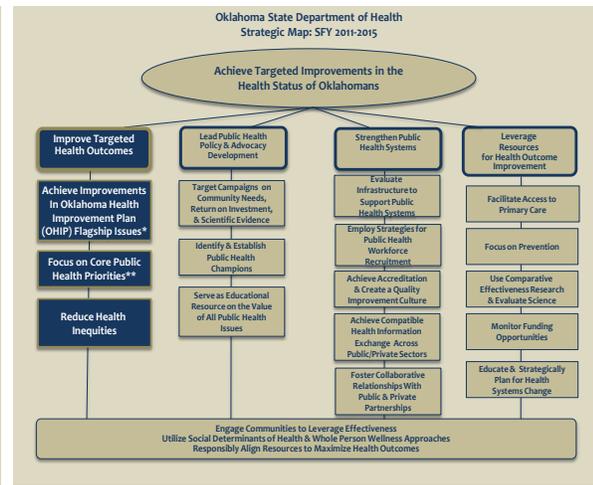


Strategic Map Update

Julie Cox-Kain, M.P.A.
 Chief Operating Officer
 Oklahoma State Department of Health



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Improve Targeted Health Outcomes

OHIP	Core Public Health Priorities		Reduce Health Inequities (inclusive of):
	Mandates/Imperatives	PH Priority Programs	
<ul style="list-style-type: none"> Tobacco Use Obesity Children's Health 	<ul style="list-style-type: none"> All Hazards Preparedness Infectious Disease Control Regulatory Functions 	<ul style="list-style-type: none"> Occupational Fatalities Immunization Preventable Hospitalizations 	<ul style="list-style-type: none"> Health Disparities Unequal Access to Health Social Determinants

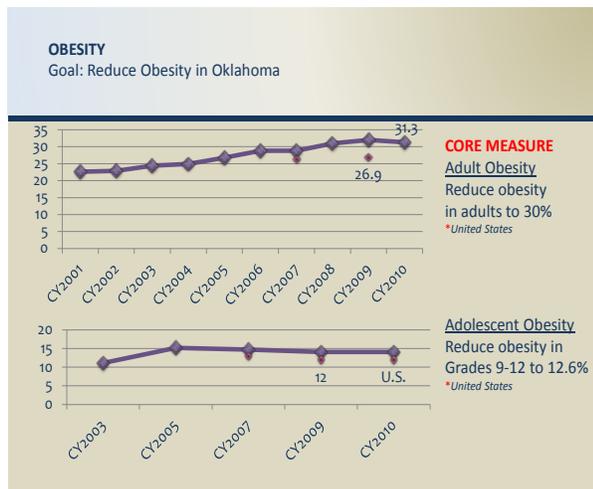
Summary Update

- Characterized by significant quality improvement activities around strategic and operational plans. Focused on the following:
 - Refinement of core measures
 - Maximizing impact of interventions
 - Directing resources to priorities
 - Removing operational barriers to success
 - Continued development timely reporting mechanisms
 - Providing tools, guidance & resources to STAT Teams

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OHIP Priorities

STAT Teams: Wellness & Children's Health



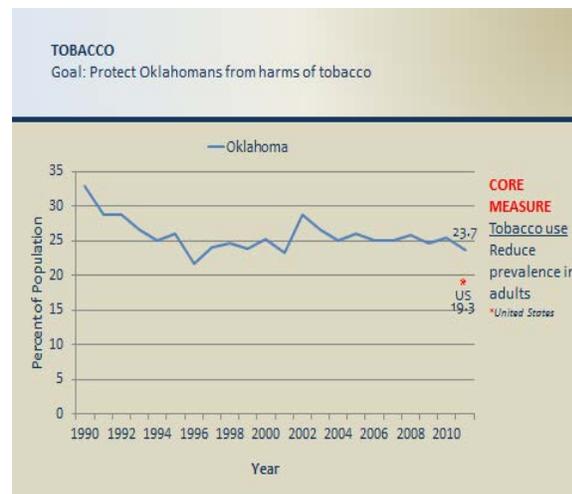
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OBESITY
Goal: Reduce Obesity in Oklahoma

