

Community Health Improvement Plan

Pathways to Health





TULSA HEALTH

Department

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*This document is available online at www.pathwaystohealthtulsa.org.

Pathways^s_{to}
Health

Executive Summary

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

P2H was formed in 2008 to unite community partners working to improve the health of Tulsa County. P2H brings together local agencies, organizations, coalitions, corporations and health systems working toward health improvement. The first CHIP was released in the fall of 2009. P2H has since completed a more comprehensive and significant assessment of Tulsa residents and community partners. The partnership has aligned the community's priorities with state and national priorities. Due to the input and support of dedicated community partners, the Tulsa County CHIP will provide a more systematic roadmap to a healthier community.

The assessment process is unique because P2H first made the commitment to seek input from community residents through phone surveys and focus groups to identify the top six health concerns of Tulsa County – poor diet and inactivity, obesity, alcohol and drug abuse, chronic disease, access to healthcare, and tobacco use. Then, P2H obtained information from community partners about how their programs and initiatives are meeting the health needs of the community. P2H partners' current efforts and future plans for programming were used in conjunction with Healthy People 2020 goals to establish the Tulsa County CHIP goals and strategies.

Goals and objectives relating to the top six health priorities as well as challenges, current strategies, indicators, and baseline data comprise the Tulsa County CHIP. Subsequent community-wide assessments will measure progress made by community partners and will demonstrate change and progress made in identified indicators.

No single organization has the necessary depth of resources to improve community health. The Tulsa County CHIP demonstrates the collective impact possible when community partners' efforts align with the health needs of the community.

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Mobilizing for Action through Planning and Partnerships (MAPP)

MAPP is a tool that local health departments across the country utilize to help direct their strategic planning. This tool helps communities improve health outcomes by developing non-traditional partnerships through community-wide collaboration. The Tulsa Health Department's first CHIP was based on MAPP assessments. The process has been embraced by Tulsa County as a national best practice model, and is easily facilitated in the community to provide accurate and comprehensive data. In order to remain consistent and to provide the highest quality service to the community, this framework was utilized once again.

Tulsa County's CHIP used the MAPP model shown below. This model was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC).



As illustrated, MAPP is broken up into four distinct assessments that are the foundation of the planning process. In addition, MAPP includes identifying strategic issues and formulating goals and strategies prior to taking action.¹

The four distinct assessments, when aggregated, helped formulate the Community Health Improvement Plan. The plan can then be implemented, evaluated and revised thus creating a cycle of continuous improvement.

1.) National Association of City County Health Officials <http://www.naccho.org> May 2013

2.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center [Item 60] *Asked of all respondents*

MAPP Assessments

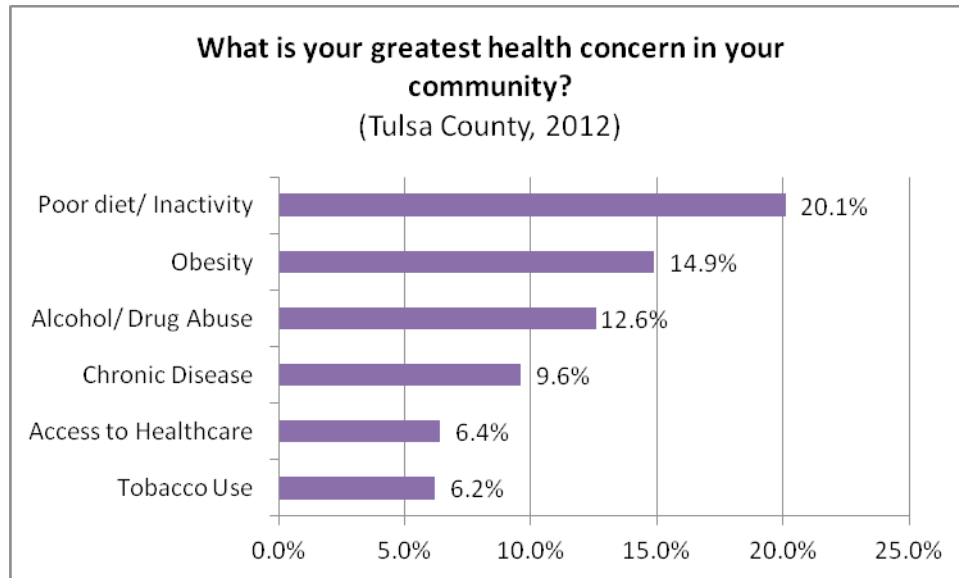
Community Health Needs Assessment (CHNA)

The CHNA served as the community health status assessment component of the MAPP tool. Completed in April 2012, the CHNA utilized phone surveys to provide insight to the health of community residents and the health status of the community as a whole. The results of the CHNA provided the P2H partnership with a better understanding of the community’s health status and a more focused direction for the CHIP.

The phone survey was completed by more than 2,500 Tulsa County residents who each answered over seventy-five questions related to the community’s health status, concerns, and needs.

Multiple, cross-sector partners were instrumental in developing the survey tool. Representation from the area health systems, universities, government agencies, non-profits, and community resource agencies worked to ensure the survey would capture data relevant to those working towards health improvement; as well as, provide insight into what community residents believe are the primary health issues they are facing.

This assessment yielded, among other health needs information, the community’s top six health priorities:²



Responses from the CHNA show Tulsa County’s current status and perception of these health issues. These priorities set the framework for the CHIP. The CHIP utilized the CHNA assessment results as a basis for expanding on existing concerns in our community. Results of the CHNA can be found in appendix A.

Community Themes and Strengths Assessment

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

During the focus groups, participants candidly discussed the health priorities identified in the CHNA and what community resources were available to meet the needs of the community. Participants were asked open-ended questions such as “What is important to our community?” and “How is quality of life perceived in our community?” and “What assets do we have that can be used to improve community health?” Their responses provided insight into community issues, concerns, perceptions of quality of life, and a map of community assets. The information gathered from these conversations serves as inspiration and validation for the work that is being done in the community.

Focus group participants explained reasons they believe Tulsa County residents feel the six priority areas need to be addressed. Ideas for interventions for improvement in the six priority areas were also suggested. Reasoning and implications relevant to each priority area are included in the respective section narratives. An executive summary of the focus group results can be found in appendix B.

Local Public Health Systems Assessment

The Local Public Health System Assessment (LPHSA) served to answer the questions, “What are the components, activities, competencies, and capacities of our local public health system?” and “How are the Essential Services being provided to our community?”

To facilitate this assessment, the National Public Health Performance Standards Program (NPHPSP) was selected as the framework for our LPHSA. The goals of NPHPSP are to:

- Provide performance standards for public health systems and encouraging their widespread use
- Encourage and leverage national, state, and local partnerships to build a stronger foundation for public health preparedness
- Promote continuous quality improvement of public health systems
- Strengthen the science base for public health practice improvement

When NPHPSP was facilitated in November of 2012, thirty agencies from all sectors of the Tulsa community participated to discuss the opportunities and areas of excellence of all public health partners in Tulsa County. Participants identified how the local public health system performs the ten essential services of public health. Results of the NPHPSP can be found in appendix C.

Forces of Change Assessment

The Forces of Change Assessment is designed to help P2H leadership answer the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

This assessment was conducted in the spring of 2013. During this assessment, participants from P2H's Executive Advisory Council as well as senior leaders at the Tulsa Health Department engaged in brainstorming sessions to identify forces—such as trends, factors, or events—that are presently or potentially influencing the health and quality of life of the community and the local public health system.

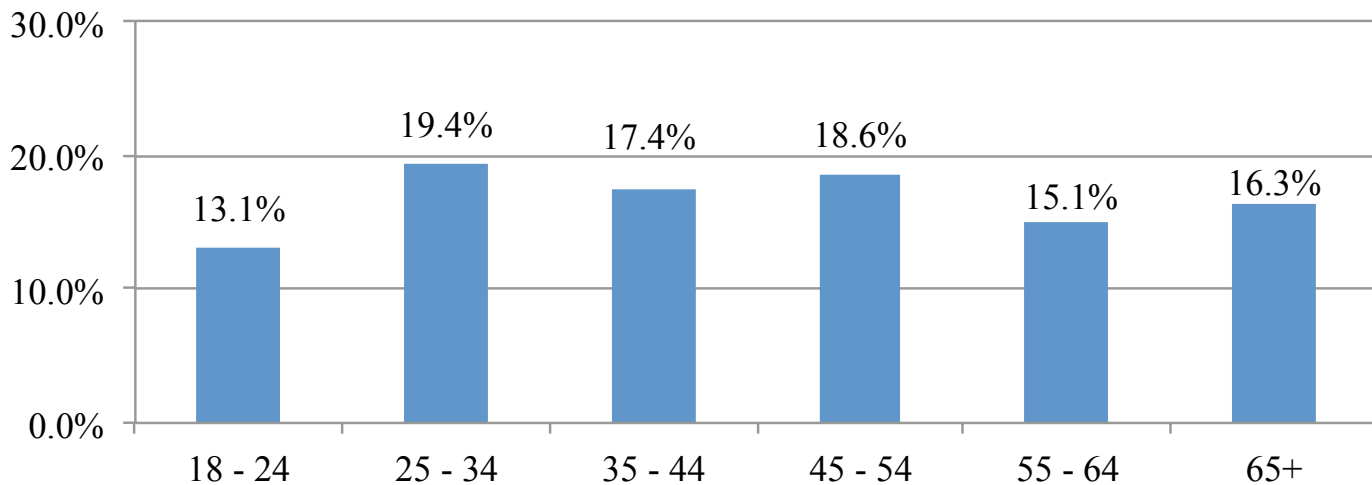
Following the brainstorming session the P2H Executive Advisory Committee and THD's Division Chiefs collaborated to identify what emerging trends could impact public health over the next three years.

Forces of change are represented in the CHIP as potential challenges and key opportunities that relate to each priority area. A summary of the forces of change assessment can be found in appendix D.

Tulsa County Demographics & Socioeconomic Characteristics

Of the CHNA participant population, 47.9% of respondents are male and 52.1% are female. The age profile is shown below.³

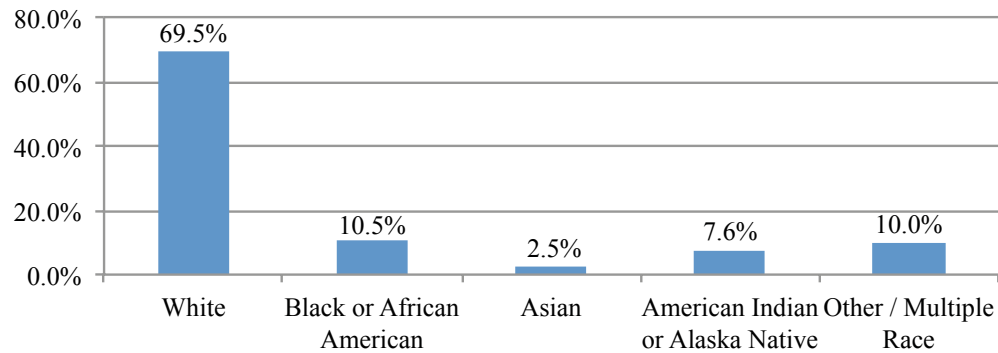
**Age Profile
(Tulsa County, 2012)**



3.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center [Item D1] *Asked of all respondents*

The majority (69.5%) of respondents were white, with black/African American as the next most common race (10.5%). A total of 9.7% of the population surveyed is Hispanic and 90.3% are non-Hispanic.⁴

**Race
(Tulsa County, 2012)**



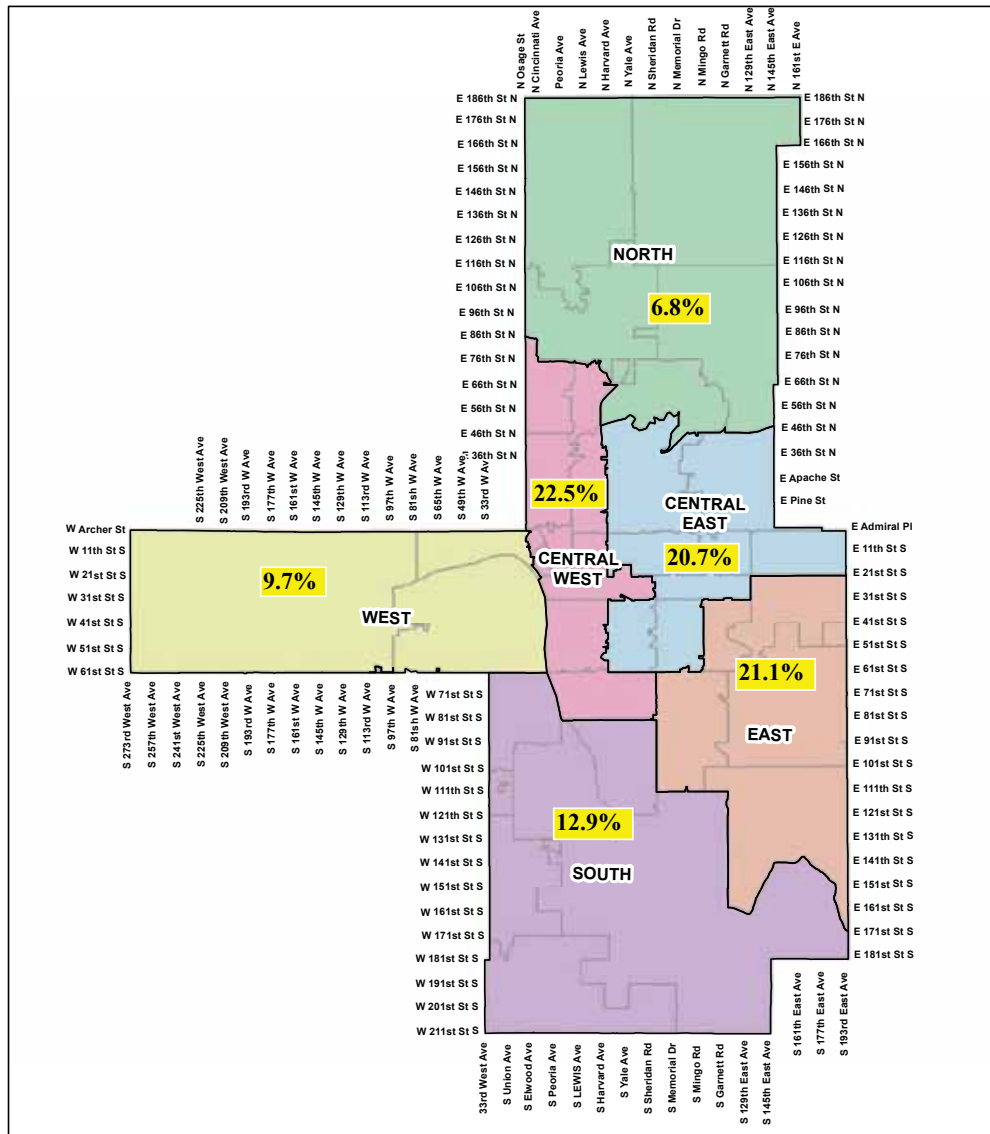
The geographic distribution (by region) is shown on the following map. This map shows the proportion of CHNA respondents living in each region of Tulsa County. Tulsa County is divided into 6 geographical regions based on school district zoning and zip codes (North Tulsa County, Central West Tulsa County, Central East Tulsa County, West Tulsa County, East Tulsa County, and South Tulsa County). Cities identified in each region include but are not limited to:

- North Tulsa County Region: City of Collinsville, City of Owasso, City of Skiatook, City of Tulsa
- Central West Tulsa County Region: City of Tulsa
- Central East Tulsa County Region: City of Tulsa
- West Tulsa County Region: City of Sand Springs, City of Tulsa
- East Tulsa County Region: City of Broken Arrow, City of Tulsa
- South Tulsa County Region: City of Bixby, City of Glenpool, City of Jenks, City of Tulsa

It is important to keep in mind that these geographic breakdowns of the county do not always reflect the way the community refers to parts of the city. For example, the North Tulsa County region includes cities such as Collinsville, Owasso, Skiatook, and parts of the City of Tulsa. However, this region does not include the north part of the City of Tulsa that is usually referred to as “North Tulsa.” “North Tulsa” is part of the Central West Tulsa County Region. Additionally, South Tulsa County includes not only the area typically called “South Tulsa,” but also the cities of Jenks, Bixby and Glenpool.

4.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center [Item D2 – D3] *Asked of all respondents*

5.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center [Item D13] *Asked of all respondents*



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Community Health Needs Assessment Regions

Tulsa County, OK



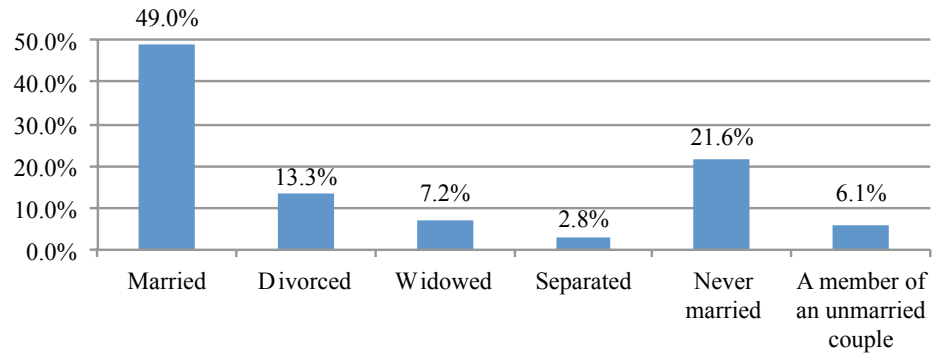
TULSA HEALTH
Department

Health Data & Evaluation

Date: 12/5/2012

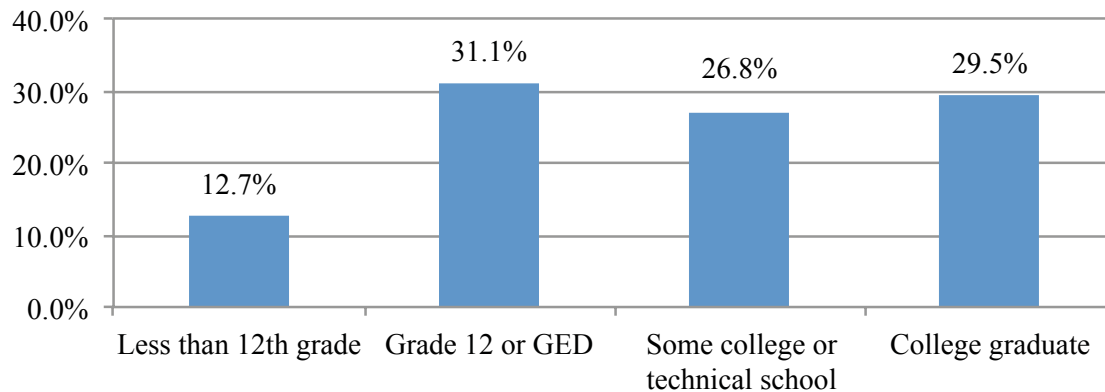
When looking at marital status, the most common response (49.0%) is “married.” Also, there is an average of 0.85 children per household, although the majority of respondents (57.7%) did not currently have a child living in the household. Additionally, 5.9% of respondents were pregnant when the survey was completed.^{6, 7}

**Marital Status
(Tulsa County, 2012)**

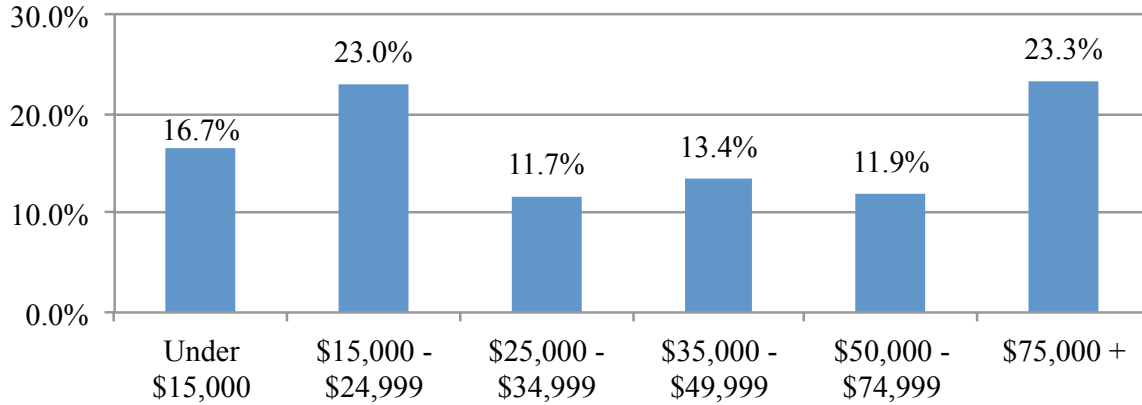


With regard to socioeconomic factors, education, income and employment status were documented. Results from the sample population are shown below.^{8, 9, 10}

