

Agenda for the 11:00 a.m., Tuesday, February 11, 2014
Regular Meeting of the Oklahoma State Board of Health
Posted at www.health.ok.gov
Jackson County
Southwest Technology Center
711 W. Tamarack, Altus, OK73521

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

STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 N.E. 10th
Oklahoma City, Oklahoma 73117-1299

Tuesday, January 14, 2014 11:00 a.m.

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 .m. at the building entrance on January 13, 2014.

ROLL CALL

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

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 Frioux, 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: Alexopoulos, 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]

1 310:2-29-2. [RESERVED]

2 310:2-29-3. Implementation [NEW]

3 310:2-29-4. [RESERVED]

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

5 **AUTHORITY:** Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 63 O.S. § 1-1947(T)(2) and
6 1-1947(Y).

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

16
17 **Mr. Starkey moved Board approval for Permanent adoption of Chapter 2. Procedures of the State**
18 **Department of Health as presented. Second Ms. Wolfe. Motion carried.**

19
20 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
21 the Board.

22
23 **AYE: Alexopulos, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

24 **ABSENT: Burger**

25
26 **CHAPTER 100. LICENSURE OF CREMATORIES [REVOKED]**

27 **[PERMANENT]** Presented by James Joslin

28 **PROPOSED RULES:** Chapter 100. Licensure of Crematories [REVOKED]

29 **AUTHORITY:** Oklahoma State Board of Health; Title 63 O.S. § 1-104; Title 59 O.S. § 396.30.

30 **SUMMARY:** This proposal revokes the rules of the Board of Health concerning the licensure
31 of crematories. The duties and functions concerning licensure of crematories were transferred by
32 statutory modification from the Oklahoma State Department of Health to the Oklahoma Funeral Board.
33 The Department's authority for rulemaking was found at Title 63 O.S. 1981, § 1-331 and renumbered as
34 59 O.S. § 396.30 by Laws 2003, HB 1270, c. 57, § 31, effective April 10, 2003. The Oklahoma
35 Funeral Board has adopted rules for the licensure of crematories [see Title 235 – Oklahoma Funeral
36 Board, Chapter 10 – Funeral Services Licensing, Subchapter 14 – Crematories].

37
38 **Dr. Stewart moved Board approval for Revocation of Chapter 100. Licensure of Crematories as**
39 **presented. Second Dr. Alexopulos. Motion carried.**

40
41 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
42 the Board.

43
44 **AYE: Alexopulos, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

45 **ABSENT: Burger**

46
47 **b) CHAPTER 276. HOME INSPECTION INDUSTRY [REVOKED]**

48 **[PERMANENT]** Presented by James Joslin

49 **PROPOSED RULES:** Chapter 276. Home Inspection Industry [REVOKED]

50 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. § 1-104; 59 O.S. § 1000.4.

51 **SUMMARY:** This proposal revokes the rules of the Board of Health concerning the home
52 inspection industry. Effective November 1, 2008, the authority to "adopt, amend, repeal, and
53 promulgate rules as may be necessary to regulate . . . home inspectors" was transferred from the
54 Oklahoma State Department of Health to the Construction Industries Board [see 59 O.S., § 1000.4].
55 The Construction Industries Board promulgated emergency rules, effective November 11, 2008, and

1 later superseded those emergency rules with permanent rules, effective July 11, 2009 [see
2 Construction Industries Board rules OAC 158:70 and 158:10-3-5].
3

4 **Dr. Grim moved Board approval for Revocation of Chapter 276. Home Inspection Industry as**
5 **presented. Second Ms. Wolfe. Motion carried.**
6

7 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
8 the Board.
9

10 **AYE: Alexopulos, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**
11 **ABSENT: Burger**
12

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

15 **PROPOSED RULES:** Chapter 658. Independent Review Organization Certification Rules [REVOKED]
16 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. § 1-104; Title 36 O.S. § 6475.1.

17 **SUMMARY:** This proposal revokes the rules of the Board of Health concerning independent review
18 organization certification and external review. Effective August 26, 2011, The Uniform Health Carrier
19 External Review Act, sections 25 through 41 of House Bill 2072 (2011), transferred responsibility for
20 external reviews and approval of independent review organizations to the Oklahoma Insurance
21 Department [see Title 36 O.S. § 6475.1 et. seq.]. The Oklahoma Insurance Department promulgated
22 emergency rules, effective September 12,, 2011, and later superseded those emergency rules with
23 permanent rules, effective July 14, 2012 [see Title 365, Insurance Department, Chapter 10, Subchapter 29
24 - External Review Regulations.]
25

26 **Dr. Woodson moved Board approval for Revocation of Chapter 658. Independent Review**
27 **Organization Certification Rules as presented. Second Dr. Grim. Motion carried.**
28

29 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
30 the Board.
31

32 **AYE: Alexopulos, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**
33 **ABSENT: Burger**
34

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

37 **PROPOSED RULES**

38 Subchapter 9. Resident Care Services
39 310:675-9-9.1. Medication services [AMENDED]

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

41 **SUMMARY:** This proposal amends rules promulgated in accordance with 63 O.S. Section 1-1950(C)(1)
42 which authorized the State Board of Health to promulgate rules necessary for proper control and
43 dispensing of nonprescription drugs in nursing facilities. Section 310:675-9-9.1(i) addresses those
44 procedures for maintaining nonprescription drugs for dispensing from a common or bulk supply. This
45 proposed rule amendment deletes the requirement in OAC 310:675-9-9.1(i)(8) which limits the bulk
46 nonprescription drugs that nursing facilities may maintain for residents. The current requirement provides
47 that only oral analgesics, antacids, and laxatives may be dispensed from bulk supplies. This change will
48 allow nursing facilities to maintain bulk supplies of other nonprescription drugs, such as cough
49 medicines.
50

51 **Ms. Wolfe moved Board approval for Permanent adoption of amendments to Chapter 675. Nursing**
52 **and Specialized Facilities as presented. Second Mr. Starkey. Motion carried.**
53

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

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

5 **PREVENTION AND PREPAREDNESS SERVICES**

6 e) **CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING**

7 **[PERMANENT]** Presented by Toni Frioux

8 **PROPOSED RULES:** Subchapter 1. Disease and Injury Reporting Requirements

9 310:515-1-3 Diseases to be reported immediately **[AMENDED]**

10 310:515-1-4 Additional diseases, conditions, and injuries to be reported **[AMENDED]**

11 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. § 1-104; and Title 63 O.S., §§ 1-502 and 1-
12 503.

