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

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January 10, 2017

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CALL TO ORDER

Martha Burger, President of the Oklahoma State Board of Health, called the 414th special meeting of the Oklahoma State Board of Health to order on Tuesday, January 10, 2017, at 11:04 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on January 9, 2017; and at 11:00 a.m. on the Oklahoma State Department of Health building entrance on January 9, 2017.

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; Terry R. Gerard, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D., Timothy E. Starkey, M.B.A.

Absent: Jenny Alexopoulos, D.O.;

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 December 13, 2016, Regular meeting. **Dr. Gerard moved Board approval of the December 13, 2016 meeting minutes as presented. Second Ms. Wolfe. Motion Carried.**

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

ABSENT: Alexopoulos

APPOINTMENTS

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

Appointment: John Woods

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.

Dr. Grim moved Board approval of the recommended appointment, as presented. Second Dr.

51 **Woodson. Motion Carried.**

52
53 **AYE: Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

54 **ABSENT: Alexopoulos**

55
56 **STRATEGIC MAP UPDATE PRESENTATION**

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

58 *See attachment A.*

59
60 **CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

61 **Executive Committee**

62 Ms. Burger reminded the Board that the March meeting will be held in Comanche County. Members of the Board
63 discussed the possibility of rescheduling the March meeting should there be a lack of quorum. The Board
64 members will soon receive 2017 conflict of interest forms to be completed and submitted.

65
66 **Finance Committee**

67 Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the following
68 SFY 2017 Finance Report and Board Brief as of December 23, 2016:

- 69 • The Agency is in "Green Light" status overall
- 70 • November's performance rating was 94.86%. December's performance rating is 97.15%. A net increase in
71 performance of 2.29%

72
73 **Finance Brief**

74 The brief focuses on Net Reimbursement from Medicaid claims billing. The Medicaid program is jointly
75 funded with federal and state dollars. The federal share is determined by the FMAP (Federal Medical
76 Assistance Percentage) which compares the state's per capita income relative to the U.S. per capita income.

- 77
78 • OSDH provides the following services to Medicaid eligible clients:

- 79 ○ Newborn Screening Lab Testing
- 80 ○ Public Health Lab Tests
- 81 ○ Early Intervention (SoonerStart)
- 82 ○ Maternity services (limited number of
83 counties)
- 84 ○ Children First (C1)
- 85 ○ Family Planning
- 86 ○ Early and Period Screening, Diagnosis, and
87 Treatment (EPSDT) for children consisting
88 of:
 - 89 ■ Immunization
 - 90 ■ Child Health
 - 91 ■ Child Guidance

- 1 • The FMAP has decreased 3.94% from 2012 – 2017 and will decrease another 1.37% beginning
2 October 1, 2017. This requires a higher amount of state match dollars for every dollar of federal
3 funds received and results in a decrease in our net reimbursement dollars.
- 4 • OSDH is actively pursuing contracts with private insurance companies to increase the number of
5 clients we can serve and the amount of reimbursement we can receive through medical claims billing.
- 6 • OSDH is working closely with Oklahoma Health Care Authority to ensure we are accurately billing
7 and receiving appropriate reimbursement for services provided to Medicaid clients.

8 9 **Accountability, Ethics, & Audit Committee**

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

12 13 **Public Health Policy Committee**

14 The Policy Committee met with Carter Kimble. Dr. Stewart indicated 1st session of 56th legislature will
15 begin in February and the overarch theme again appears to be budget and lack of funding. The OSDH has
16 introduced a bill as a first step toward the renovation of our public health lab in order to continue to be
17 accredited and protect the public health.

18 19 **NO PRESIDENT'S REPORT**

20 Ms. Burger encouraged the Board to attend the Annual Certified Healthy Awards Ceremony in March.
21 The program received a record breaking number of applications in 2016, more than 2,100 applications for
22 business, schools, congregations, communities, early childhood centers & restaurants combined. The
23 program has led to voluntary policy changes in communities and other organizations so we are very excited
24 that it continues to grow each year in every category. VaLauna will provide the information via email.

25 26 **COMMISSIONER'S REPORT**

27 Dr. Cline highlighted the Veterans Corner in Newcastle. This impressive volunteer program was
28 recognized by Champions of Health in 2015 for their efforts to connect veterans with resources available.
29 Dr. Cline encouraged all to visit.

30
31 Next, he briefly highlighted the transfer and sale of the Health Science Center to SSM and a meeting with
32 Dr. Jason Sanders, Senior Vice President and Provost, University of Oklahoma Health Sciences Center,
33 Dean Gandy, University Hospitals Trust Authority and Trust to discuss possible implications. SSM is the
34 parent company to Saint Anthony's. SSM brings mission focus to the table. Part of conversation was
35 focused on nonprofit hospitals providing community benefits required by the IRS.

36
37 Lastly, he highlighted a recent meeting of the 1332 Task Force which, under the direction of Julie Cox-
38 Kain, explores the option of developing a 1332 waiver to address healthcare coverage needs in
39 Oklahomans. The 1332 concept paper is open to the public for review and input. Dr. Cline encouraged
40 all to review the document and provide input.

41 42 **NO NEW BUSINESS**

43 44 **PROPOSED EXECUTIVE SESSION**

45 **Dr. Krishna moved Board approval to go in to Executive Session at 11:53 AM** Proposed Executive
46 Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending

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

- 5 • Annual performance evaluation for the Commissioner of Health.

