R. Murali Krishna, President of the Oklahoma State Board of Health, called the 384th regular meeting of the Oklahoma State Board of Health to order on Tuesday, October 8, 2013 at 1:00 p.m. The final agenda was posted at 10:19 a.m. on the OSDH website on October 7, 2013, and at 10:01 a.m. at the building entrance on October 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; Terry Gerard, D.O.; Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.; Robert S. Stewart, M.D.; Cris Hart-Wolfe. Absent: Jenny Alexopulos, D.O.

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; 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 of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Lloyd Smith, Director of Internal Audit and Office of Accountability Systems; Pamela Williams, Office of Communications; VaLauna Grissom, Secretary to the State Board of Health; Commissioner’s Office; Felesha Scanlan.

OCCBH Members in Attendance: Dr. Cagle, Dr. Gray, Dr. Hill, Dr. Mills, Dr. Raskob, Dr. Salmeron

TCCBH Members in Attendance: Dr. Patrick Grogan, Dr. Geraldine Ellison, Ms. Nancy Keithline

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Dr. Cagle welcomed the visitors to the OCCHD Northeast Regional Health and Wellness Campus. Dr. Krishna thanked Gary Cox and the OCCHD Board of Health for hosting the 2013 Tri-Board of Health meeting.

REVIEW OF MINUTES – OCCBH

Dr. Cagle called for approval of minutes of the OCCBH September Board meeting as presented.

Dr. Salmeron moved Board approval of the minutes of the September Board meeting. Second Dr. Gray

AYE: Dr. Cagle, Dr. Gray, Dr. Hill, Dr. Mills, Dr. Raskob, Dr. Salmeron
Minutes of the September meeting were approved.

**REVIEW OF MINUTES – OSBH**
Dr. Krishna directed attention to the minutes of the July 9, 2013 regular meeting and the August 16-18, 2013 Annual Board of Health Retreat for review and approval.

Dr. Gerard moved Board approval of the July 9, 2013 meeting minutes as presented. Second Ms. Wolfe. Motion carried.

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

Dr. Gerard moved Board approval of the August 16-18, 2013 meeting minutes as presented. Second Dr. Grim. Motion carried.

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

**OKLAHOMA HEALTH IMPROVEMENT PLAN (OHIP)**
Gary Cox, Ph.D., Oklahoma City-County Health Department local perspectives.
Local Perspectives; Bruce Dart, Ph.D., Tulsa Health Department local perspectives

Tulsa County’s Community Health Improvement Plan

CHIP Priorities
The CHNA revealed that Tulsa County’s top six health concerns are:
1. Poor Diet and Inactivity
2. Obesity
3. Drug and Alcohol Abuse
4. Chronic Disease
5. Access to Health Care
6. Tobacco Use

CHIP Journey
- In 2011, Pathways to Health began to facilitate a series of community assessments.
- The assessment process and the CHIP meet
  - Non-Profit Hospital IRS community benefit requirements
  - THO’s National Accreditation requirement
- MAPP:
  - CHNA (facilitated by University of Nebraska Public Policy Center)
  - Focus Groups
  - NPH/PSP
  - Forces of Change

CHIP Alignment with State & National Priorities
- CHIP
  - In order to show a broader impact, Tulsa County’s CHIP goals and objectives are connected to the CHIP
- Healthy People 2020
  - This national standard sets goals for improvement
  - Provided indicators that are broad and impactful
Solution Focused

- Each priority section begins with CHNA data that demonstrates why these issues are concerning
- Potential challenges to making improvement in these areas are addressed
- Opportunities to make the greatest impact are highlighted

THD’s Role

- Our role now becomes promoting the messages within the CHIP
- Starting conversations about community health improvement
- This is our CHIP
  - THD is a partner in health improvement, as employees we are part of the collaboration
  - This plan is also for the residents of Tulsa County, we are those residents

CHIP Goals and Objectives

Evaluation & Next Steps

- Alliance Groups
  - Healthy Kids
  - Healthy Aging
  - Healthy Worksites
  - Healthy Choices
  - Healthy Places
  - Access to Health Care
- Starting conversations about community health improvement with community partners and in Tulsa County neighborhoods
- Mayoral Health Forum October 28th

Community Engagement

Follow P2H

- Keep the conversation going: www.pathwaystohealthtulsa.org

Like us on Facebook:
Pathways to Health
Follow us on Twitter:
@TulsaP2H
The presentation concluded.