13 **SUMMARY:** The proposal updates the existing rules in accordance with recommendations from the
14 Council of State and Territorial Epidemiologists (CSTE), the Centers for Disease Control and
15 Prevention, and local health care partners pertaining to reportable diseases. The proposal amends the
16 lists of reportable diseases, regarding diseases or conditions that are required to be reported to
17 the Department. These changes minimally increase the reporting burden placed upon clinicians,
18 have no impact on the reporting burden placed upon laboratories, and do not adversely affect the
19 public health disease control and prevention activities.
20

21 **Ms. Wolfe moved Board approval for Permanent adoption of amendments to Chapter 515.**
22 **Communicable Disease and Injury Reporting as presented. Second Dr. Woodson. Motion carried.**
23

24 Dr. Krishna asked if there was discussion from the Board. There were no comments or questions from
25 the Board.
26

27 **AYE: Alexopulos, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**
28 **ABSENT: Burger**
29

30 f) **CHAPTER 550. NEWBORN SCREENING PROGRAM**

31 **[PERMANENT]** Presented by Toni Frioux

32 **PROPOSED RULES:**

33 Subchapter 1. General Provisions

34 310:550-1-1 **[AMENDED]**

35 310:550-1-2 **[AMENDED]** Subchapter

36 3. Testing Of Newborns

37 310:550-3-1 **[AMENDED]** Subchapter

38 5. Specimen Collection

39 310:550-5-1 **[AMENDED]**

40 310:550-5-2 **[AMENDED]**

41 Subchapter 7. Hospital Recording

42 310:550-7-1 **[AMENDED]**

43 Subchapter 13. Parent And Health Care Provider Education

44 310:550-13-1 **[AMENDED]** Subchapter 17.

45 Follow-Up For Physicians

46 310:550-17-1 **[AMENDED]**

47 Subchapter 19. Reporting

48 310:550-19-1 **[AMENDED]**

49 Subchapter 21. Information

50 310:550-21-1 **[AMENDED]**

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

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

53 **[REVOKED]**

Appendix B Report Form [NEW] Appendix C
Refusal Form [REVOKED] Appendix C Refusal
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.

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

ABSENT: Burger

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

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]

- 1 310:531-5-8. Approval of ~~trainers of vision screening~~ trainers vision screening ~~trainers of trainers~~
- 2 [AMENDED]
- 3 310:531-5-9. Re-approval of ~~trainers of vision screening~~ trainers vision screening ~~trainers of trainers~~
- 4 [AMENDED]
- 5 Subchapter 7. Registry Enforcement for Vision Screening
- 6 310:531-7-2. Grounds for discipline [AMENDED]
- 7 310:531-7-3. Complaint investigation [AMENDED]
- 8 310:531-7-4. Summary removal [AMENDED]
- 9 310:531-7-5. Appearance before the Advisory Committee [REVOKED]
- 10 310:531-7-6. Right to a hearing [AMENDED]
- 11 Subchapter 9. Sports Eye Safety Resource
- 12 310:531-9-1. Purpose [REVOKED]
- 13 310:531-9-2. Eye safety resource [REVOKED]
- 14 **AUTHORITY:** Oklahoma State Board of Health; Title 63 O.S. Sections 1-103a.1 and 1-104; and Title
- 15 70 O.S. Section 1210.284.
- 16 **SUMMARY:** The proposed rule changes implement provisions of Section 44, House Bill 1467, which
- 17 creates the Infant and Children’s Health Advisory Council, and Section 79, which replaces the Vision
- 18 Screening Advisory Committee established in 70 O.S. 2011, Section 1210.284, with the Infant and
- 19 Children’s Health Advisory Council and eliminates the role of the Advisory Committee in carrying out
- 20 programmatic activities. The proposed rule changes delineate the responsibilities of the Department in
- 21 carrying out statewide vision screening for children.

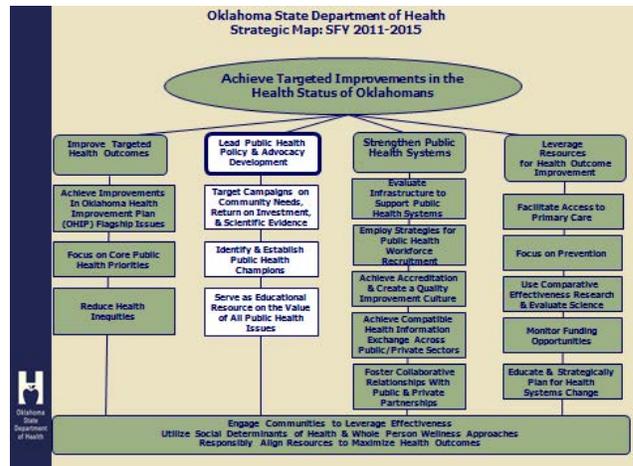
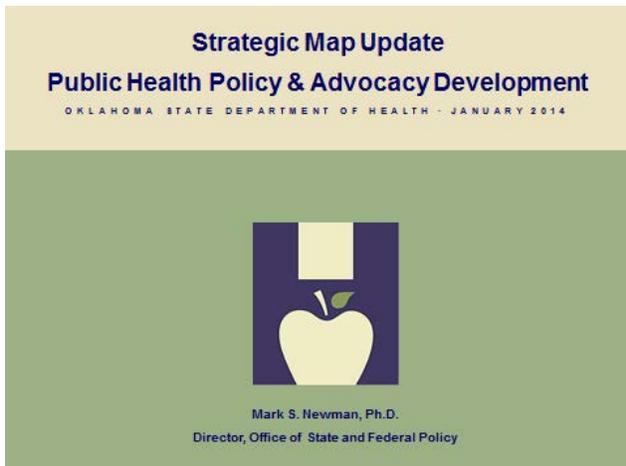
Dr. Stewart moved Board approval for Permanent adoption of amendments to Chapter 531 Vision Screening as presented. Second Dr. Grim. Motion carried.

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



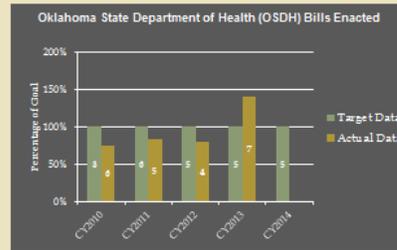
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Lead Public Health Policy & Advocacy Development

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 core public health issues for legislative emphasis on both an annual and long-term basis

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Identify & Establish Public Health Champions



Identify & Establish Public Health Champions

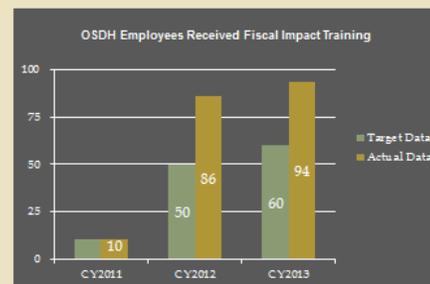


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Serve as Educational Resource on the Value of All Public Health Issues

- 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

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



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7

Public Policy & Advocacy Development

Questions?

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.

