



Preventive Health and Health Services (PHHS) Block Grant Oklahoma 2023 Work Plan
PHHS Block Grant

Work Plan Fiscal Year 2023 for Oklahoma | SFY2024
WP-1214-2023 | DUNS: 143673015

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Finalized on: 8/4/2023

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHS-BG) for Federal Year 2024 (October 2023 - September 2024). Oklahoma submitted this plan as the designated state agency for the allocation and administration of PHHS-BG funds.

Funding Assumptions: The total award for the Federal Fiscal Year (FFY) 2024 Preventive Health and Health Services Block Grant is **\$1,445,519.00**. 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	Healthy People 2030 Objective	Current Year Allocation	Page
Advancing Health Equity and Strengthening Minority Health	AHS-04 Reduce the proportion of people who can't get medical care when they need it	\$ 165,909.00	8
Birth Partners	MICH-06 Reduce cesarean births among low-risk women with no prior births	\$ 80,234.00	15
Child Passenger Safety	IVP-07 Reduce the proportion of deaths of car passengers who weren't buckled in	\$ 215,061.00	51
D3 Communication & Health Literacy Project	HC/HIT-R01 Increase the health literacy of the population	\$ 29,246.00	36
Fluoride Varnish Outreach Project	OH-01 Reduce the proportion of children and adolescents with lifetime tooth decay	\$ 15,000.00	64
Health Literacy ESL	HC/HIT-D11 Increase the proportion of adults with limited English proficiency who say their providers explain things clearly	\$ 5,000.00	20
Healthy Aging and Falls Prevention Program	IVP-08 Reduce fall-related deaths among older adults	\$ 158,440.00	44
CHO Consultation	NWS-03 Reduce the proportion of adults with obesity	\$ 66,913.00	58

CATCH - Northeastern Oklahoma CATCH Coordinated School Health Initiative	PA-09 Increase the proportion of children who do enough aerobic physical activity	\$ 123,173.00	69
GO NAPSACC statewide implementation 2023	NWS-04 Reduce the proportion of children and adolescents with obesity	\$ 72,039.00	25
Partner Inflicted Brain	IVP-D04 Reduce intimate partner violence	\$ 51,435.00	78
Sexual Assault Prevention & Surveillance	IVP-D05 Reduce contact sexual violence	\$ 26,344.00	96
	Sex Offense Set Aside	\$ 82,656.00	
Suicide Prevention	MHMD-01 Reduce the suicide rate	\$ 100,408.00	87
School Health- Creating a healthy school environment	NWS-04 Reduce the proportion of children and adolescents with obesity	\$ 117,392.00	31

Program Funding Profile for Oklahoma in 2023	
Total Number of programs	14
Type of Funding	
Supplement other existing funds	8
Total source of funding	14
PHHS Block Grant funding percentage	
Less than 10% - Minimal source of funding	1
10-49% - Partial source of funding	3
50-74% - Significant source of funding	2
75-99% - Primary Source of funding	2
Role of funding	
Enhance or expand the program	11
Maintain existing program (as is)	1
Startup of a new program	2
Existing funding sources	
State or local funding	14
Other federal funding (non-CDC)	0

Statutory Information

The first Advisory Committee Meeting was held in 12/14/2022, followed by a second Advisory Committee (AC) Meeting held 3/08/2023. Both meetings were chaired by Danielle Durkee, Chair. The third AC Meeting was a special meeting, held on 4/8/2023 and chaired by Andy Halko, Interim chair.

The Public Hearing was held 5/10/2023 after a third Advisory Committee Meeting. The Public Hearing Meeting was chaired by Solina Searcy-Martin. 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 OSDH website.

Certifications and Assurances

Current forms have been signed and uploaded to BGIS

Budget Detail for Oklahoma – Federal Fiscal Year 2024	
A. FFY2024 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	\$136,269
Direct Assistance Amount	\$0.00
C. Total Current Year Sex Offense Allocation	\$109,000.00
Administrative Costs	\$0.00
Total Available for Program Allocation in FFY 2024	\$ 1,445,519.00

Program Title	Healthy People 2030 Objective	Recipient Health Objective	Program Goal
Advancing Health Equity and Strengthening Minority Health	AHS-04 Reduce the proportion of people who can't get medical care when they need it	Increase the number of proportion of people who need medical care to advance health equity, eliminate health disparities, increase cultural competency and strengthen Oklahoma's health system infrastructure.	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.
Birth Partners	MICH-06 Reduce cesarean births among low-risk women with no prior births	Birth Partners will address the problem of maternal mortality and morbidity.	Increase support available to birthing people in Cleveland County
Child Passenger Safety	IVP-07 Reduce the proportion of deaths of car passengers who weren't buckled in	To increase the statewide child restraint usage rate from 93% to 96% by 2028.	The child safety seat installation and education program aim 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 injuries, disabilities, and death of children due to motor vehicle crashes.

<p>D3 Communication & Health Literacy Project</p>	<p>HC/HIT-R01 Increase the health literacy of the population</p>	<p>Focus on addressing health literacy for populations experiencing health disparities within District 3. We know populations that experience the biggest negative health outcomes are often related to health disparities, literacy, and lack of awareness and understanding of how to access resources. Through the use of grant funding and strong partnerships, we will build a sustainable and collaborative network of partners and system that address the underserved populations, including racial and ethnic minority groups at higher risk for negative health outcomes related to health literacy. We will also strive to become a health literate organization with a workforce well trained in health literacy issues, being trauma informed, and aware of health disparities amongst the populations we serve.</p>	<p>Address health literacy for populations experiencing health disparities within District 3.</p>
<p>Fluoride Varnish Outreach Project</p>	<p>OH-01 Reduce the proportion of children and adolescents with lifetime tooth decay</p>	<p>From 07/2023 to 06/2028, reduce the number of dental carries in vulnerable Oklahoma Children from Oklahoma average 66% to the national average of 5.6%. Train staff</p>	<p>The goal of this program is to increase access to dental carries prevention programs for Oklahoma children.</p>
<p>Health Literacy ESL</p>	<p>HC/HIT-D11 Increase the proportion of adults with limited English proficiency who say their providers explain things clearly</p>	<p>By June 30, 2028, the number of minority population who have improved interaction and communication with their health care provider will increase by 5% of the total population of Marshallese and Hispanics in District 2</p>	<p>Supporting our healthcare organizations and minority populations</p>

Healthy Aging and Falls Prevention Program	IVP-08 Reduce fall-related deaths among older adults	Stabilize the rate (108.4 per 100,000 in 2020) of unintentional fall-related deaths among adults 65 years and older by 2028	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.
CHO Consultation	NWS-03 Reduce the proportion of adults with obesity	By June 30, 2029 increase the number of Oklahoma communities and congregation completing environmental health assessments by utilizing Certified Healthy Oklahoma application by 70%	Increase the number of Oklahoma communities and congregations completing environmental health assessments by utilizing Certified Healthy Oklahoma application by 45%
CATCH - Northeastern Oklahoma CATCH Coordinated School Health Initiative	PA-09 Increase the proportion of children who do enough aerobic physical activity	From 07/01/2023 to 06/30/2024, increase the percentage of rural and low-income middle school and elementary school aged students in District 4 participating in 60 minutes of physical activity and exercise through evidence-based CATCH programming.	The goal of the Northeastern Oklahoma CATCH Coordinated School Health Initiative, is to increase the amount of rural and low-income middle school and elementary school aged students in District 4 participating in an evidence based physical activity and exercise CATCH program.
GO NAPSACC statewide implementation 2023	NWS-04 Reduce the proportion of children and adolescents with obesity	By June 2029, 250 ECEs will be participating/enrolled in Go NAPSACC.	To see an increase physical activity and healthy nutrition in Oklahoman Early Childcare Programs which will lead to a reduction in childhood obesity.
Partner Inflicted Brain	IVP-D04 Reduce intimate partner violence	From 7/1/2023 to 6/30/2028, increase awareness of partner-inflicted brain injury and the use of appropriate accommodations for domestic violence service clients with this disability among domestic violence service providers by providing training to 70% of domestic violence service programs.	Increase awareness of and accommodations and resources for partner inflicted brain injury among domestic violence service providers and allied professionals; implement surveillance of intimate partner violence in Oklahoma
Sexual Assault Prevention & Surveillance	IVP-D05 Reduce contact sexual violence	Reduce sexual assault from a rate of 67.0 per 100,000 to a rate of 64.0 per 100,000 Oklahomans by 2028	The IPS will engage state and community partners across multiple sectors to implement two strategies to monitor and reduce sexual violence beginning July 1, 2023 through June 30, 2024.

Suicide Prevention	MHMD-01 Reduce the suicide rate	The IPS will deliver suicide screening, harm-reduction, and prevention training and technical assistance to 80% of county health departments by 2028.	The IPS will use the project period to develop infrastructure in suicide prevention, determine modalities that are best suited to the county health departments (CHD), and build capacity among the CHDs and other public interfacing OSDH programs to implement suicide prevention strategies and best serve our clients.
School Health- Creating a healthy school environment	NWS-04 Reduce the proportion of children and adolescents with obesity	To increase environments in schools to support health and academics by 2028.	Increase the number of schools with school improvement plans that include health-related topics.

Program Name/Title: **Advancing Health Equity and Strengthening Minority Health 1 & 2**

Program Manager: Floritta Pope

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective – Reduce the proportion of people who can't get medical care when they need it. AHS-04

Recipient Health SMART Objective – By 2029 reduce the number of proportion of people who need medical care due to language barriers or when there is a lack of communication by 10%

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

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: \$10,000

Type of supported local agency/organization: Local organizations, Community and Faith based organizations

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

Number of Positions: 3 FTEs funded - Supplement current staff

Define the Problem the Program will Address

One sentence summary of the problem this program will address: Compelling evidence of the disparate health status of Oklahoma racial and ethnic minority and economically disadvantaged populations includes shorter life expectancies and higher rates of cancer, birth defects, infant mortality, asthma, diabetes, obesity, cardiovascular disease, and stroke. The need to reduce the lack of communication and language barriers to improve the health care, health outcomes and decrease the risk for missed appointments, delayed care, adverse events, preventable disease, and medical care problems.

One paragraph description of the problem this program will address: 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, LEP clients are at risk for poor health outcomes. Communication and language barriers can increase the risk for missed appointments, delayed care, adverse events, preventable disease, and medical comprehension – to name a few. Lastly, community partnerships, capacity building, and a diverse workforce that supports inclusivity are vital to improving health outcomes for minority or underserved populations

How is the public health problem prioritized?

- Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)
- Identified via surveillance systems or other data sources

Describe in one paragraph the key indicator(s) affected by this problem? According to Target and Disparate Data Sources- United State Census Bureau July 1, 2018, that 1,013,371 of LEP clients are at risk for poor health outcomes. Communication and language barriers can increase the risk for missed appointments, delayed care, adverse events, preventable disease and medical comprehension – to name a few. Lastly, community partnerships, capacity building and a diverse workforce that supports inclusivity, are vital to improve health outcomes for minority or underserved populations.

Baseline value of the key indicator described above (NUMBER): Number: 1,013,371 - Ethnicity: Hispanic, Non-Hispanic

Data source for key indicator baseline: Target and Disparate Data Sources: United State Census Bureau July 1, 2018 (V2018)

Date key indicator baseline data was last collected (DATE – either year or full date): July 1, 2018

Program Strategy

One sentence program goal: 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.

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed?

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

Is the program specifically addressing Health Equity? Yes

How is Health Equity addressed? The program will focus on Communication, Actions, and Accountability to address health equity, inclusion and diversity. OMHHE will work to communicate in a way that integrate diversity into day-to-day operations of the organization. (i.e., make it norm to mention diversity initiatives and results during routine meeting, linking diversity to performance improvement). The OMHHE will work with Communication to bring awareness around gender neutral language throughout communication medians. Inclusive communication principles such as:

- Using a health equity lens
- Using person-first language
- Avoiding unintentional blaming
- Using preferred terms for populations of focus while recognizing that preferred terms may differ
- Looking for ways to be more inclusive in text and images
- Exploring other resources related to health equity communications The OMMHHE will continue to proactively engage with diverse and underrepresented communities to help review, analyze and summarize information. This will also align with the Workforce grant initiative to become a more diverse and inclusive workforce. October is Health Literacy Month, a time for public health and health care organizations to recommit to making sure all audiences can find, understand, and use our information and services to make the best health-related decisions for themselves and others.

One paragraph summary of the program strategy: The first strategy to advance health equity is to ensure that non-English speaking clients receive equitable services. Two full-time Spanish bilingual interpreters will provide both on-site and telephonic interpretation services at no cost for limited English Proficiency (LEP) clients across the state. 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 is vital to reducing barriers to health care, improving quality of services and providing timely access. OMMHHE will continue to work with agency leadership to implement policy and practices that promote professional development and increase the capacity of the public health workforce for those employees providing language assistance. Strategies include continuing education and proficiency testing. Oklahoma State Department of Health (OSDH) will develop and provide training for agency interpreters across the state. The training will include information about ethical and legal ramifications for interpreters in health care; service delivery; cultural courtesies and formalities; and other related topics. Participants will earn credits toward agency annual employee training requirements including cultural competency, ethics and supervisory. In addition to reducing language barriers across public health systems, the OMMHHE will provide additional staff support to increase health equity and cultural competency throughout the public health system within this project, one OMMHHE program planner will dedicate 20 hours per week to support capacity building and stakeholder engagement for state and local health improvement efforts. The planner will collaborate and consult with program staff and community engagement teams to identify data driven strategies to improve health. An additional emphasis will be placed on disparate populations with the greatest need. Capacity building efforts include but are not limited to identifying and convening stakeholders, developing communication strategies, identifying community resources and assessing needs and researching evidence-based strategies

List of primary strategic partners: Internal- WIC, Immunizations, Acute Disease Services, Take Charge!, Family Planning, and Injury Prevention services

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

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 increase program reach and utilization of language services among county health departments and program service areas. Initial planning and assessment efforts will also be collected and analyzed to set up baseline for where we are and establish short -and- long term goals. The OMMHE utilizes a combination of evaluation methods, which may include a technical assistance tracker, surveys, interviews, community listening session and documentation.

Program Settings:

- Community based organization
- Faith based organization
- Parks or playgrounds
- Tribal nation or area

Target Population of the program

Target population data source (include Date): United State Census Bureau July 1, 2018 (V2018)

Number of people served: 2000

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: Under 1 year, 1 - 4 years, 5 - 14 years, 15 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Entire state

Occupation: NA

Educational Attainment: Not applicable

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

Program Information

Name of Program SMART Objective: Advancing Health Equity and Strengthening Minority Health

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? No

Program SMART Objective: Between 07/2023 and 06/2024, implement 3 capacity building services through training and staff development on minority health and health equity to improve access to healthcare for minority or underserved populations.

