

**Oklahoma FY 2020
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2020

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Executive Summary

The Oklahoma State Department of Health (OSDH) is proud to submit the Federal Fiscal Year 2020 (FY20) work plan for the Preventive Health and Health Services Block Grant (PHHSBG). OSDH is the designated state agency eligible to receive and administer the PHHSBG funds. On June 9, 2020, a public hearing was convened in order for the Oklahoma PHHSBG Advisory Committee to review and recommend programs for funding, based upon the allocation table provided by CDC, and contingent upon the receipt of funding for FY20. The Committee recommended projects for funding that most closely aligned with Healthy People 2020 Objectives, OSDH Strategic Priorities and other agency-defined essential needs to support efforts that decrease premature death and disabilities. The Centers for Disease Control and Prevention (CDC) released an allocation table by which we have estimated a funding assumption for planning purposes. The total award for the FY 2020 Preventive Health and Health Services Block Grant is \$1,477,113. This amount is based on an allocation table distributed by CDC.

On June 9, 2020 the Public Hearing was convened.

Funding for FY 2020 Sexual Assault-Rape Crisis (HO IPV 40) activities detailed in the Work Plan: \$83,877 of this total is a mandatory allocation to the Oklahoma State Department of Health which provides this funding to maintain two contracts with The Oklahoma Coalition Against Domestic Violence and Sexual Assault Prevention to support 2.0 FTE (1.0 FTE per contract) Prevention Specialists to provide comprehensive sexual assault prevention education at the community level beginning July 1, 2019 through September 30, 2021 and to monitor the burden of sexual assault, surveillance will be conducted by including at least two sexual assault questions on BRFSS annually beginning July 1, 2019 through September 30, 2021.

Allocation and Funding Priorities for FY20:

- **Advancing Health Equity and Strengthening Minority Health:**
AHS-6 Inability to Obtain or Delay in Obtaining Necessary Medical Care, Dental Care or Prescription Medicines. PHI-2 Continuing Education of Public Health Personnel. \$181,558 of this total will be used to fund a Planning Coordinator (.50 FTE) and 2 Interpreter/Translator positions (1.0 FTE each). \$11,500 of this will be used to provide interpretation and sign language services through the Language Line as well as skill-based interpreter training.
- **Certified Healthy Community Technical Assistance:** TU-20 Evidence-Based Tobacco Control Programs. \$43,426 of this total will be used to fund a State Programs Coordinator (.20 FTE), and a Certified Healthy Consultant (.30 FTE).
- **Child Passenger Safety Program:** IVP-16 Age-Appropriate Child Restraint Use. \$73,500 of this total will be used to fund a Child Passenger Safety Project Coordinator (1.0 FTE) and \$84,705 will be used to purchase child safety seats.
- **Cleveland County Birth Partners:** MICH-7 Cesarean Births. \$62,400 of this total will be used to fund 3 Community Health workers (.50 FTE each).
- **Comprehensive Quality Improvement Initiative:** PHI-16 Public Health Agency Quality Improvement Program. \$74,942 of this total will be used to fund an Internal Partnerships manager (.40 FTE) and 2 QI Coordinators (.20 FTE each).
- **County Health Department Tobacco Cessation Program:** TU-4 Smoking Cessation Attempts by Adults. \$78,446 of this total will be used to fund a Tobacco Cessation Coordinator (1.0 FTE)
- **Engaging CHWs in Diabetes Self-Management:** D-14 Diabetes Education. \$21,597 of this total will be used to fund a Community Program Coordinator (.20 FTE).
- **Health Communications in Oklahoma:** Health Communication and Health Information Technology – PHI-2, Continuing Education of Public Health Personnel. \$33,075 of this total will be used to fund a Communication and Community Relations Manager (1.0 FTE).
- **Human Resources Training:** PHI-2, Continuing Education of Public Health Personnel. \$52,500 of this total will go to acquiring training resources for employees.
- **Older Adult Fall Prevention and Healthy Aging:** IVP-23.2, Prevent an increase in fall-related deaths. \$90,332 of this total will be used to fund a Tai Chi Instructor/Administrative Program Manager (.10

FTE) and a Healthy Aging and Fall Prevention Coordinator (1 FTE).

- **Prescription Monitoring Program Training and Education:** IVP-9 Poisoning Deaths. \$75,000 of this total will go to contract with the Oklahoma Bureau of Narcotics to provide a full-time Prescription Monitoring Program Educator.
- **Project C.H.A.T Oklahoma Subsequent Assessment- Combating Heavy Advertisement of Tobacco:** TU-3, Reduce the initiation of tobacco use among children, adolescents, and young adults. \$67,353 of this total will be used to contract with an expert consultant to provide surveillance tools, method selection and additional instrument guidance.
- **Statewide Condom Distribution:** STD-1, Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections. STD-6, Reduce gonorrhea rates. STD-7, Reduce sustained domestic transmission of primary and secondary syphilis. \$10,000 of this total will be used to purchase condoms for statewide distribution.
- **Unintentional Poisoning and Prescription Drug Overdose Prevention:** IVP-9 Poisoning Deaths. \$63,429 of this total will be used to fund a Project Coordinator (.80 FTE).

Additional costs associated with the Preventive Health and Health Services Block Grant to ensure proper administration and agency function total \$105,553 which is less than 10% of the total grant funding. The grant application adheres to federal guidelines that require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

Funding Priority: Under or Unfunded, State Plan (2020), Data Trend

Funding Priority: Under or Unfunded, State Plan (2020), Data Trend

Statutory Information

Advisory Committee Member Representation:

Advocacy group, American Indian/Alaska Native tribe, College and/or university, County and/or local health department, Indian Health Service, Schools of public-health, State health department, State or local government

Dates:

Public Hearing Date(s):

5/7/2019

Advisory Committee Date(s):

5/7/2019

8/6/2019

Current Forms signed and attached to work plan:

Certifications: No

Certifications and Assurances: Yes

Budget Detail for OK 2020 V0 R0	
Total Award (1+6)	\$1,477,113
A. Current Year Annual Basic	
1. Annual Basic Amount	\$1,393,236
2. Annual Basic Admin Cost	(\$105,553)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$1,287,683
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$83,877
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$83,877
(9.) Total Current Year Available Amount (5+8)	\$1,371,560
C. Prior Year Dollars	
10. Annual Basic	\$1,375,921
11. Sex Offense Set Aside (HO 15-35)	\$83,877
(12.) Total Prior Year	\$1,459,798
13. Total Available for Allocation (5+8+12)	\$2,831,358

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$1,287,683
Sex Offense Set Aside	\$83,877
Available Current Year PHHSBG Dollars	\$1,371,560
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$1,375,921
Sex Offense Set Aside	\$83,877
Available Prior Year PHHSBG Dollars	\$1,459,798
C. Total Funds Available for Allocation	\$2,831,358

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Advancing Health Equity and Strengthening Minority Health	AHS-6 Inability to Obtain or Delay in Obtaining Necessary Medical Care, Dental Care or Prescription Medicines	\$217,620	\$217,620	\$435,240
	PHI-2 Continuing Education of Public Health Personnel	\$13,890	\$13,890	\$27,780
Sub-Total		\$231,510	\$231,510	\$463,020
Certified Healthy Communities Technical Assistance	TU-20 Evidence-Based Tobacco Control Programs	\$58,526	\$58,526	\$117,052
Sub-Total		\$58,526	\$58,526	\$117,052
Child Passenger Safety Program	IVP-16 Age-Appropriate Child Restraint Use	\$176,514	\$176,514	\$353,028
Sub-Total		\$176,514	\$176,514	\$353,028
Cleveland County Birth Partners	MICH-7 Cesarean Births	\$94,471	\$94,471	\$188,942
Sub-Total		\$94,471	\$94,471	\$188,942
Comprehensive Quality Improvement Initiative	PHI-16 Public Health Agency Quality Improvement Program	\$100,000	\$100,000	\$200,000
Sub-Total		\$100,000	\$100,000	\$200,000
County Health Department (CHD) Tobacco Cessation Program	TU-4 Smoking Cessation Attempts by Adults	\$97,956	\$97,956	\$195,912
Sub-Total		\$97,956	\$97,956	\$195,912
Engaging Community Health Workers in Chronic Disease Self-Management Education and Support	D-14 Diabetes Education	\$21,597	\$21,597	\$43,194
Sub-Total		\$21,597	\$21,597	\$43,194
Health Communications in Oklahoma	PHI-2 Continuing Education of Public Health Personnel	\$40,568	\$40,568	\$81,136
Sub-Total		\$40,568	\$40,568	\$81,136
Human Resource Training and Development	PHI-2 Continuing Education of Public Health Personnel	\$52,500	\$70,000	\$122,500
Sub-Total		\$52,500	\$70,000	\$122,500
Older Adult Fall	IVP-23 Deaths from	\$121,985	\$121,985	\$243,970

Prevention and Healthy Aging	Falls			
Sub-Total		\$121,985	\$121,985	\$243,970
Prescription Monitoring Program Training and Education	IVP-9 Poisoning Deaths	\$75,000	\$75,000	\$150,000
Sub-Total		\$75,000	\$75,000	\$150,000
Project C.H.A.T Oklahoma Subsequent Assessment-Combating Heavy Advertisement of Tobacco	TU-3 Initiation of Tobacco Use	\$67,353	\$67,353	\$134,706
Sub-Total		\$67,353	\$67,353	\$134,706
Sexual Violence Prevention	IVP-40 Sexual Violence (Rape Prevention)	\$91,800	\$91,800	\$183,600
Sub-Total		\$91,800	\$91,800	\$183,600
Statewide Condom Distribution	STD-1 Chlamydia	\$3,333	\$3,333	\$6,666
	STD-6 Gonorrhea	\$3,333	\$3,333	\$6,666
	STD-7 Primary and Secondary Syphilis	\$3,334	\$3,334	\$6,668
Sub-Total		\$10,000	\$10,000	\$20,000
Unintentional Poisoning and Prescription Drug Overdose Prevention	IVP-9 Poisoning Deaths	\$86,205	\$86,205	\$172,410
Sub-Total		\$86,205	\$86,205	\$172,410
Grand Total		\$1,325,985	\$1,343,485	\$2,669,470

State Program Title: Advancing Health Equity and Strengthening Minority Health

State 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.

