under new management

central office & county health department services

financial summary fiscal year 2001

statistical summary fiscal year 2001

oklahoma state board of health

central office staff

county health department administrators

osdh helplines
These are unprecedented times for public health in Oklahoma. On June 1, 2001, the Oklahoma State Department of Health was placed “under new management” with the appointment of Dr. Leslie Beitsch as the state’s Commissioner of Health. He is the 17th State Health Commissioner appointed to that post since statehood.

To assure the agency’s goals, priorities and strategies are responsive to improving the health of Oklahomans, Dr. Beitsch initiated a rigorous strategic planning process and performance standards review process. Both are an effort to meet current challenges in public health by assessing the performance standards necessary to provide public health services, identifying critical gaps in services, putting in place systems to monitor performance, and proposing new policies that will target those factors that significantly influence the health of Oklahoma’s citizens.

While these remarkable agency transformations began to take hold, the events of September 11 and beyond hampered, but did not shake the resolve of Oklahoma State Department of Health employees to protect and improve the health of Oklahomans.

Commissioner’s Message
I came to Oklahoma because I was excited about the challenges and opportunities waiting for me at the Oklahoma State Department of Health. Predictably, upon my arrival, many asked, “Will things really be different under new management?”

My response has been that transforming the Oklahoma State
Department of Health into an organization that all can be proud of is a shared responsibility. My responsibility is to provide leadership and direction while speaking the truth and conducting the affairs of the Department with complete integrity. The State Board of Health and I share a responsibility to make certain the agency has the resources it needs to do its job. Government is no different from private enterprise in this respect; we should invest heavily in workforce development efforts, including advancing training and educational opportunities, building career pathways, promoting personal growth, and improving the current salary structure. Finally, this agency’s employees share a responsibility for recognizing that sacrifice, dedication and creativity will be required of them before real change can occur.

If we all “step up to the plate,” our actions can have a positive influence on the health status of Oklahomans, and that’s why we are here. To accomplish this goal, we must first improve the health of our own organization. We have begun to make some improvements to our infrastructure. Changing our organizational culture, however, will not come as easily. Harvard professor John Kotter has studied successful organizational transformations and has identified eight major change steps: establishing a sense of urgency, creating the guiding coalition, developing a vision and strategy, communicating the change vision, empowering a broad base of people to take action, generating short-term wins, consolidating gains and producing even more change, and institutionalizing new approaches in the culture.*

We are still in the early processes of Kotter’s suggested change steps. We have begun our journey by completing a self-assessment known as the Public Health Performance Standards, developed by many national public health organizations under the leadership of the Centers for Disease Control and Prevention. This will assist us in establishing our baseline. To make certain we have a road map to reach our destination, we are developing a strategic plan so that every employee can identify his or her specific role. And we continue to reach out to our state and community partners who join with us in the common goal of improving the health of Oklahomans.

I am convinced that by following the steps toward a successful transformation, we can create an organization that will most certainly enhance our capacity to better serve the public. I value being the architect of this process, but I recognize it can’t happen without our employees and state and community partners who join me as we build, brick by brick, the best department of health in the United States.

Leslie M. Beitsch

Public health is people oriented and community focused and nowhere is that more evident than in services provided by Oklahoma’s county health department network. Local county health departments are the support branches for Oklahoma’s public health system. They serve an important role in their communities by linking individual health to community health.

The general organization of a county health department includes a medical director, administrative director, nurses, sanitarians, and child guidance personnel, as well as administrative and support staff. Most counties can offer specialized services provided by nutritionists, social workers, nurse practitioners, and others who are assigned on a regional basis to one or more health departments.

Local millage and other revenue sources support county health department services in 69 counties. Eight counties do not have organized health departments: Cimarron, Ellis, Nowata, Osage, Alfalfa, Dewey, Roger Mills, and Washita. Some minimum services, as defined by statute, are provided to these counties by the central office, or nearby county health departments. Oklahoma and Tulsa counties operate city-county health departments autonomously from the Oklahoma State Department of Health’s local health network.