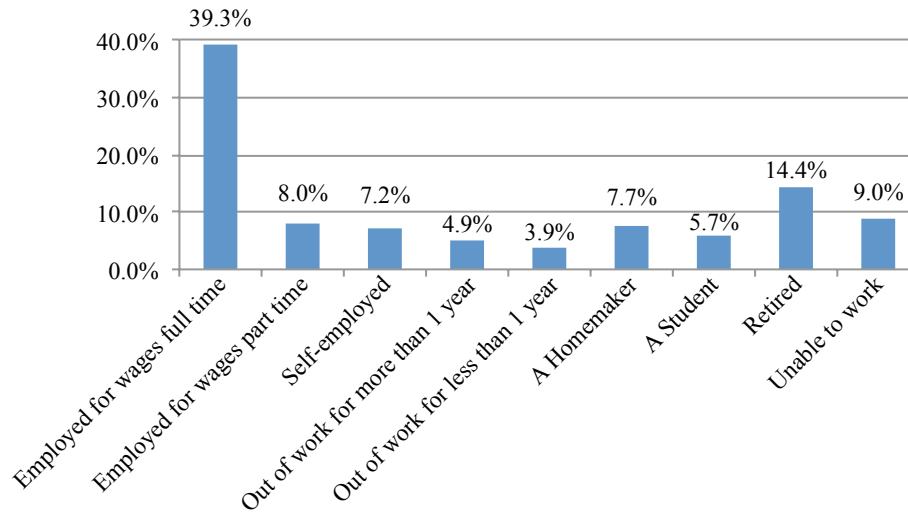
**Education Level
(Tulsa County, 2012)**



**Income Level
(Tulsa County, 2012)**



**Employment Status
(Tulsa County, 2012)**



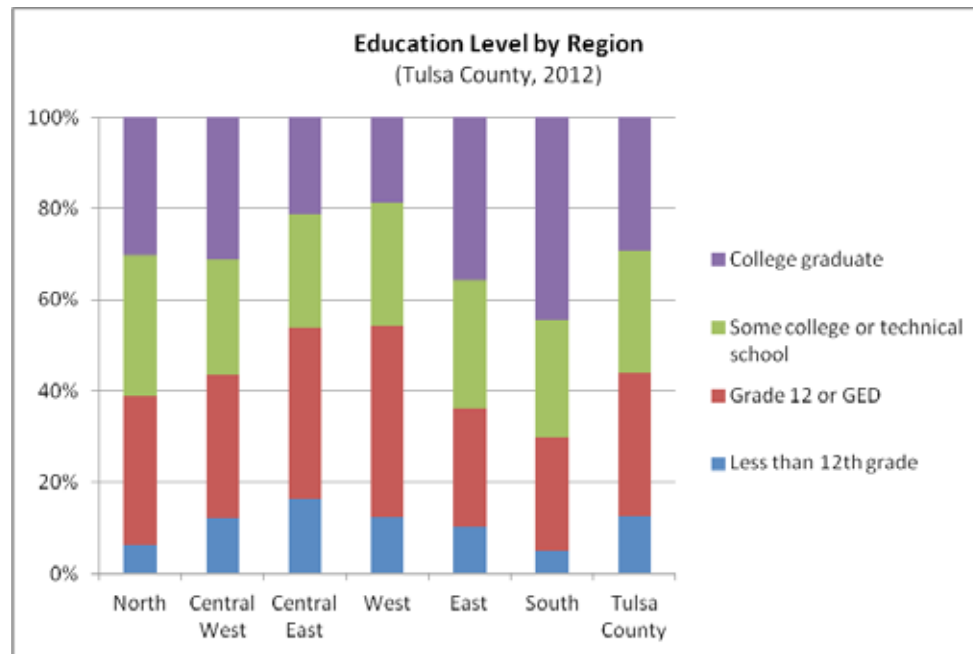
- 6.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center [Item D5] *Asked of all respondents*
 7.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center [Item D6] *Asked of all respondents*
 8.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center [Item D7] *Asked of all respondents*
 9.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center [Item D9] *Asked of all respondents*
 10.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center [Item D8] *Asked of all respondents*

Social Determinants of Health

Where a person lives should not decide how healthy they will be, but in many cases it does.

“The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”¹¹ — World Health Organization

The social determinants of health are evident in many areas of Tulsa County. Often times food deserts, lack of social services, decreased public transportation, and high crime are considered social determinants. Education level, income, and employment status by region, as reported by CHNA respondents, are shown. Education attainment as well as employment status are closely related to income and can be a factor in poorer health status.^{12, 13, 14}

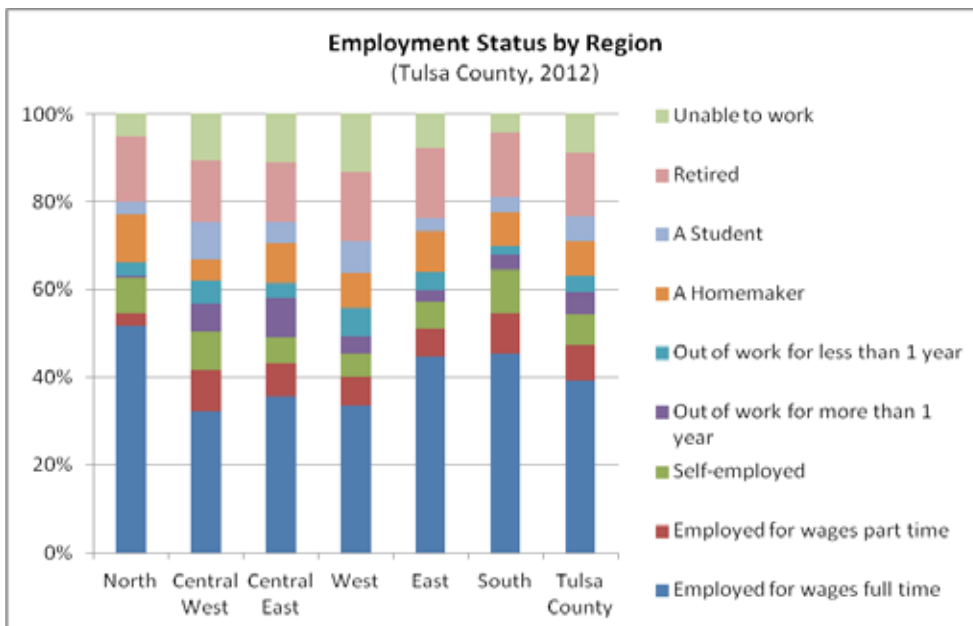
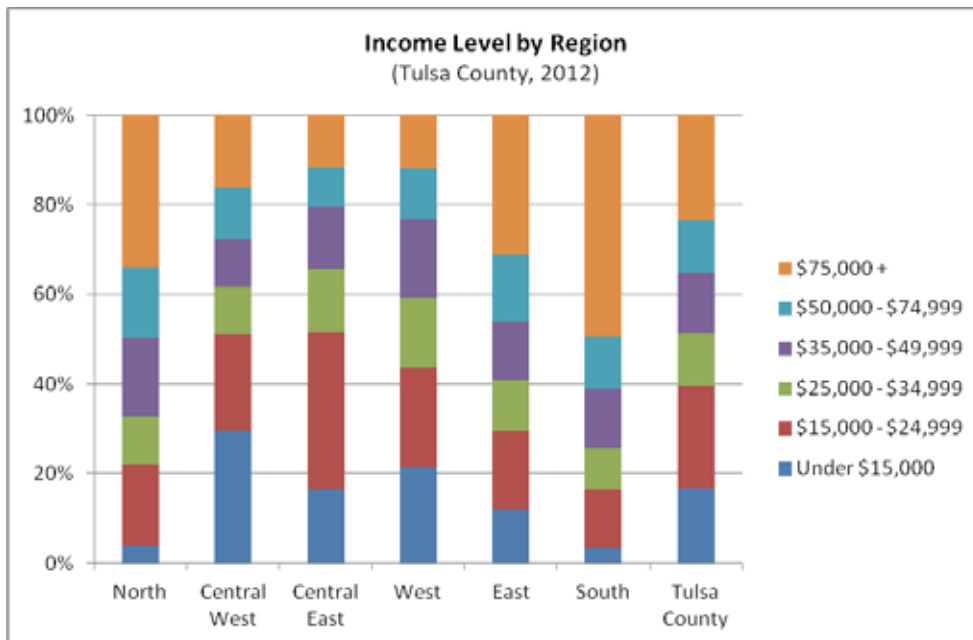


11.) World Health Organization. <http://www.who.int> May 2013

12.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item D7] *Asked of all respondents*

13.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item D9] *Asked of all respondents*

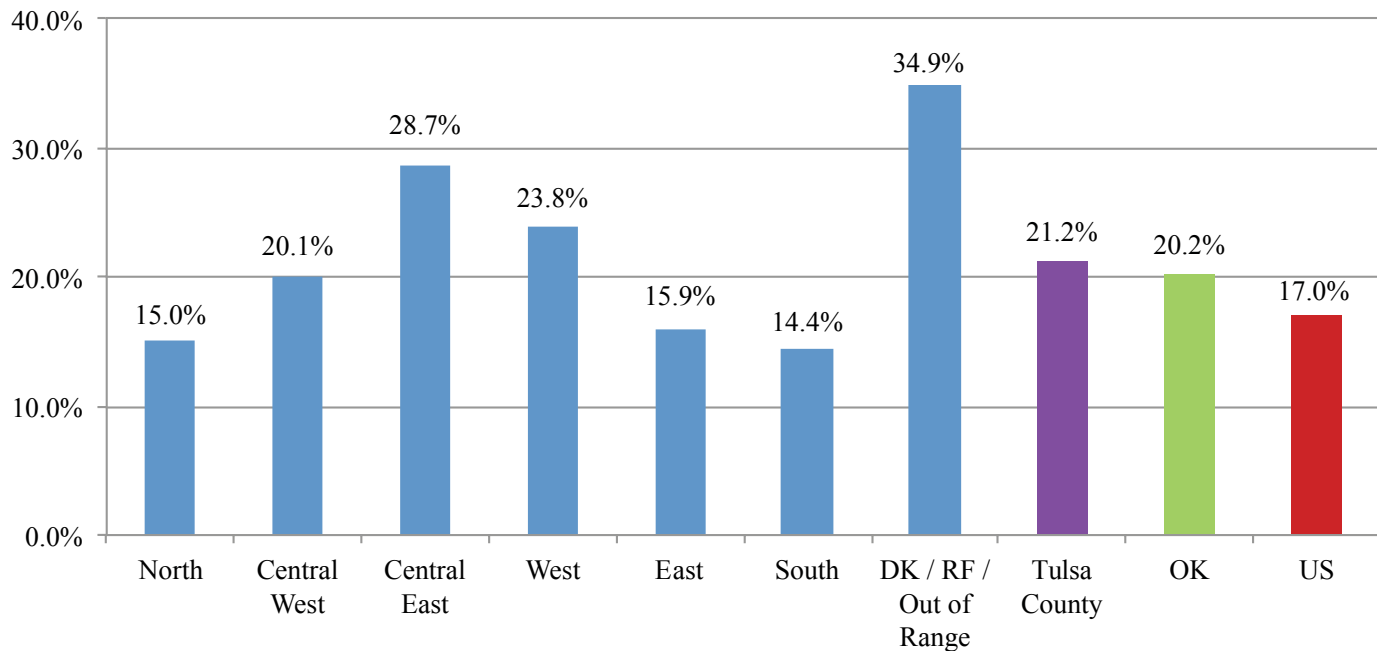
14.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item D8] *Asked of all respondents*



Social determinants of health also influence how healthy a person perceives themselves and their community to be. A total of 47.7% of Tulsa County adults rate their overall health as “excellent” or “very good.” An additional 31.0% rate their overall health as “good.”

However, 21.2% of Tulsa County adults believe that their overall health is “fair” or “poor.” This is similar to findings to Oklahoma data, but worse than the national percentage. The region with the highest percentage of adults who believe their health is “fair” or “poor” is the Central East region, while the region with the lowest percentage of adults who believe their health is “fair” or “poor” is the South region.^{15, 16}

Experience "Fair" or "Poor" Overall Health (Tulsa County, 2012)



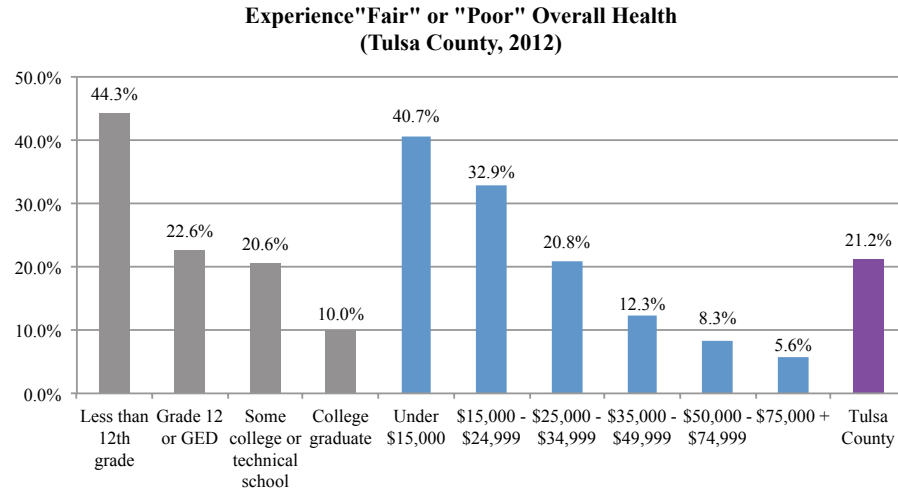
15.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 1] *Asked of all respondents*
Graph shows prevalence within each individual category (in this case, within each region); percentages will not add up to 100%. For example, within the total population that lives in North Tulsa County, 15.0% of these individuals have “fair” or “poor” overall health

16.) Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2011

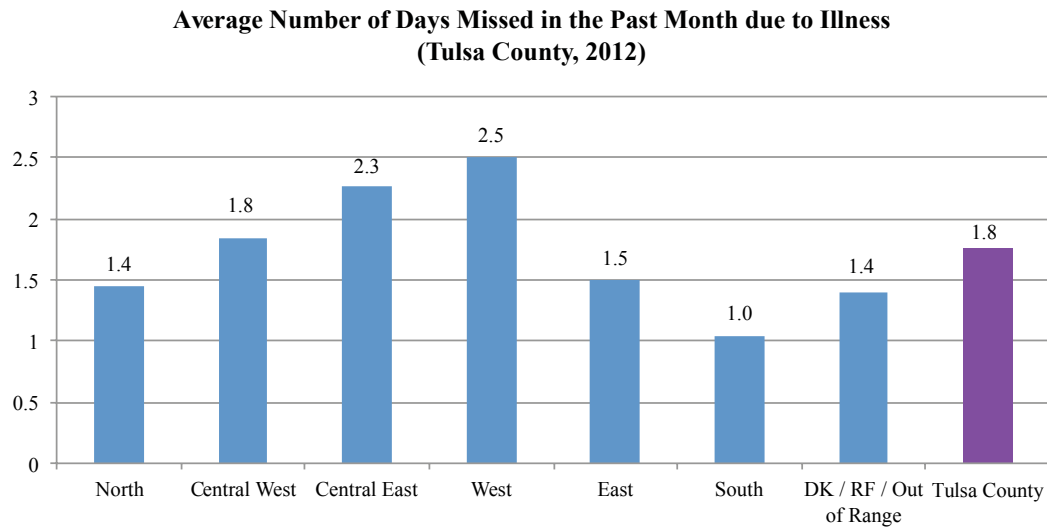
17.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 8] *Asked of all respondents*

Adults belonging to the following groups are more likely to report “fair” or “poor” overall health:

- Have less than a 12th grade education
- Have an annual income of less than \$15,000¹⁵



Social determinants of health can have implications for Tulsa County’s workforce as well. Overall, Tulsa County adults missed an average of 1.8 days of work or activities in the previous month due to illness. The largest average number of days missed was 2.5 days in West Tulsa (which was the second highest region where individuals reported “fair” or “poor” health) and the smallest average number of days missed was 1.0 days in South Tulsa.¹⁷

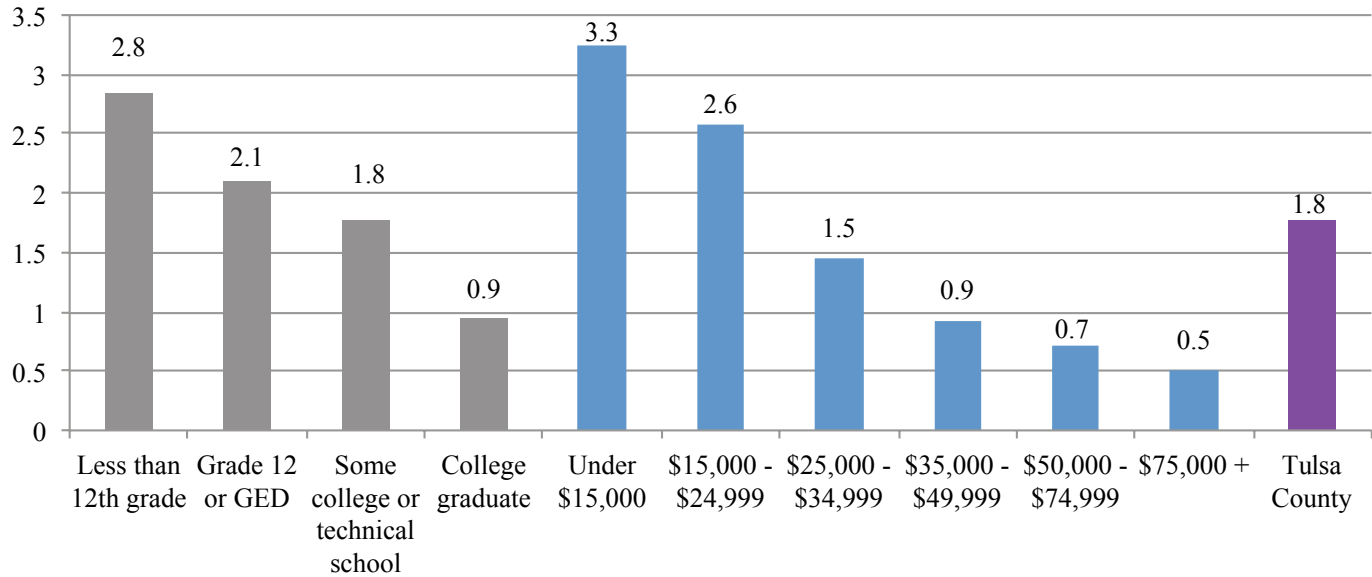


Adults who missed a greater number of days on average during the previous month include the same groups who rate their health as “fair” or “poor” most often:

- Females
- Adults age 45 – 54
- Adults of “other” or multiple races
- Hispanics

Additionally, downward trends show that as education and income levels increase, average number of days missed in the past month decreases. This trend is similar to individuals who rate their health as “fair” or “poor.”^{15, 17}

**Average Number of Days Missed in the Past Month due to Illness
(Tulsa County, 2012)**



Systems level changes are needed to ensure health equity across all areas of the county, regardless of demographics, all people should have the same access and opportunities to make healthy choices and have a healthier quality of life.

18.) Oklahoma State Department of Health. Oklahoma State Health Improvement Plan. <http://www.ok.gov> May 2013

State Priorities

Oklahoma Health Improvement Plan (OHIP)

In 2008, the Oklahoma legislature passed a resolution (SJR-41) which required the State Board of Health to develop a state health improvement plan for the improvement of the physical, social and mental well-being of everyone in Oklahoma through a high functioning public health system.

The OHIP was developed by a team of health leaders, businesses, tribes, non-profits, private citizens, legislators, academia, state and local governments, and professional organizations. Flagship areas (tobacco prevention, obesity reduction, and children's health) were identified based on assessments and key health indicators. The OHIP was released in 2010.

Tulsa County's CHIP shares similar goals and objectives with the OHIP.

“Tobacco Prevention: goals are to prevent initiation of tobacco use and young adults; increase the percentage of Oklahoman's who successfully quit smoking; protect all Oklahoman's from second-hand smoke; and fully implement recommendations from the state plan.” — OHIP

These goals are supported by the goals and objectives outlined in Tulsa County's CHIP. Priority 6: Tobacco has goals and objectives for our county related to reducing tobacco use.

“Obesity Reduction: goals are to implement strategies and public policies in the Get Fit Eat Smart OK Physical Activity and Nutrition Plan; implement evidence based programs that address obesity issues; integrate and coordinate nutrition and obesity programs across the state; propose public policy changes needed to improve OK's health and fitness.” — OHIP

Tulsa County's CHIP aligns with these goals and the strategic priorities identified help to further the state's mission, while also serving Tulsa County residents. Priority 2: Obesity denotes the goals and objectives community partners are working towards achieving to reduce obesity.

“Children's Health: goals are broad, and represent multiple stages of development. Our CHIP best aligns with the overarching goal of improving the following areas of concern: access to care, primary health care, dental health, mental health, self-esteem improvement, and developing the infrastructure and policies to support such improvements. ” — OHIP¹⁸

Addressing health inequities and providing education and services for youth and their families are also high priorities for both the state and Tulsa County. The Tulsa County CHIP goals and objectives to improve health for the youth of Tulsa County can be found in Priority 1: Poor Diet & Inactivity; Priority 2: Obesity; Priority 3: Alcohol & Drug Abuse; Priority 5: Access to Health Care; and Priority 6: Tobacco.

Tulsa County community partners can contribute to state wide health improvement by aligning local goals with state goals to make progress toward improving the health of all Oklahomans.

Healthy People 2020

On a national level, Healthy People 2020 (HP2020) sets a standard for all communities. It is a ruler against which health standards and indicators are often measured. National recognition of the consistent standard measures allow progress on health improvement efforts to be shown on a grander, more comparable scale.

HP2020 served as a guide for developing the objectives and indicators that this CHIP used to unite all community partners. Indicators selected reflect the majority of work being done by community partners. P2H partners are working toward the same goals, but each program may have a different way of evaluating program activities. HP2020 provides broad indicators that will have the greatest impact on health outcomes.¹⁹

Tulsa County's CHIP utilized the Healthy People 2020 strategy of setting a goal to achieve a 10% improvement rate in each indicator by the year 2020. The next CHIP will be released in 2016. A short term goal of a 5% improvement rate has been established. Wherever possible, CHNA data was used to provide the most relevant baseline data for the objectives selected. If CHNA data was not available for a selected indicator, health data specialists were consulted to find the most relevant data available to utilize as a baseline.

