

**Tri-Board of Health Meeting  
Oklahoma State Board of Health (OSBH)  
Oklahoma City-County Board of Health (OCCBH)  
Tulsa City-County Board of Health (TCCBH)**

**Tuesday, October 9, 2012, 1:00 p.m.  
Boathouse District, Oklahoma River  
Chesapeake Finish Line Tower, 4<sup>th</sup> Floor  
725 S Lincoln Blvd  
Oklahoma City, OK 73129**

- I. CALL TO ORDER, OPENING REMARKS, INTRODUCTIONS**  
Dr. R. Murali Krishna, President, OSBH  
Dr. Stephen Cagle, Chair, OCCBH  
Dr. Patrick Grogan, Chair, TCCBH
  
- II. REVIEW OF MINUTES – OSBH**  
Approval of Minutes for August 24-26, 2012, Annual Retreat  
  
**REVIEW OF MINUTES – OCCBH**  
Approval of Minutes for September 18, 2012, Regular Meeting
  
- III. OKLAHOMA HEALTH IMPROVEMENT PLAN (OHIP)**  
State and Local Perspectives; Terry Cline (OSDH), Gary Cox (OCCHD), Bruce Dart (THD)  
Discussion and possible action
  
- IV. LEGISLATIVE REPORT**  
Mark Newman (OSDH), Tammie Kilpatrick (OCCHD), Scott Adkins (THD),  
Discussion and possible action
  
- V. BUDGET PRIORITIES**  
Julie Cox-Kain (OSDH), Robert Jamison (OCCHD), Reggie Ivey (THD),  
Discussion and possible action
  
- VI. PRESIDENT’S REPORT – OSBH**  
Discussion and possible action  
Proposed 2013 Board of Health Meeting Dates (second Tuesday of each month at 11:00 a.m.):  
January 8, 2013  
February 12, 2013 (Cleveland County Health Department, Moore, Ok)  
March 12, 2013  
April 9, 2013 (Woodward Convention Center, Woodward, Ok)  
May 14, 2013  
June 11, 2013  
July 9, 2013  
August 16-18, 2013 – Retreat (Roman Nose State Lodge, Watonga, Ok)  
October 8, 2013 - Tri-Board (Oklahoma City-County Wellness Center 1:00 p.m.)  
December 10, 2013

**CHAIRMAN'S REPORT – OCCBH**

Update

**CHAIRMAN'S REPORT – TCCBH**

Update

**VII. COMMISSIONER'S REPORT – OSDH**

Update

**DIRECTOR'S REPORT – OCCHD**

Northeast Regional Health and Wellness Campus Presentation; Gary Cox

**DIRECTOR'S REPORT – THD**

Update

**VIII. NEW BUSINESS**

Not reasonably anticipated 24 hours in advance of meeting.

**IX. OCCBH & TCCBH ADJOURNMENT**

**X. PROPOSED EXECUTIVE SESSION – OSBH ONLY**

Proposed Executive Session 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.

Possible action taken as a result of Executive Session.

**XI. ADJOURNMENT**



1 might impact public health within their own communities and at the end of the retreat define the steps  
2 they will take by developing Individual Board Member Action Plans.

3  
4 Dr. Krishna asked Rep. Cox to address the Board. Dr. Cox described public health as an outreach that  
5 touches all lives. He portrayed the face of public health as evolutionary, using the poster presentations to  
6 illustrate the focus on prevention & control of vaccine preventable diseases in the early years to current  
7 day control and treatment of chronic diseases. Dr. Cox thanked the Board and Department staff for their  
8 efforts to protect the health and lives of Oklahomans.

9  
10 ADJOURNMENT

11 **Ms. Wolfe moved to adjourn. Second Dr. Alexopulos. Motion carried.**

12 **AYE: Alexopulos, Burger, Davis, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**

13  
14 The meeting adjourned at 7:31 p.m.

15  
16 WRAP UP DAY ONE AND CLOSE

17 The meeting adjourned at 7:40 p.m.

18  
19 Saturday, August 25, 2012

20  
21 ROLL CALL

22  
23 Members in Attendance: R. Murali Krishna, M.D., President; Ronald Woodson, M.D., Vice-President;  
24 Martha A. Burger, M.B.A, Secretary-Treasurer; Jenny Alexopulos, D.O.; Richard G. Davis, D.D.S.; Terry R.  
25 Gerard, D.O.; Barry L. Smith, J.D.; Timothy E. Starkey, M.B.A.; Cris Hart-Wolfe,

26  
27 Staff present were: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell,  
28 Deputy Commissioner, Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention and  
29 Preparedness Services; Mark Newman, Office of State and Federal Policy; Don Maisch, Office of General  
30 Counsel; Commissioner's Office: VaLauna Grissom, Diane Hanley, Janice Hiner.

31  
32 Visitors in attendance: See list

33  
34 Call to Order and Opening Remarks

35 Dr. Krishna called the meeting to order at 8:31 a.m. and asked the Board to observe the customary moment of  
36 silence.

37  
38 REVIEW OF MINUTES

39 Dr. Krishna directed attention to the meeting minutes of July 10, 2012 regular meeting Board of Health  
40 meeting.

41  
42 **Ms. Burger moved for approval of the minutes of the July 10, 2012, regular Board of Health Meeting,**  
43 **as presented. Second Dr. Alexopulos. Motion carried.**

44  
45 **AYE: Alexopulos, Burger, Davis, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**

46  
47 MISSION, VISION, VALUES BREAKOUT

48 Dr. Krishna directed attention to the Mission, Vision, & Values handout found in the Board packet and asked  
49 Dr. Bacigalupo to facilitate the discussion.

50  
51 Dr. Bacigalupo explained that the retreat participants would break into groups to review the current mission,  
52 vision, and values of the Board/Department and at the end of the allotted time, each group would provide any

1 recommended changes to the Board. He indicated that in order for this to be meaningful and productive,  
2 it is important for each Board member to obtain the same baseline knowledge and history around the  
3 adoption of the mission, vision, values. He asked the most senior members of the Board, Dr. Krishna,  
4 Mr. Smith, Dr. Alexopoulos, & Ms. Wolfe to provide this history and context.  
5

6 Mr. Smith reflected on the Department's past investigation and the challenges of the previous Board's as well  
7 as the current Board. He initially observed a lack of alignment in the goals and mission of the Board and the  
8 Department. The Board previously had no process for evaluating the Commissioner of Health or for ensuring  
9 the Department is competently and adequately staffed. He emphasized the importance of requiring on-going  
10 education from the Commissioner and the Department on each program. He went on to say that there is a  
11 potential for complacency if these duties are neglected.  
12

13 Dr. Alexopoulos also observed a lack of alignment between the Department and the Board with regard to  
14 priorities, legislative intent, and collaboration with the Oklahoma City-County Health Department (OCCHD)  
15 and the Tulsa Health Department (THD). The Oklahoma Health Improvement Plan was developed to bring  
16 those silos together and address the inadequate health outcomes by focusing efforts towards Obesity,  
17 Tobacco, and Children's Health. Dr. Alexopoulos also added that the Department now has an engaged  
18 Commissioner of Health committed to improving health outcomes & building a strong relationship with  
19 OCCHD, THD, and the Legislature.  
20

21 Ms. Wolfe echoed the sentiments of both Mr. Smith and Dr. Alexopoulos. She believes the Department is  
22 now headed in the right direction.  
23

24 Dr. Krishna indicated that during his first year of appointment he perceived there to be a lack of passion or  
25 and energy. He conveyed his respect for both the previous and current Commissioner's of Health. He also  
26 stated that he was very impressed with Julie Cox-Kain's perspective of the problems and challenges faced by  
27 the Department as well as the evolution of the new Senior Leadership since Dr. Cline's arrival. He believes  
28 the stage has been set for positive behavior changes necessary to improve the health of Oklahomans. The  
29 Board should continue to challenge itself to do everything it can toward this end.  
30

