CALL TO ORDER
Ms. Burger, President of the Oklahoma State Board of Health, called the 418th meeting of the Oklahoma State Board of Health to order on Tuesday, June 13, 2017, at 11:00 a.m. The final agenda was posted at 11:00 a.m. on the OSDH website on June 12, 2017; and at 11:00 a.m. on the Oklahoma State Department of Health building entrance on June 12, 2017.

ROLL CALL
Members in Attendance: Martha A. Burger, M.B.A, President; Cris Hart-Wolfe, Vice-President; Robert S. Stewart, M.D., Secretary-Treasurer; Charles W. Grim, D.D.S.; R. Murali Krishna, M.D.
Absent: Jenny Alexopulos, D.O.; Terry R. Gerard, D.O.; Timothy E. Starkey, M.B.A.

Staff present were: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Tina Johnson, Deputy Commissioner, Community & Family Health Services; Deborah Nichols, Chief Operating Officer; Brian Downs, Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director, Office of Accountability; VaLauna Grissom, Secretary to the State Board of Health.

Visitors in attendance: See list

Visitors in attendance: (see sign in sheet)

Call to Order and Opening Remarks
Ms. Burger called the meeting to order and thanked all guests in attendance.

REVIEW OF MINUTES – OSBH
Ms. Burger directed attention toward approval of the Minutes for May 9, 2017, regular meeting. Ms. Wolfe moved Board approval of the May 9, 2017 meeting minutes as presented. Second Dr. Grim. Motion Carried.

AYE: Burger, Grim, Krishna, Stewart, Wolfe
ABSENT: Alexopoulos, Gerard, Starkey

III. COUNTY HEALTH DEPARTMENT PRESENTATION
Kelli D. Rader, MS, RN, Regional Director, Kay, Noble, Pawnee, and Payne County Health Departments
See attachment A.

CONSIDERATION OF STANDING COMMITTEES’ REPORTS AND ACTION
Executive Committee
Ms. Burger reminded the Board that the retreat will be held at the OSU Stillwater Student Union / Atherton Hotel, August 11-12, 2017. The planning committee has wrapped up planning and has an exciting agenda planned. Many indicated interest in Public Health for future generations, so in response Dr. Rita Murray will attend on Friday to talk about Generational Translation and Dean Gary Raskob on Saturday to do a deeper dive into Public Health for future generations. John Auerbach from the Trust for America’s Health as well as Dr. Kristy Bradley have been invited to speak as well. Lastly, we will wrap up with each member thinking about their next steps and action for the upcoming year. As a reminder, please let VaLauna know at your earliest convenience if you are able to attend the July Board meeting.

Finance Committee
Ms. Wolfe directed attention to the Financial Brief provided to each Board member and presented the following SFY 2017 Finance Report and Board Brief as of May 26, 2017:

• The agency is in “Green Light” status for the remainder of SFY-17
• The agency did experience a 2.8% reduction in SFY-17 state appropriation for SFY-18

The following are the program impacts that will result from the 2.8% budget reduction:

• Federally Qualified Health Centers (FQHC) Uncompensated Care – $54,318
  Reduction in payments made to qualifying FQHCs for providing uninsured primary care services.

• Oklahoma Child Abuse Prevention Program – $63,797
  Reduction in funding external contract expenditures for services provided to mothers and families to establish healthy parenting habits.

• parentPRO Home Visitation Program – $57,496
  Reduction in funding to support the Parent Pro home visitation pilot offered in four counties (Bryan, Creek, Jackson and Pittsburg).

• Colorectal Cancer Screenings - $50,000
  Reduction in funding to health systems providing colonoscopies to individuals without health insurance.

• Oklahoma State Athletic Commission - $5,042
  Reduction in funding that supports regulatory responsibilities of the commission.

The Financial Brief focused on Trauma Funding.

