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**STATE BOARD OF HEALTH
CARTER COUNTY HEALTH DEPARTMENT
405 S. Washington
Ardmore, OK 73401**

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

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Dr. Ronald Woodson, President of the Oklahoma State Board of Health, called the 397th regular meeting of the Oklahoma State Board of Health to order on Tuesday, March 10, 2015 at 11:01 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on March 9, 2015, and at 11:00 a.m. at the building entrance on March 9, 2015.

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ROLL CALL

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Members in Attendance: Ronald Woodson, M.D., President; Martha Burger, M.B.A., Vice-President; Jenny Alexopoulos, D.O.; Terry Gerard, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.; Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.

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Absent: Cris Hart-Wolfe, Secretary-Treasurer

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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; Mark Davis, Chief Financial Officer; 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.

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Visitors in attendance: (see sign in sheet)

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Call to Order and Opening Remarks

Dr. Woodson called the meeting to order. He welcomed special guests in attendance and thanked Mendy Spohn and Carter County Health Department staff for hosting the March Board of Health meeting.

REVIEW OF MINUTES

Dr. Woodson directed attention to review of the minutes of the February 10, 2015 Regular Board meeting.

Dr. Alexopoulos moved Board approval of the minutes of the February 10, 2015, regular Board meeting, as presented. Second Dr. Stewart. Motion carried.

AYE: Alexopoulos, Stewart, Starkey, Woodson

ABSTAIN: Burger, Gerard, Grim, Krishna

ABSENT: Wolfe

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

See Attachment A

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:

See Attachment B

Dr. Krishna moved Board approval to endorse the Oklahoma Health Improvement Plan as presented. Second Dr. Stewart. Motion carried.

1 **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Woodson**

2 **ABSENT: Wolfe**

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4 **CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

5 **Executive Committee**

6 Dr. Woodson provided a brief overview of the initial Tri-Board Joint Executive Committee meeting for the
7 Oklahoma City-County Board of Health, Tulsa City-County Board of Health, and Oklahoma State Board of
8 Health. The initial meeting was successful in identifying common goals and objectives all for the benefit of
9 the state of Oklahoma.

10
11 Martha Burger will chair the 2015 annual retreat planning committee. Dr. Gerard, Tim Starkey, and Dr.
12 Grim will also serve on this committee. The committee will work with the retreat facilitator over the next
13 few months to plan the retreat.

14
15 Dr. Krishna will chair the Nominating Committee and Dr. Alexopulos and Dr. Stewart will serve on the
16 committee. The committee will provide their report during the June Board meeting for election officers
17 effective July 1st.

18
19 **Finance Committee**

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

22 **Budget and Expenditure Forecast**

- 23 o As of February 23, 2015
24 o Approximately \$415 million budgeted for state fiscal year 2015
25 o Forecasted expenditure rate of 98.49% through June 30, 2015
26 o "Green light" overall for the department and for each division within the department

27 **The Financial Brief focused on the Carter County Health Department Budget**

- 28 o The brief provided a comparison between the overall OSDH budget and the portion of its budget
29 directed at Carter County.
30 o The discussion highlighted the role of millage funding in providing public health services.
31 o It also highlighted the categorical budget differences between a county health department and a state
32 health department.

33
34 **Accountability, Ethics, & Audit Committee**

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

37
38 **Public Health Policy Committee**

39 The Policy Committee met on Tuesday, March 10, 2015. Dr. Gerard indicated the Committee discussed
40 legislative agenda items, budget request items and the significance of the reduction in the amount of funds
41 available for appropriation for SFY-16.

42
43 The Committee discussed several important pieces of legislation proceeding through the legislative process
44 including: HB1685 and SB 674 which are the 24/7 Tobacco Free School Acts, SB 126 which authorizes the
45 Department to contract for Advance Directive Registry services, HB 1408 which exempts persons selling
46 only whole, uncut fruits, vegetables and melons and/or un-cracked and unprocessed nuts from food
47 establishment licenses, and HB 1948 which pertains to the Prescription Monitoring Program. There was also
48 discussion of SJR 24 which would allow for an initiative petition to remove exemptions from the Smoking in
49 Public Places and Workplaces Act.

