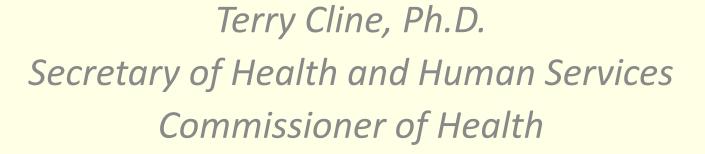
Oklahoma State Department of Health Protecting What Matters Most

April 8, 2015





What We Do

Public Health Imperatives

- Emergency Preparedness
- Infectious Disease
 Control
- Medical System
 Sustainability (Trauma & EMS)
- Licensure & Inspection

Priority Programs for Health Improvement

- Children's Health
- Tobacco Use Prevention& Cessation
- Obesity Reduction & Prevention
- Heart Disease Prevention



What We Do

Prevention

- Newborn Screening
- Child Guidance
- Cancer Prevention & Screening
- Early Intervention
- WIC
- Injury Prevention

Access to Care

- FQHC New Access
 Points
- FQHC
 Uncompensated
 Care
- Office of Primary Care & Rural Health Development

Science & Research

- Cancer Registry
- Health Care Information
- Health Risk
 Behaviors
 (Tobacco Use &
 Drug Use)
- Violent Death Reporting (Suicide)

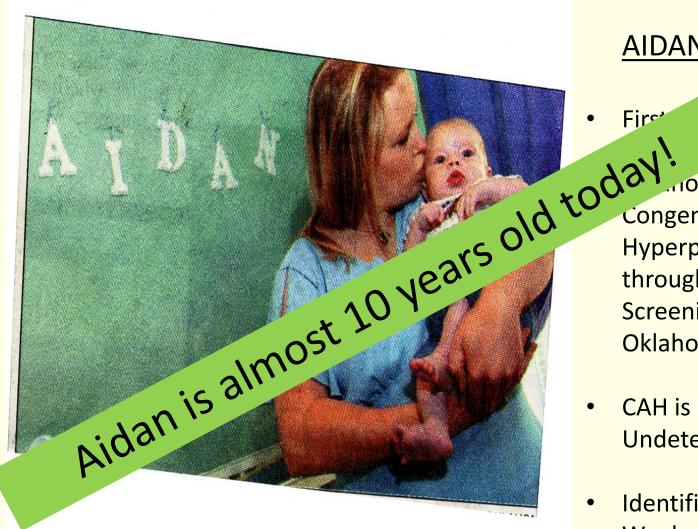


Where We Are

Oklahoma Counties with Health Departments Cimarron Texas Harper Beaver Ottowa Grant Nowata Alfalfa Craig Rogers Garfield Woodward Delaware Major Ellis Legend Dewey County with a health department Cherokee Kingfisher Logar Wagoner Blaine Creek County without a health department Lincoln minimal services provided by surrounding counties Custer Okmulgee Muskogee Okfuskee Sequoyah Statewide Programs Beckham Washita Cleveland Caddo Haskell Hughes Grady Green Kiowa Le Flore Latimer • 16 Regional Admin. Pontotoc Comanche Garvin Jackson Coal Murray Stephens Pushmataha • 2 Independent CHD'S Cotton Carter McCurtain Choclaw 68 Organized CHD's 85 Locations Statewide • 805,129 Visits city, county and state offices and other sources, affecting the area shown, and is the 366,494 Clients



