

Agenda for the 11:00 a.m., Tuesday, March 10, 2015
Regular Meeting of the Oklahoma State Board of Health
Posted at www.health.ok.gov
Carter County Health Department
405 S. Washington
Ardmore, OK 73401

I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES

a) Approval of Minutes for February 10, 2015, Regular Meeting

**III. CARTER COUNTY HEALTH DEPARTMENT PRESENTATION: Mendy Spohn, M.P.H.,
Administrator for Carter, Love, Marshall, Johnson, and Jefferson County Health Departments**

b) Update

**IV. OKLAHOMA HEALTH IMPROVEMENT PLAN PRESENTATION: Julie Cox-Kain, M.P.A.,
Senior Deputy Commissioner and Deputy Secretary for Health and Human Services**

Discussion and possible action on the following:

c) Update

V. CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

Executive Committee – Dr. Woodson, Chair

Discussion and possible action on the following:

d) Update

Finance Committee – Ms. Burger, Chair

Discussion and possible action on the following:

e) Update

Accountability, Ethics, & Audit Committee – Dr. Alexopoulos, Chair

Discussion and possible action on the following:

f) Update

Public Health Policy Committee – Dr. Gerard, 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



Terry L. Cline, PhD
Commissioner of Health
Secretary of Health
and Human Services

Ronald Woodson, MD
President
Jenny Alexopoulos, DO
Terry R. Gerard, DO

Board of Health
Martha A. Burger, MBA
Vice President
Charles W. Grim, DDS, MHSA
R. Murali Krishna, MD

Cris Hart-Wolfe, MBA
Secretary-Treasurer
Timothy E. Starkey, MBA
Robert S. Stewart, MD

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IX. 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.

Possible action taken as a result of Executive Session.

X. ADJOURNMENT



Terry L Cline, PhD
*Commissioner of Health
Secretary of Health
and Human Services*

Ronald Woodson, MD
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

Board of Health
Martha A Burger, MBA
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STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 N.E. 10th
Oklahoma City, Oklahoma 73117-1299

Tuesday, February 10, 2015 11:00 a.m.

Dr. Ronald Woodson, President of the Oklahoma State Board of Health, called the 396th regular meeting of the Oklahoma State Board of Health to order on Tuesday, February 10, 2015 at 11:08 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on February 9, 2015, and at 11:00 a.m. at the building entrance on February 9, 2015.

ROLL CALL

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

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

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Director of Office of Communications; Officer; VaLauna Grissom, Secretary to the State Board of Health; Janice Hiner, Sr. Advisor to the Commissioner of Health; Felesha Scanlan, Commissioner’s Office.

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 13, 2015 Regular Board meeting.

Ms. Wolfe moved Board approval of the minutes of the January 13, 2015, regular Board meeting, as presented. Second Dr. Alexopoulos. Motion carried.

AYE: Alexopoulos, Stewart, Starkey, Wolfe, Woodson
ABSENT: Burger, Gerard, Grim, Krishna

APPOINTMENTS

Hospital Advisory Council Appointment (Presented by Henry F. Hartsell, Jr.)

Appointment: Dale W. Bratzler, DO, MPH, FACOI, FIDSA

Authority: Title 63 O.S. Section 1-707.

Members: The Advisory Council has (9) nine members, consisting of: two hospital administrators of licensed hospitals; two licensed physicians or practitioners who have current privileges to provide services in hospitals; two hospital employees; and three citizens representing the public who: are not hospital employees, do not hold staff appointments, and are not members of hospital governing boards. Members are appointed by the Commissioner with the advice and consent of the State Board of Health.

Dr. Alexopoulos moved Board approval of the recommended appointment, as presented. Second Ms. Wolfe. Motion carried.

AYE: Alexopoulos, Stewart, Starkey, Wolfe, Woodson
ABSENT: Burger, Gerard, Grim, Krishna

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OKLAHOMA STATE BOARD OF HEALTH

IMMUNIZATIONS AND VACCINE PREVENTABLE DISEASES UPDATE

February 10, 2015

Toni D. Frioux, MS, APRN-CNP
Deputy Commissioner for Prevention and Preparedness



OBJECTIVES

- Why vaccines are important
- Emerging vaccine preventable diseases
- Vaccination rates in Oklahoma
- Strategies for improving immunization rates



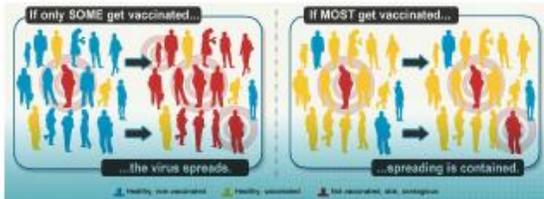
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Public Health's Ten Greatest Achievements in the 20th Century

- **Vaccinations**
- Motor-vehicle safety
- Safer workplaces
- Communicable disease
- Heart disease and stroke
- Safer and healthier foods
- Healthier moms and babies
- Family planning
- Fluoridation
- Tobacco as a hazard



Vaccines Protect Individuals and the Community



If only **SOME** get vaccinated... the virus spreads.

If **MOST** get vaccinated... spreading is contained.



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Oklahoma Immunization Program

Immunization Service – \$4.2M

VFC Vaccine Supply and Assurance-\$62M

Federal Vaccines for Children Program (VFC) - based on population estimates

- Medicaid Eligible
- American Indian/Alaska Native
- Uninsured
- Underinsured (Health insurance does not include vaccines or covers only select vaccines)

Federal 317 Funds – Approximately \$800K (CHDs only)

State Funds – Approximately \$600K

- Vaccine for CHD's (Does not include Flu and Pneumonia)



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Measles

January 1 – December 31, 2014

- 644 cases identified in the U. S. in 27 states
- 23 outbreaks in the U.S.
- 60 importations
- Majority of cases brought in from the Philippines, which experienced a large measles outbreak in 2014
- Highest number of cases since 1996

Ohio Measles Outbreak

- Outbreak began with unvaccinated travelers to the Philippines
- 383 primarily among unvaccinated Amish communities
- Onset dates 3/22/2014 - 7/23/2014
- Age range: 6 months to 53 years

Oklahoma State Department of Health
Adult Disease Section
Oklahoma State Department of Health
Phone (405) 271-4000
http://www.health.ok.gov

Measles

January 1 – February 6, 2015

- 121 cases identified in the U. S. in 17 states
 - 103 (85%) cases associated with the Disneyland outbreak
 - 4 importations from 8 countries
 - 2 epidemiological links to imported cases
 - 2 cases unknown where exposed to virus
- 15 % hospitalized (as of January 29, 2015)

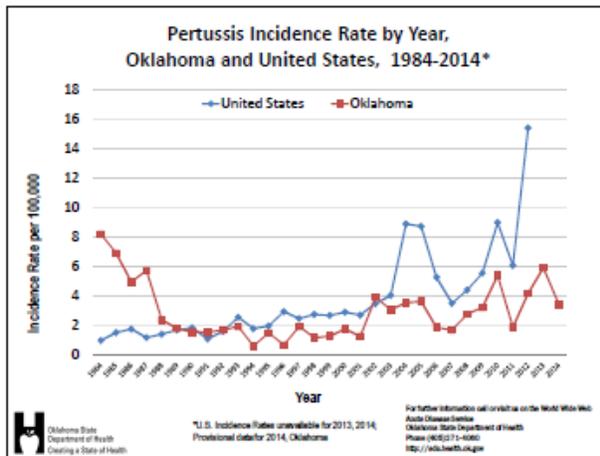
U.S. Multi-state Measles Outbreak
December 28, 2014 - February 6, 2015

California Disneyland Outbreak

- 114 cases from 7 states (as of February 6, 2015)
- Median Age = 16 years
- 43% of cases were unvaccinated
- 69% of unvaccinated had personal belief exemption
- 44 % of cases had unknown vaccination status