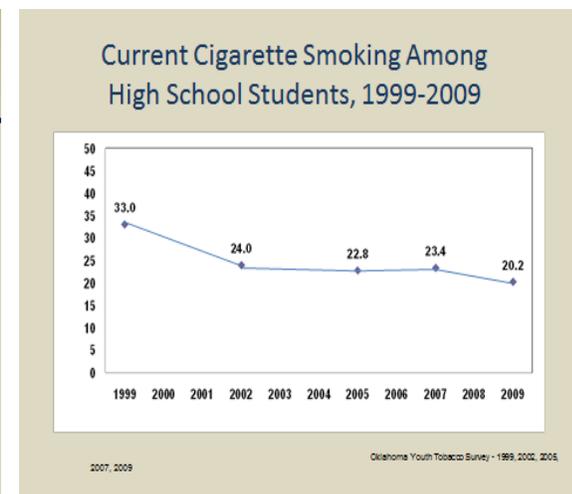
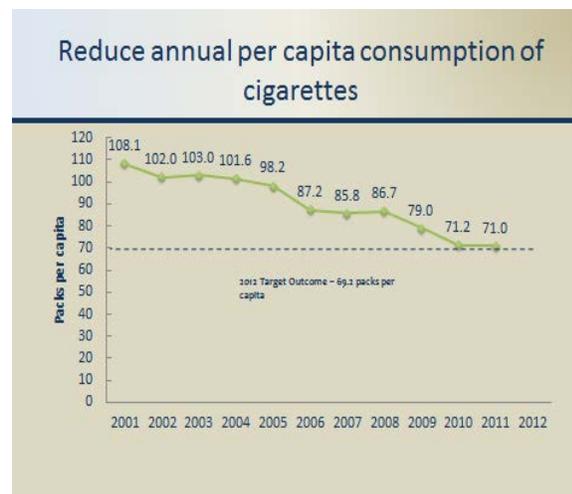
ACTIVITIES	DUE DATE
Online database of evidence-based obesity programs (OHIP Goal) https://www.ok.gov/strongandhealthy/survey/app/index.php	Launched - Ongoing
Expand CATCH kids club	Ongoing
Legislation to incentivize grocery stores or farmer's markets	Complete - May 2010
Increase redemption rate of WIC for fresh/frozen fruits and vegetables	Current-2014
Establish local food policy councils	February 2012

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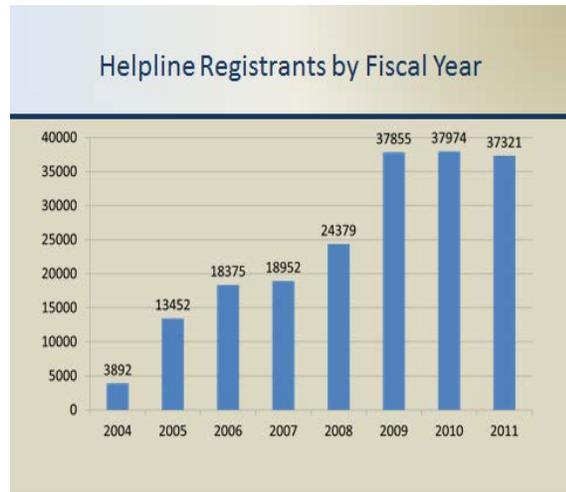


- TOBACCO**
- Changes in Data Collection Methods & Weighting May Indicate an Increase in Tobacco Use in 2011
 - Increase in the number of cell phones only/primary households
 - Smoking prevalence estimated at 3% - 5% increase
 - Positive - Important to make modifications so that we may have a representative sample that accurately depicts the behavior of our population
 - Negative - Complicates comparisons or measures of progress over time

