

Oklahoma City-County Board of Health (OCCBH)
Oklahoma State Board of Health (OSBH)
Tulsa City-County Board of Health (TCCBH)

Tuesday, October 4, 2016, 1:00 p.m.

Oklahoma City-County Health Department
2600 N.E. 63rd Street, Auditorium Room 100
Oklahoma City, OK 73111

Tuesday, October 4, 2016 1:00 p.m.

CALL TO ORDER

Dr. Stephen Cagle, Oklahoma City-County Board of Health Chair, called the Tri-Board meeting to order on Tuesday, October 4, 2016 at 1:03 p.m. The final agenda was posted on October 3, 2016 on respective Board websites as well the building entrance on October 3, 2016 at 1:00 p.m.

OCCBH BOARD MEMBERS PRESENT: Dr. Stephen Cagle, Dr. Gary Raskob, Dr. Timothy Hill, Erika Lucas and Dr. Courtney Gray arrived at 1:08 pm.

OCCHD STAFF PRESENT: Gary Cox, Bob Jamison, Myron Coleman, Tony Miller, Jackie Shawnee, Shannon Welch, Laura Holmes, Phil Maytubby, Dave Cox, John Gogets and Patrick McGough.

TCCBH MEMBERS PRESENT: Kian Kamas, Bill Schloss

THD STAFF PRESENT: Dr. Bruce Dart, Karla Benford, Terri Cooper, Priscilla Haynes, Pam Rask, Reggie Ivey, Scott Buffington, Elizabeth Nutt, Kelly Vanbuskirk, Kaitlin Snider

OSBH MEMBERS PRESENT: Martha Burger, M.B.A., President; Cris Hart-Wolfe, Vice-President; Robert S. Stewart, M.D. Secretary-Treasurer, Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.,(absent at 1:43 pm)

OSBH MEMBERS ABSENT: Jenny Alexopoulos, D.O.; Terry Gerard, D.O.; Timothy E. Starkey, M.B.A.; Ronald Woodson, M.D.

OSDH STAFF PRESENT: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner Protective Health Services; Carter Kimble, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Office of Communications; Deborah Nichols, Chief Operating Officer; VaLauna Grissom, Secretary to the State Board of Health.

Visitors in attendance: (see sign in sheet)

OPENING REMARKS, INTRODUCTIONS

Dr. Cagle thanked the Oklahoma State Department of Health and department leads and the Tulsa Health Department and their department leads for coming. Ms. Kamas, Vice-Chair for the Tulsa City-County Board of Health, welcomed each and thanked the OCCHD for hosting as well. Martha Burger, President of the OSBH, on behalf of the entire Board and Department, thanked the OCCBH for hosing the annual Tri-Board meeting.

REVIEW OF MINUTES – OCCBH

1 Dr. Stephen Cagle entertained a motion to approve the September 20, 2016 meeting minutes. A motion was
2 made by Dr. Timothy Hill. Dr. Gary Raskob seconded this motion. Vote taken: Dr. Stephen Cagle, Dr. Gary
3 Raskob, Dr. Courtney Gray, Dr. Timothy Hill and Erika Lucas. Motion carried.

4 **REVIEW OF TCCBH**

5 Review and approval of minutes for September 21, 2016 were tabled due to a lack of quorum.

6 **REVIEW OF MINUTES – OSBH**

7 Martha Burger directed attention toward approval of the Minutes for August 12-13, 2016. Dr. Grim moved
8 Board approval of the August 12-13, 2016 meeting minutes as presented. Second Dr. Krishna. Motion
9 Carried.

