

**Agenda for the 11:00 a.m., Tuesday, June 10, 2014**  
**Regular Meeting of the Oklahoma State Board of Health**  
**Posted at [www.health.ok.gov](http://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 May 13, 2014, Regular Meeting

**III. JACKSON COUNTY PRESENTATION: Karen Weaver, B.S.N., R.N., Administrative Director, Jackson County Health Department**

**IV. STRATEGIC MAP UPDATE PRESENTATION: Julie Cox-Kain, M.P.A., Chief Operating Officer**

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

Executive Committee – Dr. Krishna, Chair

Discussion and possible action on the following:

- b) Update  
c) Organizational Strategic Alignment

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

Public Health Policy Committee – Dr. Gerard, Chair

Discussion and possible action on the following:

- f) Update

**VI. PRESIDENT'S REPORT**

Related discussion and possible action on the following:

- g) Update

**VII. NOMINATING COMMITTEE REPORT & ELECTION OF OFFICERS 2014-2015**

Discussion and possible action on the following:

- h) Elect President;  
i) Vice-President; and  
j) Secretary/Treasurer

**VIII. COMMISSIONER'S REPORT**

Discussion and possible action

**IX. NEW BUSINESS**

Not reasonably anticipated 24 hours in advance of meeting

**X. PROPOSED EXECUTIVE SESSION**

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

Possible action taken as a result of Executive Session.

**XI. ADJOURNMENT**

1 STATE BOARD OF HEALTH  
 2 OKLAHOMA STATE DEPARTMENT OF HEALTH  
 3 1000 N.E. 10<sup>th</sup>  
 4 Oklahoma City, Oklahoma 73117-1299  
 5

6 Tuesday, May 13, 2014 11:00 a.m.

7  
 8 R. Murali Krishna, President of the Oklahoma State Board of Health, called the 389<sup>th</sup> regular meeting of the  
 9 Oklahoma State Board of Health to order on Tuesday, May 13, 2014 11:03 a.m. The final agenda was posted at  
 10 11:00 a.m. on the OSDH website on May 12, 2014, and at 11:00 .m. at the building entrance on May 12, 2014,  
 11 2014.  
 12

13 **ROLL CALL**

14 Members in Attendance: R. Murali Krishna, M.D., President; Ronald Woodson, M.D., Vice-President; Martha  
 15 Burger, M.B.A., Secretary-Treasurer; Charles W. Grim, D.D.S.; Robert S. Stewart, M.D.; Cris Hart-Wolfe.

16 Members Absent: Jenny Alexopoulos, D.O.; Terry Gerard, D.O.; Timothy E. Starkey, M.B.A;  
 17

18 Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell,  
 19 Deputy Commissioner, Protective Health Services; Steve Ronck, Deputy Commissioner, Community and Family  
 20 Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman,  
 21 Director, Office of State and Federal Policy; Jay Holland, Director for Offices of Internal Audit & Accountability  
 22 Systems; Don Maisch, Office of General Counsel; Leslea Bennett-Webb, Director of Office of Communications;  
 23 Melissa Lang, Chief Financial Officer; Kathy Aebischer, Business Officer; VaLauna Grissom, Secretary to the  
 24 State Board of Health; Commissioner’s Office; Janice Hiner, Sr. Advisor to the Commissioner of Health.  
 25

26 Visitors in attendance: (see sign in sheet)  
 27

28 Call to Order and Opening Remarks

29 Dr. Krishna called the meeting to order and welcomed special guests in attendance.  
 30

31 **REVIEW OF MINUTES**

32 Dr. Krishna directed attention to review of the minutes of the April 8, 2014 Regular Board meeting.  
 33

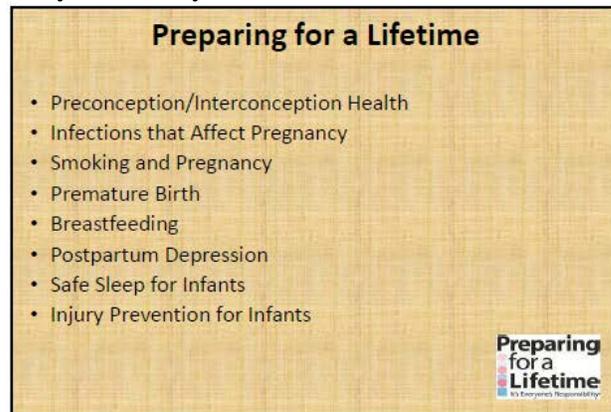
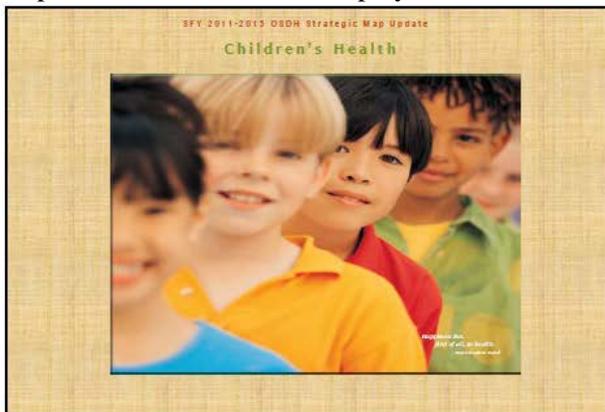
34 **Ms. Burger moved Board approval of the minutes of the April 8, 2014, Regular Board meeting as presented.**  
 35 **Second Ms. Wolfe. Motion carried.**  
 36

37 **AYE: Burger, Grim, Krishna, Stewart, Wolfe, Woodson**

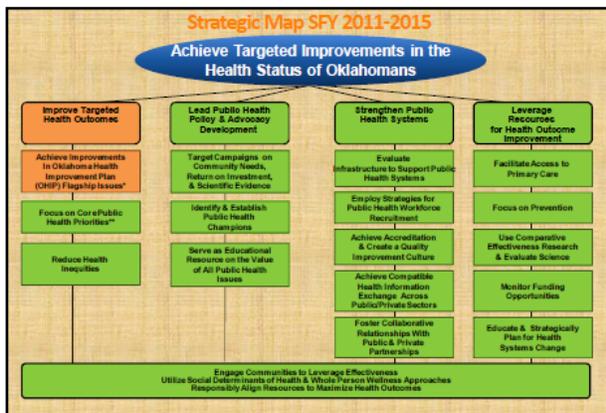
38 **ABSENT: Alexopoulos, Gerard, Starkey**  
 39

40 **STRATEGIC MAP UPDATE PRESENTATION**

41 Stephen W. Ronck, M.P.H., Deputy Commissioner, Community and Family Health Services



1



**Performance Measures Scorecard**  
 Children's Health & Reduce Infant Mortality

Measure	Baseline	Most Recent Year	5 Year Target Goal
15-17 Item Birth Rate – The rate of births (per 1,000) for teenagers aged 15 through 17 years	27.4	22.8	21.5
First Trimester Prenatal Care – % of infants born to pregnant women receiving prenatal care beginning in the first trimester	67.2%	68.2%	71.1%
Adequate Prenatal Care – % of pregnant women receiving adequate prenatal care as defined by Kotelchuck's APNCU Index	70.0%	70.0%	74.5%
Premature Births – rate of preterm births (less than 37 weeks gestation)	13.9%	13.0%	11.9%
Postpartum Depression – % of women screened for postpartum depression up to one year after end of pregnancy	33.3%	40.6%	43.1%
Breastfeeding – % of mothers who breastfeed their infants until 6 months of age	30.5%	35.2%	36.2%

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**Oklahoma Health Improvement Plan (OHIP) Flagship Issues**

- Tobacco Use Prevention
- Children's Health Improvement
- Obesity Reduction

**Performance Measures Scorecard**  
 Reduce Infant Mortality

Measure	Baseline	Most Recent Year	5 Year Target Goal
Unintended Pregnancy – % of women who have an unintended pregnancy resulting in a live birth	48.8%	46.5%	44.2%
Last Trimester Smoking – % of women who smoke in the last three months of pregnancy	19.6%	18%	17.9%
Safe Sleep – % of infants who are placed to sleep on their backs	64%	69.9%	71.3%
Abusive Head Trauma – # of incidents of abusive head trauma in infants	37	31	29

4  
5

**Performance Measures Scorecard**  
 Improve Health Outcomes for Children & Adolescents

Measure	Baseline	Most Recent Year	5 Year Target Goal
Child Dental Caries – % of dental caries experience in children	69.3%	59.3%	58.5%
Fluoridation – % of OK population on community water systems receiving fluoridated water	73.2%	70.1%	75%
Social Emotional Development – % of young children (6 months to 5 years) exhibiting measures of flourishing	75.9%	75.9%	76.4%
Youth Councils – # of counties with public health youth councils established to engage diverse youth ages 14-19 in improving adolescent health outcomes	0	3	8
YRBS Survey Participation – Overall response rate in the Youth Risk Behavior Survey (YRBS) by increasing school participation	72%	80%	82%

**Infant Mortality Reduction**

The Oklahoma Infant Mortality Rate has decreased by **13%** in the last five years from 8.6 per 1,000 in 2007 to **7.5** per 1,000 in 2012 resulting in **72** Oklahoma babies saved!

6  
7

**Becoming Baby Friendly in Oklahoma**

- Ten Hospitals joined the first Trailblazer Group in 2012 to pursue the gold standard of *Becoming Baby Friendly in Oklahoma (BBFOK)*.
- Claremore Indian Hospital became the first to achieve the Baby Friendly designation in June 2013!
- Nine hospitals have implemented at least six of the ten steps with five having implemented eight or more.
- All ten hospitals have eliminated the distribution of industry gift bags containing formula company products to families. Additionally, as of February, 2014, 50% of the 56 birthing hospitals in Oklahoma encourage breastfeeding by not giving free formula bags!
- Five additional hospitals began their journey to Becoming Baby Friendly in the second Pioneer group.

**Community & Family Health Services**  
**Holistic Approach**

- Child Guidance
- Community Epidemiology
- County Health Departments
- Dental
- Family Support & Prevention
- Maternal & Child Health
- Nursing
- Sooner Start
- WIC

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**Community & Family Health Services**  
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- Sooner Start
- WIC

**Preparing for a Lifetime** **Every Week Counts!**



- Ninety-four percent (94%) reduction in early elective deliveries from scheduled c-sections and inductions!
- A reduction from 680 to 46 (a reduction of 634) scheduled births that were non-medically indicated prior to 39 weeks from Q1 2011 to Q4 2013!
- Ten percent (10%) increase in singleton births at 39-41 weeks and a sixteen percent (16%) decrease in births at 36-38 weeks!

**PARTNERSHIPS**



Mr. Ronck thanked the many partners who share in this work including the Oklahoma Hospital Association, University of Oklahoma, March of Dimes, Oklahoma City-County Health Department, Tulsa Health Department, Oklahoma Department of Mental Health and Substance Abuse Services, and Oklahoma Health Care Association to name only a few.

The presentation concluded.

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

**Executive Committee**

Dr. Krishna invited all in attendance to join Governor Mary Fallin at the Walk for Wellness on Wednesday, May 21<sup>st</sup>, at the State Capitol North Plaza. This event will highlight the importance of worksite wellness programs across the state.

1 Dr. Krishna provided an update on the ongoing Oklahoma Health Improvement Plan Community Chats  
2 being conducted around the state. To date 6 chats have been conducted and 5 chats are remaining. The chats  
3 have been well attended and have yielded great input regarding barriers in many of the communities. The  
4 findings will be summarized and presented after the chats have concluded. He encouraged Board members  
5 to attend within their communities.

6  
7 The report concluded.

8  
9 **Finance Committee**

10 Dr. Woodson directed attention to the Financial Brief provided to each Board member and presented the  
11 following SFY 2014 Finance Report and Board Brief as April 22, 2014:

- 12 • Approximately \$428 million budgeted for state fiscal year 2014
- 13 • Forecasted expenditure rate of 99.7% through June 30, 2014
- 14 • “Green Light” overall for Department and all divisions

15  
16 The *Financial Brief* this month focuses on the state revenue process

- 17 • The State Department of Health receives less than 1% of state appropriations. These appropriations are  
18 made from the General Revenue Fund, which is the major appropriated fund.
- 19 • OSDH faces possible reductions in FY2014 and FY2015. The current estimate is up to 1.5% in FY2014  
20 (\$944,755) and 5% in FY2015 (\$3,149,184).

21  
22 The report concluded.

23  
24 **Accountability, Ethics, & Audit Committee**

25 The Accountability, Ethics, & Audit Committee met with Jay Holland. Ms. Wolfe reported that there are no  
26 known significant Audit or Office of Accountability issues to report at this time.

27  
28 The report concluded.

29  
30 **Policy Committee**

31 The Policy Committee met on Tuesday, May 13. Dr. Grim met with Mark Newman at the Oklahoma State  
32 Department of Health in Oklahoma City, Oklahoma. The Policy Committee discussed the passage of SB  
33 1602 which prohibits the sale of ecigarettes to minors beginning November 1, 2014. Dr. Grim thanked  
34 OSDH partners for their efforts toward the passage of this bill. The Tobacco Industry has a large lobby and  
35 although we didn’t get everything we wanted in the bill, the measure does ban the sale of these products to  
36 minors. The Policy Committee also discussed legislation regarding bills which could impact current and  
37 future state employees as well as the current budget deal’s impact to OSDH and health spending in the state.  
38 Copies of the legislative tracking reports are being sent electronically to each member of the BOH and will  
39 continue on a weekly basis throughout the legislative session. If members of the Board have any questions  
40 regarding any policy issues or proposed legislation, please contact Mark Newman.

41  
42 The next meeting of the Policy Committee will be prior to the June Board Meeting.

43  
44 **PRESIDENT’S REPORT**

45 Dr. Krishna briefly discussed the importance of mind, body, and spirit health. Modern scientific studies have  
46 demonstrated that connections between the mind, body, and spirit have the ability to impact a person’s  
47 physical health. Dr. Krishna referenced studies regarding cognitive stimulation in childhood and its impact  
48 in adulthood. A recent American Heart Association panel has concluded that depression is a risk factor for  
49 heart disease along with smoking diabetes, and obesity. If we are to progress our health than we need to  
50 better understand the way the software impacts the hardware. We should continue to work with the private  
51 industry to leverage resources on the journey into health.

