

1 **STATE BOARD OF HEALTH**
2 OKLAHOMA STATE DEPARTMENT OF HEALTH
3 1000 N.E. 10th
4 Oklahoma City, Oklahoma 73117-1299
5

6 December 13, 2016
7

8 **CALL TO ORDER**

9 Martha Burger, President of the Oklahoma State Board of Health, called the 413th special meeting of the
10 Oklahoma State Board of Health to order on Tuesday, December 13, 2016, at 11:09 a.m. The final agenda
11 was posted at 11:00 a.m. on the OSDH website on December 12, 2016; and at 11:00 a.m. on the Oklahoma
12 State Department of Health building entrance on December 12, 2016.
13

14 **ROLL CALL**

15
16 **Members in Attendance:** Martha A. Burger, M.B.A, President; Cris Hart-Wolfe, Vice-President; Robert S.
17 Stewart, M.D., Secretary-Treasurer; Ronald Woodson, M.D., Immediate Past President; Jenny Alexopoulos,
18 D.O.; Terry R. Gerard, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D., Timothy E. Starkey,
19 M.B.A.
20

21 **Staff present were:** Terry Cline, Commissioner; Julie Cox-Kain, Senior Deputy Commissioner; Henry F.
22 Hartsell, Deputy Commissioner, Protective Health Services; Tina Johnson, Deputy Commissioner,
23 Community and Family Health Services; Carter Kimble, Office of State and Federal Policy; Don Maisch,
24 Office of General Counsel; Jay Holland, Director, Office of Accountability; VaLauna Grissom, Secretary to
25 the State Board of Health.
26

27 **Visitors in attendance:** See list
28

29 **Visitors in attendance:** (see sign in sheet)
30

31 **Call to Order and Opening Remarks**

32 Martha Burger called the meeting to order and thanked guests in attendance.
33
34

35 **REVIEW OF MINUTES – OSBH**

36 Martha Burger directed attention toward approval of the Minutes for October 4, 2016, Tri-Board meeting.
37 **Ms. Wolfe moved Board approval of the October 4, 2016 meeting minutes as presented. Second Dr.**
38 **Grim. Motion Carried.**
39

40 **AYE: Alexopoulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**
41

42 **2017/2018 BOARD OF HEALTH MEETING DATES**

43 **Dr. Woodson moved Board approval of the 2017/2018 meeting dates and 2017 board work calendar**
44 **as presented. Second Dr. Gerard. Motion Carried.**
45

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

47 **APPOINTMENTS**

1
2 **A. Infant and Children's Health Advisory Council Appointment (Dr. Edd Rhoades)**

3 **Appointment:** Amanda Bogie

4 **Authority:** 63 O.S., § 1-103a.1(E)

5 **Members:** The Advisory Council shall consist of eight (8) members. Membership is defined in
6 statute. Two members shall be appointed by the Governor, three members shall be appointed by the
7 President Pro Tempore of the Senate, two members shall be appointed by the Speaker of the House,
8 and one member shall be appointed by the State Board of Health. One position is being brought forth
9 for appointment by the State Board of Health.

10
11 **Mr. Starkey moved Board approval of the recommended appointment, as presented. Second**
12 **Dr. Krishna. Motion Carried.**

13
14 **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

15
16 **B. Oklahoma Food Service Advisory Council (Lynnette Jordan)**

17 **Appointments:** Krista Neal, Bill Ricks, Harold Kelly, Michael Farney, Bill Ryan, Roy Escouba, Park
18 Ribble, Jim Hopper

19 **Authority:** 63 O.S., § 1-106.3

20 **Members:** The Advisory Council shall consist of fourteen (14) members. Membership is defined in
21 statute. Nine (9) members shall be appointed by the Commissioner with the advice and consent of the
22 State Board of Health, from a list of three names for each position provided by an association
23 representing the majority of the restaurant owners in the state. One (1) representative from each of the
24 following: Oklahoma School Nutrition Association; Independent Food Service Operator; General
25 Public; Oklahoma Hotel & Motel Industry; Food Service Education; Food Processing Education;
26 Oklahoma's Grocer's Association; Oklahoma Restaurant Association. Eight positions are being
27 brought forth for advice and consent of the State Board of Health.

28
29 **Dr. Alexopulos moved Board approval of the recommended appointments, as presented. Second**
30 **Dr. Woodson. Motion Carried.**

31
32 **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

33
34 **RULEMAKING ACTIONS**

35 **A. CHAPTER 2. HUMANITY OF THE UNBORN CHILD ACT (Donald Maisch)**

36 [PERMANENT]

37 PROPOSED RULES:

38 SUBCHAPTER 31. HUMANITY OF THE UNBORN CHILD ACT [NEW]

39 310:2-31-1. Purpose. [NEW]

40 310:2-31-2. Definitions. [NEW]

41 310:2-31-3. Signage. [NEW]

42 310:2-31-4. Language and web portal requirements. [NEW]

43 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Title 63 O.S. § 1-751
44 et seq.

45 **SUMMARY:** These proposed regulations, if adopted, will implement the Department's requirements
46 contained in House Bill Number 2797, from the 2nd Session of the 55th Oklahoma Legislature (2016)
47 known as "Humanity of the Unborn Child Act" and codified at 63 O.S. § 1-751 et seq. The proposed

1 regulations set forth the requirements to be used by facilities regulated by the Department to place
2 signage in restrooms and other areas in compliance with the Act.

