

PROJECT ABSTRACT

Project Title: Tulsa Community Integrated Services for Women and Children
Project Number: 5 H25 MC00185-03
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PROBLEM: Poor women and children have poor health. More than race or single parent living situation, poverty is the risk factor with the strongest effect on child health (Montgomery, et al., 1996). Studies have shown that poor women and children are at greater risk for a number of specific health problems including infant and maternal mortality, underimmunization, anemia, stunted growth, lead poisoning, asthma, and death in childhood. However, in Tulsa County, Oklahoma 139,204 children are eligible for insurance through SoonerCare (Medicaid managed care) and less than 43% are enrolled. According to census data from 1994-96, Oklahoma is the fourth worst state in the nation for percentage of children uninsured (Children's Defense Fund, 1998). Unfortunately, guaranteed health coverage does not automatically translate to better health for Oklahoma children.

GOALS AND OBJECTIVES: The Community Service Council of Greater Tulsa proposes to reconstitute and expand the Tulsa Area

Coalition on Perinatal Care to enable the community to identify and implement more effective ways to coordinate and deliver health services to women, children and families; enhance leadership capabilities of maternal and child health professionals, consumers, and advocates; sharpen the community focus on preventative health and dental care for children; and engage in research activities designed to more effectively identify variables linked to successful implementation of innovative strategies to improve the lives and health of Tulsa.

METHODOLOGY: These goals will be achieved through the 1) reorganize the TACPC, a long-standing consortium focused on perinatal health to include child health, 2) establish the Community Service Institute to train individuals, and health professional in the issues of maternal and child health, and 3) collect, analyze and disperse demographic and research information garnered through the coordination of data collection.

COORDINATION: The Oklahoma State Department of Health Title V Maternal and Child Health, the Oklahoma Health Care Authority, the Tulsa Area Coalition on Perinatal Care and the Community HealthNet, Inc. pediatric providers will collaborate to plan, implement, support and sustain the project. The Community HealthNet, Inc. providers include: the University of Oklahoma

Health Science Center, the Oklahoma State University College of Osteopathic Medicine, Tulsa City-County Health Department, Margaret Hudson Program, Planned Parenthood of Arkansas and Eastern Oklahoma, the Metropolitan Tulsa Urban League Save Our Babies, and the Community Service Council of Greater Tulsa (CSC). CSC is the administrative and fiscal agent for Kidsline.

EVALUATION: Outcome, impact and process evaluation will be conducted by an independent evaluator. Specific process objectives are to reduce the impact of fragmented care on women and children.

EXPERIENCE TO DATE: In Year 01, the Coalition reorganized its function and structure to be inclusive of women, children and family health issues under the name, Family Health Coalition. The Coalition revised its bylaws, established a strategic planning process and conducted interdisciplinary professional and paraprofessional training in maternal-child health issues and racial disparities regarding access and utilization of SoonerCare (Medicaid Managed Care). In Year 02, the FHC received technical assistance from John Snow, Inc. and Health System Research, Inc. in the recruitment and maintenance of consumers in the coalition. Interdisciplinary training was conducted through the Training Institute and a statewide conference series on racial and

economic disparities were conducted. Three publications were produced from the analysis of data, Tulsa Hispanic Study 2001, Babyline Ten Year Trend Data 1990-2000 and Teen Birth Analysis for Tulsa Oklahoma. In Year 03, a statewide and regional conference was held concerning engagement of key stakeholders in development of a continuum of care for the uninsured, underinsured and Medicaid eligible. The community rallied behind the issue and conducted legislative advocacy, federal and state resource development and social marketing to create a continuum of care. Social marketing campaigns have included: Healthy You! Healthy Baby!, and Week of the Uninsured. Publications have included Teen Birth Analysis 2000 Update, the Emergency Room Study, Healthy Start Four Year Trend, and Community Profile 2003.

TEXT OF ANNOTATION: Poor women and children are more prone to a myriad of preventable, and treatable health problems. Medicaid managed care and expansion of CHIPS has provided the opportunity for children, newborn through age 17 to have health insurance but only 43% in enrolled. The Tulsa Area Coalition on Perinatal Care will reconstitute the long-standing perinatal consortium to include child health.

KEY WORDS: Access to Health Care, African Americans, Children with special health care needs, Community-based health services,

EPSDT, Infant health care, Interagency cooperation, Maternal and Child Health Bureau, Medicaid managed care, Preventive health care, Referrals, School-age children, Title V Programs, Toddlers, Uninsured, Well baby care, Well child care.

