

**MEETING MINUTES**

**Tulsa City-County Board of Health**

**April 20, 2022 at 6:00pm**

James Goodwin Health Center

5051 S. 129 East Ave.

Tulsa, OK 74134

**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

Mike Jones, DVM

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

Monica Rogers, PhD, Data & Technology

Priscilla Haynes, Preventative Health

Lori Just, Marketing & Communication

Kelly VanBuskirk, Prevention, Preparedness and Response

Jumao Wang, Finance Department

Adam Austin, Environmental Health

Marcus Anderson, Adolescent and Child Health Services

Makeda Thompson, Executive Assistant

some long-lasting pandemic impacts on our community and society. We move forward, particularly as we are dealing with a lot of the issues coming from social isolation, learning loss, and mental health issues resulting from people losing family members and loved ones during the pandemic. He asked the board and Health Department to think about some of the things we can do to stem the tide of mental health issues becoming more and more prevalent.

Before the pandemic, depression was already the number one source of disability in the United States and globally. We see significant uptakes in deaths of despair, successful suicide attempts, drug overdoses, and alcohol-related fatalities. The work isn't necessarily done; it just shifts into a new phase of focus. Dr. Stout stated that he has loss several people close to him in the pandemic. He said we must think about how we interact with others especially managing expectations of getting back into some normal routine as we move forward.

### III. Director's Report

Dr. Bruce Dart stated in his report that it has been busy since our last meeting and knock on wood, the week of March 25<sup>th</sup> was the calmest it's been at THD in two years. We know Covid data can change quickly over time but our case numbers, hospitalizations (1.3%, 22 patients on 4/4) are our lowest since January (testing is down as well). Sewage numbers after a spike in North Tulsa have dropped significantly (55.3K particles/liter om 4/1) and are extremely low in other testing sites in Tulsa. We have been at a low risk level for community transmission for four weeks now. At this level the CDC recommends that individuals stay up to date on vaccinations and to get tested if you have symptoms in the low risk level. The URL below will take you to a CDC site where you can check community transmission risk levels in any county in the country.

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

I am pleased to announce we have hired a new division chief for Adolescent and Child Health, Marcus Anderson who started April 1<sup>st</sup>. Marcus has worked in the field of public health for over two decades and has significant management experience. He worked for the Oklahoma State Department of Health for 28 years. He served in a management role with OSDH for 13 years, where he was responsible for managing Speech-Language Pathologists and serving as a member of the multi-disciplinary administrative team. He later served as Clinical Director/Instructor at Northeastern State University in the Speech-Language Pathology Program. He is currently serving as the Healthy Steps Clinical Supervisor with Oklahoma State University - OU Physicians, Schusterman Pediatric Clinic. Marcus supervises Healthy Steps Specialists, who are professionals with expertise in early childhood development. The Specialists connect with parents and their infants/toddlers during pediatric well child visits to offer developmental, behavioral, social, and emotional screenings and parent education, as well as, guidance and referrals for families when identified. Marcus is a native of Oklahoma and was raised in north Tulsa, where he currently resides. Marcus has strong relationships with the faith-based community in north Tulsa, as well as,

other community relationships. Marcus has completed numerous trainings for supervisors and managers, such as creative problem solving, coaching, and mentoring, selecting, and hiring, emotional intelligence and strategies for improving communication, as well as public health ethics.

You will hear the preliminary budget report from Reggie and Jumao Wang at this meeting. Reggie and his staff have worked closely with division chiefs to put this draft budget together and have done an amazing job as you will see in the presentation. COVID-19 has made clear that Tulsa County's safety, health, and economic future depends on public health's ability to minimize the effects of public health threats.

Pervasive health inequities existed before the pandemic and have been exacerbated by Covid-29. These inequities prevent Tulsa County residents from meeting their full potential, not only as it relates to the health of affected individuals but also to the excess medical care costs and dollars in lost productivity per year attributed to health disparities. It's becoming clearer the toll the pandemic has taken on our collective emotional health. More individuals are reporting higher levels of stress and more disorders, including depression and anxiety. Compounding all these challenges, as we've briefly discussed previously is that public health also has a deep trust problem. Politicization, misinformation, and mixed communication initiatives are some of the factors responsible for these findings. The lack of trust undermines public safety and the purpose of public health now and in the future. Therefore, completion of the community health needs assessment currently being conducted in conjunction with St. Francis and Ascension St. John's is very important if we are to create the best community health improvement plan which will then fuel our strategic planning process. We hope to have a presentation with the results of the needs assessment in early May and then begin the work to create the CHIP. We are excited to do this work, it is timely and much needed.

The Health Equity Committee will be hosting a virtual dialogue on racial equity in April as part of THD's Board development slate of activities for this year. The committee had the dialogue on Wednesday, April 13. I will be curious to hear from you regarding your thoughts about the Racial Equity Dialogue.

