

**Preventive Health and Health Services Block Grant
Work Plan for Oklahoma | Fiscal Year 2021 | WP-1050-2021**

DUNS: 143673015

Recipient: Oklahoma

Chief Executive Officer: Kevin Stitt

Recipient Lead Health Official: Lance Frye

Authorizing Official: Enter in the BGIS Portal > Recipient Information > Contacts

**Recipient BG Coordinator /
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Finalized on: Workplan is not approved yet.

Executive Summary

FY 2021 Work Plan-Oklahoma

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year **2021**. The **Oklahoma** submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY **2021** Preventive Health and Health Services Block Grant is **\$1,437,401**. The current year Annual Basic Allocation is **\$1,353,524** and the current year Sex Offense Set Aside is **\$83,877**. These amounts are based on an allocation table distributed by the Centers for Disease Control and Prevention (CDC).

Program Title	Health Objectives	Current Year Allocation
Advancing Health Equity and Strengthening Minority Health 1	AHS-04 Reduce the proportion of people who can't get medical care when they need it	\$230,324
Advancing Health Equity and Strengthening Minority Health 2	PHI-06 Increase the proportion of state public health agencies that use core competencies in continuing education	\$13,890
Certified Healthy Communities Technical Assistance	TU-01 Reduce current tobacco use in adults	\$58,526
Child Passenger Safety Program	IVP-07 Reduce the proportion of deaths of car passengers who weren't buckled in	\$176,514
Cleveland County Birth Partners	MICH-06 Reduce cesarean births among low-risk women with no prior births	\$94,471
Comprehensive Quality Improvement Initiative	PHI-R07 Explore quality improvement as a way to increase efficiency and effectiveness in health departments	\$104,000
Engaging Community Health Workers in Chronic Disease Self Management Education and Support	D-06 Increase the proportion of people with diabetes who get formal diabetes education	\$21,597
Human Resource Training	PHI-R04 Monitor and understand the public health workforce	\$97,122
Older Adult Fall Prevention and Healthy Aging	IVP-08 Reduce fall-related deaths among older adults	\$121,985
Prescription Monitoring Program Training and Education	IVP-20 Reduce overdose deaths involving opioids	\$75,000

PHHS BLOCK GRANT INFORMATION SYSTEM – Oklahoma 2021 Work Plan

Unintentional Poisoning and Prescription Drug Overdose Prevention	A-01 Reduce the proportion of adults with arthritis who have moderate or severe joint pain	\$86,205
Project CHAT Oklahoma Subsequent Assessment - Combatting Heavy Advertisement of Tobacco	TU-10 Eliminate cigarette smoking initiation in adolescents and young adults	\$67,353
Health Communications in Oklahoma	HC/HIT-R01 Increase the health literacy of the population	\$40,568
Statewide Condom Distribution 1 - Gonorrhea	STI-02 Reduce gonorrhea rates in male adolescents and young men	\$17,498
Statewide Condom Distribution 2- Syphilis	STI-03 Reduce the syphilis rate in females	\$17,498
Statewide Condom Distribution 3 - Congenital Syphilis	STI-04 Reduce congenital syphilis	\$17,498
Sexual Violence Prevention	IVP-D05 Reduce contact sexual violence	\$91,800
Grand Total		\$1,331,849

Program Funding Profile for Oklahoma in 2021

Total number of programs:	17
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Type of funding

Supplement other existing funds	12
Total source of funding	5

PHHS Block Grant funding percentage

10-49% - Partial source of funding	8
50-74% - Significant source of funding	1
75-99% - Primary source of funding	6
Less than 10% - Minimal source of funding	2

Role of funding

Enhance or expand the program	6
Maintain existing program (as is)	8
Startup of a new program	3

Existing funding sources

State or local funding	15
Other federal funding (non-CDC)	12
Total	27

Statutory Information

- Enter First Advisory Committee Meeting in the BGIS Portal > Advisory Committee > Advisory Committee Meetings

- The Second Advisory Committee Meeting was held on 6/8/2021 and was chaired by .

- Enter Public Hearing in the BGIS Portal > Advisory Committee > Advisory Committee Meetings

The public was invited via

The draft Work Plan was made available for public viewing via

Certifications and Assurances

Current forms have been signed and uploaded to BGIS.

Budget

Detail Funds Available for Allocation

Budget Detail for Oklahoma– Fiscal Year 2021	
A. FY2021 Award	\$1,437,401
Annual Basic Allocation	\$1,353,524
Sex Offense Allocation	\$83,877
B. Total Current Year Annual Basic Allocation	\$1,353,524
Administrative Costs	\$105,554
Direct Assistance Amount	\$0
C. Total Current Year Sex Offense Allocation	\$83,877
Administrative Costs	\$0
Total Available for Program Allocation in FY 2021	\$1,331,847

Summary of Funds Available for Allocation

Healthy People 2030 Priorities for Oklahoma in Fiscal Year 2021

Topic Area	Funding	% of funding
Injury and Violence Prevention	\$465,299	36%
Access to Health Services	\$230,324	18%
Public Health Infrastructure	\$215,012	17%
Tobacco Use	\$125,879	10%
Maternal, Infant, and Child Health	\$94,471	7%
Diabetes	\$21,597	2%
Health Communication and Health Information Technology	\$40,568	3%
Sexually Transmitted Infections	\$17,498	1%
Arthritis	\$86,205	7%
Total	\$1,296,853	100%

Summary of Allocations by Program and Health Objective

Program Title	Health Objective(s)	Program Goal	Current Year Allocation	% of Total Allocation
Advancing Health Equity and Strengthening Minority Health 1	AHS-04 Reduce the proportion of people who can't get medical care when they need it	Advance health equity, eliminate health disparities, increase cultural competency and strengthen Oklahoma's health system infrastructure	\$230,324	17%
Advancing Health Equity and Strengthening Minority Health 2	PHI-06 Increase the proportion of state public health agencies that use core competencies in continuing education	Improve cultural competency to improve health	\$13,890	1%
Certified Healthy Communities Technical Assistance	TU-01 Reduce current tobacco use in adults	The main goal is increasing the number of communities implementing new strategies to improve the health of the community which will grow to the next level in CH Community applications.	\$58,526	4%

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Child Passenger Safety Program	IVP-07 Reduce the proportion of deaths of car passengers who weren't buckled in	Increase restraint use and decrease injuries and deaths to child passengers through the distribution and installation of a car seat or booster seat, along with an accompanying education component.	\$176,514	13%
Cleveland County Birth Partners	MICH-06 Reduce cesarean births among low-risk women with no prior births	Hire community health workers to be certified as doulas and implement a childbirth education program in Cleveland County to reduce adverse outcomes of pregnancy and childbirth.	\$94,471	7%
Comprehensive Quality Improvement Initiative	PHI-R07 Explore quality improvement as a way to increase efficiency and effectiveness in health departments	Maximize agency resources by focusing efforts on high-need, high-impact services and activities.	\$104,000	8%
Engaging Community Health Workers in Chronic Disease Self Management Education and Support	D-06 Increase the proportion of people with diabetes who get formal diabetes education	CHW-led interventions are cost-effective methods for improving health outcomes and enhancing health equity in underserved populations.	\$21,597	2%
Human Resource Training	PHI-R04 Monitor and understand the public health workforce	Trained workforce will provide better services and positively impact the health of all Oklahomans.	\$97,122	7%
Older Adult Fall Prevention and Healthy Aging	IVP-08 Reduce fall-related deaths among older adults	Reduce the number of falls and improve older adult health outcomes	\$121,985	9%
Prescription Monitoring Program Training and Education	IVP-20 Reduce overdose deaths involving opioids	Reduce the rate of unintentional poisoning deaths among Oklahomans through the use of the PMP.	\$75,000	6%
Unintentional Poisoning and Prescription Drug Overdose Prevention	A-01 Reduce the proportion of adults with arthritis who have moderate or severe joint pain	Prevent an increase in the rate of unintentional poisoning (UP) deaths.	\$86,205	6%

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Project CHAT Oklahoma Subsequent Assessment - Combatting Heavy Advertisement of Tobacco	TU-10 Eliminate cigarette smoking initiation in adolescents and young adults	Project C.H.A.T. will identify geographic areas more often targeted by the electronic cigarette and vapor industry through marketing, pricing, and product type; It will enable the collection of data which will then guide the selection of evidence- based strategies that aim to prevent youth initiation and protect disparate populations from e-cigarette use.	\$67,353	5%
Health Communicatio ns in Oklahoma	HC/HIT-R01 Increase the health literacy of the population	Create a public health system that is prepared to provide the most accurate, timely and crucial public health information to our state’s residents.	\$40,568	3%
Statewide Condom Distribution 1 - Gonorrhea	STI-02 Reduce gonorrhea rates in male adolescents and young men	Reduce STDs in Oklahoma while normalizing condom usage by providing condoms for free in a variety of settings where adults visit.	\$17,498	1%
Statewide Condom Distribution 2- Syphilis	STI-03 Reduce the syphilis rate in females	Reduce STDs in Oklahoma while normalizing condom usage by providing condoms for free in a variety of settings where adults visit.	\$17,498	1%
Statewide Condom Distribution 3 - Congenital Syphilis	STI-04 Reduce congenital syphilis	Reduce STDs in Oklahoma while normalizing condom usage by providing condoms for free in a variety of settings where adults visit.	\$17,498	1%
Sexual Violence Prevention	IVP-D05 Reduce contact sexual violence	To reduce the first-time occurrence of sexual violence by reducing risk factors and enhancing protective factors linked to sexual violence perpetration and victimization	\$91,800	7%
Total			\$1,331,849	100%

Program Description 1 / 17

Program Summary

Program Summary

Program Name	Advancing Health Equity and Strengthening Minority Health 1
Program Goal	Advance health equity, eliminate health disparities, increase cultural competency and strengthen Oklahoma’s health system infrastructure
Healthy People 2030 Objective	AHS-04 Reduce the proportion of people who can’t get medical care when they need it
Recipient Health Objective	Between 07/2021 and 06/2022, eliminate health disparities and reduce disease Burden for all Oklahomans- Prioritize partnerships to drive community health change.
Total Program Allocation	\$230,324

Problem Information**Problem Description**

The disparate health status of Oklahoma racial and ethnic minority and economically disadvantaged populations includes shorter life expectancies and higher rates of chronic disease.

Compelling evidence of the disparate health status of Oklahoma racial and ethnic minority and economically disadvantaged populations includes shorter life expectancies and higher rates of cancer, birth defects, infant mortality, asthma, diabetes, obesity, cardiovascular disease, and stroke. Racial and ethnic minorities and the medically underserved also suffer a disproportionate burden of morbidity and mortality associated with HIV/AIDS; autoimmune diseases, such as lupus and scleroderma; oral health; sexually transmitted diseases; mental disorders; violence; and substance abuse. In addition, LEP clients are at risk for poor health outcomes. Communication and language barriers can increase the risk for missed appointments, delayed care, adverse events, preventable disease and medical comprehension – to name a few. Last, community partnerships, capacity building and a diverse workforce emphasizing that supports inclusivity are vital to improve health outcomes for minority or underserved populations.

Key Indicator:

partnerships to drive community health change and reduce disparities

Key Indicator Baseline:

0

Problem was prioritized by the following factor(s)

- Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)

Program Strategy**Goal:**

Advance health equity, eliminate health disparities, increase cultural competency and strengthen Oklahoma’s health system infrastructure

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

Office of Minority Health & Health Equity (OMHHE) Advancing Health Equity and Strengthening Minority Health Program includes various strategies to advance health equity, eliminate health disparities, increase cultural competency and strengthen Oklahoma’s health system infrastructure. The first strategy to advance health equity is to ensure that non-English speaking clients receive equitable services. This program will utilize the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as a framework to “provide effective, equitable, understand, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred language, health literacy and other communication needs”. Communication and language assistance are vital to reducing barriers to health care, improving quality of services and providing timely access. Two full-time Spanish bilingual interpreters will provide both on-site and phone interpretation services at no cost for limited English Proficiency (LEP) clients across the state. In addition, these employees will translate written documents from English to Spanish and vice versa to support various program areas including but not limited to Vital Records, Injury Prevention Services, Take Charge!, Immunizations, Women Infant and Children (WIC), and 68 local county health departments. To ensure competency, OMHHE Interpreter/Translators will work to meet all prerequisites, training and examinations for recognition by the National Board of Certification for Medical Interpreters. Interpreter/Translators will further develop their knowledge and skills through continuing education courses approved by the national board.

Setting:

- Local health department
- State health department

Primary Strategic Partners:

Community-based health partners, county and state health departments and program areas

Evaluation Methodology:

The evaluation will focus on increasing partnerships engaged in various projects, as well as the outcomes resulting in efforts to enhance the reach of the OMMHE. The evaluation will be designed to both increase program reach and utilization of language services among county health departments and program service areas. Initial planning and assessment efforts will also be collected and analyzed to set up baseline for where we are and establish short and long term goals. The OMMHE utilizes a combination of evaluation methods, which may include a technical assistance tracker, surveys, interviews and documentation.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$230,324
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$230,324

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$230,324

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalentts)

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

Total Number of Positions Funded: 3

Total FTEs Funded: 3

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 3

Position 1 / 3 Title:	Interpreter/ Translator	
Position Name:	Victor Vargas	
Jurisdiction-level:		60%
Local		40%

This position is not vacant.

Position 2 / 3 Title:	Interpreter/ Translator	
Position Name:	Blanca Valera	
Jurisdiction-level:		60%
Local		40%

This position is not vacant.

Position 3 / 3 Title:	Health Planning Coordinator	
Position Name:	Vacant	
Jurisdiction-level:		60%
Local		40%

This position is not vacant.

Target Population of Program 1 / 17

Program name:

Advancing Health Equity and Strengthening Minority Health 1

Number of people served:

1013371

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian

- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

331507

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years

- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

Yes

Program Objectives Description

Program Smart Objective	1 / 2
Title of Program SMART Objective	Between 07/2020 and 06/2021, Office of Minority Health & Health Equity (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.
Item to be measured	strategies
Unit to be measured	number
Baseline Value	0
Interim Target Value	1
Final Target Value	3

Problem Description:

There is a need to eliminate health disparities in Oklahoma

Compelling evidence of the disparate health status of Oklahoma racial and ethnic minority and economically disadvantaged populations includes shorter life expectancies and higher rates of cancer, birth defects, infant mortality, asthma, diabetes, obesity, cardiovascular disease, and stroke. Racial and ethnic minorities and the medically underserved also suffer a disproportionate burden of morbidity and mortality associated with HIV/AIDS; autoimmune diseases, such as lupus and scleroderma; oral health; sexually transmitted diseases; mental disorders; violence; and substance abuse. In addition, LEP clients are at risk for poor health outcomes. Communication and language barriers can increase the risk for missed appointments, delayed care, adverse events, preventable disease and medical comprehension – to name a few. Last, community partnerships, capacity building and a diverse workforce emphasizing that supports inclusivity are vital to improve health outcomes for minority or underserved populations.

Key Indicator:

health disparities in Oklahoma

Baseline Value for the Key Indicator:

0

Intervention Summary:

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.

Office of Minority Health & Health Equity (OMHHE) Advancing Health Equity and Strengthening Minority Health Program includes various strategies to advance health equity, eliminate health disparities, increase cultural competency and strengthen Oklahoma’s health system infrastructure. The first strategy to advance health equity is to ensure that non-English speaking clients receive equitable services. This program will utilize the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as a framework to “provide effective, equitable, understand, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred language, health literacy and other communication needs”. Communication and language assistance are vital to reducing barriers to health care, improving quality of services and providing timely access. Two full-time Spanish bilingual interpreters will provide both on-site and phone interpretation services at no cost for limited English Proficiency (LEP) clients across the state. In addition, these employees will translate written documents from English to Spanish and vice versa to support various program areas including but not limited to Vital Records, Injury Prevention Services, Take Charge!, Immunizations, Women Infant and Children (WIC), and 68 local county health departments. To ensure competency, OMHHE Interpreter/Translators will work to meet all prerequisites, training and examinations for recognition by the National Board of Certification for Medical Interpreters. Interpreter/Translators will further develop their knowledge and skills through continuing education courses approved by the national board.

Type of Intervention:

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Public Health Champions

Summary:

OMHHE 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.