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

13 **HEALTH DEPARTMENT UPDATES**

14 Gary Cox, J.D. (OCCHD), Bruce Dart, Ph.D. (THD), Terry Cline, Ph.D. (OSDH)

15 Gary Cox, presented OCCHD 2016: A Year in Review.

- 16 • Expanded social media reach with Spanish page to make citizens more aware of activities and
17 resources available in OKC and to better connect with partners.
- 18 • Grew the Wellness Now Coalition membership to better engage the faith community.
- 19 • Highlighted Unity Conference with the faith community, where 150 individuals from multiple sectors
20 (elected officials past & present, faith, police) joined the conversation on how to unify all races and
21 prevent violence in our community.
- 22 • Highlighted the launch of the Mobile Market that will serve food desert areas of the community.
- 23 • Highlighted the successful Family Fun Day at the NE Regional Health and Wellness Campus sports
24 fields with over 500 community members enjoying activities of various types among some of those
25 were with the Energy soccer players.
- 26 • Highlighted the Open Streets Spring event that had over 40,000 community members being active in
27 closed down streets, and the already scheduled Fall Open Streets event being held on October 23rd in
28 South Oklahoma City.
- 29 • Highlighted them of the Grand Opening of Blue Cross Blue Shield of Oklahoma community sports
30 fields located at the NE Regional Health and Wellness Campus.
- 31 • South OKC increased poor health outcomes.
- 32 • Importance of partnerships: S Oaks campus includes OCCHD, City of OKC, OCCO, UCO, primary
33 care & behavioral health providers.
- 34 • Adjacent to Parmalee Elementary, emphasizing the importance of whole child, whole school, whole
35 community model.
- 36 • Highlighted importance of engaging Hispanic community and getting resources to those families in
37 need.
- 38 • Conducted open house with trusted partners in South OKC to promote the resources available to
39 residents with over 300 in attendance.
- 40 • Education partnerships are a strong focus of OCCHD; higher graduation rates leads to a healthier
41 community.
- 42 • Further integrated our work with OKCPS to include training of nurses to operate like Nurse Case
43 Managers instead of tasks like handing out bandages.

- 1 • Use of Community Health Workers to divert frequent users of the Emergency Department to more
2 appropriate areas of accessing services to meet their needs has proven very successful and a huge cost
3 savings for the hospital system.

4 *See Attachment A*

5
6 Bruce Dart, Ph.D. presented on “Community Health Improvement Planning (‘CHIP’) and Leveraging the
7 Social Determinants of Health”

- 8 • Review of multi-step approach including CHNA, focus groups, stakeholder meetings.
9 • Review of the recently completed CHNA; quantitative data overview (79-question survey to 2400
10 residents in 8 regions).
11 • Review of the focus groups: participants were recruited by a third party vendor and a mixed
12 demographic.
13 • Review of focus group’s top health concerns (access, obesity, maternal health services) and top
14 barriers (access to care related to ACA, lack of easily accessible walking/biking trails).
15 • Review of CHNA top health concern compared to focus group concerns.
16 • CHIP: Aim to improve the health and well-being of Tulsa residents, development of the CHIP,
17 steering committee and task force members, community partners followed by putting the process in
18 front of the community to get their feedback and buy-in; Components: local and current data,
19 objective and measurable indicators that are reported annually.
20 • Deliberate focus on what the SDOH really means and how they are included in improving the
21 community's health status (poverty, education, housing).
22 • Addressing SDOH by thinking 'upstream' before they become downstream.
23 • Narrowing 15 health concerns to 5 (burden and preventability exercise): lack of education; poor
24 diet/inactivity; access to healthy foods/grocery stores; access to healthcare; teen pregnancy.
25 • Ability to change top 5 concerns to 2 main priorities: lack of education and access to health resources.
26 • What is the ability to change versus what is the health impact?
27 • What does health impact and community health really mean?
28 • Breaking priorities down into task forces: lack of education (health literacy; nutrition, physical
29 activity, health education) and access to health resources (decrease sidewalk "gap" and increase the
30 number of grocery stores in underserved areas).
31 • Next steps: task force meetings; research and gather information on priority; develop measurable
32 goals; implement the CHIP.

33 *See Attachment B*

34
35 Dr. Cline provided an overview of budget priorities for SFY 2018. He began with a summary of core public
36 health services outlining top priorities in Community and Family Health Services, Protective Health Services,
37 Health Improvement Services and within the Office of the State Epidemiologist. Dr. Cline walked through a
38 history of state appropriations to the OSDH over time, reductions to state appropriations over time and the
39 impacts of those reductions. Additionally, Dr. Cline walked through reductions in federal funding to the
40 OSDH over time further exacerbating the impacts of state reductions. Finally, Dr. Cline highlighted the
41 priorities of the SFY 2018 Budget Request.

42 *See Attachment C*

43
44 All three Boards provided unanimous support for the SFY 2018 Budget Request.
45
46

47 **LEGISLATIVE PRIORITIES PRESENTATION**

48 Carter Kimble, Director, Office of State and Local Policy, Oklahoma State Department of Health

49 *See Attachment D*
50

1 OSBH Board members provided unanimous support and consent for the legislative agenda as presented.
2 Board members provided unanimous support for updated language to the previously adopted Cigarette Tax
3 Resolution.

