*TO REGISTER VISIT* [*WWW.OPHA.NET*](http://WWW.OPHA.NET)

The Power to Improve Health

**People and Policy: Impacting Public Health at Every Level**

73RD ANNUAL OKLAHOMA PUBLIC HEALTH ASSOCIATION CONFERENCE

April 5-6, 2012

Embassy Suites Hotel and Conference Center

2501 Conference Dr.

Norman, OK

**[Day One]**

**Thursday, April 5, 2012**

7:00—5:00 p.m. **REGISTRATION**

8:30—8:45 a.m. **WELCOME**

[OK ABCDE]

8:45—9:15 a. m.  **OPENING SESSION – “The State of the State’s Health”**

[OK ABCDE] **Terry Cline, Ph.D., Secretary of Health**

**and Commissioner of Health, Oklahoma State Department of Health**

9:15 – 9:45 a.m. ———————BREAK—EXHIBITS————————

[OK-F]

9:45—10:45 a.m. “**Integrated Solutions to Healthcare and Healthy Living”**

[OK ABCDE] **Ron Sims, Former Deputy Secretary of U.S. Department of Housing**

**and Urban Development**

### Social and environmental determinants shape health outcomes. Integrating health, land use and transportation planning to create walkable, transit-oriented and sustainable communities provide healthier lifestyle choices for residents. Lowering healthcare costs requires collaboration of purchasers of health care (employers, employees, patients), insurance providers, and hospitals. By offering purchasers lower health care cost, getting insurers to reform, and working with hospitals to establish standards of care, conflicting demands and information are eliminated, realistic standards are set for providers, and patients benefit from improved quality care. Where we live, the color of our skin, how much money we have, and our access to education, health care, and economic opportunities impact health, wellness, and life expectancy. We need to pursue policies that strike down inequalities, creates safe neighborhoods, provides affordable housing, quality education, and improves access to health care, transportation, healthy foods, and good quality paying jobs.

10:45—12:00 p.m.  **“Advancing the Political Conditions for Healthy People: Public Health as a Catalyst”**

[OK ABCDE] **Rajiv Bhatia, MD, MPH, San Francisco Dept. of Public Health**

### Given that economic, environmental and social conditions determine the opportunities and obstacles for health at a population level, the public health sector should have a compelling interest in ensuring that the actions of other policy sectors including those for education, labor, urban planning, agriculture, energy, housing, and transportation protects and promotes health. While cross-sector action for health is not the routine today, some notable experimentation and progress is occurring. This presentation describes the experience of the San Francisco Health Department which has endeavored to address structural determinants of health and health inequities through the setting of urban planning and community development since 2002. Locally, cross-sector engagement has taken many forms, including communication of evidence on the nexus between health and community conditions, monitoring the health and equity performance of the urban planning and community development sectors, coordination and collaboration on planning and development activities, technical support for civil-society organizations engaged with planning and development, and implementation of innovative public health regulations. In our

### experience, engagement has required navigating several generalizable challenges including limited funding and formal support within public health institutions, limited public health authority to institute change, sensitivity to criticism of governmental performance, and competing social objectives. Engagement has required developing new human and organizational capacity within the public health sector, new technical tools, and the use of negotiation and collaboration. Overall, this cross-sector engagement has been successful in integrating several health objectives into the policy goals and governance institutions of sister policy sectors, suggesting that it is feasible for the public health sector to leverage other public sector institutions to improve the fundamental resources and conditions for population health. The presentation synthesizes key lessons from this experience.

[LUNCH—12:00—1:30 p.m.]

 [OK ABCDE]

12:30—1:00 p.m. **LUNCHEON SPEAKER – Governor Mary Fallin [INVITED]**

1:30—2:30 p.m. **CONCURRENT SESSIONS including** **Section/Caucus Business Meetings**

----Speakers highlighted in each session-----

  Administrative Services [OK-G]

**“Organizational Communication and Active Listening”**

Tami Marshall, MHR, Mid-America Christian University (Oklahoma City)

Discussion will focus on the proper techniques necessary to show good listening but will raise our awareness of the negative pitfalls to listening. Participants will engage in an active listening workshop.

 Student Caucus [OK-F]

**“Public Health Leadership: What Every Health Official Should Know”**

Bruce D. Dart, Ph.D., Tulsa Health Department

A list of things every health official can do to ensure success of their organization and their career.

