AGENDA

I. Call to Order, Roll Call, and confirmation of a Quorum

II. Review, discussion and approval of Minutes for:
   a) April 10, 2018 Regular Meeting

III. Program presentation:
   Infant Mortality, Maternal & Child Health Service – Joyce Marshall, MPH, Director

IV. Consideration of Standing Committees’ Reports and Action:
   Executive Committee – Ms. Burger, Chair
   Discussion and possible action on the following:
   a) Update

   Finance Committee – Ms. Burger
   Discussion and possible action on the following:
   b) Update

   Accountability, Ethics, & Audit Committee – Dr. Alexopoulos
   Discussion and possible action on the following:
   c) Update

   Public Health Policy Committee – Dr. Stewart, Chair
   Discussion and possible action on the following:
   d) Update

V. Report of the Interim Commissioner

VI. New Business

VII. Adjournment
CALL TO ORDER, ROLL CALL, AND CONFIRMATION OF A QUORUM
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, April 10 at 11:02 a.m. The final agenda was posted at 10:02 a.m. on the
OSDH website on April 9, 2018, and at 9:54 a.m. at the building entrance on April 9, 2018.

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

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; Lee Martin, Director, Medical Facilities Service; 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; 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; and Diane Hanley,
Executive Assistant, Commissioner’s Office.

Visitors in attendance: Gary Cox, Executive Director, Oklahoma City-County Health Department; Bruce Dart,
Executive Director, Tulsa City-County Health Department; Tom Gruber, Senior Deputy Attorney General; Earl
Sykes, Logan County Board of Health; Linda Charney, Logan County Partnership Coalition Chair, Family and
Children’s Consultants; Tracy Zserdin, Guthrie Chamber of Commerce; Jeff Hirzel, Logan County Board of
Health; Jan Ruhl, Logan County Board of Health; Roy Buchanan, Office of Juvenile Affairs; Jay Smith, Former
OSDH Staff; Steve Ronck, Former OSDH Staff; Mikeal Murray, Accreditation Coordinator, Logan County Health
Department; Stacy Maroney, Logan County Health Department; and Courtney McLemore, Logan County Health
Department.

REVIEW, DISCUSSION AND APPROVAL OF MINUTES
Ms. Burger directed attention toward approval of the Minutes for the March 13, 2018 regular meeting.
Dr. Alexopulos moved Board approval of the March 13th regular meeting minutes as presented.
Second Dr. Legako. Motion Carried.

AYE: Alexopulos, Burger, Grim, Krishna, Legako, Starkey, Stewart
ABSENT: Gerard

REVIEW, DISCUSSION AND APPROVAL OF MINUTES
Ms. Burger directed attention toward approval of the Minutes for the March 28, 2018 special meeting.
Dr. Legako moved Board approval of the March 28th special meeting minutes as presented. Second
Mr. Starkey. Motion Carried.

AYE: Alexopulos, Burger, Grim, Krishna, Legako, Starkey, Stewart
ABSENT: Gerard

COUNTY HEALTH DEPARTMENT PRESENTATION
Mr. Gunnar McFadden, Assistant Deputy Commissioner, Community and Family Health Services and Interim
Regional Director for Canadian, Kingfisher, and Logan County Health Department shared some historical facts
and photographs about Logan County and the City of Guthrie. The Logan County Health Department was established in 1941 and was named in honor of General John Logan who served in the Civil War. In 1907, Guthrie was the first capital of Oklahoma. Mr. McFadden encouraged board members to visit many of the local historical buildings in Guthrie. He discussed some current Logan County health statistics, outcomes, and factors. He mentioned a current activity called the Great Bed Run. The Logan County Health Department has asked local businesses and organizations to build a bed on wheels and race them down the street to promote physical activity.

Mr. McFadden introduced Mikeal Murray, Logan County Health Department Accreditation Coordinator, who discussed the journey and process of how Logan County recently became nationally accredited. Mr. Murray stated it would not have been possible without the help of so many individuals and community partners. He extended deep gratitude to everyone who contributed to the process including the Logan County Health Department staff, Jay Smith (Former Regional Director for Logan County Health Dept.), the accreditation team, fellow accreditation coordinators, and OSDH staff who provided important final reviews before the plan was submitted to the Public Health Accreditation Board. Mr. Murray explained the entire accreditation process took about four to five years to complete. They are thrilled to be celebrating this achievement.

