

Tulsa
County
2017

Community Health Improvement Plan

Letter from the Executive Director of the Tulsa Health Department

Dear Neighbors:

First, I must thank the residents of Tulsa County, for their participation, candor and insight into the health issues and concerns they have for themselves, their families, and their neighbors as we conducted the Community Health Needs Assessment (CHNA) survey and the follow-up focus groups. From these enlightening sources of data and discussion, a team of individuals from organizations across all of Tulsa County were given the opportunity to hear about, learn about and dig deeply into the health concerns our neighbors face as individuals and as a part of their own communities.

Second, I must thank the steering committee. Their commitment to making Tulsa County the healthiest county in Oklahoma is strengthening partnerships and leveraging resources to the maximum potential to positively impact health in Tulsa County through two priority areas:

- Access to Health Resources
- Health Education & Education Systems

Third, to the task forces, who collaboratively developed the action steps to be taken to improve the lives of all people in Tulsa County in the communities where they live, work, learn, play and worship. These teams identified gaps as well as great opportunities where we can create healthier communities and greater quality of life.

Lastly, to health leaders, policymakers, business partners and most importantly, you the reader – this report is a call to action. A call to step up, address and improve your own health, your community's health, and the health of the people you serve. I invite you to engage in this process with other like-minded health leaders and engage in our non-profit, Pathways to Health, which will be leading the charge to become the healthiest county. Be a champion for better health outcomes in our communities.

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

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Vision

Collectively designed for and by residents and community partners, the Tulsa County Community Health Improvement Plan (CHIP) illustrates the pathway to improve the health and well-being of all Tulsa County residents over the next three years.

Goal

To be the healthiest county in Oklahoma.



Stakeholder Involvement and Methods Used

Community Partners

One lesson the Tulsa Health Department (THD) learned in the development and implementation of the 2013 Tulsa County CHIP was that not enough cross-sector, multi-disciplinary participation and engagement occurred, and this largely contributed to a standalone report with minimal measurable impact. Thus, when planning for this CHIP process, a concerted effort was made to ensure a diverse group of community partners were engaged from the beginning and committed to ongoing participation through planning to implementation.

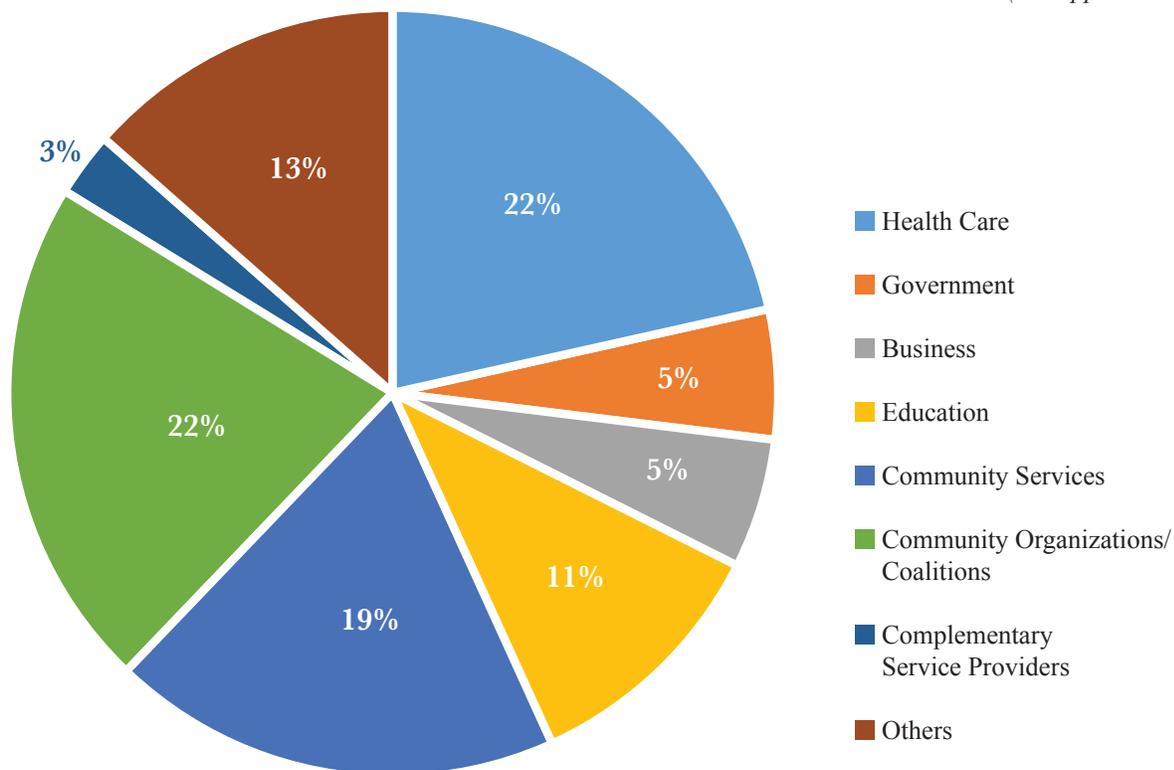
Research on best practices and other communities' CHIP strategies evolved into a framework that THD established

and executed. Three primary teams were given specific and tangible responsibilities: the core team, the steering committee and the task forces. Membership in each team is detailed in Appendix A.

