Agenda for the 11:00 a.m., Tuesday, March 8, 2016
Regular Meeting of the Oklahoma State Board of Health
Posted at www.health.ok.gov
Citizen Potawatomi Cultural Heritage Center
1899 Gordon Cooper Dr.
Shawnee, OK 74801

I. CALL TO ORDER AND OPENING REMARKS

II. TRIBAL WELCOME
Linda Capps, Vice Chairman, Citizen Potawatomi Nation

III. REVIEW OF MINUTES
a) Approval of Minutes for February 9, 2016, Regular Meeting

IV. BUDGET PRESENTATION
Deborah Nichols, Chief Operating Officer

V. COUNTY HEALTH DEPARTMENT PRESENTATION
Brenda S. Potts, M.P.H., Administrative Director; Paula Waters, Program Director, Avedis Foundation

VI. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION
Executive Committee – Dr. Woodson, Chair
Discussion and possible action on the following:
b) Update

Finance Committee – Ms. Burger, Chair
Discussion and possible action on the following:
c) Update

Accountability, Ethics, & Audit Committee – Ms. Wolfe, Chair
Discussion and possible action on the following:
d) Update

Public Health Policy Committee – Dr. Stewart, Chair
Discussion and possible action on the following:
e) Update

VII. PRESIDENT'S REPORT
Related discussion and possible action on the following:
Discussion and possible action

VIII. COMMISSIONER'S REPORT
Discussion and possible action

IX. NEW BUSINESS
Not reasonably anticipated 24 hours in advance of meeting.

X. PROPOSED EXECUTIVE SESSION
Proposed Executive Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law.

- Discussion of Board Policy CP54 and Proposed OSDH Administration Procedure 1-30A

Possible action taken as a result of Executive Session.

XI. ADJOURNMENT

STATE BOARD OF HEALTH

OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 N.E. 10th
Oklahoma City, Oklahoma 73117-1299

Tuesday, February 9, 2016 11:00 a.m.

Ronald Woodson, President of the Oklahoma State Board of Health, called the 406th regular meeting of the Oklahoma State Board of Health to order on Tuesday, February 9, 2016 at 11:02 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on February 8, 2016, and at 11:00 a.m. at the building entrance on February 8, 2016.

ROLL CALL

Members in Attendance: Ronald Woodson, M.D., President; Cris Hart-Wolfe, Secretary-Treasurer; Murali Krishna, M.D.; Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.

Absent: Jenny Alexopulos, D.O.; Martha Burger, M.B.A., Vice-President; Terry Gerard, D.O.; Charles W. Grim, D.D.S.

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Neil Hann, Assistant Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Deborah Nichols, Chief Operating Officer; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Director of Office of Communications; VaLauna Grissom, Secretary to the State Board of Health.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks
Dr. Woodson called the meeting to order. He welcomed special guests in attendance.

REVIEW OF MINUTES

Dr. Woodson directed attention to review of the minutes of the January 12, 2016, regular meeting.

Ms. Wolfe moved Board approval of the minutes of the January 12, 2016, regular meeting, as presented. Second Dr. Stewart. Motion carried.

AYE: Stewart, Krishna, Starkey, Stewart, Wolfe
ABSENT: Alexopulos, Burger, Gerard, Grim

PROPOSED RULEMAKING ACTIONS

CHAPTER 641. EMERGENCY MEDICAL SERVICES
[PERMANENT] Presented by Henry F. Hartsell, Jr.
PROPOSED RULES:
Subchapter 1. General EMS Programs [AMENDED]
Subchapter 3. Ground Ambulance ~~Services~~ Service [AMENDED]
Subchapter 5. Personnel Licenses and Certification [AMENDED]
Subchapter 7. Training Programs [AMENDED]
Subchapter 11. Specialty Care Ambulance Service [NEW]
Subchapter 13. Air Ambulance Service [NEW]
Subchapter 15. Emergency Medical Response Agency [NEW]
Subchapter 17. Stretcher Aid Van Services [NEW]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; House Bill 1083 (2013), HB 1467 (2013), and Title 63 O.S. Section 1-2501et seq.

SUMMARY: The proposed language will:

Re-organize the current document. The re-organization separates the different license and certification types. Currently, an applicant, certificate holder, or licensee must review the entire rule document to determine the compliance requirements. The reorganization allows stakeholders to be able to find all rules that affect their type of license within one subchapter.

Update and amend rules pursuant to HB 1083 (2013) and HB 1467 (2013). HB1083 amended the Oklahoma Emergency Response Systems Development Act (OERSDA) (63 O.S. § 1-2501 et seq.) HB 1083 (2013) updated language to make personnel, emergency medical personnel and emergency medical responders licensed personnel; redefined certified emergency medical responder and certified emergency medical response agency; defined critical care paramedic as a license paramedic who successfully completed critical care training and testing requirements in accordance with the OERSDA; defined use of letters of review as an official designation for paramedic programs becoming accredited; redefined the license levels as an emergency medical technician, an intermediate or advanced emergency medical technician or paramedic licensed by the Department to perform emergency services; allows any hospital or health care facility in Oklahoma to use emergency medical technicians (EMTs), intermediate or advanced EMTs, paramedics or critical care paramedics for the delivery of emergency medical patient care within the hospital or facility and for on-scene patient care; allows advanced EMT students to perform in the hospital, clinic or prehospital setting while under direct supervision. The bills redefine EMT to omit technician or EMT basic; allow an EMT training program to be administered by the Department or its designees; define an advanced EMT to mean a person who has completed advanced EMT training and passed the licensing exam. The bills provided that for any licensed emergency medical personnel or certified emergency medical responder who dies while performing official duties in the line of duty, a beneficiary of the deceased will receive $5,000. The bills authorized the Department of Health to charge a fee for various stages of application of licensed emergency medical personnel. The bills charged the Department with creation of a registry of critical care paramedics. The bills amended requirements for specialty care ambulance services to be solely used for inter-hospital transport of patients who require specialized enroute medical monitoring and advanced life support which exceeds the capabilities of the equipment and personnel of paramedical life support.

HB 1467 (2013) created the Trauma and Emergency Response Advisory Council which replaced two formerly designated advisory bodies.

These legislative actions required several additions and/or amendments to this Chapter.

Clarify language and minimize conflicts in the rule. Since the original chapter was created in 1991, there have been six (6) regulatory revisions to this chapter. Those revisions have created contradictory or conflicting rules. The proposed language eliminates contradictions and the new organization format will minimize the possibility of conflicting language in future revisions. Additionally, a review of the Federal Aviation Administration regulations pertaining to Air Ambulances resulted in the removal of several Air Ambulance rules because of Federal jurisdiction.

Establish new standards for existing agencies and create a new certification type. The new certification type is for Standby Emergency Medical Response Agencies. This certification proposes to establish a minimum standard for individuals and agencies that provide emergency medical care at public events. Another new standard requires all Emergency Medical Response Agencies to submit data to the Department through the Oklahoma Emergency Medical Services Information System. The remaining new standards relate to adding details to existing rules or regulatory concepts.

Dr. Henry Hartsell, presented additional recommendations from the Oklahoma Trauma and Emergency Response Advisory Council from the February 4, 2016 meeting requesting language regarding medical director training should be carried consistently throughout other sections of the rule addressing medical director training.

