



Oklahoma State Department of Health  
Creating a State of Health

Final

**Meeting Minutes**  
**Infant and Children's Health Advisory Council**  
**Regular Meeting – Monday, August 1, 2016, 1:00 p.m.**  
**Oklahoma State Department of Health – Room 507**  
**1000 N.E. 10<sup>th</sup> St., Oklahoma City, OK 73117**

**Open Meeting Act:** Announcement of meeting was filed with the Office of the Secretary of State on December 7, 2015. The final agenda was posted on July 28, 2016 at 12:00 p.m. at the public entrance of the Oklahoma State Department of Health (OSDH) and on the OSDH website July 26, 2016 at 1:00 p.m.

**Call to Order, Roll Call, and Determination of Quorum:** Dr. Lynn Cyert called the meeting of the Infant and Children's Health Advisory Council (ICHAC) to order at 1:03 p.m. in Room 507 of the Oklahoma State Department of Health, located at 1000 N.E. 10<sup>th</sup> St, Oklahoma City, Oklahoma. A quorum was met with the presence of Amanda Bogie, M.D., Lynn Cyert, Ph.D., Paul Darden, M.D., Jeff Elliott, O.D., Stanley Grogg, D.O., Jacqueline Shipp, L.P.C., and R. Michael Siatkowski, M.D.; Not present was: Susan Hassed, M.D.

**Identified OSDH Members Present:** Dale Adkerson, Trauma Services, Kristy Bradley, State Epidemiologist, Laswanique Gray, Injury Prevention Service; Robert Hadden, Immunization Service, Annette Jacobi, Family Support and Prevention Service; Lori Linstead, Immunization Service, Barbara Smith, Maternal and Child Health, Edd Rhoades, M.D., Community and Family Health Services; and Linda Dockery, Nursing Service.

**Identified Non-OSDH Members Present:** Sherry Fisher, Oklahoma Department of Education and Erin Kennedy, Oklahoma House of Representatives.

**Review and Approval of Minutes of May 2, 2016 Regular Meeting:** A motion was made by Dr. Grogg to approve the May 2, 2016 regular meeting minutes as presented. Dr. Bogie seconded the motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); P. Darden (Yes); J. Elliott (Yes); S. Grogg (Yes); J. Shipp (Yes); M. Siatkowski (Yes). Motion carried.

**Public Comment:** There were no public comments.

**Discussion and Possible Action for 2017 Regular Meeting Dates:** Proposed meeting dates for 2017 were discussed. A conflict was determined regarding May 1, 2017 meeting date. A motion was made by Dr. A. Bogie to change May 1, 2017 meeting date to May 15, 2017. Also, to accept all other proposed meeting dates as stated: February 6, August 7, and November 6 of 2017. Dr. P. Darden seconded the motion: Votes followed: A. Bogie (Yes); L. Cyert, Ph.D. (Yes); P. Darden (Yes); J. Elliott (Yes); S. Grogg (Yes); J. Shipp (Yes); M. Siatkowski (Yes). Motion carried.

**Home Visitation Programs Overview:** Annette Jacobi, J.D., Director, Family Support & Prevention Service, Community and Family Health Services distributed handouts of her PowerPoint presentation. The history of Home Visiting goes back to the early 1500's and is currently going on today. The first child abuse case was of Mary Ellen Wilson and was reported to the American Humane Society by a concerned citizen. This case resulted in the Society for the Prevention of Cruelty to Children being founded in 1874. In the 1920's the move from home visiting moved to institutional care. There were

many children sent to orphanages and institutions, and the conditions were not the best for the children because resources were very limited. Ms. Jacobi made a reference to the PBS series which was set in the 1950's "Call the Midwife". She shared with the group how the history of home visiting and issues that followed have played a major roll in interventions that have taken place in the 1960's. She also declared that home visitation and intervention is very beneficial for prevention and is correlated with bringing up healthy, successful adults. She stated some beliefs that are widely used today which are found to not be true; a baby will not remember what happened to or around them when they are very small; a child's success or failure is determined by parental choices; and failure is attributed to racial cultures.

