

MEETING MINUTES
Tulsa City-County Board of Health
May 17, 2023 at 6:00pm
North Regional Health & Wellness Center
5635 North Martin Luther King Blvd.
Tulsa, OK 74126

Board Members Present:

Regina Lewis, DO; Vice-Chair
Aimee Boyer, J.D., CFP
Krystal Reyes, MPA
Sarah-Anne Schumann, MD, MPH
Mike Jones, DVM
Ann Paul, DrPH
Jeffrey Galles, D.O.
Mousumi Som, D.O

Staff Present:

Bruce Dart, PhD, Executive Director
Reggie Ivey, Associate Executive Director
Marcus Anderson, Adolescent and Child Health Services
Adam Austin, Environmental Health
Leslie Carroll, PhD, Community Health & QI
Priscilla Haynes, Preventative Health
Jumao Wang, Finance
Scott Buffington, Employee Resources & Development
Kendra Wise, EHS Manager
Mandy Dixon, Lead Program Supervisor
Angela Carter, Legal Assistant

I. Call to Order and Welcome

Dr. Regina Lewis called the meeting to order at 6:00 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 15, 2023.

Approval of the Meeting Minutes

Dr. Regina Lewis entertained a motion to approve the April 19, 2023 minutes. A motion was made by Dr. Mousumi Som and seconded by Krystal Reyes. ***The April 19, 2023 minutes were approved:***

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

II. Chair's Report

Dr. Regina Lewis talked about gun violence and the difference between the United States and Great Britain. Some of the facts were in May 2023; we already had 15,000 Americans who died from gun violence. In 2021 our total was 48,830. And when we talk about homicides, there are 20,948. She goes on to talk about how in America, more people die by suicide with guns or are victims of gun violence compared to the U.K. In 2021 we had 26,328 Americans that took their lives using a firearm, and in the U.K., in 2019, only 117. The reason that the writer of this article brought this information up is because Police Chief Wendell Franklin put out an article in Tulsa World not too long ago that talked about gun violence and how we are going to address it. And Dr. Mike Stout wanted us all to be aware, especially of what happened in Texas. Everybody deserves the right to guns, but what can be done so that our kids are not being killed by them.

III. Director's Report

The Community Health Improvement Plan was released last month, and so far, the reactions to it have been very positive. The US Public Health Service Commissioned Officers Foundation held its annual training symposium meeting in Tulsa from May 8th – May 10th. Their primary goal is to advance and promote the mission of public health in the United States. I was asked by the HHS

Region VI Administrator to meet with Admiral Rachel Levine who is the 17th Assistant Secretary for Health in HHS. I met with her party at The Urban Indian Healthcare Center on May 8th to discuss issues in Oklahoma like harm reduction, climate change, infant mortality, and child development in Oklahoma. Both Krystal and I gave welcoming remarks at the symposium's opening session on May 9th. They were overwhelmed by the welcome they received in Tulsa and by how smoothly the conference ran.

The Strategic Plan process is now underway, and I believe virtual meetings have been set up for the Board so you can participate. As you may know, the COVID Public Health Emergency Ended on May 11th. We are creating messages for both our staff and the public to help them understand how THD is transitioning from pandemic to endemic. I have attached a document we produced based on the OSDH model for your review.

Additionally, for residents who are affected by the end of the public health emergency, we continue to provide renewal and enrollment services for SoonerCare both over the phone, at our three main sites for walk-in 8-5 M-F as well as at multiple community agencies and events including regular collaborations with Tulsa County Shelter, Educare 2, and St Andrew's Church. Etc.

Due to a coordinated effort, we have received from OKHCA a list of names of those scheduled to be cut off their coverage over the past few months. We have called those we can help which have been those families with a child who turned 1 and had not supplied SSN as required. During the PHE those families and children remained on SoonerCare instead of the policy pre-pandemic where they would have been removed. We have called slightly less than 1,000 families and while 70% of the numbers were not correct or disconnected, we were able to reach approximately 17% of the families and provide 168 families with renewal of their services for a full year. We have discontinued the calling process since the phone numbers appeared so obsolete.

