I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES
   Approval of Minutes for May 9, 2017, Regular Meeting

III. COUNTY HEALTH DEPARTMENT PRESENTATION
   Kelli D. Rader, MS, RN, Regional Director, Kay, Noble, Pawnee, and Payne County Health Departments

IV. CONSIDERATION OF STANDING COMMITTEES’ REPORTS AND ACTION
   A. Executive Committee - Ms. Burger, Chair
      Discussion and possible action on the following: Update; Administrative Policy 1-30, Office of Accountability Systems
   B. Finance Committee - Ms. Wolfe, Chair
      Discussion and possible action on the following: Update
   C. Accountability, Ethics, & Audit Committee - Dr. Grim, Chair
      Discussion and possible action on the following: 2018 Audit Plan
   D. Public Health Policy Committee - Dr. Stewart, Chair
      Discussion and possible action on the following: Update

V. PRESIDENT’S REPORT
   Discussion and possible action

VI. ELECTION OF OFFICERS 2017-2018
   Nominating Committee – Dr. Krishna, Chair
   Discussion and possible action on the following:
   Elect President;
   Vice-President; and
   Secretary/Treasurer

VII. COMMISSIONER’S REPORT
   Discussion and possible action

VIII. NEW BUSINESS
   Not reasonably anticipated 24 hours in advance of meeting.

IX. 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.
X. ADJOURNMENT
CALL TO ORDER
Ms. Burger, President of the Oklahoma State Board of Health, called the 418th meeting of the Oklahoma State Board of Health to order on Tuesday, May 9, 2017, at 11:03 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on May 8, 2017; and at 11:00 a.m. on the Oklahoma State Department of Health building entrance on May 8, 2017.

ROLL CALL
Members in Attendance: Martha A. Burger, M.B.A, President; Cris Hart-Wolfe, Vice-President; Robert S. Stewart, M.D., Secretary-Treasurer; Ronald Woodson, M.D., Immediate Past President; Jenny Alexopulos, D.O.; Terry R. Gerard, D.O.; R. Murali Krishna, M.D.
Absent: Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.

Staff present were: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Tina Johnson, Deputy Commissioner, Community & Family Health Services; Deborah Nichols, Chief Operating Officer; Mike Romero, Chief Financial Officer; Brian Downs, Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director, Office of Accountability; VaLauna Grissom, Secretary to the State Board of Health.

Visitors in attendance: See list

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks
Ms. Burger called the meeting to order and thanked all guests in attendance.

REVIEW OF MINUTES – OSBH
Ms. Burger directed attention toward approval of the Minutes for April 11, 2017, regular meeting. Dr. Woodson moved Board approval of the April 11, 2017 meeting minutes as presented. Second Dr. Alexopulos. Motion Carried.

AYE: Alexopulos, Burger, Krishna, Stewart, Wolfe, Woodson
ABSTAIN: Gerard
ABSENT: Grim, Starkey

STRATEGIC MAP UPDATE PRESENTATION
Julie Cox-Kain, M.P.A., Senior Deputy Commissioner, Oklahoma State Department of Health; Melissa Gower, Senior Advisor, Policy Analyst, Chickasaw Nation Department of Health
CONSIDERATION OF STANDING COMMITTEES’ REPORTS AND ACTION

Executive Committee
Ms. Burger provided a few reminders to Board members regarding upcoming meetings. She also provided a brief overview of an open letter in favor of the cigarette tax supported by herself, Chairs from the Oklahoma City-County and Tulsa City-County Boards of Health as well as the State and local Chambers.

Ms. Burger moved board approve recommendations by Executive Committee to unify Board Policy CP54 and OSDH Administrative Policy OAS 1-30. This will be a joint policy signed by both the Board of Health President and Commissioner of Health. Second Ms. Wolfe. Motion Carried.

AYE: Alexopulos, Burger, Gerard, Krishna, Stewart, Wolfe, Woodson
ABSENT: Grim, Starkey

Finance Committee
Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the following SFY 2017 Finance Report and Board Brief as of April 21, 2017:

- The Agency is in “Green Light” status overall
  - February’s performance rating was 99.59. April’s performance rating is 99.77%. A net increase in performance of .81%.

Ms. Wolfe introduced the Department’s new Chief Financial Officer, Mike Romero. The brief focused on the Office of the Tribal Liaison and other tribal initiatives.

Accountability, Ethics, & Audit Committee
The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Woodson indicated there were no known significant audit issues to report. The report concluded.

Public Health Policy Committee
Dr. Stewart introduced Brian Downs as the new Director, for of the Office of State and Federal Policy. Thanks to him for doing a great job. He updated the Board on the passage of HB 2372, cigarette tax, out of committee with majority vote and the next stop is the House. He indicated that the Department is optimistic about the Public Health Laboratory bill. Budget decisions had not yet been made. Finally, the policy committee will begin review of existing Board policies for a recommendation to the Board in July for action. The report concluded.

