

OKLAHOMA STATE DEPARTMENT OF HEALTH

1/28/2013

Lead Administrator
Terry Cline, PhD
Commissioner
Secretary of Health and Human Services

Lead Financial Officer
Mark Davis, CPA
Administrative Director

Mission Statement: To Protect and Promote Health Of The Citizens of Oklahoma, To Prevent Disease And Injury, And To Assure The Conditions By Which Our Citizens Can Be Healthy.
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FY'13 Budgeted FTE						
	Supervisors	Classified	Unclassified	\$0 - \$35 K	\$35 K - \$70 K	\$70 K - \$\$\$
10	30.5	110.2	58.2	54.8	99.1	14.5
20	45.5	126.8	107	59.3	158.3	16.2
55	56.5	213.9	72.8	67.8	208.9	10
75	268.9	1118.4	292.1	573.1	777.3	60.1
85	29.1	67.8	69	49.1	83.2	4.5
Total	430.5	1637.1	599.1	804.1	1326.8	105.3

FTE History						
	2012	2011	2010	2009	2008	
01 Support Services	0.0	0.0	305.0	314.7	318.9	
10 Public Health Infrastructure	157.7	167.1	0.0	0.0	0.0	
20 Prev & Preparedness Services	227.8	241.0	219.6	216.6	222.2	
35 Family Health Services	0.0	0.0	210.6	220.7	221.1	
40 Community Health Services	0.0	0.0	1207.0	1238.8	1348.7	
55 Protective Health Services	232.7	232.6	231.1	227.2	239.3	
75 Comm & Family Hlth Services	1299.7	1313.3	0.0	0.0	0.0	
85 Hlth Stats & Information Tech*	89.9	117.5	0.0	0.0	0.0	
Total	2007.8	2071.5	2173.3	2218.0	2350.2	

*In SFY13, Division 85 was changed from 'Health Statistics and Information Technology' to 'Health Improvement'

FY'13 Projected Division/Program Funding By Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
10	\$2,705,246	\$14,799,761	\$3,330,437	\$0	\$0	\$20,835,444
20	\$10,006,535	\$35,077,069	\$1,589,070	\$0	\$0	\$46,672,674
55	\$4,397,693	\$13,194,326	\$41,288,004	\$0	\$0	\$58,880,023
75	\$34,528,906	\$150,285,315	\$3,379,935	\$16,063,568	\$0	\$204,257,724
85	\$7,936,173	\$2,921,073	\$6,824,787	\$0	\$0	\$17,682,033
88	\$2,209,129	\$9,378,217	\$9,037,622	\$0	\$0	\$20,624,968
Total	\$61,783,682	\$225,655,761	\$65,449,855	\$16,063,568	\$0	\$368,952,866

*Source of "Other" and % of "Other" total for each.

FY'12 Carryover by Funding Source						
	Appropriations	Federal	Revolving	Local	Other*	Total
FY'12 Carryover	\$1,964,629	\$0	\$0	\$0	\$0	\$1,964,629

*Source of "Other" and % of "Other" total for each.

[Request to carryover state appropriated funds for Federally Qualified Health Centers \(FQHC's\).](#)

What Changes did the Agency Make between FY'12 and FY'13

1.) Are there any services no longer provided because of budget cuts?

While no services were discontinued during SFY12, OSDH public health functions continue to be strained due to reductions at the federal level over the past two years. Programs such as All Hazards Preparedness have been reduced by approximately \$641,467, Hospital Preparedness reduced by approximately \$50,569 and Communicable Disease Control Programs received reduction totaling approximately \$898,762.

2.) What services are provided at a higher cost to the user?

None

3.) What services are still provided but with a slower response rate?

OCAP - Most contractors have had to restrict their service area. In some areas, this may mean they no longer serve the same number of counties or they no longer serve outside of a county's hub city/town. With the changes made in the DHS child welfare practice model, many contractors have seen the need for their services increase, but they are not able to meet the demand.

High Risk Perinatal - Reductions in dollars led to reduced services for pregnant women in order to prevent poor pregnancy outcomes. The erosion of these dollars as well as other state appropriated dollars have led to decreased specific disciplines such as nurses and social workers.

All Hazards Preparedness & Response - While no impact to response rates have been realized, recent reductions have the department solely focused on maintaining the current resources and infrastructure.

FY'14 Requested Division/Program Funding By Source

	Appropriations	Federal	Revolving	Other	Total	% Change
10	\$2,705,000	\$14,799,761	\$3,330,000	\$0	\$20,834,761	0.00%
20	\$10,007,000	\$35,077,000	\$1,589,000	\$0	\$46,673,000	0.00%
55	\$4,398,000	\$13,194,000	\$41,288,000	\$0	\$58,880,000	0.00%
75	\$34,929,000	\$150,285,000	\$19,444,000	\$0	\$204,658,000	0.34%
85	\$7,936,000	\$2,921,000	\$6,824,000	\$0	\$17,681,000	0.00%
88	\$2,209,000	\$9,378,000	\$9,036,000	\$0	\$20,623,000	0.00%
Total	\$62,184,000	\$225,654,761	\$81,511,000	\$0	\$369,349,761	0.00%

*Source of "Other" and % of "Other" total for each.