OMHHE will continue to work with agency leadership to implement policy and practices that promote professional development and increase the capacity of the public health workforce for those employees providing language assistance. Strategies include continuing education and proficiency testing. Oklahoma State Department of Health (OSDH) will develop and provide training for agency interpreters across the state. The training will include information about ethical and legal ramifications for interpreters in health care; service delivery; cultural courtesies and formalities; and other related topics. Participants will earn credits toward agency annual employee training requirements including cultural competency, ethics and supervisory.

In addition to reducing language barriers across public health systems, the OMHHE will provide additional staff support to increase health equity and cultural competency throughout the public health system within this project, one OMHHE program planner will dedicate 20 hours per week to support capacity building and stakeholder engagement for state and local health improvement efforts. The planner will collaborate and consult with program staff and community engagement teams to identify data driven strategies to improve health. An additional emphasis will be placed on disparate populations with the greatest need. Capacity building efforts include but are not limited to identifying and convening stakeholders, developing communication strategies, identifying community resources and assessing needs and researching evidence based strategies.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalent):

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

Position Name: Kaitlin Pope

Position Title: Planning Coordinator

State-Level: 50% Local: 0% Other: 0% Total: 50%

Position Name: Victor Vargas

Position Title: Interpreter/Translator

State-Level: 60% Local: 40% Other: 0% Total: 100%

Position Name: Blanca Valera

Position Title: Interpreter/Translator

State-Level: 60% Local: 40% Other: 0% Total: 100%

Total Number of Positions Funded: 3

Total FTEs Funded: 2.50

National Health Objective: HO AHS-6 Inability to Obtain or Delay in Obtaining Necessary Medical Care, Dental Care or Prescription Medicines

State Health Objective(s):

Between 07/2020 and 06/2021, Between 07/2020 and 06/2021, Reduce Disease Burden for all Oklahomans- Prioritize partnerships to drive community health change.

State Health Strategic Plan goals and objectives that align:

Goal 6: Enhance delivery of public health care and services through stronger partnerships and virtualization, Objective 6.1: Expand public-private partnerships in all regions to support community health improvement

Goal 4: Enhance access of community level public health expertise, Objective 2: Boost epidemiological and health strategy resources in every district by end of 2020

Goal 4: Strengthen evaluation strategies and improve agency efficiency, Objective 3: Identify health plan strategists in each district to monitor district level activities and update strategic plan data dashboard

Baseline:

Zero

Data Source:

Oklahoma State Department of Health Strategic Plan 2020

State Health Problem:

Health Burden:

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.

Target Population:

Number: 1,013,371

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 331,507

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: United State Census Bureau July 1, 2018 (V2018)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Other: National Code of Ethics for Interpreters in Health Care; National Standards of Practice for Interpreters in Health Care; Culturally & Linguistically Appropriate Standards; Core Competencies for Public Health Professionals; and Essential Public Health Services

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

Total Current Year Funds Allocated to Health Objective: \$217,620

Total Prior Year Funds Allocated to Health Objective: \$217,620

Funds Allocated to Disparate Populations: \$217,620

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Capacity Building

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.

Annual Activities:

1. Public Health Champions

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.

2. Convene and Build Alliances

Between 07/2020 and 06/2021, OMHHE Planning Coordinator will convene 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.

3. Referrals

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

Objective 2:**Communication and Language Assistance**

Between 07/2020 and 06/2021, (OMHHE) will provide language assistance encounters or units of service to **2000** individuals with Limited English Proficiency (LEP).

Annual Activities:**1. On-Site and Telephonic Interpretation**

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

2. Written Document Translation

Between 07/2020 and 06/2021, Between 7/2019 and 06/2020, OMHHE will translate 100 documents from source language to requested target language within 30 days of request by client and/or program area.

National Health Objective: HO PHI-2 Continuing Education of Public Health Personnel**State Health Objective(s):**

Between 07/2020 and 06/2021, Improve Population Health - Strengthen the Department's Effectiveness and Adaptability – Cultivate a Competent, Adaptive, Customer-Oriented Workforce

Baseline:

Zero

Data Source:

Oklahoma State Department of Health Strategic Plan 2020

State Health Problem:**Health Burden:**

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.

Target Population:

Number: 2,006

Infrastructure Groups: State and Local Health Departments, Other

Disparate Population:

Number: 1,770

Infrastructure Groups: State and Local Health Departments, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Code of Ethics for Interpreters in Health Care; National Standards of Practice for Interpreters in Health Care; Culturally & Linguistically Appropriate Standards; Core Competencies for Public Health Professionals; and Essential Public Health Services

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

Total Current Year Funds Allocated to Health Objective: \$13,890

Total Prior Year Funds Allocated to Health Objective: \$13,890

Funds Allocated to Disparate Populations: \$13,890

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Public Health Workforce Cultural Competency

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.

Annual Activities:

1. National Board Certification for Medical Interpreters

Between 07/2020 and 06/2021, OMHHE will support 2 Interpreter/Translators earning National Board Medical Interpreters Certification meeting all required pre-requisites, training, and examinations.

2. Foreign Language Interpreter Continuing Education

Between 07/2020 and 06/2021, OMHHE will contract with (OCCC) to provide continuing education for 40 current agency foreign language interpreters.

State Program Title: Certified Healthy Communities Technical Assistance

State Program Strategy:

Health Priority: The primary health concern targeted by this program is chronic disease prevention. The Center for Disease Control and Prevention (CDC) reports 28.3% of adults in Oklahoma do not engage in any leisure time physical activity, 50.4% of Oklahoma adults consume fruit less than one time daily, 25.3% of adults consume vegetables less than one time daily and 21.1% of adults smoke in Oklahoma.

Goals/ Program Strategy: The goal of this program is to grow communities in their certified healthy community application in strategies that address chronic disease prevention.

Primary Strategic Partners: Strategic partners include the 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.

Evaluation Tools and Data Sources: Customized "Grow to the Next Level" Certified Healthy reports; Certified Healthy application and annual certification level; individualized consultation plans; customer satisfaction surveys.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

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

Position Name: Julie Dearing

Position Title: State Programs Coordinator

State-Level: 20% Local: 0% Other: 0% Total: 20%

Position Name: Karin Leimbach

Position Title: Certified Healthy Consultant

State-Level: 30% Local: 0% Other: 0% Total: 30%

Total Number of Positions Funded: 2

Total FTEs Funded: 0.50

National Health Objective: HO TU-20 Evidence-Based Tobacco Control Programs

State Health Objective(s):

Between 07/2020 and 06/2021, In 2019, Oklahoma ranked 46th in overall health status indicators in America's Health Ranking Annual Report. There is much room for improvement in the areas of physical activity, nutrition, tobacco use and chronic disease prevention. The CDC reports 28.3% of adults in Oklahoma do not engage in any leisure time physical activity, 50.4% of Oklahoma adults consume fruit less than one time daily, 25.3% of adults consume vegetables less than one time daily and 21.1% of adults smoke in Oklahoma.

Baseline:

In 2019 122 communities applied for certification. Of those, 52 received less than the excellence status and thus show room for growth to the next level.

Data Source:
BRFSS; Certified Healthy Database

State Health Problem:

Health Burden:

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.

Target Population:

Number: 133,522

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 133,522

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Need

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Other: TSET Healthy Living Program model policies/practices;

Blue Zones;

Best Practices for Comprehensive Tobacco Control Programs

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

Total Current Year Funds Allocated to Health Objective: \$58,526

Total Prior Year Funds Allocated to Health Objective: \$58,526

Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Identify Target Communities

Between 07/2020 and 06/2021, Center for Chronic Disease Prevention and Health Promotion will identify **5** 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 2019 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).

Annual Activities:

1. Onboard and Train Consultant

Between 07/2020 and 06/2021, Center for Chronic Disease Prevention and Health Promotion division will onboard and train a Certified Healthy Oklahoma Consultant.

