

A Message From the Health Director

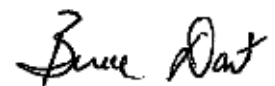
I am pleased to present the 2012 – 2013 Annual Report of the Tulsa Health Department. This report is a testament to the commitment of staff and our local public health system comprised of community partners who work together to ensure the people of Tulsa County benefit from comprehensive public health practice, policy, and programs. The department's vision for Tulsa County is a community of empowered citizens making healthy choices that carry forward for future generations. This isn't merely idealism, but can be reality in Tulsa. This vision has served as a call to action this year to build essential partnerships, expand capacity of services to address health inequity, and help impact social factors that influence an individual's health and wellness.

This report highlights some examples of how we achieve our goals in service to the community. The department has worked closely with community partners to develop preventive and community focused solutions to problems that affect Tulsa County. During the fiscal year we completed an extensive community health assessment and with the help of many community partners used that data to begin the planning process that will ultimately result in a comprehensive Community Health Improvement Plan (CHIP) to be launched next fiscal year.

The department experienced a year of challenges and opportunities that have deepened and strengthened our tenacity and efforts to improve the health of Tulsa County residents. We will continue to work to strengthen the local public health system's ability to both effectively serve its citizens and measure outcomes to streamline efficiency.

Tulsa Health Department had the eyes of the nation on it this fiscal year during the response to a possible infectious disease outbreak within the scope of a local dental practice. It was the first transmission of its kind in a dental setting so the response was closely followed and reported on by local, state, national and international media outlets. The department responded extremely well under the enormous amount of pressure on the agency and the Oklahoma State Department of Health who assisted in the response. I am extremely proud of our department. More than four thousand Tulsans were tested through the three month clinical response and throughout the extended epidemiological response and they proved to be the true heroes in this event. They were a part of this response through no fault of their and even though many were frightened, they remained calm and provided inspiration to our staff to serve them compassionately and empathetically. We demonstrated over and over again that we serve our community and can respond to any emergency that impacts our community.

The Tulsa County Health Department exists to serve the public and improve the health status of everyone who lives here; it is our ultimate goal that everyone in Tulsa County better is off for our service.



Bruce Dart, Ph.D.
Health Director
Tulsa Health Department

BOARD OF HEALTH

2012 – 2013 Board of Health Members



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The Tulsa Health Department was created in 1950. The Board of Health consists of nine members. Four are appointed by the Mayor of the City of Tulsa and five are appointed by the Tulsa County Commissioners. Members are appointed to six year terms.

MISSION VISION & CORE VALUES

Mission

To sustain an equitable system that prevents disease, promotes healthy living, and ensures preparedness.

Vision

A community of empowered citizens making healthy choices that carry forward for future generations.

Core Values

Health equity, collaboration, community empowerment and respect, healthy people, healthy environment, service excellence.

2013 AT A GLANCE

SPF SIG

SPF SIG participated in the National Prescription Drug Take Back Day in April 2013, setting up a take back site at Reasor's Grocery at 41st and S. Yale. The purpose of these events is to develop community awareness of the importance of properly disposing of prescription medicines so that these drugs will be unavailable to potential abusers. The SPF SIG site collected 411 pounds of prescriptions while only 1000 pounds were collected statewide.

PREP

The Tulsa PREP staff again took the lead in planning and implementing all the activities for Teen Pregnancy Prevention Month in May 2013. Working through a sub-committee of coalition agency representatives, PREP accomplished the following:

- Tulsa Mayor Dewey Bartlett, Jr. proclaimed May 1, 2013, "National Teen Pregnancy Prevention Day"
- Dress for the Occasion Parent/Teen Workshops were held at the Rudisill Library in Tulsa on May 2. The workshops included a mini health fair with coalition and community agencies providing information tables and main speakers for the breakout sessions.
- Individuals from two coalition agencies served as co-leaders for the parent and teen workshops.

