

America's Health Rankings 2010

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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America's Health Rankings 2010

Weaknesses

- Some measures change over time
- Methodology does not always match state/CDC reporting
- Some measures have comparability problems between states

Public Health Funding

Average Per Capita Public Health Expenditure - \$94

Oklahoma Per Capita Public Health Expenditure - \$106

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Public Health Funding Oklahoma

	<u>2007</u>	<u>2008</u>	<u>2009</u>
State	\$240,056,000	\$240,042,246	\$274,350,000
HRSA	44,310,900	47,103,686	68,748,942
CDC	84,220,359	69,582,765	76,902,752
Totals	\$367,587,249	\$356,728,697	\$420,001,694

2009 Average Per Capita from 2007 & 2008 \$99.78
2010 Average Per Capita from 2008 & 2009 \$105.93

Public Health Funding

State Funding Methodology

Public Health is defined to broadly include all health spending with the exception of Medicaid, CHIP, or comparable health coverage programs for low-income residents. Federal funds, addiction or substance abuse funds, WIC funds, services for developmentally disabled to severely disabled and state sponsored pharmaceutical programs were not included.

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Public Health Funding Oklahoma

State	2007	2008	2009
OSDH	\$145,469,000	\$146,058,000	\$151,491,000
Nursing Board	2,639,000	2,938,000	3,075,000
PMTC	6,889,000	6,740,000	7,380,000
Univ. Hosp. Auth	81,909,000	83,326,000	109,070,000
Med. Licensure Bd.	3,150,000	3,211,000	3,334,000
Pan Flu Funds		(2,230,754)	
Totals	\$240,056,000	\$240,042,246	\$274,350,000

Public Health Funding Oklahoma

HRSA	2007	2008	2009
Health Professions	\$3,256,584	\$4,030,585	\$3,736,257
HIV/AIDS	11,025,992	11,043,190	11,433,159
MCH	10,361,834	10,905,356	10,893,899
Primary Health Care	16,452,721	17,466,347	38,876,100
Other Contracts	3,213,769	3,658,208	3,809,527
Totals	\$44,310,900	\$47,103,686	\$68,748,942

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Public Health Funding Oklahoma

	2007	2008	2009
CDC	\$83,220,349	\$69,582,765	\$76,902,752

Public Health Funding Oklahoma

OSDH Methodology

	2007	2008	2009
STATE	\$145,469,000	\$146,058,000	\$151,491,000
HRSA	18,298,273	18,081,993	18,004,227
CDC	83,220,349	69,582,765	76,902,752
TOTAL	\$246,987,622	\$233,722,758	\$246,397,979

Oklahoma Per Capita Public Health Funding 2008/2009 - \$65.50

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United Health Foundation

Determinants, Behaviors & Outcomes

2010 America's Health Ranking Top & Bottom 5 States:

<u>Top Five</u>		<u>Bottom Five</u>	
Vermont	1 st	Oklahoma	46 th
Massachusetts	2 nd	Nevada	47 th
New Hampshire	3 rd	Arkansas	48 th
Connecticut	4 th	Louisiana	49 th
Hawaii	5 th	Mississippi	50 th

<u>Region IV</u>		<u>Region VI</u>	
North Carolina	35 th	New Mexico	33 rd
Georgia	36 th	Texas	40 th
Florida	37 th	Oklahoma	46 th
South Carolina	41 st	Arkansas	48 th
Tennessee	42 nd	Louisiana	49 th
Kentucky	44 th		
Alabama	45 th		
Mississippi	50 th		

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OKLAHOMA . . .

Barriers need to be broken through

. . . to rise!

