

**Agenda for the 11:00 a.m., Tuesday, April 14, 2015**  
**Regular Meeting of the Oklahoma State Board of Health**

**Posted at [www.health.ok.gov](http://www.health.ok.gov)**  
Oklahoma State Department of Health  
1000 N.E. 10<sup>th</sup> Street – Room 1102  
Oklahoma City, OK 73117-1299

**I. CALL TO ORDER AND OPENING REMARKS**

**II. REVIEW OF MINUTES**

- a) Approval of Minutes for March 10, 2015, Regular Meeting

**III. STRATEGIC MAP UPDATE PRESENTATION**

Toni Frioux, MS, APRN-CNP, Deputy Commissioner, Prevention and Preparedness Services; Henry F. Hartsell, Jr., Ph.D, Deputy Commissioner, Protective Health Services

- b) Update

**IV. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

Executive Committee – Dr. Woodson, Chair

Discussion and possible action on the following:

- c) Update

Finance Committee – Ms. Burger, Chair

Discussion and possible action on the following:

- d) Update

Accountability, Ethics, & Audit Committee – Dr. Alexopoulos, Chair

Discussion and possible action on the following:

- e) Update

Public Health Policy Committee – Dr. Gerard, Chair

Discussion and possible action on the following:

- f) Update

**V. PRESIDENT'S REPORT**

Related discussion and possible action on the following:

- g) Update

**VI. COMMISSIONER'S REPORT**

Discussion and possible action

**VII. NEW BUSINESS**

Not reasonably anticipated 24 hours in advance of meeting

**VIII. PROPOSED EXECUTIVE SESSION**

Proposed Executive Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law.

Possible action taken as a result of Executive Session.

**IX. ADJOURNMENT**



Terry L. Cline, PhD  
*Commissioner of Health*  
*Secretary of Health*  
*and Human Services*

Ronald Woodson, MD  
*President*  
Jenny Alexopoulos, DO  
Terry R Gerard, DO

Board of Health  
Martha A Burger, MBA  
*Vice President*  
Charles W Grim, DDS, MHSA  
R Murali Krishna, MD

Cris Hart-Wolfe, MBA  
*Secretary-Treasurer*  
Timothy E Starkey, MBA  
Robert S Stewart, MD

1000 NE 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
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STATE BOARD OF HEALTH  
CARTER COUNTY HEALTH DEPARTMENT  
405 S. Washington  
Ardmore, OK 73401

Tuesday, March 10, 2015 11:00 a.m.

Dr. Ronald Woodson, President of the Oklahoma State Board of Health, called the 397<sup>th</sup> regular meeting of the Oklahoma State Board of Health to order on Tuesday, March 10, 2015 at 11:01 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on March 9, 2015, and at 11:00 a.m. at the building entrance on March 9, 2015.

**ROLL CALL**

Members in Attendance: Ronald Woodson, M.D., President; Martha Burger, M.B.A., Vice-President; Jenny Alexopoulos, D.O.; Terry Gerard, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.; Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.

Absent: Cris Hart-Wolfe, Secretary-Treasurer

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Mark Davis, Chief Financial Officer; Tony Sellars, Director of Office of Communications; Officer; VaLauna Grissom, Secretary to the State Board of Health; Janice Hiner, Sr. Advisor to the Commissioner of Health; Felesha Scanlan, Commissioner’s Office.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Dr. Woodson called the meeting to order. He welcomed special guests in attendance and thanked Mendy Spohn and Carter County Health Department staff for hosting the March Board of Health meeting.

**REVIEW OF MINUTES**

Dr. Woodson directed attention to review of the minutes of the February 10, 2015 Regular Board meeting.

**Dr. Alexopoulos moved Board approval of the minutes of the February 10, 2015, regular Board meeting, as presented. Second Dr. Stewart. Motion carried.**

**AYE: Alexopoulos, Stewart, Starkey, Woodson**

**ABSTAIN: Burger, Gerard, Grim, Krishna**

**ABSENT: Wolfe**

**CARTER COUNTY HEALTH DEPARTMENT PRESENTATION:** Mendy Spohn, M.P.H., Administrator for Carter, Love, Marshall, Johnson, and Jefferson County Health Departments

*See Attachment A*

**OKLAHOMA HEALTH IMPROVEMENT PLAN PRESENTATION:** Julie Cox-Kain, M.P.A., Senior Deputy Commissioner and Deputy Secretary for Health and Human Services  
Discussion and possible action on the following:

*See Attachment B*

**Dr. Krishna moved Board approval to endorse the Oklahoma Health Improvement Plan as presented. Second Dr. Stewart. Motion carried.**

1  
2 **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Woodson**  
3 **ABSENT: Wolfe**  
4

5 **CONSIDERATION OF STANDING COMMITTEES’ REPORTS AND ACTION**

6 **Executive Committee**

7 Dr. Woodson provided a brief overview of the initial Tri-Board Joint Executive Committee meeting for the  
8 Oklahoma City-County Board of Health, Tulsa City-County Board of Health, and Oklahoma State Board of  
9 Health. The initial meeting was successful in identifying common goals and objectives all for the benefit of  
10 the state of Oklahoma.

11  
12 Martha Burger will chair the 2015 annual retreat planning committee. Dr. Gerard, Tim Starkey, and Dr.  
13 Grim will also serve on this committee. The committee will work with the retreat facilitator over the next  
14 few months to plan the retreat.

15  
16 Dr. Krishna will chair the Nominating Committee and Dr. Alexopulos and Dr. Stewart will serve on the  
17 committee. The committee will provide their report during the June Board meeting for election officers  
18 effective July 1<sup>st</sup>.

19  
20 **Finance Committee**

21 Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the  
22 following SFY 2015 Finance Report and Board Brief as of February 23, 2015:

23 **Budget and Expenditure Forecast**

- 24 o As of February 23, 2015
- 25 o Approximately \$415 million budgeted for state fiscal year 2015
- 26 o Forecasted expenditure rate of 98.49% through June 30, 2015
- 27 o “Green light” overall for the department and for each division within the department

28 **The Financial Brief focused on the Carter County Health Department Budget**

- 29 o The brief provided a comparison between the overall OSDH budget and the portion of its budget  
30 directed at Carter County.
- 31 o The discussion highlighted the role of millage funding in providing public health services.
- 32 o It also highlighted the categorical budget differences between a county health department and a state  
33 health department.

34  
35 **Accountability, Ethics, & Audit Committee**

36 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Alexopulos indicated there were  
37 no known significant audit issues to report at this time.

38  
39 **Public Health Policy Committee**

40 The Policy Committee met on Tuesday, March 10, 2015. Dr. Gerard indicated the Committee discussed  
41 legislative agenda items, budget request items and the significance of the reduction in the amount of funds  
42 available for appropriation for SFY-16.

43  
44 The Committee discussed several important pieces of legislation proceeding through the legislative process  
45 including: HB1685 and SB 674 which are the 24/7 Tobacco Free School Acts, SB 126 which authorizes the  
46 Department to contract for Advance Directive Registry services, HB 1408 which exempts persons selling  
47 only whole, uncut fruits, vegetables and melons and/or un-cracked and unprocessed nuts from food  
48 establishment licenses, and HB 1948 which pertains to the Prescription Monitoring Program. There was also  
49 discussion of SJR 24 which would allow for an initiative petition to remove exemptions from the Smoking in  
50 Public Places and Workplaces Act.