31 Gary Cox, OCCHD Director, briefly provided historical perspective on the part of the OCCHD. He reflected  
32 on previous retreats where there was no action taken. He believes that Dr. Cline and the Board have gone to  
33 great lengths to unify the OSDH, OCCHD, and the THD. Dr. Cline has provided great leadership, has  
34 always been accessible, and always willing to work through any challenges.  
35

36 Dr. Bacigalupo asked the groups to begin breakout discussions to review the mission, vision, and values  
37 allowing for 20 minutes for the mission, 20 minutes for the vision, and 20 minutes for the values. At the end  
38 of the group breakout discussion, each group should present their recommended modifications.  
39

#### 40 **Mission of the Oklahoma State Department of Health**

41 An organization's Mission is a concise statement of why it exists, its reason for being. It is an enduring  
42 statement that usually remains the same for many years, providing long term direction and continuity for  
43 the organization.  
44

45 *The Mission of the Oklahoma State Department of Health is to protect and promote the health of the*  
46 *citizens of Oklahoma, to prevent disease and injury, and to assure the conditions by which our*  
47 *citizens can be healthy.*  
48

#### 49 **Vision of the Oklahoma State Department of Health**

50 An organization's Vision describes the end state that it seeks to create. The Vision may be beyond the  
51 organization's ability to achieve alone, but the organization commits to making a significant contribution  
52 to realizing the Vision.

1  
2 The Vision of the Oklahoma State Department of Health is:

3  
4 *Creating a State of Health*

5  
6 **Values of the Oklahoma State Department of Health**

7 An organization's Values define the acceptable standards which govern the behavior of individuals within  
8 the organization.

9  
10 The Values of the Oklahoma State Department of Health are:

- 11 • *Honesty* – to be truthful in all our endeavors; to be forthright with one another and our customers,  
12 communities, suppliers, and stakeholders.
- 13 • *Integrity* – to say what we mean, to deliver what we promise, and to fulfill our commitments to  
14 each other and our customers.
- 15 • *Respect* – to treat one another and our customers with dignity and fairness, appreciating the  
16 diversity and uniqueness of each individual.
- 17 • *Accountability* – to take responsibility for our actions, and those of our agency and to fearlessly  
18 seek clarification and guidance whenever there is doubt.
- 19 • *Trustworthiness* – to build confidence in one another and our customers through teamwork and  
20 open, candid communication.
- 21 • *Customer Service* – to provide quality and effective services to all.

22  
23 The following were common themes & comments presented by each group for the mission, vision and  
24 values:

25  
26 **Mission**

- 27 • Many believed the mission statement was on target and sufficient as is
- 28 • Suggestion to replace citizens with people

29 **Vision**

- 30 • Sufficient as is
- 31 • Creating a State of Improved Health
- 32 • It was recommended to exemplify good health in the vision
- 33 • Continually Creating a State of Health
- 34 • Healthy People making Healthy Choices
- 35 • Creating a Great State of Wellness
- 36 • Make the Healthy Choice the Easy Choice

37 **Values**

- 38 • New members perceived the values to be hurdles the Department has already crossed & should not be  
39 disregarded but should evolve since honesty & integrity have been restored
- 40 • Values seems to be reflective of employee values rather than Department values
- 41 • Many groups agreed there is overlap in the values and suggested eliminating redundancy and adding  
42 values around collaboration, innovation, transparency, ethics, leadership, creativity,  
43 community

44  
45 Dr. Cline explained that the values were birthed out of a need to provide stability within the Department.  
46 Having clearly articulated values established by the Board is important and sets the pace for employees. The  
47 Board members agreed that the Mission, Vision, and Values of the Board and the Department should be one  
48 in the same. The consensus was to dedicate a future Board meeting to additional review of the suggested  
49 changes. The Department will compile the suggestions and make a recommendation for modifications based  
50 on the common themes presented by each group.

1 STRATEGIC PLAN REVIEW: Terry Cline, Ph.D., Commissioner of Health  
2

SFY 2011-2015  
OSDH Strategic Map Update

Board of Health  
Annual Retreat  
SFY 2012 Update



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Oklahoma Health Improvement Plan (OHIP) Flagship Issues

- Tobacco Use Prevention
- Children's Health Improvement
- Obesity Reduction

Core Public Health Priorities

- Children's Health
  - Infant Mortality
  - Prenatal Care
- Disease & Injury Prevention
  - Immunization
  - Motor Vehicle Crashes
  - Preventable Hospitalizations
- Imperatives
  - All Hazards Preparedness
  - Infectious Disease
  - Mandates
- Strong & Healthy Oklahoma
  - Cardiovascular Health
  - Obesity
  - Tobacco

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### LSTAT Strategic Planning Priority Area Lead Champions

- OHIP Flagship & Core Public Health Services**
  - Strong & Healthy Oklahoma /Wellness (*Keith Reed*)
  - Children's Health (*Dr. Edd Rhoades*)
  - Disease & Injury Prevention/Imperatives (*Drs. Kristy Bradley & Hank Hartsell*)
  - Health Inequities (*Neil Hann*)
- Public Health Systems**
  - Infrastructure, Performance Management, & Accreditation (*Joyce Marshall*)
  - Workforce (*Toni Frioux*)
  - Health Information Exchange (HIE) (*Julie Cox-Kain*)
  - Public/Private Partnerships (*Neil Hann*)
- Policy & Advocacy** (*Dr. Mark Newman*)
- Resources** (*Julie Cox-Kain*)

### OSDH Performance Management Model: Tying It All Together



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### Core Performance Measures Scorecard Public Health Imperatives

Measure	Actual Previous Year	Target Current Year	Actual Current Year	5 Year Target Goal
Inspection - % state mandated non-compliant activities meet IFMs	69%	75%	84.6%	100%
Inspection - % state mandated complaint activities meet mandates	23%	70%	23.1%	100%
Infectious Disease - % immediately notifiable reports received by phone consultation/investigation initiated in 15 minutes	92%	95%	97%	95%
Infectious Disease - % immediately notifiable reports submitted in PHIDDOJ investigation initiated in 15 minutes	96%	95%	92%	95%
Infectious Disease - Average # reported Hepatitis A, Hepatitis B, TB & AIDS cases per 100,000 population	8.06	11	9.79	8.1
Preparedness - % central office and CHD COOP plans automated	0%	100%	100%	77

### Core Performance Measures Scorecard Public Health Priority Programs

Measure	Actual Previous Year	Target Current Year	Actual Current Year	5 Year Target Goal
Children - % infant deaths per 1000 live births	8.5	8.2	8.1	7.3
Children - % first trimester prenatal care	76.5%	76.5%	67.2%	78%
Injury - # occupational fatalities per 100,000 workers	7.2	7.6	7.3	7
Prevention - # preventable hospitalizations per 1000 Medicare enrollees	88.7	85.9	81.8	83
Immunization - % immunized (19-35 months)	70.2%	71.4%	70.3%	85%
Obesity - % adults who are obese**	32%	30.9%	not yet released	30.1%
Tobacco - % adults who smoke**	23.7%	21%	not yet released	19.5%
Cardiovascular - cardiovascular deaths/100,000	294.4	292.4	292.8	281.5

3  
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### Core Performance Measures Scorecard Infrastructure & Policy

Measure	Actual Previous Year	Target Current Year	Actual Current Year	5 Year Target Goal
Accreditation - # of PHAB accredited Health Departments in OK	N/A	2	2 awaiting final site visit	15
PH Partnerships - # certified healthy communities	N/A	12	43	75
PH Partnerships - # certified healthy schools	N/A	10	155	20
Workforce - % of plans completing to address job classification and compensation	N/A	50%	50%	100%
Accreditation - % accreditation prerequisites completed for state health department	100%	100%	100%	100%
Health Information Exchange - Successfully receive test messages	N/A	100%	100%	100%
Access - % completion of access to primary care statewide assessment	N/A	100%	100%	100%
Policy - # community organizations supporting OHIP legislation	N/A	10	10	15

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## Achievements

- **224%** increase in **certified healthy organizations** from 219 in 2010 to 490 in 2011!
- Tobacco local rights legislation went **further than it ever has** due in large part to **Turning Point and grassroots** efforts.
- Applied, completed documentation and completeness review, and now **awaiting only site visit and final decision for accreditation**.
- **98%** of consultations initiated by an Epi-on-Call **within 15 minutes of after-hours pager notification**.
- Percentage of **HIV/AIDS diagnosed persons out of care** decreased from 46% to **17%**.

