Tulsa City-County Board of Health (TCCBH)
Oklahoma State Board of Health (OSBH)
Oklahoma City-County Board of Health (OCCBH)

North Regional Health and Wellness Center
5635 N. Martin Luther King, Jr. Blvd
Tulsa, OK 74126

Tuesday, October 7, 2014 1:00 p.m.

Dr. Geraldine Ellison, Tulsa City-County Board of Health Chair; Dr. Stephen Cagle, Oklahoma City-County Board of Health Chair; and Dr. Ronald Woodson, Oklahoma State Board of Health President called the Tri-Board meeting to order on Tuesday, October 7, 2014 at 1:03 p.m. The final agenda was posted on October 3, 2014 on respective Board websites as well the building entrance on October 3, 2014 at 1:00 p.m.

ROLL CALL

TCCBH Members in Attendance: Dr. Patrick Grogan, Dr. Geraldine Ellison, Ms. Nancy Keithline.

OCCBH Members in Attendance: Dr. Cagle, Dr. Hill, Scott Mitchell, Dr. Raskob and Dr. Gray.

OSBH Members in Attendance: Ronald Woodson, M.D., President; Martha Burger, M.B.A., Vice-President; Charles W. Grim, D.D.S.; Timothy E. Starkey, M.B.A.; Jenny Alexopoulos, D.O.

Absent: Cris Hart-Wolfe, Secretary-Treasurer; R. Murali Krishna, M.D.; Terry Gerard, D.O.; Robert S. Stewart, M.D.

OCCHD Staff in Attendance: Gary Cox, Bob Jamison, Myron Coleman, Tony Miller, Alicia Meadows, Jackie Shawnee, Shannon Welch, Laura Holmes, Phil Maytubby, John Gogets, Dave Cox, and Patrick McGough.

OSDH Staff in Attendance: Terry Cline, Commissioner; Henry F. Hartsell, Deputy Commissioner, Protective Health Services; Steve Ronck, Deputy Commissioner, Community and Family Health Services; Toni Frioux, Deputy Commissioner, Prevention and Preparedness Services; Mark Newman, Director of Office of State and Federal Policy; Don Maisch, Office of General Counsel; Jay Holland, Director of Internal Audit and Office of Accountability Systems; Tony Sellars, Office of Communications; Melissa Lange, Chief Financial Officer; Kathy Aebischer, Business Officer; VaLauna Grissom, Secretary to the State Board of Health; Janice Hiner, Sr. Advisor to the Commissioner of Health.

Visitors in attendance: (see sign in sheet)

Opening Remarks

Dr. Ellison welcomed everyone to the 3rd Annual Tri-Board meeting held this year at the Tulsa City-County Health Department’s North Regional Health and Wellness Center. Dr. Ellison expressed the importance of the meeting including efforts to improve the overall health status in the State. She also discussed the importance of local health departments (as mentioned by the media) and thanked the staff for their efforts.

Dr. Cagle, Chair, Oklahoma City-County Board of Health (OCCBH), thanked the staff for their work.
Dr. Woodson, President, Oklahoma State Board of Health (OSBH) thanked the Tulsa Health Department for hosting and sharing the new Wellness facility. The annual Tri-Board meeting is a great opportunity for the three boards to collaborate.

**REVIEW OF MINUTES – TCCBH**

Dr. Ellison requested the agenda be amended to allow for approval of the September 17, 2014 minutes of the OCCBH Board meeting as presented during the Chair’s Report.

AYE: Unanimous consent.

**REVIEW OF MINUTES – OSBH**

Dr. Woodson directed attention to the minutes of the July 8, 2014 regular meeting and the August 15-17, 2014 Annual Board of Health Retreat for review and approval.

Ms. Burger moved Board approval of the July 8, 2014 meeting minutes as presented. Second Mr. Starkey. Motion carried.

AYE: Alexopulos, Burger, Grim, Starkey, Woodson
ABSSENT: Gerard, Krishna, Stewart, Wolfe

Ms. Burger moved Board approval of the August 15-17, 2014 meeting minutes as presented. Second Dr. Grim. Motion carried.

