Agenda for the 11:00 a.m., Tuesday, May 13, 2014
Regular Meeting of the Oklahoma State Board of Health
Posted at www.health.ok.gov
Oklahoma State Department of Health
1000 N.E. 10th Street – Room 1102
Oklahoma City, OK 73117-1299

I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES
a) Approval of Minutes for April 8, 2014, Regular Meeting

III. STRATEGIC MAP UPDATE PRESENTATION: Stephen W. Ronck, M.P.H., Deputy Commissioner, Community and Family Health Services

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

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

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

Public Health Policy Committee – Dr. Gerard, Chair
Discussion and possible action on the following:
e) Update

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

VI. COMMISSIONER'S REPORT
Discussion and possible action

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

VIII. 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.

IX. ADJOURNMENT

STATE BOARD OF HEALTH

W.W. Keeler Tribal Complex, Tribal Council Chambers
17675 S. Muskogee Ave.
Tahlequah, OK 74464

Tuesday, April 8, 2014 11:00 a.m.

R. Murali Krishna, President of the Oklahoma State Board of Health, called the 388th regular meeting of the Oklahoma State Board of Health to order on Tuesday, April 8, 2014 11:07 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on April 7, 2014, and at 11:00 .m. at the building entrance on April 7, 2014, 2014.

ROLL CALL

Members in Attendance: R. Murali Krishna, M.D., President; Ronald Woodson, M.D., Vice-President; Martha Burger, M.B.A., Secretary-Treasurer; Jenny Alexopulos, 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.

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Steve Ronck, Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Lloyd Smith, Director for Offices of Internal Audit & Accountability Systems; Jay Holland, Office of Internal Audit; K.C. Ely, Consumer Health Protection; Don Maisch, Office of General Counsel; Leslea Bennett-Webb, Director of Office of Communications; Melissa Lang, Chief Financial Officer; Kathy Aebischer, Business Officer; VaLauna Grissom, Secretary to the State Board of Health; Commissioner's Office; Janice Hiner, Sr. Advisor to the Commissioner of Health.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Dr. Krishna called the meeting to order. He thanked the Cherokee Nation Tribal Council and Dr. Grim for their efforts in hosting the Board of Health as well as Maria Alexander, Cherokee County Health Department Administrator, and staff for arranging.

REVIEW OF MINUTES

Dr. Krishna directed attention to review of the minutes of the March 11, 2014 Regular Board meeting.

Dr. Grim moved Board approval of the minutes of the March 11, 2014, Regular Board meeting as presented. Second Ms. Wolfe. Motion carried.

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

APPOINTMENTS

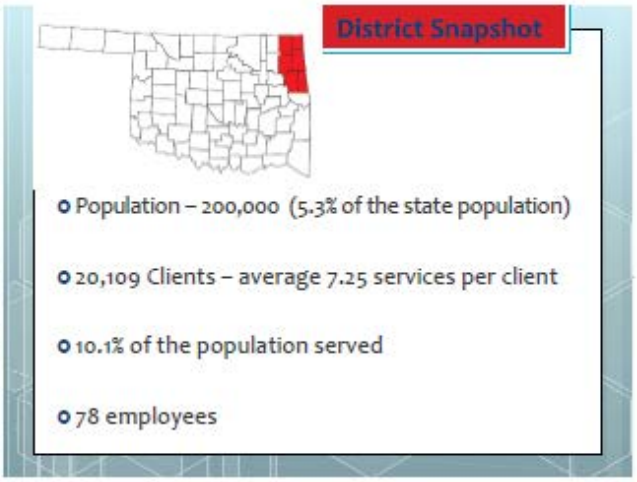
Consumer Protection Licensing Advisory Council (Presented by K.C. Ely)
Recommended Appointment: Bryan Alexander, OU Medical Center, Director of Outpatient imaging
Authority: 63 O.S., § 1-103a.1
Members: The Advisory Council shall consist of seven members. One member is appointed by the State Board of Health representing a diagnostic x-ray facility. Members serve three-year terms.

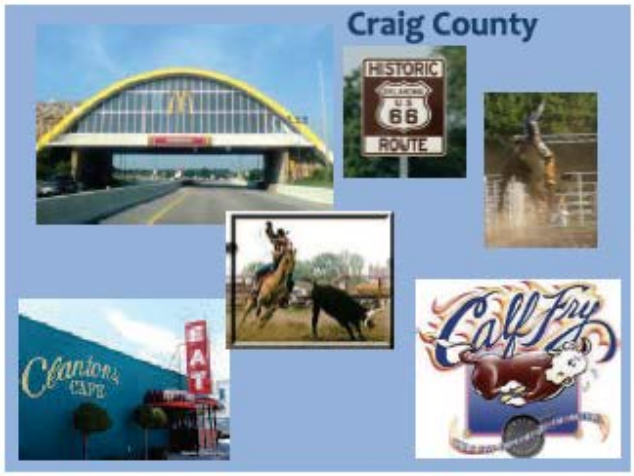
Ms. Wolfe moved Board approval of the recommended appointees as presented. Second Dr. Alexopulos. Motion carried.

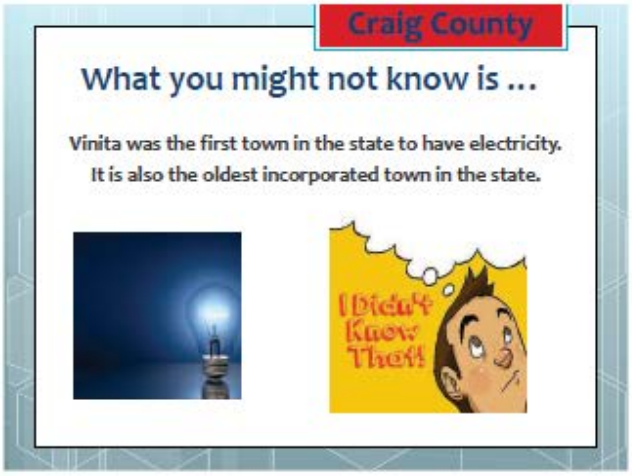
AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson

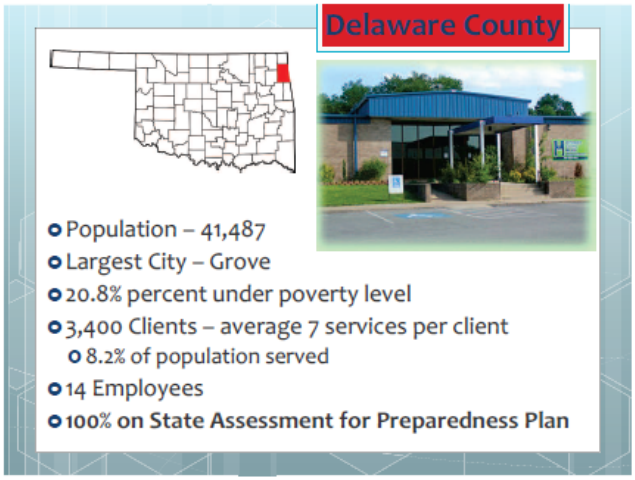
CHEROKEE COUNTY PRESENTATIONS

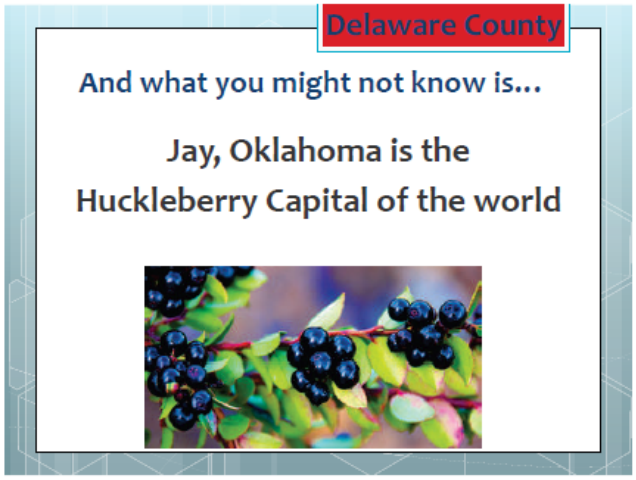
Maria A. Alexander, MHR, MEP, Administrative Director, Cherokee County; Lisa Pivec, M.S., Senior Director, Public Health Cherokee Nation Health Services