PRESIDENT’S REPORT
Ms. Burger thanked Dr. Woodson for his years of service and leadership to the Board. Regrettably, his last day serving on the Board is May 31, 2017. Dr. Woodson is moving and expanding his practice to Oklahoma City, which means we lose a great public health champion on the Board. Martha presented a plaque of appreciation to Dr. Woodson, on behalf of the Board and Department, recognizing his service from 2010 - 2017 and his leadership as President 2014-2016. Dr. Woodson thanked the Board and Department and indicated he has been honored to serve on the Board of Health.
COMMISSIONER’S REPORT

Dr. Cline echoed Ms. Burger’s comments regarding Dr. Woodson. He has earned the respect of the Department and public health community. He thanked him for his efforts as President as well, given the commitment behind the scenes.

Dr. Cline reemphasized the great job Brian Downs has done and has been instrumental during this really challenging time. There are many changes happening at the state and federal level and we aren’t quite certain of the implications yet. It is concerning as our budget is 60% federally funded.

Dr. Cline highlighted recent conversations with military agencies to explore all options to create efficiencies through shared spaces. Shared options for the Lab have been ruled out; however, through these conversations we have learned of possible joint efficiencies around shared warehouse space.

On Monday, the 9th, the Health Department hosted 20 members of an international delegation from Eurasia. Of each of the states visited, the Oklahoma State Department of Health was the only health department visited. The meeting was two hours and allowed a really interesting perspective. Both Dr. Hank Hartsell and Julie Cox-Kain shared a few thoughts and takeaways from the meeting. The report concluded.

NO NEW BUSINESS

NO EXECUTIVE SESSION

ADJOURNMENT

Dr. Krishna moved board approval to adjourn. Second Ms. Burger. Motion Carried

AYE: Alexopoulos, Burger, Gerard, Krishna, Stewart, Wolfe, Woodson

ABSENT: Grim, Starkey

The meeting adjourned at 12:08 p.m.

Approved

____________________
Martha Burger
President, Oklahoma State Board of Health
June 13, 2017
IDENTIFY AND REDUCE HEALTH DISPARITIES

Julie Cox-Kain
Oklahoma State Board of Health Meeting
May 9, 2017
Oklahoma State Department of Health
Strategic Map: 2015-2020

Improve Population Health

A
Improve Targeted Health Outcomes for Oklahomans

1. Operationalize OHIP Flagship Priorities
2. Focus on Core Public Health Priorities
3. Identify and Reduce Health Disparities
4. Use a Life Course Approach to Health and Wellness

B
Expand and Deepen Partner Engagement

1. Identify and Develop Public Health Champions
2. Develop Strategic Partnerships to Achieve Prioritized Health Outcomes
3. Engage Communities in Policy and Health Improvement Initiatives
4. Leverage Shared Resources to Achieve Population Health Improvements
5. Promote Health in All Policies (HiAP) Across Sectors

C
Strengthen Oklahoma’s Health System Infrastructure

1. Reduce Barriers to Accessible Care
2. Champion Health Workforce Transformation
3. Align Health System Goals and Incentives Across the Spectrum
4. Achieve Compatible HIE Across Public and Private Sectors
5. Evaluate and Reduce Regulatory Barriers to Health Outcome Improvement

D
Strengthen the Department’s Effectiveness and Adaptability

1. Cultivate a Competent, Adaptive, Customer-Oriented OSDH Workforce
2. Foster Excellence Through Continuous Quality Improvement and Accreditation
3. Evaluate and Improve Agency Processes and Communication
4. Leverage Technology Solutions
5. Encourage a Culture of Innovation
6. Optimize Resources by Targeting High-Value Outcomes

E
Address the Social Determinants of Health and Improve Health Equity

F
Promote Health Improvement Through Policy, Education and Healthy Behavior

G
Foster Data-Driven Decision Making and Evidence-Based Practices
OSDH Disparities Efforts

- Integration of disparities and health equity across strategic processes and programs
  - Strategic plan review for inclusion
  - Inclusion in state/county health assessment processes
  - Intentional engagement of minority populations and tribal partners

- Program specific interventions/outreach
  - Baby showers
  - MPOWER grants for tobacco prevention
  - Honor What is Sacred Ad Campaign
Office of the Tribal Liaison

• Created in 2012 to implement OSDH policy 1-39, Tribal Consultation, and is also important due to the fact that:

  • Public Health efforts require a government-to-government collaborative process, and improvement in overall population health cannot fully occur without success in tribal health

  • 38 Federally Recognized Tribes are headquartered in Oklahoma, each with its own system of governance

  • A public health workforce that is competent in American Indian culture is crucial
Tribal Public Health Advisory Committee (TPHAC)

• Created as a result of tribal consultation during the development of the Oklahoma Health Improvement Plan 2020

• TPHAC determines the priorities for Tribal/OSDH collaboration

• American Indian Data Community of Practice (AID CoP) was established to collaboratively address data needs
  • Supported by federal block grant funding
  • Submission of grant application for additional data projects
  • 2016 data linkage to address racial misclassification (2004 – 2015)
    • Linked 17,739 additional records
Age-Adjusted Mortality Rate, Diseases of the Heart, Oklahoma 2013-2015

