I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES
   a) Approval of Minutes for January 14, 2014, Regular Meeting

III. APPOINTMENTS
   b) Oklahoma Food Service Advisory Council (Presented by Henry F. Hartsell, Jr.)
      Appointments: Eight Members
      Authority: 63 O.S., § 1-106.3
      Members: The Advisory Council shall consist of 13 members. Eight members are appointed by the
               Commissioner, with the advice and consent of the State Board of Health. Members serve three-
               year terms.

IV. JACKSON COUNTY HEALTH DEPARTMENT: Karen Weaver, B.S.N., R.N., Administrative Director,
    Jackson County Health Department

V. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION
   Executive Committee – Dr. Woodson, Chair
   Discussion and possible action on the following:
   c) Update

   Finance Committee – Dr. Woodson, Chair
   Discussion and possible action on the following:
   d) Update

   Accountability, Ethics, & Audit Committee – Ms. Wolfe, Chair
   Discussion and possible action on the following:
   e) Update

VI. PRESIDENT'S REPORT
   Related discussion and possible action on the following:
   f) Update

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.
   • Discussion of potential or anticipated investigation or litigation concerning long term care issues

    Possible action taken as a result of Executive Session.

X. ADJOURNMENT
R. Murali Krishna, President of the Oklahoma State Board of Health, called the 386th regular meeting of the Oklahoma State Board of Health to order on Tuesday, January 14, 2014 11:06 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on January 13, 2015, and at 11:00 a.m. at the building entrance on January 13, 2014.

ROLL CALL
Absent: Martha Burger, M.B.A., Secretary-Treasurer

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Steve Ronck, Deputy Commissioner, Community and Family Health Services; Toni Froiux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Lloyd Smith, Director of Internal Audit and Office of Accountability Systems; Leslea Bennett-Webb, Director of Office of Communications; Melissa Lang, Chief Financial Officer; VaLauna Grissom, Secretary to the State Board of Health; Commissioner’s Office; Felesha Scanlan.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks
Dr. Krishna called the meeting to order. He welcomed special guests in attendance.

REVIEW OF MINUTES
Dr. Krishna directed attention to review of the minutes of the December 10, 2013 Regular Board meeting.

Ms. Wolfe moved Board approval of the minutes of the December 10, 2013, Regular Board meeting as presented. Second Dr. Grim. Motion carried.

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

PROPOSED RULEMAKING ACTIONS
Dr. Krishna directed attention to the rulemaking actions on the agenda. He indicated that the rules previously adopted during the December meeting have been resubmitted for approval without changes, due to a procedural error in meeting the statutory timeline for submission.

The Board reaffirmed the adoption of each rule individually.

PROTECTIVE HEALTH SERVICE
a) CHAPTER 2. PROCEDURES OF THE STATE DEPARTMENT OF HEALTH
[PERMANENT] Presented by James Joslin

PROPOSED RULES:
Subchapter 29. Criminal History Background Checks [NEW]
310:2-29-1. Purpose [NEW]
OKLAHOMA STATE BOARD OF HEALTH MINUTES                              January 14, 2014

310:2-29-2. [RESERVED]
310:2-29-3. Implementation [NEW]
310:2-29-4. [RESERVED]
310:2-29-5. Appeals [NEW]

AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 63 O.S. § 1-1947(T)(2) and 1-1947(Y).

SUMMARY: This proposal promulgates new rules in the procedures of the Department of Health as required in amendments to the Long Term Care Security Act (Title 63 O.S. § 1-1944 et. seq.), as adopted in 2012, House Bill 2582. This bill authorized fingerprint based criminal history background checks on those applicants who would be employed in a variety of long-term care settings as defined in the law at Title 63 O.S. Section 1-1945(4). The law at Title 63 O.S. § 1-1947(T)(2) requires that the Department shall specify rules for issuing a waiver of the disqualification or employment denial and further specifies in paragraph (Y) the State Board of Health shall promulgate rules prescribing effective dates and procedures for the implementation of a national criminal history record check for the employers and nurse aide scholarship programs defined in Section 1-1945 of Title 63 of the Oklahoma Statutes.

Mr. Starkey moved Board approval for Permanent adoption of Chapter 2. Procedures of the State Department of Health as presented. Second Ms. Wolfe. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.

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

CHAPTER 100. LICENSURE OF CREMATORIES [REVOKED] [PERMANENT] Presented by James Joslin
PROPOSED RULES: Chapter 100. Licensure of Crematories [REVOKED]
AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 59 O.S. § 396.30.
SUMMARY: This proposal revokes the rules of the Board of Health concerning the licensure of crematories. The duties and functions concerning licensure of crematories were transferred by statutory modification from the Oklahoma State Department of Health to the Oklahoma Funeral Board. The Department's authority for rulemaking was found at Title 63 O.S. 1981, § 1-331 and renumbered as 59 O.S. § 396.30 by Laws 2003, HB 1270, c. 57, § 31, effective April 10, 2003. The Oklahoma Funeral Board has adopted rules for the licensure of crematories [see Title 235 – Oklahoma Funeral Board, Chapter 10 – Funeral Services Licensing, Subchapter 14 – Crematories].

Dr. Stewart moved Board approval for Revocation of Chapter 100. Licensure of Crematories as presented. Second Dr. Alexopulos. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.

