



**TARRANT COUNTY
PUBLIC HEALTH**
Annual Report **2012**



Tarrant County Public Health staff member Jose Aguilar was one of many staff members who helped distribute donated cans of insect repellent to various senior citizen centers and homeless shelters.



From the Director

Dear Tarrant County resident:

This year has been the year of the mosquito and Medicaid Waiver projects. West Nile virus presented a steep challenge to all four of the Metroplex counties. The great increase in the number of human cases and deaths was hard felt after several quiet years with 0-2 cases and no deaths. Tarrant County Public Health (TCPH) and its partners worked to keep the public informed of the issue and to begin immediately to look for additional intervention strategies in preparation for the next season. The next few pages describe the unfolding situation in detail.

Great effort was also applied to participation in the 1115 Medicaid Waiver project. This resulted in the creation of more than eight Delivery System Reform Incentive Payments (DSRIP) projects submitted to the Texas Health and Human Service Department (DHHS) and then to the Medicaid office for approval. TCPH worked with other Region 10 partners to learn and understand a new, complex, ever changing process that promised to lead to improved health care outcomes and a substantial increase in earned revenues. TCPH attended every meeting and met every deadline over a year's time. Frequent editing was required in order to fit public health outcomes into a hospital oriented set of criteria. TCPH facilitated a statewide discussion among local health departments in order to identify common language, threads of ideas, and outcomes. This information was shared with DHHS in hopes of increasing knowledge and understanding of public health's contribution to the desired outcomes of healthier people at a reduced cost of care.

Once again, TCPH was able to continue with many other important activities during the year even though two urgent issues took much attention. It continues to be a privilege and a pleasure to serve the people of Tarrant County.

Yours in health,

Lou K. Brewer, RN, MPH, PhD
Health Director, Tarrant County Public Health



MISSION

SAFEGUARDING OUR COMMUNITY'S HEALTH

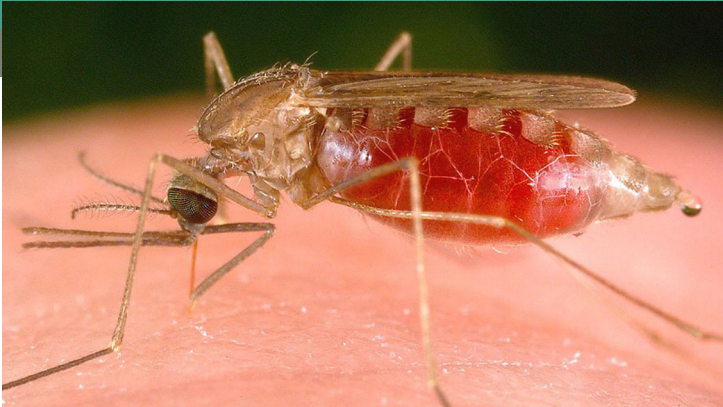
VISION

HEALTHY PEOPLE AND HEALTHY COMMUNITIES

Tarrant County Public Health will be recognized as the public health expert within the communities it serves. Working in collaboration with partners in governmental and non-governmental organizations, we will be prepared for health threats such as chronic disease, health disparities and public health emergencies. We will achieve operational excellence through best business practices, data-driven decisions, customer orientation, a skilled, motivated workforce and sustainable funding.

WEST NILE VIRUS IN 2012

Special Report



WHAT HAPPENED AND WHY?

The unusual intensity of the 2012 West Nile season left an ominous wake in North Central Texas that continues to impact individuals and communities in Collin, Dallas, Denton and Tarrant counties. Collectively, these counties experienced the worst year for West Nile virus (WNV) disease since 2002, when the virus first arrived in the area. While the infection rate may have been superseded by other areas in the state and nation, North Central Texas incurred the highest number of cases and deaths in the state and nation and amassed approximately 16 percent of all cases nationwide.

In 2012 there were 280 cases and 11 virus-related deaths in Tarrant County alone. This stands in stark contrast to 2006, the previous year with the highest numbers of reported cases and deaths (53 cases, 8 deaths). There were no reported cases in 2010 and no reported fatalities for the years 2003, 2004, 2005, 2007, 2008 and 2011. Since 2010, there has been virtually no WNV activity in the region, except for two cases in Tarrant County during 2011. Once the WNV activity waned—which happened later than usual in the calendar year—local, state and federal health officials conducted a review of the outbreak, the response strategies and corresponding actions to better prepare, should another such outbreak occur.

TERRAIN In this area, mosquito-borne illnesses characteristically originate in the southeast marshlands of the Texas-Louisiana border and move east and northeast until they eventually dissipate as the geography changes from the forested savannah of southeast Texas to the grassland prairie in the area of northwest Tarrant County. The mosquito most commonly associated with the spread of WNV in Texas is the Southern House Mosquito, *Culex quinquefasciatus*. This particular mosquito likes to breed in stagnant water and breeds quite well in man-made containers. The movement of the human population westward over the years has enabled these mosquitoes to breed in spite of the terrain. This urbanization has changed the natural environment while providing the *Culex* additional breeding options – including anything around a home that could contain water, such as discarded soda cans, flowerpots, rain gutters, pet bowls, used tires and so much more.