19.) U.S. Department of Health and Human Services. Healthy People 2020. <http://www.healthypeople.gov/2020> May 13

Priority Matrix Example

The Tulsa County CHIP is a long-term, systematic effort to address public health concern with the input of community partners to set priorities and coordinate resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. As the plan is implemented, performance indicators will be used to evaluate the effectiveness of the strategies and tactics related to each priority area.

Goals	Objectives	Indicators	Baseline	2016 5% decrease	2020 10% decrease
Reduce tobacco use	Reduce the proportion of adults who report using some kind of tobacco everyday or some days	Percentage of adults who report having smoked a cigarette or using tobacco products everyday or some days	25.6% (2012 CHNA)	24.32%	23.04%

Adapted from Healthy People 2020 national goals

Adapted from Healthy People 2020 national objectives

Performance indicator used to evaluate the effectiveness of strategies and tactics in each priority area

Data obtained through studies such as the Community Health Needs Assessment as a basis for comparison

The next CHIP will be released in 2016. This a short term goal.

The Healthy People 2020 strategy advocates for 10% improvement by 2020



Community Health Improvement Plan



Priority 1

Poor Diet &
Inactivity

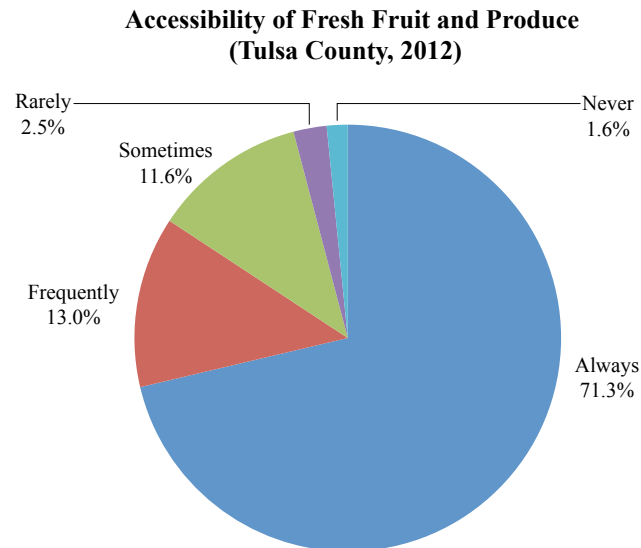
Why is poor diet and inactivity a concern for Tulsa County?

Poor diet and inactivity are two risk factors that contribute significantly to poor health. In order to maintain a healthy diet, an individual needs to have access to healthy foods such as fresh produce, as well as the resources for cooking nutritious meals.

Inactivity and a sedentary lifestyle may lead to being overweight and other health complications. Being active can prove difficult if individuals live or work in an area that is not conducive to physical activity. An area without sidewalks or an unsafe environment can limit activity.

According to the USDA, “Consumer choices about food spending and diet are likely to be influenced by the accessibility and affordability of food retailers—travel time to shopping, availability of healthy foods, and food prices. Some people and places, especially those with low income, may face greater barriers in accessing healthy and affordable food retailers, which may negatively affect diet and food security.”¹

The majority (84.3%) of Tulsa County adults state that they “always” or “frequently” have access to fresh fruit and produce. An additional 11.6% state that they “sometimes” have access to fresh fruit and produce. However, 4.1% of Tulsa County adults report that they “rarely” or “never” have access to fresh fruit and produce. This is highest in Central West Tulsa County and lowest in North Tulsa County.²



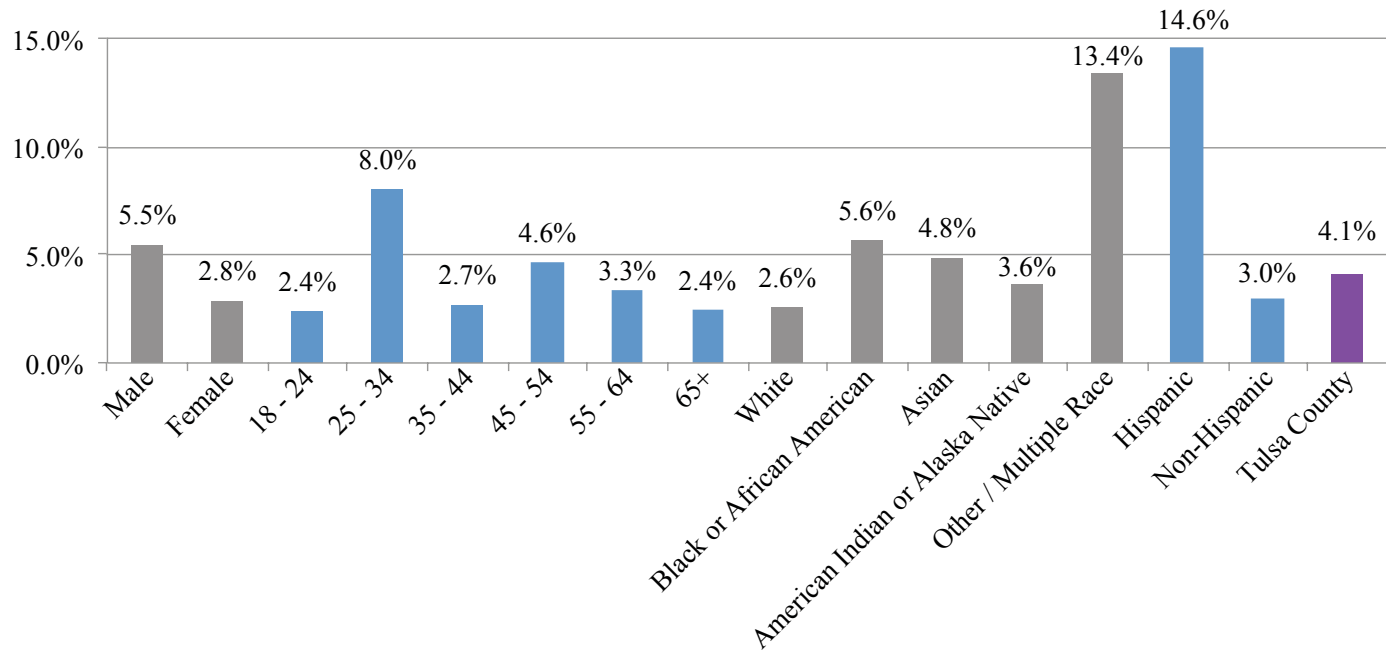
1.) United States Department of Agriculture. <http://www.ers.usda.gov>

2.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 5] *Asked of all respondents*

It is more common for adults in the following groups to “rarely” or “never” have access to fresh fruit and produce:

- Males
- Adults age 25 – 34
- Adults of “other” or multiple races
- Hispanics
- Have less than a 12th grade education
- Adults who have an income of less than \$15,000²

"Rarely" or "Never" Have Access to Fresh Fruit and Produce (Tulsa County, 2012)

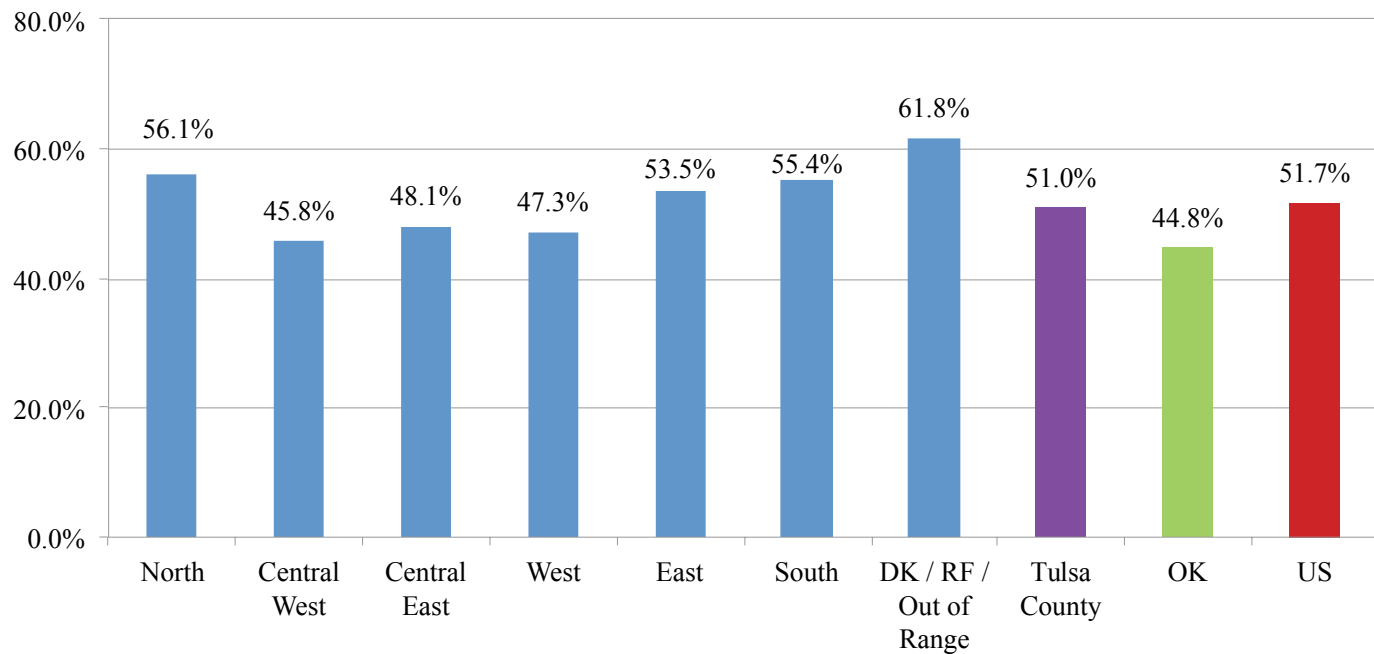


A negative correlation exists between education and income levels, and perceived affordability of fresh fruit and produce. As education and income levels increase, fewer adults believe that fresh fruit and produce are “rarely” or “never” affordable.²

3.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 49-54] *Asked of all respondents*

In reference to physical activity, a total of 51.0% of Tulsa County adults participate in regular, sustained moderate or vigorous physical activity (meeting aerobic physical activity recommendations). This is more favorable than Oklahoma findings and similar to national findings. The percentage of Tulsa County adults who meet the recommended amounts of aerobic physical activity is highest in North Tulsa County and lowest in Central West Tulsa County.³

Meets Aerobic Physical Activity Recommendations (Tulsa County, 2012)

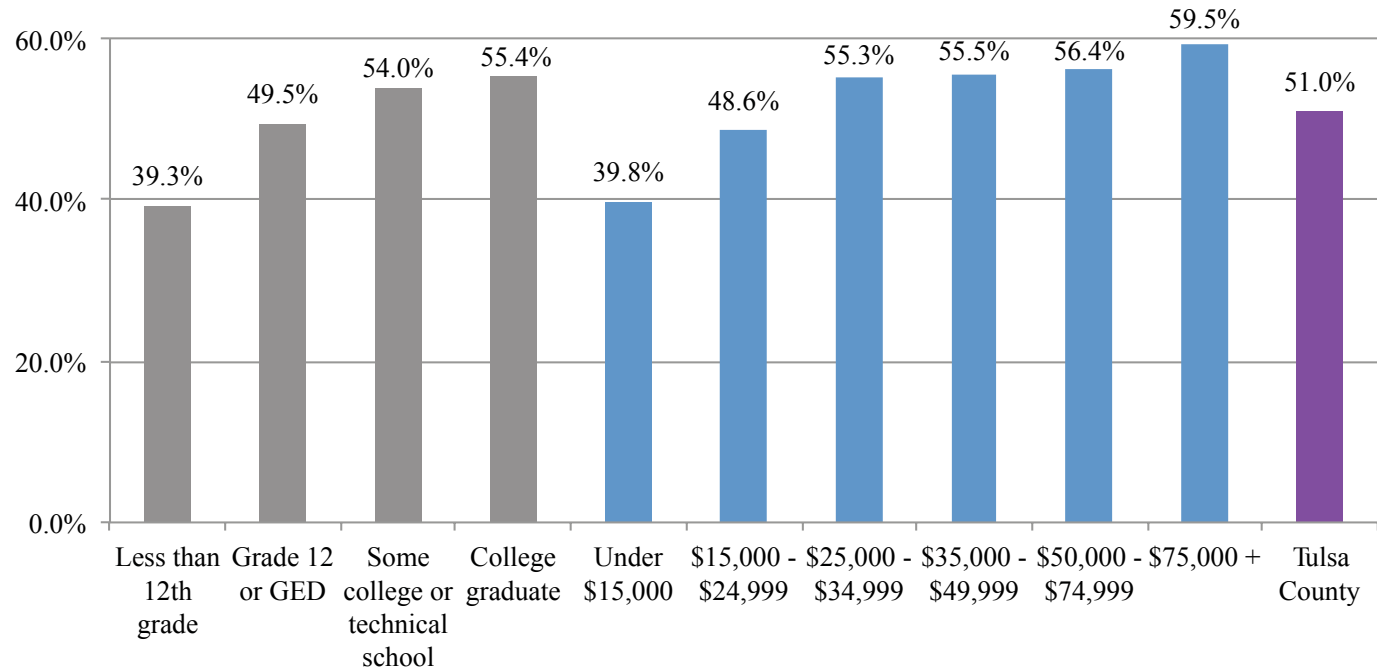


Adults in the following groups are more likely to meet recommended aerobic physical activity recommendations:

- Males
- Adults age 25 – 34
- American Indian or Alaskan Natives
- Non-Hispanics

Additionally, the proportion of adults that meet recommended aerobic physical activity levels increases as education and income levels increase.³

Meets Aerobic Physical Activity Recommendations (Tulsa County, 2012)



Children have an advantage in terms of access to recreational facilities, as 93.0% of parents/guardians report that their child has access to indoor or outdoor recreational facilities. This is most common in South Tulsa County and least common in North Tulsa County.⁴

4.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Outreach Center. [Item C7] *Asked of all respondents*

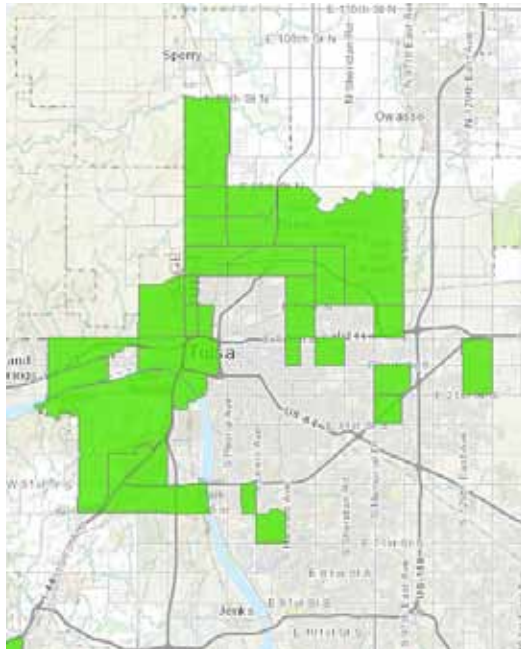


Southwood Farm & Market, a new development of Southwood Landscape & Garden Center, has a vision to change the way customers and food producers interact. More education and awareness about the connection between where food comes from and how it gets to someone's plate will help to enhance the way the food system operates. Bringing programs like Farm 2 School into the community helps students learn from an early age how important food is to maintaining a healthy lifestyle. Southwood is a proud supporter of Oklahoma's Farm 2 School program, an initiative that continues to grow. Making food personal inspires individuals to be more aware of what they are consuming; more awareness leads to better choices.

For a full list of community partners working towards these goals, please see appendix E.

What are the challenges Tulsa County may face?

Focus group participants stated that the biggest obstacles to eating healthy and being active are time and know-how. It can be a challenge to find the time to buy healthy food and then take time to prepare it. Participants also reported that it is equally challenging to make time for physical activity. Recommendations for daily physical activity continue to change and managing all the information can be overwhelming. Even if an individual has enough time, cooking a healthy meal can be intimidating and activity vigorous enough to make an impact can be daunting.



Access to healthy options emerged as a concern for the residents of Tulsa County during the focus groups. In the Forces of Change (FOC) and NPHPSP assessments, community partners also recognized that food deserts exist in areas where healthy food choices are needed the most. In order for other interventions to be successful, improving access to healthy foods is important. The food desert map shows areas of Tulsa County that are low income and low access.⁵

It is often difficult to fund interventions designed to make healthier choices the easy choice. FOC participants said that efforts to fund and implement interventions can be complicated by existing or proposed policies. Outdated policies may need to be revised or enhanced to support the new proposed policies. New resolutions can be adopted, such as Complete Streets Resolutions or Healthy Eating, Active Living (HEAL) Resolutions, but implementing these resolutions requires adjustments to city budgets and a lengthy approval processes.

What opportunities does Tulsa County have?

FOC participants cite the importance of policy implementation to make streets easier for biking and walking. Also important are policies designed to make workplaces healthier, sidewalks easier to navigate, and playgrounds safe and accessible. Resolutions and policy changes can improve the food system and decrease the number of residents without access to healthy food.

5.) United States Department of Agriculture. <http://www.ers.usda.gov> Food deserts are defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas

Priority 1: Poor Diet and Inactivity

Goals	Objectives	Indicators	Baseline	2016 5% increase	2020 10% increase
Increase healthy eating	Increase the number of residents with access to healthy food	Percentage of residents who report having access to fresh fruits and vegetables always or frequently	84.3% (2012 CHNA)	88.5%	92.7%
	Increase the number of fruits and vegetables consumed by residents	Percentage of adults (18 and over) who report consuming five or more servings of fruits and vegetables daily	15.3% (CDC, 2009 BRFSS)	16.1%	16.83%
Increase physical activity	Increase the number of residents who have access to physical activity opportunities	The number of communities who have adopted Complete Streets Resolutions	City of Tulsa (Feb. 2012) Collinsville (Spring 2012) Springs (Feb. 2013)	Total of 5 communities	Total of 7 communities
	Increase the number of residents who report getting moderate to vigorous physical activity each week	The percentage of residents (18 and over) who report getting moderate physical activity each week.	51% (2012 CHNA)	53.55%	56.1%

Goals, objectives and indicators were set by Healthy People 2020 and selected for the Tulsa Community by the Pathways to Health partnership.

Priority 2

A photograph of a person in a blue shirt lifting a blue dumbbell in a gym. The person is in the foreground, and their arm is extended upwards. In the background, another person is also lifting a dumbbell, but they are out of focus. The background is a bright yellow wall.

Obesity

Why is obesity a concern for Tulsa County?

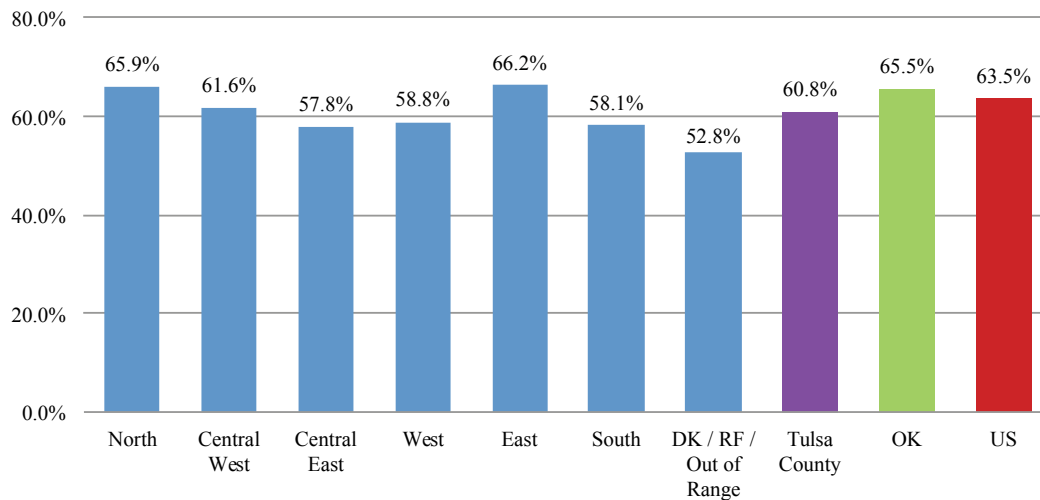
Obesity is a serious health problem. Individuals who are overweight or obese are at a greater risk for having additional health complications such as high blood pressure, heart disease and diabetes.¹ Many of the challenges and opportunities identified in Priority 1: Poor Diet & Inactivity are relevant to the issues surrounding obesity and the root causes of this disease.

Organizations throughout Tulsa County are working to implement interventions for families and children to reduce obesity. Additionally, there are programs working with adults to establish habits to improve their weight status as they move into older age.

Due to the co-morbidities that are present when an individual is overweight or obese, setting goals and objectives to make a positive impact in this priority area can also help to improve other priorities areas such as the indicators for Priority 4: Chronic Disease.