4
5 Dr. Stephen Cagle asked for a motion from the Oklahoma City County Board of Health to adopt the policy
6 agenda priorities as presented. Dr. Timothy Hill made the first motion and Mary Mélon seconded this
7 motions. Roll call: Dr. Stephen Cagle, Dr. Courtney Gray, Dr. Timothy Hill, Mary Mélon, Dr. William
8 Mills, Dr. Gary Raskob. Scott Mitchell nay, Dr. Lois Salmeron and Dr. J. Don Harris were absent for
9 vote. Motion Carried.

10
11 Dr. Bruce Dart indicated the Tulsa Board of Health would consider the adoption of the policy agenda
12 priorities as presented at the next Board meeting.

13 14 **CHAIRMAN'S REPORT - OCCBH**

15 Dr. Stephen Cagle spoke of the continued efforts between OCCHD and the Latino Community Development
16 Agency (LCDA) in South OKC. He informed everyone that the Mobile Market truck will be ready to launch
17 in the spring of 2017 and is available to view outside. The NERHW Campus video with Mayor Cornett and
18 the Wellness Now Coalition Video were shown.

19 20 **CHAIRMAN'S REPORT- TCCBH**

21 Ms. Kamas deferred her report to the next Board meeting.

22 23 **PRESIDENT'S REPORT – OSBH**

24 Ms. Burger provided a brief update of the State Board of Health retreat. She thanked all the partners who
25 contributed to a very productive retreat. The Board spent a considerable amount of time in review of budget
26 cuts and the impact to Department services. The result was a reprioritization of strategic map efforts for the
27 upcoming year. Proposed 2017 meeting dates tabled due to lack of quorum and will be considered at
28 upcoming meeting.

29 30 **NEW BUSINESS**

31 No new business.

32 33 **ADJOURNMENT**

34 35 **OCCBH**

36 Dr. Stephen Cagle thanked the Oklahoma State Health Department and the Tulsa County Health Department
37 for attending and asked for a vote to adjourn. Vote taken: Dr. Stephen Cagle, Dr. Gary Raskob, Dr. Courtney
38 Gray, Dr. Timothy Hill and Erika Lucas. Motion carried.

39 40 **TCCBH**

41 Ms. Kian Kamas thanked both Board and Departments for participation and looks forward to TCCBH
42 hosting in 2017 in Tulsa.

43 44 **OSBH**

45 Dr. Stewart moved board approval to adjourn. Second Dr. Grim. Motion Carried

46 AYE: Burger, Grim, Stewart, Wolfe

47 ABSENT: Alexopulos, Gerard, Krishna (absent for adjournment) Starkey, Woodson

48
49 The meeting adjourned by unanimous consent at 2:52 p.m.

50

1 Approved

2 

3 Martha Burger

4 Martha Burger

5 President, Oklahoma State Board of Health

6 December 13, 2016

OKC-County Health Department
2016: Year in Review
 Gary Cox, JD
 Executive Director

occhd.org



OCCHD Year in Review: Importance of Partners



occhd.org



OCCHD Year in Review: Community Engagement



occhd.org



OCCHD Year in Review: South OKC



occhd.org



OCCHD Year in Review: Education



occhd.org



OCCHD Year in Review: Hospital Pilot


Cohort 1:

- 75% reduction in client direct costs
- 42 Clients Enrolled
- 30% reduction in emergency room utilization and tobacco use

Total Client Cost Savings: **\$614,839.37**

Average financial outcome: **\$5,716.59** cost savings per client

occhd.org





OCCHD Year in Review

**"If you want to go fast, go alone.
If you want to go far, go together"**

- African Proverb

WELLNESS NOW

occhd.org





Community Health Improvement Planning and Leveraging the Social Determinants of Health