2. Identify Communities

Between 07/2020 and 06/2021, The Center for Chronic Disease Prevention and Health Promotion division will identify communities in need of in-depth consultation based on established eligibility factors (i.e. certification level, lack of local TA infrastructure, 2019 reported criteria).

3. Recruit Selected Communities

Between 07/2020 and 06/2021, 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.

4. Provide Technical Assistance

Between 07/2020 and 06/2021, 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.

5. Evaluate Outcomes of Technical Assistance Provision

Between 07/2020 and 06/2021, 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.

State Program Title: Child Passenger Safety Program

State Program Strategy:

Motor vehicle-related injuries are a leading cause of death among children in Oklahoma. Based on strong evidence of effectiveness, 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 technicians, renewing technicians, and check stations).

Health Priority

Motor vehicle-related injuries are a leading cause of death among children in Oklahoma. In 2017, there were 9,649 children aged 0 to 12 years who were passengers in a crash in Oklahoma. The 2018 Child Restraint Survey found 91.1% of children were restrained, which is consistent with the previous five years (five-year range: 90.7% to 92.0%). Lower rates of restraint usage were identified among children riding in pickup trucks (83.2%), in the front seat (81.8%), forward facing (89.9%), and with unrestrained drivers (63.1%).

Primary Strategic Partners

Primary strategic partners include the Oklahoma Highway Safety Office, Safe Kids Oklahoma, Safe Kids Tulsa Area, Safe Kids Oklahoma City Metro, county health departments, Oklahoma Department of Human Services, and OSDH service areas that work closely with children and families (e.g., the Maternal and Child Health Service and the Family Support and Prevention Service), to align efforts and more effectively reach and educate the target audiences.

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.

Evaluation Tools and Data Sources

Epidemiologic analyses will utilize hospital inpatient discharge data (OSDH Center for Health Statistics), death data (Office of the Chief Medical Examiner and Vital Statistics), crash data (Oklahoma Highway Safety Office), and the annual child restraint survey (Oklahoma Highway Safety Office). Logs will be

maintained to track the distribution and use of educational materials, car seats/booster seats installed or checked, and presentations delivered/courses taught.

State Program Setting:

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

FTEs (Full Time Equivalents):

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

Position Name: Jennifer Williams

Position Title: Child Passenger Safety Project Coordinator

State-Level: 50% Local: 50% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO IVP-16 Age-Appropriate Child Restraint Use

State Health Objective(s):

Between 07/2020 and 06/2021, 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.

Baseline:

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

Data Source:

Oklahoma Vital Statistics death data

State Health Problem:

Health Burden:

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.

Target Population:

Number: 477,953

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 477,953

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: CDC Wonder, <http://wonder.cdc.gov>

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Other: The Cochrane Database Systematic Review – Interventions for Promoting Booster Seat Use in Four to Eight Year Olds Travelling in Motor Vehicles (2006)

Countermeasures that Work: A Highway Safety Countermeasure Guide for State Highway Safety Officers (2015)

CDC Vital Signs on child passenger safety (2014)

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

Total Current Year Funds Allocated to Health Objective: \$176,514

Total Prior Year Funds Allocated to Health Objective: \$176,514

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Installation and Education Program

Between 07/2020 and 06/2021, 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.

Annual Activities:**1. CPS Education and Awareness**

Between 07/2020 and 06/2021, 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.

2. Child Safety Seat Installations and Checks

Between 07/2020 and 06/2021, 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.

3. Support Statewide CPS Capacity

Between 07/2020 and 06/2021, 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.

4. CPS Training Courses

Between 07/2020 and 06/2021, 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.

State Program Title: Cleveland County Birth Partners

State Program Strategy:

Health Priority: Hiring 2 part-time community health workers to be certified as doulas and implementing 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.

Primary Strategic Partners: WIC, Norman Regional Hospital, Local OBs offices, Cleveland County FIMR workgroup, Cleveland County Child Health workgroup.

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.

Evaluation Tools: Pre & Post confidence surveys, post program survey, birth doula evaluation form, and labor and birth information form

Data Sources: Norman Regional and Medicaid data

State Program Setting:

Local health department

FTEs (Full Time Equivalents):

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

Position Name: Heather Jones

Position Title: Community Health Worker

State-Level: 0% Local: 50% Other: 0% Total: 50%

Position Name: TBD

Position Title: Community Health Worker

State-Level: 0% Local: 50% Other: 0% Total: 50%

Position Name: TBD

Position Title: Community Health Worker

State-Level: 0% Local: 50% Other: 0% Total: 50%

Total Number of Positions Funded: 3

Total FTEs Funded: 1.50

National Health Objective: HO MICH-7 Cesarean Births

State Health Objective(s):

Between 07/2020 and 06/2021, 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.

Baseline:

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

Data Source:

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

State Health Problem:

Health Burden:

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 child birth, high c-section rates among women who were not identified as being high risk pregnancies, and lack of child birth 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.

Target Population:

Number: 250

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 250

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: United State Census Bureau July 1, 2018 (V2018)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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.

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

Total Current Year Funds Allocated to Health Objective: \$94,471
Total Prior Year Funds Allocated to Health Objective: \$94,471
Funds Allocated to Disparate Populations: \$94,471
Funds to Local Entities: \$0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Childbirth Education Classes

Between 07/2020 and 06/2021, Cleveland County Health Department will conduct **12** child birth classes.

Annual Activities:

1. Purchase Incentive Items for Classes

Between 07/2020 and 06/2021, The Cleveland County Health Department will purchase and distribute incentive items and meals for childbirth education classes in order to increase participation.

2. Train a Birth Educator

Between 07/2020 and 06/2021, The Cleveland County Health Department will train a dedicated childbirth educator.

3. Promote and Recruit for Classes

Between 07/2020 and 06/2021, The Cleveland County Health Department will promote and recruit for classes through community outreach, internal programs and social media.

Objective 2:

Provide Labor and Birth Support

Between 07/2020 and 06/2021, The Cleveland County Health Department will provide labor and birth support to **48** expectant, WIC eligible women.

Annual Activities:

1. Community Health Worker will become DONA Certified

Between 07/2020 and 06/2021, community health workers will complete the necessary steps for certification through the DONA International Program.

2. Purchase Birthing Tools

Between 07/2020 and 06/2021, The Cleveland County Health Department will purchase doula birthing tools and program supplies,

3. Promote Program

Between 07/2020 and 06/2021, The Cleveland County Health Department will promote the program through community outreach, internal programs and social media and enroll eligible, interested clients.

Objective 3:

Provide Postpartum and Mental Health Support

Between 07/2020 and 06/2021, Cleveland County Health Department will provide postpartum and mental health support to 48 birth doula clients.

Annual Activities:

1. Conduct Follow up Visits

Between 07/2020 and 06/2021, The Cleveland County Health Department will conduct postpartum follow up visits for birth doula clients.

2. Refer Clients to Community Social Worker

Between 07/2020 and 06/2021, The Cleveland County Health Department will refer doula program clients to a community social worker for continued mental health care.

State Program Title: Comprehensive Quality Improvement Initiative**State Program Strategy:**

Oklahoma ranks 43rd in the nation on overall health outcomes.¹ 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. Oklahoma ranks 48th in cardiovascular disease deaths, 47th in infant mortality, and 48th in the number of uninsured people in the state.¹ The poor health outcomes currently facing the state have several contributing factors that must be addressed to see improvements. Obesity is associated with increased early mortality and is a major contributing factor to cardiovascular disease; Oklahoma currently ranks 42nd in the nation for the number of obese adults (32.8%).^{2,1} One of the leading causes of infant death is maternal pregnancy complications which can often be identified and treated more readily if a woman is seeking prenatal care upon conception and throughout pregnancy, and accessing prenatal care from the first trimester on.³ In 2015, the percent of women in Oklahoma receiving prenatal care in the first trimester was 72.8%, lower than the Healthy People 2020 goal of 77.9%.⁴ The current rate of uninsured individuals in the state is 13.9% with a goal of reducing the rate to 9.5% by 2019.⁵ People who are uninsured often do not access healthcare services unless they are very ill, making them less likely to recover, and more expensive to treat.⁶ 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 and policies 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 central office. Major components of the initiative are:

1. Assessing current services/activities to eliminate duplication and evaluate fidelity, impact, evidence base, and (if possible) cost effectiveness
2. Identifying strategic partnerships that allow the agency to focus on the highest needs
3. Identifying new priorities and activities that further the agency's mission
4. Equipping agency staff with skills and knowledge to implement continuous QI
5. Equipping agency staff to educate their local policymakers to ensure agency priorities are adequately resourced and supported by state and local policies
6. Establishing a QI infrastructure within the agency (e.g., QI Council)
7. Aligning the agency's strategic map with identified priorities
8. Continually making improvements over time

Evaluation Tools and Data Sources

Health360 Scoring Tool and Plan-Do-Study-Act (PDSA) tools

Primary Strategic partners for strategy

The 1,770 employees at the Oklahoma State Department of Health specifically; the senior leadership team, local Regional Directors, and Quality Improvement champions trained in QI tools and processes.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

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

Position Name: Amanda James

Position Title: Internal Partnerships Manager

State-Level: 40% Local: 0% Other: 0% Total: 40%

Position Name: Rogelio Meza

Position Title: QI Coordinator

State-Level: 10% Local: 10% Other: 0% Total: 20%

Position Name: Taylor Holland

Position Title: QI Coordinator

State-Level: 10% Local: 10% Other: 0% Total: 20%

Total Number of Positions Funded: 3

Total FTEs Funded: 0.80

National Health Objective: HO PHI-16 Public Health Agency Quality Improvement Program

State Health Objective(s):

Between 07/2020 and 06/2021, Continue to expand and integrate continuous quality improvement practices throughout the organization by improving customer service within the OSDH. At least 2 tools will be created to assess OSDH programs and services.