Accountability, Ethics, & Audit Committee
The Accountability, Ethics, & Audit Committee met with Jay Holland. Dr. Grim indicated there were no known significant audit issues to report at this time. He asked the Board to review the 2018 Audit Plan for consideration and approval. Dr. Grim moved Board approval of audit plan, as presented. Second Ms. Wolfe. Motion Carried.

AYE: Burger, Grim, Krishna, Stewart, Wolfe
ABSENT: Alexopoulos, Gerard, Starkey
Public Health Policy Committee
The Policy committee focused on the health successes for the recent legislative session. The committee will have recommendations in July concluding it’s review of current policy and position statements. Those will be made available to the full board in the July packet for advance review. The report concluded.

PRESIDENT’S REPORT
Ms. Burger thanked Dr. Grim for agreeing to serve on the Executive Committee following Dr. Woodson’s resignation and subsequent vacancy on the committee. This will provide some additional representation on the Executive Committee until new subcommittee assignments are made in October.

ELECTION OF OFFICERS 2017-2018
Dr. Krishna, Dr. Alexopoulos and Dr. Grim served on the Nominating Committee. The Committee recommended the 2017-2018 Officers as follows: President, Martha Burger; Vice-President, Cris Hart-Wolfe; and Secretary/Treasurer, Dr. Robert Scott Stewart. Dr. Krishna moved Board approval to approve the Committee recommendations for President, Vice President, and Secretary-Treasurer as presented. Second Dr. Grim. Motion carried.

AYE: Burger, Grim, Krishna, Stewart, Wolfe
ABSENT: Alexopoulos, Gerard, Starkey

COMMISSIONER’S REPORT
Dr. Cline thanked all the board members for their service especially those who commit to serve as officers. We are very appreciative of time away from work and families to volunteer their time to the Board. Dr. Cline introduced Mr. Gunnar McFaddeen as the new Deputy Commissioner for Community and Family Health Services. First, Dr. Cline highlighted the DISCUSS Group, which is an Information Technology based whose membership is made up of representatives from several large state agencies that have come together to ensure they are making the most efficient and cost effective decisions around Information Technology. That group was recognized for developing a portal identified all the services available to the aging an disabled in Oklahoma. Next, Dr. Cline highlighted the Governor’s Walk for Wellness. The Governor was unable to attend due to the tornado that had impacted Elk City but the response and turnout was great. Lastly, he highlighted work in the area of Protective Health Services. He recognized Dr. Hank Hartsell as a keynote speaker around the development of a dementia toolbox, featuring Teepa Snow. This is a great example of bringing experts together to share this knowledge and serve a population in need.

NO NEW BUSINESS

NO EXECUTIVE SESSION

ADJOURNMENT
Dr. Krishna moved board approval to adjourn. Second Ms. Burger. Motion Carried

AYE: Burger, Grim, Krishna, Stewart, Wolfe
ABSENT: Alexopoulos, Gerard, Starkey

The meeting adjourned at 12:05 p.m.
Approved

Martha Burger
President, Oklahoma State Board of Health
July 11, 2017
Childhood Lead Poisoning
A Kay County Perspective

Oklahoma State Board of Health Meeting
Kay County Health Department
June 13, 2017

Childhood Low Level Lead Toxicity
– Risks and Realities

• Vast evidence* supports increased likelihood of:
  – Decrease in IQ
    • Increase in blood lead from <1 – 10 µg/dL = -6.2 IQ points
    • Increase in blood lead from <1 – 30 µg/dL = -9.2 IQ points
  – Neurobehavioral disorders such as hyperactivity and attention deficits
  – No effective treatments ameliorate the permanent developmental effects of lead toxicity


What are the Lead Hazard Pathways?