50
51 Members should be receiving legislative update reports each Monday. If Board members have any policy
52 questions, they should feel free to contact Mark Newman at any time.

53
54 The next meeting of the Policy Committee will be prior to the April Board Meeting.
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PRESIDENT'S REPORT

Dr. Woodson briefly discussed the launch of the Oklahoma Health Improvement Plan (OHIP). The OHIP is a statewide health improvement plan developed by a broad-based group called the OHIP team convened by the Board of Health. It's been 5 years since the first OHIP plan was released and at that time, Oklahoma ranked 49th nationally in health outcomes and now ranks 46th. As discussed earlier in the agenda, we have made improvements infant mortality, adolescent obesity, and adult & youth smoking rates during this time. Each Board received an advance copy of OHIP 2020 Plan Healthy Oklahoma 2020 and the hardcopy plans will be made available through the OSDH Office of Communications. Dr. Woodson encouraged all to attend the launch event held in Noble, Ok.

COMMISSIONER'S REPORT

Dr. Cline thanked Mendy Spohn and her staff for their efforts to host the March Board of Health meeting.

Dr. Cline briefly commented on the most recent Senate and House Budget Hearings as well as two Legislative Briefings conducted by the Department and directed at new Legislators to discuss the Governor's priorities. The Governor has made Health a priority and it is important to educate the legislative body about health initiatives.

Dr. Cline also highlighted the Certified Healthy Awards ceremony, with more than 1,000 in attendance. Although the event is hosted and funded privately, the purpose is to recognize organizations across the state receiving certified healthy status. This event is a reflection of the enthusiasm across the state for improved health.

Dr. Cline highlighted the recent Bridges to Access meeting. There were hundreds of medical students in attendance whose primary focus around volunteerism and giving back to the community. The event is concluded by awarding the R. Murali Krishna award for volunteerism. Dr. Cline thanked Dr. Krishna for his leadership in this area and recognized Dr. Woodson's daughter who instrumental in organize this same event in 2014.

Lastly, Dr. Cline ended his report with an overview of two events attended. Go Red For Women Day at the Capitol organized by the Heart Association. Martha Burger was in attendance and is an active leader in this cause. This is yet another example of the volunteerism of the Board of Health. Lastly, Dr. Cline mentioned a recent visit with Dr. Arias of the CDC. She serves as the principal advisor to the Director of the CDC and the meeting was focused around prescription drug misuse across the country. CDC is looking for opportunities to work with states to turn this epidemic around.

The report concluded.

NEW BUSINESS

No new business.

PROPOSED EXECUTIVE SESSION

No Executive Session.

ADJOURNMENT

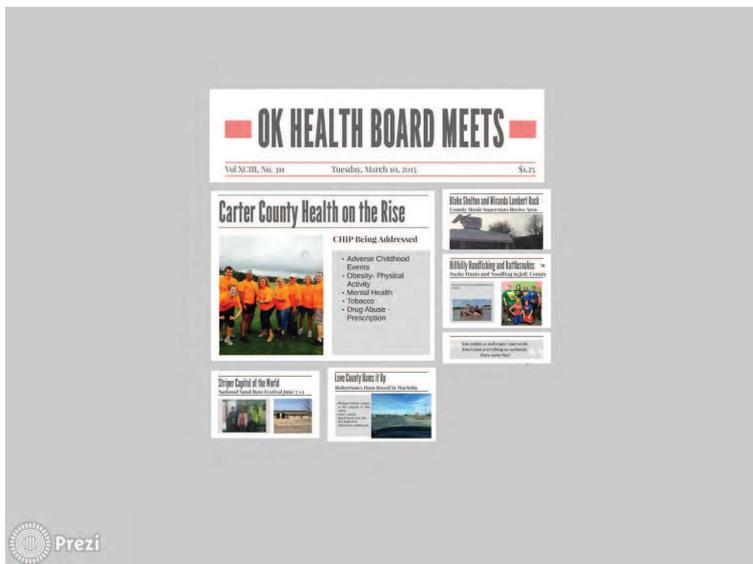
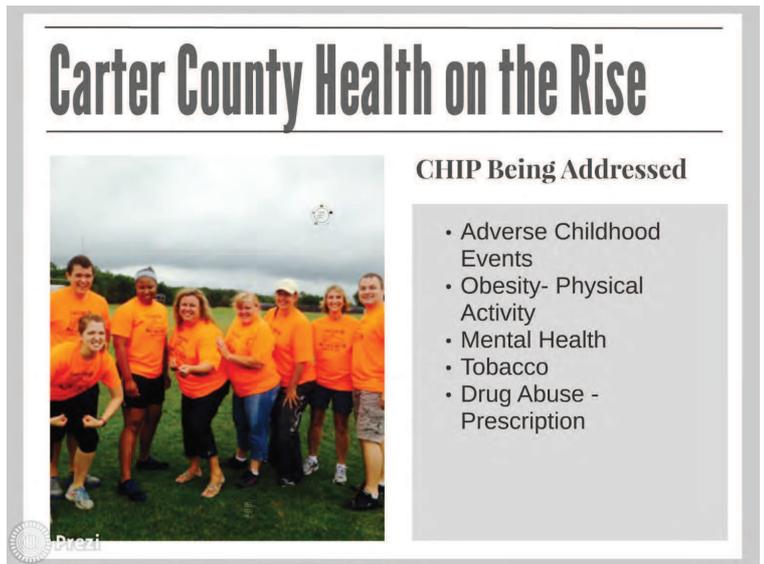
The meeting adjourned at 12:16 pm.

