I. CALL TO ORDER AND OPENING REMARKS

II. REVIEW OF MINUTES

Approval of Minutes for December 13, 2016, Regular Meeting

III. APPOINTMENTS

A. Advancement of Wellness Advisory Council

Advancement of Wellness Advisory Council (Presented by Julie Cox-Kain)

Appointments: One Member

Authority: 63 O.S., § 1-103a.1

Members: The Advisory Council shall consist of seven (7) members. Membership is defined in statute. One member, who is the Executive Director of the Tobacco Settlement Endowment, shall be appointed by the State Board of Health.

IV. STRATEGIC MAP UPDATE PRESENTATION

Henry F. Hartsell, Jr., Ph.D., Deputy Commissioner for Protective Health Services; Kristy K. Bradley, DVM, MPH, State Epidemiologist

V. CONSIDERATION OF STANDING COMMITTEES’ REPORTS AND ACTION

A. Executive Committee - Ms. Burger, Chair

Discussion and possible action on the following: Update

B. Finance Committee - Ms. Hart-Wolfe, Chair

Discussion and possible action on the following: Update

C. Accountability, Ethics, & Audit Committee - Dr. Grim, Chair

Discussion and possible action on the following: Update

D. Public Health Policy Committee - Dr. Stewart, Chair

Discussion and possible action on the following: Update

VI. PRESIDENT’S REPORT

Discussion and possible action

VII. COMMISSIONER’S REPORT

Discussion and possible action

VIII. NEW BUSINESS

Not reasonably anticipated 24 hours in advance of meeting.

IX. PROPOSED EXECUTIVE SESSION

Proposed Executive Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation, 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.
Ad hoc annual performance evaluation for Office of Commissioner of Health.
Possible action taken as a result of Executive Session.

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

December 13, 2016

CALL TO ORDER
Martha Burger, President of the Oklahoma State Board of Health, called the 413th special meeting of the Oklahoma State Board of Health to order on Tuesday, December 13, 2016, at 11:09 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on December 12, 2016; and at 11:00 a.m. on the Oklahoma State Department of Health building entrance on December 12, 2016.

ROLL CALL
Members in Attendance: Martha A. Burger, M.B.A, President; Cris Hart-Wolfe, Vice-President; Robert S. Stewart, M.D., Secretary-Treasurer; Ronald Woodson, M.D., Immediate Past President; Jenny Alexopoulos, D.O.; Terry R. Gerard, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D., Timothy E. Starkey, M.B.A.

Staff present were: Terry Cline, Commissioner; Julie Cox-Kain, Senior Deputy Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Tina Johnson, Deputy Commissioner, Community and Family Health Services; Carter Kimble, Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director, Office of Accountability; VaLauna Grissom, Secretary to the State Board of Health.

Visitors in attendance: See list

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks
Martha Burger called the meeting to order and thanked guests in attendance.

REVIEW OF MINUTES – OSBH
Martha Burger directed attention toward approval of the Minutes for October 4, 2016, Tri-Board meeting. Ms. Wolfe moved Board approval of the October 4, 2016 meeting minutes as presented. Second Dr. Grim. Motion Carried.

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

2017/2018 BOARD OF HEALTH MEETING DATES
Dr. Woodson moved Board approval of the 2017/2018 meeting dates and 2017 board work calendar as presented. Second Dr. Gerard. Motion Carried.

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

APPOINTMENTS
A. Infant and Children's Health Advisory Council Appointment (Dr. Edd Rhoades)

Appointment: Amanda Bogie

Authority: 63 O.S., § 1-103a.1(E)

Members: The Advisory Council shall consist of eight (8) members. Membership is defined in statute. Two members shall be appointed by the Governor, three members shall be appointed by the President Pro Tempore of the Senate, two members shall be appointed by the Speaker of the House, and one member shall be appointed by the State Board of Health. One position is being brought forth for appointment by the State Board of Health.

Mr. Starkey moved Board approval of the recommended appointment, as presented. Second Dr. Krishna. Motion Carried.

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

B. Oklahoma Food Service Advisory Council (Lynnette Jordan)

Appointments: Krista Neal, Bill Ricks, Harold Kelly, Michael Farney, Bill Ryan, Roy Escouba, Park Ribble, Jim Hopper

Authority: 63 O.S., § 1-106.3

Members: The Advisory Council shall consist of fourteen (14) members. Membership is defined in statute. Nine (9) members shall be appointed by the Commissioner with the advice and consent of the State Board of Health, from a list of three names for each position provided by an association representing the majority of the restaurant owners in the state. One (1) representative from each of the following: Oklahoma School Nutrition Association; Independent Food Service Operator; General Public; Oklahoma Hotel & Motel Industry; Food Service Education; Food Processing Education; Oklahoma's Grocer's Association; Oklahoma Restaurant Association. Eight positions are being brought forth for advice and consent of the State Board of Health.

Dr. Alexopulos moved Board approval of the recommended appointments, as presented. Second Dr. Woodson. Motion Carried.

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

RULEMAKING ACTIONS

A. CHAPTER 2. HUMANITY OF THE UNBORN CHILD ACT (Donald Maisch)

[PERMANENT]

PROPOSED RULES:

310:2-31-1. Purpose. [NEW]
310:2-31-2. Definitions. [NEW]
310:2-31-3. Signage. [NEW]
310:2-31-4. Language and web portal requirements. [NEW]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Title 63 O.S. § 1-751 et seq.

SUMMARY: These proposed regulations, if adopted, will implement the Department’s requirements contained in House Bill Number 2797, from the 2nd Session of the 55th Oklahoma Legislature (2016) known as "Humanity of the Unborn Child Act" and codified at 63 O.S. § 1-751 et seq. The proposed
regulations set forth the requirements to be used by facilities regulated by the Department to place signage in restrooms and other areas in compliance with the Act.

