OVERVIEW

The Oklahoma State Department of Health (OSDH) works to align public health efforts and ensure continuity across its 68 centralized county health departments and with two decentralized health departments that operate within the state. A centralized information technology system, the Oklahoma Health Improvement Plan (OHIP), and the Turning Point Initiative are several strategies that have served to strengthen public health within the state and focus on identifying health priorities and improving outcomes at the local level.

OKLAHOMA’S PUBLIC HEALTH SYSTEM

Public health in the state of Oklahoma is coordinated at the local level through a mixed governance system that consists of 68 county health departments and two independent city-county health departments. The Oklahoma State Department of Health (OSDH) coordinates the provision of public health services through the 68 centralized public health units. Staff of these local health units are state employees, and the administrative directors of these health departments are appointed and approved by the state. Each county health department generates funds through local millage or taxes and has some oversight for those funds. However, the state provides and controls a significant portion of the health departments’ budgets, and also decides, to a great extent, which programs are to be carried out at the local level. These county health departments serve approximately 63 percent of the population.

In the two decentralized county/city health departments—Oklahoma City-County Health Department and Tulsa City-County Health Department—staff are employees of the local government, and budgetary authority resides with local government, which establishes taxes for public health, establishes fees for services without state approval, and issues public health orders. The Director of each health department is appointed and approved by
local officials, rather than by the state. The two city-county health departments serve approximately 36 percent of the population in Oklahoma.

By statute, the state will only recognize a centralized health department within a county that has established a millage for providing public health services within that jurisdiction. As such, there are seven small, rural counties in Oklahoma whose residents are not served by either state or locally operated public health agencies. Residents of these counties may receive limited public health services in adjoining counties, provided by county health departments and/or by the state central office.

THE STATE-LOCAL RELATIONSHIP IN OKLAHOMA

The Community Health Services Division of OSDH provides governmental oversight and direction to the centralized county health departments in Oklahoma. As director of this division, the Deputy Commissioner manages the approximately 1,250 local-level employees, most of whom are staff of the 68 centralized county health departments. The Deputy Commissioner coordinates with local health departments predominately through 17 regional administrative districts. According to the Deputy Commissioner, the public health system "appears to the population of Oklahoma as a seamless system; that we're all one, and what you get in a county health department you can get at other health departments."

OSDH engages county health departments in regular communication and works to increase collaboration and input from the community level. To further unite public health efforts between locals and the state, OSDH has implemented a centralized information technology system and supports a number of public health initiatives through Turning Point partnerships throughout Oklahoma (described below).

With regard to Oklahoma’s two decentralized county/city health departments, the state works through the state Board of Health and the two local Boards of Health to implement public health policies and initiatives in collaboration with both Oklahoma City-County Health Department and Tulsa City-County Health Departments. This collaboration has led to the successful implementation of an Oklahoma Health Improvement Plan (OHIP), described in detail below.

**Organizational Strategies**

The centralized information technology system is a resource that has worked well in Oklahoma. OSDH and the centralized county health departments use this system for client intake and billing, and for tracking funds and expenditures at the county level. Similarly, the OSDH performance management system, Step UP, allows county administrators to enter data and track progress on performance measures. This system allows each county to report information on objectives that align to state health priority areas. The performance management system was developed by the state, with recommendations from the Local Health Performance Measures Committee. County health departments were represented in this committee, as is typically the case for OSDH committees.

OSDH has also reached out to community partners through the national Turning Point Initiative, which began in 1997 in order to strengthen and improve public health decision-making and partnerships. Today, there are 66 communities in Oklahoma still engaged in Turning Point partnerships. Through this statewide grassroots...
initiative, the community partnerships meet on a regular basis to discuss public health issues and needs. The partnerships help build local support for public health within Oklahoma and involvement in public health action. There are seven Turning Point representatives (or field consultants) employed by OSDH who work with and provide support to the community partnerships. According to the Deputy Commissioner of Community Health Services, this initiative has enabled the state to work more closely with the county health departments. Health assessments and health improvement plans are conducted at county health departments with Turning Point representatives, and some Turning Point representatives work across counties, which may help to build cross-jurisdictional relationships.