## Achievements

- A **Tdap requirement** was instituted in the 2011-2012 school year for 7<sup>th</sup> grade students , and **Tdap immunizations** for 13-17 year olds increased from 35.1 to **54.8%**.
- The Primary Care Advisory Taskforce was established and will complete its **comprehensive state plan for primary care** within the fiscal year.
- **Every Week Counts** campaign results are phenomenal with **90%** of birthing hospitals voluntarily participating in the campaign. Results: Between 2011 and 2012, there was a **66%** decrease in early, elective scheduled births! Additionally, there is a **10%** increase in total births 39-41 weeks and a **12%** decrease in births at 36-38 weeks.

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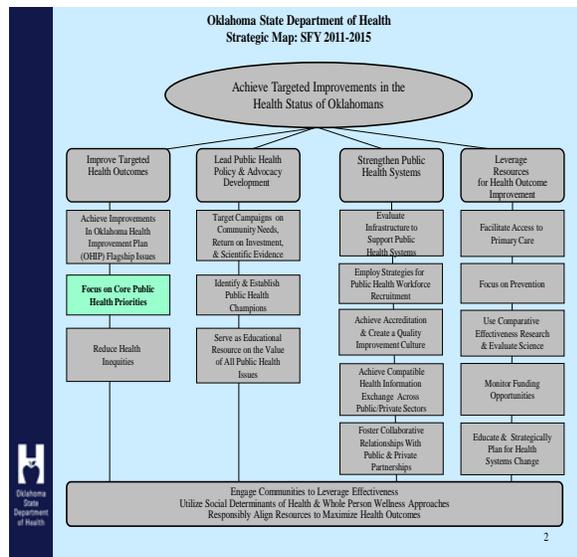
The presentation concluded.

MANDATES PRESENTATION: Henry F. Hartsell, Ph.D., Deputy Commissioner, Protective Health Services

## Oklahoma State Department of Health Mandates Update

State Board of Health Annual Retreat  
August 25, 2012

Henry F. Hartsell Jr., Ph.D.  
Deputy Commissioner  
Protective Health Services

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## Core Public Health Priorities

- \* Children's Health
- \* Disease & Injury Prevention
- \* Imperatives
  - All Hazards Preparedness
  - Infectious Disease
  - Mandates
- \* Strong and Healthy Oklahoma
  - Tobacco
  - Obesity
  - Cardiovascular



3

## Mandates Events

- 2009 Mandates on strategic map
- 2010 Mandates strategic targeted action team
- 2011 Focus on "Inspection Frequency Mandates"  
Quality improvement training
- 2012 Compliance challenge for June 30, 2012
  - Incident command structure
  - Professional facilitation
- Compliance challenge for September 30, 2012

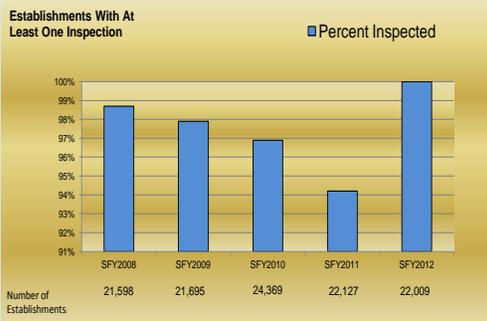


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## Food Service Establishment Inspections Dashboard

Food Service Establishments Shall be Inspected At Least Once Per Fiscal Year

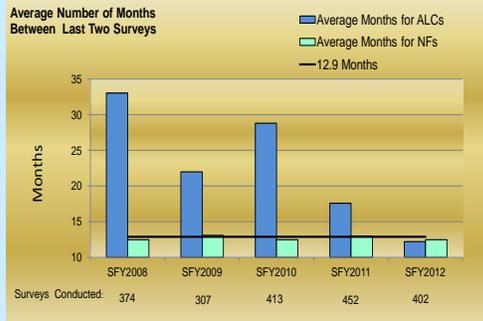


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## Nursing Facility, Assisted Living Inspections Dashboard

Assisted Living Centers (ALCs) and Nursing Facilities (NFs) Shall be Inspected <= 12.9 Mo.

Number of Licensed Assisted Living Centers: 139 Number of Licensed Nursing Facilities: 318

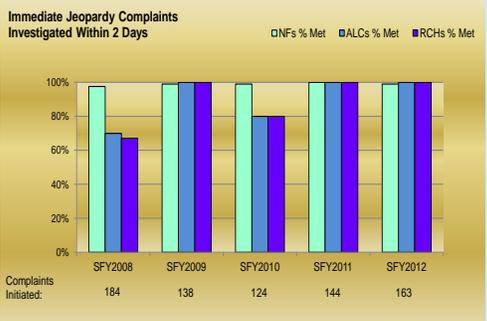


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## Immediate Jeopardy Complaint Investigations Dashboard

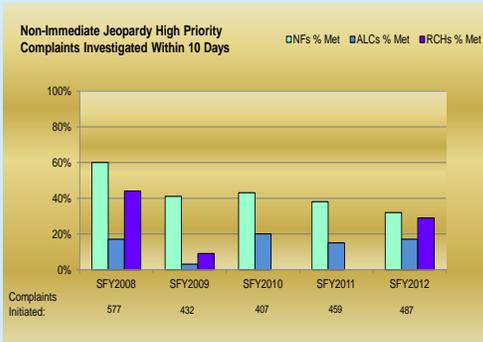
Nursing Facilities (NFs), Assisted Living Centers (ALCs) & Residential Care Homes (RCHs) Immediate Jeopardy Complaints Shall Be Investigated Within 2 Days



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## Non-Immediate Jeopardy High Priority Investigations Dashboard

Nursing Facilities (NFs), Assisted Living Centers (ALCs) & Residential Care Homes (RCHs) NIJH Complaints Shall Be Investigated Within 10 days

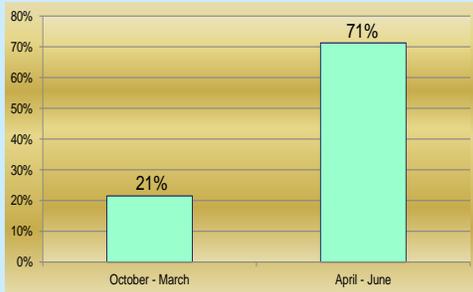


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### Improvement in Complaint Response Performance, First Two Quarters of FFY12 to Third Quarter of FFY12

Nursing Facilities Non-Immediate Jeopardy High Priority Complaints Investigated Within 10 Days



