

STATE BOARD OF HEALTH
Woodward High Plains Technology Center
3921 34th Street
Woodward, OK 73801

Tuesday, April 9, 2013 11:00 a.m.

R. Murali Krishna, President of the Oklahoma State Board of Health, called the 378th regular meeting of the Oklahoma State Board of Health to order on Tuesday, April 9, 2013 at 11:00a.m. The final agenda was posted at 9:57 a.m. on the OSDH website on April 8, 2013, and at 10:00 a.m. at the building entrance on April 8, 2013.

ROLL CALL

Members in Attendance: R. Murali Krishna, M.D., President; Ronald Woodson, M.D., Vice-President; Jenny Alexopoulos, D.O.; Barry L. Smith, J.D.; Timothy E. Starkey, M.B.A.; Terry Gerard, D.O.; Cris Hart-Wolfe

Absent: Martha Burger, M.B.A., Secretary-Treasurer

Central Staff Present: Terry Cline, Commissioner; Julie Cox-Kain, Chief Operating Officer; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Steve Ronck, Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Lloyd Smith, Director of Internal Audit; Don Maisch, Office of General Counsel; Leslea Bennett-Webb, Director of Office of Communications; Terri Salisbury, Administrator for Woodward County Health Department; Neil Hann; Grace Brown; Jay Holland; Brenda Potts; Commissioner's Office; Janice Hiner, Felesha Scanlan, VaLauna Grissom.

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks

Dr. Krishna called the meeting to order. Dr. Krishna recognized guests in attendance, Joe McVicker City Manager, Town of Buffalo; Scott Kinsey, Beaver County Board of Health; Associate District Judge Appointee 2005; Art Hatfield, Texas County Board of Health & County Commissioner Appointee 1983; Sharon Yeager, Woodward County Board of Health & Associate District Judge Appointee 1994; Dave Wallace, CEO, Woodward Regional Hospital; Arden Chaffee, Mayor, City of Alva; Cindy Martindale, RN, MS, NWOSU Nursing Division Faculty & Woods County Board of Health Member Since 2012; Bill Fanning, Woodward City Commissioner; Allison Bennett- Beaver, County Board of Health, County Commissioner Appointee 2007.

REVIEW OF MINUTES

Dr. Krishna directed attention to review of the minutes of the March 12, 2013, Regular Board meeting. Please note a transcription error on Page 1, Line 21. Minutes should be corrected to remove Dan Durocher from Central Office Staff present at the March 12th Board meeting.

Mr. Starkey moved Board approval of the minutes of the March 12, 2013, Regular Board meeting with corrections, as presented. Second Dr. Woodson. Motion carried.

AYE: Alexopoulos, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson

ABSENT: Burger

PROPOSED RULEMAKING ACTIONS

No proposed Rulemaking actions.

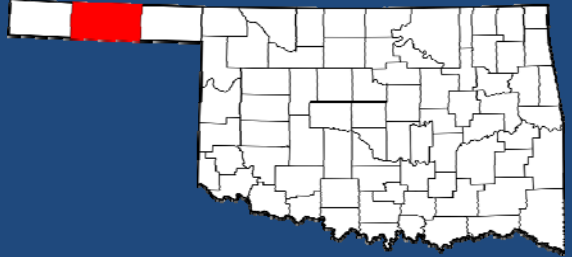
WOODWARD COUNTY HEALTH DEPARTMENT: Terri L. Salisbury, RN, BSN, MPH, Administrative Director

Welcome!



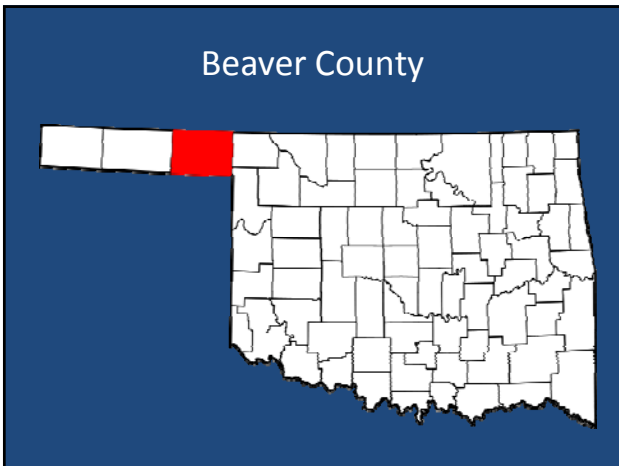
Beaver, Harper, Texas, Woods, Woodward
County Health Departments