Oklahoma's Health Status

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United Health Foundation Key Determinants of Health

Determinants	OK Value	OK Rank	Weight
Primary Care Physicians (per 100,000)	80.3	49	5
Cardiovascular Deaths (per 100,000)	345.1	48	2.5
Poor Mental Health Days (in 30 days)	4.2	48	2.5
Prevalence of Smoking (% of pop)	25.4	48	7.5
Early Prenatal Care (% visit first trimester)	76.4	47	5
Prevalence of Obesity (% of pop)	32.0	46	7.5
Preventable Hospitalizations(per 1000)	88.7	46	5
Poor Physical Health Days (in 30 days)	4.2	46	2.5
Premature Death(Years lost per 100,000)	9,789	46	5
Occupational Fatalities (per 100,000)	7.2	44	2.5
Infant Mortality (per 1000 live births)	8.3	44	5
Violent Crime (per 100,000)	501	40	5
Cancer Deaths (per 100,000)	208.4	40	2.5
Lack of Health Insurance (% uninsured)	16.1	35	5
Children in Poverty (% under 18)	20.3	31	5
Air Pollution (micrograms fine particulates)	15.9	24	5

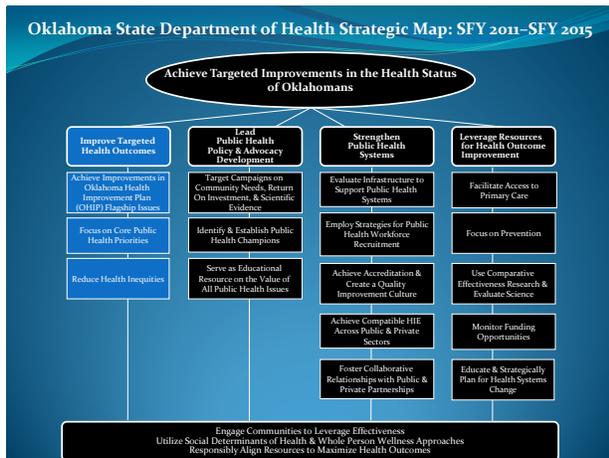
United Health Foundation Key Determinants of Health

Determinants	OK Value	OK Rank	Weight
Infectious Disease (cases per 100,000)	13.4	28	5
High School Graduation (%)	77.8	21	5
Geographic Disparity	10.5	21	5
Immunization Coverage(% of children <3)	91.3	18	5
Public Health Funding	\$106	14	2.5
Prevalence of Binge Drinking (%)	12.5	10	5
Overall Health Ranking	-0.52	46	100

Themes

- Highest weighted items scientifically linked to top causes of premature death; specifically tobacco and obesity
- Socioeconomic determinants impact on health status recognized
- Mental health and physical health are both critical issues
- Report has some different and non-standard methodology
- Strengths are low prevalence of binge drinking and high immunization coverage
- Challenges are high prevalence of smoking, obesity and preventable hospitalizations, low rate of early prenatal care; and high cardiovascular deaths

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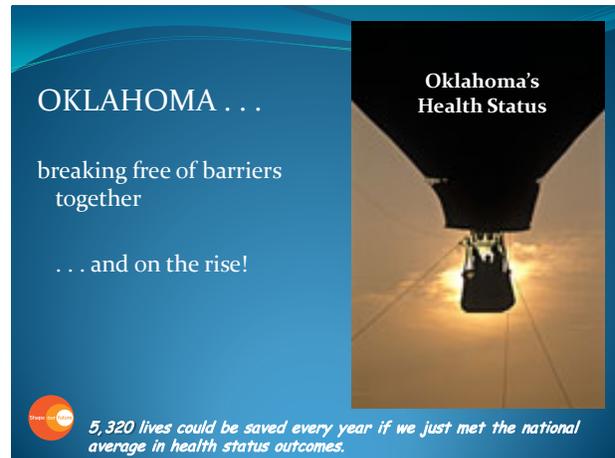


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- ### Agency Core Public Health Priority Measures
- Percent of population estimated to be obese with a BMI of 30.0 or higher
 - Percent of population over age 18 that smokes on a regular basis
 - Number of fatalities from occupational injuries
 - Immunization rate for children ages 19-35 months
 - Percent of pregnant women receiving first trimester prenatal care
 - Preventable hospitalizations per 1000 Medicare enrollees
 - Number of infant deaths before age 1
 - Number of cardiovascular deaths

