MEETING MINUTES

Tulsa City-County Board of Health
September 22, 2021 at 6:00pm
Teleconference
Dial (for higher quality, dial a number based on your current location):
US: +1(720)9027700 (US Central)

Board Members Present:

Ann Paul, DrPH; Chair
Mike Jones, DVM; Vice-Chair
Regina Lewis, DO
Krystal Reyes, MPA
Sarah-Anne Schumann, MD, MPH
Mike Stout, PhD

Staff Present:

Bruce Dart, PhD, Executive Director
Reggie Ivey, Chief Operating Officer
Chanteau Orr, Legal Counsel
Scott Buffington, Employee Resources & Development
Adam Austin, Environmental Health
Priscilla Haynes, Preventative Health
Leanne Stephens, Marketing & Communication
Kelly VanBuskirk, Health Data & Policy
Jumao Wang, Finance Department
Monica Rogers, Information Systems
Makeda Thompson, Executive Assistant

Others Present: Dr. Susie Popplewell, Coordinator International Programs, OSU
Julie Davis, CEO, YWCA

I. Call to Order and Welcome

Dr. Ann Paul 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 September 17, 2021.

Approval of the Meeting Minutes

Dr. Ann Paul entertained a motion to approve the August 18, 2021 minutes. A motion was made by Dr. Mike Jones and seconded by Dr. Regina Lewis. ***The August 18, 2021 minutes were approved:***

Dr. Paul	aye
Dr. Jones	aye
Dr. Stout	aye
Ms. Boyer	not present
Dr. Lewis	aye
Dr. Evans	not present
Dr. Schumann	aye
K. Reyes	aye

I. Chair's Report

Dr. Ann Paul reflected on the duration of the Covid-19 pandemic, and how it is unfortunately not over. We will likely experience a future surge. We know our THD employees and healthcare workers are tired. Dr. Paul shared tips for leading others through uncertainty that in summary include being present, listening, communicating frequently, and watching for distress. Dr. Paul shared specific questions that can be asked of associates to assess their well-being. This will give us as leaders the opportunity to offer assistance to our employees and demonstrate that we care and support them.

III. THD Reports/Action Items

A. Overview of the Science & Research on Racism

Dr. Mike Stout talked about how Racism acts on multiple levels in our society and is a systemic problem. Racism is a system of power and oppression that structures opportunities and assigns value based on race and ethnicity, unfairly disadvantaging people of color while unfairly advantaging White people, and operates on an individual, institutional, and cultural level. He pointed out the levels of Racism which are the individual or interpersonal, which uses pre-judgment, bias, or discrimination based on race by an individual. Institutional Racism occurs on the level of institutions. This is when policies, practices, and systems within institutions create and sustain racialized outcomes. Internalized Racism is conscious or unconscious beliefs about ourselves and others based on race. Structural Racism is what it talked about when talking about health equity and communities is the systems of structures, institutions, and policies that work together to advantage white people and disadvantaged people of color.

When health equity is talked about, it's referring to having a society where all people have the opportunity to attain the highest level of health. And no one is kept from reaching the highest level of health because of their social position. (e.g., class, immigration status) or social identities (e.g., race, gender, sexual orientation). (Adapted from CDC.) Racial Equity is when race can no longer be used to predict life outcomes and outcomes for all groups improved. Social justice is a vision of a society where the distribution of resources is equitable. All members are physically and psychologically safe and secure—one of the main ways race impacts health as a social determinant. Social determinants of health (SDOH) are conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into five domains: economic stability, education access, and quality, healthcare access and quality, neighborhood and built environment, and social and community context.
https://health.gov/healthypeople/objectives-and-data/social-determinants-health

The American Medical Association recognizes that Racism negatively impacts and exacerbates health inequities among historically marginalized communities. Without systemic and structural-level change, health inequities will continue to exist, and the nation's overall health will suffer. Declaring Racism as an urgent public health threat is a step in the right direction toward advancing Equity in medicine and public health, while creating pathways for truth, healing, and reconciliation. "- AMA Board Member Willard V. Edwards, MD, MBA.

The APHA also made a statement stating that "Racism has a long-standing history in the United States and across the world that permeates almost every situation. From the education system and the health care system to the environmental issues, the criminal justice system, and the field of economics, Blacks and African Americans have suffered across multiple generations at the hands of the racist practices that plague each of these institutions. This policy statement calls on APHA to support and fund research focused on addressing structural Racism and help develop solutions to mitigate Racism within the institutions in the United States. -APHA Policy Report on Structural Racism 2021)

He talked about Racism and historical trauma and how the effects of historical trauma are intergenerationally transmitted even as the structural mechanisms that created them remain in place, forming a plurality of disadvantages for present-day generations. Children and youth inherit their family history of institutionalized disadvantage and their sequelae. The persistence of

disproportionate impacts of social determinants of health on communities of color and present-day health inequities are products of differential treatment's historical and ongoing experience. The youth today also have inherited intergenerational strengths and resilience that can be tapped to transform their long-term outcomes." Excerpted from Reaching Teens, 2nd Edition Strenth-Based, Trauma-Sensitive, Resilience-Building Communication Strategies Rooted in Positive Youth Development