Dr. Krishna moved Board approval for Permanent Adoption of Chapter 641. Emergency Medical Services as presented with additional recommendations from the Oklahoma Trauma and Emergency Response Advisory Council. Second Ms. Wolfe. Motion carried.

AYE: Stewart, Krishna, Starkey, Stewart, Wolfe
ABSENT: Alexopulos, Burger, Gerard, Grim

ZIKA VIRUS BRIEFING

Kristy Bradley, D.V.M., M.P.H., State Epidemiologist & State Public Health Veterinarian
See Attachment A

2015 NATIONAL HEALTH SCORECARDS PRESENTATION

Derek Pate, Dr.P.H., Director of Health Care Information; Julie Cox-Kain, M.P.A., Senior Deputy Commissioner & Deputy Secretary of Health & Human Services
See Attachment B

BUDGET PRIORITIES

Deborah Nichols, Chief Operating Officer; Mark Davis, CPA, Chief Financial Officer
See Attachment C

CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

Executive Committee

Dr. Woodson provided the following reminder to the Board:

- 2015 Ethics Commission forms will be sent during the month of January, due May 15, 2016. If you have not received an email from the Ethics Commission, please notify VaLauna.
- The March meeting will be held in Citizen Potawatomi Cultural Heritage Center in Shawnee, details are forthcoming.
- The April Board meeting will be held at the Moore Norman Vo-tech and will be an opportunity for the Board to attend the Governor's Healthy Aging Summit in conjunction with the April Board meeting. The Summit brings agencies together to promote health aging across disciplines and fields. Speakers include Governor Fallin and Dr. Larry Wolk, Executive Director of the Colorado Department of Public Health and Environment. The Governor's address and the keynote will occur in the morning with breakout sessions in the afternoon. This is a great opportunity for the Board's involvement.

Ms. Wolfe moved Board approval to move the April 12, 2016 Board of Health meeting location to the Moore Norman Vo-Tech. Second Dr. Krishna.

AYE: Stewart, Krishna, Starkey, Stewart, Wolfe
ABSENT: Alexopulos, Burger, Gerard, Grim

Finance Committee

Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the following SFY 2016 Finance Report and Board Brief as of January 25, 2016:

- OSDH budget and expenditure forecast are as of January 25, 2016
- OSDH has approximately $398 million budgeted for state fiscal year 2016
- The forecasted expenditure rate is projected at 98.9% through June 30, 2016
- The department is in "Green light" status overall and within each division
- Also discussed is the 3% cut in state appropriations for FY 2016 and the voluntary out benefits option (VOBO) which will take place May 31, 2016.

Accountability, Ethics, & Audit Committee

The Accountability, Ethics, & Audit Committee met with Jay Holland. Ms. Wolfe indicated there were no known significant audit issues to report at this time and were continuing review of the Office of Accountability policies.

Public Health Policy Committee

The Policy Committee met on Tuesday, February 9, 2016. The Committee reviewed the status of OSDH request legislation, the budget situation, and potential additional budget reductions during this fiscal year. Members should have received the legislative update report around February 5th. If Board members have any policy questions, they should feel free to contact Carter Kimble or Mark Newman at any time.

The next meeting of the Policy Committee will be prior to the March Board Meeting.

PRESIDENT'S REPORT

Dr. Woodson indicated the Board would soon receive an electronic copy of an Executive Order recently signed by the Governor dealing with displaying Board member contact information on the Department's webpage. For now both a State Board of Health Email and direct phone line have been posted to the webpage and additional details will be shared with the Board as the Department is still working through logistics for implementation of the Executive Order with the Office of Management Enterprise Services.

COMMISSIONER'S REPORT

Dr. Cline highlighted the annual Mission of Mercy event that took place in Oklahoma City. Previously, this event has been held in Enid, McAlester, Lawton, Tulsa, and Oklahoma City. Over the two day event, approximately 1600 patients were seen and 11 thousand procedures conducted. The event is operated by volunteers from multiple organizations. To date over 6 million in funding has been donated to operate the event which speaks to the great unmet need in the state. Dr. Cline thanked Dr. Jana Winfree who coordinated services from the OSDH as well as all the volunteers who make the event possible.

Next, Dr. Cline briefly discussed a recent visit from Congressman Tom Cole to the State Department of Health. Congressman Cole had an opportunity to meet with the Tribal Public Health Advisory Committee and learn information about tribal waivers as well as other collaborations. During the visit, Congressman Cole was able to participate in a tour of our Public Health Laboratory. There was much discussion regarding the failing infrastructure of the Lab and uncertainty as to whether the Lab could make it until the next accreditation. Additionally, Dr. Cline and other Board members praised current Laboratory staff for their outstanding work in these conditions. This tour allowed the OSDH to demonstrate how important the 56% of federal funding received is to the agency

Lastly, Dr. Cline highlighted the Aspen Institute Teamwork project which is a competitive grant awarded to the state of Oklahoma and involves the development of Health Impact Assessments in our state. The hope is this work will help decision makers in other areas such as Transportation and Education to understand the impacts on health. There is a great team of individuals including Secretary of State Chris Benge, Senator AJ Griffin, and Carol McFarland.

The report concluded.

NEW BUSINESS

No new business.

NO EXECUTIVE SESSION

ADJOURNMENT

Ms. Wolfe moved Board approval to Adjourn. Second Grim. Motion carried.

AYE: Stewart, Krishna, Starkey, Stewart, Wolfe
ABSENT: Alexopulos, Burger, Gerard, Grim

The meeting adjourned at 12:38 p.m.

Approved

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Ronald W. Woodson, M.D.
President, Oklahoma State Board of Health
March 8, 2016

ATTACHMENT A

Zika Virus Update for the Board of Health

February 9, 2016

Prepared by Kristy Bradley, DVM, MPH, State Epidemiologist

Background

- Zika is a virus that is spread by *Aedes* species of mosquitoes (primarily *Aedes aegypti)*. It was first identified in Uganda in 1947 with later recognition in tropical Africa, Southeast Asia, and the Pacific Islands. In May 2015, the Pan American Health Organization (PAHO) issued an alert about the first confirmed Zika virus infections in Brazil. Since then, the virus has spread rapidly in South and Central America and the Caribbean (26 countries & territories to date). Active transmission in Puerto Rico was detected in December 2015.
- Zika virus is not currently spreading anywhere in the continental U.S., but as more travelers return to the U.S. while still infected with the virus, the risk increases for indigenous biting *Aedes* mosquitoes in the southern U.S. to pick up the virus and begin spreading it locally; 35 travel-associated cases of Zika have been reported by states to CDC (as of 2/3/16).
- The mosquitoes that spread Zika virus are also vectors for dengue and chikungunya viruses. Despite a large chikungunya outbreak in the Caribbean during 2014 and many travel-associated cases reported in the U.S., chikungunya has not established itself in the U.S. Small outbreaks of locally transmitted dengue virus periodically occur in southern Florida, Texas, and Hawaii.
- In infected persons, Zika virus can be found in blood, saliva, urine, and semen. Unborn babies can acquire infection while *in utero* or during birth (perinatal transmission). Three instances of sexual transmission from a man to a woman have been documented: 2008 in CO and recently in Dallas Co., TX.
- Person-to-person transmission by saliva has *not* been documented.
- Transmission is also possible through transfusion of contaminated blood or organ transplantation.

