

Regular Meeting of the Oklahoma State Board of Health

Tuesday, May 8, 2018, 11:00 AM

Posted at www.health.ok.gov

Oklahoma State Department of Health

1000 N.E. 10th Street, Room 1102

Oklahoma City, Oklahoma 73117

AGENDA

- I. Call to Order, Roll Call, and confirmation of a Quorum
- II. Review, discussion and approval of Minutes for:
 - a) April 10, 2018 Regular Meeting
- III. Program presentation:
Infant Mortality, Maternal & Child Health Service – Joyce Marshall, MPH, Director
- IV. Consideration of Standing Committees' Reports and Action:
Executive Committee – Ms. Burger, Chair
Discussion and possible action on the following:
 - a) Update

Finance Committee – Ms. Burger
Discussion and possible action on the following:
 - b) Update

Accountability, Ethics, & Audit Committee – Dr. Alexopoulos
Discussion and possible action on the following:
 - c) Update

Public Health Policy Committee – Dr. Stewart, Chair
Discussion and possible action on the following:
 - d) Update
 - V. Report of the Interim Commissioner
 - VI. New Business
 - VII. Adjournment

STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
Logan County Health Department
215 Fairgrounds Road, Suite A
Guthrie, Oklahoma 73044

April 10, 2018

CALL TO ORDER, ROLL CALL, AND CONFIRMATION OF A QUORUM

Martha Burger, President of the Oklahoma State Board of Health, called the regular meeting of the Oklahoma State Board of Health to order on Tuesday, April 10 at 11:02 a.m. The final agenda was posted at 10:02 a.m. on the OSDH website on April 9, 2018, and at 9:54 a.m. at the building entrance on April 9, 2018.

Members in Attendance: Martha A. Burger, M.B.A, President; Robert S. Stewart, M.D., Secretary-Treasurer; Jenny Alexopoulos, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.; Edward A. Legako, M.D.; Timothy E. Starkey, M.B.A.

Absent: Terry R. Gerard, D.O.

Central Staff Present: Tom Bates, Interim Commissioner; Brian Downs, Commissioner’s Office; Tina Johnson, Deputy Commissioner, Community & Family Health Services; Gunnar McFadden, Assistant Deputy Commissioner, Community & Family Health Services; Lee Martin, Director, Medical Facilities Service; Julie Ezell, General Counsel, Office of General Counsel; Buffy Heater, Interim Director, Office of State and Federal Policy; Tony Sellars, Director, Office of Communications; Kim Bailey, Chief Operating Officer; Joyce Marshall, Director, Maternal & Child Health; Don Smalling, Interim Director, Office of Accountability Systems; Matt Terry, Investigator, Office of General Counsel; Margot Barnes, Director, Human Resources; and Diane Hanley, Executive Assistant, Commissioner’s Office.

Visitors in attendance: Gary Cox, Executive Director, Oklahoma City-County Health Department; Bruce Dart, Executive Director, Tulsa City-County Health Department; Tom Gruber, Senior Deputy Attorney General; Earl Sykes, Logan County Board of Health; Linda Charney, Logan County Partnership Coalition Chair, Family and Children’s Consultants; Tracy Zserdin, Guthrie Chamber of Commerce; Jeff Hirzel, Logan County Board of Health; Jan Ruhl, Logan County Board of Health; Roy Buchanan, Office of Juvenile Affairs; Jay Smith, Former OSDH Staff; Steve Ronck, Former OSDH Staff; Mikeal Murray, Accreditation Coordinator, Logan County Health Department; Stacy Maroney, Logan County Health Department; and Courtney McLemore, Logan County Health Department.

REVIEW, DISCUSSION AND APPROVAL OF MINUTES

Ms. Burger directed attention toward approval of the Minutes for the March 13, 2018 regular meeting.

Dr. Alexopoulos moved Board approval of the March 13th regular meeting minutes as presented.

Second Dr. Legako. Motion Carried.

AYE: Alexopoulos, Burger, Grim, Krishna, Legako, Starkey, Stewart

ABSENT: Gerard

REVIEW, DISCUSSION AND APPROVAL OF MINUTES

Ms. Burger directed attention toward approval of the Minutes for the March 28, 2018 special meeting.

Dr. Legako moved Board approval of the March 28th special meeting minutes as presented. Second

Mr. Starkey. Motion Carried.

AYE: Alexopoulos, Burger, Grim, Krishna, Legako, Starkey, Stewart

ABSENT: Gerard

COUNTY HEALTH DEPARTMENT PRESENTATION

Mr. Gunnar McFadden, Assistant Deputy Commissioner, Community and Family Health Services and Interim Regional Director for Canadian, Kingfisher, and Logan County Health Department shared some historical facts

1 and photographs about Logan County and the City of Guthrie. The Logan County Health Department was
2 established in 1941 and was named in honor of General John Logan who served in the Civil War. In 1907,
3 Guthrie was the first capital of Oklahoma. Mr. McFadden encouraged board members to visit many of the local
4 historical buildings in Guthrie. He discussed some current Logan County health statistics, outcomes, and
5 factors. He mentioned a current activity called the Great Bed Run. The Logan County Health Department has
6 asked local businesses and organizations to build a bed on wheels and race them down the street to promote
7 physical activity.

8
9 Mr. McFadden introduced Mikeal Murray, Logan County Health Department Accreditation Coordinator, who
10 discussed the journey and process of how Logan County recently became nationally accredited. Mr. Murray
11 stated it would not have been possible without the help of so many individuals and community partners. He
12 extended deep gratitude to everyone who contributed to the process including the Logan County Health
13 Department staff, Jay Smith (Former Regional Director for Logan County Health Dept.), the accreditation team,
14 fellow accreditation coordinators, and OSDH staff who provided important final reviews before the plan was
15 submitted to the Public Health Accreditation Board. Mr. Murray explained the entire accreditation process took
16 about four to five years to complete. They are thrilled to be celebrating this achievement.

17 *See Attachment A*

18
19 **CONSIDERATION, POSSIBLE ACTION AND VOTE TO MAKE THE HOSPITAL ADVISORY**
20 **COUNCIL APPOINTMENTS.**

21 **Hospital Advisory Council Appointments (Presented by Lee Martin)**

22 **Appointments:** Six Members

23 **Authority:** Title 63 O.S. Section 1-707

24 **Members:** The advisory Council has (9) nine members, consisting of: two hospital administrators of licensed
25 hospitals; two licensed physicians or practitioners who have current privileges to provide services in hospitals;
26 two hospital employees; and three citizens representing the public who: are not hospital employees, do not hold
27 hospital staff appointments, and are not members of hospital governing boards. Members are appointed by the
28 Commissioner with the advice and consent of the State Board of Health.

29 **Dr. Alexopulos moved Board approval to reappoint Heather Bell, Dale Bratzler, Jay Gregory, Darin**
30 **Smith and appoint Daryle Voss, and Scott White as presented by Lee Martin. Second Dr. Stewart.**
31 **Motion Carried.**

32
33 **AYE: Alexopulos, Burger, Grim, Krishna, Legako, Starkey, Stewart**

34 **ABSENT: Gerard**

35
36 **CONSIDERATION, POSSIBLE ACTION AND VOTE ON APPOINTING ADMINISTRATIVE RULE**
37 **ATTESTATION AND LIAISON OFFICERS.**

38 Julie Ezell, General Counsel, explained that the Board, as the statutory rulemaking authority, is required to
39 appoint an attestation officer and a liaison officer. The attestation officer assures that agency rules are in
40 substantial compliance with the Administrative Procedures Act. The liaison officer communicates with the
41 Secretary of State and also submits all necessary documentation. Mrs. Ezell explained that the letter, included in
42 the Board’s packet, is required and will communicate the new attestation officer appointment of Commissioner
43 Bates, to the Secretary of State.

44 **Dr. Krishna moved Board approval to appoint Administrative Rule Attestation and Liaison Officers as**
45 **presented. Second Dr. Grim. Motion Carried.**

46
47 **AYE: Alexopulos, Burger, Grim, Krishna, Legako, Starkey, Stewart**

48 **ABSENT: Gerard**

49
50 **CONSIDERATION, POSSIBLE ACTION AND VOTE TO DIRECT STAFF TO PREPARE FOR**
51 **IMPLEMENTATION OF STATE QUESTION 788 – MEDICAL MARIJUANA LEGALIZATION.**

52 Mrs. Buffy Heater, Interim Director for State and Federal Policy, requested board approval to create an OSDH
53 implementation planning committee to prepare for the possible passage of State Question 788, Medical
54 Marijuana Legalization, on the ballot for June 26, 2018. Timelines for implementation will be aggressive and
55 OSDH wants to be proactive and well poised to be in compliance with the law should it pass.

