

Priorities for Creating a State of Health



Policy Statement
Oklahoma State Board of Health
September 19, 1996

Preamble

The vision of the Oklahoma State Department of Health as adopted by the Board of Health is "Creating a State of Health." In order to achieve this vision, the Board of Health has affirmed the importance of the ten essential public health services. They include:

- Assess the health status of the state and local level to identify and address community health problems. *Every month, 300 Oklahomans participate in telephone survey inquiries about their health and access to health care. Audits to determine percent of children immunized by age 2 are conducted, and the number of communities with fluoridated water supplies are assessed annually.*
- Diagnose and investigate health problems and health hazards in the community. *Sanitarians and epidemiologists investigate food borne illness outbreaks to prevent their spread. Surveillance of measles, sexually transmitted diseases, and other communicable diseases is routinely done to protect the broader population.*
- Mobilize community partnerships to identify and solve health problems and to respond to disasters. *The agency works directly with citizens to develop community coalitions to reduce youth access to tobacco and reduce the burden of diabetes. Community partnerships are being formed to ensure access to quality trauma care.*

- Provide leadership for planning and policy development to address priority needs, taking into account scientific, economic and political factors. *Agency staff work closely with community leaders on strategic health planning to ensure quality health care access.*
- Inform, educate, and empower people about health issues in order to promote positive health beliefs, attitudes, and behaviors. *The agency makes health information available to the public by distributing it through publications and the Internet. Special programs are conducted to provide tobacco use prevention education to youth, to encourage women to seek early prenatal care, and to provide education and training for the prevention of hepatitis A infection.*
- Link people to needed population-based, personal health services and other community and family support services, and assure the availability, access, and acceptability by enhancing system capacity, including directly supporting services. *The Eldercare program links senior citizens with services; Child Health Clinics provide screening services for Oklahoma's youth.*
- Promote and enforce laws, regulations, and standards that protect health and ensure safety of the population. *Through the enforcement of regulations, safe nursing homes are ensured, restaurants remain clean, and high standards for emergency medical services are maintained.*

With this affirmation, the Board of Health is committed to emphasizing certain population-based priorities which protect and promote health of the citizens of Oklahoma, prevent disease and injury, and assure the conditions by which our citizens can be healthy.

- Evaluate effectiveness, accessibility, and quality of personal and population-based health services. *Surveys are conducted to determine the level and quality of health services in Oklahoma and Health Maintenance Organizations are evaluated and licensed to ensure high standards of care.*

- Assure the capacity and competency of the public health workforce to effectively address health needs. *Public health nurses are trained in current public health and prevention methods and advanced nurse practitioners are utilized in county health department clinics in order to provide quality care to Oklahomans.*

- Conduct scientific investigations and support demonstration projects to gain new insights and innovative solutions to health problems. *Lead studies are conducted in Oklahoma communities and special child abuse prevention projects such as "Children First" are implemented.*

With this affirmation, the Board of Health is committed to emphasizing certain population-based *priorities* which protect and promote health of the citizens of Oklahoma, prevent disease and injury, and assure the conditions by which our citizens can be healthy. These priorities have been identified by the Board of Health with input from agency staff representing every organized county health department in Oklahoma and the central office. Throughout the entire priority setting process, the health status of the state was assessed through extensive analysis of data to assist in defining community health needs, keeping in mind that communities include the whole spectrum from neighborhoods, to census tracts, to the State of Oklahoma as a community. In addition, priorities have been identified based on criteria such as:

- The relative threat of various diseases and injuries to our citizens in term of years of life and productivity lost as well as cost of care.

- An estimate of potential impact on the general health benchmarks found in *Healthy Oklahomans 2000 Sentinel Objectives*.

- The financial resources and necessary skills required to protect and promote health.

- The technical ability and financial capacity to prevent disease and injury through primary, secondary, and tertiary prevention.

- The financial capability for public health to provide limited personal care services during the transition period when the health system continues to move toward services provided by managed care organizations.

- Therefore, the Board of Health identifies the following group of priority areas for the purpose of emphasis while recognizing the importance of other conditions of public health significance. These priorities are not listed in rank order and represent areas of equal importance.