Zika Virus Disease

- About 1 in 5 people who are bitten by Zika virus-infected mosquitoes will experience symptoms of illness, including fever, rash, conjunctivitis, and joint pain.
- Most infected persons will not require hospitalization or medical care and will recover in a few days to 1 week. Deaths are rarely associated with Zika fever.
- There is no specific treatment for Zika virus disease and no preventive vaccine has yet been developed.
- Concurrent with the Zika virus outbreak in Brazil, officials in that country noticed a large increase in the number of babies born with microcephaly (>4,000 congenital microcephaly cases in 2015 compared to an average of 150/year). Although there appears to be a strong association between Zika virus infection during pregnancy and congenital microcephaly, more epidemiologic studies are ongoing to determine a causal association.
- In Brazil, a concomitant increase of persons affected with Guillain-Barre' syndrome, a condition where the immune system attacks its own peripheral nervous system, has also been reported.

Timeline

- January 15, 2016
  - CDC issues travel advisory for pregnant women traveling to countries and territories where Zika virus is spreading
- February 1, 2016: WHO declares Zika as a "Public Health Emergency of International Concern"

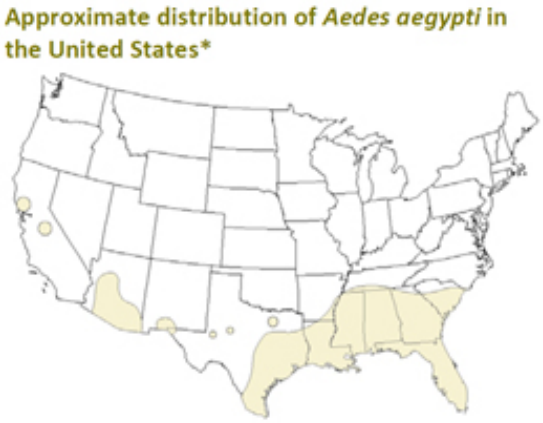
- February 5, 2016
  - "Interim Guidelines for Prevention of Sexual Transmission of Zika Virus — United States, 2016"
  - "Update: Interim Guidelines for Health Care Providers Caring for Pregnant Women and Women of Reproductive Age with Possible Zika Virus Exposure — United States, 2016"
- February 8, 2016
  - President requests $1.8 billion from Congress for Zika virus-related emergency preparedness & response

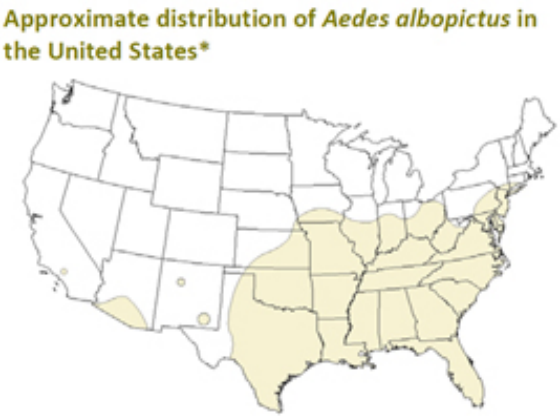
State Preparedness Activities

- January 20: Distributed first OK-HAN with guidance for Zika virus screening of returning travelers and pregnant women with potential exposure.
- January 26: OSDH Public Health Laboratory (PHL) begins ordering supplies to establish diagnostic testing capacity for Zika and Chikungunya, including PCR testing and IgM serology.
- January 29: Highlighted OSDH web page on Zika virus launched.
- February 3: Began weekly multi-jurisdictional planning meetings with representatives from OSDH Office of State Epidemiologist, Emergency Preparedness and Response Service, Acute Disease Service, PHL, Office of Communications, Office of General Counsel, Maternal Child Health-Women's Health, Screening and Special Services-Birth Defects Registry and Community and Family Health Services; representatives from THD and OCCHD will also be invited to participate in the planning sessions.
- Ongoing: Birth Defects Registry analyzing data on incidence of microcephaly in OK. Data available from 1992 to current year from Cleveland, Oklahoma and Tulsa Counties; from 1994 for entire state.
- Exploring options for contracting with entomologic professionals to provide mosquito surveillance, speciation, and vector control technical assistance; will also determine if PHL will provide Zika virus testing of speciated mosquitoes.
- Evaluating need and available personnel resources to provide expanded case investigation of any reported microcephaly cases.
- Continue educational outreach to physicians, hospitals and labs, especially those serving pregnant women or providing travelers' health clinics.

Oklahoma's Risk for Local Transmission of Zika Virus

This is dependent on whether *Aedes albopictus* (Asian tiger mosquito) is an effective vector of Zika virus in the US. Oklahoma has very few *A. aegypti* mosquitoes, but large populations of *A. albopictus*. These mosquitoes tend to bite aggressively and during the daytime hours. They are difficult to control.





2015 National Health Scorecards

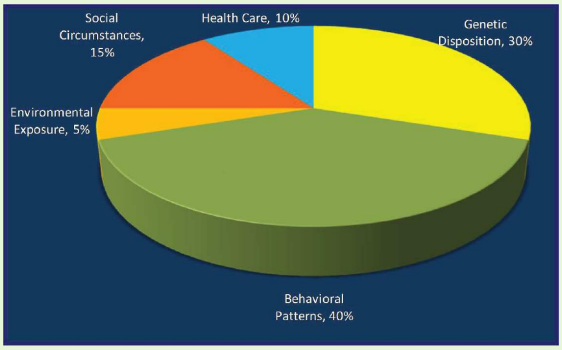
America's Health Rankings &
Aiming Higher, Scorecard on State Health System Performance

Board of Health Meeting
February 9, 2016

Publications/Scorecards

PUBLICATION	RANK
United Health Foundation America's Health Rankings (2015)	Overall Ranking: 45
United Health Foundation Senior Health Rankings Report (2015)	Overall Ranking: 46
Commonwealth Fund (2015)	Overall Ranking: 50
Trust for America's Health (2015)	No Overall Ranking
March of Dimes Prematurity Report Card	Overall Grade: C
National Health Security Preparedness Index (2014)	Overall Score: 7.6
CDC Prevention Status Reports (2013)	N/A

Determinants of Health and Their Contribution to Premature Death



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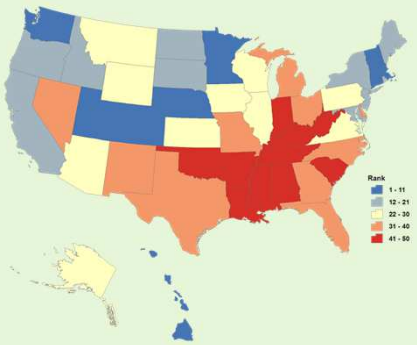
2015 *America's Health Rankings®*



2015 *America's Health Rankings®*

2015 *America's Health Rankings®*

Top Ten	Bottom Ten	Other (Region VI)
1 - Hawaii (IX)	41 - Indiana (V)	34 - Texas (VI)
2 - Vermont (I)	42 - S Carolina (IV)	37 - New Mexico (VI)
3 - Massachusetts (I)	43 - Tennessee (IV)	**45 - Oklahoma (VI)**
4 - Minnesota (V)	44 - Kentucky (IV)	48 - Arkansas (VI)
5 - New Hampshire (I)	**45 - Oklahoma (VI)**	50 - Louisiana (VI)
6 - Connecticut (I)	46 - Alabama (IV)	
7 - Utah (VIII)	47 - W Virginia (III)	
8 - Colorado (VIII)	48 - Arkansas (VI)	
9 - Washington (X)	49 - Mississippi (IV)	
10 - Nebraska (VII)	50 - Louisiana (VI)	

