



1 (2) do not hold hospital staff appointments, and (3) are not members of hospital governing boards.  
2 Recommended for appointment are Betty Selby, Starla Givens, Gary Mitchell, John Mobley, and Jeffrey  
3 Berrong.  
4

5 **Dr. Krishna moved approval of the recommended appointees as presented. Second Dr.**  
6 **Woodson. Motion carried.**  
7

8 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Wolfe, Woodson**  
9 **ABSENT: Baldwin, Davis**  
10

11 **Hearing Aid Advisory Council** (Presented by Henry Hartsell Jr.)

12 **Appointments:** One Member

13 **Authority:** 63 O.S. § 1-1753

14 **Members:** The committee consists of seven members, four of which must be hearing aid dealers and fitters,  
15 one must be an otolaryngologist, certified or eligible to be certified by the American Board of Otolaryngology,  
16 one must be an audiologist, and one lay member. Each member of the Hearing Aid Advisory Council shall be  
17 appointed by the State Board of Health and serve for terms of three years. The recommended appointment is  
18 Mark W. Wood.  
19

20 **Dr. Krishna moved Board approval of the recommended appointment as presented. Second Mr.**  
21 **Smith. Motion carried.**  
22

23 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Wolfe, Woodson**  
24 **ABSENT: Baldwin, Davis**  
25

26 **Fire Extinguisher Industry Committee** (Presented by Henry Hartsell Jr.)

27 **Appointments:** One Member

28 **Authority:** 59 O.S. § 1820.6

29 **Members:** The committee consists of seven members, as follows: the Commissioner of Health or the  
30 Commissioner's designated representative; the State Fire Marshall, or a designated representative; the  
31 Assistant State Fire Marshall, or a designated representative; and four members appointed by the State Board  
32 of Health, one of which shall be a lay member. Three of the four members appointed by the State Board of  
33 Health shall have at least five years of experience in the fire extinguisher industry. No member of the  
34 Committee shall have any kind of employment relationship with any other member. The recommended  
35 appointment is Valerie Hanson.  
36

37 **Ms. Burger moved Board approval of the recommended appointment as presented. Second Ms.**  
38 **Wolfe. Motion carried.**  
39

40 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Wolfe, Woodson**  
41 **ABSENT: Baldwin, Davis**  
42

### 43 **2012 LEGISLATION**

44 Mark Newman, Ph.D., Director, Office of State and Federal Policy presented the SFY 2012 Oklahoma  
45 Health Improvement Plan (OHIP) Legislative Agenda.  
46

- 47 1. Restore local control by repealing all preemptive clauses in the Smoking in Public Places and  
48 Indoor Workplaces Act. This bill will allow cities the right to decide to have smoke-free public  
49 places to protect their citizens from secondhand smoke, compete for new business and jobs, and  
50 reduce health care costs and tax burden. This bill does not allow cities to regulate where and how  
51 tobacco is marketed, sold or taxed. This bill will allow cities the opportunity to protect their  
52 citizens from secondhand smoke as well as allow cities the opportunity to compete for new  
53 business with a healthier workforce. This bill will allow cities to decide if they want to reduce

1 health care costs for Oklahomans.

- 2 • Oklahoma pays \$1.16 Billion in support of health care for tobacco related illnesses.  
3 (Campaign for Tobacco Free Kids website)  
4 • Every Oklahoma household pays \$553 in state and federal taxes due to smoking related  
5 illnesses. (Campaign for Tobacco Free Kids website)  
6 • Reducing tobacco use among workers:  
7 - generates financial returns from reduced health care costs;  
8 - increases on-the-job productivity;  
9 - reduces life and health insurance costs;  
10 - reduces absenteeism; and  
11 - creates a healthier workforce which helps Oklahoma compete for business  
12

- 13 2. Assure health education is taught in all state public schools during grade six, seven, or eight, in  
14 accordance with the Priority Academic Student Skills for Health and Safety. This bill will give  
15 our children the skills to live healthier and more productive lives. The United Health Foundation  
16 ranks our state 48th in the overall health of its residents in 2011, due largely to our own  
17 behaviors. “Research studies provide evidence that promoting and establishing healthy behaviors  
18 for younger people are more effective, and often easier, than efforts to change unhealthy  
19 behaviors already established in adult populations.” (U.S. Department of Health and Human  
20 Services – Healthy Youth: An Investment in Our Nation’s Future).

- 21 • Economic development depends on an educated and healthy workforce.  
22 • Allow students and schools to improve their academic achievement.  
23 • Obesity has resulted in an increase in childhood chronic diseases.  
24 • Help our youth make good choices about health and wellness.  
25

- 26 3. Strengthen the graduated driver’s license law to prohibit the use of a hand held electronic device  
27 while driving except for life threatening emergency purposes for all drivers under eighteen years  
28 of age. Motor vehicle crashes are the leading cause of death in the United States for teenagers  
29 under 18 years of age. (National Center for Injury Prevention and Control)

- 30 • The fatal crash rates per mile driven for 16 and 17 year olds are 150% and 90% greater,  
31 respectively, than those for 18 and 19 year olds. (National Highway Safety Administration –  
32 Fatality Analysis Reporting System)  
33 • Cell phone use and text messaging while driving contribute to 28 percent of crashes (1.6  
34 million crashes per year). (National Highway Safety Administration)  
35 • Under current Oklahoma law, restrictions related to the use of a hand-held electronic device,  
36 such as a cell phone, only apply to drivers with a learner’s permit, an intermediate driver’s  
37 license, or school bus or public transit drivers.  
38 • This bill will extend the restriction on the use of hand-held electronic devices while driving  
39 for all teen drivers up to 18 years of age, unless the use is for a life-threatening emergency  
40 situation.  
41 • Some teens in Oklahoma are exempt from this restriction beyond 16.5 years of age and others  
42 are exempt after reaching age 17.  
43 • Give our teens a better chance at a safe and productive life by extending this restriction on the  
44 use of hand-held electronic devices while driving.  
45 • Use of a cell phone while driving at any age is a risky behavior and is the number one driver  
46 distraction. Let’s help ensure our young people are given the opportunity to become better  
47 and safer drivers by passing this legislation.  
48