52  
53 Lastly, Dr. Krishna highlighted a team of physicians who were looking for opportunities to help their  
54 community. They recently opened a free specialty based clinic in Midwest City with the support of the  
55 Heart Hospital and Mercy.

1 The report concluded.  
2

3 **COMMISSIONER’S REPORT**

4 Dr. Cline thanked Dr. Krishna for the information. He commented on the Senate Bill previously discussed  
5 by Dr. Grim during the Policy Committee report. He provided two newspaper clippings, one from the New  
6 York Times, to Board members for review. The articles covered the use of ecigarettes in Oklahoma.  
7 Oklahoma is in many ways a testing ground for the use of ecigarettes as we were for tobacco use. Although  
8 the tobacco industry has a large lobby, the legislature saw the wisdom of not approving many parts of SB  
9 1602.

10  
11 Annually, state agencies submit quality improvement projects for recognition. The OSDH was recognized  
12 by a group of judges from among 60 projects with approximately 5 million in cost savings from the last full  
13 year. The OSDH received the following awards:  
14

- 15 • **Quality Crown Award Recipient & Governor’s Commendation:** Reducing the Use of Unnecessary  
16 Antipsychotic Drugs in Nursing Home Residents with Dementia Long Term Care Service.
- 17
- 18 • **Extra Mile Award Recipient & Governor’s Commendation:** After the Storm 2013—Tetanus  
19 Immunizations Pottawatomie County Health Department.
- 20
- 21 • **Governor’s Commendations:** Improving Linkage to Care for Oklahomans with HIV Infection  
22 HIV/STD Service; Employee Wellness Culture Comanche County Health Department; and Preparing for  
23 a Lifetime, It’s Everyone’s Responsibility Maternal and Child Health Service.
- 24

25 This is the second year in a row that the OSDH has received the Quality Crown Award which is the number  
26 1 quality improvement award. Dorya Huser was invited to say a few words about the quality improvement  
27 project. She indicated that the Centers for Medicare & Medicaid Services (CMS) issued a challenge for  
28 states to reduce the use of unnecessary antipsychotic drugs in nursing home residents with dementia by 15%.  
29 The OSDH collaborated with partners such as pharmacists, medical directors, and providers to both surpass  
30 the 15% goal as well as move Oklahoma’s ranking in this measure from 48<sup>th</sup> to 39<sup>th</sup>.  
31

32 Dr. Cline encouraged all to attend the next Community Chat being conducted at the Oklahoma City-County  
33 Health Department Northeast Regional Health & Wellness Campus, May 14<sup>th</sup>, 7:00 AM.  
34

35 Dr. Cline briefly discussed his opportunity to participate in a congressional briefing to combat the misuse of  
36 prescription drugs. This is a priority for Oklahoma as well as the Association of State and Territorial Health  
37 Officials. Dr. Cline also presented these strategies to a diverse group of stakeholders in Ardmore. The City  
38 of Ardmore has employed a take back program which places drop boxes in police stations for citizens to  
39 dispose of unused medications.  
40

41 Lastly, Dr. Cline commented on a recent Oklahoma Health Workforce Summit conducted on April 2<sup>nd</sup>.  
42 Oklahoma was awarded an NGA grant for the purpose of engaging key stakeholders to identify and  
43 coordinate strategies for health workforce development in Oklahoma. NGA will provide technical  
44 assistance. Board members received a copy of the 2014 Commonwealth Report Overview and Oklahoma  
45 state profile. The report is broader than in previous years and is a complicated report to analyze. Julie will  
46 provide a more in depth examination of the report and what it means to Oklahoma during the June Board of  
47 Health meeting.  
48

49 The report concluded.  
50

51 **NEW BUSINESS**

52 No new business.  
53  
54  
55

1 **PROPOSED EXECUTIVE SESSION**

2 No Executive Session

3

4 **ADJOURNMENT**

5 **Dr. Stewart moved Board approval to Adjourn. Second Dr. Woodson. Motion carried.**

6

7 **AYE: Burger, Grim, Krishna, Stewart, Wolfe, Woodson**

8 **ABSENT: Alexopoulos, Gerard, Starkey**

9

10 The meeting adjourned at 11:55 a.m.

11

12 Approved

13

14

15

16 \_\_\_\_\_  
R. Murali Krishna, M.D.

17 President, Oklahoma State Board of Health

18 June 10, 2014

# Health Horizon of the Great Plains

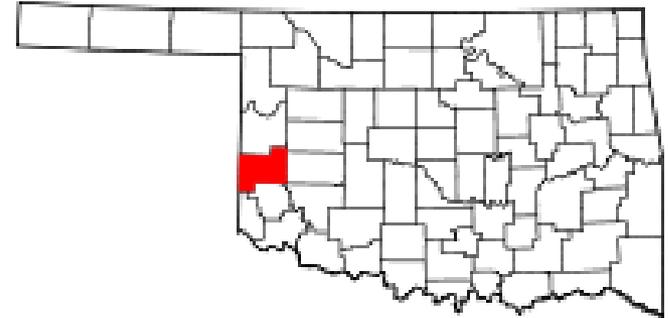
Karen Weaver  
Regional Director



Jackson County  
Health Department

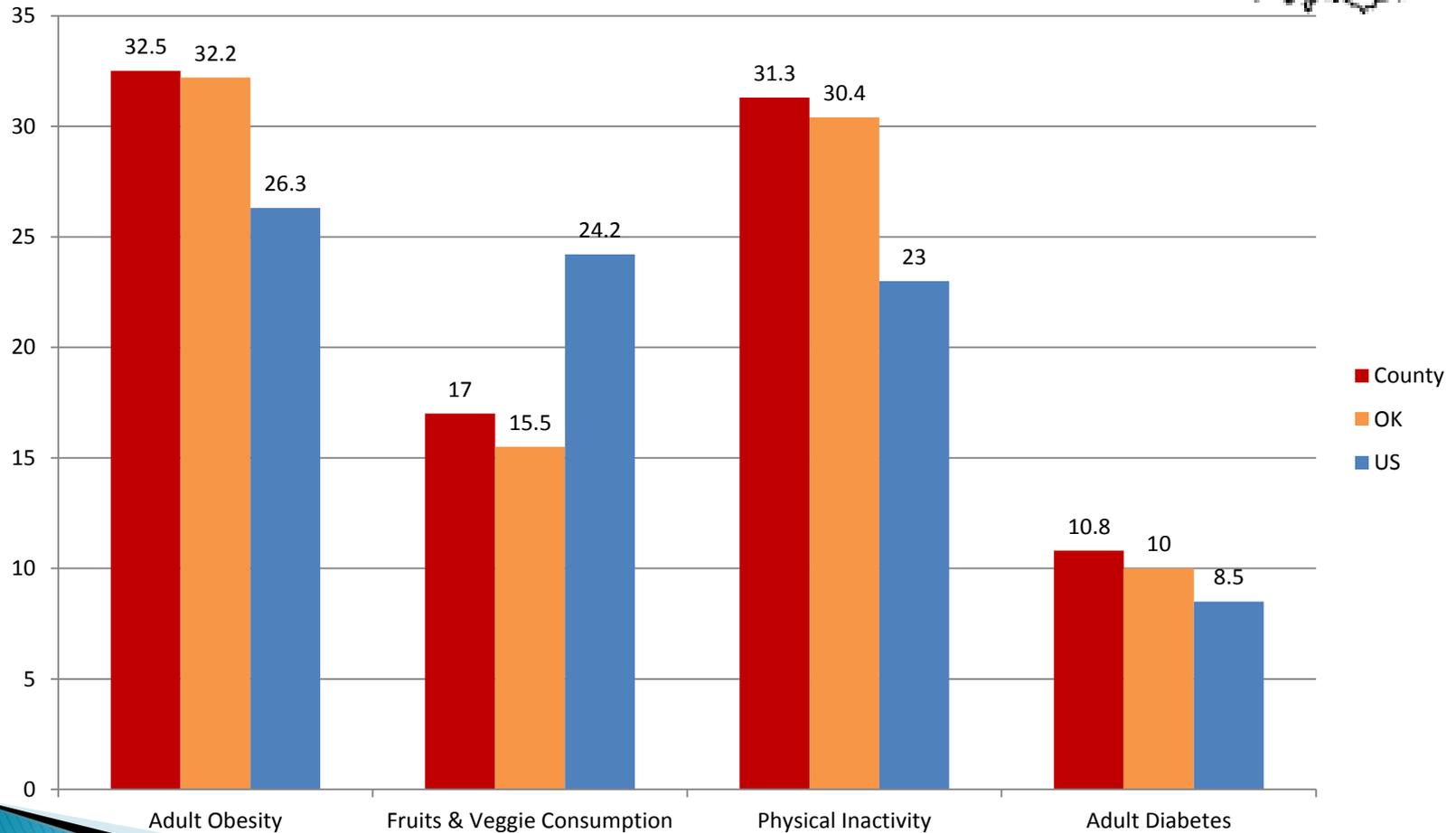
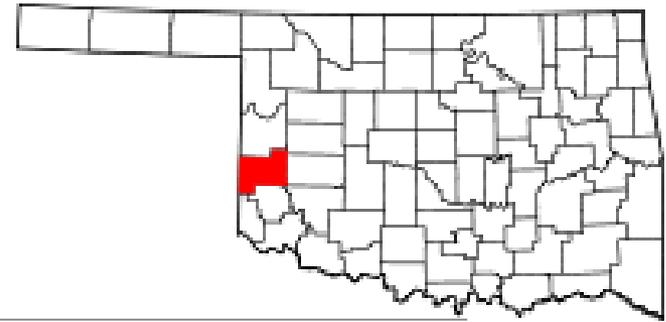
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# Beckham County Demographics

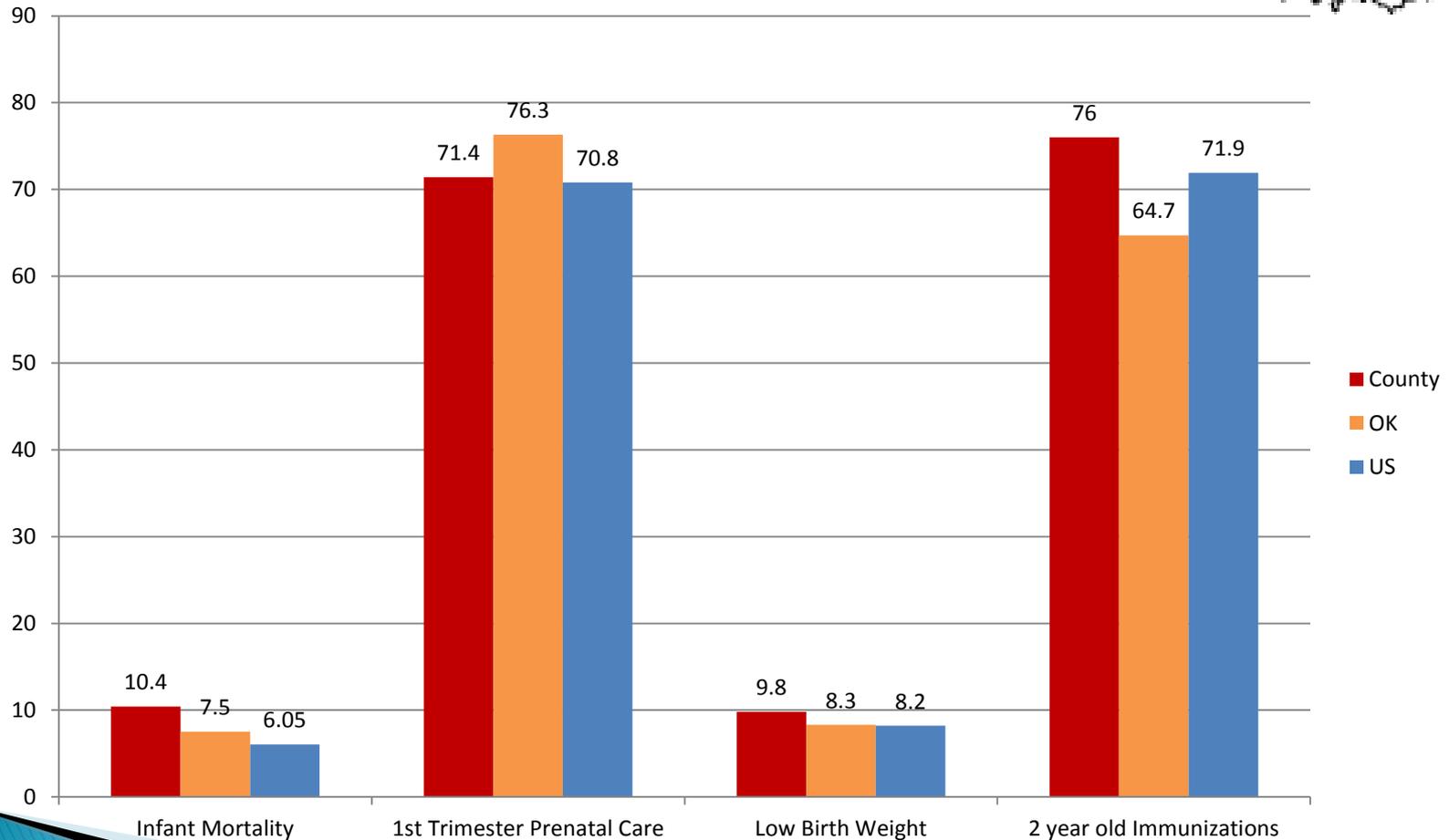
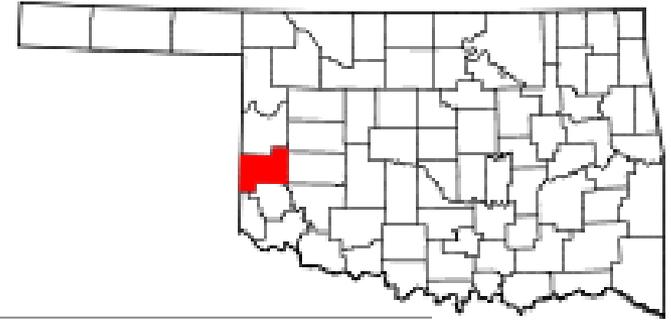