See Attachment A

CONSIDERATION, POSSIBLE ACTION AND VOTE TO MAKE THE HOSPITAL ADVISORY COUNCIL APPOINTMENTS.

Hospital Advisory Council Appointments (Presented by Lee Martin)

Appointments: Six Members

Authority: Title 63 O.S. Section 1-707

Members: The advisory Council has (9) nine members, consisting of: two hospital administrators of licensed hospitals; two licensed physicians or practitioners who have current privileges to provide services in hospitals; two hospital employees; and three citizens representing the public who: are not hospital employees, do not hold hospital staff appointments, and are not members of hospital governing boards. Members are appointed by the Commissioner with the advice and consent of the State Board of Health.

Dr. Alexopulos moved Board approval to reappoint Heather Bell, Dale Bratzler, Jay Gregory, Darin Smith and appoint Daryle Voss, and Scott White as presented by Lee Martin. Second Dr. Stewart. Motion Carried.

AYE: Alexopulos, Burger, Grim, Krishna, Legako, Starkey, Stewart
ABSENT: Gerard

CONSIDERATION, POSSIBLE ACTION AND VOTE ON APPOINTING ADMINISTRATIVE RULE ATTESTATION AND LIAISON OFFICERS.

Julie Ezell, General Counsel, explained that the Board, as the statutory rulemaking authority, is required to appoint an attestation officer and a liaison officer. The attestation officer assures that agency rules are in substantial compliance with the Administrative Procedures Act. The liaison officer communicates with the Secretary of State and also submits all necessary documentation. Mrs. Ezell explained that the letter, included in the Board’s packet, is required and will communicate the new attestation officer appointment of Commissioner Bates, to the Secretary of State.

Dr. Krishna moved Board approval to appoint Administrative Rule Attestation and Liaison Officers as presented. Second Dr. Grim. Motion Carried.

AYE: Alexopulos, Burger, Grim, Krishna, Legako, Starkey, Stewart
ABSENT: Gerard

CONSIDERATION, POSSIBLE ACTION AND VOTE TO DIRECT STAFF TO PREPARE FOR IMPLEMENTATION OF STATE QUESTION 788 – MEDICAL MARIJUANA LEGALIZATION.

Mrs. Buffy Heater, Interim Director for State and Federal Policy, requested board approval to create an OSDH implementation planning committee to prepare for the possible passage of State Question 788, Medical Marijuana Legalization, on the ballot for June 26, 2018. Timelines for implementation will be aggressive and OSDH wants to be proactive and well poised to be in compliance with the law should it pass.
Interim Commissioner Bates informed the board members that voting on this matter was no indication of their position on State Question 788.

Dr. Krishna moved Board approval to create an implementation planning committee for State Question 788 as presented. Second Dr. Legako. Motion Carried.

AYE: Alexopulos, Burger, Grim, Krishna, Legako, Starkey, Stewart
ABSENT: Gerard

CONSIDERATION OF STANDING COMMITTEES REPORTS AND ACTION

Executive Committee
Ms. Burger reported that the committee discussed shortening the multi-day annual board retreat. She reminded board members the annual employee recognition ceremony will be next month in May. She also mentioned the OSDH Senate Budget Hearing will be held on April 24th.

Finance Committee
Mr. Starkey stated that finance staff is actively interviewing candidates for Controller and Chief Financial Officer as well as working to create a baseline budget that includes core public health services.

Accountability, Ethics, & Audit Committee
Dr. Grim indicated there were no known significant audit issues to report at this time.

Public Health Policy Committee
Dr. Stewart reported the main topics of discussion were on formalizing plans for SQ 788 and also several bills impacting agency governance. A couple of bills that have made it to the Governor’s desk for signature includes one bill dealing with the reporting structure of the Office of Accountability Systems and another bill that amends board members requirement/experience to at least two Board of Health members with five years business related experience. Dr. Stewart expressed appreciation to the policy staff for all their work in keeping the board updated in a timely manner. He provided upcoming legislative deadlines and informed board members they would continue receiving policy updates.

REPORT OF THE INTERIM COMMISSIONER
Mr. Tom Bates, Interim Commissioner, shared that on his first day he met with OSDH senior staff and then spent several hours touring the building and meeting with every program area. He learned a lot about how much the department does and appreciates the staff and daily work being accomplished. He indicated he is committed to implementing the recommendations of the Joint Commission. Moving forward to budget planning for the next fiscal year, Mr. Bates stated staff will have open, transparent conversations to identify critical core area needs and resources and will work to align resources to the core mission and statutorily mandated functions. He wants to ensure the great work going on everyday continues uninterrupted.

