public health
>> in action
Each day the Oklahoma State Department of Health must address the challenges that are incumbent in protecting and promoting Oklahoma’s public health. This can be a daunting and unappreciated task, especially if people are confused about what public health is, or if they never visit their local county health department for services. One definition of public health suggests, “Public health is best distinguished from clinical medicine by its emphasis on preventing disease rather than curing it, and its focus on populations and communities rather than the individual patient.” Another definition asserts, “When it works, public health is invisible. An outbreak that never happened is difficult to see. A nonevent is difficult to market.” However you define public health, everyone benefits from its services in terms of lives protected, diseases prevented, and dollars saved in avoided medical care costs, lost wages and productivity.

With the risk of new illnesses only a plane ride away, public health must move quickly to stop the unintentional spread of disease, including diseases never seen before in Oklahoma until recent years, like West Nile virus. Re-emerging diseases such as tuberculosis, and the chronic diseases of our ever-increasing aging population, continue to challenge our public health system. Add to this mix risks to health resulting from personal lifestyles, environmental exposures, workplace hazards, educational disadvantages, socioeconomic issues, and acts of terrorism, and the result is a host of extraordinary challenges that require public health action.

To meet these challenges, the Oklahoma State Department of Health has transformed itself into an agency that aggressively seeks to increase the quality and years of healthy life for all Oklahomans. Achieving this goal means that the agency must be efficient, effective and accountable in its programmatic activities and investment of resources. It also requires that we join hands with our public health partners in the health care industry, business and labor, educators, community groups, and faith-based alliances to work together for needed changes in public health delivery.

We’re happy to do that, and more — whatever it takes — to keep public health moving to improve, protect and promote the health of all Oklahomans.

Every day, our dedicated team of public health professionals in 67 local county health departments, two city-county health departments, and our Oklahoma City headquarters all work toward a common mission—to reduce morbidity and mortality through prevention. As part of that effort, nearly 800,000 clinical services were provided to 289,000 Oklahomans in 2004 through our local county health department network.

Yet we recognize that to keep Oklahomans healthy, we must collaborate with multiple partners, including the state Department of Human Services, the Oklahoma Health Care Authority, the Department of Mental Health and Substance Abuse Services, the Department of Environmental Quality and a host of nonprofit organizations as well as private medicine and academia. It’s that kind of collaboration that has contributed to numerous public health successes in this and the last century, including these achievements: life expectancy has increased from 47 to 77 years; the total mortality rate has been cut by half; deaths from infectious diseases have been greatly reduced, especially in children: in 1900, 30 percent of all deaths were in children less than 5 years old and today it is only 1.4 percent; diseases such as smallpox and polio have been eradicated from the U.S.; motor vehicle death rates per miles driven have decreased 90 percent from 1925 to now; work-related death rates have decreased 90 percent since 1933; more than one million unintended pregnancies are prevented each year through family planning; and cavities in children have decreased 70 percent.

As we sustain the efforts that have achieved these phenomenal results, we must also strive to meet many new and complex challenges in public health, in particular, issues surrounding preparedness, health promotion and health disparities. Our charge now includes these three overarching goals:

- People in all communities should be protected from infectious, environmental and terrorist threats.
- All persons should be able to achieve their optimal lifespan with the best quality of life in every stage of life.
- All persons, regardless of gender, race/ethnicity, education or income, disability, place of residence, or sexual orientation should be protected against disease, injury and disability.

Secondhand Smoke Laws Make a Difference

New secondhand smoke laws prohibiting smoking in most public places and workplaces in Oklahoma went into effect September 1, 2003. The laws were designed to improve the health of all Oklahomans by reducing exposure to secondhand tobacco smoke. Some business owners were concerned about the effect of the laws on their business. Such was the case of Jack Tate, owner of Oakwood Bowling Center in Enid. Mr. Tate and his family have operated a bowling center in Enid for more than 58 years. Shortly after the new smokefree laws went into effect, he offered this observation: “The smokefree policy has been very good for us. We were apprehensive about it when the rule was adopted by the legislature, because a large percentage of bowlers do smoke. And we thought that this conceivable could hurt our business. But it’s turned out that (although) we lost three teams, we gained that many. Basically, we’re
Several recent accomplishments are noteworthy in our efforts to meet these goals. In the last two years, we’ve conducted more than 25 special terrorism preparedness exercises in Oklahoma communities to test our health system’s ability to respond to a terrorist event or other public health crisis. In response to West Nile Virus being introduced into the U.S., we’ve established a statewide surveillance system that has identified 1,230 birds, 1,166 horses and 122 humans with West Nile Virus and has established that the disease is present in all regions of the state. Our Oklahoma Central Cancer Registry now collects data on 96 percent of all cancers in Oklahoma, a valuable tool in our cancer control efforts.

Several significant successes have occurred recently in the area of health policy development. Last year, the Oklahoma Legislature appropriated funds to pay for breast and cervical cancer diagnosis treatment services for Medicaid-eligible women. A new family planning waiver just recently approved by the federal government will allow us to expand our family planning services to the Medicaid-eligible population. We’ve had substantial success in reducing secondhand smoke in indoor workplaces, and last November, Oklahomans voted to increase the state cigarette tax to fund tobacco cessation programs and augment state trauma system efforts. Through the “Fit Kids” initiative, Oklahoma’s children now have improved food and physical activity choices to help them get a healthy start in life.

The challenge of modern public health is to identify the issues that contribute to poor health outcomes in the populations we serve and to implement the appropriate interventions so that as many people as possible can live long and healthy lives. The last century has shown us how effective public health can be in accomplishing these goals. There are great opportunities for further improvements in the new century, but it won’t be easy and it can only be done through the efforts of thousands of dedicated public health professionals. I’m invigorated by the challenge and look forward to working with all of you toward that end.

James M Crutcher, MD, MPH, Commissioner of Health and State Health Officer

...the same as we were last year and it hasn’t hurt us overall. And we have people tell us all the time that they are coming in to bowl due to the fact that we are smokefree. And our staff loves it. They love it! We don’t have ashtrays so it’s easier to keep clean. So all in all, we’re very happy.”