PREP is making an impact in the community-

"Hopefully this program will continue to be at our schools because I got to see first-hand how important it was to our students." – Local teacher

"The work being done by their dedicated staff for our at-risk population has exceeded expectations. We are truly grateful for the positive impact they have had on our youth." – Local principal

"I am impressed with the depth and recall of accurate information teens have as a result of the program, including birth control options, efficacy, how to take, and advantages/disadvantages." – Local nurse

Child Guidance

Child Guidance is a statewide program that promotes and supports healthy family relationships and child development. In FY 2013, the program increased the number of referral sources, added additional partnerships, including Educare, YMCA Hutcherson, and Union Public Schools, and added best-practice models to scope of services, including Trauma-Focused Cognitive Behavioral Therapy and Theraplay. This year, the program served nearly 500 more clients than the prior year.



**Child Guidance served
nearly 500 more clients
than the prior year.**



**Dental Services served
25% more children than
the prior year.**

Dental Services

THD provides preventative dental care and treatment of dental-related conditions for Tulsa County children who are uninsured or have minimal benefits. This year, THD's Dental Services served 25% more children than the prior year.

COLLABORATIVE PROJECT BETWEEN DIVISIONS: Environmental Health Services and Epidemiology:

The summer of 2012 proved to be the worst season for West Nile virus that Tulsa County had seen since the disease was discovered in 1999. As a result, Environmental Health Services and the Epidemiology Department collaborated to identify the area of greatest concern. Through Geographical Information System (GIS) mapping of the patient addresses with the location of mosquito traps that had tested positive, they were able to identify parts of the county with the greatest concentration of positive humans and mosquito traps and create intervention strategies that would help to prevent future cases. These strategies were published in 2013 in a [West Nile Virus presentation](#) in the Online Journal of Public Health Informatics. Authors were Nicole Schlaefli, Kiran Duggirala, and Scott Meador of THD.

Environmental Health Services

Creating a sustainable community is crucial to protecting public health and the environment. In March, the U.S. Environmental Protection Agency (EPA) announced that the community of Oakhurst **was selected as one of 43 communities** to receive technical assistance to explore key issues and strategies relative to planning for new growth and development through a Building Block Grant for neighborhood revitalization. The Tulsa Health Department along with community partners like Tulsa County Commissioner Karen Keith and INCOG has supported the project.

Oakhurst is a community of less than 900 people sandwiched between Tulsa and Sapulpa and straddling the county line between Tulsa and Creek Counties. Characterized by single-family homes, the Oakhurst neighborhood faces many challenges, including a number of vacant and run-down properties, trash dumping and build-up, poor connections to employment opportunities and a lack of accessible neighborhood-serving businesses, such as a grocery store or pharmacy. Despite these challenges, many Oakhurst families have lived in the neighborhood for generations and have a strong attachment to their homes and the community.

Goals of the project were established by residents of Creek and Tulsa County during a community meeting and daylong technical workshop. Read a summary of these goals and next steps [here](#). THD will continue to support this project in the next fiscal year.



Food Protection Services

During 2013, the Food Protection Division of the Tulsa Health Department participated in a mentorship program with other peer Local Health Departments (LHD) in order to share experiences, learn, and provide tools and resources related to the Food and Drug Administration's (FDA) Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards).

NACCHO's Mentorship Program is part of an ongoing effort to increase the use of the Retail Program Standards by LHDs. LHDs supported under the program will receive peer-to-peer assistance and intensive technical support, thereby, advancing the practice of the standards among LHD-based practitioners while increasing the number of LHDs enrolled in FDA's Retail Program Standards. The overall objective of the mentorship program was to match

seasoned LHD practitioners with experience applying the FDA Voluntary Retail Program Standards with LHDs currently enrolled in the Program Standards and looking for guidance, tools and resources, and recommendations for achieving a standard or standards. The opportunity, funded by a cooperative agreement between NACCHO and the FDA, is to provide capacity building among the LHDs participating in the mentorship program in addition to help strengthen relationships between a LHD and the FDA Regional Offices. The Tulsa Health Department was paired up with San Juan County Health Department, Colorado, and San Francois County, Missouri.