Dr. Stewart moved Board approval of the rule, as presented. Second Dr. Gerard. Motion Carried.
AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Stewart, Wolfe, Woodson
NAY: Starkey

B. CHAPTER 15. CLINICAL TRIALS ON THE USE OF CANNABIDIOL (Donald Maisch)
[PERMANENT] PROPOSED RULES:
Subchapter 1. Purpose and Definitions
310:15-1-2. Definitions. [AMENDED]
Subchapter 3. Physician Application and Reporting
310:15-3-1. Physician application. [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Title 63 O.S. §§ 2-801 through 2-805

SUMMARY: These proposed regulations, if adopted, will implement the agency’s requirements from House Bill Number 2835, from the 2nd Session of the 55th Oklahoma Legislature (2016), codified at 63 O.S. §§ 2-801 through 2-805. The proposed regulations would remove the age limitation for clinical trials on the use of cannabidiol as required by the House Bill.

Mr. Starkey moved Board approval of rule, as presented. Second Dr. Alexopulos. Motion Carried.
AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson

C. CHAPTER 233. BODY PIERCING AND TATTOOING (Dr. Henry F. Hartsell)
[PERMANENT] PROPOSED RULES:
Subchapter 9. License Requirements
310:233-9-2. Artist license [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Title 21 O.S. Section 842.3.

SUMMARY: The proposed amendments modify the proof of training and experience required before an applicant is approved to take the license examination. The proposal deletes the requirement for proof of two years' license from another state, and substitutes a requirement for documentation of two years' experience from another state. The proposal allows a licensure candidate to submit proof of completion of training that is substantially equivalent to the requirements for apprentice programs in Oklahoma. The effect of the change is to give candidates credit for experience or training in a state that does not license artists. The Oklahoma State Department of Health developed the foregoing amendments in response to a request for rulemaking filed by a facility operator and artist licensed in Oklahoma. Additionally, the amendments clarify the process for approving an applicant to take the license examination and issuing the permanent artist license.

Ms. Wolfe moved Board approval of rule, as presented. Second Dr. Alexopulos. Motion Carried.
AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson

D. CHAPTER 512. CHILDHOOD LEAD POISONING PREVENTION (Tina Johnson)
[PERMANENT]
PROPOSED RULES:
310:512-1-1 [AMENDED]
310:512-1-2 [AMENDED]
310:512-1-3 [AMENDED]
310:512-1-4 [AMENDED]

Subchapter 3. Specimen Risk Assessment, Screening And Management
310:512-3-1 [AMENDED]
310:512-3-2 [REVOKED]
310:512-3-2.1 [NEW]
310:512-3-3 [AMENDED]
310:512-3-4 [REVOKED]
310:512-3-4.1 [NEW]
310:512-3-5 [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S.
Section 1-114.1.

SUMMARY: This rule change will add amendatory language for Childhood Lead Poisoning
Prevention in order to reflect current practice and modify terminology and definitions to coincide
with current language used in the Oklahoma Childhood Lead Poisoning Prevention Program
(OCLPPP). In May 2012, the Centers for Disease Control changed the blood lead level at which point
certain actions should be initiated from 10 g/dL to 5 g/dL.  See CDC Response to Advisory
Committee on Childhood Lead Poisoning Prevention Recommendations in “Low Level Lead
Exposure Harms Children: A Renewed Call of Primary Prevention”
this change in June 2012 and began offering follow-up services to children at the new lower level.
However, sections of the rules regarding blood lead levels were last updated in 1994 and contain the
older reference level. The current rules also have ambiguous language and outdated procedures and
terms such as "environmental assessments" versus "environmental investigations." The most
significant changes will be to update the definitions of elevated blood lead levels and to further clarify
the role of the laboratories and providers in reporting lead results. Lead results are reportable pursuant
to Title 63 O.S. Sections 1-114.1 and § 1-503 and the Reportable Disease Rules, OAC 310-515. The
changes re-structure the order of some items to put them into more logical categories. This is part of
OCLPPP’s overall effort to make the rules more accessible, understandable, and usable without
altering their sense, meaning, or effect. Some sections have been reclassified and rearranged in a
more logical order, removing language that is invalid, repealed or duplicative to improve the
draftsmanship of the rule. New technologies (Point-of-Care devices, electronic reporting capabilities)
are incorporated to make screening and reporting easier.

Dr. Krishna moved Board approval of rule, as presented. Second Ms. Wolfe.  Motion Carried.
AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson

E. CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING (Dr. Kristy
Bradley)
[PERMANENT]
PROPOSED RULES:
Subchapter 1. Disease and Injury Reporting Requirements
310:515-1-1.1. Definitions [AMENDED]
310:515-1-2. Diseases to be reported
310:515-1-3. Diseases to be reported immediately [AMENDED]
310:515-1-4. Additional diseases, conditions, and injuries to be reported [AMENDED]
310:515-1-6 Additional diseases may be designated [AMENDED]
310:515-1-7 Control of Communicable Diseases Manual [AMENDED]
310:515-1-8 Organisms/specimens to be sent to the Public Health Laboratory [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. § 1-104; and Title 63 O.S., §§ 1-502 and 1-503.

SUMMARY: The proposal updates the existing rules in accordance with recommendations from the Council of State and Territorial Epidemiologists (CSTE), the Centers for Disease Control and Prevention, and local health care partners pertaining to reportable diseases. The proposal amends the lists of reportable diseases, in order to clarify those conditions and diseases that are required to be reported to the Department. The proposal also adds conditions of public health importance that require investigation and implementation of prevention activities. These changes minimally increase the reporting burden placed upon clinicians, have no impact on the reporting burden placed upon laboratories, and do not adversely affect the public health disease control and prevention activities. The proposal removes the reference to a “non-versioned/non-codified” document which could further specify requirements of reporting. This change will eliminate any possibility of requirements that are not stated in rule. The duplicative requirements at OAC 310:515-1-4(3) (relating to occupational or environmental diseases) are amended by removing the requirements listed here and adding a reference to the amended rules on reporting blood lead levels at OAC 310:512, Childhood Lead Poisoning Prevention Rules. This proposal changes the current reporting guidance for hepatitis C to include persons of all ages, and lowers the alanine aminotransferase (ALT) levels for reporting from 400 to 200. This modification is in accordance with the CSTE case definition for hepatitis C that was revised effective January 1, 2016. Lastly, the proposal will more clearly specify which syphilis tests are required for reporting to the Department.

