

Agenda for the 11:00 a.m., Tuesday, February 12, 2013
Regular Meeting of the Oklahoma State Board of Health
Posted at www.health.ok.gov
Cleveland County Health Department
424 S Eastern
Moore, OK 73160

- I. CALL TO ORDER AND OPENING REMARKS
- II. REVIEW OF MINUTES
 - a) **Approval of Minutes for January 8, 2013, Board of Health Meeting**
- III. APPOINTMENTS
 - b) **Hospital Advisory Council Appointments** (Presented by Henry Hartsell Jr.)
Appointments: Four Members
Authority: 63 O.S., § 1-707.
Members: The Advisory Board shall consist of nine (9) members and are appointed by the Commissioner, with the advice and consent of the State Board of Health.
- IV. CLEVELAND COUNTY HEALTH DEPARTMENT PRESENTATION: Shari Kinney, Dr.PH, RN
Administrator for Cleveland County Health Department
- V. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION
 - Executive Committee** – Dr. Krishna, Chair
Discussion and possible action on the following:
 - c) Update
 - Finance Committee** – Dr. Woodson, Chair
Discussion and possible action on the following:
 - d) Update
 - Accountability, Ethics, & Audit Committee** – Mr. Smith, Chair
Discussion and possible action on the following:
 - e) Update
 - Public Health Policy Committee** – Mr. Starkey, Chair
Discussion and possible action on the following:
 - f) Update
 - Board Development Committee** – Cris Hart-Wolfe, Chair
Discussion and possible action on the following:
 - g) Update
- VI. PRESIDENT'S REPORT
Related discussion and possible action on the following:
 - h) Update
- VII. COMMISSIONER'S REPORT
Discussion and possible action
- VIII. NEW BUSINESS
Not reasonably anticipated 24 hours in advance of meeting.

IX. PROPOSED EXECUTIVE SESSION

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.

- Annual performance evaluation for the Commissioner of Health and Office of Accountability Systems Director.

Possible action taken as a result of Executive Session.

X. ADJOURNMENT

1.	JANUARY 8, 2013 MEETING MINUTES
2.	HOSPITAL ADVISORY COUNCIL APPOINTMENT
3.	CLEVELAND & MCCLAIN COUNTY HEALTH DEPARTMENT PRESENTATION
4.	FINANCE COMMITTEE REPORT
5.	PERFORMANCE & OPERATIONAL DASHBOARD
6.	COMMISSIONER'S REPORT
7.	WHAT DO YOU THINK? NEWSLETTER

- 1 • Overall the Department is forecasted to spend 97.45% of its budget.
- 2 • Community and Family Health Services and Protective Health Services have “Green Lights” as they
- 3 have had for the last several months.
- 4 • Health Improvement Services currently has a “Red Light” due to a recently budgeted carryover of
- 5 \$1.9 million. These funds are dedicated to access to care, primarily for expanding and sustaining
- 6 Federally Qualified Health Centers. This funding will be used to continue to study barriers to access
- 7 to care in Oklahoma and identify solutions in accordance with OHIP Access to Care action plan. As
- 8 these plans are formalized, the “Red Light” should improve.
- 9 • Prevention and Preparedness Services and Public Health Infrastructure have “Yellow Lights” with
- 10 performance rates of 93.53% and 94.64%, respectively. These have not significantly changed since
- 11 the December report but are expected to improve over the next six months.
- 12 • All expenditures will be monitored closely and adjustments in spending will be made as needed to
- 13 ensure optimal budget performance for the Department.

14
15 Dr. Woodson directed attention to the below graph reminding the Board of the budget process and
16 timeline.

THE BUDGET CYCLE												
STATE FISCAL YEAR IS JULY 1 - JUNE 30												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
1. Agencies review program needs and prepare Budget Requests and Strategic Plans.	July 1 - Oct 1											
2. Agencies submit Budget Requests. Strategic Plans are submitted every even numbered year.				Oct 1								
3. Office of State Finance reviews Budget Requests and Strategic Plans for development of the Executive Budget Book.				Oct - Nov								
4. December Equalization Board Meeting - expenditure authority is the approved basis for the Executive Budget.						Dec						
5. Submission of Executive Budget to the Legislature. Legislative session begins.								Feb				
6. Feb Equalization Board - expenditure authority is approved basis for Legislative Appropriations and Governor's action								Feb				
7. Legislature reviews agency budgets and finalizes appropriation recommendations.								Feb - May				
8. Governor's action on Appropriation Bills								Feb - Mid-June				
9. June Equalization Board Meeting - revenue and expenditure authority adjusted to incorporate statutory changes.												June
10. Budget Work Programs submitted to the Office of State Finance for approval by July 1	July 1 FY 2006											

17
18 The report concluded.

19
20 **Accountability, Ethics & Audit Committee**

21 The Accountability, Ethics, & Audit Committee met with Lloyd Smith, and Dan Durocher. Mr. Smith
22 reported that there are no known significant issues to report at this time. Lloyd Smith was asked to
23 provide an overview of the audit processes leading to the development of the proposed annual audit plan.
24 The report concluded.

25

OSDH INTERNAL AUDIT

Overview of the 2013 Audit Plan and Risk Analysis

Lloyd L. Smith, CPA
Chief of Internal Audit
January 8, 2013



INTERNAL AUDIT'S MISSION

- Independently examine and evaluate the ongoing control processes of the Agency,
- Provide counsel and recommendations for improvement,
- Promote effective control at reasonable cost,
- Assist management in achieving it's strategic vision.



SCOPE OF WORK

- The scope of internal audit encompasses the examination and evaluation of the adequacy and effectiveness of the Agency's system of internal control and the quality of performance in carrying out assigned responsibilities.



Chief of Internal Audit Responsibility includes:

- Develop and implement an annual audit plan based on risk assessment.
- Maintain a professional audit staff with sufficient knowledge, skills and experience to meet the requirements of it's mission



Responsibility Continued:

- Furnish management with reports to evaluate the operations
- Offer advisory services to management that will allow best use of Agency resources.
- Investigate suspected fraudulent activities within the organization.



Responsibility Continued:

- Provide sufficient oversight of the fiscal management of and compliance with the Federal and state requirements for the programs administered by the Agency.
- Serve as a liaison with Federal, State and other external auditing entities.



Purpose of the Audit Plan

The annual audit plan is used as a blueprint for maximizing audit coverage, optimally using audit resources and providing the greatest benefit to agency management and Oklahoma taxpayers.



Audit Plan Development

The Audit Plan is developed annually utilizing a risk assessment approach with input from:

- Deputy commissioners
- Finance Coordinators
- Audit Committee
- Internal Audit Staff



The Risk Analysis

For Fiscal Year 2013, Internal Audit has identified 95 programs and/or audit processes that generate audit risk to the agency.



The Risk Analysis

The risk analysis is a comprehensive, numerically weighted scoring process that uses 9 key elements/parameters that effect the degree of audit risk.



Area's of Audit Risk

The following 9 parameters are assessed and provided a numeric score by each deputy area's most knowledgeable staff and include:

- Federal Requirements
- State Statutes
- Dollar or Transaction Volume



Area's of Audit Risk

- Adequacy & Effectiveness of the system of monitoring & oversight & supervisory controls
- Previous audit findings and/or questioned costs
- History of Fraud or abuse in this program or process



Area's of Audit Risk

- Complexity or volatility of activities
- Competency of staff responsible
- Staff physically handle cash or other assets



Audit Risk Summary

Based on the numeric scores of those parameters, a list of highest to lowest risk programs and processes are prepared.



Audit Plan Draft

- That list is evaluated, analyzed and re-sorted numerous ways to develop a final summary of high risk programs and processes recommended for review as the proposed Agency Audit Plan.
- Those documents are before you today for consideration. 7



1 Martha Burger inquired as to whether or not the work of the Internal Audit Unit supplements the work of
2 the State Auditor or does the State Auditor rely on the work of the Internal Audit unit and those internal
3 processes in place. Mr. Lloyd Smith responded that all OSDH audits are sent to the State Auditor and
4 although their function is primarily around validation of expenditures, the Internal Audit Unit does
5 supplement their work to a degree. He further explained that the State Auditor does rely on the internal
6 processes of the Internal Audit Unit particularly in the County Health Departments but they also test the
7 work of the Internal Audit Unit as well. The Board further inquired of Mr. Lloyd Smith as to whether or
8 not staffing levels would impact completion of the audit plan. Mr. Smith reemphasized that each year the
9 goals set forth in the audit plan are intentionally more aggressive. The audit plan serves as a map for the
10 Board and the Department for how the unit will prioritize the work based on the risk factors identified.
11 The Internal Audit Unit is working to fill three vacancies; however, the unit is confident they can
12 accomplish a satisfactory amount of the work outlined in the plan. Barry Smith recommended approval
13 of the 2013 Audit Plan.

14
15 **Mr. Smith moved Board approval of the 2013 Audit Plan as presented. Second Dr. Alexopoulos.**
16 **Motion carried.**

17
18 **A YE: Alexopoulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**

19
20 **Public Health Policy Committee**

21 The Policy Committee met on Tuesday, January 8, 2013. Dr. Gerard, Policy Committee Chair, and Mr.
22 Starkey met with Mark Newman at the Oklahoma State Department of Health in Oklahoma City,
23 Oklahoma. Mark Newman provided an update regarding potential legislation for the next legislative
24 session including copies of the new committee assignments in both the House and Senate for the 54th
25 Legislature. Electronic copies of the committee assignments for both chambers will be sent to all BOH
26 members by VaLauna via email following today’s meeting.

27
28 The local rights legislation may be found in SB 36 authored by Sen. Simpson and support continues to
29 grow community by community across the state. Many thanks should go to our many partners that are
30 working in individual communities to bring resolutions before city councils and the adoption of
31 ordinances to make parks and playgrounds tobacco free.

32 Dr. Gerard commented on the continued impact of the Certified Healthy Programs as well as editorials in
33 many local papers supporting the rights of cities to take action to improve the business climates and the
34 health of their citizens. He encouraged members of the Board with any questions regarding policy issues
35 or proposed legislation, to contact Mark Newman for additional information. The next meeting of the
36 Policy Committee will be prior to the February Board Meeting.

37
38 **BOARD DEVELOPMENT COMMITTEE**

39 The Board Development Committee met on Tuesday, January 8, 2013. Cris Hart-Wolfe, Committee
40 Chair, and Mr. Smith met with VaLauna Grissom at the Oklahoma State Department of Health. Ms.
41 Wolfe reported that the Committee has begun reviewing Board Bylaws for any routine updates or
42 revisions. Mrs. Grissom will continue to send local and statewide advocacy opportunities to members of
43 the Board. The next meeting of the Board Development Committee will be February 12, 2013.

44
45 **PRESIDENT’S REPORT**

46 Dr. Krishna reminded the members of the Board that the February Board of Health meeting would take
47 place at the Cleveland County Health Department in Moore. Meeting details and information would be
48 provided in the February Board packet.

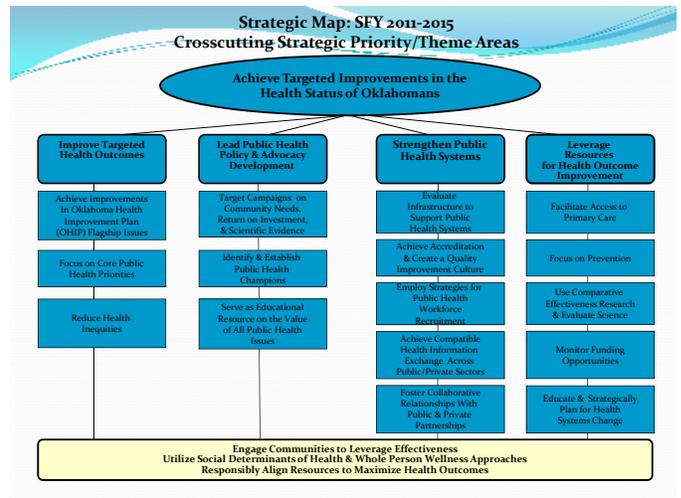
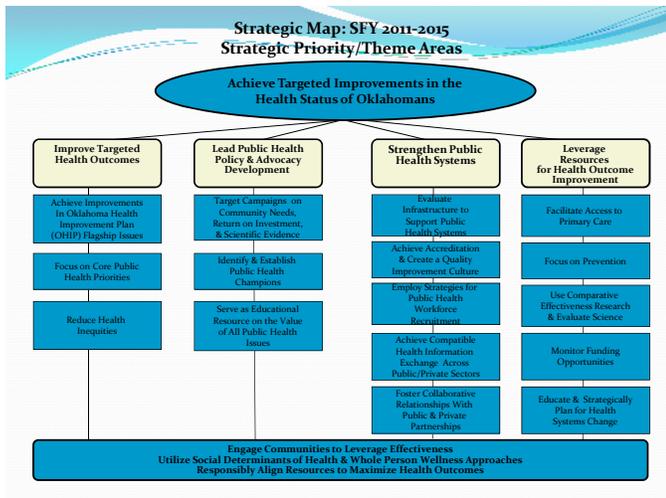
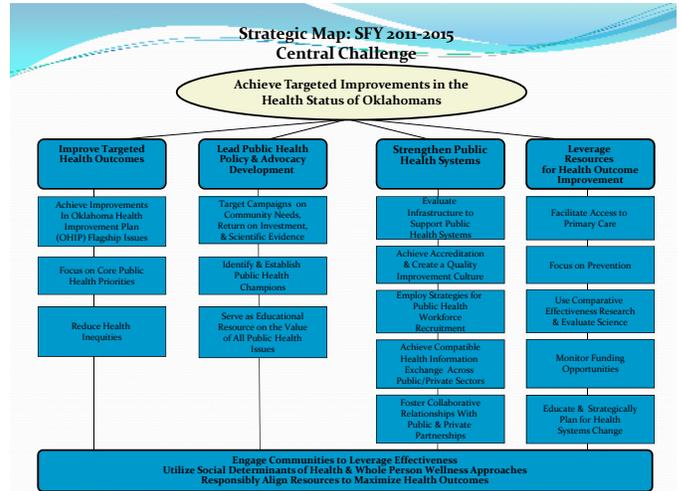
49
50 Dr. Krishna expressed his enthusiasm for a positive beginning in the New Year as well as his optimism
51 about a new future for healthcare.

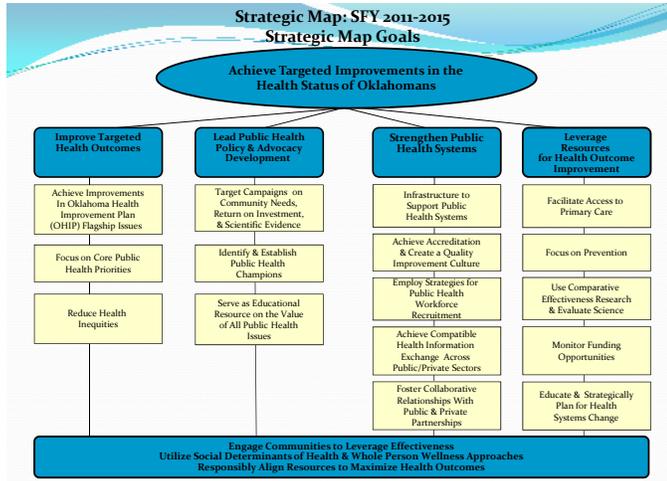
52
53 **STRATEGIC PLAN UPDATE & COMMISSIONER’S REPORT**

54 Terry L. Cline, Ph.D., Commissioner of Health
55

Oklahoma State Board of Health Strategic Plan Update

Terry Cline, Ph.D.
Commissioner of Health
Secretary of Health and Human Services
January 8, 2013





