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

February 14, 2017

CALL TO ORDER
Cris Hart-Wolfe, Vice President of the Oklahoma State Board of Health, called the 415th meeting of the Oklahoma State Board of Health to order on Tuesday, February 14, 2017, at 11:09 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on February 13, 2017; and at 11:00 a.m. on the Oklahoma State Department of Health building entrance on February 13, 2017.

ROLL CALL
Members in Attendance: 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: Martha A. Burger, M.B.A, President; Jenny Alexopulos, 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
Cris Hart-Wolfe called the meeting to order and thanked guests in attendance.

REVIEW OF MINUTES – OSBH
Cris Hart-Wolfe directed attention toward approval of the Minutes for January 10, 2017, Regular meeting. Dr. Stewart moved Board approval of the January 10, 2017 meeting minutes as presented. Second Dr. Krishna. Motion Carried.

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

PROPOSED RULEMAKING ACTIONS
CHAPTER 250. FEE SCHEDULE FOR CONSUMER HEALTH SERVICES – Lynette Jordan
[PERMANENT]

PROPOSED RULES:
Subchapter 3. License Classifications and Associated Fees for Consumer Health Services
310:250-3-1. Food service establishments’ permits fees [AMENDED]
310:250-3-2. Drug operational permits [AMENDED]
310:250-3-3. Lodging establishment operational permits [AMENDED]
310:250-3-4. Late renewal [AMENDED]
310:250-3-5. Radiation producing machine permits [AMENDED]
310:250-3-6. Public bathing places [AMENDED]
310:250-3-7. Application fee [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Public Health and Safety, Title 63 § 1-1118; Title 63 § 1-1201; Title 63 § 1-1013; and Title 63 § 1-1501.1
SUMMARY: The current rule applies to application and licensure fees for programs overseen by the Consumer Health Service specific to: food establishments (Title 63 § 1-1118 & 1-1119), drug manufacturers (Title 63 § 1-1119), lodging establishments (Title 63 § 1-1201), diagnostic x-ray facilities (Title 63 § 1-1501.1), and public bathing places (Title 63 § 1-1013.1). The proposed changes will modify the fee schedule for establishments licensed in these areas. The changes are necessary to cover increasing costs for these programs, to allow flexibility to better track types of establishments for reporting purposes and streamline application processes. The effect of this Rule change will increase fees for licensed establishments. The effect will also allow flexibility to better identify types of businesses which will assist in the focused identification of hazards to specific establishment types.

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

CHAPTER 615. AMBULATORY SURGICAL CENTERS - Lee Martin
[PERMANENT]
PROPOSED RULES:
310:615-1-3. General considerations [AMENDED]
310:615-1-3.1. Submission of plans and specifications and related requests for services [AMENDED]
310:615-1-3.2. Preparation of plans and specifications [AMENDED]
310:615-1-5. Self-certification of plans [NEW]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1; and 63 O.S. Section 2662.
SUMMARY: The proposal amends physical plant requirements in Subchapter 1 by updating references to the Facility Guidelines Institute (FGI): Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 Edition, and the Life Safety Code adopted by the Centers for Medicare & Medicaid Services on July 5, 2016. Added are criteria and a process for ambulatory surgical centers to request exceptions and temporary waivers of the requirements of this Chapter for design or construction techniques that represent innovations or improvements. The proposal revises the requirements for stage one, stage two, and special construction plan submittals, and gives ambulatory surgical centers the option to move directly to the stage two plan submittal. The proposal sets fees for related services including review of temporary waivers and applications for self-certification. The proposal establishes a process to ensure timely review of design and construction documents. The proposal establishes requirements and a
process for ambulatory surgical centers to self-certify compliance of their plans for certain types of projects.

Dr. Stewart moved Board approval of the rule as presented. Second Mr. Starkey. Motion Carried.

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

CHAPTER 667. HOSPITAL STANDARDS - Lee Martin

PROPOSED RULES:

Subchapter 41. General Construction Provisions
310:667-41-1. General [AMENDED]

Subchapter 47. Submittal Requirements
310:667-47-1. Submission of plans and specifications and related requests for services [AMENDED]
310:667-47-2. Preparation of plans and specifications [AMENDED]
310:667-47-10. Self-certification of plans [NEW]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1; 63 O.S. Section 1-705; and 63 O.S. Section 1-707.

Subchapter 47 is updated by revising the requirements for stage one, stage two, and special construction plan submittals, and by giving hospitals the option to move directly to the stage two plan submittal. The proposal sets fees for related services including review of temporary waivers and applications for self-certification. The proposal establishes a process to ensure timely review of design and construction documents. The proposal establishes requirements and a process for hospitals to self-certify compliance of their plans for certain types of projects.

Dr. Krishna moved Board approval of the rule as presented. Second Dr. Grim. Motion Carried.

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

CHAPTER 663. CONTINUUM OF CARE AND ASSISTED LIVING - Mike Cook

PROPOSED RULES:

Subchapter 7. Physical Plant Design
310:663-7-3. Submission of plans and specifications and related requests for services [NEW]
310:663-7-4. Preparation of plans and specifications [NEW]
310:663-7-5. Self-certification of plans [NEW]
310:663-7-6. Exceptions and temporary waivers [NEW]

Subchapter 15. Resident Rights and Responsibilities
310:663-15-4. Prohibited restrictions and fees [NEW]

Subchapter 19. Administration, Records and Policies
310:663-19-1. Incident reports [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1; 63 O.S. Section 1-890.3, and 63 O.S. Section 1-890.3(A)(8).

SUMMARY: The proposal amends construction and physical plant requirements in Subchapter 7. The proposal requires submittal of plans and specifications for new buildings or major alterations; establishes fees for review of design and construction plans and specifications; sets fees for related services including review of temporary waivers and applications for self-certification; establishes a process to ensure timely review of design and construction documents; and establishes requirements and a process for assisted living centers to self-certify compliance of their plans for certain types of projects. A section is added to set requirements for stage one, stage two, and special construction plan submittals, and to give assisted living centers the option to move directly to the stage two plan submittal. Added are criteria and a process for assisted living centers to request exceptions and temporary waivers of the requirements of this Chapter to allow for design or construction techniques that represent innovations or improvements. This proposal adds OAC 310:663-15-4 as new rule to address requirements in statute related to a resident's freedom of choice in physician and pharmacist and prohibits any financial penalty or fee for their choice. This change enacts the authorizing statute at Title 63 O.S. Section 1-890.3(A)(8). The proposed change amends the Subchapter 19 requirements for reporting incidents.