AYE: Alexopulos, Burger, Grim, Starkey, Woodson
ABSSENT: Gerard, Krishna, Stewart, Wolfe

**REVIEW OF MINUTES – OCCBH**

Dr. Cagle entertained a motion to approve the September 16, 2014 meeting minutes. Dr. Hill made a motion to approve the September 16, 2014 meeting minutes. Scott Mitchell seconded this motion. Vote taken: Dr. Cagle, Dr. Hill, Scott Mitchell, Dr. Raskob and Dr. Gray. Motion carried.

**PUBLIC HEALTH ENTERPRISE – DATA INTEGRATION, EHR’S AND MYHEALTH**

David C. Kendrick, M.D., M.P.H, Chief Executive Officer for MyHealth Access Network
See Attachment A.

**STRATEGIC PLAN UPDATES / OKLAHOMA HEALTH IMPROVEMENT PLAN**

Terry Cline, Ph.D. (OSDH), Gary Cox, J.D. (OCCHD), Bruce Dart, Ph.D. (THD)
See Attachments B, C, and D.

Dr. Cline presented an update to the Oklahoma Health Improvement Plan (OHIP) from a state level perspective. He addressed success and challenged to date for the plan’s three flagship issues: tobacco; children’s health; and obesity. OHIP is currently in the process of being updated and the updated plan is scheduled to be published in January of 2015. Dr. Cline shared the results from the statewide community chats which sought to obtain input from communities regarding challenges and barriers to achieving health. Oklahoma intends to meet that challenge through the engagement of private and public
partnerships and through the involvement of communities in shaping positive health strategies. Priorities identified in OHIP when accomplished, will address key risk factors contributing to negative health outcomes. The plan also addresses individual conditions, health behaviors and key populations through a focus on flagship issues targeting tobacco, obesity, children’s health and behavioral health. Moving forward, there are more exciting public private partnerships seeking to address OHIP recommendations, such as the Parks Passport Initiative, Fitnessgram, the Governor’s Get Fit Challenge, NGA Policy Academy, and the State Innovation Model Grant.

Gary Cox presented on Robert Wood Johnson’s RESOLVE report, which makes recommendations for public health agencies to prepare for the future. He spoke on OCCHD’s efforts to reallocate resources to focus areas that will result in shift towards wellness for the community. This includes focusing on the importance of big data, forming both traditional and non-traditional partnerships, strengthening internal management systems, and delivering and evaluating promising and best practice programs and interventions. For more information on this see the attached document.

Dr. Dart reviewed the original strategic plan for Tulsa County and how it translates to reality; administration and the Board narrowed the original plan down from 128 measures to 22. He also reviewed the strategic plan statistics as of June 30, 2014 which include 100% completion of product/process producing objectives and 81% overall completion; the Department is on target to complete all objectives by June 30, 2015. He also reviewed the intranet dashboard which provides real time data and updates on progress.

Dr. Ellison requested the agenda be amended to allow Kimberly Schutz and Tina Burdett to address the Tri-Board prior to Policy Agenda Discussion.

AYE: Unanimous consent.

PUBLIC / PRIVATE PARTNERSHIPS TO IMPROVE ADOLESCENT HEALTH

Kimberly Schutz, J.D., Campaign to Prevent Teen Pregnancy; Tina Burdett, Kirkpatrick Foundation

See Attachments E and F.

Kimberly Shutz, Campaign to Prevent Teen Pregnancy, provided an overview on their partnership with the Tulsa Health Department in support of OHIP goals around Children’s Health. The Campaign seeks to address Oklahoma’s high teen birth rate (2nd highest in nation) through education, outreach, and improved access to healthcare for young people.

Tina Burdett, Kirkpatrick Foundation, spoke about the important partnership that the Foundation has with the Wellness Now Coalition Adolescent Health workgroup. She shared data for OK County teen births and stressed the importance of the need for more comprehensive, up to date data to better evaluate efforts. For more information on this see the attached document.

