

A Message From the Health Director

It is my pleasure to submit to you the 2015 – 2016 Tulsa Health Department annual report. During the past year we have worked collaboratively and cohesively with community partners, decision makers and residents to change and improve the health status of Tulsa County. Inside this annual report, we identify how we are not only improving individual health but impacting population health as well. We work effectively and efficiently by:

Impacting population health through policy and partnerships.

We work with partners and policymakers on health issues and opportunities currently affecting large parts of our community—healthy eating and active living, emergency preparedness and response, access to healthcare, improved life expectancy, and quality of life issues to promote prevention and wellness across the community.

Responding to the needs of at-risk and vulnerable populations.

We have provided services to at-risk groups within our communities through a variety of programs such as WIC, family planning, nurse home visitation programs, and enrollment in public or private healthcare plans. At-risk and vulnerable groups often have a disproportionately high number of the poor health outcomes for the total population. Addressing these health concerns can reduce health care costs and improve overall community health status.

Preventing the spread of disease and ensuring healthy environments.

We address problems that can affect the entire community by providing control of communicable diseases and assuring safe conditions in facilities such as restaurants, childcare centers, swimming pools, and issues that become health nuances in neighborhoods.

This report will show how THD has played a primary role in identifying important health issues that affect both vulnerable groups as well as the larger population. More importantly, we are serving as a catalyst to bring together a broad range of partners – including healthcare systems and providers, businesses, the educational community, community-based organizations, emergency response, local, state, and federal policymakers, individuals and families – to work cohesively to address them. This would not be possible without the tireless effort by each and every employee on staff. It is an honor to lead an exceptional team as we continue to work to improve the health of Tulsa County.



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

BOARD OF HEALTH

2015 – 2016 Board of Health Members

Dedicated to serving the community. The Tulsa City-County Board of Health acts in an advisory capacity to the THD Executive Director. The board sets public health policies and helps establish the THD annual budget. In all that they do, the board's appointed members and the executive director of health strive to safeguard and promote the health of the people they serve.

David Johnson, Chair

Christine Bell, Vice-Chair

Deborah Greubel, D.N.P., A.P.R.N.-C.N.P.

Regina Lewis, D.O.

Patrick Grogan, D.V.M.

James O. Goodwin, J.D.

Kian Kamas

Bill Schloss

Larry Lander, D.D.S., J.D.

MISSION VISION & CORE VALUES

Our vision for Tulsa County is a community of empowered citizens making healthy choices that carry forward for future generations. This ideal hope for our community, in turn, dictates the THD mission: To sustain an equitable system that prevents disease, promotes healthy living and ensures preparedness.

We carry out our mission by upholding our core values:

Accountability

Collaboration

Effectiveness

Empowerment



2016 AT A GLANCE



Wellness

Working For Balance (Internal Employee Wellness)

THD supports the Working for Balance program in recognition of the relationship between health and increased productivity, improved morale and reduced absenteeism. The mission of the program is accomplished by:

- Supporting and providing opportunities for all employees to make lifestyle choices that enhance individual quality of life and overall health
- Promoting an organizational environment that enhances emotional and mental well-being
- Advancing health through activities and educational programs designed to motivate employees to move towards optimal health
- Creating and fostering a work culture in which individual and organizational wellness are highly valued.

Total participant numbers for events held internally for THD employees | July 2015 – June 2016

Hemoglobin Testing	86
6th Annual Wellness Day Event	146
Anchor for the Holidays event	120
Annual Employee Screenings and Health Risk Assessments	215
A1C testing	78
Blood Pressure Measurements	60
Fitness Competitions	70

Working for Balance Awards received:
Oklahoma Certified Healthy Business Excellence

**American Heart Association
Fit-Friendly Company: Gold Level**

2016 AT A GLANCE

Maternal & Child Health

Community Baby Shower:

On Tuesday, September 22, 2015, the Tulsa Health Department Healthy Start, Community Service Council Healthy Start, Oklahoma's Office of Minority Health, Family Health Coalition and the Greenwood Cultural Center hosted a community baby shower for 295 pregnant women and new mothers. The shower was an opportunity for community partners to provide women with the knowledge and resources they need to give their baby the best start in life. Special guest speakers included Dr. Runako Whittaker with Westview Pediatric Clinic and Dr. Brian Hall with OU Tulsa School of Community Medicine.



Prevention

Family Planning

There was a significant difference in the number of clients seen in FY 2015 (6,019) and FY 16 (5,019). Several factors impacted the volume of clients seen in the family planning clinic. Over the last couple of years, the family planning program has experienced a wave of transition with several staff retiring and the onboarding of new hires. During this time, THD said farewell to over 90 years of family planning experience, which resulted in a rebuilding of the clinic function and clinic capacity. Although this was a major change for the department, the family planning program continued to play a vital role in the decrease of teen birth rates across the State and in particular, in Tulsa County, where the teen pregnancy rate declined by 20% between 2012 and 2013 and by an additional 10% in 2014. THD has also seen an increase in the use of Long Acting Reversible Contraception (LARC) among clients, which may also account for the teen pregnancy risk decline. In 2014, THD inserted 396 LARC devices and this amount increased in 2015 to 428 devices. The program continues to work with community partners to make a positive impact on the residents in Tulsa County.