Nearly two-thirds (60.8%) of Tulsa County adults report being overweight or obese, and the total overweight prevalence is highest in North Tulsa County and lowest in Central East County according to the 2012 Tulsa County Health Needs Assessment.²

**Prevalence of Total Overweight
(Tulsa County, 2012)**



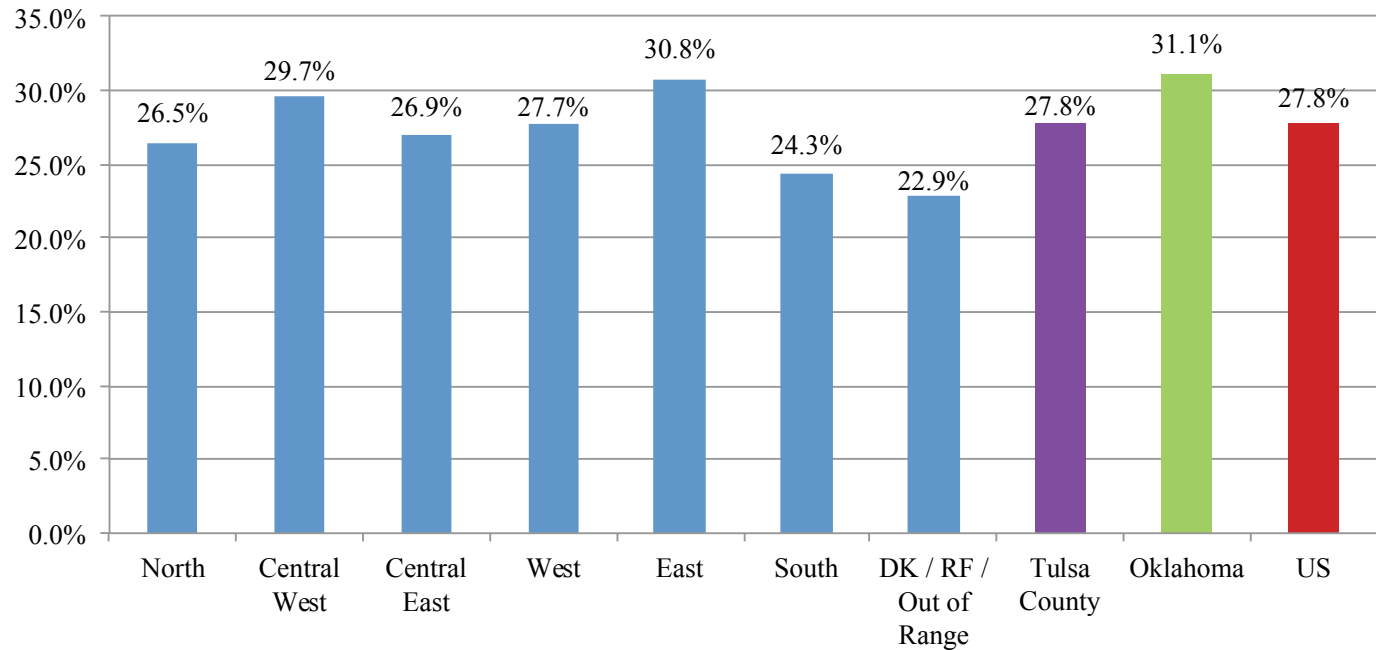
1.) U.S. Department of Health and Human Services. Healthy People 2020. <http://www.healthypeople.gov/2020> May 2013

2.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item D10-D11]

Based on reported heights and weights, asked of all respondents.

Furthermore, 27.8% of Tulsa County adults are obese. This is significantly lower than the prevalence of obesity in Oklahoma and exactly the same as the United States. Prevalence of obesity is highest in East Tulsa County and lowest in South Tulsa County.^{2, 3}

Prevalence of Obesity (Tulsa County, 2012)



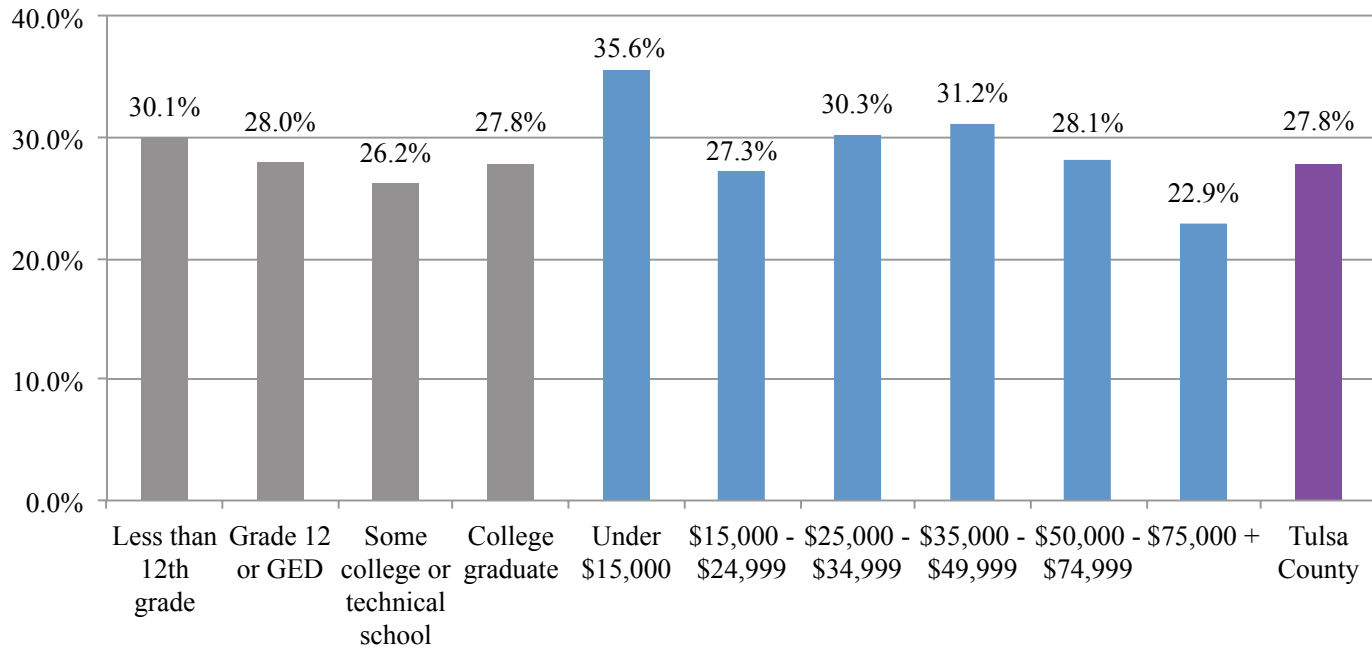
3.) Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

The definition of overweight is having a Body Mass Index (BMI), a ratio of weight to height (kilograms divided by meters squared), between 25.0 and 29.9. The definition of obese is having a BMI greater than or equal to 30.0

Adults in the following groups have a higher prevalence of obesity:

- Females
- Adults age 55-64
- African Americans
- Hispanics
- Adults with less than a 12th grade education
- Adults who have an income of less than \$15,000²

Prevalence of Obesity (Tulsa County, 2012)



Saint Francis ShapeDown Program works with families to teach healthy lifestyle habits and reduce obesity in children. Since ShapeDown began in 2005, 615 families have completed the program. In the 6 week program, registered dietitians teach kids and their parents how to eat better as a family and exercise specialists show kids fun ways to be more physically active. TRACS! is the maintenance component of the program with a focus on providing health behavior change support and monthly monitoring of weight and BMI for graduates of the six week program. By working with the entire family ShapeDown is able to address the growing concern of childhood obesity and improve the health and well-being of the whole family.

For a list of community partners working towards these goals, please see appendix E.





What are the challenges Tulsa County may face?

Residents who participated in focus groups indicated that they do not have time for healthy options such as cooking at home and even if they did have time, they often do not have the knowledge necessary to prepare a healthy meal.

Based on the response of focus group participants, the challenge for community partners is how to reach residents to provide the information they need to succeed.

What opportunities does Tulsa County have?

Programs and interventions designed to reduce the prevalence of obesity in Tulsa County and to prevent children from becoming obese are common among community partners. Interventions range from medical programs designed to facilitate dramatic lifestyle changes, to built environment policy changes allowing for more active transportation, to the ability to access healthy options in vending machines in work places (see Appendix E).

The opportunity now is to unite efforts. Partners can learn from one another and build collaborations to take efforts further. The obesity epidemic did not happen overnight, nor did it happen because of one unhealthy choice. Obesity has plagued our community for years, and there are many unhealthy behaviors that need to be changed in order to reverse this problem.³

Focus group participants suggested interventions such as providing healthy cooking demonstrations and taste-testings. Other suggestions included making exercise videos accessible at home or on mobile devices. However, participants stressed the importance of localized communication methods that are relevant to them as Tulsa County residents.

Priority 2: Obesity

Goals	Objectives	Indicators	Baseline	2016 5% decrease	2020 10% decrease
Reduce Obesity	Reduce the proportion of children and adolescents aged 2 – 19 who are considered obese	Percentage of children and adolescents with a BMI >30 (calculated from given height and weight)	16.5% OK State Youth (OK2SHARE, 2011 YRBSS)	15.68%	14.85%
	Reduce the proportion of adults who are obese.	Percentage of adults who have a self-reported BMI >30 (calculated from given height and weight)	27.8% (2012 CHNA)	26.14%	25.02%

Goals, objectives and indicators were set by Healthy People 2020 and selected for the Tulsa Community by the Pathways to Health partnership.

Priority 3

Alcohol / Drug Abuse



Why is alcohol and drug abuse a concern in Tulsa County?

According to Healthy People 2020, “Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.”¹ Some of these problems include:

- Teenage pregnancy
- Sexually transmitted diseases (STDs)
- Domestic violence & Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Adolescent abuse of prescription drugs has continued to rise over the past five years. Prescription drugs are more readily available from many sources, including the family medicine cabinet, the Internet, and doctors. Many adolescents also believe that prescription drugs are safer to take than street drugs.²

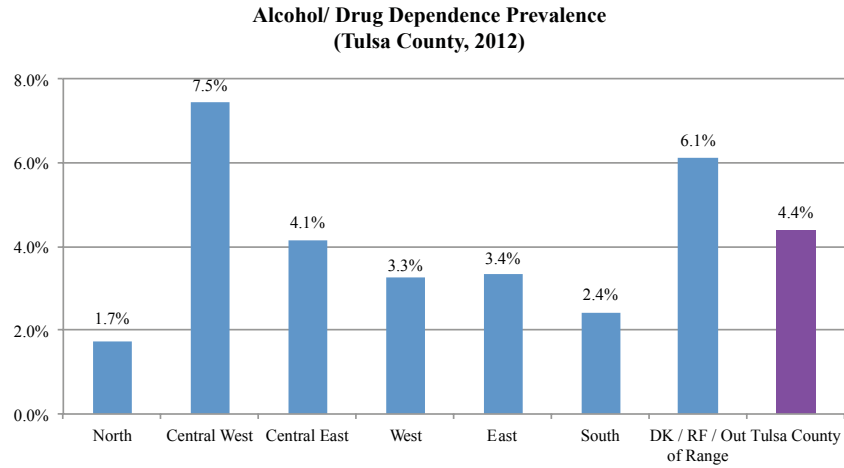
According to the CDC, “alcohol abuse is a pattern of drinking that results in harm to one’s health, interpersonal relationships, or ability to work.” The long term effects of alcohol abuse include health problems such as chronic disease, harm to a developing fetus, unintentional injury, motor vehicle injuries, and violence. The CDC also states “that youth who use alcohol before age 15 are five times more likely to become alcohol dependent than adults who begin drinking at age 21. Other consequences of youth alcohol use include increased risky sexual behaviors, poor school performance, and increased risk of suicide and homicide.”³

1.) U.S. Department of Health and Human Services. Healthy People 2020. <http://www.healthypeople.gov/2020> May 2013

2.) National Institutes of Health, National Institute on Drug Abuse (NIDA). Drug of abuse information [Internet]. Bethesda, MD: NIDA; 2008 Mar [cited 2010 Apr 22]. Available from: <http://www.drugabuse.gov/tib/prescription.html>

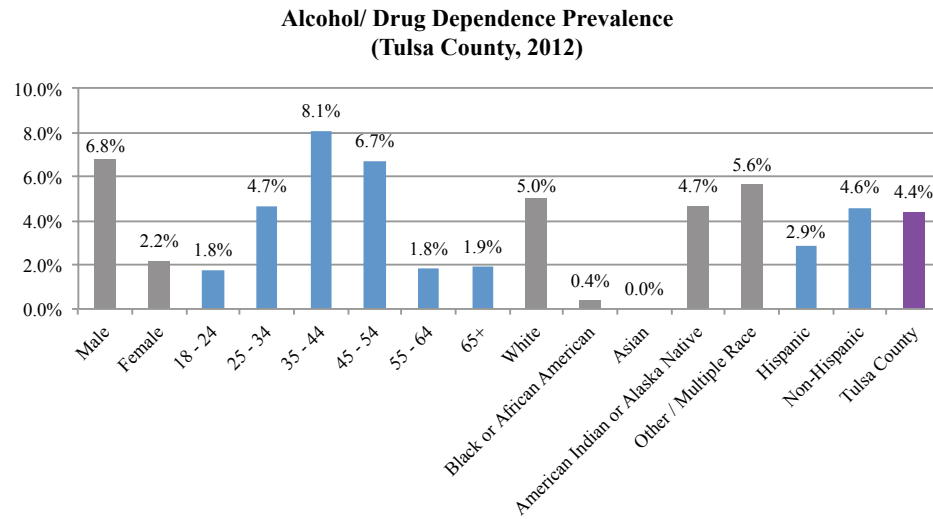
3.) Centers for Disease Control and Prevention. <http://www.cdc.gov> May 2013

The overall prevalence of alcohol and/or drug dependency among Tulsa County adults is 4.4%. This is highest in Central West Tulsa County and lowest in North Tulsa County.⁴



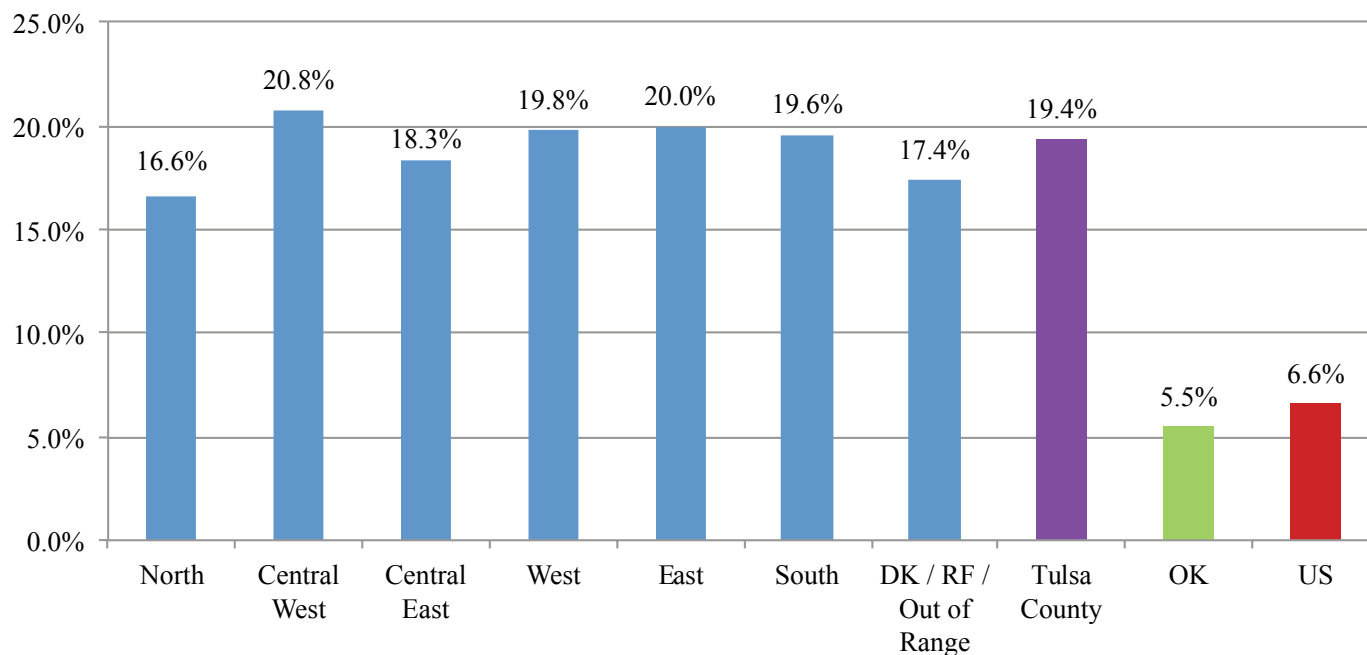
Adults belonging to the following groups have a higher prevalence of alcohol/ drug dependency:

- Males
- Adults age 35 – 44
- Adults of “other” or multiple races
- Non-Hispanics
- Adults with less than a 12th grade education or some college or technical school
- Adults who have an income of less than \$15,000⁴



A total of 19.4% of Tulsa County residents are heavy drinkers. This is significantly higher than both Oklahoma and U.S. findings. Heavy drinking is most common in Central West Tulsa County and least common in North Tulsa County.^{5, 6}

Heavy Drinkers (Tulsa County, 2012)



4.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62i] *Asked of all respondents*

5.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 56] *Asked of all respondents*

Heavy drinkers are defined as men having 3+ drinks on average, per occasion, in the past 30 days or women having 2+ drinks on average, per occasion, in the past 30 days

6.) Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

Operation Aware (OA) is a prevention education program for pre-K through high school students. OA shares a strong, clear message with young people that their choices today about drugs, alcohol, tobacco, and relationships can have lifelong consequences for their health, safety and wellbeing. Students learn techniques that help them resist negative peer pressure and make positive decisions that move them toward their goals and dreams and away from high-risk behaviors. OA has been in Tulsa County schools since 1979 and currently work with over 10,000 students within an 80 mile radius of Tulsa. OA believes that empowering young people to make better choices is an important step in improving their future and the future of our community.

For a list of community partners working towards these goals, please see appendix E.





What are the challenges we may face?

Forces of Change (FOC) Assessment participants agreed that intervention programs aimed at assisting those who have an addiction are often able to impact the overall health of an individual. The participants also recognized that this is a difficult task, which is why the prevention efforts of community partners are important.

What are the opportunities we have?

Forces of Change participants recognized that creative solutions to this problem involve many cross-sector collaborations. Interventions aimed at changing the built environment in a community can lower the prevalence of drug use by making it more difficult for drugs to be bought, sold, and/or used in high-risk areas. Efforts to impact the accessibility of alcohol sold to minors may reduce the consumption of alcohol by adolescents.

Community partners work together on events such as the Prescription Take Back Day where prescription drugs were collected and properly disposed to eliminate the risk that they would be misused. Events or activities such as this are a way for community partners to promote education and awareness of these alcohol- and drug-related issues.

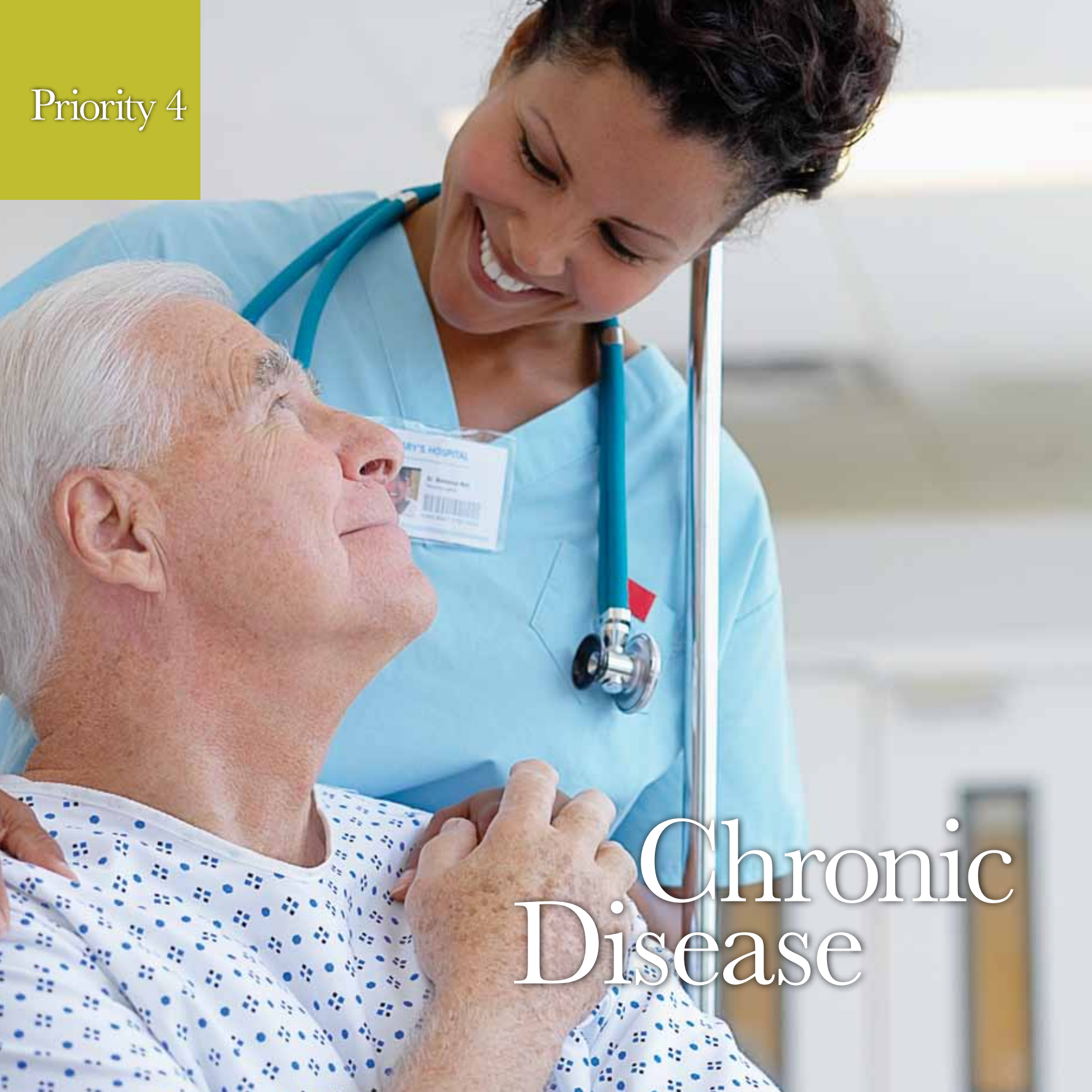
FOC participants also recognized the positive impact that would result from passing ordinances and legislation. Programming efforts to prevent and treat alcohol and drug addiction would benefit from increased funding.

