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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

- 1 310:250-3-1. Food service establishments' permits fees [AMENDED]
2 310:250-3-2. Drug operational permits [AMENDED]
3 310:250-3-3. Lodging establishment operational permits [AMENDED]
4 310:250-3-4. Late renewal [AMENDED]
5 310:250-3-5. Radiation producing machine permits [AMENDED]
6 310:250-3-6. Public bathing places [AMENDED]
7 310:250-3-7. Application fee [AMENDED]
8

9 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; Public Health and Safety,
10 Title 63 § 1-1118; Title 63 § 1-1119; Title 63 § 1-1201; Title 63 § 1-1013; and Title 63 § 1-1501.1

11 **SUMMARY:** The current rule applies to application and licensure fees for programs overseen by the
12 Consumer Health Service specific to: food establishments (Title 63 § 1-1118 & 1-1119), drug
13 manufacturers (Title 63 § 1-1119), lodging establishments (Title 63 § 1-1201), diagnostic x-ray facilities
14 (Title 63 § 1-1501.1), and public bathing places (Title 63 § 1-1013.1). The proposed changes will modify
15 the fee schedule for establishments licensed in these areas. The changes are necessary to cover increasing
16 costs for these programs, to allow flexibility to better track types of establishments for reporting purposes
17 and streamline application processes. The effect of this Rule change will increase fees for licensed
18 establishments. The effect will also allow flexibility to better identify types of businesses which will
19 assist in the focused identification of hazards to specific establishment types.
20

21 **Dr. Stewart moved Board approval of the rule with changes as presented. Second Dr. Krishna.**
22 **Motion Carried.**

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

24 **ABSENT:** Alexopoulos, Burger, Gerard
25

26 **CHAPTER 615. AMBULATORY SURGICAL CENTERS - Lee Martin**
27 **[PERMANENT]**

28 **PROPOSED RULES:**

29 Subchapter 1. General Provisions

30 310:615-1-3. General considerations [AMENDED]

31 310:615-1-3.1. Submission of plans and specifications and related requests for services [AMENDED]

32 310:615-1-3.2Preparation of plans and specifications [AMENDED]

33 310:615-1-5. Self-certification of plans [NEW]
34

35 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1;
36 and 63 O.S. Section 2662.

37 **SUMMARY:** The proposal amends physical plant requirements in Subchapter 1 by updating references to
38 the Facility Guidelines Institute (FGI): Guidelines for Design and Construction of Hospitals and
39 Outpatient Facilities, 2014 Edition, and the Life Safety Code adopted by the Centers for Medicare &
40 Medicaid Services on July 5, 2016. Added are criteria and a process for ambulatory surgical centers to
41 request exceptions and temporary waivers of the requirements of this Chapter for design or construction
42 techniques that represent innovations or improvements. The proposal revises the requirements for stage
43 one, stage two, and special construction plan submittals, and gives ambulatory surgical centers the option
44 to move directly to the stage two plan submittal. The proposal sets fees for related services including
45 review of temporary waivers and applications for self-certification. The proposal establishes a process to
46 ensure timely review of design and construction documents. The proposal establishes requirements and a

1 process for ambulatory surgical centers to self-certify compliance of their plans for certain types of
2 projects.

3
4 **Dr. Stewart moved Board approval of the rule as presented. Second Mr. Starkey. Motion Carried.**

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

6 **ABSENT:** Alexopulos, Burger, Gerard

7
8 **CHAPTER 667. HOSPITAL STANDARDS - Lee Martin**

9 **[PERMANENT]**

10 **PROPOSED RULES:**

11 Subchapter 41. General Construction Provisions

12 310:667-41-1. General [AMENDED]

13 Subchapter 47. Submittal Requirements

14 310:667-47-1. Submission of plans and specifications and related requests for services [AMENDED]

15 310:667-47-2. Preparation of plans and specifications [AMENDED]

16 310:667-47-10. Self-certification of plans [NEW]

17
18 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1;
19 63 O.S. Section 1-705; and 63 O.S. Section 1-707.

20 **SUMMARY:** The proposal amends physical plant requirements in Subchapter 41 by updating references
21 to the Facility Guidelines Institute (FGI): Guidelines for Design and Construction of Hospitals and
22 Outpatient Facilities, 2014 Edition, and the Life Safety Code adopted by the Centers for Medicare &
23 Medicaid Services on July 5, 2016. Added are criteria and a process for hospitals to request exceptions
24 and temporary waivers of the requirements of this Chapter for design or construction techniques that
25 represent innovations or improvements.

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

32
33 **Dr. Krishna moved Board approval of the rule as presented. Second Dr. Grim. Motion Carried.**

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

35 **ABSENT:** Alexopulos, Burger, Gerard

36
37 **CHAPTER 663. CONTINUUM OF CARE AND ASSISTED LIVING - Mike Cook**

38 **[PERMANENT]**

39 **PROPOSED RULES:**

40 Subchapter 7. Physical Plant Design

41 310:663-7-3. Submission of plans and specifications and related requests for services [NEW]

42 310:663-7-4. Preparation of plans and specifications [NEW]

43 310:663-7-5. Self-certification of plans [NEW]

44 310:663-7-6. Exceptions and temporary waivers [NEW]

45 Subchapter 15. Resident Rights and Responsibilities

46 310:663-15-4. Prohibited restrictions and fees [NEW]

47 Subchapter 19. Administration, Records and Policies

1 310:663-19-1. Incident reports [AMENDED]
2

3 AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1;
4 63 O.S. Section 1-890.3, and 63 O.S. Section 1-890.3(A)(8).

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

20 **Dr. Woodson moved Board approval of the rule with changes as presented. Second Mr. Starkey.**
21 **Motion Carried.**

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

23 **ABSENT:** Alexopulos, Burger, Gerard
24

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

27 **PROPOSED RULES:**

28 Subchapter 5. Physical Plant

29 310:675-5-18. Design and construction [AMENDED]

30 310:675-5-22. Exceptions and temporary waivers [NEW]

31 310:675-5-23. Submission of plans and specifications and related requests for services [NEW]

32 310:675-5-24. Preparation of plans and specifications [NEW]

33 310:675-5-25. Self-certification of plans [NEW]

34 Subchapter 7. Administration

35 301:675-7-5.1 Reports to state and federal agencies [AMENDED]

36 310:675-7-6.1. Complaints [AMENDED]

37 310:675-7-12.1 Incident Reports [AMENDED]

38 Subchapter 11. Intermediate Care Facilities of 16 Beds and Less for the Mentally Retarded Individuals
39 With Intellectual Disabilities (ICF/MR-16 beds and less) (ICF/IID-16)

40 310:675-11-5. Physical plant [AMENDED]

41 310:675-11-5.1 Plans and specifications requirements applicable to ICF/IID-16 [NEW]
42

43 AUTHORITY: Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1;
44 63 O.S. Section 1-1908; and 63 O.S. Section 1-1942.

45 SUMMARY: Amends physical plant requirements by updating references to the most recent Life Safety
46 Code adopted by the Centers for Medicare & Medicaid Services. Provides criteria and a process for
47 exceptions and waivers for design and construction techniques that represent innovations or

1 improvements; establishes fees for review of design and construction plans and specifications and related
2 services including review of temporary waivers and applications for self-certification; establishes a
3 process to ensure timely review of design and construction documents. Requirements are added to allow
4 for stage one, stage two, and special construction plan submittals, and to give nursing facilities the option
5 to move directly to the stage two plan submittal. Establishes requirements and a process for nursing
6 facilities to self-certify compliance of their plans for certain types of projects. Amends requirement
7 relating to reportable incidents and updates language for reporting utility failures. Clarifies reporting of
8 injuries that have certain physician diagnoses or require treatment at a hospital. Certain complaint
9 investigation timeframes are amended and definitions added. Subchapter 11 is updated to use current
10 terminology for individuals with intellectual disabilities, and to incorporate the most recent Life Safety
11 Code and the updated plans and specifications requirements of Subchapter 5.
12

13 **Mr. Starkey moved Board approval of the rule with changes as presented. Second Dr. Grim.**

14 **Motion Carried.**

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

16 **ABSENT:** Alexopulos, Burger, Gerard
17

18 **CHAPTER 680. RESIDENTIAL CARE HOMES - Mike Cook**

19 **[PERMANENT]**

20 **PROPOSED RULES:**

21 Subchapter 3. Licensure Requirements

22 310:680-3-3. Applications [AMENDED]

23 310:680-3-6. Records and reports [AMENDED]

24 310:680-3-9. Complaints [AMENDED]

25 310:680-3-14. Appropriate occupancy [AMENDED]

26 Subchapter 5. Construction Requirements and Physical Plant

27 310:680-5-6. Building elements [AMENDED]

28 310:680-5-7. Resident rooms [AMENDED]

29 310:680-5-9. Submission of plans and specifications and related requests for services [NEW]

30 310:680-5-10. Preparation of plans and specifications [NEW]

31 310:680-5-11. Self-certification of plans [NEW]

32 Subchapter 7. Environmental Health and Sanitary Requirements

33 310:680-7-5. Housekeeping [AMENDED]

34 Subchapter 11. Staffing Requirements

35 310:680-11-1. Requirements [AMENDED]
36

37 **AUTHORITY:** Oklahoma State Board of Health, Title 63 O.S. Section 1-104; 63 O.S. Section 1-106.1;
38 and 63 O.S. Section 1-821.

39 **SUMMARY:** Subchapter 3 is amended to authorize the use of a physician assistant or advanced practice
40 registered nurse to provide services and consultation; requirements for records and reports for licensure
41 are updated to reflect current law. Certain incident reporting is amended to encourage coordination with
42 local emergency response managers. Reporting of injuries that have certain physician diagnoses or
43 require treatment at a hospital are addressed. Certain complaint investigation timeframes are amended
44 and definitions added. Statutory requirements for appropriate occupancy are clarified in the rule. Resident
45 choice in room furnishings is asserted. A process for reviewing plans and specifications for new buildings
46 or major alterations is defined with fees for review of design and construction plans and specifications
47 and fees for related services including applications for self-certification, a process for residential care

1 homes to self-certify compliance of their plans for certain types of projects. Housekeeping requirements
2 are clarified as are staffing training requirements for first aid and CPR for direct care staff.

3
4 **Ms. Wolfe moved Board approval of the rule with changes as presented. Second Dr. Krishna.**
5 **Motion Carried.**

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

7 **ABSENT:** Alexopulos, Burger, Gerard

8
9 **STRATEGIC MAP UPDATE PRESENTATION**

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

13
14 **CONSIDERATION OF STANDING COMMITTEES' REPORTS AND ACTION**

15 **Executive Committee**

16 Ms. Wolfe reminded the Board that the March meeting will be held in Comanche County.

17
18 **Finance Committee**

19 Mr. Starkey directed attention to the Financial Brief provided to each Board member and presented the
20 following SFY 2017 Finance Report and Board Brief as of January 24, 2017:

- 21 • The Agency is in "Green Light" status overall
- 22 • January's performance rating was 97.15%, February's performance rating is 97.66%. A net increase
23 in performance of .51%.

24
25 **Finance Brief**

- 26 • The brief focuses on The Center for the Advancement of Wellness.
- 27 • The Center is committed to the prevention and reduction of tobacco, obesity, and chronic disease
28 through systems change and outcome-driven technical assistance.
- 29 • The Center for the Advancement of Wellness activities include:
 - 30 ○ Wellness systems in communities, schools and worksites
 - 31 ○ Tobacco prevention, promotion of cessation services and protection from secondhand smoke
32 exposure
 - 33 ○ Physical activity and nutrition
 - 34 ○ Integrated services in strategic planning, training and surveillance and evaluation
 - 35 ○ Social marketing campaigns
 - 36 ○ Cancer prevention
 - 37 ○ Preventable hospitalizations for diabetes, heart disease and stroke
- 38
- 39
- 40 • Oklahoma's tobacco control efforts are significantly dependent on CDC and TSET funding
- 41 • House Bill 1841 calls for a \$1.50 per pack increase in cigarette excise tax. If passed, the measure
42 could generate approximately \$183 million in new revenue for the state.

43 The report concluded.

44
45
46 **Accountability, Ethics, & Audit Committee**

1 The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Grim indicated there were no
2 known significant audit issues to report at this time. The report concluded.

3 4 **Public Health Policy Committee**

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

11 12 **PRESIDENT'S REPORT**

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

16 17 **COMMISSIONER'S REPORT**

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

21
22 Next, Dr. Cline highlighted the recent Mission of Mercy (OKMOM) event. This incredible event led by
23 volunteers provides free dental care to individuals in need and was held in Woodward this year.
24 Although, the event is primarily focused on dental health, Terri Salisbury led a public health team who
25 delivered 190 flu shots and 42 pneumonia shots. Overall, about 1300 people received free dental care
26 which speaks to the incredible need in our state. In summary about 1 million, 300 hundred thousand
27 dollars in services were provided, 1322 patients were seen which is about \$988 per patient, and there were
28 10,165 procedures. Dr. Cline encouraged all to witness the event or advocate for it.
29 Encourage all to witness or become advocate for it. The report concluded.

30 31 **NO NEW BUSINESS**

32 33 **PROPOSED EXECUTIVE SESSION**

34 **Dr. Grim moved Board approval to go in to Executive Session at 1:02 PM** Proposed Executive Session
35 pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department
36 litigation, investigation, claim, or action; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment,
37 hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer
38 or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of
39 information would violate confidentiality requirements of state or federal law.

- 40 • Annual performance evaluation for the Commissioner of Health.

41 **Second Stewart. Motion carried.**

42
43 **AYE: Burger, Gerard, Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**

44 **ABSENT: Alexopoulos**

45
46 **Dr. Grim moved Board approval to move out of Executive Session at 2:22 PM. Second Dr. Woodson.**
47 **Motion carried.**

1
2 **AYE: Grim, Krishna, Starkey, Stewart, Wolfe, Woodson**
3 **ABSENT: Alexopulos, Burger, Gerard**

4
5 **ADJOURNMENT**

6 Dr. Woodson moved board approval to adjourn. Second Dr. Grim. Motion Carried

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

9
10 The meeting adjourned at 2:23 p.m.

