Tri-Board of Health Meeting
Tulsa City-County Board of Health (TCCBH)
Oklahoma State Board of Health (OSBH)
Oklahoma City-County Board of Health (OCCBH)

Tuesday, October 3, 2017, 1:00 p.m.
Tulsa City Hall
10th Floor, Conference Room 10 South
175 E. 2nd Street
Tulsa, OK 74103

DRAFT AGENDA
FINAL AGENDA POSTED 24 HOURS IN ADVANCE OF MEETING

I. CALL TO ORDER, OPENING REMARKS, INTRODUCTIONS

Kian Kamas, Chair, TCCBH
Martha Burger, MBA, President, OSBH
Dean Gary Raskob, PhD, Chair, OCCBH

II. REVIEW OF MINUTES

TCCBH – Approval of Minutes for September 20, 2017
OSBH – Approval of Minutes for August 11-12, 2017
Discussion and possible action

III. HEALTH DEPARTMENT UPDATES

Bruce Dart, Ph.D., Tulsa Health Department (THD): In Pursuit of a Healthier Tulsa
Kian Kamas, Chair, TCCBH

Gary Cox, J.D, Oklahoma City- County Health Department (OCCHD): 2017 Update
Dean Gary Raskob, Chair, OCCBH

Terry Cline, Ph.D., Oklahoma State Department of Health (OSDH): State Trends, Progress and Challenges
Martha Burger, President, OSBH

Discussion and possible action

IV. POLICY PRIORITIES PRESENTATION

Brian Downs, Director, Office of State and Federal Policy, Oklahoma State Department of Health
Dean Gary Raskob: Resolution to State Regents for Higher Education
Discussion and possible action

V. NEW BUSINESS

Not reasonably anticipated 24 hours in advance of meeting.
Discussion and possible action

VI. ADJOURNMENT

Board of Health

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

Martha A Burger, MBA
President
Jenny Alexopulos, DO
Terry R Gerard, DO

Cris Hart-Wolfe
Vice President
Charles W Grim, DDS, MHSA
R Murali Krishna, MD

Robert S Stewart, MD
Secretary - Treasurer
Timothy E Starkey, MBA
Edward A Legako, MD

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STATE BOARD OF HEALTH

OKLAHOMA STATE DEPARTMENT OF HEALTH

Oklahoma State University
179 Student Union, Council Room 412
301 S. Hester St.
Stillwater, OK 74078

August 11-11, 2017

Martha Burger, President of the Oklahoma State Board of Health, called the 420th special meeting of the Oklahoma State Board of Health to order on Friday, August 11, 2017, at 1:30 p.m. The final agenda was posted at 12:00 p.m. on the OSDH website on August 10, 2017; at 12:00 p.m. on the OSDH building entrance on August 10, 2017; and at 12:00 p.m. on the Oklahoma State University Student Union entrance on August 10, 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; Jenny Alexopulos, D.O.; Terry R. Gerard, D.O.; R. Murali Krishna, M.D.; Edward A. Legako, M.D.; Timothy E. Starkey, M.B.A.

Members Absent: Charles W. Grim, D.D.S.;

Staff present were: Terry Cline, Commissioner; Julie Cox-Kain, Senior Deputy Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Tina Johnson, Deputy Commissioner, Community and Family Health Services; Brian Downs, Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director, Office of Accountability; Kelli Rader, Regional Administrative Director; VaLauna Grissom, Secretary to the State Board of Health; Commissioner's Office: Diane Hanley, Joy Fugett

Visitors in attendance: See list

Call to Order and Opening Remarks

Martha Burger called the meeting to order. She acknowledged the Oklahoma State University as America's Healthiest Campus. She thanked both OSU President Hargis as well as OSU Center for Health Sciences Center President Shrum for inviting the Board of Health to attend a meet and greet earlier in the day. Next, she thanked the Board planning committee for their efforts. Lastly, she thanked OSDH staff and public health partners (College of Public Health, TSET, Ok City-County and Tulsa Health Departments) for their attendance.

RETREAT MISSION AND OBJECTIVES

Ms. Burger briefly outlined the retreat mission and objectives:

1. *Gain a better understanding of the role of communication in public health.*
2. *Engage in board action planning and next steps.*

GENERATIONAL TRANSLATION

Ms. Burger introduced Dr. Rita Murray, a cognitive psychologist, executive coach, and highly sought after national leadership consultant. Dr. Murray's research has focused on the development of higher order thinking skills of the Millennial Generation and the application of Crew Resource Management to improve decision making. Dr. Murray discussed key objectives: recognize why "generation" impacts values and behaviors and why these differences matter; use powerful profiles of each of the generations in the workplace

today; practice with learning and communication guides and applications; leverage a diverse workforce to increase innovation and high performance Understand generational motivators to improve team performance; and put 5 Top Action Steps to work immediately.

Dr. Murray provided recommendations for the Department of Health for modifications to its current webpage format and social media sites. Dr. Murray posed questions for the Department to consider: How do we learn to write and speak in 140 characters? How can we use photos? How do we respond quickly particularly on social media platforms?
Dr. Murray suggested a schedule of social media posts and more use of instagram if possible. She suggested millennials passionate in public health are needed to further the cause.

Question: What about people in extreme poverty- is that a factor to accessing the social media forum. A: Not much of an issue with the younger generation because they find a way as technology is part of their identity.
Comment: Need to continue to rebut misinformation on social media that would discourage, mothers for example, from obtaining the HPV vaccine.
Comment: Need to find a balance of immediacy versus the public message.
See Attachment A for the listening and discussion guide.

PROTECTING THE PUBLIC'S HEALTH IN A TIME OF CHANGE
Ms. Burger introduced John Auerbach, the President and CEO of the Trust for America's Health and previous Associate Director at CDC as well as Commissioner of Public Health for the Commonwealth of Massachusetts.
See Attachment B for the presentation

NO EXECUTIVE SESSION

ADJOURNMENT
Dr. Krishna moved to adjourn. Second Ms. Wolfe. Motion carried.

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

The meeting adjourned at 4:45 p.m.

Saturday, August 12, 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. (arrived approximately 8:40 am); Charles W. Grim, D.D.S.; R. Murali Krishna, M.D., Timothy E. Starkey, M.B.A.

Staff present were: Terry Cline, Commissioner; Julie Cox-Kain, Senior Deputy Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Tina Johnson, Deputy Commissioner, Community and Family Health Services; Brian Downs, Office of State and Federal Policy; Don Maisch, Office of General Counsel; VaLauna Grissom, Secretary to the State Board of Health; Kristy Bradley, State Epidemiologist; Mike Romero, Chief Financial Officer; Commissioner's Office: Diane Hanley.

Visitors in attendance: See list

Call to Order and Opening Remarks

Ms. Burger President of the Oklahoma State Board of Health, called the meeting to order at 8:39 a.m. and welcomed all guests in attendance.

APPROVAL OF JULY 11, 2017 MEETING MINUTES

Ms. Wolfe moved to approve the July 11, 2017 meeting minutes as presented. Second by Dr. Stewart. Motion carried.

AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Legako, Starkey, Stewart, Wolfe

PUBLIC HEALTH FOR FUTURE GENERATIONS

Ms. Burger introduced Gary Raskob, Dean of the College of Public Health and a Regents professor of epidemiology and medicine at the University of Oklahoma Health Sciences Center. Dr. Raskob is also chair of the Oklahoma City-County Board of Health.

See Attachment C

Concluding the presentation, Dean Raskob asked Board members to consider support for a resolution to the State Regents to make recommendation for introduction in public health to be a prerequisite in Oklahoma. The board indicated unanimous support.

BOARD MEMBER PERSPECTIVES

Dr. Jenny Alexopulos discussed her perspective as a medical educator and clinician. Seeing trainees come into programs and parallel that with the health delivery system, population health and prevention is very important to be emphasized very early as Dr. Raskob mentioned. Young trainees are millennials and altruistic and want to make a difference. There are different forms of access to care and with virtual system we are not bound by brick and mortar. We can reach the masses if we allow young trainees to explore and innovate. Those of us that are educators and clinicians, trying to understand the next generation and interdisciplinary training is going to be important for the next plateau.

Dr. R. Murali Krishna discussed his perspective through lifetime experiences: initially, a family doctor, then specialist in internal medicine to brain sciences. We tend to see illness in silos but they are not. Dr. Krishna gave the example using 85-90% of addictions have a co-occurring mental illness. Some people who relapse after detox do not have the ability to deal with life and mental illness. He discussed the science behind mental illness and addiction which translates into physical health. Health has got to begin in the brain and we must help people learn how take care of themselves today. Mind Brain connection is vital to our course of life.

Cris Hart-Wolfe discussed her perspective through her work as a physical therapist. She feels optimistic about our future. However, the challenges she sees in day to day practice related to obesity, chronic pain, and opioid addiction. There is a push through the American Physical Therapy Association to recommend physical therapy to patients before turning to opioids. However, sometimes there are barriers as some are unable to undergo physical therapy.

HIGH LEVEL STRATEGIC PLAN UPDATE

Julie Cox-Kain provided an overview of the strategic plan using the core measures performance scorecard. The Board developed an Ad Hoc Committee to find a mechanism to review more current data through the development of proxy measures. Julie demonstrated new dashboard including new proxy measures through anew visualization software called Tableau. Brian Downs, Director of the Office of State & Federal Policy, provided a brief overview of the last legislative session and discussed opportunities and challenges for the upcoming session. See Attachment D for review of budget request priorities, budget shortfalls and policies priorities for the 2017 legislative session.

Dr. Grim moved for approval of the legislative priority language supporting increase in the price point of cigarettes by $1.50 per pack as presented. Second Mr. Starkey. Motion carried.

AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Legako, Starkey, Stewart, Wolfe

The discussion concluded.

Ms. Burger welcomed Representative Caldwell. Representative Caldwell briefly addressed the board. He explained that Public Health and Health agencies are important to him as he understands the challenges providers face. Be briefly discussed the news related to the supreme-court ruling on the cigarette fee and the challenges to be addresses in balancing the budget.

BOARD MEMBER PERSPECTIVES

Martha Burger perspective inaudible.

Dr. Stewart perspective inaudible.

Mr. Starkey discussed his perspective as a laboratory director. As an FQHC and in providing public health services he faces similar challenges to those across the state. Rural and Urban sites face different challenges. The goal is to serve the need of the community without breaking the bank. He gave an example of the dental practice in Cherokee that lost $300,000 in costs.

Dr. Grim discussed his perspective through his work in tribal systems. Partnerships are important when money is tight. His work in tribal health spans 14 counties in North East Oklahoma. The tribal system also has a legislature and judicial branch and is very similar to the public health system. Tribes can fill in the gap in communities that are hurting and often gift to the education system or response systems such as firefighters. As the largest employer in North East Oklahoma, the Cherokee Nation has a huge economic impact in that part of the state.

PAYNE COUNTY HEALTH DEPARTMENT PRESENTATION

Kelli Rader, Regional County Administrator

See Attachment E

BOARD MEMBER PERSPECTIVES

Dr. Gerard discussed his perspective through his work as an emergency room doctor. With budget shortfalls it becomes easy to become frustrated as we work toward improved health. Overall we need to remember the accomplishments. We need to maintain a level of passion and altruism. If someone does believe that you care, they do not care what you believe. We need to show a level of compassion to get across our viewpoint. We need to focus on the fundamentals we know to be important; disease prevention and trauma prevention.

Dr. Legako discussed his perspective as a pediatrician. He agreed to serve on the Board of Health as he felt it was important to have pediatric representation. Oral health, breast feeding progress, asthma care, and immunizations have reduced hospitalizations. He discussed his work trying to improve obesity with Fit Kids of South West Oklahoma. He is very active in the local farmers market and it has been active for 10 years. He would like to see a statewide coalition for a farmers market. They are currently trying to build an indoor outdoor facility to sustain and continue growth of fruits and vegetables. In small communities obesity rates were higher than in cities. We have got to solve this problem.

CURRENT HEALTH ISSUES

Dr. Kristy Bradley, Casey Price

See Attachment F

SUMMARY, WRAP UP, CLOSING, ADJOURNMENT

Ms. Burger asked for small breakout groups for discussion on the retreat objectives; Gain a better understanding of the role of communication in public health and Engage in board action planning and next steps. Each group provided a collective report on the take away message and next steps for the upcoming year. Ms. Burger provided an opportunity for on-site retreat feedback indicating each member would receive a post retreat survey to include subcommittee assignments for the upcoming year. The next meeting will be hosted by the Tulsa Board of Health on October 3, 2017.

See Attachment G

Dr. Krishna moved to adjourn. Second Dr. Gerard. Motion carried.

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

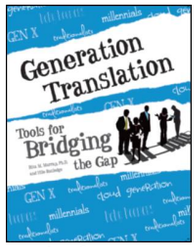
The meeting adjourned at 3:48 p.m.

Approved

_____

Martha Burger, M.B.A.
President, Oklahoma State Board of Health
October 3, 2017

ATTACHMENT B



GENERATIONS AT A GLANCE

These thumbnails of each generation are not boxes to put ourselves or others into. Rather, they are frameworks for understanding how the events of our formative years shaped so many of our work dispositions.

TRADITIONALISTS
1920 – 1945

The stabilizing Traditionalists grew up in the shadow of two World Wars and the biggest economic depression in U.S. history. As they stepped into adulthood, they witnessed authority (government, the military, and society) save the world from fascism and ruin. This trust of authority and hierarchy became the core of the Traditionalists' approach to work and family. Most Traditionalists were into late adulthood before computers, or certainly the internet, were realities, which has made this group slower to adopt and trust the technical solution to problems, and change is embraced more slowly. Hierarchy works, experience matters, and patriotism and good citizenship as well as stability and security are prized by Traditionalists, who tend to be both surprised and irritated when these core societal and workplace values are not shared.

BABY BOOMERS
1946 – 1964

The transformational Baby Boomers who once pronounced, "Don't trust anyone over 30" were the first workaholics, not because it was fun but because it was essential in light of the swelling volume of competing Baby Boomers. Being "high profile" and "standing out from the crowd" were keys to survival. They paid their dues under the old hierarchical rules, got ahead by making their bosses look good, and are now redefining themselves in light of global initiatives and business restructuring. The first generation to be graded in school for "getting along well with others," Baby Boomers tend to be--through a lifetime of practice–oriented toward politics, social skills, and meetings. Now widely in positions of leadership and power, Boomers quest for and talk about work/life balance, which eludes many within this hard-charging generation.

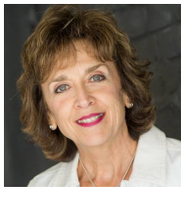
GENERATION X
1965 - 1980

The entrepreneurial, skeptical, and often misunderstood, Generation X-ers stepped into adulthood in a world of fracturing families, latch-key kids, ineffective and mistrusted government, and deep economic uncertainty. The trust and loyalty past generations gave and expected from their organizations came sharply into contrast and into question with this group who witnessed long-held commitments and the idea of job security become more of a fantasy. This group responded with a focus on their own career development, the arc of which takes them to and through many different professional affiliations which draw upon their technological acuity and business savvy. Resourceful and independent, X-ers want to get in, get the work done, and move on to the next thing. Among core values are freedom and variety in the workplace; they have taught the other generations to "dress down and lighten up."

MILLENNIALS
1981-2000

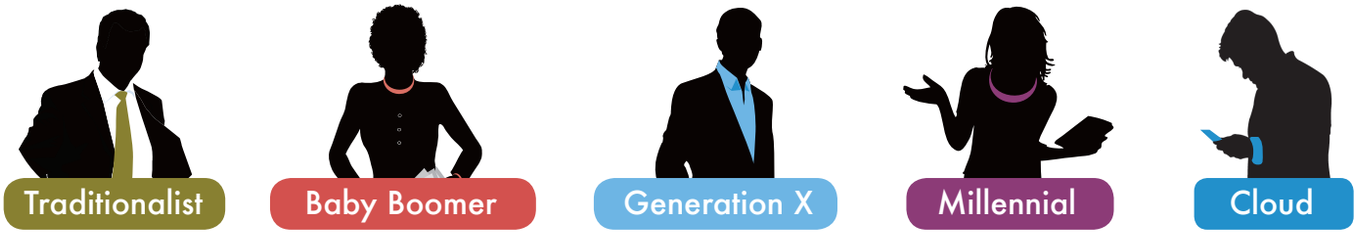
The "always on" Millennials came of age in an era of instantaneous global communication, media saturation, and material excess. They also grew up in the "decade of the child" with an extraordinary focus on children's issues. Most Millennials cannot remember a world that was not internet-enabled and when they did not have a personal digital device to connect them to any content, person or virtual activity that they wished to engage. They are high-speed, multitasking, stimulus junkies who pay constant partial attention (to you and everything). These digital natives are oriented to group-work, 24/7 instant access to power and information and fast-paced work. So why should their expectation of feedback (usually positive) leading to quick advancement, be any different? They presume it will be fast, frequent and friendly. Millennials tend away from reading traditional books, relying more on video and sound bites to learn.

©2017. "Generation Translation: Tools for Bridging the Gap" by Rita M. Murray, Ph.D. & Hile Rutledge
www.ritamurray.com

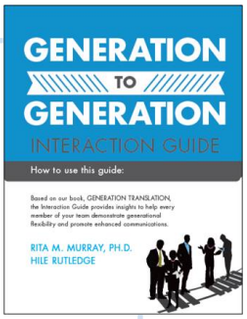


GENERATION ACTION PLAN

My generation is: *(circle one)*



The focus of this action plan is greater self-awareness and self-management—helping you derive generational insights that you can use immediately to better manage your own reactions and interactions.