Progress Report

Project Title: Tulsa Community Integrated Services for Women and Children
Grant Number: 5 H25 MC 000185-03
Name of Grantee: Community Service Council of Greater Tulsa, Inc.
Name of Contact: Jan Figart, MS, RN
Grant Year: February 1, 2002 to January 31, 2003
Grant Year 03

Tulsa Community Integrated Services for Women and Children

Description of the Problem

The Tulsa Metropolitan Statistical Area (MSA) includes Tulsa County and the surrounding 4 counties in northeast Oklahoma. The Tulsa MSA has been recognized as an urban market for SoonerCare (HMO model of Medicaid managed care). Demographically, in 1990 the MSA had a population of 708,954 (541,000 Tulsa County only). The 2000 Census documents an increase in the MSA to 803,235 with 563,299 in Tulsa County. The MSA racial distribution in 1990 was 83.4% white, 8.1% African-American, 6.8% Native American, 0.9% Asian and 0.7% Other (1990 Census). 2000 census results indicate 80.4% white, 9.5% African-American, 10.7% Native American, 1.5% Asian and 2.8% Other. Ethnically, 4.8% identifies as Hispanic origin (U.S. Census 2000) which was not calculated in the 1990 census. Poverty statistics reveal that 22.7% of children are in poverty. There are over 34,000 women and children enrolled in SoonerCare in the Tulsa MSA (Community HealthNet providers serve 19,000 of these individuals). Medicaid covers 13% of Oklahoma's population compared to 18% nationally. Children 0-17 represent 22.7% of the state and 33% of Tulsa County's uninsured. Oklahoma is the fourth in the nation for uninsured children (OHCA, 1997). Oklahoma is the fourth poorest state in the nation with a median family income of \$28,554 (US at \$35,225). Oklahoma is third in the United States for children living in poverty which has increased 53% since 1979 even though the Oklahoma economy is robust. Oklahoma is the only state in the nation which has not shown health improvements during the 1990-98 time period (ReliaStar State Health Rankings, 1998).

The context in which the number of uninsured has risen and overall health has declined is linked to the economic base of our state. While reforms in health were being modeled in other states in the 1980's, Oklahoma was experiencing a down turn economically due to the "oil bust". High unemployment rates led to increase demand on the public welfare system, and Medicaid leading to Oklahoma has the second highest percentage of uninsured in the nation in 1993 at 21.6%. About three-quarters of the uninsured are either employed or the dependent of workers. Economic recovery has been slow with high

paying oil and aerospace jobs being replaced with lower paying service jobs leading to a low state unemployment rate of 3.3% (Tulsa County 2.7%). However, many employed individuals are underemployed or are not paid at a rate commensurate with maintaining adequate health care. Furthermore, many Oklahoma jobs do not provide health benefit options. (Chamber of Commerce, 1998). The recession on 2001 has increased the unemployment rate to 4% in the State and County (Chamber of Commerce, 2001).

Due to the high cost of public welfare and Medicaid support, Oklahoma embarked on health care and welfare reform. Oklahoma implemented Medicaid managed care (SoonerCare) on July 1, 1995 under the auspices of the Oklahoma Health Care Authority (OHCA). In the three urban areas of Tulsa, Oklahoma City, and Lawton a health maintenance (HMO) managed care model was implemented (SoonerCare Plus). In the predominately rural areas, a Primary Care Case Management system (PCCM) is used (SoonerCare Choice). Oklahoma's Medicaid waivers (1915 and 1115) did not initially expand Medicaid eligibility. In 1997, Senate Bill 639 expanded Medicaid coverage for pregnant women and children to 185% FPL. The children's program was scheduled to be implemented beginning with age 14 in 1997, and incrementally increased until children up through 17 would be covered. OHCA received approval from HCFA for its Title XXI "CHIP" plan to be incorporated into the SoonerCare program allowing children through age 17 to be included by 1998.

In December 1997, a "cost sharing" waiver was submitted to HCFA to allow families to purchase SoonerCare for non-Medicaid eligible family members. Families with incomes below 100% FPL would be covered automatically and a sliding scale would extend to 250% FPL for the uninsured or underinsured. This program has not been implemented. In 1998, the Department of Human Services (DHS) facilitated SoonerCare enrollment by shortening the Medicaid application to two pages, eliminating the asset test and the eliminating the interview at the county office. The OHCA conducted a public relations campaign with advertising in local theaters, newspaper, and television ads. Elementary school children received enrollment information through the public school system. Although these efforts improved the overall number enrolled in the state, the net gain in Tulsa was only 301 covered lives, with a

total enrollment of 17,800 or 28% of the eligible population. The Oklahoma Institute of Child Advocacy applied for and received a Robert Wood Johnson, Covering Kids grant (January, 1999) and pilot efforts in three communities were implemented to increase SoonerCare enrollment. The Tulsa pilot incorporated door to door outreach efforts of community-based agencies to achieve this goal. Additionally, DHS instituted policy changes which have increased the number of eligible by: 1) use of “income declaration” instead of “income verification”; 2) certification retroactive 90 days for the first certification period inclusive of 9 months; and 3) automatic closure of cases has been replaced with closure only after contact has been made to determine that the client is no longer eligible. These positive changes have produced an increase of 15,000 covered lives or roughly 44% of the eligible population enrolled (DHS, 2001). The Robert Wood Johnson pilot was abruptly discontinued in the Tulsa community at the end of Year 02 of the project because of the growing disparity in service availability and utilization created by access promoting programs (demand increase) and the number of service providers (supply inadequate) willing to participate in the SoonerCare program in the Tulsa MSA SoonerCare Choice program. Ultimately, a class action lawsuit against the OHCA has been pursued by the Community Action Project of Tulsa County for the failure of providing adequate service as required by the waiver and Medicaid regulations. This lawsuit is yet unsettled.