Priority 3: Alcohol/Drug Abuse

Goals	Objectives	Indicators	Baseline	2016 5% decrease	2020 10% decrease
Reduce alcohol consumption by adolescents	Reduce the proportion of adolescents reporting use of alcohol during the past 30 days	Adolescents who report having more than one alcoholic beverage in the past 30 days	36.4% OK state youth had 1+ drinks in past 30 days (OK2SHARE, 2011 YRBSS)	34.58%	32.76%
Reduce prescription drug abuse by adolescents	Reduce the proportion of adolescents reporting use of prescription drugs without a doctor's prescription	Adolescents who report use of prescription drugs without a doctor's prescription	19.6% OK state youth used prescription drugs without a doctor's prescription (OK2SHARE, 2011 YRBSS)	18.62%	17.64%

Goals, objectives and indicators were set by Healthy People 2020 and selected for the Tulsa Community by the Pathways to Health partnership.

Priority 4



Chronic
Disease

Why is chronic disease a concern for Tulsa County?

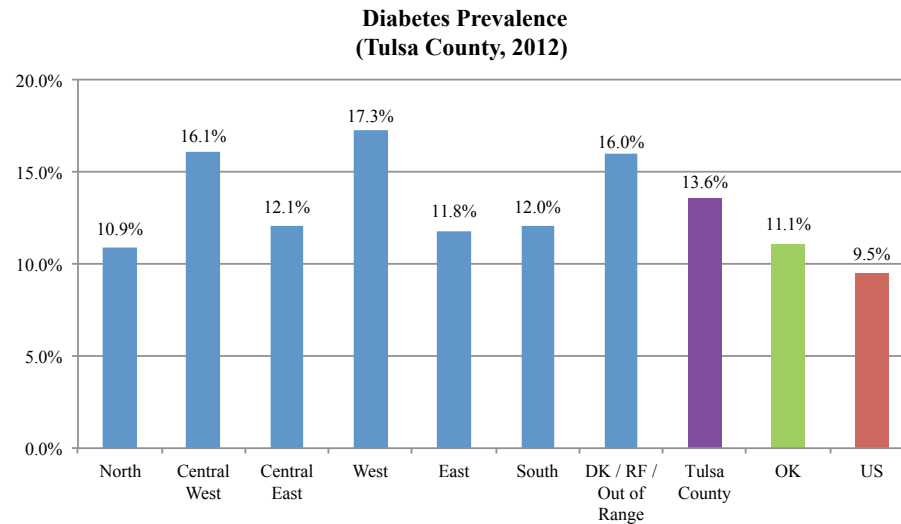
While there are many chronic diseases prevalent in Tulsa County, diabetes and heart disease greatly impact the health of a community and can be influenced by other CHIP goals and objectives such as Priority 1: Poor Diet & Inactivity and Priority 2: Obesity.

Diabetes affects an estimated 25.8 million people in the United States and is the 7th leading cause of death. Diabetes:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.^{1, 2}

In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.¹

A total of 13.6% of Tulsa County adults report that they have been diagnosed with diabetes. This is significantly higher than both Oklahoma and United States findings. Diabetes prevalence in Tulsa County is highest in West Tulsa County and lowest in North Tulsa County.^{3, 4}



1.) Centers for Disease Control and Prevention (CDC). National diabetes fact sheet: General information and national estimates on diabetes in the United States, 2007. Atlanta: CDC; 2008

2.) Portuese E, Orchard T. Mortality in insulin-dependent diabetes. In Diabetes in America, pp. 221-32. Bethesda, MD: National Institutes of Health, National Diabetes Data Group; 1995

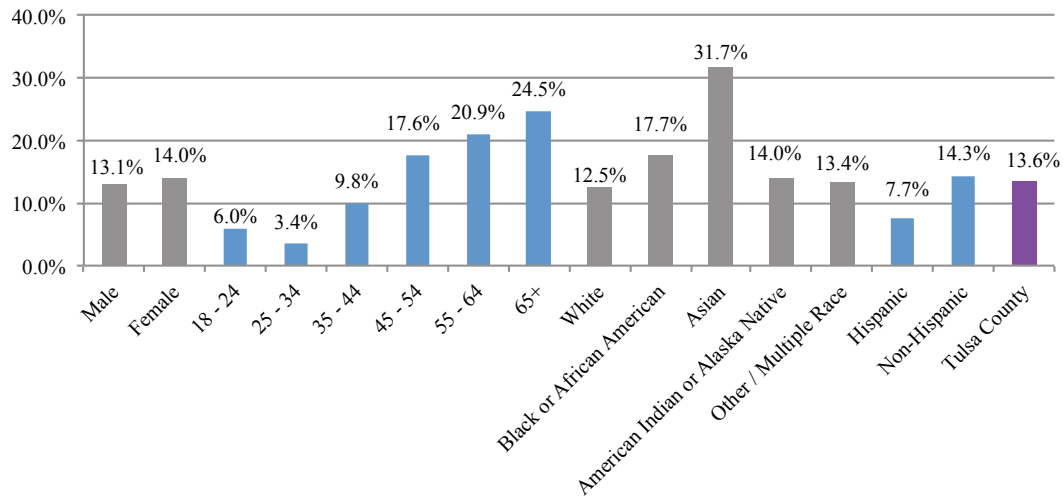
3.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62a] *Asked of all respondents*

4.) Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011

Adults belonging to the following groups are more likely to have been diagnosed with diabetes:

- Females
- Adults age 65+
- Asians
- Non-Hispanics
- Adults with less than a 12th grade education
- Adults who have an income of less than \$15,000³

**Diabetes Prevalence
(Tulsa County, 2012)**



According to Healthy People 2020,

Heart disease is the leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than \$500 billion in health care expenditures and related expenses in 2010 alone.⁵

The leading modifiable risk factors for heart disease and stroke are:

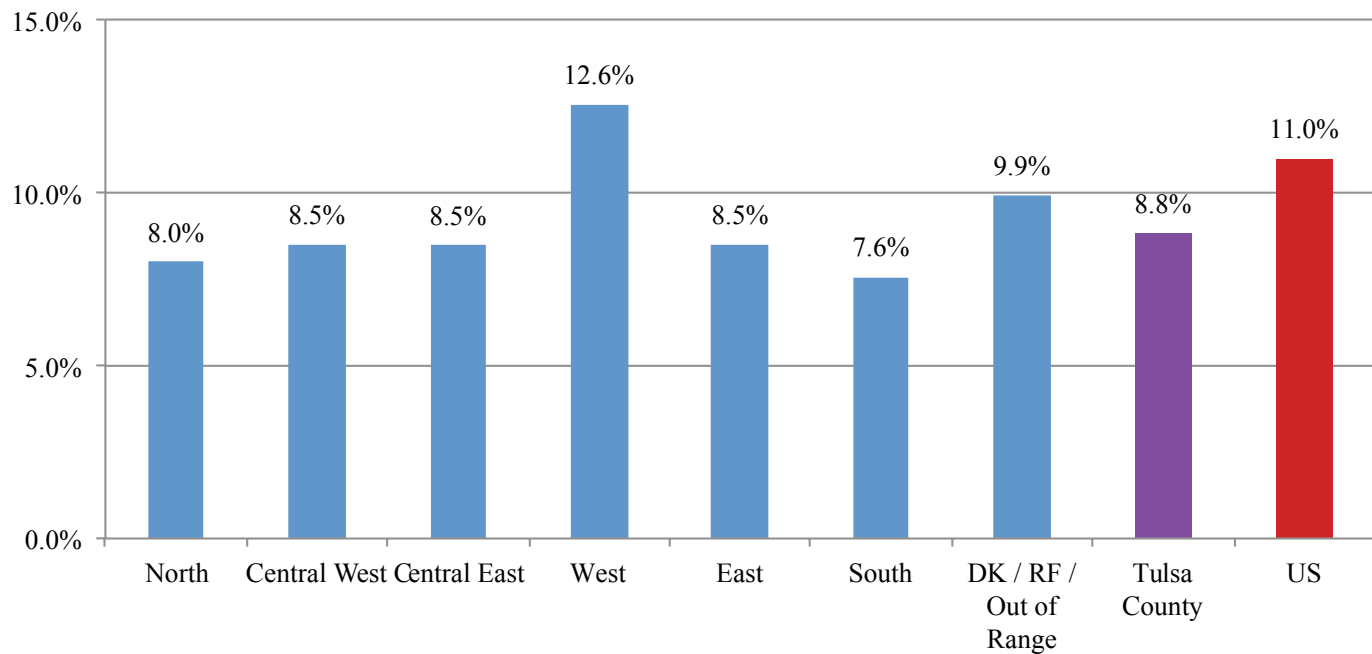
- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity⁶

Heart disease can be reduced when improvements are made in Priority 1: Poor Diet & Inactivity; Priority 2: Obesity; and Priority 6: Tobacco.

Chronic diseases like diabetes and heart disease can be complicated to manage. There are numerous specialty physicians, different care plans, and multiple strategies to improve an individual's quality of life once they are diagnosed with heart disease. Community partners who have programming efforts to reduce the prevalence of heart disease (see Appendix E) often incorporate educational components and efforts to raise awareness to improve health. Focus group participants expressed the need for education and awareness of risk factors so patients can be more informed and empowered to reduce their risk of disease.

The overall prevalence of heart disease among Tulsa County adults is 8.8%. This is significantly lower than the United States prevalence. Within Tulsa County, prevalence is highest in West Tulsa County and lowest in South Tulsa County.⁷

Heart Disease Prevalence (Tulsa County, 2012)



5.) U.S. Department of Health and Human Services. Healthy People 2020. <http://www.healthypeople.gov/2020> May 2013

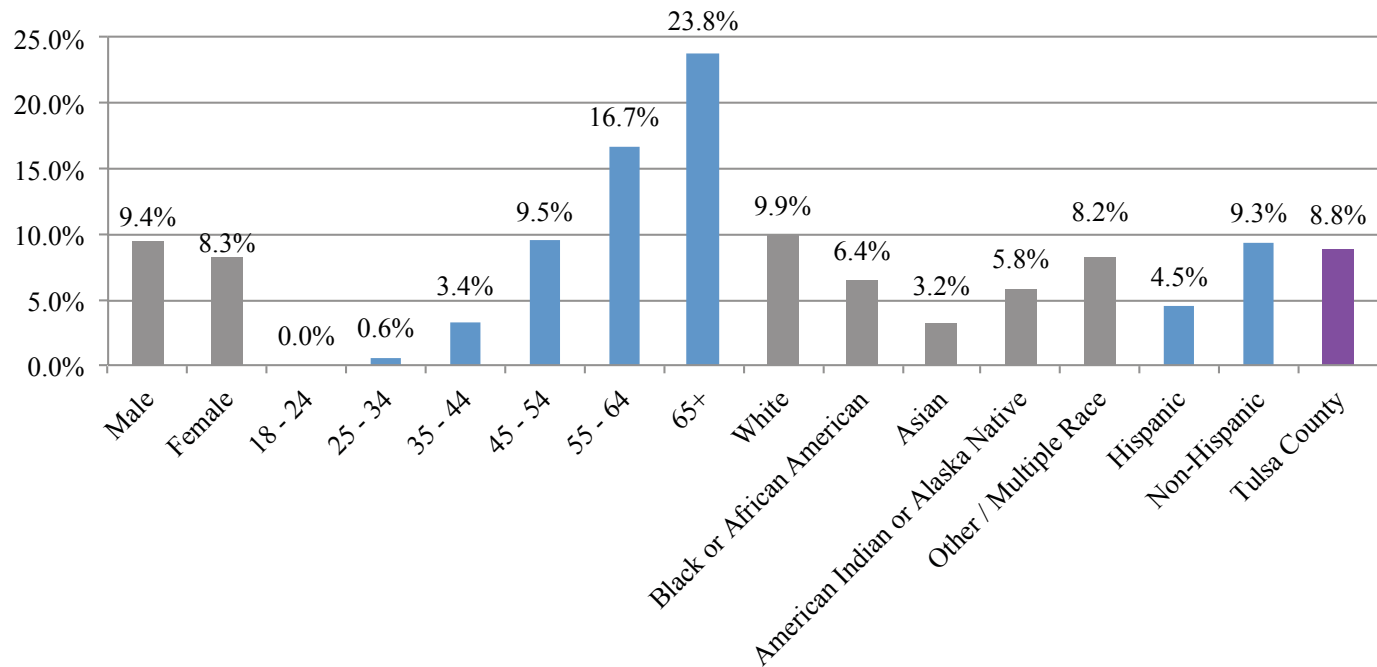
6.) Lloyd-Jones D, Adams RJ, Brown TM, et al. Heart disease and stroke statistics—2010 update: A report from the American Heart Association statistics committee and stroke statistics subcommittee. *Circulation*. 2010;121:e1-e170

7.) Sources: 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 62c] *Asked of all respondents.*

Heart disease prevalence is highest among adults who belong to the following groups:

- Males
- Adults age 65+
- Whites
- Non-Hispanics
- Have less than a 12th grade education
- Have an income of less than \$15,000⁷

**Heart Disease Prevalence
(Tulsa County, 2012)**





Tulsa's Area Agency on Aging (AAA) hosts Living Longer Living Stronger. This workshop teaches individuals practical skills on managing a chronic health problem such as diabetes, arthritis, high blood pressure, heart disease, chronic pain, or lung disease. The program is designed to give participants the support they need, practical ways to deal with pain and fatigue, better nutrition and exercise choices, new treatment options, and better ways to talk with doctors and family members about health issues. This workshop is also for family members and caregivers of those with chronic health conditions. Since the Living Longer Living Stronger program was initiated in 2012, it has reached 320 individuals. By providing workshops to provide education, awareness and support opportunities, AAA is able to assist those with chronic disease in leading a healthier life.

For a list of community partners working towards these goals, please see appendix E.

What challenges will Tulsa County face?

Diabetes and heart disease present themselves in a multitude of ways. The reason for their onset can be multifaceted and intervention options vary greatly. In the Forces of Change (FOC) Assessment, community partners shared their concerns over diagnosing and managing these diseases. CDC studies indicate that many people are unaware of their risk for diabetes or heart disease.^{1, 8}

A concern that FOC participants recognized as being a particularly significant challenge to the future of chronic disease prevention and management is that interventions aimed at screening individuals for these diseases are losing funding. Without screening programs it becomes more challenging to identify individuals at risk for developing these diseases.

Additionally, in the Forces of Change Assessment, community partners recognized that education is a key component of a successful diabetes management regimen. Patients must understand the disease, complications, medications, and lifestyle changes that will impact symptoms, as well as doctor visits necessary to manage this disease. Given the abundance of information as well as the severity of complications from having diabetes, the diagnosis and treatment of diabetes is a high priority in the community.

Focus group participants acknowledged that diabetes can be a difficult condition to manage. Participants shared concerns about their access to health care (priority 5). They also reported the challenges faced when individuals with diabetes and their care givers try to navigate the health care system.

What opportunities does Tulsa County have?

There is tremendous opportunity for professional partnerships directed at screening for diabetes and identifying individuals at high risk for heart disease. Community partners have an opportunity to work together to raise awareness of risk factors for disease, as well as provide comprehensive education and support after diagnosis.

8.) High Blood Pressure Fact Sheet (n.d.). In Centers for Disease Control and Prevention. Retrieved June, 2013, from http://www.cdc.gov/DHDSP/data_statistics/fact_sheets/docs/fs_bloodpressure.pdf

Priority 4: Chronic Disease

Goals	Objectives	Indicators	Baseline	2016 5% change	2020 10% change
Reduce diabetes	Reduce the number of newly diagnosed cases of diabetes in the population	Percentage of adults who report that they have ever been told by a doctor they have diabetes	13.6% (2012 CHNA)	12.92%	12.24%
Reduce heart disease	Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years	Percentage of adults in Oklahoma who report having their blood cholesterol checked within the last 5 years	77.6% (CDC, 2009 BRFSS)	81.48%	85.36%
	Reduce the number of adults who report having been told they have high blood pressure	Percentage of adults who report that they have ever been told by a doctor they have high blood pressure	33.7% (2012 CHNA)	32.01%	30.32%

Goals, objectives and indicators were set by Healthy People 2020 and selected for the Tulsa Community by the Pathways to Health partnership.

Priority 5

A photograph of a male doctor with glasses, wearing a white lab coat over a blue shirt, holding a young child. The doctor is looking at the child with a gentle expression. The child is looking slightly away from the camera. The background is a bright, out-of-focus window with a view of a city skyline. The text "Access to Care" is overlaid in the bottom right corner in a white serif font.

Access
to Care

Why is access to health care a concern for Tulsa County?

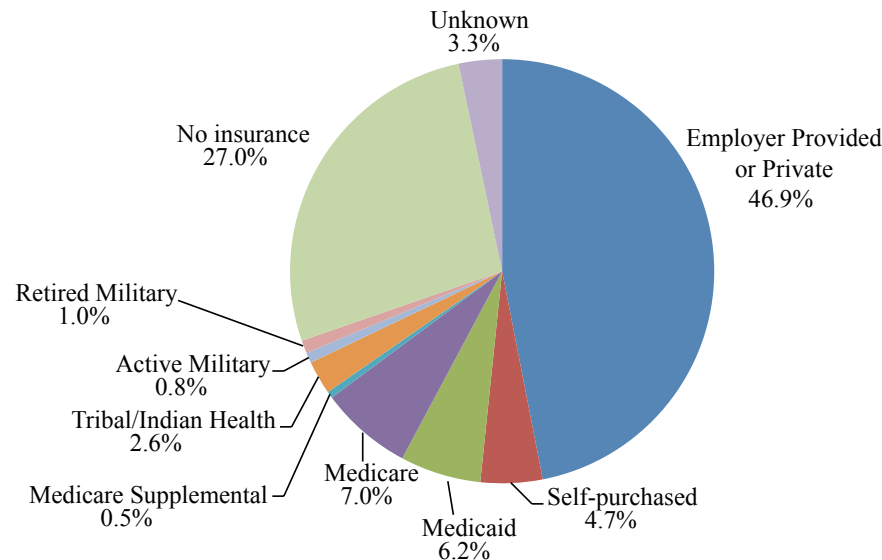
Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of life for everyone. Access impacts overall physical, social and mental health status, prevention of disease and disability, detection of treatment of health conditions, quality of life, preventable death, and life expectancy, according to Healthy People 2020.

Access to health services requires three distinct steps: gaining entry into the healthcare system, accessing a health care location where needed services are provided, and finding a health care provider with whom the patient can communicate and trust.

