

MEETING MINUTES
Tulsa City-County Board of Health

June 18, 2025, at 6:00 pm

James O. Goodwin Health Center
5051 S. 129th E. Ave.
Tulsa, OK 74134

Board Members Present:

Regina Lewis, D.O., Chair
Mousumi Som, D.O.
Aimee Boyer, J.D., CFP
Krystal Reyes, M.P.A.
Ann Paul, DrPH, M.P.H.
Mike Jones, D.V.M.
Jana Bingman, M.D.
Jeffrey Galles, D.O.

Staff Present:

Bruce Dart, Executive Director
Sara Rodriguez, Executive Assistant
Chanteau Orr, Assoc. Director, Office of HR & Legal Services
Marcus Anderson, Assoc. Director of the Office of Maternal & Child Health
Leslie Carroll, Assoc. Director of the Office of Community Health & Quality Improvement
Julia Profit-Williams, Assoc. Director of the Office of Preventive Health Services
Adam Austin, Assoc. Director, Office of Environmental Health Services
Kelly VanBuskirk, Assoc. Director of the Office of Prevention, Preparedness, and Response
Joann Conley, Executive Assistant
Jesy Whitacre, Health Equity Manager, Bilingual
Leanne Stephens, Senior Director, Marketing & Communications
ReShell Johnson, Health Strategy Coordinator
Lewana Dailey, Workforce Director
YuDonn Stoddard, Facilities Manager
Megan Calahan, Emergency Preparedness & Response Manager

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

Dr. Lewis called the meeting to order at 6:05 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 June 11, 2025.

2) Approval of Minutes – Dr. Regina Lewis

Dr. Lewis entertained a motion to approve the April 2025 minutes. A motion was made by Aimee Boyer and seconded by Dr. Jones. ***April 16, 2025, meeting minutes were approved:***

Dr. Lewis	aye
Dr. Som	aye
Ms. Boyer	aye
Dr. Stout	not present
Ms. Reyes	arrived late
Dr. Paul	aye
Dr. Jones	abstain
Dr. Bingman	abstain
Dr. Galles	aye

3) Chair's Report – Dr. Regina Lewis

Dr. Lewis stated that starting in July, the staff will begin each meeting with a Mission Moment. This will include an empowering personal story, an example of an experience that demonstrates the impact of the THD Mission, and a specific program that highlights the mission in action. Going forward, these moments aim to inspire and remind everyone why their work matters. They can be small or life-changing, such as a volunteer's experience helping someone in need, a customer story showing how a product changes their life, or an employee discovering the deeper purpose of their role. By sharing these programs, staff can showcase successes, identify challenges, and seek guidance on policy decisions. This practice fosters transparency and enhances collaboration between staff and the Board, ultimately improving community health outcomes. If the Board wishes to hear from a specific program during the Mission Moment, please let Dr. Dart know. The Board will be informed at each meeting who will be presenting the Mission Moment.

4) Director's Report – Bruce Dart

Dr. Dart mentioned that hopefully everyone had a chance to read the Director's report. He will continue to provide updates on this report and keep the Board informed about current events around the world. Dr. Dart announced that Chanteau Orr is the new Associate Executive Director.

5) Current Business | Information Items & THD Reports

A. Update on PHAB Re-Accreditation Process – Dr. Leslie Carroll | ReShell Johnson

Dr. Leslie Carroll and ReShell Johnson gave an informative presentation on the Public Health Accreditation re-accreditation for 2025. Dr. Carroll covered the key aspects of the accreditation, including its purpose, timeline, and significance. The Public Health Accreditation Program, managed by the Public Health Accreditation Board (PHAB), is a voluntary national initiative aimed at enhancing the quality and performance of public health departments to better protect and promote public health.

PHAB establishes nationally recognized, evidence-based standards for public health departments.

- **Evaluation:** It evaluates health departments through a rigorous review and site visit process to ensure they meet these standards.
- **Accreditation:** PHAB grants accreditation to departments that meet the performance criteria.
- **Support and Training:** It supports health departments by providing tools and training to help them achieve and maintain accreditation

Additionally, PHAB aligns its standards with the ten essential public health services created by the CDC in 1994 and updated in 2022 to include equity. Each of these services is matched with a corresponding domain in PHAB's standards. The Office of Community Health and Quality Improvement plays a significant role in coordinating large department plans and assessments under one office, which has led to better integration and weekly collaboration among various departments.

