Joint Commission on Public Health
Special Meeting Minutes
January 5, 2018 – 1:00 pm Auditorium
NE Regional Health & Wellness Campus
2600 NE 63rd Street
Oklahoma City, OK 73111

The final agenda was posted on the Department’s website at 1:00 pm on January 2, 2018, and on the OCCHD building entrance at 4:30 pm on January 2, 2018.

JOINT COMMISSION APPOINTEES PRESENT: Preston Doerfinger, Gary Cox, Brandie Combs, Mike Echelle, Senator A.J. Griffin, Representative Dale Derby, Ann Paul, Jenny Alexopulos, Erika Lucas, and Bruce Dart.


GUESTS PRESENT: See Attached List

STAFF PRESENT: Debbie Gallamore, John Gogets, Bob Jamison, Jackie Shawnee, and Kay Hulin

CALL TO ORDER & WELCOME: Preston Doerfinger, Interim Commissioner of the Oklahoma State Department of Health, called the meeting to order at 1:00 pm.

Interim Commission Doerfinger thanked those in attendance at this initial meeting of the Joint Commission on Public Health, and noted he appreciated the time given by each person that is being dedicated to this process. It’s well known that the agency is still in crisis mode, but a good team has been assembled, made of experienced individuals as well as some new faces. The work that will be done with the Commission, along with the Corrective Action Report that has been submitted to the Governor, Legislature, and public, will be very helpful as we go through this process. For the Agency, it’s been a hard reset, but as he looked out across the public health spectrum, our focus now is on how we can maximize the resources available to have the greatest impact possible on our citizen's health.

CHARGE TO JOINT COUNCIL FROM GOVERNOR & TIMELINE: Interim Commission Doerfinger then read an excerpt framing his outlook from the Corrective Action Report, “The development of a plan of excellence will require the Joint Commission to look at the current public health infrastructure in Oklahoma and identify strengths and weaknesses that exist between our hybrid model of a centralized state department of health and two independent county health departments located in our two largest metropolitan areas. The Commission should also look at the use of resources available for public health and whether or not they efficiently support programs and services across the state. The available monies that support our mission is limited, and the work of the Joint Commission must be focused on improving health outcomes, protecting our citizens and delivering important services to the citizens of Oklahoma.”

He noted as he looked around the room of participants, he did not see any shrinking violets, and envisioned there would be much robust discussion and disagreement, both of which he thought was healthy in leading us to a good work product. His timeline, as discussed with the Chair, is very aggressive with a March 1st deadline. He concluded by thanking everyone for their participation in this important effort.
STRUCTURE: Gary Cox, Chair, expressed his appreciation to Interim Commissioner Doerflinger, as well as the Joint Commission Appointees and Advisors, for their work in this regard. He then presented a PowerPoint Presentation entitled “Joint Commission on the Modernization of Public Health.” Key points are listed as follows:

- Current Structure – OSDH Central Office, 75 County Health Departments, Tulsa Health Department and Okla. City-County Health Department;
- Important Public Health Partners – OU/OSU Schools of Medicine, Tribal hospitals, Food security, FQHCs, Domestic Violence, Hospitals, Transportation, and Legal Aid Services;
- Barriers – Delayed data, Central control, and Culture:
  - Public health in OK has a lot of passionate, dedicated staff;
  - Need for alignment of strategic plans;
  - However, there has never been a fully integrated, meaningful partnership between the metro HDs, county HDs and the central office;
  - Territorial; and
  - Culture.
- Data Driven Decision Making – Community Health Needs Assessment, Strategic Plan, and Partnerships.
- Public Health Foundational Capabilities – Foundational Capabilities, Foundational Programs, and Additional Programs:
  - The Corrective Action Report recently released is a great start to focus OSDH, and the work of this Commission is intended to enhance that work.
- Areas for Review – Program & Finance, Data, and Legislative:
  - How can we show that we are good stewards of the dollars we receive through impactful programs?
  - Is our current funding model the most effective?
  - How can we modernize our data systems to have real time information to make decisions from?
  - How can we work with our legislators to ensure their constituents are receiving the best services from their local health departments possible?
  - What policies and procedures can we put in place to ensure proper oversight so something like this never happens again?
  - What structure gives us the best opportunity to improve health?