Dr. Woodson moved Board approval of the rule with changes as presented. Second Mr. Starkey.

Motion Carried.

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

ABSENT: Alexopoulos, Burger, Gerard

CHAPTER 675. NURSING AND SPECIALIZED FACILITIES - Mike Cook [PERMANENT]

PROPOSED RULES:

Subchapter 5. Physical Plant
310:675-5-18. Design and construction [AMENDED]
310:675-5-22. Exceptions and temporary waivers [NEW]
310:675-5-23. Submission of plans and specifications and related requests for services [NEW]
310:675-5-24. Preparation of plans and specifications [NEW]
310:675-5-25. Self-certification of plans [NEW]

Subchapter 7. Administration
301:675-7-5.1 Reports to state and federal agencies [AMENDED]
310:675-7-6.1. Complaints [AMENDED]
310:675-7-12.1 Incident Reports [AMENDED]

310:675-11-5. Physical plant [AMENDED]
310:675-11-5.1 Plans and specifications requirements applicable to ICF/IID-16 [NEW]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1; 63 O.S. Section 1-1908; and 63 O.S. Section 1-1942.

SUMMARY: Amends physical plant requirements by updating references to the most recent Life Safety Code adopted by the Centers for Medicare & Medicaid Services. Provides criteria and a process for exceptions and waivers for design and construction techniques that represent innovations or...
improvements; establishes fees for review of design and construction plans and specifications and related services including review of temporary waivers and applications for self-certification; establishes a process to ensure timely review of design and construction documents. Requirements are added to allow for stage one, stage two, and special construction plan submittals, and to give nursing facilities the option to move directly to the stage two plan submittal. Establishes requirements and a process for nursing facilities to self-certify compliance of their plans for certain types of projects. Amends requirement relating to reportable incidents and updates language for reporting utility failures. Clarifies reporting of injuries that have certain physician diagnoses or require treatment at a hospital. Certain complaint investigation timeframes are amended and definitions added. Subchapter 11 is updated to use current terminology for individuals with intellectual disabilities, and to incorporate the most recent Life Safety Code and the updated plans and specifications requirements of Subchapter 5.

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

CHAPTER 680. RESIDENTIAL CARE HOMES - Mike Cook
[PERMANENT]
PROPOSED RULES:
Subchapter 3. Licensure Requirements
310:680-3-3. Applications [AMENDED]
310:680-3-6. Records and reports [AMENDED]
310:680-3-9. Complaints [AMENDED]
310:680-3-14. Appropriate occupancy [AMENDED]
Subchapter 5. Construction Requirements and Physical Plant
310:680-5-6. Building elements [AMENDED]
310:680-5-7. Resident rooms [AMENDED]
310:680-5-9. Submission of plans and specifications and related requests for services [NEW]
310:680-5-10. Preparation of plans and specifications [NEW]
Subchapter 7. Environmental Health and Sanitary Requirements
310:680-7-5. Housekeeping [AMENDED]
Subchapter 11. Staffing Requirements
310:680-11-1. Requirements [AMENDED]

AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1; and 63 O.S. Section 1-821.
SUMMARY: Subchapter 3 is amended to authorize the use of a physician assistant or advanced practice registered nurse to provide services and consultation; requirements for records and reports for licensure are updated to reflect current law. Certain incident reporting is amended to encourage coordination with local emergency response managers. Reporting of injuries that have certain physician diagnoses or require treatment at a hospital are addressed. Certain complaint investigation timeframes are amended and definitions added. Statutory requirements for appropriate occupancy are clarified in the rule. Resident choice in room furnishings is asserted. A process for reviewing plans and specifications for new buildings or major alterations is defined with fees for review of design and construction plans and specifications and fees for related services including applications for self-certification, a process for residential care
homes to self-certify compliance of their plans for certain types of projects. Housekeeping requirements
are clarified as are staffing training requirements for first aid and CPR for direct care staff.

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

STRATEGIC MAP UPDATE PRESENTATION
Tina Johnson, M.P.H., R.N., Deputy Commissioner, Community and Family Health Services; Julie Cox-
Kain, M.P.A., Senior Deputy Commissioner; Derek Pate, Dr.P.H., Director of Health Care Information
See attachment A.

CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION
Executive Committee
Ms. Wolfe reminded the Board that the March meeting will be held in Comanche County.

Finance Committee
Mr. Starkey directed attention to the Financial Brief provided to each Board member and presented the
following SFY 2017 Finance Report and Board Brief as of January 24, 2017:
• The Agency is in “Green Light” status overall
• January’s performance rating was 97.15%, February’s performance rating is 97.66%. A net increase
  in performance of .51%.

Finance Brief
• The brief focuses on The Center for the Advancement of Wellness.
• The Center is committed to the prevention and reduction of tobacco, obesity, and chronic disease
  through systems change and outcome-driven technical assistance.
• The Center for the Advancement of Wellness activities include:
  o Wellness systems in communities, schools and worksites
  o Tobacco prevention, promotion of cessation services and protection from secondhand smoke
    exposure
  o Physical activity and nutrition
  o Integrated services in strategic planning, training and surveillance and evaluation
  o Social marketing campaigns
  o Cancer prevention
  o Preventable hospitalizations for diabetes, heart disease and stroke
• Oklahoma’s tobacco control efforts are significantly dependent on CDC and TSET funding
• House Bill 1841 calls for a $1.50 per pack increase in cigarette excise tax. If passed, the measure
  could generate approximately $183 million in new revenue for the state.

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. The report concluded.

