

1 Meeting, as presented. Second Ms. Wolfe. Motion carried.

2
3 AYE: Baldwin, Burger, Davis, Krishna, Smith, Wolfe, Woodson

4 ABSTAIN: Alexopoulos

5 ABSENT: Gerard

6
7 **REVIEW OF MINUTES – OSBH**

8 Dr. Alexopolus directed attention to the minutes of the August 19-21, 2011, Special Board of Health
9 Meeting, and asked if there were any additions or corrections to the minutes.

10
11 Dr. Krishna moved Board approval of the minutes of the August 19-21, 2011, Special Board of
12 Health Meeting, as presented. Second Ms. Wolfe. Motion carried.

13
14 AYE: Alexopolus, Baldwin, Burger, Davis, Krishna, Smith, Wolfe, Woodson

15 ABSENT: Gerard

16
17 **REVIEW OF MINUTES – OCCHD**

18 Dr. Cagle directed attention to the minutes of the October 4, 2011 meeting.

19
20 Dr. Hill moved Board approval of the minutes of the October 4, 2011 meeting, as presented.
21 Second Mr. Mitchell, Motion carried.

22
23 **OKLAHOMA HEALTH IMPROVEMENT PLAN (OHIP):** State Perspectives; Terry Cline, Ph.D.,
24 Commissioner of Health

Oklahoma Tri-Boards of Health

Oklahoma Health Improvement Plan

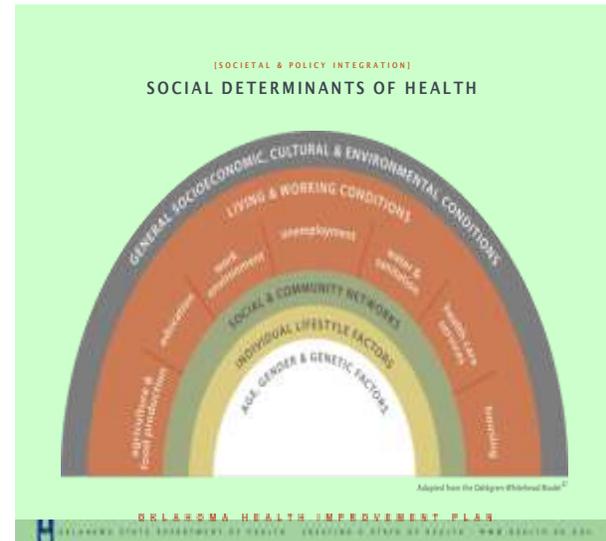
October 11, 2011

Terry Cline, Ph.D.
Commissioner of Health

Oklahoma State Department of Health
Secretary of Health and Human Services

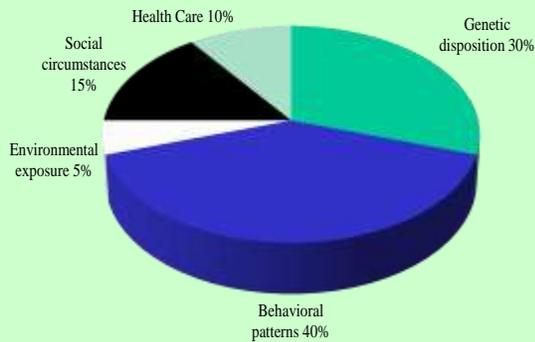


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Determinants of Health and Their Contribution to Premature Death



The New England Journal of Medicine ©2007

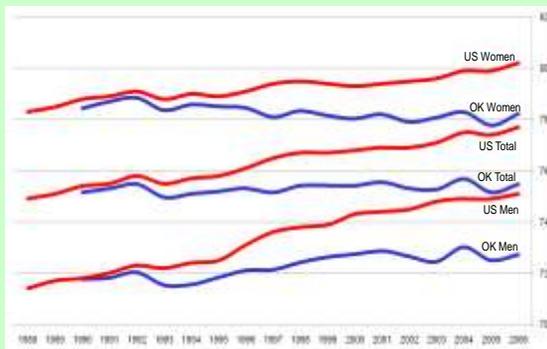
Change in Life Expectancy OK vs US (1990-2006)

	Total	Male	Female
U.S.	+2.0 yrs	+2.9 yrs	+1.1 yrs
OK	+0.1 yrs	+0.9 yrs	-0.6 yrs

U.S. NCHS. Oklahoma: OSDH, Health Care Information

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Life Expectancy Trends OK vs US



U.S. NCHS. Oklahoma: OSDH, Health Care Information

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A COMPREHENSIVE PLAN TO IMPROVE THE HEALTH OF ALL OKLAHOMANS · 2010-2014 OKLAHOMA HEALTH IMPROVEMENT PLAN