Interim Commissioner Bates informed the board members that voting on this matter was no indication of their position on State Question 788.

Dr. Krishna moved Board approval to create an implementation planning committee for State Question 788 as presented. Second Dr. Legako. Motion Carried.

AYE: Alexopulos, Burger, Grim, Krishna, Legako, Starkey, Stewart

ABSENT: Gerard

CONSIDERATION OF STANDING COMMITTEES REPORTS AND ACTION

Executive Committee

Ms. Burger reported that the committee discussed shortening the multi-day annual board retreat. She reminded board members the annual employee recognition ceremony will be next month in May. She also mentioned the OSDH Senate Budget Hearing will be held on April 24th.

Finance Committee

Mr. Starkey stated that finance staff is actively interviewing candidates for Controller and Chief Financial Officer as well as working to create a baseline budget that includes core public health services.

Accountability, Ethics, & Audit Committee

Dr. Grim indicated there were no known significant audit issues to report at this time.

Public Health Policy Committee

Dr. Stewart reported the main topics of discussion were on formalizing plans for SQ 788 and also several bills impacting agency governance. A couple of bills that have made it to the Governor’s desk for signature includes one bill dealing with the reporting structure of the Office of Accountability Systems and another bill that amends board members requirement/experience to at least two Board of Health members with five years business related experience. Dr. Stewart expressed appreciation to the policy staff for all their work in keeping the board updated in a timely manner. He provided upcoming legislative deadlines and informed board members they would continue receiving policy updates.

REPORT OF THE INTERIM COMMISSIONER

Mr. Tom Bates, Interim Commissioner, shared that on his first day he met with OSDH senior staff and then spent several hours touring the building and meeting with every program area. He learned a lot about how much the department does and appreciates the staff and daily work being accomplished. He indicated he is committed to implementing the recommendations of the Joint Commission. Moving forward to budget planning for the next fiscal year, Mr. Bates stated staff will have open, transparent conversations to identify critical core area needs and resources and will work to align resources to the core mission and statutorily mandated functions. He wants to ensure the great work going on everyday continues uninterrupted.

NEW BUSINESS

No new business.

ADJOURNMENT

Dr. Grim moved Board approval to Adjourn. Second Dr. Stewart. Motion carried.

AYE: Alexopulos, Burger, Grim, Krishna, Legako, Starkey, Stewart

ABSENT: Gerard

The meeting adjourned at 12:04 p.m.

Approved

Martha Burger, M.B.A.

- 1 President, Oklahoma State Board of Health
- 2 May 8, 2018

Attachment A

Oklahoma State Department of Health
 Board of Health
 Presentation
 Logan County Health Department
 April 10, 2018

OKLAHOMA STATE DEPARTMENT OF HEALTH - CREATING A STATE OF HEALTH - WWW.HEALTH.OK.GOV

History

- Guthrie was selected as a Federal Land Run Office in April 1889
- Guthrie was selected as the first Capital of Oklahoma in November 1907
- Guthrie remained the Capital until June 1910
- Guthrie still retains its style and architectural integrity. Several buildings are listed on the National Register of Historic Places

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Our location

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History

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History

- Logan County was originally designated at "County No. 1", when the Oklahoma Territory was organized in May 1890
- In August 1890, voters chose Logan as the county name in honor of General John A. Logan (Leader during Civil War and Senator from Illinois)
- County Health Department was established in 1941

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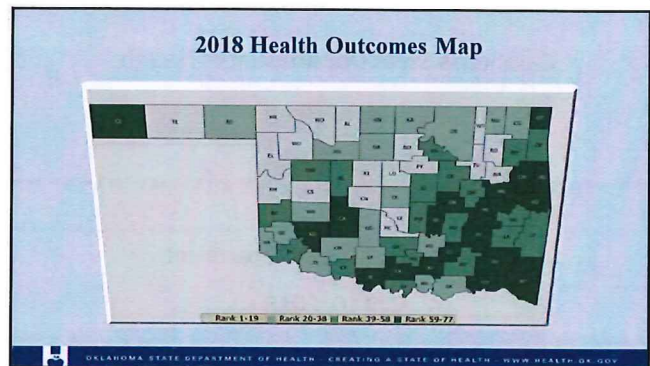
History

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Attachment A

History

OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV



History

OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Health Outcomes

	2013	2018
County	Health Outcomes	
Logan	9	6

* Source: Robert Wood Johnson Foundation

OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Logan County Health Statistics

- 2nd – Teen Birth Rates (ages 15 – 19)
- 4th – Heath Disease Mortality Rate
- 6th – Infant Mortality Rate
- 7th – Percentage of Obese Population
- 8th – Cancer Mortality Rate

* Ranking out of 77 counties

* Source: 2017 County Health Profile

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Health Outcomes

	Tobacco Use	Diet and Exercise	Alcohol Use	Sexual Activity	Access to Care	Quality of Care	Income	Family and Social Support	Environmental Quality
County	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank	Rank
Logan	13	29	13	24	53	4	13	6	19

* Source: Robert Wood Johnson Foundation

OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Attachment A

Client Visit Data

Logan County Health Department - Client Visits										
Period	Child Health	Children First	Early Intervention	Family Planning	Immunizations	Influenza	STD	TB	WIC	Total
Calendar Year 2017	718	979	1,412	1,715	555	635	808	733	2,353	9,908

* Source: Public Health of Oklahoma Client Information System (PHOCIS)

Logan Accreditation Timeline

- December 2010 - Started CHA with coalition
- January 11, 2013 - Began developing CHIP with community partners. Implemented July 25, 2013.
- July 2013 - LCHD began developing Strategic Plan. Implemented October 15, 2013.
- November 26, 2013 - LCHD convened Accreditation Team.
- January 3, 2014 - LCHD completed PHAB application for accreditation.
- August 15, 2014 - PHAB Documentation Submission Start Date for LCHD.
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- June 20-21, 2016 - PHAB Site Visit.
- February 20, 2018 - ACCREDITED!!!

Health Department Community Activities

- Logan Community Partnership
- Walk and Talk with Mayor
- HIV/Aids Education
- Community Baby Showers
- CPR Training
- Touch the Trucks
- The Great Bed Run
- Guthrie Summer Streets
- Wellness Initiatives (County & City)
- Car Seat Check
- Safe Routes to School
- Community Gardens
- Worksite Wellness Partnership
- Community Newsletter

Logan County Community Health Assessment

- Conducted with the Logan County Partnership
- Used "Mobilizing for Action through Planning and Partnerships" (MAPP)
- Identified 10 priority elements:
 - Alcohol Use
 - Cardiovascular Health
 - Diabetes
 - Poverty / Access to Care
 - Substance Abuse
 - Cancer
 - Child Health
 - Obesity
 - Sexual Health
 - Tobacco
- Chose 5 priority issues:



Public Health Accreditation Process

Logan County Community Health Improvement Plan

- Chose 5 priority issues:
 1. Child Health
 2. Fitness and Nutrition
 3. Poverty / Access to Care
 4. Sexual Health
 5. Substance Abuse


Attachment A

CHIP Objective Highlights

- IMR at 3.8 per 1000. 2018 objective 6.8. Started at 7.9.
- Adult obesity at 30.4%. 2018 objective 30%. Started at 33%.
- Uninsured rate at 16%. 2018 objective 11%. Started at 19%. (RWJF)
- STD rates noticeably improved from last year, reversing recent trends.
- Underage suicide rates remain suppressed due to lack of events.