BIRDS The wild bird population, particularly the crow and jay species, are hosts to the West Nile virus. Mosquitoes bite the WNV-infected birds. After a period of viral replication within the mosquito, the now-infected mosquitoes bite and spread the virus to other birds, people and to other mammals. There was virtually no WNV activity detected in the region from 2010 – 2011. This could mean that a large portion of the bird population had not been exposed and, once bitten by an infected mosquito, many birds were available as hosts to amplify the virus. It has been suggested that WNV-infected birds may have been the reservoir and source for the spread of the virus in the mosquito population. Humans are not the natural host and do not provide a medium for the continued spread of the illness.

WEATHER A mild winter, followed by a early, wet spring and then a late dry spring and summer, provided ideal weather for mosquitoes to breed early in the typical June through August WNV season. The hot summer that dried out natural water sources, the congregation of target birds, along with the increased numbers of mosquitoes and people – all in the same area – may account for the uniquely high levels of WNV in 2012.

MOSQUITOES Historically in North Central Texas, WNV activity in mosquitoes has been observed to begin at low levels in June, with a gradual rise in activity until the first week of August. At that point, WNV activity in mosquitoes begins declining until late September, when WNV mosquito activity is no longer detected. Mosquito surveillance activities (trapping and testing mosquitoes for arboviral diseases, particularly WNV and St. Louis encephalitis) mirrored this pattern. In 2012, the pattern began like previous years, but by the end of June, it was apparent that the percent of WNV-positive mosquitoes was increasing at a rate greater than had been historically observed.

HUMAN DISEASE While mosquito sampling tests were revealing unusually high numbers of WNV-positive mosquito pools, increasing numbers of human WNV cases were also being reported. As is typical of those infected with West Nile virus, approximately 80 percent exhibit no symptoms, approximately 20 percent exhibit symptoms of West Nile Fever (WNF), and less than 1 percent exhibit symptoms of West Nile Neuroinvasive Disease (WNND). In Tarrant County, WNND accounted for 36 percent of all WNV cases; in Dallas County, WNND accounted for 44 percent of all WNV cases. This fact, combined with the higher than usual overall number of cases prompted concern. The ratio of WNND to WNF cases showed a higher proportion than expected – 173 of WNND compared to 225 of WNF. In Tarrant County, 101 cases of WNND to 174 cases of WNF were noted and WNND totaled 36 percent of the reported human cases. This unexpectedly high rate of severity, combined with the higher than usual overall number of cases, amplified the concern.

continued

RESPONSE ACTIVITIES

The Metroplex consists of several counties and numerous cities with populations ranging from millions to less than 2,000 residents. A portion of this region is still rural with agricultural use. In this mixture of urban, suburban and rural populations, attitudes regarding mosquitoes and methods of control vary greatly. Some municipal leaders and residents expect and support robust programs for pesticide applications intended to kill adult mosquitoes (adulticiding) in response to nuisance mosquitoes that do not carry WNV, while others are adamantly against the use of any general pesticide applications despite the known presence and possible spread of WNV.

With the ever-increasing number of reported human cases in the North Central Texas area, citizens became alarmed and took their concerns to local elected officials. Local elected representatives and health officials responded to the problem by closer monitoring of the situation and reviewing the effectiveness of response activities conducted to date. In previous years, a variety of response measures had been employed – ranging from watchful waiting to implementation of an integrated pest management program. This program included education, source reduction, application of natural or man-made substances to eliminate larvae (larvaciding) and adulticiding. Adulticiding was accomplished by ground-level spraying and by aerial spraying, either of which can be general or targeted. Aerial application of insecticide was an available option that had not been used for many years and was not a part of any local response plans at the beginning of the outbreak.

The increasing numbers of WNV-positive mosquito sampling tests and reported human cases throughout July prompted some area elected officials to declare a state of emergency and request aid from the state (in the form of aerial application of adulticide) to combat WNV. Each municipal jurisdiction within the counties with the declared emergency was offered the chance to participate in the aerial spraying, the cost of which was the state absorbed. Not all eligible cities opted to participate in the aerial spraying; however, some cities which overlap two counties did elect to have their entire city sprayed. Some counties did not declare emergencies and did not request aerial spraying. Some cities in these counties increased their targeted ground-level spraying activities, while other cities intensified their prevention strategies.

LESSONS LEARNED

Post-event analyses by local elected representatives, health and emergency management officials identified several areas of concern for improvement in both surveillance and response. Three main areas identified for improvement:

- 1) use of human case data as the basis for response decision-making;
- 2) complaint-driven mosquito trapping/testing; and
- 3) inconsistent surveillance activities among municipalities.