Description:

Between 07/2020 and 06/2021, OMHHE 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.

Activity 2 / 3

Convene and Build Alliances

Summary:

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.

Description:

Between 07/2020 and 06/2021, OMHHE 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.

Activity 3 / 3

Referrals

Summary:

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

Description:

Between 07/2020 and 06/2021, OMHHE will provide resources and/or trainings to a minimum of 5 programs serving minority or underserved individuals to support improved access to care.

Program Objectives Description	
Program Smart Objective	2 / 2
Title of Program SMART Objective	Between 07/2020 and 06/2021, (OMHHE) will provide language assistance encounters or units of service to 2000 individuals with Limited English Proficiency (LEP).
Item to be measured	language assistance encounters or units of service
Unit to be measured	number
Baseline Value	0
Interim Target Value	1000
Final Target Value	2000

Problem Description:

Health disparities are a problem in Oklahoma

Compelling evidence of the disparate health status of Oklahoma racial and ethnic minority and economically disadvantaged populations includes shorter life expectancies and higher rates of cancer, birth defects, infant mortality, asthma, diabetes, obesity, cardiovascular disease, and stroke. Racial and ethnic minorities and the medically underserved also suffer a disproportionate burden of morbidity and mortality associated with HIV/AIDS; autoimmune diseases, such as lupus and scleroderma; oral health; sexually transmitted diseases; mental disorders; violence; and substance abuse. In addition, LEP clients are at risk for poor health outcomes. Communication and language barriers can increase the risk for missed appointments, delayed care, adverse events, preventable disease and medical comprehension – to name a few. Last, community partnerships, capacity building and a diverse workforce emphasizing that supports inclusivity are vital to improve health outcomes for minority or underserved populations

Key Indicator:

health disparities

Baseline Value for the Key Indicator:

0

Intervention Summary:

OMHHE will provide language assistance encounters or units of service to 2000 individuals with Limited English Proficiency (LEP).

OMHHE will provide language assistance encounters or units of service to 2000 individuals with Limited English Proficiency (LEP).

Type of Intervention:

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

On-Site and Telephonic Interpretation

Summary:

OMHHE will provide 1900 language assistance encounters or units of service via phone conference or in-person effort.

Description:

Between 07/2020 and 06/2021, OMHHE will provide 1900 language assistance encounters or units of service via phone conference or in-person effort.

Activity 2 / 2

Written Document Translation

Summary:

Translate written documents

Description:

Between 07/2021 and 06/2022, OMHHE will translate 100 documents from source language to requested target language within 30 days of request by client and/or program area.

Program Description 2 / 17

Program Summary

Program Summary

Program Name	Advancing Health Equity and Strengthening Minority Health 2
Program Goal	Improve cultural competency to improve health
Healthy People 2030 Objective	PHI-06 Increase the proportion of state public health agencies that use core competencies in continuing education
Recipient Health Objective	Between 07/2021 and 06/2022, Improve Population Health - Strengthen the Department's Effectiveness and Adaptability – Cultivate a Competent, Adaptive, Customer-Oriented Workforce
Total Program Allocation	\$13,890

Problem Information**Problem Description**

Health disparities are a burden in Oklahoma

Compelling evidence of the disparate health status of Oklahoma racial and ethnic minority and economically disadvantaged populations includes shorter life expectancies and higher rates of cancer, birth defects, infant mortality, asthma, diabetes, obesity, cardiovascular disease, and stroke. Racial and ethnic minorities and the medically underserved also suffer a disproportionate burden of morbidity and mortality associated with HIV/AIDS; autoimmune diseases, such as lupus and scleroderma; oral health; sexually transmitted diseases; mental disorders; violence; and substance abuse. In addition, LEP clients are at risk for poor health outcomes. Communication and language barriers can increase the risk for missed appointments, delayed care, adverse events, preventable disease and medical comprehension – to name a few. Last, community partnerships, capacity building and a diverse workforce emphasizing that supports inclusivity are vital to improve health outcomes for minority or underserved populations.

Key Indicator:

training for culturally and linguistically appropriate policies and practices, to increase cultural competency and customer service to 50 agency workforce employees.

Key Indicator Baseline:

0

Problem was prioritized by the following factor(s)

- Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)

Program Strategy**Goal:**

Improve cultural competency to improve health

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

Office of Minority Health & Health Equity (OMHHE) Advancing Health Equity and Strengthening Minority Health Program includes various strategies to advance health equity, eliminate health disparities, increase cultural competency and strengthen Oklahoma’s health system infrastructure. The first strategy to advance health equity is to ensure that non-English speaking clients receive equitable services. This program will utilize the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care as a framework to “provide effective, equitable, understand, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred language, health literacy and other communication needs”. Communication and language assistance are vital to reducing barriers to health care, improving quality of services and providing timely access. Two full-time Spanish bilingual interpreters will provide both on-site and phone interpretation services at no cost for limited English Proficiency (LEP) clients across the state. In addition, these employees will translate written documents from English to Spanish and vice versa to support various program areas including but not limited to Vital Records, Injury Prevention Services, Take Charge!, Immunizations, Women Infant and Children (WIC), and 68 local county health departments. To ensure competency, OMHHE Interpreter/Translators will work to meet all prerequisites, training and examinations for recognition by the National Board of Certification for Medical Interpreters. Interpreter/Translators will further develop their knowledge and skills through continuing education courses approved by the national board.

Setting:

- State health department

Primary Strategic Partners:

Community-based health partners, county and state health departments and program areas

Evaluation Methodology:

The evaluation will focus on increasing partnerships engaged in various projects, as well as the outcomes resulting in efforts to enhance the reach of the OMMHE. The evaluation will be designed to both increase program reach and utilization of language services among county health departments and program service areas. Initial planning and assessment efforts will also be collected and analyzed to set up baseline for where we are and establish short and long term goals. The OMMHE utilizes a combination of evaluation methods, which may include a technical assistance tracker, surveys, interviews and documentation.

Planned non-monetary support to local agencies or organizations:

- Training

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$13,890
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$13,890

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)
 Amount of funding to populations disproportionately affected by the Problem: \$0
 Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalent)

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 2 / 17

Program name:

Advancing Health Equity and Strengthening Minority Health 2

Number of people served:

2006

Ethnicity:

- Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

Program Objectives Description	
Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 07/2020 and 06/2021, OMHHE will provide training for culturally and linguistically appropriate policies and practices, to increase cultural competency and customer service to 50 agency workforce employees.
Item to be measured	employees
Unit to be measured	number
Baseline Value	0
Interim Target Value	25
Final Target Value	50

Problem Description:

Health disparities are a problem in Oklahoma

Compelling evidence of the disparate health status of Oklahoma racial and ethnic minority and economically disadvantaged populations includes shorter life expectancies and higher rates of cancer, birth defects, infant mortality, asthma, diabetes, obesity, cardiovascular disease, and stroke. Racial and ethnic minorities and the medically underserved also suffer a disproportionate burden of morbidity and mortality associated with HIV/AIDS; autoimmune diseases, such as lupus and scleroderma; oral health; sexually transmitted diseases; mental disorders; violence; and substance abuse. In addition, LEP clients are at risk for poor health outcomes. Communication and language barriers can increase the risk for missed appointments, delayed care, adverse events, preventable disease and medical comprehension – to name a few. Last, community partnerships, capacity building and a diverse workforce emphasizing that supports inclusivity are vital to improve health outcomes for minority or underserved populations

Key Indicator:

Baseline Value for the Key Indicator:

Intervention Summary:

provide training for culturally and linguistically appropriate policies and practices, to increase cultural competency and customer service to 50 agency workforce employees.

provide training for culturally and linguistically appropriate policies and practices, to increase cultural competency and customer service to 50 agency workforce employees.

Type of Intervention:

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

National Board Certification for Medical Interpreters

Summary:

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

Description:

Between 07/2021 and 06/2022, OMHHE will support 2 Interpreter/Translators earning National Board Medical Interpreters Certification meeting all required pre-requisites, training, and examinations.

Activity 2 / 2

Foreign Language Interpreter Continuing Education

Summary:

provide continuing education for 40 current agency foreign language interpreters.

Description:

Between 07/2020 and 06/2021, OMHHE will provide continuing education for 40 current agency foreign language interpreters.

Program Description 3 / 17**Program Summary**

Program Summary	
Program Name	Certified Healthy Communities Technical Assistance
Program Goal	The main goal is increasing the number of communities implementing new strategies to improve the health of the community which will grow to the next level in CH Community applications.
Healthy People 2030 Objective	TU-01 Reduce current tobacco use in adults
Recipient Health Objective	In 2019, Oklahoma ranked 46th overall in health status indicators in America's Annual Health rankings. In order to improve the overall state ranking and to address chronic disease risk factors, the Certified Healthy Communities Technical Assistance Program will provide targeted technical assistance and strategic support to communities with the Certified Health application and strategies to address community-level chronic disease prevention with a focus on policy.
Total Program Allocation	\$58,526

Problem Information**Problem Description**

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.

Key Indicator:

number of communities in Oklahoma applying for Certified Healthy Communities Certification that "grow to the next level"

Key Indicator Baseline:

59 communities applied for certification and 30 received less than excellence status

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan
- Governor (or other political leader) established as a priority

Program Strategy**Goal:**

The main goal is increasing the number of communities implementing new strategies to improve the health of the community which will grow to the next level in CH Community applications.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration)
- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Program Strategy:

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 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). 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.

Setting:

- Local health department
- State health department

Primary Strategic Partners:

OSDH Community Development Service and county health departments

Evaluation Methodology:

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.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$58,526
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$58,526

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalents)

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

Total Number of Positions Funded: 2

Total FTEs Funded: 0.5

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 2

Position 1 / 2 Title:	State Programs Coordinator
Position Name:	Julie Dearing
Jurisdiction-level:	20%

This position is not vacant.

Position 2 / 2 Title:	Certified Healthy Consultant
Position Name:	Karin Leimbach
Jurisdiction-level:	30%

This position is not vacant.

Target Population of Program 3 / 17

Program name:

Certified Healthy Communities Technical Assistance

Number of people served:

133522

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years

- 85 years and older

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description

Program Smart Objective	1 / 1
Title of Program SMART Objective	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).
Item to be measured	number of communities certified but not meeting an Excellence level
Unit to be measured	Number of communities
Baseline Value	60
Interim Target Value	0
Final Target Value	65

Problem Description:

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.

Key Indicator:

In 2020 59 communities applied for certification. Of those, 30 received less than the excellence status and thus show room for growth to the next level.

Baseline Value for the Key Indicator:

60

Intervention Summary:

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 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). 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.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Past success; promising practice; model program looked to nationwide

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 4

Identify Communities

Summary:

Identify communities based on pre-selected criteria to target with technical assistance

Description:

Between 07/2021 and 06/2022, the Center for Chronic Disease Prevention and Health Promotion division will 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).

Activity 2 / 4

Recruit Selected Communities

Summary:

Recruit Selected Communities to receive TA from Certified Healthy Coordinator

Description:

Between 07/2021 and 06/2022, the Center for Chronic Disease Prevention and Health Promotion division will coordinate with the Regional Directors to recruit the selected communities to provide direct technical assistance on identified gaps in their CHO Community applications.

Activity 3 / 4

Provide Technical Assistance

Summary:

Provide Technical Assistance to Communities

Description:

Between 07/2021 and 06/2022, the Center for Chronic Disease Prevention and Health Promotion division will create and implement consultation plans in collaboration with the identified communities, on how to address identified gaps to grow in their CHO Community applications.

Activity 4 / 4

Evaluate the outcomes of technical assistance provision to communities

Summary:

Evaluate the outcomes of technical assistance provision to communities

Description:

Between 07/2021 and 06/2022, the Center for Chronic Disease Prevention and Health Promotion division will conduct an 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.

Program Description 4 / 17

Program Summary

Program Summary	
Program Name	Child Passenger Safety Program
Program Goal	Increase restraint use and decrease injuries and deaths to child passengers through the distribution and installation of a car seat or booster seat, along with an accompanying education component.
Healthy People 2030 Objective	IVP-07 Reduce the proportion of deaths of car passengers who weren't buckled in
Recipient Health Objective	Between 07/2021 and 06/2022, The Injury Prevention Service will conduct and maintain a comprehensive, multifaceted child safety seat installation and education program to increase restraint use and decrease crash-related injuries and deaths among child passengers in Oklahoma.
Total Program Allocation	\$176,514

Problem Information

Problem Description

Motor vehicle-related injuries are a leading cause of death among children in Oklahoma

According to the CDC, motor vehicle traffic-related injuries are the leading cause of injury death for children aged 5 to 17 years and the second leading cause of injury death for children aged 1 to 4 years in Oklahoma. From 2014 to 2016, for children aged 0 to 17, Oklahoma had the fifth highest unintentional motor vehicle traffic crash death rate in the nation. Oklahoma's rate was nearly twice that of the U.S. (5.7 and 3.0 per 100,000 population, respectively). According to the Oklahoma Highway Safety Office, in 2017, there were more than 9,600 children aged 0 to 12 years that were occupants of passenger vehicles in traffic crashes. Twelve children aged 0 to 12 years died in motor vehicle traffic crashes, continuing an increasing trend from a low of seven deaths in 2012. Crashes involving a child passenger fatality were significantly more likely to occur in rural areas, while serious injury crashes occurred more often in urban areas. Rates of inpatient hospitalization from motor vehicle crash-related injuries are higher among males than females and increase as a child ages. Child safety seats reduce the risk of fatal injury up to 71% among infants and 54% among toddlers; yet, in Oklahoma, not every child is restrained while riding as a vehicle occupant (in 2018, 91% of children were restrained according to a statewide observational study of child restraint use; alternatively, 9% of observed children were not restrained at all). The largest difference in child restraint rates tends to be whether the driver is restrained or not. In 2018, when the driver was restrained, 96% of the children in observed vehicles were also restrained. Children with unrestrained drivers, however, were only restrained 63% of the time.

Key Indicator:

Rate of motor vehicle traffic-related deaths among Oklahoma children aged 0 to 8 years: 2.93 per 100,000 (2017)

Key Indicator Baseline:

2.93

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan

Program Strategy**Goal:**

Increase restraint use and decrease injuries and deaths to child passengers through the distribution and installation of a car seat or booster seat, along with an accompanying education component.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

The Community Preventive Services Task Force "strongly recommends" car seat laws and car seat distribution and education programs to increase restraint use and decrease injuries and deaths to child passengers. Programs that include the distribution and installation of a car seat or booster seat, along with an accompanying education component, are significantly more effective in increasing restraint use than other types of interventions, such as distribution only or education only programs. Age and size-appropriate child restraint use is the most effective method for reducing motor vehicle-related deaths among children. Child safety seat installation and education programs are a highly effective, recommended intervention regardless of the type of seat (car seat or booster seat) or the age of the child using the seat (infant through age 8). To increase child safety seat usage rates in Oklahoma and reduce crash-related injuries and deaths to child occupants, the Injury Prevention Service (IPS) will administer a comprehensive child safety seat installation and education program, including the following components: (1) free car seat/booster seat checks and education to the general public by appointment, (2) distribution and installation of free car seats/booster seats and education to eligible low-income families by appointment, (3) certified technician training classes, (4) education and basic training courses for professional stakeholders (e.g., home visiting nurses, child welfare workers, law enforcement, perinatal nurses, childbirth instructors), (5) public education on child passenger safety (CPS), best practices, and Oklahoma's law, (6) policy promotion and education to inform legislative and organizational decision-making, (7) coordination of county health department installation sites, including the provision of seats and technical assistance, and (8) efforts to increase statewide capacity for CPS (e.g., increasing the number of certified techs, renewing techs, c

Setting:

- Community based organization
- Local health department
- Medical or clinical site
- State health department

Primary Strategic Partners:

OHSO, Safe Kids, OKDHS, county health depts, ...

Evaluation Methodology:

The IPS will conduct epidemiologic analyses on the magnitude and trends of motor vehicle crash injuries and will monitor restraint usage rates, as well as hospitalization and fatality rates, to evaluate outcomes.

