Oklahoma State Department of Health
Creating a State of Health

Meeting Minutes

Infant and Children's Health Advisory Council
Regular Meeting – Monday, August 6, 2018, 1:00 p.m.
Oklahoma State Department of Health – Room 806
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 August 2, 2018 at 2:12 p.m. at the public entrance of the Oklahoma State Department of Health (OSDH) and on the OSDH website on August 3, 2018 at 11:24 a.m.

Call to Order, Roll Call, and determination of Quorum: Dr. Bogie called the meeting of the Infant and Children's Health Advisory Council (ICHAC) to order at 1:02 p.m. in Room 806 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. Amanda Bogie, Dr. Paul Darden, Dr. Jeffrey Elliott, and Dr. Michelle Polan.

OSDH staff present: Beth Martin; Edd Rhoades, M.D.; Dawn Butler, Sherie Trice, Chantel Hartman, Jennifer Baysinger, Mike McDermott, Dale Adkerson, Tina Johnson, Adrienne Rollins.

Visitors in attendance: None

Review and approval of Minutes of May 14, 2018 Regular Meeting: A motion was made by Dr. Bogie to approve the May 14, 2018 regular meeting Minutes as presented. Dr. Elliott seconded the motion. Votes followed: Dr. Darden (Yes); Dr. Polan (Yes); Dr. Elliott (Yes); Dr. Bogie (Yes); Motion carried.

Public Comment: There were no public comments.

Oklahoma Medical Marijuana Authority (OMMA): Status Update, discussion and possible action - Adrienne Rollins, Interim Director, Center for Health Innovation and Effectiveness, OSDH: Ms. Rollins provided an update on the implementation on Medical Marijuana beginning with the passage of State Question 788. She stated that they have decided not to immediately fill the position of OMMA Director for the program but Commissioner Bates will take on many of those duties until one is hired. She stated that Buffy Heater will oversee the financial and compliance components and she will oversee the operational side of the program. She stated that there were several things mandated by SQ 788 for the OSDH to oversee. These include: rapid deadlines for the applications availability; processing and responses to the applicants; to not require qualifying conditions; and to develop eight license categories, e.g., patient, caregiver, dispensary, commercial grower, processing, transportation, and research. They are also required to develop a 12-member board to establish food safety standards, to allow inspections of processing sites, to conduct audits and to prepare monthly reports. SQ 788 also states that an employer may not discriminate against a person in hiring or termination based solely on a person being a license holder or results of a drug test showing positive for marijuana. Employers may take action against a holder if the holder uses or possesses marijuana while in the place of employment or during hours of employment. The regulations also state that a city or municipality can't unduly change or restrict zoning laws to prevent the opening of retail marijuana establishments,

although dispensaries may not open within 1000 feet of a school entrance. She also mentioned that the initial set of emergency rules passed by the Board of OSDH were amended and signed by the Governor in August. Ms. Rollins also mentioned a possible impact from pending lawsuits were court orders that could potentially result in changes to certain aspects of the program or delay of implementation. Any future statutory changes to the law could also impact the program but they are continuing to work to implement the program within the framework and timelines of the SQ 788 and the emergency rules.

Member comments/discussion: Dr. Polan asked what the pending lawsuits that the OMMA is facing are. Ms. Rollins responded that one of lawsuits is regarding the old requirement stating that a licensed pharmacist must be present at all dispensaries and the other was regarding the amount of THC in the product. The question was also posed concerning the money needed to maintain the program. Ms. Rollins responded that the expectation was to generate between $8-12 million per year which will go to maintaining the OMMA. Dr. Bogie asked what would happen to the OMMA if the passage of recreational marijuana passes in the next election. Ms. Rollins stated that all of the signatures would have to be verified and then it would have to be approved by the Governor to be placed on a ballot. If anyone challenges the signatures, that could remove the question being placed on the ballot. She does not think it would make it on the ballot for the next election period.