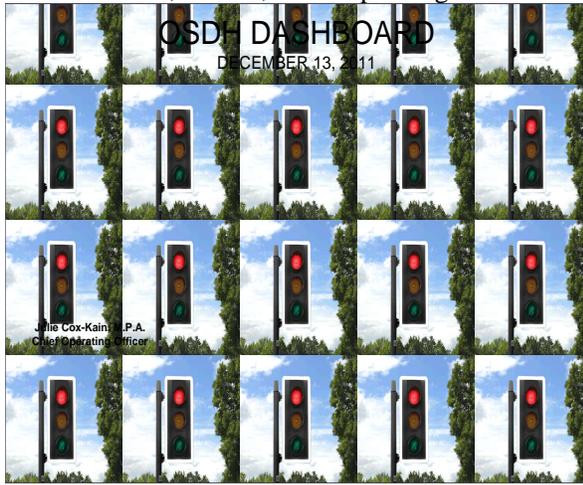
49 Dr. Newman pointed out that as of November 2011:

- 50 • Nine states and the District of Columbia prohibit drivers of all ages from using handheld cell  
51 phones while driving.

- Thirty-four states and the District of Columbia prohibit all drivers from texting while driving. (Data provided by the National Conference of State Legislatures)

**DASHBOARD**

Julie Cox-Kain, M.P.A., Chief Operating Officer



**DASHBOARD GOALS**

- Tool for Board of Health & Sr. Leadership oversight and governance of Department
- Establish set of metrics that can be reported regularly (Monthly or Quarterly)
- Focused on financial or performance/operational measures the department tracks routinely
- Long term outcome measures will be provided with strategic planning updates



**DASHBOARD SURVEY**

Financial Survey Results

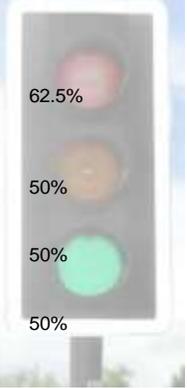
- Finance Report and Board Brief is desired by all board members
- Finance Report and Board Brief provides adequate detail to identify potential areas of concern leading to additional conversation
- Finance Report and Board Brief provides adequate detail to exercise governance



**DASHBOARD SURVEY**

Financial Survey Results

- Proportion of agency restricted funds vs. non-restricted funds by operational unit of the agency 62.5%
- Revenue, expenditure and budgetary trends by operational area of the agency 50%
- Revenue, expenditure and budgetary trends by priority area 50%
- Budget and expenditure by cost category 50%



**DASHBOARD SURVEY**

Financial Report & Board Brief Comments

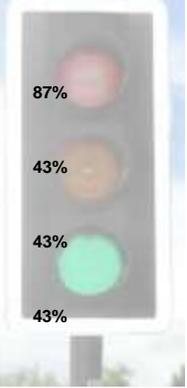
- The report does not show functionality/efficiency from a mission perspective
  - Effective in meeting goal/mission
  - Minimum expenditure of resources to meet expected goals
    - Output per (hour, worker, site, program)
    - Cost per
    - Benchmarking
- Use graphs and charts to display information



**DASHBOARD SURVEY**

Performance & Operational Results

- Nursing & Residential Facilities:** average interval between inspections 87%
- Adult Day Care:** percent of centers inspected annually 43%
- Nursing Facilities:** percent surveyed every 15 months 43%
- Residential Care:** percent of homes inspected 3/year 43%



### DASHBOARD SURVEY

**Performance & Operational Results**

<b>Assisted Living:</b> average interval between inspections	43%
<b>Nursing &amp; Residential Facilities:</b> immediate jeopardy within 2 days	43%
<b>Nursing &amp; Residential Facilities:</b> percent of primary complaints w/in 30 days	43%
<b>Infectious Disease:</b> measure of responsiveness/proficiency	43%
<b>County Health Department Services by Type</b>	43%

### DASHBOARD SURVEY

**Performance & Operational Results**

<b>Nursing &amp; Residential Facilities:</b> average interval between inspections	87%
<b>Adult Day Care:</b> percent of centers inspected annually	43%
<b>Nursing Facilities:</b> percent surveyed every 15 months	43%
<b>Residential Care:</b> percent of homes inspected 3/year	43%

1  
2

### DASHBOARD SURVEY

**Performance & Operational Comments**

Any deviation from mandates should be reported; next would be deviation from goal

### QUESTIONS

**Performance & Operational Results**

- Quarterly or Monthly
- Measure of responsiveness responding to infectious disease
  - Outbreak driven, periodic
  - Routine measure
- County Health Dept. visits
  - Infectious disease
  - All visits

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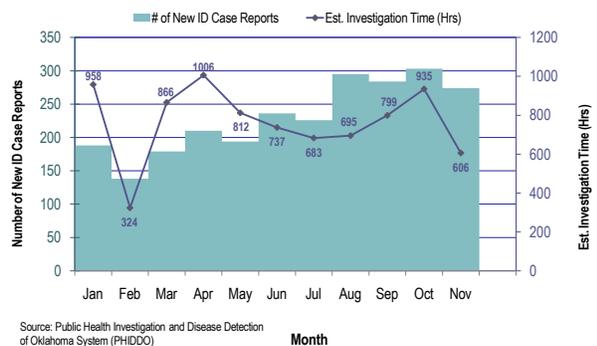
### QUESTIONS

**Performance & Operational Results**

*Infectious Disease Original Options*

- After hours call responded in 15 min.
- Case contacts identified
- Number of infectious disease by type
- Laboratory tests
- Number of health alerts sent

Number of New Infectious Disease (ID) Case Reports and Estimated Investigation Time Oklahoma, January – November 2011



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Percent of Selected Enteric Disease Isolates Molecularly Characterized\* by OSDH Public Health Laboratory and Average Turnaround Time for Posting to National PulseNet Database, 2011