Baseline:

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.

There has been 0 assessments and inventory completed related to customer service specifically.

Data Source:

Health Policy, Planning, and Partnerships, Office of Internal Partnerships

State Health Problem:

Health Burden:

Health Burden:

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 2015.⁷ 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 2035.⁸

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.⁹

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.⁵

Target Population:

Number: 1,770

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 1,770

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: 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.

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

Total Current Year Funds Allocated to Health Objective: \$100,000

Total Prior Year Funds Allocated to Health Objective: \$100,000

Funds Allocated to Disparate Populations: \$100,000

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Quality Improvement Project

Between 07/2020 and 06/2021, The Internal Partnerships Team will conduct **1** assessment and inventory of current processes for collecting customer feedback in at least 4 central office and/or county health department programs.

Annual Activities:

1. Develop Assessment Tools

Between 07/2020 and 06/2021, The Internal Partnerships Team will develop tools to collect current processes for attaining customer service feedback within central office and/or county health department programs.

2. Develop Messaging

Between 07/2020 and 06/2021, The Internal Partnerships Team will develop messaging for senior leadership to launch before and alongside the customer service feedback processes collection tools.

3. Implement Collection Tools

Between 07/2020 and 06/2021, The Internal Partnerships Team will partner with CERS to implement the collection tools within central office and/or county health department programs.

4. Gather Feedback and Develop Summary

Between 07/2020 and 06/2021, The Internal Partnerships team will gather the customer feedback processes collection tools and develop a summary of current processes.

Objective 2:

Quality Improvement Projects

Between 07/2020 and 06/2021, the Internal Partnerships Team will develop **2** customer service feedback collection tools.

Annual Activities:

1. Prioritize Programs

Between 07/2020 and 06/2021, The Internal Partnerships team will prioritize programs based on the customer feedback processes collection tools.

2. Develop Messaging

Between 07/2020 and 06/2021, The Internal Partnerships Team will develop messaging to initiate meeting with central office and/or county health department programs to develop survey questions.

3. Develop Survey Questions

Between 07/2020 and 06/2021, The Internal Partnerships Team will meet with central office and/or county health department programs to develop survey questions.

4. Survey Design

Between 07/2020 and 06/2021, The Internal Partnerships Team will work with CERS staff to design surveys within the Qualtrics database.

5. Present Plan to Leadership

Between 07/2020 and 06/2021, The Internal Partnerships Team will present the customer service plan to the Executive Leadership Team for approval.

6. Provide Customer Service Messaging

Between 07/2020 and 06/2021, The Internal Partnerships Team will provide customer service messaging for the Executive Leadership Team to launch the customer service surveys.

State Program Title: County Health Department (CHD) Tobacco Cessation Program

State Program Strategy:

Increase tobacco dependence treatment within the CHD systems. The CHDs serve as a clinical point of entry for many Oklahomans so it is imperative the tobacco cessation services that are provided adhere to the minimum standards as outlined in the Treating Tobacco Use and Dependence Clinical Practice Guidelines and by the U.S. Preventative Services Task Force.[1,6,7] At a minimum the CHDs should incorporate a system change that ensures every patient is screened for tobacco use (all forms including e-cigarettes), a process for documenting the tobacco status, treatment in the form of the 5 A's, a direct referral to the Oklahoma Tobacco Helpline (OTH) via fax or web-portal, the continued monitoring of the data related to the treatment and all staff are trained on Evidence Based (EB) practices (motivational interviewing, the OTH, basic pharmacotherapy, counseling).[1,7]

Health Priority: The county health department systems serve as a point of entry for health care. It is imperative that the county health departments fully incorporate evidence-based tobacco dependence treatment interventions as evidenced by the U.S. Department of Health and Human Services, Treating Tobacco Use and Dependence Clinical Practice Guideline, 2008. [1] This specific project focuses on tobacco dependence and incorporating evidence-based tobacco cessation interventions. Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure by encouraging and assisting tobacco users to quit.

Primary Strategic Partners: The Oklahoma State Department of Health and the CHDs

Evaluation Methodology: The evaluation will focus on both the process and the outcomes of Oklahoma's efforts to enhance the reach of the OTH. The evaluation will be designed to both improve program efforts and utilization of quitline services among county health departments. Initial planning and assessment efforts will also be collected and analyzed to set up baseline for intervention follow-up. The Center utilizes a combination of evaluation methods, which may include surveys, interviews, focus groups, document reviews, and the use of secondary data.

Evaluation Tools and Data Sources: Chart abstractions, BCD billing information, direct referrals to the OTH, treatment reach.

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

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

Position Name: Sonya Anderson

Position Title: Tobacco Cessation Coordinator

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

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO TU-4 Smoking Cessation Attempts by Adults

State Health Objective(s):

Between 07/2020 and 06/2021, Reduce adult smoking prevalence from 21.1% in 2014 to 18% in 2020 (Data Source: BRFSS).

Goal: Increase by 5% annually the percentage of Oklahoma adults and youth who successfully quit tobacco use. Strategy: Increase the number of hospitals and health systems, healthcare professionals, and community-based clinics that effectively implement the U.S. Public Health Service Clinical Practice Guidelines for Treating Tobacco Dependence by 2020 as evidenced by a 20% annual increase in the number of providers completing direct referrals to the Oklahoma Tobacco Helpline via fax or electronic medical record. (OHIP 2020)

Baseline:

21.1%

Data Source:

BRFSS

State Health Problem:

Health Burden:

Oklahoma is plagued by high rates of tobacco use among youth and adult populations. In Oklahoma 21.1% of adults currently smoke cigarettes every day or some days[5], and 12.5% of high school Oklahoma Youth Tobacco Survey respondents currently smoke cigarettes (2017). There are more than 570,000 adults that smoke in Oklahoma, with more than 7,500 adults dying annual as a result of their own smoking. Additionally, smoking will attribute to more than 88,000 kids now under the age of 18 who will ultimately die prematurely from smoking. Tobacco use continues to be a major contributing factor connected to the chronic conditions that affect Oklahomans daily. In Oklahoma 31.1% of all cancer deaths are attributed to smoking.[3] It is imperative that Oklahoma implement evidence-based practices that will impact tobacco dependence through systematic sustainable approaches such as strategies aimed at increasing the utilization of cessation best practices.

Target Population:

Number: 6,498

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural

Primarily Low Income: Yes

Disparate Population:

Number: 6,498

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: PHOCIS, Oklahoma Tobacco Helpline data, chart abstraction data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Other: 1. Best Practices for Comprehensive Tobacco Control Programs (2014). National Center for Chronic Disease Prevention and Health Promotion. Retrieved from:
https://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf.
2. The U.S. Preventive Services Task Force, Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions (2015). Retrieved from:
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1>.
3. Fiore et al. (2008). Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: USDHHS, PHS, May 2008.

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

Total Current Year Funds Allocated to Health Objective: \$97,956
Total Prior Year Funds Allocated to Health Objective: \$97,956
Funds Allocated to Disparate Populations: \$97,956
Funds to Local Entities: \$0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Increase Referrals to Helpline

Between 07/2020 and 06/2021, Pittsburg, Atoka, Coal, and McIntosh County Health Departments will increase the number of referrals to the Oklahoma Tobacco Helpline by 20% from 48 (FY18 baseline) to **58**.

Annual Activities:

1. Onboarding and training

Between 07/2020 and 06/2021, The Tobacco Cessation Coordinator will obtain TTS training and shadow the OSDH Cessation Coordinator, onboard and acclimate to the CHD clinical system, attend the quarterly HSI meetings and understand the OTH, billing processes and internal OSDH procedures related to tobacco cessation.

2. Data analysis

Between 07/2020 and 06/2021, Between 07/2020 and 06/2021, the Tobacco Cessation Coordinator will develop a chart abstractions protocol, begin chart abstraction process for Pittsburg county to determine billing deficiencies, smoking/tobacco use status, demographics, obtain baseline data from data sources (PHOCIS demographic data and smoking status from chart abstraction vs PHOCIS Data) and develop pre and post surveys for employees.

3. System change recommendations

Between 07/2020 and 06/2021, Between 07/2020 and 06/2021, Tobacco Cessation Coordinator will begin process flow analysis, conduct an all staff meeting to discuss potential changes to the tobacco cessation processes, determine QI process for system change within Pittsburg CHD and develop and in-service training plan for tobacco treatment with assistance from the Center; include communication plan, current workflow and updated workflow, tobacco cessation training, process overview for billing etc.