Many of the response plans relied largely on reported human case data as the basis for decision-making. There was also a three-to four-week delay as to when health authorities knew of the case, due to factors such as disease incubation, physician evaluation, laboratory testing and case reporting. Plans have since been revised to use the mosquito test result data as the principal factor in the decision-making process. This data allows response activities to be employed sooner and further upstream to break the transmission cycle. Surveillance programs in some cities used citizen complaints to direct the placement of mosquito traps. This practice resulted in varying numbers of traps used, rendering sampling unrepresentative and inadequate, and generating inconsistent data that could not be used for year-to-year comparisons. Cities are now increasing

WNV - 2012

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the number of traps in use and the trap locations are being placed at fixed locations. The Tarrant County program will be using approximately 200 traps, with 150 of them set in fixed locations, a substantial upgrade from the less than 50 moving traps with which the program started last year.

Surveillance activities were not uniform or at least not representative of the actual mosquito activity across Tarrant County. Because of the two previous years of little WNV activity during times of economic difficulty, many municipalities were no longer involved in surveillance efforts. The severity of the 2012 season renewed their interest in participating in the Tarrant County Public Health program and/or other mosquito surveillance, with virtually all of the municipalities signing on in some fashion.

Due to the varying surveillance and response systems across North Central Texas, it is difficult to evaluate each program and its effectiveness. The U.S. Centers for Disease Control and Prevention (CDC) issued a report in January 2013, using 2012 WNV data from portions of Dallas County, and compared it to portions of the other counties. The report concluded that the Dallas County aerial spraying reduced the number of infected mosquitoes. However, the aerial spraying was conducted at the same time the virus was naturally dissipating and reported human case data was already trending downward. These factors, combined with the variability and paucity of data across the region, make it difficult and tenuous to draw more specific conclusions about aerial spraying efficacy on disease transmission and human disease.

Coordination of response plans also presents a host of challenges. Response activities are confined to county lines and city limits, while mosquitoes are not – resulting in as many responses as there are cities. In Texas, counties do not have the legal authority to impose policies on the cities within their boundaries. Each set of elected officials responds to the will of their governing board as representatives of their respective constituents.

FAST FORWARD Tarrant County Public Health (TCPH) improved its ability to respond to WNV through the addition of two new staff positions dedicated to vector control and the purchase of additional spraying equipment for use in the unincorporated areas of the county. Response thresholds have been revised to allow for earlier and more frequent ground spraying based on mosquito test result data, rather than reported human case data. Aggressive information sharing has been implemented via recurring countywide conference calls and through the distribution of weekly news updates, which are distributed to elected officials, school superintendents, emergency managers and environmental managers. TCPH officials meet monthly with the other health department officials from Dallas, Denton and Collin counties, as well as with officials from the Department of State Health Services to share information and resolve problems. Tarrant County and TCPH will continue, via advertising, educational programs delivered to community groups, and the TCPH website and Facebook page, to emphasize source reduction and personal protection as the best means to prevent a WNV outbreak.

CONCLUSION The 2012 WNV outbreak in North Central Texas was historic. As a result, for the foreseeable future, local governmental and public health agencies will respond to the potential threat of another outbreak with revised and intensified programs and additional support. While public opinion will continue to influence the degree of response, collaborative approaches, better information and greater capacity will allow for a more effective response throughout the region.

Public Health, Fort Worth, Walgreens kick off an active flu season

IN MID-SEPTEMBER, Tarrant County Public Health (TCPH), the City of Fort Worth and Walgreens joined together to remind people to protect themselves by getting an annual flu shot. TCPH Director Lou Brewer, along with City of Fort Worth Mayor Betsy Price and Walgreens District Pharmacy Manager Emanuel George, emphasized the importance of getting vaccinated. Brewer and Price turned their words into action by getting vaccinated with cameras rolling. Their united front helped reinforce the importance of everyone six months of age and older to get vaccinated as soon as vaccine was available. They also helped underscore the potential severity of seasonal flu, which is responsible for approximately 200,000 hospitalizations and thousands of deaths annually in the United States.

Near the end of October, TCPH reported that flu had arrived earlier than it did the previous year when localized activity was not noted until mid to late November. TCPH called on residents to “Give Flu the Boot!” An online toolkit was developed to help businesses, faith-based organizations, schools, colleges, universities and the community kick start their efforts. The toolkit included sample messages, flyers, T-shirt designs and more.

By mid-November 2012, influenza went from local to sporadic to widespread. One pediatric influenza death was reported. The majority of the season was characterized as widespread. By March, activity shifted to the regional level and continued to fluctuate until finally reaching a no-activity level in late April.

Because flu is not a reportable condition in Texas, TCPH’s surveillance is critical in knowing the activity level and the types of flu that are circulating in the community. Participation in the influenza surveillance program is voluntary and, there are 46 participants, including local hospitals, physicians, clinics, long-term care facilities, independent school districts, businesses, colleges and universities.



Public Health Director Lou Brewer and Fort Worth Mayor Betsy Price receive their flu vaccinations.