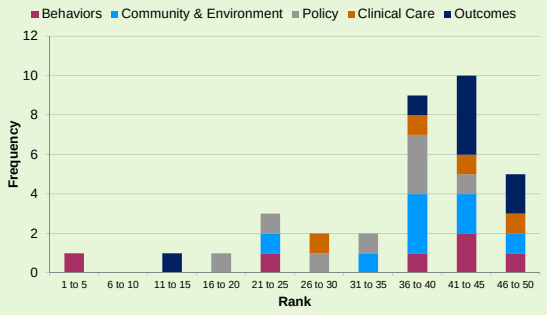
2015 *America's Health Rankings®*

Changes

- Excessive Drinking replaced Binge Drinking as a core measure.
- Chronic Drinking was added as a supplemental measure.
- Revised definition of High School Graduation
  - Moved to National Center for Education Statistics measure of high school graduation.
- The definition of Immunizations for Adolescents was revised.
  - Coverage estimates provided for the 3 individual vaccines
  - Male HPV coverage was added to a composite HPV coverage
- Added Injury Deaths as a supplemental measure

2015 *America's Health Rankings®*

Oklahoma's Frequency of Core Measures by Rank and Component



2015 *America's Health Rankings®*

Behaviors

Metric	2015 Value (Rank)	2014 Value (Rank)	2013 Value (Rank)	Top State Value
Smoking (Percent of Population)	21.1 (40)	23.7 (45)	23.3 (39)	9.7
Binge Drinking (Percent of Population)	-	12.7 (7)	14.4 (9)	-
Excessive Drinking (Percent of Population)	13.5 (5)	13.4 (5)	-	10.3
Drug Deaths (deaths per 100,000 population)	20.3 (45)	19.8 (45)	18.8 (46)	2.7
Obesity (Percent of Population)	33.0 (45)	32.5 (44)	32.2 (45)	21.3
Physical Inactivity (Percent of adult population)	28.3 (46)	33.0 (47)	28.3 (44)	16.4
HS Graduation (Percent of Incoming 9th graders)	-	79.0 (30)	78.5 (27)	89.7
HS Graduation (Percent of Students)	84.8 (21)	-	-	-

2015 *America's Health Rankings®*

Community & Environment

Metric	2015 Value (Rank)	2014 Value (Rank)	2013 Value (Rank)	Top State Value
Violent Crimes (Offenses /100,000 population)	441.2 (39)	469.3 (40)	469.3 (40)	121.1
Occupational Fatalities (/100,000 workers)	7.6 (46)	7.1 (44)	7.8 (42)	2.0
Children in Poverty (% of children)	25.0 (40)	17.8 (26)	27.4 (46)	10.6
Infectious Disease (/100,000)	0.49 (42)	(25)	-	
- Chlamydia (cases per 100,000 population)	479.1 (37)	444.2 (27)	377.9 (19)	236.2
- Pertussis (cases per 100,000 population)	6.7 (22)	4.1 (6)	1.8 (7)	1.0
- Salmonella (cases per 100,000 population)	23.9 (44)	20.1 (39)	22.2 (41)	8.4
Air Pollution (micrograms of fine particles/cubic meter)	9.5 (34)	9.7 (33)	9.7 (32)	5.0

2015 *America's Health Rankings®*

Policy

Metric	2015 Value (Rank)	2014 Value (Rank)	2013 Value (Rank)	Top State Value
Lack of Health Insurance (percent of population)	16.5 (44)	18.0 (44)	17.1 (39)	3.5
PH Funding ($/person)	$74 (24)	$79 (24)	$80 (26)	$227
Immunizations—Children (% of children aged 19 to 35 months)	73.3 (18)	62.7 (47)	61.0 (48)	84.7
Adolescents (combined value)	(36)	-		1.31
- HPV Females (% of females aged 13 to 17 yrs)	36.4 (32)	35.4 (29)	-	54.0
- HPV Males (% of males aged 13 to 17 yrs)	19.9 (29)	-	-	42.9
- MCV4 (% of adolescents aged 13 to 17 yrs)	70.8 (37)	66.2 (37)	-	95.2
- Tdap (% of adolescents aged 13 to 17 yrs)	82.6 (39)	78.1 (43)	-	94.8

2015 *America's Health Rankings®*

Clinical Care

Metric	2015 Value (Rank)	2014 Value (Rank)	2013 Value (Rank)	Top State Value
Low Birthweight (% of live births)	8.1 (28)	8.0 (24)	8.5 (33)	5.8
Primary Care Physicians (number per 100,000 population)	85.2 (48)	84.8 (48)	82.7 (48)	206.7
Dentists (number per 100,000 population)	50.4 (38)	50.4 (35)	50.5 (33)	81.2
Preventable Hospitalizations (discharges per 1,000 in Medicare)	62.6 (41)	71.4 (42)	76.9 (43)	24.4

2015 *America's Health Rankings®*

Outcomes

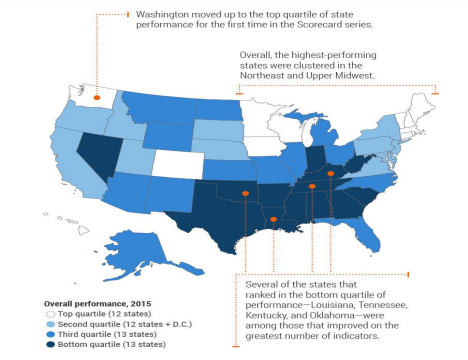
Metric	2015 Value (Rank)	2014 Value (Rank)	2013 Value (Rank)
Diabetes (% of adult population)	12.0 (43)	11.0 (39)	11.5 (43)
Poor Mental Health Days (days in previous 30)	4.1 (39)	4.3 (44)	4.2 (41)
Poor Physical Health Days (days in previous 30)	4.5 (44)	4.4 (42)	4.4 (42)
Disparity in Health Status (% difference by education level)	25.1 (11)	32.1 (38)	29.8 (27)
Infant Mortality (deaths per 1,000 live births)	7.1 (41)	7.4 (43)	7.7 (44)
Cardiovascular Deaths (deaths per 100,000 population)	322.5 (48)	322.0 (48)	330.5 (48)
Cancer Deaths (deaths per 100,000 population)	215.8 (45)	214.1 (45)	209.6 (43)
Premature Death (years lost per 100,000 population)	9,799 (46)	9,654 (46)	9,838 (47)

2015 *America's Health Rankings®*

Commonwealth Fund

Aiming Higher: Scorecard on State Health System Performance 2015

HIGHLIGHTS FROM THE SCORECARD



Scorecard Rankings

America's Health Rankings		*State Health Systems Performance*	
Top Ten	**Bottom Ten**	**Top Quartile**	**Bottom Quartile**
1 - Hawaii	41 - Indiana	1 - Minnesota	39 – W. Virginia
2 - Vermont	42 - S Carolina	2 - Vermont	40 – Kentucky
3 - Massachusetts	43 - Tennessee	3 – Hawaii	40 – S. Carolina
4 - Minnesota	44 - Kentucky	4 - Massachusetts	40 - Texas
5 - New Hampshire	**45 - Oklahoma**	5 – Connecticut	43 - Indiana
6 - Connecticut	46 - Alabama	6 - New Hampshire	43 – Nevada
7 - Utah	47 - W Virginia	7 – Rhode Island	43 - Tennessee
8 - Colorado	48 - Arkansas	8 - Colorado	46 - Georgia
9 - Washington	49 - Mississippi	9 – Iowa	47 - Alabama
10 - Nebraska	50 - Louisiana	10 – Washington	48 – Louisiana
		11 – Maine	49 - Arkansas
		11 - Wisconsin	**50 - Oklahoma**
			51 - Mississippi

