



Oklahoma State Department of Health  
Creating a State of Health

Final

**Meeting Minutes**  
**Infant and Children's Health Advisory Council**  
**Regular Meeting – Monday, August 7, 2017, 1:00 p.m.**  
**Oklahoma State Department of Health – Room 507**  
**1000 N.E. 10<sup>th</sup> St., Oklahoma City, OK 73117**

**Open Meeting Act:** Announcement of meeting was filed with the Office of the Secretary of State on November 29, 2016. The final agenda was posted on August 4, 2017 at 8:45 a.m. at the public entrance of the Oklahoma State Department of Health (OSDH) and on the OSDH website on August 2, 2017 p.m.

**Call to Order, Roll Call, and Determination of Quorum:** Dr. J. Elliott called the meeting of the Infant and Children's Health Advisory Council (ICHAC) to order at 1:06 p.m. in Room 507 of the Oklahoma State Department of Health, located at 1000 N.E. 10<sup>th</sup> St, Oklahoma City, Oklahoma. A quorum was determined with the presence of Amanda Bogie, M.D.; Paul Darden, M.D.; Jeffrey Elliott, O.D.; Stanley Grogg, D.O.; R. Michael Siatkowski, M.D.

**OSDH Staff Present:** Annette Wisk Jacobi, J.D., Director, Family Support and Prevention Service; Amy Mauldin, RD/LD, IBCLC, WIC Program Consultant; Edd Rhoades, M.D., Community and Family Health Services; Barbara Smith, R.N., M.P.H., MEd, School Health Coordinator, Child Health and Adolescent Health Division; and Robin Potter, Nursing Service.

**Visitors in Attendance:** Dianna Bonfiglio, Vizavance formerly Prevent Blindness Oklahoma; Tom Cummings, Lions KIDSight USA; Erin Kennedy, Staff Attorney, OKHOR.

**Review and Approval of Minutes of May 15, 2017 regular meeting:** A motion was made by Dr. R. Michael Siatkowski to approve the May 15, 2017 regular meeting Minutes as presented. Dr. Paul Darden seconded the motion. Votes followed: A. Bogie (Yes); P. Darden (Yes); J. Elliott (Yes); M. Siatkowski (Yes). Motion carried.

**Public Comment:** There were no public comments to address.

**Overview of the Women, Infants and Children (WIC) Program – Amy Mauldin, RD.LD, IBCLC, WIC Program Consultant, WIC Service, CFHS:** Ms. Mauldin provided her back ground with WIC stating she has been with a Program Consultant for 12 years and provides training and program monitoring. She provided a program overview using a PowerPoint presentation titled 'The WIC Program'. WIC is a special supplemental nutrition program for Women, Infant and Children. WIC functions from federal discretionary grant program, different from SNAP which is an entitlement program. WIC operates on a fixed amount of funding from the USDA Food and Nutrition Service; it is the third largest food and nutrition program behind SNAP program and national school nutrition program. WIC's mission is to safe guard the health of low-income women, infant and children up to the age of 5 who are at nutrition risk. See attached PowerPoint handout titled 'The WIC Program'.

**Presentation, Discussion and Possible Action Regarding the Office of Child Abuse Prevention's Request for Proposals – Annette Jacobi, J.D., Director, Family Support and Prevention Service, CFHS:** Ms. Jacobi provided update on the Child Abuse Prevention proposals. Due to the state budget the Child Abuse Prevention Program was one of the programs up for reduction or elimination. The request for proposals has gone out and has been scored, they currently compiling the ranking and distribution plan. Once that is complete Dr. Rhoades will share the results with the Council. The previous

proposals were extended through August 31, 2017. The ICHAC role is more advisory and informative. Proposal rankings are presented to the Commission of Child and Youth for review and Dr. Cline will make the awards on August 25. In the past the group the Council replaced had a role in scoring that was removed out of statute. Historically, OSDH has had \$2.3 million to distribute among 11 contracts; the contracts in the past 5 years are scattered across the state with a minimum award of \$150k per contract per year for a five year cycle. For this new cycle, the contract will be increased to \$160K minimum award to account for inflation. This year the budget is barely \$2 million. The contracts need to be in place by September 1, 2017. By statute a formula must be used to distribute the dollars; the formula uses the number of child abuse reports across the state as well as the number of children under the age of 18 to determine a county rating based on those two indicators. This year there are 12 applicants; typically 50% of the vendors request the minimum award. It is anticipated that between 9-10 vendor contracts using the Parents as Teachers curriculum will be awarded. Minimum contract amount will be \$160k which will generally cover 2 Parents as Teachers workers, 1 part-time supervisor and maybe a part-time administrative support.

