

MEETING MINUTES
Tulsa City-County Board of Health

May 15, 2024 at 6:00 pm

North Regional Health and Wellness Center
5635 M.L.K. Jr. Blvd.
Tulsa, OK 74126

Board Members Present:

Regina Lewis, D.O., Chair
Mousumi Som, D.O.
Mike Stout, PhD.
Krystal Reyes, MPA
Ann Paul, DrPH, M.P.H.
Sarah-Anne Schumann, M.D., M.P.H.

Staff Present:

Bruce Dart, Executive Director
Reggie Ivey, Associate Executive Director
Chanteau Orr, Assoc. Director of Human Resources & Legal Services
Sara Rodriguez, Executive Assistant
Leslie Carroll, Assoc. Director Office of Community Health & Quality Improvement
Julia Profit-Williams, Assoc. Director Office of Preventive Health Services
Adam Austin, Assoc. Director Office of Environmental Public Health
Joann Peel, Executive Assistant
Kelly VanBuskirk, Assoc. Director Office of Prevention, Preparedness, and Response
Ashley Bailey, Epidemiologist
Shelby Fields, Associate Attorney
Jumao Wang, Chief Financial Officer
Linda Jenkins

1) Call to Order & Roll Call – Dr. Regina Lewis

Dr. Regina Lewis called the meeting to order at 6:04 pm.

The meeting notice and agenda were posted at the James Goodwin Health Center, the North Regional Health and Wellness Center, and the Tulsa City-County Health Department (THD) website and emailed to the Tulsa County Clerk, the Tulsa City Clerk, and the Tulsa City-County Library on May 10, 2024.

2) Approval of Minutes – Dr. Regina Lewis

Dr. Regina Lewis entertained a motion to approve the April 2024 minutes. A motion was made by Dr. Som, D.O., and seconded by Ms. Krystal Reyes. ***The April 17, 2024 minutes were approved:***

Dr. Stout	aye
Dr. Lewis	aye
Dr. Paul	abstained not present for April’s Meeting
Ms. Boyer	not present
Dr. Som	aye
Dr. Jones	not present
Dr. Schumann	aye
Ms. Reyes	aye
Dr. Galles	not present

3) Chair’s Report – Dr. Regina Lewis

Dr. Regina Lewis shared that Tulsa County has made progress in improving the health and quality of life of its residents through public health intervention and high-quality clinical care. Smoking prevalence rates among adults and teenagers are less than half what they were 20 years ago. The proportion of people without health insurance is less than 13%. Obesity is dropping and we are reducing food deserts within the County but are falling short of ensuring that everyone in Tulsa County can achieve an optimal and equitable level of health. Racial and ethnic disparities across many health outcomes and conditions including life expectancy, infant mortality, and exposure to environmental pollution. This data suggests that investing in a safe and healthy community, especially for the most disadvantaged populations, can improve health outcomes. To continue improving health status, we must address a full range of factors that influence a person's overall health and well-being. Education, a safe environment, housing, transportation, economic development, and access to healthy food are the major drivers of health comprising the conditions in which people are born, work, live, and age. Our new strategic plan which focuses on healthcare equity, will work to improve health by positively influencing these determinants. As the Board of Health, we will be a part of community initiatives to improve education attainment, promote economic opportunities, ensure community safety, and build an environment that promotes mental health and community engagement. Please stay engaged when the new strategic plan is implemented this summer. The strategic plan will enable us to see what is important and how to meet our goals, what pitfalls to avoid, and the noise to ignore. It will serve as a blueprint for measuring success providing a comprehensive road map that outlines plans, objectives, strategies, and tactics for achieving community health improvements.

4) Director’s Report – Bruce Dart

Dr. Dart shared that we are getting closer to completing the strategic plan and it is the only tool that we will have to focus on as we talk about community health improvements. My intention has turned into our culture strategy which has to go through culture to produce results. There is a quote by Peter Drucker, “Culture eats

strategy for breakfast". The bottom line is that the culture of your company always determines results, regardless of what your strategy is. We can have the best strategy plan in the world, but if our culture isn't comprised of passion-motivated healthcare practitioners who want to do the work and do the uncontrollable stuff that is coming then we won't be able to meet our goal. Culture is something we are focused on. We have tremendous Organizational Development in the agency now. The Leadership Team talked this morning about how we have come a long way and the fall of the pandemic is about gone. If we hire staff that understands, has the character, and heart to be servant leaders then the strategic plan will be very successful.