The core team functioned primarily as the facilitator and project manager for the CHIP development process. The team members serve on THD's accreditation team and represent various disciplines and occupations.

The steering committee was comprised of community partner leaders, decision makers and project managers. More than 40 organizations were represented on the steering committee and represented a diverse group of sectors and disciplines. Steering committee members completed commitment letters as a form of documented dedication to the CHIP development process and annual measurement activities (*see Appendix B*).

CHIP Steering Committee Members



The task forces, access to health resources and health education and education systems, comprised of more than 50 individuals with intimate knowledge and experience of health improvement work across Tulsa County. Their expertise and networks proved invaluable in the development of the activities and objectives of the CHIP, as well as the collection of baseline data.

Data Overview

A Community Health Needs Assessment (CHNA) and follow-up focus groups were made possible through partnerships THD established with the local non-profit hospital systems and a philanthropic organization. These two assessments provided the quantitative and qualitative data that informed the steering committee and task forces of the community's greatest health concerns and perceived needs. Full reports of both assessments are available on [THD's website](#).

The CHNA was conducted by a third-party university selected through a bid process and comprised of a random digit dial telephone/cell phone survey of 79 questions, completed by more than 2,400 residents of Tulsa County. The survey asked respondents about their health status, behaviors and perceptions. Respondents were stratified into eight regions of Tulsa County, based on ZIP codes and commonly recognized communities (Appendix C). Twenty-seven health concerns were identified, the top five of which were:

1. Poor diet / inactivity
2. Chronic diseases
3. Alcohol / drug abuse
4. Access to health care
5. Tobacco use

At the completion of the CHNA analysis, residents were recruited to participate in focus groups, two per each region, totaling 16 focus groups. The focus groups were conducted by a third-party public relations firm also selected through a bid process. The focus groups asked participants to self-identify health concerns in their communities, followed by facilitated discussion of the health concerns raised and perceived barriers to health. The top five focus group health concerns were:

1. Affordability and access to quality health care
2. Obesity and link to chronic diseases
3. Mental health services
4. Elderly care
5. Lack of health education

Steering Committee

In order to prioritize health concerns into CHIP priority areas, the steering committee completed a series of quality improvement tools, borrowed from Denver's CHIP process. Participants completed a Burden and Preventability two-by-two table of the top health concerns the community shared through the CHNA and focus groups. As individuals, each participant placed a dot on the table indicating where they thought the level of burden the health concern has on Tulsa County (x-axis) and how preventable they considered that health concern (y-axis). After completing this exercise on all fifteen tables, the core team collected the tables, calculated the results of each health concern to deduce the top five focus areas (depicted on the next page), which were:

1. Lack of education
2. Poor diet / inactivity
3. Access to healthy foods / groceries
4. Access to health care
5. Teen pregnancy

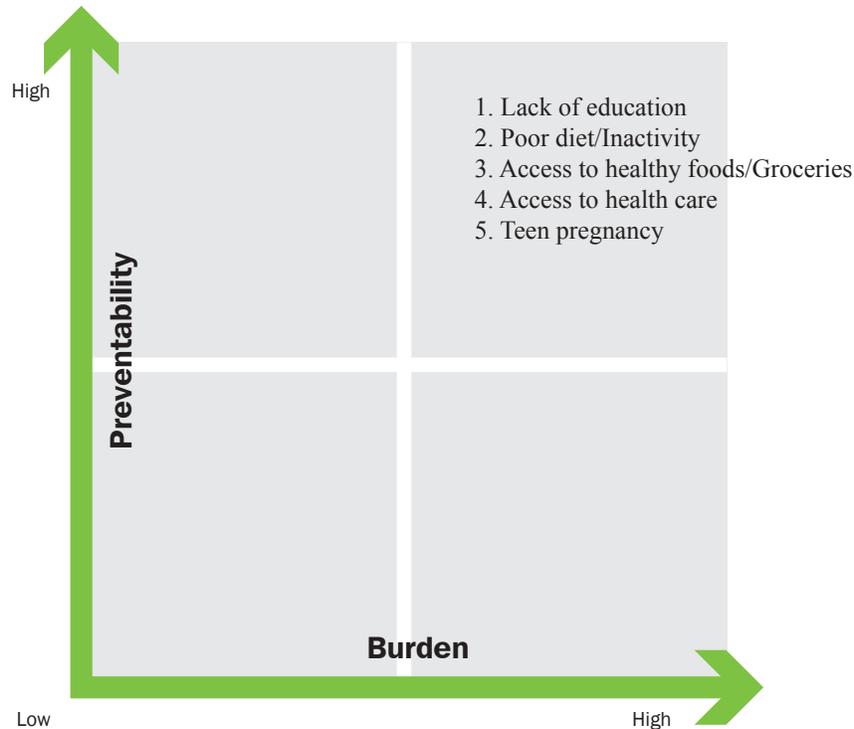
At the following steering committee meeting, these results were shared and the group completed a second quality improvement tool, similar to the first and also borrowed from Denver's CHIP, but with two major differences: 1—the group completed the exercise together and had to reach consensus on each dot's placement; 2—Instead of Burden/Preventability, the group considered Ability to Change / Health Impact. Definitions for each were discussed overall as the group moved through each of the top five focus areas:

- Health impact (x-axis): If improved, to what degree would this focus area improve overall community health?
- Ability to change (y-axis): To what degree is it feasible that the partners in our community have the control and influence to make the changes necessary to see improvement in this focus area?