The IPS will also evaluate processes by examining various programmatic elements, such as seats installed or checked, customer service/evaluation surveys of classes and appointments, and educational strategies used. The IPS will use evaluation findings to monitor the progress and effectiveness of the program, as well as make quality improvements as needed.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$176,514
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$176,514

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalentents)

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

Total Number of Positions Funded: 1

Total FTEs Funded: 1

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 1

Position 1 / 1 Title:	Child Passenger Safety Project Coordinator	
Position Name:	Jennifer Williams	
Jurisdiction-level:		50%
Local		50%

This position is not vacant.

Target Population of Program 4 / 17

Program name:

Child Passenger Safety Program

Number of people served:

477953

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description	
Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 07/2021 and 06/2022, Injury Prevention Service will maintain 1 comprehensive, multifaceted 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.
Item to be measured	CPS programs
Unit to be measured	number
Baseline Value	0
Interim Target Value	1
Final Target Value	1

Problem Description:

Motor vehicle-related injuries are a leading cause of death among children in Oklahoma.

According to the CDC, motor vehicle traffic-related injuries are the leading cause of injury death for children aged 5 to 17 years and the second leading cause of injury death for children aged 1 to 4 years in Oklahoma. From 2014 to 2016, for children aged 0 to 17, Oklahoma had the fifth highest unintentional motor vehicle traffic crash death rate in the nation. Oklahoma's rate was nearly twice that of the U.S. (5.7 and 3.0 per 100,000 population, respectively). According to the Oklahoma Highway Safety Office, in 2017, there were more than 9,600 children aged 0 to 12 years that were occupants of passenger vehicles in traffic crashes. Twelve children aged 0 to 12 years died in motor vehicle traffic crashes, continuing an increasing trend from a low of seven deaths in 2012. Crashes involving a child passenger fatality were significantly more likely to occur in rural areas, while serious injury crashes occurred more often in urban areas. Rates of inpatient hospitalization from motor vehicle crash-related injuries are higher among males than females and increase as a child ages. Child safety seats reduce the risk of fatal injury up to 71% among infants and 54% among toddlers; yet, in Oklahoma, not every child is restrained while riding as a vehicle occupant (in 2018, 91% of children were restrained according to a statewide observational study of child restraint use; alternatively, 9% of observed children were not restrained at all). The largest difference in child restraint rates tends to be whether the driver is restrained or not. In 2018, when the driver was restrained, 96% of the children in observed vehicles were also restrained. Children with unrestrained drivers, however, were only restrained 63% of the time.

Key Indicator:

Rate of motor vehicle traffic-related deaths among Oklahoma children aged 0 to 8 years: 2.93 per 100,000 (2017)

Baseline Value for the Key Indicator:

2

Intervention Summary:

Maintain 1 comprehensive, multifaceted child safety seat installation and education program.

Between 07/2021 and 06/2022, Injury Prevention Service will maintain 1 comprehensive, multifaceted 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.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Guide to Clinical Preventive Services (Task Force on Community Preventive Services)
- Other

Cochrane Database Systematic Review... (2006), Countermeasures that Work...(2015)

Rationale for choosing the intervention:

Evidence-based

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 4

CPS Education and Awareness

Summary:

Staff will increase public awareness and knowledge of CPS, child safety seat best practices, and Oklahoma's law using multiple modalities,

Description:

Between 07/2021 and 06/2022 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.

Activity 2 / 4

Child Safety Seat Installations and Checks

Summary:

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.

Description:

Between 07/2021 and 06/2022, 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.

Activity 3 / 4

Support Statewide CPS Capacity

Summary:

Support Statewide CPS Capacity

Description:

Between 07/2021 and 06/2022, IPS staff will support 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 promoting 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/sizes.

Activity 4 / 4

CPS Training Courses

Summary:

Certified CPS instructors in the OSDH Central Office will collaborate with partnering organizations to offer certified technician training classes, as well as basic CPS training courses for professional stakeholders

Description:

Between 07/2021 and 06/2022, certified CPS instructors in the OSDH Central Office will collaborate with partnering organizations 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.

Program Description 5 / 17

Program Summary

Program Summary	
Program Name	Cleveland County Birth Partners
Program Goal	Hire community health workers to be certified as doulas and implement a childbirth education program in Cleveland County to reduce adverse outcomes of pregnancy and childbirth.
Healthy People 2030 Objective	MICH-06 Reduce cesarean births among low-risk women with no prior births
Recipient Health Objective	Between 07/2021 and 06/2022, State Strategic Plan Objective 5.1 is to reduce infant mortality rate per 1,000 live births. The Cleveland County Health Department through the Birth Partners program will reduce infant mortality rates of program participants by increasing access to care through childbirth education, prenatal, birth and postpartum support.
Total Program Allocation	\$94,471

Problem Information

Problem Description

Oklahoma and Cleveland County consistently experience high rates of infant mortality, especially in black infants.

Oklahoma has consistently ranked towards 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 are 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.

Key Indicator:

The infant mortality rate for Cleveland County is 6.1 deaths/1,000 live births.

Data sources referenced identifying this public health issue include:

1. Lu. M. et al (2010). Closing the black-white gap in birth outcomes; a life course approach. Ethnicity and Disease 20(1suppl2): S262-276.
2. 2015 State of the County Health Report.
3. Oklahoma Health Care Authority Service Efforts and Accomplishment Report FY 2016.
4. Oklahoma State of the State Health Report for Cleveland County 2013

Key Indicator Baseline:

6.1

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Other
Topic-Specific Assessment

Program Strategy**Goal:**

Hire community health workers to be certified as doulas and implement a childbirth education program in Cleveland County to reduce adverse outcomes of pregnancy and childbirth.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

Hire 2 part-time community health workers to be certified as doulas and implement a childbirth education program in Cleveland County to reduce adverse outcomes of pregnancy and childbirth. The program also aims to decrease maternal stressors and increase social support among expectant mothers. Health outcomes addressed throughout the program include infant mortality, maternal stressors, access to care, social determinants of health, and postpartum depression. Educational classes will be available to the public at no cost. Doula services will be provided to pregnant women who may be at risk for suffering adverse pregnancy and birth outcomes.

Setting:

- Local health department

Primary Strategic Partners:

WIC, Norman Regional Hospital, Local OBs offices, Cleveland County FIMR & Child Health groups

Evaluation Methodology:

The doula services will be evaluated through pre/post confidence & perception questions, post program survey, birth doula evaluation form, and labor and birth information form that will be compared with clients who do not have a doula. Data from Norman Regional Hospital and data from Medicaid birth records will be used to gather a more comprehensive look at the impacts of this program. Surveys would gather data on demographics, existing health issues, stressors, and availability of a support system. Pre and post surveys will also be utilized in the community childbirth education classes to assess any change in knowledge, awareness, and self-efficacy.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$94,471
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$94,471

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The role of PHHS Block Grant funds in supporting the program was to Startup of a new program

Amount of funding to populations disproportionately affected by the Problem: \$94,471

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalents)

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

Total Number of Positions Funded: 3

Total FTEs Funded: 1.5

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 3

Position 1 / 3 Title:	Community Health Worker	
Position Name:	Amy Pomerantz	
Local		50%

This position is not vacant.

Position 2 / 3 Title:	Community Health Worker	
Position Name:	Vacant	
Local		50%

This position is vacant.

The plan to fill the vacant position is:

Actively working with HR to fill position

Position 3 / 3 Title:	Community Health Worker
Position Name:	Vacant
Local	50%

This position is vacant.

The plan to fill the vacant position is:

actively working with HR to fill the position

Target Population of Program 5 / 17

Program name:

Cleveland County Birth Partners

Number of people served:

250

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

Gender Identity:

- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Cleveland, McClain, Pottawatomie Counties

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description

Program Smart Objective	1 / 3
Title of Program SMART Objective	Between 07/2021 and 06/2022, Birth Partners will conduct 24 childbirth classes.
Item to be measured	number of childbirth classes
Unit to be measured	number
Baseline Value	0
Interim Target Value	10
Final Target Value	24

Problem Description:

Oklahoma and Cleveland County consistently experience high rates of infant mortality.

Oklahoma has consistently ranked towards 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 are 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.

Key Indicator:

The infant mortality rate for Cleveland County is 6.1 deaths/1,000 live births.

Baseline Value for the Key Indicator:

6

Intervention Summary:

Birth Partners will conduct 24 childbirth classes

Between 07/2021 and 06/2022, Birth Partners will conduct 24 childbirth classes.

Other: 1. Lu. M. et al (2010). Closing the black-white gap in birth outcomes; a life course approach. *Ethnicity and Disease* 20(1suppl2): S262-276.

2. Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth. *J Am Board Fam Med.* 2016 May-Jun;29(3):308-17. doi: 10.3122/jabfm.2016.03.150300.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Innovative/ promising practice

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Purchase Incentive Items for Classes

Summary:

Birth Partners will purchase and distribute incentive items and meals for childbirth education classes in order to increase participation.

Description:

Between 07/2021 and 06/2022, Birth Partners will purchase and distribute incentive items and meals for childbirth education classes in order to increase participation.

Activity 2 / 2

Promote and Recruit for Classes

Summary:

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

Description:

Between 07/2021 and 06/2022, Birth Partners will promote and recruit for classes through community outreach, internal programs, and social media.

Program Objectives Description	
Program Smart Objective	2 / 3
Title of Program SMART Objective	Between 07/2021 and 06/2022, Birth Partners will provide labor and birth support to 48 expectant, WIC eligible women.
Item to be measured	expectant, WIC eligible women
Unit to be measured	number
Baseline Value	0
Interim Target Value	24
Final Target Value	48

Problem Description:

Oklahoma and Cleveland County consistently experience high rates of infant mortality.

Oklahoma has consistently ranked towards 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 are 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.

Key Indicator:

The infant mortality rate for Cleveland County is 6.1 deaths/1,000 live births.

Baseline Value for the Key Indicator:

6

Intervention Summary:

Birth Partners will provide labor and birth support to 48 expectant, WIC eligible women.

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

1. Lu. M. et al (2010). Closing the black-white gap in birth outcomes; a life course approach. *Ethnicity and Disease* 20(1suppl2): S262-276.
2. Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth. *J Am Board Fam Med.* 2016 May-Jun;29(3):308-17. doi: 10.3122/jabfm.2016.03.150300.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Promote Program

Summary:

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

Description:

Between 07/2021 and 06/2022, Birth Partners will promote the program through community outreach, internal programs and social media and enroll eligible, interested clients.

Activity 2 / 3

Community Health Workers Will Become DONA Certified

Summary:

Community health workers will complete the necessary steps for certification through the DONA International Program.

Description:

Between 07/2021 and 06/2022, community health workers will complete the necessary steps for certification through the DONA International Program.

Activity 3 / 3

Purchase Birthing Tools

Summary:

Birth Partners will purchase doula birthing tools and program supplies.

Description:

Between 07/2021 and 06/2022, Birth Partners will purchase doula birthing tools and program supplies.

Program Objectives Description	
Program Smart Objective	3 / 3
Title of Program SMART Objective	Between 07/2021 and 06/2022, Birth Partners will provide postpartum and mental health support to 24 birth doula clients.
Item to be measured	birth doula clients receiving postpartum and mental health supports
Unit to be measured	number
Baseline Value	0
Interim Target Value	12
Final Target Value	24

Problem Description:

Oklahoma and Cleveland County consistently experience high rates of infant mortality.

Oklahoma has consistently ranked towards 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 are 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.

Key Indicator:

The infant mortality rate for Cleveland County is 6.1 deaths/1,000 live births.

Baseline Value for the Key Indicator:

6

Intervention Summary:

Birth Partners will provide postpartum and mental health support to 24 birth doula clients.

Between 07/2021 and 06/2022, Birth Partners will provide postpartum and mental health support to 24 birth doula clients.

1. Lu. M. et al (2010). Closing the black-white gap in birth outcomes; a life course approach. *Ethnicity and Disease* 20(1suppl2): S262-276.
2. Disrupting the Pathways of Social Determinants of Health: Doula Support during Pregnancy and Childbirth. *J Am Board Fam Med.* 2016 May-Jun;29(3):308-17. doi: 10.3122/jabfm.2016.03.150300.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Conduct Follow Up Visits

Summary:

Birth Partners will conduct postpartum follow up visits for birth doula clients.

Description:

Between 07/2021 and 06/2022, Birth Partners will conduct postpartum follow up visits for birth doula clients.

Activity 2 / 2

Refer Clients to Community Social Worker

Summary:

Birth Partners will refer doula program clients to a community social worker for continued mental health care.

Description:

Between 07/2021 and 06/2022, Birth Partners will refer doula program clients to a community social worker for continued mental health care.

Program Description 6 / 17

Program Summary

Program Summary	
Program Name	Comprehensive Quality Improvement Initiative
Program Goal	Maximize agency resources by focusing efforts on high-need, high-impact services and activities.
Healthy People 2030 Objective	PHI-R07 Explore quality improvement as a way to increase efficiency and effectiveness in health departments
Recipient Health Objective	Between 07/2021 and 06/2022, Continue to expand and integrate continuous quality improvement practices throughout the organization.
Total Program Allocation	\$104,000

Problem Information

Problem Description

Oklahoma's poor health outcomes need quality processes implemented and studied in order to make targeted and sustained improvements.

High rates of mortality and high health care spending are significant and persistent issues in the state of Oklahoma. In 2015, heart disease was the leading cause of death in Oklahoma, over 10,000 Oklahomans died from heart disease in 2015. Estimated direct medical costs and lost productivity attributable to cardiovascular disease across the United States was \$555 billion in 2016. The direct and indirect annual costs of cardiovascular disease are projected to reach \$1.1 trillion by 2035. There is little to no data on the current total cost or economic impact of infant mortality at the state or national level; however, treating a pre-term or low birth weight baby is costly and the majority of births in Oklahoma are paid by the Oklahoma Healthcare Authority. The high rate of uninsured individuals in the state is also costly for the state. Fewer uninsured people in the state can benefit the overall health system by reducing the death rate, reducing spending on uncompensated care and reducing the number of people who avoid treatment for financial reasons.

Key Indicator:

Conducted agency assessment through focus groups for FY 2019 and identified customer service and training as top priorities.
There have been 4 quality improvement projects completed based on results of assessment.

Key Indicator Baseline:

0

Problem was prioritized by the following factor(s)

- Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- Prioritized within a strategic plan

Program Strategy

Goal:

Maximize agency resources by focusing efforts on high-need, high-impact services and activities.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

Oklahoma ranks 43rd in the nation on overall health outcomes. While the state ranking has improved, Oklahoma has several challenges that still exist, such as the high rates of cardiovascular disease, infant mortality, and uninsured people. The poor health outcomes currently facing the state have several contributing factors that must be addressed to see improvements. Oklahoma must address the leading causes of death and disease in our state through a multitude of efforts; however, a focus on quality improvement and efficiency of programs that can potentially affect health is key. The overall goal of the initiative is to maximize agency resources by focusing efforts on high-need, high-impact services and activities. This initiative will engage both County Health Department staff and staff at the Oklahoma State Department of Health.

Setting:

- Local health department
- State health department

Primary Strategic Partners:

county health departments; health department programs

Evaluation Methodology:

1. Assessing current services/activities to eliminate duplication and evaluate fidelity, impact, evidence base, and (if possible) cost effectiveness (Qualtrics surveys, ROI reports, outcomes reporting through strategic plan)
2. Identifying strategic partnerships that allow the agency to focus on the highest needs (# of new strategic partnerships identified)
3. Identifying new priorities and activities that further the agency’s mission (Prioritization Tool)
4. Equipping agency staff with skills and knowledge to implement continuous QI (QI Trainings provided; Number of staff trained)
5. Equipping agency staff to educate their local policymakers to ensure agency priorities are adequately resourced and supported by state and local policies (number of reports/information provided to agency staff)
6. Establishing a QI infrastructure within the agency (Work plan/annual reports)
7. Aligning the agency’s strategic map with identified priorities (Alignment map)
8. Continually making improvements over time

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$104,000
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$104,000

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalents)

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

Total Number of Positions Funded: 1

Total FTEs Funded: 1

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 1

Position 1 / 1 Title:	Quality Improvement Coordinator	
Position Name:	Taylor Holland	
Jurisdiction-level:		50%
Local		50%

This position is not vacant.