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For additional information:



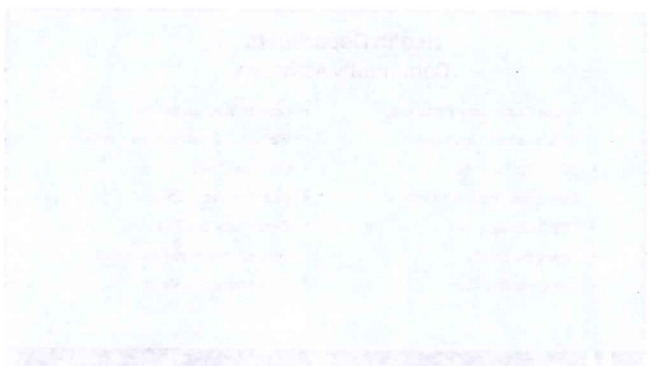
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Logan CHD Strategic Plan

- Chose four strategic issues
 1. Obesity
 2. Access to Care
 3. Child Health
 4. Tobacco

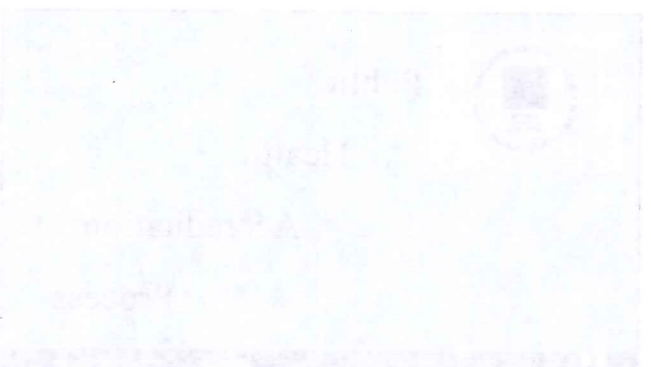
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Strategic Plan Objective Highlights

- Adult obesity at 30.4%. 2018 objective 30%. Started at 33%
- Developed social media assets
- Objectives for IMR, first trimester prenatal care, and low birth weight all accomplished
- Adult smoking rate at 18.2%. 2018 objective 17.9%. Started at 25.4%

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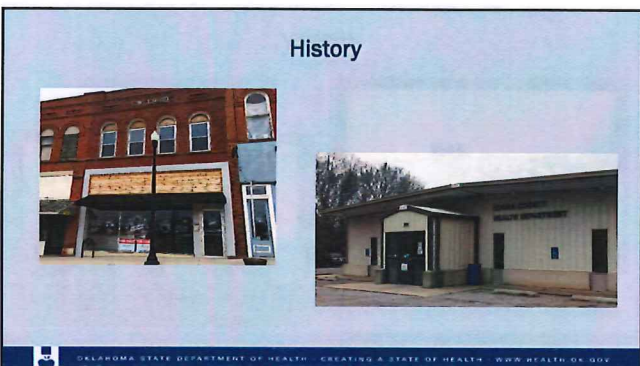
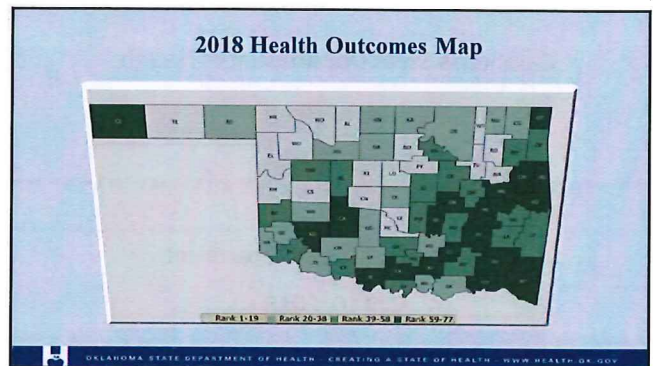
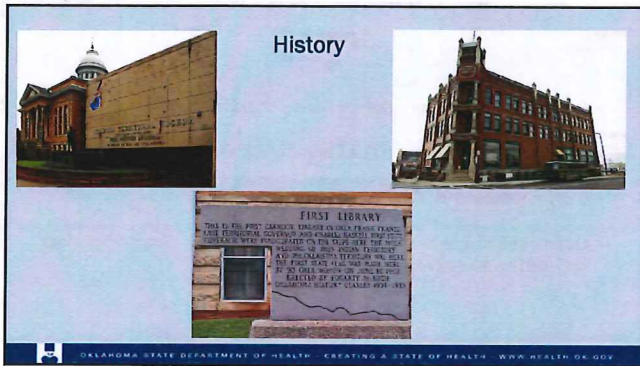
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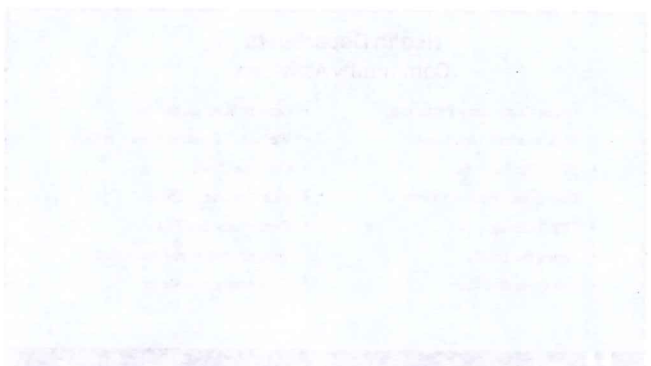
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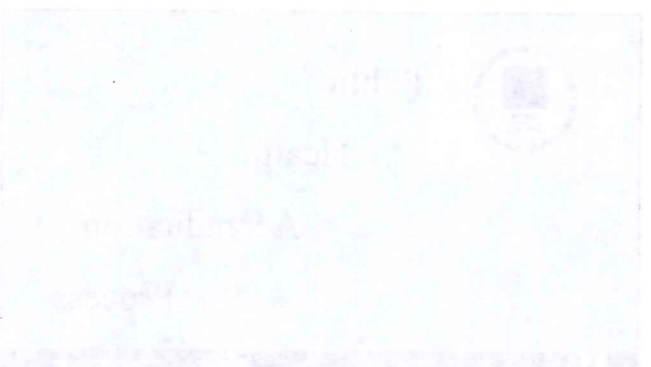
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Oklahoma Infant Mortality

Oklahoma State Board of Health Meeting
May 8, 2018

Oklahoma Health Improvement Plan (OHIP) Flagship Goals

- Tobacco Use
- Obesity
- Children's Health
 - Improve Maternal and Infant Health Outcomes
 - Improve Child and Adolescent Health Outcomes
- Behavioral Health



National Initiatives

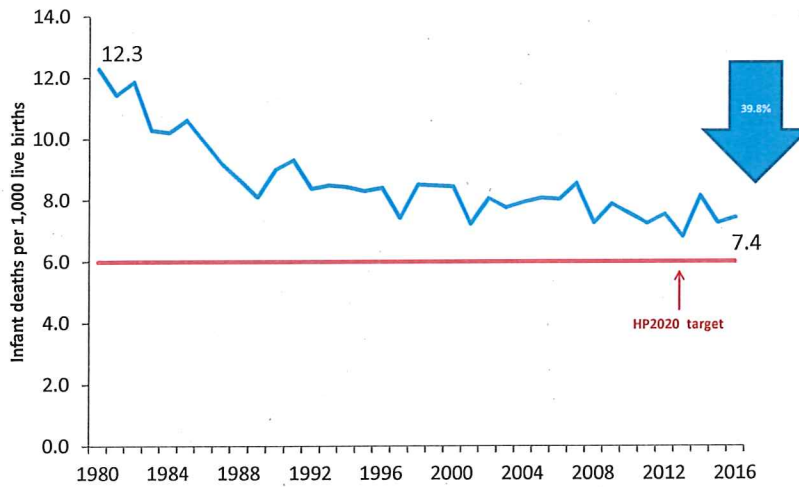
- Infant Mortality Collaborative Improvement & Innovation Network (CoIIN)
 - Infant Safe Sleep
 - Preconception/Interconception
 - Prematurity
- Association of Maternal & Child Health Programs (AMCHP)
 - Improving Birth Outcomes (Social Determinants of Health)
 - Every Mother Initiative
- Association of State & Territorial Health Officials (ASTHO)
 - Breastfeeding
 - Access

Infant mortality rate

- Overall 2016 IMR = 7.4 infant deaths per 1,000 live births
- Racial and ethnic disparities persist
 - White, 6.1
 - Black/African American, 13.9
 - American Indian, 9.7
 - Asian/Pacific Islander, 7.7
 - Hispanic, 7.4

