



1 Dr. Krishna asked if there was discussion from the Board. Hearing none, Dr. Krishna asked if there was  
 2 discussion from the public. There were no comments or questions from the public.

3 **AYE: Baldwin, Davis, Krishna, Miller, Wolfe**  
 4 **ABSENT: Alexopulos, Anderson, Smith, Woodson**

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 6 PROTECTIVE HEALTH SERVICES  
 7 CHAPTER 662. HOME CARE AGENCIES [AMENDED]

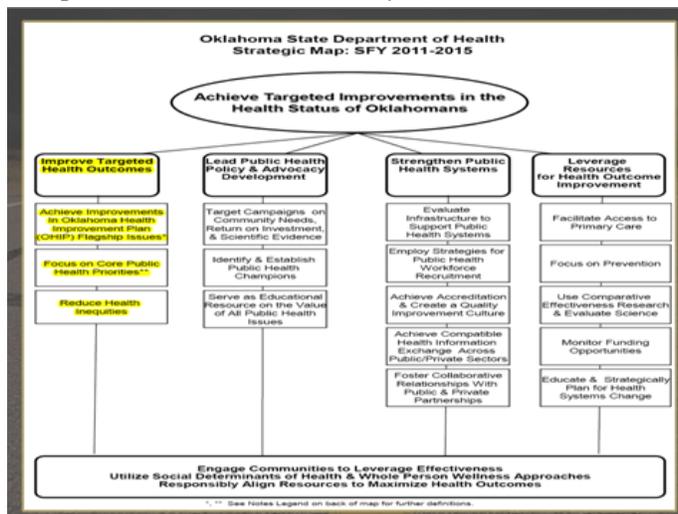
8 Dr. Krishna directed attention to Chapter 662.

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 10 **Mr. Baldwin moved Board approval for Permanent Adoption to Chapter 662. Home Care**  
 11 **Agencies as presented. Second Dr. Miller. Motion carried.**

12  
 13 Dr. Krishna asked if there was discussion from the Board. Hearing none, Dr. Krishna asked if there was  
 14 discussion from the public. There were no comments or questions from the public.

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 16 **AYE: Baldwin, Davis, Krishna, Miller, Wolfe**  
 17 **ABSENT: Alexopulos, Anderson, Smith, Woodson**

18  
 19 STRATEGIC MAP UPDATE PRESENTATION: Progress and Prospects on the Journey to Improve  
 20 Targeted Health Outcomes. Lynn V. Mitchell, M.D., M.P.H., Deputy Commissioner for Prevention and  
 21 Preparedness Services and Henry F. Hartsell, Jr., Ph.D., Deputy Commissioner for Protective Health Services.



**Destination:**

- Targeted Health Outcomes

**First Leg:**

- Oklahoma Health Improvement Plan (OHIP) Flagship Issues
  - Obesity
  - Tobacco
  - Children's Health

**Second Leg: Core Public Health Imperatives & Priorities**

- Imperatives:
  - All Hazards Preparedness
  - Infectious Disease
  - Mandates
- Priorities
  - Occupational Fatalities
  - Immunization
  - Preventable Hospitalizations
  - Strong and Healthy Oklahoma\*
  - Children's Health\*

**Third Leg: Health Inequities**

- Reduce the impact of health inequities in Oklahoma

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**Destination:**

- Targeted Health Outcomes

**First Leg:**

- Oklahoma Health Improvement Plan (OHIP)

**Flagship Issues**

- Obesity
- Tobacco
- Children's Health



**OBESITY**  
Map Goal: Reduce Obesity in Oklahoma

<u>CURRENT COURSE:</u>	<u>ETA (estimated time of arrival):</u>
Online database of evidence-based programs	February 2011
Expand CATCH kids club	June 2011
Legislation to incentivize grocery stores or farmer's markets in underserved communities	May 2010
Increase redemption rate of WIC for fresh/frozen fruits and vegetables	Current-2014
Establish local food policy councils	February 2012
Media/outreach/technical assistance enhancement	Current-February 2012
<ul style="list-style-type: none"> <li>▪ Toolkits for shoppers</li> <li>▪ PSA for health foods and drinks</li> <li>▪ Localized consultation/training</li> </ul>	

**OBESITY**  
Map Goal: Reduce Obesity in Oklahoma

<u>POTHOLES:</u>	<u>FUTURE TRIPS:</u>
Competing interests	Continued expansion of the CATCH program
Lack of evidence-based interventions	Integration of non-traditional partners and new collaborations with others
Timeliness of data	Continued expansion of WIC/SNAP benefits accepted at Farmer's Markets
Lack of health education	
Food deserts	
Affordability	
Busy lives	