11
12 Approved

13 
14 _____

15 Martha Burger
16 President, Oklahoma State Board of Health
17 March 14, 2017

OKLAHOMA STATE DEPARTMENT OF HEALTH

STRATEGIC MAP UPDATE PRESENTATION

*STATE OF THE STATE'S HEALTH REPORT
AMERICA'S HEALTH RANKINGS
OPERATIONALIZE OHIP FLAGSHIP PRIORITIES*

FEBRUARY 14, 2017

Tina Johnson
Julie Cox-Kain
Derek Pate

Mortality

Risk Factors & Behaviors

Life



IMPROVEMENT PROGRESS		SUICIDE	POISONING	INJURY (AGE 0-17 YEARS)	- INFANT	HEART DISEASE	CANCER	SMOKING Adult	Adolescent*	OBESITY Adult	Adolescent*	LIFE EXPECTANCY (Overall) (Healthy)		
		(per 100,000)	(per 100,000)	(per 100,000)	(per 1,000)	(per 100,00)	(per 100,00)	(per 100,00)						
COMPARISON	OK	D 13.3	C 14.8	D 7.6	D 7.27	F 234	F 184.3	D 22.2	D 13.1	D 33.9	D 17.3	75.8	-	
	US	C 20.3	C 17.8	C 13	C 5.895	C 168.5	C 158.5	C 17.5	C 10.8	C 29.8	C 13.9	78.8	12.7	
GENDER	MALE	F 32.4	D 20.9	F 16.7	F 8.3	F 283.8	F 224.5	F 24	D 15.1	D 33.7	F 22	73.3	11.2	
	FEMALE	B 8.7	C 14.4	C 9.2	C 6.2	D 191.6	C 153.2	D 20.4	C 11.3	D 34	C 12.9	78.4	14.1	
RACE/ETHNICITY	WHITE NH	F 23.6	D 19.9	D 13.3	C 5.6	F 233.9	F 185.9	D 21.5	D 12.9	D 32.9	C 13		-	
	BLACK NH	F 8.3	B 11.8	D 10.8	F 13.4	F 262.6	F 200.7	F 25		F 26.9			-	
	AM. INDIAN	D 19.2	F 21	D 13.1	F 9.4	F 281.4	F 205.7	F 32.5	F 20.3	F 47.3	F 24.5		-	
	ASIAN/PACIFIC IS.	C 11.7			C 6.4	A 105.8	A 121.7							-
	HISPANIC	B 7.4	B 6	F 14	B 8.6	A 114.2	A 93	B 17.1	D 13.4	D 32	F 22.8		-	
AGE	18-24 (<1)		C 7.7	F (46.7)		A 3.3	A 3.6	C 22.3		A 22.5			-	
	25-34 (1-4)		B 23.1	F (14.9)		A 12.6	A 8.5	F 27.7		D 36.2			-	
	35-44 (5-9)		D 32.3	B (4.8)		A 46.6	A 33.2	F 24.5		D 34.2			-	
	45-54 (10-14)		C 37.4	B (5.3)		B 147.1	A 129.8	F 25.5		F 43.2			-	
	55-64 (15-17)		F 29.6	F (26)		F 327.8	F 351.8	D 21.5		F 37.6			-	
	65+		B 5.7			F 1335.1	F 989.3	B 13.1		C 28.1				-
EDUCATION	< HS (or 9th grade)				F 10.1 (mothers)			F 38.1	B (8.4)	F 36	D (15.9)		-	
	HS (or 10th grade)				F 8.9			F 25.1	D (13.7)	D 35	D (17.2)		-	
	HS+ (or 11th grade)				C 5.5			A 21.2	C (11.9)	D 36.3	D (16.2)		-	
	COLLEGE GRAD (12th grade)				A 3.9			C 9.1	F (19.3)	B 27.1	F (19.8)		-	

SUICIDE (per 100,000)



Suicide rates remain the leading cause of intentional deaths in Oklahoma outnumbering homicides nearly 3 to 1.1.

SUICIDE

STATE COMPARISON	2015	2013
 OK D	13.3	28.3
 US C	20.3	7.2
GENDER		
MALE F	32.4	
FEMALE B	8.7	
RACE/ETHNICITY		
WHITE (NH) F	23.6	19.9
BLACK (NH) F	8.3	5.4
AM. INDIAN D	19.2	18.5
ASIAN/PACIFIC IS. C	11.7	6.8
HISPANIC B	7.4	5.5

THE SUICIDE RATE IN OKLAHOMA IS HAS WORSENE BY 25% FROM 2010 TO 2015



MEN WERE 50% MORE LIKELY THAN WOMEN TO KILL THEMSELVES.

NON-HISPANIC WHITES HAD THE HIGHEST RATE OF SUICIDE DEATHS.

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.



1 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2010). [cited 2013 Nov 5]. Available at: <www.cdc.gov/nccppo/wisqars>.
 2 Oklahoma State Department of Health, Injury Prevention Service. (2013). Summary of Violent Deaths in Oklahoma, Oklahoma Violent Death Reporting System, 2004-2010. Available at: <http://okvdr.health.ok.gov>.
 3 Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2010). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). [cited 2010 June 23]. Available at: <www.cdc.gov/injury/wisqars/index.html>.

Grades represent Oklahoma's ranking compared to the nation during a given year. 1: The progress category (shards-up/shards-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate. N/A = Non-Reportable

MORTALITY

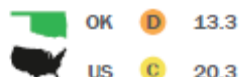
PROGRESS SINCE 2013*



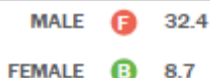
Suicide rates remain the leading cause of intentional deaths in Oklahoma outnumbering homicides nearly 3 to 1.1. Unintentional deaths due to poisoning have improved since 2013 however, prescription overdose is the leading cause on poisoning deaths. Injury related deaths among infants and adolescents under the age of 17 have improved by 20%.

SUICIDE

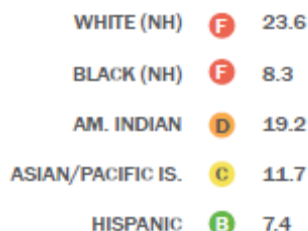
STATE COMPARISON



GENDER



RACE/ETHNICITY



50% MEN WERE 50% MORE LIKELY THAN WOMEN TO KILL THEMSELVES.

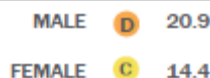
NON-HISPANIC WHITES HAD THE HIGHEST RATE OF SUICIDE DEATHS.

POISONING

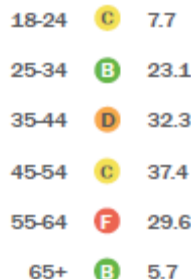
STATE COMPARISON



GENDER



AGE



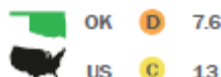
75% AGES 25-64 WERE THE LARGEST GROUP TO KILL THEMSELVES UNENTIONALLY FROM POISONING..

AGES 45-54 HAD THE HIGHEST RATE OF POSIONING DEATHS.

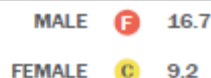
UNINTENTIONAL

INJURY (AGES 0-17)

STATE COMPARISON



GENDER



RACE/ETHNICITY

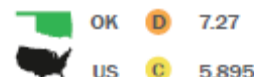


50% INFANTS WERE 50% MORE LIKELY TO KILL THEMSELVES FROM INJURY.

BOYS HAD THE HIGHEST RATE AMONG UNITENTIONAL INJURY DEATHS.

INFANT

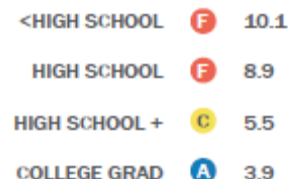
STATE COMPARISON



RACE/ETHNICITY



MOTHER'S EDUCATION

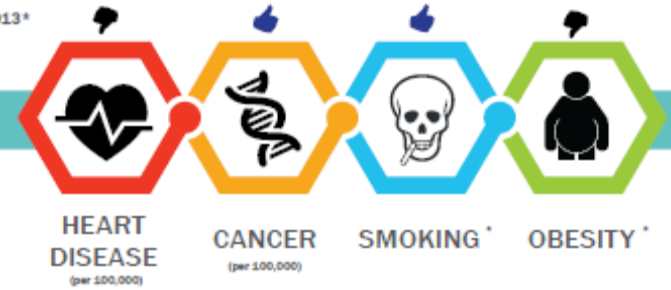


50% NON-HISPANIC BLACKS WERE AMONG THE HIGHEST RATE OF INFANT DEATH.

GROUPS WITH A HIGH SCHOOL EDUCATION OR LESS HAD THE HIGHEST RATE OF INFANT DEATHS.

BEHAVIORS

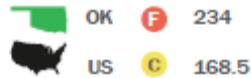
PROGRESS SINCE 2013*



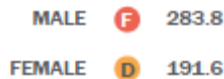
In Oklahoma, smoking remains Oklahoma's leading cause of preventable death followed by cancer. Heart Disease remains the leading cause of death and Oklahoma is ranked third highest in the nation. As the sixth most obese state in the nation, the rate of obesity continues to rise in Oklahoma.

HEART DISEASE

STATE COMPARISON



GENDER



RACE/ETHNICITY

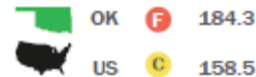


50% MEN WERE 50% MORE LIKELY THAN WOMEN TO DIE OF HEART DISEASE.

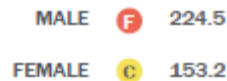
HISPANICS & ASIANS/PACIFIC ISLANDERS HAD THE LOWEST RATE AMONG HEART DISEASE.

CANCER

STATE COMPARISON



GENDER



RACE/ETHNICITY

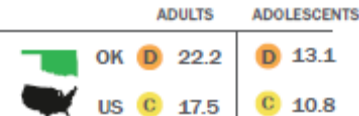


50% MEN WERE 50% MORE LIKELY THAN WOMEN TO DIE FROM CANCER.

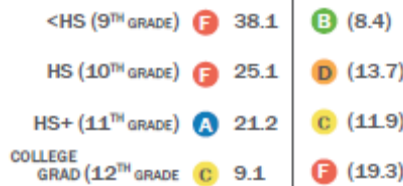
HISPANICS & ASIANS/PACIFIC ISLANDERS HAD THE LOWEST RATE AMONG CANCER.

SMOKING

STATE COMPARISON



EDUCATION



RACE/ETHNICITY

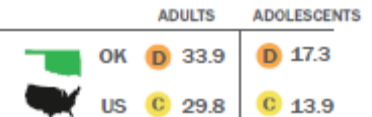


EDUCATION AMONG ADOLESCENTS HAD HIGHER RATES IN SMOKING FOR 12TH GRADERS, WHILE LOWER COMPLETED EDUCATION IS HIGHER FOR ADULTS.

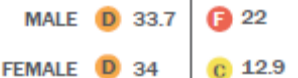
AMERICAN INDIANS HAD THE HIGHEST SMOKING RATE.

OBESITY

STATE COMPARISON



GENDER



EDUCATION



RACE/ETHNICITY



ADOLESCENT MALES HAD THE HIGHEST RATE IN ADOLESCENT OBESITY. EDUCATION AMONG ADULTS WITH A COLLEGE DEGREE HAD LOWER RATES IN OBESITY. HISPANICS & AMERICAN INDIANS HAD THE HIGHEST RATES IN ADULT OBESITY.

LIFE EXPECTANCY





OVERALL HEALTHY
(per 100,000)

Life expectancy and healthy life expectancy

LIFE EXPECTANCY

STATE COMPARISON

 OK	75.8
 US	78.8

GENDER


MALE	73.3
FEMALE	78.4

50% 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

STATE COMPARISON

 OK	-
 US	12.7

GENDER

MALE	11.2
FEMALE	14.1

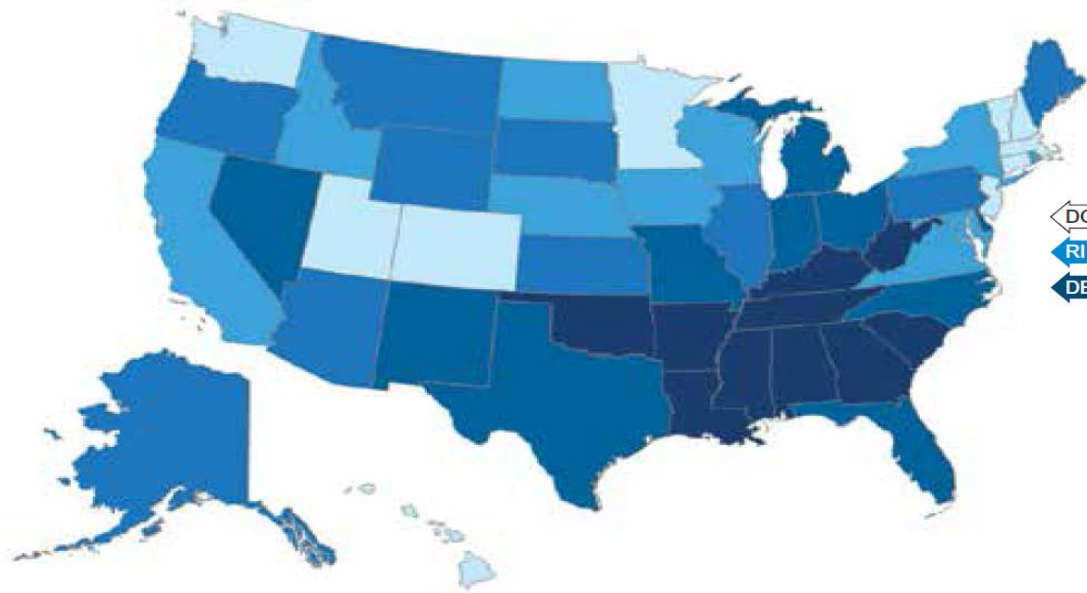
50% WOMEN ARE HIGHER THAN MEN BY 50% IN A HEALTHY LIFE EXPECTANCY, MEANING THEY TEND TO LEAD HEALTHIER LIVES.

- Life expectancy and healthy life expectancy .
- Tur, santiantiam experch ictemolo temporest, sinventiam, totatatio. Ure quundantus reptate dolessu sandani.
- quatus ipsantiust aut que es quis eliquib errovit, que prae placcumet venistorum elestrum fugiatibus.
- pos eos et aut ressed qui comnihil ipsaepv ovitur magnim ex et et audae natur aut labo. Nem quistio.
- repudis utae ventis rae venim in expelis que exceprero 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 porest, odignatur simos et omnis que ilit velibeatem idessit untior.
- rerum fuga. Et repudan temporecus atur, iur molorio eaque reribernatur reperci endit, nonsequ iaeprae voluptiunt minum fugiatur.