The presentation concluded.

POLICY AGENDA DISCUSSION

Mark Newman, Ph.D. (OSDH), Bruce Dart, Ph.D. (THD)
Dr. Newman provided historical context for the policy agenda discussion, highlighting policy topics including 1) smoking in the workplace and 2) texting while driving. He reminded the Tri-Board of the recent policy adopted to prohibit the sale of vapor tobacco products to minors as well as the lack of policy regarding texting while driving (current law is framed as distracted or impaired driver). Dr. Newman expressed the importance of partnerships among community agencies to adopt policies for these issues.

Dr. Dart shared the importance of the power that exists among all boards (collectively). He shared information about repealing preemption as relates to smoking in the workplace. Discussions are needed among all board members about which questions will garner greater public response among voters; consensus - statewide ban on smoking in the workplace. Dr. Ellison queried Tri-Board support for the Adolescent Health/Teen Pregnancy funding. The Tri-Board responded with unanimous consent. The next steps include proposed Board of Health executive committee meetings (on a regular basis) to discuss initiatives that affect the entire state.

The presentation concluded.

**CHAIRMAN’S REPORT – TCCBH**

Dr. Ellison shared that the 2013-2014 Annual Report for TCCHD has been released. The branding and marketing efforts of the Department have been recognized nationally prompting a visit from the University of Kansas and the Lawrence-Douglas County Health Department to discuss best practices in Marketing. The Department is participating in planning efforts for the ACA fall enrollment period. An Immediate Assembly Drill is scheduled for November and will test the activation of public health emergency operations and demonstrate the ability to rapidly assemble public health staff to fulfill lead roles under the Incident Command System structure. The 3rd Annual Food Glorious Food Day is scheduled for October 11 at the North Regional Center. The event, a partnership with several area agencies brings awareness to healthy eating and food insecurities; it also includes activities and demonstrations for the whole family.

**CHAIRMAN’S REPORT – OCBBH**

Dr. Cagle shared his enthusiasm with regards to having quarterly meetings between the OKC, Tulsa and State Boards of Health. He indicated this would be a good time to discuss the opportunity to collaboratively implement an Electronic Health Record.

**PRESIDENT’S REPORT – OSBH**

In Dr. Woodson’s absence, Martha Burger, thanked TCCHD for hosting the 2014 Annual Tri-Board meeting. Due to lack of a sustained quorum, the OSBH will approve 2015 Board of Health meeting dates and locations during the December Board meeting. She encouraged Board members to complete the post retreat survey prior to October 13th.

**NEW BUSINESS**

No new business.

**ADJOURNMENT**

The meeting adjourned by unanimous consent at 3:17 p.m.

Approved
Ronald Woodson,
President, Oklahoma State Board of Health
December 9, 2014
Public Health Enterprise: Data Integration, EHR’s and MyHealth

A Proposal for Infrastructure to support Public Health improvement

David Kendrick, MD, MPH

2008

EMR vs. Health Information Exchange

Anatomy of MyHealth HIE

523 Combined Participant locations as of 3/31/2014
Patients in MyHealth Access network by home zip code

MyHealth Participants include...

- Physicians
- Hospitals
- Nursing Homes
- LTPACs
- SNFs
- Community agencies
- Community Mental Health Centers
- First responders
- Medical societies
- State Department of Health
- City-County Health Departments
- Commercial Payers
- Employers
- Pharmacies
- Home health
- Hospices
- Academic centers
- Blood Institutes
- Optometrists
- Tribal Health Systems
- Rural Health Networks
- OHCA

Preparing for the new healthcare system
"App" Architecture to Expand Options
Basic Framework for Health Improvement using MyHealth Interventions

Community-wide Health Data

Tools to Address Care Opportunities

Analysis and Synthesis of Care Opportunities

- Health Information Exchange
- Single-sign on
- Context Management
- Patient portal

- Archimedes
- Community Analytics Platform (Pentaho)
- DocSite Analytics

MyHealth identifies needed screening and testing across the population and notifies providers