Source: Centers for Medicare & Medicaid Services Complaint Tracking Database



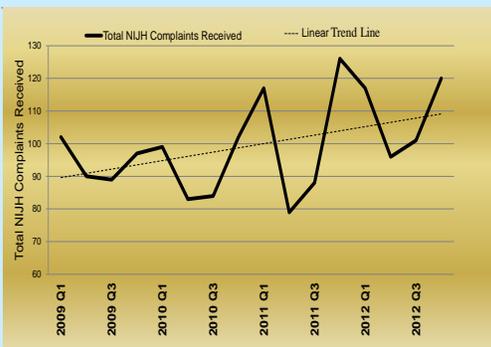
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### Methods

- Short-term targets
- Quality improvement, barriers, solutions
- Incident command
- Overtime, rehires, contracts
- Sustainability

10

### Non-Immediate Jeopardy High Priority Nursing Home Complaints Received



State Fiscal Years 2009 to 2012, by Quarters



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### Closing the Gap Between Budgeted and Actual Staff

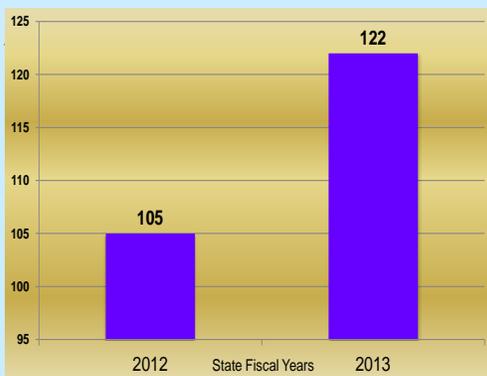


Pay Periods from July 15, 2011 to May 24, 2012



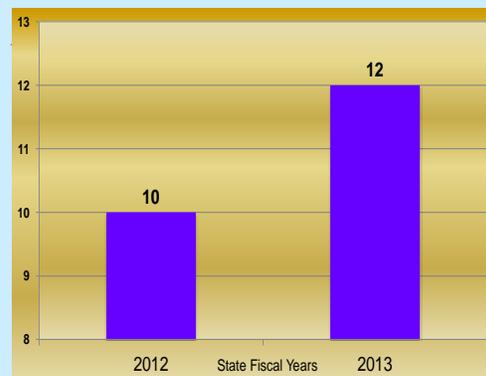
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### Increase in Long Term Care Surveyor Positions Budgeted for SFY2013



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### Increase in Medical Facilities Surveyor Positions Budgeted for SFY2013



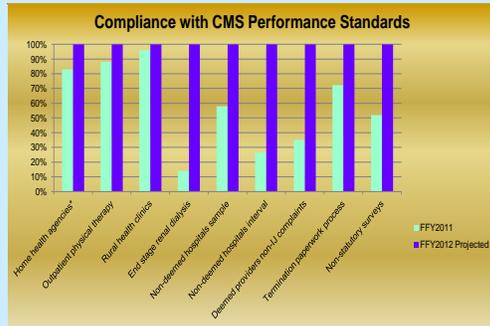
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Centers for Medicare & Medicaid Services (CMS) State Performance Standards Not Met by OSDH in FFY2011 Compared to FFY2012 for Non-Long Term Care Facilities



An "\*" indicates that the program will enter FFY2013 in full compliance. Non-IJ means "non-immediate jeopardy."



CMS Workload Changes

National Increase in Average Standard Survey Time for Certain Types of Providers or Suppliers

Provider Type	Major Type of Improvement	Change in Average Survey Hrs 2002-2008 to 2010
Ambulatory Surgical Centers (ASCs)	Regulation and Survey Process Improvement	206.8%
Organ Transplant Hospitals	Entirely New Regulation	100%
Hospice	Regulation Improvement	53.9%
Non-Accredited Hospitals	Survey Process Improvement	28.4%
Dialysis Facilities (ESRD)	Regulation and Survey Process Improvement	37.0%
Home Health Agencies (HHAs)	Regulation Improvement	19.3%
Nursing Homes (SNF/NF)	Survey Process Improvements	8.8%

Source: Centers for Medicare & Medicaid Services, Survey and Certification Letter S&C 12-12-ALL, December 9, 2011.



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CMS Burden Reduction Complaint Investigation Workgroup June 8, 2012 Report

- Background
  - State survey agency resources for complaint improvements
  - Time critical
  - Labor intensive long term care surveys
- Focus areas
  - Complaint and survey balance
  - Survey process effectiveness
  - Complaint resources
  - Poor compliance histories



CMS Burden Reduction Complaint Investigation Workgroup June 8, 2012 Report

- Recommendations
  - Three levels of surveys
  - Patient databases as level shapers
  - Automatic patient database analysis program
  - New survey protocols
  - Triggers for higher levels
  - Survey time, survey tasks
  - Advocates and family communication
  - Time on compliant providers
- CMS: Data and pilots



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CMS Performance Standards Met by OSDH in FFY2011

- Nursing home surveys (2 measures)
- Facilities for individuals with intellectual disabilities - surveys
- Deemed hospital surveys
- Non-deemed hospice surveys
- Non-deemed ambulatory surgical center surveys
- Comprehensive outpatient rehabilitation facility surveys
- Nursing home immediate jeopardy complaints
- Data, documentation, oversight accuracy, and prioritizing standards (9 measures)
- Deemed provider immediate jeopardy intakes
- Quality of EMTALA investigations
- Quality of nursing home investigations
- Timeliness of denial of payments for nursing homes
- Special focus facilities/nursing homes



OSDH Plan of Correction for CMS Performance Standards

- All home health surveys current by 9/30/2012
- Quality improvement and incident command structures
  - Person-hours of production
  - Processes
  - Solutions and action plans
- Surveyor positions
- Management controls for scheduling
- Staff training
- Provider termination streamlining
- Tier 3 (non-statutory) workload with available funds



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6  
7

Progress in 4<sup>th</sup> Quarter SFY 2012

- Prioritization
- Data/reporting
- Solutions
- Staffing
- Crosscutting efforts



21

Goals for State Fiscal Year 2013

- State mandates objectives for June 30, 2013
- Federal contract complaint and non-complaint activities enter FFY2013 in compliance
- AMANDA (new electronic information and workflow system)
- Quality improvement training and implementation



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Surveyor Ad Campaign, March-April 2012

**CLINICAL HEALTH FACILITY SURVEYOR**

The Oklahoma State Department of Health is seeking to fill positions around Oklahoma to conduct inspections in nursing facilities, hospitals, surgery centers, home care agencies, dialysis centers, and other health care settings. Extensive 2-3 day overnight travel required. Extensive training provided.

**QUALIFICATIONS:** Registered nurse, licensed social workers, registered medical technologists, and medical practitioners may qualify, depending on experience.

Full job descriptions and qualifications are available at: <http://careers.health.ok.gov/>

Salary up to \$33K per year + benefits.

AA/EO

Send a resume and letter of interest for the clinical health facility surveyor position to: [FAA@oksurveyors.health.ok.gov](mailto:FAA@oksurveyors.health.ok.gov)

For more applications, at (405) 271-4794

Attn: Office of Human Resources, Oklahoma State Department of Health, 1000 NE 19th Street, Oklahoma City, OK 73117



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The presentation concluded.

7 Ms. Burger inquired as to whether or not the Department is considering ways to shorten inspections and  
8 whether or not it is possible to cross train restaurant and nursing home inspectors as a means to meeting  
9 mandates geographically. Dr. Hartsell responded that they are looking for ways to shorten inspections and  
10 are willing to consider any options that will assist them in meeting mandates. Mr. Smith commented that if  
11 mandates are not being met, then resources should be redirected or old mandates that don't make sense  
12 should be reviewed for effectiveness and elimination.

