Joint Commission
Final Report

Oklahoma State Department of Health

TULSA HEALTH Department
Executive Summary

Over the last few weeks Advisory Committees have been meeting to develop core recommendations in the following identified areas: legal/legislative, budget and programs, data and IT infrastructure. Many of these recommendations were formed with input from Oklahoma State Department of Health employees and the general public. Clear themes and trends have emerged as a result of this work and should be considered central to our efforts to move forward in adopting recommendations and developing an actionable plan forward. Resource allocation and decision-making autonomy is found across all recommendations, explicitly or implicitly, illustrating a consensus among advisors. Resource allocation cannot just consider population density, however, as the needs of the rural communities are multi-faceted and per capita funding allocation alone will not address the needs of those citizens residing in our rural communities.

Efforts to improve health outcomes must focus on increasing efficiency, encouraging autonomous decision-making at the local level to develop community specific partnerships and governance structures that best meet the needs. Examples of implementation may include shared jurisdictional arrangements enabling multi-county or regional delivery of programs and services and development of joint governance structures to allow for equal partnership between local, regional and state health departments. Another theme that emerged across all Advisory Committees is the need to update and modernize public health data and IT infrastructure that supports it. Real time public health data is a critical missing link for decision makers to develop programs, policies and services to meet the needs of Oklahoma communities. Transparency of public health data is not limited to the traditional health data we associate with health outcomes but must also include the financial and operational data that drives those outcomes.

Finally, each Advisory Committee recognized the evolution of public health over the last decade requires an ability to develop relationships with non-traditional partners in the community. The opioid epidemic, challenges in resource sustainability and increases in natural disaster are examples of the need for public health to move away from program-driven delivery of services, and towards population-driven strategies that reflect community identified needs. Defining foundational public health services is only the starting line for these efforts, articulating the specific clinical and community strategies that will impact health outcomes for the greatest number of Oklahoma residents is a collaborative endeavor. A joint council that contains representation from state, local and city-county health departments is one of the most important steps we can take to improve health and address disparities in the communities we serve.
EXECUTIVE DEPARTMENT
EXECUTIVE ORDER 2017-36

To the Honorable Members of the Oklahoma House of Representative and the Honorable Members of the Oklahoma State Senate.

I, Mary Fallin, Governor of the State of Oklahoma, pursuant to the powers and authority vested in me by Sections 1 and 2 of Article VI of the Oklahoma Constitution hereby direct as follows:

1. I hereby create a Joint Commission on Public Health and appoint Gary Cox, Executive Director of Oklahoma County Health Department as its Chairman.

2. Additional members of the Joint Commission shall be appointed by Preston Doerflinger, Interim Director of the State Health Department from the following stakeholders:

Representatives of the County Health Department including the Oklahoma City County Health Department, Tulsa County Health Department, as well as the Oklahoma State Department of Health staff, public health advocates and agency partners.

3. The Joint Commission shall develop a plan of excellence for Public Health in the State of Oklahoma and shall provide guidance as to the proposed FY2019 budget for the Oklahoma Health Department.

IN WITNESS WHEREOF, I have set my hand and caused the Great Seal of the State of Oklahoma to be affixed at Oklahoma City, Oklahoma, this 7th day of November, 2017.

BY THE GOVERNOR OF THE STATE OF OKLAHOMA

MARY FALLIN

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### Joint Commission Appointees:

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<tr>
<th>Name</th>
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<tr>
<td>Preston Doerflinger</td>
<td>Interim Commissioner, OSDH</td>
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<tr>
<td>Brandie Combs</td>
<td>OSDH County Administrator, Comanche</td>
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<tr>
<td>Mike Echelle</td>
<td>Former OSDH County Administrator, Pittsburg Co. St. Francis - Warren Clinic Director</td>
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<tr>
<td>Tribal Representative Senator A.J. Griffin</td>
<td>Oklahoma State Senate</td>
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<tr>
<td>Representative Dale Derby</td>
<td>Oklahoma State House of Representatives</td>
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<tr>
<td>Ann Paul, MPH</td>
<td>THD Board of Health Member</td>
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<tr>
<td></td>
<td>Chief Strategy Officer at St. John Health System Tulsa, OK</td>
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<tr>
<td>Jenny Alexopulos, DO</td>
<td>OSDH Board of Health Member</td>
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<td></td>
<td>Director of Medical Education at OSU Medical Center Professor of Family Medicine, Tulsa, OK</td>
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<tr>
<td>Erika Lucas</td>
<td>OCCHD Board of Health Member</td>
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<td></td>
<td>Owner/Consultant</td>
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<tr>
<td>Bruce Dart, Ph.D.</td>
<td>THD, Executive Director</td>
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<tr>
<td>Gary Cox, JD, Chairman</td>
<td>OCCHD, Executive Director</td>
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### Joint Commission Advisors:

**LEGISLATIVE / LEGAL ADVISORS**

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<tr>
<th>Name</th>
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<tr>
<td>Dr. Gary Raskob</td>
<td>Dean, College of Public Health, OUHSC</td>
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<tr>
<td>Tammie Kilpatrick (Chair)</td>
<td>FKG Consulting</td>
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<tr>
<td>Scott Adkins</td>
<td>Scott Adkins Consulting</td>
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<td>Chanteau Orr, Legal Services</td>
<td>THD</td>
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<td>Myron Coleman, Legal Counsel</td>
<td>OCCHD</td>
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<td>Julie Ezell, General Counsel</td>
<td>OSDH</td>
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<td>Buffy Heater</td>
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Executive Summary

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Below please find an executive summary of recommendations set forth by each advisory committee. For full recommendations, please review the full report (pages 11 – 15) and see attached addendum.

Advisory Committee Recommendations

Budget/Program Assessment

The Budget/Program Assessment Advisory Committee was tasked with developing recommendations that address transparency in budget forecasting and funding sources. In addition, this committee was tasked with developing recommendations to address governance of the overall public health system to include strategies to become more lean and efficient,
effectively developing partnerships, engaging in resource-sharing and determining the applicability of defining foundational public health areas and capabilities.

- Develop and implement a transparent zero-based budgeting, billing and overall financial system for the Oklahoma State Department of Health (OSDH) that can easily be assessed, shared and reported on.
- Adopt the Foundational Public Health Services Model and ensure programming and budgets align with the foundational areas and capabilities. Determine a formula to appropriate public health funds by region/county, which incorporates per capita funding, community population and needs, and allows for autonomous county decision making, with general administrative oversight and monitoring remaining as a central office function.
- Conduct an environmental health program/services scan to identify opportunities to reduce duplication, develop public/private partnerships, and consider co-locating programs/services to create comprehensive, holistic service in each community.
- Develop and establish an evaluation system that will allow the Oklahoma State Board of Health to receive updates and engage partners in the implementation of a statewide strategic plan.
- Create a Joint Council to review health data, plan health initiatives, prioritize services, develop private/public partnerships, evaluate outcomes, and review per capita public health spending in each county. This Council would include all governmental public health agencies as partners, and consist of the state Commissioner of Health, Regional Administrative Directors, and the Executive Directors of the Oklahoma City-County Health Department, and Tulsa City-County Health Department.

Data Assessment

The Data Assessment Advisory Committee was tasked with developing recommendations that address the health assessment process, access to data, and effective messaging to the public. This included addressing needs to modernize IT infrastructure and enhance the ability for decision makers to utilize real time data to inform strategies.

1. Maintain a cadence of collaboration:

By working together across agency and public-private sector boundaries, the Data Committee was able to make progress in just a few short meetings. In order to sustain and build on this progress we request that our meetings continue as we enter the crucial phase of planning short, medium and longer term strategy for public health information infrastructure and pursue funding to support and sustain these efforts.

2. Modernize Oklahoma’s public health data infrastructure:

Significant gaps and inefficiencies exist in Oklahoma’s public health data infrastructure, and we recommend the following improvements be made:

Implement a statewide public health electronic medical records system to provide real time data for health improvement. This data system should integrate disease surveillance, immunization registry, electronic Master Patient Index (eMPI), link all public health systems, OHCA and
OSDMHSAS systems and should leverage existing resources and investments. These data systems and analysis can provide the data needed to address public health challenges, gaps in coverage, needed resources, community interventions and evaluation of effectiveness towards improving community health.

