PHHS Block Grant Information System – Oklahoma 2022 Work Plan

Preventive Health and Health Services Block Grant

Work Plan for Oklahoma | Fiscal Year 2022
WP-1145-2022

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Executive Summary

FFY 2022 PHHSBG Work Plan - Oklahoma

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2022. Oklahoma submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Allocation: The total award for the FFY 2022 Preventive Health and Health Services Block Grant is **$1,445,519**. The current year Annual Basic Allocation is **$1,362,863** and the current year Sex Offense Aside is **$82,656**. These amounts are based on an allocation table distributed by the Centers for Disease Control and Prevention (CDC).

Program Title	HP2030 Objective	Allocation	Page #
Northeastern Oklahoma CATCH Coordinated Health	Increase the proportion of children who do enough aerobic physical activity PA-09	$62,993	5
Infant and Early Childhood Mental Health Consultation (1-ECMHC) Program Expansion	Reduce the proportion of children who are suspended or expelled from school programs EMC-D02, Increase the proportion of children who get preventative mental health care in school EMC-D06, Increase the proportion of children with developmental delays who get intervention services by 4 years of age EMC-R01	$119,940	12
Fluoride Varnish Outreach Project	Reduce the proportion of children and adolescents with lifetime tooth decay OC-01	$8,000.00	19
Certified Healthy Early Childhood Programs Consultation	Increase the proportion of children who do enough aerobic physical activity PA-09	25,437.60	23
Certified Healthy Communities	Reduce the proportion of adults who do no physical activity in their free time PA-01	$33,285.67	29
Congenital Syphilis Identification Initiative	Reduce Syphilis rates in females STI-03, Reduce congenital syphilis STI-04	$40,000.00	35
Child Passenger Safety Program	Reduce deaths from motor vehicle crashes IVP-06, Reduce the proportion of deaths of car passengers who weren't buckled in IVP-07	$173,204.25	39
Drug Overdose Prevention Program	Reduce unintentional deaths IVP-03, Reduce overdose deaths involving opioids IVP-20, Reduce overdose deaths involving natural and semisynthetic opioids IVP-21	$101,277.25	44
Healthy Aging and Falls Prevention Program	Reduce fall-related deaths among older adults IVP-08, Reduce the rate of emergency department visits due to falls among older adults OA-03	$126,251.98	49
Partner Inflicted Brain Injury	Reduce intimate partner violence IVP-D04, Reduce nonfatal physical assault injuries IVP-10, Reduce fatal traumatic brain injuries IV-05	$39,113.82	54
Prescription Drug Monitoring Program Training and Education	Reduce overdose deaths involving opioids IVP-20	$75,000.00	61
Sexual Assault Prevention & Surveillance	Reduce adolescent sexual violence by anyone IVP-17, Reduce sexual or physical adolescent dating violence IVP-18, Reduce contact sexual violence IVP-D05	$137,000.00 *$82,656 is Sex Offense Allocation	65
Advancing Health Equity and Strengthening Minority Health	Increase the proportion of adults with limited English proficiency who say their providers explain things clearly HC/HIT-D11	$195,982.61	72
Birth Partners	Reduce maternal deaths MICH-04, Reduce cesarean births among low-risk women with no prior births MICH-06	$67,258.80	76
OSDH Pediatric Audiology Program	Increase the proportion of newborns who get screened for hearing loss by age 1-month HOSCD-01, Increase the proportion of children with developmental delays who get early intervention services by age 4 EMC-R01, Increase the proportion of infants who didn't pass the hearing screening who get evaluated by age 3 months H0SCD-02	$129,084	82
Total		**$1,251,172.98**	

Program Funding Profile for Oklahoma in 2022	
Total Number of programs	15
Type of Funding	
Supplement other existing funds	6
Total source of funding	9
PHHS Block Grant funding percentage	
Less than 10% - Minimal source of funding	2
10-49% - Partial source of funding	2
50-74% - Significant source of funding	0
75-99% - Primary Source of funding	11
Role of funding	
Enhance of expand the program	10
Maintain existing program (as is)	3
Startup of a new program	2
Existing funding sources	
State or local funding	3
Other federal funding (non-CDC)	2
Other federal funding (CDC)	2

Statutory Information

The first Advisory Committee Meeting was held in March 9, 2022, followed by a second Advisory Committee Meeting held March 23, 2022. Both meetings were chaired by Mendy Spohn, Interim Chair. The third Advisory Committee Meeting was held May 25, 2022. This meeting was chaired by Danielle Durkee, Chair.

The Public Hearing was held June 15, 2022 after a third Advisory Committee Meeting. The public was invited via a public notice posted on the OSDH website and OSDH lobby. The draft Work Plan was made available for public viewing via the OSDH website.

Certifications and Assurances

Current forms have been signed and uploaded to BGIS

Budget Detail for Oklahoma – Federal Fiscal Year 2022	
A. FFY2022 Award	$1,445,519
Annual Basic Allocation	$1,362,863
Sex Offense Allocation	$82,656
B. Total Current Year Annual Basic Allocation	$1,362,863
Administrative Costs	$111,690
Direct Assistance Amount	$0
C. Total Current Year Sex Offense Allocation	$82,656
Administrative Costs	$0
Total Available for Program Allocation in FFY 2022	**$1,445,519**

*B+C = Total Available for Program Allocation

Program Title	Recipient Health Objective	Program Goal	Allocation	Allocation Percent
Northeastern Oklahoma CATCH Coordinated School Health Initiative	From 08/01/2022 to 05/01/2025, increase the percentage of rural and low-income elementary aged students in District 4 participating in 60 minutes of physical activity and exercise through evidence-based CATCH programming by 10%.	To increase the amount of rural and low-income elementary aged students in District 4 participating in an evidence based physical activity and exercise CATCH program.	$62,993	5%
Infant and Early Childhood Mental Health Consultation (1-ECMHC) Program Expansion	From 07/01/2022 to 6/30/2027, increase the number of Early Care and Education Programs receiving mental health promotion and prevention services through I-ECMHC by 50%.	The I-ECMHC expansion program will work to provide on-site mental health supports to early care and education programs to improve the mental health climate of Early Care and Education Programs, improve provider's ability to respond to the social and emotional/mental health needs of children in their care and reduce the risk of expulsion from ECE programs, particularly for children who have high risk of adversity who could benefit from ECE programs the most.	$119,940	10%
Fluoride Varnish Outreach Project	From 07/2022 to 06/2027, reduce the number of dental carries in vulnerable Oklahoma children by 22%, from Oklahoma average 66% to the national average of 51.6%.	The goal of this program is to increase access to dental carries prevention programs for Oklahoma children.	$8,000.00	1%
Certified Healthy Early Childhood Programs Consultation	From 07/2022 to 09/2023, reduce the proportion of children who are physically inactive in Oklahoma by 1%.	The goal of the program is to see an increase in environmental supports and training for Oklahoman Early Childcare Programs that will lead to a reduction in childhood obesity.	$25,437.60	2%
Certified Healthy Communities	From 07/2022 to 09/2023, reduce the proportion of adults who are physically inactive in Oklahoma by 1%.	The goal of the program is to see an increase in physical activity in Oklahoman adults which can lead to a reduction in obesity.	$33,285.67	3%
Congenital Syphilis Identification Initiative	From 07/2022 to 06/2027, decrease the rate of Congenital by 25% in Oklahoma City-County (OCCHD).	Reduce congenital syphilis case rates in the Oklahoma City-County jurisdiction through providing 90% of clients seeking pregnancy testing at the local health department clinic with free at-home STI test.	$40,000.00	3%
Child Passenger Safety Program	From 07/01/2022 to 06/30/2027, increase child safety seat usage to 95.0% among child passengers 0-8 years statewide.	The child safety seat installation and education program aims to ensure all Oklahoma children under the age of 8 years are properly restrained in an age- and size-appropriate child restraint system as required in Oklahoma's CPS law, to prevent and reduce injuries, disabilities, and death to children due to motor vehicle crashes.	$173,204.25	14%
Drug Overdose Prevention Program	From 07/01/2022 to 06/30/2027, reduce the rate of unintentional drug poisoning deaths to 16.0 per 100,000 population statewide.	To prevent an increase in the rate of DO deaths, the IPS will implement strategies that impact primary, secondary, and tertiary levels of prevention and leverage internal and external partnerships to identify solutions to address root causes of substance use, including adverse childhood experiences, social determinants of health, health disparities, health inequities, and shared risk and protective factors.	$101,277.25	8%
Healthy Aging and Falls	From 07/01/2022 to 06/30/2027, reduce the rate of unintentional fall-related deaths	Engage state and community partners across sectors to implement strategies to reduce the number of falls leading to injury death,	$126,251.98	10%

Prevention Program	among persons 65 years and older to 106.0 per 100,000 population statewide.	promote healthy aging, and improve health outcomes among persons 65 years and older statewide.		
Partner Inflicted Brain Injury	From 7/1/2022 to 6/30/2027, provide training to 40 domestic violence service provider agencies statewide on partner-inflicted brain injury recognition and accommodations for clients.	The goal of this program is to increase awareness of the issue of partner-inflicted brain injury and the use of appropriate accommodations for DVS clients with this disability by providing training, program support, and resources for DVS agencies.	$39,113.82	3%
Prescription Drug Monitoring Program Training and Education	From 07/01/2022 to 06/30/2027, reduce the rate of unintentional drug poisoning deaths to 16.0 per 100,000 population statewide.	Contract with 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 PDMP rules and changes.	$75,000.00	6%
Sexual Assault Prevention & Surveillance	From 7/1/2022 to 6/30/2027, increase sexual violence prevention programs in the state by contracting with 3 agencies to implement and conduct sexual violence prevention strategies.	The sexual assault prevention and surveillance program aims to reduce risk factors for sexual violence perpetration, while increasing protective factors and healthy relationship skills among youth to reduce sexual violence perpetration in Oklahoma.	$137,000.00 *$82,656 is Sex Offense Allocation	4%
Advancing Health Equity and Strengthening Minority Health	From 07/2022 to 06/2025, the Office of Minority Health & Health Equity (OMHHE) will implement language interpreter translation services to increase the proportion of adults with limited English proficiency who say their providers explain things clearly by 25%.	In addition to reducing language barriers and improving communication across public health systems, the interpreter/translator staff members will support efforts to increase health equity and cultural humility throughout the public health system within this project	$195,982.61	16%
Birth Partners	From 07/2019 to 06/2029, reduce the number of maternal deaths in Cleveland County Oklahoma by 15%.	Increase support available to birthing people in Cleveland County.	$67,258.80	5%
Pediatric Audiology Program	From 7/1/2022 to 6/30/2025, increase the proportion of infants who did not pass their hearing screening who get evaluated by age 3 months in public health clinics by 25%.	The program's goal is to reduce the proportion of children with hearing loss that go undiagnosed or misdiagnosed.	$129,084	10%
Total			**$1,251,172.98**	**100%**

Recipient Health SMART Objective: From 08/01/2022 to 05/01/2025, increase the percentage of rural and low-income elementary aged students in District 4 participating in 60 minutes of physical activity and exercise through evidence-based CATCH programming by 10%.

Program Name: Northeastern Oklahoma CATCH Coordinated School Health Initiative

Program Manager(s): Taylor Thompson, Jessica Milberger

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): Increase the proportion of children who do enough aerobic physical activity PA-09

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? No

What is the funding role of the PHHS Block Grant for this program? Total Source of Funding

Role of PHHS Block Grant Funds in Supporting this Program: Enhance or expand the program

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agencies or organizations: 75%

Type of supported local agency/organization: Local Health Department, Other, please specify-school/school districts
Are there any positions funded by the PHHS Block Grant? No

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: In Oklahoma, 32.3% of adolescents aged 10-17 are overweight or obese and 52.1% of 6–17-year-olds participate in 3 or less days of physical activity and/or exercise for at least 60 minutes in a 7-day period.

One-paragraph description of the problem this program will address: According to the 2019-2020 National Survey of Children's Health, 32.3% of adolescents aged 10-17 are overweight or obese in Oklahoma. With 52.1% of Oklahoma adolescents aged 6-17 years old participating in 3 or less days of physical activity and/or exercise for at least 60 minutes in a 7-day period. Specifically, females are disproportionately less likely to participate in physical activity. Obesity is a chronic disease that is associated with morbidities and mortalities. In addition, recent studies suggest that increased participation in physical activity influences cognitive functions in children, including executive functioning (e.g., working memory and cognitive flexibility) and brain health. The target Population includes Elementary aged children in District 4 with high area deprivation indexes. Schools identified include, Vinita Elementary (Craig County), Jay Upper Elementary (Delaware County), Locust Grove Upper Elementary (Mayes County), Nowata Elementary (Nowata County), Turkey Ford (Ottawa County), Art Goad Elementary (Rogers County), Ellington Elementary (Wagoner County), and Jane Phillips elementary (Washington County). These schools are located in small, rural communities that are primarily low-income with, 66.2% of students at Vinita Elementary, 78.9% at Jay Upper Elementary, 69.7% at Locust Grove Elementary, 73.6% at Nowata Elementary, 79.6% at Art Goad Elementary, 75.9% at Ellington Elementary, and 90.1% at Jane Phillips Elementary eligible for free or reduced lunches. Additionally, 30% of students at Vinita Elementary are Hispanic. 39% of students at Jay Upper Elementary, 42% of students at Locust Grove Upper Elementary, and 39% of students at Nowata Elementary are Native American. Research shows, being Hispanic or Native American further increases their risk of obesity. Data sources include: National Survey of Children's Health, Healthy People 2030, Rural Health Information Hub, and National Center for Educational Statistics.

How is the public health problem prioritized? Identified via surveillance systems or other data sources

Describe in one paragraph the key indicator(s) affected by this problem? According to the 2019-2020 National Survey of Children's Health, 32.3% of adolescents aged 10-17 are overweight or obese in Oklahoma. With 52.1% of Oklahoma adolescents aged 6-17 years old participating in 3 or less days of physical activity and/or exercise for at least 60 minutes in a 7-day period. Specifically, females are disproportionately less likely to participate in physical activity. Obesity is a chronic disease that is associated with morbidities and mortalities.

Baseline value of the key indicator described above: 52.1%

Data source for key indicator baseline: National Survey of Children's Health

Date key indicator baseline data was last collected: 2019-2020

Program Strategy

One-sentence program goal: The goal of the Northeastern Oklahoma CATCH Coordinated School Health Initiative, is to increase the amount of rural and low-income elementary aged students in District 4 participating in an evidence based physical activity and exercise CATCH program.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes- Education, Health and Health Care, Adverse Childhood Experiences

How are SDOH addressed? Rural communities experience significant disparities in health outcomes, due in part to a lack of resources to support the development of knowledge and skills early in life around nutrition, social-emotional competency, oral hygiene, tobacco use avoidance, and regular physical activity. Research shows that up to 80% of a child's health and wellbeing is linked to these social determinants of health. CATCH's evidence-based health curriculum has been shown to drive healthy behavior changes that persist 3 years post-implementation. CATCH's quality Physical Education program is developmentally appropriate, inclusive, varied, and fun. It has been proven to increase physical activity time during P.E. class and kids' overall amount of daily physical activity. The program emphasizes physical activity, physical fitness, and motor-skills development, in order to develop skills and habits that can persist for a lifetime.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? The CATCH curriculum is specifically designed with equity and inclusion in mind. The lessons are inclusive, age-appropriate, varied, and fun! There are multiple ways to modify the program to allow for flexibility. There is also the addition of an Inclusion Guide with the program. This provides modified lessons for youth with intellectual disabilities, and physical disabilities. Many rural schools do not have the resources available to provide health education for this population. Through this program health educators will be able to serve a school's entire population. Additionally, 30% of students at Vinita Elementary are Hispanic. 39% of students at Jay Upper Elementary, 42% of students at Locust Grove Upper Elementary, and 39% of students at Nowata Elementary are Native American. Research shows, being Hispanic or Native American further increases their risk of obesity.

One-paragraph summary of the program strategy: The purpose of funding is to implement whole child wellness programs across District 4. CATCH (Coordinated approach to child health) is a whole child wellness program that offers lessons in: Nutrition, Education; Physical Activity & Physical Education, Vaping Prevention, integration with Social Emotional Learning (SEL) and mental health programs. The program is evidence based and is backed by over 120 peer-reviewed scientific articles. Utilizing Health Educators and community engagement staff, each county in District 4 will receive their own curriculum, equipment supplies, and Health Ed Journeys to implement the program (7 total counties). These materials will be housed at the local Health Department and will be property of said location. This will ensure that future staffing changes will not interfere with program materials. Health Educators and community engagement staff through training will become experts in disseminating the program across grades K-8. Specifically, the program would be applied to underserved rural elementary schools in District 4. Additionally, through the use of Sparkmaps, eight schools were identified to target for program implementation. Based on their high area deprivation indexes these schools include, Vinita Elementary (Craig County), Jay Upper Elementary (Delaware County), Locust Grove Upper Elementary (Mayes County), Nowata Elementary (Nowata County), Turkey Ford (Ottawa County), Art Goad Elementary (Rogers County), Teague Elementary (Wagoner County), and Jane Phillips Elementary (Washington County). These schools after entering in a contract with OSDH will be provided with training, CATCH K-5 complete activity kits and equipment packages (8 total). Through the use of formative evaluations, change design evaluations, and surveys, expected outcomes include increasing the amount of aerobic physical activity that an adolescent participates in per week, nutrition and physical activity trends, and overall improved health outcomes.

List of primary strategic partners:
Internal strategic partners include County health department community engagement staff

External strategic partners include School districts, principals, school nurses, teachers, and community serving partners.

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training

One-paragraph summary of evaluation methodology: Process measures will be developed to monitor implementation fidelity of the interventions as well as potential confounding influences and policies within the schools. Additionally, a PE intervention component will be evaluated to track the increase of student's engagement in moderate-to-vigorous physical activity (MVPA) per week. Data collection and analysis include a formative evaluation to examine the ongoing program for fidelity and in order to make changes/improvements as the program is being conducted. Additionally, a change design evaluation will be conducted to determine the impact on elementary age students as it relates to their participations in MVPA per week utilizing SOFIT (System for Observing Fitness Instruction Time). Finally, student surveys will be conducted observe nutrition and physical activity trends.

Program Setting(s): Schools or school district

Target Population of Program
Target population data source (include Date): National Survey of Children's Health 2020, Rural Health Information Hub 2017, and National Center for Educational Statistics 21-22
Number: 750
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: 5 - 14 years
Gender Identity: Male, Female, Transgender
Geography: Rural
Location: Vinita Elementary (Craig County), Jay Upper Elementary (Delaware County), Locust Grove Upper Elementary (Mayes County), Nowata Elementary (Nowata County), Turkey Ford (Ottawa County), Art Goad Elementary (Rogers County), Teague Elementary (Wagoner County), and Jane Phillips Elementary (Washington County).
Occupation: Children
Primarily Low Income: Yes
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information
Name of Program SMART Objective: CATCH curriculum training

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem: Same

Program SMART Objective: Between 08/2022 and 10/2022, CATCH curriculum training will be provided to 5 schools in District 4 to ensure the program is accessible to rural and low-income elementary aged students.

One-sentence summary of intervention: CATCH training taught by national CATCH trainers that teaches and demonstrates strategies to encourage and increase moderate-to-vigorous physical activity.

One-paragraph description of intervention: The CATCH training in physical education, focuses on grades K-5 and is ideal for those wanting to implement CATCH solely in P.E. classes or dedicated physical activity lessons. It teaches and demonstrates strategies to encourage and increase moderate-to-vigorous physical activity. A private training will be held that will include an implementation and training academy. Implementation training (1 day, 6 hours) will be held for health department staff and school staff with a max attendance of 35. Health department staff will attend an additional 2 days (3 days total, 6 hours/day) to become a certified CATCH Community Trainer to train additional staff. The training academy has a max attendance of 15 attendees. Included in the training: training day materials (training manuals, handouts, evaluations, name tags, certificates, physical activity equipment used for demonstration, etc.) CATCH national trainer (instruction, travel and associated costs), planning (CATCH staff will provide support and guidance to complete training preparations), and finally post-training support (CATCH team provides lifetime support and follow-up to attendees after training to ensure success of the program). Not included in training – CATCH curriculum and program equipment.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-based Intervention - ["Best Practice Initiative (U.S. Department of Health and Human Services)"].

Rationale for choosing the intervention: CATCH's implementation and training academies equip individuals with strategies to encourage and increase moderate-to-vigorous physical activity.

Item to be Measured: Number of schools with staff trained in CATCH curriculum implementation

Unit of Measurement: Number of Schools

Baseline value for the item to be measured: 0

Data source for baseline value: Direct Observation

Date baseline was last collected: 05/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 5 Schools

Final target value to be achieved by the Final Progress Report (June 30, 2023): 5 Schools

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Subset of the program target population; school staff trained to implement CATCH curriculum.

Target population data source. Schools - Administration identified staff Please include date: 2022

Number of people served 35
Geography: Rural
Location: District 4
Occupation: School teachers, staff and health educators
Educational Attainment: Add from list
Primarily Low Income? No
Are members of this target population disproportionately affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Activities
Activity Title: One-day CATCH curriculum training for up to 20 school identified staff

One-sentence summary of the Activity: Between 08/2022 and 10/2022, CATCH national trainers will provide a one-day training for up to 20 school identified staff in order to effectively provide CATCH curriculum to elementary aged students.

One-paragraph description of the Activity: Between 08/2022 and 10/2022, CATCH national trainers will provide a one-day training for up to 20 school identified staff in order to effectively provide CATCH curriculum to elementary aged students. CATCH training teaches and demonstrates strategies to encourage and increase moderate-to-vigorous physical activity within the classroom. Through the one-day training, teachers and staff will be able to confidently implement the CATCH curriculum. One set of CATCH curriculum and equipment will be provided to each school site who sends a school staff member for training.

Does the activity include the collection, generation, or analysis of data? No

Activity Title: Three-day CATCH training academy to Health Department Health Educators and community engagement staff

One-sentence summary of the Activity: Between 08/2022 and 10/2022, up to 15 Health Department Health Educators and identified staff will be certified as CATCH Community Trainings.

One-paragraph description of the Activity: Between 08/2022 and 10/2022, up to 15 Health Department Health Educators and identified staff will be certified as CATCH Community Trainings. After a three-day training academy, attendees will be certified as CATCH Community Trainers who can conduct implementation trainings within District 4. This will ensure that our district has long term sustainability as our core staff are trained to deliver the CATCH program and train additional school personnel and health department staff as needed. Each county within District 4 will receive a set of curriculum and equipment to keep on site for implementation purposes.

Does the activity include the collection, generation, or analysis of data? No

Name of Program SMART Objective: Implementation

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Same

Program SMART Objective: Between 11/2022 and 06/2023, CATCH curriculum will be implemented at 5 elementary schools in District 4 to increase physical activity and knowledge of nutrition among rural and low-income elementary aged students.

One-sentence summary of intervention: CATCH provides a quality evidence-based program that develops the knowledge and skills for elementary aged students around nutrition, social-emotional competency, oral hygiene, tobacco use avoidance, and regular physical activity.

One-paragraph description of intervention: CATCH's evidence-based health curriculum has been shown to drive healthy behavior changes that persist 3 years post-implementation. CATCH's quality Physical Education program is developmentally appropriate, inclusive, varied, and fun. It has been proven to increase physical activity time during P.E. class and kids' overall amount of daily physical activity. The program emphasizes physical activity, physical fitness, and motor-skills development, in order to develop skills and habits that can persist for a lifetime.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["Best Practice Initiative (U.S. Department of Health and Human Services)"].

Rationale for choosing the intervention: CATCH's evidence-based health curriculum has been shown to drive healthy behavior changes that persist 3 years post-implementation.

Item to be Measured: Number of schools implementing CATCH curriculum in District 4

Unit of Measurement: Number of Schools

Baseline value for the item to be measured: 0

Data source for baseline value: Direct Observation; Data collection: SOFIT, Pre-Post Survey

Date baseline was last collected: 05/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 3 Schools

Final target value to be achieved by the Final Progress Report (June 30, 2023): 5 Schools

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Same

Activities
Activity Title: Implementation of CATCH

> One-sentence summary of the Activity: Between 11/2022 and 06/2023, work with key identified schools based on social deprivation indexes to begin implementation of CATCH curriculum.
>
> One-paragraph description of the Activity: Between 11/2022 and 06/2023, work with key identified schools based on social deprivation indexes to begin implementation of CATCH curriculum. Through data collection, garner buy-in from key identified schools with high deprivation indexes to implement CATCH curriculum. Determine best practice for implementation. Train and utilize school staff as available. Secondary, utilize health educators for implementation and assistance.
>
> Does the activity include the collection, generation, or analysis of data? No

Activity Title: Technical assistance

> One-sentence summary of the Activity: Between 11/2022 and 06/2023, Provide technical assistance to schools implementing CATCH curriculum through the utilization of school staff.

One-paragraph description of the Activity: Between 11/2022 and 06/2023, Provide technical assistance to schools implementing CATCH curriculum through the utilization of school staff. Help to modify curriculum to best fit the needs of the school and students. Assist teachers in implementation and print materials as needed. Supply materials and equipment for needed training for school staff.

Does the activity include the collection, generation, or analysis of data? No

Name of Program SMART Objective*:* Data Collection and Analysis

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Same

Program SMART Objective: Between 11/2022 and 06/2023 complete 5 change design evaluations utilizing SOFIT and 100 student surveys to observe nutrition and physical activity trends among elementary aged students in District 4.

One-sentence summary of intervention: SOFIT: System for Observing Fitness Instruction Time, assess physical education classes by enabling the researcher to simultaneously collect data on student activity levels, the lesson context, and teacher behavior.

One-paragraph description of intervention: SOFIT: System for Observing Fitness Instruction Time, assess physical education classes by enabling the researcher to simultaneously collect data on student activity levels, the lesson context, and teacher behavior. The system individuals to make judgments about physical education lessons, particularly as they relate to program goals. The main outcome variable is student physical activity levels, and these can be reported in number of minutes and % lesson time spent in MVPA (moderate-to-vigorous physical activity); VPA (vigorous physical activity), lying down, sitting, standing, and walking; and estimated energy expenditure per lesson. SOFIT has been validated in several ways and studies have shown that it can be used reliably in diverse instructional settings.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-based intervention - ["Best Practice Initiative (U.S. Department of Health and Human Services)"].

Rationale for choosing the intervention: SOFIT (System for Observing Fitness Instruction Time) is a comprehensive tool for assessing physical education (PE) classes by providing for the simultaneous collection of data on student activity levels, the lesson/practice context, and teacher behavior.

Item to be Measured: SOFIT evaluations

Unit of Measurement: Number of SOFIT evaluations conducted

Baseline value for the item to be measured: 0

Data source for baseline value: SOFIT

Date baseline was last collected: 05/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 3 baseline SOFIT change evaluations conducted

Final target value to be achieved by the Final Progress Report (June 30, 2023): 5 baseline SOFIT change evaluations conducted.

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Same

Activities
Activity Title: SOFIT evaluations and analysis

One-sentence summary of the Activity: Between 11/2022 and 05/2023, Health Department staff will conduct SOFIT evaluations before and after implementing CATCH curriculum at schools.