3
4 **Dr. Stewart moved Board approval of the rule, as presented. Second Dr. Gerard. Motion**
5 **Carried.**

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

7 **NAY: Starkey**

8
9 **B. CHAPTER 15. CLINICAL TRIALS ON THE USE OF CANNABIDIOL (Donald Maisch)**

10 [PERMANENT] PROPOSED RULES:

11 Subchapter 1. Purpose and Definitions

12 310:15-1-2. Definitions. [AMENDED]

13 Subchapter 3. Physician Application and Reporting

14 310:15-3-1. Physician application. [AMENDED]

15 AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Title 63 O.S. §§ 2-801
16 through 2-805

17 SUMMARY: These proposed regulations, if adopted, will implement the agency's requirements from
18 House Bill Number 2835, from the 2nd Session of the 55th Oklahoma Legislature (2016), codified at
19 63 O.S. §§ 2-801 through 2-805. The proposed regulations would remove the age limitation for
20 clinical trials on the use of cannabidiol as required by the House Bill.

21
22 **Mr. Starkey moved Board approval of rule, as presented. Second Dr. Alexopulos. Motion**
23 **Carried.**

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

25
26 **C. CHAPTER 233. BODY PIERCING AND TATTOOING (Dr. Henry F. Hartsell)**

27 [PERMANENT] PROPOSED RULES:

28 Subchapter 9. License Requirements

29 310:233-9-2. Artist license [AMENDED]

30 AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Title 21 O.S. Section
31 842.3.

32 SUMMARY: The proposed amendments modify the proof of training and experience required before
33 an applicant is approved to take the license examination. The proposal deletes the requirement for
34 proof of two years' license from another state, and substitutes a requirement for documentation of two
35 years' experience from another state. The proposal allows a licensure candidate to submit proof of
36 completion of training that is substantially equivalent to the requirements for apprentice programs in
37 Oklahoma. The effect of the change is to give candidates credit for experience or training in a state
38 that does not license artists. The Oklahoma State Department of Health developed the foregoing
39 amendments in response to a request for rulemaking filed by a facility operator and artist licensed in
40 Oklahoma. Additionally, the amendments clarify the process for approving an applicant to take the
41 license examination and issuing the permanent artist license.

42
43 **Ms. Wolfe moved Board approval of rule, as presented. Second Dr. Alexopulos. Motion**
44 **Carried.**

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

46
47 **D. CHAPTER 512. CHILDHOOD LEAD POISONING PREVENTION (Tina Johnson)**

48 [PERMANENT]

1 PROPOSED RULES:

2 Subchapter 1. General Provisions

3 310:512-1-1 [AMENDED]

4 310:512-1-2 [AMENDED]

5 310:512-1-3 [AMENDED]

6 310:512-1-4 [AMENDED]

7 Subchapter 3. Specimen Risk Assessment, Screening And Management

8 310:512-3-1 [AMENDED]

9 310:512-3-2 [REVOKED]

10 310:512-3-2.1 [NEW]

11 310:512-3-3 [AMENDED]

12 310:512-3-4 [REVOKED]

13 310:512-3-4.1 [NEW]

14 310:512-3-5 [AMENDED]

15 AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S.
16 Section 1-114.1.17 SUMMARY: This rule change will add amendatory language for Childhood Lead Poisoning
18 Prevention in order to reflect current practice and modify terminology and definitions to coincide
19 with current language used in the Oklahoma Childhood Lead Poisoning Prevention Program
20 (OCLPPP). In May 2012, the Centers for Disease Control changed the blood lead level at which point
21 certain actions should be initiated from 10 g/dL to 5 g/dL. See CDC Response to Advisory
22 Committee on Childhood Lead Poisoning Prevention Recommendations in "Low Level Lead
23 Exposure Harms Children: A Renewed Call of Primary Prevention"24 (https://www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_recs.pdf). The OCLPPP informally adopted
25 this change in June 2012 and began offering follow-up services to children at the new lower level.
26 However, sections of the rules regarding blood lead levels were last updated in 1994 and contain the
27 older reference level. The current rules also have ambiguous language and outdated procedures and
28 terms such as "environmental assessments" versus "environmental investigations." The most
29 significant changes will be to update the definitions of elevated blood lead levels and to further clarify
30 the role of the laboratories and providers in reporting lead results. Lead results are reportable pursuant
31 to Title 63 O.S. Sections 1-114.1 and § 1-503 and the Reportable Disease Rules, OAC 310-515. The
32 changes re-structure the order of some items to put them into more logical categories. This is part of
33 OCLPPP's overall effort to make the rules more accessible, understandable, and usable without
34 altering their sense, meaning, or effect. Some sections have been reclassified and rearranged in a
35 more logical order, removing language that is invalid, repealed or duplicative to improve the
36 draftsmanship of the rule. New technologies (Point-of-Care devices, electronic reporting capabilities)
37 are incorporated to make screening and reporting easier.38
39 **Dr. Krishna moved Board approval of rule, as presented. Second Ms. Wolfe. Motion Carried.**40 **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**41
42 **E. CHAPTER 515. COMMUNICABLE DISEASE AND INJURY REPORTING (Dr. Kristy
43 Bradley)**

