

Program Element #19: Program Design and Evaluation Services (PDES)

OHA Program Responsible for Program Element:

Public Health Division/Office of the State Public Health Director/Program Design and Evaluation Services

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver the following applied public health research and evaluation services by PDES during the term of this Agreement to the satisfaction of OHA.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in the Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in the Comments and Footnotes of Exhibit C of the Financial Assistance Award.
2. **Definitions Specific to Program Design and Evaluation Services (PDES).** Not applicable
3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon's Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):
 - a. **Foundational Programs and Capabilities:** All services detailed in this Program Element fall under the Foundational Capability of Assessment and Evaluation. LPHA provides research and evaluation services to multiple OHA Public Health Division programs, thus increasing the program's assessment and evaluation capabilities.
 - b. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metric:** Not applicable
 - c. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Modernization Process Measure:** Not applicable
4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:
 - a. **Staffing Requirements and Staff Qualifications.** LPHA must assign qualified staff to provide the services, as may be required by the nature of the particular service. Assigned staff should include doctoral level psychologists, health educators, sociologists, medical epidemiologists, and masters-level research staff, as appropriate.
 - b. Each of following specific PDES must be delivered in accordance with the indicated procedural and operational requirements and to OHA satisfaction:
 - (1) **HIV Morbidity Monitoring Surveillance Project (Medical Monitoring Project) (PE19-02)**

The Medical Monitoring Project (MMP) is a Centers for Disease Control and Prevention (CDC) funded supplemental public health surveillance project for persons with Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). Public Health personnel from OHA, Public Health Division (PHD), Center for Public Health Practice, HIV/STD/TB Program (OHA HIV/STD/TB Program) will collaborate with LPHA personnel to conduct interviews and medical record reviews of a random sample of patients with HIV in Oregon.
 - (a) In accordance with the MMP multi-site protocol developed by the CDC and participating states, LPHA must assign a Project Coordinator to fulfill the duties

of the MMP (MMP Project Coordinator). The MMP Project Coordinator will be under the direction of the Medical Director of OHA's HIV/STD/TB Program (OHA Medical Director). The MMP Project Coordinator must do the following: 1) Arrange and participate in conference calls with CDC project officer as frequently as requested by CDC; 2) Participate in monthly national Medical Monitoring Project conference calls; 3) Coordinate recruitment of patients selected for participation by CDC from Oregon's registry of people with reported cases of HIV infection; and 4) Supervise patient interviews and medical record reviews during data collection phase of the MMP.

- (b)** In accordance with the MMP multi-site protocol developed by the CDC and participating states, LPHA must assign a qualified analyst to fulfill the duties of MMP Data Manager/Analyst (MMP Data Manager/Analyst). The MMP Data Manager/Analyst will be under the direction of the OHA Medical Director. The MMP Data Manager/Analyst must do the following: 1) Manage tracking data, interview and abstraction data, and minimal data set using software applications and/or programs supplied by the CDC; 2) Submit recently uploaded interview data, abstraction data and minimum data set to CDC and its contracted data management company (DCC) on a periodic basis using encryption software provided by CDC; 3) Perform quality assessment reviews before data submission and respond to CDC and DCC requests for data correction and resubmission; 4) Conduct data analysis on a CDC provided Statistical Analytics Software (SAS) analytic file, or dataset built from uploaded interview data and abstraction data; 5) Conduct additional data analysis on subgroups of interest to HIV services in Oregon, consulting with the doctoral level epidemiologist, described above, to generate estimates for main variables of interest; and 6) Assist in developing reports and preparing manuscripts based on local, regional and national data sets.
- (c)** In accordance with the MMP multi-site protocol developed by the CDC and participating states, interviewers/abstractors from LPHA must work with interviewers/abstractors from OHA HIV/STD/TB Program to complete MMP patient interviews and medical record abstractions under the direction of the OHA Medical Director and MMP Project Coordinator. The interviewers must do the following: 1) Work with participants to arrange for and conduct personal patient interviews; 2) Collect study-specified information from medical records of participating patients; 3) Complete medical record abstractions, which include general information (office visits, hospitalizations and ER visits), as well as data on HIV-related diagnoses and treatments. (e.g., laboratory results, medical tests, prescribed medications, and other data as determined in collaboration with CDC; 4) Use computer hardware and software approved and provided by CDC for the project to perform data entry, review of patient medical records and collect data related to clinical care and outcomes; 5) Maintain the confidentiality of all participants and protect the data collected as described in the confidentiality policy of OHA; and 6) Keep records of all activities related to each interviewee, such as date contacted, interview completed or refused, date of medical record abstraction.
- (d)** In accordance with the MMP multi-site protocol developed by the CDC and participating states, LPHA must assign a Lead Generator that will be responsible for locating current and accurate contact information for sampled persons (MMP Lead Generator). MMP Lead Generator must do the following: 1) Search databases including Enhanced HIV/AIDS Reporting System (eHARS), local surveillance databases, the local AIDS Drug Assistance Program database, DMV,