5) Tulsa Health Department Reports

A. Epidemiology Updates: Measles and H5N1 – Ashley Bailey

Ms. Bailey introduced herself to the Board as an Epidemiologist. Ms Bailey provided an overview of the Public Health Response to Measles and H5N1 also known as bird flu / Avian Influenza. We want to stay proactively aware of the response to actively combating the misinformation and advocating for the health of Tulsa County residents. Measles is the current situation we are seeing in the US. There is an active preparation team here at the Tulsa Health Department. Ms. Bailey provided the overview incubation period for measles, stating that it is one of the most contagious diseases and is spread via airborne droplets. The at-risk groups for measles complications are younger than 5 years of age and 20 plus years of age, pregnant persons, and individuals who are immunocompromised. There are 132 total cases in the US and half of those cases have been hospitalized. Out of the 132 cases, 81% were unvaccinated or have an unknown status. As of now, there are zero cases in Oklahoma. Before the measles vaccination program in 1963, measles was widespread and 3 to 4 million people got measles in the US each year. Over 500,00 cases were reported to the CDC and many were hospitalized, developed encephalitis, or died. Since 1963 there has been a 99% reduction in cases compared to the pre-vaccine era. One of the reasons to combat misinformation concerning vaccination status is for individuals to make the right decision for themselves. The outbreak we are seeing right now is associated with non-vaccinated populations or individuals coming from out of the United States. The MMR (measles, mumps, rubella) vaccine is a two-dose series given at the age of 12 to 15 months and 4 to 6 years of age. Adults with no evidence of immunity should receive one dose as soon as possible. Ms. Bailey shared a K-12 MMR Vaccine Coverage in the US from 2017-2018 vs 2022-2023 and Oklahoma did decrease in vaccination coverage. In order to be prepared, the Epi team just completed training. A newsletter will strategically go out right before summer and the information will be in English, Spanish, and have Sign Language Videos. The protocol for measles is also getting reviewed to help support our Tulsa County residents.

Bird Flu has become widespread in our poultry population and was first detected in the US in 2022. Bird Flu was detected in the first dairy cow herd in March (2024) and was in a Texas worker. The public health risk is low. Bird Flu is mainly in the water so it affects wild aquatic birds and is spread from saliva, nasal secretion, and feces. Bird Flu can be found on domesticated birds as well. Human infections with bird flu viruses are rare but possible. Bird Flu can range from mild to severe illness with flu-like symptoms. The two most recent human cases had direct contact with the infected animals. Humans must take protective action around birds and other animals, avoid direct contact with wild birds, avoid unprotected contact with domestic birds, cows, or other animals that look sick. Humans are advised not to drink unpasteurized milk and to get seasonal flu shots. In January 2022 the HPAI H5N1 viruses were detected in wild aquatic birds in the US. In April 2022 the first human case was reported. In March 2024 the first dairy cattle herd was reported. In April 2024 the second human case was reported and the outbreak is still ongoing as of May 2024. There have been 9,349 wild birds affected, 90.89 million poultry affected, 36 dairy herds affected and 2 human cases. For Epi preparedness, the human risk is low and the CDC is working with local agencies to monitor humans who have been exposed to infected animals. The OSDH primarily handles contact

monitoring but THD may assist if they exceed capacity. The Epi team is staying up-to-date with all of the information and offering education about backyard flocks and vaccinations.

B. THD Community Listening Sessions Summary – Dr. Leslie Carroll

Dr. Leslie Carroll provided the Board with a summary update on the THD Community Listening Sessions and how it integrates with our Strategic Plan. This work comes out of the Office of Community Health and Quality Improvement. The purpose of the listening sessions is to hear from a broad range of diversified voices to improve agency knowledge, hear from our community, and be integrated into our strategic plan. It is important that our residents have a voice in this and also come up with the best solutions. The nine community sessions have been completed and the range of attendees was low, except for North Tulsa, Spanish, and Burmese. Preparing this presentation and reviewing the audio files allowed me time to reflect on the listening sessions. All of the sessions were so different and a lot of value was received out of them. THD received a lot of powerful information and built a lot of trust with our partners in this process. The participants themselves were saying this is exciting, I feel heard, I feel seen and I feel grateful to have this opportunity. THD employees who were helping during the listening sessions expressed that these sessions were important and they felt proud to be with THD. For example, in the Spanish-speaking session, they were so excited and I felt so proud to share and be a part of THD.

We have a memorandum of understanding with OSU doctoral students to conduct qualitative analysis using Nvivo software and will have results by mid-July. The results used to provide this presentation are the word frequency methods which has been effective and I feel confident sharing it with you. The areas focused on were Culture, Vision, Mission, program services, customer service, branding perceptions, community engagement and political impacts. There were three to four questions for each category. Dr. Leslie shared the questions and answers that were asked at the listening sessions with the Board. Dr. Leslie advised that from these listening sessions and the high-level findings, THD needs to meet the community where they are, build upon our community partnerships, generate better awareness of our services, tailor our marketing to each demographic including all languages, mental health access is needed and more senior health is needed. The next steps will be operationalizing the findings by incorporating the community voice into our Strategic Plan objectives, finalizing the Strategic Plan with our consultants, developing a rollout plan for the agency and purchasing Achieve360 to track platforms.