One-sentence summary of intervention: Enhanced capacity building services by providing awareness through community-based partner events, language bi-lingual (Spanish) through training and staff development on minority health and health equity to improve access to healthcare for minority or underserved populations. development, implementation and evaluation

One-paragraph description of intervention: Enhanced capacity building services by providing awareness through community-based partner events, language bi-lingual (Spanish) through training and staff development on minority health and health equity to improve access to healthcare for minority or underserved populations. Compelling evidence of the disparate health status of Oklahoma racial and ethnic minority and economically disadvantaged populations includes shorter life expectancies and higher rates of cancer, birth defects, infant mortality, asthma, diabetes, obesity, cardiovascular disease, and stroke. Racial and ethnic minorities and the medically underserved also suffer a disproportionate burden of morbidity and mortality associated with HIV/AIDS; autoimmune diseases, such as lupus and scleroderma; oral health; sexually transmitted diseases; mental disorders; violence; and substance abuse. In addition, LEP clients are at risk for poor health outcomes. Communication and language barriers can increase the risk for missed appointments, delayed care, adverse events, preventable disease and medical comprehension – to name a few. Lastly, community partnerships, capacity building and a diverse workforce emphasizing that supports inclusivity are vital to improve health outcomes for minority or underserved populations

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

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

Item to be Measured: Number of Language Assistance Encounters

Unit of Measurement: Number of language requests and encounters, units of service

Baseline value for the item to be measured: 0

Data source for baseline value: Telephonic and in-person encounters, number of documents per page and translations

Date baseline was last collected: 04/2023

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 300 interpretations and translations

Final target value to be achieved by the Final Progress Report (June 30, 2023): 1000 interpretations and translations

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

Target population data source. Telephonic and in-person encounters, number of documents per page and translations. Please include date: 2023

Number of people served: 2000

Geography: Urban and Rural

Location: Entire State

Occupation: NA

Educational Attainment: Not Applicable

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 1: Outreach – Communication & Translation

One-sentence summary of the Activity: Conduct telephone, in-person, or Teams teleconference for people experience English proficiency to a minimum of 4 stakeholder meetings, forms, discussion groups, outreach efforts to build capacity with county health departments for improved access to care within minority or underserved populations. provide 1900 language assistance encounters or units of service via phone, Teams or in-person effort

One-paragraph description of the Activity: Capacity building efforts include but are not limited to identifying and convening stakeholders, developing communication strategies, identifying community resources and assessing needs and researching evidence-based strategies

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

Activity Title 2: Consultation and written translation

One-sentence summary of the Activity: OMHHE will provide consultation and written translation to clients and community partners on the cultural material to provide awareness of services, with the collaborative efforts to ensure equity on improving access to healthcare for minority or underserved populations.

One-paragraph description of the Activity: OMHHE will provide consultation and written translation to clients and community partners on the cultural material to provide awareness of services, with the collaborative efforts to ensure equity on improving access to healthcare for minority or underserved populations which will include mobilizing community members or volunteers to become community champions and the following activities:

- Conducting outreach and canvassing to engage with the community and provide information and resources
- Provide promotional materials (campaigns, media advertising, etc.) for community outreach
- Sponsoring community events to encourage diversity, equity, and inclusion
- Creating a media campaign or other marketing strategies

- Using translation services
- Other activities effective at reaching out to the communities of focus

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

Activity Title 3: Leverage and community support efforts

One-sentence summary of the Activity:

OMHHE will leverage the prevent block funds to support community efforts offering four \$2500 SEED Grants (4x2500= 10,000) to faith-based and community-based, and community champions who will:

- Engage with members of their community to better understand health equity, social determinants of health and equity related concerns
- Provide relevant information and resources to educate people regarding health disparities
- Assist in designing culturally relevant communications that resonate with the community

One-paragraph description of the Activity: OMHHE will continue to work toward the development, implementation and evaluation of cultural and linguistic workforce training, policies and practices to cultivate a competent, adaptive, customer-oriented workforce. Learning efforts have focused on such topics as: health equity, social determinants, food insecurities, and community resources. The OMHHE will leverage the prevent block funds to support community efforts offering four \$2500 SEED Grants (4x2500= 10,000) to faith-based and community-based, community champions and encompass a range of activities.

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

Program Name/Title - Birth Partners

Program Manager(s): Meagan Walker

Primary Contact – Elizabeth Moody

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective - Reduce cesarean births among low-risk women with no prior births MICH-06

Recipient Health Objective - Birth Partners will address the problem of maternal mortality and morbidity by 2028.

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

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: Full funding amount (\$110,100.76) will be used to provide programming for populations disproportionately affected by the problem.

Amount of funding to local agencies or organizations: NA

Type of supported local agency/organization: Tribal Health /Agency

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

Number of Positions: 2 FTEs funded - Supplement current staff

Define the Problem the Program will Address

One sentence summary of the problem this program will address: Maternal health disparities will be mitigated through the supportive and educational services of a doula.

One paragraph description of the problem this program will address: The maternal mortality rate in Oklahoma was 23.5 per 100,000 births in 2021. This number is significantly higher than the nation rate of 20.1. The Maternal Mortality Review Committee (MMRC) found that deaths are disproportional in populations of color, those who experience poverty, and those without familial or societal support. The MMRC recommends the “promotion, acceptance, and utilization of midwifery and doula care” as a way to combat the health inequities that contribute to poor maternal outcomes. 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 from both providers and consumers. 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 serves 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.

How is the public health problem prioritized?

Conducted, monitored, or update a jurisdiction health assessment (e.g., stat health assessment) and 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 25, 2023, from www.marchofdimmes.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 25, 2023

Date key indicator baseline data was last collected (DATE – either year or full date): 2018

Program Strategy

One sentence program goal: Increase support available to birthing people in Cleveland County

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed? Health and Health Care (e.g., poor access to healthcare, low health insurance coverage, low health literacy)

Is the program specifically addressing Health Equity? Yes

How is Health Equity addressed? The proposed continuation and expansion 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: Hire part-time community health workers to be certified as doulas and implement a doula

program in Cleveland County to reduce adverse outcomes of pregnancy and childbirth. The program aims to decrease maternal stressors and increase social support among expectant people during the pregnancy and postpartum. Educational classes will be available to the public at no cost. Doula services will be provided at no cost to eligible pregnant people who may be at risk for suffering adverse pregnancy and birth outcomes. Birth Partners funding would allow the continuation of a successful intervention which has shown positive results and expansion of program offerings in the areas of prenatal support/education and postpartum care/follow up. Results from previous funding 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,” a control group of participants who were more likely to get an epidural, and doula clients who were less likely to deliver by cesarean than the group without doula care. Proposed additions during this funding cycle include: enhanced prenatal support in the form of group classes focusing on breastfeeding and social connections, postpartum depression counseling, and another doula. Current doula staffing does not provide a backup for births and leaves little time for ongoing support in the postpartum period. With the addition of another doula on staff, the program could provide a higher level of prenatal and postpartum support and increase outreach efforts.

List of primary strategic partners: OPQIC, Maternal and Child Health Division within OSDH, The Well, Pioneer Library System

Planned non-monetary support to local agencies or organizations: NA

One-paragraph summary of evaluation methodology: An evaluation protocol is established for the existing Birth Partners program which consists of pre/post tests to measure knowledge increase, a comparison/control group evaluation, and an evaluation of satisfaction, maternal support, medical interventions, and birth outcomes for doula clients. Currently, Birth Partners is 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. All evaluations and research protocols have been, and would be, IRB approved.

Program Settings:

- Community Based Organization,
- Local health department,
- Medical or clinical site,

Target Population of the program

Target population data source (include Date): United State Census Bureau 2020, 72,940 potential birthing people in Cleveland County Source:

Number of people served: 200

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: 5 - 14 years, 15 - 24 years, 25 - 34 years, 35 - 49 years, 50 – 54 years

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, and Transgender

Geography: Rural and Urban

Location: Cleveland County, Oklahoma

Occupation: Any or none

Educational Attainment: not Applicable

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: Decrease participant 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 07/01/2023 and 06/30/2024, decrease the percentage of cesarean births among program participants to 28% compared to the percentage of the birthing population of the county (32.5%)

One-sentence summary of intervention: Offer doulas to support births in order to reduce medical interventions leading to c-section

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? Evidence-based Intervention

Rationale for choosing the intervention: Prevention efforts that implement creative solutions and non-traditional initiatives are needed to improve the health outcomes of birthing people in the state. The depth of the problems presented in maternal health require the full effort and creativity of public health agencies and communities. This program has been piloted through the generosity of PHHSBG funding for the past 5 years and has been shown to be effective in increasing knowledge about childbirth and doula care. Data shows a lower c-section rate for Birth Partners participants than for both a control group and the general population

Item to be Measured: Participant births ending in c-section

Unit of Measurement: Number/percentage

Baseline value for the item to be measured: 32.5%

Data source for baseline value: Data source for baseline value: National Center for Health Statistics, National Vital Statistics Systems, 2021. Retrieved April 25, 2023, from www.marchofdimes.org/peristats

Date baseline was last collected: NA

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): 28%

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 1: Reduce medical interventions in birth

One-sentence summary of the Activity: Hire, train, and maintain certification for 3 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? No

Activity Title 2: Increase knowledge about the birthing process

One-sentence summary of the Activity: Birth Partners will increase knowledge about the birthing process by offering education

One-paragraph description of the Activity: 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. Birth Partners will also increase support and education for postpartum people as this is a time when many mothers experience complications, both physical and emotional, of childbirth.

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

Program Name/Title – Health Literacy for ESL

Program Manager(s): Blair Coughlan

Federal Fiscal Year: Workplan FY2023- SFY2024

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

Recipient Health SMART Objective – By June 30, 2028, the number of minority populations who have improved interaction and communication with their health care provider will increase by 5% of the total population of Marshallese and Hispanics in District 2.

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

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: Program start up

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? No

Number of Positions – 0 FTEs funded

Define the Problem the Program will Address

One sentence summary of the problem this program will address: Improving the ability to interact in different health-related environments while also improving health communication with provider-patient interactions.

One paragraph description of the problem this program will address: Improving the ability to interact in different health-related environments while also improving health communication with provider-patient interactions. Language barriers and not being literate in English, especially around medical terminology is affecting and influencing our health outcomes which in turn is also affecting health equity. These populations do not have a fair chance to achieve their highest level of health with the existence of language barriers

How is the public health problem prioritized? Listening session

Describe in one paragraph the key indicator(s) affected by this problem? Listening Session participants in District identified the need to be more health literate in ESL.

Baseline value of the key indicator described above (NUMBER): Number: 30

Data source for key indicator baseline: Listening Session Data

Date key indicator baseline data was last collected (DATE – either year or full date): Collected on August 29, 2022 and October 11, 2022

Program Strategy

One sentence program goal: Supporting our healthcare organizations and minority populations

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed? Health and Health Care (e.g., poor access to healthcare, low health insurance coverage, low health literacy)

Is the program specifically addressing Health Equity? Yes.

How is Health Equity addressed? This program will bridge the gap of those who have English as a second language providing them with a fair opportunity to be able to communicate with their health care providers which is teaching them medical and health terminology. This includes the two different diversities, Marshallese and Hispanic/Latino, within our district that do not have English as their first language.

One paragraph summary of the program strategy: The program will support our healthcare organizations by improving the ability of minority populations to interact in different health-related environments. This will improve access to healthcare while it also improves health communication with provider-patient interactions.

List of primary strategic partners: Existing ESL/language teachers

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

One-paragraph summary of evaluation methodology: Monitored by the Community Engagement and Health Planning Manager using a consumer response approach.

Program Setting(s): Community and Faith Based Organizations

Target Population of the program

Target population data source (include Date): United State Census Bureau July 1, 2018 (V2018)

Number of people served: 100 with 25 each program session

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

Race: Native Hawaiian or Other Pacific Islander and White

Age: 15 -24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Sexual Orientation: Female, Male and Transgender

Gender Identity: Female and Male

Geography: Rural and Urban

Location: Garfield and Logan Counties

Occupation: Priority to unemployed or low income, but open to all

Educational Attainment: Some high school, High school diploma, Some college, College Degree, Graduate,

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? Part of the Population

Program Information

Name of Program SMART Objective: Contractors will provide and promote health literacy ESL classes to Spanish and Marshallese language speaking populations.

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 20, 2024, two contractors will provide and promote four sessions of Health Literacy for ESL classes that consist of 15 lessons to those whose primary language is Spanish and Marshallese

One-sentence summary of intervention: Improve the capacity to interact within healthcare related environments by providing ESL sessions

One-paragraph description of intervention: The units of the innovative practice will employ role-playing, practice speaking the language, listening, discussion, reading, and written exercises with real-life examples. Students will learn how to schedule appointments, describe their issues, and communicate with the provider. This will also give them the tools needed to know more about staying healthy.

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

Rationale for choosing the intervention: The existing material has been around since 2008 and is very well formatted

Item to be Measured: Capability to communicate health related for ESL students

Unit of Measurement: Surveys and written report from ESL teacher with experience

Baseline value for the item to be measured: 30

Data source for baseline value: Listening Session

Date baseline was last collected: 10/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 50 Participants; 25 Spanish speaking and 25 Marshallese Speaking

Final target value to be achieved by the Final Progress Report (June 30, 2023): 100 Participants; 50 Spanish speaking and 50 Marshallese Speaking

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? No

Activities

Activity Title 1: Program Planning

One-sentence summary of the Activity: Contracts to plan the program prior to implementation

One-paragraph description of the Activity: Before the program can be initiated, the contractors will need to review, adapt, and organize any pieces Of the program that they see fit for appropriate implementation. They will then evaluate any materials That they feel they would need to implement the program and plan the location. Also, within this activity will be the specific details and promotion of the program geared to the target population to recruit Potential participants.

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

Activity Title 2: Program Implementation

One-sentence summary of the Activity: Contractor to implement the program with participants

One-paragraph description of the Activity: Contractors will offer and implement the program throughout Garfield and Logan Counties, offering the program 4x total within Fiscal year 24. Participants will attend, learn, and provide feedback on their knowledge and experience to the Contractors and the Community Engagement and Health Planning Manager.

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

Activity Title 3: Evaluation of knowledge and program

One-sentence summary of the Activity: Contractor will evaluate the participants pre and post knowledge of health literacy as well as how they liked the program.

One-paragraph description of the Activity: Contractor and Community Engagement and Health Planning Manager will evaluate the program through pre and post surveys to determine their growth of knowledge related to health literacy as well as their feedback on the class, how we can improve.