51  
52 Members should be receiving legislative update reports each Monday. If Board members have any policy  
53 questions, they should feel free to contact Mark Newman at any time.

54  
55 The next meeting of the Policy Committee will be prior to the April Board Meeting.

**PRESIDENT'S REPORT**

Dr. Woodson briefly discussed the launch of the Oklahoma Health Improvement Plan (OHIP). The OHIP is a statewide health improvement plan developed by a broad-based group called the OHIP team convened by the Board of Health. It's been 5 years since the first OHIP plan was released and at that time, Oklahoma ranked 49<sup>th</sup> nationally in health outcomes and now ranks 46<sup>th</sup>. As discussed earlier in the agenda, we have made improvements infant mortality, adolescent obesity, and adult & youth smoking rates during this time. Each Board received an advance copy of OHIP 2020 Plan Healthy Oklahoma 2020 and the hardcopy plans will be made available through the OSDH Office of Communications. Dr. Woodson encouraged all to attend the launch event held in Noble, Ok.

**COMMISSIONER'S REPORT**

Dr. Cline thanked Mendy Spohn and her staff for their efforts to host the March Board of Health meeting.

Dr. Cline briefly commented on the most recent Senate and House Budget Hearings as well as two Legislative Briefings conducted by the Department and directed at new Legislators to discuss the Governor's priorities. The Governor has made Health a priority and it is important to educate the legislative body about health initiatives.

Dr. Cline also highlighted the Certified Healthy Awards ceremony, with more than 1,000 in attendance. Although the event is hosted and funded privately, the purpose is to recognize organizations across the state receiving certified healthy status. This event is a reflection of the enthusiasm across the state for improved health.

Dr. Cline highlighted the recent Bridges to Access meeting. There were hundreds of medical students in attendance whose primary focus around volunteerism and giving back to the community. The event is concluded by awarding the R. Murali Krishna award for volunteerism. Dr. Cline thanked Dr. Krishna for his leadership in this area and recognized Dr. Woodson's daughter who instrumental in organize this same event in 2014.

Lastly, Dr. Cline ended his report with an overview of two events attended. Go Red For Women Day at the Capitol organized by the Heart Association. Martha Burger was in attendance and is an active leader in this cause. This is yet another example of the volunteerism of the Board of Health. Lastly, Dr. Cline mentioned a recent visit with Dr. Arias of the CDC. She serves as the principal advisor to the Director of the CDC and the meeting was focused around prescription drug misuse across the country. CDC is looking for opportunities to work with states to turn this epidemic around.

The report concluded.

**NEW BUSINESS**

No new business.

**PROPOSED EXECUTIVE SESSION**

No Executive Session.

**ADJOURNMENT**

The meeting adjourned at 12:16 pm.

Approved

\_\_\_\_\_  
Ronald W. Woodson, M.D.  
President, Oklahoma State Board of Health  
April 14, 2015

ATTACHMENT A

**OK HEALTH BOARD MEETS**  
 Vol. XCIII, No. 311 Tuesday, March 10, 2015 \$1.25

**Carter County Health on the Rise**

**CHIP Being Addressed**

- Adverse Childhood Events
- Obesity- Physical Activity
- Mental Health
- Tobacco
- Drug Abuse - Prescription

**Blake Shelton and Miranda Lambert Rock County Music Superstars Revive Area**

**Bibbly Handfishing and Korfball**

**Shrimp Capital of the World**

**Live County Beats it Up**

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**Carter County Health on the Rise**

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**Blake Shelton and Miranda Lambert Rock County Music Superstars Revive Area**

**Bibbly Handfishing and Korfball**

**Fiesta Baby**

WITH FRUITS & VEGGIES



## Operation Good Shepherd



## Shape Your Menu



## Teen Conference



## Emergency Preparedness



### Some Facts- Carter County

- Population 48,491
- 76% White
- 9% American Indian
- 7% Hispanic or Latino
- 17% Bachelor's degree or higher
- 16% Below poverty

#### Ardmore Clinic:

- 5,730 Clients
- 1,385 WIC
- 1,064 Family Planning
- 79 Children First

#### Healdton Clinic:

- 806 Clients
- 309 WIC
- 107 Family Planning



## Tobacco Free Schools



## Blake Shelton and Miranda Lambert Rock County Music Superstars Revive Area



## Veggie Parades



## Sidewalks



## Car Seat Checks



Dear Ms. Gile,  
 Thank you so much for teaching us  
 bike and scooter safety. Thank you  
 for the helmets and the reflectors. We  
 had a great morning with you!

Sincerely,  
 Terral 1<sup>st</sup> and 2<sup>nd</sup> Grade  
 Ryan  
 Coley  
 Taylor  
 Wadden  
 Rayan  
 Levi  
 Coley  
 Wadden



### Some Facts- Johnston County

- 1,315 Clients
- 410 WIC
- 216 Family Planning
- 8 Children First
- Population 10,990
- 74% White
- 16% American Indian
- 4% Hispanic or Latino
- 17.7% Bachelor's degree or higher
- 22% Below poverty

### Some Facts- Jefferson County

- 761 Clients
- 292 WIC
- 115 Family Planning
- 70 Children First
- Population 6,432
- 87% White
- 11% Bachelor's degree or higher
- 21% Below poverty