To monitor flu activity in Tarrant County, TCPH conducts year-round surveillance for the detection of influenza and other significant sources of respiratory disease, including the emergence of any novel influenza virus. TCPH surveillance tracks and characterizes the season’s influenza activity using the following characterizations:

No Activity: No laboratory-confirmed cases of influenza and no reported increase in the number of cases of influenza-like illness.

Sporadic: Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of influenza-like illness.

Local: Outbreaks of influenza or increases in influenza-like illness cases and recent laboratory-confirmed influenza in a single region of the state.

Regional: Outbreaks of influenza or increases in influenza-like illness and recent laboratory confirmed influenza in at least two but less than half the regions of the state with recent laboratory evidence of influenza in those regions.

Widespread: Outbreaks of influenza or increases in influenza-like illness cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in the state.

Ambitious collaborations chart a steady path for the community



PERHAPS one of the most ambitious and important activities that Tarrant County Public Health (TCPH) embarked on in 2012 was the implementation of a joint strategic planning effort to improve the health and quality of life in Tarrant County. Early in the year, TCPH pulled together leaders from local businesses, communities and neighborhoods, along with academicians and health officials to form a group to focus on specific health issues in the community. This group came to be known as Tarrant County Voices for Health. One of the key tools that the group has used is the Mobilizing for Action through Planning and Partnerships (MAPP) planning tool.

Developed by the National Association of County and City Health Officials in cooperation with the U.S. Centers for Disease Control and Prevention's Public Health Practice Program Office, the MAPP planning tool provides an evidence-based approach to achieving realistic public health goals. "The MAPP approach has successfully been used nationally to help communities map a better future for its residents," said Lou Brewer, PhD, director of Tarrant County Public Health. "It's a proven system that we believe will be effective in tackling key health and resource issues in our community." Using the MAPP approach can help increase the visibility of public health within the community; create a stronger public health infrastructure; engage the community; and create community ownership for public health issues. The tool also can help the community better anticipate and manage change specific to the local environment. The ultimate goal of MAPP is optimal community health—a community where residents are healthy, safe and have a high quality of life.

Experts who helped launch and guide the efforts included:

- Dr. Eduardo J. Sanchez, Chief Medical Officer and Vice President of Blue Cross and Blue Shield of Texas, current chair of the National Commission on Prevention Priorities, a former commissioner of the Texas Department of State Health Services and a trained family physician
- Larry Tubb, Senior Vice President of System Planning at Cook Children's Health Care System
- John McKnight, Co-Director of the Asset-Based Community Development Institute at Northwestern University in Illinois

In addition to forming a mission statement and creating committees necessary for the tasks at hand, Tarrant County Voices for Health has sought to determine which health issues the community believes are a priority, and which groups within the community have the necessary talent and resources to address those priorities.

Interest in the effort has remained high since its inception, with more than 100 community members taking part in various activities. The group has developed a Community Health Improvement Plan, which it plans to implement in 2013. There has been consistent community engagement, involvement and support throughout the process and the group's efforts have been recognized locally and statewide. For updated information, visit the Tarrant County Public Health website and select the Tarrant County Voices for Health button.



County Health Rankings Report ranks Tarrant County in top quarter of Texas counties in health outcomes

TARRANT COUNTY ranked 24th in the state in health outcomes, which puts it in the top quarter among the 221 Texas counties ranked. In the 2012 County Health Rankings, the third such report by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. The report ranks the overall health of nearly every county in all 50 states, using a standard way to measure how healthy people are and how long they live. Of the five most populous counties in Texas, Tarrant County had the second best ranking (behind Travis County) for both health outcomes and health factors.

“While the overall health outcomes have improved each year since 2010 to 2012, going from 37 to 31 to 24, there is always more work that can be done to improve the health of Tarrant County’s residents,” said Tarrant County Public Health Director Lou Brewer.

Other rankings data related to Tarrant County showed that:

- Tarrant County ranked 64th overall for health factors, an improvement over last year’s ranking of 69.
- Tarrant County placed in the top quarter for each of the mortality (ranked 29) and morbidity (ranked 46) indicators used to measure health outcomes and two of the health factors indicators (health behavior ranked 31 and clinical care ranked 38).
- Tarrant County has improved its mortality indicator rankings each year (41 in 2010, 30 in 2011 and 29 in 2012), and improved its morbidity ranking from previous years (53 in 2010, 54 in 2011 and 46 in 2012).
- Compared to last year, Tarrant County’s health behavior ranking improved (48 in 2011 to 31 in 2012); the county maintained its clinical care ranking (38 in both 2011 and 2012).
- Of the five most populous counties in Texas, Tarrant County ranked second in social and economic factors and fourth in the physical environment.



Researchers used five measures to assess the level of overall health or “health outcomes” for Texas by county: the rate of people dying before age 75, the percent of people who report being in fair or poor health, the numbers of days people report being in poor physical and poor mental health and the rate of low-birthweight infants.