Communicable Disease

Since 1973, 29 previously unknown diseases have appeared and 20 well-known ones have re-emerged, often in new drug resistant or deadly forms. The capacity to respond to infectious disease outbreaks or anticipate and prevent future problems cannot be created anew each time an epidemic breaks out. Communities can identify public health problems and take timely and appropriate action only if well-functioning data and communication systems are in place and if epidemiologic expertise can be brought to bear quickly. In Oklahoma, we are in the midst of a two-year epidemic of

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hepatitis A in which we have exceeded the previous five-year average rate by three and one-half times, and are projected to exceed the rate by five times in 1996. The resources required to combat this epidemic have exceeded our capacity and resulted in interruption of services at the state and local level: clinics have been canceled and other problems have been neglected as epidemiologists and public health nurses have struggled to avert a broader epidemic. Lack of state of the art communication systems have exacerbated the problem and unanticipated fiscal demands for providing immune globulin have had a serious impact on state and local budgets. The recent outbreak of pneumococcal pneumonia which was resistant to all first-line antibiotics is a clear indication that our state is not safe from the disastrous consequences of emerging or re-emerging diseases.

Tuberculosis, once thought to be near control, has re-emerged as a serious threat to the public's health. Increasingly, new resistant strains of this disease challenge conventional control strategies. Proven, innovative interventions such as directly observed therapy, which ensures proper treatment of active cases, must be supported. In Oklahoma, we have seen an increase in completion of therapy rates with selected use of directly observed therapy. However, we must expand this program to include all new cases in order to avert development of drug resistant strains and needless transmission. A recent case of drug resistant tuberculosis in Oklahoma cost \$104,000 for the first four months of treatment. For those who will not comply with treatment regimens, we must maintain the capacity to place them in confinement for the duration of treatment in order to fulfill our mission of protecting the public's health.

Access to care and treatment for HIV infection is the primary determi-

nant of length and quality of life. In addition, the development of an active hepatitis B control initiative is essential. Hepatitis B virus infection is currently the only sexually transmitted disease that can be prevented by immunization. As lead agency in HIV/AIDS and sexually transmitted disease control, efforts include employment of active surveillance, application of disease intervention and prevention methods, and a strong commitment to assurance of access to appropriate care.

An unacceptable 26% of Oklahoma's 2-year-old children are not adequately immunized. Increased attention is needed to improve the number of children protected against serious and deadly diseases to avoid outbreaks that are preventable with vaccines through outreach activities and public education. All sectors of society, including community and business groups, religious and service organizations, schools, and the media should participate to increase public/private partnerships to increase infant vaccination efforts.

Reproductive Health

Decreasing unintended pregnancies can have a profound and long-range impact on social risk factors such as child abuse, crime, delinquency, and lifelong poverty that fosters dependency on public assistance. Current data indicate that half of all live births in Oklahoma are to women who say their pregnancy was unintended. To reduce the high rate of births to teens in Oklahoma, communities must promote collaborative local partnerships that focus on delaying the onset of sexual activity as the best health option for young people, promoting appropriate reproductive health services for those who are sexually active, reducing the number of teens who are victims of sexual abuse, and promoting parents as the primary sex educators for their children.

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Protection of all pregnant women's access to quality, risk-appropriate care is a vital public health function, particularly during a time of sweeping health care reform. The provision of enhanced prenatal care, which includes psychosocial and nutrition services, has been correlated with improved birth outcomes. Early identification of infants with chronic and disabling conditions with referral to comprehensive health services can decrease the morbidity and mortality of this vulnerable population of underserved children.

Consumer Protection

The Department of Health protects consumers by ensuring that health institutions, businesses, health professionals, and service providers comply with up-to-date public health standards. One way of ensuring quality public health standards is by investigating reported problems. Last year, the health department reviewed 71 citizen complaints about various health care networks. As the delivery system in this state increasingly utilizes managed care, we must step up our efforts to play a role in quality assurance. Every day, consumer protection serves Oklahomans collectively by enforcing proper food handling techniques to prevent epidemics. Consumer protection also reaches the individual by promoting nutrition and skin care to keep the nursing home patient from developing bed sores. Through an integrated system of inspection, licensure, certification, investigation, and education, this agency advocates an environment in which the public's expectations for health quality and service access are met by institutions and individuals from hospitals and restaurants to plumbers and nurse aides.

