

# Achieving a Healthy Oklahoma

Policy  
Recommendations  
2022 – 2023



HUDSON COLLEGE OF PUBLIC HEALTH  
**CENTER FOR PUBLIC HEALTH PRACTICE**  
*The UNIVERSITY of OKLAHOMA HEALTH SCIENCES CENTER*

# Achieving a Healthy Oklahoma

The policy recommendations in this document are a direct result of the findings from the Achieving a Healthy Oklahoma initiative from the Hudson College of Public Health at the University of Oklahoma. The goal of the initiative is to ensure the state of Oklahoma has more adequate resources, a better prepared workforce, and a stronger health system to address existing and future public health threats. From October 2021 to June 2022, the Hudson College of Public Health convened private, philanthropic, community, and public partners to evaluate Oklahoma's preparedness and discern action strategies to prepare the state for the next public health emergency. Through the support of nearly twenty funders, the Achieving a Healthy Oklahoma initiative steering committee and four workgroups propose five policy-related updates to propel Oklahoma's preparedness and resiliency across the business, community engagement, education, and health sectors. The Achieving a Healthy Oklahoma initiative focuses on the following priority areas to bring actionable changes: workforce development and training systems, more efficient and equitable emergency funding allocations, and stronger statewide collaboration and preparedness operations.

In addition to this policy document, the initiative is currently developing a multi-sector action plan. Combined, these two documents present policy and program actions that will position Oklahoma to better prepare for the next health emergency. As a result, Oklahoma will have a place at the table with national leaders as a state that prioritizes cross-sector partnerships and innovative preparedness solutions.

## Policy Opportunities

The Achieving a Healthy Oklahoma initiative recommends that Oklahoma policy makers and legislators partner with the University of Oklahoma Health Sciences Center to take action towards **(1) preparing Oklahoma for future health crises** and **(2) improving overall population health across the state**.

## Summary of Recommendations

- Launch the Oklahoma Public Health and Health Care Loan Repayment Program.
- Incentivize higher education institutions in Oklahoma to partner with state and local health departments to provide annual data on public health workforce needs and shortages across the state and develop career learning opportunities to engage students in health sectors.
- Strengthen delivery of coordinated community, health, education, and business services during normal times and in emergencies.
- Develop an advisory panel that evaluates emergency preparedness in Oklahoma.
- Request community health status assessments annually to support data-driven and cross-sector policy collaboration.
- Incentivize partnerships to support technological and health advancements across sectors.

**RECOMMENDATION ONE:****Invest in the future of Oklahoma’s health workforce with the Oklahoma Public Health and Health Care Loan Repayment Program.**

As a result of the COVID-19 pandemic, the demand for health care services and licensed health care workers skyrocketed across the country, with nearly 60% of health care workers indicating that stress from the pandemic impacted their mental health. The need for a stronger workforce is clear. To prepare for the next public health emergency, Oklahoma must prioritize public health and health care workforce training and development. By instituting its own private/public-led public health and health care loan repayment program, Oklahoma can invest in the future workforce and retain workers in communities with the highest needs.

The future health workforce looks different post-pandemic. Oklahoma needs a workforce with diverse skills and community trust. The Achieving a Healthy Oklahoma initiative recognizes this need and has identified solutions. The Center for Public Health Practice will work closely with the Oklahoma Public Health Training Center to update and develop new training opportunities for Oklahoma’s public health and health care workforce. A significant weakness in the workforce pipeline is the student debt burden carried by potential public health and health care workers.



By providing loan repayment support for physicians, nurses, mental health professionals, and public health professionals in Oklahoma, we can address workforce shortages and work towards improving health in our state. For example, Massachusetts has a state-led loan repayment program that allocates state funds as subsidies and incentivizes students to commit to working in high-needs specialties and geographic areas following graduation. The program has helped to drive public health and health care employment to specific high-needs areas within the Massachusetts. If Oklahoma were to establish a similar state-led repayment program, it could significantly improve access to much needed health care for Oklahomans.