FY'14 Top Five Appropriation Funding Requests

	\$ Amount
1. Child's Health: Preparing for a Lifetime, It's Everyone's Responsibility	\$700,000

How would the agency handle a 3% appropriation reduction in FY'14?

A 3% reduction in appropriations to the department would equal \$1.854 million and would require action in terms of reduced services and/or elimination of programs. Based on a continuous process of determining priorities and attempting to align limited resources with those, the department would take action to eliminate the distribution of state funds to Federally Qualified Health Centers for uncompensated care associated with the delivery of primary health care to uninsured patients. This approach would minimize the impact on public health imperatives, legislative mandates and key priorities of the department which currently focus on Physical Activity and Nutrition, Tobacco Use Prevention, Obesity Reduction and Children's Health programs.

How would the agency handle a 5% appropriation reduction in FY'14?

A 5% reduction in appropriations to the department would equal \$3.089 million. The same action described in the 3% reduction scenario would be taken, but for the larger amount.

Is the agency seeking any fee increases for FY'14?

	\$ Amount
No	\$0

Federal Government Impact

1.) How much federal money received by the agency is tied to a mandate by the Federal Government?

The department receives approximately 56% of the overall budget from federal sources. Those monies come with certain expectations or obligations of performance but do not necessarily constitute "mandates". In some instances, the federal monies are used to support state mandates where appropriated monies or fees cannot sustain programmatic efforts such as infectious disease programs.

2.) Are any of those funds inadequate to pay for the federal mandate?

No

3.) What would the consequences be of ending all of the federal funded programs for your agency?

Discontinuation of federal programs and funding would significantly impact public health systems and service delivery. Most federally funded programs serve statewide initiatives and impact clientele across broad constituencies. Those programs include, but are not limited to, the following public health issues; All Hazards Preparedness, Communicable Disease Prevention and Control, Maternal and Child Health and Child Health Services, Nursing Home and Health Facility Inspection and regulation and many others. The discontinuance of such services could dramatically impact health status in Oklahoma, leave our citizens vulnerable to outbreaks of disease and virtually eliminate a coordinated health and medical response in an emergency. Further, the elimination of these federal programs would result in the loss of jobs within and outside the department due to necessary reductions in personnel and elimination of contractual services currently provided. At the present time, approximately 47% of the departments 2,007.8 staff or approximately 977 FTE, are funded by federal monies.

4.) How will your agency be affected by federal budget cuts in the coming fiscal year?

Information related to federal budget cuts varies by grantor agency and is speculative at best. At present, cuts are anticipated to range from 10% to 20%. Cuts at the 10% level could significantly impact services and staffing levels within the department.

5.) Has the agency requested any additional federal earmarks or increases?

Approximately 56% of the department's funding is awarded through approximately 64 federal funding revenue streams. The level of funding for each program is tied directly to the federal funding level as well as the federal guidance documents. The department continues efforts to identify all available funding opportunities that align with core public health functions, the agency's business plan and the Oklahoma Health Improvement Plan.

Division and Program Descriptions

Division 1 Public Health Imperitives

Protect the health/safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health/medical emergency/response; and offer protection to vulnerable persons against exposure to severe harm.

Division 2 Priority Public Health - Improvement of Health Outcomes

Health promotion and interventions aimed at reducing poor health outcomes and excess death in Oklahoma.

Division 3 Prevention Services and Wellness Promotion

These services are characterized by public health programs that prevent adverse health conditions and consequences and/or promote health and wellness.

Division 4 Access to Competent Personal, Consumer and Healthcare Services

These services may include the training and education of public health and/or private medical providers, linking individuals to healthcare services or the provision of healthcare services when otherwise unavailable.

Division 5 Science and Research

Services that seek to research public health problems & interventions for effectiveness; improve the practice of public health; and enhance the body of public health research through scientific publication and presentation.

Division 6 Public Health Infrastructure

The public health infrastructure exists to support specific imperative, priority and other public health programs. These include infrastructure costs associated with providing a statewide public health presence.