- In 2023, the Institute of Medicine formed a committee to examine the benefits of public health accreditation.
- By 2024, the CDC, Robert Wood Johnson Foundation, and the National Association of County and City Health Officials (NACCHO) identified accreditation as a key strategy.
- In 2007, the Public Health Accreditation Board (PHAB) was established as a non-profit organization to oversee accreditations.
- Between 2009 and 2010, the accreditation process was piloted and tested by 30 local health departments.
- In 2011, the first set of standards was approved and launched.
- As of 2025, there are approximately 3,500 local health departments in the United States, with 70% of them accredited, serving a population of 100,000.

The Tulsa Health Department (THD) has a well-documented accreditation timeline. They were first accredited in 2013, followed by re-accreditation in 2019, and again in 2025. The accreditation process follows a five-year cycle. However, due to the lag time between the date of submission, review, and site visit, there is an eight-month delay after the submission date. This explains why the timeline doesn't align perfectly with the five-year cycle.

Accreditation is indeed a seal of excellence in public health. In 2023, the Public Health Accreditation Board (PHAB) conducted a mixed-methods study to evaluate the value of being accredited. The study identified seven key themes:

1. Stimulated quality improvements.
2. Improved workforce development.
3. Enhanced accountability and transparency.
4. Strengthened community partnerships.

5. Utilized a health equity lens to address health priorities.
6. Increased the use of evidence-based practices.
7. Strengthening the utilization of resources.

By adding ReShell Johnson as the Health Strategy Coordinator, the Tulsa Health Department (THD) aims to ensure that these processes are not just a one-time effort but are incorporated into its ongoing work. This approach highlights different areas of THD and promotes continuous improvement and excellence in public health.

ReShell Johnson provided a detailed overview of the structure used for the re-accreditation process from PHAB. The standards and measures for re-accreditation from 2022 were utilized, which include ten domains aligned with the essential public health services. Within these ten domains, 20 standards represent the level of achievement expected by health departments. Additionally, there are 55 measures that are specific requirements THD needs to meet to demonstrate that they embody these standards of excellence. To support these measures, there are 113 documentation forms, not including the additional supporting documentation required to show compliance with these standards.

There were some significant changes made by the Public Health Accreditation Board (PHAB) due to the political climate and funding issues. Here's a summary of the key points:

- Extension of Time Frames: PHAB extended all the time frames by a year for health departments seeking re-accreditation for 2025 and 2026 to offer flexibility due to the political climate and funding challenges.
- Equity Terminology and Policy: The measure required health departments to submit equity terminology and policy.
- Population Health Report: The population health report was no longer required. This report was a summary of data collected regarding the monitoring of population health outcomes and was used to build a national database.

These changes were likely to be made to accommodate the challenges faced by health departments and to ensure that the re-accreditation process remained feasible and effective.

The re-accreditation process for the Tulsa Health Department (THD) involves three main parts: the submission of an application, the opening of the EPHAB Portal for documentation, and a site visit. The application and documentation phase saw contributions from various key personnel, including the Executive Director, Associate Executive Director, Associate Directors, Senior Directors, Directors, CFO, Managers, Supervisors, and Coordinators. The strategy was to start early in January 2025, with the final documentation submitted in June 2025, marking 18 months of continuous work on the project.

ReShell Johnson was hired as the coordinator to oversee this process. A matrix was created to track the 55 measures, 113 documentation forms, and all requirements, with a potential lead assigned to each task. ReShell worked on this matrix, finding leads for each measure and partnering with them to ensure the work was completed. A three-person review process, including ReShell, Dr. Leslie Carroll, and Dr. Bruce Dart, was implemented to finalize the work.

PHAB offers a program where individuals can volunteer to be site visitors, providing valuable insights. ReShell applied and was accepted as a Volunteer Site Visitor, with training starting on September 30th. This strategic move will help THD plan their site visit more effectively after ReShell completes her training.

The re-accreditation process for the Tulsa Health Department (THD) had its share of successes and challenges. The matrix was a significant success, serving as a map to guide ReShell Johnson through the process. Having an accreditation coordinator and taking ownership of the project also proved to be beneficial. The timeline and review process were successful as well. One of the biggest lessons learned was that this work should not start 18 months before applying for re-accreditation; it is foundational work that needs to

be done every day.

