Notes:

- The findings in the document below include ninety-four recommendations from the Budget/Program Advisors Committee, qualitative data from statewide listening sessions, and information submitted on the Joint Commission online portal from constituents throughout the state.
- The “Role” column describes how the action item might fit into a comprehensive plan:
  - **Policy** (includes legislative and definitional)
  - **Accountability** (includes governance, transparency, measurement, how we know we are doing what we should be doing, accounting of what we have done)
  - **Development** (includes organizational, future thinking, “to-do list”)
  - **Community Engagement** (includes communication and partnership with stakeholders in our communities)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>
| **Preliminary Recommendation**
*Presented to the Budget/Program Committee on 2.2.18* | Aligned feedback based on the ninety-four (94) recommendations from the Budget/Program Advisors Committee | Notes | Role | **Budget/Program Advisors Committee General Comments**
2.2.18 |

The preliminary findings include ninety-four recommendations from the Budget/Program Advisors Committee, qualitative data from statewide listening sessions, and information submitted on the Joint Commission online portal from constituents throughout the state. There were twelve themes that emerged. The themes and the wording in the preliminary recommendations were repetitive from multiple stakeholders, therefore it was imperative to ensure confidence in the process by utilizing the words of the stakeholders.

(1) **Funding Transparency**

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), in addition to the following:

- Define how categorical funds are determined for core public health services in each county;
- Provide monthly reports on fiscal year revenue and expenditures of all state appropriations by department or program (In alignment with the Corrective Action Report);

2, 10, 23, 27, 32, 62, 63, 81, 85

Funding transparency is a mechanism to improve public trust and confidence in the OSDH.

Accountability, Policy

There were no comments from the committee regarding revising the preliminary recommendation language.
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
| - Develop a process to engage stakeholders in program funding decisions;  
- 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). |   |   |   |
| **(2) New Accounting and Billing System**  
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. | 7, 34, 62, 76, 86 | 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. | Development, Accountability  
Recommended that this item be elevated to a prior recommendation.  
Identifying an appropriate Accounting and Billing System and funding for it is a concern.  
Although a new system may be a future goal, there are plans underway to improve reporting, utilizing the existing system as noted in the Corrective Action Report.  
There was no discussion regarding revising the preliminary recommendation language. |
| **(3) Implement a Zero-based Budgeting process (In alignment with the Corrective Action Report)** | 28 |   | Accountability  
A committee member requested that it be noted that only one committee member recommended this item; however, feedback from the listening sessions/town hall meetings, and online portal submissions also included suggestions on this particular recommendation.  
There was no discussion regarding revising the preliminary recommendation language. |
Additionally, it is recommended that public health author.

Additionally, utilize accountability metrics to measure and track the progress of the Foundational Public Health Services to ensure annual ROI.

Public Health Foundational Services Model: The committee agreed to use the model, which can be found at [www.resolv.org/site-foundational-ph-services/](http://www.resolv.org/site-foundational-ph-services/) going forward that references basic foundational public health capabilities and programs. This model represents the minimal standard of public health care. States such as Oregon have adopted this model. Oregon and Oklahoma similarities include an urban/rural mix of counties, poor educational attainment, high poverty and uninsured rates; yet Oregon’s health outcome ranking is #20 nationwide.

Recommend that OU College of Public Health, undergraduate programs at Langston and OSU, 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.

OSDH is working with program areas to build a platform which will provide a complete analysis of what the program areas are contributing and how.

Two committee members expressed significant concern regarding the evaluation timeframe as relates to this recommendation.
Regional Administrators, County Commissioners, 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. The OSDH would provide general administrative oversight, monitor grant deliverables, and ensure public health laws are applied.

Regional Administrators, County Commissioners, 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. The OSDH would provide general administrative oversight, monitor grant deliverables, and ensure public health laws are applied.

Definition of Public Health Systems

Centralized/Largely Centralized. Seventy-five percent or more of the state’s population is served by local health units that are led by employees of the state, and the state retains authority over many decisions relating to the budget, public health orders, and the selection of local health officials.

Decentralized/Largely Decentralized. Seventy-five percent or more of the state’s population is served by local health units that are led by employees of local governments, and the local governments retain authority over many decisions relating to the budget, public health orders, and the selection of local health officials.

Shared/Largely Shared. Seventy-five percent or more of the state’s population is served by local health units that meet one of these criteria: where local health units are led by state employees, local government has authority over many decisions relating to the budget, public health orders, and the selection of local health officials; OR, where local health units are led by local employees, the state has many of those authorities.

Mixed. Within the state there is a combination of centralized, shared, and/or decentralized arrangements. No one arrangement predominates in the current antiquated system.

control of OSDH to continue to provide effective and needed services; however the central office would be evaluated to determine if there are programs/services that can be decentralized to provide additional or enhanced services in the counties to support the adoption of the Foundation Public Health Services Model. Additionally, there was overwhelming concern regarding the FY19 state allocation reduction and the pending employee layoffs expected in March 2018, and how those changes will impact the services offered by county health departments.