The nurturing of our communities’ health cannot be dependent on government action alone. County health departments must become leaders in their respective communities to identify opportunities and stimulate interventions that will build
healthy communities. This will require skills in community assessment, program planning, implementation and evaluation. Many county health departments are using Turning Point, a community partnership approach to improve health. This process helps organize citizen partners, other health care providers, business and labor representatives, educators, community-based organizations and the faith community to work together for the benefit of the health of all.

Central Office Services · Today our public health is threatened by the unintentional spread of disease, including new and re-emerging diseases, as well as familiar diseases like tuberculosis. In addition, the chronic diseases of our ever-increasing aging population are also taking a toll on our health and well-being. And overriding all of these issues are the human behaviors and social and environmental influences that so frequently result in adverse health consequences. To confront these challenges, Central Office Services provide program design and development; oversight, monitoring and evaluation; and technical assistance. They partner with county health departments in identifying shared values and common goals, specific roles and responsibilities in conducting public health programs, and accountability mechanisms.

Central Office Services pursue fiscal opportunities through federal, state and private sources to fund programs and services. Staff provide public and professional health education concerning disease prevention and health risk reduction. They enforce public health standards and regulations and affirm that preventive health services and protective measures are in place. They conduct surveillance and evaluation to monitor communities’ health status and they identify health disparities.

Sixty-six diseases, conditions and injuries are reportable to the Oklahoma State Department of Health. Central office staff monitor specific disease diagnoses and laboratory readings in case more active public health intervention is required. Thousands of laboratory examinations are performed annually to confirm infectious, chronic or genetic diseases. Several trades and professions are licensed through services provided at the central office. Long-term care and related facilities, as well as hospitals, are licensed and certified for participation in the Medicare/Medicaid programs. And every day, hundreds of copies of birth and death records are issued from the Oklahoma City central office and the Tulsa branch vital records office.

We are what we repeatedly do. Excellence then, is not an act, but a habit.
— Aristotle
Although our nation spends $1 trillion each year on health care, only one percent of that amount supports population-based disease prevention and health promotion. Public health programs conducted by the Oklahoma State Department of Health are funded by: 1) Transfers of federal funds to state programs, 2) State funds appropriated by the Oklahoma Legislature, 3) Local millage and 4) Fees collected for services.

**Figure 1** · During the last decade (1991–2001), Oklahoma saw: Federal government support increase from $48 to $124 million. State appropriated dollars increase from $47 to $64 million. Local millage has remained constant during the decade. Fees collected for services increased from $10 to $19 million. Total support for public health increased from $119 to $221 million.

**Figure 2** · This information describes the distribution of agency expenditures by major program category in fiscal year 2001. Although accurate in terms of administrative accountability, these data do not represent all actual dollars supporting public health services at the local level. The Local County Health Department item represents only basic operational funding for that activity. Most expenditures for other programs, except for administrative services and the functioning of Vital Records, support services provided at the local level. As an example, Personal Health Services consists of programs such as: HIV/STD, Immunization, Tuberculosis, Maternal & Infant Health, Family Planning, Dental, Child Abuse Prevention,
An empowered organization is one in which individuals have the knowledge, skill, desire, and opportunity to personally succeed in a way that leads to collective organizational success.

Stephen R. Covey, Principle-Centered Leadership

Child Guidance, Children First, and Early Intervention. All of these programs are focused at the local level, although their funding is reflected on lines other than the one for “Local County Health Departments.” Also, it should be noted that the Oklahoma City and Tulsa city-county health departments are not under the state health department’s administrative control; therefore expenditures made by these entities from local tax revenues are not included in this report.

**Figure 1 · Agency Expenditures by Source of Funds**

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>$123,833,571</td>
<td>56.0%</td>
</tr>
<tr>
<td>State Appropriated</td>
<td>$64,104,767</td>
<td>29.0%</td>
</tr>
<tr>
<td>Local Millage</td>
<td>$14,464,220</td>
<td>6.5%</td>
</tr>
<tr>
<td>Fees</td>
<td>$18,839,545</td>
<td>8.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$221,242,104</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

