

FY21 PHHSBG Program Highlights

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Program - Engaging Community Health Workers in Diabetes Self-Management

Program Contact(s) - Joyce Lopez

Funded Amount - \$21,597

HP2030 Objective - D-06 Increase the proportion of people with diabetes who get formal diabetes education

High level problem to be addressed - The program strategy for this project will consist of engaging and training community health workers to provide community-based diabetes self-management education (DSME) sessions aimed to improve diabetes care and self-management behaviors among participants.

Program SMART Objective – Maintain CHW Advisory Group - Between 07/2021 and 06/2022, Center for Chronic Disease Prevention and Health Promotion will maintain 1 Community Health worker Advisory Group or network with no less than 10 members

*Also being done beyond original objective - Between 08/2019 and 06/2022, increase the proportion of persons with diagnosed diabetes who have ever taken a class in managing diabetes from 54.9% (2) to 57.7%

High level updates on activities –

Conduct Needs Assessment – Conduct Post-COVID needs assessment to identify evidence of impact and value in current programs/organizations using/employing CHWs

Standards Development – Develop and finalize a CHW scope of practice policy and workforce standards

Curriculum Development – Support and implement standardized core competency curriculum development in the area of diabetes, risk factor reduction and other common co-occurring chronic conditions.

Statewide Certification – Explore and implement statewide certification (if appropriate)

Advance Payment Options – work with Medicaid, Medicare and related payers for advance payment options to cover diabetes education offered by a CHW to create sustainability.

- Funds have been used to purchase access to the Association of Diabetes Care and Education Specialists (ADCES) Diabetes Community Care Coordinator certification training for CHWs. Opportunity to complete the training will be shared with CHWs statewide.
- Currently there is a coalition in the initial stages and includes the College of Public Health and OSU/Tulsa.

What is the scope of the program? What are some of the challenges and benefits of the program? - The CHW movement is beginning to gain traction in Oklahoma. There have been pockets within the state but a lack of an organized structure has slowed progress of recognizing CHWs as a workforce in OK. Recent activities include a statewide Coalition bringing together CHWs and stakeholders. This group is looking at training/curriculum, certification, and sustainability.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? - COVID relief funds enabled OSDH to hire CHWs for COVID-related support. These CHWs will be housed in county health departments and provide a variety of screenings and linkages to community resources for clients. Post-COVID these CHWs will be able to provide self-management education to clients, especially those on Medicaid or limited incomes.

Program – Advancing Health Equity and Strengthening Minority Health 1 & 2

Program Contact(s) – Floritta Pope and Cathy Billings

Funded Amount - \$244,214.15 *Combined amount for 2 programs

HP2030 Objective – PHI-06 Increase the proportion of state public health agencies that use core competencies in continuing education; AHS-04 Reduce the proportion of people who can't get medical care when they need it

High level problem to be addressed - Work to achieve health equity and eliminate health disparities by addressing the social determinants of health. improving health and reducing health disparities

Program SMART Objective –

Public Health Workforce Cultural Competency - Between 07/2021 and 06/2022, OMHHE will provide training for culturally and linguistically appropriate policies and practices, to increase cultural competency and customer service to 50 agency workforce employees.

OMHHE Capacity Building Services - Between 07/2021 and 06/2022, OMHHE will implement 3 capacity building services through training and staff development on minority health and health equity to improve access to healthcare for minority or underserved populations.

OMHHE Communication and Language Assistance - Between 07/2021 and 06/2022, OMHHE will provide language assistance encounters or units of service to 2,000 individuals with Limited English Proficiency (LEP).

High level updates on activities –

On-site and Telephonic Interpretation – OMHHE will provide 1900 language assistance encounters or units of service via phone conference or in-person effort.

Written Document Translation – OMHHE will translate 100 documents from source language to requested targeted language within 30 days of request by client and/or program area.

National Board Certification for Medical Interpreters – OMHHE will support 2 Interpreter/Translators earning National Board Medical Interpreters Certification meeting all required pre-requisites, training and examinations.

Foreign Language Interpreter Continuing Education – OMMHE will provide continuing education for 40 current agency foreign language interpreters.

Public Health Champions – OMMHE will identify health equity and minority health individuals or organizations representing at least 5 minority or underserved groups to engage in collaborative efforts and seek consultation for training and staff development.

Convene and Build Alliances – OMMHE Planning Coordinator will convene a minimum of 4 stakeholder meetings, forums, discussion groups, or outreach efforts etc. to build capacity with county health departments for improved access to care within minority or underserved populations.

Referrals – OMMHE will provide resources and/or trainings to a minimum of 5 programs serving minority or underserved individuals to support improved access to care.

- OMMHE provided training to 33 contractors on the statewide vaccine portal to assist individuals who do not have access to technology, internet, etc as well as underserved and minority population with COVID-19 vaccine appointments.
- OMMHE facilitated training with the OSDH Immunization team to the Vaccine Equity Committee. This a multi-sector group is comprised of 47-50 individuals that represents rural Oklahoma, underserved, racial, and disability population. This training empowered those with mobile phones access to vaccine resources.
- OMMHE participated in 2 press conferences to educate and encourage minority populations to get COVID-19 vaccine as well as other vaccine
- OMMHE provided resources and/or trainings to programs serving minority or underserved individuals to support improved access to care
- Co-Hosted a Minority Women’s Health Forum
- Partnered Sickle Cell – Black Health Counts Forum
- Director of OMMHE convened and currently facilitates Statewide Vaccine Equity Committee
- Partnered and presented health equity information -Primary Care Association
- Partnered and panelist for Stronger Together Conference

What is the scope of the program? What are some of the challenges and benefits of the program? -

Office of Minority Health & Health Equity (OMHHE) is Advancing Health Equity and Strengthening Minority Health Program and includes various strategies to advance health equity, eliminate health disparities, increase cultural competency and strengthen Oklahoma’s health system infrastructure. OMMHE’s mission is to improve the health of racial and ethnic minority populations through the development of health policies and programs and implement strategies that will help eliminate health disparities.

Challenges: The block grant provided funding for 2 FTE Interpreter/Translators and a .50 Planning Coordinator. One FTE Interpreter and the Planning Coordinator was pulled into various roles and assignments as it relates to responding to the COVID19 Pandemic and has since transitioned to another role. Agency and departmental organizational changes and the COVID-19 Pandemic have created barriers for implementation of some activities. Recruitment for the position has been challenging. The position has been re-posted with hopes of hiring a new Planning Coordinator.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? - The PHHSBG funds were leveraged with the CDC-RFA-OT21-2103: *National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*, to build out the program staff, administrative and financial infrastructure.