**TOBACCO**  
Map Goal: Protect Oklahomans from harms of tobacco

<u>CURRENT COURSE:</u>	<u>ETA:</u>
Enact key public policy measures	Current-2014
<ul style="list-style-type: none"> <li>▪ Preemption repeal</li> <li>▪ Drivers license scans prohibition</li> <li>▪ Tobacco taxes reviewed</li> <li>▪ Smoke-free workplaces</li> <li>▪ 100% state agency properties tobacco-free</li> </ul>	September 2011
Implement evidence-based mass media communication	
Increase use of the Oklahoma Tobacco Helpline	Current-2014
Increase Tribal Nations that voluntarily eliminate commercial tobacco abuse	Current-2015
Maintain compliance with laws/ordinances to prevent illegal sales of tobacco to youth	October 2010

**TOBACCO**  
Map Goal: Protect Oklahomans from harms of tobacco

<u>POTHOLES:</u>	<u>FUTURE TRIPS:</u>
Education and fact dissemination	Continuing growth in use of Oklahoma Tobacco Helpline
Limited materials for specific efforts (smoke-free homes and cars)	Continuing adoption of commercial tobacco elimination within Tribal Nations
Tobacco settlement funds ongoing availability	Work with communities on local rights
Active, well-funded opposition	Explore further CDC best practices for tobacco control

**CHILDREN'S HEALTH**

<u>CURRENT COURSE:</u>	<u>ETA:</u>
Complete and release comprehensive statewide children's health plan	January 2011
Develop implementation plan for the children's health plan	June 2011
Interagency collaboration using practice facilitation to integrate tobacco use dependence clinical practice guidelines	Current-2015
Facilitate online SoonerCare enrollment	Current-2012
Partner with OHA, OUHSC, March of Dimes to eliminate elective deliveries prior to 39 weeks	Current-2015
Provide breastfeeding training to hospital staff	Current-2015
Increase public awareness	Current-2015
<ul style="list-style-type: none"> <li>▪ Online infant mortality initiative</li> <li>▪ PSAs</li> <li>▪ Online toolkit</li> </ul>	

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**CHILDREN'S HEALTH**  
Map Goal: Improve health outcomes for Oklahoma's children from conception - 18

<b>POTHOLES:</b>	<b>FUTURE TRIPS:</b>
Unintended pregnancies	Quality data improvement project
General understanding of public	Infant mortality module for OSDH website
Cultural competency	Partner in communities to dispense evidence-based adolescent pregnancy prevention activities
Recruitment and retention of key staff	Standardize Oklahoma nursery levels utilizing AAP criteria
Real or perceived access issues	Continue infusing knowledge on preconception assessments

**Second Leg: Core Public Health Imperatives & Priorities**

- Imperatives:
  - All Hazards Preparedness
  - Infectious Disease
  - Mandates
- Priorities
  - Occupational Fatalities
  - Immunization
  - Preventable Hospitalizations
  - Strong and Healthy Oklahoma\*
  - Children's Health\*

**IMPERATIVE: ALL-HAZARDS PREPAREDNESS**  
Map Goal: Sustain and Strengthen All-Hazards Preparedness

<b>CURRENT COURSE:</b>	<b>ETA:</b>
Plan for information systems	Ongoing
Plan for personnel needs during public health emergency	June 2011
Purchase COOP Software	December 2011
State and local Continuity of Operations Planning	June 2012
Activate and exercise emergency response plan	June 2012
Preparedness becomes core work duty and culture for OSDH employees	June 2012

**IMPERATIVE: ALL-HAZARDS PREPAREDNESS**  
Map Goal: Sustain and Strengthen All-Hazards Preparedness

<b>POTHOLES:</b>	<b>FUTURE TRIPS:</b>
Funding for Information Systems Project Manager	Integrate EPRS training with public health workforce training
Interoperability of Public Health Information Network	
COOP Planning by Partners	
Employee training	
System to track employee involvement in exercises	

**IMPERATIVE: INFECTIOUS DISEASE**  
Map Goals: Assure Surveillance, Investigation and Control of Communicable Diseases

<b>CURRENT COURSE:</b>	<b>ETA:</b>
Monitor infectious diseases	Ongoing
Determine if HIV infected clients are in care	Ongoing
Investigate, manage, ID at risk contacts, and treat TB cases and contacts	Ongoing
Start investigations within 24 hours	Ongoing
Review 90% of disease reports within 24 hours	Ongoing
Investigate 95% of immediately notifiable disease reports within 15 minutes	Ongoing