FLAGSHIP GOALS- Dean Raskob

- Tobacco Use Prevention – Tracey Strader
- Obesity Reduction – Bruce Dart
- Children’s Health – Drs. McAffree, Dunlap and Rhoades

INFRASTRUCTURE GOALS- Gary Cox

- Public Health Finance – Dr. Mark Newman
- Workforce Development – Rick Ernest & Judy Grant
- Access to Care – Julie Cox-Kain & Terry Cline
- Public/Private Partnerships – Barry Smith, Bert Marshall & Julie Cox-Kain

SOCIETAL & POLICY INTEGRATION

- Policies and Legislation
- Social Determinants of Health & Health Equity

OKLAHOMA HEALTH IMPROVEMENT PLAN



Flagship Areas

Tobacco Use Prevention

The **Hard Rock Hotel and Casino** owned by the Cherokee Nation is building a new tower in Tulsa where both the hotel and casino will be smoke-free

HB 2135 advanced further than ever before toward restoring local rights and repealing preemptive clauses in state tobacco control laws due to grass-roots efforts

Compliance rates on tobacco sales to underage users have improved significantly to 91%.

OKLAHOMA HEALTH IMPROVEMENT PLAN

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Communities Lead the Way....

- **85% of Oklahomans** live in a community covered by a *Communities of Excellence in Tobacco Control* grant; 34 grantees cover 51 counties and the Osage nation
- **181 Students Working Against Tobacco teams** are actively working with their peers and within their communities to promote tobacco free policies, expose tobacco industry marketing practices, and prevent youth from using tobacco products.

Communities Lead the Way....

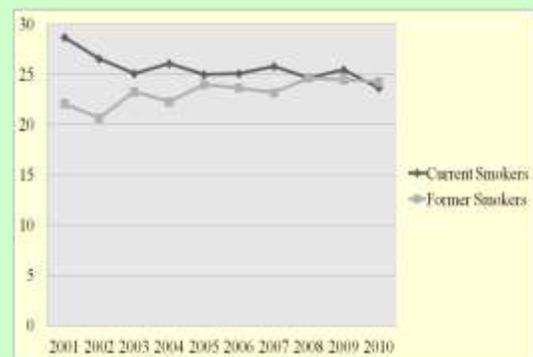
- **17 universities** and 5 career-techs are tobacco-free; all Oklahoma State University campuses.
- **Dozens of Oklahoma businesses** have adopted tobacco-free policies.
- **27 Oklahoma City and Tulsa area hospitals and 23 rural hospitals.**
- **11 communities** have passed ordinances making their parks tobacco-free.

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Communities Lead the Way....

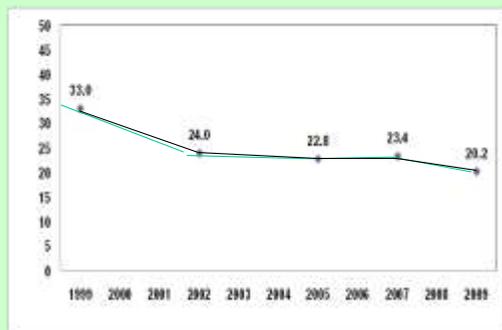
- Over **200 public** school districts have 24/7 policies. Two thirds of Oklahoma public school students attend a tobacco-free school.
- Other tobacco free policies: 4 athletic associations, 3 housing authorities in NE Oklahoma, 6 state agencies, **3 tribal nations** have adopted the policy for government-owned property (excluding casinos).

Smoking Status by Year Among Oklahoma Adults
Current & Former Smokers, 2001-2010

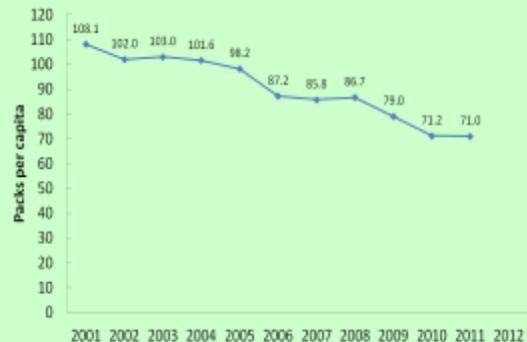


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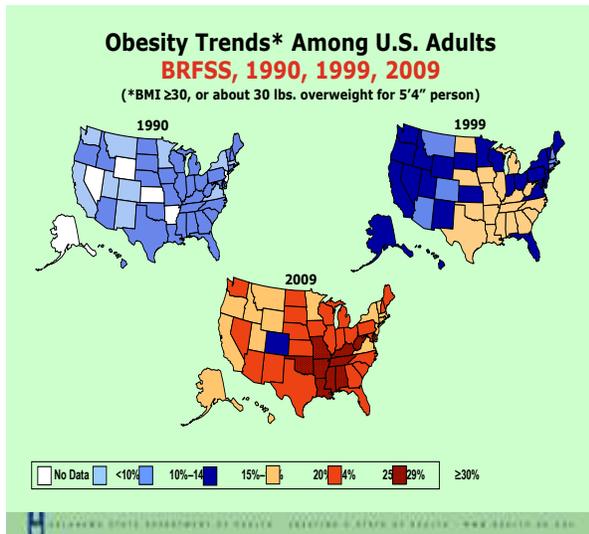
Current Cigarette Smoking Among High School Students, 1999-2009