Program – **Statewide Condom Distribution Program – Congenital Syphilis, Syphilis, and Gonorrhea**

Program Contact(s) – Atonbara Sowemimo, Sally Bouse, and Terrainia Harris

Funded Amount - \$52,492 *Combined amount for 3 programs

HP2030 Objective – STI-04 Reduce congenital syphilis; STI-02 Reduce Gonorrhea rates in male adolescents and young men; STI-03 Reduce the syphilis rates in females

High level problem to be addressed - In 2019, Oklahoma had the 16th highest rate for chlamydia and the 6th highest rate of gonorrhea in the nation. Oklahoma saw a 6.2% rate increase in gonorrhea while experiencing a 10.4% rate decrease for chlamydia from 2019 to 2020.

In **2019**, Oklahoma had the 5th highest rate of primary and secondary syphilis. In 2020, there were 941 cases of syphilis which was a 18.3% increase in the number of cases from 2019.

For 2018, Oklahoma saw on one of the greatest absolute increases in the rate of primary and secondary syphilis among females over the previous 5 years. Oklahoma was higher than the national, average, higher than the Southern regional average, and higher than our neighboring states.

For 2020, the rate of primary syphilis among females in Oklahoma has increased:

- **37.6% from 2019**
- **132.4% from 2018**
- **394.7% from 2017**

In 2020, there was a total of 53 congenital syphilis cases in Oklahoma.

The data projects above are the reason why the condom distribution program is important. Condoms work in the prevention of transmission of STIs and HIV in the community. Barrier protection methods such as condoms, especially external latex condoms when used correctly and consistently have a 98% chance of preventing the transmission of STIs.

Program SMART Objective –

Maintain Condom Distribution Program - Between 07/2021 and 06/2022, SHHS staff will maintain 1 condom distribution program with at least 25 businesses and community organizations across Oklahoma in areas burdened by STDs willing to become a condom distribution site.

High level updates on activities –

Program Outreach and Promotion – Advertise the condom distribution program via social media, word of mouth, and at public events where Sexual Health and Harm Reduction staff attend.

Monitor Condom Orders – Monitor orders placed via ordering email account condoms@health.ok.gov each work day and complete orders within 2 weeks of order.

Track Condoms Distributed – Update condom distribution Excel spreadsheet for each order.

- The utilization of the www.endinghivoklahoma.org website to promote condom orders and the expansion of condom distribution to include individual condom orders have been very helpful for the condom distribution program. Through this online platform, individuals are able to go online and order condoms. The condom distribution program receives these requests through the condoms@health.ok.gov email and are able to process these orders quickly. The orders are usually processed not more than 5 days after they are requested, usually within 48 hours. 20 condoms and 10 lubricants are then very discretely mailed to the requester's address in brown padded envelopes. The envelopes not only contain condoms and lubricant, but also educational materials, materials on HIV/STI testing sites, PrEP and PEP information.
- The same process now applies for organization orders. The online platform makes it very easy for organizations to be able to order condoms and lubricant as well as wall mount dispensers and table top dispensers for easy distribution and storage in their facilities.
- The program has also taken to advertising on social media utilizing the SHHRS Facebook platform as an avenue for such promotion to occur. These lead people to the online ordering platform for easy online condom and lubricant. From October 1, 2021 to February 1, 2022, the condom distribution program has distributed a total of 170,020 condoms and 54,194 lubricants. Of those condoms, 164,160 were to organizations and 5,860 were orders fulfilled to individuals. Of the total lubricant orders, 2,930 were to individuals and 51,264 to organizations. This is an over 50% increase in condom distribution from this same period in 2020 and an over 50% increase in the amount of lubricant distributed when compare with the same time frame in 2020.
- SHHRS has also recently launched a HIV self-testing program with which 5 condoms and 3 lubricants will be mailed with each HIV self-testing kit that is ordered. With this program launching in January of 2022, we are sure to see an even greater increment in the number of condoms and lubricant that are distributed across the state of Oklahoma. The continuation and implementation of these efforts are available through the continued support of the Prevention Block Grant.
 - In 2022, all efforts will focus on the HIV home testing program, the online condom mail out program and building more community partnerships to help in the promotion of the condom's distribution program. The Block grant has been very helpful and important in the growth of this program. Right now, because of how many condoms are being distributed state-wide, the money received through the Block Grant is more important than ever to be able to keep up with condom orders received so we will not have to scale back on the program due to availability of funds.

What is the scope of the program? What are some of the challenges and benefits of the program?

The condom distribution program is a statewide prevention program. This means that the program serves the residents of Oklahoma regardless of their location. condom distribution program is a statewide prevention program. This means that the program serves the residents of Oklahoma regardless of their location.

With multiple barriers to accessing quality STI prevention and management services, the condom distribution program has had to be very innovative in expanding our reach especially to the marginalized and rural communities that may face more barriers to accessing condoms. For the Sexual Health and

Harm Reduction Services (SHHRS), that looked like thinking of outside of the box for ways of getting the attention of persons and their interest in barrier protection methods such as condoms and their interest in other prevention methods. One of the ways that SHHRS has been able to do this is through the Oklahoma HIV and Hepatitis Planning Council (OHHPC). Through the OHHPC, a website has been launched - www.endinghivoklahoma.org. This website makes it very easy for young people who are more technologically driven to order condoms online and, in the convenience of their homes, have condoms discretely mailed to them.

To understand the scope and reach of the program, we can look at numbers. After being launched, this condom mail out program has been attributed to the increase in the number of condom distributed by the condom distribution program. Whereas, between 07/01/2020 to 12/31/2020, the condom distribution program had distributed a total of about 53,000 condoms and 93,000 lubricants, the addition of the online ordering tool for both individuals and organizations/businesses has logged a total of 170,020 condoms and 54,144 lubricants between 10/1/21 and 2/1/22. This is more than double the amount distributed within the same time period in 2020. Granted, COVID-19 was a barrier in 2020 but these number when compared to 2019 data (93,100 condoms and 24,610 lubricants) are still more than double that amount distributed.

- SHHRS has also been able to launch the HIV self-testing program which is also an avenue for more condoms and lubricants to be distributed outside the normal condom distribution process as well as distribution that SHHRS collaborative community partners do and at numerous events across the state in colleges, universities, PRIDE events, etc.
- In 2022, all efforts will focus on the HIV home testing program, the online condom mail out program and building more community partnerships to help in the promotion of the condom's distribution program. The Block grant has been very helpful and important in the growth of this program. Right now, because of how many condoms are being distributed state-wide, the money received through the Block Grant is more important than ever to be able to keep up with condom orders received so we will not have to scale back on the program due to availability of funds.

There are no challenges identified. We were able to overcome the issues that the COVID-19 pandemic brought about due to the closures of business and moving of the Health Department to online services. We were able to launch online ordering of condoms and lubricants as stated above and that made the program succeed even more than previous years.

The benefits of this program are that it aims to prevent diseases and infections, particularly STIs (syphilis, chlamydia and gonorrhea) through the removal of barriers to accessing condoms. The program is able to make accessible condoms to Oklahomans through a variety of means. Condoms are mailed to individuals in the comfort of their homes and to businesses in all areas, including rural areas where persons can easily access them.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? - We do not currently have any barriers that are linked to or associated with COVID nor do we receive any COVID relief funds.