Texas County



Texas County Health Dept -
Guymon



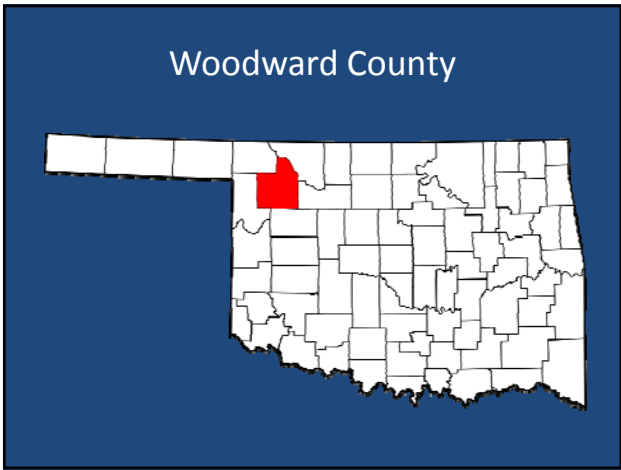


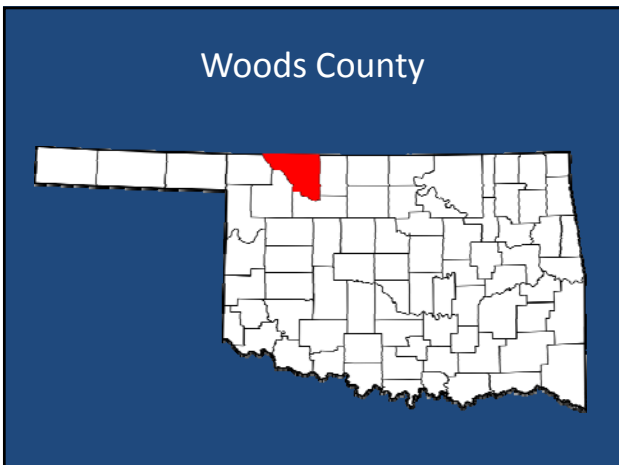
Car Seat Check—Beaver County



Walking Trail—Beaver County—WIC Grant









1 Dr. Krishna thanked Terri Salisbury for the report. Dr. Krishna inquired as to the most significant health
2 challenges faced within Beaver, Harper, Texas, Woods, and Woodward Counties. Terri responded by stating
3 that this region, like others throughout the state, faces significant challenges around nutrition and physical
4 activity; however, because this particular region of the state's economy is primary farming and agriculture,
5 there are unfortunately a high number of accidents and preventable injuries. Mrs. Salisbury praised the local
6 schools and community coalitions for their efforts to improve wellness through fresh fruit and vegetable
7 initiatives as well as innovating physical education activities for both school aged children as well as the
8 senior population.

9
10 The presentation concluded.

11 **COMMITTEE REPORTS**

12 **Executive Committee**

13 Dr. Krishna provided the following reminders Board:

- 14 • Following the May Board meeting is the Annual Employee of the Year Recognition Ceremony. Please mark
15 your calendars.
- 16 • Ethics Commission Statements must be submitted by May 15, 2013.
- 17 • New subcommittee assignments will be revisited in July, after the election of new officers in June.
- 18 • The annual Board of Health retreat will be held August 16-18, at the Roman Nose State Park Lodge in
19 Watonga. Dr. Arnold Bacigalupo will facilitate the retreat discussions. Please make your calendars.
- 20 • Dr. Krishna announced that Barry Smith will complete his 9 year term on the Board of Health in June of
21 2013. Mr. Smith has served many roles on the Board including Board President. The Board would like
22 to honor Barry for his time, commitment, and accomplishments while serving on the Board with a
23 reception to include members of the healthcare community and the Health Department.