	County	OK	US
Population	23,081	3,850,568	316,128,839
Percent Change	<b>+16.9%</b>	2.6%	2.4%
Families Below Poverty	10.9%	12.3%	10.9%
Median Income	\$51,506	\$44,891	\$53,046
Unemployment Rate	2.6%	5.2%	8.1%
Uninsured >18 age (est. 2013)	21.4%	21.5%	17.0%
Adult Smokers	31.2%	23.3%	19.6%

# Beckham County Adult Health Status

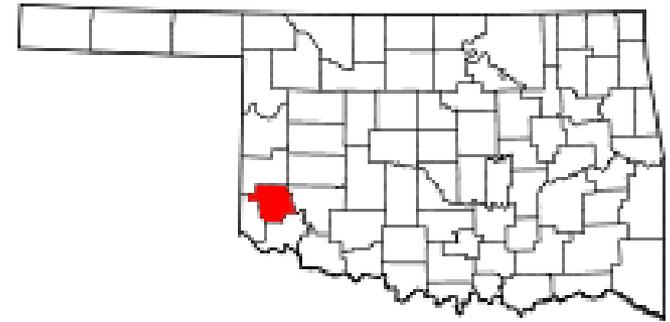


# Beckham County Infant Health Indicators



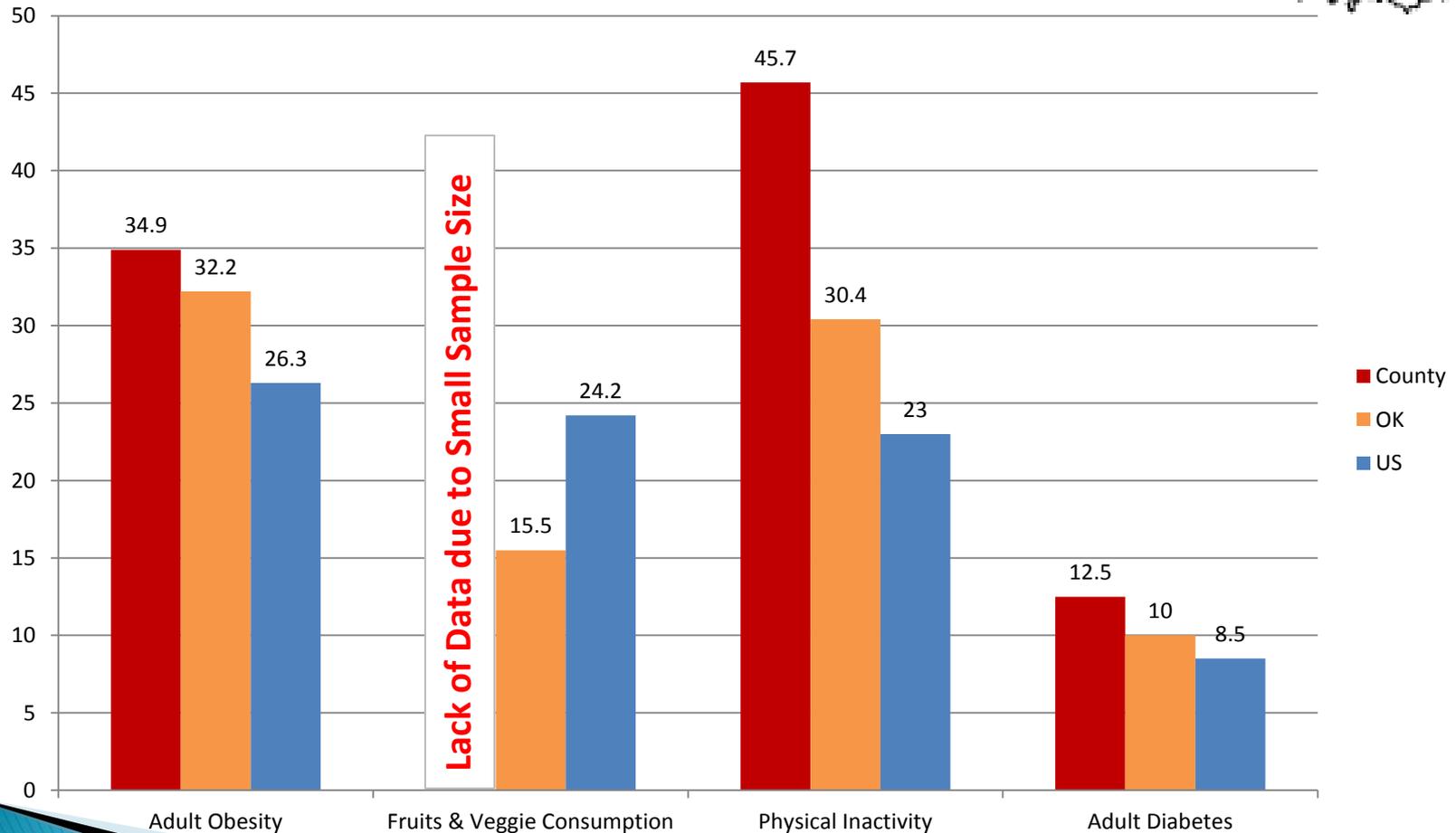
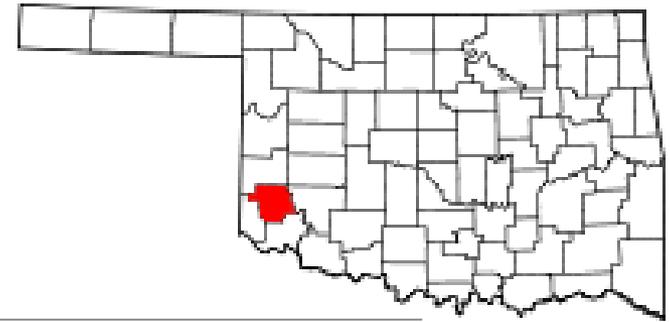
# Greer County

## Demographics

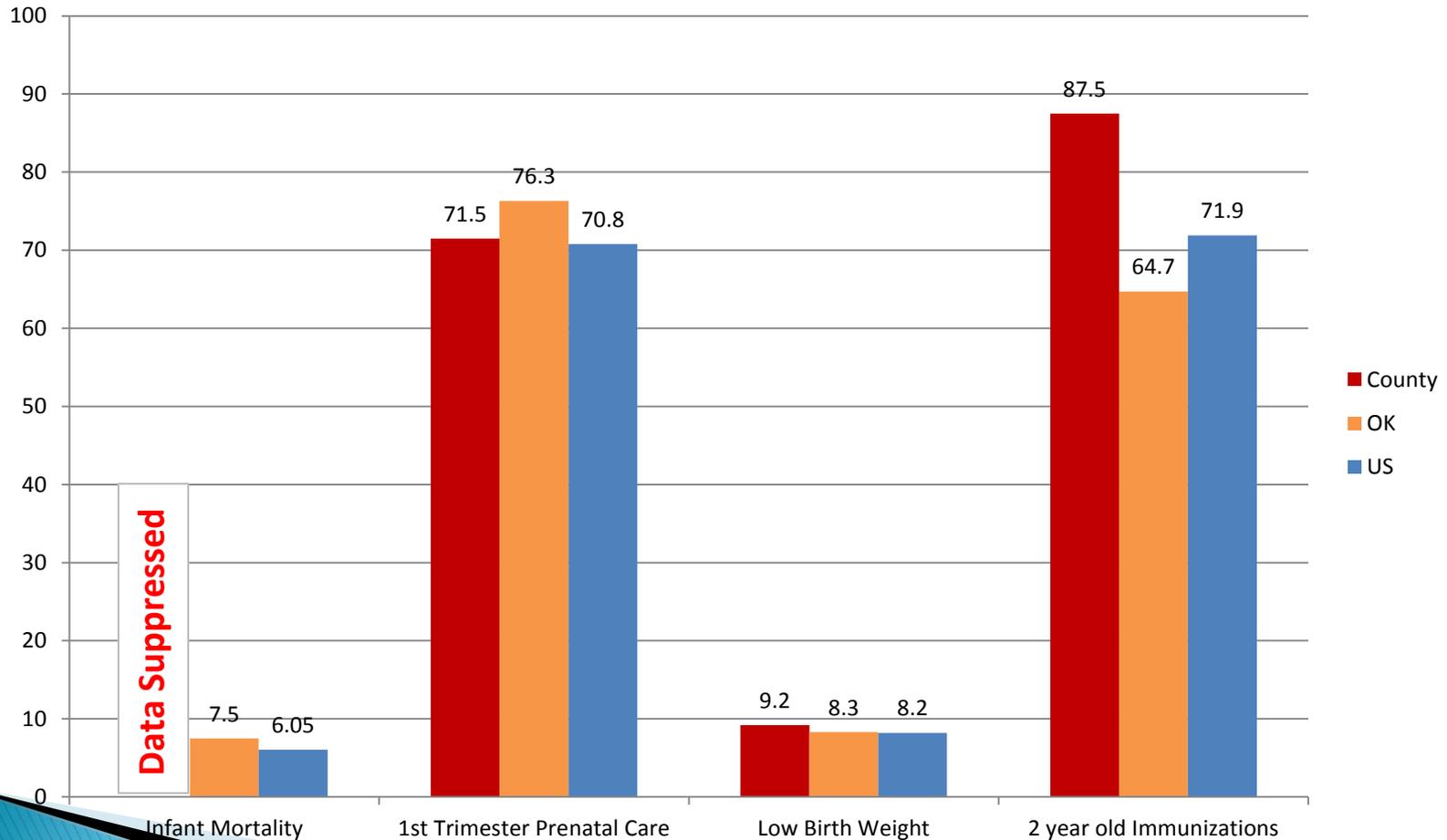
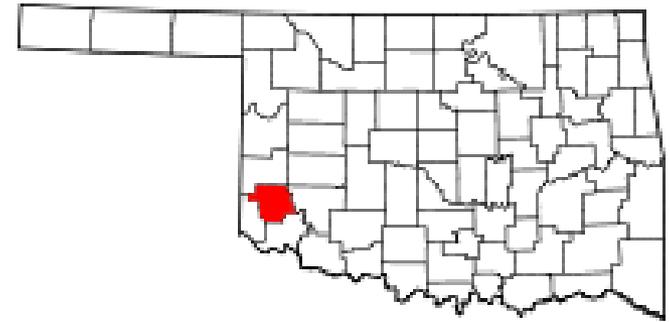


	County	OK	US
Population	6,082	3,850,568	316,128,839
Percent Change	+0.8%	2.6%	2.4%
Families Below Poverty	6.5%	12.3%	10.9%
Median Income	\$40,827	\$44,891	\$53,046
Unemployment Rate	6.2%	5.2%	8.1%
Uninsured >18 age (est. 2013)	20.1%	21.5%	17.0%
Adult Smokers	28.9%	23.3%	19.6%

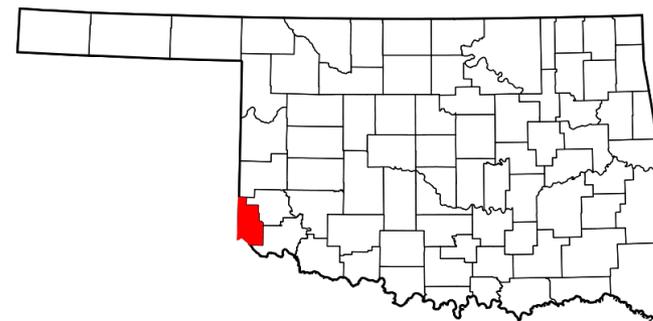
# Greer County Adult Health Status



# Greer County Infant Health Indicators

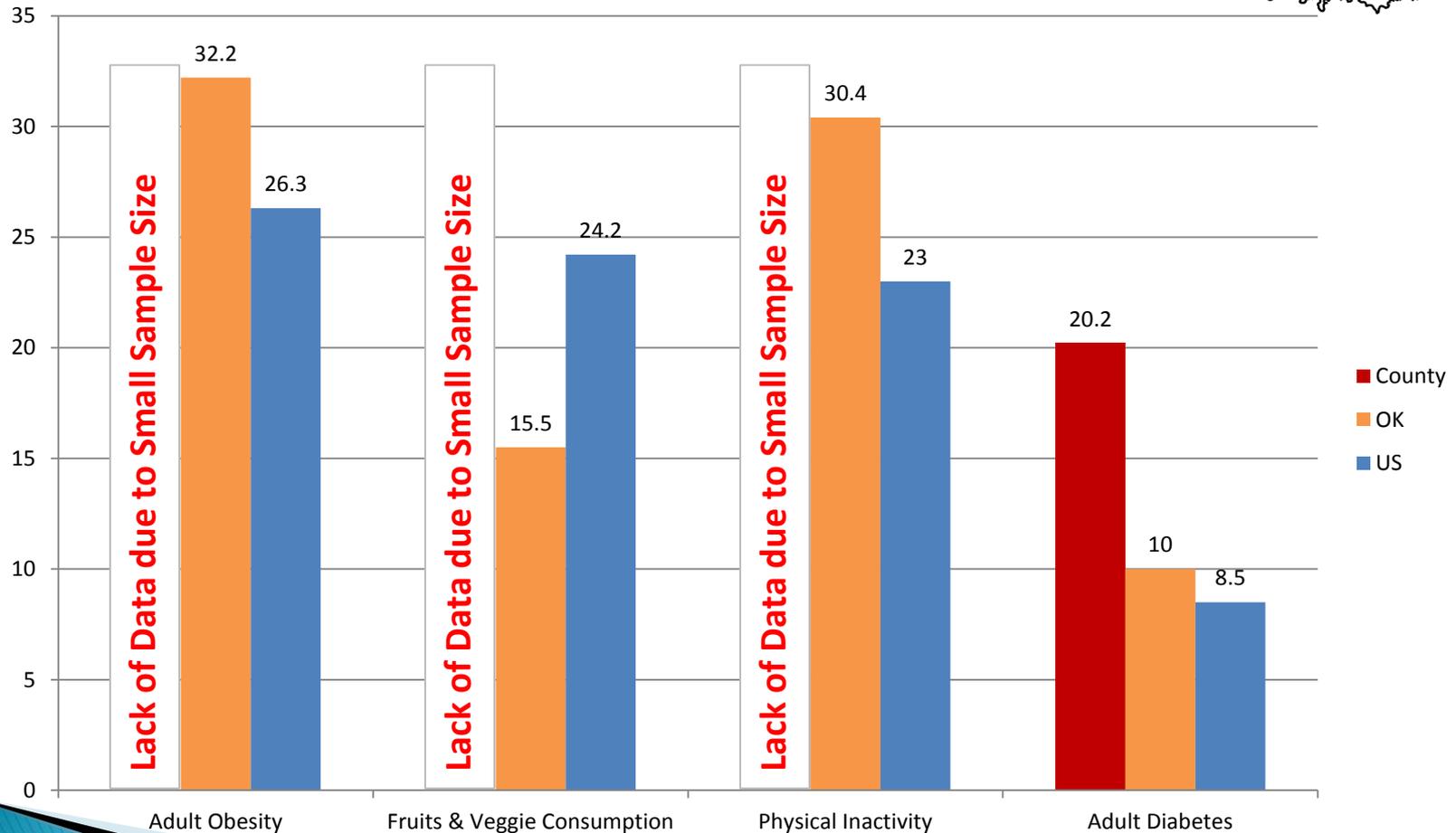
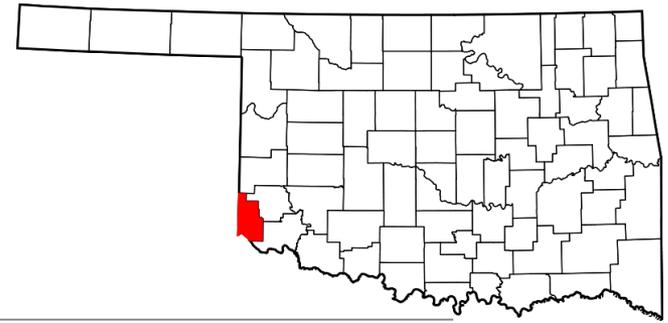