44 [PERMANENT]

45 PROPOSED RULES:

46 Subchapter 1. Disease and Injury Reporting Requirements

47 310:515-1-1.1. Definitions [AMENDED]

48 310:515-1-2. Diseases to be reported

1 310:515-1-3. Diseases to be reported immediately [AMENDED]
2 310:515-1-4. Additional diseases, conditions, and injuries to be reported [AMENDED]
3 310:515-1-6 Additional diseases may be designated [AMENDED]
4 310:515-1-7 Control of Communicable Diseases Manual [AMENDED]
5 310:515-1-8 Organisms/specimens to be sent to the Public Health Laboratory [AMENDED]
6 AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. § 1-104; and Title 63 O.S., §§ 1-502
7 and 1-503.

8 SUMMARY: The proposal updates the existing rules in accordance with recommendations from the
9 Council of State and Territorial Epidemiologists (CSTE), the Centers for Disease Control and
10 Prevention, and local health care partners pertaining to reportable diseases. The proposal amends the
11 lists of reportable diseases, in order to clarify those conditions and diseases that are required to be
12 reported to the Department. The proposal also adds conditions of public health importance that
13 require investigation and implementation of prevention activities. These changes minimally increase
14 the reporting burden placed upon clinicians, have no impact on the reporting burden placed upon
15 laboratories, and do not adversely affect the public health disease control and prevention activities.
16 The proposal removes the reference to a “non-versioned/non-codified” document which could further
17 specify requirements of reporting. This change will eliminate any possibility of requirements that are
18 not stated in rule. The duplicative requirements at OAC 310:515-1-4(3) (relating to occupational or
19 environmental diseases) are amended by removing the requirements listed here and adding a
20 reference to the amended rules on reporting blood lead levels at OAC 310:512, Childhood Lead
21 Poisoning Prevention Rules. This proposal changes the current reporting guidance for hepatitis C to
22 include persons of all ages, and lowers the alanine aminotransferase (ALT) levels for reporting from
23 400 to 200. This modification is in accordance with the CSTE case definition for hepatitis C that was
24 revised effective January 1, 2016. Lastly, the proposal will more clearly specify which syphilis tests
25 are required for reporting to the Department.

26
27 **Mr. Starkey moved Board approval of rule, as presented. Second Dr. Stewart. Motion Carried.**
28 **AYE: Alexopoulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**
29

30 **F. CHAPTER 599. ZOONOTIC DISEASE CONTROL (Dr. Kristy Bradley)**

31 [PERMANENT]

32 PROPOSED RULES:

33 Subchapter 1. General Provisions

34 310:599-1-2. Definitions [AMENDED]

35 Subchapter 3. Rabies Control

36 310:599-3-1. Management of dogs, cats, or ferrets that bite a person [AMENDED]

37 310:599-3-2. Supervising veterinarian’s responsibility [AMENDED]

38 310:599-3-5. Vaccinated domestic animals exposed to a rabid animal [AMENDED]

39 310:599-3-6. Unvaccinated domestic animals exposed to a rabid animal [AMENDED]

40 310:599-3-9. Administration of rabies vaccine [AMENDED]

41 AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Title 63 O.S. Section
42 1-508.

43 SUMMARY: The proposal updates the existing rules in accordance with recommendations from the
44 National Association of State Public Health Veterinarians, the Centers for Disease Control and
45 Prevention, and the American Veterinary Medical Association pertaining to animal rabies prevention
46 and control. The proposal will primarily update Subchapter 3, Rabies Control, to align with new
47 scientific findings which indicate that dogs and cats with an out-of-date rabies vaccination status that
48 are exposed to a rabid animal can be effectively managed by immediate vaccination booster and

1 observation for 45 days similar to the method currently in place for management of currently
2 vaccinated dogs, cats and ferrets that are exposed to a rabid animal (JAVMA, Vol 246, No. 2, January
3 15, 2015). It has been fifteen years since these rules were implemented; therefore, minor revisions to
4 the regulations are also needed to update sections for alignment with current national guidance on
5 animal rabies control and changes in animal rabies vaccine products. With these changes, the
6 Oklahoma State Department of Health anticipates minor cost savings for animal control departments
7 and other persons who are charged with enforcement of the rules due to the reduced time period of
8 observation and degree of follow up needed for dogs and cats with an overdue rabies vaccination
9 status that are exposed to a rabid animal. Some Oklahoma pet owners will benefit from the proposal
10 due to a reduction of emotional and financial costs because fewer dogs and cats exposed to a rabid
11 animal will be required to be euthanized or undergo a six (6) month veterinary supervised quarantine.
12

13 **Dr. Alexopulos moved Board approval of rule, as presented. Second Ms. Wolfe. Motion**
14 **Carried.**

15 **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**
16

17 **STRATEGIC MAP UPDATE PRESENTATION**

18 Tina Johnson, M.P.H., R.N., Deputy Commissioner, Community and Family Health Services; Keith Reed,
19 RN, MPH, CPH, Regional Director County Health Departments