Mr. Starkey moved Board approval of rule, as presented. Second Dr. Stewart. Motion Carried.
AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson

F. CHAPTER 599. ZOONOTIC DISEASE CONTROL (Dr. Kristy Bradley)
[PERMANENT]
PROPOSED RULES:
310:599-1-2. Definitions [AMENDED]
Subchapter 3. Rabies Control
310:599-3-1. Management of dogs, cats, or ferrets that bite a person [AMENDED]
310:599-3-2. Supervising veterinarian’s responsibility [AMENDED]
310:599-3-5. Vaccinated domestic animals exposed to a rabid animal [AMENDED]
310:599-3-6. Unvaccinated domestic animals exposed to a rabid animal [AMENDED]
310:599-3-9. Administration of rabies vaccine [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Title 63 O.S. Section 1-508.

SUMMARY: The proposal updates the existing rules in accordance with recommendations from the National Association of State Public Health Veterinarians, the Centers for Disease Control and Prevention, and the American Veterinary Medical Association pertaining to animal rabies prevention and control. The proposal will primarily update Subchapter 3, Rabies Control, to align with new scientific findings which indicate that dogs and cats with an out-of-date rabies vaccination status that are exposed to a rabid animal can be effectively managed by immediate vaccination booster and
observation for 45 days similar to the method currently in place for management of currently
vaccinated dogs, cats and ferrets that are exposed to a rabid animal (JAVMA, Vol 246, No. 2, January
15, 2015). It has been fifteen years since these rules were implemented; therefore, minor revisions to
the regulations are also needed to update sections for alignment with current national guidance on
animal rabies control and changes in animal rabies vaccine products. With these changes, the
Oklahoma State Department of Health anticipates minor cost savings for animal control departments
and other persons who are charged with enforcement of the rules due to the reduced time period of
observation and degree of follow up needed for dogs and cats with an overdue rabies vaccination
status that are exposed to a rabid animal. Some Oklahoma pet owners will benefit from the proposal
due to a reduction of emotional and financial costs because fewer dogs and cats exposed to a rabid
animal will be required to be euthanized or undergo a six (6) month veterinary supervised quarantine.

Dr. Alexopulos moved Board approval of rule, as presented. Second Ms. Wolfe. Motion
Carried.
AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson

STRATEGIC MAP UPDATE PRESENTATION
Tina Johnson, M.P.H., R.N., Deputy Commissioner, Community and Family Health Services; Keith Reed,
RN, MPH, CPH, Regional Director County Health Departments
See attachment A.

REVIEW OF ETHICS COMMISSION REQUIREMENTS
Donald D. Maisch, J.D., General Counsel, Oklahoma State Department of Health
See attachment B.

ZIKA VIRUS AND MUMPS BRIEFING
Kristy K. Bradley, DVM, MPH, State Epidemiologist
See attachment C.

CONSIDERATION OF STANDING COMMITTEES’ REPORTS AND ACTION
Executive Committee
The Department is preparing for a series of Budget and Performance hearings and will keep the Board
updated. The new edition of the America’s Health Rankings Report is anticipated to be released on
December 15th and will be sent to Board members. Ms. Burger informed the Board of the change in financial
disclosures for Board members. Ethics Commission rules have been repealed or changed and no longer
require lengthy disclosure statements to be filed with their office. However, in the interest of transparency
the Board wants to continue that practice. The Department has developed a conflict of interest form and
disclosure statement effective 2017 and will provide to the Board.

Finance Committee
Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the
following SFY 2017 Finance Report and Board Brief as of November 17, 2016:
• The Agency is in “Yellow Light” status overall
• The Office of State Epidemiologist and Health Improvement Service are in Red light status due to
  planned budgeted expenditures not yet obligated or encumbered.

Finance Brief
The brief focuses on Fee increases where State appropriated dollars supplement the program.
There are approximately 135 fees supporting 26 programs in Protective Health Services.

Potential fee increases are being requested in the following fee based programs:

• Assisted Living Centers
• Food and Hotel/Motel
• Adult Day Care
• Residential Care Homes
• Nursing Facilities
• Public Bathing (Pools)
• Radiation (Fee restructuring only, no increase)
• Drug Manufacturers (Fee restructuring only, no increase)
• Seventeen Percent (17%) of the OSDH Overall Budget is funded by Fees
• Sixty-six Percent (66%) of Protective Health’s Budget is funded by Fees
• Fee increases in the programs under review would generate an additional $6,116,821 which would help defray some of the costs of the inspection programs
• For Example:
  o FY16 Protective Health fee based program expenses totaled: $11,226,448
  o FY16 Protective Health fee based revenues totaled: $5,427,694
  o FY16 State Appropriated Dollars supplemented for the Food Program totaled: $5,798,754

Accountability, Ethics, & Audit Committee
The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Grim indicated there were no known significant audit issues to report at this time. He asked the Board to review the 2017 Audit Plan for consideration and approval.

Dr. Grim moved Board approval of audit plan, as presented. Second Ms. Wolfe. Motion Carried.
AYE: Alexopoulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson

Public Health Policy Committee
Dr. Stewart indicated the Policy Committee spent the majority of its time in review of the rulemaking actions already addressed by the Board. Lastly, Dr. Hartsell and Julie Cox-Kain attended briefly to discuss future rulemaking actions for critical services the Department provides and how to make those systems work more efficiently and more financially viable.

NO PRESIDENT’S REPORT

COMMISSIONER’S REPORT
Dr. Cline briefly discussed the Champions of Health gala which recognizes innovative programs and individuals who have made significant contributions in terms of improving health in Oklahoma. The event is sponsored by the Oklahoma Caring Van Foundation. The Caring Van Foundation has a great partnership with the OSDH and does a great job of providing free immunizations to children across the state where there may be challenges in accessing immunization services. The Caring Van provides the vaccine and the OSDH provide the nurses.

Leadership Oklahoma City and Norman classes are just a few of the different leadership groups that come together and are committed to community engagement and action. These community leaders focus on a variety of issues such as economics, health, healthcare, etc. so we are very fortunate that they have taken
an interest in health and allowed us the opportunity to speak about public health.

Next, he highlighted meetings with Secretary Teague and the leadership of the Department of Environmental Quality to focus on elevated blood levels in communities across the state. This is an area of great concern with serious consequences. We still have a long way to go but the OSDH and DEQ are being very strategic in the approach to responding to this challenge and looking at a tiered response given the limited resources within the state. Dr. Cline thanked both Dr. Rhoades and Tina Johnson for their efforts in coordinating these briefings and supporting this work.