The Tulsa County CHIP

Bruce Dart, Ph.D.
October 4, 2016

CHIP Process



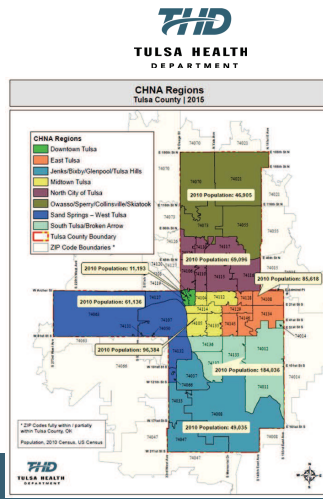
Multi-step Approach

- CHNA
- Focus Groups
- Stakeholder Meetings
- Task Force Meetings
- CHIP Development and Implementation



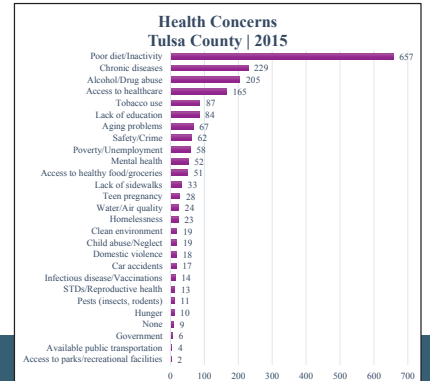
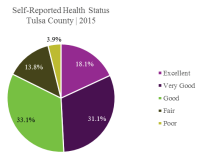
Quantitative Data Overview

- 79 question survey to over 2,400 residents conducted by OSU in summer 2015
- Health status
- Healthy behaviors
- Health perceptions
- Data analyzed by region based on zip codes and commonly recognized communities
- Downtown
- East Tulsa
- Jenks/Bixby/Glenpool/Tulsa Hills
- Midtown
- Tulsa North
- Owasso/Sperry/Skiatook/Collinsville
- Sand Springs/west Tulsa
- South Tulsa/Broken Arrow



Quantitative Data Overview

- Healthy People
 - General health status
 - Access to health services
 - Healthy behaviors
- Healthy Communities
 - Acceptability and perceptions
 - Housing
 - Food security
 - Transportation



Qualitative Data Overview



Focus Groups

- Sixteen (16) 1 ½ hour focus group sessions were conducted between April 11-28, 2016.
- Two focus group sessions were conducted for each of the eight (8) CHNA regions.
- Respondents were recruited by a third party vendor via telephone and e-mail by zip code.
- For each group, 8 respondents were recruited in planning for 6-8 to attend each session.
- Respondent requirements included a mix of gender, age, race and ethnicity and household income levels.
- Each participant was provided a \$100 Visa gift card

Focus Groups



Top Health Concerns

1. Affordability and access to quality healthcare
2. Obesity and link to chronic diseases
3. Mental health services
4. Elderly care
5. Lack of health education

Barriers

1. Access to care issues related to ACA
2. Life style stressors
3. Lack of easily accessible walking/biking paths and nutritious foods
4. High level of poverty
5. Oklahoma budget crisis



Community Concerns Snapshot



CHNA Top 5 Concerns

1. **Poor Diet / Inactivity**
2. **Chronic Diseases**
3. **Alcohol / Drug Abuse**
4. **Access to Healthcare**
5. **Tobacco Use**

Focus Group Top 5 Concerns

1. **Affordability and access to quality healthcare**
2. **Obesity and link to chronic diseases**
3. **Mental health services**
4. **Elderly care**
5. **Lack of health education**



CHIP – Community Health Improvement Plan



- AIM: Improve the health and well-being of Tulsa residents
- Development: Core Team, THD facilitators and project managers
- Steering Committee and Task Force Members: Partners representing the communities they serve
 - **Commitment Letters Signed**



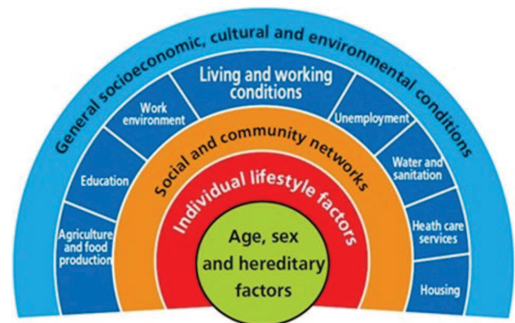
CHIP Components



- Local and current data driven
 - **Quantitative & Qualitative**
 - **On-going**
- Objective measurable indicators that are reported annually
- Overriding circumstances: **Health Equity/Social Economics**