Multi-agency effort helps connect residents with heat-relief assistance

TARRANT COUNTY Public Health

led a multi-agency effort to inform the public about the dangers presented by rising temperatures and to provide solutions for low-income households to receive assistance in dealing with the heat. Dr. Sandra Parker, TCPH Medical Director/Health Authority for Tarrant County, provided a heat-related illness update and offered precautions people could take to protect themselves.

Representatives from the local agencies shared information about utility assistance programs and other services available to low-income households for heat relief. The participating agencies included Catholic Charities of Fort Worth, TXU Energy, United Way of Tarrant County, City of Fort Worth Parks and Community Services and Tarrant County Human Services.

Information about the effort was reported by all major news outlets in the Metroplex.



Dr. Sandra Parker (foreground) led the news conference. Behind her, representing various community and business organizations (left to right): Patrick Johnson with TXU Energy, Gerald Smith with Tarrant County Human Services, Vicki Mize with the United Way of Tarrant County 2-1-1, Kelsey Lyons with Catholic Charities, and Sonia Singleton with Fort Worth Parks and Community Services.

Increased access to fruits and vegetables for WIC families

AS CONCERN for overweight and obesity issues continues and the interest in fresh local produce grows, the WIC program hosted pilot sites for two farmers market activities. The site sponsored by the Texas WIC program put devices to process electronic WIC and SNAP benefits as well as credit and debit payments at the Cowtown farmers market and the markets in Richland Hills, the Resource Connection and the main campus of Tarrant County Public Health. The initiative was a great success. It enhanced the customer service offered at the markets while increasing access to fruits and vegetables in areas where fresh produce was not readily available.



Additionally, a partnership with the Texas Department of Agriculture and the Tarrant Area Food Bank established a once-per-month produce distribution for WIC participants at WIC clinics in Haltom City, Arlington (New York Avenue location) and White Settlement. Participants were referred to the produce distribution sites and provided with the distribution schedules. There was an 88 percent attendance rate among those who were referred to the markets.

Training prepares public health to help people deal with disease, diabetes

Farmers Markets equal access

TARRANT COUNTY Public Health (TCPH) employees worked in collaboration with Senior Citizen Services to facilitate Better Choices, Better Health (BCBH) workshops in 2012. Four employees were trained as Lay Leaders, while one achieved Master Trainer status in the Stanford Chronic Disease Self-Management and Diabetes Self-Management programs. In 2012, the BCBH program conducted 58 workshops, which yielded 480 graduates.

The workshops include medication management, exercise, healthy eating, communication and other topics that are important in the self-management of chronic diseases and diabetes. The workshops are sponsored by Senior Citizen Services, with funding from United Way of Tarrant County, distributed by the Area Agency on Aging of Tarrant County.

TCPH earned kudos when Tarrant County educators were recognized for co-facilitating the workshops that had the highest percentage of graduates.

For more information about BCBH, visit <http://scstc.org>



WORKING in partnership with the North Central Texas Farmers Market Association, TCPH was instrumental in piloting four start-up farmers market locations in June. The locations included west Fort Worth, Richland Hills, the Resource Connection in south Fort Worth and one in the parking lot of the Dr. Marion J. Brooks Building, Tarrant County Public Health. The market at public health made it convenient for Women Infants and Children (WIC) clients to shop for produce immediately after their appointments.

Also new for 2012, the markets began using hand-held card scanners, allowing customers to purchase produce using cash, credit and debit cards or a Lone Star/SNAP or WIC card.

Poster contest sparks creativity, creates awareness

2012 marked the 10th year that Tarrant County Public Health conducted its annual poster contest. TCPH used the American Public Health Association's 2012 Public Health Week theme, "A Healthier America Begins Today. Join the Movement!." The contest challenged Tarrant County students in grades 1 – 8 to create original artwork around the theme.

More than 600 entries were received from 19 elementary, middle and junior high schools. The winners received a warm welcome from the Tarrant County Commissioners Court, along with a \$25 Staples gift card and other prizes. Their winning artwork was added to the Public Health Week Poster Contest Gallery, a permanent display located in the south wing of the Dr. Marion J. Brooks Building, Tarrant County Public Health.

The 2012 Poster Contest winners, along with their artwork, are featured on the Tarrant County Public Health website.



A certified laboratory makes a difference

THE NORTH TEXAS Regional Laboratory's (NTRL) current certifications give assurance that the NTRL provides laboratory services that meet or exceed federal and state standards for personnel, knowledge, competency, proficiency, and facilities. The certifications include:

- Verification from the Texas Commission on Environmental Quality through the National Environmental Laboratory Accreditation Program for testing performed on public drinking water samples to detect coliform bacteria.
- A certification from the Texas Department of State Health Services for testing Grade A bulk milk and milk products.
- Certifications from the Department of Health and Human Services through the Clinical Laboratory Improvement Amendments program for testing performed on human clinical specimens for the diagnosis of communicable diseases.
- Certification from the Centers for Disease Control and Prevention for testing performed on biological agents and toxins.



