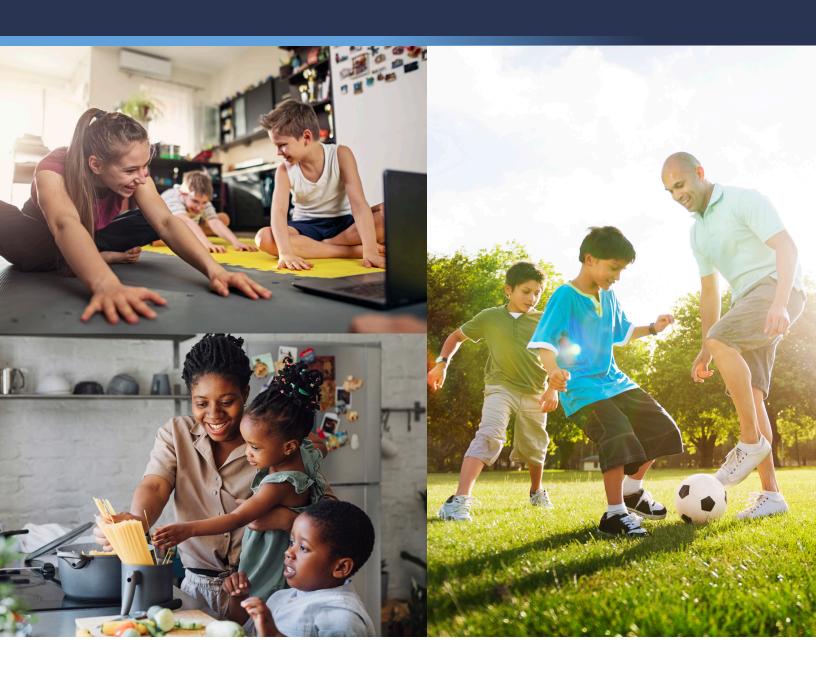


Tulsa County Community Health Improvement Plan

2023 - 2028



Letter from the Executive Director of the Tulsa Health Department

Dear Partners,

We are pleased to present the 2023-2028 Community Health Improvement Plan (CHIP) for Tulsa County. A CHIP is a public health work plan for the community as a whole and represents a shared community vision. It focuses on collaborative work among community partners whose efforts all support the health and well-being of Tulsa County residents. This is the fourth iteration of the CHIP process for Tulsa County. We've built on our experiences from previous CHIPs to develop more meaningful and impactful measures.

I would like to express my gratitude to the residents of Tulsa County for their shared perception regarding the health issues and concerns they have for themselves, their families, and their neighbors during the Community Health Needs Assessment (CHNA) survey and subsequent focus groups. The concerns and issues you brought forward helped inform the CHIP priorities and goals. I also want to thank the steering committee for all their help in presenting the data and leading community partners using quality improvement tools to identify and prioritize the top three health issues listed below:

- · Stress and Mental Health
- · Chronic Disease Risk Factors and Management
- · Healthy and Affordable Housing

We are grateful to the workgroups that came together to create the specific initiatives. The work that will be done around these priorities will enhance the quality of life for all Tulsa County residents. These teams identified gaps as well as enormous possibilities for improving health and quality of life.

This report ends with a call to action for community residents, government officials, business partners, and health leaders. I challenge you to improve your personal health, your community's health, and the health of the people you serve. I warmly invite you to take part in this initiative alongside other like-minded health professionals and in THD's nonprofit, Pathways to Health, which supports the work of the CHIP. Be a spokesperson for better health outcomes in our neighborhood.

Respectfully,

Bruce Dart, PhD

Executive Director, Tulsa Health Department







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About THD

Since its establishment in 1950, the Tulsa Health Department serves as the primary public health agency to more than 600,000 Tulsa County residents, including 13 municipalities and four unincorporated areas. The agency is one of two autonomous local health departments in Oklahoma, with statutory public health jurisdiction throughout Tulsa County and the City of Tulsa. THD's mission is to improve the health and well-being of all Tulsa County residents, and vision is to make Tulsa County the healthiest county in the country. THD was among the earliest of health departments to achieve national accreditation through the Public Health Accreditation Board.

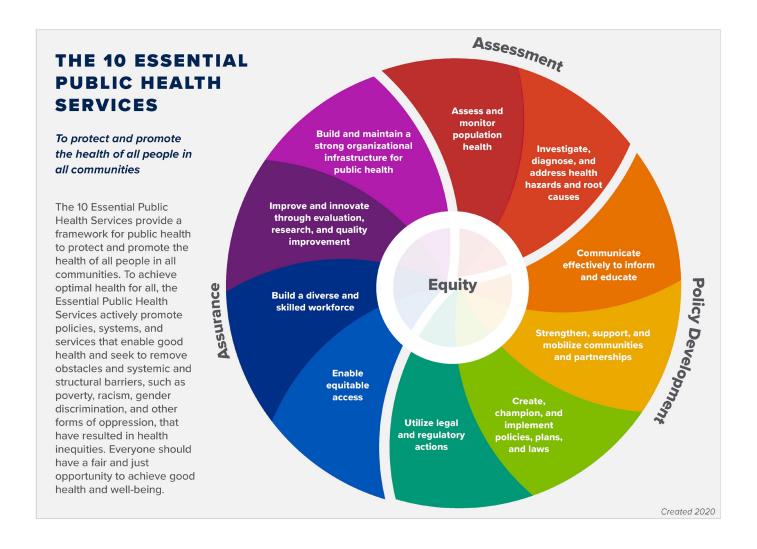
THD's role in the vision to be the healthiest county in Oklahoma:

- · Conduct and disseminate assessments centered on the community's population health status and public health challenges.
- · Engage the community in identifying and resolving health issues.
- · Conduct a CHIP through a Comprehensive Strategic Planning.
- Evaluate and assess the progress of each goal, objective, strategy, and progress measure annually.
- Provide health improvement metrics.
- · Document source of success stories and challenges overcome in addressing the health disparity and equity issues.

Essential Public Health Services — Tulsa County

The 10 Essential Public Health Services establish a framework for public health in order to safeguard and enhance the health of all people in all communities. To achieve equality, the Essential Public Health Services actively support policies, processes, and general community circumstances that promote optimum health for everyone while also attempting to remove systemic and structural impediments that have resulted in health disparities. Poverty, racism, gender discrimination, ableism, and other types of oppression are examples of such impediments. Everyone deserves a fair and reasonable chance to attain optimal health and well-being.

https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html



About P2H

Pathways to Health (P2H) envisions a community in which all residents have equitable access to the most impactful resources for their health and well-being. Formed in 2008 to unite community partners working to improve the health of Tulsa County, the partnership was formally incorporated as a 501(c)(3) in 2014 as the nonprofit arm of the Tulsa Health Department.

Both work together with local, state, and national partners to bring resources where they are most needed in the Tulsa region. P2H was key to mobilizing partners around CHIP initiatives and now works to cultivate funding, partnerships, and opportunities to improve local health outcomes. The work of our community partners is celebrated and supported by P2H in many ways including honoring CHIP Champions, connecting organizations to grants and other funding, and awarding over \$150,000 since inception in small but mighty micro-grants in focus areas identified in the CHIP.

CHIP Defined

According to the Centers for Disease Control and Prevention (CDC), the CHIP is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years.

The Public Health Accreditation Board (PHAB) defines a CHIP as a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.

CHIP Mission

To improve the health and wellness of residents of Tulsa County by making the healthy choice the first choice.

CHIP Vision

Creating the healthiest county in the United States by leveraging cross-sector community partnerships.

How to Use this Document

This document was developed for all community members to use and learn about and get involved in achieving exceptional health outcomes in our community; it has an impact on programming, encourages partnership and collaboration, and informs community members about how they can contribute

The composition of this document, the information used to make it, and the circumstances in which it was written are all described in a chronology that can be found on the following pages. For each of the highlighted health priorities, the CHIP also describes goals and objectives. Throughout the life of the CHIP, the status of these goals will be updated. For further information or if you have any issues about this document, please contact tulsacountychip@tulsa-health.org.



Timeline of the CHIP Development & Implementation

Development Phase 2020-2022:					
	Community Engagement & Collaboration				
	· Engagement with local officials and residents through community meetings.				
	Assessments				
	 Planning and implementation of the Community Health Needs Assessment; used existing data sources to compile reports descriptive of Tulsa County. 				
December 2020 – March 2022	· Primary Data: Professional Research Consultants (PRC) and Saint Francis Health System				
	· Secondary Data: Ascension St. John Health System				
	 Completion of Local Public Health Systems Assessment; evaluated the Local Public Health Systems performance in the 10 Essential Services for Public Health. 				
	Tulsa County Community Health Needs Assessment (CHNA) Released				
April 2022	https://www.tulsa-health.org/community-				
	health/community-programs/community-health-improvement-plan				
	Engaged CHIP Core Team and Steering Committee				
May - July 2022	· Recruitment of the CHIP Core Team and Steering Committee.				
	 Selection of Mobilizing for Action through Planning and Partnership (MAPP) as a process model for the CHIP. 				
	Developed and Recruited CHIP Leadership Team				
	The Project Manager and Organizational Development Manager recruited members of the CHIP LT.				
	 Members of the CHIP LT attended training and development courses in order to lead and support CHIP Workgroups during the CHIP implementation. 				
August – November 2022	CHIP Steering Committee Prioritizations Workshops				
	 The CHIP Steering Committee contributed to the development and implementation of CHIP by taking part in several collaborative prioritization workshops, explained in the methods section. 				
	 Community members were asked to review the drafted health issues and provide input from the CHNA results. 				

Timeline of the CHIP Development & Implementation cont.

December 2022	 Final Health Topic Selection - Survey A list of health topics were condensed to five community health priorities (Chronic Disease, Health Literacy, Healthy & Affordable Housing, Mental Health, and Nutrition, Physical Activity & Weight) through a series of workshops conducted in English and Spanish with participants representing various backgrounds and experiences. The top three priorities selected were Stress and Mental Health, Chronic Disease Risk Factors and Management, and Healthy and Affordable Housing.
January 2023	 Developed the CHIP goals and objectives Using the top three health priorities as our guide, the CHIP Steering Committee drafted potential goals and objective to kick off the first meeting. They used CHNA data to set broad baseline and goal metrics. The community members could build from these or change them completely. Specific, Measurable, Achievable, Relevant, Time-Bound or SMART goals were formed by the workgroups comprised of existing and new community partners.
Implementation Phase: CHIP Action Cy	vrle – 5 Years
February 2023	CHIP Leadership Team Training & Development
February 2023	CHIP Leadership Team Training & Development

CHIP Groups Defined

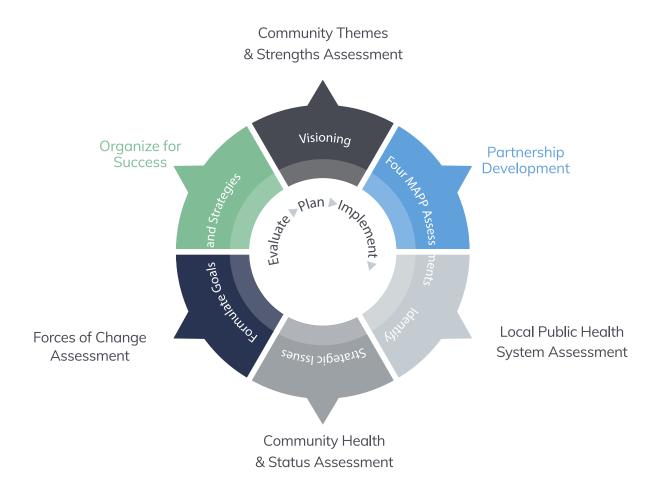
The five teams with defined responsibilities are the Advisory Committee, Core Team, the Steering Committee, Leadership Team, and Workgroups. Appendix A lists the members in each team.