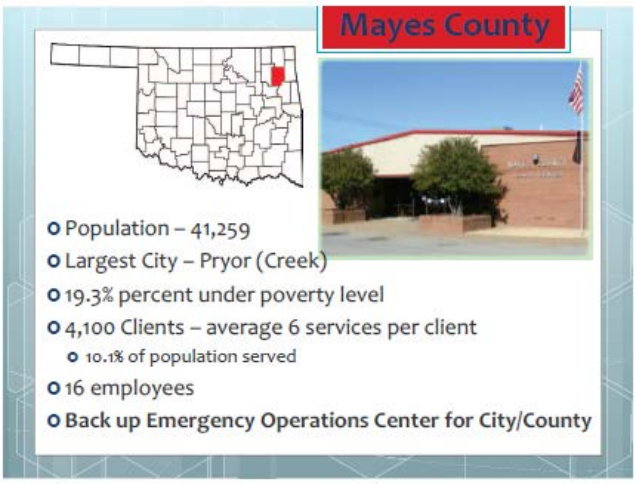





Delaware County
Population – 41,487
Largest City – Grove
20.8% percent under poverty level
3,400 Clients – average 7 services per client
8.2% of population served
14 Employees
100% on State Assessment for Preparedness Plan

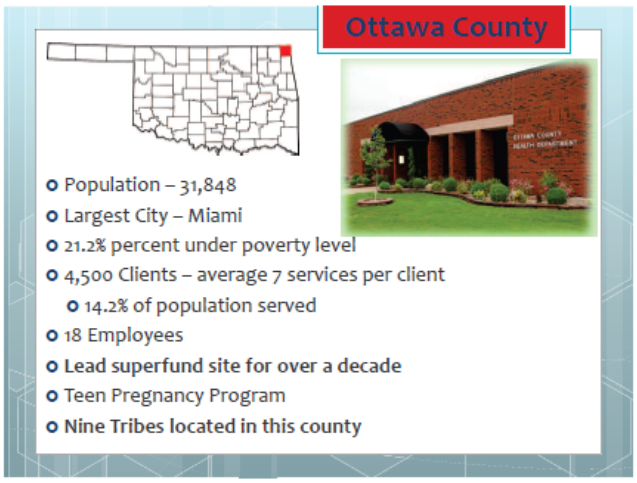

Delaware County
And what you might not know is…
Jay, Oklahoma is the
Huckleberry Capital of the world

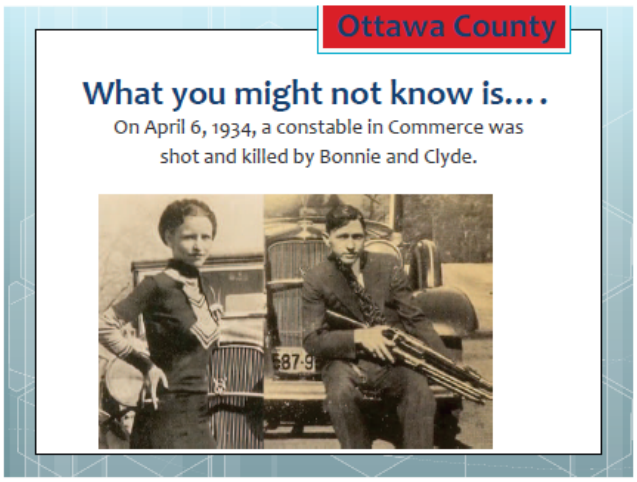
GRDA
Mayes County
DRY GULCH
ROCKLAHOMA
LIFE LIBERTY & THE PURSUIT OF ROCK!
HISTORIC
OKLAHOMA
US
66
ROUTE

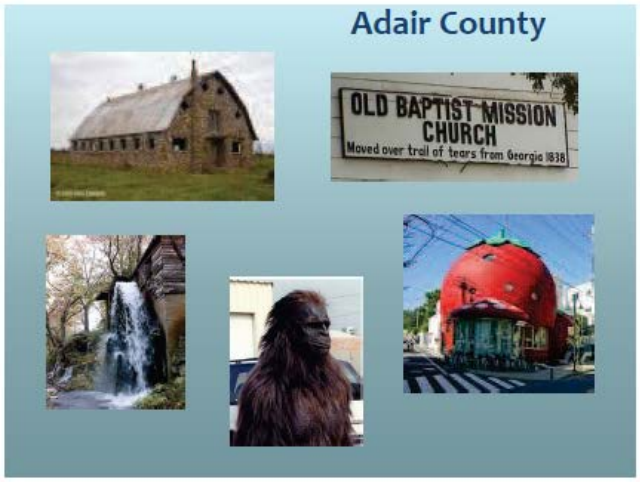

Mayes County
Population – 41,259
Largest City – Pryor (Creek)
19.3% percent under poverty level
4,100 Clients – average 6 services per client
10.1% of population served
16 employees
Back up Emergency Operations Center for City/County

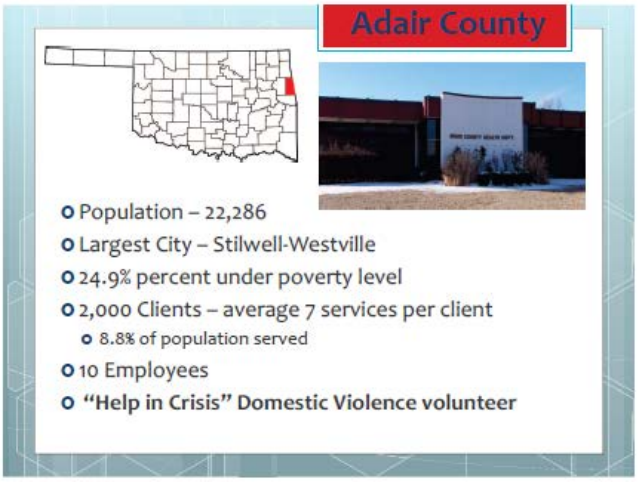
Mayes County
And what you might not know is…
The official name is Pryor Creek – though it has been shortened to Pryor for mailing purposes.
This is a source of heated discussion within the community and long time residents.
Pryor Creek!
Pryor!

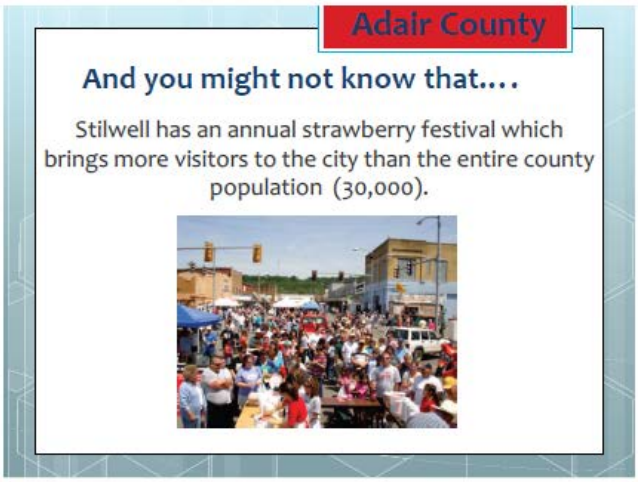
Ottawa County
COLEMAN
HISTORIC
OKLAHOMA
US
66
ROUTE
HAMBURGERS


Ottawa County
Population – 31,848
Largest City – Miami
21.2% percent under poverty level
4,500 Clients – average 7 services per client
14.2% of population served
18 Employees
Lead superfund site for over a decade
Teen Pregnancy Program
Nine Tribes located in this county

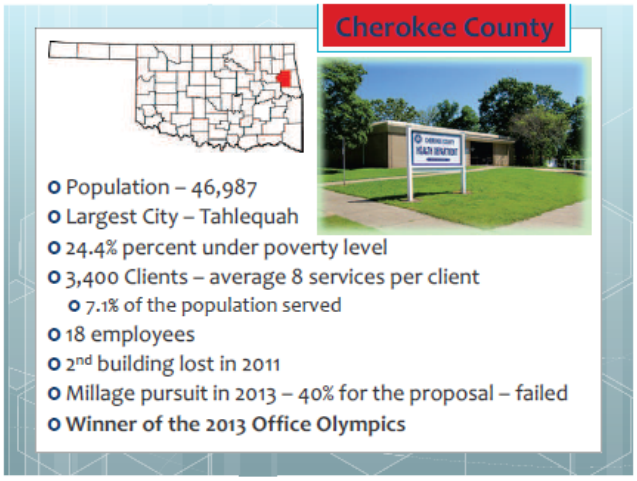

Ottawa County
What you might not know is….
On April 6, 1934, a constable in Commerce was shot and killed by Bonnie and Clyde.