Commonwealth Fund Report
State Health System Performance

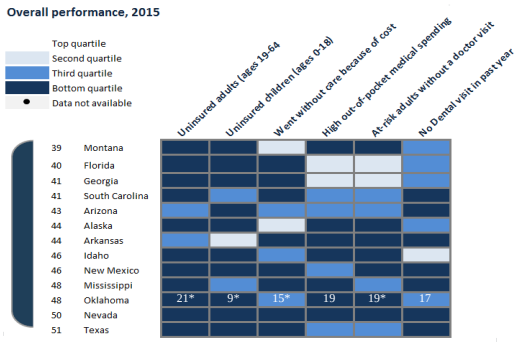
- Measures 42 indicators across 5 dimensions:
  - Access
  - Prevention and Treatment
  - Avoidable Use and Cost
  - Healthy Lives
  - Equity
- Oklahoma improved on 14 indicators, second highest among the jurisdictions
- While not ranking as low as 50th across any of the 5 dimensions, Oklahoma ranked 50th (of 51 jurisdictions) overall.

Commonwealth Fund Report
Oklahoma Highlights

- Improved on 4 of 6 Access and Affordability indicators
- Largest reduction in hospitalizations among Medicare beneficiaries for ambulatory-care sensitive conditions
- Improved on 8 of 13 Racial/Ethnic disparity indicators

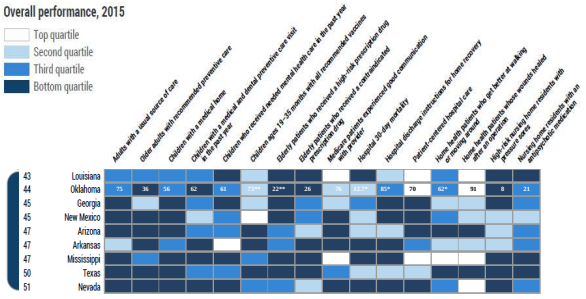
2015 Commonwealth Fund *Scorecard on State Health System Performance*

Access & Affordability

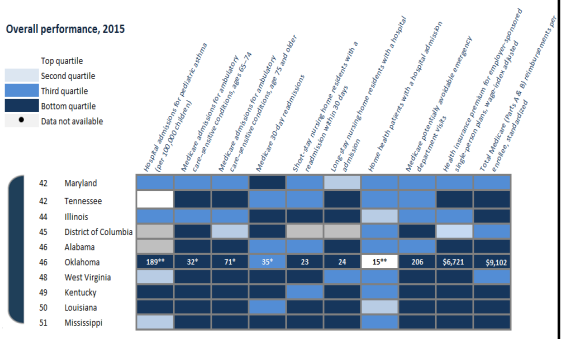


* Denotes a change of at least 0.5 standard deviations
** Denotes a change of at least 1.0 standard deviations

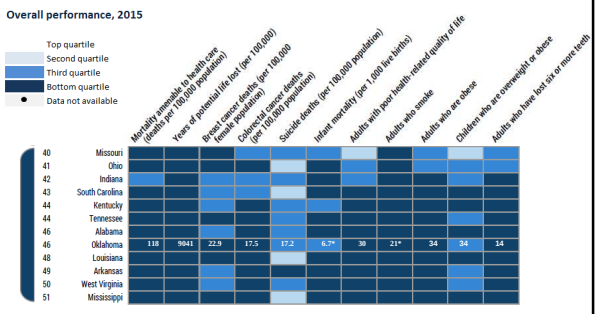
Prevention & Treatment



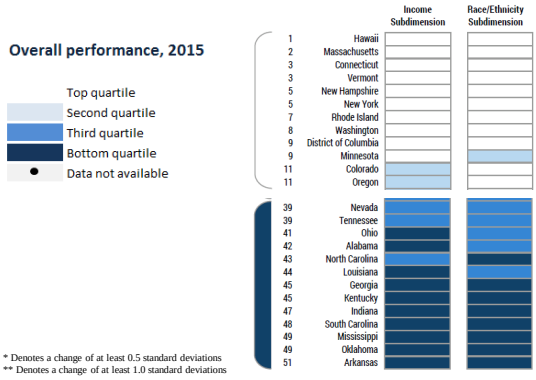
Avoidable Hospital Use and Cost



Healthy Lives



Equity



QUESTIONS

Oklahoma State Department of Health

Voluntary Out Benefit Offer
SFY 2016 Updates

OKLAHOMA STATE DEPARTMENT OF HEALTH · FEBRUARY 2016

Deborah J. Nichols, Chief Operation Officer

Mark Davis, Chief Financial Officer

Voluntary Out Benefit Offer 'VOBOs'

SFY 2016 VOBO's

- VOBO Benefits
  - Mandatory Benefits
    - Payment equal to 18 months of health insurance premiums (employee only)
    - Longevity payment that the employee would be paid at the next anniversary date
  - Non-Mandatory Supplemental packets
    - $5,000 incentive bonus paid in lump sum payment
  - Other
    - Payout of accumulated annual leave up to 480 hours maximum leave allowed

SFY 2016 VOBO's

- Timeline
  - January 29 – send retirement packets
  - February 1 thru May 19 – Fourteen VOBO Q&A sessions
  - Formal notice sent to Secretary Doerflinger, OMES Office of Finance requesting approval of OSDH VOBO
  - January 29 – Fact sheets and personalized summaries
  - **February 29 – Final decision from prospective participants due**
  - March 18 – Application deadline for retirement application submission to HR
  - April 4 – HR deadline for notice of retirement to OPERS (60 days)
  - May 31 – Last day of employment
  - June 1 – Effective day of retirement

SFY 2016 VOBO's

- Participation
  - 317 OSDH Employees met the eligibility requirements for the VOBO
  - 100 – Estimated number of participants
- Cost and Savings estimates for 100 VOBO retirees
  - VOBO retirement costs - $2,608,862 (incurred in FY 2016)
  - Recurring annual payroll cost for the 100 employees - $7,271,595
  - Net Savings in first 12 month period – $4,662,733 (realized in 2017)
  - Costs will be incurred in FY 2016, savings won 't be realized until FY 2017
  - Cost include:
    - Employee payments
    - Agency cost, i.e. FICA

Current Status of Participants

DATE	YES	Maybe	No response	No	Total
2/1/2016	77	117	36	87	317
2/4/2016	93	72	25	127	317
2/8/16	101	48	24	144	317

SFY 2016
STATE REVENUE REDUCTIONS

State Revenue Reduction

- Federally Qualified Health Centers (FQHC) Start up Funding - $319,531
- Cord Blood Bank - $500,000
- OSDH Financial Services (Administration) - $263,443
- Strategic Planning (STEP-UP) Software Purchase - $220,000
- Dental Services - $220,000
- Colorectal Cancer Screenings - $100,000
- Injury Prevention Services - $100,000
- Oklahoma State Athletic Commission - $6,000
- Elimination of Position - $90,000

State Revenue Reduction

For SFY 2016, State revenue has been collected at rates less than expected.