Oklahoma State Plan for the Prevention of Child Abuse and Neglect Update: Status update, discussion and possible action - Sherrie Trice, Family Support and Prevention Service, Family Health Services, OSDH: Ms. Trice spoke to the council regarding the state plan for prevention of child abuse and neglect. Ms. Trice began by explaining to the group that in 2017 there were 79,310 cases of child abuse/neglect reported in Oklahoma with 15,289 of those cases being confirmed. She stated that the Child Abuse Prevention (CAP) Act was established in 1984 from OK Statute 63-1-227.3 and has an emphasis on primary and secondary prevention. The legislation states that the OSDH shall prepare the comprehensive state plan that shall include adequate opportunity for appropriate local private and public agencies and organizations, private citizens and consumers to participate at the local level in the development of the state plan. However, there have been several challenges in creating the plan such as turnover in leadership, partner participation, reaching the community and funding fluctuations. She stated that a contract was made with a consultant to write the plan with completion expected by November 2018.

Ms. Trice next spoke about the steps used to receive the input needed to write the plan. They created a survey to be completed by both community and professional individuals. These were given at Community Cafés throughout the state. They received a total of 929 surveys so far with 659 coming from professionals and an additional 270 surveys received from community parents. She then delivered some of the highlights gathered from the surveys. She stated that minority, low income and low education parents were most likely to have not heard of services but were more likely to use services offered once informed. More than 1/3 of the parents haven't heard of parent support programs but did know of insurance, food, clothing, and housing resources. Parents reported that mental health services, services to address child's social/emotional/ and behavioral development, and affordable/quality child care were especially hard to come by. The survey also showed that more than 1/3 of the parents thought it was sometimes necessary to physically discipline a child with white non-Hispanic, black low income female and low education parents most likely to agree with this practice. When evaluating the professional surveys, it showed that the professionals most often referred clients to insurance/healthcare resources and one in five hadn't heard of parent-support programs. Most professionals had taken training on trauma-informed care and ACEs, but most reported not being trained in victimization and detection. The data showed professionals believed the top barriers to client access of services were cost, transportation, and client's lack of knowledge of what is in the community. Professionals reported that there were strengths such as home-based services, community awareness/involvement, schools, professionals who are dedicated/knowledgeable/caring, and interagency collaboration.

Member comments/discussion: Dr. Darden mentioned the challenge of stable funding and wanted to know if the plan was dependent on this funding. Ms. Trice responded that while funding will indeed influence the plan, there are many other agencies that will also be a part of maintaining it. Dr. Bogie asked about the nearly 25% of the cases of child abuse/neglect that were confirmed. She asked if this was typical with other states. Sherri replied that we are actually seeing an increase and are slightly higher than other states.

Youth Tobacco Prevention in Oklahoma Update, discussion and possible action - Chantel Hartman, Tobacco Use Prevention Coordinator, Center for the Advancement of Wellness, OSDH: Ms. Hartman began by stating that Oklahoma still has a serious problem with tobacco. Tobacco is the number one cause of preventable death in Oklahoma and 88,000 of our youth alive today will die from tobacco related disease. She stated that the goals of the Tobacco Use Prevention Program are to review the toll of tobacco in Oklahoma, highlight state youth prevention initiatives and discuss clean indoor air concerns and resources. She informed the group about a new phenomenon that has risen dramatically in popularity called JUUL. The JUUL became available for sale in the U.S. in 2015 and as of December 2017 they were the top selling e-cigarette in the U.S. Reports have come out stating that widespread use of JUUL devices by students in schools, including classrooms and bathrooms. JUUL e-cigarettes have a high level of nicotine. According to the manufacturer, a single JUUL pod contains as much nicotine as a pack of regular cigarettes. She stated that new federal regulations regarding appearance and flavors in e-cigarettes are helping with the growing trend, but there is still a long way to go.