Membership	Function
Advisory Committee	 THD individuals who were identified as having great knowledge and experience with previous CHIP development and implementation. These members served in a consulting capacity.
Core Team	THD individuals with expertise in quality improvement tools, project management, and organizational development.
Steering Committee	 Community leaders, decision-makers, and project managers from community partner groups. The Steering Committee included representatives from more than forty different organizations, representing a variety of industries and academic fields. To demonstrate their commitment to the CHIP development process and yearly measurement activities, members of the Steering Committee completed CHIP Commitment Letters.
Leadership Team	 Leaders, decision-makers, and professionals from community partner organizations. Community Leaders are appointed to workgroups based on their professional knowledge and personal interest in a certain health priority. Community Leaders' expertise and knowledge will help in the facilitations of the workgroups
Workgroups	 Community partners with extensive expertise and experience working to enhance health across Tulsa County. Community members knowledge and connections were crucial in the creation of the CHIP's goals and objectives as well as the gathering of baseline data.

CHIP Planning

Mobilizing Action through Planning and Partnerships (MAPP)

THD used a modified and adapted Mobilizing for Action through Planning and Partnerships (MAPP) process as the framework to develop the CHIP. This process included: establishing a core team and other supporting groups, a shared vision, assessments, identified strategic issues, and created goals and objectives.



Health Equity

Health equity is the condition in which everyone has an equal chance to reach their optimum level of health. In order to achieve this, the community must work together to address both historical and current injustices, remove obstacles to health and healthcare on the basis of social, political, and economic factors, and put an end to health disparities that can be prevented. Achieving health equity requires the removal of health and healthcare disparities as well as focused and ongoing social activities to address both past and current injustices. If health equity is to be attained, social determinants of health and health disparities must be addressed. It requires acknowledging and addressing racism as a threat to public health, as well as the history of unethical public health practices that have led to unequal health outcomes.

Social Determinants of Health (SDOH)

Social determinants of health (SDOH), according to the Centers for Disease Control and Prevention (CDC), are non-medical variables that affect health outcomes. In addition to the larger group of forces and institutions that have an impact on daily life, they are the conditions under which individuals are born, develop, work, live, and age. The objectives of development, societal norms, social policies, racism, the environment, and political systems are only a few of the components and systems mentioned. SDOH is one of the main health indicators in Healthy People 2030. One of Healthy People 2030's five overall aims, to create social, physical, and economic conditions that support everyone in realizing their full potential for health and wellbeing, is directly tied to SDOH.

By increasing knowledge of how to more effectively include SDOH into the different elements of public health practice and the 10 Essential Public Health Services, THD may modify and improve their capacity to promote health equity. Ensuring that everyone has an equal and equitable chance to be as healthy as feasible is a key component of achieving health equality. It is important to address poverty, prejudice, and all of its effects, including powerlessness and a lack of access to decent jobs with fair pay, secure environments, safe housing, and health care.

https://www.cdc.gov/publichealthgateway/sdoh/index.html



Community Health Needs Assessment (CHNA) Process

The CHNA is a systematic, data-driven strategy to identifying Tulsa County residents' perception of health conditions, habits, and needs. This data may then be utilized to inform choices and lead initiatives to enhance community health and wellness. A CHNA introduces information that allows communities to identify issues of greatest concern and select where to direct resources, resulting in the largest possible influence on community health status.

Professional Research Consultants (PRC), a nationally recognized health care consulting firm with extensive experience conducting CHNAs in hundreds of communities across the United States since 1994, conducted this assessment on behalf of the Tulsa Health Department in collaboration with Saint Francis Health System. Full report of the assessment is available on the https://www.tulsa-health.org/community-health/community-programs/community-health-improvement-plan

CHIP Methods

In spring of 2022, the CHNA identified the top health concerns of Tulsa County residents, public health officials, medical professionals, social service agencies and others. Once the health topics were identified, the CHIP Project Manager (PM) had to disseminate the data findings with CHIP partners. Upon reviewing the data, the group would be tasked with making an informed decision on which health topics are of highest concern within the community. The Quality Improvement (QI) Manager teamed up with the CHIP PM to formulate the best approach for the CHIP partners to utilize in selecting the top two or three overarching health topics.

Together the two individuals reviewed the previous process utilized for the last iteration of the CHIP and discovered a two-by-two matrix (Burden vs. Preventability) tool was used in health topic selection. The former process involved placing poster sized two-by-two matrices for each health topic around a room and then asked CHIP members to migrate from poster to poster and place an adhesive dot in the quadrant they felt most closely reflected the greatest burden vs. preventability for each topic. Unfortunately, there are some disadvantages in using a two-by-two matrix. Often participants will place a dot where most others placed theirs out of fear of appearing different from the popular choice.

However, a prioritization matrix is a tool that evokes thought and encourages conversation among participants.

Three criteria were identified and defined for the CHIP topics:					
Resources Available: Are organizations able to offer personnel time and expertise or space to implement strategies to improve this health topic. Is funding available to support work around this health topic?	0 (non-available) - 10 (many available)				
Potential Impact: Does the impact of this work affect vulnerable and underserved populations of Tulsa county? Will improvement in the health topic have a direct effect on improving other areas of health (health equity, socio-economic disparities, etc.)?	0 (no impact) - 10 (high impact)				
Community Engagement: Does an opportunity exist to include community members to help generate ideas, contribute to decision-making, and help strengthen the capacity of communities to act regarding this health topic?	0 (no funding) - 10 (many available)				

Potential CHIP Health Topics (2023-2028)

Access to Health Care Services

inconvenient office hours, cost of prescriptions, appointment availability, finding a physician & lack of transportation

Mental Health

diagnosed depression, stress, suicide deaths & difficulty obtaining mental health services

Nutrition, Physical Activity & Weight

difficulty accessing fresh produce, fruit/vegetable consumption, overweight/obese adults & lack of exercise

Potentially Disabling Conditions

multiple chronic conditions (such as high blood pressure, high cholesterol & diabetes) activity limitations, high-impact chronic pain, Alzheimer's disease & disease deaths

Sexual Health

HIV/AIDS deaths, Chlamydia incidence & Gonorrhea incidence

Substance Misuse

Cirrhosis, liver disease related deaths & individuals who are personally impacted by substance abuse

Health Literacy

Encompasses health communication, health behaviors, lack of understanding of diagnosis, current health status, medications & treatment plans

Emerging Infectious Disease

Monkeypox, zoonotic viruses, etc.

Healthy & Affordable Housing

Safe living conditions, high rent, poor infrastructure & availability

Figure 1 identifies the health topics and definitions provided to exercise participants.



During the planning process, it was rationalized it would be best to conduct the prioritization matrix virtually since it was unknown of what the climate would be around COVID-19 and flu at the time of the meeting. The meeting was set-up for a two-hour time slot and the first half would be dedicated to presenting the CHNA data findings and the second half would consist of randomized distribution of participants into breakout rooms lead by a facilitator who would walk participants through the prioritization exercise.



CHIP Steering Committee Prioritization Packet



CHIP Steering Committee Meeting Presentation



CHIP Steering Committee Prioritization Workshop

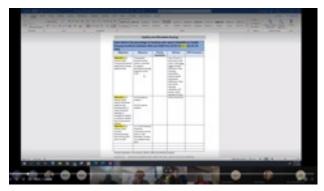
The planning team wanted to be very inclusive to ensure we were actively engaging the right individuals represented in the community. The community partners who work with underserved populations within Tulsa County were contacted and invited to participant in an in-person exercise to gain their valuable insight into the specific needs and challenges faced by these populations. Each meeting revealed the groups top three health topics. Duplicate answers were removed from each of the groups and a survey was prepared and distributed to as many community partners as possible to ensure the health needs of Tulsa County were captured. In total, 140 respondents completed the survey and were asked to drill down to the top three health topics for the CHIP to concentrate efforts on for the next five years.

In conclusion, more time and intentional focus on selecting the topics was invested than ever before. The shared information brought valuable partners to the table that had not been involved or who lost sight of the CHIP during the pandemic.

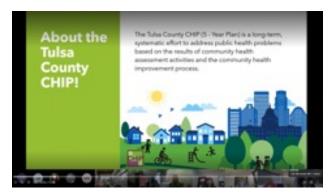


CHIP Action Plans

In preparation for the first CHIP meeting where community partners were to create SMART goals and objectives, the CHIP Core Team offered examples. Each health priority workgroup was provided with several goals by referencing the CHNA and benchmarking the goals to match US rates. Then, the CHIP Core Team reviewed multiple other CHIPs with these health priorities to draft appropriate goals. In the first meeting, the facilitators and note-takers fostered brainstorming and collaboration in their workgroups. Facilitators made sure that consensus on the goals and objectives were reached for the identified priorities.



CHIP Chronic Disease Risk Factors and Management Workgroup Virtual Discussion



Tulsa County CHIP 1st Quarterly Virtual Meeting January 17, 2023



CHIP Steering Committee Meeting Presentation

As connections were made through partnerships, certain goals were altered. Members of the workgroups discussed improvements that were crucial to achieving the objectives of the plan. The community partners talked about keeping the plan flexible in order to adapt to new possibilities, barriers, and community changes. The workgroups will meet individually, starting in the spring of 2023.

ACTION PLANS



STRESS AND MENTAL HEALTH



CHRONIC DISEASE RISK FACTORS AND MANAGEMENT



HEALTHY AND AFFORDABLE HOUSING









Tulsa County Community Health Improvement Plan (CHIP): 2023-2028

Goal/SMART Objectives/Measures/Priority Population Partners/Name/Agency



PRIORITY: STRESS AND MENTAL HEALTH

Approximately half of all Americans will be diagnosed with a mental condition at some point in their lives. People of all ages and racial/ethnic groups are impacted by mental illnesses, however certain groups are disproportionately affected. According to estimates, just half of all patients with mental problems receive the necessary therapy.

Furthermore, mental and physical health are inextricably linked. Mental illnesses such as depression and anxiety might impair people's capacity to engage in healthy practices. Similarly, physical health issues might make it more difficult for patients to receive treatment for mental disorders. Increased screening for mental disorders can assist people in receiving the treatment they require for reaching optimal health.

Sources:

- Tulsa County Community Health Needs Assessment (CHNA) 2022
- Tulsa County Health Status Report
- · Centers for Disease Control and Prevention (https://www.cdc.gov/mentalhealth/index.htm)
- · Healthy People 2030 (https://health.gov/healthypeople)

Goal #1: Reduce the Age-Adjusted Suicide Mortality Rate from 19.9% to 13.9% (US rate) per 100,000 by 2028.