#### IV. THD Reports/Action Items

##### A. Public Health Threat: COVID-19 Vaccinations & Testing Update

Priscilla Haynes talked about giving an update on the COVID-19 vaccine update for moderately/severely immunocompromised, and then there are a couple of updates. She showed a chart that talked about children ages 5-11 years old having no recommendations for boosters for those who are moderately/severely immunocompromised. Those individuals still need to receive three doses to be fully vaccinated. They receive their second dose 21 days

after the first dose and their third dose four weeks after their second dose. Then there are no additional boosters for that age group. The change is for ages 12 and older; an additional second booster can be received for those twelve and older. Pfizer is the only vaccine approved for those under eighteen years old. Those twelve to eighteen years old can receive a Pfizer second dose four months after receiving their first dose.

The individuals that have received the J&J/ Janssen Vaccine, this one is even more complicated. Still, those who are eighteen years old or older who are moderately/severely immunocompromised receive their first dose of J&J; their second dose can be an mRNA vaccine, and that's given 28 days after the first dose. Then they can get their booster two months after they receive their second dose. Individuals who are fifty years old and older can also receive that second booster, which is given four months after receiving their first booster dose. And they don't have to be moderately/severely immunocompromised. The individuals who are eighteen to forty-nine years old that are not moderately or severely immunocompromised received as their primary dose J&J. And chose J&J as their booster; that group is also approved for a second booster. Four months after receiving their J&J booster, it has to be an mRNA.

Priscilla talked about the COVID-19 Vaccination Incentive update. She showed a chart that listed Team Bruce at 70.0%; his team included the Director's office, Prevention, Preparedness & Response, Adolescent & Child Health, and team Reggie was over 70%, including Environmental, Preventive Health Services & Data, and Technology. The Tulsa Health Department is not testing the community for COVID-19, but THD is still testing our employees if the need is there. Employee rapid tests are available for employees with symptoms, household contacts with symptoms, and asymptomatic employees. She showed a chart of how many individuals had tested positive in the agency. In January, there were seventy; in February, there were nineteen, and in March, there were six individuals. And so far in April, only two individuals have tested positive.

## B. Community Health Improvement Plan: Modernizing Client Feedback

Monica Rogers talked about Qualtrics and how it's an excellent surveying and scheduling tool. She stated that she and Ashley Thompson have been working together and that she handles more of the technical side. She said that Ashley has been utilizing Qualtrics for Quality Improvement. Monica shared her screen and showed her screen with the client feedback demo on Qualtrics. She said Qualtrics is an easy tool to use. She also told the board that if any program manager or Division Chief needs to get client feedback or feedback from the people they are interacting with, they can reach out to Monica. She can set them up with a Qualtrics account, and they will do a little training on Qualtrics behind the scenes. The Tulsa Health Department is modernizing the way it receives feedback.

Qualtrics is paid for through the CDC grant that the Tulsa Health Department was able to obtain. THD got Qualtrics in July 2020. One of the main reasons for acquiring Qualtrics was because of COVID-19 because the Health Department needed a way for people to go online and self-schedule

to get tested. Before they could go through with the testing, they had to go through whole questionnaires that screened them for any symptoms about where the client had been in the last few days. And through Qualtrics, the Health Department was able to automate sending them results or having them fill out a questionnaire because they have tested positive and want to know about who else they might have exposed. And now that the Health Department can start looking forward, the Health Department wants to expand the use of Qualtrics far beyond COVID-19. She showed the board how to set up a survey in Qualtrics. The survey creation tool and the idea are that if you already have a question, you can drag it and drop it in; you also have the option to allow multiple answers or just one solution. There are also prebuilt options on how much someone agreed with the question. It can also be a yes or no question. One of the great things about Qualtrics is that it is optimized for mobile use. It also has skip logic and skip logic is based on the person's answer to a question that dictates what the next question will be. It also tells you how to improve your survey through the expert view.

She pointed out that now with Qualtrics, the Tulsa Health Department can determine what their clients think about the THD. She stated it's a great way to find out what the health department can do to improve its services and how they're delivered. Qualtrics allows THD to reach individuals digitally, retain that data, break it down, and analyze it. The information obtained will drive better decision-making within the agency and a better customer experience. And each survey is customizable to meet THD's needs.

### C. Emerging Issues: Health Equity Committee Update

Krystal Reyes shared that the Health Equity Committee consists of Dr. Mike Stout, Dr. Regina Lewis, Krystal Reyes, and a community partner from the YWCA, DeAndre Opoku. The Health Equity committee met a couple of times in March, and they had a great meeting where they outlined some of the Professional development and board training opportunities. The board did the Equity dialogue last Wednesday. And that was one of the first items on the Health Equity committees list. She stated that the committee wanted to start prepping the board for the IDI, which is the Intercultural Development Inventory, and they have identified a consultant. They're hoping to begin sharing information, and then the goal is to have the board go through that and then meet with that consultant through May and June. And in July, there will be a board retreat and take additional training on racial equity. The racial equity institute is a well-known institute that does those training.

In late March, at one of the committee meetings, they invited Christina Seymour, who oversees the Community Health Improvement Program to join them, and it was a great meeting because the committee learned more about how she is creating alliances and making partnerships. They offered their help and support as she thinks about making inclusive programs, especially for English language learners in the City of Tulsa. Lastly, she talked about the racial equity dialogue that the board members had last week. The two facilitators were everyday Tulsans trained on how to facilitate dialogues through the Center for Public life. She said seven out of the nine board members were able to make the meeting, and she just wanted to thank everyone for their participation and engagement.

