



Tarrant County Public Health
2010 Annual Report

Safeguarding Our Community's 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.



Director's Message

Once again, we have had a busy year at Tarrant County Public Health (TCPH). Many of the program highlights from the past year are featured in this annual report. In particular, I wanted to bring two of our efforts to your attention. The first is our move to greater emphasis on policy implementation and the second is our initial activities to assure that public health is a ready, willing, and able partner in the health care reform movement.

Early last year, the YMCA of Greater Fort Worth asked us to co-lead their Pioneering Healthier Communities (PHC) initiative as we both were concerned about obesity prevention. Since then, the workgroups comprised of community partners such as Cook Children's Hospital, United Way, Fort Worth ISD, Region XI School Health Advisory Council, University of North Texas School of Public Health, Healthy Tarrant County Collaboration, JPS Health Network, North Texas Farmers Market Association, Texas Agri-Life Extension, Texas Department of State Health Services, Pantego, Richland Hills, and Arlington have all worked to identify critical policies needed in their own organizations and our community to prevent obesity through improved access to nutritious foods and increased physical activity. In December, Tarrant County Judge B. Glen Whitley and Commissioner Roy C. Brooks met with more than 80 key decision makers from hospitals, businesses, chambers of commerce, ISDs, and non-profits to increase awareness about the impact of policy-level decision making and to pledge support to the communitywide effort. The keynote speaker, Monte Roulier, from the national PHC program challenged everyone to take action in their respective communities.

Health care reform has occupied the thoughts of many of us this past year. TCPH views the reform as a first step to emphasizing prevention much more and as an opportunity to work more closely with other health partners such as hospitals, clinics, and provider groups. Our current communicable disease surveillance system already links us to hospitals in the area and provides the foundation for building an expanded system to include chronic disease surveillance and targeted community interventions. We have participated in the development of both the Tarrant Cares and the DFW Hospital Council Data Share projects in order to provide the public, providers, organizations and elected officials the necessary data to make better-informed decisions regarding individual and community health.

We are well into another eventful year and look forward to partnering with you.

Yours in health,

A handwritten signature in black ink that reads "Lou Brewer".

Lou Brewer, RN, MPH

*Partnering for improved health outcomes **

Based on a study conducted by Tarrant County Public Health (TCPH), the City of Arlington improved streets and sidewalks to increase the walkability of the General Motors Neighborhood (GMN) in Arlington, Texas. In 2009, TCPH conducted a Health Impact Assessment (HIA) that involved screening and interviewing the residents to identify their most prevalent health issues.

The findings revealed the challenges facing TCPH and the medical community when it comes to addressing the human toll of obesity. The assessment indicated that 74.1 percent of the GMN adults and 42.2 percent of the children, younger than 19, are obese. In 2008, data for the entire county revealed that an estimated 31.9 percent of children 2-14 years old were obese, and in 2009, an estimated 65.7 percent of adults 18 and older were obese.

The HIA also revealed that the GMN residents spend too much of their leisure time engaged in activities that do not promote physical fitness. The amount of time spent in front of the television, playing video games or using a computer, while not at work or school, was 49.6 percent for adults and 46.3 percent for children.

Consequently, the residents have an increased probability of having chronic diseases, such as diabetes or high blood pressure, which increased as their weight increased. Out of all the residents with diabetes, only 13.6 percent were of normal weight while 20.2 percent were considered overweight and 66.2 percent were obese. Economically, the obesity-attributable health care spending for the state of Texas has been estimated at over \$5.7 billion.

The GMN community represents only a portion of Tarrant County, and improvement efforts and partnerships will continue. The initial action of increasing the neighborhood's walkability is a step toward improving the area's overall health and fitness and reducing its risk for many chronic diseases.

Making plans to dispense emergency medication

In the event of a public health emergency such as an anthrax attack, Tarrant County Public Health would open mass dispensing sites across the county to provide life-saving antibiotics. In preparation for such an event, Public Health Preparedness hosted "Law Enforcement's Role in Point of Dispensing Security and SNS Response" in November 2010. Stakeholders from across Tarrant County attended this half-day program to learn from other jurisdictions about the importance and the challenges that go with securing a point of dispensing. Recent H1N1 mass vaccination events and regular exercises gave participants concrete information on routing traffic, working in inclement weather, public messaging, security requirements, and planning as a community. Local colleagues and peers spoke about their experiences and provided good advice for attendees to utilize as they plan their response strategies. Evaluations indicated that participants felt reviewing or revising plans to be the most important next steps and found the program useful in meeting those objectives.