One-paragraph description of the Activity: Between 11/2022 and 05/2023, Health Department Staff will conduct SOFIT evaluations before and after implementing CATCH curriculum at schools. Before beginning CATCH curriculum, health educators will conduct a change design evaluation utilizing SOFIT to gain a baseline for physical fitness instruction time. After implementation of CATCH curriculum, SOFIT will again be utilized to measure change in physical fitness instruction time. An analysis utilizing SOFIT technology will be conducted and provided to the school.

Does the activity include the collection, generation, or analysis of data? Yes

Activity Title: Student Pre and Post implementation surveys

One-sentence summary of the Activity: Between 11/2022 and 06/2023, school and health department staff will conduct Pre and Post implementation surveys to observe nutrition and physical activity trends and knowledge among elementary aged students.

One-paragraph description of the Activity: Between 11/2022 and 06/2023, school and health department staff will conduct Pre and Post implementation surveys to observe nutrition and physical activity trends and knowledge among elementary aged students. Before implementing a lesson, educators of CATCH curriculum will conduct a Pre survey to collect baseline data for nutrition and physical activity trends and knowledge among elementary aged students. After the completion of the CATCH curriculum Post survey data will be collected. An analysis will be conducted and provided to school.

Does the activity include the collection, generation, or analysis of data? Yes

Recipient Health SMART Objective: From 07/01/2022 to 6/30/2027, increase the number of Early Care and Education Programs receiving mental health promotion and prevention services through I-ECMHC by 50%.

Program Name: **Infant and Early Childhood Mental Health Consultation (1-ECMHC) Program Expansion**

Program Manager(s): Melissa Griffin, M.S.

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): Reduce the proportion of children who are suspended or expelled EMC-D02**, Increase the proportion of children who get preventative mental health care in school EMC-D06,** Increase the proportion of children with developmental delays who get intervention services by 4 years of age EMC-R01

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? Yes – Increasing number of children who experience complex trauma and ACES as well as the mental health crisis resulting from the Covid 19 Pandemic.

What is the funding role of the PHHS Block Grant for this program? Total source of funding

Role of PHHS Block Grant Funds in Supporting this Program Enhance or expand the program

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 70%

Amount of funding to local agencies or organization: $0

Are there any positions funded by the PHHS Block Grant? Yes

Position Title: Infant and Early Childhood Mental Health Consultant
Is the position vacant? Yes
State Name in Position: NA
Percent of staff member's time spent working in each area?

- Local: 100% of time will be spent within a County District
- Total: 100%

Recruitment: Since we can do a direct hire, our plan would be to reach out to those who are in the area who qualify for this type of position. We can also use professional associations who have members who have IECMH experience. There are strong candidates in the area and it is also a college community with a stronger number of work force for MH than other rural areas. We have done some analysis of where we have potential candidates based on previous services provided and information, we have obtained from ODMHSAS.

Total positions in this program funded by the PHHS Block Grant: 1
Number of FTEs in this program funded by the PHHS Block Grant: 1

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: Infants and young children are at great risk of experiencing Adversity in Oklahoma and thus are at great risk for a ripple effect of this adversity in their ability to maintain placement in early care and education programs who are often ill-equipped to address the trauma and emerging mental health concerns of very young children in their classrooms.

One-paragraph description of the problem this program will address: **Oklahoma continues to struggle with overall health rankings and remains one of the worst states in the nation for key health indicators. The OSDH and its incorporation of understanding the impact of Adverse Childhood Experiences to health outcomes has broadened our ability to define the health burden in OK and move upstream to better understand how early adversity connects to the state's health statistics. It also broadens the state's capacity to address health problems employing creative out of the box strategies that may have a deeper impact on population health. While ACES provides a language and a framework for understanding health, there is caution to using ACES as predictive to determining health trajectory. ACES are not predictive because of protective factors, ways in which a community can intervene to build protective capacity to change the health trajectory of individuals. OK not only fares poorly when it comes to the health and well-being of its citizens around health issues but in studies that looked at ACES, OK scored among the lowest states. OKs rate of infants**

and toddlers experiencing 2 or more ACES is 17.6% which is more than double the national average of 7.7%. OK babies show greater risk with higher than the national average experiences of living in poverty, particularly for Black and Hispanic children. The maltreatment rate for OK Infants and toddlers is almost double the national average, 31.7% for OK compared to 16.4% nationally (Oklahoma (OK) - State of Babies Yearbook 2021). With the challenging landscape that we see for Oklahoma children, research in Infant Mental Health (IMH) reveals that at least 65% of young children have at least one risk factor known to affect healthy development. More than 13,000 children under 6 received mental health treatment services (ODMHSAS, CY 2019 data), yet few educational programs had access to provide mental health prevention programs that may have kept these children out of more expensive treatment. ACES create a significantly higher risk for expulsion from an ECE program. Many of these ACES are about not having a stable relationship with their parent/caregiver, which can contribute to poor well-being outcomes for children. Expulsion assures children already at high risk for poor outcomes don't have a stable relationship with their PAID Caregivers. A study of expulsion conducted by Dr. Gilliam (2005) revealed that preschool children were being expelled at a national rate five times higher than their school age peers. Children with high ACES who would benefit most from the protective capacity of an ECE program are expelled at the highest rates, being disproportionately true for boys of color (Davis & Perry, 2015). It is important to consider the impact a caregiver's ACES have on the children in their care. Maternal participation in the workforce has steadily increased over decades leading to a great deal of growth in the use of center-based care (US Department of Health and Human Services, 2014). According to OK Partnership for School Readiness and OKDHS, more than 82,000 children under 6 were in some sort of Early Care and Education setting for some of their week. A recent study of ACES in Early Care and Education revealed that 73% of providers surveyed reported at least 1 ACE and 22% reported having 4 or more ACES. Teachers who reported higher ACES had lower quality social and emotional classroom climates. The prevalence of ACES within OK's children, compounded by the prevalence of caregiver ACES requires the Public Health System as part of an Early Childhood System of Care to employ strategies that can promote better health outcomes by placing supports in communities where they could matter most. Understanding ACES, developing strategies that can build a community's capacity to mitigate ACES through infusion of protective factors, and implementing supports necessary to accomplish this goal is the upstream approach to reducing the health burden in OK.

How is the public health problem prioritized? Identified via surveillance systems or other data sources- post pandemic data on the mental health crisis states are facing, Prioritized within a strategic plan, Other - Adverse Childhood Experiences and Trauma has been selected as an OSDH priority issue

Describe in one paragraph the key indicator(s) affected by this problem? Nationally, there is data that demonstrates children who are enrolled in preschool programs are expelled at more than three times the rate of their Kindergarten through 12th Grade peers. When looking at child care programs, the rate is estimated to be more than 8 times the rate of school aged children. I-ECMHC is a program that is designed to provide support to ECE teachers in order to help them to provide quality care and education for children enrolled in their programs and deter expulsion as a practice in early care and education. Children expelled from preschool programs also show significantly higher likelihood to have challenges by third grade, falling behind in educational milestones. Oklahoma has not collected information on expulsion within our Early care and education system. This program would seek to establish a base for programs who self-identify a risk for expulsion and determine if, by provision of the I-ECMHC service, if the child at risk was able to remain in the ECE program. There are programs who have expressed interest in receiving I-ECMHC or who have called the Warmline to request consultation post-pandemic and have not been able to access the service. In the implementation area proposed, the goal of the program would be to increase accessibility of I-ECMHC to programs in the OSDH District requesting consultation.

Baseline value of the key indicator described above: 0 programs
No programs within the proposed district have been able to receive consultation during the pandemic and post (previous 3 years)

Data source for key indicator baseline: Warmline I-ECMHC database that tracks I-ECMHC services across Oklahoma for ECE programs

Date key indicator baseline data was last collected: June 2019 - May 2022

Program Strategy
One-sentence program goal: The I-ECMHC expansion program will work to provide on-site mental health supports to early care and education programs to improve the mental health climate of Early Care and Education Programs, improve provider's ability to respond to the social and emotional/mental health needs of children in their care and reduce the risk of expulsion from ECE programs, particularly for children who have high risk of adversity who could benefit from ECE programs the most.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Education, Adverse Childhood Experiences

How are SDOH addressed? I-ECMHC is a strategy that provides mental health promotion and prevention supports to a wide range of children by serving them in early care and educational settings. IEMCHC is rooted in social, racial, and ethnic justice efforts to

strengthen caregiving environments and reduce the expulsions of young children from communities impacted by systematic racial and ethnic inequities. In addition, multiple economic and social stressors place children and families at greater risk for health and mental health challenges. This project proposes to select health department regions that have been identified to show higher risk for children as identified through MIECHV needs assessment and in Child Welfare involvement data but where access to other types of mental health resources may be more limited.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? I-ECMHC embraces equity, inclusion and equality and requires training and demonstration of competency from mental health practitioners who serve as consultants. There is a body of research that demonstrates that suspensions and expulsions are not only ineffective, but also harmful for our youngest students (OSSE, 2013). Furthermore, the pattern of out-of-school punishments demonstrates a clear and unacceptable gender and racial disparity, with young boys of color suspended and expelled at vastly disproportionate rates (OCR, 2014). In addition, children who have a disability or a developmental delay are often subject to exclusionary practices and harsh discipline, undermining the programs' goal of supporting development. I-ECMHC includes work around equity and inclusion to examine biases and support providers in changing practice (www.iecmhc.org). The Center of Excellence for I-ECMHC has created toolkits and specific training to support the important work consultants can do around health equity, inclusion and equality.

One-paragraph summary of the program strategy: **Infant and Early Childhood Mental Health Consultation (I-ECMHC) is an evidence-based prevention strategy that promotes the well-being and healthy development of infants, toddlers, and preschoolers in early care and education programs. The I-ECMHC approach pairs a mental health consultant with another adult caregiver who supports children in settings where they learn and grow (www.iecmhc.org/about/). As consultants work with and through staff and caregivers by delivering care and interventions in the context of the child's everyday activities, the consultants provide an indirect service to children with far reaching implications.** It is through a child's relationship with their caregivers (family and paid caregivers) that they develop the capacity to experience and regulate emotions so that they can explore the world and achieve developmental milestones (www.zerotothree.org). Research demonstrates that early adversity (ACES), including child abuse and neglect can disrupt developmental trajectory and have long lasting impacts on health outcomes. Children who experience trauma or chronic stress often pose challenges for caregivers in their attempt to meet their developmental and learning needs. **I-ECMHC is a service that can help caregivers in navigating their roles in providing care thus supporting an Early Care and Education program's capacity to mitigate effects of adversity and support a child's return to a more positive developmental trajectory. The care within the ECE program becomes a protective factor that supports a child's capacity to achieve optimal brain health. This Project proposes to improve access to I-ECMHC by expanding Child Guidance Teams in Health Department Regions where there is high risk of adversity and a community of early care and education programs (including home visitation) who are potentially serving these children. The addition of an Infant and Early Childhood Mental Health Consultant Mentor to the Child Guidance Teams will provide stable access to I-ECMHC in the health department region, and also serve to support additional clinicians within the community in implementing I-ECMHC on a part-time basis as only a small part of their roles within their agencies or practices. The mentor position is key to a broader effort around implementing training as outlined by the Center for Excellence in I-ECMHC (SAMHSA) and supporting the delivery of services with fidelity to the evidence-based model.**

List of primary strategic partners:
Internal strategic partners include OSDH Child Guidance Program, The Oklahoma Warmline, MIECHV, Children First, County regional Director

External strategic partners include ODMHSAS Children's community mental health, Delaware Tribe Child Care Resource and Referral, OKDHS Child Care Services, Center for Early Childhood Professional Development, Sunbeam Family Services

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training

One-paragraph summary of evaluation methodology: The evaluation methodology of the I-ECMHC proposal will include evaluation at multiple levels of the system looking not only at outcomes of the direct service the mentor consultants will provide but also at their capacity to grow and support additional clinicians within partner agencies in their community to do consultation work. The program seeks to understand if adding full time FTE to the network structure provides added accessibility as well as stabilization of quality of service offered. The Center of Excellence has developed step-by-step guidance (https://www.iecmhc.org/resources/research-and-evaluation/) to help programs design and build upon their IECMHC program evaluations. The project will utilize this methodology to assist with quality improvement, the creation of future guidance for the network and service implementation, and to track fidelity of implementation. The project will use both qualitative data collected around service visits through Efforts to Outcomes (ETO), as well as

quantitative data from surveys listed by the Center of Excellence for IECMHC that are proven to collect information around child, provider, and program outcomes.

Program Setting(s): Child care center, Local health department, Other - home visiting program in county health departments or community organizations

Target Population of Program
Target population data source (include Date): Child care licensing registry of enrollment OKDHS, June 1 2022, home visitor caseload data from PAT, C-1, and SoonerStart programs obtained from program managers, June 1, 2022
Number of people to be served: 3,200 Program seeks to serve 40 child care programs a year with varying but average enrollment of 75 children thus potential impact on approximately 3,000 children. In addition, position will support approximately 10 home visitors with varying caseloads to address mental health concerns of children enrolled affecting approximately 200 additional families with young children.
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: 1 - 4 years, 5 - 14 years
Gender Identity: Male, Female
Geography: Rural
Location: District 3
Occupation: children
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: Yes – Specific outreach will be conducted to engage child care programs who maintain a child care subsidy contract/support of low-income children. However, not all children within the program will be low-income.
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire population

Program Information
Name of Program SMART Objective: Increase the use of I-ECMHC in County District 3

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? same

Program SMART Objective: From July 2022 through June 2023, program staff will provide I-ECMHC services to 40 programs to increase provision of mental health promotion and prevention in early childhood settings by 95%.

One-sentence summary of intervention: I-ECMHC is an evidence-based model that provides mental health supports to early care and education programs (including home visitation) to increase provider/teacher capacity to manage challenges in the classroom, support children who are showing concerns around mental/social and emotional health, and ultimately maintain children in programs in danger of being expelled.

One-paragraph description of intervention: Infant and Early Childhood Mental Health Consultation (I-ECMHC) is an evidence-based prevention strategy that promotes the well-being and healthy development of infants, toddlers, and preschoolers in early care and education programs. The I-ECMHC approach pairs a mental health consultant with another adult caregiver who supports children in settings where they learn and grow (www.iecmhc.org/about/). As consultants work with and through staff and caregivers by delivering care and interventions in the context of the child's everyday activities, the consultants provide an indirect service to children with far reaching implications. It is through a child's relationship with their caregivers (family and paid caregivers) that they develop the capacity to experience and regulate emotions so that they can explore the world and achieve developmental milestones (www.zerotothree.org). Research demonstrates that early adversity (ACES), including child abuse and neglect can disrupt developmental trajectory and have long lasting impacts on health outcomes. Children who experience trauma or chronic stress often pose challenges for caregivers in their attempt to meet their developmental and learning needs. I-ECMHC is a service that can help caregivers in navigating their roles in providing care thus supporting an Early Care and Education program's capacity to mitigate effects of adversity and support a child's return to a more positive developmental trajectory. The care within the ECE program becomes a protective factor that supports a child's capacity to achieve optimal brain health.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["SAMHSA Center of Excellence for Infant and Early Childhood Mental Health Consultation https://www.iecmhc.org/wp-content/uploads/2020/12/CoE-Evidence-Synthesis.p]

Rationale for choosing the intervention: Oklahoma has a more than 15-year history of implementing I-ECMHC. While the program has had demonstrated effectiveness on improving the mental health climate of ECE program classrooms, a positive impact on retaining children in care who were identified to be at risk of expulsion and improved teacher confidence and competence in addressing classroom challenges, Oklahoma has struggled with an infrastructure that allows for the program to be consistently available to ECE programs across Oklahoma. In addition, there have been challenges to quality of services and model fidelity due to limited training and supports to mental health professionals who provide the service on a contractual basis. There is nationally, a solid body of evidence demonstrating the effectiveness of I-ECMHC. This project chooses this intervention based on the national evidence and is exploring a way to implement the program to address the accessibility and quality issues experienced in the past.

Item to be Measured: ECE Program Use of I-ECMHC (# of Referrals) in OSDH District 3

Unit of Measurement: Referrals generated and tracked by the Oklahoma Warmline

Baseline value for the item to be measured: there were 0 referrals in district 3 in the pre-pandemic year SFY 2019

Data source for baseline value: SFY19 service usage data reported by the Oklahoma Warmline to OKDHS (Referrals)
Baseline data for provider awareness will be collected prior to service implementation by survey Summer 2022.

Date baseline was last collected: Reported June 2019

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 15 child care programs served impacting approximately 1050 children and consultation to home visiting programs affecting 100 families with young children.

Final target value to be achieved by the Final Progress Report (June 30, 2023): 40 Programs served impacting approximately 3,000 children and consultation to home visiting programs affecting 200 families.

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? The Same

Activities
Activity Title: Provision of I-ECMH to programs

One-sentence summary of the Activity: Between July 1, 2022 and June 30, 2023, the I-ECMH Consultant will provide consultation to ECE programs requesting the service through the OK Warmline.

One-paragraph description of the Activity: Between July 1, 2022 and June 30, 2023, the I-ECMH Consultant will provide consultation to ECE programs requesting the service through the OK Warmline. Early Care and Education programs call to request I-ECMHC through the Oklahoma Warmline. The Warmline makes referrals to consultants in the area including to the full-time consultant funded by this project. The hired I-ECMH Consultant will provide direct service to any programs requesting consultation AND mentor any part time consultants in OSDH District 3 in their implementation of the program. Part-time consultants will have been trained through one of the Training and TA centers but will receive implementation support from the I-ECMH consultant funded by the project.

Does the activity include the collection, generation, or analysis of data? Yes. Data will be tracked by the warmline regarding requests for service, service delivery activity including hours of service provided to each facility/referral, and activities within the service. ECE program participants will receive pre-post surveys related to teacher confidence and competence, teacher child relationship, and mental health climate checklists. Data will also be tracked regarding enrollment status of any children who were identified at risk of expulsion at the beginning of service, completion of service, and at 6 month follow up post service.

Activity Title: Consultation office hours

One-sentence summary of the Activity: Between July 1, 2022 and June 30, 2023, the I-ECMH Consultant will hold “office hours” to be available to home visitors in OSDH District 3 via virtual platform.

One-paragraph description of the Activity: Between July 1, 2022 and June 30, 2023, the I-ECMH Consultant will hold “office hours” to be available to home visitors in OSDH District 3 via virtual platform. The Home is often the first “learning environment” for very

young children. Home visitation programs are intended to strengthen a caregiver's capacity to support their child's optimal development setting them up for success for school. Home visitation programs vary in terms of population targets and risk but are generally seen as a prevention strategy to promote health and learning. While these programs are primarily prevention, families that enroll in these programs often have risks for adversity or are experiencing adversity and trauma. Sometimes families are enrolled in a home visitation program because more intensive mental health services are not available in the community. This project will support home visitors in OSDH District 3 in addressing the needs of their families by providing mental health consultation and support to the home visitor to help them navigate often difficult situations with their families.

Does the activity include the collection, generation, or analysis of data? Yes. Office hours attendance data, general deidentified data regarding type of program, category of issue, referrals suggested, actions taken etc. qualitative data can be analyzed for themes that might further inform the system of the needs of home visitors and the families whom they serve.

Name of Program SMART Objective: Increase the knowledge of ECE providers about I-ECMHC

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Same

Program SMART Objective: By January 1, 2023, program staff will provide outreach and education to all eligible ECE programs in OSDH District 3 in order to increase use of I-ECMHC.

One-sentence summary of intervention: I-ECMHC is an evidence-based model that provides mental health supports to early care and education programs (including home visitation) to increase provider/teacher capacity to manage challenges in the classroom, support children who are showing concerns around mental/social and emotional health, and ultimately maintain children in programs in danger of being expelled.

One-paragraph description of intervention: Infant and Early Childhood Mental Health Consultation (I-ECMHC) is an evidence-based prevention strategy that promotes the well-being and healthy development of infants, toddlers, and preschoolers in early care and education programs. The I-ECMHC approach pairs a mental health consultant with another adult caregiver who supports children in settings where they learn and grow (www.iecmhc.org/about/). As consultants work with and through staff and caregivers by delivering care and interventions in the context of the child's everyday activities, the consultants provide an indirect service to children with far reaching implications. It is through a child's relationship with their caregivers (family and paid caregivers) that they develop the capacity to experience and regulate emotions so that they can explore the world and achieve developmental milestones (www.zerotothree.org). Research demonstrates that early adversity (ACES), including child abuse and neglect can disrupt developmental trajectory and have long lasting impacts on health outcomes. Children who experience trauma or chronic stress often pose challenges for caregivers in their attempt to meet their developmental and learning needs. I-ECMHC is a service that can help caregivers in navigating their roles in providing care thus supporting an Early Care and Education program's capacity to mitigate effects of adversity and support a child's return to a more positive developmental trajectory. The care within the ECE program becomes a protective factor that supports a child's capacity to achieve optimal brain health.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["SAMHSA Center of Excellence for Infant and Early Childhood Mental Health Consultation https://www.iecmhc.org/wp-content/uploads/2020/12/CoE-Evidence-Synthesis.p]

Rationale for choosing the intervention: Oklahoma has a more than 15-year history of implementing I-ECMHC. While the program has had demonstrated effectiveness on improving the mental health climate of ECE program classrooms, a positive impact on retaining children in care who were identified to be at risk of expulsion and improved teacher confidence and competence in addressing classroom challenges, Oklahoma has struggled with an infrastructure that allows for the program to be consistently available to ECE programs across Oklahoma. In addition, there have been challenges to quality of services and model fidelity due to limited training and supports to mental health professionals who provide the service on a contractual basis. There is nationally, a solid body of evidence demonstrating the effectiveness of I-ECMHC. This project chooses this intervention based on the national evidence and is exploring a way to implement the program to address the accessibility and quality issues experienced in the past.

Item to be Measured: Change in knowledge and awareness of I-ECMHC services available in OSDH District 4

Unit of Measurement: % self -report change in ECE provider knowledge of program at baseline and every 6 months of project

Baseline value for the item to be measured: 0 Baseline to be established prior to project implementation through survey of providers

Data source for baseline value: provider survey

Date baseline was last collected: N/A to be collected by July 31, 2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 50% self-report change in knowledge of the I-ECMHC program and its availability to ECE programs in District 3

Final target value to be achieved by the Final Progress Report (June 30, 2023): 90% change in knowledge of the I-ECMHC program and its availability to ECE programs in District 3

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? same

Activities
Activity Title: Outreach and Promotion of I-ECMHC

One-sentence summary of the Activity: Between July 1, 2022 and June 30, 2023, the I-ECMH Consultant in partnership with the Oklahoma Warmline will provide outreach and education on I-ECMHC to Early Care and Education programs (including home visiting programs) in OSDH district 3.

One-paragraph description of the Activity: Between July 1, 2022 and June 30, 2023, the I-ECMH Consultant in partnership with the Oklahoma Warmline will provide outreach and education on I-ECMHC to Early Care and Education programs (including home visiting programs) in OSDH district 3. The I-ECMH Consultant will host trainings and provide print materials and promotional information to ECE programs in OSDH District 3 who could benefit from I-ECMHC. Outreach can include on building awareness of the impact of trauma and adversity on young children, managing challenging behaviors, provider self-care etc in order to build relationships within the community and provide programs with information and training they could follow up on through requesting consultation. Training and outreach materials and support for activities will be provided by the Oklahoma Warmline and Sunbeam Family Services, one of 2 training and TA Centers funded by ODMHSAS to support the I-ECMHC network across the state. The consultant can work with local partners including Delaware Child Care Resource and Referral and Center for Early Childhood Professional Development to provide recruit providers to training and provide training continuing education credit to attendees.

Does the activity include the collection, generation, or analysis of data? Yes, will see if outreach impacts the usage of service in the area and provider knowledge of the service and are we increasing usage to see a change in behavior.

Recipient Health SMART Objective: From 07/2022 to 06/2027, reduce the number of dental carries in vulnerable Oklahoma children by 22%, from Oklahoma average 66% to the national average of 51.6%.

Program Name: **Fluoride Varnish Outreach Project**

Program Manager(s): Connie Harris**,** Rebecca Mahaney

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): Reduce the proportion of children and adolescents with lifetime tooth decay – OH01

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? No

What is the funding role of the PHHS Block Grant for this program? Supplement other existing funds – 80% - Primary Source of Funding; Remaining funds from Dental Health Service, OSDH

Role of PHHS Block Grant Funds in Supporting this Program: Enhance or expand the program

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agencies or organizations: 100%

Type of supported local agency/organization: Local Health Department, Tribal Health Department/Agency, Other, please specify- HCA mobile units

Are there any positions funded by the PHHS Block Grant? No

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: The problem is many Oklahoma children do not have access to dental carries prevention programs.

One-paragraph description of the problem this program will address: The burden of dental decay in the Oklahoma childhood population is hampered by minimal data sources. Sixty-six percent of Oklahoma third grade children experience dental caries. Many Oklahoma children do not have a dental home. The target population is Oklahoma children, focusing on those most at-risk for dental decay. Risk factors to consider are participation in the WIC program, eligibility for Medicaid, and enrollment to Head Start and Early Head Start. Other risk factors are parents/siblings with poor oral health and lack of access to fluoridated water. The quality of evidence for the efficacy of fluoride in controlling dental caries is high for high-risk children.
Data sources:
Centers for Disease Control and Prevention: healthhttps://www.cdc.gov/OralHealth/index.html
Association for State and Territorial Dental Directors: ASTDD.org

How is the public health problem prioritized? Identified via surveillance systems or other data sources, Other - Healthy People 2030 objectives and Oklahoma Oral Health Coalition

Describe in one paragraph the key indicator(s) affected by this problem? In Oklahoma, 66% of third graders experience dental caries compared to the national average of 51.6%, a 24.5.% difference. Tooth decay is one of the most common childhood diseases and can cause pain to the extent a child loses sleep or can miss school. In some cases, oral infection can spread to other parts of the body. Another key indicator is the number of fluoride varnish applications administered by county health departments in 2019. Applications of fluoride varnish were negligible during the COVID-19 pandemic. Data for 2020 and 2021 are not representative of the overall problem. The county health departments represent our largest volume partners. County health department nurses applied most fluoride varnish, supplemented with OSDH funds.
Data Source(s): Oklahoma Oral Health Coalition Report Card
http://www.oohc.org/custom_files/Okla_Oral_Health_Report_Card_2020.pdf, Public Health Oklahoma Client Information System (PHOCIS)

Baseline value of the key indicator described above: Oklahoma third graders that experience dental caries: 66%

Data source for key indicator baseline: Oklahoma State Department of Health, Dental Health Service, Third Grade Oral Health Needs Assessment 2016, p.31

Date key indicator baseline data was last collected: Third Grade Oral Health Needs Assessment 2016

Program Strategy

One-sentence program goal: The goal of this program is to increase access to dental carries prevention programs for Oklahoma children.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Education, Health and Health Care

How are SDOH addressed? The social determinates of health addressed by this program are education, access to healthcare and increasing healthy behaviors. Partners will relay oral health education to parents/caregivers and will focus on the importance of good oral hygiene. Fluoride varnish applications improve access to oral healthcare for vulnerable children. And the project encourages healthy behaviors such as drinking water, and proper nutrition.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? By supplying fluoride varnish to county health departments and other partners, we are increasing the number of children that have access to this important oral public healthcare service. This addresses health equity, inclusion, and equality by improving the oral healthcare of children regardless of insurance or ability to pay.