“Abstinence Only” Programs Help Youth Make Informed Decisions  In fiscal year 2004, more than 11,000 youth throughout the state participated in “abstinence only” courses conducted by schools and community organizations and coordinated through the Oklahoma State Department of Health’s Child Guidance Service. An “Abstinence Only” coordinator in an Oklahoma school offered this story about a young girl working to break a family cycle of teen pregnancy: “A 15-year-old girl from one of the area schools caught me after class to tell me her story. She began by saying that her mother had become...
public health services

Oklahoma is a very different place from what it was just a few years ago — our population is growing older and more diverse; health care costs are soaring; emerging infectious diseases and terrorism make us more vulnerable to outside threats; diabetes, hypertension, and other chronic diseases threaten to erode our quality of life.*

Taking action to address these and other health threats are among the varied tasks local county health departments are responsible for in their communities.

Local county health departments serve an important role in their communities by linking individual health to community health, which assures that public health is people oriented but community focused. In recent years, county health departments have tried to be more responsive to consumer demand for public health information and services. They’ve attempted to establish themselves as leaders in the community to protect health and the quality of life, and they’ve sought more direct involvement from the health care sector, educators, civic and business leaders, and the faith community in participating in community-based public health decisions.

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 independently from the Oklahoma State Department of Health’s local health network.

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.

The agency’s Central Office Services located in Oklahoma City 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.

Lead Poisoning Prevention Identifies
Children At Risk  Lead exposure from housing built before 1978 is still seen as the greatest lead poisoning threat for children. The sources of lead in older housing could

pregnant at the age of 14 and her older sister had gotten pregnant at age 17. She then told me that she had just begun to date, and the guy she was dating was pressuring her to have sex. After being in the ‘Abstinence Only’ program and listening to the class on achieving your goals, she knew that having sex with him could jeopardize her most important goals. She wanted to be the first one in her family to go to college and to break the family cycle of teen pregnancy. By focusing on her goals, she was able to attain a 4.02 grade point average and is living a healthy abstinence lifestyle. Helping teens to achieve their goals through abstinence education means we can make a difference in their lives.”

Cancer Registry Receives National Gold Standard Certification
The Oklahoma Central Cancer Registry is an information system designed for the collection, management and analysis of data on persons with a diagnosis of a malignant or neoplastic disease (cancer). The registry is population-based and maintains
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.

More than 60 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 each day, hundreds of copies of birth and death records are issued from the Oklahoma City central office.


osdh at a glance

commissioner
James M Crutcher, MD, MPH

employees
2,255
As of February 1, 2005, Central Office employees – 833; County Health employees – 1,422.

annual budget
$227 million

county health departments
69 of 77 counties

vision
Creating a State of Health

mission
To protect and promote the health of the citizens of Oklahoma, to prevent disease and injury, and to assure the conditions by which our citizens can be healthy.

guiding values
Honesty - To be forthright with our customers, communities, suppliers, stakeholders, and one another; to be truthful in all our endeavors.

Integrity - To fulfill our commitments to our customers and to each other; to say what we mean, and to deliver what we promise.

Respect - To treat our customers and one another with dignity and fairness, appreciating the diversity and uniqueness of each individual.

Accountability - To take responsibility for our actions, and those of our agency and to fearlessly seek clarification and guidance whenever there is doubt.

Customer Service - To provide quality and effective services to all.

Trust - To build confidence in our customers and one another through teamwork and open, candid communication.

be lead-based paint or lead solder and pipes in plumbing. In fiscal year 2004, the Childhood Lead Poisoning Prevention Program of the Oklahoma State Department of Health was able to secure approval to share the addresses of children with elevated blood lead levels with local and state housing agencies in order to abate the lead hazards from homes whose owners participate in federally assisted housing programs. The Oklahoma State Department of Health believes this is a major step in finding rental homes, in particular, that repeatedly result in lead poisoning of children.

Cancer Registry Receives National Gold Standard Certification The Oklahoma Central Cancer Registry is an information system designed for the collection, management and analysis of data on persons with a diagnosis of a malignant or neoplastic disease (cancer). The registry is population-based and maintains
Public health programs conducted by the Oklahoma State Department of Health are funded by: federal funds, state funds appropriated by the Oklahoma Legislature, local millage, and fees collected for services.

**Agency Expenditures by Source of Funds**

- **FEDERAL**: $136,509,337 (66.1%)
- **STATE APPROPRIATED**: $52,384,274 (22.1%)
- **FEES**: $22,113,728 (9.7%)
- **LOCAL MILLAGE**: $16,173,765 (7.1%)

Note: WIC Food costs account for $49,181,124 or 36.5% of federal expenditures or 22% of total agency expenditures.

**Agency Expenditures by Activity**

- **FAMILY HEALTH**: $82,042,507 (36%)
- **COMMUNITY HEALTH**: $89,183,378 (39.5%)
- **DISEASE & PREVENTION**: $89,183,378 (39.5%)
- **TOTAL**: $227,181,124 (100%)

Notes: Construction Industries Board became a separate agency effective July 1, 2004. Oklahoma City and Tulsa city-county health departments function autonomously; thus expenditures made by these entities are not included in this report.

Data on all persons with cancer in Oklahoma since 1997. In fiscal year 2004, the North American Association of Central Cancer Registries awarded the Oklahoma Central Cancer Registry with its “Gold Standard Award.”

There are 76 eligible population-based cancer registries in North America, and Oklahoma’s registry was one of only 36 that received the gold standard certification. The Oklahoma registry is over 95 percent complete with all reportable cancers in Oklahoma. Data collected by the registry is used to evaluate treatment outcomes, quality of life issues and referral patterns. Registry data are also used in decision-making processes to find ways to provide quality health care at lower costs and with increased efficiencies.

**Disease Detectives Identify Source of Illness**

In March 2004, Oklahoma public health officials were notified of a cluster of persons ill with symptoms of fever, cough, shortness
of breath, and fatigue. All ill persons were attending a national basketball tournament in Oklahoma City and were guests at an Oklahoma City hotel. Responding quickly, the Oklahoma State Department of Health, in collaboration with the Oklahoma City-County Health Department, several other state health agencies, and the federal Centers for Disease Control and Prevention, identified the source of the outbreak to be the bacterium *Legionella pneumophila*. Immediate control measures were initiated and an epidemiologic investigation revealed exposure to the pool area was associated with illness. The pool area was closed to prevent continued transmission of *Legionella* to hotel guests and employees. Case finding identified 107 of 317 persons with symptoms of legionellosis. Public health officials provided recommendations for remediation of the pool area and worked closely with hotel management to ensure adequate daily monitoring and maintenance.