Objectives	Measures	Priority Population	Partners	Name/Agency
1.1 By January 31, 2028, increase the number of hospitals, FQHCs, and care clinics who screen for Mental Health (MH) risks/issues.	Number pre and post CHIP cycle of hospitals, FQHCs, and care clinics screening for MH. Number pre and post CHIP cycle MH utilization rates.	Residents experiencing homelessness, Veterans, LGBTQ+ (SAMHSA has a list of high priority populations).	Hospitals, FQHCs, care clinics Uma Tulsa Craig Henderson, Youth Services of Tulsa Parkside and other residential treatment centers, other resources for referring. Palmer addiction treatment. Youth at Heart-enrichment programs, TPS, Kindergarten-12th grade, poverty, mentally ill. Trauma informed care. *Need Equality Center, MHAOK, SAMHSA, CREOKS	Sara Rivera/A New Way

Objectives	Measures	Priority Population	Partners	Name/Agency		
1.2 By January 31, 2028, decrease the number of incarcerated youths	Number pre and post CHIP life cycle of incarcerated youth. Number pre and post CHIP life cycle of justice involved individuals receiving mental health services.	Justice involved individuals Juvenile justice involved individuals	Tulsa County Sheriff's Office Office of Juvenile Affairs screens for mental health issues for justice-involved youth.			
1.3 By January 31, 2028, increase training within schools for teachers and staff to help them identify students at risk for suicide and provide them with the knowledge of actionable steps to take once students have been identified.	Number pre and post CHIP cycle of participants trained in a skills-based, experiential, and evidence- based practice such as Mental Health First Aid from the National Council for Mental Wellbeing.	School age adolescents K-12 students College students	TPS Union Public Schools Youth at Heart (limited districts) Walt Whitman, McClure, McArthur, Hale Middle School, *Hale High School (working to get in this school) Certification for Mental Health for educators. Street School Teach for America- see what they are currently utilizing Phoenix Rising- justice involved students			
1.4 By January 31, 2024, increase peer recovery support structure in schools. Change the stigma among the student population by building Infrastructure to provide safe spaces for students experiencing trauma.	Track absenteeism pre and post CHIP life cycle in schools. Track grades pre and post CHIP life cycle in schools. Track parent/guardian involvement pre and post CHIP life cycle in schools.	School-age adolescents	TPS Teach for America Tulsa County School Districts			
Priority Population:	Low income, LGBTQ+, Elders experiencing alcohol and/or o		ericans, Hispanics, Native Amer	icans, and Individuals		
Goal Sources:	Tulsa County CHNA 2022, Saint Francis Health System CHNA 2022 data, page 39 and more specifically: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance, and Informatics. Ascension St. John CHNA 2022 data, see page 27 for Priority population.					

Goal #2: Decrease the Rate of Those Unable to Get Mental Health Services from 15.2% to 7.8% (US rate) by 2028.

Objectives	Measures	Priority Population	Partners	Name/Agency			
2.1 By January 31, 2024, hire and deploy 2-3 licensed clinical social worker and Community Health Worker (CHW) within the Emergency Department to provide crisis response services.	Number pre and post CHIP cycle of SWs and CHWs hired and # of services provided.	Individuals with high ER overutilization.	GKFF, THD, SFHS, ASJ Family & Children Services.	Leslie Carroll/THD and SFHS			
2.2 By June 30, 2023, equip educators and parents with evidence-based mental health and trauma intervention trainings to serve children within schools and at home.	Number of trainings completed each year.	Underserved populations in Mental Health Association	TPS, THD National Alliance Mental Illness (NAMI) OU National Youth Resource Center Mental Health Association Black Mental Health				
2.3 By January 31, 2028, increase the number of attendees at mental health symposiums that highlight needs and resources in the community.	Number of events and attendees measured annually.	Expand attendees to include educators, emergency responders, send students to expose them to research and data.	Zarrow Symposium, Children's Mental Health Symposium, THD, Behavioral Health, OSU-Tulsa, Langston University, *OMDH has a list of mental health events				
Priority Population:	Low income, LGBTQ+, Elders, Males, Blacks and African Americans, Hispanics, Native Americans, and Individuals experiencing alcohol and/or drug use disorders.						
Sources:	Tulsa County CHNA 2022, Saint Francis Health System CHNA 2022 data, page 39 and more specifically: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance, and Informatics. Ascension St. John CHNA 2022 data, see page 27 for Priority population.						

Goal 3: Decrease the Rate of Those Living Below the Poverty Level from 15.0% to 13.4% (US rate) by 2028.

Objectives	Measures	Priority Population	Partners	Name/Agency
3.1 By January 31, 2028, increase intergroup dialogue, continue to normalize conversations about racial equity, and to encourage Tulsans to engage with government to create a more resilient, equitable city.	Number pre and post CHIP cycle of dialogues completed.		Mayor's Office of Resilience and Equity (MORE), all community partners	
3.2 By January 31, 2028, increase educational attainment through workforce development agencies.	Number pre and post CHIP life cycle of completion rates for 4-year degree, 2-year degree or certificate, and high school diploma or the equivalent	Connect to other committees and coalitions who are performing this work.	Job Corp, Goodwill, Tulsa Remote, Tulsa Workforce Youth at Heart	
3.3 By January 31, 2028, increase in educational attainment by parental engagement and early childhood education.	Number pre and post CHIP cycle of educational attainment by parental engagement and early childhood education.		Tulsa Public Schools, Impact Tulsa, Parent Child Center of Tulsa, Cap Tulsa, College Bound Academy, City Year, Tulsa Honor Academy, KIPP Tulsa.	
Priority Population:	Black, Indigenous, and other	people of color (BIPOC), Immiç	grants and refugees, and Justice-	involved individuals.
Sources:	Bureau American Community	Survey 5-year estimates 2014-2	A 2022 data, page 30 and more 019). Ascension St. John CHNA ctive topics: reducing ACE score	2022 data, see page 28

Goal 4: Decrease the Rate of Perceptions of Substance Misuse as a Problem in the Community from 71% to 65% by 2028.

Objectives	Measures	Priority Population	Partners	Name/Agency		
4.1 By January 31, 2028, decrease personal impact from substance misuse.		LGBTQ+, Hispanic population, 18-64-year old.	Mayor's Office of Resilience and Equity (MORE), all community partners			
Priority Population:	LGBTQ+, Hispanic population, 18-64-year old.					
Sources:	Tulsa County CHNA 2022, Saint Francis Health System CHNA 2022 data, page 110					

Tulsa County Community Health Improvement Plan (CHIP): 2023-2028

Goal/SMART Objectives/Measures/Priority Population/Partners/Name/Agency



PRIORITY: CHRONIC DISEASE RISK FACTORS AND MANAGEMENT

A general definition of a chronic disease is a condition that lasts for a year or longer, necessitates continuous medical care, restricts everyday activities, or both. The main causes of mortality and disability in the US are chronic diseases including diabetes, cancer, and heart disease. They are also the main causes of the \$4.1 trillion in yearly health care expenses for the country.

Sources:

- Tulsa County Community Health Needs Assessment (CHNA) 2022
- Tulsa County Health Status Report
- · Centers for Disease Control and Prevention (https://www.cdc.gov/chronicdisease/about/index.htm)
- · Healthy People 2030 (https://health.gov/healthypeople)

Access to Care

Goal	Objectives	Measures	Priority Population	Partners	Name/ Agency
Goal 1: Decrease Lack of Health Care Insurance Coverage between 2023 and 2028 from 11.6% to 9.6% (8.7.% US rate) by 2028.	1.1 By January 31, 2028, launch specifically targeted communication strategies around Medicaid enrollment eligibility. Targeted communications should be culturally sensitive.	Collect qualitative and quantitative data on how consumers are getting enrolled in Medicaid using the database at THD.	District 1	THD's Outreach Community Engagement Specialists (4)	Kathy Kleine/THD
	1.2 By August 2023, increase Medicaid education to parents at the school registration event in Tulsa County.	Number pre and post CHIP cycle educated on Medicaid eligibility.	Families with children/Spanish-speaking population	Educare, THD, CAP, ASJ	Liz Lazar, CAP

Goal	Objectives	Measures	Priority Population	Partners	Name/ Agency	
Goal 1: Decrease Lack of Health Care Insurance Coverage between 2023 and 2028 from 11.6% to 9.6% (8.7.% US	1.3 By March, 2023. increase Medicaid education to parents at the Enrollment Expo.	Number pre and post CHIP cycle educated on Medicaid eligibility for the January 21st event and the Feb 4th event.	Families with children		Molly Miller, YMCA	
rate) by 2028.	1.4 By January 2024, increase Medicaid enrollment among students (K-12)	Number pre and post CHIP cycle newly enrolled in Medicaid. Number pre and post	Individuals who are uninsured or underinsured; Families with minors		Molly Miller, YMCA	
		CHIP cycle				
	1.5 By January 2028, YMCA outreach to educate community residents around chronic disease and medical insurance in Tulsa County.	Number pre and post CHIP cycle residents educated.	Individuals who are uninsured or underinsured		Molly Miller, YMCA	
	1.6 By June 2023, make sure those who are eligible and on Medicaid remain on after the Public Health Emergency	Number pre and post CHIP cycle newly enrolled in Medicaid. Number pre and post CHIP cycle re-enrolled in Medicaid.	Individuals who are uninsured or underinsured	THD, ASJ		
	1.7 By January 31, 2028, partner with organizations and community members to offer resources that ensure the enrollment process is inclusive to minorities, individuals experiencing homelessness and any other residents that are uninsured or underserved.	Track Medicaid enrollment by race, ethnicity, housing status, comorbidities, primary language.	Individuals who are uninsured or underinsured; Minorities, individuals experiencing homelessness	THD, ASJ, Educare, CAP		
	1.8 By January 2028, increase the use of Safety Net Clinics.		Individuals who are uninsured or underinsured	Morton, CHC, ASJ, SFHS		
Priority Population:	Priority Population:		Low-wage employees, particularly those with more than one job, Individuals who are uninsured or underinsured, Non-English speakers, and Individuals with poor health literacy.			
Goal Sources:			Community Health Surve	System CHNA 2022 data, pa y, PRC, Inc. Item 43. Ascens		

Mortality Rates

Goal	Objectives	Measures	Priority Population	Partners	Name/ Agency
Goal 2: Reduce Heart Disease Age-Adjusted Mortality Rate from 244.6% (Tulsa County rate) to 234.7% (Oklahoma rate overall) per 100,000 by 2028.	2.1 By January 31, 2028, integrate Know Your Numbers program to complement existing health management programs by 200%.	Number pre and post CHIP cycle of programs using KYNs Number pre and post CHIP cycle of completed risk profiles	Tulsa's District 1	THD Be Well and Center for Community Health (CCH)	Kandy Whitley- White with Be Well, Leslie Carroll with CCH. Note: Katie Plohocky, Eric Wickel, and Ellen Niemitalo, interested parties.
	2.2 By May 2023, increase Nutrition Education and physical activity, mental health, managing stress to the Spanish speaking residents through cooking demonstration/physical activity/KYNs program.	Pre and post intervention survey of 100 questions regarding blood pressure, weight, hypertension, and resident goals. Four cohorts with nine sessions. OSU will measure the outcomes.	Spanish-speaking residents	CAP, OSU	Liz Lazar, CAP
Goal 3: Reduce the Stroke Age- Adjusted Mortality Rate from 43.2% (Tulsa County rate) to 39.8% (Oklahoma rate overall) per 100,000 by 2028.	3.1 Engage in community conversations regarding clinical trials supporting stroke research	Feedback from 70-100 Tulsa County residents regarding the clinical trial via focus groups and comments on social media platforms.	Underserved populations	ASJ, THD	Jane Bryce, Stacie Merritt, Errol Gordon, (ASJ)
Priority Population:		Elders, Infants and young children, Individuals with disabilities, Individuals whose income is near or below the federal poverty line, and Individuals without reliable transportation.			
Goal Sources:		CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance, and Informatics. Ascension St. John CHNA 2022 data, see page 29 for Priority population.			

