

**Tri-Board of Health Meeting Minutes**  
**October 3, 2017 at 1:00 pm**  
**Tulsa City Hall, Room 10 South**  
**175 E. 2<sup>nd</sup> Street, Tulsa, OK 74103**

<b>Present</b>	Tulsa City-County Board of Health (TCCBH)	Oklahoma City-County Board of Health (OCCBH)	Oklahoma State Board of Health (OSBH)
Board of Health Members Present	Kian Kamas, Chair Chris Bell, JD Jim Goodwin, JD Regina Goodwin, DO Mike Jones, DVM Ann Paul, MPH	Dr. Gary Raskob, Chair Dr. Stephen Cagle Dr. Timothy Hill	Martha Burger, MBA, Chair Robert Stewart, MD Jenny Alexopoulos, DO Charles Grim, DDS R. Murali Krishna, MD Edward Legako, MD Tim Starkey, MBA
Health Department Staff Present	Bruce Dart, PhD Reggie Ivey Chanteau Orr, JD Scott Buffington Priscilla Haynes Pam Rask Kaitlin Snider Leanne Stephens Kelly VanBuskirk Jumao Wang Jenna Grant	Gary Cox, JD Bob Jamison Myron Coleman John Gogets Shannon Welch Phil Maytubby Jackie Shawnee Patrick McGough Kay Hulin	Terry Cline, PhD Julie Cox-Kain Hank Hartsell Tina Johnson Gunnar McFadden Mike Romero Tony Sellars VaLauna Grissom
Others Present	Tim Carson, OETA Kassie McClung, <i>The Frontier</i> Laura Dempsey, Morton Comprehensive Health Services		

<b>Absent</b>	TCCBH	OCCBH	OSBH
Board of Health Members Absent	Emily Odom Larry Lander, DDS	Dr. Courtney Gray Dr. J. Don Harris Erika Lucas Mary Mélon Scott Mitchell Dr. Lois Salmeron	Cris Hart-Wolfe Terry Gerard, DO

The meeting notice was posted at the main entrances of the THD locations at 5051 S. 129<sup>th</sup> East Ave., 5635 N. Martin Luther King Jr. Blvd, and 215 S. Utica, as well as the websites of THD, the Tulsa County Clerk, Tulsa City Clerk, and Tulsa City-County Library on September 26, 2017. The final agenda was posted at THD entrances and emailed to the Tulsa County Clerk, the Tulsa City Clerk and the Tulsa City-County Library at 12:30 pm on October 2, 2017.

The final agenda was also posted on the OCCHD's website at 12:15 pm on October 2, 2017, and on the OCCHD building entrance at 9:00 am on October 2, 2017. The final agenda was posted on the State Board of Health website at 10:59 am and the building entrance at 11:00 am.

### **OPENING REMARKS**

Kian Kamas, Chair of the Tulsa Board of Health, called the meeting to order at 1:05 p.m. There was a moment of silence to remember the victims of the mass shooting a few days before in Las Vegas.

Kamas welcomed the visitors and said there were exciting things happening Tulsa. It was good to have city leaders like Bruce Dart, who were addressing problems in the community and finding real solutions.

Martha Burger, Chair of the Oklahoma State Board of Health, thanked the Tulsa Board of Health for hosting the meeting and said she appreciated the great working relationships among the boards of health.

Dr. Dean Raskob, Chair of the Oklahoma City-County Board of Health, also thanked the Tulsa representatives for hosting this year. He echoed Ms. Burger's comments on the importance of the three Board's coming together and thought it showed the type of leadership that is somewhat different than the national trend. One thought for consideration was the need to gather together more frequently to exchange ideas and information on a more in-depth basis.

### **MEETING MINUTES**

#### **Tulsa Board of Health**

Minutes from the September 20, 2017 meeting of the Tulsa Board of Health were reviewed. Kian Kamas entertained a motion to approve them. The motion to approve was made by Chris Bell and seconded by Jim Goodwin. The September 20, 2017 minutes were approved:

Ms. Bell	aye
Mr. Goodwin	aye
Dr. Jones	abstain
Ms. Kamas	aye
Dr. Lander	not present
Dr. Lewis	aye
Mrs. Odom	not present
Mrs. Paul	aye

#### **Oklahoma City-County Board of Health**

The Oklahoma City-County Board of Health had no minutes to review.

## **Oklahoma State Board of Health**

Minutes from the State Board of Health August 11-12, 2017 meeting were reviewed. Martha Burger entertained a motion to approve them. The motion to approve was made by Mr. Starkey and seconded by Dr. Legako. The State Board of Health August 11-12, 2017 minutes were approved.