The Voluntary National Retail Food Regulatory Program Standards serve as a guide to regulatory retail food programs in the design and management of a retail food regulatory program and provide a means of recognition for those programs that meet these standards. Program managers and administrators may establish additional requirements to meet individual program needs. The Retail Program Standards are designed to help food regulatory programs enhance the services they provide to the public.

Children First

Children First is a family-centered program that utilizes home visits by registered nurses (RNs) to help first-time mothers and their families prepare for parenthood. Mothers receive information on promoting a healthy, safe lifestyle for their family while gaining a greater understanding of the types of help and resources available to them in the community.

"When I first learned that I was pregnant, I was afraid because I didn't think I had what it took to be a mother. The Children First program was recommended to me by a WIC representative. When I met Nurse Cindy, she had a warmth about her and was so professional and knowledgeable about infants. She gave me confidence that I could be a great mother. She is a resource of knowledge when it comes to children and my cheerleader when I did not believe in myself. Thank you for having wonderful people like Cindy in your organization!" – C1 Client

Josie Carlson's grandmother's story is a testament to the importance of sidewalks and safe crossings for seniors



COLLABORATIVE PROJECT: Sidewalk Stories

In the spring of 2013, several THD employees from three different divisions worked with a local coalition — the Accessible Transportation Coalition in tandem with the Tulsa County Wellness Partnership — on a visual media project demonstrating the need for, and value of, sidewalks, accessible pedestrian amenities and general walkability in Tulsa. The five short films illustrated how sidewalks impact our seniors, our health, our children, our safety and our economic development.

This project illustrates the impact of storytelling and how it can provide those educational and behavior changing opportunities to empower the public to improve their health.

**Accessible
Transportation
Coalition**

**tulsa
county
wellness
partnership**



Christopher Smith's story demonstrates the importance of sidewalks for children and families

Emergency Preparedness and Response Program

Being prepared in the event of a terrorist attack, natural disaster, or other large-scale emergency or public health threat is a necessary part of today's world. On a national level, agencies such as the U.S. Department of Homeland Security, the Federal Emergency Management Agency and the Centers for Disease Control and Prevention vigilantly work to protect and secure America. Here in Tulsa County, local organizations including the Tulsa Health Department (THD), Tulsa-area hospitals, EMSA, Law Enforcement agencies, Fire Departments, Tulsa Area Chapter of the American Red Cross, Tulsa Area Emergency Management Agency and many more have come together to create a community disaster preparedness and response plan.

As the agency charged with addressing public health concerns within Tulsa County, THD would be expected to immediately take steps to ensure public safety from diseases and other threats to mankind. The THD Emergency Preparedness and Planning Program (EPRP) has developed extensive and comprehensive plans aimed at identifying and securing resources and measures essential for protecting the public. The overall goal of these plans is to minimize the impact caused by an emergency, whether natural or man-made.

- EPRP continued to work with the Oklahoma Medical Reserve Corps (OKMRC) to increase the number

of trained volunteers available to respond to public health emergencies. The Coordinator continued to work to establish new partnerships with local organizations. EPRP continued to recruit, train, and engage volunteers in activities to develop readiness for emergencies. Volunteers participated in Health Fairs, responded during Dental HAI, Moore tornados, and several other local events.

- EPRP continued to identify and expand planning efforts to address the Tulsa County Functional/Access Needs population by interfacing with entities and agencies that provide care, communications, and support of functional and access needs individuals who include but are not limited to institutionalized, homebound, or homeless populations. EPRP worked with the Oklahoma State Department of Health and other local and state agencies forming the development of the Functional and Access Strike Team (FAST) planning group. This group met on a regular basis to develop planning strategies to best identify the needs of Functional and Access Needs residents of the state. Each local health department was tasked with the identification of local resources including but not limited to members of the FAST team. This information was incorporated into the EPRP Shelter Plan.
- EPRP assisted with the development of the Dental HAI After Action Report/Improvement Plan and continues to track progress of identified corrective actions.