One-paragraph summary of the program strategy: The plan is for OSDH/Dental Health to purchase 4,000 single-use 5% sodium fluoride varnish packets. We will distribute the fluoride varnish to partners who will apply the product to the teeth of children. Fluoride varnish prevents or reduces caries on primary and permanent teeth. The frequency of applications is not firmly established, however two or more applications per year is recommended by the CDC, depending on the risk of dental decay. Specific outcomes include distributing the fluoride product to partners with access to children and the ability to apply the product. We will track the number of children served and the number of applications. Partners will relay oral health education to parents/caregivers. The primary health concern is dental caries in children. Dental decay in children may cause pain and infections that lead to problems with eating, speaking, playing, and learning. Poor oral health can affect school readiness and performance.

List of primary strategic partners:
Internal strategic partners include County Health Departments

External strategic partners include Dental Hygiene Association, Oklahoma Health Care Authority and, Primary Care Providers, Reach Out and Read programs, Mobile Vans, Head Start.
*Each of these entities expressed interest and requested fluoride varnish product from the State Oral Health Program in the past year. The County Health Departments focus fluoride varnish on WIC children.

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training

One-paragraph summary of evaluation methodology: The project will be monitored by the administrative assistant who will order the fluoride varnish packets, track the number of packets sent to each county health department and other partners and track the number of applications provided by the partners. The Impact evaluation model will be used to measure and evaluate the immediate effect of the project and ensure that it is aligned with the project's objectives. This model will help to answer how well the project achieved its objectives and how well the desired short-term changes have been achieved.
Data sources:
cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf, https://mypeer.org.au/monitoring-evaluation/types-of-evaluation/

Program Setting(s): Childcare centers, Community based organization, Local health department, Medical or clinical site, by Primary Care Providers, State health department, Other, please specify - Mobile Vans

Target Population of Program

Target population data source (include Date): Approximately 254,759 (27.6%) Oklahoma children aged 1-17 have not received a preventive dental visit in the past 12 months (2017 Data Center for Child and Adolescent Health. 2017. Retrieved from the web June 9, 2022, from https://www.childhealthdata.org/browse/survey/results?q=6607&r=38)
Number of people to be served: 3,000 children

Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: Under 1 year, 1 - 4 years, 5 - 14 years
Gender Identity: Male, Female, Transgender
Geography: Both (urban and rural)
Location: Statewide
Occupation: Children
Health Insurance Status: Uninsured, Medicaid, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: Yes
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire population

Program Information
Name of Program SMART Objective: Fluoride Varnish Outreach Project

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Same

Program SMART Objective: Between 07/2022 and 06/2023 Staff in the Dental Health Service will provide 4000 fluoride varnish applications to the County Health Departments and other partners for application to the teeth of vulnerable children.

One-sentence summary of intervention: Fluoride Varnish packets are distributed to partners for the application to children's teeth.

One-paragraph description of intervention: We will distribute the fluoride varnish to partners who will apply the product to the teeth of children. Fluoride varnish prevents or reduces caries on primary and permanent teeth. The frequency of applications is not firmly established, however two or more applications per year is recommended by the CDC, depending on the risk of dental decay. Specific outcomes include distributing the fluoride product to partners with access to children and the ability to apply the product. We will track the number of children served and the number of applications. Partners will relay oral health education to parents/caregivers.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - MMWR Recommendations and Reports (Centers for Disease Control and Prevention)"

Rationale for choosing the intervention: Evidence-based effectiveness of intervention. Topical fluoride varnish application was chosen as the modality of intervention because it can be applied in broad environments by a variety of healthcare professionals, increasing its accessibility to a wider population. Fluoride varnish has been proven to be effective at reducing dental caries in children by 33% (Memarpour et al, 2016) and is inexpensive at a cost of $1.50 per application. These advantages make it an ideal intervention and investment into public health by offering an easy, inexpensive, and effective measure to combat one of the most common childhood diseases.
Data sources:
Memarpour M, Dadaein S, Fakhraei E, Vossoughi M. Comparison of oral health education and fluoride varnish to prevent early childhood caries: a randomized clinical trial. Caries Res. 2016 Aug 10;50(5):433–442

Item to be Measured: Number of Fluoride Varnish applications administered to children

Unit of Measurement: Applications

Baseline value for the item to be measured: The frequency of applications is not firmly established, however two or more applications per year is recommended by the CDC, depending on the risk of dental decay. The baseline value for this intervention is 1,138 fluoride varnish applications applied by public health nurses in 2019.

Data source for baseline value: Centers for Disease Control and Prevention: healthhttps://www.cdc.gov/OralHealth/index.html, Association for State and Territorial Dental Directors: ASTDD.org

Date baseline was last collected: 2019

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 2000 applications

Final target value to be achieved by the Final Progress Report (June 30, 2023): 4000 applications

Target Population of Program

Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Same

Activities

Activity Title: Providing Fluoride Varnish to partners

One-sentence summary of the Activity: Between June 2022 and July 2023, OSDH will distribute eighty boxes of fifty, single-use 5% sodium fluoride varnish packets to partners who will apply Fluoride Varnish to teeth of children.

One-paragraph description of the Activity: Between June 2022 and July 2023, OSDH will distribute eighty boxes of fifty, single-use 5% sodium fluoride varnish packets to partners who will apply Fluoride Varnish to teeth of children. We will track the number of children served and the number of applications. Partners will relay oral health education to parents/caregivers. The CDC recommends two or more applications of fluoride varnish per year, depending on the risk of dental decay.

Does the activity include the collection, generation, or analysis of data? Yes, OSDH will track the distribution and usage of fluoride varnish.

Recipient Health SMART Objective: From July 1, 2022 to June 30, 2023, reduce the proportion children who are physically inactive in Oklahoma by 1%.

Program Name: **Certified Healthy Early Childhood Programs Consultation**

Program Manager(s): Karin Leimbach, Julie Dearing

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): Increase the proportion of children who do enough aerobic physical activity PA-09

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? No

What is the funding role of the PHHS Block Grant for this program? Total Source of Funding

Role of PHHS Block Grant Funds in Supporting this Program Expand the program

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 0

Amount of funding to local agencies or organizations: 0

Are there any positions funded by the PHHS Block Grant? Yes

Position Title: Early Childhood Education Consultant
Is the position vacant? Yes
State Name in Position:
Percent of staff member's time spent working in each area?

- Jurisdiction-level: Statewide
- Total: 20%

Recruitment: A position description has been created. The process has been started to receive approval from HR to post the position. We will follow HR's recruitment plan of posting the position on the OSDH careers website. Once we have several qualified applicants, interviews will be held and the position will be offered to the most qualified candidate.

Total positions in this program funded by the PHHS Block Grant: 1
Number of FTEs in this program funded by the PHHS Block Grant: .2

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: Physical inactivity and unhealthy eating habits continue to be leading causes of the high obesity rates among children in Oklahoma.

One-paragraph description of the problem this program will address: Per Kids Count 2017 data, 16.5% of Oklahoma youth were reported to be overweight and 17.1% were reported to be obese. From 2018-2019, 51% of children and teens age 6-17 in Oklahoma engaged in less than 4 days of vigorous physical activity in the past week. Through this data we see the need for health education for young children to develop healthy habits.

How is the public health problem prioritized? Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment) Certified Healthy Oklahoma applications serve as a Needs Assessment, Behavioral Health Risk Factor Surveillance System (BRFSS), Youth Risk Behavior (YRBS), Identified via surveillance systems or other data sources-American Health Ranking, Prioritized within a strategic plan- State Obesity Plan, Legislature established as a priority – 63 O.S. 2060

Describe in one paragraph the key indicator(s) affected by this problem? The key indicators affected by this problem includes physical activity and nutrition. Research has shown that rates of physical activity and the diet can play a role in the prevalence of obesity. Go NAPSACC is an intervention for early childhood programs that focuses on increasing physical activity and nutrition environments for children. Additionally, policy, systems and environmental change strategies outlined in the Certified Healthy Early Childhood Program application work to support increased physical activity and nutrition. Increasing applicants' award level will mean there is an increase in strategies to support healthy environments.

Baseline value of the key indicator described above: 51%

Data source for key indicator baseline: Kids Count

Date key indicator baseline data was last collected: 2017

Program Strategy
One-sentence program goal: The goal of the program is to see an increase in environmental supports and training for Oklahoman Early Childcare Programs that will lead to a reduction in childhood obesity.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Education, Social and Community Context

How are SDOH addressed? Early Childhood Program consultation will help to address education Access and Quality Objectives- Increase the proportion of children who participate in high-quality early childhood education programs EMC-D03, by providing an evidence-based program that will increase the policy, environmental, and systems in early childhood programs.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? Technical assistance for communities will identify communities with a higher need of resources to address physical activity. The intervention focuses on adults who are not currently physically active for a number of reasons, including arthritis. This will help increase the ability to be included in the community by increasing their ability to participate. Technical assistance for early child care centers will identify early child care centers with a higher need of resources to provide health education and environmental supports. The intervention will impact all children at the early child care centers. The program supports will be useful to all children regardless of capabilities. Both communities and early childhood programs identified for consultation will be in identified inequity hotspots.

One-paragraph summary of the program strategy: The program focuses on providing targeted technical assistance and in-depth consultation to Certified Healthy Oklahoma Community and Early Childhood Program applicants. Applicants will increase their Certified Healthy Oklahoma application score by increasing the programs, policies, and environmental supports they offer through the consultation they receive. Community consultation will focus on using Walk With Ease as an intervention to increase environmental support for walking. Early Childhood Program consultation will focus on using GO NAPSACC as an intervention to increase health education and environmental supports in early childcare settings.

List of primary strategic partners:
Internal strategic partners include Center for Chronic Disease Prevention, Maternal and Child Health Department, Community Analysis and Linkages Department

External strategic partners include Identified priority early childhood programs, Department of Human Services, University of North Carolina- Go NAPSACC portals

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training, Resources/Job Aids, Other - recruitment/marketing

One-paragraph summary of evaluation methodology: Certified Healthy Oklahoma has multiple evaluation components. First, you can compare applications from year to year to see if they have offered new health strategies that increase their score. Also, a customer service feedback survey is sent out to applicants that help to identify how the technical assistance process was and what changes are needed.

Program Setting(s): Child care center, Tribal nation or area

Target Population of Program
Target population data source (include Date): 2021 Certified Healthy Early Childhood Program applicants.
Number of people to be served: 475
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: Under 1 year, 1 - 4 years, 5 - 14 years,
Gender Identify: Male, Female, Transgender

Geography: Both (rural and urban)
Location: Central and Eastern parts of Oklahoma
Occupation: Children
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: Yes
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information
Name of Program SMART Objective: Early Childhood Programs Participating in Go NAPSACC

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem?
Same

Program SMART Objective: By 07/2023, ten Early Childhood Programs will participate in Go NAPSACC.

One-sentence summary of intervention: Increase CHO Early Childhood Program applications through implementing Go NAPSACC to improve PA and Nutrition environments.

One-paragraph description of intervention: Go NAPSACC works with child care providers to improve the health of young children through practices, policies, and environments that instill habits supporting lifelong health and well-being. They offer modules on key topics like healthy eating, physical activity, and oral health on an online portal. Go NAPSACC allows providers to focus on any of seven modules. The 5 steps of Go NAPSACC help child care providers prioritize, plan, and take action to make healthy changes.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - Go NAPSACC has been found to be evidence-based and mentioned in multiple publications including: Ward DS et al. (2008) Nutrition and physical activity in child care: Results from an environmental intervention. Am J Prev Med. 35(4):352-356. Drummond RL et al. (2009) A pebble in the pond: The ripple effect of an obesity prevention intervention targeting the child care environment. Health Promot Pract. 10(2 Suppl):156S-167S. Ammerman A et al. (2007) An intervention to promote healthy weight: Nutrition and Physical Activity Self-assessment for Child Care (NAPSACC) theory and design. Prev Chronic Dis. 4(3). More can be found on their website: https://gonapsacc.org/the-evidence"].

Rationale for choosing the intervention: Go NAPSACC is an evidence- based program that serves as a tool for Early Childcare Providers. The seven modules cover include Child Nutrition, Breastfeeding and Infant Feeding, Farm to ECE, Oral Health, Infant and Child Physical Activity, Outdoor Play and Learning, and Screen Time. Go NAPSACC aligns with the CHO Early Childcare Programs and will therefore work to increase their Certified Healthy Oklahoma application score. CHO's application for Early Childhood Programs includes sections on Nutrition, Physical Activity, and Health Promotion (including Oral Health) which has criteria that included in Go NAPSACC. Go NAPSACC will help provide additional support to Early Childcare Providers to create a healthier environment for their children and staff.

Item to be Measured: Number of Early Childhood Programs participating in GO NAPSACC

Unit of Measurement: Number

Baseline value for the item to be measured: 0

Data source for baseline value: Go NAPSACC Portal

Date baseline was last collected: 6/1/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 5

Final target value to be achieved by the Final Progress Report (June 30, 2023): 10

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Same

Activities

Activity Title: Priority early childhood programs participating in Go NAPSACC

One-sentence summary of the Activity: Between July 1, 2022 and October 30, 2022, the Early Childhood Education Consultant will review Certified Healthy Oklahoma Early Childhood Program applications to identify 10 priority early childhood programs.

One-paragraph description of the Activity: Between July 1, 2022 and October 30, 2022, the Early Childhood Education Consultant will review Certified Healthy Oklahoma Early Childhood Program applications to identify 10 priority early childhood programs. Early childhood programs will have received less than Excellence to be considered. Next, we will identify early childhood programs that did not identify meeting the previously identified Certified Healthy Early Childhood Program criteria that Go NAPSACC would meet. Finally, based on those early childhood programs, we will identify early childhood programs in high inequity hotspots to be the 10 priority early childhood programs.

Does the activity include the collection, generation, or analysis of data? Yes

Activity Title: Consultation to priority early childhood programs

One-sentence summary of the Activity: Between September 1, 2022 and December 31, 2022, the Early Childhood Education Consultant will reach out to the identified 10 priority early childhood programs and provide consultation on participating in Go NAPSACC.

One-paragraph description of the Activity: Between September 1, 2022 and December 31, 2022, the Early Childhood Education Consultant will reach out to the identified 10 priority early childhood programs and provide consultation on participating in Go NAPSACC. This will include providing an overview of Go NAPSACC to the priority early childhood programs and the benefits of participating in this program. Consultation would include discussion of strategies to ensure a successful participation and completion of the program.

Does the activity include the collection, generation, or analysis of data? No

Activity Title: Evaluation of the Go NAPSACC Program

One-sentence summary of the Activity: Between April 30, 2023 and June 1, 2023, the Early Childhood Education Consultant will evaluate the number of priority early childhood programs that participated in Go NAPSACC.

One-paragraph description of the Activity: Between April 30, 2023 and June 1, 2023, the Early Childhood Education Consultant will evaluate the number of priority early childhood programs that participated in Go NAPSACC. Go NAPSACC is an online portal which has registration to allow the consultant to identify who participated in the program.

Does the activity include the collection, generation, or analysis of data? Yes

Name of Program SMART Objective*:* Policy, systems or environmental changes in early childhood programs.

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Same

Program SMART Objective: By June 30, 2023, 50% of early childhood program participating in Go NAPSACC will report implementing one new policy, systems, or environmental change as a result of the program.

One-sentence summary of intervention: The Early Childhood Certified Healthy Consultant will utilize the Go NAPSACC platform to provide consultation to childcare providers.

One-paragraph description of intervention: NAPSACC works with child care providers to improve the health of young children through practices, policies, and environments that instill habits supporting lifelong health and well-being. They offer modules on key topics like healthy eating, physical activity, and oral health on an online portal. Go NAPSACC allows providers to focus on any of seven modules. The 5 steps of Go NAPSACC help child care providers prioritize, plan, and take action to make healthy changes.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - GO NAPSACC has been found to be evidence-based and mentioned in multiple publications including: Ward DS et al. (2008) Nutrition and physical activity in child care: Results from an environmental intervention. Am J Prev Med. 35(4):352-356. Drummond RL et al. (2009) A pebble in the pond: The

ripple effect of an obesity prevention intervention targeting the child care environment. Health Promot Pract. 10(2 Suppl):156S-167S. Ammerman A et al. (2007) An intervention to promote healthy weight: Nutrition and Physical Activity Self-assessment for Child Care (NAPSACC) theory and design. Prev Chronic Dis. 4(3). More can be found on their website: https://gonapsacc.org/the-evidence"].

Rationale for choosing the intervention: Go NAPSACC is an evidence- based program that serves as a tool for Early Childcare Providers. The seven modules cover include Child Nutrition, Breastfeeding and Infant Feeding, Farm to ECE, Oral Health, Infant and Child Physical Activity, Outdoor Play and Learning, and Screen Time. Go NAPSACC would be very helpful for Early Childcare Programs to increase their Certified Healthy Oklahoma application score. CHO's application for Early Childhood Programs includes sections on Nutrition, Physical Activity, and Health Promotion (including Oral Health) which has criteria that included in Go NAPSACC. Go NAPSACC will help provide additional support to Early Childcare Providers to create a healthier environment for their children and staff.

Item to be Measured: Percent of participating early childhood programs implementing a new policy system, or environmental change

Unit of Measurement: Percentage

Baseline value for the item to be measured: 0

Data source for baseline value: The Go NAPSACC portal currently doesn't have any early childhood programs from Oklahoma participating

Date baseline was last collected: 6/1/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 30%

Final target value to be achieved by the Final Progress Report (June 30, 2023): 50%

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Same

Activities
Activity Title: Priority early childhood programs assessment

One-sentence summary of the Activity: Between September 1, 2022 and February 28, 2023, 10 priority early childhood programs will complete the Go NAPSACC assessment.

One-paragraph description of the Activity: Between September 1, 2022 and February 28, 2023, 10 priority early childhood programs will complete the Go NAPSACC assessment. Go NAPSACC has an assessment that early childhood programs that upon registering to participate in the program. This assessment helps the early childhood programs identify which of the seven modules they need to focus on improving. Additionally, there is an action planning tool to identify interventions to fill the gaps found in the assessment. The early childhood program will utilize the action planning tool to build their capacity to implement a policy, system or environmental change to increase nutrition or physical activity.

Does the activity include the collection, generation, or analysis of data? Yes

Activity Title: Priority early childhood programs consultation

One-sentence summary of the Activity: Between September 1, 2022 and March 30, 2023, the Early Childhood Education Consultant will provide individual consultation, including trainings, to the 10 priority early childhood programs based on their assessment results.

One-paragraph description of the Activity: Between September 1, 2022 and March 30, 2023, the Early Childhood Education Consultant will provide individual consultation, including trainings, to the 10 priority early childhood programs based on their assessment results. The Early Childhood Education Consultant will review individual assessments of the 10 priority early childhood programs. Based on the results, the consultant will provide individualized consultation to each early childhood programs. Consultation will include identifying one new policy, systems, or environmental change the early childhood programs can implement to increase their assessment score in one of the modules identified. Consultation could include

providing trainings on evidence-based or best practices, systems, or environmental changes in an early childhood program setting.

Does the activity include the collection, generation, or analysis of data? Yes

Activity Title: Priority early childhood programs reassessment

One-sentence summary of the Activity: Between February 1, 2023 and June 1, 2023, the 10 priority early childhood programs will complete a reassessment

One-paragraph description of the Activity: Between February 1, 2023 and June 1, 2023, the 10 priority early childhood programs will complete a reassessment. Through this reassessment, the consultant will be able to identify if the early childhood programs implemented a new policy, systems, or environmental change as a result of Go NAPSACC.

Does the activity include the collection, generation, or analysis of data? Yes

Recipient Health SMART Objective: From July 1, 2022 to June 30, 2023, reduce the proportion adults who are physically inactive in Oklahoma by 1%.

Program Name: **Certified Healthy Communities**

Program Manager(s): Karin Leimbach, Julie Dearing

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): Reduce the proportion of adults who do no physical activity in their free time PA-01

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? No

What is the funding role of the PHHS Block Grant for this program? Total Source of Funding

Role of PHHS Block Grant Funds in Supporting this Program Expand the program

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 0

Amount of funding to local agencies or organizations: 0

Are there any positions funded by the PHHS Block Grant? Yes

Position Title: Certified Healthy Consultant
Is the position vacant? No
State Name in Position: Karin Leimbach
Percent of staff member's time spent working in each area?

- Jurisdiction-level: Statewide
- Total: 30%

Total positions in this program funded by the PHHS Block Grant: 1
Number of FTEs in this program funded by the PHHS Block Grant: .3

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: Physical inactivity and unhealthy eating habits continue to be leading causes of the high obesity rates among adults in Oklahoma.

One-paragraph description of the problem this program will address: According to the 2021 American Health Ranking, 36.4% of Oklahoma adults are reported to have obesity and 28.6% report physical inactivity. Per the CDC, Heart Disease was the leading cause of death in 2017.

How is the public health problem prioritized? Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment) Certified Healthy Oklahoma applications serve as a Needs Assessment, Behavioral Health Risk Factor Surveillance System (BRFSS), Youth Risk Behavior (YRBS), Identified via surveillance systems or other data sources-American Health Ranking, Prioritized within a strategic plan- State Obesity Plan, Legislature established as a priority – 63 O.S. 2060

Describe in one paragraph the key indicator(s) affected by this problem? The key indicators affected by this problem includes physical activity and nutrition. Research has shown that rates of physical activity and the diet can play a role in the prevalence of obesity. Walk With Ease is an intervention for communities that focuses on increasing physical activity in adults. Additionally, policy, systems and environmental change strategies outlined in the Certified Healthy Community application work to support increased physical activity and nutrition. Increasing applicants' award level will mean there is an increase in strategies to support healthy environments.

Baseline value of the key indicator described above (NUMBER): Aerobic Activity Prevalence (Participated in 150 minutes or more of Aerobic Physical Activity per Week), 2019-37.3% (OK BRFSS)

Data source for key indicator baseline: Behavioral Risk Factor Surveillance System (BRFSS)

Date key indicator baseline data was last collected: 2019 Oklahoma BRFSS -Aerobic Activity Prevalence

Program Strategy

One-sentence program goal: The goal of the program is to see an increase in physical activity in Oklahoman adults which can lead to a reduction in obesity.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Education, Social and Community Context, Health and Health Care, Neighborhood and Built Environment

How are SDOH addressed? Community consultation will help to address Health Care Access and Quality- Increase the proportion of adults who get recommended evidence-based preventive health care AHS-08, by providing an evidence-based program to participate in that will increase physical activity and decrease risk of obesity.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? Technical assistance for communities will identify communities with a higher need of resources to address physical activity. The intervention focuses on adults who are not currently physically active for a number of reasons, including arthritis. This will help increase the ability to be included in the community by increasing their ability to participate. Communities identified for consultation will be in identified inequity hotspots.

One-paragraph summary of the program strategy: The program focuses on providing targeted technical assistance and in-depth consultation to Certified Healthy Oklahoma Community applicants. Applicants will increase their Certified Healthy Oklahoma application score by increasing the programs, policies, and environmental supports they offer through the consultation they receive. Community consultation will focus on using Walk With Ease as an intervention to increase environmental support for walking.

List of primary strategic partners:
Internal strategic partners include County Health Educators, Certified Walk With Ease Leaders, and Center for Chronic Disease Prevention, Community Analysis and Linkages Department

External strategic partners include Identified priority communities, OSU County Extension Offices, University of North Carolina-Walk With Ease

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training, Resources/Job Aids, Other - recruitment/marketing

One-paragraph summary of evaluation methodology: Certified Healthy Oklahoma has multiple evaluation components. First, you can compare applications from year to year to see if they have offered new health strategies that increase their score. Also, a customer service feedback survey is sent out to applicants that help to identify how the technical assistance process was and what changes are needed.

Program Setting(s): Community based organization, Local health department, Parks or playgrounds, Senior residence or center, Tribal nation or area, Other, please specify - City Governments

Target Population of Program

Target population data source (include Date): 2021 Certified Healthy Community applicants.
Number of people to be served:125
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: 15 - 24 years, 25 - 34 years, 35 - 44 years, 45 – 54 years, 55 - 64 years, 65 – 74 years, 75 – 84 years, 85 years and older
Gender Identify: Male, Female, Transgender
Geography: Both (rural and urban)
Location: Central Oklahoma and Eastern Oklahoma
Occupation: Any occupation
Educational Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: Yes
Are members of this target population affected by the problem? Yes

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

Program Information
Name of Program SMART Objective (this is the SMART Objective at the program level): Implementation, Consultation and Evaluation of Communities using Walk With Ease

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Same

Program SMART Objective: By June 30, 2023, five communities in Oklahoma will have implemented Walk With Ease.

One-sentence summary of intervention: Increase CHO Community application status by incorporating programs and environments that support walking.

One-paragraph description of intervention: Walk With Ease is a 6 week evidence-based program to increase walking. Walk With Ease teaches participants how to safely make physical activity part of their everyday life. This program serves a broad audience from individuals diagnosed with arthritis to individuals just looking to be more physically active. Comprehensive studies demonstrate that Walk With Ease reduces pain, increases balance and strength and improves your overall health. The program will help motivate participants to get in great shape and allow participants to walk safely and comfortably. Community Health Educators will be trained to facilitate walking groups in identified communities as a part of their public health offerings to decrease obesity prevalence.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["Walk With Ease has been proven effective through studies from Thurston Arthritis Research Center and the Institute of Aging of the University of North Carolina]

Rationale for choosing the intervention: This program was chosen because in the last Certified Healthy Oklahoma Community application cycle, a high number of communities did not identify having environmental supports in place to support older adults including the following criteria including: senior-focused activities are offered in the community, communities provide a safe and secure pedestrian environment to allow older adults to rain independent, active, and engage, communities provides education materials on falls prevention and healthy aging within the community and Walk With Ease is being implemented in a community that would address each of these criteria since it's a multi-component intervention.

Item to be Measured: Number of communities that implement Walk With Ease

Unit of Measurement: Number

Baseline value for the item to be measured: 0

Data source for baseline value: 0 community cohorts set up in the Oklahoma Walk With Ease portal

Date baseline was last collected: 6/1/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 2

Final target value to be achieved by the Final Progress Report (June 30, 2023): 5

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Same

Activities
Activity Title: Identify priority communities for implementation of Walk With Ease

One-sentence summary of the Activity: Between July 1, 2022 and August 30, 2022, program staff will review Certified Healthy Oklahoma Community applications to identify 5 priority communities.

One-paragraph description of the Activity: Between July 1, 2022 and August 30, 2022 program staff will review Certified Healthy Oklahoma Community applications to identify 5 priority communities. Communities will have received less than Excellence to be considered. Next, we will identify communities that did not identify meeting the previously identified Certified Healthy Community

criteria that Walk With Ease would meet. Finally, based on those communities we will identify communities in high inequity hotspots to be the 5 priority communities.