Support the creation of a public health and health care loan repayment program by formalizing partnerships with expert stakeholder groups (e.g., the Physician Manpower Training Commission) to include public health practitioners in loan repayment and scholarship program development.

Oklahoma is short 253 full-time equivalent (FTE) primary care physicians, 179 FTE dental health care workers, and 84 FTE mental health providers at the state level.

With adequate loan repayment options, public health and health care workforce vacancies are more likely to be filled with trained and qualified workers.

**RECOMMENDATION TWO:**

**Incentivize higher education institutions in Oklahoma to partner with state and local health departments to provide annual workforce data and develop career learning opportunities to engage students in health sectors.**

Organizations across the Achieving a Healthy Oklahoma network have expressed the necessity to partner with the Center for Public Health Practice to expand training opportunities for the current and future public health workforce. By establishing formal partnerships between health departments and higher education institutions, we can work to address training access issues and create more education opportunities for health workers. Partnerships like this, between local universities and health departments, provide the existing workforce with training opportunities for degrees and certifications and the emerging workforce with real-world experiences and connections. These workforce development efforts, paired with the Oklahoma Public Health and Health Care Loan Repayment Program, will strengthen the Oklahoma public health and health care workforce and reduce the workforce burden during the next emergency.

Support cross-sector partnerships between state health agencies, public universities, local health departments, and hospital systems to establish mentorship programs for students in public health and health care programs.

The existing and emerging public health workforce faces challenges of insufficient training and overburdensome job demands due to a lack of specialized public health workers.

Adequate workforce training opportunities for critical professions, including but not limited to health care professions, are crucial for sustained economic growth and resilience in the state of Oklahoma.



**RECOMMENDATION THREE:**

**Strengthen delivery of coordinated health services for local communities during emergencies and daily operations.**



Support legislative policies that (1) increase resource allocation to the public health and health care workforce and (2) strengthen the delivery of coordinated health services through establishing a community health worker (CHW) certification process in Oklahoma.

CHWs are an example of an underutilized and cost-effective resource that research has proven to decrease health disparities, reduce reliance on emergency health services, and improve healthy behaviors.

Expand the scope of existing Senate Bill 1379 to allow public schools and community health centers to form partnerships and contracts with CHWs and telehealth mental health service providers.

Public Health efforts in times of normalcy and crisis are weakened by communication and service delivery silos in the existing public health system. COVID-19 highlighted the inefficiencies and redundancies that result from these silos—such as prohibiting the strategic interaction and coordination of multiple sectors to effectively address critical health threats. Silos and disjointed efforts to address critical health issues including, but not limited to, disease prevention measures, surveillance, chronic disease screening, and social and behavioral determinants of health (e.g., education, income, community, transportation, and health care access) result in inefficient allocation of time and resources and produce gaps in service delivery that negatively affect the health and productivity of the general population.

While resource limitations have been the most frequently cited barrier to cross-sector partnerships, increased funding through diverse sources and partnerships can address staff time limitations and incentivize the development of strong trust-filled relationships with non-traditional partners (e.g., businesses, schools, faith-based institutions, and hospitals). Policy development can further create and strengthen such partnerships and, in turn, result in cross-sector service delivery coordination.





The American Public Health Association defines a CHW as “a frontline public health worker who is a trusted member (and/or has an unusually close understanding) of the community served.” The 2020 Oklahoma House Bill 3449, otherwise referred to as the Community Health Worker Act, proposed to formalize a partnership between The State Department of Health and the Oklahoma Public Health Association to assign powers and duties regarding establishing and maintaining certification of community health worker training curriculum. This Act would have improved the public health and health care workforce in Oklahoma by establishing a credentialing process for an effective community health resource (i.e., CHWs) and overall lightening the distribution of health service demands across the existing and critically understaffed workforce.