- White
- Black
- American Indian
- Asian/Pacific Islander

Rate Per 100,000 Population

Standard

IHS Linked
Age-Adjusted Mortality Rate, Malignant Neoplasms, Oklahoma 2013-2015

- White
- Black
- American Indian
- Asian/Pacific Islander

![Bar chart showing age-adjusted mortality rate per 100,000 population for different ethnic groups in Oklahoma 2013-2015, comparing standard and IHS linked rates. The chart displays higher rates for American Indians and Black individuals compared to White and Asian/Pacific Islanders, with the IHS linked rates generally higher than the standard rates.]
Age-Adjusted Mortality Rate, Cerebrovascular Diseases, Oklahoma 2013-2015

- White
- Black
- American Indian
- Asian/Pacific Islander
Age-Adjusted Mortality Rate, Diabetes Mellitus, Oklahoma 2013-2015

Rate Per 100,000 Population

- White
- Black
- American Indian
- Asian/Pacific Islander

Standard vs IHS Linked
Tribal Public Health Advisory Committee

A Collaborative Governance State and Tribal Partnership

Oklahoma State Board of Health Meeting - May 9, 2017

Melissa Gower, Senior Advisor, Policy Analyst
Chickasaw Nation Department of Health
Background

- American Indian people residing in the state of Oklahoma are citizens of the state, and as such, possess all the rights and privileges afforded by Oklahoma to its citizens. They are also the citizens of tribal nations. Oklahoma tribal nations have inalienable self-governance power over their citizens and territories and possess unique cultures, beliefs, value systems and histories as sovereign nations.

- The Oklahoma State Department of Health and the tribal nations have recognized the need to participate in decision-making processes in a government-to-government relationship, while leveraging resources to yield greater impact in creating a healthier and safer community for American Indian people.
Background

• During the update of the Oklahoma Health Improvement Plan (OHIP), the Oklahoma State Department of Health (OSDH) held formal tribal consultation meetings in Tahlequah and Little Axe. These meetings provided valuable information for the OHIP update and also highlighted the need for continued work together around the implementation of the issues identified.

• As a result of this tribal consultation, the OSDH established a Tribal Public Health Advisory Committee (TPHAC) comprised of various tribal representatives from across the state.
Purpose

• The TPHAC’s primary purpose is to seek consensus, exchange views, share information, provide advice and/or recommendations, or facilitate any other collaboration interaction related to intergovernmental responsibilities or administration of public health programs. - *OHIP Charter*

• This purpose is accomplished through forums, meetings and conversations between tribal nations and OSDH executive leadership.
Core Functions

• Identify issues and barriers to access to care, health insurance coverage and delivery of health services to American Indian people living in Oklahoma
• Propose recommendations and solutions to address issues raised at the tribal level
• Serve as a forum for tribal nations and OSDH to discuss issues, proposals for change or new ideas to address public health infrastructure, programs or services
• Identify priorities and provide advice on strategies for assuring collaborative governance on implementing state health care innovation transformations that will be sensitive to the needs, culture, language and sovereignty of tribal nations
• Ensure pertinent issues are brought to the attention of tribes, so significant and timely tribal feedback may be obtained
• Coordinate public health responses to assure tribal nations are at the decision-making table
• Provide direct input into the implementation of the OHIP
Collaborative Governance

- **Collaborative Governance**: A governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal consensus-oriented and deliberative and that aims to make or implement public policy or manage public programs or assets. (Ansell, Chris and Gash, Allison, (2008), Collaborative Governance in Theory and Practice, Journal of Public Administration Research and Theory, 18(4), 543-571.)

- TPHAC was formed using this concept.

- The tribes and the state sit together at the decision-making table during the development of programs, projects and initiatives.
Collaborative Governance

TPHAC aims to:

• Make decisions together and identify distinct roles for each partner to play during the full implementation of initiatives or programs

• Sit together at the decision-making table to jointly develop programs and initiatives, while recognizing that no one has authority over the other

• Commit to ongoing evaluation efforts regarding projects and programs implemented to measure success

• Work together on a regular basis on projects and initiatives to learn and grow with each other
TPHAC Representation – A Diversity of I/T/U

- Cherokee Nation
- Chickasaw Nation
- Choctaw Nation
- Muscogee Creek Nation
- Northeast Tribal Health System
- Oklahoma City Indian Clinic
- Oklahoma State Department of Health
- Wichita and Affiliated Tribes

- The TPHAC is also represented on the OHIP Full Team
TPHAC has served as a vehicle for many collaborative projects and partnerships. The following highlights a few examples:

- Nomination of tribal representatives to state boards
- Inclusion of tribal representatives on state task forces and workgroups
- Public Health Accreditation
- Immunization project with the Choctaw and Chickasaw Nations
- Health Impact Assessments (Health in All Policies; Choctaw Nation)
- American Indian Data Community of Practice (AIDCoP)
- Oklahoma Systems Innovation Model (OSIM)
Projects