Modifiable Health Risks

Goal	Objectives	Measures	Priority Population	Partners	Name/ Agency
Goal 4: Decrease the proportion of smokers from 18.3% (Tulsa County rate) to 17.4% (US rate) by 2028.	4.1 By June 2028, increase number of jurisdictions to adopt a tobacco free City Owned property Ordinance in Tulsa County, from 1 to 3.	Number pre and post CHIP cycle of jurisdictions to adopt policy.	North Tulsa	TSET Healthy Living)	Corey Love/THD
	4.2 By June 2028, increase retail education visits, from 100 to 200.	Number pre and post CHIP cycle of retail education sessions.	North Tulsa	TSET Healthy Living	Corey Love/THD

	4.3 By January 2028, increase the number of callers using 1-800-QUIT NOW.	Number pre and post CHIP cycle of callers in the 918-area code from January 2023 to January 2028, using the national database.	North Tulsa	TSET Healthy Living	Corey Love/THD
Priority Population:		North Tulsa has largest p	opulation of current sm	okers.	
Goal Sources:		Tulsa County CHNA 202 specifically: Community		System CHNA 2022 data, p c. Item 40.	age 112 and more
Goal	Objectives	Measures	Priority Population	Partners	Name/ Agency
Goal 5: Increase No Leisure-Time Physical Activity in the Past Month in Tulsa County from 29.9% to 21.2% (Healthy People 2030 goal).	5.1 By January 2028, increase participation in studies measuring physical activity, sedentary behavior, and sleep.	Number pre and post CHIP cycle of study participants who completed intervention. Pre/Post health indicators captured with wearable device.	Adults	University of Tulsa	Eric Wickel, University of Tulsa-looking to collaborate on study among adults. Molly Miller, YMCA
	5.2 By January 2028, increase awareness of low-cost programs for physical activity (gyms) among those who speak Spanish.	Number per and post CHIP cycle of low-cost memberships from January 2023 to January 2024.	Spanish-speaking	YMCA, CAP	Molly Miller, YMCA
Priority Population:		Women, Low income, A	merican Native, LGBTQ-	+	
Goal Sources:		Tulsa County CHNA 2022, Saint Francis Health System CHNA 2022 data, page 94 and more specifically: Community Health Survey, PRC, Inc. Item 82.			
Goal	Objectives	Measures	Priority Population	Partners	Name/ Agency
Goal 6: Decrease those who Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce in Tulsa County from 27.6% to 21.1% (US percent).	6.1 By January 2028, increase the number of grocery boxes distributed at the Dream Center by 100% By January, increase participation Tulsa Farm Lab Teaching agriculture and nutrition. By January 2028, increase the use of Blender Bikes among students in Tulsa County and provide nutritional education (food groups, sugar content in drinks).	Number pre and post CHIP cycle of grocery boxes distributed Number pre and post CHIP cycle of participants. Number pre and post CHIP cycle of students completing Blender Bike experience from January 2023 to January 2028.	McClain Elementary and north Tulsa	HCSI, Dream Center; Hunger Free Oklahoma; Double Up Food Bucks; Fresh RX THD, Bike Club	Katie Plohocky, HCSI Liz Lazar, CAP
Priority Population:		Women, Low income, American Native, LGBTQ+			

Tulsa County Community Health Improvement Plan (CHIP): 2023-2028

Goal/SMART Objectives/Measures/Priority Population/Partners/Name/Agency



PRIORITY: HEALTHY AND AFFORDABLE HOUSING

At least half of each day is spent inside people's houses. It seems to reason that one of the key factors affecting health and happiness is the home environment. The American Public Health Association (APHA) Committee on the Hygiene of Housing first clarified many of the fundamental ideas relating housing and health more than 60 years ago. There is a growing understanding that health is related to a dwelling unit's physical structure as well as the neighborhood and community in which it is located in the early twenty-first century.

Source:

- Tulsa County Community Health Needs Assessment (CHNA) 2022
- Tulsa County Health Status Report
- · Centers for Disease Control and Prevention (https://www.cdc.gov/nceh/publications/books/housing/cha02.htm)
- · Healthy People 2030 (https://health.gov/healthypeople)

Goal: Reduce the percentage of residents who report Unhealthy or Unsafe Housing Conditions between 2023 and 2028 from 20.5% to 12.2% (US rate).

Objectives	Measures	Priority Population	Partners	Name/Agency
1.1: By January 2028, increase permanent, supportive, and affordable housing opportunities. 1.2: By September 2028, increase quality and quantity of transitional, supportive, and affordable housing. 1.3: By September 2028, provide fair housing education.	Tracking the amount money spent or awarded to support permanent housing programs (HUD, COT, OFA, OHFA, Oklahoma Coalition for Affordable Housing)	Individuals associated with felonies, disabled community, individuals with history of eviction (specific to screening process)	City of Tulsa's A Way Home, Met Cares, Tulsa Casa, Tulsa Housing Authority, Tulsa Housing Association, Mental Health Association Oklahoma, Tulsa Day Center, Housing Initiatives, ACT House, Youth Services of Tulsa, OFA, Travis Hulse w/City of Tulsa) THA, Legal Aid of OK, Housing Partners of Tulsa, Tulsa Area of Fair Housing Partnership)	THA is specific to the 'affordable' segment, A Way Home for Tulsa/ Ginny

Objectives	Measures	Priority Population	Partners	Name/Agency	
1.4: By January 2028, reduce individuals experiencing homelessness in Tulsa County by opening: 1) emergency shelters in extreme weather and 2) low barrier shelters	Number pre and post CHIP cycle of emergency shelters Number pre and post CHIP cycle of low barrier shelters.	Residents experiencing homelessness	Faith Community, Housing solutions, Mental Health Association, City of Tulsa, City Lights, OKMRC, Tulsa Area for Emergency Management		
1.5: By January 2028, increase homeownership from 52.4% (2017- 2021) to 65.9% (US rate).	U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates. Surveys are updated every year. Track those who attend educational opportunities for home ownership outside of realtor-offered pre and post CHIP life cycle.	Residents living below ~80% AMI (avg median income)	Housing Partners of Tulsa, Mayor's office for Resilience and Equity, Be Well Community Development Corporation (with/ Tulsa forward), Met Cares Foundation	Robin Daniels/North Tulsa Forward for Home Ownership Literacy; Midfirst bank for homeownership education partners; Elian Hurtado/Habitat for Humanity; Tim Newton/Dream Center; Vicky Jordan/ Boomtown Development Company is a 501c3 supporting affiliate of Tulsa Habitat for Humanity; J. Sanders/Met Cares Foundation	
1.6 By June 2028, increase number to adopt and/or update a smoke free policy, from 2 to 4 Multi-Unit Housing.	Number pre and post CHIP life cycle of Multi- Unit Housing to adopt and/or update policy.	Low income, LGBTQ+, Black and American Native.	TSET Healthy Living	Corey Love/THD	
Priority Population:	Priority Population:		Low income, LGBTQ+, Black and American Native.		
Goal Sources:	Goal Sources:		Tulsa County CHNA 2022, Saint Francis Health System CHNA 2022 data, page 33 and more specifically: 2022 PRC Community Health Survey, PRC, Inc Item 65.		

CHIP Implementation

Pathways to Health

While the Tulsa County CHIP is a product of P2H and its community partners, THD will be critical in annually reviewing the success of each activity, outcome, and process measure. The THD website will be regularly updated to include CHIP activities and events, community partners participating in the CHIP, health improvement metrics, and a recorded source of success stories and challenges encountered.

Furthermore, THD will publish an annual progress report and distribute it to partners. Progress reports will include visualizations of action plan data and explanations of each year's successes and challenges, as well as revisions to plans and actions in the event of newly established or found health conditions, changing resource levels, or other unexpected hurdles.

CHIP Leadership Team

The purpose of the CHIP Leadership Team (LT) is to guide CHIP Workgroup members through the implementation activities/strategies defined in the CHIP, which targets the top identified health priorities.

Members of the CHIP LT were recruited by the Project Manager then offered training to lead and support CHIP Workgroups during the CHIP implementation. These members were assigned to workgroups based upon their professional expertise and their own interest in an identified health priority. The members represent a subset of the racial, ethnic, and socioeconomic diversity present in the community at-large in addition to representing a diverse cross-section of professional sectors. The leadership team is a completely voluntary initiative.



Conclusion

Call to Action

What can you do to help your community improve health?

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 MEETINGS
- · FOLLOW PATHWAYS TO HEALTH ON SOCIAL MEDIA TO LEARN WHAT COMMUNITY PARTNERS ARE DOING TO IMPROVE HEALTH
- COLLABORATE WITH CROSS-SECTOR PARTNERS ON GRANT OPPORTUNITIES
- · REVIEW AND SIGN THE 2023 2028 TULSA COUNTY CHIP COMMITMENT AGREEMENT SEE APPENDIX B
- LET CHIP BE A PART OF YOUR COMMUNITY STRATEGIES AND/ OR ACTIVITIES CALL TO ACTION – COMMUNITY ENGAGEMENT OUTREACH FORM

2023 – 2028 CHIP Implementation Schedule		
CHIP Quarterly Meeting	Quarterly (January, April, July, and October) 3rd Week – Tuesdays	
CHIP Stress and Mental Health Workgroup	Quarterly (January, April, July, and October) 4th Week – Tuesdays	
CHIP Chronic Disease Risk Factors and Management Workgroup	Quarterly (January, April, July, and October) 4th Week – Wednesdays	
CHIP Healthy and Affordable Housing Workgroup	Quarterly (January, April, July, and October) 4th Week – Thursdays	

Other ways to collaborate and engage in the CHIP: · Understand health concerns, reduce barriers, and aid in the implementation of initiatives or treatments. · Share assessment data on initiatives addressing the most pressing health Healthcare (County Hospitals, challenges. **County Health Centers, and Private** Physicians) can: · Assist in the evaluation of county strategies. · Assist in program coordination to eliminate redundancy or duplication of effort. · Share public health statistics with partners who are addressing the county's health challenges. · Use this document in preventative and educational activities throughout **Public Health Professionals/** the county. Government Agencies can: · Work with and engage with healthcare partners in reviewing and updating health-related programs. · Assess strategy, outcomes, and outputs. · Advocate for the value of overall wellness and local community health improvement activities among members of your company. · Identify possibilities within your organization/agency to promote and Faith-based and community-based encourage involvement in the CHIP strategies and actions. Organizations can: · Describe to the workgroups how your program or intervention is functioning in your organization and provide information or evaluation data on your attempts to execute solutions. · Assist in the promotion or development of resources that improve community health. · Understand the county's prioritized health concerns and assist by including Academia (Schools, Colleges, and Technical Institutes) can: them into your school or college program curriculum preparation. · Create a healthy academic atmosphere by incorporating the CHIP objectives into your wellness initiatives or policies.