Racism affects health one way is the direct discrimination, and bigotry causes trauma and toxic stress on the individuals experiencing that trauma. Trauma is an underlying cause of severe mental health conditions today. It also affects our physiology when we're constantly under stress; it wears down the system and body and ages people more quickly, weakens the immune system, causes inflammation in the body, and causes chronic health conditions over time. In addition to the overt and bigotry, people of color experience more subtle traumas daily. Banks and credit companies won't lend them money or do so only at higher interest rates, and people who avoid them and their neighborhoods out of ignorance and fear.
The Mass incarceration of their peers. School curricula that ignore or minimize their contributions to our shared history; and racial profiling.
https://www.mhanational.org/racism-and-mental-health

Dr. Stout pulled some recent data that point out-group perception of discrimination for their groups. 55% of caucasian people believe that discrimination in their group exists today; that number is 92% for African Americans; more than 9 out of every 10 African Americans believe that discrimination against their own group exists in America. We have seen a spike in bigotry since the Coronavirus disease against Asian Americans because of the origin of the Coronavirus disease coming from China. Black, indigenous, and people of color(BIPOC) are more likely to report personally experiencing workplace discrimination because of their race or ethnicity. Discrimination when interacting with police, being unfairly stopped by the police, or unfairly treated by courts, avoiding calling police when in need due to concern they would be discriminated against. Discrimination when seeking housing, discrimination when going to a doctor or health clinic, violence, threats, harassment, or slurs about their race.

Racial Equity relates to public health because a large percentage of BIPOC populations are being exposed to the impact of historical and contemporary racial trauma. This, combined with inequitable access to community relationships and resources, increases levels of susceptibility to disease contraction and transmission and the prevalence of preventable chronic health conditions that have significant implications for local health care and public health systems. The roles of the boards of health are to work with the director and to have a direct role in policy advising and guidance that could exacerbate the inequality that we see in our society, or we can think about policy more equitably and understand how the decisions that we make as individual board members can impact the way we think about a policy which can affect the way policy works or the diversity of the community that they're serving.

B. Overview of the Intercultural Development Inventory (IDI) & Process

Dr. Susie Popplewell talked about the Intercultural Development Inventory to help the health board achieve its organizational goals. In the process, each member will have the opportunity to learn about themselves. It is the premier cross-cultural assessment of intercultural competence used by people and organizations. Worldwide it is used to develop intercultural competence to achieve goals and outcomes that promote equity and inclusion. Intercultural Competence- An individual or group's capability to shift cultural perspective and appropriately adapt behavior to cultural differences and commonalities. The IDI Measures individual and group progression along a continuum of cross-cultural competence. Its developmental; provides an in-depth insight into how people and groups make sense of and respond to cultural differences. It measures mindset and skillsets along a growth continuum and facilitates safe and productive conversations and actions toward growth and development, rather than judgment.

The IDI assesses intercultural competence using a 50-question questionnaire, available online, that can be completed in 15-20 minutes. After the survey is taken, the IDI generates an individual profile report; it breaks the assessment down into component parts and explains how to interpret it to the person in written form. And with that comes an intercultural development plan which is that customized learning plan. It might give the person a list of things that a person in this developmental trajectory can grow most efficiently by doing these things. Detailed Sub-Group/Group & Organizational Reports are processed with the group/organization by an IDI Qualified Administrator. The IDI guided development tool identifies the kinds of learning interventions that most effectively and efficiently build intercultural competence for individuals. Groups and organizations, processed with the group/organization by an IDI Qualified Administrator. If included in the training model, the IDI Qualified Administrator can coach individuals/groups, over time, toward goal achievement and takes learning interventions beyond "awareness building" to direct impact on critical needs and concerns.

IDI research confirms two central findings. The first one is Interculturally competent behavior occurs at a level supported by the individual's or group's underlying orientation, as assessed by the IDI. And training and leadership development efforts at building intercultural competence are more successful when based on the individual's or group's underlying developmental orientation, as assessed by the IDI. The IDI is Developmental, practical, comprehensive, applicable across various cultures, statistically reliable and generalizable, rigorously validated, customizable, resource-rich, free of cultural bias, and available in 17 languages.

C. How the YWCA is applying a Racial Equity Lens to Health Work & Organizational Practices

Julie Davis talked about how the YWCA applies a racial equity lens to health work and organizational practices. The YWCA mission is to climate racism, empower women, and promote peace, justice, freedom, and dignity for all. She went on to talk about how different populations experience different health outcomes in Tulsa. The YMCA has the resources and knowledge to address inequities in health outcomes. They developed and hired a director of Health Equity and wellness. They have been working to identify goals and targets to decrease health disparities and health outcomes. They collaborated with civic, corporate, and community partners, including the North Tulsa Community Coalition. The four key areas were acknowledging and raising awareness, learning, being intentional, and building trust within our staff and community.