**Figure 2 · Percent Distribution of Agency Expenditures by Program**

<table>
<thead>
<tr>
<th>Program</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Health Services</td>
<td>37.7%</td>
</tr>
<tr>
<td>WIC Food Program</td>
<td>25.6%</td>
</tr>
<tr>
<td>Local County Health Departments</td>
<td>15.0%</td>
</tr>
<tr>
<td>Administrative and Other Program Services</td>
<td>7.1%</td>
</tr>
<tr>
<td>Consumer Protection</td>
<td>6.7%</td>
</tr>
<tr>
<td>Eldercare</td>
<td>3.8%</td>
</tr>
<tr>
<td>Health Promotion and Policy Analysis</td>
<td>4.1%</td>
</tr>
</tbody>
</table>
### Adolescent Health

- **43,622** High School students reached through the Heads Up! Mental Fitness Program.
- **500** Copies of the Youth Suicide Prevention State Plan distributed in Oklahoma and across the county and on OSDH website.
- **2,000** Pregnant and parenting teens received prevention education through alternative education programs.
- **14,756** Services provided to pregnant and parenting teens through alternative education programs.
- **39,830** Contacts with adolescents and pre-adolescents were made involving structured curricula implementation, community events, and program evaluation activities.
- **8,797** Contacts with parents and other adults were made involving community coalitions, parent education sessions, and volunteer opportunities.
- **1,429,084** Individuals reached by teen pregnancy prevention media exposure.

### Certificate of Need, Nursing and Specialized Facilities

- **420** Nursing and Alzheimer’s facilities in operation.
- **55** Specialized facilities for mentally retarded residents in operation.
- **44** Hospital-based skilled nursing units in operation.

### Certificate of Need, Psychiatric and Chemical Dependency Treatment Facilities

- **71** Psychiatric and chemical dependency treatment facilities in operation.
- **6** Certificate of Need applications reviewed.
- **41** Beds added to inventory.

### Child Abuse Prevention

- **1,195** Families, which included 1,461 children, received home-based parent education and support services.
- **15,356** Home visits were provided to families.
- **850** Parents received center-based parent education and support services.
- **1,700** Families received referrals to other community services to aid families with their basic health care, child care, educational, and living needs.
- **2,000** Child Abuse Prevention Month campaign packets were distributed across the state.

### Certificate of Need applications reviewed.

- **167** Net bed increase, nursing and Alzheimer’s facilities (including replacements).
- **116** Net bed change, specialized facilities for mentally retarded residents.

### Child Abuse Training Coordinating Council

- **29** Contracts with community-based public and private agencies and organizations were awarded, monitored, and provided technical assistance.
- **128** Child abuse and neglect prevention service providers were trained on the Healthy Families America Prevention Model during 11 training events.

### Child Guidance

- **1,052** Professionals from law enforcement, public health, child care, medicine, prevention, education, and domestic violence received specialized training.
- **76** First Care trainings conducted.
- **1,500** Child Providers Health and Resource Calendars printed and distributed.

### Child Care

- **29,194** Sessions for screening, assessment or evaluation services for children and families with parenting, developmental, speech-language, hearing, and psychosocial concerns.
- **18,576** Individual, family and group sessions for prevention and educational interventions and short-term treatment for children and families with parenting, developmental, speech-language, hearing, and psychosocial concerns.
- **63,627** Participants in workshops, training, consultation on topics related to parenting, development, speech-language, hearing and psychosocial issues.
- **1,956** Youth participated in Abstinence Education programs and completed evaluation responses.
**Children First**

77 Counties with *Children First* home visitation services.

8,199 Families served.

83,323 Completed home visits.

6,163 First-time mothers were referred for home visitation services.

1,883 Children reached their first birthday while participating in the program.

2,732 Babies born to mothers served by the Children First program.

**Chronic Disease**

59,052 Cervical Pap smears to detect cervical cancer were performed at local health departments and community clinics.

1,128 Women with abnormal Pap smears were evaluated and treated at regional cervical dysplasia clinics.

35,431 Oklahomans received cardiovascular reduction services of risk factor education and early detection of disease.

17,716 Persons tested for diabetes mellitus.

4,539 Women received clinical breast examination/mammography to detect breast cancer.

1,598 Native Americans actively participating in a physical activity intervention to reduce the impact of cardiovascular disease and diabetes through the REACH 2010 research initiative.