Using the CHIP to Impact Social Determinants of Health



The Determinants of Health (1992) Dahlgren and Whitehead



To Address Social Determinants of Health – Think ‘Upstream’

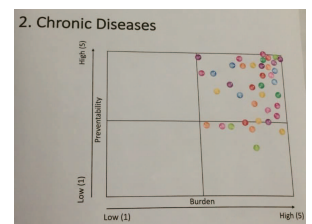


Narrowing the Health Concerns: 15 Concerns to 5 Concerns

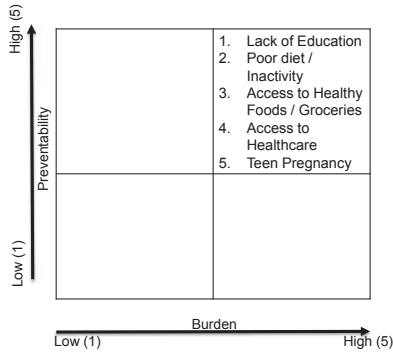


Burden / Preventability Exercise

- **Individual sticker exercise**
- **Metrics assigned to each quadrant and axis**
- **Scores calculated for each dot**
- **Aggregate scores → Top 5 Focus Areas**



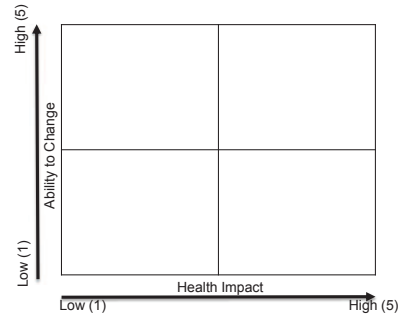
Burden / Preventability Results



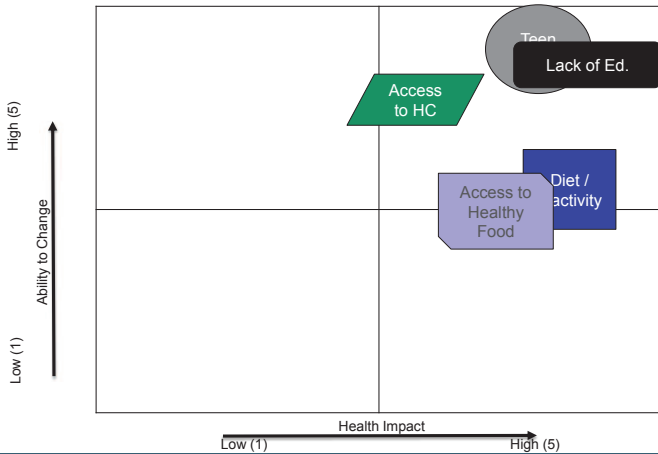
Ability to Change/Health Impact: From 5 concerns to 2 priorities



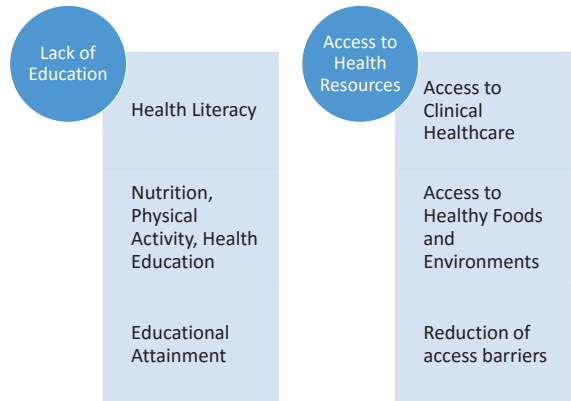
- Instead of "Burden / Preventability," we now consider "Ability to Change / Health Impact"
- Ability to Change: To what degree is it feasible that the partners in our community have the control and influence to make the changes necessary to see improvement in this focus area?
- Health Impact: If improved, to what degree would this focus area improve *overall* community health?



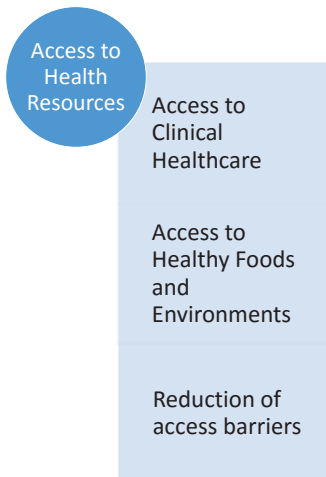
Priority Health Topics Exercise



CHIP Priorities



All top health concerns are addressed in these priorities. For example, *Teen Pregnancy* from a clinical access perspective as well as health education.