Reduce annual per capita consumption of cigarettes



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Flagship Area

Obesity Reduction

On-line searchable inventory database completed and available to public identifying evidence-based or promising programs that address physical activity, nutrition, and obesity issues

Shape Your Future Campaign Launched February 14, 2011

Fifteen TSET Physical Activity & Nutrition grants provided throughout the state to increase physical activity and better eating, while reducing obesity in our state

Certified Healthy Communities and Schools programs launched August 1, 2011

OKLAHOMA HEALTH IMPROVEMENT PLAN

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Flagship Area

Children's Health

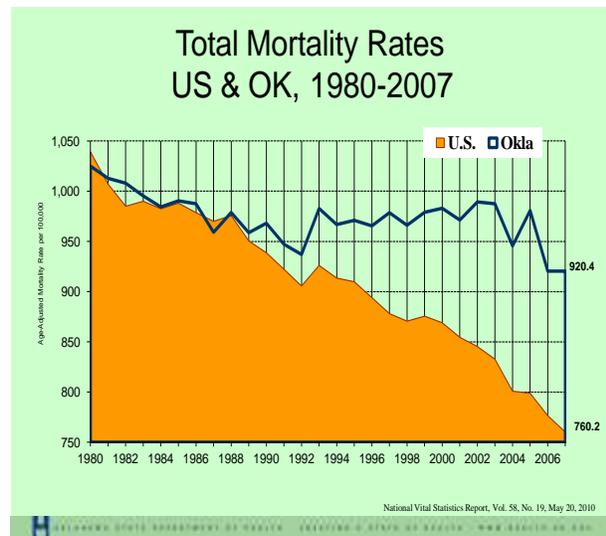
Developed a comprehensive child health plan to improve health outcomes for children ages birth to 18 years

54 out of 59 birthing hospitals in Oklahoma are committed to **Every Weeks Counts** campaign and not allowing elective induced births prior to 39th week unless medically indicated

Since the first quarter of 2011, **early elective scheduled cesareans have reduced by 66%** and early elective inductions by 58%

Latest data showed **27 hospitals with zero early elective births**, up from only 6 hospitals in quarter one of 2011

OKLAHOMA HEALTH IMPROVEMENT PLAN



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5 Dr. Cline reported on the existing Oklahoma Health Improvement Plan (OHIP). He briefly
 6 discussed the social determinants and their contribution to premature death, stating that overall
 7 health is composed of approximately 20 different variables. Geographic location plays a role
 8 several variables, however, the good news is that we are in charge of 40% of our overall health
 9 outcomes, and 10% is applicable to healthcare and access to healthcare. The challenge is
 10 changing behaviors that lead to poor health outcomes. In the United States life expectancy
 11 increased by a couple of years, which is a victory for public health. However, life expectancy
 12 improved only minimally in Oklahoma. In an effort to address poor health outcomes and
 13 premature death, Senate Joint Resolution #41 was passed, creating the Oklahoma Health
 14 Improvement Plan. The OHIP flagship issues were briefly discussed: tobacco use prevention;
 15 obesity reduction; children's health. Improvements in these areas will lead to the improvements
 16 in the overall health of Oklahomans. Current improvements, successes, and infrastructure and
 17 resources needs were briefly discussed.

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19 The presentation concluded.

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- 2 Local Perspectives; Bruce Dart, Ph.D., Tulsa City-County Health Department



Evaluating Success

October 11, 2011

Evaluation Process



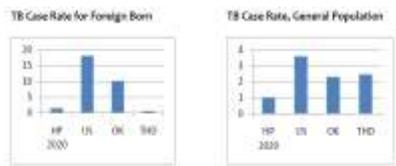
- Collect, centralize and clean dataset
- Identify gaps in data
- Evaluate against established local, state and national standards identified in the OHIP and Healthy People 2020 Plans
- Compare findings and discussion of recommended goals
- Report to BOH and Community including OSDH

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Dashboard Comparison



- Summarizes THD metrics against state and national metrics
- Measures difference between THD performance, OSDH performance, and Healthy People 2020 goals and objectives
- Plan to publish on external dashboard for community use
- Ensures accountability and alignment with on-going state and national goals
- Example: TB Program Evaluation



Example TB Program

Goal/Purpose: The purpose of the Tuberculosis Program is to identify and prevent tuberculosis and to protect the public from the spread of tuberculosis infection (CDC, 2010) (in consultation).