Program – Certified Healthy Communities Technical Assistance

Program Contact(s) – Karin Leimbach, Julie Dearing, Dana Northup, Fahad Kahn

Funded Amount - \$58,526

HP2030 Objective - TU-01 Reduce current tobacco use in adults

High level problem to be addressed - Chronic Disease and the associated risk factors are a problem in Oklahoma. The factors leading to tobacco use and obesity are numerous and complex making behavior change very difficult. Tobacco continues to be the leading preventable cause of death in Oklahoma, causing about 7,500 adults who die each year from their own smoking. Consequently, Oklahomans spend approximately \$3.72 billion per year on smoking related health care costs and lost productivity. In addition, Oklahoma's 2014 adult obesity rate at 33.0% puts Oklahoma at the 6th highest obesity rate in the country. About \$1.72 billion is spent in Oklahoma every year in obesity-related cost. Obesity is linked to many chronic diseases such as diabetes, hypertension, heart disease, stroke and many others which end up costing the state even more dollars on an already overburdened system. Public health approaches that affect large numbers of different populations in multiple settings such as communities, schools, worksites and healthcare facilities are needed.

Program SMART Objective – Identify and Assist Target Communities with Certified Healthy Technical Assistance - Between 07/2021 and 06/2022, Center for Chronic Disease Prevention and Health Promotion will identify 5 additional communities for in-depth consultation; utilizing customized data reports for all certified communities, the Consultant will identify communities that scored less than the excellence level during the 2020 season and have a need to grow in the areas of Physical Activity, Nutrition, Tobacco or Chronic Disease strategies. Once potential communities are identified, the Consultant will prioritize communities located within counties that do not have a local technical assistance infrastructure (i.e. health educator at county health department, TSET Healthy Living Program grantee).

High level updates on activities –

Identify Communities – Identify additional communities in need of in-depth consultation based on established eligibility factors (i.e. certification level, lack of local TA infrastructure, 2020 reported criteria).

Recruit Selected Communities – Coordinate with Regional Directors to recruit selected communities to provide direct technical assistance on identified gaps in their CHO Community applications.

Provide Technical Assistance – Create and implement consultation plans in collaboration with the identified communities on how to address identified gaps to grow in their CHO community applications.

Evaluate the outcomes on technical assistance provision to communities – Conduct evaluation of the technical assistance utilizing customer satisfaction surveys and the CHO Community application to assess changes in attitudes, practices and environments as a result of the technical assistance provided.

- Technical Assistance (TA) was provided to two previous communities identified in 2020 (Town of Vici and Town of Bray) and five new communities identified in 2021. The grant focus was on communities located in Counties that have no or low technical assistance support at the local

level. Considering that and looking at data to determine communities with poor health outcomes or have been identified as inequity areas, four communities, Town of Cromwell, Town of Garvin, Town of Carmen, and Town of Stringtown, were selected to provide more in-depth technical assistance. TA focused on increasing resources in Nutrition and Physical Activity, Community Resources, Education and Awareness, and a new section called Safe and Healthy Communities.

- In 2021, 3 of the 5 communities received technical assistance due to not meeting the requirement of a walkability assessment to receive Excellence. Through conversation and reviewing other applications, it was noted that rural and small communities were unsure of how to do a walkability assessment and why. The Center for Chronic Disease Prevention leveraged other grant resources to bring in national expert, Mark Fenton, to discuss how walkability assessments are useful to rural communities. Mark had previously worked with rural communities across the nation so he was able to bring real examples that were useful to the communities. Mark also provided an opportunity for 5 communities to do their own photo voice walkability assessment and share their experience and results with the participants. Mark trained these 5 communities on how to complete these walkability assessments. Mark along with a panel of state experts then provided feedback on resources for the communities to help increase walkability in their communities. The panel was made up of a representative from OK Department of Transportation, Southwest Oklahoma Regional Transportation Planning Organization/South Western Oklahoma Development Authority, OSU High Obesity Prevention grant, TSET grantee, and Enid Main Street. We had staff from 20 communities attend and 112 technical assistance provider staff from multiple agencies from across Oklahoma attend. A survey was taken after the webinar series and there was overwhelming positive feedback on how useful the series was and communities planning to complete their own walkability assessments.
- Another highlight is Town of Vici passed a tobacco free city property ordinance for the first time and City of Edmond updated their tobacco free city property ordinance that expanded the coverage of tobacco free. Both of these ordinances have impacted over 95,000 residents combined.
- The Certified Healthy Oklahoma Community 2021 application cycle closed on January 21, 2022 with 61 communities applying for certification. Applications are being scored and we expect to have certifications announced by the end of March 2022. From there, the program will identify five new communities to receive enhanced technical assistance for 2022.

What is the scope of the program? What are some of the challenges and benefits of the program? – The goal of this program is to grow communities in their certified healthy community application in strategies that address chronic disease prevention. The Center for Chronic Disease Prevention and Health Promotion will identify 5 additional communities for in-depth consultation; utilizing customized data reports for all certified communities, the Consultant will identify communities that scored less than the excellence level during the 2021 application cycle and have a need to grow in the areas of Physical Activity, Nutrition, Tobacco or Chronic Disease strategies. Once potential communities are identified, the Consultant will prioritize communities located within counties that do not have a local technical assistance infrastructure (i.e. health educator at county health department, TSET Healthy Living Program grantee). The project will involve process and outcome evaluation methods. Customer satisfaction surveys and consultation plans will constitute the process measures. Outcome measures will include but

are not limited to the number of implemented Certified Healthy criteria pre- to post-consultation and annual certification levels.

Some challenges of the program are communities have continued to be overwhelmed by Covid which limits their time to meet to discuss how to increase certification and reapply. Another challenge, is many rural towns, have one staff or a volunteer that works for the community. Due to small staff size, again it can be hard to find time to meet and then to implement the changes needed to increase certification.

The program has seen benefits in many of the communities that participate, such as, seeing an increase in certification and resources available to their communities. Resources include connecting them to agencies that offer a variety of health services like local county health departments, state and national grant opportunities and increased knowledge of public health. Additionally, they were provided customized technical assistance on how to implement evidence-based strategies in their rural environments.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? - Many communities still feel time is limited with the need to focus on Covid related issues. I have not seen any intersection of Covid relief monies intersecting with PHHSBG funds. Technical assistance has focused on the impact of Covid on the health of the community and the need to provide resources and service for community residents to increase their health and making health the easy choice.

Program – Comprehensive Quality Improvement Initiative

Program Contact(s) – Taylor Holland

Funded Amount - \$118,000 *FY21 Work Plan indicates \$104,000

HP2030 Objective - PHI-R07 Explore quality improvement as a way to increase efficiency and effectiveness in health departments

High level problem to be addressed - Continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community need to be consistently addressed

Program SMART Objective –

Quality Improvement Projects - Between 07/2021 and 06/2022, The Quality Improvement (QI) Coordinator will conduct 4 improvement projects within the Oklahoma State Health Department of Health.