Set goals that are achievable and measured annually



Vision Statement



The Tulsa County CHIP is a collaborative effort among numerous partner organizations and individuals. Its mission is to improve the health of all Tulsa County residents, through collaboration to solve complex public health issues that cannot be solved by any single organization. *The Tulsa County CHIP* envisions a community that provides ample opportunities for good health for all residents, regardless of their race, ethnicity, income level, or the neighborhood in which they live.

Next Steps...



- Task Force meetings
- Research, gather information on priority
- Develop goals/activities to measure the CHIP annually
- Implement the CHIP




Questions?



Budget Priorities

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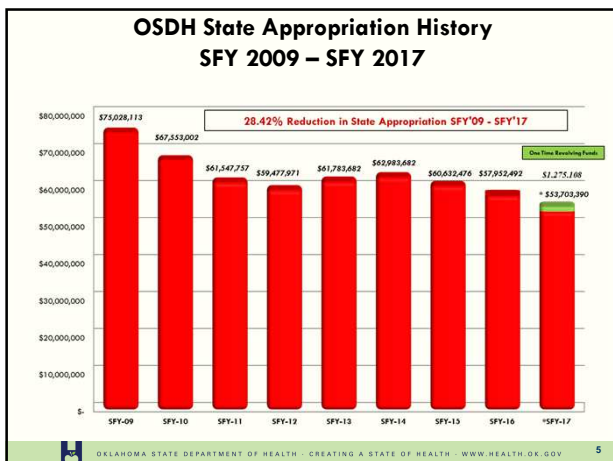
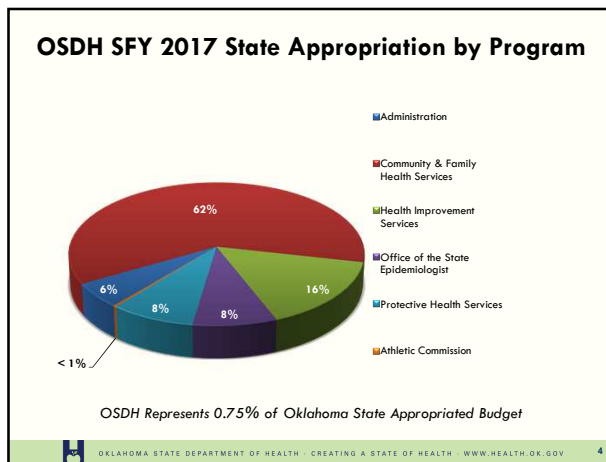
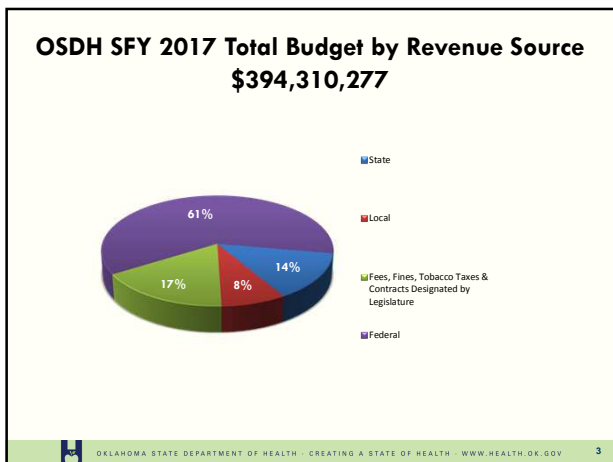


Terry Cline, Ph.D.
Commissioner of Health
Secretary of Health and Human Services

Public Health Core Services

Community and Family Health Services	Office of the State Epidemiologist	Protective Health Services	Health Improvement Services
<ul style="list-style-type: none"> • County Health Depts. • Early Childhood Programs • Maternal and Child Health • Dental Health 	<ul style="list-style-type: none"> • Public Health Laboratory • Infectious Disease & Immunization Services • Emergency Preparedness and Response 	<ul style="list-style-type: none"> • Long-Term Care • Medical Facilities • Consumer Health - Restaurants, Hotels, Tattoo & Body Piercings • Injury Prevention 	<ul style="list-style-type: none"> • Tobacco Use Prevention & Cessation • Obesity Reduction & Prevention • Primary Care and Rural Health Development • Health Care Information