Public Health 3.0 is a national movement centered on the future of public health. As the healthcare landscape changes and the focus of health departments have changed from primary prevention to addressing the challenges of chronic disease and environmental impacts on health, the questions is; what is the role of public health? The conversations at the national level have been around public health’s role as the chief health strategist across the country.

Next, Dr. Cline highlighted core accreditation team efforts as the OSDH prepares for reaccreditation. He applauded Keith Reed for his work with Comanche County and Cleveland Counties during the local accreditation process. He is also very active and engaged nationally in accreditation efforts.

Lastly, Dr. Cline acknowledged Dr. Krishna for his central leadership role in the development of an addiction recovery center in Oklahoma as well as Martha Burger for her active involvement. Behavioral Health was added as the 4th flagship issue in the Oklahoma Health Improvement Plan and recognizes the impact of untreated substance abuse and mental illness on families and communities across Oklahoma.

**NO NEW BUSINESS**

**PROPOSED EXECUTIVE SESSION**

Ms. Wolfe moved Board approval to go in to Executive Session at 1:16 PM 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.

- Annual performance evaluation for the Office of Accountability Systems Director & Internal Audit Unit Director, and Board of Health Secretary

*Second Dr. Krishna. Motion carried.*

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

Dr. Grim moved Board approval to move out of Executive Session at 2:45 PM. *Second Dr. Stewart. Motion carried.*

**AYE: Alexopulos, Gerard, Stewart, Wolfe, Woodson**

**ABSENT: Krishna, Starkey**

**ADJOURNMENT**

Ms. Wolfe moved board approval to adjourn. *Second Dr. Woodson. Motion Carried*

**AYE: Alexopulos, Gerard, Stewart, Wolfe, Woodson**
ABSENT: Krishna, Starkey

The meeting adjourned at 2:47 p.m.

Approved

____________________
Martha Burger
President, Oklahoma State Board of Health

January 10, 2017
Community Engagement

Tina R. Johnson, MPH, RN
Deputy Commissioner
Community and Family Health Services

Keith A. Reed, MPH, RN
Regional Director
Cleveland, McClain, Garvin, Murray CHDs

Community Engagement Defined

- Community engagement is working collaboratively through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people. It is a powerful vehicle that will improve the health of the community. It helps mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices.


Key Points to Consider

- Community engagement is a valuable tool for public health, to the point of being an accreditation requirement.

- Current state regarding community engagement:
  - Often considered as just an implementation tool for policy or program change
  - Tends to just be a function of local and/or field staff

- Opportunities to enhance our community engagement:
  - Start early in the planning process, even in the contemplation phase
  - Practice more broadly throughout the agency in partnership with local/field staff

- Ultimately, we should focus on two areas:
  - Changing the mindset within the agency regarding community engagement
  - Ensuring support is in place for sustainable change and effective outcomes

Public Health Accreditation Board (PHAB)

- Focus on Community Engagement

  - Domain 3: Inform and Educate about Public Health Issues and Functions

  - Domain 4: Engage with the Community to Identify and Address Health Problems
Accreditation Requirements

Domain 3

- Standard 3.1.2: Health promotion strategies to mitigate preventable health conditions
  - We must demonstrate how we engage the community during the development and implementation of health promotion strategies.
    - Process must be evidence-based, rooted in sound theory, practice-based evidence, and/or a promising practice.
    - Process must include input, review, and feedback from the target audience.

Accreditation Requirements

Domain 4

- Standard 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.
  - Local health departments must document a current, ongoing comprehensive community partnership or coalition in which it is an active member.
  - The state health department must provide consultation, technical assistance, and/or information to Tribal and local health departments or to public health system partners on use of methods for collaborative community engagement.

Accreditation Requirements

Domain 4

- Standard 4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health.
  - The health department must document engagement with the specific population in the community that will be affected by a policy or strategy.

Team Planning & Goal-Setting

Engage Communities in Policy and Health Improvement Initiatives

- Goal 1: Cultivate a community engagement culture in all public health policy and health improvement initiatives.
  - Measurable Activity/Task 1:
    - Identify two evidence-based practices for creating culture change by June 30, 2016.
      - Examples:
        - Lewin’s 3 Step
        - Prosci’s ADKARS
        - Kotter’s 8 Step
Engage Communities in Policy and Health Improvement Initiatives

- **Goal 1:** Cultivate a community engagement culture in all public health policy and health improvement initiatives.
  - **Measurable Activity/Task 2:**
    - Launch an evidence-based model of culture change within two OSDH program service areas by December 31, 2016.
      - **Examples:**
        » Maternal & Child Health
        » Consumer Health
        » Center for the Advancement of Wellness
        » Family Support & Prevention
        » HIV/STD Service
        » Emergency Preparedness & Response
        » Center for Health Innovation & Effectiveness

- **Measurable Activity/Task 3:**
  - Evaluate the effectiveness of the culture change model by January 31, 2018.

Engage Communities in Policy and Health Improvement Initiatives

- **Goal 2:** Enhance community engagement effectiveness throughout the health improvement process.
  - **Measurable Activity/Task 1:**
    - Create a hub of evidence-based community engagement resources, making those available to stakeholders by June 30, 2017.
      - **Examples:**
        » PRECEDE-PROCEED
        » Planned Approach to Community Health (PATCH)
        » Healthy Communities
        » Assessment Protocol for Excellence in Public Health (APEX PH)
        » Protocol for Assessing Community Excellence in Environmental Health (PACE EH)
        » Mobilizing for Action through Planning and Partnerships

- **Measurable Activity/Task 2:**
  - Identify at least two sources of technical assistance to support community engagement.
    - **Examples:**
      » Office or Partner Engagement
      » Center for the Advancement of Wellness

Questions?
Review of Ethics Commission Requirements

Donald D. Maisch
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On January 1, 2015, the Ethics Commission repealed all of its requirements and promulgated new requirements.

In some instances, the requirements remained substantially the same, while other requirements changed significantly.

This presentation will review certain Ethics Commission Requirements that will have the highest probability of impacting members of the Board of Health.

All the Ethics Commission requirements are in Title 74 of the Oklahoma Statutes, Chapter 62, Appendix I.