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Pertussis, Oklahoma, 2010 – 2014*

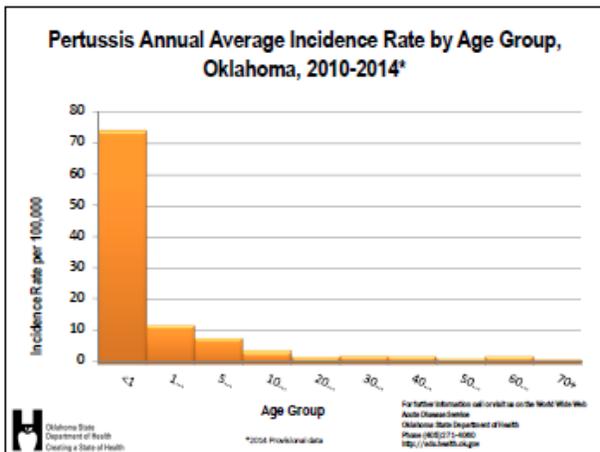
- Tulsa County experienced a high incidence of pertussis cases during 2010 and 2013
- Increasing median age of cases observed over the last 5 years

Year	Oklahoma State Rate (per 100,000 pop)	Tulsa County Rate (per 100,000 pop)
2010	5.40	14.54
2013	6.54	15.10

Year	Median Age	Age Range
2010	5.5 years	11 days – 84 years
2011	7.8 years	1 day – 75 years
2012	12.7 years	7 days – 91 years
2013	10.3 years	11 days – 74 years
2014	9.5 years	14 days – 80 years

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Oklahoma's Immunization Rates

Determined by:

- National Immunization Survey (NIS)
- Oklahoma State Immunization Information System (OSIIS)
- United Health Foundation (UHF)

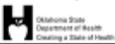
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National Immunization Survey (NIS)

- Represents the proportion of children 19 – 35 months ACIP recommended vaccines that protect against dangerous childhood diseases.
 - 4:3:1:3:3:1 Series for Children 19-35 Months of Age
 - 4:3:1:3:3:1:4 Series for Children 19-35 Months of Age
- Annual gauge of how well Oklahoma children are protected against these childhood diseases:
 - Diphtheria, Tetanus and Pertussis
 - Poliomyelitis
 - Measles, Mumps and Rubella
 - Hepatitis B
 - Haemophilus influenzae type b
 - Chickenpox (Varicella)
 - Pneumococcal disease



Oklahoma's Immunization Rates

Oklahoma State Immunization Information System (OSIIS)

- Statewide Immunization Registry

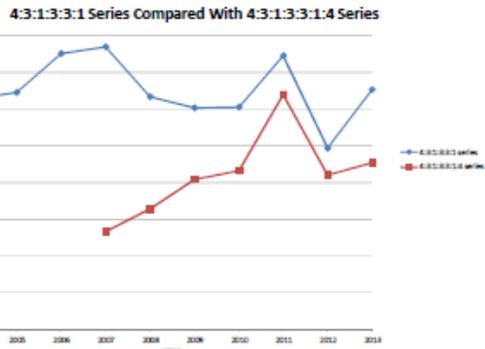
United Health Foundation (UHF)

- Uses 4:3:1:3:3:1:4 series to rank states for America's Health Ranking Report
- National Ranking - 47th

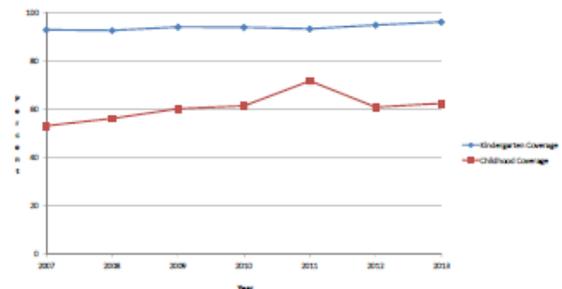


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Oklahoma Childhood Immunization Coverage 19-35 Months 2004 to 2013

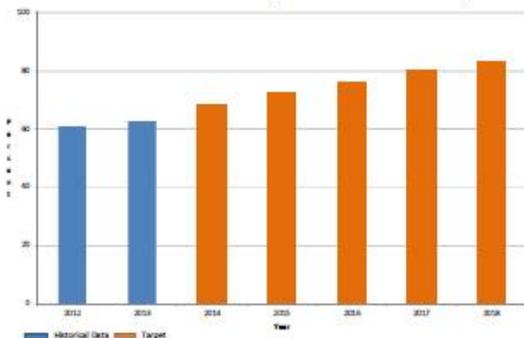


Two year old immunization coverage compared with five year old coverage in Oklahoma: 2007 to 2013



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4:3:1:3:3:1:4 Immunization coverage for children 19 - 35 months of Age

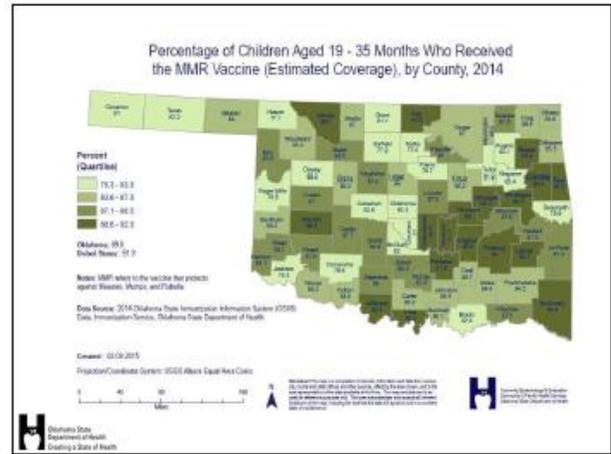
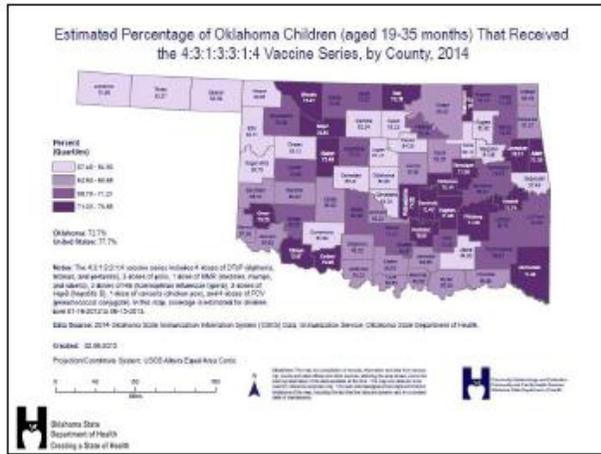


Estimated Percentage of Oklahoma Children (aged 19-35 months) That Received the 4:3:1:3:3:1 Vaccine Series, by County, 2014



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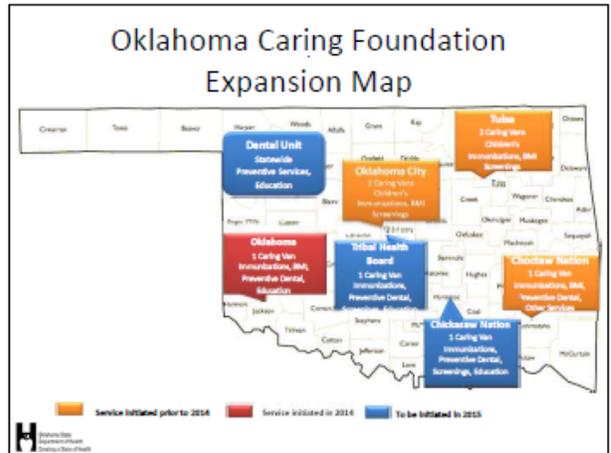


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Increase coverage rates from 61% in 2012 to 80% by 2018

