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**STATE BOARD OF HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH
1000 N.E. 10th Street, Room 1102
Oklahoma City, Oklahoma 73117**

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May 8, 2018

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

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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, May 8 at 11:05 a.m. The final agenda was posted at 8:37 a.m. on the OSDH website on May 7, 2018, and at 8:45 a.m. at the building entrance on May 7, 2018.

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Members in Attendance: Martha A. Burger, M.B.A, President; Robert S. Stewart, M.D., Secretary-Treasurer; Terry R. Gerard II, D.O.; Edward A. Legako, M.D.; Ronald D. Osterhout; Timothy E. Starkey, M.B.A.

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Absent: Jenny Alexopoulos, D.O.; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.

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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; Henry Hartsell, Jr., Deputy Commissioner, Protective Health Services; 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; Jan Fox, Director, HIV/STD Service; 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; Mike Mannell, Acute Disease Service; Amanda Shoemate, Acute Disease Service; Adrienne Rollins, Interim Director, Center for Health Innovation & Effectiveness; Paul Patrick, Maternal & Child Health; Scott Sproat, Director, Emergency Preparedness & Response Service; and Diane Hanley, Executive Assistant, Commissioner's Office.

Visitors in attendance: Gary Cox, Executive Director, Oklahoma City-County Health Department; Tom Gruber, Senior Deputy Attorney General; LaWanna Halstead, Oklahoma Hospital Association; Becky Payton, Mercy Oklahoma Administration; Mikeal Murray, Accreditation Coordinator, Logan County Health Department; Brent Wilborn, Oklahoma Primary Care Association; Tyler Talley, eCapitol; and Meg Wingerter, The Oklahoma.

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Welcome

Ms. Burger introduced and welcomed our newest board member, Ron Osterhout. Mr. Osterhout is from Altus and shared that he was appointed to the board in 1998 by Governor Keating and served until 2007. He said this department means a lot to him and he appreciates the work the Oklahoma State Department of Health (OSDH) does every day. People should be proud of the OSDH and he hopes to serve and bring value to the department. Ms. Burger also welcomed Gary Cox, Executive Director, Oklahoma City-County Health Department, Tom Gruber, Senior Deputy Attorney General and Becky Payton who will be joining the board effective July 1.

REVIEW, DISCUSSION AND APPROVAL OF MINUTES

Ms. Burger directed attention toward approval of the Minutes for the April 10, 2018 regular meeting.

Dr. Legako moved Board approval of the April 10th regular meeting minutes as presented. Second Dr. Stewart. Motion Carried.

AYE: Burger, Legako, Starkey, Stewart

ABSTAIN: Gerard, Osterhout

ABSENT: Alexopoulos, Grim, Krishna

INFANT MORTALITY, MATERNAL & CHILD HEALTH SERVICE

Joyce Marshall, Director, Maternal and Child Health provided an overview of infant mortality in Oklahoma. The OSDH follows the Oklahoma Health Improvement Plan (OHIP) Flagship Goals and infant mortality falls under the Children's Health portion of that plan. The trend in the infant mortality rate has continued to decline over the last several years; however, we still need improvement. The most current infant mortality rate for

Oklahoma is for 2016 and is 7.4 infant deaths per 1000 live births. The current U.S. rate is 5.9. A statewide initiative was started in 2009, *Preparing for a Lifetime, It's Everyone's Responsibility* to reduce the state infant mortality rate and address the racial disparities that exist. The priority areas of this initiative include preconception health, premature birth, tobacco & pregnancy, breastfeeding, postpartum depression, infant safe sleep, and infant injury prevention. Ms. Marshall shared some current challenges and successes in regard to infant mortality in our state and mentioned having more protective factors to improve the infant mortality rate as well as other outcomes in our state.

See Attachment A

CONSIDERATION OF STANDING COMMITTEES REPORTS AND ACTION

Executive Committee

Ms. Burger mentioned the board retreat will be August 10th. She asked for board volunteers to serve on the planning committee to assist with creating an agenda and topics to be covered at the retreat. Dr. Legako and Dr. Gerard volunteered to serve on this committee. Ms. Burger reminded board members that the annual employee recognition ceremony will be held following this meeting at 12:30pm.