Family Support and Prevention Service within the OSDH tries to reduce the need for DHS to get involved by handling neglect cases. Ms. Jacobi shared 2013 statistical data for Oklahoma State Department of Human Services: 70,976 cases of abuse and/or neglect were reported; within that 57,088 were investigated; and of that 11,418 (20%) were substantiated and court intervention was required. The majority of children die from neglect rather than abuse, which includes failure to thrive and starvation. The majority of children that died in the state were under 2 years of age and 62% were under 7 years of age. More girls were involved in confirmed cases, but more boys were killed by abuse, and biological parents were predominantly the involved parties. The Parents as Teachers program within the Oklahoma State Department of Education (OSDE) worked with families but is no longer active so thousands of families will not be served due to the loss of this program. The OSDH implemented a pilot Parents as Teachers program which differs from the OSDE program. There are several home visitation programs in Oklahoma that accommodate to the needs of the individual families. One of these is Children First, a Nurse-Family Partnership program, which in turn alters the outcomes regarding the clients involved. Ms. Jacobi gave reference to the PBS special by Nicholas Kristof "A Path Appears" that promotes home visiting and she shared the website to find more information regarding her presentation: [www.parentpro.org](http://www.parentpro.org).

In conclusion, Ms. Jacobi stated Children First is an extremely important program to get information to the parents of infants and children who may be struggling and needing support, puts an emphasis on the parent's needs, and is free of charge and all voluntary for the clients.

Dr. M. Siatkowski asked the question if Ms. Jacobi's department had unlimited budget what are the top three priorities they would want to expand? She stated the three models she would continue to support which are the Nurse Family Partnership for first time mothers, Parents as Teachers, and Safe Care. She also shared that marketing and recruiting are extremely important to get the information to the public regarding the programs and stressed that Children First has been immensely downsized.

**Update on Zika Virus:** Kristy Bradley, DVM, MPH, State Epidemiologist, distributed handouts of her PowerPoint presentation and began with an overview of the origin of Zika virus. Zika was first identified in a monkey in 1947 and its name derived from the Zika Forest in Uganda. Zika virus was detected in Brazil in 2015 marking the first introduction into the Americas. Recognizing Zika infection is difficult because it generally causes a mild illness; 80% of infected persons are asymptomatic and only 20% develop rash, fever, joint and muscle aches. The virus has spread quickly and there are 50 countries that have evidence of sustained active transmission of Zika virus; in addition, spread from local mosquitoes has just been detected in southern Florida. There are 13 known cases in Oklahoma and all are travel related cases, including 1 pregnant woman whose baby was healthy at the time of delivery. Zika testing capacity using two different methods has been developed at the Public Health Laboratory. This includes IgM antibody testing and polymerase chain reaction (PCR testing). The best type of test method is determined by the timing of potential exposure to the virus or onset of symptoms if the person is symptomatic. The testing process analyzes for Zika, Chikungunya, and Dengue viruses to determine which virus may be involved. A screening and testing algorithm is used by epidemiologists to determine eligibility for testing through the OSDH. If the mother is found to be infected during pregnancy, she is enrolled in the US pregnancy registry and follow-up examinations of the infant will be completed at 2, 6, and 12 months after birth to identify if any birth defects have occurred. In addition, urine and tissue testing may be performed on the baby to determine infection. The earlier the timing of infection occurrence is in a pregnant woman, the more detrimental it is to the health of the infant and the seriousness of the outcome. Following the detection of local Zika transmission in Miami-Dade County, a travel advisory for pregnant women was put into effect by the United Kingdom for travel to South Florida.

Zika causes birth defects (microcephaly) in fetuses and can cause other problems after the infant is born. There were an average of 157 cases of microcephaly in Brazil over a 15 year period; then, from the end of 2014 to January 2016, there were over 3,500 cases of this birth defect. At that time a correlation was made regarding microcephaly and Zika virus through testing.