**IMPERATIVE: INFECTIOUS DISEASE**  
Map Goals: Assure Surveillance, Investigation and Control of Communicable Diseases

<b>POTHOLES:</b>	<b>FUTURE TRIPS:</b>
Retaining knowledgeable, trained staff for surveillance and investigation programs.	Develop interoperable systems; public health laboratory information management system and new Health Alert Network system.
Filling and maintaining County Health Department Communicable Disease Nurses for investigations.	Enhance Public Health Investigation & Disease Detection of Oklahoma (PHIDDO).
	Use Internet more effectively.
	Share information with private providers

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**IMPERATIVE: MANDATES**  
**Map Goal: Continue to Ensure Compliance with Statutory Mandates**

<b>CURRENT COURSE:</b>	<b>ETA:</b>
Ensure joint federal and state activities meet mandates	March 2011
Develop authority and mandate inventory for all inspection programs	April 2011
Ensure state-only activities meet mandates	June 2012
Implement support systems to track activity mandates	June 2012
Develop systems to verify compliance with Administrative Procedures Act	June 2013

**IMPERATIVE: Mandates**  
**Map Goals: Continue to Ensure Compliance with Statutory Mandates**

<b>POTHOLES:</b>	<b>FUTURE TRIPS:</b>
Recruiting and retaining trained staff for inspections and investigations	Conduct annual program evaluations
	Modernize and coordinate licensure databases and information systems
	Offer Online Licensure Services
	Develop systems to ensure enforcement actions comply with Administrative Procedures Act

**IMPERATIVE: OCCUPATIONAL FATALITIES**  
**Map Goal:**

<b>CURRENT COURSE:</b>	<b>ETA:</b>
Establish alliances to reduce work-related deaths	Ongoing
Prepare & distribute educational materials on work-related injuries and deaths	Ongoing
Pursue policies to reduce work-related motor vehicle fatalities (e.g., prohibit texting while driving on state business)	Ongoing
Reduce rate of occupational fatalities	Ongoing through 2014
Strengthen safety criteria and expand number of certified health businesses	2011

**IMPERATIVE: OCCUPATIONAL FATALITIES**  
**Map Goals:**

<b>POTHOLES:</b>	<b>FUTURE TRIPS:</b>
Fatalities occur in a wide variety of industries and occupations.	Continue to build alliances, partnerships
Few passive prevention measures are available.	
Workers do multiple job duties, including tasks they are not trained to conduct.	Continue OSHA consultation program
Company safety officer positions may be minimized	
One-third of work-related fatal motor vehicle incidents in Oklahoma involve out-of-state residents.	
Farmers/ranchers are difficult to reach for prevention	
Culture supports constant use of cell phones	
Federal funding for occupational injuries ended July 2010; core funding guaranteed only through July 2011.	

**IMPERATIVE: IMMUNIZATIONS**  
**Map Goal:**

<b>CURRENT COURSE:</b>	<b>ETA:</b>
Re-implement parental reminder system for children under 24 months	Ongoing
Expand parental reminder to children up to 36 months of age	Ongoing
Implement state plan to increase 4:3:1:3:3 immunization rate of children 19-35 months	Ongoing
Implement Statewide "Buzzer Beaters"	February 2011
Develop new immunization information system (OSIIS) with full capacity for electronic data exchange	December 2012

**IMPERATIVE: IMMUNIZATIONS**  
**Map Goals:**

<b>POTHOLES:</b>	<b>FUTURE TRIPS:</b>
Lack of federal grant funding for interoperability Portion of OSIIS	Increase 4:3:1:3:3 rates in communities with low rates

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**IMPERATIVE: PREVENTABLE HOSPITALIZATIONS**  
Map Goal:

<u>CURRENT COURSE:</u>	<u>ETA:</u>
Reduce admission hospital admission rates for:	
•Diabetes short-term complications	June 2011
•Chronic Obstructive Pulmonary Disease (COPD)	June 2011
•Hypertension	December 2011
•Angina without procedure	December 2011
•Bacterial pneumonia	December 2012

**IMPERATIVE: PREVENTABLE HOSPITALIZATIONS**  
Map Goals:

<u>POTHOLES:</u>	<u>FUTURE TRIPS:</u>
Project funding for reduction of hypertension admission rates, reduction of admissions for angina	Building partnerships and alliances across a broad range of providers, agencies and interest groups outside OSDH
Data sources and time lag for data reports	Inclusion of reminder/recall for adult influenza and pneumococcal inserted into OSIS plan