Dental HAI

In early March 2013, visits to the W. Scott Harrington dental surgical facility by infectious disease specialists from the Oklahoma State Department of Health (OSDH) and Tulsa Health Department (THD) and representatives from the Oklahoma Board of Dentistry documented numerous infectious disease conditions that violated health and safety laws. Findings corroborated evidence of the potential transmission of Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV). The practice may have led to the transmission of HCV to a patient of Dr. Harrington's (Index Patient) that had previously tested negative for HBV, HCV, and HIV.

Problems identified in Dr. Harrington's practice include but were not limited to the administration of intravenous drugs, sterilization of equipment, narcotic inventory and dispensing, which put patients at risk of potential exposure to blood borne pathogens as a result of their dental procedures. Due to the public health risk, OSDH and THD determined that a massive notification and testing process was warranted for these patients.

THD and OSDH established a Unified Command under the Incident Command System (ICS). The event response was named Dental Healthcare Acquired Infection (Dental HAI). Under Unified Command, THD and OSDH began a response to collect records dating back to 2007 for 7,300 patients of Dr. Harrington's, dispersal of patient notification letters, opening a free phlebotomy clinic to all patients of Dr. Harrington's, and epidemiologic investigation of additional positive test results for HBV, HCV, and HIV.

On March 28, 2013, a joint news conference at THD included Dr. Bruce Dart, State Epidemiologist Dr. Kristy Bradley, and Oklahoma Board of Dentistry Executive Director Susan Rogers. A news release was provided to media attending the news conference with concurrent electronic release to more than 500 media outlets statewide. THD staff was simultaneously notified of the response. The announcement immediately prompted extensive national/state/local media attention and requests for interviews with THD personnel.

THD phone bank operations began simultaneous to the press conference to answer questions from the public, patients of Dr. Harrington's, concerned medical facility personnel, and insurance companies. English and Spanish speaking public health professionals staffed the phone bank from 7am to 7pm on weekdays.



The free phlebotomy clinic opened to the public on Saturday, March 30, at the North Regional Health and Wellness Center. The first day of clinic operations brought 420 patients through the clinic in four hours. The clinic was open Monday through Friday and two Saturdays through April 12, when operations transitioned to an appointment basis.



Situation updates, media announcements, public information and directional advisories were posted regularly on a THD webpage devoted specifically to the Harrington public health response. The page featured “Frequently Asked Questions,” fact sheets on hepatitis B, C, and HIV, and instructions on the screening and testing process. Updates were also provided on THD social media pages and distributed to local, state and national media outlets.

Patient notification letters, mailing of negative test results, epidemiologic investigation of positive test results, communication efforts, and PHL coordination continued under Unified Command throughout the Dental HAI. The response ended on July 2, 2013 as the ongoing epidemiological investigation continued.

Findings

In total, the Oklahoma Public Health Laboratory completed testing for 4,208 persons. Ninety patients tested positive for hepatitis C, 6 for hepatitis B, and 4 for HIV. An unknown number of persons also sought testing through their private health care provider.

Findings of the epidemiological investigation of former patients testing positive for hepatitis C indicate that one event of patient-to-patient transmission of hepatitis C virus occurred in the practice. Genetic-based testing of patient specimens by the Centers for Disease Control and Prevention (CDC) provided laboratory confirmation of this finding. This was the first documented report of patient-to-patient transmission of hepatitis C virus associated with a dental setting in the United States.