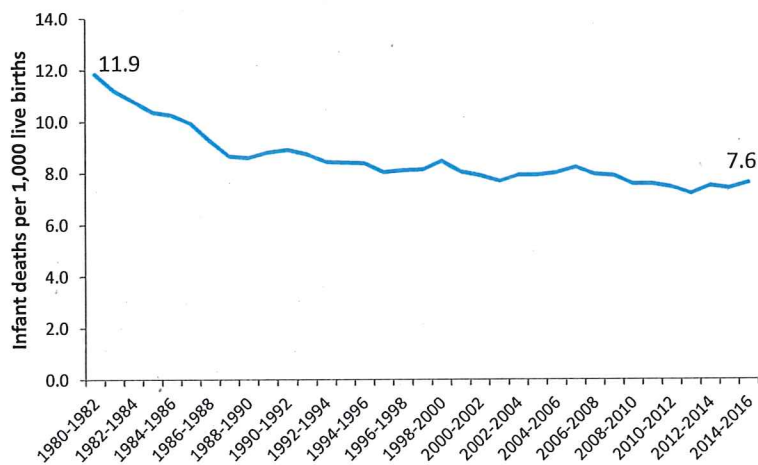
Source: Oklahoma Vital Statistics, 2016

Trend in infant mortality rate



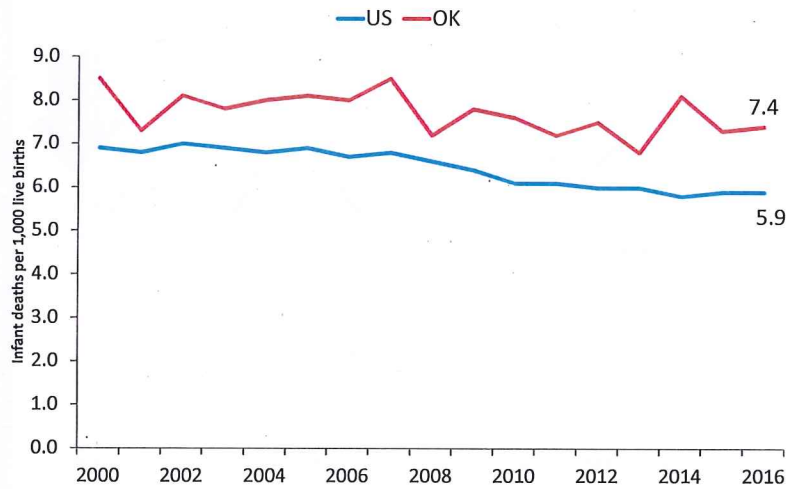
Source: Oklahoma Vital Statistics, 1980-2016

Trend in infant mortality, 3-year rate

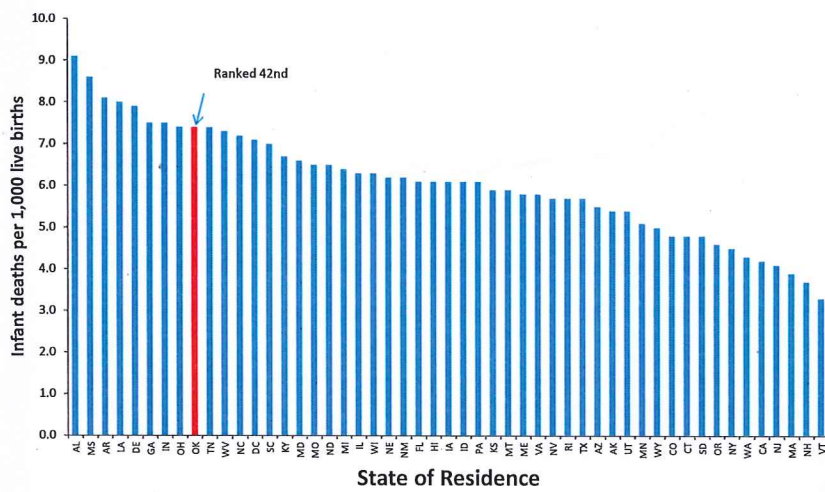


Source: Oklahoma Vital Statistics, 1980-2016, 3-year moving rates

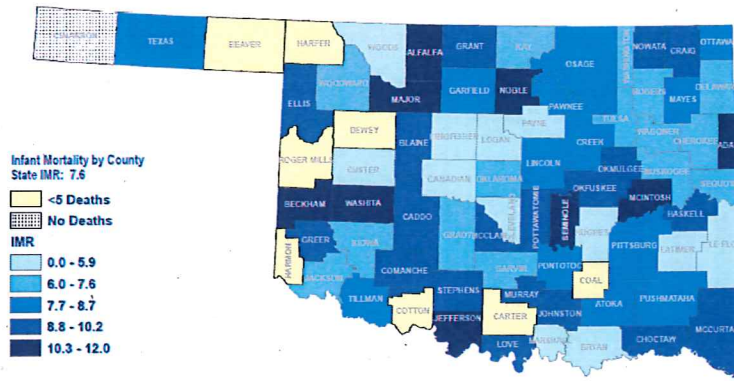
Infant mortality rate: US vs. OK



Infant mortality rate by state

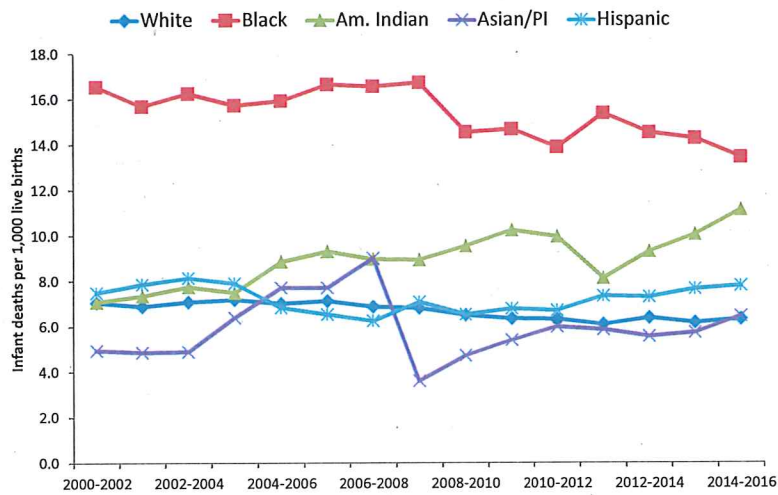


Infant mortality rate by county of residence



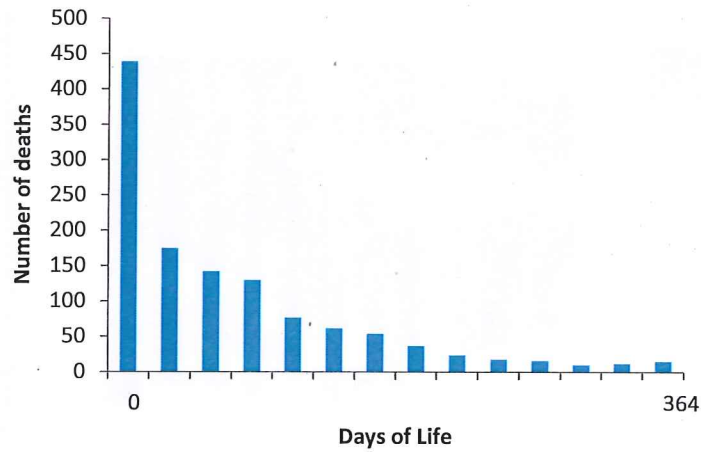
Source: Oklahoma Vital Statistics, 2007-2016

Infant mortality rate: race and Hispanic origin



Source: Oklahoma Vital Statistics, 2000-2016, 3-year rolling rates

Timing of infant deaths



Source: Oklahoma Vital Statistics, 2014-2016

Top causes* of infant death

Cause	2007-2009†	2014-2016†	% change
Congenital malformations (Q00-Q99)	180.85	164.75	-9%
Disorders related to short gestation and low birth weight (P07)	119.96	154.06	28%
Sudden infant death syndrome (SIDS, R95)	43.23	92.44	114%
Newborn affected by maternal complications of pregnancy (P01)	32.27	54.08	68%
Accidents (unintentional injuries, V01-X59)	24.36	39.62	63%

* Based on International Classification of Diseases, 10th Revision
 † Rates are per 100,000 live births
 Source: Oklahoma Vital Statistics

Top causes[†] of infant death by race/ethnicity

- **White & Hispanic**
 1. Congenital anomalies (Q00-Q99)
 2. Disorders related to short gestation and low birth weight (P07)
 3. Sudden Infant Death Syndrome (SIDS, R95)
- **Black & American Indian**
 1. Disorders related to short gestation and low birth weight (P07)
 2. Congenital anomalies (Q00-Q99)
 3. Sudden Infant Death Syndrome (SIDS, R95)
- **Asian/Pacific Islander**
 1. Disorders related to short gestation and low birth weight (P07)
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 3. Newborn affected by maternal complications of pregnancy (P01)

[†]Based on International Classification of Diseases, 10th Revision
Source: Oklahoma Vital Statistics, 2012-2016