The results of this exercise and follow-up discussion brought the steering committee to an overall consensus that the top four areas are interdependent, and therefore, a themed approach to handling all four was most appropriate. Thus, two priority areas emerged:

- Lack of Education (later renamed to Health Education and Education Systems)
- Access to Health Resources

Steering Committee Burden & Preventably Exercise



Task Forces

After the top two priorities were selected, members and organizations in the steering committee were recruited into two task forces—one for each priority. Several organizations had representation in both task forces.

The task forces met and shared information about community assets and resources, health initiatives and interventions, and other opportunities and programs to address the top two priorities. Task force members completed homework on the activities and programs with which they were most familiar, collected baseline data and data sources, and the teams aggregated these activities and programs into three objective areas addressing three overall goals for each priority area. This information was then organized into the action plans. The data source information is available in Appendix D.

Action Plans

The action plans were developed by the corresponding task force for both priority areas. Consideration for state and national priorities were also considered in the development of the action plans. [Healthy People 2020](#) and the [Oklahoma Health Improvement Plan 2020](#) were consulted. Special attention was paid to the Robert Wood Johnson Foundation's [County Health Rankings](#), particularly because the Tulsa County CHIP goal is to become the healthiest county in Oklahoma. Thus, alignment of CHIP goals with the County Health Rankings was included in the action plans.

These action plans include goals and strategies to address the two priority areas of the CHIP:

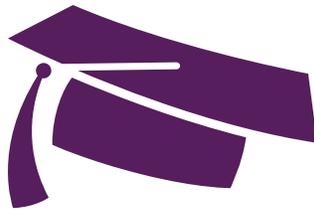
- Health Education and Education Systems
- Access to Health Resources

Action Plan: Health Education and Education Systems

The goal of this priority area is to increase health education, develop a healthy workforce and create health policies. This action plan is divided into three main objectives in order to meet these goals:



Nutrition Education



Educational Attainment



Health Systems Literacy

Each objective outlines focus areas and strategies to address the issues, in order to improve health in Tulsa County for all residents.

Nutrition Education

Focus	Strategies
<p>Cooking Demonstrations</p>	<ul style="list-style-type: none"> •Ensure 10% of healthy cooking demonstrations occur in ZIP codes with poor health outcomes. •Increase number of cooking demonstrations participation by 10%. •Identify existing cooking demonstrations (including reach) and formalize partnerships through memorandum of understanding (MOUs). <ul style="list-style-type: none"> •Standardize evaluation measures. •Identify number of available outlets for cooking demonstrations (live, TV, online, etc.).
<p>Diabetic Cooking Demonstrations</p>	<ul style="list-style-type: none"> •Increase the number of cooking demonstrations focusing on diabetic cooking by 10%. •Identify existing diabetic cooking diabetic demonstrations (including reach) and formalize partnerships through MOUs. <ul style="list-style-type: none"> •Standardize evaluation measures of diabetic cooking demonstrations. •Identify the number of available outlets for diabetic cooking demonstrations (live, TV, online, etc.).
<p>Tulsa Food Security Council</p>	<ul style="list-style-type: none"> •Increase number of SNAP recipients at farmers' markets and mobile grocers by 10%. •Identify all places that accept SNAP. •Increase distribution methods of educational materials about SNAP acceptance at farmers' markets and Mobile Grocers. <ul style="list-style-type: none"> •Develop plan for SNAP recipients to be connected to transportation to farmers' markets accepting SNAP.

Educational Attainment

Focus	Strategies	
Career Track Training	<ul style="list-style-type: none"> •Increase number of diverse students participating in a career track training program by 10% (high school students and adults). •Increase number of job placements by 10%. 	<ul style="list-style-type: none"> •Evaluate the number of students participating in a workforce training program. •Increase educational opportunities about job training programs in Tulsa County to students and local businesses.
Risky Behavior Prevention	<ul style="list-style-type: none"> •Decrease reported risky behaviors of students by 10% (K-12). •Increase number of students participating in programming focused on reducing risky behaviors by 10% 	<ul style="list-style-type: none"> •Identify all evaluated measures of students engaging in risky behaviors (drug, alcohol abuse, pregnancy, bullying, etc.). •Educate decision makers of benefits of risky behavior reduction programming.
After School Opportunities	<ul style="list-style-type: none"> •Increasing the number of after school/summer opportunities in underserved areas by 10%. 	<ul style="list-style-type: none"> •Identify, type, and map all free or reduced after school/summer opportunities in Tulsa County (K-12).
Educational Attainment	<ul style="list-style-type: none"> •Increase early childhood education enrollment by 10%. •Increase pre-K enrollment by 10%. 	<ul style="list-style-type: none"> •Identify all available Early Childhood Center (ECC) and pre-K opportunities in Tulsa County. •Increase educational awareness about available ECC and pre-K opportunities.
Action Based Learning	<ul style="list-style-type: none"> •Increase the number of school districts with policies that promote action based learning within the classroom in ZIP codes with poorest health outcomes by 2. •Identify schools that promote action based learning. 	<ul style="list-style-type: none"> •Develop educational materials for in-class action based learning. •Identify funding opportunities for action based learning /action based learning labs.