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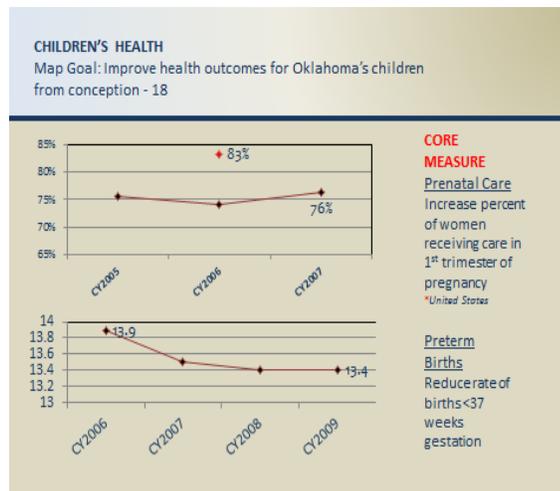
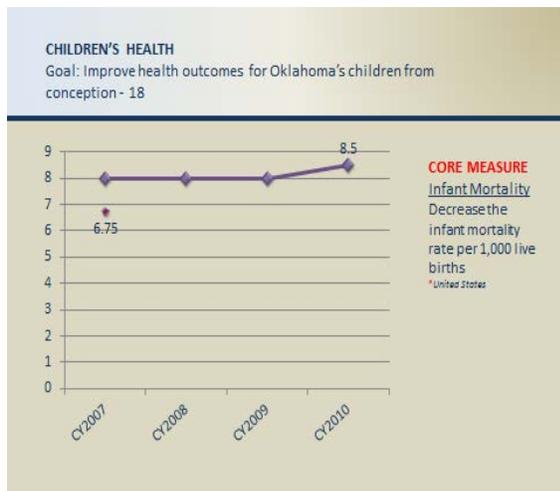


TOBACCO

Goal: Protect Oklahomans from harms of tobacco

ACTIVITIES	DATE
Enact key public policy measures <ul style="list-style-type: none"> ▪ Preemption repeal ▪ Smoke-free workplaces ▪ 100% state agency properties tobacco-free 	2012
Implement evidence-based mass media communication	Current-2014
Increase use of the Oklahoma Tobacco Helpline	Current-2014
Increase Tribal Nations that voluntarily eliminate commercial tobacco abuse	Current-2015
Maintain compliance with laws/ordinances to prevent illegal sales of tobacco to youth	October 2010

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CHILDREN'S HEALTH

ACTIVITIES:	DATE
Complete and release comprehensive statewide children's health plan	Complete - Feb 2011
Develop implementation plan for the children's health plan	June 2011
Interagency collaboration using practice facilitation to integrate tobacco use dependence clinical practice guidelines	Current-2015
Facilitate online SoonerCare enrollment	Current-2012
Partner with OHA, OUHSC, March of Dimes to eliminate elective deliveries prior to 39 weeks	Current-2015
Provide breastfeeding training to hospital staff	Current-2015
Increase public awareness <ul style="list-style-type: none"> ▪ Online infant mortality initiative ▪ PSAs ▪ Online toolkit 	Current-2015

CHILDREN'S HEALTH

Goal: Improve health outcomes for Oklahoma's children from conception - 18 years of age

Every Week Counts - Preliminary Results

- 66% decrease in scheduled C/S at < 39 weeks without a medical indication out of total deliveries
- 33% decrease in scheduled inductions at < 39 weeks without a documented indication out of total deliveries.
- Baseline data showed ~ 8 babies per day throughout the state were delivered early without a medical indication, now down to ~ 4 per day
- Babies born to mothers who were not induced or did not have a scheduled Cesarean Section have increased from 46% of total deliveries to 49% of total deliveries.

