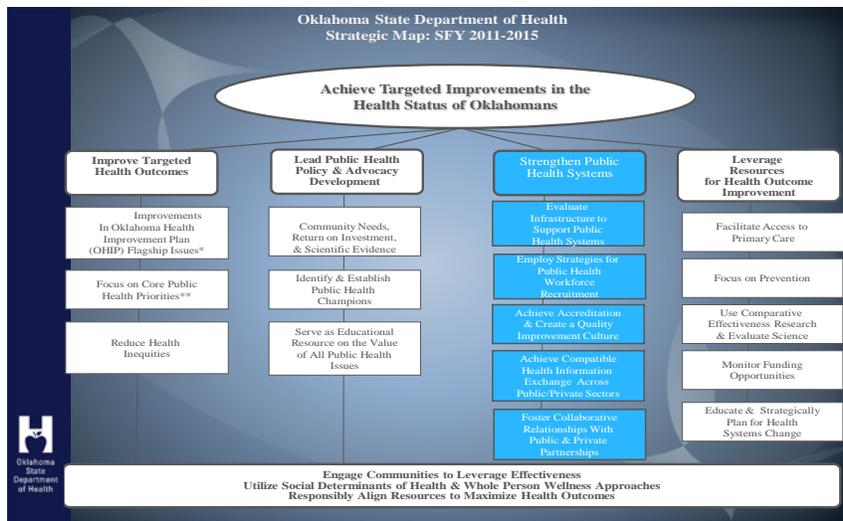


OSDH/BOH Strategic Plan Update

Stephen W. Ronck, M.P.H.
Deputy Commissioner
Community & Family Health Services
May 8, 2012



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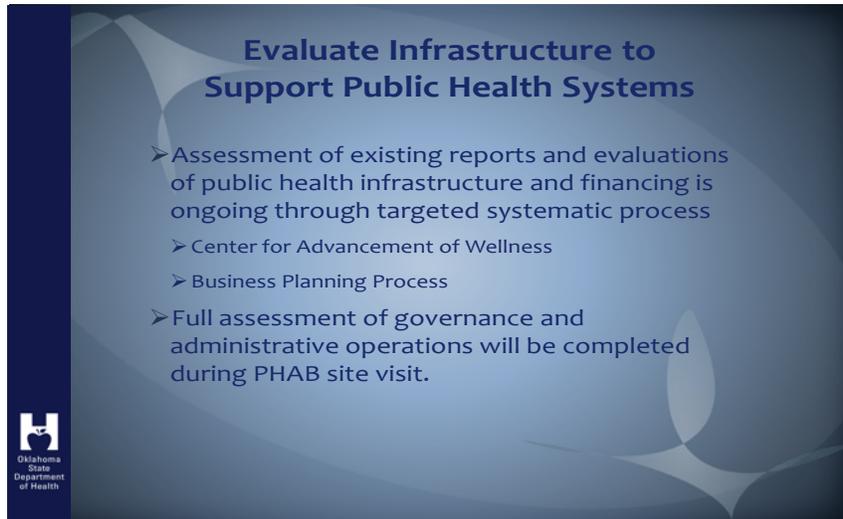
Achieve Targeted Improvements in the Health Status of Oklahomans

Strengthen Public Health Systems

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



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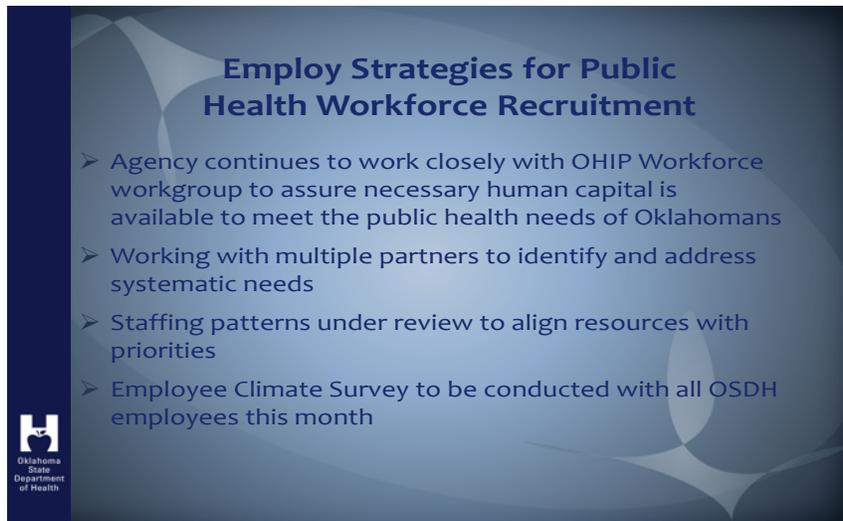