As a result, the Director of the Office of Management and Enterprise Services has directed the OSDH to reduce its SFY 2016 budget by 3% (6% annualized) ($1,818,974).

Closing comments

Questions?

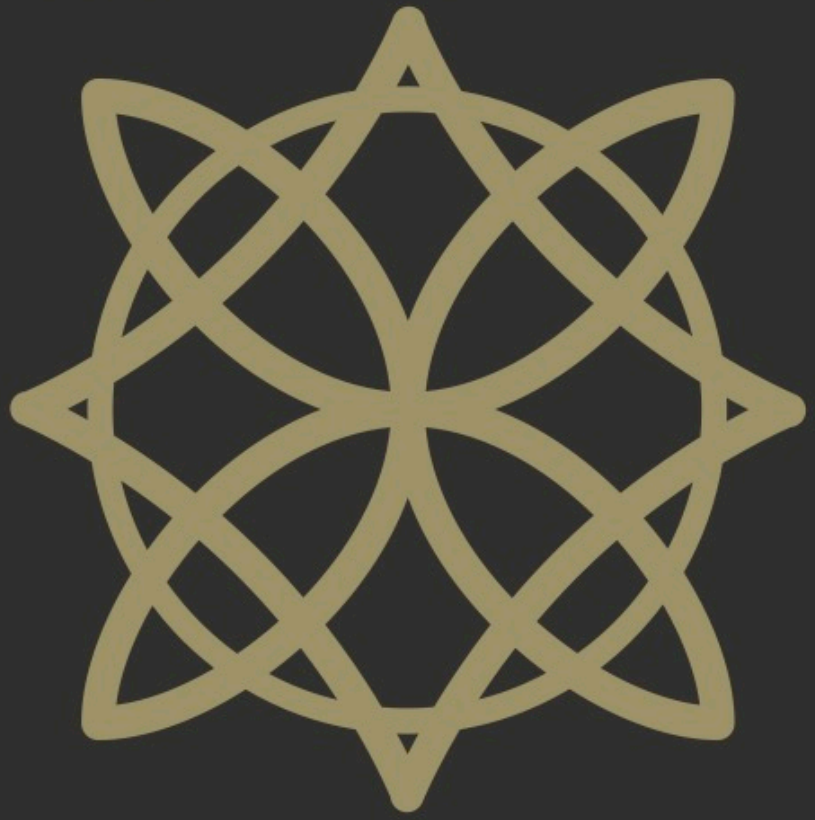
OKLAHOMA STATE BOARD OF HEALTH

WELCOME TO

SHAWNEE

Oklahoma State
Department of Health
Creating a State of Health

AVEDIS



FOUNDATION

Pottawatomie County Mobilizing for Action through Planning and Partnerships

MAPP

Community Themes and Strengths Assessment

CTSA

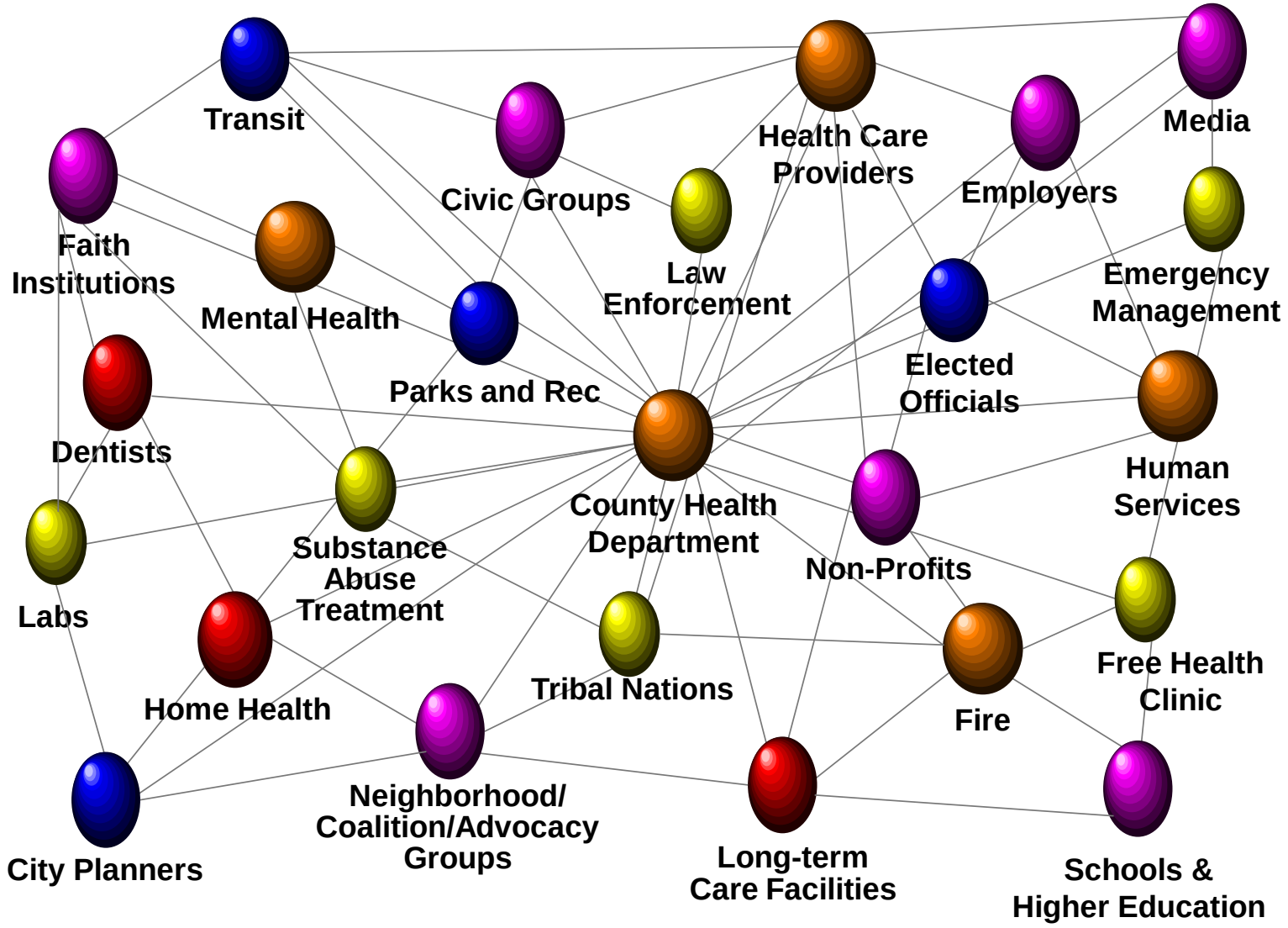
Community Themes and Strengths Assessment

- What are our greatest *STRENGTHS* of our entire community?
  - Local 24-hour police, fire and rescue services
  - Access to healthcare
  - Living in a friendly community
  - Safe food supply (that won't make you sick)
  - Quality Schools
- What are the most important *HEALTH-RELATED ISSUES* for our entire community?
  - Alcohol and drug abuse (to include prescription drug misuse)
  - Obesity and overweight
  - Mental health (depression, anxiety, stress)
  - Child abuse/neglect
  - Teen pregnancy
- What would most improve the *QUALITY OF LIFE* for our entire community?
  - More programs, activities, and support for youth and teens during non-school hours
  - More jobs and a healthier economy
  - Meet basic needs of everyone (food, shelter, clothes)
  - A more walkable, bikeable community
  - Less Crime

Local Public Health System Assessment

LPHSA

Pottawatomie County Local Public Health System



Oklahoma State Department of Health
Creating a State of Health

Assessment to determine how well the Local Public Health System Works together to provide the 10 Essential Public Health Services

What is working well?