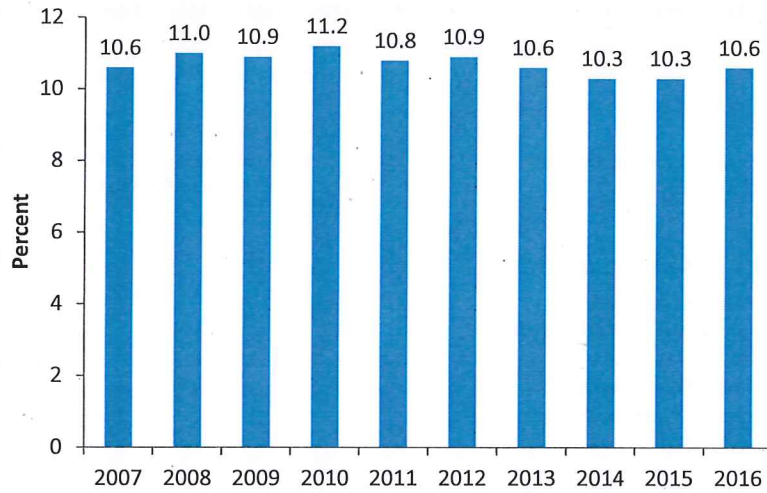
Preparing for a Lifetime, It's Everyone's Responsibility

- Statewide initiative to decrease infant mortality rates & reduce racial disparities
- Priority areas:
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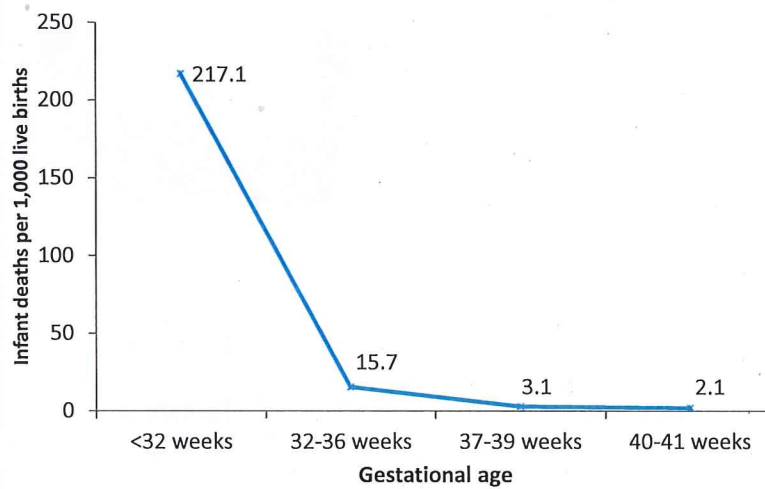
**Preparing
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Percent of births delivered preterm (< 37 weeks)



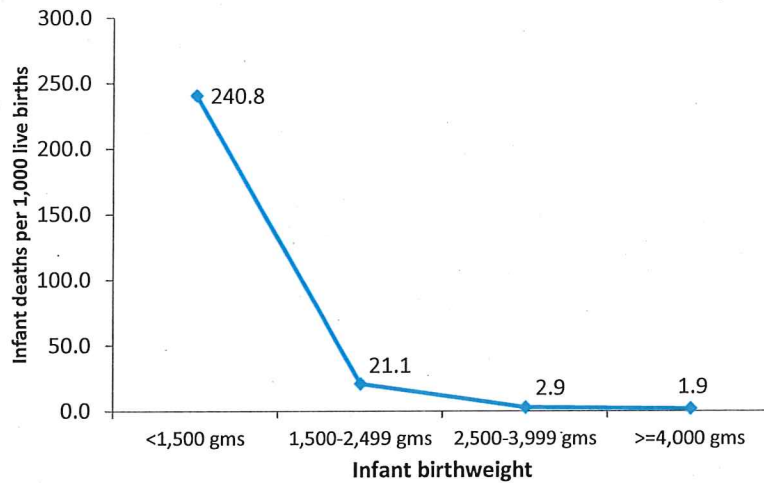
Source: Oklahoma Vital Statistics, 2007-2016

Infant mortality rate by gestational age – singleton births



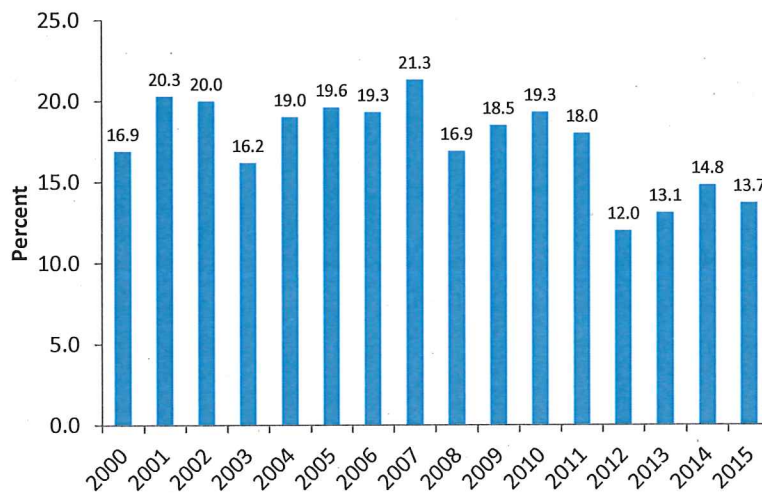
Source: Oklahoma Vital Statistics, linked infant death/birth, 2011-2015

Infant mortality rate by birthweight - singleton births



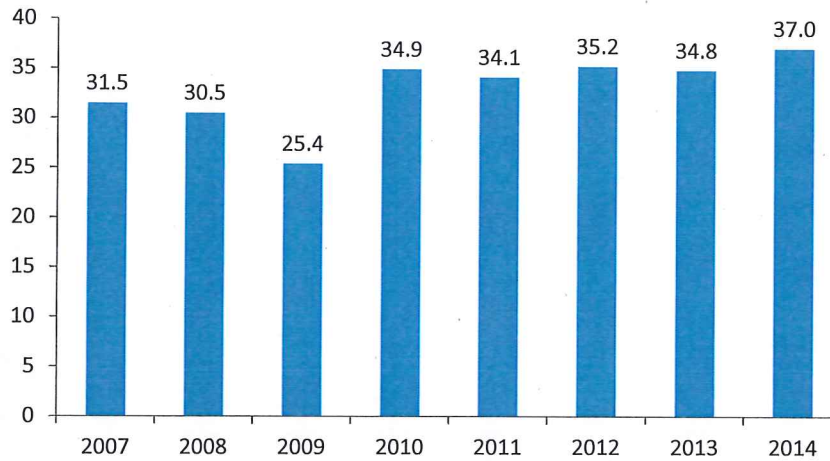
Source: Oklahoma Vital Statistics, linked infant death/birth, 2011-2015

Percent of women smoking in the last trimester of pregnancy: Oklahoma 2000-2015



Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Percent of women who breastfed their infants at six months of age



Source: The Oklahoma Toddler Survey (TOTS), 2007-2014

Breastfeeding Data Updates – CDC August 2017 (NIS 2014 births)

Objective	U.S. Rate (2014 Births)	OK Rate (2014 Births)	HP 2020 Goal
Ever Breastfed	82.5% 81.1% in 2013	79.2% ↑ 74.7% in 2013	81.9%
Any BF at 6 months	55.3% 51.8% in 2013	47.7% ↑ 37.9% in 2013	60.6%
Any BF at 12 months	33.7% 30.7% in 2013	30.5% ↑ 22.3% in 2013	34.1%
EBF at 3 months	46.6% 44.4% in 2013	41.0% ↑ 35.1% in 2013	46.2%
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CDC Resources /Breastfeeding Rates 8-1-17 accessed 8-9-17

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Oklahoma Infant Mortality

Oklahoma State Board of Health Meeting
May 8, 2018

Oklahoma Health Improvement Plan (OHIP) Flagship Goals

- Tobacco Use
- Obesity
- Children's Health
 - Improve Maternal and Infant Health Outcomes
 - Improve Child and Adolescent Health Outcomes
- Behavioral Health



National Initiatives

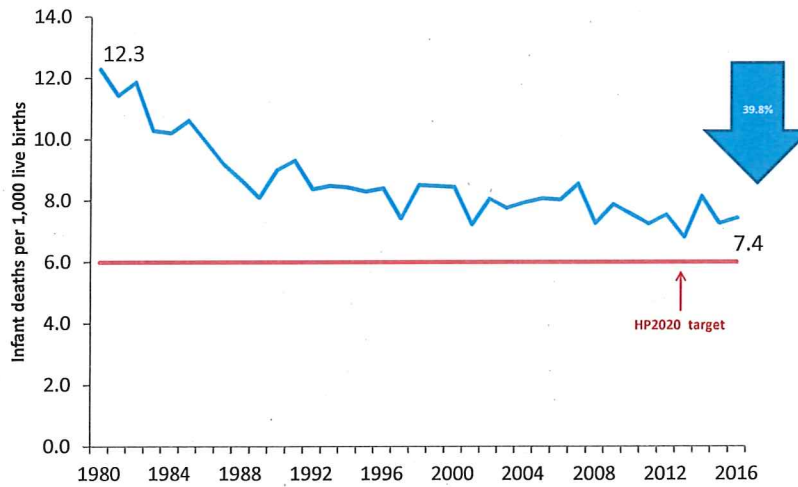
- Infant Mortality Collaborative Improvement & Innovation Network (CoIIN)
 - Infant Safe Sleep
 - Preconception/Interconception
 - Prematurity
- Association of Maternal & Child Health Programs (AMCHP)
 - Improving Birth Outcomes (Social Determinants of Health)
 - Every Mother Initiative
- Association of State & Territorial Health Officials (ASTHO)
 - Breastfeeding
 - Access

