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

Tuesday, January 8, 2013 11:00 a.m.

R. Murali Krishna, President of the Oklahoma State Board of Health, called the 375th regular meeting of the Oklahoma State Board of Health to order on Tuesday, January 8, 2013 at 11:05 a.m. The final agenda was posted at 9:43 a.m. on the OSDH website on January 7, 2013, and at 10:00 a.m. at the building entrance on January 7, 2013.

ROLL CALL
Members in Attendance: R. Murali Krishna, M.D., President; Ronald Woodson, M.D., Vice-President; Martha Burger, M.B.A., Secretary-Treasurer; Jenny Alexopulos, D.O.; Terry R. Gerard, D.O.; Barry L. Smith, J.D.; Timothy E. Starkey, M.B.A.; Cris Hart-Wolfe.

Central Staff Present: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Steve Ronck, Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director, Office of State & Federal Policy; Dan Durocher, Director of the Office of Accountability; Lloyd Smith, Director of Internal Audit; Don Maisch, Office of General Counsel; Leslea Bennett-Webb, Office of Communications; Mark Davis; Commissioner’s Office; Janice Hiner, VaLauna Grissom.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

REVIEW OF MINUTES
Dr. Krishna directed attention to review of the minutes of the December 11, 2012, Regular Board meeting.

Ms. Burger moved Board approval of the minutes of the December 11, 2012, Regular Board meeting, as presented. Second Dr. Alexopulos. Motion carried.

AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson

COMMITTEE REPORTS
Executive Committee
Dr. Krishna reported that following the PHAB Accreditation Site Visit in November, the OSDH has up to 30 days to provide any factual discrepancies to the preliminary report. After this time period, the report, along with any factual corrections, will be forwarded to the PHAB Accreditation Committee for the final accreditation decision. He commended the Department staff for their excellent work in this initiative.

Finance Committee
Expenditure Forecast Assumptions
Dr. Woodson directed attention to the Financial Brief provided to each Board member and presented the following Finance Report and Board Brief as of January 2, 2013:

- Payroll forecasted through June 30, 2013 including vacancies likely to fill within the current budget period
- Encumbrances shown as actual as of the report date
- Expenditure forecasts limited to realistic amounts expected to spend out during the current budget period
- Surplus/(Deficit) is projected as of June 30, 2013

Dr. Woodson provided an explanation of the Dashboard Warning(s):
• Overall the Department is forecasted to spend 97.45% of its budget.
• Community and Family Health Services and Protective Health Services have “Green Lights” as they have had for the last several months.
• Health Improvement Services currently has a “Red Light” due to a recently budgeted carryover of $1.9 million. These funds are dedicated to access to care, primarily for expanding and sustaining Federally Qualified Health Centers. This funding will be used to continue to study barriers to access to care in Oklahoma and identify solutions in accordance with OHIP Access to Care action plan. As these plans are formalized, the “Red Light” should improve.
• Prevention and Preparedness Services and Public Health Infrastructure have “Yellow Lights” with performance rates of 93.53% and 94.64%, respectively. These have not significantly changed since the December report but are expected to improve over the next six months.
• All expenditures will be monitored closely and adjustments in spending will be made as needed to ensure optimal budget performance for the Department.

Dr. Woodson directed attention to the below graph reminding the Board of the budget process and timeline.

<table>
<thead>
<tr>
<th>THE BUDGET CYCLE</th>
<th>STATE FISCAL YEAR IS JULY 1 - JUNE 30</th>
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<tbody>
<tr>
<td>1. Agencies review program needs and prepare Budget Requests and Strategic Plans.</td>
<td>July 1 - Oct 1</td>
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<tr>
<td>2. Agencies submit Budget Requests and Strategic Plans are submitted every even numbered year.</td>
<td>Oct 1</td>
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<tr>
<td>3. Office of State Finance reviews Budget Requests and Strategic Plans for development of the Executive Budget Book.</td>
<td>Oct - Nov</td>
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<td>4. December Equalization Board Meeting - expenditure authority is the approved basis for the Executive Budget.</td>
<td>Dec</td>
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<tr>
<td>5. Submission of Executive Budget to the Legislature, Legislative session begins.</td>
<td>Feb</td>
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<tr>
<td>6. Feb Equalization Board - expenditure authority is approved basis for Legislative Appropriations and Governor’s action</td>
<td>Feb</td>
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<td>7. Legislature reviews agency budgets and finalizes appropriation recommendations.</td>
<td>Feb - May</td>
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<td>8. Governor’s action on Appropriation Bills</td>
<td>Feb - Mid-June</td>
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<tr>
<td>9. June Equalization Board Meeting - revenue and expenditure authority adjusted to incorporate statutory changes.</td>
<td>June</td>
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<tr>
<td>10. Budget Work Programs submitted to the Office of State Finance for approval by July 1</td>
<td>July 1 FY 2008</td>
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The report concluded.

