

MEETING MINUTES
Tulsa City-County Board of Health

September 18, 2024, 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
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.

Staff Present:

Bruce Dart, Executive Director
Reggie Ivey, Associate Executive Director
Sara Rodriguez, Executive Assistant
Adam Austin, Assoc. Director Office of Environmental Health Services
Marcus Anderson, Assoc. Director Office of Maternal & Child Health
Julia Profit-Williams, Assoc. Director Office of Preventive Health Services
Kelly VanBuskirk, Assoc. Director Office of Prevention, Preparedness, and Response
Joann Peel, Executive Assistant
Leanne Stephens, Senior Director Marketing & Communications
Shelby Fields, Associate Attorney
Jesy Whitacre, Health Equity Manager Bilingual
Shauna Meador, Project Manager CDC Health Equity Grant
Lewana Dailey, Workforce Director
Linda Jenkins, Jenkins Consulting Group
Elsa Marques, Jenkins Consulting Group
Scott Adkins, Consultant & Legislative Liaison

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

Dr. Dart called the meeting to order at 6:07 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 September 12, 2024.

2) Approval of Minutes – Dr. Regina Lewis

Dr. Dart entertained a motion to approve the August 2024 minutes. A motion was made by Dr. Paul and seconded by Dr. Bingman. ***The August 21, 2024 minutes were approved:***

Dr. Lewis	not present - Arrived at 6:12 pm
Dr. Som	not present
Ms. Boyer	aye
Dr. Stout	not present
Ms. Reyes	aye
Dr. Paul	aye
Dr. Jones	aye
Dr. Galles	not present
Dr. Bingman	aye

3) Chair's Report – Dr. Regina Lewis

Dr. Regina Lewis did not share a Chair's Report.

4) Director's Report – Bruce Dart

Dr. Dart mentioned that his report is included in the BOH packet and that the Strategic Plan will be presented tonight. It took great time and energy to make sure the right thing was in the right place including the Tulsa County communities, THD staff, and the BOH members. Our goal is to impact health equity by deconstructing barriers that lead to people's health. Linda and Elsa will present the strategic plan.

5) Tulsa Health Department Reports

A. Strategic Plan – Linda Jenkins and Elsa Marquez

Elsa Marquez stated her gratitude by inviting them to come and share the outcomes of the Strategic Planning process. Elsa began by thanking and acknowledging the extraordinary work of the Strategic Planning Committee. The level of engagement and leadership stand out. It was a long, thorough, and detailed process. It was a commitment to create a process and create the conceptions for a plan to have meaning and usefulness to the department.

The process started with listening sessions for THD employees, leadership, and Associate Directors. A great deal of exchange and value comes from this process. Out of the listening sessions, four key themes were identified: vision, culture, management/leadership effectiveness, and HR effectiveness as the primary focus of the work process. Fourteen other topics were also identified. The discussions started with the mission, vision, and values process. The proposed mission statement, vision statement, and core values were

generated. We wanted to go beyond statements and attach them to behaviors. We believe these things, but this is how we act.

The community listening sessions were essential for the strategic planning process. To take the voices and choices of the community and implicate them into the strategic planning process of the critical issues collectively determined that the department needed to 1. recruit and retain great employees, 2. continue to think of health equity as a focal approach, 3. look at health disparities and the reduction in life expectancy, 4. thinking about trauma and trauma-informed care, 5. understanding how to become a catalyst in handling misinformation and disinformation.

The strategic priorities and critical goals were thought through in the process of accreditation that the department is continuously going through. Five key outcomes were yielded for priorities: 1. Sustain a dedicated and skilled workforce, 2. Increase Health Equity, 3. Increase life expectancy, 4. Foster healing and resiliency, 5. Reduce health-related misinformation and disinformation. The definition of goals stated as the resolution of the priorities is the resolution that may be achieved. Once these goals were determined it was time to create objectives using the SMARITES construct. There were 21 pages of SMARITES objectives yielded by the committee that will be working with the staff so that there could be deliverables.