20 *See attachment A.*

21 **REVIEW OF ETHICS COMMISSION REQUIREMENTS**

22 Donald D. Maisch, J.D., General Counsel, Oklahoma State Department of Health

23 *See attachment B.*
24
25

26 **ZIKA VIRUS AND MUMPS BRIEFING**

27 Kristy K. Bradley, DVM, MPH, State Epidemiologist

28 *See attachment C.*
29

30 **CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

31 **Executive Committee**

32 The Department is preparing for a series of Budget and Performance hearings and will keep the Board
33 updated. The new edition of the America's Health Rankings Report is anticipated to be released on
34 December 15th and will be sent to Board members. Ms. Burger informed the Board of the change in financial
35 disclosures for Board members. Ethics Commission rules have been repealed or changed and no longer
36 require lengthy disclosure statements to be filed with their office. However, in the interest of transparency
37 the Board wants to continue that practice. The Department has developed a conflict of interest form and
38 disclosure statement effective 2017 and will provide to the Board.
39

40 **Finance Committee**

41 Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the
42 following SFY 2017 Finance Report and Board Brief as of November 17, 2016:

- 43 • The Agency is in "Yellow Light" status overall
- 44 • The Office of State Epidemiologist and Health Improvement Service are in Red light status due to
45 planned budgeted expenditures not yet obligated or encumbered.

46 **Finance Brief**

47 The brief focuses on Fee increases where State appropriated dollars supplement the program.
48

1 There are approximately 135 fees supporting 26 programs in Protective Health Services.

2
3 Potential fee increases are being requested in the following fee based programs:

- 4 • Assisted Living Centers
- 5 • Food and Hotel/Motel
- 6 • Adult Day Care
- 7 • Residential Care Homes
- 8 • Nursing Facilities
- 9 • Public Bathing (Pools)
- 10 • Radiation (Fee restructuring only, no increase)
- 11 • Drug Manufacturers (Fee restructuring only, no increase)
- 12 • Seventeen Percent (17%) of the OSDH Overall Budget is funded by Fees
- 13 • Sixty-six Percent (66%) of Protective Health's Budget is funded by Fees
- 14 • Fee increases in the programs under review would generate an additional \$6,116,821 which would
- 15 help defray some of the costs of the inspection programs
- 16 • For Example:
 - 17 ○ FY16 Protective Health fee based program expenses totaled: \$11,226,448
 - 18 ○ FY16 Protective Health fee based revenues totaled: \$5,427,694
 - 19 ○ FY16 State Appropriated Dollars supplemented for the Food Program totaled: \$5,798,754

21 **Accountability, Ethics, & Audit Committee**

22 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Grim indicated there were no
23 known significant audit issues to report at this time. He asked the Board to review the 2017 Audit Plan
24 for consideration and approval.

25
26 **Dr. Grim moved Board approval of audit plan, as presented. Second Ms. Wolfe. Motion Carried.**
27 **AYE: Alexpulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

28 29 **Public Health Policy Committee**

30 Dr. Stewart indicated the Policy Committee spent the majority of its time in review of the rulemaking
31 actions already addressed by the Board. Lastly, Dr. Hartsell and Julie Cox-Kain attended briefly to
32 discuss future rulemaking actions for critical services the Department provides and how to make those
33 systems work more efficiently and more financially viable.

34 35 **NO PRESIDENT'S REPORT**

36 37 **COMMISSIONER'S REPORT**

38 Dr. Cline briefly discussed the Champions of Health gala which recognizes innovative programs and
39 individuals who have made significant contributions in terms of improving health in Oklahoma. The
40 event is sponsored by the Oklahoma Caring Van Foundation. The Caring Van Foundation has a great
41 partnership with the OSDH and does a great job of providing free immunizations to children across the
42 state where there may be challenges in accessing immunization services. The Caring Van provides the
43 vaccine and the OSDH provide the nurses.

44
45 Leadership Oklahoma City and Norman classes are just a few of the different leadership groups that come
46 together and are committed to community engagement and action. These community leaders focus on a
47 variety of issues such as economics, health, healthcare, etc. so we are very fortunate that they have taken
48 an interest in health and allowed us the opportunity to speak about public health.

1
2 Next, he highlighted meetings with Secretary Teague and the leadership of the Department of
3 Environmental Quality to focus on elevated blood levels in communities across the state. This is an area
4 of great concern with serious consequences. We still have a long way to go but the OSDH and DEQ are
5 being very strategic in the approach to responding to this challenge and looking at a tiered response given
6 the limited resources within the state. Dr. Cline thanked both Dr. Rhoades and Tina Johnson for their
7 efforts in coordinating these briefings and supporting this work.

8
9 Public Health 3.0 is a national movement centered on the future of public health. As the healthcare
10 landscape changes and the focus of health departments have changed from primary prevention to
11 addressing the challenges of chronic disease and environmental impacts on health, the questions is; what
12 is the role of public health? The conversations at the national level have been around public health's role
13 as the chief health strategist across the country.

14
15 Next, Dr. Cline highlighted core accreditation team efforts as the OSDH prepares for reaccreditation. He
16 applauded Keith Reed for his work with Comanche County and Cleveland Counties during the local
17 accreditation process. He is also very active and engaged nationally in accreditation efforts.