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

Program Name/Title – Go NAPSACC Statewide Implementation

Program Manager(s): Karin Leimbach

Primary Contact – Raina Harris

Federal Fiscal Year: Workplan FY2023- SFY2024

Alternative Contact(s)/Champion(s): – Fahad Khan, Director of Community Analysis and Linkages

Healthy People 2030 Objective(s): – Reduce the proportion of children and adolescents with obesity — NWS-04

Recipient Health SMART Objective — By June 2029, 250 ECEs will be participating/enrolled in Go NAPSACC

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

What is the funding role of the PHHS Block Grant for this program? Supplement other existing 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: 0%

Amount of funding to local agencies or organizations: 0%

Type of supported local agency/organization: Local Health Department

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

Number of Positions – 1 FTE funded; Supplement current staff

Define the Problem the Program will Address

One sentence summary of the problem this program will address: The GO NAPSACC program is the evidence -based resource to reducing childhood obesity risk in children under five.

One paragraph description of the problem this program will address: Youth obesity has been generally increasing over time in 2019-20, 1 out of 5 of Oklahoma’s children ages 10-17 were obese. Per America’s Health Rankings, Oklahoma had the 9th highest obesity prevalence in the nation. Additionally, 29.2% of children and teens ages 6-17 in Oklahoma engaged in 60 minutes of physical activity daily per week and 9.4 % of children has consumed

vegetables 3 or more times a day in the past 7 days. CDC, project Oklahoma to be the most obese state in the nation by 2030. The Go NAPSACC platform will provide assistance to childcare providers to improve the health of young children through education, practices, policies, and environments that support healthy eating, physical activity, and oral health.

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
- Oklahoma Administrative Code Title 340 - Department of Human Services Chapter 110 - Licensing Services Subchapter 1 - General Provisions Part 1 – Licensing-Child Care Section 340:110-1-8

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 nutrition 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 increased in strategies to support healthy environments.

Baseline value of the key indicator described above (NUMBER): 260 applications total

CHO Early Childhood Programs applications – 260 applications total. Certification breakdown: Basic – 13, Merit – 129, Excellence – 89, Not Certified – 29. 29.2% of children and teens ages 6-17 in Oklahoma engaged in 60 minutes of physical activity per week (America's Health Rankings) 9.4 % of children has consumed vegetables 3 or more times a day in the past 7 days (2021 State of Oklahoma Obesity Prevention Plan)

Data source for key indicator baseline: 2021 America's Health Rankings analysis of America's Health Rankings Composite Measure, 2021 Certified Healthy application cycle- THENTIA, 2021 State of Oklahoma Obesity Prevention Plan

Date key indicator baseline data was last collected (DATE – either year or full date): 2021

Program Strategy

One sentence program goal: The goal of the program is to see an increase physical activity and healthy nutrition in Oklahoman Early Childcare Programs which will lead to a reduction in childhood obesity.

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed? Education (e.g., low high school graduation rates, low literacy levels, poor early childhood education)

Is the program specifically addressing Health Equity? Yes

How is Health Equity addressed? This program aims to enhance support for ECE programs and systems by re-envisioning Go NAPSACC tools, resources, and implementation strategies through an equity lens to better address the complex issues that drive inequities. The GO NAPSACC program will allow statewide use of these materials in Oklahoma, particularly in high-risk inequity hotspots to create more equitable opportunities for quality childcare. Technical assistance for early childcare centers will identify early childcare centers with a higher need of resources and will provide health education and environmental supports. The program will assist childcare programs such as head starts, tribal head starts, home daycares, and centers.

One paragraph summary of the program strategy: The Oklahoma State Department of Health (OSDH) has adopted the Go Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC) online toolkit in efforts to enhance nutrition and physical activity practices in early care and education (ECE) programs in Oklahoma. The Go NAPSACC platform will provide assistance to childcare providers to improve the health of young children through education, practices, policies, and environments that support healthy eating, physical activity, and oral health. Go NAPSACC allows providers to focus on seven modules (Child Nutrition, Breastfeeding & Infant Feeding, Farm to ECE, Oral Health, Infant & Child Physical Activity, Outdoor play & Learning, Screen time) and use five steps (Assess, Plan, Take Action, Learn More, Keep It Up) to plan, prioritize, and take action to make healthy changes within their early childhood programs. OSDH will recruit other stakeholders to become GO NAPSACC consultants to increase the reach of in-depth consultation to early childcare providers to implement evidence-based strategies to increase physical activity and nutrition in their environments and statewide.

List of primary strategic partners:

- The Oklahoma State Department of Health (OSDH)
- Chronic Disease Prevention Service Comprehensive Cancer Network (CCN)
- Certified Healthy Oklahoma (CHO)
- Oklahoma Department of Human Services Childcare Services (OKDHSCS)
- QRIS and University of North Carolina- Go NAPSACC portal

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

One-paragraph summary of evaluation methodology: First, the Early Childhood Education Consultant reviews the CHO Early Childhood Program applications to identify the early childcares(participants). Criterion: Early childhood programs who received less than Excellence Certification or that did not identify meeting the previously identified Certified Healthy Early Childhood Program criteria that Go NAPSACC would meet. Four -or – five-star level providers are also considered.

The GO NAPSACC platform uses pre/post assessments for childcares. The early childcares will complete an assessment. This assessment helps the early childhood programs identify their focus area(s). A report is made based off the responses from the assessment of the center's current practices compared to the best practices. A score of the center's best practice will be given on the assessment report. Next, action planning to identify interventions to fill the gaps found in the assessment. The early childhood program and consultant will utilize the action planning tool to assess and monitor their goals of policies, trainings, and system or environmental change to increase nutrition or physical activity best practices. Finally, at the end of the six-month intervention the childcare providers will complete their post assessment which will be used to evaluate the programs best practices. The success will be determined by the center's best practices final score of their post assessment. 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 Settings:

- Child care center
- Home child care

Target Population of the program

Target population data source (include Date): 2021 Certified Healthy Early Childhood Program applicants

Number of people served: 260

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: Under 1 year, 1 - 4 years, 5 - 14 years, 15 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Entire state

Occupation: Certified Healthy Consultant ECE

Educational Attainment: Some high school, High school diploma, Some college, College Degree, Graduate, not Applicable

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?

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

Program Information

Name of Program SMART Objective: An additional 25 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 July 30, 2024, an additional 25 Early Childhood Programs will be participating in Go NAPSACC.

One-sentence summary of intervention: Utilizing the Go NAPSACC platform, provide consultation to ECPs to improve the health of young children through practices, policies, and environments that instill habits supporting lifelong health and well-being.

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 on-line 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.

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: Percentage of participating early childhood programs implementing Go NAPSACC will report implementing one new policy, systems, or environmental change as a result of the program

Unit of Measurement: Percentage self- assessments

Baseline value for the item to be measured: 10

Data source for baseline value: The Go NAPSACC portal

Date baseline was last collected: 04/27/2023

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 5 additional early childhood programs will be participating and in the process of implementing one new policy, systems, or environmental change.

Final target value to be achieved by the Final Progress Report (June 30, 2023): 50% of the early childhood programs that participated in Go NAPSACC will report implementing one new policy, systems, or environmental change.

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 1: Identify 25 additional early childhood programs to participate in Go NAPSACC

One-sentence summary of the Activity: Review Certified Healthy Oklahoma Early Childhood Program applications and Go NAPSACC registration portal to identify early childhood programs

One-paragraph description of the Activity: The Early Childhood Education Consultant will review Certified Healthy Oklahoma Early Childhood Program applications and the Go NAPSACC registration portal to identify the 25 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.

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

Activity Title 2: Provide consultation to 25 early childhood programs

One-sentence summary of the Activity: Reach out to the identified 25 early childhood programs and provide consultation on participating in Go NAPSACC

One-paragraph description of the Activity: The Early Childhood Education Consultant will reach out to the identified 25 early childhood programs to provide consultation on participating 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 3: Evaluation of the Go NAPSACC Program

One-sentence summary of the Activity: Evaluate the number of early childhood programs that participated in Go NAPSACC

One-paragraph description of the Activity: The Early Childhood Education Consultant will evaluate how many of the priority early childhood programs participated in Go NAPSACC. Go NAPSACC is an on-line 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? No

Program Name/Title – School Health- Creating Healthy Environments in Schools

Program Manager(s): Beth Hinkle

Alternative Contact(s)/Champion(s) – Karen Leimbach

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective – Reduce the proportion of children and adolescents with obesity – NWS-04

Recipient Health SMART Objective – By 2028 increase environments in schools to support health and academics.

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

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

Number of Positions – 2 FTEs funded; Supplement current staff

Define the Problem the Program will Address

One sentence summary of the problem this program will address: 1 in 3 children between the ages of 10-17 years in Oklahoma are overweight or obese and 1 in 3 adolescents in Oklahoma are overweight or obese.

One paragraph description of the problem this program will address:

Childhood obesity is a serious problem in the United States and Oklahoma putting children and adolescents at risk for poor health. 1 in 3 children between the ages of 10-17 years in Oklahoma are overweight or obese and 1 in 3 adolescents in Oklahoma are overweight or obese. The rural nature of the state has impacted student physical activity behaviors, food security, access to key school health services, overall health and emotional well-being and academic achievement of Oklahoma K-12 students. The COVID-19 pandemic exacerbated the needs of rural Oklahoma students by putting students more at risk of increased stress, anxiety, and burnout, especially minority students and low-socio-economic students who have struggled to make

academic gains across all core subjects. In addition, the teacher shortage issue in rural areas of the state has resulted in more than 40% of classroom teachers as alternatively certified teachers who have a bachelor's degree but have no prior teaching experience or coursework in the priority LEAs.

How is the public health problem prioritized?

- Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)

Describe in one paragraph the key indicator(s) affected by this problem? Schools have the ability to develop out components of healthy school environments to support healthy behaviors for youth. Schools with active committees, councils or teams to offer guidance on the development of policies or coordinates activities on health topics are a key indicator for this problem.

Baseline value of the key indicator described above (NUMBER): Number: 68.4 percent

Data source for key indicator baseline: School Health Profiles

Date key indicator baseline data was last collected (DATE – either year or full date): 2020

Program Strategy

One sentence program goal: Increase the number of schools with school improvement plans that include health-related topics.

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed? Education (e.g., low high school graduation rates, low literacy levels, poor early childhood education)

Is the program specifically addressing Health Equity? Yes

How is Health Equity addressed? The program will focus on schools in identified equity hot spots.

One paragraph summary of the program strategy: Networking with Nurses is a monthly network call to discuss hot topics related to standard of care in schools. The Manager of School Nursing Programs - Kellie Carter - will facilitate the marketing of the call through newsletters, direct emails through the Nurse Cadre as well as the Nurse Corp. A needs assessment will be conducted at the beginning of the school year to assess which topics school nurses need training on in regards to increasing the standard of care for k-12 students. Then a calendar of trainings will be developed and disseminated to all school nurses across the state.

List of primary strategic partners: Oklahoma State Department of Health, Oklahoma State Department of Education, School Nurse Organization of Oklahoma, School Health Coalition, National Association of School Nurses, Healthy Schools Oklahoma.

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

One-paragraph summary of evaluation methodology: School Health Profiles is disseminated Statewide on even years. Key indicators from the School Health Profiles will be used to evaluate progress on the problem in the long term. In the short term, a short survey will be conducted at the end of each training session to assess if the training met the needs of the participants. Number of participants attending the training sessions will be tracked. Number of people who watched the recording.

Program Settings:

- Schools or school district

Target Population of the program

Target population data source (include Date): Department of Education Public Records - 2022-2023

Number of people served: 374

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 - 74 years

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Entire state

Occupation: School Nurse/Registered Nurse as defined by State Law

Educational Attainment: College Degree, Graduate

Health Insurance status: Private Health Insurance

Primarily Low Income: Yes

Are members of this target population affected by the problem? no

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

Program Information

Name of Program SMART Objective: Training for k-12 School Nurses

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? Subset of the larger problem

Program SMART Objective: OSDE Manager of School Nursing Program will conduct at least two training sessions, monthly, from the time the contract is in place through the end of the prevent block funding cycle.

One-sentence summary of intervention: OSDE Manager of School Nursing Program will conduct trainings to increase standard of care practices that address chronic conditions including childhood obesity in k-12 school districts.

One-paragraph description of intervention: Networking with Nurses is a monthly network call to discuss hot topics related to standard of care in schools. The Manager of School Nursing Programs - Kellie Carter - will facilitate the marketing of the call through newsletters, direct emails through the Nurse Cadre as well as the Nurse Corp. A needs assessment will be conducted at the beginning of the school year to assess which topics school nurses need training on in regards to increasing the standard of care for k-12 students. Then a calendar of trainings will be developed and disseminated to all school nurses across the state.

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

Rationale for choosing the intervention: Networking for Nurses and the Nurse Cadre were piloted in the 22-23 school year and had positive outcomes from the nurses who participated. The evaluation results showed a need to continue the intervention and expand statewide.

Item to be Measured: Attendance for trainings offered

Unit of Measurement: Number of Attendance

Baseline value for the item to be measured: 83

Data source for baseline value: Number of School Nurses in Attendance at April 2023 network call

Date baseline was last collected: April 12, 2023

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 90

Final target value to be achieved by the Final Progress Report (June 30, 2023): 95

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 1: Networking for Nurses

One-sentence summary of the Activity: OSDE will provide statewide monthly virtual training to School Nurses

One-paragraph description of the Activity: Networking with Nurses is a monthly network call to discuss hot topics related to standard of care in schools. The Manager of School Nursing Programs - Kellie Carter - will facilitate the marketing of the call through newsletters and direct emails. A

needs assessment will be conducted at the beginning of the school year to assess which topics school nurses need training on in regards to increasing the standard of care for k-12 students. Then a calendar of trainings will be developed and disseminated to all school nurses across the state.

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

Activity Title 2: Nurse Cadre

One-sentence summary of the Activity: OSDE will provide statewide mentorship training to School Nurses

One-paragraph description of the Activity: The Nurse Cadre s a monthly network call to discuss hot topics related to standard of care in schools and provide a mentorship to new School Nurses. The Manager of School Nursing Programs - Kellie Carter - will facilitate the marketing of the call through newsletters and direct emails. A needs assessment will be conducted at the beginning of the school year to assess which topics school nurses need training on in regards to increasing the standard of care for k-12 students. Then a calendar of trainings will be developed and disseminated to all school nurses across the state

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

Program Name/Title – District 3 Communication and Health Literacy Project

Program Manager(s): Jennifer Nunn

Alternative Contact(s)/Champion(s) – Brandi Harris, Tonya Reid

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective – Increase the health literacy of the population — HC/HIT-R01

Recipient Health SMART Objective – Focus on addressing health literacy for populations experiencing health disparities within District 3. We know populations that experience the biggest negative health outcomes are often related to health disparities, literacy, and lack of awareness and understanding of how to access resources. Through the use of grant funding and strong partnerships, we will build a sustainable and collaborative network of partners and system that address the underserved populations, including racial and ethnic minority groups at higher risk for negative health outcomes related to health literacy. We will also strive to become a health literate organization with a workforce well trained in health literacy issues, being trauma informed, and aware of health disparities amongst the populations we serve.