NEW BUSINESS
No new business.

ADJOURNMENT
Dr. Grim moved Board approval to Adjourn. Second Dr. Stewart. Motion carried.

AYE: Alexopulos, Burger, Grim, Krishna, Legako, Starkey, Stewart
ABSENT: Gerard

The meeting adjourned at 12:04 p.m.

Approved

Martha Burger, M.B.A.
President, Oklahoma State Board of Health
May 8, 2018
Oklahoma State Department of Health
Board of Health
Presentation
Logan County Health Department
April 10, 2018

History
- Guthrie was selected as a Federal Land Run Office in April 1889
- Guthrie was selected as the first Capital of Oklahoma in November 1907
- Guthrie remained the Capital until June 1910
- Guthrie still retains its style and architectural integrity. Several buildings are listed on the National Register of Historic Places

Our location

History
- Logan County was originally designated at "County No. 1", when the Oklahoma Territory was organized in May 1890
- In August 1890, voters chose Logan as the county name in honor of General John A. Logan (Lender during Civil War and Senator from Illinois)
- County Health Department was established in 1941
### Logan County Health Statistics

- 2nd - Teen Birth Rates (ages 15 – 19)
- 4th - Health Disease Mortality Rate
- 6th - Infant Mortality Rate
- 7th - Percentage of Obese Population
- 8th - Cancer Mortality Rate

* Source: 2017 County Health Profile

* Ranking out of 77 counties

### Health Outcomes

<table>
<thead>
<tr>
<th>County</th>
<th>Health Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logan</td>
<td>9</td>
</tr>
</tbody>
</table>

* Source: Robert Wood Johnson Foundation
Client Visit Data

<table>
<thead>
<tr>
<th>Period</th>
<th>Child</th>
<th>Infant</th>
<th>Early Intervention</th>
<th>Family Planning</th>
<th>Immunizations</th>
<th>Influenza</th>
<th>STD</th>
<th>TB</th>
<th>MIC</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Calendar Year 2013</td>
<td>718</td>
<td>579</td>
<td>3,512</td>
<td>2,724</td>
<td>595</td>
<td>636</td>
<td>826</td>
<td>793</td>
<td>2,795</td>
<td>8,846</td>
</tr>
</tbody>
</table>

*Source: Public Health of Oklahoma Client Information System (PHICIS)*

Logan Accreditation Timeline

- December 2010: Started CIA with coalition
- July 2013: LCHD began developing Strategic Plan, implemented October 15, 2013
- November 29, 2013: LCHD convened Accreditation Team
- January 28, 2014: LCHD completed PHAB application for accreditation
- August 19, 2014: PHAB Documentation Submission Start Data for LCHD
- August 21, 2014: Documentation submitted to PHAB
- June 20-21, 2015: PHAB Site Visit
- February 20, 2015: ACCREDITED

Logan County Community Health Activities

- Logan Community Partnership
- Walk and Talk with Mayor
- HIV/AIDS Education
- Community Baby Showers
- CPR Training
- Touch the Trucks
- The Great Bed Run
- Guthrie Summer Streets
- Wellness Initiatives (County & City)
- Car Seat Check
- Safe Routes to School
- Community Gardens
- Worksite Wellness Partnership
- Community Newsletter

Logan County Community Health Improvement Plan

- Chose 5 priority issues:
  1. Child Health
  2. Fitness and Nutrition
  3. Poverty / Access to Care
  4. Sexual Health
  5. Substance Abuse

Public Health Accreditation Process
CHIP Objective Highlights

- IMR at 3.8 per 1000. 2018 objective 6.8. Started at 7.9.
- Adult obesity at 30.4%. 2018 objective 30%. Started at 33%.
- Uninsured rate at 16%. 2018 objective 11%. Started at 19% (RW/FP)
- STD rates noticeably improved from last year, reversing recent trends.
- Underage suicide rates remain suppressed due to lack of events.