**Service Branches**

In fiscal year 2004, the service breakout for each of the service branches was as follows:

**Community Health**
- included the 69 local county health departments that provide public health services, as well as these central office services: Nursing Service, Community Development Service, Injury Prevention Service, and Record Evaluation and Support.

**Family Health**

**Disease & Prevention**

**Protective Health**
- included Long Term Care, Health Resources Development Service, Medical Facilities Service, Consumer Health Services, and Quality Improvement and Evaluation Service.

**Support**
- included the Commissioner of Health, Chief of Staff, Office of Accountability Systems, Internal Audit Unit, General Counsel, Director of Scientific Affairs, Office of Communications, Center for Health Statistics, Civil Rights Administrator, Minority Health Liaison, Financial Management, Budget and Funding, Federal Funds Development, Information Technology, Human Resources, and Building Management/Internal Services/Procurement.
Families received home-based services. Of those, 541 attended abstinence curriculum orientations. 426 Teachers and volunteer trainers attended SS abstinence curriculum trainings for the purpose of teaching abstinence only courses. 417 Parents attended training so they could educate their youth about abstinence. 193 Radio, newspaper, TV and billboard media outlets conveyed the abstinence only messages to youth and parents.

Child Health
11,103 Children ages 20 and younger received physical or developmental assessments in local county health department child health clinics and community clinics providing contract services.

Children First
77 Counties with Children First home visitation services.

Chronic Disease
255 Community professionals received training on sexual assault prevention that targeted males. 15 Public colleges and universities are collaborating to present the primary prevention program to prevent sexual assault, “Man 2 Man” program to college male students.

Community professionals received training on bullying prevention. 147 Individuals representing 6 different school districts were trained in a bilingual elementary school-based curriculum providing basic asthma education and management designed to empower children and their parents to take control of their asthma.
Asthma screenings were conducted in childcare and school settings to detect undiagnosed asthma.

Professionals received asthma education training.

Nursing professionals received an update in intensive diabetes management.

Private practice groups are participating in a statewide diabetes collaborative to improve diabetes standards of care and outcomes. Results of this collaborative reflect change in diabetes control by persons with diabetes in these practice groups.

Persons attended a “Salad Sister” presentation sponsored by the Diabetes Prevention and Control Program and the Omniplex Grossology exhibit. The “Salad Sister” program promotes the importance of adding fruits and vegetables to the diet.

Individuals are participating in a pilot program to reduce the risk of heart attack, stroke and diabetes. Of this group of individuals, clinical outcomes reflected a reduction in diastolic blood pressure of 12 points, a reduction of 39 points in low density blood cholesterol, a decrease of 58 points in blood triglycerides, weight loss of 8 pounds, and blood glucose levels were reduced by 22 mg/dl.

Copies of the Oklahoma Heart Disease and Stroke Health Program Strategic Plan were disseminated to heart disease and stroke partners statewide.

Cancer cases processed from 178 reporting facilities resulting in 17,193 incidence cancer cases for 2002.

Oklahoma Native American REACH 2010 Project to Reduce Diabetes and Cardiovascular Disease Partners’ staff received training in “Adventures in Experiential Education and Physical Activity Programming.”

Physical activity events per week occur at Oklahoma Native American REACH 2010 Project to Reduce Diabetes and Cardiovascular Disease Partners sites.

Participants received one-year measurements in physical activity interventions through the Oklahoma Native American REACH 2010 Project to Reduce Diabetes and Cardiovascular Disease.

Women received a clinical breast examination to detect breast cancer through the Oklahoma Take Charge Program.

Women received a screening mammogram to detect breast cancer through the Oklahoma Take Charge Program.

Women found to have breast cancer through the Oklahoma Take Charge Program.

Women found to have breast cancer through the Oklahoma Take Charge Program.

Women received a cervical Pap smear to detect cervical cancer through the Oklahoma Take Charge Program.

Women found to have high-grade cervical lesions or pre-cancer of the cervix through the Oklahoma Take Charge Program.

Certificate of Need, and Nursing and Specialized Facility License Administration

Nursing and specialized facilities licensed.

Total licenses issued to nursing and specialized facilities, including renewals, bed increases, name changes, and changes of ownership.

Certificate of Need applications reviewed.

Net bed increase, specialized facilities for mentally retarded residents.

Net bed increase, hospital-based skilled nursing units.

Certificate of Need, Psychiatric and Chemical Dependency Treatment Facilities

Certificate of Need applications reviewed.

6 Beds added to inventory.

Communicable Disease Investigation and Prevention

Communicable disease nurses and district nursing supervisors (from both county health departments and from Indian Health Service and tribal health clinics) trained in disease and outbreak investigation.

Public health administrators, public health nurses, hospital infection control practitioners, and sanitarians (includes Indian Health Service and tribal personnel also) trained in four two-day basic epidemiology courses.

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

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.

Disease and laboratory reports reviewed and/or investigated. Public Health Investigation and Disease Detection in Oklahoma (PHIDDD), a secure Web site to electronically submit reportable diseases and conditions, received 12,959 of these reports from clinics, hospitals, laboratories, and one national reference laboratory (including Indian Health Service and tribal health sites).

Onsite or in-depth investigations into outbreaks, clusters, and epidemics of infectious disease.

Epidemiology Bulletins and disease-specific statistical information/statistical summaries distributed.

Packets of Get Smart: Know When Antibiotics Work posters and patient education materials were administered.

Clinical and laboratory (including Indian Health Service and tribal health nurses, hospital infection control practitioners, and sanitarians (includes Indian Health Service and tribal personnel also) trained in four two-day basic epidemiology courses.

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

Additional autopsies were performed by the Office of the State Medical Examiner with the support of an OSUH contract to increase autopsies of potential infectious disease deaths. This partnership is a critical component of surveillance for fatal infectious diseases. Additional autopsies identified 46 deaths due to infectious disease pathology.

Dead wild birds collected and processed for West Nile virus surveillance and testing.

Epidemiologic investigations of human cases of West Nile virus.

Tuberculosis (TB) contact investigations (cases and suspects).