Does the activity include the collection, generation, or analysis of data? Yes

Activity Title: Consultation with Priority Communities to Implement Walk With Ease

One-sentence summary of the Activity: Between August 1, 2022 and December 31, 2022, the Certified Healthy Consultant will reach out to 5 communities that were identified as a priority and provide consultation on how to implement Walk With Ease.

One-paragraph description of the Activity: Between August 1, 2022 and December 31, 2022, the Certified Healthy Consultant will reach out to 5 communities that were identified as a priority and provide consultation on how to implement Walk With Ease. The Certified Healthy Consultant will reach out to 5 communities that were identified as a priority and assess if they are interested in implementing the Walk With Ease program. This will include providing and overview of Walk With Ease to the communities and the benefits of providing this program to their community. Consultation would include discussion of strategies to ensure a successful implementation and completion of the program within the community.

Does the activity include the collection, generation, or analysis of data? No

Activity Title: Evaluation of the Walk With Ease Program

One-sentence summary of the Activity: Between May 1, 2023 and June 30, 2023, the Certified Healthy Consultant will evaluate the number of priority communities that implemented Walk With Ease.

One-paragraph description of the Activity: Between May 1, 2023 and June 30, 2023, the Certified Healthy Consultant will evaluate the number of priority communities that implemented Walk With Ease. The Certified Healthy Consultant will evaluate how many of the priority communities implemented Walk With Ease. Walk With Ease has a portal that allows individual cohorts to be created and selected. Evaluation will consist of identifying how many communities had an individual cohort created to implement Walk With Ease and if they have identified trainers to coordinate walking groups.

Does the activity include the collection, generation, or analysis of data? Yes

Name of Program SMART Objective: Improved physical health through Walk with Ease Implementation

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Same

Program SMART Objective: Between July 1, 2022 and June 30, 2023, 50% of participants in Walk With Ease will report since starting the Walk With Ease Program their physical health has gotten better.

One-sentence summary of intervention: Offer the Walk With Ease program to increase walking in identified communities.

One-paragraph description of intervention: Walk With Ease is a 6 week evidence-based program to increase walking. Walk With Ease teaches participants how to safely make physical activity part of their everyday life. This program serves a broad audience from individuals diagnosed with arthritis to individuals just looking to be more physically active. Comprehensive studies demonstrate that Walk With Ease reduces pain, increases balance and strength and improves your overall health. The program will help motivate participants to get in great shape and allow participants to walk safely and comfortably. A Walk with Ease facilitator will be identified and trained to facilitate walking groups within the identified communities. Organizations within the community will be identified to help with recruitment (senior centers, hospitals, local county health departments)

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["Walk With Ease has been proven effective through studies from Thurston Arthritis Research Center and the Institute of Aging of the University of North Carolina.]

Rationale for choosing the intervention: This program was chosen because in the last Certified Healthy Oklahoma Community application cycle, a high number of communities did not identify having environmental supports in place to support older adults including the following criteria: Senior-focused activities are offered in the community, communities provide a safe and secure pedestrian environment to allow older adults to rain independent, active, and engaged, community provides education materials on

falls prevention and healthy aging within the community and Walk With Ease being implemented in a community would address each of these criteria since it's a multi-component intervention.

Item to be Measured: Percentage of WWE participants in priority communities that report an improvement in physical health

Unit of Measurement: Percentage

Baseline value for the item to be measured: 0 %

Data source for baseline value: Community cohorts are set up in the Oklahoma Walk With Ease portal and there are 0 participants at this time

Date baseline was last collected: 6/1/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 20%

Final target value to be achieved by the Final Progress Report (June 30, 2023): 50%

Target Population of Program

Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Same

Activity Title: Individual community cohorts for 5 priority communities

One-sentence summary of the Activity: Between September 1, 2022 and February 28, 2023, the Certified Healthy Consultant will create individual cohorts for each of the 5 priority communities so participants can register in the Walk With Ease portal.

One-paragraph description of the Activity: Between September 1, 2022 and February 28, 2023, the Certified Healthy Consultant will create individual cohorts for each of the 5 priority communities so participants can register in the Walk With Ease portal. Instructions will be provided to participants on how to register for their community cohort so we can keep data sets separate.

Does the activity include the collection, generation, or analysis of data? Yes

Activity Title: Supporting participants completing the Walk With Ease program

One-sentence summary of the Activity: Between September 1, 2022 and April 30, 2023, the Certified Healthy Consultant will provide instructions on navigating the Walk With Ease portal and self-guide books to participants.

One-paragraph description of the Activity: Between September 1, 2022 and April 30, 2023, the Certified Healthy Consultant will provide instructions on navigating the Walk With Ease portal and self-guide books to participants. Each participant will receive a self-guide book to assist in completing the program. If, a community has a certified Walk With Ease leader, we will connect them to help lead the program to ensure completion. Every participant will receive instructions on how to fully participate and complete the program to receive the mot benefits the program has to offer. If a community does not have a certified Walk With Ease leader, we will purchase training for them as funding is available. This activity would also look at providing raining t communities, including non-priority communities, on incorporating Walk With Ease into Active Transportation strategies.

Does the activity include the collection, generation, or analysis of data? Yes

Activity Title: Evaluation of participants' experience in Walk With Ease program

One-sentence summary of the Activity: Between April 30, 2023 and June 1, 2023, the Certified Health Consultant will evaluate the participants' experience using the Walk With Ease program through pre- and post-questionnaire.

One-paragraph description of the Activity: Between April 30, 2023 and June 1, 2023, the Certified Health Consultant will evaluate the participants' experience using the Walk With Ease program through pre- and post-questionnaire. When participants register for Walk With Ease, there is a pre- questionnaire that is filled out and at the end of the program there is a

post-questionnaire to fill out. The post questionnaire includes a question on if physical health has improved since starting the Walk With Ease program which will help us identify if we met this objective.

Does the activity include the collection, generation, or analysis of data? Yes

Recipient Health SMART Objective: From 07/2022 to 06/2027, decrease the rate of Congenital syphilis by 25% in Oklahoma City-County (OCCHD).
*This is an organizational objective within OCCHD strategic plan.

Program Name: **Congenital Syphilis Identification Initiative**

Program Manager(s): Staceee Hoye, Blaine Bolding

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): Reduce Syphilis rates in females STI-03, **Reduce congenital syphilis STI-04**

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? Yes

What is the funding role of the PHHS Block Grant for this program? Total source of funding

Role of PHHS Block Grant Funds in Supporting this Program Startup of a new program

Details about Program Funding
Amount of Funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agency/organization: 100%

Type of supported local agency/organization: Local Health Department

Are there any positions funded by the PHHS Block Grant? No

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: Currently there is a rise in the number of congenital syphilis cases in OK County.

One-paragraph description of the problem this program will address: According to the CDC data for the state of Oklahoma, in the years between 2010-2016, data revealed gradual rise and fall of CS cases with no year having more than 10 cases. 2010, 2012, and 2013 did not have any cases. Beginning in 2016, however there began a dramatic increase in the rate of cases. For the first time in 2017 there were over 10 cases with near doubling each successive year. 2020 ended with 53 cases and preliminary data suggests that 2021 will have greater than 75 cases. Of the 53 cases for 2020, 17 of them were from Oklahoma City-County which is 32.1% of all cases for that year. It is not surprising that Oklahoma City-County, along with Tulsa, would have a significant proportion of the cases as these areas are large, metropolitan areas. The increasing trend of CS cases does not show any signs of abatement and it can be theorized that because of the lack of public health services during the pandemic the increase for 2022 will be exponential. The data for CS is supported by reporting related to the number of primary and secondary syphilis rates among females. Graphic representation of both CS and primary and secondary syphilis rates among females is nearly identical which supports the belief that women are not being routinely tested and treated for syphilis during pregnancy. This intervention would specifically target those women who are testing for pregnancy and may not be aware of their syphilis status. Because the “at home” test also identifies gonorrhea, chlamydia, and HIV, these women would also be made aware of other STIs that may affect the health of their pregnancy and baby.

How is the public health problem prioritized? Identified via surveillance systems or other data sources, Prioritized within a strategic plan. Other - Current state of outbreak, Fetal Infant Mortality Reduction observations/data

Describe in one paragraph the key indicator(s) affected by this problem? Because of the current increase in the rate of syphilis among both males and females, there is an increasing rate of congenital syphilis. In 2017 there was a total of 37 pregnant women with syphilis. By 2020 that number had gradually increased to 130 which is a 394.7% increase over that period of time. Of the 53 cases in 2020, 42 were not diagnosed until late in pregnancy or at/after time of delivery.

Baseline value of the key indicator described above (NUMBER): For the year 2020, there were a total of 53 congenital syphilis cases in the state of Oklahoma. 17 of those cases were in the Oklahoma City-County area.

Data source for key indicator baseline: Data provided by the Oklahoma State Department of Health – Sexual Health and Harm Reduction Service (OSDH SHHR) along with the CDC. Data is also provided by OCCHD Fetal Infant Mortality Reduction (FIMR) program.

Date key indicator baseline data was last collected: 2020

Program Strategy

One-sentence program goal: Reduce congenital syphilis case rates in the Oklahoma City-County jurisdiction through providing 90% of clients seeking pregnancy testing at the local health department clinic with free at-home STI test.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Health and Health Care

How are SDOH addressed? This program addresses social determinants of health by providing free STI testing to a vulnerable population. Women seeking pregnancy testing through OCCHD may not have access to immediate prenatal care or the means to have STI testing completed. STI testing is typically completed during routine prenatal visits but if the mother does not participate in those visits, the STI goes untreated. Admittedly, this intervention addresses social determinants of health in a limited fashion as the long-term impact is not yet known.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? This intervention addresses health equity, inclusion, and equality by not requiring payment for services and the only criterion for participation is being a female seeking pregnancy testing. OCCHD provides interpreter services for those clients with limited English skills which eliminates language as a barrier. The process of activating the test will be completed in the clinic with the assistance of a public health nurse to ensure all steps of registration/activation are completed. If the client does not have the technology needed to register/active the test (i.e. cell phone), OCCHD will have tablets available for client to use in the clinic. Test results are sent via email but if the client does not have internet access or email, she can contact OCCHD directly for test results.

One-paragraph summary of the program strategy: The proposed method of sexually transmitted infection (STI) testing is specifically meant to address the increase rate of congenital syphilis (CS) in Oklahoma City-County. By providing an "at home" STI test that would identify syphilis – as well as other STIs including gonorrhea, chlamydia, and HIV - to all women seeking pregnancy testing through OCCHD, identification of syphilis infected women would increase. This method of testing would be more convenient for the population because they would not need to make a separate appointment for STI testing, and they could do the specimen collection either in the clinic or at home. Identifying syphilis infected women positive for pregnancy at the time of pregnancy testing would increase the rate of treatment for these women which would prevent pregnancy complications, birth defects, and stillbirths. Women who test negative for pregnancy but positive for syphilis would benefit from this program due to receiving treatment prior to conception. This testing method would also address the general syphilis outbreak Oklahoma is currently experiencing by identifying male partners of women testing positive for syphilis. This identification would lead to greater rates of treatment thereby slowing the rate of spread. This project would be incorporated into routine clinical services; therefore, staff salaries would be the in-kind contribution to the project from OCCHD. The personnel time would be minimal since it is a take home test but staff will provide counseling and assistance as required. This program is intended to be incorporated into our routine service provision. We will utilize our data team to ensure we have appropriate evaluation metrics to determine the viability and success of the program. When the funding ends OCCHD will evaluate the next steps for continuation of the program.

List of primary strategic partners:
Internal strategic partners include Fetal Infant Mortality Reduction, Community Health Workers

External strategic partners include OSDH Sexual Health and Harm Reduction Disease Intervention Specialists

One-paragraph summary of evaluation methodology: The program will be evaluated by comparing the number of tests provided/activated and the number of tests completed. This will identify effectiveness of the process involved for clients to submit specimens for testing. In addition, random phone interviews with clients who have and have not submitted specimens will be contacted for program feedback. This feedback should assist in identifying barriers to client participation and elicit possible solutions to barriers. OCCHD has a Fetal Infant Mortality Review program that this data can be utilized for across programmatic areas. In addition to foundational information we will garner, with the potential reduction in CS this will be incorporated into the 2023/2024 Wellness Score Data for evaluation and assessment. Tangible data on reduction of CS is not currently in place and this methodology will assist in data compilation for future initiatives and incorporation into the strategic planning process.

Program Setting(s): Local health department

Target Population of Program

Target population data source (include Date): OCCHD laboratory statistics for 2021
Number of people to be served: 1500
Ethnicity: Hispanic, Not Hispanic
Race: All
Age: 15 - 24 years, 25 - 34 years, 35 - 44 years
Sexual Orientation: Straight, this is not gay (or lesbian or gay), Other
Gender Identity: Female
Geography: Both (urban and rural)
Location: Oklahoma City/Oklahoma County area
Occupation: Any Occupation
Health Insurance Status: Uninsured, Medicaid, Private Health Insurance
Primarily Low Income: No
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information
Name of Program SMART Objective (this is the SMART Objective at the program level): Decrease Congenital Syphilis

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? The problem is the same for the objective and program.

Program SMART Objective: From 07/2022 to 06/2027, reduce congenital syphilis case rates in the Oklahoma City-County jurisdiction through providing 90% of clients seeking pregnancy testing at the local health department clinic with free at-home STI test.

One-sentence summary of intervention: Provide an at-home STI test kit to each woman testing positive for pregnancy at no cost.

One-paragraph description of intervention: Clients testing positive for pregnancy at an OCCHD clinic would be given an at-home STI test at no cost. The test would be activated prior to discharge from the clinic to ensure there is no technological barrier to utilizing the test kit. Specimen collection will be explained by the PHN and assistance will be offered if the client feels they will not be able to collect on their own. Education will be provided about pregnancy options, how to have a healthy pregnancy and the importance of STI testing early in pregnancy. Education will also include information about safe sex practices during pregnancy. The client will also be assessed for any social needs and referred to social worker or CHW for needed resources. If the client tests positive for an STI, OCCHD and the client will be notified. An OCCHD PHN will contact the client to schedule treatment as soon as possible. If the client is positive for syphilis, the results will also be sent to OSDH DIS for case investigation.

Is this an evidence-based intervention, or an innovative/promising practice? Innovative/Promising Practice – CDC Guidance

Rationale for choosing the intervention: CDC STI Treatment Guidelines (2021) recommend testing all pregnant women for STIs – specifically syphilis - in the both the first and third trimester with the goal of providing treatment to those who are infected with treatment as soon as possible. The guidelines further state that if there is a reasonable suspicion that the pregnant woman will not have access to or seek prenatal care as soon as possible after identifying they are pregnant, STI testing should be completed at the time of pregnancy testing. Because many clients seeking services at a health department are negatively impacted by their social determinants of health, many delay prenatal care or do not seek care at any time during their pregnancy, thus STI testing at the time of pregnancy testing is best practice.

Item to be Measured: Number of congenital syphilis cases for Oklahoma City-County from July 2022-June 2023

Unit of Measurement: Number of women identified to have syphilis

Baseline value for the item to be measured: 17 cases of congenital syphilis in 2020 for Oklahoma County

Data source for baseline value: Local STI and congenital syphilis data is collected by OCCHD, OSDH SHHR and CDC. Data includes infection rates, treatment rates, and number of babies born that meet the congenital syphilis criteria.

Date baseline was last collected: 2020

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 12 congenital syphilis cases in Oklahoma City-County

Final target value to be achieved by the Final Progress Report (June 30, 2023): 7 congenital syphilis cases in Oklahoma City-County

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Target population is the same for the program and objective

Activities
Activity Title: Pregnancy Test

One-sentence summary of the Activity:
Between July 2022 and June 2023, OCCHD will provide clients with a positive pregnancy test an at-home STI test.

One-paragraph description of the Activity:
Between July 2022 and June 2023, clients testing positive for pregnancy at an OCCHD clinic would be given an at-home STI test at no cost. The test would be activated prior to discharge from the clinic to ensure there is no technological barrier to utilizing the test kit. Specimen collection will be explained by the PHN and assistance will be offered if the client feels they will not be able to collect on their own. Education will be provided about pregnancy options, how to have a healthy pregnancy and the importance of STI testing early in pregnancy. Education will also include information about safe sex practices during pregnancy. The client will also be assessed for any social needs and referred to social worker or CHW for needed resources. If the client tests positive for an STI, OCCHD and the client will be notified. An OCCHD public health nurse (PHN) will contact the client to schedule treatment as soon as possible. If the client is positive for syphilis, the results will also be sent to Oklahoma State Department of Health – Disease Intervention Specialist (OSDH DIS) for case investigation.

Does the activity include the collection, generation, or analysis of data? No

Activity Title: Client Notification of Positive STI result

One-sentence summary of the Activity:
Between July 2022 and June 2023, clients positive for STI will be contacted via client portal linked to test provider and by OCCHD PHN.

One-paragraph description of the Activity:
Between July 2022 and June 2023, clients positive for STI will be contacted via client portal linked to test provider and by an OCCHD PHN. To ensure clients who test positive for an STI are treated in a timely manner, they will be contacted by an OCCHD PHN to schedule a treatment appointment. Education will be provided related to the importance of treatment for not only mother but baby, as well.

Does the activity include the collection, generation, or analysis of data? No

Activity Title: STI Treatment

One-sentence summary of the Activity:
Between July 2022 and June 2023, clients testing positive will be treated according to the CDC STI Treatment Guidelines (2021).

One-paragraph description of the Activity:
Between July 2022 and June 2023, clients testing positive for STI will be treated according to the CDC STI Treatment Guidelines (2021). Treatment will be provided at no cost to the client. Positive STI result, pregnancy status and treatment will be recorded in both OCCHD electronic health record (EHR) and the OSDH Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) system. Education will be provided on safe sex practices during pregnancy. In addition, a needs assessment will be completed, and referrals made based on the assessment.

Does the activity include the collection, generation, or analysis of data? Yes

Recipient Health SMART Objective: From 07/01/2022 to 06/30/2027, increase child safety seat usage to 95.0% among child passengers 0-8 years statewide.

Program Name: **Child Passenger Safety Program**

Program Manager(s): Tracy Wendling, Director**,** Avy Redus, Administrative Program Manager**,** Jennifer Holland, Child Passenger Safety Project Coordinator

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): **Reduce deaths from motor vehicle crashes IVP-06**, Reduce the proportion of deaths of car passengers who weren't buckled in IVP-07

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? No

What is the funding role of the PHHS Block Grant for this program? Total source of funding

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agencies or organizations: $70,000

Type of supported local agency/organization: Local Health Department

Role of PHHS Block Grant Funds in Supporting this Program: Maintain existing program (as is)

Are there any positions funded by the PHHS Block Grant? Yes

Position Title: Child Passenger Safety Project Coordinator
Is the position vacant? No
State Name in Position: Jennifer Holland
Percent of staff member's time spent working in each area?

- Jurisdiction-level: State, 50%
- Local: 50%
- Total: 100%

Total positions in this program funded by the PHHS Block Grant: 1
Number of FTEs in this program funded by the PHHS Block Grant: 1

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: Motor vehicle-related injuries are a leading cause of death among children in Oklahoma.

One-paragraph description of the problem this program will address: Child passenger safety (CPS) is the means and practice of preventing injury and death of children in the event of a motor vehicle crash. Oklahoma child passenger safety law requires all children under age eight to be properly secured in a car seat or booster seat. Both nationally and in Oklahoma, motor vehicle crashes are a leading cause of death for children. According to the Oklahoma Highway Safety Office, 21 children under age 13 died in motor vehicle crashes in Oklahoma in 2020, and an additional 7,000 children sustained injuries as occupants in passenger vehicles. Using national health outcomes data, for every fatality, approximately 18 children are hospitalized and more than 400 receive medical treatment for injuries sustained in a crash. Proper child restraint use decreases the risk of death by 71% for infants younger than 1 year old and 54% for toddlers 1 to 4 years old. However, four out of five children are not as secure as they should be when riding in a vehicle because their car seats are not being used correctly. For many parents, providing proper child restraint systems for their children is often difficult due to financial hardship.

How is the public health problem prioritized? Identified via surveillance systems or other data sources, Prioritized within a strategic plan

Describe in one paragraph the key indicator(s) affected by this problem? Motor vehicle-related injuries are a leading cause of death among children in Oklahoma, yet car seats and booster seats are highly effective at reducing injury and death in the event of a crash. The IPS will monitor morbidity and mortality rates in conjunction with state usage rates of child restraints. Every year, through a contract with the Oklahoma Highway Safety Office, the University of Central Oklahoma conducts a statewide observational study based on guidance from the National Highway Traffic Safety Administration. With increasing usage, more child passengers will be protected and injuries and deaths will decrease.

Baseline value of the key indicator described above: 91.8%

Data source for key indicator baseline: Oklahoma Statewide Child Restraint Survey (Oklahoma Highway Safety Office)

Date key indicator baseline data was last collected: 2021

Program Strategy

One-sentence program goal: The child safety seat installation and education program aims to ensure all Oklahoma children under the age of 8 years are properly restrained in an age- and size-appropriate child restraint system as required in Oklahoma's CPS law, to prevent and reduce injuries, disabilities, and death to children due to motor vehicle crashes.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Economic Stability, Education

How are SDOH addressed? Social determinants of health (SDOH) have a major impact on the primary demographic served through this program. Many families served have limited education and job opportunities, are low-income, and experience barriers due to language and literacy. The IPS strives to support and empower families by providing educational material in a variety of forms and languages, free car or booster seats (for individuals on government assistance programs), and one-on-one education on proper installation, harnessing, and positioning to ensure parents/caregivers know how to safely transport a child in a motor vehicle.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? Social determinants of health contribute to health disparities and inequities. Families who do not have access or the means to procure a car seat due to financial hardship, lack of consistent transportation, or a challenging family/community environment are less likely to safely transport a child. The goals of the program are to work with internal and external partners to eliminate barriers to obtaining a car or booster seat, ensure proper knowledge of Oklahoma law and best practices for installation and positioning, conduct outreach efforts to increase the number of multilingual CPS technicians and expand the availability of interpreters during car seat events. The IPS will strengthen programmatic capacity to achieve health equity in child safety seat distribution and education (e.g., culturally appropriate outreach among vulnerable populations, including African American, Hispanic, Native American, and rural parents/caregivers; distribution of educational materials in multiple languages; and increased dissemination of free car seats in vulnerable and underserved populations/communities).

One-paragraph summary of the 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 distribution 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 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 partners (e.g., home visiting nurses, child welfare workers, law enforcement, perinatal nurses, childbirth instructors), (5) public education on CPS best practices and Oklahoma's law, (6) policy promotion and education to inform legislative and organizational decision-making, and (7) coordination of county health department installation sites, including the provision of seats and technical assistance, and building statewide capacity for CPS.

Data Sources:

(1) Zaza, S., Sleet, D.A., Thompson, R.S., Sosin, D.M., Bolen, J.C. Task Force on Community Preventive Services. Reviews of evidence regarding interventions to increase the use of child safety seats. *American Journal of Preventive Medicine.* 2001; 21 (4S), 31-47.

(2) Task Force on Community Preventive Services. Recommendations to reduce injuries to motor vehicle occupants: increasing child safety seat use, increasing safety belt use, and reducing alcohol-impaired driving. *American Journal of Preventive Medicine* 2001; 21(4S):16–22.
(3) Centers for Disease Control and Prevention. (2015) The Guide to Community Preventive Services. Motor vehicle-related injury prevention. Retrieved from https://www.thecommunityguide.org/topic/motor-vehicle-injury..
(4) Centers for Disease Control and Prevention. (2014) Vital signs: Restraint Use and Motor Vehicle Occupant Death Rates Among Children Aged 0–12 years—United States, 2002–2011. Retrieved from https://www.cdc.gov/mmwr/index.html.
(5) National Highway Traffic Safety Administration. (2020) Countermeasures that work: A highway safety countermeasure guide for State highway safety offices, Tenth edition. Retrieved from Countermeasures That Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices, 10th Edition, 2020 (nhtsa.gov).

List of primary strategic partners:
Internal strategic partners include OSDH Family Support and Prevention Service, OSDH Maternal and Child Health Service, and OSDH Office of Minority Health and Health Equity, and county health departments.

External strategic partners include Oklahoma Highway Safety Office, Safe Kids Oklahoma, Safe Kids Tulsa Area, Safe Kids Na-I-Sha, Infant Crisis Services, Variety Care, Legacy Parenting Center, Oklahoma Department of Human Services, law enforcement agencies, fire departments, and other organizations that work with children and families.

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training, Resources/Job Aids, Other - car seats and booster seats

One-paragraph summary of evaluation methodology: The IPS will conduct epidemiologic analyses on the magnitude and trends of motor vehicle crash injuries and will monitor usage rates, as well as hospitalization and fatality rates. 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. The IPS will use evaluation findings to monitor the progress and effectiveness of the program, as well as make quality improvements as needed. The IPS has a full-time program evaluator who will provide consultation on the development, implementation, and application of evaluation projects.

Program Setting(s): Child care center, Community based organization, Faith based organization, Local health department, Medical or clinical site, Schools or school district, State health department, Tribal nation or area

Target Population of Program
Target population data source (include Date): CDC WONDER, 2020
Target Population: 468,646 (ages 0-8 years)
Ethnicity: Hispanic, Non- Hispanic
Race: All
Age: Under 1 year, 1 - 4 years, 5 - 14 years
Gender Identity: Male, Female, Transgender
Geography: Both (urban and rural)
Occupation: children
Location: Entire state
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: Yes
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information
Name of Program SMART Objective (this is the SMART Objective at the program level): Comprehensive Child Safety Program

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Yes, it is the same.

Program SMART Objective: Between 7/2022 and 6/2023, the IPS will maintain 1 comprehensive, multifaceted child safety installation and education program utilizing three primary strategies to increase restraint use and decrease crash-related injuries and deaths among child passengers in Oklahoma.

One-sentence summary of intervention: The child safety seat installation and education program aims to ensure all Oklahoma children under the age of 8 years are properly restrained in an age- and size-appropriate child restraint system as required in Oklahoma's CPS law, to prevent and reduce injuries, disabilities, and death to children due to motor vehicle crashes.

One-paragraph description of intervention: To increase child safety seat usage rates in Oklahoma and reduce crash-related injuries and deaths to child occupants, the 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 partners (e.g., home visiting nurses, child welfare workers, law enforcement, perinatal nurses, childbirth instructors), (5) public education on CPS best practices and Oklahoma's law, (6) policy promotion and education to inform legislative and organizational decision-making, and (7) coordination of county health department installation sites, including the provision of seats and technical assistance, and building statewide capacity for CPS.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["MMWR Recommendations and Reports (Centers for Disease Control and Prevention)","Community Preventive Services Task Force and Countermeasures That Work: A Highway Safety Countermeasure Guide For State Highway Offices, Tenth Edition, 2020"].

Rationale for choosing the intervention: 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 distribution 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).

Item to be Measured: Implementation of one comprehensive child safety seat installation and education program

Unit of Measurement: Number

Baseline value for the item to be measured: 1

Data source for baseline value: In order to track the implementation of one comprehensive child safety seat installation and education program, Injury Prevention Service will use logs of education and awareness efforts, number of child safety seat installations and checks, and tracking of statewide CPS capacity activities.