45 Seminars, workshops or lectures presented to health care professionals, tribal nations, medical schools, and local/public health department professionals on the principles and applications of chronic disease including chronic disease epidemiological methodologies.

25 Presentations on “Hats Off to Women’s Health” given to various women’s organizations statewide.

**Communicable Disease Investigation and Prevention**

20,616 Consultations were made with the professional and lay public on the causes and control of communicable diseases.

2,282 Epidemiologic investigations (including follow-up on positive and unsatisfactory rabies specimens) were conducted to identify the source and to control disease outbreaks such as infectious hepatitis and food-borne diseases.

25,000 Disease and laboratory reports reviewed and/or investigated.

26,000 Epidemiology Bulletins published.

22 Tuberculosis outbreak investigations conducted in nursing homes and workplaces.

6,137 Tuberculosis consultations.

155 New tuberculosis cases identified.

110,313 Tuberculin skin tests administered.

27 Seminars and lectures were presented to various professional groups, medical schools and graduate classes, and local health nurses on the principles and application of epidemiological techniques.

**Epidemiology Bulletins**

36 Counties with active dental education/tobacco use prevention programs.

44,054 Children received classroom dental education/tobacco use prevention instruction.

111,661 Dental educational program encounters.

5,482 Dental program presentations/workshops provided.

934 Dental clinical treatment encounters in health department dental clinics.

5,161 Dental clinical treatment procedures performed in health department dental clinics.

8 Additional public water systems began providing optimally fluoridated water.

21,100 People began receiving the benefits of fluoridated water.

**ElderCare**

9,799 Level I Services (information, referral, and follow-up).

152 Level II Services (short-term case management).
10,588 Level III Services (comprehensive case management).
11,655 Total unduplicated services rendered.
116,303 Encounters.

Emergency Medical Services
197 Ambulance services.
5,515 Emergency Medical Technicians.
23,142 First Responders.
150 First Response agencies.
53 EMS training programs.
43 EMS districts.

Family Planning
67,566 Clients received family planning and related health services at 113 sites, including local county health departments and contracted providers.
7,272 Clients received pregnancy testing and counseling.
146 Tubal ligation provided with state-appropriated funding.
46 Vasectomy provided with state-appropriated funding.
250 Family planning and sexuality education programs were provided to various community organizations and agencies.
3,067 Teens and adults served by community health education programs.

Health Care Information
4,800 Telephone survey interviews completed for the Behavioral Risk Factor Surveillance System. (2001)
119 Oklahoma Cooperative Annual Hospital Surveys processed (119 of 154 hospitals submitted surveys for 2000).

Continuum of Care Facilities licensed.
Total licenses issued to Continuum of Care facilities including renewals, bed increases, name changes, and changes of ownership.
Independent review organizations certified.
External reviews conducted; 120 requests for information.
Utilization Review Program certified; 100 requests for information.

Health Resources Development Service
10 Health Maintenance Organizations (HMOs) licensed.
529 Written complaints investigated.
617 Telephone complaints handled.
1,245 Requests for information answered.
560,614 HMO members.
464 Nursing and specialized facilities licensed.
466 Total licenses issued to nursing and specialized facilities including renewals, bed increases, name changes, and changes of ownership.
110 Residential care homes licensed.
38 Total licenses issued to residential care homes, including renewals, bed increases, name changes, and changes of ownership. (Issued every two years.)
26 Adult day care centers licensed.
26 Total licenses issued to adult day care centers, including renewals, bed increases, name changes, and changes of ownership.
98 Assisted Living Facilities licensed.
102 Total licenses issued to Assisted Living Facilities, including renewals, bed increases, name changes and changes of ownership.
8 Continuum of Care Facilities licensed.

Immunizations
923,691 Doses of vaccine were administered by county health departments, other public providers and clinics, hospitals, and physicians.
128 Investigations of vaccine-preventable diseases were conducted.
1,700 Children were reached directly through “SAFE KIDS Summerfest.”

SAFE KIDS Injury Prevention
500 Lifesjackets were taken to 10 state lakes through the “Brittany Project,” a life jacket loaner program.

