



Oklahoma State Department of Health
Creating a State of Health

Meeting Minutes
Infant and Children's Health Advisory Council
Regular Meeting – Monday, May 14, 2018, 1:00 p.m.
Oklahoma State Department of Health – Room 507
1000 N.E. 10th St., Oklahoma City, OK 73117

Open Meeting Act: Announcement of meeting was filed with the Office of the Secretary of State on November 16, 2017. The final agenda was posted on May 10, 2018 at 8:25 a.m. at the public entrance of the Oklahoma State Department of Health (OSDH) and on the OSDH website on May 10, 2018 at 11:15 a.m.

Call to Order, Roll Call, and Determination of Quorum: Dr. Siatkowski called the meeting of the Infant and Children's Health Advisory Council (ICHAC) to order at 1:02 p.m. in Room 507 of the Oklahoma State Department of Health, located at 1000 N.E. 10th St, Oklahoma City, Oklahoma. A quorum was determined with the presence of Dr. Michael Siatkowski; Dr. Jeffrey Elliott.; Dr. Stanley Grogg; Dr. Michelle Polan; and Dr. Susan Hased. Dr. Darden arrived at 1:08 pm.

OSDH Staff Present: Joyce Marshall, Director, Maternal and Child Health Service; Beth Martin, Interim Director, Family Support and Prevention Service; Edd Rhoades, M.D., Community and Family Health Services; and Dawn Butler, Maternal and Child Health Service.

Visitors in Attendance: Erin Kennedy, Oklahoma House of Representatives

Review and Approval of Minutes of May 15, 2017 regular meeting: A motion was made by Dr. Siatkowski to approve the November 6, 2017 regular meeting Minutes as presented. Dr. Grogg seconded the motion. Votes followed: Dr. Darden (Yes); Dr. Hased (Yes); Dr. Elliott (Yes); Dr. Polan abstained because she did not attend the previous meeting. Motion carried.

Public Comment: There were no public comments to address.

Overview of the Maternal and Child Health (MCH) Service –Joyce Marshall, Director, Maternal and Child Health Service, CFHS: Ms. Marshall introduced herself and gave a brief summary as to her role as Director for the MCH Service and provided an overview using a PowerPoint presentation titled 'Maternal and Child Health'. MCH is a program with four primary service areas: Assessment, Perinatal and Reproductive Health (PRH), Child and Adolescent Health (CAH) and Administration.

- The role for Assessment is to provide analytic and data support to PRH and CAH, evaluate MCH programs, conduct MCH data surveillance, analyze and report on MCH priorities, and support the Title V Block Grant and five year needs assessment.
- The purpose of the PRH division is to provide family planning and maternity direct clinical service, advocate for evidence-based changes in standards of care, offer a broad range of effective family planning methods, and provide gap-filling maternity services.
- The role for the CAH division is focused on the improvement of health in Oklahoma's child and adolescent population by focusing on early childhood health and school health. The adolescent health area works towards positive youth development and teen pregnancy prevention.
- MCH Administration provides leadership throughout the MCH Service in areas of Title V Block Grant administration, Preparing for a Lifetime: It's Everyone's Responsibility Infant Mortality Reduction Initiative, national quality improvement and accreditation initiatives, state quality improvement, health

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promotion and training activities, breastfeeding and nutrition, and social work coordination.

Ms. Marshall stated that the MCH program has had a number of successes which include:

- Maternal morbidity reduced by 24% since beginning the AIM Initiative in 2015!
- Click for Babies Campaign went viral! Over 65,000 purple baby caps were received from 49 states, and all continents except Antarctica.
- Assisted in launching and providing support to Oklahoma Mother's Milk Bank—13th accredited milk bank in the US.
- 220 Breastfeeding Friendly Worksites recognized this year.
- Seven birthing hospitals in Oklahoma have received top honors as nationally designated Baby-Friendly hospitals.
- Over 23% of all Oklahoma babies are now occurring in Baby Friendly hospitals!
- 96% decline from 2011 to 2014 in early elective deliveries prior to 39 weeks—a reduction from approximately 8 per day to 1 every 3.5 days.
- Since 2009, many of our efforts in safe sleep, injury prevention, breastfeeding, and postpartum care have assisted in a positive trend of more babies being saved between 1 month and 1 year of life.
- Over 60% of all American Indian and African American births are covered by birthing hospitals participating in safe sleep program.
- Teen births declined over 45% in six years: From 25.9 per 1000 teens aged 15-17 in 2010 to 14.2 per 1000 in 2016.