TB contact investigations conducted in facilities and workplaces.

TB telephone consultations.

TB x-ray consultations.

New tuberculosis cases identified.

Number of suspects evaluated.

Tuberculin skin tests administered.

TB presentations to various professional and medical groups.

As part of this emergency preparedness process, in fiscal year 2004 central office and county health department employees were trained in the Incident Command System (ICS). ICS provides the framework for a common command structure that ensures integration with other emergency response partners including law enforcement, firefighters, emergency medical services, emergency management, hazardous materials teams, and other first responders.
Communications
186 News releases, feature articles, and public service announcements provided to news media statewide; more than 1,600 media inquiries received.
394 E-mail requests from visitors to the agency Web site were processed.
411,349 Unique visitors to the agency Web site, generating 18,398,402 page hits.
602 Video/audio production, video-conference, satellite broadcast/distance-learning projects completed.
176 Graphics/desktop publishing projects completed.

Consumer Protection
1,062 Bedding licenses issued.
760 Bedding inspections.
55 Body piercing artists licensed.
31 Body piercing establishments received permits.
11 Drug, cosmetic and medical device facilities licensed. (Note: There are approximately 70 to 80 unlicensed facilities, as there is no statutory authority for licensing.)
15 Drug, cosmetic and medical device facility inspections.
1,227 Hotels/motels licensed.
1,227 Hotel/motel inspections.
102 Accredited and provisionally accredited mammography facilities.
97 Mammography facility inspections performed.
49 Public bathing place permits issued.
9,350 Public bathing place inspections.
21,664 Retail food establishments licensed.
47,274 Retail food Inspections.
1,117 Food manufacturers licensed.
1,972 Food manufacturer inspections.
101 Correctional facilities licensed.
287 Correctional facility inspections.
2,784 Permits issued for diagnostic x-ray tubes.

Dental Services
859 X-ray inspections.

Dental Services
33 Counties with active dental education/tobacco use prevention programs.
36,449 Children received classroom dental education/tobacco use prevention instruction.
106,211 Dental educational program encounters.
4,482 Dental program presentations/workshops provided.
913 Dental clinical treatment encounters in health department dental clinics.
4,730 Dental clinical treatment procedures performed in health department dental clinics.

Emergency Medical Services
194 Ambulance services.
143 Certified First Response agencies.
6 Stretching Aid Van services.
4,469 EMT Basic.
822 EMT Intermediate.
1,557 EMT Paramedic.
26,500 Certified First Responders.
51 EMS training institutions.
43 EMS districts.
66 Examinations administered; 1,959 candidates tested, as follows: 29 Basic EMT tests, 978 candidates; 6 Paramedic and Intermediate tests, 309 candidates; and 31 First Responder tests, 672 candidates.
884 Courses approved.

Family Planning
75,242 Clients received family planning and related health services in 86 county health department clinic sites located across 66 counties and in 20 additional sites provided by contract community partners, for a total of 70 counties providing family planning services.
1,189 Male clients were provided family planning services.
28 Training sessions were provided to county health departments and contract service providers for family planning program updates and special topics, with a total attendance of 2,448.

Health Care Information
6,865 Telephone survey interviews completed for the Behavioral Risk Factor Surveillance System. (CY 2004)
5,427 Telephone survey interviews completed for the Oklahoma Minority Behavior Risk Factor Surveillance Survey. (CY 2004)
110 Oklahoma Cooperative Annual Hospital Surveys processed.
1,000 Information requests completed.
125 of 131 Facilities reported inpatient discharge datasets. (CY 2003)
100 of 101 Facilities reported outpatient surgery (hospital-based) discharge datasets. (CY 2003)
45 of 46 Facilities reported outpatient surgery (free-standing) discharge datasets. (CY 2003)

Health Resources Development Services
37 Total licenses issued to adult day care centers, including renewals, bed increases, name changes, and changes of ownership.
58 Caring Heart volunteers trained.
449 Activity and social directors trained.
52 Outreach activities.
11 Workplace medical plans currently certified.
2 Changes of ownership processed.
45 Requests for information.
1 Complaint investigated.
150 Total licenses issued to continuum of care facilities and assisted living centers including renewals, bed increases, name changes, and changes of ownership.

Home Care Administrator Registry
565 Home care administrators are currently certified.
55 Provisional Certificates issued.
64 Tested for OHCAPA (OK Home Care Administrator Preparedness Assessment).
9 Approved test sites.
1 Approved preparedness program.

IMMUNIZATIONS
942,289 Doses of vaccine were administered by county health departments, other public providers, clinics, hospitals, and private physicians.
206 Vaccine-preventable disease investigations were conducted.
595 Oklahoma clinics were participating in the Vaccines for Children Program on January 1, 2004.
297 On-site visits to measure quality assurance were conducted at clinics that were enrolled in the Vaccines for Children Program.
196 Provider sites including public, private, tribal, and public and private schools were brought on line and trained to use the Oklahoma Immunization Information System, a statewide immunization registry.
65 Percent of 2-year-old children up-to-date on immunizations.

Injury Prevention
3,852 Reports of traumatic brain injuries were reviewed.
110 Reports of submersion were reviewed.
444 Reports of burns and smoke inhalation injuries were reviewed.
161 Reports of traumatic spinal cord injuries were reviewed.
11 Reports of fatal occupational injuries were reviewed.
19 Written reports reviewing surveillance data were presented to injury medical professionals.
1,045 Educational materials regarding injury control were distributed, including posters, brochures, training guides and fact books.
5,284 Smoke alarms were distributed to households.
3,200 Car seats were distributed to children.

Injury Prevention – SAFEKIDS
380 Lifejackets were taken to 10 state and federal lakes through the “Brittany Project”, a lifejacket loaner program.
200 Child safety advocates attended the semi-annual SAFE KIDS Summit.

785 Child safety seats were distributed to the public, including 613 free seats, 186 discounted seats, and 265 subsidized seats.

36 Specialized car seats were loaned to children with special needs.

610 Free bike helmets were distributed.

61 Bike rodeos were conducted.

29 Child safety seat check-up events were conducted.

1,318 Free smoke alarms were distributed to fire departments statewide through the “Save-a-Life” program.

8 New communities implemented the Risk Watch Injury Prevention curriculum.

2,400 Elementary students attended Wahoo Water Safety Education events.