Dr. Alexopoulos	aye
Ms. Burger	aye
Dr. Gerard	Not present
Dr. Grim	aye
Dr. Krishna	aye
Dr. Legako	aye
Mr. Starkey	aye
Ms. Wolfe	Not present

## **HEALTH DEPARTMENT UPDATES**

*From Bruce Dart, PhD (THD), Gary Cox, JD (OCCHD), Terry Cline, PhD (OSDH)*

Bruce Dart shared an overview of the Tulsa Health Department's efforts In Pursuit of a Healthier:

- The Community Health Improvement Plan (CHIP) was launched, bringing together 100 leaders from business, public, and nonprofit sectors. CHIP goals are to be accomplished over three years. (Note: After the meeting a CHIP video was emailed to the members of each board of health).
- THD was working with city government and other agencies in a Housing Strategies Task Force, to better address abandoned and unsafe housing.
- A new Behavioral Health office opened at the THD James O. Goodwin location.
- An Accountable Health Communities grant was funded and would be administered by THD, OSDH and MyHealth Access Network. The program would help healthcare providers better address quality of life issues impacting the health of Medicaid patients.
- The George Kaiser Family Foundation was funding both the Birth through Eight Strategy for Tulsa (BEST) and Little by Little initiatives. BEST will bring together THD and other community programs in one location at the Legacy Plaza (former Dollar Thrifty Plaza) so clients can access services in a more efficient way. Little by Little provides age appropriate children's books to WIC recipients at THD clinics. In its first months over 5,864 books were distributed!
- THD developed a model for life expectancy updates.
- Over \$850,000 was generated in earned media.
- Moving forward THD plans to:
  - Develop non-partisan forums and relationships with representatives of all political parties and beliefs.
  - Serve clients who have been overlooked in the past.
  - Focus on becoming the healthiest county in the nation in the next ten years. A new #1 in 10 logo was launched to highlight this goal.

Gary Cox, presented OCCHD 2017 Year in Review Update:

- Wellness Score: OCCHD consulted with partners to obtain zip code level data that included both determinants and outcomes of health and wellness for our residents in the recently updated wellness score; City and county-wide improvement in health were realized; This is a powerful tool used to show that the use of public health practices are effective and improve and save lives; This Wellness Score document is being made into an easy-to-use format on our website where other agencies can use data of their choice and download relevant pieces of information.
- Wellness Score Highlights: Screenings from OCCHD clinical services also played a role in the 5.1 percent decline in cardiovascular disease deaths, 7.2 percent decline in cancer deaths and 14 percent drop in lung cancer deaths. Additionally, the teen birth rate (15-19 year-olds) declined 22%, and maternal smoking during pregnancy declined 31%.
- 2020 Strategic Plan Priority Areas: This is OCCHD's third 5-year strategic plan. Main components include Protect, Promote, Prevent and Partner; This plan continues OCCHD's commitment to serving as a Chief Health Strategist by building on a) Infrastructure and Accreditation, b) Structured, cross-sector partnerships, c) Actionable Data and Metrics, and d) Enhanced and Sustainable Funding.
- Infrastructure & Accreditation:
  - NE Campus (originally placed due to lowest health outcomes) has allowed for expansion of services and opportunities for physical activity – shift of focus to preventive, population health. We served over 36,000 in 2016, with continued focus of integrating public health practices into mental health and primary care services.
  - Continued regionalization growth with South Campus opening in August 2018: Partners include City of OKC, OKCPS, UCO, OCU, OCCO, and Library. Focus on health and education as foundations for a strong and economically viable community - access to low cost health care and behavioral health services, improve nutrition and increase physical activity, accessible locations that foster community, and link to resources for students and families.
  - Looking at areas in NW OKC and other partners like the Salvation Army – valuable partner with their housing component.
  - Continuing efforts to meet reaccreditation standards – narratives complete being used as examples for other health departments.
  - OCCHD has broadened our reach into the community by offering community events that attract families and encourage overall wellness; Through partnerships like that with BCBS and OKC Thunder, we're able to offer fun and active family time through amenities on our regional campuses; These events also allow us to broaden and personalize our brand, that builds trust with those we serve.
- Cross-Sector Partnerships: Grown our role in convening partners through our Wellness Now workgroups and with other community partners; Focus on building business relationships thru the Chamber (promoting the wellness score, sitting on healthcare committees to make public health focused recommendations); Business leaders are seeing the value in public health and its role in

the economy – OCCHD is invited to the table for conversations that public health professionals generally aren't a part of; Partnerships, like those with the hospitals, have been critical in implementing many successful pilots on the use of community health workers (CHWs).