Assumptions: It is believed that we are fairly much closer to meeting and/or exceeding Healthy People acute goals and objectives, however, incomplete data prevents us from being able to conclusively state and validate data entry.

Objective: Meet or not surpass the Healthy People acute goals and improve data entry consistency.

Link to OHP Strategic Map:

- Priority Area—Increase Public Health Infrastructure Effectiveness and Accountability
 - Goal—Access to Care
 - Objective—Strengthen the impact of programs and services

Link to THD Strategic Plan:

- Priority Area—Strengthen the impact of programs and services
 - Goal—Measure and Evaluate
 - Objective—All internal programs evaluated every three years
 - Objective—Develop program specific performance management tools

Goal	Activities of Program (to be delivered by program)	Progress		
most compliance in data entry for relevant variables by June 2012	A. B.	3 months	6 months	9 months
most compliance to identify patients with medical record system by June 2012	A. B.	3 months	6 months	9 months

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Summary



Standardize

- Use evaluation report and reporting template as communication tool.
- Program managers and division managers are fully involved in the process

Timely

- Process is expected to take a minimum of 4 weeks and a maximum of 8 weeks

Efficient

- Process does not interrupt flow of work or service delivery

Outcome Driven

- Focused on solutions and opportunities for improvement—not punitive in nature

- 7
- 8

1 Dr. Dart reported that this effort has created a great deal of enthusiasm in Oklahoma, specifically within
 2 the Tulsa area. There is a need to assure that resources are applied correctly and the successes of these
 3 efforts are evaluated. Tulsa is currently establishing a process to evaluate against State and Local
 4 standards. The goal is to create an integrated website where the data collected can be accessible to
 5 anyone for review. This will create accountability within the community and provide an accurate picture
 6 of the impact to the quality of life in the Tulsa area. This is similar to the evaluation and comparison done
 7 within the Tuberculosis Program. This data collection will be accomplished under the umbrella of OHIP
 8 in order to meet statewide goals. Tulsa CCHD has developed a Strategic Map and evaluation plan that
 9 aligns to the OHIP Strategic Map and will hopefully impact community and state indicators.

10
 11 The presentation concluded.

12
 13 Local Perspectives; Gary Cox, Ph.D., Oklahoma City-County Health Department



A Community Initiative for
 Community Change

AMERICA'S PLAN FOR BETTER HEALTH AND WELLNESS
 June 2011

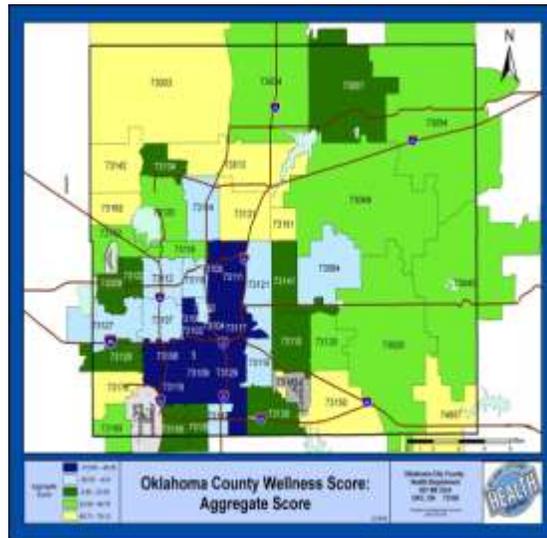
“The strength and ingenuity of America’s people and communities have driven America’s success. A healthy and fit nation is vital to that strength and is the bedrock of the productivity, innovation, and entrepreneurship essential for our future.”

National Prevention, Health Promotion, and Public Health Council
 Surgeon General Regina M. Benjamin, MD, Chair

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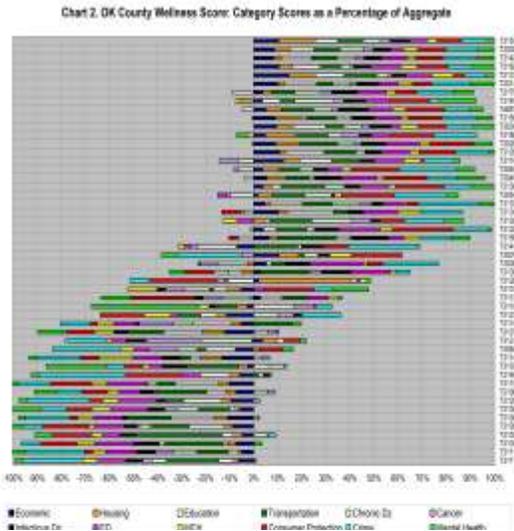
It's Bad

- We know that our health in Oklahoma is poor and is near the bottom of national rankings. If you live in Oklahoma, your life span is likely to be about 2.5 years shorter than the national average.
- Obesity rates, tobacco use, cardiovascular disease are among the highest in the nation.