Evaluate Infrastructure to Support Public Health Systems

- Assessment of existing reports and evaluations of public health infrastructure and financing is ongoing through targeted systematic process
 - Center for Advancement of Wellness
 - Business Planning Process
- Full assessment of governance and administrative operations will be completed during PHAB site visit.



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Employ Strategies for Public Health Workforce Recruitment

- Agency continues to work closely with OHIP Workforce workgroup to assure necessary human capital is available to meet the public health needs of Oklahomans
- Working with multiple partners to identify and address systematic needs
- Staffing patterns under review to align resources with priorities
- Employee Climate Survey to be conducted with all OSDH employees this month



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Achieve Accreditation and Create a Quality Improvement Culture

- The OSDH and Comanche County Health Department among **first** departments to apply nationally for public health accreditation and in **first** group of applicants approved to go through process.
- Quality improvement training has been provided in the central office and all county health department administrative districts, to over **300** staff and partners this year.
- Step UP performance management system and strategic planning training to staff is ongoing. Over **30** service areas and **68** county health departments now have strategic plans for their areas with documented performance improvement effort results.
- Agency-wide Quality Improvement Plan established.
- **National recognition** in SFY 2012 for OSDH QI/PI systems, tools, and processes.
- **Significant** quantifiable results have been accomplished using quality improvement tools and processes in improving infant mortality, childhood obesity, mandated inspections, and community engagement, to name a few.



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Achieve Compatible Health Information Exchange Across Public/Private Sectors

- System development of the HIE process continues to move forward.
- Multiple public/private partners
- Goal is targeted health improvement outcomes
- Currently exchanging data with SMRTNET and MyHealth
- Testing communicability messaging
- Develop capacity in a network where data is easily shared/retrievable

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Foster Collaborative Relationships with Public & Private Partners – Statewide Focus

- Marketing/awareness campaign around certified health initiatives
- Advocacy for public health legislative priorities
- Grass tops effort aimed at business leaders emphasizing relationship between a healthy workforce and economic development

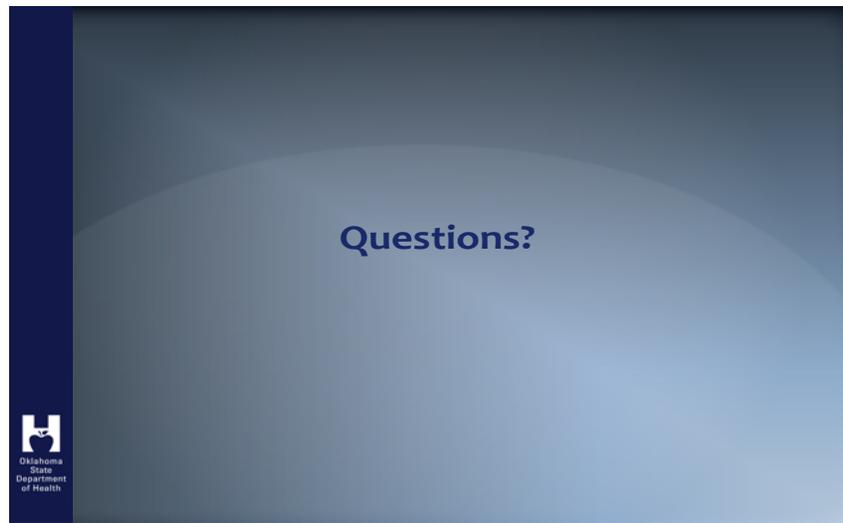
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Foster Collaborative Relationships with Public & Private Partners – Community Focus

- State Chamber, Journal Record and other private/public partners planned & supported the March 1, 2012 award celebration with over 700 in attendance
 - 55 communities applied & 43 were certified
 - 207 schools applied & 155 were certified
 - 291 businesses applied & 267 were certified
- Established 26 community partnerships with TSET Fitness and Nutrition Grants
- TSET/ODMHSAS/OSDH adopted **Mobilizing for Action through Planning and Partnerships (MAPP)** as community assessment process
- Highly successful **Preparing for a Lifetime Every Week Counts** campaign
- CATCH partnerships have increased from 20 in pilot to 72 in SFY 12

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3 Dr. Woodson inquired as to whether or not programs must apply for certification each year. Neil Hann
4 responded that programs are required to apply for certification each year.