This goal includes short-, mid-, and long-term objectives identified by committee members.

Short-term:
- Complete upgrades and deployment of the public health immunization bi-directional messaging.
- Continue state agency interoperability project to link public health systems, OHCA, and ODMHSAS, and other state agencies.
- Planning for state/city-county data integration solutions with PHIDDO, PHOCIS, and OSIIS.
- Legal review of secondary use of state public health data in external systems (i.e., Health Information Exchange (HIE), Electronic Health Record (EHR), Insurance).
- Pursue available funding for implementation and long-term sustainability for HIE and public health interoperability for state match funding.
- Coordinate with existing HIEs to leverage clinical data exchange and public health messaging

Mid-term:
- Synchronize eMPI’s between state and private sector
- Synchronize provider and services directory/index
- Participate in national initiative, Digital Bridge, for electronic case reporting
- Evaluate potential implementation plans for integrated statewide public health analytics system
- Implement state/city-county data integration solutions with PHIDDO, PHOCIS, and OSIIS

Long-term:
- Deploy statewide Public Health EHR
- Evaluate potential implementation strategies for statewide syndromic surveillance monitoring

Legislative/Legal

The Legislative/Legal Advisory Committee was tasked with developing recommendations that address opportunities to proactively work with locally elected officials to improve transparency in public health through budgeting, accountability and modernized legislation.

- Develop statewide coalition who will provide input to the Joint Commission and educate around public health generally and the Joint Commission’s recommendations.
- Develop a cohesive and unified message for communication around both public health and the recommendations of the Joint Commission.
- Work with the Governor and Legislature to develop strategy for implementation of the Joint Commission Policy recommendations.
• Continue the Joint Commission through implementation of policy reforms and facilitate additional opportunities for healthcare, education and business community stakeholders to participate in the process.

**Summary**

We are appreciative of the good work that has been undertaken and accomplished by the Advisory Committees. Addressing the core, thematic areas identified by the Joint Commission is a first step in restoring the credibility of our state’s public health system to the communities we serve and putting Oklahoma on a path to health improvement. We offer these final thoughts in regard to the path forward.

• For Oklahoma’s public health system to work cohesively, and to build a path forward to modernize, a true partnership must be emboldened to provide oversight for our system. The development of a Joint Council to perform this function and formalize the expectation for transparency and accountability among public health system stakeholders should include representation from the OSDH, the metropolitan health departments of Oklahoma City and Tulsa, and the local county health departments.

• As we embark on this next chapter of OSDH administration, and consider the ability to develop these partnerships, input from members of the proposed Joint Council should be incorporated in the search for the next leader of our state’s public health system.

• Resources, both state and federal, must be distributed equitably based on need and population, with attention given to balancing the distribution to adjust for disparities in our rural communities which may not have access to the public-private partnerships of the more populous communities.

• Counties, in cooperation with Central Office, must be able to exercise local control over defining and implementing foundational public health services to best meet the needs of the communities they serve.

• Finally, we cannot afford to ignore the evolution of public health, and the explicit need to modernize our systems for resource allocation, data and IT infrastructure.

While much work has been put into the development of the recommendations included in this report, the work to transform Oklahoma’s public health system is only just beginning. It is now time to create actionable plans to operationalize and implement. Continuing to engage public health leaders, locally elected officials, and other diverse stakeholders already participating as members of the Joint Commission will be critical to this next step in modernizing the Oklahoma Public Health System.
The Joint Commission kicked off its work on January 5, 2018, bringing together diverse stakeholders from the public, private and non-profit sectors to first educate and build awareness of the current state of public health in Oklahoma.

Since that time, three advisory committees were formed, chaired by members of the Joint Commission and tasked with developing recommendations that address the following areas:

- Budget and Programs, Co-Chairs Dr. Patrick McGough, Oklahoma City-County Health Department and Mr. Reggie Ivey, Tulsa City-County Health Department
- Legislative/Legal, Chair: Ms. Tammie Kilpatrick, FKG Consulting
- Data Assessment, Chair: Dr. David Kendrick, MyHealth Access Network

Advisory committees each met for the first time immediately following the Joint Commission kick-off meeting on January 5th.