Public Comment: There were no public comments to address.

Oklahoma State Plan for the Prevention of Child Abuse and Neglect Update- Beth Martin, Interim Director, Family Support and Prevention Service, CFHS: Ms. Martin began by stating that she is the Director of Child Guidance Service and has recently assumed the role as Interim Director for the Family Support and Prevention Service in December 2017. She mentioned that immediately following her appointment, they began creating a new five year plan to present to the Oklahoma Commission of Children and Youth. This plan will be effective 2018 through 2022. To begin the process of writing the new plan, two surveys were created. One of the surveys is for providers and the other is for community input. The surveys are available both electronically and on paper with approximately 500 received back to the office. These will be available to complete until June 1, 2018.

Ms. Martin also stated that the Family Support and Prevention Service has partnered with Oklahoma Partnership for School Readiness (OPSR) in creating Community Cafés. Currently plans are to open seven Community Cafés in Oklahoma with breakout sessions for parents and providers. The cafés will be located in Oklahoma City, Tulsa, Bartlesville, Woodward, Lawton, Ada, and McAlester. She pointed out that these parent cafés are a new way for families with children to gather together to learn about their community resources and supports that are available to use and help care for their children, what they believe they need in order to raise children who have a safe, stable, and nurturing environment, and what would improve the lives of families with children in Oklahoma. The provider cafés will bring together providers to learn about their concerns about child abuse and neglect, what gaps or barriers exist in their communities, and what improvements they would recommend to better support children and families. Ms. Martin indicated that after the plan is drafted, it will be brought back to the ICHAC and the Oklahoma Commission for Children and Youth (OCCY) in August and to OCCY for final approval in October.

Several questions were posed to Ms. Martin. Some of the questions included:

- How will you determine which providers to invite to the cafés? Response: Any provider who provides parent education in their community, child guidance clinicians, non-profits that serve the community, child welfare program administrators, home visiting programs and contractors.
- Are you expecting a lot of community participation for this? Response: We are expecting a large turnout for this project. Invitations will be sent out shortly so we will know more.
- Have you ever done anything like this before? Response: We have done more scientifically based focus groups but this approach will be much more relaxed to gain input from the community and providers.
- Are you expecting a lot of community participation for this? Response: We are expecting a large turnout for this project. Invitations will be sent out shortly so we will know more.

- Dr. Darden shared information from a recent meeting he attended in Boston about an innovative collaboration with between primary care and a law school to provide legal help around housing and children with disabilities and indicated he didn't see legal help listed as part of the process. Response: That would be an approach when looking at access for people living in poverty and making those connections. Those would be policy issues that relate at risk populations.
- What information are you hoping to receive from these cafés? I don't think many of the people who are at risk of having abuse in the home will attend the cafés. Response: Home visiting had been shown to be an effective model in mitigating the risk for child abuse. We hope to find out who is partaking home visitation. If not, what are the reasons they are not. Have they found it helpful? Is there something we can do different? In relation to parent education, do parents know what is developmentally appropriate? We are hoping to get some input on the protective factors and resource availability.

Member Comments/Discussion: Dr. Grogg shared in the past there has been an Immunization Advisory Committee at OSDH but that more recently it is hasn't been functional. Dr. Darden, who had served as the most recent Chair, shared that they had been having trouble meeting quorum for several years. The Committee last met on July 6, 2017. At that meeting, it was discussed that the membership would need to be updated and approved by the Commissioner. The next meeting was scheduled in December 2017 but was subsequently cancelled. Dr. Grogg raised the question with the members of the ICHAC as to whether or not they would want to become more involved with immunization. Dr. Rhoades shared he had visited with Lori Linstead, Director, Immunization Program, about the status of the Immunization Advisory Committee, and that he understood the Oklahoma Immunization Advisory Committee was on hold with the current transition with leadership in the agency. Dr. Grogg indicated there are always changes and new recommendations related to immunization that may need to be acted on. Dr. Rhoades indicated he would follow up with the Ms. Linstead, Director, Immunization Service, regarding to presenting to the ICHAC.

Adjournment: Dr. Darden made the motion to adjourn the meeting, Dr. Grogg seconded. The motion carried unanimously. Dr. Darden declared meeting adjourned at 2:35 P.M.