To engage with the two independent health departments in Tulsa and Oklahoma City, Oklahoma’s state Board of Health hosts Tri-Board meetings with the independent city-county Boards. The Tri-Board meetings have helped to solidify a positive working relationship between the state and decentralized entities. The three Boards explore joint initiatives, which helps ensure movement towards common goals, and discuss public health issues and concerns. The Tri-Board meetings were integral for the inception of the Oklahoma Health Improvement Plan (OHIP). According to the Oklahoma City-County Health Department administrator, they have “a good working relationship….The philosophies between the state health department and the independent health departments are much more similar.”

Additional State-Local Communication Venues

To ensure open and regular communication with the county and regional arms of OSDH, the Deputy Commissioner at the Community Health Services Division has implemented biweekly calls via video/teleconference, bimonthly in-person meetings with regional administrators, and annual in-person meetings of county administrators. The meetings serve as a venue for the central office to communicate information to the county health departments, to address programmatic issues, and to allow county health departments to communicate with the Deputy Commissioner. Other informal means of communication, such as telephone calls or emails, typically run through an administrative office within the Community Health Services Division. Many email communications from the state are sent to counties through a user group of the county administrators. In addition, information is available to the county health departments via an Intranet system established by OSDH.

Accomplishments

OHIP is a plan to improve health status in Oklahoma that outlines health priorities and outcomes. The idea for OHIP was conceived during a Tri-Board meeting, when members discussed the need for a strategic plan that focuses on addressing health priorities and improving health outcomes within Oklahoma. As of 2011, county health departments are implementing local health improvement plans and performance measures that align to OHIP and are monitored through Step UP. Turning Point representatives throughout Oklahoma are helping county health departments to develop local health improvement plans. The assistance provided by Turning Point representatives has been particularly valuable for the smaller county health departments in Oklahoma that may not have the staff time and/or expertise to develop health improvement plans.

The centralized performance management system, Step UP, has improved consistency in data collection across the state of Oklahoma. In addition, one county health department explained that without OSDH guiding its implementation, they would have been unable to procure the resources required to carry out a performance management system independently within their health department. The integrated performance management system may also prove beneficial in Oklahoma for aligning future accreditation efforts.
CHALLENGES, LESSONS, AND OPPORTUNITIES

In Oklahoma, OSDH seeks input from the centralized county health departments on a variety of topics, as evidenced through their committees on performance measures, policies and procedures, emergency response, and other areas. Despite the fact that local health administrators are frequently well-represented on state committees, one county health department administrator explained that this opportunity does not sufficiently constitute a true partnership.

However, the state-local relationship is maintained through frequent communication—either in-person or via videoconference. The state informs local health officers of their activities and expectations and, in turn, the county health departments inform the state of their needs and health activities, including those outside of state-prescribed activities, such as the decision to pursue external grant funding. As one local health department administrator explained, “Communication is the key to the relationship.”

To ensure straightforward and efficient communication, OSDH directs county health departments to field questions and concerns through a targeted channel—between the Deputy Commissioner of Community Health Services and the administrative director of each county health department. At the state level, this helps ensure continuity of communication across all local health departments. Despite these efforts, however, it may not always be clear, to county health departments, to whom questions should be directed or from whom assistance should be requested. For example, one local health department expressed concern about difficulty finding the correct person at OSDH to sign a memorandum of understanding.

Finally, for county health departments and OSDH to work together more effectively, it may be useful for OSDH staff to have experience at the local level, and for local health department staff to gain exposure to the state. In Oklahoma, many county health department staff have spent time working at OSDH, which has proven valuable in understanding state operations.

FOR MORE INFORMATION

About the Oklahoma State Department of Health:
- www.ok.gov/health

About Oklahoma’s county health departments:
- www.ok.gov/health/Community_Health/Community_Health_Services/What_is_a_County_Health_Department/index.html

About Oklahoma’s Turning Point activities:
- www.turningpointprogram.org/Pages/pdfs/factsheets/TP_OK.pdf

NORC at the University of Chicago completed this work on behalf of the Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) with funding from the U.S. Centers for Disease Control and Prevention (CDC). We would like to acknowledge the contributions of staff at public health departments throughout Oklahoma with whom we spoke.

For additional information about this project, please contact Michael Meit, MA, MPH at NORC at the University of Chicago (meit-michael@norc.org); Katie Sellers, DrPH at ASTHO (ksellers@astho.org); or Michelle Chuk at NACCHO (mchuk@naccho.org).