Medical screeners gather needed health information and dispense influenza vaccine during a recent drive-through flu shot event, held in coordination with a local community.



So, what can be done?

The results of the HIA were shared with city officials and the Building Equitable Communities Committee.

TCPH also recommended:

- Walk Texas!
Safe Routes to School Programs and Walking School Buses.
- Establishing joint use of facilities agreements allowing playing fields, playgrounds and recreation centers to be used by community residents when schools are closed.
- Continue to maintain and promote existing parks and playgrounds that are safe and attractive for playing and in close proximity to the residential area.

Accreditation means improvements for all

In 2010, TCPH began preparing for national voluntary accreditation in 2012. The Public Health Accreditation Board (PHAB) is the accrediting body for the national public health accreditation program. The goal of the program is to improve and protect the health of the public by advancing the quality and performance of all health departments in the nation.

TCPH gained valuable insight into the accreditation process by participating in a pilot test. The accreditation and the Mobilizing for Action through Planning and Partnerships (MAPP) activities have placed TCPH in a position of readiness to apply and obtain national accreditation status. The potential benefits include improved quality of service, enhanced visibility, and a strengthened competitive position regarding future funding opportunities as well as a demonstrated accountability to our elected officials and the communities that we serve.

An integral part of the accreditation process is the development of a Community Health Improvement Plan (CHIP). This will be accomplished by TCPH and its community partners using the MAPP process. The MAPP process was developed by the National Association of County and City Health Officials (NACCHO).

Activities to achieve accreditation will continue with additional MAPP training for community partners. All TCPH division managers have already completed training on the MAPP process.

Morbidity in Tarrant County DISEASES	2007	2008	2009	2010
Acquired Immunodeficiency Syndrome (AIDS)	81	150	52	40
HIV Seropositive	192	216	242	220
E. coli 0157:H7 Infection	2	10	9	24
Hepatitis*: Type A	26	20	34	21
Type B	923	839	684	792
Type C	2,365	3,080	2,545	2,143
Meningitis: Aseptic	259	190	213	177
*** Meningococcal	2	10	7	4
Other Bacterial	4	5	7	3
Pertussis	68	286	185	255
Salmonellosis**	197	318	202	214
Shigellosis	48	62	39	170
STD: Chlamydia	5,583	8,506	7,828	8,023
Gonorrhea	2,567	3,090	2,900	2,575
Syphilis: Congenital (<1 yr.)	7	6	16	11
Primary	25	24	48	39
Secondary	57	80	134	112
Other	180	106	124	98
Tuberculosis	61	89	109	114
West Nile virus	25	16	29	0

* Reporting of hepatitis B and C was changed in 2001 to require the notification of chronic cases as well as acute cases.

** Salmonellosis figures tend to fluctuate as a result of reporting and laboratory testing.

*** Invasive meningococcal disease cases include blood infections as well as meningitis cases.

Public Health receives its sixth Model Practice Award

In 2010, Tarrant County Public Health received a Model Practice Award from the National Association of County and City Health Officials (NACCHO) for its Long-term Care Facility Emergency Dispensing Program. The program defines the process for medicating a large portion of the county's population in a short time period. The dispensing program is not only an award winner, it is a real-time lesson that demonstrates exemplary and replicable qualities in response to a local public health need.

Since 2003, the Model Practice Awards program has honored initiatives—including programs, resources, and tools—that demonstrate how local health departments and their community partners can effectively collaborate to address local public health concerns. TCPH has also been recognized with four promising practice awards from NACCHO.

Developing a winning program

The development of the dispensing program is part of Tarrant County Public Health's preparedness response planning. The program was designed to help ensure the dispensing of emergency medication to vulnerable institutionalized adults within a 48-hour timeframe during a public health emergency or a disaster such as a bioterrorism attack.

Through collaborative efforts with senior care providers and local law enforcement, Tarrant County Public Health successfully designed and tested the dispensing process. Long-term care facility locations were chosen and mapped within the four quadrants of Tarrant County. TCPH staff then drove the routes to determine transit times for the distribution of life-saving medication to centers within the county. Specific dispensing instructions were developed to accompany the medications along with public health contact information. During the drill, Tarrant County constables, who are able to control traffic and navigate county roadways in emergency situations, delivered the medication using the most efficient delivery routes to minimize travel time between centers.

