Budget / Program Advisory Committee
to the Joint Commission on Public Health
Notes - January 26, 2018
NE Regional Health & Wellness Campus
2600 NE 63rd Street, Oklahoma City, OK 73111

BUDGET / PROGRAM ADVISORS PRESENT/ABSENT: Patrick McGough, Co-Chair, Reggie Ivey, Co-Chair, Tony Miller, Tina Johnson, Jan Fox (standing in for Kristy Bradley), Michael Romero, Hank Hartsell, Phil Maytubby, and Priscilla Haynes. Absent: Kristy Bradley.

WELCOME AND INTRODUCTIONS: Patrick McGough, Co-Chair, called the meeting to order at 10:00 am and welcomed those in attendance.

REVISED MINUTES OF JANUARY 12, 2018: The committee reviewed the revised minutes and agreed to accept them as revised.

MINUTES OF JANUARY 19, 2018: The committee reviewed the minutes and agreed to accept them as submitted.

CHARGE AND ROLE OF THE BUDGET AND PROGRAM COMMITTEE: Before beginning the current business, Patrick again reiterated the charge to this committee outlined as follows:

- To support the Governor’s charge to develop a plan of excellence for Public Health in Oklahoma.
- To assist the Joint Commission in providing guidance to the proposed FY 2019 budget for the OSDH.
- To look at current public health infrastructure in Oklahoma and identify strengths and weaknesses.
- To look at the use of all resources available for public health to determine whether they efficiently support programs and services across the state.
- Lastly, to make recommendations to the Joint Commission that improve health outcomes, protect citizens and deliver important services to the residents of Oklahoma.

The committee will identify research, models, and data to determine how to improve health for individuals in Oklahoma with the resources we currently have available. The committee will put forth recommendations for the Joint Commission to accept, reject, or request additional work. The strengths and weaknesses of the current public health system will be identified. The entire process will be transparent with the desire to have agendas, meeting notes, and documents made available at the website address www.occhd.org/about/board-health/joint-commission-public-health.

NEXT STEPS: Deadlines of the Joint Commission indicate the committee members must work behind the scenes to expedite the process to meet the deadlines. Continue to search for information, data, and models and e-mail them to the committee. Sort through the list of recommendations to find recurring themes, combine similar items, reword the recommendations, and prioritize them. Recommendations pertaining to the other committees will be forwarded to the appropriate committee. E-mails received from the public containing comments and suggestions will be e-mailed to the committee. Remaining time for this committee will be spent looking at recommendations put forth from committee members, the public, town hall meetings, commissioners, and e-mails submitted from the public. A report to the Joint Commission is due next week in which preliminary recommendations will be presented. The recommendations should be optimum and ideal. Implementation is not the role of this committee at this time. How to accomplish the recommendations will be addressed later in the process.

PUBLIC HEALTH FOUNDATIONAL CAPABILITIES: The committee agreed to use the model which can be found at www.resolv.org/site-foundational-ph-services/ going forward and references to basic or foundational public health capabilities will refer to this model. This model represents the minimal standard of public health care.
OPERATIONAL DEFINITIONS OF PUBLIC HEALTH SYSTEMS: Confusion has been reported regarding the definitions pertaining to the types of governance of state and local health departments. An ASTHO slide and hand-out were provided which presented the classification system and operational definitions. The CDC and Robert Woods Johnson Foundation funded the research leading to the classification system. There are four types of state and local health department governance: centralized/largely centralized, shared, mixed, and decentralized/largely decentralized. Oklahoma falls into the mixed classification. The definition of mixed is: some local health units are led by employees of the state and some are led by employees of local government. No one arrangement predominates in Oklahoma. Oklahoma has centralized, decentralized, shared, and a mixed way of doing work. Other states sharing the mixed classification are Alaska, Maine, Pennsylvania and Tennessee. The majority of state/local health departments across the nation are decentralized.

PRESENTATION REGARDING FEDERAL GRANT FUNDING ALLOCATIONS: Jan Fox presented the structure of three grants related to her area of expertise; the STD, HIV, and Ryan White grants. Jan led the group through the request and approval process currently used by OSDH as well as the OSDH restriction on grant minimal amounts, uses of the funds as guided by the grant conditions, monitoring, and how effectiveness is analyzed. None of the funding for the presented grants go to CHDs but contractors are used to perform services required by the grants. Grant applications are public record, but not easily accessible and no centralized source. The best source is each program area. Any recommendations regarding placing a person on the HIV-Hepatitis Planning Council should be directed to Amy Nelson at OSDH HIV/STD Service. STD is also discussed at the planning council meetings. The need for a line of communication was discussed regarding OSDH relations with CHDs, including the contracted CHDs (OCCHD and THD) in working together on budgets and expectations with no details. How decisions are made are many times unknown. OSDH normally provides only the amount of the allocation. Information sharing and coordination across OSDH programs is also a problem. Some programs/initiatives are related to others, but all parties are not included in the discussion. Collaboration is needed for a strong public health system. Transparency and communication may be an overarching piece to come out of this committee.