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

What is the funding role of the PHHS Block Grant for this program? Supplement other existing 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: \$18,996

Amount of funding to local agencies or organizations: \$18,996

Type of supported local agency/organization: Local Health Department

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

Number of Positions – 0 FTEs funded

Define the Problem the Program will Address

One sentence summary of the problem this program will address: Health literacy can negatively impact the social, emotional, and health outcomes of individuals due to lack of accessing services which negatively impacts health outcomes related to chronic disease, obesity, vaccination, and quality of health.

One paragraph description of the problem this program will address: Health literacy is an emerging health need in our district and the state. Health literacy can negatively impact the social, emotional, and health outcomes of individuals due to lack of accessing services which negatively impacts health outcomes related to chronic disease, obesity, vaccination, and quality of health. Negative health outcomes affect the overall population in numerous ways including economic impact from missing work, increased cost of healthcare, increased communicable disease, and burdens placed on individual families within their household. Limited health literacy is also associated with worse health outcomes and higher costs. As a district, we will develop a strategic plan with a central theme and focus on resilience, trauma informed practices, and enhancing equitable access for all to our health care services. We ensure health literacy is explicitly integrated into all relevant activities and that health literacy issues inform strategic and operational planning, execution, and evaluation. We will assess success with groups at higher risk of poor health outcomes as part of overall organizational performance measures.

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

Describe in one paragraph the key indicator(s) affected by this problem? Health communication plays a vital role in a person's ability to access, understand, and advocate for their own personal health and the wellbeing of their families. This causes negative outcomes for all individuals in the community especially in rural communities due to lack of available resources and support. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Limited health literacy affects people of all ages, races, incomes, and education levels, but the impact of limited health literacy disproportionately affects lower socioeconomic and minority groups. It affects people's ability to search for and use health information, adopt healthy behaviors, and act on important public health alerts. By clearly communicating available health services, costs, resources, and information in a manner in which all are able to understand and use most effectively with the skills they have, we can help community members to prevent health problems, protect their health, and better manage health problems when they arise through accessing information and services.

Baseline value of the key indicator described above (NUMBER): Number, Feedback from community

Data source for key indicator baseline: Assessments and focus groups

Date key indicator baseline data was last collected (DATE – either year or full date): A community needs assessment in D3 was conducted in Summer 2022.

Program Strategy

One sentence program goal: This grant will focus on addressing health literacy for populations experiencing health disparities within our district. We know populations that experience the biggest negative health outcomes are often related to health disparities, literacy, and lack of awareness and understanding of how to access resources. Through the use of grant funding and strong partnerships, we will build a sustainable and collaborative network of partners and system that address the underserved populations, including racial and ethnic minority groups at higher risk for negative health outcomes related to health literacy. We will also strive to become a health literate organization with a workforce well trained in health literacy issues, being trauma informed, and aware of health disparities amongst the populations we serve.

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed?

- Adverse Childhood Experiences (ACEs) (e.g., during childhood (0-17yrs), the child experienced violence or abuse, substance misuse, mental health, family incarceration)
- Education (e.g., low high school graduation rates, low literacy levels, poor early childhood education)
- Health and Health Care (e.g., poor access to healthcare, low health insurance coverage, low health literacy)"

Is the program specifically addressing Health Equity? Yes

How is Health Equity addressed? As part of this project, we will continue to conduct local focus groups and listening sessions representative to the community to discuss individual needs and identify potential gaps across our service area. In doing so, we will identify members of the groups we serve to be part of the processes that result in program planning and creation of health information materials and content. From a public health perspective, the organizational definition acknowledges that health literacy is connected to health equity. Health equity is the attainment of the highest level of health for all people. We will achieve health equity when everyone has the opportunity to be as healthy as possible. This includes the approach taken for how communications and education are developed for more inclusive health community and language through a health equity lens as not all members of the audience will have the same literacy level to understand the information. Public health programs and education are more effective when they recognize the diversity in their targeted communities.

One paragraph summary of the program strategy: Develop and disseminate health and safety information that is accurate, accessible, and suited appropriately to various audience needs across the district. This may include but not limited to: parent toolkit for CATCH My Breath training, various translations of the county health department brochure, and other identified health information suited for each community served.

Support and expand local efforts to provide adult health education including culturally and linguistically appropriate health information services in the community. We will continue to conduct local focus groups and listening sessions representative to the community to discuss individual needs and

identify potential gaps.

Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to health literacy among populations at higher risk and that are underserved: Work with community members and partners to identify and address current gaps that influence literacy-related health disparities.

Develop a training program for District 3 staff focused on being a trauma informed, health literate workplace aware of the health disparities and factors impacting health equity in the communities and populations we serve. This will include training in nonmedical factors that influence health outcomes (social determinants of health). This program will begin at onboarding and new employee orientation and will continue throughout employment within the district. Training components will consist of curricula such as NEAR Science-Beyond ACES, CDC's Health Literacy for Health Professionals training, Bridges Out of Poverty and Poverty Simulation.

List of primary strategic partners: We will work closely with multiple community partners and other areas of OSDH to achieve this goal. This will include multiple collaborative calls, meetings, and efforts to align our strategies in the most effective manner while leveraging our partnerships and resources. Specific OSDH program areas identified for collaboration include: Allied Health, IPS, Office of Minority Health, Office of Communications, and MCH.

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

One-paragraph summary of evaluation methodology: An outcome/effectiveness evaluation process will be used to measure program effectiveness and success. We will conduct a formative assessment of the community's health literacy using a series of focus groups, listening sessions, and previously collected community needs assessment data. This will allow us to create education programs specific to each community. Prior to any education event, a pre-assessment will be given to determine participants knowledge and perceived knowledge of the topic. Immediately after, a post-assessment will be given to determine whether the participants understanding of the topic increased. To develop specific assessment questions, we will refer to the Agency for Healthcare Research and Quality's "Personal Health Literacy Measurement Tools" and Boston University's Health Literacy Tool Shed. Assessments will be conducted on paper and/or using the Smartsheet software. We will also continue having focus groups throughout the life of the program. We will collaborate with community partners to determine if client attitudes have changed and if usage of community services has increased.

Program Settings:

- Community based organization
- Faith based organization
- Local Health Department
- Schools or school district Child care center

- Local health department,
- Tribal nation or area,
- University or college

Target Population of the program

Target population data source (include Date): Various audiences in the district such as individuals experiencing poverty, minority groups, community partners, staff, and other audiences as identified in our strategic plan. 2022

Number of people served: 299,000

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

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

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: District 3

Occupation: Various

Educational Attainment: Some high school, High school diploma, Some college, College Degree, Graduate

Health Insurance status: Uninsured, Medicaid, Medicare, Private Health Insurance

Primarily Low Income: Yes

Are members of this target population affected by the problem? No

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

Program Information

Name of Program SMART Objective: Community and Staff Education on Health Literacy

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?

Program SMART Objective: By June 30, 2024 conduct community education and provide resources in at least seven communities across District 3 that incorporates accurate, standards-based, and developmentally appropriate health information an evidence-based curriculum to various audiences covering topics such as resilience, social determinants of health, NEAR/THREAD, and other related topics related to health and well-being that will improve health communication and literacy within the target communities.

By June 30, 2024, District 3 will prepare its staff to address health literacy issues by developing a training program focused on being a trauma informed, health literate workplace aware of the health disparities and factors impacting health equity in the communities and populations we serve.

This will include training in nonmedical factors that influence health outcomes (social determinants of health). This program will begin at onboarding and new employee orientation and will continue throughout employment within the district. Training components will consist of curricula such as NEAR Science-Beyond ACES, CDC's Health Literacy for Health Professionals training, Bridges Out of Poverty and/or Poverty Simulation.

As a district, we will develop a 3–5-year strategic plan with a central theme and focus on resilience, trauma informed practices, and enhancing equitable access for all to our health care services. We ensure health literacy is explicitly integrated into all relevant activities and that health literacy issues inform strategic and operational planning, execution, and evaluation. We will assess success with groups at higher risk of poor health outcomes as part of overall organizational performance measures.

One-sentence summary of intervention: Develop and disseminate health information that is accurate, accessible, and suited appropriately to various audiences including the D3 community and D3 staff needs across the district.

One-paragraph description of intervention: Develop and disseminate health and safety information that is accurate, accessible, and suited appropriately to various audience needs across the district. This may include but not limited to: parent toolkit for CATCH My Breath training, various translations of the county health department brochure, digital versions of brochure and referral form available in clinics and at community events, and other identified health information suited for each community served.

Support and expand local efforts to provide adult health education including culturally and linguistically appropriate health information services in the community. We will continue to conduct local focus groups and listening sessions representative to the community to discuss individual needs and identify potential gaps.

Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to health literacy among populations at higher risk and that are underserved: Work with community members and partners to identify and addressing current gaps that influence literacy-related health disparities.

Develop a training program for District 3 staff focused on being a trauma informed, health literate workplace aware of the health disparities and factors impacting health equity and literacy in the communities and populations we serve. This will include training in nonmedical factors that influence health outcomes (social determinants of health). This program will begin at onboarding and new employee orientation and will continue throughout employment within the district. Training components will consist of curricula such as NEAR Science-Beyond ACES, CDC's Health Literacy for Health Professionals training, Bridges Out of Poverty and Poverty Simulation.

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

Rationale for choosing the intervention: Informed Decision Making

Item to be Measured: Feedback from staff and community members - increased assess/views of our content created and distributed

Unit of Measurement: Number of verbal feedbacks

Baseline value for the item to be measured: 0; Current views and feedback from assessment results in Summer 2022

Data source for baseline value: District 3 Community Health Assessment

Date baseline was last collected: 2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): Education and resources provided in at least 2 communities, Presentation prepared and in review phase prior to implementation. Draft version of District 3 strategic plan created with local discussions being scheduled surrounding focus on resilience, trauma informed practices, and enhancing equitable access for all to our health care services.

Final target value to be achieved by the Final Progress Report (June 30, 2023): Education and resources provided in 7 communities. Staff training conducted with all staff in D3 that addresses health literacy issues. Finalized version of the district 3 Strategic Plan that includes has strong components of health literacy and equity objectives

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 1: Develop and distribute health materials

One-sentence summary of the Activity: Between 07/2023 and 6/2024, Develop and disseminate health information that is accurate, accessible, and suited appropriately to various audience needs across the district.

One-paragraph description of the Activity: Develop and disseminate health and safety information that is accurate, accessible, and suited appropriately to various audience needs across the district. This may include but not limited to: parent toolkit for CATCH My Breath training, various translations of the county health department brochure, digital versions of brochure and referral form available in clinics and at community events, and other identified health information suited for each community served.

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

Activity Title 2: Community Feedback

One-sentence summary of the Activity: Obtain feedback from the community and mobilize partnerships

One-paragraph description of the Activity: Support and expand local efforts to provide adult health education including culturally and linguistically appropriate health information services in the community. We will continue to conduct local focus groups and listening sessions representative to the community to discuss individual needs and identify potential gaps. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to health literacy among populations at higher risk and that are underserved: Work with community members and partners to Identify and addressing current gaps that influence literacy-related health disparities.

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

Activity Title 3: Staff Training on Health Literacy Feedback

One-sentence summary of the Activity: Develop staff training staff addressing health literacy factors that is focused on being a trauma informed, health literate workplace aware of the health disparities and factors impacting health equity in the communities and populations we serve. We ensure health literacy is explicitly integrated into all relevant activities and that health literacy issues inform strategic and operational planning, execution, and evaluation.

One-paragraph description of the Activity: Develop a training program for District 3 staff focused on being a trauma informed, health literate workplace aware of the health disparities and factors impacting health equity in the communities and populations we serve. This will include training in nonmedical factors that influence health outcomes (social determinants of health). This program will begin at onboarding and new employee orientation and will continue throughout employment within the district. Training components will consist of curricula such as NEAR Science-Beyond ACES, CDC's Health Literacy for Health Professionals training, Bridges Out of Poverty and/or Poverty Simulation.

Develop a 3–5-year strategic plan with a central theme and focus on resilience, trauma informed practices, and enhancing equitable access for all to our health care services. We ensure health literacy is explicitly integrated into all relevant activities and that health literacy issues inform strategic and operational planning, execution, and evaluation. We will assess success with groups at higher risk of poor health outcomes as part of overall organizational performance measures.

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

Program Name/Title – *Healthy Aging and Injury Prevention*

Program Manager(s): Avy Doran-Redus

Alternative Contact(s)/Champion(s) – Tracy Wendling, Director

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective – Reduce fall-related deaths among older adults - IVP-08

Recipient Health SMART Objective – Stabilize the rate (108.4 per 100,000 in 2020) of unintentional fall-related deaths among adults 65 years and older by 2028.

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

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: 0%

Type of supported local agency/organization: NA

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

Number of Positions – 3 FTEs funded; Supplement current staff

Define the Problem the Program will Address

One sentence summary of the problem this program will address: Falls are the leading cause of fatal and nonfatal injuries among persons 65 years and older in Oklahoma.

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. Over 7,500 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 are common among adults aged 65 years and older. Almost 400 Oklahomans are hospitalized each year due to an MVC-related injury. Falls and MVCs result in the majority of TBI-related hospitalizations and deaths among older adults. From 2017 to 2021, there were 1,915 TBI-related

deaths and 6,787 nonfatal 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, approximately 67,000 individuals are living with Alzheimer's 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 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 day in Oklahoma. The number of injuries will increase as the population of older adults grows. Health care costs associated with these injuries will also increase.

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? Stabilize the rate (108.4 per 100,000 in 2020) of unintentional fall-related deaths among adults 65 years and older by 2028.

Baseline value of the key indicator described above (NUMBER): 108.4 per 100,000

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

Date key indicator baseline data was last collected (DATE – either year or full date): Queried in 2023, but representative of 2020 data

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 Determinant of Health (SDoH)? Yes

How are SDOH addressed?

