MEETING MINUTES
Tulsa City-County Board of Health
February 16, 2022 at 6:00pm
Teleconference
Dial (for higher quality, dial a number based on your current location):
US: +1 (720) 902-7700 (US Central)

Board Members Present:
Mike Stout, PhD; Chair
Regina Lewis, D.O; Vice-Chair
Aimee Boyer, J.D., CFP; Treasurer
Sarah-Anne Schumann, MD, MPH
Krystal Reyes, MPA
Ann Paul PhD
Jeffrey Galles, D.O.
Mousumi Som, D.O

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, Prevention, Preparedness & Response
Jumao Wang, Finance Department
Monica Rogers, Data & Technology
Christina Seymour, Project Manager
Makeda Thompson, Executive Assistant
I. Call to Order and Welcome

Dr. Mike Stout 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 February 11, 2022.

Approval of the Meeting Minutes

The January Board of Health minutes were not approved because the meeting was virtual. The board could not vote on the minutes.

II. Chair’s Report: Dr. Mike Stout

Dr. Mike Stout has been continuing to keep his eye out for new research that sheds light on the pandemic response in the US and Oklahoma to get a sense of why we have fared so poorly compared to other nations and states over the past couple of years. He stated that he’s not doing this because he thinks we will be able to turn the tide on the trajectory of the current pandemic, that’s unlikely. He’s doing it because it will help us prepare for future pandemics and public health crises, which are bound to happen, and because I’m concerned that we’ll be in a weaker position following this crisis than we were before it started.

To provide some context, according to data as of Monday, the US leads the world in cases of COVID-19, followed by India, Brazil, France, and the UK. We rank 5th globally in COVID mortality per 100,000 people, behind Poland, Brazil, Romania, and Peru. In the United States, Oklahoma ranks 5th in COVID death rates, 19th in COVID cases per 100,000, and has the 14th lowest vaccination rate in the country (64% of the country is fully vaccinated, compared to 56% in Oklahoma).

Last month, he summarized the results of several studies showing partisan gaps in vaccinations, and how vaccine misinformation was being spread largely through right-leaning and far-right media. This month, I’d like to summarize the results of two new studies that shed some additional light on the issue. The first was a study published in the medical journal The Lancet that looked at predictors of COVID infections and infection-fatality ratios. The study reported that pandemic-preparedness indices, which aim to measure health security capacity (in which the US was ranked #1 prior to the pandemic), were not meaningfully associated with standardized infection rates or infection-fatality ratios. However, measures of trust in the government and interpersonal trust, as well as less government corruption, had large, statistically significant associations with lower standardized infection rates. High levels of government and interpersonal trust, as well as less government corruption, were also associated with higher COVID-19 vaccine coverage among middle-income and high-income countries where vaccine availability was more widespread, and lower corruption...
was associated with greater reductions in mobility. The authors found that an increase in trust of governments such that all countries had societies that attained at least the amount of trust in government or interpersonal trust measured in Denmark, which is in the 75th percentile across these spectrums, might have reduced global infections by 13% for government trust and 40% for interpersonal trust. The reduction in global infections would have also resulted in significantly lower numbers of deaths due to COVID.

Long-run data from the US, where the General Social Survey (GSS) has been gathering information about trust attitudes since 1972, suggests that people trust each other less today than 40 years ago. This decline in interpersonal trust in the US has been coupled with a long-run reduction in public trust in government – according to estimates compiled by the Pew Research Center since 1958, today trust in the government in the US is at historically low levels. Additionally, with a score of 67, the U.S. has reached its lowest score on the Corruption Perceptions Index (CPI) since 2012.

The second study, published in the medical journal BMJ, examined associations between adverse childhood experiences, attitudes towards COVID restrictions, and vaccine hesitancy. It found that vaccine hesitancy was 3 times higher among people who had experienced 4 or more types of trauma as a child, and that higher counts of experienced trauma as a child were linked to low trust in COVID-19 information and to being unsupportive of social distancing and masks. The study concluded that being trauma-informed can help reduce distrust in health information and vaccines. According to rankings from 2019, Oklahoma is tied for the highest rates of children with 4 or more ACEs in the US, along with West Virginia and Montana. We desperately need to deal with the crisis of childhood trauma in our state.

What these studies and the emerging medical, public health, and social science research on the pandemic suggests to me is that we have a lot of work to do to build relationships and increase trust in our public health and medical systems, our leadership, and our frontline workers. Trust is not built through public education or marketing campaigns. Such campaigns are only effective when the public trusts the messengers. Trust is built through the long, slow process of building authentic relationships in the community. It is built through meeting people where they are at and through engaging diverse members of our communities in dialogue and active listening. It is also built by creating social contexts where people feel safe and empowered, where their voices are heard, their opinions matter, and they have a stake in creating the kinds of communities they want.