 Environmental Health [Boomer A]

**“Earthquakes: Or There’s a Whole Lotta Shakin’ Goin’ On”**

Dr. William D. (Bill) Underwood~~,~~ Oklahoma School of Science and Mathematics

Earthquakes are differential movement or shaking of rocks, almost exclusively in the subsurface. Most earthquakes, and all the largest earthquakes, occur as the interaction of plate boundaries. Smaller earthquakes, such as those in Oklahoma, occur along faults that may be caused by stresses related to plate movement.

 Epidemiology & Laboratory Services [OK-I]

**“Enhancing Public Health Biosurveillance Systems: Insights & Resources from OCCHD and the Tarrant County APC”**

* Dean Lampman, Southwest Center for Advanced Public Health Practice
* Cynthia Harry, Oklahoma City County Health Department

The Oklahoma City-County Health Department is benefiting from ongoing collaboration with the Tarrant County Advanced Practice Center (APC), a grant-funded unit of Tarrant County Public Health (Fort Worth, TX) that’s a national leader in biosurveillance.  In this session, an OCCHD epidemiologist will describe several steps OCCHD has recently taken to leverage APC products and insights, review the benefits seen/anticipated, and share lessons learned to help others interested in enhancing health surveillance capabilities in partnership with their medical communities and schools. An APC representative will detail the free tools OCCHD applied and explain how meaningful use incentives for electronic data sharing should help public health agencies obtain increasingly robust data.

 Maternal & Child Health\*[Boomer B]

  Health Administration & Planning [Sooner A]

“**Literacy, Health and the National Standards on Culturally and Linguistically Appropriate Services (CLAS)”**

* **Mary Surbeck & Commander James LaVelle Dickens, DHHS Region VI, Office of Minority Health**

 Concurrent Session [Sooner B]

**“When Disaster Strikes: Breastfeeding in Emergency Situations”**

Becky Mannel, BS, IBCLC, FILCA

OU Medical Center

### When natural disasters or other emergencies occur, emergency personnel need to be aware of the impact on breastfeeding mothers and children and how to support continued breastfeeding during the crisis to maximize positive health outcomes.

\*No speaker

 2:30 - 3:00 p.m. ———————BREAK—EXHIBITS——————

[OK-F]

3:00 —4:00 p.m.  **“Creating Healthy and Equitable Communities”**

[OK ABCDE] **Mary M. Lee, Esq., PolicyLink**

 The current economic crisis has only deepened disparities in health and quality of life in both urban and rural communities across the nation. What are some of the causes of these persistent gaps, and what are the implications for the future if they are not resolved? What is the connection between health and the neighborhood you live in? This presentation will address the current situation and underscore that it is time for a new paradigm. It will make the case that policymakers have an opportunity to address longstanding inequities and design new systems and institutions that are inclusive, and an economy that is equitable for all . Promising practices will be highlighted; opportunities to build partnerships between the public and private sector, community residents, the business community and philanthropy will be discussed. The focus will be on identifying the initial steps for building an equity-driven model for creating healthy, thriving communities.

4:00— 5:00 p.m. **OPHA Awards Presentation**

[OK ABCDE] **(including scholarships & poster contest recognitions)**

7:00—9:00 p.m. **OPHA Social Event – RELAX! HAVE FUN WITH NEW & OLD FRIENDS!**

[Sooner]  *Relax! Join us at this see-and-be-seen event! A smoke-free event!*

*Sing or laugh as we support our colleagues as their latent talent is shared by all. Our “KJ” Amanda Winter will be managing our entertainment - YOU! Come and relax and catch up with OPHA friends - old and new.* ***Singing is optional but the “fun” is not!***

**Friday, April 6, 2012 [Day Two]**

8:00 a.m. ***Tai Chi Wake Up, Work Out with Ellie and Lynn!!!***

 [OK-E]

8:00—12:00 p.m. **REGISTRATION—EXHIBITS**

8:30—9:00 a.m.  **OPENING SESSION**

 [OK-E]

9:00—10:00 a.m. **CONCURRENT SESSIONS including** **Section/Caucus Business Meetings**

----Speakers highlighted in each session-----

 Health Equity Caucus [OK-D]

**“Office workers – Sedentary by Practice: How can we integrate physical activity**

**as part of daily routines at work?”**

Dr. K. Meghan Wieters, AICP, University of Oklahoma

The intersection of public health and planning is at an important crossroads. Specifically, transportation planning has focused traditionally on commute travel (trip to and from work), which is helpful in addressing broad transportation system needs. However, many of our daily trips are not associated with travel to and from work and include trips such as going to lunch, depositing checks at the bank, or shopping for various daily needs. These non-commute trips are often capable of being done within short distances of our worksites and are logical opportunities to shift our car travel to walking trips. This session will discuss how land use and the design of the built environment may impact how much physical activity is integrated within the daily workday of a typical office worker. Additionally we will discuss what are ways individuals, employers, planners, agencies or organizations can work to remove barriers that inhibit integrated daily physical activity during the workday in order to promote healthier and potentially more productive employees.