- Education (e.g., low high school graduation rates, low literacy levels, poor early childhood education)
- Health and Health Care (e.g., poor access to healthcare, low health insurance coverage, low health literacy)
- Neighborhood and Built Environment (e.g., poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)"

Is the 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), unintentional injuries are the eighth leading cause of death among adults 65 years and older. Falls are the leading cause of injury death and motor vehicle crashes (MVCs) are the second leading cause of injury death among adults 65 years and older in Oklahoma. Falls and MVCs result in the majority of traumatic brain injury (TBI)-related hospitalizations and deaths among older adults. Lower body weakness, vision problems, medications, environmental hazards, or certain chronic conditions are all factors that can lead to increased risk for falls and motor vehicle crashes. 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. There is a need to establish a holistic framework to aging, not only to reduce the risk of falls and MVCs 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 motor vehicle crashes, 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 unintentional injuries (falls and MVCs) among older adults and strengthen capacity to address age-related factors that increase risk of injury (cognitive and mental health); 2) conduct trainings and increase implementation of the evidence-based falls prevention programs Tai Chi: Moving for Better Balance (TCMBB) and Matter of Balance (MOB); 3) increase awareness and uptake of the driver safety program, CarFit; 4) develop and adapt educational materials and website content to support CDC's Still Going Strong campaign; and 5) increase awareness and uptake of CDC's STEADI (Stopping Elderly Accidents, Deaths, and Injuries) toolkit to health care providers in counties with high rates of fall-related injury and death.

List of primary strategic partners: Strategic partners include representatives from county health departments, senior centers, community centers, faith-based organizations, physicians, the Oklahoma Area Agencies on Aging, the University of Oklahoma Health Sciences Center's Oklahoma Healthy Aging Initiative, Oklahoma Department of Human Services, OU Health, home health agencies, rehabilitation providers, Areawide Aging Agency, Meals on Wheels, Rebuilding Together Oklahoma City, fire departments, AAA, Oklahoma Highway Safety Office, 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

One-paragraph summary of evaluation methodology: The IPS will conduct epidemiologic analyses on the magnitude and trends of older adult falls and MVCs and will monitor emergency department, hospitalization, and fatality rates through access to emergency department discharge data, the hospital inpatient discharge data, 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., injury-related morbidity and mortality and community interest and capacity) to systematically expand TCMBB and MOB and implement the CarFit program 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.

Program Settings:

- Faith based organization
- Community Based Organization
- Local health department
- Medical or clinical site
- Senior residence or center
- Tribal nation or area

Target Population of the program

Target population data source (include Date): CDC Web-based Injury Statistics Query and Reporting System

Number of people served: 653,159

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: 65 years and older

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Entire state

Occupation: NA

Educational Attainment: not Applicable

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? Part

Program Information

Name of Program SMART Objective: Healthy Aging and Injury Prevention

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: Stabilize the rate (108.4 per 100,000 in 2020) of unintentional fall-related deaths among adults 65 years and older by 2028.

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 motor vehicle crashes, 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 unintentional injuries (falls and MVCs) among older adults and strengthen capacity to address age-related factors that increase risk of injury (cognitive and mental health); 2) conduct trainings and increase implementation of the evidence-based falls prevention programs Tai Chi: Moving for Better Balance (TCMBB) and Matter of Balance (MOB); 3) increase awareness and uptake of the driver safety program, CarFit; 4) develop and adapt educational materials and website content to support CDC's Still Going Strong campaign; and 5) increase awareness and uptake of CDC's STEADI (Stopping Elderly Accidents, Deaths, and Injuries) toolkit to health care providers in counties with high rates of fall-related injury and death.

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

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: Number of education logs

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: 05/2/2022

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? Same

Activities

Activity Title 1: Healthy Aging and Cross-Sector Engagement

One-sentence summary of the Activity: Engage state and community stakeholders across sectors of healthy aging to strengthen capacity to address age-related factors that increase risk on injury

One-paragraph description of the Activity: The IPS engaged state and community partners on healthy aging, which included mental, physical and cognitive health. The Project Coordinator works with Chronic Disease Prevention Service as the Public Education Workgroup Chair for the Oklahoma Healthy Brain Initiative. The coalition works to break silos of those working to provide better care and resources for Alzheimer's disease and related dementias in Oklahoma. The Public Education workgroup works to identify opportunities for educational presentations, share resources through Be A Neighbor, and increase public awareness of cognitive health changes. The Project Coordinator will also work with Chronic Disease Prevention Service to promote Dementia Friendly Oklahoma, which will help organizations, community partners, cities, and faith-based organizations ensure they are meeting the needs of Oklahomans who have dementia. The Project Coordinator also works internally on the Older Adult subcommittee for the Oklahoma State Obesity Plan. Job duties included working with partners to identify best evidence-based programs to increase physical activity in older adults across the state. The IPS also works with the Older Adult Mental Health Coalition (OMHAC) to promote educational opportunities for stakeholders across the state to raise awareness of mental health.

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

Activity Title 2: Healthy Aging and Injury Prevention Education and Awareness

One-sentence summary of the Activity: Conduct outreach efforts to provide injury prevention educational and programmatic information

One-paragraph description of the Activity: The IPS will increase awareness and uptake of the driver safety program, CarFit; develop and adapt educational resources and website content to align with CDC's Sill Going Strong campaign, which focuses on TBI, MVC, and Falls; and increase awareness and uptake of CDC's STEADI toolkit among providers in counties with high rates of fall-related injury and death.

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

Activity Title 3: Community-Based Programming

One-sentence summary of the Activity: 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: The Project Coordinator is a Master Trainer for A Matter of Balance, which is an evidence-based falls prevention program. The Project Coordinator has trained 35 trainers to lead programs in their counties. The Project Coordinator has partnered

with retirement communities, OK County Health Department Health Educators, and Oklahoma Department of Veterans affairs. Trainings are continuous. IPS partner, Oklahoma Healthy Aging Initiative (OHAI) also has a Master Trainer and has trained staff in MOB. There are over 750 trained Tai Chi: Moving for Better Balance trainers in our state. The IPS continues to support this program and partners with OU Health to host trainings. The Project Coordinator is also trained in Walk with Ease (WWE) and will host one class per year for individuals.

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

Program Name/Title - **Child Passenger Safety Program**

Program Manager(s): – Avy Doran-Redus

Alternative Contact(s)/Champion(s) – Tracy Wendling, Director

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective - Reduce the proportion of deaths of car passengers who weren't buckled in – IVP-07

Recipient Health SMART Objective – Increase the statewide child restraint usage rate from 93% to 96% by 2028.

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

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: NA

Type of supported local agency/organization: NA

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

Number of Positions: - 0 FTEs funded

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 is the means and practice of preventing injury and death of children in the event of a motor vehicle crash. Oklahoma's child passenger safety law requires all children under age eight to be properly secured in a car seat or booster seat. 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 2021, 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, one out of two 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?

- Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)
- Identified via surveillance systems or other data sources

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 Injury Prevention Service (IPS) will monitor morbidity and mortality rates in conjunction with state usage rates of child restraint systems. 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 (NUMBER): Number: 93%

Data source for key indicator baseline: Oklahoma Highway Safety Office, 2022 Child Restraint Survey

Date key indicator baseline data was last collected (DATE – either year or full date): 2022

Program Strategy

One sentence program goal: The child safety seat installation and education program aim 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 injuries, disabilities, and death of children due to motor vehicle crashes.

Is this program specifically addressing Social Determinant of Health (SDoH)? yes

How are SDOH addressed?

- Economic Stability (e.g., poverty, unemployment, food insecurity, housing instability)
- Education (e.g., low high school graduation rates, low literacy levels, poor early childhood education)
- Neighborhood and Built Environment (e.g., poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

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 the program specifically addressing Health Equity?

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's 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.

Approximately one out of two car seats are used incorrectly. 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 Injury Prevention Service (IPS) will administer a comprehensive child safety seat installation and education program, including the following components: (1) free car seat/booster seat checks and education to the general public by appointment, (2) distribution and installation of free car seats/booster seats and education to eligible low-income families by appointment, (3) certified technician training classes, (4) education and basic training courses for professional partners (e.g., home visiting nurses, child welfare workers, law enforcement, perinatal nurses, childbirth instructors), (5) public education on child passenger safety (CPS) best practices and Oklahoma's law, (6) sharing best practices 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 maintaining statewide capacity for CPS.

List of primary strategic partners: The IPS will partner with the Oklahoma Highway Safety Office, Safe Kids Oklahoma, Safe Kids Tulsa Area, Safe Kids OKC Metro, Infant Crisis Services, Variety Care, Legacy Parenting Center, county health departments, Oklahoma City-County Health Department, Tulsa Health Department, and OSDH program areas that work closely with children and families (e.g., Maternal and Child Health Service, Family Support and Prevention Services, Allied Health Service, WIC) to align efforts and more effectively reach and educate the target audiences.

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

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.

Program Settings:

- Faith based organization
- Child care center
- Community Based Organization,
- Home
- Local health department,
- Medical or clinical site,
- Schools or school district
- State health Department,
- Tribal nation or area,

Target Population of the program

Target population data source (include Date): CDC Web-based Injury Statistics Query and Reporting System

Number of people served: 468,646

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: Under 1 year, 1 - 4 years, 5 - 11 years

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Entire state

Occupation: NA

Educational Attainment: not Applicable

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? All

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

Program Information

Name of Program SMART Objective: Child Passenger 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?

Program SMART Objective: Between 7/2023 and 6/2024, the IPS will maintain 1 comprehensive, multifaceted child safety installation and education program 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 aim 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

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: Number of car and booster seats purchased to distribute

Unit of Measurement: Number

Baseline value for the item to be measured: 0

Data source for baseline value: Statewide contract, invoices and IPS car seat distribution tracking spreadsheet

Date baseline was last collected: 05/2022

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 1431

675 convertibles
270 combinations
360 infant carriers
80 high-back boosters
46 backless boosters

Final target value to be achieved by the Final Progress Report (June 30, 2023): 2323

1,350 convertibles
541 combinations
180 infant carriers
160 high-back boosters
92 backless boosters

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 1: Child Safety Seat Installations and Checks

One-sentence summary of the Activity: Between 07/2023 and 06/2024, the IPS will procure seats and work with 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 07/2023 and 06/2024, the IPS will procure seats and work with certified CPS technicians in the OSDH Central Office and county health departments 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? Yes

Activity Title 2: CPS Education and Training

One-sentence summary of the Activity: Between 07/2023 and 06/2024, the IPS will increase public awareness and knowledge of CPS, child safety seat best practices, and Oklahoma's law using multiple modalities, and conduct CPS technician trainings.

One-paragraph description of the Activity: Between 07/2023 and 06/2024, 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. To strengthen statewide capacity for CPS, 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? No

Program Name/Title - *Certified Healthy Oklahoma Consultation (CHO Consultation)*

Program Manager(s): Primary Contact – Karin Leimbach

Alternative Contact(s)/Champion(s) – Fahad Khan, Director of Community Analysis and Linkages

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective: - Reduce the proportion of adults with obesity — NWS-03

Recipient Health SMART Objective: By June 30, 2029 increase the number of Oklahoma communities and congregation completing environmental health assessments by utilizing Certified Healthy Oklahoma application by 70%

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

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

Amount of funding to local agencies or organizations: NA

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

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

Number of Positions - 1 FTE funded - Supplement current staff

Define the Problem the Program will Address

One sentence summary of the problem this program will address: In 2021, the adult obesity rate in Oklahoma was 39.4%.

One paragraph description of the problem this program will address: According to the American Health Rankings, in 2021 the adult obesity rate in Oklahoma was 39.4%. Obesity can be linked to poor nutrition and physical inactivity. Obesity can cause other chronic conditions including diabetes, hypertension, cardiovascular disease, and more. Certified Healthy Oklahoma Community and Congregation applications allow applicants to assess the current health of their environment. Both programs provide evidence-based and best practice strategies for applicants to implement to create healthier environments. Applicants are provided a Grow to Next Level report which assists them in identifying additional strategies to implement to improve the

health of their environment. Healthier environments include accessibility and affordability to nutritious foods, access to parks and gyms, active transportation, and more.

How is the public health problem prioritized?

- 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? The key indicators affected by this problem is a rate of 39.4% of Oklahoma adults. Factors influencing this could include a rate of 13.8% Food Insecurity and 28.3% Physical Inactivity for Oklahoma adults according to American Health Rankings (2021). Both the Certified Healthy Oklahoma Community and Congregation programs have evidence-based strategies and resources to address food insecurity and physical inactivity.

Baseline value of the key indicator described above (NUMBER): Number: 39.4%

Data source for key indicator baseline: American Health Rankings

Date key indicator baseline data was last collected (DATE – either year or full date): 2021

Program Strategy

One sentence program goal:

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed?

- Adverse Childhood Experiences (ACEs) (e.g., during childhood (0-17yrs), the child experienced violence or abuse, substance misuse, mental health, family incarceration)
- Economic Stability (e.g., poverty, unemployment, food insecurity, housing instability)
- Health and Health Care (e.g., poor access to healthcare, low health insurance coverage, low health literacy).
- Neighborhood and Built Environment (e.g., poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence).
- Social and Community Context (e.g., discrimination, low civic participation, poor workplace conditions, incarceration)

Certified Healthy Oklahoma applications provide a menu of resources that need to be available within a community to address social needs. Certified Healthy Oklahoma consultation works with applicants to help identify ways to make those resources accessible within the community to create healthier environments where all Oklahomans live, work, learn, play, and pray. CHO influences economic stability by addressing accessibility and

affordability of food and food insecurity. CHO influences social and community context through supportive workplace policies. Health and Health Care is influenced through offering health screenings and access to health services which is a criterion in both community and congregation applications. Lastly, CHO also influences ACES through different resources to families including providing environments and activities geared towards youth being active.

Is the 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 through increasing walkability, safer routes to everyday destinations, ADA compliance, increasing accessibility to food, etc. Congregations are often a central location in communities and thus can serve as a way to increase preventive screenings through hosting fairs and by providing health communication to members. Communities and congregations identified for technical assistance will be located in identified inequity hotspots. Attachment is provided for additional details.

One paragraph summary of the program strategy: By June 30, 2024, there will be an increase Oklahoma communities and congregations completing environmental health assessments by utilizing the Certified Healthy Oklahoma community and congregation applications from the 2022 baseline by 45%. Certified Healthy Oklahoma funded staff will identify new strategies including, but not limited to identifying new application submission process, new partners to promote Certified Healthy Oklahoma Community and Congregation programs, and new marketing strategies to promote the benefits of completing environmental health assessments by utilizing the Certified Healthy Oklahoma application.