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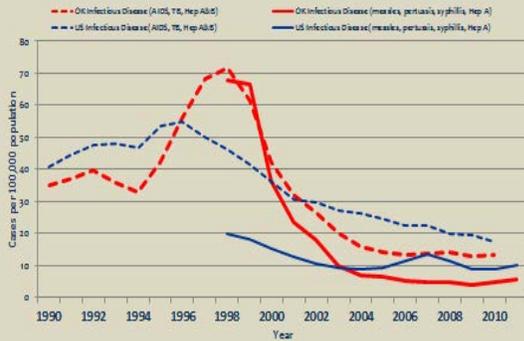
Core Public Health Priorities

IMPERATIVE: ALL-HAZARDS PREPAREDNESS
 Goal: Sustain and Strengthen All-Hazards Preparedness

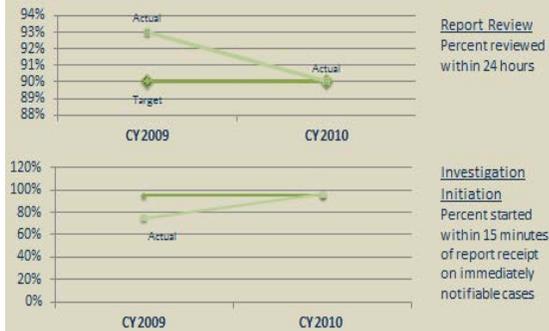
ACTIVITIES:	DATE:
Finalize Disaster Recovery Plan	100% Complete in 2014
Finalize State and Local Continuity of Operations Planning (COOP)	June 2012
Integrate COOP into drill and exercise schedule	2012 – 2014
Preparedness is a core work duty for all OSDH employees	Complete
Expansion of staff deployment into exercises and real world events	50% by 2014

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UHF Infectious Disease Measures - Oklahoma and the Nation -



IMPERATIVE: INFECTIOUS DISEASE
 Map Goal: Assure Surveillance, Investigation and Control of Communicable Diseases

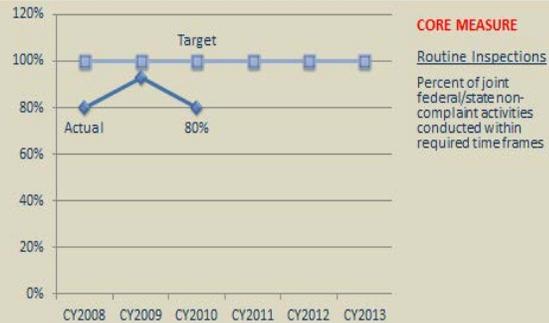


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IMPERATIVE: INFECTIOUS DISEASE
 Map Goals: Assure Surveillance, Investigation and Control of Communicable Diseases

ACTIVITIES:	DATE:
Monitor infectious diseases	Ongoing
Determine if HIV infected clients are in care	Ongoing
Investigate, manage, ID at risk contacts, and treat TB cases and contacts	Ongoing
Start investigations within 24 hours	Ongoing
Review 90% of disease reports within 24 hours	Ongoing
Investigate 95% of immediately notifiable disease reports within 15 minutes	Ongoing

IMPERATIVE: MANDATES



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IMPERATIVE: MANDATES
Map Goal: Continue to Ensure Compliance with Statutory Mandates

ACTIVITIES:	DATE:
Develop authority and mandate inventory for all inspection programs with required interval	Complete
Implement reporting systems to track and monitor mandated inspections	June 2012
Develop comprehensive electronic system to verify compliance with mandates	June 2013
Develop scheduling algorithms to ensure inspection intervals are met and allow redirection of resources	June 2013