- Promotion and Utilization of Reminder/Recall for children who are due or past due for needed immunizations
- Decrease missed opportunities to vaccinate during physician/clinic encounters
- Child Care record audits to identify children who are not up-to-date on required immunizations
- Partnership with Oklahoma Caring Van Program - provides immunizations for no charge to children in working families across the state who cannot afford private health insurance

Oklahoma State Department of Health
Creating a State of Health



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National Immunization Survey (NIS) Adolescent Series

1:2:3 Series for Teens 13 – 17 Years of Age

In Oklahoma
HPV Coverage Levels lag behind Tdap and MCV

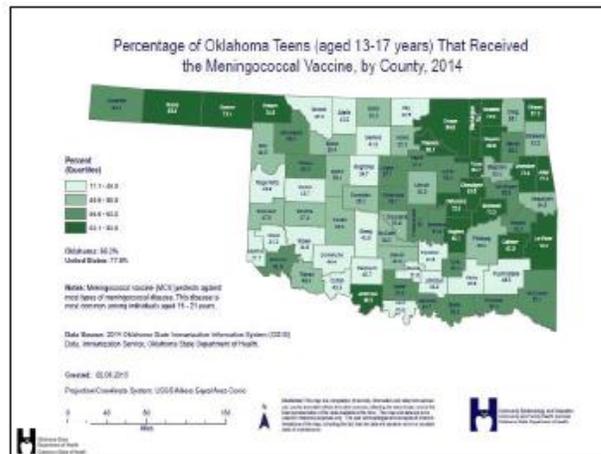
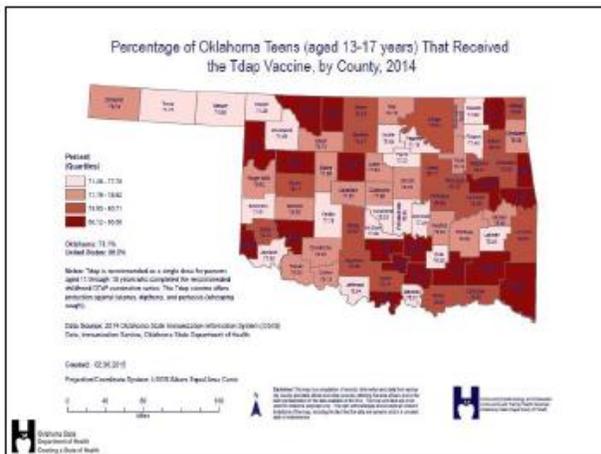
Vaccine	2013 NIS Teen Data	2014 OSIIS Data
Tdap	78.1	78.8
MCV	66.2	59.1
HPV (Female)	35.4	31.4
HPV (Male)	17.3	21.5

ACIP recommends 2 doses of MCV. Table reflects 1+ dose of MCV

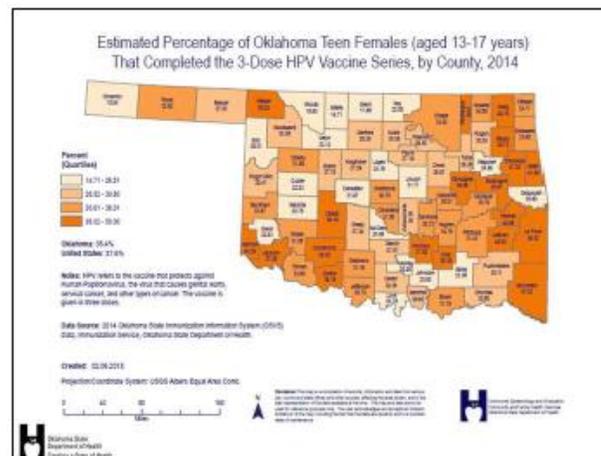
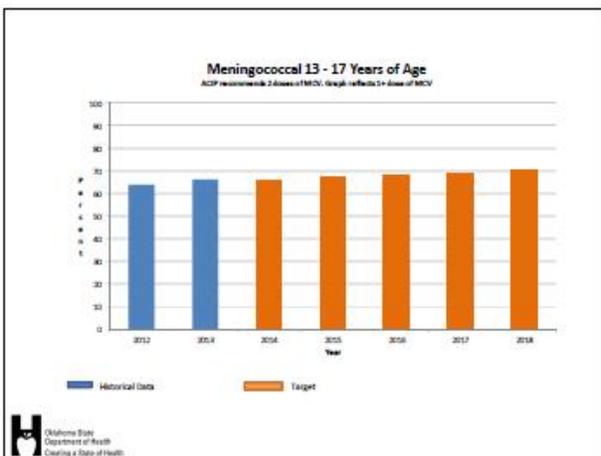
Oklahoma State Department of Health
Creating a State of Health

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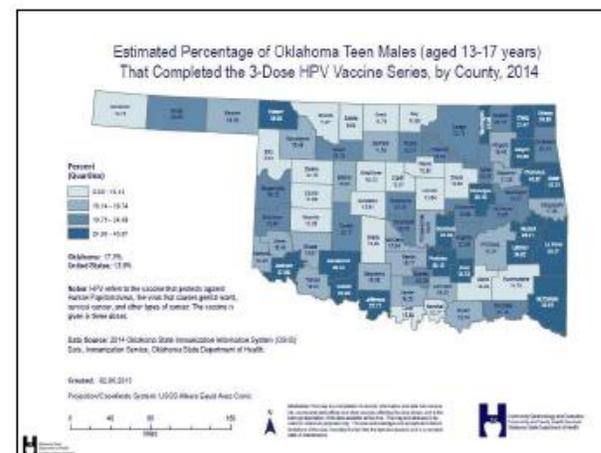
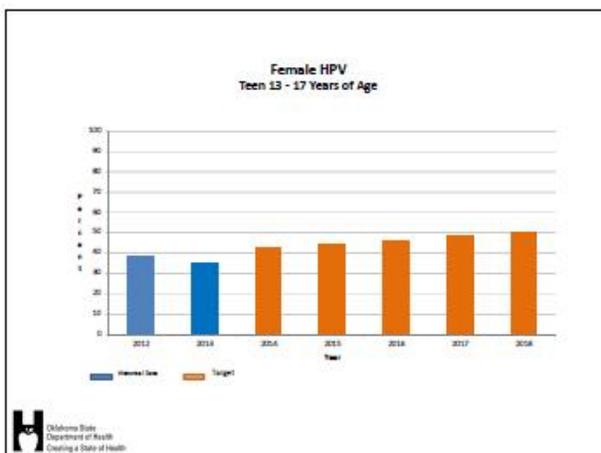
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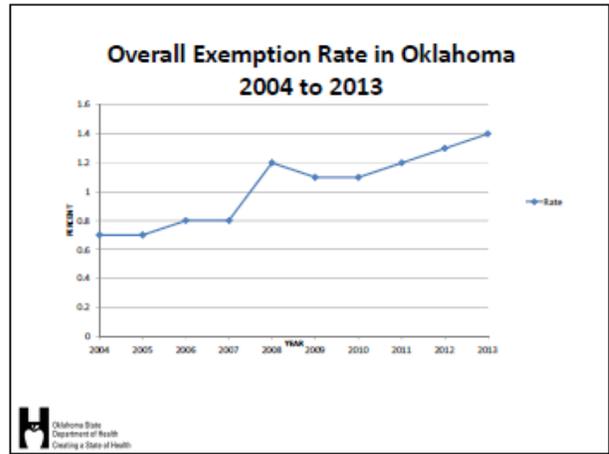
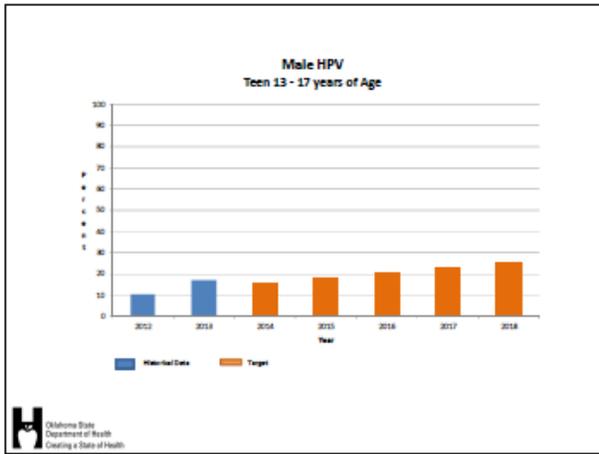