The laboratory is very active when it comes to the capability to test for diseases such as West Nile virus. In 2012, the NTRL completed its 10th year of surveillance for arboviruses such as West Nile virus and St. Louis Encephalitis virus. Due to the enhanced surveillance and response to West Nile in 2012, the number of mosquito pools tested increased by 780 percent, from 83 mosquito pools in 2011 to 647 mosquito pools in 2012. Increased lab testing revealed the presence of West Nile in 14.1 percent of the mosquito pools tested from Tarrant County trap locations. No St. Louis Encephalitis was detected during the 2012 West Nile season.

Informatics team advancing health situational awareness

Tarrant County Public Health is a national leader in advancing health situational awareness, which involves knowing what's happening around you, gathering and analyzing the right information, making projections, and responding appropriately. Since 2004, TCPH's Advanced Practice Center (APC) has developed a syndromic surveillance network for that purpose. More than 60 North Texas hospitals send data in real-time to the APC, where software puts it into syndrome categories and analyzes it for statistical anomalies that can reveal outbreaks.

In 2012, TCPH completed its service as one of the several APC teams funded by the National Association of County and City Health Officials (NACCHO), having delivered 16 emergency preparedness products that are now available free to public health agencies.

In September 2012, TCPH's APC made a successful transition, shifting its name and focus to Health Informatics. At that time, the team started work on a three-year grant to expand the capacity of BioSense 2.0, the syndromic surveillance system built by the Centers for Disease Control and Prevention (CDC). TCPH is helping the CDC introduce BioSense 2.0 in west and south Texas by sharing lessons learned with public health and hospital leaders there. The team also is working to add 20 more North Texas hospitals to its surveillance network and plans to obtain and analyze lab data from a local Health Information Exchange.



Program helps kids deal with obesity

Public health supports breastfeeding in the workplace

Kids Growing Healthy



KIDS GROWING Healthy (KGH), a program geared toward 5th graders, addresses childhood obesity prevention. It has been recognized as a Model Practice worth emulating by the National Association of County and City Health Officials.

The program has reached 1,973 students since it started in 2006. The program addresses a range of overweight/obesity issues. It uses interactive lessons with the primary focus of helping kids become more aware of their food selections and the time they spend engaging in physical activity.

More specifically, the following topics are addressed:

- fruit/vegetable consumption
- food portions
- reading food labels correctly
- frequency of fast-food consumption
- food selection at fast-food restaurants
- keeping a food and physical activity journal
- keeping notes on how much sedentary time is spent each day (i.e., watching television, video game time, computer time, etc.)

The outcome performance measures for KGH revealed an eight percent increase in knowledge, as well as positive changes in food choices and physical activity.

Three-month follow-up results revealed that:

- there was an 11 percent increase in fruit/vegetable consumption
- 85 percent of students increased their physical activity in some capacity (duration, frequency and/or intensity)
- 77 percent were more aware of chronic diseases related to poor food choices and lack of regular physical activity.

TARRANT COUNTY Public Health

(TCPH) is the first employer in Tarrant County to be designated as a Texas Mother Friendly Worksite by the Texas Department of State Health Services. In 2012, DSHS awarded TCPH the prestigious Silver designation, which specifies that more than the basics are offered to our employees to support the continuation of breastfeeding when mothers return to work.



What's good for babies is good for business

Tarrant County Public Health 

In the first year, 23 electric breast pumps were loaned to 12 mothers, two dads, three daughters, three sisters, two brothers and one granddaughter of the families of TCPH staff members. TCPH has also designated and furnished 19 rooms at its various WIC locations, including three at the main location, to serve as private lactation rooms where clients can breastfeed their infants and employees can pump and store breast milk.

Supporting lactation in the workplace can reduce employee turnover and absenteeism, boost morale and productivity and reduce healthcare costs. Extended breastfeeding has been shown to convey many health benefits, both to nursing mothers and to their children, including reducing the occurrence of type 2 diabetes and childhood obesity.

A taskforce identified barriers to worksite lactation and a policy was implemented and communicated to all TCPH employees.

The initiative continues to create positive benefits and connections. Late in 2012, interest in an informal mothers support group led to the establishment of the "New Moms' Lunch" held monthly.

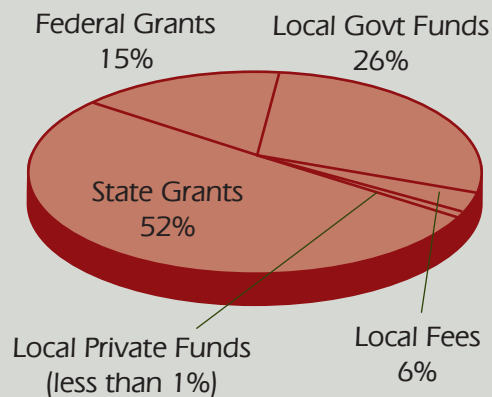


TCPH staff member Lacy Bowen was interviewed as part of a video program that was produced last year to promote worksite lactation programs nationwide. The video highlighted successful existing programs, with TCPH being one of those programs.