What are 3 to 5 descriptions or details of your generation with which you identify most strongly?

1.

2.

3.

4.

5.

Identify ways in which your generational outlook and style have benefited your career and served you well.

1.

2.

3.

Identify ways your generational outlook and style may prove challenging to others and may have limited your career.

1.

2.

3.

What two actions will you take to put any of these generational insights to work in the next week?

1.

2.

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John Auerbach
President and CEO

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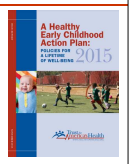
About TFAH: Who We Are

- Translate existing data & research
- Build support for strong public system
- Produce strategic policy reports
- Conduct targeted communications & educate policymakers
- Support non-partisan

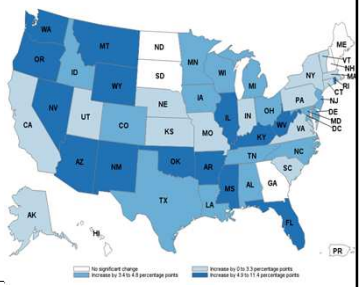


Who Am I?

National Trend #1: Increased Access

146,000 OK residents enrolled via Exchange in 2017

- Nearly 20 million more Americans are insured
- Rate of uninsured Americans is down 21% to 13%
- Access to coverage has increased in every state, but is still uneven

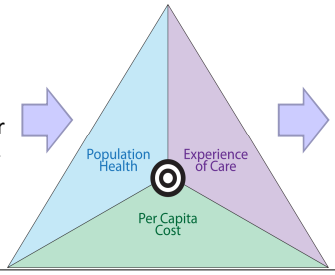


SOURCE: JAMA. 2014;314(4):328. doi:10.1001/jama.2015.8129; http://kff.org/other/state-indicator/total-population/; Behavioral Risk Factor Surveillance System, 2013 & Preliminary 2014; National Health Interview Survey

National Trend #2: Payment Reform is Widespread

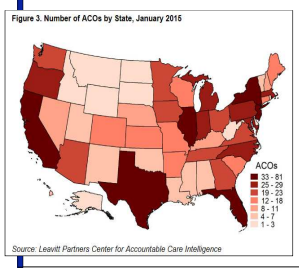
Oklahoma's 1332 waiver would strengthen this

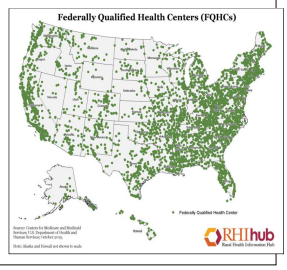
Fee-for-Service or "Volume-Based" Payment Model



Value-Based Payment Model

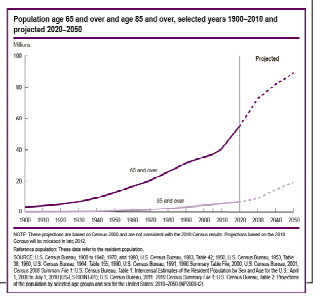
National Trend #3: Emerging Clinical Care Models

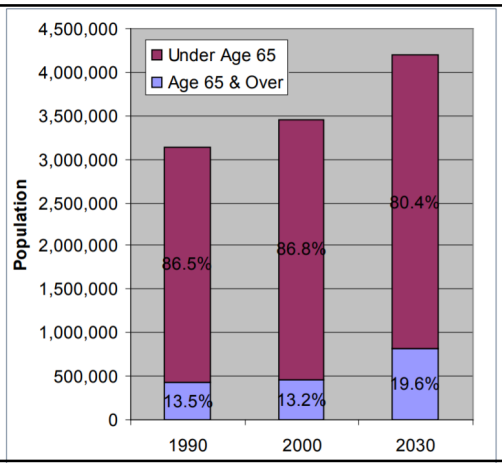




National Trend #4 – Changing Demographics and Health Needs

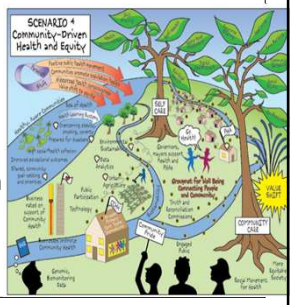
- Changing demographics of the country
- Changing health care needs
- Evolving information & data revolution
- Growing awareness of non-health sector roles





National Trend #5: Public Health Evolution

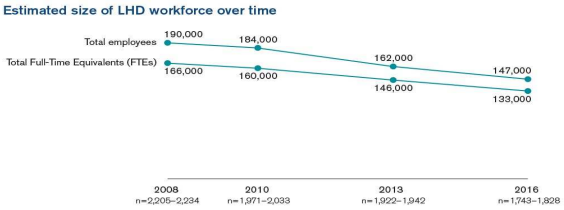
- Fewer resources – funding & staff down
- Less direct care – more policy
- Partnering with health care/diverse sectors
- Upstream focus



The workforce is shrinking –due to funding

Recession cuts remain/50,000 fewer jobs (source: NACCHO)

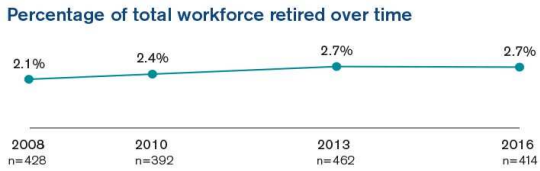
- 24 states decreased PH budgets in 2015-16
- CDC budget down $500 M since 2010



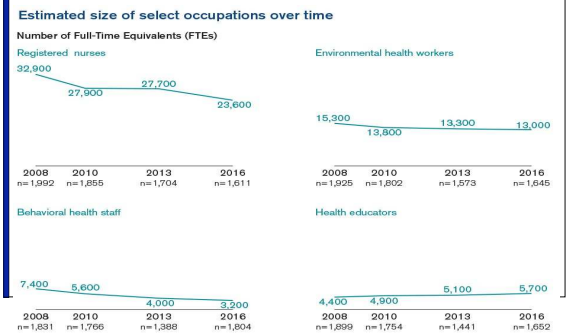
Source: National Association of County and City Health Officials (NACCHO) 2016 National Profile of Local Health Departments

The workforce is aging

- The average PH worker is 47 years old—7 years older than US workforce.
- PH WINS Results Point to Imminent Public Health Workforce Exit –*38% plan to leave the public health workforce by 2020, either to retire or to pursue positions in other sectors.*
- Of those planning to leave, 25 percent plan to retire



Composition of the workforce is changing



Meet Fran Edwards:

- Newly insured
- At MD for first physical years
- 55 years old, married, smokes, overweight, exercise
- Asthmatic, pre-diabetic
- Stopped taking medications in past due to cost

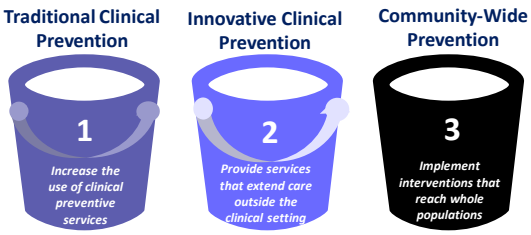
Insurance and Quality Care Help… But they Aren't Enough

- **Income -** Poor, family of 5
- **Barriers to Fitness –** Rising crime, few parks, no nearby supermarket
- **Under stress** - Son with behavioral health concerns, worried about money
- **Sub-par Housing –** Mold and ventilation problems

What would help Ms. Edwards?

- Primary care & meds- no cost
- Asthma home visits
- Diabetes Prevention Program
- Behavioral services for son
- Neighborhood safety
- Affordable, healthy foods
- Mold removal in apartment

The 3 Buckets of Prevention



Health Care *Public Health*

Bucket 1: Traditional Clinical Approaches

Focus on Preventive Care

Development of 6|18 Initiative

- Focus on 6 high-cost, high-prevalence conditions
- Review of CIO evidence-based clinical interventions
- 18 interventions identified

Provide all tobacco cessation meds without cost

Bucket 2: Innovative Patient-Centered Care

Focus on Preventive Care

To Address Asthma:

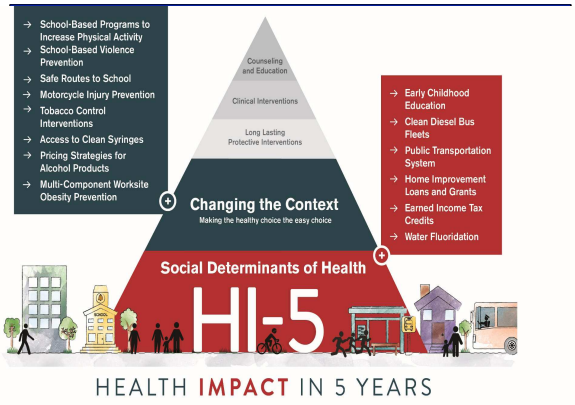
Healthy Home Risk Reduction

Home visit by CHWs to

- ❑ Provide additional education/ encouragement
- ❑ Assess risk factors in the home
- ❑ Assist in removing risk factors

Bucket 3: Community-Wide Health

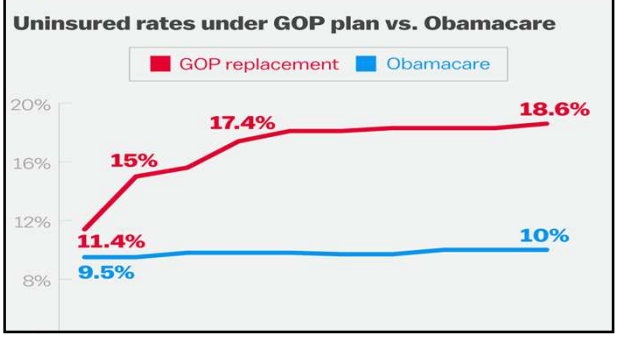
Focus on Preventive Care



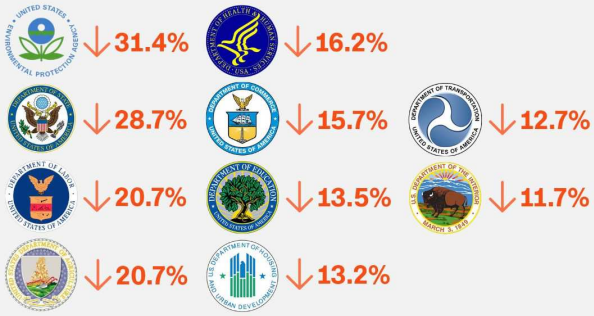
Was This Approach Useful?

Is It Still Relevant?

The ACA is still law…
…but the future is uncertain



Proposed Federal Cuts in Many Agencies That Affect Health



What TFAH Does at a Time Like This

Trust for America's Health
WWW.HEALTHYAMERICANS.ORG

The Prevention and Public Health Fund

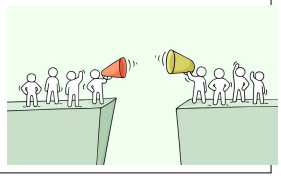
- *12 % of CDC budget/$1 billion – most goes to states*
- State packets for each governor/health official
- Educational sessions with Congress

Access to Clinical Preventive Services

- *Mandated public/private insurance provide cost-free preventive services.*
- Educational analysis of Essential Benefits/Medicaid expansion requirements
- Analysis of impact on health and cost thus far

Non-Partisan Convenings

- *Need for collaboration among those with different beliefs*
- Creation of non-partisan forum
- Attendees from red & blue states
- Focus on overlooked states - Mississippi



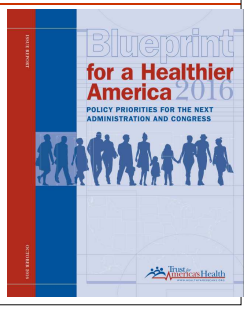
The CDC's Budget

- *CDC could lose up to 1/3 of its budget*
- Packets re: direct impact of loss to each state
- Hill briefings on key programs
- Congressional district health profiles

CDC 24/7
Saving Lives.
Protecting People.
Saving Money
Through Prevention.

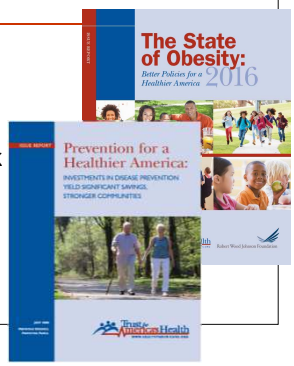
The Functioning Of The Public Health System

- *System needs vision & resources*
- Support PH 3.0/Chief Health Strategist Approach
  - Upstream
  - Evidence-based
  - Cross sector
  - Data driven

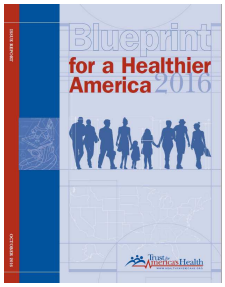


Key Health Issues To Prioritize

- *Key health issues at this time*
- Publish in-depth reports/media work
  - Behavioral Health
  - Emergency Preparedness
  - Obesity



We Have Tools to Assist *Blueprint for a Healthier* America 2016

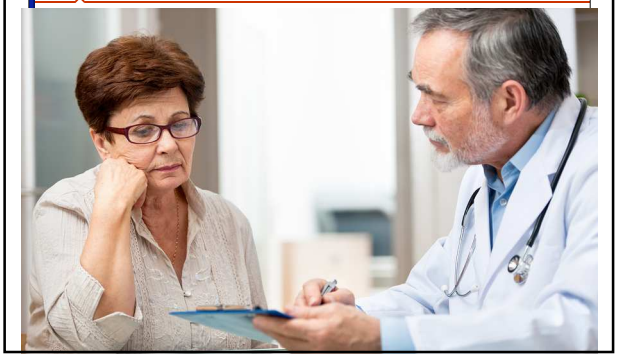


Access the Full Report at http://healthyamericans.org/report/129

Priorities for the Next Administration and Congress

Please visit TFAH's website at: http://healthyamericans.org/

She Needs Our Help



Public Health for Future Generations Implications for Workforce and Outreach

Gary E. Raskob, Ph. D Dean,
College of Public Health
Regents Professor, Epidemiology and Medicine
University of Oklahoma Health Sciences Center

Oklahoma State Board of Health Retreat, August 12, 2017, Stillwater, OK

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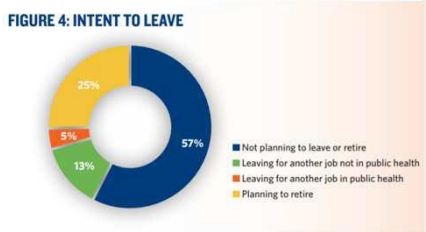
Governmental public health workforce



(n=10,246 state health agency employees)

Source: Information to Action: The Workforce Data of Public Health WINS (Summary Report), 2014. Association of State and Territorial Health Officials.

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

Outline

- Workforce needs
- History and future of public health education
- Undergraduate public health
- OU College of Public Health efforts
- Education and a Culture of Health for OK

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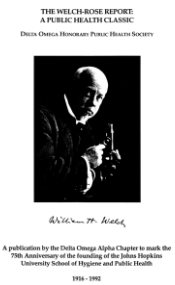
Origin of Academic Public Health

Welch-Rose Report of 1915 outlined the purpose and content of schools of public health

Led to the first formal schools of public health in the US

Primary purpose was to train health officers

MPH degree



ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

Public Health Workforce Estimate

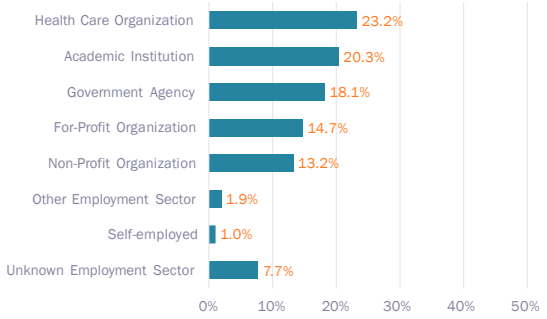
Public Health Workforce to US Population Ratios

Year	US Population	Ratio of the Public Health Workforce to US Population	Public Health Workforce
1980	226,542,199	220 per 100,000	500,032
2000	281,421,906	159 per 100,000	448,254
2020	320,000,000	220 per 100,000	700,000

Source: Rosenstock L, Helsing K, Rimer BK. Public Health Education in the United States: Then and Now. Public Health Reviews. 2011;33:39- 65.

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

ASPPH Member Institutions Class of 2014-2015 Employment Sectors of Master's-level Graduates (n = 4,913)



Source: 2016 ASPPH Annual Data Collection, Graduate Outcomes

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

Welcome to the new century of public health education

The ASPPH Framing the Future initiative presents a new vision for education in public health for the 21st century.