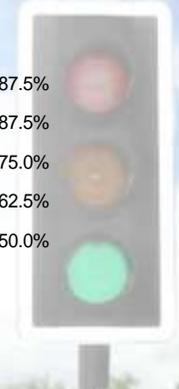
Type of Enteric Bacterial Isolate	Total # of Isolates Received by PHL since January 2011	% of Isolates Typed by PFGE* and Uploaded into PulseNet within 4 days	Average Laboratory Turnaround Time (Days)
<i>Salmonella</i>	716	94.1	2.8
<i>Shigella</i>	35	91.4	2.8
<i>Escherichia coli</i> O157:H7	32	100.0	2.4
Other Shiga toxin-producing <i>E. coli</i>	63	96.8	3.0
<i>Listeria</i>	14	100.0	1.9
<b>Total</b>	<b>860</b>	<b>94.5</b>	

\* Pulsed field gel electrophoresis (PFGE) is a laboratory method used to molecularly identify strains of certain bacteria. The obtained PFGE patterns are uploaded electronically into a national database as a method of comparison between public health laboratories. This is a very valuable epidemiologic tool for identifying multi-state outbreaks of foodborne disease.

### DASHBOARD SURVEY

#### Annual Assessments

UHF, America's Health Rankings	87.5%
CMS, Annual State Performance Standard	87.5%
Commonwealth Fund State Scorecard	75.0%
TFAH, F as in Fat	62.5%
TFAH, Ready or Not	50.0%



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### FORMAT OPTIONS

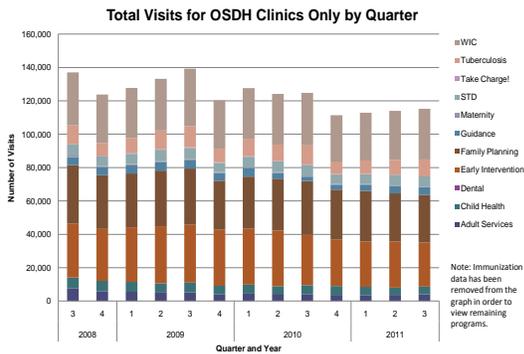


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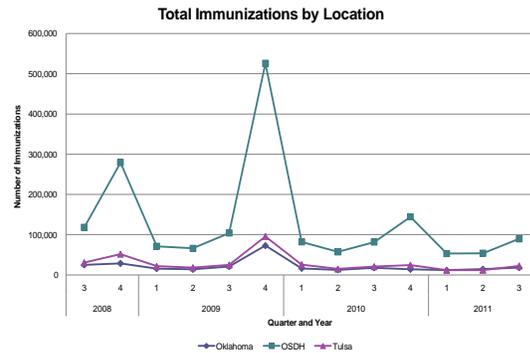


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County Health Department Services



County Health Department Services



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5 Dr. Krishna indicated he would like to see a periodic report that could be easily understood regarding the  
 6 efforts being made toward protecting public health and promoting wellness. This document would be  
 7 shared with the public. The Board was asked the frequency in which they would like to receive the  
 8 dashboard reports. The consensus was to receive the dashboard on a quarterly basis, with monthly data  
 9 reported. The Board also agreed they would rather receive the performance metric. Dr. Alex mentioned  
 10 the possibility of the Department partnering with major food chains to obtain food borne illness  
 11 information. The Board was asked about the annual assessments they would like to receive. It was  
 12 suggested that the CMS report be incorporated into a department function presentation by Dr. Hartsell.  
 13 Martha provided some feedback around the use of the dashed line, red and green and asked that  
 14 supporting information is provided to explain why the Department may not be meeting a standard. The  
 15 Board suggested a red light on a quarterly basis to indicate a pattern rather than a one-time event.

16  
17

The presentation concluded.

18  
19

**UNITED HEALTH FOUNDATION**

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21

Terry L. Cline, Ph.D., Commissioner of Health

2011  
**America's Health Rankings**  
 United Health Foundation Report



Terry L. Cline  
 Board of Health Meeting  
 December 13, 2011

**America's Health Rankings 2011**

Strengths

- Common measures of population health
- Standard data sources
- More than 20 years of data
- Describes status relative to other states
- Includes determinants, behaviors & outcomes

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2

**America's Health Rankings 2011**

Weaknesses

- *“The core measures used in the Rankings represent a small fraction of the measures available to the general public and to public health officials.”*
- Measures change over time
- Methodology does not always match CDC/State reporting
- Some measures may not be comparable across states and years

**America's Health Rankings 2011**

Changes

- Diabetes added as an outcome
- Infectious disease measure was revised
- Weights were modified to incorporate diabetes into the core outcome measures

3  
4

National Findings

- 21.2% improvement in overall health (since 1990 report)
  - Infant mortality
  - Infectious disease
  - Prevalence of smoking
  - Cardiovascular deaths
  - Violent crimes
- Improvement hindered by:
  - Rapid increase in obesity and diabetes
  - Persistent high rate of uninsured
  - Increase in the percent of children living in poverty (5 yrs)

2011 National Findings

Improvements

- Smoking prevalence improved from 17.9% to 17.3%
- Violent crimes, 25 events per 100,00 population fewer
- Preventable hospitalizations
- Occupational fatalities

Little or no change

- Infectious disease
- Infant mortality
- Premature deaths
- High School graduation
- Binge drinking

Rising challenges

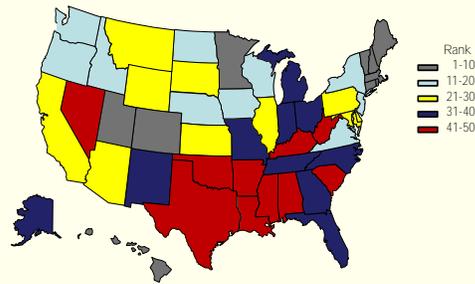
- Obesity prevalence continues to rise (27.5%)
- Diabetes continued increase of 0.3% annually (8.7%)
- Children in poverty continued increasing 5 year prevalence trend (21.5%)
- Lack of health insurance continues to slowly increase (16.2%)