As we go through the CHNA, CHIP, and THD strategic planning processes over the next year he said he would like to encourage the board to find ways to authentically engage with all of the diverse communities in Tulsa, especially those that have been historically under-represented, under-resourced, and disenfranchised to ensure that their voices are represented and that they have a stake in the future of Tulsa’s public health. It will take more time and energy than more traditional planning approaches, but the potential payoff in trust created between the community and THD over the long term will be worth it!
III. Director's Report

Dr. Bruce Dart stated in his report that it appears Tulsa might have hit its Omicron peak and is now in decline. Cases are still being reported but at more manageable numbers. As of today, (2/9) we have our lowest number of hospitalizations since early January when Omicron started climbing. Additionally, our wastewater sewage surveillance concentrations are producing the lowest numbers since last fall and testing positivity rates are declining as well. Numbers from the week of February 7th could be artificially low due to weather, inconsistent lab reporting, and positive rapid tests not being confirmed with PCR's. Data from this week will give us a more realistic perspective on where we are in the Omicron surge.

We have felt the impact of the pandemic on our staff and for some time now staff have concerns about compensation, especially as they see other industries, organizations increasing compensation packages to retain and recruit new employees. We have implemented new or revised policies to try and address issues around this topic. We are revising or adding:

1. Tuition Reimbursement Policy
2. Professional Development Incentive Policy
3. Employee Referral Program Policy (New)
4. Floating Holiday Policy (New)
5. Vaccine Incentive Policy (New)

We have also drafted a Longevity Pay Policy and we are in the process of assessing the annual cost of the policy. If releasing the policy is budgetarily problematic, we will engage in additional dialogue to determine if this is something we can afford.

We are looking at adjusting the salary scale to recruit and retain nurses, as it is critical that we do so this fiscal year. The national nursing shortage continues, it was challenging to recruit qualified public health nursing personnel before the pandemic, that degree of difficulty has grown exponentially since the pandemic started. Initial projections indicate that revising the salary scale for nursing positions will be costly, but I feel they are necessary. Also, we are trying very hard to be an organization that pays a “living wage” which is defined as the minimum income necessary for a worker to meet their basic needs. We have not met that goal previously, but the goal of a living wage is to allow a worker to afford a basic but decent standard of living through employment without government subsidies. A living wage is a minimum of $15 an hour. There are a significant number of THD employees that make less than $15 an hour, and it has been difficult to recruit employees because some of THD’s frontline entry level positions start at less than $15 an hour. We are aware that salary adjustments to attract new employees will also impact existing employees; employees classified in grades 6 through 8. The initial investment is very costly. Therefore, we may not be able to adjust entry level salaries to a minimum of $15 an hour until next fiscal year. We are also looking at tools that will help us what and how we decide COLA’s should be going forward so they are based on CPI, inflation, etc., so COLA’s will result in an actual salary increase for staff.

We are having national conversations with public health leaders and elected officials in Congress to determine what public health will look like going forward beyond the pandemic. What has played out over the past 23 months and continues to play out is nothing less than a full-blown crisis for our public health system. In January 2021, the Harvard T.H. Chan School of Public Health and the
Robert Woods Johnson Foundation released a study on the public’s perspective on the United States Public Health System. They found that public health has never been as visible, as fundamental, or as misunderstood as it is now. "The public broadly believes the activities of public health agencies are important to the health of the United States and supports substantial increases in spending on public health programs but has serious concerns about how the system functions now. The public lacks the high level of trust in key public health institutions necessary to address today’s and future challenges.”

Building that trust and building trust back will be just as vital a part of any future national public health system as data and a workforce. With so much misinformation swirling around, it is difficult for the public to know whom to trust, so they turn to people and organizations they already know. When the pandemic hit, it was unlikely that most Americans knew a local public health official they could turn to for help or information. Trust has been so critical in our response and THD worked hard in conjunction with healthcare to build the capabilities and relationships needed to effectively battle a pandemic. We have deepened partnerships between public health and the health care system, which is essential if we are going to be able to respond appropriately to anything of this scale in the future.

We will have challenges and opportunities going forward. It is important we embrace all challenges as opportunities and ensure Tulsa County resident see THD as fundamental and critical in their lives. That will be one of our goals beyond the pandemic.