18
19 Lastly, Dr. Cline acknowledged Dr. Krishna for his central leadership role in the development of an
20 addiction recovery center in Oklahoma as well as Martha Burger for her active involvement. Behavioral
21 Health was added as the 4th flagship issue in the Oklahoma Health Improvement Plan and recognizes the
22 impact of untreated substance abuse and mental illness on families and communities across Oklahoma.

23 24 **NO NEW BUSINESS**

25 26 **PROPOSED EXECUTIVE SESSION**

27 **Ms. Wolfe moved Board approval to go in to Executive Session at 1:16 PM** Proposed Executive
28 Session pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending
29 department litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the
30 employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried
31 public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where
32 disclosure of information would violate confidentiality requirements of state or federal law.

- 33 • Annual performance evaluation for the Office of Accountability Systems Director & Internal Audit Unit
34 Director, and Board of Health Secretary

35 **Second Dr. Krishna. Motion carried.**

36
37 **AYE: Alexopulos, Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

38
39 **Dr. Grim moved Board approval to move out of Executive Session at 2:45 PM. Second Dr. Stewart.**
40 **Motion carried.**

41
42 **AYE: Alexopulos, Gerard, Stewart, Wolfe, Woodson**

43 **ABSENT: Krishna, Starkey**

44 45 **ADJOURNMENT**

46 Ms. Wolfe moved board approval to adjourn. Second Dr. Woodson. Motion Carried

47 **AYE: Alexopulos, Gerard, Stewart, Wolfe, Woodson**

48 **ABSENT: Krishna, Starkey**

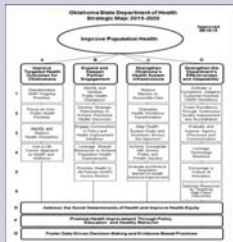
1
2 The meeting adjourned at 2:47 p.m.

3
4 Approved

5 
6 _____

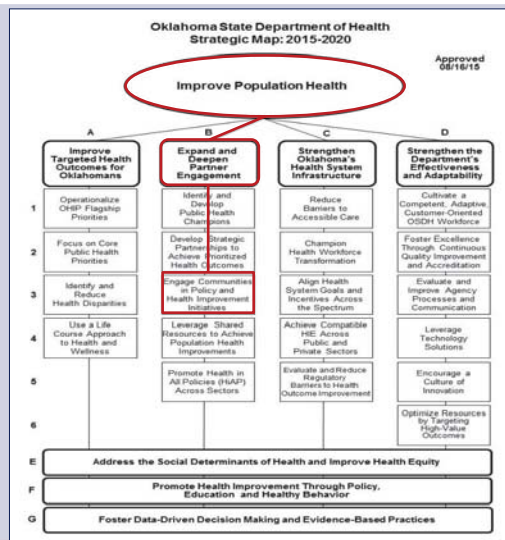
7 Martha Burger
8 President, Oklahoma State Board of Health
9 January 10, 2017

Community Engagement



Tina R. Johnson, MPH, RN
Deputy Commissioner
Community and Family Health Services

Keith A. Reed, MPH, RN
Regional Director
Cleveland, McClain, Garvin, Murray CHDs



Community Engagement Defined

- Community Engagement is the process of working collaboratively through groups of people animated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people. It is a powerful vehicle for addressing environmental and behavioral changes that will improve the health of the community. It often involves partnerships, coalitions, and catalysts for changing policies, programs, and practices.

Available: http://www.atsdr.cdc.gov/communityengagement/pce_what.html

Community Engagement Continuum

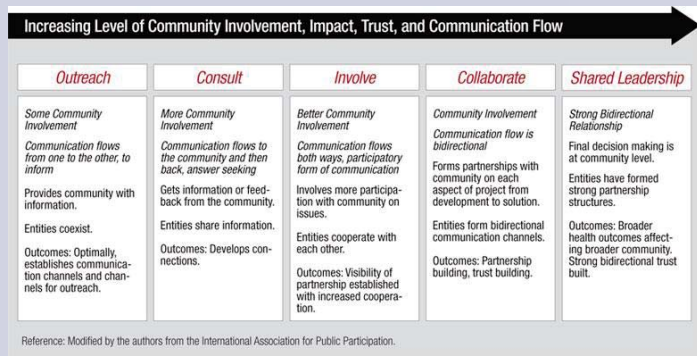


Figure 1.1. Community Engagement Continuum

Available: http://www.atsdr.cdc.gov/communityengagement/pce_what.html

Key Points to Consider

- Community engagement is a valuable tool for public health, to the point of being an accreditation requirement.
- Current state regarding community engagement:
 - Often considered as just an implementation tool for policy or program change
 - Tends to just be a function of local and/or field staff
- Opportunities to enhance our community engagement:
 - Start early in the planning process, even in the contemplation phase
 - Practice more broadly throughout the agency in partnership with local/field staff
- Ultimately, we should focus on two areas:
 - Changing the mindset within the agency regarding community engagement
 - Ensuring support is in place for sustainable change and effective outcomes

Public Health Accreditation Board (PHAB)

- Focus on Community Engagement
 - Domain 3: Inform and Educate about Public Health Issues and Functions
 - Domain 4: Engage with the Community to Identify and Address Health Problems

Accreditation Requirements Domain 3

- Standard 3.1.2: Health promotion strategies to mitigate preventable health conditions
 - We must demonstrate how we engage the community during the development and implementation of health promotion strategies.
 - Process must be evidence-based, rooted in sound theory, practice-based evidence, and/or a promising practice.
 - Process must include input, review, and feedback from the target audience.

