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

Tuesday, January 12, 2016 11:00 a.m.

Ronald Woodson, President of the Oklahoma State Board of Health, called the 405th regular meeting of the Oklahoma State Board of Health to order on Tuesday, January 12, 2016 at 11:03 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on January 11, 2016, and at 11:00 a.m. at the building entrance on January 11, 2016.

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

Absent: Terry Gerard, D.O.; Murali Krishna, M.D.

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Neil Hann, Assistant Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Deborah Nichols, Chief Operating Officer; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Director of Office of Communications; VaLauna Grissom, Secretary to the State Board of Health.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks
Dr. Woodson called the meeting to order. He welcomed special guests in attendance.

REVIEW OF MINUTES
Dr. Woodson directed attention to review of the minutes of the December 8, 2015, regular meeting.

Ms. Burger moved Board approval of the minutes of the December 8, 2015, regular meeting, as presented. Second Dr. Grim. Motion carried.

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

APPOINTMENTS
Oklahoma Food Service Advisory Council (Presented by Lynette Jordan)
Appointments: One Member
Authority: 63 O.S., § 1-106.3
Members: The Advisory Council shall consist of thirteen (13) members. Membership is defined in statute. Eight (8) members shall be appointed by the Commissioners 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) member shall represent the Oklahoma Food Processor.

Ms. Wolfe moved Board approval to appoint Kirby Childs to the Oklahoma Food Service Advisory Council, as presented. Second Dr. Alexopulos. Motion carried.

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

PROPOSED RULEMAKING ACTIONS

CHAPTER 257. FOOD SERVICE ESTABLISHMENTS
[PERMANENT] Presented by Don Maisch
PROPOSED RULES:
Subchapter 1. Purpose and Definitions [AMENDED]
Subchapter 3. Management and Personnel [AMENDED]
Subchapter 5. Food [AMENDED]
Subchapter 7. Equipment, Utensils and Linens [AMENDED]
Subchapter 9. Water, Plumbing and Waste [AMENDED]
Subchapter 11. Physical Facilities [AMENDED]
Subchapter 13. Poisonous or Toxic Materials [AMENDED]
Subchapter 15. Compliance and Enforcement [AMENDED]
Subchapter 17. Mobile Pushcarts, Mobile Food Service Establishments, and Mobile Retail Food Service Establishments [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104, and Title 63 O.S. §§ 1-106.3 and 1-1118.
SUMMARY: These proposed regulations will bring the chapter into compliance with 2013 model food code, published by the U. S. Food and Drug Administration (FDA). The model assists food control jurisdictions at all levels of government by providing them with a scientifically sound technical and legal basis for regulating the retail and food service segment of the industry (restaurants and grocery stores and institutions such as nursing homes). Local, state, tribal, and federal regulators use the FDA Food Code as a model to develop or update their own food safety rules and to be consistent with national food regulatory policy. According to the FDA:
"The Food Code is a model for safeguarding public health and ensuring food is unadulterated and honestly presented when offered to the consumer. It represents FDA's best advice for a uniform system of provisions that address the safety and protection of food offered at retail and in food service."
"The 2013 edition of the model code reflects the input of regulatory officials, industry, academia, and consumers that participated in the 2012 meeting of the Conference for Food Protection (CFP). Collaboration with the CFP and our partners at the U.S. Department of Agriculture’s Food Safety and Inspection Service and the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services helps ensure the Food Code establishes sound requirements that prevent foodborne illness and injury and eliminates the most important food safety hazards in retail and foodservice facilities.
Source: Food Code 2013, U.S. Food and Drug Administration, July 2, 2015,
A summary of changes to the 2013 FDA Food code is linked here:
Summary of Changes In the FDA Food Code 2013
[http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374759.htm].

Dr. Grim moved Board approval for Permanent Adoption of Chapter 257. Food Service Establishments as presented. Second Dr. Stewart. Motion carried.

AYE: Alexopulos, Burger, Grim, Stewart, Starkey, Wolfe, Woodson
ABSENT: Gerard, Krishna
OKLAHOMA STATE BOARD OF HEALTH MINUTES                              January 12, 2016

STRATEGIC MAP UPDATE PRESENTATION: THE LIFECOURSE APPROACH TO A
HEALTHY OKLAHOMA
Timothy Cathey, M.D., Medical Director for Protective Health Services
See Attachment A

CONSIDERATION OF STANDING COMMITTEES’ REPORTS AND ACTION

Executive Committee
Dr. Woodson reminded the Board that the March meeting would take place in Pottawatomie County. The annual ethics commission forms will be sent to the Board of Health in during the month of January 2016.