Lobbying vs. Education

Lobbying is defined in the Ethics Commission (Requirements) as:

- Any oral or written communication;
- With the Governor or with a member of the Legislature or with an employee of the Governor or the Legislature (Legislative Lobbying) or;
- With a state officer or employee of an agency (Executive Lobbying);
- On behalf of a lobbyist principal (which includes a state agency in its definition);
- With regard to the passage, defeat, formulation, modification, interpretation, amendment, adoption, approval or veto of any legislation, rule, regulation, executive order or any other program, policy or position of state government.

The Requirements have determined the following are not included in the definition of lobbying:

- Testimony given before, or submitted in writing to, a committee or subcommittee of the Legislature;
- A speech, article, publication or other material that is widely distributed, published in newspapers, magazines or similar publications or broadcast on radio or television.

While there is nothing in Oklahoma law defining “Education” in the Lobbying v. Education setting or drawing a distinction between the two, generally providing education is viewed as:

- Providing basic factual information about a particular organization or issue;
- Education gives factual information about who is affected, number of people served, budget or proven impacts and accomplishments;
- Education does not provide value judgments or ask people to take a particular stance.
**Lobbying vs. Education**

Examples of each (and what is allowed and not allowed)

- *(When speaking to a member of the legislature [or staff], the Governor [or staff] or state agency officials):* Urge the elected officials to vote yes on a bill to raise the cigarette tax by $1.50 per pack which will reduce the number of people smoking in Oklahoma. Please vote yes for this bill."

- *This is lobbying, the request is asking an elected official to take a particular stance. This is prohibited.*

- The exception would be if this was stated to a legislative committee, in a speech to the public or in an opinion newspaper, magazine, TV or radio piece.

**Conflict of Interest – Misuse of Authority, Misuse of Office and Requirement of Impartiality**

The Requirements specifically prohibit a state officer from:
- Misusing his/her authority for the benefit of self, family members, or business associates
- Misusing his/her office for the benefit of self, family members, or business associates
- Not being impartial in dealing with third parties for the benefit of self, family members or business associates
- Exception -- to the extent otherwise permitted or authorized by the Constitution or statutes or by Ethics Commission Rules (Rules).

**Political Activities Prohibitions**

The Requirements do not allow:
- The use of public funds for political fundraising
- Political fundraising on State Property
- The use of public funds to influence elections
- The distribution of campaign materials on state property
- State employees or state officers to engage in activities that could influence the results of an election while wearing identification that identifies the person as a state officer or employee or while performing the duties of a state employee or state officer
- The use of state equipment for campaigns (including state questions) or to make a campaign contribution

**Political Contributions**

The Requirements do allow for political contributions to a candidate, to a political party, to a PAC or to a state question.

Contribution limitations:
- $10,000.00 to a political party in a calendar year
- $2,600.00 to any candidate per each portion of an election cycle (election cycle is primary election, run-off election and general election)
- Unlimited concerning voting for or against a state question

**Review of Ethics Commission Requirements**

**QUESTIONS**
Zika Virus Briefing Summary
Oklahoma State Board of Health
12/13/2016

Current National Statistics: As of November 16, 2016, the CDC reports a total of 4,255 cases of Zika virus disease or congenital infections reported by U.S. states; 139 Florida cases included in this total are due to local mosquito-borne transmission and 35 U.S. cases are sexually transmitted. The number of Zika disease cases reported by the U.S. territories has escalated to 32,068, primarily attributed to the epidemic in Puerto Rico. The U.S. Zika Pregnancy Registry is tracking a total of 1,087 pregnant women with any laboratory evidence of Zika virus infection. Adverse pregnancy outcome data indicates 5 pregnancy losses with birth defects and 26 liveborn infants with birth defects (an increase of 3 infants over the last month).

Local Transmission in Florida: Two areas of active local mosquito-borne transmission continue in Miami-Dade County. On 8/19/16, the Florida DOH reported a small area of local transmission described as a < 1.5 square mile area in south Miami Beach, which was expanded to ~ 4.5 square miles on 9/19/16. In early October, a new area in North Miami Beach was classified as an active area of transmission. The ongoing local case clusters are not considered evidence of widespread transmission in Miami-Dade County.

Current State Statistics:

- Total number of calls to Acute Disease Service (ADS) Epi-on-Call since February 6, 2016: 1,321 (avg of 32 consultations per week); the number of Zika-related inquiries have declined to about 15 calls/week during November.
  - # Physician Consultations: 644
  - # of calls related to Florida travel - 31

- # Specimens approved for testing to date: 369 (some patients later declined testing)
  - 301 tested at OSDH Public Health Laboratory
  - Overall, 320 specimens tested negative; 21 unsatisfactory for testing; 30 positive tests (includes 1 asymptomatic infant)
  - 70% of specimens tested are among asymptomatic pregnant women (all negative), 25% are symptomatic non-pregnant persons, and 5% are symptomatic pregnant women
  - Unknown how many specimens have been sent by Oklahoma medical providers to commercial reference laboratories for Zika virus testing; 13 positive results to-date from testing at commercial labs

- Case count: 29 (recent cases associated with travel to Puerto Rico, Mexico, and Caribbean islands)
  - 18 females (1 pregnant woman who delivered a healthy baby); 11 males
  - All outpatient evaluations
  - Counties of residence: Canadian (4), Carter, Cleveland (3), Comanche, Creek, Garfield, Grady (3), Johnston, Lincoln, Oklahoma (5), Payne, Tulsa (4), Wagoner (2), Woodward
Program Updates
OSDH has processed three separate federal grant applications for supplemental Zika funding following congressional appropriations of $1.1 billion for Zika preparedness and response:

- Epidemiology & Laboratory Capacity cooperative agreement - $571,105 (19 month budget period)
- Public Health Preparedness & Response -- $149,965 (7 month budget period)
- Oklahoma Birth Defects Registry -- $108,262 (7 month budget period)

Emergency Preparedness & Response
A contract is being developed to help facilitate the logistics of five regional, one-day long Zika Preparedness workshops to be scheduled during Spring 2017. The purpose of the workshops will be to strengthen information sharing with community leaders and other local response partners. These workshops will offer partner agencies the most current information related to mosquito control and disease mitigation, and highlight Oklahoma’s multi-layer response system. The workshops will help to assure that response partners understand their role, and that the response efforts are coordinated across all levels of government including non-governmental partners and the healthcare system.