Framing the Future

Employers Advisory Board KEY TRENDS

- The core value of public health remains its commitment to the health of populations
- Public health and the health care system are increasingly working towards interrelated goals
- The demand for public health workers is broadening, with opportunities across many settings
- Science and Research continue as the appropriate foundation for public health practice and policy
- Global health is public health

Task Force Charge

To reconsider the role of education in public health 100 years after the Welch-Rose Report

and

to set a new vision for education in public health for the future

(to stimulate innovation & transformation)

Employers Advisory Board ESSENTIAL ELEMENTS OF PUBLIC HEALTH EDUCATION

- Problem-solving
- How the health system works
- Analytic methods, Quantitativeskills
- Technology and information
- Budgeting and finance
- Communications
- Leadership
- Management and teamwork
- Policy
- Global health

Blue Ribbon Public Health Employers Advisory Board Report (2013)

- Synthesis of interviews of employers about emerging trends and the essential elements of education in public health
- On-the-ground perspectives about the knowledge, skills, and attitudes that the next generation of public health graduates are likely to need in order to succeed

MPH for the 21st Century Report (2014)

- What is new?
  - More specialized, skills-based degree
  - Tighter and more integrated core
  - The practicum + culminating experience should relate to the specialization
  - More institutional flexibility
  - New specialty concentrations as appropriate
- Many recommendations adopted by CEPH in recent accreditation criteria revisions

*CEPH: Interdisciplinary remains a valid "specialization"

Workforce Development Report (2015) ASPPHandASTHOpartnership

- CEPH-accredited schools, programs of public health have key responsibility to help meet workforce needs
- Emphasized strengthened collaboration
- Reduce barriers to practitioner participation in education
- Work together to translate research discoveries
- Work together for evaluation and improvement of accreditation models
- Undergraduate programs at 2 yr and 4 yr level could serve to meet variety of needs

astho™

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

OU COPH "MPH for the 21st Century"

- MPH degrees specialized, competency-based
- Course CPH 7003 Integrated Public Health Practice integrates core, with practice-based instructors
- Rigorous practicum in specialty field (240 field hr)
- Quantitative and communication competencies strengthened
- Interdisciplinary MPH retained but strengthened
- Required inter-professional education
- CEPH criteria for MPH fully met (reaccreditation 2015)
- CPH exam (NBPHE) required of all students

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Population Health Across All Professions Report (2015)

KeyGoal

Integrate population health concepts and frameworks into curricula of all professions

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

OU COPH Degrees Offered

- MPH in Biostatistics
- MPH in Epidemiology
- MS in Biostatistics
- MS in Epidemiology
- PhD in Biostatistics
- PhD in Epidemiology
- BS/MS Mathematics and Biostatistics

- MPH in Environmental Health
- MS in Industrial Hygiene & Environmental Health Sciences
- PhD in Occupational & Environmental Health

- MPH in Health Promotion Sciences
- MPH/MSW in Public Health and Social Work
- MS in Health Promotion Sciences
- PhD in Health Promotion Sciences

- MPH in Health Administration & Policy
- MPH/JD Health Administration & Policy and Law
- MPH/MD Health Administration & Policy and Doctor of Medicine
- MHA in Health Administration & Policy
- MHA/JD in Health Administration & Policy and Law

- MPH in Interdisciplinary Public Health

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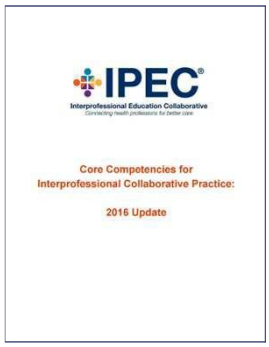
Interprofessional Competencies (2016)


IPEC
Interprofessional Education Collaborative
Connecting health professions for better care

Core Competencies for Interprofessional Collaborative Practice:

2016 Update

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

OU COPH Initiatives at Graduate Level

- OSDH Apprenticeship Program, diversity, 12/16 retained
- New joint MHA and Law degree
- New joint MPH and Law degree
- Health Admin Certificate for OU MBA students
- Increased enrollment in MD - MPH, and collaboration with OU School of Community Medicine, Tulsa
- Increased scholarship support for students
- Hudson Fellows program for doctoral study

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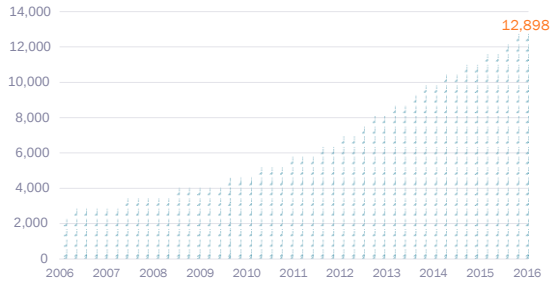
Digital Citizens in Today's Society

The UNIVERSITY of OKLAHOMA Health Sciences Center College of Public Health

Adapted, and used by permission: Envisioning the Future of Health Professional Education, by Laura Magaña to IOM, April 24, 2015

Undergraduate Public Health is Growing Nationally

Count of Undergraduate Public Health Degree Conferrals Reported to the National Center for Education Statistics, 2006-2016*



*The 2016 figure is a preliminary total released by the National Center for Education Statistics.

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

Undergraduate Public Health Education InstituteofMedicineReport2003

"...all undergraduates should have access to education in public health."

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

2016 Number of Undergraduate Degree Conferrals at ASPPH Member Institutions, by Undergraduate Degree

Degree	Number of Institutions	Number of Degree Conferrals
BA	6	983
BS	19	3,994
BPH	1	15
BAPH	2	41
BSPH	10	950
Other baccalaureate	2	1,017
Total	38 (Unduplicated)	7,000

Source: 2016 ASPPH Annual Data Reporting

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

Undergraduate Public Health Timeline

2003: IOM report, Who Will Keep the Public Healthy? Educating Public Health

2007: AACU/ASPPH/APTR/CCAS Report, The Educated Citizen and Public Health: A Consensus Report on Public Health and Undergraduate Education

2008: ASPPH Report, Recommendations for Undergraduate Public Health Education

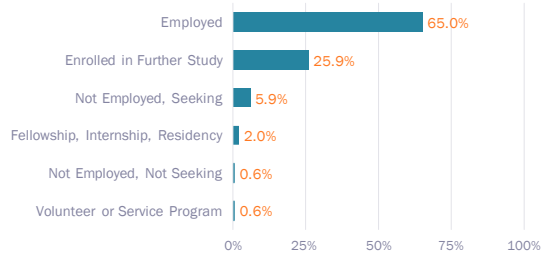
2011: Model developed, Undergraduate Public Health Learning Outcomes Model

2012: ASPPH Recommended Critical Component Elements of an Undergraduate Major in Public Health

2015: ASPPH launched the Undergraduate Network for Public Health and Global Health Education

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

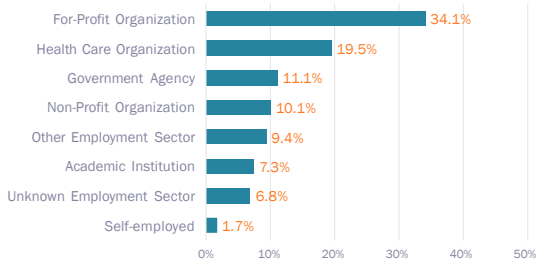
ASPPH Member Institutions Class of 2014-2015 GraduateOutcomesofUndergraduates(n=1,349)



Source: 2016 ASPPH Annual Data Reporting

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

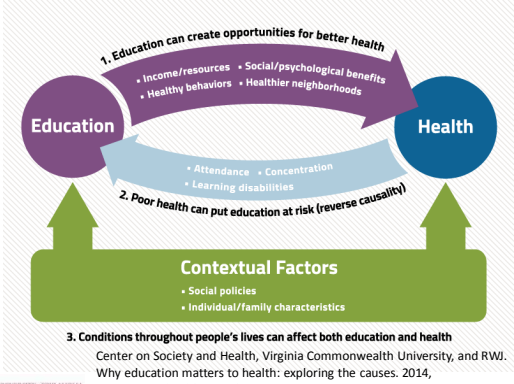
ASPPH Member Institutions Class of 2014-2015 Employment Sectors of Undergraduate Graduates (n = 877)



Source: 2016 ASPPH Annual Data Reporting

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

Causal Relationship of Education to Health



Center on Society and Health, Virginia Commonwealth University, and RWJ. Why education matters to health: exploring the causes. 2014, www.societyhealth.vcu.edu

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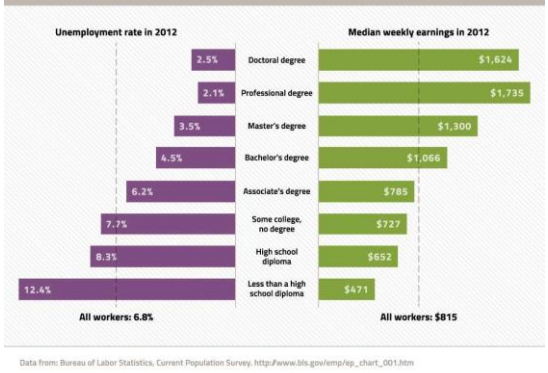
Community Colleges and Public Health Report (2014)

- In partnership with the League for Innovation in the Community College, the task force explored the role of community colleges in readying students for the public health workforce and for transfer education
- Phase 1: Foundational and consensus statements on community colleges and public health
- Phase 2: Prototype curriculum models for community college associate degree and certificate programs

League.org FOR INNOVATION IN THE COMMUNITY COLLEGE

ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH ASPPH

Earnings and unemployment rates by educational attainment



Center on Society and Health, Virginia Commonwealth University, and RWJ. Why education matters to health: exploring the causes. 2014, www.societyhealth.vcu.edu

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OU COPH
Initiatives at Undergraduate Level

- Undergraduate course "Intro to Public Health" implemented in Honors College
- Collaboration underway with OCCC to provide Community Health Worker certificate
- Collaboration underway with OU Arts and Science to develop Bachelors of Public Health

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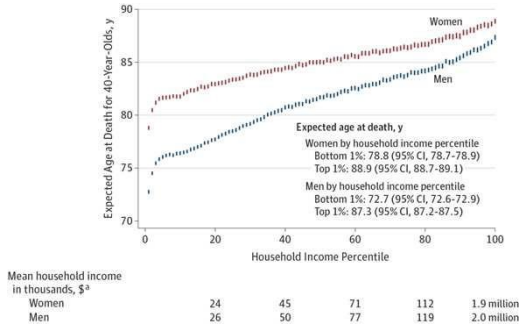
Race- and Ethnicity-Adjusted Life Expectancy for 40-Year-Olds by Household Income Percentile, 2001-2014



Chetty et al JAMA 2016. April 10, 2016. doi: 10.1001/jama.2016.4226

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Income and Life Expectancy in the United States, 2001 - 2014

Table 1. Race- and Ethnicity-Adjusted Life Expentancy by Commuting Zone and Income Quartile, 2001-2014

Commuting Zone	Rank	Race- and Ethnicity-Adjusted Expected Age at Death (95%CI), y – Mean	Men	Women	Difference Between Top and Bottom Income Quartiles, Mean (95%CI), y
Bottom Income Quartile					
New York, NY	1	81.8 (81.6-82.0)	79.5 (79-3-79.8)	84.0 (83.7-84.4)	4.8 (4.5-5.0)
Port St. Lucie, FL	10	80.7 (80.5-80.9)	78.0 (77.8-78.3)	83.3 (83.1-83.7)	6.2 (5.9-6.5)
Entire United States		79.4 (79.4-79.5)	76.7 (76.7-76.8)	82.1 (82.1-82.2)	7.0 (6.9-7.1)
Tulsa, OK	96	77.6 (77.4-77.9)	74.9 (74.6-75.3)	80.3 (79.9-80.7)	8.2 (7.7-8.6)
Oklahoma City, OK	98	77.6 (77.3-77.8)	75.0 (74.7-75.3)	80.2 (79.8-80.5)	8.3 (7.9-8.7)
Gary, IN	100	77.4 (77.1-77.8)	74.2 (73.8-74.6)	80.7 (80.2-81.2)	7.2 (6.7-7.8)
Top Income Quartile					
Salt Lake City, UT	1	87.8 (87.5-88.1)	86.6 (86.2-87.0)	89.0 (88.6-89.4)	8.3 (7.9-8.7)
Springfield, MA	10	87.2 (86.8-87.7)	86.3 (85.8-86.9)	88.1 (87.5-88.8)	7.2 (6.6-7.9)
Entire United States		86.4 (86.3-85.4)	85.3 (85.2-85.4)	87.5 (87.4-87.6)	7.0 (6.9-7.1)
Youngstown, OH	91	85.8 (85.3-86.3)	84.6 (84.0-85.3)	86.9 (86.2-87.7)	6.7 (6.2-7.3)
Las Vegas, NV	100	84.1 (83.8-84.4)	82.8 (82.4-83.2)	85.3 (84.9-85.8)	6.5 (6.2-6.8)

Chetty et al JAMA 2016. April 10, 2016. doi: 10.1001/jama.2016.4226

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Follow Dean Raskob on Twitter

Daily tweets posted

@DeanRaskob

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Creating a Culture of Health in OK

- Education is a critical element to drive improved health
- Higher education key to increasing income in Oklahoma
- Undergraduate public health is key to:
  - Meet workforce needs
  - Achieve "health in all policies"
  - Achieve educated citizenry and a "health literate" population
  - Accomplish legislative change and progressive health policy

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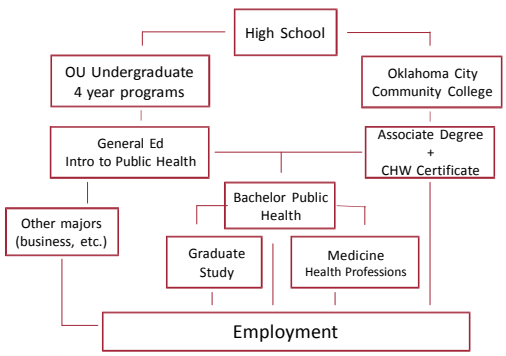
Education Pipeline for Public Health



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ATTACHMENT D

OKLAHOMA STATE BOARD OF HEALTH

High Level Strategic Plan Update
Budget Priorities

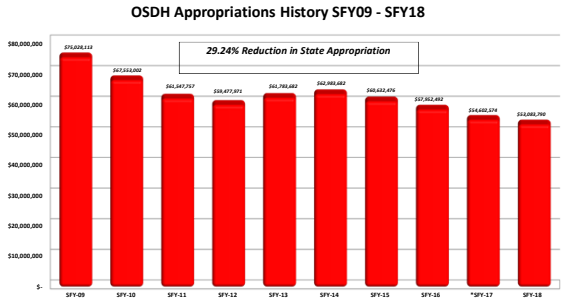
Julie Cox-Kain, Senior Deputy Commissioner
Brian Downs, Director of State and Federal Policy

August 12, 2017

SFY 2019 Budget Request Priorities

SFY 2018 Budget Shortfall

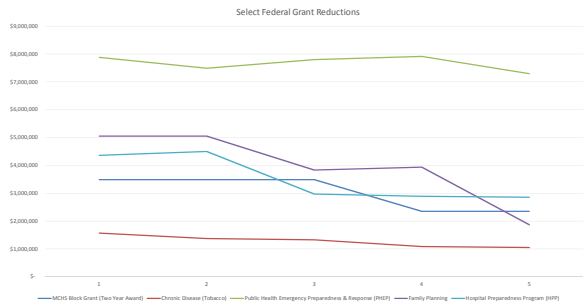
- The OSDH continues to experience a budget shortfall in SFY '18
- Revenue is anticipated to be below the current budget even after being adjusted for state appropriation reductions
- A full analysis is being completed to identify:
  - The total amount of the shortfall
  - The programs contributing to the shortfall either due to revenue reduction or cost overruns
- This issue began in prior state fiscal years also leaving the agency with prior year obligations that need to be made current
- This situation will result in additional budget reductions in SFY '18
- The response of the legislature to the Cigarette Fee court challenge may result in additional state cuts.