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

b) CHAPTER 276. HOME INSPECTION INDUSTRY [REVOKED] [PERMANENT] Presented by James Joslin
PROPOSED RULES: Chapter 276. Home Inspection Industry [REVOKED]
AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. § 1-104; 59 O.S. § 1000.4.
SUMMARY: This proposal revokes the rules of the Board of Health concerning the home inspection industry. Effective November 1, 2008, the authority to "adopt, amend, repeal, and promulgate rules as may be necessary to regulate . . . home inspectors" was transferred from the Oklahoma State Department of Health to the Construction Industries Board [see 59 O.S., § 1000.4]. The Construction Industries Board promulgated emergency rules, effective November 11, 2008, and
later superseded those emergency rules with permanent rules, effective July 11, 2009 [see
Construction Industries Board rules OAC 158:70 and 158:10-3-5].

Dr. Grim moved Board approval for Revocation of Chapter 276. Home Inspection Industry as
presented. Second Ms. Wolfe. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
the Board.

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

c) CHAPTER 658. INDEPENDENT REVIEW ORGANIZATION CERTIFICATION RULES
[PERMANENT] Presented by James Joslin


AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. § 1-104; Title 36 O.S. § 6475.1.

SUMMARY: This proposal revokes the rules of the Board of Health concerning independent review
organization certification and external review. Effective August 26, 2011, The Uniform Health Carrier
external reviews and approval of independent review organizations to the Oklahoma Insurance
Department [see Title 36 O.S. § 6475.1 et. seq.]. The Oklahoma Insurance Department promulgated
emergency rules, effective September 12., 2011, and later superseded those emergency rules with
permanent rules, effective July 14, 2012 [see Title 365, Insurance Department, Chapter 10, Subchapter 29
- External Review Regulations.]

Dr. Woodson moved Board approval for Revocation of Chapter 658. Independent Review
Organization Certification Rules as presented. Second Dr. Grim. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
the Board.

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

d) CHAPTER 675. NURSING AND SPECIALIZED FACILITIES
[PERMANENT] Presented by James Joslin

PROPOSED RULES

Subchapter 9. Resident Care Services
310:675-9-9.1. Medication services [AMENDED]

AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 63 O.S. § 1-1950(C)(1).

SUMMARY: This proposal amends rules promulgated in accordance with 63 O.S. Section 1-1950(C)(1)
which authorized the State Board of Health to promulgate rules necessary for proper control and
dispensing of nonprescription drugs in nursing facilities. Section 310:675-9-9.1(i) addresses those
procedures for maintaining nonprescription drugs for dispensing from a common or bulk supply. This
proposed rule amendment deletes the requirement in OAC 310:675-9-9.1(i)(8) which limits the bulk
nonprescription drugs that nursing facilities may maintain for residents. The current requirement provides
that only oral analgesics, antacids, and laxatives may be dispensed from bulk supplies. This change will
allow nursing facilities to maintain bulk supplies of other nonprescription drugs, such as cough
medicines.

Ms. Wolfe moved Board approval for Permanent adoption of amendments to Chapter 675. Nursing
and Specialized Facilities as presented. Second Mr. Starkey. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
the Board.
OKLAHOMA STATE BOARD OF HEALTH MINUTES                              January 14, 2014

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

ABSENT: Burger

PREVENTION AND PREPAREDNESS SERVICES

e)  CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING

[PERMANENT]  Presented by Toni Frioux

PROPOSED RULES: Subchapter 1. Disease and Injury Reporting Requirements

310:515-1-3 Diseases to be reported immediately [AMENDED]

310:515-1-4 Additional diseases, conditions, and injuries to be reported [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. § 1-104; and Title 63 O.S., §§ 1-502 and 1-503.

SUMMARY: The proposal updates the existing rules in accordance with recommendations from the Council of State and Territorial Epidemiologists (CSTE), the Centers for Disease Control and Prevention, and local health care partners pertaining to reportable diseases. The proposal amends the lists of reportable diseases, regarding diseases or conditions that are required to be reported to the Department. These changes minimally increase the reporting burden placed upon clinicians, have no impact on the reporting burden placed upon laboratories, and do not adversely affect the public health disease control and prevention activities.

Ms. Wolfe moved Board approval for Permanent adoption of amendments to Chapter 515. Communicable Disease and Injury Reporting as presented. Second Dr. Woodson. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.

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

ABSENT: Burger

f)  CHAPTER 550. NEWBORN SCREENING PROGRAM

[PERMANENT]  Presented by Toni Frioux

PROPOSED RULES:


310:550-1-1  [AMENDED]
310:550-1-2  [AMENDED]

Subchapter 3. Testing Of Newborns

310:550-3-1  [AMENDED]

Subchapter 5. Specimen Collection

310:550-5-1  [AMENDED]
310:550-5-2  [AMENDED]

Subchapter 7. Hospital Recording

310:550-7-1  [AMENDED]

Subchapter 13. Parent And Health Care Provider Education

310:550-13-1  [AMENDED]

Follow-Up For Physicians

310:550-17-1  [AMENDED]

Subchapter 19. Reporting

310:550-19-1  [AMENDED]

Subchapter 21. Information

310:550-21-1  [AMENDED]

Appendix A  Instructions For Filter Paper Sample Collection [REVOKED] Appendix A

Instructions For Filter Paper Sample Collection [NEW] Appendix B  Report Form

[REVOKED]
Appendix B: Report Form [NEW] Appendix C
Refusal Form [REVOKED] Appendix C
Form [NEW]
Appendix D: Recommended Pulse Oximetry Screening Protocol [NEW] Appendix E
Pulse Oximetry Result Form [NEW]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Sections 1-534, 1-550.5, and 1-705.