Annual Report Total Funds Information FY2012

Local government funds	\$9,788,350
Local fees	\$2,332,000
Local private funds	\$383,000
State grants	\$19,966,033
Federal grants	\$5,719,872
TOTAL:	\$38,189,255



Total WIC grocery dollars that entered Tarrant County's economy in 2011:

\$33,201,225

Reaching youth through PRIDE

IN 2012, 7,487 youth between the age of 16 and 24 were diagnosed with an STD. Seventy-four were diagnosed with HIV. Additionally, there were 145, under the age of 14, who also were diagnosed with an STD.

The Adult Health Services (AHS) division continues to work to reduce the incidence of Sexually Transmitted Diseases (STD) in Tarrant County. One way that this is accomplished is through the PRIDE program. The program uses peer leaders trained to discuss STD information with the participants. PRIDE's curriculum provides factual STD information about the signs and symptoms of diseases, the methods of transmission, and how to enjoy a healthier lifestyle while making appropriate choices. The leaders work with their groups to reduce the number of newly infected youth in the community.

The PRIDE program is unique in part, because it is offered in community after-school programs and venues where young people meet and socialize. The letters that make up the program's name are intentionally devoid of meaning so each group can determine what the meaning of PRIDE is to them.

The PRIDE program continues to help AHS spread the word about how to reduce the STD incidence rate in Tarrant County, now and in the future.

Program Measures

This table provides a snapshot of three year's of program activity. Some of the fluctuations in the numbers may be attributed to a range of reporting changes.

DEPARTMENT WORKLOAD MEASURES	2010	2011	2012
BCCCP ² - Pap smear screens		164	560
BCCCP ² - Breast exams		287	1,010
BCCCP - case-managed clients	284	294	399
Pregnancy tests & referrals	974	817	699
Flu shots provided	13,821	8,545	8,202
Immunizations provided	131,543	116,518	51,690
WIC ³ - visits	732,882	698,071	686,603
Health education - health events, presentations	720	622	587
Health education - referrals	351	240	12,117
Communicable disease reports investigated	4,762	5,511	5,543
New HIV cases reported	289	391	189
STD clinic visits	6,638	5,864	5,543
STD disease intervention, field investigations	3,740	4,041	3,639
STD/HIV field screening of high-risk individuals	8,251	9,645	9,419
Individuals from target populations receiving HIV education and/or testing and counseling	2,228	1,654	1,843
HIV pre- and post-test counseling sessions	6,711	5,662	4,056
Clients provided HIV/STD prevention education	6,555	6,721	9,300
Clinical lab tests performed	60,081	50,187	60,003
HIV-1 lab tests performed	11,150	14,241	*
HIV/STD cases investigated, partners notified	746	1,263	513
Preventive Medicine Clinic (PMC) HIV care caseload	928	945	997
PMC clinic visits	6,674	5,846	5,432
Travel Health Services clinic visits	3,330	3,742	3,643
TB clinic visits	18,182	16,125	15,811
TB contacts screened as part of disease intervention investigation	637	653	329
TB cases in Tarrant County	103	75	72
Percent of foreign-born TB cases	66	61	41
Suspected TB cases treated preventively	312	273	124
HIV co-infections (cases only)	7	6	1
Drug-resistant cases (TB)	7	3	4
Directly Observed Therapy doses administered in the field (TB)	18,252	10,557	11,280
DOPT ⁴ doses administered (TB)	3,247	5,974	9,215
Contacts investigated (TB)	637	653	565
Total on therapy (TB)	288	932	141
Total with latent TB infection	922	901	626
Food establishment inspections	5,566	5,465	6,151
Swimming pool inspections	823	1,001	1,015
Onsite sewage facilities permitted	219	193	212
Food handlers trained/certified	11,911	10,234	13,311
Mosquito pools tested for WNV	115	83	647
Milk and dairy lab tests performed	20,649	20,915	18,691
Water lab tests performed	23,990	20,753	19,811

* Now combined with clinical lab tests

Taking action to reduce infant mortality

The Fetal Infant Mortality Review (FIMR) is an evidenced-based study designed to enhance the health and well-being of women, infants and families. The FIMR has three core functions which are data gathering, case review and community action. The Case Review Team (CRT) is composed of multidisciplinary team members, which includes a mix of professionals and representatives of various agencies and hospitals. The team reviews physician and hospital records, social service records and maternal family interviews.

The CRT reviewed 134 fetal and infant deaths from 2008–2010 which were de-identified and selected by a random sampling method. Below are the recommendations that were made in June 2012:

- Promote and increase preconception/interconception care to women by using the life course perspective with a focus on abatement of obesity and chronic disease in pregnancy.
- Promote access to and the importance of healthcare through a medical home.
- Initiate the *Kicks Count* campaign by promoting awareness around fetal movement. A *Kicks Count* brochure was created for mothers explaining the importance of monitoring fetal movement.