SFY 2018 Budget Shortfall

The SFY 2018 Budget Shortfall is due to a number of factors including the following:

- Federal funding reductions
- Increased costs
- Delayed or discontinued billing
- Programmatic cost overruns
- Long term vacancies and significant reductions in accounting staff



SFY 2018 Budget Shortfall

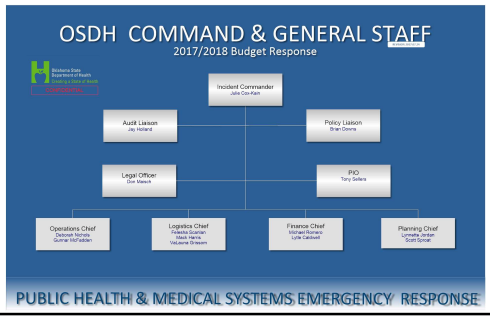
ACTION PLAN

- Incident Command Structure (ICS) has been implemented to manage agency response
- Immediate actions will be taken to reduce cost or increase available cash
- Longer term program reductions are likely as determined by ICS
- Formal request to Internal Audit to review accounting processes and internal controls
- Communication plan will be developed for staff
- Ongoing status reports will be available to the board via the Finance and Audit Committee

SFY 2018 Actions Completed/Exploring

- Healthy Oklahoma Incentive Grants (6/30/2018) - $3 Million
- Financial Management System - $1 Million
- Freeze GALT
- Reduce temporary positions (999)
- Motorpool reduction
- Identify programs for reduction
- Expedited billing processes
- Review policy changes – self pay, expanding lab billing

Incident Command Chart



POLICY PRIORITIES

2017 Legislative Recap

- Public Health Laboratory Bond Authorization (HB 2389)
- Administrative Rules Promulgated by BOH Approved
- Smoking Cessation and Prevention Act of 2017 (SB 845)

Smoking Cessation and Prevention Act Update

- Oral arguments were presented to the Oklahoma Supreme Court on Tuesday, August 8, 2017
- Potential impact of $214MM for SFY'18 budget (DHS, ODMHSAS, OHCA)
- If law is upheld, the $1.50 increase will become effective later this month
- If law is overturned, the legislature must close funding gap, most likely mechanism is Governor calling a special legislative session

2018 Legislative Priority

The Oklahoma State Board of Health supports increasing the price point of cigarettes by a $1.50 per pack in order to achieve the following:

- *Prevent 28,200 kids alive today from becoming adult smokers*
- *Reduce cigarette consumption by 26 million fewer packs in the first year*
- *Lead to 29,600 current adult smokers quitting in the first year*
- *Prevent 18,000 premature smoking-caused deaths*
- *Save $1.25 billion in long-term health care costs*

2018 Policy Discussion

- Immunization Strategy
- Good Samaritan Law
- Comprehensive Smoke Free
- State Question 788 – Medical Marijuana

2018 Policy Discussion

- Vital Records
  - Judicial Determination of Death
  - Issuance of Identity Document
- Community Health Worker Certification
- Confidential QI Reviews for Stroke/Heart Attack Cases
- Promulgation of Administrative Rules
  - Several chapter revisions will most likely come back before Board of Health prior to legislative deadline

Important Dates

1. OHIP Support for Policy Priorities – 8/17/2017
2. Oklahoma Turning Point Council Policy Day – 8/31/2017
3. Tri-Board Adoption of Budget/Policy Priorities – 10/3/2017
4. Final Date to Request Drafting of Measures – 12/8/2017
5. Final Date for Introduction of Bills and Joint Resolutions – 1/18/2018
6. Second Regular Session (56th Legislature) Convenes – 2/5/2018

Partnerships Are Paramount

Kelli D. Rader, MS, RN
Regional Administrative Director
Kay, Noble, Pawnee and Payne
County Health Departments

Community Partnerships

- Healthy community partnerships are essential
- Partnerships are true relationships
  - Great partnerships involve knowing one another, honesty, mutual respect, open dialogue, and common goals and objectives
- Do not pigeonhole a partnership
  - Communities must be open to traditional and non-traditional partnerships and methods

Community Partnership

- Communication
- Planning
- They are mutually dependent and beneficial
- They are intertwined from start to finish

Communication

Partnerships and Communication

- Relationship
- Honesty
- Open dialogue
- Unified voice
- Example - Responding to communicable disease situations in a public school
  - The multi-faceted role of the local County Health Department
  - Confidential investigation/follow-up
  - Communication with the State Epidemiologist, Acute Disease Division, school administration, staff, parents, and students
  - Media relationships and practices
  - Parallel communication

Planning

Partnerships and Planning

- Relationship
- Good communication
- Goals and objectives that benefit everyone
- Examples
  - Stillwater Public Library Health Literacy Project
  - Mass Fatality Planning
  - Responding to a large disease outbreak that would require mass vaccination or prophylaxis
  - Community Health Assessments and Community Health Improvement Plans

Questions?

OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

DISEASE UPDATE

Kristy K. Bradley, DVM, MPH
State Epidemiologist
Oklahoma State Dept of Health

Disease Detection and Control: Most Work is "Behind the Scenes"

- Total of 23 outbreaks in 2016 investigated by Acute Disease Service, including multi-state outbreaks
  - 13 enteric (foodborne, animal contact, unknown transmission)
  - 4 influenza or respiratory disease
  - 4 vaccine-preventable disease
  - 1 healthcare-associated
  - 1 botulism in federal prison system
- Ongoing mumps and syphilis outbreaks demanded greatest resources
  - National problems as well: 5,151 cases of mumps reported from 47 states during 2016 (AR and IA contributed 53% of case reports)
  - During 2014-2015, national rates of primary & secondary syphilis increased 19% to 7.5 cases/100,000 (highest rate since 1994)

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Multistate Outbreak of Shiga toxin-producing *Escherichia coli* (STEC) Infections Linked to Flour

- 63 people from 24 states infected with outbreak strain of STEC O121 or STEC 026 between December 21, 2015 - September 5, 2016.
- First time STEC has been definitively linked to flour – an unusual food vehicle for this bacteria.
- Oklahoma:
  - Investigated 3 cases associated with outbreak
  - Obtained flour from a case and isolated STEC O121 from flour
  - Collaborated with Dept. of Agriculture, OSDH PHL, and OCCHD
  - Oklahoma investigation led to expanded product recall preventing additional illnesses
  - Co-author of manuscript accepted for publication in New England Journal of Medicine describing outbreak and findings
  - https://www.cdc.gov/ecoli/2016/o121-06-16/index.html

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Mycobacterium chelonae Skin Infections linked to Tattoo Studio Artist

- Acute Disease Service received multiple reports of individuals with skin infections after receiving a tattoo
  - Investigation identified 8 persons with a tattoo-related skin infection; all received from same artist, Oct – Dec 2016
  - *Mycobacterium chelonae* isolated from wound specimens collected from two persons
- All 8 cases had tattoos that included a grey wash method using commercial black ink diluted on-site by the tattoo artist
  - Investigation indicated tattoo artist likely diluted the black ink using tap water instead of sterile water; a known risk factor for tattoo-associated *M. chelonae* skin infections
- This outbreak further contributed to the evidence regarding risk of non-tuberculosis *Mycobacterium* skin infections with improper tattoo practices.

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Pontiac Fever/Legionella outbreak linked to hotel pool and spa

- 33 persons with respiratory illness after a child's birthday party hosted at a hotel pool/spa in northeast Oklahoma, March – April 2017
  - All reported recreating around the indoor pool/spa area of the affected hotel
  - *Legionella* identified in swab of spa jet pump tested by the OSDH Public Health Laboratory
- Environmental assessment identified several violations; health officials worked with facility staff on corrective actions to resume operation
- Highlights importance of prompt epidemiologic and environmental investigation to identify common exposure and recommend appropriate remediation steps to stop disease transmission

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Keeping abreast of emerging threats…

- May 8, 2017 – urgent notification by CDC of confirmed isolate of *Candida auris* obtained from patient hospitalized in Oklahoma
- *C. auris* considered a serious global health threat
  - Emerging simultaneously on multiple continents
  - Fungus that behaves like a bacteria; spreads patient-to-patient and persists weeks in environment
  - Resistant to many commonly used hospital disinfectants
  - Isolates are resistant to at least one class of antifungal drugs
- May 15-17 – 3-member CDC site team visit, training, and expanded surveillance
  - Outstanding collaboration and communication
  - Patient point-prevalence survey and environmental swabbing did not indicate any further spread of *C. auris* in facility

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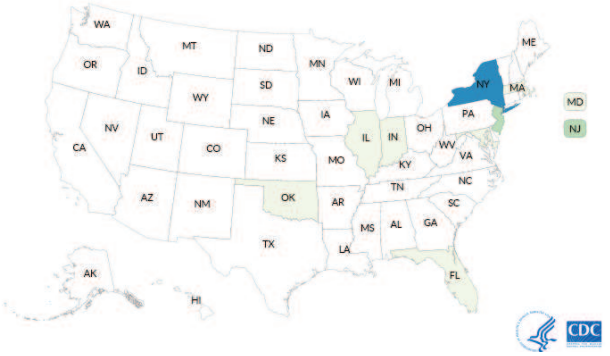
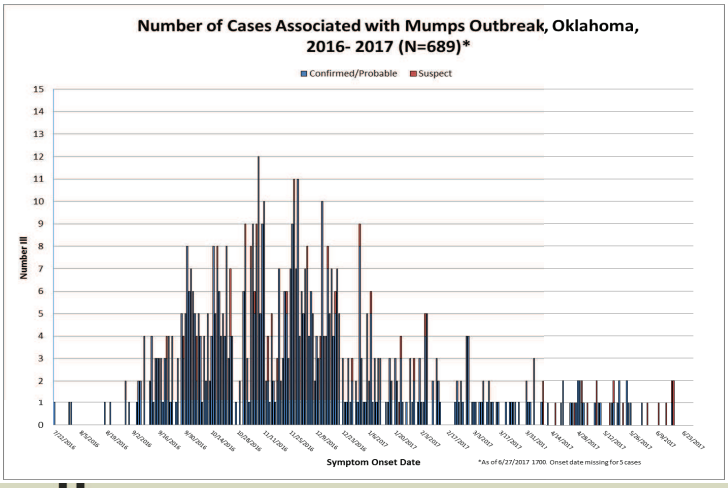
Candida auris cases in the United States

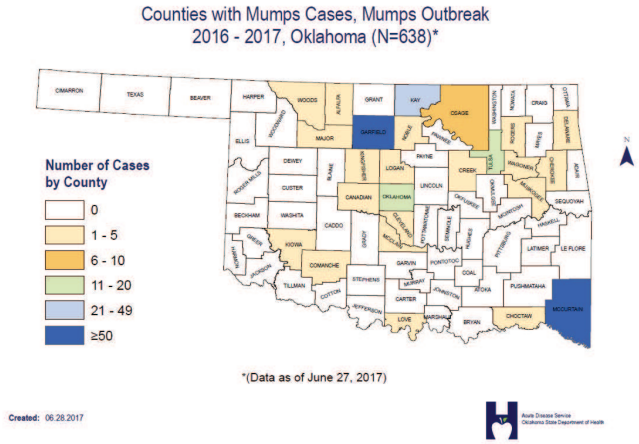
Data as of June 16, 2017; total case count = 86



2016-2017 Mumps Outbreak - Oklahoma

- Between July 1, 2016 and June 27, 2017, **638 cases** of mumps classified as probable/confirmed
- Previous mumps incidence (2000 – 2015): avg of 3 cases/yr, range: 0-11 cases
  - **25 Counties**
    - Counties experiencing the highest number of cases included Garfield (n=418, 66%), McCurtain (n=124, 19%), and Kay (n=31, 5%)
  - **118 businesses and schools have been affected** by the outbreak, including 3 Universities
  - 152 cases have been reported since January 1, 2017





Features of State's Mumps Outbreak

- **Case Demographics:**
  - Median Age: 17.5 years (range 5 months – 76 years)
    - Age categories most affected by the outbreak were those aged 20-45 years (38%, n=243) and those 10-19 years (37%, n=237)
  - Sex
    - Females: 53% (n=338)
      - 13 (4%) were currently pregnant at time of mumps illness
    - Males: 47% (n=299)
  - Race/Ethnicity
    - Native Hawaiian/Pacific Islander population was most affected by the mumps outbreak (62%,n=398), followed by those reporting their race as White (23%, n=145)
  - 5 individuals were hospitalized overnight due to mumps, no deaths

Immunization Profile of Outbreak-associated Cases

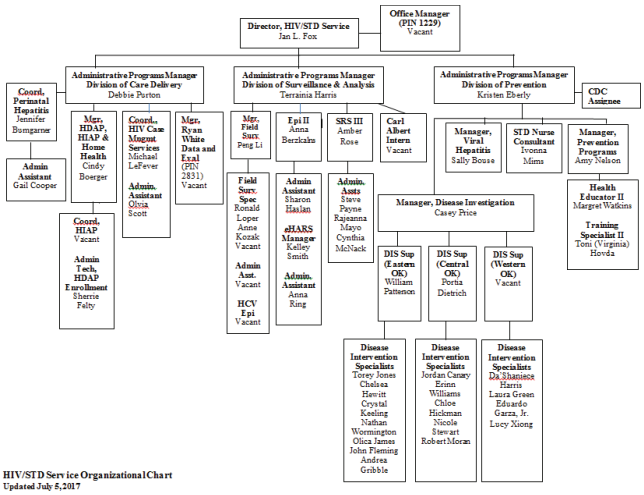
- **MMR Vaccination History**
  - 379 (59%) are age-appropriately vaccinated with a mumps containing vaccine according to the ACIP recommendations
    - 339 (89%) of those age-appropriately vaccinated had ≥2 doses
  - 4 (<1%) were underage for mumps-containing vaccination
  - 20 (5%) reported never receiving a mumps-containing vaccine
  - 224 (35%) had unknown mumps vaccination status (unable to verify vaccination history)
    - 122 (54%) of those were Native Hawaiian/Pacific Islander

2016- 2017 Oklahoma City Syphilis Outbreak

- Defining outbreak cases since Sept 1, 2016
- 145 cases as of 6/12/2017
  - Approx. 50% of cases identified during infectious stages; 90% within first year of infection
  - Heterosexual population; 52% of cases are female (14 pregnant)
  - 74% of cases are white, 17% black, 8% American Indian
  - >75% self report injection drug use; other risk factors are exchange of sex for drugs or money, or multiple sex partners
- 456 identified sexual contacts to cases
  - 23% still open for investigation, 22% preventatively treated, 19% tested negative, 11% infected & treated, 10% insufficient information to investigate or locate, 3% out-of-state

Outbreak Response Activities

- Collaboration with OCCHD, OKC Community-based Organizations, Variety Care, Mary Mahoney, and others to enhance testing and treatment
- Ensure access to Bicillin L-A® to meet needs
  - currently in short supply nationally; only single dose injectable treatment drug and only recommended treatment for pregnant women
  - Average of 250-300 doses given/week
- Outreach and training to jails, juvenile detention center, other county health departments
- Conducted two "DIS blitz" events to increase interviews and testing of contacts
  - 4/18/17 – 4/20/17 (18 DIS staff)
  - 6/13/17 – 6/14/17 (10 DIS staff)



Disease Intervention Specialists "DIS"

Casey Price
Manager, Disease Intervention Services
HIV/STD Service
Oklahoma State Department of Health

Who are we and what do we do?

OBJECTIVE:

To Intervene in the spread of HIV/STDs

We do this by:

- Interviewing clients newly identified with HIV and syphilis
- Locating those who may have been exposed and provide testing and/or treatment
- Providing linkage to care

Investigators

Counselors

Phlebotomist

Experts

Taxi Drivers

Reportable Diseases

To Begin

- Provider reports positive test results to OSDH
- Surveillance determines if it is a newly identified infection
- Initiated field follow-up for disease intervention services

Receiving a New Investigation

Pre-Interview Analysis

- Record Search
  - Previous Tests/Treatment
  - Personal Information
  - Social Information
    (hangouts, friends, roommates, criminal history, etc.)
- Contact the Provider
  - Patient aware of status?
  - Treatment
  - Signs/Symptoms
  - Risk
  - Locating/Social Information

Contacting the Infected Client

- Confidentiality must be maintained
- Set an appointment to meet with the client
  - Call – Can discuss syphilis over the phone but not HIV
  - Field visits
- Not that easy!
  - Go to the client's home, work, friend's house, hangouts, etc.....numerous times!
  - Client priorities
  - Misunderstanding of what we want
  - At the mercy of the client

Meeting the Infected Client

- Build trust
- Non-judgmental
- Address concerns
- Explain the disease
- Ensure treatment or linkage to care
- Offer additional testing (& Hep C to IVDU)
- Risk reduction counseling
- Make referrals

Additional Considerations:

- Sensitive information
- Client fears and other feelings
- Cooperation
- DIS/Client differences

Eliciting Partners from the Infected Client

Our opportunity to intervene in the spread of disease

- Persuade the client to disclose sexual partners and/or needle sharing partners' information
- Convince the client we will not disclose their information with others

Finding a Contact

- DIS are investigators
- Original patient (OP) may not have good locating information on a partner
- OP may not tell us all partners (especially a spouse)
- OP may have anonymous partners – only know the place they met and possibly a description
- Perform record searches, make phone calls, field visits, talk to others
- Conduct field investigations

Meeting with the Contact

- Meet in a confidential setting (clinic, home, car, etc.)
- Maintain original patient's confidentiality
- Explain they "may have" been exposed to the disease
- Provide a test. DIS are trained in phlebotomy and have rapid HIV and HCV tests
- Cluster interview the contact
- Setup treatment if needed
- Risk Reduction counseling

Additional Considerations:
- Do not know who we are
- Can only discuss HIV in person
- More concerned with finding out "who it was"
- Fear/Anger
- "No way, only been with on partner"

"Who told you?"

"Wasn't me!"

"Man or woman?"

"When was it?"

"They're lying!"

"I've only had sex with one person!"

"I have no reason To meet with you!"

"THANK YOU!"

THE GOAL

The desired achievement of a DIS is to get all partners tested and treated before they become infected/infectious!

- Locate all partners
- Inform all partners
- Test all partners

BUT.....

When an infected person is identified through Partner Services, the circle begins again.....and again....