Personal Responsibility Education Program

PREP continued to produce amazing results during the year by increasing its capacity and offering the program in 20 Tulsa County schools including Tulsa Public Schools. A total of 2,569 student contacts were initiated in both middle and high schools, an increase from 2,429 during 2014 – 2015. The collaborative efforts with the Tulsa Health Department It's All About Kids program which offered their Certified Health Education Specialists as support instructors continued throughout the year.

PREP staff participated in a collaborative effort by the Tulsa Teen Pregnancy Prevention Coalition, the Tulsa Campaign to Prevent Teen Pregnancy and several other youth serving agencies to promote awareness of National Teen Pregnancy Prevention Month. In order to educate the general population, a free water station was set up during Food Truck Wednesday at Tulsa's Guthrie Green,

2016 AT A GLANCE

a popular lunch spot for Tulsa's downtown workers. Staff shared information about the effects of teen pregnancy on Oklahoma and encouraged people to take the National Day quiz at www.stayteen.org by passing out small cards printed with the website.

Along with the evidence based in-school intervention offered through PREP, staff continued to plan and implement Teen Zone, a monthly out-of-school time event for 13 – 19 year old youth. One hundred and ninety-six teens attended Teen Zone this year. Each month's event was centered on a topic, many of which were determined by youth who participated in PREP programming offered in Tulsa County schools. Topics covered this past year include healthy relationships and teen dating violence, stress management, puberty and adolescent development, online safety, parent-teen communication, goal setting, healthy snack preparation and summer employment readiness.

Student feedback:

“Thank you so much for everything you taught us! We learned a lot of different things that we never thought we would learn. For example, how to correctly put on a condom! Thanks for making the awkward topics fun. We really enjoyed you being here. This is stuff we definitely will need for the future. Thank you again!”

“Thank you for taking the time to prepare and teach us all that you have. I greatly enjoyed the activities that you had us do. I am glad I know more about STDs now, and plan to teach my sister some of the things that you taught us.”

Disease Surveillance

Shigella

During FY 2016 the Tulsa Health Department saw an increase in Shigella cases. THD's response to prevent further spread of this illness was to educate the individual(s) (case or parent of case) about preventing the spread of the illness, to inspect the child care center (if case was an attendee) and educate staff on prevention measures to stop the spread of the illness; and, if more than one case was at a child care center, provide education to staff and parents, as well as provide information packets to other families at the daycare.

During this past FY, THD epidemiology staff conducted over 40 child care center site visits in response to Shigella cases. Many of these included packets being sent home with families whose children also attended the child care center. As a result hundreds of individuals were educated about the signs, symptoms and prevention of Shigella. Additionally, 286 child care center received a Shigella letter (276 via mail; 10 via email) educating staff about the signs, symptoms and prevention of Shigella in these settings.



2016 AT A GLANCE

Environmental

Mosquito Control Grants

The vector control program received two grants to assist and improve mosquito control efforts. The Public Health Foundation and CDC awarded \$3,000 as part of continuation of a Quality Improvement project assessing the effectiveness in mosquito remediation techniques. The results of the pilot project were presented at the National Environmental Health Association Annual Education Conference. The Public Health Institute awarded \$30,000 for 18 months to build resiliency within the mosquito control program. As the climate changes, THD expects new mosquito borne diseases to become more prevalent. The funding has been used to trial new trapping techniques to focus on the specific mosquito species known to carry West Nile Virus, Chickungunya and Zika virus.

Housing 101

Environmental Health Services partnered with Legal Aid Services of Oklahoma to offer a Housing 101 workshop. The workshop included information about the International Property Maintenance Code, Oklahoma Residential Landlord-Tenant Law and the Fair Housing Act which protects against discrimination. The goal of the workshop was to educate attendees on the bare minimum safety standards for housing, including electrical, plumbing, mechanical, safe heating sources and occupancy limitations. The attendees included, apartment managers, leasing agents, landlords and renters.

Food Protection Services:

Volunteer Online Food Safety Training

In 2015, the food protection services of the environmental public health division provided food safety training to over 26,000 food workers and 5,400 volunteers. Due to such a large volume of students and constraints on resources, food protection services developed an online food safety training course. This is offered to those who work on a non-paid volunteer basis. Volunteers are now able to receive comprehensive food safety training from the convenience of their homes. The online course was launched in April 2015, and has since received tremendous utilization. During FY 15/16, more than 3,800 volunteers completed the online training. This ensures volunteer food workers are savvy in contributing to a safe food environment for their customers. THD strives to offer Tulsa County the highest quality training in a technologically evolving society.

The screenshot shows the THD (Tulsa Health Department) website navigation bar with links for NEWS, EVENTS, PROGRAMS, and LOC. Below the navigation bar is a menu with categories: FOOD SAFETY, PERSONAL HEALTH, FAMILY HEALTH, and COMMUNITY HEALTH. The main content area is titled "Volunteer Online Training" and includes a link to report technical difficulties. The "Registration Information" section contains a note about printing a card and a link to a study guide. The form fields include: Full Name, Age Range (set to 6-12), Name of Organization, Address First Line, Address Second Line, City, Zip, Email, and Confirm Email. At the bottom, there is a checkbox for "I am the signed on individual taking this online course and test for a volunteer worker card." and a "NEXT PAGE >" button.

2016 AT A GLANCE

Emergency Preparedness and Response

Operation May MADness

Public health emergencies can be natural or man-made. Natural disasters are generally predictable because they cluster in geographic areas, are unpreventable and usually, uncontrollable.