Child Health

With over 18% of its children residing in families with no health insurance, Oklahoma ranks as one of the worst states in the United States with uninsured children. We must plan now for the availability of quality health care to all children and youth to assure the health of the present and future generations of children. Lack of healthy lifestyles among youth and young adults indicates the need to reach children earlier in schools with comprehensive health promotion programs. Violence, widespread substance abuse by teens, increasing juvenile crime, and high rates of suicide and homicide among youth point out the need for renewed commitment to provision of preventive behavioral health services through the community child guidance programs. Ever increasing numbers of confirmed cases of child abuse, deaths from abuse, and exposure of children to domestic violence, emphasize the need to establish a statewide network of community-based voluntary family resource programs, including home visitation by nurses, to prevent family violence and child maltreatment. Early intervention is needed to achieve optimal outcomes for children at risk for developmental disabilities and their families.

Embarrassingly, only an estimated 58 percent of community water systems in Oklahoma are fluoridated. More emphasis on community water fluoridation must be encouraged since fluoridation has been proven safe and effective in reducing dental disease. Dental health education and dental care are also very cost effective preventive programs. Proper nutrition is one important aspect of achieving good health outcomes for our children in an integrated system of

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preventive services; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides healthful foods and nutrition education for the population that they serve.

Chronic Disease

Chronic diseases are the major causes of mortality, morbidity, and disability in Oklahoma. Oklahoma has both excess morbidity and mortality in cardiovascular disease, cancers, and diabetes. Oklahoma ranks 13th in the nation for coronary heart disease deaths, and 6th in the nation for coronary heart disease deaths among men. Oklahoma ranks 10th in lung cancer deaths, 15th in cervical cancer deaths and 20th in colorectal cancer deaths. Oklahoma's diabetes prevalence is significantly higher (150%) in adults ages 18 to 44 years and in individuals 65 years of age and older.

The actual leading causes of chronic disease and death in Oklahoma are tobacco use, physical inactivity and diets with excess calories and fat; thus effective population based prevention strategies must be a leading agency priority. In Oklahoma, 40% of adult Oklahomans are inactive, compared to 25% of adults nationally; and Oklahoma ranks first in smoking prevalence among females 35 to 64 years of age.

Cancer of the breast and cervix are major chronic disease health issues. Only 32% of all women 65 years of age and older — the most vulnerable group to breast cancer — have had a screening mammogram within a two-year period. Comprehensive, statewide cancer early detection programs that include public, patient, and professional education are key aspects to addressing this concern. Key public health functions that also address

this issue include: promoting statewide partnerships, assuring access for the underserved and the uninsured, and surveillance of effective case management of women with abnormal results, screening behaviors, and cancer cases. To reduce the economic and physical burden of diabetes, special emphasis should be placed on increasing access to community based diabetes self-management training programs (only 20% of all persons with diabetes have any type of educational process) that enhance the capabilities of persons with diabetes to gain blood glucose control.

Health Promotion and Policy Analysis

Creating a state of health can only be achieved when Oklahomans have access to education and health promotion information to help identify health needs, prevent disease and injury, obtain health resources, and mobilize to achieve healthy communities. Ongoing health promotion and disease prevention efforts that reduce the loss of productive lives must remain agency priorities, including tobacco use prevention and unintentional injury prevention. Such efforts are not only important to public health, but from an actual cost standpoint as well. Working with the fire department, for example, a major smoke alarm distribution program in south Oklahoma City saved \$20 in medical costs and lives for every dollar spent. Developing a trauma system in Oklahoma also must be an agency priority. When injuries occur, an adequate trauma system must be in place in order to prevent the terrible loss in dollars and lives (estimated to be at nearly \$1.5 billion per year).

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Data and statistical information on the health status of Oklahomans should be user friendly and readily available to the general public, health practitioners, policy makers and other agencies involved in Oklahoma's health care system. Avenues for accessing this information include traditional health publications, the Internet, and digitally prepared audio-visual presentations. By making public health status information readily available and formulating policy based on careful analysis and interpretation of data, the Department of Health will be able to assist Oklahoma communities in making decisions conducive to their citizen's health.

Support Services

None of these priorities can be accomplished without a functional agency. As we move into the next century, and as our health system continues to undergo change, public health must become more efficient in order to remain effective. Therefore, a priority of the Department of Health is to enhance and improve all support services, including: delivery of medications to county health departments, distribution of vaccines to health care providers and private clinics, and detection of disease through public health laboratory examinations. In addition, the agency should move toward an integrated data management system that can be easily accessed by county health departments as well as the central office. Such a system should include enhanced measures to help collect and analyze vital statistics. Improved efficiency in data management and other support services will greatly assist agency staff as they work toward *Creating a State of Health*.

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