

MEETING MINUTES

Tulsa City-County Board of Health
February 15, 2023 at 6:00pm
North Regional Health Wellness Center
5635 Martin Luther King Jr. Blvd.
Tulsa, OK 74126

Board Members Present:

Mike Stout, PhD; Chair
Aimee Boyer, J.D, CFP; Treasurer
Krystal Reyes, MPA
Mike Jones, DVM
Ann Paul, DrPH
Jeffrey Galles, D.O.
Mousumi Som, D.O

Staff Present:

Bruce Dart, Executive Director
Reggie Ivey, Associate Executive Director
Chanteau Orr, Legal Services & Human Resources
Marcus Anderson, Maternal and Child Health Services
Leslie Carroll, PhD, Community Health & QI
Kelly VanBuskirk, Prevent., Preparedness & Response
DeBrena Hilton, Food Protection Services
Jumao Wang, Finance Department
Ellen Niemitalo, Clinic Services
Makeda Thompson, Executive Assistant

Others Present:

Paul Wolfenberger
Craig Legener
Dionne Lambert

I. **Call to Order and Welcome**

Dr. Mike Stout called the meeting to order at 6:08 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 February 10, 2023.

Approval of the Meeting Minutes

Dr. Mike Stout entertained a motion to approve the December 7, 2022, minutes. A motion was made by Dr. Mousumi Som and seconded by Dr. Mike Jones. **December 7, 2022 minutes were approved:**

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

II. **Chair's Report: Dr. Mike Stout**

Dr. Mike Stout thanked Dr. Bruce Dart for coming out and supporting OSU-Tulsa's persevering cohort training. As the project progressed, he said he would keep the board updated on how things were going. He talked about the community-based approaches to addressing reproductive health disparities and how a group of engaged community members from Tulsa has dealt with issues accessing reproductive health issues with discrimination and racism. These individuals have other day jobs, not politicians or elected officials, or even people in charge of significant organizations. These people care about their experiences to ensure others don't experience them. They are doing community organizing and a community-based research training series with them so that they can go out and engage with the community about their reproductive health experiences. And Dr. Dart and Representative Monroe Nichols came to the session on Saturday; the topic was Understanding Policy Levers For Change, and they both did a fantastic job.

He also talked about the significant struggles he saw in mental health in the different communities and our populations. It was identified as the number one issue in multiple needs assessments that have been done in our community. The CHIP has identified it as a priority. The impacts of adverse childhood experiences, trauma, and toxic stress on neurobiology and later life outcomes for people include things tied to poor mental health outcomes. And there will be some opportunities for people in our local community to get trained in the science of how trauma and toxic stress impact human development and

behavior. He said people taking the training in NEAR Science would be great, and he would email the board with more information about it.

III. FY22 Audit Report

The Tulsa Health Department audit was completed, and Paul Wolenberger stated that Department reported total assets and deferred outflows of resources of \$56,370,205, \$57,320,498, and \$53,679,819 for the years ended June 30, 2022, 2021, and 2020, respectively/ Of that total, \$14,765,602, \$14,832,920, and \$14,597,462, respectively, or approximately 26.2 percent, 25.9 percent, and 27.2 percent respectively, are in the form of capital assets, comprised primarily of the agency's investment in its three regional health centers. Investments in capital assets, net of related debt, represented 41.8 percent, 44.1 percent, and 34.4 percent, respectively, of net position, while 58.2 percent and 65.6 percent were unrestricted.

The Department reported total revenue of \$37,649,305, representing a 10.9 percent increase and a 9.0 percent increase over the fiscal year 2021 and 2020, respectively. There were increases in ad valorem tax revenue, intergovernmental revenue, contributions, and other revenues. The \$36,130,246 of expenditures reported in 2022 were \$545,816 less than the fiscal year 2021, and expenditures for 2021 were \$1,525,416 more than the fiscal year 2020. The general fund, the chief operating fund of the Department, reported a balance of \$28,313,051, which was \$3,356,933 and \$5,720,880 more than the fiscal years 2021 and 2020, respectively.

On February 25, 2010, the balance proceeds received from the issuance of Health Facilities Revenue bonds were set up in a capital projects fund. This money was restricted for constructing the new North Regional Health Department, completed in 2013. As of June 30, 2022, the Department's net investment capital assets for its governmental activities were \$6,903,102. This investment in capital assets includes infrastructure, land and improvements, buildings, furniture, fixtures, and equipment. This represents a net increase of \$255,182 or 3.8 percent more than the preceding year. Data transmission hardware and new laptops were the primary reason for the increase.

IV. Intercultural Development Inventory Analysis

Dionne Lambert discussed the Intercultural development inventory target for the next stage of growth. It includes questions that allow respondents to describe their experiences regarding cross-cultural goals, challenges, and critical incidents they face and how they navigate those cultural differences. This tool measures the continuum of five different orientations within that development continuum: there's denial, polarization, minimalization, acceptance, then Adaptation. We go from that self-centered idea to a multicultural or global mindset considering other people and how we and how they relate. It goes from how I look at things to how others see things. There was orientation in all of the categories. Some people were in denial of Adaptation. And she had a document telling the board to turn to page 10, showing where the board fell. It was a typical bell curve; most people are in minimalization because of their work, wanting to make sure most things are on an even playing field.