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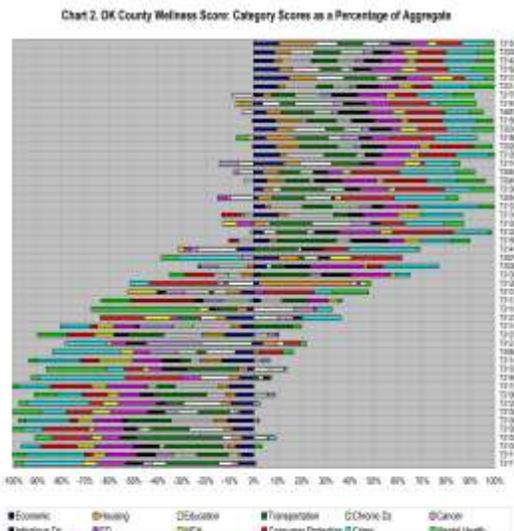
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Chronic Disease Mortality*

Diabetes	78.21	10.74
Cardiovascular	436.88	42.96
Cancer	365.78	53.71

*annual deaths per 100,000 population

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Median Family Income

\$26,532	\$66,563
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Single mothers with young children living below poverty level:

62.8%	10.7%
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No high school diploma or G.E.D.:

27.4%	4.8%
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Vision

Working together to improve the health and quality of life for individuals, families, and our community by moving our community from a focus on sickness and disease to one based on prevention and wellness.



Goal

- Our overarching goal is to increase the number of Oklahomans who are healthy at every stage of life.
- Focus on both increasing the length of people's lives and ensuring that people's lives are healthy and productive.

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“What are we doing about it?”

- Wellness Now - A community initiative, not a government initiative
 - Coalition made up of broad stakeholders
 - Supported and chaired by Mayor Cornett and County Commission Chair Ray Vaughn
- Provides the strategic framework for targeted health interventions
- Looks at the entire county, but allows for targeted intervention



Partners

- The Oklahoma Health Improvement Plan is an umbrella for health improvement for the State
- Wellness Now is the umbrella for health improvement for Oklahoma City and County
- This initiative provides a community plan, sets priorities, and has brought together over 55 partners to implement plan.

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The Approach

Six areas of emphasis:

- Tobacco
- Obesity
- Mental Health
- Child Health
- Senior Health
- Obstacles to health



Cross-cutting Factors

- Policy development
- Workplace wellness
- Health equity
- School health
- Resources
- Evaluation
- Cultural Competency



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Wellness Now Initiatives

- School-based wellness hubs in local middle schools (Millwood and Jefferson Middle Schools)
- Prevention of Cardiovascular Disease
- Nutrition education
- Senior Fall Prevention Program (partner: OSDH)
- Reduction in screen time at childcare centers



Northeast Regional Health and Wellness Campus



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Sky View of Campus



OCCHD and Partner Facilities



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Auditorium and Training Center



Successes to Date



- Community Transformation Grant
- New Wellness Now Mental Health Workgroup
- Local Public Health Systems Assessment
- Tai Chi: Moving for better balance
- My Heart, My Health, My Family
- Seniors on the Move: Senior Prom
- Senior Day at the Fair
- Sisters In Motion Inaugural Walk
- International Walk to School Day

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Upcoming Plans



- Police Athletic League: Rally Ball lessons in 16 elementary schools
- Silver Sneakers: Silver, Strong and Connected event for Seniors at Devon Boathouse
- Wellness Now Legislative Breakfast & Policy Forum – Thursday, Oct. 13
- Food Day – Oct. 24
- Chamber of Commerce: Health at Work Breakfast
- Farm to You: Nov. 1-2 at Spencer Elementary, also in May for OKC public schools
- Partnership with the Y: Turkey Trot, 5210

We need you!



- Local elected officials are critical to the success of Wellness Now
- We look to city and county officials to champion health improvement efforts
 - Local government participation is essential to fostering a unified response to poor health outcomes and engaging constituents
 - We hope to work with city planners to create environments that facilitate healthy lifestyles

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Policy Matters

- We would recommend that the City consider developing a “Health in All Policies” approach that would consider the health effects - both positive and negative - of all major legislation, regulations, and other policies that could potentially have a meaningful impact on the public’s health.