Approved



Ronald W. Woodson, M.D.
President, Oklahoma State Board of Health
April 14, 2015

ATTACHMENT A



Operation Good Shepherd



Shape Your Menu



Teen Conference



Emergency Preparedness



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



Tobacco Free Schools



Blake Shelton and Miranda Lambert Rock County Music Superstars Revive Area



Veggie Parades



Sidewalks



Car Seat Checks



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
 Ryan
 Cole
 Taylor
 Wadden
 Levi
 Colt
 Ava



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



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



Hillbilly Handfishing and Rattlesnakes

Snake Hunts and Noodling in Jeff. County

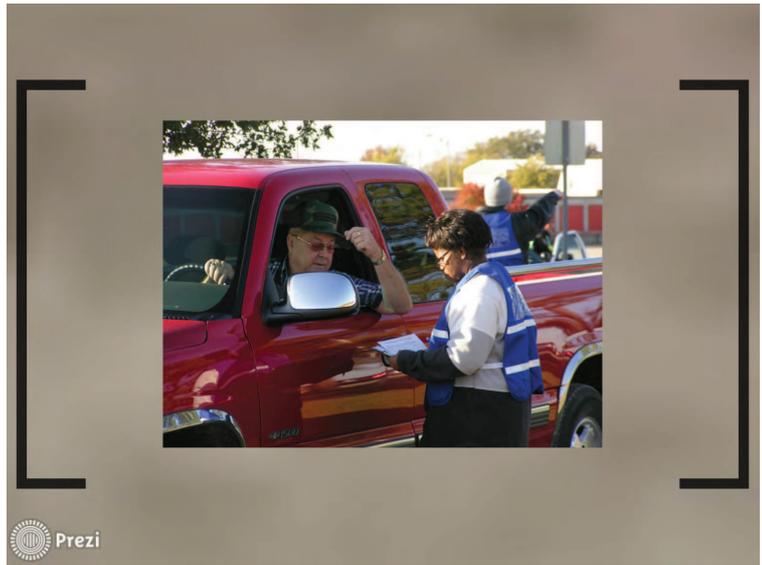
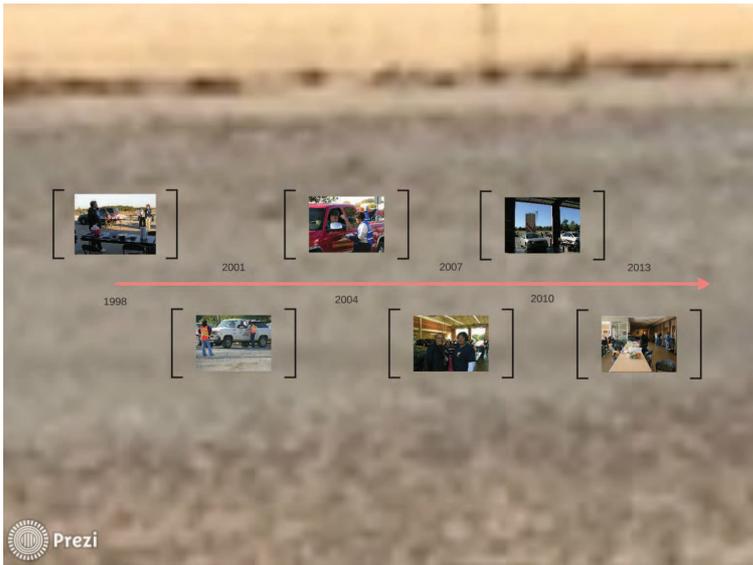
Animal Planet has invaded Jefferson County.