Oklahoma Health Improvement Plan (OHIP)
Flagship Issues

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

Core Public Health Priorities

Children’s Health

- Infant Mortality
- Prenatal Care

Disease & Injury Prevention/Resources

- Immunization
- Motor Vehicle Crashes
- Preventable Hospitalizations

Imperatives

- All Hazards Preparedness
- Infectious Disease
- Mandates

Strong & Healthy Oklahoma/Wellness

- Cardiovascular Health
- Obesity
- Tobacco

STAT Strategic Planning
Priority Area Lead Champions

OHIP Flagship & Core Public Health Services

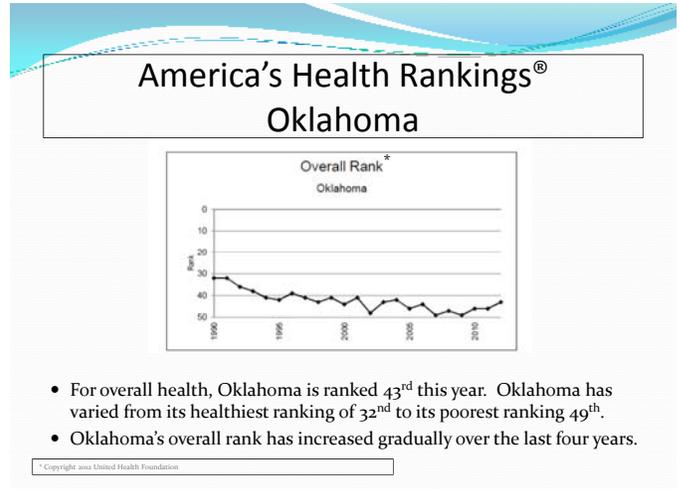
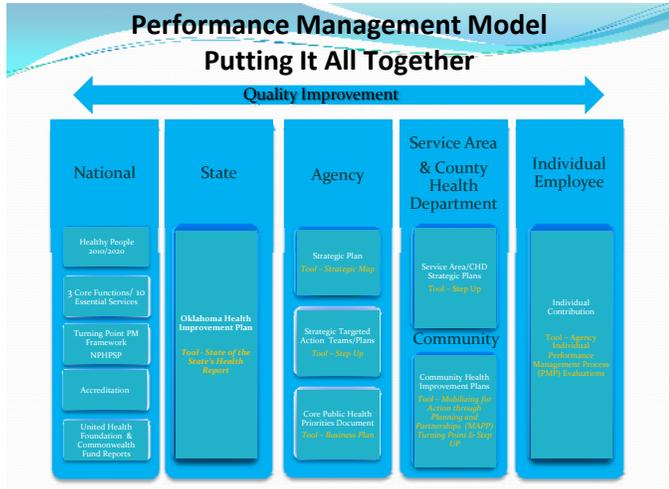
- Strong & Healthy Oklahoma /Wellness (Keith Reed)
- Children’s Health (Dr. Edd Rhoades)
- Disease & Injury Prevention/Imperatives (Drs. Kristy Bradley & Hank Hartsell)
- Health Inequities (Neil Hann)

Policy & Advocacy
 (Dr. Mark Newman)

Public Health Systems

- Infrastructure, Performance Management, & Accreditation (Joyce Marshall)
- Workforce (Toni Frioux)
- Health Information Exchange [HIE] (Julie Cox-Kain)
- Public/Private Partnerships (Neil Hann)

Resources
 (Julie Cox-Kain)



America's Health Rankings® Oklahoma

Determinants*

- Behavior
 - Smoking
 - Binge Drinking
 - Obesity
 - Sedentary Lifestyle
- Community and Environment
- Policy
- Clinical Care

* Copyright 2012 United Health Foundation

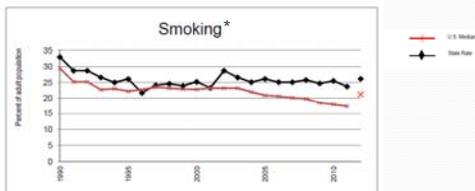
America's Health Rankings® Oklahoma

Outcomes*

- Diabetes (% of adult population)
- Poor Mental Health Days (Days in previous 30 days)
- Poor Physical Health Days (Days in previous 30 days)
- Geographic Disparity (% relative standard deviation)
- Infant Mortality (Deaths per 1,000 live births)
- Cardiovascular Deaths (Deaths per 100,000 population)
- Cancer Deaths (Deaths per 100,000 population)
- Premature Deaths (Years lost per 100,000 population)

* Copyright 2012 United Health Foundation

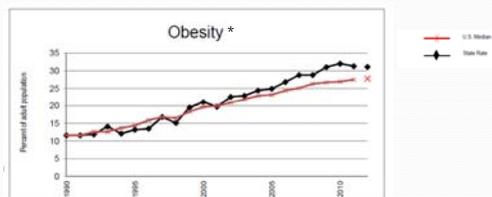
America's Health Rankings® Oklahoma - Smoking



- In Oklahoma, 745,000 adults smoke
- More than 1 in 4 adult Oklahomans smoke
- Smoking is the number one preventable cause of death in Oklahoma

* Copyright 2012 United Health Foundation

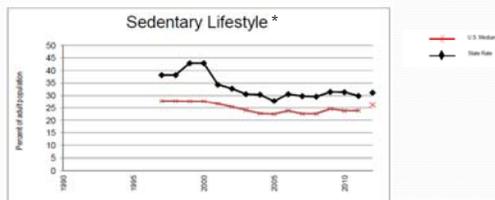
America's Health Rankings® Oklahoma - Obesity



- In Oklahoma – 888,000 adults are obese
- Almost 1 in 3 adult Oklahomans are obese

* Copyright 2012 United Health Foundation

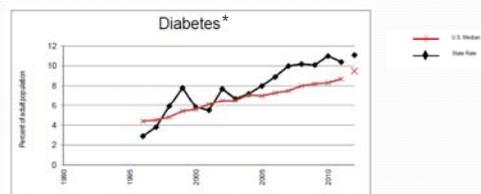
America's Health Rankings® Oklahoma – Sedentary Lifestyle



- In Oklahoma – 891,000 adults are sedentary
- An important indicator of future obesity rates

* Copyright 2012 United Health Foundation

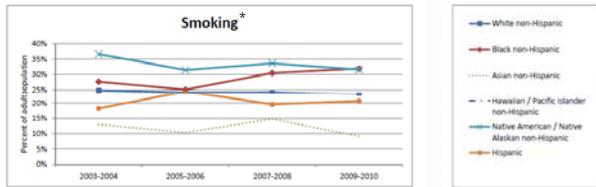
America's Health Rankings® Oklahoma - Diabetes



- In Oklahoma – 317,000 adults have diabetes
- More than 1 in 9 adult Oklahomans have diabetes

* Copyright 2012 United Health Foundation

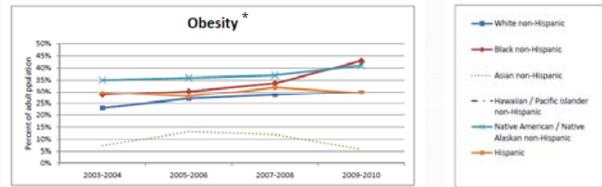
Health Disparities Oklahoma Smoking



- Concerning trend for the Black non-Hispanic population
- Slow rates of decline cost thousands of Oklahomans their life each year

* Copyright 2011 United Health Foundation

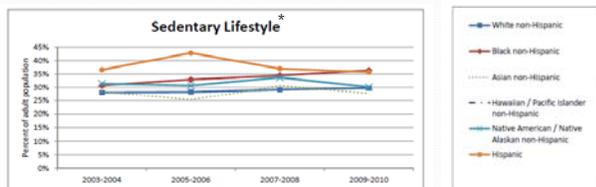
Health Disparities Oklahoma Obesity



- Concerning trend for the Black non-Hispanic and Native American populations
- Potential leveling in other populations

* Copyright 2011 United Health Foundation

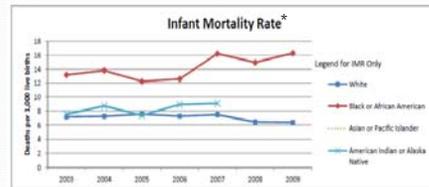
Health Disparities Oklahoma Sedentary Lifestyle



- Potential leveling which may predict plateau in obesity rates, or potential decline

* Copyright 2011 United Health Foundation

Health Disparities Oklahoma Infant Mortality Rate



- While overall rate of decline in infant mortality rates, there is a growing disparity between rates for the Black non-Hispanic and White non-Hispanic populations

* Copyright 2011 United Health Foundation

Every Week Counts (EWC) Collaborative

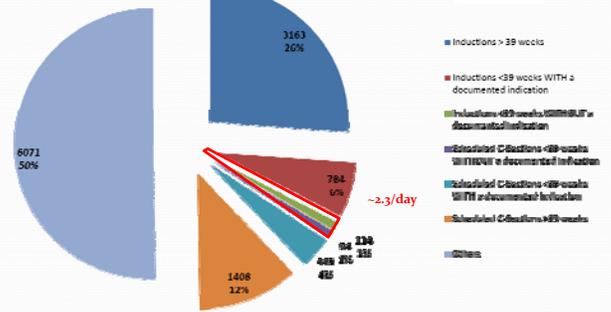
Elimination of elective deliveries prior to 39 completed weeks of pregnancy



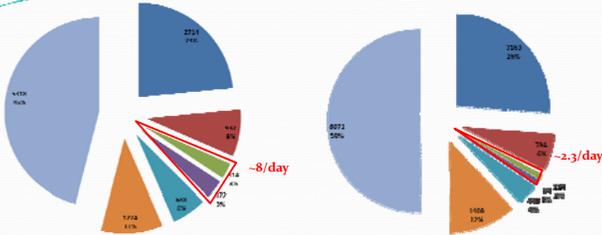
Preparing for a Lifetime
It's Everyone's Responsibility

Total Deliveries by Gestational Age and Documented Indication

July - September 2012



Total Deliveries by Gestational Age and Documented Indication



Qtr 1 2011: January 1 - March 31, 2011

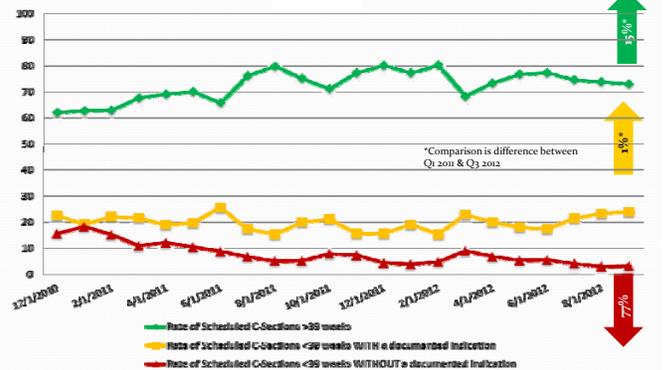
Qtr 3 2012: July 1 - September 30, 2012

- Inductions > 39 weeks
- Inductions < 39 weeks WITH a documented indication
- Inductions < 39 weeks WITHOUT a documented indication

- Scheduled C-Sections < 39 weeks WITHOUT a documented indication
- Scheduled C-Sections < 39 weeks WITH a documented indication
- Scheduled C-Sections > 39 weeks
- Others

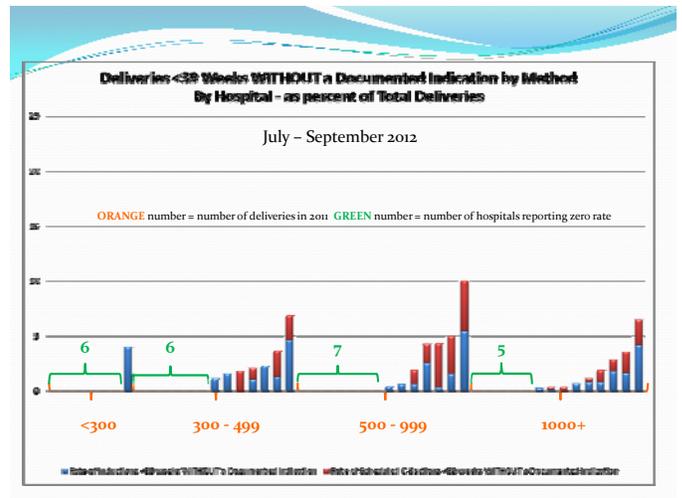
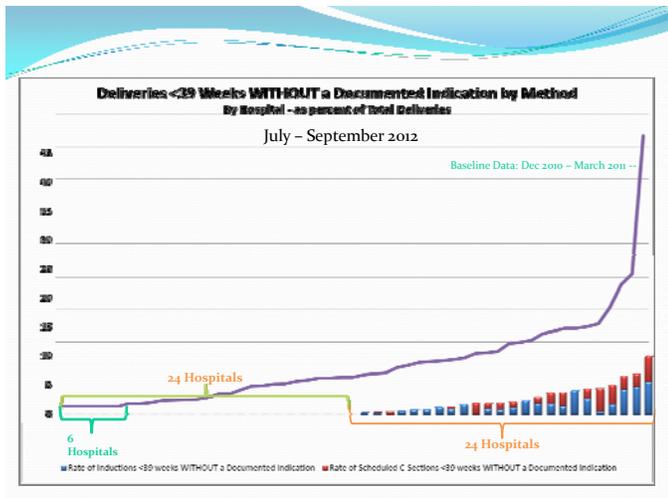
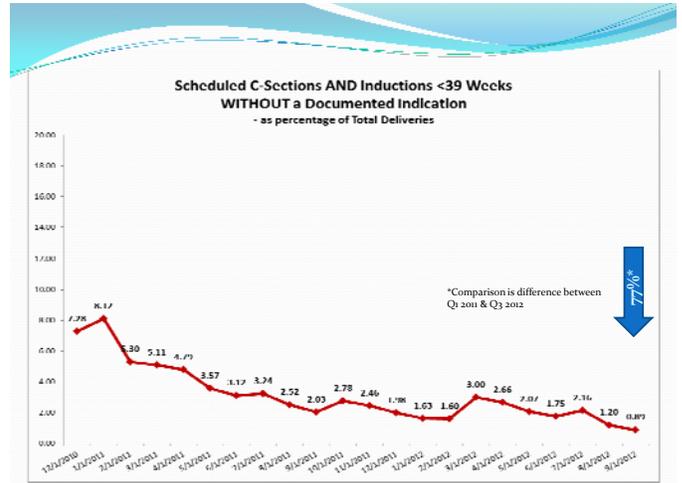
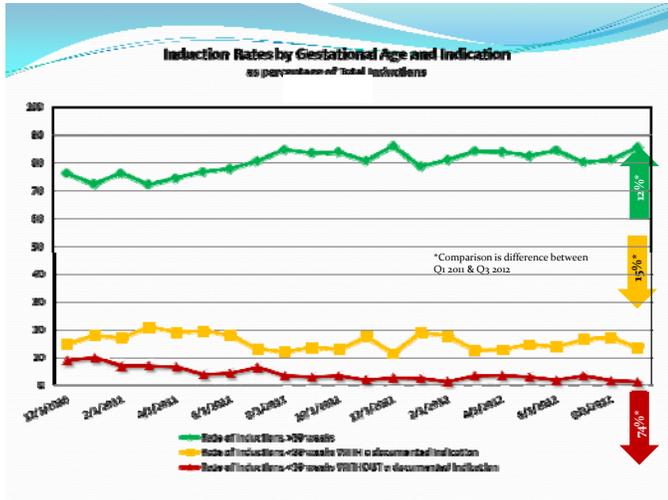
Scheduled C-Section Rates by Gestational Age and Indication

As percentage of Total Scheduled C-Sections



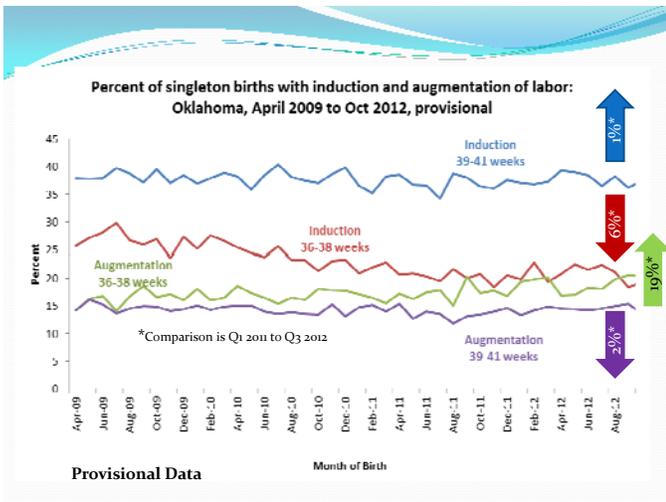
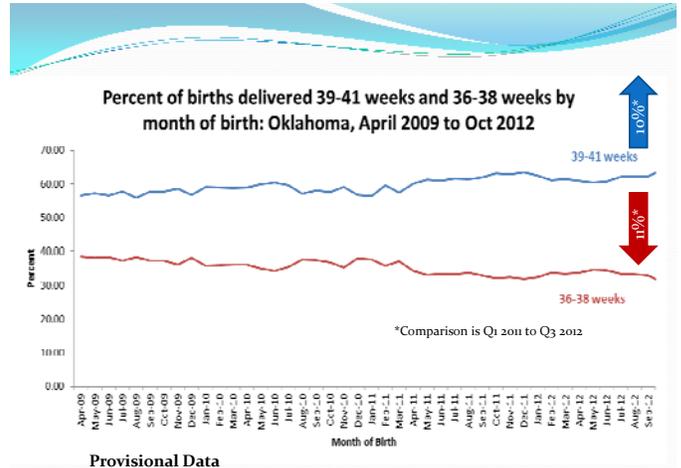
↑ 15%
↑ 5%
↓ 77%

*Comparison is difference between Q1 2011 & Q3 2012



Oklahoma Birth Certificate Data

Provisional
April 2009 – September 2012



1 Following Dr. Cline's presentation, Suzanna Dooley, Chief of Maternal and Child Health Services,
2 briefly discussed the partnerships that have contributed to the success of the Every Week Counts
3 Initiative. She indicated that Oklahoma hospitals have been very supportive of this initiative and the
4 current feedback has not been for regulatory measures but rather additional educational assistance.
5

6 NEW BUSINESS

7 None
8

9 EXECUTIVE SESSION

10 **Mr. Starkey Board approval to move into Executive Session at 12:17p.m.** pursuant to 25 O.S. Section
11 307(B)(4) for confidential communications to discuss pending department litigation and investigations;
12 pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion,
13 demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to
14 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate
15 confidentiality requirements of state or federal law.