- Emergency preparedness and response
- Multiple organizations involved in promoting health and wellness
- Tribal partnerships
- Progress in South Pottawatomie County with Collaborative

What can be improved?

- Communication between partners
- More coordinated efforts to make larger impact
- Limited resources or awareness of resources
- Engagement of non-traditional partners

Varnum and Wewoka School's Public Health Youth Councils

Oklahoma Public Health Youth Councils

Oklahoma State Department of Health
Creating a State of Health

Evidence-Based Health Education & Health Promotion

- Chronic Disease Self-Management Program (Living Longer, Living Stronger)
- Diabetes Education & Empowerment Program (DEEP)
- Tai Chi – Moving For Better Balance
- CATCH and CATCH Kids Club
- Courage to Care

Oklahoma State Department of Health
Creating a State of Health

Chronic Disease Self-Management

Oklahoma State Department of Health
Creating a State of Health

Moving for Better Balance

TAI-CHI

Oklahoma State
Department of Health
Creating a State of Health

Partnerships

Gateway to Prevention

TSET Healthy Living Program
Prescription Drug Abuse Prevention
Regional Prevention Coordinators

Turning Point Coalitions

Pottawatomie County Child Welfare Collaborative

Tribal Partnerships

Choctaw Nation, Alabama Quassarte, Kialegee, Thlophlocco, Muscogee-Creek Nation, Absentee Shawnee Tribe, Citizen Potawatomi Nation, Kickapoo, Seminole Nation and Sac and Fox.

Oklahoma State Department of Health
Creating a State of Health

ST. GREGORY'S UNIVERSITY

Oklahoma State
Department of Health
Creating a State of Health

SEMINOLE STATE COLLEGE

Wes Watkins Technology Center

Oklahoma State Department of Health
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Drive Through Flu Clinic

Supporting Citizen Potawatomi Nation

ACT Prep Course

Supporting Seminole Nation

Flu Clinic at Calvin

Choctaw Nation Flu Project

Oklahoma State
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LEPC ...safety in knowledge

Exercise, Exercise, EXERCISE

Full Scale Near Mcloud

Pottawatomie County

Emergency Preparedness
and Safety Expo

Oklahoma State
Department of Health
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Seminole County

Wewoka Sorghum Days Festival

Oklahoma State Department of Health
Creating a State of Health

Hughes County

Holdenville Fall Festival

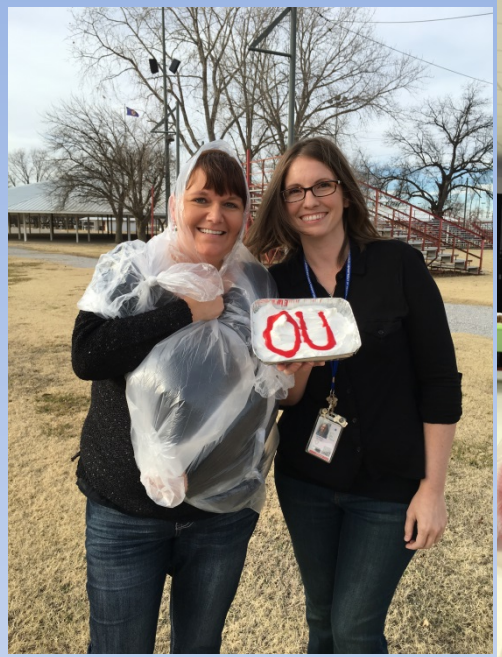
Seminole County

Seminole Made in Oklahoma Day

Okfuskee County

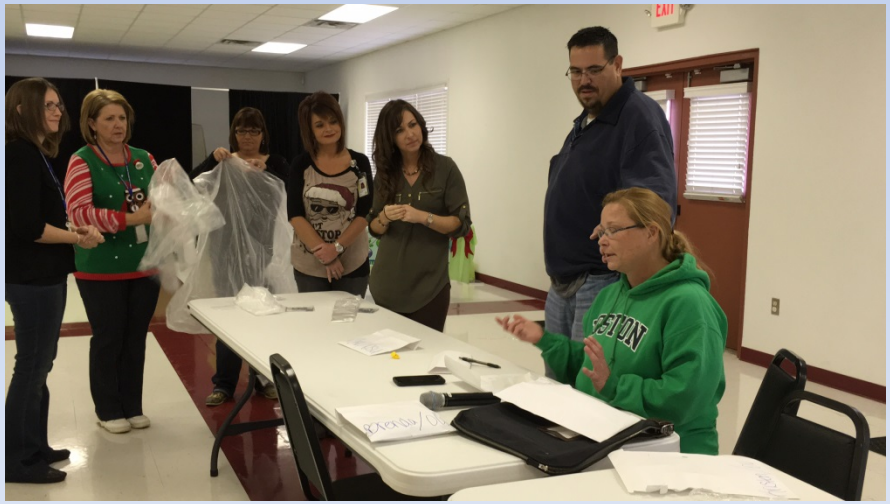
Annual Woody Guthrie Festival

Oklahoma State
Department of Health
Creating a State of Health



Staff Meeting

And Pie in the Face Day



Oklahoma State Department of Health
Creating a State of Health

Our people are our GREATEST resource.
PCHD has donated to charities since approximately 2008…
We have given to JDRF a few times, Relay for Life, Infant Crisis Center, and the Nicholas Birchett Toy Drive.

Nicholas Birchett Memorial Tennis Scholarship

The Scholarship started in 2014 when Nicholas would have been in the graduating class.
The Health Department will continue this charity for at least the four years Nicholas would have been in college.
As of today, we have raised over $5,000 just for this charity.

Oklahoma State Department of Health
Creating a State of Health

OKLAHOMA STATE DEPARTMENT OF HEALTH
BOARD OF HEALTH FINANCE COMMITTEE BRIEF
MARCH 2016

SFY 2016 BUDGET AND EXPENDITURE FORECAST: AS OF 02/18/2016

Division	Current Budget	Expenditures	Obligations	Forecasted Expenditures	Not Obligated or Forecasted	Performance Rate
Public Health Infrastructure	$ 16,540,421	$ 8,373,599	$ 3,620,846	$ 4,762,096	$ (216,119)	101.31%
Protective Health Services	$ 60,632,868	$ 31,376,172	$ 8,325,731	$ 20,862,500	$ 68,466	99.89%
Prevention & Preparedness Services	$ 66,523,736	$ 25,158,818	$ 24,385,765	$ 11,297,686	$ 5,681,468	91.46%
Health Improvement Services	$ 24,655,533	$ 10,354,736	$ 6,349,763	$ 6,516,172	$ 1,434,862	94.18%
Community & Family Health Services	$ 234,518,133	$ 108,445,974	$ 32,863,162	$ 96,490,424	$ (3,281,426)	101.40%
Totals:	**$ 402,870,692**	**$ 183,709,298**	**$ 75,545,266**	**$ 139,928,877**	**$ 3,687,250**	**99.08%**

<90%	90% - 95%	95% - 102.5%	102.5% - 105%	>105%

Expenditure Forecast Assumptions

- Payroll forecasted through June 30, 2016
- Budgeted vacant positions are forecasted at 50% of budgeted cost
- Forecasted expenditures includes the unencumbered amounts budgeted for:
  - Travel reimbursements
  - WIC food instrument payments
  - Trauma fund distributions
  - FQHC reimbursements
  - Amounts budgeted for county millage
  - Amount budgeted to support rural EMS agencies
  - Budget amounts for fiscal periods other than state fiscal year not yet active

Explanation of Change

- The amounts reported as 'Not Obligated or Forecasted' are not an estimate of lapsing funds. This represents planned expenditures that OSDH is currently taking action to execute.