Target Population of Program 6 / 17

Program name:

Comprehensive Quality Improvement Initiative

Number of people served:

2028

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years

- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description

Program Smart Objective	1 / 2
Title of Program SMART Objective	Between 07/2021 and 06/2022, The Quality Improvement Coordinator will conduct 4 improvement projects within the Oklahoma State Health Department and/or County Health Departments
Item to be measured	QI projects
Unit to be measured	number
Baseline Value	0
Interim Target Value	2
Final Target Value	4

Problem Description:

OSDH needs to maximize agency resources & focus efforts on high-need/high-impact services/activities

Oklahoma's poor health outcomes need quality processes implemented and studied in order to make targeted and sustained improvements.

High rates of mortality and high health care spending are significant and persistent issues in the state of Oklahoma. In 2015, heart disease was the leading cause of death in Oklahoma, over 10,000 Oklahomans died from heart disease in 2015. Estimated direct medical costs and lost productivity attributable to cardiovascular disease across the United States was \$555 billion in 2016. The direct and indirect annual costs of cardiovascular disease are projected to reach \$1.1 trillion by 2035. There is little to no data on the current total cost or economic impact of infant mortality at the state or national level; however, treating a pre-term or low birth weight baby is costly and the majority of births in Oklahoma are paid by the Oklahoma Healthcare Authority. The high rate of uninsured individuals in the state is also costly for the state. Fewer uninsured people in the state can benefit the overall health system by reducing the death rate, reducing spending on uncompensated care and reducing the number of people who avoid treatment for financial reasons.

Key Indicator:

Quality Improvement Projects

Baseline Value for the Key Indicator:

0

Intervention Summary:

The initiative will utilize a "Plan-Do-Study-Act" approach to manage the QI process.

The initiative will utilize a "Plan-Do-Study-Act" approach to manage the QI process. This approach refers to a 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. The initiative will also incorporate the "Health 360" scoring tool, which assesses services and programs based on certain criteria, including impact, evidence base, fidelity, and cost effectiveness. Six Sigma methodologies will be used when developing interventions.

Type of Intervention:

Evidence-based intervention

Evidence Source:

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 6

Identify Improvement Opportunities

Summary:

The Quality Improvement Coordinator will work with upper level management and leadership to identify 4 improvement projects.

Description:

Between 07/2021 and 06/2022, The Quality Improvement Coordinator will work with upper level management and leadership to identify 4 improvement projects.

Activity 2 / 6

Prioritize Improvement Opportunities

Summary:

The Quality Improvement Coordinator will work with upper level management and leadership to prioritize the 4 improvement projects identified in rank order.

Description:

Between 07/2021 and 06/2022, The Quality Improvement Coordinator will work with upper level management and leadership to prioritize the 4 improvement projects identified in rank order.

Activity 3 / 6

Evaluate Current Program Process

Summary:

The Quality Improvement Coordinator will evaluate the current process with the help of program area staff and establish a baseline using internal data to verify the root cause.

Description:

Between 07/2021 and 06/2022, The Quality Improvement Coordinator will evaluate the current process with the help of program area staff and establish a baseline using internal data to verify the root cause.

Activity 4 / 6

Action Planning

Summary:

Work with upper level management, leadership, and subject matter experts to incorporate collected data and recommendations for process improvement into an action plan.

Description:

Between 07/2021 and 06/2022, The Quality Improvement 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.

Activity 5 / 6

Implement Plan

Summary:

The Quality Improvement Coordinator will work program staff to implement the action plan to make process changes.

Description:

Between 07/2021 and 06/2022, The Quality Improvement Coordinator will work program staff to implement the action plan to make process changes.

Activity 6 / 6

Collect Data and Study Results

Summary:

The Quality Improvement Coordinator will work program staff to collect data on the process changes and study the results.

Description:

Between 07/2021 and 06/2022, The Quality Improvement Coordinator will work program staff to collect data on the process changes and study the results.

Program Objectives Description

Program Smart Objective	2 / 2
Title of Program SMART Objective	Between 07/2021 and 06/2022, The Quality Improvement Coordinator will work with 5 divisions to ensure that each program area has a document that defines their respective workflow process.
Item to be measured	OSDH divisions with a workflow process document
Unit to be measured	number
Baseline Value	0
Interim Target Value	2
Final Target Value	5

Problem Description:

OSDH needs to maximize agency resources & focus efforts on high-need/high-impact services/activities

Oklahoma's poor health outcomes need quality processes implemented and studied in order to make targeted and sustained improvements. High rates of mortality and high health care spending are significant and persistent issues in the state of Oklahoma. In 2015, heart disease was the leading cause of death in Oklahoma, over 10,000 Oklahomans died from heart disease in 2015. Estimated direct medical costs and lost productivity attributable to cardiovascular disease across the United States was \$555 billion in 2016. The direct and indirect annual costs of cardiovascular disease are projected to reach \$1.1 trillion by 2035. There is little to no data on the current total cost or economic impact of infant mortality at the state or national level; however, treating a pre-term or low birth weight baby is costly and the majority of births in Oklahoma are paid by the Oklahoma Healthcare Authority. The high rate of uninsured individuals in the state is also costly for the state. Fewer uninsured people in the state can benefit the overall health system by reducing the death rate, reducing spending on uncompensated care and reducing the number of people who avoid treatment for financial reasons.

Key Indicator:

Number of divisions within OSDH that has a document that defines their respective workflow process.

Baseline Value for the Key Indicator:

0

Intervention Summary:

The Quality Improvement Coordinator will work with 5 divisions to ensure that each program area has a document that defines their respective workflow process.

The initiative will utilize a "Plan-Do-Study-Act" approach to manage the QI process. This approach refers to a 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. The initiative will also incorporate the "Health 360" scoring tool, which assesses services and programs based on certain criteria, including impact, evidence base, fidelity, and cost effectiveness. Six Sigma methodologies will be used when developing interventions.

Type of Intervention:

Evidence-based intervention

Evidence Source:

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Prioritize Programs

Summary:

The Quality Improvement Coordinator will prioritize programs based on leadership direction and upper level management feedback.

Description:

Between 07/2021 and 06/2022, The Quality Improvement Coordinator will prioritize programs based on leadership direction and upper level management feedback.

Activity 2 / 3

Educate Staff

Summary:

The Quality Improvement Coordinator will provide education to program staff on the purpose, uses, and development of process maps.

Description:

Between 07/2021 and 06/2022, The Quality Improvement Coordinator will provide education to program staff on the purpose, uses, and development of process maps.

Activity 3 / 3

Provide Guidance

Summary:

The Quality Improvement Coordinator will provide guidance to program staff while they work through mapping out their workflow processes.

Description:

Between 07/2021 and 06/2022, The Quality Improvement Coordinator will provide guidance to program staff while they work through mapping out their workflow processes.

Program Description 7 / 17

Program Summary

Program Summary

Program Name	Engaging Community Health Workers in Chronic Disease Self Management Education and Support
Program Goal	CHW-led interventions are cost-effective methods for improving health outcomes and enhancing health equity in underserved populations.
Healthy People 2030 Objective	D-06 Increase the proportion of people with diabetes who get formal diabetes education
Recipient Health Objective	Between 07/2021 and 06/2022, The Oklahoma Health Improvement Plan (OHIP 2020) identified four flagship priorities related to the health of all Oklahomans – tobacco use, obesity, children’s health, and behavioral health. Two of these priorities, tobacco use and obesity, directly impact the leading causes of preventable death in Oklahoma and/or are associated with premature death from cardiovascular disease and cancer, also contributing to the incidence of diabetes and other chronic health conditions. OHIP 2020’s core measures are aimed at reducing the impact of chronic conditions on Oklahomans.
Total Program Allocation	\$21,597

Problem Information**Problem Description**

Poor health outcomes and high rates of chronic disease and death are a problem in Oklahoma

Oklahoma’s latest ranking by America’s Health Ranking is 43rd in the nation (America’s Health Rankings, 2017). This ranking can be attributed to three primary health behaviors (poor diet, physical inactivity, and tobacco use). These behaviors contribute to four chronic diseases – cardiovascular disease, cancer, diabetes and lung disease(s), which account for 60% of all deaths in Oklahoma annually. Disparate populations are adversely affected by these health behaviors as well as social and environmental factors which impact their health. Oklahoma has the third highest rate of death due to cardiac disease in the nation and the fourth highest rate of death due to stroke (State of State’s Health, 2016 as cited in Khan & Samuel, 2018). Integrating CHWs into team-based care models provides a valuable health resource to patients struggling to improve health outcomes.

Key Indicator:

Tobacco Use: 1) reduce adult smoking prevalence from 23.7% in 2013 to 18% in 2020 (2018 data)
Obesity Reduction: 1) reduce adult obesity prevalence from 32.5% in 2013 to 29.5% in 2020 (2019 data)

Key Indicator Baseline:

23.7 and 32.5

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment

Program Strategy**Goal:**

CHW-led interventions are cost-effective methods for improving health outcomes and enhancing health equity in underserved populations.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration)
- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

The Center for Chronic Disease Prevention and Health Promotion applied for, and received, funding from the (CDC) to implement evidence-based activities to reduce the impact of chronic disease on Oklahomans. These activities are focused on the prevention and management of cardiovascular disease (CVD) and diabetes in high burden populations or communities. Strategies are centered on implementing team-based care initiatives to support health system improvements in management of individuals with CVD and / or diabetes. Community Health Workers (CHWs), as frontline public health workers, are trusted members of, and/or have a close understanding of the community where they live. This trust enables them to assist community members in addressing social and health-related concerns through community-clinical linkages. The Community Guide recommends interventions which engage CHWs in providing self-management classes, both for patients with diabetes as well as those with cardiovascular disease. These interventions include coaching, patient education, and social support to improve chronic disease care and self-management behaviors. CHWs are often members of coordinated care teams consisting of nurses, clinicians, social workers, and counselors as well as other multi-disciplinary health professionals. Integrating CHWs into team-based care models provides a valuable health resource to patients struggling to improve health outcomes.

Setting:

- State health department
- Other
CHW Taskforce/ Workgroup

Primary Strategic Partners:

OSDH, OSU-School of Community Health Sciences, Counseling/Psych, Career Tech

Evaluation Methodology:

A project timeline with targeted goals and deadlines will be established to evaluate progress.

Evaluation Tools and Data Sources

Deadlines met, needs assessment completed, taskforce / work group initiated to request and complete Interim Study on CHWs.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$21,597
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$21,597

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

PHHS Block Grant funds made up Less than 10% - Minimal source of funding of the total program funding.

The role of PHHS Block Grant funds in supporting the program was to Startup of a new program

Amount of funding to populations disproportionately affected by the Problem: \$21,597

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalent)

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 7 / 17

Program name:

Engaging Community Health Workers in Chronic Disease Self Management Education and Support

Number of people served:

370000

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 35 - 44 years
- 45 – 54 years
- 55 - 64 years

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Rural

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree

- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description	
Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 07/2021 and 06/2022, the Center for Chronic Disease Prevention and Health Promotion will maintain 1 Community Health Worker Advisory Group or network with no less than 10 members.
Item to be measured	advisory groups maintained
Unit to be measured	groups
Baseline Value	1
Interim Target Value	1
Final Target Value	1

Problem Description:

Poor health outcomes and high rates of chronic disease and death are a problem in Oklahoma

Oklahoma’s latest ranking by America’s Health Ranking is 43rd in the nation (America’s Health Rankings, 2017). This ranking can be attributed to three primary health behaviors (poor diet, physical inactivity, and tobacco use). These behaviors contribute to four chronic diseases – cardiovascular disease, cancer, diabetes and lung disease(s), which account for 60% of all deaths in Oklahoma annually. Disparate populations are adversely affected by these health behaviors as well as social and environmental factors which impact their health. Oklahoma has the third highest rate of death due to cardiac disease in the nation and the fourth highest rate of death due to stroke (State of State’s Health, 2016 as cited in Khan & Samuel, 2018).

Key Indicator:

In order to impact the health outcomes previously mentioned, the Center for Chronic Disease Prevention and Health Promotion will maintain 1 Community Health Worker Advisory Group or network with no less than 10 members.

Baseline Value for the Key Indicator:

1

Intervention Summary:

Maintain a Community Health Advisory Group of at least 10 members that continues to develop standards, curriculum, and statewide certification for CHWs in Oklahoma

Community Health Workers (CHWs), as frontline public health workers, are trusted members of, and/or have a close understanding of the community where they live. This trust enables them to assist community members in addressing social and health-related concerns through community-clinical linkages. The Community Guide recommends interventions which engage CHWs in providing self-management classes, both for patients with diabetes as well as those with cardiovascular disease. These interventions include coaching, patient education, and social support to improve chronic disease care and self-management behaviors.

Type of Intervention:

Evidence-based intervention

Evidence Source:

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

Rationale for choosing the intervention:

evidence-based intervention

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 5

Conduct Needs Assessment

Summary:

Conduct a needs assessment to determine evidence of impact and needs of organizations utilizing CHWs

Description:

Between 07/2021 and 06/2022, Conduct a post-COVID needs assessment to identify evidence of impact and value in current programs / organizations using / employing CHWs (community health representatives, etc.)

Activity 2 / 5

Standards Development

Summary:

Develop and finalize a CHW scope of practice policy and workforce standards.

Description:

Between 07/2021 and 06/2022, Develop and finalize a CHW scope of practice policy and workforce standards.

Activity 3 / 5

Curriculum Development

Summary:

Support and implement standardized core competency curriculum development

Description:

Between 07/2021 and 06/2022, Support and implement standardized core competency curriculum development in the areas of diabetes, risk factor reduction and other common co-occurring chronic conditions

Activity 4 / 5

Statewide Certification

Summary:

Explore and implement statewide certification

Description:

Between 07/2021 and 06/2022, Explore and implement statewide certification (if appropriate).

Activity 5 / 5

Advance Payment Options

Summary:

Work with Medicaid, Medicare and related payers for advance payment options to cover diabetes education offered by a Community Health Worker

Description:

Between 07/2021 and 06/2022, Work with Medicaid, Medicare and related payers for advance payment options to cover diabetes education offered by a Community Health Worker to create sustainability.

Program Description 8 / 17

Program Summary

Program Summary

Program Name	Human Resource Training
Program Goal	Trained workforce will provide better services and positively impact the health of all Oklahomans.
Healthy People 2030 Objective	PHI-R04 Monitor and understand the public health workforce
Recipient Health Objective	Between 07/2020 and 06/2021, To properly serve our customers, we need a capable and qualified workforce. Training employees and supervisors will improve our compliance, prevent claims of discrimination, sexual harassment, and grievances. Supervisors will become better leaders, which will impact the employees' engagement.
Total Program Allocation	\$97,122

Problem Information**Problem Description**

There is a need to ensure a properly trained public health workforce in order to ensure improved services and a positive impact on the health of all Oklahomans.

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

Key Indicator:

Human Resources will increase the number of leadership development opportunities for senior and mid-level public health supervisors/ directors/ managers

Key Indicator Baseline:

0

Problem was prioritized by the following factor(s)

- Prioritized within a strategic plan

Program Strategy

Goal:

Trained workforce will provide better services and positively impact the health of all Oklahomans.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

The requested funds will go to maintain LEARN, OSDH learning management system (LMS). LEARN gives OSDH employees and supervisors the ability to:

- Self-enroll with supervisor approval,
- View and print their own transcripts,
- Assign learning and track employee training,
- Manage training records,
- Maintain class enrollments,
- Allow online interactions between instructors and learners,
- Provide a platform for online and social learning,
- Track certifications and skills, and
- Create a wide variety of standard and custom reports.

In addition, we will continue a subscription to JurisIQ. This is a comprehensive library of compliance training videos available with unlimited, online, on-demand access for the entire workforce for the entire year (including any employees added throughout that time).

We plan on sending 15 employees to OSU Executive Development Program for State Officials, and up to 50 employees to OSU Leadership Development Certificate Series 2021/2022. Lean Six Sigma will be offered to the newly developed Project Management Office and will benefit all OSDH staff

Setting:

- Community based organization
- Local health department
- State health department

Primary Strategic Partners:

OMES, Oracle, OSU, Francis Tuttle,

Evaluation Methodology:

Improve our current training program to better train agency employees to strengthen our agency infrastructure. This will be measured by employee response climate surveys, and number of violations claims. We want to increase employee satisfaction compared to previous surveys.