NIH Public Access
Author Manuscript
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The Emerging Field of Human Social Genomics

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²Department of Medicine, Division of Hematology-Oncology, UCLA Molecular Biology Institute, Jonsson Comprehensive Cancer Center, and UCLA AIDS Institute, University of California, Los Angeles

NIH-PA Author Manuscript

Proceedings of the National Academy of Sciences

Article

A functional genomic perspective on human well-being

1. Barbara L. Fredrickson,
 2. Karen M. Gramer,
 3. Kimberly A. Coffey,
 4. Sara B. Agost,
 5. Ann M. Fredstone,
 6. Jacsun M. G. Arevalo,
 7. Jeffrey Ma,
 8. Steven W. Cole

Author Affiliations

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 2. ²Department of Psychiatry, University of North Carolina School of Medicine, Chapel Hill, NC 27599;
 3. ³University of California, Los Angeles, School of Medicine, Los Angeles, CA 90095; and
 4. ⁴Jonsson Comprehensive Cancer Center, Norman Cousins Center for Psychoneuroimmunology, AIDS Institute, and Molecular Biology Institute, University of California, Los Angeles, CA 90095

1 Edited by Burton H. Singer, University of Florida, Gainesville, FL, and approved July 2, 2013 (received for review March 20, 2013)

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Cognitive-behavioral stress management reverses anxiety-related leukocyte transcriptional dynamics

Michael H. Antoni^{1,2}, Susan K. Lutgendorf³, Bonnie Blomberg^{3,4}, Charles S. Carver^{5,6}, Suzanne Lechner⁷, Alain Diaz^{2,8}, Jamie Stagi⁹, Jesusa M.G. Arevalo¹, and Steven W. Cole^{1,2}

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⁵University of Iowa Department of Psychology, Holden Comprehensive Cancer Center⁶
⁷UCLA School of Medicine
⁸UCLA Molecular Biology Institute, Jonsson Comprehensive Cancer Center⁹, and Norman Cousins Center⁹

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NIH Public Access
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Brain Behav Immun. 2012 October; 26(7): 1095-1101. doi:10.1016/j.bbi.2012.07.006.

Mindfulness-Based Stress Reduction Training Reduces Loneliness and Pro-Inflammatory Gene Expression in Older Adults: A Small Randomized Controlled Trial

J. David Creswell^{1,2}, Michael R. Irwin^{2,3}, Lisa J. Burkilund³, Matthew D. Lieberman³, Jesusa M. G. Arevalo², Jeffrey Ma², Elizabeth Crabb Breen², and Steven W. Cole²

¹Department of Psychology and Center for the Neural Basis of Cognition, Carnegie Mellon University, Pittsburgh, PA, 15213
²Cousins Center for Psychoneuroimmunology, Department of Psychiatry & Biobehavioral Sciences, 300 Medical Plaza, Los Angeles, CA, 90095
³Departments of Psychology, Psychiatry, & Biobehavioral Sciences, University of California, Los Angeles, 405 Hilgard Ave, Los Angeles, CA, 90095

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Psychiatry Research: Neuroimaging 191 (2011) 36-43

Contents lists available at ScienceDirect

Psychiatry Research: Neuroimaging

journal homepage: www.elsevier.com/locate/psychres

Mindfulness practice leads to increases in regional brain gray matter density

Britta K. Hölzel^{1,2,3}, James Carmody⁴, Mark Vangel⁴, Christina Congleton⁴, Sita M. Yerramsetti⁴, Tim Gard^{4,5}, Sara W. Lazar³

¹Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA
²Center for Mindfulness, Johns Hopkins University, Baltimore, MD, USA
³University of Massachusetts Medical School, Worcester, MA, USA

Social stress up-regulates inflammatory gene expression in the leukocyte transcriptome via β -adrenergic induction of myelopoiesis

Nicole D. Powell¹, Erica K. Sloan^{2,3}, Michael T. Bailey^{4,5}, Jesusa M. G. Arevalo⁶, Gregory E. Miller⁷, Edith Chen¹, Michael S. Kobor⁸, Brenda F. Reader⁹, John F. Sheridan^{10,11}, and Steven W. Cole^{6,11}

¹Division of Oral Biology, College of Dentistry, The Ohio State University, Columbus, OH; ²Norman Cousins Center, Semel Institute for Neuroscience and Human Behavior, and Jonsson Comprehensive Cancer Center, University of California, Los Angeles, CA 90095; ³Monash Institute of Pharmaceutical Sciences, ⁴Institute for Behavioral Medicine Research, The Ohio State University, Columbus, OH; ⁵Division of Hematology-Oncology, Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles, CA 90095; ⁶Department of Psychology and Institute for Policy Research, Northwestern University, Evanston, IL; ⁷Department of Medical Genetics, University of British Columbia, Vancouver, BC, Canada; ⁸Department of Molecular Virology, Immunology and Medical Genetics, College of Medicine, The Ohio State University, Columbus, OH; and ⁹Molecular Biology Institute, University of California, Los Angeles, CA

Edited by Bruce S. McEwen, The Rockefeller University, New York, NY, and approved August 21, 2013 (received for review June 5, 2013)

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The Presentation concluded.

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Dr. Krishna answered questions related to the whether or not pharmacological 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.

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COMMISSIONER'S REPORT

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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.

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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.

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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.

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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

RECEIVED

DEC 20 2013

OFFICE OF THE
COMMISSIONER

December 20, 2013

TO: State Board of Health Members

FROM: Terry Cline, Ph.D. *T. Cline 12-26-2013*
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.

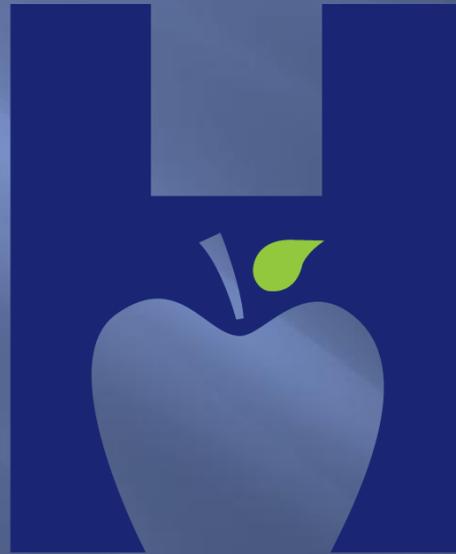
Advisory Council Meeting Frequency:

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.