2016 AMERICA'S HEALTH RANKINGS®

FIGURE 2
2016 Ranking

1-10 11-20 21-30 31-40 41-50 not ranked



2016 AMERICA'S HEALTH RANKINGS®

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:
 - Colorectal Cancer Screening
 - Seat Belt use
 - Water Fluoridation

BEHAVIORS

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

COMMUNITY AND ENVIRONMENT

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

POLICY

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

CLINICAL CARE

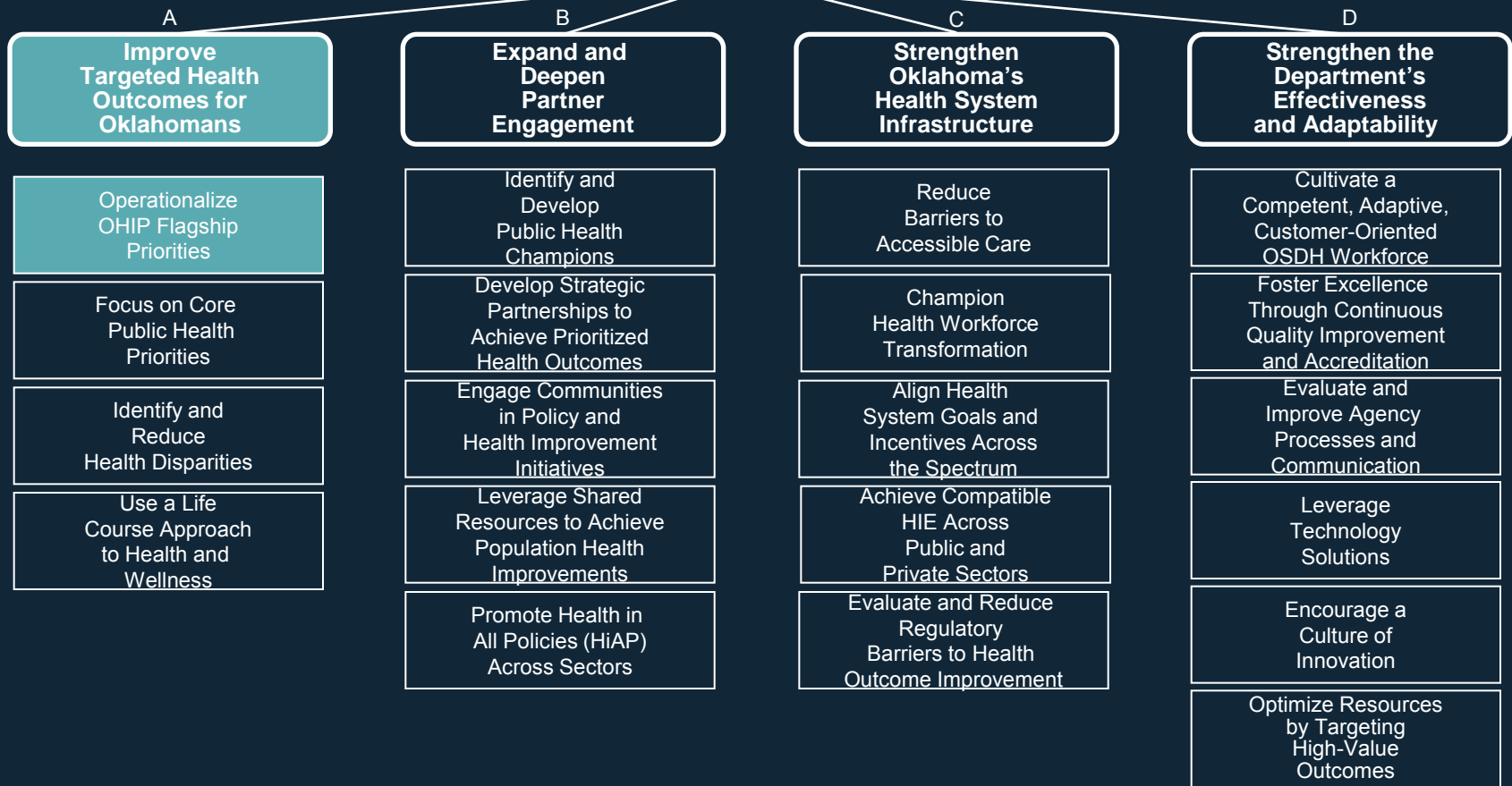
Metric	2016 Value (Rank)	2015 Value (Rank)	2014 Value (Rank)	2013 Value (Rank)
Low Birthweight (% of live births)	8.0 (25)	8.1 (28)	8.0 (24)	8.5 (33)
Primary Care Physicians (number per 100,000 population)	123.7 (36)	(48)*	(48)*	(48)*
Dentists (number per 100,000 population)	50.3 (38)	50.4 (38)	50.4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

* Different data source/method

OUTCOMES

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

Improve Population Health



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

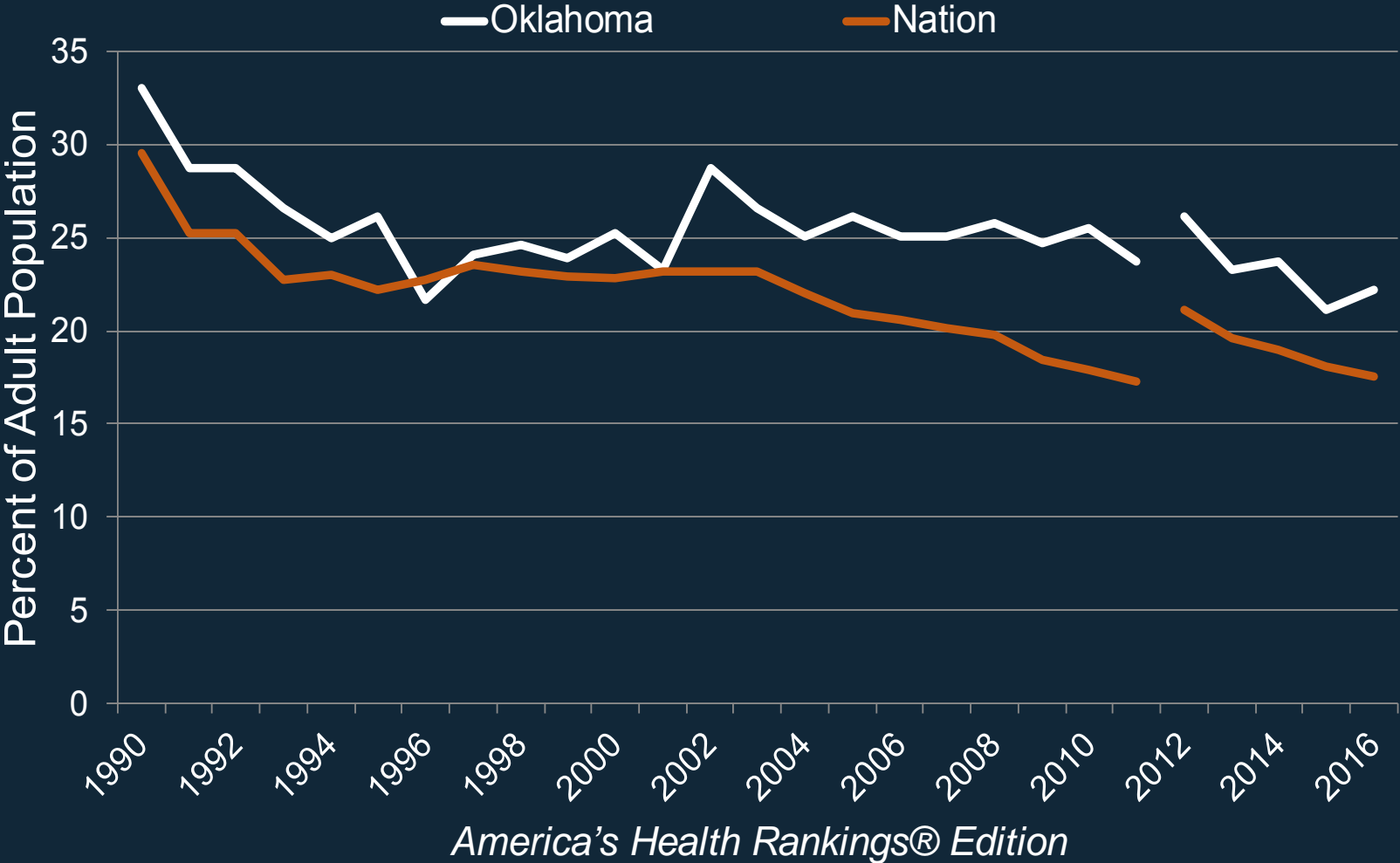
Chronic Lower
Respiratory Disease

Diabetes

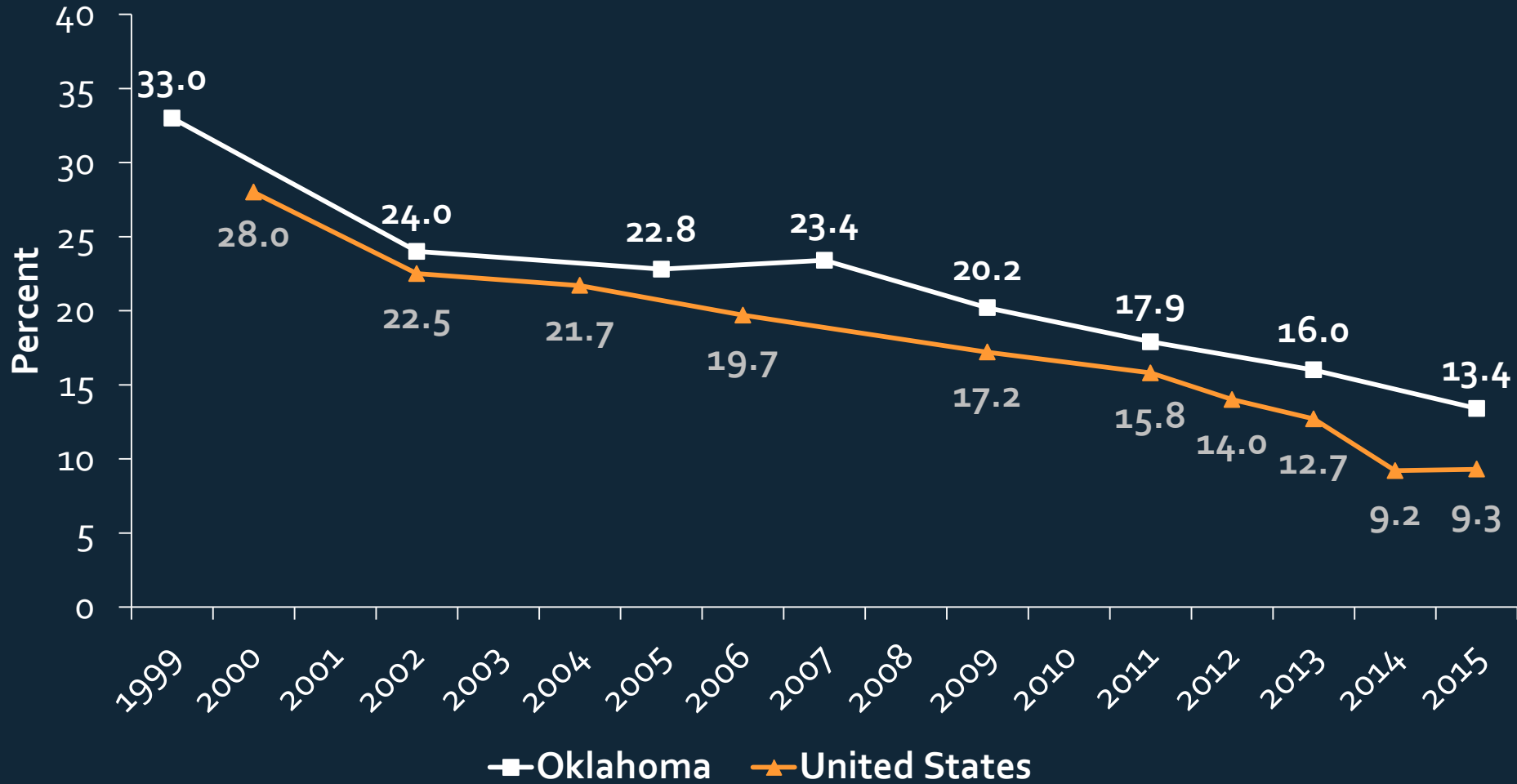
That Cause 60 percent of Deaths in Oklahoma

