



Oklahoma State Department of Health
Creating a State of Health

Final

Meeting Minutes
Infant and Children's Health Advisory Council
Regular Meeting – Monday, May 2, 2016, 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 December 7, 2015. The final agenda was posted on April 29, 2016 at 10:00 a.m. at the public entrance of the Oklahoma State Department of Health (OSDH), and on the OSDH website April 25, 2016 at 1:05 p.m.

Call to Order, Roll Call, and Determination of Quorum: Dr. Jeff Elliott 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 met with the presence of Amanda Bogie, M.D., Jeff Elliott, O.D., Stanley Grogg, D.O., Susan Hassed, Ph.D., and R. Michael Siatkowski, M.D.; Not present were: Lynn Cyert, Ph.D., Paul M. Darden, M.D., Jacque Shipp, L.P.C.

Identified OSDH Members Present: Jana Winfree, D.D.S., Dental Health Service; Sheryll Brown, Laswanique Gray, Injury Prevention Service; Annette Jacobi, Family Support and Prevention Service; Edd Rhoades, M.D., Community and Family Health Services; and Linda Dockery, Nursing Service.

Review and Approval of Minutes of August 17, 2015 Special Meeting: A motion was made by Dr. Bogie to approve the Minutes as presented. Dr. Elliott seconded the motion. Votes followed: A. Bogie (Yes); J. Elliott (Yes); S. Grogg (Yes); S. Hassed (Yes); M. Siatkowski (Abstain). Motion carried with a Quorum.

Public Comment:

There were no public comments.

Election of Officers: A motion to accept the slate of officers as presented at the meeting as follows: Chair: Lynn Cyert, Ph.D.; Vice-Chair: Jeff Elliott, O.D.; Secretary: Amanda Bogie, M.D., was made by Dr. R. M. Siatkowski. Dr. A. Bogie seconded the motion. Votes followed: A. Bogie (Yes); J. Elliott (Yes); S. Grogg (Yes); S. Hassed (Yes); M. Siatkowski (Yes). Motion carried.

Dental Program Overview: Jana Winfree, D.D.S., Dental Health Service, Community & Family Health Services distributed hand-outs of her Power Point presentation. A video from the APHA website "Healthiest Nation in One Generation" was shown which stated some statistics regarding children. The information included was: 7/1,000 children will not make it to their 1st birthday; 13 million will live in poverty; 8 million won't have access to health care; a person every 30 minutes under the age of 29 will contract HIV. We need more education, nurses, research, laws, funding, doctors, and hospitals. Public Health will help children grow up and learn how to make good choices and learn good habits. After the video, Jana gave more statistics regarding early childhood dental caries; for children under the age of 6 yrs., the percentage is 28% nationally, and up to 58% in Indian health. A child's dental health can have lifelong effects and can have many

repercussions if not handled correctly. We all play a major part in a child's dental health; parents, especially mothers, and family; schools and organizations; the public policy; Health Care Authority and their fee schedule, and providers practice laws. Children are more susceptible to dental issues because baby teeth decay faster than permanent teeth. So, children and babies who continually eat and drink sugary substances such as milk, juice, Gatorade, soda, and even breast milk are at a higher risk, as their PH balance drops and cannot balance out correctly. Babies who fall asleep with a bottle or while nursing, are at risk of dental caries, as the liquid pools around the teeth. A way to help with this issue is for the caregiver to wipe the teeth with a clean cloth a couple of times daily.

There is one Dental school in Oklahoma which has approximately 60 students per year, and three Dental Hygiene schools. Jana gave information as to what the scope of practice is for the Community Dental Health Coordinators. There are currently 7 counties without a dentist, and 17 counties without a Sooner Care dentist. In Oklahoma there are over 1,700 pediatric dentists and approximately 1,350 SoonerCare dentists. There is a program called Oklahoma Dental Loan Repayment Program that will reimburse students for a portion of dental school loans which can cost up to \$250,000 for 4 yrs. The student is reimbursed up to \$25,000 per year in monthly payments, and this is paid out of State funds, so is in danger of getting cut. The majority of children are on Medicaid, 50-53%, and last year there were 31,000 Medicaid encounters with dentists. There are no adult dental benefits with Medicaid, except for emergency extractions and those are minimal. Dr. Bragg, the dental director for the Oklahoma Health Care Authority, wants to target cuts to baby teeth crowns and keep preventative care, however, the cuts are being done across the board.