COMMITTEE MEMBER PRESENTATIONS: Each member in attendance was asked to prioritize and present their top two recommendations previously submitted.

Hank Hartsell – out of the items submitted, Hank selected: 1) Recommendations in the form of guiding principles, using the reports from the Trust For America’s Health which are a) core funding increased at all levels (federal, state, local); b) core funding used for foundational capabilities for all Oklahomans no matter where located; c) funding expenditures strategically planned to maximize effectiveness; d) prevention programs are evidence based and innovative; e) public health emergencies and disease outbreaks should have stable, f) sufficient and dedicated funding; g) accountability regarding how funds are spent; and h) implement shared decision making with a QI approach. 2) Use the Corrective Action Report to correct specific items such as the recommendations placed before the Governor, especially budgeting.

Priscilla Haynes – 1) Develop an equitable and transparent budgeting system which identifies the method of calculating all funding allocations to and from the Oklahoma State Department of Health. This includes all federal, state, and local dollars and the methods that explain how the categorical funds are calculated for the core services. 2) Evaluate the impact of Centralized, Decentralized, and Regionalization of public health services throughout the state. There may be a benefit to having a mixture throughout the state based of the resources of the counties. What is the most cost effective? The strengths and weakness need to be identified. OSDH cannot be isolated making all decisions without all CHD input. How do we become the driving force for change?
Phil Maytubby - 1) Expand regionalization of public health services where applicable and allow CHDs more latitude in programmatic and budgeting decisions. Oregon is an example as it is exactly like Oklahoma with an urban and rural mix, less educational attainment, and have been through a worse money crisis. They are now ranked approximately 20. Will send forward two links. One is the HB 2310 Oregon Health Modernization Act; 2) Perform a local/county public health assessment for planning purposes on a regular basis. Could OSDH assist the counties to ensure better public health strategy using current information? 3) More public and private partnerships (one stops) to co-locate services.

Tony Miller – 1) Implementation of a modern financial budgeting system software. Recommend it is funded and implemented as quickly as possible to provide OSDH the ability to track revenue and expenses in a manner that provides information to all stakeholders in a detailed manner (for example, revenue type, expense type, program type, funding by county, etc.). This software should also be able to provide transparency to OSDH employees (as well as OCCHD and THD) by allowing access to financial data for their respective areas on a real-time basis. By providing these capabilities, it will greatly enhance the ability to make appropriate allocation and funding decisions on the programmatic level as well as provide stronger internal controls for OSDH. 2) A group to evaluate the program budget allocations which would include representation from all parties (OSDH and CHDs including OCCHD and THD).

Mike Romero – 1) Implementation and funding of a modern financial budgeting system software. Currently, OSDH is working with program areas to build a platform which will provide a complete analysis of what the expectations are and the conclusion for each program area for the fiscal year. When this process is completed, a lot of knowledge will be available to answer questions and have a good discussion on needs. OSDH Finance is following the Corrective Action Report to resolve issues as much as possible utilizing the current antiquated system.

Tina Johnson – Tina pointed out that her recommendations came for the Regional Directors. Their top item appears to be 1) Define core public health; recommendation that OU College of Public Health and all public health nursing schools statewide teach core public health principles. The education would be a driver of change and provide resources to rural communities. Hand this recommendation to Legislative/Legal Advisory Committee; 2) Increase local board of health governance responsibilities to include service profile and funding allocation. This would provide more input to direct how local dollars are spent and services provided based on current county needs and would provide Regional Directors with greater autonomy and flexibility to utilize local resources (financial and human resources). Look at who serves on county boards, their expertise regarding public health issues, and provide input on how they can help the Regional Directors with public health issues.

Jan Fox – 1) Strategic planning using an adopted core set of public health services which includes the boots on the ground program employees, including a good cross-section utilizing scientific principles such as epidemiologists, public health nurses, disease intervention specialists, statisticians, etc. 2) Prioritize good robust policy development; a policy committee working year-round prioritizing public health needs. We need to do what is right rather than fearing policy will affect program funding.
The concept of a joint governing council has been mentioned several times in the recommendations in several different ways which would involve OSDH and CHDs, including OCCHD and THD.

Regarding grouping recommendations into categories, the TFAH Guiding Principles could be followed to make the list more manageable. The guiding principles are complementary and difficult to rate one over another. There are many common themes that have come from this meeting. They will be grouped and then rewritten in order to present to the Joint Commission. These will be preliminary recommendations and not final. Continue to share information and communicate.

A recommendation was put forth by a committee member that Jan Fox be made a permanent committee member due to her diligence to research information and regular attendance in the place of Dr. Kristy Bradley. There was consensus among the group to put this forward to the Joint Commission Chair.

**COMMITTEE MEETING SCHEDULE:** The next meeting is scheduled at 10:00 am, February 2nd. Future meetings will be assessed week to week. Members to leave time previously blocked on calendars in the event meetings are required.

Meeting was adjourned at 11:46 am.

Respectfully submitted:

Reggie Avey, Co-Chair  
Patrick McGough, Co-Chair  
Debbie Gallamore, Recording Secretary