Analytics to Plan Clinical Care

MyHealth HIE Public Health

Community Health Analytics

“App” Architecture to Expand Options

MyHealth identifies needed screening and testing across the population and notifies providers

- 2,156 patients with previously HIGH LDL who have not been tested in >180 days
- 949 patients with previously HIGH DBATc who have not been tested in >90 days
Existing Infrastructure to support Public Health

- eMPI: 3.6M lives
- Clinical Data Repository
- Voluntary All-payer Claims database
- Data feeds (Immunizations, Labs, Conditions, ER and Admission data, etc.)
- Clinical and health analytics tools
- Free patient portal
- Provider directories and Usage audit logs
- Policies for data exchange and use

Additional Tools (Apps) for Public Health Proposed

Clinical workflow support to centralize and integrate data for:
- Family Planning
- TB Screening
- Child Health clinic support
- Special Child Health Services
- Immunizations
- Public health monitoring

Additional Program Support Proposed

Data collection and routing to OSDH (where relevant) for:
- Children First
- Consumer protection
- Water Testing
- WIC

Approach

Software as a service model
- Build infrastructure once
  — Cost may be shared
- Each organization pays only their portion of overhead for shared apps and services

Questions?

David C. Kendrick, MD, MPH
David.Kendrick@MyHealthAccess.net
Info@MyHealthAccess.net
918-236-3434

Results

- Patients receiving an online consult had a significant reduction in PMPM cost of care when compared with themselves as historical controls:
  - $140.53 Pre Consult vs. $78.16 Post Consult
  - Net savings of $62.37, p=0.021
- Compared with patients who received a referral but NOT a consult:

<table>
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<tr>
<th>Cost Type</th>
<th>Mean PMPM Cost Change</th>
<th>Mean Percentage Change</th>
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</thead>
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<tr>
<td>Facility Costs (UB92)</td>
<td>-$13.00</td>
<td>-20%</td>
</tr>
<tr>
<td>Professional Costs (HCFA 1500)</td>
<td>-$108.04</td>
<td>-34%</td>
</tr>
<tr>
<td>Pharmacy Costs (PBM)</td>
<td>-$9.14</td>
<td>-14%</td>
</tr>
<tr>
<td>Total Costs</td>
<td>-$130.18</td>
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</tbody>
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“Heart Health Mobile”

Directs patients to local providers for screening
**Tobacco**
- Adult smoking decreased from 26.1% (2011) to 23.7% (2013) of the population. Oklahoma is currently ranked 45th in the US.
- 85% of Oklahoma children attend schools with 24/7 tobacco free policies.

**Obesity**
- Percent of public high school students who are obese decreased from 17% (2011) to 11.8% (2013).
- Oklahoma adult obesity prevalence is 32.5% (2013). Oklahoma is currently ranked 44th in the US.

**Child Health**
- Currently at 6.8/1,000 live births, infant mortality has dropped 21% since 2007.
- Only 8.4% of Oklahoma babies were born with low birth weight, though prevalence in the African American population is 14%.
GOVERNOR’S GET FIT CHALLENGE TIMELINE

- **FitnessGram**
- **Park’s Passport**
- **Certified Healthy**
- Governor’s Get Fit Curriculum

Governor & Kevin Durant Launch Event – September 26, 2014, Childhood Obesity Month

NGA POLICY ACADEMY CORE AREAS

**Purpose:** Develop & Implement health workforce action plan

**Period of Workforce Policy Academy:** May 2014 – Oct. 2015

**Health Workforce Data Collection and Analysis**
- Improve state health workforce data collection and analysis
- Link health workforce and health indicator data
- Establish processes for linking data to program and policy planning

**Workforce Redesign**
- Analyze new models of care to identify appropriate workforce strategies
- Define resource requirements for a redesigned health workforce
- Recommend evidence-based strategies that will meet Oklahoma’s unique and diverse needs

**Pipeline, Recruitment, Retention**
- Establish interdisciplinary collaboration to address supply and distribution of health professionals
- Develop broad statewide education and training strategy
- Evaluate and recommend recruitment and retention strategies

