CALL TO ORDER AND WELCOME

Because Kian Kamas and Chris Bell were both unable to attend, Bruce Dart led the meeting, calling it to order at 6:02 p.m.

New board member, Mike Stout, was introduced. He had attended the June 20th Board of Health meeting, but this was his first meeting as a board member. Stout is an Associate Professor and George Kaiser Family Foundation Endowed Chair in Family and Community Policy at OSU-Tulsa. He has experience on projects related to children and improving health disparities, and looked forward to being a part of the Tulsa Board of Health.

The meeting notice was posted at the north and south entrances of the James O. Goodwin Health Center and the west entrance of the North Regional Health and Wellness Center and the Tulsa City-County Health Department website on August 10, 2018. The agenda
II. June 20, 2018 Minutes

Bruce Dart entertained a motion to approve the meeting minutes. A motion was made by Heath Evans and seconded by Emily Odom. **The minutes were approved:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Vote</th>
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</thead>
<tbody>
<tr>
<td>Ms. Bell</td>
<td>not present</td>
</tr>
<tr>
<td>Dr. Evans</td>
<td>aye</td>
</tr>
<tr>
<td>Dr. Jones</td>
<td>aye</td>
</tr>
<tr>
<td>Ms. Kamas</td>
<td>not present</td>
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<tr>
<td>Dr. Lewis</td>
<td>not present</td>
</tr>
<tr>
<td>Mrs. Odom</td>
<td>aye</td>
</tr>
<tr>
<td>Mrs. Paul</td>
<td>aye</td>
</tr>
<tr>
<td>Dr. Schumann</td>
<td>not present</td>
</tr>
<tr>
<td>Dr. Stout</td>
<td>aye</td>
</tr>
</tbody>
</table>

III. DIRECTOR’S REPORT

Bruce Dart introduced Tom Bates, Interim Director of the Oklahoma State Department of Health. Bates and his legislative liaison, Brian Downs, had come to Tulsa earlier in the day for a planning session of the Tri-Board of Health meeting, a collaboration of the Tulsa Board of Health, Oklahoma City Board of Health, and Oklahoma State Board of Health to be held October 2, 2018 in Oklahoma City. In the past, the Tri-Board had been an update of what had happened throughout the state. This year the focus would be developing topics for the legislative agenda, so the three board could work together and make statewide changes.

The Tulsa Health Department had accomplished a lot in implementing the BEST (Birth Through Eight Strategy for Tulsa) and Accountable Health Communities programs, both were grant funded and focused on helping connect people in need with resources. In September, more information would be shared on a plan to improve health inequities.

IV. CURRENT BUSINESS – Information Items

A. THD Financial Update – Jumao Wang

Jumao Wang is the Director of Finance at Tulsa Health Department (THD). She shared that the 2018 fiscal year ended on June 30, 2018. Final numbers for FY18 would be available at the end of August, once all purchases were processed. Cash in the general fund had increased by $3.2 million compared to June 2017. Revenue was about $600,000 more than was budgeted. That was to be expected since THD takes a conservative approach is estimating tax revenue. In licensing and permits, $89,000 of additional funds were collected, primarily for food handler license and restaurant plan reviews.
Expenditures were under budget in each category. This was partly because 52 THD employees retired or resigned in the year, so those open positions meant less spending for salaries, benefits, and travel. Operating expenses were $1.1 million under budget, however that amount was expected to decrease once all FY18 billing was complete.

Bruce Dart added that the financial report had additional notes and he, Reggie Ivey, or Jumao were always available to answer any questions. They are extremely diligent in their oversight of THD funds.

B. Community Health Improvement Plan – Jennifer Haddaway

The Community Health Improvement Plan (CHIP) is a collaboration of nonprofits, business, and government agencies seeking to improve health in specific areas. Initially there were 40 organizations working on the CHIP, but that has since increased to 50. The partners are very committed. Many attend every CHIP board meeting. Jennifer’s main work had been coordinating the stakeholders and helping them see the value in the work they are doing.

Pathways to Health is the nonprofit arm of the Tulsa Health Department and Pathways offers incentive grants to CHIP partners. Healthcare is the largest CHIP group, with others focused on the food environment, built environment, and education attainment. The education group recently combined efforts with the Opportunity Project, since they share similar goals.

CHIP was originally scheduled to last three years, however as the end of the second year approached, they were considering extending it to five years to see projects to completion. Mike Jones asked if there were budget issues that would keep the CHIP from extending to five years. Bruce Dart said there were no budget issues. It was originally created as a 3-year project because of guidelines hospitals are expected to follow under the Affordable Care Act. But the extension would not cause any problems under these guidelines. Kelly VanBuskirk added that it was important not to stop any momentum in the work groups by ending prematurely. Bruce said the extension would be wise. Many plans look good on paper but need to be modified in real life.