## Hillbilly Handfishing and Rattlesnakes

### Snake Hunts and Noodling in Jeff. County

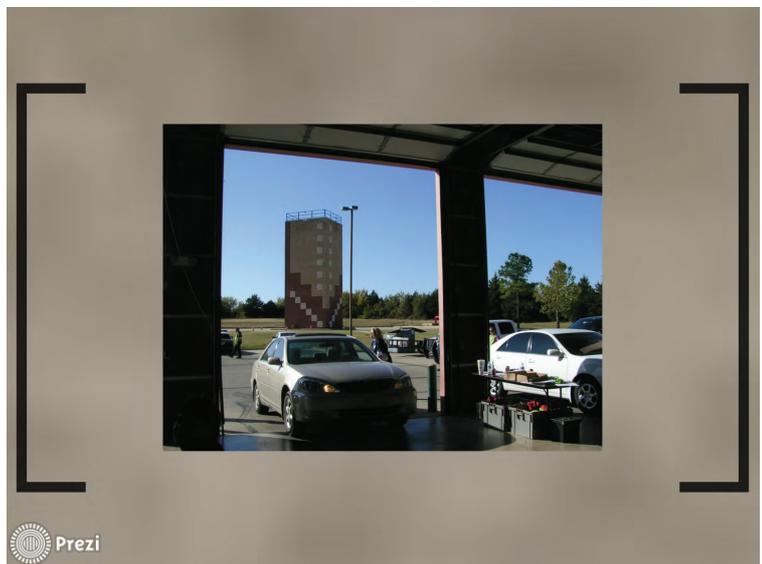
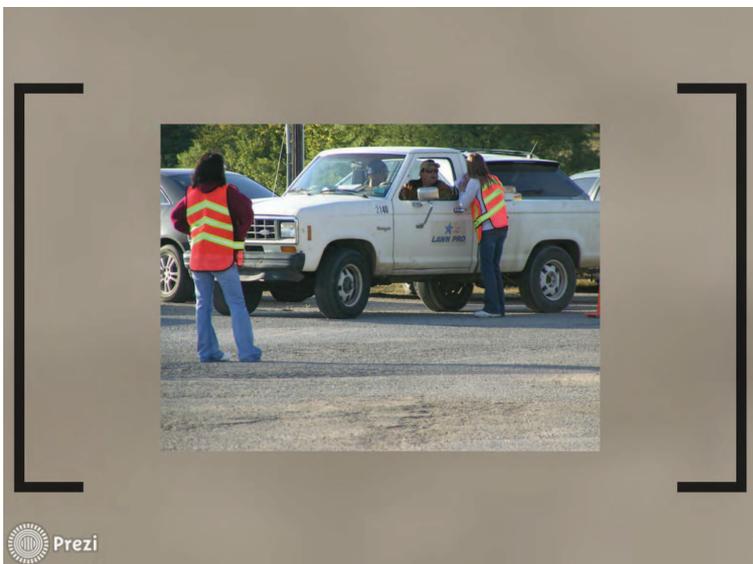
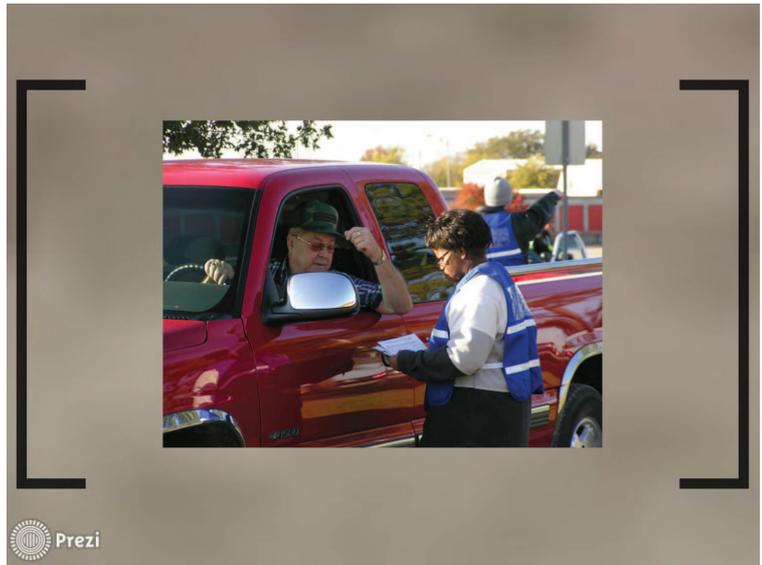
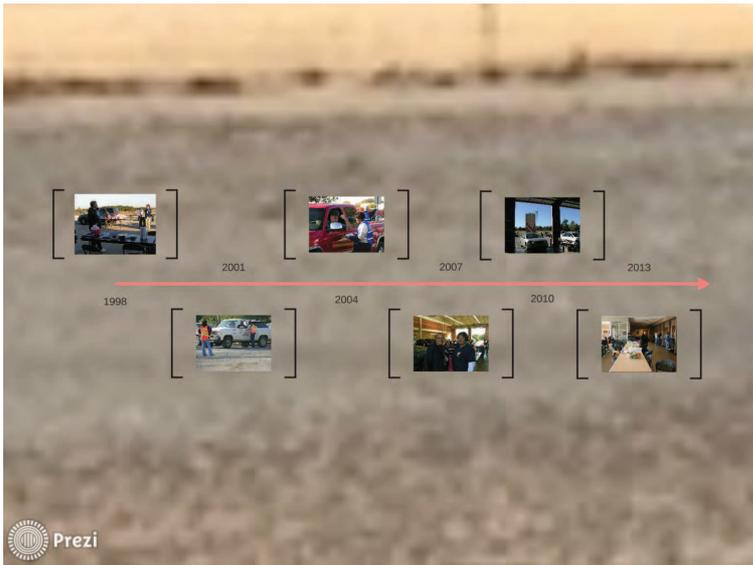
Animal Planet has invaded Jefferson County.



## Striper Capitol of the World

### National Sand Bass Festival June 7-13





## Some Facts- Love County

- 1,824 Clients
- 485 WIC
- 263 Family Planning
- 17 Children First
  
- Population 9,742
- 84% White
- 8% American Indian
- 14% Hispanic or Latino
- 14% Bachelor's degree or higher
- 17% Below poverty



## Some Facts- Marshall County

- 2,372 Clients
- 842 WIC
- 398 Family Planning
- 28 Children First
  
- Population 15,988
- 81% White
- 11% Native American
- 16% Hispanic or Latino
- 14.4% Bachelor's degree or higher
- 17% Below poverty



“ You might as well enjoy your work.  
Don't take everything so seriously.  
Have some fun! ”

## Love County Hams it Up

### Robertson's Ham Based in Marietta

- Winstar World Casino is the largest in the world.
- Love County courthouse was the first built after Oklahoma statehood.







## OK HEALTH BOARD MEETS

Vol. 30, No. 101      Tuesday, March 30, 2015      \$3.25

### Carter County Health on the Rise

**CHHP Being Addressed**

- Adverse Childhood Experiences
- Obesity - Physical Activity
- Mental Health
- Tobacco
- Drug Abuse - Prescription

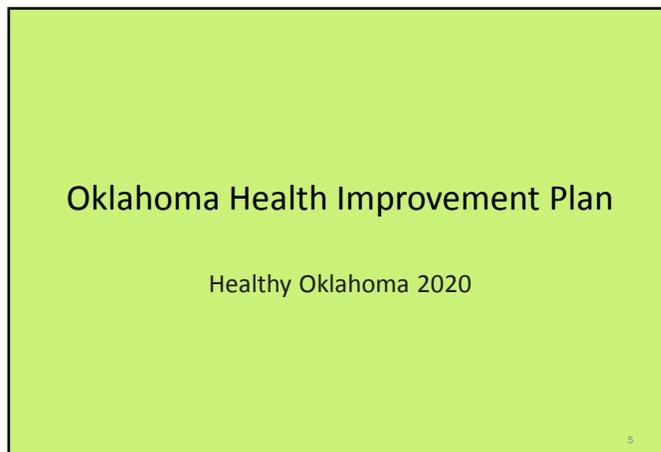
**Risk Factors and Writable Lumber Book**  
County, State, National, and Global

**Ability: Qualifying and Certification**  
State, County, and National

**Stripes Capital of the World**  
National and Global

**Love County: Home of the Marking**  
National and Global

# ATTACHMENT B



## Oklahoma Health Improvement Plan (OHIP) The State's Health Improvement Plan

- Short term - In 2008, the Oklahoma Legislature passed SJR-41 requiring the State Board of Health to develop a **comprehensive health improvement plan** for the "general improvement of the **physical, mental and social wellbeing of all people** in Oklahoma through a high functioning public health system."
- Long term - Multi-sector governance process for plan development and long term implementation

## PHAB Standards for State Health Improvement Plan

- Collaborative process with significant involvement from key stakeholder
- Desired measurable outcomes/Priorities for action
- Written from the perspective of the population
- Address social determinants (poverty, jobs & education)
- Higher health risks of specific populations
- Health equity
- Evidence based, promising or innovative practices
- Policy changes needed to accomplish
- Organizations accepting responsibility for implementing plan
- Consideration of Tribal, local and National priorities

## 2010 - 2014 OHIP FLAGSHIP ISSUES SUCCESSIONS & CHALLENGES



### Tobacco

- Adult smoking decreased from 26.1% (2011) to 23.7% (2013) of the population. Oklahoma is currently ranked 45<sup>th</sup> in the US.
- Adolescent smoking has decreased from 20.2% in 2009 to 15.1% in 2013.
- More than 80% of Oklahoma children attend schools with 24/7 tobacco free policies.