**Budget and Program Advisory Committee**

The Budget and Program Advisory Committee met six times over a period of three weeks (January 5 – February 9) to develop a robust set of recommendations for the Joint Commission’s review and approval. The Committee utilized a set of guiding questions to provide structure and framework to committee discussions.

**Guiding Questions**

1. In an effort to be transparent, should the Oklahoma State Department of Health have a financial and budgeting system that provides revenue and expenditure data that is real time, clear, and reflects federal and state allocations?
2. What internal controls and reporting structure should be implemented?
3. What potential changes could be made to the current County Health Department system structure to better serve Oklahomans?
4. Should this committee recommend per capita spending in the counties, with a weighted hybrid formula for rural/smaller counties with limited resources?
5. Is the public health system in Oklahoma targeting, to the fullest extent possible, specific measures that impact our national health ranking i.e. chronic disease reduction, uninsured reduction, increased immunization rates?
6. How do we increase efficiencies and avoid duplication of services and staff among counties (including metro areas) and Central Office?
7. Would increased autonomy and independence in budgeting and program efforts at a County Health Department level prove beneficial? If so, how/why?
8. Would county private public partnerships with hospitals, insurance, clinics, education, mental health and other prove beneficial?
9. Could co-located partners with public health (mental health, primary care, & other community resources) act as a driver for comprehensive/holistic services and additional resources needed to address upstream causes of poor health?

The guiding questions assured the process maintained clear intent and aligned with the stated role of the budget and program advisory committee. They were an effective tool in engaging advisors in healthy and open dialogue regarding critical gaps in the current budget and
programming processes in place at OSDH, while also identifying strengths that could be leveraged in path forward to modernize Oklahoma’s public health system.

Data Assessment

Members of the data assessment advisory committee included representatives from the primary stakeholder organizations for public health data including the OSDH, the Office of Management and Enterprise Services, MyHealth Access Network, the Tulsa Health Department and the Oklahoma City-County Health Department. The committee met four times between January 5 and February 9, 2018. A short and long-term planning document provided by the Interim Commissioner was utilized to guide the committees work. The committee approached its work by identifying “buckets” of information needed to inform recommendations:

1. Assets List – intended to uncover all public and private data systems and assets in use by state, county, private, federal and tribal entities.
2. Delivery System – review of data delivery systems, strengths, weaknesses, opportunities and threats to a cohesive public health data system.
3. Issue Identification – discuss, review and prioritize areas for data infrastructure for the committee to address including interoperability between existing public health system stakeholders, integration with private healthcare systems, and operating system conflicts.

Following the process of identifying information for each bucket, the committee moved forward to identify short and long-term goals ultimately used to frame final recommendations.

Short Term Goals:
1. Establish regular correspondence with city-county health departments to review objectives, timelines, and status of deliverables.
2. Complete TCCHD data request to support the George Kaiser Family Foundation (GKFF) child health initiative project in Tulsa.
3. Achieve API functionality for OCCHD and TCCHD data requests from PHOCIS, OSIIS and PHIDDO.

Long Term Goals:
1. Create the framework for integrated public health data.
2. Develop an analytics platform to integrate public health data with social services and community level data.
3. Obtain federal funds to support the development of a Statewide Public Health EHR and healthcare data interoperability.

Legislative/Legal

Members of the Legislative/Legal Advisory Committee met four times between January 5 and February 2, 2018. The committee began its work by developing a mission statement to guide development of recommendations. The mission statement reflects the committee’s role is to: Advise the Joint Commission regarding potential necessary changes to Oklahoma law and will help make the recommendations of the Join Commission become reality to the extent legislation or regulations are needed. The committee will assist the Joint Commission in communicating the role of government in public health and prioritizing policy objectives accordingly. The committee will assist with research, drafting, and mechanics or passing legislation, including education around the value of public health and its impact on jobs and the economy, as well as
the close interdependency of health and wellness, education and the economy, which all work to develop a healthier and more vibrant state. The committee ultimately framed its discussion of recommendations to support this mission, articulating two priority components for development:

1. Plan to educate the legislature on the value of public health calling to attention misconceptions and misperceptions of public health, advocates and messengers of public health, and current and future definitions of public health.
2. Communication and messaging of final recommendations on behalf of the Joint Commission through the development of appropriate infographic tools to be jointly designed and used.

