



Oklahoma State Department of Health
Creating a State of Health

Meeting Minutes
Infant and Children's Health Advisory Council
Special Meeting – Monday, May 11, 2015, 2:00 p.m.
Oklahoma State Department of Health – Room 314
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 April 22, 2015. The final agenda was posted on May 8, 2015 at 10:00 a.m. at the public entrance of the Oklahoma State Department of Health (OSDH) and on the OSDH website.

Call to Order, Roll Call, and Determination of Quorum: Dr. Edd Rhoades, Medical Director, Community and Family Health Services, OSDH, called to order the first meeting of the Infant and Children's Health Advisory Council (ICHAC) at 2:09 p.m. in Room 314 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., Lynn Cyert, Ph.D, O.D., Jeffrey Elliott, O.D., Stanley Grogg, D.O., and Jacqueline Shipp, L.P.C.

Identified OSDH Members Present: Sherie Trice – Family Support and Prevention Service (FSPS); Annette Jacobi – Director, FSPS; Susan Quigley – Childhood Lead Poisoning Prevention Program, Screening and Special Services (SSS); Sharon Vaz – Director, SSS; Edd Rhoades, M.D., Medical Director, Community and Family Health Services (CFHS); and Stephanie Westbrook – Nursing Service.

Introductions: Council members and OSDH staff introduced themselves and shared relevant expertise and background. Dr. Rhoades also explained that he would be facilitating the beginning of today's meeting. After election of the Council's Chairperson, he indicated he would move into a staff role.

Membership Update: Dr. Rhoades shared a handout and provided an update on the status of the council membership. With the addition of a position for an ophthalmologist in 2014, the Council is composed of 8 members. Currently, there are 3 vacant positions which include a licensed physician who works as a pediatrician, a licensed genetic counselor, and a licensed ophthalmologist with knowledge of treating visual deficiencies in children. Recommendations have been made for each position and these appointments are pending. Dr. Bogie asked who advises the appointing authorities regarding candidates. Dr. Rhoades replied that recommendations may be given to the respective appointing authority by someone from within or outside OSDH. In respect to the 3 remaining vacancies, he shared that recommendations had been submitted by the President of the Oklahoma Chapter of the American Academy of Pediatrics, Screening and Special Services of the OSDH, and the President of the Oklahoma Academy of Ophthalmology.

New Council Orientation: Dr. Rhoades provided an Orientation Packet to the Council members. Key information covered in the packet included Statutory Authority, Appointing Authorities and Advisory Council Membership, Advisory Council Meetings, Jurisdiction, Term of Appointment, Meeting Frequency and Special Meetings, and the Open Meetings Act. Excerpts from HB 1467 creating the Infant and Children’s Health Advisory Council and referencing the Council’s role with Childhood Lead Poisoning, Child Abuse Prevention, Genetic Counselors, and Vision Screening were included in the Appendices. Dr. Grogg asked if members may attend meetings remotely. Dr. Rhoades replied that he would seek clarification but his understanding is that a quorum has to be met in the originally filed meeting location and, if a member is participating by phone or video-conference, it may be necessary to have announced the alternate or additional meeting method/location in advance.

Election of Chairperson: Dr. Bogie asked for information on the role and time commitment for the officers. Dr. Rhoades shared general information on the expectations for officers. Dr. Bogie asked about the potential for having a conflict of interest since the Center on Child Abuse and Neglect at Children’s Hospital falls under her Section and has multiple funding streams. It was discussed that the Council was advisory and this should not prohibit a member from serving on the Council. If a specific issue were to be addressed by the Council where a member is concerned about a potential conflict of interest, the member could disclose the potential for a conflict. A motion was made by Dr. Bogie for Dr. Grogg to be elected Chairperson for a one year term. Dr. Elliott seconded that motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); J. Elliott (Yes); S. Grogg (Abstain); J. Shipp (Yes). **Motion carried.**

Election of Vice-Chairperson: With the election of Dr. Grogg as Chair, Dr. Rhoades turned the meeting over to Dr. Grogg as the Chair. A motion was made by Dr. Elliott for Dr. Cyert to be elected Vice-Chairperson for a one year term. Dr. Bogie seconded that motion. Votes followed: A. Bogie (Yes); L. Cyert (Abstain); J. Elliott (Yes); S. Grogg (Yes); J. Shipp (Yes). **Motion carried.**

Election of Secretary: A motion was made by Dr. Bogie for Dr. Elliott to be elected Secretary for a one year term. Ms. Shipp seconded that motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); J. Elliott (Abstain); S. Grogg (Yes); J. Shipp (Yes). **Motion carried.** Following the election of Dr. Elliott as Secretary, Dr. Grogg asked if roll call and call of votes should be handed over to Dr. Elliott or if staff administrative support would continue to perform these tasks. Dr. Rhoades replied that he would get clarification on what is the proper procedure, but that staff administrative support would continue for now.