Including Many Premature Deaths

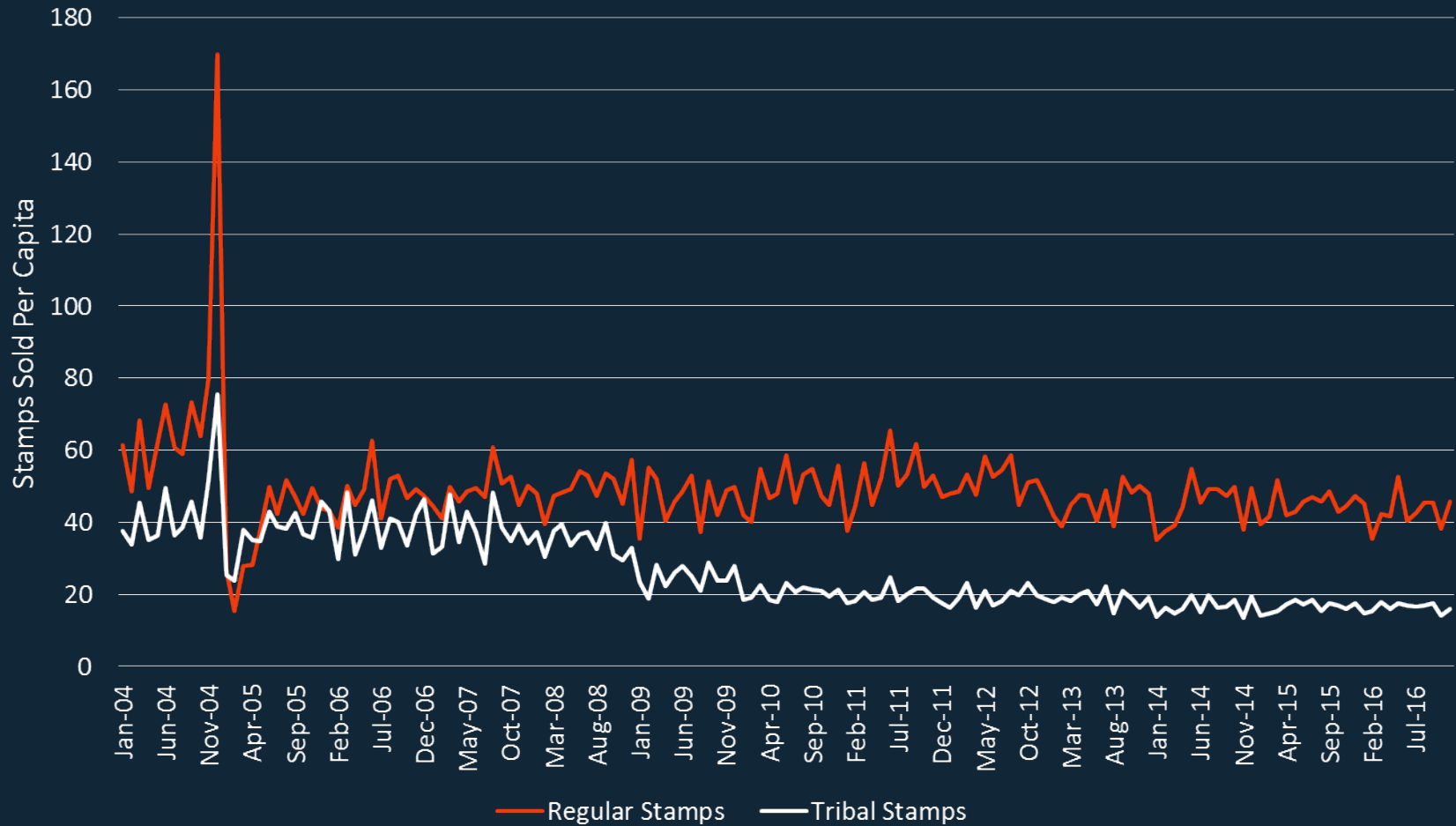
ADULT SMOKING



YOUTH SMOKING



CIGARETTE TAX STAMPS SOLD TO WHOLESALERS



TOBACCO CONTROL WHAT WORKS

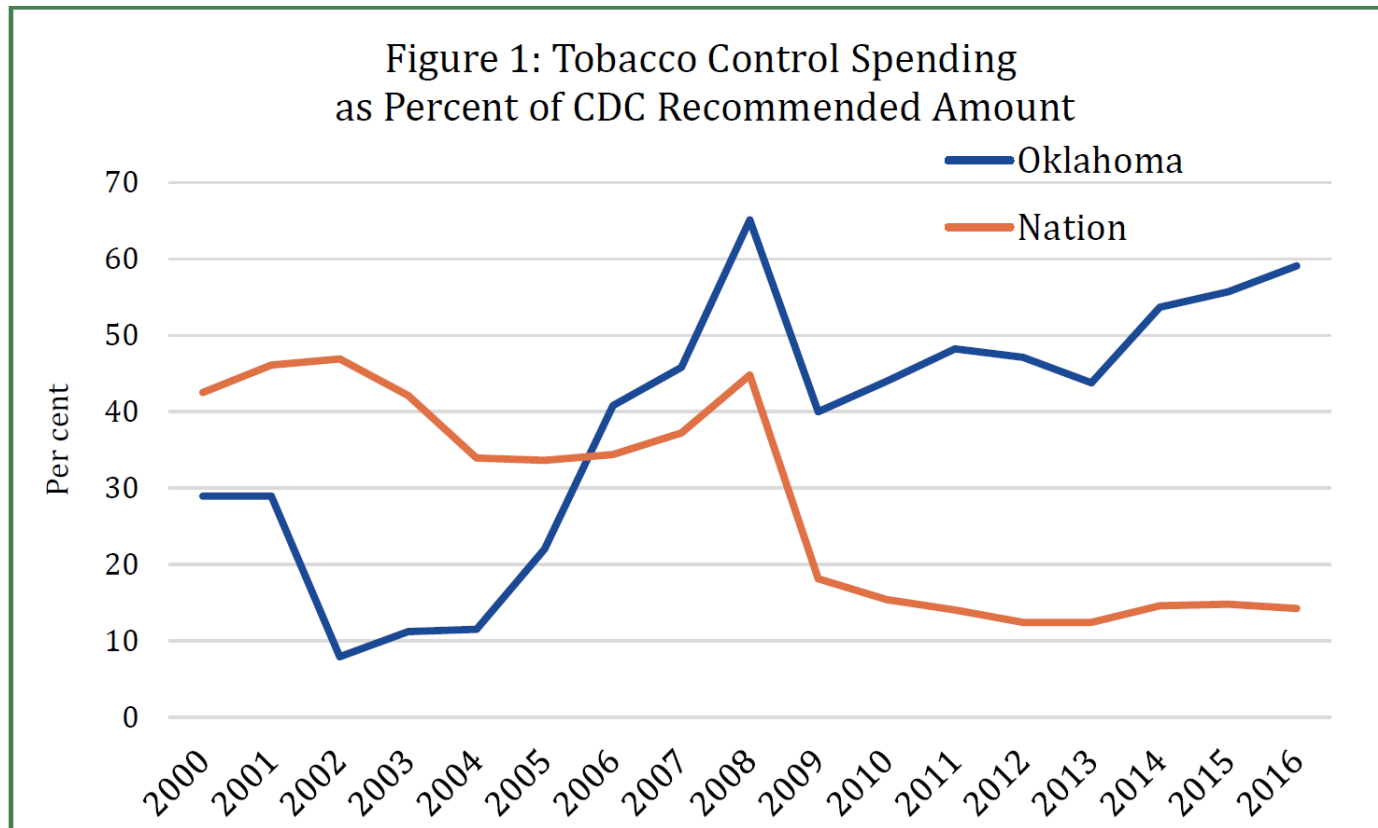
RECOMMENDED

- Comprehensive Tobacco Control
- Increase Price of Products
- Mass Reach Health Communication
- Tobacco Quitlines/Reduce Barriers to Cessation Products
- Smoke Free Policies

INTERVENTION

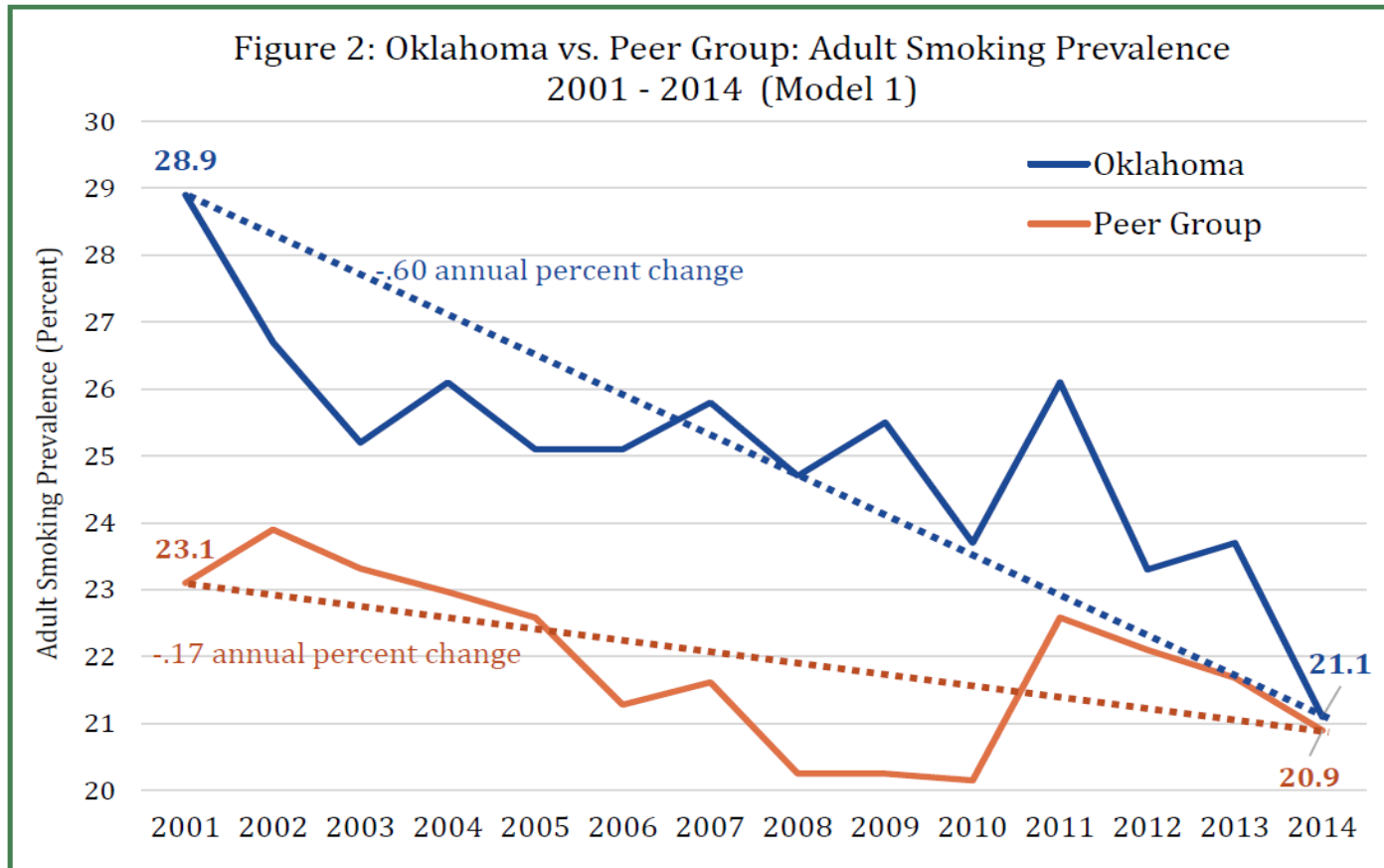
- TSET/OSDH
- Tax Policy
- Tobacco Stops With Me/Helpine Ads
- Oklahoma Tobacco Helpline/OHCA Policy Change
- Certified Healthy Oklahoma/
Incentive Grants/Healthy Living

TSET IMPACT ANALYSIS



Source: "History of Spending for State Tobacco Prevention Programs" Campaign for Tobacco-Free Kids

TSET IMPACT ANALYSIS



Source: Behavioral Risk Factor Surveillance System (BRFSS)

TOBACCO HELPLINE EVALUATION

7/1/2015 – 6/30/2016

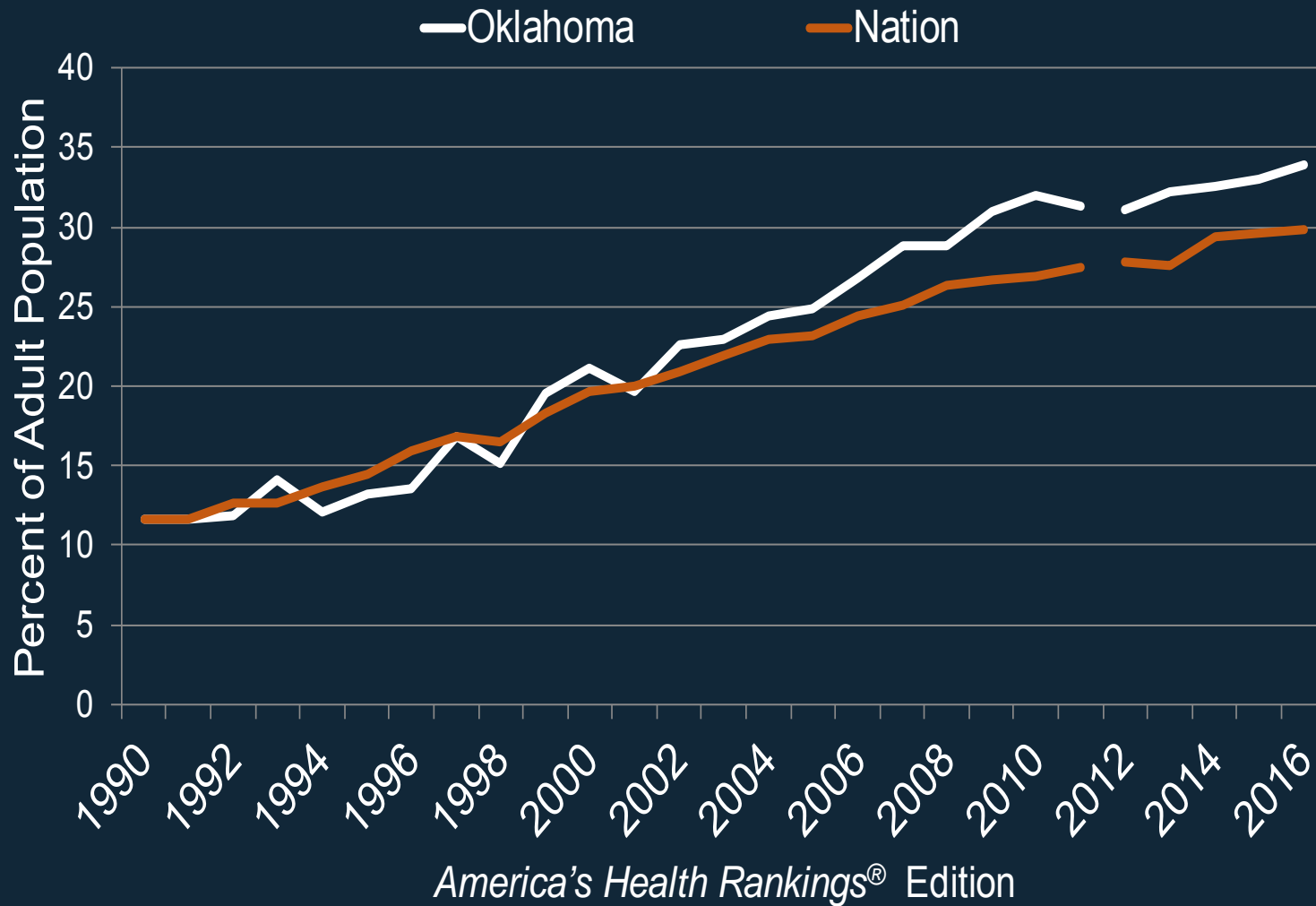
All Callers

- Utilization increased 43%
- 37,000 registrants
- 13,165 referred from health system/provider
- 80% received NRT
- 30.3% quit rate at 7 months