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### National Findings

*“In the last decade, the annual improvement in America’s health has declined 69% compared to the 1990’s.”*

### America’s Health Rankings Overall: 2011



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### America’s Health Rankings 2011

Top Ten	Bottom Ten (Region)	Other (Region IV/VI)
1 - Vermont	41 - West Virginia	32 - N Carolina (IV)
2 - New Hampshire	42 - Nevada	33 - Florida (IV)
3 - Connecticut	43 - Kentucky (IV)	34 - New Mexico (VI)
4 - Hawaii	44 - Texas (VI)	37 - Georgia (IV)
5 - Massachusetts	45 - S Carolina (IV)	39 - Tennessee (IV)
6 - Minnesota	46 - Alabama (IV)	
7 - Utah	47 - Arkansas (VI)	
8 - Maine	48 - Oklahoma (VI)	
9 - Colorado	49 - Louisiana (VI)	
10 - Rhode Island	50 - Mississippi (IV)	

### Oklahoma UHF Findings

#### Strengths

- Low prevalence of binge drinking
- High per capita public health funding
- Low incidence of infectious disease

#### Challenges

- High prevalence of smoking and obesity
- Limited availability of primary care physicians
- Low use of prenatal care

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### Oklahoma Highlights

#### Improvements

- Since 2002 adult smoking prevalence decreased from 28.7 % to 23.7%
- In the past year, preventable hospitalizations decreased from 88.7 to 81.8 discharges per 1,000 Medicare enrollee

#### Little or no change in the past year

- Infectious disease (ranked 10th)
- Infant mortality
- Premature deaths
- High School graduation
- Binge drinking
- Obesity prevalence (31.3%)

#### Challenges that are on the rise

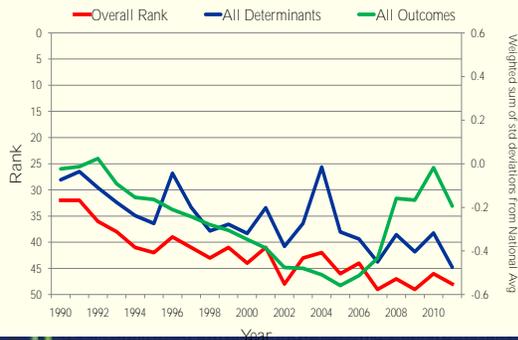
- Prevalence of diabetes continues to increase (10.4%)
- Percent of children in poverty continues to rise, from 20.3% to 25.0%
- Lack of health insurance continues to slowly increase (17.5%)

### Oklahoma’s Overall UHF Rankings



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6

Overall UHF Rankings and Components - Oklahoma -



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Core Determinant Measures

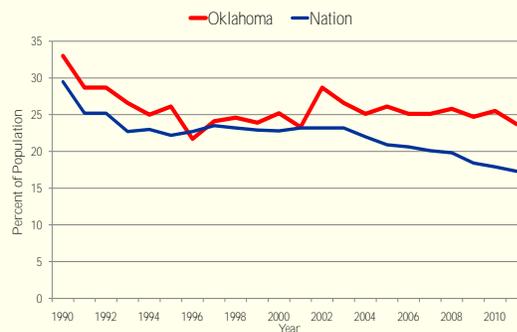
	2011			2010		
	Value	Rank	NO. 1 State	Value	Rank	NO. 1 State
<b>Behaviors</b>						
Smoking (Percent of the adult population)	23.7	48	9.1	25.4	48	9.8
Binge Drinking (Percent of the adult population)	13	12	6.7	12.5	10	8.6
Obesity (Percent of the adult population)	31.3	40	21.4	32	46	18.9
High School Graduation (Percent of incoming ninth graders)	78	21	89.6	77.8	23	88.6
<b>Community &amp; Environment</b>						
Violent Crime (Offenses per 100,000 population)	480	39	122	501	40	120
Occupational Fatalities (Deaths per 100,000 workers)	7.3	44	2.5	7.2	44	2.8
Infectious Disease (Cases per 100,000 population)	5.8	10	2.3	13.4	28	2.4
Children in Poverty (Percent of persons under age 18)	25	42	6.2	20.3	31	10
Air Pollution (Micrograms of fine particles per cubic meter)	10.2	29	5.2	10.5	24	5.2
<b>Public &amp; Health Policies</b>						
Lack of Health Insurance (Percent without health insurance)	17.5	39	5	16.1	35	5
Public Health Funding (Dollars per person)	\$113	11	\$244	\$106	14	\$235
Immunization Coverage (Percent of children ages 19 to 35 months)	86.6	46	96	91.3	18	94.1
<b>Clinical Care</b>						
Early Prenatal Care (Percent of visit during first trimester)	76.5	47	-	76.4	47	-
Primary Care Physicians (Number per 100,000 population)	81.7	49	191.9	80.3	49	191.3
Preventable Hospitalizations (per 1,000 Medicare enrollees)	81.8	44	25.6	88.7	46	28.6

Core Determinant Measures

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UHF Smoking Measure - Oklahoma and the Nation -

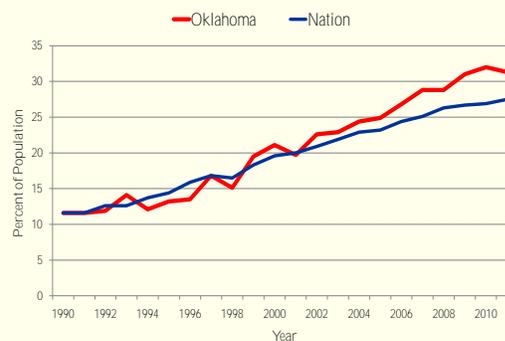


Core Determinant Measures

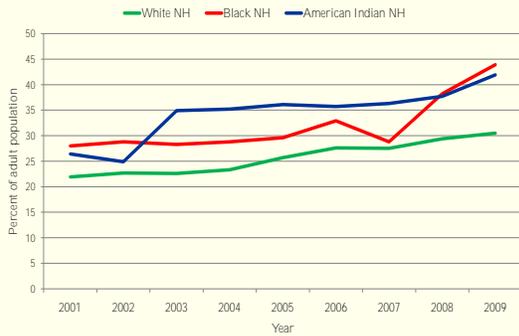
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UHF Obesity Measure - Oklahoma and the Nation -