Date baseline was last collected: June 6, 2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): yes/1

Final target value to be achieved by the Final Progress Report (June 30, 2023): yes/1

Target Population of Program

Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Yes, it is the same as the target population of the program.

Activities

Activity Title: CPS Education and Awareness

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the IPS 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.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the IPS 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. The IPS will continue to seek opportunities to advance CPS education and awareness to interested audiences to achieve motor vehicle safety goals.

Does the activity include the collection, generation, or analysis of data? The IPS will maintain a log to track educational opportunities and reach.

Activity Title: Child Safety Seat Installations and Checks

One-sentence summary of the Activity: Between 07/2022 and 06/2023, certified CPS technicians in the OSDH Central Office and county health departments will identify opportunities to offer free seat checks to the general public and installations of free car seats/booster seats to eligible low-income families.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, certified CPS technicians in the OSDH Central Office and county health departments will identify opportunities to offer free seat checks to the general public and installations of free car seats/booster seats to eligible low-income families. The IPS will partner with the OSDH Sooner Start staff to provide appropriate storage and space for individual car seat checks and installations. In addition, the IPS will partner with OU Health to conduct two car seat events per month.

Does the activity include the collection, generation, or analysis of data? The IPS will maintain a database to track the number of car seat checks and installations conducted.

Activity Title: Support Statewide CPS Capacity

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the IPS 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.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the IPS 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. The Project Coordinator 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.

Does the activity include the collection, generation, or analysis of data? The IPS will maintain a tracking spreadsheet for monitoring the inventory of seats, as well as participating county health departments and the certified technicians at each location. Logs will be maintained to track technician training courses and basic awareness education.

Recipient Health SMART Objective: From 07/01/2022 to 06/30/2027, reduce the rate of unintentional drug poisoning deaths to 16.0 per 100,000 population statewide.

Program Name: **Drug Overdose Prevention Program**

Program Manager(s): Tracy Wendling, Director**,** Avy Redus, Administrative Program Manager**,** Vacant, Drug Overdose Prevention Project Coordinator

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): **Reduce unintentional injury deaths IVP-03**, Reduce overdose deaths involving opioids IVP-20, Reduce overdose deaths involving natural and semisynthetic opioids IVP-21

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? No

What is the funding role of the PHHS Block Grant for this program? Supplement other existing funds - Less than 10% - Minimal source of funding (CDC Overdose Data to Action funding, less than 10% of total funds from PHHS Block Grant)

Role of PHHS Block Grant Funds in Supporting this Program: Enhance or expand the program

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agencies or organizations: $0

Are there any positions funded by the PHHS Block Grant? Yes

Position Title: Drug Overdose Prevention Project Coordinator
Is the position vacant? Yes
State Name in Position:
Percent of staff member's time spent working in each area?

- Jurisdiction-level: State-level 80%
- Local: 20%
- Total: 100%

Recruitment: Currently working with HR and the position is live. Position has been shared with internal and external partners.

Total positions in this program funded by the PHHS Block Grant: 1
Number of FTEs in this program funded by the PHHS Block Grant: 1

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: From 2019 to 2020, the number of unintentional Drug Overdose (DO) deaths increased 29% in Oklahoma.

One-paragraph description of the problem this program will address: Although the rate of unintentional DO deaths decreased 20% from 2016 to 2019 in Oklahoma, the rate increased 28% from 2019 to 2020. Methamphetamine is the most common substance involved in DO deaths in Oklahoma (involved in nearly two-thirds of DO deaths in 2020). Methamphetamine overdose deaths increased 12-fold from 2007 to 2020 (from 39 to 470 deaths, respectively). From 2007 to 2016, prescription opioids were the most common type of drug involved in DO deaths in Oklahoma. The rate of unintentional prescription opioid overdose death decreased 68% from 2013 to 2019. From 2019 to 2020, the number of fentanyl overdose deaths more than doubled (from 47 deaths in 2019 to 127 in 2020). Fentanyl was involved in nearly half of all opioid-related deaths, compared to 10-20% annually in previous years. The dispensing of fentanyl decreased, with Oklahoma having the 18th highest rate of fentanyl dispensing in 2020 compared to being one of the highest states in previous years. Prior to 2020, Oklahoma saw an increase in illicitly manufactured fentanyl and heroin-related overdose deaths, but not at the scale of other states. Males had higher unintentional drug overdose death rates than females (between 50% and 120% higher, depending on the age group). Adults 35 to 64 years had the highest unintentional drug overdose death rate. Non-Hispanic American Indian Oklahomans had the highest unintentional drug overdose death rate. In 2020, the drug overdose death rate for this group was slightly higher than for non-Hispanic Blacks, 38% higher than non-Hispanic Whites, and 3.5 times higher than Hispanic Oklahomans.

How is the public health problem prioritized? Identified via surveillance systems or other data sources, Prioritized within a strategic plan, Governor (or other political leader) established as a priority

Describe in one paragraph the key indicator(s) affected by this problem? In 2020, the rate of unintentional drug poisoning deaths among Oklahomans was 17.5 per 100,000 population. The IPS will monitor fatal DO data and trends.

Baseline value of the key indicator described above: 17.5 per 100,000 population

Data source for key indicator baseline: CDC, Web-based Injury Statistics Query and Reporting System

Date key indicator baseline data was last collected: 2020

Program Strategy

One-sentence program goal: To prevent an increase in the rate of DO deaths, the IPS will implement strategies that impact primary, secondary, and tertiary levels of prevention and leverage internal and external partnerships to identify solutions to address root causes of substance use, including adverse childhood experiences, social determinants of health, health disparities, health inequities, and shared risk and protective factors.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Economic Stability, Education, Social and Community Context, Health and Health Care, Neighborhood and Built Environment, Adverse Childhood Experiences

How are SDOH addressed? The negative or positive impact of social determinants of health (SDOH) can accumulate over a lifetime, alter a person's life course, and be passed down through generations. Structural racism, historically unjust policies, inequities in education, poverty/economics, and criminalizing drug use impact substance use and overdose prevention, intervention, and treatment. Programmatic efforts will identify opportunities to improve health risks, such as substance use, and reduce disparities and inequities by addressing SDOH. Strategies will crosscut all sectors of the program by utilizing evidence-informed approaches to reduce adverse childhood experiences, increase access to resources, and strengthen family support.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? Addressing complex health disparities is crucial to advancing health equity. Despite efforts to reduce health disparities, they persist, and have widened among some population groups due to the COVID-19 pandemic. Health equity must be at the forefront of all DO programming, collaborations, and education to build healthier communities. Health and social inequities can increase overdose deaths and other adverse health outcomes, especially among marginalized populations. For example, individuals who misuse substances, specifically Black, Indigenous, and People of Color, are disproportionally affected by systemic oppression (e.g., racism, sexism, and classism), poverty, housing, and food insecurities. These social determinants impact health outcomes, including morbidity and mortality from substance use. The IPS is committed to integrating approaches to effectively manage initiatives, engage across sectors, and influence key factors that affect DO morbidity and mortality in Oklahoma communities. The IPS DO program is positioned to begin integrating activities though a health equity lens.

One-paragraph summary of the program strategy: To prevent an increase in the rate of drug overdose (DO) deaths, the Injury Prevention Service (IPS) will implement strategies that impact primary, secondary, and tertiary levels of prevention and leverage internal and external partnerships to identify solutions to address root causes of substance use, including adverse childhood experiences, social determinants of health, health disparities, health inequities, and shared risk and protective factors. **To reduce vulnerability, risk of overdose, and fatal outcomes of overdose, the IPS will: 1) increase public awareness of the burden and prevention of DO, which includes enhancing data and knowledge of drug-related morbidity and mortality; developing and disseminating a variety of evidence-based educational materials; and providing technical assistance to community partners, 2) strategically coordinate cross-sector prevention efforts (e.g., state, local, and tribal government, faith-based communities, schools, businesses, caregivers, first responders, and civic/volunteer organizations) to strengthen the use of evidence-based injury prevention interventions statewide, 3) increase awareness of drug overdose prevention and response, addiction-related stigma, and Oklahoma's opioid prescribing guidelines to providers across the state to reduce adverse patient outcomes and 4) maintain statewide naloxone (a medication that reverses opioid overdoses) training and distribution program for emergency medical services and OSDH programs and county health 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 DO in Oklahoma. The IPS will provide expertise to state and local partners on content related to the prevention and response strategies, including state opioid prescribing guidelines, DO data, addiction-related stigma, DO-related policy, harm reduction, and root causes of substance use. Due to the existing infrastructure and**

partnerships cultivated, the IPS is in a position to work with organizations statewide to mobilize resources, support data collection and dissemination, implement and evaluate programs and policies, and offer a variety of educational initiatives.

List of primary strategic partners:
Internal strategic partners include OSDH Emergency Systems, Family Prevention and Support Service, and Maternal and Child Health Service; and the county health departments.

External strategic partners include The Oklahoma Injury Prevention Advisory Committee, the Oklahoma State Epidemiological Outcomes Workgroup, the Prescription Drug Planning Workgroup, the Opioid Prescribing Guidelines for Oklahoma Workgroup, all five regulatory medical boards, the Oklahoma Board of Nursing, the Oklahoma State Medical Association, the Oklahoma Pharmacists Association, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the Oklahoma Bureau of Narcotics and Dangerous Drugs Control, the Oklahoma Hospital Association, the Oklahoma Health Care Authority, and ODMHSAS regional prevention workgroups.

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training, Resources/Job Aids

One-paragraph summary of evaluation methodology: The IPS will monitor fatal and nonfatal DO data and trends. Outreach efforts will be logged, including presentations, meetings, fact sheets, reports, and news releases. Additionally, program evaluation projects will be implemented to systematically examine activities, processes, characteristics, and outcomes of programs, which will be utilized by program staff to reduce uncertainties, improve effectiveness, and make decisions to boost capacity. Examples of evaluation include pre- and post-training surveys to identify perceptions and knowledge gained from educational presentations; continued evaluation of the naloxone project, including the number of agencies trained, agencies that adopted a naloxone protocol, administrations of naloxone, and lives saved; provider-focused assessments to determine uptake of the opioid prescribing guidelines and identify barriers to successful implementation; and utilization of the strategic partnering framework to build, maintain, and evaluate partnerships to improve collaboration across sectors and improve DO prevention programming across all levels of prevention. The IPS has a full-time program evaluator who will be involved in all aspects of developing, implementing, and applying evaluation to the project.

Program Setting(s): Business, corporation or industry, Community based organization, Faith based organization, Local health department, Medical or clinical site, Schools or school district, State health department, Tribal nation or area, University or college

Target Population of Program
Target population data source (include Date): CDC WONDER, 2020
Number of people to be served: 3,980,783
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: Under 1 year, 1 - 4 years, 5 - 14 years, 15 - 24 years, 25 - 34 years, 35 - 44 years, 45 – 54 years, 55 - 64 years, 65 – 74 years, 75 – 84 years, 85 years and older
Gender Identity: Male, Female, Transgender
Geography: Both (urban and rural)
Location: Entire state
Occupation: Any occupation
Educational Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
Primarily Low Income: No
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information
Name of Program SMART Objective: Reduce drug-related morbidity and mortality statewide.

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Yes, it is the same.

Program SMART Objective: Between 07/2022 and 06/2023, the IPS will engage state and community partners across multiple sectors to implement three strategies to reduce drug-related morbidity and mortality statewide.

One-sentence summary of intervention: To prevent an increase in the rate of DO deaths, the IPS will implement strategies that impact primary, secondary, and tertiary levels of prevention and leverage internal and external partnerships to identify solutions to address

root causes of substance use, including adverse childhood experiences, social determinants of health, health disparities, health inequities, and shared risk and protective factors.

One-paragraph description of intervention: To reduce vulnerability, risk of overdose, and fatal outcomes of overdose, the IPS will: 1) increase public awareness of the burden and prevention of DO, which includes enhancing data and knowledge of drug-related morbidity and mortality; developing and disseminating a variety of evidence-based educational materials; and providing technical assistance to community partners; 2) strategically coordinate cross-sector prevention efforts (e.g., state, local, and tribal government, faith-based communities, schools, businesses, caregivers, first responders, and civic/volunteer organizations) to strengthen the use of evidence-based injury prevention interventions statewide; 3) increase awareness of drug overdose prevention and response, addiction-related stigma, and Oklahoma's opioid prescribing guidelines to providers across the state to reduce adverse patient outcomes; and 4) maintain statewide naloxone (a medication that reverses opioid overdoses) training and distribution program for emergency medical services and OSDH programs and county health departments.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["MMWR Recommendations and Reports (Centers for Disease Control and Prevention)","Evidence-based Strategies for Preventing Opioid Overdose: What's Working in the United States (Centers for Disease Control and Prevention); Overdose Prevention Strategy (U.S. Health and Human Service); Master List of Evidence-Based and Innovative Interventions for Drug Overdose Prevention (Rhode Island Department of Health)"].

Rationale for choosing the intervention: Designing and implementing a multi-faceted approach to DO prevention through evidence-based or evidence-informed practices is essential to successfully reducing vulnerability, risk of overdose, and fatal outcome of overdose statewide.

Item to be Measured: Whether a multi-faceted DO prevention program exists

Unit of Measurement: Number

Baseline value for the item to be measured: 1

Data source for baseline value: In order to track progress of if a multi-faceted DO program exists, partner engagement, education provided, and naloxone distributed

Date baseline was last collected: June 6, 2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): Yes/1

Final target value to be achieved by the Final Progress Report (June 30, 2023): Yes/1

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Yes, it is the same.

Activities
Activity Title: Drug Overdose Education and Awareness

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the Project Coordinator will identify opportunities to work across sectors to increase awareness of the burden and prevention of DO and provide technical assistance to community partners to strengthen the use of evidence-based prevention strategies statewide.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the Project Coordinator will identify opportunities to work across sectors to increase awareness of the burden and prevention of DO and provide technical assistance to community partners to strengthen the use of evidence-based prevention strategies statewide. Once hired, the Project Coordinator will work with other IPS staff to identify and engage various lay and professional stakeholders to expand education efforts statewide. The Project Coordinator will also provide education and technical assistance to county health department districts and other community organizations on drug overdose prevention programming.

Does the activity include the collection, generation, or analysis of data? Yes, the Project Coordinator will maintain a log to track educational opportunities and reach.

Activity Title: Naloxone Training and Education Awareness

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the Project Coordinator will maintain one naloxone training and distribution program for EMS personnel, volunteer fire departments, and county health departments.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the Project Coordinator will maintain one naloxone training and distribution program for EMS personnel, volunteer fire departments, and county health departments. The IPS will maintain the Emergency Medical Personnel Naloxone Project and boost programmatic delivery to county health departments.

Does the activity include the collection, generation, or analysis of data? Yes, the IPS will maintain a database to track the number of emergency medical agencies that have been trained, signed a memorandum of agreement, adopted the protocol, and received kits. In addition, naloxone distribution and utilization will be monitored among county health departments.

Activity Title: Marijuana Communications Campaign

One-sentence summary of the Activity: Between 07/2022 and 06/2023, IPS staff will collaborate with partnering organizations on the development of educational materials and public messaging involving health and safety considerations related to marijuana.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, IPS staff will collaborate with partnering organizations on the development of educational materials and public messaging involving health and safety considerations related to marijuana. Once hired, the Project Coordinator will assist with the distribution of the IPS marijuana fact sheets targeting the general public, teens, and pregnant women. The Project Coordinator will also collaborate with other organizations, including the Oklahoma Department of Mental Health and Substance Abuse Services, Oklahoma Perinatal Quality Improvement Collaborative, Oklahoma Department of Human Services, Oklahoma Highway Safety Office, and Oklahoma Center for Poison and Drug Information, to develop prevention messaging on health and safety concerns related to marijuana.

Does the activity include the collection, generation, or analysis of data? Yes, logs will be maintained to track educational reach and all aspects of public messaging will be monitored and evaluated throughout the project period.

Recipient Health SMART Objective: From 07/01/2022 to 06/30/2027, reduce the rate of unintentional fall-related deaths among persons 65 years and older to 106.0 per 100,000 population statewide.

Program Name: **Healthy Aging and Falls Prevention Program**

Program Manager(s): Tracy Wendling, Director**,** Avy Redus, Administrative Program Manager**,** Madelyn Maxwell, Healthy Aging and Falls Prevention Project Coordinator

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): **Reduce fall-related deaths among older adults IVP-08**, Reduce the rate of emergency department visits due to falls among older adults OA-03

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? Yes

What is the funding role of the PHHS Block Grant for this program? Total source of funding

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agencies or organizations: 10%

Type of supported local agency/organization: Local Health Department, Other Local Government, Local Organization

Role of PHHS Block Grant Funds in Supporting this Program: Enhance or expand the program

Are there any positions funded by the PHHS Block Grant? Yes

Position Title: Healthy Aging and Falls Prevention Project Coordinator
Is the position vacant? No
State Name in Position: Madelyn Maxwell
Percent of staff member's time spent working in each area?

- Jurisdiction-level: 80%
- Local: 20%
- Total: 100%

Position Title: Administrative Program Manager
Is the position vacant? No
State Name in Position: Avy Doran-Redus
Percent of staff member's time spent working in each area?

- Jurisdiction-level: 5%
- Local: 5%
- Total: 10%

Total positions in this program funded by the PHHS Block Grant: 2
Number of FTEs in this program funded by the PHHS Block Grant: 1.10

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: Falls are a major threat to the health and independence of adults aged 65 years and older and the consequences of a fall can be devastating, resulting in serious injury (e.g., hip fractures and traumatic brain injuries) or death.

One-paragraph description of the problem this program will address: Falls are the leading cause of injury death among adults 65 years and older in Oklahoma. Unintentional fall has recently become the leading cause of injury death for all ages in Oklahoma. Over 7,000 Oklahomans 65 years and older are hospitalized due to a fall-related injury every year. Falls are a major threat to the health and independence of older Oklahomans and generate enormous economic and personal costs. In addition to fall-related injuries, motor vehicle crash (MVC) related injuries and traumatic brain injuries (TBI) are also common injuries among adults aged 65 years and older.

Falls and MVCs result in the majority of TBI-related hospitalizations and deaths among older adults. From 2016-2020, there were 1,873 TBI-related deaths and from 2016-2019, over 5,000 hospitalizations among Oklahomans 65 years and older. Poor balance and gait, lower body weakness, vision problems, medications, mental/cognitive health problems, environmental hazards, poor nutrition, and certain chronic conditions can lead to increased risk of injury. In Oklahoma, 55 of 77 counties are food deserts, 67,000 individuals are living with Alzheimer Disease (over 129,000 family and friends are providing care), and risk factors for mental health concerns continue to increase, especially due to increased social isolation among older adults due to increased risks associated with COVID-19. Injuries among older adults, as well as contributing factors, are a large and growing public health problem. Roughly 160 people are turning 65 every year in Oklahoma. The number of injuries will increase as the population of older adults grows. Healthcare costs associated with these injuries will also increase. The IPS analyzes and monitors emergency department and inpatient hospital discharge data, in addition to death certificates and medical examiner reports. Survey data and other secondary sources are monitored for supplemental information on risk and protective factors and health outcomes.

How is the public health problem prioritized? Identified via surveillance systems or other data sources, Prioritized within a strategic plan

Describe in one paragraph the key indicator(s) affected by this problem? Falls are the leading cause of injury death among adults 65 years and older in Oklahoma. The IPS will track trends and monitor fall-related deaths across the state.

Baseline value of the key indicator described above: Falls are the leading cause of injury death among adults 65 years and older in Oklahoma. Rate of unintentional fall-related deaths among Oklahomans 65 years of age and older is 108.4 per 100,000 population (2020). The IPS will track trends and monitor fall-related deaths across the state.

Data source for key indicator baseline: CDC, Web-based Injury Statistics Query and Reporting System (WISQARS)

Date key indicator baseline data was last collected: 2022

Program Strategy

One-sentence program goal: Engage state and community partners across sectors to implement strategies to reduce the number of falls leading to injury death, promote healthy aging, and improve health outcomes among persons 65 years and older statewide.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Economic Stability, Education, Social and Community Context, Health and Health Care, Neighborhood and Built Environment

How are SDOH addressed? Risk factors for older adult falls, and other age-related injuries, are often influenced by social determinants of health. These factors interfere with the well-being, functional independence, and quality of life of older adults. As a result, there is a need to establish a holistic framework to aging, not only to reduce the risk of a fall among older adults, but also improve quality of life and give older adults the ability to age in the community environment of their choice. The IPS is committed to working with internal and external partners to foster a paradigm shift to emphasize the importance of age-friendly communities and active aging, develop and integrate culturally appropriate approaches to serve diverse older adults, and reduce health disparities driven by social and economic inequities.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? Addressing complex health disparities is crucial to advancing health equity. Despite efforts to reduce health disparities, they persist, and have widened among some population groups due to the COVID-19 pandemic. Health equity must be at the forefront of all programming, collaborations, and education to build healthier communities. Health and social inequities can increase risk of injury and adverse health outcomes among older adults, and are a critical health issue given the increased population of persons 65 years and older. Health status can decline with age, but even more so among socially disadvantaged racial, ethnic, and other populations and communities. In addition, older adults are at increased vulnerability due to lack of security, loneliness, isolation, ageism, sexism, dependency, stigma, abuse, and restriction to health care access. The IPS is committed to working with internal and external partners to increase accessibility to programs and services among marginalized populations; ensure educational materials are translated as appropriate; and strengthen cross-sector engagement opportunities that enhance potential and improve health and well-being among older adults statewide.

One-paragraph summary of the 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. Poor balance and gait, lower body weakness, vision problems, medications, environmental hazards, and certain chronic conditions can lead to increased risk of falling. These factors are often influenced by social determinants of health, which interfere with the well-being, functional independence, and quality of life of

older adults. In addition to fall-related injuries, motor vehicle crashes (MVCs) are a common mechanism of injury among older adults. Falls and MVCs result in the majority of traumatic brain injury (TBI) related hospitalizations and deaths among older adults. There is a need to establish a holistic framework to aging, not only to reduce the risk of a fall among older adults, but also improve quality of life and give older adults the ability to age in the community environment of their choice. **To reduce the number of falls and improve health outcomes for older adults through healthy aging, the Injury Prevention Service (IPS) will take a multifaceted approach, including: 1) strategically engage state and community partners across sectors to reduce injuries (falls, TBIs, and MVCs) among older adults and strengthen capacity to address age-related factors that increase risk of injury (cognitive health, nutrition, and mental health), 2) continue efforts to provide fall-related educational and programmatic information to Oklahomans 65 years of age and older and other internal and external partners, 3) mobilize partnerships to facilitate activities of the Older Adult Falls Prevention Coalition, 4) champion the evidence-based falls programs Tai Chi: Moving for Better Balance (TCMBB) and Matter of Balance (MOB), 5) maintain the home safety equipment distribution project to improve home safety for older adults (as most falls occur at home), 6) implement the CDC Still Going Strong Campaign to increase awareness among older adults and their caregivers on how to age without injury.**

List of primary strategic partners:
Internal strategic partners include OSDH Chronic Disease Prevention, OSDH Community Development Service, and county health departments

External strategic partners include senior centers, community centers, faith-based organizations, physicians, the Oklahoma Area Agencies on Aging, the University of Oklahoma Health Sciences Center Oklahoma Healthy Aging Initiative, Oklahoma Department of Human Services, home health agencies, rehabilitation providers, Areawide Aging Agency, Meals on Wheels, Rebuilding Together Oklahoma City, fire departments, and other community organizations that work closely with persons 65 years of age and older.

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training, Resources/Job Aids

One-paragraph summary of evaluation methodology: The IPS will conduct epidemiologic analyses on the magnitude and trends of older adult falls and will monitor emergency department, hospitalization, and fatality rates through access to emergency department discharge data, the Oklahoma Hospital Inpatient Discharge Database, medical examiner reports, and Vital Statistics. Logs will be maintained to track the distribution and use of TCMBB and MOB materials and trainings, news releases, and presentations/demonstrations delivered. The IPS will use evaluation findings (i.e., fall-related morbidity and mortality and community interest and capacity) to systematically expand the TCMBB and MOB programs across the state. In addition, the IPS will identify opportunities to strengthen programmatic evaluation to examine activities, characteristics, and outcomes of programs, which will be utilized by program staff to reduce uncertainties, improve effectiveness, and make decisions to boost programmatic capacity. The IPS has a full-time program evaluator on staff who consults on the evaluation methodology, implementation, and application for all injury prevention programs.

Program Setting(s): Business, corporation or industry, Community based organization, Faith based organization, Home, Local health department, Medical or clinical site, Senior residence or center, State health department, Tribal nation or area

Target Population of Program
Target population data source (include Date): CDC, WISQARS, 2020
Number of people to be served: 653,159
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: 65 – 74 years, 75 – 84 years, 85 years and older
Gender Identity: Male, Female, Transgender
Geography: Both (urban and rural)
Location: Entire state
Occupation: Any occupation
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: No
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information
Name of Program SMART Objective: Reduce falls, promote healthy aging, and improve health outcomes in persons 65 years and older

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Yes, it is the same.

Program SMART Objective: Between 07/2022 and 06/2023, the IPS will work with state and community partners across sectors to implement three strategies to reduce the number of falls leading to injury death, promote healthy aging, and improve health outcomes among persons 65 years and older statewide.

One-sentence summary of intervention: 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.

One-paragraph description of intervention: To reduce the number of falls and improve health outcomes for older adults through healthy aging, the IPS will take a multifaceted approach, including: 1) strategically engage state and community partners across sectors to reduce injuries (falls, TBIs, and MVCs) among older adults and strengthen capacity to address age-related factors that increase risk of injury (cognitive health, nutrition, and mental health); 2) continue efforts to provide fall-related educational and programmatic information to Oklahomans 65 years of age and older and other internal and external partners; 3) mobilize partnerships to facilitate activities of the Older Adult Falls Prevention Coalition; 4) champion the evidence-based falls programs Tai Chi: Moving for Better Balance (TCMBB) and A Matter of Balance (MOB); 5) maintain the home safety equipment distribution project to improve home safety for older adults (as most falls occur at home); and 6) implement the CDC's Still Going Strong Campaign to increase awareness among older adults and their caregivers on how to age without injury.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["Best Practice Initiative (U.S. Department of Health and Human Services)","MMWR Recommendations and Reports (Centers for Disease Control and Prevention)"].

Rationale for choosing the intervention: Designing and implementing a multifaceted approach to healthy aging and falls prevention through evidence-based and evidence-informed practices is an effective way to approach the problem from different levels of the social ecological model and is essential to successfully reduce fall-related morbidity and mortality and improve older adult health outcomes statewide.

Item to be Measured: Implementation of a comprehensive injury prevention program targeting older adults

Unit of Measurement: Comprehensive Injury Prevention Program

Baseline value for the item to be measured: 1

Data source for baseline value: In order to track progress, IPS will utilize logs of education provided, home safety equipment installed, campaign implementation, and evidence-based programming offered

Date baseline was last collected: June 6, 2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): Yes/1

Final target value to be achieved by the Final Progress Report (June 30, 2023): Yes/1

Target Population of Program

Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Yes, it is the same.