Discussion and Possible Action on Meeting Procedural Issues and Special Meeting Dates for Remainder of 2015: Dr. Grogg asked Dr. Rhoades to present information related to setting Special Meeting dates. Dr. Rhoades shared a handout with proposed Special Meeting dates and indicated that the advisory council is required to meet at least one more time in 2015 but may meet up to 3 more times. There was discussion on the proposed 2015 Special Meeting dates and times related to scheduling conflicts. Dr. Rhoades indicated staff will handle scheduling the meeting room, posting the agenda, and filing the meeting dates with the Secretary of State. Dr. Cyert moved to schedule Special

Meetings on August 17, 2015 and November 2, 2015 at 1:00– 3:00 P.M. Dr. Bogie seconded that motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); J. Elliott (Yes); S. Grogg (Yes); J. Shipp (Yes). **Motion carried.**

Dr. Grogg asked Dr. Rhoades to address the topic of public comment. Dr. Rhoades shared that the Council needed to address how it will handle public comments. It was discussed and proposed that after the 'Welcome' and 'Roll Call', comments from the public be allowed with limitations on number of persons and length of comments. Up to a maximum of 10 persons may be allowed to make comments and these will be determined by the first 10 names on a 'Public Comment' sign-up sheet. Each person will be given a 3-minute time limit in which to share their comment. Dr. Cyert asked for clarification about the potential for individual members receive public comment in advance of the meetings. Various aspects of receiving public comment were subsequently discussed as possibilities including sharing public comment received in advance. Dr. Cyert moved to allow up front public comment following the Roll Call and Welcome with a 3 minute limitation per person up to a maximum of 10 persons based on the order listed on a public comment sign-up sheet. Dr. Bogie seconded that motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); J. Elliott (Yes); S. Grogg (Yes); J. Shipp (Yes). **Motion carried.**

Dr. Grogg asked if Council members would prefer to receive hardcopies or electronic copies of information pertaining to advisory council meetings. Council members answered that they prefer to receive information in advance by email and that making copies available at the meeting would be helpful. Dr. Rhoades indicated that electronic copies of the meeting packet would be sent to members with the goal of 1-2 weeks in advance and that hardcopies of the packet would be provided at the meeting as well.

Dr. Cyert asked how members will know the status of a scheduled meeting if inclement weather occurs. Dr. Rhoades answered that members will be given advance notice when a meeting is cancelled.

Dr. Rhoades provided a contact information form for members to complete. For members interested in pursuing reimbursement for travel, he will find out more information regarding the process for filing travel claims.

Presentation, Discussion and Possible Action Regarding Proposed Amendments to Oklahoma Administrative Code (OAC) 310:512 Childhood Lead Poisoning Prevention Rules: Susan Quigley, Administrative Program Manager of the Childhood Lead Poisoning Prevention Program, presented a handout and provided a brief overview of the Oklahoma Childhood Lead Poisoning Prevention Program (OCLPPP). The OCLPPP conducts population-based surveillance of blood lead test results for the State of Oklahoma, with a focus on children aged 6 months to 72 months and provides case management and outreach for this age group. In addition, environmental investigations are carried out for blood lead results over a certain range to determine the source of lead exposure. Currently, under universal screening, children should get their initial blood lead screening at 12 months of age and again at 24 months of age and is mandatory for children insured by Medicaid. Older children, who have not been

previously screened, should have a blood lead screening before the age of 6 years. Many children are screened for the first time at age 4 or 5 due to enrollment requirements of Head Start programs.

In Oklahoma, there are areas and conditions where children are considered to be at higher risk based on where they live and to what they are exposed. The program looks at factors like age of housing, poverty levels, number of children, and ethnic groups who statistically have higher blood lead levels. Dr. Grogg asked if the zip code list showing high risk areas is current. Ms. Quigley replied that the information is currently being reviewed to see if an update is needed.