Health Systems Literacy

Focus	Strategies	
<p>Health Policy & HIAs</p>	<ul style="list-style-type: none"> •Increase the number of municipalities that have policies promoting positive health impacts by 5. •Identify partners and opportunities to provide education to policy makers/elected officials regarding the importance of Health in All Policies (HiAP). 	<ul style="list-style-type: none"> •Standardize use of Health Policy and Health Impact Assessments (HIAs) as an educational tool to illustrate health benefits of specific policies, programs and projects.
<p>Health Care Coverage Enrollment</p>	<ul style="list-style-type: none"> •Increase number enrolled in health care insurance coverage to 90%. •Identify all community resources for health care coverage enrollment. 	<ul style="list-style-type: none"> •Identify populations without insurance. •Develop evaluation measures to collect standardized enrollment activity data.
<p>Health Literacy & Community Health Worker</p>	<ul style="list-style-type: none"> •Increase the number of motivational interviewing network of trainers (MINT) in Tulsa County to 13. •Increase the number of health professionals assisting clients in navigating health systems by 10%. 	<ul style="list-style-type: none"> •Develop educational materials to promote use of motivational interviewing & navigating health systems. •Identify training opportunities for motivational interviewing & navigating health systems.

Action Plan: Access to Health Resources

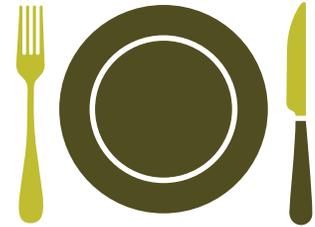
The goal of this priority area is to increase access to clinical health care, decrease access barriers, and increase access to healthy foods and environments. This action plan is divided into three main objectives in order to meet these goals:



Housing and Transportation



Health Care Access



Food Access

Each objective outlines focus areas and strategies to address the issues, in order to improve health in Tulsa County for all residents.

Housing and Transportation

Focus	Strategies	
<p>Adequate housing (Project Revive and HUD/Housing)</p>	<ul style="list-style-type: none"> •Increase the number of adequate, low-income and affordable housing options in Tulsa by 10%. •Identify best practice definitions for adequate housing. •Identify areas of poor housing based on complaint data and/or vacant/abandoned housing studies. 	<ul style="list-style-type: none"> •Establish relationships with cities, developers and/or elected officials to encourage mixed-income developments in local comprehensive plans. •Identify educational opportunities for health professionals regarding how housing & health intersect.
<p>Land Use</p>	<ul style="list-style-type: none"> •Increase the number of cities/county to 3 that incorporate health assessment into the development process. •Develop a criteria for 'healthy developments.' •Establish MOAs with cities/city planners to utilize healthy development checklist in planning process. 	<ul style="list-style-type: none"> •Develop process to track developments/redevelopments in Tulsa County. •Identify educational opportunities to educate elected officials and/or individuals about healthy community benefits.
<p>Public Transportation (Fast Forward)</p>	<ul style="list-style-type: none"> •Increase the number of people who utilize public transportation by 5%. •Implement a strategy to ensure bikeability, walkability and accessibility of Bus Rapid Transit corridors. 	<ul style="list-style-type: none"> •Coordinate with Tulsa Bike Share to advocate for bike stations near public transit in areas of greater disparity.
<p>Active Transportation (GO Plan)</p>	<ul style="list-style-type: none"> •Complete 10% of GO Plan recommended miles of on-street bicycle facilities in Tulsa County. •Increase the number of miles of sidewalks in Tulsa County by 10%. •Increase the number of Complete Streets policies in Tulsa County by 2. 	<ul style="list-style-type: none"> •Develop a strategy to advocate for health in the implementation of Context Sensitive Solutions (CSS) in areas of poor health outcomes. •Develop a strategy with identified partners to advocate for Complete Streets policies and implementation in Tulsa County cities.

Health Care Access

Focus	Strategies	
<p>Navigating Health Systems & Motivational Interviewing</p>	<ul style="list-style-type: none"> •Increase the number of motivational interviewing network of trainers (MINT) in Tulsa County to 13. •Increase the number of health professionals assisting clients in navigating health systems by 10%. •Identify training opportunities for motivational interviewing and navigating health systems. 	
<p>Access to Health Care (Good Samaritan / Morton Comprehensive Health Services)</p>	<ul style="list-style-type: none"> •Increase the number of eligible people utilizing public health care transportation services by 10%. •Increase the number of eligible people receiving health care at under-capacity mobile and/or sliding scale clinics by 10%. •Identify all public health care transportation resources in Tulsa County. 	

Food Access

Focus Strategies

Food Security (Healthiest Cities Challenge)

- Increase availability of healthy food retail in areas of poor health outcomes by 10%.
- Identify corner stores to increase shelf space for fruits and vegetables.
- Identify mobile vendors to offer at least one healthy choice.
- Develop incentive for participation.