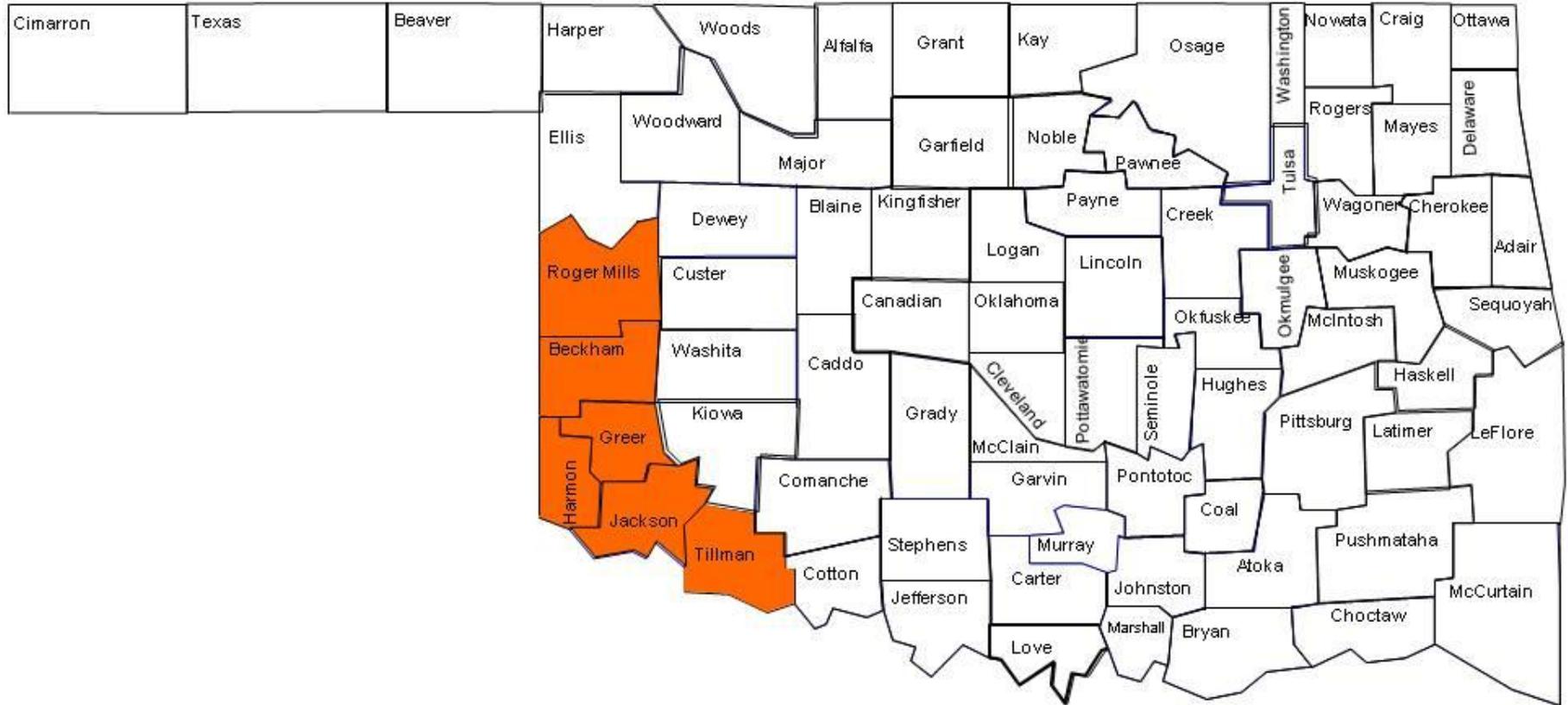
Welcome



Jackson County
Health Department

Karen Weaver
Regional Health Director

Administrative District



Harmon County



Harmon County



Harmon County



Roger Mills County



Greer County



Greer County



Greer County



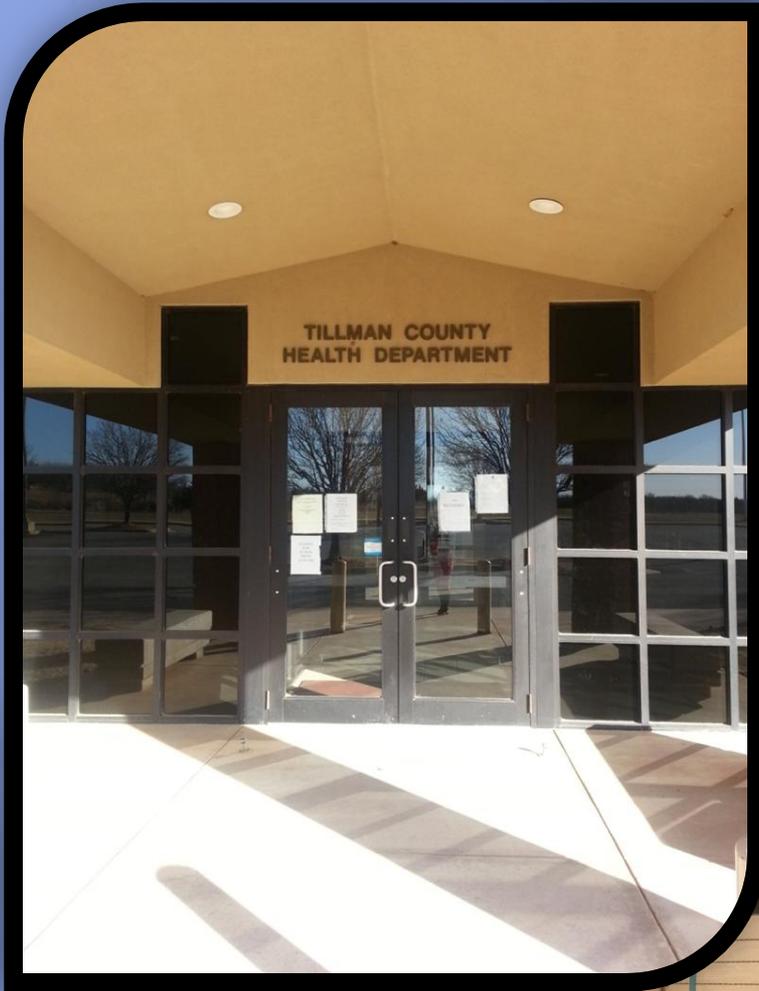
Greer County



Greer County



Tillman County



Tillman County



Tillman County



Tillman County



Tillman County





Tillman County



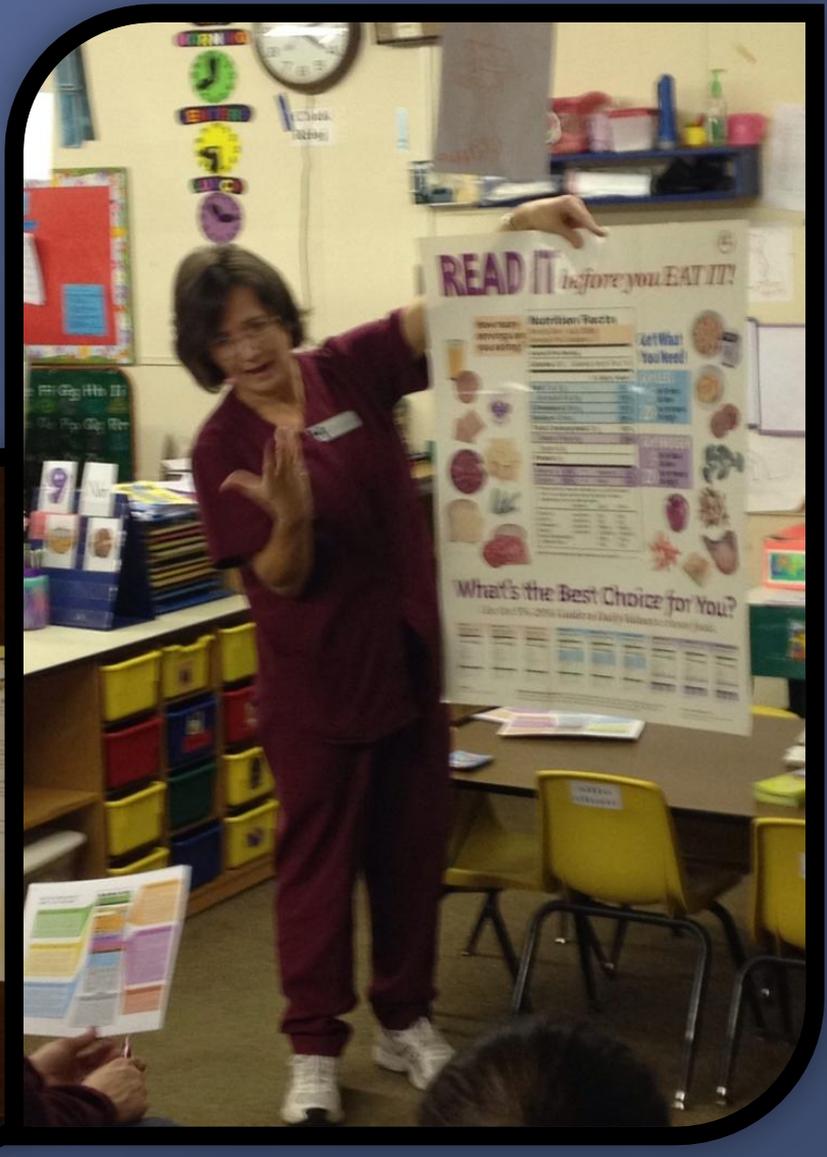
Beckham County - Sayre



Beckham County - Sayre



Beckham County - Sayre



Beckham County – Elk City



Beckham County – Elk City



Beckham County – Elk City



Beckham County – Elk City



Beckham County – Elk City



Beckham County – Elk City





**Jackson
County**

Jackson County



Jackson County Health Department

Jackson County Health Department Quality Improvement Collaborative

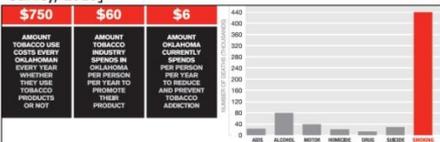
“Improving Fax Referrals in the Local Health Department to Oklahoma Tobacco Helpline through Implementation of 5 A’s”



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 nonsmokers, 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.

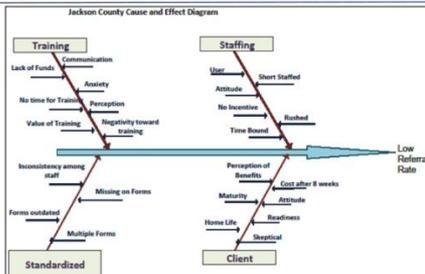
Jackson County's tobacco rates peaked at 29% [2008-2010 Behavioral Risk Factor Surveillance Survey (BRFSS)]. Heart disease, stroke, and cancer were listed as the top 3 health issues in the county. [Jackson County Community Health Action Team (JCHAT) Community Themes & Strengths Survey, 2010]



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

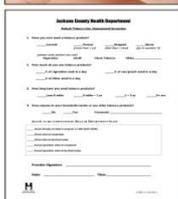
Previous to implementing the new process, fax referrals from Jackson County Health Department (JCHD) averaged less than 1 per month (Jan-June 2012). Staff were not trained in the **clinical guidelines of the 5 A's (Ask, Advise, Assess, Assist, Arrange)** in tobacco cessation counseling. An action within 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.



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

The Improvement Theory: If every client/patron is assessed for tobacco use starting at the front counter an opportunity to increase fax referrals in the health department environment will occur.

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.



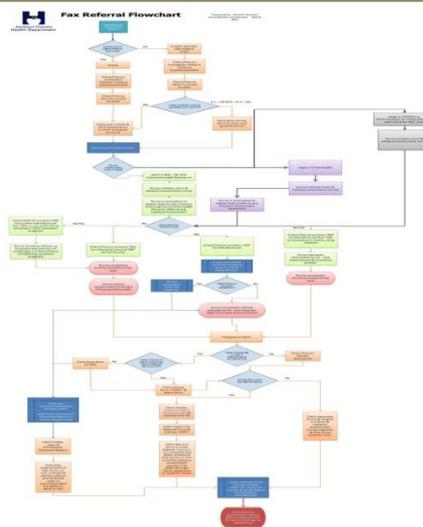
Jackson County Nurses: (from left to right) Gracie Ruiz, RN, Karla Rippetoe, RN, Leann Gilchrist, RN, Diane Ogden, RN.



Implementation

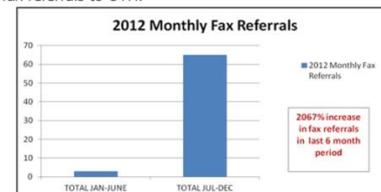
- Trained nursing & clerical staff on 5 A's
- Developed short 4 question survey assessing tobacco use