# Harmon County Demographics

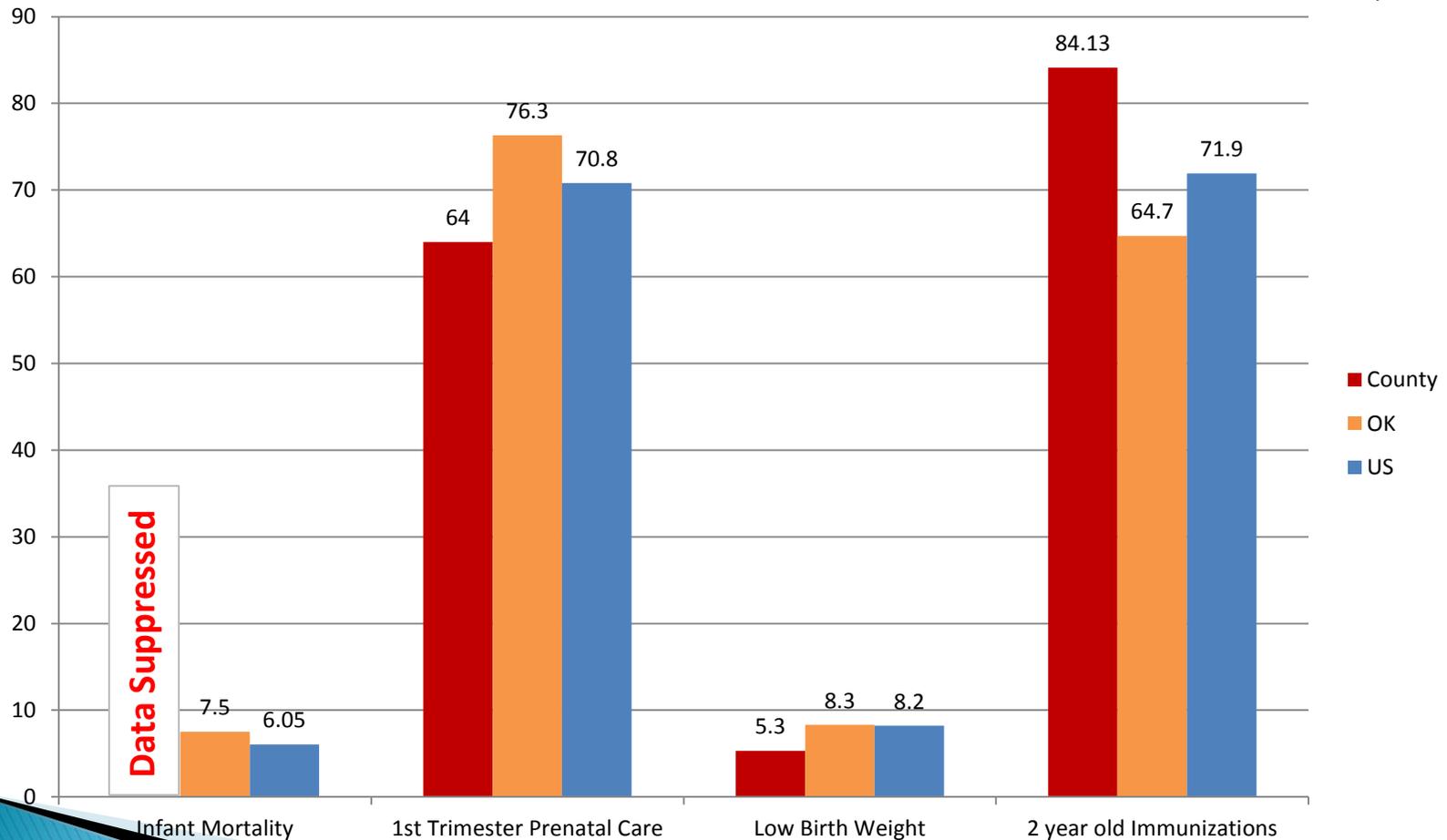
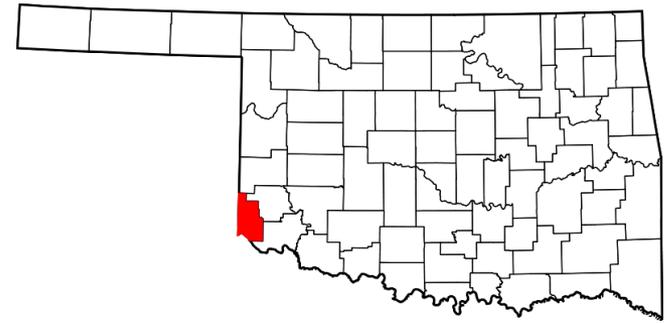


	County	OK	US
Population	2,906	3,850,568	316,128,839
Percent Change	-11.2%	2.6%	2.4%
Families Below Poverty	26.2%	12.3%	10.9%
Median Income	\$28,194	\$44,891	\$53,046
Unemployment Rate	4.3%	5.2%	8.1%
Uninsured >18 age (est. 2013)	26.6%	21.5%	17.0%
Adult Smokers (unstable)	10.3%	23.3%	19.6%

# Harmon County Adult Health Status



# Harmon County Infant Health Indicators

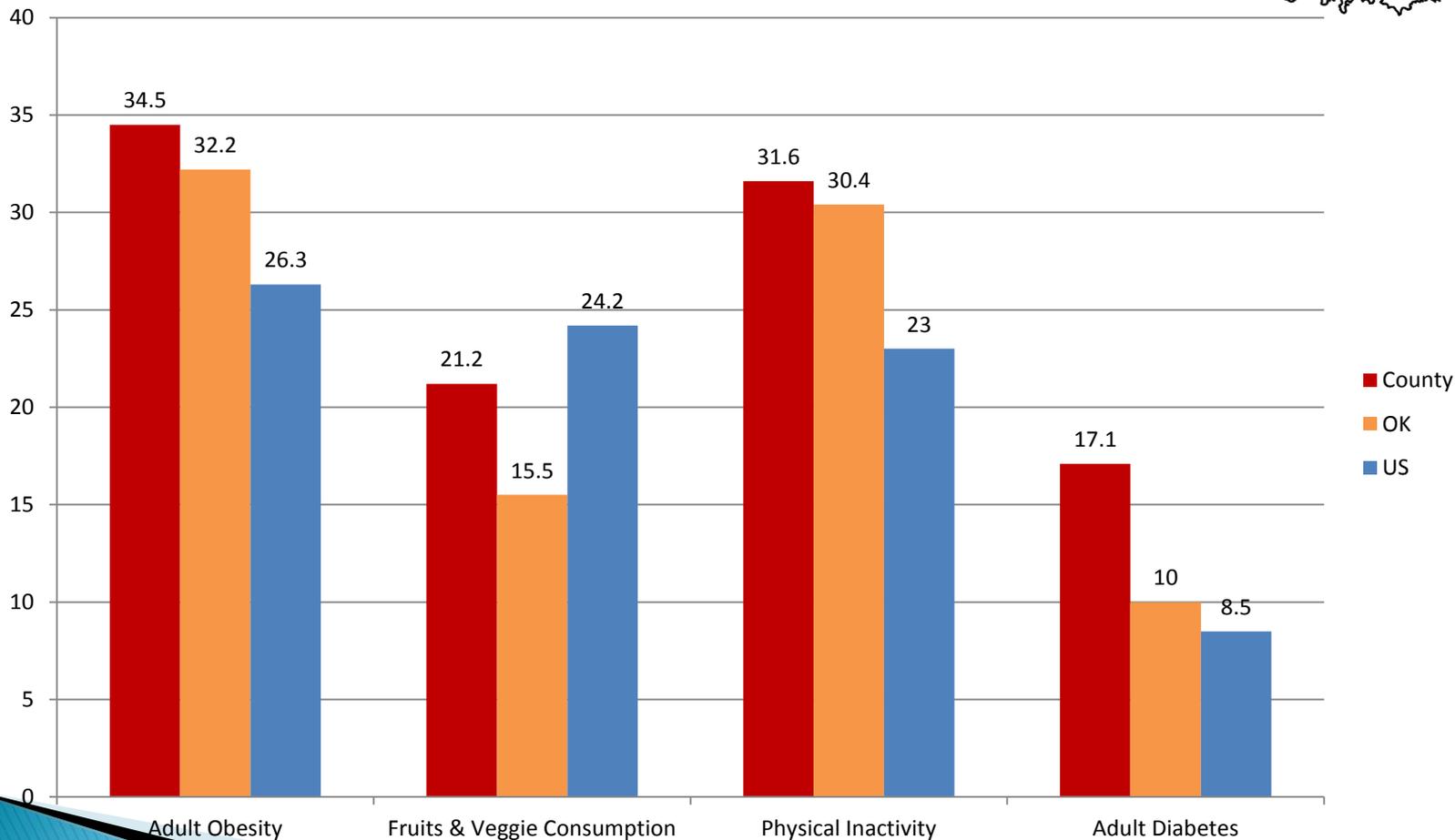
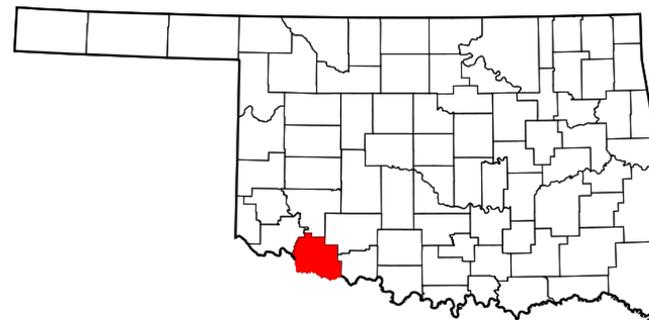


# Tillman County Demographics

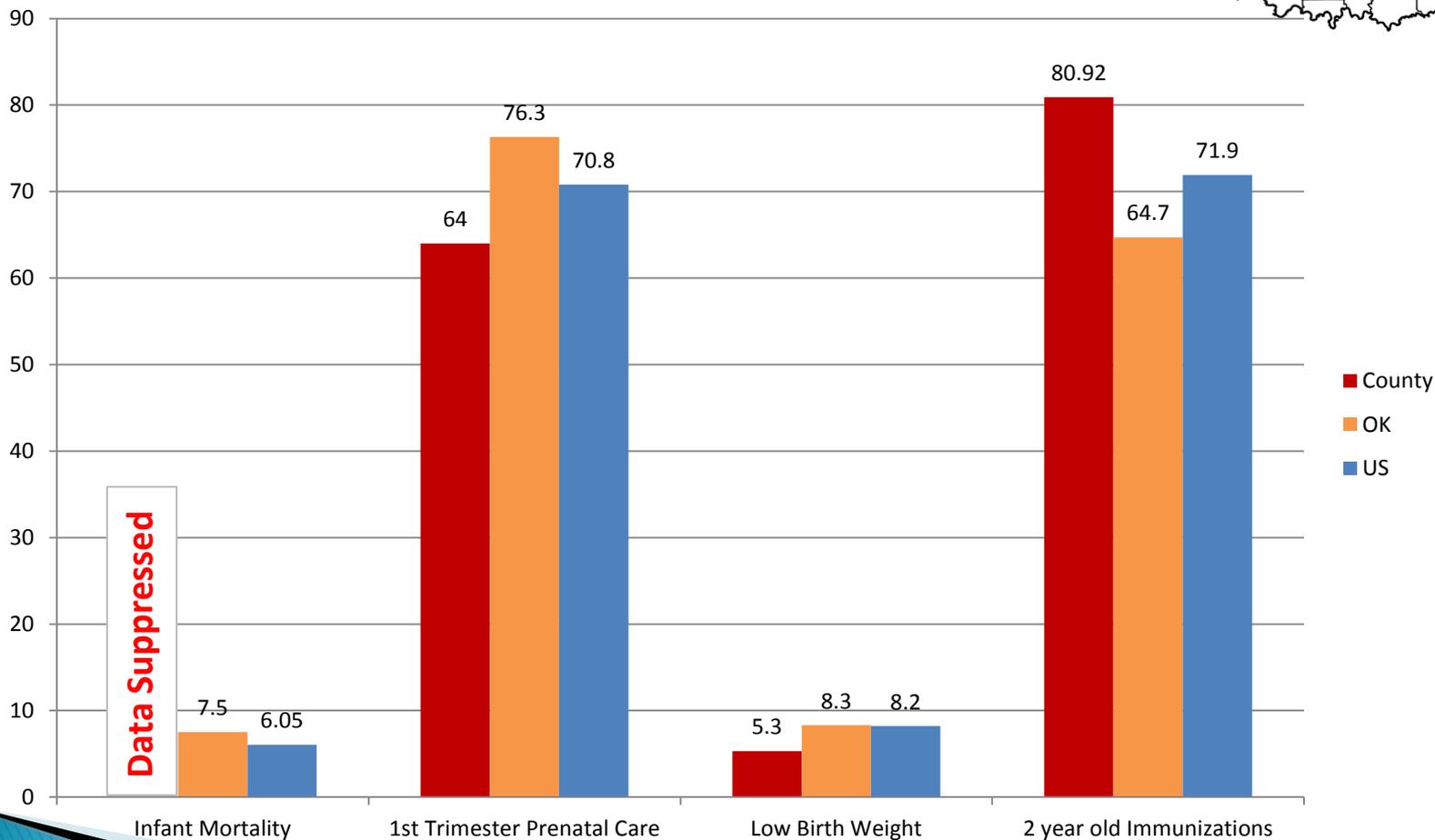
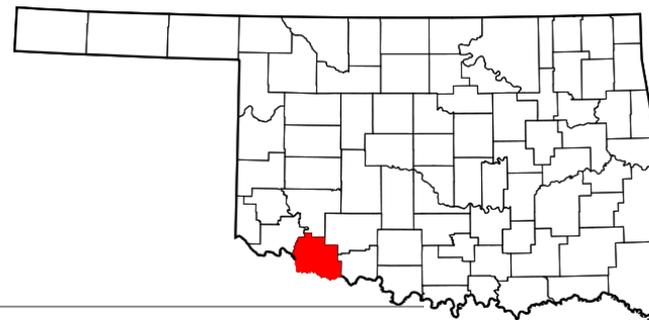