765 Randomly selected immunization records were located and assessed to determine the statewide immunization level for 2-year-old children in a 2000 national survey.
70 Percent of 2-year-old children up-to-date on immunizations in an Oklahoma 2000 survey.

Injury Prevention
3,471 Reports of traumatic brain injuries were reviewed.
97 Reports of submersion were reviewed.
409 Reports of burns were reviewed.
125 Reports of traumatic spinal cord injuries were reviewed.
102 Reports of fatal occupational injuries were reviewed.
24 Written reports reviewing surveillance data were presented to injury medical professionals.
369 Educational materials regarding injury control were distributed, including posters, brochures, training guides, and fact books.
2,738 Bicycle helmets were distributed to children 5-12 years of age.
5,717 Smoke alarms were distributed to families in need.

110 Approved Preparedness Program.
1 Attended Preparedness Program.
398 Renewals.
43 Initial certificates issued.

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140 Youth were trained through “Super Sitters” classes.
275 Free child safety seats were distributed.
110 Free bike helmets were distributed.
38 Child safety seat check-up events were conducted.
1,505 Free smoke alarms were distributed to fire departments statewide through the “Save-a-Life” program.

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Complaints investigated.  
Disciplinary actions taken.  

Long Term Care  
2,574  
Complaints investigated in nursing facilities and specialized facilities.  
51  
Complaints investigated in residential care homes.  
2  
Complaints investigated in adult day care centers.  
42  
Complaints investigated in assisted living centers.  
56  
Private intermediate care facilities for the mentally retarded certified, representing a total of 2,235 beds.  
2  
Public intermediate care facilities for the mentally retarded certified, representing a total of 400 beds.  
294  
Licensure surveys, follow-up visits and other inspections conducted in intermediate care facilities for the mentally retarded.  
411  
Nursing facilities certified, representing a total of 36,385 beds.  
44  
Hospital-based skilled nursing units certified, representing a total of 784 beds.  
2,575  
Licensure surveys, follow-up visits and other inspections conducted in nursing facilities.  
105  
Remedies were imposed in nursing facilities to improve resident care.  
69  
Open meetings conducted in nursing facilities to provide residents, resident representatives and other interested parties the opportunity to share information and ask questions concerning resident care.  
145  
Nursing facility construction consultations and site inspections.  
112  
Residential care homes licensed, representing a total of 3,526 beds.  
33  
Licensure inspections and follow-up visits made in residential care facilities to determine compliance with licensure regulations and to monitor patient care.  
144  
Adverse actions initiated in residential care facilities to improve resident care.  
2  
Maternity  
5,690  
Pregnant women were assessed for medical, genetic, psychosocial, and nutrition risk factors upon admission to comprehensive maternity care.  
16  
Clinic sites in 6 counties were assessed to determine their capacity to provide accessible and acceptable maternity services.  
1  
Medical Facilities and Services  
26  
Alcohol and drug abuse treatment facilities currently in operation: 26 licensure surveys and 3 complaint investigations.  
45  
Ambulatory surgical centers currently in operation: 18 Medicare surveys and 6 follow-up visits performed; 19 licensure surveys and 4 follow-up visits performed.  
2  
Licensed birthing centers currently in operation: 1 licensure survey performed.  
2,716  
Clinical laboratories currently in operation: 191 CLIA surveys and 3 complaint investigations.  
104  
Comprehensive outpatient rehabilitation facility in operation.  
51  
PPS excluded psychiatric units/PPS excluded rehabilitation units: 9 Medicare surveys performed.  
12  
Portable x-ray units: 5 Medicare surveys performed.  
50  
Rural health clinics: 22 Medicare surveys and 10 follow-up visits performed.  
65  
Swing bed hospital units: 22 Medicare surveys and 7 follow-up visits performed.  
88  
Workplace drug and alcohol testing facilities currently in operation: 18 licensure surveys and 1 complaint investigated.  
1  
Tissue Bank.  
1  
Eye Bank.  
1  
Minority Health  
6  
Technical support to local communities involving requests for data information and policy support related to health disparities impacting minority populations.  
3  
Videoconference participation/broadcasts related to health disparities with focus on diabetes and environmental health.  
1  
Presentation on minority health and aging at Minority Conference on Aging, Tulsa.  
1  
Participation in Region VI Health Disparities Meeting with other Region VI states and federal representatives concerning federal initiatives and cultural sensitivity and awareness.
Participation in Region VI Health Disparities Conference 2000; assisted in planning and implementation with Region VI states and federal representatives.