24 25 **Finance Committee**

26 **Expenditure Forecast Assumptions**

27 Dr. Woodson directed attention to the Financial Brief provided to each Board member and presented the
28 following Finance Report and Board Brief as of March 19, 2013:

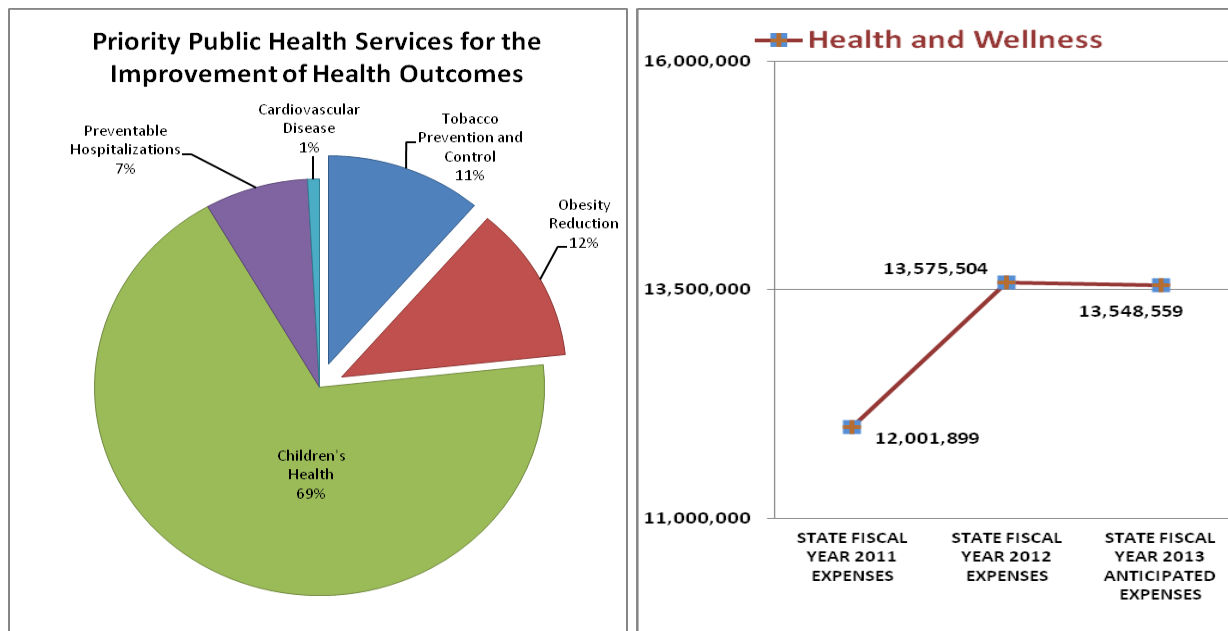
- 29 • Payroll forecasted through June 30, 2013 including vacancies likely to fill within the current budget
30 period
- 31 • Encumbrances shown as actual as of the report date
- 32 • Expenditure forecasts limited to realistic amounts expected to spend out during the current budget period
- 33 • Surplus/(Deficit) is projected as of June 30, 2013

34 Dr. Woodson provided an explanation of the Dashboard Warning(s):

- 35 • Overall the Department is forecasted to spend 97.97% of its budget, which is a slight decrease from the
36 previous month's 98.01%.
- 37 • All service areas now have "Green Lights" except Public Health Infrastructure.
- 38 • Public Health Infrastructure has a "Yellow Light" with a performance rate of 94.21%. This has not
39 significantly changed since the March report but is almost "Green Light" status and is expected to
40 improve over the remainder of the fiscal year.
- 41 • All expenditures will be monitored closely and adjustments in spending will be made as needed to
42 ensure optimal budget performance for the Department.

43
44 Dr. Woodson directed Board attention to the Finance Board Brief contained in the packet. The Brief describes
45 the SFY 2013 Budget Priority Public Health Services for the Improvement of Health Outcomes. This
46 priority comprises 14% of the total agency budget. Among these services are those addressing two flagship
47 issues of the Oklahoma Health Improvement Plan, Tobacco Use Prevention and Obesity Reduction.
48 Collectively, these budgets comprise 23% of the Priority Public Health Services budget and 3% of the total
49 agency budget.

1



2

3

4 **Enhanced Wellness Resources and Activities since 2011**

- 5 • Expenditures for wellness activities (specifically, tobacco use and obesity reduction) across the
- 6 department have increased by nearly 13% since 2011. These increases have been accomplished by
- 7 integrating wellness activities into agency federal grants, establishing wellness performance targets
- 8 across the department and county health departments, increased external funding and redirecting funds
- 9 where possible.
- 10
- 11 • Revenue sources for wellness activities are varied. In SFY '13 the revenue sources supporting wellness
- 12 include 46% state and local revenue, 36% revolving funds (tobacco tax, TSET funding), and 18% federal
- 13 funding.
- 14
- 15 • The Center for the Advancement of Wellness partnered with the Tobacco Settlement Endowment Trust
- 16 in the development of the Healthy Community and Schools Incentive Program to incentivize school
- 17 districts and communities to implement effective health and wellness policies and interventions. Thus
- 18 far, 13 communities have received incentive grants for passing ordinances and policies supportive of
- 19 healthy behavior.
- 20
- 21 • The Center and TSET are currently developing an integrated strategic plan to optimize programming for
- 22 health outcome improvement.