Gary concluded by saying what we’re really talking about is a modernization process that’s designed for statewide public health systems where the State Health Department’s central office, and local health departments, are all working in tandem to provide the most needed relevant services where they’re needed in the most cost-efficient and effective manner. Also needed is an increased level of accountability to make sure the current situation never happens again. The bottom line is that although this is a great challenge we’re going through, it’s also a great opportunity, in fact it’s the greatest opportunity since his involvement in public health to really make a positive difference in our citizen’s health.
PROCESS FOR PUBLIC INPUT / COMMENT: Gary Cox relayed a process has been set up through which the public can make comments and have beneficial input. An email account has been created: publichealthcommission@gmail.com through which all comments will be received. Dates and agendas will be posted on our website (occhd.org) with the intent that this Commission’s work will be a fully transparent process.

AREAS FOR REVIEW: Gary Cox noted the three committees with their areas of focus outlined as follows:

A) Budget/Program Assessment
   1. Budget Forecasting / Transparency
   2. Funding
   3. Governing of Public Health System
   4. Efficiencies/Resource Sharing/Private-Public Partnerships
   5. Foundational public health areas and capabilities

B) Data Assessment
   1. Health Assessment
   2. Access to real time data & data sharing / modernize
   3. Data driven decision making
   4. Effective messaging to public

C) Legislative/Legal Assessment
   1. Proactively work with Legislature and community leaders
   2. Budgeting
   3. Establish public health value and accountability
   4. Financial statement audits
   5. Needed legislation for modernization

INTRODUCTION OF APPOINTEES:
- Brandie Combs, OSDH Regional Director – The Commission provides Oklahoma a great opportunity to build on what works as well as making necessary improvements in order to create a public health system that serves, protects and promotes health throughout Oklahoma, including consideration of rural areas.
- Mike Echelle, Former OSDH County Administrator, St. Francis-Warren Clinic Director – Partnerships are key as rural areas don’t have many resources; need to sell public health; identify and understand with education.
- Representative Dale Derby – Practicing physician who understands rural medicine; imperative to have physician buy-in and involvement for better health outcomes.
- Bruce Dart, Director, Tulsa Health Department – Need a fair and equitable system; find middle ground and work collaboratively to give all Oklahomans a chance to be healthy; need system of accountability to measure work.
- Senator A.J. Griffin – Background provides focus on community-driven level; wants to see a hub for collaboration that allows communities to maximize resources available; Fight for more – fight for better.
• Erika Lucas, OCCHD Board Member and CEO of StitchCrew – We can't have a healthy economy unless we have a health community; Critical to break silos in the health community as well as reach out to business community in order to bring new investment and talent to our state.

• Jenny Alexopulos, OSDH Board Member and Family Physician – We now have the opportunity to take a close look at best practices and be open to potential opportunities; In regard to public/private partnerships, we all have the same common mission and goals.

• Ann Paul, Tulsa Health Department Board Member and Chief Strategy Officer at St. John’s Health System – Also looking for public/private partnerships; Hospitals and employers have a big stake in public health and we need to engage them in solutions; will bring a more fruitful economy in the future.

Gary noted from the comments this was a very dedicated, knowledgeable, and passionate group. There is a strong correlation between education, health and wellness and public health, and the economy and jobs. If one fails, so do the others. We must have all three to be successful in having a vibrant and healthy state. Given the tight timeframe of the Commission, he was envisioning meeting every two weeks.

**Break into Joint Council Advisors Group Meetings:** Gary stated these were all open meetings and anyone interested was encouraged to attend. He closed by thanking everyone in attendance.

Interim Commissioner Doerflinger again expressed his gratitude and relayed he was very excited about the opportunities and work of this Commission, He closed by noting this was a watershed moment in Oklahoma to change the way we approach public health.

**FUTURE MEETINGS**

A) Friday, January 19, 2018 @ 1:00 pm  
B) Friday, February 2, 2018 @ 1:00 pm

Meeting was adjourned at 1:45 pm. Following adjournment, there was a breakout into the Joint Council Advisors Group meetings.

Respectfully submitted:

Gary Cox, JD, Chairman

Kay Hulin, Recording Secretary