13  
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16

2013 BUDGET/BUSINESS PLAN PRESENTATION: Mark L. Davis, C.P.A., Interim Administrative Director, Julie Cox-Kain, M.P.A., Chief Operating Officer

**OKLAHOMA STATE  
DEPARTMENT OF HEALTH**  
SFY 2013 BUDGET AND BUSINESS PLAN OVERVIEW

STATE BOARD OF HEALTH ANNUAL RETREAT  
AUGUST 25, 2012

**OSDH SFY 2013 BUDGET SUMMARY**  
**\$410,708,714 TOTAL**

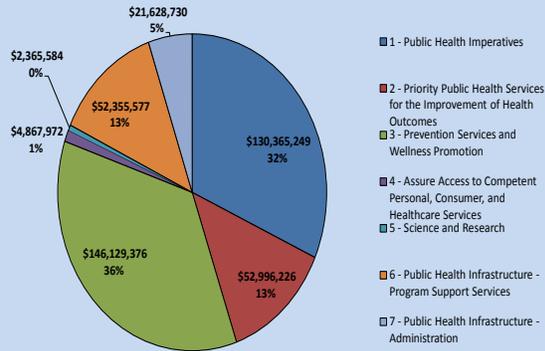
Revenue Source	Budget	Percent of Budget
Federal	\$ 231,869,055	56.46%
Revolving	\$ 117,055,977	28.50%
State	\$ 61,783,682	15.04%

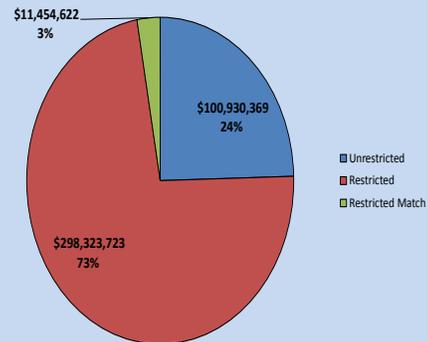
Expenditure Category	Budget	Percent of Budget
Personnel	\$ 148,827,862	36.24%
Professional Services	\$ 55,172,567	13.43%
Travel	\$ 5,334,795	1.30%
Equipment	\$ 2,659,321	0.65%
Local Government Subdivisions	\$ 16,435,559	4.00%
Trauma Distribution	\$ 28,324,000	6.90%
WIC Food Costs	\$ 66,748,068	16.25%
Other Expenditures	\$ 87,206,542	21.23%

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**OSDH SFY 2013 BUDGET BY PUBLIC HEALTH PRIORITY**  
**\$410,708,714 TOTAL**

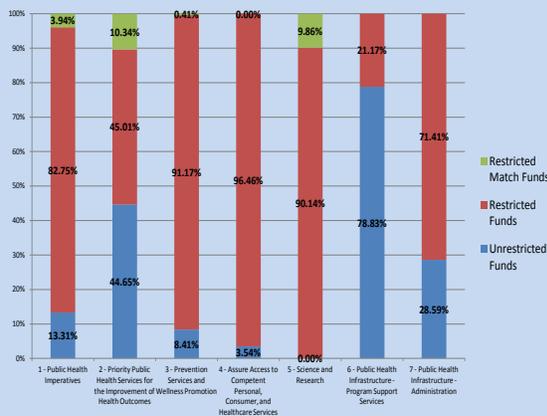


**OSDH SFY 2013 BUDGET BY FUND RESTRICTION**  
**\$410,708,714 TOTAL**



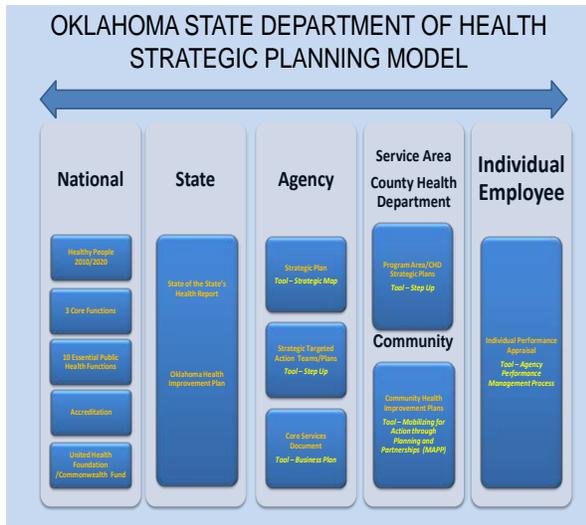
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**OSDH SFY 2013 BUDGET BY FUND RESTRICTION**  
**\$410,708,714 TOTAL**



**BUSINESS PLAN OVERVIEW**

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### OSDH Business Plan Defined

Set of documents prepared by agency management to summarize its operational and financial objectives for the near future (usually one to three years) and to show how they will be achieved.

OSDH business plan is developed as a result of an operational assessment performed after the BOH has set the strategic direction for the department.

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### Core Public Health Priorities

**Mandates**

- Mandates
- Emergency Preparedness & Response
- Infectious Disease Control

**OHIP Priorities**

- Tobacco
- Obesity
- Children's Health

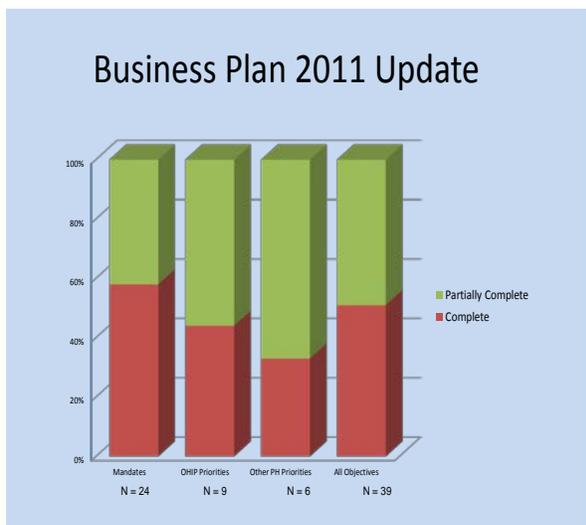
**Other Public Health Priorities**

- Preventable Hospitalizations
- Immunization
- Motor Vehicle Crash Death

### OSDH Business Plan Operational & Financial Resources

- Financial
- Human
- Legal
- Data
- Information Tech.
- Policy
- Facilities
- Communication

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### 2011 Business Plan Update

<p><b>Key Successes</b></p> <ul style="list-style-type: none"> <li>• Local Emergency Response Coordinators</li> <li>• Comm. Disease Nurses</li> <li>• Hepatitis Surveillance &amp; Vaccine</li> <li>• Community Grants &amp; Turning Point Support</li> <li>• Continuity of Operations</li> <li>• Regulatory Funding &amp; Positions</li> <li>• Social Media Tools</li> </ul>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• High Speed Connectivity for County HDs</li> <li>• Regulatory Database</li> <li>• Health Information Exchange</li> <li>• Rapid/Local Data</li> <li>• Compensation Issues</li> <li>• Health Policy/Legislation</li> <li>• Social Marketing Funding</li> <li>• Social Media Tools</li> </ul>
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### 2012 Business Plan Update

- Focused on Center for the Advancement of Wellness
- Reorganized and integrated Tobacco & Obesity programs
- Reduced fragmented wellness projects
- Identified resources to support enhanced staffing (Federal, TSET and State funding)
- Hired new Center Director and other key staff
- In-depth integration planning for wellness programs with TSET in August 2012