5
6 Dr. Alexopulos indicated it would be helpful to see what other states are doing to improve infant mortality
7 rates. As an example, to tie in telemedicine, the University of Arkansas determined a gap in access to
8 care in parts of Arkansas, and has for the last 10 years have used telemedicine to manage high risk
9 pregnancies. Telemedicine has improved access for these patients resulting in improved infant mortality
10 rates and improved post natal care. This could be a best practice the Health Department could look to.

11
12 Steve responded that he would bring this issue to the monthly perinatal coalition meeting as a possible
13 best practice to look to.

14
15 The presentation concluded. Dr. Alexopulos thanked Steve for his presentation.

16 **COMMITTEE REPORTS**

17 **Executive Committee**

18 Dr. Alexopulos provided the following reminders to the Board members:

- 19 • The subcommittee survey sent to determine each Board member's interest in serving on a different
20 subcommittee has been extended to May 11th. For questions regarding completion of the survey,
21 please contact VaLauna Grissom.
- 22 • The June Board of Health meeting will be held at the Payne County Health Department in Stillwater.
23 VaLauna will contact each of you to determine your lodging needs.
- 24 • The Nominating Committee report and election of officers will also occur at the June Board meeting.
- 25 • You may release the May 22nd through 24th dates from your calendar as the Public Health
26 Accreditation Board site visit will not occur during this time. We have not received alternative dates
27 but will notify you as soon as we learn that information.
- 28 • The Board of Health Retreat is August 17-19, 2012 at the Roman Nose Lodge in Watonga. We will
29 send additional reminders and details as the retreat approaches.

30 **Finance Committee**

31
32 Dr. Alexopulos directed attention to the Financial Brief provided to each Board member and presented the
33 following SFY 2012 Finance Report and Board Brief as of April 16, 2012:

- 34 • Payroll forecasted through June 30, 2012 including vacancies likely to fill within the current budget
35 period
 - 36 • Encumbrances shown as actual as of the report date
- 37

- 1 • Expenditure forecasts limited to realistic amounts expected to spend out during the current budget
- 2 period
- 3 • Surplus/(Deficit) is projected as of June 30, 2012
- 4

5 Dr. Alexopoulos indicated that no dashboard warnings exist at present as all performance rates are above
 6 95% indicating a “Green Light” both for individual areas and for the Department as a whole.

7
 8 Dr. Alexopoulos briefly provided an overview of the Financial Budget Brief, by SFY 2012 Public Health
 9 Priority: Of the total agency budget, Science and Research comprises approximately 1% of the total
 10 agency budget. Science and Research includes programs characterized by services that seek to research
 11 public health problems and interventions for effectiveness, improve the practice of public health, and
 12 enhance the body of public health. Among the programs in Science and Research is the Behavioral Risk
 13 Factor Surveillance System (BRFSS). BRFSS is a system of health surveys that collects information on
 14 health risk behaviors, preventive health practices, and health care access primarily related to chronic
 15 disease and injury. BRFSS data is used to identify emerging health problems and establish and track
 16 health objectives.

17
 18 The table and pie chart provided in the Financial Brief depict the total budget by public health priority.
 19 Also presented with additional detail, were the programs within Science and Research.

21 Behavioral Risk Factor Surveillance System	\$911,058
22 Cancer Registry	\$972,505
23 Health Care Information	\$863,622
24 National Violent Death Reporting System	\$203,621
25 Youth Risk Behavior Survey	\$60,403
26 Total Priority 5 – Science and Research	\$3,011,209

27
 28 Ray Hankins provided an overview of the annual budget appropriations process, indicating that budget
 29 preparations begin in July with actual submission of the budget request occurring in October. Following
 30 the submission, the OSDH will participate in a series of meetings with state leaders. The Governor’s
 31 budget is then released in February and as the Legislative Session ends, a budget is typically produced by
 32 the end of May.