Foundational Capabilities

Specific references to defining the foundational public health capabilities and areas are made across recommendations to the Joint Commission. As a refresher, this below graphic illustrates the concept that most of public health efforts should focus on foundational programs and capabilities within the boundaries of the light blue outlined rectangle. Limited resources and focus should be placed on additional programs outside of this box.
Oklahoma’s public health system provides a critical and unique role in protecting the public’s health which includes the provision of essential health services to all families and communities throughout the state. The role of public health is to protect and work with others to improve the health of all Oklahomans, and to serve as the fundamental linkage between the healthcare delivery system and the residents it serves. Health disparities in Oklahoma continue to drive overall health outcomes in the wrong direction, with urban areas such as Oklahoma City and Tulsa experiencing double digit differences in life expectancy depending on zip code of residence. Rural and urban geographies, and varying population densities throughout the state also contribute to health disparities, demonstrating a need to tailor public health initiatives to the wide variation in state demographics.

Modernization of Public Health

Oklahoma has an advantage over other states pursuing modernization in that the challenges to the state appear to be surmountable with existing funds, if allocated and resourced efficiently and effectively. The Oklahoma governmental public health system will need to learn from those states already delving into the work of adopting and implementing the foundational areas and capabilities. To that end, Oklahoma should benefit specifically from the work done by Ohio, Oregon and Washington to define and develop pathways to implement the foundational public health capabilities and focus its efforts on implementing recommendations provided to address the critical gaps in information technology, workforce, performance management, accountability and local engagement.

A key takeaway from experiences in Ohio, Washington and Oregon is time was taken to carefully craft a vision for how a modern public health system should operate, and what defines it. From initial assessment, to development of recommendations and implementation plans, each state took anywhere from 12 to 18 months to assemble stakeholders, expertise and data to craft plans. Ultimately, each state settled on a different tool for the path forward.

Ohio relied significantly on codifying and linking modernization to public health accreditation, mandating all local health departments be accreditation ready by 2020. Work to operational the foundational public health services is currently underway to achieve this mandate. Oregon utilized the road map to achieving foundational public health services as the path forward, and two years after beginning the process to study and prepare for modernization utilized a combination of legislative policy and the development of the Public Health Modernization Manual as the foundation for implementing taskforce recommendations. The Public Health Modernization Manual was recently published (September 2017) and offers other states an opportunity to learn about Oregon’s approach to implementing foundational capabilities and programs. Washington state opted to define a set of basic capabilities and programs to be present in every community and recommended the state hold primary responsibility for funding and resourcing these programs. In designating the state primarily responsible, stakeholders published “A Plan to Rebuild and Modernize Washington’s Public Health System” in December 2016 and utilized recommendations from the document to advocate for needed changes to pursue public health modernization in the 2017 legislative session, with plans to continue advocacy into the 2018 session.

The Joint Commission should consider the importance of public and private stakeholder engagements, emphasizing the involvement of local partnerships in stabilizing delivery of public
health services as well as how and if these tools can be adapted or utilized in the development of implementation and action plans as work moves forward.

Refresher – Current State of Oklahoma’s Public Health System

The Oklahoma State Department of Health (OSDH) is one of the four state agencies charged with providing for the overall health and well-being of Oklahoma residents. Other state agencies responsible for health and well-being include the Oklahoma Healthcare Authority, the state’s Medicaid Agency; the Oklahoma Department of Mental Health and Substance Abuse Services (OMHSA); and the Oklahoma Department of Human Services (OKDHS). The governmental public health system in Oklahoma includes the OSDH, the State Board of Health (SBOH), and two independent city-county health department (CCHD). The OSDH State Commissioner of Health is appointed by the SBOH, which is comprised of members appointed by the Governor of Oklahoma with approval from the Oklahoma Senate.