Examples continued:

• 1115 (a) State Medicaid Waiver (Insure Oklahoma Sponsors Choice)
• 1332 State Waiver
• Solidarity in advocacy work on our priorities, such as:
  • Preservation of IHCIA
  • Special Protections and Provisions
  • Medicaid Reform
  • Recognition of tribal sovereignty
  • Funding for CDC Office on Smoking and Health
Tribal Reception and Perspectives

- Tribes have found TPHAC to be a step toward...
  - Recognition of the special relationship
  - Full and meaningful consultation and collaboration in development of policies that might have tribal implications
  - Improving access to care
  - Designing innovative health efforts
  - Strong government-to-government relationship
  - Provide proactive opportunities
  - Success in advocacy efforts
  - A successful model of partnership that is emulated for the rest of Indian country, which enhances the tribal presence on national committees and workgroups
Childhood Lead Poisoning
A Kay County Perspective

Oklahoma State Board of Health Meeting
Kay County Health Department
June 13, 2017
Childhood Low Level Lead Toxicity – Risks and Realities

• Vast evidence* supports increased likelihood of:
  – Decrease in IQ
    • Increase in blood lead from <1 – 10 µg/dL = -6.2 IQ points
    • Increase in blood lead from <1 – 30 µg/dL = -9.2 IQ points
  – Neurobehavioral disorders such as hyperactivity and attention deficits
  – No effective treatments ameliorate the permanent developmental effects of lead toxicity

What are the Lead Hazard Pathways?
A Historical High Risk Area
Blackwell, OK

• Located in Kay County
• Pop. ~6,900 in 2015
• Blackwell Zinc Company operated smelter from 1916-1974
• 42% of homes built prior to 1950*
• 88% of homes built before 1980*


Image Courtesy of Blackwell Uncovered
A Historical High Risk Area
Blackwell, OK

• Due to previous smelter activity, Blackwell has a history of elevated blood lead levels in children

• The Department of Environmental Quality has worked with the responsible party (now Freeport-McMoRan) and the Blackwell community to remediate soil contaminated with lead

• A study of children’s blood lead levels was conducted by OSDH and KCHD in 2011

• A settlement agreement to a class action lawsuit against the responsible party was agreed upon in 2012
Blackwell, OK Timeline

- **1916**: Blackwell Zinc Smelter Built
- **1923**: Added a third 200 ft. smokestack
- **1937**: Stacks torn down and replaced by 400 ft. cadmium recovery stack
- **1951 - 1954**: Blackwell Zinc closed
- **1974**: New smelter owners initiate supplemental soil program
- **1992**: EPA begins soil sampling and soil removal actions
- **2007**: Blackwell Zinc closed
- **2008**: Class action lawsuit filed requesting clean up of Blackwell
- **2009 - Present**: Increased screening by OSDH with targeted screening; increased soil cleanup activities; quarterly monitoring by OSDH/DEQ
2011 Blackwell Blood Lead Study

• In 2011, when the study began, the reference level for an elevated blood lead level was 10 µg/dL (micrograms per deciliter)

• 360 children participated in the study and provided blood lead samples

• The study found that 0.8% of children living in Blackwell had elevated blood lead levels
Positive Outcomes of Study

• Awareness of lead exposure increased in the community

• Additional children who had never received blood lead tests were identified and received appropriate follow-up and case management

• Partnership between OSDH, Kay County Health Department, the Department of Environmental Quality (DEQ), City of Blackwell, Freeport-McMoRan, and Environmental Protection Agency (EPA) was established
Study Limitations

• In May 2012, the Centers for Disease Control and Prevention came up with new guidance which indicated that there was no safe level of lead and that action should be taken for anyone whose blood lead level was 5 µg/dL or higher

• Change in blood the blood lead reference level when applied retrospectively showed many children in the 5-9 µg/dL range who would now be considered to have lead poisoning

• Information regarding sources of exposure in children’s homes and information about soil remediation in their homes was not collected
Blackwell: Contaminated Soil or Lead-Based Paint?

• The limited number of home environmental investigations performed in Blackwell have revealed the presence of lead-based paint as primary exposure source

• All environmental investigations have been in homes built prior to 1950

• Large scale soil remediation has occurred
2017 Blackwell Lead Study Proposal

- Children will be randomly selected for a more representative sample of the community

- Children with a level $\geq 5 \mu g/dL$ will receive an environmental investigation to identify the sources of lead exposure

- Parents of children will complete a detailed questionnaire to aid in understanding potential lead exposure sources

- Soil remediation information will be available to correlate with elevated lead levels

- Drinking water samples will be collected at the residence of children with elevated blood lead levels
Reported Childhood Blood Lead Levels ≥ 10 µg/dL
Oklahoma State Department of Health, Childhood Lead Poisoning Prevention Program

Children with BLLs ≥ 10 µg/dL (%)