	County	OK	US
Population	7,822	3,850,568	316,128,839
Percent Change	-15.4%	2.6%	2.4%
Families Below Poverty	14.6%	12.3%	10.9%
Median Income	\$34,550	\$44,891	\$53,046
Unemployment Rate	4.7%	5.2%	8.1%
Uninsured >18 age (est. 2013)	24.4%	21.5%	17.0%
Adult Smokers (unstable)	25.4%	23.3%	19.6%

# Tillman County Adult Health Status



# Tillman County Infant Health Indicators

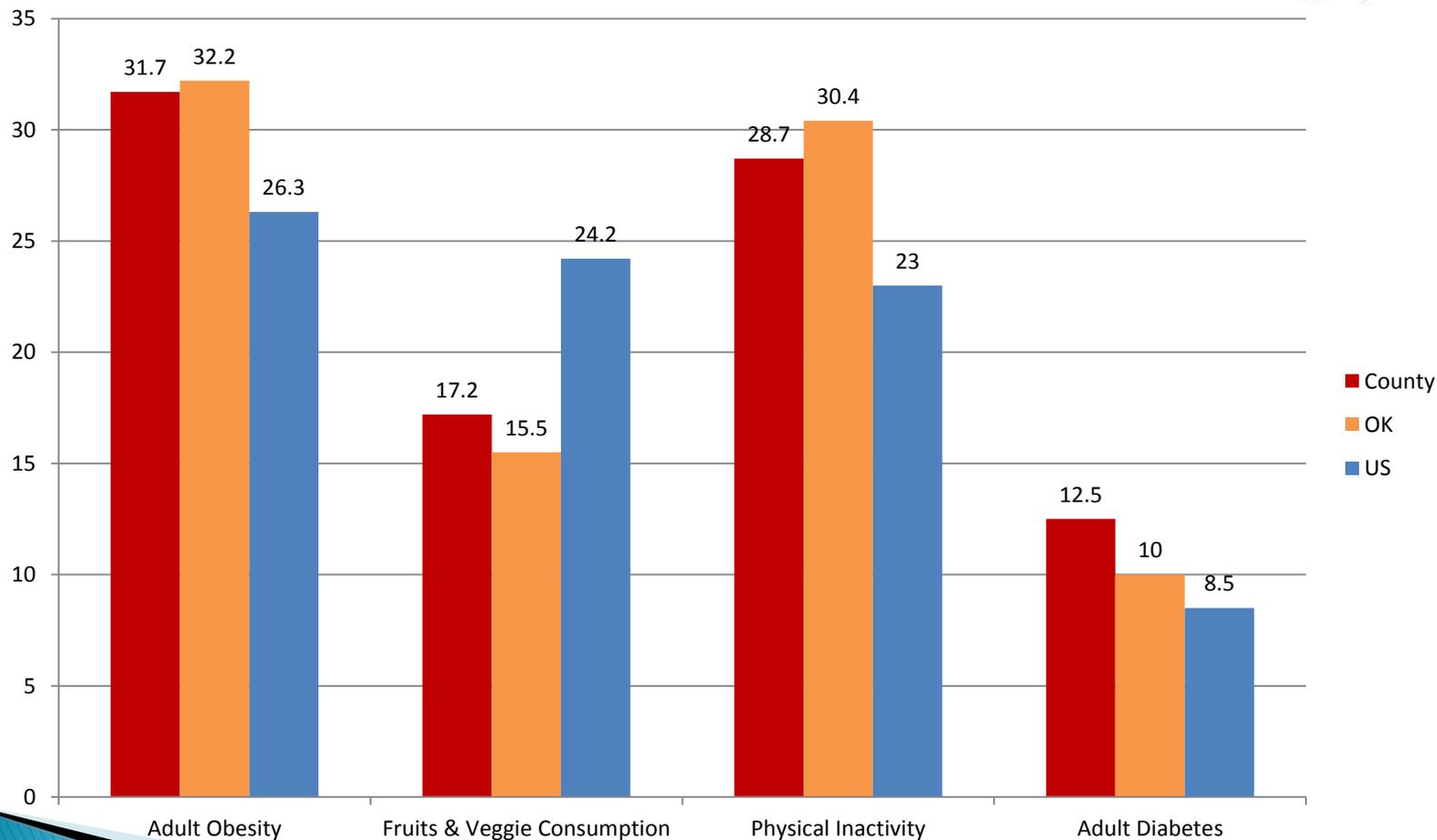


# Jackson County Demographics

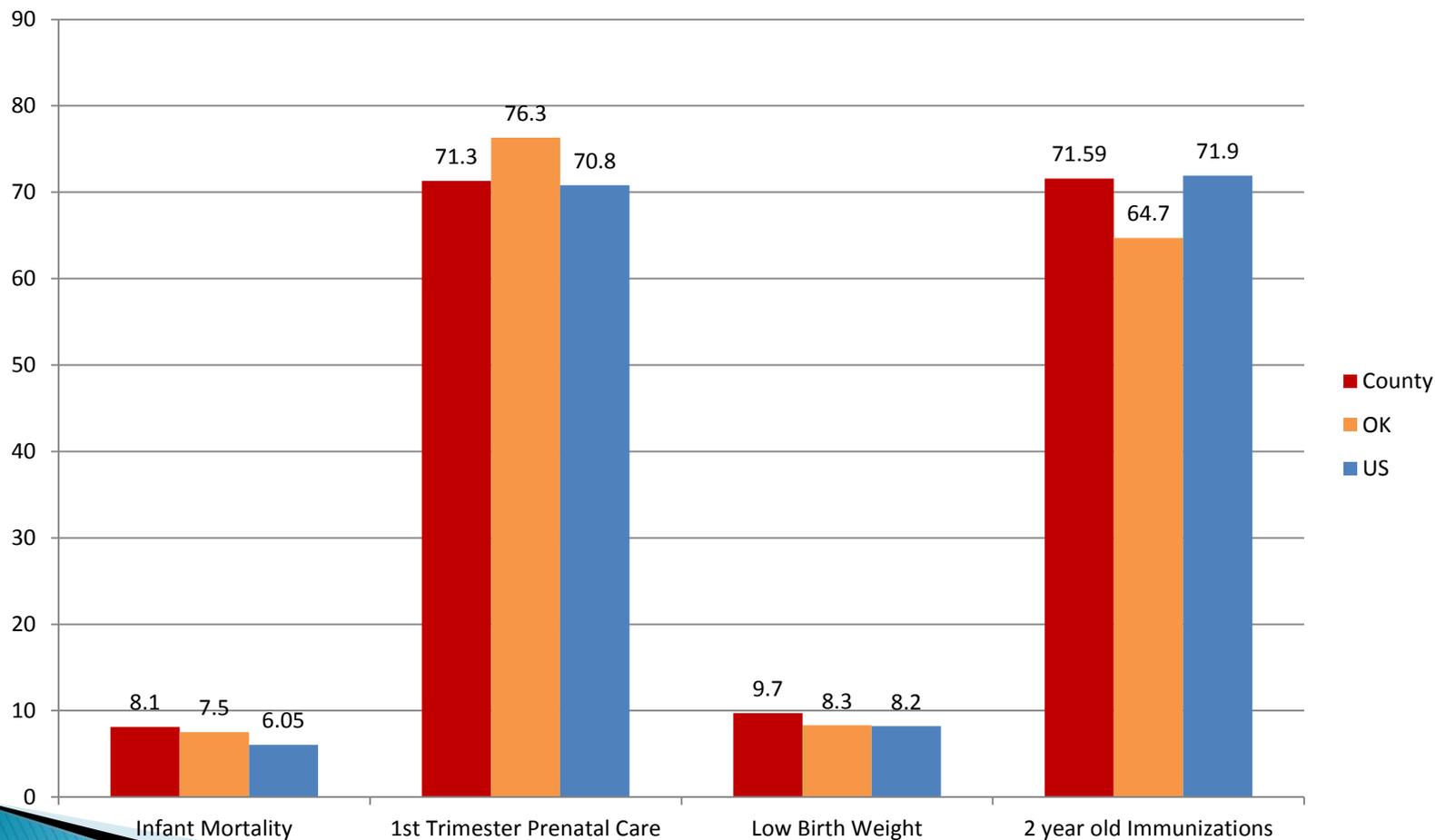


	County	OK	US
Population	26,237	3,850,568	316,128,839
Percent Change	-7.1%	2.6%	2.4%
Families Below Poverty	14.1%	12.3%	10.9%
Median Income	\$41,563	\$44,891	\$53,046
Unemployment Rate	4.7%	5.2%	8.1%
Uninsured >18 age (est. 2013)	20.0%	21.5%	17.0%
Adult Smokers	25.4%	23.3%	19.6%

# Jackson County Adult Health Status



# Jackson County Infant Health Indicators



# Changing the Horizon of the Plains

Administrative District



- ▶ Tobacco Policies and Ordinances
- ▶ Physical Activity & Nutrition Policies and Ordinances
- ▶ Certified Healthy Oklahoma
- ▶ Preparing for a Lifetime
- ▶ Caring Van Southwest Oklahoma

7-15-11



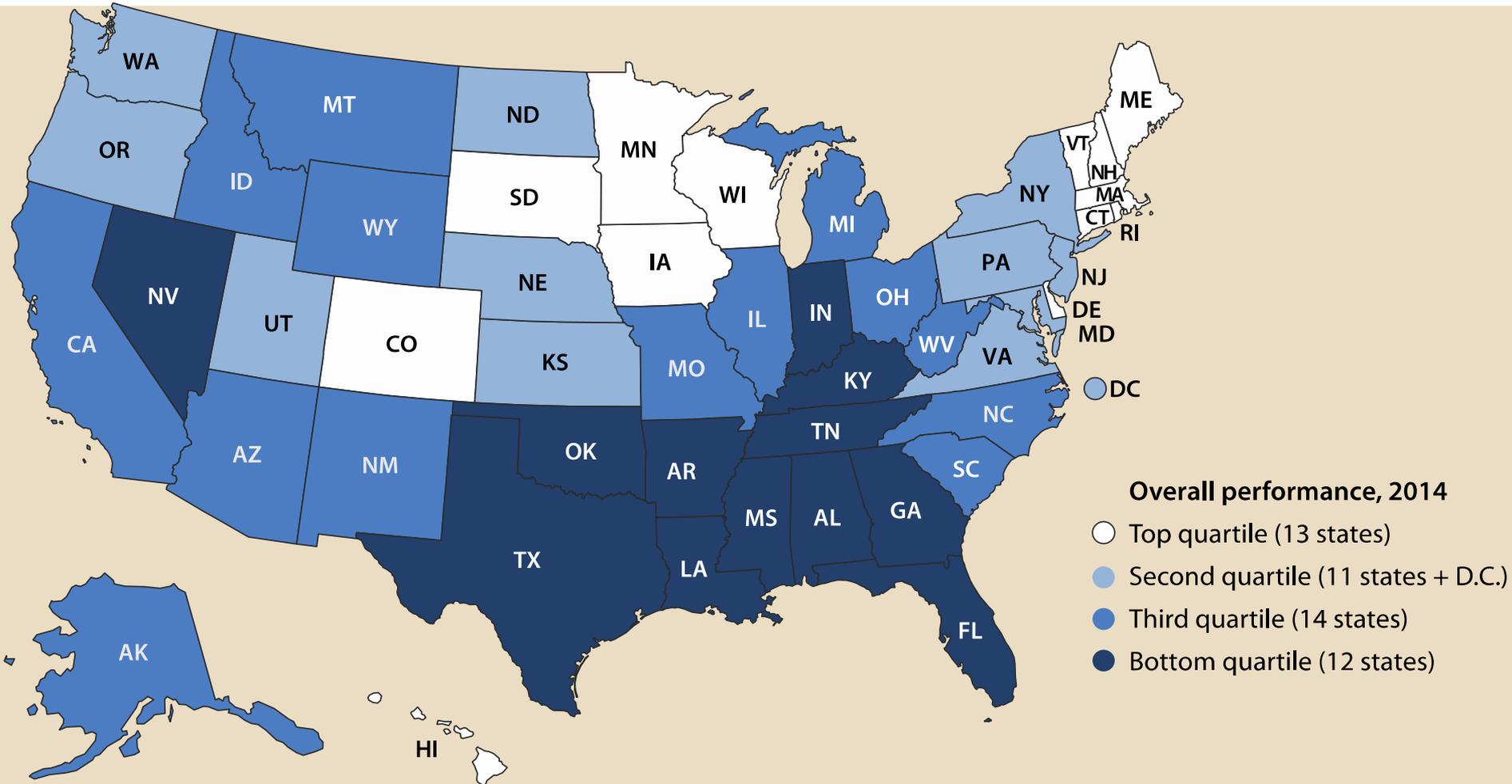
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# LEVERAGE RESOURCES FOR HEALTH OUTCOME IMPROVEMENT