- 16 • Annual performance evaluation for the Commissioner of Health, Office of Accountability
- 17 • Systems Director, Internal Audit Unit Director, and Board of Health Secretary
- 18 • Planned Parenthood v. Cline, United States District Court, Western District of Oklahoma, Case
19 Number CIV-12-1245

20 **Second Dr. Alexopulos. Motion carried.**
21

22 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**
23

24 **Mr. Starkey moved Board approval to move out of Executive Session at 2:20 p.m. Second Ms.**
25 **Wolfe. Motion Carried.**
26

27 **AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson**
28

29 ADJOURNMENT

30 **Dr. Gerard moved Board approval to Adjourn. Second Dr. Alexopulos. Motion carried.**
31

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

34 The meeting adjourned at 2:20 p.m.
35

36 Approved
37

38 _____
39 R. Murali Krishna, M.D.
40 President, Oklahoma State Board of Health
41 February 12, 2013

**State Of Oklahoma
Department of Health**

Memorandum

January 17, 2013

TO: State Board of Health Members

FROM: Terry Cline, Ph.D. *T.C. 2-8-2013*
Commissioner of Health
Secretary of Health and Human Services

SUBJECT: Hospital Advisory Council Appointments

This requests advice and consent from the Oklahoma State Board of Health for appointment of four new members to the Hospital Advisory Council by the State Commissioner of Health. The proposed appointees are the following:

Licensed Physicians or Practitioners (1 vacancy)

- Dr. Heather L. (Holmes) Bell, D.O., B.S., R.T.(T)
Medical Director Infection Prevention/Epidemiology
Staff Infectious Diseases Physician
St. John Health System, Tulsa, OK

Hospital Administrators of Licensed Hospitals (2 vacancies)

- Mr. Darrel Morris, M.B.A.
Chief Executive Officer
Drumright Regional Hospital, Drumright, OK
- Mr. Dave Wallace, FACHE
Chief Executive Officer
Woodward Regional Hospital, Woodward, OK

Hospital Employees (1 vacancy)

- Mr. Darin L. Smith, Pharm.D., B.C.P.S., F.A.S.H.P.
Director, Pharmacy Services
Norman Regional Health System, Norman, OK

The State Health Department's staff conducted a check of the histories of these proposed appointees using public information, including the Oklahoma Department of Corrections Offender Lookup, the Oklahoma State Court Networks Court Dockets, and Oklahoma State Department of Health licensure records. The staff identified no offenses or adverse actions that would impair the ability of these five individuals to perform the responsibilities of the advisory council.

Each nominee meets the qualifications of the positions for which they are nominated. Ms. Karla Cason, MS, BSN, RN, Director of Facility Services Division has personally contacted each of the nominees and confirmed their willingness to serve and attend public meetings of the advisory council.

Additional information for the advisory council is as follows:

Statutory Citation

The Hospital Advisory Council is authorized in Title 63 O.S. Section 1-707.

Appointing Authority

The Commissioner of Health with the advice and consent of the Board of Health.

Membership

The Advisory Council has nine members, consisting of:

- Two members shall be hospital administrators of licensed hospitals, and
- Two members shall be licensed physicians or practitioners who have current privileges to provide services in hospitals,
- Two members shall be hospital employees, and
- Three members shall be citizens representing the public who:
 - 1) are not hospital employees,
 - 2) do not hold staff appointments, and
 - 3) are not members of hospital governing boards.

The four new members will join the three current Hospital Advisory Council Members, who are:

- Dr. Dale Bratzler, D.O., Current Term Expires November 2013
- Mr. Jeff Berrong, Current Term Expires November 2013
- Mr. John Mobley, MBA, Current Term Expires November 2014

Advisory Council Duties/Responsibilities

The Advisory Council is appointed to:

- Advise the Board, the Commissioner and the Department regarding hospital operations and to recommend actions to improve patient care [63 O.S. Section 1-707(C)];
- Review and approve in its advisory capacity rules and standards for hospital licensure, [63 O.S. Section 1-707(a)];
- Evaluate, review and make recommendations regarding Department licensure activities, provided however, the Advisory Council shall not make recommendations regarding the scope of practice for any health care providers or practitioners regulated pursuant to Title 59 of the Oklahoma Statutes, and,
- Recommend and approve:
 - 1) Quality indicators and data submission requirements for hospitals, and
 - 2) The indicators and data to be used by the Department to monitor compliance with licensure requirements, and
- To publish an annual report of hospital performance.

Advisory Council Meeting Frequency

Shall meet on a quarterly basis.

Appointment Process

Appointed by the Commissioner with the advice and consent of the Board.

Attachments

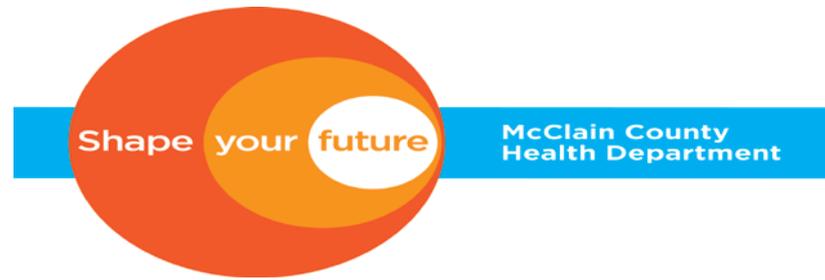
- Curriculum Vitae for Dr. Heather L. Bell, D.O., B.S., R.T.(T.)
- Resume for Mr. Darrel W. Morris, M.B.A.
- Resume for Mr. Dave Wallace, FACHE
- Resume for Mr. Darin L. Smith, Pharm.D., B.C.P.S., F.A.S.H.P.

Cleveland and McClain County Health Departments

presentation to the

State Board of Health

February 12, 2013



Shape your future

Cleveland County
Health Department



COMMUNITY HEALTH IMPROVEMENT PLAN

Cleveland County, Oklahoma

January 2012



Creating
a State
of Health

<http://cleveland.health.ok.gov>

www.shapeyourfutureok.com

Mobilizing for Action through Planning & Partnerships (MAPP)

- The Cleveland County Turning Point Coalition along with community partnerships participated in a year long assessment process
- The committee conducted 4 assessments to look at health status, community assets, the local public health system, and forces of change
- The group summarized the 4 assessment findings to prioritize goals and strategies for the county
- The action cycle begins



Cleveland County

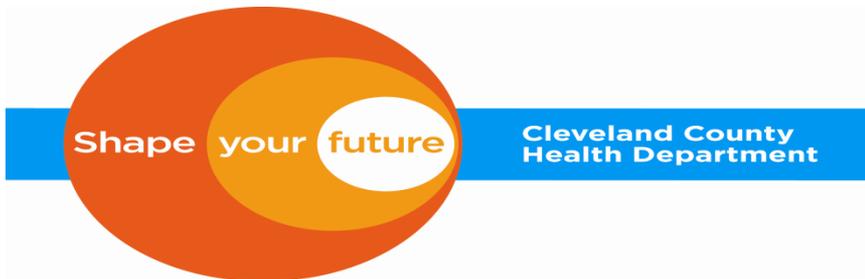
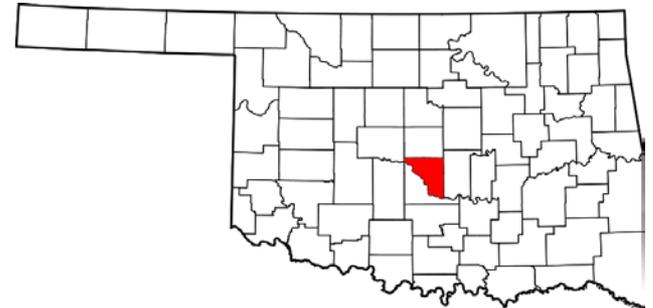
Health Status Assessment



2010 US Census	Oklahoma	Percent (%)	Cleveland County	Percent (%)
Total Population	3,751,351		255,755	7%
Age				
Under 19 years	929,666	25%	59,176	23%
18-64 years	2,314,970	62%	170,402	67%
65+ years	506,715	14%	26,177	10%
Race/ethnicity				
White	2,706,845	72%	202,811	79%
Hispanic/Latino	332,007	9%	17,892	7%
African American	277,644	7%	10,848	4%
Asian	65,076	2%	9,698	4%
Native American	321,687	9%	11,978	5%

2011 State of the State's Health Report Cleveland County

- Leading causes of death were heart disease, cancer and stroke.
- Increased prevalence of diabetes, obesity.
- Increase in physically inactive adults.
- Decrease in children with complete primary immunization series.



Priority Area- Tobacco Use Prevention

- Objectives:
- By 2016, reduce Cleveland County's adult smoking rate from 21.6% to 20%
- By 2016, reduce tobacco use in Cleveland County from 21.4% to 20%
- By 2016, increase annual average utilization of the Oklahoma Tobacco Helpline in Cleveland County from 140 to 150 clients.

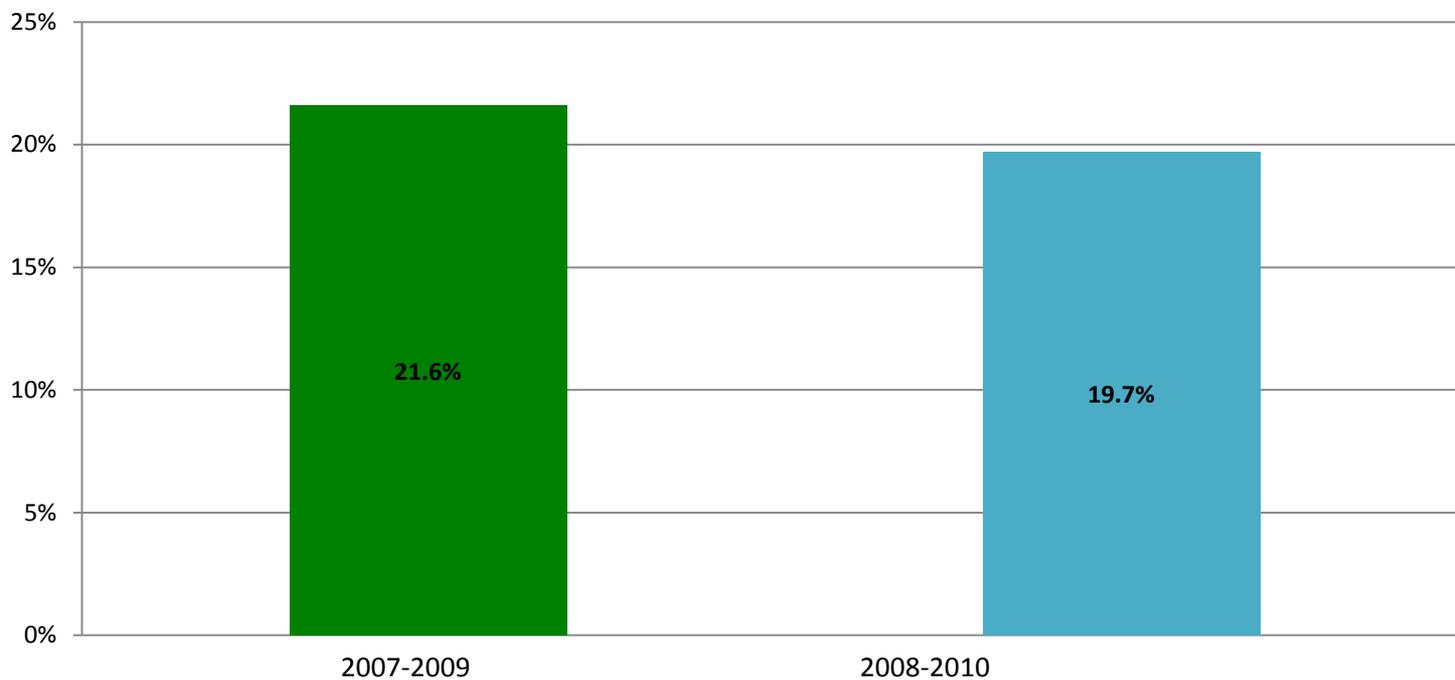
Tobacco Prevention

- 8th year for Cleveland County to receive TSET tobacco control grant funding
- Work with the two remaining school districts in Cleveland County - Robin Hill and Lexington - to adopt a 24/7 tobacco free policy
- Educate and assist organizations and businesses in Cleveland County in adopting a tobacco free worksite policy
- Provide technical assistance in the adoption of a tobacco free policy for all parks in the City of Moore
- Advocate for H.B. 2267, which will restore local rights



Tobacco Use Prevention Outcomes

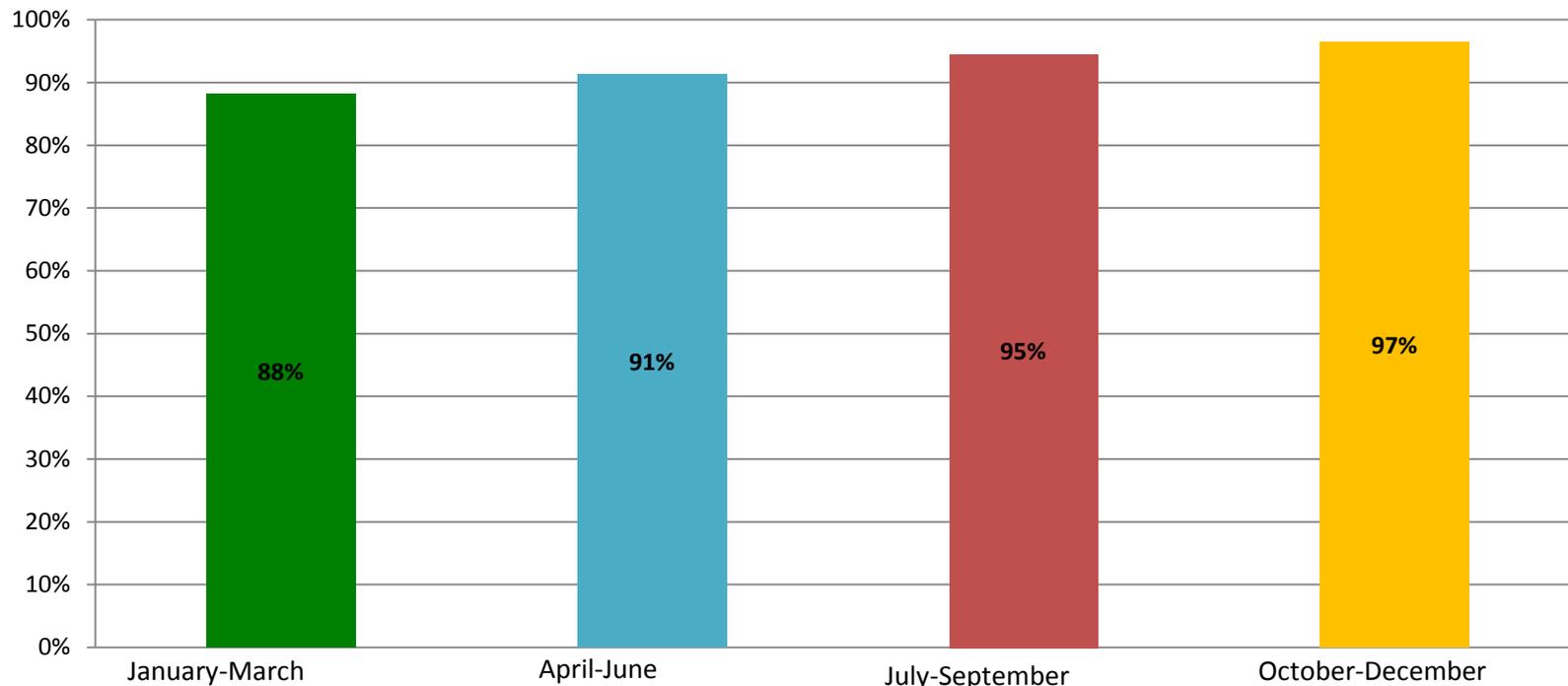
Percent of Current Smokers in Cleveland County