By the Numbers

1 confirmed patient-to-patient transmission of Hepatitis C

4 patients tested positive for HIV

6 patients tested positive for Hepatitis B

39 countries (excluding U.S.) documented news coverage of this event

90 patients tested positive for Hepatitis C

185 OKMRC volunteers assisted with the response

3,467 phone calls received by THD phone bank

4,208 patients were tested documented

9,129 international/national/state/local news stories

\$30,000 – 40,000 saved in associated health care costs for every new infection prevented by this public health response

Community Health Improvement:

In January 2012, the Tulsa Health Department's Pathways to Health (P2H) partnership, in conjunction with local non-profit hospitals, initiated an 18-month strategic evaluation of the health needs of Tulsa County. The evaluation, which consisted of four individual assessments, will be the foundation for the Community Health Improvement Plan (CHIP).

The Tulsa County Community Health Needs Assessment (CHNA) was done in partnership with other community organizations in order to provide insight into the health and well-being of all Tulsa County. The CHNA process began in early 2012 and the results were published in March 2013. This systematic, data-driven approach allows THD to collect important health data and also serves as a baseline to measure change over time. The health disparities identified in the CHNA will direct our decision making, specifically in the CHIP, to be released in late July 2013.

The Community Themes and Strengths Assessment utilized focus groups to expound upon CHNA findings. Ninety-one participants representative of the demographics of Tulsa County were recruited to participate in 12 focus groups in December 2012. The focus groups revealed:

- Residents of Tulsa County share common concerns for their families and for their community regardless of socio-economic status
- Residents want to know how these health concerns impact their lives here in Tulsa County as well as what they can do to make changes and increase their knowledge and awareness of the issues.
- While it was recognized that there are wonderful things being done in many areas of health improvement, there is a low level of awareness about the availability and accessibility of community resources that impact the health issues that are of greatest concern.

In November 2012, the National Public Health Performance Standards Program was held to assess our local public health system's ability to carry out the 10 essential services of public health. Thirty agencies from all sectors of the Tulsa community participated to discuss the opportunities and areas of excellence of all public health partners in Tulsa County.

Finally, in April 2013 the Forces of Change assessment was held with public health leaders in our community. During the assessment, participants from P2H's Executive Advisory Council, as well as senior leaders at THD, engaged in discussions about upcoming forces (policies, innovations, partnerships, etc.) that have the potential to influence the top six community health concerns.



Pathways
to
Health

COMMUNITY HEALTH SERVICES

	FY 2010 – 11	2011 – 12	2012 – 13
Immunizations			
Adult client visits	11,967	11,093	12,181
Number of vaccines given to adults receiving immunizations	15,961	15,794	15,970
Child client visits	23,653	23,987	22,323
Number of vaccines given to children receiving immunizations	47,821	51,459	45,236
Children First			
Number of families served	686	701	629
Nurse case management visits to pregnant women and infants	7,598	7,810	7,488
Adult Health Screenings			
Number of clients screened	1,703	1,787	1,443
Family Planning			
Number of clients served	6,478	6,175	5,969
Dental			
Number of children served	401	505	669
Birth and Death Certificates			
Number of certified birth certificates issued	38,112	37,765	36,111
Number of certified death certificates issued	57,640	60,633	64,172

DISEASE CONTROL SERVICES

	FY 2010 – 11	2011 – 12	2012 – 13
Number of reported cases:			
Campylobacter	38	55	47
E.coli H7:0157	8	9	9
Giardia	3	9	0
H flu	21	13	20
Hepatitis B	184	178	188
Hepatitis C	514	488	490
N. Meningitis	3	2	2
Pertussis	104	23	48
Salmonella	68	100	59
Shigella	27	12	67
Tick Fevers	103	139	170
Number of clients screened and tested for sexually transmitted disease	5,420	4,939	4,565
Number of tuberculosis (TB) skin tests performed	2,393	4,807	1,788
Number of positive TB skin tests	485	427	376
Number of individuals provided preventive TB therapy	340	233	175