For those who reach us or learn about us from our community engagement efforts we can help them complete a current, accurate application and if denied provide referrals to partner agencies that help with Marketplace coverage (Tulsa Responds Tulsa HealthCare Coverage Project) information about our own preventive health services and information about FQHC's that have sliding scale or other resources such as Bedlam clinic.

We have been proactively working to get anyone we come across updated in the system with current information to avoid loss of coverage. We provide warm hand-offs for anyone that needs to be connected to DHS for disability coverage or to other resources as appropriate. Due to our agency's unique ability to have Agency view access, we can verify in real-time documentation requested by OKHCA. This documentation request process was paused during PHE and is also resuming next week. Our community engagement specialists have also established quarterly evening library hours and partnered with other agencies to provide onsite SoonerCare enrollment, SNAP, and free or reduced-rate Internet. We are doing all we can to ensure the end of the PHE does not harm already vulnerable populations.

You will receive the final version of the budget with some modifications from the April presentation. It will be a budget that gives us the resources and tools to carry out our mission. I was able to meet with the Cherokee Nation Public Health Department in April, our relationships with tribes, especially Cherokee, Muscogee/Creek, and the Osage tribe have improved during and since the pandemic; in conjunction with the Urban Indian Healthcare Center we have made

relationships with nearby tribes a priority and those relationships have improved dramatically. Have a great week, I look forward to seeing you all on May 17th!

IV. THD Reports/Action Items

A. Community Health Improvement THD Sale and Healthy Homes: Get the Lead Out

Kendra Wise and Mandy Dixon discussed the Lead Hazard Control Program and how the HUD grant allows them to remove lead hazards from low-income homes. Their focus is on zip codes 74106, 74110, and 74127, Single-family homes or duplexes built before 1978 that meet the income requirements for children under the age of 6 that live in the home or visit often. And what THD does is hire a contractor to remove the hazards, and this program was launched in the Fall of 2020; the Lead Hazard Control program changed EHS because it offered a solution to low-income families with EBLL children. EHS has received training for lead-based paint requirements addressed in the Housing Code and increased our service to the community. Even families that don't qualify for the abatement can benefit from the program. And it offers additional incentives for our Safe and Healthy Homes Program.

Children at risk ages six and under live or spend time in homes built before 1978. Paints containing up to 50% lead were used inside and outside homes through the 1950s. Adults who work with lead on the job or hobbies such as painters and workers in smelters. Children exposed to dust on clothes from these professions are also at risk. Pregnant or nursing women's exposure to lead can harm an unborn child. The impact of low-level lead exposure can impact children, and they can have damage to IQ or brain and nervous system, Decreased academic achievement, decreased reading readiness, the incidence of ADHD and behavioral disorders, damage to kidneys, and impaired speech, hearing, and fine motor skills,

Lead Hazards can be found in lead paint on interior walls, doors, ceilings, and windowsills, even under recent layers of paint, lead paint in exterior walls and windowsills, chipping paint, and dust; the most common sources in homes are windows, doorways, and porches, lead paint in the soil around the house, especially if the paint has been scrapped and repainted in recent years. People and pets can bring lead-contaminated dust into the home. Lead is also found in toys, jewelry, food, baby food, makeup, keys, Imported candy, spices, pottery, and drinking water. Parents can have their child tested for blood lead levels before they are 24 months old if they live or visit a home built before 1978 or work in a profession that exposes them to lead hazards. They can contact THD if they have any questions about home safety. A key component of reducing risk is cleaning dust from floors and windows and washing hands.