Logan CHD Strategic Plan

- Chose four strategic issues
  1. Obesity
  2. Access to Care
  3. Child Health
  4. Tobacco

Strategic Plan Objective Highlights

- Adult obesity at 30.4%. 2018 objective 30%. Started at 33%
- Developed social media assets
- Objectives for IMR, first trimester prenatal care, and low birth weight all accomplished
- Adult smoking rate at 18.2%. 2018 objective 17.9%. Started at 25.4%
Oklahoma State Department of Health
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<th>STD</th>
<th>TB</th>
<th>MC</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year 2015</td>
<td>760</td>
<td>979</td>
<td>1,412</td>
<td>2,713</td>
<td>355</td>
<td>635</td>
<td>830</td>
<td>733</td>
<td>1,210</td>
<td>8,940</td>
</tr>
</tbody>
</table>

*Source: Public Health of Oklahoma Client Information System (PHCIS)*

### Logan Accreditation Timeline

- December 2010: Started CIA with coalition
- November 28, 2013: LHCD convened Accreditation Team.
- January 3, 2014: LHCD completed PHAB application for accreditation.
- August 18, 2014: PHAB Documentation Submission Start date for LHCD.
- August 11, 2015: Documentation submitted to PHAB.
- June 20-21, 2016: PHAB Site Visit.
- January 20, 2018: ACCREDITED!!

### Health Department Community Activities

- Logan Community Partnership
- Walk and Talk with Mayor
- HIV/AIDS Education
- Community Baby Showers
- CPR Training
- Touch the Trucks
- The Great Bed Run
- Guthrie Summer Streets
- Wellness Initiatives (County & City)
- Car Seat Check
- Safe Routes to School
- Community Gardens
- Worksite Wellness Partnership
- Community Newsletter

### Logan County Community Health Assessment

- Conducted with the Logan County Partnership
- Used "Mobilizing for Action through Planning and Partnerships" (MAPP)
- Identified 10 priority elements:
  - Alcohol Use
  - Cardiovascular Health
  - Diabetes
  - Poverty / Access to Care
  - Substance Abuse
  - Cancer
  - Child Health
  - Obesity
  - Sexual Health
  - Tobacco
- Chose 5 priority issues:

### Logan County Community Health Improvement Plan

- Chose 5 priority issues:
  1. Child Health
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For additional information:

www.logan.health.ok.gov

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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

Trend in infant mortality rate


Trend in infant mortality, 3-year rate

Infant mortality rate: US vs. OK

Infant mortality rate by state

Source: CDC Wonder, 2000-2016

Ranked 42nd
Infant mortality rate by county of residence


Infant mortality rate: race and Hispanic origin

Source: Oklahoma Vital Statistics, 2000-2016, 3-year rolling rates
Timing of infant deaths


Top causes* of infant death

<table>
<thead>
<tr>
<th>Cause</th>
<th>2007-2009†</th>
<th>2014-2016†</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Congenital malformations (Q00-Q99)</td>
<td>180.85</td>
<td>164.75</td>
<td>-9%</td>
</tr>
<tr>
<td>Disorders related to short gestation and low birth weight (P07)</td>
<td>119.96</td>
<td>154.06</td>
<td>28%</td>
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<td>Sudden infant death syndrome (SIDS, R95)</td>
<td>43.23</td>
<td>92.44</td>
<td>114%</td>
</tr>
<tr>
<td>Newborn affected by maternal complications of pregnancy (P01)</td>
<td>32.27</td>
<td>54.08</td>
<td>68%</td>
</tr>
<tr>
<td>Accidents (unintentional injuries, V01-X59)</td>
<td>24.36</td>
<td>39.62</td>
<td>63%</td>
</tr>
</tbody>
</table>

* 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)

- **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)

- **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)

†Based on International Classification of Diseases, 10th Revision

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
Infant mortality rate by birthweight – singleton births


Percent of women smoking in the last trimester of pregnancy: Oklahoma 2000-2015

Source: Pregnancy Risk Assessment Monitoring System (PRAMS)
### Percent of women who breastfed their infants at six months of age

Source: The Oklahoma Toddler Survey (OTTS), 2007-2014

### Breastfeeding Data Updates – CDC
August 2017 (NIS 2014 births)

<table>
<thead>
<tr>
<th>Objective</th>
<th>U.S. Rate (2014 Births)</th>
<th>OK Rate (2014 Births)</th>
<th>HP 2020 Goal</th>
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<tbody>
<tr>
<td>Ever Breastfed</td>
<td>82.5%</td>
<td>79.2% ↑ 74.7% in 2013</td>
<td>81.9%</td>
</tr>
<tr>
<td>Any BF at 6 months</td>
<td>55.3%</td>
<td>47.7% ↑ 37.9% in 2013</td>
<td>60.6%</td>
</tr>
<tr>
<td>Any BF at 12 months</td>
<td>33.7%</td>
<td>30.5% ↑ 22.3% in 2013</td>
<td>34.1%</td>
</tr>
<tr>
<td>EBF at 3 months</td>
<td>46.6%</td>
<td>41.0% ↑ 35.1% in 2013</td>
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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  
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Infant mortality rate: US vs. OK