The Tulsa community has participated in a number of community planning grants in recent years. Each one has provided a positive contribution to defining and implementing programs for the insured and uninsured. The Robert Wood Johnson funded Oklahoma Long Term Care Reform Initiative which produced the Long Term Care Authority and uniquely restructured Medicaid and Medicare funding for individuals with disabilities and the frail elderly. The Robert Wood Johnson funded Turning Point Initiative is currently active through the Tulsa City-County Health Department and is focusing on the community’s top health indicators. A Community Integrated Service System (CISS) proposal to the National Association of Community Health Centers and the W.K. Kellogg Foundation intended to expand and integrate the statewide federally qualified health center (FQHC) network. Although it was not funded it did create a statewide dialogue with FQHC’s which prompted additional collaborative efforts including

a voucher program for migrant workers. Enterprise Community was an unsuccessful federal grant application through the City of Tulsa, Urban Development Department that did spawn a number of work groups which have produced economic development activities in the target area. Goals for Tomorrow Recommendations 1996-2000 Regional Blueprint is a community planning effort sponsored by the Metropolitan Tulsa Chamber of Commerce. Work groups have included a health task force that has made recommendations to support programs which provide health coverage for the uninsured. PLUTO, Health Promotion and Policy Analysis for the Oklahoma State Department of Health has been the catalyst for a number of state and local grant efforts. Children's Mental Health Initiative planning is underway with the Oklahoma Department of Mental Health and Substance Abuse Services as lead agency for the year 2002 application. Community HealthNET partners are identified as providers of medical and mental health services. The traditional providers of care have been working collaboratively since 1994 and the advent of Medicaid managed care to coordinate limited resources for the provision of services to the Medicaid and uninsured populations. Charter members of the Community HealthNET Consortium consists of the Tulsa City-County Health Department (TCCHD), the University of Oklahoma Health Science Center Tulsa (OUHSCT), the Oklahoma State University College of Osteopathic Medicine (OSUCOM), Morton Comprehensive Health Service (Morton), Indian Health Care Resource Center (IHCRC), Planned Parenthood of Arkansas and Eastern Oklahoma (PPAEO), the Margaret Hudson Program (MHP) and Babyline. Morton and IHCRC are FQHC's. MHP is a niche service for pregnant and parenting teens. Babyline is a centralized appointment system for prenatal and family planning appointments sponsored by the Community Service Council of Greater Tulsa, Inc. The charter members of the Consortium incorporated Community HealthNET, Inc. in 1998 as an umbrella contracting vehicle. Community HealthNET has co-sponsored a number of grant applications and community events to promote health. HealthNET is preparing an FQHC development proposal for a collaborative project to establish urgent care and after-hours care for our significant uninsurable population.

The Family Health Coalition (formerly the Tulsa Area Coalition on Perinatal Care), a consortium of over 60 business, health and social service agencies and consumers, has been in existence since 1987.

The Family Health Coalition (FHC) is committed to working together through broad-based community representation to optimize the health and well being of women of childbearing age, infants and families by establishing a universal and comprehensive quality education, prevention, services and support.

Restructuring at the State Department of Health eliminated infrastructure support for coalitions such as FHC; therefore, the ability of the FHC to continue its leadership role has been severely impacted by the loss of full time staff assigned solely to the coalition.

Experience to Date

A. Goals, Objectives, Methods, and Evaluation

The Community Service Council of Greater Tulsa proposed to reconstitute and expand the Tulsa Area Coalition on Perinatal Care to enable the community to identify and implement more effective ways to coordinate and deliver health services to women, children, and families; enhance leadership capabilities of maternal and child health professionals, consumers, and advocates; sharpen the community focus on preventive health and dental care for children; and engage in research activities designed to more effectively identify variables linked to successful implementation of innovative strategies to improve the lives and health of Oklahoma, and by inference the Nation's, mothers and children. The major goals to be accomplished by May 1, 2003 were:

- I. Reorganization of the Tulsa Area Coalition on Perinatal Care:
 1. Revision of the by-laws to include:
 - a. membership representing preventive child health interests, pediatric and child dental health, child and adolescent behavioral health,
 - b. membership from the business, consumer, faith, and private health practice sectors,
 - c. name change,
 - d. committee and task force structure to more efficiently address cutting edge concerns.

(Completion date Jan. 1, 2001)

2. Reformation of the Coalition committees to focus on the following functional areas:

- a. Service Coordination for women and children including access, service utilization, needs of vulnerable populations, linking all parts of the system, and social marketing to improve service utilization through behavioral change.
- b. Research and Data to develop innovative strategies to link women, children, and families to health care through identification of deterrents and motivators inherent to health care utilization.
- c. Policy and Social Marketing to strengthen interorganizational communication and collaboration, efficient use of resources, and enhance dissemination of research and advocacy efforts on behalf of women, children, and families.
- d. Governance to coordinate all activities of the coalition and serve as a linkage to the Community Service Council.