4. Implement training

Between 07/2020 and 06/2021, The Tobacco Cessation Coordinator will train CHD staff on new processes and provide pre and post tests.

5. Continued evaluation

Between 07/2020 and 06/2021, The Tobacco Cessation Coordinator will track and monitor data – referrals, billing, chart abstractions and develop a monitoring system that is conducive for the CHD.

State Program Title: Engaging Community Health Workers in Chronic Disease Self-Management Education and Support

State Program Strategy:

The Center for Chronic Disease Prevention and Health Promotion (Center) 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.

CHW-led interventions are cost-effective methods for improving health and enhancing health equity in underserved populations. CHWs are often members of coordinated care teams consisting of nurses, clinicians, social workers, and counselors as well as other multi-disciplinary health professionals.

Health Priority:

Integrating CHWs into team-based care models provides a valuable health resource to patients struggling to improve health outcomes. Studies have shown interventions provided by CHWs to be effective in improving blood pressure and blood glucose levels, medication adherence, and self-reported health behaviors (physical activity, healthy eating, and smoking cessation). CHWs assist individuals with addressing social and health-related issues by providing patient coaching, education and social support. Individuals challenged with meeting basic social needs (housing, food utilities) are provided connections to community resources by CHWs.

Primary Strategic Partners

Oklahoma State Department of Health, Oklahoma State University -School of Community Health Sciences, Counseling & Counseling Psychology, and Oklahoma Department of Career and Technology Education

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.

State Program Setting:

State health department, Other: CHW Taskforce/WorkGroup

FTEs (Full Time Equivalents):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO D-14 Diabetes Education**State Health Objective(s):**

Between 07/2020 and 06/2021, 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. The tobacco use measure focuses on decreasing the incidence of chronic disease caused by or impacted by tobacco use and secondhand smoke exposure. The obesity reduction measure focuses on reducing adult and adolescent obesity prevalence. Each of these measures is linked to three to four goals; each goal includes suggested strategies for successful attainment of the goal.

Baseline:

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)

Data Source:

(OSDH), Center for Health Statistics 2017 County Health Profiles; Oklahoma Health Improvement Plan 2020

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Baseline:

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)

Data Source:

(OSDH), Center for Health Statistics 2017 County Health Profiles; Oklahoma Health Improvement Plan 2020

State Health Problem:**Health Burden:**

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).

Target Population:

Number: 370,000

Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes

Disparate Population:

Number: 370,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 35 - 49 years, 50 - 64 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Number of Oklahomans Living with Diabetes - BRFSS; National Health and Nutrition Examination Survey (NHANES), United Foundation – America's Health Ranking, Centers for Disease Control and Prevention

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

- Other: 1. Community Preventive Services Task Force
- a. Diabetes Management: Interventions Engaging Community Health Workers
 - b. Cardiovascular Disease: Interventions Engaging Community Health Workers
 - c. Diabetes Management: Team-based Care for Patients with Type 2 Diabetes
 - d. Cardiovascular Disease: Team-Based Care to Improve Blood Pressure Control
2. HP2020 Topic: Diabetes
- a. D1: Reduce the annual number of new cases of diagnosed diabetes in the population
 - b. D5: Improve glycemic control among persons with diabetes
 - c. D14: Increase the proportion of people with diabetes who receive formal diabetes education
 - d. D16: Increase prevention behaviors in persons at high risk for diabetes with prediabetes
3. HP2020 Topic: Cardiovascular Disease
- a. HDS – 5: Reduce the proportion of persons in the population with hypertension
 - b. HDS – 9: Increase the proportion of adults with prehypertension who meet the recommended guidelines
 - c. HDS – 10: Increase the proportion of adults with hypertension who meet the recommended guidelines
 - d. HDS – 12: Increase the proportion of adults with hypertension whose blood pressure is under control

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

Total Current Year Funds Allocated to Health Objective: \$21,597
Total Prior Year Funds Allocated to Health Objective: \$21,597
Funds Allocated to Disparate Populations: \$21,597
Funds to Local Entities: \$0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
Less than 10% - Minimal source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Establish Advisory Group

Between 07/2020 and 06/2021, 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.

Annual Activities:

1. Conduct needs assessment

Between 07/2020 and 06/2021, Conduct a needs assessment to identify evidence of impact and value in current programs / organizations using / employing CHWs (community health representatives, etc.)

2. Standards Development

Between 07/2020 and 06/2021, Develop a CHW scope of practice policy and workforce standards.

3. Curriculum Development

Between 07/2020 and 06/2021, Support and implement standardized core competency curriculum development

4. Statewide Certification

Between 07/2020 and 06/2021, Establish and implement statewide certification (if appropriate).

5. Advance payment options

Between 07/2020 and 06/2021, Work with Medicaid, Medicare and related payers for advance payment options to cover diabetes education offered by a Community Health Worker to create sustainability.

State Program Title: Health Communications in Oklahoma

State Program Strategy:

Health Priority – The Health Communications in Oklahoma program’s health priority is to provide effective communications promoting health initiatives through a public relations plan delivered to the county health departments, with a focus on disparate and/or rural populations, ultimately to increase the health of all Oklahomans.

Goals/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 FY20 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.

Primary Strategic Partners - The primary stakeholders are the state’s 68 county health departments and the Oklahomans they serve. The OSDH Office of Communications is dedicated to providing the communications support needed to improve the health of Oklahomans and to elevate our state to being among the Top 10 of the healthiest states in the nation. Communications is at the heart of our state health department’s efforts to ensure our messages reach each community to impact health factors and outcomes, especially those in the rural areas of our state. The Communications team will work collaboratively with the county health department to build relationships with local entities such as service organizations, health-related associations, and chambers of commerce.

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.

Evaluation Tools and Data Sources – Primary evaluation tools will include continuous and robust media coverage monitoring capabilities to evaluate audience reach and impressions, as well as measurement of county population health data to determine success of reaching healthier outcomes for Oklahomans.

State Program Setting:

Local health department, State health department, Other: Community Partners; Program Stakeholders

FTEs (Full Time Equivalents):

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

Position Name: Carol Booth

Position Title: Manager, Communication and Community Relations

State-Level: 25% Local: 75% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO PHI-2 Continuing Education of Public Health Personnel

State Health Objective(s):

Between 07/2020 and 06/2021, the OSDH Office of Communications will provide 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. The objective is to develop clear, transparent and consistent health communications at the county level, to be delivered by the nine district offices. This strengthening of health communications to the counties (including local media, general public and public officials) is extremely needed in light of the COVID-19 global pandemic that we have faced since early 2020.

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.

The objective is to develop clear, transparent and consistent health communications at the county level, to be delivered by the nine district offices. This strengthening of health communications to the counties (including local media, general public and public officials) is extremely needed in light of the COVID-19 global pandemic that we have faced since early 2020.

Baseline:

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.

Data Source:

Oklahoma State Department of Health; OSDH Strategic Plan 2020

State Health Problem:

Health Burden:

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.

Target Population:

Number: 2,017

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 979

Infrastructure Groups: State and Local Health Departments, Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: 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.).

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

Total Current Year Funds Allocated to Health Objective: \$40,568

Total Prior Year Funds Allocated to Health Objective: \$40,568

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Start-up

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

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:**Develop strategic media relations program at the county health depart**

Between 07/2020 and 06/2021, The Office of Communications will develop 1 strategic media relations program at the county health department level by working closely with all county health department regional directors in the creation, development, implementation and evaluation of the media relations program.

Annual Activities:**1. Education and Training**

Between 07/2020 and 06/2021, The OSDH Manager of Communications and Community Relations will visit each regional district twice (once in 2020 and again in 2021) 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.

2. Media Relations Support

Between 07/2020 and 06/2021, 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.

3. Evaluation Support

Between 07/2020 and 06/2021, 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.

State Program Title: Human Resource Training and Development

State 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 at least 8 employees to OSU [Executive Development Program for State Officials](#), and up to 50 employees to OSU Leadership Development Certificate Series 2020.

Health Priority: Training & development improves the quality of work agency wide and employees will have greater job satisfaction leading to reduced turnover, few law violations, grievances, claims, and reduction in human resources costs.

Primary Strategic Partners:

Office of Management and Enterprise Services

Oracle

McAfee & Taft A Professional Corporation

OSU

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.

State Program Setting:

Community based organization, Local health department, State health department

FTEs (Full Time Equivalents):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO PHI-2 Continuing Education of Public Health Personnel

State Health Objective(s):

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.

Baseline:

Agency practice fosters all individuals who work, volunteer or intern with the health department to complete required training. This project will impact most individuals associated with the health department.

Data Source:

Society of Human Resources Management – SHRM.