Data Source: BRFSS

Tobacco Use Prevention Outcomes

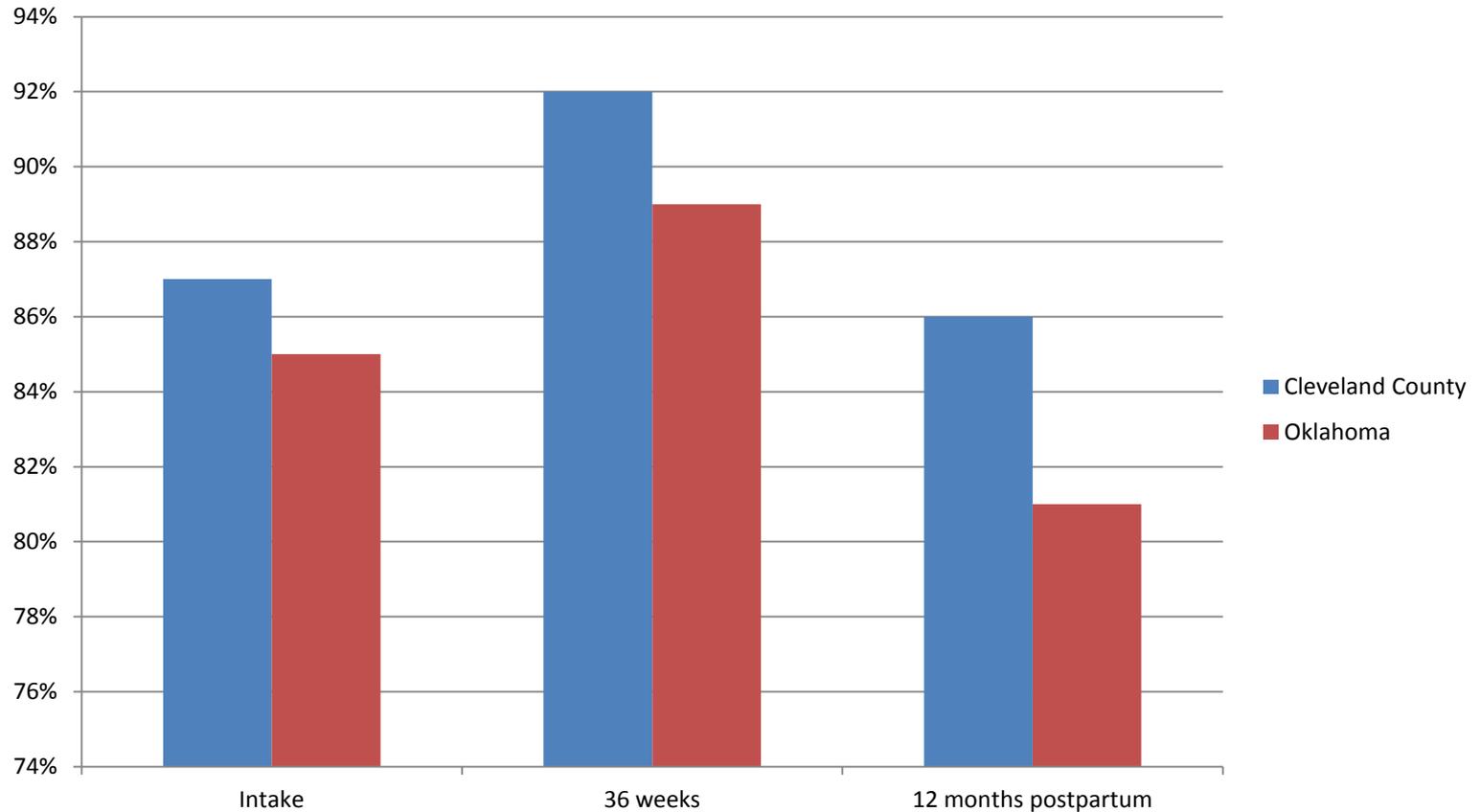
Cleveland County Health Department 5 A's Program Completion, 2012



Data Source: Cleveland County Health Department Internal Quality Review Audits

Tobacco Use Prevention Outcomes

Children First Client Smoking Cessation, SFY 2012



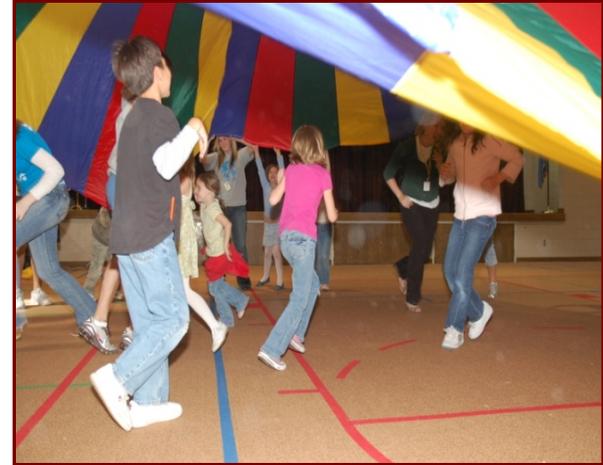
Data Source: Oklahoma State Department of Health Public Health Client Information System (PHOCIS)

Priority Area- Obesity Reduction

- Objectives:
- By 2016, reduce Cleveland County's obesity rate from 28.4% to 27%.
- By 2016, increase Cleveland County's fruit and vegetable consumption from 16.1% to 20%
- By 2016, increase Cleveland County's physical activity percent from 73.7% to 76%

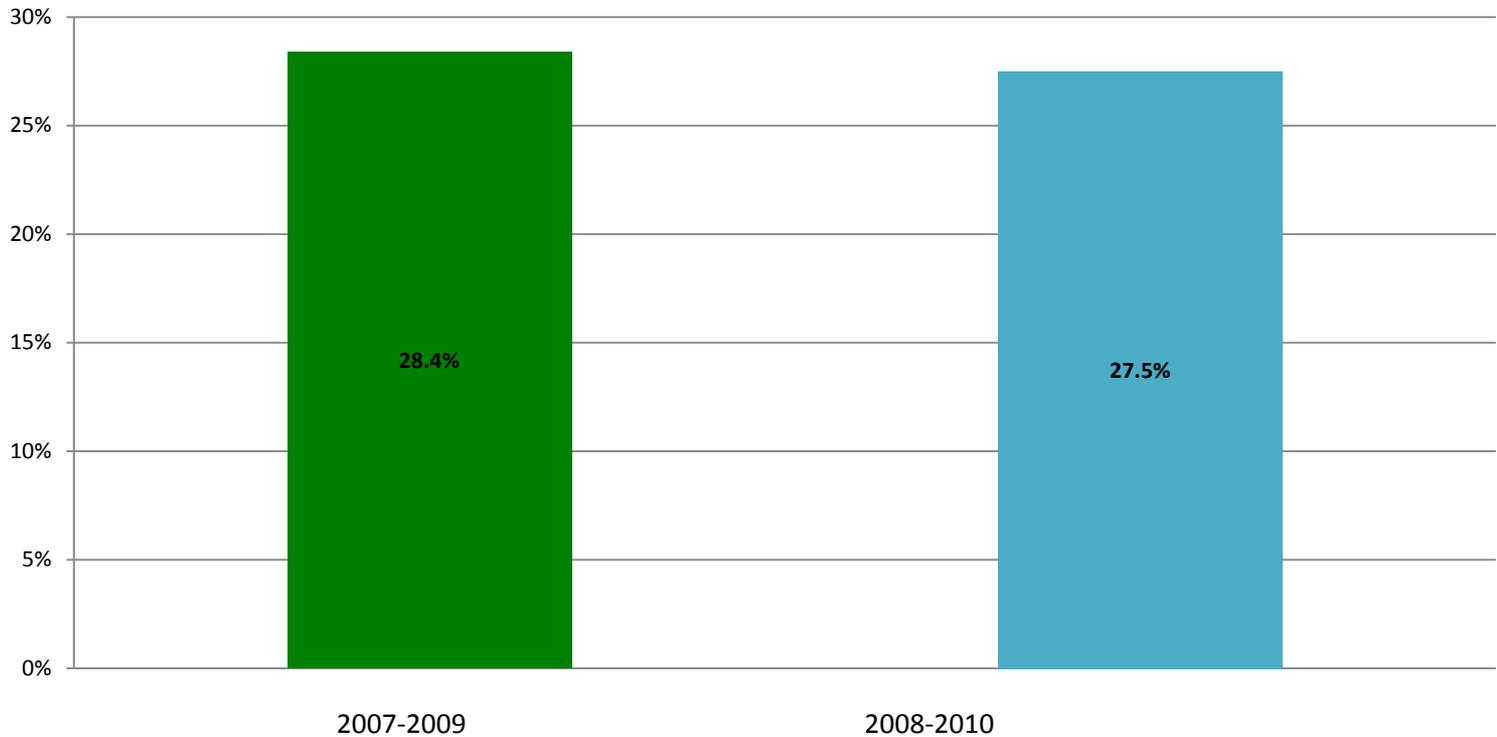
Obesity Reduction

- Promote and increase Certified Healthy Restaurants, communities, and schools
- Increase worksites, schools, and after-school programs with a nutrition policy supporting healthy eating
- Improve access to affordable healthy foods
- Increase utilization of farmers markets
- Increase communities with a land use or master plan that includes safety and mobility of all users of all transportation systems
- Increase worksites, schools, and after-school programs with a policy that allows and encourages daily physical activity



Obesity Reduction Outcomes

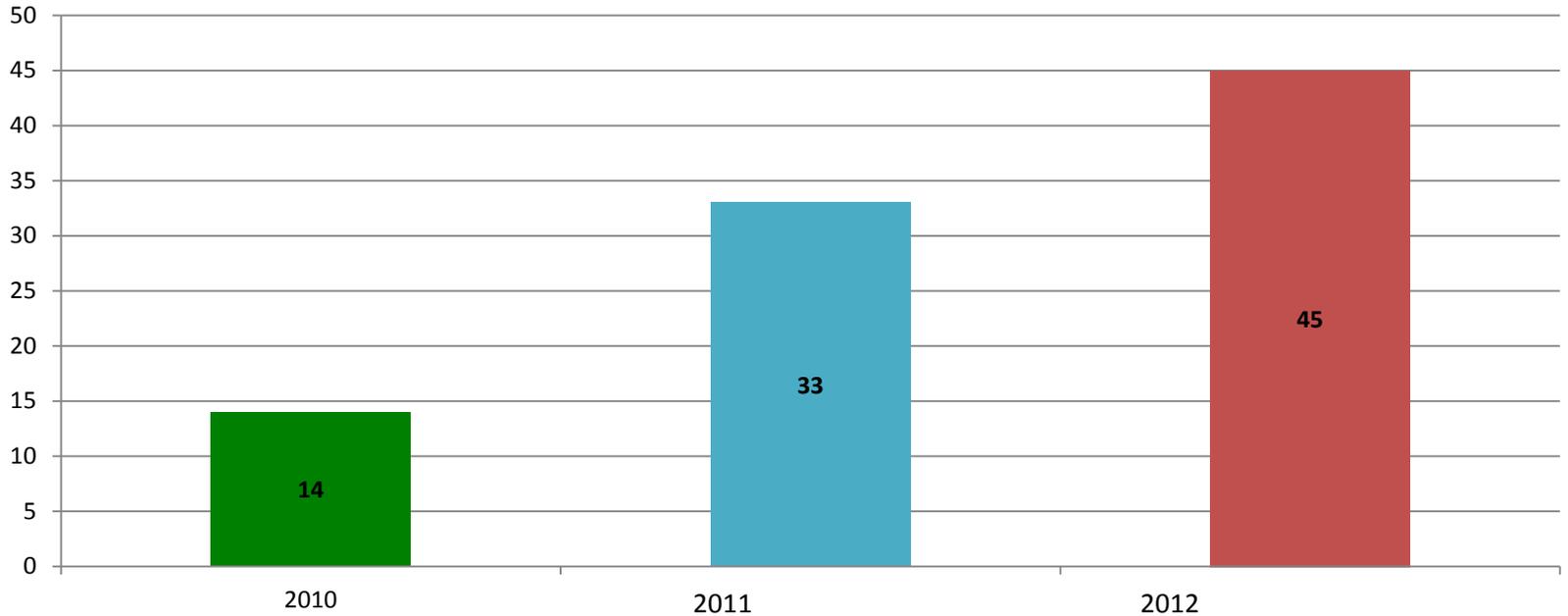
Percent of Obese Adults in Cleveland County



Data Source: BRFSS

Obesity Reduction Outcomes

Number of Certified Healthy Businesses, Campuses, Schools, and Communities in Cleveland County



Data Source: Oklahoma State Department of Health

Obesity Reduction Outcomes

- Cleveland County Nutrition & Fitness Community Forum
 - featuring the “Weight of the Nation Event” HBO Series
 - 75 in attendance including all school districts in Cleveland County.

Priority Area- Children's Health

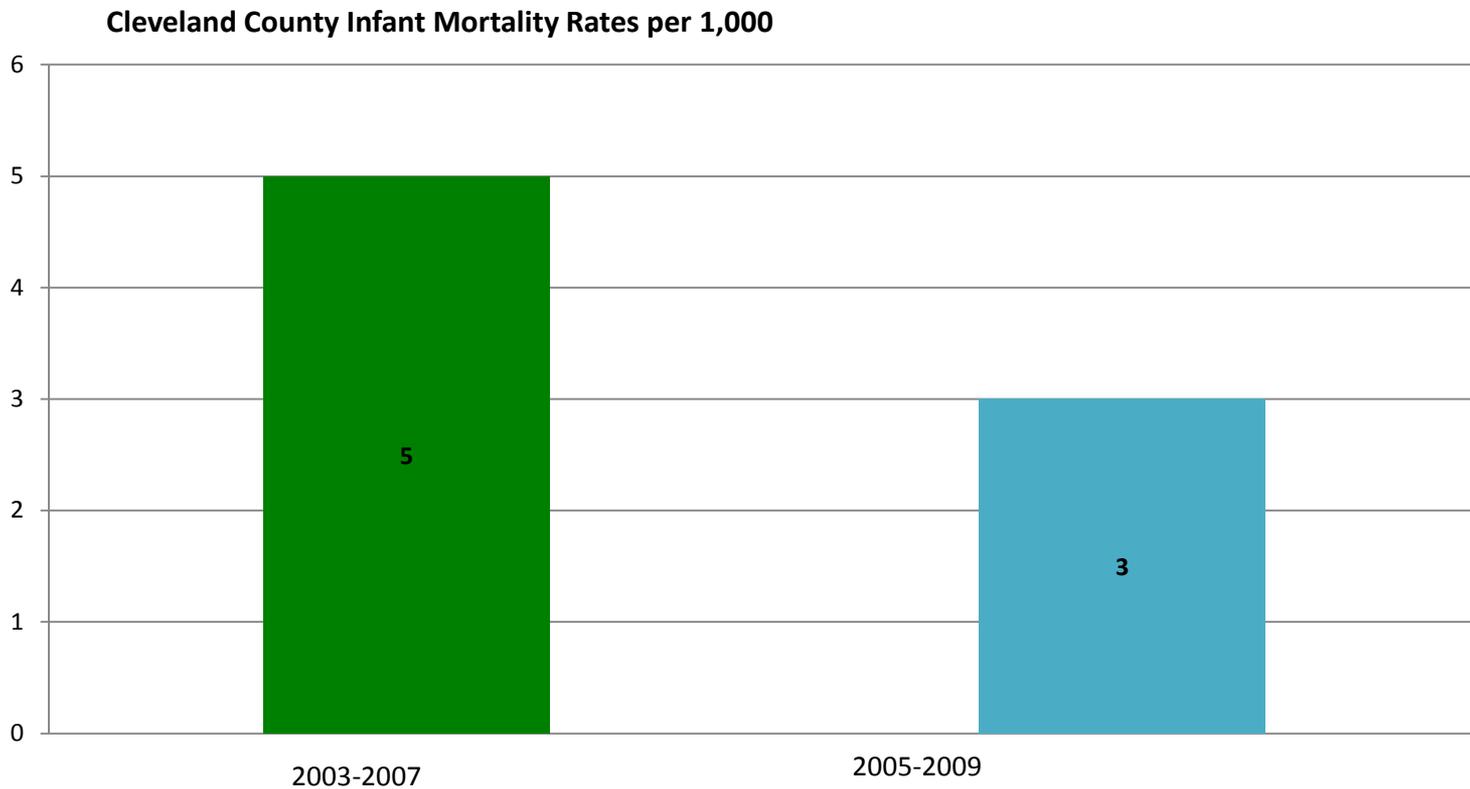
- Objectives:
- By 2016, reduce Cleveland County's infant mortality rate from 6.3 to 6 per 100,000 population.
- By 2016, reduce sleep-related deaths for infants.
- By 2016, increase Cleveland County's completed immunizations < 3 years from 70.9% to 75%

Children's Health

- Provide local clinics quarterly immunization rate assessments to increase immunization rates
- Provide oral health education in schools and communities
- Perform infant death case reviews
- Provide safe sleep education
- Provide car seat checks
- Implement Coordinated Approach to Child Health (CATCH) Program
- Perform tobacco & alcohol compliance checks