7

Accreditation Requirements Domain 4

- Standard 4.1: Engage with the public health system and the community in identifying and addressing health problems through collaborative processes.
 - Local health departments must document a current, ongoing comprehensive community partnership or coalition in which it is an active member.
 - The state health department must provide consultation, technical assistance, and/or information to Tribal and local health departments or to public health system partners on use of methods for collaborative community engagement.

8

Accreditation Requirements Domain 4

- Standard 4.2: Promote the community's understanding of and support for policies and strategies that will improve the public's health.
 - The health department must document engagement with the specific population in the community that will be affected by a policy or strategy.

9

Accreditation Requirements

- Bottom line...It's about the process....
 - Health departments must demonstrate that community engagement is a meaningful part of the entire process to improve population health.



10

Team Planning & Goal-Setting

11

Engage Communities in Policy and Health Improvement Initiatives

- Goal 1: Cultivate a community engagement culture in all public health policy and health improvement initiatives.
 - Measurable Activity/Task 1:
 - Identify two evidence-based practices for creating culture change by June 30, 2016.
 - Examples:
 - » Lewin's 3 Step
 - » Prosci's ADKARS
 - » Kotter's 8 Step

12

Engage Communities in Policy and Health Improvement Initiatives

- Goal 1: Cultivate a community engagement culture in all public health policy and health improvement initiatives.
 - Measurable Activity/Task 2:
 - Launch an evidence-based model of culture change within two OSDH program service areas by December 31, 2016.
 - Examples:
 - » Maternal & Child Health
 - » Consumer Health
 - » Center for the Advancement of Wellness
 - » Family Support & Prevention
 - » HIV/STD Service
 - » Emergency Preparedness & Response
 - » Center for Health Innovation & Effectiveness

13



Engage Communities in Policy and Health Improvement Initiatives

- Goal 1: Cultivate a community engagement culture in all public health policy and health improvement initiatives.
 - Measurable Activity/Task 3:
 - Evaluate the effectiveness of the culture change model by January 31, 2018.

14



Engage Communities in Policy and Health Improvement Initiatives

- Goal 2: Enhance community engagement effectiveness throughout the health improvement process.
 - Measurable Activity/Task 1:
 - Create a hub of evidence-based community engagement resources, making those available to stakeholders by June 30, 2017.
 - Examples:
 - » PRECEDE-PROCEED
 - » Planned Approach to Community Health (PATCH)
 - » Healthy Communities
 - » Assessment Protocol for Excellence in Public Health (APEX PH)
 - » Protocol for Assessing Community Excellence in Environmental Health (PACE EH)
 - » Mobilizing for Action through Planning and Partnerships

15



Engage Communities in Policy and Health Improvement Initiatives

- Goal 2: Enhance community engagement effectiveness throughout the health improvement process.
 - Measurable Activity/Task 2:
 - Identify at least two sources of technical assistance to support community engagement.
 - Examples:
 - » Office or Partner Engagement
 - » Center for the Advancement of Wellness

16



Questions?



17



Review of Ethics Commission Requirements

Donald D. Maisch

General Counsel

Oklahoma State Department of Health

1000 N.E. 10th Street

Oklahoma City, OK 73117-1299

(405) 271-6017

(405) 271-1268 (fax)

e-mail: DonM@health.ok.gov

OSDH web page: <http://www.ok.gov/health>



Review of Ethics Commission Requirements

- On January 1, 2015, the Ethics Commission repealed all of its requirements and promulgated new requirements.
- In some instances, the requirements remained substantially the same, while other requirements changed significantly.
- This presentation will review certain Ethics Commission Requirements that will have the highest probability of impacting members of the Board of Health.
- All the Ethics Commission requirements are in Title 74 of the Oklahoma Statutes, Chapter 62, Appendix I.



Lobbying vs. Education

Lobbying is defined in the Ethics Commission (Requirements) as:

- Any oral or written communication;
- With the Governor or with a member of the Legislature or with an employee of the Governor or the Legislature (Legislative Lobbying) or;
- With a state officer or employee of an agency (Executive Lobbying)
- On behalf of a lobbyist principal (which includes a state agency in its definition)
- With regard to the passage, defeat, formulation, modification, interpretation, amendment, adoption, approval or veto
- Of any legislation, rule, regulation, executive order or any other program, policy or position of state government.



Lobbying vs. Education

The Requirements have determined the following are not included in the definition of lobbying:

- Testimony given before, or submitted in writing to, a committee or subcommittee of the Legislature
- A speech, article, publication or other material that is widely distributed, published in newspapers, magazines or similar publications or broadcast on radio or television



Lobbying vs. Education

The Requirements specifically prohibit state employees and members of any board, council or commission:

- From being a lobbyist, which would include the activities of a lobbyist.
- The prohibition applies to both Executive Lobbyist activities and Legislative Lobbyist activities.