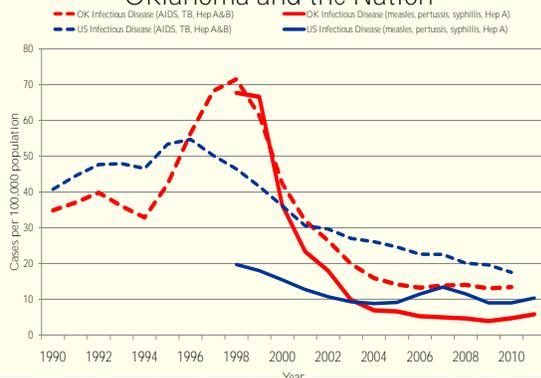
### Oklahoma Obesity Prevalence - by Race -



OKLAHOMA STATE DEPARTMENT OF HEALTH CREATING A STATE OF HEALTH WWW.HEALTH.US.OK

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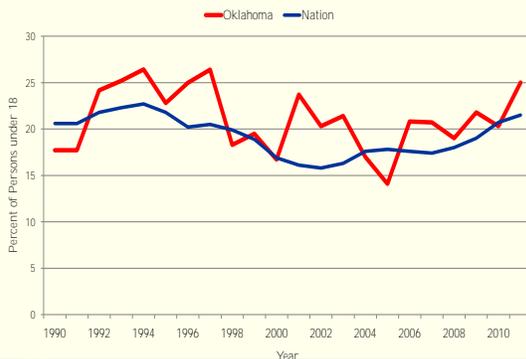
### UHF Infectious Disease Measures - Oklahoma and the Nation -



OKLAHOMA STATE DEPARTMENT OF HEALTH CREATING A STATE OF HEALTH WWW.HEALTH.US.OK

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### UHF Children In Poverty - Oklahoma and the Nation -



OKLAHOMA STATE DEPARTMENT OF HEALTH CREATING A STATE OF HEALTH WWW.HEALTH.US.OK

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### Core Determinant Measures

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<b>Infectious Disease (Cases per 100,000 population)</b>	<b>5.8</b>	<b>10</b>	<b>2.3</b>	<b>13.4</b>	<b>28</b>	<b>2.4</b>
Children in Poverty (Percent of persons under age 18)	25	42	6.2	20.3	31	10
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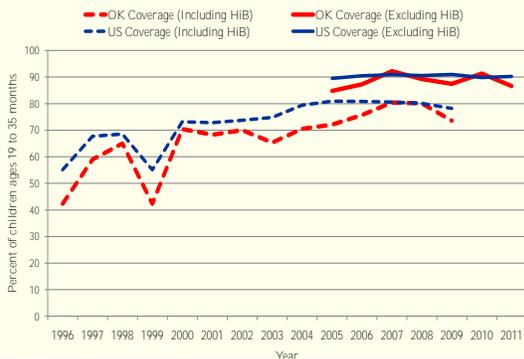
### Core Determinant Measures

	2011			2010		
	Value	Rank	NO. 1 State	Value	Rank	NO. 1 State
<b>Behaviors</b>						
Smoking (Percent of the adult population)	23.7	48	9.1	25.4	48	9.8
Binge Drinking (Percent of the adult population)	13	12	6.7	12.5	10	8.6
Obesity (Percent of the adult population)	31.3	40	21.4	32	46	18.9
High School Graduation (Percent of incoming ninth graders)	78	21	89.6	77.8	23	88.6
<b>Community &amp; Environment</b>						
Violent Crime (Offenses per 100,000 population)	480	39	122	501	40	120
Occupational Fatalities (Deaths per 100,000 workers)	7.3	44	2.5	7.2	44	2.8
Infectious Disease (Cases per 100,000 population)	5.8	10	2.3	13.4	28	2.4
<b>Children in Poverty (Percent of persons under age 18)</b>	<b>25</b>	<b>42</b>	<b>6.2</b>	<b>20.3</b>	<b>31</b>	<b>10</b>
Air Pollution (Micrograms of fine particles per cubic meter)	10.2	29	5.2	10.5	24	5.2
<b>Public &amp; Health Policies</b>						
Lack of Health Insurance (Percent without health insurance)	17.5	39	5	16.1	35	5
Public Health Funding (Dollars per person)	\$113	11	\$244	\$106	14	\$235
Immunization Coverage (Percent of children ages 19 to 35 months)	86.6	46	96	91.3	18	94.1
<b>Clinical Care</b>						
Early Prenatal Care (Percent of visit during first trimester)	76.5	47	-	76.4	47	-
Primary Care Physicians (Number per 100,000 population)	81.7	49	191.9	80.3	49	191.3
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### UHF Immunization Coverage - Oklahoma and the Nation

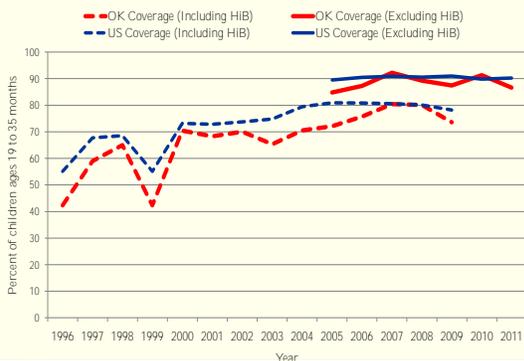


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### Core Determinant Measures

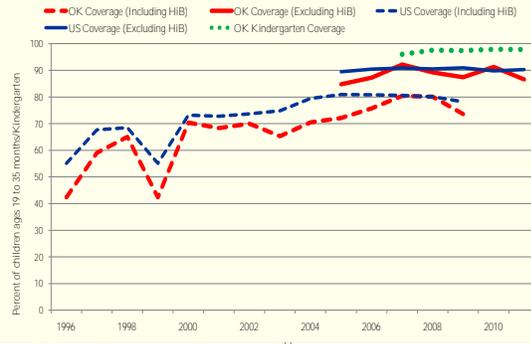
	2011			2010		
	Value	Rank	NO. 1 State	Value	Rank	NO. 1 State
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### UHF Immunization Coverage - Oklahoma and the Nation