IV. THD Reports/Action Items

A. COVID-19 Vaccinations & Testing Update

Priscilla showed a chart with the weekly number of COVID-19 cases. On January 4, 2022, there were 19,261 new Oklahoma cases, and 1,334 of those cases were new cases in Tulsa, OK. On January 11, 2022, there were 48,162 new cases in Oklahoma and 7,572 new cases in Tulsa, OK. January 19, 2022, there were 71,164 new cases in Oklahoma and 11,164 new cases in Tulsa. On February 1, 2022, there were 68,852 new cases in Oklahoma and 11,743 new cases in Tulsa. February 08, 2022, there were 20,869 new cases in Oklahoma and 3,682 new cases in Tulsa. On February 15, 2022, there were 11,346 new cases in Oklahoma and 1,568 new cases in Tulsa. Based on three metrics. New Cases, New Hospital admissions, and percent of staffed inpatient beds occupied by COVID-19 patients. The level is determined by the higher number of inpatient beds and new admissions indicators based on the current level of new cases per one hundred thousand in the past seven days. These metrics more accurately reflect the situation within the communities. The Tulsa County’s Community COVID-19 level is still listed as high. Based on the high levels, we are still to wear a mask indoors in public for our protection. CDC recommends that we stay up to date with our COVID-19 vaccines, which means completing our primary series and the boosters. Also, get tested for COVID-19 if you’re experiencing any symptoms.

The update is for those who are moderately or severely immunocompromised—Pfizer -5 to 11yr. Olds are not recommended to receive a booster; the number of doses to complete a primary series is three doses 2nd dose is 21 days after the first one, and the 3rd dose is given
four weeks after the second dose. Pfizer-12 years old and older three doses to complete the primary series 2nd dose is given three weeks after the first dose 3rd, the dose is provided at least four weeks after the 2nd dose, and one booster is given at least three months after the third dose. Moderna- 18yrs. Old and older, three doses to complete the primary series 2nd dose is provided four weeks after the 1st dose, 3rd dose is given at least four weeks after 2nd dose, and one booster is given at least three months after the third dose for those who have received the J&J vaccine 18rs. Old and older, the number of doses to complete a primary series is two doses the 1st dose is J&J, and the 2nd dose is Pfizer-BioNTech or Moderna, given at least four weeks after the first dose. In most situations, one booster, either Pfizer-BioNTech or Moderna, is given at least two months after the 2nd dose.

Priscilla talked about how 81% of Tulsa County residents ages five and up have received at least one dose of the COVID-19 vaccine. 65.2% of the population is fully vaccinated. 90.8% of Tulsa County residents have received at least one dose, including everyone eligible to receive the vaccine. 72.8% are fully vaccinated. Priscilla stated that 37.7% of our entire population is fully vaccinated. Priscilla showed a chart with the Tulsa County Residents that are 65 & older, and it stated 58.5% of them are fully vaccinated with the booster, 33.4% of them are fully vaccinated with no booster, and 8.1% are not fully vaccinated. She talked about the North Regional Health & Wellness Center and how THD is doing COVID-19 testing at that location. She stated that testing had dropped significantly. In January 2022, THD tested 896 people. (Omicron virus peak) THD has seen 42 people at the North location so far in February. Rapid testing is available for THD employees who have been exposed to or have symptoms of COVID-19.

B. Community Health Improvement Plan

Christina Seymour talked about the mission of the Tulsa County Community Health Improvement Plan, also known as CHIP. The program's mission is to improve the HealthHealth and wellness of the residents of Tulsa County by making the healthy choice the first choice. Its vision is to create the healthiest county in the United States by leveraging cross-sector community partnerships. The Community Health Improvement Plan was designed for and by residents and community partners to improve the HealthHealth and well-being of all Tulsa County residents over the next five years. The Tulsa CHIP processes and guidance are based on the Tulsa County Health Department Strategic plan, Tulsa Community health assessment, the National Association of County& City Health Officials(NACCHO), and the Public Health Accreditation Board (PHAB).

THD’s role in the Tulsa County Health Assessment and Improvement plan is to conduct and disseminate assessments centered on the community’s population health status and public health challenges. Engage the community in identifying and resolving health issues by conducting a community health Improvement Plan through Comprehensive Strategic Planning. Pathways to HealthHealth is the non-profit branch of the Tulsa Health Department. Pathways to Health's role in the CHIP is to offer micro-grants for projects improving the local built environment, education attainment, food environment, and health care. CHIP is in its 2022 bridge year- Cycle 1 & Phase 2; during the bridge year, they’re partnering and collaborating with the Tulsa County Community Health Assessment, which is one of the core
foundations of CHIP. They're working with the St. Francois health systems team and Ascension St. Johns team to collect and analyze data that will be used in the 2022 Tulsa County Community Health Assessment.