### Obesity

- Percent of public high school students who are obese decreased from 17% (2011) to 11.8% (2013).
- Oklahoma adult obesity prevalence is 32.5% (2013). Oklahoma is currently ranked 44<sup>th</sup> in the US.



### Child Health

- Currently at 6.8/1,000 live births, infant mortality has dropped 21% since 2007.
- Only 8.4% of Oklahoma babies were born with low birth weight, though prevalence in the African American population is 14%.

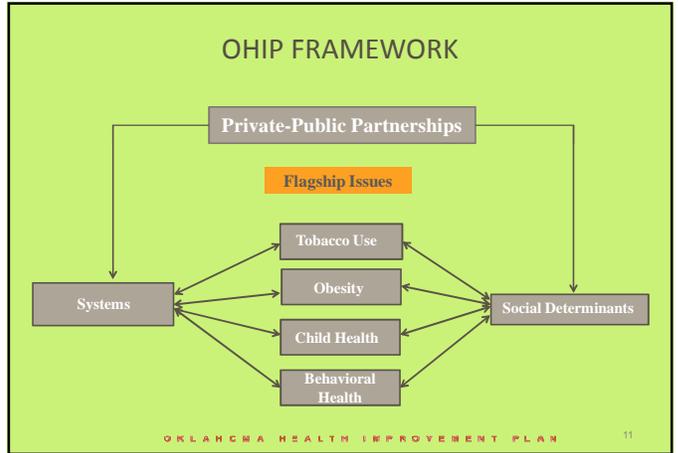
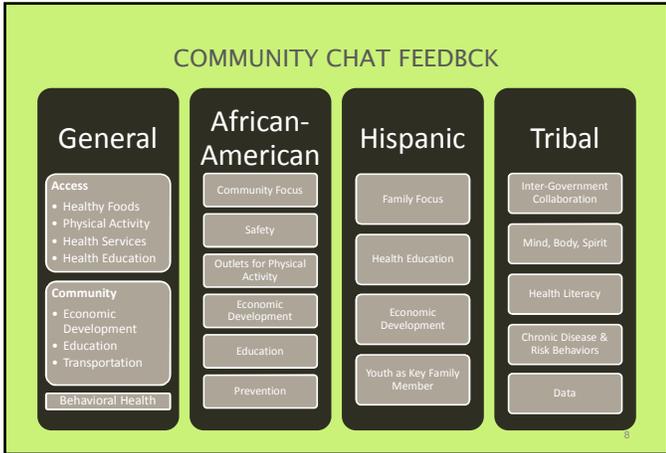
STATE OF THE STATE'S HEALTH · 2014

## TIMELINE – 2014 OHIP Stakeholder and Community Involvement Process

Feb thru March	April thru June	Sept thru Nov	Dec 2014 thru Jan 2015
<ul style="list-style-type: none"> <li>Review literature and health data</li> <li>Propose and adopt OHIP rewrite process</li> <li>Conduct two tribal consultation meetings</li> <li>Release of the 2014 Oklahoma State Health Report</li> </ul>	<ul style="list-style-type: none"> <li>Conduct five general community chats</li> <li>Host four African-American and Hispanic community chats</li> <li>Conduct online public survey and online and phone polling business survey</li> </ul>	<ul style="list-style-type: none"> <li>Analyze discussion findings and identify themes</li> <li>Identify statewide priorities, goals, objectives, and strategies</li> </ul>	<ul style="list-style-type: none"> <li>Draft OHIP and seek public comments</li> <li>Revise and finalize OHIP</li> </ul>

### HEALTH DATA + COMMUNITY INPUT + EVIDENCE-BASED PRACTICE

<b>General Community Chats: 406</b> General 176 African American: 65 Hispanic: 82 Tribal: 83	<b>Online Surveys: 131</b> English – 108 Spanish – 23	<b>State Chamber Health Committee</b>  <b>Legislative Briefing</b> Select Members
<b>Tribal Consultations:</b> Tanquepah- April 7 (36) Little Ase- June 16 (47)	<b>Business Surveys: 751</b> Online Survey – 665 Telephone Poll – 78 In-depth Interviews - 8	<b>Health Transformation</b> All Stakeholder Mtg. --50



### OHIP BUSINESS SURVEY

More than 700 Oklahoma businesses participated in the Oklahoma Business Health and Wellness Survey

Project Partners	Project Focus
<ul style="list-style-type: none"> <li>Oklahoma State Department of Health</li> <li>Office of the Governor of Oklahoma</li> <li>Oklahoma Department of Commerce</li> <li>Oklahoma Employment Security Commission</li> <li>State Chamber of Oklahoma Research Foundation</li> <li>Insure Oklahoma</li> </ul>	<ul style="list-style-type: none"> <li>How does the health of the Oklahoma workforce affect business?</li> <li>What impact does access or lack of access to healthcare have on an employer's bottom line?</li> <li>What barriers and challenges do employers face in providing health and wellness benefits?</li> <li>How and why do employers invest in employee wellness programs?</li> <li>Does workforce pool have necessary job skills?</li> </ul>

### KEY OHIP 2020 CORE MEASURES FLAGSHIP ISSUES

<b>Tobacco</b>	<ul style="list-style-type: none"> <li>Reduce Adult Smoking</li> <li>Reduce Youth Smoking</li> <li>Reduce Tobacco Use</li> </ul>
<b>Obesity</b>	<ul style="list-style-type: none"> <li>Reduce Adult Obesity</li> <li>Reduce Youth Obesity</li> </ul>
<b>Children's Health</b>	<ul style="list-style-type: none"> <li>Reduce Infant Mortality</li> <li>Reduce Maternal Mortality</li> <li>Reduce Child and Adolescent Injury Mortality</li> </ul>
<b>Behavioral Health</b>	<ul style="list-style-type: none"> <li>Decrease Mental Illness</li> <li>Decrease Substance Abuse Disorders</li> <li>Decrease Suicides</li> </ul>