List of primary strategic partners: Primary Strategic Partners will include: previous and current Certified Healthy Oklahoma Community and Congregation applicants, County Health Department staff, OSDH Communications, Oklahoma State Obesity Stakeholder Committee, The Oklahoma Faith Network, Oklahoma Municipal League, Southwest Oklahoma Regional Transportation Planning Organization, and Oklahoma Faith Network.

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

One-paragraph summary of evaluation methodology: The evaluation methodology will be to review the number of Oklahoma communities and congregations that completed environmental health assessments by submitting Certified Healthy Oklahoma Community and Congregations applications at the end of the 2023 Certified Healthy Oklahoma application cycle. Certified Healthy Oklahoma will also track the number marketing strategies implemented.

Program Settings:

- Faith based organization
- Community Based Organization
- Municipalities

Target Population of the program

Target population data source (include Date): Certified Healthy Oklahoma community and congregation application

Number of people served: 30,000

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

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

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Entire state

Occupation: Certified Healthy Oklahoma staff

Educational Attainment: Some high school, High school diploma, Some college, College Degree, Graduate

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? Part of the Population

Program Information

Name of Program SMART Objective: Increase the number of Oklahoma Communities and Congregations completing environmental health assessments.

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, 2024 increase by 45% the number of Oklahoma Communities and congregations completing environmental health assessments by utilizing the Certified Healthy Oklahoma community and congregation applications in the 2023 application period.

One-sentence summary of intervention: Certified Healthy Oklahoma staff will identify new ways to promote the benefits to Oklahoma communities and congregations of completing environmental health assessments and utilizing the Certified Healthy Oklahoma community and congregation applications.

One-paragraph description of intervention: Certified Healthy Oklahoma staff will identify targeted marketing strategies to increase the number of Oklahoma communities and congregations completing environmental health assessments by submitting applications to the Certified Healthy Oklahoma Community and Congregation program. Certified Healthy Oklahoma staff will work with current partners to identify ways to promote the program to communities and congregations across Oklahoma. Certified Healthy Oklahoma staff will also identify new partners to help promote the benefits of the program. Certified Healthy Oklahoma staff will coordinate with OSDH Communications to explore new options of marketing the Certified Healthy Oklahoma as a tool to assist in completing environmental healthy assessments.

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

Rationale for choosing the intervention: Certified Healthy Oklahoma needs increased exposure to Oklahoma communities and congregations on the importance and benefits of completing environmental health assessments. With an increase number of communities and congregations participating, we anticipate more evidence-based and best practice strategies being implemented to create healthier environments. Healthier environments with increased access and affordability of nutritious food and physical activity will reduce rates of adult obesity in Oklahoma.

Item to be Measured: Applications for Certified Healthy Oklahoma Community and Congregation

Unit of Measurement: Number of Applications for Certified Healthy Oklahoma Community and Congregation

Baseline value for the item to be measured: 35 for Community and 18 for Congregation

Data source for baseline value: Certified Healthy Oklahoma Evaluation Team

Date baseline was last collected: March 2023

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 40 Communities, 22 Congregations

Final target value to be achieved by the Final Progress Report (June 30, 2023): 50 Communities, 26 Congregations

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 1: Strengthen Partnerships

One-sentence summary of the Activity: Certified Healthy Oklahoma staff will strengthen partnerships for Certified Healthy Oklahoma Community and Congregation programs.

One-paragraph description of the Activity: Certified Healthy Oklahoma staff will strengthen partnerships of current partners that help to promote the Certified Healthy Oklahoma Community and Congregation programs. Current partners include: previous and current Certified Healthy Oklahoma Community and Congregation applicants, County Health Department staff, OSDH Communications, Oklahoma State Obesity Stakeholder Committee, The Oklahoma Faith Network, Oklahoma Municipal League, Southwest Oklahoma Regional Transportation Planning Organization, and Oklahoma Faith Network. Certified Healthy Oklahoma will work with these partners to identify more ways to promote the

Certified Healthy Oklahoma Community and Congregation programs as tools to complete environmental health assessments for Oklahoma communities and congregations.

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

Activity Title 2: Promotional Strategies

One-sentence summary of the Activity: Certified Healthy Oklahoma staff will identify new strategies to promote Certified Healthy Oklahoma Community and Congregation programs.

One-paragraph description of the Activity: Certified Healthy Oklahoma staff will coordinate with OSDH Communications to identify new strategies to promote Certified Healthy Oklahoma Community and Congregation programs to increase the number of applications submitted. Potential ideas include, e-mailing new promotional materials to 2019 applicants to re-engage them in the program. Social media ads are another strategy to target communities and congregations across Oklahoma.

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

Activity Title 3: Evaluate 2023 Certified Healthy Oklahoma Application Period

One-sentence summary of the Activity: Certified Healthy Oklahoma staff will evaluate the 2023 Certified Healthy Oklahoma application period process

One-paragraph description of the Activity: Certified Healthy Oklahoma staff will evaluate the 2023 Certified Healthy Oklahoma 2023 application period. This includes reviewing the number of applications submitted for Certified Healthy Oklahoma Community and Congregation programs. This will identify how many Oklahoma communities and congregations completed an environmental health assessment. Also, a feedback survey will provide information from Certified Healthy Oklahoma Community and Congregation applicants to inform staff of applicants' experience.

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

Program Name/Title - Fluoride Outreach Project

Program Manager(s): – Rebecca Mahaney

Alternative Contact(s)/Champion(s) – Connie Harris

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective - Reduce the proportion of children and adolescents with lifetime tooth decay - OH01

Recipient Health SMART Objective - From 07/2023 to 06/2028, reduce the number of dental carries in vulnerable Oklahoma Children from Oklahoma average 66% to the national average of 5.6%. Program goal: Increase access to dental carries prevention programs for Oklahoma children.

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program.

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: 100%

Type of supported local agency/organization: Local Health Department

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

Number of Positions: - 0 FTEs funded

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](https://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; Healthy People 2023

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, During the 2022 Fluoride Varnish Outreach Project we distributed over our projected number of 4000 FV applications. Because demand was high, we asked for and received funds for an additional 2500 FV applications. County health department nurses applied most fluoride varnish, supplemented with OSDH funds. We have further expanded the project to provide a total of 7500 applications for FFY 2023. The expansion will allow to explore more outside partners and provide more children with dental carries prevention.

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

Baseline value of the key indicator described above (NUMBER): 66 %; Oklahoma third graders that experience dental carries: 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 (DATE – either year or full date): 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 Determinant of Health (SDoH)? 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.

How are SDoH addressed?

- Education (e.g., low high school graduation rates, low literacy levels, poor early childhood education)
- Health and Health Care (e.g., poor access to healthcare, low health insurance coverage, low health literacy)

Is the 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 7500 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, Southern Plains Tribal Health Board.
- *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 and 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://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf), <https://mypeer.org.au/monitoring-evaluation/types-of-evaluation/>

Program Settings: Child care center, Community Based Organization, Local health department, Medical or clinical site, State health Department, Tribal nation or area, and Mobile vans

Target Population of the program:

Target population data source (include Date):

Number of people served:

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: Under 1 year, 1 - 4 years, 5 - 14 years

Sexual Orientation: Straight, Gay, Bisexual

Gender Identity: Female, Male, transgender, additional gender category

Geography: Rural and Urban

Location: Entire state

Occupation: Children

Educational Attainment; Not applicable

Health Insurance status: Uninsured, Medicaid, Medicare, Private Health Insurance, Affordable Care Act plan

Primarily Low Income: Yes

Are any members of this target population affected by the Problem: Yes

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

Program Information

Name of Program SMART Objective: Fluoride Varnish Outreach 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

Program SMART Objective: Between July 2023 and June 2024 Staff in the Dental Health Service will provide 7500 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

Activities:

Activity Title 1: Providing Fluoride Varnish to partners. Additional information: OSDH will track the distribution and usage of fluoride varnish.

One-sentence summary of the Activity: Between July 2023 and June 2024, OSDH will distribute one hundred and fifty 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 2023 and July 2024, OSDH will distribute one hundred and fifty 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

Program Name/Title - *CATCH -Northeastern Oklahoma CATCH Coordinated School Health Initiative*

Program Manager(s): Jessica Milberger

Primary Contact – Kaitlan Weston

Alternative Contact(s)/Champion(s) - James Thompson- Regional Administrative Director

Federal Fiscal Year: Workplan FY2023- SFY2024

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

Recipient Health SMART Objective – From 08/01/2023 to 06/01/2024, To increase the percentage of rural and low-income middle school and elementary school aged students in District 4 participating in 60 minutes of physical activity and exercise through evidence-based CATCH programming by 2028.

Role of PHHS Block Grant Funds – Enhance or expand the program

Will PHHS Block Grant funds be used to respond to an emerging need or outbreak as part of the program? PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program.

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: 0%

Type of supported local agency/organization: Local Health Department

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

Number of Positions – 2 FTEs funded; Supplement current staff

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.

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 (NUMBER): 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

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

Date key indicator baseline data was last collected (DATE – either year or full date): 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 middle school and elementary school aged students in District 4 participating in an evidence based physical activity and exercise CATCH program.

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed?

- Economic Stability (e.g., poverty, unemployment, food insecurity, housing instability)
- Education (e.g., low high school graduation rates, low literacy levels, poor early childhood education)
- Health and Health Care (e.g., poor access to healthcare, low health insurance coverage, low health literacy)

Is the program specifically addressing Health Equity? Yes

How is Health Equity addressed? This program hopes to reach 1500 students located at rural and low-income middle schools throughout District 4. These schools include; Ewing Halsell Middle School (Craig County), Colcord Middle school (Delaware County), Chouteau Middle School (Mayes County), Nowata Middle School (Nowata County), Wyandotte Junior High (Ottawa County), Will Rogers Junior High (Rogers County), Wagoner Middle School (Wagoner County), and Central Middle School (Washington County). These schools are located in small, rural communities that are primarily low-income with 70% of students at Ewing Halsell Middle School (Craig County), 78% at Colcord Middle school (Delaware County), 71% of Chouteau Middle School

(Mayes County), 66% of Nowata Middle School (Nowata County), 63% of Wyandotte Junior High (Ottawa County), and 68% of the students at Wagoner Middle School (Wagoner County) are on free and reduced lunches. Additionally, 12% of students at Will Rogers Junior High are Hispanic. 30% of students at Ewing Halsell Middle School (Craig County), 35% of students at Colcord Middle School (Delaware County), and 34% of students at Wyandotte Junior High (Ottawa County), are American Indian or Alaskan Native. Research shows, being Hispanic or Native American further increases their risk of obesity. Additionally, District 4 will expand into 8 other elementary schools within these same school districts. Data sources include: National Survey of Children's Health, Health People 2030, Rural Health Information Hub, and National Center for Education Statistics.

One paragraph summary of the program strategy: The purpose of funding would be to purchase CATCH Curriculum and equipment supplies 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, each county in District 4 would receive their own curriculum and equipment supplies to implement the program. Health Educators through training will become experts in disseminating the program across grades K-8. Specifically, the program would be applied to underserved rural elementary and middle schools in District 4. Additionally, as community partners express interest in executing the program, the Block Grant would provide a resource to certify additional individuals to assist school districts with implementation.

Through the use of Sparkmap, schools identified include, Ewing Halsell Middle School (Craig County), Colcord Middle School (Delaware County), Chouteau Middle School (Mayes County), Nowata Middle School (Nowata County), Wyandotte Junior High (Ottawa County), Will Rogers Junior High (Rogers County), Wagoner Middle School (Wagoner County), Central Middle School (Washington County), due to their high area deprivation indexes.

The primary health concerns the program will target include physical activity in elementary and middle school aged students. Partners include principals, school nurses, and teachers at identified high need schools, as well as community serving partners.

Through the use of formative evaluations, expected outcomes include increasing the amount of aerobic physical activity that an adolescent participates in each week.

List of primary strategic partners: School districts, principals, school nurses, teachers, and community serving partners.

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

One-paragraph summary of evaluation methodology: The program will be evaluated using SOFIT evaluations. SOFIT is a System for Observing Fitness Instruction Time, it assesses 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 judgements 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 a 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. SOFIT evaluations are considered an innovative/promising practice. District 4 will utilize a local community epidemiologist to accurately compile and disseminate ongoing evaluation reports for schools, local Health Department staff, and stakeholders.

Program Settings:

- Schools or school district

Target Population of the program

Target population data source (include Date): National Survey of Children’s Health 2020, Rural Health Information Hub 2017, and National Center for Education Statistics 21-22

Number of people served: 1500

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: 5 -14 years

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Ewing Halsell Middles School (Craig County), Colcord Middle school (Delaware County), Chouteau Middle School (Mayes County), Nowata Middle School (Nowata County), Wyandotte Junior High (Ottawa County), Will Rogers Junior High (Rogers County), Wagoner Middle School (Wagoner County), and Central Middle School (Washington County).

Occupation: NA

Educational Attainment: not Applicable

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 1

Name of Program SMART Objective: Curriculum, Equipment, and 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? This Program SMART Objective focuses on a subset of the larger problem

Program SMART Objective: Between 08/2023 and 10/2023, CATCH curriculum and equipment will be purchased and training will be provided to 16 schools in District 4 to ensure the program is accessible to low-income elementary and middle school 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; CATCH (A Coordinated Approach to Child Health)

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 with staff trained in CATCH curriculum implementation

Unit of Measurement: Number of Schools

Baseline value for the item to be measured: 8

Data source for baseline value: Direct Observation

Date baseline was last collected: 05/2023

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 16 Schools

Final target value to be achieved by the Final Progress Report (June 30, 2023): 16 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

Target population data source. National Survey of Children's Health 2020, Rural Health Information Hub 2017, and National Center for Education Statistics 21-22

Activities**Activity Title 1:** Purchase CATCH curriculum and equipment

One-sentence summary of the Activity: Purchase CATCH curriculum and equipment to implement the program to fidelity.

One-paragraph description of the Activity: In order to effectively implement CATCH, curriculum and equipment must be purchased. 16 complete activity kits and equipment packages will be purchased for schools to utilize within key identified schools.

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

Activity Title 2: Provide a 1-day training to school identified staff to implement the CATCH program

One-sentence summary of the Activity: Provide a one-day training for school identified staff in order to effectively provide CATCH curriculum to elementary aged students to fidelity.

One-paragraph description of the Activity: 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 and with fidelity implement the CATCH curriculum.

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

Activity Title 3: Purchase Health Promotional Materials

One-sentence summary of the Activity: Purchase health promotional materials for education purposes and dissemination to community on programmatic functions and health department services.

One-paragraph description of the Activity: Health promotional materials will be used by teacher, staff, and Health Educators for educational purposes. Additionally, District 4 will work to disseminate information on pragmatic functions and health department services to the community, and school districts participating in the program.

