



## DEPARTMENT OF HEALTH

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Preventative health practices that mitigate society's cost of treating illness and epidemics has since statehood been the focus of county health departments throughout the state. The Oklahoma State Department of Health (OSDH) is the statewide coordinating body for those local efforts.

### ORGANIZATION OF THE PUBLIC HEALTH SYSTEM

The public health effort has expanded greatly over the state's history as new health problems – and new ideas for combating them – emerged. Services that fall within OSDH's mandate include:

- free immunizations for children to prevent contagious illnesses;
- prenatal care, including food vouchers and home visitations, to improve birth outcomes of low-income women;
- family planning services to prevent unplanned and mistimed pregnancies;
- Eldercare programs to help older citizens live independently.
- Food establishment inspections to prevent food-borne diseases.

A typical client at a local health department clinic is not poor enough to qualify for Medicaid (which is administered by the Oklahoma Health Care Authority), but is not fortunate enough to receive private health insurance through an employer or wealthy enough to purchase health services on the open market. While clients are usually charged a fee based on ability to pay, OSDH's operational theory is that recouping costs is not as important as preventing diseases and conditions that can seriously disrupt individual and public health. Primary care – treating

diseases and medical conditions after their onset – is not the agency's primary mission. Instead, health department clinics provide preventative services and education to avert the onset of illness and disease – for example, by providing vaccines to children, or running educational anti-smoking or teen pregnancy prevention campaigns. There are certain exceptions to the emphasis on prevention over treatment. For example, persons with certain communicable diseases can get treatment at a health department as a way to protect public health (e.g., tuberculosis and venereal disease).

OSDH serves as the statewide coordinator of public health services, most of which are provided through local (county) health departments. The central office provides administrative and laboratory services to the local agencies and also maintains the state's vital records. Seventy counties are served by county-supported health departments. The other seven counties – Alfalfa, Cimmaron, Dewey, Ellis, Harper, Nowata and Roger Mills – do not contribute local funding. These seven counties receive only state-mandated services (i.e., environmental inspections, outbreak investigation and immunization). Optional services, such as prenatal clinics, are available only in counties that contribute local funds to the public health effort. Oklahoma City and Tulsa are served by city-county health departments that are administratively autonomous (guided by their own boards) but must comply with policies of the State Board of Health. Counties are encouraged to assess property taxes of up to 2.5 mills to fund operations of local health departments. Sixty-seven counties do so, most of them at the highest millage allowed by the Oklahoma Constitution. Three counties provide local support via sales taxes. Total local health monies collected statewide pay for less than one-third of all county health department operations.

## **FUNDING TRENDS**

Over half (54.5%) of the FY'00 OSDH budget of \$206.2 million came from federal sources (WIC, Medicaid, Maternal and Child Health Block Grant, various grants from U.S. Department of Health and Human Services and Centers for Disease Control). Appropriations accounted for \$65.7 million or 31.9% of spending. Fees charged to clients for such services as birth certificate copies and restaurant licensing made up 13.6% of spending. An additional \$4 million was generated by county millage assessment.

The sources of funding vary widely for different health department activities. Some activities are funded solely with appropriations; others function with no appropriated dollars. In some cases, each \$1 of

appropriations for a particular program is used to access from \$1 to \$9 in federal funds.

Between FY'97 and FY'01, the Legislature increased appropriations to OSDH by \$22.7 million or 48%. Major state funding changes during this period have targeted the following programs and services (excluding across-the-board employee pay adjustments):

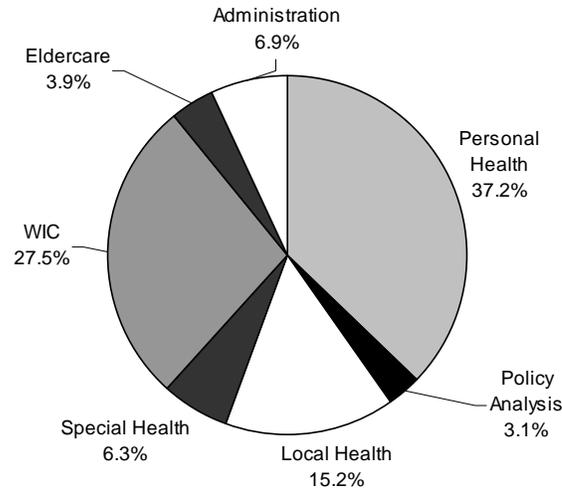
Legislative Funding Initiatives at OSDH  
FY'97-FY'01