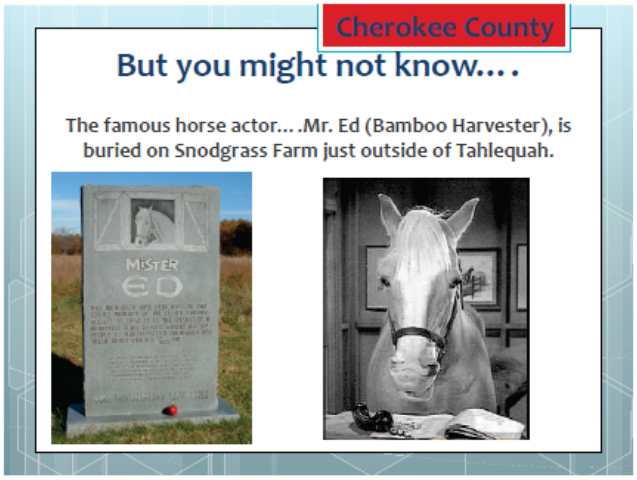

Adair County
OLD BAPTIST MISSION CHURCH
Moved over trail of tears from Georgia 1838

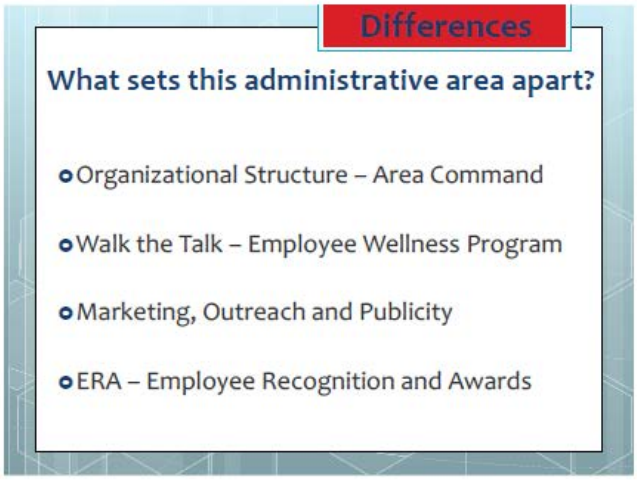

Adair County
Population – 22,286
Largest City – Stilwell-Westville
24.9% percent under poverty level
2,000 Clients – average 7 services per client
8.8% of population served
10 Employees
"Help in Crisis" Domestic Violence volunteer

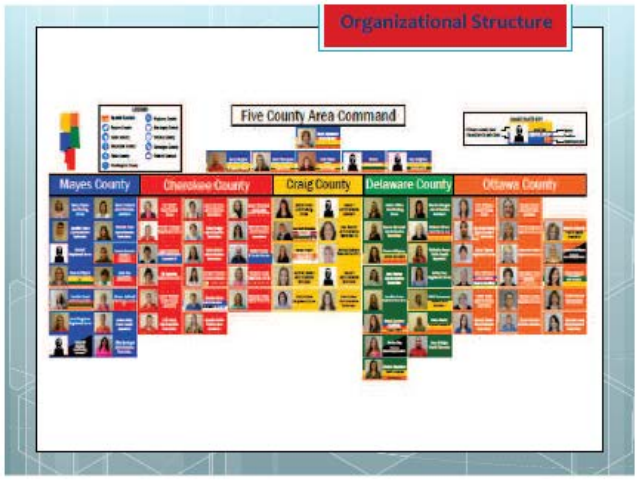

Adair County
And you might not know that….
Stilwell has an annual strawberry festival which brings more visitors to the city than the entire county population (30,000).

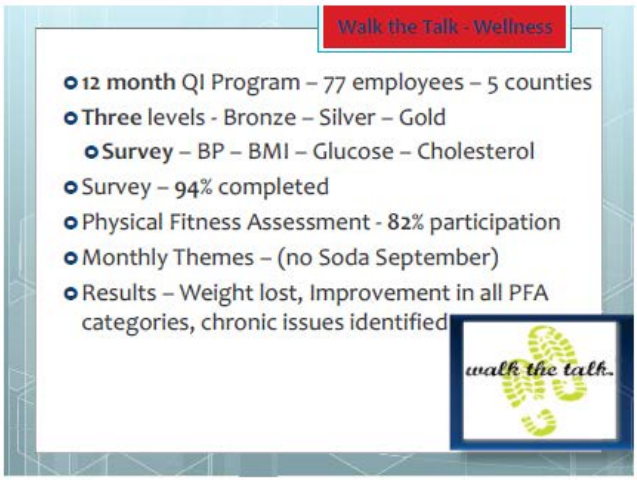
Cherokee County
TAHLEQUAH
NSU
RIVERHAWKS


Cherokee County
Population – 46,987
Largest City – Tahlequah
24.4% percent under poverty level
3,400 Clients – average 8 services per client
7.1% of the population served
18 employees
2nd building lost in 2011
Millage pursuit in 2013 – 40% for the proposal – failed
Winner of the 2013 Office Olympics


Cherokee County
But you might not know….
The famous horse actor….Mr. Ed (Bamboo Harvester), is buried on Snodgrass Farm just outside of Tahlequah.
MISTER
ED


Differences
What sets this administrative area apart?
Organizational Structure – Area Command
Walk the Talk – Employee Wellness Program
Marketing, Outreach and Publicity
ERA – Employee Recognition and Awards

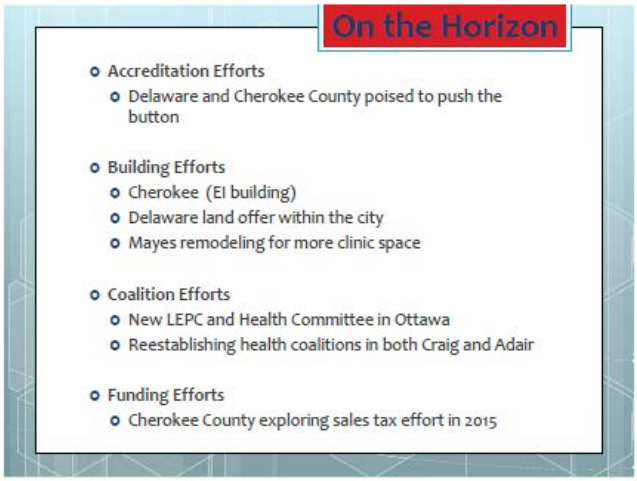

Organizational Structure
Five County Area Command
Mayes County
Cherokee County
Craig County
Delaware County
Ottawa County

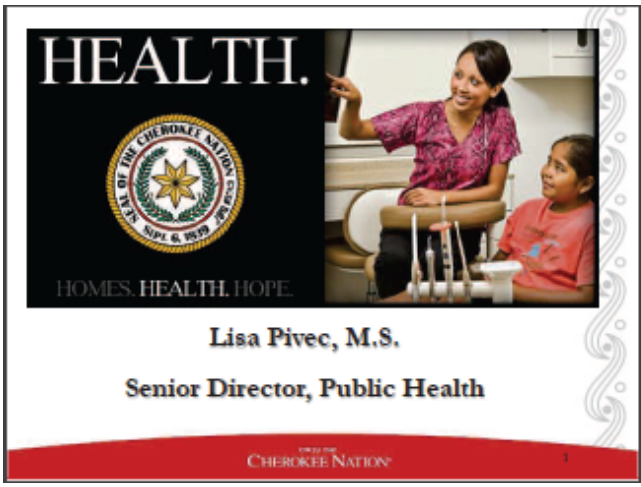

Walk the Talk - Wellness
12 month QI Program – 77 employees – 5 counties
Three levels - Bronze – Silver – Gold
Survey – BP – BMI – Glucose – Cholesterol
Survey – 94% completed
Physical Fitness Assessment - 82% participation
Monthly Themes – (no Soda September)
Results – Weight lost, Improvement in all PFA categories, chronic issues identified
walk the talk.

Marketing, Outreach & Publicity
Facebook Pages – Weekly PH Posting
Webpages – Updated
Telephone / recorded health information
Health Fairs – Not static - Collecting data
health fair

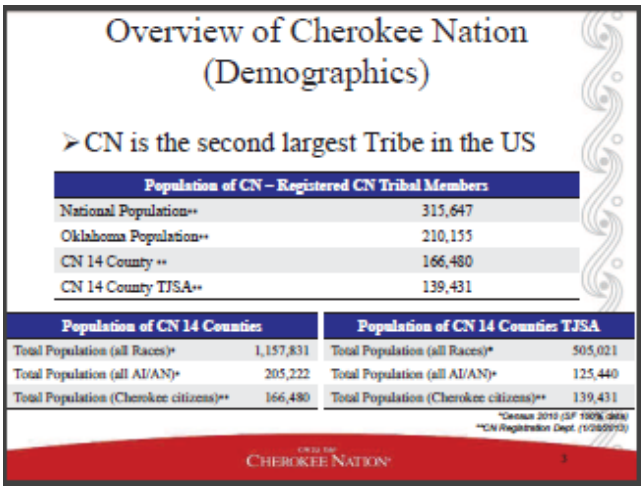
Employee Recognition & Awards
A pat on the back
is only a few vertebrae
from a kick in the pants,
but it is far more effective
in results.