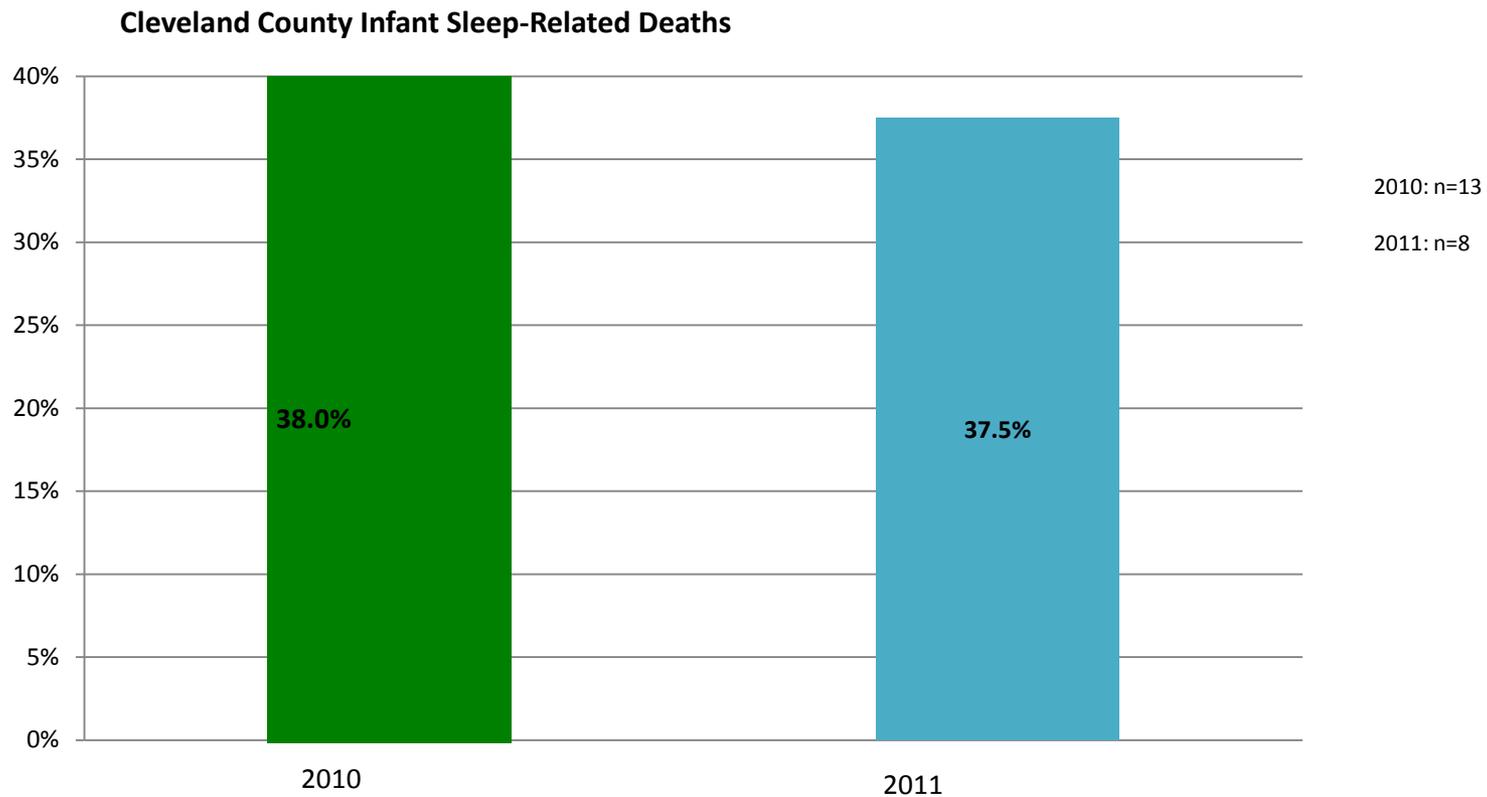


Children's Health Outcomes



Data Source: OK2SHARE, Vital Statistics

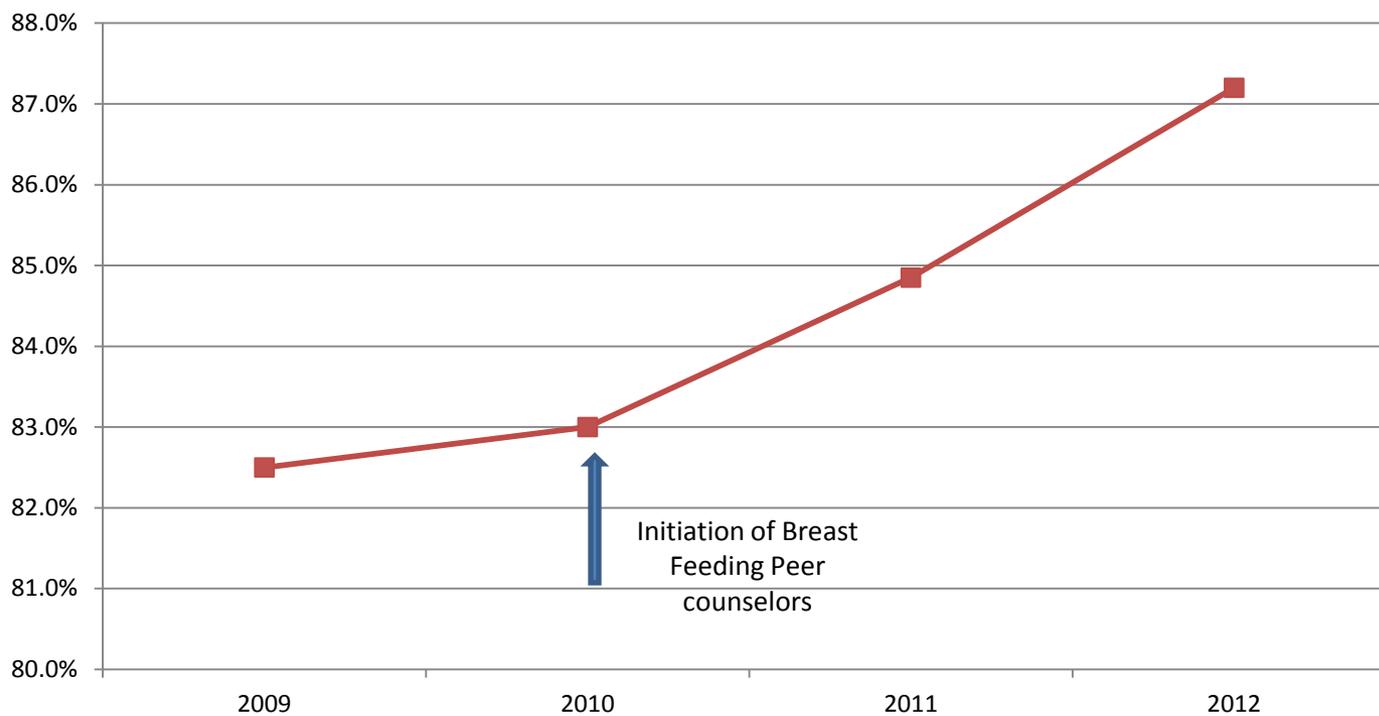
Children's Health Outcomes



Data Source: OCCHD Fetal Infant Mortality Review Board- Cases Reviewed

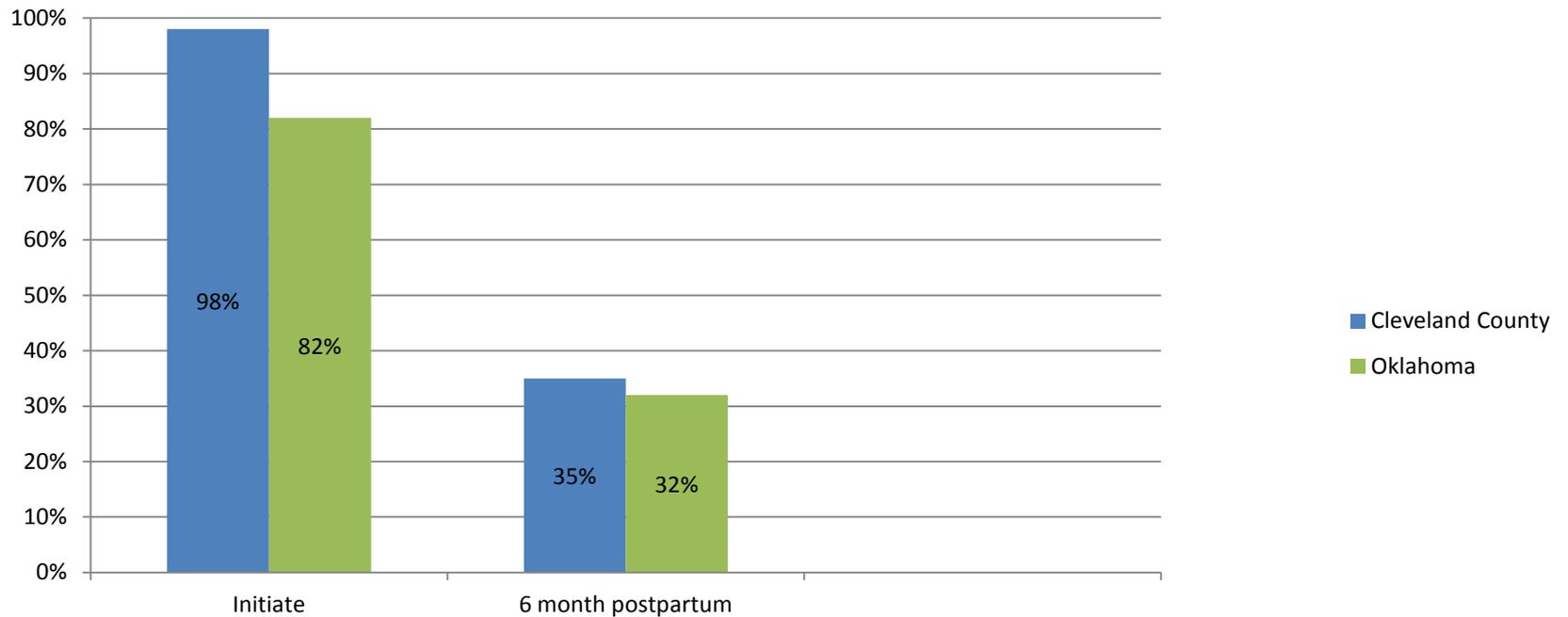
Children's Health Outcomes

Breastfeeding Initiation Rates in WIC Mothers by Calendar Year
Cleveland County
Breastfeeding Peer Counselors Initiated 2010



Children's Health Outcomes

Children First Program Client Breastfeeding, SFY 2012



Data Source: Oklahoma State Department of Health Public Health Client Information System (PHOCIS)

Shape your future

McClain County
Health Department



COMMUNITY HEALTH IMPROVEMENT PLAN

McClain County, Oklahoma

2012 - 2017



Creating
a State
of Health

www.shapeyourfutureok.com



<http://mcclain.health.ok.gov>

Mobilizing for Action through Planning & Partnerships (MAPP)

- The McClain County Turning Point Coalition along with community partnerships participated in a year long assessment process
- The committee conducted 4 assessments to look at health status, community assets, the local public health system, and forces of change
- The group summarized the 4 assessment findings to prioritize goals and strategies for the county
- The action cycle begins



McClain County Health Status Assessment



2010 US Census	Oklahoma	Percent (%)	McClain County	Percent (%)
Total Population	3,751,351		34,506	1%
Age				
Under 19 years	929,666	25%	59,176	26%
18-64 years	2,314,970	62%	170,402	61%
65+ years	506,715	14%	26,177	13%
Race/ethnicity				
White	2,706,845	72%	202,811	85%
Hispanic/Latino	332,007	9%	17,892	7%
African American	277,644	7%	10,848	1%
Asian	65,076	2%	9,698	<1%
Native American	321,687	9%	11,978	6%

2011 State of the State's Health Report

McClain County

- Leading causes of death were heart disease, cancer and chronic lower respiratory disease.
- Increased prevalence of diabetes (21%), obesity (34%) and asthma (69%).
- Increase in physically inactive adults, with double the number of limited activity days.



2011 State of the State's Health Report

McClain County

- Decrease in adults who consumed the recommended serving of fruits and vegetables daily.
- Decrease in children with complete primary immunization series.

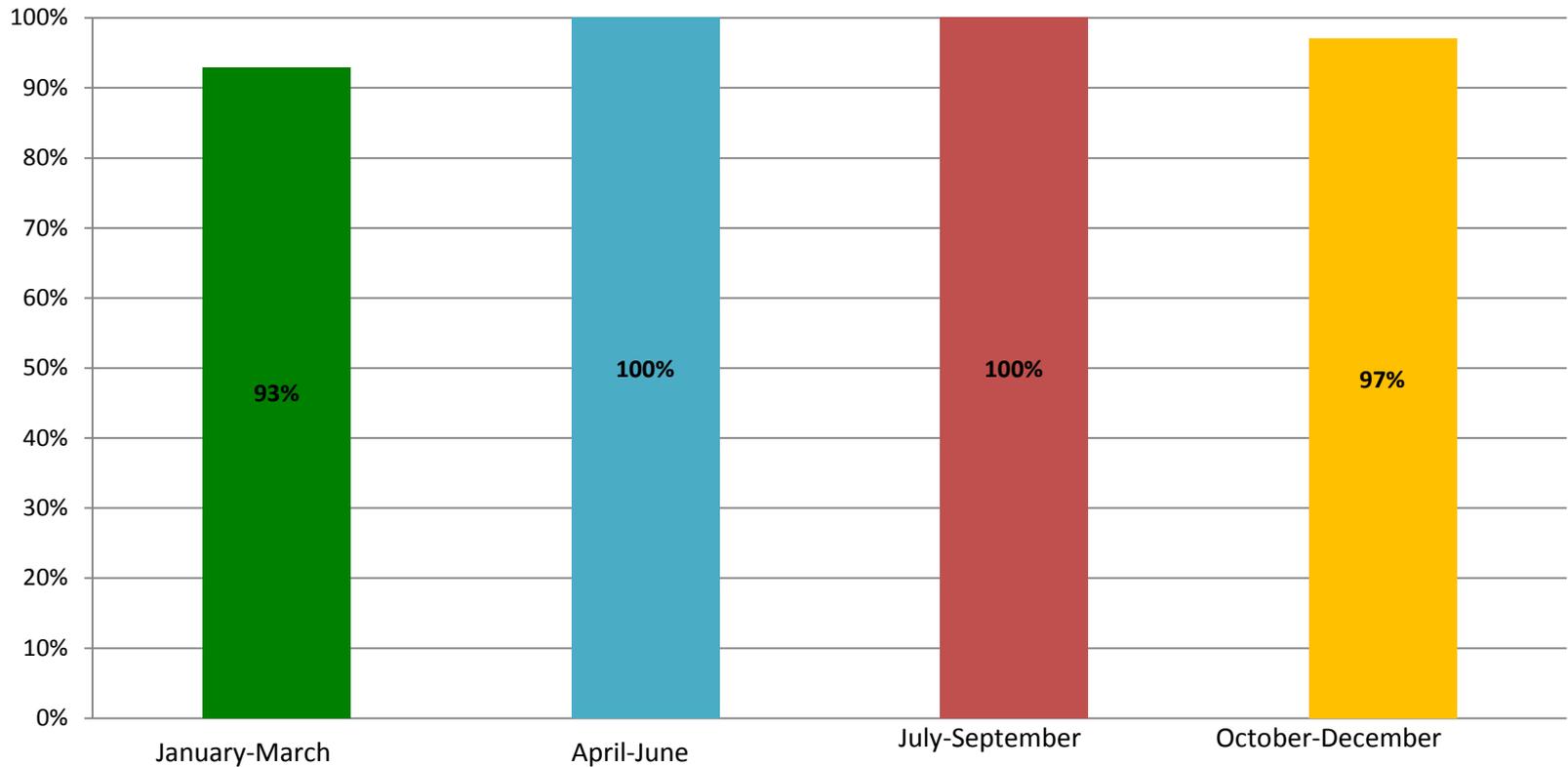


Priority Area- Tobacco Use Prevention

- Objectives:
- By 2017, reduce McClain County's adult smoking rate from 17.2% to 16%.
- By 2017, reduce tobacco use in McClain County from 16.8% to 15.8%
- By 2017, increase annual average utilization of the Oklahoma Tobacco Helpline in Cleveland County from 25.7% to 28%.