- Kay County
- Blackwell
- Blackwell Study
Reported Childhood Blood Lead Levels ≥ 5 µg/dL
Blackwell & Kay County, 2007 – 2016
Oklahoma State Department of Health, Childhood Lead Poisoning Prevention Program

Children with BLLs ≥ 5 µg/dL (%)
Kay County Health Department Study Role

• Multidisciplinary approach
  – Outreach, education, screening, home visitation, tracking, and coordination

• Two Certified Risk Assessors in the Blackwell area

• Will need to address multi-faceted community issues
  – Older housing
  – Soil contamination
  – Testing fatigue
Kay County Health Department Activities

- Community coalition activity
- Communication and solution building with partners
- Enhanced education
  - Parents, partners, and community
- Enhanced home visitation approach
Kay County Activities

• EPA, DEQ, and Freeport-McMoRan collaborate on remediation efforts in Blackwell

• DEQ, OSDH, and Kay County Health Department partnering to conduct 2017 Childhood Blood Lead Study

• The Kay County Health Department, City of Blackwell, City of Ponca City, tribal partners, community coalitions, and Freeport-McMoRan have engaged in community activities to increase education and decrease sources of lead exposure
Questions?
Senate Bill 290 originally established the Trauma Care Assistance Revolving Fund in 1999. This Bill allowed for reimbursement of uncompensated costs associated with trauma care provided by recognized trauma facilities and emergency medical providers.

In 2004, Senate Bill 1554 added physicians to the list of providers eligible for reimbursement from the Fund.

The Oklahoma State Department of Health (OSDH) Trauma Care Assistance Revolving Fund is an uncompensated care funding pool. It supplements the cost of uncompensated trauma care provided to under and uninsured residents by hospitals, EMS agencies, and physicians. Functioning as a public health safety net, the fund safeguards the continued care of some of Oklahoma’s most vulnerable residents while equitably distributing payments for traumatic services amongst providers across the State.

Sources of revenue for the Trauma Fund include:
- Renewal and reinstatement fees for drivers licenses
- Fines for driving without a license
- Convictions for DUI
- Failure to maintain motor vehicle insurance
- Tobacco Tax
- Drug-related convictions

According to statute, 90% of the revenues collected are disbursed among the eligible participants during each distribution period. The remaining 10% is retained by the OSDH to support administration and facilitation of the trauma system in Oklahoma pursuant to the Oklahoma Emergency Response Systems Development Act (63 O.S. §1-2530.9). Also per Rule, up to 30% of each distribution is reserved specifically for physicians (OAC 310:669-7-1).

Administration and facilitation of the trauma system includes maintaining a trauma registry, verifying and distributing trauma assistance care fund, supporting multiple provider advisory groups including the Oklahoma Trauma and Emergency Response Advisory Council and regional trauma advisory boards, performing audits of the trauma distribution, strategic planning, and continuous quality improvement.

Since FY 2012, the Trauma Fund has disbursed $128,721,589 to eligible hospitals, EMS agencies and physician providers for uncompensated care reimbursement for cases meeting the required clinical criteria. Prior to submitting claims for reimbursement, providers are required to pursue reasonable collection efforts (OAC 310:669-5-1(j)). Should the provider receive additional payment from either patients or third parties, they are to remit subsequent collections back to the Trauma Fund pursuant to OAC 310:669-5-4(c).
### Expenditure Forecast Assumptions

- Payroll forecasted through June 30, 2017
- Budgeted vacant positions are forecasted at 50% of budgeted cost
- Forecasted expenditures includes the unencumbered amounts budgeted for:
  - Travel reimbursements
  - WIC food instrument payments
  - Trauma fund distributions
  - Amounts budgeted for county millage
  - Amount budgeted to support rural EMS agencies
  - Budget amounts for fiscal periods other than state fiscal year not yet active

### Budget and Expenditure Explanation

- The amounts reported as 'Not Obligated or Forecasted' are not an estimate of lapsing funds. This represents planned expenditures that OSDH is currently taking action to execute.
- Health Improvement Services budget was increased due to a new revenue generating APD contract with the Oklahoma Health Care Authority.
- The agency has a current overall performance rating of 99.70%, a net change of - .07% from May's report.
Introduction

The annual audit plan is used as a blueprint for maximizing audit coverage, optimally using audit resources and providing the greatest benefit to Agency Management and Oklahoma taxpayers. An annual audit plan is prepared at the beginning of each fiscal year and is based on input solicited from each of the deputy commissioners and their finance officers through a comprehensive complex risk assessment approach and concerns of the Accountability, Ethics and Audit Committee of the Board of Health and the Internal Audit Staff.