Planned non-monetary support to local agencies or organizations:

- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$97,122
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$97,122

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalent)

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 8 / 17

Program name:

Human Resource Training

Number of people served:

2000

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description	
Program Smart Objective	1 / 2
Title of Program SMART Objective	Between 07/2020 and 06/2021, Human Resources will increase the number of leadership development opportunities for senior and mid-level public health supervisors/ directors/ managers from 0 to 65.
Item to be measured	number of employees completing trainings
Unit to be measured	number
Baseline Value	0
Interim Target Value	25
Final Target Value	65

Problem Description:

There is a need to ensure a properly trained public health workforce

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

Key Indicator:

Human Resources will increase the number of leadership development opportunities for senior and mid-level public health supervisors/ directors/ managers

Baseline Value for the Key Indicator:

0

Intervention Summary:

The intervention includes multiple leadership training opportunities to improve the public health workforce.

The requested funds will go to maintain LEARN, OSDH learning management system (LMS). LEARN gives OSDH employees and supervisors the ability to:

- Self-enroll with supervisor approval,
- View and print their own transcripts,
- Assign learning and track employee training,
- Manage training records,
- Maintain class enrollments,
- Allow online interactions between instructors and learners,
- Provide a platform for online and social learning,
- Track certifications and skills, and
- Create a wide variety of standard and custom reports.

In addition, we will continue a subscription to JurisIQ. This is a comprehensive library of compliance training videos available with unlimited, online, on-demand access for the entire workforce for the entire year (including any employees added throughout that time). We plan on sending at least 15 employees to OSU Executive Development Program for State Officials, and up to 50 employees to OSU Leadership Development Certificate Series 2020.

Type of Intervention:

Evidence-based intervention

Evidence Source:

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Enroll Employees in Executive Development Program for State Officials

Summary:

Enroll Employees in Executive Development Program for State Officials

Description:

Between 07/2020 and 06/2021, Select 8 employees and enroll them to the Executive Development program for State Officials.

Activity 2 / 3

OSU Leadership Development Certificate Series

Summary:

Offer the OSU Leadership Development Certificate Series

Description:

Between 07/2021 and 06/2022, Offer the OSU Leadership Development Certificate Series 2020 for 50 OSDH employees..

Activity 3 / 3

Offer Lean Six Sigma Certification for OSDH Employees

Summary:

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

Description:

Between 07/2021 and 06/2022, offer Lean Six Sigma Certification for 15 OSDH employees in leadership positions.

Program Objectives Description

Program Smart Objective	2 / 2
Title of Program SMART Objective	Between 07/2020 and 06/2021, 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.
Item to be measured	LMS systems
Unit to be measured	number
Baseline Value	1
Interim Target Value	1
Final Target Value	1

Problem Description:

There is a need to ensure a properly trained public health workforce.

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

Key Indicator:

training opportunities for all OSDH employees

Baseline Value for the Key Indicator:

1

Intervention Summary:

Human Resources will maintain 1 LEARN (LMS) training system

Between 07/2020 and 06/2021, 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.

Type of Intervention:

Evidence-based intervention

Evidence Source:

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Develop new classes in LEARN

Summary:

Human Resources Training Specialist will develop one new class per month

Description:

Between 07/2020 and 06/2021, Human Resources Training Specialist will develop one new class per month

Activity 2 / 3

Develop User Guide

Summary:

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

Description:

Between 07/2020 and 06/2021, Develop a user guide with procedures describing how to manage the system and identify issues and solutions.

Activity 3 / 3

Offer JurisIQ in LEARN

Summary:

Continue to offer JurisIQ in LEARN

Description:

Between 07/2021 and 06/2022, continue to offer JurisIQ in LEARN

Program Description 9 / 17

Program Summary

Program Summary	
Program Name	Older Adult Fall Prevention and Healthy Aging
Program Goal	Reduce the number of falls and improve older adult health outcomes
Healthy People 2030 Objective	IVP-08 Reduce fall-related deaths among older adults
Recipient Health Objective	Between 07/2021 and 06/2022, The IPS will strategically engage state and community stakeholders across sectors to implement prevention strategies to: reduce the number of falls leading to injury and death; promote healthy aging; and improve health outcomes among persons 65 years and older.
Total Program Allocation	\$121,985

Problem Information

Problem Description

Unintentional falls are the leading cause of injury death among persons aged 65 years and older in Oklahoma.

The population of persons aged 65 years and older is one of the fastest growing age groups in America. Oklahoma is home to more than 600,000 men and women aged 65 years and older. This population represents roughly 15% of all Oklahomans and is expected to double in the next 20 years. This population also has a disproportionate burden of morbidity and mortality related to unintentional falls. One in three adults aged 65 years and older falls every year, with 20% to 30% sustaining a moderate or severe injury. Between 2015 and 2017, a total of 113 Oklahomans less than 55 years of age died from fall-related injuries, compared to 820 adults 85 years and older. Fall-related hospitalizations and deaths are much more common among Oklahomans 65 years of age and older than all other ages combined. Nationally, unintentional falls are the leading cause of nonfatal injuries treated in hospital emergency departments in every age group except ages 15 to 24 years, and are the leading cause of injury death among adults aged 65 years and older. In the United States, from 2013 to 2017, the rate of fall-related deaths increased 8% for older adults (65 years and older). Likewise, in Oklahoma, unintentional falls are the leading cause of injury death among persons aged 65 years and older. After several years of a stable mortality rate, unintentional fall-related deaths among older adults in Oklahoma increased in 2010 to 71.4 deaths per 100,000 population (33% higher than the U.S. rate). According to WISQARS, from 2010 to 2017, the rate of fall-related deaths among older adults in Oklahoma increased 33% to 95.1 per 100,000 population. The rate of fall-related deaths decreased 2% from 2015 to 2016, but increased 5% from 2016 to 2017, with 573 deaths occurring in 2017.

Key Indicator:

Rate of unintentional fall-related death among Oklahomans 65 years of age and older: 95.1 per 100,000 population (2017)

Key Indicator Baseline:

95.1

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- Identified via surveillance systems or other data sources

Program Strategy**Goal:**

Reduce the number of falls and improve older adult health outcomes

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Program Strategy:

According to the Centers for Disease Control and Prevention (CDC), falls are the leading cause of injury death among adults 65 years and older in Oklahoma. To reduce the number of falls and improve older adult health outcomes through healthy aging, the (IPS) will: 1) strategically engage state and community stakeholders across sectors to formally coordinate the Healthy Aging: Living Longer Better (HALLB) collaborative; 2) continue outreach efforts to provide fall-related educational and programmatic information to Oklahomans 65 years of age and older and other stakeholders; 3) mobilize partnerships to facilitate activities of the Older Adult Falls Prevention Coalition; and 4) champion the Tai Chi: Moving for Better Balance (TCMBB) program. The TCMBB program is an evidence-based, community fall prevention program designed to promote balance, strength, mobility, and confidence in older adults. Program participants can reduce fall risk by up to 55% and the program can be modified and tailored to meet the individual participant's needs. The IPS will conduct TCMBB instructor trainings across the state, with particular focus on communities with few or no instructors and/or classes.

Strategic partners will include representatives from county health departments, senior centers, community centers, faith-based organizations, physicians, Area Agencies on Aging, the University of Oklahoma Health Sciences Center's Oklahoma Healthy Aging Initiative, HALLB collaborators, Older Adult Falls Prevention Coalition, home health agencies, rehabilitation providers, and other state and community organizations that work closely with persons 65 years of age and older.

Setting:

- Community based organization
- Local health department
- State health department

Primary Strategic Partners:

representatives from county health departments, senior centers, community centers, faith-based

Evaluation Methodology:

The IPS will conduct epidemiologic analyses on the magnitude and trends of older adult falls and will monitor hospitalization and fatality rates to evaluate outcomes. The IPS will also evaluate processes by examining various programmatic elements, such as community interest and capacity surveys, TCMBB participation, and educational strategies used. The IPS will use evaluation findings to monitor the progress and effectiveness of the program, as well as systematically expand healthy aging and older adult fall prevention efforts across the state.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$121,985
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$121,985

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Total source of funding for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalents)

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

Total Number of Positions Funded: 2

Total FTEs Funded: 1.15

FTEs (Full Time Equivalents)

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

2

PHHS BLOCK GRANT INFORMATION SYSTEM – Oklahoma 2021 Work Plan

Position 1 / 2 Title:	Administrative Program Manager/ Tai Chi Instructor
Position Name:	Avy Doran-Redus
Jurisdiction-level:	10%
Local	5%

This position is not vacant.

Position 2 / 2 Title:	Healthy Aging and Fall Prevention Coordinator
Position Name:	Madelyn Maxwell
Jurisdiction-level:	85%
Local	15%

This position is not vacant.

Target Population of Program 9 / 17

Program name:

Older Adult Fall Prevention and Healthy Aging

Number of people served:

623823

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description

Program Smart Objective	1 / 1
Title of Program SMART Objective	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 and community stakeholders.
Item to be measured	strategies implemented
Unit to be measured	number
Baseline Value	0
Interim Target Value	2
Final Target Value	4

Problem Description:

Unintentional falls are the leading cause of injury death among persons aged 65 y/o in OK

The population of persons aged 65 years and older is one of the fastest growing age groups in America. Oklahoma is home to more than 600,000 men and women aged 65 years and older. This population represents roughly 15% of all Oklahomans and is expected to double in the next 20 years. This population also has a disproportionate burden of morbidity and mortality related to unintentional falls. One in three adults aged 65 years and older falls every year, with 20% to 30% sustaining a moderate or severe injury. Between 2015 and 2017, a total of 113 Oklahomans less than 55 years of age died from fall-related injuries, compared to 820 adults 85 years and older. Fall-related hospitalizations and deaths are much more common among Oklahomans 65 years of age and older than all other ages combined. Nationally, unintentional falls are the leading cause of nonfatal injuries treated in hospital emergency departments in every age group except ages 15 to 24 years, and are the leading cause of injury death among adults aged 65 years and older. In the United States, from 2013 to 2017, the rate of fall-related deaths increased 8% for older adults (65 years and older). Likewise, in Oklahoma, unintentional falls are the leading cause of injury death among persons aged 65 years and older. After several years of a stable mortality rate, unintentional fall-related deaths among older adults in Oklahoma increased in 2010 to 71.4 deaths per 100,000 population (33% higher than the U.S. rate). According to WISQARS, from 2010 to 2017, the rate of fall-related deaths among older adults in Oklahoma increased 33% to 95.1 per 100,000 population. The rate of fall-related deaths decreased 2% from 2015 to 2016, but increased 5% from 2016 to 2017, with 573 deaths occurring in 2017.

Key Indicator:

Rate of unintentional fall-related death among Oklahomans 65 years of age and older: 95.1 per 100,000 population (2017)

Baseline Value for the Key Indicator:

95

Intervention Summary:

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 and community stakeholders.

According to the Centers for Disease Control and Prevention (CDC), falls are the leading cause of injury death among adults 65 years and older in Oklahoma. To reduce the number of falls and improve older adult health outcomes through healthy aging, the (IPS) will: 1) strategically engage state and community stakeholders across sectors to formally coordinate the Healthy Aging: Living Longer Better (HALLB) collaborative; 2) continue outreach efforts to provide fall-related educational and programmatic information to Oklahomans 65 years of age and older and other stakeholders; 3) mobilize partnerships to facilitate activities of the Older Adult Falls Prevention Coalition; and 4) champion the Tai Chi: Moving for Better Balance (TCMBB) program. The TCMBB program is an evidence-based, community fall prevention program designed to promote balance, strength, mobility, and confidence in older adults. Program participants can reduce fall risk by up to 55% and the program can be modified and tailored to meet the individual participant's needs. The IPS will conduct TCMBB instructor trainings across the state, with particular focus on communities with few or no instructors and/or classes.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
- Other

Tai Chi Moving for Better Balance Program, Oregon Research Institute; Living Longer Better ASTHO

Rationale for choosing the intervention:

Evidence-based

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 4

Healthy Aging Cross-Sector Engagement

Summary:

engage state and community stakeholders across sectors of healthy aging, including mental, physical, and cognitive health.

Description:

Between 07/2021 and 06/2022, the IPS will engage state and community stakeholders across sectors of healthy aging, including mental, physical, and cognitive health.

Activity 2 / 4

Healthy Aging and Falls Prevention Education and Awareness

Summary:

Conduct outreach efforts to provide fall-related educational and programmatic information and disseminate home safety supplies

Description:

Between 07/2021 and 06/2022, the 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.

Activity 3 / 4

Community-Based Programming

Summary:

Identify opportunities to expand access to evidence-based fall prevention programming in counties with high fall-related death and hospitalization rates

Description:

Between 07/2021 and 06/2022, the 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.

Activity 4 / 4

Falls Coalition and Collaborations

Summary:

Mobilize partnerships to facilitate meetings and activities of the Older Adult Falls Prevention Coalition.

Description:

Between 07/2021 and 06/2022, the IPS will mobilize partnerships to facilitate meetings and activities of the Older Adult Falls Prevention Coalition.

Program Description 10 / 17

Program Summary

Program Summary	
Program Name	Prescription Monitoring Program Training and Education
Program Goal	Reduce the rate of unintentional poisoning deaths among Oklahomans through the use of the PMP.
Healthy People 2030 Objective	IVP-20 Reduce overdose deaths involving opioids
Recipient Health Objective	Between 07/2021 and 06/2022, The IPS will maintain one contract with the OBNDCC to support statewide education and training on the PMP as an important clinical tool in the prevention of prescription drug overdose deaths among all persons.
Total Program Allocation	\$75,000

Problem Information

Problem Description

Drug overdose (all manners) is the leading cause of injury-related death, both in the United States and in Oklahoma.

Drug overdose (all manners) is the leading cause of injury-related death, both in the United States and in Oklahoma. In 2017, Oklahoma had the 30th highest age-adjusted drug overdose mortality rate in the nation, 8% lower than the U.S. rate (20.1 and 21.7 per 100,000 population, respectively). Among adults aged 25 to 64 years, drug overdoses accounted for 61% more deaths than motor vehicle crashes and 34% more deaths than all causes of suicide combined. The age-adjusted drug overdose death rate increased nearly fourfold from 5.4 per 100,000 in 1999 to 20.7 per 100,000 in 2009 and remained near this level ever since (20.1 per 100,000 in 2017). This dramatic increase in drug overdose deaths paralleled a marked increase in the dispensing of prescription opioids to treat non-cancer pain in Oklahoma. From 1999 to 2014, the drug overdose death rate involving prescription opioids increased fivefold from 2.5 to 12.1 per 100,000 population, then decreased to 8.3 in 2017. Prescription opioid sales per person more than tripled from 2001 to 2017. Of the more than 4,700 nonfatal poisoning hospitalizations in 2015 in Oklahoma, over 95% were drug related.

Key Indicator:

Rate of unintentional poisoning deaths among Oklahomans: 19.0 per 100,000 population (2017).

Key Indicator Baseline:

19

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan

Program Strategy**Goal:**

Reduce the rate of unintentional poisoning deaths among Oklahomans through the use of the PMP.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

There are clear indications that prescription drug monitoring programs are an effective way to address several components of the prescription drug overdose crisis. 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. Oklahoma's PMP is particularly beneficial in these ways in that it is the only real time system (i.e., reporting in under five minutes). IPS will establish a contract with the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDCC; owner of Oklahoma's PMP) to provide education and training to physicians, healthcare providers, and dispensers of controlled substances on the PMP electronic data system. At the end of August 2016, the PMP moved to a vendor-hosted solution with new functionality and a new interface. All users were required to re-register. Since that time, users have had to navigate a number of challenges as the system continues to be refined and improved. The contract will allow the OBNDCC to support a full-time PMP Educator who will develop training materials, conduct educational sessions and outreach programs, coordinate collaborative projects, and disseminate information on PMP rules and changes, such as the law that requires providers to check the PMP when prescribing opioids, benzodiazepines, and carisoprodol. The PMP Educator and other OBNDCC staff will work in collaboration with IPS staff, as well as other partners working at the community level, including Regional Prevention Coordinators funded by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), health educators in county health departments, and local healthcare organizations to advance statewide overdose prevention efforts.