Striper Capitol of the World

National Sand Bass Festival June 7-13





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



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



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

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.







OK HEALTH BOARD MEETS

Vol. 30, No. 101 Tuesday, March 30, 2015 \$3.25

Carter County Health on the Rise

CHIP Being Addressed

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

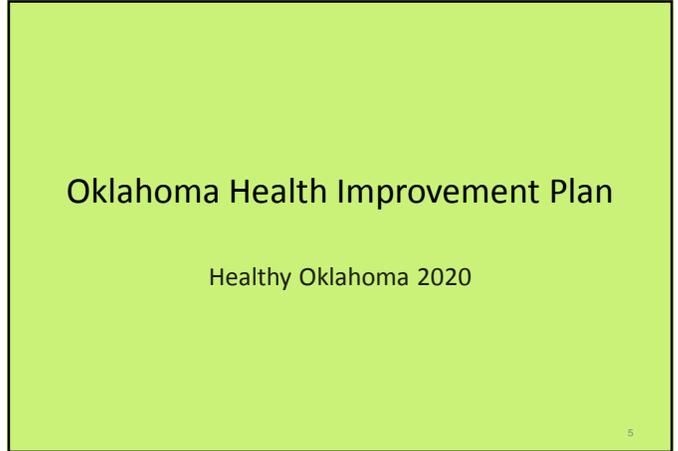
Risk Factors and Writable Lumber Book
Carter County Health Board Book

Ability: Qualifying and Certification
Carter County Health Board Book

Stripes Capital of the World
Carter County Health Board Book

Love County Home of the
Carter County Health Board Book

ATTACHMENT B



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

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

2010 - 2014 OHIP FLAGSHIP ISSUES SUCCESSIONS & 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%.

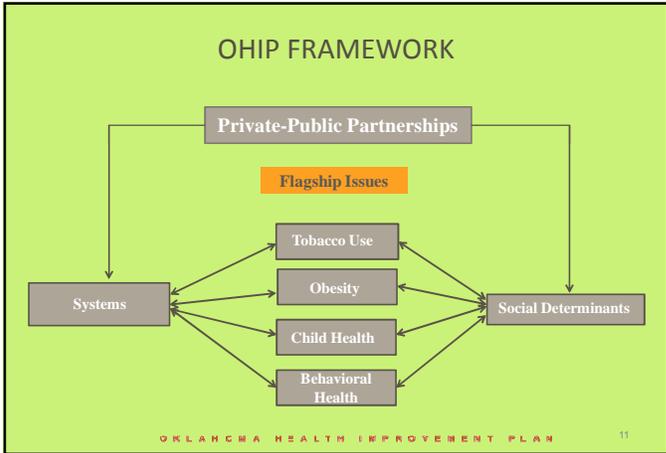
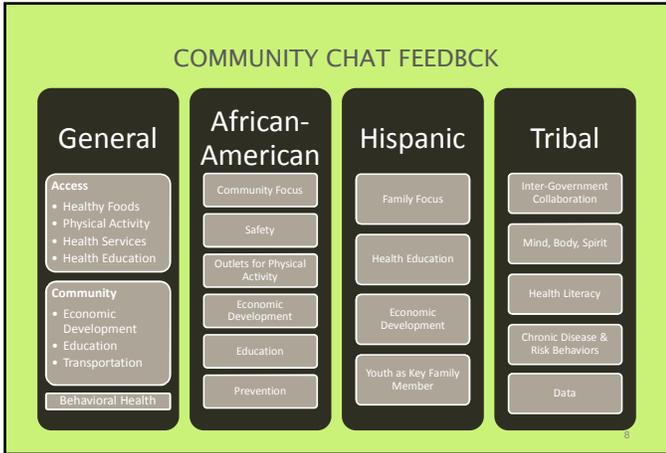
STATE OF THE STATE'S HEALTH · 2014