**Public Health Policy Committee**

The Policy Committee met with Carter Kimble. Dr. Stewart began his committee report with an update on HB 184, tobacco tax increase, stating it had passed the committee and will hopefully be heard on the house floor in the upcoming weeks. Dr. Stewart advised the Board that Carter Kimble will be in touch soon in order to mobilize the Board as these policies will require strong efforts. He also briefly updated the Board on the passage of SB 236, lab bill, and its passage in committee. The Board will receive weekly updates on bills of interest. The report concluded.

**PRESIDENT’S REPORT**

Ms. Wolfe reminded everyone that February is heart healthy month and encourages all to attend the Certified Healthy event in March. Please look for details from VaLauna. Finally, March is the timeframe for the assignment of the nominating committee and subsequent election of officers in June. The report concluded.

**COMMISSIONER’S REPORT**

Dr. Cline began his report by congratulating both the OSDH and partner organizations for receiving the Virginia Apgar Award. The award recognizes Oklahoma’s improvement in lowering pre-term birth rates resulting in healthier babies being born. The award will be a traveling trophy.

Next, Dr. Cline highlighted the recent Mission of Mercy (OKMOM) event. This incredible event led by volunteers provides free dental care to individuals in need and was held in Woodward this year. Although, the event is primarily focused on dental health, Terri Salisbury led a public health team who delivered 190 flu shots and 42 pneumonia shots. Overall, about 1300 people received free dental care which speaks to the incredible need in our state. In summary about 1 million, 300 hundred thousand dollars in services were provided, 1322 patients were seen which is about $988 per patient, and there were 10,165 procedures. Dr. Cline encouraged all to witness the event or advocate for it. Encourage all to witness or become advocate for it. The report concluded.

**NO NEW BUSINESS**

**PROPOSED EXECUTIVE SESSION**

Dr. Grim moved Board approval to go in to Executive Session at 1:02 PM 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 Stewart. Motion carried.

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

**ABSENT:** Alexopulos

Dr. Grim moved Board approval to move out of Executive Session at 2:22 PM. Second Dr. Woodson. Motion carried.
AYE: Grim, Krishna, Starkey, Stewart, Wolfe, Woodson
ABSENT: Alexopulos, Burger, Gerard

ADJOURNMENT
Dr. Woodson moved board approval to adjourn. Second Dr. Grim. Motion Carried
AYE: Grim, Krishna, Starkey, Stewart, Wolfe, Woodson
ABSENT: Alexopulos, Burger, Gerard

The meeting adjourned at 2:23 p.m.

Approved

Martha Burger
President, Oklahoma State Board of Health
March 14, 2017
# State of the State's Health Report

## Mortality

<table>
<thead>
<tr>
<th>Improvement Progress</th>
<th>Suicide (per 100,000)</th>
<th>Poisoning (per 100,000)</th>
<th>Injury (Age 0-17 Years)</th>
<th>Infant (per 1,000)</th>
<th>Heart Disease (per 100,000)</th>
<th>Cancer (per 100,000)</th>
<th>Smoking Adult</th>
<th>Smoking Adolescent*</th>
<th>Obesity Adult</th>
<th>Obesity Adolescent*</th>
<th>Life Expectancy (Overall)</th>
<th>Life Expectancy (Healthy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK</td>
<td>D</td>
<td>C</td>
<td>B</td>
<td>D</td>
<td>F</td>
<td>F</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>75.8</td>
<td>-</td>
</tr>
<tr>
<td>US</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td>E</td>
<td>A</td>
<td>A</td>
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<td>D</td>
<td>D</td>
<td>D</td>
<td>78.8</td>
<td>12.7</td>
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</table>

## Risk Factors & Behaviors

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>White NH</th>
<th>Black NH</th>
<th>AM. Indian</th>
<th>Asian/Pacific Is.</th>
<th>Hispanic</th>
<th>Age 18-24 (&lt;1)</th>
<th>Age 25-34 (1-4)</th>
<th>Age 35-44 (5-9)</th>
<th>Age 45-54 (10-14)</th>
<th>Age 55+</th>
<th>&lt; HS (or 9th grade)</th>
<th>HS (or 10th grade)</th>
<th>HS+ (or 11th grade)</th>
<th>College Grad (12th grade)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>B</td>
<td>F</td>
<td>B</td>
<td>D</td>
<td>C</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>B</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>A</td>
</tr>
</tbody>
</table>

## Life Expectancy

<table>
<thead>
<tr>
<th>Life Expectancy (Overall)</th>
<th>Life Expectancy (Healthy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>75.8</td>
<td>12.7</td>
</tr>
</tbody>
</table>

*Notes: Letters A-F represent different categories of indicators with F indicating the highest level of achievement.*
Suicide rates remain the leading cause of intentional deaths in Oklahoma outnumbering homicides nearly 3 to 1.1.

### Suicide

<table>
<thead>
<tr>
<th>STATE COMPARISON</th>
<th>2015</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK</td>
<td>13.3</td>
<td>28.3</td>
</tr>
<tr>
<td>US</td>
<td>20.3</td>
<td>7.2</td>
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#### Gender

<table>
<thead>
<tr>
<th>GENDER</th>
<th>2015</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
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</tr>
<tr>
<td>FEMALE</td>
<td>8.7</td>
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#### Race/Ethnicity

<table>
<thead>
<tr>
<th>RACE/ETHNICITY</th>
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<th>2013</th>
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<td>BLACK (NH)</td>
<td>8.3</td>
<td>5.4</td>
</tr>
<tr>
<td>AM. INDIAN</td>
<td>19.2</td>
<td>18.5</td>
</tr>
<tr>
<td>ASIAN/PACIFIC IS.</td>
<td>11.7</td>
<td>6.8</td>
</tr>
<tr>
<td>HISPANIC</td>
<td>7.4</td>
<td>5.5</td>
</tr>
</tbody>
</table>