Youth violence prevention programs funded through performance-based contracts to provide services to minority and disadvantaged youth.

Nurse Aide Registry
75,910
Total certified nurse aides.
305
Approved long-term care nurse aide training programs.
48
Non-eligible long-term care nurse aide training programs.
46
Approved certified medication aide programs.
23
Approved certified medication aide/CEU programs.
590
Confirmed cases of abuse, neglect, mistreatment, or misappropriation of resident property.
18,995
Renewals.

Occupational Licensing
379
Alarm companies licensed.
1,856
Individuals (including: managers, salesmen, technicians, and technician-trainees) licensed (or in the process of becoming licensed) in the alarm industry.
3,322
Barbers licensed, including 3,926 barbers and 132 registered apprentices.
77
Barber instructors licensed.
6
Barber colleges licensed.
1,097
Barber shops registered (inspected annually).
164
Licensed hearing aid dealers and fitters, including 14 temporary licenses.
630
Sanitarians licensed, including registered professional sanitarians, sanitarians in training, environmental specialists, and environmental specialists in training.

Pharmacy
4,159
Direct Observation Therapy prescriptions filled.
28,548
Requisitioned items for local county health departments.
29
Program Blanket Medication Requisitions.
30
Medications shipments returned for credit.
1
In-service presentation.
530
Phone consultations regarding medication issues at county health departments and the central office.

Primary Care
4
Medically underserved areas (MUSAs) reviewed and submitted for designation.
6
Health professional shortage areas (HPSAs) reviewed and submitted for designation.
23
National Health Service Corps (NHSC) health care provider site placement applications reviewed and scored.

Rural Health
104
Community development/strategic planning sessions conducted in 36 counties.
93
Presentations made to state and national groups regarding rural health issues.
135
Experiences participating in planning/advisory committees for local, state and regional programs/organizations/ agencies.
1
Combined conference of the Rural Health Association of Oklahoma, Oklahoma Area Health Education Centers and Oklahoma Primary Care Association with 237 attendees.

Screening and Special Services
42,788
Infants screened for risk of possible hearing loss with the NHSP hospital questionnaire.
29,583
Infants who received physiologic and risk hearing screening prior to discharge from the birthing facility.
743
Infants considered to be “at-risk” for hearing loss on physiologic screening were referred by the hearing screening program for further evaluation.
5,190
Infants considered “at-risk” for hearing loss based on responses to hearing risk indicator questions on the screening questionnaire were referred for further testing.
49,712
Infants screened for genetic diseases, including PKU, hypothyroidism, sickle cell disease, and galactosemia.
592
Infants had screens that were not normal.
were screened for lead poisoning.

Children screened had elevations greater or equal to 10ug/dl verified through capillary or venous testing (2.9%).

Sexually Transmitted Disease Control

Epidemiologic investigations conducted for cases of syphilis, gonorrhea and chlamydia.

Cases of gonorrhea identified.

Cases of chlamydia identified.

Cases of primary and secondary syphilis identified.

New contacts to syphilis identified and medically examined.

HIV infection cases reported.

AIDS cases reported.

Persons received HIV counseling and testing at test sites sponsored by the Oklahoma State Department of Health.

Persons received disease intervention education programs.

Persons attended HIV infection seminar.

Persons were trained in HIV antibody counseling and testing workshop.

Persons attended theory and practice training (new course).

Persons attended STD courses.

Participants attended statewide HIV/AIDS Conference.

SoonerStart Early Intervention

Infants and toddlers with disabilities, and their families, received evaluation, assessment, and early intervention services provided by multidisciplinary teams. The services were provided in natural environments, including home and community settings in which young children typically function.

Workshops were presented through the Statewide Training and Regional Support (STARS) Program with 1,231 participants, including SoonerStart staff, school personnel, Headstart staff, and child care staff.