Finance Committee

Mr. Starkey reported that there have been some challenges in finding candidates willing to accept the positions of CFO or Controller due to the current ongoing investigations and audits. As an alternative, OSDH has contracted with an outside financial consultant who is assisting with reconciliations. OSDH is working on a Request for Proposal (RFP) for an external independent audit. Currently, budget meetings with all the OSDH program areas are occurring and focusing on core public health initiatives and budgets for next year. The finance staff is exploring the possibility for a consultant to help with financial software platforms and transitioning to a more up-to-date financial platform.

Accountability, Ethics, & Audit Committee

Ms. Burger indicated there were no known significant audit issues to report at this time.

Public Health Policy Committee

Dr. Stewart reported the legislative session is closed and the legislature kept the OSDH budget flat. He reminded board members that in the April 10th meeting the board directed health department leadership to begin working on some interim rules and policies in case SQ 788 passes in the upcoming primary election. If it passes, the OSDH's role is to implement medical marijuana policy and staff has been working diligently in preparation. In regard to agency governance, HB3036 will make this board an advisory board and the commissioner will be appointed by the Governor. HB3581, which was signed, will amend the duties of the Office of Accountability Systems (OAS). Dr. Stewart stated there are lots of changes on the way for the board and the department and how they will interact and function. The Board of Health nominees have been confirmed by the Senate and all open board positions are filled. He informed board members that interim studies will be announced July 10, new legislature members and oath of offices will be administered on January 8, 2019 and the next legislative session will resume on Feb. 4.

REPORT OF THE INTERIM COMMISSIONER

First, Mr. Tom Bates, Interim Commissioner, requested an update on a measles case in Pottawatomie County. Mike Mannell, Acute Disease Service, shared the OSDH was notified that an individual, from out of state, with the measles had spent time in Oklahoma during the infectious period. The Pottawatomie County Health Dept. and Acute Disease Services worked in partnership on this contact investigation and were able to identify a few public locations where possible exposure could have occurred. A press release was put out to the general public and a 24-hour phone line was provided encouraging individuals who may be concerned of exposure to contact the OSDH.

Next, Mr. Bates provided an update on planning activities in regard to SQ 788. If the bill passes, it will be a massive regulatory undertaking for OSDH and along with it come some very rapid deadlines. Applications must be available within 30 days of the vote. OSDH will have to accept and process applications within 60 days of the vote and provide responses to applicants within 14 days of the application being submitted. There are seven specific licensing categories that will have to be set up and implemented. This bill also requires OSDH to develop a 12-member board within 30 days of passage to establish food safety standards and those standards have to be implemented within 60 days. In preparation for the potential passage of SQ 788, a steering committee, six high

1 priority workgroups, regulations, agency rules, communications, and an inter-agency workgroup have been
2 created. Other state agencies have been invited to participate in these efforts. Julie Ezell, General Counsel, has
3 been leading the work on drafting administrative rules. This board can be prepared to consider emergency rules at
4 the July meeting. Mr. Bates thanked Buffy Heater, Interim Director, Office of State and Federal Policy, and the
5 OSDH team for all their hard work and ongoing efforts in keeping this organized.
6

7 In addition, Mr. Bates recognized Scott Sproat, Director, Emergency Preparedness & Response Service, and his
8 team in their emergency response to the wild fires in Northwest Oklahoma. He was pleased and impressed with
9 how the team mobilized and worked with other agencies and emergency responders to ensure everything was
10 handled, such as monitoring the safety of medical facilities and nursing homes in the affected areas.
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12 Last, Mr. Bates acknowledged Hank Hartsell, Deputy Commissioner, Protective Health Services, who announced
13 he would be transferring to the Oklahoma Department of Mental Health and Substance Abuse services in June and
14 will serve as Executive Director of Griffin Memorial Hospital in Norman. He has greatly enjoyed his time at
15 OSDH. He thanked the leadership team and the board for their support with policy and funding over the years. He
16 stated how much he appreciates the staff members of Protective Health Services and the remarkable work they
17 have done.
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19 **NEW BUSINESS**

20 **No new business.**
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22 **ADJOURNMENT**

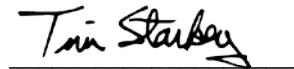
23 **Mr. Osterhout moved Board approval to Adjourn. Second Legako. Motion carried.**
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25 **AYE: Burger, Gerard, Legako, Osterhout, Starkey, Stewart**