### 2013 Business Plan Overview

#### Overarching Goals

- Effectiveness
- Efficiency
- Sustainability

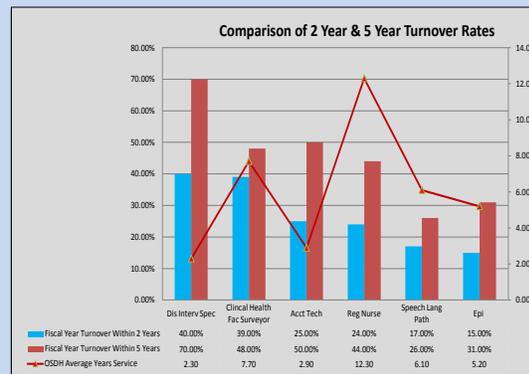
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### 2013 Business Plan Overview

#### Key Focus Areas

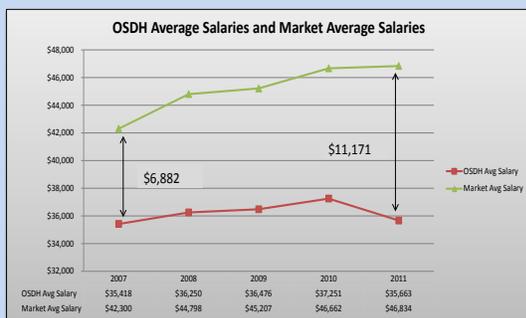
- Human Resources
- Information Technology
- Facility Management
- Data Management/Availability
- Communication

### 2013 Business Plan Overview Human Resources

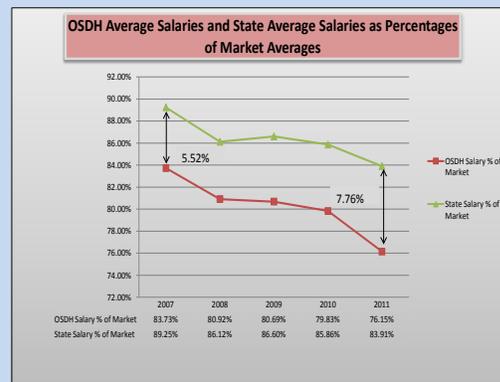


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### 2013 Business Plan Overview Human Resources



### 2013 Business Plan Overview Human Resources



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### 2013 Business Plan Overview Human Resources

Business Plan

- Develop & implement new salary administration plan targeting the following:
  - High turnover/hard to fill jobs
  - Reducing pay disparities to market
  - Improving pay equity
  - Pay for performance
- Create more structured compensation plan for unclassified service
- Develop competencies for major job classification and provide training/educational opportunities for succession planning

### 2013 Business Plan Overview Information Technology

- Health Information Exchange
  - Immunization Registry
  - Laboratory Information Mgmt. System
  - Infectious Disease Reporting
  - Master Person Index
  - Data Integrator
- Regulatory and On-Line Licensing System
- Consolidated Accounting System
- Upgrade network

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### 2013 Business Plan Overview Facility Management

- Development of facility and mechanical management plan
- Plan routine maintenance & replacement to avoid emergency replacement cost and business disruption
- Calculate and focus on Return On Investment (ROI)
  - Example:
    - Central Office window replacement (40 years old)
    - Saves estimated \$130,795/year energy costs
    - ROI – 12.33 years
- Space planning – reduce external lease & equipment costs

### 2013 Business Plan Overview Other Key Focus Areas

- Diversify Revenue (third party insurance billing)
- Identify revenue for media/social marketing for OHIP priorities
- Expand use of social media
- Expand data collection and develop capability for small area analysis & health economics/ROI
- Continuity of operations (COOP)

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## QUESTIONS

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The presentation concluded.

2013 LEGISLATIVE AGENDA BREAKOUT: Mark Newman, Ph.D., Director, Office of State

1 and Federal Policy.  
2

3 Dr. Bacigalupo asked attendees to break into groups to discuss recommendations for the 2013 Legislative  
4 Agenda. The following are questions presented to each group and potential recommendations for further  
5 consideration:  
6

7 **1. How may we involve more entities in supporting legislation to restore local rights?**

- 8 • Contact Certified Healthy Programs, School Board Associations, State & Local Chambers,  
9 Businesses, Local Coalitions, and Individuals
- 10 • Promote Economic Development
- 11 • Provide the Data

12  
13 **2. What should we consider to create efficiencies and modernizations which will address  
14 the environment, business plan and strategic plan?**

- 15 • Legislative
  - 16 ○ Build a new lab
  - 17 ○ Consolidate/eliminate advisory committees
  - 18 ○ Move responsibility for activities to more appropriate agencies—jail inspections,  
19 LPC's, etc.
- 20 • Non-Legislative
  - 21 ○ Seek employee input for efficiencies
  - 22 ○ Employ the Sanitarian Model and allow Inspectors, etc., to work in region and  
23 telecommute to Oklahoma City
  - 24 ○ Review existing efficiency tools
  - 25 ○ Make building energy efficient

26  
27 **3. What can we do to Shape Our Future and improve health outcomes as individuals and  
28 an agency?**

29 Agency

- 30 • Promote an environment of healthy choices & adopt healthy policies
- 31 • Promote built environment
- 32 • Tax incentives
- 33 • Public health representatives on all planning committees
- 34 • Health in all policies
- 35 • Kids are Kore
  - 36 ○ 530 BOE's, 200 tobacco policies
  - 37 ○ Standardize testing
  - 38 ○ Distinguish health education from physical education
  - 39 ○ Improve school nurses
  - 40 ○ Free market for healthy eating choices in rural areas
  - 41 ○ Health in all planning policies
  - 42 ○ Parents involved as (health) volunteers
  - 43 ○ Grant incentives for local communities
  - 44 ○ Build different relationship with education
  - 45 ○ Mutually beneficial cooperation
  - 46 ○ Teach health through math, for example

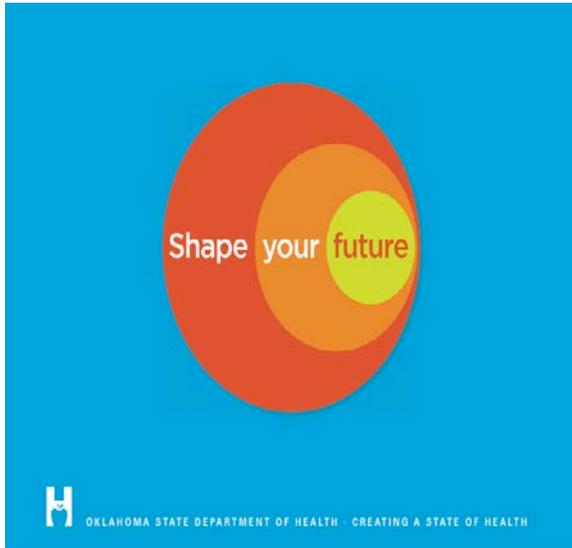
47 Individuals

- 48 • Invite friends to work out at home
- 49 • Healthy meal afterwards
- 50 • Website app/games for healthy choices