Workflow Process Documents within OSDH Divisions - Between 07/2021 and 06/2022, The QI coordinator will work with 5 divisions to ensure that each program area has a document that defines their respective workflow process.

High level updates on activities –

Identify and Prioritize Improvement Opportunities – The QI Coordinator will work with upper-level management and leadership to identify 4 improvement projects.

Evaluate Current Program Process – The QI Coordinator will evaluate the current process with the help of program area staff and establish using internal data to verify the root cause.

Action Planning – The QI Coordinator will work with upper-level management, leadership, and subject matter experts to incorporate collected data and recommendations for process improvement into an action plan.

Implement Plan – The QI Coordinator will work with program staff to collect data on the process changes and study the results

- Project manager for transformation of agency-28 Strategic initiatives and 13 organizational initiatives.
- Final iteration of Rapid testing and reporting portal was rolled out to all counties 2/8/22.
- Created customer feedback forms and trained public health lab staff on use 2/7/22.

What is the scope of the program? What are some of the challenges and benefits of the program? - It is beneficial to the agency to have someone who can lead continuous improvements efforts in all program areas. It can be a challenge to meet the continuous improvement needs with a smaller staff, because there are a lot of opportunities for improvement.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? - Currently serving as a liaison for a Covid-19 community testing partner.

Program – Older Adult Fall Prevention and Healthy Aging

Program Contact(s) – Madelyn Maxwell, Avy Redus, Tracy Wendling

Funded Amount - \$121,985

HP2030 Objective - IVP-08, Reduce fall-related deaths among older adults;

**Added by Program Leads, not included in FY21 Work Plan - OA-03, Reduce the rate of emergency department visits due to falls among older adults; OA-01, Increase the proportion of older adults with physical or cognitive health problems who get physical activity; DIA-03, Increase the proportion of adults with subjective decline who have discussed their symptoms with a provider*

High level problem to be addressed - Falls are the leading cause of injury death among adults 65 years and older in Oklahoma. Unintentional fall has recently become the leading cause of injury death for all

ages in Oklahoma. Over 7,000 Oklahomans 65 years and older are hospitalized due to a fall-related injury every year. Falls are a major threat to the health and independence of aging Oklahomans and generate enormous economic and personal costs. Common factors, such as balance and gait, lower body weakness, vision, medications, environment, and chronic conditions, can lead to increased risk for a fall. These factors are often influenced by social determinants of health, which interfere with the well-being, functional independence, and quality of life of older adults. As a result, there is a need to establish a holistic framework to aging, not only to reduce the risk of a fall among older adults, but also improve quality of life and give older adults the ability to age in the community environment of their choice.

Program SMART Objective –

Implement Strategies to Reduce the Number of Falls leading to Injury and Death – Between 07/2021 and 06/2022, the IPS will implement 4 strategies to reduce the number of falls leading to injury and death, promote healthy aging, and improve older adults’ health outcomes by strategically engaging state community stakeholders.

High level updates on activities –

Healthy Aging Cross-Sector Engagement – IPS will engage state and community stakeholders across sectors of healthy aging, including mental, physical, and cognitive health.

Healthy Aging and Falls Prevention Education and Awareness – IPS will conduct outreach efforts to provide fall-related educational and programmatic information and disseminate home safety supplies (e.g., grab bars, double-sided tape, and light bulbs) to Oklahomans 65 years of age and older, caregivers, and other stakeholders.

Community-Based Programming – IPS will identify opportunities to expand access to evidence-based fall prevention programming in counties with high fall-related death and hospitalization rates. The Project Coordinator will become trained in Matter of Balance and engage community partners to coordinate and host trainings.

Falls Coalition and Collaborations – IPS will mobilize partnership to facilitate meetings and activities of the Older Adult Falls Prevention Coalition.

- The Injury Prevention Service maintained the Older Adult Falls Prevention Coalition. During meetings, members discussed barriers related to COVID-19, new fall-related morbidity and mortality data, evidence-based programming, and educational materials; worked collaboratively to develop and disseminate educational material, including a home safety checklist to help keep older adults safe and identify and eliminate falls hazards in their home; and developed a roadmap to strategically reduce older adult falls.
- Due to the increased number of older adults aging in place (growing older at home) due to COVID-19, the Injury Prevention Service purchased home safety supplies (double-sided rug tape, grab bars, and light bulbs) to distribute through organizations that provide direct services to older adults in their home. Organizations must sign a memorandum of agreement (MOA) with the OSDH before receiving supplies. The MOA includes the requirement of filing out and submitting the OSDH Home Safety Supplies Usage Form, which tracks distribution, including demographics, type of supplies needed, and educational materials provided.

- The Injury Prevention Service developed the Healthy Aging in Oklahoma Newsletter to increase capacity for resource sharing across state and local community organizations/agencies to reduce morbidity and mortality among older adults in Oklahoma. The newsletter is distributed monthly to over 250 partners.
- Every year, the Injury Prevention Service participates in fall prevention activities in recognition of National Falls Prevention Awareness Week. Activities include providing Tai Chi: Moving for Better Balance demonstrations and fall prevention education during Senior Day at the Oklahoma State Fair, disseminating educational material to a variety of organizations that work with older adults, helping facilitate virtual events, and submitting a Governor's proclamation.
- In July 2021, the project coordinator was certified as a Master Trainer in Matter of Balance, an evidence-based program designed to reduce the fear of falling and increase activity levels among older adults.
- The project coordinator participated in the Oklahoma Healthy Brain Initiative, which aims to increase understanding of the brain and support populations with a high burden of Alzheimer's disease and related dementias, and co-chaired the sub-workgroup, Public Education Workgroup, which met bi-monthly.

What is the scope of the program? What are some of the challenges and benefits of the program? -

After several years of a stable mortality rate, Oklahoma's fall-related mortality rates began to steadily increase from 2009 to 2019, surpassing national fall-related mortality rates. In 2019, the United States had a mortality rate of 63.3 per 100,000, while Oklahoma had a mortality rate of 99 per 100,000. The risk of fall-related injury death increases with age. From 2015 to 2019, Oklahomans 85 and older had a significantly higher fall-related death rate at 393.3 per 100,000 compared to adults 65 to 69 at 17.4 per 100,000. During the same time period, males and females had similar rates (16.9 for males, 17.0 for females). In Oklahoma, there were 131 fall-related deaths in 2000 compared to 629 in 2019.