(Completion date Jan. 1, 2001)

- 3. Enhance the ability of the Coalition to address emergent issues through establishing special purpose advisory boards and time limited task forces to address specific issues.
 - a. Current committees which would be converted to special purpose advisory boards are the Healthy Start Consortium and Community and Home Action Team (CHAT) (long-standing group of outreach workers). The Tulsa Fetal and Infant Mortality Review Program: Community Action Team will be formed in the summer of 2000. *(Completion date July 1, 2000)*
 - b. Task Forces on Family Planning and Preventive Health for Children will be established. *(Completion date Jan. 1, 2001)*
 - c. Task forces on pediatric and child dental health, child and adolescent behavioral health, and teen pregnancy prevention will be considered in year two and three. *(Completion date May 1, 2002)*

- II. Establish the Community Service Institute to train individuals; health professionals, community paraprofessionals, advocates, and others, involved in the maternal and child health system to:

1. provide leadership in the provision of comprehensive health care to mothers and children,
2. plan and implement successful intervention strategies to reduce infant and child mortality and morbidity,
3. promote healthy lifestyles to families,
4. expose the danger of high risk behaviors, and
5. enhance the skills of State and local MCH personnel.

(Completion date July 1, 2000)

III. Develop information to guide policy and program planning and coordination for health services to women, children, and families through:

1. Collecting, maintaining, and systematically analyzing demographic and social indicator information on women seeing prenatal care, postpartum care, family planning, and free pregnancy testing. *(on-going)*
2. Collecting, maintaining, and systematically analyzing demographic and social indicator information on families seeking assistance in linking the child(ren) to a medical home. *(on-going)*
3. Disseminating the information and the research findings through:
 - a. the Community Service Council, the Tulsa Area United Way, the Oklahoma State Department of Health, the Oklahoma Health Care Authority, and local and state decision-making bodies; *(Commencing Sept. 1, 2000 and on-going)*
 - b. professional publications such as the *Journal of Public Health, Family Planning Perspectives, Journal of the American Academy of Pediatrics*, and others as appropriate; *(Commencing Jan. 1, 2001 and on-going)*
 - c. presentations at professional meetings of the Oklahoma Public Health Association, Oklahoma Nurses Association, grand rounds at Tulsa area hospitals, staff meetings and in-services at Tulsa clinics and other provider groups, and other opportunities as feasible. *(Commencing Fall 2000 and on-going)*

In 2001, the context in which these goals are being addressed has changed.

- The comparison of 2000 Census data with 1990 Census data indicates a growth in the suburban areas (county, MSA) over Tulsa city. There has been a racial minority growth and a dramatic Hispanic ethnicity growth.
- The OHCA's Medicaid managed care model, SoonerCare is floundering with 1) inadequate providers of care for the number enrolled that creates long wait periods for service, 2) inadequate follow-up by providers to maintain continuum of care (utilization) and 3) low reimbursement for services rendered through the HMO contracts. These system failures have provoked a class action lawsuit and suspended community efforts to participate in SoonerCare enrollment initiatives.
- The State and County are experiencing a recession with increased numbers of unemployed workers which increases the uninsured.
- The OSDH has changed the Commissioner of Health three times in four years with subsequent internal restructuring. Dr. Les Beitsch assumed the role in April 2001.

For over a decade, the Tulsa Area Coalition on Perinatal Care (TACPC) has been successful in improving prenatal services to low income women in Tulsa. While continuing to serve as the primary perinatal care coalition, the need for coordination, development, and expansion of the child health care system in the Tulsa area is significant. At the onset of the project, the TACPC desired to expand its purpose to encompass efforts that enhance the development of community service systems, which provide accessible and effective preventive health and dental care for children. The TACPC receives no state funding to support collaboration activities; therefore, continuation and/or expansion of community infrastructure development and community service coordination were dependent on securing funds from external resources. CISS/COG funding has stabilized staff and operating expenses to enable the restructuring of the Coalition efforts around a broader scope. The Coalition changed its name to the Family Health Coalition in November 2000, concluded mission and by-law revisions in January 2001 and continued the campaign to engage a stronger consumer, faith and business components into its efforts.

In mid-1998, training for professionals and paraprofessionals employed in staff positions with the Tulsa Healthy Start Initiative was initiated; however, due to lack of resources to underwrite staff from other community programs, cross agency training was very limited. Under the auspices of the Community Service Council, a Community Service Training Institute (Training Institute) was established and staffed by the CISS/COG coordinator with the FHC. Through the Training Institute, short seminars, two-day intensive workshops, and conferences are offered at minimal cost to local and state maternal and child health personnel to enhance system integration, upgrade knowledge and skills, and enhance collaboration among agencies. In addition to monthly seminars and workshops, four major conference series were coordinated by the Training Institute, Blue Print for Change: Addressing Racial and Economic Disparities (2001), Consumer Involvement: Making It Work! (2001), Substance Use, Family Violence and Depression: Co-Factors in Infant Mortality (2002), Tulsa Health Summit (2002) and Region VI Partnerships to Reduce Infant Mortality. In addition, two major social marketing campaigns have been conducted Healthy You, Healthy Baby! and Week of the Uninsured which has focused on health and lack of health insurance of women and children.