<u>Program</u>	<u>Annual Funding Added FY'97-FY'01</u>
Child Abuse Prevention/Parenting Education	\$15 million
Perinatal Services	\$2.5 million
Public Health Salary Increases	\$2.0 million
Tobacco Control and Prevention	\$1.8 million
Immunizations	\$725,000
Eldercare	\$650,000
Teen Pregnancy Prevention	\$605,000
Family Planning Services	\$552,000
AIDS Prevention and Treatment	\$580,000
Breast/Cervical Cancer Prevention	\$300,000

OSDH FY'00 Expenditures By Activity

	<u>General Revenue</u>	<u>Fees</u>	<u>Federal Funds</u>	<u>Millage</u>	<u>Total</u>
Administration	1,818,937	8,153,866	4,293,839		14,266,642
Personal Health	40,069,285	2,718,191	34,543,477		77,330,953
Local Health	12,802,794		5,818,490	13,023,576	31,644,860
Special Health	1,943,254	4,856,017	6,189,923		12,989,194
WIC			57,222,720		57,222,720
Health Policy	3,521,006	262,531	2,557,833		6,341,370
Eldercare	6,695,977		909,653	502,156	8,107,786
Total	<u>66,851,253</u>	<u>15,990,605</u>	<u>111,535,935</u>	<u>13,525,732</u>	<u>207,903,525</u>

## OSDH FY'00 Expenditures as a Percent of Total



### SERVICES PROVIDED BY OSDH

The State Department of Health provides a wide array of services associated with the goal of preventative health. Major programs fall into the following categories: Family Health, Chronic Disease, Communicable Disease, Eldercare, Local Health, Health Promotion and Policy Analysis, and Consumer Protection.

#### Family Health

This division, the agency's largest, had a budget in FY'00 of \$116.3 million, or 57% of the total agency budget. Programs focus primarily on preserving and improving the health of women, children and teenagers:

- **Family Planning Services:** County health departments and non-profit clinics provide family planning services to low-income women at risk for unwanted and mistimed pregnancies. Services include physical exams, contraceptive supplies, education and counseling, and voluntary sterilization. Contracts specifically prohibit use of state funds for abortions.
- **Child Abuse Prevention Programs:** Resources focus on home visitation programs for low-resource mothers to improve health indicators and parenting skills in an effort to avert child abuse, unwanted repeat pregnancies and other adverse outcomes.

- **Child Guidance Services:** County health clinics offer diagnostic and short-term treatment services for developmental, psychological, speech, language and hearing problems among children. The agency also staffs the Early Intervention (SoonerStart) program, funded through the Department of Education, for infants and toddlers.
- **Women, Infants and Children (WIC):** This federally-funded program provides nutritional education and coupons for selected foods to 77,000 pregnant women, infants, and children under five years of age.
- **Dental Health:** Oral health screening and small-scale treatment is provided for children and nursing home residents in some areas through contracts with providers. There is also a school-based dental education program and a fluoridation program to improve the state's drinking water supply.
- **Teen Pregnancy Prevention:** The agency provides community-based programs aimed at lowering the state's teen birthrate via contracts with non-profit providers.
- **Newborn Metabolic Screening:** The agency coordinates screening of all Oklahoma newborns for various metabolic disorders.

### **Chronic Diseases**

The agency provides screening, tracking, education and referrals for persons at risk of a number of chronic diseases such as cancer, diabetes, heart disease and high blood pressure. Also, OSDA helps fund the prevention efforts of several organizations that focus on these diseases. Tobacco-use prevention efforts also fall within this division. The FY'00 budget for Chronic Diseases was \$3.4 million or 1.7% of the agency total.

### **Communicable Disease**

Representing \$14.9 million, or 7.3% of the FY'00 OSDH budget, this division is involved in monitoring and combating the spread of communicable diseases. OSDH provides the following services:

- **Immunizations:** OSDH inoculates uninsured children for all state-mandated vaccines and coordinates the distribution of vaccines to private health facilities.
- **Tuberculosis (TB) Treatment and Prevention:** OSDH provides screening, diagnosis and rigorous follow-up programs for persons with TB, many of whom are indigent and difficult to track.

