



HHS Public Access

Author manuscript

J Okla State Med Assoc. Author manuscript; available in PMC 2019 August 26.

Published in final edited form as:

J Okla State Med Assoc. 2018 October ; 111(8): 760–761.

Improving the Health of Oklahoma's Children

Paul M. Darden, MD,

University of Oklahoma Health Sciences Center, Department of Pediatrics and Oklahoma Clinical & Translational Science Institute, Oklahoma City, OK

Morris Gessouroun, MD,

University of Oklahoma Health Sciences Center, Department of Pediatrics, Oklahoma City, OK

Christopher Smith, MD,

University of Oklahoma at Tulsa, School of Community Medicine, Department of Pediatrics, Tulsa, OK

Judith A. James, MD PhD

University of Oklahoma Health Sciences Center, Oklahoma Clinical & Translational Science Institute and Oklahoma Medical Research Foundation, Department of Arthritis and Clinical Immunology, Oklahoma City, OK

While trite, it is true that children are our future. It is also true that we, as physicians, can help to improve their health. Oklahoma is at the forefront of testing innovative interventions to improve the health of children from the expansion of Reach out and Read into Health Departments (Caldwell et al., in this issue) to telemedicine to care for and monitor premature infants.^{1,2} With those innovations, we also face challenges. In the America's Health Rankings for women and children, Oklahoma ranks near the bottom at 47th among the states.³ Clearly, we have substantial work yet to do to improve the health of the state's children.

This issue of JOSMA has nine scientific and narrative review articles that examine important issues affecting the health of children. Cooper et al., note that Oklahoma has relatively few primary care providers including pediatricians and that rural access to pediatricians can be problematic.⁴ Konrad et al., describes efforts of the community to improve the tragically high infant mortality rate in Oklahoma. In particular, the African American community is suffering from dramatically higher infant mortality rates than other races and how the work of a community group, the Infant Mortality Alliance, has made a significant difference in improving African American infant mortality in Oklahoma County. Ernst et al., address efforts to improve the treatment of opioid withdrawal in infants born to mothers addicted to opioids, which is a heartbreaking consequence of the broader opioid epidemic affecting the state. In this review, they outline current algorithms for care of these newborns as well as

Address correspondence to: Paul M. Darden, MD, 1200 Children's Ave., Suite 12400, Oklahoma City, OK 73104, Phone: (405) 271-4407, paul-darden@ouhsc.edu.

Conflicts of Interest and Disclosures

The authors have conflicts of interest or financial interests to disclose

resources available for that care. Kinney et al., discuss the role of the community and academic centers in addressing these and other pressing problems for children in Oklahoma.

Oklahoma faces challenges and currently has poor health statistics for women and children as well as for the entire population. Addressing those challenges in our state are people and groups working to improve child health. We have community groups such as Infant Mortality Alliance (<https://www.occhd.org/eng/community/fimr/infant-mortality-alliance>) and Sooner Success (<https://soonersuccess.ouhsc.edu/>). There are academic groups that provide innovative research necessary for that improvement such as Oklahoma Shared Clinical and Translational Resources and the Oklahoma Pediatric Clinical Trials Network (<http://osctr.ouhsc.edu/>). Tertiary care resources provide care for pediatric patients in Tulsa and Oklahoma City regions (<https://www.oumedicine.com/oumedicine/our-mission-values/the-children%27s-hospital>, <http://www.ou.edu/tulsa/residency/pediatrics> and <https://health.okstate.edu/academics/pediatrics/index.html>). This is an exciting time to be in Oklahoma and we are poised to make dramatic improvements in the health of Oklahoma's children.

Acknowledgement

Research reported in this publication was supported by the National Institutes of Health under Award Numbers UG1OD024950 and U54GM104938. The content is solely the responsibility of the authors.

References

1. Makkar A, McCoy M, Sekar K, Szyld E, Oestreich K, Siatkowski RM. Utility of Telemedicine for Retinopathy of Prematurity Examination in Level II NICU. *The Journal of the Oklahoma State Medical Association*. 2018;111(5):610–613.
2. Makkar A, McCoy M, Hallford G, Escobedo M, Szyld E. A Hybrid Form of Telemedicine: A Unique Way to Extend Intensive Care Service to Neonates in Medically Underserved Areas. *Telemedicine journal and e-health : the official journal of the American Telemedicine Association*. 2018;24(9):717–721. [PubMed: 29298407]
3. United Health Foundation. Oklahoma (2018): America's Health Rankings, Health of Women and Children. 2018; <https://www.americashealthrankings.org/>.
4. Ku L, Jones K, Shin P, Bruen B, Hayes K. The states' next challenge--securing primary care for expanded Medicaid populations. *N Engl J Med*. 2011;364(6):493–495. [PubMed: 21268720]