33
 34 Ray announced to the Board that effective June 4th, he has accepted a job with the Office of State Finance
 35 (OSF) as the Deputy Comptroller. He expressed his appreciation to the Board and the Department for the
 36 opportunities afforded to him during his 27 years with the State Department of Health. He also thanked
 37 the Board members for their contribution to public health.

38
 39 Dr. Cline thanked Ray for his service to the OSDH. He acknowledged that the OSDH has been very
 40 fortunate to have had Ray’s expertise for these many years and is pleased to have worked with him during
 41 his tenure. He thanked Ray for his continued service to the state.

42
 43 Barry Smith also congratulated Ray, expressing his great appreciation for Ray’s expertise and
 44 professionalism through the interesting and challenging times.

45
 46 **Accountability, Ethics & Audit Committee**

47 The Accountability, Ethics, & Audit Committee met with Lloyd Smith, and Dan Durocher. Mr. Baldwin
 48 reported that there are no known significant audit issues to report at this time. Mr. Baldwin indicated a
 49 need for Executive Session.

50
 51 **Public Health Policy Committee**

1 The Policy Committee met on Tuesday May 8, 2012. Dr. Woodson, Dr. Davis, and Dr. Davis were
2 present at the Oklahoma State Department of Health in Oklahoma City, Oklahoma. Ms. Burger was
3 unable to attend. Dr. Woodson served as Chair of the meeting. Mark Newman provided information
4 about the department request legislation for 2012. Electronic copies of the bill tracking list have been
5 sent to all BOH members weekly and will continue to be sent each Monday throughout the legislative
6 session.

7
8 **HB 2266** the Public Health Delivery Act was signed by Governor Fallin on May 1, 2012. The Policy
9 Committee wishes to thank Rep. Doug Cox, Sen. Kim David, and Governor Fallin for all their work in
10 getting this important piece of legislation enacted. It is estimated that the implementation of this
11 legislation will save the Department approximately \$2.5 million in the next fiscal year.

12
13 **SB178** which would give the BOH the authority to adopt administrative rules to deal with adaptive
14 standards of care in emergencies was signed by Governor Fallin on April 13, 2012.

15
16 **HB 2264** which transfers the responsibility for licensing educational facilities which receive animals from
17 shelters for research purposes to the Department of Agriculture was signed by Governor Fallin on April
18 23, 2012.

19
20 The budget negotiations for state appropriates are in full swing and a budget deal should be announced
21 this week.

22
23 If members of the Board have any questions regarding any of the bills on the tracking list or any other
24 legislation that comes to their attention, please do not hesitate to contact Mark Newman for additional
25 information or to provide your input.

26
27 The next meeting of the Policy Committee will be on May 8, 2012.

28
29 The Standing Committee reports concluded.

30 **PRESIDENT'S REPORT**

31
32 Dr. Alexopoulos thanked Governor Fallin for her tremendous leadership as she continues to actively
33 support initiatives that will create a healthier Oklahoma. Oklahoma is very fortunate to have a Governor
34 that is not only in tune with the outcome of the quality of health of Oklahomans but also in tune with the
35 impact on our state's economy.

36
37 In support of May's National Employee Health and Fitness Month Observance, Governor Fallin is
38 leading a "Walk for Wellness" at the State Capitol Complex on May 14th. The Walk for Wellness will
39 begin at 11:15 am on the North Lawn / North Plaza with a few words from Governor Fallin followed by a
40 walk around the Capitol Complex commencing at 11:30.

41
42 Dr. Alexopoulos briefly addressed a recent study published in American Journal of Preventive Medicine,
43 conducted by Duke University, indicating that based on the current rate of obesity 42% of our population
44 will be obese by 2030. This will likely equate to approximately 32 million more obese people in the
45 nation. According to the CDC, the current obesity rate in the nation is 35.7% of the population and in
46 2008 cost the system approximately \$147 billion.

47
48 There is a lot of work still ahead in terms of prevention and lifestyle changes, workforce development,
49 and preparing an infrastructure that can handle this capacity and stop the increase. This is a very
50 unfortunate prediction and we certainly hope it doesn't occur, however it emphasizes the importance of
51 our work and the partnerships that we need to create to improve the health of Oklahomans.