Screening & Special Services
Both women currently enrolled in the U.S. Pregnancy Zika Registry and being monitored by OSDH have consented to the 12-month follow up of their infant’s development.

Communications
Google Analytics software has been used to monitor the interest and usage of Zika-related resources displayed on the OSDH web site. Data obtained over the past 4 weeks shows a steady decline in the number of website hits on the OSDH Zika virus web page with less than 100 unique visitors this week compared to 400 - 450 website visitors per week previously.

OSDH continues to respond to requests for lectures and Zika virus updates at medical meetings across the state.
Mumps Outbreak Summary
December 8, 2016

The Oklahoma State Department of Health and county health departments of Garfield and Kay counties continue to investigate and provide a public health response to an outbreak of mumps. The McCurtain County Health Department has recently identified cases related to ongoing outbreaks in north central Oklahoma and Arkansas. State and local public health officials are working closely with schools and healthcare providers to rapidly identify suspected cases and exclude affected persons from childcare centers, schools or workplaces during the timeframe they are able to transmit mumps to other persons. Cases in Canadian, McClain, Osage, Tulsa, and Woods counties are connected to outbreak activity in Garfield and Kay counties.

Case Summary
Number of outbreak-associated cases: 324

- County of Residence
  - Canadian County: 1 (<1%)
  - Garfield County: 279 (86%)
  - Kay County: 19 (6%)
  - McClain: 1 (<1%)
  - McCurtain: 16 (5%)
  - Osage County: 4 (1%)
  - Tulsa County: 1 (<1%)
  - Woods County: 3 (1%)

- Age range: 6 months - 63 years (Median age: 16)
- Number hospitalized due to mumps: 1
- Measles, Mumps, and Rubella (MMR) vaccination history
  - Vaccinated: 214 (66%)
  - Not vaccinated / unknown: 109 (34%)
  - Under age for vaccination: 1 (<1%)

Number of additional reports under investigation: 33

For further information call or visit us on the World Wide Web:
http://ads.health.ok.gov
Phone (405) 271-4060
STATE OF OKLAHOMA
OKLAHOMA STATE DEPARTMENT OF HEALTH

DATE: December 20, 2016

TO: State Board of Health Members

FROM: Terry Cline, Ph.D. Commissioner
Secretary of Health and Human Services

SUBJECT: Advancement of Wellness Advisory Council

Appointing Authority
The State Board of Health shall appoint one member, who is the Executive Director of the Tobacco Settlement Endowment Trust, to the Advancement of Wellness Advisory Council as directed in Title 63, Section 1-103a.1. The appointee is:

Executive Director of the Oklahoma Tobacco Settlement Endowment Trust
  • John Woods, Oklahoma City

Additional information for the advisory board is as follows.

Statutory Citation
The Advancement of Wellness Advisory Council is authorized in Title 63 O.S. Section 1-103a.1.

Membership
The Advisory Council has seven members. The membership includes:

1. One member for breast and cervical cancer
2. One member for organ donation
3. One mayor of certified healthy community in urban setting
4. One president/COO of certified healthy business (unspecified, assume in rural seeing, see below)
5. One mayor of a certified healthy community in rural setting
6. One president/COO of certified business (specific in urban setting)
7. The Executive Director of TSET

Advisory Council Duties/Responsibilities
The Advisory Board is appointed to:
Assist and advise the State Board of Health and the State Department in rule development, review and recommendation; and adoption of nonbinding resolutions to the State Department of Health or the State Board of Health concerning matters brought before the Advisory Council; provide a public forum for the discussion of issues it considers relevant to its area of jurisdiction; make recommendations to the State Board of Health or the State Department of Health concerning the need and the desirability of conducting meetings, workshops and seminars; and to cooperate with each other Advisory Council, the public, the State Board of Health and the Commissioner of Health in order to coordinate the rules within their respective jurisdiction areas and to achieve maximum efficiency and effectiveness in furthering the objectives of the State Department of Health.

The jurisdictional areas of the Advancement of Wellness Advisory Council shall include all issues that arise in the area of tobacco usage and cessation, organ and tissue donation, the requirements for a city or town in the state to be designated as a certified healthy community, the requirements for a business to be designated as a certified healthy business and such other areas as designated be the State Board of Health.

**Advisory Board Meeting Frequency**
Each Advisory Council shall meet at least twice a year, but no more than four times a year.

**Appointment Process**
The steps in the appointment process are as follows:
- Oklahoma State Department of Health contacts the Executive Director for the Tobacco Settlement Endowment Trust (TSET) and informs the Director of the Statuary Appointment to this council;
- Member's appointment will coincide with member's employment as the Executive Director of TSET;
- The State Board of Health appoints member.

**Attachments**
- Resume for John Woods
John Woods

5608 Windstone Dr. Norman, OK 73072 | 405.761.8380 | johnw@tset.ok.gov

Education
B.A. Political Science | May 2000 | University of Oklahoma

Skills and Abilities
Experience as chief executive working with board of directors, partner coalitions and public officials.
A multi-faceted career of press engagement, public speaking and media management.
Producing winning campaign strategies and goals.
Successful management of complex budgets and employees of unique skill sets in the nonprofit, state, and federal government sectors.

Experience
EXECUTIVE DIRECTOR | TOBACCO SETTLEMENT TRUST (TSET) | NOVEMBER 2016-PRESENT
- Work with a seven-member Board of Directors to advance programs and initiatives to prevent and reduce tobacco use and obesity.
- Oversee operations of TSET to include budget, staff, initiatives and programs funded by TSET.
- Collaborate with state agencies, public and private foundations to maximize resources and partnerships.
- Develop, present and implement policies and directives of the TSET Board of Directors.
- Represent the agency among stakeholder groups and media.