State Perspectives; Terry Cline, Ph.D., Commissioner of Health
**Flagship Goals**
- Tobacco Use Prevention
- Obesity Reduction
- Children’s Health

**Infrastructure Goals**
- Workforce Development
- KICKS 30 Day
- Health Systems Effectiveness/Partnerships

**Societal & Policy Integration**
- Policies and Legislation
- Social Determinants of Health & Health Equity

**Tobacco Outcomes**
- Adults who smoke in OK has decreased by 10.7% in the last year from 26.1 to 22.3%
- The number of schools with tobacco-free policies since 2012 has increased by 27%
- The Governor’s Executive Order for tobacco-free properties impacted approximately 37,000 state employees and countless visitors to state properties.

**Every Week Counts**

**Certified Healthy Oklahoma**
- Growth in Number of Healthy Certifications

**Obesity, Nutrition, and Physical Activity**
- 418 schools, 535 businesses, and 61 communities (614 total organizations) implemented one or more policies related to physical activity or nutrition
- In addition, 400 schools participated in non-pediatric wellness programs including breakfast nutrition program, backpack program, or summer food service
- Online Toolkit being developed for communities, schools, and organizations in selection and implementation of nutrition and physical fitness activities and policies to exist in Health Improvement endeavors.
Infant Mortality Rate

- The Oklahoma Infant Mortality Rate has decreased by 10.5% in the last five years from 8.6 per 1000 in 2007 to 7.7 in 2012.

Certified Healthy Physical Fitness & Nutrition Incentive Grant Activities & Enhancements

- Sidewalks
- Bike Routes
- Trails
- Outdoor Play Equipment
- Nutrition & Fitness Campaigns

Public Health Accreditation

- Oklahoma the only state in the nation with the state and three local public health departments accredited. Our state also has the distinction of having the most accredited departments in the US.

OHIP PARTNERS

- Oklahoma State Board of Health
- Tulsa City-County Board of Health
- Oklahoma Department of Health
- Oklahoma State Department of Health
- Oklahoma City-County Health Department
- Oklahoma Health Care Authority
- Oklahoma Department of Mental Health & Substance Abuse Services
- Oklahoma Tobacco Settlement Endowment Trust
- Oklahoma Optometrists
- Oklahoma State Department of Education
- Oklahoma Hospital Association
- Oklahoma State Medical Association
- Oklahoma State Department of Human Services
- Oklahoma University Health Sciences Center

Continued Successes!

- Twenty-four (24) Oklahoma birthing hospitals stopped providing formula gift discharge bags due to breast-feeding policies put into place.
- 28.4% increase from 42% to 82.2% in proper child restraint use among infants less than one year of age.
- SB 901 was passed and permits local counties and municipalities to pass ordinances to ban smoking in county or municipal properties, as well as codifying the portion of the Governor’s Executive Order that makes all state properties smoke-free.
The presentation concluded.

**LEGISLATIVE REPORT**

Mark Newman (OSDH), Tammie Kilpatrick (OCCHD), Scott Adkins (THD) Tammie Kilpatrick indicated the 2014 agenda will focus on prohibiting the sale of e-cigarettes to minors, requiring multi-unit housing smoking disclosure for prospective renters, and providing a tax credit for the construction of residential storm shelters or safe-rooms.

Dr. Cagle requested a motion from the OCCHD Board to support the OHIP Legislative Agenda. Motion made by Dr. Hill for the OCCHD to support the OHIP Legislative Agenda for FY ’14 as stated in the legislative report. Motion seconded by Dr. Gray. Vote taken: Dr. Cagle, Dr. Gray, Dr. Hill, Dr. Mills, Dr. Raskob and Dr. Salmeron, Aye. Motion carried.

Dr. Gerard moved Board approval in support of the 2014 OHIP Legislative Agenda as presented. Second Dr. Grim. Motion carried.

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

**BUDGET PRIORITIES**

Julie Cox-Kain (OSDH), Bob Jamison (OCCHD), Reggie Ivey (THD) presented successes and updates regarding the previous year’s joint budget request. The three health departments updated the Boards on their efforts around Children’s Health including budgetary updates, evidence-based strategies, and community-based projects.

THD will continue to expand the REACH (Raising Educational Awareness for Community Health) Program and the Maternal and Child Health Case Management services in Tulsa County. The program will identify high risk clients, both during pregnancy and after.