Man-made or technological disasters are unpredictable, can spread across geographical boundaries, may be unpreventable, and may have limited physical damage but long-term effects.

During routine operations, THD's emergency preparedness planning is conducted primarily by the emergency preparedness and response program. EPRP is comprised of several programs, each of which has a specific planning function including exercise and training, mass care operations, and maintaining the emergency operations plan and other crucial planning documents. EPRP is staffed by individuals with years of experience in their respective program areas.



Preparing employees and Oklahoma Medical Reserve Corps volunteers to know how to respond is an EPRP function. EPRP conducted a full scale exercise on May 25 – 26, 2016 to test the Mass Immunization/Prophylaxis Strategy Plan. The MIPS Plan identifies the procedures to provide medical countermeasures to the residents and visitors of Tulsa County in the event of a disease outbreak due to biological terrorism or an emerging infectious disease.

The scenario in the exercise was in response to laboratory confirmed cases of pneumonic plague identified in multiple Oklahoma counties and Tulsa County hospitals. Medical system facilities were experiencing increased numbers of patients seeking treatment for respiratory illness. The public health and medical system worked together to respond to the outbreak and exercised responsibilities related to the infectious disease.

Day one of the exercise included the activation of the Regional Distribution Site and the medical system response. Day two of the exercise focused on medical countermeasure dispensing operations at open and closed point of dispensing sites. Oklahoma State Department of Health provided pallets of simulated medical countermeasures to enhance the warehousing and dispensing operations. A total of 29 community partner organizations participated in the exercise representing law enforcement, healthcare, cultural groups, social services and mental/behavioral health sectors.

In order for the PODs to meet the needs of all Tulsa County residents/visitors regardless of their cognitive or physical abilities, THD consulted with members from The Center for Individuals with Physical Challenges. These individuals offered valuable feedback and advice to assist THD with future planning efforts involving the access and functional needs population.

The exercise successfully demonstrated the ability of four PODs to operate simultaneously for one hour with processing of 162 individuals picking up medication for 565 additional friends and family members. These exercises are invaluable to prepare for real world events.

2016 AT A GLANCE

Health Data And Policy

Plan4Health

THD was awarded the Plan4Health grant in October 2015 — total award amount of \$187,500 over a period of 15 months. The grant was pursuant from the Oklahoma Chapter of the American Planning Association to support the American Planning Association and the American Public Health Association's Plan4Health project made possible through the Centers for Disease Control and Prevention (CDC) as part of the National Dissemination and Implementation program within the Division of Community Health. The three main strategies of the grant to increase opportunities for a positive impact on the overall health of the community are to:

- Ensure sustainability of recognizing public health in the built environment by having a representative attend city development and planning commission meetings,
- Reduce barriers to physical activity and nutrition, through community partnerships that will expand the use of Shared Use Agreements and implement a Food Forest, and
- Increase communications regarding health equity, through Pathways to Health (P2H), engaging in cross sector collaboration and conduct 'health in all policies' educational activities.

GO Plan

On Thursday, September 17, 2015, THD and INCOG sponsored the Bicycle and Pedestrian Master Plan/GO Plan Public Forum at the TCC Center for Creativity. Approximately 75 people attended to view a presentation of the final version of the GO Plan along with Q&A with those involved in the project.

The GO Plan is a Bicycle/Pedestrian Master Plan, which provides a comprehensive regional blueprint for pedestrian and bicycle improvements; provides connectivity to the existing regional trail network using on-street treatments; improves pedestrian and bicycle safety; provides a strategic approach to competing for pedestrian and bicycle funding; and identifies barriers, with solutions, for residents to safely access destinations using walking or bicycling modes within the Tulsa region.

The plan encompasses 11 cities in the Tulsa Metropolitan Area: Bixby, Broken Arrow, Catoosa, Collinsville, Coweta, Glenpool, Jenks, Owasso, Sand Springs, Skiatook and Tulsa. Over the course of 18 months, a team of experts analyzed and recommended bicycle and pedestrian facilities for the Tulsa region's cities. Treatments such as bike lanes, shared lanes and trails totaling 1,300 miles of network are included in the plan. Additionally, 425 miles of sidewalks were recommended where gaps existed.

THD formally lent support to the GO Plan by pitching the proposal to the Tulsa City Council during the open call for Vision 2025 projects.



In April, Tulsans voted to approve all three Vision Tulsa propositions on the ballot, which included a \$3.125 million allocation for the GO Plan priority projects.

2016 AT A GLANCE



Life Expectancy Study

Life expectancy is one of the most fundamental measures of the health of a community, and where you live can determine how long you live.

In 2000, the life expectancy among Tulsa County residents varied by as much as 13.8 years. The life expectancy for residents of 74126 in north Tulsa was 66.8, compared to that of 74137 in south Tulsa, which boasted 80.6 years.

THD and several key partners completed a life expectancy analysis in the fall of 2015 which applied best practice strategies to calculate the life expectancy at birth for residents of the 43 Tulsa County ZIP codes, specifically concentrating on 74126 and 74137 which had the most drastically different life expectancies. The study was funded in part by the George Kaiser Family Foundation and compared data from 2000 – 2002 to 2011 – 2013.

THD researchers found that in a rare turn of events, ZIP code 74126 experienced the greatest improvement in Tulsa County to narrow the gap to 10.7 years – an impressive improvement in a relatively short amount of time.