Setting:

- Community based organization
- Medical or clinical site
- University or college
- Other
 - State Law Enforcement Agency; Medical Conferences

Primary Strategic Partners:

ODMHSAS Regional Prevention Coordinators, health educators, local healthcare organizations

Evaluation Methodology:

The IPS will evaluate processes and outcomes by examining various programmatic elements using the tools described below, such as activity logs, educational sessions conducted, educational strategies used, and partners involved. Trainings will be evaluated to improve the sessions, content, and methods of information delivery. The IPS will use evaluation findings to monitor the progress and effectiveness of the education and training program, as well as make quality improvements and infrastructure recommendations to the PMP as needed.

Planned non-monetary support to local agencies or organizations:

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$75,000
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$75,000

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up Less than 10% - Minimal source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalent)

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 10 / 17

Program name:

Prescription Monitoring Program Training and Education

Number of people served:

3930864

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

1443284

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 35 - 44 years
- 45 – 54 years
- 55 - 64 years

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Program Objectives Description

Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 07/2021 and 06/2022, the Injury Prevention Service will maintain 1 contract annually with the OBNDCC that is focused on providing statewide PMP education and training.
Item to be measured	number of contracts
Unit to be measured	number
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

Drug overdose (all manners) is the leading cause of injury-related death, both in the United States

Drug overdose (all manners) is the leading cause of injury-related death, both in the United States and in Oklahoma. In 2017, Oklahoma had the 30th highest age-adjusted drug overdose mortality rate in the nation, 8% lower than the U.S. rate (20.1 and 21.7 per 100,000 population, respectively). Among adults aged 25 to 64 years, drug overdoses accounted for 61% more deaths than motor vehicle crashes and 34% more deaths than all causes of suicide combined. The age-adjusted drug overdose death rate increased nearly fourfold from 5.4 per 100,000 in 1999 to 20.7 per 100,000 in 2009 and remained near this level ever since (20.1 per 100,000 in 2017). This dramatic increase in drug overdose deaths paralleled a marked increase in the dispensing of prescription opioids to treat non-cancer pain in Oklahoma. From 1999 to 2014, the drug overdose death rate involving prescription opioids increased fivefold from 2.5 to 12.1 per 100,000 population, then decreased to 8.3 in 2017. Prescription opioid sales per person more than tripled from 2001 to 2017. Of the more than 4,700 nonfatal poisoning hospitalizations in 2015 in Oklahoma, over 95% were drug related.

Key Indicator:

Rate of unintentional poisoning deaths among Oklahomans: 19.0 per 100,000 population (2017).

Baseline Value for the Key Indicator:

19

Intervention Summary:

The Injury Prevention Service (IPS) will establish and maintain a contract with the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDCC; owner of Oklahoma's PMP) to provide education and training to physicians, healthcare providers, and dispensers of controlled substances on the PMP electronic data system.

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 are an effective way to address several components of the prescription drug overdose crisis. 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. Oklahoma's prescription monitoring program (PMP) is particularly beneficial in these ways in that it is the only real time system (i.e., reporting in under five minutes). IPS will establish a contract with the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDDC; owner of Oklahoma's PMP) to provide education and training to physicians, healthcare providers, and dispensers of controlled substances on the PMP electronic data system. At the end of August 2016, the PMP moved to a vendor-hosted solution with new functionality and a new interface. All users were required to re-register. Since that time, users have had to navigate a number of challenges as the system continues to be refined and improved. The contract will allow the OBNDDC to support a full-time PMP Educator who will develop training materials, conduct educational sessions and outreach programs, coordinate collaborative projects, and disseminate information on PMP rules and changes, such as the law that requires providers to check the PMP when prescribing opioids, benzodiazepines, and carisoprodol. The PMP Educator and other OBNDDC staff will work in collaboration with IPS staff, as well as other partners working at the community level, including Regional Prevention Coordinators funded by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), health educators in county health departments, and local healthcare organizations to advance statewide overdose prevention efforts.

Type of Intervention:

Rationale for choosing the intervention:

evidence based

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

PMP Education and Training

Summary:

Contract with the OBNDDC 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.

Description:

Between 07/2021 and 06/2022, the Injury Prevention Service will contract with the OBNDDC 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.

Activity 2 / 2

Cross-Sector Collaboration and Partner Engagement

Summary:

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

Description:

Between 07/2021 and 06/2022, 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.

Program Description 11 / 17

Program Summary

Program Summary	
Program Name	Unintentional Poisoning and Prescription Drug Overdose Prevention
Program Goal	Prevent an increase in the rate of unintentional poisoning (UP) deaths.
Healthy People 2030 Objective	A-01 Reduce the proportion of adults with arthritis who have moderate or severe joint pain
Recipient Health Objective	Between 07/2021 and 06/2022, The IPS will engage state and community stakeholders to conduct drug use and overdose prevention efforts across multiple sectors to reduce morbidity and mortality due to Unintentional Poisoning.
Total Program Allocation	\$86,205

Problem Information

Problem Description

Unintentional poisoning and prescription drug overdose deaths are a problem in Oklahoma.

After an increase in the rate of UP deaths from 2015 to 2016, the death rate remained fairly stable from 2016 to 2017 (from 19.9 to 19.0 per 100,000 population, respectively) in Oklahoma. Of the more than 3,600 UP deaths from 2013 to 2017, 61% involved at least one prescription drug. Prescription opioids have been the most common class of drugs involved in overdose deaths (60% of prescription drug-related deaths, with 277 opioid-involved deaths in 2017). The rate of unintentional prescription overdose death decreased 39%, while the prescription opioid overdose death rate decreased 43% from 2013 to 2017. Unintentional poisoning death rates overall have increased due to continued increases in methamphetamine-related overdose deaths. In 2017, more Oklahomans died of an unintentional methamphetamine overdose than prescription opioid overdose. Of the more than 4,700 nonfatal poisoning hospitalizations in 2015 in Oklahoma, over 95% were drug related. Adults aged 35 to 54 years have the highest death rate of any age group for both prescription and non-prescription-related overdoses. However, adults aged 55 and older had the largest increase in unintentional prescription drug overdose death from 2007 to 2016. Although males had higher rates of UP death overall, females aged 45 years and older had higher unintentional prescription drug overdose-related mortality rates than males in this age group. Men were twice as likely to die of an unintentional methamphetamine overdose as women and overdose rates were highest among adults aged 45 to 64 years.

Key Indicator:

Rate of UP deaths among Oklahomans: 19.0 per 100,000 population (2017)

Key Indicator Baseline:

19.0

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Identified via surveillance systems or other data sources

Program Strategy**Goal:**

Prevent an increase in the rate of unintentional poisoning (UP) deaths.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

To prevent an increase in the rate of unintentional poisoning (UP) deaths, the Injury Prevention Service (IPS) will: 1) increase public awareness of the burden and prevention of UP and drug overdose (DO), which includes enhancing data and knowledge about poison exposures and circumstances of the events; creating, updating, and disseminating educational materials; and providing technical assistance to community stakeholders; 2) strategically coordinate UP/DO prevention efforts across multiple sectors to strengthen the use of evidence-based injury prevention interventions statewide; 3) improve the way opioids are prescribed through clinical guidelines in order to reduce adverse effects, diversion, and addiction; and 4) maintain a statewide naloxone (a medication that reverses opioid overdoses) training and distribution program for emergency medical services (EMS) personnel and volunteer fire departments. Program efforts will include working with medical licensing boards, county health departments, emergency medical personnel, community prevention coordinators, health-related professional associations, and local coalitions to widely distribute information on the burden and prevention of UP/DO in Oklahoma. The IPS will provide expertise to state and local stakeholders on content related to the Oklahoma Opioid Prescribing Guidelines, UP/DO data, related policy, naloxone, and safe use, storage, and disposal of prescription drugs. Additionally, the IPS will collaborate with the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDCC) to increase prescribers' use and understanding of the Oklahoma Prescription Monitoring Program (PMP).

Strategic partners include the Oklahoma Injury Prevention Advisory Committee, the Oklahoma State Epidemiological Outcomes Workgroup, the Oklahoma Prevention Leadership Collaborative, the Prescription Drug Planning Workgroup, the Opioid Prescribing Guidelines for Oklahoma Workgroup, all five regulatory medical boards...

Setting:

- Community based organization
- Local health department
- Medical or clinical site
- State health department

Primary Strategic Partners:

Oklahoma Board of Nursing, the Oklahoma Pharmacists Association, ODMHSAS, OHCA, OBNDCC,

Evaluation Methodology:

The IPS will conduct epidemiologic analyses on the magnitude and trends of UP/DO overdose injuries and deaths (hospitalization and fatality rates) to evaluate outcomes. The IPS will also evaluate processes by examining various programmatic elements, such as outreach educational strategies used, use of the PMP, and agencies trained and participating in the naloxone program. State action items from the state plan, Reducing Prescription Drug Abuse in Oklahoma, will be monitored for progress, and outcome evaluations will be conducted. The IPS will use evaluation findings to monitor the progress and effectiveness of the program, as well as make quality improvements as needed.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$86,205
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$86,205

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalent)

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

Total Number of Positions Funded: 1

Total FTEs Funded: 1

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 1

Position 1 / 1 Title:	Drug Overdose Prevention Project Coordinator
Position Name:	Melissa Monroe
Jurisdiction-level:	80%
Local	20%

This position is not vacant.

Target Population of Program 11 / 17

Program name:

Unintentional Poisoning and Prescription Drug Overdose Prevention

Number of people served:

3930864

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years

- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

1443284

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 35 - 44 years
- 45 – 54 years
- 55 - 64 years

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree

- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Program Objectives Description	
Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 07/2021 and 06/2022, the Injury Prevention Service will conduct 5 drug-related overdose prevention strategies across multiple sectors to reduce drug-related morbidity and mortality through engagement with state and community stakeholders.
Item to be measured	number of prevention strategies
Unit to be measured	number
Baseline Value	0
Interim Target Value	2
Final Target Value	5

Problem Description:

Unintentional poisoning and prescription drug overdose deaths are a problem in Oklahoma.

After an increase in the rate of UP deaths from 2015 to 2016, the death rate remained fairly stable from 2016 to 2017 (from 19.9 to 19.0 per 100,000 population, respectively) in Oklahoma. Of the more than 3,600 UP deaths from 2013 to 2017, 61% involved at least one prescription drug. Prescription opioids have been the most common class of drugs involved in overdose deaths (60% of prescription drug-related deaths, with 277 opioid-involved deaths in 2017). The rate of unintentional prescription overdose death decreased 39%, while the prescription opioid overdose death rate decreased 43% from 2013 to 2017. Unintentional poisoning death rates overall have increased due to continued increases in methamphetamine-related overdose deaths. In 2017, more Oklahomans died of an unintentional methamphetamine overdose than prescription opioid overdose. Of the more than 4,700 nonfatal poisoning hospitalizations in 2015 in Oklahoma, over 95% were drug related. Adults aged 35 to 54 years have the highest death rate of any age group for both prescription and non-prescription-related overdoses. However, adults aged 55 and older had the largest increase in unintentional prescription drug overdose death from 2007 to 2016. Although males had higher rates of UP death overall, females aged 45 years and older had higher unintentional prescription drug overdose-related mortality rates than males in this age group. Men were twice as likely to die of an unintentional methamphetamine overdose as women and overdose rates were highest among adults aged 45 to 64 years.

Key Indicator:

Rate of UP deaths among Oklahomans: 19.0 per 100,000 population (2017)

Baseline Value for the Key Indicator:

19

Intervention Summary:

The Injury Prevention Service will conduct 5 drug-related overdose prevention strategies across multiple sectors to reduce drug-related morbidity and mortality.

Between 07/2021 and 06/2022, the Injury Prevention Service will conduct 5 drug-related overdose prevention strategies across multiple sectors to reduce drug-related morbidity and mortality through engagement with state and community stakeholders. To prevent an increase in the rate of unintentional poisoning (UP) deaths, the Injury Prevention Service (IPS) will: 1) increase public awareness of the burden and prevention of UP and drug overdose (DO), which includes enhancing data and knowledge about poison exposures and circumstances of the events; creating, updating, and disseminating educational materials; and providing technical assistance to community stakeholders; 2) strategically coordinate UP/DO prevention efforts across multiple sectors to strengthen the use of evidence-based injury prevention interventions statewide; 3) improve the way opioids are prescribed through clinical guidelines in order to reduce adverse effects, diversion, and addiction; and 4) maintain a statewide naloxone (a medication that reverses opioid overdoses) training and distribution program for emergency medical services (EMS) personnel and volunteer fire departments.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
- Other

SBIRT, SAMHSA 2014; The Prescription Opioid Epidemic: An Evidence-Based Approach. Johns Hopkins 2015

Rationale for choosing the intervention:

Evidence-based

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 5

Drug Overdose Education and Awareness

Summary:

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

Description:

Between 07/2021 and 06/2022, the Project Coordinator will increase public awareness of the burden and prevention of DO and provide technical assistance to community stakeholders.

Activity 2 / 5

Naloxone Training and Distribution Program

Summary:

The Project Coordinator will maintain one naloxone training and distribution program for EMS personnel and volunteer fire departments.

Description:

Between 07/2021 and 06/2022, the Project Coordinator will maintain one naloxone training and distribution program for EMS personnel and volunteer fire departments.

Activity 3 / 5

Opioid Prescribing Guidelines

Summary:

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

Description:

Between 07/2021 and 06/2022, IPS staff will disseminate and increase uptake of Oklahoma’s opioid prescribing guidelines and supplemental clinical/educational materials.

Activity 4 / 5

Drug Overdose Cross-Sector Partner Engagement

Summary:

The Project Coordinator will strategically coordinate DO-related prevention efforts across multiple sectors to strengthen the use of evidence-based injury prevention strategies statewide.

Description:

Between 07/2021 and 06/2022, the Project Coordinator will strategically coordinate DO-related prevention efforts across multiple sectors to strengthen the use of evidence-based injury prevention strategies statewide.

Activity 5 / 5

Marijuana Communications Campaign

Summary:

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

Description:

Between 07/2021 and 06/2022, IPS staff will collaborate with partnering organizations on the development of educational materials and public messaging involving health and safety considerations related to marijuana.

Program Description 12 / 17

Program Summary

Program Summary	
Program Name	Project CHAT Oklahoma Subsequent Assessment - Combatting Heavy Advertisement of Tobacco
Program Goal	Project C.H.A.T. will identify geographic areas more often targeted by the electronic cigarette and vapor industry through marketing, pricing, and product type; It will enable the collection of data which will then guide the selection of evidence-based strategies that aim to prevent youth initiation and protect disparate populations from e-cigarette use.
Healthy People 2030 Objective	TU-10 Eliminate cigarette smoking initiation in adolescents and young adults
Recipient Health Objective	Between 07/2020 and 06/2022, Maintain compliance with laws to prevent illegal sales of tobacco to youth as evidenced by Synar compliance rates greater than 90%.
Total Program Allocation	\$67,353

Problem Information**Problem Description**

Tobacco use among youth in Oklahoma is a problem with 17,900 adolescents trying tobacco for the first time each year.

Tobacco continues to be the leading preventable cause of death in Oklahoma, causing about 7,500 deaths per year. Smoking kills more Oklahomans than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined. 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.

Key Indicator:

Adolescent smoking prevalence rate of 15.1% in 2013 for high school-aged youth; Adolescent smoking prevalence rate of 4.8% in 2013 for middle school-aged youth.

Key Indicator Baseline:

15.1

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Identified via surveillance systems or other data sources

- Prioritized within a strategic plan

Program Strategy**Goal:**

Project C.H.A.T. will identify geographic areas more often targeted by the electronic cigarette and vapor industry through marketing, pricing, and product type; It will enable the collection of data which will then guide the selection of evidence-based strategies that aim to prevent youth initiation and protect disparate populations from e-cigarette use.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

Project C.H.A.T will identify geographic areas more often targeted by the electronic cigarette and vapor industry through marketing, pricing, and product type. It will enable the collection of data which will then guide the selection of evidence-based strategies that aim to prevent youth initiation and protect disparate populations from e-cig use. It will focus on the development of a geographic mapping tool, indicating electronic cigarette and vapor retailers in Oklahoma in relation to disparate or at-risk populations. The project is dependent upon the utilization of Aeronautical Reconnaissance Coverage Geographic Information System (ArcGIS) 10.2.2 mapping software to capture the density of retailers statewide and the proximity of retailers to at-risk communities. The majority of electronic cigarette and vapor retailers in Oklahoma are identifiable through state sales tax permits; Oklahoma does not require retailers to have a license issued by the Oklahoma Tax Commission (OTC) to sell electronic cigarette and vapor products. An initial list of retailers will be requested from the OTC and the Oklahoma Alcoholic Beverage Law Enforcement (ABLE) Commission. ArcGIS 10.2.2 software will then be used to generate maps that illustrate retailer density in Oklahoma. These maps will also depict retailer density in proximity to schools and public housing, as well as retailer density in low SES and large minority population areas. Maps will also be generated to illustrate retailer density in county regions of the state as represented by OSDH members, community grantees, and other locations as needed. The subsequent projects will move beyond retailer density identification and utilize mapping technology and offer further surveillance for tobacco control priorities. Maps developed within this project will help to select specific locations of concern which can then be part of a more in-depth analysis of industry pricing, product placement, and promotion strategies.