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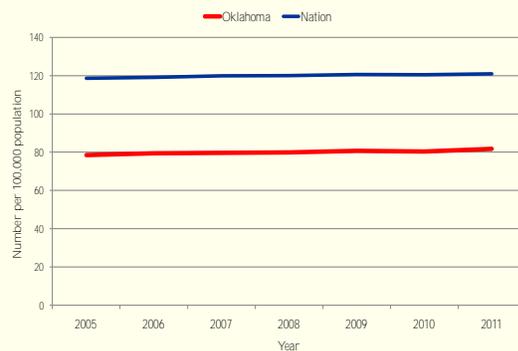
### UHF Immunization Coverage - Oklahoma and the Nation (including OK Kindergarten coverage)



### Core Determinant Measures

	2011			2010		
	Value	Rank	NO. 1 State	Value	Rank	NO. 1 State
<b>Behaviors</b>						
Smoking (Percent of the adult population)	23.7	48	9.1	25.4	48	9.8
Binge Drinking (Percent of the adult population)	13	12	6.7	12.5	10	8.6
Obesity (Percent of the adult population)	31.3	40	21.4	32	46	18.9
High School Graduation (Percent of incoming ninth graders)	78	21	89.6	77.8	23	88.6
<b>Community &amp; Environment</b>						
Violent Crime (Offenses per 100,000 population)	480	39	122	501	40	120
Occupational Fatalities (Deaths per 100,000 workers)	7.3	44	2.5	7.2	44	2.8
Infectious Disease (Cases per 100,000 population)	5.8	10	2.3	13.4	28	2.4
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Air Pollution (Micrograms of fine particles per cubic meter)	10.2	29	5.2	10.5	24	5.2
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Lack of Health Insurance (Percent without health insurance)	17.5	39	5	16.1	35	5
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Immunization Coverage (Percent of children ages 19 to 35 months)	86.6	46	96	91.3	18	94.1
<b>Clinical Care</b>						
Early Prenatal Care (Percent of visit during first trimester)	76.5	47	-	76.4	47	-
<b>Primary Care Physicians (Number per 100,000 population)</b>	<b>81.7</b>	<b>49</b>	<b>191.9</b>	<b>80.3</b>	<b>49</b>	<b>191.3</b>
Preventable Hospitalizations (per 1,000 Medicare enrollees)	81.8	44	25.6	88.7	46	28.6

### UHF Primary Care Physicians - Oklahoma and the Nation

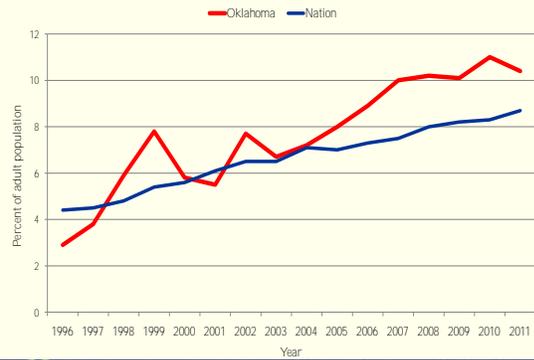


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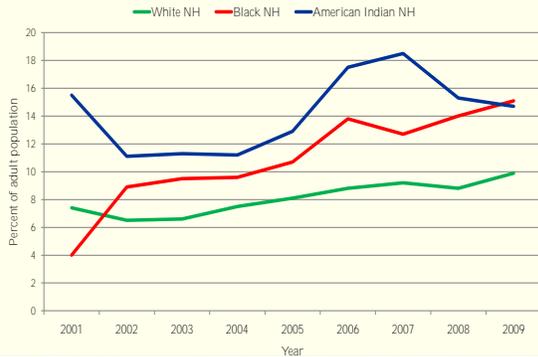
Core Outcome Measures

	2011			2010		
	Value	Rank	NO. 1 State	Value	Rank	NO. 1 State
Diabetes (Percent of adult population)	10.4	43	5.3			
Poor Mental Health Days (Days in previous 30 days)	4.2	48	2.3	4.2	48	2.4
Poor Physical Health Days (Days in previous 30 days)	4.3	46	2.6	4.2	46	2.7
Geographic Disparity (Relative standard deviation)	10.3	19	4.8	10.5	21	4.3
Infant Mortality (Deaths per 1,000 live births)	7.9	41	4.7	8.3	44	4.8
Cardiovascular Deaths (Deaths per 100,000 population)	336.1	48	197.2	345.1	48	206.3
Cancer Deaths (Deaths per 100,000 population)	208.5	42	137.4	208.4	40	142
Premature Deaths (Years lost per 100,000 population)	10,042	47	5,481	9,789	46	5,382

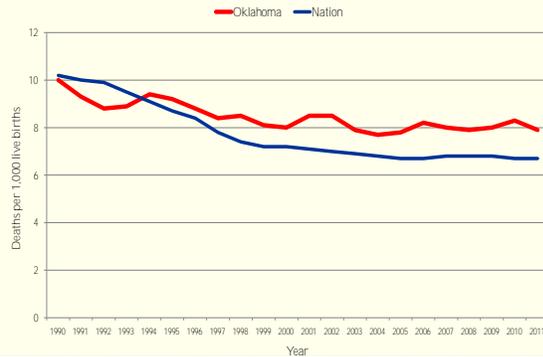
UHF Diabetes Prevalence - Oklahoma and the Nation -