The biggest challenge has been the impact COVID-19 had on the ability to reach older adults who were aging in place, engage providers, and identify new and strengthen existing partnerships. The Injury Prevention Service remained committed to reducing barriers and took initiative in creating new opportunities. Benefits of this program include expanded utilization of fall-related mortality and morbidity data, collaboration between internal and external partners, continued education on healthy aging and falls prevention topics, and increased evidence-based falls prevention programming statewide.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? - Due to COVID-19, there was a reduction in in-person services (e.g., meetings, trainings, presentations, senior activities, etc.). While there were significant barriers due to COVID-19, the Injury Prevention Service continued to explore opportunities for partnership and work with current partners to identify innovative practices for delivering education and trainings on healthy aging and falls prevention in an efficient and safe way. As the climate of COVID-19 evolves, the Injury Prevention Service remains committed to assessing the effects of COVID-19 and identifying strategies to mitigate negative impacts to reduce fall-related morbidity and mortality among older adults.

No, COVID relief funding is not intersecting with this program.

Program – Sexual Violence Prevention

Program Contact(s) - Brandi Woods-Littlejohn, Tracy Wendling

Funded Amount - \$91,800

HP2030 Objective - IVP-DO5 Reduce contact sexual violence by anyone across the lifespan; IVP-17 Reduce adolescent sexual violence by anyone; IVP-18 Reduce sexual or physical adolescent dating violence

High level problem to be addressed - Sexual violence perpetration

Program SMART Objective –

Community Based Sexual Assault Prevention program - Between 07/2021 and 06/2022, Injury Prevention Service Rape Prevention and Education staff will maintain 2 contracts for community-based sexual assault prevention programs.

Sexual Violence Surveillance - Between 07/2021 and 06/2022, the Injury Prevention Service will publish 2 state-added questions to the Oklahoma BRFSS to inform surveillance of sexual violence.

High level updates on activities –

Partnership with the Center for Health Statistics – IPS will partner with the Center for health Statistics to identify and pay for two questions related to sexual violence victimization for inclusion in the Oklahoma BRFSS.

Rape Prevention Education – IPS will contract with Community Crisis Center and LeFlore County Crisis Services for the purpose of securing 2 full-time community-based Prevention Educators to provide targeted rape prevention education in schools, colleges and universities, and the community.

Sexual Assault Prevention Program – the contracted Prevention Educators will operate a community-based sexual assault prevention program to implement primary prevention strategies tailored to be community’s needs at the individual, relationship, community, and societal levels of the socioecological spectrum.

- Community Crisis Center in Miami, OK, and LeFlore County Crisis Services in Poteau, OK, have both been awarded contracts for one full-time prevention specialist. Sexual violence surveillance questions were included in the 2021 BRFSS.

What is the scope of the program? What are some of the challenges and benefits of the program? - This program supports two contracts with community-based domestic violence and sexual assault service providers for a full-time prevention specialist. The role of the prevention specialists is to implement prevention strategies across the social-ecological spectrum in their respective communities to support norms change and the primary prevention of sexual assault. The surveillance questions supported by the funding allow the Injury Prevention Service to keep a pulse on sexual violence victimization across the state of Oklahoma.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? - No barriers due to COVID. No intersecting funds.

Program – Unintentional Poisoning and Prescription Drug Overdose Prevention

Program Contact(s) - Melissa Monroe, Avy Redus, Tracy Wendling

Funded Amount - \$86,205

HP2030 Objective – A-01 Reduce the proportion of adults with arthritis who have moderate or severe joint pain

**Provided by Program leads but not currently in FY21 Work Plan - IVP-20, Reduce overdose deaths involving opioids; IVP-21, Reduce overdose deaths involving natural and semisynthetic opioids; IVP-22, Reduce overdose deaths involving synthetic opioids other than methadone; IVP-23, Reduce overdose deaths involving heroin*

High level problem to be addressed - From 2019 to 2020, the number of unintentional drug overdose deaths increased 29% in Oklahoma. The number of methamphetamine overdose deaths increased 38% from 2019 to 2020 and the number of fentanyl overdose deaths increased 170%.

Program SMART Objective –

Engage with Oklahoma Stakeholders to Implement Drug Related Overdose Prevention Strategies – Between 07/2021 and 06/2022, IPS will conduct 5 drug-related overdose, prevention strategies across multiple sectors to reduce drug-related morbidity and mortality through engagement with stake and community stakeholders.

High level updates on activities –

Drug Overdose Education and Awareness – The Project Coordinator will increase public awareness of the burden and prevention of DO and provide technical assistance to community stakeholders.

Naloxone Training and Distribution Program – The Project Coordinator will maintain one naloxone training and distribution program for EMS personnel and volunteer fire departments.

Opioid Prescribing Guidelines – IPS staff will disseminate and increase uptake of Oklahoma’s opioid prescribing guidelines and supplemental clinical/educational materials.

Drug Overdose Cross-Sector Partner Engagement – The Project Coordinator will strategically coordinate DO-related prevention efforts across multiple sectors to strengthen the use of evidence-based injury prevention strategies statewide.

Marijuana Communications Campaign – IPS staff will collaborate with partnering organizations on the development of educational materials and public messaging involving health and safety considerations related to marijuana.

- Despite the challenges of COVID-19 and the unfilled project coordinator position until June 2021, the Injury Prevention Service has engaged internal and external partners to build awareness on drug overdose prevention and develop presentations on general overdose prevention, harm reduction, and marijuana; provided training and technical assistance to OSDH Disease Intervention Specialists on overdose prevention and harm reduction strategies; developed and disseminated educational material on Oklahoma’s Good Samaritan law related to overdose to state and local partners, including law enforcement; maintained the naloxone distribution program for emergency medical personnel; and disseminated Oklahoma’s opioid prescribing guidelines related to pregnancy to prescribers statewide.

What is the scope of the program? What are some of the challenges and benefits of the program? –

From 2007 to 2016, prescription opioids were the most common type of drug involved in unintentional drug overdose deaths in Oklahoma. Methamphetamine is now the most common substance involved in unintentional drug overdose deaths (involved in nearly two-thirds of drug overdose deaths in 2020). From 2019 to 2020, the number of fentanyl overdose deaths more than doubled (from 47 deaths in 2019 to 127 in 2020). Rates of drug overdose are higher in rural areas of the state.

Challenges include filling the project coordinator position and navigating the impacts of COVID-19 on work-related environments, limited opportunities to reach lay and professional partners statewide, and reduced ability for health system/provider engagement. Benefits include increased staff capacity to implement prevention and intervention response activities to address substance use/drug overdose statewide, developed educational materials, increased training and distribution of naloxone among emergency medical services, and strengthened internal partnership across OSDH.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? -

Due to COVID-19, there was a reduction of in-person services (e.g., meetings, presentations, collaborative activities). While there were significant barriers due to COVID-19, the Injury Prevention Service continued to explore opportunities for partnerships and engagements efficiently and safely, specifically through virtual engagements. The public health impact of COVID-19 is still evolving and the Injury Prevention Service remains resolute in assessing the effects of the pandemic and its impact on drug overdose.

No, COVID relief funds are not intersecting with this project.