#### Points of Interest

- Suicide is the leading cause of intentional deaths in Oklahoma.
- Suicide deaths outnumber homicides nearly 3 to 1.1
- 1 in 5 suicide victims had a history of suicide attempts and 32% had shared their intent with another person.2
- Firearms were the most common means of suicide, followed by hanging and poisoning.2
- Two-thirds of men and 39% of women used firearms to kill themselves.2
- Factors that likely increased the risk for suicide included poor mental health, poor physical health, and intimate partner problems.2
- Three times more women than men report attempting suicide.3
- For each suicide prevented, Oklahoma could save an average of $1,097,763 in medical expenses ($3,545) and lost productivity ($1,094,218).4
- The Oklahoma State Department of Health participates in the National Violent Death Reporting System collecting detailed surveillance data that has been used to develop a state strategic plan for suicide prevention and community-based suicide prevention efforts.
Suicide rates remain the leading cause of intentional deaths in Oklahoma outnumbering homicides nearly 3 to 1.1. Unintentional deaths due to poisoning have improved since 2013 however, prescription overdose is the leading cause on poisoning deaths. Injury related deaths among infants and adolescents under the age of 17 have improved by 20%.

### Suicide

#### State Comparison

<table>
<thead>
<tr>
<th>State</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13.3</td>
<td>20.3</td>
</tr>
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</table>

#### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F 32.4</td>
<td>B 8.7</td>
</tr>
</tbody>
</table>

#### Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>White (NH)</th>
<th>Black (NH)</th>
<th>Am. Indian</th>
<th>Asian/Pacific Is.</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F 23.6</td>
<td>F 8.3</td>
<td>F 19.2</td>
<td>C 11.7</td>
<td>B 7.4</td>
</tr>
</tbody>
</table>

**50% more likely than women to kill themselves.**

**Non-Hispanic Whites had the highest rate of suicide deaths.**

### Poisoning

#### State Comparison

<table>
<thead>
<tr>
<th>State</th>
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<th>US</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>14.8</td>
<td>17.8</td>
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#### Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D 20.9</td>
<td>C 14.4</td>
</tr>
</tbody>
</table>

#### Age

| Age   | C 7.7 | B 23.1 | D 32.3 | C 37.4 | F 29.6 | B 5.7 |

**25-64 were the largest group to kill themselves unintentionally from poisoning.**

**Ages 45-54 had the highest rate of poisoning deaths.**

### Injury (Ages 0-17)

#### State Comparison

<table>
<thead>
<tr>
<th>State</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.6</td>
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#### Gender

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<tr>
<td></td>
<td>F 16.7</td>
<td>D 9.2</td>
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#### Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>White (NH)</th>
<th>Black (NH)</th>
<th>Am. Indian</th>
<th>Asian/Pacific Is.</th>
<th>Hispanic</th>
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<tbody>
<tr>
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<td>C 5.6</td>
<td>F 13.4</td>
<td>F 9.4</td>
<td>C 6.4</td>
<td>B 8.6</td>
</tr>
</tbody>
</table>

#### Mother's Education

<table>
<thead>
<tr>
<th>Education</th>
<th>&lt;High School</th>
<th>High School</th>
<th>High School+</th>
<th>College Grad</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F 10.1</td>
<td>F 8.9</td>
<td>C 5.5</td>
<td>A 3.9</td>
</tr>
</tbody>
</table>

**Infants were 50% more likely to kill themselves from injury.**

**Boys had the highest rate among unintentional injury deaths.**

### Infant

#### State Comparison

<table>
<thead>
<tr>
<th>State</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7.27</td>
<td>5.895</td>
</tr>
</tbody>
</table>

#### Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>White (NH)</th>
<th>Black (NH)</th>
<th>Am. Indian</th>
<th>Asian/Pacific Is.</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C 5.6</td>
<td>F 13.4</td>
<td>F 9.4</td>
<td>C 6.4</td>
<td>B 8.6</td>
</tr>
</tbody>
</table>

**Non-Hispanic Blacks were among the highest rate of infant death.**

**Groups with a High School Education or less had the highest rate of infant deaths.**
In Oklahoma, smoking remains Oklahoma’s leading cause of preventable death followed by cancer. Heart Disease remains the leading cause of death and Oklahoma is ranked third highest in the nation. As the sixth most obese state in the nation, the rate of obesity continues to rise in Oklahoma.

### Heart Disease

<table>
<thead>
<tr>
<th>State Comparison</th>
<th>Heart Disease (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK</td>
<td>234</td>
</tr>
<tr>
<td>US</td>
<td>168.5</td>
</tr>
</tbody>
</table>

#### Gender

- Male: 283.8
- Female: 191.6

#### Race/Ethnicity

- White (NH): 233.9
- Black (NH): 262.6
- Am. Indian: 281.4
- Asian/Pacific Is.: 105.8
- Hispanic: 114.2

### Cancer

<table>
<thead>
<tr>
<th>State Comparison</th>
<th>Cancer (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK</td>
<td>184.3</td>
</tr>
<tr>
<td>US</td>
<td>158.5</td>
</tr>
</tbody>
</table>

#### Gender

- Male: 224.5
- Female: 153.2

#### Race/Ethnicity

- White (NH): 185.9
- Black (NH): 200.7
- Am. Indian: 205.7
- Asian/Pacific Is.: 121.7
- Hispanic: 93

### Smoking

<table>
<thead>
<tr>
<th>State Comparison</th>
<th>Smoking Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK</td>
<td>22.2</td>
</tr>
<tr>
<td>US</td>
<td>17.5</td>
</tr>
<tr>
<td>OK</td>
<td>13.1</td>
</tr>
<tr>
<td>US</td>
<td>10.8</td>
</tr>
</tbody>
</table>

#### Education

- <HS (9th Grade): 38.1
- HS (10th Grade): 25.1
- HS+ (11th Grade): 21.2
- College Grad (12th Grade): 9.1

#### Race/Ethnicity

- White (NH): 21.5
- Black (NH): 25
- Am. Indian: 32.5
- Asian/Pacific Is.: 17.1
- Hispanic: 17.1