Tobacco Use Prevention Outcomes

McClain County Health Department 5 A's Program Completion, 2012



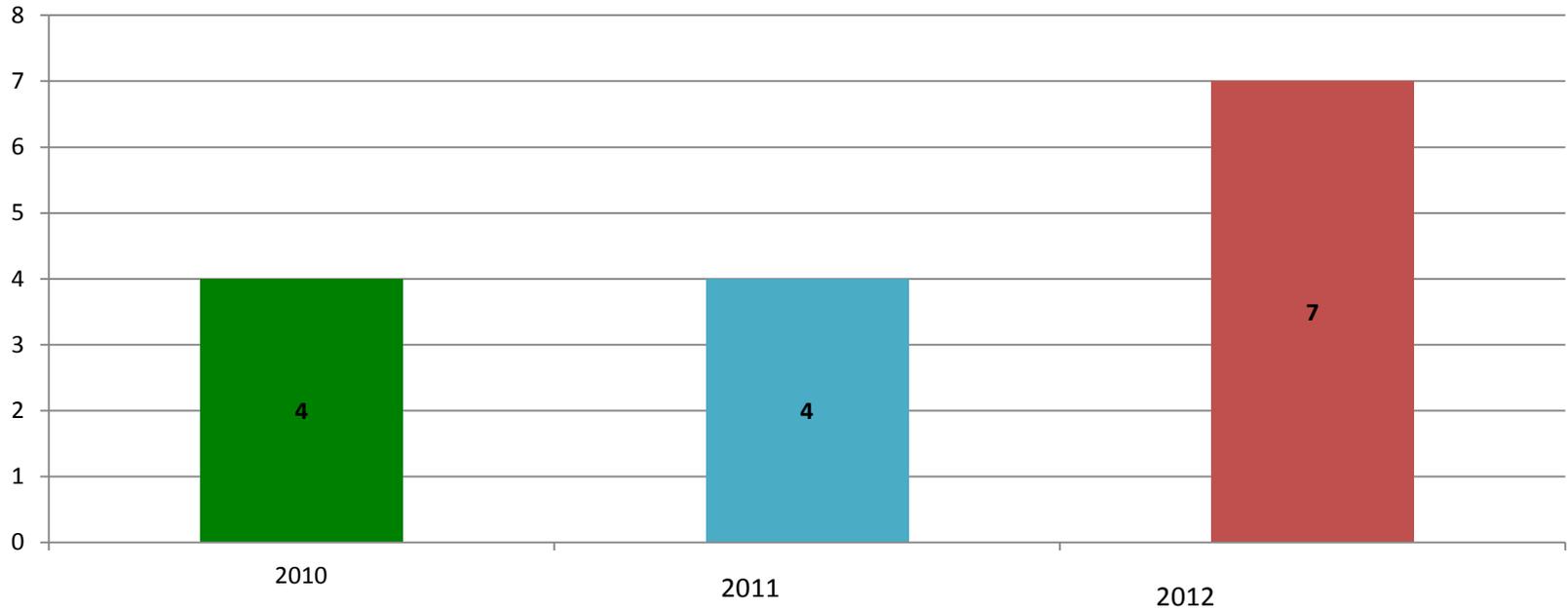
Data Source: McClain County Health Department Internal Quality Review Audits

Priority Area- Obesity Reduction

- Objectives:
- By 2017, reduce McClain County's obesity rate from 35.1% to 34%
- By 2016, increase McClain County's access to healthy foods from 33% to 48%
- By 2016, increase Cleveland County's physical activity within the last month from 27.3% to 31%.

Obesity Reduction Outcomes

Number of Certified Healthy Businesses, Campuses, Schools, and Communities in McClain County



Data Source: Oklahoma State Department of Health

Priority Area- Children's Health

- Objectives:
- By 2017, decrease McClain County low birth weight from 8.6% to 8 %.
- By 2017, increase McClain County completed immunizations <3 years from 70.7% to 74%.
- By 2017, increase McClain County completed car seat checks.

Priority Area- Children's Mental Health and Substance Abuse

- Objectives:
- By 2017, decrease the percent of McClain County youth who report current alcohol use in the past 30 days from 15% to 10%.
- By 2017, decrease the percent of McClain County youth who report favorable attitudes towards drug use from 51.6% to 46.6%.
- By 2017, increase school participation in state youth risk behavior survey data collection.

Partnerships, Grants & Recognition

- National Leadership Academy for the Public's Health Award- Cleveland County Health Department, City of Moore, Norman Regional Health System and Absentee Shawnee Tribe
- National Networks of Public Health Institutes/Robert Wood Johnson Quality Improvement Grant
- Tobacco Free Cleveland County TSET funding- 9th grant year \$340,000

Partnerships, Grants & Recognition

- Tobacco Free McClain County- TSET funding 2nd grant year \$142,000
- Cleveland County Nutrition & Fitness- TSET funding 2nd grant year \$142,000
- City of Noble – Oklahoma Turning Point Excellence Award in Child Health 2012 and Excellence Certification Certified Healthy Community

Questions?



Shape your future

Cleveland County
Health Department



Shape your future

McClain County
Health Department

**Oklahoma State Department of Health
Board of Health – Financial Brief
February 2013**

**OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2013 BUDGET AND EXPENDITURE FORECAST: AS OF 01/29/2013**

SUMMARY

<u>Division</u>	<u>Current Budget</u>	<u>Expenditures</u>	<u>Encumbrances</u>	<u>Forecasted Expenditures</u>	<u>Surplus/(Deficit)</u>	<u>Performance Rate</u>
Public Health Infrastructure	\$22,725,619	\$8,823,928	\$5,613,103	\$6,989,985	\$1,298,602	94.29%
Protective Health Services	\$66,741,422	\$27,507,442	\$6,087,380	\$31,828,513	\$1,318,087	98.03%
Prevention & Preparedness Services	\$61,167,640	\$18,921,886	\$24,054,197	\$14,405,243	\$3,786,314	93.81%
Information Technology	\$7,363,900	\$3,865,102	\$3,428,803	\$3,733	\$66,262	99.10%
Health Improvement Services	\$25,603,416	\$7,622,448	\$7,224,974	\$9,399,332	\$1,356,661	94.70%
Community & Family Health Services	\$238,618,772	\$96,687,278	\$25,521,977	\$115,375,144	\$1,034,373	99.57%
Totals:	\$422,220,769	\$163,428,085	\$71,930,433	\$178,001,951	\$8,860,300	97.90%

<90%	90% - 95%	95% - 102.5%	102.5% - 105%	>105%
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Expenditure Forecast Assumptions

- Payroll forecasted through June 30, 2013 including vacancies likely to fill within the current budget period
- Encumbrances shown as actual as of the report date
- Expenditure forecasts limited to realistic amounts expected to spend out during the current budget period
- Surplus/(Deficit) is projected as of June 30, 2013

Explanation of Dashboard Warning(s)

- Overall the Department is forecasted to spend 97.90% of its budget, which is an improvement from the previous month's 97.45%.
- Community and Family Health Services and Protective Health Services have "Green Lights" as they have had for the last several months.
- The Health Improvement Services' budget performance rate of 94.70% is a significant improvement from last month's "Red Light". The improvement is due to the development and initiation of plans associated with improving access to care and the refinement of reimbursement estimates for Federally Qualified Health Centers.
- Prevention and Preparedness Services and Public Health Infrastructure have "Yellow Lights" with performance rates of 93.81% and 94.29%, respectively. These have not significantly changed since the January report but are near "Green Light" status and are expected to improve over the remainder of the fiscal year.
- All expenditures will be monitored closely and adjustments in spending will be made as needed to ensure optimal budget performance for the Department.

Request for Information related to the Budget Control Act of 2011

As most of you are aware, the Budget Control Act of 2011 mandated that the deficit had to be reduced by \$1.2 trillion over the next ten years. A super committee was formed for this purpose. The committee failed to reach an agreement on these reductions and so, unless other federal legislation intervenes, there will be an automatic sequestration of federal funds on January 1, 2013. The Speaker-Elect of the Oklahoma House of Representatives will be conducting an interim study (IS12-088) on this topic on October 16, 2012. With this in mind, and assuming this was taken into consideration during your budget request process, we are asking for the following information from each agency impacted by the sequestration:

- 1.) What agency programs will be directly or indirectly affected if the automatic sequestration takes place? Sequestration of federal funds will affect most public health programs as approximately 56% of agency revenue is federal. Programs that will receive a reduction as a result of sequestration include state mandated public health functions developed to protect vulnerable populations and the general public from infectious disease, manmade or natural disasters. Federal funding is provided to the OSDH through more than 70 categorical grants, cooperative agreements, and contracts. Thus, the opportunity for OSDH to have significant input into funding reductions is somewhat limited. However, the department is preparing for sequestration by monitoring federal budgetary actions and identifying likely impacts on each program. Listed below are anticipated impacts to OSDH core public health programs that would be affected by a 10% sequestration of federal funding.

Hospital, Home Health, Ambulatory Surgical Centers & End Stage Renal Disease (Dialysis Treatment Centers) Inspections - A 10% reduction in funding would eliminate 6.5 surveyor positions which will result in 240 fewer surveys and complaint investigations each year. Inadequate or untimely inspections could result in injury or death to persons residing in these facilities.

Long Term Care National Background Check Program - Reductions in funding could lead to delays in background checks or some checks not being conducted on nurse aides resulting in the possibility of an abuser or violent felon working in a facility for elderly and vulnerable populations.

Public Health Emergency and Response Programs (PHEP and Emergency Systems) - Reductions in federal funding would result in the loss of local emergency response personnel, an infectious disease epidemiologist and laboratory personnel. These losses could jeopardize disease investigations, the identification of persons exposed to disease, timely laboratory information necessary to resolve disease outbreaks and rapid response in natural disasters and emergencies. Additional reductions would be taken in training, supplies necessary for surge capacity and the local medical response volunteer program.

The Hospital Preparedness Program - Sequestration would likely impact contractor staffing levels as previous federal reductions have resulted in elimination of funding for supplies and equipment. Reduced staffing levels will negatively impact coordinated medical response capabilities. Additional reductions would be taken in response training offered to the hospitals, EMS and other medical response partners statewide potentially reducing the capability of these emergency and medical responders during a disaster.

Infectious Disease Control Programs – Reduction in these programs encompass the prevention & treatment of Tuberculosis, HIV Prevention, HIV/AIDS Surveillance, Hepatitis Prevention, STD Prevention Systems, Ryan White HIV Care, and Epidemiology & Laboratory Capacity. Federal reductions would have the following impacts:

- Prevention & Treatment of Tuberculosis – Federal reductions could result in the loss of a TB clinician that would hamper our ability to diagnose, treat, and manage 725 cases of TB across the state. This could result in hundreds of additional TB cases in the long term, as well as premature death for those left untreated.
- HIV Prevention Program – Federal reductions would reduce the HIV counseling and testing program by 1,000 tests. Testing reductions would result in approximately 10 individuals with HIV not knowing they are infected and potentially spreading disease.
- HIV/AIDS Surveillance- Reductions would result in the loss of epidemiologic staff that produces information necessary to target HIV testing resources, prevention and intervention services.

- Hepatitis Prevention Program – Sequestration will result in the loss of the Viral Hepatitis Position that focuses on educating and providing referrals to those newly diagnosed, integrating hepatitis interventions with HIV and coordinating hepatitis programs. This will only contribute to the morbidity associated with chronic hepatitis infection and loss of productive years. With an estimated 45,000 people identified in Oklahoma as having been infected with hepatitis C, the economic impact would be catastrophic.
- STD Prevention Systems – The loss of STD Prevention funding would eliminate a high risk screening and treatment program in the Oklahoma City jail and 806 gonorrhea and Chlamydia screenings. Reductions in screening will result in approximately 10 syphilis cases and 35 gonorrhea and chlamydia infections going unidentified and untreated. This will increase the spread of disease and result in health complications for infected individuals. For example, genital sores (chancres) caused by syphilis make it easier to transmit and acquire HIV infection sexually. There is an estimated 2- to 5-fold increased risk of acquiring HIV if exposed when syphilis is present.
- Ryan White HIV Care - Loss of Ryan White funding would result in 25 individuals infected with HIV who would not receive the Antiretroviral Therapy necessary to treat their HIV infection resulting in a rapid progression of HIV disease to AIDS and death. Lack of medications allows the virus to replicate resulting in extremely high viral loads which then make the infected client very infectious with the possibility of infecting others. 450 HIV clients would not receive dental care visits which increase the risk of infections as well as tooth decay and gum disease, 150 HIV infected individuals would not receive medical visits by their care provider and 550 individuals would not receive the monitoring lab work that indicates if their drug therapy is effective.
- Epidemiology & Laboratory Capacity - This federal reduction will result in discontinuing the established statewide mosquito surveillance program, which was instituted for the detection of emerging mosquito-borne diseases (e.g., West Nile Virus) and targeted disease control efforts. Additionally, a 10% reduction would lead to the loss of partial support for a clinical laboratorian, the West Nile Virus surveillance coordinator, critical laboratory supplies to test for West Nile Virus in humans, the elimination of molecular Pertussis testing, and would lengthen the amount of time necessary for uploading influenza testing results to the World Health Organization.

Children's Health Programs – Federal reductions would impact many OSDH children's health programs including Maternal and Child Health (Title V), Women Infants and Children (WIC), Oklahoma Early Hearing Detection, Child Abuse Prevention, Newborn Hearing/Screening, Oklahoma Birth Defects Registry and other child health programs. Reductions would have the following impacts:

- Reductions in Federal Title V negatively impact the statewide infant mortality reduction program Preparing for a Lifetime, It's Everyone's Responsibility. Public and healthcare professional awareness of the leading causes of infant death, and evidence based strategies to prevent them, is critical to reducing Oklahoma's unacceptably high infant death rate. Other reductions will include the loss of a temporary nursing position who abstracts approximately 300 cases of children born with metabolic disorders and reductions to Oklahoma City-County Health Department and Tulsa County Health Department contracts.
- Newborn Hearing Screening
Federal funding has already been reduced for this program in 2012. Additional reductions will continue to lead to reduced availability of early screening and treatment of hearing loss. Lack of screenings will result in a delay of hearing diagnosis and early intervention affecting speech and language outcomes. Those children will need additional services such as SoonerStart and possibly Special Education services at a much higher cost than if identified and treated early.
- Women, Infants and Children (WIC) - A 10% federal reduction would result in 50,400 fewer clients receiving WIC food instruments each year.
- Oklahoma Birth Defects Registry Program - Reductions will result in a delay in abstracting the medical records of 100 children with birth defects, referring cases to appropriate treatment and identifying causes and prevention strategies for birth defects.

Immunization & Vaccine Programs – Federal reductions in funding would result in a reduction of the purchase of hepatitis B Immune Globulin being made available to approximately 180 babies born to Hepatitis B Surface Antigen positive mothers. These newborns will be in danger of contracting hepatitis B disease immediately following birth. Funding cuts will also result in the loss of two contractual positions which would eliminate visits being to approximately 75 provider offices, not only putting us in

non-compliance with a grant requirement, but potentially increasing the fluctuation of vaccine temperatures over time increasing wastage.

Chronic Disease Programs - Funding reductions would impact a variety of chronic disease programs including Diabetes, Asthma, Cardiovascular Disease, Coordinated Chronic Disease and National Cancer Prevention and Control and Early Case Capture Programs. Activities including collecting data to inform clinical providers of the most effective disease management methods, developing local action plans and committees to address chronic disease, identifying screening networks for early identification and treatment of high blood pressure and cholesterol, community based initiatives to reduce chronic disease and unnecessary hospitalizations. Cancer screening programs would be specifically reduced as follows:

- Eliminating breast and cervical cancer screening for 515 uninsured, low income Oklahoma women.
- Eliminate collection of data associated with excessive sun exposure and cancer survivorship in order to prevent and treat skin cancer in Oklahoma.
- Reduction of multiple cancer staff that will impact ability to monitor cancer data quality, timeliness and completeness and impair the ability of the OSDH to provide data that is useful and reliable for cancer clinicians and researchers.
- Loss of funds for the Early Case Capture Program would have an impact on efforts to develop and implement a system whereby pediatric cancer cases would be reported within 30 days of diagnosis rather than the current 120 days. The implementation of such a system would afford the OK Central Cancer Registry the ability to provide data that is usable and reliable for cancer researchers to rapidly improve the treatment of pediatric cancer.

- 2.) If these programs are matching fund programs, what amounts will be lost both due to the sequestration and potential loss of matching funds?

In SFY 2013, the sequestration of federal funds would eliminate **\$9,467,608 in federal funding** that is leveraged with **\$489,995 in state appropriated matching funds.**

- 3.) What will the broader impact be of these reductions in programs (e.g., FTEs, cost-sharing programs, reduction of services)?

Sequestration would impact core public health programs such as regulatory licensing, facility inspection services, complaint investigations, infectious disease control, and public health emergency response, as well as many other priority programs for public health. On the heels of three consecutive years of state appropriated reductions (SFY '10 – SFY '12) and the significant loss of FTE, it has the potential to weaken the department's ability to respond effectively to an emergency or natural disaster. Significant impacts of federal funding reductions on these programs were highlighted in Question #1.

In addition, sequestration of federal funding will result in the elimination of 16.86 **OSDH FTE**. The impact would be most felt by nursing, epidemiology and data collection staff. Sequestration would also impact contractors across the state that would be forced to eliminate **10 FTE**. Some public health programs have already experienced a reduction in federal funds or are preparing for impending reductions including the following:

- Hospital Preparedness – Prior funding reductions have resulted in the elimination of supplies and equipment for medical response programs. Additional cuts will be realized through reduction of contracted FTE.
- Newborn Hearing Screening – Screening equipment and the availability of hearing testing has been reduced. Additional reductions will further delay hearing/screenings.
- WIC – Clinic consolidations and review of cost and performance data has begun in preparation for significant federal reductions.

- 4.) Assuming no additional state funding is available, what are your plans to maintain mission-critical programs and which programs will be altered significantly or eliminated if the sequestration takes place?

During the state revenue reductions the OSDH undertook the task of reviewing all revenue streams, department mandates and governing documents in order to prioritize and maintain mission-critical functions. The result of this process was a restructuring of OSDH budgets and the development of the OSDH Business Plan. The OSDH will utilize these documents to ensure the maintenance of mission-critical programs if possible, however, the fact that OSDH receives federal funds through more than 70 categorical cooperative agreements, grants and contracts means that the department may have limited ability to influence budgetary reductions.

- 5.) List and describe any alternative funding sources your agency is considering (e.g. carryover, revolving funds, other sources of funding).

The OSDH will request available carryover funds from state and federal sources. Further, the OSDH will consider alternative grant funds if it is consistent with the OSDH Business Plan.