**Coordination of State Health Workforce Efforts**
- Achieve stakeholder consensus for statewide health workforce mission and vision
- Incorporate health workforce, population health, and economic data into research agenda
- Establish formal memorandum of agreements for collaboration and cooperation among stakeholders

STATE INNOVATION MODEL (SIM) GRANT

- SIM is a public and private sector collaboration to transform the state’s delivery system, it is NOT Medicaid expansion nor Medicaid managed care
- SIM is not designed to reduce the number of uninsured nor create programs directed at the uninsured
- SIM is based on the premise that state innovation with broad stakeholder input and engagement, including multi-payer models, will accelerate delivery system transformation to provide better care at lower costs
- CMMI will provide up to $3 million per state (one-year project period) for up to 15 Model Design cooperative agreements to design new State Health System Innovation Plans
- SIM should facilitate the design, implementation, and evaluation of community-centered health systems that can deliver significantly improved cost, quality, and population health performance results for all state residents

OKLAHOMA STATE INNOVATION MODEL GRANT (OSIM)

**OSIM GOALS**
- Coordination of public health & healthcare
- Improvement of population health outcomes
- Alignment of clinical population health measures
- Multi-payer value-based purchases
- Address health disparities (rural, socioeconomic, race/ethnicity, behavioral health)

**OSIM OUTCOME MEASURES**
- Tobacco Use Assessment & Tobacco Cessation Intervention
- Adult & Youth Obesity
  - Physical Activity
  - Fruit & Vegetable Consumption
  - Food Desert/Food Availability
- Adult Diabetes
- Adult Hypertension
STATE POLICY AND FUNDING

- Governor’s initiative petition to expand protections from secondhand smoke in public places

<table>
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<tr>
<th>State Budget Request</th>
<th>Amount Requested</th>
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<tbody>
<tr>
<td>State Public Health Laboratory</td>
<td>$49 Million</td>
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<tr>
<td>Public private partnerships for the improvement of adolescent and children’s health</td>
<td>$1 Million</td>
</tr>
<tr>
<td>Increasing vaccine availability and the improvement of childhood immunization rates</td>
<td>$2.7 Million</td>
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<tr>
<td>Reducing preventable hospitalizations and avoidable emergency department use for the uninsured</td>
<td>$9 Million</td>
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Roadmap to 2020:
Becoming a High Achieving Health Department

Gary Cox, JD
October 7th, 2014

RESOLVE: High Achieving Health Departments of 2020

- Examine existing and emerging databases
- Convene meetings of clinical providers and insurers
- Collaborate with new non-health-sector partners who have the potential to make an impact on the living conditions
- Initiate and effort to strengthen internal management systems in ways that create transparent goals, and establish ways to measure progress in achieving them

OCCHD: Roadmap to 2020

- Investing in Big Data infrastructure to strengthen public health protection and prevention efforts statewide:
  - MyHealth Access Network
  - Partnership with Tulsa Health Department and the Oklahoma Health Care Authority

- Engaging non-traditional partnerships to align resources for health improvement:
  - Wellness Now Business Alliance
  - Private-Public funding
  - Oklahoma City Public Schools

http://m.youtube.com/watch?v=Z6XNTyZmXJA

OCCHD: Roadmap to 2020

- Convene meetings of clinical providers and insurers:
  - Integration of existing public health clinical services
  - Integration of primary care and mental health services
  - Enhanced partnerships with local payors including OHCA and BCBS

- Strengthen internal management systems in ways that create transparent goals, and establish ways to measure progress in achieving them:
  - Continuous cycle of evaluation
  - 9 program evaluations completed since September 2012
  - Evaluation findings utilized to improve program delivery and resource allocation
Collaboration is Critical

- Regular engagement of boards and executive committees at each health department:
  
  - More robust partnerships between the 3 agencies
  - Alignment of planning and practice implementation for greatest health improvement
  - Resource allocation aligned with highest priorities
THD’s Strategic Map Dashboard
Tri-Board of Health Meeting
October 7, 2014
Bruce Dart, Ph.D.