ENVIRONMENTAL PUBLIC HEALTH SERVICES

	FY 2010 – 11	2011 – 12	2012 – 13
Foodhandler classes conducted	503	555	583
Individuals trained through foodhandler classes	25,898	26,793	26,103
Food manager certification permits issued	1,305	1,327	1,460
Volunteer foodhandler presentations conducted	72	71	65
Volunteer foodhandler permits issued	6,771	5,843	5,302
Food sanitation inspections performed	9,417	9,376	9,746
Food establishment complaints	639	622	604
Foodborne illness complaints	152	155	181
Construction plan reviews	223	223	226
Swimming pool operator permits issued	327	253	256
Swimming pool operator classes conducted	10	6	8
Swimming pool and spa inspections performed	2,489	2,490	2,453
Swimming pool complaints	40	38	34
Hotel/motel inspections and complaints	153	180	177
Number of mosquitoes tested	8,996	18,758	26,942
Mosquito requests for spraying	*	2,612	2,336
Mosquito trap collections	*	891	969
Square miles sprayed for mosquito control	*	251	251
Residential properties assessed for rat control	292	102	57
Gas station vapor recovery system inspections conducted	177	191	83
Asbestos removal inspections	33	29	27
Water samples tested	10,326	10,245	10,925
Premise sanitation complaints	*	1,238	1,007
Housing code inspections	*	1,374	1,654
Air quality permit inspections	*	516	300
Building plan inspections	*	32	40

HEALTH PROMOTION & OUTREACH

	FY 2010 – 11	2011 – 12	2012 – 13
Child Guidance			
Number of clients served	2,316	4,163	4,639
Number of consultation hours to childcare centers	749	805	797
Number of community classes conducted	226	217	214
Cx Tobacco Control			
Number of Tulsa County tobacco users calls to Quitline**	6,205	6,146	3,627
Companies that adopted tobacco free policies	1	8	10
Healthy Start			
Number of families served	415	479	413
It's All About Kids			
Number of students served through health education and CATCH Nutrition Education sessions	16,618	13,868	15,619
Number of of participants reached through community presentation for health education and oral health education	21,670	23,189	19,195
Know Your Numbers			
Community health screening events	27	115	76
Total number of individuals screened	769	2,596	1,372
Personal Responsibility Education Program			
Schools receiving technical assistance	*	13	13

HEALTH PROMOTION & OUTREACH

FY 2010 – 11 2011 – 12 2012 – 13

RPC & SPF-SIG

(Drug and Alcohol Abuse Prevention)

Alcohol Compliance Checks	*	121	223
Reward Reminder Visits	*	197	243
Responsible Beverage Sales and Service Training (RBSS) participants	*	*	275

Community Engagement / Outreach

Number of clients provided health prevention education, referrals, assistance with SoonerCare applications and advocacy	1,897	1,995	1,908
Number of clients/contacts screened for post partum depression, educated, and referred for other health care services	*	*	65

Tulsa Fetal Infant Mortality Review

Number of cases reviewed	90	120	119
Number of parent in-home interviews	49	39	19
Number of parent telephone interviews	36	29	27

Women, Infants and Children (WIC)

Number of food instruments issued	386,042	393,226	381,525
Number of client visits	40,185	50,906	39,122
WIC supplemental foods issued in dollars	\$11,634,480	\$11,000,856	\$11,667,661