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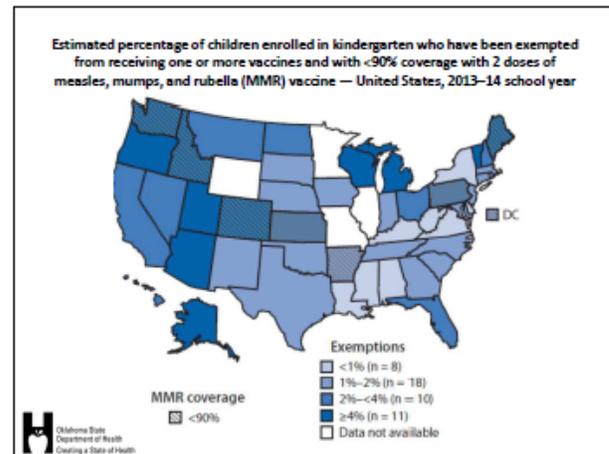
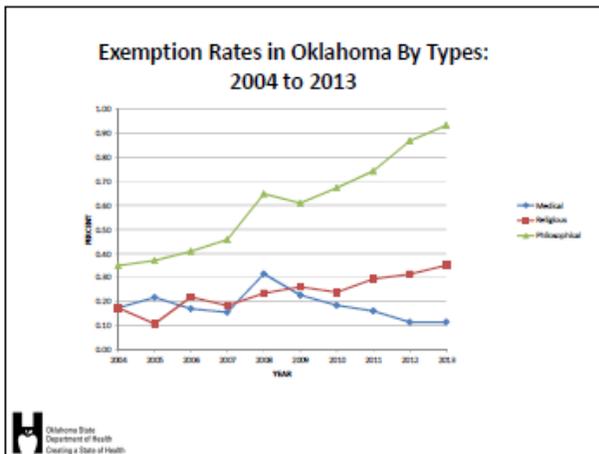


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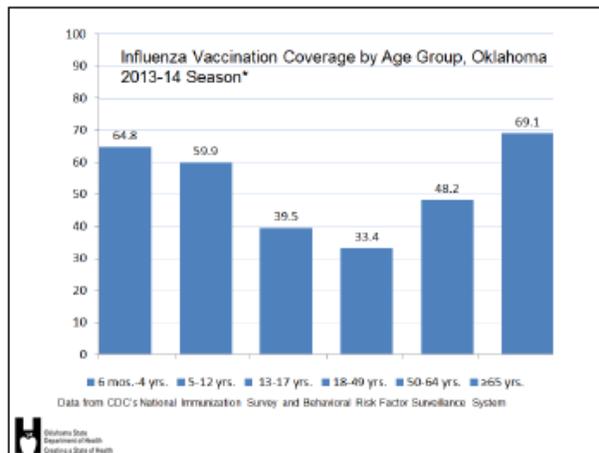
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2015 Quality Improvement Projects to Increase Childhood Coverage Rates

- Child Care Record Audits
 - 2014: To improve overall compliance from 77% to 87%-reached overall compliance of **86.3%**.
 - 2015: To increase overall compliance from 86.3% to 90%
 - Oklahoma County: To improve compliance with state law requiring children ≤3 years of age placed in child care centers to be up-to-date with age-appropriate immunizations.

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2015 Quality Improvement Projects to Increase Childhood Coverage Rates

- **Assessments (AFIX Model)**
 - To demonstrate improvement in coverage levels from 72% to 80% for selected VFC Providers (27 total) using the 4:3:1:3:3:1:4 childhood immunization series for children 19 -35 months of age.
- **2015 Teen Vaccine Series QI Project**
 - To improve HPV vaccine coverage rates for teens 13 – 17 years of age in Oklahoma through targeted actions.



FY 2016 Budget Request-\$2,687,645

- **Safety net** - protects children, adolescents and the public at large from the spread of vaccine preventable diseases and/or life threatening outbreaks.
- **Access** - Strengthens immunization capacity through "seed" money for both required and recommended vaccines for children and adolescent
- **Sustainability** - vaccine supplies and reduced disparities in child and adolescent coverage rates.
- **Cost savings**-Every dollar spent on childhood vaccines saves \$10.00 in future health care costs.



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Immunize to save lives!

Questions?



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7 Dr. Stewart and Tim Starkey thanked the Department for their efforts related to the Oklahoma State
8 Immunization System (OSIIS). Mrs. Frioux indicated that as they move closer to bidirectional exchange,
9 updates to the OSIIS registry will be released.

10

11 Tim Starkey inquired as to who funds the VFC program and if there were anticipated cuts to Immunizations
12 given the potential budget shortfall? Mrs. Frioux indicated the VFC program is a federally funded program
13 by the Centers for Disease Control. Further, if the budget request of 2.6 million for vaccines were not
14 approved, the Department would not have the revenue to purchase the vaccine inventory as proposed in the
15 budget request. Dr. Cline added that the Department anticipates the needed funding to be reduced by 30%
16 over the next three years until the program is sustainable.

17

18 The report concluded.

19

CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION

20

Executive Committee

21

22 Dr. Woodson reminded the Board that the March Board meeting will be held in Carter County. Meeting details
23 to be sent by VaLauna.

24

Finance Committee

25

26 Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the
27 following SFY 2015 Finance Report and Board Brief as of January 23, 2015:

28

- Approximately \$425 million budgeted for state fiscal year 2015

- 1 • Overall green light status
- 2 o Overall budget decrease due to grant “close out” process
- 3 o Public Health Infrastructure - Last month in "yellow light" status due to vacancies now in process of
- 4 refill
- 5 o Information Technology - Last month in "yellow light" status, budget has been reduced to contract
- 6 o amount
- 7 o Health Improvement Services - Last month in "yellow light" status due to vacancies which are now in
- 8 process or filled

9 The *Financial Brief* focused on the Annual State Appropriations and the annual development of funding
 10 reduction scenarios to manage a three, five, or ten percent reduction in funding for the current fiscal year.
 11 The scenarios are developed after core public health services and mandates, agency strategic plan and
 12 business plan priorities and revenue availability.

13
 14 **Accountability, Ethics, & Audit Committee**

15 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Alexopulos indicated there were
 16 no known significant audit issues to report at this time.

17
 18 **Public Health Policy Committee**

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

20
 21 **COMMISSIONER’S REPORT**

22 Dr. Cline highlighted the opening of the Oklahoma Biocontainment Care Unit in Garrison Tower at the OU
 23 Medical Center on January 21st. The new Unit is designed to isolate and care for pediatric and adult patients
 24 in the state who test positive for dangerous infectious diseases like Ebola. It is in the best interest of the state
 25 to have one center to coordinate such efforts as we have seen mobilization and training can be costly and
 26 presents many challenges. He thanked the Oklahoma Hospital Association as well for their coordination
 27 efforts with Oklahoma Hospitals.

28
 29 The Legislative session has begun and currently in second week. The Department has conducted budget
 30 hearings with the Office of Management Enterprise Services, the House, and the Senate. The budget forecast
 31 doesn’t look promising; however, we are hopeful that the Department of Health will be held harmless if
 32 budget reductions are necessary. As you know, last fiscal year with cuts and the transfer of revolving funds,
 33 there were impacts to programs and so education the Legislature to those impacts is critical.