Narrowing the Gap

Where you live in Tulsa can determine how long you live. Babies born a few miles apart might have lifespans that differ by 10 years or more. How can two babies with seemingly similar beginnings experience such a drastic difference in how long they may live? More importantly, how can the community come together to improve health and demonstrate change is possible?

2016 AT A GLANCE

In the last decade, public health officials, community partners, city leaders, philanthropists and universities have made great strides to increase access to health care in north Tulsa. Community health clinics, programming and resources are more accessible than ever before.

However, many other factors determine one's quality of life, including the social, economic and environmental conditions in which a person lives.

ZIP code 74137 located in south Tulsa and mostly in the Jenks school district, had the 11th lowest percentage of the population below poverty and one of the highest reported median incomes in 2013: \$81,322. In sharp contrast, 74126 is comprised of neighborhoods in north Tulsa and had one of the highest percentages of the population living below poverty and the third lowest reported median income for the same year: \$25,191.

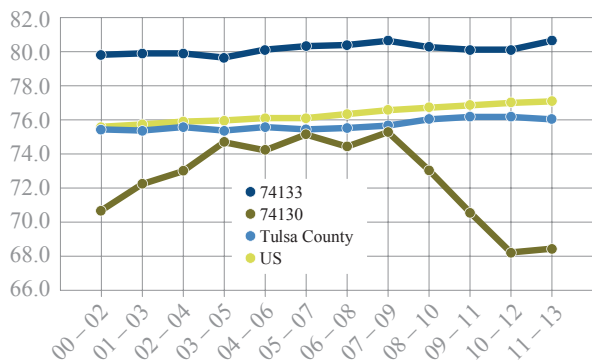
While the improvement in life expectancy in 74126 is certainly commendable, significant disparities still exist. In the 2011 – 2013 analysis, ZIP codes 74130 and 74133 now have the largest life expectancy disparity gap with 12.3 years difference between the two. 74130 located in the north Tulsa area had the lowest life expectancy at 68.5 years, while 74133, located in south Tulsa, had the highest life expectancy at 80.7 years.

Additionally, Tulsa County has an overall lower life expectancy in comparison to the United States. During 2011 – 2013, the national life expectancy was 77.2 years and Tulsa County's life expectancy was 76.0 years. While both the Tulsa County and national life expectancies have increased in recent years, the national life expectancy has increased 2.1% while Tulsa County's life expectancy has increased 0.8%.

“Strengthening partnerships, utilizing data associations, analyzing trends over time, developing methods to measure causality moving forward – these are the studies of our population that can assist our community leaders to make the best choices for continued community-wide improvement,”

– Dr. Bruce Dart

Life Expectancy Over Time



2016 AT A GLANCE

Administrative & Business Operations

Legal Division

THD's two-person legal division prepared and facilitated more than 300 agreements, contracts and memorandums for THD programs during 2016. The legal division works with all programs and divisions of THD to provide support, advice and direction to ensure that the appropriate legal documents (contracts, addendums, agreements and Memorandums of Understanding) are valid, legally accurate and annually updated

THD Organizational Development

THD is committed to supporting our employees in their professional growth and development. We offer a variety of enriching opportunities throughout the year to assist employees with expanding their knowledge and skill set. We also offer opportunities for our employees to learn about our organization as a whole; which creates a collaborative effort in upholding our organizational mission, vision and core values. In addition to career development, THD also offers opportunities for employees to serve our community through volunteer efforts. The numbers below represent our commitment to our employees.

THD Department Trainings:	44
Attendees:	1095
THD volunteer events:	10
Volunteers participating:	176
Completed Level 1 of Professional Development Incentive Program:	178
Completed Level 2 of Professional Development Incentive Program:	14

Strategic Plan

The new THD strategic plan was developed and adopted in July 2016. To guarantee that the plan was developed effectively, a quality improvement (QI) process was put in place to support the development and communication of the new strategic map and plan. In addition, steps were put in place to effectively manage complex change in following recommendations of Vision, Consensus, Skills, Incentives, Resources and Action Plan.

Under the overarching goal of understanding Foundational Public Health Services, those services that are essential to all health departments no matter the size of the community, financial resources or employee base, the plan was developed through strategic timelines and QI tools. From the start of the strategic plan development, trainings were offered to THD leadership, managers, and the Board of Health to educate them on their roles in development. Through various QI tools, discussion sessions, and full program education, the strategic map was development with feedback from team members of all levels.

For success of the new THD strategic map, there had to be a shared vision and consensus of all team members and their understanding of where they contribute to the success of THD. To achieve this, presentations were given to all programs and divisions that took upwards of 3 months. In addition, strategic map information has been included in new hire orientation.