### Obesity

<table>
<thead>
<tr>
<th>State Comparison</th>
<th>Obesity Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OK</td>
<td>33.9</td>
</tr>
<tr>
<td>US</td>
<td>29.8</td>
</tr>
<tr>
<td>OK</td>
<td>17.3</td>
</tr>
<tr>
<td>US</td>
<td>13.9</td>
</tr>
</tbody>
</table>

#### Gender

- Male: 33.7
- Female: 34

#### Education

- <High School: 36
- High School: 35
- High School +: 36.7

#### Race/Ethnicity

- White (NH): 32.9
- Black (NH): 26.9
- Am. Indian: 47.3
- Asian/Pacific Is.: –
- Hispanic: 32

**MEN WERE 50% MORE LIKELY THAN WOMEN TO DIE OF HEART DISEASE.**

**HISPANICS & ASIANS/PACIFIC ISLANDERS HAD THE LOWEST RATE AMONG HEART DISEASE.**

**MEN WERE 50% MORE LIKELY THAN WOMEN TO DIE FROM CANCER.**

**HISPANICS & ASIANS/PACIFIC ISLANDERS HAD THE LOWEST RATE AMONG CANCER.**

**AMERICAN INDIANS HAD THE HIGHEST SMOKING RATE.**

**EDUCATION AMONG ADOLESCENTS HAD HIGHER RATES IN SMOKING FOR 12TH GRADERS, WHILE LOWER COMPLETED EDUCATION IS HIGHER FOR ADULTS.**

**AMERICAN INDIANS HAD THE HIGHEST RATES IN ADULT OBESITY.**
# Life Expectancy

Life expectancy and healthy life expectancy

## Life Expectancy

<table>
<thead>
<tr>
<th>State Comparison</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>73.3</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>78.4</td>
<td></td>
</tr>
</tbody>
</table>

**Women were 50% more likely to live longer than men.**

Oklahoma is number 28th in overall life expectancy compared to the national rate.

## Healthy Life Expectancy

<table>
<thead>
<tr>
<th>State Comparison</th>
<th>OK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>11.2</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>14.1</td>
<td></td>
</tr>
</tbody>
</table>

**Women are higher than men by 50% in a healthy life expectancy, meaning they tend to lead healthier lives.**

- Life expectancy and healthy life expectancy.

- Tur, santiantiam experch ictemolo temporest, sinventiam, totatatio. Ur quandantus reptate dolessu sandani.

- Quatus ipsantiust aut que es quis eliquib errovit, que prae placcumet venistorum elestrum fugiatibus.

- Pos eos et aut ressed qui commihil ipsaepr ovtiu magnim ex et et audae natur aut labo. Nem quistio.

- Repudis utae ventis rae venim in expelis que excerprio dellupt atustius, sed et ullores inctur.

- Odite por a de pariaspit aut labore quae. Itat ditis eic tem fuga. Bus rerum quat pro venditatum qui derit et autem re duciusa piscil is poreset, odignatur simos et omnis que ill velibeatem idessit untior.

- Rerum fuga. Et repudan temporecus atur, iur molorio eaque reribernatur reperci endit, nonsequ iaepraev voluptiunt minum fugiatur.
http://web-intd01-340.agency.ok.local/sosh
### Top Ten

1. Hawaii (IX)
2. Massachusetts (I)
3. Connecticut (I)
4. Minnesota (V)
5. Vermont (I)
6. New Hampshire (I)
7. Washington (X)
8. Utah (VIII)
9. New Jersey (II)
10. Colorado (VIII)

### Bottom Ten

41. Georgia (IV)
42. S Carolina (IV)
43. W Virginia (III)
44. Tennessee (IV)
45. Kentucky (IV)
46. **Oklahoma (VI)**
47. Alabama (IV)
48. Arkansas (VI)
49. Louisiana (VI)
50. Mississippi (IV)

### Other (Region VI)

33. Texas (VI)
38. New Mexico (VI)
46. **Oklahoma (VI)**
48. Arkansas (VI)
49. Louisiana (VI)
AHR CHANGES

• Poor mental health replaced by frequent mental distress
• Poor physical health days replaced by frequent physical distress
• Primary care physician definition amended. New data source (Redi-Data, Inc.) and limited to active physicians instead of total within the identified practices.
• Air pollution, corrected an error for estimating emission in counties without monitors.
• Added new supplemental measures:
  o Colorectal Cancer Screening
  o Seat Belt use
  o Water Fluoridation

2016 America’s Health Rankings®
## BEHAVIORS

<table>
<thead>
<tr>
<th>Metric</th>
<th>2016 Value (Rank)</th>
<th>2015 Value (Rank)</th>
<th>2014 Value (Rank)</th>
<th>2013 Value (Rank)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking (Percent of Population)</td>
<td>22.2 (45)</td>
<td>21.1 (40)</td>
<td>23.7 (45)</td>
<td>23.3 (39)</td>
</tr>
<tr>
<td>Excessive Drinking (Percent of Population)</td>
<td>13.9 (7)</td>
<td>13.5 (5)</td>
<td>13.4 (5)</td>
<td>-</td>
</tr>
<tr>
<td>Drug Deaths (deaths per 100,000 population)</td>
<td>20.9 (43)</td>
<td>20.3 (45)</td>
<td>19.8 (45)</td>
<td>18.8 (46)</td>
</tr>
<tr>
<td>Obesity (Percent of Population)</td>
<td>33.9 (43)</td>
<td>33.0 (45)</td>
<td>32.5 (44)</td>
<td>32.2 (45)</td>
</tr>
<tr>
<td>Physical Inactivity (Percent of adult population)</td>
<td>33.2 (48)</td>
<td>28.3 (46)</td>
<td>33.0 (47)</td>
<td>28.3 (44)</td>
</tr>
<tr>
<td>HS Graduation (Percent of Students)</td>
<td>82.5 (30)</td>
<td>84.8 (21)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
## COMMUNITY AND ENVIRONMENT