Sustainable Healthy Food Availability

- Increase compliance with federal menu labeling regulations by 10%.
- Identify restaurants to participate.
- Identify dietician with access to software to assist in calorie analysis.
- Develop incentive for restaurants.

Implementation

Pathways to Health

Pathways to Health (P2H) is a local non-profit organization that seeks to improve the health and wellness of residents of Tulsa County by making the healthy choice the easy choice. Their vision to create the healthiest county in the United States by leveraging cross-sector community partnerships makes them the natural leader of the Tulsa County CHIP. P2H has been involved throughout the development of the Tulsa County CHIP and has identified champion organizations and individuals to collaborate on the activities of the CHIP.

Not only will P2H serve as the designated organization responsible for implementing the CHIP, they also coordinate resource development by seeking out, applying for, and assisting in administration of grants and other funding opportunities that will augment the activities of the Tulsa County CHIP. Since P2H was incorporated as a non-profit, the board has given seed grants to community projects every year with a different key initiative. In 2015, six grants were awarded to address obesity. In 2016, six grants were provided to those working on any of the social determinants of health. Health is multidimensional, and P2H will continue to diversify the focus of the seed grants. New in 2017, with the launch of the CHIP, the board will award two additional grants to mobilize the activities outlined in the CHIP.

Measurement

While the Tulsa County CHIP is owned by P2H and its community partners, THD will be instrumental in assessing the progress of each activity, outcome and process measures annually. The Tulsa County CHIP website, a Live Stories dashboard page, will be updated regularly to include CHIP activities and events occurring, community partners involved, health improvement metrics, and a documented source of success stories and challenges overcome in addressing the health disparity and equity issues the communities of Tulsa County face.

Additionally, an annual progress report will be published by THD and shared with partners on the Tulsa County CHIP website. Progress reports will include action plan data visualizations and stories of the successes and challenges met each year, along with revisions to strategies and activities in the event that newly developed or identified health issues, changing levels of resources or other unforeseen challenges arise.

The 2017 Tulsa County CHIP is a three-year plan. In 2018, new community health needs assessments will be conducted in order to develop and inform the planning process for the next Tulsa County CHIP, to be released in 2020.



Conclusion

What can you do to help your community get healthier?

Get involved! Connect with P2H at www.pathwaystohealthtulsa.org and find out what is happening in your community and how you can participate:

- Attend quarterly CHIP progress meetings beginning in January
- See what community partners are doing to improve health in the Live Stories section
- Collaborate with cross sector partners on grant opportunities



Acknowledgements

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Special thanks to:

Saint Francis Health System
St. John Health System
Morningcrest Health Care Foundation
Be Healthy Denver
Pathways to Health
Tulsa Health Department
And All CHIP Stakeholders

Appendix A: CHIP Team Membership

Core Team

Name	CHIP Role	Organization
Dr. Bruce Dart	Director	Tulsa Health Department
Joani Dotson	Project Manager	Tulsa Health Department
Kaitlin Snider	Facilitator	Tulsa Health Department
Roshini Muralidharan	Logistics	Tulsa Health Department
Jill Almond	Task Force Leader	Tulsa Health Department
Kelly VanBuskirk	Task Force Leader	Tulsa Health Department

Steering Committee

Name	Organization
Aimee Hass	American Heart Association
Annie Berrett	University of Oklahoma Health Sciences Center
Annie Smith	St. John Health System
April Merrill	Legal Aide Services of Oklahoma
Ben Dodwell	Good Samaritan Health Services
Damali Wilson	EduRec Tulsa
Daniel Sperle	Tulsa Bike Share
Denise Senger	Oklahoma Project Women and Tulsa Area Free Clinic Coalition
Dianne Hughes	Family and Children's Services
Dr. Richard Wansley	Mental Health Association in Tulsa, Inc.
Eileen Bradshaw	Community Food Bank of Eastern Oklahoma
Emmanuel Voska	YMCA of Greater Tulsa
Erin Collier	American Cancer Society
Fran Trujillo	University of Oklahoma Health Sciences Center
Gail Bieber	LIFE Senior Services
Gary Nunley	Aruba Community Clinic
Gary Percefull	Tulsa Public Schools
Ida Ivey	Morton Comprehensive Health Services
James Stewart	Hillcrest Medical Center
Jeni Dolan	Operation Aware of Oklahoma
Jessica Scott	Child Abuse Network
Jim McCarthy	Community Health Connection
Jodi Hudson	American Cancer Society
Dr. John Schumann	University of Oklahoma-Tulsa
Julie Ryker	LIFE Senior Services