### OHIP Business Survey Key Findings

<b>Financial – Increasing Healthcare Cost Impacting Bottom Line</b> <ul style="list-style-type: none"> <li>43% indicate they are less profitable for business growth</li> <li>39% have held off on salary increases</li> </ul>	<b>Workforce – Half of Respondents Report Employee Health Affects Business</b> <ul style="list-style-type: none"> <li>82% Making positive healthy lifestyle choices</li> <li>69% Losing weight</li> <li>48% Seeing doctor for preventive care</li> <li>46% Quitting tobacco</li> <li>46% Reducing stress</li> </ul>
<b>Health Priorities – State Should Address Key Health Priorities</b> <ul style="list-style-type: none"> <li>Tobacco</li> </ul>	<b>Private/Public Partnerships – Businesses Open for Partnerships with Govt.</b> <ul style="list-style-type: none"> <li>Employee Wellness</li> <li>Wellness Now Initiative</li> </ul>
<b>Insure Oklahoma</b> <ul style="list-style-type: none"> <li>Well Regarded Partnership for Coverage</li> <li>Reduce Administrative Burden</li> <li>Improve Sustainability</li> <li>Better Access to Coverage</li> </ul>	

### KEY OHIP 2020 GOALS – SYSTEMS, SOCIAL DETERMINANTS & PARTNERSHIPS

<b>Health Education</b>	<ul style="list-style-type: none"> <li>Certified Healthy Schools – Coordinated School Health Model</li> <li>Certified Healthy Campus – American College Health Association Standards of Practice in Higher Education</li> <li>Address Health Literacy While Implementing OHIP</li> </ul>
<b>Health Transformation</b>	<ul style="list-style-type: none"> <li>Reduce Heart Disease Death Rate</li> <li>Reduce Preventable Hospitalizations</li> <li>Reduce Growth in State Purchased Healthcare Costs</li> <li>Improve Access to Care</li> </ul>
<b>Private Public Partnership (P3)</b>	<ul style="list-style-type: none"> <li>Increase Private/Public Joint Partnerships that Improve Population Health and Yield ROI</li> <li>Develop Proposed Health Investment Portfolio / Investment Trust</li> </ul>
<b>Economic Development &amp; Education</b>	<ul style="list-style-type: none"> <li><b>LINK TO STATE GOALS</b> <ul style="list-style-type: none"> <li>Job Creation/Wealth Generation</li> <li>Educational Attainment/Job Skills</li> <li>Small Business Support</li> </ul> </li> </ul>

## Tobacco Use Prevention

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none"> <li>• Reduce Adult Smoking</li> <li>• Reduce Youth Smoking</li> <li>• Reduce Tobacco Use</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive smoke free indoor public places (voluntary and statutory)</li> <li>• Price point strategies</li> <li>• Health communication campaigns</li> <li>• Cessation systems</li> <li>• Emerging products</li> </ul>

14

## Behavioral Health Improvement

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none"> <li>• Reduce untreated mental illness</li> <li>• Reduce addiction disorders</li> <li>• Reduce suicide deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Integrate behavioral health and primary care</li> <li>• Implement or expand screening and treatment interventions (e.g., SBIRT)</li> <li>• Screen persons in criminal justice system for SA/MH and treat/divert as appropriate</li> <li>• Expand access to appropriate care for MH/SA disorders</li> </ul>

17

## Obesity Reduction

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none"> <li>• Reduce Adult Obesity</li> <li>• Reduce Youth Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• Health In All Policies</li> <li>• Improve Built Environment</li> <li>• Community Asset Mapping</li> <li>• Expand Certified Healthy Oklahoma</li> </ul>

15

## Health Education

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none"> <li>• Increase schools adopting coordinated school health model</li> <li>• Increase institutes of higher education adopting standards for health promotion</li> <li>• Increase motivational interviewing (MI)</li> <li>• Address health literacy in OHIP</li> </ul>	<ul style="list-style-type: none"> <li>• Excellence level Certified Healthy Schools</li> <li>• Excellence level Certified Healthy campus</li> <li>• Increase MI trainers available</li> <li>• Incorporate health literacy review and testing across OHIP flagship issues</li> <li>• Organizational assessments of health literacy capability</li> </ul>

18

## Children's Health Improvement

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none"> <li>• Reduce Infant Mortality</li> <li>• Reduce Maternal Mortality</li> <li>• Reduce Child and Adolescent Injury Mortality</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce teen birth rate</li> <li>• Increase childhood immunization</li> <li>• Reduce adverse childhood events</li> <li>• Increase prenatal care</li> <li>• Increase families in evidence based home visitation programs</li> </ul>

16

## Health Transformation

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none"> <li>• Reduce Heart Disease Deaths</li> <li>• Reduce preventable hospitalizations</li> <li>• Reduce growth in healthcare expenditures</li> </ul>	<ul style="list-style-type: none"> <li>• Value based payment models</li> <li>• Care coordination for chronic conditions</li> <li>• Multi-payer alignment of goals</li> <li>• Use of clinical preventive services</li> <li>• Electronic health records/Health Information Exchange (HIE)</li> <li>• Improve access/accessibility to care</li> </ul>

19

## Private Public Partnership

### CORE MEASURES

Increase private-public joint partnerships and investment opportunities that yield improved health and a return on investment

### SELECTED STRATEGIES

- Develop health investment portfolio with established ROI
- Explore investment trust options
- Utilize business planning to identify health areas with highest rate of return and likelihood of success

20

## OHIP Next Steps

- New & more interactive website that allows updates by workgroups
- Communication & educational materials to promote OHIP
- Continued growth in OHIP team membership to include business, legislative and faith based members

21

QUESTIONS

# STRENGTHEN PUBLIC HEALTH SYSTEMS

OKLAHOMA STATE DEPARTMENT OF HEALTH  
APRIL 14, 2015

# Strategic Map: SFY 2011-2015

## Central Challenge

**Achieve Targeted Improvements in the Health Status of Oklahomans**

**Improve Targeted Health Outcomes**

Achieve Improvements In Oklahoma Health Improvement Plan (OHIP) Flagship Issues

Focus on Core Public Health Priorities

Reduce Health Inequities

**Lead Public Health Policy & Advocacy Development**

Target Campaigns on Community Needs, Return on Investment, & Scientific Evidence

Identify & Establish Public Health Champions

Serve as Educational Resource on the Value of All Public Health Issues

**Strengthen Public Health Systems**

Evaluate Infrastructure to Support Public Health Systems

Achieve Accreditation & Create a Quality Improvement Culture

Employ Strategies for Public Health Workforce Recruitment

Achieve Compatible Health Information Exchange Across Public/Private Sectors

Foster Collaborative Relationships With Public & Private Partnerships

**Leverage Resources for Health Outcome Improvement**

Facilitate Access to Primary Care

Focus on Prevention

Use Comparative Effectiveness Research & Evaluate Science

Monitor Funding Opportunities

Educate & Strategically Plan for Health Systems Change

**Engage Communities to Leverage Effectiveness  
Utilize Social Determinants of Health & Whole Person Wellness Approaches  
Responsibly Align Resources to Maximize Health Outcomes**

# UPDATE TOPICS

- Continuous Evaluation and Improvement
- Accreditation and Quality Improvement Culture
- Public Health Workforce
- Health Information Technology and Health Information Exchange
- Collaborative Public and Private Partnerships