Other ways to collaborate and engage in the CHIP (continued)		
Businesses can:	 Educate their employees on the link between employee health and productivity. Provide chances for wellness and good eating for their employees. 	
Residents can:	 Become acquainted with the CHIP and the county's prioritized health issues. Take an active role in your health and well-being by eating healthy, getting adequate exercise, and receiving preventative screenings. Get involved in improving community health by volunteering to be a part of an initiative or program addressing one of the health issues identified by a community or faith-based organization. 	

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Saint Francis Health System

Professional Research Consultants (PRC)

Ascension St. John Health System

Pathways to Health

Tulsa Health Department

And All CHIP Partners

Appendix A – CHIP Groups

Advisory Committee:			
NAME	CHIP ROLE	ORGANIZATION	
Dr. Bruce Dart	Executive Director	Tulsa Health Department	
Dr. Leslie Carroll	Associate Director	Tulsa Health Department	
Dr. Monica Rogers	Senior Director Data and Technology	Tulsa Health Department	
Kandy Whitley-White	Health Equity Director	Tulsa Health Department	
Kelly VanBuskirk	Associate Director	Tulsa Health Department	
Leanne Stephens	Senior Director Marketing and Communications	Tulsa Health Department	
Reggie Ivey	Associate Executive Director	Tulsa Health Department	

Core Team:				
NAME	CHIP ROLE	ORGANIZATION		
Ashley Thompson	Quality Improvement Manager	Tulsa Health Department		
Ashley Bailey	Note-taker	Tulsa Health Department		
Christina Seymour	Project Manager	Tulsa Health Department		
Dr. Leslie Carroll	Facilitator	Tulsa Health Department		
Jeni Morrow	Organizational Development Manager	Tulsa Health Department		
Jenna Grant	Note-taker	Tulsa Health Department		
Jessica Rice	Facilitator	Tulsa Health Department		
Laura Edwards	Note-taker	Tulsa Health Department		
Raven Helmick	Note-taker	Tulsa Health Department		
Shauna Meador	Note-taker	Tulsa Health Department		

Pathways to Health:			
NAME	CHIP ROLE	ORGANIZATION	
Canaan Duncan	Board Member	Cherokee Nation	
Dr. Bruce Dart	Non-Voting Member	Tulsa Health Department	
James Morrow	Board Member	Targa Resources	
Jenna Grant	Resource Development Manager	Tulsa Health Department	
Jessica Lozano	Chair	Blue Cross and Blue Shield of Oklahoma	
Katie Plohocky	Board Member	Healthy Community Store Initiative	
Kimberly Will	Board Member	Ascension St. John Health System	
Mark Seibold	Board Member	Ethos	
Mike Stout	Board Member	Oklahoma State University	
Shar Carter	Vice Chair	Oklahoma Institute for Rural Prosperity	

Steering Committee:		
NAME	ORGANIZATION	
Ashlie Casey	Community Member	
Ciara Patuto	Tulsa Health Department	
Denise Senger	Oklahoma Project Woman	
Felisha Hamilton	Community Member	
Janet Hendricks	Crossover Impact	
Jenna Grant	Pathways to Health	
Jessica Lozano	Blue Cross Blue Shield	
Julie Davis	YWCA Tulsa	
Katie Plohocky	R&G Family Grocers	
Kelly Rudd	Oklahoma State University	
Kimberly Will	Ascension St. John	
Liz Lazar	Uma Tulsa	

Liz Martin, MPH	Tulsa Health Department
Madison Thomas	Tulsa Health Department
Mandy Dixon	Tulsa Health Department
Marcus Anderson	Tulsa Health Department
Marshan Oliver-Marick	Oklahoma State University
Michael Birkes	Community Member
Monica Barczak	Community Health Equity at Ascension St. John
Rose Hurd	Tulsa Health Department
Sara Framel	Youth at Heart
Scott Buffington, MHRM, PHR	Tulsa Health Department
Taryn Norman	Hope Testing

Workgroups:

Stress and Mental Health

NAME	ORGANIZATION
Adam Kennedy	Community Care
Audra Brulc	Healthy Minds Policy
Eric Rolen	Tulsa Health Department
Jenna Grant	Pathways to Health
Jennifer Faries	Community Care
Kandy Whitley-White	Be Well Community Development Corporation
Kimberly Will	Ascension St. John
Michael Davis	Leadership Tulsa
Olivia Landrum	Community Member
Sara Framel	Youth at Heart
Sarah Wyatt	Tulsa Higher Education Consortium

Chronic Disease Risk Factors and Management

Bobby Benn	EMSA
Corry Love	Tulsa Health Department
Dr. Bruce Dart	Tulsa Health Department
Ellen Niemitalo, RN, BSN, MPH	Tulsa Health Department
Eric Wickel	University of Tulsa
Katie Plohocky	R&G Family Grocers
Kelly Rudd	Oklahoma State University
Leanne Stephens	Tulsa Health Department
Lisa Baracker	Community Member
Liz Lazar	Uma Tulsa
Liz Martin	Tulsa Health Department
Mark McElreath	Tulsa County Medical Society
Melinda Belcher	EMSA
Meredreth Maynard	Hillcrest Medical Center
Molly Miller	YWCA Greater Tulsa
Monica Barczak	Community Health Equity at Ascension St. John
Priscilla Haynes	Tulsa Health Department

Healthy and Affordable Housing

Aaron Greenquist	Tulsa Health Department
Adam Austin	Tulsa Health Department
Cathy Sullivan	Tulsa Health Department
Gabrielle Vickers	Tulsa Health Department
Ginny Hensley	Tulsa Housing Authority
James Plumlee	Community Member
Kendra Wise	Tulsa Health Department
Kristin Maun	Partner Tulsa
Nedal Nofal	Tulsa Health Department
Raven Helmick	Tulsa Health Department

Appendix B – Commitment Agreement

2023-2028 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 with Tulsa County community partners, 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 September-December 2022 with the CHIP being released in March 2023.

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 Cour	nty CHIP. Furthermore, I agree to the following time commitments as a member of the
Steering Committee. Should I be unable to a	ttend 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.	
Name	

Please submit a copy to Tulsacountychip@tulsa-health.org

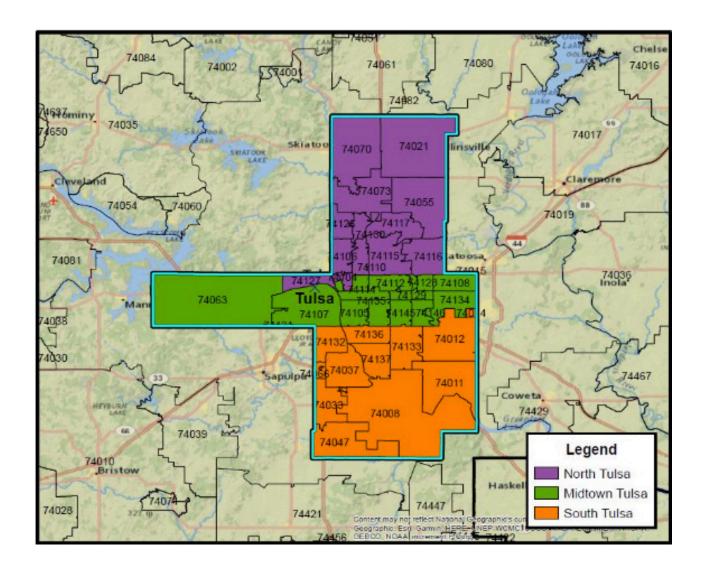
Tulsa County CHIP Timetable				
Item	Date	Action	Estimated Time Commitment	
CHIP Planning	Sept. 2022	CHIP Steering Committee convenes: Prioritize Matrix Exercise to select and finalizes top priority health topics (2-3)	2 mtgs, 2 hrs. mtg.	
	Dec. 2022	Community Health Improvement Survey — Finalizing Health Topics		
	Jan. 2023	Top 3 Heath Priorities Released		
	Jan. 2023	Three Workgroups meet and develop plans (Action Plans)	1 meeting, 1 hr.	
	Jan. 2023	Plans consolidated into a draft CHIP		

	Feb. 2023	Advisory, Steering Committee, and Workgroups review draft CHIP	1 hr. mtg.; 2hrs. independent	
	Mar. 2022	CHIP Released	1 hr. event	

Tulsa County CHIP Timetable				
Item	Date	Action	Estimated Time Commitment	
СНІР	2023 - 2028	CHIP Implementation		
	Jan. 2023	CHIP Leadership Team Launched		
CHIP Report	2023	Quarterly Meetings	1 hr. quarterly mtgs	
	2024	Quarterly Workgroups Meetings (Action Plan)	1 hr. annual mtgs.	
	2025	Celebration	1 hr. annual mtgs	
	2026	CHIP Annual Report	1 hr. annual mtgs	
CHNA	2023	CHNA Conducted		
	2028	CHNA Conducted		
CHIP Report	2028	CHIP Final Report	1 hr. annual mtgs	

Appendix C – CHNA Regions Map

Source: Tulsa County CHNA 2022 pg. 5



Appendix D – Glossary of Terms

Action Plan: A document outlining the steps or tasks one needs to complete in order to achieve the goals they have set.

Community Health Improvement Plan (CHIP): An action-oriented strategic plan that outlines the priority health issues for a defined community, and how these issues will be addressed.

Consensus-based Decision-Making Process: Is founded on a deliberate process of consensus building in which members of a group actively engage in reaching an outcome that all members can agree on.

Community Partner: A member or organization that is a stakeholder in the development and/or implementation process of the CHIP's mission, vision, and goals that take part in providing service or outreach to an underserved community population.

Cross-cutting strategies and themes: Issues that have been identified as key focal points for integration across all priority areas in the plan (e.g., stigma, socioeconomic inequalities, cultural competency).

Cultural competence: A set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals that enables effective interactions in a cross-cultural framework.

Evidence-based Method or Model: A strategy for explicitly linking public health or clinical practice recommendations to scientific evidence of the effectiveness and/or other characteristics of such practices.

Goals: Statements that identify in broad terms how the efforts will change things to solve identified problems.

Ground Rules: A set of rules that are guidelines that participants in a meeting agree to follow in order to make the meeting more productive and enjoyable.

Guiding Document: A document developed for use in identifying CHIP priorities and selecting topics for objectives, based on an in-depth review of the 2017 Austin/ Travis County Community Health Assessment (CHA) which includes four assessments from the Mobilizing for Action through Planning and Partnership (MAPP) framework.

Health Equity: When all people have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstances.

Health Disparity: A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, or geographic location. Other characteristics include cognitive, sensory, or physical disability.

Health Literacy: The degree to which individuals can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.

Indicators: Indicators describe the baseline and target values for each objective based on data that are relevant and available and are used to track progress for each of the objectives.

Key Health Issues: Broad issues that pose problems for the community as identified by the Community Health Needs Assessment (CHNA) and summarized in the Guiding Document.

Objectives: Measurable statements of change that specify an expected result and timeline, objectives build toward achieving the goals.

Patient Centered Care: Patient-centered care is oriented towards the whole person and is relationship-based. Building a partnership with each patient and their family is foundational to that person learning to manage and organize their own care at the level they choose. Such a partnership necessitates understanding and respect for each patient's needs (including health literacy), culture, language, values, and preferences.