- 6.) What amount of federal funding received by your agency is classified as non-exempt discretionary or non-exempt mandatory and will be subject to sequester?

Approximately 56% of the OSDH budget is federal and is received through approximately 70 categorical grants. These funds are not exempt from sequestration. The **total financial impact to OSDH would be \$9,957,603** in federal and state matching funds that support public health in Oklahoma.

- 7.) Feel free to add any additional information you believe relevant to the topic at hand.

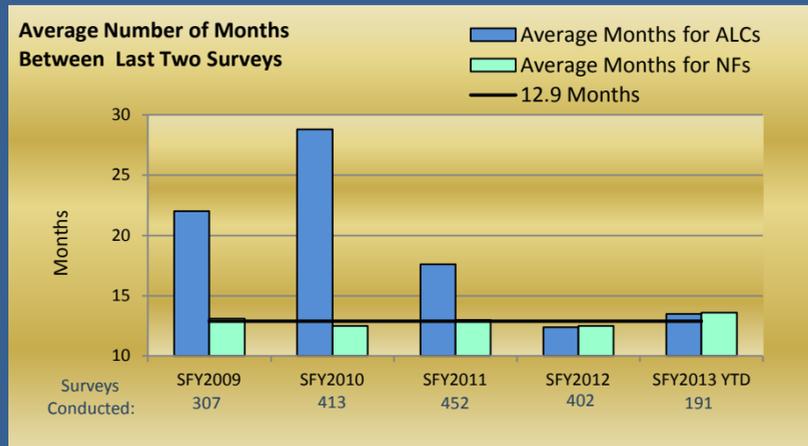
OSDH is the secondary recipient of approximately \$49 million of federal funding from other state agencies. These funds were not included in the analysis above to prevent duplicative reporting.

Please provide your response by October 5, 2011. Thank you.

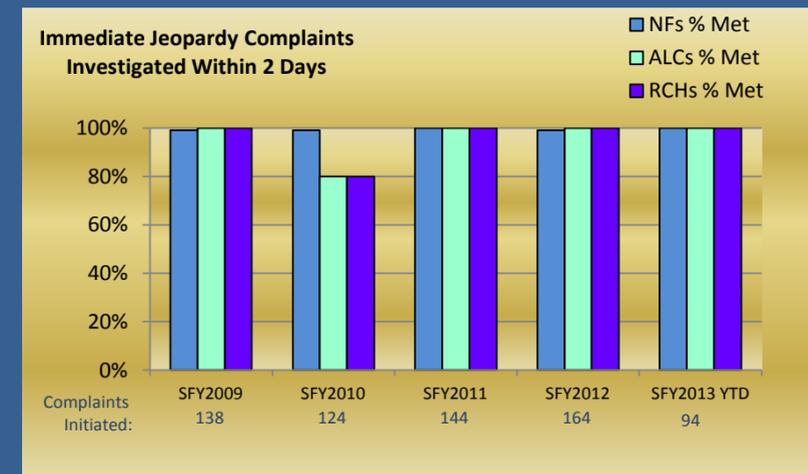
Oklahoma State Board of Health Dashboard

Public Health Imperative - Regulatory Measures

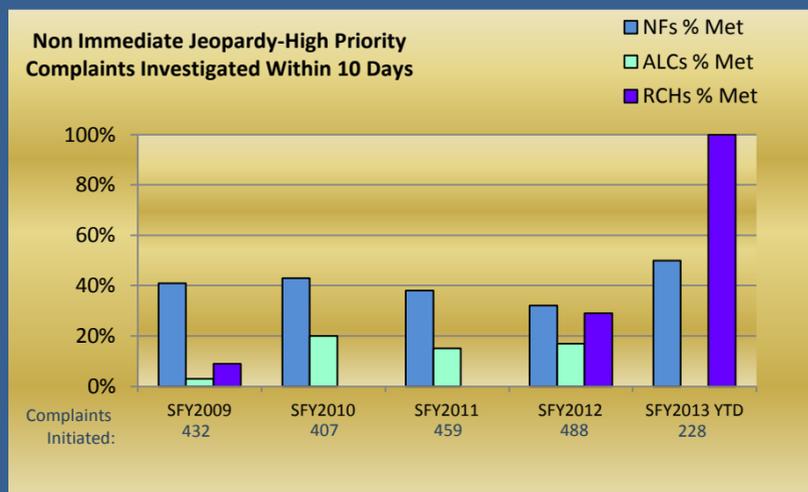
- **Average Interval Between Inspections for Assisted Living Centers (ALCs) and Nursing Facilities (NFs) is <=12.9 months**
 Number of Licensed Assisted Living Centers: 141
 Number of Licensed Nursing Facilities: 316



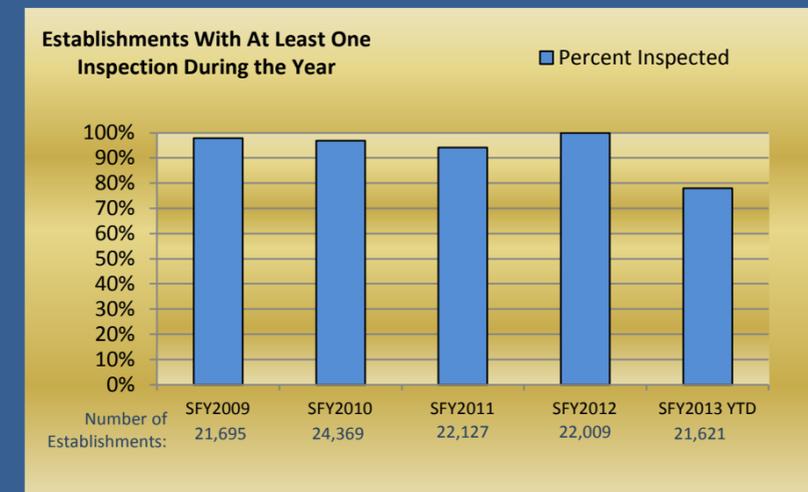
- **Percent of Immediate Jeopardy Complaints for Nursing Facilities (NFs), Assisted Living Centers (ALCs) & Residential Care Homes (RCHs) Investigated Within 2 Days**



- **Percent of Non Immediate Jeopardy-High Priority Complaints for Nursing Facilities (NFs), Assisted Living Centers (ALCs) & Residential Care Homes (RCHs) Investigated Within 10 Days**



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



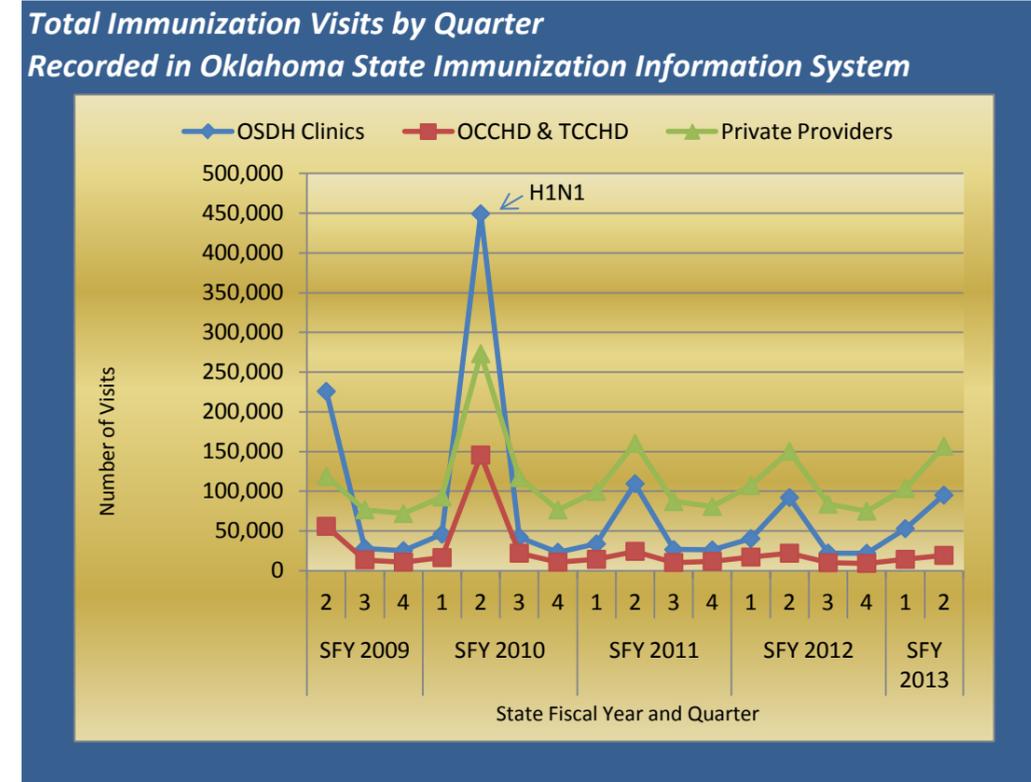
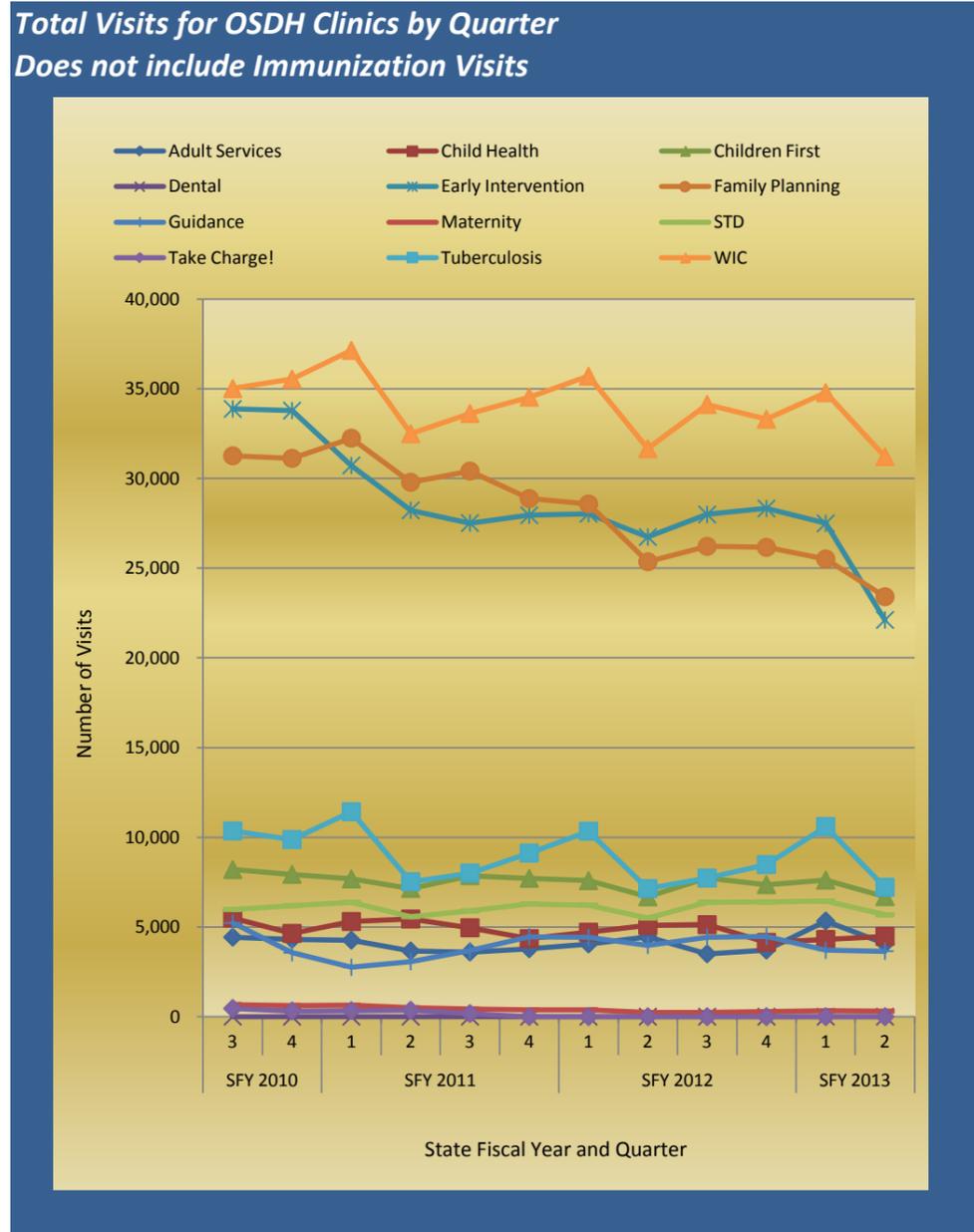
Explanation of Dashboard

- State Fiscal Year (SFY) begins July 1st and ends June 30th.
- Protective Health Services has a "green light" for two of four performance measures by meeting the benchmarks for 1) percent of immediate jeopardy complaints for NFs, ALCs, and RCHs and 2) food service establishment inspections.
- The average interval between inspections for ALCs and NFs indicate a "Yellow Light". The average interval for NF inspections has changed little from the 1st to 2nd quarter of SFY2013, 13.7 months to 13.6 months, but is improved. The average interval for ALC inspections has improved considerably more, decreasing from 14.2 months to 13.5 months. The average intervals for both facility types are decreasing and are within 1 month of the 12.9 month benchmark interval.
- Non immediate jeopardy-high priority complaints indicate a "Red Light." For SFY2013, a 10 day response has been achieved in 100% of RCH complaints and 50% of NF complaints, both of which are improvements over years prior. The ALC complaint 10 day response was not met. On average, ALC complaints account for 9% of all complaints in this category. For all three facility types, compliance with the 10 day time frames improved from 31% in SFY2012 to 46% through the 2nd quarter of SFY2013.

- Measure is Satisfactory
- Two Quarters Not Met in Last Year
- Shortfall Has Occurred Three Consecutive Quarters

Oklahoma State Board of Health Dashboard

Public Health Infrastructure - County Health Department Visits



OSDH Clinic Services by Quarter

SFY 2011		SFY 2012		SFY 2013			
Qtr	Services	Qtr	Services	% Change	Qtr	Services	% Change
1	604,528	1	618,183	2.26%	1	621,750	0.58%
2	641,166	2	603,615	-5.86%	2	553,113	-8.37%
3	579,991	3	575,687	-0.74%	3		
4	586,875	4	567,000	-3.39%	4		
2,412,560		2,364,485		-1.99%			

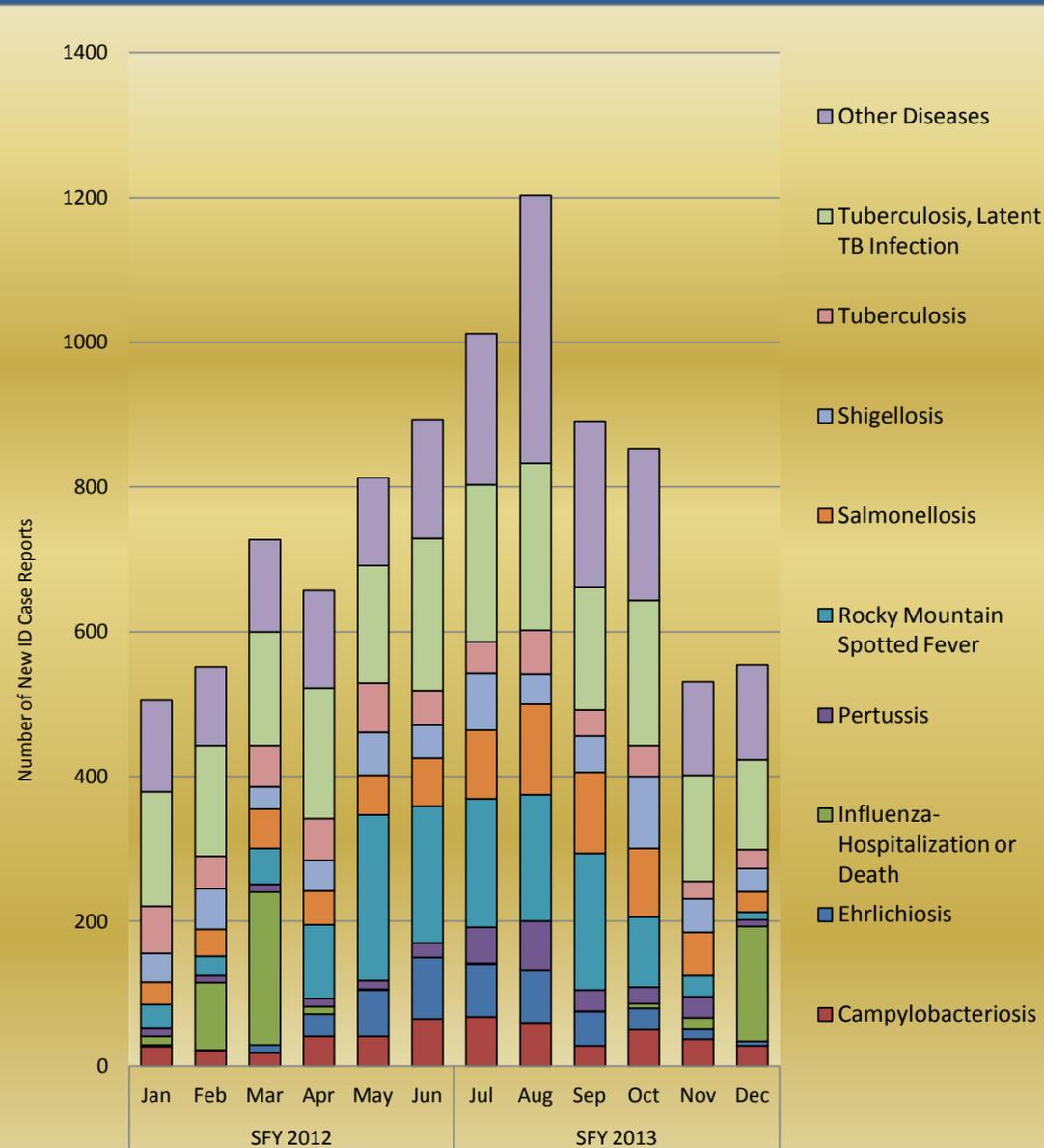
Explanation of Dashboard

- State Fiscal Year (SFY) begins July 1st and ends June 30th.
- On the 'Total Visits for OSDH Clinics by Quarter' chart, a lag in reporting accounts for the Early Intervention decrease in the 2nd quarter of SFY13. Over the course of 3 years, there has been a significant decrease in services, most noticeably in the larger program (WIC, Early Intervention and Family Planning). This is most likely due to decreasing staff levels over the same period of time.
- On the 'Total Immunization Visits by Quarter' chart, the 2nd quarter of SFY2013 showed a significant increase in immunization, as is typically the case in the 2nd quarter. OSDH provided immunization and private provider immunizations have peaked at similar levels in the three years subsequent to the H1N1 spike.
- The 'OSDH Clinic Services by Quarter' table shows a decrease in 2nd quarter services from SFY2011 to SFY2012 and from SFY2012 to SFY2013. Despite the spike in 2nd quarter immunization services, the 2nd quarter of SFY2013 shows fewer services than in the 1st quarter. This is due to the significant decrease in other services provided.