[Oklahoma State Employee Engagement Survey](#)

Agency	Number of Respondents	Engagement	Satisfaction	Favorability
All Agencies Combined	13,468	77%	73%	63%
Health Department (0340)	954	75%	71%	61%

State Health Problem:**Health Burden:**

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

Target Population:

Number: 1,937

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 1,937

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The Society of Human Resources Management

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

Total Current Year Funds Allocated to Health Objective: \$52,500

Total Prior Year Funds Allocated to Health Objective: \$70,000

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

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

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

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:**Increase Leadership Development Opportunities**

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 58.

Annual Activities:**1. Enroll Employees in Executive Development Program for State Officials**

Between 07/2020 and 06/2021, Select 8 employees and enroll them to the Executive Development

program for State Officials.

2. OSU Leadership Development Series

Between 07/2020 and 06/2021, Follow and maintain the following classes schedule for OSU Leadership Development Certificate Series 2020.

June 17th Creating and Inspiring Employee-Centric Teams

August 20th Creating and Developing High-Performance Teams

September 16th Shifting Gears from Managing to Leading

December 8th Managing Confrontations

Objective 2:

Maintain and Improve LEARN

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.

Annual Activities:

1. Develop New Classes

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

2. Develop User Guide

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

3. Upload JurisIQ

Between 07/2020 and 06/2021, Upload JurisIQ into LEARN and make it available in 2020.

State Program Title: Older Adult Fall Prevention and Healthy Aging**State 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.

Health Priority:

Although the key outcome is the reduction of fall risk among community-dwelling adults, TCMBB has been shown to promote a wide variety of health benefits, including reducing blood pressure and depression; enhancing mental well-being; and improving muscular strength, balance, postural control, sleep quality, and overall quality of life. Increasing the number of instructors, and thereby classes, in the state is the key to giving older adults the opportunity to participate in TCMBB, and ultimately to reducing falls and fall-related injuries.

Primary Strategic Partners

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.

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.

Evaluation Tools and Data Sources

Epidemiologic analyses will utilize hospital inpatient discharge data (OSDH Center for Health Statistics) and death data (Office of the Chief Medical Examiner and Vital Statistics). Logs will be maintained to track the distribution and use of TCMBB materials and trainings, news releases, and presentations/demonstrations delivered.

State Program Setting:

Community based organization, Local health department, State health department

FTEs (Full Time Equivalents):

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

Position Name: Avy Doran-Redus**Position Title:** Administrative Program Manager/ Tai Chi Instructor

State-Level: 10% Local: 5% Other: 0% Total: 15%

Position Name: Madelyn Maxwell

Position Title: Healthy Aging and Fall Prevention Project Coordina

State-Level: 85% Local: 15% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 1.15

National Health Objective: HO IVP-23 Deaths from Falls

State Health Objective(s):

Between 07/2020 and 06/2021, 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.

Baseline:

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

Data Source:

Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS)

State Health Problem:

Health Burden:

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.

Target Population:

Number: 623,823

Ethnicity: Hispanic, Non-Hispanic

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

Age: 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 623,823

Ethnicity: Hispanic, Non-Hispanic

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

Age: 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), 2017

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Other: Tai Chi: Moving for Better Balance program (Oregon Research Institute, Dr. Fuzhong Li)

Living Longer Better Across All Sectors, Presidential Challenge on Healthy Aging recommendations (Association of State and Territorial Health Officials)

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

Total Current Year Funds Allocated to Health Objective: \$121,985

Total Prior Year Funds Allocated to Health Objective: \$121,985

Funds Allocated to Disparate Populations: \$121,985

Funds to Local Entities: \$0

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

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

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:**Stakeholder Engagement**

Between 07/2020 and 06/2021, 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.

Annual Activities:**1. Healthy Aging Cross-Sector Partner Engagement**

Between 07/2020 and 06/2021, The IPS will engage state and community stakeholders across sectors to formally coordinate the HALLB collaborative.

2. Healthy Aging and Falls Prevention Education and Awareness

Between 07/2020 and 06/2021, Between 07/2019 and 06/2020, the IPS will conduct outreach efforts to provide fall-related educational and programmatic information to Oklahomans 65 years of age and older, caregivers, and other stakeholders.

3. TCMBB Instructor Trainings

Between 07/2020 and 06/2021, The IPS will identify one county with high fall-related death and hospitalization rates that is in need of Tai Chi instructors and/or classes. The Program Manager/ Tai Chi

Instructor will engage community partners within the identified county to coordinate and host TCMBB instructor training.

4. Falls Coalition and Collaborations

Between 07/2020 and 06/2021, The IPS will mobilize partnerships to facilitate meetings and activities of the Older Adult Falls Prevention Coalition.

State Program Title: Prescription Monitoring Program Training and Education

State Program Strategy:

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). The Injury Prevention Service (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.

Health Priority

Drug overdose (all manners) is the leading cause of injury-related death, both in the United States and in Oklahoma. The rate of drug overdose death has remained fairly steady over the last several years in Oklahoma while it has rapidly increased nationally. In 2017, Oklahoma had the 30th highest drug overdose death rate. Of the more than 700 unintentional poisoning deaths in Oklahoma each year, six out of ten involve at least one prescription drug. Prescription opioids are the most common class of drugs involved in overdose deaths.

Primary Strategic Partners

Primary strategic partners will include local community educators such as ODMHSAS Regional Prevention Coordinators, health educators, local healthcare organizations, all five regulatory medical boards, and medical/pharmacy schools.

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.

Evaluation Tools and Data Sources

The contract will be monitored and evaluated through monthly activity logs provided with invoices to the IPS. Monthly activity logs will detail all educational sessions conducted and the healthcare providers, organizations, and locations reached. Quarterly team meetings will be held with the PMP Educator and IPS staff to ensure that activities are well coordinated and to collaborate on local projects. Educational sessions will be evaluated through IPS observations and pre- and post-surveys. The OBNDDC will track the number of PMP registrations per month and the types of technical assistance calls received. Ongoing evaluation of user feedback related to PMP infrastructure and processes will be used to identify areas to highlight in training, address with the OBNDDC/PMP vendor, or discuss as part of continuous quality improvement efforts.

State Program Setting:

Community based organization, Medical or clinical site, University or college, Other: State law enforcement agency, medical conferences.

FTEs (Full Time Equivalents):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IVP-9 Poisoning Deaths**State Health Objective(s):**

Between 07/2020 and 06/2021, 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.

Baseline:

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

Data Source:

Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS).

State Health Problem:**Health Burden:**

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.

Target Population:

Number: 3,930,864

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 1,443,284

Ethnicity: Hispanic, Non-Hispanic

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

Age: 35 - 49 years, 50 - 64 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), 2017

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Other: Prescription Drug Monitoring Program Training and Technical Assistance (PDMP TTAC) recommendations and reports (Brandeis University)

Screening, Brief Intervention, and Referral to Treatment. Substance Abuse and Mental Health Services Administration, April 2014.

The Prescription Opioid Epidemic: An Evidence-Based Approach. Johns Hopkins Bloomberg School of Public Health, November 2015.

The Prescription Drug Community Action Kit. National Safety Council, 2015.

SAMHSA Opioid Overdose Toolkit. Substance Abuse and Mental Health Services Administration, 2013.

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

Total Current Year Funds Allocated to Health Objective: \$75,000

Total Prior Year Funds Allocated to Health Objective: \$75,000

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

Less than 10% - Minimal source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Contract with the OBNDCC

Between 07/2020 and 06/2021, Injury Prevention Services will maintain 1 contract annually with the OBNDCC that is focused on providing statewide PMP education and training.

Annual Activities:

1. PMP Education and Training

Between 07/2020 and 06/2021, Injury Prevention Services will contract with the OBNDCC to support a full-time PMP Educator that will conduct education and training on the PMP system and related legislation to a variety of professional-level stakeholders.

2. Cross-Sector Collaboration and Partner Engagement

Between 07/2020 and 06/2021, 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.

State Program Title: Project C.H.A.T Oklahoma Subsequent Assessment- Combating Heavy Advertisement of Tobacco

State Program Strategy:

Health Priority

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.

Primary Strategic Partners

- Alcoholic Beverage Laws Enforcement (ABLE) Commission
- Centers for Disease Control and Prevention - Office on Smoking and Health
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Tax Commission
- Oklahoma Tobacco Research Center
- Tobacco Settlement Endowment Trust
- University of Oklahoma Health Sciences Center – Evaluation team

The Project C.H.A.T. (Combating 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.

Project C.H.A.T Oklahoma 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 socioeconomic status (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 the mapping technology and offer further surveillance for tobacco control priorities. The maps developed within this project period will help to select specific locations of concern. The locations can then be part of a more in-depth analysis of pricing and product placement and promotion strategies known to be used by the industry. A list of topics ranging from product type to price to number or percent of marketing materials will guide the development of a survey instrument. The long term project plan aims to better engage active Students Working Against Tobacco (SWAT) or other youth advocacy groups to help capture the data within the retailer environment. Additional long-term projects that will benefit from the data captured will include youth engagement in tobacco control, evidence-based strategy selection and guidance, public policy efforts, and education and awareness of the efforts to target specific populations by the electronic cigarette and vapor industry.

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.