**Update, Discussion and Possible Action on Use of the Welch Allyn Spot for Vision Screening of Kindergarten Children: Field Trial Updates:**

**Tom Cummings, Lion's Club:** Handouts from two schools went through the school nurse (see attachments). Picked schools for their diversity, i.e., Bartlesville primarily white upper class and Stanley Hupfeld Academy is predominately African American, Hispanic and American Indian. 80 Bartlesville kindergarten students were screened with 78 passing and 2 referrals. 55 Stanley Hupfeld Academy kindergarten students were screened 10 referrals.

**Dianna Bonfiglio, Vizavance:** The screenings for the field trial was at the end of the school; the month of April is reserved for school testing. We were only able to get into four schools we will continue the screening this fall. See attached, 360 kindergarteners were screened with 72 referred.

**Review of Preliminary Findings: Michael Siatkowski, MD; Edd Rhoades, MD, CFHS:**

Dr. Siatkowski shared a handout summarizing the findings from the Vizavance field trial of kindergarten children. A total of 360 children were screened. A total of 72 children were referred for a 20% referral rate. A total of 23 children were referred based on screening exam (acuity and RDE) only, 20 were referred based on SPOT only, and 18 were referred on screening exam and SPOT. With the SPOT only referrals, 14 of 20 referrals were based on astigmatism as the sole failure criterion. He noted that over referral for hyperopia or astigmatism has been a concern with photoscreeners. Since limited information was available from the field trial on follow up exams by eye care professionals, he indicated interest in obtaining more information on follow up eye examinations.

Members of the Council discussed the accuracy of each type of test; false positives; age, comprehension and distraction level of the students; varied referral pattern in the field trial; ease of conducting the test. With the limited date due to the timing of the field trial, it was recommended to table until further data could be presented. Dr. Grogg made the motion to table pending more data, Dr. Siatkowski seconded. Votes followed: A. Bogie (Yes); P. Darden (Yes); J. Elliott (Yes); S. Grogg (Yes); M. Siatkowski (Yes). Motion carried.

**Agency Updates – Edd Rhoades, MD, MPH:**

A handout was shared from the Oklahoma State Department of Education for Vision Screening 2016-17 which reflects reporting from almost every school.

Dr. Rhoades provided follow up to the Council regarding the expressed support of adding the meningococcal vaccine (MCV4) to the school entry requirements as discussed in the May 2017 meeting. He shared that he has taken steps to inform the agency Senior Leadership and has initiated discussions with the State Epidemiologist and Legislative Liaison to address looking at MCV4 as a school admission requirement.

Clarification was provided that the Council is advisory to BOH and/or Department of Health in relation to children's health issues. By statute, the Council reviews proposed rules and makes recommendations regarding children's health issues to the State BOH. The Council can make their recommendations as:

1. Non-binding resolutions in relation to children's health issues can be made to the State BOH. Non-binding resolutions are a more structured, higher level recommendation;
2. Non-binding written recommendation in relation to children's health issues can be made to the State BOH or to the Department of Health or both. This is a motion format such as recommending a change in the program policy or procedure would not need to be in the resolution format.

When making a recommendation to the department, the recommendation would generally be made to the Deputy Commissioner or leader of the branch of the agency that program is housed or to the program directly. A question was asked would the Council make the recommendation to the Immunization Advisory Committee.

Dr. Rhoades has asked MCH to provide and update on neonatal and infant mortality and the EMS program to present on statewide EMS services with focus specifically on pediatric EMS. In addition, the Council will need to nominate and elect officers for 2018.

**Chair Comments:** The next meeting date is Monday November 6, 2017 at 1:00 P.M. at OSDH room 507.

**Adjournment:** Dr. Grogg made the motion to adjourn the meeting, Dr. Bogie seconded, motion carried. Dr. Elliott declared meeting adjourned at 2:45 P.M.