However, there were challenges, including gathering and preparing documentation for 18 months before applying for re-accreditation, achieving a shared understanding of required measures, and aligning with PHAB standards. At times, there were difficulties in having a shared understanding of the required standards, leading to a lot of back-and-forth emails and meetings. Moving forward, it is essential to come to an understanding of the measures and what PHAB requires. Additionally, THD's everyday work needs to align with PHAB standards to ensure a smoother process in the future.

The impact since the process started in January 2024 has been significant in identifying areas for improvement. Through self-assessment, we were able to pinpoint our strengths and areas needing more work. Moving forward, we aim to integrate this work into our daily operations rather than starting 18 months before applying for re-accreditation.

When the work began in January, there was not a performance management system in place for our major plans like the Strategic Plan and the Community Health Improvement Plan (CHIP). However, we now have a system called AchieveIt, which houses the Strategic Plan, CHIP, Equity Plan, Quality Improvement Plan, and Workforce Development. This system allows us to track and monitor plans based on data, ensuring that our decisions are data-driven, as emphasized by PHAB, which mentions "data" over 400 times in their manual.

Transparency and accountability have also improved. We had to submit our last two financial audits, assess all our grants, and provide a letter confirming that we are not a high-risk grantee. Many measures required the submission of documentation to internal and external stakeholders. For example, we submitted documentation showing that the Strategic Plan was provided to staff and the Board of Health.

The next steps in the re-accreditation process for the Tulsa Health Department (THD) are currently in phase two, following the submission of documentation in June 2025. PHAB has assigned an accreditation specialist to review all the submitted documentation, a process that will take about three months and is known as the pre-site review. Once this review is complete, PHAB will provide a report detailing strengths, areas for improvement, recommendations, and any unmet requirements for a particular standard of excellence.

After receiving the report, the portal will be re-opened, and THD will have 45 days to respond by submitting new documentation to demonstrate compliance with the standards. If the requirements are satisfied, the process will move to the virtual site visit, which lasts one to two days, depending on the number of questions PHAB has. The first day will cover major plans such as the Strategic Plan and CHIP, and will include questions about the performance management system, CHNA, and any measures PHAB felt were inadequate. Day two will involve interviews with the Executive Director and members of the Board.

If PHAB feels that THD has not met the requirements during the virtual site visit, the portal will be re-opened one last time, and THD will have two weeks to respond. Once the portal is closed, the virtual site visit team will submit a report to the PHAB committee, which will take up to three months to decide if THD will receive re-accreditation.

Once re-accreditation is received, the process does not stop. An Annual Report is produced every year that THD is not applying for re-accreditation. This report addresses any specific measures PHAB believes THD needs to work on, provides updates, innovations, or quality improvement work, and outlines how THD is preparing for the next re-accreditation in 2031.

B. Emergency Response Planning for Emerging Diseases – Kelly VanBuskirk | Megan Calahan

Kelly VanBuskirk and Megan Calahan provided a comprehensive overview of emergency response planning for emerging diseases, focusing on a measles-type scenario. They highlighted the importance of understanding the symptoms of measles, its highly contagious nature, and the necessary steps to trace an

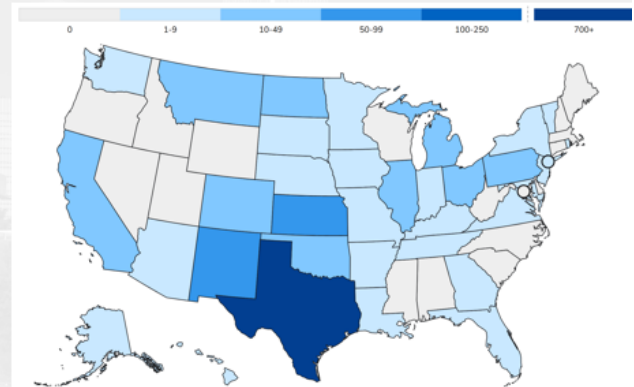
individual's movements if they show symptoms. Additionally, they emphasized the collaboration with communications to inform the public in case of exposure in public settings. The current measles situation in the US and Oklahoma was also discussed with the Board.