C. THD FY 2025 Budget Presentation – Reggie Ivey

Mr. Ivey presented the THD final Fiscal Year 2025 budget to the Board. Mr. Ivey gave two documents to the Board showing the operating cash balance comparison. Mr. Ivey stated that the one thing added to the operating cash balance comparison is the April numbers and that THD currently has \$36,367,047.00 in the bank right now. This is important because we have been trying to build our cash flow for the last 13 years. It is great for our health department because some health departments our size typically do not have that amount of cash in the bank. This is the money needed to operate throughout the year because some THD funding granters don't pay on time, so having a good cash flow keeps THD afloat during the year. THD also needs cash reserved so the money does not have to be borrowed for payroll. THD previously had to borrow money to make payroll but since Mr. Ivey took over that has not happened in 13 years. In June of this year, it is anticipated that there will be 33 million dollars in the bank which is the most that THD has ever had. Mr. Ivey shared that there is currently 1 million dollars in the emergency event fund, \$150,069 in the self-insurance reserve and \$164,449 in the capital project fund, which will be exhausted due to the clinical remodel. The cash that THD has in various accounts at the bank is \$1,314,518. Mr. Ivey recognized Jumao Wang for the heavy lifting that is done with the numbers. Ms. Wang is the one that puts all the numbers in, crunches the numbers, and makes sure that Reggie understands the numbers. The changes from the budget

that was presented last month includes an increase of \$319,900. This is the largest budget THD has ever had, almost 50 million dollars. It speaks to the growing number of programs that THD has been able to acquire over the last few years. The \$319,900 increase was broken down and explained to the Board. A behavioral Health Workforce Development grant with OSU Medical Authority was received in the amount of \$209,000. THD did not have this grant when Mr. Ivey presented the preliminary budget last month. The JOGH remodel increased by \$60,000 because two bathrooms will have to be remodeled and the carpet will be removed in the auditorium. \$25,000 will be included in the THD Marketing Department for signage and graphic design as it relates to the remodel. Two software programs will be purchased, AchieveIt and NVivo to do more community engagement. These are the increases that Mr. Ivey brought to the Board's attention. Mr. Ivey shared the source of funding for the departments and programs at THD with the Board. The items noted were as follows: Under Note A: eight programs are either new or will receive an increase in funding. Under Note B: these are the programs that have sunset or will experience a reduction in funding over the next fiscal year. Under Note C: THD is asking for a 2% cost of living increase for staff. The 2% increase will cost the agency about \$500,000 and 20% of this cost will be transferred from grants. Medical benefit premiums are going up by 14%, 30% of the cost will be passed down to employees and THD will cover the remaining 70%. The Ad Valorem tax is expected to increase by about 4%, this is the reason why the cash reserve is growing the way that it is and it is projected to grow each year going forward for multiple years. Under Note D: these are the capital expenditures items that Mr. Ivey discussed in the last meeting with only the change of \$60,000 for the bathroom remodels and removing the brown carpet. Under Note E: the same items were mentioned last month. In the next fiscal year, THD will have EHR (Electronic Health Records) and consulting services for the replacement cameras for all THD sites. The consulting, installing and monitoring for the replacement cameras is included for one year. Mr. Ivey requested that the Board vote on the proposed budget.

A motion was made by Dr. Ann Paul, and seconded by Dr. Mo Som to approve the Fiscal Year 2025 budget. ***The Fiscal Year 2025 budget was approved:***

Dr. Stout	aye
Dr. Lewis	aye
Dr. Paul	aye
Ms. Boyer	not present
Dr. Som	aye
Dr. Jones	not present
Dr. Schumann	aye
Ms. Reyes	aye
Dr. Galles	not present

6) Announcements – Dr. Regina Lewis

The Next Board Meeting will be on Wednesday, June 12, 2024 at 6:00 pm at James O. Goodwin Health Center in Room 200.

7) Adjournment

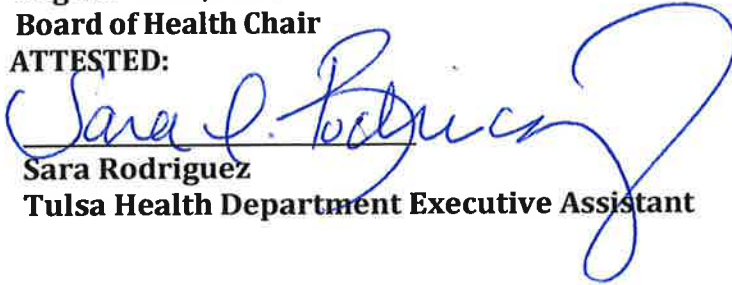
The meeting was adjourned at 7:23 pm.

APPROVED:



**Regina Lewis, D.O.
Board of Health Chair**

ATTESTED:



**Sara Rodriguez
Tulsa Health Department Executive Assistant**