Oklahoma is comprised of seventy-seven counties, of which seventy-five are under the administrative oversight of OSDH, and currently divided into fifteen administrative districts, each assigned a regional director. The two-independent city-county health departments Oklahoma City-County and Tulsa City-County health departments (OCCHD and TCCHD, respectively) with independent Boards of Health (BOH), are located in the primarily urban centers of the state. Additionally, Oklahoma is home to several independent Tribal Public Health Departments (TPHD).

The Oklahoma Public Health Code grants the powers and duties of the OSDH, SBOH, the Commissioner of Health, and the two CCHDs. Among other powers, the SBOH has the authority to adopt rules and standards necessary to carrying out the Public Health Code and establish divisions, section, bureaus, offices and positions within the State Department of Health. The State Commissioner of Health has, among the duties of the position, the ability to appoint and fix the duties on any employees needed to run a local health department. The Public Health Code further allows for the Commissioner to organize local health county departments in districts or cooperative departments of health, as appropriate, and with corresponding agreements with the local government to determine what health services will be provided, by whom, and any funds provisioned for services. The Public Health Code further codifies the formation of city-county health department in counties with a population of more than 225,000 and a city within its boundaries with a population of more than 150,000, as reported by the most recent federal census; and requires these departments be governed by local municipalities, and operate independently of the OSDH. As of the 2010 federal census, Cleveland County had reached a population of over 250,000, however, the largest city in the county, Norman, sits just below the requirement of 150,000 as of 2016 population estimates. It is reasonable to project Cleveland would reach the population requirements for an independent CCHD by the 2020 Census.

Oklahoma is home to 38 federally recognized tribal nations, of which three independent tribal health departments operate including the Chickasaw, Choctaw and Cherokee Nation Health Services. The OSDH recently (2012) designated the Office of the Tribal Liaison (OTL) within OSDH, a position intended to advocate for tribal nations and foster partnerships to support tribal public health goals. Federally Qualified Health Centers (FQHCs) are intended to provide for the healthcare needs of the under and uninsured in Oklahoma. They are expected to offer a comprehensive primary clinical care services, including dental and vision in some locations. In
Oklahoma, 20 FQHCs provide services to residents in 60 locations, regardless of ability to pay or immigration status. As of 2016, FQHCs served more than 200,000 patients statewide.\(^5\)

**Other Safety Net Health Providers**

Nearly 500 community service providers provide additional support for Oklahoma residents to address upstream public health needs addressing food insecurity, housing insecurity and quality, interpersonal violence, transportation, and utility needs. Oklahoma’s recent successful application to CMS Innovation Center as an Accountable Health Community will enhance connectivity of screening, referrals and tracking systems. Connecting the various data systems will be made possible through existing community risk assessment and case management tools being developed by the two CCHDs investments in public health data collection tools.
Oklahoma has historically performed well in responding to public health emergencies, leading the nation in its ability to coordinate responses to domestic terror and national disasters. Despite demonstrating the ability to collaborate and coordinate resources during an emergency, Oklahoma has been unable to transfer this success to collaborate and coordinate resources for ongoing public health needs. As a state Oklahoma’s overall health outcomes and trends have consistently diverged from national trends for premature death since the mid-1990s.

Figure: America’s Health Ranking, 2017

| Table 1: Select Financial, Governance and Workforce Metrics State Comparison
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Figure: Premature Death, Oklahoma, United States

America’s Health Rankings most recent publication (2017) reports Oklahoma’s ranking at 43, representing an improvement from 46 in overall health outcomes since 2016. Despite this poor ranking in overall health outcomes, Oklahoma ranks 25th in public health funding at $87/capita, suggesting the system is sufficiently funded, but that resources are poorly allocated. Efforts to modernize public health in other states (Oregon, Washington) highlight the challenges faced by state’s like Oklahoma, struggling with critical infrastructure gaps.
Increasing demand on safety net providers has resulted in additional burdens the public health system is ill-equipped to handle.

The rate of Oklahoma’s uninsured remains among the highest in the nation. CCHDs, CHDs, community health clinics and medical school providers such as OU and OSU Physicians, are under resourced to meet the demands for primary preventive clinical care, forcing residents to rely on the most expensive settings for care, emergency departments. Poor allocation of resources combined with barriers to leveraging existing resources and partnerships are preventing the creation of holistic networks for health and well-being.