# CONTINUOUS EVALUATION AND IMPROVEMENT

## 2015 Strategic Planning “Fresh Look”

- Mar 18 Preliminary planning with facilitator
- Apr 8 OSDH team timeline & expectations
- Apr 1-15 OSDH/Board of Health planning committee
- Apr 30 Facilitated OSDH team working session
- May 11 Facilitated stakeholder focus group, BOH retreat planning
- May 14 Facilitated OSDH team – ~85% complete
- Jun 9 Employee comments, final BOH retreat plan
- Jun 30 Map refinement with employee comments
- Jul 24 Final edits, BOH packets distributed
- Aug 14-16 Strategic planning BOH retreat



# ACCREDITATION AND QUALITY IMPROVEMENT CULTURE

2015 annual report to Public Health  
Accreditation Board

- Organization changes
- Phase two – quality component
- Core accreditation team



# ACCREDITATION AND QUALITY IMPROVEMENT CULTURE

- 141 QI projects since 2011
- Four nominations for Quality Oklahoma Team Day 2015
- Quarterly & annual strategic plan reviews
- External QI projects
  - Key health outcomes projects with OHCA, ODMHSAS
  - Ad Hoc committee on nurse aide abuse investigations
  - Health facility plan review team



# ACCREDITATION AND QUALITY IMPROVEMENT CULTURE

- College of American Pathologists (CAP) accreditation
  - Completed triennial inspection of laboratory by CAP team
  - Maintained CAP accreditation and CLIA certification
- County health department laboratory inspection improvements
  - Revised checklist and process for inspections by OSDH Public Health Laboratory personnel
  - Standardized and improved turnaround time for report
  - Changing oversight of Hemocue instrumentation quality control data and reporting process



# PUBLIC HEALTH WORKFORCE

- Oklahoma Health Improvement Plan 2020 – coordinate, integrate state workforce with health workforce
- Electronic application system (JobAps)
- Employee exit surveys
- 2014 Climate Survey improvements
- Workforce Wellness Center
- Continuous recruitment and hiring



Oklahoma  
State  
Department  
of Health

**CLINICAL HEALTH  
FACILITY  
SURVEYOR**

The Oklahoma State Department of Health is filling positions across Oklahoma to inspect nursing homes, hospitals, home care agencies, dialysis centers and other health care settings.

Frequent 2-3 day overnight travel.

Training provided.

Positions for RNs, medical practitioners, social workers and medical technologists.

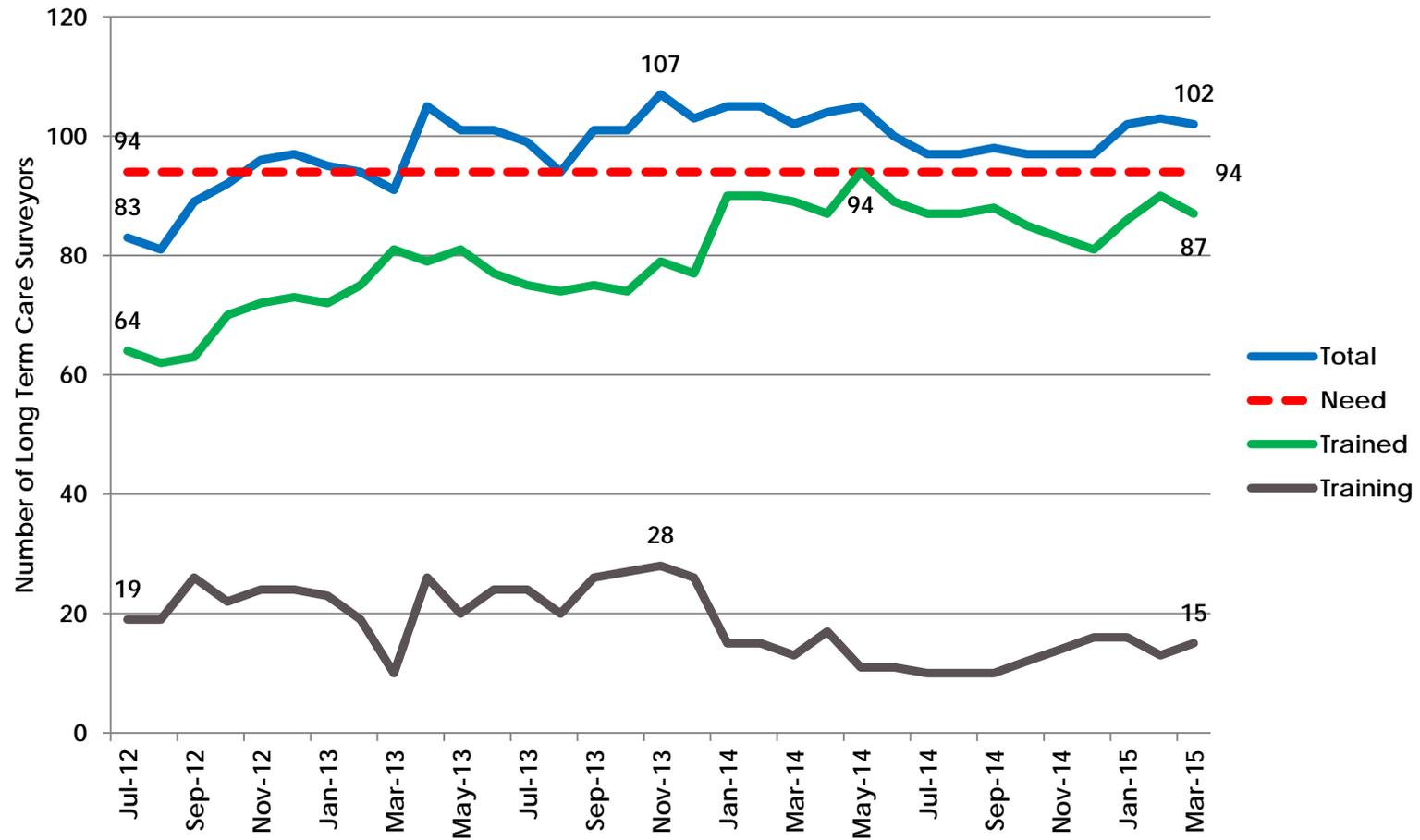
Preference given for RNs.  
Salary up to \$63,000 per year + benefits.

Apply online at  
<http://jobs.ok.gov> using keyword "surveyor". Applicants must apply for each position for which they are interested.

Questions? E-Mail:  
[surveyors@health.ok.gov](mailto:surveyors@health.ok.gov)

AA/EEO

# PUBLIC HEALTH WORKFORCE - LONG TERM CARE SURVEYOR STAFFING INCREASES



# HEALTH INFORMATION TECHNOLOGY AND HEALTH INFORMATION EXCHANGE

- All immunization systems interoperable by SFY 2016
  - Engage with CDC
  - Achieve meaningful use standards
- All electronic lab reports for reportable diseases in Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) by SFY 2016
  - New Laboratory Information Management System, estimated completion 4/20/15
  - Large labs use electronic reports – 25% complete

# COLLABORATIVE PUBLIC AND PRIVATE PARTNERSHIPS

- Tribal Public Health Advisory Committee
- Choctaw Nation/Pittsburg CHD influenza vaccine partnership
- Oklahoma Caring Van Program
- Heartland OK (Million Hearts)
- Oklahoma Turning Point
- Oklahoma Partnership to Improve Dementia Care in Nursing Homes
- Citizen-Pottawatomie Nation/IHS/OSDH for tattoos
- Commercial tobacco dependence treatment partnership
- FITNESSGRAM®
- Certified Healthy Oklahoma
- Okmulgee County Tai Chi classes