She next discussed the project, Combating Heavy Advertisement of Tobacco (C.H.A.T.) in Oklahoma. This project assesses Oklahoma retail environment and tobacco product availability. They will conduct statewide data collection using the Standardized Tobacco Assessment for Retail Settings (STARS) tool. She stated that as of February 2017 there are an estimated 4,640 tobacco and cigarette retailers in the State of Oklahoma which comes to about 1.03 tobacco retailers per 1000 Oklahomans. She also stated that about 2/3 of the tobacco retailers were convenience stores and mass merchandisers such as Walmart making obtaining tobacco easier and more accessible to youth. The data also showed that of the stores that sold tobacco products, 96% also sold alcohol, 37% accept WIC, 50% accept SNAP, but only 1% display a graphic health warning regarding tobacco. Of the stores selling smokeless tobacco 98% sell the product in multiple flavors. The study shows that 17.3% of male students in Oklahoma use smokeless tobacco which far exceeds the national average of 10%.

Ms. Hartman went on to explain that Oklahoma currently has a Synar rate of 17.9%. The annual Synar reports detail trends in sales of tobacco to minors and the success of state compliance with the Synar Amendment. Once a Synar rate reaches 20% the amount of federal funding is dramatically reduced or even possibly eliminated totally. There is a goal to reduce the Synar rate to 13%. To achieve this, they are committed to conduct 100 retail education visits with high risk retailers statewide by June 2019.

Member comments/discussion: Questions to Ms. Hartman included: How do the devices work? The nicotine is stored in a little pod at the tip and the heating element is in the longer part of the device. What is the cost of the device? The startup cost is around $50 but after the initial cost it is substantially cheaper. Do any schools test for nicotine? She indicated none that she is aware of.

Newborn Screening in Oklahoma Update, discussion and possible action - Tonya D. McCallister, Public Health Laboratory, OSDH: Ms. McCallister spoke next regarding the Newborn Screening (NBS) of babies is Oklahoma. She stated that the purpose of NBS is to test every newborn for harmful or potentially fatal disorders that are not otherwise apparent at birth and that early detection and prompt treatment can make the difference between healthy development or lifelong impairment and possible death. She explained that the newborn screen is just that… a *screen* and diagnostic results refer to the combination of signs, symptoms, and test results that allows the doctor to confirm the diagnosis of a respective disease. She stated that

Oklahoma currently screens for 54 disorders but will continue to expand the NBS panel. She also noted that parent education is critical to the health of their newborn baby. Awareness, understanding, and being involved with the screen and requesting the results from the doctor are essential. Speaking with the doctor and becoming educated will help when a screen comes back unsatisfactory and a repeat screen could be requested. A repeat screen could be requested when a specimen comes back unsatisfactory, a possible disorder is detected, if the collection is taken less than 24 after birth, or specimen not collected prior to blood transfusion. She stated that the ideal time for specimen collection is 24 hours plus one minute of age or prior to discharge, whichever comes first.

The preferred method of collecting a specimen is with a heel stick and then direct application to the NBS form. The NBS form is a medical device with an expiration date. It is a filter paper designed to absorb a specific volume of blood. Accurate results depend upon proper absorption of blood onto the filter paper; too much or too little blood may results in inaccurate results. The specimen is then tested for metabolic, endocrine, and other various disorders. Once the results are completed the normal results will be mailed to the physician and submitting hospital and any abnormal/borderline results will have a request for a repeat screen sent. If a result comes back abnormal presumptive, the pediatrician will be contacted by the NBS nurse and provided with the results, given recommendations, emergency management protocol and a referral to pediatric subspecialist.

She next explained about a quality improvement program called Every Baby Counts. This is a partnership between NBS and the Oklahoma Hospital Association to address delays in newborn screening. The aim of this collaborative is to improve transit times with the courier and the birthing hospitals. This initiative began in May 2015 and funding was received shortly afterward. With this funding they have been able to expand improvement efforts in transit times, include monthly hospital reports, expand courier service area, create a newborn screening service guide, conduct site visits and make some lab process changes.

Chair Comments: The next meeting date is Monday, November 5, 2018 at 1:00 p.m. at OSDH in room 507.

Adjournment: Dr. Bogie adjourned the meeting at 3:14 p.m.