Original Strategic Plan / Map
- Started with a Strategic Map of 128 objectives
- Utilizing Accreditation Standards & Measures, condensed down to 22 measurable objectives during 2013
  Ensured Tulsa City-County BOH approved changes

Measurable Strategic Plan / Map
- Developed a Strategic Map Dashboard in 2014
  - Mirrors the Strategic Map
  - Messaging geared to all staff, management and the Tulsa City-County BOH
  - PowerPoints, Quarterly Meetings, Measurement Updates Quarterly, THD Intranet, and Reports

Strategic Plan Stats – June 30, 2014
- Objectives that are on target for on-going/maintenance objectives – 77%
- 100% completion of product/process producing objectives – 33%
- Increase overall in the previous 6 months – 11%
- Overall completion – 81%
  Set to reach 100% by June 30, 2015!

What??????
Let’s all just CALM DOWN!

Strategic Map Dashboard
- Built by Kiran Duggirala, Health Planner, Health Data & Evaluation Division
  - THD Intranet, and Reports
Tulsa Campaign to Prevent Teen Pregnancy

Oklahoma has the second highest teen birth rate in the United States for ages 15–19

- **Oklahoma:** 42.9
- **US:** 27
The Tulsa Campaign is a collaborative organization working to make systems-level change to prevent teen pregnancy in Tulsa.

Our mission is to improve the health and economic well-being of individuals and the city of Tulsa.

We bring awareness to the issue of teen pregnancy through education and outreach, and improve access to healthcare for young people.

We support institutions, organizations, and policies that have an impact on teen pregnancy prevention.

9 in 10 Tulsans from all demographic backgrounds believe comprehensive sex education should be taught in middle school and high school.

Research methodology: Live telephone poll, 700 adults, ±3.5% margin of error, 95% confidence level.
90% of adults favor health services for teens in regards to family planning.

Research methodology: Live telephone poll, 701 adults, +/- 3.5% margin of error, 95% confidence level.

Public + Private Partnership

- Partner with THD's PREP Department to bring evidence-based sex education to Tulsa Public Schools with whom we also partner.
- Partner with area health centers to increase access to health care for young people.
- In communication with Kirkpatrick and Wellness Now coalition to address issues around data and joint fundraising efforts.
Campaign Goals = OHIP Goals

Children’s Health
- Reduce unintended pregnancies

Workforce Development
- Increase primary and preventative health services

Health Systems Effectiveness
- Identify gaps in our health systems and key and responsible parties to champion these efforts and encourage replication throughout the state

Success in Tulsa

Evidence Based Sex Education currently implemented in all TPS schools
- 2,800 TPS 7th grade students
- 3,000 TPS 9th grade students
Teen birth rate in Tulsa decreased by 20% between 2012–2013 from 46.8 (in 2012) to 37.3 (in 2013).

20% reduction in teen birthrate from 2012–2013 saves Tulsa tax payers 5 million.

Every $1.00 spent = $3.78 in tax payer savings.
Progress is Not Victory

Oklahoma's teen birth rate remains significantly higher than that of most developed nations.

The Tulsa Campaign and its partners, in particular the PREP department of THD, are at capacity.

Additional funds are required to reach more students and to further reduce the teen birth rate in Tulsa and Oklahoma.
Expansion into other Tulsa County school districts (Broken Arrow + Union)

5,800 ↔ currently reaches to
13,800 ↔ with additional funding

Tulsa Campaign to Prevent Teen Pregnancy
it's OK to talk about it.
tulsacampaign.org
WHY FOCUS ON TEEN PREGNANCY PREVENTION?

Preventing teen pregnancy is vital to increasing graduation rates, maintaining a skilled workforce and ensuring economically stable, self-supporting families. For years, Oklahoma has ranked among the handful of states with the highest (worst) teen birth rates. In 2012, Oklahoma moved to 2\textsuperscript{nd} highest teen birth rate for 15-19 year olds in the U.S., almost tied with New Mexico for highest rate -- and it had THE HIGHEST birth rate for older teens, ages 18-19.