Program – Prescription Monitoring Program Training and Education

Program Contact(s) - Avy Redus, Tracy Wendling

Funded Amount - \$75,000

HP2030 Objective – IVP-20, Reduce overdose deaths involving opioids

High level problem to be addressed – While the body of evidence related to prescription drug overdose prevention strategies continues to develop and grow, there are clear indications that prescription drug

monitoring programs (PDMP) are an effective way to address several components of the prescription drug overdose. Prescription drug monitoring programs improve clinical decision making, reduce doctor shopping, reduce the diversion of controlled substances, and allow for improved public health surveillance and monitoring of trends.

Program SMART Objective –

Contract with OBNDCC for PMP Education and Training – Between 07/2021 and 06/2022, IPS will maintain 1 contract annually with the OBNDCC that is focused on providing statewide PMP education and training.

High level updates on activities –

PMP Education and Training – IPS will contract with the OBNDCC to support a full-time PMP Educator that will conduct education and training on the PMP system and related legislation to a variety of professional-level stakeholders.

Cross-Sector Collaboration and Partner Engagement – The PMP Educator will engage state and community partners across sectors to expand awareness on system-related utilization, prescribing data, and legislation to advance statewide prescription drug abuse/overdose prevention efforts.

- The contract with the OBNDCC has been established. The PMP Educator resigned in September 2020 and the position has been vacant. Identifying qualified applicants continues to be a barrier to hiring. The Injury Prevention Service will assist the OBNDCC with refilling the educator position and explore alternative delivery platforms for program dissemination.

What is the scope of the program? What are some of the challenges and benefits of the program? –

From 2019 to 2020, the number of unintentional drug overdose deaths increased 29% in Oklahoma. Although the rate of unintentional prescription opioid overdose deaths decreased 68% from 2013 to 2019, it remains important for providers to know how to utilize the PDMP due to Oklahoma prescribing legislation and to inform clinical decision making to improve patient outcomes.

Identifying qualified applicants continues to be a barrier to hiring. The Injury Prevention Service will assist the OBNDCC with refilling the educator position and explore alternative delivery platforms for program dissemination.

Prescription drug monitoring programs improve clinical decision making, reduce doctor shopping, reduce the diversion of controlled substances, and allow for improved public health surveillance and monitoring of trends.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? -

No Barriers to report at this time.

No, COVID relief funds are not intersecting with this project.

Program – Child Passenger Safety Program

Program Contact(s) – Jennifer Williams, Avy Redus, Tracy Wendling

Funded Amount - \$176,514

HP2030 Objective – IVP-07, Reduce the proportion of deaths of car passengers who weren't buckled in.

**Provided by Program leads but not currently in FY21 Work Plan IVP-06, Reduce deaths from motor vehicle crashes;*

High level problem to be addressed – Motor vehicle-related injuries are a leading cause of death among children in Oklahoma. According to the Oklahoma Highway Safety Office, 21 children under age 13 died in motor vehicle crashes in Oklahoma in 2020, and an additional 7,000 children sustained injuries as occupants in passenger vehicles.

Program SMART Objective –

Maintain a Comprehensive, Multifaceted Child Safety Seat Installation and Education Program – Between 07/2021 and 06/2022, IPS will maintain 1 comprehensive, multi-faceted child safety seat installation and education program and utilize four primary strategies to increase restraint use and decrease crash-related injuries and deaths among child passengers in Oklahoma.

High level updates on activities –

CPS Education and Awareness – IPS staff will increase public awareness and knowledge of CPS, child safety seat best practices, and Oklahoma's law using multiple modalities, such as presentations, written materials, media (traditional and social), and demonstrations.

Child Safety Seat Installations and Checks – Certified CPS technicians in the OSDH Central Office will offer free seat checks to the general public and installations of free car seats/booster seats to eligible low-income families.

Support Statewide CPS Capacity – IPS staff will provide statewide CPS capacity by procuring car seats and booster seats for distribution, coordinating the provision of seats and technical assistance to county health department installation sites, and promotion growth in the numbers of new certified technicians, recertifying technicians, and/or installation locations. Car seat and booster seat orders will be based on what seats are needed at the time. Staff will ensure that participating county health departments and the OSDH Central Office maintain a sufficient inventory of each style in order to accommodate children of all ages/size.

CPS Training Courses – Certified CPS instructors in the OSDH Central Office will collaborate with partnering organization to offer certified technician training classes, as well as basic CPS training courses for professional stakeholders (e.g., home visiting nurses, child welfare workers, law enforcement, perinatal nurses, childbirth instructors) in various locations around the state. The IPS plans to lead, co-lead, or support a certified technician training class and three basic CPS courses during the work plan year.

- The Injury Prevention Service hired a project coordinator in March 2020. The project coordinator is a certified child passenger safety (CPS) technician and instructor and provides CPS

education and awareness, conducts child safety seat installations and checks, supports CPS statewide by providing ongoing technical assistance and support to the county health departments, and delivers CPS technician training course. Program highlights include:

- Conducting 16 Child Passenger Safety Technician (CPST) courses, training 138 new CPSTs;
 - Providing technical assistance to 91 CPSTs across 77 counties;
 - Conducting 39 basic CPS awareness courses, training 331 individuals from law enforcement, home visitation programs, and Oklahoma Department of Human Services;
 - Development of a CPS program guide to assistance county health departments that wish to participate in the programs; and
 - Distribution of 1,163 car seats (982 car seats distributed by county health department staff).
- In addition, the project coordinator successfully completed the instructor candidacy process, became an instructor, and trained 13 CPSTs in transporting children with special health care needs.

What is the scope of the program? What are some of the challenges and benefits of the program? –

Child passenger safety is the means and practice of preventing injury and death of children in the event of a motor vehicle crash. Oklahoma’s child passenger safety law requires all children under age eight to be properly secured in a car seat or booster seat. The Injury Prevention Service coordinates a CPS program, which focuses on car seat/booster seat installation and education statewide through county health departments. This program includes free seat checks to anyone, free seats to eligible low-income families, and a variety of educational and capacity-building efforts.

Due to the COVID-19 pandemic, the Injury Prevention Service had to modify service delivery, which included implementing new safety protocols and expanded telecommunication processes and procedures. As a result of this program, more Oklahoma children are riding properly restrained as vehicle occupants.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? -

The IPS will continue to identify strategies to expand program deliveries, while also protecting the health and safety of staff, parents/caregivers, and children. Increasing the number of certified CPS technicians available for installations and seat checks is important for the provision of regular CPS services and continued success.

No, COVID relief funds are not intersecting with this project.

Program – Cleveland County Birth Partners

Program Contact(s) – Meagan Walker

Funded Amount - \$94,471

HP2030 Objective – MICH-06 Reduce cesarean births among low-risk women with no prior births

High level problem to be addressed – Oklahoma has consistently ranked toward the bottom in the nation for infant mortality rates, especially among Black infants. Several factors within the state and Cleveland County contributing to this issue include lack of prenatal care early in pregnancy, lack of resources and support for women during pregnancy and following childbirth, high c-section rates among women who were not identified as being high risk pregnancies, and lack of childbirth education classes and resources available to low-income women. This project would target WIC eligible pregnant women between 12-35 weeks identified as having more than 3 maternal risk factors present. The project will serve populations that traditionally disproportionately affected by adverse pregnancy and childbirth outcomes including, African American women, women who identify as having no existing social support, and women with multiple maternal stressors.