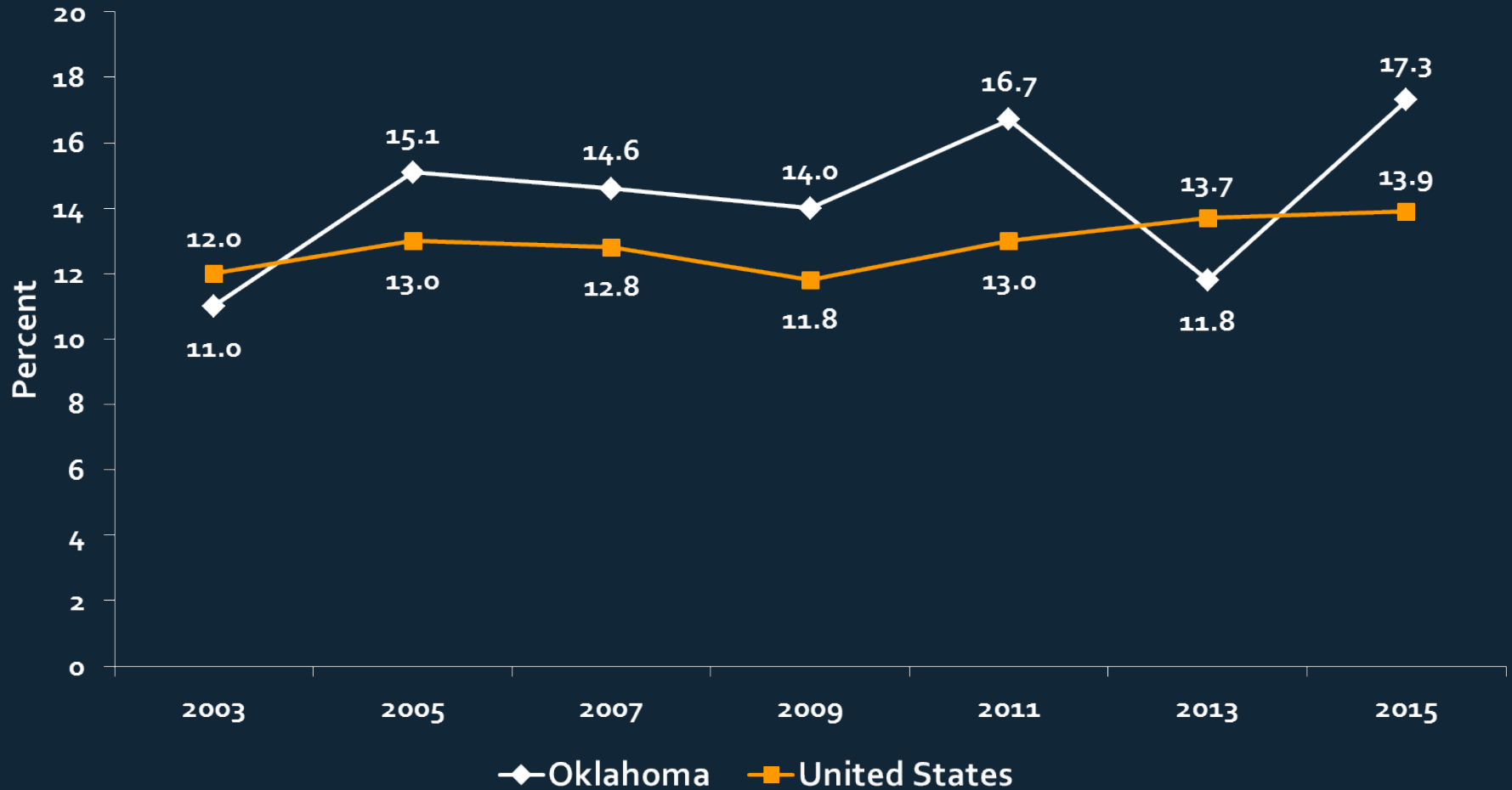
Medicaid Callers

- Utilization increased 37%
- 5,700 registrants
- 88% increase in pregnant, planning pregnancy or breastfeeding women
- 76% received NRT
- 27% quit rate at 7 months

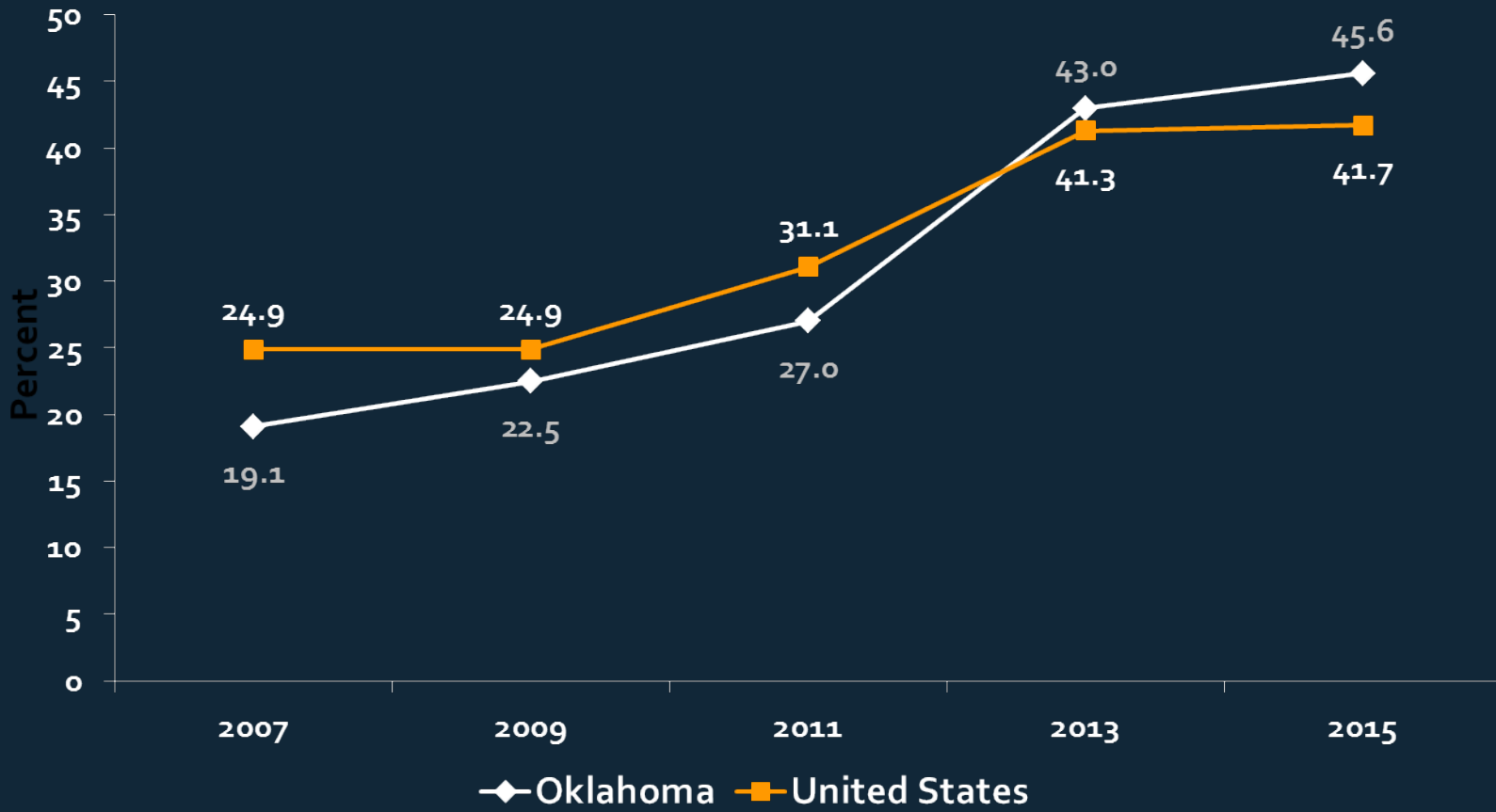
ADULT OBESITY



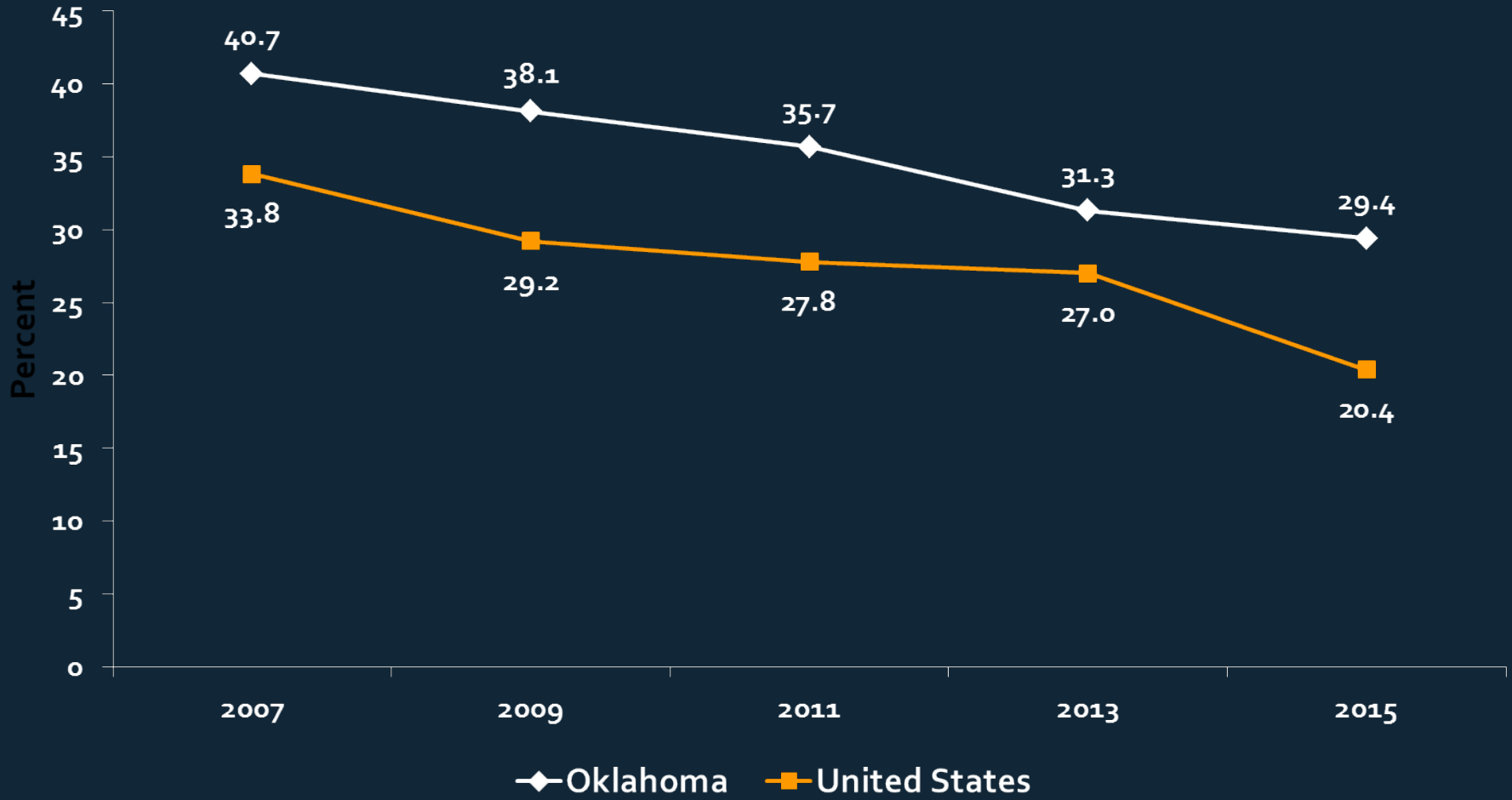
ADOLESCENT OBESITY



MORE THAN 3 HOURS OF SCREEN TIME



HIGH SCHOOL SODA CONSUMPTION



† Not including diet soda or diet pop

OBESITY, PHYSICAL ACTIVITY & NUTRITION

WHAT WORKS

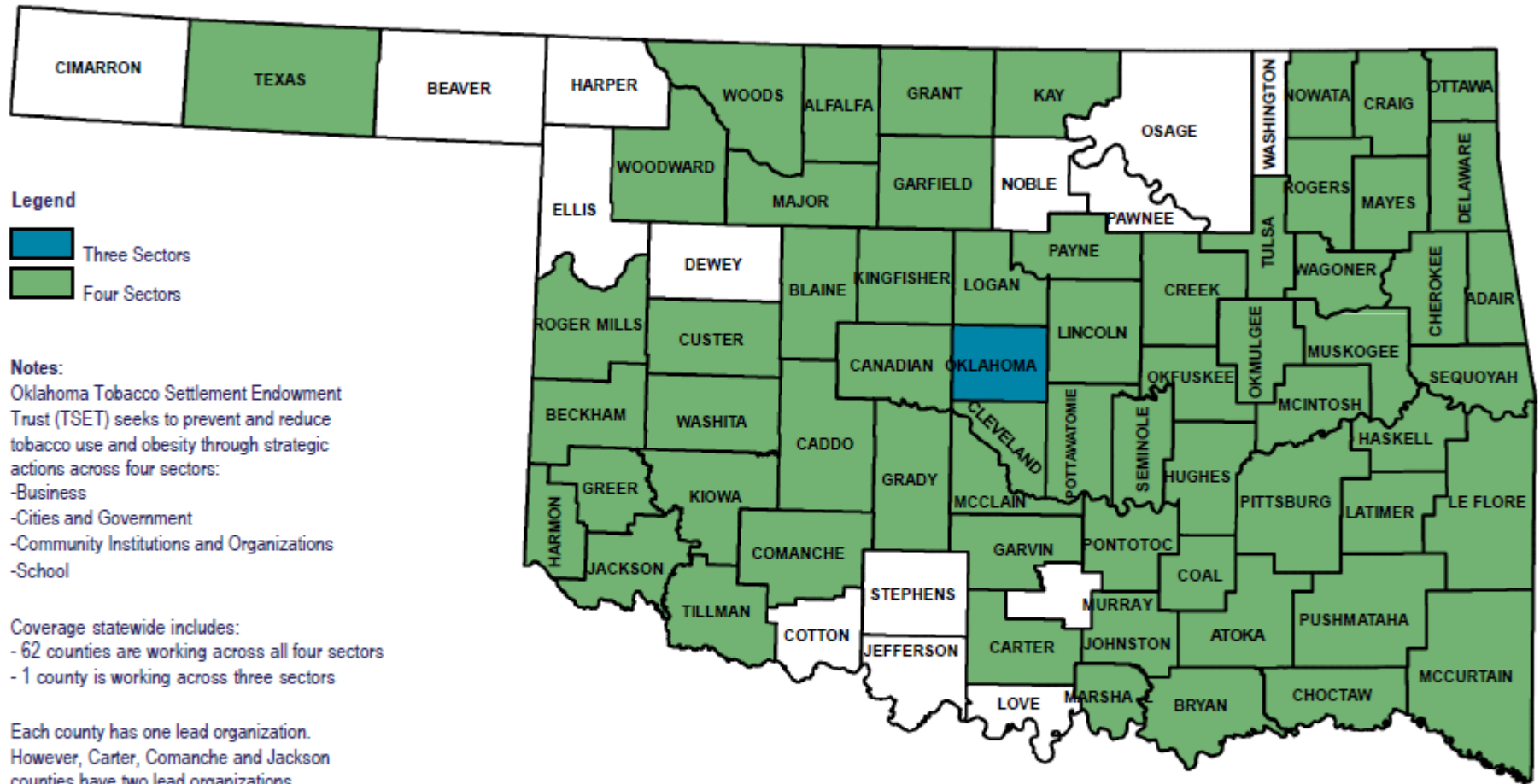
RECOMMENDED

- Reduce Screen Time
- Worksite Programs
- Built Environment/Access to PA
- Community/Social Support Campaigns
- Enhanced School Based PE
- Health Communication/Media

INTERVENTION

- Healthy Living Program
- Certified Healthy
Oklahoma/Incentive Grants
- Health 360
- Fitness Gram/PE Standards
- Go NAP SACC
- Shape Your Future

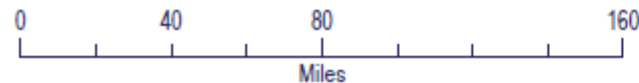
TSET Healthy Living Grant Recipients



Data Source: Tobacco Settlement Endowment Trust

Projection/Coordinate System: USGS Albers Equal Area Conic

Created: 06.10.2015



Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.