Over the next five years, THD will work to achieve five overarching core goals and nine additional specialized goals, achieving success through cross-division and cross-disciplinary collaboration

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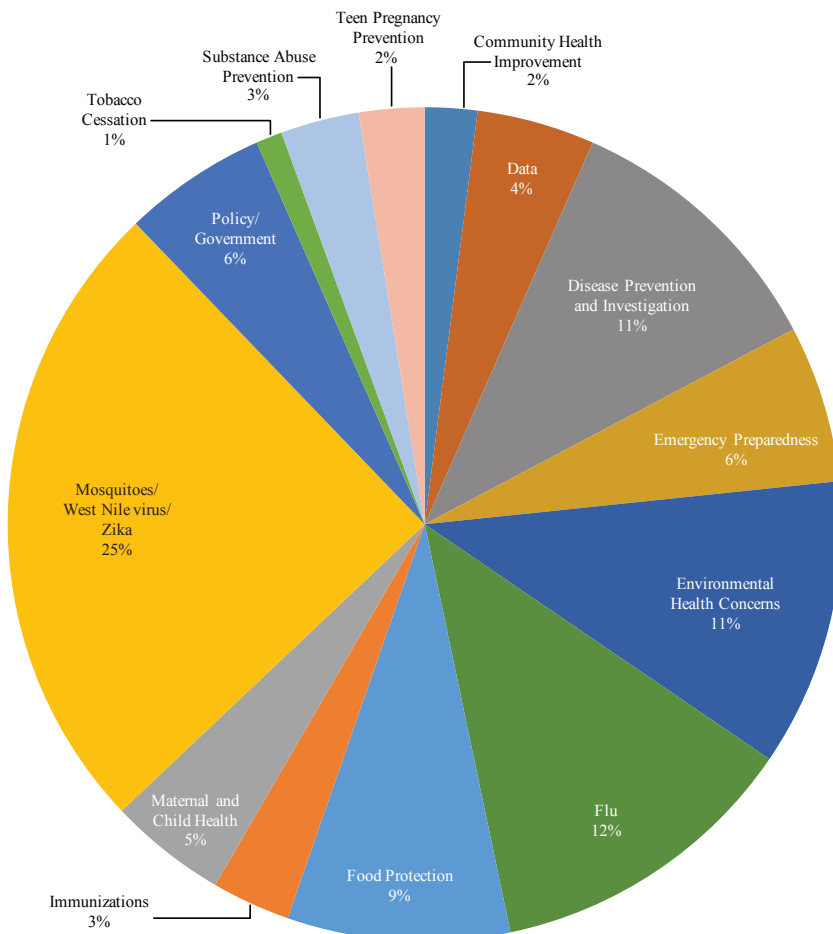
Communications

Marketing and Creative Services Division

The marketing and creative services division worked on a number of large scale projects throughout the 2016 fiscal year, including: the GO Plan video proposal and Public Forum event materials, RWJF Culture of Health Prize application video, Life Expectancy study publicity and materials design, event planning and collateral development for the Men's Health Summit hosted by THD's Healthy Start program, event planning and collateral development for the Community Baby Shower, Don't Bug Me campaign coordination and promotion, event planning, promotion and collateral design for the annual Tour de Tulsa charity bike ride which brought

in a record number of riders and raised \$24,910 for the Pathways to Health Foundation, HR recruitment videos, and Zika and other mosquito-borne illness prevention education and messaging via social media and the local municipality utility bill stuffers. The marketing team also coordinated THD representation at a total of 41 health fairs and 13 speaking engagements.

The THD PIO and subject area experts gave 197 media interviews during the FY 2016. This chart identifies the various types of media requests received through the year. The local media continue to cover many relevant public health topics, including disease prevention, mosquito-borne illnesses, health data, flu prevention, and environmental health concerns.



2016 AT A GLANCE

THD received \$1,121,906.94 in earned TV media this FY. That does not include the earned media from radio and print.

Fiscal Year 2015 – 2016 Estimated Total TV Ad Value

July 2015	\$430,138.39
August 2015	\$140,068.82
September 2015	\$57,400.00
October 2015	\$31,121.61
November 2015	\$13,074.24
December 2015	\$57,559.06
January 2016	\$11,724.12
February 2016	\$41,796.17
March 2016	\$32,519.74
April 2016	\$82,443.03
May 2016	\$106,941.53
June 2016	\$117,119.93
FY 15 – 16	Total \$1,121,906.64

Estimated total is based on local and national market viewership, local and national publicity value and ad rates per 30 second segments that are captured. All videos and values are captured and calculated by our TVEyes Media Monitoring Program.

Be the Big Kid

The marketing team collaborated with Littlefield to create and implement a public health campaign to address physical activity and to create a culture of wellness in Tulsa County. After a 10 week campaign planning process that involved qualitative research (focus groups), strategy development, and creative execution of the strategy, Be the Big Kid was launched in November of 2015. A media buy consisting of TV spots, Tulsa Transit, social media, digital pre-roll advertisements and print media was used to promote the campaign to Tulsa area parents and grandparents to encourage them to model healthy behavior for their children.



WELLNESS

FY 2013 – 14 2014 – 15 2015 – 16

Working for Balance (community health promotion activities)

Health education presentations offered to companies/organizations	53	35	37
Number of community screening events	27	12	12
Number of participants at screenings	581	325	244

Adult Health Screenings

Number of clients screened	1,468	1,191	1,356
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* Data unavailable or not previously reported

** The number of reported cases is reflective of confirmed or probable cases.
This does not include all cases reported and investigated in Tulsa County.