Saving Lives



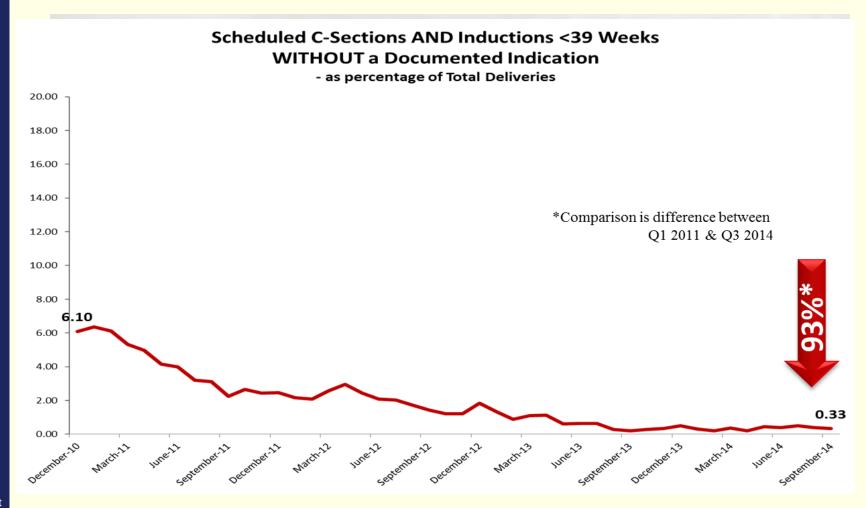
AIDAN

- Fire moma with Congenital Adrenal Hyperplasia (CAH) through Newborn Screening in Oklahoma
- CAH is Deadly if **Undetected**
- Identified in First Week of Testing



Saving Lives

Every Week Counts Initiative

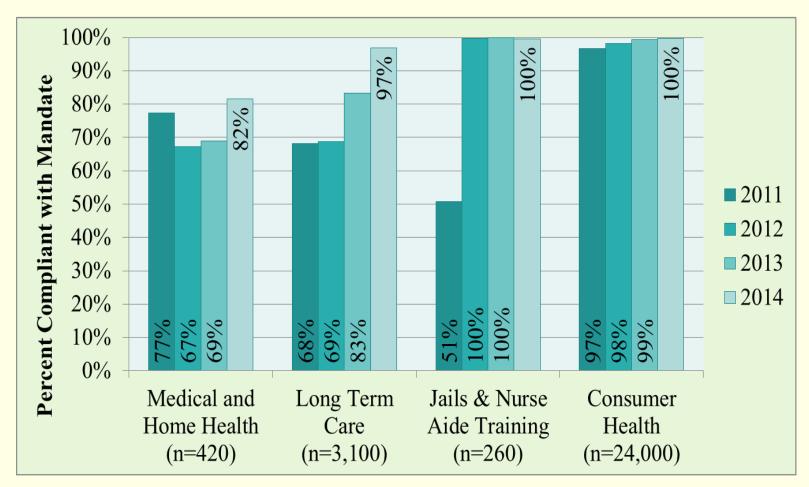




7

Protecting People

Inspections and Investigations completed in compliance with frequency mandates by program areas 2011 - 2014





Quality of Life



Partnership to Improve Dementia Care in Nursing Homes

- >1,000 nursing home residents taken off unneeded antipsychotic drugs, 2012-2014
- Governor's 2014 Quality Crown Award
- ASTHO 2014 Vision Award
- Oklahoma's ranking on antipsychotic drugs improved from 48th to 39th
- Top 10 states for percentage decrease in antipsychotic drug use nationally, 2011-2014



Supporting Business

OHIP Business Survey Key Findings



Financial - Increasing Healthcare Cost Impacting Bottom Line

- 43% Less profitable for business growth
- 39% Held off on salary increases
- 31% Increased medical plan deductible
- 26% Increased employee premium share



Workforce – Half of Respondents Report Employee Health Affects Business

- 82% Making positive healthy lifestyle choices
- 69% Losing weight
- 48% Seeing doctor for preventive care
- 46% Quitting tobacco
- 46% Reducing stress



Health Priorities – State Should Address Key Health Priorities

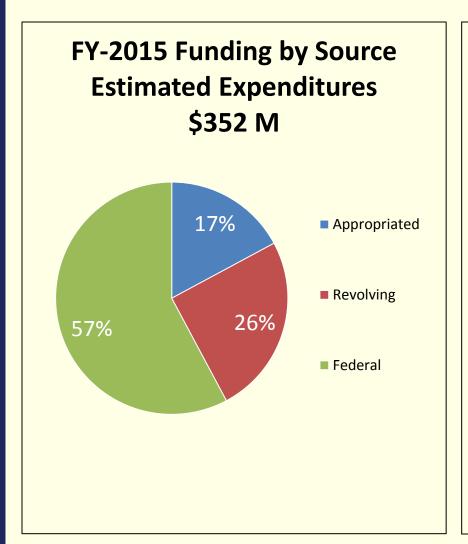
Tobacco



Private/Public Partnerships - Businesses Open for Partnerships with Govt.