State Program Setting:

State health department

FTEs (Full Time Equivalents):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO TU-3 Initiation of Tobacco Use

State Health Objective(s):

Between 07/2020 and 06/2021, Maintain compliance with laws to prevent illegal sales of tobacco to youth as evidenced by Synar compliance rates greater than 90%. (Source: ODMHSAS Annual Synar Study) 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:

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.

Data Source:

Oklahoma Youth Tobacco Survey

State Health Problem:

Health Burden:

Despite successes in the reduction of tobacco use, Oklahoma still has significant room for improvement as it ranks 40th in adult prevalence of cigarette smoking. Additionally, there are multiple barriers to addressing the disparate burden of tobacco in Oklahoma. Tobacco rates are higher for certain population groups than others, specifically people that fall into the low socioeconomic status (SES). Low SES populations have the highest rates of everyday smokers in comparison to other groups and have lower rates of former smokers and "never smoked" in comparison to any other group. Still among the least healthy states in America, Oklahoma is cited for its large burden of chronic disease and high prevalence of risk factors. In 2017, Oklahoma ranked 45th in cancer deaths (215.8/100,000), 48th in cardiovascular deaths (332.5/100,000), 47th in infant mortality (7.2/1,000 live births), and 44th in premature death.

Tobacco use in Oklahoma is a major contributor to these causes of death and burden of disease. According to the Campaign for Tobacco Free Kids, the expenses of healthcare for illnesses caused by tobacco use in Oklahoma are currently about \$1.62 billion per year and \$264 million in state Medicaid costs.

Target Population:

Number: 800,025

Ethnicity: Hispanic, Non-Hispanic

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

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 800,025

Ethnicity: Hispanic, Non-Hispanic

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

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System, 2017 Oklahoma Youth Tobacco Survey Trends Report (2015 Report)- Oklahoma State Department of Health.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: need

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

Total Current Year Funds Allocated to Health Objective: \$67,353

Total Prior Year Funds Allocated to Health Objective: \$67,353

Funds Allocated to Disparate Populations: \$67,353

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Map Development

Between 07/2020 and 06/2021, Project C.H.A.T. will develop **3** maps illustrating electronic cigarette and vapor product retailer density in Oklahoma using OTC/Synar data and ArcGIS software.

Annual Activities:

1. Planning Team Coordination

Between 07/2020 and 06/2021, The OSDH Center staff will coordinate a planning team consisting of

various partners and experts to develop a timeline to investigate and develop assessment tools and survey techniques/protocol. The OSDH Center and Project C.H.A.T. staff will work with the OTC and/or ODMHSAS to gather a confirmed list of electronic cigarette and vapor product retailers in Oklahoma, including securing a data sharing agreement if needed.

2. Map Generation

Between 07/2020 and 06/2021, Maps illustrating electronic cigarette and vapor product retailer density will be developed and analyzed by the planning team to identify areas of concern.

3. Evaluation and Surveillance Standards

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

4. Community Capacity Building

Between 07/2020 and 06/2021, 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.

State Program Title: Sexual Violence Prevention

State Program Strategy:

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.^[1] 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.

Health Priority:

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), 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. Victims of rape often experience serious long-term health and emotional consequences including re-victimization. In the OU POLL survey, 40% of sexually assaulted women had experienced one sexual assault, 46% had experienced more than one sexual assault, and for 14% of respondents, the number of assaults was not specified.

Primary Strategic Partners

Strategic partners include representatives from domestic violence and sexual assault service providers, the Oklahoma Coalition Against Domestic Violence and Sexual Assault, public schools within the contracted communities, and the Oklahoma Prevention Leadership Committee.

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.

Evaluation Tools and Data Sources:

Epidemiologic analyses will utilize BRFSS data (OSDH Center for Health Statistics), hospital inpatient discharge data (OSDH Center for Health Statistics), death data (Office of the Chief Medical Examiner and Vital Statistics), other related survey data (e.g., Youth Risk Behavior Survey), and crime/law enforcement data (Oklahoma State Bureau of Investigation). The contracts will be monitored and evaluated through monthly activity logs provided with invoices to the IPS. Monthly activity logs will detail all educational strategies and training sessions conducted and the partners, populations, and locations reached. Regular meetings (site visits, conference calls, and technical assistance) will be held with the Prevention Educators and IPS staff to ensure that activities are well coordinated and evidence informed. The funded programs will also participate in activities related to the statewide evaluation plan for all rape prevention community programs funded by the IPS.

Oklahoma State Bureau of Investigation, Uniform Crime Report 2017
http://osbi.ok.gov/sites/g/files/gmc476/f/publications/2018/09/Crime_in_Oklahoma_2017_Final_07.16.18.pdf

Vital Statistics), other related survey data (e.g., Youth Risk Behavior Survey), and crime/law enforcement data (Oklahoma State Bureau of Investigation). The contracts will be monitored and evaluated through monthly activity logs provided with invoices to the IPS. Monthly activity logs will detail all educational strategies and training sessions conducted and the partners, populations, and locations reached. Regular meetings (site visits, conference calls, and technical assistance) will be held with the Prevention Educators and IPS staff to ensure that activities are well coordinated and evidence informed. The funded programs will also participate in activities related to the statewide evaluation plan for all rape prevention community programs funded by the IPS.

State Program Setting:

Rape crisis center, State health department

FTEs (Full Time Equivalents):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 07/2020 and 06/2021, 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..

Baseline:

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

Data Source:

Uniform Crime Statistics, Oklahoma State Bureau of Investigation, 2017.

State Health Problem:

Health Burden:

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.^[1]

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.

Victims of rape often experience serious long-term health and emotional consequences including re-victimization. In the OU POLL survey, 40% of sexually assaulted women had experienced one sexual assault, 46% had experienced more than one sexual assault, and for 14% of respondents, the number of assaults was not specified.

OU POLL data confirmed that sexual assaults are often perpetrated by someone the victim knows.

Assailants were current or former intimate partners (23%), relatives (14%), friends or acquaintances (28%), strangers (4%), or other persons (20%). The victim, assailant, or both were using alcohol in 29% of the incidents; in 61% of incidents alcohol was not involved. The vast majority of sexual assaults (68%) occurred in a home [victim's home (34%), assailant's home (27%), or the home of a relative or friend of either the victim or assailant (7%)]. Eight percent of incidents occurred outdoors, in a parking lot, or car; 4% at work or school; and 5% in other locations.

Sexual assault prevalence and incidence questions have been included as state-added questions on Oklahoma's annual (BRFSS) questionnaire for several years. The Rape Prevention Education (RPE) data are representative of non-institutionalized adults 18 and older. The most recent available data from 2016 estimated that 18.4% of women and 3.7% of men have experienced unwanted sex in their lifetime and 5.7% of women experienced unwanted sex in the past year.

These Oklahoma data are similar to national data in that experiencing rape begins at a young age and the perpetrator is usually someone the victim knows. Also, previous sexual victimization increases the risk of subsequent victimization. The data also support sexual violence prevention beginning at a young age and addressing assaults perpetrated by persons known to the victim.

To address the problem of sexual violence in Oklahoma, the IPS developed the Oklahoma RPE program. Utilizing funding from the CDC, the IPS has worked for more than 13 years with communities and stakeholders to develop, implement, and evaluate primary sexual assault prevention programs in the state. The RPE program addresses the Healthy People 2020 focus area of Injury and Violence Prevention, specifically the developmental goal of reducing sexual violence. The RPE program contributes to injury and violence prevention and cuts across several focus areas and priorities outlined in the OSDH Strategic Plan. Preventing rape and sexual violence is associated with two of the Oklahoma Health Improvement Plan priorities: reducing tobacco usage and reducing obesity rates in Oklahoma. Studies show that women who have been raped use tobacco at a higher rate than women who were not raped.^[1] Experiencing rape is also associated with obesity and morbid obesity and higher rates of using medical care after the rape.^[2]

^[1] *Consequences: Sexual Violence*. U.S. Centers for Disease Control and Prevention.
<http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html>

^[2] *Long-term medical consequences of incest, rape, and molestation*. VJ Felitti.
<http://www.ncbi.nlm.nih.gov/pubmed/2000519>.

^[1] Oklahoma State Bureau of Investigation, Uniform Crime Report 2017
http://osbi.ok.gov/sites/g/files/gmc476/f/publications/2018/09/Crime_in_Oklahoma_2017_Final_07.16.18.pdf

Target Population:

Number: 806,519

Ethnicity: Hispanic, Non-Hispanic

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

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 806,519

Ethnicity: Hispanic, Non-Hispanic

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

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: United States Department of Health and Human Services (US DHHS),(CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: CDC STOP SV: A Technical Package to Prevent Sexual Violence

<https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

Ecological Model – Conceptual Framework. (World Report on Violence and Health.) Geneva, Switzerland: World Health Organization, 2002: 1-56).

Sexual Violence and the Spectrum of Prevention: Moving Toward a Community Solution, National Sexual Violence Resource Center, 2006.

Guidance Document for Sexual Violence Prevention and Education (CDC Rape Prevention and Education Program), 2018.