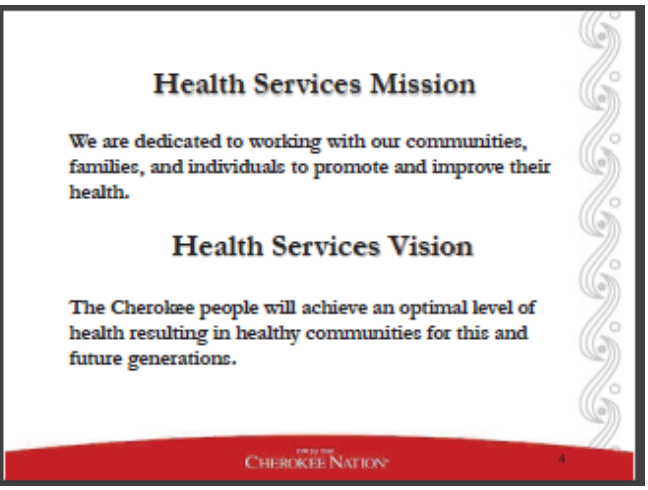
Winners
2012 Employee Recognition Awards
2012 Annual Teamwork Award - Employee Wellness Representatives
2012 County Health Department of the Year - Craig County
2012 Annual Commendation Award - Sheree Caldwell
2012 Annual Community Service Award - Veronica Long

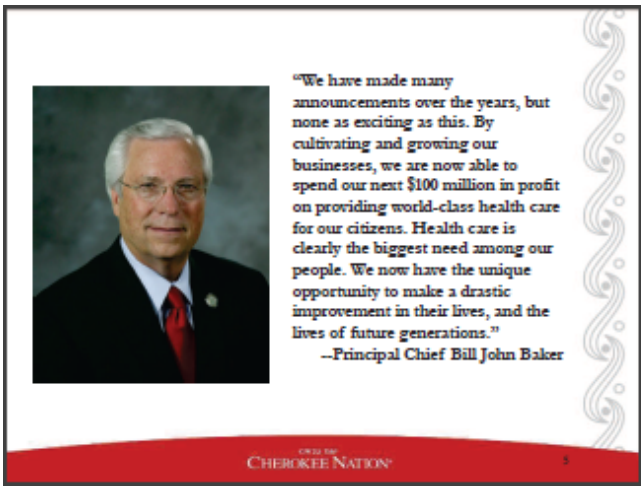

On the Horizon
Accreditation Efforts
Delaware and Cherokee County poised to push the button
Building Efforts
Cherokee (EI building)
Delaware land offer within the city
Mayes remodeling for more clinic space
Coalition Efforts
New LEPC and Health Committee in Ottawa
Reestablishing health coalitions in both Craig and Adair
Funding Efforts
Cherokee County exploring sales tax effort in 2015

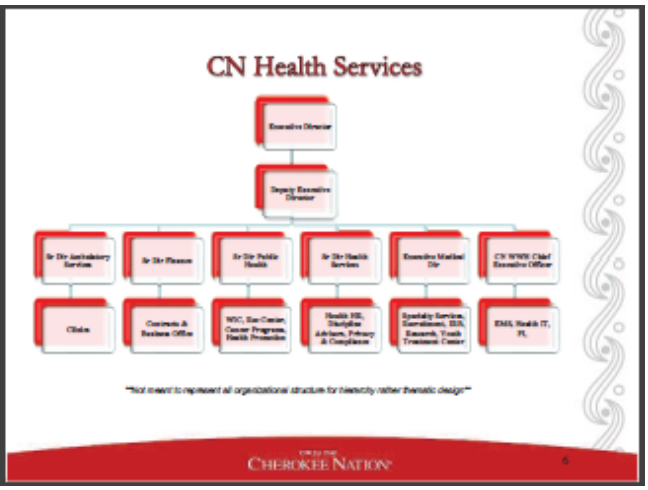

HEALTH.
HOMES. HEALTH. HOPE.
Lisa Pivec, M.S.
Senior Director, Public Health
CHEROKEE NATION
1

Health Services in Cherokee Nation
Legend
CHEROKEE NATION
2


Overview of Cherokee Nation (Demographics)
➢CN is the second largest Tribe in the US
Population of CN – Registered CN Tribal Members
National Population** 315,647
Oklahoma Population** 210,155
CN 14 County ** 166,480
CN 14 County TJSA** 139,431
Population of CN 14 Counties
Total Population (all Races)* 1,157,831
Total Population (all AI/AN)* 205,222
Total Population (Cherokee citizens)** 166,480
Population of CN 14 Counties TJSA
Total Population (all Races)* 505,021
Total Population (all AI/AN)* 125,440
Total Population (Cherokee citizens)** 139,431
*Census 2010 (SF 100% data)
**CN Registration Dept. (1/26/2013)
CHEROKEE NATION
3


Health Services Mission
We are dedicated to working with our communities, families, and individuals to promote and improve their health.
Health Services Vision
The Cherokee people will achieve an optimal level of health resulting in healthy communities for this and future generations.
CHEROKEE NATION
4


"We have made many announcements over the years, but none as exciting as this. By cultivating and growing our businesses, we are now able to spend our next $100 million in profit on providing world-class health care for our citizens. Health care is clearly the biggest need among our people. We now have the unique opportunity to make a drastic improvement in their lives, and the lives of future generations."
--Principal Chief Bill John Baker
CHEROKEE NATION
5


CN Health Services
CHEROKEE NATION
6

Cherokee Nation Health Services

- The 14-county service area of Cherokee Nation includes a network of eight health centers and one hospital.
- The facilities serve more than 130,000 eligible patients throughout the 14-county service area.
- Between 2009 - 2013, nearly 4.3 million patient visits
- CNHS accounts for approximately 8.4% of all IHS service volume
- Provides 39% of the medical care in the Oklahoma IHS Area
- FY 2013: 1.87 million RX written, 61 274 dental visits, 11 K new charts added, 25K Optometry visits

CHEROKEE NATION 7

Cherokee Nation Health Services

- Over 6,500 Wings Running/Walking Club Members/27 Runs/Walks per year within CN communities: Avg Participation 500+
- 9,427 Community Recreation Center Members/ 11,500 Visits per month @ Recreation Center
- 2014 Funded 42 Schools to complete CDC School Health Index Tool & implement Farm to School or Diabetes Prevention Curriculum

CHEROKEE NATION 8

College of American Pathologists

CMS Centers for Medicare & Medicaid Services

carf

PHAB Advancing public health performance

DNV

COLA

ACR Radiology Accredited Facility

CMS Accredited

CHEROKEE NATION 9

Cherokee Nation Public Health

cherokeepublichealth.org

Cherokee Nation Public Health

Prevent. Promote. Protect.

CHEROKEE NATION 10

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Overview of Efforts to Expand & Improve CN's Tribal Public Health System

- Apply and successfully achieve PHAB Accreditation.
- Tribal PH System's self-assessment (NPHPSP).
- Tribal Health Assessment
- CN's Tribal Health Improvement Plan
- CN's Tribal PH Strategic Plan
- CN State of the Nation Health Report
- CN Community Health Profiles for the Tribal communities/counties that make up CN.