OCCHD will continue to work on the Maternal and Child Health Outreach Program which will conduct outreach and educational activities to facilitate the reduction of infant mortality in the Oklahoma City metropolitan area.
“Expansion of REACH and MCH Programs”
3rd Board Meeting
October 8, 2013

The Plan:
In accordance with the Oklahoma Health Improvement Plan, Tulsa City-County Health Department (TCCHD) proposes to expand the REACH (Raising Educational Awareness for Community Health) Program as well as expand Maternal and Child Health (MCH) Case management services in Tulsa County to improve perinatal outcomes and reduce infant mortality. Staff will work through the TCCHD sites to assure services and linkage to resources to prevent adverse maternal and infant outcomes.

Program Rationale
Preparing for a Lifetime Recommendations
Identify High Risk Clients; both during pregnancy and after (community and clinic)

Program Rationale (con’t)
Provide intensive education; focused on the following:
- Early Entry into Prenatal Care
- Importance of Folic Acid
- Smoking Cessation
- Provide Linkage to Early Prenatal Care
- Safe Sleep for Infants
- Offer education about reproductive life planning

TCCHD hired two Clinical Social Workers (one bilingual) and two Community Outreach Workers (one bilingual)

A Clinical Social Worker and an Outreach Worker were hired in the first quarter of 2013. The second Outreach Worker was hired in July (2013) and the second Clinical Social Worker was hired in September (2013)

Program Rationale (con’t)
Education shared individually as well as in group settings (community and clinic)

Key feature of the Clinical Social Workers’ role includes identifying and addressing domestic violence issues and depression screening specifically for clients who are pregnant or have children under the age of one.
Progress
Outreach Services:
- Provided 22 presentations to childcare providers and parent groups; topic specific (Impact: 855)
- Spent 583 hours canvassing neighborhoods, distributing information and connecting patients to providers or other services. (Impact: 23 patients)
- Spent 203 hours following up with clients that miss appointments. (Impact: 77 patients)

Case Management Services (one case manager):
- Offer depression and tobacco screening assessments
- Spent 800 hours providing resources, information and education to high risk clients (Impact: 126 patients)

Progress (cont'd)
Maximized Funding:
Community Connector
Maternal and Child Health Initiative
- Safe Sleep Demonstrations (Hospitals, Baby Stores, Emergency Infant Services, etc.)
- In the process of planning a Safety Fair for Child Care Providers and Parents (10 12 13)

Internal Referrals
Impact: less than 0.50% of patients case managed have experienced a poor infant outcome

Maternal and Child Health Outreach (MCHO)
The MCH Outreach Project will conduct outreach and educational activities to mitigate the impact of infant mortality in the Oklahoma City metropolitan statistical areas. Activities include:
- Provide leadership in initiating selected interventions recommended by the Community Action Team (CAT) of the Central Oklahoma Area and Infant Mortality Reduction (IMR) Project while identifying and building relationships to transition interventions to appropriate community partners
- Provide consultation to health care professionals, community organizations, philanthropic organizations, etc. as interventions/recommendations identified to reduce infant mortality
-Raise public awareness of positive health practices and lifestyle choices to improve overall health of mothers and infants and decrease infant mortality
- Promote intervention for families experiencing high risk deaths targeted to high-risk health or lifestyle behaviors affecting reproductive health
- Promote family planning for appropriate spacing of pregnancies to promote positive outcomes in future pregnancies as well as improve maternal and infant health

Maternal and Child Health Outreach
Tri Board Meeting
October 2, 2013
Strategies

Hospital Advocate Initiative was developed after auditing over 100 nurses at all delivery hospitals in the metropolitan area. The initiative was developed to increase the education and awareness activities back to staff.

 Faith-based outreach has had multiple approaches. First, working with the Oklahoma Conference of Churches to reach faith-based groups with education, materials, and resources on infant health. A second strategy has been developed to work within the AMC health system to deliver high-quality care within their communities. Quarterly round table discussions are scheduled to identify specific strategies within the community to help reduce infant mortality.

 Working with law enforcement agencies to assist in the case correction by standardizing the information documented during recent investigations.

 Staff positions posted include MCHD Epidemiologist and RMR Specialist. EP was hired to help identify and prioritize specific strategies identified through the Central Oklahoma area and other state-wide social issues. Specialists hired to conduct home interviews and outreach activities.

 Two new social worker positions are in development and will be hired. These positions will assist with outreach and direct management of individuals/families who have experienced Infant death or other poor pregnancy outcomes.

Progress

Hospital Advocate Initiative: A hospital advocate has been hired at two large acute care hospitals: Regions Medical Center and Bixby Medical Center. The position works to reduce infant mortality by providing education and resources to families at risk.