Infant mortality rate

- Overall 2016 IMR = 7.4 infant deaths per 1,000 live births
- Racial and ethnic disparities persist
 - White, 6.1
 - Black/African American, 13.9
 - American Indian, 9.7
 - Asian/Pacific Islander, 7.7
 - Hispanic, 7.4

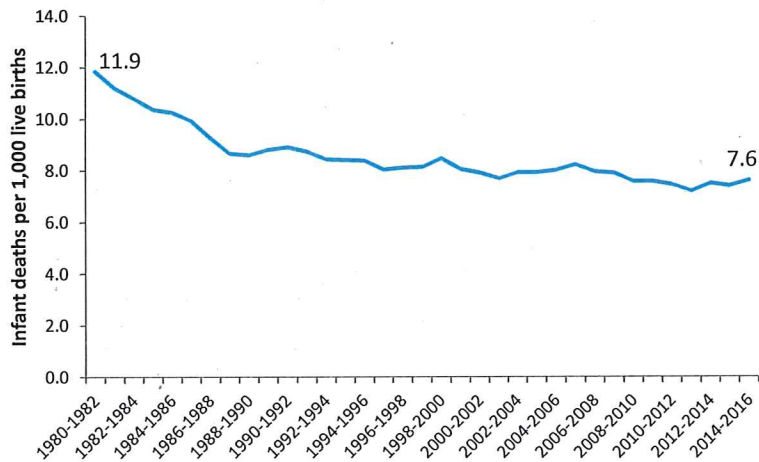
Source: Oklahoma Vital Statistics, 2016

Trend in infant mortality rate



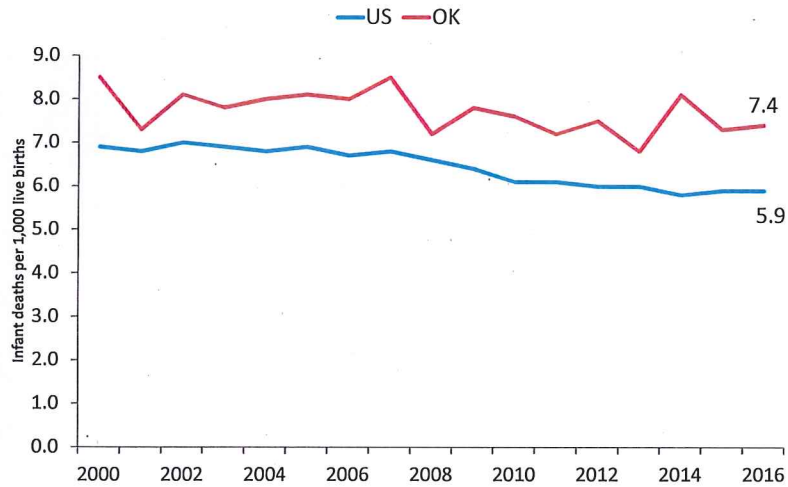
Source: Oklahoma Vital Statistics, 1980-2016

Trend in infant mortality, 3-year rate

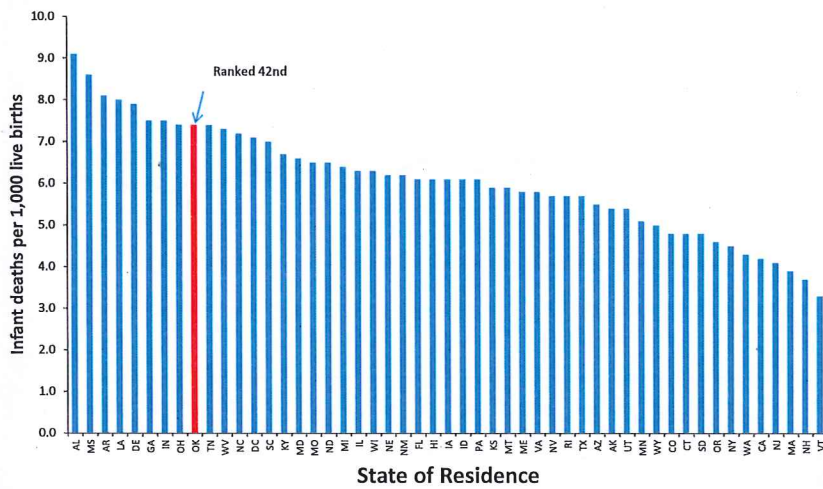


Source: Oklahoma Vital Statistics, 1980-2016, 3-year moving rates

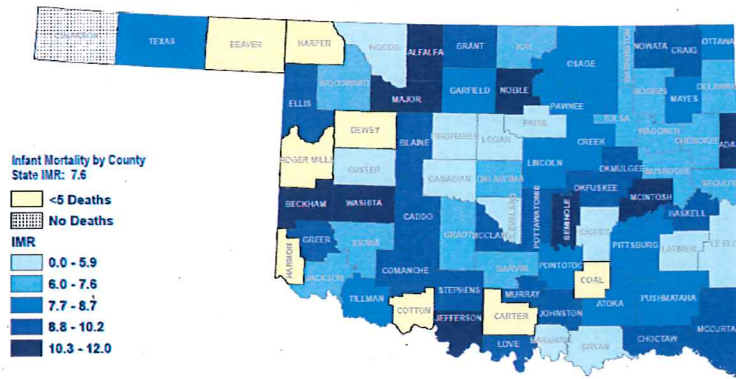
Infant mortality rate: US vs. OK



Infant mortality rate by state

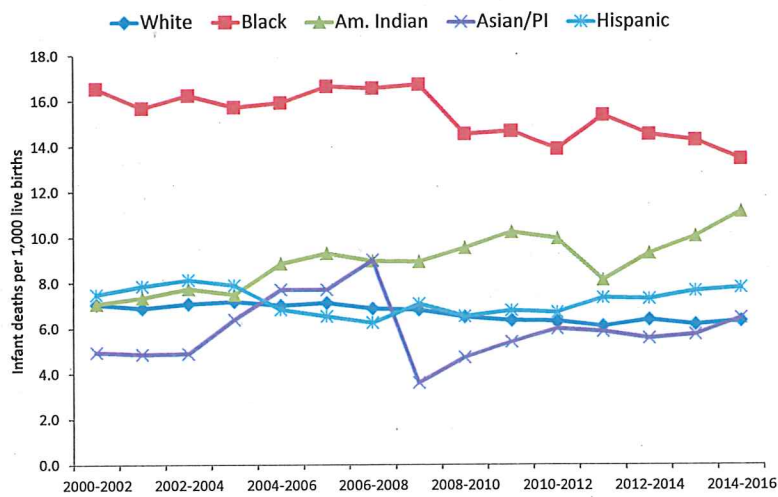


Infant mortality rate by county of residence



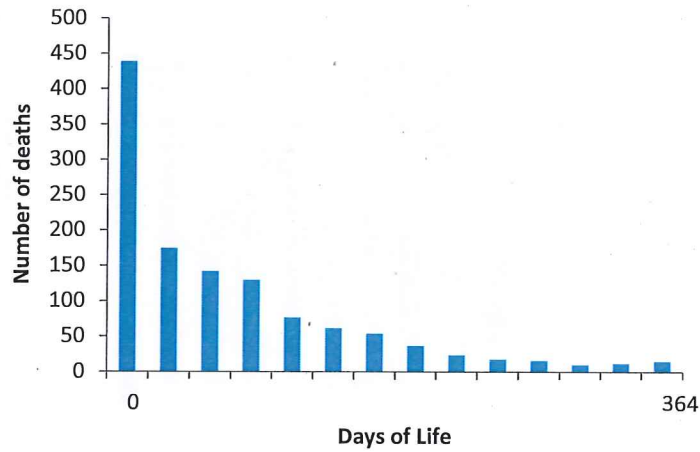
Source: Oklahoma Vital Statistics, 2007-2016