CHEROKEE NATION 11

Overview of Efforts to Expand & Improve CN's Tribal Public Health System

- Implement Digital Storytelling to supplement CN's health reports and health profiles – a new technological spin on Cherokee traditional "oral" storytelling.
- Develop a Data/Epidemiology division that will allow CN to produce, collect, house and publish CN specific data.
- Develop a virtual system to manage PH Performance & Quality improvement efforts.
- Develop A Tribal Public Health Code.
- Develop and publish a guide to provide tribe specific examples and guidance to any Tribal Health Department/Tribal Nation interested in accreditation, "A Tribal Roadmap to PHAB Accreditation"
- Develop CN Tribal Public Health website
  - www.cherokeepublichealth.org

CHEROKEE NATION 12

Past and Current Collaborations Between CN and the OSHD

- Turning Point
- Local Health Departments
- Oklahoma Tobacco Settlement Endowment Trust (TSET)
- 7th Generation Tobacco Conference
- Data Collection & Dissemination
- BHS State Contract for Tobacco & Alcohol Sales Compliance
- Legislative Issues
- OHCA

CHEROKEE NATION 13

CHEROKEE NATION 14

CHEROKEE NATION 15

Strengthening State-Tribal Relationships and Promoting Collaborations

- States and/or LHDs reach out to local Tribe(s).
- Invite Tribes (and vice-versa) to meetings and trainings that may be considered "internal."
  - Get connected with the right people
  - Get an understanding of how the organization functions and how the process flows
- Providing Tribes an avenue to have a "voice" in State Public Health matters.
  - Example is developing a State Tribal PH Committee
  - A Tribal representative from this TPHC will sit on the state PHC

CHEROKEE NATION 16

Strengthening State-Tribal Relationships and Promoting Collaborations

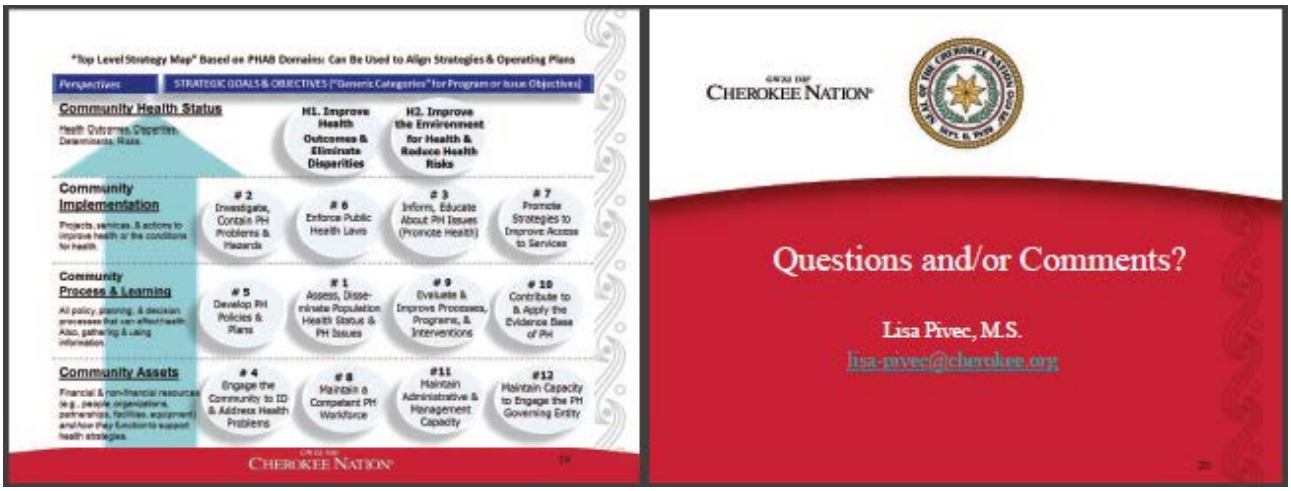
- Accreditation Collaboration: OSDH develop tools or mechanisms to encourage and assist Tribes to seek PHAB
- Tribes have "people on the ground"
- Tribes have access to multiple services
- Tribes have unique ability to promote policy
- OSDH has public health infrastructure
- Collaboration Vision: Public Health System unlike that of any other State Health Dept.

CHEROKEE NATION 17

Benefits of State-Tribal Collaborations

- Mutual Contributions
- More efficient use of resources for both sides
- Able to reach a larger population of people
- Ultimately strengthens the ability to improve the health and well-being of ALL our people

CHEROKEE NATION 18



Dr. Krishna thanked both Maria Alexander and Lisa Pivec for their presentations. The presentation concluded.

CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

Executive Committee

Dr. Krishna provided the following reminders to Board members:

- Board member review and feedback for the State of the State's Health report is due to VaLauna by April 15, 2014.
- Following the May Board meeting is the Annual Employee of the Year Recognition Ceremony.
- The annual Board of Health retreat will be held August 15-17, at the Postal Training Center in Norman.
- The Nominating Committee for the election of officers has been assigned (Dr. Alexopulos, Dr. Gerard, and Mr. Starkey). Following the committee's report in June, the full Board will vote on the new Officers to become effective July 1st.
- Dr. Krishna indicated that Board members were polled regarding the potential change in location for the June Board of Health Meeting.

Dr. Woodson moved Board approval to change the June location to Jackson County as presented. Second Dr. Alexopulos. Motion carried.

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

The report concluded.

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 March 18, 2014:

- Approximately $429 million budgeted for state fiscal year 2014
- Forecasted expenditure rate of 99.27% through June 30, 2014
- "Green Light" overall for Department and all divisions

The ***Financial Brief*** this month focuses on county health departments within Community and Family Health Services, with a further focus on Cherokee County

- Community and Family Health Services includes 87 sites managed by 68 organized health departments in 75 counties, supported by state, local, and federal funding.
- Local revenue, or millage, accounts for 24% of the Community and Family Health Services budget.
- Local millage is assessed as a property tax at one tenth of a cent of property value. Cherokee County receives 1.5 mills, totaling $174,666 of revenue, in the current year.

The report concluded.

Accountability, Ethics, & Audit Committee
The Accountability, Ethics, & Audit Committee met with Lloyd Smith and Jay Holland. Ms. Wolfe reported that there are no known significant audit issues to report at this time. Currently there are vacancies in internal audit.

The report concluded.

PRESIDENT'S REPORT
Dr. Krishna announced the retirement of longtime employee and Director of the Offices of Internal Audit and Accountability Systems, Lloyd Smith effective April 30, 2014. A plaque was presented to Mr. Smith on behalf of the State Board of Health for his years of services. Jay Holland was announced as the new Director, Office of Accountability Systems and Office of Internal Audit. Dr. Krishna gave a brief update on the Oklahoma State Department of Health Tribal Consultation conducted on April 7, 2014, hosted by the Cherokee Nation Tribal Council. He thanked Dr. Grim and the Tribal Council for their effort in organizing and conducting the consultation. He also thanked Dr. Alexopulos, Tim Starkey, and Julie Cox-Kain for their attendance and participation during the Consultation.

Dr. Krishna briefly discussed studies regarding the mind and cognition of early childhood and importance of this connection early in childhood. He proposed to Board that an educational component for scientific development around this issue be developed for the Oklahoma Health Improvement Plan.

The report concluded.

COMMISSIONER'S REPORT
Dr. Cline agreed that early childhood development is important, and commented on the Children's First program, which focuses on the nurse family partnership and understanding the importance of this program. It is unfortunate that science isn't always enough to keep these types of valuable programs from being under attach legislatively when resources are limited and programs must be prioritized.

Dr. Cline briefly highlighted his visit to Claremore Indian Hospital. It was the first Oklahoma hospital designated as "Baby Friendly" and received the gold standard for its efforts to promote maternal and infant health as part of Oklahoma's efforts to reduce infant mortality

Dr. Cline discussed the Bridges to Access conference in which there were more than 300 medical students in attendance whose primary focus around volunteerism and giving back to the community. The keynote address was presented by Dr. Steven Schroeder, Distinguished Professor of Health and Healthcare at the University of California, San Francisco, and former President of the Robert Wood Johnson Foundation. The event is concluded by awarding the R. Murali Krishna award for volunteerism. Dr. Cline thanked Dr. Krishna for his leadership in this area.

Dr. Cline pointed out a recent article by New York Times reporter Matt Richtel, on a dangerous, yet unregulated, liquid stimulant used for refilling of e-cigarettes. Unfortunately, Oklahoma was highlighted in the article as the state has become known as the epicenter for e-cigarette use. The indicates that toxicologists article warn of the high risk for poisonings and pose a significant risk to public health as the ingredients are potent and unregulated. These products are completely unregulated and are accessible to minors. Oklahoma has taken a strong stand on tobacco use and to avoid making the same mistakes as with tobacco, and has issued a public health advisory around e-cigarettes. Governor Mary Fallin has also issued an Executive Ban on the use of e-cigarettes on all government property. There is hope that these products could be used as harm reduction products but the science hasn't caught up to these products yet.

Dr. Cline thanked both Lisa Pivec and Maria Alexander for their presentations around Cherokee County. He commented on the impressive strides Cherokee Nation has made to obtain Public Health accreditation,

stating that the Cherokee Nation was a beta site for accreditation and was critical to the PHAB Board in learning how to establish accreditation standards for tribal entities.

The report concluded.

NEW BUSINESS

No new business.

PROPOSED EXECUTIVE SESSION

No Executive Session

ADJOURNMENT

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

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

The meeting adjourned at 12:30 p.m.