23

24 The Finance Committee had a brief discussion around the recent State Audit. There were 3 reportable findings

25 and 1 non-reportable finding. There were no questionable causes related to any of the findings and the State

26 Auditor's Office was satisfied with the Department's response. The Department will take action to correct

27 those findings.

28

29 The report concluded.

30

31 **Accountability, Ethics & Audit Committee**

32 The Accountability, Ethics, & Audit Committee met with Lloyd Smith, Jay Holland, and Don Maisch. Mr.

33 Smith indicated there were issues to be addressed by the Board; however, due to the nature of the items, Mr.

34 Smith recommended the items be discussed in Executive Session.

35

36 The report concluded.

37

38

Public Health Policy Committee

The Policy Committee met on Tuesday, April 9, 2013. Dr. Gerard and Mr. Starkey met at the Woodward High Plains Technology Center in Woodward, Oklahoma. Mark Newman provided an update regarding legislation requested by the agency prior to the meeting. Electronic copies of the Policy Committee Report for April 8, 2013 were emailed to all BOH members by VaLauna. These reports will continue to be sent each Monday throughout the legislative session.

SB 347, which would transfer the Fire Extinguisher Licensing program from the State Department of Health to the Office of the State Fire Marshall, has passed the House Public Safety Committee and will be scheduled on the House Floor.

SB 578 establishes a revolving fund for civil monetary penalties passed the House Committee on Appropriations and Budget and will be scheduled on the House Floor.

HB 1083 clarifies terms in the Emergency Medical Services program to comply with national accreditation passed the Senate Health and Human Services Committee, went to the Senate Floor and on April 8, 2013, passed with a vote of 45 to 0 and is now headed to the Governor's office.

Any Board members with questions regarding policy issues or proposed legislation; please contact Mark Newman for additional information.

The next meeting of the Policy Committee will be prior to the May Board Meeting.

The report concluded.

Dr. Krishna inquired about legislation regarding e-cigarettes and asked for information regarding the nicotine component of these products. Julie Cox-Kain briefly described the legislation that defines a category of tobacco derived products which could be related to e-cigarettes or vapor products. The legislation establishes youth access restrictions and a very low tax base on some products. The products are considered by that community to be less harmful than cigarettes. The bill's author in the Senate has indicated there will likely be some modification to the bill. It has been projected that taxation may be eliminated but the youth access portion and definitions would remain the same.

Dr. Alexopoulos indicated that her understanding is different products have varying concentrations of chemicals so it early to predict the impact on the individual using the product or individuals exposed to the products. Dr. Woodson indicated he suspects there may not be as many harmful chemicals in these products but the nicotine content and exposure to that individual is likely similar to that of cigarettes.

Dr. Cline added that there is general grave concern about the use of these tobacco products being promoted heavily by the tobacco industry. Many people in this field do not believe that the harm reduction strategy is the best compromise. As with the early science of cigarettes, there is much concern around ingesting chemicals that haven't been properly evaluated. The use of flavors in these products is a clear indication that these products are being marketed to minors and young people. Dr. Woodson indicated that one of the fastest growing college fads is the use of a Hooka. This is a middle-eastern tobacco inhalation product in which tobacco is filtered through water. Early studies indicate that use of a Hooka may actually be more potent. Julie Cox-Kain stated that a recent court case cause the Courts to refer the use of e-cigarettes back to the Food and Drug Administration (FDA) to regulate them as tobacco products. In January of 2013 they declared their intent to do so. The FDA is expected to begin investigating and regulating these use of e-cigarettes as tobacco products. Tim Starkey suggested that education around this issue should be provided in schools for children.

PRESIDENT'S REPORT

The Governor has launched an initiative petition to allow the issue of clean indoor air / tobacco reduction to be taken to a vote of the people. If you are in support of this type of question going to a vote of the people, you can go to DontSmokeOnMe.com to register your support.