- Adjusted Oklahoma Tobacco Helpline Fax Referral Form
- Every client/patron presenting at Jackson County Health Department will be given Tobacco Use Assessment Survey at front counter by clerical staff
- 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.

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

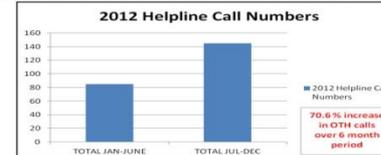


Results

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.

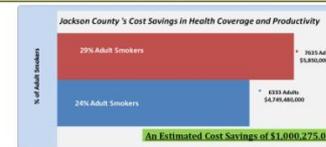


Calls to OTH **increased from 85 to 145** for the 6 month period (a 70.6% increase). Increased calls to OTH were an unanticipated by-product of the fax referral project.



Return on Investment

Most recent data show a **decrease** in adult tobacco use rate in Jackson County from **29% to 24%** which equates to an estimated annual savings of **\$1,000,275.00** in medical expenses and lost productivity (Jackson County population-26,386). 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, Greer, Harmon and Tillman County Health Departments.



Jackson County



Jackson County



Force Field

SWOT's DIVERSITY RESOURCES
DIVERSITY IMPACTING
BUSINESS
PROFESSIONAL EXPERIENCE/FAMILY
EXPERIENCE

Factors

Activity

Flourish

Flourish Work

AIM
By May 30, 2013,
will increase PE
initiation in
Jackson C.
from 7
76.57

Jackson County



Jackson County



Jackson County



Jackson County



Jackson County



KEY POINTS

We work outside our walls!

**Great Community Partners
committed to addressing Flagship
Issues!**

We have ACHIEVED progress!

**OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2014 BUDGET AND EXPENDITURE FORECAST: AS OF 01/28/2014**

SUMMARY

<u>Division</u>	<u>Current Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Forecasted Expenditures</u>	<u>Surplus/(Deficit)</u>	<u>Performance Rate</u>				
Public Health Infrastructure	\$23,484,625	\$7,214,484	\$3,976,995	\$11,686,847	\$606,300	97.42%				
Protective Health Services	\$67,695,002	\$25,218,676	\$7,433,247	\$31,247,366	\$3,795,713	94.39%				
Prevention & Preparedness Services	\$58,176,006	\$19,043,561	\$22,282,009	\$16,471,289	\$379,147	99.35%				
Information Technology	\$7,291,870	\$2,882,130	\$4,089,837	\$175,370	\$144,533	98.02%				
Health Improvement Services	\$19,586,121	\$7,985,256	\$4,128,042	\$6,666,317	\$806,507	95.88%				
Community & Family Health Services	\$249,573,287	\$83,675,885	\$31,810,615	\$130,152,340	\$3,934,447	98.42%				
Totals:	\$425,806,911	\$146,019,991	\$73,720,745	\$196,399,528	\$9,666,647	97.73%				
	<90%		90% - 95%		95% - 102.5%		102.5% - 105%		>105%	

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.