**Accountability, Ethics & Audit Committee**

The Accountability, Ethics, & Audit Committee met with Lloyd Smith, and Dan Durocher. Mr. Smith reported that there are no known significant issues to report at this time. Lloyd Smith was asked to provide an overview of the audit processes leading to the development of the proposed annual audit plan. The report concluded.
INTERNAL AUDIT’S MISSION

- Independently examine and evaluate the ongoing control processes of the Agency,
- Provide counsel and recommendations for improvement,
- Promote effective control at reasonable cost,
- Assist management in achieving its strategic vision.

SCOPE OF WORK

- The scope of internal audit encompasses the examination and evaluation of the adequacy and effectiveness of the Agency’s system of internal control and the quality of performance in carrying out assigned responsibilities.
Chief of Internal Audit Responsibility includes:

• Develop and implement an annual audit plan based on risk assessment.

• Maintain a professional audit staff with sufficient knowledge, skills and experience to meet the requirements of it’s mission

Responsibility Continued:

• Furnish management with reports to evaluate the operations
• Offer advisory services to management that will allow best use of Agency resources.
• Investigate suspected fraudulent activities within the organization.

Responsibility Continued:

• Provide sufficient oversight of the fiscal management of and compliance with the Federal and state requirements for the programs administered by the Agency.

• Serve as a liaison with Federal, State and other external auditing entities.
Purpose of the Audit Plan

The annual audit plan is used as a blueprint for maximizing audit coverage, optimally using audit resources and providing the greatest benefit to agency management and Oklahoma taxpayers.

Audit Plan Development

The Audit Plan is developed annually utilizing a risk assessment approach with input from:

– Deputy commissioners
– Finance Coordinators
– Audit Committee
– Internal Audit Staff

The Risk Analysis

For Fiscal Year 2013, Internal Audit has identified 95 programs and/or audit processes that generate audit risk to the agency.
The Risk Analysis

The risk analysis is a comprehensive, numerically weighted scoring process that uses 9 key elements/parameters that effect the degree of audit risk.

Area’s of Audit Risk

The following 9 parameters are assessed and provided a numeric score by each deputy area’s most knowledgeable staff and include:

- Federal Requirements
- State Statutes
- Dollar or Transaction Volume

Area’s of Audit Risk

- Adequacy & Effectiveness of the system of monitoring & oversight & supervisory controls
- Previous audit findings and/or questioned costs
- History of Fraud or abuse in this program or process
Area’s of Audit Risk

• Complexity or volatility of activities

• Competency of staff responsible

• Staff physically handle cash or other assets

Audit Risk Summary

Based on the numeric scores of those parameters, a list of highest to lowest risk programs and processes are prepared.

Audit Plan Draft

• That list is evaluated, analyzed and re-sorted numerous ways to develop a final summary of high risk programs and processes recommended for review as the proposed Agency Audit Plan.

• Those documents are before you today for consideration.
Martha Burger inquired as to whether or not the work of the Internal Audit Unit supplements the work of the State Auditor or does the State Auditor rely on the work of the Internal Audit unit and those internal processes in place. Mr. Lloyd Smith responded that all OSDH audits are sent to the State Auditor and although their function is primarily around validation of expenditures, the Internal Audit Unit does supplement their work to a degree. He further explained that the State Auditor does rely on the internal processes of the Internal Audit Unit particularly in the County Health Departments but they also test the work of the Internal Audit Unit as well. The Board further inquired of Mr. Lloyd Smith as to whether or not staffing levels would impact completion of the audit plan. Mr. Smith reemphasized that each year the goals set forth in the audit plan are intentionally more aggressive. The audit plan serves as a map for the Board and the Department for how the unit will prioritize the work based on the risk factors identified. The Internal Audit Unit is working to fill three vacancies; however, the unit is confident they can accomplish a satisfactory amount of the work outlined in the plan. Barry Smith recommended approval of the 2013 Audit Plan.