# FITNESSGRAM<sup>®</sup>

PROVIDED BY: TSET, BETTER LIVES THROUGH BETTER HEALTH · OKLAHOMA STATE DEPARTMENT OF HEALTH · BLUE CROSS AND BLUE SHIELD OF OKLAHOMA

## PURPOSE:

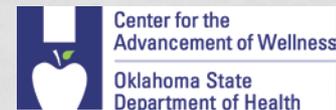
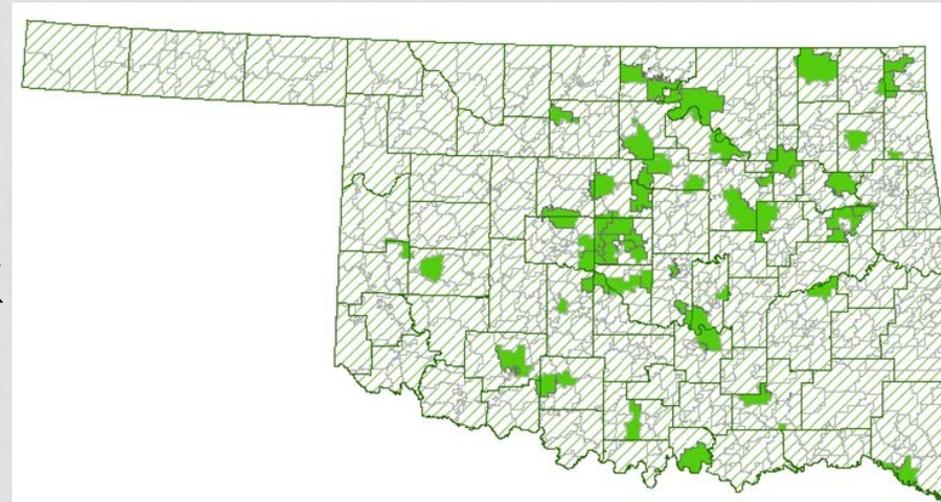
- Provide parents with useful information on child fitness
- Assist with fitness data gap in OK
- Age focus: Grades: 3<sup>rd</sup>-8<sup>th</sup>

## OVERVIEW:

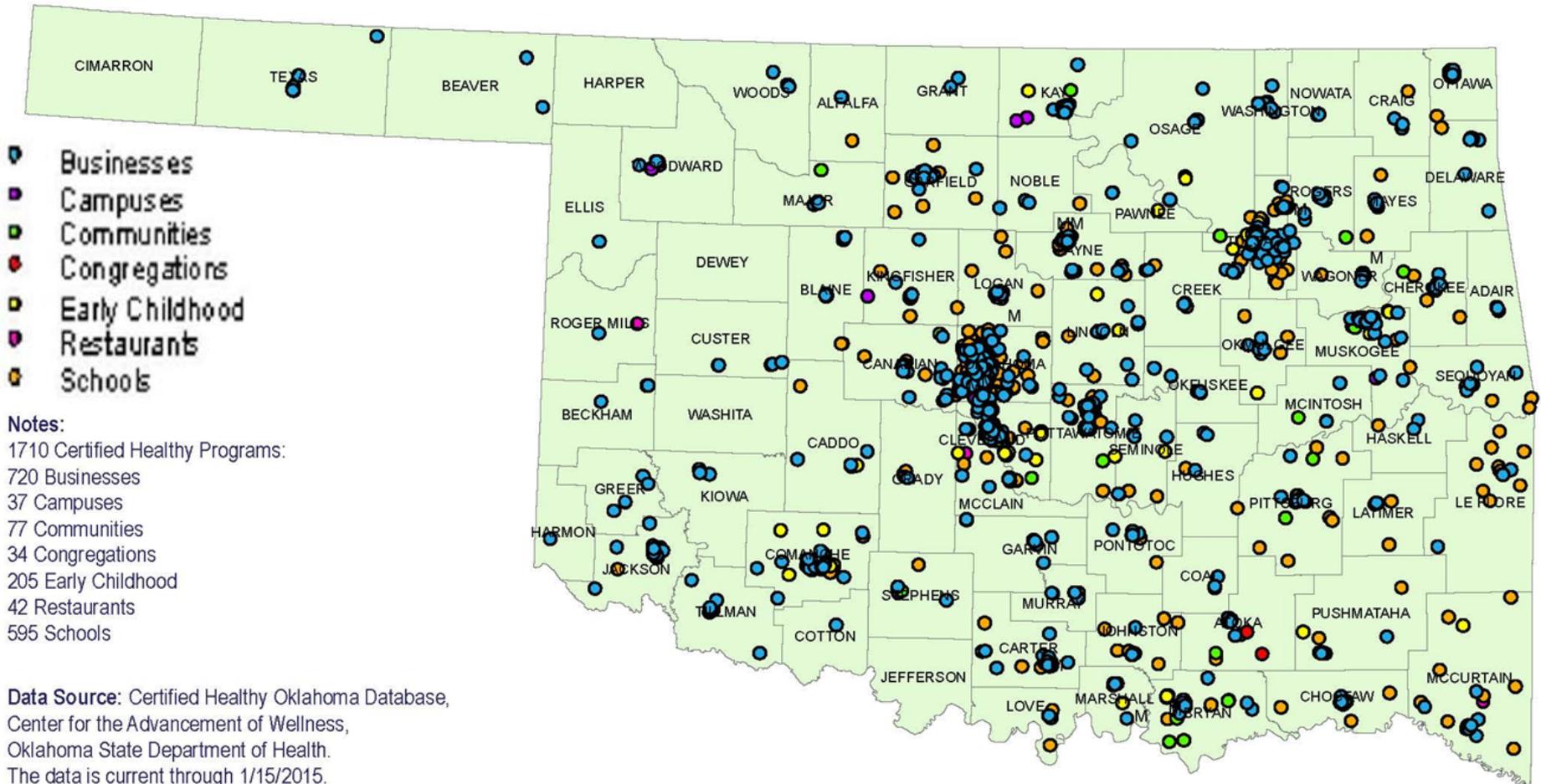
- Track fitness & activity levels
- Schools get free training & software access

## LAUNCH: FALL 2014

- 210+ Schools Voluntarily Participating



# CERTIFIED HEALTHY OKLAHOMA PROGRAMS 2014



# COMMUNITY TAI CHI IN AN OKLAHOMA RESIDENTIAL CARE HOME TAUGHT BY HEALTH DEPARTMENT STAFF



For “Tai Chi: Moving for Better Balance” community classes see [www.falls.health.ok.gov](http://www.falls.health.ok.gov) or contact your county health department through [www.health.ok.gov](http://www.health.ok.gov)