SoonerStart childcare providers participated in TIC-TOC (Training Inclusive Childcare: Terrific Opportunities for Children) Program designed to assist childcare providers to include children with disabilities in typical childcare settings.

SoonerStart families participated in a survey conducted in conjunction with the Interagency Coordinating Council to evaluate the early intervention program from the family members’ perspective.

Physicians participated in the Caring for Infants and Toddlers with Disabilities training program, a collaborative effort with the University Affiliated Program of Oklahoma designed to increase physician participation in the early intervention system.

County Mobilization Programs.

County tobacco coalitions.

Tobacco coalition members.

Youth members of SWAT [Students Working Against Tobacco].

SWAT adult facilitators.

SWAT regional coordinators.

Youth attended Teen Summit.

Ethnic tobacco education networks.

Attendees at public education forums on second hand smoke.

Tobacco prevention school nurses.

Turning Point

Pilot communities continue to grow.

Local Turning Point Partnerships were initiated.

Partnerships received complete community profiles from OSU Cooperative Extension Service for implementing programs.

Members on the Oklahoma Turning Point Council representing various sectors including political, economic, health, education, religious, communication, recreational, non-profit, and other community groups.

Meetings of the Oklahoma Turning Point Council, 11 executive committee meetings and 20 subcommittee meetings.

Oklahoma Turning Point Council reorganized to prepare for the implementation phase of Turning Point. Two core functions were identified: 1) Community Priorities, 2) Technical Assistance. Four subcommittees were formed: 1) Data, 2) Media, 3) Public and Private Financing, 4) Human Resource Development.

Organizational members of the Oklahoma Turning Point Council include Youth Suicide Prevention Task Force and Oklahoma Arthritis Network.

Local articles were focused on Turning Point activities across the state as well as one national article about the Oklahoma Health Improvement Plan.

Field representatives were hired to coordinate the county activities surrounding Turning Point initiative.

Attendees at the Third Annual Oklahoma Turning Point Forum held December 8, 2000, at the MetroTech Conference Center, Oklahoma City.

Vital Records

Certificates of live birth were filed.

Certificates of death were filed.

New certificates were filed to replace certificates of legitimated and adopted children.

Copies of birth and death records were issued.

WIC

Clinics provide WIC (Special Supplemental Nutrition Program for Women, Infants and Children) services in 74 counties.

Monthly average of nutritionally at-risk mothers and children who participated in WIC, including: 12,081 pregnant women; 3,771 breastfeeding women; 6,342 postpartum women; 25,938 infants; and 41,657 children.

Grocery stores served as WIC vendors across the state.

Workplace Medical Plans

Workplace Medical Plans certified.

Workplace Medical Plan applications pending.

Requests for information.

Complaints investigated.

Seminar presentations.

Workplace Medical Plan members statewide.
The Oklahoma State Board of Health has nine members appointed by the Governor with Senate confirmation. The board’s current membership includes the following:

**Ron L. Graves, DDS, President,** is a board-certified oral and maxillofacial surgeon in private practice in Ardmore. He has served as president of both the Oklahoma Society and Southwest Society of Oral and Maxillofacial Surgeons. He has also served as Chief of Surgery and Chief of Staff at Memorial Hospital of Southern Oklahoma. Dr. Graves represents LeFlore, Latimer, Pittsburg, Atoka, Pushmataha, McCurtain, Choctaw, Bryan, Marshall, Carter, and Love counties.

**Haskell L. Evans, Jr., RPh, Vice President,** has served the health care profession as a registered pharmacist in Lawton for more than 35 years. He is Chief Executive Officer of RPH3, Inc., in Lawton. He has served as president, vice president, and secretary of the Oklahoma Pharmaceutical Association – District No. 6. Mr. Evans represents the state at large.