Oklahoma State Board of Health Dashboard

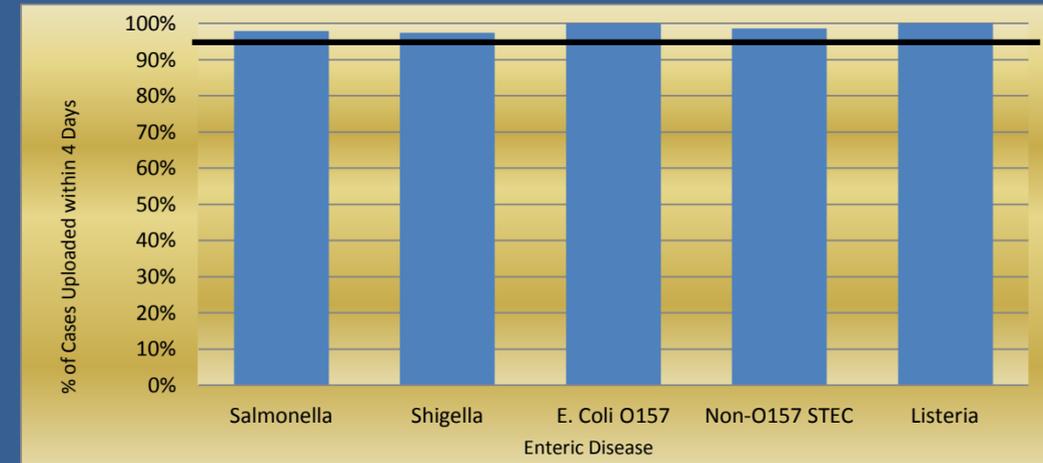
Public Health Imperative - Infectious Disease Measures

Number of New Infectious Disease (ID) Case Reports: 10/1/11 - 9/30/12



Percentage of PH Lab Enteric Diseases Uploaded to PulseNet with in 4 Days from 1/1/12 - 12/31/12 Benchmark = 95%

Number of Salmonella Cases: 711 of 726 (98%)
 Number of Shigella Cases: 77 of 79 (97%)
 Number of E. Coli O157 Cases: 43 of 43 (100%)
 Number of Non-O157 STEC Cases: 72 of 73 (99%)
 Number of Listeria Cases: 4 of 4 (100%)
 Number of Total Cases: 907 of 925 (99%)



Number of New Infectious Disease Case Reports and Estimated Investigation Time (Hrs): 10/1/11 - 9/30/12

Month	# of Rep	Est. Hrs	Month	# of Rep	Est. Hrs
Jan '12	505	982	Jul '12	1012	1536
Feb '12	552	958	Aug '12	1203	1849
Mar '12	727	1170	Sep '12	891	1336
Apr '12	657	1152	Oct '12	853	1421
May '12	813	1226	Nov '12	531	903
Jun '12	893	1360	Dec '12	555	874
Total		9,192	Total		14,766

Total Number of Lab Tests: 1/1/12 - 12/31/12

SFY-Qtr	# of Tests
2012-3	160,194
2012-4	156,648
2013-1	169,027
2013-2*	160,292
Total	646,161

Explanation of Dashboard

- State Fiscal Year (SFY) begins July 1st and ends June 30th.
- The 'Number of New Infectious Disease (ID) Case Reports' chart shows the new cases of infectious diseases received by the Acute Disease Service by month. "Other Diseases" includes all other reportable (but not specifically listed) non-STDs of lower incidence.
- The 'Number of New Infectious Disease Case Reports and Estimated Investigation Time (Hrs)' chart shows the estimated total number of hours spent in disease investigation by month and includes both County Health Department Communicable Disease Nurse and Acute Disease Service Epidemiologist person-time.
- The 'Percentage of PH Lab Diseases Uploaded to PulseNet within 4 Days' indicates that the benchmark of 95% has been met for all factored enteric diseases.
- The 'Total Number of Lab Tests' chart shows the volume of testing activity for calendar year 2012.

OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT
Terry Cline, Ph.D., Commissioner
February 12, 2013

PUBLIC RELATIONS/COMMUNICATIONS

Ziva Branstetter, Tulsa World
Ken Johnson, KOMA radio
Western Oklahoma Tobacco Control Coalition Legislative Annual Event, Hobart – speaker
Oklahoma Public Health Leadership Institute – speaker
Oklahoma County Community Health Network Press Conference
Oklahoma Health Center Foundation Board Meeting – speaker

SITE VISITS (Programs/County Offices)

Jackson County Health Department
Kiowa County Health Department
Caddo County Health Department
Canadian County Health Department, Yukon

STATE AGENCIES/OFFICIALS

Governor Fallin Cabinet Meeting
Denise Northrup, Chief of Staff & Katie Altshuler, Policy Director, Office of Governor Fallin
Michael O'Brien, Exec Director, Department of Rehabilitation Services
Terri White, Commissioner, Oklahoma Department of Mental Health & Substance Abuse Svs.
Mike Fogarty, Executive Director, & Nico Gomez, Oklahoma Health Care Authority
Tracey Strader, Executive Director, Tobacco Settlement Endowment Trust
Dean Gandy, Executive Director, University Hospital Authority
Dean Raskob, University of Oklahoma College of Public Health
Oklahoma Commission on Children & Youth Board meeting
Warren Vieth, Oklahoma Watch

OTHERS:

Reforming State Groups Steering Committee
Prescription Drug Overdose Expert Panel with the National Safety Council
Accreditation Council for Graduate Medical Education (ACGME)
 Clinical Learning Environment Review (CLER) Committee
OHIP Full Team meeting
Kate Lorig, RN, DrPH, Professor Emeriti at Stanford University School of Medicine, &
 Director of the Stanford Patient Education Research Center from Stanford University
 Presentation of "Chronic Disease Self Management – Who Benefits"

Doing the Right Thing

All mistakes need to be corrected but not all need to be punished.

VOLUME 4 ISSUE 1

JANUARY 2013

SPECIAL POINTS OF IN- TEREST:

- **Teamwork: We all play a part**
- **Modeling ethical behavior**
- **Customer's Experience**

INSIDE THIS ISSUE:

Shared Responsibilities 2

Training Must Start at the Top cont. 3

Change: Opportunity for Growth 3

Perception Not Just Processes 4

Training Must Start at the Top

Each of us has supervisors, whether they are directors, deputy commissioners, county health administrators, COO, Commissioner, or the Board of Health, from whom we seek guidance and direction. Most employees look to their immediate supervisors for guidance or direction. We need our leaders to have strong character in order to have a stable foundation on which to build success. We expect our leaders to show the truth, believe what they say, and to live what they say daily.

Our Agency's ethics program is a mandate from the Board of Health with the training evolving every year. The training is designed to engage the participants to think how their actions individually and collectively represent the values of honesty, integrity, respect, accountability, trustworthiness and customer service. An individual's ethical principals shouldn't change from home to work or job to job. The ethics classes are taught by our Training and Employee Development trainers to enhance the consistency of the message being conveyed.

Our senior leaders must model appropriate ethical behavior and reinforce it with

"A good leader encourages followers to tell him what he needs to know, **not** what he wants to hear."

~John C. Maxwell

all their co-workers in a consistent manner. **Do you as a leader model important behavior, talk about them openly, speak up when you see problems arising, and hold yourselves and others accountable for rule violations? Not only should you talk the talk but you should walk the walk and let your unwavering integrity shine through.**

Kimray, a local company, embarked on a program called "Making Character First" wherein, either weekly or monthly, on a rotational basis, they focus on one of 49 different character qualities at the workplace. This focus centers around teaching, communicating and recognizing people within the organization that exemplify the particular quality they are emphasizing at that time. The

results of this program have been remarkable. Productivity, retention, profitability and esprit de corps have all improved when using this program. As a result, many other companies are now implementing this same type of program. Early on, company leadership realized that merely talking the talk didn't result in any lasting effect but walking the walk did.

Those who violate standards assume what they do affects them and no one else. However, that is never really true. If you show poor customer service to our clients or community partners the next person from our Agency that comes in contact with them will already be stigmatized based on the past behavior of others. If you are not truthful in all your endeavors it could cost the Agency a viable partnership, current or future grants, and even affect the services we provide to our clients. Ethical violations drain attention and resources that would be better spent on our

Teamwork: Personal and Shared Responsibilities



“Great teams do not hold back with one another. They are unafraid to air their dirty laundry. They admit their mistakes, their weaknesses, and their concerns without fear of reprisal.”

~ Patrick Lencioni,



Teamwork embodies every one of our Agency values: honesty, integrity, respect, accountability, trustworthiness and customer service.

While we can all agree that no one individual person at the Oklahoma State Department of Health (OSDH) can be considered to have achieved our Agency’s vision of *Creating a State of Health*, we should acknowledge that continuing improvement of the state of health of Oklahomans requires the collaborative efforts of all of us and our community partners.

Being a team player requires each person to take on personal and shared responsibilities for the outcomes of the project. We each have our strengths which may be called upon and even pushing us out of our comfort zones to participate in areas of unfamiliarity during these group efforts. The respect and customer service we give each of our teammates while working on a pro-

ject can go a long way in building relationships for future collaborations.

How do you handle the situation when working on a team project, and one of your co-workers isn’t doing their fair share of the work? Do you say nothing and pick up the slack, do you complain to others or the boss hoping the person gets into trouble, or do you take the person aside and talk to them one on one and ask them if they wouldn’t mind pitching in a little more so the work is evenly distributed. If you choose the last response you are showing your fellow teammates the importance of accountability for the project and to each other.

Some of our personal responsibilities to a team include being prepared for our part of the project, pitch the idea that may seem out of the box; such as using various art mediums to engage students about topics like HIV/AIDS, benefits of good nutrition, abstinence, or immunizations, and be engaging with constructive

input to other’s ideas. Stand up for yourself and know when to say no to participate in a project that may overwhelm your current work load. {{Making sure people don’t take advantage of your kind nature}} (If that applies to any of us.)

Our shared responsibilities to the team are to complete our fair share of the work, maybe even asking for more to do, follow the timelines so the project stays on track, be open to other’s ideas, don’t always have to be the one in the limelight, and become an active listener.

Building confidence in your fellow team members by being truthful in each of our endeavors will show others we are sincere with our commitment to help each other improve ourselves and our delivery of quality programs and outreach efforts. Are you the type of team member you would want or more importantly others would want on their team?

Training Must Start at the Top cont. from page 1

Agency's vision of *Creating a State of Health*.

During ethics training we try to train on ethical behavior in such a way where we encourage discussion of problems, ask questions, listen to peers, and actively engage with our

colleagues. Something you may have dealt with and how you've handled it could help your coworkers avoid problems that have already been faced. Often times there are gray areas of legality and ethics which can cause serious problems and distractions not only for you but for our Agency. Ac-

cept accountability for your actions and seek clarification and guidance whenever there is doubt.

When you come to ethics training this year be ready to interact with one another so we can keep learning, growing and improving.

“What matters most is character working hard, treating others with respect and honesty— those are keys to success.” ~Hal Urban~

Change: An Opportunity for Growth

Often times there are gray areas of legality and ethics which can cause serious problems and distractions. These types of distractions can take away from positively impacting the citizens of Oklahoma. When patterns of behavior emerge that go against the Agency's values it is up to each of us to speak up and bring those situations to light. Will it be easy for you to do if it is one of your close coworkers or friend you have to confront? Do you know that you can come to the Office of Accountability Systems in room 211 and speak in confidence about the issues you may be facing?

A change in leadership for an Agency can be a good thing to break up the image of quid pro quo or the good ole boy mentality of doing business. Making everyone aware of company policies and procedures and consistently enforcing them with everyone re-

gardless of who you know will grow our Agency. These changes may come with some growing pains but the consistency will make us a better Agency. Encouraging positive changes and getting everyone involved in the culture of ethics and doing the right thing takes time and everyone's cooperation.

The Oklahoma State Department of Education has been in the news recently regarding the way it accepts donations. When the current superintendent requested a state audit she wasn't aware the practices that were done in the past had the perception of being unethical. She just figured the way the former administration did things was correct. She learned that the mere perception of how the donations were coming into the Department of Education and how the donations were being spent shed a negative light on the Agency that

she wanted to change.

We need to explore the boundaries between actions that are “legally permissible” and those that are “neither advisable nor wise”. Encourage coworkers when in doubt to seek help on questions they cannot answer. By being accountable to each other and our community partners with our resources, how we obtain them, and how we put them to use can save the Oklahoma State Department of Health (OSDH) a negative image in the community.





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Course Registrations

Due to a recent update within OKTRAIN, course participants will no longer be able to register for a course after the ending time of the scheduled course. All course registrations must be completed by the start time of the scheduled course.

<https://ok.train.org>

Do The Right Thing Training Dates

January

8th Comanche CHD

15th Central Office

February

6th Comanche CHD

7th Central Office

12th Pittsburg CHD

March

5th Central Office

14th Rogers CHD

March cont.

15th Ottawa CHD

April

2nd Central Office

5th Cleveland CHD—Moore

11th Pittsburg CHD

12th LeFlore CHD

17th Canadian CHD—El Reno

30th Jackson CHD

Think Perception Not Just Process

You will find prominently displayed in the stores right now a wide array of storage boxes, totes, exercise equipment, fitness attire and diet aids. When you see these displays you may get the perception that it is time to de-clutter, organize yourself and prepare your body for a more healthy you. Public health is one area that affects all of us on a daily basis from the time we are born until the time we die.

With the New Year it is a great time to take a look at what you would like to accomplish in 2013 both personally and professionally. The Oklahoma State Department of Health (OSDH) continually looks at the process points that each service area is involved in to determine if it is meeting the mission *of protecting and promoting the health of the citizens of Oklahoma, to prevent disease and injury, and to assure the conditions by which our citizens can be healthy.*

There are times when we get so caught up in what our processes are that we fail

to understand our customer’s perception of what we do. When we implement process changes that affect programs to our clients do we follow up with what our customer’s are experiencing? Paying attention to our customer’s perception points will allow us to improve our customer’s experience with our processes while giving us a chance to make their experiences with OSDH and our community partners better. The perceptions that our partners have about how we do our jobs is reflective of the *customer service* we provide on a continual basis.

Step into your coworker’s or community partner’s shoes. Do you see ways we can improve our service to them? In other words: you need to experience what your customer is experiencing. That is the meaning of perception point. Positive change can occur when we look at “what is the customer’s experience of what we do” and not just on “how do we do what we do.” In order to take a truthful look at their perception of how we are interacting with them we need to be

prepared to listen to their feedback. If there are weak or poor performance areas or delivery you can bring those concerns and ideas for improvement to the attention of leadership. It may mean building new procedures with processes to consistently deliver those improvements.

When you actively participate in staff meetings you can become a contributor to the process of continuous service improvement and have a unifying sense of direction with your service area.

Benjamin Franklin said: “If you want to enjoy the greatest luxury in this life, the luxury of having enough time-time to rest, time to think things through, time to get things done and know you have them done to the best of your ability- remember there is only one way. Take enough time to think and plan things in the order of their importance...Let all things have their place, let each part of your business have its time.”