Program SMART Objective –

Provide Childbirth Education Classes – Between 07/2021 and 06/2022, Birth Partners will conduct 24 childbirth classes.

Provide Labor and Birth Support - Between 07/2021 and 06/2022, Birth Partners will provide labor and birth support to 48 expectant, WIC eligible women.

Provide Postpartum and Mental Health Support to Mothers - Between 07/2021 and 06/2022, Birth Partners will provide postpartum and mental health support to 24 birth doulas.

High level updates on activities –

Purchase Incentive Items for Classes – Birth Partners will purchase and distribute incentive items and meals for childbirth education classes in order to increase participation.

Promote and Recruit for Classes – Birth Partners will promote and recruit for classes through community outreach, internal programs, and social media.

Promote Program – Birth Partners will promote the program through community outreach, internal programs and social media and enroll eligible, interested clients.

Community Health Workers Will Become DONA Certified – Community Health Workers will complete the necessary steps for certification through the DONA International Program.

Purchasing Birthing Tools – Birth Partners will purchase doula birthing tools and program supplies.

Conduct Follow Up Visits – Birth Partners will conduct postpartum follow up visits for birth doula clients.

Refer Clients to Community Social Worker – Birth Partners will refer doula program clients to a community social worker for continued mental health care.

- Birth Partners has conducted 7 childbirth education classes. Childbirth education classes have consistently been well attended. Data collection, in the form of pre and post surveys from the class, shows a significant increase in knowledge about the birthing process after class participation. Birth Partners continues to offer these classes in person with safety protocols in

place. Community interest in hosting and attending classes has increased, creating an opportunity for greater impact.

- We continue to use social media, community partnerships, and internal programs to increase our participation in childbirth education classes.
- Items have been purchased and restocked throughout the life of the program.
- Birth Partners has provided labor and birth support to 6 expectant, WIC eligible women. Birth Partners doulas have continued to adapt to and accommodate the COVID restrictions on support persons in the delivery room. Birth Partners has not filled the program capacity available for labor and birth support. Still, Birth Partners doulas have been able to complete births and have had success in reducing the stress on the delivering person, according to post-delivery surveys of participants.
- One doula/CHW has submitted a complete application for DONA certification and the application is in the review process currently. The other doula/CHW has completed the initial training and is working towards completing DONA requirements for certification.
- The ability to conduct outreach efforts during the pandemic has been limited and program enrollment reflects this. Many community partners have reduced visitors and clients have been unable to have support people in the delivery room, making it difficult to promote and enroll eligible participants.
- Birth Partners has supplied both doulas with the requested and required material for birth support. This includes training, equipment, and supplies for hospital delivery support, prenatal visits, and postpartum care.
- Birth Partners has provided postpartum and mental health support 5 birth doula clients. Because of reduced enrollment in the doula portion of the Birth Partners program, there have not been as many postpartum clients to support. All clients delivering in the reporting period have received this support, as well as a carryover client from the previous reporting period and a client who has not yet delivered but is receiving mental health support through Birth Partners.
- Conducting follow up visits for postpartum clients has correlated with the number of clients enrolled in the program. This number is fewer than hoped for but still on track for all clients in the doula program.
- As with other doula program measures, the number is less than estimated during program planning, but all clients are offered additional social work support for the time after they close out with their doula until 1 year after delivery.

What is the scope of the program? What are some of the challenges and benefits of the program? –

The program serves people in Cleveland County with a doula and any pregnant person and their support with childbirth education classes. The challenges include logistics of program delivery, recruitment and advertising, and the receptiveness of healthcare providers to include a doula in delivery. The benefits are many and include positive birth outcomes for those participating the doula program, increased access to childbirth education for the community, lower costs and fewer medical interventions in doula supported births, increased support for birthing people, and greater satisfaction with the birth experience for doula supported births.

Covid restrictions on hospital birth attendance has impacted the ability to advertise doula support during birth and reduced interest in the program. We will continue to promote the advantages of doula supported births and continue to recruit new clients.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? – For Birth Partners, the COVID-19 pandemic has been difficult and we are still facing the consequences. Restrictions on the number of people who can attend birth, service disruption due to illness or quarantine, class limitations, and limited outreach have all been barriers to building a program. The barriers have not completely hindered program growth and there continues to be great interest and excitement for the support Birth Partners offers. COVID relief and PHHSBG money does not intersect. We could use funds to build collaborative efforts though I'm not sure we would be able to make that happen with so little time left in the grant cycle.

Program – Health Communications in Oklahoma

Program Contact(s) – Rob Crissinger

Funded Amount - \$40,568

HP2030 Objective – HC/HIT-RO1, Increase the health literacy of the population

High level problem to be addressed – Currently, there is a lack of basic public relations training among our county health department regional directors, public information officers and media liaisons. The counties do not have consistent social media program or even community health communications strategy in place.

Program SMART Objective –

Develop Strategic Media Relations Program at the County Health Department Level – Between 07/2021 and 06/2022, the Office of Communications will work closely with county health department regional directors to create, develop, implement and evaluate a media relations program

High level updates on activities –

Education and Training - the OSDH Manager of Communications and Community Relations will visit each regional district twice (one in 2021 and again in 2022) to conduct in-person educational meetings that will include strategic communications plan development, media relations training, crisis communications training, press release development, social media outreach ad content calendar development.

Media Relations Support – the OSDH Manager of Communications and Community Relations will provide talking points, social media copy, infographics, press release templates, and other tools as needed to the regional directors and their media liaisons. Social media outreach will be supported through the development of communications calendars and proactive messaging of health campaigns.

Evaluation Support – the OSDH Manager of Communications and Community Relations will provide insight into media coverage analytics in the form of reports to support benchmarking and reaching of measurable public relations goals.

- District PIOs are beginning to be more proactive with media outreach and are having some success in garnering positive earned media coverage. The PIOs are also reaching out more often now for support with COVID-19 media response in a concerted effort to stay consistent with messaging coming from the Central Office leadership team. Building trust has been the primary focus previously, but as we have now established a solid baseline of trust with the district teams, we're moving more in the direction of customized training to elevate the working public relations and marketing knowledge of the statewide PIOs.