#### D. New Initiatives: THD FY23 Preliminary Budget

Reggie Ivey introduced the board to Marcus Anderson, the new Division Chief of Adolescent and Child Health. Reggie presented the FY23 Preliminary Budget. He stated that Dr. Mike Stout and Aimee Boyer helped Jumbo Wang and Reggie Ivey to help shape the final presentation for the meeting. Reggie presented the board with three documents. The first one was the general fund which is cash in the bank. At the end of March, the Tulsa Health Department had less than 28 million dollars in the bank. That is the most significant amount that the Health Department has ever had in cash in the bank at any time in history. The Health Department has been working since 2016 to increase its general fund. In June of 2016, THD's general fund was a little less than 10 million dollars. THD is projecting at the end of this fiscal year, which is June 30, 2022, that the health department will be somewhere around 20 million dollars. This is important because the health department will be entering into our strategic plan in the latter part of this year. And there will probably be ideas that the Health department will want to birth after the strategic planning, and they will need capital to execute it, and they won't have to rely entirely on grants.

He pointed out three designated funds at the bottom of the General fund document: the emergency events, the Self-insurance reserve, and the Capital project. The emergency events which has 1 million dollars in that fund. THD did not have to pull from that fund to support COVID-19 because THD received quite a few grants that were able to sustain the health department. Also, many of the programs that provided funding for staff at the health department who could not do their regular jobs those grants continued to pay their salaries. The self-insurance fund has 150,000 dollars in it, and the Capital project has 77,008 dollars in it.

The next document that Reggie showed the board was the Tulsa Health Department FY23 Preliminary budget overview. He went over the expected expenditures, and revenue is included in the preliminary budget. The health department also presents a zero balanced budget which is the expenditures and revenue have to be the same amount. THD is estimating that the expenditures and revenue will be 38,389,615 dollars. That number is important because that's the highest budget that the health department has ever had in history. Largely because of four federal grants. These four federal grants total about 4.2 million dollars that the health department knew were temporary but helped sustain the organization. Property Tax Revenue the health department is expected to bring in 3% next year. There will be no significant increases to benefit costs. The monies that the health department is receiving from these four federal grants are helping to increase the health department's indirect cost revenue, which is projected to be \$900,000 next year. Operating general fund \$636,600. And the other two items, the board was asked to think about approving the 5% cost of living and the increases to the maximum matching amount from \$50.00 to \$150.00 per month for employees that voluntarily participate in the 457 Deferred Compensation Plan.

Reggie thanked Jumao Wang for all of her hard work. He discussed the last document he gave the board members, the FY2023 vs. FY2022 budget. The Ad valorem tax revenue is expected to increase by 3%. As far as the permit's column, the health department is expecting an increase of

27.19%, primarily from the Food Protection Program. A lot more restaurants are opening up a lot more people are getting food handlers cards. The Patient fees are looking at a decrease -24.51%, and that's because all THD clinics have not been open for the last two years, and there have been some staffing issues, so THD has not been able to provide our clinical services at the maximum capacity. Miscellaneous income the health department is expecting a 48.78% increase, and that particular category is from the George Kaiser Family Foundation, St. Francis, rental income, etc. The private column is one program, and that is the Healthy living program stays the same from FY2022 to FY2023. The state is an increase of 3.5%, and there are four programs that fall into the state category. The health department's largest amount of money comes from the federal government. The health department is expected to see a 53.1 percent increase next fiscal year, including the four federal grants. And that 4.2 million dollars in federal dollars.

The operating fund balance of FY23 636,600 needs to be drawn down in order to have a zero-balance budget. The health department refinanced its bonds two to three years ago, so it has about seventeen to eighteen more years to pay on the bonds. THD will be paying a little less than 590,000 this fiscal year. The health department's total private, state and federal revenue will see 38.01% increase than they brought in this fiscal year. It's -0.77%, then they paid the current fiscal year. The total expenditures and total funding match at 38,490,326 dollars, so the health department's budget is expected to increase from this year to next year by 18.84%. The remodeling in some of the Health departments' buildings will be paid for with some federal dollars the agency receives.

## V. Board of Health Bylaws Revisions

Dr. Mike Stout stated that the Ad Hoc board by law committee consists of the same individuals on the equity committee. The board members all had copies of the changes that the bylaws committee made and were asked to look over them and if they had any changes that they wanted to make to share with the rest of the board. The Board members will vote on the bylaw changes at the next board of health meeting on May 18, 2022.

## Announcements

Next Board Meeting Wednesday, May 18, 2022 at 6:00pm | JGHC Room 200

## VI. Adjournment

The meeting adjourned at 7:48pm.

APPROVED:

A handwritten signature in blue ink, appearing to read "Mike Stout", is written over a horizontal blue line.

**Dr. Mike Stout, Board of Health Chair**

ATTESTED:

A handwritten signature in blue ink, appearing to read "Makeda Thompson", is written over a horizontal blue line.

**Makeda Thompson, Tulsa Health Department Assistant**