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Gary Cox, Director
 Oklahoma City-County Health Department
 405-425-4332
 www.occhd.org



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Dr. Cox discussed health improvement in Oklahoma County and provided an overview of the Wellness Now initiative. He reviewed the Wellness Score indicating the zip codes with the most health challenges. He indicated this is important as it will help determine where to apply special emphasis. The goal is to promote wellness and shift the focus from sickness. Wellness Now is a community initiative chaired by Mayor Cornett and Commissioner Ray Vaughn, with a goal of providing targeted interventions. The initiative includes over 55 community partners working to create a plan for Oklahoma County. The emphasis is similar to OHIP: tobacco cessation, obesity, child health, but includes targeted interventions for senior health and mental health. In order to continue the programs a Health and Wellness Campus is being developed. The campus will be in the area of NE 63 and Martin Luther King Boulevard. The campus will also include walking trails, soccer fields, basketball courts, etc. There will be a 450 person auditorium and training area that will be available to partners. OCCHD recently received a Community Transformation Grant that will help to fund many of these initiatives and make the plan a reality. Dr. Cox briefly discussed planned future activities.

The presentation concluded.

LEGISLATIVE REPORT: Tammie Kilpatrick (OCCHD), Scott Adkins (THD), Dr. Mark Newman (OSDH)

1 Mr. Adkins reported that there has been some legislative success in the past year. However, the
2 upcoming session will be the most challenging and will require all three Boards to work together to
3 separate policy from politics. He also reported that filing dates have changed and anticipates that
4 campaigning may contribute to a hectic atmosphere this session.

5
6 Tammie Kilpatrick discussed local control and the importance of strong coalitions, grassroots networks,
7 providers groups, and businesses. She briefly discussed messaging as another important area.

8
9 Dr. Newman commented that the Oklahoma Health Improvement Plan has decided to continue to support
10 the same three issues of restoring local rights; health education in middle school; graduated drivers'
11 licenses prohibiting use of electronic devices for those less than 18 years. Oklahoma Turning Point
12 Council will also support local rights and health education in schools as two of their legislative items.
13 Board members were encouraged to discuss these issues with their colleagues and daily contacts. The
14 anticipated challenges for the upcoming legislative session can be overcome.

15
16 **APPROVAL OF LEGISLATIVE PRIORITIES – THD**

17 Ms. Keithline moved to approve legislative priorities as presented. Second Dr. Ellison. Motion carried.

18
19 **APPROVAL OF LEGISLATIVE PRIORITIES – OSDH**

20 Dr. Alexopoulos recognized Dr. Terry Gerard's attendance at the Oklahoma State Board of Health
21 Meeting and Tri-Board meeting, noted at 2:12 PM. Dr. Alexopoulos moved to approve legislative priorities as
22 presented. Second Dr. Gerard. Motion carried.

23
24 **APPROVAL OF LEGISLATIVE PRIORITIES – OCCHD**

25 Dr. Hill moved to approve legislative priorities as presented. Second Dr. Mills. Motion carried

26
27 **BUDGET PRIORITIES:** Julie Cox-Kain (OSDH), Reggie Ivey (THD), Bob Jamison (OCCHD)
28 Julie Cox-Kain reported on the State Budget Request for OSDH, THD and OCCHD as follows:

29
30 **Wellness Budget Request (\$1,500,000.00)**

31 House Bill (HB) 2774 directs the Oklahoma State Department of Health to establish and maintain the
32 Oklahoma Certified Healthy Schools program and develop criteria through the Oklahoma Healthy
33 Schools Advisory Committee, based on the Centers for Disease Control and Prevention Coordinated
34 School Health Model.

- 35 • State fiscal year 2013 will be the first year for implementation of the program.
- 36 • This proposal will reward schools that implement wellness policies and programs and receive
37 certification under the Certified Healthy Schools program created by the Oklahoma Certified Healthy
38 Schools Act.
- 39 • The program is to specify three levels of certification (Basic, Merit & Excellence) and authorizes
40 certain monetary rewards (\$2,500, \$5,000 & \$10,000) based on achievement of certification.
- 41 • Certified schools must use their award for the enhancement of existing wellness activities and the
42 promotion of a healthy school environment.
- 43 • It is estimated that 600 schools will achieve the Basic certification within the first year totaling
44 \$1,500,000.
- 45 • This request includes money for school rewards only

46
47 **Children's Health Budget Request (\$1,734,037.00)**

48 The Oklahoma State Department of Health, Oklahoma City-County Health Department, and Tulsa City-
49 County Health Department propose to enhance the statewide infant mortality initiative, by implementing
50 strategic targeted interventions in partnership with key state and local agencies, organizations, and
51 hospitals to improve outcomes for Oklahoma mothers and infants.

52 **\$1,075,731.00 - The Oklahoma State Department of Health (OSDH)**

- 1 • Develop and carry out a statewide Birthing Hospitals Initiative and the Maternal and Child Health
2 (MCH) Case Management Initiative to improve perinatal outcomes and reduce infant mortality.
3 • The Birthing Hospitals Initiative will be multi-focused: Baby-Friendly Hospitals; Period of Purple
4 Crying Program; and Infant Safe Sleep.
5 • Maternal and Child Health (MCH) Case Management will focus on provision of services to counties
6 in Oklahoma with poor outcomes related to preterm birth, low birth weight, infant mortality, poverty,
7 high school drop-out, child abuse, and domestic violence. Behavioral health providers will work with
8 other healthcare providers in the community to provide services to clients at greatest risk.