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SFY 2016, 2017 & Potential 2018 State Reductions

SFY-16 Revenue Failure* - 7%		SFY-17 Appropriation Reduction - 2.5%	
OSDH Infrastructure	\$ 1,242,691	OSDH Infrastructure (VOBO State Savings)	\$ 914,566
Federally Qualified Health Centers (FGHC) Start Up Funding (Elimination)	\$ 319,531	Federally Qualified Health Centers (FGHC) Uncompensated Care	\$ 237,891
Federally Qualified Health Centers (FGHC) Uncompensated Care (Reduction)	\$ 741,051	Oklahoma Child Abuse Prevention Services	\$ 252,933
Card Blood Bank (Elimination)	\$ 500,000	Oklahoma Athletic Commission	\$ 4,315
Strategic Planning (STEP-UP) Software Purchase (Elimination)	\$ 220,000	Total SFY '17	\$ 1,409,705
Dental Health Education Services (Elimination)	\$ 220,000	Reduction to Health Improvement Services	\$ 1,275,108
Colorectal Cancer Screening (Reduction)	\$ 200,000	Potential Reduction Beginning SFY '18	\$ 1,275,108
Ryan White Part B Program	\$ 786,000		
Oklahoma Athletic Commission (Reduction)	\$ 14,000		
Total	\$ 4,243,273¹		

* SFY 16 General Appropriations Refund of Revenue Failure \$1,564,289.92
 1) OSDH restored \$67,264 to FGHC uncompensated care for SFY-16 unpaid invoices
 2) Balance to SFY-16 unpaid expenses

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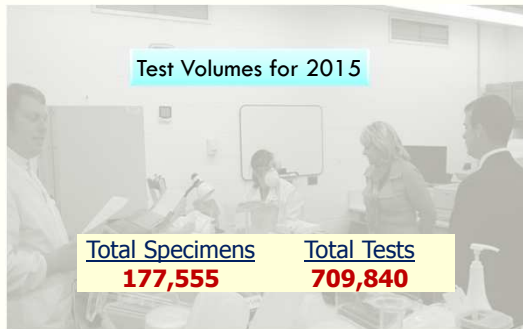
Federal Funding Reductions SFY 2011 - SFY 2017

Federal Funding	% Reduced
Hospital Preparedness	44%
Public Health Emergency Preparedness	13%
MIECHV	32%
Immunization	31%
Comprehensive Cancer	13%
Tobacco	34%
Tuberculosis Elimination	18%

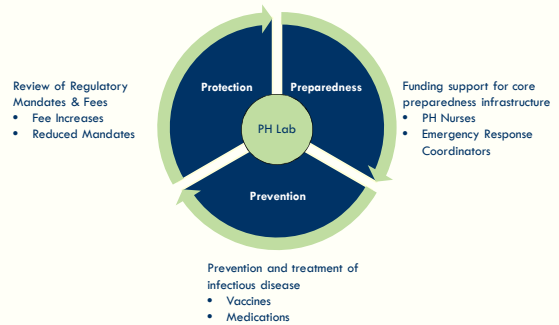
Services Rendered SFY 2016

County Health Departments	
County Health Department Services	2,877,398
County Health Department Clients	372,324
County Health Department Visits	689,803
Inspections	
Health Inspections	28,489
Birth and Death Certificates Issued	
Birth Certificates	175,386
Death Certificates	215,190
Infectious Disease	
Infectious Disease Reports	10,856
OSDH Hours of Infectious Disease Investigations	17,517

Public Health Laboratory



SFY 2018 Budget Request



OSDH Budget Request SFY 2018

Program	Amount
Public Health Lab	\$7,587,146 (60.07%)
Immunization	\$1,537,296 (12.17%)
FMAP Reductions	\$1,281,368 (10.14%)
Restore One Time Funding	\$1,275,108 (10.10%)
Infectious Disease	\$602,642 (4.77%)
Childhood Lead Exposure	\$346,750 (2.75%)
TOTAL STATE	\$12,630,310
State Fees	Amount
Adult Day Care/Residential Care/ Nursing	Per bed up to program cost
Health Facility Plan Review	Per plan up to program cost
Sanitarians and Environmental Specialist	Per license and renewal up to program cost

