with over 100 attendees, preconference sessions, multiple tracks and notable keynote speakers.

**2. Present on the School Health Index**

Between 10/2010 and 11/2010, The School Health/YRBS Coordinator will present a preconference session at the 5th Annual SHWI on how to use the School Health Index to evaluate a school's health program.

**3. Coordinate and Plan the 6th Annual SHWI**

Between 12/2010 and 09/2011, The School Health/YRBS Coordinator will plan the 6th Annual SHWI occurring in October 2011, and will conduct 15 planning committee meetings.

**4. Work with conference contractor**

Between 12/2010 and 09/2011, The School Health/YRBS Coordinator will work with the conference contractor on design of the website, the conference booklet, the registration and scholarship process and other conference logistics.

**5. Finalize plans**

Between 04/2011 and 09/2011, The School Health/YRBS Coordinator will work with the planning committee to finalize speakers, break-out sessions and a final agenda.

**6. Continuing Education Credits**

Between 04/2011 and 09/2011, The School Health/YRBS Coordinator will work with University of Alaska Anchorage and Public Health Nursing for CEU and CNE credits for the conference.

**State Program Title:** **Sex offense - Sexual Assault Prevention**

**State Program Strategy:**
NHO: HO 15-35 Rape or attempted rape. By the year 2010, reduce the rate of sexual assault by 10%. (Baselines: UCR report for 2000 reflected a reported forcible sexual assault rate in Alaska of 79.3 per 100,000 inhabitants.)

**State Program Setting:**
Community based organization, Rape crisis center

**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 09/2000 and 09/2011, By the year 2010, reduce the rate of sexual assault by 10%.

**Baseline:**
Reported forcible rape rate in year 2000 of 79.3 per 100,000 inhabitants in Alaska.

**Data Source:**
Uniform Crime Report

**State Health Problem:**

**Health Burden:**
In 2006, 24% of women disclosed a lifetime history of unwanted sexual activities (Alaska BRFSS 2006). UCR report for 2007 reflected a reported forcible sexual assault rate of 77.4 per 100 inhabitants in Alaska in comparison to United States average of 30.0 per 100,000 inhabitants.

**Target Population:**
Number: 5,400
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 12 - 19 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: No

**Disparate Population:**
Number: 5,400
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 12 - 19 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: Census 2000

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

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**
Total Current Year Funds Allocated to Health Objective: $13,817
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $13,817
Funds to Local Entities: $13,817
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 3 – Inform and Educate

**Objective 1:**
**Sexual Assault Prevention**
Between 10/2010 and 09/2011, Aiding Women in Abuse and Rape Emergencies will provide sexual assault risk factor classes to **200** Juneau high school students.

**Annual Activities:**
**1. High school outreach**
Between 10/2010 and 09/2011, AWARE will schedule and conduct sexual assault risk factor classes at Juneau Douglas and Thunder Mountain High Schools

**Objective 2:**
**Teen Awareness**
Between 10/2010 and 09/2011, Aiding Women in Abuse and Rape Emergencies, Education Specialist will increase the percent of high school student sexual assault risk factors on the pre-test to post-test from pre-test rate to **50% increase in the post-test**.

**Annual Activities:**
**1. Increasing knowledge of protective factors**
Between 10/2010 and 09/2011, Increase knowledge of protective factors in teen dating relationships.