***PPD shortage September 2013 – May 2014

MATERNAL & CHILD HEALTH

	FY 2013 – 14	2014 – 15	2015 – 16
Women, Infants and Children (WIC)			
Number of food instruments issued	376,455	395,287	379,647
Number of client visits	27,427	36,544	42,730
WIC supplemental foods issued in dollars	\$11,551,681	\$12,741,831	\$12,706,497
Family Planning			
Number of clients served	5,745	6,019	5,019
Children First			
Number of families served	616	540	621
Nurse case management visits to pregnant women and infants	6,932	6,597	6,809
Child Guidance			
Number of clients served	4,594	4,561	5,475
Number of consultation hours to childcare centers	851	898	765
Number of community classes conducted	298	170	214
Healthy Start			
Number of families served	437	418	327
Dental			
Number of children served	601	628	671

* Data unavailable or not previously reported

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***PPD shortage September 2013 – May 2014

MATERNAL & CHILD HEALTH

FY 2013 – 14 2014 – 15 2015 – 16

It's All About Kids

Number of students served through health education	*	39,369	33,369
Number of students served through nutrition education	*	7,266	9,458
Number of students served through oral health education	*	2,634	1,379
Number of trainings/professional development trainings	*	15	21

Community Engagement / Outreach

Number of clients provided health prevention education, referrals, assistance with SoonerCare applications and advocacy	2,979	3,221	3,423
Number of clients/contacts screened for postpartum depression, educated, and referred for other health care services	678	370	241

Tulsa Fetal Infant Mortality Review

Number of cases reviewed	86	106	112
Number of parent in-home interviews	15	10	22
Number of parent telephone interviews	25	25	38

* Data unavailable or not previously reported

** The number of reported cases is reflective of confirmed or probable cases. This does not include all cases reported and investigated in Tulsa County.

***PPD shortage September 2013 – May 2014

PREVENTION

	FY 2013 – 14	2014 – 15	2015 – 16
Healthy Living Program			
Companies that adopted tobacco free policies	2	2	1
RPC & SPF-SIG (Drug and Alcohol Abuse Prevention)			
Alcohol Compliance Checks	237	146	231
Responsible Beverage Sales and Service Training (RBSS) participants	212	432	373
Risk Assessments conducted	21	11	14
Town Hall meetings	2	2	2
Pounds of drugs collected at Drug Take-Back events	458	1,617	2,631
Prescription drug safety lock boxes distributed	146	388	517
Prescription safety pledges/policies	150	188	517
Prescription Drug Safety Presentations	*	*	33
Personal Responsibility Education Program			
Schools receiving technical assistance	17	21	20
Adolescents served through PREP program	1,219	2,429	2,569

* Data unavailable or not previously reported

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This does not include all cases reported and investigated in Tulsa County.

***PPD shortage September 2013 – May 2014

ENVIRONMENTAL

	FY 2013 – 14	2014 – 15	2015 – 16
Foodhandler classes conducted	632	530	584
Individuals trained through foodhandler classes	23,957	24,816	26,337
Food manager certification permits issued	1,368	1,373	1,527
Volunteer foodhandler presentations conducted	50	35	14
Volunteer foodhandler permits issued	5,022	4,150	5,485
Food sanitation inspections performed	9,669	9,602	10,048
Food establishment complaints	759	726	780
Foodborne illness complaints	181	143	140
Construction plan reviews	241	251	275
Swimming pool operator permits issued	300	265	325
Swimming pool operator classes conducted	8	8	7
Swimming pool and spa inspections performed	2,285	1,940	1,878
Swimming pool complaints	20	23	31
Hotel/motel inspections and complaints	279	252	249
Number of mosquitoes tested	25,432	31,075	28,869
Mosquito requests for spraying	3,772	2,937	2,817
Mosquito trap collections	1,243	891	912
Square miles sprayed for mosquito control	260	346	414
Sites treated with larvicide	95	124	52
Residential properties assessed for rat control	34	58	108
Gas station vapor recovery system inspections conducted	223	208	221
Asbestos removal inspections	23	17	23
Water samples tested	13,717	14,354	13,774
Premise sanitation complaints	1,401	1,681	1,525
Housing code inspections	1,524	1,808	1,721
Air quality permit inspections	222	346	386
Building plan inspections	44	41	43

* Data unavailable or not previously reported

** The number of reported cases is reflective of confirmed or probable cases.
This does not include all cases reported and investigated in Tulsa County.

***PPD shortage September 2013 – May 2014

INFECTIOUS DISEASE

FY 2013 – 14 2014 – 15 2015 – 16

Sexually Transmitted Disease

Number of clients screened and tested for sexually transmitted disease	3,963	4,083	3,850
Chlamydia	443	551	672
Gonorrhea	219	294	377
Syphilis – Primary and Secondary	42	33	53
Syphilis – Latent and Neurosyphilis	80	50	22

Tuberculosis

Number of tuberculosis (TB) skin tests performed	***1,193	2,948	3,091
Number of positive TB skin tests	353	576	364
Number of individuals provided preventive TB therapy	184	293	457

Immunizations

Adult client visits	9,929	7,364	7,908
Number of vaccines given to adults receiving immunizations	13,598	10,439	10,867
Child client visits	19,736	17,188	15,338
Number of vaccines given to children receiving immunizations	39,376	33,667	30,670

Number of reported cases:

**Campylobacter	69	74	118
**E.coli H7:0157	4	10	12
**H flu	6	20	7
**Hepatitis A	*	6	5
**Hepatitis B	42	77	75
**Hepatitis C	378	292	301
**N. Meningitis	2	2	3
**Pertussis	101	16	29
**Salmonella	102	103	147
**Shigella	13	44	314
**Tick Fevers	28	59	196
**West Nile Virus	13	4	6

* Data unavailable or not previously reported

** The number of reported cases is reflective of suspect, confirmed or probable cases. This does not include all cases reported and investigated in Tulsa County.