Jails (City-County)

221 Routine jail inspections conducted in 181 jails, consisting of 77 county jails, 17 city jails, 37 ten-day lockup facilities, and 50 12-hour holding facilities.

124 Complaints investigated.

15 Deaths investigated.

55 Attempted suicides recorded.

19 Escapes recorded.

1,713 Jailers trained.

195 Facilities tested.

Long Term Care

37 Adult day care centers provided services with a capacity for approximately 1,447 participants.

36 Licensure surveys, follow-up visits, and other inspections were made in adult day care centers.

119 Assisted living centers provided services in approximately 6,264 licensed beds.

312 Licensure surveys, complaint investigations, follow-up visits, and other inspections conducted in assisted living centers.

2 Enforcement actions.

1,952 Complaints received, including incident reports converted to complaints.

1,911 Complaints investigated, including: 1,757, nursing and specialized facilities; 83, assisted living centers; 70, residential care homes; and 1, adult day care.

24,857 Facility incident reports received, including initial and follow-up reports.

11 Continuum of care facilities provided services in a total of approximately 1,586 beds (with beds licensed for nursing or assisted living, and capacity for day care participants specified).

68 Licensure surveys, complaint investigations, follow-up visits, and other inspections were conducted in continuum of care facilities.

77 ICF/MR facilities (private and public) provided services in approximately 2,599 licensed beds.

277 Licensure surveys, complaint investigations, follow-up visits, and other inspections.

8 Enforcement actions.

342 Nursing facilities were certified and provided services in approximately 31,356 beds.

15 Hospital-based skilled nursing units in operation.

3,574 Licensure surveys, complaint investigations, life safety code surveys, follow-up visits, and other inspections conducted in nursing and skilled nursing facilities.

129 State enforcement actions.

102 Residential care homes in operation representing a total of approximately 3,215 licensed beds.

249 Licensure inspections, complaint investigations, monitoring visits, and follow-up visits made in residential care facilities to determine compliance with licensure regulations and to monitor patient care.

1 State enforcement action.

Licensed Behavioral Practitioners

310 Persons licensed as Behavioral Practitioners.

16 Applicants for licensure took the Practitioner’s Examination of Psychological Knowledge and began to accrue the required number of hours of supervised experience. Completion of the required supervision precedes issuance of a license.

6 Complaints investigated.

Licensed Marital and Family Therapists

513 Persons licensed as marital and family therapists.

58 Applicants for licensure took the Examination for Marital and Family Therapists.

9 Complaints investigated.

Licensed Professional Counselors

2,559 Persons licensed as professional counselors.

287 Applicants for licensure took the National Counselors Examination and began to accrue the required number of hours of supervised experience. Completion of supervised experience precedes issuance of the license.

22 Complaints investigated.

4 Disciplinary actions taken.

Maternity

7,662 Pregnant women were provided prenatal care services, including an assessment for medical, genetic, psychosocial, and nutrition risk factors upon admission to services.

Medical Facilities and Services

49 Ambulatory surgical centers are currently in operation.

1 Certification survey performed.

1 Licensure survey performed.

1 Licensed birthing center currently in operation.

2,695 Clinical laboratories are currently in operation.

224 CLIA surveys were performed, including: 22 initial surveys; 135 recertification surveys; 22 follow-up surveys; 7 validation surveys; 35 waived surveys; and 3 complaint investigations.

215 Hospital submittal reviews.

216 Ambulatory surgical center submittal reviews.

182 Medical facility related inspections.

73 Long-term care submittal reviews.

130 Long-term care inspections.


85 Swimming pool plan reviews.

72 Swimming pool inspections.

290 Licensed home health agencies are currently in operation.

85 Medicare surveys; 26 follow-up visits, and 22 complaints investigated.

68 Licensure surveys, 15 follow-up visits, 12 complaints investigated.

136 Licensed hospice programs are currently in operation.

36 Medicare surveys, 11 follow-ups, and 25 complaints investigated.

77 Licensure surveys, 15 follow-ups, and 3 complaint investigations.

146 Licensed hospitals are currently in operation, including: 96 general medical surgical hospitals; 30 critical access hospitals; 10 specialized hospital, psychiatric; 7 specialized hospital, rehabilitation; and 3 specialized hospital, abortion facility.

120 Certification Surveys were performed including: 28 recertification surveys, 14 follow-up surveys, 78 complaint investigations, and 1 validation survey.

28 Licensure Surveys were performed including: 15 relicensure surveys, 2 follow-up surveys, and 11 complaint investigations.

63 End stage renal disease centers currently in operation; 16 surveys; 2 follow-up visits, and 1 complaint investigated.

8 Community mental health centers are currently in operation.

4 Comprehensive outpatient rehabilitation facilities currently in operation.

49 Rehabilitation agencies are currently in operation; 7 certification surveys performed.

25 PPS excluded psychiatric units are currently in operation.

28 PPS excluded rehabilitation units are currently in operation.

12 Portable x-ray units are currently in operation.

worker safety. We share your enthusiasm to provide the safest workplace for all of our employees. ~ The lessons and failures can be studied and applied to many of our daily activities. ~ We discuss the topics during safety meetings...and put the information out for all the customers to read.

Oral Health Needs of Oklahoma’s Children Assessed Results from the first statewide survey to assess the dental health status of Oklahoma’s third grade children were announced in fiscal year 2004. The Dental Health Service at the Oklahoma State Department of Health joined with the University of Oklahoma Colleges of Dentistry and Public Health to conduct the research project, which found an alarming prevalence of tooth decay among the third grade school population, including the following items: 69.4 percent of third grade children have dental caries experience; 40.2 percent of third grade children
have untreated decay; 37.2 percent of third grade children have dental sealants on at least one permanent molar tooth; on average, each third grade child has approximately 2.8 teeth that are decayed or have been decayed. > These data indicate that significant improvements are needed in Oklahoma before the Healthy People 2010 Oral Health Objectives for the nation are met in this state. Survey data will be used to increase efforts to educate the public about the importance of oral health as a part of total health; increase access to dental care for children eligible for Medicaid; increase the use of dental sealants; increase the number of public water supply systems that fluoridate; and decrease the incidence of tobacco use to reduce oral lesions and oral disease.