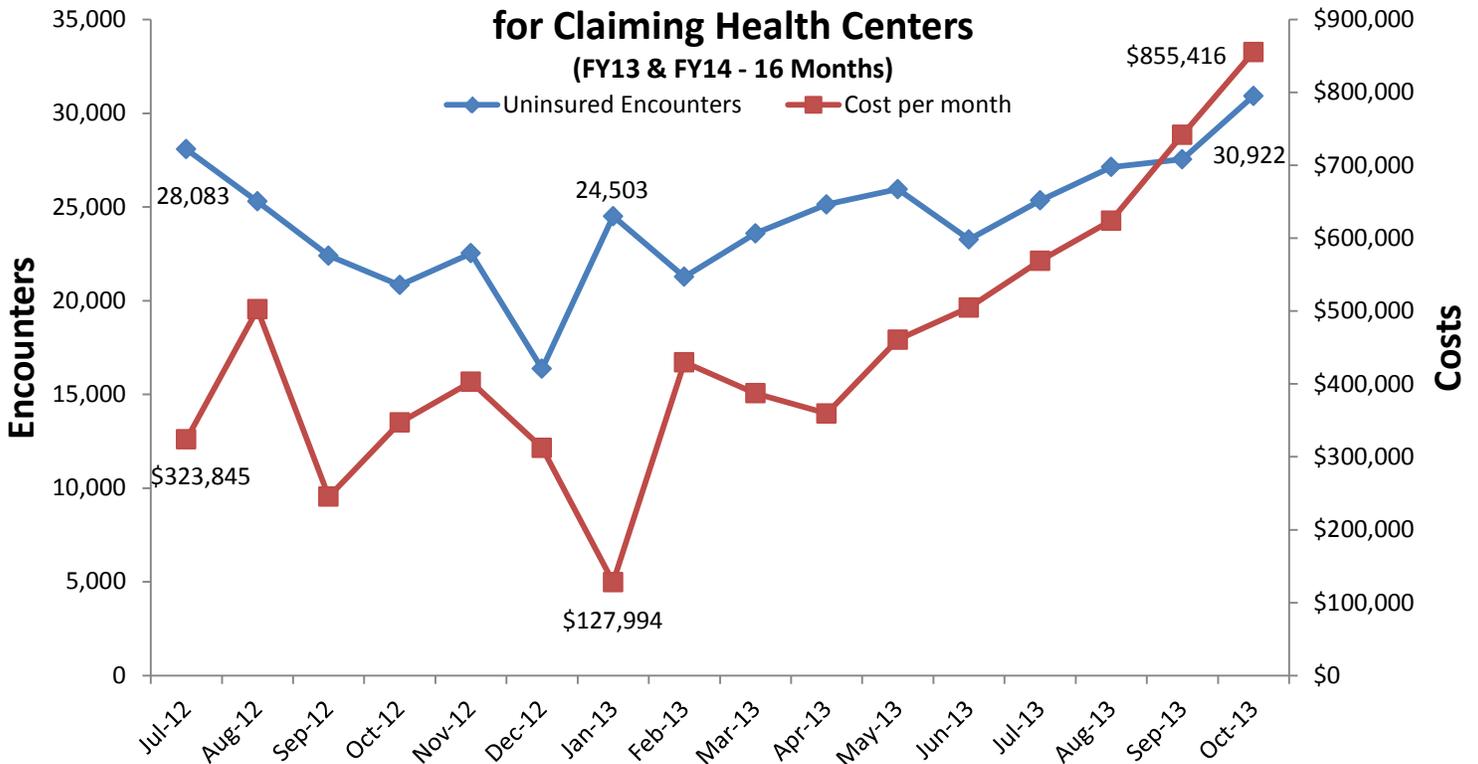
Explanation of Dashboard Warning(s)

- 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

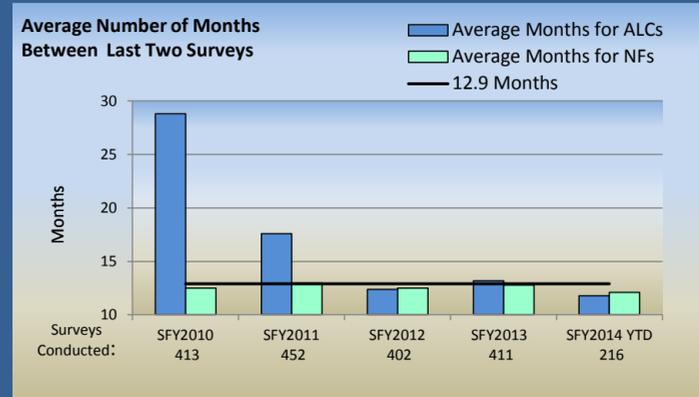
(FY13 & FY14 - 16 Months)



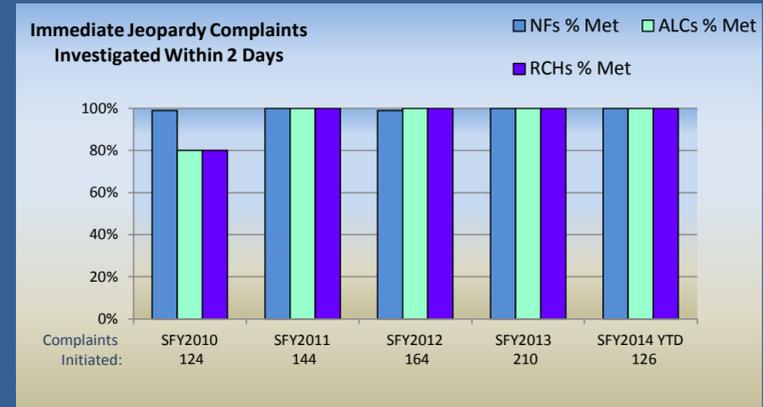
Oklahoma State Board of Health Dashboard

Public Health Imperative - Regulatory Measures

- **Average Interval Between Inspections for Assisted Living Centers (ALCs) and Nursing Facilities (NFs) is <=12.9 months**
 Number of Licensed Assisted Living Centers: 149
 Number of Licensed Nursing Facilities: 328



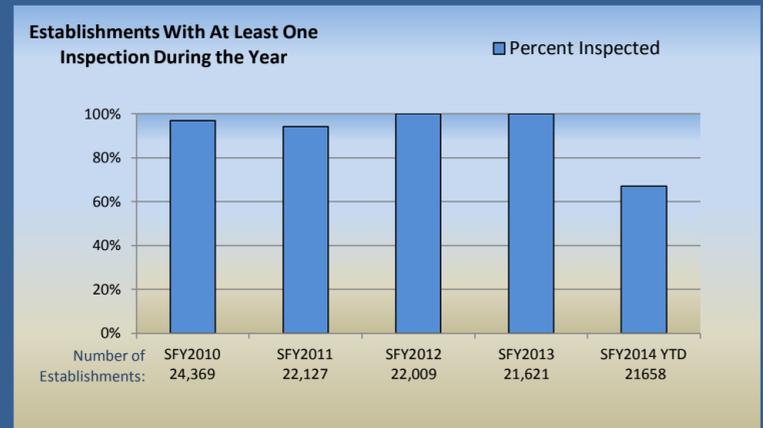
- **Percent of Immediate Jeopardy Complaints for Nursing Facilities (NFs), Assisted Living Centers (ALCs) & Residential Care Homes (RCHs) Investigated Within 2 Days**



- **Percent of Non Immediate Jeopardy-High Priority Complaints for Nursing Facilities (NFs), Assisted Living Centers (ALCs) & Residential Care Homes (RCHs) Investigated Within 10 Days**



- **Food Service Establishments Shall be Inspected At Least Once Per Fiscal Year**



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.