**Ron Osterhout, Secretary-Treasurer,** holds bachelor’s and master’s degrees in civil engineering. He has specialized in domestic and international oil and gas exploration and production. Mr. Osterhout represents Ellis, Dewey, Custer, Roger Mills, Beckham, Washita, Kiowa, Greer, Jackson, Harmon, and Tillman counties.
Dan H. Fieker, DO, is Chief Medical Officer and consultant in infectious diseases, and Director of Medical Education at the Tulsa Regional Medical Center. He also serves as clinical professor of medicine at the Oklahoma State University College of Osteopathic Medicine. He is a past president of the State Board of Health. Dr. Fieker represents Ottawa, Delaware, Craig, Mayes, Nowata, Rogers, Washington, Tulsa, Pawnee, and Osage counties.

Ann A. Warn, MD, is a general ophthalmology eye physician and surgeon practicing in Lawton. She also is a clinical instructor at the University of Oklahoma, Department of Ophthalmology. Dr. Warn represents Blaine, Kingfisher, Canadian, Caddo, Grady, Comanche, Jefferson, Stephens and Cotton counties.

Glen E. Diacon, Jr., MD, is a urologist on staff with the Valley View Hospital, Ada. He is certified by the American Board of Urology and is a Fellow in the American College of Surgeons. Dr. Diacon represents Creek, Lincoln, Okfuskee, Seminole, Pottawatomie, Pontotoc, Hughes, Johnston, and Coal counties.

John B. Carmichael, DDS, is a retired Woodward dentist, rancher, and civic organizer. He is a past president of the State Board of Health and long-time member, first appointed by Gov. George Nigh, and reappointed in 1994 by Gov. David Walters. He represents Cimarron, Texas, Beaver, Harper, Woodward, Woods, Major, Alfalfa, Grant, Garfield, Kay, and Noble counties.

Gordon E. Deckert, MD, is retired from the University of Oklahoma Health Sciences Center, where he was a David Ross Boyd Professor in the Department of Psychiatry and Behavioral Sciences. He continues to maintain a clinical private practice and is a consultant to hospitals and physicians groups. Dr. Deckert is also a nationally recognized public speaker. He is past president of the State Board of Health. Dr. Deckert represents Logan, Oklahoma, Cleveland, McClain, Garvin, Murray, and Payne counties.

Dan H. Fieker, DO, is Chief Medical Officer and consultant in infectious diseases, and Director of Medical Education at the Tulsa Regional Medical Center. He also serves as clinical professor of medicine at the Oklahoma State University College of Osteopathic Medicine. He is a past president of the State Board of Health. Dr. Fieker represents Ottawa, Delaware, Craig, Mayes, Nowata, Rogers, Washington, Tulsa, Pawnee, and Osage counties.

Jay A. Gregory, MD, is a board-certified surgeon with a general, vascular and thoracic practice in Muskogee. He has served as president of such organizations as the Oklahoma State Medical Association, Oklahoma Chapter of the American College of Surgeons, and the Oklahoma Rural Health Association. Dr. Gregory represents Adair, Sequoyah, Cherokee, Wagoner, Muskogee, Haskell, McIntosh, and Okmulgee counties.
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<td>Toni Frioux, MS, CNS, ARNP, Asst Deputy Commissioner</td>
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<tr>
<td>Adair Jim Bagby</td>
<td>600 W Hickory · Stilwell, OK 74960</td>
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<td>Beaver Janet Jones</td>
<td>PO Box 520 · Beaver, OK 73932</td>
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<tr>
<td>Canadian Steve Ramsey, PhD</td>
<td>200 S Bickford · El Reno, OK 73036</td>
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<td>Carter Mendy Spohn, MPH</td>
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<td>Cherokee Linda Axley</td>
<td>912 S College · Tahlequah, OK 74464</td>
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<td>Comanche Pamela Rollins, ARNP</td>
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<td>Delaware Jane Ann Nichols</td>
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<td>201 East Main · Stigler, OK 74462</td>
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<td>1904 Gordon Cooper Dr · Shawnee, OK 74001</td>
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<td>Wagoner Jim Turner, PhD</td>
<td>28525 E 141, PO Box 962 · Coweta, OK 74429</td>
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Oklahoma State Department of Health
1000 NE Tenth
Oklahoma City, OK 73117-1299
Visit the OSDH Web site at www.health.state.ok.us.

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Editor
Leslea Bennett-Webb
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Oklahoma City Metro