Mr. Smith moved Board approval of the 2013 Audit Plan as presented. Second Dr. Alexopulos. Motion carried.

AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson

Public Health Policy Committee
The Policy Committee met on Tuesday, January 8, 2013. Dr. Gerard, Policy Committee Chair, and Mr. Starkey met with Mark Newman at the Oklahoma State Department of Health in Oklahoma City, Oklahoma. Mark Newman provided an update regarding potential legislation for the next legislative session including copies of the new committee assignments in both the House and Senate for the 54th Legislature. Electronic copies of the committee assignments for both chambers will be sent to all BOH members by VaLauna via email following today’s meeting.

The local rights legislation may be found in SB 36 authored by Sen. Simpson and support continues to grow community by community across the state. Many thanks should go to our many partners that are working in individual communities to bring resolutions before city councils and the adoption of ordinances to make parks and playgrounds tobacco free.

Dr. Gerard commented on the continued impact of the Certified Healthy Programs as well as editorials in many local papers supporting the rights of cities to take action to improve the business climates and the health of their citizens. He encouraged members of the Board with any questions regarding policy issues or proposed legislation, to contact Mark Newman for additional information. The next meeting of the Policy Committee will be prior to the February Board Meeting.

BOARD DEVELOPMENT COMMITTEE
The Board Development Committee met on Tuesday, January 8, 2013. Cris Hart-Wolfe, Committee Chair, and Mr. Smith met with VaLauna Grissom at the Oklahoma State Department of Health. Ms. Wolfe reported that the Committee has begun reviewing Board Bylaws for any routine updates or revisions. Mrs. Grissom will continue to send local and statewide advocacy opportunities to members of the Board. The next meeting of the Board Development Committee will be February 12, 2013.

PRESIDENT’S REPORT
Dr. Krishna reminded the members of the Board that the February Board of Health meeting would take place at the Cleveland County Health Department in Moore. Meeting details and information would be provided in the February Board packet.

Dr. Krishna expressed his enthusiasm for a positive beginning in the New Year as well as his optimism about a new future for healthcare.

STRATEGIC PLAN UPDATE & COMMISSIONER’S REPORT
Terry L. Cline, Ph.D., Commissioner of Health
Oklahoma State Board of Health Strategic Plan Update

Terry Cline, Ph.D.
Commissioner of Health
Secretary of Health and Human Services
January 8, 2013

Strategic Map: SFY 2011-2015
Achieve Targeted Improvements in the Health Status of Oklahomans

Strategic Map: SFY 2011-2015
Crosscutting Strategic Priority/Theme Areas
Achieve Targeted Improvements in the Health Status of Oklahomans
Strategic Map: SFY 2011‐2015

**Strategic Map Goals**

- Leverage Resources for Health Outcome Improvement
- Focus on Prevention
- Facilitate Access to Primary Care
- Improve Targeted Health Outcomes
- Achieve Targeted Improvements in the Health Status of Oklahomans
- Strengthen Public Health Systems
- Lead Public Health Policy & Advocacy
- Achieve Accreditation & Create a Quality Infrastructure to Support Public Health Systems
- Focus on Core Public Health Priorities
- Engage Communities to Leverage Effectiveness Utilize Social Determinants of Health & Whole Person Wellness Approaches
- Responsibly Align Resources to Maximize Health Outcomes
- Achieve Compatible Health Information Exchange Across Public/Private Sectors
- Achieve Improvements in Oklahoma Health Improvement Plan (OHIP) Flagship Issues

### Core Public Health Priorities

- **Children's Health**
  - Infant Mortality
  - Prenatal Care

- **Disease & Injury Prevention/Resources**
  - Immunization
  - Motor Vehicle Crashes
  - Preventable Hospitalizations

- **Strong & Healthy Oklahoma/Wellness**
  - Cardiovascular Health
  - Obesity
  - Tobacco

### Oklahoma Health Improvement Plan (OHIP) Flagship Issues

- Children's Health Improvement
- Tobacco Use Prevention
- Obesity Reduction

### STAT Strategic Planning Priority Area Lead Champions

- **OHIP Flagship & Core Public Health Services**
  - Strong & Healthy Oklahoma/Wellness
    - (Keith Reed)
  - Children's Health
    - (Sara Bennet)
  - Disease & Injury Prevention/Imperatives
    - (Drs. Kristy Bradley & Hank Hartsell)
  - Health Inequities
    - (Dr. Neil Hann)

- **Public Health Systems**
  - Infrastructure, Performance Management, & Accreditation
    - (Joyce Marshall)
  - Workforce
    - (Tom Finnie)
  - Health Information Exchange (HIE)
    - (Julie Cox-Kain)
  - Public/Private Partnerships
    - (Neil Hann)

- **Policy & Advocacy**
  - (Dr. Mark Newman)

- **Resources**
  - (Julie Cox-Kain)
For overall health, Oklahoma is ranked 43rd this year. Oklahoma has varied from its healthiest ranking of 32nd to its poorest ranking 49th.