 Gerontological Health\*[OK-G]

 Oral Health [OK-A]

**“Benevolent Dentistry in Oklahoma: Access to Dental Care Challenges and Efforts”**

Terrisa Singleton, Delta Dental of Oklahoma Foundation

About half of Oklahomans are without dental care benefits. Many cannot afford the dental care they need. Others live in regions with a shortage of dental professionals, limiting their access to dental care. To address this need, an informal network of nonprofits, faith-based organizations, agencies, foundations, and volunteer dental professionals has come together over the years to create the benevolent dentistry community. The Delta Dental of Oklahoma Oral Health Foundation provides consulting and funding for many of these organizations and works to connect them to one another and to the populations they seek to serve. Foundation Manager Terrisa Singleton will acquaint you with the inspiring work being accomplished by the benevolent dentistry community and the resources available to those in need of dental care they cannot afford or access.

 Emergency Preparedness & Response [OK-B]

**“Enhancing Public Health Biosurveillance Systems: Insights & Resources from OCCHD and the Tarrant County APC”**

* Dean Lampman, Southwest Center for Advanced Public Health Practice
* Cynthia Harry, Oklahoma City County Health Department

The Oklahoma City-County Health Department is benefiting from ongoing collaboration with the Tarrant County Advanced Practice Center (APC), a grant-funded unit of Tarrant County Public Health (Fort Worth, TX) that’s a national leader in biosurveillance.  In this session, an OCCHD epidemiologist will describe several steps OCCHD has recently taken to leverage APC products and insights, review the benefits seen/anticipated, and share lessons learned to help others interested in enhancing health surveillance capabilities in partnership with their medical communities and schools. An APC representative will detail the free tools OCCHD applied and explain how meaningful use incentives for electronic data sharing should help public health agencies obtain increasingly robust data.

 Public Health Nursing [OK-C]

**“Oklahoma Temporary High Risk Pool”**

Tanya Case, Oklahoma Temporary High Risk Pool

Public Health Nurses encounter individuals every day on the job who are uninsured. Although, it is estimated that 80 percent of the uninsured are at 400% of poverty or below, there are individuals who can pay for insurance, but have been unable to obtain it due to their pre-existing medical condition(s) and who are not aware of the OTHRP. The presentation will provide the participants will the basic information about the OTHRP, such as who qualifies, how do they qualify, the application process, the premium rates and how they are derived, the Pool benefits (both medical and pharmacy), who governs the Pool, and who provides customer service. Also, an explanation of how condition/disease management and case management will be discussed. Research shows that those individuals who are insured live longer than those who are uninsured. It is our goal to make sure that every uninsured individual in Oklahoma that can afford this Pool knows about it and who better to help us get our message out than Public Health Nurses.

 Public Health Education & Promotion [Sooner A]

**“Certified Healthy Lifestyle Program”**

* Gail Hilty, Noble Public Schools
* Paula Price, MPH, MS, RN, Norman Regional Hospital
* Sharon Howard, RN, M.Ed. , Norman Public Schools

Oklahoma currently ranks 48th in overall health standards. In an effort to help promote healthier lifestyles and help to increase our health statistic ranking, communities across the state are mobilizing to make valiant efforts to help promote positive changes in healthy behaviors both locally and on a state wide level. Through promoting the Certified Healthy Lifestyle Programs within their communities residents have an opportunity to positively impact the community in which they live, work, and play. In an effort to create a healthier state, the Certified Healthy Lifestyle programs is a platform in which community members such as nonprofits, faith-based organizations, agencies, foundations, community advocates and volunteer health professionals can come together to be a catalyst for making Oklahoma a healthier state **.** A panel of speakers who represent certified healthy cities, schools and businesses will acquaint you with the spectacular work being accomplished by communities across the state and the resources available to those wanting to promote healthy behavior changes in attitudes and beliefs from a grass roots level.