<table>
<thead>
<tr>
<th>Metric</th>
<th>2016 Value (Rank)</th>
<th>2015 Value (Rank)</th>
<th>2014 Value (Rank)</th>
<th>2013 Value (Rank)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violent Crimes (Offenses /100,000 population)</td>
<td>422 (37)</td>
<td>441.2 (39)</td>
<td>469.3 (40)</td>
<td>469.3 (40)</td>
</tr>
<tr>
<td>Occupational Fatalities (/100,000 workers)</td>
<td>7.8 (37)</td>
<td>7.6 (46)</td>
<td>7.1 (44)</td>
<td>7.8 (42)</td>
</tr>
<tr>
<td>Children in Poverty (% of children)</td>
<td>19.0 (27)</td>
<td>25.0 (40)</td>
<td>17.8 (26)</td>
<td>27.4 (46)</td>
</tr>
<tr>
<td>Infectious Disease (/100,000)</td>
<td>0.300 (37)</td>
<td>0.49 (42)</td>
<td>(25)</td>
<td>-</td>
</tr>
<tr>
<td>- Chlamydia (cases per 100,000 population)</td>
<td>536.6 (44)</td>
<td>479.1 (37)</td>
<td>444.2 (27)</td>
<td>377.9 (19)</td>
</tr>
<tr>
<td>- Pertussis (cases per 100,000 population)</td>
<td>3.7 (8)</td>
<td>6.7 (22)</td>
<td>4.1 (6)</td>
<td>1.8 (7)</td>
</tr>
<tr>
<td>- Salmonella (cases per 100,000 population)</td>
<td>20.7 (41)</td>
<td>23.9 (44)</td>
<td>20.1 (39)</td>
<td>22.2 (41)</td>
</tr>
<tr>
<td>Air Pollution (micrograms of fine particles/cubic meter)</td>
<td>8.7 (32)</td>
<td>9.5 (34)</td>
<td>9.7 (33)</td>
<td>9.7 (32)</td>
</tr>
</tbody>
</table>

*2016 America’s Health Rankings®*
<table>
<thead>
<tr>
<th>Metric</th>
<th>2016 Value (Rank)</th>
<th>2015 Value (Rank)</th>
<th>2014 Value (Rank)</th>
<th>2013 Value (Rank)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Health Insurance (percent of population)</td>
<td>14.7 (46)</td>
<td>16.5 (44)</td>
<td>18.0 (44)</td>
<td>17.1 (39)</td>
</tr>
<tr>
<td>PH Funding ($/person)</td>
<td>$80 (24)</td>
<td>$74 (24)</td>
<td>$79 (24)</td>
<td>$80 (26)</td>
</tr>
<tr>
<td>Immunizations—Children (% of children aged 19 to 35 months)</td>
<td>75.4 (14)</td>
<td>73.3 (18)</td>
<td>62.7 (47)</td>
<td>61.0 (48)</td>
</tr>
<tr>
<td>Adolescents (combined value)</td>
<td>(40)</td>
<td>(36)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- HPV Females (% of females aged 13 to 17 yrs)</td>
<td>32.2 (43)</td>
<td>36.4 (32)</td>
<td>35.4 (29)</td>
<td>-</td>
</tr>
<tr>
<td>- HPV Males (% of males aged 13 to 17 yrs)</td>
<td>35.7 (13)</td>
<td>19.9 (29)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- MCV4 (% of adolescents aged 13 to 17 yrs)</td>
<td>68.1 (43)</td>
<td>70.8 (37)</td>
<td>66.2 (37)</td>
<td>-</td>
</tr>
<tr>
<td>- Tdap (% of adolescents aged 13 to 17 yrs)</td>
<td>84.4 (38)</td>
<td>82.6 (39)</td>
<td>78.1 (43)</td>
<td>-</td>
</tr>
</tbody>
</table>
## CLINICAL CARE

<table>
<thead>
<tr>
<th>Metric</th>
<th>2016 Value (Rank)</th>
<th>2015 Value (Rank)</th>
<th>2014 Value (Rank)</th>
<th>2013 Value (Rank)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birthweight (% of live births)</td>
<td>8.0 (25)</td>
<td>8.1 (28)</td>
<td>8.0 (24)</td>
<td>8.5 (33)</td>
</tr>
<tr>
<td>Primary Care Physicians (number per 100,000 population)</td>
<td>123.7 (36)</td>
<td>(48)*</td>
<td>(48)*</td>
<td>(48)*</td>
</tr>
<tr>
<td>Dentists (number per 100,000 population)</td>
<td>50.3 (38)</td>
<td>50.4 (38)</td>
<td>50.4 (35)</td>
<td>50.5 (33)</td>
</tr>
<tr>
<td>Preventable Hospitalizations (discharges per 1,000 in Medicare)</td>
<td>59.2 (42)</td>
<td>62.6 (41)</td>
<td>71.4 (42)</td>
<td>76.9 (43)</td>
</tr>
</tbody>
</table>

* Different data source/method
## OUTCOMES

<table>
<thead>
<tr>
<th>Metric</th>
<th>2016 Value (Rank)</th>
<th>2015 Value (Rank)</th>
<th>2014 Value (Rank)</th>
<th>2013 Value (Rank)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes (% of adult population)</td>
<td>11.7 (42)</td>
<td>12.0 (43)</td>
<td>11.0 (39)</td>
<td>11.5 (43)</td>
</tr>
<tr>
<td>Frequent Mental Distress (% of adults)</td>
<td>13.1 (41)</td>
<td>(39*)</td>
<td>(44*)</td>
<td>(41*)</td>
</tr>
<tr>
<td>Frequent Physical Distress (% of adults)</td>
<td>14.8 (44)</td>
<td>(44*)</td>
<td>(42*)</td>
<td>(42*)</td>
</tr>
<tr>
<td>Disparity in Health Status (% difference by education level)</td>
<td>19.9 (2)</td>
<td>25.1 (11)</td>
<td>32.1 (38)</td>
<td>29.8 (27)</td>
</tr>
<tr>
<td>Infant Mortality (deaths per 1,000 live births)</td>
<td>7.5 (46)</td>
<td>7.1 (41)</td>
<td>7.4 (43)</td>
<td>7.7 (44)</td>
</tr>
<tr>
<td>Cardiovascular Deaths (deaths per 100,000 population)</td>
<td>325.9 (48)</td>
<td>322.5 (48)</td>
<td>322.0 (48)</td>
<td>330.5 (48)</td>
</tr>
<tr>
<td>Cancer Deaths (deaths per 100,000 population)</td>
<td>215.2 (44)</td>
<td>215.8 (45)</td>
<td>214.1 (45)</td>
<td>209.6 (43)</td>
</tr>
<tr>
<td>Premature Death (years lost per 100,000 population)</td>
<td>9,895 (46)</td>
<td>9,799 (46)</td>
<td>9,654 (46)</td>
<td>9,838 (47)</td>
</tr>
</tbody>
</table>