It was also expressed that the intent of the use of decentralization in this recommendation does not infer moving toward a decentralized public health system as describe in the Association of State and Territorial Health Officials (ASTHO) document.

Additionally, there was overwhelming concern regarding the FY19 state allocation reduction and the pending employee layoffs expected in March 2018, and how those changes will impact the services offered by county health departments. It was also expressed that the intent of the use of decentralization in this recommendation does not infer moving toward a decentralized public health system as describe in the Association of State and Territorial Health Officials (ASTHO) document.

mixed, shared, and/or decentralized arrangements. No one arrangement predominates in the current antiquated system.

The OSDH would provide general administrative oversight, monitor grant deliverables, and ensure public health laws are applied.

programs/services 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. Additionally, it is recommended that local public health authorities (i.e. Regional Administrators, County Commissioners, etc.) have the flexibility to meet each county’s unique needs.

Additionally, it is recommended that local public health authorities (i.e. Regional Administrators, County Commissioners, etc.) have the flexibility to meet each county’s unique needs.

The OSDH would provide general administrative oversight, monitor grant deliverables, and ensure public health laws are applied.

it is recommended that local public health authorities (i.e. Regional Administrators, County Commissioners, etc.) have the flexibility to meet each county’s unique needs.

The OSDH would provide general administrative oversight, monitor grant deliverables, and ensure public health laws are applied.

the intent of the use of decentralization in this recommendation does not infer moving toward a decentralized public health system as describe in the Association of State and Territorial Health Officials (ASTHO) document.
opportunities to reduce duplication, develop public/private partnerships, and consider co-locating programs/services to create comprehensive, holistic service in each community.

<table>
<thead>
<tr>
<th><strong>(8) Poorly Performing Counties</strong></th>
<th>20, 60, 94</th>
<th>Policy, Accountability</th>
<th>There were no comments from the committee regarding revising the preliminary recommendation language.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>(9) Accountability Metric</strong></th>
<th>13, 19, 39, 46, 54, 55, 58, 61</th>
<th></th>
<th>There was some discussion regarding the Accountability Metric terminology. One of the committee members offered to reword this preliminary recommendation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommend that OSDH develop and establish a public health evaluation system grounded in evidence based practice and research. Develop and maintain a quarterly evaluation system of the Foundational Programs/Capabilities, including quarterly budget reports (i.e. expenditures, revenue, etc.) establishing a statewide health needs assessment and strategic plan with an evaluation component for each county and region.</td>
<td></td>
<td></td>
<td>Recommend developing and periodic evaluation of the Foundational Programs/Capabilities, including quarterly budget reports (i.e. expenditures, revenue, etc.) establishing 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>(10) Health Equity</strong></th>
<th>21, 22, 26</th>
<th>A poorly funded public education system, with a high poverty and uninsured rate contribute to undesirable health outcomes in Oklahoma. Better understandings of the structural factors that contribute</th>
<th>There were no comments from the committee regarding revising the preliminary recommendation language.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### (11) Joint Governing Council

Create a Joint Governing 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 consist of the State Commissioner of Health, Regional Administrators, and the Executive Directors of the Oklahoma City-County Health Department, and Tulsa City-County Health Department.

<table>
<thead>
<tr>
<th>Accountability Policy Development</th>
<th>Potential Names for the Council:</th>
</tr>
</thead>
<tbody>
<tr>
<td>There was concern expressed by three committee members regarding the use of the word “Governing”. It was also expressed by one committee member that the name of the Council allows for credibility of the work that will be done.</td>
<td></td>
</tr>
</tbody>
</table>

### (12) Quality Improvement

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.

<table>
<thead>
<tr>
<th>Accountability, Development</th>
<th>Topic-Specific Resources for Engaging in Quality Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>There were no comments from the committee regarding revising the preliminary recommendation language.</td>
<td></td>
</tr>
</tbody>
</table>

Several resources exist for health departments engaging in quality improvement.

- **Develop a QI Plan** – An annual QI plan sets the organizational direction for QI initiatives.
- **Develop a QI Governance Structure** – A QI governance committee (e.g., QI Council) leads and oversees all QI initiatives in the organization.
| (13) Per Capita Public Health Spending | Select and Implement QI Projects – QI involves the use of a deliberate and defined improvement process, such as Plan-Do-Study-Act, to achieve measurable improvements in the efficiency, effectiveness, or services and processes. | 17, 35, 56, 77 | Currently, it is unknown what the public health per capita spending is in each county. Currently, a complete picture of all public health funding for each county is unknown. | There were concerns expressed by two committee members regarding the use of the word “implement” in this recommendation. | Identify per capita funding by county. Consider developing a weighted per capita formula in favor of sparsely populated counties that have fewer resources, by providing sufficient state/federal funding to support implementation of adopted foundational services, programs, and capabilities. |