Approved

_____

R. Murali Krishna, M.D.
President, Oklahoma State Board of Health
May 13, 2014

SFY 2011-2015 OSDH Strategic Map Update

Children's Health

Strategic Map SFY 2011-2015

Achieve Targeted Improvements in the Health Status of Oklahomans

Improve Targeted Health Outcomes

- Achieve Improvements In Oklahoma Health Improvement Plan (OHIP) Flagship Issues*
- Focus on Core Public Health Priorities**
- Reduce Health Inequities

Lead Public Health Policy & Advocacy Development

- 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

Strengthen Public Health Systems

- Evaluate Infrastructure to Support Public Health Systems
- Employ Strategies for Public Health Workforce Recruitment
- Achieve Accreditation & Create a Quality Improvement Culture
- Achieve Compatible Health Information Exchange Across Public/Private Sectors
- Foster Collaborative Relationships With Public & Private Partnerships

Leverage Resources for Health Outcome Improvement

- Facilitate Access to Primary Care
- Focus on Prevention
- Use Comparative Effectiveness Research & Evaluate Science
- Monitor Funding Opportunities
- Educate & Strategically Plan for Health Systems Change

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

Oklahoma Health Improvement Plan (OHIP) Flagship Issues

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

Preparing for a Lifetime

- Preconception/Interconception Health
- Infections that Affect Pregnancy
- Smoking and Pregnancy
- Premature Birth
- Breastfeeding
- Postpartum Depression
- Safe Sleep for Infants
- Injury Prevention for Infants

Preparing for a Lifetime
It's Everyone's Responsibility

Performance Measures Scorecard

Children's Health & Reduce Infant Mortality

Measure	Baseline	Most Recent Year	5 Year Target Goal
15-17 Teen Birth Rate – The rate of births (per 1,000) for teenagers aged 15 through 17 years	27.4	22.8	21.3
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%
Preterm 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%

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**

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%**	**59.7%**	**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%**

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.

Preparing for a Lifetime
It's Everyone's Responsibility

Preparing for a Lifetime
It's Everyone's Responsibility

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!

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!

Community & Family Health Services

Holistic Approach

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

PARTNERSHIPS

"There can be no keener revelation of a society's soul than the way in which it treats its children.“ (Nelson Mandela)

OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2014 BUDGET AND EXPENDITURE FORECAST: AS OF 04/22/2014

SUMMARY

Division	Current Budget	Expenditures	Encumbrances	Forecasted Expenditures	Variance	Performance Rate
Public Health Infrastructure	$23,971,400	$12,367,144	$2,843,573	$8,463,662	$297,021	98.76%
Protective Health Services	$65,997,746	$35,473,406	$5,949,470	$24,009,029	$565,841	99.14%
Prevention & Preparedness Services	$59,984,078	$35,029,188	$18,114,977	$7,357,262	($517,349)	100.86%
Information Technology	$7,291,870	$4,809,279	$2,331,790	$175,370	($24,570)	100.34%
Health Improvement Services	$20,386,093	$13,281,590	$2,793,390	$4,180,042	$131,070	99.36%
Community & Family Health Services	$250,177,488	$142,119,944	$22,770,109	$84,441,629	$845,806	99.66%
Totals:	**$427,808,675**	**$243,080,551**	**$54,803,310**	**$128,626,994**	**$1,297,820**	**99.70%**

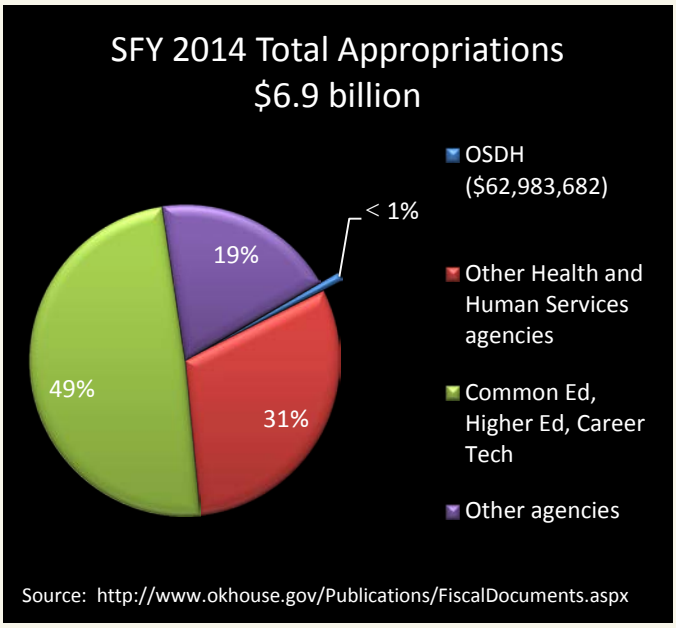
<90%	90% - 95%	95% - 102.5%	102.5% - 105%	>105%

Expenditure Forecast Assumptions

- Expenditures and encumbrances shown as of April 22, 2014.
- Payroll expenses are forecasted through June 30, 2014 based on extrapolation of the first eighteen 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
May 13, 2014

Oklahoma State Revenue



- Approximately 15% of the Oklahoma State Department of Health (OSDH) budget is state appropriated.

- The OSDH receives its appropriations from the General Revenue Fund.

- The State Board of Equalization certifies the amounts available for appropriation from the General Revenue Fund as well as other appropriated funds.

- The Board of Equalization has certified $5.7 billion of revenue for appropriation from the General Revenue Fund in FY2015. This is about the same as the amount available in FY2014; however, lower cash reserves are contributing to an overall decrease in the amount of appropriations to be made from all funds.

- The Oklahoma State Department of Health receives less than 1% of all Oklahoma state appropriations.

- The reduction in amounts available for state appropriation in SFY 2015 has been a focus of recent attention. Not all state revenue collected is available for appropriation. Some revenue is dedicated by statute to specific purposes and, thus, is unavailable to the legislature during times of reduced appropriation.

- The Legislature and Governor have advised state agencies to prepare for a 5% reduction in FY2015. This reduction amounts to $3,149,184 for OSDH.

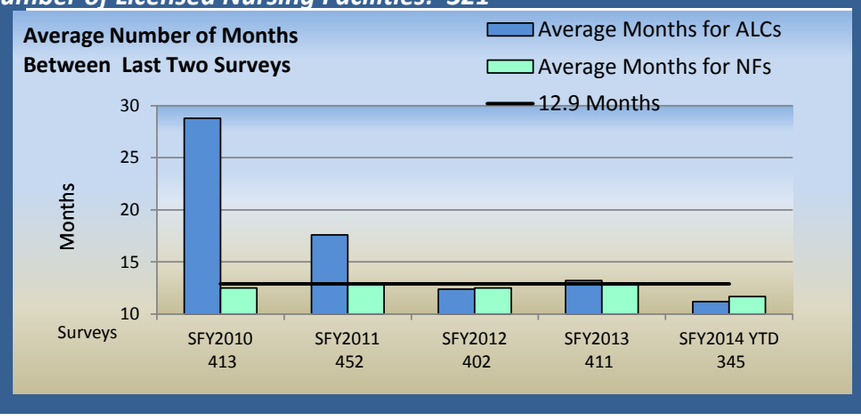
- Additionally, Secretary of Finance, Administration, and Information Technology Preston Doerflinger, advised agencies in April that revenue collections in SFY 2014 might be insufficient to make monthly allocations to agencies as originally appropriated. This is a called a revenue failure.

- Revenue failure reductions are applied equally to all appropriated line items.

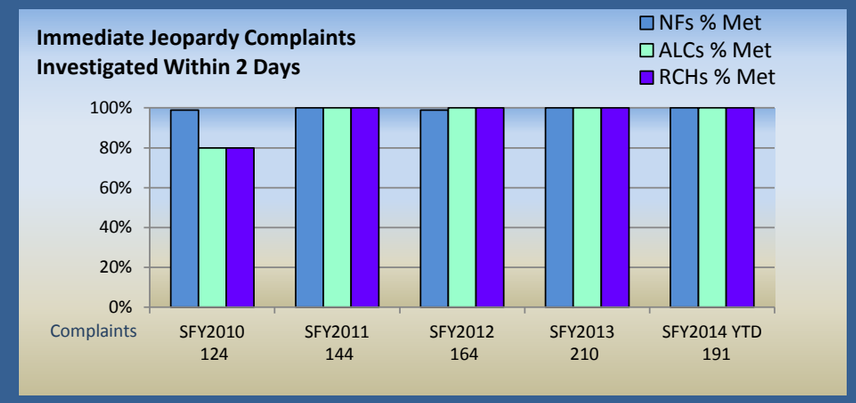
Oklahoma State Board of Health Dashboard