Oklahoma County had the largest number of births to teens -- one out of every five teen births in the state is in Oklahoma County. Teen birth rates in some Oklahoma County zip codes are 2-3 times the national average. Nearly one out of every four births in Oklahoma County (23%) was to a girl who was already a mother. Estimates from the National Campaign to Prevent Teen & Unplanned Pregnancy identify the public costs of teen pregnancy in Oklahoma County to be at least $40 million a year.

The new Adolescent Health work group is committed to making teen pregnancy prevention a priority in Oklahoma County, promoting evidence-based solutions and building a strong, community-wide base of support. This new work group grew out of a public-private partnership of organizations that came together, thanks to the support and leadership provided by the Kirkpatrick Family Fund.

OKLAHOMA CITY & COUNTY RESOURCES

State/Local:

Oklahoma City-County Health Department
www.occhd.org/community/tpp

Oklahoma Institute for Child Advocacy - Healthy Teens OK!
www.healthyteenok.org

Oklahoma Institute for Child Advocacy – Oklahoma KIDS COUNT Data Center
http://oica.org/kid-count-data-center/
Teen Pregnancy Prevention Goal:

To reduce the number and rate of births to females ages 19 and younger in Oklahoma County

Teen pregnancy is far more than just a single issue. It impacts three generations at once – the teen, the baby and the teen’s parents. The impact is often negative for a family’s economic self-sufficiency and stability, and for the outcomes of the teen parent and the baby throughout their lives. The costs and consequences of teen pregnancy and parenting have a direct financial impact on our communities and our state.

Reducing teen births is essential to the economic well-being of our community and its young people, as teen pregnancy and too-early, unprepared parenting influences important early childhood, health, education and economic indicators in our community in profound and costly ways. We can be successful in addressing this issue, only if our community makes it a priority for attention, resource investment and action. There is a role for everyone; our community’s young people deserve our best collective effort.

INDICATORS:

1) **Teen birth numbers** for the following age ranges, by county and by zip code:
   
   a) Total births to all ages, 19 and younger
   
   b) Ages 10-14
   
   c) Ages 15-17
   
   d) Ages 18-19

2) **Teen birth rates** for the following age ranges, by county and by zip code:
   
   a) Ages 15-19 (general range)
   
   b) Ages 15-17 (younger teens)
   
   c) Ages 18-19 (older teens)

Data sources: Oklahoma State Department of Health and Oklahoma City-County Health Department

OBJECTIVES:

A collaboration of organizations has been working together in recent years to promote quality, evidence-based, medically accurate, age-appropriate teen pregnancy prevention approaches and curricula; they linked with Wellness Now in February 2014 to form the new Adolescent Health work group. Since last fall, the collaboration has been facilitating community conversations, developing a logic model and creating a structure for planning and action, which is now being incorporated into Wellness Now.

The new Adolescent Health/Teen Pregnancy Prevention work group has four task forces:

1) **Education** – expanding evidence-based sexuality education programs in school settings;

2) **Medical** – expanding accessible, teen-friendly clinic services;

3) **Community Engagement** – involving parents, youth-serving organizations, congregations and private sector partners in on-going, meaningful ways; and

4) **Infrastructure** - building a base of support to grow and sustain the effort.

Currently, the task forces are working on their specific objectives and action plans.
### Oklahoma County: Teen Birth Summary, 2006 - 2013