SUMMARY: This proposal requests amendatory language to the existing rule to include Severe Combined Immunodeficiency Syndrome (SCID) as a new test in the core panel of 29 genetic disorders for newborn screening (NBS) in Oklahoma, as recommended by the Advisory Committee on Heritable Disorders in Newborns and Children – Recommended Uniform Screening Panel (January 21, 2010). This proposal also adds Pulse Oximetry screening for the detection of Critical Congenital Heart Disease to existing newborn screening rules as legislated by HB 1347 (2013) [63 O.S. § 1-550.5]. The new law requires inpatient or ambulatory health care facilities licensed by the State Department of Health that provide birthing and newborn care services to perform a pulse oximetry screening on every newborn in its care prior to discharge from the birthing facility. In addition, minor changes to the newborn screening report form that is submitted by the infant’s specialist or primary care provider to include additional information based on new clinical practice and the requisition/collection form to bring the rules up to date with practice. Additional documents include a recommended pulse oximetry screening protocol and a pulse oximetry screening result form.

Dr. Stewart moved Board approval for Permanent adoption of amendments to Chapter 550 Newborn Screening Program as presented. Second Dr. Grim. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.

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

g) CHAPTER 667. HOSPITAL STANDARDS
[PERMANENT] Presented by Toni Frioux
PROPOSED RULES: Subchapter 19. Medical Records Department
310:667-19-2 [AMENDED]
AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Sections 1-534, 1-550.5, and 1-705.
SUMMARY: This proposal requests amendatory language to the existing rule to include Severe Combined Immunodeficiency Syndrome (SCID) as a new test in the core panel of 29 genetic disorders for newborn screening (NBS) in Oklahoma, as recommended by the Advisory Committee on Heritable Disorders in Newborns and Children – Recommended Uniform Screening Panel (January 21, 2010). This proposal also adds Pulse Oximetry screening for the detection of Critical Congenital Heart Disease to existing newborn screening rules as legislated by HB 1347 (2013) [63 O.S. § 1-550.5]. The new law requires inpatient or ambulatory health care facilities licensed by the State Department of Health that provide birthing and newborn care services to perform a pulse oximetry screening on every newborn in its care prior to discharge from the birthing facility. In addition, minor changes to the newborn screening report form that is submitted by the infant’s specialist or primary care provider to include additional information based on new clinical practice and the requisition/collection form to bring the rules up to date with practice. Additional documents include a recommended pulse oximetry screening protocol and a pulse oximetry screening result form.

Mr. Starkey moved Board approval for Permanent adoption of amendments to Chapter 667. Hospital Standards as presented. Second Dr. Gerard. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.
COMMUNITY AND FAMILY HEALTH SERVICES

h) CHAPTER 526. DENTAL SERVICES

[PERMANENT] Presented by Jana Winfree

PROPOSED RULES: Subchapter 3. Oklahoma Dental Loan Repayment Program

310:526-3-2 [AMENDED]
310:526-3-3 [AMENDED]

AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. Sections 1-103a.1 and 1-104; and Title 70 O.S. Section 1210.284.

SUMMARY:

310:526-3-2(b) The current Rule sets forth the description and operation of the Oklahoma Dental Loan Repayment Program (Program). The proposed action allows flexibility in selecting the number and types of participants and in the time period for participation in the Program. The circumstance for the Rule change is compelled by legislation, HB 2587, effective November 1, 2012. The intended effect is to allow the Advisory Committee and Department to select the appropriate number of participants based on funding and the appropriate type of participant (Oklahoma University College of Dentistry faculty or non-faculty), and allow the service obligation period to be adjusted.

310:526-3-2(d) The current Rule states that each award shall be distributed by a two-party draft made payable to the dentist and the loan agency. The proposed action states that each award shall be distributed in accordance with state law. The circumstance for the Rule change is because state preference is to distribute awards by direct deposit and the intended effect is to streamline administration of the Program. 310:526-3-3(b)(3) and (e)(5) The current Rule sets forth eligibility requirements for participants. The non-faculty participant agrees that Medicaid patients will represent 30% of all patient visits at a minimum. The proposal clarifies the count will be by number of patient visits. The rule change takes into consideration that dental software used by participants favors this type of reporting and the Department's intent to facilitate this reporting requirement.

Dr. Grim moved Board approval for Permanent adoption of amendments to Chapter 526. Dental Services as presented. Second Dr. Woodson. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.

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

310:526-3-2(b) The current Rule sets forth the description and operation of the Oklahoma Dental Loan Repayment Program (Program). The proposed action allows flexibility in selecting the number and types of participants and in the time period for participation in the Program. The circumstance for the Rule change is compelled by legislation, HB 2587, effective November 1, 2012. The intended effect is to allow the Advisory Committee and Department to select the appropriate number of participants based on funding and the appropriate type of participant (Oklahoma University College of Dentistry faculty or non-faculty), and allow the service obligation period to be adjusted.

310:526-3-2(d) The current Rule states that each award shall be distributed by a two-party draft made payable to the dentist and the loan agency. The proposed action states that each award shall be distributed in accordance with state law. The circumstance for the Rule change is because state preference is to distribute awards by direct deposit and the intended effect is to streamline administration of the Program. 310:526-3-3(b)(3) and (e)(5) The current Rule sets forth eligibility requirements for participants. The non-faculty participant agrees that Medicaid patients will represent 30% of all patient visits at a minimum. The proposal clarifies the count will be by number of patient visits. The rule change takes into consideration that dental software used by participants favors this type of reporting and the Department's intent to facilitate this reporting requirement.

Dr. Grim moved Board approval for Permanent adoption of amendments to Chapter 526. Dental Services as presented. Second Dr. Woodson. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.