- The 3% reduction of SFY 2016 state appropriations ($1,818,974) is reflected.

- Prevention and Preparedness budget reflects an increase in rebates for the Ryan White Drug Program.

- Reconciliation of federal funds to award amounts

- Realignment of funds for the Voluntary Out Benefit Offer (VOBO).

' - The overall Department performance rate of 99.08% is a .18% increase from the previous month's 98.90%.

Oklahoma State Department of Health
Board of Health – Financial Brief
March 8, 2016

State and Federal Reductions SFY 2009 – SFY 2016

General Appropriation: For SFY 2016, State revenue has been collected at rates less than expected. Last month, the OSDH received notice to reduce the SFY-2016 state appropriation of $60,632,476 by 3% ($1,818,974) due to lower than expected revenue collections readjusting the base allocation to $58,813,502.

In review of the state appropriation since SFY 2009, the OSDH has taken a 21.6% reduction over the past eight years (SFY-2009 – SFY-2016).

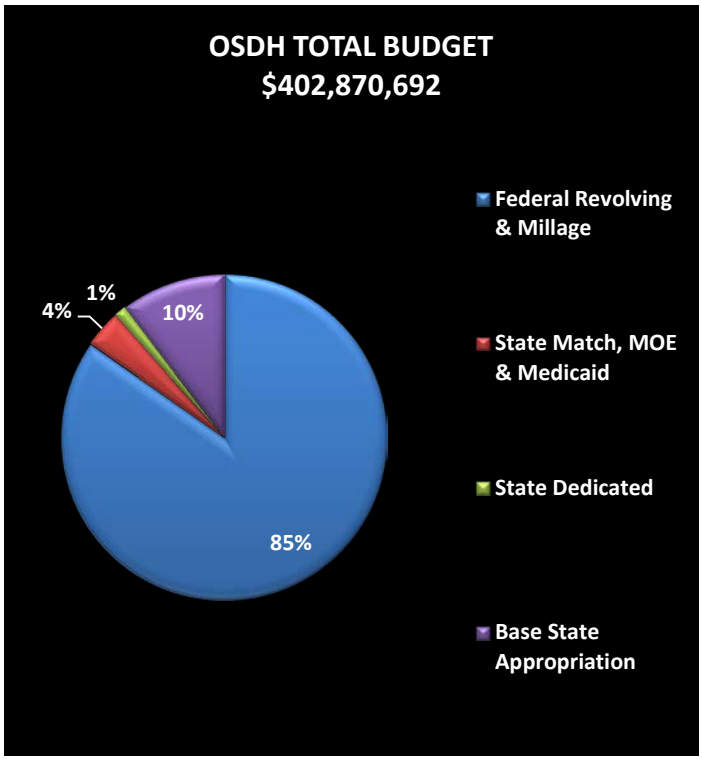
Federal Match & Maintenance of Effort:
The OSDH currently receives approximately 68 federal categorical and two block grant awards. While the majority of the awards do not require the OSDH to provide a maintenance of effort (MOE) or match requirement, ten require one or both and total approximately $8 million to secure approximately $42 million in federal funding. In addition to the federal grant requirements, the majority of the OSDH Medicaid match of $7.1 million is met with state appropriations.

Dedicated State Appropriation:

- Federally Qualified Health Centers
- Colorectal Cancer Screening
- Veterans Center Inspections
- Infant Mortality

After budgeting the the required match, MOE and state dedicated funds, the remaining base state appropriation is used to support mandated services or priority programs such as infectious disease control and prevention, Long Term Care and Medical Facility Surveys, tobacco and obesity prevention.

Federal Funding:
Since 2009, twenty (20) federal awards have been eliminated or significantly reduced which further strains the OSDH budgetary situation in certain programs. The major reductions or eliminations are listed below:



Federal Grant Eliminations
Healthy Housing Project
Improvement of Minority Health Outcomes
Fire Related Injury Prevention
Prevention and Control of Asthma
Racial & Ethnic Approaches to Community Health
National Public Health Improvement Initiative (NPHII)
Heart and Stroke Prevention
Prevention of Traumatic Brain Injuries

Major Federal Grant Reductions
Tuberculosis Elimination
Public Health Emergency & Response
Hospital Preparedness & Response
HIV Prevention & Control
Perinatal & Reproductive Health (Title X)
Maternal & Infant Early Child Visitation Program (MIECH)

Federal Grants with Required Match & Maintenance of Effort
Public Health Emergency Preparedness & Response
Hospital Preparedness & Response
Ryan White Care Grant (Both)
Comprehensive Cancer Grant (Both)
Survey & Certification (Medicaid Match)
Maternal and Child Health (Title V)
Chronic Disease Prevention & Health Promotion Grant
Community Based Child Abuse Prevention
Abstinence Education
Perinatal & Reproductive Health (Title X)
Medicaid Require Match
Laboratory Services
EPSDT
Children's First
Maternal and Child Health Services
Perinatal & Reproductive Health (Title X)
Early Intervention

OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT
Terry Cline, Ph.D., Commissioner
March 8, 2016

PUBLIC RELATIONS/COMMUNICATIONS

Tulsa World Editorial Board - interview
John Durkee, KWGS in Tulsa – interview
Aaron Brilbeck, KWTV, News 9 – interview
Brenna Arthur, KTEN, Ada – interview
Queila Omena, UCO, Edmond – interview
Oklahoma Municipal League Board – presenter
Oklahoma Mission of Mercy (OKMOM)
Becoming Baby Friendly in Oklahoma Annual Summit– speaker
Bridges to Access Conference – speaker
Tobacco Settlement Endowment Trust Day at Capitol – speaker

SITE VISITS

Canadian County Health Department, El Reno
Canadian County Health Department, Yukon
Kingfisher County Health Department

STATE/FEDERAL AGENCIES/OFFICIAL

State of the State Address
House OSDH Budget Hearing
Governor's Cabinet Meeting
Nico Gomez, Executive Director, Oklahoma Health Care Authority

OTHERS:

Carolyn Stager, Executive Director, Oklahoma Municipal League
Federal Public Health Enterprise Initiative, RWJF
Craig Knutson, Principal/President, Growing Global, LLC
Dean Gandy, CEO, University Hospitals Authority
David Rainbolt, President/CEO, BancFirst
Roy Williams, President/CEO, Greater OKC Chamber
State Chamber Legislative Reception
OKC Chamber Chairman's Breakfast with Governor Fallin
Craig Jones, President/CEO, Oklahoma Hospital Association
Oklahoma City County Health Department Board Meeting
Oklahoma Substance Abuse Services Alliance (OSASA) Legislative Luncheon
Tulsa Health Department Board Meeting