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The health status of Tarrant County:

Findings from the Behavior Risk Factor Surveillance System

The BRFSS questionnaire consists of modules that assess chronic disease prevalence along with behaviors related to chronic disease prevention and management. Focus areas for the most recent BRFSS included a wide-range of topics:

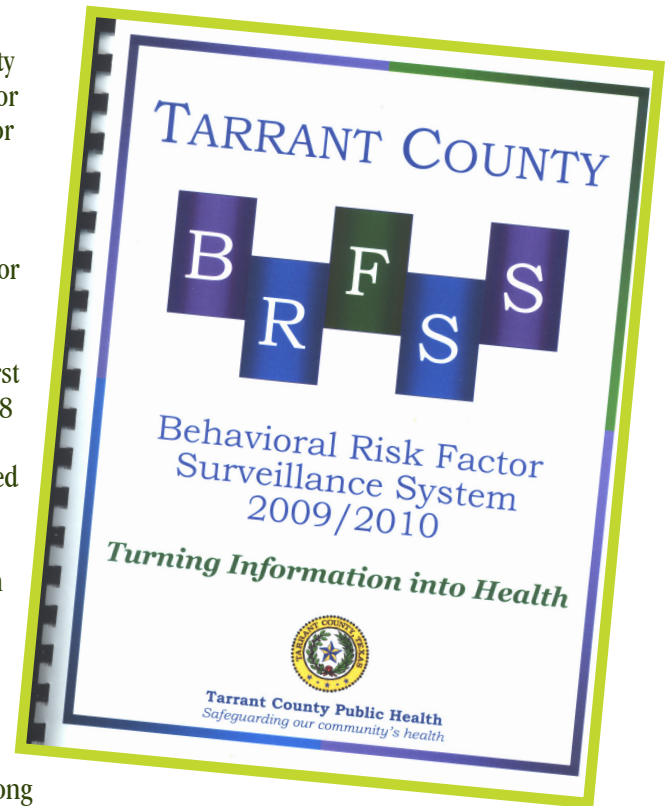
- **general health status**
- **health care access**
- **overweight and obesity**
- **physical activity**
- **fruits and vegetables**
- **tobacco and alcohol use**
- **arthritis**
- **cancer screenings**
- **immunizations**
- **cardiovascular health**
- **diabetes**
- **family planning**
- **disability and caregiver status**
- **inadequate sleep habits**
- **emotional support / life satisfaction and mental health status.**

From October 2009 through February 2010, Tarrant County Public Health collected data for its third Behavioral Risk Factor Surveillance System (BRFSS) project; the Tarrant County BRFSS is unique in that few local entities across the state or nation have access to county specific data of this quality, focus, and magnitude. The first project was completed in 1998 and the second in 2004. The BRFSS is a random-digit-dialed telephone interview survey administered by state and local health departments with technical and methodological support from the Centers for Disease Control and Prevention. The survey evaluates health behaviors linked to chronic disease among

non-institutionalized adults aged 18 years and older. Because the BRFSS uses a standardized questionnaire to collect data, information gathered via this system is comparable across population groups and time periods.

The BRFSS included data from approximately 4,000 adult Tarrant County residents along with more than 1,000 randomly selected children of adult respondents who indicated that at least one child resided in their home at the time of the interview in its final analyses. Population weighting was applied to responses in order to minimize bias and provide results representative of the population distribution in Tarrant County. The report stratified results by seven demographic characteristics: gender, age group, race/ethnicity, education level, annual income, employment status, and geographic distribution at the sub-county level.

Consistently each year, the three leading causes of death in Tarrant County are heart disease, cancer, and cerebrovascular disease - all chronic diseases related to risk behaviors assessed in the BRFSS. Unlike infectious diseases, most chronic diseases are not classified as notifiable conditions and are therefore not reported to an agency for monitoring. Consequently, a surveillance system such as BRFSS is our primary source for these types of morbidity data. The importance of such a system and



the value of these data at the local level cannot be overemphasized. We are better equipped as health professionals to care for our residents and improve the health of our community with tools like this.

Officials and organizations at the community, state, and national levels utilize the data to determine health needs within their communities and to more efficiently and effectively target public health policy initiatives. State policymakers have used BRFSS data to address various issues including smoke-free ordinances, needle exchange programs, physical activity in the workplace, and seat belt laws. At the local level, elected officials and leaders throughout Tarrant County from both the private and public sectors recently partnered to address obesity prevention policies within the community using the data as a springboard for action.