Kathy Taylor	Lobeck Taylor Family Foundation
Katie Gill Miller	YWCA of Greater Tulsa
Katie Plohocky	Healthy Community Store Initiative
Krista Lewis	Family and Children's Services
Dr. Laura Dempsey-Polan	Morton Comprehensive Health Services
Leslie Carroll	Pathways to Health
Lilli Land	LIFE Senior Services
Linda Drumm	St. John Health System
Luisa Krug	Tulsa Health Department
Macy Tooke	St. John Health System
Margaret Love	CUBES
Mary B Williams	University of Oklahoma Health Sciences Center
Chief Micheal Baker	City of Tulsa
Michael Birkes	University of Oklahoma Urban Design Studio
Michelle Carlton	Oklahoma State University Center for Health Services
Priscilla Haynes	Tulsa Health Department
Reggie Ivey	Tulsa Health Department
Rev. Ron Robinson	A Third Place Community Foundation
Richard Wansley	Mental Health Association in Tulsa, Inc.
Rocky Bright	Tulsa Technology Center
Scott Buffington	Tulsa Health Department
Shari Holdman	American Heart Association
Shelley Nachtigall	Arubah Community Clinic
Shelly Cadamy	Workforce Tulsa
Sherry Gamble-Smith	Greenwood Chamber of Commerce
Vanessa Hall-Harper	TSET Healthy Living Program
Zack Stoycoff	Tulsa Regional Chamber

Access to Health Resources Task Force

Name	Organization
Annie Smith	St. John Health System
April Merrill	Legal Aide Services of Oklahoma
Ben Dodwell	Good Samaritan Health Services
Daniel Sperle	Tulsa Bike Share
Diane Hughes	Family and Children's Services
Emmanuel Voska	YMCA of Greater Tulsa
Fauzia Khan	Oklahoma State Department of Health
Gary Hamer	City of Tulsa

Gary Nunley	Arubah Community Clinic
Gary Percefull	Tulsa Public Schools
Jennifer Haddaway	INCOG
Katie Gill-Miller	YWCA of Greater Tulsa
Dr. Laura Dempsey-Polan	Morton Comprehensive Health Services
Leslie Carroll	Pathways to Health
Lilli Land	LIFE Senior Services
Luisa Krug	Tulsa Health Department
Mary Williams	University of Oklahoma Health Sciences Center
Michael Birkes	University of Oklahoma Urban Design Studio
Michelle Carlton	Oklahoma State University Center for Health Services
Ric Munoz	University of Oklahoma
Rita Scott	Oklahoma Farm and Food Alliance
Shari Holdman	American Heart Association
Shelley Nachtigall	Arubah Community Clinic
Vanessa Hall-Harper	TSET Healthy Living Program

Health Education and Education Systems Task Force

Name	Organization
Annie Berrett	University of Oklahoma Health Sciences Center
Charley Daniel	Tulsa Health Department
Fauzia Khan	Oklahoma State Department of Health
Fran Trujillo	University of Oklahoma Health Sciences Center
Gary Percefull	Tulsa Public Schools
Jeni Dolan	Operation Aware
Jessica Luong	Operations Aware
Julie Ryker	LIFE Senior Services
Kathy Taylor	Lobeck Taylor Family Foundation
Leslie Carroll	Pathways to Health
Lizette Merchon	University of Oklahoma Health Sciences Center
Luisa Krug	Tulsa Health Department
Martha Rains	Morton Comprehensive Health Services
Nancy Grayson	American Heart Association
Pam Rask	Tulsa Health Department
Shelley Cadamy	Workforce Tulsa
Vanessa Hall-Harper	TSET Healthy Living Program

Appendix B



James O. Goodwin Health Center

Tulsa County Community Health Improvement Plan

COMMITMENT AGREEMENT

AIM Statement: *The opportunity exists to develop a streamlined process for the development of the Community Health Improvement Plan (CHIP) through collaboration, plan development, and data analysis. The goal of the CHIP is to improve the health and well-being of Tulsa residents. The development process will convene from August-November 2016 with the CHIP being released in January 2017.*