Every three years, in the state of Oklahoma, a dental survey is done by Registered Dental Hygienists on 3rd grade students to determine active dental decay, sealants, dental disease, and fillings, and is currently going on. Results from 2013 survey showed out of 36 schools seen, 60% of the children had tooth decay. Three Healthy People Oral Health Objectives for 2020 were: 1) to reduce the amount of children 6-9 yrs. with dental decay, 2) to reduce the amount of children 6-9 yrs. with untreated dental decay, 3) to increase the amount of children 6-9 yrs. who have received dental sealants on one or more of their permanent molar teeth. Jana then gave information regarding the fluoride varnish and sealant procedures and applications. The difference between the two is, fluoride varnish can be done by health care providers, is a pilot program at local county health departments done by nurses on WIC children under the age of 6 yrs., is painted directly on the baby teeth, and counseling is done with the caregivers on how to teach their children good oral health and eating habits. As opposed to sealants, which must be done by a dental professional such as a dentist or dental hygienist, are done on permanent molars of 2nd and 6th graders, is a bit more extensive to complete, and is set with a UV light. A pilot program with Delta Dental charitable foundation is underway, and is in the process of reaching 1,000 students in central Oklahoma Schools with a portable sealant delivery system. So far 888 have been reached. In 2011 a bill was passed that PCPs could be reimbursed for doing well child visits to apply Fluoride Varnish in their offices on children 12-40 month. Since then, the age has been increased to children 6-60 months. The reimbursement rate is \$15.75 per application, and there is a billing code for this procedure. Everyone involved in helping with this program must take the Smiles for Life Training, Dr. Rhoades attended. Dr. Grogg asked if this program would go away, and Jana said she doesn't know.

Jana then began talking about Water fluoridation, where county water treatment plants add a minute amount of fluoride to bring the level to .7 (ppm) parts per million. In the state of Oklahoma approximately 70% of the counties are fluoridating their water supply. However, there are many people and organizations against water fluoridation because they believe it is a poison. Jana gets many emails and phone calls a day from people that oppose it. She also said if you purchase a water filtration pitcher, Brita for example, it does not remove the fluoride from water. Stephen Curry, an NBA player supports drinking water from a Brita filter pitcher. She showed a Fact Sheet that was approved by the DEQ to place on their website, and all of the information included is from the CDC. On the CDC website: https://nccd.cdc.gov/DOH_MWF/default.aspx you can search your area or any state to verify fluoridating of their water. She mentioned another website: <http://ilikemyteeth.org> to get information on fluoridation and its effects. The American Academy of Pediatrics supports water fluoridation, and to find out more information regarding this and their programs, you can go to <https://aap.org>.

A Dental Health Education program including 8 educators, which had 68,000 classroom encounters, and educated 3rd-5th grade students on oral health, tobacco awareness, and nutrition information, was cut in February 2016 due to budget cuts.

One alternative used on babies and elderly people to treat dental caries is Silver nitrate products; however, this turns teeth black. There are more studies needed to change this effect. Xylitol is another alternative product to defend teeth from decay. Dr. Amanda Bogie asked, how does Oklahoma compare with the rest of the nation? Jana said OK is typical, however, in Indian Health; they have more cavities than any other ethnic group. The problem in OK is with adult dental, not with children's dental. Another question by Dr. Amanda Bogie is fluoride varnish effective, and Jana answered and said it is about 25% reduction. Community water fluoridation is about 25-40% reduction. Another question asked by Dr. Michael Siatkowski is how many states mandate fluoridation, Jana did not know, but she thinks it is only a few. She said the cost to get started is costly, but of upkeep after fluoridation has been started in a location, the cost is \$1 per person per year. In a nutshell, fluoridation is very beneficial and cost effective for families. In conclusion, Jana said all of the dental programs are in danger of cuts due to the budget crisis, so they must keep the minimal expertise and dental knowledge and programs in the state, people will suffer from it if it is cut.

A motion was made by Dr. A. Bogie to support the infant and children's dental health programs that are currently established at Oklahoma State Department of Health. Dr. J. Elliott seconded the motion. Votes followed: A. Bogie (Yes); J. Elliott (Yes); S. Grogg (Yes); S. Hassed (Yes); M. Siatkowski (Yes). Motion carried.