Oklahoma Cares Medicaid Program Designed
A program that could help save the lives of many low-income women without creditable

43 Rural health clinics are currently in operation.
63 Swing bed hospital units are currently in operation.
2 Tissue banks are currently in operation.
1 Eye Bank is currently in operation.
86 Workplace drug and alcohol testing facilities are currently in operation; 13 licensure surveys, and 2 complaint investigations.

Minority Health
10 Public presentations on health disparities, Culturally & Linguistically Appropriate Standards (CLAS), and technical support to local communities involving additional requests for data information and policy support related to health disparities impacting minority populations.

10 Health Disparities Task Force meetings, including subcommittee meetings.
3 “Use of interpreter” trainings developed and implemented.
10 Communities assisted in the provision of culturally appropriate and culturally sensitive education and prevention services targeting minority populations.

18 Site visits to local county health departments assessing language assistance services to persons with Limited English Proficiency as required by federal standards.
1 Participated in the Hispanic Senior Banquet with the Education Committee at the Latino Community Development Association and the Substance Abuse Prevention Program for the youth.
4 Youth violence prevention programs funded through performance-based contracts to provide services to minority and disadvantaged youth. Includes four compliance visits to each program site.
6 Meetings with various Oklahoma State Department of Health and community partners in support of minority health initiatives.

3 Basic Conversational Spanish Classes developed. Assisted in the provision of culturally appropriate communication by training three groups of OSDH employees.
257 Documents translated into Spanish and three documents translated into Chinese for the agency’s programs and committees including: Forms Committee, WIC, Newborn Screening, Chronic Diseases, Women’s Health, and Child Development. Provided numerous interpretation services for the programs mentioned above as well as county health departments.
3 Radio broadcast programs in Spanish. Participated in the presentation of the agency’s community services programs including HIV, Health Disparities, and Immunizations.
5 Meetings to provide active participation with the Hispanic Latino Tobacco Education Network initiated by the Latino Community Development Agency. Developed materials and translated publications for the Latino community in an effort to reduce the use of tobacco. Formed part of the Steering Committee of this group.

Nurse Aide Registry
60,475 Total certified nurse aides.
6,332 Total nurse aides added during fiscal year 2004.
12,464 Total certifications added during fiscal year 2004*, as follows: 6,997 Long Term Care (LTC), 3,385 Home Health (HH), 681 Developmentally Disabled (DD), 15 Residential Care (RC), 8 Adult Day Care (ADC), 1,398 Certified Medication Aides. (A CMA must also have LTC, HH, or DD Certification.)
89,383 Total certifications, by category*, as follows: 51,653 Long Term Care; 20,081 Home Health; 6,227 Developmentally Disabled; 797 Residential Care; 127 Adult Day Care; and 10,498 Certified Medication Aides. (A CMA must also have LTC, HH, or DD Certification.)

* A nurse aide may be certified in more than one category (LTC/HH/DD/RC/ADC).

Occupational Licensing
434 Alarm companies licensed.
2,185 Individuals licensed in the alarm industry (or in the process of becoming licensed). Includes managers, salespersons, technicians, and technician trainees.
3,478 Barbers licensed, including 3,369 barbers and 119 registered apprentices.
77 Barbers instructors licensed.
5 Barber colleges licensed.
1,428 Barber shops registered, which are inspected annually.
163 Licensed hearing aid dealers and fitters (which includes 15 Temporary Hearing Aid Dealers and Fitters licenses).
61 Micropigmentologists are currently certified.

Pharmacy
5,715 Direct Observation Therapy prescriptions filled.
22,530 Requisitioned items for local county health departments.
6 Program blanket medication requisitions.
10 Medication shipments returned for credit.
652 Phone consultations regarding medication issues at county health departments and the central office.

Primary Care
5 Medically Underserved Areas (MUA) reviewed and submitted for designation.
12 Areas reviewed for MUA but did not meet criteria.
16 Health Professional Shortage Areas (HPSAs) reviewed and submitted for designation.
28 National Health Service Corps (NHSC) health care provider site placement applications reviewed and scored.
9 NHSC health care providers placed in HPSA areas.
14 Technical assistance provided to communities for federally qualified health center (FQHC) development.
106 Foreign Medical Graduate visa waiver information requests.
15 Foreign Medical Graduates placed in practice sites.
47 Foreign Medical Graduate waiver inquiries.

Public Health Laboratory
243,131 Laboratory tests performed on blood specimens to identify analytes for chronic or genetic diseases.
156,084 Laboratory examinations performed to detect infectious diseases, e.g., sexually transmitted diseases, tuberculosis, or enteric infections.
1,534 Animal brain specimens tested for the presence of rabies.
94 Laboratory Quality Assurance Reviews for county health departments that perform laboratory testing.

Quality Improvement and Evaluation Services
365 Nursing homes transmitted MDS data.
200 Home Health Agencies transmitted OASIS data.
58 Software vendors served.
85 Medicare/Medicaid surveyors trained and assisted.
388,641 MDS or OASIS assessments uploaded to the National Repository.
3,189 Help Desk contacts worked.
34 Training sessions conducted.

School Health
23 Oklahoma County elementary schools participated in the comprehensive Schools for Healthy Lifestyles program.
20 Schools (representing 11 school districts) participated in the Youth Risk Behavior Survey administered locally by the Maternal and Child Health Service.
12,177 Students participated in the first statewide Youth Risk Behavior Survey in the 2003-2004 school year.
104 Health professionals attended monthly video conferences on health topics in the 2003-2004 school year.
175 Contacts (including public, private, parochial, state, and tribal schools; county health departments; and agencies working with school-age children and youth) received electronic monthly school health resource packets.
4,000 Good Health Gets an A school calendars were mailed to schools in Oklahoma.
30,000 Copies of the quarterly Oklahoma School Health Newsletter were distributed during the 2002-2003 school year.
**Screening and Special Services**

48,928 Newborns (96 percent) received physiologic hearing screening within the first month of life.

1,579 Infants who did not pass the initial hearing screening were referred for diagnostic audiologic assessment.

60 Infants who received diagnostic audiologic assessment had hearing loss confirmed.

46 Infants with diagnosed hearing loss were enrolled in intervention by the age of 6 months.

2,757 Infants who passed the initial hearing screening but were considered “at risk” for hearing loss were referred for a second hearing screening at the age of 6 months.