Activities

Activity Title: Healthy Aging and Falls Prevention Cross-Sector Engagement and Education

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the IPS will work with partners across sectors to provide healthy aging and injury prevention educational and programmatic information, facilitate the Older Adult Falls Prevention Coalition, and disseminate home safety supplies (e.g., grab bars, double-sided tape, and light bulbs) to Oklahomans 65 years of age and older, caregivers, and other stakeholders.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the IPS will work with partners across sectors to provide healthy aging and injury prevention educational and programmatic information, facilitate the Older Adult Falls Prevention Coalition, and disseminate home safety supplies (e.g., grab bars, double-sided tape, and light bulbs) to Oklahomans 65 years of age and older, caregivers, and other stakeholders. The IPS will develop and strengthen partnerships to enhance program capacity for healthy aging and falls prevention, work with stakeholders to identify innovative practices for delivering education and trainings on healthy aging and injury prevention, and provide ongoing technical assistance to county health departments and other community organizations.

Does the activity include the collection, generation, or analysis of data? Yes, the IPS will maintain logs to track educational opportunities and reach and home safety equipment distributed.

Activity Title: Community-Based Programming

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the IPS will identify opportunities to expand access to evidence-based fall prevention programming in counties with high fall-related death and hospitalization rates.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the IPS will identify opportunities to expand access to evidence-based fall prevention programming in counties with high fall-related death and hospitalization rates. The IPS has a Master Trainer in Tai Chi: Moving for Better Balance and A Matter of Balance. The IPS will identify opportunities to provide both trainings in communities with a high burden of falls and limited resources. Additional consideration will be given to communities that have interest and a demand for such trainings.

Does the activity include the collection, generation, or analysis of data?
Yes, the IPS will track the number of trainings provided and participants trained.

Activity Title: Still Going Strong Campaign

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the IPS will implement CDC's Still Going Strong Campaign to increase awareness among older adults and their caregivers on how to age without injury.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the IPS will implement CDC's Still Going Strong Campaign to increase awareness among older adults and their caregivers on how to age without injury. The IPS will work with the OSDH Office of Communications to develop a strategic plan for implementation of the campaign for the purposes of 1) educating about common risk factors for falls and motor vehicle crashes, as well as traumatic brain injuries, that happen from falls and motor vehicle crashes and 2) empowering older adults and their caregivers to take simple steps that will help them maintain their independence and age without injury. Campaign tactics will include pre- and post-assessments to identify geographic regions to target and determine impact.

Does the activity include the collection, generation, or analysis of data?
Yes, all aspects of the campaign will be monitored and evaluated to determine reach and impact.

Recipient Health SMART Objective: From 7/1/2022 to 6/30/2027, provide training to 40 domestic violence service provider agencies statewide on partner-inflicted brain injury recognition and accommodations for clients.

Program Name: **Partner Inflicted Brain Injury**

Program Manager(s): Brandi Woods-Littlejohn, Administrative Program Manager and Tracy Wendling, Director

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): Reduce intimate partner violence IVP-D04, Reduce nonfatal physical assault injuries IVP-10, **Reduce fatal traumatic brain injuries IV-05**

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? No

What is the funding role of the PHHS Block Grant for this program? Total source of funding

Role of PHHS Block Grant Funds in Supporting this Program: Startup of a new program

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agencies or organizations: $0

Are there any positions funded by the PHHS Block Grant? Yes

Position Title: Violence Prevention Coordinator
Is the position vacant? No
State Name in Position: Emily Nicholls
Percent of staff member's time spent working in each area?

- Jurisdiction-level: 25%
- Total: 25%

Total positions in this program funded by the PHHS Block Grant: 1
Number of FTEs in this program funded by the PHHS Block Grant: .25

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: This program aims to increase awareness of and resources for partner-inflicted brain injury among domestic violence survivors at domestic violence service agencies.

One-paragraph description of the problem this program will address: Domestic violence is a major public health problem in Oklahoma. In 2020, there were 27,089 domestic abuse reports to law enforcement.[1] This is a 13.2% increase since 2016. It is well established that domestic violence is underreported to law enforcement for many reasons. Crime statistics represent only a fraction of the domestic violence that occurs; thus, survey data may help provide a closer estimate of the true prevalence. The National Intimate Partner and Sexual Violence Survey (NISVS) estimates 40.1% of Oklahoma women and 37.8% of Oklahoma men[2] experience intimate partner physical violence, intimate partner rape and/or intimate partner stalking in their lifetimes. The Oklahoma Office of Attorney General reported that 4,173 people sought shelter in an Oklahoma certified domestic violence and sexual assault program in 2021 (J. Dixon, personal communication, April 19, 2022). **The specific health burden addressed by this program is partner-inflicted brain injury, which is defined as damage to the brain caused by partner violence directed at the head, neck and face, including blunt force trauma and strangulation.[3] The exact scope and magnitude of this burden is uncertain as the field doesn't know that domestic violence victims might have brain injuries. While domestic violence victims report incredibly high levels of head trauma, brain injury is largely**

[1] Oklahoma Bureau of Investigation (OSBI), Office of Criminal Justice Statistics, *Crime in Oklahoma 2020*. Accessed at https://osbi.ok.gov/publications/crime-statistics on 19APR2020.
[2] Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
[3] Montgomery, L., and Ramirez, R. (2021). *Partner Inflicted Brain Injury: Promising Practices for Domestic Violence Programs.* Columbus, OH: Ohio Domestic Violence Network, The Center on Partner Inflicted Brain Injury.

unidentified, rarely addressed, and not well understood by domestic violence programs.[4] The lack of data is a knowledge gap that has been recognized by the federal government and formally acknowledged in a 2020 United States Government Accountability Office Report to Congressional Committees that found data on the overall prevalence of brain injuries resulting from intimate partner violence are limited.[5] The population of focus for this program is comprised of victim-survivors of physical domestic violence who have experienced partner-inflicted brain injury. According to the 2020 Behavioral Risk Factor Surveillance System, almost 1 in 4 Oklahomans reported that an intimate partner had ever hit, slapped, pushed, kicked, or physically hurt them.[6] When broken down by sex, 14.7% of men and 30.7% of women in the state have experienced physical domestic violence.[6] Research conducted by ODVN and The Ohio State University at five Ohio DVS agencies found that 85% of domestic violence victims accessing domestic violence program services have been hit in the head, with almost 50% of survivors reporting that their head was hurt too many times for them to count. Close to 83% of survivors interviewed were strangled, and of those, 88% of survivors said it happened a few times or too many times to count.[4] The population with disparate need within the population of focus is victim-survivors who have physical, cognitive, emotional, and/or behavioral issues resulting from the traumatic brain injury(s) or oxygen deprivation.[3] This population is of particular interest because the disabilities that they may experience as a result of partner-inflicted brain injury and the additional challenges they experience, including mental health disorders and substance use, can be interpreted as non-compliance with program requirements which can lead to termination of services by DVS agencies.

How is the public health problem prioritized? Identified via surveillance systems or other data sources

Describe in one paragraph the key indicator(s) affected by this problem? The IPS will conduct epidemiologic analyses on the magnitude and trends of partner-inflicted brain injuries and will monitor hospitalization and fatality rates. Logs will be maintained to track the presentations delivered/courses taught, and technical assistance contacts. The IPS will use evaluation findings to monitor the progress and effectiveness of the program, as well as make quality improvements as needed.

Baseline value of the key indicator described above: 0 trainings have been delivered

Data source for key indicator baseline: IPS Training log

Date key indicator baseline data was last collected: 6/6/2022

Program Strategy

One-sentence program goal: The goal of this program is to increase awareness of the issue of partner-inflicted brain injury and the use of appropriate accommodations for DVS clients with this disability by providing training, program support, and resources for DVS agencies.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Education, Social and Community Context, Health and Health Care, Adverse Childhood Experiences

How are SDOH addressed? This program addresses social determinants of health by improving the capacity of community-based DSV programs that provide services to survivors with disabilities by directly addressing violence and by increasing access to healthcare services. Improving the capacity of community-based DSV programs to provide services to survivors with partner-inflicted brain injuries will ensure that survivors with disabilities have access to quality trauma-informed services. This is especially important because "a survivor whose brain has been injured may be at risk for other types of overlapping abuse and the compounding effects (e.g., neglect, isolation, sexual abuse, and blocked access to appointments, food, or other resources)[7]". Violence itself is a social determinant of health. Although the partner-inflicted brain injury has already occurred when considering this particular group of victim-survivors, this program can prevent repeated intimate partner violence from being committed against them. This is significant because brain injury can be both an effect of and an abusive partner's rationale for intimate partner violence. Victim-survivors of partner-inflicted brain injury often experience issues with their executive functioning, which can cause issues completing the tasks required of them in order to stay in compliance with the requirements of their service plans. When service providers understand that they are accommodating someone

[4] Ohio Domestic Violence Network. (2020). *Working with Brain Injuries and Mental Health in Domestic Violence Programs: Findings from the Field.* https://www.odvn.org/wp-content/uploads/2020/08/Working-with-BI-and-MH-in-DV-Programs-Findings-from-the-Field.pdf

[5] United States Government Accountability Office. (2020). *Domestic Violence: Improved Data Needed to Identify the Prevalence of Brain Injuries among Victims*. https://www.gao.gov/assets/gao-20-534.pdf

[6] Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2020, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 20APR2022:17:23:14.

[7] Gilkerson, F. (2020). *Understanding domestic violence as a cause of TBI*. Brain Injury Association of America. Retrieved from https://www.biausa.org/public-affairs/media/domestic-violence-as-a-cause-of-tbi

with a disability instead of working with someone who is uninterested in participating in a program, survivors are allowed continued access to safety and services. "The chronic nature of IPV leads to multiple recurrent physical injuries [including multiple brain injuries, which have] immediate and long-term consequences for the victim[8]". Additionally, according to the 2020 GAO Report, "research indicates that victims of intimate partner violence may be less likely than others to obtain medical or other services[5]." In addition to the structural barriers that might prevent individuals from receiving healthcare services, such as lack of accessible and affordable options, victim-survivors of intimate partner violence are often prevented from seeking healthcare by their abusive partners. When DSV programs take the time to screen for and educate on brain injury, they are initiating a conversation with their clients that has the potential to connect them to much needed healthcare services that these victim-survivors would have otherwise been unable to access.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? Individuals who have experienced intimate partner violence have already experienced health inequities in the form of violence. This program will address health equity, inclusion, and equality by ensuring that victim-survivors with disabilities resulting from partner-inflicted brain injury will have the opportunity to be as healthy as possible by removing obstacles to health and their consequences. One obstacle to health that they experience is discrimination based on their disability status. While DSV programs do not seek to discriminate against them, because brain injuries themselves are invisible and the majority of people are unaware of what symptoms of a brain injury can manifest as, program staff often misinterpret behaviors indicative of a potential brain injury as disinterest in engaging in services, substance use, or an unwillingness to follow program guidelines. These misinterpretations can lead to a discontinuation of services, which puts survivors with this disability back in harm's way. It is important for service providers to recognize that in order to achieve equity for clients they cannot treat them equally with a "one-size-fits-all" approach. In addition to providing individuals with these invisible disabilities access to housing and safe environments, screening clients for potential brain injury can lead to referrals for healthcare and additional social services that are necessary for their health and success. This is especially significant because, according to the CDC, adults with disabilities are also at a higher risk of violence than those without disabilities. When we increase access to quality services, we are addressing health disparities and improving health outcomes by reducing morbidity and mortality associated with domestic violence victimization.

One-paragraph summary of the program strategy: This program is designed to build the capacity of domestic violence service (DVS) agencies to serve clients who have experienced partner-inflicted brain injury (PIBI). By providing training, program support, and resources for DVS agencies, the program will increase awareness of the issue and the use of appropriate accommodations for clients with this disability. To do this, the Injury Prevention Service (IPS) will: 1) Maintain a contract with Ohio Domestic Violence Network (ODVN) Center on Partner-Inflicted Brain Injury to provide technical assistance to the IPS, 2) Provide training on partner-inflicted brain injury screening to DVS providers and allied professionals, 3) Develop Oklahoma-centric partner-inflicted brain injury screening and support materials for DVS providers and 4) conduct surveillance of intimate partner violence through the Behavioral Risk Factor Surveillance System (BRFSS). ODVN has developed the CHATS screening tool for the identification of potential partner-inflicted brain injuries specifically for clients seeking services at DVS providers. This trauma-informed and evidence-based lay assessment tool and its accompanying materials provide an opportunity to connect with survivors, identify and provide information on head injuries, and accommodate people's needs".[9] This tool offers a point of contact to educate clients about the potential impact of PIBI, brings awareness to the DVS provider that accommodations in the client's plan may be necessary for success, and offers tangible next steps for both client and service provider so that the client is connected with relevant support. Conducting surveillance on intimate partner violence (IPV) through the BRFSS survey will allow the IPS to monitor trends related to IPV and support partners with data on IPV victimization.

List of primary strategic partners:
Internal strategic partners include county health departments located in the communities where the training is provided.

External strategic partners include DVS providers, the Oklahoma Coalition Against Domestic Violence and Sexual Assault, the Native Alliance Against Violence, the Office of Attorney General, the Department of Mental Health and Substance Abuse Services, and organizations addressing brain injuries such as the Brain Injury Alliance.

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training, Resources/Job Aids

One-paragraph summary of evaluation methodology: Pre-test/post-test questions will be utilized to understand the baseline of participants knowledge and knowledge growth. Staff from the IPS will conduct 3- and 6-month follow-up with trained agencies to gauge

[8] Wilson, S.R. (2009). Traumatic brain injury and intimate partner violence. In C. Mitchell & D. Anglin (Eds.), Intimate partner violence: a health-based perspective (pp.183-199). New York, NY: Oxford University Press, Inc.
[9] Ohio Domestic Violence Network. (2020). *CHATS Advocate Guide.* https://www.odvn.org/wp-content/uploads/2020/08/CHATSAdvocateGuide.pdf

implementation of the screening tool and impact on staff. The IPS has a full-time program evaluator on staff who will guide evaluation development, methodology, implementation, and application of findings for continuous program improvements.

Program Setting(s): Community based organization, Rape crisis center

Target Population of Program
Target population data source (include Date): Census (2020)
Number of people to be served: 3,027,263 Oklahomans aged 18 and over
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: 15 - 24 years, 25 - 34 years, 35 - 44 years, 45 – 54 years, 55 - 64 years, 65 – 74 years
Sexual Orientation: Gay (lesbian or gay), Straight, this is not gay (or lesbian or gay), Bisexual, Other
Gender Identity: Male, Female, Transgender
Geography: Both (rural and urban)
Location: statewide
Occupation: Domestic Violence Service Provider Victim Advocates
Educational Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: No
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information
Name of Program SMART Objective: State and community partners engagement

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem?
Same

Program SMART Objective: Between 07/2022 and 06/2023, the IPS will engage state and community partners across multiple sectors to implement three strategies to educate domestic violence service providers statewide on partner inflicted brain injury and appropriate screening and service accommodations.

One-sentence summary of intervention: This program is designed to build the capacity of domestic violence service (DVS) agencies to serve clients who have experienced partner-inflicted brain injury (PIBI).

One-paragraph description of intervention: This program is designed to build the capacity of domestic violence service (DVS) agencies to serve clients who have experienced partner-inflicted brain injury (PIBI). By providing training, program support, and resources for DVS agencies, the program will increase awareness of the issue and the use of appropriate accommodations for clients with this disability. The Ohio Domestic Violence Network (ODVN) has developed the CHATS screening tool for the identification of potential partner-inflicted brain injuries specifically for clients seeking services at DVS providers. This trauma-informed and evidence-based lay assessment tool and its accompanying materials provide an opportunity to “connect with survivors, identify and provide information on head injuries, and accommodate people’s needs".(1) This tool offers a point of contact to educate clients about the potential impact of PIBI, brings awareness to the DVS provider that accommodations in the client’s plan may be necessary for success, and offers tangible next steps for both client and service provider so that the client is connected with relevant support.

Is this an evidence-based intervention, or an innovative/promising practice? Innovative/Promising Practice – The Center on Partner-Inflicted Brain Injury, part of the Ohio Domestic Violence Network.

Rationale for choosing the intervention: When researching potential interventions, the IPS reviewed work being done in several states: Arizona, Ohio, and Illinois. In comparing the work of those programs with the potential for this innovative work in Oklahoma, as well as internal capacity, Ohio’s program was determined to be the best fit for goals and partnership capacity. The IPS’ goal is to engage DSV service providers in order to change policy and practice as well as educate survivors, which is aligned with the ODVN’s work. ODVN has research and evaluation data to support their work, which informed our decision. The IPS hosted two 2-hour trainings in March 2022 as part of Brain Injury Awareness Month. These trainings were attended by 208 individuals, including staff from approximately 2/3 of Oklahoma’s Certified DSV agencies and over half of Oklahoma’s tribal DSV programs. Attendees are employed by at least 67 different organizations and 15 Tribal Nations. Approximately 90%of all survey respondents reported that their expectations for the training were either exceeded or greatly exceeded in all areas in which they were asked. Additionally, all feedback provided in the optional short

answer section were positive and comments included “Brain injury in DV is something I had never even thought about. This training was put together well and very informative. Thank you” and “I learned so much and got so much exposure to a whole new area of my work field that I didn't even know were related.”

Item to be Measured: Trainings provided to DVS programs

Unit of Measurement: Number of DVS programs trained

Baseline value for the item to be measured: 0

Data source for baseline value: IPS training logs

Date baseline was last collected: 6/6/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 2 trainings provided

Final target value to be achieved by the Final Progress Report (June 30, 2023): 8 trainings provided

Target Population of Program

Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? It is a subset. – 120 Domestic Violence Service Provider Victim Advocates employed or volunteering with a certified domestic violence service provider or a tribal domestic violence service provider, OSDH 2022

Activities

Activity Title: Maintain Contract

One-sentence summary of the Activity: Between 7/1/2022 and 6/30/2023, the IPS will maintain a contract with Ohio Domestic Violence Network (ODVN) Center on Partner-Inflicted Brain Injury to provide technical assistance to the IPS.

One-paragraph description of the Activity: Between 7/1/2022 and 6/30/2023, the IPS will maintain a contract with Ohio Domestic Violence Network (ODVN) Center on Partner-Inflicted Brain Injury to provide technical assistance to the IPS. The IPS will maintain a contract with the Ohio Domestic Violence Network (ODVN) Center on Partner-Inflicted Brain Injury. ODVN is a leader in creating the research base around working with survivors of partner-inflicted brain injury within DVS programs, which aligns with the goals that the IPS has identified for this project. This contract will be for ODVN to provide Technical Assistance to the IPS as we build our program capacity around training and resources.

Does the activity include the collection, generation, or analysis of data? No

Activity Title: Provide Training

One-sentence summary of the Activity: Between 7/1/2022 and 6/30/2023 the IPS will provide a minimum of 8 trainings on partner-inflicted brain injury screening to DVS providers and allied professionals.

One-paragraph description of the Activity: Between 7/1/2022 and 6/30/2023 the IPS will provide a minimum of 8 trainings on partner-inflicted brain injury screening to DVS providers and allied professionals. The IPS will offer trainings on partner-inflicted brain injury screening to Domestic Violence Service providers and allied professionals from 7/1/2022 to 6/30/2023. The goal of these trainings is twofold: 1) to increase awareness of the problem of partner-inflicted brain injury, and 2) to provide DVS advocates resources and information on recognizing potential victims of partner-inflicted brain injuries and how to best accommodate them within DVS programs. In order to schedule these trainings, the IPS will work with state-level partners as well as individual DVS programs to ensure that DVS providers and allies around the state have the opportunity to learn.

Does the activity include the collection, generation, or analysis of data? Yes, IPS training log data, and data from pre/post knowledge test.

Activity Title: Develop Resources

One-sentence summary of the Activity: Between 7/1/2022 and 6/30/2023, the IPS will develop Oklahoma-centric partner-inflicted brain injury screening and support materials for DVS providers.

One-paragraph description of the Activity: Between 7/1/2022 and 6/30/2023, the IPS will develop Oklahoma-centric partner-inflicted brain injury screening and support materials for DVS providers. The IPS will work internally and with the Ohio Domestic Violence Network to develop Oklahoma-centric partner-inflicted brain injury screening and support materials for DVS providers. Internally the project will be the responsibility of the Violence Prevention Coordinator who will work with the IPS Graphic Designer to create these materials. Developing these materials is important so that the resources we are able to offer to programs are relevant to Oklahoma residents and include local and statewide DVS resources. Additionally, we will be able to post them on the IPS's Intimate Partner Violence webpage.

Does the activity include the collection, generation, or analysis of data? No

Name of Program SMART Objective*:* State-added questions to the Oklahoma BRFSS to inform surveillance of domestic violence.

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem?
Same

Program SMART Objective: Between 07/2022 and 06/2023, the Injury Prevention Service will publish 2 state-added questions to the Oklahoma BRFSS to inform surveillance of sexual violence.

One-sentence summary of intervention: Conducting surveillance on intimate partner violence (IPV) through the BRFSS survey will allow the IPS to monitor trends related to IPV and support partners with data on IPV victimization.

One-paragraph description of intervention: The IPS will work with the Center for Health Statistics to ensure the inclusion of two state-added questions to the Oklahoma BRFSS to inform surveillance of domestic violence among Oklahomans. Conducting this surveillance on intimate partner violence (IPV) through the BRFSS survey will allow the IPS to monitor trends related to IPV and support partners with data on IPV victimization. We have chosen this method because it is an evidence-based intervention that allows us the opportunity to fully determine the scope of domestic violence in Oklahoma in a way that does not require victims to report to law enforcement. This is significant because reports to law enforcement do not represent the full scope of the experience of domestic violence.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention – Other, BRFSS

Rationale for choosing the intervention: The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. It provides a platform for states to add health related questions, which includes questions around the experience of domestic violence. Since reports to law enforcement do not represent the full scope of the experience of domestic violence, BRFSS as a self-report survey allows us another perspective to add to the official report view to fully determine the scope of domestic violence in Oklahoma.

Item to be Measured: Presence of two state-added questions in the Oklahoma BRFSS

Unit of Measurement: Number of survey questions regarding domestic violence experiences

Baseline value for the item to be measured: 0

Data source for baseline value: BRFSS data (OK2Share)

Date baseline was last collected: 2021

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 2 (for 2023 BRFSS)

Final target value to be achieved by the Final Progress Report (June 30, 2023): 2 (for 2023 BRFSS)

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Same

Activities

Activity Title: Partnership with Center for Health Statistics

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the Injury Prevention Service will partner with the Center for Health Statistics to identify and pay for two questions related to domestic violence victimization for inclusion in the Oklahoma BRFSS.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the Injury Prevention Service will partner with the Center for Health Statistics to identify and pay for two questions related to domestic violence victimization for inclusion in the Oklahoma BRFSS. In the fall of 2022, the IPS will engage with the CHS to determine two state-added sexual violence related questions to be included in the 2023 BRFSS. Once the questions are determined, the IPS will work with the CHS to determine whether the questions will be used in both versions of the 2023 BRFSS, or if they will just be included in one of the versions. The IPS will confirm the questions included in the BRFSS survey and pay for the two questions related to intimate partner violence victimization included in the 2023 Oklahoma BRFSS.

Does the activity include the collection, generation, or analysis of data? Yes

Recipient Health SMART Objective: From 07/01/2022 to 06/30/2027, reduce the rate of unintentional drug poisoning deaths to 16.0 per 100,000 population statewide.

Program Name: **Prescription Drug Monitoring Program Training and Education**

Program Manager(s): Tracy Wendling, Director**,** Avy Redus, Administrative Program Manager**,** Claire Nguyen, Administrative Program Manager

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): Reduce overdose deaths involving opioids - IVP-20

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? No

What is the funding role of the PHHS Block Grant for this program? Supplement other existing funds (CDC Overdose Data to Action funding, less than 10% of total funds from PHHS Block Grant)

Role of PHHS Block Grant Funds in Supporting this Program: Enhance or expand the program

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agencies or organizations: 100%

Type of supported local agency/organization: Other, please specify – OBNDDC

Are there any positions funded by the PHHS Block Grant? No

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: It remains important for providers to know how to utilize the PDMP due to Oklahoma prescribing legislation and to inform clinical decision making to improve patient outcomes.

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

How is the public health problem prioritized? Identified via surveillance systems or other data sources, Prioritized within a strategic plan

Describe in one paragraph the key indicator(s) affected by this problem? Utilization of the PDMP by prescribers reduces doctor shopping, reduces the diversion of controlled substances, and allows for improved public health surveillance and monitoring of trends. The PDMP provides prescribers with real-time information on prescriptions dispensed to their patients. By utilizing the system and gaining this information, they can make better informed clinical decisions that will influence the number of controlled substances dispensed and, ultimately, reduce overdose deaths.

Baseline value of the key indicator described above: Rate of unintentional drug poisoning deaths among Oklahomans: 17.5 per 100,000 population (2020)

Data source for key indicator baseline: CDC, Web-based Injury Statistics Query and Reporting System (WISQARS)

Date key indicator baseline data was last collected: 2020

Program Strategy
One-sentence program goal: Contract with 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 PDMP rules and changes.

Is this program specifically addressing Social Determinants of Health (SDOH)? No

Is this program specifically addressing Health Equity? No

One-paragraph summary of the 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 (PDMP) are an effective way to improve opioid prescribing, inform clinical practice, and protect patients at risk. Utilization of the PDMP also reduces doctor shopping, reduces the diversion of controlled substances, and allows for improved public health surveillance and monitoring of trends. Oklahoma's PDMP 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. 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 PDMP rules and changes, such as the law that requires providers to check the PDMP when prescribing opioids, benzodiazepines, and carisoprodol.

List of primary strategic partners:
Internal strategic partners include IPS Drug Overdose Prevention staff, OSDH Maternal and Child Health Service, and county health departments.

External strategic partners include Regional Prevention Coordinators funded through the Oklahoma Department of Mental Health and Substance Abuse Services, regulatory medical boards, medical and pharmacy schools, medical professional associations, and local healthcare organizations.

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training, Resources/Job Aids

One-paragraph summary of evaluation methodology: The project will be monitored and evaluated through monthly activity logs provided with invoices to the IPS (process evaluation). Monthly activity logs will detail all educational sessions conducted and the healthcare providers, organizations, and locations reached (process and formative evaluation). Quarterly team meetings will be held with the PDMP Educator and the IPS drug overdose prevention team to ensure that activities are well coordinated between the IPS and the OBNDDC, and to collaborate on local projects (formative evaluation). Educational sessions will be evaluated through IPS observations and pre- and post-surveys; information will be used to improve the sessions. The OBNDDC will track the number of PDMP registrations per month and the types of technical assistance calls received regarding the PDMP (outcome evaluation). On-going evaluation of the PDMP infrastructure and systematic processes as feedback from providers is acquired will be essential to addressing system barriers and utilization challenges.

Program Setting(s): Community based organization, Local health department, Medical or clinical site, State health department, Tribal nation or area, University or college

Target Population of Program
Target population data source (include Date): CDC WONDER, 2020
Number of people to be served: 3,980,783
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: 35 - 44 years, 45 – 54 years, 55 - 64 years
Sexual Orientation: Gay (lesbian or gay), Straight, this is not gay (or lesbian or gay), Bisexual, Other
Gender Identity: Male, Female, Transgender
Geography: Both (urban and rural)
Location: Entire state
Occupation: Primarily health care providers/systems
Educational Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: No
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information

Name of Program SMART Objective (this is the SMART Objective at the program level): Contract with OBNDDC

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Yes, it is the same.