A risk assessment approach was used to identify and rank the importance of all Department major activities and programs. Based on the complexity of Department operations, geographical dispersion and the current understanding of functional areas, the audit plan for fiscal year 2018 has been developed using criteria to assess risk and prioritize audit projects. Among these criteria are:

- Concerns from the Board of Health, Commissioner of Health, State Auditor’s and Inspector’s Office, and Internal Audit Unit
- Audits requested by Division management
- Financial risk
- Federal compliance risk
- Miscellaneous (internal control environment, potential effect on state of health, performance measures, time since last audit, etc…)
- Availability of audit resources

The Internal Audit Unit anticipates changes to the plan may become necessary if issues of greater risk arise throughout the fiscal period.

The following brief narratives discuss areas that the Internal Audit Unit will review utilizing current resources.

County Health Department Audits

The Oklahoma State Department of Health maintains 82 county health department locations in 68 counties throughout the State, which provide a variety of health services to the public. Of the $399* million Agency budget for SFY-18, the county health departments are directly budgeted approximately $98 million, which consists of $42 million of State/Federal funds, $36 million of local millage funds (county payroll reimbursement) and $20 million of local millage funds (Local Operating Budgets). County health departments also utilize other budgets referred to as Shared Services. Historically, counties utilize approximately $23.5 million of Shared Services budgets. The budgeted expenditures equate to 30% (($98+$23.5)/$399) of the Agency’s total expenditures, indicating a significant need to continue to provide audit coverage to this area.

The Internal Audit Unit will continue striving to review county health department processes once every 3 years, with emphasis placed on compliance with Agency Policies, Federal Program Guidelines, Cash Receipts/Receivables and Depositing Processes, Expenditures (LEP) and related Purchase Orders, Pharmacy Inventory (including Immunization Vaccines), Travel Reimbursement Processes, County and State Fixed Asset Inventory, Temporary Food License, County Contracts and Programmatic requirements (i.e., WIC, Family Planning, TSET, etc…).
Federal Monitoring Requirements

Independent Audit Reports

The Internal Audit Staff plans to further enhance the Agency’s monitoring requirements as set forth in the Code of Federal Regulations, 2 CFR Part 200, by continuing to ensure local governments, non-profit organizations and institutions of higher education who are awarded grants to perform services on behalf of OSDH using Federal funds have an Independent Audit performed. If Federal expenditure thresholds are met as established by 2 CFR Part 200, grantees are required to submit the Independent Audit Reporting forms to the Federal Audit Clearing house on an annual basis. These audit report forms are reviewed for any findings pertaining to OSDH awards. Any findings are resolved by the Internal Audit Unit or forwarded to the appropriate program area for resolution.

The Internal Audit Unit will continue to monitor subrecipients of State and/or Federal awards as required by 2 CFR Part 200.

Invoice Validation

Additionally, the Internal Audit Unit will review supporting documentation of grantee invoices as part of the overall Agency subrecipient monitoring process.

Internal Agency and Contract Audits

The Internal Audit Unit anticipates reviewing procedures, internal controls, proper use of funds and supporting documentation, compliance with Federal regulations and state statutes, proper supporting documentation for matching funds and safeguarding of assets, as applicable, for the following areas of concern:

- Terrorism Preparedness and Response
- Compliance with Agency HR Policies (Personnel transactions/Adjustments/Longevity)
- Pharmaceutical Inventory & Credit – Central Office only
- Oklahoma – Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke

The Internal Audit Unit will review the items above as audit staff time will permit.
<table>
<thead>
<tr>
<th>Auditable Units/Processes</th>
<th>Federal Requirements</th>
<th>State Statutes</th>
<th>Dollar or Transaction Volume</th>
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<td>1 CHD - Cash Handling Procedures (Change Funds, Receipt and Deposit)</td>
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<td>2 Compliance with Purchasing Act</td>
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<td>3 County Inventory</td>
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<td>4 Cash Receipts, Accounts Receivable &amp; Refunds</td>
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<td>5 Grant Reporting - Financial</td>
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<td>6 Cash Receipts and Receivables</td>
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<td>7 FY 2018 Financial - Financial Accounting (F14)</td>
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<td>8 Third Party Billing, Medicare/Medicaid, Insurance etc.</td>
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<td>9 Compliance with Agency Policy</td>
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<td>10 Personnel Transactions/Adjustments/Longetivity/Benefits</td>
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<tr>
<td>13 Pharmaceutical Inventory</td>
<td>5 5 5 1 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>14 Long Term Care Services</td>
<td>5 5 5 1 1</td>
<td>1 1</td>
<td>4 5</td>
</tr>
<tr>
<td>15 LEP Processes</td>
<td>1 1 5 1 1</td>
<td>1 1</td>
<td>5 1</td>
</tr>
<tr>
<td>16 VPC - IMMUNIZATION</td>
<td>5 5 5 3 5 5</td>
<td>3 5</td>
<td>5 1</td>
</tr>
<tr>
<td>17 Consumer Protection **</td>
<td>3 5 5 1 1</td>
<td>1 1</td>
<td>2 5</td>
</tr>
<tr>
<td>18 Laboratory - Billing</td>
<td>5 5 5 1 1</td>
<td>1 1</td>
<td>5 1</td>
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<tr>
<td>19 Immunization Service - Contract Monitoring of Vaccine Inventory</td>
<td>3 5 5 1 1</td>
<td>1 1</td>
<td>2 5</td>
</tr>
<tr>
<td>20 Laboratory - Billing</td>
<td>5 5 5 1 1</td>
<td>1 1</td>
<td>5 1</td>
</tr>
<tr>
<td>21 1422 - Oklahoma - Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke ($2,640,000 400CR)</td>
<td>5 1 3 5 1</td>
<td>1 1</td>
<td>5 5</td>
</tr>
<tr>
<td>22 1065 - Prevention &amp; Control of Diabetes, Heart Disease, Obesity &amp; Associated Risk ($519,302 400CD)</td>
<td>5 1 2</td>
<td>5 1 1 1</td>
<td>3 5</td>
</tr>
<tr>
<td>23 Immunization Regular ($5,279,702 400CD)</td>
<td>3 5 5 1 1</td>
<td>1 1</td>
<td>2 5</td>
</tr>
<tr>
<td>24 Pharmaceutical Inventory &amp; Credit - Central Office only</td>
<td>5 5 5 1 1</td>
<td>1 1</td>
<td>5 1</td>
</tr>
<tr>
<td>25 Medical Facilities Service</td>
<td>5 5 4 1 1</td>
<td>1 1</td>
<td>5 1</td>
</tr>
<tr>
<td>26 Injury Prevention Service</td>
<td>5 5 3 1 1</td>
<td>1 1</td>
<td>4 5</td>
</tr>
<tr>
<td>27 320 - Long Term Care Services/Service &amp; Service &amp; Services Early Detect &amp; Cancer Registries ($2,029,114 400CS)</td>
<td>5 1 2 1 1 1 1</td>
<td>1 1</td>
<td>5 1</td>
</tr>
<tr>
<td>28 Civil Money Penalty Fund</td>
<td>5 5 4 1 1</td>
<td>1 1</td>
<td>5 1</td>
</tr>
<tr>
<td>29 Health Resources Development Service **</td>
<td>3 5 4 1 1</td>
<td>1 1</td>
<td>5 1</td>
</tr>
<tr>
<td>30 Preventive Health and Health Services Block Grant (Prevent Block $1,449,456 400AP)</td>
<td>5 1 2 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>31 Behavioral Risk Factor Surveillance System ($500,000 400CD)</td>
<td>5 5 1 1</td>
<td>1 1</td>
<td>5 5</td>
</tr>
<tr>
<td>32 Earning Quality Reach in Oklahoma ($234,925 400BP)</td>
<td>5 5 1 1</td>
<td>1 1</td>
<td>5 5</td>
</tr>
</tbody>
</table>

**Community and Family Health Services**
**Office of State Epidemiology**
**Protective Health Service**
**Administrative Services**
**Senior Deputy Commissioner**

X:\SandeGI\Kay's Documents\Board of Health\BOARD MEETINGS\2017 BOH\June\2018 AUDIT PLAN\2018 Combined Audit Risk Analysis for BoH.xlsx
### Top 30 Auditable Units/Processes

#### Internal Audit’s 2018 Focus Reviews (Excluding CHD Reviews)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Auditable Unit/Process</th>
<th>Total</th>
<th>Audit Plan</th>
<th>Audit Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Terrorism Preparedness and Response ($12,286,627 400CF &amp; $9,914,672 400CU)</td>
<td>3.40</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Compliance with Agency Policy</td>
<td>3.30</td>
<td>2</td>
<td></td>
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<tr>
<td>10</td>
<td>Personnel Transactions/Adjustments/Longevity/Benefits</td>
<td>3.30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Long Term Care Services</td>
<td>3.05</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Consumer Protection **</td>
<td>2.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Laboratory - Billing</td>
<td>2.90</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>1422 - Oklahoma - Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke</td>
<td>2.90</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>1305 - Prevention &amp; Control of Diabetes, Heart Disease, Obesity &amp; Associated Risk ($515,252 400CS)</td>
<td>2.75</td>
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</tr>
<tr>
<td>22</td>
<td>Pharmaceutical Inventory &amp; Credit - Central office only</td>
<td>2.70</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Medical Facilities Service</td>
<td>2.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Injury Prevention Service</td>
<td>2.65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>1205 - Comp Cancer, Breast &amp; Cervical Cancer Early Detect &amp; Cancer Registries ($2,029,114 400BI)</td>
<td>2.60</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Civil Money Penalty Fund</td>
<td>2.50</td>
<td></td>
<td></td>
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<tr>
<td>27</td>
<td>Health Resources Development Service ***</td>
<td>2.45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Preventive Health and Health Services Block Grant (Prevent Block $1,449,458 400AP)</td>
<td>1.95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Oklahoma Behavioral Risk Factor Surveillance System - ($92,445 400CS)</td>
<td>1.80</td>
<td></td>
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</tr>
<tr>
<td>30</td>
<td>Enhancing Quitline Reach in Oklahoma ($234,925 400BP)</td>
<td>1.80</td>
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</table>