PRESIDENT AND CEO | NORMAN CHAMBER OF COMMERCE | MARCH 2011-NOVEMBER 2016
- Worked with a thirty-member Board of Directors to advance a 1500-member business association.
  Oversee and direct seven-member staff, one-million-dollar budget.
- Built coalitions with hospital, university, government entities and private businesses to advance policy goals.
- Led coalition groups to pass first quality of life package in a generation for Norman, OK – Norman Forward initiative passed with over 70% of vote.
- Created media strategies both earned and paid and served as spokesman for press requests and public events.
- Produced criteria and implementation strategies for results based outcomes in membership growth, retention and satisfaction.
- Interfaced daily with interest groups, public officials at all levels of government, public and private entities to bolster positive recognition and outcomes for board and members.
TELEVISION
State Chamber Business Roundtable – Air Date 2.22.15
https://www.youtube.com/watch?v=0ypGHm8TXs8&app=desktop

KOCO Local News – Air Date 8.7.15
STRATEGIC MAP PRESENTATION
Improve Population Health
Improve Targeted Health Outcomes for Oklahomans
Focus on Core Public Health Priorities

OKLAHOMA STATE DEPARTMENT OF HEALTH
January 10, 2017

Henry F. Hartsell Jr., Ph.D.
Deputy Commissioner
Protective Health Services

Kristy Bradley, DVM, MPH
State Epidemiologist,
Office of the State Epidemiologist
Oklahoma State Department of Health
Strategic Map: SFY 2015-2020

Improve Population Health

Improve Targeted Health Outcomes For Oklahomans
- Operationalize OHIP Flagship Priorities
- Focus on Core Public Health Priorities
  - Identify and Reduce Health Disparities
  - Use a Life Course Approach To Health and Wellness

Expand and Deepen Partner Engagement
- Identify and Develop Public Health Champions
- Develop Strategic Partnerships to Achieve Prioritized Health Outcomes
- Engage Communities In Policy and Health Improvement Initiatives
- Leverage Shared Resources to Achieve Population Health Improvements
- Promote Health in All Policies (HIAP) Across Sectors

Strengthen Oklahoma’s Health System Infrastructure
- Reduce Barriers To Accessible Care
- Champion Health Workforce Transformation
- Align Health System Goals and Incentives Across the Spectrum
- Achieve Compatible HIE Across Public/Private Sectors
- Evaluate and Reduce Regulatory Barriers to Health

Strengthen the Department’s Effectiveness And Adaptability
- Cultivate a Competent, Adaptive, Customer-Oriented OSDH Workforce
- Foster Excellence Through Continuous Quality Improvement And Accreditation
- Evaluate and Improve Agency Processes and Communication
- Leverage Technology Solutions
- Educate & Strategically Plan for Health Systems Change
- Optimize Resources By Targeting High-Value Outcomes

Address the Social Determinants of Health and Improve Health Equity
- Promote Health Improvement Through Policy, Education and Health Behavior
- Foster Data-Driven Decision Making and Evidence-Based Practices
What are the core public health priorities?

- Injury Prevention
- Regulatory/Mandates
- Childhood and Adolescent Immunization
- All Hazards Preparedness and Response
- Viral Hepatitis and STD Prevention
- Surveillance and Response to General Infectious Disease and TB
Team Planning and Goal Setting

Improve Targeted Health Outcomes for Oklahomans
Injury prevention

- **Decrease intentional injury deaths**
  - CDC National Violent Death Reporting System
  - Community-based sexual violence prevention

- **Decrease unintentional injury deaths**
  - Fall-related fatalities age 65+
    - Female mortality down 9% since 2012
  - Prescription drug poisoning deaths
    - Unintentional poisoning down 7%, 2014 to 2015
    - Drug death ranking improved from 45th to 43rd
  - Motor vehicle crashes
    - Mortality down 10% since 2012
Age-Adjusted Motor Vehicle Traffic Mortality Rates by Year of Death and Gender, Oklahoma, 2010-2015

Fall-Related Mortality Rates Among Adults Aged 65 and Older by Year of Death and Gender, Oklahoma, 2010-2015
Regulatory/Mandates

• Inspection, investigation deadlines
  ▫ 100% compliance in 2016

• Mandated process deadlines
  ▫ 73 of 80 scored processes comply September 2016
  ▫ 95% of all 195 processes to comply July 2019

• Population-based services PHAB compliant by March 2017
Childhood and Adolescent Immunization

- **Immunization coverage of children 19-35 months old**
  - Recommended childhood series
  - Child care centers with low coverage levels

- **Immunization coverage of adolescents 13-17 years old**
  - Meningococcal vaccine
  - Human papillomavirus vaccine (HPV) series completion

** U.S. National Average **
- 2009: 44.3
- 2010: 49.2
- 2011: 51.9
- 2012: 56.6
- 2013: 61
- 2014: 62.7
- 2015: 71.6

** Oklahoma **
- 2009: 51.9
- 2010: 56.6
- 2011: 68.5
- 2012: 68.4
- 2013: 70.4
- 2014: 73.3
- 2015: 75.4

** Trendline (Oklahoma) **
- 2009: 51.9
- 2010: 56.6
- 2011: 68.5
- 2012: 68.4
- 2013: 70.4
- 2014: 73.3
- 2015: 75.4

** Notes: **
- 4:3:1:3:1:4 - 4 DTaP, 3 Polio, 1 MMR, 3 or Hib depending on type,
- 3 Hepatitis B, 1 Varicella, 4 PCV
- Healthy People 2020 Target - 80%
Adolescent Immunization Coverage

Estimated Percentage of Oklahoma Children 13-17 Years of Age Receiving Recommended Adolescent Immunizations by Type of Vaccine, 2011 – 2015*

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Tdap</td>
<td>66.0</td>
<td>77.1</td>
<td>78.1</td>
<td>82.6</td>
<td>84.4</td>
<td>86.4</td>
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<tr>
<td>1 MCV4</td>
<td>55.3</td>
<td>63.8</td>
<td>66.2</td>
<td>70.8</td>
<td>68.1</td>
<td>81.3</td>
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<td>49.8</td>
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<td>54.8</td>
<td>65.3</td>
<td>58.1</td>
<td>62.8</td>
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<tr>
<td>3 HPV (females)</td>
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<td>38.4</td>
<td>35.4</td>
<td>36.4</td>
<td>32.2</td>
<td>41.9</td>
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<td>1 HPV (males)</td>
<td>8.9</td>
<td>24.4</td>
<td>45.2</td>
<td>43.2</td>
<td>52.9</td>
<td>49.8</td>
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<tr>
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<td>10.6</td>
<td>17.3</td>
<td>19.9</td>
<td>35.7</td>
<td>28.1</td>
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</tbody>
</table>