 Concurrent Session [Sooner B]

 “**Emergency Response: Partners in Action!”**

* Lori Linstead, 211
* Ed Kostiuk, OSDH
* Keli Cain, Oklahoma Department of Emergency Management

### Disasters can happen suddenly and at any time. Knowing available resources can reduce fear, anxiety and losses that accompany disasters. In this workshop, participants will learn how the Oklahoma State Health Department, Oklahoma Emergency Management and 2-1-1 Oklahoma coordinate state response activities to ensure the safety of all Oklahoman’s during times of disaster.

\*No speaker

10:00 – 10:30 a.m. ———————BREAK—EXHIBITS————————

[OK-F]

10:30 a.m.—11:30 a.m.

[OK-E] **“The State of the State: Substance Abuse in Oklahoma”**

* Steven Buck, Oklahoma Department of Mental Health Substance Abuse Services Deputy
* Darrell Weaver, Oklahoma Bureau of Narcotics
* Reggie Whitten, Founder of FATE (Fighting Addiction Through Education)
* Senator Greg Treat
* Moderator: Jim Priest, FATE
* Professional Athlete (INVITED)

Panelists include Senator Greg Treat, Deputy Commissioner Steve Buck (ODMHSAS), Director Darrell Weaver (Oklahoma Bureau of Narcotics) and founder of FATE (Fighting Addiction through Education) Reggie Whitten. These panelists will each speak briefly about that their agency or sector is doing to address substance abuse and their perspective on the state of the State regarding substance abuse, while offering suggestions about what those involved in public health can do to have a positive and effective impact on improving the state.

11:30 a.m.—12:30 p.m.    “**Passing the Gavel”**

 [OK-E] **OPHA Business Meeting**

***Everyone is welcome to attend the business meeting where members discuss the affairs of OPHA***

12:30 – 2:00 p.m. **Lunch on Your Own**

2:00—4:00 p.m. **FINAL PLENARY SESSION**

[OK-AB] ***Included as part of conference registration fee.  All Conference Registrants invited to attend***

**“Health Impact Assessment and the Healthy Development Measurement Tool: Emerging Strategies to Improve Public Policy”**

**Presenter: Rajiv Bhatia, MD, MPH**

**Target Audience:  Policy Leaders, Public Officials, and Private and Non-Profit Stakeholders**

**Engaged in Public Policy and Urban/Rural Planning**

### Economic, environmental and social conditions all determine the opportunities and obstacles for health at a population level. Health Impact Assessment is a structured decision support tool that is increasingly being used to systematically characterize the anticipated health effects, both adverse and beneficial, of decisions in diverse policy sectors including those for education, labor, urban planning, agriculture, energy, housing, and transportation. In San Francisco, the Department of Public Health has applied HIA methods to land use, transportation, and employment policy. The Department has engaged public agencies as well the for-profit and non-profit sector in identifying key applications for HIA and objectives and performance indicators for healthy development. The Department created the Healthy Development Measurement Tool, which includes citywide healthy development objectives, measures to measure progress towards those objectives, development standards for project evaluation, and policy and design options, as a way to support productive engagement among the health and planning sector. The use of HIA and the HDMT has both resulted in significant improvements to the design of land use and transportation plans and projects and has facilitated routine cooperation and collaboration between planning and health interests.

**Continuing Education Credits**

**Certified Health Education Specialists**

Application pending approval of the National Commission for Health Education Credentialing, Inc. (NCHEC) for CHES Category I continuing education contact hours (CECH)

**Dentists and Dental Hygienists**

Continuing education credits have been approved by the Oklahoma Board of Dentistry

**Oklahoma State Department of Health Employees**

OSDH education credits pending approval

**Oklahoma State Agency Employees**

Continuing education credits pending approval of the Oklahoma Office of Personnel Management for state agency employees.

**Occupational Therapists and Physical Therapists**

Pending the approval of the Oklahoma Board of Medical Licensure and Supervision

**Social Workers**

Up to 8.25 continuing education units (Thursday- 5.25 CEUs, Friday- 3 CEUs) approved by the Oklahoma State Board of Licensed Social Workers, Provider Number 20120045

2012 OPHA SPONSORS

Southwest Preparedness Emergency Response Learning Center

Tobacco Settlement Endowment Trust

Oklahoma Health Care Authority

Oklahoma Public Health Training Center (OUHSC)

Blue Cross and Blue Shield of Oklahoma

University of Oklahoma College of Public Health

Oklahoma Employees Benefit Council

Novartis Vaccines

Delta Dental Foundation of Oklahoma

Corporate Members

Oklahoma City-County Health Department

Oklahoma State Department of Health

Tulsa Health Department

*TO REGISTER VISIT* [*WWW.OPHA.NET*](http://WWW.OPHA.NET)