**Third Leg:  
Health Inequities**

- Reduce the impact of health inequities in Oklahoma



**HEALTH INEQUITIES**

<u>CURRENT COURSE:</u>	<u>ETA:</u>
Define the scope of the issue	June 2011
•Community research	
•Educational achievement levels	
•Household income	
Define contributors/historical context	June 2011
Review best practices (laws/policies) to promote health equity	June 2011
<u>POTHOLES:</u>	<u>FUTURE TRIPS:</u>
Magnitude of the issue	Culture change within agency to include health inequities as one decision point for future work
Current economic reality	Developing partnerships across the state

At the conclusion of the presentation Mr. Baldwin and Dr. Miller both commented on the importance of legislative involvement in this movement and asked if the agency is actively soliciting the involvement of our legislators. Mark Newman responded that the agency is taking every opportunity to update and educate our legislators as well as the Governor’s staff. He indicated that this education and information is being provided through individual meetings as well as through educational materials sent to them throughout the legislative session. Dr. Cline commented that County Administrators are also engaging legislators at the local level. Mr. Baldwin asked if legislative support for the improvement of Oklahoman’s health has been a bi-partisan effort. Mark Newman responded that the support has been bi-partisan and very positive.

Dr. Krishna commented on the obesity epidemic and a study indicating the invention of microwave ovens in the 1980’s as a contributing factor to the obesity epidemic we face today. Dr. Krishna also briefly discussed the following:

- Problems physicians encounter in routine examinations of obese people;
- The harmful effects of second-hand and third-hand smoke; and
- The increased mortality rate associated with diabetes when combined with mental health problems.

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3 CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTIONS

4 Executive Committee

5 Dr. Krishna announced that Dr. Anderson submitted his resignation from the Board of Health. Dr. Krishna  
6 briefly discussed Dr. Anderson's contributions to the State of Oklahoma and his efforts in attracting many  
7 companies/businesses to the state. Dr. Krishna commented on a new application and small adaptor designed  
8 to convert an iphone into a mobile EKG machine. This application will have a great impact in the delivery of  
9 healthcare in areas that do not have this technology. The company responsible for this device was one of  
10 many companies brought to Oklahoma through the efforts of Dr. Anderson.

11  
12 He asked for a motion to offer a commendation to Dr. Anderson. Dr. Miller so moved. Second Dr. Davis.  
13 Motion carried. Dr. Krishna asked for any discussion. Dr. Krishna asked if Dr. Cline would agree to prepare  
14 and send a letter of appreciation to Dr. Anderson and he agreed.

15  
16 Finance Committee

17 Dr. Krishna provided an update of the Budget Status Report for FY 2011 as of December 28, 2010. On a  
18 \$407,113,433 budget, OSDH has \$389,784,233 in Expenditure Forecast or 95.74%, which is within the  
19 "green" safe zone. Dr. Krishna briefly summarized the Forecasted Expenditures by Deputy Area.

20  
21 Dr. Cline provided a handout prepared for the Office of State Finance, the House of Representatives, and  
22 the State Senate, detailing the Department's response for how the agency would deal with hypothetical  
23 cuts in appropriations of 5%, 7.5%, and 10% for FY12.

24  
25 He indicated that to date, we have received the largest cut and reduction to budget of any health cabinet  
26 agency, over the last 2 years. To accommodate these cuts we have 300 fewer staff than in 2008 and have  
27 reorganized and reduced our Child Guidance system to 16 sites, as well as offering voluntary retirement  
28 buyouts, and a number of other efficiencies.

29  
30 In the most simplistic of terms these cut levels equate to \$3.1 million, \$4.7 million, and \$6.2 million  
31 respectively.

32  
33 As tough as these economic times are and with the health status of current and future Oklahomans  
34 critically dependent upon improvements in health outcomes, it is still incumbent upon the agency to  
35 respond to these inquiries with respect to our core public health imperatives and the need to maintain  
36 sufficient infrastructure to respond in emergencies and disease outbreaks.

37  
38 For the 5% cut scenario, the Department is proposing the elimination of funding for, and the  
39 programmatic efforts of, the Office of Child Abuse Prevention. The Department fully understands the  
40 importance of protecting this vulnerable population, the progress made in child abuse prevention and the  
41 even greater need of providing these services in this economic downturn. The elimination of these funds  
42 will certainly leave community and individual family needs unmet and will reduce the amount of federal  
43 funds leveraged by the agency by approximately \$200,000.