51

1 SHAPE OUR FUTURE UPDATE: Julie Cox-Kain, M.P.A., Chief Operating Officer

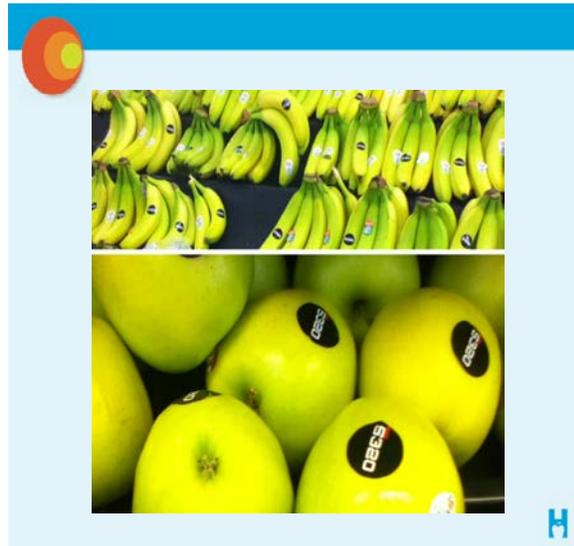
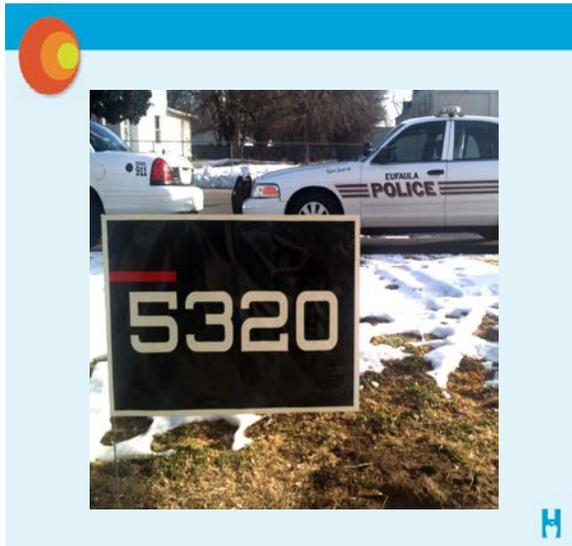
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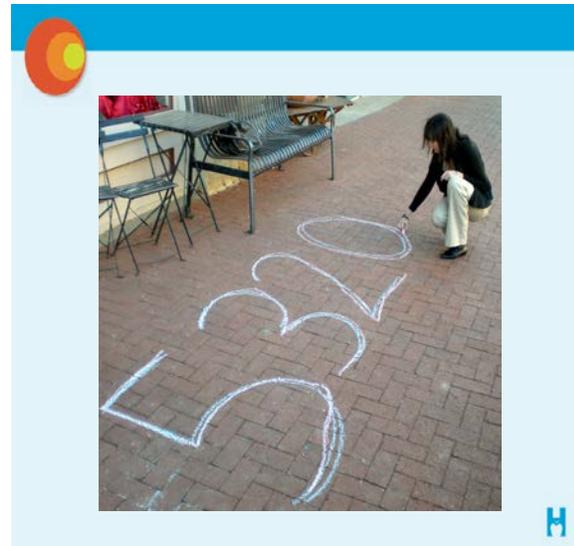
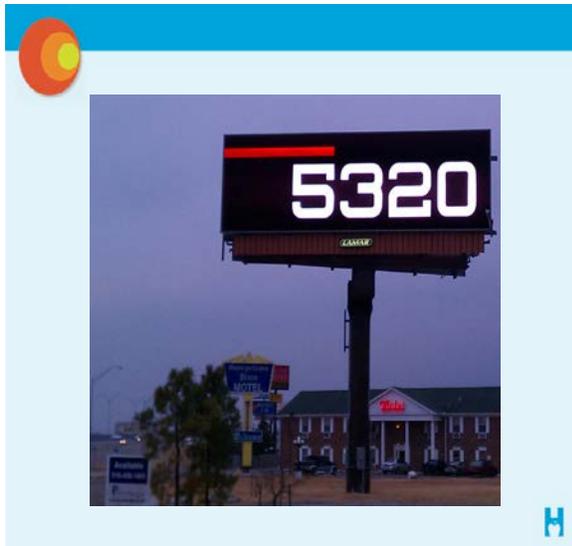
The lives of 5,320 men and women could be saved each year if Oklahoma simply met the national average for health measures.

*Oklahoma State Board of Health, October 2009*

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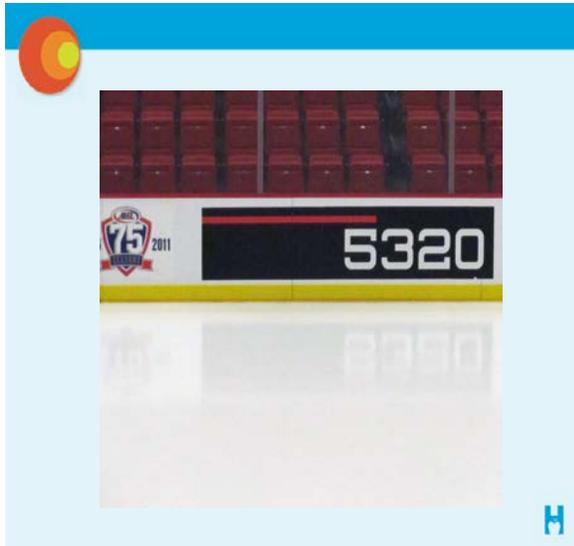


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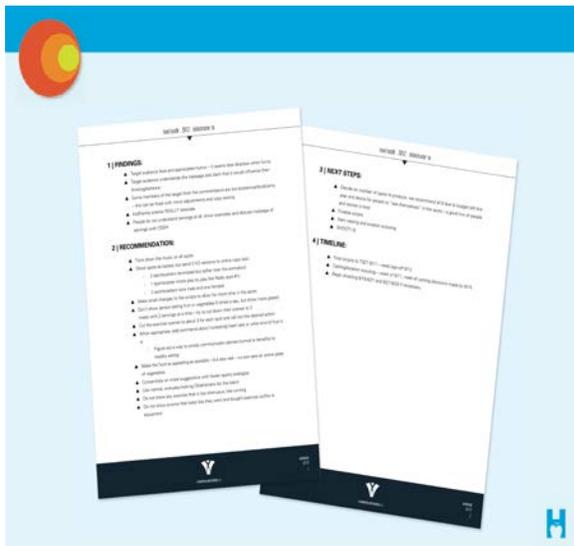


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Save 5320 lives. Shape your future OK.com

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Tobacco costs Oklahomans billions of dollars and thousands of loved ones.

TOBACCO STOPS WITH OK.com

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situps. not just for getting out of bed.

Shape your future OK.com

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NEWSOK

click here to learn more.

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exercise for fines

The City of Guthrie, Guthrie YMCA, Guthrie Activities Fitness and Guthrie Carves have partnered together to help improve community health. Each business is offering a FREE day of fitness and a chance to reduce any unpaid library fees at Guthrie Public Library.

<b>YMCA</b> - Second Thursday of each month. Show your library card to exercise for free. Also your exercise time will count towards reducing any owed to any fines. Each 30 minutes = \$1 off fines	<b>Carves</b> - Fourth Friday of each month. Show your library card to exercise for free. Also your exercise time will count towards reducing any owed to any fines. Each 30 minute circuit = \$1 off fines	<b>Anytime Fitness</b> - Third Wednesday of each month. Show your library card to exercise for free. Also your exercise time will count towards reducing any owed to any fines. Each 15 minutes = \$1 off fines
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The City, The Legal County initiative would like to thank these businesses for being open to make our community a healthier place to live, work, learn and play.