THD can help any family (regardless of income level) identify the causes of lead poisoning or an elevated blood lead level. Some families will qualify for additional assistance. The eligibility requirements for the LHCP are based on income, home (owner or renter occupied) built before 1978

A child under the age of 6 living or visiting frequently (6 hours a week or 60 hours a year), Live in Tulsa County. Repairs to the home can include repainting surfaces, replacing windows, siding, etc. Homeowners fill out an LHCP application and submit it. After eligibility is confirmed,

THD-licensed lead risk assessors will perform an inspection at no cost to you if lead is found to be a hazard in the home. THD will proceed with hazard removal at no cost to the homeowner by licensed lead abatement contractors. There have been 85 LBP inspections, 28 of those EBLL, 23 in the process of qualifying and receiving interventions, 14 under contract, ten finished, 2 in the bid process, and three active contractors. If you have any questions or concerns, Kendra Wise, EHS Manager, can be reached at 918-595-4374 or by email at kwise@tulsa-health.org or Mandy Dixon, the Lead Program Supervisor, at 918-595-4450 or by email at mdixon@tulsa-health.org.

B. New Initiatives: THD FY24 Budget

Reggie Ivey talked about FY23 against FY24. On one of the handouts, he pointed out that the Ad Valorem tax revenue and THD anticipate bringing in 3.98%. In permits, they expect to bring in 13.24%; Patient fees an increase by 19.74%, and miscellaneous income by 25.95%. That is largely because of the George Kaiser Family Foundation. They fund four programs at the Tulsa Health Department and are very generous to the Health Department. The St. Francis health system also funds one of the Tulsa Health Department Centers for Community Health Improvement. As you all know, interest rates are high, so with the cash THD has in the bank, we are drawing down on a lot more interest than we had in the past years, which is good for the Tulsa Health Department. And lastly, rental income is what makes up the miscellaneous income. In the private volume, there is one program that we bring in revenue for that particular category, and that's from the tobacco settlement endowment and the Healthy Living program. It is the same amount in FY23 as it is in FY24. As far as state programs, four programs are funded by the state, and we are expected to bring in 1.79% more this next fiscal year than the current fiscal year. The total of \$42,441,905 is the health department's largest budget.

THD received a large grant from the Center for Disease Control, a public health infrastructure grant of almost 1.9 million dollars. The grant started last year it will end in 2027. After 2027 the grant goes away. The George Kaiser Family Foundation funded a new program, the lactation consultant program. That is likely going to be ongoing funding from that particular source. Amliply will give THD past due dollars \$150,000 to enhance the teen pregnancy prevention programs. THD will be able to hire two new teen pregnancy specialists and also a coordinator. NACCHO also gave THD money for the Syphilis reduction grant of \$119,585. THD also received funding from the State Health Department, which was a past due grant from CDC from the State Health Department then to us which is \$487,356 largely because we underspent this current year regarding that particular grant, so they're allowing us to transfer those funds over to our budget next fiscal year. THD is very close to buying a mobile van getting it retrofitted and getting it wrapped, and also being able to staff the van. This way, we can provide services to the vulnerable and marginalized communities. The WIC budget will increase by \$100,000. We include a 3% increase in the cost of living for our staff in the THD budget. THD will experience an increase in health care cost this next fiscal year by 7% THD has decided they would like to carry that cost for employees. Also, THD received a reduction in health insurance of 5% last year, so an increase of 7% is more like a 2% increase than a full 7%. Because THD did get a reduction last year, the most significant expenditure will be remodeling the James O Goodwin Health Center, which will be \$777,000 next year, and renovating our clinic.

Dr. Regina Lewis entertained a motion to approve the budget. The motion was made by Krystal Reyes and seconded by Dr. Mousumi Som. **The FY24 Tulsa Health Department budget was approved:**

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

V. Proposed Executive Session pursuant to 25 O.S. Section 307(B) (1) to consider and discuss a confidential matter relating employee conduct.

Dr. Regina Lewis entertained a motion to go into Executive Session. A motion was made by Aimee Boyer and seconded by Dr. Mousumi Som. **An Executive Session was called:**

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

The Board went into Executive Session at 6:41pm.

Announcements

Next Board Meeting Wednesday, June 21, 2023 at 6:00pm | James Goodwin Health Center, Rm 200

VI. Adjournment

The meeting adjourned at 7:30 pm.

APPROVED:



Mike Stout, PhD, Board of Health Chair

ATTESTED:



Makeda Thompson, Tulsa Health Department Assistant