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<tbody>
<tr>
<td>14 &amp; Younger</td>
<td>14</td>
<td>17</td>
<td>16</td>
<td>38</td>
<td>34</td>
<td>21</td>
<td>29</td>
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<tr>
<td>15-17</td>
<td>353</td>
<td>365</td>
<td>384</td>
<td>439</td>
<td>473</td>
<td>501</td>
<td>544</td>
<td>513</td>
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<tr>
<td>18-19</td>
<td>819</td>
<td>841</td>
<td>875</td>
<td>939</td>
<td>1,027</td>
<td>1,083</td>
<td>1,020</td>
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<td>Total # in OK Co.</td>
<td>1,186</td>
<td>1,223</td>
<td>1,275</td>
<td>1,416</td>
<td>1,534</td>
<td>1,605</td>
<td>1,593</td>
<td>1,559</td>
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| Total # OK Teen Births  |      |      |      |      |      |      |      |      |
| Percentage in OK Co.    | 22%  | 21%  | 21%  | 22%  | 21%  | 21%  | 21%  | 21%  |

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<tr>
<td>First births: Number</td>
<td>923</td>
<td>941</td>
<td>997</td>
<td>1,100</td>
<td>1,202</td>
<td>1,244</td>
<td>1,216</td>
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<td>Percentage</td>
<td>78%</td>
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<td>76%</td>
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<tr>
<td>Hispanic*</td>
<td>414</td>
<td>425</td>
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<td>450</td>
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<td>White, Non-Hispanic</td>
<td>443</td>
<td>761</td>
<td>787</td>
<td>868</td>
<td>982</td>
<td>999</td>
<td>1,023</td>
<td>1,019</td>
</tr>
<tr>
<td>Black, Non-Hispanic</td>
<td>265</td>
<td>354</td>
<td>399</td>
<td>419</td>
<td>438</td>
<td>475</td>
<td>433</td>
<td>434</td>
</tr>
<tr>
<td>American Indian</td>
<td>56</td>
<td>84</td>
<td>74</td>
<td>110</td>
<td>100</td>
<td>116</td>
<td>121</td>
<td>94</td>
</tr>
<tr>
<td>Asian</td>
<td>8</td>
<td>23</td>
<td>15</td>
<td>19</td>
<td>13</td>
<td>19</td>
<td>16</td>
<td>12</td>
</tr>
</tbody>
</table>

*Hispanic can be any race.

Source: Oklahoma State Department of Health, Center for Health Statistics, Vital Statistics
Prepared by: Sharon Rodine, Oklahoma Institute for Child Advocacy, July 2014 (www.oica.org; www.healthyteensok.org)
Changes in Oklahoma County Teen Birth Rates, 2006 to 2013
(Rates are the number of births per 1,000 females of the same age range.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>51.8</td>
<td>54.0</td>
<td>56.2</td>
<td>58.9</td>
<td>63.8</td>
<td>67.8</td>
<td>66.8</td>
<td>66.2</td>
</tr>
<tr>
<td>15-17</td>
<td>25.8</td>
<td>27.1</td>
<td>28.4</td>
<td>32.6</td>
<td>35.2</td>
<td>37.0</td>
<td>39.0</td>
<td>36.9</td>
</tr>
<tr>
<td>18-19</td>
<td>91.7</td>
<td>94.7</td>
<td>98.1</td>
<td>94.5</td>
<td>102.1</td>
<td>110.5</td>
<td>107.7</td>
<td>110.2</td>
</tr>
</tbody>
</table>

Percent decrease in Oklahoma County teen birth rates between 2006 and 2013:

15 – 19 years = 22%
15 – 17 years = 30%
18 – 19 years = 17%

Comparison of 2013 county, state and national birth rates:

<table>
<thead>
<tr>
<th></th>
<th>Oklahoma County</th>
<th>State of Oklahoma</th>
<th>U.S. Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 – 19 years</td>
<td>51.8</td>
<td>42.9</td>
<td>26.6</td>
</tr>
<tr>
<td>15 – 17 years</td>
<td>25.8</td>
<td>20.5</td>
<td>12.3</td>
</tr>
<tr>
<td>18 – 19 years</td>
<td>91.6</td>
<td>76.1</td>
<td>47.4</td>
</tr>
</tbody>
</table>

Source: Oklahoma State Department of Health; CDC, National Center for Health Statistics
Prepared by: Sharon Rodine, Oklahoma Institute for Child Advocacy, July 2014 (www.oica.org; www.healthyteensok.org)