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

Program Information 2

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 09/2023 and 08/2024, CATCH curriculum will be implemented at 16 elementary and middle schools in District 4 to increase physical activity and knowledge of nutrition among low income elementary and middle school aged students.

One-sentence summary of intervention: CATCH provides a quality evidence-based program that develops the knowledge and skills for elementary and middle school 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; CATCH- A Coordinated Approach to Child Wellness

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: 8

Data source for baseline value: Direct Observation

Date baseline was last collected: 05/2023

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 8 Schools

Final target value to be achieved by the Final Progress Report (June 30, 2023): 16 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 1: Implementation of CATCH

One-sentence summary of the Activity: Work with key identified schools based on social deprivation indexes to begin implementation of CATCH curriculum.

One-paragraph description of the Activity: 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 2: Technical assistance

One-sentence summary of the Activity: Provide technical assistance to schools implementing CATCH curriculum through the utilization of school staff.

One-paragraph description of the Activity: Provide technical assistance to schools. 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 pay for needed training for school staff

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

Program Information 3

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 09/2023 and 08/2024 complete 16 change design evaluations utilizing SOFIT to observe physical activity trends among elementary and middle school aged students in District 4.

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 -

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: Amount of MVPA in school PE classroom

Unit of Measurement: Time students are engaged in MVPA

Baseline value for the item to be measured: 8

Data source for baseline value: SOFIT

Date baseline was last collected: 05/2023

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 8 baseline SOFIT change evaluations

Final target value to be achieved by the Final Progress Report (June 30, 2023): 16 baseline SOFIT change evaluations conducted and an increase of 10% MVPA in PE classrooms.

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 1: SOFIT evaluations and analysis

One-sentence summary of the Activity: Conduct SOFIT evaluations before and after implementing CATCH curriculum at schools.

One-paragraph description of the Activity: 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

Program Name/Title - Partner Inflicted Brain Injury

Program Manager(s): Brandi Woods-Littlejohn, Administrative Program Manager

Alternative Contact(s)/Champion(s) – Tracy Wendling, Director

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective - Reduce intimate partner violence — IVP D04

Recipient Health Objective - From 7/1/2023 to 6/30/2028, increase awareness of partner-inflicted brain injury and the use of appropriate accommodations for domestic violence service clients with this disability among domestic violence service providers by providing training to 70% of domestic violence service programs.

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

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: \$1000

Amount of funding to local agencies or organizations: 0%

Type of supported local agency/organization: Local organization

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

Number of Positions: 1 FTEs funded; Supplement current staff

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 accommodation 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 2021, there were 24,837 unique domestic violence incidents reported to law enforcement.¹ As domestic violence is often underreported to law enforcement, crime statistics represent only a fraction of the domestic violence that occurs. Therefore, survey data may help provide a closer estimate of the true prevalence. Responses to the 2021 Oklahoma Behavioral Risk Factor Surveillance Survey (BRFSS) reveal 30% of females reported having an intimate partner ever hit, slap, push, kick or physically hurt them compared to 16% of males.² 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 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 Research conducted by the Ohio Domestic Violence Network and The Ohio State University at five Ohio domestic violence service 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

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 key indicator identified by the IPS for this problem is inpatient discharges for both a traumatic brain injury and adult physical abuse. This data point is a proxy for partner inflicted brain injuries.

Baseline value of the key indicator described above (NUMBER): From 2017 to 2021, there were 14 inpatient discharges with both a TBI and confirmed adult physical abuse.

Data source for key indicator baseline: OSDH Inpatient Discharge data

Date key indicator baseline data was last collected (DATE – either year or full date): 2023

¹ Oklahoma Bureau of Investigation (OSBI), Office of Criminal Justice Statistics, *Crime in Oklahoma 2021*. Accessed at <https://osbi.ok.gov/publications/crime-statistics> on 25APR2023.

² Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Behavioral Risk Factor Surveillance System 2021, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on 25APR2023:16:51:18.

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.

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>

Program Strategy

One sentence program goal: Increase awareness of and accommodations and resources for partner inflicted brain injury among domestic violence service providers and allied professionals; implement surveillance of intimate partner violence in Oklahoma.

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed? Health and Health Care (e.g., poor access to healthcare, low health insurance coverage, low health literacy)

Is the program specifically addressing Health Equity? Yes

How is Health Equity addressed? Health disparities result from many factors, including violence, which is strongly associated with life expectancy, morbidity, and health behaviors. These funds will be used to directly impact individuals who have experienced at least two health disparities: intimate partner violence and a brain injury resulting from that violence. By working with professionals to increase awareness and improve the services they offer, we will lessen the harm that survivors experience during their lifetime by improving their health literacy and access to care.

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, technical assistance, 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 listening sessions with identified populations experiencing health disparities to determine if materials and/or training should be adapted to better serve the identified population.

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.

BRFSS questions related to experiencing intimate partner violence help inform the state of the occurrence of intimate partner violence in Oklahoma. Supporting those questions for inclusion in the Oklahoma BRFSS is the only consistent way to collect victim report data which is often different from reports to law enforcement.

List of primary strategic partners:

Internal strategic partners would include the county health departments located in the communities where the training is provided and Center for Health Statistics.

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, Other-

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 implementation of the CHATS tool, accommodation recommendations and the impact on staff. Logs will be maintained to track the distribution of materials, training, and technical assistance. The IPS will identify opportunities to strengthen programmatic evaluation to examine activities, characteristics, and outcomes of the program, which will be utilized by program staff to reduce uncertainties, improve effectiveness, and make decisions to boost programmatic capacity.

Program Settings:

- Community based organization
- State Health Department

Target Population of the program

Target population data source (include Date): United State Census Bureau)

Number of people served: 4,019,800

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: 15 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Entire state

Occupation: NA

Educational Attainment: Not Applicable

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? Part

Is the entire target population disproportionately affected by the Problem, or only part? No

Program Information 1

Name of Program SMART Objective: PIBI Education and accommodations

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: The IPS will engage state and community partners across multiple sectors to implement five strategies to educate domestic violence service providers statewide on partner inflicted brain injury and appropriate screening and service accommodations beginning July 1, 2023 through June 30, 2024.

One-sentence summary of intervention: This program aims to increase awareness of and accommodation and resources for partner-inflicted brain injury among domestic violence survivors at domestic violence service agencies.

One-paragraph description of intervention: This program will build the capacity of domestic violence service (DVS) agencies to serve clients who have experienced partner-inflicted brain injury (PIBI). By providing training, technical assistance, 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 focus groups/listening sessions with identified populations experiencing health disparities to determine if materials and/or training should be adapted to better serve the identified population. 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? Evidence-based Intervention; ODVN – research in partnership with the Ohio State University

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: Number of trainings to agencies and individuals

Unit of Measurement: Completed training to agency and individuals

Baseline value for the item to be measured: 0 Agency and 244 individuals

Data source for baseline value: IPS training logs

Date baseline was last collected: 4/26/2023

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 4 agencies and 60 individuals

Final target value to be achieved by the Final Progress Report (June 30, 2023): 8 agencies and 150 individuals

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. Oklahoma Office of Attorney General and the Native Alliance Against Violence

Target population data source. Oklahoma Office of Attorney General and the Native Alliance Against Violence Please include date: 4/2023

Number of people served: 32 Certified DVSA agencies + 27 Tribal DVSA service providers

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: 15 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Entire state

Occupation: Domestic Violence/Sexual Assault service provider

Educational Attainment: Not Applicable

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? No

Activities

Activity Title 1: TA contract

One-sentence summary of the Activity: Maintain one contract with Ohio Domestic Violence Network Center on Partner Inflicted Brain Injury to provide technical assistance to the IPS beginning July 1, 2023 through June 30, 2024.

One-paragraph description of the Activity: The IPS will maintain one contract with the Ohio Domestic Violence Network's Center on Partner Inflicted Brain Injury (ODVN-CPIBI) to provide technical assistance to the IPS. The ODVN-CPIBI is the author of the CHATS tool the IPS will be training DVS providers to utilize to recognize circumstances for potential brain injuries among clients and the potential accommodations for clients. By maintaining this contract, the IPS has real-time, on-demand technical assistance from the ODVN-CPIBI when needed.

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

Activity Title 2: PIBI Training

One-sentence summary of the Activity: Provide training on partner inflicted brain injury recognition and accommodations to eight (8) domestic violence service providers and one (1) statewide conference by June 30, 2024.

One-paragraph description of the Activity: IPS staff will deliver training on partner inflicted brain injury recognition and accommodations to at least eight (8) domestic violence service providers and at least one (1) statewide conference during the grant cycle. By training at 8 DVS agencies, this will move us closer to the 5-year goal of 70% of all DVS agencies in the state. Providing at a statewide DVS conference allows agencies to "sample" the training, hopefully enticing them to invite IPS staff to train their entire agency on-site or via technology.

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

Data collected would be process data in terms of numbers trained, effectiveness of training and use of tools after training. No PHI would be collected.

Activity Title 3: Health equity and PIBI

One-sentence summary of the Activity: IPS staff will conduct four listening sessions with client-serving staff at tribal domestic violence service programs to determine if the materials developed and/or the training should be adapted to better serve Indigenous survivors. Indigenous

populations often experience domestic violence at higher rates than their non-Native counterparts, so by ensuring the materials and training are attuned to this inequity, the program will hopefully be another resource for reducing harm.

One-paragraph description of the Activity: Conduct four (4) listening sessions with client-serving staff at tribal domestic violence service providers by June 30, 2023.

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

Data collected would be process data in terms of numbers trained, effectiveness of training and use of tools after training. No PHI would be collected

Program Information 2

Name of Program SMART Objective: BRFSS questions

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: Monitor the burden of domestic violence by including at least four intimate partner violence questions on BRFSS annually beginning July 1, 2023, through June 30, 2024.

One-sentence summary of intervention: IPS staff will collaborate with the Center for Health Statistics to ensure the inclusion of intimate partner violence surveillance questions on the 2024 BRFSS questionnaire.

One-paragraph description of intervention: BRFSS questions related to experiencing intimate partner violence help inform the state of the occurrence of intimate partner violence in Oklahoma. Supporting those questions for inclusion in the Oklahoma BRFSS is the only consistent way to collect victim report data which is often different from reports to law enforcement.

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

Rationale for choosing the intervention: BRFSS is a statewide random survey that has the ability to collect surveillance data on intimate partner violence experienced by Oklahomans.

Item to be Measured: Number of questions included in BRFSS

Unit of Measurement: Individual questions

Baseline value for the item to be measured: 4 questions

Data source for baseline value: Oklahoma BRFSS

Date baseline was last collected: 04/26/2023

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 4 intimate partner violence questions

Final target value to be achieved by the Final Progress Report (June 30, 2023):4 intimate partner violence questions

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 1: BRFSS Question

One-sentence summary of the Activity: Collaborate with the Center for Health Statistics to monitor the burden of domestic violence by including at least four intimate partner violence questions on BRFSS annually.

One-paragraph description of the Activity: IPS staff will collaborate with the CHS to review state questions for inclusion in the 2024 BRFSS questionnaire. IPS will request that 4 questions to monitor the burden of domestic violence in Oklahoma be included in the survey in 2024. If the questions are chosen for the survey, IPS will pay for the inclusion of the 4 IPV questions.

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

Program Name/Title - *Suicide Prevention*

Program Manager(s) – Brandi Woods-Littlejohn

Alternative Contact(s)/Champion(s) – Tracy Wendling, Director

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective - Reduce the suicide rate — MHMD 01

Recipient Health SMART Objective – The IPS will deliver suicide screening, harm-reduction, and prevention training and technical assistance to 80% of county health departments by 2028.

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

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

Role of PHHS Block Grant Funds in Supporting this Program: Start-up of a new 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%

Type of supported local agency/organization: NA

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

Number of Positions - 1 FTEs funded; Supplement current staff

Define the Problem the Program will Address

One sentence summary of the problem this program will address: Suicide is a major public health problem and the 9th leading cause of death in Oklahoma

One paragraph description of the problem this program will address: Suicide is a major public health problem and the 9th leading cause of death in Oklahoma. It ranks in the top 3 causes of death for Oklahoman's age 10-44 years. To date the Oklahoma State Department of Health has not had a concentrated effort to address this issue. This has led to a myriad of strategies implemented piece-meal throughout the organization. The goal of this program is to develop a Suicide Prevention Program within the Injury Prevention Service to support county health departments through training,

technical assistance, collaboration, materials, supplies, and data to support suicide screening, risk-reduction, and prevention among the communities we serve.

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 key indicator affected by this problem is the suicide rate in Oklahoma. In 2020, the rate of suicide for Oklahomans aged 10 and older was 24.7 per 100,000 population. This data is based on data collected by the Oklahoma Violent Death Reporting System.

Baseline value of the key indicator described above (NUMBER): 24.7 per 100,000 population

Data source for key indicator baseline: Oklahoma Violent Death Reporting System, Injury Prevention Service, OSDH

Date key indicator baseline data was last collected (DATE – either year or full date): 2021

Program Strategy

One sentence program goal: The IPS will use the project period to develop infrastructure in suicide prevention, determine modalities that are best suited to the county health departments (CHD), and build capacity among the CHDs and other public interfacing OSDH programs to implement suicide prevention strategies and best serve our clients

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed?

- Adverse Childhood Experiences (ACEs) (e.g., during childhood (0-17yrs), the child experienced violence or abuse, substance misuse, mental health, family incarceration)
- Economic Stability (e.g., poverty, unemployment, food insecurity, housing instability)
- Education (e.g., low high school graduation rates, low literacy levels, poor early childhood education)
- Health and Health Care (e.g., poor access to healthcare, low health insurance coverage, low health literacy)
- Neighborhood and Built Environment (e.g., poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
- Social and Community Context (e.g., discrimination, low civic participation, poor workplace conditions, incarceration)

Is the program specifically addressing Health Equity?

How is Health Equity addressed? Oklahoma experiences disparate rates of suicide among several sub-groups including the American Indian/Alaskan Native and black populations. When developing the program, the disparate rates across the state will be considered when tailoring programming recommendations and technical assistance to partners across the state. Developed materials and provided resources will be reflective of diverse populations to build trust, empower the target audience to action, and ensure the information is accessible, relatable, and understood.