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

i) CHAPTER 531. VISION SCREENING

[PERMANENT] Presented by Ann Benson

PROPOSED RULES:

Subchapter 1. General provisions
310:531-1-2. Authority [AMENDED]
310:531-1-3. Definitions [AMENDED]

Subchapter 3. Advisory Committee
310:531-3-1. Purpose [REVOKED]
310:531-3-2. Advisory Committee [REVOKED]
310:531-3-3. Rules of Order [REVOKED]

Subchapter 5. Vision Screening Standards for Children
310:531-5-2. Oklahoma Vision Screening Standards [AMENDED]
310:531-5-3. Approval of Vision Screening Providers vision screening providers [AMENDED]
310:531-5-5. Re-approval of vision screening providers [AMENDED]
310:531-5-6. Approval of trainers of vision screening providers vision screening trainers [AMENDED]
310:531-5-7. Re-approval of trainers of vision screening providers vision screening trainers [AMENDED]
DRAFT

OKLAHOMA STATE BOARD OF HEALTH MINUTES January 14, 2014

310:531-5-8. Approval of trainers of vision screening trainers vision screening trainers of trainers [AMENDED]

310:531-5-9. Re-approval of trainers of vision screening trainers vision screening trainers of trainers [AMENDED]

Subchapter 7. Registry Enforcement for Vision Screening

310:531-7-2. Grounds for discipline [AMENDED]

310:531-7-3. Complaint investigation [AMENDED]

310:531-7-4. Summary removal [AMENDED]

310:531-7-5. Appearance before the Advisory Committee [REVOKED]

310:531-7-6. Right to a hearing [AMENDED]


310:531-9-1. Purpose [REVOKED]

310:531-9-2. Eye safety resource [REVOKED]

AUTHORITY: Oklahoma State Board of Health; Title 63 O.S. Sections 1-103a.1 and 1-104; and Title 70 O.S. Section 1210.284.

SUMMARY: The proposed rule changes implement provisions of Section 44, House Bill 1467, which creates the Infant and Children’s Health Advisory Council, and Section 79, which replaces the Vision Screening Advisory Committee established in 70 O.S. 2011, Section 1210.284, with the Infant and Children’s Health Advisory Council and eliminates the role of the Advisory Committee in carrying out programmatic activities. The proposed rule changes delineate the responsibilities of the Department in carrying out statewide vision screening for children.

Dr. Stewart moved Board approval for Permanent adoption of amendments to Chapter 531 Vision Screening as presented. Second Dr. Grim. Motion carried.

Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from the Board.

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

ABSENT: Burger

STRATEGIC MAP UPDATE PRESENTATION

Mark Newman, Ph.D., Director, Office of State and Federal Policy
**Lead Public Health Policy & Advocacy Development**

**Goals:**

- Target Campaigns on Community Needs, Return on Investment, & Scientific Evidence
- Identify & Establish Public Health Champions
- Serve as Educational Resource on the Value of All Public Health Issues

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

- OSDH proposed legislation incorporates population-based successes through scientific evidence
- Work with community organizations to identify cost public health issues and legislative emphasis on both an annual and long-term basis

**Identify & Establish Public Health Champions**

**Identify Champions**

- Champions must be involved in the issue and be willing to face the conflict being taking a stand
- Find and develop public health champions in the business community

**Establish Champions**

- Provide the necessary knowledge to allow an individual to be considered of a great issue
- Advocate for the advancement of public health issues to legislation to gain both the hard and soft wins as well as the easy ones
- Meet with local boards of health and community boards to develop issues or public health issues to the level
- Demonstrate how investments in prevention produce both short and long term changes in health outcomes and are the drivers of economic development

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

- OSDH must be the best and most reliable source for all information related to public health
- Lead the way in providing excellent customer service, find new and innovative ways to utilize technology, and demonstrate responsible use of taxpayer funds in each and every program
- Serve in leadership roles in both state and national organizations which represent or impact public health

- OSDH Employees Received Fiscal Impact Training

- CY2013: 10
- CY2012: 50
- CY2013: 60
- CY2013: 74
The presentation concluded.

CONSIDERATION OF STANDING COMMITTEES’ REPORTS AND ACTION

Executive Committee

Dr. Krishna provided a few reminders to Board members.

- The February meeting will be held in Jackson County and the April meeting will be held in Cherokee County. VaLauna will provide additional details in the upcoming week.
- Ethics Commission Forms due May 15, 2014
- Board members should expect to receive a draft of the State of the State’s Health report for review and feedback beginning February 7th. We ask that you review and provide feedback to the Department by March 10, 2014.
- The Annual Certified Healthy Awards Ceremony will be held February 13, 2014 at the Norman Embassy Suites. Gov. Fallin is the guest speaker. Please rsvp to VaLauna if you plan to attend and have not already responded.

Finance Committee

Dr. Woodson directed attention to the Financial Brief provided to each Board member and presented the following SFY 2014 Finance Report and Board Brief as of December 18, 2013:

- Approximately $425 million budgeted for state fiscal year 2014
- Forecasted expenditure rate of 97.63% through June 30, 2014
- “Green Light” overall for Department, with one division in “Yellow Light” status: Protective Health Services.

The Financial Brief this month focuses on the WIC program

- The WIC budget is approximately $91 million and serves about 90,000 pregnant and breast feeding women, infants, and children each month.
- The WIC budget is primarily funded through the U.S. Department of Agriculture, with less than 4% of the budget provided by state and local funding.
- Studies have shown that children of pregnant women who participate in WIC have better medical outcomes, including fewer premature births and fewer fetal and infant deaths.
- Medicaid participants on WIC have an average 29% lower Medicaid costs for infant hospitalization.