TCPH as well as our community stakeholders use BRFSS data for program planning, evaluation, and grant applications. The Live a More Colorful Life obesity prevention campaign launched by TCPH to increase fruit and vegetable consumption throughout Tarrant County utilized the data

to determine not only how many of our residents were meeting the five-a-day recommendations but also the prevalence of consumption at the ZIP-code level to assist in planning Farmers Market locations. Local BRFSS data regarding the Human

Papilloma Virus (HPV) vaccine helped researchers at the University of North Texas Health Science Center obtain grant funding to evaluate HPV vaccine acceptability among African American women and to create culturally appropriate educational materials regarding HPV, the available vaccine, and cervical cancer prevention.

The full report, *Tarrant County Behavioral Risk Factor Surveillance System, 2009/2010* is available at: www.tarrantcounty.com/healthdata.

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Dealing with diabetes: Put Life Back in Your Life

Research on this program has shown that participants are able to manage their symptoms better and communicate more easily with their doctors and loved ones. People who complete the program feel better, are less limited by their diabetes, and may spend less time at the doctor's office or in the hospital.

Texas Healthy Lifestyles of Tarrant County is a collaborative initiative, funded through the Texas Department of Aging and Disabilities Services, United Way of Tarrant County, and the Area Agency on Aging of Tarrant County, and made possible through the cooperation and support of Senior Citizen Services, Tarrant County Public Health, and VA North Texas. The program has had more than 100 graduates since it started in 2010.

For more information, or to enroll in a workshop, people should call Senior Citizen Services 817-413-4949 or the Aging and Disability Resource Center at 1-888-730-2372.

People with diabetes who are 60 or older now have a great resource in Tarrant County. Texas Healthy Lifestyles Workshop is an evidence-based program for people who have diabetes, are at risk of diabetes or care for someone with diabetes. Texas Healthy Lifestyles was developed and tested by Stanford University as a Chronic Disease Self-Management Program (CDSMP).

The free workshop helps people learn ways to self-manage their diabetes. For six weeks, participants attend 2½-hour sessions taught by trained volunteers, many of whom are diabetic themselves or they are the caregiver for someone with diabetes. Participants learn to take control of their diabetes by understanding new treatment choices and learning better ways to talk with their doctor and family about their condition. They learn to make better nutrition choices by learning to read and understand food labels, and they learn to create meal plans. Information about stress management, appropriate exercise choices and practical ways for dealing with pain and fatigue also are a part of the workshop.

Each participant takes an active role in their health care by setting goals and making a step-by-step plan to improve their overall health and their life. They learn that diabetes is not just about taking medication; it is a lifestyle change that can yield big changes by starting small.

Here is what some participants have said:

"The class has been challenging and encouraging. The class has challenged me to take a continuous look at my diabetes and set daily goals to control my disease."

"The action planning and behavior change aspect of the program is really solid, and I see the participants making small incremental changes every week that are adding up into lifestyle change, and that is awesome."

"...I learned a lot about food, the importance of counting carbs, fats, reading labels, taking meds, making plans and sticking to them."

"The class for me was very beneficial. You are never too old to learn something new."

Achieving equity

Tarrant County Public Health has implemented a Health Equity Program to complement its ongoing work to address health equity issues in Tarrant County and to work toward decreasing health disparities. This is accomplished by researching best practices to recommend action steps for the department and the community.

Among the strides made so far is the training of TCPH staff members through a series of workshops that included, “Health Equity 101,” which is designed to help staff understand the root causes of disparities. The training provided information to help staff understand their role in prevention, while restating the department’s commitment to work on eliminating disparities. The PBS series, “Unnatural Causes . . . is inequality making us sick?” and poverty simulations have been used to illustrate the conditions and possible solutions to health disparities.

A speaker’s series has also been developed to help frame the issue. Local speakers have provided presentations on topics ranging from the importance of local policies to social epidemiology’s implications for public health practice. Thanks to a partnership with the North Texas Health Equity project and the University of North Texas Health Science Center, Health Equity 101 has been made available to community partners, leaders and community members.

Health disparities among different populations in Tarrant County mirror the decline in health status and outcomes, and TCPH is committed to addressing the issue as part of its overall mission and commitment to Tarrant County residents.

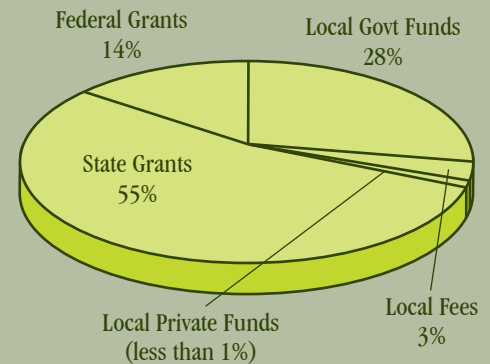
Helping spread the word about women’s health and healthy babies

The WIC program was funded by the Department of State Health Services to conduct a pilot program to provide basic women’s health education and outreach to potential WIC clients.