Babyline, a centralized appointment system for prenatal care has been operational since 1989. Planline, a centralized appointment system for family planning was introduced in 1997, and Kidslines, a centralized appointment system for children in the SoonerCare program was initiated in August of 1999. Extensive demographic and social indicator data is collected on clients of these systems. The data base is maintained and frequency distributions are generated to guide service evaluation and planning; however, due to lack of staff trained in research methods and analyses, these data sets were not optimally employed, specifically in identifying trends in maternal and child health or in analyzing variables that inhibit or motivate people to seek health care. A significant portion of the project staff time has been devoted to research activities including data analyses, preparation of written and oral reports, and dissemination of findings. Six major perinatal system reports have been released or are in final states of edit for release 1) *Analysis of Teen Births in Tulsa, Oklahoma*, (2001), 2) *Tulsa Hispanic Study 2001* (2001), 3) *Analysis of Teen Births in Tulsa Oklahoma 2000 Update* (2002), 4) *Healthy Start: Four Years*

of Progress (2002), 5) *Emergency Room Study* (2002) and 6) *Trends in Babyline Prenatal Clients 1990 to 2000* (2003). An original assessment of the Hispanic growth in Tulsa was conducted, *Tulsa Hispanic Study 2001* (March 2001). This study was primarily funded by the Tulsa Area United Way in conjunction with the Family Health Coalition. Progress on each goal is characterized in the following table.

Goal I. Reorganization of the Tulsa Area Coalition on Perinatal Care:

Objective	Expected System Change	Tracking	Progress
<p>Revise Bylaws: Membership diversity, purpose reflected in name, committee structure.</p>	<p>Enhanced system coordination through bringing additional sectors of the health care system into the Coalition.</p> <p>Stronger community cohesion and advocacy relative to maternal and child health by involving community sectors outside the health system.</p>	<p>Documents: Bylaws Meeting minutes Meeting attendance rosters</p> <p>Annual Report to CSC and HRSA</p>	<p>Year 01 Three TACPC meetings conducted (July, September and November) with agenda, roster and minutes available. By-laws approved November 2000. Name change to the Family Health Coalition was approved November 2000. TACPC participates in New York Academy of Medicine School of Public Health, Coalition survey (results pending). There has been an unprecedented demand for bilingual services (primarily Hispanic) due to the growth in the community of undocumented visitors. Service agencies and consumers are being courted for inclusion in the coalition. Assessment of coalition effectiveness conducted using focus group methodology planned for April 2001. Year 02 By-law restructuring completed. Name change is evident in all publications. Roster of membership enlarged with evidence of faith-based, business and consumer involvement increased. Consumer involvement from first year show a large turnover despite a number of incentives to maintain participation. Year 03 Consumer role</p>

			<p>recognized to be transient and action based. 25 consumers participate of FHC activities but 9 of these participate in General Coalition meetings. Consumers very active in advocacy and social marketing activities.</p>
<p>Functional Committees</p>	<p>Stronger decision-making system within the Coalition structure through focusing on functional areas that cut across all content areas.</p>	<p>Committee appointments, meeting attendance rosters, meeting minutes</p>	<p>Year 01 By-laws describe committee, task force and sponsored group function and accountability to the Coalition. Assessment of committees functioning using <i>Schlegel Model for Committee Effectiveness</i>, <u>Association Management</u>, January 1999. Year 02 Committee were restructured with emphasis on functions. Standing committees include: Access and System Evaluation, Steering, Social Marketing. Ad Hoc committee include: Hispanic Study Committee, and Children's Preventive Health Care. Sponsored groups include: Tulsa Healthy Start, Tulsa Fetal Infant Mortality Review, Free Pregnancy Testing Program, Save Our Babies, Margaret Hudson Program High School Outreach, Greater Tulsa Teen Pregnancy Prevention and Tulsa Hispanic Resource Association. Assessment of committee function was conducted by Steering Committee members with a continued emphasis on increase in consumer involvement. Year 03 Committee membership evolved to focus on social marketing, access and strategic planning, community home action team, Tulsa Hispanic Resource Association which had three sub-committees (publications,</p>