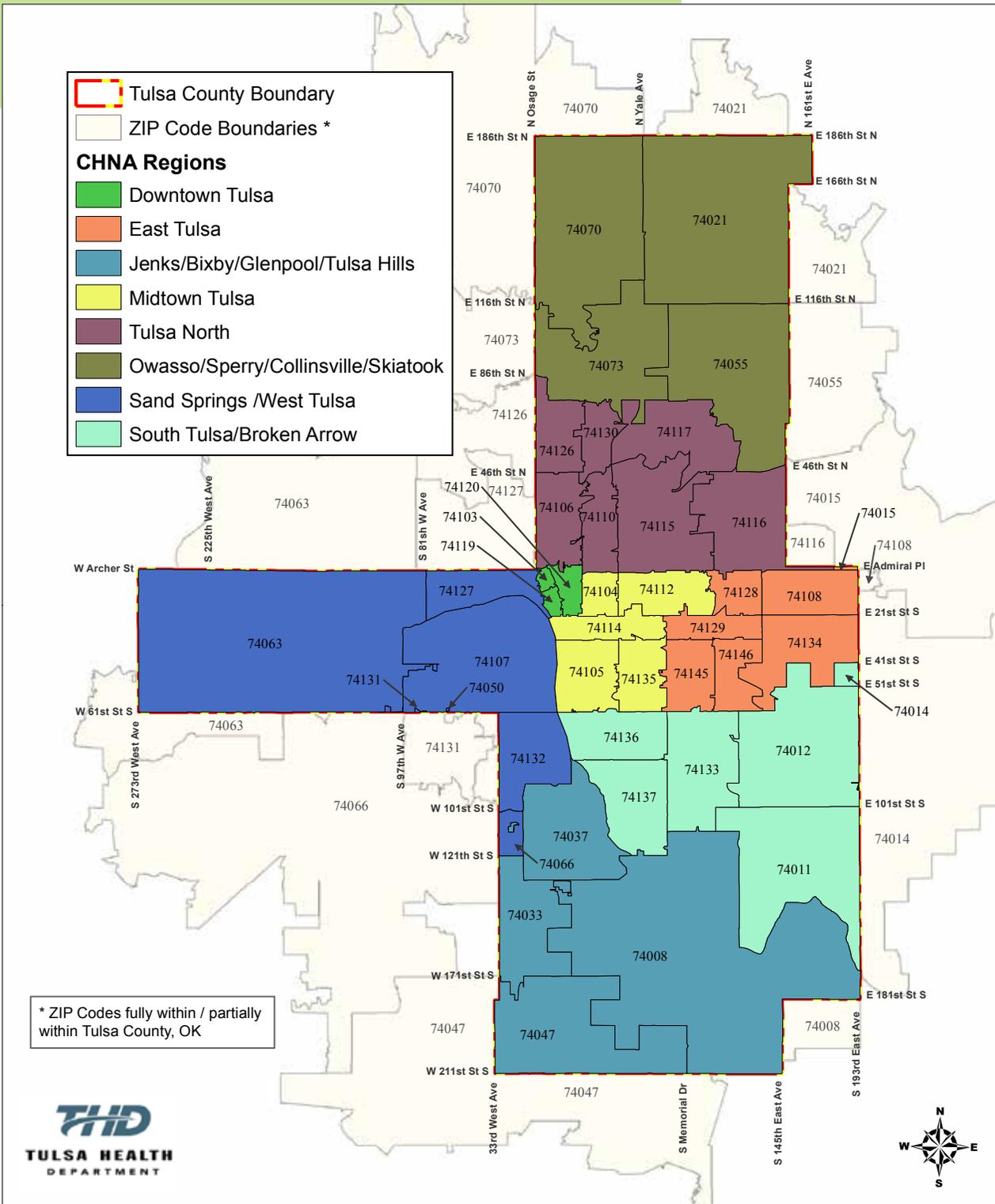
As a representative of _____ and an advocate for the improvement of health, increased health equity and reduction of social injustice, I, _____ hereby agree to commit to participate and engage as a Steering Committee member in the development of the Tulsa County CHIP. Furthermore, I agree to the following time commitments as a member of the Steering Committee. Should I be unable to attend a meeting or participate in independent work or activities, I will ensure that my proxy, _____ is up to date on activities and information regarding the CHIP development and will be able to participate and engage in the process.

Tulsa County CHIP Timetable			Estimated Time Commitment (SC)
Item	Date	Action	
CHIP Planning	Aug. 2016	CHIP Steering Committee convenes	1 hr. mtg.
	Aug. 2016	Steering Committee selects initial health topics	2 hrs. mtg.
	Sep. 2016	Steering Committee finalizes top priorities (2-3), complete Vision statement	3-4 hrs. mtg.
	Oct. 2016	Two task forces meet and develop plans	3-4 mtgs.; 3-4 hrs. independent
	Nov. 2016	Steering Committee and Task Forces review draft CHIP	1 hr. mtg.; 2hrs. independent
	Jan. 2017	CHIP Released	1 hr. event
CHIP	2017 - 2019	CHIP Implementation	Varies
CHIP Report	2017	CHIP Annual Report	1 hr. annual mtg.
	2018	CHIP Annual Report	1 hr. annual mtg.
CHIP Report	2018	CHIP Final Report	1 hr. annual mtg.

Name

Appendix C

CHNA Regions Tulsa County | 2015



Date: 3/7/2016

Appendix D

Action Plan: Access to Health Resources Data Sources

Objective	Outcome Measure	Description	Source	Year(s)	Most Recent Metrics	Goal Metric
Adequate housing (Project Revive plus HUD/Housing)	Outcome: Increase the number of adequate, low-income and affordable housing options in Tulsa by 10%.	Fair housing total units	Tulsa County Report, Housing Needs Assessment, Statewide Housing Study	2015	9868	10854
Public transportation (Fast Forward)	Outcome: Increase the number of people who utilize public transportation by 5%.	Ridership data	Metropolitan Tulsa Transit Authority Ridership Data			
Land Use	Outcome: Increase the number of cities/county to 3 that incorporate health assessment into the development process.	Plan review assessment process by THD	Plan4Health grant, THD	2016	2	5
Active Transportation (GO Plan)	Outcome: Complete 10% of GO Plan recommended miles of on-street bicycle facilities in Tulsa County.	On-street bicycle facilities: signed routes, shared lane markings, priority shared lanes, bicycle corridors, bike lanes, buffered bike lanes and cycletracks	GO Plan	2015		80 miles; 800 miles total in GO Plan
	Outcome: Increase the # of miles of sidewalks in Tulsa County by 10%.	Number of miles of arterial sidewalks.	INCOG sidewalk gap study / recommended in GO Plan	2013		
	Outcome: Increase the number of Complete Streets policies in Tulsa County by 2.	Complete streets resolutions	Local city/county policy; captured by TSET.	2016	3	5
Navigating Health Systems & Motivational Interviewing	Outcome: Increase the number of motivational interviewing network of trainers (MINT) in Tulsa County to 13.	Number of MINT providers.	OHIP	2015		13 - 1/3 of the OK goa of 40.
	Outcome: Increase the number of health professionals assisting clients in navigating health systems by 10%.	Determined by process outcome: develop evaluation process for motivational interviewing and navigating health systems.	CHIP			
Access to Healthcare (Good Samaritan / Morton Comprehensive Health Services)	Outcome: Increase the number of eligible people utilizing public healthcare transportation services by 10% .	Determined by process outcome: identify all public healthcare transportation resources in Tulsa County.	CHIP			
	Outcome: Increase the number of people eligible to receive services receiving healthcare at under-capacity mobile and/or sliding scale clinics by 10%.	Determined by process outcome: identify all mobile and low-income clinics in Tulsa County with capacity to increase clients.	CHIP			
Food Security (Healthiest Cities Challenge)	Outcome: Increase availability of healthy food retail in areas of poor health outcomes by 10%.	Number of stores, mobile vendors	HCC grant, P2H	2016-2018	0	5 stores, 10 mobile vendors
Sustainable Healthy Food Availability	Outcome: Increase compliance with federal menu labeling regulations by 10%.	Number of restaurants	HCC grant, P2H	2016-2018	0	10