Program SMART Objective: Between 07/2022 and 06/2023, the Injury Prevention Service will maintain 1 contract annually with the OBNDDC that is focused on providing statewide PMP education and training.

One-sentence summary of intervention: Contract with 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 PDMP rules and changes.

One-paragraph description of intervention: While the body of evidence related to prescription drug overdose prevention strategies continues to develop and grow, there are clear indications that prescription drug monitoring programs (PDMP) are an effective way to improve opioid prescribing, inform clinical practice, and protect patients at risk. Utilization of the PDMP also reduces doctor shopping, reduces the diversion of controlled substances, and allows for improved public health surveillance and monitoring of trends. Oklahoma's PDMP 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.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["MMWR Recommendations and Reports (Centers for Disease Control and Prevention)","The Prescription Opioids Epidemic: An Evidence-based Approach (John Hopkins Bloomberg School of Public Health); Briefing on PMP Effectiveness (Brandeis University, PMP Center for Excellence); The President's Commission on Combating Drug Addiction and the Opioid Crisis (Office of the White House); Prescription Drug Abuse (Office of the National Drug Control Policy); Overdose Prevention Strategy (U.S. Health and Human Service)"].

Rationale for choosing the intervention: The program will work with providers regardless of urban/rural practice or health system affiliation and use a variety of dissemination methods to ensure the most extensive reach possible to increase utilization of the PDMP. At a minimum, education and training materials will be available electronically to the target population, along with the ability to request technical assistance, presentations, and training courses.

Item to be Measured: Contract

Unit of Measurement: Executed contract during the funding period

Baseline value for the item to be measured: 1

Data source for baseline value: Contract monitoring

Date baseline was last collected: June 6, 2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 1

Final target value to be achieved by the Final Progress Report (June 30, 2023): 1

Target Population of Program

Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Yes, it is the same.

Activities

Activity Title: PMP Education and Training

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the IPS will contract with the OBNDDC to support a full-time PMP Educator that will conduct education and training on the PMP system and related legislation to a variety of professional-level stakeholders.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the IPS will contract with the OBNDDC to support a full-time PMP Educator that will conduct education and training on the PMP system and related legislation to a variety of professional-level stakeholders. The IPS will continue to have a contract monitor ensure it is executed appropriately and activities are completed as scheduled. The project will be monitored with monthly invoicing and reporting of activities, as well as ongoing communication (e.g., meetings and emails). Regular monitoring helps quickly identify any problems and allow for proactive intervention and engagement with the partner.

Does the activity include the collection, generation, or analysis of data? No

Activity Title: Cross-sector Collaboration and Partner Engagement

One-sentence summary of the Activity: Between 07/2022 and 06/2023, 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.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the PMP Educator will engage state and community partners across sectors to expand awareness on system-related utilization, prescribing data, and legislation to advance statewide prescription drug abuse/overdose prevention efforts. The PDMP Educator and other OBNDDC staff will work in collaboration with the IPS Drug Overdose Prevention Program 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, Health Educators in county health departments, and local healthcare organizations to improve prescribing behaviors and decrease substance use treatment admissions.

Does the activity include the collection, generation, or analysis of data? Logs will be maintained to track educational opportunities and reach.

Recipient Health SMART Objective: From 7/1/2022 to 6/30/2027, increase sexual violence prevention programs in the state by contracting with 3 agencies to implement and conduct sexual violence prevention strategies.

Program Name: **Sexual Assault Prevention & Surveillance**

Program Manager(s): Brandi Woods-Littlejohn, Administrative Program Manager, and Tracy Wendling, Director

Federal Fiscal Year: FFY 2022

Healthy People 2030 Objective(s): Reduce adolescent sexual violence by anyone IVP-17, Reduce sexual or physical adolescent dating violence IVP-18, **Reduce contact sexual violence IVP-D05**

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? No

What is the funding role of the PHHS Block Grant for this program? Supplement other existing funds

- Supplements Rape Prevention & Education funds ($528,585)
- PHHSBG funds ($137,000) would be 21% of combined projects

Role of PHHS Block Grant Funds in Supporting this Program: Enhance or expand the program

Details about Program Funding

Amount of funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agencies: $137,000

Type of supported local agency/organization: Local Organization

Are there any positions funded by the PHHS Block Grant? No

Define the Problem the Program will Address

One-sentence summary of the problem this program will address: Increase protective factors and healthy relationship skills to reduce sexual violence perpetration.

One-paragraph description of the problem this program will address: 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 percent higher than in the U.S. In 2020, the rate of forcible and attempted rape in Oklahoma was 67.0 per 100,000 population 12 and older. The number of forcible and attempted rapes reported to Oklahoma law enforcement agencies experienced an 10% decrease from 2,465 in 2018 to 2,245 in 2020.[10] 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) estimates the lifetime prevalence of rape in the U.S. 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. According to the NISVS, 34% of Oklahoma women and 18% of Oklahoma men have experienced contact sexual violence[11] in their lifetime.[12] In a 2017 random telephone survey of Oklahoma women 18-35 years of age conducted by the University of Oklahoma Public Opinion Learning Laboratory (OU POLL), data revealed that over one-third (36%) of the women surveyed had been sexually assaulted in their lifetime; 54% were under the age of 17 when they were first assaulted.[13] Victims of rape often experience serious long-term health and emotional consequences including re-victimization. In the OU POLL survey data, 36% of sexually assaulted women had experienced one sexual assault, 51% had experienced more than one sexual assault, and for 13% of respondents, the number of assaults was not specified. Sexual violence is also linked to

[10] Oklahoma Bureau of Investigation (OSBI), Office of Criminal Justice Statistics, *Crime in Oklahoma 2020*. Accessed at https://osbi.ok.gov/publications/crime-statistics on 19APR2020.

[11] Contact sexual violence includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

[12] Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[13] University of Oklahoma Public Opinion Learning Laboratory. (2017). *Methodology and Data Report for the Women's Sexual Assault Prevention Study Conducted Among Oklahoma Female Residents Ages 18-34*. (Report). Norman, OK: University of Oklahoma

negative health behaviors; people who experience sexual assault are more likely to smoke, abuse alcohol, use drugs, and engage in risky sexual activity.[14]

How is the public health problem prioritized? Prioritized within a strategic plan

Describe in one paragraph the key indicator(s) affected by this problem? The key indicator used for this problem is the number of forcible and attempted rapes reported to Oklahoma law enforcement agencies. While this is likely a fraction of the actual number experienced each year by Oklahomans, it is a consistent, annual number published by the Oklahoma State Bureau of Investigation.

Baseline value of the key indicator described above (NUMBER): In 2020, the rate of forcible and attempted rape in Oklahoma was 67.0 per 100,000 population 12 and older.

Data source for key indicator baseline: Oklahoma Bureau of Investigation (OSBI), Office of Criminal Justice Statistics, Crime in Oklahoma 2020. Accessed at https://osbi.ok.gov/publications/crime-statistics on 19APR2020.

Date key indicator baseline data was last collected: 2020

Program Strategy

One-sentence program goal: The sexual assault prevention and surveillance program aims to reduce risk factors for sexual violence perpetration, while increasing protective factors and healthy relationship skills among youth to reduce sexual violence perpetration in Oklahoma.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Economic stability, education, social and community context, health and health care, neighborhood and build environment, adverse childhood experiences

How are SDOH addressed? SDOH are the conditions in which people live, learn, work, play, pray, and age. The program addresses these by addressing a problem (sexual violence) in that happens in communities. While no one type of community has a monopoly on sexual violence, the fact is that certain communities experience various forms of oppression that put their members at a higher risk of experiencing violence at multiple levels of the social ecological model. The three community-based sexual violence prevention programs supported by this program will employ an anti-oppression framework and a shared risk and protective factors approach as part of the foundation of their work to: 1) Seek to understand the social determinants of health that exist in a community, 2) Identify ways that those determinants can be positively impacted across the social ecological model, and 3) Work with the communities that they are embedded in to make a positive impact together. The community-based sexual violence prevention educators will implement prevention strategies across the social-ecological model based on the CDC STOP SV: A Technical Package to Prevent Sexual Violence.[15] 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. The strategies and approaches in the technical package represent different levels of the social ecology with efforts intended to impact individual behaviors as well as the relationship, family, school, community, and societal factors that influence risk and protective factors for violence.[16] By implementing strategies at multiple levels of the social ecology, the prevention programs are able to directly address and shape the social determinants of health in a community by focusing on the specific risk and protective factors for sexual violence, as well as the shared risk and protective factors among related issues. As programs shift their focus up the social-ecological model to the community level and above, they are able to address systemic problems affecting their communities and the state as a whole. This shift is significant as it will allow for the root causes of violence to be identified and addressed. Additionally, the IPS will also use these funds to conduct surveillance of sexual violence through the Behavioral Risk Factor Surveillance System (BRFSS). Conducting surveillance on sexual violence through the BRFSS survey will allow the IPS to monitor trends related to sexual violence prevention and support partners with data on sexual violence victimization. The CDC's toolkit, Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health, recommends using BRFSS data to gain insight about communities because, even if you wish to focus on the social determinants of health, it may be useful to have information about health-related behaviors among different groups in your community. These data

[14] Smith, S.G., & Breiding, M.J. (2011). Chronic disease and health behaviours linked to experiences of non-consensual sex among women and men. *Public Health*, 125, 653-659.

[15] Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). *STOP SV: A Technical Package to Prevent Sexual Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[16] Centers for Disease Control and Prevention. (n.d.) *Tools for Putting Social Determinants of Health into Action.* Accessed at https://www.cdc.gov/socialdeterminants/tools/index.htm on 19APR2020.

may be important in understanding the extent to which social determinants influence health behaviors and health outcomes.[17] Data from the BRFSS will allow a better understanding of the scope of the problem of sexual violence in the state, as well as how it affects people in different demographic groups both at a singular point in time and trends across time. It is important to note that although the categories offered by the survey do not ask about every part of one's social identity, the information can be used to understand more about the social contexts in which Oklahomans live. The program will use both health equity and anti-oppression frameworks in order to address health equity, inclusion, and equality. These frameworks require us to not only recognize that all people and communities should be able to achieve health equity, but also to do the work of moving obstacles to health [and]their consequences[18], by taking a stand against and addressing the ways that oppressed peoples are prevented access to crucial resources let alone choices.[19] In order to prevent sexual violence, programs and allies must address deep-rooted abuses of power that contribute to inequities in health, safety, and well-being.[20] Members of historically marginalized communities experience sexual violence at higher rates than the general population as a result of the intersectionality of the oppressions they experience. For example, according to the 2019 Youth Risk Behavior Survey, the percentage of high school students who reported ever being physically forced to have sexual intercourse was 9% for all respondents, but 21% for gay or lesbian students.[21] Because all forms of violence and oppression are connected, when we work to change the foundations of our culture, we are creating a more equitable world where inclusion and equality are not just the ideal, but the norm. In order to achieve this, we must seek to understand how things got this way and [then work to] explicitly address the systemic imbalance of power and advantage in our approaches.[22] Because the circumstances that shape the social determinants of health in any community include the distribution of money, power, and resources at global, national, and local levels, programs will look at the why and not just the what so that their involvement in communities does not unintentionally contribute to continued health inequities.[23]

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? Health inequities create conditions that allow sexual violence to occur and create barriers to seeking support in the aftermath of violence and trauma.[24] Additionally, experiencing violence in a community leads to further inequities for an individual and a community. Community-level problems require community-level solutions. Programs funded by this grant are housed in trusted community-based organizations, which allow the preventionists to draw on existing connections in order to facilitate dialogue among diverse partners and facilitate relationships where all contributors are valued equally regardless of whether their expertise comes from academic knowledge or lived experience. By fostering these relationships and leading by example, preventionists will continue to work alongside their communities to create environments where diversity, equity, and inclusion are more than just buzzwords.

One-paragraph summary of the program strategy: This program is designed to reduce the first-time occurrence of sexual violence perpetration and reduce risk factors and enhance protective factors linked to sexual violence perpetration and victimization. To do this, the Injury Prevention Service (IPS) will 1) provide three contracts to support three community-based sexual violence prevention educators, and 2) conduct surveillance of sexual violence through the Behavioral Risk Factor Surveillance System (BRFSS). The community-based sexual violence prevention educators will implement prevention strategies across the social-ecological model based on the Centers for Disease Control and Prevention's STOP SV: A Technical Package to Prevent Sexual Violence.[6] 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. Conducting surveillance on sexual violence through the BRFSS survey will allow the

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[17] Brennan Ramirez, LK, Baker, EA, and Metzler, M. (2008). *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

[18] Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. (2017). (rep.). *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation. Retrieved from https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html.

[19] Tremblay, N., Malla, A., Tremblay, J., and Piepzna-Samarasinha, L. L. (2014). *Artful anti-oppression for critical & creative change makers: Isms* (Vol.2). ArtReach. Retrieved from https://www.artreach.org/artful-anti-oppression-2-isms.

[20] *A Health Equity Approach to Preventing Sexual Violence* (Publication). (2021). Prevention Institute & National Sexual Violence Resource Center. Retrieved from https://www.nsvrc.org/sites/default/files/2021-06/health_equity_approach_to_preventing_sv_final508_0.pdf

[21] Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Youth Risk Behavior Survey 2019, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 19APR2022:18:06:13.

[22] Baril, N. (2019). When "Upstream" public health efforts fall short. Retrieved April 20, 2022, from https://humanimpact-hip.medium.com/when-upstream-public-health-efforts-fall-short-3297dca3c47

[23] Centers for Disease Control and Prevention. (2021). *About Social Determinants of Health (SDOH)*. Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/socialdeterminants/about.html

[24] *Meet the Movement: Sexual Assault Awareness Month 2021 Toolkit* (Publication). (2021). CA: ValorUS. Retrieved from https://www.valor.us/publications/2021-saam-toolkit-english/

IPS to monitor trends related to sexual violence prevention and support partners with data on sexual violence victimization. This is a federally mandated program that fits within the scope of the PHHSBG because it fulfills the mandatory 5% sexual violence set-aside that is required by the PHHSBG US Code.

List of primary strategic partners:
Internal strategic partners include the Maternal and Child Health Service and County Health Departments located in the communities where the contracts are awarded.

External strategic partners include sexual assault service providers; the Oklahoma Coalition Against Domestic Violence and Sexual Assault; the Native Alliance Against Violence; the Office of Attorney General; middle and high schools, and youth-serving organizations within the contracted communities; and the Oklahoma Prevention Leadership Committee.

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training

One-paragraph summary of evaluation methodology: A contract monitor will ensure contractor activities are completed according to state contracting rules. Staff from the IPS and a contracted evaluator working on the project will conduct formative, process, and outcome evaluations of the project. Evaluation of program effectiveness will be included as part of the Oklahoma Rape Prevention and Education program evaluation. Available appropriate state and local indicator data will be monitored as well.

Program Setting(s): Community based organization, Rape crisis center, State health department

Target Population of Program
Target population data source (include Date): Census (2020)
Number of people to be served: 3,458,093 (Oklahomans aged 10 and older)
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: 5 – 14 years, 15 - 24 years, 25 - 34 years, 35 - 44 years, 45 – 54 years, 55 - 64 years, 65 – 74 years, 75 – 84 years, 85 years and older
Sexual Orientation: Gay (lesbian or gay), Straight, this is not gay (or lesbian or gay), Bisexual, Other
Gender Identity: Male, Female, Transgender
Geography: Both (urban and rural)
Location: Statewide
Occupation: Any occupation
Educational Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: No
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information
Name of Program SMART Objective: Community-based sexual assault prevention programs

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Yes, it is the same.

Program SMART Objective: Between 07/2022 and 06/2023, Injury Prevention Service Rape Prevention and Education staff will maintain 3 contracts for community-based sexual assault prevention programs.

One-sentence summary of intervention: The IPS will maintain 3 contracts with three community-based sexual assault prevention programs in rural communities across the state to implement sexual violence prevention strategies aimed at reducing first-time perpetration of sexual violence.

One-paragraph description of intervention: The IPS will maintain 3 contracts with community-based sexual assault prevention programs. The programs will select strategies from the CDC STOP SV: A Technical Package to Prevent Sexual Violence https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf to tailor a program to meet the needs of their individual communities.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention – CDC Stop SV: A Technical Package to Prevent Sexual Violence

Rationale for choosing the intervention: The CDC Stop SV: A Technical Package to Prevent Sexual Violence is a collection of best practice and promising practices strategies to address the shared risk and protective factors of sexual assault and reduce first-time perpetration of sexual assault.

Item to be Measured: Contracts

Unit of Measurement: Executed contract during the funding period

Baseline value for the item to be measured: 3 contracts executed

Data source for baseline value: OSDH procurement records

Date baseline was last collected: May 2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 3 executed contracts

Final target value to be achieved by the Final Progress Report (June 30, 2023): 3 executed contracts

Target Population of Program

Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Subset of Target Population - 51,393 10–24-year-old population in Craig, Delaware, LeFlore, Mayes, Ottawa and Rogers counties.

Activities

Activity Title: Sexual Violence Prevention Education Program

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the Injury Prevention Service will contract with Community Crisis Center (CCC), LeFlore County Crisis Services (LCCS), and Safenet Services, Inc. for the purpose of securing 3 full-time community-based Prevention Educators to provide targeted sexual violence prevention education in schools, colleges and universities, and the community.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the Injury Prevention Service will contract with Community Crisis Center (CCC), LeFlore County Crisis Services (LCCS), and Safenet Services, Inc. for the purpose of securing 3 full-time community-based Prevention Educators to provide targeted sexual violence prevention education in schools, colleges and universities, and the community. The IPS will execute contracts with the Community Crisis Center (CCC), LeFlore County Crisis Services (LCCS), and Safenet Services, Inc. The contracts will comply with the State of Oklahoma procurement standards.

Does the activity include the collection, generation, or analysis of data? No

Activity Title: Sexual Assault Prevention Programming

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the contracted Prevention Educators will operate a community-based sexual assault prevention program to implement primary prevention strategies tailored to the community's needs at the individual, relationship, community, and societal levels of the socio-ecological spectrum.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the contracted Prevention Educators will operate a community-based sexual assault prevention program to implement primary prevention strategies tailored to the community's needs at the individual, relationship, community, and societal levels of the socio-ecological spectrum. The IPS will provide technical assistance and training to the contracted agencies to support the determination of strategies to implement within each selected community. Further the IPS staff will provide technical assistance and evaluation support to ensure strategies are implemented using best practices and are meeting the needs of the community.

Does the activity include the collection, generation, or analysis of data? Yes, process data will be collected and reported in the monthly activity reports.

Name of Program SMART Objective: State-added questions to the Oklahoma BRFSS to inform surveillance of sexual violence.

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem?
Same

Program SMART Objective: Between 07/2022 and 06/2023, the Injury Prevention Service will publish 2 state-added questions to the Oklahoma BRFSS to inform surveillance of sexual violence.

One-sentence summary of intervention: The IPS will support the inclusion of two state-added questions to the Oklahoma BRFSS to inform surveillance of sexual violence among Oklahomans.

One-paragraph description of intervention: The IPS will work with the Center for Health Statistics to ensure the inclusion of two state-added questions to the Oklahoma BRFSS to inform surveillance of sexual violence among Oklahomans. Conducting this surveillance on sexual violence (SV) through the BRFSS survey will allow the IPS to monitor trends related to SV and support partners with data on SV victimization. We have chosen this method because it is an evidence-based intervention that allows us the opportunity to fully determine the scope of sexual violence in Oklahoma in a way that does not require victims to report to law enforcement. This is significant because reports to law enforcement do not represent the full scope of the experience of sexual violence.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention – Other, BRFSS

Rationale for choosing the intervention: The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. It provides a platform for states to add health related questions, which includes questions around the experience of sexual violence. Since reports to law enforcement do not represent the full scope of the experience of sexual violence, BRFSS as a self-report survey allows us another perspective to add to the official report view to fully determine the scope of sexual violence in Oklahoma.

Item to be Measured: Presence of two state-added questions in the Oklahoma BRFSS

Unit of Measurement: Number of survey questions regarding sexual violence experiences

Baseline value for the item to be measured: 0

Data source for baseline value: BRFSS (Ok2Share)

Date baseline was last collected: 2020

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 2 (for 2023 BRFSS)

Final target value to be achieved by the Final Progress Report (June 30, 2023): 2 (for 2023 BRFSS)

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population?
Subset - 3,027,263 Oklahoma population 18 and older.

Activities
Activity Title: Partnership with Center for Health Statistics

One-sentence summary of the Activity: Between 07/2022 and 06/2023, the Injury Prevention Service will partner with the Center for Health Statistics to identify and pay for two questions related to sexual violence victimization for inclusion in the Oklahoma BRFSS.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, the Injury Prevention Service will partner with the Center for Health Statistics to identify and pay for two questions related to sexual violence victimization for inclusion in the Oklahoma BRFSS. In fall 2022, IPS will engage with CHS to determine two state-added sexual violence related questions to be included in the 2023 BRFSS. Once the questions are determined, IPS will work with CHS to determine whether the questions will be used in both versions of the 2023 BRFSS, or if they will just be included in one of the versions. The IPS will confirm the questions included in the BRFSS survey and pay for the two questions related to sexual violence victimization included in the 2023 Oklahoma BRFSS.

Does the activity include the collection, generation, or analysis of data? Yes

Recipient Health SMART Objective: From 07/2022 to 06/2025, the Office of Minority Health & Health Equity (OMHHE) will implement language interpreter translation services to increase the proportion of adults with limited English proficiency who say their providers explain things clearly by 25%.

Program Name: **Advancing Health Equity and Strengthening Minority Health**

Program Manager(s): Floritta Pope

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): Increase the proportion of adults with limited English proficiency who say their providers explain things clearly HC/HIT-D11

What is the funding role of the PHHS Block Grant for this program? Supplement other existing funds
(75% of funding will be from the PHHS Block Grant and the remaining from State and other Federal funds)

Role of PHHS Block Grant Funds in Supporting this Program: Maintain existing program (as is)

Details about Program Funding
Amount of funding to population disproportionately affected by the problem: 100%

Amount of funding to local agencies or organizations: 0

Are there any positions funded by the PHHS Block Grant? Yes

Position Title: Interpreter/Translator
Is the position vacant? No
State Name in Position: Robert Diaz
Percent of staff member's time spent working in each area?

- Jurisdiction-level: 60%
- Local: 40%
- Total: 100%

Position Title: Interpreter/Translator
Is the position vacant? No
State Name in Position: Blanca Valera
Percent of staff member's time spent working in each area?

- Jurisdiction-level: 60%
- Local: 40%
- Total: 100%

Total positions in this program funded by the PHHS Block Grant: 2
Number of FTEs in this program funded by the PHHS Block Grant: 2

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: Patients with limited English proficiency may receive lower-quality mental health care due to inadequate interpretation services, as interpreters may "normalize" or omit pathological symptoms from their interpretations.

One-paragraph description of the problem this program will address: Certain groups are at higher risk for having limited English language skills and low literacy, such as individuals who do not speak English at home, immigrants, and individuals with lower levels of education. In addition, having limited English proficiency in the United States can be a barrier to accessing health care services and understanding health information. Likewise, literacy and health are interconnected. Limited literacy is a barrier to health knowledge access, proper medication use, and utilization of preventative services. Individuals with limited literacy face additional difficulties following medication instructions, communicating with health care providers and attaining health information – all of which may adversely affect their health. Research has also shown a positive correlation between limited literacy skills and chronic conditions, including diabetes and cancer. Nearly 9 out of 10 adults have difficulty using the everyday health information that is routinely available

in our healthcare facilities and communities. 46% of American adults cannot read and follow medical instructions.—AMA Foundation, 26% did not understand when their next appointment was scheduled, 42% did not understand instructions to "take medication on an empty stomach", 78% misinterpret warnings on prescription labels According to the U.S. Department of Health and Human Services, "Persons with limited literacy skills are more likely to have chronic conditions such as high blood pressure, diabetes, or asthma, and are less likely to manage them effectively." Health literacy includes effective communication between health care professionals and patients with low literacy skills and/or individuals with limited English.

How is the public health problem prioritized? Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment), Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment), Identified via surveillance systems or other data sources, Prioritized within a strategic plan, Legislature established as a priority

Describe in one paragraph the key indicator(s) affected by this problem? Compelling evidence of the disparate health status of Oklahoma's 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, people who don't understand health information are less likely to get preventive health care and more likely to have health problems. Communication and language barriers can increase the risk of missed appointments, delayed care, adverse events, preventable disease, and medical comprehension.

Baseline value of the key indicator described above:46%

Data source for key indicator baseline: AMA Foundation

Date key indicator baseline data was last collected: June 9, 2022

Program Strategy

One-sentence program goal: In addition to reducing language barriers and improving communication across public health systems, the interpreter/translator staff members will support efforts to increase health equity and cultural humility throughout the public health system within this project.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Education, Social and Community Context

How are SDOH addressed? Communication and language barriers can increase the risk of missed appointments, delayed care, adverse events, preventable disease, and medical comprehension to name a few. Community partnerships, building relationships, and establishing trust, paired with a diverse workforce, will support inclusivity which is vital to improving health outcomes for minority or underserved populations.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and social determinants of health and to eliminate disparities in health and health care. The OMHHE will support community partnerships, in an effort to improve diverse workforce that supports inclusivity which are vital to improving health outcomes for minority or underserved populations.

One-paragraph summary of the program strategy: The 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. OMHHE will continue to work with agency leadership to implement policies and practices that promote professional development and increase the capacity of a diverse public health workforce while providing language assistance.

List of primary strategic partners:
Internal strategic partners include Vital Records, Injury Prevention Services, Take Charge!, Immunizations, Women Infant and Children (WIC), and 68 local county health departments.

External strategic partners include Latino Community Development Agency (LCDA), Marshallese Coalition, Progress Oklahoma City, Guiding Right Inc., and other faith-based and community-based organizations.

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training, Resources/Job Aids

One-paragraph summary of evaluation methodology: The evaluation will focus on increasing partnerships engaged in various projects, as well as the outcomes resulting in efforts to enhance the reach of the OMMHE. The evaluation will be designed to both increase program reaches and utilization of language services among county health departments and program service areas. Initial planning and assessment efforts will also be collected and analyzed to set up a baseline for where we are and establish short and long-term goals. The OMHHE utilizes a combination of evaluation methods, which may include a technical assistance tracker, surveys, interviews, and documentation. The number of direct referrals and requests for language barriers and direct services to be collected and recorded in the technical assistance tracker, the entire CDS will utilize. Support materials such as the county health department's work plans and community health plans will be kept on file to ensure technical assistance, and consultation efforts are impactful.