Infant mortality rate: race and Hispanic origin



Source: Oklahoma Vital Statistics, 2000-2016, 3-year rolling rates

Timing of infant deaths



Source: Oklahoma Vital Statistics, 2014-2016

Top causes* of infant death

Cause	2007-2009†	2014-2016†	% change
Congenital malformations (Q00-Q99)	180.85	164.75	-9%
Disorders related to short gestation and low birth weight (P07)	119.96	154.06	28%
Sudden infant death syndrome (SIDS, R95)	43.23	92.44	114%
Newborn affected by maternal complications of pregnancy (P01)	32.27	54.08	68%
Accidents (unintentional injuries, V01-X59)	24.36	39.62	63%

* Based on International Classification of Diseases, 10th Revision
 † Rates are per 100,000 live births
 Source: Oklahoma Vital Statistics

Top causes[†] of infant death by race/ethnicity

- **White & Hispanic**
 1. Congenital anomalies (Q00-Q99)
 2. Disorders related to short gestation and low birth weight (P07)
 3. Sudden Infant Death Syndrome (SIDS, R95)
- **Black & American Indian**
 1. Disorders related to short gestation and low birth weight (P07)
 2. Congenital anomalies (Q00-Q99)
 3. Sudden Infant Death Syndrome (SIDS, R95)
- **Asian/Pacific Islander**
 1. Disorders related to short gestation and low birth weight (P07)
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[†]Based on International Classification of Diseases, 10th Revision
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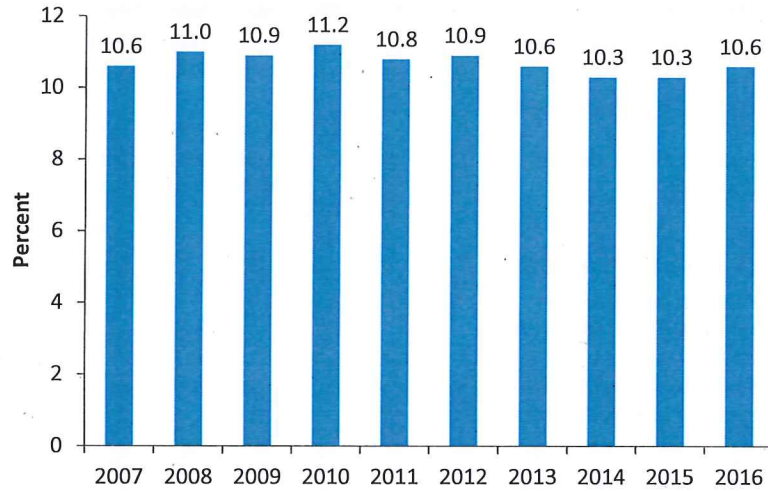
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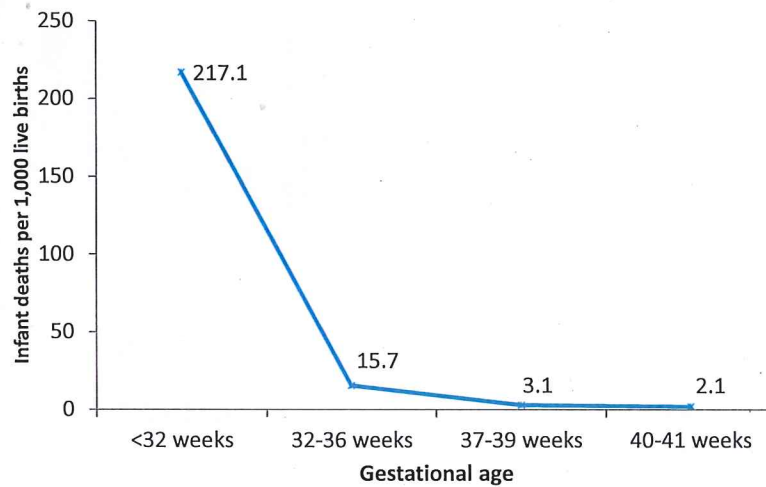
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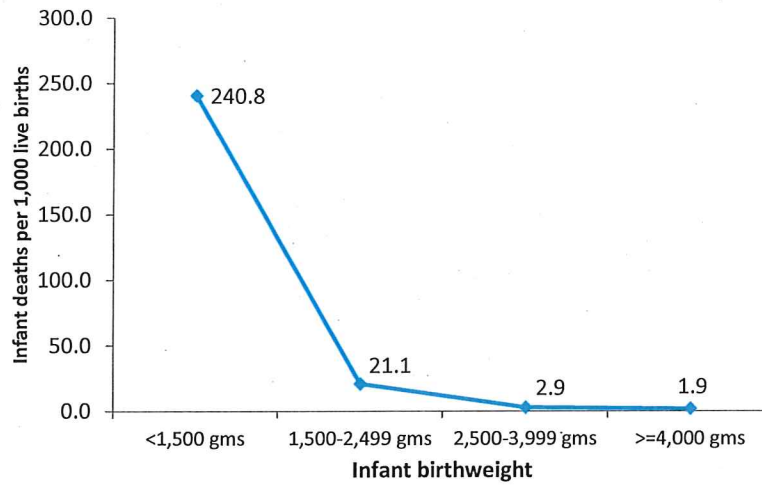
Source: Oklahoma Vital Statistics, 2007-2016

Infant mortality rate by gestational age – singleton births



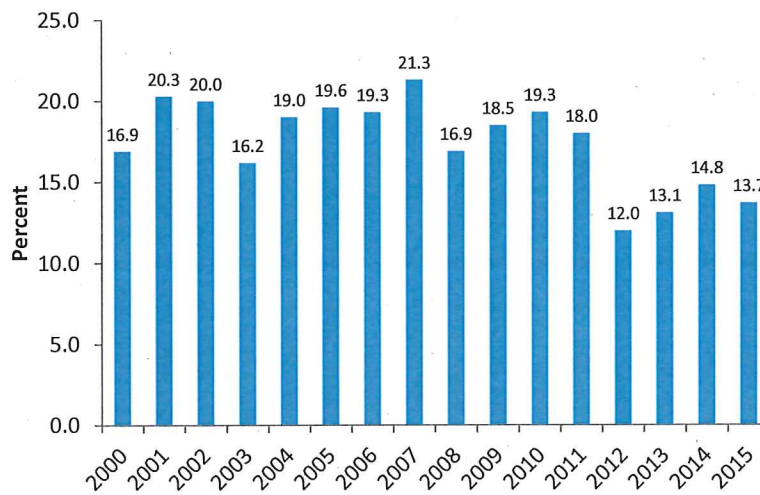
Source: Oklahoma Vital Statistics, linked infant death/birth, 2011-2015