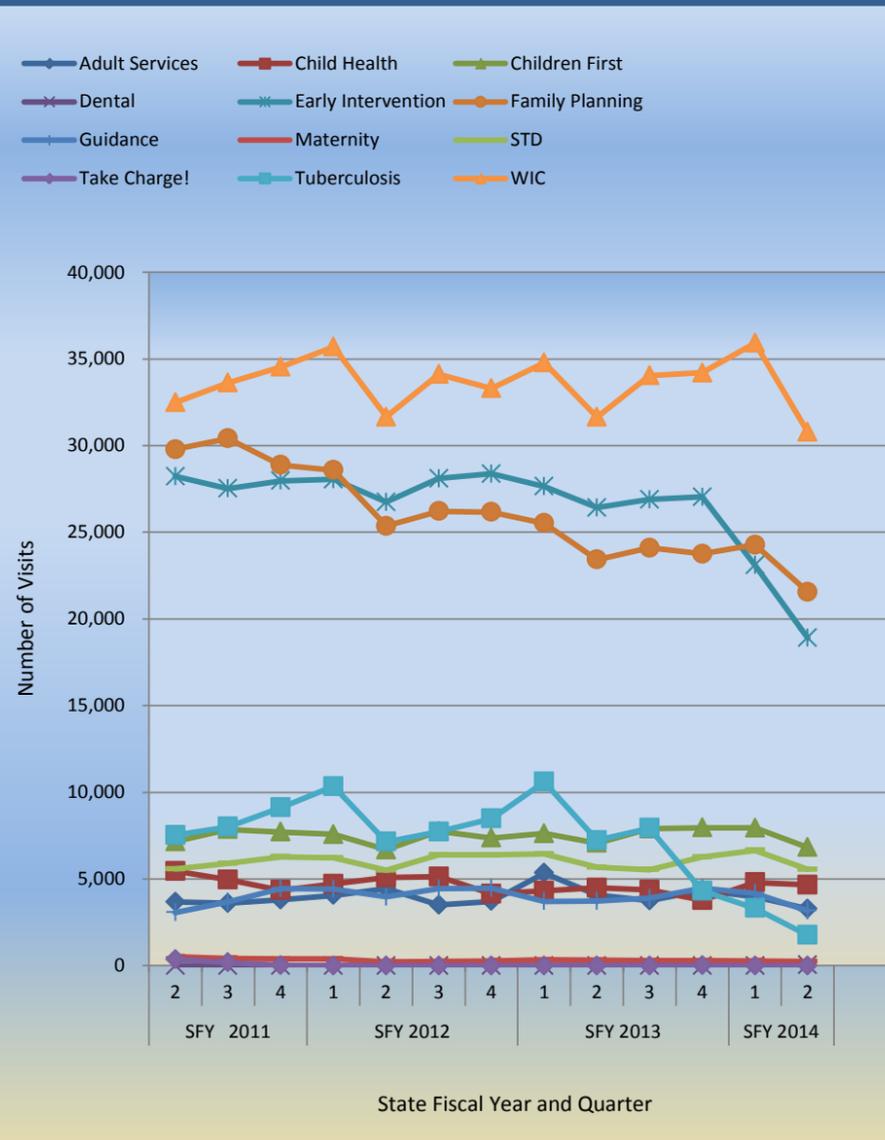
- Non immediate jeopardy-high priority complaints indicate a "red light" because of the 100% compliance standard. 1 out of 74 complaints was investigated in more than 10 days; 73 of 74 were investigated within the 10 day time frame. For all 3 facility types, the overall performance rate is 98.65%, with RCHs met at 100%, NFs met at 98.38% and ALCs met at 100%. Under federal contract standards, performance on nursing facility NIH complaint investigations is considered acceptable at the 95% level.

- Measure is Satisfactory
- Two Quarters Not Met Last Year
- Shortfall Occurred Three Consecutive Quarters

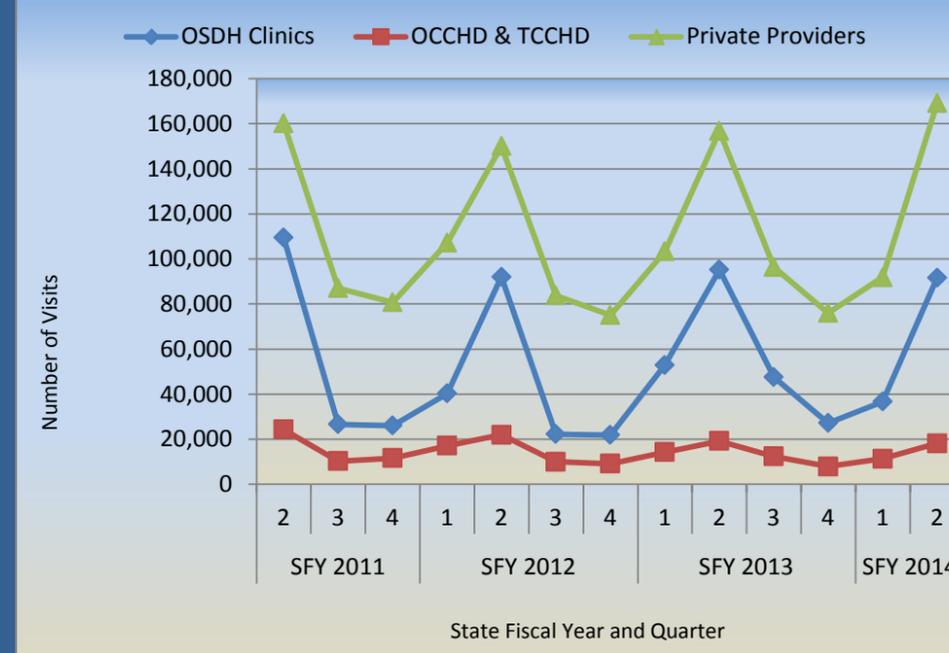
Oklahoma State Board of Health Dashboard

Public Health Infrastructure - County Health Department Visits

Total Visits for OSDH Clinics by Quarter
Does not include Immunization Visits



Total Immunization Visits by Quarter
Recorded in Oklahoma State Immunization Information System



OSDH Clinic Services by Quarter

SFY 2012		SFY 2013		SFY 2014			
Qtr	Services	Qtr	Services	% Change	Qtr	Services	% Change
1	618,207	1	622,001	0.61%	1	582,136	-6.41%
2	603,639	2	562,358	-6.84%	2	539,086	-4.14%
3	575,854	3	547,167	-4.98%			
4	567,100	4	543,363	-4.19%			
2,364,800		2,274,889		-3.80%	1,121,225		

Explanation of Dashboard

- State Fiscal Year (SFY) begins July 1st and ends June 30th.