June 2014

# Deficits in Oklahoma

## Exhibit 4. Overall State Health System Performance: Scorecard Ranking, 2014



# Deficits in Oklahoma

## Health System Performance Ranking Summary

3

### Performance Quartile

- Top Quartile
- Second Quartile
- Third Quartile
- Bottom Quartile

### 2014 Scorecard Ranking

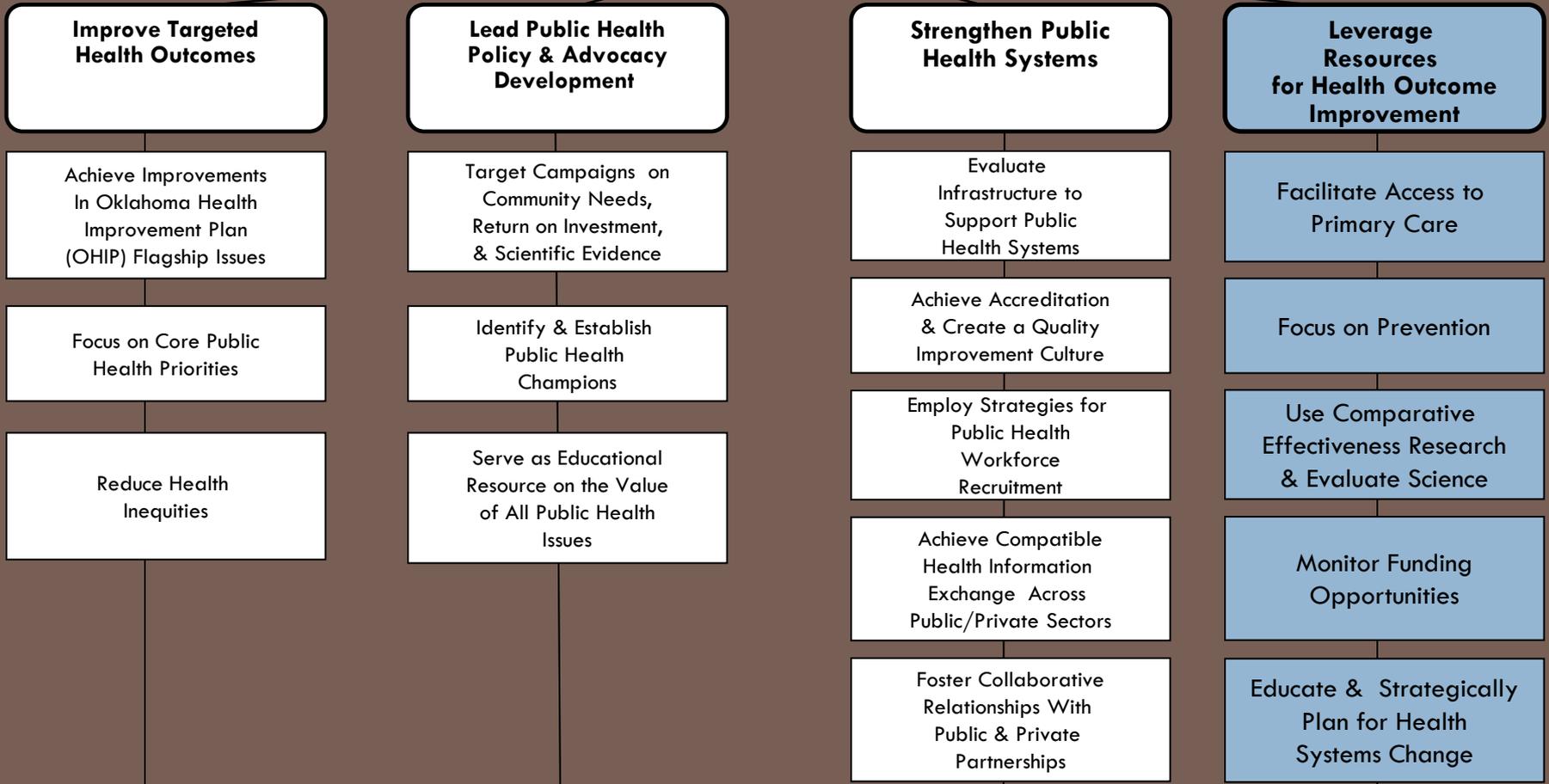
Rank	State	Access & Affordability	Prevention & Treatment	Avoidable Hospital Use & Cost	Healthy Lives	Equity
40	Tennessee	Third Quartile	Third Quartile	Bottom Quartile	Bottom Quartile	Third Quartile
41	Florida	Bottom Quartile	Third Quartile	Second Quartile	Bottom Quartile	Bottom Quartile
42	Kentucky	Third Quartile	Second Quartile	Bottom Quartile	Bottom Quartile	Third Quartile
43	Indiana	Third Quartile	Third Quartile	Bottom Quartile	Bottom Quartile	Bottom Quartile
44	Texas	Bottom Quartile	Bottom Quartile	Third Quartile	Third Quartile	Bottom Quartile
45	Georgia	Bottom Quartile	Bottom Quartile	Third Quartile	Third Quartile	Bottom Quartile
46	Alabama	Third Quartile	Third Quartile	Bottom Quartile	Bottom Quartile	Third Quartile
46	Nevada	Bottom Quartile	Bottom Quartile	Second Quartile	Third Quartile	Bottom Quartile
48	Louisiana	Bottom Quartile	Bottom Quartile	Bottom Quartile	Bottom Quartile	Third Quartile
49	Oklahoma	Third Quartile	Bottom Quartile	Bottom Quartile	Bottom Quartile	Bottom Quartile
50	Arkansas	Bottom Quartile	Bottom Quartile	Third Quartile	Bottom Quartile	Bottom Quartile
51	Mississippi	Bottom Quartile	Bottom Quartile	Bottom Quartile	Bottom Quartile	Bottom Quartile

# Strategic Map: SFY 2011-2015

## Central Challenge

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

4



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

# Leverage Resources for Health Outcome Improvement

## Performance Measures Scorecard

5

Measure	Baseline	Most Recent Year	5 Year Target Goal
<b>Preventable Hospitalizations Rate</b> – The rate of preventable hospitalizations per 1,000 Medicare enrollees	81.0 (CY 2012)	76.9 (CY 2013)	72.9 (CY 2018)
<b>Adoption of Clinical Preventive Services</b> – Health insurance carriers and health systems adopting or refining recommended clinical preventive services and evidence-based strategies	0 (FY 2013)	1 (FY 2014)	5 (FY 2018)
<b>Crosswalk Tool</b> – Developing recommendations for clinical preventive services and evidence-based strategies for critical health outcome measures	0% (FY 2013)	100% (FY 2014)	N/A
<b>Uninsured Oklahomans</b> – The number of uninsured individuals in Oklahoma	636,415 (CY 2011) *17% of total OK population	637,990 (CY 2012) *17% of total OK population	572,773 (CY 2017) *15% of total OK population
<b>Barriers to Care for Specific Populations</b> – Developing recommendations and evidence-based strategies to address barriers to care for specific populations, such as tribes and other minority populations	0% (FY 2013)	0% (FY 2014)	100% (FY 2015)

# Leverage Resources for Health Outcome Improvement Performance Measures Scorecard

6

Measure	Baseline	Most Recent Year	5 Year Target Goal
<b>Team-Based Care Coordination Model –</b> Piloting a team-based care coordination model with both health insurance carriers and health systems	0% (FY 2013)	100% (FY 2014)	N/A
<b>Award FQHC “Start-up” or Development Dollars –</b> Awarding annually appropriated dollars for new FQHC access points and start-ups	77.32% (FY 2011)	15.65% (FY 2014)	90.00% (FY 2017)
<b>Shared Savings and Performance-Based Reimbursement Models –</b> Developing a plan or waiver to pilot shared savings and performance-based reimbursement models with both health insurance carriers and health systems	0% (FY 2013)	25% (FY 2014)	100% (FY 2015)

# Improving Population Health Outcomes Depends on Transforming the Health System to Coordinate and Integrate Primary Care, Public Health and Community Prevention Efforts

- Incentives for providers to achieve pop. health outcomes and improve quality
- Incentives for plans/ACOs to address population health outcomes
- Funding mechanisms that enable braiding of financing streams

- Primary care & team based care
- Patient assessments include personal data and SDOH regarding patients' homes and communities
- Quality improvement
- Leveraging, linkages and referrals to community resources
- Data collection & EHRs contribute to community health data base
- Coordination with community health outreach workers
- Chronic disease mgmt

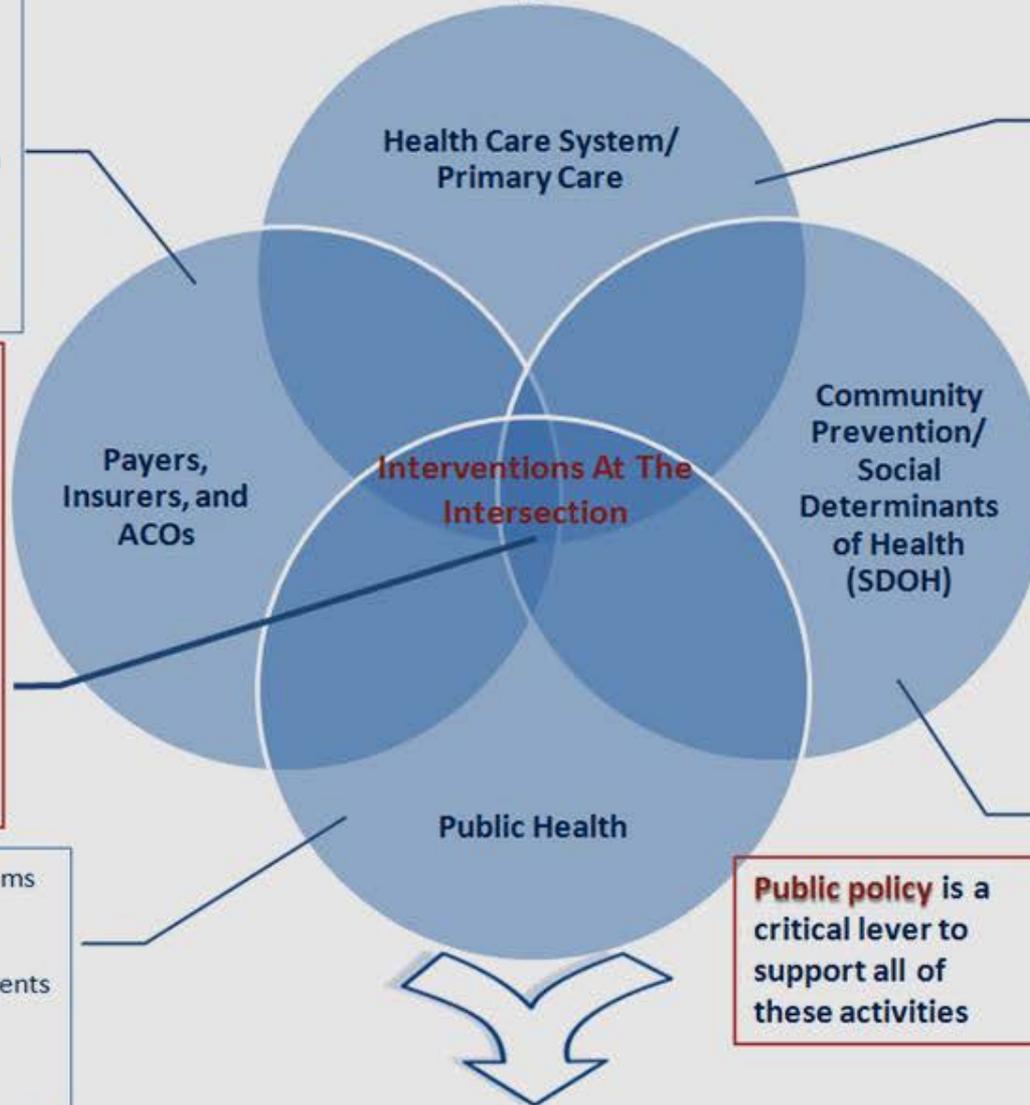
## Interventions at the intersection of primary care, public health and the social determinants of health require:

- Common agendas and goals
- Shared responsibility
- A compelling story
- Partnerships and collaboration
- Leadership and Integrators
- Data
- Financing systems
- Accountability mechanisms

- Policy leadership on programs and policies that improve community health
- Community health assessments
- Educating policymakers, agencies, and stakeholders regarding pop. health
- Population health data tracking and analytic tools
- Aim for health equity