26 **ABSENT: Alexopoulos, Grim, Krishna**
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28 The meeting adjourned at 11:55 a.m.
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30 Approved
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34 Timothy E. Starkey, M.B.A.
35 President, Oklahoma State Board of Health
36 August 1, 2018

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



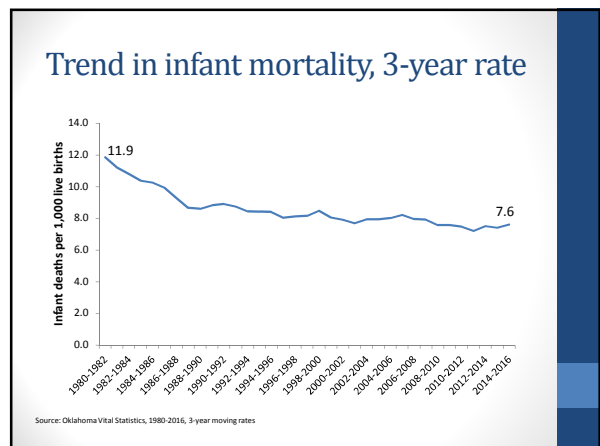
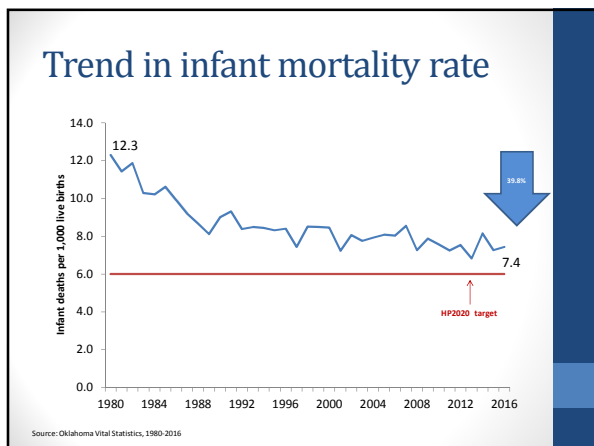
National Initiatives