			health fair and townhalls) and Community HealthNet (safety-net providers of health care for the uninsured).
Special issue advisory boards/task forces	Emphasis on critical issues and the tasks involved in bringing about change within defined areas. Ability to create and discontinue task forces as needed.	Membership composition, meeting attendance rosters, meeting minutes	<p>Year 01 Three special issue task forces established with agenda, roster and minutes available</p> <p>1) Healthy Start (infant mortality reduction community planning), 2) Children’s Preventive Health Task Force (focus on SoonerCare, pediatric medical home, pediatric dental home, racial disparities in access and use, and inadequate provider base), 3) Family Planning Waiver (focus on women and men’s family planning by expanding SoonerCare)</p> <p>Assessment of committees functioning using <i>Schlegel Model for Committee Effectiveness, Association Management</i>, January 1999.</p> <p>Year 02 Healthy Start and Children’s Preventive Health Task Force still functioning. Family Planning Waiver committee disbanded with the submission of the proposal by the OSDH/OHCA to the DHHS in November 2001. The Steering Committee will continue to monitor the progress of the waiver.</p> <p>Year 03 Focus on the uninsured dominated the planning efforts with Community HealthNet conducting a number of focus group with uninsured and underinsured, key stakeholder meetings with community leadership, Tulsa Health Summit which developed a strategy for the continuum of care for the uninsured in the community and conducted the ER Study. The social</p>

			marketing campaign Week of the Uninsured was planned during the fiscal year but carried out in March 2003 in coordination with the national effort.
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Goal II. Establish the Community Service Institute to train individuals; health professionals, community paraprofessionals, advocates, and others involved in the maternal and child health system.

Objective	Expected System Change	Tracking	Progress
Present a minimum of one half-day training per month on a topic identified through annual and on-going needs assessment process.	Greater collaboration between agencies due to cross training and sharing of knowledge. Enhanced skills of local maternal and child health personnel.	Institute calendar, schedule, and brochures Institute sign in rosters	Year 01 The 2000-2001 calendar was offered with 8 programs conducted of local significance. Rosters and evaluations were conducted on all. Year 02 The 2001-2002 calendar was offered with 8 programs of local significance. Rosters and evaluations were conducted on all. Most programs have collaborative partners for the program. Year 03 The 2002-2003 calendar was offered with 8 programs of local significance. Rosters and evaluations were conducted on all. Most programs have collaborative partners for the program.
Present a minimum of two intensive workshops per year on topics of value to the total health and human service community.	Enhanced cross-discipline knowledge. Greater community awareness of issues inherent to maternal and child health.	Institute calendar, schedule, and brochures Institute sign in rosters	Year 01 Two intensive 2.5 day workshops conducted with rosters and evaluations available. Year 02 Five 1.5 day statewide workshops were conducted on

			<p>racial and economic disparity. The final workshop on community planning using Future Search was funded by the CISS/COG grant and technical assistance provided by John Snow, Inc. and Health Systems Research, Inc. Consumer Involvement: Making It Work! was also provided with technical assistance from Snow and HSR and funding from CISS/COG to specifically address the frustrations of recruiting and maintain consumer involvement. Year 03 a 2- day statewide conference was conducted focusing on Substance Use, Domestic Violence and Depression: Co-Factors in Infant Mortality. This statewide conference brought together consumers and professionals to address the high infant mortality. Tulsa Health Summit was a one day state conference which focused on establishing a continuum of care for the uninsured, underinsured and Medicaid eligible of the state. The results has been an articulate plan for the continuum, resource</p>
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			development and advocacy at the state legislature. John Snow, Inc's Patricia Fairchild participated in the event as a presenter and technical assistance for the group. A 2 day regional conference was conducted to focus on Region VI states and their joint efforts to reduce infant mortality.
Coordinate and conduct one statewide (2001) and one regional/national (2002) conference on maternal and child health issues.	Enhanced coordination of statewide, regional, and national maternal and child health services. Development of leadership skills within the local, state, and national maternal and child health system.	Conference brochures, programs, and registration data. Conference committee meeting minutes	Year 01 Planning meetings scheduled for January 2001 for a statewide women and children's health conference resulted in the racial and economic disparities series, Blue Print for Change. Year 02 The Mayor's Summit of Methamphetamine was conducted with Family Health Coalition planning. The planning for a regional/national conference on Perinatal Risk Factors was initiated for implementation in May 2002. Year 03 A 2-day regional conference was conducted to focus on Region VI states and their joint efforts to reduce infant mortality. The Region VI Partnerships to Reduce Infant Mortality included 6 states and 10 collaborators.

Goal III. Develop information to guide policy and program planning and coordination for health services to women, children, and families.

Objective	Expected System Change	Tracking	Progress
<p>Analyze Babyline data to identify critical incidents in relation to time of entry into prenatal care, spacing of pregnancies, and unintended pregnancies. (2000)</p> <p>Analyze the data in the free pregnancy testing database to identify characteristics related to unintended pregnancy. (2000 – 2001)</p>	<p>More effective ways to deliver new and existing systems of perinatal care.</p> <p>Develop more effective outreach programs and service delivery to reduce unintended pregnancies.</p>	<p>Disseminate monthly, annual, and special reports to the Research and Data Committee.</p> <p>Disseminate annual and special reports to the Oklahoma State Department of Health, the Oklahoma Health Care Authority, and other interested parties.</p>	<p>Year 01 Babyline and Free Pregnancy Testing data delays plague onset of analysis work. Melanie Poulter has the raw data to be integrated into tables for analysis The System Evaluation Committee is constituted with rosters and minutes available.</p> <p>Year 02 Free pregnancy Testing data and Babyline Trend Data analyzed with final edits being conducted in December and January 2002 before release. Analysis of Teen Birth in Tulsa County compiled with final product to be released in January 2002. Original study on the needs of the Hispanic community conducted with release in March 2001 with 25 collaborative presentations conducted on the assessment results. Primarily funded by the Tulsa Area United Way. An active member of the Family Health Coalition. not available until January 2001. Year 03. The Babyline Trend</p>