Disparities in access to these health services limit people's ability to reach their full potential and negatively affect their quality of life. Barriers to services include lack of availability, high cost, and lack of insurance coverage.¹

A total of 51.6% of Tulsa County adults aged 18 – 64 report having health insurance through private insurance (e.g., employer provided or self-purchased). Additionally, 18.0% report coverage through a government sponsored program (e.g., Medicaid, Medicare, military benefits, Indian/ tribal health benefits).²

**Type of Health Insurance Coverage
(Among adults 18 – 64; Tulsa County 2012)**



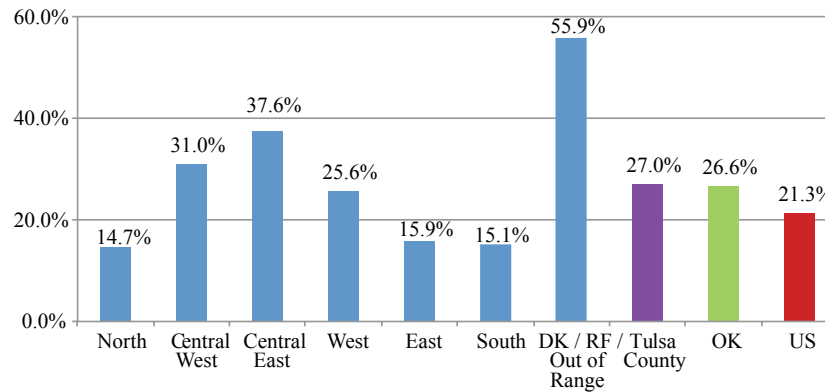
1.) U.S. Department of Health and Human Services. Healthy People 2020. <http://www.healthypeople.gov/2020> May 2013

2.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items 10 – 11]

Asked of all respondents age 18 – 64, thus excluding the Medicare population

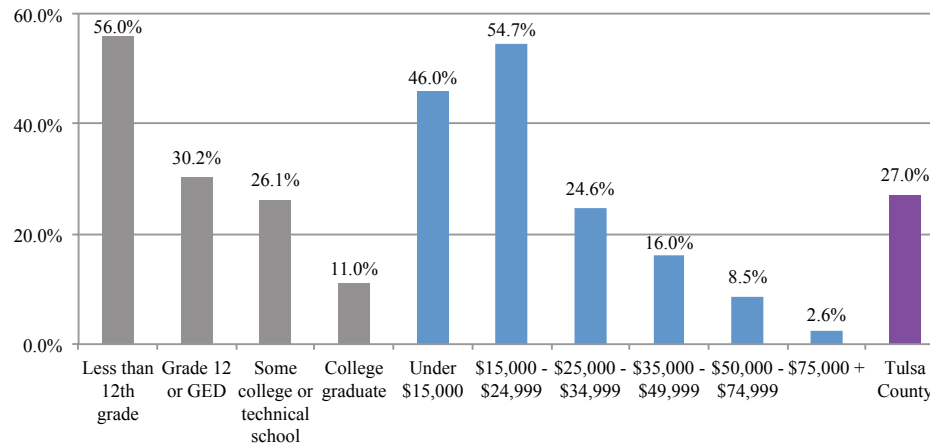
A total of 27.0% of Tulsa County adults report having no health insurance coverage for healthcare expenses. This is similar to the uninsured rate in Oklahoma and higher than the U.S. rate. Lack of health insurance coverage is highest in Central East Tulsa County and lowest in North Tulsa County.^{3,4}

**Lack of Health Insurance Coverage
(Among adults 18 – 64; Tulsa County, 2012)**



With regard to education levels and insurance coverage, a downward trend shows that as education level increases, lack of health insurance coverage also decreases. Additionally, adults with an income of \$15,000 – \$24,999 were the most likely to report no insurance coverage. At higher income levels, this likelihood decreased.³

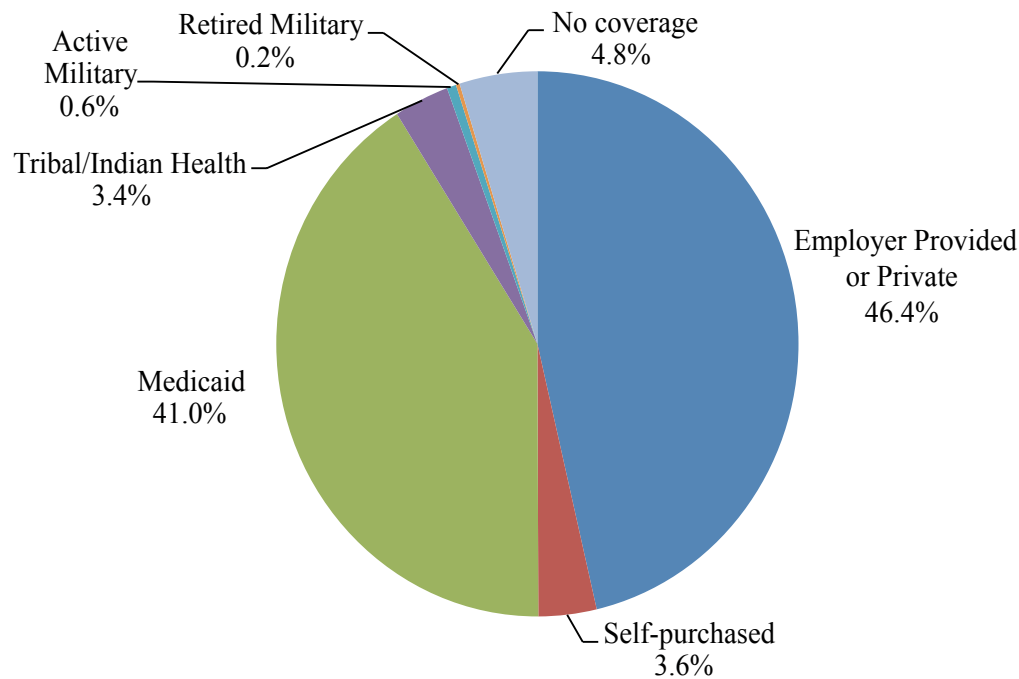
**Lack of Health Insurance Coverage
(Among adults 18 – 64; Tulsa County, 2012)**



Tulsa County adults who report having no insurance coverage were asked what challenges they face in obtaining health insurance. The most common reason for lack of coverage is “cannot afford to purchase.”⁵

A total of 50.0% of Tulsa County parents/guardians with children under age 18 at home report having health insurance for their child through private insurance (e.g., employer provided or self-purchased). An additional 45.3% report coverage through a government sponsored program (e.g., Medicaid, Medicare, military benefits, Indian/ tribal health benefits). However, a total of 4.8% of parents/guardians report having no insurance coverage for their child’s healthcare expenses. The rates of uninsured children in Tulsa County are much lower than Oklahoma and the United States. This is highest in Central West Tulsa County and lowest in North Tulsa County.⁶

**Type of Insurance Coverage for Child
(Among parents/guardians of children 0 – 17; Tulsa County, 2012)**



3.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 10] *Asked of all respondents age 18 – 64*

4.) Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

5.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 12]

Asked of all respondents age 18 – 64 who answered “no” to “Do you have any kind of healthcare coverage?”

6.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items C8 – C9]

Asked of parents/guardians with children age 0 – 17 in the household

Parents/guardians belonging to the following groups were more likely to have uninsured children:

- Females
- Adults aged 65+
- Adults of “other” or multiple races
- Hispanics
- Parents/guardians who have less than a 12th grade education
- Parents/guardians with an income of \$25,000 – \$34,999⁶

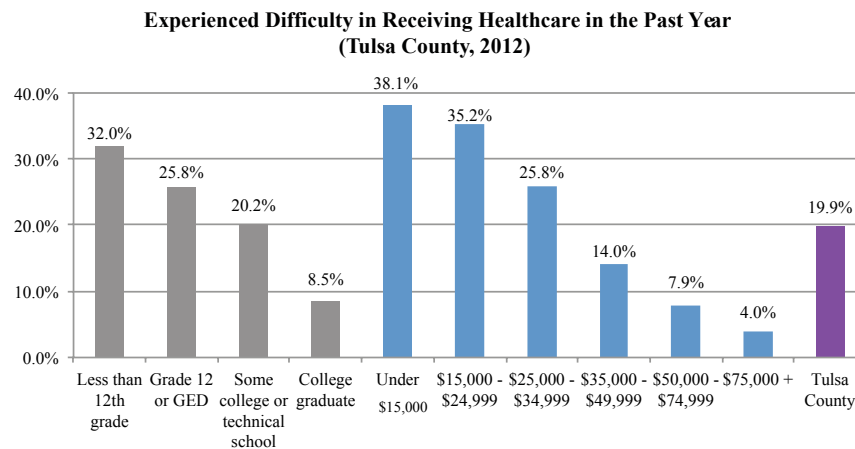
Similarly to adult reporting, when asked why the child does not have healthcare insurance, the top reason is “cannot afford to purchase.”⁷

When asked if respondents see a health care provider, one-fifth (19.9%) of Tulsa County adults report difficulty in seeing a healthcare provider in the past year because of cost. This is higher than Oklahoma and United States findings. The percentage is highest in Central East Tulsa County and lowest in South Tulsa County.

Individuals who belong to the following groups were more likely to have experienced difficulty in receiving healthcare in the previous year:

- Females
- Adults ages 25 – 34
- Adults of “other” or multiple races
- Hispanics

Similar to the correlation between low education and income levels and lack of insurance coverage, there is also a correlation between low education and income levels and increased likelihood of experiencing difficulty in receiving healthcare.⁸



A total of 78.2% of Tulsa County adults state that they have at least one person who they consider to be their personal doctor or healthcare provider. This is most common in North Tulsa and least common in Central West and West Tulsa.⁹

Parents/guardians who have a child 0 – 17 years of age living in the household were asked if the child has at least one person that they consider to be their personal doctor or healthcare provider. The majority of parents/guardians (93.8%) report that their child does have a primary care physician. This is highest in North and Central East Tulsa County and lowest in South Tulsa County.¹⁰

A total of 61.0% of Tulsa County adults have had a routine check-up in the previous year. This percentage is highest in South Tulsa County and lowest in North Tulsa County.

Adults in the following groups are more likely to have received a routine check-up in the previous year:

- Females
- Adults age 65+ (Note that as age increases, likelihood of having a routine check-up also increases)
- African Americans
- Non-Hispanics
- College graduates (likelihood of having a routine check-up in the past year increases as education level increases)
- Adults with an income of \$75,000+¹¹

Overall, 90.3% of parents/guardians state that their child has had a routine check-up in the past year. This is highest in East Tulsa County and lowest in Central East Tulsa County.

Parents/guardians belonging to the following groups are more likely to have taken their child to a physician for a routine check-up in the past year:

- Males
- Adults aged 18 – 24
- American Indians or Alaska Natives
- Adults with a 12th grade education or GED
- Adults who have an income of \$15,000 – \$24,999¹²

When parents/guardians were asked why their child had not received a routine check-up in the past year, the majority (82.4%) state that it was not needed because the child is healthy.¹³

7.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C10]

Asked of parents/guardians with children age 0 – 17 in the household who answered “no” to “Does he/she have any type of healthcare coverage?”

8.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 15] *Asked of all respondents*

9.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Items 13 – 14] *Asked of all respondents*

10.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C11 – C12]

Asked of parents/guardians with children age 0 – 17 in the household

11.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 17] *Asked of all respondents*

12.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C15]

Asked of parents/guardians with children age 0 – 17 in the household

13.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item C16]

Asked of parents/guardians with children age 0 – 17 in the household who answered “more than 1 year” to “About how long has it been since he/she visited a physician for a routine check-up?”

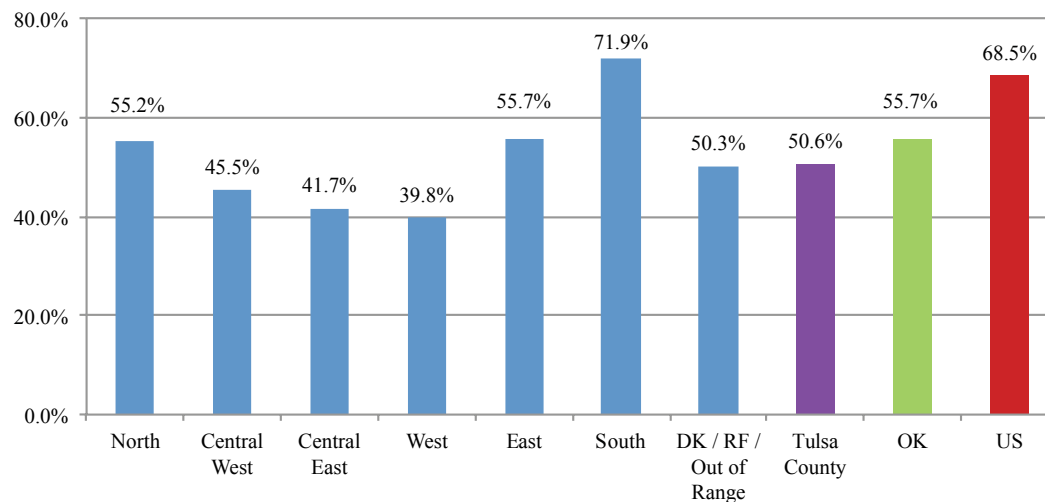
Dental Health

Regular visits to the dentist are an important component of maintaining health. According to Healthy People 2020,

“Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans.”¹⁴

Tulsa County adults were asked how long it has been since they have visited the dentist for a routine teeth cleaning. A total of 50.6% of adults have had a routine teeth cleaning in the previous year. This is significantly lower than both Oklahoma and the United States. Adults are most likely to have received a routine teeth cleaning in the past year if they live in South Tulsa County and least likely if they live in West Tulsa County.^{15, 16}

**Received a Routine Teeth Cleaning in the Past Year
(Tulsa County, 2012)**



Adults belonging to the following groups are more likely to have received a teeth cleaning in the past year:

- Women
- Adults age 65+
- Whites
- Non-Hispanics

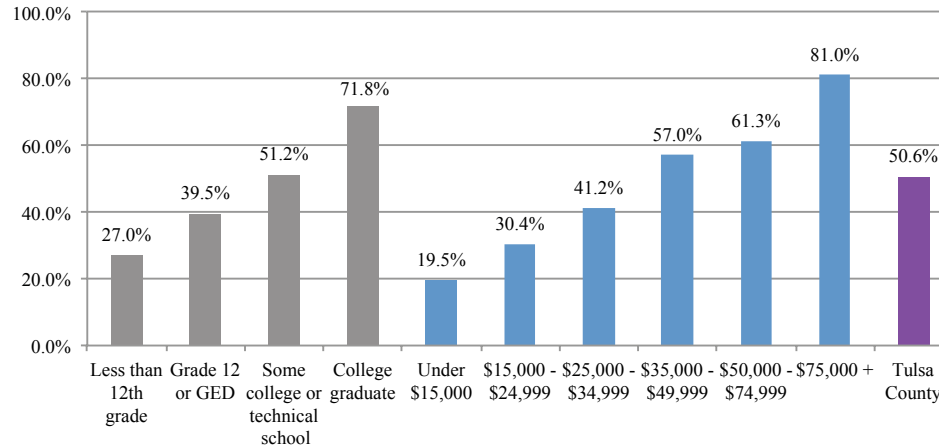
14.) U.S. Department of Health and Human Services. Healthy People 2020. <http://www.healthypeople.gov/2020> May 2013

15.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 25] *Asked of all respondents*

16.) The Kaiser Family Foundation, statehealthfacts.org. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data (BRFSS), 2010, unpublished data, accessed March 6, 2013

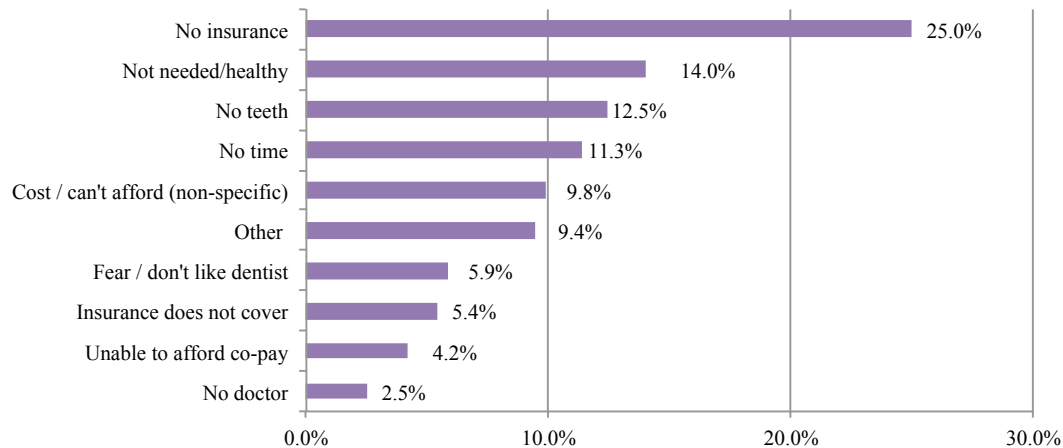
When examining education and income levels, there is a positive correlation between increased likelihood of receiving a routine teeth cleaning in the previous year and higher education and income levels.¹⁶

**Received a Routine Teeth Cleaning in the Past Year
(Tulsa County, 2012)**



Tulsa County adults who had not received a routine teeth cleaning in the past year were asked what barriers they face to receiving dental care. The most common reason was “no insurance.”¹⁷

**Main Reason Why Individuals Have Not Received a Routine Teeth Cleaning in the Past Year
(Tulsa County, 2012)**



17.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 26]

Asked of all respondents who answered “Greater than 1 year” to the question “About how long has it been since you last visited a dentist for a routine teeth cleaning?”





MyHealth Access Network is a non-profit coalition of organizations in Oklahoma, with a goal to improve health care quality and the health of area residents while controlling costs. The organization was chartered to facilitate communications and connections among participants in the healthcare system. As such, MyHealth does not directly provide care, but provides those who do with technology, information, communications, and analytics to support improved care quality and reduced costs.

MyHealth is interested in building and strengthening local health IT infrastructure and testing innovative approaches to make measurable improvements in health, care and cost. The organization focuses on health information exchange, community-wide care coordination, community-wide clinical decision support, patient engagement and shared decision making and quality improvement through interventions such as health information exchange (HIE), patient portal, electronic referrals and online consultation, community health analytics, care gap analysis and individualized risk assessment and guidelines.

MyHealth provides the platform upon which Oklahoma leaders affect change through the use of innovative healthcare technology and dissemination of impactful information.

For a list of community partners working towards these goals, please see appendix E.

What are the challenges Tulsa County may face?

Focus group participants cited uncertainty and lack of awareness about health insurance in the community as a challenge to accessing health care. Participants explained that they are not sure where to turn for answers to complicated questions, and living in a state where health insurance issues are a heavily debated political topic often leads to polarizing views and confusing information.

As the CHNA data shows, inability to afford insurance for health and dental care is another challenge that needs to be considered moving forward.

Overcoming the barriers to educating people on issues related to insurance and access to health care, as well as providing residents with trusted sources of relevant information, are challenges to address.

Participants in the Forces of Change (FOC) Assessment agreed that finding ways to educate and guide people through the health care system is a challenge to overcome. Community partners who provided input to the FOC as well as the residents who participated in the focus groups cited another challenge are the barriers faced by many individuals who care for children and/or their own aging parents. The scope of services to navigate and the medical information provided is broad and can be difficult for caregivers. One suggested solution made by focus group participants was to provide additional outreach and patient navigators to ensure that all Tulsa County residents receive the best and most appropriate care possible.

What opportunities does Tulsa County have?

Community partners who attended the NPHPSP assessment recognized that initiatives that aim to make information easier to exchange and data more accessible benefits providers as well as patients. Providers have an opportunity to empower their patients and help them connect to beneficial resources within their community. These resources can assist with accessing additional health care services as well as improving lifestyle choices such as eating healthier and being more active.

FOC participants also recognized that one strength in our community is the ability of safety net providers to provide care that many people would otherwise not be able to access because of cost. Also, health systems are working to further the reach of their services in order to meet the needs of individuals who experience the most significant barriers when seeking care.

Priority 5: Access To Health Care

Goals	Objectives	Indicators	Baseline	2016 5% increase	2020 10% increase
Increase the number of people with health insurance	Increase the proportion of adults with health care coverage	Percentage of adults who report having health care coverage	77.2% (2012 CHNA)	81.06%	84.92%
	Increase the proportion of children and adolescents aged 0 – 18 years who have health care coverage	Percentage of children 0 – 18 years who have healthcare coverage	89.6% (2011 ACS)	94.08%	98.56%
Increase the number of people who see a dentist regularly	Increase the proportion of persons who report having been to the dentist in the last 12 months	Percentage of adults who report having been to the dentist in the past 12 months	50.6% (2012 CHNA)	53.13%	55.66%

Goals, objectives and indicators were set by Healthy People 2020 and selected for the Tulsa Community by the Pathways to Health partnership.

Priority 6

Tobacco Use



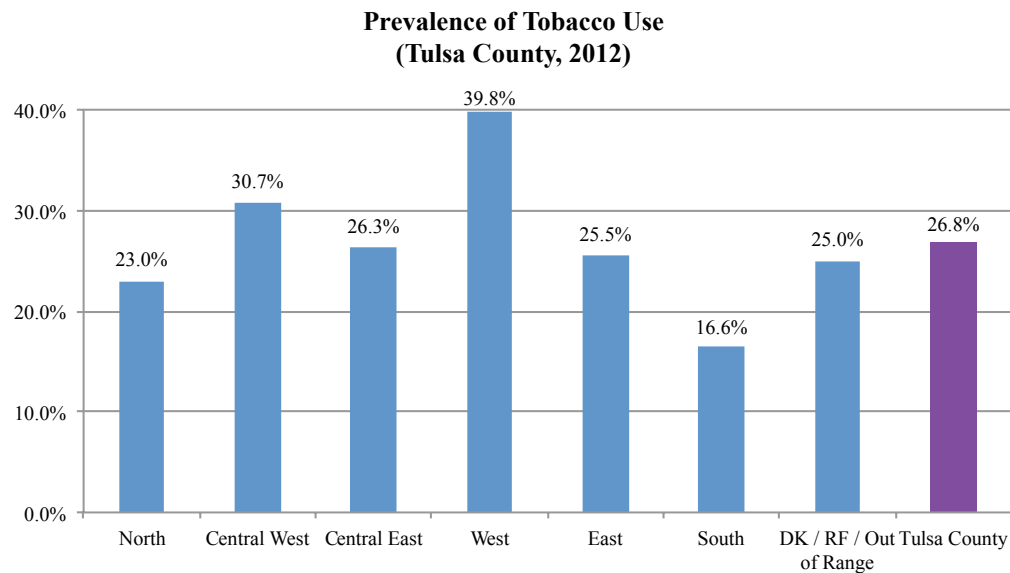
Why is tobacco use a concern for Tulsa County?

According to Healthy People 2020,

“Tobacco use causes cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), and premature birth, low birth weight, stillbirth and infant death. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and Sudden Infant Death Syndrome (SIDS). There is no risk-free level of exposure to secondhand smoke.”¹

Due to the addictive properties of tobacco products, prevention efforts are very important to ensure the health of the whole community.