2016 DIS Workload

Partner Services Eligible Cases: 1,070

Partners Initiated: 1,865

New Cases Identified through Partner Services: 142

Partners Preventatively Treated for Syphilis: 256

A look at What We Do

Bartlesville Syphilis Outbreak, 2006-2007

- 33 Cases
- Sex:
  - Males: 13
  - Females: 20
- Age:
  - Males: 19-65, median: 39
  - Females: 0-60, median : 33
- Risk:
  - Sex For Drugs/Money: 76%
    - Males: 10
    - Females: 15

Legend

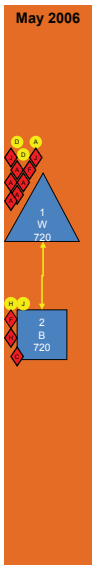
- Partner
- Cluster
- Male
- Female

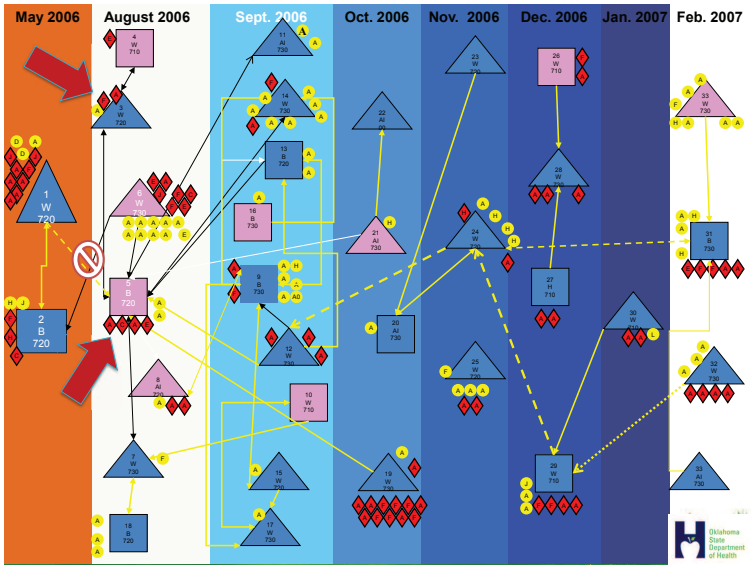
Named in Original Interview

Named in Re-interview

Named as Cluster (white)

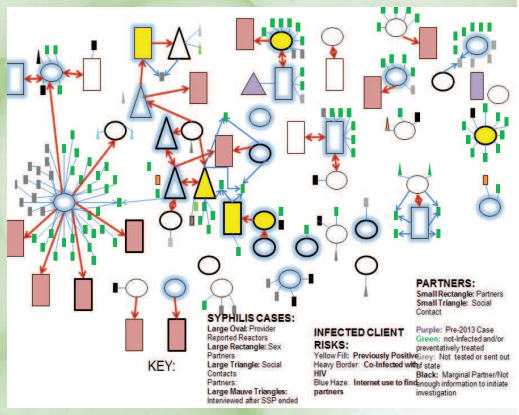
A – Preventative Treatment
B – Refused Preventative Treatment
C – Infected, Brought to Treatment
D – Infected, Not Treated
E – Previously Treated for this Infection
F – Not Infected
G – Insufficient Information to Begin Investigation
H – Unable to Locate
J – Located, Refused Examination
K – Out of Jurisdiction



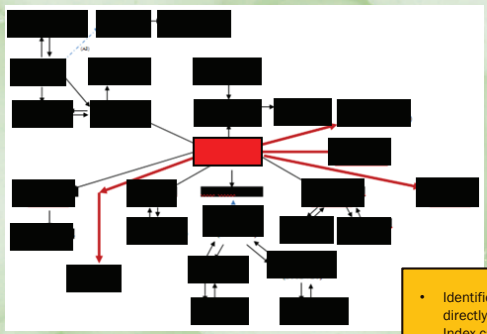


Syphilis Special Project

- Investigated **43** cases
- Initiated **186** Partners
- Preventatively treated **52** Partners
- Identified **21** new cases



Key case in SSP



- Identified **10** cases directly connected to Index case
- Connected **27** cases (including cases not included in SSP because of dates)

Indiana HIV Outbreak 2015

- 2004-2013: 5 HIV infections reported
- December 2014: 3 new HIV diagnoses in Austin
- April 2015: Governor of Indiana declared a State of Emergency (79 cases)
- May 10, 2016: Oklahoma deployed 6 DIS to Indiana to assist with outbreak response efforts (149 cases)
- As of February 2016: Total of 189 HIV diagnoses linked to Austin

https://www.youtube.com/edit?o=U&video_id=ZH8SQ7ZfeyM

THANK YOU

ATTACHMENT G

Retreat Breakout Comments

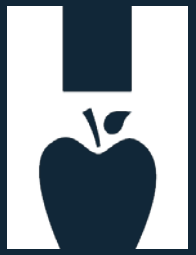
1. Breakout
   - More conversations about Public Health
   - Public Health Associations struggling with what do we really do and what should we really be doing in Oklahoma?
   - Example: Success with Public Health Lab through tours etc.
   - How do we do that? Look at Avedis/ValleyView Foundations and other organizations to tell our story.
   - Connecting with Social Media and packaging the right way.
     - Need to clarify our messages – respond quickly to messages incorrect or wrong appropriately
     - Basic Messaging: Wear helmet, get immunized
     - Information should be current and good and snippets of Health from Commissioner or SL on twitter.
     - Make sure OSDH staff is educated on twitter information. Involving our Board members. Best publicity and advocacy because you cover our whole story. Provide info to Board and board provides that back to community. Utilize partners. Analysis around physical education requirements in school districts across the state. What is the evidence of having more physical education in schools.
2. Breakout
   - 5 areas of recommendations are tactical and actionable are policy driven
     - 100% smoke free Oklahoma environment/including bars; removal of preemption and continued efforts
     - Mandatory sexual education in schools
     - Raising minimum age to buy cigarettes
     - Advocating for needle exchange
     - Analysis on physical education requirements in school districts around state – is it being followed and what is the evidence of higher penetration of Phys Ed during school day and can that be standardized?

3. Breakout
   - Work on actively public health messaging for all generations to make osdh more visible statewide (social media, free formats, twitter, etc.)
   - Varying the message and giving it life through social media – change delivery of message
   - New financial reporting tool from OSDH – ready in October

4. Breakout
   - Social Media – Be more nimble in response; empower osdh staff to respond to some of the incorrect messages out there but may require some risks
   - Health in All Policies – let's see if we can influence including existing law, for example needle laws. HiAP looking backwards.

STATE OF THE STATE'S HEALTH

State Trends, Progress and Challenges



Terry Cline, Ph.D.

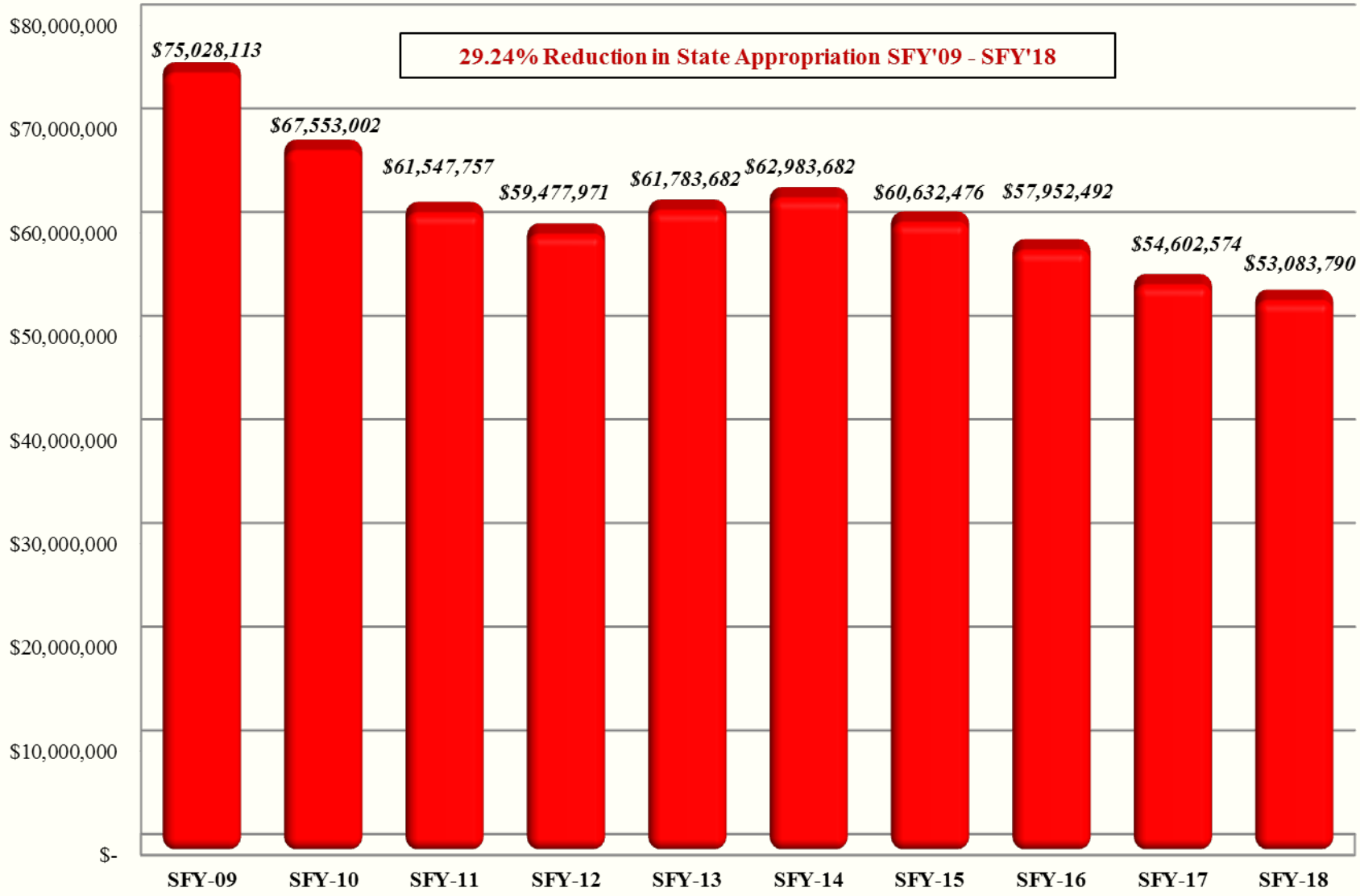
Commissioner of Health

Oklahoma Secretary of Health and Human Services

October 3, 2017

BUDGET

OSDH APPROPRIATIONS HISTORY
SFY 09 – SFY 18

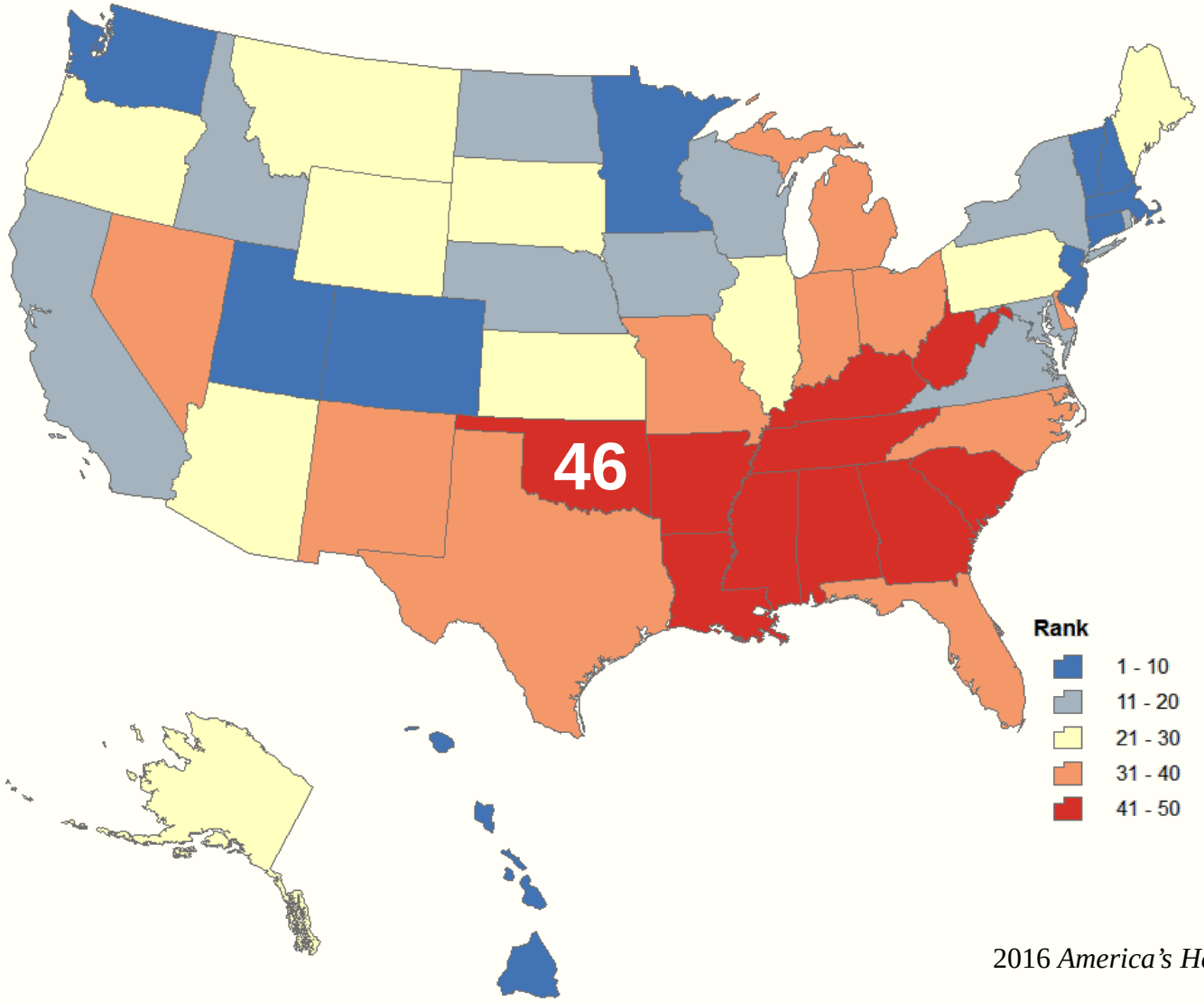


REDUCTIONS / ELIMINATIONS
SFY 09 – SFY 18

OSDH INFRASTRASTRUCTURE (CHD CLOSURE, VOBO, FTE) *(REDUCTION)*	$ 6.4 M
FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) UNCOMPENSATED CARE *(REDUCTION)*	$ 1.9 M
ELIMINATION OF FQHC START UP FUNDING	$ 700,000
COLORECTAL CANCER SCREENING *(REDUCTION)*	$ 500,000
HEALTHY HOMES *(REDUCTION)*	$ 187,000
OKLAHOMA CHILD ABUSE PREVENTION PROGRAM (OCAP) *(REDUCTION)*	$ 912,000
CHILD GUIDANCE PROGAM *(REDUCTION)*	$ 548,000
DENTAL SERVICES *(REDUCTION)*	$ 220,000
JAIL INSPECTIONS *(REDUCTION)*	$ 150,000
NEWBORN HEARING / SCREENING *(REDUCTION)*	$ 150, 000
CORD BLOOK BANK *(ELIMINATION)*	$ 500,000
RYAN WHITE MAINTENANCE OF EFFORT *(REDUCTION)*	$ 786,000
CANCER PROGRAMS *(REDUCTION)*	$ 860,000
ELIMINATION OF CONTRACTS	$ 7.7 M
STRATEGIC PLANNING STEP-UP SOFTWARE *(REDUCTION)*	$ 220,000