*2016 America’s Health Rankings®*
Oklahoma State Department of Health
Strategic Map: 2015-2020

Improve Population Health

A
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

B
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

C
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 and Private Sectors
- Evaluate and Reduce Regulatory Barriers to Health Outcome Improvement

D
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
- Encourage a Culture of Innovation
- Optimize Resources by Targeting High-Value Outcomes

Address the Social Determinants of Health and Improve Health Equity
Promote Health Improvement Through Policy, Education and Healthy Behavior
Foster Data-Driven Decision Making and Evidence-Based Practices
OKLAHOMA HEALTH IMPROVEMENT PLAN (OHIP) FLAGSHIP ISSUES

• Tobacco Use Prevention
• Obesity Reduction
• Children’s Health Improvement
• Behavioral Health
3-4-60

Three Behaviors
- Tobacco Use
- Poor Diet
- Sedentary Lifestyle

Contribute to Four Conditions
- Cardiovascular Disease
- Cancer
- Chronic Lower Respiratory Disease
- Diabetes

That Cause 60 percent of Deaths in Oklahoma
- Including Many Premature Deaths
YOUTH SMOKING

Oklahoma

United States
<table>
<thead>
<tr>
<th>RECOMMENDED</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Comprehensive Tobacco Control</td>
<td>• TSET/OSDH</td>
</tr>
<tr>
<td>• Increase Price of Products</td>
<td>• Tax Policy</td>
</tr>
<tr>
<td>• Mass Reach Health Communication</td>
<td>• Tobacco Stops With Me/ Helpline Ads</td>
</tr>
<tr>
<td>• Tobacco Quitlines/Reduce Barriers to Cessation Products</td>
<td>• Oklahoma Tobacco Helpline/OHCA Policy Change</td>
</tr>
<tr>
<td>• Smoke Free Policies</td>
<td>• Certified Healthy Oklahoma/ Incentive Grants/ Healthy Living</td>
</tr>
</tbody>
</table>
Figure 1: Tobacco Control Spending as Percent of CDC Recommended Amount

Source: “History of Spending for State Tobacco Prevention Programs” Campaign for Tobacco-Free Kids
TSET IMPACT ANALYSIS

Figure 2: Oklahoma vs. Peer Group: Adult Smoking Prevalence 2001 - 2014 (Model 1)

- Oklahoma:
  - 2001: 28.9
  - Annual percent change: -60

- Peer Group:
  - 2001: 23.1
  - Annual percent change: -17

Source: Behavioral Risk Factor Surveillance System (BRFSS)
**TOBACCO HELPLINE EVALUATION**  
7/1/2015 – 6/30/2016

<table>
<thead>
<tr>
<th>All Callers</th>
<th>Medicaid Callers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Utilization increased 43%</td>
<td>• Utilization increased 37%</td>
</tr>
<tr>
<td>• 37,000 registrants</td>
<td>• 5,700 registrants</td>
</tr>
<tr>
<td>• 13,165 referred from health system/provider</td>
<td>• 88% increase in pregnant, planning pregnancy or breastfeeding women</td>
</tr>
<tr>
<td>• 80% received NRT</td>
<td>• 76% received NRT</td>
</tr>
<tr>
<td>• 30.3% quit rate at 7 months</td>
<td>• 27% quit rate at 7 months</td>
</tr>
</tbody>
</table>
ADULT OBESITY

America's Health Rankings® Edition

Percent of Adult Population


Oklahoma  Nation
MORE THAN 3 HOURS OF SCREEN TIME
HIGH SCHOOL SODA CONSUMPTION

† Not including diet soda or diet pop
<table>
<thead>
<tr>
<th>RECOMMENDED</th>
<th>INTERVENTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce Screen Time</td>
<td>Healthy Living Program</td>
</tr>
<tr>
<td>Worksite Programs</td>
<td>Certified Healthy</td>
</tr>
<tr>
<td>Built Environment/Access to PA</td>
<td>Oklahoma/Incentive Grants</td>
</tr>
<tr>
<td>Community/Social Support Campaigns</td>
<td>Health 360</td>
</tr>
<tr>
<td>Enhanced School Based PE</td>
<td>Fitness Gram/PE Standards</td>
</tr>
<tr>
<td>Health Communication/Media</td>
<td>Go NAP SACC</td>
</tr>
<tr>
<td></td>
<td>Shape Your Future</td>
</tr>
</tbody>
</table>
TSET Healthy Living Grant Recipients

Legend
- Three Sectors
- Four Sectors

Notes:
Oklahoma Tobacco Settlement Endowment Trust (TSET) seeks to prevent and reduce tobacco use and obesity through strategic actions across four sectors:
- Business
- Cities and Government
- Community Institutions and Organizations
- School

Coverage statewide includes:
- 62 counties are working across all four sectors
- 1 county is working across three sectors

Each county has one lead organization. However, Carter, Comanche and Jackson counties have two lead organizations.