Overall, 26.9% of Tulsa County adults use some type of tobacco product. This is most prevalent in West Tulsa County and least prevalent in South Tulsa County.²



Tobacco use is most prevalent among the following groups:

- Males
- Adults age 45 – 54
- American Indians or Alaska Natives
- Non-Hispanics

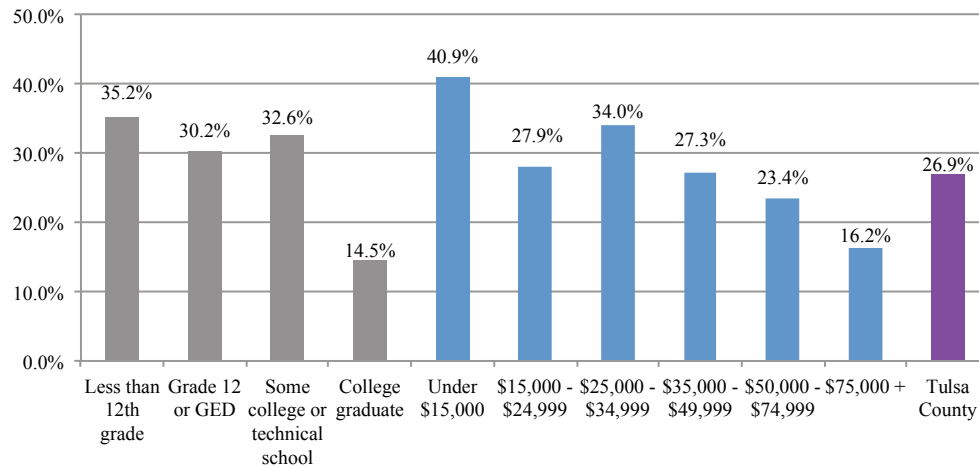
1.) U.S. Department of Health and Human Services. Healthy People 2020. <http://www.healthypeople.gov/2020> May 2013

2.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 46a] *Asked of all respondents*

Additionally, tobacco prevalence is highest among:

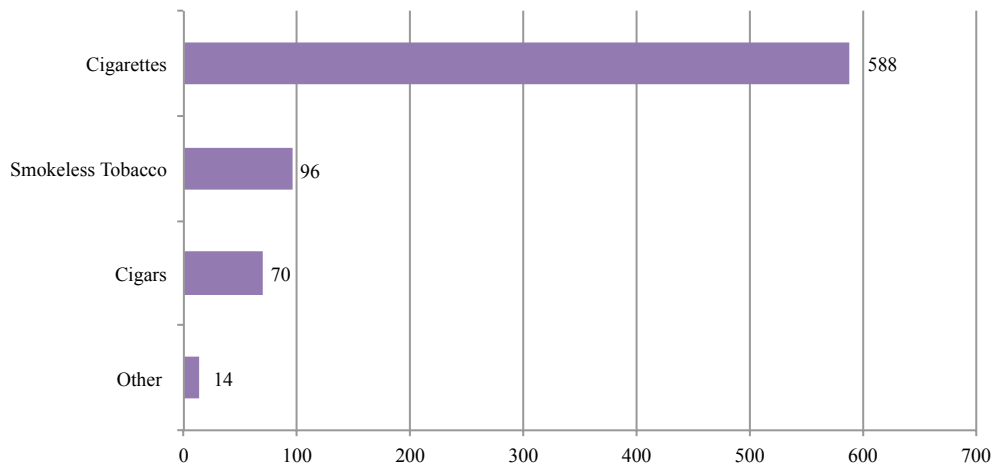
- Adults with less than a 12th grade education
- Adults who have an income of less than \$15,000²

**Prevalence of Tobacco Use
(Tulsa County, 2012)**



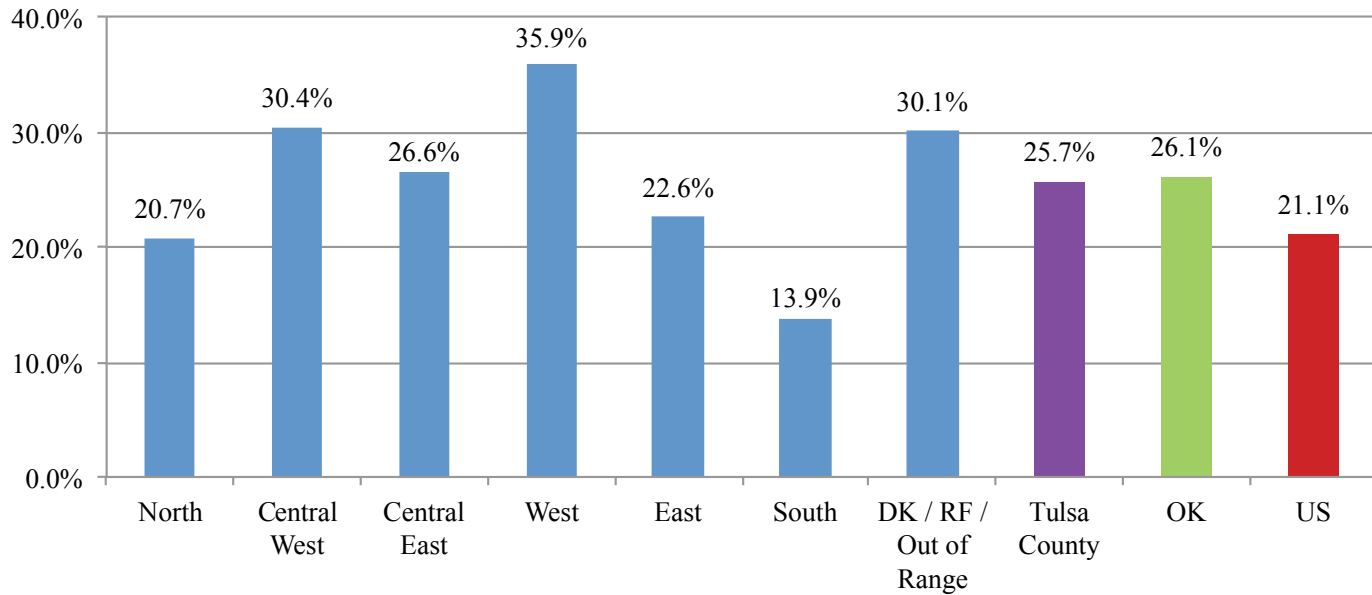
Tulsa County adults who use some type of tobacco product were asked what product(s) they use. The most common response is “cigarettes.”³

**Type of Tobacco Product Used
(Among tobacco users; Tulsa County, 2012)**



Approximately one in four Tulsa County adults (25.6%) currently smokes cigarettes, either regularly or occasionally. Within Tulsa County, the prevalence of cigarette smoking is highest in West Tulsa County and lowest in South Tulsa County.^{4, 5}

Current Smokers (Tulsa County, 2012)



3.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 46b]

Asked of all respondents who responded "yes" to "Do you use any type of tobacco product?" Respondents were able to select multiple responses

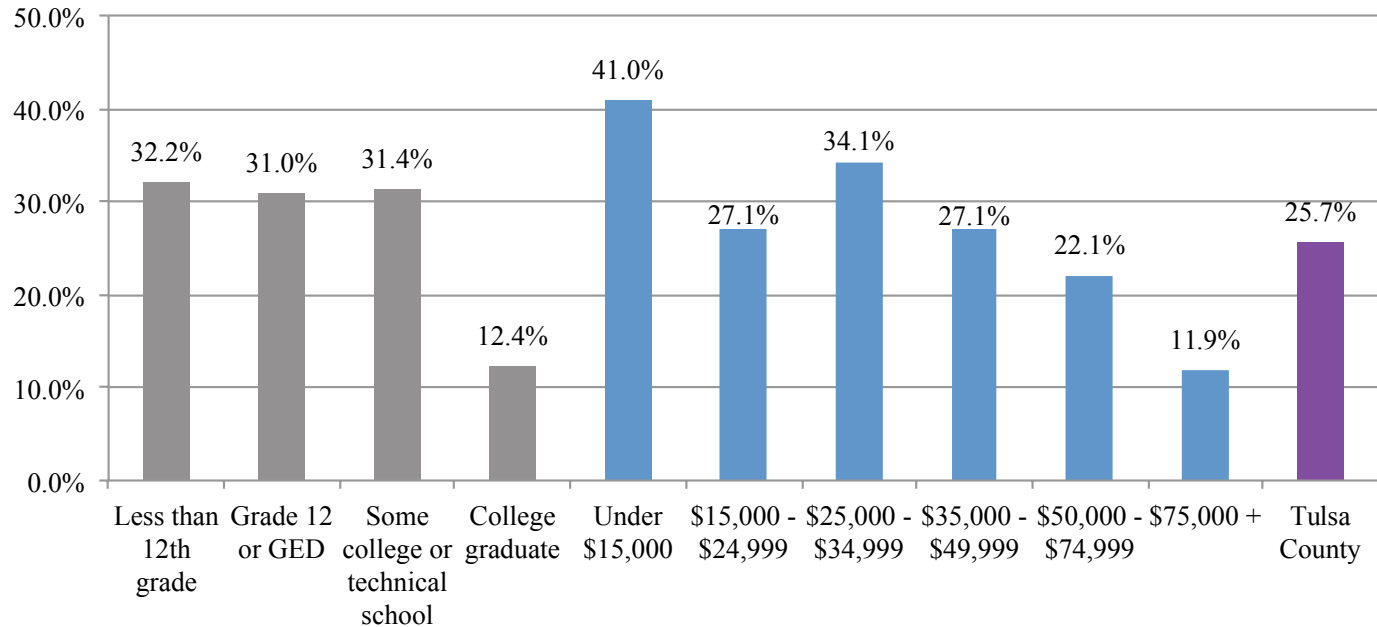
4.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 40-41] *Asked of all respondents*

5.) Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

Cigarette smoking prevalence is higher among the following groups:

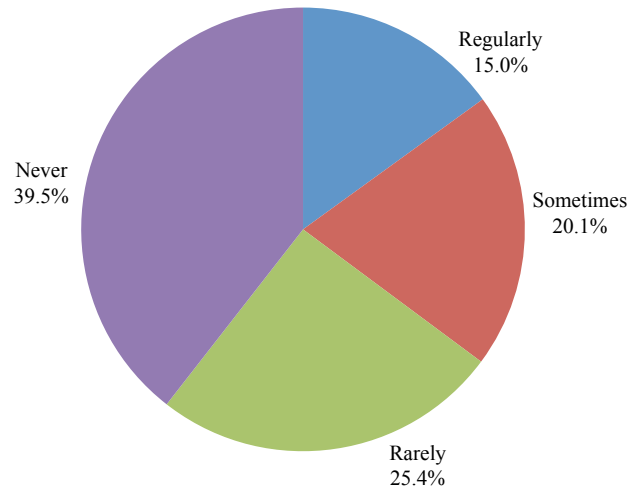
- Males
- Adults age 45 – 54
- American Indians or Alaska Natives
- Non-Hispanics
- Have less than a 12th grade education
- Have an income of less than \$15,000⁴

Current Smokers (Tulsa County, 2012)

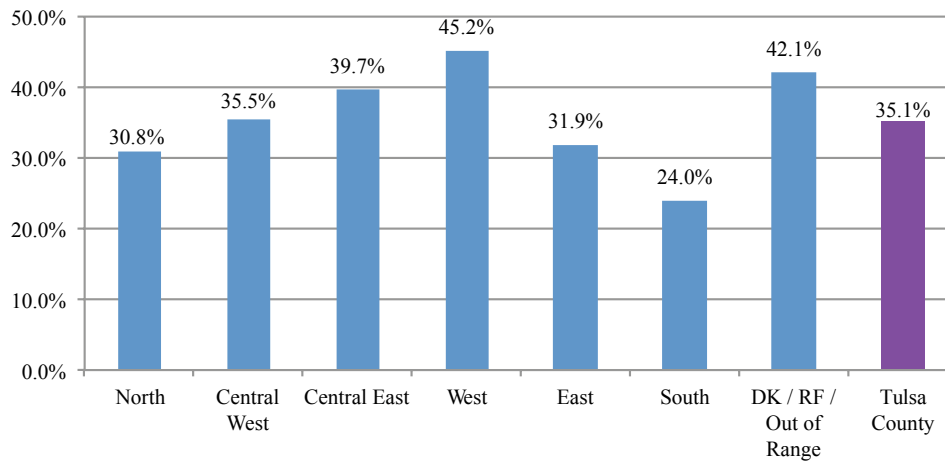


Secondhand smoke affects the community as a whole, and can cause lasting damage and disease in individuals who are repeatedly exposed. A total of 35.1% of Tulsa County adults are “regularly” or “sometimes” exposed to secondhand smoke. This exposure is most common in West Tulsa County and least common in South Tulsa County.⁶

**Frequency of Secondhand Smoke Exposure
(Tulsa County, 2012)**



**"Regularly" or "Sometimes" Exposed to Secondhand Smoke
(Tulsa County, 2012)**



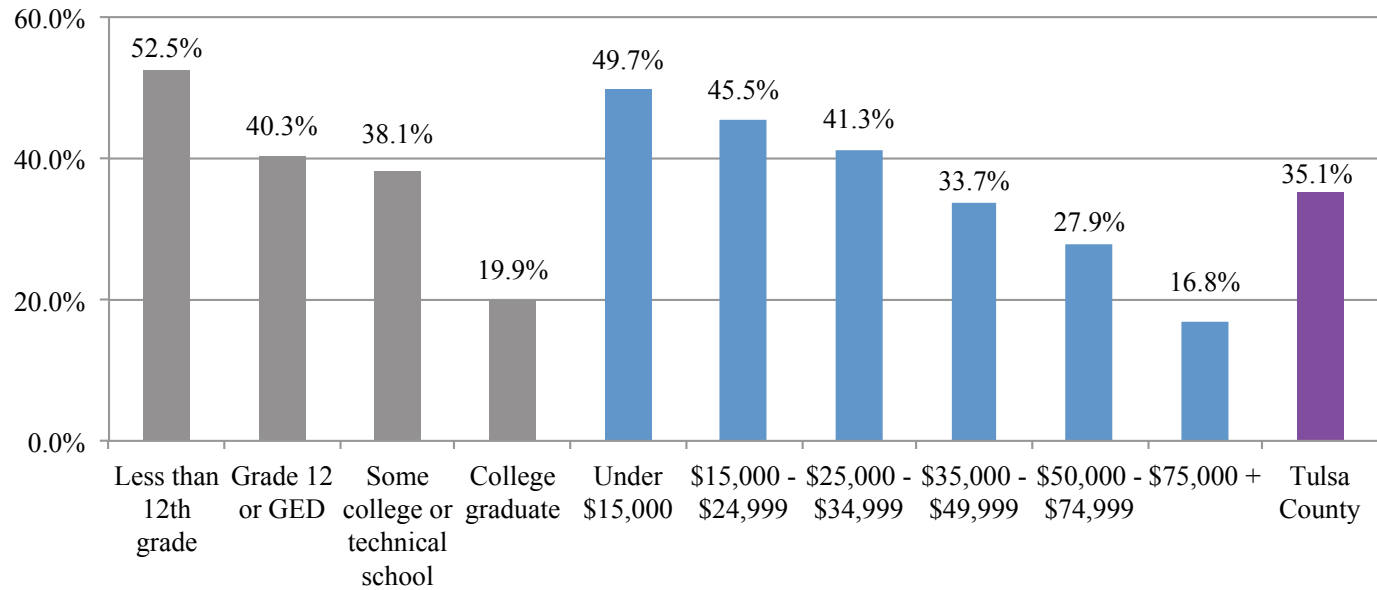
6.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 44] *Asked of all respondents*

“Regularly” or “sometimes” being exposed to secondhand smoke is most common within the following groups:

- Males
- Adults age 18 – 24
- American Indians or Alaska Natives

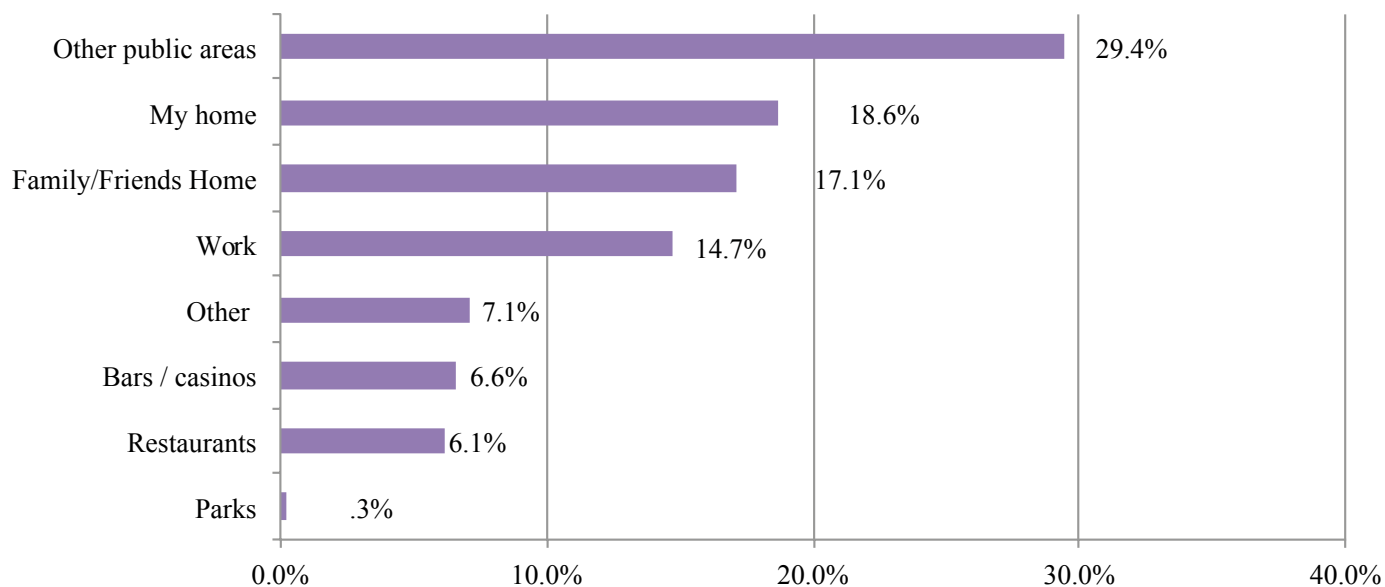
Additionally, secondhand smoke exposure in Tulsa County adults decreases as education and income levels rise.⁶

"Regularly" or "Sometimes" Exposed to Secondhand Smoke (Tulsa County, 2012)



When asked about where secondhand smoke exposure occurs most frequently, the most common response was “other public areas” followed by “my home.”⁷

Location of Secondhand Smoke Exposure (Among adults who are exposed to secondhand smoke; Tulsa County, 2012)



7.) 2012 Tulsa County Community Health Needs Assessment, UNMC Survey Research Center. [Item 45]
Asked of all respondents who answered “regularly,” “sometimes,” or “rarely” to “Are you exposed to secondhand smoke...?”



The Tulsa Health Department's Community of Excellence tobacco control program (CX Tobacco), works to achieve a community in which social norms consistently point to no tobacco use. The program works with local schools, businesses and communities to implement tobacco-free policies. CX Tobacco also encourages community organizations and events to reject tobacco industry sponsorship and works to prevent youth access to tobacco. They have helped more than 14 local school districts adopt a 24/7 tobacco-free campus policy; and more than 40 local companies have adopted tobacco-free campus policies through the Make It Your Business program. CX Tobacco facilitates the Tobacco Free Coalition for Tulsa County which was formed to bring together organizations and individuals working to one day live in a tobacco-free community free from the health and economic consequences of tobacco use.

For a list of community partners working towards these goals, please see appendix E

What are the challenges Tulsa County may face?

Despite existing evidence that tobacco is a definitive detriment to health, the fight to end tobacco use continues. Participants in the Forces of Change (FOC) Assessment recognized that interventions to increase tobacco cessation require strong advocacy and dedication of community partners.

In 1987 and 1994, tobacco industry lobbyists at the Oklahoma State Capitol were successful in advocating for special “preemption” clauses to be placed in state tobacco laws, which took away the rights of Oklahoma communities to adopt or enforce any tobacco-related ordinances more stringent than state law.

Advocates for tobacco cessation agree that progress cannot be achieved until policies and regulations are passed or laws are instated, which necessitates both time and substantial funding.

What are the opportunities we have?

Participants in the FOC assessment were in agreement that through a unified approach, community partners have the opportunity to voice support of pivotal programming efforts and legislation. There are many opportunities for community partners to make a difference, such as local schools and businesses passing 24/7 Tobacco Free School & Workplace Policies and promoting the Oklahoma Tobacco Quit Line as a resource for their staff to utilize in their efforts to quit using tobacco products.

Participants in the local public health systems assessment, NPHSP, and the FOC assessment acknowledged the role community organizations play in encouraging individuals to not use tobacco through education about the dangers of tobacco. Tulsa County has dedicated agencies (see Appendix E) that are committed to helping those who are addicted to tobacco to quit and start on the path to a healthier life.

Priority 6: Tobacco Use

Goals	Objectives	Indicators	Baseline	2016 5% decrease	2020 10% decrease
Reduce tobacco use	Reduce the proportion of adults who report using some kind of tobacco everyday or some days	Percentage of adults who report having smoked a cigarette or using tobacco products everyday or some days	25.6% (2012 CHNA)	24.32%	23.04%
	Reduce the initiation of the use of tobacco products among children and adolescents aged 12 –17 years	Percentage of Oklahoma students (9th grade to 11th grade) who report having smoked cigarettes, at least one, in the past 30 days.	22.7% (2011 CDC YRBSS)	21.56%	20.42%

Goals, objectives and indicators were set by Healthy People 2020 and selected for the Tulsa Community by the Pathways to Health partnership.



Community Partner Participation

The Tulsa community is made up of dedicated organizations and agencies working toward improving health status. Pathways to Health and the Tulsa Health Department's Community Health Improvement Plan would not be possible without the participation and input of these agencies.

Acknowledgements

P2H partnership has evolved since 2008, and the commitment of community partners is evident. Their passion and dedication to making the community a better place to live, learn, work and play is what has made the MAPP assessment process so informative. It is their continued commitment to P2H and the CHIP that will make the greatest impact on the health of our community.