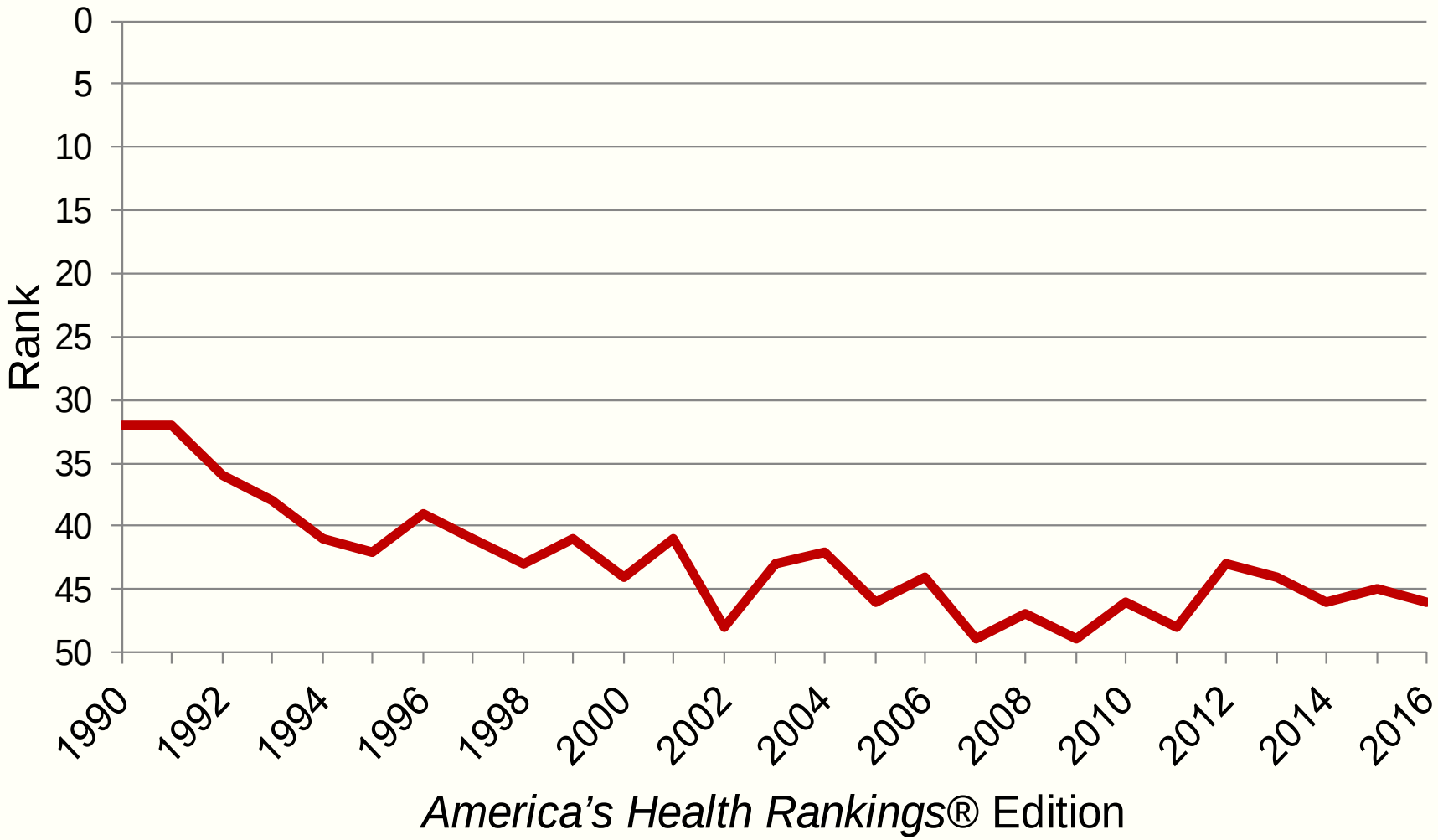
OVERALL

2016 AMERICA'S HEALTH RANKINGS®



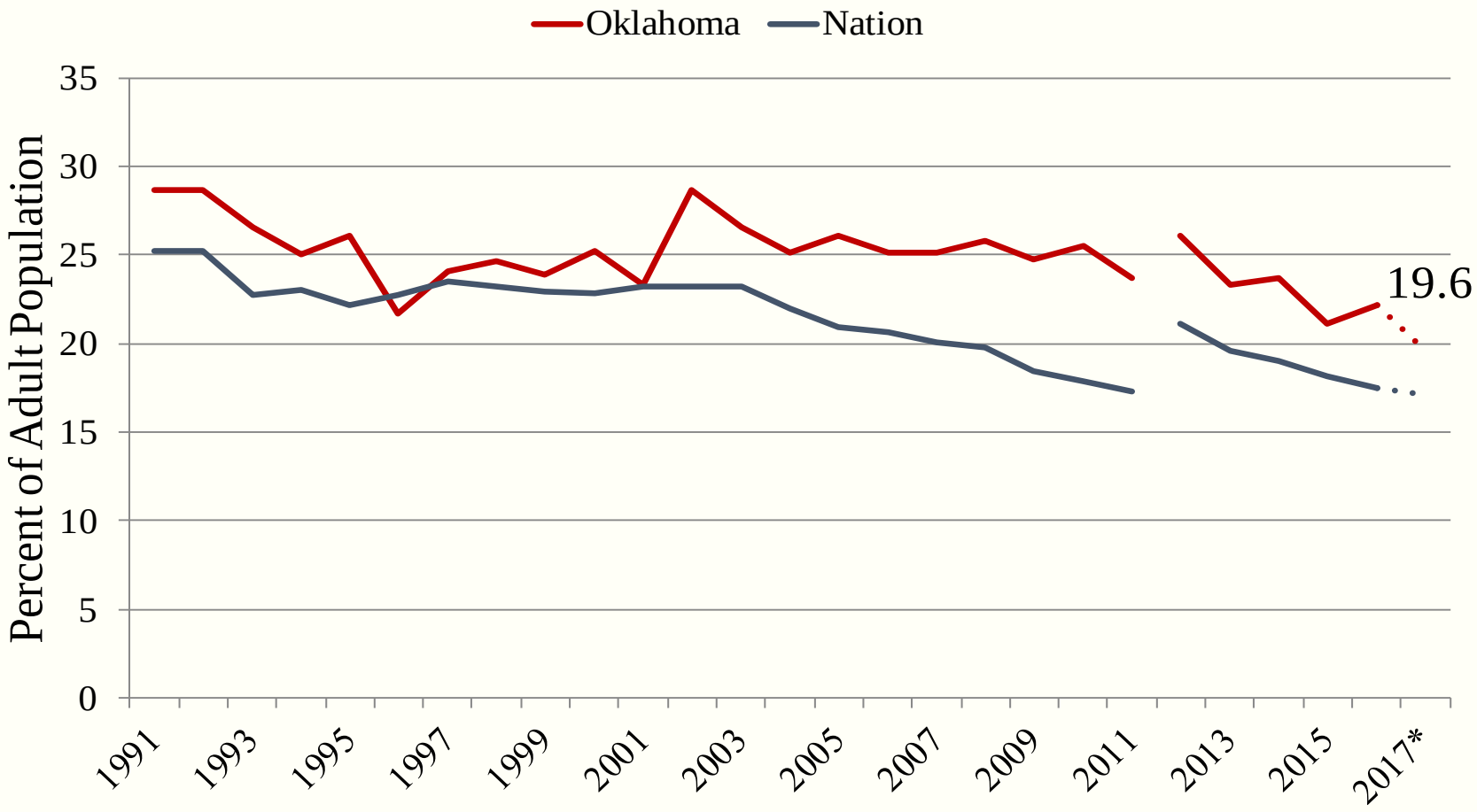
2016 *America's Health Rankings®*

OKLAHOMA'S OVERALL RANKINGS



TOBACCO USE

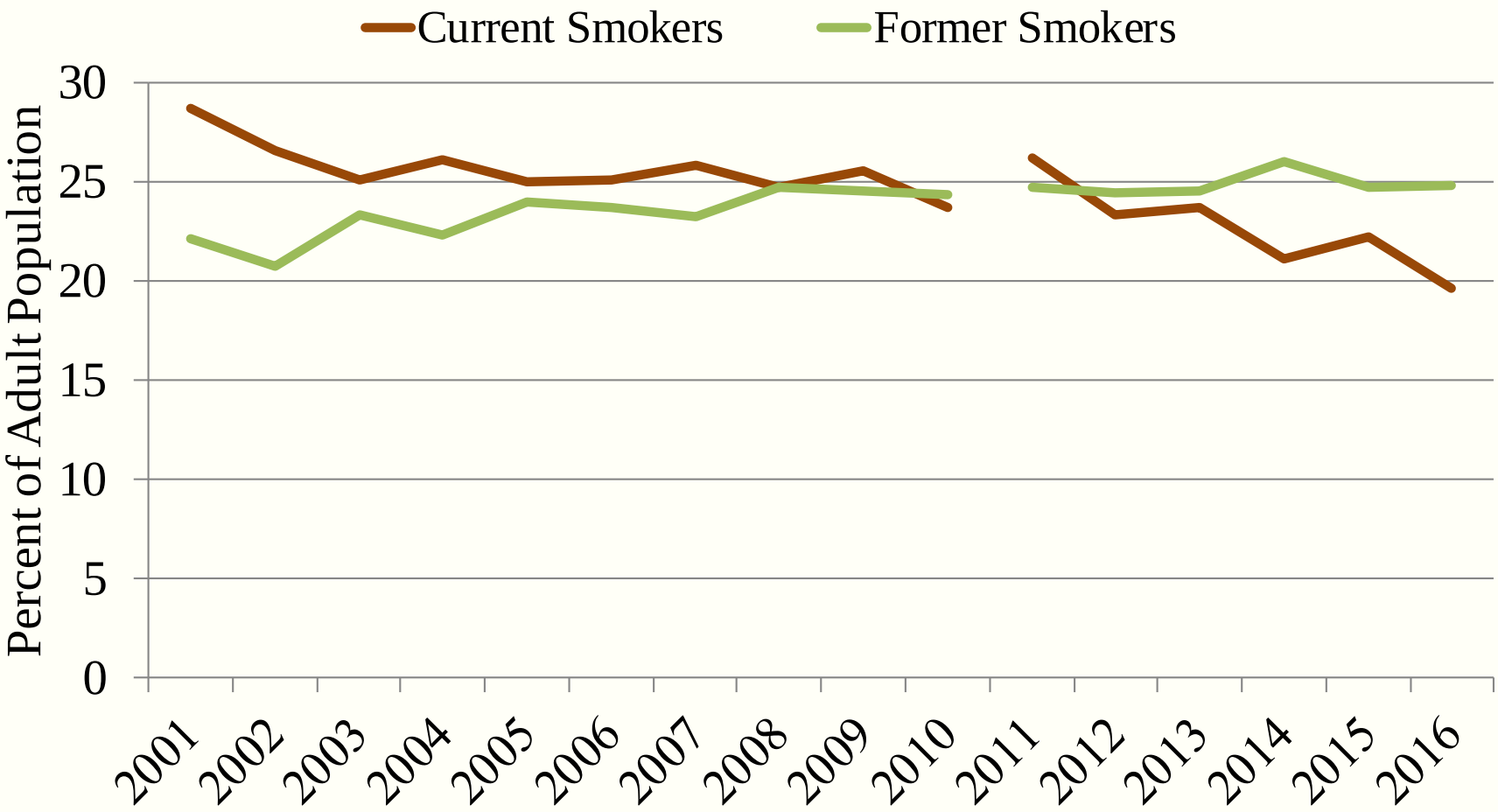
SMOKING MEASURE
AMERICA'S HEALTH RANKINGS



2016 America's Health Rankings® Edition

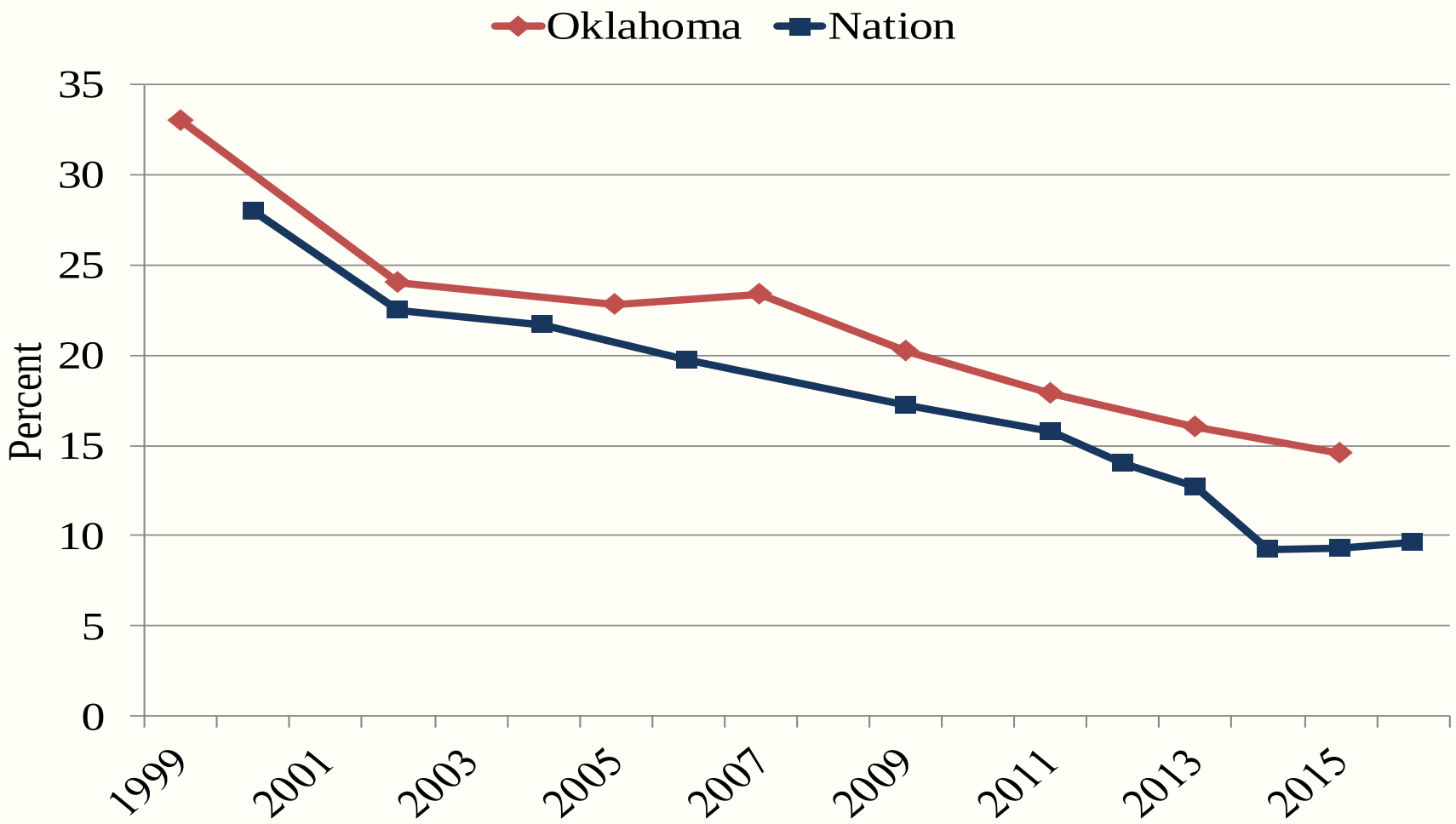
** 2017 Edition Projected Estimate*

OKLAHOMA ADULT SMOKING STATUS CURRENT & FORMER SMOKERS, 2001-2016



Oklahoma Behavioral Risk Factor Surveillance System

CURRENT CIGARETTE SMOKING AMONG HIGH SCHOOL STUDENTS, 1999-2016

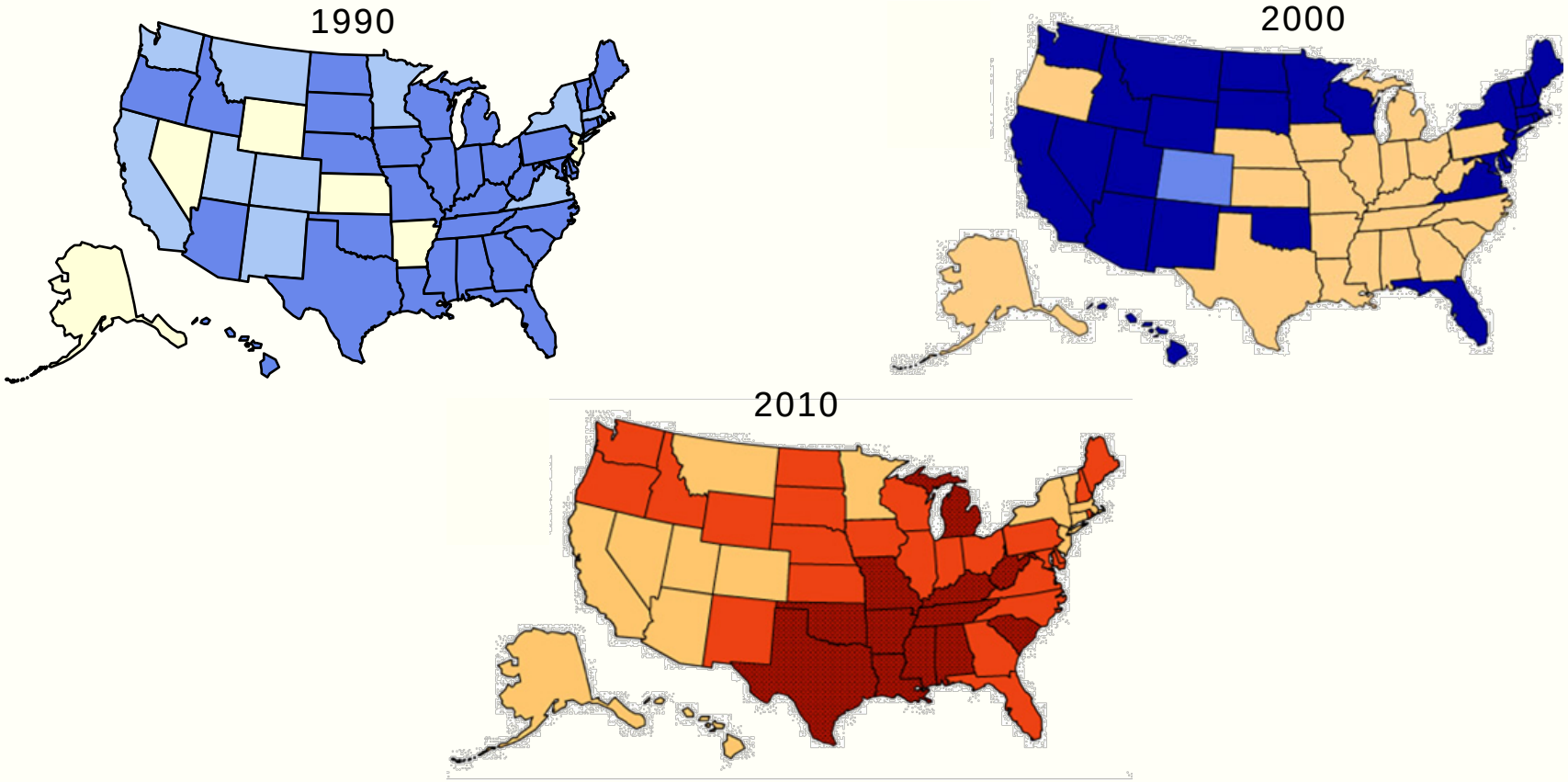


Oklahoma Youth Tobacco Survey - 1999, 2002, 2005, 2007, 2009, 2011, 2013, 2015

OBESITY

OBESITY TRENDS* AMONG U.S. ADULTS
BRFSS, 1990, 2000, 2010

(*BMI ≥30, or about 30 lbs. overweight for 5'4" person)