1 The report concluded.
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4 **COMMISSIONER'S REPORT**

5 Dr. Cline thanked Dr. Alexopoulos for that information and indicated that one method for tracking the data
6 regarding obesity rates is through the Behavioral Risk Factor Surveillance Survey (BRFSS). This is the
7 largest survey of its kind in the nation, targeting approximately 350,000 households. The Board was
8 informed of changes in methodology for how this data is collected. One significant change is the
9 inclusion of cell phones in this survey. Many people have moved towards cell phone only service and in
10 previous years were excluded from the survey. As a result of the increase of cell phones only households
11 there are some anticipated changes in the data. The data indicates that cell phone only households tend to
12 be younger, possibly more impoverished, and may include more Hispanic households. The underlying
13 methodology and trends over time are not anticipated to change, but comparison of data from 2010 to
14 2011 will be more difficult.
15

16 As a result of this change in methodology, the tobacco prevalence rates may change. The current tobacco
17 prevalence rate is 23.7% and could increase as high as 26 to 28%. The impact to each state will be
18 different and depending on the demographics will likely increase their tobacco prevalence rates as well.
19 This data is expected to be released toward the end of May.
20

21 Dr. Cline briefly highlighted his participation on the Public Health Accreditation Board, and his work
22 alongside Bruce Dart and the accreditation committee. He indicated that with 69 entities awaiting
23 accreditation, this is a significant accomplishment for Oklahoma. Oklahoma is still part of a very small
24 and elite group nationally to have participated in the beta testing for public health accreditation. The site
25 visit won't take place in May or June, but we are hopeful it will be scheduled in July.
26

27 Next, he highlighted the annual Oklahoma Public Health Association conference, with guest speaker
28 Governor Fallin. Approximately 450 public health workforce and partner participants gathered to
29 promote public health, identify evidence based practices, and discuss successful interventions.
30

31 Lastly, he recognized a 5 state meeting sponsored by ASTHO and CDC focused on preventing the misuse
32 of prescription drugs. Misuse of prescription drugs accounts for an alarming number of deaths each year.
33 Oklahoma alone has a 5 year average of 500 – 700 deaths. Officials from these states are charged with
34 developing a strategic plan to address this problem.
35

36 The report concluded.
37

38 Dr. Woodson inquired as to Oklahoma's rank in terms of prescription drug deaths? Dr. Cline indicated
39 that Oklahoma is ranked very high, and although not number 1 for prescription deaths, Oklahoma is
40 ranked number 1 in terms of the number of prescriptions written for controlled substances.
41

42 There was discussion regarding the need to educate patients on proper disposal of unused prescription
43 medication. Oklahoma has also began a tracking system which would allow a physician to be notified if
44 the number of medications prescribed is high when compared to other physicians within the state. Dr.
45 Alexopoulos inquired as to whether or not there is a statistical relationship between the increase in
46 prescription drug misuse and the institution of the pain scale as the 5th vital sign? Because pain is now an
47 assessment of a vital sign, patients have an expectation that pain will be treated, regardless of the severity.
48 Dr. Cline responded that he would like to research that possible correlation further. He also stated that
49 while presenting caution around this issue, it is important to remember the advancements that have been
50 made in pain management and ensure that appropriate use of these medications isn't limited.
51

52 The report concluded.

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NEW BUSINESS

No new business.

PROPOSED EXECUTIVE SESSION

Mr. Smith moved Board approval to move into Executive Session at 12:12 p.m. pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation and investigations; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law.

- Discussion of the Office of Accountability Services investigation number 2012-011.

Second Ms. Wolfe. Motion carried.

AYE: Alexopulos, Baldwin, Davis, Gerard, Smith, Wolfe, Woodson

ABSENT: Burger, Krishna

Dr. Woodson moved Board approval to come out of Executive Session at 12:22 p.m. and open regular meeting. Second Mr. Baldwin. Motion carried.

AYE: Alexopulos, Baldwin, Davis, Gerard, Smith, Wolfe, Woodson

ABSENT: Burger, Krishna

ADJOURNMENT

Mr. Baldwin moved to adjourn. Second Dr. Woodson. Motion carried.

AYE: Alexopulos, Baldwin, Davis, Gerard, Smith, Wolfe, Woodson

ABSENT: Burger, Krishna

The meeting adjourned at 12:23 pm.