We would like to thank the following agencies for their participation and dedication:

Accessible Transportation Coalition of Tulsa
Alzheimer's Association
Bicycle Pedestrian Advisory Committee
Broken Arrow Public Schools
Camp Fire Green Country
City of Owasso
City of Tulsa
Community Action Project
Community Service Council
Degrees of Geriatrics Consortium
EMSA
George Kaiser Family Foundation
Hillcrest HealthCare System
INCOG
INCOG Area Agency on Aging
Indian Health Care Resource Center
Jenks Public Schools
LIFE Senior Services
Mental Health Association in Tulsa
Metropolitan Tulsa Urban League
Morton Comprehensive Health Services

MyHealth Access Network
Oklahoma Healthy Aging Initiative
Oklahoma Turning Point Council
Operation Aware of Oklahoma
OU Physicians
OU-Tulsa
Saint Francis Health System
Saint Francis Health Zone
Southwood Landscape and Nursery
St. John Health System
Tulsa Area Emergency Management Agency
Tulsa Health Department
Tulsa Area Community School's Initiative
Tulsa Area Wellness Forum
Tulsa City-County Library
Tulsa County Commissioner's Office
Tulsa County OSU Extension Service
Tulsa County Wellness Partnership
Tulsa Food Security Council
Tulsa Public Schools
YMCA of Greater Tulsa

Alliance Groups

P2H has six Alliance Groups dedicated to promoting cross-sector collaboration and sharing information to promote partnerships, enhance resources, and ensure all move in the same direction.

Healthy Kids

Partners working to make Tulsa County children healthier, safer, and more successful meet monthly to discuss current programming efforts to influence community's health priorities as they relate to the youth of Tulsa County.

Healthy Aging

The Degrees of Geriatrics Consortium convenes agencies working to improve health as individuals age, increase quality of life for older adults, and provide support and resources to those who are caring for the older generation.

Healthy Choices

There are groups all over Tulsa working towards changing food policy and practice. Healthier choices have the potential to be the easiest choices when more local, fresh food is available. The Tulsa County Wellness Partnership and the Tulsa Food Security Council are the primary coalitions contributing to this Alliance Group.

Healthy Places

The environment in which people reside and the places and spaces around communities affect how the health of the community. Tulsa County Wellness Partnership, Bicycle Pedestrian Advisory Committee, and Accessible Transportation Coalition are examples of groups that bring together multiple agencies working toward improving the built environment. These groups encourage a unified approach to focus on policy and systems change so that priorities such as physical activity become an easy option for all residents.

Healthy Work Sites

The Tulsa Area Wellness Forum brings together corporations and businesses from Tulsa County committed to helping employees lead healthier lives. A healthier workforce means healthier families leading to a healthier community.

Access to Health Care

Tulsa County health systems, clinics, non-profit agencies, and other organizations work to ensure Tulsans know where they can go to access quality health care, how to afford the health care needed, and who can help navigate the health care system.

Evaluation Plan

P2H will continue to measure the health status of the community through MAPP assessments and an updated CHIP will be published every three years.

Every July, the Tulsa Health Department will publish annual progress reports of performance measures and improvement made in identified indicators with the input of P2H partners.

The annual reports will be used in conjunction with the MAPP assessments to update the CHIP. The updated CHIP can then be implemented, evaluated and revised thus creating a cycle of continuous improvement.

Next Steps

The P2H partnership will continue to make connections to make a difference in the health status of Tulsa County. The challenge of moving the needle on our health status is great, but together the dedication is greater.

www.pathwaystohealthtulsa.org

 @TulsaP2H

info@pathwaystohealthtulsa.org

Appendix D: Forces of Change MAPP Assessment

April 30, 2013 & May 1, 2013

The P2H executive advisory council and senior leadership at Tulsa Health Department participated in brainstorming sessions to identify forces – such as trends, factors or events – that are presently or potentially influencing the health and quality of life of the community and the local public health system. The executive advisory council then collaborated with Tulsa Health Department division chiefs to identify which emerging trends could impact public health over the course of the next three years.

Force of Change	Specific Issues Facing CHIP Priorities	Threats	Opportunities
Legislation	<ul style="list-style-type: none"> • Affordable Care Act • Legislation on prescription medications • Lack of mandated health education in OK schools (despite trying to pass) • School lunch requirements for healthy breakfast and lunch • Changes in school PE time • Regulations for food labels and fast food restaurants • Complete Streets resolutions • Decreased funding for school based alcohol and drug awareness/prevention programs • Approval of graphic imaging on tobacco products as warnings • Tobacco laws • Restoring local rights 	<ul style="list-style-type: none"> • Lack of consistent support • Stigma • Personal perceptions/misconceptions of residents and legislators (want to protect individual rights) • Pharmaceutical companies' revenues/interests • No interest in Medicaid expansion in OK • Media • Smoke Shops have different regulations • Misinformation or inaccurate representation of the legislation (shared use agreements) • School politics • Cost • Lack of understanding about healthy food 	<ul style="list-style-type: none"> • More doctors can see patients and educate at point of service • Doctors can support patients • Education on causes and how to manage chronic disease • Educate on ACA • Tribal collaborations • Expand all policies to “tobacco free” not just “smoke free” • Educate on policies and how to fully implement them and use them for improvement • Administrators at some schools are on board • Curriculum • Eugene Field as an example • Need stricter legislation and policies for opiates • Food regulation changes (transfats)

Force of Change

Access

Specific Issues Facing CHIP Priorities

- Mobile food trucks/ grocery stores in food desert areas
- Affordability of food
- Increase in Farmers' Markets
- Food deserts in North and West Tulsa
- Making sure there are adequate amount of stores offering healthy options and education
- Higher number of liquor stores in low income neighborhoods
- More bars are opening in urban areas and they attract business and patrons
- Children are being prescribed mood/ behavior drugs at earlier ages
- Rx Drug disposal/ redistribution programs
- Hospitals and homeless shelters are collaborating to provide care
- American Heart Association has programming to reduce heart disease
- Tulsa was chosen to participate in the Million Hearts Risk Challenge
- Free quit smoking programs promoted (quit line)

Threats

- Initial funding
- Sustained funding
- Regulations
- Transportation to farmers markets
- Availability and seasonal nature of farmers markets- not a year round offering
- Cost or perceived cost
- There are more convenient alternatives
- Big corporations & fast food companies
- Stigma

Opportunities

- Access improvements
- Raise awareness
- Education- teach skills
- WIC vouchers are accepted
- Not necessary to have localized interventions- everyone benefits from more information
- Distribute information and food at schools
- Policy change
- Continue/expand programs to dispose of Rx Drugs or to responsibly redistribute to needy persons
- Early interventions in schools for children who are pre-diabetic or diabetic

Force of Change

Infrastructure

Specific Issues Facing CHIP Priorities

- Bike/Pedestrian trails
- Lack of sidewalks in certain parts of the county
- Farmers' Markets in food desert areas
- Food Deserts in North & west Tulsa
- Lack of dentists for adult care
- Expansion of health care options in Tulsa North-Tisdale Clinic, OSU Physicians
- Support for safety net clinics
- Shift in providers practicing in specialty areas and not general practice
- Limited unified marketing
- Community Gardens in the news
- Community Picnics and outreach
- New retail in South Tulsa
- Urban sprawl
- Organized Walking Groups
- Children's programs regularly address these issues
- Plan it Tulsa has a goal of creating neighborhood spaces with walkability to services

Threats

- Funding
- Safety
- Reimbursement rates
- Lack of general practice doctors
- Universities accept few students into programs-PA/NP
- Takes time to plan and develop actual infrastructure
- Generational differences
- Existing needs to be updated

Opportunities

- Funding
- Usage/momentum
- Adult "playgrounds"/activity spaces
- Leadership enthusiasm
- Screening program expansions
- More PAs & NPs
- OU & OSU expand academic programs
- Celebrate progress
- Incentivize
- Private industry participation/rewards
- Education about what is physical activity and how easy it can be
- More positive role modeling by peers

Force of Change

Individuals Behavior

Specific Issues Facing CHIP Priorities

- 61st & Peoria Quality of Life Group
- No control over the behavior of parents even when kids are getting good education
- Difficult to change individual's behavior
- Culture of individual rights
- Employer supported at work interventions
- No way to know their numbers
- Restaurants posting calorie counts
- No access or time to make healthy choices
- Tobacco use is no longer trendy and users can often be left out of social situations
- Tulsa was chosen to participate in the Million Hearts Risk Challenge

Threats

- Takes time
- Accessibility barriers
- There are still excuses not to utilize (genetics)
- Medications can be seen as a cure- so why bother exercising/eating right
- Pharmaceutical companies
- Safety (perception vs. actual)
- Individuals don't know their "numbers" or risk factors so might not utilize appropriately
- Individual behavior
- Blanket policies may not represent everyone's needs
- Turnover rates make Return on Investment (ROI) difficult for employers

Opportunities

- Demonstrate ROI
- Educate
- Raise awareness
- Collaborations
- New intervention strategies
- Existing programming to continue
- Policy change
- Reframe the conversation
- Innovation
- Work with business to incentivize (coupons, etc) healthy choices
- Innovative ways to screen and educate people on their numbers
- More media messages around prevention
- Need to be willing to talk about responsible usage of alcohol and not make this a "taboo" subject
- Can turn bad situations- celebrities overdoses, high profile cases- and turn them into teachable moments
- All residents should know their numbers
- Increase health literacy in the population

Force of Change

Specific Issues Facing CHIP Priorities

Threats

Opportunities

Enforcement

- New DUI Task force through RPC
 - Coalition Against Prescription & Substance Abuse of Tulsa
 - The Dental Health Investigation will impact regulations in dental practices
- Stigma
 - “repeat offenders”
 - Holes in the system
 - Doctors prescribe a lot of meds- maybe need different interventions
 - Funding
 - Lack of resources
 - Accessibility
 - Red tape
 - Expanding programming/ academic options has no capitol and no funding

- Employee Assistance Programs- awareness
- Training
- Empowerment
- Events
- Collaborations
- Awareness campaigns
- MyHealth Data Sharing
- Oklahoma Board of Dentistry (OBD) increase regulations
- More proactive approach

Funding

- Lack of funding to support obesity prevention programming
 - Limited unified marketing
 - Lack of funding for screening programs
- ROI - focus isn't on prevention
 - Legislators may not be educated on funding streams and reliance on grants

- Collaboration cross-sectors
- TSET \$
- Educate legislators on funding streams and ROI
- Cost benefit analysis

Demographics

- Increase in refugees to Tulsa County
 - Health disparities between socioeconomic groups
 - Some populations may be pre-disposed to certain chronic diseases; targeted programming efforts are addressing these needs
- Cultural barriers
 - Understanding cultural differences- learning curve
 - Language barriers
 - Increase in the prevalence of disease
 - Stigma

- Inclusion
- Cultural Awareness
- Education
- ESL Classes
- Farmers' Markets benefit
- Work with legislation
- Promote Native American free health care system

Appendix E: Priority Champions

Community partners working to improve health in Tulsa County received a questionnaire regarding their ongoing projects and initiatives relative to the top six health concerns of residents. The following table summarizes their responses.

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
Alzheimer's Association	Programming for those living with Alzheimer's as well as caretakers.	Number of programs facilitated	1 - Poor Diet & Inactivity 4 - Chronic Disease 5 - Access to Health Care
Bicycle Pedestrian Advisory Committee	Policy, advocacy and encouragement around making communities more bicycle and pedestrian friendly.	Meeting the goals that were presented to City Council Increased bicycle and pedestrian funding	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease
Bixby Public Schools	Together with the State Department of Education, Department of Mental Health and Substance Abuse Services offers AlcoholEdu for High School. An evidence-based, online alcohol prevention program.	Number of participating schools	3 - Alcohol & Drug Abuse
Camp Fire Green Country	After School & Summer programming promotes fitness and nutrition through fun and collaborative programming.	Number of participants	1 - Poor Diet & Inactivity 2 - Obesity 3 - Alcohol & Drug Abuse 4 - Chronic Disease
City of Tulsa Parks Department	The parks department encourages physical activity and active living through programming and recreational facilities.	Number of programs facilitated	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
Community Care	Connecting employers with resources for their employees to live healthier lifestyles. Connections to local fitness centers as well as educational resources.	Number of companies participating in programming	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care
Hillcrest Health System	Exercise and Lifestyle Programs offer fitness classes that reach out to help those from all walks of life. From seniors looking to enhance their health and wellbeing to those looking to improve the function and movement of their body through specialized programs,.	Number of programs facilitated	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care
INCOG	Transportation Planning is responsible for the development of regional transportation plans and programs for a 6 county area. Included in these plans are options for active transportation.	Number of successfully implemented plans that include active transportation in the regional transportation plans for Tulsa County.	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care
Indian Health Care Resource Center	Offers individual and group exercise classes on a weekly basis helping to educate and motivate clients to move more for better overall health.	Number of educational classes	1 - Poor Diet & Inactivity 2 - Obesity 3 - Alcohol & Drug Abuse 4 - Chronic Disease 5 - Access to Health Care 6 - Tobacco Use
Krutka Fitness	Dedicated physical activity programming.	Number of companies participating in programming	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
LIFE Senior Services	Senior Centers/Adult Day Centers Programming offer just the right combination of social, creative, educational, fitness and health activities to keep members physically active and socially engaged.	Number of individuals participating in programming	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care
Meal on Wheels	Meals on Wheels of Metro Tulsa provides home-delivery of hot, nutritious lunchtime meals; diabetic, low sodium and vegetarian diet meal options to elderly and/or disabled persons who are homebound.	Number of individuals participating in programming	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease
Mental Health Association in Tulsa	Programs include housing, working and recovery transitional employment program, mental health assistance center, support groups, adolescent programs, ongoing educational opportunities to our community on mental health, and we advocate on behalf of those we serve.	Number of programs facilitated	3 - Alcohol & Drug Abuse 5 - Access to Health Care
MyHealth	MyHealth does not directly provide care, but provides those who do with technology, information, communications, and analytics to support improved care quality and reduced costs.	Number of participating agencies	5 - Access to Health Care

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
Oklahoma Farm and Food Alliance	A non-profit coalition of local food producers, processors, distributors, institutional purchasers, restaurants, consumers and health related organizations dedicated to strengthening the local foods industry in Oklahoma and enhancing access to healthy, locally grown foods.	Number of participants	1- Poor Diet & Inactivity
Operation Aware of Oklahoma	In school programming designed to “celebrate what’s right” with young people. The educational programs also allow students to develop the knowledge and life skills to practice responsible behavior.	Number of programs facilitated	3 - Alcohol & Drug Abuse 6 - Tobacco Use
OSU Extension	Programming efforts to improve the health of limited resource youth and families through practical lessons on basic nutrition and healthy lifestyles, food resource management, food safety and physical activity. Programming for older adults is also available.	Number of educational classes or consultations	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease
OSU Family Health & Nutrition Clinic	Family Health and Nutrition Clinic takes a comprehensive and multidisciplinary approach, bringing in everyone from dietitians to clinical psychologists to help children and their families make better dietary and lifestyle choices.	Number of patients participating in programming	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
OSU Family Health & Nutrition Clinic	Cowboys Get Healthy, Get Fit is program offered through a partnership between FHNC, YMCA of Greater Tulsa and the OSU Cooperative Extension Fresh Start program for 10-16 year olds with BMI > 85th percentile. Nutrition education focuses on meal planning and preparation.	Number of patients enrolled in the program	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care
OSU Family Health & Nutrition Clinic	Pink 2 Orange Program is designed to provide a continuum of care between ShapeDown and the Oklahoma State University Family Health and Nutrition Clinic. Programming focuses on continuing nutrition education, physical activity and weight management.	Number of patients enrolled in the program	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care
OU Community Health	Community Health is a collaborative program that provides affordable healthcare to the indigent and underserved in Tulsa County.	Number of consultations	5 - Access to Health Care
PBA Wellness	Assists corporations with implementing wellness initiatives and policies.	Number of companies participating in programming	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
Saint Francis Health System	ShapeDown is a family based pediatric weight management and wellness program that teaches healthy lifestyle behaviors, including eating and activity habits. The program offers nutrition and physical activity sessions focusing on the whole family making positive lifestyle changes.	Number of participants	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care
Saint Francis Health System	Kohl's Fun and Fit Kids visits local community events to encourage kids of all ages and their families to eat right and be active.	Number of assemblies	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease
Saint Francis Health System	Health Teacher is an online resource of health education tools including lessons, interactive presentations and additional resources to integrate health into any classroom. Lessons include nutrition education and physical activity, decision making skills, tobacco, drug and alcohol prevention.	Number of participating schools	1 - Poor Diet & Inactivity 2 - Obesity 3 - Alcohol & Drug Abuse 4 - Chronic Disease 6 - Tobacco Use
St. John Health System	Medical Access Program works to develop medical services to serve the primary, diagnostic and specialty health care needs of the needy population of the Tulsa County area.	Number of patients	4 - Chronic Disease 5 - Access to Health Care

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
Tulsa Area Community Schools Initiative	TACSI offers comprehensive programs, services, and opportunities to students, families, and the neighboring community.	Number of families assisted Number of community partners offering services	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care
Tulsa Area Wellness Forum	TAWF is a collaboration of companies who work together to encourage, create, and enhance a culture of employee wellness in the workplace.	Number of companies participating in programming	1 - Poor Diet & Inactivity 2 - Obesity 3 - Alcohol & Drug Abuse 4 - Chronic Disease 5 - Access to Health Care 6 - Tobacco Use
Tulsa County Parks	Tulsa County Parks provide opportunities in both natural and developed environments, where citizens and guests can enjoy recreation and leisure activities.	Number of programs facilitated	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease
Tulsa Creek County Senior Nutrition	Senior Nutrition Programming is dedicated to ensuring the vitality and longevity of the physical, mental and nutritional needs of senior citizens residing in Tulsa and Creek Counties of Oklahoma.	Number of individuals participating in programming	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease
Tulsa Food Security Council	The mission of TFSC is to improve health and wellness, food security and quality of life for all of Green Country.	Number of policies passed or changed	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
Tulsa Health Department	Child Guidance is a statewide program to promote and support healthy family relationships and child development by providing prevention, education, screenings, diagnostics and treatment to children and families.	Number of participants	5 - Access to Health Care
Tulsa Health Department	Children First is a family-centered program to help first-time mothers and their families prepare for parenthood. Mothers receive information on promoting a healthy, safe lifestyle for their family through regular home visits by registered nurses beginning during pregnancy and continuing until the baby is two years old.	Number of participants	5 - Access to Health Care 6 - Tobacco Use
Tulsa Health Department	CX Nutrition and Fitness Program is dedicated to changing policies and environments in Tulsa County to make healthy nutrition and fitness the easy choice in schools, workplaces and communities.	Number of complete streets resolutions passed	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease
Tulsa Health Department	CX Tobacco provides programming to eliminate secondhand smoke exposure, prevent youth from starting, reduce the tobacco industry's influence and promote tobacco cessation services.	Number of policies passed or changed	6 - Tobacco Use

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
Tulsa Health Department	It's All About Kids is an obesity prevention program for elementary school-aged children that encourages kids to make healthy choices and habits for a brighter future. Programming efforts also include nutrition and physical activity for school staff and parents. The program's nurse case manager assists families in accessing health care services as well.	Number of nutrition classes taught Number of physical activity classes taught	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care
Tulsa Health Department	Maternal Child Health Initiative raises public awareness and works within our community to identify maternal and child health issues, needs, and barriers. We analyze and interpret data to provide public health information and referral services to high-risk clients.	Number of participants	5 - Access to Health Care 6 - Tobacco Use
Tulsa Health Department	Outreach services help families in need get connected to preventive services like family planning, prenatal care and child health care.	Number of participants	5 - Access to Health Care

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
Tulsa Health Department	The primary goal of Regional Prevention Coordinators (RPC) is to provide regional prevention services by engaging community members, local organizations, public agencies, youth, and the media to change community conditions that contribute to alcohol, tobacco and other drug (ATOD) related problems.	Number of programs facilitated	3 - Alcohol & Drug Abuse
Tulsa Health Department	Tulsa Healthy Start works to help reduce Tulsa's infant mortality rate by providing healthy messages and support for the entire family. The program also seeks to ensure continuity of care for women and children.	Number of participants	5 - Access to Health Care
Tulsa Health Department	WIC is a supplemental nutrition program that serves to safeguard the health of income-eligible women, infants and children up to age five who are at nutritional risk. The program provides nutrition education, food vouchers, and referrals to many helpful agencies.	Number of participants Number of programs facilitated	1 - Poor Diet & Inactivity 2 - Obesity
Tulsa Public Schools	Child Nutrition department provides excellent meals and nutrition education to enhance the learning experience for every student, everyday.	Number of free/reduced lunches	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease

Project Champions	Selected Strategies	Possible Indicator(s)	Priority Focus
Tulsa River Parks	Offering outdoor recreation, River Parks' 26 miles of asphalt-surfaced trails connect to gathering areas, playgrounds, along the banks of the Arkansas River.	Number of programs facilitated	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease
Union Public Schools	Community Schools Programming offers services and resources to students and families to provide them with many opportunities to achieve healthier lifestyles.	Number of families assisted Number of community partners offering services	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care
YMCA of Greater Tulsa	After School Programming as well as programming at local fitness centers supports healthy living through nutrition education and physical activity opportunities for children and adults.	Number of programs	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease
Warren Clinic	The Diabetes Center provides education on managing diabetes through proper diet and physical activity.	Number of educational classes or consultations	1 - Poor Diet & Inactivity 2 - Obesity 4 - Chronic Disease 5 - Access to Health Care

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