50,222 Infants screened for genetic diseases, including PKU, hypothyroidism, sickle cell disease, and galactosemia.

1,133 Infants had screens that were not normal.

40 Infants were diagnosed with a disorder and referred for treatment.

2,188 Infants were identified with birth defects (provisional data).

139 Parents of children with birth defects received a letter informing them that their child is eligible for Early Intervention services.

35,500 Women of childbearing age received neural tube defect prevention education through materials distributed to county health departments, physician offices and other health care professionals.

13,338 Children less than 6 years of age were tested for lead poisoning.

123 Children tested who had blood lead elevations greater than or equal to 10ug/dl verified through confirmatory venous testing.

**Sexually Transmitted Disease Control**

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

4,708 Cases of gonorrhea identified.

10,951 Cases of chlamydia identified.

55 Cases of primary and secondary syphilis identified.

235 New contacts to all syphilis identified and medically examined.

193 New HIV infection cases reported.

204 New AIDS cases reported.

35,837 Persons received HIV counseling and testing at sites sponsored by the Oklahoma State Department of Health.

4,433 Persons receiving specific HIV interventions.

80 Persons attended HIV infection seminar.

52 Persons were trained in HIV antibody counseling and testing workshop.

3,330 Persons obtained updated information through HIV/STD, a quarterly newsletter.

365 Persons receiving STD training.

841 Persons served through HIV/AIDS Drug Assistance Program.

1,668 Persons receiving HIV/AIDS continuum of care services.

**SoonerStart Early Intervention**

9,471 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.

4,652 Infants and toddlers were counted on the monthly caseload at the end of FY04.

45 Workshops were presented through the Statewide Training and Regional Support (STARS) Program with 1,401 participants, including parents, SoonerStart staff, school personnel, DHS Developmental Disabilities Services Division staff, individuals representing other agencies, and organizations.

28 Workshops were presented through the TIC-TIC program (Training Inclusive Childcare: Terrific Opportunities for Children) to childcare providers to encourage and support the inclusion of children with disabilities in typical childcare settings.

304 Families participated in the SoonerStart Family Survey conducted by the Bureau of Social Research at the Oklahoma State University during April 2004. These interviews were conducted using a telephone survey to evaluate the services provided from a family perspective.

26 SoonerStart Early Intervention teams received a comprehensive Quality Assurance Site Visit. A total of 558 records were reviewed statewide against a total of 135 indicators.

**Tobacco Use Prevention**

1 Comprehensive county tobacco prevention and cessation program.

4 County mobilization programs.

5 County tobacco coalitions.

175 Members of local tobacco prevention coalitions.

5,000 Youth members of SWAT [Students Working Against Tobacco].

78 SWAT adult facilitators.

5 SWAT regional coordinators.

3 Ethnic tobacco education networks.

80,000 Oklahoma businesses mailed educational materials regarding new state clean indoor air law.

150,000 “Breathe Easy” decals distributed.

14 Tobacco prevention school nurses serving 18 districts.

36 School districts with “247” No-Tobacco Use policies.

23,800 Students participated in Tar Wars presentations by 170 volunteer health care professionals in 479 schools.

50 Local Turning Point partnerships at various stages of development. They continue to share experience and knowledge to improve community health locally.

1,882 Members on the Oklahoma Turning Point Council (OTPC) representing various sectors including political, economic, health, education, religious, communication, recreational, non-profit, and other community groups.

6 Meetings of the Oklahoma Turning Point Council.

6 Meetings of OTPC Executive Committee.

20 Meetings of OTPC Subcommittees.

3 OTPC Subcommittees working on Data, Communication/Human Resources, and Public/Private Financing.

575 Meetings of local partnerships addressing health issues of their communities.

251 Local articles were generated that focused on Turning Point activities across the state.

284 Field representatives helped partnerships coordinate the community activities surrounding Turning Point initiatives.

12 Community Health Partners Funding Alerts distributed.

**Vital Records**

50,874 Certificates of Live Birth were filed.

35,623 Certificates of Death were filed.

16,442 New certificates were filed to replace certificates of legitimated and adopted children.

475,900 Copies of birth and death records were issued.

**WIC**

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

525 Grocery stores serving as WIC vendors across the state.

91,878 Nutrionally at-risk mothers and children participated in WIC, including: 12,160 pregnant women; 4,385 breastfeeding women; 6,819 postpartum women; 23,692 infants; and 44,822 children.

64% Breastfeeding initiation rate of infants enrolled in the Oklahoma WIC Program. This rate is within 11 percentage points of the Healthy People 2010 Goal of 75 percent for all infants.

7% Breastfed infants enrolled in the Oklahoma WIC Program who were breastfed for at least six months.

**Health Insurance**

Health insurance had its organizational roots in fiscal year 2004. Through the efforts of a diverse group of advocates, the Oklahoma Legislature funded the Breast and Cervical Cancer Treatment Act in 2004. Under this legislation, women between the ages of 19 and 65, who are low income and uninsured, would be eligible for the Oklahoma Cares Medicaid Program, which will cover the costs for diagnosis and treatment of breast and cervical cancer for women who meet eligibility criteria. Throughout the year, staff from the Oklahoma State Department of Health’s Federal Funds Development and Chronic Disease Service met with representatives from the Oklahoma Health Care Authority, the Department of Human Services, and other key agencies to assure quality processes were put into place to create the best plan possible for the women of Oklahoma. The program will launch in fiscal year 2005.
Family Planning Waiver Set to Begin in 2005

After literally years of work and waiting the Oklahoma Family Planning 1115 Demonstration Waiver neared approval by the Centers for Medicare and Medicaid Services in fiscal year 2004. Once approved, the waiver will provide women and men ages 19 to 65, who have incomes less than 185 percent of the federal poverty level, with a comprehensive array of family planning services. Greater access, choices and information regarding family planning services should result in improved fertility control, fewer unintended pregnancies, and reduced pregnancy related costs. It is anticipated the waiver will be approved for implementation in early 2005.