Minimalization is that category that focuses on commonalities across diverse communities. It can mask those more profound differences. Tend to look at everybody, the sane want everyone to have the same everything, but it doesn't really provide an equitable lens because we are focusing on equality and ensuring all things are the same. Minimization as a strategy may have survival value for non-dominant culture members and can be expressed as "go along to get along."

Minimization recognizes the common humanity of all people and values tolerance of differences but likely

overestimates how adaptive to difference one's behavior may be. You often pay attention to the surface differences but do not pay attention to those nuisances.

The IDI is not an indictment. It is not a sentence; it is not a tool to be used to judge. It is used to let people know where they're right now, but the leadership team and the board that did the debrief also received the development plan showing them how they can move forward. As a group, they were at minimalization. The orientation that would follow would be acceptance and then Adaptation which are intercultural/global mindsets. With an Acceptance orientation, individuals recognize and appreciate patterns of cultural difference and commonality in their own and other cultures.

V. Food Advisory Committee Appointment

Collin Graham's resume was reviewed. Dr. Mike Stout entertained a motion to approve the appointment. A motion was made by Ms. Aimee Boyer and seconded by Dr. Ann Paul. **Collin Graham was appointed to the Food Advisory Committee**

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

VI. Infectious Disease Response Update

Kelly VanBuskirk showed a chart indicating the weekly Tulsa County COVID-19 dashboard from 3/10/2020 to 1/4/2023. It showed the first Tulsa County case on March 6, 2020. On April 24, 2020, it was Oklahoma's Phase 1 of reopening. May 15, 2020, Oklahoma Phase 3 of reopening. On December 15, 2020, the 1st vaccine was administered in Tulsa. On April 15-May 3, 2021, the outbreak of Delta (B.1.617.2) occurred in Oklahoma. On November 26, 2021, WHO announced Omicron as a variant of concern. The trends in COVID in the U.S. are declining coming off the holidays. The trends in Oklahoma are decreasing as well. At the end of December and the beginning of January, we saw our peak for the winter. The different variants that Kelly's team continues to monitor are Omicron, which is still the primary circulating variant, XBB.1.5 primary subvariant, BQ.1.1 secondary subvariant, and BQ.1 tertiary subvariant. THD continues to focus on respiratory infection prevention and vaccinations. She stated that on May 11, 2023, most likely, they're going to call this public health emergency over.

Ellen Niematalo showed a chart with the positive cases for the THD staff. In September 2022, 8 tested positive for COVID-19. In October 2022, four tested positive; in November 2022, eight tested positive for COVID-19; in December 2022, 18 tested positive. And in January 2023, fourteen tested positive for COVID-19. The CDC updates for COVID-19 bivalent boosters became available on September 2, 2022, for people aged 12 years and older on October 12, 2022, for people aged 5-11 years. On December 9, 2022, for children aged six months - 4 years old who completed their Moderna COVID-19 vaccine primary series with the bivalent booster. On December 9, 2022, there was also an update for children six months to 4 years to receive the bivalent Pfizer vaccine, the primary series that's not a booster; a booster has not been approved for Pfizer at this time. CDC

recommends that everyone stay up to date with the COVID-19 vaccine.

She showed a chart showing the number of COVID vaccines for January 2023. The caring van clinic has 647 patients, a total of vaccines 774, a total of COVID vaccines 94, and a total Bivalent Booster of 73. CRHC clinic total patients 342, total vaccinations 626, total COVID vaccines 96, and Bivalent Booster 64. JGHC Clinic total Patients 338, total vaccinations 705, total COVID vaccines 137, and Bivalent Booster 91. NRHWC Clinic total patients 107, total vaccinations 200, total COVID vaccines 45, and Bivalent Booster 33. SSHC Clinic total patients 120, total vaccinations 201, total COVID vaccines 43, and Bivalent Booster 24. The cumulative amount for the clinic's total patients is 1,554, total vaccinations are 2,506m, the total COVID vaccines are 415m, and the Bivalent Booster is 285.

Kelly stated that there are almost 85,000 cases worldwide of Mpox. There have been 87 deaths. Twenty-six deaths have been reported in the U.S. In the U.S., we are a little over 30,093 cases. The total amount of cases in Oklahoma is 69, and there are 10 cases in Tulsa. THD has been conducting case investigations and monitoring, conducting contact tracing and monitoring, sample collection, providing education, administering Mpox vaccinations, TPOXX Antiviral staging, and identifying high-risk gatherings throughout the State and Nationally. This is no longer a public health emergency. Ellen stated the JYNNEOS Vaccine is licensed in the U.S. to prevent Mpox disease. No data on the clinical efficacy or effectiveness of JYNNEOS or ACAM2000 for Mpox disease is currently available. CDC recommends that vaccination with JYNNEOS be considered for persons at high risk for infection to prevent Mpox. Unvaccinated people are at 14 times the risk of Mpox disease compared to those vaccinated. Vaccination after exposure will prevent disease or make it less severe.

