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

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

MINUTES OF JANUARY 5, 2018: The committee reviewed the minutes from the previous meeting and recommended to accept them with the addition of a missing statement made by Tina Johnson regarding Telehealth.

ROLE OF THE BUDGET AND PROGRAM COMMITTEE: Before beginning a PowerPoint presentation, Patrick 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 put forth recommendations for the full Joint Commission to either 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.

PUBLIC HEALTH FOUNDATIONAL CAPABILITIES: Health departments must first meet the foundational areas of public health and then may add appropriate additional services.

- Jan Fox will supply an updated version of the Robert Wood Johnson chart of Foundational Public Health Services (FPHS).

GUIDING QUESTIONS: Suggestions/responses from committee members that would improve programming and budgeting within the State Health Department which were collected previously, were reviewed. The list of guiding questions which prompted those included:

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 others 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?

**OKLAHOMA’S RANKINGS:** A slide was presented which ranked Oklahoma public health funding at 25 at $87 per capita. The other states being compared were Oregon, Washington, and Vermont where modernization efforts are also challenged by critical infrastructure gaps.

- Patrick requested again, and the committee agreed that moving forward all PowerPoint slides or handouts shared with the group which contain models, evidenced based practice, and research should have sources cited.
- Committee member requested a comparison of Oklahoma expenditures/ranking with other states in the south and was encouraged to provide this information so that it could be shared with the entire committee at a later meeting. The presented document compared Oklahoma with northern states. A comparison of Oklahoma with southern states might find similar socio-economic indicators.

**RECOMMENDATIONS FROM BUDGET & PROGRAM ASSESSMENT ADVISORS COMMITTEE.** A rough draft table prepared by Reggie Ivey was presented in PowerPoint format. It was a compilation/working draft which represented discourse of this committee to date, including suggestions/comments/response, determination of the need for statutory changes or policy/procedure changes in order to implement, and which foundational areas of public health services the recommendations impact. Committee requested the following:

- An electronic or hard copy of this document if/when presented in future meetings
- Increase size of font if used in a PowerPoint Presentation in future meetings
- Document be revised to add additional foundational areas of public health services found at www.resolv.org/site-foundational-ph-services/

**COUNTY REGIONS AND COUNTY HEALTH DEPARTMENT FUNDING INFORMATION.** Tina presented the OSDH Regional Directors map, a list of exact county health department millage rates, a state map listing county health department millage levels (rounded), and Oklahoma State Courts Network (OSCN) website print outs of Oklahoma Statutes regarding local health department funding through levy of taxes. The statutes provided were Title 63. Public Health and Safety, Chapter 1 – Oklahoma Public Health Code - Levies of Taxes, Article 2 – Local Health Services, Section 1-223 – Constitutional Levy for Health Department; Section 1-224 – Election on Constitutional Levy; and Section 1-226 – Annual Budget for Health Department. Local health department locations are established and funded by state statute. The millage remains in the county passing the levy. OSDH does not receive any county millage.

The division of regional areas is currently 14 down from 26 regions and more efficient than in the past. Factors for dividing the regions included the experience of Regional Directors, number of staff, sharing of staff, number of
sites within the region, the distance covered by the region, MIPS sites, pod and push partners for emergency preparedness purposes. Staff in regions includes a Business Manager, District Nurse Manager, Accreditation Coordinator, Administrative Programs Officer, Public Health Nurses, and clerks.

- Tina to email copy of the CHD rounded millage level map to Debbie Gallamore

**COMMITTEE QUESTIONS/COMMENTS/ASSIGNMENTS:** The time frame for submitting recommendations to the Joint Committee is very short. Therefore, information/recommendations/suggestions/comments must be continually gathered and submitted to the co-chairs and committee. Committee members were tasked with this assignment because each is considered a subject matter expert. Items brought forward included:

- Consider conducting local community health assessments to determine needs
- List of services provided by each county health department to be submitted by Tina
- Compile a listed of shared resources (THD and OCCHD included)
- Identify duplicative efforts and staff who can be shared
- Nebraska PowerPoint presentation regarding three categories of health departments to be supplied by Priscilla
- Each member to provide a description of their vision of local budget control; what does it look like?
- Each member to provide to Patrick and Reggie by close of business January 16th, one or two recommendations from the information seen and heard to date. What additional information is needed to make recommendations? The members were encouraged to send recommendations to entire committee if desired.
- OCCHD IT to set up a workgroup e-mail for the exchange of ideas and information
- Breakdown of staff funded by federal dollars, state appropriations, and millage requested from Mike Romero
- Breakdown of how much state money is going to health departments for STD and TB meds, FP methods/meds, vaccines requested from Mike Romero

**COMMITTEE QUESTIONS/COMMENTS:**

- Shared services and resources; how much negotiation is possible?
- All employees (central office and county locations) are state employees. Some of the benefits of centralization are health insurance management, legal services, human resources, etc.
- Fees allocation is based on the number of establishments within an area. Food and other fees cover the cost of employees.
- Linkage to care due to lack of public transportation in the counties is a problem
- Surveillance data can be used to prioritize areas to serve when there aren’t enough funds
- Still must have county health departments and positions that travel such as Nurse Practitioners
- Would like to see more local control given to counties but still must have state benefits
- What has been successful in other places? Share that information
- Not all counties have the infrastructure to deliver all that may be asked
PUBLIC QUESTIONS/COMMENTS AND RESPONSE: Joint Commission members and the public in attendance made the following comments.

- Needs assessment should be done to guide types of services offered and community partnering
- Real estate property used by county health departments belongs to the county. Utilities and other building expenses paid by county funding.
- How are recommendations going to the Joint Commission?
- The discussion seems to have jumped to decentralization and hopefully words used will not make people defensive
- Need to identify strengths and weaknesses of the current system and build upon that
- Is the plan to vet recommendations in counties to begin buy in and an opportunity for comments
- Public health is different in other states; urge to compare apples to apples, etc.
- Keep in mind the rest of the state due to minimal representation of small and rural counties on this committee

Response: The Joint Commission may direct this committee as to how they would like to receive recommendations. The public is invited to view the Joint Commission on Public Health website to see transparent documentation of meetings. An e-mail address has been established, as shared in the Joint Commission meeting on January 5, 2018, which the public may use to submit their opinions or suggestions. Public comments can be made at publichealthcommission@gmail.com. Regarding equal distribution of representation, the Joint Committee has a greater representation of small and rural counties.

REVIEW OF COMMITTEE MEETING SCHEDULE: The next meeting is scheduled at 10:00 am, January 19th. 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 11:50 am.

Respectfully submitted:

Reggie Vey, Co-Chair

Patrick McGough, Co-Chair

Debbie Gallamore, Recording Secretary