Accountability, Ethics, & Audit Committee

The Accountability, Ethics, & Audit Committee met with Lloyd Smith. Ms. Wolfe reported that there are no known significant audit issues to report at this time.
Public Health Policy Committee

The Policy Committee met on Tuesday, January 14, 2014. Dr. Gerard and Dr. Grim were present. Both met with Mark Newman at the Oklahoma State Department of Health in Oklahoma City, Oklahoma. The Policy Committee discussed the approaching legislative session, legislative priorities of the Board, the 2015 fiscal year budgetary outlook, and trending issues which could impact the agency and health outcomes. Copies of the legislative tracking reports will be sent electronically to each member of the BOH in February and continue on a weekly basis throughout the legislative session. Members of the Board may contact Mark Newman for questions regarding policy issues or proposed legislation.

PRESIDENT'S REPORT

Dr. Krishna thanked Governor Mary Fallin for her leadership as she recently signed an executive order that prohibits the use of electronic cigarettes on all state-owned and leased properties effective Jan. 1, 2014. Dr. Krishna also acknowledged the Tobacco Settlement Endowment Trust Board of Directors for 2 resolutions recently passed which support the OHIP policy agenda. The first is in support of a policy to limit youth access to e-cigarettes. The second is in support of policy to require multi-unit property owners to disclose the smoking policies of their properties.

Recent Advances: Mind-Brain in Health

Five Keys to Happiness & Health

1. Learn to Quiet the Mind
2. Exercise & Nutrition
3. Sleep Well
4. Altruism & Spirituality
5. Nurture Relationships

Stress reduction correlates with structural changes in the amygdala
Dr. Krishna answered questions related to the whether or not pharmological interventions prove to be helpful. Dr. Krishna indicated that there is evidence that these interventions provide temporary help rather than long-term help. Dr. Krishna further responded there are studies indicating that 8 weeks of continuous training produces changes in the brain. Dr. Krishna’s person opinion is that 1 year of practices is optimal for full brain change.

**COMMISSIONER’S REPORT**

Dr. Cline thanked Dr. Krishna for the very insightful information in his presentation. He commended Gov. Fallin for her leadership in banning ecigarettes in an effort to protect employees and visitors until all the health implications are understood. He further commended her leadership in leading the charge to reduce deaths related to prescription drug misuse. In a press conference in December, it was announced that a task force had been established and charged with developing a strategic plan to address this issue.

Next, Dr. Cline recognized County Health Department employees across the state for their efforts to educate the public about healthy behaviors as well as their efforts to lead by example. He referenced staff located at the Okmulgee Health Department who recently quit smoking and committed to physical activity noting the importance of putting healthy behaviors into practice.

Lastly, he highlighted his recent attendance at an Institute of Medicine Committee meeting where the topic was the resiliency of communities in responding to disasters. Oklahoma is well-respected in this area. Dr. Betty Pfefferbaum, with the Department of Psychiatry and Behavioral Sciences at the College of Medicine will present to the Institute of Medicine Committee on the impact to children primarily in disaster situations. The presentation is concluded.
NEW BUSINESS

No new business.

PROPOSED EXECUTIVE SESSION

Dr. Grim moved Board approval to go in to Executive Session at 12:06 PM 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.

  o Annual performance evaluation for Commissioner of Health
  o Discussion of potential or anticipated investigation or litigation concerning long term care issues

Second Ms. Wolfe. Motion carried.

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

Dr. Alexopulos moved Board approval to move out of Executive Session. Second Dr. Woodson. Motion carried.

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

ADJOURNMENT

Dr. Alexopulos moved Board approval to Adjourn. Second Mr. Starkey. Motion carried.

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

The meeting adjourned at 2:01 p.m.

Approved

R. Murali Krishna, M.D.
President, Oklahoma State Board of Health

February 11, 2014
STATE OF OKLAHOMA
OKLAHOMA STATE DEPARTMENT OF HEALTH

December 20, 2013

TO: State Board of Health Members

FROM: Terry Cline, Ph.D.  
Commissioner
Secretary of Health and Human Services

SUBJECT: Oklahoma Food Service Advisory Council

This requests the advice and consent of the State Board of Health for eight (8) appointments by the Commissioner of Health to the Oklahoma Food Service Advisory Council. The candidates for whom advice and consent are requested are the following:

**Oklahoma Hotel and Motel Association:**
- John Kelly, Yukon, a new member to be appointed for a term ending June 8, 2016.

**Citizen representing the public:**
- Harold Kelly, Edmond, an incumbent to be reappointed for a term ending November 1, 2016.

**Oklahoma food processing education:**
- Roy Escouba, Ph.D., Stillwater, an incumbent to be reappointed for a term ending November 1, 2016.

**Oklahoma food processor:**
- John H. Williams, Oklahoma City, an incumbent to be reappointed for a term ending November 1, 2016.

**Independent food service operator:**
- Bill Ricks, Edmond, an incumbent to be reappointed for a term ending November 1, 2016.

**Oklahoma food service education:**
- Bill Ryan, Ed.D., Stillwater, an incumbent to be reappointed for a term ending November 1, 2016.

**Oklahoma Restaurant Association:**
- Jim Hopper, Oklahoma City, an incumbent to be reappointed for a term ending February 1, 2017.
Oklahoma Grocers Association:
- Park Ribble, Oklahoma City, an incumbent to be reappointed for a term ending February 1, 2017.

The State Health Department’s staff conducted a check of the histories of these proposed appointees using public information, including the Oklahoma Department of Corrections Offender Lookup, the Oklahoma State Court Networks Court Dockets, and Oklahoma State Department of Health licensure records. The staff identified no offenses or adverse actions that would impair the ability of these two individuals to perform the responsibilities of the advisory council.

Each nominee meets the qualifications of the positions for which they are nominated. The candidates were taken from lists of names provided to the Oklahoma State Department of Health by the Oklahoma Restaurant Association, pursuant to Title 63 O. S. Section 1-106.3.