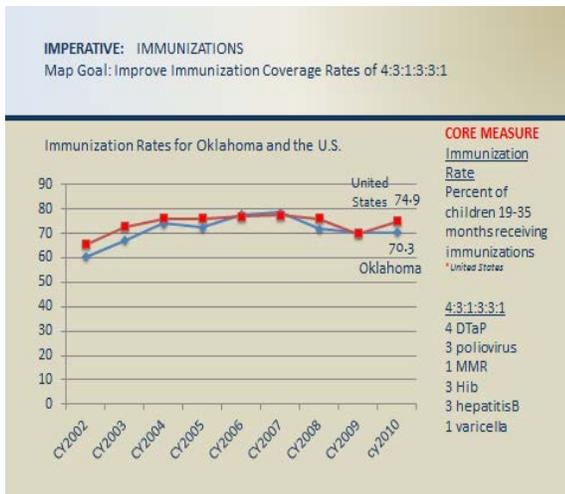


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IMPERATIVE: MOTOR VEHICLE CRASHES
Map Goal: Reduce death and injury by motor vehicle crash

NEW CORE MEASURE - POTENTIAL AREAS OF FOCUS:

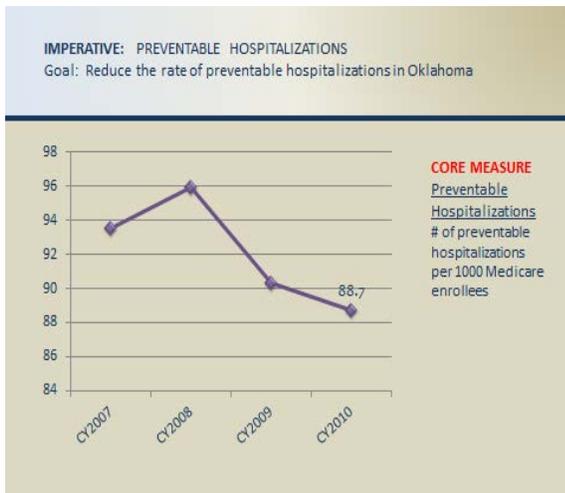
- Improve Child Passenger Safety
- Improve Teen Driver Safety
- Reduce Alcohol Impaired Driving
- Increase Safety Belt Use



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IMPERATIVE: IMMUNIZATIONS
Map Goal: Improve 2 year old immunization coverage

CURRENT COURSE:	ETA:
Re-implement parental reminder system for children under 24 months (mail)	Ongoing
Expand parental reminder to include cell phone & text with immunization registry update	December 2012
Implement WIC interventions to ensure children are screened and provided needed immunization	June 2012
Develop new immunization information system (OSIIS) with full capacity for electronic data exchange	December 2012



<p>IMPERATIVE: PREVENTABLE HOSPITALIZATIONS Goal: Reduce the rate of preventable hospitalizations in Oklahoma</p> <hr/> <p>FOCUS ON</p> <p>Reduce admission hospital admission rates for:</p> <ul style="list-style-type: none"> • Diabetes short-term complications • Chronic Obstructive Pulmonary Disease (COPD) • Hypertension • Angina without procedure • Bacterial pneumonia <p>Activities will include:</p> <ul style="list-style-type: none"> • Agency logic model development – secondary and tertiary prevention • State plan development for preventable hospitalizations 	<p style="text-align: center;">Reduce Health Inequities</p>
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<p style="text-align: center;">REDUCE HEALTH INEQUITIES</p> <hr/> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>ACTIVITIES:</u></th> <th style="text-align: left;"><u>DATES:</u></th> </tr> </thead> <tbody> <tr> <td>Obtain feedback from communities on perception of health barriers (photovoice)</td> <td>Ongoing – 2 in 2012</td> </tr> <tr> <td>Analyze data and prepare reports related to social determinants and effect on health (income and graduation rates)</td> <td>Ongoing – 2 in 2012</td> </tr> <tr> <td>Review STAT Team Plans to ensure Health Equity is addressed in each plan</td> <td>2012</td> </tr> <tr> <td>Train OSDH staff on Health Equity</td> <td>Ongoing thru 2015</td> </tr> </tbody> </table>	<u>ACTIVITIES:</u>	<u>DATES:</u>	Obtain feedback from communities on perception of health barriers (photovoice)	Ongoing – 2 in 2012	Analyze data and prepare reports related to social determinants and effect on health (income and graduation rates)	Ongoing – 2 in 2012	Review STAT Team Plans to ensure Health Equity is addressed in each plan	2012	Train OSDH staff on Health Equity	Ongoing thru 2015	<p style="text-align: center;">Questions</p>
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Train OSDH staff on Health Equity	Ongoing thru 2015										