Public Health Collaborative Budget Request Consumer Protection Fees

Program	Fees
Food Licensure	Simplified, risk based fee structure Temporary License Eliminate plan review fee Re-inspection fee
Hotel/Motel	Per room block up to program cost
Swimming Pools/Public Bathing Places	Per pool/spa up to program cost

Questions



2017 LEGISLATIVE PRIORITY

Oklahoma Tri-Boards of Health
- OCTOBER 2016





Carter Kimble, MPH
Director of State and Federal Policy
Oklahoma State Department of Health

Legislative Priority


Recommendation to the Tri-Board is to adopt the resolution supporting a \$1.50/pack increase in the state's excise tax and that the revenue generated will be appropriated to fund activities supporting OHIP 2020 priorities.

OKLAHOMA HEALTH IMPROVEMENT PLAN

20/20: BRINGING OKLAHOMA'S HEALTH INTO FOCUS

The Oklahoma Health Improvement Plan (OHIP) was developed by health leaders, representatives of business, labor, tribes, academia, non-profit health organizations, state and local governments, professional organizations and private citizens.

OHIP Framework



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Where we have been

- HJR1058- \$1.50/pack increase in excise tax
 - Revenue was directed off the top (66% teacher pay, 32% Insure Oklahoma, 2% pediatric cancer)
 - Was laid over and never considered in House committee

Lessons learned

- Bill wasn't heard because "cigarette tax was part of the budget negotiation"
- Advocacy effort was initially disjointed and disorganized
 - Message of tax as a health policy was not resonating
 - Education advocates were not engaged in HJR1058

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Where we have been

- HB3210- \$1.50/pack increase in excise tax
 - Revenue was directed to "Health revolving fund" to be appropriated by the legislature for any Medicaid compensable activity
 - Passed in House committee (13-7) and Senate committee
 - Failed on House floor (40-59)

Lessons learned

- Important component was ability for legislature to appropriate instead of the appearance of "off-the-top" revenue
- Democrats voted in a block to oppose
 - Democrats held cigarette tax hostage in exchange for Medicaid Rebalancing
 - Believed that Medicaid funding would be held harmless without passage of cigarette tax

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Coalition building

- Large coalition gelled around cigarette tax proposal for health
 - Healthcare providers and payers
 - Patient advocates and associations
 - Developmentally Disabled advocates
 - Home and Community based service providers
 - Behavioral Health
 - Law enforcement
 - Municipalities

Oklahoma Association of Health Care Providers Oklahoma State Medical Association Oklahoma Veterinary Association Oklahoma Nurses Association The American Cancer Society The American Heart Association National Multiple Sclerosis Society Alzheimer's Association, Oklahoma Chapter Campaign for Seniors Free Fall Oklahoma City Chamber of Commerce City Council of Oklahoma City Tulsa City Council Tulsa Chamber of Commerce	Oklahoma City - County Health Department Oklahoma Nursing Home Council Oklahoma Hearing Loss Oklahoma Primary Care Association Oklahoma Academy of Family Physicians Oklahoma Academy of Physician Assistants Oklahoma Substance Abuse Services Alliance Oklahoma Association of Optometric Physicians Oklahoma State Podiatry Society Oklahoma Society of Acupuncture Oklahoma Association of Health Plans Oklahoma Podiatric Hospital Association Oklahoma Community Based Practices, Inc.	Leading Age Oklahoma Montclair Emergency Physicians American Academy of Pediatrics Oklahoma Chapter American College of Physicians Oklahoma Chapter American College of OB/GYNs Oklahoma Section Oklahoma Association of Community Behavioral Health Oklahoma Ambulance Association Oklahoma Men of Doves Blue Cross Blue Shield - Oklahoma
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Where we are going

- Maintain the established health argument of cigarette tax as a stand alone policy
- Conversations with legislative leaders earlier in the game
- Simplifying messaging moving forward
 - Access to care
 - behavioral health and substance abuse
 - Medicaid provider rates
 - Cigarette tax as a multi-year funding solution



What else

- Shop this resolution around
 - Especially outside the traditional health partners
 - School boards, local chambers, county commissioners
- Engage your networks
- Keep pressure on legislators
 - “How are you going to ensure passage of the cigarette tax?”



Contacts

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