Public Health Imperative - Regulatory Measures

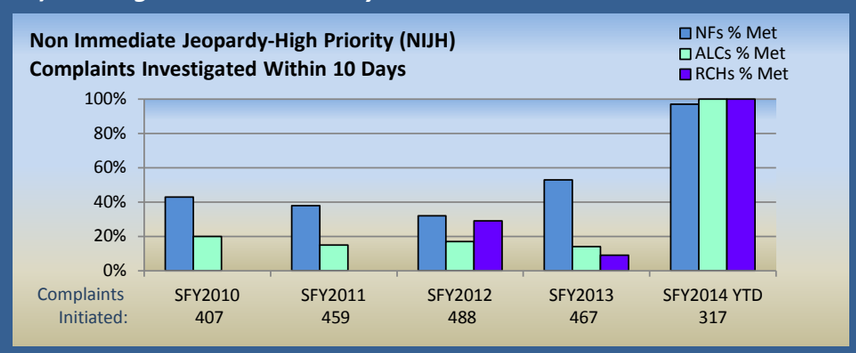
Average Interval Between Inspections for Assisted Living Centers (ALCs) and Nursing Facilities (NFs) is <=12.9 months
Number of Licensed Assisted Living Centers: 156
Number of Licensed Nursing Facilities: 321



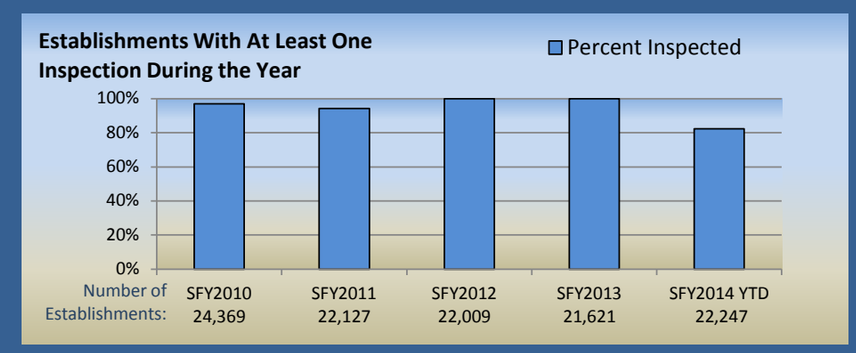
Percent of Immediate Jeopardy Complaints for Nursing Facilities (NFs), Assisted Living Centers (ALCs) & Residential Care Homes (RCHs) Investigated Within 2 Days



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 (b) food service establishment inspections.
- Non immediate jeopardy-high priority complaints indicate a "red light" because of the 100% compliance standard. Three out of 106 complaints were investigated in more than 10 days and 103 of 106 were investigated within the 10 day time frame. For all three facility types, the overall performance rate is 97.17%, with NFs met at 96.74% and ALCs met at 100%. There were no RCH complaints initiated during this quarter. Under federal contract standards, performance on nursing facility NIJH complaint investigations is considered acceptable at the 95% level.

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

April 2014

Oklahoma State Board of Health Dashboard

Public Health Infrastructure - County Health Department Visits

Figure 1: Total Visits for OSDH Clinics by Quarter
Does not include Immunization Visits

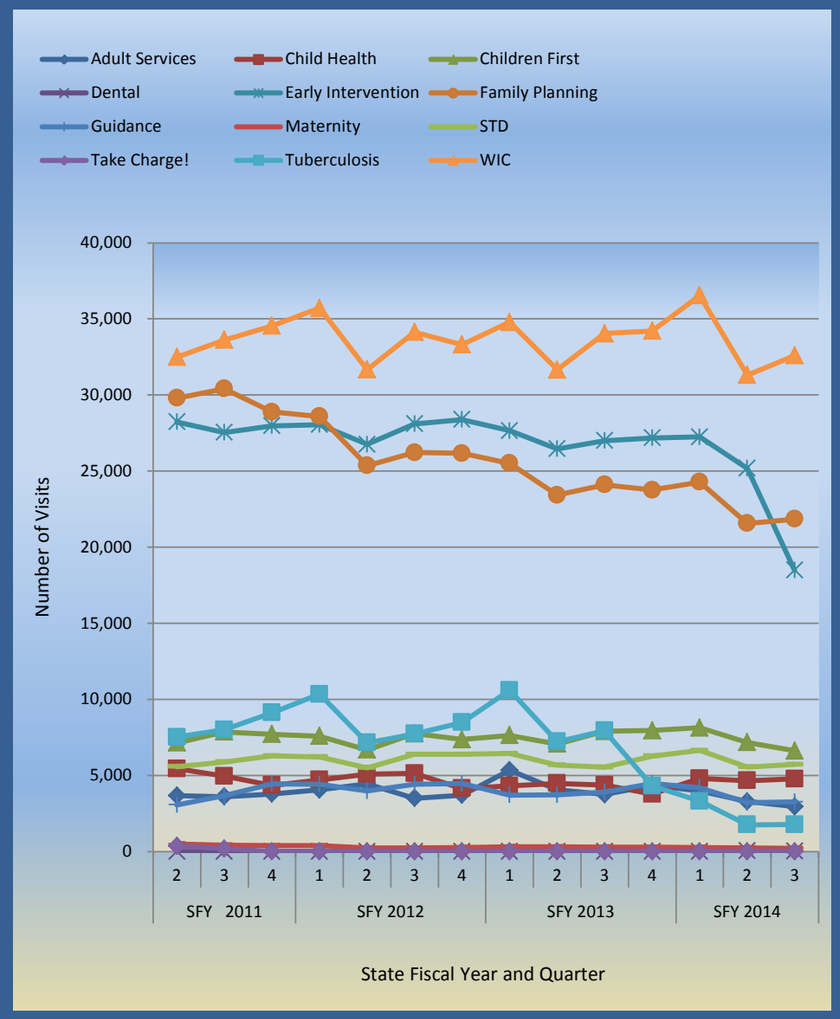


Figure 2: Total Immunization Visits by Quarter
Recorded in Oklahoma State Immunization Information System

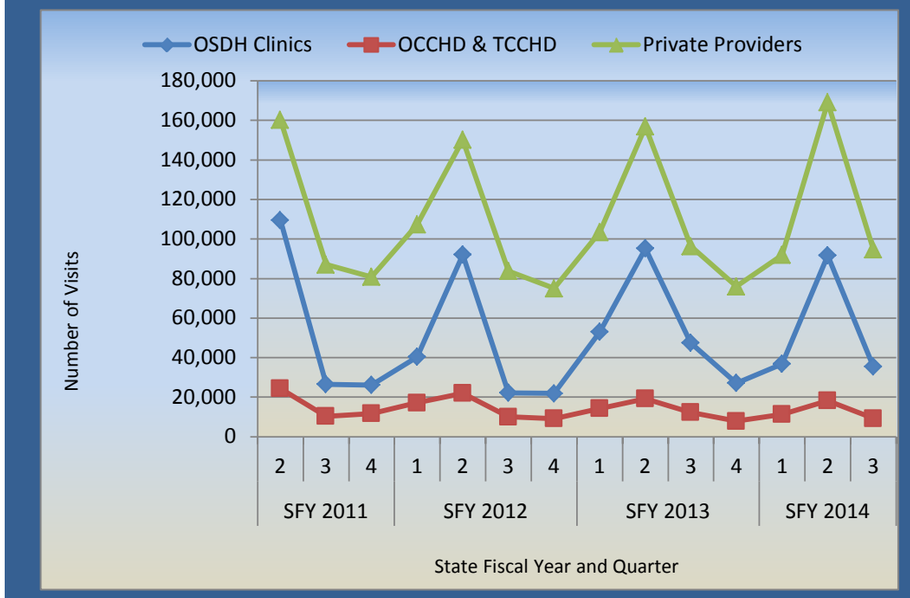


Table 1: OSDH Clinic Services by Quarter

SFY 2012		SFY 2013			SFY 2014		
Qtr	Services	Qtr	Services	% Change	Qtr	Services	% Change
1	618,207	1	622,006	0.61%	1	582,616	-6.33%
2	603,639	2	562,372	-6.84%	2	550,747	-2.07%
3	575,854	3	547,299	-4.96%	3	560,653	2.44%
4	567,100	4	543,467	-4.17%			
	2,364,800		**2,275,144**	**-3.79%**		**1,694,022**	