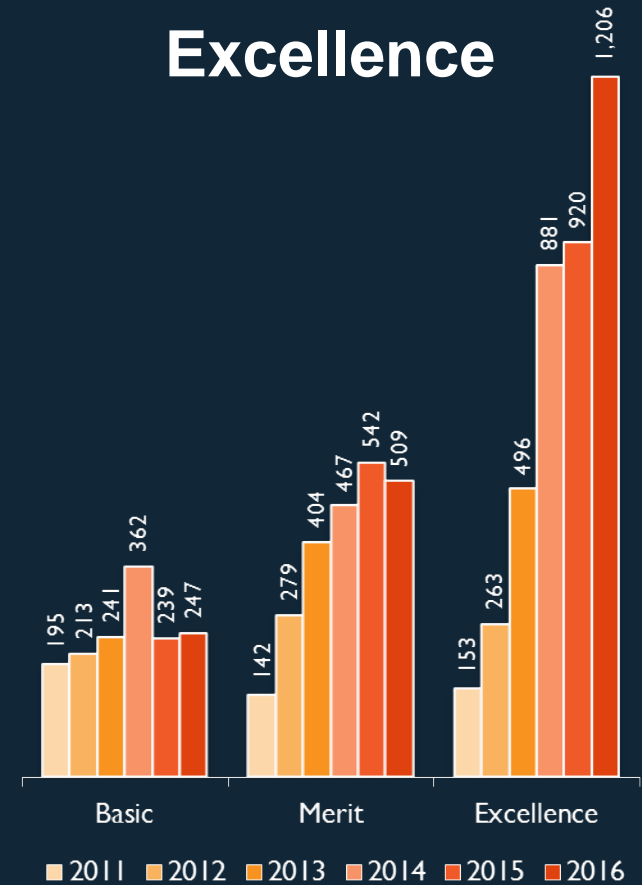
Center for the Advancement of Wellness
 Oklahoma State Department of Health

CERTIFIED HEALTHY OKLAHOMA

Certifications



Excellence



HEALTH 360



Compendium of Obesity Prevention

	Program or Policy	Social Ecological Level	Level of Recommendation	Strength of Evidence	Cost Effectiveness	Population Reach	Score
HEALTH	Primary Care Physician Interventions						83.3%
	Point of Decision Prompts						92.3%
BUILT ENVIRONMENT	Availability of Parks and Recreational facilities						81.5%
	School Locations				N/A		87.8%
EDUCATION	Age-appropriate nutrition in ECE						87.8%
	Coordinated School Health				N/A		86.2%
FOOD ACCESS	Consider Food Access in Community Planning				N/A		82.1%
	Healthy Corner Store Initiative				N/A		82.7%

NATIONAL INITIATIVES

Infant Mortality Collaborative Improvement & Innovation Network (CoIIN)

- 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

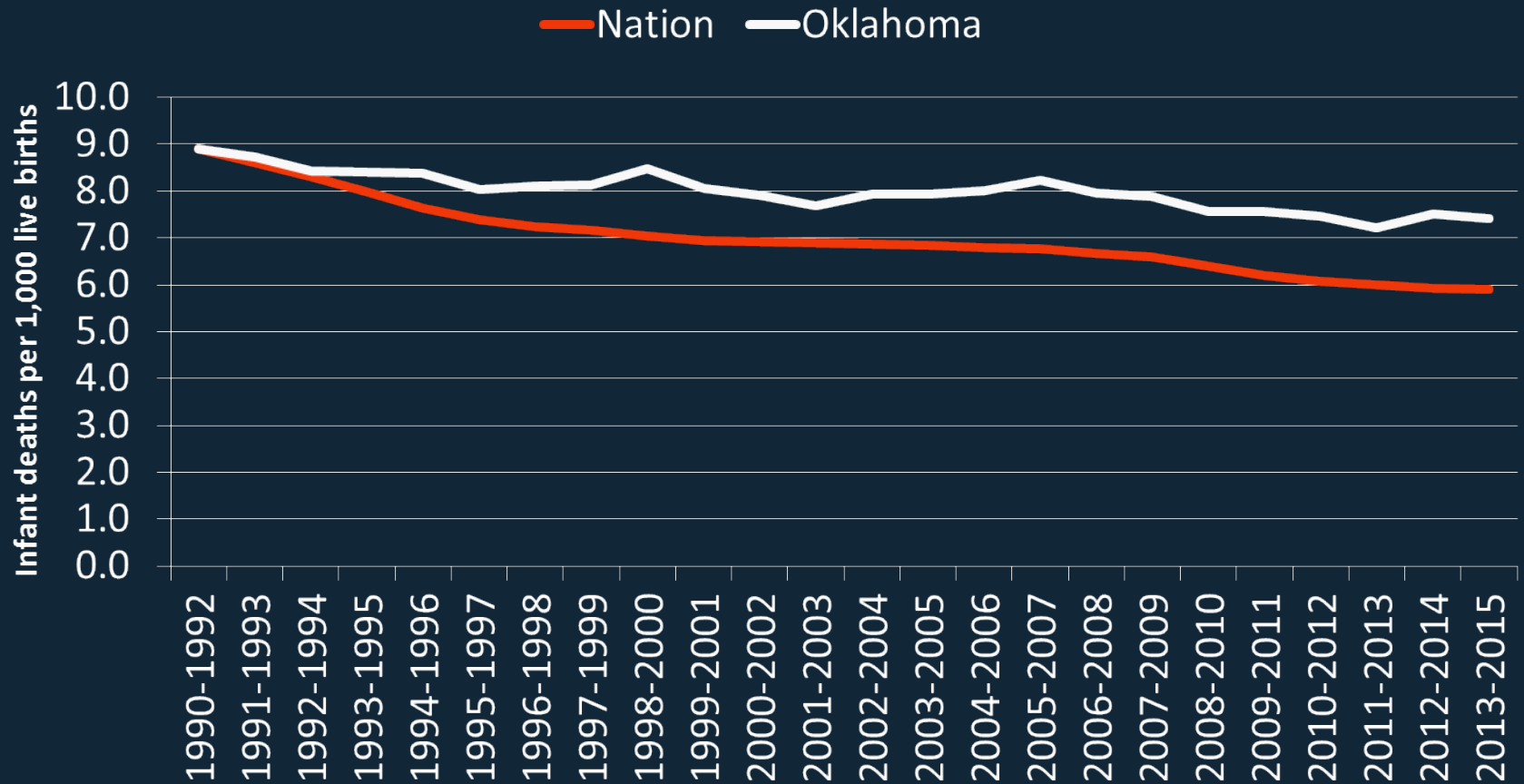
Statewide initiative to
decrease infant mortality
rates & reduce racial
disparities

Priority areas:

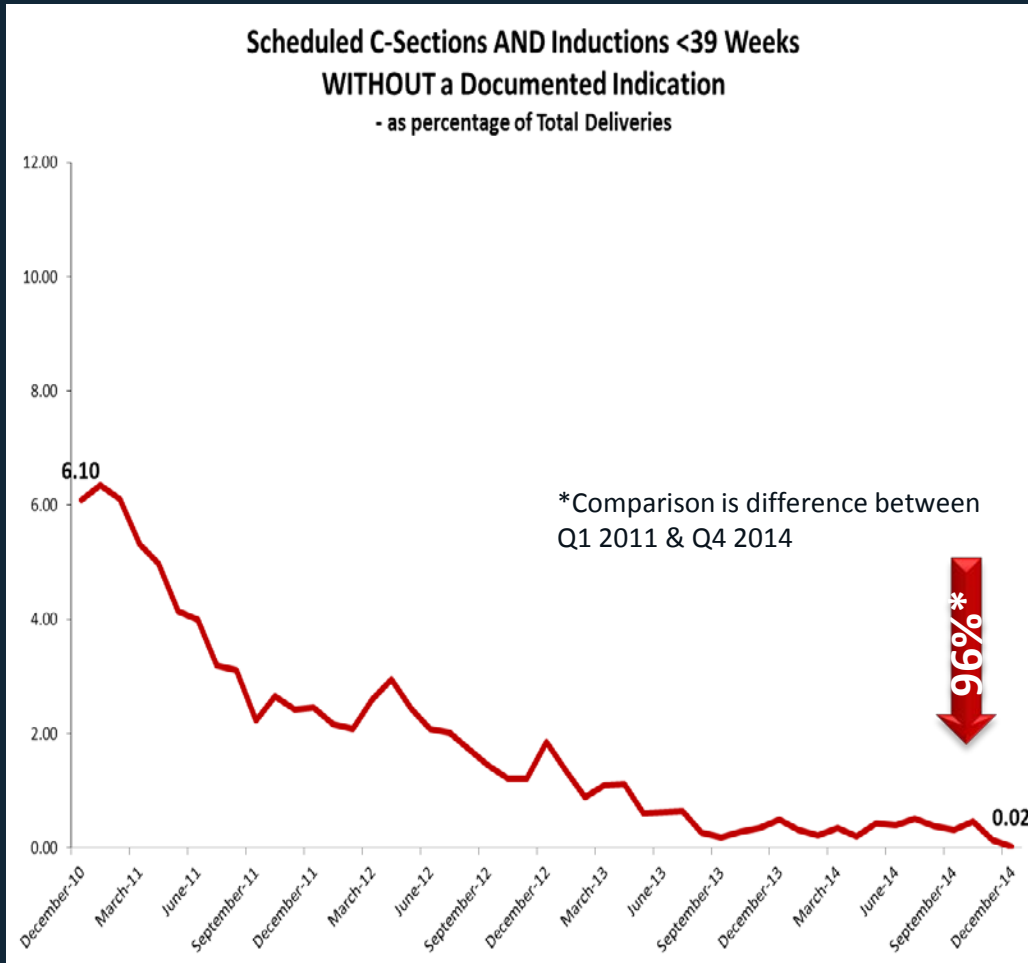
- Preconception health
- Premature birth
- Tobacco & pregnancy
- Breastfeeding
- Postpartum depression
- Infant safe sleep
- Infant injury prevention



INFANT MORTALITY RATE

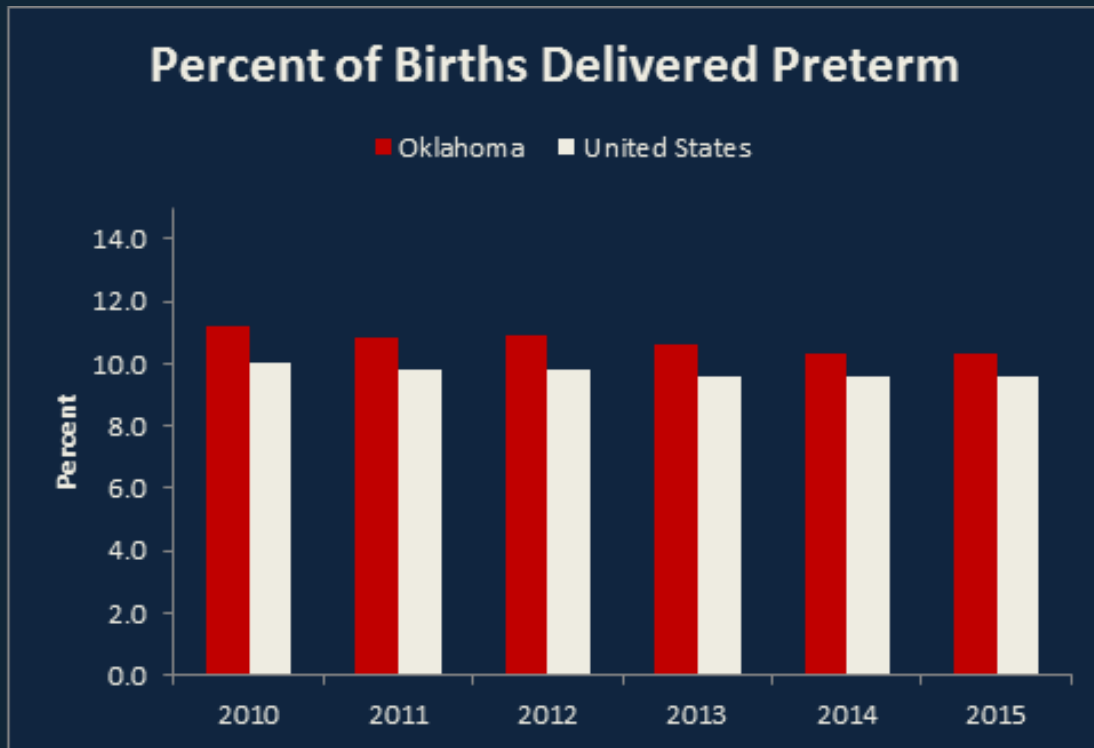


EARLY ELECTIVE DELIVERIES



- **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!