The high infant mortality rate in Tarrant County caught the attention of Mike Montgomery, the Texas WIC Director, who asked, “What can WIC do to help address infant mortality in Tarrant County?” The answer was four community health workers, trained in basic health education, who can get the word out about the importance of a mother’s health to the health of her baby. The workers use a curriculum that includes information on healthy weight, chronic disease prevention, breastfeeding, stress management, prevention of sexually transmitted diseases and other infections. The workers also answer questions regarding the WIC program and provide referral information regarding health care, job training and parenting information. This all is accomplished as the community health workers travel the county providing education and outreach in churches, community meetings and events, schools and WIC clinics.

Financial Status

Local government funds	\$12,464,728
Local fees	\$1,165,478
Local private funds	\$175,000
State grants	\$24,094,973
Federal grants	\$5,923,512
TOTAL:	\$43,823,691



Total WIC grocery dollars that entered Tarrant County’s economy in 2010:

\$34,590,996

Kids Growing Healthy

Kids Growing Healthy, a five-part series that introduces fifth-grade students to the importance of eating healthy and getting physical activity to prevent the onset of chronic illnesses, was one of nine programs selected to be in the 2010 National Association of County & City Health Officials' (NACCHO) Building Healthy Communities: Diabetes Compendium publication. Kids Growing Healthy was first implemented in 2008 and has reached more than 300 Tarrant County fifth graders.

Carnaval de Salud

The Fifth Annual Carnaval de Salud, on Oct. 2, 2010 drew about 1,000 people to Tarrant County Public Health's (TCPH) main building. Carnaval is part of a collaborative effort to improve the quality of life of migrant and immigrant families by expanding their access to health care and reducing their unmet health needs. Those who attended received free flu vaccines, cholesterol screenings, dental exams, HIV / STD tests, blood pressure checks, and spinal adjustments. In addition, they were able to receive services and education provided by 28 community organizations.

A highlight for Carnaval 2010 was the expansion of services under "carnival" tents in our front courtyard and positioning the "Center Ring" stage in an area to accommodate more participants at the "EduTainMent" interactive programs. EduTainMent featured programs on healthy cooking, understanding fruits and vegetables (which was a great hit with kids), and a very interactive crowd pleaser – moving and shaking with our Zumba / Salsa educators.

Carnaval would not be possible without the contribution of approximately 50 volunteers (many from the Tarrant County Medical Reserve Corps) who donated their expertise and time to make the event a great success.



Staff member Alisha Herrick explains the nutritional values of a variety of fresh produce available at the Carnaval.



Carnaval attendees were able to sample some of the recipes prepared during the cooking demonstrations.

Public Health Week Poster Contest

"A Healthier America: One Community at a Time," was the theme for National Public Health Week 2010 and the theme for our 2010 Public Health Week Poster Contest. Since 2003, Tarrant County Public Health has sponsored this contest to commemorate the national celebration of Public Health Week. The annual contest challenges Tarrant County students in grades 1 - 8 to submit artwork that reflects the theme for the year.

A winner is chosen from each grade level for which there is an entry. The winners are then invited to appear in a Tarrant County Commissioners Court meeting to be publicly recognized for their efforts.

A special gallery for new and previous winners has been set up at in the south wing of the Tarrant County Public Health main campus at 1101 S. Main Street in Fort Worth.



Poster contest winners (left to right): Guadalupe Gonzales, Morgan Lewis, Jernee Goods, Lauren Mellot, Kayla Yant, Lauren Jackson, Lelys Leyva, and Geselle Hernandez.

To view the winning artwork, visit the 2010 Public Health Week Poster Contest Web page. (<http://www.tarrantcounty.com/ehealth/cwp/view.asp?a=763&q=475128>)

Keeping records electronically

It took four long years, but Tarrant County Public Health now has a fully certified Electronic Medical Record System (EMRS). The EMRS will change the way we handle record keeping by allowing medical records to be shared among providers, increasing patient safety, and adding the super storage capacity of computers used in this function.