Oklahoma's overall rank has increased gradually over the last four years.

Determinants*

- Behavior
  - Smoking
  - Binge Drinking
  - Obesity
  - Sedentary Lifestyle
- Community and Environment
- Policy
- Clinical Care

Outcomes*

- Diabetes (% of adult population)
- Poor Mental Health Days (Days in previous 30 days)
- Poor Physical Health Days (Days in previous 30 days)
- Geographic Disparity (% relative standard deviation)
- Infant Mortality (Deaths per 1,000 live births)
- Cardiovascular Deaths (Deaths per 100,000 population)
- Cancer Deaths (Deaths per 100,000 population)
- Premature Deaths (Years lost per 100,000 population)
• In Oklahoma, 745,000 adults smoke
• More than 1 in 4 adult Oklahomans smoke
• Smoking is the number one preventable cause of death in Oklahoma

• In Oklahoma – 888,000 adults are obese
• Almost 1 in 3 adult Oklahomans are obese

• In Oklahoma – 891,000 adults are sedentary
• An important indicator of future obesity rates

• In Oklahoma – 317,000 adults have diabetes
• More than 1 in 9 adult Oklahomans have diabetes
- Concerning trend for the Black non-Hispanic population
- Slow rates of decline cost thousands of Oklahomans their life each year

- Concerning trend for the Black non-Hispanic and Native American populations
- Potential leveling in other populations

- Potential leveling which may predict plateau in obesity rates, or potential decline

- While overall rate of decline in infant mortality rates, there is a growing disparity between rates for the Black non-Hispanic and White non-Hispanic populations
Every Week Counts (EWC) Collaborative
Elimination of elective deliveries prior to 39 completed weeks of pregnancy

Qtr 1 2011: January 1 – March 31, 2011
Qtr 2 2011: April 1 – June 30, 2011
Qtr 3 2012: July 1 – September 30, 2012
Qtr 4 2012: October 1 – December 31, 2012

Comparison is difference between Q1 2011 & Q3 2012

15%* ~2.3/day ~8/day
Comparison is difference between Q1 2011 & Q3 2012.

Baseline Data: December 2010 – March 2011

July – September 2012

Scheduled C-Sections AND Inductions <39 Weeks
WITHOUT a Documented Indication
- as percentage of Total Deliveries

ORANGE number = number of deliveries in zone. GREEN number = number of hospitals reporting zero rate.

Deliveries <39 Weeks WITHOUT a Documented Indication by Method
By Hospital - as percent of Total Deliveries

ORANGE number = number of deliveries in zone. GREEN number = number of hospitals reporting zero rate.
Following Dr. Cline’s presentation, Suzanna Dooley, Chief of Maternal and Child Health Services, briefly discussed the partnerships that have contributed to the success of the Every Week Counts Initiative. She indicated that Oklahoma hospitals have been very supportive of this initiative and the current feedback has not been for regulatory measures but rather additional educational assistance.

NEW BUSINESS
None

EXECUTIVE SESSION
Mr. Starkey Board approval to move into Executive Session at 12:17p.m. pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation and investigations; 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, Office of Accountability
- Systems Director, Internal Audit Unit Director, and Board of Health Secretary
- Planned Parenthood v. Cline, United States District Court, Western District of Oklahoma, Case Number CIV-12-1245

Second Dr. Alexopulos. Motion carried.

AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson

Mr. Starkey moved Board approval to move out of Executive Session at 2:20 p.m. Second Ms. Wolfe. Motion Carried.

AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson

ADJOURNMENT
Dr. Gerard moved Board approval to Adjourn. Second Dr. Alexopulos. Motion carried.

AYE: Alexopulos, Burger, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson

The meeting adjourned at 2:20 p.m.

Approved

R. Murali Krishna

R. Murali Krishna, M.D.
President, Oklahoma State Board of Health
February 12, 2013