One paragraph summary of the program strategy: The Injury Prevention Service (IPS) has collected, analyzed, and disseminated suicide data as part of the Oklahoma Violent Death Reporting System for nearly 20 years and has partnered closely with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Suicide Prevention area during that time. Over the years, there have been numerous discussions regarding the development of a suicide prevention program within the IPS to complement the work of ODMHSAS and to better support the county health departments (CHDs) and other public interfacing programs at OSDH in this area. This proposal will provide dedicated staff time for building a suicide prevention program tailored to OSDH and the CHDs. The IPS will use the project period to develop infrastructure in suicide prevention, determine modalities that are best suited to the CHDs, and build capacity among the CHDs and other public interfacing OSDH programs to implement suicide prevention strategies and best serve our clients.

List of primary strategic partners:

Internal – Maternal and Child Health and county health departments

External – ODMHSAS, Oklahoma Department of Veterans Affairs, community mental health centers, other suicide prevention program providers

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

One-paragraph summary of evaluation methodology: The IPS will utilize multiple approaches for monitoring and evaluating the program. Using a behavioral objectives approach, the IPS will examine the degree to which objectives and activities were achieved as outlined in the work plan. Findings that indicate a delay or lack of completion of identified plans will trigger an assessment of the causes and if new strategies are needed to overcome barriers. For presentations and trainings, the IPS will use the four-level model to evaluate the impact on participants. Instruments such as pre- and post-tests can help with measuring outcomes on four levels: reactions, learning, behavior, and results. The IPS will conduct epidemiologic analyses on the magnitude and trends of suicide and will monitor emergency department, hospitalization, and fatality rates through access to emergency department discharge data, hospital inpatient discharge data, and the Oklahoma Violent Death Reporting System. Logs will be maintained to track the distribution of materials, training, and technical assistance. 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.

Program Settings:

- Local health department
- State health Department

Target Population of the program

Target population data source (include Date): United State Census Bureau 2023

Number of people served: 4,019,800

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: 5 - 14 years, 15 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Entire state

Occupation: NA

Educational Attainment: not Applicable

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? NA

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

Program Information 1

Name of Program SMART Objective: Needs assessment

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 7/2023 and 6/2024, the IPS will conduct a needs assessment of the current OSDH infrastructure and capacity to address suicide.

One-sentence summary of intervention: A needs assessment will help determine what suicide prevention activities currently exist within the OSDH and CHDs, and what is needed to create a more seamless delivery of suicide prevention services.

One-paragraph description of intervention: The OSDH does not currently have a dedicated suicide prevention program, but ad hoc activities do exist across the system. To have a better grasp on what is needed and what would be most beneficial to the OSDH and county health departments, the IPS will conduct a needs assessment to determine what programming currently exists, where the gaps are, and how best to create a seamless system to support the OSDH and CHDs.

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

Rationale for choosing the intervention: In terms of sustainability, utilizing the CDC technical package will position our programming in the best light for CDC funding should it become available.

Item to be Measured: Number of Needs assessment

Unit of Measurement: Whether or not a needs assessment is completed.

Baseline value for the item to be measured: 0

Data source for baseline value: Injury Prevention Service -IPS

Date baseline was last collected: 2023

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? Same

Activities

Activity Title 1: Environmental scan

One-sentence summary of the Activity: Conduct an environmental scan of OSDH & CHDs in regards to suicide prevention.

One-paragraph description of the Activity: The IPS will conduct an environmental scan of the OSH and CHDs to determine what suicide screening and suicide prevention strategies are currently in place. The scan will also inform staff what gaps exist, and what needs are seen across the agency.

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

Activity Title 2: Screening and response modalities.

One-sentence summary of the Activity: The IPS will determine screening and response modalities best suited to CHDs and public health service providers.

One-paragraph description of the Activity: The IPS will review the various screening and response modalities available for suicide screening and response. As part of the review, the IPS will look for evidence of success of the program within a public health setting to help determine what would best fit within our structure.

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

Activity Title 3: IPS suicide prevention strategies

One-sentence summary of the Activity: Determine IPS strategies for suicide prevention that complement current efforts implemented by internal and external partners.

One-paragraph description of the Activity: The IPS will review the CDC Preventing Suicide: A Technical Package of Policies, Programs, and Practices from the CDC to inform the development of suicide prevention strategies for the IPS. By utilizing the best available practices available in the technical package, the IPS will be utilizing evidence-based practices to build a program that could continue to grow and support suicide prevention in Oklahoma.

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

Program Information 2

Name of Program SMART Objective: IPS prevention strategies

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 7/2023 and 6/2024, implement at least one suicide harm reduction strategy across OSDH and CHDs.

One-sentence summary of intervention: This intervention will focus on implementing at least one suicide harm reduction strategy, namely gun locks.

One-paragraph description of intervention: This intervention will focus on implementing at least one suicide harm reduction strategy. Data supports the use of harm reduction strategies for reducing suicide. By distributing free gun locks through the OSDH and CHDs, we can provide one layer of protection to families at risk for suicide. The gun locks have the further potential for reducing harm from unintentional firearm injuries as well.

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

Rationale for choosing the intervention: The CDC technical package utilizes evidence-based strategies to reduce suicide.

Item to be Measured: Number

Unit of Measurement: Number of gun locks

Baseline value for the item to be measured: 0

Data source for baseline value: Injury Prevention Service -IPS

Date baseline was last collected: 2023

Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 50

Final target value to be achieved by the Final Progress Report (June 30, 2023): 500

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 1: Purchase Order

One-sentence summary of the Activity: The IPS will establish a purchase order for firearm locks.

One-paragraph description of the Activity: The IPS will determine the best supplier for firearm locks. The IPS will establish a purchase order for the firearm locks

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

Activity Title 2: Firearm locks

One-sentence summary of the Activity: The IPS will distribute firearm locks to CHDs and public interacting OSDH services.

One-paragraph description of the Activity: The IPS will develop a mechanism for CHDs and other public interacting OSDH service providers to request gun locks from the IPS. Once this mechanism is developed, the IPS will maintain a log to track the number of firearm locks distributed by location.

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

Program Information 3

Name of Program SMART Objective:

IPS 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? SameProgram SMART Objective: Between 7/2023 and 6/2024, the IPS will build capacity among CHDs and OSDH programs to implement suicide prevention strategies.One-sentence summary of intervention: This intervention will focus on providing training, technical assistance, and resources to CHDs and the OSDH programs.One-paragraph description of intervention: This intervention will focus on IPS staff providing training, technical assistance, and resources to CHDs and the OSDH programs. This intervention will build capacity across the OSDH and CHDs to better respond to the public and clients who may be experiencing a suicide crisis, and implement strategies in their communities to support suicide prevention.Is this an evidence-based intervention, or an innovative/promising practice? Evidence-based InterventionRationale for choosing the intervention: The CDC technical package utilizes evidence-based strategies to reduce suicide.Item to be Measured: NumberUnit of Measurement: Number of employees trainedBaseline value for the item to be measured: 0Data source for baseline value: Injury Prevention Service -IPSDate baseline was last collected: 2023Interim target value to be achieved by the Annual Progress Report (December 31, 2022): 50Final target value to be achieved by the Final Progress Report (June 30, 2023): 200***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 1: Training

One-sentence summary of the Activity: IPS will provide training to OSDH staff at CHDs and central office staff on suicide prevention strategies, and screening, response and referral protocols.

One-paragraph description of the Activity: Once the IPS has determined what prevention modalities are best suited to the CHDs and the OSDH, IPS will provide training to OSDH staff at CHDs and central office staff on suicide prevention strategies, and screening, response and referral protocols. By training staff, we should be able to better address clients where they are, and meet the needs of the public.

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

Activity Title 2: Technical Assistance

One-sentence summary of the Activity: IPS will provide technical assistance to OSDH staff at CHDs and central office staff on suicide prevention strategies, and screening, response and referral protocols.

One-paragraph description of the Activity: Once the IPS has determined what prevention modalities are best suited to the CHDs and the OSDH, IPS will provide technical assistance to OSDH staff at CHDs and central office staff on suicide prevention strategies, and screening, response, and referral protocols. By providing technical assistance to staff, the IPS can support in better meeting client's needs.

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

Activity Title 3: Resources

One-sentence summary of the Activity: IPS will develop at least two resources (i.e., webpage, SharePoint materials, screening/referral templates, etc.) to support suicide prevention within the OSDH and county health departments.

One-paragraph description of the Activity: The IPS will develop resources for staff and the public on suicide prevention strategies. Resources under consideration include a webpage dedicated to suicide prevention information and resources, SharePoint materials that would be accessible to internal staff and partners, screening and/or referral templates that could be adapted to fit the counties needs and available resources. Informational fact sheets on county level data could also be developed in conjunction with the Oklahoma Violent Death Reporting System.

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

Program Name/Title - *Sexual Assault Prevention & Surveillance*

Program Manager(s): Brandi Woods-Littlejohn

Alternative Contact(s)/Champion(s) – Tracy Wendling, Director

Federal Fiscal Year: Workplan FY2023- SFY2024

Healthy People 2030 Objective - Reduce contact sexual violence — IVP D05

Recipient Health Objective - Reduce sexual assault from a rate of 67.0 per 100,000 to a rate of 64.0 per 100,000 Oklahomans by 2028.

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

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

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: 10- 49%

Amount of funding to local agencies or organizations: \$90,000

Type of supported local agency/organization: Local organization

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

Number of Positions – 0 FTEs funded

Define the Problem the Program will Address

One sentence summary of the problem this program will address: The program will address the first-time occurrence of sexual assault in Oklahoma.

One paragraph description of the problem this program will address:

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 key indicator that will be addressed is the rate of sexual assault in Oklahoma. This rate currently stands at 67.0 per 100,000 population in Oklahoma per the Oklahoma State Bureau of Investigation. This data is based on reports to law enforcement. While this is not a perfect indicator as sexual assault is one of the most underreported crimes, it provides a consistent reporting system from which to assess the issue.

Baseline value of the key indicator described above (NUMBER): Number: 67.0 per 100,000 population

Data source for key indicator baseline: Oklahoma State Bureau of Investigation, Crime in Oklahoma report

Date key indicator baseline data was last collected: 2022

Program Strategy

One sentence program goal: The IPS will engage state and community partners across multiple sectors to implement two strategies to monitor and reduce sexual violence beginning July 1, 2023 through June 30, 2024.

Is this program specifically addressing Social Determinant of Health (SDoH)? Yes

How are SDOH addressed?

- Adverse Childhood Experiences (ACEs) (e.g., during childhood (0-17yrs), the child experienced violence or abuse, substance misuse, mental health, family incarceration)
- Neighborhood and Built Environment (e.g., poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
- Social and Community Context (e.g., discrimination, low civic participation, poor workplace conditions, incarceration)

Is the program specifically addressing Health Equity? Yes

How is Health Equity addressed? Health disparities result from many factors, including violence, which is strongly associated with life expectancy, morbidity, and health behaviors. The IPS will work to ensure programming efforts are inclusive of the populations disproportionately impacted.

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 two contracts to support two 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. 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 IPS to monitor trends related to sexual violence prevention and support partners with data on sexual violence victimization.

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, Resources/Job Aids, Other-

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 Settings:

- Community based organization
- Rape crisis center

Target Population of the program

Target population data source (include Date): United State Census Bureau

Number of people served: 4,019,800

Ethnicity: Hispanic or Latino, Non-Hispanic or Latino

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

Age: 5 - 14 years, 15 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Sexual Orientation: Straight, Gay and Bisexual

Gender Identity: Female, Male and Transgender

Geography: Rural and Urban

Location: Entire state

Occupation: NA

Educational Attainment: not Applicable

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? No

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

Program Information 1

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?

Program SMART Objective: Between 07/2023 and 06/2024, Injury Prevention Service Rape Prevention and Education staff will maintain 2 contracts for community-based sexual assault prevention programs.

One-sentence summary of intervention: The IPS will contract with two (2) community partners to implement sexual violence prevention strategies in their communities beginning July 1, 2023 through June 30, 2024.

One-paragraph description of intervention: 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 provide two contracts to support two community-based sexual violence prevention educators. 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.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-based Intervention; CDC STOP SV Technical package to Prevent Sexual Violence

Rationale for choosing the intervention: The STOP SV Technical Package was chosen because it is the guiding document for the Rape Prevention and Education program this funding supplements.

Item to be Measured: Number of contracts

Unit of Measurement: Individual contract

Baseline value for the item to be measured: 2 contracts supported by PHHSBG funds

Data source for baseline value: OSDH Procurement

Date baseline was last collected: 4/27/2023

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

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

Activities**Activity Title 1: Sexual Assault Prevention Programming**

One-sentence summary of the Activity: Between 07/2023 and 06/2024, 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 07/2023 and 06/2024, 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

Activity Title 2: Sexual Violence Prevention Education Program

One-sentence summary of the Activity: Between 07/2023 and 06/2024, the Injury Prevention Service will contract with 2 community-based organizations for the purpose of securing 2 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 07/2023 and 06/2024, the Injury Prevention Service will contract with 2 community-based organizations for the purpose of securing 2 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 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

Program Information 2

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? Yes

Program SMART Objective: Between 07/2023 and 06/2024, the Injury Prevention Service will publish 3 state-added questions to the Oklahoma BRFSS to inform surveillance of sexual violence.

One-sentence summary of intervention: The IPS will engage with the Center for Health Statistics to implement three BRFSS questions to monitor sexual violence beginning July 1, 2023 through June 30, 2024.

One-paragraph description of intervention: BRFSS questions related to experiencing sexual violence help inform the state of the occurrence of sexual violence in Oklahoma. Supporting those questions for inclusion in the Oklahoma BRFSS is the only consistent way to collect victim report data which is often different from reports to law enforcement. 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.

Is this an evidence-based intervention, or an innovative/promising practice? Evidence-based Intervention; MMWR Recommendations and Reports

Rationale for choosing the intervention: BRFSS is a statewide random survey that has the ability to collect surveillance data on sexual violence experienced by Oklahomans.

Item to be Measured: Presence of three 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: 2

Data source for baseline value: 2023 Oklahoma BRFSS questionnaire

Date baseline was last collected: 4/27/2023

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

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

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 1: Partnership with Center for Health Statistics

One-sentence summary of the Activity: Between 07/2023 and 06/2024, the Injury Prevention Service will partner with the Center for Health Statistics to identify and pay for three questions related to sexual violence victimization for inclusion in the Oklahoma BRFSS.

One-paragraph description of the Activity: Between 07/2023 and 06/2024, the Injury Prevention Service will partner with the Center for Health Statistics to identify and pay for three questions related to sexual violence victimization for inclusion in the Oklahoma BRFSS. In fall 2023, IPS will engage with CHS to determine three state-added sexual violence related questions to be included in the 2024 BRFSS. Once the questions are

determined, IPS will work with CHS to determine whether the questions will be used in both versions of the 2024 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 three questions related to sexual violence victimization included in the 2024 Oklahoma BRFSS.

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