SOURCE: Centers for Disease Control and Prevention

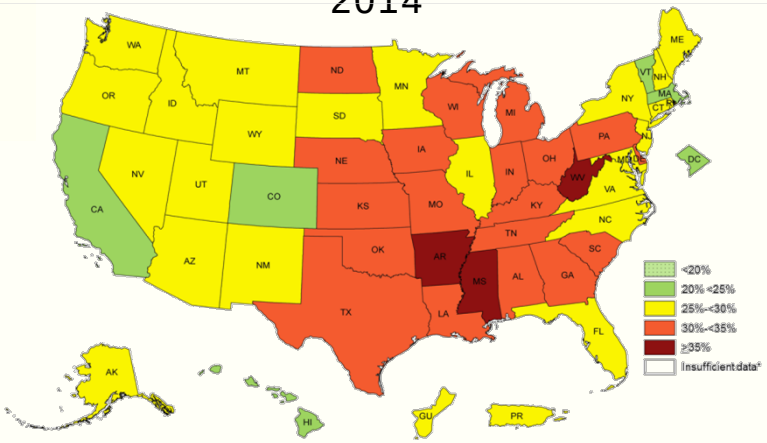
No Data | <10% | 10%–14% | 15%–19% | 20%–24% | 25%–29% | ≥30%

OBESITY TRENDS* AMONG U.S. ADULTS BRFSS, 2012, 2014, 2016

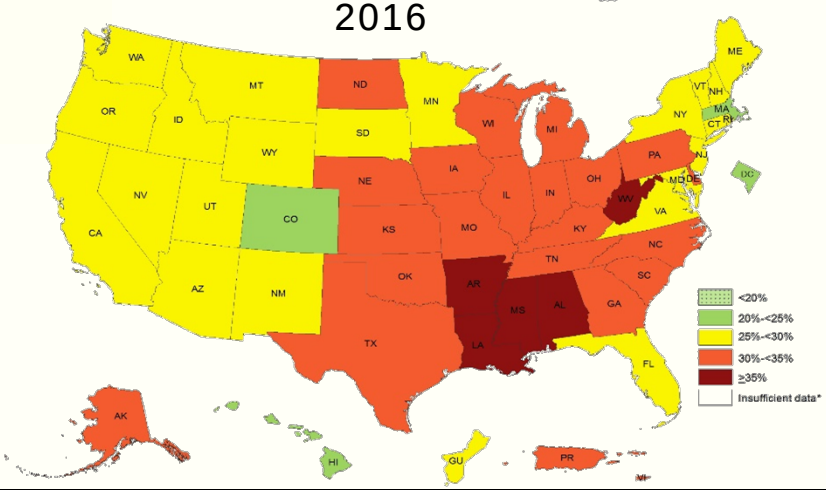
(*BMI ≥30, or about 30 lbs. overweight for 5'4" person)

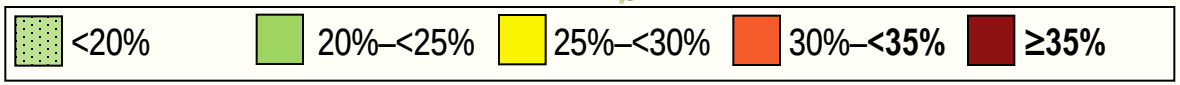
2012

2014



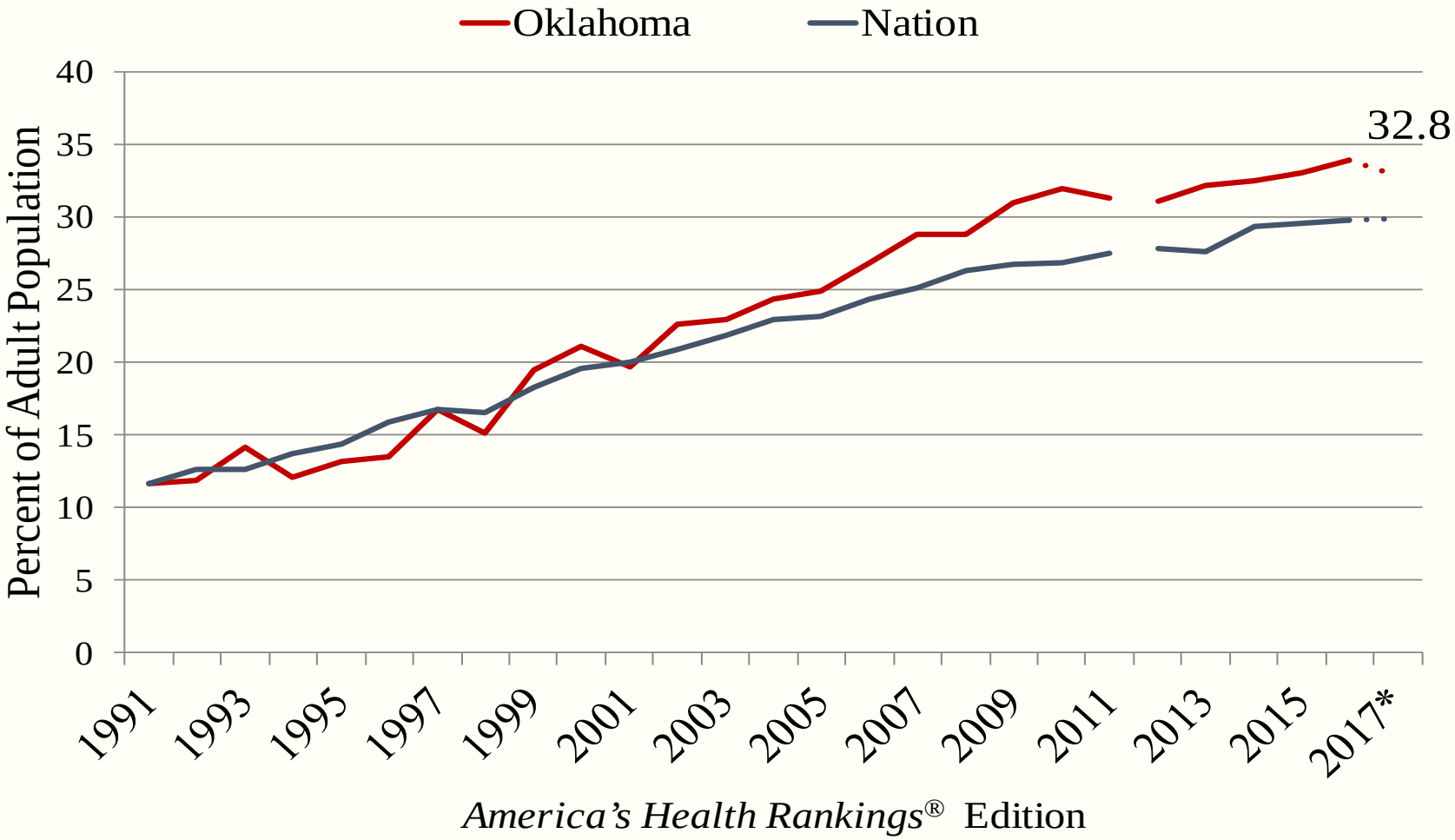
2016





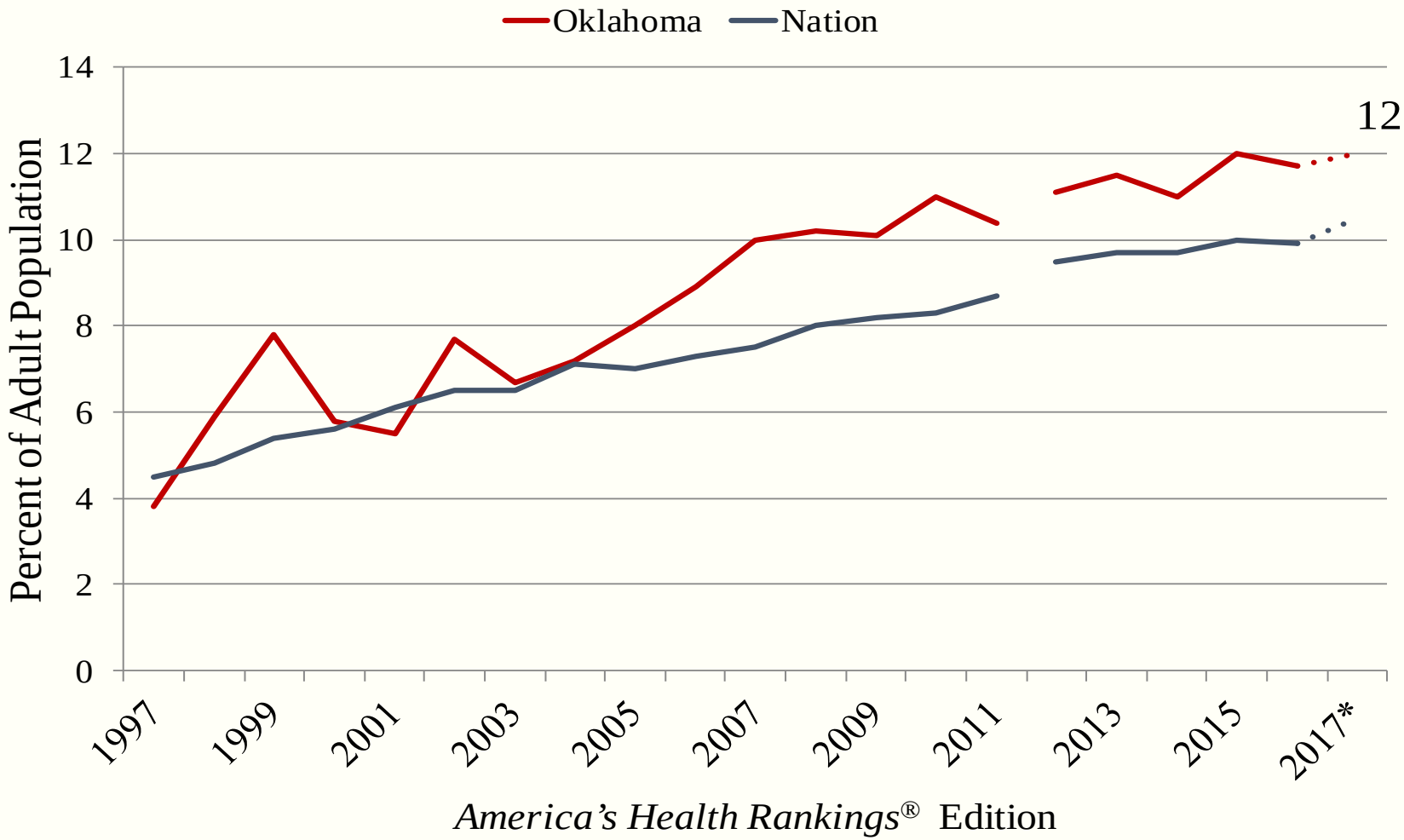
SOURCE: Centers for Disease Control and Prevention