34
 35 Lastly, Dr. Cline highlighted the annual Mission of Mercy event that took place in Tulsa. Previously, this
 36 event has been held in Enid McAlester, Lawton, Tulsa, and Oklahoma City. Over the two day event,
 37 approximately 1609 patients were seen and 13 thousand procedures conducted. The event is operated by
 38 volunteers from multiple organizations. To date over 5 million in funding has been donated to operate the
 39 event which speaks to the great unmet need in the state. Dr. Cline thanked all the volunteers and supports
 40 who make the event possible.

41
 42 The report concluded.

43
 44 **NEW BUSINESS**

45 No new business.

46
 47 **PROPOSED EXECUTIVE SESSION**

48 No Executive Session.

49
 50 **ADJOURNMENT**

51 **Tim moved Board approval to Adjourn. Second Dr. Stewart. Motion carried.**

52
 53 **AYE: Alexopulos, Stewart, Starkey, Wolfe, Woodson**

54 **ABSENT: Burger, Gerard, Grim, Krishna**

OK HEALTH BOARD MEETS

Vol XCIII, No. 311 Tuesday, March 10, 2015 \$1.25

Carter County Health on the Rise

CHIP Being Addressed

- Adverse Childhood Events
- Obesity- Physical Activity
- Mental Health
- Tobacco
- Drug Abuse - Prescription

Blake Shelton and Miranda Lambert Rock County Music Superstars Revive Area

Bibbly Handfishing and Kettleboiler - Southerly Events and Southerly Digital County

Striper Capital of the World
Southern Goodies Festival June 7-13

Live Country here it Up
Robinson's Live Band to Mountain

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Some Facts- Carter County

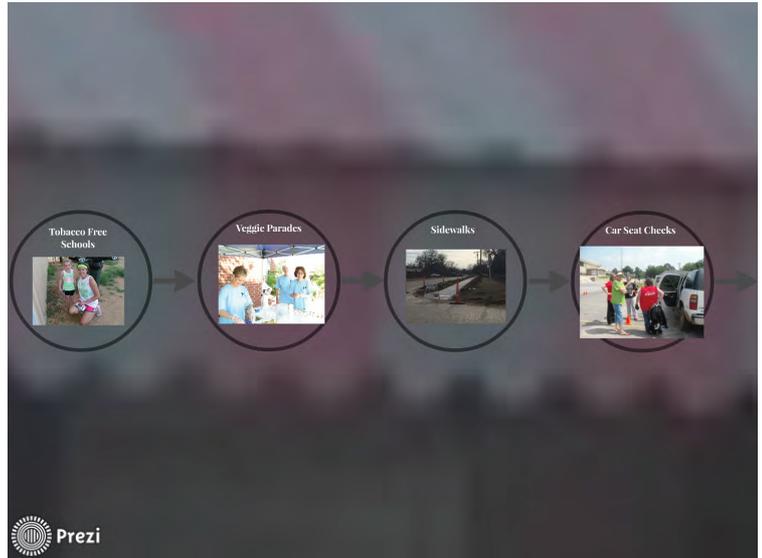
- Population 48,491
- 76% White
- 9% American Indian
- 7% Hispanic or Latino
- 17% Bachelor's degree or higher
- 16% Below poverty

Ardmore Clinic:

- 5,730 Clients
- 1,385 WIC
- 1,064 Family Planning
- 79 Children First

Healdton Clinic:

- 806 Clients
- 309 WIC
- 107 Family Planning



Blake Shelton and Miranda Lambert Rock County Music Superstars Revive Area



Tobacco Free Schools



Veggie Parades



Car Seat Checks



Sidewalks



Some Facts- Johnston County

- 1,315 Clients
- 410 WIC
- 216 Family Planning
- 8 Children First

- Population 10,990
- 74% White
- 16% American Indian
- 4% Hispanic or Latino
- 17.7% Bachelor's degree or higher
- 22% Below poverty

Hillbilly Handfishing and Rattlesnakes

Snake Hunts and Noodling in Jeff. County

Animal Planet has invaded Jefferson County.



Some Facts- Jefferson County

- 761 Clients
- 292 WIC
- 115 Family Planning
- 70 Children First
- Population 6,432
- 87% White
- 11% Bachelor's degree or higher
- 21% Below poverty

Dear Ms. Gile,

Thank you so much for teaching us
bike and scooter safety. Thank you
for the helmets and the reflectors. We
had a great morning with you!

Sincerely,

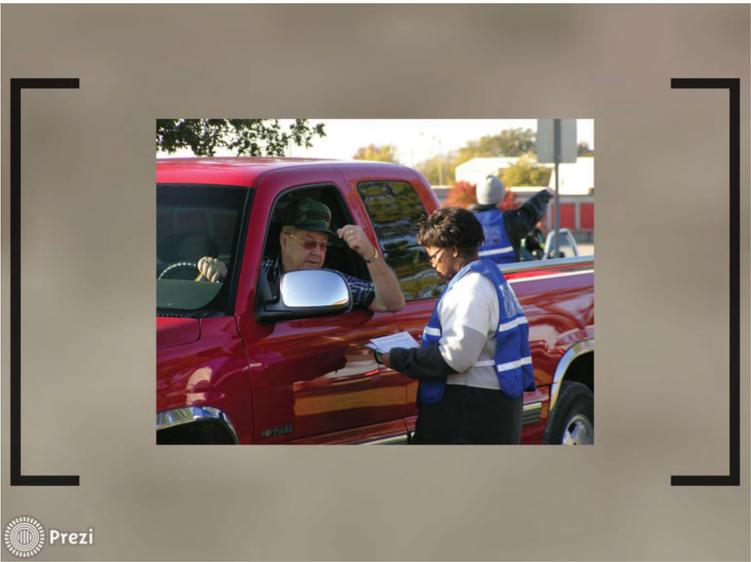
Terral 1st and 2nd Grade
Bryson
Rylan
Cody
Jaden
Rylan
Levi
Cody
Cody
Cody



Striper Capitol of the World

National Sand Bass Festival June 7-13







Some Facts- Marshall County

- 2,372 Clients
- 842 WIC
- 398 Family Planning
- 28 Children First

- Population 15,988
- 81% White
- 11% Native American
- 16% Hispanic or Latino
- 14.4% Bachelor's degree or higher
- 17% Below poverty

Love County Hams it Up

Robertson's Ham Based in Marietta

- Winstar World Casino is the largest in the world.
- Love County courthouse was the first built after Oklahoma statehood.



“ You might as well enjoy your work.
Don't take everything so seriously.
Have some fun! ”

Some Facts- Love County

- 1,824 Clients
- 485 WIC
- 263 Family Planning
- 17 Children First

- Population 9,742
- 84% White
- 8% American Indian
- 14% Hispanic or Latino
- 14% Bachelor's degree or higher
- 17% Below poverty









OK HEALTH BOARD MEETS

Vol. 30-III, No. 314 Tuesday, March 03, 2015 \$4.25

Carter County Health on the Rise

CHIP Being Addressed

- Adverse Childhood Experiences
- Obesity - Physical Activity
- Mental Health
- Tobacco
- Drug Abuse
- Prescription

State Capital of the World

Nation's Great News Festival 2-23

Love County Gets It Up

Redneck's Love Affair Is Healthy

Blake Shelton and Miranda Lambert Rock

Carter County Shows Support for Music Scene

Ability Building and Entrepreneurship

State Invests and Supports in Adult County

See inside a local artist's creative world. She's been painting for decades. [View more!](#)

OKLAHOMA HEALTH IMPROVEMENT PLAN



"The first wealth is health." Ralph Waldo Emerson

Oklahoma Health Improvement Plan (OHIP)

The State's Health Improvement Plan

- Short term - In 2008, the Oklahoma Legislature passed SJR-41 requiring the State Board of Health to develop a **comprehensive health improvement plan** for the “general improvement of the **physical, mental and social wellbeing of all people** in Oklahoma through a high functioning public health system.”
- Long term - Multi-sector governance process for plan development and long term implementation

2010 - 2014 OHIP FLAGSHIP ISSUES SUCSESSES & CHALLENGES



Tobacco

- Adult smoking decreased from 26.1% (2011) to 23.7% (2013) of the population. Oklahoma is currently ranked 45th in the US.
- Adolescent smoking has decreased from 20.2% in 2009 to 15.1% in 2013.
- More than 80% of Oklahoma children attend schools with 24/7 tobacco free policies.