Linda Jenkins stated that one of the things that she liked the most about facilitating the process is that it started with employee listening and finished with employee listening. The last aspect of this process was to set up employees to come and provide feedback on what has been created so far. It is imperative to share the draft goals and objectives with THD employees, as their input is valuable. Linda wanted to uplift and applaud the strategic plan committee for letting employees know that this is an important part of this process. There were four employee sessions; two were at JOGHC, one at Central and one at North, making it widely accessible for employees. Three ideas came up in all the sessions: simplicity, clarity, and accuracy. Employees were looking at the material and asking if it was simple, clear, and accurate and if it was easy to remember and translate into multiple languages. Employees wanted it to be easy to understand for everyone who is associated with THD, employees, clients, community members, and partners. Does it accurately depict and reflect how everyone at THD should and does accomplish their work across the spectrum? Can it constantly be applied across all the divisions and programs? After the employee listening feedback sessions, the new mission statement is "To protect and support Tulsa County communities in pursuit of their health goals." The vision Statement "Tulsa County communities will meet their health goals." The Core Values – Belief Statements and Behavior Statements were read to the Board. Some of these were changed due to feedback from employee listening feedback sessions. Ms. Jenkins finished by stating that it has been an honor and a privilege to work on these projects.

B. THD Mobile Clinic – Julia Profit-Williams and Shauna Meador

Shauna Meador, Project Manager CDC Grants stated that this is a project that has been in the making for a couple of years and is excited that the Mobile Clinic will be coming to THD and serving Tulsa County soon. COVID-19 shed light on pre-existing inequities in communities across the US and exacerbated those inequities. This funding was an attempt to not only mitigate the spread of COVID-19 but also to put practices in place that support long-term solutions to advancing overall community health. OSDH received over \$43 million from CDC with \$12.5 million directed toward rural communities. Of the \$1.5 million received by THD, \$786,750.00 was designated for the purchase and operation of the Mobile Health Clinic. The remainder of the monies paid for COVID-19 testing at no cost to Tulsa County residents.

This process was a multi-step process. Shauna and members of the Office of Preventive Health looked at what kind of vehicle would be used, the size of the vehicle, talked with partners, organizations, and other health departments. Planning for the types of services that could be offered, plans for retrofit, and wrap of the vehicle were also discussed. A Mercedes sprinter van was purchased along with the tag, tax, title, insurance, wrap

personnel, equipment, technology, fuel, and maintenance for a cost of \$52,000. Mobile clinic retrofit components included custom cabinetry to hold clinical equipment, custom rubberized flooring, custom electrical, custom lighting, space for vaccine and medical refrigeration, client and staff seating, desk space for staff, attached awning, and handicap accessibility. The retrofitting cost \$94,000.

Julia Profit-Williams (JP), Associate Director of the Office of Preventive Health Services stated the tentative implementation needed to roll out the mobile clinic would include two nurses, clinic clerks, a lab tech, a community engagement specialist, community health workers, and an audiologist. Clinical services that would be offered are Family Planning, STI, HIV/HEP C testing, immunizations, chronic disease screening (Know Your Numbers), COVID-19 testing, lab, and emergency deployment. Additional mobile clinic services are Sooner Care/Medicaid enrollment assistance, child guidance, WIC, and community health workers offering appropriate referrals with health care providers. Community partners would follow up with each participant receiving services from CHW. The indicators as to where this mobile clinic will be used in the communities will be data-driven. The Mobile Clinic will be placed where there is chronic disease, STI, low immunizations, uninsured, tobacco abuse, low income, fetal mortality, unemployment, single parents, incarcerated, mental health, substance abuse, domestic violence, unplanned pregnancy, etc.

6) Announcements – Dr. Regina Lewis

The Next Board Meeting will be held on Wednesday, November 13, 2024 at 6:00 pm at the North Regional Health and Wellness Center in Room 208.

8) Adjournment

The meeting was adjourned at 7:16 pm.

APPROVED:


Regina Lewis, D.O.
Board of Health Chair

ATTESTED:


Sara Rodriguez
Executive Assistant
Tulsa Health Department