Performance Measure Review					
	FY12	FY'11	FY'10	FY'09	FY'08
Improve All Hazards Preparedness					
1. Automate Central Office and County Health Department plans	100.0%	0.0%	N/A	N/A	N/A
2. Integrate COOP plan testing into annual drill and exercise schedule	0.0%	0.0%	N/A	N/A	N/A
3. Add ICS training requirements relative to position to all staff PMPs	100.0%	10.0%	N/A	N/A	N/A
Improve Infectious Disease Control	CY-12	CY-11	CY-10	CY-09	CY-08
1. Incidence of reported tuberculosis, pertussis, shigellosis, and cryptosporidiosis cases per 100,000 OK population	21.68*	14.07	22.09	20.83	18.45
2. Incidence of reported Acute Hepatitis B cases per 100,000 OK pop.	1.97*	2.7	3.1	3.3	3.7
3. Percent of HIV/AIDS diagnosed persons out of care	17.0%	17.0%	46.0%	48.0%	N/A
4. Percent of immediately notifiable report received by phone consultation in which investigation is initiated by epidemiologist with 15 minutes	100.0%	92.0%	96.0%	75.0%	N/A
* Incidence rates based on preliminary 2012 data as of January 29, 2013.					
Improve Mandates Compliance	FY12	FY'11	FY'10	FY'09	FY'08
1. Percent of state mandated non-compliant activities meeting inspection frequency mandates (IFMS)	85.7%	69.0%	0.0%	N/A	N/A
2. Percent of state mandated compliant activities meeting inspection frequency mandates (IFMS)	41.6%	23.0%	0.0%	N/A	N/A
3. Percent of contracted non-complaint activities meeting inspection frequency mandates (IFMS)	72.7%	68.2%	67.0%	92.9%	80.0%
4. Percent of contracted complaint activities meeting inspection frequency mandates (IFMS)	40.0%	60.0%	66.0%	86.5%	N/A
Improve Children's Health					
1. Percent of pregnant women receiving adequate prenatal care as defined by Kotelchuck's APNCU Index	N/A	N/A	70.8%	70.9%	70.9%
2. Rate of infant mortality per 1,000 births	N/A	N/A	8.1%	8.1%	7.3%
3. Percent of infants born to women receiving prenatal care in the First Trimester	N/A	N/A	N/A	67.2%*	76.5%
4. Reduce the rate of pre-term births	N/A	N/A	13.8	13.4	13.4
5. Proportion of adolescents aged 13-17 that have completed 1 dose of TDAP immunization	N/A	66%	54.80%	35.10%	N/A

Improve Disease and Injury Prevention 1. Immunization coverage among children 19-35 months old with 4:3:1:3:3:1 2. Decrease the number of preventable hospitalizations for Medicare enrollees (per 1,000) 3. Reduce injuries among infants (<1 year of age) due to motor vehicle crashes in Oklahoma by 20% 4. Increase proper child restraint use among infants (<1 year of age)	N/A	77.3%	72.7%	70.2%	71.7%
	N/A	81.8	88.7	90.3	95.9
	N/A	121	116	N/A	N/A
	N/A	64%	73.10%	N/A	N/A
Improve Oklahoma Wellness 1. Prevalence of Oklahoma adults who participated in physical activity during the past month 2. Prevalence of Oklahoma adults who participated in the recommended level of physical activity in the past month 3. Oklahoma age-adjusted death rates per 100,000 due to cardiovascular disease 4. Prevalence of Oklahomans who consume five or more servings of vegetables or fruit a day 5. Prevalence of obesity in Oklahoma's adolescent population, grades 9-12 6. Prevalence of obesity in Oklahoma's adult population 7. Percent of Oklahoma adults who smoke 8. Percent of persons working indoors outside the home with smoke free policy	N/A	70.1%	70.1%	68.6%	68.5%
	N/A	44.8%	N/A	47.1%	N/A
	N/A	N/A	292.8	294.4	313.5
	N/A	14.6%	14.6%	14.6%	16.3%
	N/A	17.0%	14.1%	14.1%	N/A
	N/A	31.1%	31.3%	32.0%	31.0%
	N/A	26.1%*	23.7%	25.4%	24.7%
	N/A	82.6%	80.9%	79.2%	74.3%
Improve Infrastructure, Policy and Resource Support to Achieve Targeted Health Outcomes 1. Number of PHAB accredited health departments in Oklahoma 2. Number of certified Healthy Communities 3. Number of certified Healthy Schools 4. Percent of comprehensive plan completed to address job classifications and compensation 5. Percent of accreditation prerequisites completed for state health departments 6. Percent of successfully received text messages by Health Information Exchange 7. Percent completion of access to primary care statewide assessment	N/A	N/A	N/A	N/A	N/A
	43	N/A	N/A	N/A	N/A
	155	N/A	N/A	N/A	N/A
	50.0%	0.0%	N/A	N/A	N/A
	100.0%	100.0%	100.0%	N/A	N/A
	100.0%	0.0%	N/A	N/A	N/A
	100.0%	0.0%	N/A	N/A	N/A
NOTE: Numbers above are for actual data years and not the years the data became available which typically lags for health outcome measures. Additionally, most health outcome data is calculated by calendar year.					
*NOTE: Due to methodology changes in these two health outcome measures in the reflected data years, the change is an artifact of measurement rather than a reflection of actual incline/decline in rate.					