Lobbying vs. Education

While there is nothing in Oklahoma law defining "Education" in the Lobbying v. Education setting or drawing a distinction between the two, generally providing education is viewed as:

- Providing basic factual information about a particular organization or issue.
- Education gives factual information about who is affected, number of people served, budget or proven impacts and accomplishments.
- Education does not provide value judgments or ask people to take a particular stance.



Lobbying vs. Education

Examples of each (and what is allowed and not allowed)

- (When speaking to a members of the legislature [or staff], the Governor [or staff] or state agency officials): Urge the elected officials to vote yes on a bill to raise the cigarette tax by \$1.50 per pack which will reduce the number of people smoking in Oklahoma. Please vote yes for this bill.”
- *This is lobbying, the request is asking an elected official to take a particular stance. This is prohibited.*
- The exception would be if this was stated to a legislative committee, in a speech to the public or in a opinion newspaper, magazine, TV or radio piece.



Lobbying vs. Education

Examples of each (and what is allowed and not allowed)

- (When speaking to a members of the legislature [or staff], the Governor [or staff] or state agency officials):
- By increasing the cigarette tax by \$1.50 per pack would:
 - Reduce the number of cigarette packs sold by 26 million in the first year;
 - Prevent 31,800 kids alive today from becoming smoking adults;
 - Approx. 29,600 adults would quit smoking in 1st yr.
- *This is education; it is fact driven and impartial. It does not ask listeners to take a particular stance. This is allowed.*



Conflict of Interest – Misuse of Authority, Misuse of Office and Requirement of Impartiality

The Requirements specifically prohibit a state officer from:

- Misusing his/her authority for the benefit of self, family members, or business associates
- Misusing his/her office for the benefit of self, family members, or business associates
- Not being impartial in dealing with third parties for the benefit of self, family members or business associates
- Exception -- to the extent otherwise permitted or authorized by the Constitution or statutes or by Ethics Commission Rules (Rules).



Political Activities Prohibitions

The Requirements do not allow:

- The use of public funds for political fundraising
- Political fundraising on State Property
- The use of public funds to influence elections
- The distribution of campaign materials on state property
- State employees or state officers to engage in activities that could influence the results of an election while wearing identification that identifies the person as a state officer or employee or while performing the duties of a state employee or state officer
- The use of state equipment for campaigns (including state questions) or to make a campaign contribution



Political Contributions

The Requirements do allow for political contributions to a candidate, to a political party, to a PAC or to a state question.

Contribution limitations:

- \$10,000.00 to a political party in a calendar year
- \$2,600.00 to any candidate per each portion of an election cycle [election cycle is primary election, run-off election and general election]
- Unlimited concerning voting for or against a state question



Review of Ethics Commission Requirements

QUESTIONS





Zika Virus Briefing Summary
Oklahoma State Board of Health
12/13/2016

Current National Statistics: As of November 16, 2016, the CDC reports a total of **4,255** cases of Zika virus disease or congenital infections reported by U.S. states; 139 Florida cases included in this total are due to local mosquito-borne transmission and 35 U.S. cases are sexually transmitted. The number of Zika disease cases reported by the U.S. territories has escalated to 32,068, primarily attributed to the epidemic in Puerto Rico.

The U.S. Zika Pregnancy Registry is tracking a total of **1,087 pregnant women** with any laboratory evidence of Zika virus infection. Adverse pregnancy outcome data indicates 5 pregnancy losses with birth defects and 26 liveborn infants with birth defects (an increase of 3 infants over the last month).

Local Transmission in Florida: Two areas of active local mosquito-borne transmission continue in Miami-Dade County. On 8/19/16, the Florida DOH reported a small area of local transmission described as a < 1.5 square mile area in south Miami Beach, which was expanded to ~ 4.5 square miles on 9/19/16. In early October, a new area in North Miami Beach was classified as an active area of transmission. The ongoing local case clusters are not considered evidence of widespread transmission in Miami-Dade County.

Current State Statistics:

- Total number of calls to Acute Disease Service (ADS) Epi-on-Call since February 6, 2016: **1,321** (avg of 32 consultations per week); the number of Zika-related inquiries have declined to about 15 calls/week during November.
 - # Physician Consultations: **644**
 - # of calls related to Florida travel - 31

- # Specimens approved for testing to date: **369** (some patients later declined testing)
 - 301 tested at OSDH Public Health Laboratory
 - Overall, 320 specimens tested negative; 21 unsatisfactory for testing; 30 positive tests (includes 1 asymptomatic infant)
 - 70% of specimens tested are among asymptomatic pregnant women (all negative), 25% are symptomatic non-pregnant persons, and 5% are symptomatic pregnant women
 - Unknown how many specimens have been sent by Oklahoma medical providers to commercial reference laboratories for Zika virus testing; 13 positive results to-date from testing at commercial labs

- Case count: **29** (recent cases associated with travel to Puerto Rico, Mexico, and Caribbean islands)
 - 18 females (1 pregnant woman who delivered a healthy baby); 11 males
 - All outpatient evaluations
 - Counties of residence: Canadian (4), Carter, Cleveland (3), Comanche, Creek, Garfield, Grady (3), Johnston, Lincoln, Oklahoma (5), Payne, Tulsa (4), Wagoner (2), Woodward