The CHIP theme for this year is to stay safe, stay connected, and stay engaged. She pointed out that we are still in a pandemic, so all CHIP events, gatherings, and meetings are hosted on the Ring Central virtual meeting platform. In order to keep the CHIP community partners engaged, CHIP still has its quarterly meetings. CHIP hosts partnering with Health & Wellness events and CHIP Partners & Presentations. The last two years have shown that new and innovative ways need to be created to keep the CHIP community engaged. Christina collaborated with THD’s Information and Technology department. She chose a tool that would have secure accessibility, an innovative way for participation, empower teamwork & collaboration, document and information sharing, community impact data, and a resource library. They decided to use Sharepoint; this collaboration tool will keep CHIP and its partners engaged.

C. Health Equity Committee Update

Krystal Reyes stated that Reggie Ivey gave the board a Health Equity presentation in August of 2020. At the September 2020 board meeting, Dr. Bruce Dart announced that a Health Equity Committee was established. Members of the Committee are Dr. Mike Stout, Dr. Regina Lewis, and Krystal Reyes. She stated that the YWCA is also a community member, and the YWCA has also formed a Health Equity committee within its board. The purpose of the Committee is to build awareness within the Tulsa Health Department around racism and trauma as public health threats to create and promote policies and practices that are equity-focused to promote health equity in Tulsa. The Committee will also lead or support capacity-building activities for the board to advance the purpose and help THD build partnerships. And build relationships with external accountability partners and build partnerships with other individuals doing equity-focused work.

The Health Equity Committee also identified some activities that the board could go through: an implicit bias assessment for the board and senior-level leadership, Equity Dialogues by providing Equity Dialogue Training for board members, and Hosting an Equity dialogue. Training for the board on racial equity and health equity. Intercultural Development Inventory, Sample IDI profile which may help give a broader perspective of how interculturally component THD is as a whole. Sample Individual profiles provide personalized feedback on where they fall on the Intercultural Development Continuum. Workshops and In-Service sessions based on IDI development Plan. And Racial Equity Institute Training. She stated the Committee also wanted to create a resource bank with educational materials for the THD board and staff to access, including reports, articles, talks, videos, and opportunities in the community. A google drive was created. And help identify ways for THD to sustain and fund health equity work (i.e. grant opportunities/federal funding) and to help support THD’s health equity strategic planning process.
D. THD FY2020-2021 Annual Report

Leanne Stephens talked about how the managers at the Tulsa Health Department who submitted information about their program. She stated that a questionnaire was designed this year that had a series of questions aligned with the THD values. And we asked each program manager to work within their program to allow staff to tell their stories and impact and how they align with THD core values. She gave an example of one of the questions: "Describe how your program contributes to advancing health equity, reducing disparities, or fighting racism within Tulsa County?". She stated that this fiscal year was a full pandemic year. The fiscal year covers July 1, 2020, to June 30, 2021.

Leanne said the theme this year was "Saving lives, One dose at a time. She said that the Tulsa Health department adapted to the environment. It also showed how you could see how each division was impacted and their stories. She showed photos of the first day when the Tulsa Health department administered the vaccines. She also showed a picture from a testing event held in North Tulsa in the summer of 2020. To provide additional access to testing opportunities within the community. She pointed out in the report that a team of nine individuals put in over 21,000 hours of work to support the COVID-19 response and were available to meet the needs of internal and external community partners seven days per week, 24 hours a day. She let the board know that the THD staff went over and beyond during the height of the pandemic.

V. Establishment of a Board of Health Bylaws Committee

Dr. Mike Stout wanted to talk about creating an Ad Hoc committee to revise the Bylaws. He stated that the board could not have more on a subcommittee than three board members at a time. The last time the Bylaws were updated was in 2014. Dr. Stout proposed that the THD board of Health members put a committee together to review the Board of Health Bylaws and make recommendations about any updates or revisions, or changes that the board would like to be made. Dr. Stout will be working on establishing an Ad Hoc committee. He stated that if any board member wanted to serve on that committee, reach out to him and let him know, and there will be an update on who will be on that committee next time the board meets in April.

Announcements

Dr. Mike Stout reminded the board that the Community Health Needs Assessment is ongoing. He told the Board of Health board members to share it with their network and get people to participate in the surveys and the various focus groups around the community. And get the word out to parts of the community that might be harder to reach.
Next Board Meeting Wednesday, April 20, 2022 at 6:00pm | JGHC Room 200

VI. Adjournment

The meeting adjourned at 7:27pm.

APPROVED:

Dr. Mike Stout, Board of Health Chair

ATTESTED:

Makeda Thompson, Tulsa Health Department Assistant