6 **Second Ms. Wolfe/ Motion carried.**

7
8 **AYE: Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

9 **ABSENT: Alexopulos**

10
11 **Ms. Wolfe moved Board approval to move out of Executive Session at 12:23 PM. Second Dr. Stewart.**
12 **Motion carried.**

13
14 **AYE: Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

15 **ABSENT: Alexopulos**

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17 **ADJOURNMENT**

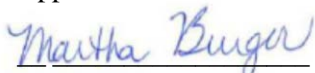
18 Dr. Grim moved board approval to adjourn. Second Ms. Wolfe. Motion Carried

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

20 **ABSENT: Alexopulos**

21
22 The meeting adjourned at 12:24 p.m.

23
24 Approved

25 

26 Martha Burger

27 Martha Burger

28 President, Oklahoma State Board of Health

29 February 14, 2017

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

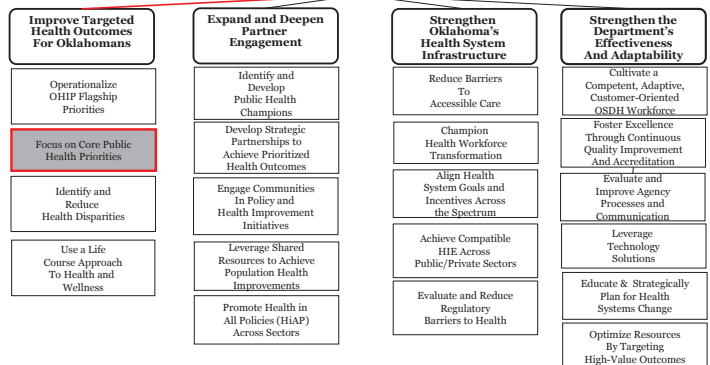
Kristy Bradley, DVM, MPH
State Epidemiologist,
Office of the State Epidemiologist



Oklahoma State Department of Health Strategic Map: SFY 2015-2020

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Improve Population Health



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

3

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



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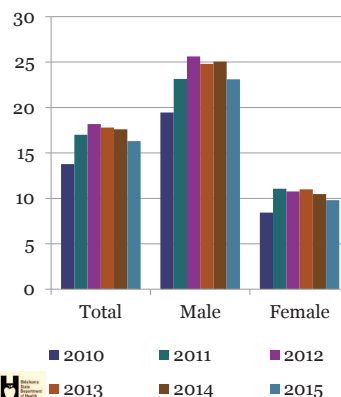
Injury prevention

- **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

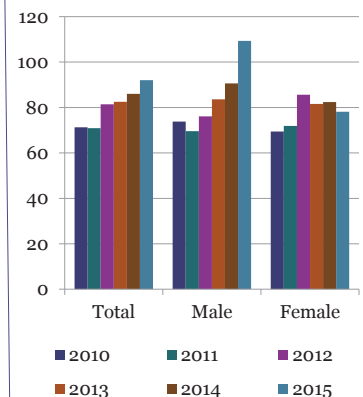


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Age-Adjusted Motor Vehicle Traffic Mortality Rates by Year of Death and Gender, Oklahoma, 2010-2015



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**

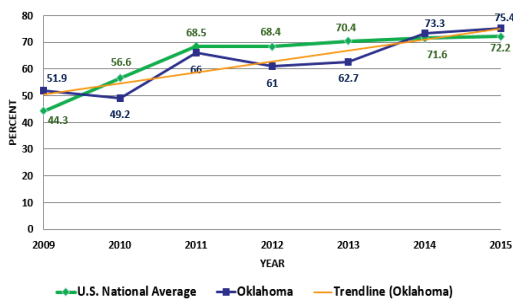


Childhood and Adolescent Immunization

- **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



Estimated Coverage for the Vaccination Series 4:3:1:3:3:1:4 among Children 19- through 35 Months of Age, Oklahoma and U.S. Overall National Immunization Survey, United States, 2015



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

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



Adolescent Immunization Coverage

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

Vaccines	Oklahoma					US National 2015
	2011	2012	2013	2014	2015	
1 Tdap	66.0	77.1	78.1	82.6	84.4	86.4
1 MCV4	55.3	63.8	66.2	70.8	68.1	81.3
1 HPV (females)	49.8	55.1	54.8	65.3	58.1	62.8
3 HPV (females)	27.7	38.4	35.4	36.4	32.2	41.9
1 HPV (males)	8.9	24.4	45.2	43.2	52.9	49.8
3 HPV (males)	NA	10.6	17.3	19.9	35.7	28.1

* 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.



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 1^o and 2^o 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

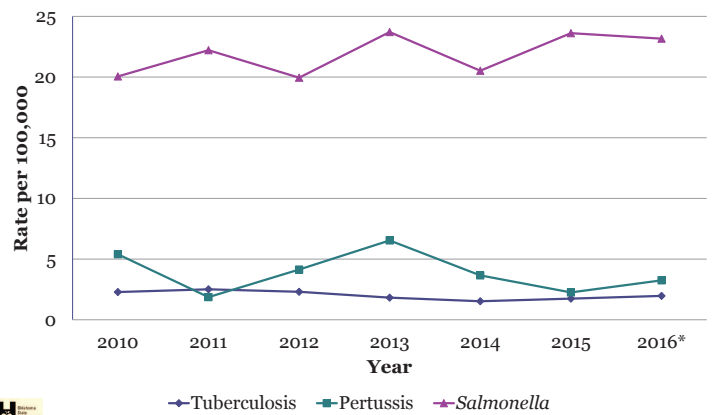
- Tuberculosis, pertussis, salmonellosis
- Electronic Laboratory Reporting (ELR)
 - Increase receipt of ELR HL7 v.2.5.1 messages into PHIDDO from 3 labs (2015 baseline) to 22 labs by 2020

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

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 Deputy Commissioner
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