A Historical High Risk Area
Blackwell, OK

• Located in Kay County
• Pop. ~6,900 in 2015
• Blackwell Zinc Company operated smelter from 1916-1974
• 42% of homes built prior to 1950*
• 88% of homes built before 1980*


Image Courtesy of Blackwell Uncovered
A Historical High Risk Area
Blackwell, OK

- Due to previous smelter activity, Blackwell has a history of elevated blood lead levels in children
- The Department of Environmental Quality has worked with the responsible party (now Freeport-McMoRan) and the Blackwell community to remediate soil contaminated with lead
- A study of children’s blood lead levels was conducted by OSDH and KCHD in 2011
- A settlement agreement to a class action lawsuit against the responsible party was agreed upon in 2012

Blackwell, OK Timeline

1916 - Blackwell Zinc Smelter built
1923 - Blackwell Zinc Smelter added a third 200 ft. smokestack
1937 - Stacks torn down and replaced by 400 ft. cadmium recovery stack
1951 - 1954 - Stacks torn down and replaced by 400 ft. cadmium recovery stack
1974 - Blackwell Zinc Smelter closed
1992 - EPA begins soil sampling and soil removal actions
2007 - New soil sampling and soil removal actions
2008 - Class action lawsuit filed requesting clean up of Blackwell
2007 - Class action lawsuit filed requesting clean up of Blackwell
2011 Blackwell Blood Lead Study
- In 2011, when the study began, the reference level for an elevated blood lead level was 10 µg/dL (micrograms per deciliter)
- 360 children participated in the study and provided blood lead samples
- The study found that 0.8% of children living in Blackwell had elevated blood lead levels

Positive Outcomes of Study
- Awareness of lead exposure increased in the community
- Additional children who had never received blood lead tests were identified and received appropriate follow-up and case management
- Partnership between OSDH, Kay County Health Department, the Department of Environmental Quality (DEQ), City of Blackwell, Freeport-McMoRan, and Environmental Protection Agency (EPA) was established

Study Limitations
- In May 2012, the Centers for Disease Control and Prevention came up with new guidance which indicated that there was no safe level of lead and that action should be taken for anyone whose blood lead level was 5 µg/dL or higher
- Change in blood the blood lead reference level when applied retrospectively showed many children in the 5-9 µg/dL range who would now be considered to have lead poisoning
- Information regarding sources of exposure in children’s homes and information about soil remediation in their homes was not collected
Blackwell: Contaminated Soil or Lead-Based Paint?

• The limited number of home environmental investigations performed in Blackwell have revealed the presence of lead-based paint as primary exposure source

• All environmental investigations have been in homes built prior to 1950

• Large scale soil remediation has occurred

2017 Blackwell Lead Study Proposal

• Children will be randomly selected for a more representative sample of the community

• Children with a level ≥ 5 µg/dL will receive an environmental investigation to identify the sources of lead exposure

• Parents of children will complete a detailed questionnaire to aid in understanding potential lead exposure sources

• Soil remediation information will be available to correlate with elevated lead levels

• Drinking water samples will be collected at the residence of children with elevated blood lead levels

Reported Childhood Blood Lead Levels ≥ 10 µg/dL

Reported Childhood Blood Lead Levels ≥ 5 µg/dL
Blackwell & Kay County, 2007 – 2016

Kay County Health Department Study Role

• Multidisciplinary approach
  – Outreach, education, screening, home visitation, tracking, and coordination

• Two Certified Risk Assessors in the Blackwell area

• Will need to address multi-faceted community issues
  – Older housing
  – Soil contamination
  – Testing fatigue

Kay County Health Department Activities

• Community coalition activity

• Communication and solution building with partners

• Enhanced education
  – Parents, partners, and community

• Enhanced home visitation approach
Kay County Activities

• EPA, DEQ, and Freeport-McMoRan collaborate on remediation efforts in Blackwell

• DEQ, OSDH, and Kay County Health Department partnering to conduct 2017 Childhood Blood Lead Study

• The Kay County Health Department, City of Blackwell, City of Ponca City, tribal partners, community coalitions, and Freeport-McMoRan have engaged in community activities to increase education and decrease sources of lead exposure