OBESITY MEASURE
AMERICA'S HEALTH RANKINGS®



** 2017 Edition Projected Estimate*

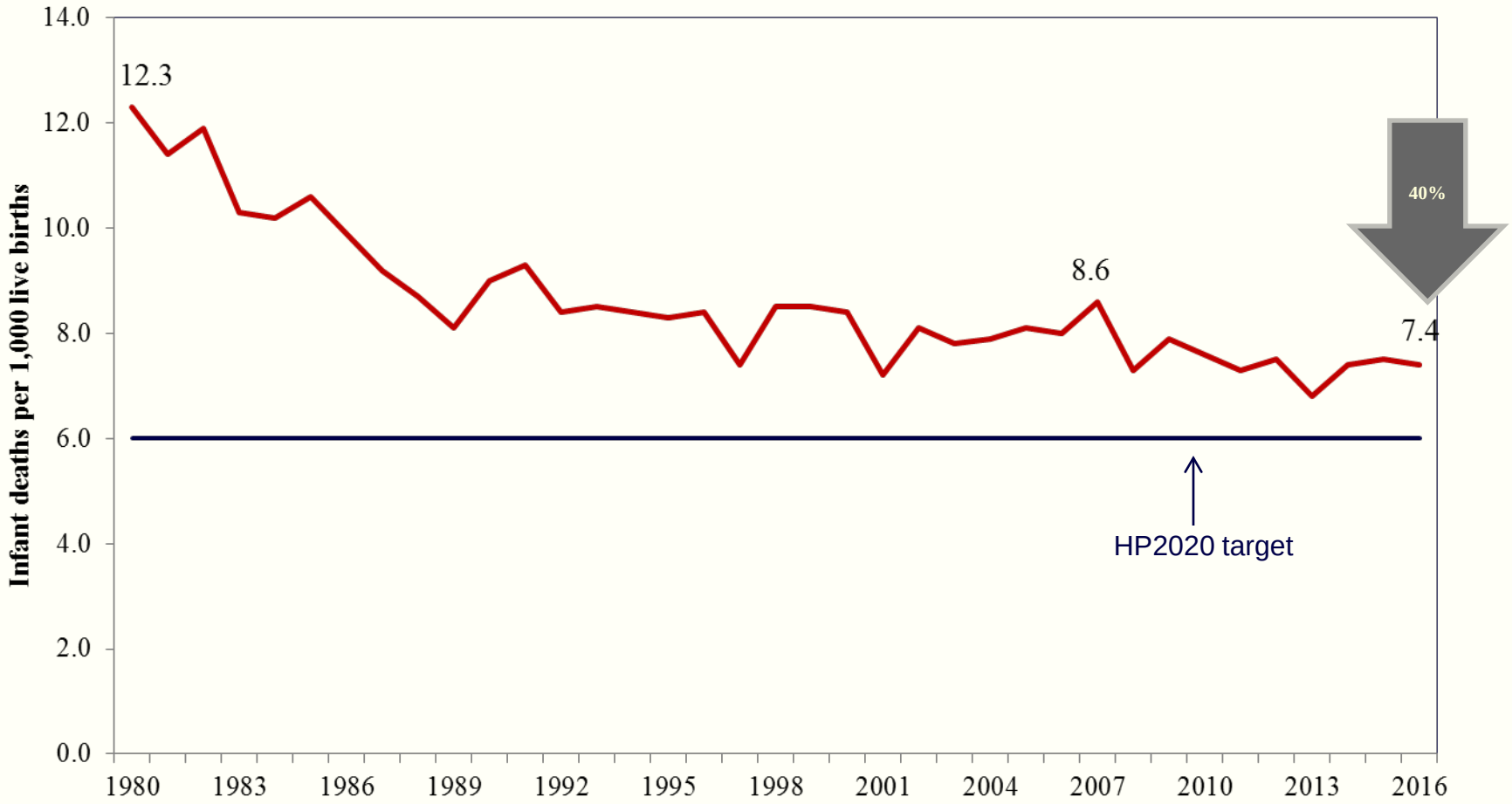
DIABETES PREVALENCE
AMERICA'S HEALTH RANKINGS®



* *2017 Edition Projected Estimate*

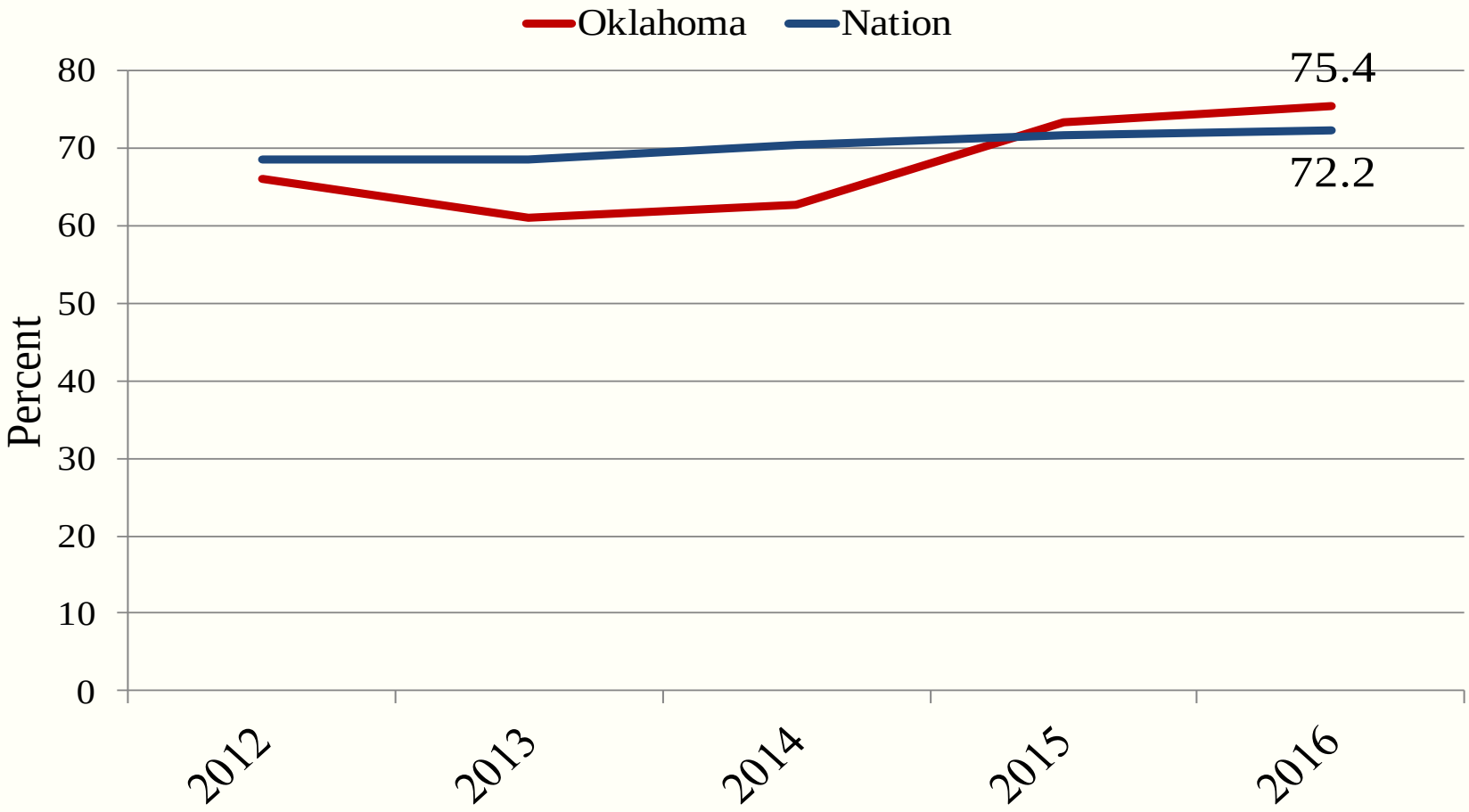
CHILDREN’S HEALTH

INFANT MORTALITY RATE: OKLAHOMA, 1980-2016



Source: OSDH, Center for Health Statistics, Health Care Information, OK2SHARE

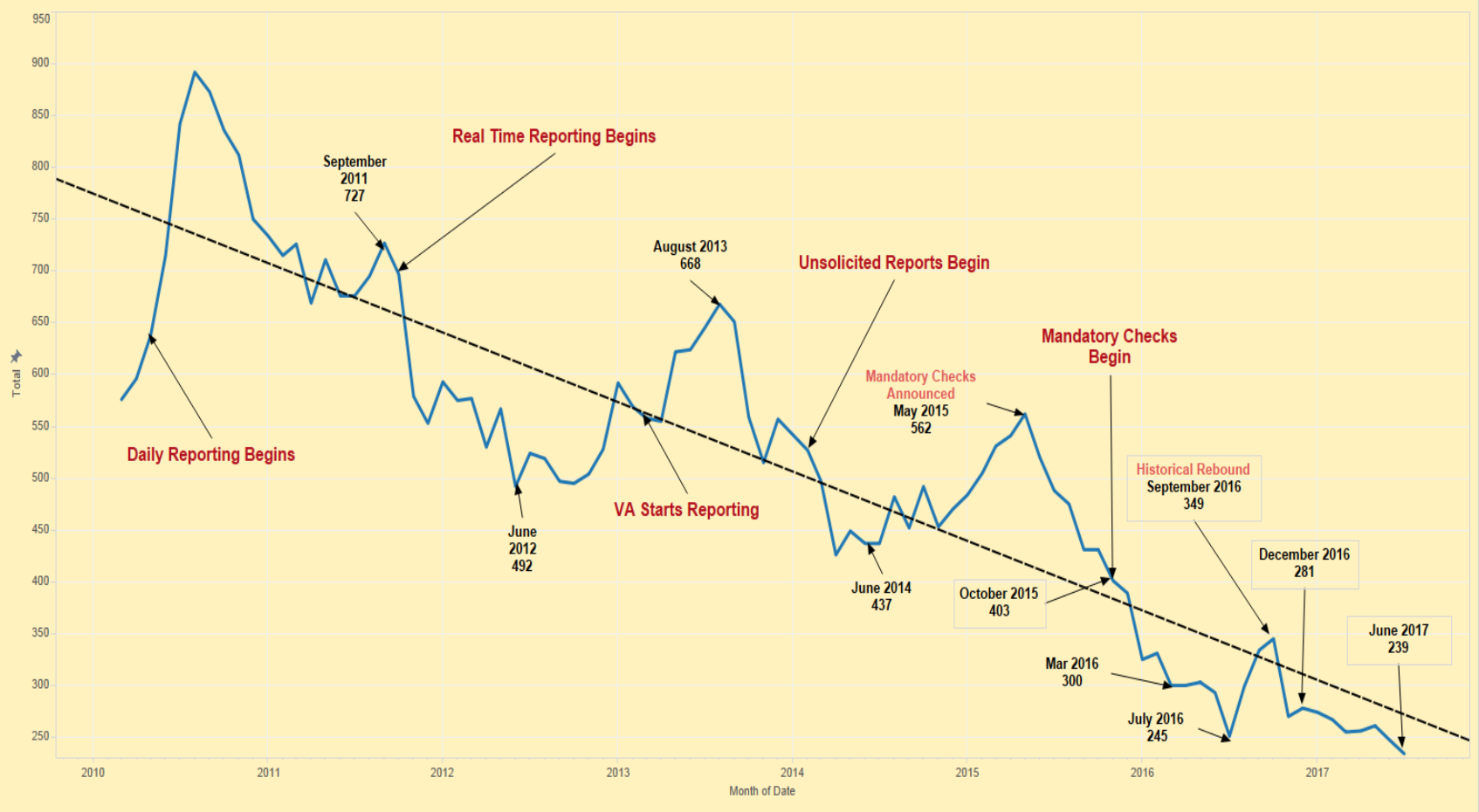
IMMUNIZATION CHILDREN 19-35 MONTHS 2016 AMERICA'S HEALTH RANKINGS®



SOURCE: NIS - National Immunization Survey

BEHAVIORAL HEALTH

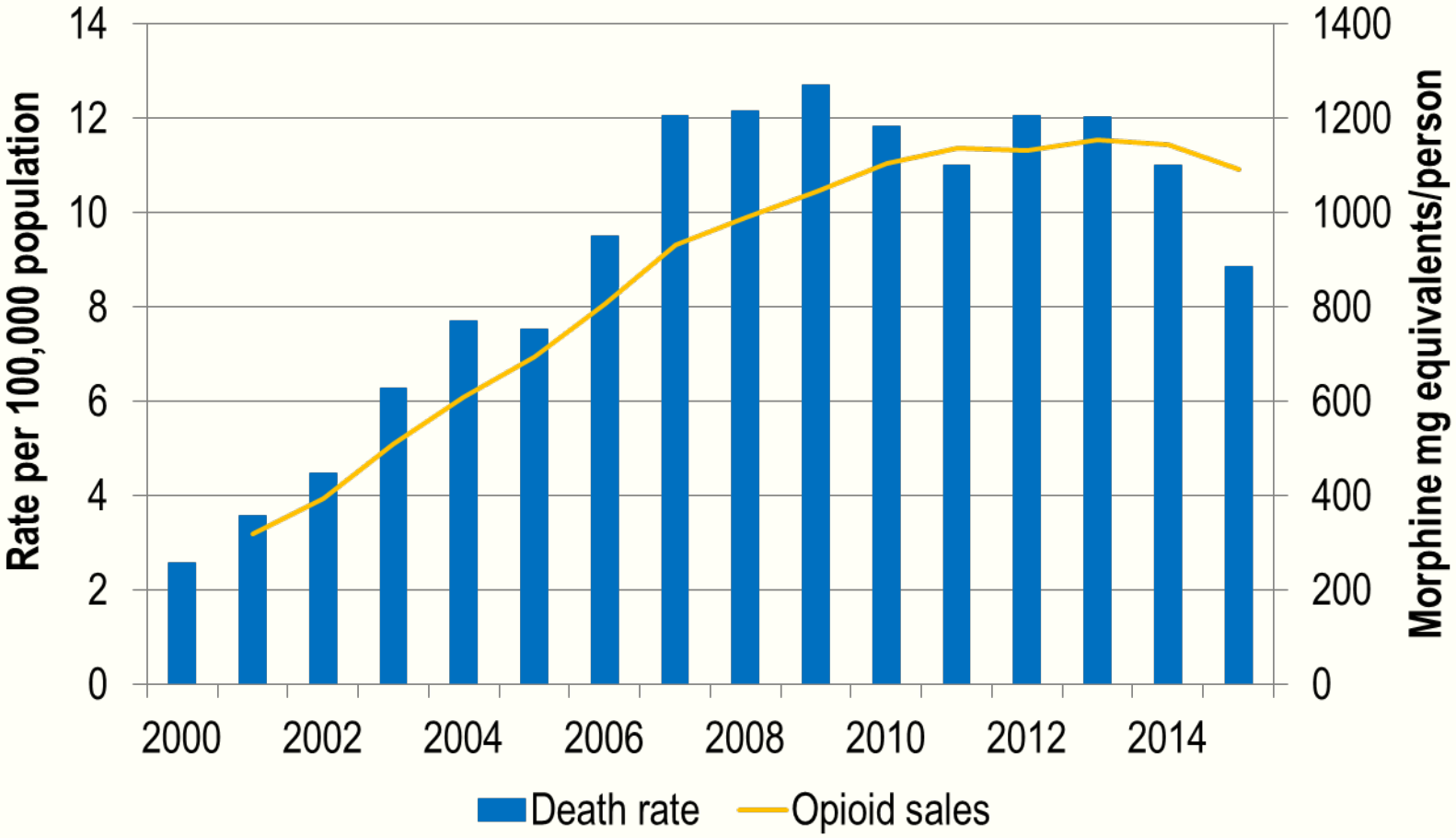
DOCTOR SHOPPING IN OKLAHOMA 2010-2017



Caption

Doctor shopping is trending down. Uses National standard (5 Doctors and 5 Pharmacies in 90 Days)

UNINTENTIONAL OPIOID-RELATED OVERDOSE DEATH RATES1 AND OPIOID SALES PER PERSON2, OKLAHOMA, 2000-2015



LIFE EXPECTANCY IN OK VS. US

	Total	Male	Female
US[1]	78.8	76.3	81.2
OK[2]	75.8	73.3	78.4

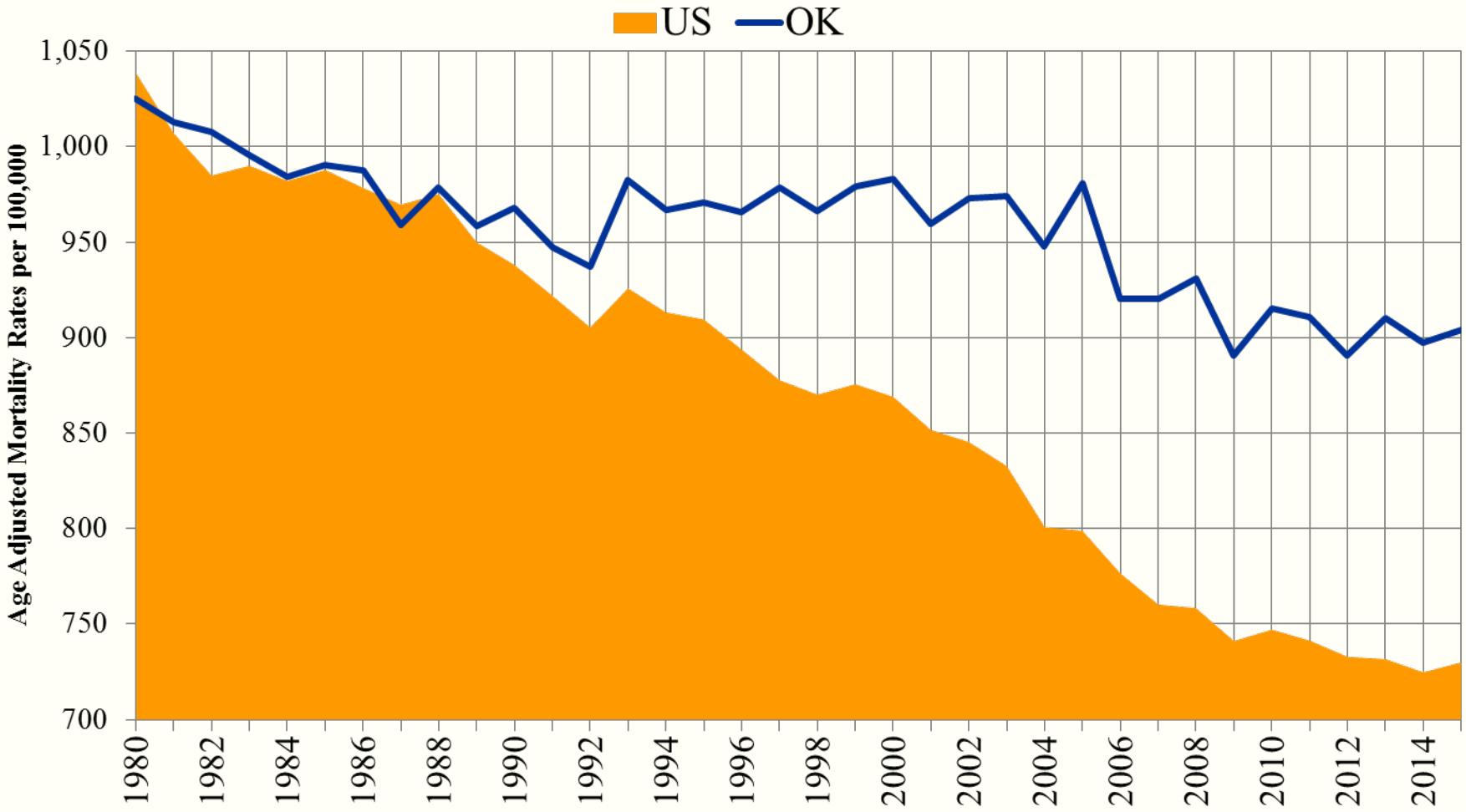
1. CDC, National Vital Statistics Reports: Deaths: Final Data for 2015
2. Oklahoma: OSDH, Health Care Information 2015 Life Expectancy Estimates.

CHANGE IN LIFE EXPECTANCY OK VS. US (1990-2015)

	Total	Male	Female
U.S.	+3.4 yrs	+4.6 yrs	+2.4 yrs
OK	+0.7 yrs	+1.7 yrs	-0.1 yrs

1. CDC, National Vital Statistics Reports: Deaths: Final Data for 2015.
2. Oklahoma: OSDH, Health Care Information 2015 Life Expectancy Estimates.

TOTAL MORTALITY RATES
US & OK, 1980-2015



CDC, NCHS WONDER, OSDH OK2SHARE

QUESTIONS

OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT
Terry Cline, Ph.D., Commissioner
October 3, 2017

PUBLIC RELATIONS/COMMUNICATIONS

Oklahoma Early Childhood Coalition Breakfast /Business Summit
Potts Family Foundation Special Reception
Association of American Indian Physicians – speaker
OU Life Long Learning Initiative (OU-Outreach) – speaker
Public Health Grand Rounds, John Auerbach, CEO, Trust for America's Health
Junior League of Oklahoma City Advisory Council Reception
Greater OKC Chamber Chairman's Breakfast Program
Laura Ungar, USA TODAY - interview
OU College of Public Health Scholarship Recognition Luncheon
Greater OKC Chamber Annual State of the Schools Luncheon
Rural Health Roundtable in Weatherford, OK
Blue Zones Project-Pottawatomie County Kickoff Event
Annual Oklahoma Turning Point & Policy Day Conference – speaker
Oklahoma Health Center Breakfast
Megan Wingerter, The Oklahoman - interview
Opioid Town Hall with ASTHO and Harvard Chan School - speaker

STATE/FEDERAL AGENCIES/OFFICIAL

CMS Innovation Center Behavioral Health Payment & Care Delivery Innovation Summit – speaker
Preston Doerflinger, Secretary of Finance, Administration, and Information Technology
Denise Northrup, Chief Operations Officer, Office of Management and Enterprise Services
Bo Reese, Chief Information Officer, Office of Management and Enterprise Services
Governor's Cabinet Meeting held at 36 Degrees North in Tulsa
Oklahoma State Board of Medical Licensure and Supervision Board Meeting
Governor Mary Fallin
Katie Altshuler, Policy Director, Governor's Office
Dr. Jose Montero, Director, Office for State, Tribal, Local and Territorial Support and Deputy Director, Centers for Disease Control and Prevention
Joy Hofmeister, Superintendent of Public Instruction
Dr. David Teuscher, U.S. Department of Health & Human Services Regional Director, Region 6
Terri White, Commissioner, Okla. Dept. of Mental Health and Substance Abuse Services
Dean Gandy, Chief Executive Officer, University Hospitals Authority and Trust
Becky Pasternik-Ikard, Chief Executive Officer, Oklahoma Health Care Authority
John Woods, Executive Director, Tobacco Settlement Endowment Trust
Representative Dale Derby/Osteopathic Association - Lana Ivy, Dr. Ken Calabreece, Dr. Leroy Young, Matt Harney

SITE VISITS

Beaver County Health Department
Canadian County Health Department, El Reno & Yukon locations
Harper County Health Department
Kingfisher County Health Department
Payne County Health Department
Texas County Health Department
Woods County Health Department

OTHERS:

OHIP Executive Committee Meeting
Comprehensive Community Needs Assessment-Focus Group/Oklahoma City Community Foundation
Joseph Cunningham, Senior Vice President and Chief Medical Officer, Blue Cross and Blue Shield of Oklahoma
OSDH Regional Directors' Meeting
Protective Health Services Strategic Targeted Action Team Quality Improvement Meeting
Mike Fraser – ASTHO Executive Director
Kana Enomoto, Acting Administrator, SAMHSA
OSDH Leadership Summit Group
OSU Legislative Luncheon
Chris Bernard, Executive Director, Hunger Free Oklahoma
Tulsa Board of Health Meeting
OSDH Tribal Public Health Advisory Committee Meeting
OHIP Full Team Meeting
Lance Robertson, newly appointed to Assistant Secretary for Aging, Department of Health & Human Services – farewell reception speaker
Mike Fina, Executive Director, Oklahoma Municipal League
Health 360 Stakeholder Meeting
Oklahoma Commission on Children & Youth Retreat
Health & Human Services Cabinet Meeting
Oklahoma Health Center Foundation Board of Directors Meeting
Oklahoma City-County Health Department Board Meeting
Public Health Accreditation Board Meeting
Public Health Accreditation Committee Meeting