Before the American Recovery and Reinvestment Act (ARRA) and Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009, Tarrant County Public Health started thinking about implementing an electronic medical record system in all its clinical areas. The HITECH Act focused on the establishment of a national health infrastructure and on providing incentives for the adoption of electronic health records (EHRs). It also provided for “enhanced” privacy protections. Our strategic planning for the EHR systems started in the summer of 2007.

The road to an EMRS was a difficult one which included securing the money to develop and purchase a fully interoperable EHR. Several commercial (off the shelf) EMRS were reviewed, but TCPH opted for an open-source EMRS. In the planning process, it was decided to implement the EMRS in three distinct phases since funding for the entire system was not possible.

The first phase started in October 2008 with our Adult Health Services (AHS) being the initial clinic to implement an EMRS. The transition from a paper-based product to fully automated electronic health records was done in three stages in the AHS clinic. The first stage was all paper based to allow the clinic to identify the workflow process.

The second stage was a mix of paper and electronically stored data. The final stage saw the AHS clinic transformed into an advanced EMRS to include transmitting sexual transmitted disease (STD) and HIV data reporting to the Department of State Health Services (DSHS). AHS sees approximately 8,000 unduplicated clients annually.

The Preventive Medicine Clinic (PMC) received additional grant funds and was the second phase of the EMRS, begun in March 2009. The PMC provides HIV services to more than 1,000 clients each year. It provides a full range of primary care services and through electronic prescriptions and automated lab features, the EMRS has significantly enhanced its ability to provide quality care, patient safety, and increased access to services.

The last phase of the EMRS project (completed by the end of 2011) will include the implementation of EMRS in the Tuberculosis (TB), Breast Cervical Cancer Control Program (BCCCP), and Travel Health Services clinics. Part of the current EMRS project, requires that the EMRS tie into the Tarrant County Immunization Registry (TCIR), which will add the immunization records for TCPH clients to the EMRS. The success of the open-source EMRS has spread throughout our area and several other local health departments have visited TCPH to get a firsthand view of the system.

... an EMRS will change the way we handle record keeping by allowing medical records to be shared among providers, increasing patient safety, and adding the super storage capacity of computers...

Preparing for the big game in Arlington

It took only a few hours for the Green Bay Packers to defeat the Pittsburgh Steelers in Super Bowl XLV on Feb. 6, but Tarrant County Public Health spent more than six years prepping for events such as the game held at Arlington's Cowboys Stadium. That's how long TCPH and its Advanced Practice Center (APC) worked to set up and continuously enhance a regional biosurveillance system used for rapid detection and tracking of local health patterns.

The surveillance system was an important behind-the-scenes component of the planning for Super Bowl XLV, which attracted a near-record Super Bowl attendance of 103,219 excited fans. Joining those who saw the game in person were several thousand more fans who watched it just outside Cowboys Stadium on a large outdoor screen. With all of those and many other visitors converging on the Dallas-Fort Worth area, extraordinary measures were required to monitor and safeguard the public's health.



Cowboys Stadium in Arlington - on an early spring day, when ice and snow were not a public health issue.

Several days of ice and snow prior to the game made public safety issues more demanding than anticipated, but TCPH was up to all the challenges it faced. The agency activated its Department Operations Center (DOC) on Jan. 31, 2011 (a week before the game) and closed the DOC on Feb. 8, two days after the confetti fell. TCPH staff prepared daily situational reports; daily conference calls were conducted and several TCPH staff members manned the multi-agency Joint Emergency Operations Center (JEOC).

Key information available in the DOC, EOC and situational reports included health surveillance data from the regional biosurveillance system, which the APC first began to construct in 2004. That system now collects and automatically analyzes chief complaints from patient visits at more than 50 area hospitals, and all 16 of Tarrant County's acute care hospitals. The system also analyzes sales of over-the-counter medications, school health absenteeism and influenza, reasons for ambulance calls, and poison control data. The data appears in raw form, in time series charts, and in maps showing

changing conditions at a ZIP-code level. When data reflect statistically significant anomalies, TCPH epidemiologists and other staff receive alerts that prompt them to further investigate possible reasons for the spikes in case counts. They then apply a standard protocol that, if warranted, includes traditional "shoe leather" investigation such as gathering more information from medical professionals or patients.

One of the added benefits of such work for local readiness before, during, and after Super Bowl XLV was the focus of a news report. Accessible online, the report is a brief but nice tribute to the team at TCPH who built and use a system that required six years to establish.

"We're proud of how our entire team performed in supporting Super Bowl XLV," said Lou Brewer, TCPH Director. "Just as the Packers needed contributions from many to win on the field, we needed more than a good plan. Internally and externally, we had to work well together to execute the plan, and that's what we did."