COMMISSIONER'S REPORT

Dr. Cline highlighted his attendance at the recent Bridges to Access event that took place in Oklahoma City. This initiative is organized by several hundred volunteer medical students devoted to improving the healthcare of Oklahoma's uninsured and underinsured populations.

Next, Dr. Cline commended the organizers and student sponsors of the 4th annual University of Oklahoma Health Dash held on March 29, 2013. The event raised approximately \$7,000 in funds for free clinics in the Oklahoma City area. Dr.'s Cline, Krishna, and Woodson had the privilege of participating in the event.

Dr. Cline highlighted an opportunity to meet with the Avedis Board in Shawnee. This foundation was created as a result of a sale of a local hospital. The Board is committed to improving public health of that community. The Board is in the beginning stages right of the initiative but they are committed to having a long lasting impact on the community.

Lastly, Dr. Cline highlighted his work with the National Safety Council. They are responsible for developing the click it or ticket campaign. This Council has also been instrumental in driving down automobile crash fatalities across the United States. The Council is partnering with other public health agencies to address deaths from the misuse of prescription drugs. The data shows that 87% of prescription drugs are painkillers and Oklahoma has one of the highest rates of painkiller prescriptions. Dr. Cline is co-chairing a task force aimed at developing a comprehensive plan to deal with this issue. The plan includes education for both members of the public as well as providers. It will examine regulations and enforcement and ensure appropriate treatment systems are in place for those struggling with addictions. The present challenge is obtaining the surveillance data regarding prescription drugs as it is currently only available to law enforcement.

Dr. Cline concluded his report with a brief overview of the Tulsa Dental investigation. Dr. Cline indicated that although this is Tulsa Health Department's jurisdiction, and the Health Department does not inspect or have an oversight role of dental practices, the Health Department does have responsibility for disease surveillance throughout the state. Dr. Cline directed meeting to participants to the attached Public Health In Action document developed by Leslea Bennett-Webb. The OSDH is supporting this investigation through assistance with staffing, testing, and clinic mobilization. Tulsa Health Department has done an incredible job in this response. The goal is to ensure testing is available around the state so that cost and geography are not barriers to testing. *Public Health In Action documents is Attachment A within the minutes.*

The report concluded.

NEW BUSINESS

No new business.

EXECUTIVE SESSION

Mr. Starkey moved Board approval to go in to Executive Session at 11:59 AM pursuant to 25 O.S. Section 307(B)(4) for confidential communications to discuss pending department litigation and investigations; pursuant to 25 O.S. Section 307(B)(1) to discuss the employment, hiring, appointment, promotion, demotion, disciplining or resignation of any individual salaried public officer or employee and pursuant to 25 O.S. Section 307 (B)(7) for discussing any matter where disclosure of information would violate confidentiality requirements of state or federal law.

- Investigative audit 2013-01
- Investigative audit 2013-02
- Investigative audit 2013-03
- Tulsa Dental HAI Investigation and Response 2013
- Office of Accountability Systems Update

Second Dr. Alexopulos. Motion carried.

AYE: Alexopulos, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson

ABSENT: Burger

1 Ms. Wolfe moved Board approval to move out of Executive Session. Second Dr. Alexopulos. Motion
2 carried.

3
4 AYE: Alexopulos, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson
5 ABSENT: Burger

6
7 **ADJOURNMENT**

8 Dr. Woodson moved Board approval to Adjourn. Second Dr. Alexopulos. Motion carried.

9
10 AYE: Alexopulos, Gerard, Krishna, Smith, Starkey, Wolfe, Woodson
11 ABSENT: Burger

12
13 The meeting adjourned at 1:33 p.m.

14
15 Approved

16 *R. Murali Krishna*
17 M.D.

18 R. Murali Krishna, M.D.
19 President, Oklahoma State Board of Health
20 May 14, 2013

Oklahoma Public Health Investigation of Tulsa Dental Practice

On March 28, 2013, the Oklahoma State Department of Health (OSDH), Tulsa Health Department (THD) and the Oklahoma Board of Dentistry announced they were notifying approximately 7,000 persons about their potential exposure to blood-borne viruses as a result of procedures they had at the practice of a Tulsa oral surgeon.

This unprecedented announcement regarding a major public health investigation into the infection control procedures in a private dental setting in Oklahoma followed an OSDH/THD communicable disease investigation begun earlier this year of a person who tested positive for hepatitis C. Case investigation revealed that this individual had no risk factors other than the potential for exposure to blood-borne viruses while seeking dental treatment. The OSDH consulted with staff from the Centers for Disease Control and Prevention's Division of Healthcare Quality Promotion, who confirmed that while rare, blood-borne pathogen transmission has been documented in dental settings.