C. Tuberculosis in Tulsa County – Priscilla Haynes

Bruce Dart said it was good for board members to know about issues that affect public health, including infectious disease. As part of that he asked Priscilla Haynes to present about Tuberculosis (TB) rates in Tulsa.

Haynes said that TB was not just a disease from the 1950’s. There were vaccinations to prevent it, but TB was still present in the community. It is a bacterial infection spread by droplets of saliva that primarily affects the lungs, though it can affect any organ in the body including the kidneys, brain, and spine. TB is not easily transferred and requires someone to be in close contact many hours a day with an infected person.

TB treatment is an essential function of public health departments. Screening is not done in the general public, only for those at high risk including people who are
homeless, in prison, or foreign-born. It is also common in individuals infected with HIV. A positive TB skin test does not mean the infection is active, because the disease can be latent or active. Latent means the person has been exposed but is not necessarily contagious. About 10% of latent cases become active, so it is important for all cases to be treated. Treatment typically takes 6-9 months of regular medication. Tulsa Health Department has Directly Observed Therapy Providers, who meet personally with TB positive patients to ensure each dose of medication is properly taken. This is done 3-5 times per week and providers go wherever the client is.

Though the number of cases in Tulsa have decreased in recent years, the cases seen have become more complex. Multi-drug resistant cases are caused when treatment is not administered properly. Ann Paul asked about the number of the drug resistant cases. In the last 12 months there were three multi-drug resistant cases in Tulsa. These resistant cases do not respond to two of the normal medications. Special medication, given by both IV and by mouth, is required. Treatment typically takes eight months and the patients first receive care in the hospital, where a port is inserted and patients are taught to do the infusion before releasing the patient. Once a patient is discharged, they administer the infusion and THD does change dressings on the port. OSDH provides the medication. The medication is highly toxic and requires screenings for liver, kidney, hearing, and vision damage. It is covered by health insurance, but most infected people do not qualify for insurance or Medicaid. It cost $1.5 million to treat six infected people within Oklahoma last year.

Bruce said this had prompted THD to look for ways to help pay for treatment in these extreme cases, so it would not all be funded by the hospitals. He was considering setting up a discretionary fund to help cover the cost of specialized treatments like this.

V. CURRENT BUSINESS – Action Items

A. Electronic Health Record System – Monica Rogers

Monica Rogers is the Manager of Health Data and Analytics. Earlier in the year the Board of Health approved $200,000 to purchase a new electronic health records (EHR) system to be used throughout the agency. After evaluating several, eClinicalWorks had been chosen as the best system to meet THD’s needs. It was a well-established provider with many users. Other health departments who use it recommended making some upgrades to the basic package, which would cost an additional $75,000 for training and implementation. The upgraded “Cadillac” system would allow THD clients to schedule appointments and pay bills online. Kiosks could be used in clinic areas for customer satisfaction surveys. On the data side, it would be easy to query information. Bruce Dart added that a health department director in Idaho said it was the best system they had ever used.

The ongoing cost would be $226,000 per year, assuming no significant changes, and the contract would be for five years. Sarah-Anne Schumann said Community Health Connection had problems getting eClinicalWorks to integrate with MyHealth. Bruce said Community Health Connection did not have the upgraded system and that
integration with MyHealth, and OSDH, would be required before finalizing the agreement with eClinicalWorks. Sarah-Anne asked if it could screen for social determinants of health. Monica stated it can be used for any kind of screening, and questions about barriers to healthy living could be added to the kiosk surveys.

Ann Paul asked if Reggie Ivey anticipated increased revenue with the improved system. That was unknown, however Reggie was a proponent of the eClinicalWorks purchase. Bruce could not predict specific savings but noted that other health departments saved billing and frontline staff time, and would make the purchase again in a heartbeat.

Bruce Dart entertained a motion to call approve and additional $75,000 to purchase the upgraded version of eClinicalWorks. A motion was made by Emily Odom and seconded by Mike Stout. An additional $75,000 to upgrade eClinicalWorks was approved:

Ms. Bell not present
Dr. Evans aye
Dr. Jones aye
Ms. Kamas not present
Dr. Lewis not present
Mrs. Odom aye
Mrs. Paul aye
Dr. Schumann aye
Dr. Stout aye

VII. ANNOUNCEMENTS
A. Next Board of Health Meeting: Sept. 19th at 6pm (NRHWC 208)
B. Tri-Board Meeting: Oct. 2nd at 1:00pm (OKCCHD at 2600 NE 63rd St., OKC)

VIII. ADJOURNMENT
The meeting adjourned at 7:27 p.m.

APPROVED:

[Signature]
Kian Kamas, Board of Health Chair

ATTESTED:

[Signature]
Jenna Grant, Tulsa Health Department Assistant