Since May, 2012, the blood lead level of 5 µg/dL is considered to be the 'action level', meaning the program should take action at this level. Children with a blood lead result at or above this level are higher than 97.5% of other children. Children with blood lead results reflecting 5 µg/dL or higher are considered to have an elevated blood lead level. Prior to May, 2012, the 'action level' was 10 µg/dL. This change is one reason for the proposed amendments so that the Childhood Lead Poisoning Prevention Rules will reflect the current Centers for Disease Control recommendations. Other proposed rule changes speak to issues regarding laboratory testing designation, use and reporting procedure of portable blood lead testing devices, venous draw requirements, and detailed clinical management.

Dr. Grogg asked approximately how many cases there are per week or month. Ms. Quigley answered that there are about 48,000 screenings performed on children per year. Dr. Grogg clarified that he was asking how many children have positive test results and if the risk of having a high blood level is still prevalent. Ms. Quigley replied that there are still many positive results and some areas like Ponca City, Blackwell, Ottawa County, and the Tar Creek area, are at very high risk. Currently, there are 21 high risk zip codes. Overall, within Oklahoma, about 2.5% percent of children show levels that are elevated.

Dr. Cyert asked for clarification on whether lead-based paint is still a main contributor to high levels of lead in blood. Ms. Quigley answered that lead-based paint is still a significant problem. Based on investigations, in 98% of cases, lead-based paint is a factor, if not the primary cause.

Dr. Cyert asked why the recommended ages for initial screenings are 12 months and 24 months. Ms. Quigley replied that at 12 months children are crawling and at 24 months, they're walking so they have more potential to be exposed. Also, those ages coincide with general check-ups and it's more likely that they would have the opportunity to get the screening done.

Ms. Quigley shared that another one of the changes allows for a capillary confirmation test within 12 weeks for a child with an elevated blood lead test result between 5 and 9 µg/dL. Dr. Grogg indicated his support for this change.

Dr. Rhoades noted a copy of the detailed proposed rule changes were included in the meeting packet. He noted that the proposed rules do not include detailed aspects of clinical management. Clinical management will be addressed separately in clinical guidelines rather than addressing this in rules. He explained that if the Board of Health approves the proposed amendments, then these rules will be considered by the legislature. If the rules are approved through the state rule-making process, they will take the weight of state statute.

Dr. Bogie made a motion to recommend that the State Board of Health consider the proposed amendments to the Childhood Lead Poisoning Prevention rules. Dr. Cyert seconded that motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); J. Elliott (Yes); S. Grogg (Yes); J. Shipp (Yes). Motion carried.

Presentation, Discussion and Possible Action Regarding the Annual Review of the State Plan for the Prevention of Child Abuse: Annette Jacobi, Director of Family Support and Prevention Service, presented information about the Strategic Plan for the Prevention of Child Abuse. A copy of the full State Plan for the Prevention of Child Abuse was included in the meeting packet. This program has a statutory obligation to have a strategic plan on file. Any changes to the plan have to be submitted and approved by the Oklahoma Commission on Children and Youth. The current plan was finalized in 2014 and will be valid to 2018. The Office of Child Abuse Prevention is the lead in writing the plan, however many other agencies and entities contribute to the overall composition. The program is not making recommendations for specific changes to the plan as part of this year's annual review. Ms. Jacobi indicated to the Council members that the program is open to any comments, suggestions, or thoughts they have related to the Strategic Plan.

Dr. Grogg commented that the plan was very thorough. He shared a copy of the new American Academy of Pediatrics (AA) Committee on Child Abuse and Neglect updated clinical report *Evaluation of Suspected Child Physical Abuse* published in *Pediatrics*, May, 2015. He recommended the new AAP clinical report be reviewed for consistency with the Strategic Plan and to make any specific changes needed to the plan to bring them into alignment. Ms. Jacobi noted that the focus in the new AAP report was more on clinical recognition and reporting than prevention. The program will share information on any changes made with the Council. She indicated any changes would need to be forwarded to the Oklahoma Commission on Children and Youth on a short timeline for approval.

Dr. Bogie moved to have the Office of Child Abuse Prevention review the updated AAP clinical report and to make any changes, if needed, to bring the Strategic Plan for the Prevention of Child Abuse into alignment. Dr. Elliott seconded that motion. Votes followed: A. Bogie (Yes); L. Cyert (Yes); J. Elliott (Yes); S. Grogg (Yes); J. Shipp (Yes). **Motion carried.**

Adjournment: Dr. Elliott made a motion to adjourn the meeting at 3:57 P.M. Ms. Shipp seconded that motion. Votes followed: A. Bogie (Absent); L. Cyert (Yes); J. Elliott (Yes); S. Grogg (Yes); J. Shipp (Yes). **Motion carried.**