LexisNexis[®], Accurint[®], inmate locators, and any other databases that may provide leads for locating sampled persons; 2) For people without contact information, identify and contact most recent medical providers and/or case managers to assist in locating or contacting individuals; 3) Act as a liaison between the MMP team and core HIV surveillance and will be responsible for providing updated contact information to core surveillance to enter into the eHARS; and 4) Trained and able to serve as an interviewer and medical record abstractor as needed.

- (e) LPHA must maintain the confidentiality of any and all data collected on persons in Oregon infected with HIV to which it or its representatives may be granted access. Specifically, LPHA must 1) Limit access to data that contain personal identification to staff directly associated with the MMP; 2) Keep within the confines of a locked office, all data storage equipment (including electronic databases, computer equipment, etc.) associated with the MMP; 3) Store in a locking file cabinet within the locked office, hard copies of reports, interviews, and disks containing personal identifiers; and 4) Otherwise comply, with respect to the data associated with the MMP, with the information confidentiality and security requirements set forth in CDC's "Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs" found at <https://www.cdc.gov/nchhstp/ProgramIntegration/docs/PCSIDataSecurityGuidelines.pdf>.

(2) HIV Program Planning and Evaluation (PE19-03)

The purpose of the HIV Program Planning and Evaluation is to have LPHA provide planning, evaluation, program development, and technical assistance to the OHA HIV Program in the identification of methods, processes and best practices needed for the delivery and evaluation of OHA HIV Program services. LPHA may both directly conduct needs assessments, surveys, and studies as well as on occasion provide technical oversight to others identified by the OHA HIV Program as providing these activities.

- (a) LPHA must develop and implement methodology and tools necessary for OHA to administer interviews or surveys, analyze, and report on the service needs of persons living with HIV/AIDS and their affected family members. Methods may include but are not limited to conducting key informant interviews, survey by convenience sampling and or survey by representative sampling methodology, and service gaps analysis. Result of this work will be analyzed utilizing professionally accepted statistical methodology. The results will be summarized and reported in written format appropriate to community member participation.
- (b) LPHA must analyze data as requested by OHA to meet the planning and evaluation goals of the HIV/VH/STI Integrated Planning Group and as required by the Ryan White Treatment Modernization Act.
- (c) LPHA must contribute to grant writing projects as requested by OHA. Grant writing tasks may include researching and authoring statements of need.
- (d) LPHA must facilitate discussion with OHA and community planning groups in the development of planning strategies, provide technical assistance in advising committees in their work, and assist in the identification of mechanisms for program design and implementation.
- (e) LPHA must evaluate the administrative agent and/or program components identified by OHA.

- (f) LPHA must, in consultation with OHA, develop a written annual work plan for the delivery of services. This work plan shall be submitted by a date determined by OHA. LPHA must obtain OHA approval of a work plan before implementing the provisions of the plan.

(3) Administration of Behavioral Risk Surveys Unit (PE19-01)

The purpose of Administration of Behavioral Risk Surveys Unit (Survey Unit) is to have LPHA management of the operation of the Survey Unit, to include technical oversight of the Survey Unit, and management of the PDES portion of the Survey Unit budget. The Survey Unit is responsible for coordination of the Behavioral Risk Factor Surveillance System (BRFSS) and the Oregon Healthy Teens (OHT) surveys. The BRFSS is a collaborative project of the CDC and U.S. states and territories. The objective of the BRFSS is to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population. BRFSS data is collected monthly via telephone survey, and the data is managed and analyzed on an annual schedule. Factors assessed by the BRFSS include tobacco use, physical activity, dietary practices, safety-belt use, and use of cancer screening services, among others. OHT is Oregon's effort to monitor the health and well-being of adolescents. An anonymous and voluntary research-based survey, OHT is conducted biennially among 8th and 11th grade students statewide. The OHT survey incorporates data from two preceding youth surveys: the Youth Risk Behavior Survey (YRBS) and the Student Drug Use Survey. Both surveys are funded through multiple programs and sources. LPHA must provide input to the fiscal aspects of this project. In addition, LPHA must provide guidance on technical and statistical aspects of data weighting, management, and dissemination. LPHA must also prepare and review the statistical weights for the versions of the survey and for various combinations of surveys needed to analyze the data to meet CDC and program specifications.