9 **\$340,600.00 - The Oklahoma City County Health Department (OCCHD)**

- 10 • Implement initiatives to expand upon the Oklahoma City Metropolitan Statistical Area (MSA) Fetal
11 and Infant Mortality Review (FIMR) project consistent with the Oklahoma Health Improvement Plan
12 and the Wellness Now Initiative.
13 • Implement specific interventions including promoting safe sleep practices to decrease the number of
14 sleep-related deaths in infants; promoting tobacco cessation for pregnant women; and developing the
15 epidemiological capacity to more accurately assess and monitor factors contributing to infant
16 mortality.

17 **\$317,706.00 - The Tulsa City County Health Department (TCCHD)**

- 18 • Propose to expand the REACH Program to address health/clinic linkages and increase the number of
19 WIC, Child Guidance, and Family Planning clients; and provide clinic and home-based consultation
20 to support to clients that need assistance and provide targeted case management to address issues such
21 as domestic violence, access to community resources and other maternal and child health needs.
22 • Propose to expand Maternal and Child Health (MCH) Case Management services to high-risk
23 communities in Tulsa County to improve perinatal outcomes and reduce infant mortality. Expanded
24 MCH Case Management services will promote efforts to reduce teen pregnancy, improve the socio-
25 economic status and health of both mothers and infants, reduce low birth weight and infant and
26 maternal diseases and mortality, prevent unintended pregnancies and maternal infections, assist
27 women with spacing their pregnancies, and offer preconception information on nutrition, smoking
28 cessation, and health risk reduction.

29
30 Reggie Ivey of THD and Kellie McNeal of OCCHD discussed the children's health and wellness
31 initiatives within the budget.

32
33 **APPROVAL OF BUDGET REQUEST – THD**

34 Ms. Keithline moved to approve the budget request as presented. Second Mr. Goodwin. Motion carried.

35
36 **APPROVAL OF BUDGET REQUEST – OSDH**

37 Dr. Krishna moved to approve the budget request as presented. Second Dr. Davis. Motion carried.

38
39 **APPROVAL OF BUDGET REQUEST – OCCHD**

40 Ms. Brown moved to approved the budget request as presented. Second Dr. Mills. Motion carried

41
42 **COMMITTEE REPORTS – OCCHD:** No report.

43
44 **COMMITTEE REPORTS - OSBH:**

45 **Executive Committee** – Dr. Alexopoulos indicated that the annual performance reviews for the
46 Commissioner of Health, Board Secretary, Director of the Office of Accountability, and the Chief of
47 Internal Audit will be performed at the December State Board of Health Meeting. Dr. Alexopoulos
48 reported that Dr. Gerard will begin serving on the Ethics, Accountability, and Audit Committee
49 immediately and thanked him for his willingness to serve. The Board will also hold discussion in
50 December regarding assignment of Board members to certain sub-committees. Board members will be
51 polled to consider their interests in serving on specific committees. On an ongoing basis the Board

1 Meetings will alternate Strategic Map Update presentations and Functions of the agency presentations.
2

3 Dr. Alexopolus directed attention to set dates for 2012 Board of Health meetings as the following
4 proposed dates – Second Tuesday of each month at 11:00 am:

5 January 10, 2012

6 February 14, 2012

7 March 13, 2012

8 April 10, 2012

9 May 8, 2012

10 June 12, 2012

11 July 10, 2012

12 August 17-19, 2012 – Retreat

13 October 9, 2012 - Tri-Board

14 December 11, 2012

15
16 There was discussion about canceling the September meeting and rotating the meetings through various
17 counties.
18

19 **Ms. Wolfe moved Board approval of proposed dates. Second Mr. Baldwin. Motion carried.**

20 **AYE: Alexopulos, Baldwin, Burger, Davis, Gerard, Krishna, Smith, Wolfe, Woodson**
21

22 **Finance Committee** – Dr. Krishna gave the Finance Committee Report. He indicated that the State
23 Board of Health members should expect to receive a survey through surveymonkey. The purpose of the
24 survey is to determine the types of finance reports each Board member would like to receive. The results
25 will be shared at the next Board meeting.
26

27 **Accountability, Ethics & Audit Committee** – Mr. Baldwin indicated there were no issues to be
28 discussed and voted on at this time. He added that each year an audit plan is created. The audit plan will
29 be distributed to each Board member for review and discussion during the next Board meeting.
30