TIMELINE – 2014 OHIP Stakeholder and Community Involvement Process

Feb thru March	April thru June	Sept thru Nov	Dec 2014 thru Jan 2015
<p>Review literature and health data</p> <p>Propose and adopt OHIP rewrite process</p> <p>Conduct two tribal consultation meetings</p> <p>Release of the 2014 Oklahoma State Health Report</p>	<p>Conduct five general community chats</p> <p>Host four African-American and Hispanic community chats</p>	<p>Analyze discussion findings and identify themes</p> <p>Conduct online public survey and online and phone polling business survey</p>	<p>Identify statewide priorities, goals, objectives, and strategies</p> <p>Draft OHIP and seek public comments</p> <p>Revise and finalize OHIP</p>

HEALTH DATA + COMMUNITY INPUT + EVIDENCE-BASED PRACTICE

<p>General Community Chats: 406</p> <p>General 176</p> <p>African American: 65</p> <p>Hispanic: 82</p> <p>Tribal: 83</p>	<p>Online Surveys: 131</p> <p>English – 108</p> <p>Spanish – 23</p>	<p>State Chamber Health Committee</p> <p>Legislative Briefing</p> <p>Select Members</p>
<p>Tribal Consultations:</p> <p>Tahlequah- April 7 (36)</p> <p>Little Ape- June 16 (47)</p>	<p>Business Surveys: 751</p> <p>Online Survey – 665</p> <p>Telephone Poll – 78</p> <p>In-depth Interviews - 8</p>	<p>Health Transformation</p> <p>All Stakeholder Mtg. --50</p>



OHIP BUSINESS SURVEY

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

Project Partners	Project Focus
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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?

KEY OHIP 2020 CORE MEASURES FLAGSHIP ISSUES

Tobacco	<ul style="list-style-type: none"> Reduce Adult Smoking Reduce Youth Smoking Reduce Tobacco Use
Obesity	<ul style="list-style-type: none"> Reduce Adult Obesity Reduce Youth Obesity
Children's Health	<ul style="list-style-type: none"> Reduce Infant Mortality Reduce Maternal Mortality Reduce Child and Adolescent Injury Mortality
Behavioral Health	<ul style="list-style-type: none"> Decrease Mental Illness Decrease Substance Abuse Disorders Decrease Suicides

OHIP Business Survey Key Findings

Financial – Increasing Healthcare Cost Impacting Bottom Line <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Tobacco 	Private/Public Partnerships – Businesses Open for Partnerships with Govt. <ul style="list-style-type: none"> Employee Wellness Wellness Now Initiative
Insure Oklahoma <ul style="list-style-type: none"> Well Regarded Partnership for Coverage Reduce Administrative Burden Improve Sustainability Better Access to Coverage 	

KEY OHIP 2020 GOALS – SYSTEMS, SOCIAL DETERMINANTS & PARTNERSHIPS

Health Education	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Reduce Heart Disease Death Rate Reduce Preventable Hospitalizations Reduce Growth in State Purchased Healthcare Costs Improve Access to Care
Private Public Partnership (P3)	<ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Job Creation/Wealth Generation Educational Attainment/Job Skills Small Business Support

Tobacco Use Prevention

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none"> • Reduce Adult Smoking • Reduce Youth Smoking • Reduce Tobacco Use 	<ul style="list-style-type: none"> • Comprehensive smoke free indoor public places (voluntary and statutory) • Price point strategies • Health communication campaigns • Cessation systems • Emerging products

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Behavioral Health Improvement

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none"> • Reduce untreated mental illness • Reduce addiction disorders • Reduce suicide deaths 	<ul style="list-style-type: none"> • 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

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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

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Health Education

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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

18

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

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Health Transformation

CORE MEASURES	SELECTED STRATEGIES
<ul style="list-style-type: none"> • Reduce Heart Disease Deaths • Reduce preventable hospitalizations • Reduce growth in healthcare expenditures 	<ul style="list-style-type: none"> • 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

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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

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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

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QUESTIONS