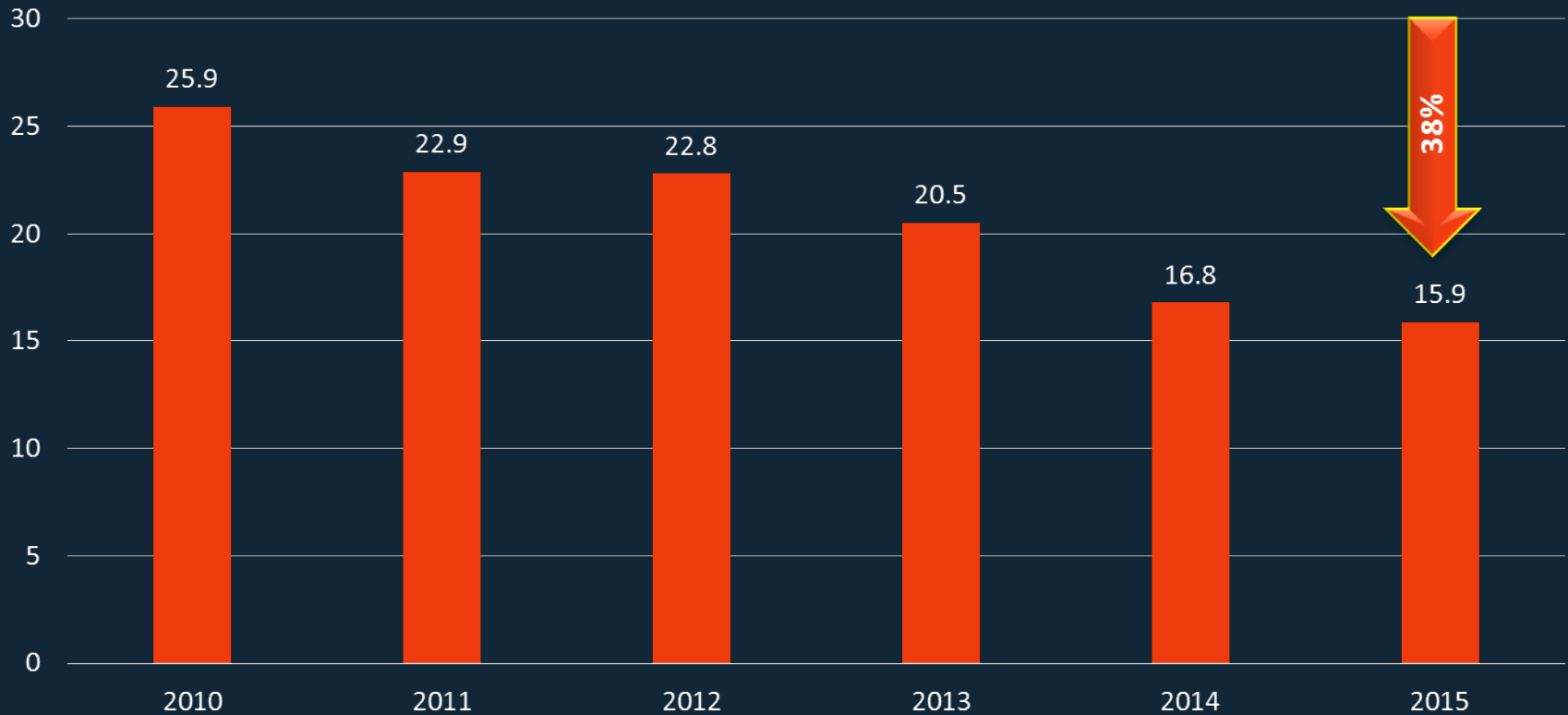
PRE-TERM BIRTHS



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!

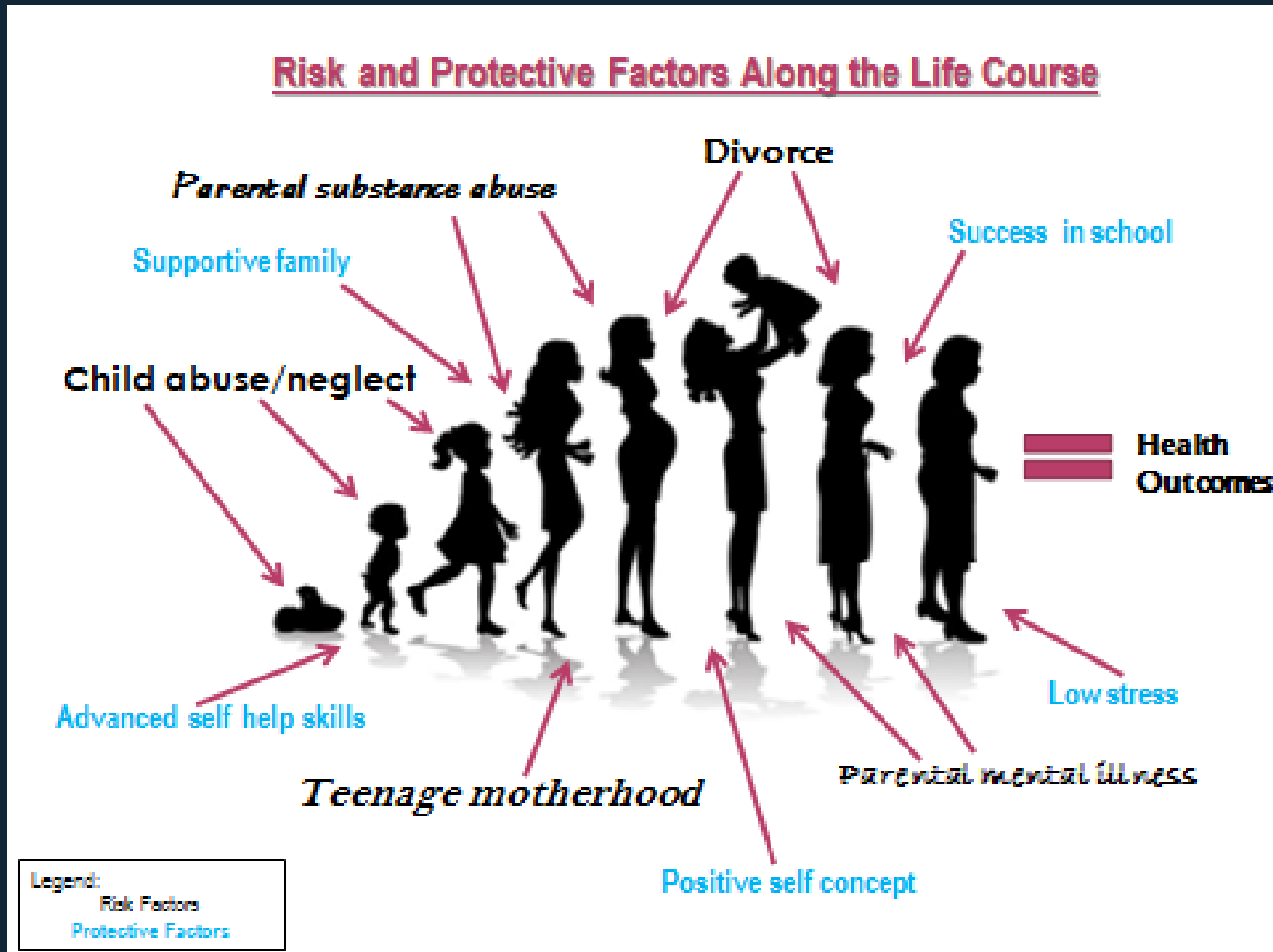
OKLAHOMA TEEN BIRTHS

Births per 1000 to Teens 15-17 Years of Age



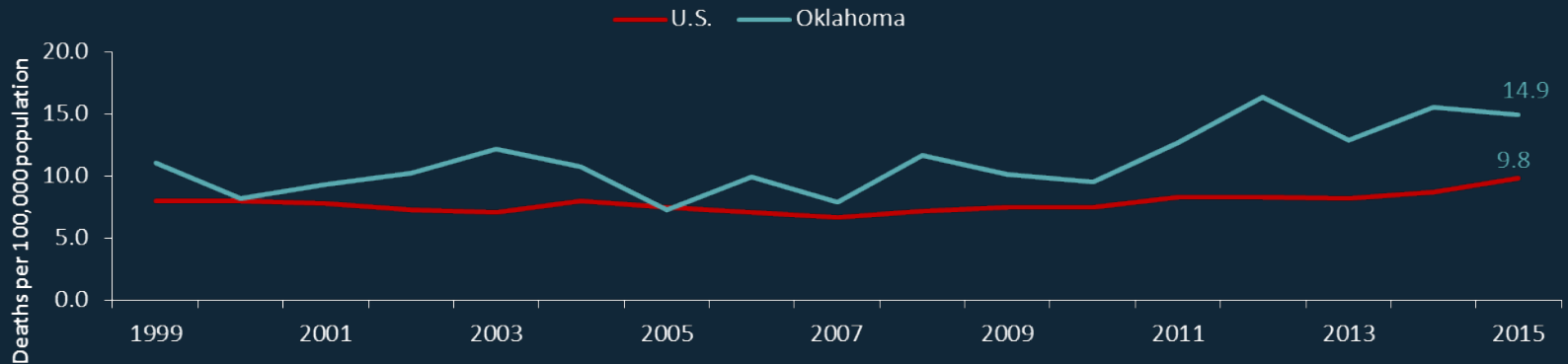
Source: OK2SHARE. Rate is per 1000 live births