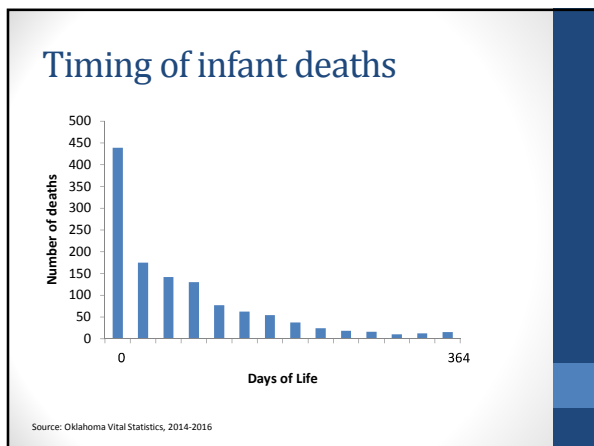
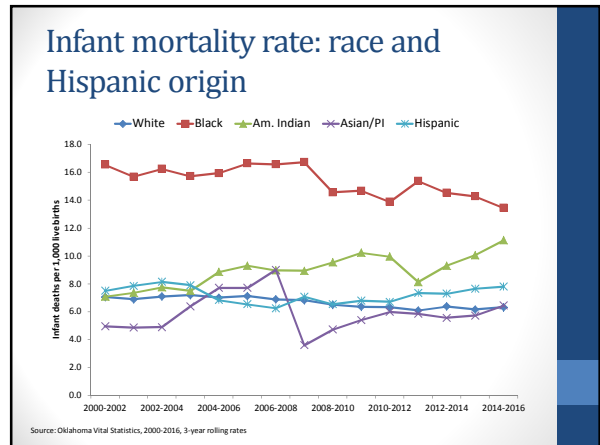
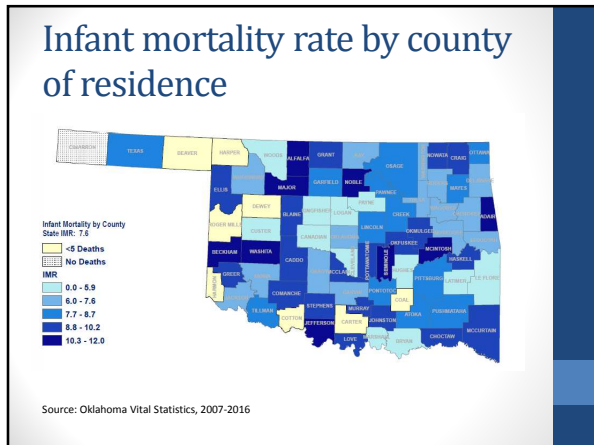
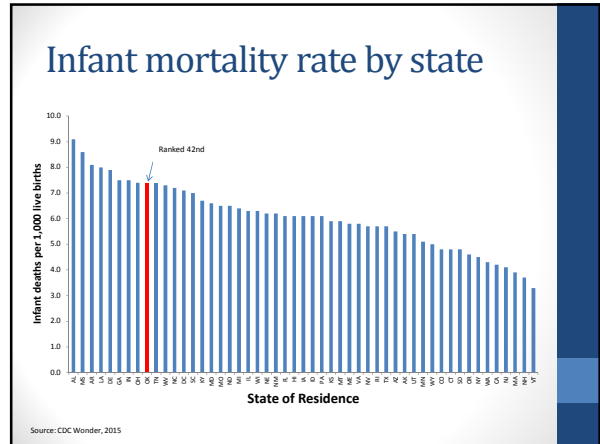
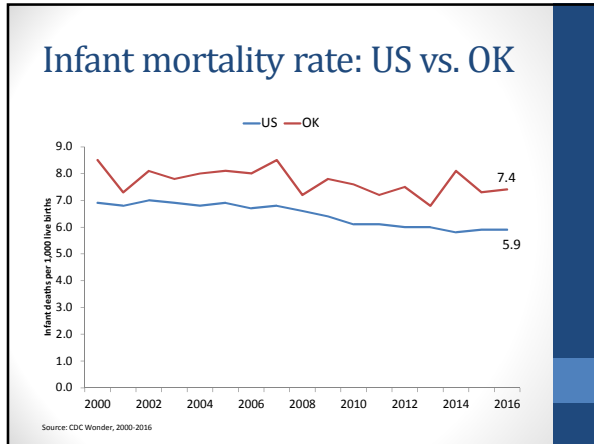
- Infant Mortality Collaborative Improvement & Innovation Network (CoIIN)
 - Infant Safe Sleep
 - Preconception/Interconception
 - Prematurity
- Association of Maternal & Child Health Programs (AMCHP)
 - Improving Birth Outcomes (Social Determinants of Health)
 - Every Mother Initiative
- Association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





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



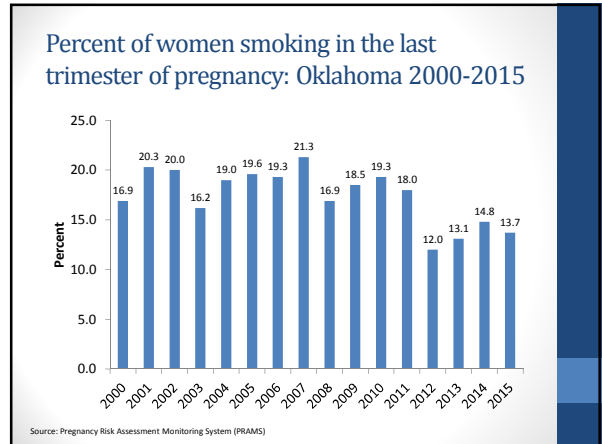
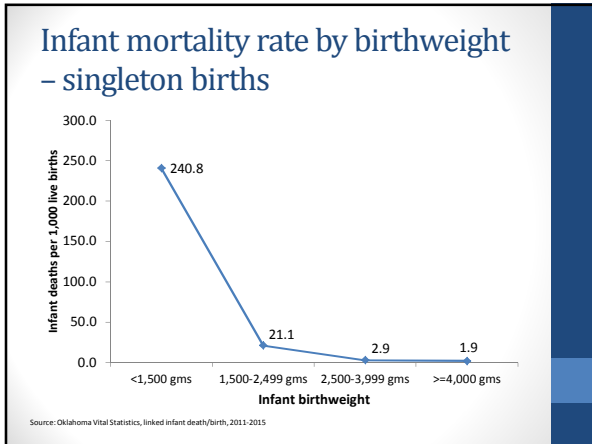
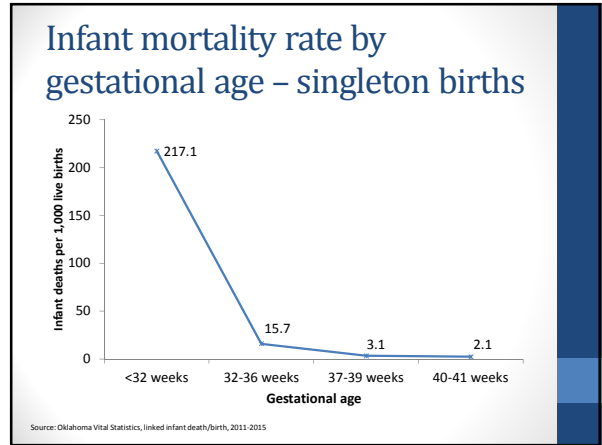
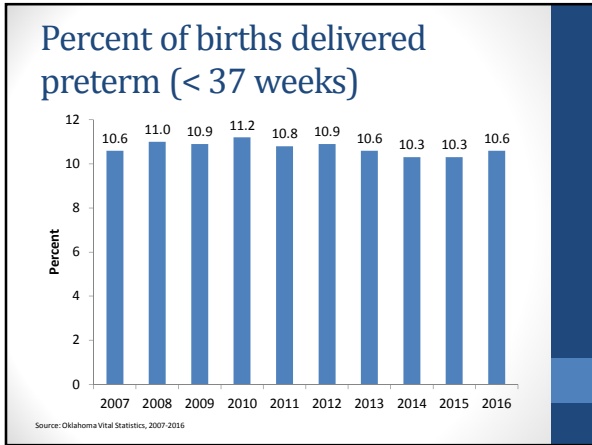
Top causes[†] of infant death by race/ethnicity