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

Total Current Year Funds Allocated to Health Objective: \$91,800

Total Prior Year Funds Allocated to Health Objective: \$91,800

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$88,000

Role of Block Grant Dollars: Supplemental Funding

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

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:**Community-based Sexual Assault Prevention Program**

Between 07/2020 and 06/2021, Injury Prevention Service rape and prevention education staff will maintain 2 contracts for community-based sexual assault prevention programs.

Annual Activities:**1. Rape Prevention Education**

Between 07/2020 and 06/2021, IPS will partner with the 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 at schools, colleges and universities, and the community.

2. Sexual Assault Prevention Program

Between 07/2020 and 06/2021, The contracted Prevention Educators will operate a community-based sexual assault prevention program to provide comprehensive educational sessions on teen dating and sexual violence in local K-12 schools, colleges, and universities. The sessions will consist of evidence-

based practices and curricula that include building healthy relationship skills, recognizing and responding to warning signs of dating abuse, and countering unhealthy relationship messages.

Objective 2:

Sexual Violence Surveillance

Between 07/2020 and 06/2021, The Injury Prevention Service will publish 2 state-added questions to the Oklahoma BRFSS to inform surveillance of sexual violence.

Annual Activities:

1. Partnership with Center for Health Statistics

Between 07/2020 and 06/2021, IPS will partner with the Center for Health Statistics to identify and pay for two questions related to sexual violence victimization for inclusion in the Oklahoma BRFSS.

State Program Title: Statewide Condom Distribution

State Program Strategy:

Health Priority: Reducing STDs in Oklahoma.

Primary Strategic Partners: Continue to support at least 25 businesses and/or 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.

Goals/ Program Strategy: Normalizes condom usage across Oklahoma by providing condoms for free in a variety of settings across Oklahoma where adults visit.

Primary Strategic Partners: Universities, Community Based Organizations, Bars, Gyms, tattoo shops, barber shops, and Health Centers.

Evaluation Methodology: Measure the number organizations ordering condoms and counting the number of condoms delivered to each participating organization.

Evaluation Tools and Data Sources: Excel Spreadsheet and Order Forms.

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, University or college

FTEs (Full Time Equivalents):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO STD-1 Chlamydia

State Health Objective(s):

Between 07/2020 and 06/2021, Provide at least 250,000 condoms for free in venues across Oklahoma between 07/01/2020 and 06/30/2021.

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.

Baseline:

Between 07/11/2019 and 03/16/2020 we provided 153,480 condoms, 80 wall dispensers, 56 tabletop dispensers, and 55,720 lubricants to 99 organizations/businesses across Oklahoma.

Data Source:

State Health Problem:

Health Burden:

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.

Target Population:

Number: 5,000

Ethnicity: Hispanic, Non-Hispanic

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

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 5,000

Ethnicity: Hispanic, Non-Hispanic

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

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources:

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>

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Condom Distribution

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

Total Current Year Funds Allocated to Health Objective: \$3,333

Total Prior Year Funds Allocated to Health Objective: \$3,333

Funds Allocated to Disparate Populations: \$3,333

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Maintain condom distribution program

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.

Annual Activities:

1. Program Outreach and Promotion

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.

2. Monitor Condom Orders

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.

3. Track Condoms Distributed

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

National Health Objective: HO STD-6 Gonorrhea

State Health Objective(s):

Between 07/2020 and 06/2021, Between 07/2020 and 06/2021, Provide at least 250,000 condoms for free in venues across Oklahoma between 07/01/2020 and 06/30/2021.

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.

Baseline:

Between 07/11/2019 and 03/16/2020 we provided 153,480 condoms, 80 wall dispensers, 56 tabletop dispensers, and 55,720 lubricants to 99 organizations/businesses across Oklahoma.

Data Source:

Sexual Health and Harm Reduction Condom Distribution Excel spreadsheet

State Health Problem:

Health Burden:

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.

Target Population:

Number: 5,000

Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:

Number: 5,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources:
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>

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Condom Distribution

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

Total Current Year Funds Allocated to Health Objective: \$3,333
Total Prior Year Funds Allocated to Health Objective: \$3,333
Funds Allocated to Disparate Populations: \$3,333
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Maintain condom distribution program

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.

Annual Activities:

1. Program Outreach and Promotion

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.

2. Monitor Condom Orders

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.

3. Track Condoms Distributed

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

National Health Objective: HO STD-7 Primary and Secondary Syphilis

State Health Objective(s):

Between 07/2020 and 06/2021, Between 07/2020 and 06/2021, Provide at least 250,000 condoms for free in venues across Oklahoma between 07/01/2020 and 06/30/2021.

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.

Baseline:

Between 07/11/2019 and 03/16/2020 we provided 153,480 condoms, 80 wall dispensers, 56 tabletop dispensers, and 55,720 lubricants to 99 organizations/businesses across Oklahoma.

Data Source:

Sexual Health and Harm Reduction Condom Distribution Excel spreadsheet

State Health Problem:

Health Burden:

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.

Target Population:

Number: 5,000

Ethnicity: Hispanic, Non-Hispanic

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

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 5,000

Ethnicity: Hispanic, Non-Hispanic

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

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources:

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>

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Other: Condom Distribution

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

Total Current Year Funds Allocated to Health Objective: \$3,334

Total Prior Year Funds Allocated to Health Objective: \$3,334

Funds Allocated to Disparate Populations: \$3,334

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Maintain condom distribution program

Between 07/2020 and 06/2021, the 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.

Annual Activities:

1. Program Outreach and Promotion

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.

2. Monitor Condom Orders

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.

3. Track Condoms Distributed

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

State Program Title: Unintentional Poisoning and Prescription Drug Overdose Prevention

State 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 (OBNDDC) to increase prescribers' use and understanding of the Oklahoma Prescription Monitoring Program (PMP).

Health Priority

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.

Primary Strategic Partners

Primary 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, the Oklahoma Board of Nursing, the Oklahoma Pharmacists Association, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the OBNDDC, the Oklahoma Hospital Association, the Oklahoma Health Care Authority, county health departments, OSDH Emergency Systems, and ODMHSAS regional prevention workgroups.

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.

Evaluation Tools and Data Sources

Epidemiologic analyses will utilize hospital inpatient discharge data (OSDH Center for Health Statistics), death data (Office of the Chief Medical Examiner and Vital Statistics), and PMP data (OBNDDC). Outreach educational efforts, including presentations, meetings, fact sheets, reports, and news releases, will be logged. Additionally, pre- and post-training surveys will be created to identify perceptions and knowledge gained from educational presentations. Use of the Oklahoma PMP will be monitored in

partnership with the OBNDCC for the number of registrant queries and high-prescribing providers. In collaboration with OSDH Emergency Systems, the IPS will continue to evaluate the naloxone project, including the number of agencies trained, agencies that adopted a naloxone protocol, and the number of lives saved due to administrations of naloxone to reverse opioid-related overdose.

State Program Setting:

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

FTEs (Full Time Equivalents):

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

Position Name: Vacant

Position Title: Drug Overdose Prevention Project Coordinator

State-Level: 80% Local: 20% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO IVP-9 Poisoning Deaths

State Health Objective(s):

Between 07/2020 and 06/2021, 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 UP.

Baseline:

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

Data Source:

Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS)

State Health Problem:

Health Burden:

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.

Target Population:

Number: 3,930,864

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 1,443,284

Ethnicity: Hispanic, Non-Hispanic

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

Age: 35 - 49 years, 50 - 64 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS), 2017

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Other: Screening, Brief Intervention, and Referral to Treatment. Substance Abuse and Mental Health Services Administration, April 2014.

The Prescription Opioid Epidemic: An Evidence-Based Approach. Johns Hopkins Bloomberg School of Public Health, November 2015.

The Prescription Drug Community Action Kit. National Safety Council, 2015.

SAMHSA Opioid Overdose Toolkit. Substance Abuse and Mental Health Services Administration, 2014.

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

Total Current Year Funds Allocated to Health Objective: \$86,205

Total Prior Year Funds Allocated to Health Objective: \$86,205

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

Less than 10% - Minimal source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Stakeholder Engagement

Between 07/2020 and 06/2021, Injury Prevention Services 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.

Annual Activities:

1. Drug Overdose Education and Awareness

Between 07/2020 and 06/2021, The Project Coordinator will increase public awareness of the burden and prevention of DO and provide technical assistance to community stakeholders.

2. Naloxone Training and Distribution Program

Between 07/2020 and 06/2021, The Project Coordinator will maintain one naloxone training and distribution program for EMS personnel and volunteer fire departments.

3. Opioid Prescribing Guidelines

Between 07/2020 and 06/2021, IPS staff will disseminate and increase uptake of Oklahoma's opioid prescribing guidelines and supplemental clinical/educational materials.

4. Drug Overdose Cross-Sector Partner Engagement

Between 07/2020 and 06/2021, The Project Coordinator will strategically coordinate DO-related prevention efforts across multiple sectors to strengthen the use of evidence-based injury prevention strategies statewide.

5. Marijuana Communications Campaign

Between 07/2020 and 06/2021, IPS staff will collaborate with partnering organizations on the development of educational materials and public messaging involving health and safety considerations related to marijuana.