Additional information for the Advisory Council is as follows.

A search of the Oklahoma State Court Network and the Department of Corrections “offender lookup” yielded no information that would impact the recommended individual’s abilities to hold the positions.

Statutory Citation:
Title 63, Section 1-106.3 of the Oklahoma Statutes authorizes the Oklahoma Food Service Advisory Council within the State Department of Health. The purpose of the Oklahoma Food Service Advisory Council is to advise the State Board of Health, the Commissioner of Health, and the Department regarding food service establishments and recommend actions to improve sanitation and consumer protection.

Appointing Authority:
The Commissioner appoints eight members of the Advisory Council with the advice and consent of the Board. Members serve three-year terms.

Membership:
The Advisory Council consists of thirteen (13) members. Eight (8) members are appointed by the Commissioner, with the advice and consent of the State Board of Health, from a list of three names for each position provided by an association representing the majority of the restaurant owners in the state. The membership categories are:

One (1) represents Oklahoma Restaurant Association;
One (1) represents Oklahoma Hotel and Motel Association;
One (1) represents Oklahoma Grocers Association;
One (1) represents Food Service Education;
One (1) represents Food Processing Education;
One (1) represents Independent Food Service Operator;
One (1) represents Food Processor; and
One (1) Citizen represents the Public, shall not be a food service operator or employee and shall not be a member of the Food Service governing board.
The remaining appointments consist of:

One (1) The Director of the Oklahoma – City County Health Department or designee;
One (1) The Director of the Tulsa – City County Health Department or designee;
Two (2) Directors from other county health departments in this state or designee, appointed by the Commissioner; and
One (1) Director of the State Department of Agriculture, or a designee

**Advisory Council Duties/Responsibilities:**
Duties include advising the State Board of Health, the State Commissioner of Health, and the Department regarding food service establishments. The Advisory Council has the following duties and responsibilities:

1. Recommends actions to improve sanitation and consumer protection.
2. Evaluates, reviews and makes recommendations regarding Department inspection activities; and
3. Recommends and approves quality indicators and data submission requirements for food service establishments which shall be used by the Department to monitor compliance with licensure requirements.

**Advisory Council Meeting Frequency:**
The Advisory Council meets once a quarter (4 times a year).

**Appointment Process:**

1. Resumes/applications are submitted by interested parties to the Oklahoma Restaurant Association.
2. Oklahoma Restaurant Association reviews the applicants and forwards to Oklahoma State Department of Health.
3. Oklahoma State Department of Health reviews and forwards recommendations to Commissioner.
4. Commissioner forwards recommendations to the State Board of Health, for advise and consent of the Board.
5. Commissioner appoints nominees.
Welcome

Jackson County Health Department

Karen Weaver
Regional Health Director
Harmon County
Harmon County
Roger Mills County
Greer County
Greer County
Greer County
Greer County
Tillman County
Tillman County
Tillman County
Tillman County
Beckham County - Sayre
Beckham County - Sayre
Beckham County – Elk City
Beckham County – Elk City
Beckham County – Elk City
Jackson County Health Department Quality Improvement Collaborative

“Improving Fax Referrals in the Local Health Department to Oklahoma Tobacco Helpline through Implementation of 5 A’s”

**Background**

Tobacco is Oklahoma’s leading cause of preventable death, killing 6,200 Oklahomans each year. Secondhand smoke exposure causes heart disease, cancer, and respiratory diseases among non-smokers, killing an estimated 700 Oklahomans each year. Tobacco use costs Oklahomans over $2.8 billion annually in medical expenses and lost productivity, or an average cost of $750 per Oklahoman.

**Jackson County’s tobacco rates peaked at 29%** (2008-2010 Behavioral Risk Factor Surveillance Survey (BRFSS)). Heart disease, stroke, and cancer were listed as the top 3 health issues in the county. Jackson County Community Health Action Team (JCHAT) Community Themes & Strengths Survey, 2010

By administering the tobacco use survey to every person presenting at the front counter, regardless if they have a chart, nurses will be able to readily assess the client/patron’s tobacco use and have an opportunity to conduct the 5 A’s (Ask, Advise, Assess, Assist, Arrange) with the client/patron in the interview/exam room. By adjusting the OTH Referral Form, nursing staff at JCHD will be able to make referrals on a standardized form that will also contain updated provider information to capture important data for future reporting and quality improvement. Using this form, JCHD will be able to document the number of referrals more accurately which will have a direct positive impact on our overall referral rate.

**Planning**

- Team Assembled
- Developed Plan of Action
- Examined Current Approach
- Identified Potential Solutions
- Developed an Improvement Theory
- Tested the Theory
- Checked the Results
- Standardized the Improvement

Previous to implementing the new process, fax referrals from Jackson County Health Department (JCHD) averaged less than 1 per month (Jan-June 2012). Staff were not trained in the clinical guidelines of the 5 A’s (Ask, Advise, Assess, Assist, Arrange) in tobacco cessation counseling. An action within our control to decrease adult tobacco use is to increase the amount of fax referrals to the Oklahoma Tobacco Helpline (OTH) coming from JCHD; educate clients/patrons on the hazards of tobacco use, secondhand smoke exposure and third hand smoke exposure; and train staff on clinical guidelines of 5 A’s.

**Implementation**

- Trained nursing & clerical staff on 5 A’s
- Developed short 4 question survey assessing tobacco use
- Adjusted Oklahoma Tobacco Helpline Fax Referral Form
- Every client/patron presenting at Jackson County Health Department will be given Tobacco Use Assessment Survey at front counter by clerical staff
- Nursing staff will conduct the 5 A’s during client/patron interview/exam
- Developed filing system to track progress
- Conducted short staff survey on process to identify issues/concerns with new procedures

**Results**

Fax referrals from the Jackson County Health Department increased from 3 to 65. Results from the 6 month intervention showed a **2067% increase** in the number of fax referrals to OTH.