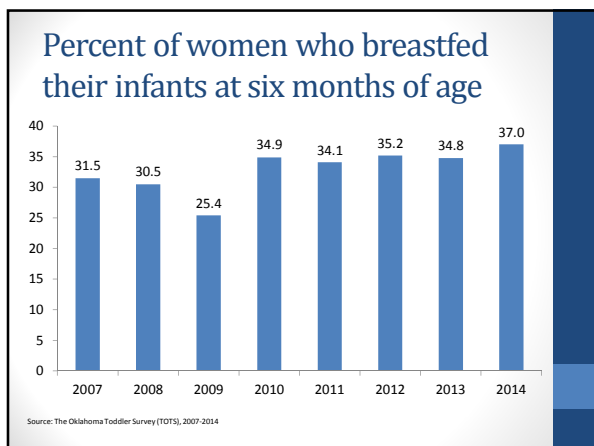
- **White & Hispanic**
 1. Congenital anomalies (Q00-Q99)
 2. Disorders related to short gestation and low birth weight (P07)
 3. Sudden Infant Death Syndrome (SIDS, R95)
- **Black & American Indian**
 1. Disorders related to short gestation and low birth weight (P07)
 2. Congenital anomalies (Q00-Q99)
 3. Sudden Infant Death Syndrome (SIDS, R95)
- **Asian/Pacific Islander**
 1. Disorders related to short gestation and low birth weight (P07)
 2. Congenital anomalies (Q00-Q99)
 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:
 - Preconception health
 - Premature birth
 - Tobacco & pregnancy
 - Breastfeeding
 - Postpartum depression
 - Infant safe sleep
 - Infant injury prevention

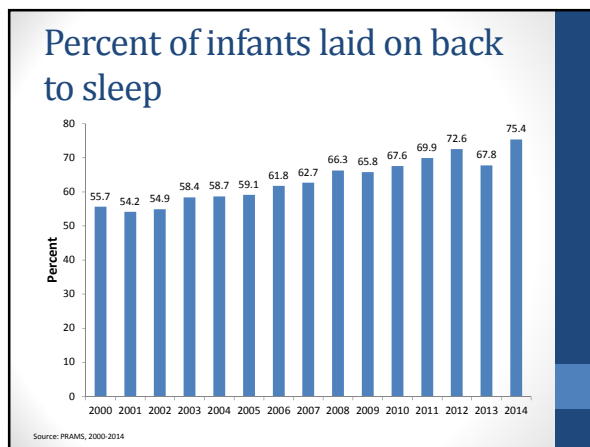
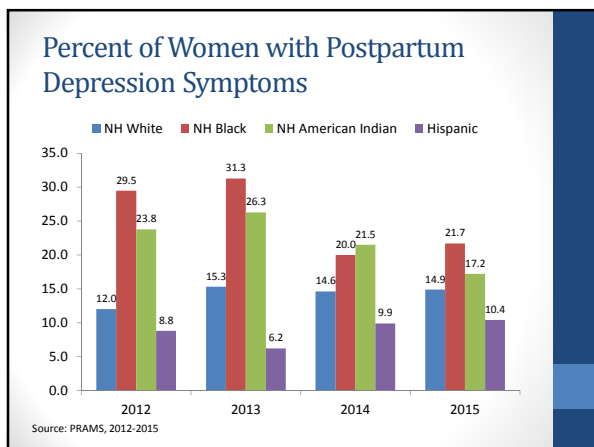