- Partnerships: Shifted from primary focus on clinical services to OCCHD becoming a convener and having a larger role in community partnerships; Expanded WN membership and added faith and business engagement component, as well as care coordination which has been critical in implementing many successful pilots on the use of CHWs; Successfully attracted just under \$16 million in infrastructure and program grant funds over the last several years – our valuable partnerships and data have made this possible.
- Enhanced & Sustainable Funding: Used data to track successes of the CHW hospital pilot; able to show value in diverting folks to needed services rather than treat in a hospital setting; Since then this model has been expanded in other area hospitals as well as replicated in other settings:
  - Kresge Foundation & Bloomberg Philanthropies – explore use of CHWs in the criminal justice system. There is considerable synergy around reforming our criminal justice system on a state-wide level; OKC's Greater OKC Chamber is leading an effort and OCCHD is a part of the discussion on applying public health principles to diversion efforts for this population.
  - Accountable Health Communities grant w/THD and MyHealth – Thankful for the partnership w/THD to expand the use of CHWs and show the effectiveness of connecting people to needed social determinants.
- Data Driven Decision Making: None of the grants and community programs are possible if you can't show that they are effective; Making the case for community health programs that save lives is a vital component to competing for any grant and showing business leaders the effectiveness of what we do; Through the use of expanded data sources we are able to capture the value of our programs and showcase the importance of inserting public health principles into multiple sectors; OCCHD is committed to continuing to expand our data, for example, meeting with poison control to tie data into surveillance efforts, and through the Bloomberg proposal linking our data systems with the local county jail to support diversion efforts.
- Closing comments: We've made a lot of great strides, but there still remains much innovative work to be done; A continued focus on education and health will lead to a strong economy; We must continue to innovate and do business differently to remain relevant as health professionals and improve health for our citizens; As we are faced with our state's current budget woes, it continues to be important for collaboration and look for additional ways to leverage resources and be creative and intentional in how we use those resources to serve our communities. (See attachment)

Terry Cline, presented State Trends, Progress and Challenges:

- Cline thanked the board members, staff, and public for their support of public health.
- The biggest challenge to the health departments of Oklahoma is the budget.
  - State appropriations have fallen steadily since 2009, which created a \$20 million budget shortfall.
  - At the same time overhead has increased. Some medications have gone up 400%.
  - OSDH closed five health departments in the state in the last several years, and have had three retirement buyouts, which created a cutback of about 10% of staff.
  - Other departments had also been impacted, including:
    - OSDH Infrastructure (County Health Department Closure, VOBO, FTE) Reduction
    - Federally Qualified Health Centers (FQHC) Uncompensated Care Reduction
    - Elimination of FQHC Startup Funding
    - Colorectal Cancer Screening Reduction
    - Healthy Homes Reduction
    - Oklahoma Child Abuse Prevention Program Reduction
    - Child Guidance Program Reduction
    - Dental Services Reduction
    - Jail Inspections Reduction
    - Newborn Hearing / Screening Reduction
    - Cord Blood Bank Elimination
    - Ryan White Maintenance of Effort Reduction
    - Cancer Programs Reduction
    - Elimination of Contracts
    - Strategic Planning Step-Up Software Reduction
- Oklahoma's health ranking is 46<sup>th</sup> nationally. When Gov. Fallin came into office Oklahoma ranked 49th. Overall there has been improvement in the last decade, but other states were improving more quickly than Oklahoma. Health ranking criteria includes:
  - Smoking rates. Each year 7,000 Oklahomans die from tobacco. However, for the first time in state history tobacco use has now dropped below 20%.
  - Obesity rates, which seem to be leveling out. Obesity is linked to poverty levels and is a huge health concern because of its link to Type 2 diabetes and heart disease.
  - Infant mortality rates, which had fallen since 1980. Infant mortality rates had been 12.3 of every 1,000 births, and are now 7.4 of every 1,000 births. Planned births using early induction and cesareans had also decreased 96%, leading to healthier babies and moms.

- The rate of “doctor shopping” has also fallen. Seeing multiple doctors for the same health condition is linked to prescription drug abuse. Opioid related overdose deaths were increasing, especially those related to fentanyl, which is now manufactured by drug cartels and mixed with heroin to make it even more addictive.
- Board Discussion followed.
  - Jim Goodwin asked Terry Cline to share if there were any revenue opportunities that could improve the state’s budget. Dr. Cline said the cigarette tax increase of \$1.50 per pack would provide substantial revenue and cost nothing to implement. Even more important, it would prevent 28,200 children from starting smoking and would get about 30,000 current smokers to quit.
  - Martha Burger said OSDH has a commitment to their leadership and staff during times of budget shortfall. She asked for everyone to make a personal commitment to support the cigarette tax increase. It is not about revenue, it is about saving lives.
  - Gary Raskob said stress impacts life expectancy. Oklahomans with money had similar health outcomes to the national average.
  - Kian Kamas said we often talk about public health like it is a feel good issue. It is wise to note that businesses see public health as a key determinant in deciding where to expand and relocate. Companies have directly stated that the health status and perceived health status of our population is a key reason why employers pass Oklahoma by. We cannot compete unless improvements are made.