Public health "disease detectives" from the OSDH and THD visited the primary office of the dental surgeon identified by the case. They were alarmed to find practices including improper use of multi-dose medication vials and faulty sterilization of instruments that may have exposed patients to infectious material. The OSDH requested representatives from the Oklahoma Board of Dentistry accompany public health officials to the oral surgeon's office for a subsequent unannounced visit. As a result, investigators found a host of infractions regarding sterilization and drug procedures that constituted violations of state and federal laws and the Oklahoma State Dental Act. The oral surgeon voluntarily surrendered his license and is currently awaiting further action by the Board of Dentistry. The OSDH and THD established a 24/7 unified command to direct the personnel and resources necessary to respond to the quickly unfolding event.



AT A GLANCE >

March 30, 2013, through April 4, 2013:

- 1,869** Patient Notification Letters Mailed
(of approximately 7,000 letters that will be delivered to current and former patients since 2007)
- 2,104** Patients Presenting for Testing at Tulsa Health Department and other Oklahoma Health Departments
- 2,461** Public Health Laboratory Analyses Completed
- 2,742** Calls to Tulsa Health Department Phone Bank
- TBD*** Individual Case Investigations Initiated
- 200** State and Local Public Health Personnel Working Event (approximately)
- 91** Medical Reserve Corps Volunteers Deployed

* To be determined.



OSDH and Board of Dentistry officials were able to obtain patient records for the practice from 2007 to 2013. The oral surgeon and staff advised that his practice included a high population of patients who were known to be infectious disease carriers. The OSDH and THD initiated the process of multiple means of patient notification including mailing letters to current and former patients of this practice using information available from patient files; utilizing the news media for public announcement at a news conference on March 28 and subsequent media interviews; posting information on the Centers for Disease Control and Prevention's Epi-X website; and communicating with other state health departments regarding out-of-state residents who may have been patients of the practice. All patients of this practice have been encouraged to have their blood drawn for testing for hepatitis C, hepatitis B and HIV.

The Tulsa Health Department, Oklahoma City-County Health Department, and other county health departments in the state are providing free screening clinics while the OSDH Public Health Laboratory is conducting laboratory analysis on the specimens collected at these sites. The first clinics were offered at the Tulsa Health Department and Oklahoma City-County Health Department on Saturday, March 30.

Understandably, this news was alarming for patients of this practice as well as for the citizens of Oklahoma who had never considered that a visit to their dental professional could result in exposure to a danger infectious disease. In an effort to answer the public's questions and provide directional assistance, THD officials established a phone bank that became operational as soon as the public announcement was made. The OSDH and THD have issued daily situation updates to the news media and posted information to their websites and through social media to keep the public informed on the progress of the investigation and to provide directional assistance for those who might need testing.

Once positive laboratory tests are completed by the OSDH Public Health Laboratory, persons with positive test results will be contacted personally by a health department representative and counseled



about information specific to the disease for which the test was positive. The OSDH will also begin an individual case investigation in an effort to determine when and how the person became infected. Recommendations for testing of a spouse or partner will be made following the outcome of the case investigation. Persons testing positive will also be referred to their health care provider for further evaluation. Treatment referrals and payer source will vary according to each patient's medical situation and their current health insurance coverage. Most persons without a physician or health insurance, a health department professional will provide information regarding other health resources available. Most persons with a negative test result will receive their test results by mail and advised if any additional testing or follow up is needed.

This current public health investigation in Oklahoma demonstrates the value of a strong public health system and an example of core public health services at work. The epidemiological "disease detective" work that uncovered the potential for a massive public health threat, and the resulting mobilization of staff and resources needed to respond appropriately, highlight the critical and unique role of public health. No other entity exists to provide the protections necessary that assure the health and safety of the public. While all the potential costs for patient notification, clinic screening, laboratory analysis, and follow-up case investigation have not yet been determined, the OSDH estimates the cost for each laboratory test will be about \$195.00. For every new infection of hepatitis C prevented by the outreach of this public health investigation, \$30,000 to \$40,000 will be saved in health care costs — certainly a significant return on investment in public health.



Oklahoma State
Department of Health

Terry L. Cline, PhD
Commissioner

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Terry L. Cline, PhD,
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