Calls to OTH increased from **85 to 145** for the 6 month period (a 70.6% increase). Increased calls to OTH were an unanticipated by-product of the fax referral project.

**Standardize Improvement:** The team utilized flow charting to describe the optimal performance of the process beginning at the front counter of the health department.

**Return on Investment**

Most recent data show a **decrease** in adult tobacco use rates in Jackson County from 25% to 24% which equates to an estimated annual savings of $1,000,275.00 in medical expenses and lost productivity (Jackson County population-26,366). Jackson County moved from being the least reported source to the most referred source at OTH. As a result of the success, the process has been implemented in Beckham, Grorer, Harmon and Tillman County Health Departments.

Jackson County’s Cost Savings in Health Care and Productivity

- **Surplus Savings:** $971,000.00
- **Surplus Savings:** $971,000.00
- **Surplus Savings:** $971,000.00

Jackson County Health Department  ♦  Creating a State of Health  ♦  http://jackson.health.ok.gov
Jackson County
Jackson County
Jackson County
Jackson County
We work outside our walls!

Great Community Partners committed to addressing Flagship Issues!

We have ACHIEVED progress!
Expenditure Forecast Assumptions

- Expenditures and encumbrances shown as of January 28, 2014.
- Payroll expenses are forecasted through June 30, 2014 based on extrapolation of the first ten payrolls of SFY 2014.
- Other expenditure forecasts are limited to realistic amounts expected to spend out during the current budget period.
- Surplus/(Deficit) is projected as of June 30, 2014.
- Budgets are based on federal revenue projections and may have to be adjusted once the final FFY2014 grant awards are received.

Explanation of Dashboard Warning(s)

- As was reported on the December 18, 2013 report, Protective Health Services is slightly in “Yellow Light” status, still primarily due to unobligated state and federal background check project funding. When the balance of this funding is able to be obligated, Protective Health Services should return to Green Light status.
• The Oklahoma Legislature annually appropriates dollars to the OSDH to assist FQHCs with uncompensated care costs for providing primary health care services to the uninsured.
• This appropriation peaked in 2009 at $3.84M and has remained stable at $3.12M for the past three fiscal years.
• Of the 19 FQHCs, only 6 (with approximately 36 satellite sites) have consistently claimed uncompensated care costs over the past 5 years.
• In 2013, and for the first time since inception, the amount of state appropriations was inadequate to cover the full costs of FQHC claims for uncompensated care.
• The practice currently in place as a payment methodology is cost-based reporting for each FQHC.
• SFY2014 funds for FQHCs were 90% exhausted within the 1st trimester. According to the Oklahoma Primary Care Association (OKPCA) the increase in expenditures is due to health center expansion and successful outreach to uninsured patients.
• SFY 2014 appropriation and available carry forward (pending budget revision and approval by OMES) will provide sufficient funding to pay uncompensated care claims through November 2013 with a remaining fund balance of $193,617.
• December 2013 invoices received to date total $434,514 and will exhaust the fund balance. An allocation method will be used to disburse remaining funds among billing FQHCs in December.
• The number of health center grantees in Oklahoma has increased from 4 in 2003 to 19 in 2014.
• Oklahoma health centers have seen a 45% increase in total patients served from 101,954 in 2008 to 147,779 in 2012.
• Patient encounters have increased by 38% from 369,836 in 2008 to 509,727 in 2012.

Aggregate Costs & Encounters for Claiming Health Centers (FY13 & FY14 - 16 Months)

- **Uninsured Encounters**
- **Cost per month**

<table>
<thead>
<tr>
<th>Month</th>
<th>Encounters</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jul-12</td>
<td>28,083</td>
<td>$323,845</td>
</tr>
<tr>
<td>Aug-12</td>
<td>28,083</td>
<td>$323,845</td>
</tr>
<tr>
<td>Sep-12</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Oct-12</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Nov-12</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Dec-12</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Jan-13</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Feb-13</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Mar-13</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Apr-13</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>May-13</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Jun-13</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Jul-13</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Aug-13</td>
<td>24,503</td>
<td>$127,994</td>
</tr>
<tr>
<td>Sep-13</td>
<td>30,922</td>
<td>$855,416</td>
</tr>
<tr>
<td>Oct-13</td>
<td>30,922</td>
<td>$855,416</td>
</tr>
</tbody>
</table>
Explanation of Dashboard

State Fiscal Year (SFY) begins July 1st and ends June 30th. SFY 2014 is from July 1, 2013 to June 30, 2014.

Protective Health Services has a "green light" for three of four performance measures by meeting the benchmarks for (a) average interval between inspections for ALCs and NFs, (b) percent of immediate jeopardy complaints for NFs, ALCs, and RCHs; and (c) food service establishment inspections.

Non immediate jeopardy-high priority complaints indicate a "red light" because of the 100% compliance standard. 1 out of 74 complaints was investigated in more than 10 days; 73 of 74 were investigated within the 10 day time frame. For all 3 facility types, the overall performance rate is 98.65%, with RCHs met at 100%, NFs met at 98.38% and ALCs met at 100%. Under federal contract standards, performance on nursing facility NIJH complaint investigations is considered acceptable at the 95% level.
On the 'Total Visits for OSDH Clinics by Quarter' and the 'OSDH Clinic Services by Quarter' chart, OSDH visits in several large programs and overall services in the county health department clinics continue to decrease due to several reasons including significant vacancy rate (approx. 25%); changes in rules, policies, or laws regarding prescription refills and payment; and increased Medicaid medical home usage.