			<p>Analysis has been developed and prepared for release. The Free Pregnancy Testing Data has been prepared for the Editorial Board are working on this publication and Infant Mortality a Ten Year Trend Analysis simultaneously. It is anticipated that both will be released in the summer of 2003.</p>
<p>Analyze Kidsline data to identify family characteristics in relation to connecting children to a medical home. (2001)</p>	<p>More effective ways to deliver new and existing systems of preventive health care for children.</p> <p>Develop more effective outreach programs and service delivery to increase the number of children who have regular preventive health care.</p>	<p>Disseminate monthly, annual, and special reports to the Research and Data Committee.</p> <p>Disseminate annual and special reports to the Oklahoma State Department of Health, the Oklahoma Health Care Authority, and other interested parties.</p>	<p>Year 01 Kidsline data is not available until January 2001. Year 02 Kidsline data analyzed for 2000-01 and Covering Kids data integrated into Kidsline due to phone follow-up for well-child and immunizations. Results to be integrated and analyzed by System Evaluation Committee in Spring 2002. Year 03 data shows a significant number of barriers to access to care for children. Due to revenue shortfalls of the state, the OHCA has threatened and conducted eligibility and program changes in the SoonerCare program. In conjunction, DHS has reversed policy changes intended to increase the enrollment by making it more difficult for children to enroll in SoonerCare and stay</p>

			<p>enrolled. The high unemployment rate in Tulsa and Oklahoma has increased the demand. The result has been DHS has automatically closed files at 6 months, eliminated retrospective payment for acute health care of children not enrolled, and required a form for parents who are undocumented in the US to complete which states that they do not have a social security number. This social security number documentation form creates a fear barrier and prevents adults from accessing care for their US citizen children due to fear of report to INS.</p>
<p>The Research and Data Committee will identify additional topics for analyses for 2001, 2002, and 2003.</p>			<p>Year 01 Systems Evaluation Committee convened and initial focus plan established. Year 02 Tulsa Healthy Start results published, Free Pregnancy Test Powerpoint presentation produced. Initial development of the "Special Delivery" newsletter layout. Year 03 Two Special Delivery Reports were produced and distributed. Two social marketing campaigns were conducted with professionals and consumers (Healthy</p>

			You, Healthy Baby! and Week of the Uninsured). The Infant Mortality Ten Year Trend Study and Teen Birth Analysis—Margaret Hudson Program Study were commissioned.
Submit articles/presentation proposals based on research findings using Babyline, Planline, Kidslines, and Free Pregnancy Testing data to a minimum of one professional publication per year and one professional (state or national) conference per year.	Contribute to the body of knowledge that can be tapped by any part of the MCH community.	Abstracts of articles/presentations submitted. Copies of articles/presentation outlines accepted.	Year 01 November 30, 2000— 2-hour presentation on women and children’s health to the Good Samaritan Planning Committee January 9, 2001—Tulsa Metropolitan Ministries (interfaith) regarding children’s access to health and dental care. Year 02 Over 25 presentations on data compiled regarding maternal and child health issues to Metropolitan Human Service Commission, OSDH, OHCA, Governor’s Task Force on Early Childhood, Healthy Start Region VI conference, Healthy Start National Conference, etc. Year 03 No national publications have been approved. However, all data has been submitted to the Georgetown University, Maternal Child Bureau Resource Library and requests from New York, Dallas, Houston and Chicago have

			<p>been received for additional information. All publications are available on the CSC website under Family Health Coalition. www.csctulsa.org Twenty presentations of the Community Profile were conducted for Tulsa Area United Way, Leadership Tulsa, Metropolitan Chamber of Commerce, etc.</p>
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Activities of Year 01, Year 02, and Year 03