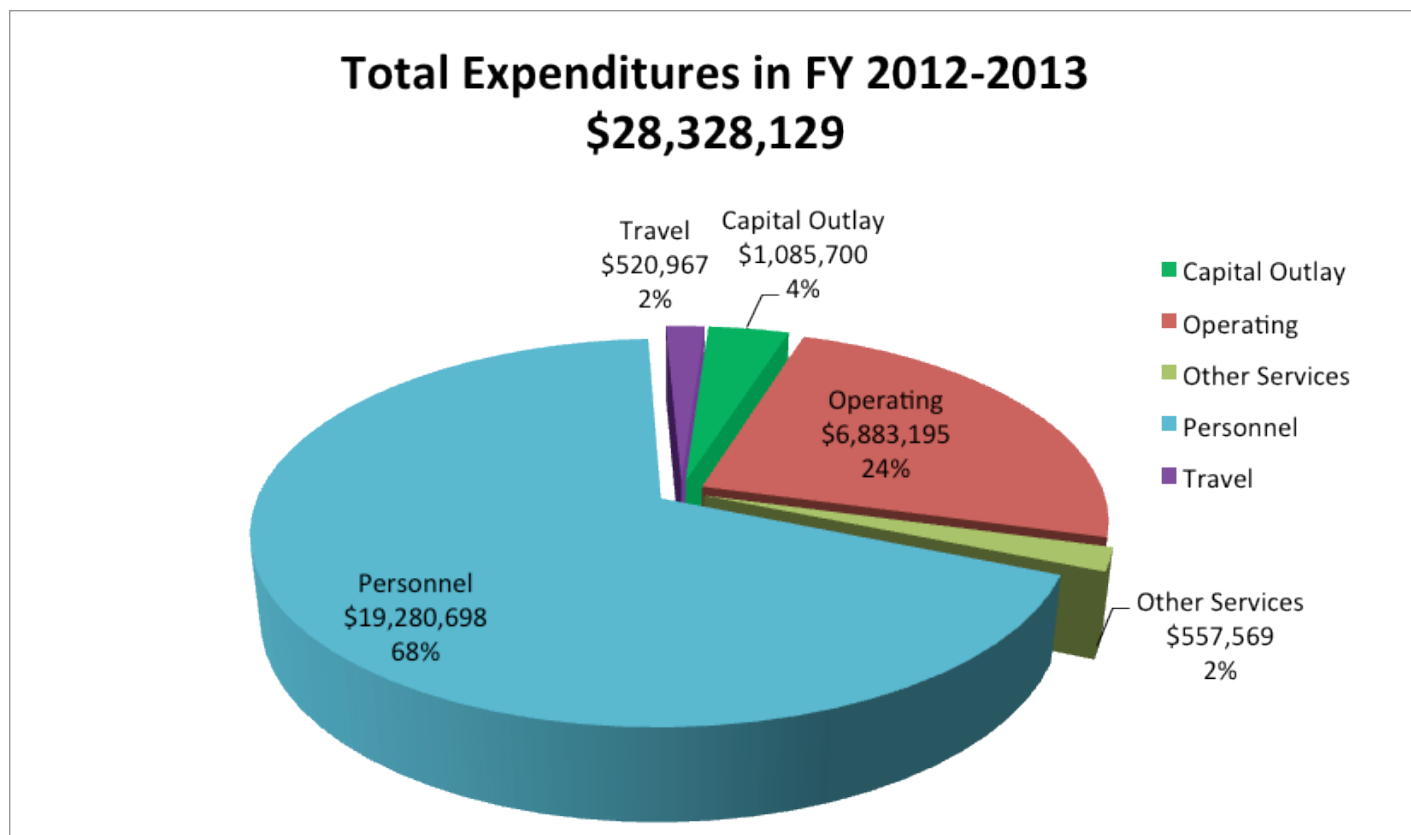
Working for Balance

Companies receiving technical assistance	*	103	103
Health Education presentations offered to companies/organizations	*	*	23

TOTAL EXPENDITURES

EXPENDITURES BY CATEGORY

Personnel	\$19,280,698	68%
Travel	\$520,967	2%
Operating	\$6,883,195	24%
Other Services	\$557,569	2%
Capital Outlay	\$1,085,700	4%
Debt Service	\$0	0%
TOTAL FY 2011 – 12	\$28,328,129	100%



TOTAL REVENUE

REVENUE BY SOURCE

Ad Valorem Taxes	\$12,821,548	43%
Intergovernmental	\$13,675,262	46%
Licenses & Permits	\$877,623	3%
Fees	\$1,773,066	6%
Contributions	\$383,668	1%
Other	\$267,358	1%
TOTAL REVENUE RECEIVED	\$29,798,525	100%
OTHER	\$609,325	
FUND BALANCE	\$9,058,994	

TOTAL **\$38,248,194**