US Cases:

Measles: Current Situation

2025 U.S. Cases*

- **1,197 total cases**
 - 35 Jurisdictions
- **Age**
 - <5: 347 (29%)
 - 5-19: 446 (37%)
 - 20+: 393 (33%)
 - Unknown: 11 (1%)
- **Hospitalizations: 12%**
- **Deaths: 3**
- **Vaccination**
 - Unvaccinated/Unknown: 95%
 - 1 dose: 2%
 - 2 doses: 3%

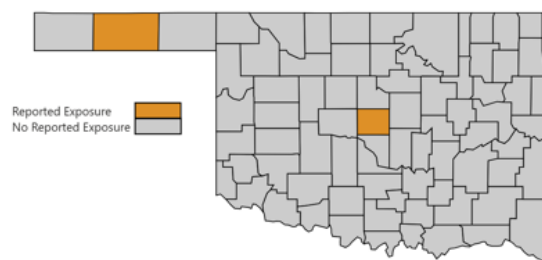


Oklahoma Cases:

2025 Oklahoma Cases*

- **20 cases**
 - 17 confirmed
 - 3 probable
- **Vaccination**
 - Unvaccinated/Unknown: 95%
 - 1 dose: 0%
 - 2 doses: 1%
- **Age range is 0 – 57 years**
 - Median age is 21 years

Oklahoma Public Setting Exposure Locations Associated with Measles Cases in the Previous 42 days Displayed with MMR Vaccination Percent Coverage*



Hover over each county to view additional details. This dashboard shows the county(ies) with public setting exposure location(s) identified through measles investigations. MMR Immunization data is reported via the [*2023-2024 Oklahoma Kindergarten Immunization Survey](#). The timeframe of 42 days is used to monitor for cases after a public setting exposure is identified by allowing two full incubation periods (time from exposure to rash onset) to pass before the exposure risk designation is removed. Currently displayed public setting exposure locations include exposures since 5/6/2025.

Historical Measles Outbreak Trends:

- In 1985 and 1995, there were significant outbreaks of measles, primarily affecting un-vaccinated minority children under five years old in densely populated areas.
- In 1993, funds were allocated to create a vaccine for children, which began operation in 1994. Consequently, the number of cases decreased in 1995 and 1996 as the vaccine was administered.
- The numbers remained minimal until 2020, when there were outbreaks with 1,200 to 1,300 cases.

- In 2025, the number of cases is expected to exceed those in 2019, reflecting vaccine hesitancy in the community.
- In 2023 and 2024, 88.3% of children attending kindergarten were fully vaccinated.

Disease Investigation Process:

- The epidemiology team receives notifications of probable measles cases and conducts case interviews via phone.
- During the interview, they gather information on symptoms, infectious periods, hospitalization status, travel exposure, contacts, and high-risk settings.
- Education is provided on treatment, prevention, and transmission.
- The collected data is reported to the Oklahoma State Department of Health (OSDH) and the Centers for Disease Control and Prevention (CDC) via the reporting system.

Megan Calahan provided a comprehensive overview of the EPRP team. The Emergency Preparedness and Response Program (EPRP) was established after 9/11, with funding from the CDC. The team collaborates with the Department of Homeland Security, National Incident Management System, and the Incident Command System, which is the framework used during response operations. The EPRP team consists of eight members who oversee OKMRC volunteers, planning, logistics, training and exercises, and community outreach.

The Emergency Preparedness and Response Program (EPRP) team can implement various responses, beyond just vaccines. These responses include mass media notifications, phone banks, contact monitoring, tracing, and sample collection testing.

The Emergency Preparedness and Response Program (EPRP) creates a culture of preparedness within the Tulsa Health Department (THD). This includes offering training for new staff and volunteers, encouraging personal preparedness, and ensuring that all staff are trained in the Incident Command System (ICS) courses 100, 200, and 700. Additionally, all THD staff job descriptions include fulfilling a role in public health emergency response, and training is offered throughout the year.

The Oklahoma Medical Reserve Corps (OKMRC) also plays a significant role by providing training for THD staff and participating in quarterly notification drills. These drills are crucial for notifying staff in case of response activation. The OKMRC volunteers are pre-vetted, background-checked, and have undergone the same training as the EPRP team, including additional community training and participation in staff notification drills.

The THD command group is structured to ensure that there is always someone available to step in if needed. This three-deep chart means that for each role, there are three individuals trained and ready to take over in case one is unavailable. These individuals are trained at a higher level and are subject matter experts in their respective fields, performing their duties daily or routinely.

Megan Calahan provided a detailed measles scenario to the Board, following the THD Emergency Operations Plan by activating the Incident Command System (ICS). Here is a summary of the key points:

- Incident Action Plan: An incident action plan and objectives are developed. THD employees and OKMRC volunteers are notified.
- Points of Dispensing (POD): A POD would be utilized to dispense medical counter measures to Tulsa County residents. THD will determine the POD site location based on needs. Local clinic sites will be used for triage, education, medical screening, and administration.
- Pre-identified Common Areas: There are 15 pre-identified common areas located throughout the community. The POD clinical flow consists of a greeter, registration, screen/dispensing, and exit. The POD is scalable depending on the emergency.