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5 Dr. Alexopoulos thanked Julie for her presentation. She briefly reflected on the challenge and success of
6 aligning the Board and Department priorities. She noted the challenges still ahead in improving health
7 outcomes but is confident under Dr. Cline’s leadership the Department is moving in the right direction.

8
9

10 The presentation concluded.

11 **COMMITTEE REPORTS**

12 **Executive Committee**

13 Dr. Alexopoulos noted completion of the following Performance evaluations during the December 13,
14 2011 Board of Health Meeting: VaLauna Grissom, Terry Cline, Dan Durocher, Lloyd Smith.

15

16 Dr. Alexopoulos presented a draft Subcommittee Rotation Schedule for the Finance, Policy, Audit, and
17 Board Development sub-committees per discussion in the December 13, 2011 Board of Health meeting.

18 Dr. Alexopoulos and Dr. Cline discussed the rationale behind the proposed rotation schedule. The
19 schedule structure was intended to give each Board member a snapshot of each subcommittee in part to
20 allow each Board member to determine their interest in serving on a different subcommittee.

21

22 Dr. Woodson commented that he would review further, but perhaps a longer rotation period such as 6
23 months or yearly, rather than monthly, might allow Board members to gain a sense of the work happening
24 in each committee. Martha addressed her concern that the proposed rotation schedule would not allow
25 her enough time in her committee throughout the year and during critical policy discussions.

1 Dr. Alexopoulos addressed the concern of continuity during the rotation and indicated the schedule is
2 structured such that either the subcommittee chair or a core committee member is present during each
3 subcommittee meeting. After brief discussion, Dr. Alexopoulos indicated a new rotation schedule would be
4 developed to address the concerns of the Board members and presented at the February Board meeting.

5 6 **Finance Committee**

7 Following is the SFY 2012 Finance Report and Board Brief as of December 22, 2011.

- 8 • Overall Expenditure Forecast at 96.15% of Budget
- 9 • Dashboard indicates a Red Light in Health Statistics and Information Technology at 83.18%.
- 10 • Within Health Statistics & Information Technology a new grant for \$888K was received mid-
11 November for Immunization Billing Project, the funds are presently unobligated with a formal
12 contract or purchasing document.
- 13 • Also within Health Statistics & Information Technology and Prevention & Preparedness Services
14 more than \$2 million funds have been dedicated to the Center for the Advancement of Wellness
15 reorganization and related projects.
- 16 • Both areas are improved over last month's report and should continue to improve with progress made
17 related to the Center for the Advancement of Wellness and commitment of funds to projects within
18 that area.
- 19 • Of the total agency budget (including all revenue sources), 31% is directed to Public Health
20 Imperatives, 14% is directed to the Improvement of Priority Health Outcomes, 35% is directed to
21 Prevention and Wellness Promotion (including WIC), 17% is directed to Public Health Infrastructure
22 (including Information Technology) and a combined 3% is directed to Access to Care and Science
23 and Research. This data indicates that 80% of the agency's funds are dedicated to the top three
24 agency priorities. This month, additional details are provided regarding Public Health Imperatives in
25 the table immediately below the pie chart.

26 27 **Accountability, Ethics & Audit Committee**

28 Mr. Baldwin reported that there are no known significant audit issues or investigative issues to report at
29 this time.