Obesity

- Percent of public high school students who are obese decreased from 17% (2011) to 11.8% (2013).
- Oklahoma adult obesity prevalence is 32.5% (2013). Oklahoma is currently ranked 44th in the US.

Child Health

- Currently at 6.8/1,000 live births, infant mortality has dropped 21% since 2007.
- Only 8.4% of Oklahoma babies were born with low birth weight, though prevalence in the African American population is 14%.



Oklahoma Health Improvement Plan

Healthy Oklahoma 2020

PHAB Standards for State Health Improvement Plan

- Collaborative process with significant involvement from key stakeholder
- Desired measurable outcomes/Priorities for action
- Written from the perspective of the population
- Address social determinants (poverty, jobs & education)
- Higher health risks of specific populations
- Health equity
- Evidence based, promising or innovative practices
- Policy changes needed to accomplish
- Organizations accepting responsibility for implementing plan
- Consideration of Tribal, local and National priorities

TIMELINE – 2014 OHIP Stakeholder and Community Involvement Process



HEALTH DATA + COMMUNITY INPUT + EVIDENCE-BASED PRACTICE

General Community Chats: 406

General 176
 African American: 65
 Hispanic: 82
 Tribal: 83

Tribal Consultations:

Tahlequah- April 7 (36)
 Little Axe- June 16 (47)

Online Surveys: 131

English – 108
 Spanish – 23

Business Surveys: 751

Online Survey – 665
 Telephone Poll – 78
 In-depth Interviews - 8

State Chamber

Health Committee

Legislative Briefing

Select Members

Health Transformation

All Stakeholder Mtg. - ~50

COMMUNITY CHAT FEEDBACK

General

Access

- Healthy Foods
- Physical Activity
- Health Services
- Health Education

Community

- Economic Development
- Education
- Transportation

Behavioral Health

African-American

Community Focus

Safety

Outlets for Physical Activity

Economic Development

Education

Prevention

Hispanic

Family Focus

Health Education

Economic Development

Youth as Key Family Member

Tribal

Inter-Government Collaboration

Mind, Body, Spirit

Health Literacy

Chronic Disease & Risk Behaviors

Data

OHIP BUSINESS SURVEY

More than 700 Oklahoma businesses participated in the Oklahoma Business Health and Wellness Survey

Project Partners

- Oklahoma State Department of Health
- Office of the Governor of Oklahoma
- Oklahoma Department of Commerce
- Oklahoma Employment Security Commission
- State Chamber of Oklahoma Research Foundation
- Insure Oklahoma

Project Focus

- How does the health of the Oklahoma workforce affect business?
- What impact does access or lack of access to healthcare have on an employer's bottom line?
- What barriers and challenges do employers face in providing health and wellness benefits?
- How and why do employers invest in employee wellness programs?
- Does workforce pool have necessary job skills?

OHIP Business Survey Key Findings



Financial – Increasing Healthcare Cost Impacting Bottom Line

- 43% Indicate they are less profitable for business growth
- 39% have held off on salary increases



Workforce – Half of Respondents Report Employee Health Affects Business

- 82% Making positive healthy lifestyle choices
- 69% Losing weight
- 48% Seeing doctor for preventive care
- 46% Quitting tobacco
- 46% Reducing stress



Health Priorities – State Should Address Key Health Priorities

- Tobacco



Private/Public Partnerships – Businesses Open for Partnerships with Govt.

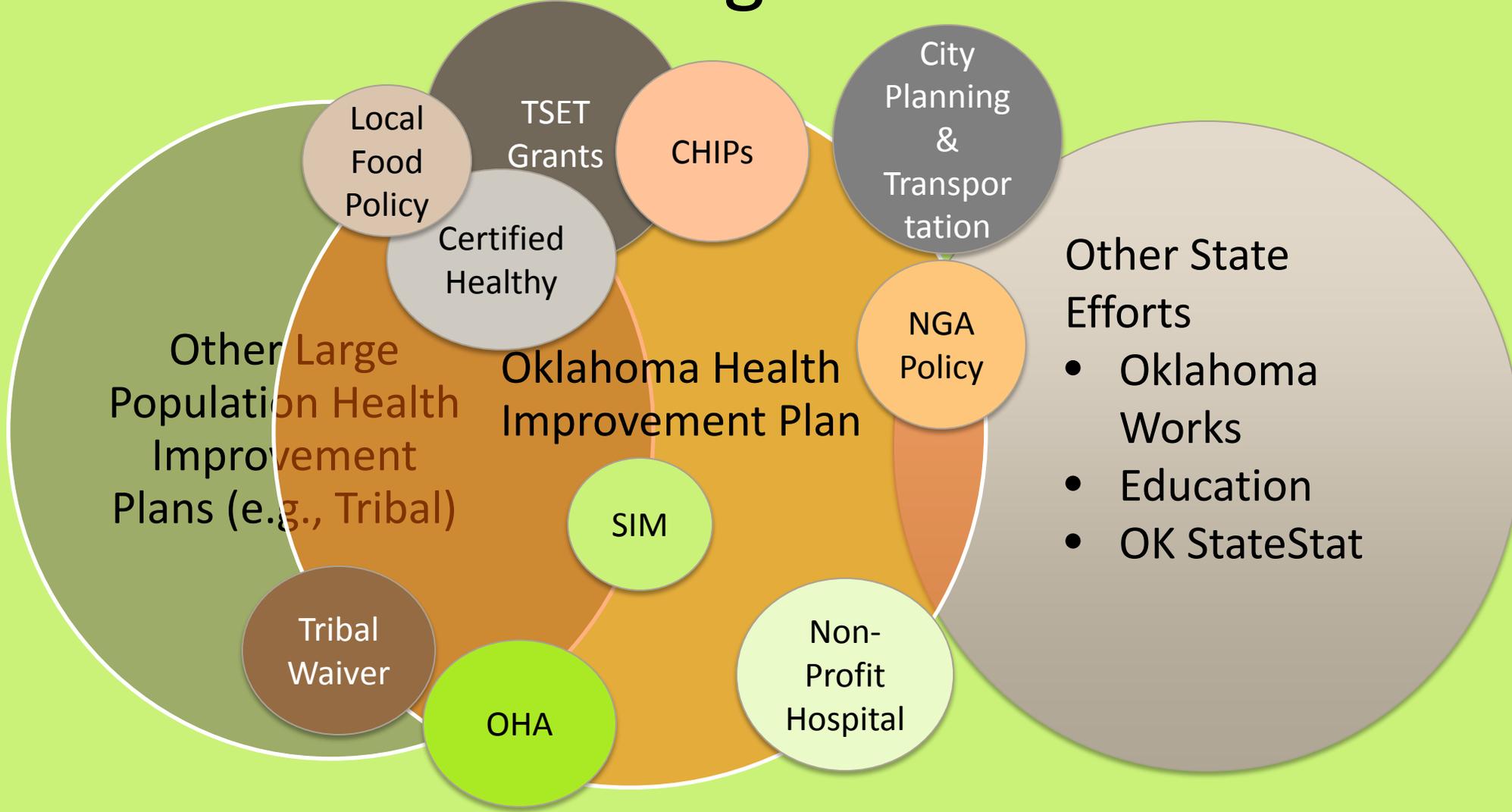
- Employee Wellness
- Wellness Now Initiative