31 **Public Health Policy Committee** – Dr. Woodson reported that the committee met and reviewed the
32 legislative agenda. New talking points and advocacy efforts were discussed.
33

34 **CHAIRMAN’S REPORT - THD:** Mr. Helmrich reported that THD will apply for national
35 accreditation. THD has developed a strategic map and program evaluation process. “Community First”
36 will be the new slogan for the THD. He also announced that the new North regional facility will open in
37 May of 2012.
38

39 **PRESIDENT’S REPORT - OSBH:** Dr. Alexopolus commented on preventable causes of premature
40 deaths in Oklahoma. She discussed the challenges of increasing infrastructure, increasing the workforce,
41 and increasing access. The goal is to make the programs accessible to the people. This is a challenge for
42 not just the Health Department but all of Oklahoma.
43

44 Dr. Krishna commented that gaining cooperation from providers by asking simple questions during
45 exams may have an effect on the outcome of a person’s health.
46

47 Mr. Baldwin requested a report on the non-smoking devices currently on the market.
48

49 **CHAIRMAN’S REPORT - OCCHD:** Dr. Cagle thanked the Tulsa Health Department for hosting the
50 meeting. Dr. Cagle expressed his continued admiration to Dr. Cline for his leadership. The OCCHD
51 Board is very busy with the recent Community Transformation Grant and the new Northeast Regional
52 Health and Wellness Campus and the Wellness Now Initiative.

1
2 Dr. Hill commented that at a recent convention the issue of electronic cigarettes was discussed. This is a
3 tobacco delivery system, it is still nicotine. Technically speaking, it is still a cigarette and it is being
4 marketed to children. We will continue to see these issues and perhaps the electronic devices should be
5 included in the tobacco cessation efforts.

6
7 **DIRECTOR'S REPORT - THD:** Bruce Dart reported that THD will be doing a health assessment.
8 THD is joining with other providers to create a safety net and to assure access to healthcare. THD is
9 initiating and effort to raise awareness on food deserts.

10
11 **COMMISSIONER'S REPORT - OSBH:** Dr. Cline commented on the great working relationships
12 between the Oklahoma City County Health Department, Tulsa County Health Department, and the
13 Oklahoma State Health Department.

14
15 He noted that there are 12 confirmed cases of Listeria in the state with 1 death. Nationally there have been
16 109 confirmed cases in 23 states with 21 deaths throughout the country. Every one of these deaths is
17 tragic but without the public health infrastructure to respond and communicate to providers and
18 communities we wouldn't have been able to minimize the risk as individuals and as communities. This is
19 a good example of public health at work.

20
21 Dr. Cline briefly discussed mention of increased resources in some parts of the state. He announced a 9.4
22 million dollar award to increase home based visitation programs.

23
24 Finally, he made note of the public health accreditation launch. Both the State as well as Comanche
25 County Health Department have applied for accreditation. Joyce Marshall was recognized for her work
26 on the accreditation process. The hope is that we will be among one of the first States in the accreditation
27 process. Dr. Cline thanked the Board and their leadership in developing and implementing the Oklahoma
28 Health Improvement Plan as was an asset in allowing us to move forward in the accreditation process.

29
30 **DIRECTOR'S REPORT – OCCHD:** Gary Cox reported that we now have full staff in the Wellness
31 Now Initiative. This group is engaged and passionate and will make a difference in the community.

32
33 OCCHD has also applied for accreditation.

34
35 The OCCHD groundbreaking for the new facility will be October 24, 2011 at 11:00 am. All are welcome
36 to attend.

37
38 **NEW BUSINESS**

39 None.

40
41 **PROPOSED EXECUTIVE SESSION**

42 **Dr. Woodson moved Board approval to move into executive session at 3:13 p.m. pursuant to 25 O.S.**
43 **Section 307(B) (4) for confidential communications to discuss pending litigation and investigations;**
44 **and pursuant to 25 O.S. Second Dr. Gerard. Motion carried.**

45
46 **AYE: Alexopulos, Baldwin, Davis, Gerard, Krishna, Smith, Wolfe, Woodson**

47 **ABSENT: Burger**

48
49 **Dr. Davis moved Board approval to come out of Executive Session at 4:20 p.m. and open regular**
50 **meeting. Second Mr. Baldwin. Motion carried.**

51
52 **AYE: Alexopulos, Baldwin, Davis, Gerard, Krishna, Smith, Wolfe, Woodson**

1 **ABSENT: Burger**

2

3 ADJOURNMENT

4 **Dr. Alexopoulos moved to adjourn. Second Mr. Baldwin. Motion carried.**

5 **AYE: Alexopoulos, Baldwin, Davis, Gerard, Krishna, Smith, Wolfe, Woodson**

6 **ABSENT: Burger**

7

8 The meeting adjourned at 4:21 p.m.