What is the scope of the program? What are some of the challenges and benefits of the program? –

The overarching goal of this program is to build and maintain a statewide communications team where all District PIOs and their leadership teams have all the training and resources they need to successfully communicate with their communities and position their county health departments in a consistently positive light, and to effectively promote the services they offer. By staying in constant contact and providing a supportive environment for the District teams will significantly elevate Oklahomans' perception of OSDH as a whole, and in times of crisis provides a greater level of message alignment and effective collaboration.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? –

Now that COVID is starting to retreat, some of the physical barriers to meeting in person have also started to dissipate, which will allow county health department in-person visits to resume and expand as we enter spring 2022. Turnover in the PIO role has been somewhat of an issue, and that may be in part related to the additional stress caused by COVID crisis communications. I expect turnover to decrease as we move into the endemic phase of COVID. I don't believe COVID relief monies are intersecting with PHHSBG funds.

Program – Human Resource Training

Program Contact(s) – Rosangela Miguel, Brandy Reames, Kristin Elsenbeck, Jason Conner

Funded Amount - \$97,122

HP2030 Objective – PHI-R04, Monitor and understand the public health workforce

High level problem to be addressed – There is a need to ensure properly trained public health workforce in order to ensure improved services and a positive impact on the health of Oklahomans. Training opportunities are often limited.

Program SMART Objective –

Maintain LEARN LMS Training System – Between 07/2021 and 06/2022, OSDH Human Resources will maintain 1 LEARN (LMS) training system and improve content by adding at least 10 new classes, and become more proficient on how to troubleshoot and find solutions to correct issues independently reducing the number of calls to Human Capital Management to no more than once a week.

Human Resources Leadership Development Opportunities - Between 07/2021 and 06/2022, Human Resources will increase the number of leadership development opportunities for senior and mid-level public health supervisors/ directors/ managers from 0 to 65.

High level updates on activities –

Develop New Classes in LEARN – HR Training Specialist will develop one new class per month.

Develop User Guide – Develop a user guide with procedures describing how to manage the system and identify issues and solutions.

Offer JurisIQ LEARN – Continue to offer JurisIQ in LEARN.

Enroll Employees in Executive Development Program for State Officials – Select 8 employees and enroll them to the Executive Development program for State Officials.

OSU Leadership Development Certificate Series – Offer the OSU Leadership Development Certificate 2020 for 50 OSDH Employees.

Offer Lean Six Sigma Certification for OSDH Employees – Offer Lean Six Sigma Certifications for 15 OSDH employees in leadership positions.

- Funding from the Block Grant allowed us to provide two years of leadership development training to 77 leaders within OSDH. The programs were offered by the Oklahoma State University – OSU, a much-respected university in Oklahoma. In 2022, we intend to add a 3rd year and provide these opportunities to 150 leaders who will be offered an opportunity to learn and expand their knowledge and skills.
- Leadership development is crucial to the overall success of our agency in achieving our mission and vision.
- Lean-Six Sigma training has been canceled.
- We have maintained the systems and we are working on its replacement. LEARN will be replaced in 2022 by WorkDay. We were not able to add 10 new classes developed internally but we added over 300 classes via e-learning Brothers and LinkedIn Learning have over 30,000 classes available making internal development irrelevant.
- Offering JurisIQ in LEARN has been met.

What is the scope of the program? What are some of the challenges and benefits of the program? –

Training classes are usually in person but due to COVID we had to adapt. All classes were virtual. Despite of this barrier, the objective has not been negatively affected.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? –

Program – Project CHAT Oklahoma Subsequent Assessment – Combatting Heavy Advertisement of Tobacco

Program Contact(s) – Elizabeth Cherry

Funded Amount - \$67,353

HP2030 Objective – TU-10, Eliminate cigarette smoking initiation in adolescents and young adults

High level problem to be addressed – Tobacco continues to be the leading preventable cause of death in Oklahoma, causing about 7,500 deaths per year. Each year 17,900 youth in Oklahoma try smoking for the first time, 4,200 begin smoking daily, and 88,000 young people alive today will ultimately die prematurely from smoking. Oklahoma’s young people have continued to smoke and try new products at alarming rates, remaining above the national average in many tobacco-use categories. Demographic and socio-economic characteristics at the individual, familial, and community/school-levels are also associated with youth tobacco use behaviors.

Program SMART Objective –

Evaluate Data and Processes for PROJECT Chat 2.0 – Between 09/01/2021 and 08/30/2022, Project CHAT will evaluate and provide additional data sources related to the assessment data that was collected.

High level updates on activities –

Community Capacity Building – Develop Project CHAT Oklahoma, STARS, REDCAP, and retail assessment, and point-of-sale strategic planning capacity building framework with Center’s Lead Tobacco Control Coordinator for community-based awardees.

Evaluation and Surveillance Standards – A process survey instrument will be outlined and developed in accordance to general evaluation and surveillance standards.

- The first phase of this study provided data related to tobacco products' point of sale advertising, placement, and promotion that did not exist before for the State of Oklahoma. It began by assessing the Oklahoma retail environment and tobacco product availability using the standardized tobacco assessment for retail settings (STARS) tool. During the second phase of this study, data that was previously collected about the retail environment was shared with decision makers and legislators to increase and sustain state-level capacity to consistently enforce youth access to tobacco laws while modernizing possession, usage or purchase law and educating about the licensing requirement for electronic cigarettes stores.
- Currently, the Tobacco Control Consultant has not been hired, hampering this objective's achievement. Although interviews were conducted and a job offer was made in December 2021,

the candidate declined. To get the Program on track, the position is being relisted and interviews should begin in February 2022.

- The Oklahoma Tobacco Prevention Consultant is updating the STARS assessment to remove the questions about Blue cigarettes and add questions about key products such as Juul, Mods, Puff bars, and nicotine pouches such as Zyn and Velo. We also intend to separate the little cigars and cigarillos into two instead of one. Once the STARS assessment is updated, community-based grantees will use it to assess the retail environment. The Tobacco Prevention Consultant is working on supporting sales capacity by creating counter-marketing messages for community-based grantees.
- The Tobacco Control Manager is discussing a process survey instrument for project CHAT with the evaluation team and has prioritized hiring a lead to assist with implementing this activity.

What is the scope of the program? What are some of the challenges and benefits of the program? –

COVID-19 became a key challenge for data collection. Also, Oklahoma does not require licensing for vape stores, it was challenging to create a list of vape stores. The Tobacco Control Team experienced significant staff turnover and continues to have personnel vacancies which has delayed the project's advancement.

The Hudson College of Public Health would Google search vape stores, not on the list using the search term "vapor stores in Oklahoma County" and "vapor stores in Tulsa County." Yellow pages.com and Yelp.com websites were used to obtain vapes stores also. The researchers cross-reference to get phone numbers and addresses for the retailers by their Facebook pages. They would then call the retailers to confirm addresses and phone numbers. With COVID-19, proper precautions were taken to keep data collectors safe. The Tobacco Use Prevention Consultant position has been posted, and another round of interviews will occur at the beginning of February.

What barriers, if any, are you facing still due to COVID? Are COVID relief monies intersecting with PHHSBG funds? How are they intersecting with PHHSBG funds? And, could funds be leveraged to help build collaborative efforts? -

No covid funds have been earmarked to complete the deliverables associated with the CHAT project.