Much is still unknown about Zika with continual new developments that include the process of transmission and the effects the virus may have on the pregnant mother or infant. Testing at the Public Health Laboratory was established to accelerate testing of specimens from Oklahomans and speeding up the return of results. A traveler that has visited locations where the Zika virus is present and has been infected is the method of spreading the virus to a new area if resident mosquitoes feed on the person while they have virus in their blood. The Zika virus is spread through mosquito bites of specific species, primarily *Aedes aegypti*, the yellow fever mosquito. Oklahoma has low numbers of this type of mosquito. No cure or preventative vaccine is presently available. Oklahoma has less than 1% of the travel related cases in the United States. Numerous service areas at the OSDH are collaborating and meeting weekly to conduct surveillance and response efforts in our state.

In conclusion, Dr. Bradley asked if there is anything more the Zika Committee can do more effectively to share what they know about Zika or getting specimens tested. Dr. Grogg answered getting more education to the public regarding mosquito awareness, prevention of bites, and keeping areas free of stagnant water. Dr. Bradley stated her department is trying to get more information on social media for the public to be educated of Zika. Dr. Darden stated if information could be sent to him, he would display it on Facebook.

**Overview Children's Vision Screening Program:** Barbara Smith, MS, School Health Consultant, Child & Adolescent Health Division, Maternal and Child Health Service, Community and Family Health Services, shared a handout and began her PowerPoint presentation which gave an overview of the legislation that was passed in 2006 requiring parents or guardians to provide schools with proof of vision screening for kindergarten, first, and third grade children. The law also requires the OSDH to maintain an advisory committee, to establish standards for the vision screening process and training, and to maintain a web based registry of screeners in Oklahoma. As of February 2016, there were 1,072 screeners. Schools offer vision screening through Prevent Blindness Oklahoma or offer screening through their school nurses. During the 2013-14 school year over one-hundred thirteen thousand students were reported as screened. In 2014-15 school year, a 7% increase with over one-hundred twenty-two thousand students were reported as screened to the OSDH. Since there are many school districts that may not report screening, this number is lower than actual screenings performed. OSDH website lists more information and a list of current screeners under Child and Adolescent Health, School Health Vision Screening.

In conclusion, Sherry Fisher, Oklahoma State Department of Education, shared that they are working on getting schools to report their data for vision screening on children going in to Kindergarten, First, and Third grades for the 2015-2016 school year. She sent out reminder letters to schools to emphasize the importance of reporting the vision screening being performed and requested participation. Currently 476 schools have reported.

**Agency Report:** Dr. Rhoades shared a handout regarding the OSDH budget for State Fiscal Year 2017. Overall cuts to programs serving children were lower than expected. Some of the budgets to programs cut have been partially or fully restored; however, funding for Cord Blood Bank and Dental Education programs were not restored.

In conclusion, Dr. Rhoades shared that OSDH has partnered with Office of Juvenile Affairs (OJA) to help alleviate budget concerns by cost reducing office space sharing. There are 7 counties initially identified that are able to immediately accommodate OJA staff, and further sites are under evaluation to determine space availability.

Dr. Elliott asked a question regarding where the funds have gone that were collected on the state income tax for the Oklahoma Sports Eye Safety Program. Dr. Rhoades reported that there was also a companion piece in the legislation mandated the council that eliminated the requirement to provide information on sports eye injury prevention that was eliminated. He indicated he would ascertain information on the license tag and report his findings with the group at the next meeting.

Dr. Grogg shared there may be less resistance from parents regarding accepting immunizations. Dr. Rhoades indicated that we could look at data regarding parents declining immunizations in a future meeting.

**Next Meeting Date:** November 7, 2016 at 1:00 P.M. at OSDH in room 507.

**Adjournment:** Dr. Grogg made a motion to adjourn the meeting at 3:03 P.M. Dr. Bogie seconded the motion. Votes followed: A. Bogie (Yes); L. Cyert, Ph.D. (Yes); P. Darden (Yes); J. Elliott (Yes); S. Grogg (Yes); M. Siatkowski (Yes). Motion carried.