LPHA must complete the following tasks and produce the following deliverables in FY 2020:

- (a) Provide fiscal management of the PDES portion of the Survey Unit budget including oversight and consultation on survey systems, data management, weighting and dissemination.
- (b) Facilitate Steering Committee and research/analytic advisory groups.
- (c) Develop annual BRFSS raked weights (landline and cell),:
 - i. Comparison to CDC core raking weights;
 - ii. Update programming to reflect changes in CDC methods;
 - iii. Syntax; and
 - iv. Documentation.

(4) Support for Health Promotion and Chronic Disease Prevention (HPCDP) Evaluations (PE19-17)

The goals of the Support for HPCDP Evaluations are to address the leading causes of death and disability (tobacco, use, obesity, cardiovascular disease and cancer). Support for HPCDP Evaluations emphasizes evidence-based strategies for chronic disease prevention, early detection and self-management.

The purpose of Support for HPDCP Evaluations is for LPHA to provide support to OHA's Health Promotion and Chronic Disease Prevention Section (OHA HPCDP) to evaluate various projects. Evaluation needs emerge annually according to new directions

in evidence-based strategies, CDC guidance, and funding opportunities. LPHA must provide evaluation support on specific projects, to be specified in an annual statement of work. LPHA must submit a statement of work and budget to OHA every year, for approval. LPHA may not start work on this Section (4) until the statement of work and budget have been approved by OHA. LPHA must lead evaluation projects and provide technical support on projects that OHA HPCDP leads.

LPHA must complete deliverables in manner and timeline specified in the OHA approved statement of work.

(5) Technical Assistance to the Accountability & Metrics Subcommittee, Public Health Advisory Board (PE19-13)

The purpose of Technical Assistance to the Accountability & Metrics Subcommittee, Public Health Advisory Board is to have LPHA provide technical assistance to the Accountability & Metrics Subcommittee of the Public Health Advisory Board on public health data systems and local public health accountability metrics. LPHA must also provide consultation and technical oversight to PHD staff who are assisting the Subcommittee on assessment of data availability, feasibility of data collection, analysis, and reporting.

LPHA's responsibilities:

- (a) Provide technical assistance to the Accountability & Metrics Subcommittee of the Public Health Advisory Board on public health data systems and local public health metrics.
- (b) Identify and operationalize local public health accountability metrics.
- (c) Establish data collection mechanism for metrics.
- (d) Collect, analyze, and report on baseline data.
- (e) Provide consultation on performance-based incentive mechanism.
- (f) Provide consultation and technical oversight to staff assisting the Subcommittee on assessment of data availability, feasibility of data collection, analysis, and reporting.

(6) Support for the Oregon Immunization Program (OIP) (PE19-09)

The purpose of OIP is for LPHA to provide external expertise on data governance for the Oregon Immunization Program.

LPHA's responsibilities:

- (a) Provide subject matter expertise and participate in monthly OIP Data Governance Council Meetings.
- (b) Review documents and internal procedures discussed by the council.
- (c) Total estimated hours 50 annually.

(7) Evaluation Support for Public Health Modernization (PE19-14)

The purpose of Evaluation Support for Public Health Modernization is to have LPHA provide evaluation support to PHD staff administering the Public Health Modernization Implementation grants awarded to local public health authorities and to provide evaluation services related to the modernization of the public health surveillance system.

LPHA's responsibilities:

- (a) Collaborate with PHD staff to lead a user-focused evaluation of Modernization Implementation grants.
- (b) Create evaluation plan, logic model, and key informant interview guides.
- (c) Establish data collection mechanism for (1) grant performance management; and (2) evaluation measures.
- (d) Collect, analyze, and report on evaluation data for mid-term progress report and final report to legislature.
- (e) Complete deliverables related to public health surveillance modernization in manner and timeline specified in the PHD approved statement of work.