The Achieving a Healthy Oklahoma steering committee identified an increasing need for youth mental health services as an aftermath of the COVID-19 pandemic. This finding is consistent with child mental health research conducted by Tulsa’s Healthy Minds Policy Initiative. In a recent report, the initiative recommended that (1) adolescent mental health care services be integrated with systems already used by children (e.g. education and general health care), (2) pediatric primary care doctors be cross-trained to also provide mental health care services, and (3) adolescent psychiatrists and mental health trained pediatric primary care providers be accessible through telemedicine. Expanding Senate Bill 1379 would provide an opportunity for private-public partnerships to be formed and housed within community-based facilities. Barriers to care, such as access and coordination of services, would be reduced because CHWs and telehealth mental health providers meet the community members where they are at, reducing both the dependency on transportation and/or internet service. Furthermore, continuity of care could be improved for public school students due to integrated care at their school.

#### RECOMMENDATION FOUR:

**Invest in preparedness now so that Oklahoma is a national leader during the next public health emergency.**

The panel should consist of public health and emergency response experts, governing officials, and community leaders. The panel will serve as an advisory board that influences policy to provide equitable health changes across communities and sectors in Oklahoma. The panel will be an advisory role, in partnership with the Center for Public Health Practice. The Center is well positioned to create and support the panel by planning for routine monitoring of readiness and providing data to support health improvement and multi-sector policy impacts.

Support the Center for Public Health Practice to develop and facilitate a panel to assess emergency readiness across Oklahoma in order to identify and address existing vulnerabilities.





## RECOMMENDATION FIVE:

### Request community health status assessments annually to support data-driven and cross-sector policy collaboration.



Currently, the health departments and hospital systems in Oklahoma invest in separate status assessments in order to drive their planning. The

Center for Public Health Practice, in partnership with local and state health agencies, could support policymakers by delivering updated jurisdictional health data at the beginning of each legislative session. The Center for Public Health Practice will coordinate routine community status assessments (through coursework and/or student practicum opportunities) across Oklahoma to present to legislators and provide the opportunity for health impact through policy change.

This comprehensive report can be used by our partners as a research-based resource that reduces duplication of efforts across the state and streamlines actionable planning. Not only will this provide timely, actionable data, but it will also optimize the efficiency of funding allocation, policy application, and service delivery statewide.

Request actionable health data from appropriate agencies, prior to each legislative session, in order to examine the full impact of policy across the state.

Community health status assessments are critical to developing impactful policies.

**RECOMMENDATION SIX:****Incentivize partnerships across public and private sectors and stakeholders.**

Establish sustainable funding streams that support and maintain partnerships with public and private organizations that deliver coordinated and equitable access to services across Oklahoma.

Innovation is the key to combating the next public health emergency. Oklahoma has produced unique programs with proven success, but the longevity of such programs has often been limited due to unsustainable funding streams. In order to ensure that public health programs have the necessary resources to succeed, the following should be considered:

- 1** The general public needs to be more effectively engaged before a public health emergency occurs. The public should also be encouraged to take responsibility for preventing and mitigating potential threats.
- 2** Increase local control of funding in order to provide flexibility in resource distribution. Policymakers should reference emergency preparedness and community health status assessments for funding allocation.
- 3** Provide opportunities for innovative reallocation of current funding. Encourage public-private partnerships to bring about targeted change. Joint funding of programs (e.g., through private-public partnerships) based on the community health status assessments can provide innovative partnerships and flexibility in carrying out programmatic objectives.
- 4** Partner with the Center for Public Health Practice to pursue a variety of grant funding streams. The Center for Public Health Practice aims to provide grant research and submission roles for statewide and local partnerships. Having a legislative liaison partner on these initiatives will provide optimal allocation of funding and a cohesive statewide impact. The Center for Public Health Practice will appoint a dedicated staff member to seek out grant opportunities for statewide preparedness. Currently, the Center for Public Health Practice is reviewing grant opportunities and is prepared to apply during the next quarter.



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