***PPD shortage September 2013 – May 2014

COMMUNITY HEALTH

Birth and Death Certificates

	FY 2013 – 14	2014 – 15	2015 – 16
Number of certified birth certificates issued	34,679	35,848	38,893
Number of certified death certificates issued	60,819	65,081	66,146

* Data unavailable or not previously reported

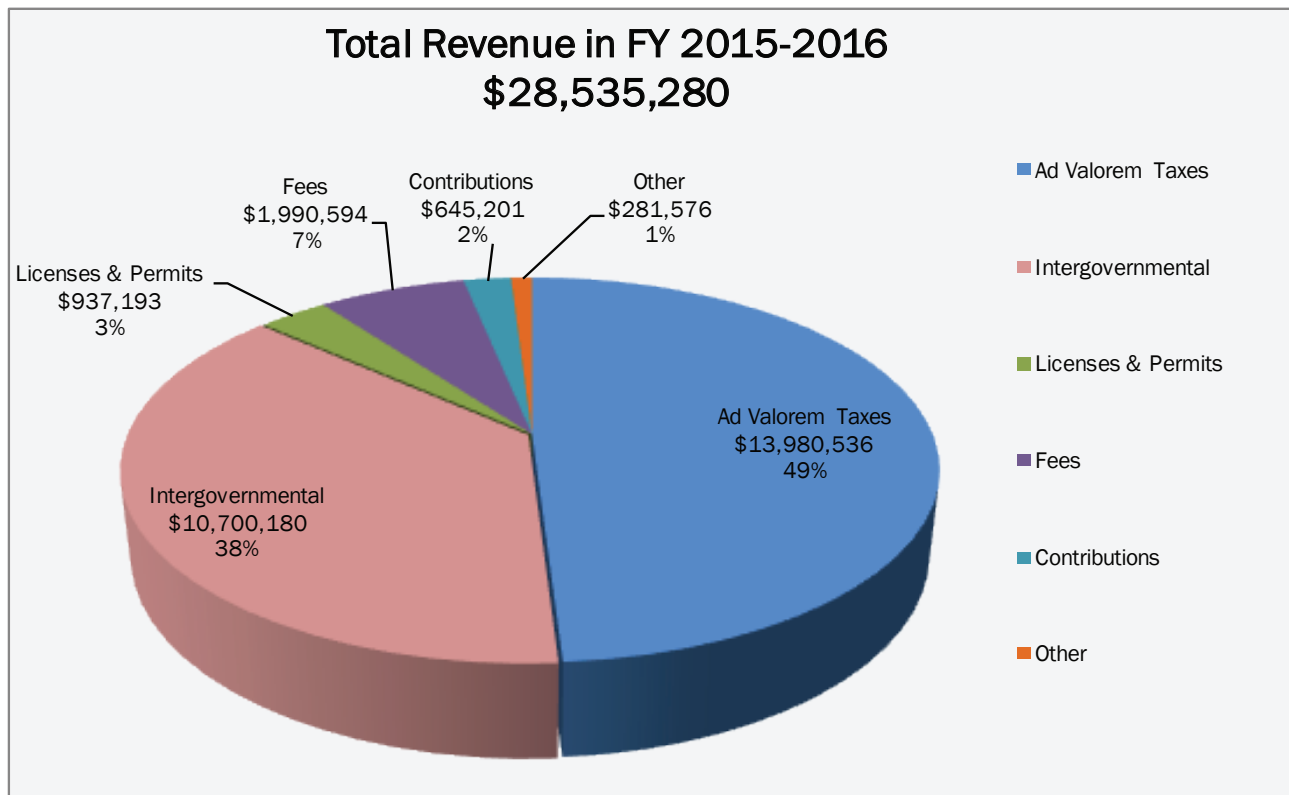
** The number of reported cases is reflective of confirmed or probable cases.
This does not include all cases reported and investigated in Tulsa County.

***PPD shortage September 2013 – May 2014

FINANCE DEPARTMENT

TOTAL REVENUE BY SOURCE

Ad Valorem Taxes	\$13,980,536	49%
Intergovernmental	\$10,700,180	38%
Licenses & Permits	\$937,193	3%
Fees	\$1,990,594	7%
Contributions	\$645,201	2%
Other	\$281,576	1%
TOTAL REVENUE	\$28,535,280	100%
TRANSFERS	-\$1,432,819	
NET REVENUE	\$27,102,461	