For more information contact: Coordinator of Customer Acquisition and Training, Coordinator Courtney Thompson at (800) 245-3445

Shape your future OK.com

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Save the Date: Monday, May 14<sup>th</sup> Governor's Walk for Wellness

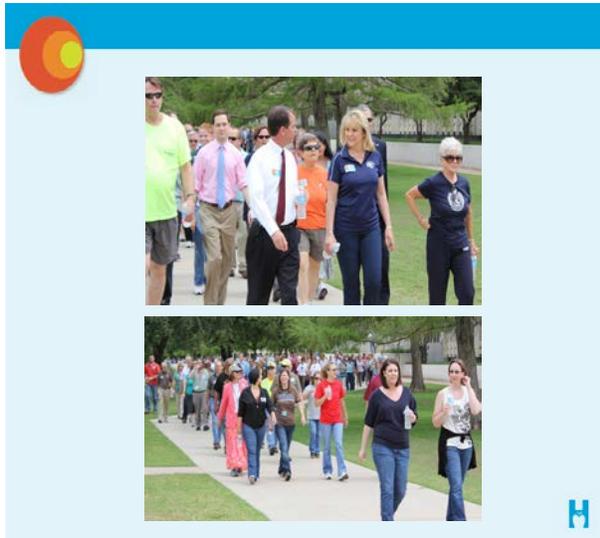
What: Governor's Walk for Wellness  
 When: Monday May 14<sup>th</sup> 2012  
 11:15 - gather at the North Station  
 11:30 - Registration and walk with the Governor  
 12:00 - Conclude Walk  
 Where: Capitol Building, North Plaza  
 Join Governor Mary Fallin as she leads a "Walk for Wellness" at the State Capitol Complex in support of May's Oklahoma Employee Health and Fitness Month observance. Be sure to wear comfortable walking shoes and bring water.

Supported by the Governor's Council on Physical Fitness and Sports

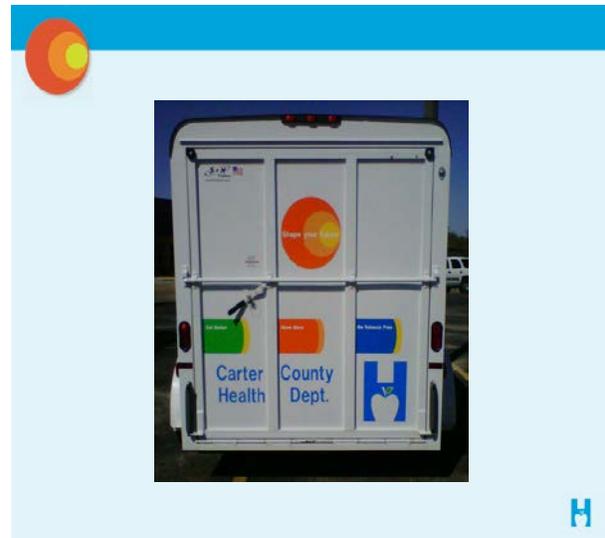
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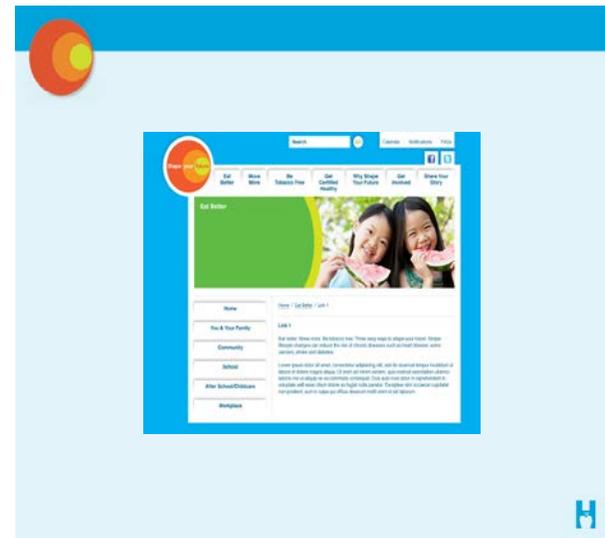
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The presentation concluded.

Julie briefly described the partnership between the OSDH and the Tobacco Settlement Endowment Trust (TSET) in the development of the Shape Your Future initiative. The OSDH serves as the content & technical experts and TSET manages and funds the initiative. The Board members viewed 8 different commercials currently being tested and finalized in coordination with the Shape Your Future initiative.

WRAP UP DAY TWO AND CLOSE

Dr. Bacigalupo asked the Board to consider roles and responsibilities in preparation for the following day’s discussion.

ADJOURNMENT

**Dr. Davis moved to adjourn. Second Ms. Burger. Motion carried.**

**AYE: Alexopulos, Burger, Davis, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**

The meeting adjourned at 4:01 p.m.

Sunday, August 26, 2012

ROLL CALL

Members in Attendance: R. Murali Krishna, M.D., President; Ronald Woodson, M.D., Vice-President; Martha A. Burger, M.B.A, Secretary-Treasurer; Jenny Alexopulos, D.O.; Richard G. Davis, D.D.S.; Terry R. Gerard, D.O.; Barry L. Smith, J.D.; Timothy E. Starkey, M.B.A.; Cris Hart-Wolfe,

Staff present were: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Office of State and Federal Policy; Don Maisch, Office of General Counsel; Commissioner’s Office: VaLauna Grissom, Diane Hanley, Janice Hiner.

Visitors in attendance: See list

Call to Order and Opening Remarks

Dr. Krishna called the meeting to order at 8:33 a.m. and asked the Board to observe the customary moment of silence.

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## BOARD ROLES AND DEVELOPMENT

Dr. Krishna opened the floor to Dr. Bacigalupo. Dr. Bacigalupo asked the Board members to participate in an exercise by completing the sentence, *As a Board member I can*. Each Board member responded with a description of action items.

Dr. Bacigalupo opened the floor to Barry Smith to discuss the roles and responsibilities of a Board member. Barry began his discussion by providing an overview of his participation in the 3<sup>rd</sup> annual State Board of Health Roundtable at the National Association of Local Boards of Health (NALBOH) annual conference. Mr. Smith expressed his gratitude for the opportunity to represent the Oklahoma State Board of Health on this panel and briefly described his interaction with other state boards of health and the important health topics discussed. He briefly discussed the authority of the Oklahoma State Board of Health, stating this Board yields tremendous influence and power as it is a constitutional Board. It is important to periodically review the functions and purpose of each committee as well as ensure that each Board member is equally informed of Department processes and responsibilities.

Dr. Cline and Dr. Mark Newman briefly discussed movement among some legislators to modify statutory language identifying agencies and boards as constitutional. Dr. Cline emphasized that this Board is unique in its structure and authority and because it is a high functioning Board it isn't negatively impacted when changes occur in Administration. Dr. Cline commended both the Board and the current Administration for giving him the tools to do his job without the influence of political motivations.

## PUBLIC HEALTH ACCREDITATION DISCUSSION

# Public Health Accreditation

## Board of Health Representation

### Domain 12: Governance

### Site Visit Expectations

- Speaking knowledge of strategic plan, health improvement plan and health assessment (SOSH)
- Authority to conduct public health activities
- Description of operations that reflect authorities
- Authority and description of governing entity
- Examples of communications from HD regarding its responsibilities
- Governing entity's roles and responsibilities
- Public health issues, recent actions, and policies set
- Communications regarding assessment of HD
- Communications concerning HD performance improvement

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## PROPOSED EXECUTIVE SESSION

Ms. Burger moved Board approval to move into Executive Session at 9:46 a.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,

1 promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and  
2 pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would  
3 violate confidentiality requirements of state or federal law.

4 Discussion of the Office of Accountability Services investigation number 2012-027  
5 Second Ms. Wolfe. Motion carried.

6  
7 AYE: Alexopoulos, Burger, Davis, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson

8  
9 Mr. Starkey moved Board approval to come out of Executive Session at 10:43a.m. and open regular  
10 meeting. Second Ms. Burger. Motion carried.

11  
12 AYE: Alexopoulos, Burger, Davis, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson

13  
14 ADJOURNMENT

15 Ms. Burger moved to adjourn. Second Mr. Starkey. Motion carried.

16 AYE: Alexopoulos, Burger, Davis, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson

17  
18 The meeting adjourned at 10:43 a.m.