Each life stage influences the next



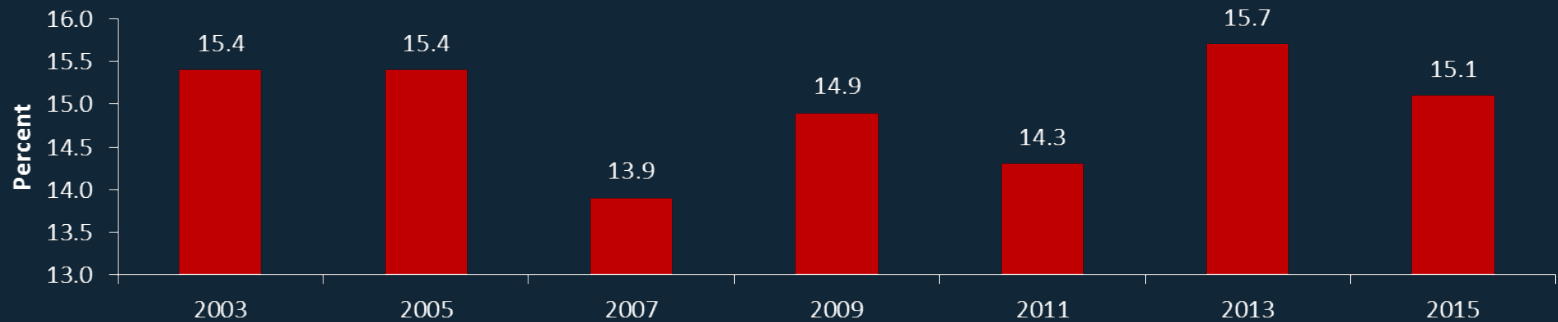
TEEN SUICIDE

Suicide mortality among adolescents (ages 15-19): US and Oklahoma, 1999-2015



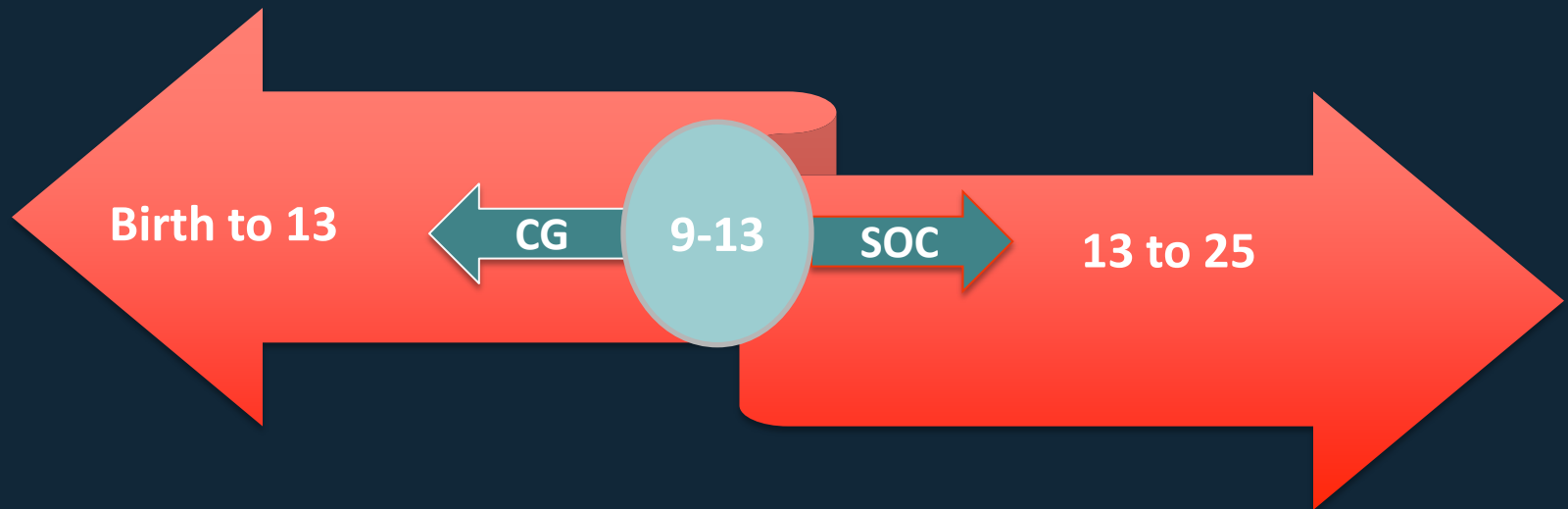
Source: CDC Wonder

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

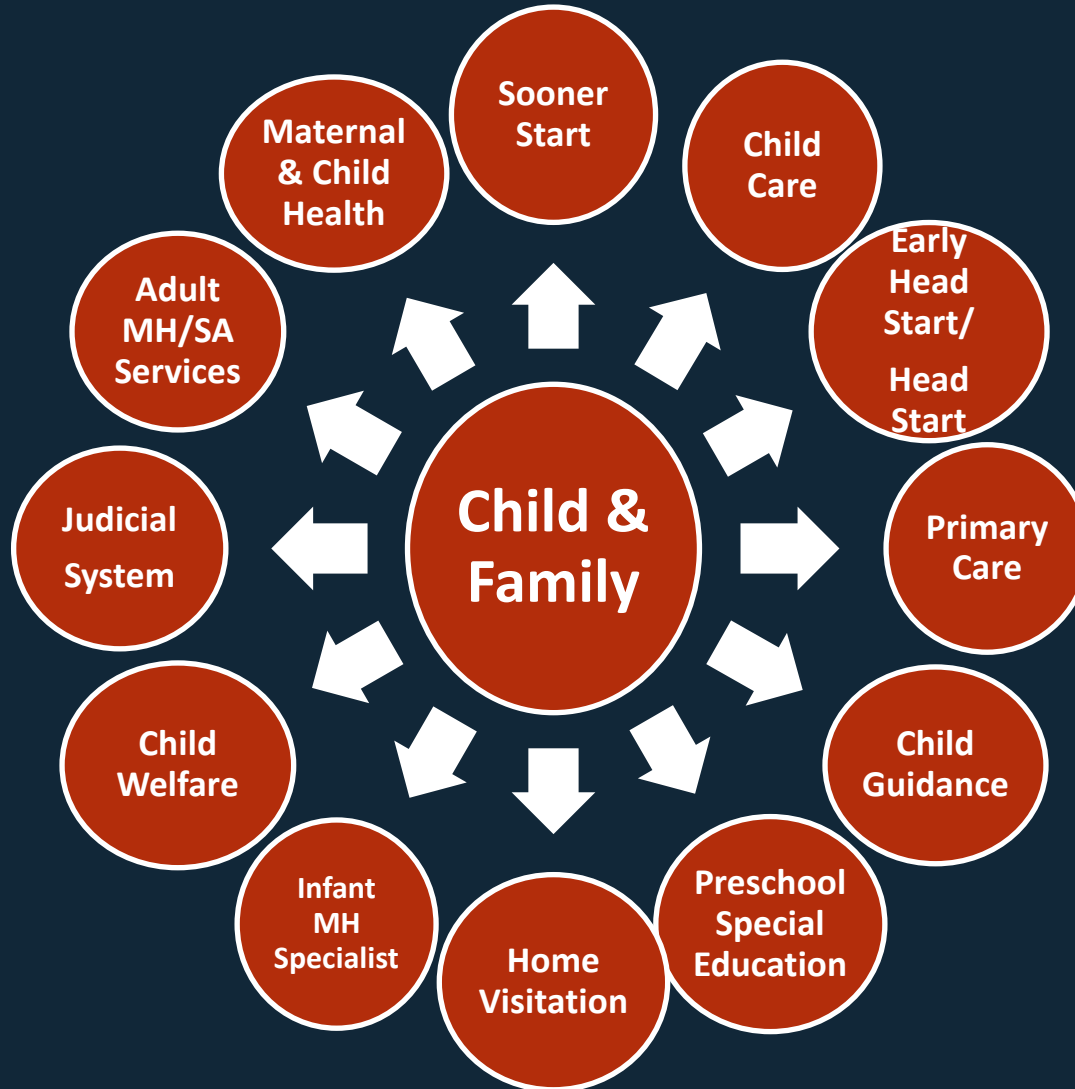


Source: Oklahoma YRBS

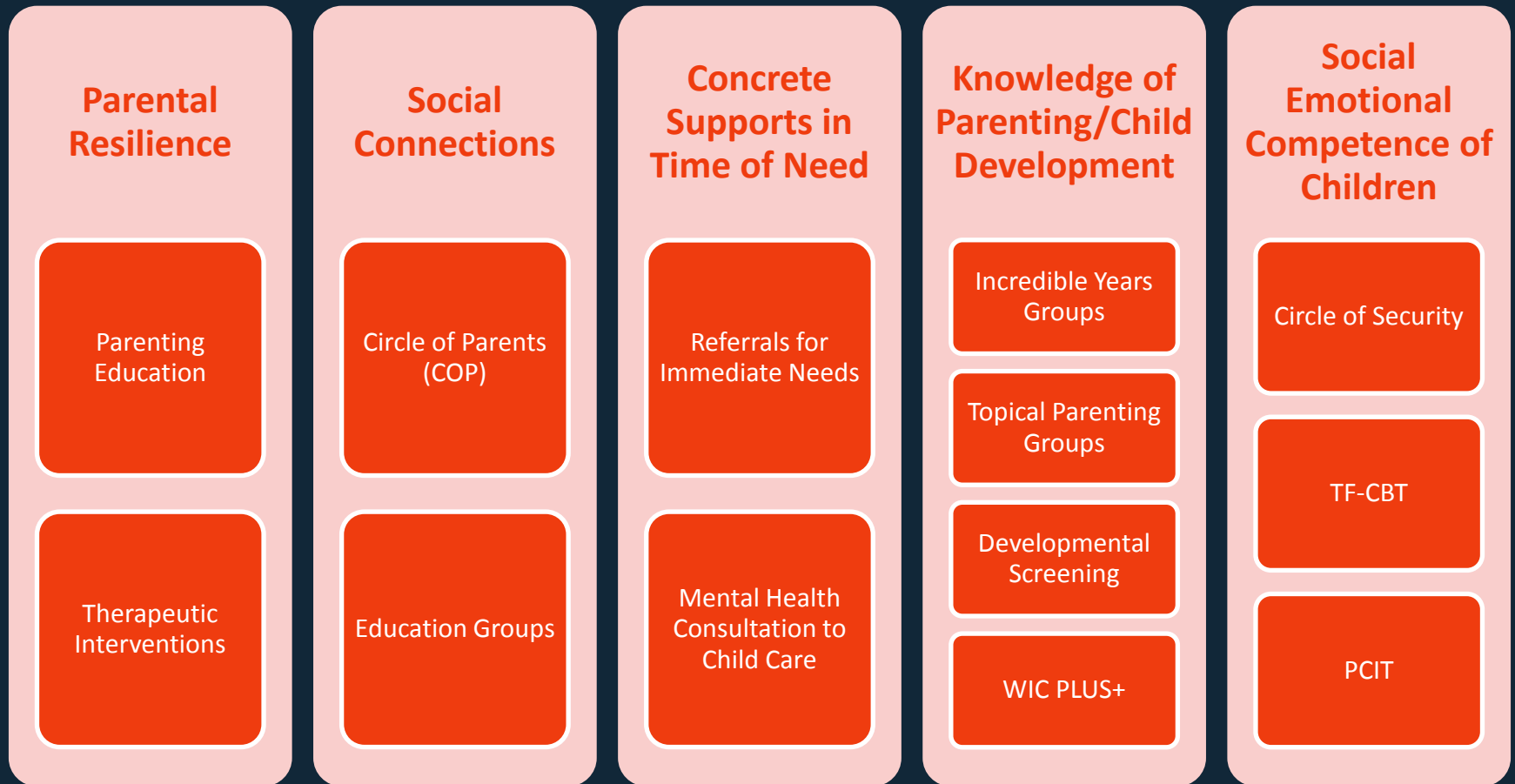
CHILD GUIDANCE ROLE IN SYSTEM OF CARE



EARLY CHILDHOOD SYSTEM OF CARE

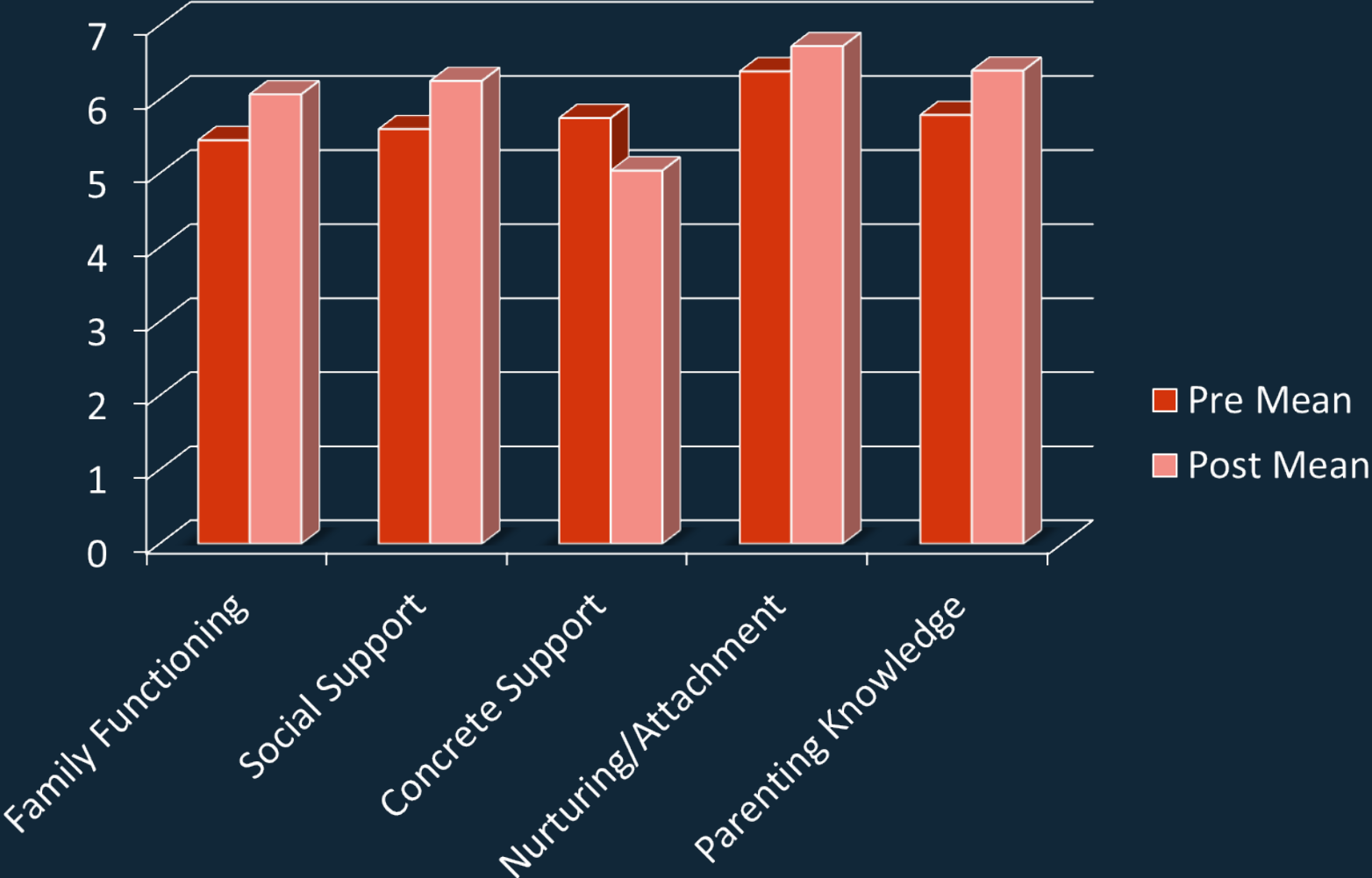


PROTECTIVE FACTORS INFORM OUR WORK

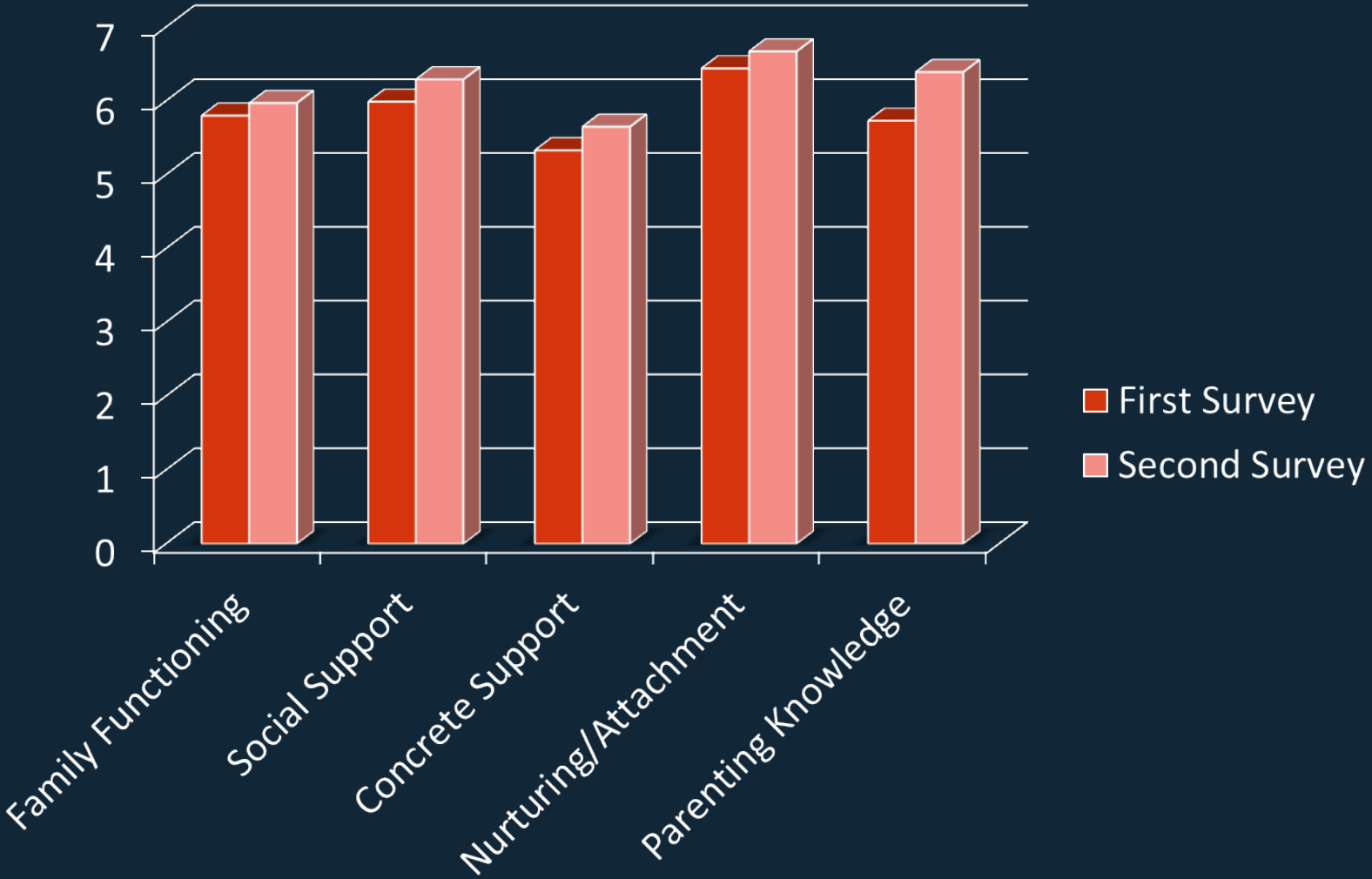


1,592 persons served through 850 hours of EBP

Project LAUNCH Matched Pre and Post Surveys



Project LAUNCH Community Parent Surveys



QUESTIONS