

Tulsa County Community Health Improvement Plan [CHIP] 2023 Annual Report Review



This document is intended to provide an annual update on progress toward the 2023-2028 Tulsa County CHIP. Partners can access more information and resources through the following links:

- [Tulsa County CHIP Microsoft SharePoint](#)
- [Tulsa County CHIP Microsoft Teams](#)

Status Indicator Key

Objective is Not Progressing as Planned <i>Action: Review and revise</i>
Objective is Progressing with Some Challenges <i>Action: Address specific challenges</i>
Objective is Progressing as Planned <i>Action: Maintain current strategies</i>
Objective is Complete <i>Action: Report findings</i>



Stress and Mental Health

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

Objective 1.1	Objective 1.2	Objective 1.3	Objective 1.4
<i>Review and revise</i>	<i>Review and revise</i>	<i>Review and revise</i>	<i>Review and revise</i>
By January 31, 2028: Increase the number of hospitals, FQHCs, and care clinics who screen for Mental Health (MH) risks/issues.	By January 31, 2028: Decrease the number of incarcerated youth.	By January 31, 2028: Increase training within schools for teachers and staff to help identify students at risk for suicide. Provide the knowledge of actionable steps to take once students have been identified.	By January 31, 2023: Increase peer recovery support structure in schools. Change the stigma among the student population by building infrastructure to provide safe spaces for students experiencing trauma.

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

Objective 2.1	Objective 2.2	Objective 2.3
<i>Maintain current strategies</i>	<i>Review and revise</i>	<i>Review and revise</i>
By January 31, 2024: Hire and deploy 2-3 Licensed Clinical Social Workers and Community Health Workers (CHW) within the Emergency Department to provide crisis response services.	By June 30, 2023: Equip educators and parents with evidence-based mental health and trauma intervention trainings to serve children within schools and at home.	By January 31, 2028: Increase the number of attendees at mental health symposiums who highlight the needs and resources in the community.



Stress and Mental Health Continued

Goal 3: Decrease the Rate of Those Living Below the Poverty Level from 15.0% to 13.4% (US rate) by 2028.		
Objective 3.1	Objective 3.2	Objective 3.3
<i>Maintain current strategies</i>	<i>Review and revise</i>	<i>Review and revise</i>
By January 31, 2028: Increase Intergroup dialogue, Continue to normalize conversations about racial equity, and to encourage Tulsans to engage with government to create a more resilient equitable city.	By January 31, 2028: Increase educational attainment through workforce development agencies.	By January 31, 2028: Increase educational attainment by parental engagement and early childhood education.

Goal 4: Decrease the Rate of Perceptions of Substance Misuse as a Problem in the Community from 71% to 65% by 2028.
Objective 4.1
<i>Review and revise</i>
By January 31, 2028: Decrease personal impact from substance misuse.



Health and Affordable Housing

Goal 1: Reduce the percentage of residents who report Unhealthy or Unsafe Housing Conditions between 2023 and 2028 from 20.5% to 12.2% (US rate).	
Objective 1.1	Objective 1.2
<i>Maintain current strategies</i>	<i>Maintain current strategies</i>
By January 2028: Increase permanent, supportive, and affordable housing opportunities.	By September 2028: Increase quality and quantity of transitional, supportive, and affordable housing.
Objective 1.3	Objective 1.4
<i>Maintain current strategies</i>	<i>Address specific challenges</i>
By September 2028: Provide fair housing education.	By January 2028: Reduce individuals experiencing homelessness in Tulsa County by opening: 1) emergency shelters in extreme weather and 2) low barrier shelters.
Objective 1.5	Objective 1.6
<i>Address specific challenges</i>	<i>Maintain current strategies</i>
By January 2028: Increase homeownership from 52.4% (2017-2021) to 65.9% (US rate).	By June 2028: Increase number to adopt and/or update a smoke free policy, from 2 to 4 Multi-Unit Housing.



Chronic Disease Risk Factors and Management

Goal 1: Decrease Lack of Health Care Insurance Coverage between 2023 and 2028 from 11.6% to 9.6% (8.7.% US rate) by 2028.			
Objective 1.1	Objective 1.2	Objective 1.3	Objective 1.4
<i>Maintain current strategies</i>	<i>Maintain current strategies</i>	<i>Maintain current strategies</i>	<i>Address specific challenges</i>
By January 31, 2028: Launch specifically targeted communication strategies around Medicaid enrollment eligibility. Targeted communications should be culturally sensitive.	By August 2023: Increase Medicaid education to parents attending school registration events in Tulsa County.	By March 2023: Increase Medicaid education to parents attending the Enrollment Expo.	By January 2024: Increase Medicaid enrollment among students (K-12).
Objective 1.5	Objective 1.6	Objective 1.7	Objective 1.8
<i>Maintain current strategies</i>	<i>Maintain current strategies</i>	<i>Maintain current strategies</i>	<i>Maintain current strategies</i>
By January 2028: YMCA outreach to educate community residents around chronic disease and medical insurance in Tulsa County.	By June 2023. Make sure those who are eligible and currently receiving Medicaid remain enrolled in the program after the Public Health Emergency.	By January 31, 2028: Partner with organizations & community members to offer resources to ensure the enrollment process is inclusive to minorities, individuals experiencing homelessness, and any other residents who are uninsured or underserved.	By January 2028: Increase the use of Safety Net Clinics.

Goal 2: Reduce Heart Disease Age-Adjusted Mortality Rate from 244.6% (Tulsa County rate) to 234.7% (Oklahoma rate overall) per 100,000 by 2028.	
Objective 2.1	Objective 2.3
<i>Maintain current strategies</i>	<i>Maintain current strategies</i>
By January 31, 2028: Integrate the Know Your Numbers Program to complement existing health management programs by 200%.	By May 2023: Increase nutrition education, physical activity, mental health, and managing stress to the Spanish speaking residents through cooking demonstration/physical activity/KYNs program.



Chronic Disease Risk Factors and Management *Continued*

Goal 3: Reduce the Stroke Age-Adjusted Mortality Rate from 43.2% (Tulsa County rate) to 39.8% (Oklahoma rate overall) per 100,000 by 2028.
Objective 3.1
<i>Report findings</i>
Engage in community conversations regarding clinical trials supporting stroke research.

Goal 4: Decrease the proportion of smokers from 18.3% (Tulsa County rate) to 17.4% (US rate) by 2028.	
Objective 4.1	Objective 4.2
<i>Maintain current strategies</i>	<i>Maintain current strategies</i>
By June 2028: Increase the number of jurisdictions to adopt a Tobacco Free City Owned Property Ordinance in Tulsa County, from 1 to 5.	By January 2028: Increase the number of callers using 1-800- QUIT NOW by promoting the resources.

Goal 5: Increase no leisure-time physical activity in the past month in Tulsa County from 21.2% to 29.9% (Healthy People 2030 goal).	
Objective 5.1	Objective 5.2
<i>Maintain current strategies</i>	<i>Maintain current strategies</i>
By January 2028: Increase participation in studies measuring physical activity, sedentary behavior, sleep, physical behavior, and health project.	By January 2028: Increase awareness of low-cost programs for physical activity (gyms), including those who speak Spanish.

Goal 6: Decrease those who Find It “Very” or “Somewhat” Difficult to buy affordable fresh produce in Tulsa County from 27.6% to 21.1% (US percent).
Objective 6.1
<i>Maintain current strategies</i>
By January 2028: Increase the number of grocery boxes distributed at the Dream Center by 100%.