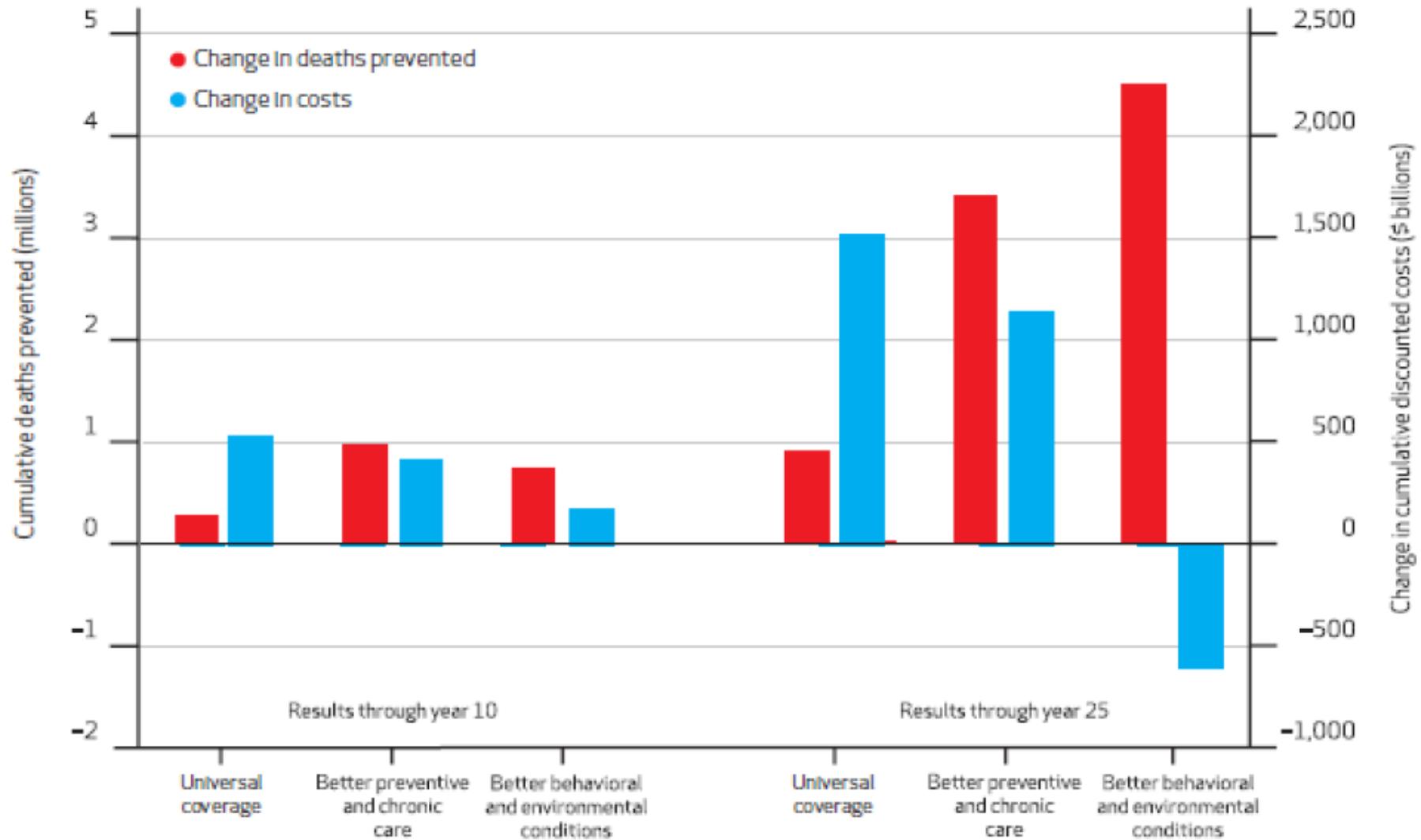
**Public policy is a critical lever to support all of these activities**

- Social and support services
- Disease prevention and management programs
- Outreach and referral to clinicians
- Education, including health education
- School health clinics
- Workplace wellness
- Coalitions and advocacy to address SDOH
- Community capacity building/engagement



**Improved Population Health, Health Outcomes, and Lower Costs (Triple Aim)**

**Figure 3. A comparison of changes in deaths prevented and costs associated with expanding health coverage, improving care and investing in community primary prevention.**



Milstein et al. (2011) Why Behavioral and Environmental Interventions are needed to Improve Health at Lower Costs. *Health Affairs*. 30, No. 5 (2011): 823-832.

# OSDH & OHCA QI Projects

## Working Across 5 Health Outcomes

9

- OSDH and OHCA engaged in a process to develop a joint strategic plan across short-term and long-term health outcome improvement areas
  - QI teams began meeting in early 2014, with results expected in Jan. 2015
- Short-Term Areas for Improvement:
  - Tobacco, Rx Drug, Hypertension, Immunizations for Children, and Diabetes
- Long-Term Areas for Improvement:
  - Obesity and Preventable Hospitalizations
- Current Results:
  - Joint QI training across both agencies
  - Data sharing agreements (in process)
  - Standardization of survey questions and data (in process)
  - Tracking health outcome data for the Medicaid population (in process)
    - Example: State of the State's Health Report Card

# Heartland OK (Million Hearts)

10

- ASTHO grant to pursue a care coordination model in targeted counties (Pittsburg, Atoka, Pontotoc, Coal, and Latimer)
  - Health department nurses serving as the “hub” to connect patients with physicians, pharmacists, and community-based services to achieve NQF18 criteria (controlled hypertension)
- In conjunction with piloting the care coordination model/grant with ASTHO, OSDH also submitted a grant proposal to BCBSOK in pursuit of a performance-based reimbursement model when the “team” achieves NQF18 criteria
  - Grant proposal still in process; however, the OSDH is working to implement the same reimbursement model through contracts with community providers
- As of April 31, 2014, 8 patients are receiving blood pressure monitoring as requested by referring physicians
  - 1 patient has already met the basic requirement for graduation
- OFMQ has recruited 24 providers that are now receiving technical assistance for tracking NQF18 criteria within their practice EHR/EMR
- Team is working with OHCA to recruit additional patients into the program (QI)

# NGA Policy Academy

11

- The State of Oklahoma has been selected to participate in the National Governors Association (NGA) 18-month policy academy focused on building a transformed health workforce
  - OSDH is the team lead for this project and will work across multiple stakeholders, including the Governor's Office, OHCA, BCBSOK, Oklahoma State Chamber of Commerce, OESC, Department of Commerce, OU, and OSU
- Oklahoma has identified 3 major goals:
  - Establishment of a high functioning and sustainable health workforce organization
  - Implementation of coordinated health workforce data collection and analysis strategy
  - Creation of an “Oklahoma Health Workforce Action Plan” that aligns with Governor's initiatives and supports the Oklahoma Health Improvement Plan
- Identified Focus Areas: Data Collection, Work Redesign, Pipeline and Retention, and Coordination Efforts

# Oklahoma Health Improvement Plan Framework

## Community Assessment and Public Input



### OHIP Access to Care Team

Healthcare Providers  
Business Community  
Quality Improvement Orgs  
Oklahoma Legislature

Medical Schools  
Health Insurers  
Telemedicine Assoc.  
Foundations

Health Information Exchanges  
Communities  
Tribal Health Organizations



#### Improved Access to Care

- Healthcare Workforce Initiatives
- Uncompensated Care
- Insurance coverage
- Rural Health
- Telemedicine
- Accessibility
- Clinical Extenders



#### Improved Health

- Multi-Payer Initiatives (inc. state employee health benefits)
- Outcome Driven Care
- Prevention of Disease
- Integration of Public Health and Healthcare
- Improved Care Coordination
- Health Access Networks
- Practice Facilitation



#### Reduce Growth of Healthcare Cost

- Health Innovation
- Pay for Success/ Shared Savings Models
- Data Driven Decision Making
- Enhanced Health Information Technology
- Team Based Care

# Access to Care Framework



Modified from Institute of Medicine (IOM), Access to Health Care in America

# Questions?



# Oklahoma

## Commonwealth Fund Scorecard on State Health System Performance, 2014

RANKING SUMMARY	2014 Scorecard	2009 Revised <sup>a</sup>
<b>OVERALL</b>	<b>49</b>	<b>50</b>
Access & Affordability	37	48
Prevention & Treatment	45	45
Avoidable Hospital Use & Cost	45	46
Equity <sup>b</sup>	41	51
Healthy Lives	46	44

CHANGE IN RATES	2014 Scorecard	
	Count	Percent
Indicators with trends	33	100%
State rate improved <sup>c</sup>	12	36%
State rate worsened <sup>c</sup>	8	24%
No change in state rate <sup>d</sup>	13	39%

DISTRIBUTION OF RATES	2014 Scorecard	
	Count	Percent
Total indicators	42	100%
Top 5 states	0	0%
Top quartile	2	5%
2nd quartile	6	14%
3rd quartile	9	21%
Bottom quartile	25	60%
Bottom 5 states	9	21%

EQUITY	RANKING		CHANGE IN EQUITY GAP			
	2014 Scorecard	2009 Revised <sup>a</sup>	Indicators with trends	No change in gap	Gap narrowed/ vulnerable group improved	Gap widened/ vulnerable group worsened
<b>Equity Dimension</b>	41	51	16	4	9	3
Low-Income	48	50	7	2	4	1
Race/Ethnicity	32	49	9	2	5	2

ESTIMATED IMPACT		
If Oklahoma improved its performance to the level of the best-performing state for this indicator, then:		
Insured adults	447,120	more individuals (under age 65) would be covered by health insurance, and would be more likely to receive health care when needed
Adults with a usual source of care	369,111	more adults (age 18 and older) would have a usual source of care to help ensure that care is coordinated and accessible when needed
Adult preventive care	168,951	more adults (age 50 and older) would receive recommended preventive care, such as colon cancer screenings, mammograms, Pap smears, and flu shots
Children with a medical home	120,654	more children (ages 0–17) would have a medical home to help ensure that care is coordinated and accessible when needed
High-risk drug	27,138	fewer Medicare beneficiaries would receive an unsafe medication
Mortality amenable to health care	1,950	fewer premature deaths (before age 75) would occur from causes that are potentially treatable or preventable with timely and appropriate care
Hospital readmissions	2,972	fewer hospital readmissions would occur among Medicare beneficiaries (age 65 and older)
Potentially avoidable ED visits	26,501	fewer emergency department visits for nonemergent or primary care-treatable conditions would occur among Medicare beneficiaries
Tooth loss from decay or disease	206,738	fewer adults, ages 18–64, would have lost six or more teeth because of tooth decay, infection, or gum disease

NOTES
<b>a</b> Rates from the 2009 edition have been revised to match methodology used in the 2014 edition.
<b>b</b> The equity dimension was ranked based on gaps between the most vulnerable group and the U.S. national average for selected indicators.
<b>c</b> Denotes a change of at least 0.5 standard deviations.
<b>d</b> Denotes a change of less than 0.5 standard deviations.
<b>EQUITY:</b> The equity profile displays gaps in performance for vulnerable populations for selected indicators. An equity gap is defined as the difference between the U.S. national average for a particular indicator and the rate for the state's most vulnerable group by income and race/ethnicity. For all equity indicators, lower rates are better; therefore, a positive or negative gap value indicates that the state's most vulnerable group is better or worse than the U.S. average for a particular indicator.
<b>ESTIMATED IMPACT:</b> The table shows the estimated impact if this state's performance improved to the rate of the best-performing state for eight <i>Scorecard</i> indicators. (Refer to this state's individual performance profile to see actual rates.) These examples illustrate only a few important opportunities for improvement. Because some indicators affect the same individuals, these numbers should not be added.

Dimension and Indicator	Year	All-State			Rank	Year	All-State		Change in Rate <sup>1</sup>	Meaningful Change Over Time <sup>2</sup>
		State Rate	Median	Best State			State Rate	Median		
<b>ACCESS &amp; AFFORDABILITY</b>										
		<b>2014 Scorecard</b>				<b>2009 Revised Scorecard<sup>a</sup></b>				
Adults ages 19–64 uninsured	2011-12	25	20	5	42	2007-08	22	17	-3	Worsened
Children ages 0–18 uninsured	2011-12	8	8	3	20	2007-08	10	9	2	Improved
Adults who went without care because of cost in past year	2012	18	15	9	34	2007	18	12	0	No Change
Individuals under age 65 with high out-of-pocket medical costs relative to their annual household income	2011-12	15	16	10	20	--	--	--	--	--
At-risk adults without a routine doctor visit in past two years	2012	20	14	6	46	2007	23	14	3	Improved
Adults without a dental visit in past year	2012	18	15	10	41	2006	19	14	1	No Change
<b>PREVENTION &amp; TREATMENT</b>										
		<b>2014 Scorecard</b>				<b>2009 Revised Scorecard<sup>a</sup></b>				
Adults with a usual source of care	2012	76	78	89	34	2007	79	82	-3	Worsened
Adults ages 50 and older who received recommended screening and preventive care	2012	38	43	52	42	2006	36	44	2	Improved
Children with a medical home	2011/12	56	57	69	30	2007	56	61	0	No Change
Children with a medical and dental preventive care visit in the past year	2011/12	62	69	81	40	--	--	--	--	--
Children with emotional, behavioral, or developmental problems who received needed mental health care in the past year	2011/12	61	63	86	28	2007	54	63	7	Improved
Children ages 19–35 months who received all recommended doses of seven key vaccines	2012	61	69	80	48	2009	52	43	9	Improved
Medicare beneficiaries who received at least one drug that should be avoided in the elderly	2011	27	19	12	47	2007	39	28	12	Improved
Medicare beneficiaries with dementia, hip/pelvic fracture, or chronic renal failure who received a prescription drug that is contraindicated for that condition	2011	27	21	14	48	2007	25	19	-2	Worsened
Medicare fee-for-service patients whose health provider always listens, explains, shows respect, and spends enough time with them	2013	76	76	80	21	2007	70	75	6	Improved
Risk-adjusted 30-day mortality among Medicare beneficiaries hospitalized for heart attack, heart failure, or pneumonia	07/2008 - 06/2011	12.6	12.8	11.9	15	07/2005 - 06/2008	12.7	12.6	0.1	No Change
Hospitalized patients given information about what to do during their recovery at home	2011	82	84	89	34	2007	81	80	1	No Change
Hospitalized patients who reported hospital staff always managed pain well, responded when needed help to get to bathroom or pressed call button, and explained medicines and side effects	2011	68	66	71	10	2007	65	63	3	Improved
Home health patients who get better at walking or moving around	04/2012 - 03/2013	59	59	63	21	--	--	--	--	--
Home health patients whose wounds improved or healed after an operation	04/2012 - 03/2013	91	89	95	9	--	--	--	--	--
High-risk nursing home residents with pressure sores	07/2012 - 03/2013	8	6	3	46	--	--	--	--	--
Long-stay nursing home residents with an antipsychotic medication	04/2012-03/2013	25	21.5	12	40	--	--	--	--	--