**United Health Foundation and
OSDH Public Health Priority Measures**

Determinants	OK Value	OK Rank	Top Region Value	Top Region Rank	Weight
Cardiovascular Deaths (per 100,000)	345.1	48	237.8	7	2.5
Prevalence of Smoking (% of pop)	25.4	48	17.9	24	7.5
Early Prenatal Care (% visit first trimester)	76.4	47	86.8	6	5
Prevalence of Obesity (% of pop)	32.0	46	25.5	16	7.5
Preventable Hospitalizations(per 1000)	88.7	46	58.6	13	5
Occupational Fatalities (per 100,000)	7.2	44	5.4	32	2.5
Infant Mortality (per 1000 live births)	8.3	44	6.0	13	5
Immunization Coverage (% >3)	91.3	18	93.2	8	5
Lack of Health Insurance (% uninsured)	16.1	35	16.1	35	5
Children in Poverty (% under 18)	20.3	31	19.5	28	5
Overall Health Ranking	-0.52	46	- 0.06	33	50



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Dr. Alexopulos thanked both Joyce and Julie for their presentation.

At the conclusion of the presentation, Dr. Alexopulos asked the Board to move the proposed Executive Session to the next item on the agenda.

Dr. Krishna moved Board approval to move the proposed Executive Session to the next item on the agenda. Second Mr. Smith. Motion Carried.

AYE: Alexopulos, Baldwin, Burger, Davis, Krishna, Miller, Smith, Wolfe, Woodson

PROPOSED EXECUTIVE SESSION

Dr. Krishna moved Board approval to move into executive session at 11:57 a.m. pursuant to 25 O.S. Section 307(B) (4) for confidential communications to discuss pending litigation and investigations; and pursuant to 25 O.S. Second Ms. Wolfe. Motion carried.

Dr. Krishna moved Board approval to come out of Executive Session at 12: 53 p.m. and open regular meeting. Second Ms.Wolfe. Motion carried.

AYE: Alexopulos, Burger, Davis, Krishna, Miller, Smith, Wolfe, Woodson

ABSENT: Baldwin

CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTIONS

Executive Committee

The Oklahoma State Department of Health is notifying nearly 133,000 individuals that their names and some personal information may have been contained on a laptop computer stolen from and OSDH employee's car last week. The Board is confident that the State Department of Health is taking every action moving swiftly and appropriately to strengthen the safeguards to protect this confidential information moving forward.

With regard to the Nominating Committee for the next Executive Committee – Barry Smith has been named as the chair and will put together the committee for nominations. The Board will make selections for the Employee of the Year, Program of the Year, and County Health Department of the Year during the June Board meeting.

Finance Committee

The Finance Committee met on Tuesday, April 12, 2011. Following is the OSDH Financial Report for SFY 2011 as of March 28, 2011. On a \$411,646,873 budget, OSDH has \$399,633,683 in Expenditure Forecast or 97.08%, which is within the “green” safe zone. All Departments are in the green safe zone,

1 with the exception of one area with variances slightly greater than 5%; Prevention and Preparedness
2 Service at 6.56% under-spent indicates a Yellow Light.

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4 There was Single (A-133) Audit Exit Conference 03/23/11 – Close of State Auditor & Inspector’s Field
5 Work for SFY 2010. Audit of department’s activities related to federal grants, internal control structure
6 and financial reporting. The audit included compliance reviews of the following grants:

- 7 • 10.557 Supplemental Food Program for Women, Infants and Children (WIC)
- 8 • 93.268 Immunization
- 9 • 93.069 Public Health Emergency Preparedness

10 There was an email communication from the Auditor to Board Members presenting the findings. There
11 were no “Questioned Costs” associated with two “Reportable Findings”.

12 13 Accountability, Ethics & Audit Committee

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

15 With regard to the Office of Accountability, there are a few issues ongoing but no significant issues to
16 report to the Board. Mr. Durocher asked that the Board be notified that of the two instructors, one has
17 resigned effective 3/31/2011, which could result in delayed or cancelled classes. This issue is expected to
18 be resolved.