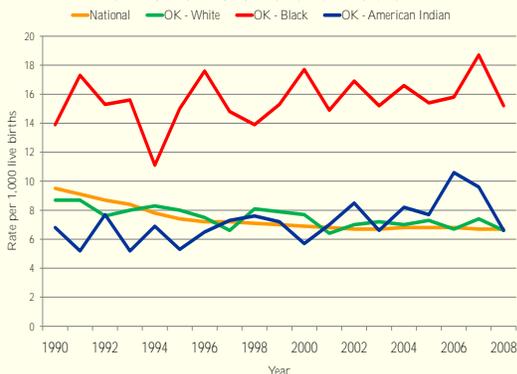
Oklahoma Diabetes Prevalence - by Race -



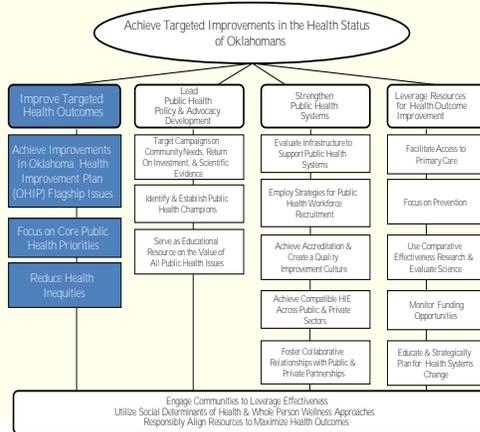
UHF Infant Mortality - Oklahoma and the Nation -



Infant Mortality - Oklahoma and the Nation -



Oklahoma State Department of Health Strategic Map: SFY 2011 -SFY 2015



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OSDH Core Public Health Priority Measures	Conclusions
<ul style="list-style-type: none"> <li>• Obesity (Percent of population with a BMI of 30.0 or higher)</li> <li>• Adults Smokers (Percent of population age 18+ who smoke regularly)</li> <li>• Occupational Injuries Fatalities (Number)</li> <li>• Immunization Rate (Children ages 19-35 months)</li> <li>• First Trimester Prenatal Care (Percent of pregnant women)</li> <li>• Preventable Hospitalizations (per 1,000 Medicare enrollees)</li> <li>• Infant Deaths (Number of deaths to infants before age 1)</li> <li>• Cardiovascular Deaths (Number)</li> </ul>	<ul style="list-style-type: none"> <li>• Oklahoma has achieved some health determinant improvements (adult smoking prevalence &amp; rates of infectious disease)</li> <li>• Oklahoma continues to rank at the bottom of the nation when it comes to health               <ul style="list-style-type: none"> <li>– Ranked 40<sup>th</sup> or worse on 8 of the 15 core determinants measures and 7 of the 8 core outcome measures</li> </ul> </li> <li>• By focusing on improving the determinants (OSDH Core Public Health Priorities)               <ul style="list-style-type: none"> <li>– Reduce negative health outcomes</li> <li>– Improve our quality of life</li> <li>– Improve Oklahoma's overall state of health</li> <li>– Improve our ranking</li> </ul> </li> </ul>

1  
2  
3 Dr. Cline indicated the report was released on December 6<sup>th</sup> and thanked Derek Pate for his assistance in  
4 preparing this presentation. Dr. Woodson indicated he would like to date for the Hispanic population  
5 included.

6  
7 The presentation concluded.

### 8 9 **COMMITTEE REPORTS**

10 **Executive Committee** – Dr. Alexopoulos asked the Board members to discuss their level of interest in  
11 rotating participation on subcommittees. It was briefly discussed that there may be a need to make bylaw  
12 changes regarding the committee assignments. Dr. Krishna volunteered to move from the Finance  
13 Committee to the Policy Committee. The Board agreed the rotation would be helpful to committee  
14 members and agreed that for continuity purposes the committee chairs would remain the same. Dr.  
15 Alexopoulos agreed to produce a rotation schedule.

16 Dr. Alexopoulos directed attention to set dates for 2012 Board of Health meetings dates and proposed a  
17 location change for the following Board of Health Meetings:

18 March 13, 2012 – Bryan County Health Department

19 June 12, 2012 – Payne County Health Department

20 August 17-19, 2012 – Retreat – Roman Nose State Park

21  
22 **Ms. Wolfe moved Board approval of proposed change in meeting locations. Second Dr. Gerard.**  
23 **Motion carried.**

24 **AYE: Alexopoulos, Burger, Gerard, Krishna, Smith, Wolfe, Woodson**

25  
26 **Finance Committee** – Dr. Krishna gave the Finance Committee Report. Payroll forecasted through June  
27 30, 2012 including vacancies likely to fill within the current budget period. Expenditure forecasts limited  
28 to realistic amounts expected to spend out during the current budget period. The Surplus/ (Deficit) is  
29 projected as of June 30, 2012. The budget request submitted on time, October 3, 2011 to the Office of  
30 State Finance and includes “Operations Funding Change” requests for Child Health Initiative – Preparing  
31 for a Lifetime - \$1.734 Million and Physical Activity and Nutrition Initiative - \$1.5 Million. He reported  
32 that the Initial Budget Hearing with the Office of State Finance/Governor’s Office was held on November  
33 30, 2011. No date(s) currently scheduled for Senate and House Budget Hearings, preparatory work is  
34 underway. The next significant milestone in the Budget Process is release of the Governor’s Executive  
35 Budget early February. Dr. Krishna informed the Board of an emergency declaration necessary to  
36 establish purchasing authority related to damages sustained to Department property located in Cherokee  
37 County, Tahlequah as a result of a sewage leak which occurred on October 28, 2011. The initial cleanup  
38 costs were approximately \$100,000. The statutes related to emergency purchasing require notification of  
39 the official governing body and comments regarding such notification. Steve Ronck reported that the

1 building has been cleaned, there were no staff or client exposures related to the event, and services have  
2 not been decreased as a result of the event. The next steps involve insurance, reconstruction of walls,  
3 carpeting, new heating and air, and ductwork. The work remaining costs are estimated around \$250,000.  
4

5 **Accountability, Ethics & Audit Committee** – Barry Smith directed attention toward the 2012 audit plan  
6 presented in the Board packets. Lloyd Smith is available for comments or questions as to how the  
7 Department arrived at the 2012 plan. There were no questions or comments from the Board.  
8