### **POLICY PRIORITIES PRESENTATION**

Julie Cox-Kain from OSDH shared emerging policy issues. Medical marijuana was expected to be a ballot initiative in Oklahoma and was likely to pass.

More information was shared on the Cigarette Tax. It was called a fee when it was passed late in the legislative session, then was overturned in the Oklahoma State Supreme Court. The legislature was in special session to address a \$200 million budget shortfall and the cigarette tax increase of \$1.50 per pack was again being considered. Though the Cigarette Tax would raise revenue, it was important to see it first as a health issue, so that a lesser tax would not be approved. An increase of \$1.50 per pack is the price point most effective to get people to stop smoking or never start.

### **RESOLUTION TO STATE REGENTS FOR HIGHER EDUCATION**

Dr. Raskob directed attention to the "Support for Inclusion of Public Health Education as Part of General Education Requirements at Oklahoma Universities, Colleges and Career Tech Centers," a resolution created at the August OSDH board retreat. Since behavior is a contributor to health outcomes, the thinking was that including requiring all higher education students to take a public health course would encourage students to make better decisions for themselves, and to consider a career in public health. It was a recommendation of the Institute of Medicine some years ago.

A brief discussion followed regarding the various benefits of educating college students on public health and health-related outcomes. When asked if any resistance was expected from the Oklahoma State Regents for Higher Education on this resolution, Raskob said that would be likely. Martha Burger asked if other states with high health outcomes have this requirement. Dr. Raskob did not know of any other states with the requirement, however there were now 600 public health undergraduate programs nationwide.

The Resolution states, "Therefore be it resolved that the Oklahoma State Board of Health, the Oklahoma City-County Board of Health, and the Tulsa City County Board of Health, jointly encourage the Oklahoma State Regents for Higher Education to require all Oklahoma Universities, Colleges and Career Tech Centers to include education in public health as part of the undergraduate general education requirements." (*See attachment*)

Dr. Raskob noted the OKC-County Board of Health approved this resolution in principle at their last meeting. A quorum was not present today, but consideration of the final language will be on the agenda at the next OCCHD meeting.

The Tulsa County Board of Health did not have a quorum, since several members had to leave the Tri-Board meeting early, but Kian Kamas noted it would be considered at their next meeting.

Martha Burger considered a motion for the Oklahoma State Board of Health to approve the resolution. A motion was made by Dr. Grim and seconded by Dr. Alexopulos. The motion to approve the resolution was approved unanimously.

Dr. Alexopulos	aye
Ms. Burger	aye
Dr. Gerard	not present
Dr. Grim	aye
Dr. Krishna	aye
Dr. Legako	aye
Mr. Starkey	aye
Ms. Wolfe	not present

### **NO NEW BUSINESS**

### **ADJOURNMENT**

Dr. Raskob, on behalf of his fellow members in attendance, adjourned the meeting at 2:51 pm.

Approved



Martha Burger  
President, Oklahoma State Board of Health  
December 12, 2017



**SUPPORT FOR INCLUSION OF PUBLIC HEALTH EDUCATION AS PART OF  
GENERAL EDUCATION REQUIREMENTS AT OKLAHOMA UNIVERSITIES,  
COLLEGES AND CAREER TECH CENTERS**

Oklahoma Tri- Board Meeting  
October 3, 2017

WHEREAS Oklahoma ranks 46<sup>th</sup> in the nation in overall health according to the 2016 America's Health Rankings assessed by the United health Foundation, and

WHEREAS Oklahoma ranks very poorly in each of health outcomes of cancer deaths (44<sup>th</sup>), cardiovascular deaths (48<sup>th</sup>), and premature death (46<sup>th</sup>), and

WHEREAS Oklahoma ranks 45<sup>th</sup> in behaviors that are associated with a poor health outcome such as smoking, physical inactivity, and drug deaths, and

WHEREAS individual behavior determines about 40% of the health outcomes of the population, and

WHEREAS education in the key elements of public health empowers individuals to make healthy personal choices regarding behaviors of tobacco use, diet, physical activity, and alcohol and drug use, and

WHEREAS Oklahoma ranks 41<sup>st</sup> in policy measures that promote a healthy population, and

WHEREAS broad education of the citizenry in the key elements of public health will help to achieve public policy that protects and promotes health through "health in all policies", and

WHEREAS the US Institute of Medicine (now the National Academy of Medicine) has recommended that "...all undergraduates should have access to education in public health",

THEREFORE BE IT RESOLVED that the Oklahoma State Board of Health, the Oklahoma City County Board of Health, and the Tulsa City County Board of Health, jointly encourage the Oklahoma State Regents for Higher Education to require all Oklahoma Universities, Colleges and Career Tech Centers to include education in public health as part of the undergraduate general education requirements.