Program Measures

This table provides a snapshot of three year's of program activity.

Fluctuations in the numbers may be attributed to a range of reporting changes.

DEPARTMENT WORKLOAD MEASURES	2008	2009	2010
BCCCP ¹ - clients screened	1,271	996	934
BCCCP - case-managed clients	547	293	284
Pregnancy tests & referrals	1,326	1,222	974
Flu shots provided	9,553	12,872	13,821
Immunizations provided	127,905	136,799	131,543
WIC ² - visits	670,329	710,597	732,882
Health education - health events, presentations	840	682	720
Health education - referrals	377	537	351
Communicable disease reports investigated	6,053	5,091	4,762
New HIV cases reported	207	242	289
STD clinic visits	8,348	7,002	6,638
STD disease intervention, field investigations	3,084	3,534	3,740
STD/HIV field screening of high-risk individuals	5,295	7,191	8,251
Individuals from target populations receiving HIV education and/or testing and counseling	2,409	2,354	2,228
HIV pre- and post-test counseling sessions	4,254	3,272	6,711
Clients provided HIV/STD prevention education	6,549	7,100	6,555
Clinical lab tests performed	53,185	54,410	60,081
HIV-1 lab tests performed	12,840	9,338	11,150
Clients tested for HIV	7,158	5,635	6,711
HIV/STD cases investigated, partners notified	768	950	746
Preventive Medicine Clinic (PMC) HIV care caseload	723	866	928
PMC clinic visits	6,250	5,819	6,674
Travel Health Services clinic visits	4,412	4,457	3,330
TB clinic visits	15,642	15,700	18,182
TB contacts screened as part of disease intervention investigation	1,010	500	637
TB cases in Tarrant County	89	110	103
Percent of foreign-born TB cases	62	45	66
Suspected TB cases treated preventively	306	310	312
HIV co-infections (cases only)	8	10	7
Drug-resistant cases (TB)	5	5	7
Directly Observed Therapy doses administered in the field (TB)	13,113	14,849	18,252
DOPT ³ doses administered (TB)	5,955	3,685	3,247
Contacts investigated (TB)	428	735	637
Total on therapy (TB)	395	408	288
Total with latent TB infection	1,158	1,164	922
Food establishment inspections	4,706	5,713	5,566
Swimming pool inspections	684	971	823
Onsite sewage facilities permitted	379	225	219
Food handlers trained/certified	17,707	14,664	11,911
Mosquito pools tested for WNV	210	202	115
Milk and dairy lab tests performed	23,218	21,068	20,649
Water lab tests performed	22,184	21,732	23,990

1 Breast and Cervical Cancer Control Program

2 Women, Infants and Children Program

3 Directly Observed Preventive Therapy

The hub of far-reaching HIV services

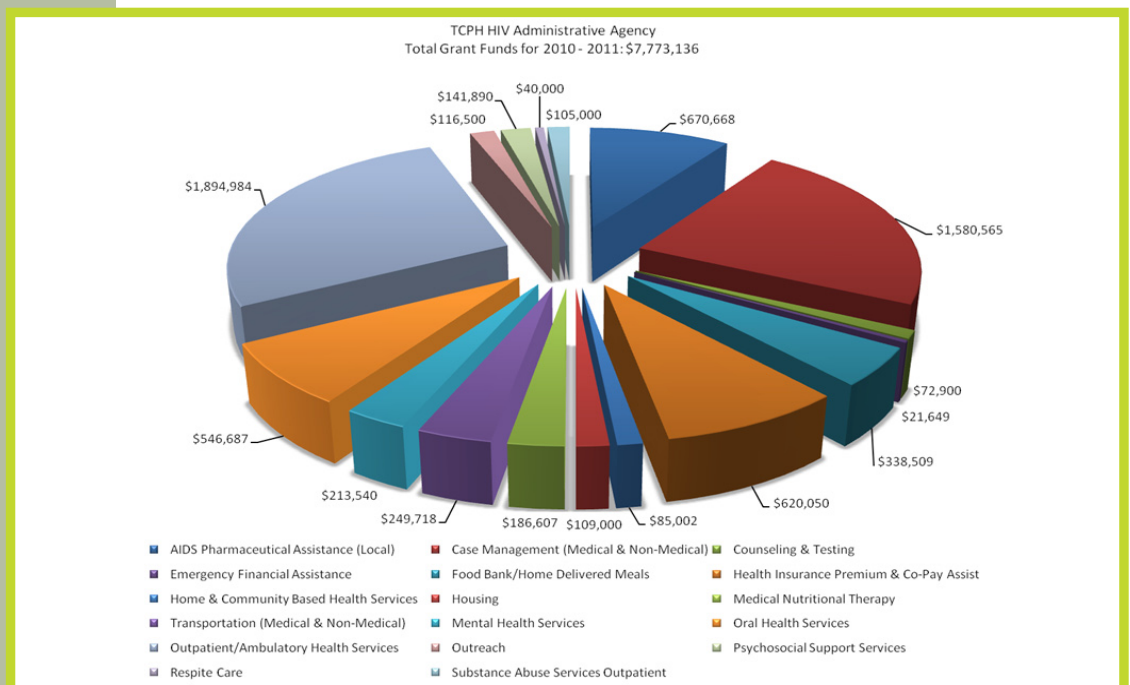
The Tarrant County Public Health (TCPH) HIV Administrative Agency and the North Central Texas Planning Council are the planning and administrative agents for Ryan White grant funds in 38 counties across north central Texas. The charge of these offices is to evaluate the needs of the HIV-positive population, allocate funding to care and treatment services, and subcontract with local community-based organizations and clinics. With nearly \$8 million in funding awarded to the HIV Administrative Agency, care was provided through 10 subcontracting service providers in the Fort Worth, Abilene, and Wichita Falls health service delivery areas for 17 service categories serving 2,988 HIV positive individuals in 2010.