On the 'Total Immunization Visits by Quarter' chart, the 2nd quarter of SFY2014 showed a significant increase in immunizations for OSDH and private provider clinics. The data continues to trend as it has in the previous three years. The data shows that there has been decline in immunization services in the 3rd and 4th quarter. This is followed by an increase in the first quarter and peaking in the 2nd quarter as seen in the Total Immunization Visits chart shown above.

Explanation of Dashboard

- State Fiscal Year (SFY) begins July 1st and ends June 30th.
- On the 'Total Immunization Visits by Quarter' chart, the 2nd quarter of SFY2014 showed a significant increase in immunizations for OSDH and private provider clinics. The data continues to trend as it has in the previous three years. The data shows that there has been decline in immunization services in the 3rd and 4th quarter. This is followed by an increase in the first quarter and peaking in the 2nd quarter as seen in the Total Immunization Visits chart shown above.
**Oklahoma State Board of Health Dashboard**

**Public Health Imperative - Infectious Disease Measures**

**Number of New Infectious Disease (ID) Case Reports: 01/01/13-12/31/13**

- **Other Diseases**
- **Tuberculosis, Latent TB Infection**
- **Tuberculosis**
- **Shigellosis**
- **Salmonellosis**
- **Rocky Mountain Spotted Fever**
- **Pertussis**
- **Influenza-Hospitalization or Death**

**Percentage of PH Lab Enteric Diseases Uploaded to PulseNet within 4 Days from 1/1/13 - 12/31/13 Benchmark = 95%**

- **Number of Salmonella Cases:** 683 of 685 (99.7%)
- **Number of Shigella Cases:** 21 of 21 (100%)
- **Number of E. Coli O157 Cases:** 36 of 37 (97.3%)
- **Number of Non-O157 STEC Cases:** 58 of 61 (95.08%)
- **Number of Listeria Cases:** 4 of 4 (100%)

**Number of New Infectious Disease Case Reports and Estimated Investigation Time (Hrs): 1/01/13 - 12/31/13**

<table>
<thead>
<tr>
<th>Month</th>
<th># of Rep</th>
<th>Est. Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan '13</td>
<td>1084</td>
<td>1187</td>
</tr>
<tr>
<td>Feb '13</td>
<td>646</td>
<td>834</td>
</tr>
<tr>
<td>Mar '13</td>
<td>564</td>
<td>915</td>
</tr>
<tr>
<td>Apr '13</td>
<td>598</td>
<td>1008</td>
</tr>
<tr>
<td>May '13</td>
<td>647</td>
<td>974</td>
</tr>
<tr>
<td>June '13</td>
<td>713</td>
<td>1013</td>
</tr>
<tr>
<td>July '13</td>
<td>856</td>
<td>1161</td>
</tr>
<tr>
<td>Aug '13</td>
<td>961</td>
<td>1392</td>
</tr>
</tbody>
</table>

**Total Number of Lab Specimens: 1/01/13-12/31/13**

<table>
<thead>
<tr>
<th>SFY-Qtr</th>
<th># Specimens</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-3</td>
<td>42,810</td>
</tr>
<tr>
<td>2013-4</td>
<td>57,904</td>
</tr>
<tr>
<td>2014-1</td>
<td>49,273</td>
</tr>
<tr>
<td>2014-2</td>
<td>44,150</td>
</tr>
<tr>
<td>Total</td>
<td>194,137</td>
</tr>
</tbody>
</table>

**Explanation of Dashboard**

- The "Number of New Infectious Disease (ID) Case Reports" chart shows the new cases of infectious diseases received by the Acute Disease Service by month. "Other Diseases" includes all other reportable (but not specifically listed) non-STDS of lower incidence.
- The "Number of New Infectious Disease Case Reports and Estimated Investigation Time (Hrs)" chart shows the estimated total number of hours spent in disease investigation by month and includes both County Health Department Communicable Disease Nurse and Acute Disease Service Epidemiologist person-time.
- The "Percentage of PH Lab Diseases Uploaded to PulseNet within 4 Days" indicates that the benchmark of 95% has been met and exceeded for all factored enteric diseases. The overall rate is 99.2% for the uploading into PulseNet within 4 days.
- The "Total Number of Lab Specimens" chart shows the volume of specimens received for January of 2013 through December 2013.

January 2014
OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER’S REPORT

Terry Cline, Ph.D., Commissioner
February 11, 2014

PUBLIC RELATIONS/COMMUNICATIONS

Graham Brewer, The Oklahoman – interview
Tulsa World Editorial Board - interview
Youth Access to Harm Reduction Products Legislative Interim Study – speaker
Oklahoma Public Health Leadership Institute – speaker
Ken Johnson, KOMA - interview
Jaclyn Cosgrove, The Oklahoman - interview

SITE VISITS

Bryan County Health Department
Marshall County Health Department
Carter County Health Department
Love County Health Department
Johnston County Health Department
Murray County Health Department

STATE/FEDERAL AGENCIES/OFFICIALS

Senate & House OSDH Budget Hearing
Terri White, Commissioner, ODMHSAS
Chris Bruehl, Director of Appointments, Governor Fallin

OTHERS:

Reforming States Group Steering Committee, Milbank Memorial Fund
New York Public Health Officials
ACGME CLER Evaluation Committee
Oklahoma City Chamber of Commerce Legislative Breakfast
Tulsa Health Department Board Meeting
Patients First Group Meeting
Food Service Task Force Meeting
Ardmore Institute of Health
Trust for America’s Health/ASTHO webinar on prescription drugs