Performance Measures: The changes that occur at the community level as a result of completion of the strategies and actions taken.

Priority Areas: Those Key Health Issues that have been identified for inclusion in the CHIP via a prioritization process based on the criteria of feasibility, appropriateness, and impact.

Strategies: Action-oriented phrases to describe how the objectives will be approached.

SMART goal: Is used to help guide goal setting. SMART is an acronym that stands for Specific, Measurable, Achievable, Realistic, and Timely.

Social Determinants of Health: The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world.

Workgroup: The gathering of multiple community members from diverse cross-sectors who, by their knowledge, connections, or interests, can support and contribute to the development and implementation of the CHIP's vision, mission, goals, and objectives.

Appendix E – Acronyms

BRFSS Behavioral Risk Factor Surveillance System

CDC Centers for Disease Control and Prevention

CHNA Community Health Needs Assessment

CHIP Community Health Improvement Plan

HP2030 Healthy People 2030

LPHS Local Public Health System

MAPP Mobilization for Action through Planning and Partnerships

NACCHO National Association of County and City Health Officials

PHAB Public Health Accreditation Board

SDOH Social Determinants of Health

Appendix – F - Call to Action - Community Engagement Outreach Form

CHIP Community Engagement

We are reaching out to our community partners who work closely with Tulsa county's vulnerable and underserve populations to be intentional about the work we are investing. There were three identified high-priorities for the Community Health Improvement Plan '23-'28. We want to be a part of your community strategies and/or activities as it relates to the CHIP's mission, vision, and goals. Please feel free to complete this form to collaborate and/or partner with the CHIP.

Three Identified Health Priorities 2023-2028:

- · Stress and Mental Health
- · Chronic Disease Risk Factors and Management
- · Affordable and Healthy Housing

Tulsa County Community Health Improvement Plan (CHIP):

Mission: To improve the health and wellness of residents of Tulsa County by making the healthy choice the first choice.

Vision: Creating the healthiest county in the United States by leveraging cross-sector community partnerships.

- 1. First Name
- 2. Last Name
- 3. Email Address
- 4. Phone Number
- 5. Organization
- 6. Organization's website
- 7. Position
- 8. What is your target/priority population? (zip codes, gender, age, ethnicity, income...)
- 9. Which priority aligns best with your mission? (Priorities for 2023-2028 Tulsa County CHIP)
 - a. Stress and Mental Health
 - b. Chronic Disease Risk Factors and Management
 - c. Affordable and Healthy Housing
- 10. What strategies/activities you would like for the CHIP to collaborate/partner on?
- 11. Is there anything else you would like for us to know?
- 12. How do you prefer to be contacted?

Send a copy of this form to TulsaCountyCHIP@tulsa-health.org

Appendix G – Ground Rules

- · Accept responsibility for supporting the group in achieving a successful conclusion.
- Pay close attention to what others are saying and monitor his/her degree of engagement (neither dominating nor withholding)
- · Be mindful of the purpose and keep on subject
- Participate in, expand on, and respond to the thoughts of others.
- · Constructively and respectfully express disagreements or concerns
- · Be mindful of how both verbal and nonverbal cues influence group dynamics
- · While conducting business in the group as a whole, minimize side chats.
- Be totally present, for example, prevent needless usage of smart phones

Appendix H - Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the 2022 Tulsa County Community Health Needs Assessment (CHNA) and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

Catholic Charities Partner With Managed Care Organizations

Community Health Connection Pediatric Psychiatry

Crossover Health **Project Woman** Doctor's Offices Rudisell Library

Economic Development Initiatives Saint Francis Hospital

Federal Grant Money School Systems

Federally Qualified Health Centers Social Services

Good Samaritan Clinic South Peoria Neighborhood House

Greenwood Cultural Center Tulsa County Pharmacy Hospitals Tulsa Dream Center

Infastructure to Support Safe/Comfortable Transit Tulsa Health Department

Tulsa Transit Life Senior Services

Westview Medical Center Medicaid Reimbursements

Xavier Clinic Medical Marijuana Cards

Modus

Morton Comprehensive Health Services

Morton Health Care 1-800-Quit-Now

Morton Health Clinic **American Cancer Society**

MyHealth Doctor's Offices

Neighbor for Neighbor Hospitals

Morton Comprehensive Health Services Nonprofit Health Agencies

Cancer

Morton Health Care Nursing Care

OU Healthcare **Nursing Programs OSU Medical Center Project Woman**

Westview Health Services OSU-Tulsa Hospital

OU Bedlam and Crossover Clinic

OU Healthcare **Chronic Kidney Disease**

12 and 12 OU Wayman Tisdale Center

Catholic Hospitals PA Program

Family and Children's Services

John 3:16 Program

Morton Comprehensive Health Services

Morton Health Care

OU Healthcare

OU Wayman Tisdale Center

Tulsa County

Tulsa Health Department

Coronavirus/COVID-19

Care ATC

City of Tulsa

Community Care Insurance

Community Health Connection

Crossover Health

Doctor's Offices

Federally Qualified Health Centers

Health Care Facilities

Health Department

Hillcrest Hospital System

Hillcrest Longitudinal Clinic

Hospitals

Indian Health Care

Life Senior Services

Morton Comprehensive Health Services

Morton Health Care

Oklahoma Health Department

OSU

OU Healthcare

OU Wayman Tisdale Center

Pharmacies

Saint Francis Health System

Saint Francis Hospital

School Systems

Social Services

St. John

Synergy Tulsa Employee Assistance Program

The Caring Van

The Uma Center Inc.

Tribal Nations

Tulsa Health Department

VA

Westview Health Services

Dementia/Alzheimer's Disease

Adult Senior Services

Alzheimer's Association

Doctor's Offices

Home Health Agencies

Laureate

Life Senior Services

Mayor's Dementia Friendly Task Force

Meals on Wheels

Morton Comprehensive Health Services

Morton Health Care

Nursing Homes/Assisted Living Facilities

OU Healthcare

Psychiatric Clinics

Tulsa Health Department

Diabetes

IADA

Care ATC

Catholic Charities

Catholic Hospitals

Community Food Bank

Community Health Connection

Community Health Workers

Crossover Health

Diabetes Foundation

Dieticians

Doctor's Offices Physical Therapy Clinics

Farmer's Market Senior Centers

GoodRx Sooner Success

Hillcrest Longitudinal Clinic Supporters of Families With Sickle Cell Disease, Inc.

211

Take Control

Morton Comprehensive Health Services Tulsa Health Department

Morton Health Care

Morton Health Clinic Infant Health and Family Planning

Nurse Educators

OU Bedlam and Crossover Clinic Access to Contraception

OU Health Harold Ham Diabetes Center Affordable Care Act

OU Healthcare Catholic Charities

OU Wayman Tisdale Center Child and Infant Services

Parks and Recreation Community Food Bank

Prescription Assistance Program Community Health Connection

Saint Francis Health System Emergency Infant Services

Saint Francis Hospital Family and Children's Services

St. John's Dispensary of Hope Health Department

Tulsa Community Food Bank Healthy Women, Health Futures

Tulsa County Pharmacy Morton Comprehensive Health Services

Tulsa Food and Security Council Morton Health Care

Tulsa Health Department Planned Parenthood

Tulsa Transit Saint Francis Hospital

Walmart SNAP

YMCA South Tulsa Community House

Disabilities Tulsa Birth Equity Initiative

Caregiver Support Tulsa County

Chiropractic Care Tulsa Health Department

Doctor's Offices WIC

Mental Health Association Xavier Clinic

Morton Comprehensive Health Services

Morton Health Care Heart Disease

Oklahoma Parent Center American Heart Association

OU Healthcare Cardiac Screening CT Exams Available

PACE Program Catholic Hospitals

Pain Management Clinic Community Food Bank

Diabetes Education Police Department

Doctor's Offices Rapid Rehousing

Federal Grant Money Shelters

Good Samaritan Clinic Terrence Crutcher Foundation

Heart Association of Oklahoma Tribal Agencies

Hospitals Tulsa Battered Women's Shelter

Morton Comprehensive Health Services

Tulsa Health Department

Tulsa Police Department

Morton Health Clinic

OU Healthcare

Nursing Care Mental Health

Oklahoma Heart Institute 12 and 12

Online Resources 211

OU Wayman Tisdale Center Catholic Charities

Rehab Facilities Catholic Hospitals

Saint Francis Health System Center Point Behavioral Health

Saint Francis Heart Hospital Children's Behavioral Health Partnership

CALM Center

Saint Francis Hospital Community Health Connection

St. John COPES

TSET Counseling and Recovery Services

Tulsa Health Department CREOKS

Doctor's Offices

Injury and ViolenceDrug/Alcohol Rehab ProgramsChild Abuse NetworkFamily and Children's Services