Program Updates

OSDH has processed three separate federal grant applications for supplemental Zika funding following congressional appropriations of \$1.1 billion for Zika preparedness and response:

- Epidemiology & Laboratory Capacity cooperative agreement - \$571,105 (19 month budget period)
- Public Health Preparedness & Response -- \$149,965 (7 month budget period)
- Oklahoma Birth Defects Registry -- \$108,262 (7 month budget period)

Emergency Preparedness & Response

A contract is being developed to help facilitate the logistics of five regional, one-day long Zika Preparedness workshops to be scheduled during Spring 2017. The purpose of the workshops will be to strengthen information sharing with community leaders and other local response partners. These workshops will offer partner agencies the most current information related to mosquito control and disease mitigation, and highlight Oklahoma's multi-layer response system. The workshops will help to assure that response partners understand their role, and that the response efforts are coordinated across all levels of government including non-governmental partners and the healthcare system.

Screening & Special Services

Both women currently enrolled in the U.S. Pregnancy Zika Registry and being monitored by OSDH have consented to the 12-month follow up of their infant's development.

Communications

Google Analytics software has been used to monitor the interest and usage of Zika-related resources displayed on the OSDH web site. Data obtained over the past 4 weeks shows a steady decline in the number of website hits on the OSDH Zika virus web page with less than 100 unique visitors this week compared to 400 - 450 website visitors per week previously.

OSDH continues to respond to requests for lectures and Zika virus updates at medical meetings across the state.

Mumps Outbreak Summary December 8, 2016

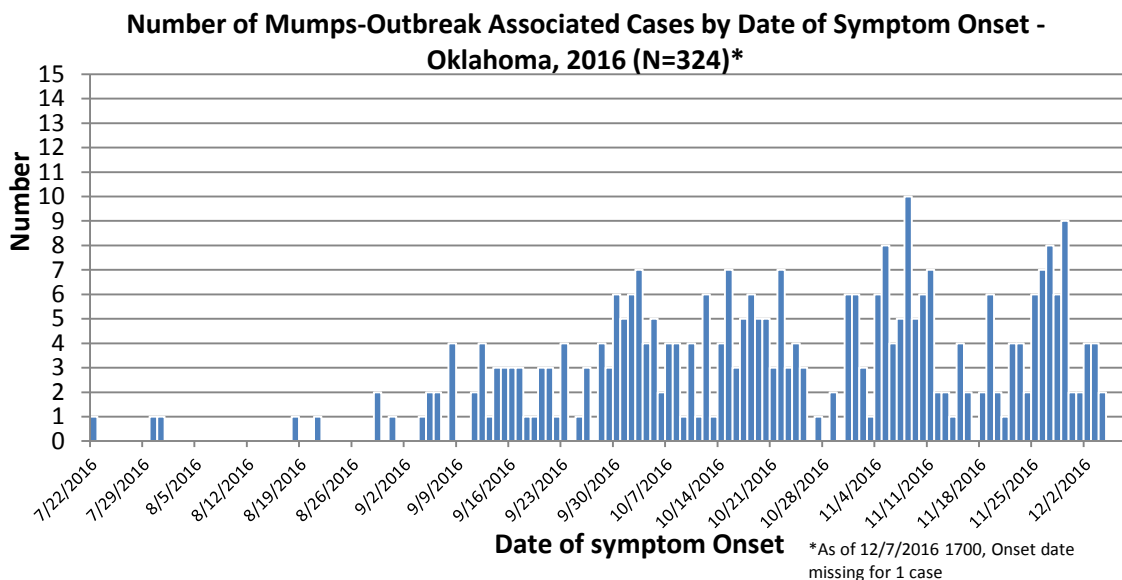
The Oklahoma State Department of Health and county health departments of Garfield and Kay counties continue to investigate and provide a public health response to an outbreak of mumps. The McCurtain County Health Department has recently identified cases related to ongoing outbreaks in north central Oklahoma and Arkansas. State and local public health officials are working closely with schools and healthcare providers to rapidly identify suspected cases and exclude affected persons from childcare centers, schools or workplaces during the timeframe they are able to transmit mumps to other persons. Cases in Canadian, McClain, Osage, Tulsa, and Woods counties are connected to outbreak activity in Garfield and Kay counties.

Case Summary

Number of outbreak-associated cases: 324

- County of Residence
 - Canadian County: 1 (<1%)
 - Garfield County: 279 (86%)
 - Kay County: 19 (6%)
 - McClain: 1 (<1%)
 - McCurtain: 16 (5%)
 - Osage County: 4 (1%)
 - Tulsa County: 1 (<1%)
 - Woods County: 3 (1%)
- Age range: 6 months - 63 years (Median age: 16)
- Number hospitalized due to mumps: 1
- Measles, Mumps, and Rubella (MMR) vaccination history
 - Vaccinated: 214 (66%)
 - Not vaccinated / unknown: 109 (34%)
 - Under age for vaccination: 1 (<1%)

Number of additional reports under investigation: 33



For further information call or visit us on the World Wide Web:

<http://ads.health.ok.gov>

Phone (405) 271-4060