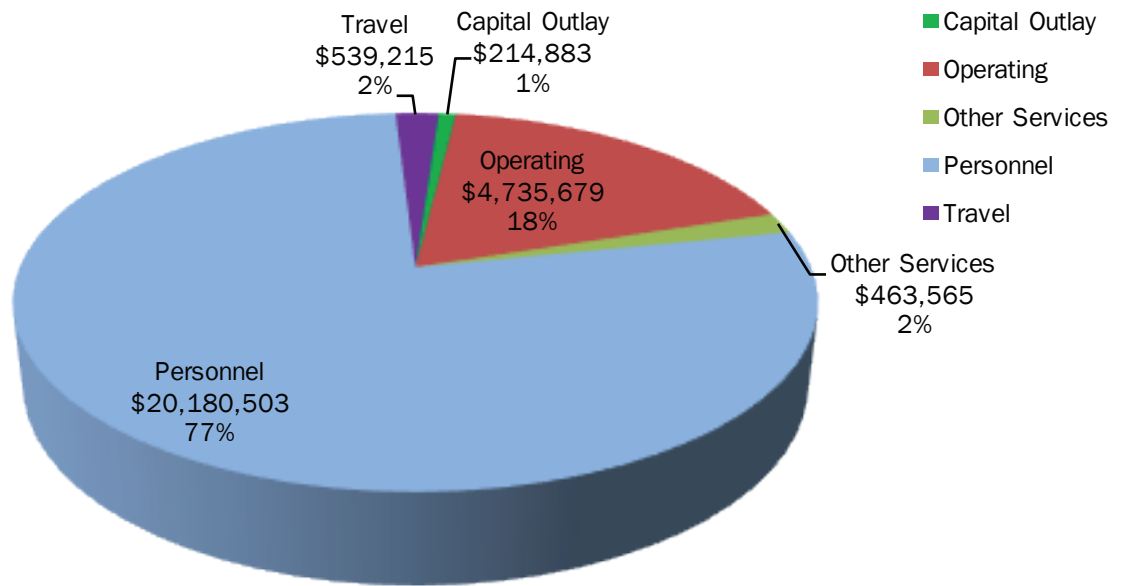


FINANCE DEPARTMENT

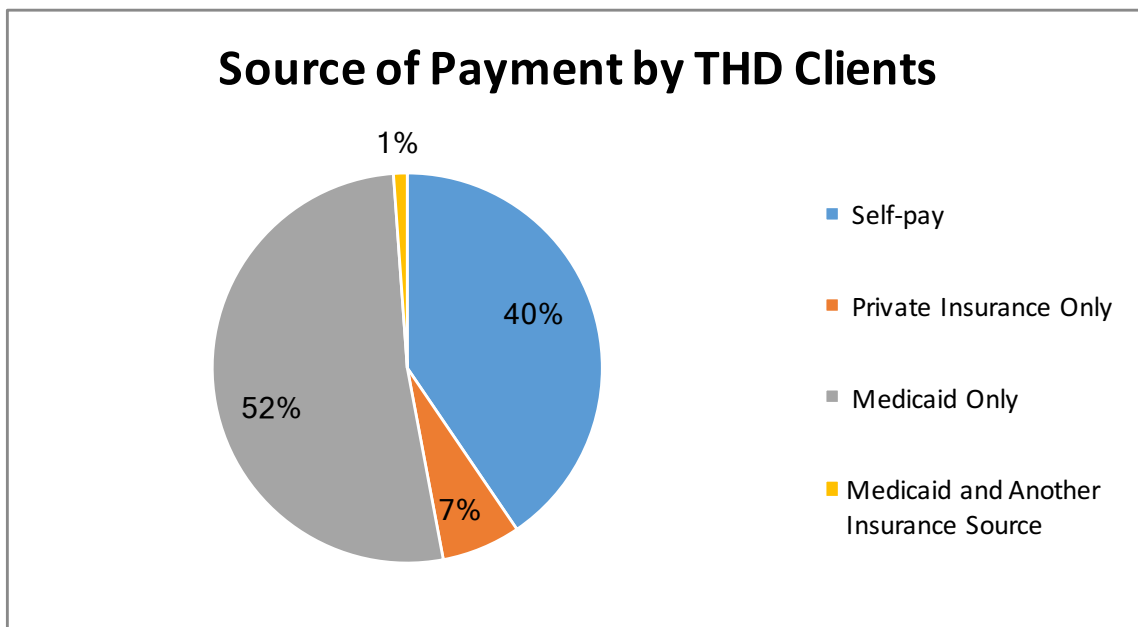
TOTAL EXPENDITURES BY CATEGORY

Personnel	\$20,180,503	77%
Travel	\$539,215	2%
Operating	\$4,735,679	18%
Other Services	\$463,565	2%
Capital Outlay	\$214,883	1%
Debt Service	\$0	0%
TOTAL FY 2013 – 14	\$26,133,845	100%

Total Expenditures in FY 2015-2016 \$26,133,845



FINANCE DEPARTMENT



The chart above represents the type of coverage, if any, provided during the client's clinic visit. The data is representative of fiscal year 2016.

- 52% of clients seen in THD clinics reported "Medicaid" as their sole insurance coverage.
- 7% of clients seen in THD clinics reported a "Private Insurance" as their sole insurance coverage.
- 1% of clients seen in THD clinics reported "Medicaid and Another Insurance Source" as their insurance coverage.
- Overall, 60% of clients reported some type of insurance/ third party coverage.
- 40% of the clients seen in THD clinics reported as "self-pay", which means they did not have insurance coverage of any type.
- The 40% considered "self-pay" include clients who received services for free (such as those clients eligible for the Vaccine for Children Program or those clients that are at 0% on the sliding scale) or who received services at discounted prices (those clients between 0% and 100% on the sliding scale).

- The 60% who are not "self-pay" clients indicates that the Finance Department billed an insurance or other third party resource for services.

Notes: The coverage or lack of coverage is based on information provided by the client. If the client has insurance coverage, but does not disclose that information at intake, the client is classified as self-pay.

THD is contracted by Medicaid, Medicare, Blue Cross Blue Shield, Community Care, Cigna (only for Immunizations) and HealthChoice. Some programs, such as the Immunization Program, classify clients with insurance coverage that we do not accept as self-pay.

The sexually transmitted disease program does not bill any insurance (including Medicaid), so all of the clients are considered self-pay regardless of their insurance coverage.