Explanation of Dashboard

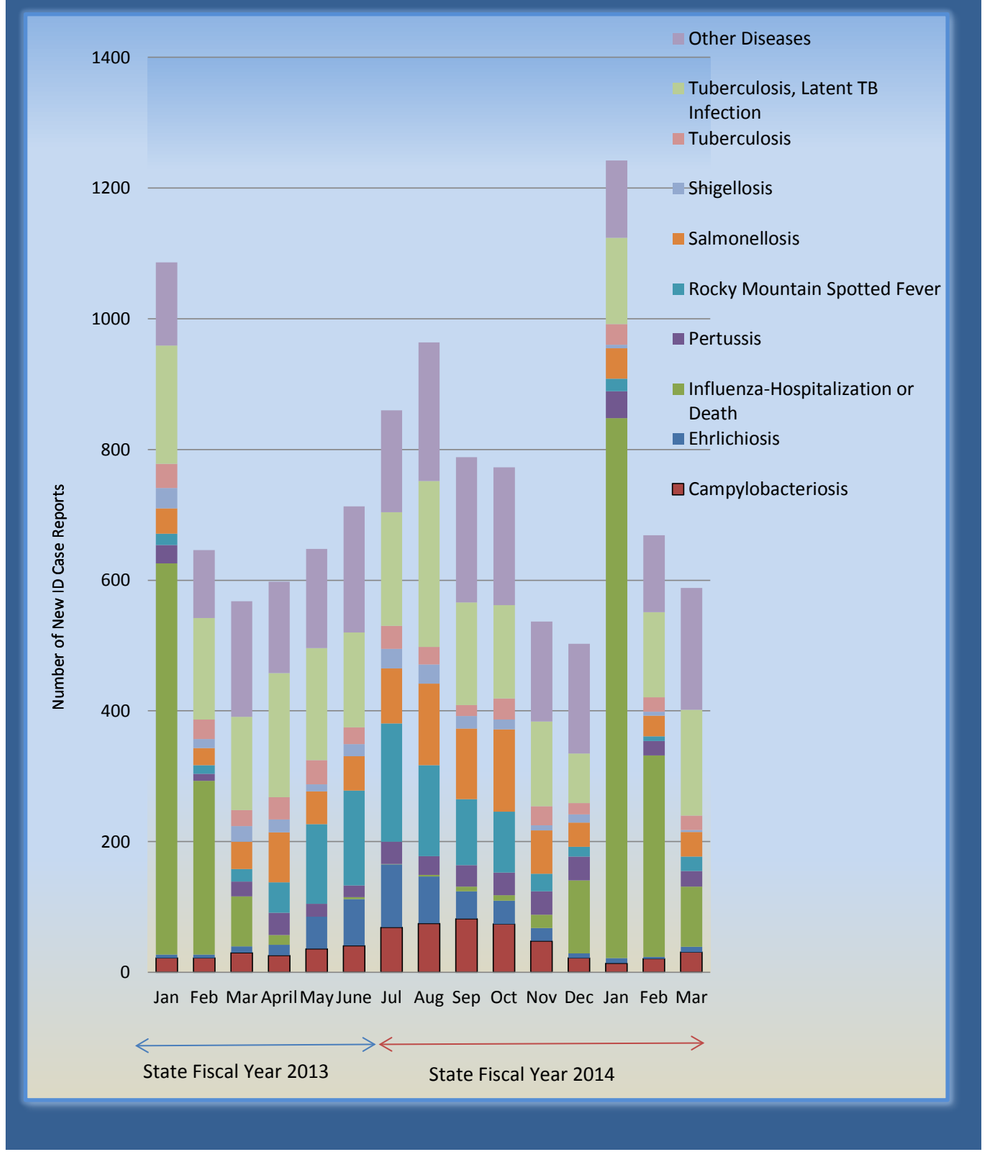
- State Fiscal Year (SFY) begins July 1st and ends June 30th.

- The **'Total Visits for OSDH Clinics by Quarter (Fig. 1)'** chart indicates a decrease in visits in some programs including Family Planning, Early Intervention, and Tuberculosis. The decrease in Early Intervention (EI) Sooner start visits is attributed to delayed reporting of data. The EI program has taken measures to ensure timelier reporting of data. The **'OSDH Clinic Services by Quarter (Table 1.)'** chart indicates that services in county health department clinics in the 3rd quarter of 2014 are slightly higher than services in the 3rd quarter of SFY2013 and are projected to increase when final data from several programs have been fully reported. The vacancy rate in Community & Family Health Services is currently at 12% and continues to improve, contributing to increased services.

- The **'Total Immunization Visits by Quarter (Fig. 2)'** chart data continues to trend has it has in the previous three years with visits increasing in the 1st quarter, peaking in the 2nd quarter, and declining in the 3rd and 4th quarters. This is anticipated and is a result of back to school immunizations and and flu season.

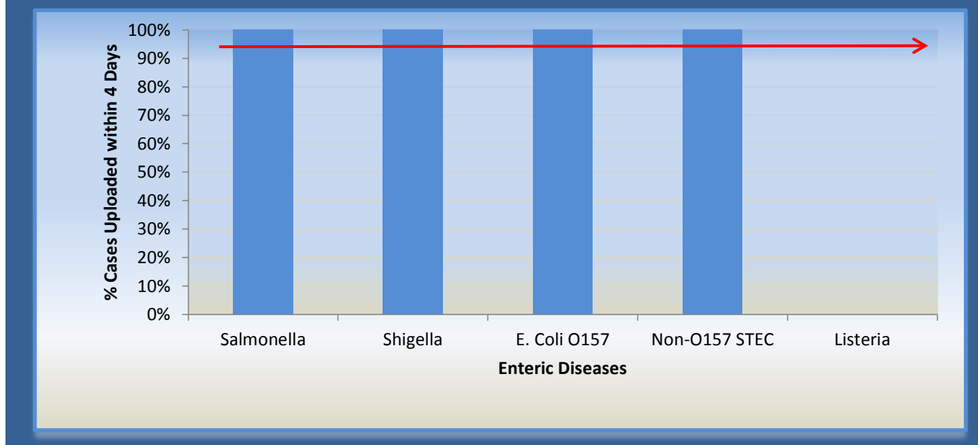
Oklahoma State Board of Health Dashboard
Public Health Imperative - Infectious Disease Measures

Number of New Infectious Disease (ID) Case Reports: 1/1/13-3/31/14



Percentage of PH Lab Enteric Diseases Uploaded to PulseNet within 4 Days from 1/1/14-3/31/14 Benchmark = 95%

** Number of Salmonella Cases: 84 of 84 (100%)*
** Number of Shigella Cases: 1 of 1 (100%)*
** Number of E. Coli O157 Cases: 1 of 1 (100%)*
** Number of Non-O157 STEC Cases: 7 of 7 (100%)*
** Number of Listeria Cases: 0 of 0 (0%)*
** Number of Total Cases: 99 of 99 (100%)*



Number of New Infectious Disease Case Reports and Estimated Investigation Time (Hrs): 1/1/13 - 3/31/14

Month	# of Rep	Est. Hrs	Month	# of Rep	Est. Hrs
Jan' 13	1084	1187	Sep ' 13	791	1190
Feb '13	646	834	Oct '13	789	1278
Mar'13	564	915	Nov '13	632	1120
Apr' 13	598	1180	Dec '13	507	879
May'13	646	1147	Jan' 14	1242	1340
June' 13	713	1169	Feb '14	669	927
July' 13	857	1347	Mar'14	588	1038
Aug '13	961	1564	**Total**	**11,287**	**17,115**

Total Number of Lab Specimens: 6/30/13-3/31/14

SFY-Qtr	# Specimens
2013-4	57,904
2014-1	49,273
2014-2	44,150
2014-3	43,757
Total	**195,084**

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 100 % for uploading into PulseNet within 4 days.

- The **'Total Number of Lab Specimens'** - chart shows the volume of specimens received for January of 2013 through March 2014.

OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT

Terry Cline, Ph.D., Commissioner
May 13, 2014

PUBLIC RELATIONS/COMMUNICATIONS

GREAT Symposium, OUHSC – speaker
Prescription Drug Abuse Capitol Hill briefing – speaker
John Bunstin, Governing Magazine – interview
Bryan Rosenthal, Seattle Times Reporter – interview
U.S. Public Health Services Commissioned Corps Dining Out – speaker
OHIP Community Chats – Tulsa twice & Enid
Tribal Consultation – Tahlequah
Prescription Drug Seminar, Ardmore – speaker
National Prescription Drug Abuse Summit – speaker

SITE VISITS

Pawnee County Health Department
Noble County Health Department
Garfield County Health Department

STATE/FEDERAL AGENCIES/OFFICIALS

Governor's Cabinet Meeting
Secretary Preston Doerflinger and Glenn Coffee
Margaret Hamburg, Commissioner, Food & Drug Administration

OTHERS:

Oklahoma Health Workforce Summit
OHIP Full Team
Steven Dow, Exec Director, Community Action Program
Oklahoma State Medical Association Annual Event
Oklahoma Perinatal Quality Improvement Collaborative
ACGME CLER committee
Preparing for the 7th Generation Conference: "The Cherokee Word for Water" movie
Fred Wells Brason II, CEO, Project Lazarus