30 31 **Public Health Policy Committee**

32 The Policy Committee met on Tuesday January 10, 2012. Dr. Woodson, Dr. Davis, Ms. Burger and Mark
33 Newman were present at the Oklahoma State Department of Health in Oklahoma City, Oklahoma. Dr.
34 Woodson served as Chair of the meeting. Mark Newman provided information about the ASTHO 2012
35 State Legislative and Regulatory Prospectus. Oklahoma was prominently noted in this national
36 prospectus regarding all three of the OHIP legislative agenda items as well as our budget requests for
37 funding to reduce infant mortality and for Certified Healthy Schools. Copies of the ASTHO 2012 State
38 Legislative and Regulatory Prospectus have been provided to each board member.

39
40 Mark Newman has requested that any board members having time to come to Oklahoma City during the
41 period between February 7th and February 23rd may contact him to make arrangements to meet with
42 legislative leadership and/or the board member's own legislators. The best days to contact legislators are
43 either Tuesday or Wednesday.

44
45 There was also discussion of the importance of constantly creating new partnerships with business and
46 policy leaders to support the OHIP legislative agenda. As BOH members, you are encouraged to reach
47 out to your respective professional organizations and civic groups to garner support for the legislative
48 agenda items and specifically the local rights issue to allow communities to make decisions about
49 smoking ordinances stronger than state law. If any Board members need additional fact sheets or talking
50 points for any legislative agenda items, they should contact Mark Newman and those materials will be
51 provided.

1 Information was also provided regarding the Certified Healthy Schools, Communities and Businesses
2 Program. A copy of this information has also been provided to each of you and if additional information
3 is needed please contact Mark Newman.
4

5 The next meeting of the Policy Committee will be on February 14, 2012.
6

7 **PRESIDENT'S REPORT**

8 Dr. Alexopoulos reminded the Board members that the March Board meeting will take place at the Bryan
9 County Health Department. She expressed the enthusiasm of the Board to be invited into the
10 communities. VaLauna Grissom will be in touch with each Board member to determine lodging needs.
11

12 March will also be the timeframe for assigning Board members to the Officer Nominating Committee.
13 The recommendation for officers will be made and voted on in July.
14

15 Lastly, Dr. Alexopoulos reviewed the proposed dashboard with regard to Department regulatory measures
16 as a follow up to the previous month's proposed dashboard and feedback from Board members. Dr.
17 Alexopoulos asked the Board members to review the dashboard and provide feedback at the next meeting
18 as to whether or not the Department is capturing the requested data.
19

20 **COMMISSIONER'S REPORT**

21 Dr. Cline briefly addressed an increase in activity around public relations which is, in part, attributed to
22 the recent release of the United Health Foundation rankings. He indicated many are trying to gain an
23 understanding as to why Oklahoma's health outcomes, relative to other states, are as poor as they are.
24 He briefly discussed some of the barriers, noting that policy level interventions are proven to be the most
25 effective interventions. Oklahoma has been reluctant in this area; however, progress has been made.
26 Currently, the Local Rights issue is the largest barrier communities' face, as it prohibits them from
27 implementing laws to protect the health of their community members against smoking and tobacco use.
28

29 Dr. Cline provided an update on the Department's efforts to achieve public health accreditation. He
30 thanked Joyce Marshall for her leadership during this process. We anticipate being one of the first states
31 to be accredited.
32

33 **NEW BUSINESS**

34 Lloyd Smith, Director of the Internal Audit Unit for the OSDH, directed the Board's attention to the
35 recent State Audit and Inspectors Group report issued on December 30, 2011, indicating no audit findings
36 or noncompliance issues within the OSDH. Both Lloyd and Dr. Alexopoulos thanked OSDH agency staff
37 for their efforts and contributions toward a deficiency free report.
38

39 **PROPOSED EXECUTIVE SESSION**

40 None.
41

42 **ADJOURNMENT**

43 **Dr. Davis moved to adjourn. Second Mr. Baldwin. Motion carried.**

44 **AYE: Alexopoulos, Baldwin, Burger, Davis, Gerard, Wolfe, Woodson**

45 **ABSENT: Krishna, Smith**
46

47 The meeting adjourned at 12:06 p.m.