(8) Support to Maternal and Child Health Section, Rape Prevention Education (RPE) (PE19-20)

The purpose of Support to Maternal and Child Health Section, Rape Prevention Education (RPE) is to have PDES provide evaluation support to the RPE grant. LPHA must provide fiscal and administrative support to staff conducting evaluation activities on RPE grant.

(9) Support to Public Health Institutional Review Board (PE19-21)

The purpose of the Public Health Institutional Review Board (PH IRB) is to review research studies and ensure that the rights and wellbeing of people who are subjects in research are adequately protected. LPHA will fulfill the role of Chairperson on the PH IRB by delegating an individual to serve as Chairperson.

LPHA's responsibilities:

- (a) Play a leadership role in establishing and implementing PH IRB policy.
- (b) Represent the PH IRB in discussions with other organizations and federal authorities.
- (c) Direct the proceedings and discussion of the monthly Board meetings.
- (d) Vote on all protocols reviewed at full committee meetings.
- (e) Understand ethical issues, state law, institutional policy, and federal regulations that are applicable to studies reviewed by the PH IRB.
- (f) Review and sign (or authorize for signature) PH IRB response and determination letters to investigators.
- (g) In collaboration with the PH IRB Coordinator, promptly review and make decisions regarding submitted research proposals and the investigators' response to PH IRB conditions.

(10) Support to Injury and Violence Prevention Section (PE19-23)

The purpose of Support to Injury and Violence Prevention Section, is to provide evaluation support for the School Policies for Concussion Prevention project and the Ignition Interlock Device projects.

LPHA must complete deliverables in a manner and within the timelines specified by OHA.

(11) Support to Oregon Immunization Program, Vaccine Hesitancy Study (PE19-27)

The purpose of Support to Oregon Immunization Program, Vaccine Hesitancy Study is to explore characteristics and clinical context of medical provider hesitancy for supporting recommended childhood vaccinations and develop recommendations for outreach and

education.

LPHA's Responsibilities:

- (a) Conduct a literature review to summarize current evidence for and characteristics of medical provider hesitancy for childhood vaccination.
- (b) Conduct informational interview and focus groups with Oregon providers to learn about medical provider and clinical support staff hesitancy for fully supporting recommended childhood vaccine schedules.
- (c) Create a written report summarizing findings and recommendations for outreach or educational efforts that may help counter vaccine hesitancy and improve vaccination rates for Oregon children.

(12) Support to Center for Public Health Practice (PE19-31)

The purpose of Support to Center for Public Health Practice is to support COVID-19 disease forecasting in Oregon.

LPHA's Responsibilities:

- (a) Work with OHA to conduct COVID-19 statewide forecasting.
- (b) Explore the feasibility of conducting more granular forecasting and estimating local risk.
- (c) Disseminate results as quickly as possible.
- (d) Provide technical assistance to OHA in tracking and analyzing other indicators related to COVID-19, as needed.

(13) Support to Office of the State Public Health Director (PE19-29)

The purpose of Support to Office of the State Public Health Director is to support COVID-19 response.

LPHA's Responsibilities:

- (a) Produce biweekly reports on physical distancing measures.
- (b) Develop and implement a dashboard of state public health surveillance indicators related to the pandemic.
- (c) Utilize data from OHSU's "Key" study related to COVID-19 testing and surveys.
- (d) Staff Agency Operations Center as finance team lead.

(14) Support to Climate and Health Program (PE19-30)

The purpose of Support to Climate and Health Program is to assist the Climate and Health Program in updating the 2015 Oregon Climate and Health Profile Report.

LPHA's Responsibilities:

- (a) Conduct literature review as detailed in approved scope of work.
- (b) Provide written summary of literature review findings.
- (c) Provide technical assistance, as needed.

(15) Outbreak Modeling (PE19-28)

The purpose of Outbreak Modeling is to conduct modeling to assess the effects of Oregon's interventions over time on COVID-19 outcomes, and to project future epidemic trends under various scenarios.

LPHA's Responsibilities:

- (a) Create a bi-weekly brief OHA modeling report.
- (b) Work with Dr. Dean Sidelinger to plan how the brief modeling report will complement other OHA COVID-19 reports.
- (c) Conduct other modeling or research, as needed, to inform the state COVID-19 response.

5. **General Revenue and Expense Reporting.** LPHA must complete an "Oregon Health Authority Public Health Division Expenditure and Revenue Report" located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Performance Measures.** Not applicable