Program Setting(s): Community based organization, Faith based organization, Home, Local health department, Medical or clinical site, Parks or playgrounds, Schools or school district, State health department, Tribal nation or area, University or college, Work site

Target Population of Program
Target population data source (include Date): Data Source: U.S. Census, The American Community Survey, ACSST5Y 2020.S1601. Created by OMHHE (OSDH) in May 2022
Number of people to be served: 143,053
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: 15 - 24 years, 25 - 34 years, 35 - 44 years, 45 – 54 years, 55 - 64 years, 65 – 74 years, 75 – 84 years, 85 years and older
Sexual Orientation: Gay (lesbian or gay), Straight, this is not gay (or lesbian or gay), Bisexual, Other
Gender Identity: Male, Female, Transgender
Geography: Both (urban and rural)
Location: Statewide
Occupation: Any Occupation
Educational Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: Yes
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire population

Program Information
Name of Program SMART Objective: Communication and Language Assistance

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Same

Program SMART Objective: Between 07/2022 and 06/2023, program staff will provide 700 language assistance encounters or units of service to individuals with Limited English Proficiency (LEP)

One-sentence summary of intervention: To reduce language barriers and improve communication across public health systems

One-paragraph description of intervention: Communication and language assistance are vital to reducing barriers to health care, improving quality of services, and providing timely access. The interpreter/translator staff will provide interpretation and translation services to our internal and external partners to promote effective and improved health communication.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["Best Practice Initiative (U.S. Department of Health and Human Services)","MMWR Recommendations and Reports (Centers for Disease Control and Prevention)"].

Rationale for choosing the intervention: Communication and language barriers can increase the risk of missed appointments, delayed care, adverse events, preventable disease, and medical comprehension to name a few. Community partnerships, building relationships, and establishing trust, paired with a diverse workforce, will support inclusivity which is vital to improving health outcomes for minority or underserved populations

Item to be Measured: Language encounters including direct services, referrals and requests for language barriers

Unit of Measurement: Number

Baseline value for the item to be measured: 287

Data source for baseline value: Excel spreadsheet log

Date baseline was last collected: February 2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 500

Final target value to be achieved by the Final Progress Report (June 30, 2023): 700

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Same

Activities
Activity Title: On-Site and Telephonic Interpretation

One-sentence summary of the Activity: Between 07/2022 and 06/2023, program staff will provide 700 language assistance encounters or units of services via phone conference or in-person efforts.

One-paragraph description of the Activity: Between 07/2022 and 6/2023, program staff will provide 700 language assistance encounters or units of service via phone conference or in-person efforts. This will be done for individuals that are on-site/in-person or over the phone for individuals experiencing limited English proficiency.

Does the activity include the collection, generation, or analysis of data? Yes

Activity Title: Written document translation

One-sentence summary of the Activity: Between 07/2022 and 06/2023, interpreters will translate documents from source language to requested focus language.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, interpreters will translate 100 documents from source language to requested focus language. This will be done within 30 days of request by client and/or program area.

Does the activity include the collection, generation, or analysis of data? Yes

Recipient Health SMART Objective: From 07/2019 to 06/2029, reduce the number of maternal deaths in Cleveland County Oklahoma by 15%.

Program Name: **Birth Partners**

Program Manager(s): Meagan Walker

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): **MICH-04 Reduce maternal deaths**, MICH-06 Reduce cesarean births among low-risk women with no prior births

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? No

What is the funding role of the PHHS Block Grant for this program? Total Source of Funding

Role of PHHS Block Grant Funds in Supporting this Program Maintain existing program (as is)

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agencies or organizations: 100%

Type of supported local agency/organization: Local Health Department

Are there any positions funded by the PHHS Block Grant? Yes

Position Title: Community Health Worker-Doula
Is the position vacant? No
State Name in Position: Amy Pomerantz
Percent of staff member's time spent working in each area?

- Jurisdiction-level:
- Local: 50%
- Other:
- Total: 50%

Position Title: Community Health Worker-Doula
Is the position vacant? No
State Name in Position: Sohayla Samimi
Percent of staff member's time spent working in each area?

- Jurisdiction-level:
- Local: 50%
- Other:
- Total: 50%

Total positions in this program funded by the PHHS Block Grant: 2
Number of FTEs in this program funded by the PHHS Block Grant: 1

Define the Problem the Program will Address
One-sentence summary of the problem this program will address: Birth Partners will address the problem of maternal mortality and morbidity.

One-paragraph description of the problem this program will address: The maternal mortality rate in Oklahoma was 30.1 per 100,000 births in 2018. This number is significantly higher than the national rate of 17.4 for 2018. The Oklahoma Maternal Mortality Review Committee found that deaths are disproportional in populations of color, those who experience poverty, and those without familial or societal support. People giving birth in Oklahoma experience a multitude of barriers when trying to access support from a doula during

pregnancy and childbirth including but not limited to a small doula workforce, the cost of doula care, and lack of understanding about the benefits of doula care. Studies have shown that births attended and supported by a doula require fewer medical interventions, are a more positive experience for the birthing person, and are less likely to end in a cesarean birth. Because doulas are not always easily accessible to those with lower income, this project would provide free doula care to WIC eligible pregnant people between 12-35 weeks gestation. The project would continue to serve populations that are traditionally affected by adverse pregnancy and childbirth outcomes including racially and ethnically diverse populations, those who identify as having little social support, and birthing people with multiple stressors.
Data sources referenced in identifying this public health issue and throughout this application include:
1. Birth doula FAQs The Doula Organization of North America (DONA). Available at: http://www.dona.org/mothers/faqs_birth.php. Accessed April 20, 2022
2. National Center for Health Statistics, National Vital Statistics Systems, 2018. Retrieved April 20, 2022, from www.marchofdimes.org/peristats
3. Oklahoma State Department of Health, 2021 Maternal Morbidity and Mortality Annual Report. Available at: https://oklahoma.gov/health/family-health/maternal-and-child-health-service/perinatal-and-reproductive-health-/maternal-mortality-review.html. Accessed April 21, 2022

How is the public health problem prioritized? Identified via surveillance systems or other data sources

Describe in one paragraph the key indicator(s) affected by this problem? The maternal mortality rate in Oklahoma was 30.1 per 100,000 births in 2018. This number is significantly higher than the national rate of 17.4 in 2018. The Oklahoma Maternal Mortality Review Committee found that deaths are disproportional in populations of color, those who experience poverty, and those without familial or societal support.

Baseline value of the key indicator described above (NUMBER): 30.1

Data source for key indicator baseline: National Center for Health Statistics, National Vital Statistics Systems, 2018. Retrieved April 20, 2022, from www.marchofdimes.org/peristats, Oklahoma State Department of Health, 2021 Maternal Morbidity and Mortality Annual Report. Available at: https://oklahoma.gov/health/family-health/maternal-and-child-health-service/perinatal-and-reproductive-health-/maternal-mortality-review.html. Accessed April 21, 2022

Date key indicator baseline data was last collected: 2018

Program Strategy
One-sentence program goal: Increase support available to birthing people in Cleveland County.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Social and Community Context and Health and Health Care

How are SDOH addressed? The Maternal Mortality Review Committee suggests that providers should "watch for opportunities to address the social determinants of health" in efforts to reduce maternal mortality. By offering doulas and childbirth education to those potentially unable to access them through private means, the program aims to reduce disparities in the birthing population's access to care and information.

Is this program specifically addressing Health Equity? Yes

How is Health Equity Addressed? The proposed continuation of the Birth Partners program would increase the opportunity for those who are typically excluded from the care of doulas to receive this support and education. Doulas and doula care are respectful of the birthing person's needs and support self-determination in efforts to be inclusive of differing beliefs, cultures, family structures, and traditions. The curriculum used for childbirth education will be inclusive of these factors as well.

One-paragraph summary of the program strategy: Part-time community health workers will be certified through the DONA program as doulas and implement a childbirth education program in Cleveland County to reduce adverse outcomes of pregnancy and childbirth. The program also aims to decrease maternal stressors and increase social support among expectant people. Health outcomes addressed through the program include maternal stressors, access to care, social determinants of health, and postpartum depression. Educational classes will continue to be available to the public at no cost. Doula services would continue to be provided at no cost to eligible pregnant people who may be at risk for suffering adverse pregnancy and birth outcomes. The program partners with WIC, local delivering hospitals, and local OB offices. As this is a program continuation, Birth Partners funding extension would allow the maintenance of a

successful intervention which has shown exciting results. These results include a statistically significant knowledge increase from childbirth education, doula clients who were less likely to experience stress from doctors, nurses, or the normal stress of childbirth and a control group of participants who were more likely to get an epidural, more likely to have their water broken, and were 3 times more likely to be induced than the experimental group receiving doulas.

List of primary strategic partners:
Internal strategic partners include WIC and clinic staff.

External strategic partners include local delivering hospitals and OB offices.

One-paragraph summary of evaluation methodology: An evaluation protocol is established for the existing Birth Partners program which consists of pre/post tests for the childbirth education portion of the program, a comparison group evaluation, and an evaluation of satisfaction, maternal support, medical interventions, and birth outcomes for doula clients. Currently, Birth Partners is fully operating as a research project and future evaluations would be based on the model in use now. Results from current program evaluations show promising evidence for the effectiveness of interventions offered through Birth Partners.

Program Setting(s): Home, Local health department, Medical or clinical site

Target Population of Program
Target population data source: 2020 US Census, gathered 6/6/2022
Number of people to be served: 72,940
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: 15 - 24 years, 25-34 years, 35-44 years, 45-54 years
Sexual Orientation: Gay (lesbian or gay), Straight, this is not gay (or lesbian or gay), Bisexual
Gender Identity: Female, Transgender
Geography: Both (urban and rural)
Location: Cleveland County, Oklahoma
Occupation:
Education Attainment: Some High School, High School Diploma, Some College, College Degree, Graduate Degree
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: Yes
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information
Name of Program SMART Objective: Access to doula care

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? The same

Program SMART Objective: Between 07/2022 and 06/2023. Birth Partners will increase access to doula care for 48 WIC eligible, birthing people in Cleveland County.

One-sentence summary of intervention: Provide free access to doula care for birthing people who are WIC eligible.

One-paragraph description of intervention: Birth Partners will offer free doula care to WIC eligible birthing people who live in Cleveland County. Doulas will be trained and housed at the Cleveland County Health Department and connected to interested participants through referrals from community partners, CCHD services, and self. Participants must meet income and residency criteria but barriers to entry and participation will be kept to a minimum.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention – ACOG

Rationale for choosing the intervention: Research consistently shows that birth supported by doulas result in higher satisfaction, fewer interventions, and reduced stress.

Item to be Measured: Number of doula program enrollees

Unit of Measurement: number

Baseline value for the item to be measured: 17

Data source for baseline value: program data

Date baseline was last collected: 2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 8

Final target value to be achieved by the Final Progress Report (June 30, 2023): 48

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Subset – 250; Pregnant Women, Ages 15-54

Activities
Activity Title: Doula Care Availability

One-sentence summary of the Activity: Hire, train, and maintain certification for 2 doulas.

One-paragraph description of the Activity: Utilize PHHSBG funding to maintain the employment of 2 certified (or in certification process) doulas for the purpose of serving WIC eligible residents of Cleveland Co.

Does the activity include the collection, generation, or analysis of data? Yes

Name of Program SMART Objective: C-section rate

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? same

Program SMART Objective: Between 07/2022 and 06/2023, decrease the percentage of cesarean births among program participants to 25% compared to the percentage of the birthing population of the county (32.1%).

One-sentence summary of intervention: Offer doulas to support births in order to reduce medical interventions.

One-paragraph description of intervention: Doulas are advocates for their clients and births where doulas are present tend to have fewer medical interventions. By offering free doulas to the residents of Cleveland County, Birth Partners hopes to reduce the number of c-sections in our population compared to the birthing population as a whole.

Is this an evidence-based intervention, or an innovative/promising practice? Innovative/Promising Practice - ["AMCHP Innovation Station Promising Practices "].

Rationale for choosing the intervention: Reducing the number of interventions that take place during birth can reduce the likelihood of a birth ending in a c-section.

Item to be Measured: Birth Partners births ending in c- section

Unit of Measurement: percentage

Baseline value for the item to be measured: 32.1%

Data source for baseline value: National Center for Health Statistics, National Vital Statistics Systems, 2018. Retrieved April 20, 2022, from www.marchofdimes.org/peristats

Date baseline was last collected: 2020

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 30%

Final target value to be achieved by the Final Progress Report (June 30, 2023): 25%

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Subset – 250; Pregnant Women, Ages 15-54

Activities
Activity Title: Reduce medical interventions

One-sentence summary of the Activity: Between 07/2022 and 06/2023, Birth Partners will offer free doula care to WIC eligible birthing people who live in Cleveland County in order to reduce medical interventions.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, Birth Partners will offer free doula care to WIC eligible birthing people who live in Cleveland County in order to reduce medical interventions. Doulas will be trained and housed at the Cleveland County Health Department and connected to interested participants through referrals from community partners, CCHD services, and self. Participants must meet income and residency criteria but barriers to entry and participation will be kept to a minimum.

Does the activity include the collection, generation, or analysis of data? Yes

Activity Title: Increase knowledge about the birthing process

One-sentence summary of the Activity: Between 07/2022 and 06/2023, Birth Partners will increase knowledge about the birthing process by offering childbirth education classes to the public.

One-paragraph description of the Activity: Between 07/2022 and 06/2023, Birth Partners will increase knowledge about the birthing process by offering childbirth education classes to the public. By providing childbirth education classes to the public, Birth Partners aims to increase the knowledge of birthing people about the birthing process. These classes are open to all, not just doula supported births, and the knowledge presented helps those giving birth have a voice in the outcome and trajectory of their birth.

Does the activity include the collection, generation, or analysis of data? No

Name of Program SMART Objective*:* Childbirth Education Classes

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Same

Program SMART Objective: Between 07/2022 and 06/2023, Birth Partners will provide at least 2 childbirth education classes per month to the public for a total of 24 classes by the end of reporting period.

One-sentence summary of intervention: Provide childbirth education classes to the public.

One-paragraph description of intervention: By providing childbirth education classes to the public, Birth Partners aims to increase the knowledge of birthing people about the birthing process. These classes are open to all, not just doula supported births, and the knowledge presented helps those giving birth have a voice in the outcome and trajectory of their birth

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention – NJOY Health Education

Rationale for choosing the intervention: Birth Partners aims to empower birthing people with knowledge.

Item to be Measured: Classes

Unit of Measurement: number

Baseline value for the item to be measured: 2

Data source for baseline value: Current class availability

Date baseline was last collected: June 2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 10

Final target value to be achieved by the Final Progress Report (June 30, 2023): 24

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Subset – 250; Pregnant Women, Ages 15-54

Activities
Activity Title: Childbirth Classes

One-sentence summary of the Activity: Between 06/2022 and 07/2023, Birth Partners will offer 24 childbirth education classes to the public.

One-paragraph description of the Activity: Between 06/2022 and 07/2023, Birth Partners will offer 24 childbirth education classes to the public. By providing childbirth education classes to the public, Birth Partners aims to increase the knowledge of birthing people about the birthing process. These classes are open to all, not just doula supported births, and the knowledge presented helps those giving birth have a voice in the outcome and trajectory of their birth.

Does the activity include the collection, generation, or analysis of data? No

Recipient Health SMART Objective: From 7/1/2022 to 6/30/2025, increase the proportion of infants who did not pass their hearing screening who get evaluated by age 3 months in public health clinics by 25%.

Program Name: **OSDH Pediatric Audiology Program**

Program Manager(s): Debbie Earley, AuD CCC-A

Federal Fiscal Year: 2022

Healthy People 2030 Objective(s): Increase the proportion of newborns who get screened for hearing loss by age 1-month HOSCD-01, Increase the proportion of children with developmental delays who get early intervention services by age 4 EMC-R01, **Increase the proportion of infants who didn't pass the hearing screening who get evaluated by age 3 months HOSCD-02**

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? Yes

What is the funding role of the PHHS Block Grant for this program? Supplement other existing funds- 25% would be covered by the block grant and the remainder is covered by revolving funds

Role of PHHS Block Grant Funds in Supporting this Program: Enhance or expand the program

Details about Program Funding
Amount of funding to populations disproportionately affected by the problem: 100%

Amount of funding to local agencies or organizations: 0

Are there any positions funded by the PHHS Block Grant? Yes

Position Title: Pediatric Audiologist
Is the position vacant? Yes
State Name in Position: NA
Percent of staff member's time spent working in each area

- Jurisdiction-level: county health departments
- Local: 90% local county health departments
- Other: 10% office time
- Total: 100%

Recruitment Info: Currently working with HR. Position is posted on multiple sites. Interviews in process.

Total positions in this program funded by the PHHS Block Grant: 1
Number of FTEs in this program funded by the PHHS Block Grant: 1

Define the Problem the Program will Address:
One-sentence summary of the problem this program will address: This program will enhance hearing screening and pediatric diagnostic audiology services across Oklahoma and increase availability of these services.

One-paragraph description of the problem this program will address: This state health problem is late identified childhood hearing loss and the negative impact it has on a child's social emotional, academic and cognitive well-being. This program will focus on early identification of hearing loss for infants through age 18. The Newborn Hearing Screening Program reports that Oklahoma has a 49% Loss to Follow-Up LTFU rate for babies who needed follow up hearing screenings. OK Newborn Hearing Screening Program continues ongoing efforts to address this health problem through many projects. Part of these efforts were to send a survey out to all partners in our Oklahoma Audiology Taskforce to see what might help address this problem and one of the top three was improving access to quality pediatric audiology services in rural Oklahoma by having a traveling audiologist. The CDC estimates that 1 in 300 babies are born with permanent hearing loss, nearly 15% of children ages 6-18 years of age have some level of permanent hearing loss by 6 years of age, and 6 in every 1000 children have significant hearing problems that may go undiagnosed and misdiagnosed.

How is the public health problem prioritized? Prioritized within a strategic plan

Describe in one paragraph the key indicator(s) affected by this problem? Oklahoma has a 49% Loss to Follow-Up LTFU rate for babies who needed follow up hearing screenings. The CDC estimates that 1 in 300 babies are born with permanent hearing loss, nearly 15% of children ages 6-18 years of age have some level of permanent hearing loss by 6 years of age, and 6 in every 1000 children have significant hearing problems that may go undiagnosed and misdiagnosed. The lack of pediatric audiologists in rural Oklahoma makes it difficult for families to have access to services in the area, possibly delaying diagnosis of a permanent or transient hearing loss that can have a significant impact on the child's emotional, academic and cognitive well-being.

Baseline value of the key indicator described above (NUMBER): 49% LTFU

Data source for key indicator baseline: Newborn Hearing Screening Database-Neometrics

Date key indicator baseline data was last collected (DATE – either year or full date): 12/31/2019

Program Strategy

One-sentence program goal: The program's goal is to reduce the proportion of children with hearing loss that go undiagnosed or misdiagnosed.

Is this program specifically addressing Social Determinants of Health (SDOH)? Yes – Education, Health and Health Care

How are SDOH addressed? The program increases health care access and quality by expanding access to pediatric audiology services in rural Oklahoma. It addresses education access and quality by increasing the number of children who are timely identified with hearing loss to improve their academic outcomes. The CDC estimates 15% of school aged children 6-19 have some degree of hearing loss. Based on public school enrollment, Oklahoma should conservatively have 21,000, or 3% of enrollment, children listed with hearing loss. The latest Child Find number list approximately 1,500 which indicates there are many more who have not been identified. The American Speech Language and Hearing Association states funding for hearing screening and early intervention services, including diagnostic audiology services, have proven to be wise investments for the economy and saves the country approximately $200,000,000 in educational costs per year. It addresses economic stability by increasing the number of families who don't pay out of pocket expenses for services. It addresses neighborhood, audiology by age 3 months and enrolled in early intervention by 6 months of life. Also, CDC estimates about 6 in very 1000 children have significant hearing problems that may go undiagnosed or undetected. There is a shortage of pediatric audiologists in rural Oklahoma with the expertise and equipment needed to provide these services. The program is developing and implementing policies and procedures to ensure best-practice hearing health care for children in Oklahoma along with working towards providing direct service comprehensive diagnostic pediatric audiology services for children birth through 18 years of age through 12 county health department sites across the state.

Is this program specifically addressing Health Equity? Yes

How is Health Equity addressed? Currently our pediatric audiology clinics are clustered in Tulsa and Oklahoma City making appointments difficult for families who have to travel, taking time off work, and taking children out of school. Providing local resources will take this burden off of families and will provide children with more equitable access to pediatric audiology services no matter where they live in the state. Rural schools can find resources for promoting healthy hearing in their own communities which will increase hearing screenings and timely follow-up. Having local pediatric audiology resources will allow for better inter-professional collaboration to improve the standard of care for children with hearing loss in rural Oklahoma.

One-paragraph summary of the program strategy: The program strives to meet and exceed CDC's guidelines of screening all children by age 1 month, referred to audiology by age 3 months and enrolled in early intervention by 6 months of life. Also, CDC estimates about 6 in very 1000 children have significant hearing problems that may go undiagnosed or undetected. There is a shortage of pediatric audiologists in rural Oklahoma with the expertise and equipment needed to provide these services. The program is developing and implementing policies and procedures to ensure best-practice hearing health care for children in Oklahoma along with working towards providing direct service comprehensive diagnostic pediatric audiology services for children birth through 18 years of age through 12 county health department sites across the state. The program will nurture current agency partnerships with Oklahoma Newborn Hearing Screening Program, Sooner Start, Guidance, WIC and other agency child health programs to help meet these goals along with partnering with Oklahoma State University Department of Communication Sciences and Disorder, University of Oklahoma Department of Communication Sciences and Disorders, Department of Education, Oklahoma School for the Deaf, Oklahoma Family Network, Oklahoma Able Tech, OU Deaf-Blind Project, Head Starts, Parents as Teachers, and Center for Children and Families while forging new partners along the way.

List of primary strategic partners:

Internal strategic partners include County Health Departments, Oklahoma Newborn Hearing Screening Program, Sooner Start, Guidance, Children First, and Nursing Service

External strategic partners include Oklahoma School for the Deaf, Oklahoma Family Network, Oklahoma Able Tech, OU Deaf-Blind Project, Head Starts, Parents as Teachers, Center for Children and Families, Primary Care Providers, Ears Nose Throat Specialists, private audiology clinics

Planned non-monetary support to local agencies or organizations: Technical Assistance, Training, Resources/Job Aids

One-paragraph summary of evaluation methodology: The Program will track the number of children served through county health department audiology clinics through PHOCIS, the number of children diagnosed with hearing loss through county health department audiology clinics, the number of children birth-3 years of age with hearing loss enrolled into early intervention by 6 months.

Program Setting(s): Child-care center, Community based organization, Local health department, Schools or school district, State health department, University or college

Target Population of Program
Target population data source (include Date): Phocis from 7/1/22 through 6/30/23
Number of people to be served: 300 children
Ethnicity: Hispanic, Non-Hispanic
Race: All
Age: Under 1 year, 1 - 4 years, 5 - 14 years, 15 - 24 years
Gender Identity: Male, Female
Geography: Both (rural and urban)
Location: Muskogee, Custer and Rogers County
Occupation: children
Educational Attainment: Some High School
Health Insurance Status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act Plan
Primarily Low Income: Yes
Are members of this target population affected by the problem? Yes
Is the entire target population disproportionately affected by the Problem, or only part? Entire Population

Program Information
Name of Program SMART Objective: Expansion of pediatric audiology services

Is the problem for this objective the same as the problem for the program as a whole, or is it a subset of the larger problem? Same as for the program

Program SMART Objective: Between 7/1/22 and 6/30/23, the Oklahoma Pediatric Audiology Program will expand pediatric audiology services to Muskogee County, Custer County and Rogers County Health departments by 25%.

One-sentence summary of intervention: Partner with county health departments to add diagnostic audiology services.

One-paragraph description of intervention: The program will prepare the audiology space for clinical services. State of the art equipment has been installed as of 6/4/2022. The program will inventory needed supplies for purchase. Planning meetings will be set up with Pediatric Audiology Program staff and county health department staff to discuss scheduling, charting and billing processes so that processes are streamlined and services will be initiated.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-Based Intervention - ["Best Practice Initiative (U.S. Department of Health and Human Services)","Joint Committee on Infant Hearing; American Academy of Audiology, American Speech Language Hearing Association"]

Rationale for choosing the intervention: Lack of pediatric diagnostic audiology service in those areas

Item to be measured: Children served

Unit of Measurement: Number

Baseline value for the item to be measured: 0

Data source for baseline value: Clinic appointments tracked in PHOCIS

Date baseline was last collected: 6/6/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 100

Final target value to be achieved by the Final Progress Report (June 30, 2023): 300

Target Population of Program
Is the Target Population of this Program SMART Objective the same as the Target Population of the Program or a subset of the Program Target Population? Same

Activities
Activity Title: Establish processes for each county audiology clinic

One-sentence summary of the Activity: Between 7/1/2022 and 10/1/2022, Pediatric Audiology program staff and county health department staff will develop scheduling, charting and billing processes.

One-paragraph description of the Activity: Between 7/1/2022 and 10/1/2022, Pediatric Audiology program staff and county health department staff will develop scheduling, charting and billing processes. Pediatric Audiology Program staff will set up planning meetings prior to services being initiated to discuss scheduling, charting, and billing processes. The audiology staff will develop a scheduling template. All county health department staff assigned to audiology will be trained to schedule and enter encounters into PHOCIS. The audiology staff will be trained on charting and entering Health Stats into PHOCIS.

Does the activity include the collection, generation, or analysis of data? Yes

- Number of planning meetings for each location-1 planning meeting/3 locations
- Number of schedule templates built-3
- Number of trainings- 3/1 per location
- Topics covered-
    - Scheduling-county health department staff
    - Billing-audiology and county health department staff
    - Chart development-county health department staff
    - Charting-audiology staff

Activity Title: Establish new partnerships for each of the communities

One-sentence summary of the Activity: Between 7/1/2022 and 10/1/2022, the program will establish partnerships with community providers.

One-paragraph description of the Activity: Between 7/1/2022 and 10/1/2022, the program will develop marketing materials that are specific to the county health department audiology clinics. The program will set up meetings with community primary care providers, Ear Nose Throat physicians, public school administrators, and other community- based organizations to educate these entities on the new service that will be available in the community. The program will work with the county health departments Public Information Officers and health educators to disseminate information about the program through social media and other avenues.

Does the activity include the collection, generation, or analysis of data? Yes

- Number of marketing materials created-3/1 per location-county specific with contact information
- Number of meetings held for each region->3
- Number of partnerships established->3

Activity Title: Provide clinical services

One-sentence summary of the Activity: Between 9/1/22 and 6/30/2023, the program will expand and provide comprehensive pediatric audiology services in the county health department.

One-paragraph description of the Activity: Between 9/1/22 and 6/30/2023, the program will initiate pediatric audiology services in three more counties. The program will initially provide services twice a month monitoring wait times for appointments and increase availability at each site as needed. The audiologist will be responsible for providing the service, initiating follow up, and referring to early intervention as needed. The audiologist will document results in county health department chart, send results to referring provider, family and any other entity requested by family within a 24 -hour time period. The program will also provide hearing screening training to county health department providers to increase the availability of infant hearing screening services across the state.

Does the activity include the collection, generation, or analysis of data? Yes

- Wait time for an appointment-<2 weeks is the goal
- Number of children diagnosed with hearing loss-permanent or transient
- Number of children referred to early intervention
- Number of hearing screeners trained