- Employee Wellness
- Insure Oklahoma

How We Are Funded



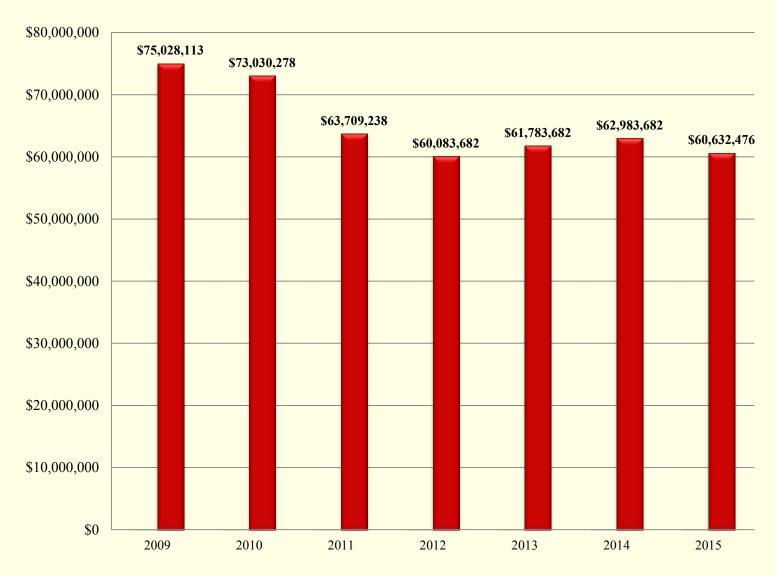
OSDH Budget

 OSDH Represents 0.85% of Oklahoma State Appropriated Budget

- State Funds Are Spent on Limited Public Health Programs
- 23.78% of State Funds Are Matched with Federal or Other Funds



History of State Appropriations to OSDH





Impacts of SFY'15 State Budget Cuts

Budget Reductions or Eliminations

- \$2,351,206 in General Appropriation
- \$5,000,000 Trauma Fund as a One Time Cash Transfer

Impacts

- FQHC New Start Funding One Time
- Uncompensated Trauma Payments to Hospitals & EMS One Time
- Oklahoma Cord Blood Bank One Time
- Oklahoma Child Abuse Program (OCAP) Long Term
- FQHC Uncompensated Care Long Term
- Child Abuse Training and Coordination Program Long Term



Impacts of Federal Funding Reductions

- Immunization Changes in Federal Vaccine Use Policy
- Hospital Preparedness Program 36.8% Reduction
- Asthma Eliminated
- Childhood Lead Eliminated
- National Public Health Improvement Initiative -Eliminated



Impacts of Potential 2016 Budget Cuts

OSDH Program	3%		5%		10%		Program Impact 10%
FQHC							Elimination of
Uncompensated Care	\$ 7	65,743	\$ 1,	261,624	\$ 2,5	552,477	Uncompensated Care Fund
Cord Blood Bank	\$ 5	00,000	\$	500,000	\$ 5		Elimination of Cord Blood Bank Planning Program
Oklahoma Child Abuse Prevention Program (OCAP)	\$ 5	47,231	\$ 1,	260,000	\$ 2,9	990,771	Elimination of OCAP Program
Oklahoma Athletic Commission	\$	6,000	\$	10,000	\$		Reduction commensurate of OSDH Reduction
	\$ 1,8	18,974	\$ 3,	.031,624	\$ 6,0	063,248	



Efficiencies Implemented

- State Vehicle Savings
 - SFY '14 savings approx. \$1.2 million
 - Cumulative savings of \$6.0 million since SFY'10
- Printer Consolidation & Optimization
 - SFY '15 savings approx. \$362,190
 - Cumulative savings of \$1.0 million since SFY'13
- Licensure Process Quality Improvement
 - Reduced processing time from 7.4 days to 4.1
 - Almost 17,000 work hours saved annually across the OSDH
- Electronic Vital Records
 - Death records 60% electronic in 2014 up from 10% in 2011
 - Median days from death to registration 11 in 2014 improved from 31 in 2011



PUBLIC HEALTH LABORATORY





PUBLIC HEALTH LABORATORY

Current Problems

- Built 1970s
- Failing infrastructure, e.g., replaced one air-handling system in 2014
- Compartmentalized labs create inefficiency in workflow and space utilization
- Space limitations
- Routine specimen receipt requires transit through main OSDH building
- Climate control
- Accreditation contingent on adequate lab facilities
- Estimated Costs \$49 million (2016)



QUESTIONS