Injury Prevention Service, Prevention and Preparedness Service Program Overview: Sheryll Brown, MPH, gave handouts of Unintentional Childhood Injuries in Oklahoma and began the Power Point presentation. The Mission of both the OSDH and Injury Prevention Service (IPS) includes preventing disease and injury The IPS program was est. in 1987 with a CDC grant. The primary duties include: collect data, analyze and disseminate that data; create program design and evaluation; Technical support and training; and public policy. The Commissioner is able to declare certain injuries reportable, which has helped this division. Sheryll gave an account of the programs in IPS, which include: Child passenger and motor vehicle safety, GDL, distracted driving, sexual assault and teen dating violence prevention, sports concussions, prescription drug overdose, and older adult falls. They participate in CDC National Violent Death reporting system regarding homicides, suicides, unintentional firearm deaths, etc., up to age 25 yrs. IPS goes out and collects the data from hospitals, and they also collect 22 CDC injury Indicators compiled from ME's and emergency department discharge data, which Oklahoma does not have an emergency department discharge data base.

Nationwide, injuries are the leading cause of death from 1-44 yrs. of age, also, in Oklahoma 57% of all deaths to children 1-14 yrs. of age, and 82% of all of deaths among children 15-19 yrs. of age. After the first year of life, more deaths are caused from injuries than all other causes of death combined. This information is from the OHCA emergency discharge data base, so this is not a total account of all injuries that are happening. There was a question asked by Jeff Elliott about the injury related coding to determine the data, and Sheryll said they use ICD 10 codes for the deaths, and did use ICD-9 coding. They are working on using outpatient surgery format to get hospitals to send ED data. The last information she had was 88% of hospitals are doing that. The biggest amount of injury data will come from the ED. Dr. Grogg mentioned that if the information IPS is receiving is from the OHCA then it is not a true reflection of all of the injuries taking place, and Sheryll agreed that the information is very under counted.

Laswanique Gray, MPH began her presentation over Unintentional Injuries, and her statistics showed the causes of death for children up to 19 yrs. of age, were traumatic brain injury and motor vehicle crash (MVC) being the top two causes. In a MVC proper car seat use increases the survival rate for infants by 71% and for toddlers 54%. In OK all children under the age of 8 yrs. must be restrained in a car seat or booster seat. IPS has a program that helps low income families on WIC or enrolled in Sooner Care receive a car seat or booster seat. There are certified safety technicians available to install and educate families on correct car seat installation and usage at car seat checks. They also provide basic training for child care and child welfare workers that may transport children. Dr. Grogg asked where IPS gets their funding and Sheryll said from Preventative Health Services, MCH, and state funds when available. Laswanique said Latino Development Agency has sent clients to them, and Minority Health has sent translators as needed to help with that clientele population.

MVCs are the leading cause of death for teens nationally and in Oklahoma. There is a Graduated Driver Licensing Program (GDL) for teenagers, which is a gradual process for them to get their driver's license. There is also zero

tolerance for drivers under the age of 21 yrs. to have any amount of alcohol in their system. Many young people were involved in pedestrian/bicyclist vs vehicle accidents. It starts with the parents to educate their children on vehicle safety.

Sheryll gave information regarding ATV injury, and she stated that in 2012 IPS conducted a study that revealed 212 people suffered ATV injuries in OK, which resulted in hospitalization or death, 14 people died, and of those injured 1/3 were less than 18 yrs. of age, 4 children 6-15 yrs. of age died. Children in this age group have the highest fatality rate on ATVs. The American Academy of Pediatrics recommends children less than 16 yrs. of age should not ride ATVs. There is a program in OK, Ride Safe Oklahoma, which is a collaboration of the Children's Center Rehabilitation Hospital, Trauma One Injury Prevention at OU Medical Center, and Oklahoma State University Cooperative Extension Service 4-H Youth Development. This program conducts safety events for children, and provides training, and they also partner with ATV dealers for the children to get the right size ATV for them. Parental supervision and correct safety gear are extremely important when children are riding ATVs.