#### Reviewed as part of the County Health Dept. Audit Procedures

<table>
<thead>
<tr>
<th>Rank</th>
<th>Auditable Unit/Process</th>
<th>Total</th>
<th>Audit Plan</th>
<th>Audit Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CHD - Cash Handling Procedures (Change Funds, Receipt and Deposit)</td>
<td>4.30</td>
<td>Annual</td>
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<tr>
<td>2</td>
<td>Compliance with Purchasing Act</td>
<td>4.05</td>
<td>Annual</td>
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<tr>
<td>3</td>
<td>County Inventory</td>
<td>4.05</td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cash Receipts and Receivables</td>
<td>3.50</td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Pharmaceutical Inventory</td>
<td>3.10</td>
<td>Annual</td>
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</tr>
<tr>
<td>15</td>
<td>LEP Processes</td>
<td>3.05</td>
<td>Annual</td>
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</table>

#### Removed from 2018 Consideration

<table>
<thead>
<tr>
<th>Rank</th>
<th>Auditable Unit/Process</th>
<th>Total</th>
<th>Audit Plan</th>
<th>Audit Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>+4</td>
<td>Cash Receipts, Accounts Receivable &amp; Refunds</td>
<td>3.70</td>
<td>In Process</td>
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<tr>
<td>+5</td>
<td>Grant Reporting - Financial</td>
<td>3.70</td>
<td>12/16</td>
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<tr>
<td>a8</td>
<td>Third Party Billing, Medicaid/Medicare, Insurance, etc…</td>
<td>3.40</td>
<td>2/17</td>
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<tr>
<td>a11</td>
<td>Immunization Regular ($5,279,702 400CD)</td>
<td>3.15</td>
<td>SAI</td>
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<tr>
<td>a12</td>
<td>MIECHV</td>
<td>3.10</td>
<td>2/16</td>
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</tr>
<tr>
<td>a16</td>
<td>VFC Immunization</td>
<td>3.00</td>
<td>SAI</td>
<td></td>
</tr>
<tr>
<td>a18</td>
<td>Immunization Service - Contract Monitoring of Vaccine Inventory</td>
<td>2.95</td>
<td>SAI</td>
<td></td>
</tr>
</tbody>
</table>

### Tickmark Legend

- + Completed Internal audit in last 5 years or currently in process.
- ** Process removed from consideration for the current year due to SAI reviewing these activities FY 2015.
- *** This includes Food, MicroPig, Tattoo, Alarm, Barber, Pools, Hearing Aide, Fire Extinguisher, Body Piercing.
  This Includes HMO, Certificate of Need, Managed Care, Facility Licensure

### Note

Total Risk Score is based on a scale from 1 to 5. The higher the score, the higher the risk related to the auditable unit.
PUBLIC RELATIONS/COMMUNICATIONS

OU College of Public Health luncheon with OSDH Apprentices
21st Biennial AC Hamlin Scholarship Banquet
Governor’s Press Conference
U.S. Department of Commerce, SABIT Program Healthcare Delegation
Greater OKC Chamber Annual Legislative Reception
Governor’s 16th Annual Boots, Bandanas, Barbecue 2017
Capitol Centennial Celebration
DISCUSS (Deliver Interoperable Solution Components Utilizing Shared Services) Meeting – presenter
OU College of Public Health Convocation – keynote speaker
Governor’s Walk for Wellness – speaker
ASTHO State, Tribal, and Community Partnerships to Identify and Control Hypertension Collaborative Team Meeting - McAlester
Tod Tucker-KOKC, News Talk 1520, Radio Oklahoma Network – interview

STATE/FEDERAL AGENCIES/OFFICIAL

1332 Legislative Briefing
Katie Altshuler, Policy Director, Governor’s Office
Becky Pasternik-Ikard, CEO, Oklahoma Health Care Authority
Terri White, Commissioner, Okla. Dept. of Mental Health and Substance Abuse Services
Joy Hofmeister, Superintendent of Public Instruction
OSDH County Health Department Regional Director Meeting
CAPT Mehran S. Massoudi, PhD, MPH, Acting Director, Office of the Assistant Secretary for Health, U.S. Dept. of Health and Human Services, Region VI
U.S. Dept. Of Health & Human Services Region VI Tribal Consultation
Gary Ridley, Secretary of Transportation
Democratic Caucus

SITE VISITS

Garvin County Health Department
Pittsburg County Health Department
Pottawatomie County Health Department

OTHERS:

Accreditation Council for Graduate Medical Education, CLER
Craig Jones, President, Oklahoma Hospital Association
Dr. Thomas Kuhls, MD, Norman Pediatric Associates
Saint Paul’s Cathedral Forum
Dementia Toolbox - Featuring Teepa Snow
Oklahoma City County Health Department Board Meeting
Tulsa Board of Health Meeting
David Keith, CEO, McAlester Regional Health Center
Oklahoma Health Center Foundation CEO Meeting