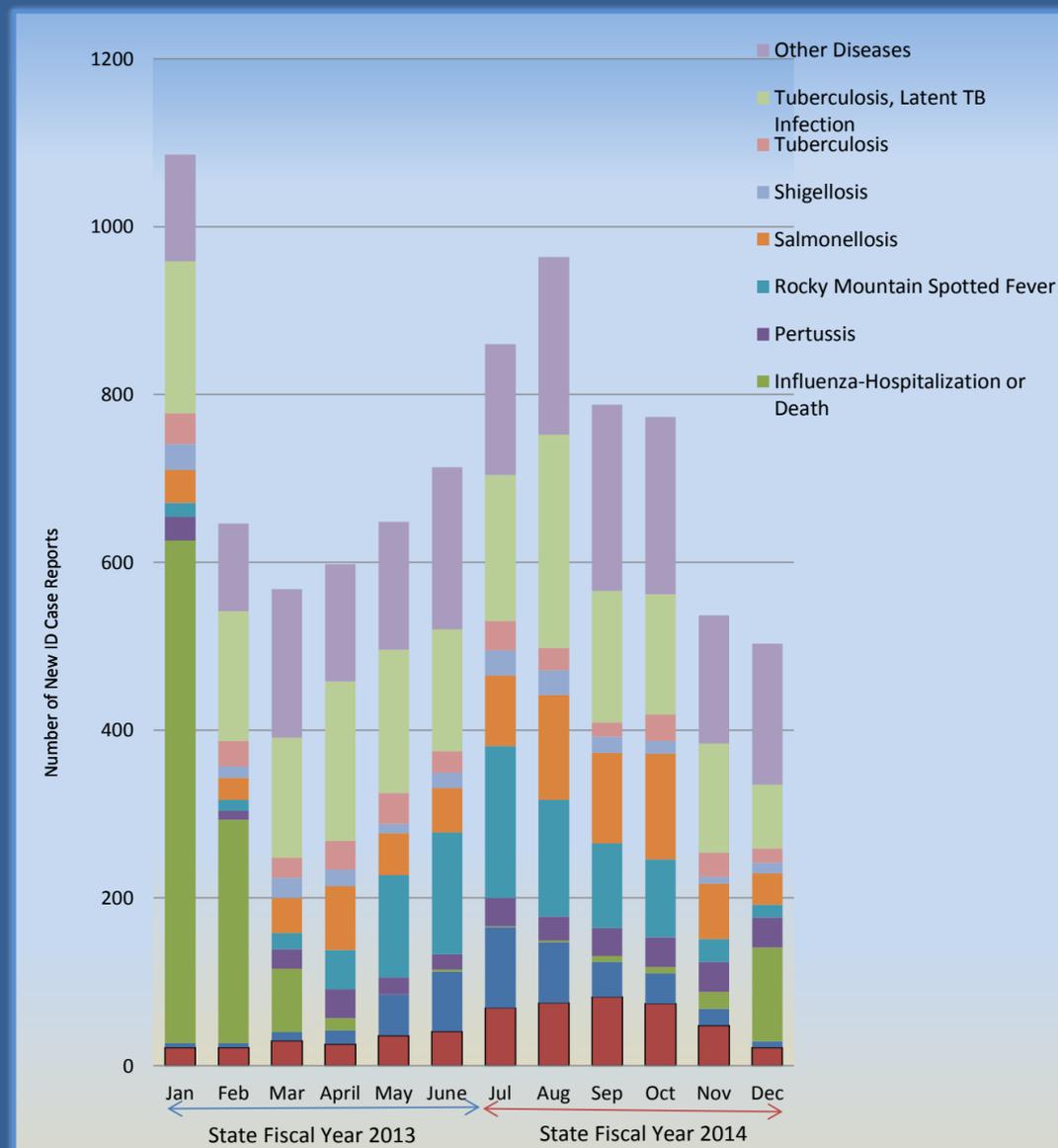
- On the '**Total Immunization Visits by Quarter**' chart, the 2nd quarter of SFY2014 showed a significant increase in immunizations for OSDH and private provider clinics. The data continues to trend as it has in the previous three years. The data shows that there has been decline in immunization services 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.

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.

Oklahoma State Board of Health Dashboard

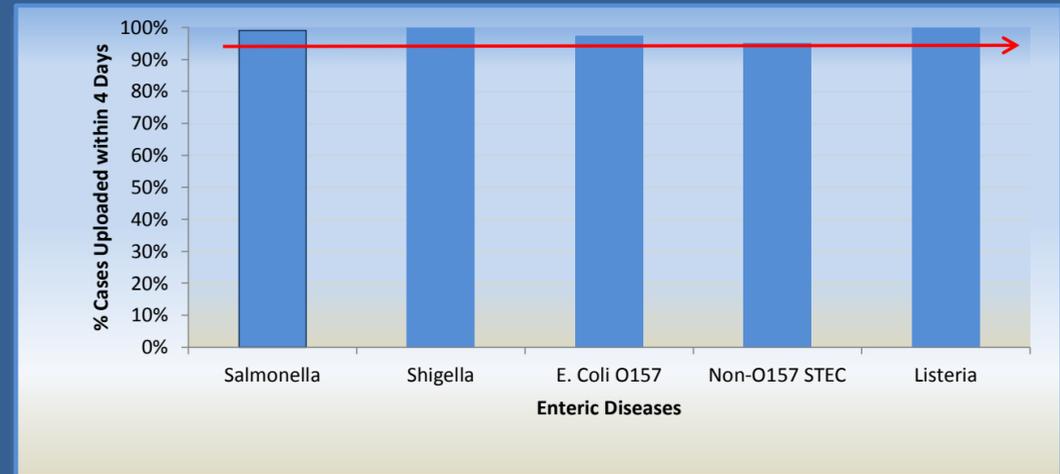
Public Health Imperative - Infectious Disease Measures

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



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 E. Coli O157 Cases: 36 of 37 (97.3%)
 * Number of Listeria Cases: 4 of 4 (100%)
 * Number of Shigella Cases: 21 of 21 (100%)
 * Number of Non-O157 STEC Cases: 58 of 61 (95.08%)
 * **Number of Total Cases: 802 of 808 (99.2%)**



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

Month	# of Rep	Est. Hrs	Month	# of Rep	Est. Hrs
Jan '13	1084	1187	Sep '13	788	1067
Feb '13	646	834	Oct '13	773	1080
Mar '13	564	915	Nov '13	537	839
Apr '13	598	1008	Dec '13	503	708
May '13	647	974			
June '13	713	1013			
July '13	856	1161			
Aug '13	961	1392	Total	8,670	12,178

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

SFY-Qtr	# Specimens
2013-3	42,810
2013-4	57,904
2014-1	49,273
2014-2	44,150
Total	194,137

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.

**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