19 20 Public Health Policy Committee

21 The Policy Committee met on Tuesday April 12, 2011. Dr. Woodson, Dr. Davis and Mark Newman were
22 present at the Oklahoma State Department of Health in Oklahoma City. Dr. Woodson served as Chair of
23 the meeting. Mark Newman provided a review of the legislation contained in the current bill tracking
24 document sent to all members of the BOH on April 11, 2011.

25
26 None of the OHIP legislative agenda was passed from the House or the Senate and all three items will
27 remain dormant until next session. Three agency request bills remain active and one bill, HB 1194, is
28 currently on the Governor’s desk.

29
30 House Bill 1355, the Funeral Board and Vital Records request bill, and HB 1397, the Title 63
31 modernization bill, are scheduled to be heard on the Senate floor this week.

32
33 The next meeting of the Policy Committee will be prior to the Board of Health meeting on Tuesday, May
34 10, 2011.

35 36 PRESIDENT’S REPORT

37 Dr. Alexopoulos invited Martha Burger to say a few words. Mrs. Burger briefly described her background
38 working for Chesapeake Energy. The company has promoted employee wellness for both the employees as
39 well as their families. They have understood that reinforcing wellness through physical, mental, and spiritual
40 wellness impacts their lives overall. They provide a great deal of support and benefit programs around this
41 holistic approach. Mrs. Burger stated she was thrilled to get the opportunity to serve on this Board and
42 positively impact the health of Oklahomans.

43
44 Dr. Alexopoulos announced the retirement of Dr. Lynn Mitchell, Deputy Commissioner for Prevention and
45 Preparedness Services, effective June 1, 2011. She expressed thanks to Dr. Mitchell’s for her
46 commitment to this Service as well as the OSDH and wished her well in her endeavors moving forward.
47 Dr. Mitchell thanked the Board for the opportunity to work for the Oklahoma State Department of Health,
48 expressing her interest in the work being done through the OSDH.

49
50 Dr. Alexopoulos reminded the Board of the annual Board of Health retreat scheduled for August 19-21, to
51 be held at the Post Oak Lodge, with Arnie Bacigalupo as the facilitator. The Commissioner has received a
52 draft of the 2010 annual State of the State’s Health Report and will provide a draft version to the Board at

1 the May Board meeting.
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3 COMMISSIONER'S REPORT

4 Dr. Cline highlighted his site visit to the Pontotoc County Health Department Open House, noting that in
5 an effort to find cost efficiencies the OSDH partnered with the Department of Human Services to build
6 the campus. He indicated the initiative was funded locally and was very inspiring to see the level of
7 community support, over 150 people in attendance, and partnership between state and local entities.
8

9 Dr. Cline addressed House Bill 2135 and its importance toward reaching the Oklahoma Health
10 Improvement Plan priorities. Even though the bill is currently dormant, it is expected to be fully
11 successful next legislative session. This public health issue has received more support than any other
12 public health issue in the previous years. Dr. Cline commended those metropolitan areas and statewide
13 supporters who have worked together to progress this issue, even in spite of political complications.
14

15 Lastly, Dr. Cline recognized the Turning Point Initiative, stating they were chosen from a relatively small
16 group of partnerships nationally, by the University of Wisconsin funded through the Robert Wood
17 Johnson Foundation, to be interviewed/studied regarding promising practices and partnerships. This is
18 exciting news and has generated national attention for the Oklahoma Turning Point Coalition. The
19 program was initially developed 13 years ago through a grant. After the grant funds expired, local and
20 state partnerships have helped to sustain this initiative.
21

22 In conclusion, Dr. Krishna requested that key legislators be invited to the annual Board retreat to observe
23 our processes and better understand public health. Dr. Cline agreed, indicating we would follow through
24 with this request.
25

26 Dr. Krishna briefly described a few studies that will have significant implications for the future. The first
27 study conducted indicated that food addiction is a real disease affecting the same parts of the brain
28 affected by drug addiction. This is an important consideration in addressing obesity and cardiovascular
29 disease. The second study, from the University of London, was surrounding pain. The result of the study
30 indicated that pain perception is significant in addressing an individual's pain management.
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32 NEW BUSINESS

33 None.
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35 ADJOURNMENT

36 Meeting adjourned at 1:19p.m.