Another area of injuries is sports concussions. In 2010 OK "Return to Play" law was put into effect, where a child showing signs of concussion, must be observed by a medical professional who has concussion management experience, and cannot go back into play until cleared. This is not being followed by many coaches and athletic directors, so the Athletic Trainers Association (ATA) in OK is trying to strengthen that law by adding penalties and adding the "Return to Learn" clause to it. Children who suffer a concussion have a hard time focusing on academics. A study published in 2014 of 800 High School athletes, and 69% of them said they had continued playing with concussion symptoms. This could be very dangerous to a child, so the public needs to be educated on the safety and precautions of concussions and sports injuries. The CDC has materials available to coaches and has a social media app, and tries to distribute much information to the public and raise awareness. On May 21, IPS is partnering with UCO and ATA, to bring in Chris Nowinski, an ex-football player and professional wrestler, who has suffered many concussions and is very knowledgeable in this area, to speak. Dr. Cantu is the doctor he is associated with.

In conclusion, IPS is requesting from the Oklahoma State Department of Health the request of Legislation to strengthen laws regarding sports safety for young athletes. They also want to collect data regarding youth sports concussions, ED discharge data system, and early childhood injury deaths surveillance data.

Dr. Grogg asked how many people put car seats in properly. Laswanique said 4 out of 5 car seats are installed incorrectly or misused, and she said Regina, MPH said she has never seen a car seat installed correctly.

A motion was made by Dr. Bogie to support policy and legislation as discussed in the meeting. Dr. Hassed seconded the motion. Votes followed: A. Bogie (Yes); J. Elliott (Yes); S. Grogg (Yes); S. Hassed (Yes); M. Siatkowski (Yes). Motion carried.

Agency Report: Dr. Rhoades began by welcoming the three new members, Dr. Susan Hassed, Dr. Michael Siatkowski, and Dr. Darden who was unable to attend today. Next he stated that the three vacancies discussed in previous meetings have been filled. He then stated that the members of the advisory committee will need to look at the members appointed and decide if they should receive reappointments of existing positions or replacements. The way the statute reads is if the Governor appoints someone, they can continue in that position until the Governor makes a new appointment.

He then talked about our approaching regular meeting dates for 2016, August 1, and November 7, and that 2017 meeting dates would need to be discussed and set by December 15, 2016. He suggested that a program report is given by Vision Screening division at the OSDH, for next meeting proposed agenda topic.

In conclusion, he gave information regarding how the council operates. Legal advised him that staff can take the minutes and send them to the secretary to review before sending them out to the council as draft minutes. If an executive session for a subsequent meeting is called, then the elected secretary would take the minutes at that time. Video Conferencing is difficult to have public attend and for other attendees in remote areas. It must be in a location that is open to the public, and it must be announced on the agenda.

In the original meeting of the council May 11, 2015, ICHAC approved that the childhood lead poisoning screenings rural revisions rules and these were not forwarded last year, but may come back with more specific revisions regarding lead and water in certain areas in OK to bring more rural areas in compliance with the guidelines.

Dr. Elliott said he had spoken to Dianna L. Bonfiglio, President/CEO of Prevent Blindness Oklahoma, and he asked how often the list of approved trainers is updated regarding who has been through training. Dr. Rhoades answered that the list is updated in the first month of each quarter.

Dr. Grogg said governor vetoed House Bill 3016 that added another layer of approval for getting immunizations done. He asked how this bill got to the governor's desk. Dr. Rhoades answered that he could not answer that. He said it was passed in the House and Senate by fairly large margins, and there was opposition from the OK State Medical Association, OK Chapter of American Pediatrics, and OSDH. There is a possibility of an override of the governor's decision.

Dr. Grogg asked about what topics they would like to see for future meetings. Dr. Rhoades answered that one program he would like to see up for review is vision screening in addition to other programs whose councils were consolidated and fall under the advice of this council. Dr. Grogg said he would like Lori Linstead with Immunizations to come back and give an update. Also, he mentioned that Kristy Bradley could present at the next meeting.

Dr. Siatkowski asked if the health department is doing any data collection regarding the Zika Virus. Dr. Rhoades said the department has been meeting weekly to address their activities, and regarding physicians in the state doing screening and testing. They are learning the details regarding Zika virus. The CDC has developed a registry for pregnant women diagnosed with Zika, and then the information is transferred to the birth defect registry. Oklahoma is also working on setting up a registry. Dr. Rhoades said it could cross over from a communicable disease vs STD.

Adjournment: Dr. Grogg made a motion to adjourn the meeting at 2:59 P.M. Dr. Bogie seconded the motion. Votes followed: A. Bogie (Yes); J. Elliott (Yes); S. Grogg (Yes); M. Siatkowski (Yes) with a quorum. Motion carried.