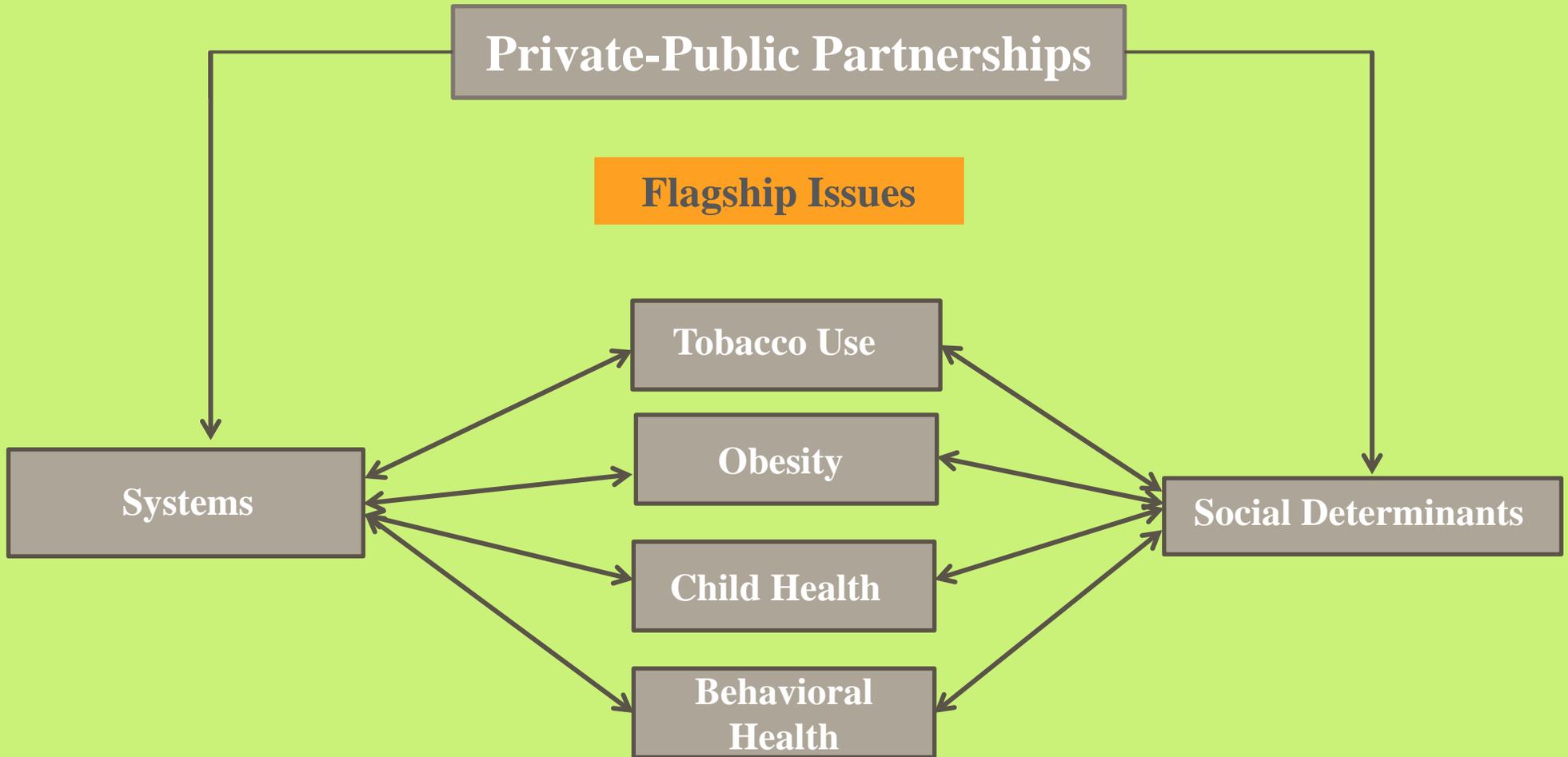
Insure Oklahoma

- Well Regarded Partnership for Coverage
- Reduce Administrative Burden
- Improve Sustainability
- Better Access to Coverage

Goal Alignment



OHIP FRAMEWORK



KEY OHIP 2020 CORE MEASURES FLAGSHIP ISSUES

Tobacco

- Reduce Adult Smoking
- Reduce Youth Smoking
- Reduce Tobacco Use

Obesity

- Reduce Adult Obesity
- Reduce Youth Obesity

Children's Health

- Reduce Infant Mortality
- Reduce Maternal Mortality
- Reduce Child and Adolescent Injury Mortality

Behavioral Health

- Decrease Mental Illness
- Decrease Substance Abuse Disorders
- Decrease Suicides

KEY OHIP 2020 GOALS – SYSTEMS, SOCIAL DETERMINANTS & PARTNERSHIPS

Health Education

- Certified Healthy Schools – Coordinated School Health Model
- Certified Healthy Campus – American College Health Association Standards of Practice in Higher Education
- Address Health Literacy While Implementing OHIP

Health Transformation

- Reduce Heart Disease Death Rate
- Reduce Preventable Hospitalizations
- Reduce Growth in State Purchased Healthcare Costs
- Improve Access to Care

Private Public Partnership (P3)

- Increase Private/Public Joint Partnerships that Improve Population Health and Yield ROI
- Develop Proposed Health Investment Portfolio /Investment Trust

Economic Development & Education

- **LINK TO STATE GOALS**
 - Job Creation/Wealth Generation
 - Educational Attainment/Job Skills
 - Small Business Support

Tobacco Use Prevention

CORE MEASURES

- Reduce Adult Smoking
- Reduce Youth Smoking
- Reduce Tobacco Use

SELECTED STRATEGIES

- Comprehensive smoke free indoor public places (voluntary and statutory)
- Price point strategies
- Health communication campaigns
- Cessation systems
- Emerging products

Obesity Reduction

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none">• Reduce Adult Obesity• Reduce Youth Obesity	<ul style="list-style-type: none">• Health In All Policies• Improve Built Environment• Community Asset Mapping• Expand Certified Healthy Oklahoma

Children's Health Improvement

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none">• Reduce Infant Mortality• Reduce Maternal Mortality• Reduce Child and Adolescent Injury Mortality	<ul style="list-style-type: none">• Reduce teen birth rate• Increase childhood immunization• Reduce adverse childhood events• Increase prenatal care• Increase families in evidence based home visitation programs

Behavioral Health Improvement

CORE MEASURES

- Reduce untreated mental illness
- Reduce addiction disorders
- Reduce suicide deaths

SELECTED STRATEGIES

- Integrate behavioral health and primary care
- Implement or expand screening and treatment interventions (e.g., SBIRT)
- Screen persons in criminal justice system for SA/MH and treat/divert as appropriate
- Expand access to appropriate care for MH/SA disorders

Health Education

CORE MEASURES

- Increase schools adopting coordinated school health model
- Increase institutes of higher education adopting standards for health promotion
- Increase motivational interviewing (MI)
- Address health literacy in OHIP

SELECTED STRATEGIES

- Excellence level Certified Healthy Schools
- Excellence level Certified Healthy campus
- Increase MI trainers available
- Incorporate health literacy review and testing across OHIP flagship issues
- Organizational assessments of health literacy capability

Health Transformation

CORE MEASURES

- Reduce Heart Disease Deaths
- Reduce preventable hospitalizations
- Reduce growth in healthcare expenditures

SELECTED STRATEGIES

- Value based payment models
- Care coordination for chronic conditions
- Multi-payer alignment of goals
- Use of clinical preventive services
- Electronic health records/Health Information Exchange (HIE)
- Improve access/accessibility to care

Private Public Partnership

CORE MEASURES

Increase private-public joint partnerships and investment opportunities that yield improved health and a return on investment