The YWCA wanted to make sure they were the catalyst to achieve their mission. The YWCA made a list, and the list consisted of knowing more about the history of Tulsa. The history of the YWCA and the role the YWCA played. And to figure out if the YWCA has shown racism in the last 100 years. They needed to know what is Health equity, what are other cities doing? And what is the experience of a non-white person on our team? Does it differ from that of white people? What is the experience of our non-white clients? Does it vary from our white clients? What is the community perception of the YWCA around equity, and what are our opportunities for improvement? The YWCA did a racial equity audit where a third party came in and interviewed their staff, board members and clients, and community partners. The YWCA learned that they didn't have transparent processes where people could report if they had been discriminated against, and they met with their HR department and made sure there was a process implemented.

Julie reiterated that YWCA must be intentional and build this work from within by making sure their staff is invested. They are doing training for management and all their staff. She stated that the YWCA is creating outreach and response to different communities and that one size does not fit all might be different needs for people living in midtown versus people living in North Tulsa.

D. COVID-19 Vaccinations & Testing Update

Priscilla talked about THD offering the COVID-19 Vaccine at four of the Health department sites, which are JGHC & CRHC (Mon. thru Fri.), NRHC (Mon. & Wed.) & SSHC (Fri.). The caring van administered COVID-19 Vaccine at the Tulsa Fair from September 30 until October 10, 2021. Upon FDA & CDC approval, a special POD was opened at The Tulsa Technology Center at B.A. campus on September 28 & 29, 2021, to administer the booster doses. The total number of vaccines administered in each THD location is as follows: TCCHD-Caring Van 6,726, TCCHD- Central Regional Health Center 3.908, TCCHD- James Goodwin 112,871, Tulsa TCCHD- Sand Springs 1,538, TCCHD North Regional Health Center 7,177, and the FEMA Community Vaccination Center(CVC) 5,687.

The population in Tulsa that is 12 and older the Tulsa Health Department has given at least one dose to is 72.2 percent compared to the State that is 66.3 percent. Tulsa has given 61.6% to the fully vaccinated residents to those 12 and older compared to the State, which showed 55.4%. The 65 and older population that the Tulsa Health Department has given at least one dose of Vaccine to is 96.8% compared to the State at 90.5% and the U.S. total, which is at 93.20%. For the fully vaccinated residents, Tulsa has given 87.0% to those 65 and older compared to the State, which gave 79.4%, and the U.S. total, which is 82.90%. The FDA VRBPAC voted unanimously (18-0) in favor of emergency use authorization of Pfizer vaccine for booster doses for age 65 and up and those at high risk. EUA would apply to healthcare workers, frontline workers, essential infrastructure workers, and all those 65 and older. The EUA would apply to healthcare workers, frontline workers, critical infrastructure workers, and all those 65 and older.

The Advisory Committee on Immunization Practices (ACIP) provides advice and guidance to the Director of the CDC regarding the use of vaccines and related agents to control vaccine-preventable diseases in the civilian population of the United States. The CDC Director reviews recommendations made by the ACIP and, if adopted, are published as official CDC/HHS recommendations in the Morbidity and Mortality Weekly Report (MMWR). By September 23, 2021, the Tulsa Health Department should have some guidance on providing those boosters. The

points of dispensing the locations are still being determined; it will be a two-day operation of approximately 350 individuals per day—appointments required and staffing with THD, MRC, and EPRP. An additional vaccine dose might be administered when the initial immune response following a primary vaccine series is likely to be insufficient. The clients that quality is a person with active treatment for solid tumor and hematologic malignancies, Receipt of solid-organ transplant and taking immunosuppressive therapy, Receipt of CAR-T-cell or hematopoietic stem cell transplant within two years of transplantation or taking immunosuppression therapy, moderate or severe primary immunodeficiency (e.g., DiGeorge, Wiskott-Aldrich syndromes) Advanced or untreated HIV infection: CD4 cell count <200/mm3, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV. Active treatment with high-dose corticosteroids (≥20mg prednisone or equivalent per day for ≥2 weeks). Alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents are classified as severely immunosuppressive. TNF blockers and other immunosuppressive or immunomodulatory biologic agents. The booster dose is a vaccine dose administered when the initial sufficient immune response to a primary vaccine series is likely to have waned over time.

The Tulsa Health Department is doing COVID-19 testing at North Regional Health Center on Tuesdays from 1 pm until 5 pm. THD started backtesting for COVID-19 on August 17, 2021. Seventy-two slots have been allotted for testing, but the agency hasn't been able to fill them. The most were on September 7, 2021, and that was 36 COVID tests performed. Additional testing funded by THD is Access Medical and the Tulsa Mobile Clinic, which THD has funding until October 31, 2021. (Intended for those with low resources testing for individuals)

Announcements

Next Board Meeting Wednesday, December 1, 2021 at 6:00pm | TBA

IV. Adjournment

The meeting adjourned at 7:27pm.

APPROVED:

Ann Paul, DrPH, MPH, Board of Health Chair

ATTESTED:

Makeda Thompson, Tulsa Health Department Assistant