Finance Committee
Ms. Burger directed attention to the Financial Brief provided to each Board member and presented the following SFY 2016 Finance Report and Board Brief as of December 18, 2015:
• OSDH has approximately $403 million budgeted for state fiscal year 2016
• The forecasted expenditure rate is projected at 97.63% through June 30, 2016
• The department is in “Green light” status overall
• Health Improvement Services are in “yellow light” status, with expenditures forecasted to spend between 90 and 95 percent
• The “yellow light” status for these two divisions is due to items budgeted, but not yet obligated or forecasted such as supplies, travel and contracts

The Financial Brief covered fund restrictions and voluntary out benefits option (VOBO) offered to Department employees eligible for retirement.

Accountability, Ethics, & Audit Committee
The Accountability, Ethics, & Audit Committee met with Jay Holland. Ms. Wolfe indicated there were no known significant audit issues to report at this time and were continuing review of the Office of Accountability policies.

Public Health Policy Committee
The Policy Committee met on Tuesday, January 12, 2016. The Committee reviewed proposed legislation, the budget situation, and potential actions of the Department. Members will begin receiving the legislative update report around February 1st. If Board members have any policy questions, they should feel free to contact Carter Kimble or Mark Newman at any time. The next meeting of the Policy Committee will be prior to the February Board Meeting.

PRESIDENT’S REPORT
Dr. Woodson invited the Board of Health members to attend the annual Certified Healthy Awards Ceremony on March 2, 2016, 11:30 am at the Embassy Suites in Norman, Ok.

COMMISSIONER’S REPORT
Dr. Cline highlighted the ASTHO Million Hearts Collaborative. Oklahoma is 1 of 5 states to join this initiative early with the goal of reducing cardiovascular disease and reducing hearth attacks across the nation. He was able to present the success Oklahoma has seen through this initiative to encourage other states to participate. Dr. Cline indicated this was a compliment to the Oklahoma State Department of Health and the work of local partners as well.
Dr. Cline briefly commented on the upcoming legislative session. There has been a significant increase in activity and conversations around legislative priorities for the Department this next year.

The report concluded.

NEW BUSINESS
No new business.

PROPOSED EXECUTIVE SESSION
Ms. Burger moved Board approval to go in to Executive Session at 11:51 AM 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 Commissioner of Health

**Second Dr. Stewart. Motion carried.**

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

Ms. Burger moved Board approval to move out of Executive Session. Second Ms. Wolfe. Motion carried.

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

**ADJOURNMENT**

Ms. Wolfe moved Board approval to Adjourn. Second Grim. Motion carried.

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

The meeting adjourned at 12:30 p.m.

Approved

Ronald W. Woodson, M.D.  
President, Oklahoma State Board of Health  
February 9, 2016
The Life Course Approach to a Healthy Oklahoma

Implementing a winning strategy

Timothy Cathey, MD, Team Leader
Henry F. Hartsell Jr., PhD, Team Champion
Oklahoma State Board of Health Meeting
January 12, 2016

OSDH Strategic Map

Why Life Course?
OHIP 2020 Flagship Issues

- Tobacco Use
- Adolescent Obesity
- Children’s Health
- Behavioral Health

Team Members

- Nancy Atkinson
- Sheryll Brown
- Dawn Butler
- Janette Cline
- Neil Hann
- Annette Jacobi
- Kristi Kear
- Alesha Lilly
- Jon Lowry
- Joyce Marshall
- Beth Martin
- Derek Pate
- Stephanie U’ren
- Sharon Vaz
- Timothy Cathey, Team Leader

Commonwealth Fund Rankings on Health System Performance

Paradigm Shift
The Evolving Health Care System

Healthcare 1.0
- Focus on acute and infectious disease
- Germ theory

Healthcare 2.0
- Increasing focus on chronic disease
- Chronic disease management

Healthcare 3.0
- Focus on achieving optimal health status
- Complex causal pathways
- Investing in population-based prevention

Reducing deaths → Prolonging disability-free life → Producing optimal health for all

Why the Life Course Perspective?

- **A paradigm shift away** from disease management toward fully averting disease and poor health outcomes
- **The current system focuses enormous resources** to do too much too late

Our Health Outcomes are Multi-Factoral

Graphic Concept Adapted from Neal Haflon, UCLA

The Role of Influence Over a Lifetime

Contributors to Chronic Disease

Source: "The Case for More Active Policy Attention to Health Promotion." Health Affairs 21(2), 78-93, March/April 2002
The Interconnected Life Span

-- Versus --

Each Life Stage Influences the Next

Protective Factors Improve Health
Risk Factors Diminish Health

Key Terms

- Critical /Sensitive Periods/Chains of Risk
  - Timing of exposure to risk factors matters
  - Timing of exposure to protective factors matters
  - Windows of opportunity
- Trajectories
  - A sequence of linked transitions and experiences
  - Long term patterns of stability and change
  - Includes risk and protective factors

What is the Life Course Perspective?