# STRENGTHEN PUBLIC HEALTH SYSTEMS

OKLAHOMA STATE DEPARTMENT OF HEALTH  
APRIL 14, 2015

**Oklahoma State Department of Health  
Board of Health Finance Committee Brief  
April 2015**

**OKLAHOMA STATE DEPARTMENT OF HEALTH  
SFY 2015 BUDGET AND EXPENDITURE FORECAST: AS OF 3/31/2015**

**SUMMARY**

<u>Division</u>	<u>Current Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Forecasted Expenditures</u>	<u>Surplus/(Deficit)</u>	<u>Performance Rate</u>
Public Health Infrastructure	\$24,678,235	\$11,891,203	\$4,094,983	\$7,725,355	\$966,694	96.08%
Protective Health Services	\$59,148,704	\$36,050,659	\$5,699,896	\$17,032,541	\$365,608	99.38%
Prevention & Preparedness Services	\$60,691,949	\$29,183,686	\$20,785,564	\$9,329,120	\$1,393,579	97.70%
Information Technology	\$7,292,390	\$2,595,760	\$4,515,077	\$0	\$181,553	97.51%
Health Improvement Services	\$21,078,986	\$10,719,499	\$3,759,283	\$5,688,101	\$1,475,436	95.67%
Community & Family Health Services	\$249,797,342	\$137,130,122	\$24,032,374	\$84,250,680	\$4,384,166	98.24%
<b>Totals:</b>	<b>\$422,687,606</b>	<b>\$227,570,929</b>	<b>\$62,887,176</b>	<b>\$124,025,797</b>	<b>\$8,767,036</b>	<b>98.06%</b>

< 90%	90% - 95%	95% - 102.5%	102.5% - 105%	>105%
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**Expenditure Forecast Assumptions**

- Payroll forecasted through June 30, 2015
- Encumbrances shown as actual as of the report date
- Expenditure forecasts limited to realistic amounts expected to spend out during the current budget period
- Surplus/(Deficit) is projected as of June 30, 2015

**Explanation of Change**

- The prior month's report showed all divisions in a "green light" status.
- This month, all divisions remain in a "green light" status, with expenditures expected to be reasonably close to the budgeted amount.
- Overall the Department is forecasted to spend 98.06% of its budget, which is a reduction of .43% from the previous month.
- All expenditures will be monitored closely and adjustments in spending will be made as needed to ensure optimal budget performance for the Department.

Oklahoma State Department of Health  
Board of Health Finance Committee Brief  
April 2015

**INSURANCE BILLING: AN EVOLVING FINANCIAL MODEL FOR PUBLIC HEALTH CLINICAL SERVICES**

Increasingly, federal policy guidelines are encouraging or requiring private insurance billing for services provided in public health clinics. Immunization and Family Planning are two federally funded programs engaged in efforts to ensure public funds are reserved for those without the financial resources to access public health services, including those without insurance coverage. In an effort to maintain access to public health services many health departments across the nation are billing private insurance for services provided to insured clients. The Oklahoma State Department of Health (OSDH) had limited experience billing for influenza vaccine delivery but began billing private insurance companies in 2014 for a broader set of public health services.

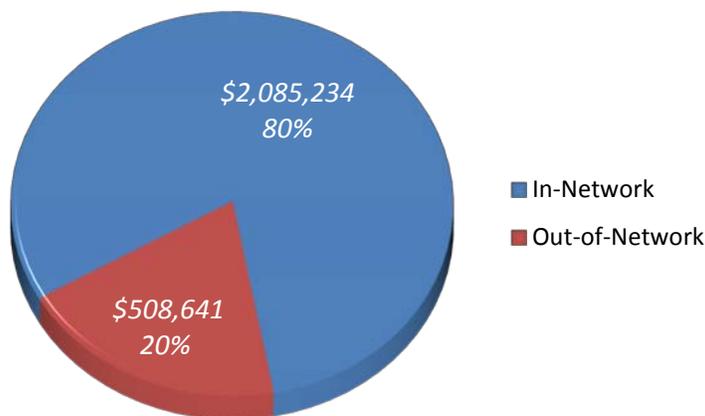
In September of 2014, the OSDH began billing private insurance for Immunization and Family Planning services. The OSDH has signed provider contracts with three large health insurers and Medicaid. The OSDH is currently exploring other services for which private insurance can be billed and additional insurers with which it should negotiate provider agreements.

<i>Insurance Claims, As of 3/31/15</i>	
<i>Insurance Companies Billed</i>	125
<i>Claims Billed</i>	32,807
<i>Amount Billed</i>	\$ 2,593,874.96
<i>Amount Paid</i>	\$ 643,851.67
<i>% of Claims - Immunizations</i>	70%
<i>% of Claims - Family Planning</i>	30%

Revenue collected will be reinvested into the programs from which they are generated. This should help sustain and stabilize programs by diversifying program revenues.

- Family Planning program has received a 16.3% reduction (\$749,524) in federal funds since 2009. Revenue will be reinvested as program income to the federal grant and will ensure availability of clinical services statewide.
- Immunization policy changes have placed significant restrictions on the use of vaccine for persons with private insurance. These restrictions apply even in areas of provider or vaccine shortage. Revenue generated will be used to replenish state and locally purchased vaccine supplies.

**Insurance Claim Amounts Billed**



The OSDH has entered into contracts with private insurers to become an in-network provider for some of its clients. Of the 32,807 claims filed with private insurers 82% were with contracted insurance companies.

Of the nearly \$2.6 million billed to date, 80% (\$2,085,234.34) of the total billed amounts were with contracted insurers.

**OKLAHOMA STATE BOARD OF HEALTH**  
**COMMISSIONER'S REPORT**  
Terry Cline, Ph.D., Commissioner  
April 14, 2015

**PUBLIC RELATIONS/COMMUNICATIONS**

Leadership Oklahoma – speaker  
OHIP Launch – speaker  
Blue Cross Blue Shield Reception  
WIC Conference – speaker  
Overdose Death Investigation Procedures:  
    Determining Manner and Cause, and Toxicology Testing  
Oklahoma City Public Schools/TSET Big Check event – speaker  
OETA Interview  
11<sup>th</sup> Open Forum for Quality Improvement in Public Health – speaker & presenter  
Association of Schools & Programs of Public Health - speaker

**STATE/FEDERAL AGENCIES/OFFICIAL**

Governor Fallin Cabinet Meeting  
Denise Northrup, Chief of Staff, Katie Altshuler, Director of Policy, & Steve Mullins,  
    General Counsel, Governor's office  
Nico Gomez, Ex Director, Oklahoma Health Care Authority  
Terri White, Commissioner, OK Dept. of Mental Health & Substance Abuse Services  
OMES IS Discussion & Tour

**OTHERS:**

Noble Foundation Tour  
Tribal Public Health Advisory Committee Meeting  
PHAB Board Meeting  
ASTHO Board Meeting & Hill Days  
    Karen DeSalvo, MD, MPH, MSc  
        National Coordinator for Health Information Technology  
        Acting Assistant Secretary for Health  
        U.S. Department of Health and Human Services  
    Mary Wakefield, PhD, RN, Administrator  
        Health Resources and Services Administration  
        U.S. Department of Health and Human Services  
    Sally Howard, JD  
        Deputy Commissioner for Policy, Planning, and Legislation  
        U.S. Food and Drug Administration  
    Nicole Lurie, MD, MSPH  
        Assistant Secretary for Preparedness and Response  
        RADM, U.S. Public Health Service  
        U.S. Department of Health and Human Services  
    Vivek Murthy, Surgeon General