SELECTED STRATEGIES

- Develop health investment portfolio with established ROI
- Explore investment trust options
- Utilize business planning to identify health areas with highest rate of return and likelihood of success

OHIP Next Steps

- New & more interactive website that allows updates by workgroups
- Communication & educational materials to promote OHIP
- Continued growth in OHIP team membership to include business, legislative and faith based members

QUESTIONS

**Oklahoma State Department of Health
Board of Health Finance Committee Brief
March 2015**

**OKLAHOMA STATE DEPARTMENT OF HEALTH
SFY 2015 BUDGET AND EXPENDITURE FORECAST: AS OF 2/23/2015**

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	\$24,678,235	\$9,972,066	\$4,468,974	\$9,316,132	\$921,062	96.27%
Protective Health Services	\$58,172,928	\$29,871,163	\$6,260,697	\$22,124,677	(\$83,609)	100.14%
Prevention & Preparedness Services	\$58,105,156	\$24,730,079	\$20,190,821	\$11,970,191	\$1,214,065	97.91%
Information Technology	\$7,292,390	\$2,524,701	\$4,583,482	\$0	\$184,207	97.47%
Health Improvement Services	\$20,851,374	\$8,982,845	\$3,891,129	\$6,971,985	\$1,005,415	95.18%
Community & Family Health Services	\$245,978,059	\$114,854,568	\$24,767,886	\$103,318,326	\$3,037,279	98.77%
Totals:	\$415,078,142	\$190,935,423	\$64,162,989	\$153,701,311	\$6,278,419	98.49%



Expenditure Forecast Assumptions

- Payroll forecasted through June 30, 2015
- 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, 2015

Explanation of Change

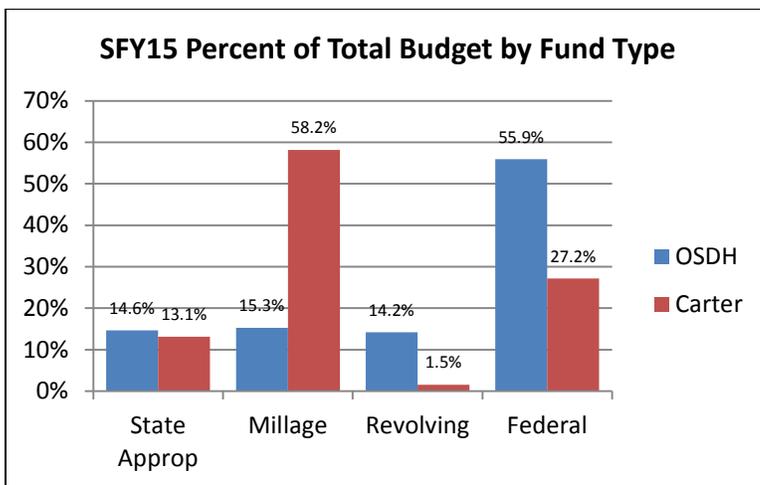
- Overall the Department is forecasted to spend 98.49% of its budget, which is little changed from the previous month's 98.48%.
- The prior month's report showed all divisions in a "green light" status.
- This month, all divisions remain in a "green light" status, with expenditures expected to be reasonably close to the budgeted amount.
- All expenditures will be monitored closely and adjustments in spending will be made as needed to ensure optimal budget performance for the Department.

A Contrasting Look at the Budgets of OSDH and Carter County Health Department

When comparing the overall budget of the Oklahoma State Department of Health (OSDH) to the portion of its budget directed at a county health department (CHD), such as Carter County Health Department (Carter), there are a few distinguishing elements. These elements highlight key characteristics of a locally focused public health operation.

In most counties, a portion of the property taxes collected are designated for use in serving the public health needs of the county. These funds must be used in the county collected and, while accounted for at OSDH, these millage funds are administered by county government.

15.3% of the **\$415,078,142** OSDH budget is comprised of millage funds. This 15.3% of the OSDH budget is the amount of millage funds budgeted in all counties across the State. In the Carter budget, which totals **\$3,419,666**, millage funds comprise 58.2% of the total.

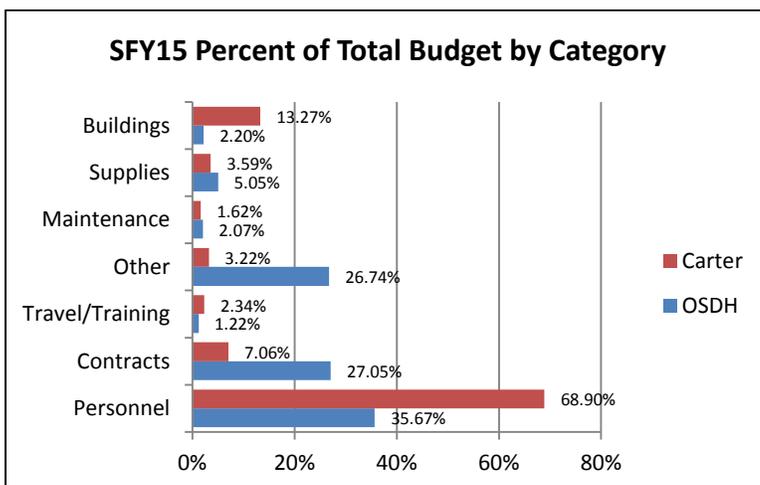


This highlights the critical role of local funds in serving local public health needs. The millage funding source provides a level of diversification that reduces risk to the finances of public health.

In years when State appropriations are reduced, or when low State tax collections result in revenue failures, OSDH and its local public health operations depend more heavily on millage. While millage funds must be kept and spent in the county collected, they have a stabilizing effect on the overall budget of OSDH when targeted budget cuts are implemented.

When comparing the portions of OSDH and Carter budgets directed at specific categories, the differences in operations between a CHD and OSDH can be seen.

Maintenance of locally owned buildings and personnel are a larger portion of the Carter budget than the OSDH budget. These are two costs that are integral to operating a clinical operation, as is operated in Carter.



Contracts and Other are two categories that make up larger portions of the OSDH budget than in a CHD budget.

Much of the work performed at the OSDH central office involves pass-through funding from the federal government, which is typically in the form of contracts.

The Other category of the OSDH budget is primarily comprised of WIC food funds.

OKLAHOMA STATE BOARD OF HEALTH
COMMISSIONER'S REPORT
Terry Cline, Ph.D., Commissioner
March 10, 2015

PUBLIC RELATIONS/COMMUNICATIONS

Governor Fallin State of the State Address
Certified Healthy Awards Luncheon – speaker
American Heart Association “Go Red Day” at Capitol – speaker
Governor’s Council on Workforce & Economic Development - speaker
Governor Fallin’s Welcome Back Legislative Reception
Bridges to Access Conference – speaker
Tribal Legislative Reception
Oklahoma Public Health Leadership Institute – speaker
Becoming Baby Friendly in Oklahoma conference – speaker
Indian HealthCare Resources Center 25th Anniversary Celebration
Senior Day at the Capitol – speaker
Oklahoma Academy Legislative Reception

STATE/FEDERAL AGENCIES/OFFICIAL

Governor Fallin Cabinet Meeting
Denise Northrup, Chief of Staff, Katie Altshuler, Director of Policy, & Steve Mullins,
General Counsel, Governor’s office
Nico Gomez, Ex Director, Oklahoma Health Care Authority
Dr. Ileana Arias, Principal Deputy Director & Dr. Debra Houry, Director, National
Center for Injury Prevention and Control, CDC

OTHERS:

ACGME meeting
Paul Jarris, Executive Director, ASTHO
Kevin Kincheloe, Tulsa Staff, Senator James Lankford
Senate Budget Hearing
House of Representatives Budget Hearing
OHIP Full Team Meeting
Tulsa Health Department Board Meeting
Oklahoma City County Health Department Board Meeting
OK Mission Of Mercy event