The importance of looking at health over a life span, not disconnected stages

A complex interplay of
- biological,
- behavioral,
- psychological, social
- And environmental factors

Identifying protective factors as well as chains of risk that contribute to health outcomes across the span of a person’s life

The Quest For Positive Change

PLASTICITY
(flexibility)

- The potential for change in intrinsic characteristics in response to environmental stimuli.

RESILIENCE

- A dynamic process of positive adaptation in the face of adversity.
Why the Life Course Perspective?

- This framework prioritizes life-long prevention and provides powerful rationale for health system transformation
- It has implications for the ways we will reduce racial and ethnic disparities as well as disparities across income groups
- It points out the importance of critical periods for intervention and cumulative impacts of multiple variables on health

Reducing Disparities in Health Outcomes

- Improve health care services and access for at-risk populations, including communities of color and low-income families
- Strengthen families and communities
- Achieve the highest level of health for all people

The Intergenerational Aspect of Life Course

Looking at health through a life course perspective hopes to address three key areas:
- Your health as an **individual**;
- Your health before your conception (i.e. your mom’s **preconception** health);
- Your children’s health (**intergenerational** component).

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Reduced Risk Outcomes

- Improved educational outcomes
- Improved employment outcomes
- Reduced health risk behaviors
- Reduced mental health issues
- Reduced criminal justice involvement
- Increased social connectedness
- Increased economic self-sufficiency

Enhanced Life Outcomes

- Increased educational attainment
- Increased income and employment
- Reduced mental health issues
- Reduced risk for negative health outcomes
- Increased social functioning
- Increased life satisfaction

WHAT IMPACT DO ACEs HAVE?

- The number of ACEs compounds, so does the risk for negative health outcomes
- ACEs are linked to poor health over the lifespan

HOW PREVALENT ARE ACEs?

- The adverse outcomes of ACEs are widespread
- The prevalence of ACEs is high
- The consequences of ACEs are significant

Conception

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviors
- Social, Emotional, and Cognitive Impairment
- Disrupted Neurodevelopment
- Adverse Childhood Experiences

Death

Scientific gaps
Preconception/Prenatal Care
• Healthy weight
• Folic acid
• Smoking
• Nutrition
• Chronic conditions
• Substance abuse
• Stress management
• STDs
• Planned pregnancy
• Full-term birth (39 weeks)
• Pre-term birth labor assessment
• Prior spontaneous pre-term birth
• Home visiting

Postpartum Period/Infant
• Postpartum visit
• Well baby visit
• Infant safe sleep
• Breastfeeding
• Parent Education
• Maternal Depression Screening
• Immunizations
• Family Planning
• Home visiting (prenatal thru age 6)

Childhood (1-12 years)
• Immunizations
• Positive Role Models
• Family Involved in Learning Related Activities
• High-quality Early Childhood Education/Prevention
• Nutrition
• Peer interaction
• School Attendance
• Health Education/Prevention
• After School Activities
• Home visiting (prenatal thru age 6)

Adolescence (13-19 years)
• Immunizations
• Quality Education
• School Attendance
• Health Education/Prevention
• Prosocial Peers/Role Models
• Positive Youth Development
• Life Plan

Adulthood
• Preventive Health Care
• Appropriate Screenings
• Nutrition
• Immunizations
• Physical Activity
• Resilience
• Social Connections
• Concrete Support in Times of Need

Healthy Aging
• Regular Physical Activity
• Nutrition
• Preventive Health Care
• Social Connections
• Immunizations

Life Course Approach Timeline

Race, Income, and Place Impact Health

Flying in the Stratosphere
• No weather occurs
• Air 1000x thinner
• No turbulence
• Fly further, faster
• Dynamically stable
• Anything that gets there can stay there a long time

Healthy Aging: Living Longer Better

An Illustration of the Impact of Life Course Approach on Quality and Span of Life

Strategic Interventions at Important Times in the Life Course
The Impact of Strategic Interventions Throughout the Life Course

Optimal Quality

Improved Quality

Life Span

Early Life
Adolescent
Adulthood
Older Adult

Quality of life

Increase Healthy Life Expectancy

- Life Expectancy (LE) is the average remaining years of life a person can expect to live on the basis of the current mortality rates for the population.
- Healthy Life Expectancy (HLE) estimates the expected years of life in good health for persons at a given age.

Life Course Approach

- Focuses on the importance of considering health and wellness across the entire life span
- Pre-natal through end-of-life care
- Recognizes the critical role of adverse childhood experiences (ACEs)
- Works to place everyone into the highest trajectory and orbit

Implementing a Life Course Perspective

- Involves three broad areas of change:
  - Rethinking and realigning the organization and delivery of individual and population-based health services.
  - Linking health services with other services and supports (educational, social services, etc).
  - Transforming social, economic, and physical environments to promote health.

The Life Course Approach to a Healthy Oklahoma

Implementing a winning strategy

https://www.youtube.com/watch?v=yl25H2tl7g0

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