**Action Plan: Health Education and Education Systems
Data Sources**

Objective	Outcome Measure	Description	Source	Years	Most Recent Metrics	Goal Metric
Cooking Demonstrations	Outcome: Ensure 10% of healthy cooking demonstrations occur in ZIP codes with poor health outcomes.	Poor health outcomes determined by Health Profile	THD	2011-2013	17 demonstrations	10% of total
	Outcome: Increase number of cooking demos participation by 10%.	Standardized evaluation measures	Cooking demonstrations	2015	269 individuals	296 individuals
Diabetic Cooking Demonstrations	Outcome: Increase the number of cooking demonstrations focusing on diabetic cooking by 10%.	Determined by process outcome: identify existing cooking demonstrations, including reach and formalize partnerships through MOUs.	CHIP			
Tulsa Food Security Council	Outcome: Increase number of SNAP recipients at Farmer's Markets and mobile grocers by 10%.	Oklahoma Nutrition Information and Education project data	OKDHS	2016	3 Farmer's Markets participating	
Career Track Training	Outcome: Increase number of diverse students participating in a career track training program by 10% (high school students and adults).	Demographic data	TTC	2014 - 2015 Enrollment Statistics NA - 389; Asian - 227, Black - 440, Hispanic - 715; Hawaiian/PI - 7; two or more races - 211; Unknown - 31	2,020	2,222
	Outcome: Increase number of job placements by 10%.	Enrollment statistics	TTC	2014 - 2015 Enrollment Statistics	2,277 related 2,457 positive	5,207
Risky Behavior Prevention	Outcome: Decrease reported risky behaviors of students by 10% (K-12).	Self-reported data	OPNA	2014	High risk- 53.9% (6th), 44.8% (8th), 41.7% (10th), 44.4% (12th)	High risk - 48.5% (6th), 40.3% (8th), 37.5% (10th), 40.0% (12th)
	Outcome: Increase number of students participating in programming focused on reducing risky behaviors by 10%.	Includes substance abuse, teen pregnancy prevention, health education, bullying	Operation Aware, PREP, IAK	School Year 15/16	52,565	57,822
After School Opportunities	Outcome: Increasing the number of after school/summer opportunities in underserved areas by 10%.	Developed through process outcome: identify type and map all free and reduced after-school / summer opportunities in Tulsa County.	CHIP			

**Action Plan: Health Education and Education Systems
Data Sources**

Objective	Outcome Measure	Description	Source	Years	Most Recent Metrics	Goal Metric
Educational Attainment	Outcome: Increase early childhood education enrollment by 10%.	Enrollment statistics	ACS	2014	48.3% of 3-4 year olds are enrolled in school	
	Outcome: Increase pre-K enrollment by 10%.	Enrollment statistics	Oklahoma State Dept. of Education	FY 2015/2016	6,463	7,109
Action Based Learning	Outcome: Increase the number of school districts with policies that promote action based learning within the classroom in ZIP codes with poorest health outcomes by 2.	Action-based learning statistics	IAK	2016	0	2
	Outcome: Increase the number of schools with policies that promote healthy behaviors within the classroom in ZIP codes with poorest health outcomes by 5.	Poor health outcomes determined by Health Profile	THD	2011-2013	0	5
Health Policy & HIAs	Outcome: Increase the number of communities that have policies promoting positive health impacts by 5.	Certified Healthy Communities	TSET	2015	5	10
Healthcare Coverage Enrollment	Outcome: Increase number enrolled in healthcare insurance coverage to 90%.	Healthcare coverage	OHCA	2013	81.46%	90.00%
Health Literacy & Community Health Worker	Outcome: Increase the number of motivational interviewing network of trainers (MINT) in Tulsa County to 13.	Number of MINT providers	OHIP	2015		13 - 1/3 of Oklahoma goal of 40.
	Outcome: Increase the number of health professional assisting clients in navigating health systems by 10%.	Determined by process outcome: develop evaluation process for motivational interviewing and navigating health systems.	CHIP			