DVIS Federally Qualified Health Centers

Family and Children's Services Healthy Minds Policy Initiative

Family Violence Center Hospitals

Global Gardens John 3:16 Program

Hospitals Laureate
Housing Stabilization Mason Counseling

Indian Health Care McClure Elementary and Marshall Elementary

Morton Health Care Medication Assisted Treatment Program

Oklahoma Coalition Against Domestic Violence Mental Health Association

OSHA Laws Mental Health Services

Parent Child Center Morton Comprehensive Health Services

Morton Health Care

Morton Health Clinic

Oklahoma Policy Institute

OU Healthcare

Parkside

Saint Francis Health System

School Systems

Shadow Mountain

South Tulsa Community House

Suicide Hotline

Synergy Tulsa Employee Assistance Program

TCBH

The Uma Center Inc

Tulsa Center of Behavioral Health

Tulsa County

Tulsa County Behavioral Health Services

Tulsa Health Department

Universities

Nutrition, Physical Activity, and Weight

Community Food Bank

Farmer's Market

Fitness Centers/Gyms

Food Bank

Food Security Programs

Global Gardens

HealthZone

Hospitals

Hunger Free Oklahoma

Iron Gate

Laureate

Morton Health Care

Muscle Squad Gym

Neighbor for Neighbor

Oklahoma State Department of Education

OSU - Cowboy Kids

OSU Family Health and Nutrition Clinic

OU Culinary Medicine

Parks and Recreation

R&G Grocers

Saint Francis Health Zone

Saint Francis Tulsa Tough

School Systems

Shape Down Exercise Program

South Tulsa Community House

Sports Leagues

TSET

Tulsa Community Food Bank

Tulsa Food and Security Council

Tulsa Health Department

Union Public Schools

Vibrant Neighborhoods Partnership at INCOG

WIC

YMCA

Oral Health

Catholic Charities

Community Health Connection

D Dent

Dentist's Offices

Eastern Oklahoma Dental Services

Morton Comprehensive Health Services

Morton Health Care

Morton Health Clinic

Neighbor for Neighbor

TCC Oral Hygiene Program

Respiratory Diseases

1-800-Quit-Now

Doctor's Offices

Lung Association

Morton Comprehensive Health Services

Morton Health Care

Oklahoma State Tobacco Programs

OU Healthcare

St. John

TSET

Tulsa Health Department

Sexual Health

Doctor's Offices

DVIS

Guiding Right

Health Department

HOPE

Morton Comprehensive Health Services

Morton Health Care Planned Parenthood

Take Charge Program

Take Control

Tulsa Cares

Tulsa Health Department

Xavier Clinic

Substance Abuse

12 and 12

AA/NA

Adult and Teen Challenge

CALM Center

Celebrate Recovery

COPES

Family and Children's Services

Health Systems

Healthy Minds Policy Initiative

Laureate

LIBR

Medication Assisted Treatment Program

Morton Comprehensive Health Services

Morton Health Care

National Center for Wellness Recovery

ODMHSAS

OSU

OSU Addiction Medicine Clinic

OSU Center for Wellness and Recovery

Parkside

Rightway Methadone Clinic

Sangha

Substance Use Programs

Synergy Tulsa Employee Assistance Program

TBHC

Tulsa Health Department

Valley Hope

Women in Recovery

Youth Services of Tulsa

Tobacco Use

1-800-Quit-Now

Morton Comprehensive Health Services

Morton Health Care

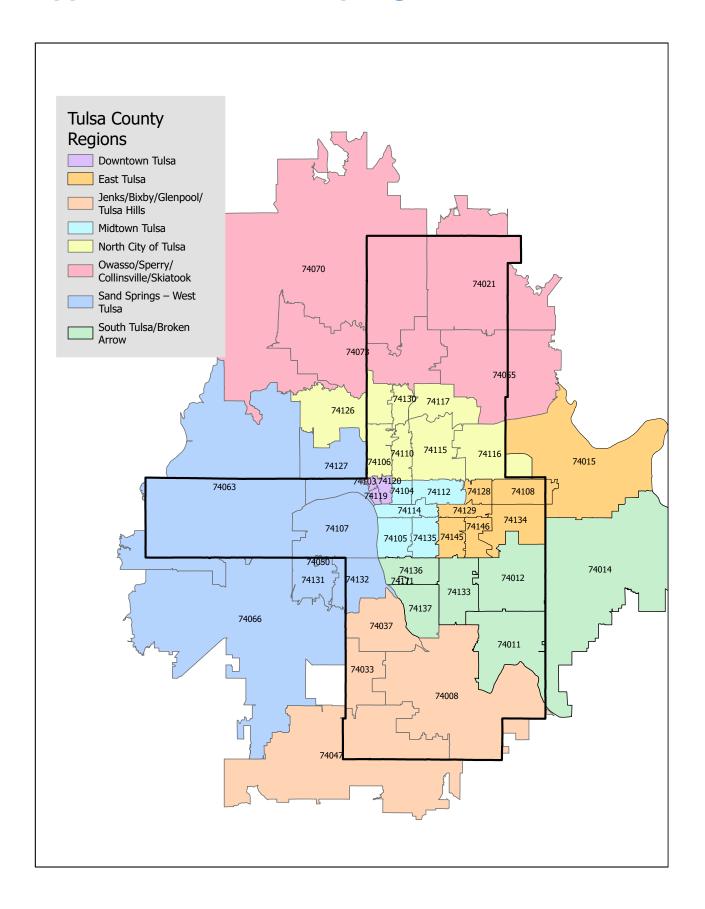
Oklahoma State Tobacco Programs

Oklahoma Tobacco Text Program

TSET

Tulsa Health Department

Appendix I – Tulsa County Regions



Appendix J – Tulsa County Regions and Zip Codes

Tulsa County Regions							
Sand Springs/ West Tulsa	North Tulsa	Owasso/ Sperry	Midtown Tulsa	Downtown Tulsa	East Tulsa	South Tulsa	Jenks/ Bixby
74050	74106	74021	74104	74103	74015	74011	74008
74063	74110	74055	74105	74119	74108	74012	74033
74066	74115	74070	74112	74120	74128	74014	74037
74107	74116	74073	74114		74129	74133	74047
74127	74117		74135		74134	74136	
74131	74126				74145	74137	
74132	74130				74146		

Appendix K

Tulsa County CHIP Community Resources & Databases

Stress and Mental Health (Resources & Databases):

Title	Link
2022 Oklahoma legislative session:	https://www.healthymindspolicy.org/policy/202
Mental health opportunities	2opportunities/
Behavioral Risk Factor Surveillance	https://www.cdc.gov/brfss/
System (BRFSS)	
Mental Health - American Public	https://www.apha.org/topics-and-
Health Association	<u>issues/mental-health</u>
Mental Health and Special Services	https://www.cityoftulsa.org/government/resilien
	t-tulsa/mental-health-and-special-services/
Mental Health Association of	https://www.samhsa.gov/homelessness-
Oklahoma (MHAO) Promotes	programs-resources/hpr-resources/mhao-
Community - SAMHSA	promotes-community
Mental Health Association	https://mhaok.org/
Oklahoma Donartment of Montal	https://oklah.oma.gov/oclash.sss.html
Oklahoma Department of Mental Health and Substance Abuse	https://oklahoma.gov/odmhsas.html
Services	
Public Policy Oklahoma Behavioral	https://www.okbha.org/public-policy/
Health Association	nttps.//www.okbrid.org/public policy/
School-based or School-linked	https://statepolicies.nasbe.org/health/categorie
Mental Health Services - Oklahoma	s/counseling-psychological-and-social-
	services/school-based-or-school-linked-mental-
	health-services/oklahoma
Substance Abuse Prevention	https://www.tulsa-health.org/community-
	health/community-programs/substance-abuse-
	prevention
The Zarrow Foundations Expand	https://www.huduser.gov/portal/casestudies/st
Affordable Housing and Mental	<u>udy-062019.html</u>
Health	
Youth Risk Behavior Surveillance	https://www.cdc.gov/healthyyouth/data/yrbs/in
System (YRBSS)	dex.htm
Healthy Minds Policy - Research	https://www.healthymindspolicy.org/research/
Healthy Minds Policy - Policy &	https://www.healthymindspolicy.org/policy/
Legislation Healthy Minds Policy	https://www.hoolthymindenalicy.org/
Oklahoma Behavioral Health	https://www.healthymindspolicy.org/
Association	https://www.okbha.org/public-policy/
National Survey on Drug Use and	https://nsduhweb.rti.org/respweb/homepage.c
Health (NSDUH)	fm
State Estimates of Mental Health	https://nsduhweb.rti.org/respweb/estimates.ht
and Substance Use	ml
	<u></u>

Chronic Disease Risk Factors and Management (Resources & Databases):

Title	Link
Agents, Diseases and Threats	https://www.tulsa-health.org/community-health/community-programs/emergency-preparedness/agents-diseases-and-threats
American Medical Association (AMA)	https://amapreventdiabetes.org/
Centers for Disease Control and Prevention (CDC) - Division for Heart Disease and Stroke Preventions' Data Trends & Maps	https://www.cdc.gov/dhdsp/maps/dtm/index.html
Chronic Disease Center (NCCDPHP) CDC	https://www.cdc.gov/chronicdisease/index.htm
Division of Nutrition, Physical Activity, and Obesity (DNPAO)	https://www.cdc.gov/nccdphp/dnpao/index.html
Maternal Child Health Outreach	https://www.tulsa-health.org/community- health/community-programs/outreach
North Tulsa Medical Provider and Pharmacy Assets Map	https://www.tulsa-health.org/community- health/data-stats/north-tulsa-medical-provider- and-pharmacy-asset-map
Oasis Fresh Market	https://www.oasisfreshmarkets.net/
Office of Disease Prevention and Health Promotion (OASH)	https://health.gov/
Pregnancy Risk Assessment Monitoring System (PRAMS)	https://www.cdc.gov/prams/
Safety Net Provider Directories	https://oklahoma.gov/health/about-us/center-for-health-innovation-and-effectiveness/safety-net-provider-directories.html
Tobacco Settlement Endowment Trust (TSET)	https://www.tulsa-health.org/community- health/community-programs/healthy-living- program
Tulsa CARES	https://www.tulsacares.org/
Tulsa County Medical Society	https://www.tcmsok.org/project-tcms
Tulsa County Medical Society (TCMS) Foundation	https://www.tcmsok.org/foundation
Tulsa Fetal and Infant Mortality Review (TFIMR)	https://www.tulsa-health.org/community- health/community-programs/tulsas-fetal-infant- mortality
Tulsa Medical Access Program (MAP)	https://www.tulsa-map.org/

U.S. Department of Agriculture	https://ers.usda.gov/foodatlas
(USDA)	
Stats of the State of Oklahoma	https://www.cdc.gov/nchs/pressroom/states/okla homa/oklahoma.htm
HealthierOK - Tulsa County	https://oklahoma.gov/content/dam/ok/en/health/health2/documents/tulsa-2017.pdf
Health and Economic Costs of Chronic Diseases	https://www.cdc.gov/chronicdisease/about/costs/index.htm
Resource Guide for Public Health - Oklahoma University	http://library.tulsa.ou.edu/resource- guides/public-health
Preventing Chronic Disease	https://www.cdc.gov/pcd/index.htm
Morbidity and Mortality Weekly Report (MMWR)	https://www.cdc.gov/mmwr/
Oklahoma Insurance Department	https://www.oid.ok.gov/consumers/insurance- basics/health-insurance/
Medicaid	https://www.medicaid.gov/
Smoking & Tobacco Use	https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ftobacco%2Fdata_statistics%2Fby_topic%2Feconomics%2Findex.htm
State Tobacco Activities Tracking and Evaluation (STATE) System	https://www.cdc.gov/STATESystem/
State Highlights - State Tobacco Activities Tracking and Evaluation (STATE) System	https://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_STATE.Highlights
Data - Health Resources & Services Administration (HRSA)	https://data.hrsa.gov/
Health Resources & Services Administration (HRSA)	https://www.hrsa.gov/
Data by Geography - Health Resources & Services Administration (HRSA)	https://data.hrsa.gov/geo?geoTyp=State&geoCd =40
Medicaid - KAISER FAMILY FOUNDATION	https://www.kff.org/about-program-on-medicaid- and-the-uninsured/
State Health Facts - KAISER FAMILY FOUNDATION - Medicaid	https://www.kff.org/statedata/?state=OK
Research Fact Sheets and Infographics - National Association of Community Health Centers	https://www.nachc.org/research-and-data/research-fact-sheets-and-infographics/

Health and Affordable Housing (Resources & Databases):

Title	Link
AWH4T Partner Portal - Housing	https://www.housingsolutionstulsa.org/awh4t-
Solutions Tulsa	partner-portal/
Environmental Health	https://www.tulsa-health.org/environmental-
	health
Explore Severe Housing Problems in	https://www.americashealthrankings.org/explore
Oklahoma 2022 Annual AHR	/annual/measure/severe_housing_problems/stat
·	e/OK/compare/TX
Housing Solutions	https://www.housingsolutionstulsa.org/
Indian Nations Council of	https://www.incog.org/
Governments (INCOG)	
National Environmental Public	https://ephtracking.cdc.gov/
Health Tracking Network	
National Low-Income Housing	https://nlihc.org/oor
Coalition	
Oklahoma - National Center for	https://nchh.org/information-and-evidence/learn-
Healthy Housing	about-healthy-housing/in-your-state/ok/
Oklahoma Healthy Housing Fact	https://nchh.org/resource-
Sheet	library/Healthy Housing Fact Sheet
	Oklahoma 10.12.15 final.pdf
Partner Tulsa	https://partnertulsa.org/why-tulsa/
Quality of Housing - Healthy People	https://health.gov/healthypeople/priority-
2030	areas/social-determinants-health/literature-
	summaries/quality-housing
Safe & Healthy Homes - Tulsa Health	https://www.tulsa-health.org/housing
Department	
Tulsa City Council - Housing,	https://www.tulsacouncil.org/3htaskforce
Homelessness & Mental Health Task	
Force	
Tulsa Zoning Code	http://tulsaplanning.org/plans/TulsaZoningCode.
	pdf
Tulsa Housing Study	https://www.housingsolutionstulsa.org/tulsa-
	housing-study/
Housing Authority of the City of	https://www.tulsahousing.org/
Tulsa	
U.S. Department of Housing and	https://www.hud.gov/
Urban Development	
Oklahoma - U.S. Department of	https://www.hud.gov/states/oklahoma/offices
Housing and Urban Development	