Survey Measures Self-reported Risk-taking Behaviors Among Oklahoma Adolescents

In early 2004, the Centers for Disease Control and Prevention (CDC) provided Oklahoma with the results of the Youth Risk Behavior Survey Measures Self-reported Risk-taking Behaviors Among Oklahoma Adolescents.
Survey, administered in school year 2002-2003. This was the first time Oklahoma had participated in the statewide survey developed by CDC. The survey provided an opportunity to take the pulse of the state of our adolescents’ health — an important step — since we know that risky health behaviors originating in adolescence can contribute over time to premature death and disability, major social problems, and increased health care costs. > The survey gathered data through a statistical methodology that systematically selected a sample of classrooms from sampled schools across the state. Data were weighted to reflect all high school students if the survey met a minimum standard of school and student participation. Oklahoma was one of 32 states to successfully meet the criteria for obtaining weighted data, which permitted its results to adequately represent high school students statewide. > The survey targeted six important risk behaviors that **Cimarron, Ellis, Nowata, Osage, Alfalfa, Dewey, Roger Mills, and Washita counties do not have a health department. Minimal services required by state law, such as consumer protection inspections and communicable disease program services, are provided by surrounding counties. NOTEC cont. Pg. 20
can negatively impact adolescents and have consequences that follow them into adulthood: intentional and unintentional injuries; tobacco use; alcohol and other drug use; sexual behaviors; dietary behaviors; and physical activity. Most assuredly, these data are being studied for their consequences and possible interventions.

**New Food Service Control Plan Established**

A new enforcement procedure for food service establishments was implemented in fiscal year 2004 providing for more active managerial control through risk control plans. If an establishment fails a compliance inspection, the facility is given the opportunity to use a “Risk Control Plan” to obtain control of critical violations. If the plan fails, the establishment is referred to the agency’s Consumer Protection Service for enforcement. Active tracking and some legal intervention have

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**board of health**

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

**Ann A Warn, MD, President**

Dr. Warn is a board-certified comprehensive ophthalmologist practicing in Lawton. She also is a clinical assistant professor at the University of Oklahoma, Department of Ophthalmology. Dr. Warn represents Blaine, Kingfisher, Canadian, Caddo, Grady, Comanche, Jefferson, Stephens and Cotton counties.

**Ron Osterhout, Vice President**

Mr. Osterhout 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.

**Barry L Smith, JD, Secretary-Treasurer**

Mr. Smith is an attorney in private practice specializing in health care law, litigation, and advocacy. He has served as General Counsel for Saint Francis Health System and continues to represent multiple health care entities. Mr. Smith represents Adair, Sequoyah, Cherokee, Wagoner, Muskogee, Haskell, McIntosh, and Okmulgee counties.

**Jim Lee Anderson**

Mr. Anderson is an Enid restaurateur who has been active in the state’s hospitality industry, including serving more than 30 years on the Oklahoma Restaurant Association’s Board of Directors. He has been an adjunct professor at Oklahoma State University’s (OSU) School of Hotel and Restaurant Administration, serving as the school’s interim director in the early 1990s. Mr. Anderson has a master’s degree in meat science from OSU and a bachelor’s degree in animal science from Oklahoma A&M College. He represents Cimarron, Texas, Beaver, Harper, Woodward, Woods, Major, Alfalfa, Grant, Garfield, Kay, and Noble counties.

**Gordon H. Deckert, MD**

Dr. Deckert 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.

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

Haskell L Evans, Jr, RPh
Mr. Evans 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 is a past president of the Board of Health and represents the state at large.

Dan H Fieker, DO*
Dr. Fieker 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.

Ron L Graves, DDS
Dr. Graves 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 is a past president of the Board of Health. He represents LeFlore, Latimer, Pittsburg, Atoka, Pushmataha, McCurtain, Choctaw, Bryan, Marshall, Carter, and Love counties.

* Dr. Feiker’s term expired June 30, 2005. Governor Brad Henry has appointed Jenny Alexopulos, DO, to replace Dr. Feiker effective July 1, 2005.

allowed for many violations to be corrected; in addition, some fines have been collected.

Farmers Markets Get Nod  The popularity of “farmers markets” throughout the state prompted an agreement with the state Department of Agriculture in fiscal year 2004 to create a set of food establishment guidelines for these unique entities that was palatable for both the industry and the agencies that regulate these enterprises.

Rules for Hospice Facilities Established  The need for the availability of free-standing hospice facilities in Oklahoma was recognized several years ago since some patients do not have the support needed for terminal illness care in their home. Legislation to clarify the authority of the Oklahoma State Department of Health to establish rules for these facilities became effective in November 2003, and subsequently, rules for inpatient hospice facilities were effective in May 2004.
Caring Hearts Reaches Out to Nursing Facility Residents

A special program to provide residents of nursing homes with personalized visits and individualized activities got a foothold in several nursing facilities in fiscal year 2004. Caring Hearts of Oklahoma recruits, screens, and trains volunteers to provide special services to nursing facility residents with physical and mental restrictions. In addition to training recruits, Caring Hearts works with existing volunteer groups to support health and safety training and to be a training resource for nursing facility owners, administrators, activity directors and social service directors. > In fiscal year 2004, Caring Hearts presented at 52 public information or speaking engagements, screened and trained 58 volunteers, and trained another 449 activity and social service directors. Caring Hearts of Oklahoma is a positive and cooperative complement to the Oklahoma State Department of Health’s traditional regulatory efforts.
to ensure quality services in nursing facilities.

**Long-term Care Provider Training Planned**

A long-held goal of offering specific training to long-term care facility providers in an effort to improve care delivered to residents was successfully planned in fiscal year 2004. Staff from Long Term Care Services crafted a training agenda to address areas of concern based on the top ten deficiencies identified in Oklahoma’s facilities. Presentations were polished and readied for implementation in fiscal year 2005. The trainings will be funded through fines collected as Civil Monetary Penalties from transgressing facilities. The goal for these trainings will be to note a reduction in prevalence of care issues on Quality Indicator reports.

**Customer Service Evaluated** To better serve their clients, the Quality Improvement and Evaluation Services staff of Protective Health
Services conducted a client satisfaction survey in fiscal year 2004. Eighty-two percent of those surveyed ranked the overall quality of the Minimum Data Set Help Desk telephone support as Very Satisfactory or Superior. Ninety percent of those surveyed thought the ability of Help Desk staff to diagnose their problem was Very Satisfactory or Superior and 89 percent rated the knowledge of the Help Desk support staff as Very Satisfactory or Superior.