Dimension and Indicator	Year	All-State			Rank	Year	All-State		Change in Rate <sup>1</sup>	Meaningful Change Over Time <sup>2</sup>
		State Rate	Median	Best State			State Rate	Median		
<b>AVOIDABLE HOSPITAL USE &amp; COST</b>					<b>2014 Scorecard</b>		<b>2009 Revised Scorecard<sup>a</sup></b>			
Hospital admissions for pediatric asthma, per 100,000 children	2010	149	114	26	34	2004	*	137	--	*
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, ages 65–74, per 1,000 beneficiaries (3)	2012	38	27	13	45	2008	47	34	9	Improved
Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions, age 75 and older, per 1,000 beneficiaries (3)	2012	80	68	41	42	2008	101	80	21	Improved
Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2012	49	45	26	30	2008	59	51.5	10	Improved
Short-stay nursing home residents readmitted within 30 days of hospital discharge to nursing home	2010	24	20	12	46	2006	23	20	-1	No Change
Long-stay nursing home residents hospitalized within a six-month period	2010	24	19	7	39	2006	26	19	2	No Change
Home health patients also enrolled in Medicare with a hospital admission	2012	17	17	14	25	--	--	--	--	--
Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2011	196	183.5	129	41	--	--	--	--	--
Total single premium per enrolled employee at private-sector establishments that offer health insurance	2012	\$5,642	\$5,501	\$4,180	36	2008	\$4,736	\$4,505	-\$906	Worsened
Total Medicare (Parts A & B) reimbursements per enrollee	2012	\$9,190	\$8,526	\$5,406	39	2008	\$8,912	\$7,942	-\$278	No Change
<b>HEALTHY LIVES</b>					<b>2014 Scorecard</b>		<b>2009 Revised Scorecard<sup>a</sup></b>			
Mortality amenable to health care, deaths per 100,000 population	2009-10	112	82	57	46	2004-05	115	90.5	3	No Change
Years of potential life lost before age 75	2010	8,864	6,567	4,900	47	2005	9,181	7,252	317	No Change
Breast cancer deaths per 100,000 female population	2010	24.9	22.2	14.8	49	2005	25.2	23.9	0.3	No Change
Colorectal cancer deaths per 100,000 population	2010	16.5	16.2	12.0	28	2005	19.5	18.1	3.0	Improved
Suicide deaths per 100,000 population	2010	16.5	13.5	6.9	40	2005	14.8	11.8	-1.7	Worsened
Infant mortality, deaths per 1,000 live births	2009	7.9	6.4	4.6	44	2004	7.9	6.8	0.0	No Change
Adults ages 18–64 who report fair/poor health or activity limitations because of physical, mental, or emotional problems	2012	31	27	19	43	2007	29	24	-2	Worsened
Adults who smoke	2012	23	19	10	40	2007	26	19	3	Improved
Adults ages 18–64 who are obese (BMI >= 30)	2012	33	28	21	44	2007	30	27	-3	Worsened
Children ages 10–17 who are overweight or obese (BMI >= 85th percentile)	2011/12	34	30.5	22	37	2007	30	31	-4	Worsened
Percent of adults ages 18–64 who have lost six or more teeth because of tooth decay, infection, or gum disease	2012	14	10	5	43	2006	15	10	1	No Change

Notes:

\* Data not available for this state.

-- Historical data not available or not comparable over time.

(1) The change in rate is expressed such that a positive value indicates performance has improved and a negative value indicates performance has worsened.

(2) Meaningful change (improvement or worsening) refers to a change between the baseline and current time periods of at least 0.5 standard deviations.

(3) Hospital admissions among Medicare beneficiaries for ambulatory care-sensitive conditions are displayed here separately for two age ranges, but counted as a single indicator in tallies of improvement.

Source: Commonwealth Fund Scorecard on State Health System Performance, 2014.

Equity Type and Indicator	Year	Vulnerable Group Rate	U.S. Average (all populations)	Gap <sup>1</sup>	Rank	Year	Vulnerable Group Rate	U.S. Average (all populations)	Gap <sup>1</sup>	Change in Vulnerable Group Rate <sup>2</sup>	Change in Vulnerable Group Relative to US Average <sup>3</sup>
<b>RACE &amp; ETHNICITY</b>											
Uninsured ages 0–64	2011-12	31	18	-13	28	2007-08	31	17	-14	0	No Change
Adults who went without care because of cost in past year	2012	25	17	-8	12	2007	29	13	-16	4	Improved
At risk adults without a doctor visit	2012	31	14	-17	44	2007	28	14	-14	-3	Worsened
Adults without a usual source of care	2012	47	22	-25	43	2007	50	20	-30	3	Improved
Older adults without recommended preventive care	2012	66	58	-8	20	2006	71	56	-15	5	Improved
Children without a medical home	2011/12	57	46	-11	13	2007	64	42	-22	7	Improved
Children without a medical and dental preventive care visit in the past year	2011/12	42	32	-10	31	--	--	--	--	--	--
Mortality amenable to health care	2009-10	193	86	-107	35	2004-05	196	96	-100	3	No Change
Infant mortality, deaths per 1,000 live births	2008-09	13.9	6.5	-7.4	36	2003-04	13.2	6.8	-6.4	-0.7	Worsened
Adults with poor health-related quality of life	2012	32	27	-5	13	2007	34	24	-10	2	Improved
<b>LOW-INCOME</b>											
Uninsured ages 0–64	2011-12	30	18	-12	28	2007-08	33	17	-16	3	Improved
Adults who went without care because of cost in past year	2012	33	17	-16	41	2007	33	13	-20	0	No Change
At risk adults without a doctor visit	2012	26	14	-12	44	2007	31	14	-17	5	Improved
Adults without a usual source of care	2012	32	22	-10	45	2007	33	20	-13	1	Improved
Older adults without recommended preventive care	2012	74	58	-16	46	2006	72	56	-16	-2	No Change
Children without a medical home	2011/12	52	46	-6	16	2007	55	42	-13	3	Improved
Children without a medical and dental preventive care visit in the past year	2011/12	43	32	-11	38	--	--	--	--	--	--
Elderly patients who received a high-risk prescription drug	2010	41	25	-16	46	--	--	--	--	--	--
Adults with poor health-related quality of life	2012	48	27	-21	45	2007	42	24	-18	-6	Worsened

Notes:

\* Data not available for this state.

-- Historical data not available or not comparable over time.

(1) Gaps measure the difference between the most vulnerable group in this state, by income or race/ethnicity, and the U.S. national average for each indicator.

(2) The change in vulnerable groups rate is expressed such that a positive value indicates performance has improved and a negative value indicates performance has worsened.

(3) Improvement indicates that the gap between this state's vulnerable population and the U.S. average has narrowed AND that the vulnerable group rate in this state has improved.

Worsening indicates that the gap between this state's vulnerable population and the U.S. average has widened AND that the vulnerable group rate in this state has worsened. No change

indicates that either the gap narrowed but the vulnerable group rate worsened, or the vulnerable group rate improved but the gap widened.

Source: Commonwealth Fund Scorecard on State Health System Performance, 2014.

**OKLAHOMA STATE DEPARTMENT OF HEALTH**  
**SFY 2014 BUDGET AND EXPENDITURE FORECAST: AS OF 05/19/2014**

**SUMMARY**

<u>Division</u>	<u>Current Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Forecasted Expenditures</u>	<u>Variance</u>	<u>Performance Rate</u>
Public Health Infrastructure	\$23,898,921	\$13,855,481	\$2,455,474	\$7,130,024	\$457,942	98.08%
Protective Health Services	\$65,768,866	\$51,015,963	\$4,407,717	\$9,475,636	\$869,550	98.68%
Prevention & Preparedness Services	\$60,948,111	\$38,914,504	\$16,239,266	\$5,718,856	\$75,485	99.88%
Information Technology	\$7,291,870	\$5,150,861	\$2,141,009	\$0	\$0	100.00%
Health Improvement Services	\$21,378,451	\$14,318,141	\$2,720,602	\$3,677,822	\$661,887	96.90%
Community & Family Health Services	\$251,620,805	\$158,999,563	\$20,666,750	\$70,254,636	\$1,699,856	99.32%
<b>Totals:</b>	<b>\$430,907,024</b>	<b>\$282,254,513</b>	<b>\$48,630,818</b>	<b>\$96,256,974</b>	<b>\$3,764,719</b>	<b>99.13%</b>
	< 90%	90% - 95%	95% - 102.5%	102.5% - 105%	>105%	

***Expenditure Forecast Assumptions***

- Expenditures and encumbrances shown as of May 19, 2014.
- Payroll expenses are forecasted through June 30, 2014 based on extrapolation of the first twenty payrolls of SFY 2014.
- Other expenditure forecasts are limited to realistic amounts expected to be spent during the current budget period.
- Budgets are based on funding awards and revenue projections that may require adjustments as awards and projections are finalized throughout SFY14.

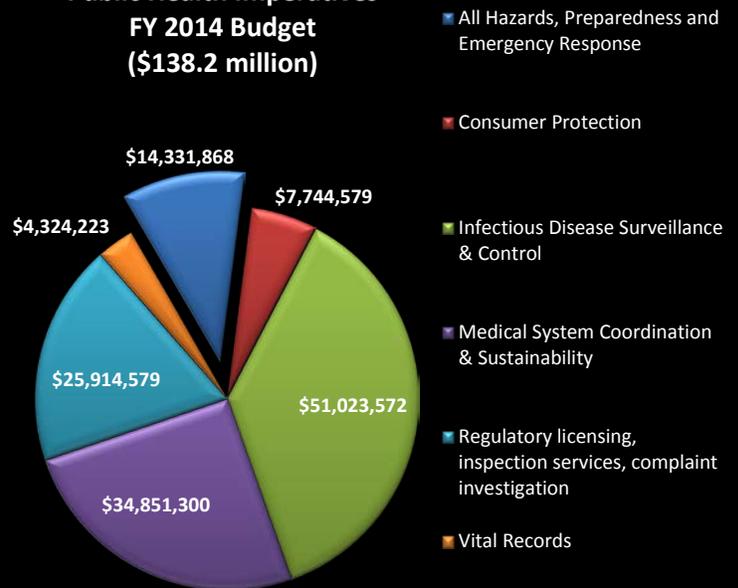
# Oklahoma State Department of Health Board of Health – Financial Brief June 10, 2014

## Public Health Imperative – All Hazards, Preparedness and Emergency Response

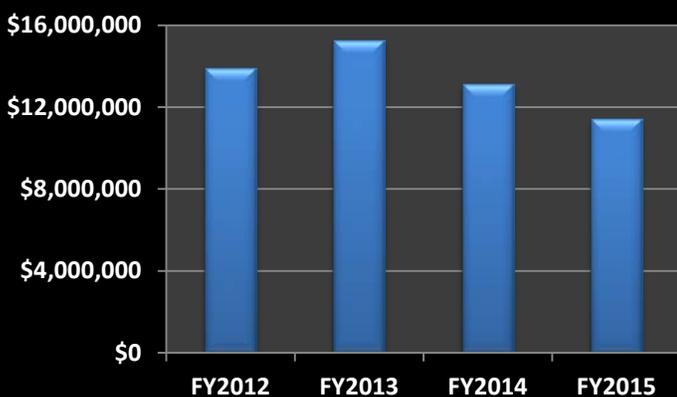
*Public Health Imperatives are programs characterized by services that protect the health and safety of the citizenry against infectious, occupational and environmental hazards; ensure adequate health and medical emergency preparedness and response; and offer protection to vulnerable persons against exposure to severe harm.*

- Oklahoma’s Emergency Preparedness and Response activities are designed to respond to a variety of man-made and natural disasters.
- Recent responses include but are not limited to:
  - 2013 Winter Storms
  - May 2013 Tornado Outbreak
  - Tulsa Dental Health Associated infection Response
- All Hazards, Preparedness and Response activities are supported primarily through two federal awards; the Public Health Emergency Preparedness (PHEP) grant funded by the Centers for Disease Control & Prevention (CDC) and Hospital Preparedness Program (HPP) funded by the Assistant Secretary for Preparedness (ASPR).

**Public Health Imperatives  
FY 2014 Budget  
(\$138.2 million)**



**Emergency Preparedness Grants  
FY2012-FY2015**



OSDH received a \$1.5 million or 37% funding reduction to the SFY15 HPP award. The majority of this funding is passed down to medical systems, or used for services and systems designed to directly support emergency preparedness and response needs to medical systems. The impact will be realized in part by reductions to Hospital Package Plan which are awards made directly to hospitals, Metropolitan Medical Response System/ Regional Medical Response System (MMRS/RMRS) which supports preparedness and medical system coordination efforts, Emergency Medical Systems (EMS) preparedness enhancement activities and Medical Emergency Response Centers (MERC) which serve as the regional response centers.

**OKLAHOMA STATE BOARD OF HEALTH  
COMMISSIONER'S REPORT**

Terry Cline, Ph.D., Commissioner  
June 10, 2014

**PUBLIC RELATIONS/COMMUNICATIONS**

Oklahoma Public Health Association Annual Conference – speaker  
University of Central Oklahoma Nurse Pinning Ceremony – speaker  
OHIP Community Chats, OCCC, Langston, north Oklahoma City sites  
Jaclyn Cosgrove, The Oklahoman – interview  
Prague Prescription Drug Disposal Box dedication – speaker  
National Tobacco & Behavioral Health Conference – speaker  
Safe States Annual Meeting – speaker  
KOCO Television - interview

**STATE/FEDERAL AGENCIES/OFFICIALS**

Governor Mary Fallin, Steve Mullins, Office of the Governor  
Governor's Cabinet Meeting  
Governor's Annual Wellness Walk  
Quality OK Team Day  
College of Public Health Graduation  
Health & Human Services IT Governance,  
    Terri White, Commissioner, ODMHSAS, Nico Gomez, Exec Director, OHCA,  
    Ed Lake, Director, OKDHS, Vicki Kuestersteffen, Director, JD McCarty Center,  
    Joe Cordova, Director, OK Department of Rehabilitative Services  
Oklahoma Commission on Children & Youth Meeting  
CDC Budget/Finance Workgroup

**OTHERS:**

Institute of Medicine Committee on Post Disaster Recovery  
ASTHO State Health Officials Region IV/VI Meeting  
ASTHO WebMD Twitter Chat, Prescription Drug Abuse  
Gary Cox, Exec Director, OCCHD  
Catastrophic Health Emergency Planning Task Force