- Preparedness Cycle: The preparedness cycle includes planning, equipping, and organizing the plan, training, and exercising. This is followed by an evaluation and improvement plan to implement lessons learned and improve the Emergency Operation Plans.

THD Historical Responses:

Historical Responses

- 2002 – Smallpox/Anthrax
- 2007 – Ice Storm and Wildfires
- 2009 – H1N1 Pandemic – POD operations
- 2011 – Snowstorm
- 2013 – Dentist Investigation – Phlebotomy Clinic
- 2014 – Ebola Monitoring
- 2016 – TB Investigation & Clinic at local school
- 2017 – Mumps Investigation, Hurricane Harvey Response
- 2018 – Measles Investigation (31 vaccinated at small POD)
- 2019 – Tulsa River Flood Response – Tetanus/Hep-A Shots
- 2020 – Covid-19 – Testing and POD operations
- 2022 – Mpox

C. Pulse Check Survey Results Employee Engagement - Lewana Dailey

The Pulse Check Survey results shared by Lewana Dailey, Workforce Director, provide a comprehensive overview of employee engagement at THD. The survey had a 73% response rate, with 257 out of 350 invited respondents participating. Key highlights include 78% employee engagement, 74% inclusion, and 75% well-being.

Employees at THD are generally satisfied with their workplace and would recommend it to others. The key drivers of engagement are vision and purpose, culture, and opportunities for growth and development. Employees express confidence in the leadership and understand how their roles contribute to the organization's success. The culture at THD revolves around respect and a sense of belonging.

However, there are areas for improvement. Employees, particularly those with 1-3 years and 5-10 years of tenure, may not see a clear career path. Trust in managers is slightly below average, with service workers and technicians showing a significant gap from the THD average. There is also a slight difference in perceptions of equal opportunities by gender, with women being 7 points below the 73% benchmark.

Work-life balance is a top strength, but there is room to enhance the overall sense of well-being. Respect and psychological safety contribute significantly to well-being. The comment summary identifies leadership, pay & benefits, communications, and performance & development as areas that are going well, while leadership, performance & development, resources, pay & benefits, and base pay are areas that could improve.

Sixty percent of employees believe that positive change will result from the survey. Leadership will roll out the results on June 4th at the Management Team Meeting, with a survey overview to be shared at the June

27th All-Staff Meeting. Senior directors, managers, and supervisors will create their action plans by June 30th and debrief with their teams.

6) Current Business | Action Items

A. Proposed Executive Session – Dr. Regina Lewis

Dr. Regina Lewis entertained a motion for the Proposed Executive Session to be opened. A motion was made by Dr. Paul and seconded by Dr. Som to open the Proposed Executive Session.

Time the Proposed Executive Session Opened: 7:15 pm

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

Dr. Regina Lewis entertained a motion for the Proposed Executive Session to be closed. A motion was made by Dr. Lewis and seconded by Dr. Som to close the Proposed Executive Session.

Time the Proposed Executive Session Closed: 7:36 pm

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

Dr. Regina Lewis asked if anyone would like to entertain a motion regarding the Director's Contract. Dr. Som made a motion to approve the Director Contract with a 1.50% cost of living increase, and Aimee Boyer seconded the motion. The motion was approved.

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

Dr. Dart asked the Board if they would approve two weeks of administrative leave. During the pandemic, Dr. Dart worked many extra hours, and for those extra hours, he made this request. Dr. Regina Lewis asked if anyone would like to entertain a motion regarding the two weeks of administrative leave. Dr. Gallas made a motion to approve the two-week sabbatical leave to be taken by December 31, 2025, and Aimee Boyer seconded the motion. The motion was approved.

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

7) Future Business – Dr. Regina Lewis

None

8) Announcements – Dr. Regina Lewis

The Next Board Meeting will be held on Wednesday, August 20, 2025, at 6:00 pm at the North Regional Health and Wellness Center – Room 208.

9) Adjournment

The meeting was adjourned at 7:46 pm.

APPROVED:



Regina Lewis, D.O.
Board of Health Chair

ATTESTED:



Sara Rodriguez
Executive Assistant
Tulsa Health Department