Setting:

- State health department

Primary Strategic Partners:

ABLE, CDC, OTC, ODMHSAS, OTRC, TSET, OUHSC

Evaluation Methodology:

This project’s evaluation will focus on the process of collecting data and outcomes related to capacity building of youth and communities throughout Oklahoma. Other outcomes will consist of the data captured by type and locations that should enhance the reach of future youth access and tobacco prevention efforts. Initial planning and process assessment efforts will be collected and analyzed for recruitment, training, and activity implementation. The Center for Chronic Disease Prevention and Health Promotion also utilizes a combination of evaluation methods, which may include surveys, interviews, focus groups, document review, observation, and the use of secondary data as needed.

Evaluation Tools and Data Sources

Process evaluation will be developed after the initial meeting with the planning committee.

Planned non-monetary support to local agencies or organizations:

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$67,353
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$67,353

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$67,353

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalent)

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 12 / 17

Program name:

Project CHAT Oklahoma Subsequent Assessment - Combatting Heavy Advertisement of Tobacco

Number of people served:

800025

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description	
Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 09/1/2021 and 08/30/2022, Project C.H.A.T. will evaluate and provide additional data sources related to the assessment data that was collected.
Item to be measured	data sources
Unit to be measured	number
Baseline Value	0
Interim Target Value	0
Final Target Value	2

Problem Description:

Tobacco use among youth in Oklahoma is a problem

Tobacco continues to be the leading preventable cause of death in Oklahoma, causing about 7,500 deaths in our state per year. Smoking kills more Oklahomans than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined. 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 that 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.

Key Indicator:

Tobacco continues to be the leading preventable cause of death in Oklahoma, causing about 7,500 deaths in our state per year. Smoking kills more Oklahomans than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined. 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 that 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.

Baseline Value for the Key Indicator:

Intervention Summary:

Prevention of youth tobacco initiation through use of GIS mapping to better understand geographic areas more often targeted by the electronic cigarette and vapor industry

The Project C.H.A.T. (Combatting Heavy Advertisement of Tobacco) Oklahoma program will identify geographic areas more often targeted by the electronic cigarette and vapor industry through marketing, pricing, and product type. It will enable the collection of data which will then guide the selection of evidence-based strategies that aim to prevent youth initiation and protect disparate populations from e-cig use.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Community Capacity Building

Summary:

Develop Community Capacity Building for Project CHAT 2.0

Description:

Between 09/2021 and 08/2022, 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.

Activity 2 / 2

Evaluation and Surveillance Standards

Summary:

Develop a process survey instrument in accordance to general evaluation and surveillance standards

Description:

Between 07/2020 and 06/2021, A process survey instrument will be outlined and developed in accordance to general evaluation and surveillance standards.

Program Description 13 / 17**Program Summary**

Program Summary	
Program Name	Health Communications in Oklahoma
Program Goal	Create a public health system that is prepared to provide the most accurate, timely and crucial public health information to our state's residents.
Healthy People 2030 Objective	HC/HIT-R01 Increase the health literacy of the population
Recipient Health Objective	Between 07/2021 and 06/2022, the OSDH Office of Communications will enhance training opportunities across the public health workforce by providing in-person media training for all state health department regional directors, public information officers and media liaisons in each of the nine regional districts where these staff cover all 68 counties.
Total Program Allocation	\$40,568

Problem Information**Problem Description**

There is a lack of basic public relations training among our county health department staff.

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 a consistent social media program or even a general community health communications strategy in place.

Key Indicator:

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 the county health department regional directors to create, develop, implement and evaluate a media relations program.

Key Indicator Baseline:

0

Problem was prioritized by the following factor(s)

- Other
Identified by Communications Staff and leadership

Program Strategy**Goal:**

Create a public health system that is prepared to provide the most accurate, timely and crucial public health information to our state's residents.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

Oklahoma's community public health system will be better prepared to provide the most accurate, timely and crucial public health information to our state's residents. The goal is to develop clear, transparent and consistent communications throughout the counties to inform and influence individual and community decisions that enhance health. Program strategy will weave in and support goals from the four key components to OSDH's strategic initiatives for FY21 that are aimed to advance access to health and social resources. The expected outcomes will include improvement in communication methods, and measurable media coverage; obtaining coverage in at least six local media outlets and marking annual growth of audience reach and impressions.

Setting:

- Local health department

Primary Strategic Partners:

county health departments

Evaluation Methodology:

The evaluation process will include obtaining robust media coverage data to determine measurable results based on audience reach, share of voice and engagement level. Surveys also will be deployed to the 68 county health departments at EOY to gather feedback on success of media training and media relations support.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$40,568
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$40,568

PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

The other funds came from:

- State or local funding

The role of PHHS Block Grant funds in supporting the program was to Startup of a new program

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalentts)

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

Total Number of Positions Funded: 1

Total FTEs Funded: 1

FTEs (Full Time Equivalentts)

Full Time Equivalentts positions that are funded with PHHS Block Grant funds. 1

Position 1 / 1 Title:	Communications Manager
Position Name:	Rob Crissinger
Jurisdiction-level:	25%
Local	75%

This position is not vacant.

Target Population of Program 13 / 17

Program name:

Health Communications in Oklahoma

Number of people served:

Ethnicity:

Race:

Age:

Gender Identity:

Sexual Orientation:

Geography:

Location:

Occupation:

Educational Attainment:

Health Insurance Status:

Primary Low Income:

Is the entire target population disproportionately affected by the Problem, or only part?

Program Objectives Description

Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 07/2021 and 06/2022, the Office of Communications will work closely with the county health department regional directors to create, develop, implement and evaluate a media relations program.
Item to be measured	media relations program
Unit to be measured	number
Baseline Value	0
Interim Target Value	0
Final Target Value	1

Problem Description:

There is a lack of basic public relations training among CHD Directors, PIO's, and media liaisons

According to the County Health Rankings & Roadmaps (CHR&R) 2020 Oklahoma report, the state's rural counties experience greater health disparity, reflecting lower rankings in health factors and outcomes as compared to the more urban counties. A greater burden of disease is apparent in the rural areas, and while one of the OSDH's key components to its strategic initiatives is to reduce the disease burden for all Oklahomans, we intend to improve the delivery of public health initiatives and resources to the rural parts of the state. The Health Communications in Oklahoma program can enhance this endeavor by providing strategic communications education and support for the state's nine regional directors and their media liaisons.

Key Indicator:

The Health Communications in Oklahoma program will include multiple methods to follow an evidence-based, best practices approach to developing effective, county-level health communications through the utilization of communications training in the nine regions. Methods will include media relations training, public relations training and plan development, and social media marketing, among others

Baseline Value for the Key Indicator:

0

Intervention Summary:

The Health Communications in Oklahoma program will include multiple methods to follow an evidence-based, best practices approach to developing effective, county-level health communications.

The Health Communications in Oklahoma program will include multiple methods to follow an evidence-based, best practices approach to developing effective, county-level health communications through the utilization of communications training in the nine regions. Methods will include media relations training, public relations training and plan development, and social media marketing, among others. Evidence-based guidelines direct the need for a variety of methods due to the differing health communications needs of the nine state regions and their counties (varying health issues, target audiences, languages used, cultures, etc.).

Type of Intervention:

Evidence-based intervention

Evidence Source:

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Education and Training

Summary:

Conduct education and training with county health department staff

Description:

Between 07/2021 and 06/2022, the OSDH Manager of Communications and Community Relations will visit each regional district twice (once 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 and content calendar development.

Activity 2 / 3

Media Relations Support

Summary:

Provide Media Relations Support to County Health Departments

Description:

Between 07/2021 and 06/2022, 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.

Activity 3 / 3

Evaluation Support

Summary:

Provide media coverage evaluation support to county health departments

Description:

Between 07/2021 and 06/2022, 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.

Program Description 14 / 17

Program Summary

Program Summary

Program Name	Statewide Condom Distribution 1 - Gonorrhea
Program Goal	Reduce STDs in Oklahoma while normalizing condom usage by providing condoms for free in a variety of settings where adults visit.
Healthy People 2030 Objective	STI-02 Reduce gonorrhea rates in male adolescents and young men
Recipient Health Objective	Between 07/2021 and 06/2022, Provide at least 250,000 condoms for free in venues across Oklahoma in order to reduce rates of gonorrhea.
Total Program Allocation	\$17,498

Problem Information**Problem Description**

Oklahoma continues to have high rates of STDs compared to the rest of the nation, and in 2018 ranked 10th highest for the rate of gonorrhea (8,998 cases, 228.9/100,000 pop).

Oklahoma continues to have high rates of STDs compared to the rest of the nation. In 2018, Oklahoma was ranked 19th highest for rates of chlamydia (21,974 cases, 559/100,000 pop.) and ranked 10th highest for the rate of gonorrhea (8,998 cases, 228.9/100,000 pop). There was over a 300% rate increase of syphilis in Oklahoma from 2012 (229) to 2018 (946). In 2018, Oklahoma had the 9th highest rate of primary & secondary syphilis in the nation (13.5/100,000 pop). By the end of 2017, it was estimated that 6,163 people living in Oklahoma had HIV. Adolescents and young adults across all of Oklahoma account for the majority of all STDs.

Key Indicator:

Oklahoma's ranking 10th highest for the rate of gonorrhea (8,998 cases, 228.9/100,000 pop).

Key Indicator Baseline:

228.9

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources

Program Strategy

Goal:

Reduce STDs in Oklahoma while normalizing condom usage by providing condoms for free in a variety of settings where adults visit.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

The goal of this program is to ensure condoms are available, accessible, and acceptable across Oklahoma. This will allow us to partner with businesses such as bars, barber shops, tattoo shops, community based organizations, etc. across Oklahoma to provide condom distributions and reduce STDs.

Setting:

- Business, corporation or industry
- Community based organization
- Other
Community Health Center

Primary Strategic Partners:

businesses and community-based organizations who serve adults

Evaluation Methodology:

The project will be monitored by measuring the number of condoms distributed by location monthly. Resources will be redirected if a partnering facility is not successful to distribute condoms. Evaluation will involve measuring the number of condoms given away at each facility.

Planned non-monetary support to local agencies or organizations:

- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$17,498
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$17,498

PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$17,498

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalent)

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 14 / 17

Program name:

Statewide Condom Distribution 1 - Gonorrhea

Number of people served:

5000

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College

- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description	
Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 07/2021 and 06/2022, HIV/STD 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.
Item to be measured	Condom distribution programs
Unit to be measured	number
Baseline Value	1
Interim Target Value	1
Final Target Value	1

Problem Description:

Oklahoma continues to have high rates of STDs compared to the rest of the nation.

Oklahoma continues to have high rates of STDs compared to the rest of the nation. In 2018, Oklahoma was ranked 19th highest for rates of chlamydia (21,974 cases, 559/100,000 pop.) and ranked 10th highest for the rate of gonorrhea (8,998 cases, 228.9/100,000 pop). There was over a 300% rate increase of syphilis in Oklahoma from 2012 (229) to 2018 (946). In 2018, Oklahoma had the 9th highest rate of primary & secondary syphilis in the nation (13.5/100,000 pop). By the end of 2017, it was estimated that 6,163 people living in Oklahoma had HIV. Adolescents and young adults across all of Oklahoma account for the majority of all STDs.

Key Indicator:

Gonorrhea Rates and Condom Distribution Programs

Baseline Value for the Key Indicator:

1

Intervention Summary:

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.

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. The goal of this program is to ensure condoms are available, accessible, and acceptable across Oklahoma. This will allow us to partner with businesses such as bars, barber shops, tattoo shops, community based organizations, etc. across Oklahoma to provide condom distributions.

Type of Intervention:

Evidence-based intervention

Evidence Source:**Rationale for choosing the intervention:****Target Population same as the Program or a subset:**

Same as the Program

Activity 1 / 3

Program Outreach and Promotion

Summary:

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

Description:

Between 07/2021 and 06/2022, Advertise the condom distribution program via social media, word of mouth, and at public events where Sexual Health and Harm Reduction staff attend.

Activity 2 / 3

Monitor Condom Orders

Summary:

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

Description:

Between 07/2021 and 06/2022, Monitor orders placed via ordering email account condoms@health.ok.gov each work day and complete orders within 2 weeks of order

Activity 3 / 3

Track Condoms Distributed

Summary:

Update condom distribution Excel spreadsheet for each order.

Description:

Between 07/2020 and 06/2021, Update condom distribution Excel spreadsheet for each order.

Program Description 15 / 17**Program Summary**

Program Summary	
Program Name	Statewide Condom Distribution 2- Syphilis
Program Goal	Reduce STDs in Oklahoma while normalizing condom usage by providing condoms for free in a variety of settings where adults visit.
Healthy People 2030 Objective	STI-03 Reduce the syphilis rate in females
Recipient Health Objective	Between 07/2021 and 06/2022, provide at least 250,000 condoms for free in venues across Oklahoma in order to reduce rates of syphilis in females..
Total Program Allocation	\$17,498

Problem Information**Problem Description**

Oklahoma continues to have high rates of STDs compared to the rest of the nation, and in 2018 Oklahoma had the 9th highest rate of primary & secondary syphilis in the nation (13.5/100,000 pop).

Oklahoma continues to have high rates of STDs compared to the rest of the nation. In 2018, Oklahoma was ranked 19th highest for rates of chlamydia (21,974 cases, 559/100,000 pop.) and ranked 10th highest for the rate of gonorrhea (8,998 cases, 228.9/100,000 pop). There was over a 300% rate increase of syphilis in Oklahoma from 2012 (229) to 2018 (946). In 2018, Oklahoma had the 9th highest rate of primary & secondary syphilis in the nation (13.5/100,000 pop). By the end of 2017, it was estimated that 6,163 people living in Oklahoma had HIV. Adolescents and young adults across all of Oklahoma account for the majority of all STDs

Key Indicator:

In 2018, Oklahoma had the 9th highest rate of primary & secondary syphilis in the nation (13.5/100,000 pop)

Key Indicator Baseline:

13.5

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources

Program Strategy

Goal:

Reduce STDs in Oklahoma while normalizing condom usage by providing condoms for free in a variety of settings where adults visit.

SDOH Addressed by the Program:

This program is not specifically addressing a Social Determinant of Health (SDOH)

Program Strategy:

The goal of this program is to ensure condoms are available, accessible, and acceptable across Oklahoma. This will allow us to partner with businesses such as bars, barber shops, tattoo shops, community based organizations, etc. across Oklahoma to provide condom distributions and reduce STDs.

businesses and community-based organizations who serve adults

Setting:

- Business, corporation or industry

- University or college

Primary Strategic Partners:

businesses and community-based organizations who serve adults

Evaluation Methodology:

The project will be monitored by measuring the number of condoms distributed by location monthly. Resources will be redirected if a partnering facility is not successful to distribute condoms. Evaluation will involve measuring the number of condoms given away at each facility.

Planned non-monetary support to local agencies or organizations:

- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$17,498
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$17,498

PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$17,498

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalent)

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 15 / 17

Program name:

Statewide Condom Distribution 2- Syphilis

Number of people served:

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College

- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description	
Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 07/2020 and 06/2021, HIV/STD 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.
Item to be measured	Condom distribution programs
Unit to be measured	number
Baseline Value	1
Interim Target Value	1
Final Target Value	1

Problem Description:

Oklahoma continues to have high rates of STDs compared to the rest of the nation

Oklahoma continues to have high rates of STDs compared to the rest of the nation. In 2018, Oklahoma was ranked 19th highest for rates of chlamydia (21,974 cases, 559/100,000 pop.) and ranked 10th highest for the rate of gonorrhea (8,998 cases, 228.9/100,000 pop). There was over a 300% rate increase of syphilis in Oklahoma from 2012 (229) to 2018 (946). In 2018, Oklahoma had the 9th highest rate of primary & secondary syphilis in the nation (13.5/100,000 pop). By the end of 2017, it was estimated that 6,163 people living in Oklahoma had HIV. Adolescents and young adults across all of Oklahoma account for the majority of all STDs.