All Priorities - Resources & Databases:

Title	Link
2017 - 2020 Tulsa County Community Health Improvement Plan (CHIP)	https://www.tulsa-health.org/community-health/community-programs/community-health-improvement-plan
2022 Tulsa County Community Health Needs Assessment (CHNA)	https://www.tulsa-health.org/community-health/community-programs/community-health-improvement-plan
2023 - 2028 Tulsa County Community Health Improvement Plan (CHIP)	https://www.tulsa-health.org/community-health/community-programs/community-health-improvement-plan
All About Kids (IAK)	https://www.tulsa-health.org/community-health/community-programs/school-health
American Medical Association - Advancing Health Equity - A Guide to Language, Narrative, and Concepts	https://www.naccho.org/uploads/downloadable- resources/ama-aamc-equity-guide-1.jpg
Ascension St. John Health System - Community Health Needs Assessment (CHNA)	https://healthcare.ascension.org/chna
Be Well Community Development Corporation	https://bwcdc.wildapricot.org/
Building Resilience Through Financial Empowerment	https://www.cityoftulsa.org/government/resilient-tulsa/financial-empowerment/
CDC - Wonder	https://wonder.cdc.gov/
Center for Public Life at OSU-Tulsa	https://tulsa.okstate.edu/cpl
Centers for Disease Control and Prevention (CDC)	https://www.cdc.gov/

Centers for Disease Control and Prevention (CDC) - Data and Statistics	https://data.cdc.gov/
Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services	https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html
City of Tulsa	https://www.cityoftulsa.org/
Community Health Health & Family Well-Being GKFF Area of Focus	https://www.gkff.org/what-we-do/health-family-well-being/community-health/
Community Health Equity Catalyst Strategy (CHECS)	https://www.stjohnhealthsystem.com/foundation
Community Health Worker (CHW) Toolkit	https://www.cdc.gov/dhdsp/pubs/toolkits/chw-toolkit.htm
Community Preparedness	https://www.tulsa-health.org/community-health/community-programs/emergency-preparedness/community-preparedness
Community Tool Box	https://ctb.ku.edu/en
Community Wellness Resources TCC: Tulsa Community College	https://www.tulsacc.edu/student- resources/wellness-services/community-resources
Community Service Council	https://csctulsa.org/
Consensus-based Decision-Making Model	https://ctb.ku.edu/en/developing-strategic-and-action-plans

Coronavirus Disease 2019 (Covid- 19)	https://www.tulsa-health.org/coronavirus-disease- 2019-covid-19
County Health Rankings & Roadmaps	https://www.countyhealthrankings.org/
Data-Sources - Public Health Institute of Oklahoma	https://publichealthok.org/odrn/data-sources/
Family Safety Center	https://fsctulsa.org/
Greenwood Cultural Center	https://www.greenwoodculturalcenter.org/
Greenwood Rising	https://www.greenwoodrising.org/
Health Equity	https://www.cdc.gov/healthequity/
Health Equity Tracker	https://healthequitytracker.org/
Health in All Policies - NACCHO	https://www.naccho.org/programs/community-health/healthy-community-design/health-in-all-policies
Health Policy, Planning & Partnerships	https://oklahoma.gov/health/about-us/health-policy-planning-and-partnerships.html
Health Policy, Planning & Partnerships - Oklahoma.gov	https://oklahoma.gov/health/about-us/health-policy-planning-and-partnerships.html

Healthy People 2030	https://health.gov/healthypeople
Langston University - Public Health	https://www.langston.edu/node/2888
Latinx Covid-19 Outreach Committee	https://www.cityoftulsa.org/government/resilient-tulsa/latinx-covid-19-outreach-committee/
Local / Municipal Government Tulsa Library	https://www.tulsalibrary.org/research/government/local-and-municipal-government
Meetings in Microsoft Teams	https://support.microsoft.com/en- us/office/meetings-in-teams-e0b0ae21-53ee-4462- a50d-ca9b9e217b67
Minnesota Department of Health - Public Health & QI Toolbox	https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/index.html
Mobilizing for Action through Planning and Partnerships (MAPP)	https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp
National Association of County & City Health Officials (NACCHO)	https://www.naccho.org/
National Association of County and City Health Officials - Health Equity and Social Justice	https://www.naccho.org/programs/public-health-infrastructure/health-equity#resources
National Association of County and City Health Officials - Roots of Health Inequity - Online Learning	http://rootsofhealthinequity.org/
National Association of County and City Health Officials - Toolbox	https://toolbox.naccho.org/pages/index.html

National Center for Health Statistics	https://www.cdc.gov/nchs/
National Institutes of Health (NIH)	https://www.nih.gov/
OHCA Policy Changes	https://oklahoma.gov/ohca/policies-and- rules/proposed-changes.html
Oklahoma Access to Justice	https://www.okaccesstojustice.org/home
Oklahoma Policy Institute	https://okpolicy.org/
Oklahoma Public Health Association	https://oklahomapublichealthassn.wildapricot.org/home
Oklahoma State Department of Health	https://oklahoma.gov/health.html
Oklahoma State Department of Health - Data and Reports	https://oklahoma.gov/health/health-education/data-and-statistics.html
Oklahoma State Department of Health "OK2Share" Data	https://www.health.state.ok.us/stats/
Oklahoma State University - Center for Health Sciences	https://medicine.okstate.edu/
Oklahoma State University (OSU) Extension	https://extension.okstate.edu/

Pathways to Health	https://www.pathwaystohealthtulsa.org/
Personal and Family Health	https://www.tulsa-health.org/healthy-lifestyles
Personal Responsibility Education Program (PREP)	https://www.tulsa-health.org/community-health/community-programs/teen-pregnancy-prevention
Plan-Do-Check-Act Model	https://asq.org/quality-resources/pdca-cycle
Prioritization Matrix	https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/prioritizationmatrix.html
Public Health Oklahoma State University-Tulsa	https://tulsa.okstate.edu/hep
Public Health Accreditation Board (PHAB)	https://phaboard.org/
Public Health Institute of Oklahoma - NNPHI	https://nnphi.org/member/public-health-institute- of-oklahoma/
Racial Equity Dialogues	https://www.cityoftulsa.org/government/resilient-tulsa/racial-equity-dialogues/
Resilient Tulsa	https://www.cityoftulsa.org/government/resilient-tulsa/
Saint Francis Health System - Community Health Needs Assessment (CHNA)	https://www.saintfrancis.com/about- us/commitment-to-community

SMART Goals	https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/objectives.html
	<u>Cerresources/priqitooibox/objectives.ntmi</u>
Social Determinants of Health (SDoH)	https://www.cdc.gov/about/sdoh/index.html
Chata and Fadaval Balling	hater and the second se
State and Federal Policy - Oklahoma Primary Care Association	https://www.okpca.org/state-and-federal-policy
Stats of the State of Oklahoma - Centers for Disease Control and Prevention	https://www.cdc.gov/nchs/pressroom/states/oklahoma/oklahoma.htm
The Community Guide	https://www.thecommunityguide.org/
Tulsa City Council - Maps	https://www.cityoftulsa.org/resources/maps/
Tulsa City Council	https://www.tulsacouncil.org/
Tulsa County	https://www2.tulsacounty.org/
Tulsa County District Maps	https://www.tulsacounty.org/maps/districtmaps.as
Tulsa County Health Status Report	https://insight-editor.livestories.com/s/v2/tulsa- county-health-status-report/6762b0a7-181a-45f4- 89b3-64304f1d8c4c
Tulsa County Library	https://www.tulsalibrary.org/

Tulsa County Schools	https://www.tulsaschools.org/about/teams/academics/library
Tulsa Equality Indicators	https://csctulsa.org/equality-indicators-public-health/
Tulsa Health Department	https://www.tulsa-health.org/community-health/community-programs/community-health-improvement-plan
Tulsa Health Department - Data Requests	https://www.tulsa-health.org/community- health/data-stats
U.S. Department of Health & Human Services	https://www.hhs.gov/
University of Oklahoma (OU) - Hudson College of Public Health	https://www.ou.edu/tulsa/coph
University of Oklahoma (OU) - University of Tulsa (TU) School of Community Medicine	https://ou.edu/tulsa/research/school-of-community-medicine
US Census Bureau	https://data.census.gov/
Web-based Injury Statistics Query and Reporting System (WISQARS)	https://www.cdc.gov/injury/wisqars/index.html
YWCA - Tulsa	https://www.ywcatulsa.org/
OKLaw	https://oklaw.org/

HEALTH AND WELLNESS - Tulsa Public Schools	https://www.tulsaschools.org/student-and-family-support/health-services
Oklahoma City-County Health Department	https://www.occhd.org/eng
Oklahoma	https://oklahoma.gov/
Proposed Policy Changes - Oklahoma	https://oklahoma.gov/ohca/policies-and- rules/proposed-changes.html
Oklahoma Primary Care Association	https://www.okpca.org/state-and-federal-policy
Public Health Institute of Oklahoma	https://nnphi.org/member/public-health-institute- of-oklahoma/
Health and Racial Equity	https://nnphi.org/focus-areas-service/health-and-racial-equity/
Federal Policy Guidance - Medicaid	https://www.medicaid.gov/federal-policy- guidance/index.html
Oklahoma House of Representatives	https://www.okhouse.gov/committees/default.aspx
Public Health Institute of Oklahoma - Data Sources	https://publichealthok.org/odrn/data-sources/
City Health Dashboard	https://www.cityhealthdashboard.com/

Tulsa - City Health Dashboard	https://www.cityhealthdashboard.com/ok/tulsa/metric-detail
Tools for Action - Healthy People 2030	https://health.gov/healthypeople/tools-action
Priority Areas - Healthy People 2030	https://health.gov/healthypeople/priority-areas
Kids Count Data Center	https://datacenter.kidscount.org/rankings
Oklahoma - Kids County Data Center	https://datacenter.kidscount.org/data#OK/2/0/char/0
National Association of Community Health Centers	https://www.nachc.org/
Oklahoma Statistics on Health Available for Everyone (OK2SHARE)	https://www.health.state.ok.us/ok2share/index.shtml
Health Reports - Oklahoma State Department of Health	https://www.ok.gov/triton/modules/health/map/county_map.php
National Center for Health Statistics	https://www.cdc.gov/nchs/index.htm
School Health Policies and Practices Study (SHPPS)	https://www.cdc.gov/healthyyouth/data/shpps/ind ex.htm
Fact Sheet - School Health Policies and Practices Study (SHPPS)	https://www.cdc.gov/healthyyouth/data/shpps/results.htm







www.pathwaystohealthtulsa.org
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www.tulsa-health.org

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