The HIV Administrative Agency works directly with the Health Resources and Services Administration and the Department of State Health Services to ensure all people living with HIV/AIDS have access to quality health care. The North Central Texas Planning Council addresses the same people with support from volunteers.

The North Central Texas Planning Council is comprised of community members who have expertise with HIV and those who are impacted by the disease. Approximately 212 individuals participated in 2010. In addition to the allocation of funds, notable Council accomplishments included:

- Development of a patient navigator program
- Creating an online needs assessment
- Assessing substance treatment programs
- Addressing the 2010 National HIV/AIDS Strategy

The combined efforts of these programs provide much-needed funding, advice and quality HIV/AIDS care to vulnerable populations.



Syphilis: Rapid Response Implementation

The implementation of the Adult Health Services (AHS) Rapid Response plan resulted in a 17 percent decrease in infectious syphilis cases reported in Tarrant County for 2010. (151 cases reported in 2010 compared to 182 for 2009). Congenital syphilis (cases infecting newborn babies) decreased by 31 percent for the same time period, (from 16 cases in 2009, to 11 cases reported for 2010).

In 2009, there were 281 early syphilis cases reported to AHS surveillance unit. This was the highest number of syphilis cases identified in Tarrant County since 2002. The increase in syphilis cases triggered implementation of the AHS Rapid Response Plan, in early 2010. The Tarrant County, AHS Rapid Response Plan was designed to identify and treat as many new syphilis cases as possible. Clinic hours were extended, and Disease Intervention Specialists (DIS) were utilized to provide intensive disease intervention investigations for individuals associated with any newly identified case. Coordination for Rapid Response Task Force operations were based out of the Arlington AHS Clinic. This intensified case finding and investigative process was performed with assistance (personnel) from Dallas Department of Health Human Services and the Texas Department of State Health Services, to ensure covering the entire Metroplex. Individuals who reside in one area of the county may socialize in a totally different city or county. Disease Intervention Specialists from both jurisdictions, crossed county lines pursuing case investigations, resulting in enhanced communication, case analysis and contact identification with positive outcomes.

North Texas Regional Laboratory

In 2010, the North Texas Regional Laboratory (NTRL) completed its eighth year of surveillance for arboviruses such as West Nile virus and St. Louis encephalitis virus. This year 17 participating municipalities in Tarrant County submitted 115 pooled mosquito samples. No West Nile virus or St. Louis encephalitis was detected in mosquitoes during 2010. This is the first year since the 2002 arrival of the West Nile virus in Tarrant County that no West Nile virus was detected in mosquitoes from Tarrant County sites.

NTRL also conducted influenza and respiratory virus surveillance by testing 566 respiratory specimens. The influenza and respiratory virus surveillance program is a joint effort of the NTRL and the Epidemiology Division. Additionally, the reemergence of pertussis, known as whooping cough, prompted the NTRL to establish a pertussis testing protocol that utilizes rapid real-time testing to assist in public health investigations of any outbreaks.



Tarrant County Public Health

Safeguarding Our Community's Health

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Roy C. 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