- **HIV/STD:** OSDH coordinates and funds a statewide program for the surveillance and prevention of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome and other sexually-transmitted diseases. The agency also helps eligible participants pay for prescriptions under the AIDS Drug Assistance Program.

### **Eldercare**

The Eldercare program, organized at the county and regional levels, provides at-home social support services to persons aged 60 or over and to disabled adults. The Eldercare program's budget in FY'90 was \$7.6 million or 3.7% of the total budget.

### **Local Health**

The Local Health Services Division, the agency's second largest division, accounted for 13.8% or \$28.2 million of the agency's budget in FY'00. The division covers an array of services at the county health department level, including technical oversight for public health nurses and community health workers throughout the state, local finance and budgeting, and record keeping.

### **Health Promotion and Policy Analysis**

The Health Promotion and Policy Analysis (HPPA) division, with a FY'00 budget of \$6.3 million, is charged with the mission of coordinating and disseminating information on health care in Oklahoma. Specific programs under HPPA's purview include Injury Prevention Services, the statewide Trauma Registry, and the Office of Rural Health and Public Health Statistics.

### **Consumer Protection**

OSDH has responsibility for a wide range of regulatory services in areas that effect the health of citizens. Regulatory responsibilities include enforcing laws and regulations, performing routine inspections, investigating complaints, and issuing, renewing and revoking licenses.

Most of the \$12.1 million budget for this division comes from licensure fees. Federal Medicaid funds help support health and medical facility inspections, which are conducted by OSDH employees.

- **Long-Term Care Services:** OSDH is responsible for licensing and inspecting nursing facilities, assisted living centers, group homes, intermediate care facilities for the mentally retarded, and residential care centers.

- **Medical Facilities and Entities:** The agency licenses hospitals, ambulatory surgical centers, community health centers, home health agencies, hospices, health maintenance organizations, etc.
- **Occupational Licensing:** OSDH licenses plumbers, electricians, barbers, hearing-aid fitters, the alarm industry, and licensed professional counselors.
- **Restaurant and Motel Inspection:** Restaurant and motel inspections are fee-funded and conducted by local sanitarians working out of county health departments.
- **County and City Jail Inspections:** OSDH employees inspect local jails to ensure compliance with minimum safety and inmate welfare standards. In response to jail crowding, this division has expanded enforcement efforts in this area.

### **Nursing Home Quality Initiative (HB 2019)**

With HB 2019 (2000) the Legislature sought to make strides in improving nursing homes in Oklahoma. Effective October 1, 2000, a \$4.90/bed/day Quality Assurance Fee was assessed on all licensed nursing facilities. The funds will be deposited in a Nursing Facility Quality of Care Fund, administered by the Oklahoma Health Care Authority. The fees will leverage federal Medicaid funding to create a \$156 million program designed to improve services to nursing home residents and other senior programs. Major funding initiatives:

- **Increase in Medicaid Reimbursement for Nursing Homes:** An enhanced Medicaid reimbursement rate will be used to bring rates up to reported costs; reimburse the cost of the quality-of-care fee; and increase direct care staffing ratios over a three-year period. The law requires implementation of an enhanced minimum wage -- \$6.65 per hour -- for nursing home and ICF-MR employees. The fund also allows homes to cover liability insurance costs.
- **Enhanced Benefits and Services to the Elderly and Disabled:** The law provides funding for the following expansions: prescription drug coverage and other Medicaid benefits to low-income Qualified Medicare Beneficiaries (QMBs); Medicaid coverage for the purchase of durable medical equipment such as wheelchairs, eyeglasses and dentures; increasing the monthly personal needs allowance for nursing home residents from \$30 to

\$50; and providing non-emergency transportation for nursing home residents.

- **Nursing Home Inspectors and Client Advocates:** The new funds will help pay OSDH costs of hiring ten additional nursing home inspectors and ten additional client advocates or ombudsman investigators through Area Alliance on Aging agencies.

The bill also creates two task forces: the Medicaid Matching Funds Task Force to examine alternative funding mechanisms for nursing homes; and the Continuum of Care Task Force to make recommendations concerning a comprehensive state long-term care policy.