Infant mortality rate by birthweight - singleton births



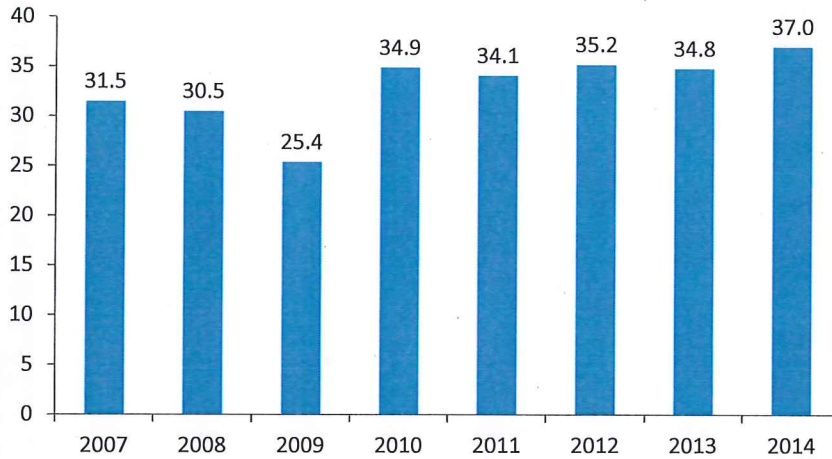
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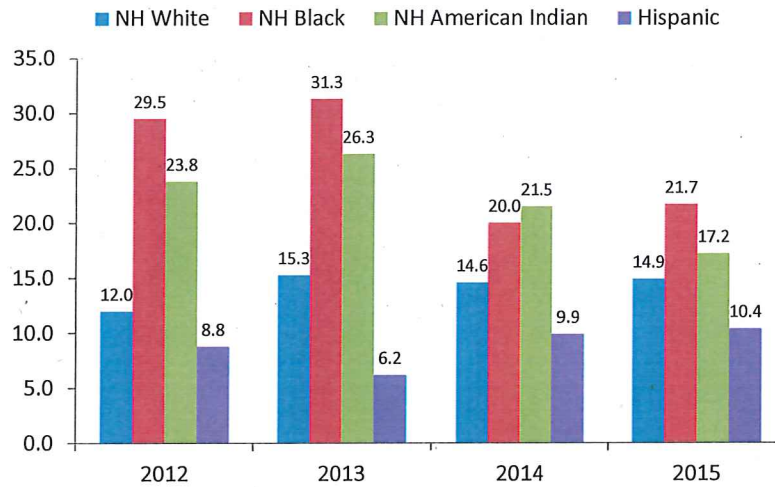
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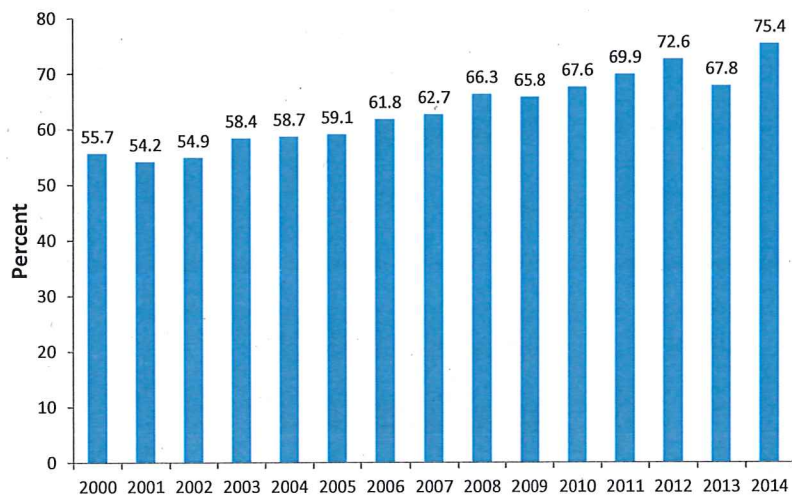
NIS 2014 births accessed 8-9-17
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Percent of Women with Postpartum Depression Symptoms



Source: PRAMS, 2012-2015

Percent of infants laid on back to sleep



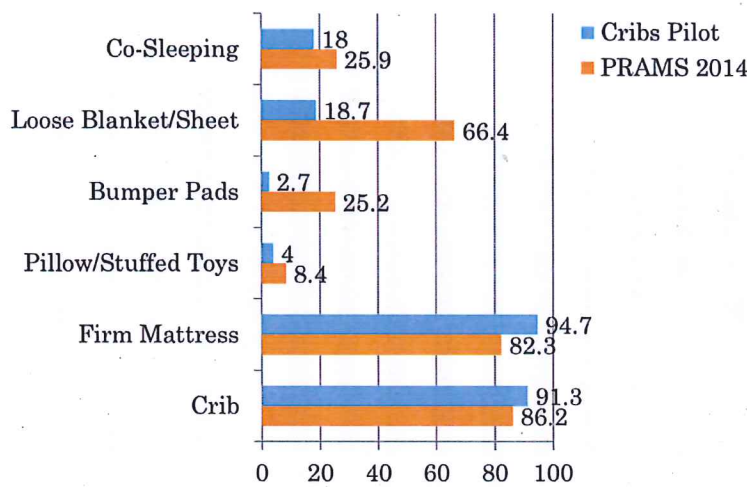
Source: PRAMS, 2000-2014

Infant sleep practices

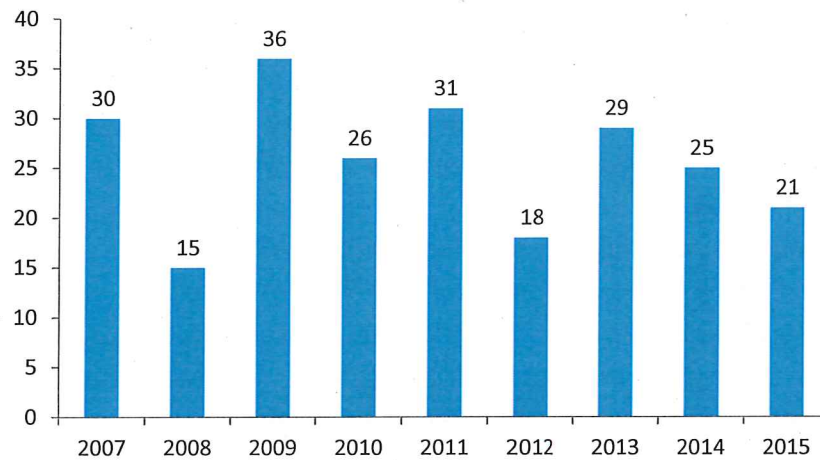
Practice	White, NH	Black, NH	Am. Indian, NH	Hispanic
My baby sleeps in a crib or portable crib (Pack-N-Play)	89.4	74.4	79.1	81.5
My baby sleeps on a firm or hard mattress	83.3	69.2	79.3	76.3
My baby sleeps with a pillow and/or stuffed toys	7.1	12.4	8.0	14.2
My baby sleeps with bumper pads	27.1	21.1	29.6	36.5
My baby sleeps with a loose blanket or sheet	65.8	69.8	76.9	64.2
My baby sleeps with me or another person	24.5	47.5	31.1	27.4

Source: PRAMS, 2012-2014

Sleep Environment Improvement/impact data



Number of abusive head trauma cases among infants: Oklahoma 2007-2015



Source: Injury Prevention Service

Challenges

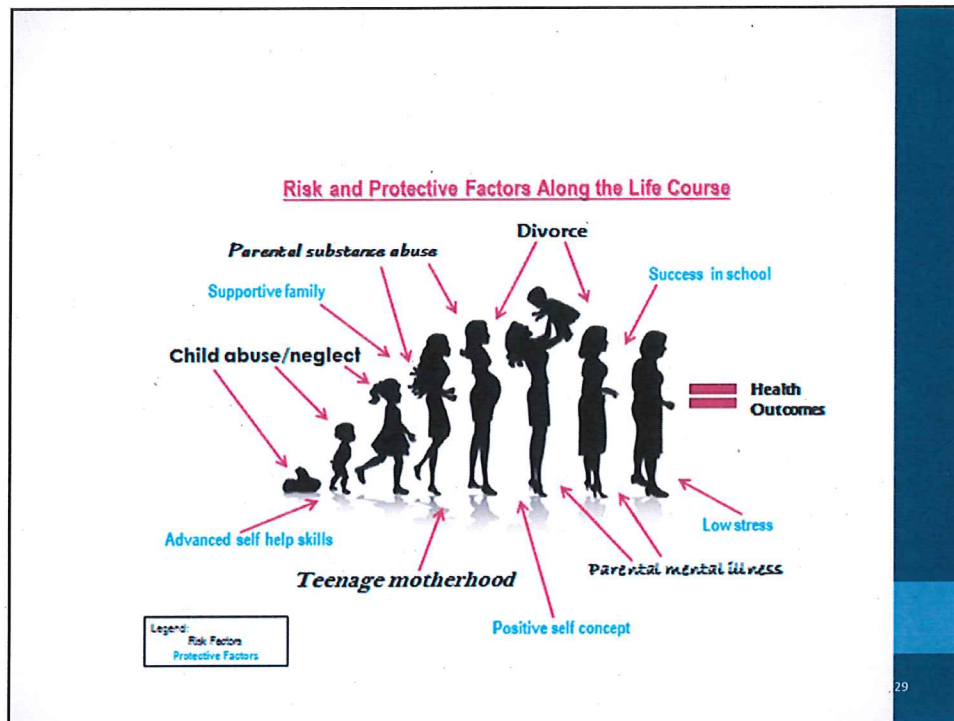
- Risk Factors with Significantly Higher Likelihood of Infant Death:
 - African American/American Indian race (Black/white ratio for 2014-2016 IMR is 2.05 and American Indian/white ratio is 1.74)
 - VLBW/Prematurity
 - Plural Births (particularly Triplets/Quadruplets)
 - No prenatal care
 - Maternal age <20/>35
 - = or <HS Maternal Education
 - Increasing Maternal Pre-pregnancy Chronic Diseases

Successes

- Click for Babies Campaign went Viral! ~ **65,000** purple baby caps were received from **49** states, and **all** continents except Antarctica!
- **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.
- 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.

Successes

- Over **23%** of all Oklahoma babies are now occurring in Baby Friendly hospitals!
- 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.
- 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.
- Cribs Pilot showing promising behavior changes (**double digit % improvements!**) in infant safe sleep.
- **Over 60% of all American Indian and African American births** are covered by birthing hospitals participating in safe sleep program.



Contact

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