Key Indicator:

number of condom distribution programs

Baseline Value for the Key Indicator:

1

Intervention Summary:

Maintain 1 condom distribution program with at least 25 businesses and community organizations across Oklahoma

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. The goal of this program is to ensure condoms are available, accessible, and acceptable across Oklahoma. This will allow us to partner with businesses such as bars, barber shops, tattoo shops, community based organizations, etc. across Oklahoma to provide condom distributions.

Type of Intervention:

Evidence-based intervention

Evidence Source:**Rationale for choosing the intervention:****Target Population same as the Program or a subset:**

Same as the Program

Activity 1 / 3

Program Outreach and Promotion

Summary:

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

Description:

Between 07/2020 and 06/2021, Advertise the condom distribution program via social media, word of mouth, and at public events where Sexual Health and Harm Reduction staff attend.

Activity 2 / 3

Monitor Condom Orders

Summary:

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

Description:

Between 07/2020 and 06/2021, Monitor orders placed via ordering email account condoms@health.ok.gov each work day and complete orders within 2 weeks of order.

Activity 3 / 3

Track Condoms Distributed

Summary:

Update condom distribution Excel spreadsheet for each order.

Description:

Between 07/2021 and 06/2022, update condom distribution Excel spreadsheet for each order.

Program Description 16 / 17**Program Summary**

Program Summary	
Program Name	Statewide Condom Distribution 3 - Congenital Syphilis
Program Goal	Reduce STDs in Oklahoma while normalizing condom usage by providing condoms for free in a variety of settings where adults visit.
Healthy People 2030 Objective	STI-04 Reduce congenital syphilis
Recipient Health Objective	Between 07/2021 and 06/2022, provide at least 250,000 condoms for free in venues across Oklahoma in order to reduce rates of congenital syphilis.
Total Program Allocation	\$17,498

Problem Information**Problem Description**

Oklahoma continues to have high rates of STDs compared to the rest of the nation, and in 2018 Oklahoma had the 9th highest rate of primary & secondary syphilis in the nation (13.5/100,000 pop).

Oklahoma continues to have high rates of STDs compared to the rest of the nation. In 2018, Oklahoma was ranked 19th highest for rates of chlamydia (21,974 cases, 559/100,000 pop.) and ranked 10th highest for the rate of gonorrhea (8,998 cases, 228.9/100,000 pop). There was over a 300% rate increase of syphilis in Oklahoma from 2012 (229) to 2018 (946). In 2018, Oklahoma had the 9th highest rate of primary & secondary syphilis in the nation (13.5/100,000 pop). By the end of 2017, it was estimated that 6,163 people living in Oklahoma had HIV. Adolescents and young adults across all of Oklahoma account for the majority of all STDs.

Key Indicator:

Oklahoma's 9th highest rate of primary & secondary syphilis in the nation (13.5/100,000 pop).

https://www.ok.gov/health/Prevention_and_Preparedness/HIV_STD_Service/Fact_Sheets_-_OK_Data/index.html <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/std-trends-508.pdf>

Key Indicator Baseline:

13.5

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources

Program Strategy

Goal:

Reduce STDs in Oklahoma while normalizing condom usage by providing condoms for free in a variety of settings where adults visit.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)

Program Strategy:

The goal of this program is to ensure condoms are available, accessible, and acceptable across Oklahoma. This will allow us to partner with businesses such as bars, barber shops, tattoo shops, community based organizations, etc. across Oklahoma to provide condom distributions and reduce STDs.

businesses and community-based organizations who serve adults

Setting:

- Business, corporation or industry
- University or college

Primary Strategic Partners:

businesses and community-based organizations who serve adults

Evaluation Methodology:

The project will be monitored by measuring the number of condoms distributed by location monthly. Resources will be redirected if a partnering facility is not successful to distribute condoms. Evaluation will involve measuring the number of condoms given away at each facility.

Planned non-monetary support to local agencies or organizations:

- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$17,498
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$17,498

PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Enhance or expand the program

Amount of funding to populations disproportionately affected by the Problem: \$17,498

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalent)

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 16 / 17

Program name:

Statewide Condom Distribution 3 - Congenital Syphilis

Number of people served:

5000

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)
- Something else

Geography:

Both

Location:

Statewide

Occupation:

Educational Attainment:

- Some High School
- Some College

- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description	
Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 07/2020 and 06/2021, HIV/STD 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.
Item to be measured	Condom distribution programs
Unit to be measured	number
Baseline Value	1
Interim Target Value	1
Final Target Value	1

Problem Description:

Oklahoma continues to have high rates of STDs compared to the rest of the nation

Oklahoma continues to have high rates of STDs compared to the rest of the nation. In 2018, Oklahoma was ranked 19th highest for rates of chlamydia (21,974 cases, 559/100,000 pop.) and ranked 10th highest for the rate of gonorrhea (8,998 cases, 228.9/100,000 pop). There was over a 300% rate increase of syphilis in Oklahoma from 2012 (229) to 2018 (946). In 2018, Oklahoma had the 9th highest rate of primary & secondary syphilis in the nation (13.5/100,000 pop). By the end of 2017, it was estimated that 6,163 people living in Oklahoma had HIV. Adolescents and young adults across all of Oklahoma account for the majority of all STDs.

Key Indicator:

Baseline Value for the Key Indicator:**Intervention Summary:**

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.

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. The goal of this program is to ensure condoms are available, accessible, and acceptable across Oklahoma. This will allow us to partner with businesses such as bars, barber shops, tattoo shops, community based organizations, etc. across Oklahoma to provide condom distributions.

Type of Intervention:

Evidence-based intervention

Evidence Source:**Rationale for choosing the intervention:****Target Population same as the Program or a subset:**

Same as the Program

Activity 1 / 3

Program Outreach and Promotion

Summary:

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

Description:

Between 07/2020 and 06/2021, Advertise the condom distribution program via social media, word of mouth, and at public events where Sexual Health and Harm Reduction staff attend.

Activity 2 / 3

Monitor Condom Orders

Summary:

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

Description:

Between 07/2020 and 06/2021, Monitor orders placed via ordering email account condoms@health.ok.gov each work day and complete orders within 2 weeks of order.

Activity 3 / 3

Track Condoms Distributed

Summary:

Update condom distribution Excel spreadsheet for each order.

Description:

Between 07/2021 and 06/2022, update condom distribution Excel spreadsheet for each order.

Program Description 17 / 17**Program Summary**

Program Summary	
Program Name	Sexual Violence Prevention
Program Goal	To reduce the first-time occurrence of sexual violence by reducing risk factors and enhancing protective factors linked to sexual violence perpetration and victimization
Healthy People 2030 Objective	IVP-D05 Reduce contact sexual violence
Recipient Health Objective	Between 07/2021 and 06/2022, in an effort to decrease the rate of forcible and attempted rape, IPS staff will engage two contractors to provide technical assistance and training to sexual violence prevention stakeholders and to provide sexual assault education at the individual, relationship, and community levels of the socio-ecological model
Total Program Allocation	\$91,800

Problem Information**Problem Description**

Sexual violence is a major public health problem in Oklahoma and for nearly two decades, the crime rate of forcible rape and attempted rape in Oklahoma has been 30% to 40% higher than in the U.S.

Sexual violence is a major public health problem in Oklahoma. For nearly two decades, the crime rate of forcible rape and attempted rape in Oklahoma has been 30% to 40% higher than in the U.S. In 2017, the rate of forcible and attempted rape in Oklahoma was 57.1 per 100,000 population. The number of forcible and attempted rapes of females reported to Oklahoma law enforcement agencies increased from 1,948 in 2015 to 2,246 in 2017. It is well known that rape is underreported to law enforcement. Crime statistics represent only a fraction of rapes, thus survey data may help provide a closer estimate of the true prevalence. The National Intimate Partner and Sexual Violence Survey (NISVS), conducted in 2010, estimated the lifetime prevalence of rape at 18% for adult women and 1% for adult men. Forty-two percent of women who reported completed rape were younger than 18 years of age when the first rape occurred. In a 2018 random telephone survey of Oklahoma women 18-35 years of age conducted by the University of Oklahoma Public Opinion Learning Laboratory (OU POLL), over nearly half (47%) of the women surveyed had been sexually assaulted; 8% had been sexually assaulted in the past 12 months. Data from the 2017 Youth Risk Behavior Survey (YRBS) found that 9% (16% of girls and 3% of boys) of Oklahoma youth in public schools grades 9-12 had been forced to have sexual intercourse.

Key Indicator:

Rate of forcible and attempted rape in Oklahoma in 2017: 57.1 per 100,000 population.

Key Indicator Baseline:

Rate of forcible and attempted rape in Oklahoma in 2017: 57.1 per 100,000 population.

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources

Program Strategy**Goal:**

To reduce the first-time occurrence of sexual violence by reducing risk factors and enhancing protective factors linked to sexual violence perpetration and victimization

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
- Adverse Childhood Experiences (ACEs)

Program Strategy:

To reduce the first-time occurrence of sexual violence and reducing risk factors and enhance protective factors linked to sexual violence perpetration and victimization the Injury Prevention Service (IPS) will provide two contracts to support two community-based sexual violence prevention educators, and conduct surveillance of sexual violence through the Behavioral Risk Factor Surveillance System (BRFSS). The community-based sexual violence prevention educators will provide community strategies based on CDC STOP SV: A Technical Package to Prevent Sexual Violence. The technical package identifies five strategies to help communities prevent sexual violence: 1) promote social norms that protect against violence; 2) teach skills to prevent sexual violence; 3) provide opportunities to empower and support girls and women; 4) create protective environments; and 5) support victims/survivors to lessen harms.

Setting:

- Community based organization
- Rape crisis center
- State health department

Primary Strategic Partners:

Representatives from domestic violence/ sexual assault service providers the Oklahoma Coalition Aga

Evaluation Methodology:

The IPS will conduct epidemiologic analyses on the magnitude and trends of sexual violence in Oklahoma to evaluate outcomes. The IPS will also evaluate processes and outcomes by examining various programmatic elements using the tools described below, such as activity logs, educational strategies used, and partners involved. The IPS will use evaluation findings to monitor the progress and effectiveness of the program and the community-based prevention educators, as well as make quality improvements and infrastructure recommendations as needed.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$7,923
FY 2021 Sex Offense Allocation	\$83,877
Total Allocation	\$91,800

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$91,800

Amount of planned funding to local agencies or organizations: \$88,000

Type of supported local agencies or organizations:

- Local Organization
- Other
State health department

FTEs (Full Time Equivalent)

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 17 / 17

Program name:

Sexual Violence Prevention

Number of people served:

806519

Ethnicity:

- Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 5 - 14 years
- 15 - 24 years

Gender Identity:

- Male
- Female

Sexual Orientation:

- I don't know the answer

Geography:

Both

Location:

Entire state

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description	
Program Smart Objective	1 / 2
Title of Program SMART Objective	Between 7/2021 and 6/2022, Injury Prevention Service Rape Prevention and Education Staff will maintain 2 contracts for community-based sexual assault prevention programs
Item to be measured	contracts established and maintained
Unit to be measured	contract
Baseline Value	0
Interim Target Value	1
Final Target Value	2

Problem Description:

Sexual violence is a major public health problem in Oklahoma

The rate of forcible and attempted rape in Oklahoma was 57.1 per 100,000 population. The number of forcible and attempted rapes of females reported to Oklahoma law enforcement agencies increased from 1,948 in 2015 to 2,246 in 2017. It is well known that rape is underreported to law enforcement. Crime statistics represent only a fraction of rapes, thus survey data may help provide a closer estimate of the true prevalence. The National Intimate Partner and Sexual Violence Survey (NISVS), conducted in 2010, estimated the lifetime prevalence of rape at 18% for adult women and 1% for adult men. Forty-two percent of women who reported completed rape were younger than 18 years of age when the first rape occurred. In a 2018 random telephone survey of Oklahoma women 18-35 years of age conducted by the University of Oklahoma Public Opinion Learning Laboratory (OU POLL), over nearly half (47%) of the women surveyed had been sexually assaulted; 8% had been sexually assaulted in the past 12 months. Data from the 2017 Youth Risk Behavior Survey (YRBS) found that 9% (16% of girls and 3% of boys) of Oklahoma youth in public schools grades 9-12 had been forced to have sexual intercourse.

Key Indicator:

Rate of forcible and attempted rape in Oklahoma in 2017: 57.1 per 100,000 population.

Baseline Value for the Key Indicator:

57

Intervention Summary:

Implement a community-based sexual assault prevention program

To reduce the first-time occurrence of sexual violence and reducing risk factors and enhance protective factors linked to sexual violence perpetration and victimization the Injury Prevention Service (IPS) will provide two contracts to support two community-based sexual violence prevention educators, and conduct surveillance of sexual violence through the Behavioral Risk Factor Surveillance System (BRFSS). The community-based sexual violence prevention educators will provide community strategies based on CDC STOP SV: A Technical Package to Prevent Sexual Violence. The technical package identifies five strategies to help communities prevent sexual violence: 1) promote social norms that protect against violence; 2) teach skills to prevent sexual violence; 3) provide opportunities to empower and support girls and women; 4) create protective environments; and 5) support victims/survivors to lessen harms.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Other

CDC STOP SV: A Technical Package to Prevent Sexual Violence

<https://www.cdc.gov/violenceprevention/p>

Rationale for choosing the intervention:

evidence-based intervention

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Rape Prevention Education

Summary:

Contract with 2 crisis centers to hire rape prevention educators

Description:

Between 07/2021 and 06/2022, the Injury Prevention Service will contract with Community Crisis Center (CCC) 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.

Activity 2 / 2

Sexual Assault Prevention Program

Summary:

Operation of a community-based sexual assault program to implement primary prevention strategies in the community

Description:

Between 07/2021 and 06/2022, the contracted Prevention Educators will operate a community-based sexual assault prevention program to implement primary prevention strategies tailored to the community's needs at the individual, relationship, community, and societal levels of the socio-ecological spectrum

Program Objectives Description	
Program Smart Objective	2 / 2
Title of Program SMART Objective	Between 7/2021 and 6/2022, the Injury Prevention Service will publish 2 state added questions to the Oklahoma BRFSS to inform surveillance of sexual violence
Item to be measured	
Unit to be measured	
Baseline Value	
Interim Target Value	
Final Target Value	

Problem Description:

Sexual violence is a major public health problem in Oklahoma

The rate of forcible and attempted rape in Oklahoma was 57.1 per 100,000 population. The number of forcible and attempted rapes of females reported to Oklahoma law enforcement agencies increased from 1,948 in 2015 to 2,246 in 2017. It is well known that rape is underreported to law enforcement. Crime statistics represent only a fraction of rapes, thus survey data may help provide a closer estimate of the true prevalence. The National Intimate Partner and Sexual Violence Survey (NISVS), conducted in 2010, estimated the lifetime prevalence of rape at 18% for adult women and 1% for adult men. Forty-two percent of women who reported completed rape were younger than 18 years of age when the first rape occurred. In a 2018 random telephone survey of Oklahoma women 18-35 years of age conducted by the University of Oklahoma Public Opinion Learning Laboratory (OU POLL), over nearly half (47%) of the women surveyed had been sexually assaulted; 8% had been sexually assaulted in the past 12 months. Data from the 2017 Youth Risk Behavior Survey (YRBS) found that 9% (16% of girls and 3% of boys) of Oklahoma youth in public schools grades 9-12 had been forced to have sexual intercourse.

Key Indicator:

Rate of forcible and attempted rape in Oklahoma in 2017: 57.1 per 100,000 population.

Baseline Value for the Key Indicator:

57

Intervention Summary:

Type of Intervention:

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

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Partnership with the Center for Health Statistics

Summary:

Injury Prevention Service will partner with the Center for Health Statistics to include sexual violence questions in BRFSS

Description:

Between 7/2021 and 6/2022, the Injury Prevention Service 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