9 **Public Health Policy Committee** – Dr. Woodson reported that the committee met on Tuesday December  
10 13, 2011. Dr. Woodson, Ms. Burger, and Mark Newman were present at the Oklahoma State Department  
11 of Health in Oklahoma City, Oklahoma. Dr. Woodson served as Chair of the meeting. Mark Newman  
12 provided a review of the proposed legislative agenda for the agency for the 2012 legislative session.  
13 Copies of the summary and draft language are provided to each board member in the blue folders.  
14

15 Mark Newman provided copies of the current talking points for all three of the 2012 OHIP legislative  
16 agenda items. Multiple advocacy groups and partners are working together in creating grassroots support  
17 for each of the legislative agenda items. There was also discussion of the importance of constantly  
18 creating new partnerships with business and policy leaders to support the OHIP legislative agenda.  
19

20 The Policy Committee and the State Department of Health want to publicly acknowledge the loss of a  
21 great public health champion with the passing of Sen. David Myers. Sen. Myers not only supported many  
22 public health efforts, but was a true champion of local rights for communities to adopt stronger smoke-  
23 free ordinances. Sen. Myers will be greatly missed, but never forgotten.  
24

25 The next meeting of the Policy Committee will be on January 10, 2012.  
26

27 **Board Development Committee** – Cris Hart-Wolfe indicated the Board Development Committee met on  
28 Tuesday October 11, 2011. Ms. Wolfe, Barry Smith, Dan Durocher, and VaLauna Grissom were present  
29 at the Tulsa City Hall, in Tulsa. Cris Hart-Wolfe chaired the meeting. Ms. Wolfe gave an update on  
30 current board development projects and indicated in the upcoming year the committee would be working  
31 toward provide an online ethics training for Board members, revision of the Board Orientation Manual,  
32 possible revision of the Board by-laws, and development of a board membership handbook. Dr. Krishna  
33 suggested that one of the 3 newer Board members participate on the Board Development Committee.  
34

### 35 **PRESIDENT'S REPORT**

36 Dr. Alexopoulos briefly discussed the high obesity rates, diabetes rates, as well as a multitude of other  
37 health issues in individuals 20-30 years of age today as compared to 10 or 12 years ago. She discussed the  
38 impact to the individuals, their family, the economy, and the workforce. The report indicates the number  
39 of primary care physicians in Oklahoma is very low, which equates to limited access to care. There is a  
40 lot of work to do in terms of education, prevention, health system delivery, and workforce. The  
41 Oklahoma Health Improvement Plan is actively working to address all of these issues. Fortunately, the  
42 Commissioner of Health, the Department staff, and Board of Health members are committed to improving  
43 health. Dr. Krishna addressed the Board and highlighted a recent report from NIH, regarding the effects  
44 of smoking as it relates to future drug usage. Smoking in young people is training the brain and could  
45 make them more susceptible to future drug use.  
46

### 47 **COMMISSIONER'S REPORT**

48 Dr. Cline highlighted the recent ASTHO Region 4 and 6 meeting hosted by the Department in Oklahoma  
49 City. The focus was on Infant Mortality and best practices to reduce the infant mortality rate. The  
50 Department recently held the first budget meeting on November 30<sup>th</sup> with the Office of State Finance.  
51 This is the first of many budget hearings yet to come with the Senate and House. The primary message  
52 from the budget meeting was that even though state revenue is reported to be up this year, there were

1 several one- time fixes implemented last year to minimize the impact to agencies and the state last year.  
2 These holes will need to be addressed with the increased revenue, thus creating a stand still budget. The  
3 Commissioner highlighted a few visits with some non-traditional partners. He received a request to  
4 present to the Southwest American Waterworks Association regarding health and the impact of water  
5 systems on health of their populations. They were interested in the role they could play in improving  
6 health outcomes. He also presented to the Oklahoma City Zoo. They implemented a wellness initiative  
7 for staff and wanted learn about resources to strengthening their worksite wellness program. Lastly, Dr.  
8 Cline highlighted his tour of a site called the ROC, Reaching Our City. This is an outreach group  
9 providing free medical care to communities in NW OKC. They have a partnership where they provide  
10 free medical care, discounted daycare and a food bank. Dr. Cline closed his report with a video clip  
11 submitted from an idea that was developed from a Board of Health retreat around the 5,320 campaign.  
12 The media group that did the media release for this campaign submitted this clip as a result of the work  
13 they did for the 5,320 campaign. They received a very prestigious national award for their work around  
14 this campaign.

#### 15 16 **NEW BUSINESS**

17 None.

#### 18 19 **PROPOSED EXECUTIVE SESSION**

20 **Dr. Krishna moved Board approval to move into Executive Session** at 1:24 p.m. pursuant to 25 O.S.  
21 Section 307(B)(4) for confidential communications to discuss pending department litigation and  
22 investigations; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment,  
23 promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and  
24 pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would  
25 violate confidentiality requirements of state or federal law.

26 Discussion of issues surrounding the Deputy Director of Human Resources

27 Discussion of pending federal litigation

28 Annual performance evaluation for the Commissioner of Health, Office of Accountability  
29 Systems Director, Internal Audit Unit Director, and Board of Health Secretary

30  
31 **Second Ms. Burger. Motion carried.**

32  
33 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Wolfe, Woodson**

34 **ABSENT: Baldwin, Davis**

35  
36 **Ms. Wolfe moved Board approval to come out of Executive Session at 3:42 p.m. and open regular**  
37 **meeting. Second Dr. Woodson. Motion carried.**

38  
39 **AYE: Alexopulos, Krishna, Smith, Wolfe, Woodson**

40 **ABSENT: Baldwin, Burger, Davis, Gerard**

#### 41 42 **ADJOURNMENT**

43 **Dr. Krishna moved to adjourn. Second M. Wolfe. Motion carried.**

44 **AYE: Alexopulos, Krishna, Smith, Wolfe, Woodson**

45 **ABSENT: Baldwin, Burger, Davis, Gerard**

46  
47 The meeting adjourned at 3:43 p.m.