Data Source: Tobacco Settlement Endowment Trust

Projection/Coordinate System: USGS Albers Equal Area Conic
Created: 06.10.2015
<table>
<thead>
<tr>
<th>Program or Policy</th>
<th>Social Ecological Level</th>
<th>Level of Recommendation</th>
<th>Strength of Evidence</th>
<th>Cost Effectiveness</th>
<th>Population Reach</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physician Interventions</td>
<td>🏥</td>
<td>🟢🟠</td>
<td>🟦🟦🟦🟦</td>
<td>$</td>
<td>🚶♂️</td>
<td>83.3%</td>
</tr>
<tr>
<td>Point of Decision Prompts</td>
<td>🏛</td>
<td>🟢🟠</td>
<td>🟦🟦🟦🟦</td>
<td>$</td>
<td>🚶♂️</td>
<td>92.3%</td>
</tr>
<tr>
<td>Availability of Parks and Recreational facilities</td>
<td>🏜️</td>
<td>🟢🟠</td>
<td>🟦🟦🟦🟦</td>
<td>$</td>
<td>🚶♂️</td>
<td>81.5%</td>
</tr>
<tr>
<td>School Locations</td>
<td>🏭</td>
<td>🟢🟠</td>
<td>🟦🟦🟦🟦</td>
<td>N/A</td>
<td>🚶♂️</td>
<td>87.8%</td>
</tr>
<tr>
<td>Age-appropriate nutrition in ECE</td>
<td>🏛</td>
<td>🟢🟠</td>
<td>🟦🟦🟦⬛</td>
<td>$</td>
<td>🚶♂️</td>
<td>87.8%</td>
</tr>
<tr>
<td>Coordinated School Health</td>
<td>🏛</td>
<td>🟢🟠</td>
<td>🟦🟦⬛⬛</td>
<td>N/A</td>
<td>🚶♂️</td>
<td>86.2%</td>
</tr>
<tr>
<td>Consider Food Access in Community Planning</td>
<td>🏮</td>
<td>🟢🟠</td>
<td>🟦⬛⬛⬛</td>
<td>N/A</td>
<td>🚶♂️</td>
<td>82.1%</td>
</tr>
<tr>
<td>Healthy Corner Store Initiative</td>
<td>🏮</td>
<td>🟢🟠</td>
<td>🟦⬛⬛⬛</td>
<td>N/A</td>
<td>🚶♂️</td>
<td>82.7%</td>
</tr>
</tbody>
</table>
NATIONAL INITIATIVES

Infant Mortality Collaborative Improvement & Innovation Network (CoIN)
• Infant Safe Sleep
• Preconception/Interconception
• Prematurity
• Social Determinants of Health

Association of Maternal & Child Health Programs (AMCHP)
• Improving Birth Outcomes
• Every Mother Initiative

Association of State & Territorial Health Officials (ASTHO)
• Breastfeeding
• Long Acting Reversible Contraception (LARC)
PREPARING FOR A LIFETIME, IT’S EVERYONE’S RESPONSIBILITY

Statewide initiative to decrease infant mortality rates & reduce racial disparities

Priority areas:

- Preconception health
- Premature birth
- Tobacco & pregnancy
- Breastfeeding
- Postpartum depression
- Infant safe sleep
- Infant injury prevention
INFANT MORTALITY RATE

- Nation
- Oklahoma

Infant deaths per 1,000 live births

Year:
- 1990-1992
- 1991-1993
- 1992-1994
- 1993-1995
- 1994-1996
- 1995-1997
- 1996-1998
- 1997-1999
- 1998-2000
- 2000-2002
- 2001-2003
- 2002-2004
- 2003-2005
- 2004-2006
- 2005-2007
- 2006-2008
- 2007-2009
- 2008-2010
- 2009-2011
- 2010-2012
- 2011-2013
- 2012-2014
- 2013-2015

36
EARLY ELECTIVE DELIVERIES

- 96% decrease in early elective deliveries from 2011-2014.
- Minimum of $4.49 saved for every $1.00 spent in program proving success from both a health and economic standpoint!

*Comparison is difference between Q1 2011 & Q4 2014*
In January, 2017 the Oklahoma State Department of Health received the March of Dimes Virginia Apgar Award for reducing pre-term births by 8% in the last five years!
OKLAHOMA TEEN BIRTHS

Births per 1000 to Teens 15-17 Years of Age

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>25.9</td>
</tr>
<tr>
<td>2011</td>
<td>22.9</td>
</tr>
<tr>
<td>2012</td>
<td>22.8</td>
</tr>
<tr>
<td>2013</td>
<td>20.5</td>
</tr>
<tr>
<td>2014</td>
<td>16.8</td>
</tr>
<tr>
<td>2015</td>
<td>15.9</td>
</tr>
</tbody>
</table>

Source: OK2SHARE. Rate is per 1000 live births
Each life stage influences the next.
TEEN SUICIDE


Source: CDC Wonder

Percent of Oklahoma students (grades 9-12) who have seriously considered attempting suicide

Source: Oklahoma YRBS
CHILD GUIDANCE ROLE IN SYSTEM OF CARE
EARLY CHILDHOOD SYSTEM
OF CARE

Child & Family

- Maternal & Child Health
- Sooner Start
- Child Care
- Early Head Start/Head Start
- Infant MH Specialist
- Home Visitation
- Preschool Special Education
- Adult MH/SA Services
- Judicial System
- Primary Care
- Child Guidance
- Child Welfare
PROTECTIVE FACTORS INFORM OUR WORK

Parental Resilience
- Parenting Education
- Therapeutic Interventions

Social Connections
- Circle of Parents (COP)
- Education Groups

Concrete Supports in Time of Need
- Referrals for Immediate Needs
- Mental Health Consultation to Child Care

Knowledge of Parenting/Child Development
- Incredible Years Groups
- Topical Parenting Groups
- Developmental Screening
- WIC PLUS+

Social Emotional Competence of Children
- Circle of Security
- TF-CBT
- PCIT

1,592 persons served through 850 hours of EBP
Project LAUNCH Matched Pre and Post Surveys

- Family Functioning
- Social Support
- Concrete Support
- Nurturing/Attachment
- Parenting Knowledge

- Pre Mean
- Post Mean
Project LAUNCH Community Parent Surveys

The bar graph compares the results of the first and second surveys in various domains:

- Family Functioning
- Social Support
- Concrete Support
- Nurturing/Attachment
- Parenting Knowledge

The graph indicates a general upward trend in the second survey compared to the first survey in all domains.
QUESTIONS