Breastfeeding Data Updates - CDC August 2017 (NIS 2014 births)

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%
EBF at 6 months	23.9% 22.3% in 2013	21.3% ↑ 15.7% in 2013	25.5%

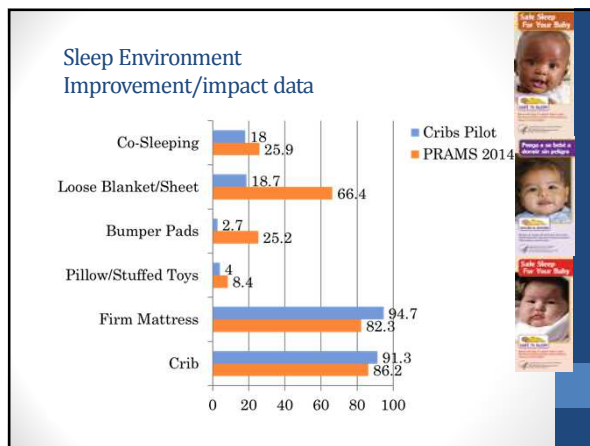
CDC Resources/Breastfeeding Rates 8-1-17 accessed 8-9-17
<https://www.cdc.gov/breastfeeding/resources/us-breastfeeding-rates.html>
 NIS 2014 births accessed 8-9-17
https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-state-2014.htm



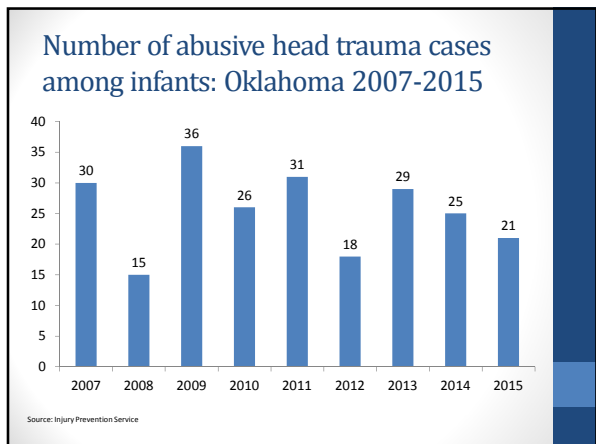
Infant sleep practices

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



Attachment A



Challenges

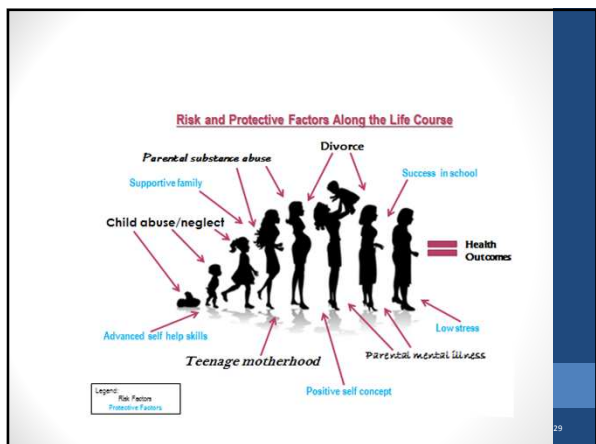
- Risk Factors with Significantly Higher Likelihood of Infant Death:
 - African American/American Indian race (Black/white ratio for 2014-2016 IMR is 2.05 and American Indian/white ratio is 1.74)
 - VLBW/Prematurity
 - Plural Births (particularly Triplets/Quadruplets)
 - No prenatal care
 - Maternal 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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Attachment A