Vaccination after exposure will prevent disease or make it less severe. They recommended it within four days from exposure. Between 4-14 days post-exposure may reduce symptoms but may not prevent disease. Influenza activity is significantly lower now than during the holiday season nationally and in Oklahoma. Locally and nationally, we are starting to see more influenza B strains. Oklahoma is seeing 48% flu A, and 52% Flu B. Oklahoma has had almost 3,000 influenza hospitalizations since September 1, with 66 deaths. Unfortunately, 593 of these hospitalizations were Tulsa County residents during the same time frame. And 17 deaths were in Tulsa County residents. So, we are still seeing influenza and hospitalizations and deaths, but we are seeing it decrease. Over six thousand flu shots have been administered by the Tulsa Health Department so far, but the Caring Van THD will probably be closer to administering ten thousand by the end of the year.

VII. THD Restructure

Reggie Ivey discussed the "Restructuring for the Future of Public Health in Tulsa County." THD has done a lot of great work over the last ten years. In 2012 THD budget was 25 to 27 million dollars; our current budget is 38,4 million dollars. Also, THD looked at what their cash reserves were in 2012, and it was around 6.7 million dollars, and they're projecting at the end of this fiscal year, it will be about 25.7 million dollars. The Central Regional location has been completely remodeled. The Sand Springs facility and James Goodwin location are in the process of being renovated.

Additionally, we could stand up a strong incident command system because of how we were structured when a real-life pandemic hit us in 2020. He talked about why it was necessary to change the organizational structure of our chart. Methodology of the process THD utilized, and then he shared the new organizational chart. The organizational chart needed to be updated. The last time THD went through a major or significant restructuring was in 2015, and we had planned 2019 to revise our organizational chart while going through our strategic planning process. And the world changed in 2020, so it paused everything, and THD focused on COVID-19 prevention and mitigation. COVID changed the way THD will function going forward. THD wanted to create a more manageable

Senior Leadership Team, which was reduced to eight. Dr. Bruce Dart and Reggie Ivey serve on that leadership team then there are six more individuals. Nest, THD modified the words that were used in their organization. Chief was overused. There were eleven division chiefs and a Chief operating officer; there was a chief financial officer. It was brought to our attention that using the word Chief too much in our organization could be offensive to a specific population. And THD minimized using the word Chief, and it's only used one time, and that's for the Chief Financial Officer, and that is Jumao Wang's role at THD.

They also recognized they were using the word "division" a lot. And division is defined as separate or divided; some divisions were working in silos and not together. And THD learned that the agency was more robust when everyone was focused in the same direction during COVID. And we wanted to ensure we were doing that as an organization outside COVID, which was extremely important to us. THD wanted to improve program alignment and collaboration. One of the names that were changed was the Adolescent and Child Health Division, and THD now calls it the Adolescent and Child Health Division to the Office of Maternal and Child Health Office. That was changed because it is common vernacular within state health departments throughout the country. THD needed to identify additional leadership roles: the Associate Director, Office of Community Improvement & QI, and Associate Director (Dr. Leslie Carroll). The Office of Legal Services & Human Resources (Chanteau Orr) and two new Deputy Associate Director positions are the Office of Preventive Services and the Office of Maternal & Child Health.

The process started with a conversation between Dr. Bruce Dart and Reggie Ivey; they met in June. And they decided they needed to look at how our organization is structured. They saw that some programs needed to align the wording that was being used not appropriately. They looked at organizational charts from local and state health departments nationwide. Most of the local and state health department organizational charts were also changing. They met with all eleven division chiefs one on one and asked them to tell them what do you think is working well and what do you think is not working well. Many of those division chiefs brought an organizational chart that they brought with them, which helped them. It needed to make sense to them, and it did. Almost every division chief said Priscilla's division was too large. And it was. Bruce and Reggie created several drafts, then met with the executive committee, which consisted of three board members, and presented the draft organizational chart to the three members of the executive committee. And they decided to introduce the organizational chart to the management team and the THD staff. On September 7, 2022, they first met with the management team and shared the new organizational chart. And when that meeting was over, Dr. Dart emailed all staff, informing them of the change. On November 1, 2022, the new organizational chart was launched.

The senior leadership organizational chart consists of the following individuals Dr. Bruce Dart, Executive Director; Reggie Ivey, title Associate Executive Director. Priscilla Haynes, Associate Director of Office of Preventive Health Services. Marcus Anderson, Associate Director of Maternal and Child Health. Dr. Leslie Carroll, Associate Director of the Office of Community Health and QI; Kelly VanBuskirk, Associate Director of the Office of Prevention, Preparedness, and Response. Adam Austin, Associate Director of the Office of Environmental Public Health Services, and Chanteau Orr, Associate Director of the Office of Legal and Human Resources.

Announcements

Next Board Meeting Wednesday, April 19, 2023 at 6:00pm | JGHC Room 200

VIII. Adjournment

The meeting adjourned at 7:50pm.



Mike Stout, PhD, Board of Health Chair

ATTESTED:



Makeda Thompson, Tulsa Health Department Assistant