Infant mortality rate by state

Source: CDC Wonder, 2000-2016

Source: CDC Wonder, 2015
Infant mortality rate by county of residence

Infant mortality rate: race and Hispanic origin


Source: Oklahoma Vital Statistics, 2000-2016, 3-year rolling rates
Timing of infant deaths


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Source: Oklahoma Vital Statistics
Top causes† of infant death by race/ethnicity

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† Based on International Classification of Diseases, 10th Revision

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

Preventing for a Lifetime
It’s Everyone’s Responsibility
Percent of births delivered preterm (< 37 weeks)

Infant mortality rate by gestational age – singleton births


Infant mortality rate by birthweight — singleton births

Percent of women smoking in the last trimester of pregnancy: Oklahoma 2000-2015
Percent of women who breastfed their infants at six months of age

![Bar chart showing percent of women who breastfed their infants at six months of age from 2007 to 2014. The chart indicates a general increase in the percentage over the years.]

Source: The Oklahoma Toddler Survey (OOTS), 2007-2014

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

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<td></td>
<td>51.8% in 2013</td>
<td>37.9% ↑</td>
<td></td>
</tr>
<tr>
<td>Any BF at 12 months</td>
<td>33.7%</td>
<td>30.5% ↑</td>
<td>34.1%</td>
</tr>
<tr>
<td></td>
<td>30.7% in 2013</td>
<td>22.3% ↑</td>
<td></td>
</tr>
<tr>
<td>EBF at 3 months</td>
<td>46.6%</td>
<td>41.0% ↑</td>
<td>46.2%</td>
</tr>
<tr>
<td></td>
<td>44.4% in 2013</td>
<td>35.1% ↑</td>
<td></td>
</tr>
<tr>
<td>EBF at 6 months</td>
<td>23.9%</td>
<td>21.3% ↑</td>
<td>25.5%</td>
</tr>
<tr>
<td></td>
<td>22.3% in 2013</td>
<td>15.7% ↑</td>
<td></td>
</tr>
</tbody>
</table>

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
Percent of Women with Postpartum Depression Symptoms

Source: PRAMS, 2012-2015

Percent of infants laid on back to sleep

Source: PRAMS, 2000-2014
Infant sleep practices

<table>
<thead>
<tr>
<th>Practice</th>
<th>White, NH</th>
<th>Black, NH</th>
<th>Am. Indian, NH</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>My baby sleeps in a crib or portable crib (Pack-N-Play)</td>
<td>89.4</td>
<td>74.4</td>
<td>79.1</td>
<td>81.5</td>
</tr>
<tr>
<td>My baby sleeps on a firm or hard mattress</td>
<td>83.3</td>
<td>69.2</td>
<td>79.3</td>
<td>76.3</td>
</tr>
<tr>
<td>My baby sleeps with a pillow and/or stuffed toys</td>
<td>7.1</td>
<td>12.4</td>
<td>8.0</td>
<td>14.2</td>
</tr>
<tr>
<td>My baby sleeps with bumper pads</td>
<td>27.1</td>
<td>21.1</td>
<td>29.6</td>
<td>36.5</td>
</tr>
<tr>
<td>My baby sleeps with a loose blanket or sheet</td>
<td>65.8</td>
<td>69.8</td>
<td>76.9</td>
<td>64.2</td>
</tr>
<tr>
<td>My baby sleeps with me or another person</td>
<td>24.5</td>
<td>47.5</td>
<td>31.1</td>
<td>27.4</td>
</tr>
</tbody>
</table>

Source: PRAMS 2013-2014

Sleep Environment Improvement/impact data

- Co-Sleeping: Cribs Pilot: 18, PRAMS 2014: 25.9
- Loose Blanket/Sheet: Cribs Pilot: 18.7, PRAMS 2014: 66.4
- Bumper Pads: Cribs Pilot: 2.7, PRAMS 2014: 25.2
- Pillow/Stuffed Toys: Cribs Pilot: 4, PRAMS 2014: 8.4
- Firm Mattress: Cribs Pilot: 94.7, PRAMS 2014: 82.3
- Crib: Cribs Pilot: 91.3, PRAMS 2014: 86.2
Number of abusive head trauma cases among infants: Oklahoma 2007-2015

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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