These actions will enhance the health of our community and reduce infant mortality. Additionally, the Tarrant County Infant Mortality Network accepted the role of the FIMR Community Action Team.

Morbidity in Tarrant County		2010	2011	2012
DISEASES				
Acquired Immunodeficiency Syndrome (AIDS)		40	43	43
HIV Seropositive			220	219
E. coli O157:H7 Infection		24	36	33
Hepatitis*: Type A		21	10	6
Type B		792	13*	15*
Type C		2,143	<5*	<5*
Meningitis: Aseptic		177	126	131
Meningococcal **		<5	<5	<5
Other Bacterial		<5	6	10
Pertussis		255	95	162
Salmonellosis		214	367	340
Shigellosis		170	152	105
STD:	Chlamydia	8,023	8,873	7,792
	Gonorrhea	2,575	2,103	2,103
	Syphilis: Congenital (<1 yr.)	11	<5	8
	Primary	39	35	50
	Secondary	112	85	108
	Other	98	87	68
Tuberculosis			114	75
West Nile virus		0	<5	280

* 2011 and 2012 case counts reflect only acute Hepatitis B & C infections; chronic Hepatitis B & C infections are not reportable and are no longer tracked case counts now reflect only acute Hepatitis B & C infections; chronic Hepatitis B & C infections are not reportable, hence are no longer tracked.

** Meningococcal disease cases include blood infections as well as meningitis cases.

NOTE: Less than five cases are not reported to protect patient confidentiality

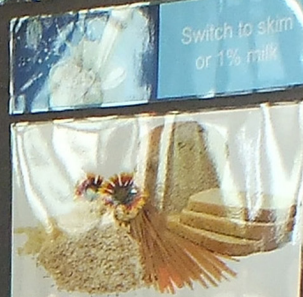
Tarrant County Public Health Department

Safeguarding our community's health

What's on YOUR plate?



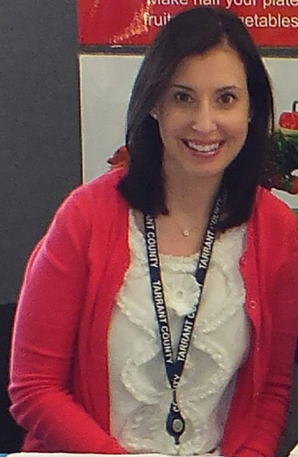
Make half your plate fruit and vegetables.



Choose foods that list a whole grain first on the label.



Proteins: seafood, meats and poultry.



Too many all-nighters?

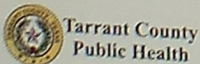


sleep aid
Need some rest before that big test?
Eat some tart cherries, pineapple, grapefruit, or tomatoes. They all contain melatonin, a hormone that helps control the sleep cycle. Or try magnesium-rich foods like bananas, apricots, or leafy greens (like spinach, kale, or bok choy). Other easy to eat foods, like pears, berries, and beans can help boost levels of serotonin, a hormone that helps to calm the brain.

Produce is Powerful!

And a calm brain is a happy brain.

LiveAMoreColorfulLife.org



Source: University of Utah Health Science Center, Salt Lake City. www.utah.edu/healthsciencescenter/healthsciencescenter/healthsciencescenter

Cramming for an Exam?



memory booster

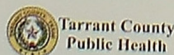
Study smarter, not harder!

Boost your brainpower with foods like broccoli, spinach, green peas, beets, and oranges. They contain high amounts of folic acid, and folic acid protects memory. To guard against age-related memory loss, studies recommend veggies like cauliflower, avocado, cabbage, and leafy green spinach.

So, eat well and hang on to those great college memories.

Produce is Powerful!

LiveAMoreColorfulLife.org



Source: Utah University of British and Harvard Medical School Health Sciences

Running on Steam?

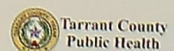
energize

Skip that bag of chips. When you're low on fuel, choose natural energy. Grab an apple or banana, munch on some melon or mangos, nibble on carrots or bell peppers, or eat a leafy green salad topped with berries. These foods are packed with energy-boosting nutrients.

And what college student couldn't use a little more energy?

Produce is Powerful!

LiveAMoreColorfulLife.org



Source: Journal of Nutrition and Dietary Behavior

Tarrant County Public Health staff members (left to right) Cayce Trudo, Robin Cooley and Keisha Leatherman promote healthy eating during one of TCPH's community events.



TARRANT COUNTY PUBLIC HEALTH

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TARRANT COUNTY COMMISSIONERS COURT

B. Glen Whitley

County Judge

Roy Charles Brooks

Commissioner, Precinct 1

Andy H. Nguyen

Commissioner, Precinct 2

Gary Fickes

Commissioner, Precinct 3

J. D. Johnson

Commissioner, Precinct 4

G. K. Maenius

County Administrator