44  
45 To achieve the 7.5% cut, the Department is recommending the elimination of all funding for the Office of  
46 Child Abuse Prevention and \$1.52 million of the state appropriated funds going to the formula  
47 reimbursement for Federally Qualified Health Centers (FQHCs).

48  
49 A 10% reduction in appropriations could be handled by the elimination of all funding for the Office of  
50 Child Abuse Prevention and \$3.075 million of the \$3.286 million currently used in the formula  
51 reimbursement for FQHCs. In Oklahoma during 2009, 17 FQHCs, operating 34 sites, provided  
52 comprehensive primary care to 118,810 patients with a total of approximately 400,000 visits at an average

1 cost of \$171.64 per patient. Due to the lingering economic downturn, estimates for calendar year 2010  
2 show an expected 17% increase in the number of patients served, with a substantial increase in the  
3 number of uninsured.

4  
5 Dr. Krishna asked if there were any questions or discussion. Dr. Miller asked about the Department's  
6 office of Federal Funding and whether or not OSDH is the recipient of private donations. Dr. Cline stated  
7 that approximately 56% of our budget is federal funding. He indicated that this last fiscal year we  
8 received ARRA funds that helped minimize the effects of reductions, however they are 1-time dollars and  
9 will expire. Julie Cox-Kain spoke to the question of private donations and indicated that in recent years  
10 we have not been the recipient of any significant amount of private donations.

#### 11 12 Accountability, Ethics & Audit Committee

13 Mr. Baldwin reported that there are no known significant audit issues to report at this time.

14 Mr. Durocher reported that there are no significant investigations occurring at this time. Mr. Durocher is  
15 currently in the process of updating the OSDH Ethics handbook.

#### 16 17 Public Health Policy Committee

18 Dr. Davis reported that he had met with Mark Newman to review the legislative process related to a bill  
19 becoming law, legislative deadlines, and committee structure for the House and Senate for the coming  
20 session. Everything is proceeding as anticipated on the legislative agenda items for OHIP and the  
21 Department.

22  
23 All proposed legislation will be introduced by January 20, 2011. A listing of all legislation being tracked  
24 by the Department will be distributed on January 31<sup>st</sup>. The first weekly legislative update will be  
25 provided to all members of the Board on February 14<sup>th</sup>, following the first week of the legislative session.

#### 26 27 PRESIDENT'S REPORT

28 No updates.

#### 29 30 COMMISSIONER'S REPORT

31 Dr. Cline highlighted his attendance at the Health Alliance for the Uninsured Appreciation Luncheon,  
32 held at the Crossings Clinic. He recognized Dr. Krishna for his sponsorship of this event and praised the  
33 group of community partners for their accomplishments. The group's purpose was to address the unmet  
34 and unfunded needs in this area.

35  
36 Next, Dr. Cline highlighted his involvement with one group of state officials and the new Governor's  
37 staff. Dr. Cline's workgroup was tasked with putting forth recommendations surrounding criminal justice  
38 and public safety. The OSDH does have a public safety role in terms of emergency preparedness.

39  
40 Lastly, Dr. Cline acknowledged a meeting with Mary Wakefield, Administrator of Health Resources and  
41 Services Administration (HRSA). The meeting included 2 other state commissioners and key staff and  
42 was geared toward examining how primary care services can be provided and amplified in the states as  
43 well as looking at the important role that public health agencies play in meeting those needs.

44  
45 Dr. Cline commented on legislation that has received a lot of attention and would return local  
46 rights/control and repeal pre-emption. The legislation is authored by Speaker Kris Steele, of the House,  
47 and Senator Myers.

#### 48 49 NEW BUSINESS

50 No new business to report.

51  
52 Dr. Krishna asked Bob Jamison from the Oklahoma City County Health Department (OCCHD) to give an

1 informal report of activities. Bob briefly discussed activities under the Wellness Now initiative in  
2 conjunction with the Health Improvement Plan. He indicated that OCCHD is preparing to implement a  
3 cardiovascular disease intervention project in the 73111 zip code, as they have been identified as having  
4 the worst health outcomes for stroke and heart attacks in the metropolis. Mr. Jamison also briefly  
5 discussed OCCHD's initiative to partner the Central Oklahoma Integrative Network Services (COINS)  
6 with the Health Alliance Organization.  
7

8 PROPOSED EXECUTIVE SESSION

9 No Executive Session.

10

11 ADJOURNMENT

12 Meeting adjourned at 12:48p.m.