Presentation Overview

- SFY '15 Capital Improvement Budget – Public Health Laboratory
- SFY '13 & SFY '14 – Children’s Health Budget Update
  - Oklahoma State Department of Health
  - Tulsa Health Department
  - Oklahoma City-County Health Department

Public Health Laboratory

- Capital Improvement Budget: $41.2 million
  - Site work and Parking Lot
  - Construction Costs
  - Professional Fees and Project management
- Functional facility separated physically and mechanically from current structure
  - Increased security
  - Stronger containment access
  - Specifically designed and engineered for lab services
Budget Update

State Fiscal Year 2013 & 2014
Children’s Health Funding
$1.7 Million

Evidence-Based Strategies

- Every Newborn Counts Collaborative
  - March of Dimes Elimination of Nonindicated Deliveries: Deliveries Down 30%
  - CHWIC Office of Maternal Quality Improvement to work with birth hospitals
  - Achieved 50% reduction in early elective deliveries since January 2011
  - Reduce the rate of premature births by 5% by 2014 (AORTHO Presidents and March of Dimes Challenge)

Preparing for a Lifetime

Evidence-Based Strategies Continued

- Infant Care Sleep
  - American Academy of Pediatrics (AAP) recommendations
    - Promoting environment which reduces risk of injury and death to infants when sleeping
  - Targeting 10 hospitals that deliver the largest number of minority populations
    - Assisting hospitals in developing and implementing infant safe sleep policy
    - Providing safe sleep education to staff and families
    - Providing infant sleep sacks to patients
    - 6 hospitals with agreements in place

Preparing for a Lifetime

Strategies Continued

- Abusive Head Trauma
  - Project PURPLE Crib: 34 hospitals participating
  - Assisting hospitals in developing and implementing policy
  - Assisting parents with understanding normal part of infant development
  - Providing parents with education and Province of Safe Crib: DVCs to use in educating their family members and caregivers
  - Click for DVC: connected/installed nearly 3,000 juvenile baby caps

Preparing for a Lifetime

Community-Based Projects

OSDH County Health Departments (40 counties)

- Preconception and Prenatal Health, Including Tobacco
- Infants: Safe Sleep
  - Premature birth
  - Activities:
    - Community health events
    - Community outreach
    - Public awareness education
    - Local media campaign
  - Placement of 8 Social Workers based on risk criteria such as infant mortality, poverty, education

Preparing for a Lifetime
The presentation concluded.

**CHAIRMAN'S REPORT – OCCBH**

Dr. Cagle highlighted a recent visit from Taiwan health delegates regarding the Public Health Accreditation process and their interest in the health improvement planning efforts. Dr. Cagle thanked Blue Cross Blue Shield, the Oklahoma Department of Tourism, and Integris for their recent donations to further the trails and sports fields at the Northeast Regional Health and Wellness campus.

**CHAIRMAN'S REPORT – TCCBH**

Dr. Grogan thanked OCCHD for their hospitality. Dr. Grogan thanked the THD staff for the engagement of the Tulsa community. He briefly addressed successful and productive meetings with community leaders regarding such issues as water safety. It is important to engage and educate both community leaders and members of the public around these issues as well as strategic planning. He mentioned that THD staff have become certified education counselors for the ACA.

**PRESIDENT'S REPORT – OSBH**

Discussion and possible action

Proposed 2014 Board of Health Meeting Dates (second Tuesday of each month at 11:00 a.m.):

- January 14, 2014
- February 11, 2014
- March 11, 2014
- April 8, 2014
- May 13, 2014
- June 10, 2014
- July 8, 2014
- August 15-17, 2014 (Location TBD)
- October 14, 2014 - Tri-Board (Tulsa Health Department North Regional Health and Wellness Center 1:00 p.m.)
- December 9, 2014

Dr. Grim moved Board approval of the 2014 Board of Health meeting dates as presented. Second Mr. Starkey. Motion carried.

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

Dr. Krishna briefly discussed the state of the state’s health and the successes accomplished throughout the state. However; obesity, tobacco and mental health need to be addressed at the national level in order to see continued improvement. He thanked the staff and personnel working in public for their contributions.

**NEW BUSINESS**

No new business.

**ADJOURNMENT**

Mr. Gerard moved State Board of Health approval to Adjourn. Second Dr. Woodson. Motion carried.
AYE: Burger, Gerard, Grim, Krishna, Starkey, Stewart, Woodson
ABSENT: Alexopoulos, Wolfe

The OSDH adjourned at 12:53 p.m.

Tulsa City-County Board of Health adjourned at 12:53 p.m.

Approved

R. Murali Krishna, M.D.
President, Oklahoma State Board of Health
December 10, 2013