Recommendations:

- Develop a transparent budgeting and financial system that identifies all funding (federal state, and local) allocations received and disbursed through the Oklahoma State Department of Health (OSDH); (Program & Budget)
- Define how categorical funds are determined for core public health services in each county; (Program & Budget)
- Provide monthly reports on fiscal year revenue and expenditures of all state appropriations by department or program (In alignment with the Corrective Action Report); (Program & Budget)
- Develop a process to engage stakeholders in program funding decisions; (Program & Budget)
- Create a format to share budget and financial data information to stakeholders (i.e. Oklahoma State Board of Health, County Administrators, Legislators and the general public). (Program & Budget)
- Recommend that all 68 county health departments under the jurisdiction of the OSDH conduct an environmental health program/services scan to identify opportunities to reduce duplication, develop public/private partnerships, and consider co-locating programs/services to create comprehensive, holistic service in each community. (Program & Budget)
- Identify per capita funding by county from all sources. Evaluate per capita spending to ensure all counties have resources from state, federal, local and other sources to support implementation of adopted foundational services, programs, and capabilities. (Program & Budget)
- Develop statewide coalition who will provide input to the Joint Commission and educate around public health generally and the Joint Commission’s recommendations. (Legislative/Legal)
- Develop a cohesive and unified message for communication around both public health and the recommendations of the Joint Commission. (Legislative/Legal)

Changes in the nature of preventable diseases such as recent Ebola and Zika outbreaks, alongside previously controlled infectious diseases such as syphilis, measles, and mumps returning to our state challenge resources to provide appropriate protections and immunizations. Preventable chronic disease epidemics including opioid abuse, cardiovascular disease, diabetes, and cancers continue to take Oklahoman’s lives at alarming rates.
Recommendations:

- Identify the funding streams that align with the Foundational Public Health Services Model and determine a formula to appropriate public health funds by region, using the foundational areas and capabilities to improve health outcomes throughout Oklahoma. *(Program & Budget)*

- Adopt the Foundational Public Health Services Model and ensure programming and budgets align with the foundational areas and capabilities while developing and maintaining, at a minimum, a quarterly evaluation (i.e. expenditures, revenue, etc.). Additionally, utilize accountability metrics to measure and track the progress of the Foundational Public Health Services to ensure annual ROI. *(Program & Budget)*

- Develop a strategic plan for those counties that consistently perform poorly on health indicators and assessments, utilizing research and evidence-based practice to employ targeted interventions, technical support and resources to those counties that contribute most to Oklahoma’s poor health ranking. *(Program & Budget)*

Lack of coordination between and among public health, mental health, substance abuse and primary care impedes the ability of providers to impact preventable chronic disease epidemics.

Historic lack of communication and partnership between the OSDH, CHDs it oversees, and the independent CCHDs has resulted in continued lagging health outcomes and poor resource allocation. Inadequate data collection and reporting systems prevent the public health system from harnessing the power of available technology and analytics. Poor utilization of data and technology infrastructure obstruct data-driven decision making and resource allocation. An inability to develop and implement meaningful policy at the local level stifles innovation, preventing public health practitioners from implementing evidence-based and promising practices emerging across the nation.

Recommendations:

- Create a Joint Council to review health data, plan health initiatives, prioritize services, develop private/public partnerships, evaluate outcomes, and review per capital public health spending in each county. This Council would consist of the state Commissioner of Health, Regional Administrative Directors, and the Executive Directors of the Oklahoma City-County Health Department, and Tulsa City-County Health Department. *(Program & Budget)*

- Recommend that the Oklahoma State Department of Health work across programs/services to ensure the Foundation Public Health Services Model is aligned regionally. Consider assessing the programs/services that could be deployed from the OSDH Central Office to County Health Departments to increase or enhance the current program/services offered in counties throughout Oklahoma. *(Program & Budget)*