* Data source = National Immunization Survey

Tdap – Tetanus, diphtheria, acellular pertussis vaccine; 1 dose required for 7th grade entry in Oklahoma
MCV4 – Meningococcal conjugate quadrivalent vaccine (Serogroups A, C, W, and Y)
HPV – Human papillomavirus vaccine; effective 10/20/2016, 2 doses of HPV are recommended for adolescents who begin the vaccination series before age 15.
All Hazards Preparedness and Response

- **State and local levels**
  - Alternative worksites and telework opportunities
  - Continued testing and enhancement of COOP Plan
    - Rapid notification system
    - Restoration of health information systems based on Mission Essential Functions prioritization

- **Activation of the Incident Command System**
  - Identify staff to fulfill C&GS roles with sufficient depth for longer term or intensive activations
  - Provide training on Incident Management for each role
    - State and local CHD level
    - Example: mumps outbreak response in Garfield county
Viral Hepatitis and STD Prevention

• Syphilis and gonorrhea
  ▫ Improve case and contact investigations
    • OK ranked 5th in nation in gonorrhea incidence (2015)
    • 77% increase of 1o and 2o syphilis (2013-2015)
  ▫ Antimicrobial resistant strains of gonorrhea
    • 470% increase in STD medication costs

• Hepatitis B and C
  ▫ Enhance hepatitis vaccine outreach
    • STD clinics, DOC
  ▫ Hepatitis C testing in high risk settings
Surveillance and Response to General Infectious Disease and TB

Surveillance
- Tuberculosis, pertussis, salmonellosis
- Electronic Laboratory Reporting (ELR)
  - Increase receipt of ELR HL7 v.2.5.1 messages into PHIDDO from 3 labs (2015 baseline) to 22 labs by 2020

Investigation and control
- After-hours consultations
- Timeliness of initiating case investigations
- Improving identification of at-risk contacts
- Completion rates of TB treatment
- Implementation of electronic outbreak management system
Incidence Rate of Tuberculosis, Pertussis and *Salmonella*, Oklahoma, 2010-2016*

*Preliminary Data*
Surveillance and Response to General Infectious Disease and TB

Investigation and control

- 99% (803/812) of requests for after-hours consultations were returned by Acute Disease Service (ADS) epidemiologists within 15 minutes of initial notification.
  - 2012-2016: Responded to at least 98% of after-hours requests within 15 minutes annually.

- ADS epidemiologists initiated investigations for 95% (151/159) of immediately notifiable reports within 15 minutes of disease report notification during 2016.
Improve Population Health
Improve Targeted Health Outcomes for Oklahomans
Focus on Core Public Health Priorities

OKLAHOMA STATE DEPARTMENT OF HEALTH
January 10, 2017

Henry F. Hartsell Jr., Ph.D.
Deputy Commissioner
Protective Health Services

Kristy Bradley, DVM, MPH
State Epidemiologist
Office of the State Epidemiologist
### SFY 2017 Budget and Expenditure Forecast: As of 12/23/2016

<table>
<thead>
<tr>
<th>Division</th>
<th>Current Budget</th>
<th>Expenditures</th>
<th>Obligations</th>
<th>Forecasted Expenditures</th>
<th>Not Obligated or Forecasted</th>
<th>Performance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Infrastructure</td>
<td>$21,758,586</td>
<td>$7,243,309</td>
<td>$6,789,178</td>
<td>$7,406,514</td>
<td>$319,585</td>
<td>98.53%</td>
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<td>Protective Health Services</td>
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<td>$25,264,442</td>
<td>$7,421,832</td>
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<td>Office of State Epidemiologist</td>
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<td>$18,613,842</td>
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<td>$6,800,654</td>
<td>$14,462,539</td>
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<td>Community &amp; Family Health Services</td>
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<td>$74,586,322</td>
<td>$28,302,196</td>
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<td>$135,057,444</td>
<td>$69,129,792</td>
<td>$181,636,742</td>
<td>$11,314,679</td>
<td>97.15%</td>
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</tbody>
</table>

- Payroll forecasted through June 30, 2017
- 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
  - 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

### Expenditure Forecast Assumptions

### Budget and Expenditure Explanation

- 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 agency has a current overall performance rating of 97.15%, a net change of 2.29% from November's report.
COMMISSIONER'S REPORT
PUBLIC RELATIONS/COMMUNICATIONS

Veteran’s Corner
FOCUS Physician Associate Program Lecture - speaker
Kiwanis Club of Ardmore - presenter
Ardmore Institute for Health

STATE/FEDERAL AGENCIES/OFFICIAL

Terri White, Commissioner, Oklahoma Dept. of Mental Health and Substance Abuse Services
Becky Pasternik-Ikard, Chief Executive Officer, Oklahoma Health Care Authority
Dean Gandy, Chief Executive Officer, University Hospitals Authority and Trust
Tracey Strader, Executive Director, Oklahoma Tobacco Settlement Endowment Trust
Michael Teague, Secretary of Energy and Environment
Scott Thompson, Executive Director and Jimmy Givens, Deputy Executive Director, Department of Environmental Quality
Governor’s Cabinet Meeting
OMES-OSDH Budget Request Hearing
Secretary Chris Benge, Chief of Staff, Office of Governor Fallin
Katie Altshuler, Policy Director, Office of Governor Fallin
John Woods, Incoming Executive Director, Oklahoma Tobacco Settlement Endowment Trust

SITE VISITS

Jefferson County Health Department
Love County Health Department
Murray County Health Department
Stephens County Health Department

OTHERS:

Sherry Fair, Executive Director, Parent Promise Oklahoma City
Oklahoma City County Health Department and OSDH Senior Leadership Joint Meeting
Reforming States Group Regional Meeting, Milbank Memorial Fund
PHAB Board Meeting
Dr. Jason Sanders, Senior Vice President and Provost, University of Oklahoma Health Sciences Center, Dean Gandy, University Hospitals Trust Authority and Trust
1332 Task Force Meeting
Insure Oklahoma Sponsor’s Choice
Health 360 Meeting
Pat Taylor, Facing Addiction, Inc.