- Recommend that local public health authorities (i.e. Regional Administrative Directors, County Commissioners, and Local Boards of Health etc.) have the flexibility to determine the best method to implement the foundational capabilities/programs and to utilize Ad Valorem tax revenue to meet each county’s unique needs with general administrative oversight from OSDH to monitor grant deliverables and ensure public health laws are applied. *(Program & Budget)*
Maintain a cadence of collaboration: By working together across agency and public-private sector boundaries, the Data Committee was able to make progress in just a few short meetings. In order to sustain and build on this progress we request that our meetings continue as we enter the crucial phase of planning short, medium and longer term strategy for public health information infrastructure and pursue funding to support and sustain these efforts. (*Data Assessment*)

Modernize Oklahoma’s public health data infrastructure. Significant gaps and inefficiencies exist in Oklahoma’s public health data infrastructure, and we recommend the following improvements be made: Implement a statewide public health electronic medical records system to provide real time data for health improvement. This data system should integrate disease surveillance, immunization registry, electronic Master Patient Index (eMPI), link all public health systems, OHCA and OSDMHSAS systems and should leverage existing resources and investments. These data systems and analysis can provide the data needed to address public health challenges, gaps in coverage, needed resources, community interventions and evaluation of effectiveness towards improving community health.

- This goal includes short-, mid-, and long-term objectives identified by committee members.

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**Challenges of changing public health expertise needs and an aging workforce further exacerbate challenges to delivering strategic initiatives.**

Nearly 25% of the Oklahoma public health workforce is expected to be eligible for retirement in 2020. Recruiting and retaining talent with the necessary public health expertise is a challenge in emerging areas of need including public health analytics and economists, often charged with developing the business case for harnessing the planning and assessment capabilities necessary for developing state and county health improvement plans.

Recommendations:

- Work with the Governor and Legislature to develop strategy for implementation of the Joint Commission Policy recommendations. (*Legislative/Legal*)
- Continue the Joint Commission through implementation of policy reforms and facilitate additional opportunities for healthcare, education and business community stakeholders to participate in the process (*Legislative/Legal*)
- Develop a Healthy Equity office that focuses on the Social Determinants of Health and ensures the social factors that impact health outcomes are a central discussion in all public health planning while exploring how to incorporate broad services like Trauma Informed Care, which has led to health improvements in states with a similar urban/rural mix as Oklahoma. (*Program & Budget*)

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**Lack of transparency and joint governance mechanisms combined with inadequate performance management and financial data systems to track progress and resource allocation have challenged the ability of the SBOH.**

Lack of timely, accurate performance data prevents necessary adjustments to the state governmental public health system to assure the flexibility required to meet the challenges described above.
Recommendations:

- Formalize through legislative action the work of the Joint Commission as an Advisory body responsible for operationalizing and implementing the recommendations provided in this report and through policy reform where appropriate. The advisory body should also facilitate additional opportunities for healthcare, education and business community stakeholders to participate in the process. *(Legislative/Legal)*

- Recommend that OSDH develop and establish a public health evaluation system grounded in evidence-based practice and research. Develop and maintain an annual evaluation of the Foundational Programs/Capabilities, including quarterly budget reports (i.e. expenditures, revenue, etc.) and submit the data to the OSDH Board of Health and the Joint Council. Establish a statewide health needs assessment and strategic plan with an evaluation component for each county and region. *(Program & Budget)*

- Implement a Zero-based Budgeting process *(In alignment with the Corrective Action Report)* *(Program & Budget)*

- Identify resources to improve or replace the current billing and financial management system to improve: insurance billing, relevant and real time budget reporting, cost benefit analysis, and ROI. *(Program & Budget)*

- Ensure that Quality Improvement is used intentionally by OSDH, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. *(Program & Budget)*

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**Next Steps**

The recommendations set forth in this report provide a framework for development of actionable plans. Advisory committees should be empowered to develop implementation plans to support the described recommendations, inclusive of short and long-term goals, objectives and measures to create an improvement plan which can be evaluated for progress. For Oklahoma’s public health system to work cohesively, and to build a path forward to modernize, a true partnership must be emboldened to provide oversight for our system. The development of a Joint Council to perform this function and formalize the expectation for transparency and accountability among public health system stakeholders is an important step to improving health and overall quality of life for the great citizens of Oklahoma.
2 Oklahoma State Department of Health. Community and Family Health Services Administration. Updated 1.06.2016