To achieve the above stated goals, a Director (part-time), Data Analyst (contract), Data Manager (part-time) and Administrative Assistant (part-time) was established for the project (Appendix B- Curriculum Vitae and Job Descriptions). Ann Tourigny Turner, Ph.D., CAE, who established the CISS/COG contract left Community Service Council in July 2000 to assume a professional education role with the Oklahoma Health Care Alliance. Jan Figart, MS, RN who had been identified for the contractor role, assumed the Interim Director position and was named in September as the Director. Jan Figart has her Master in Science with a major in nursing and has been with the project since its inception. Maria Palacios joined the project in January 2001 to assist with the consortium transition and community engagement. Ms. Palacios began as a consultant to the project but the demand for bilingual services has required expansion of her time. Ms. Palacios has a Master in Social Worker with extensive community experience. The data analysts are Melanie Poulter (Babyline/Kidslines/Free Pregnancy Test) and Carol Kuplicki (Teen Births). Ms. Poulter has a Masters degree in Geography and has conducted data analysis for Babyline/Planline, the Tulsa Area United Way, the Margaret Hudson Program Free Pregnancy Testing Program and the Chamber of Commerce. Carol Kuplicki has a Masters degree in Public Health and has conducted analysis for University of Oklahoma. A part time administrative assistant, Mary McCracken,

was identified to assist with maintenance of rosters, minutes and correspondence for Year 01. In September 2001, Kathy Sherwood-Nelson joined the staff and assumed the role until 2002.

Progress has been made toward all work plan goals. The Family Health Coalition was introduced with the following mission in Year 01:

“The Family Health Coalition is committed to working together through broad-based community representation to optimize the health and well-being of individuals and families who are underinsured, uninsured and Medicaid enrolled—women of childbearing age, infants and families by establishing a system of universal and comprehensive quality health education, prevention, services and support.

The coalition will not discriminate in participation for service delivery to any person regardless of age, race, color, creed, nationality, religion, gender, sexual preference or veteran status. Every effort will be made to engage participants from the consumers of services supported by the coalition.”

Additionally, the coalition participated in a national survey of coalitions by the New York Academy of Medicine, School of Public Health. Internal committee and coalition assessment was conducted with the two leading concerns being 1) consumer recruitment and retention on the coalition and 2) on-going infrastructure funding to maintain the coalition. Health Systems Research, Inc. (HSR) and John Snow Inc. (Snow) representatives provided written, teleconferencing and on-site consultations to the Family Health Coalition (primarily Steering Committee) from January 2001 to the present. The most significant feature of the consultation was the support of three professional training opportunities *Consumer Involvement: Making It Work!* which was a “how-to” training for Family Health Coalition members (June, 2001), *Blue Print for Change: Addressing Racial and Economic Barriers* (2001) and the *Tulsa Health Summit* (2002). Blue Print for Change was a series of statewide conferences held monthly from April to August 2002. The final in the series was on community planning with inclusion of consumer voices. The CISS/COG technical assistance provided the presenters (honorarium and travel expenses) for the conference. Joe Zogby, Project Officer participated in the conference. The Tulsa Health Summit (2002) included Patricia Fairchild of John Snow, Inc. as a presenter and technical assistance to the Community HealthNet group.

The Training Institute has been very successful. The training sessions of local significance have been cross-agency and multidisciplinary. Training notices, workshop schedules, roster of attendance and evaluations have been maintained and compiled. The compilation is in Appendix D.

Data analysis was delayed in Year 01 due to organizing activities. Year 02 was a very productive year for reports and presentations. The *Tulsa Hispanic Study 2001, Trends in Babyline Prenatal Clients 1990 through 2000* and the *Analysis of Teen Births in Tulsa, Oklahoma* were prepared and released. The *ER Study* (Powerpoint and 2 page analysis), *Community Profile 2003* (Powerpoint) and *Analysis of Teen Births in Tulsa County 2000 Update* and *Healthy Start: Four Years of Progress* were prepared and released in 2002. The Free Pregnancy Testing Trend study, Infant Mortality Trend Study and Analysis of Teen Births—Margaret Hudson Program Study are at different states of work and should be released in summer of 2003.

Conditions and Requirements

The conditions and requirements as stated in the grant award for Year 01 have been satisfied and were related to budgetary information regarding personnel salary and travel. No conditions were stated for the Year 02 and Year 03 contracts.

Evaluation

Process activities as defined in the Year 01, Year 02 and Year 03 work plans have progressed as planned. The delay in analysis of the data is primarily due to an aggressive work plan which has required more time to align data bases and retrieve data than anticipated. This massive alignment of data sets across agencies and programs is a formidable task for the coalition but will develop a unique tracking system for services and referrals. The Tulsa Health Department will be the repository for the on-line data set for pregnant women and children through age two. The Babyline data and Free Pregnancy Testing data will be merged at the Tulsa Health Department site in a program called ShareLink.

The initial review of the data indicates that a significant risk for women exists in the pre-

conceptional and interconceptional periods. Many women are unhealthy at the time of the onset of their pregnancy with racial and economic implications tied to risk behaviors such as depression, family violence, substance use, smoking and unhealthy lifestyles (poor nutrition, poor overall health and low exercise). This is an excerpt from the data analysis conducted by the System Evaluation Committee for the Fourth Quarter of 2002 (end December 31, 2002).

“During the fourth quarter of the calendar year (second quarter of the state fiscal year), 1,108 clients were referred to prenatal care compared to 1,071 for 2001. This is a 1.0% increase in the number of appointments scheduled for the same time last year. The total number of Babyline clients scheduled for calendar year 2002 was 4,604 compared to calendar year 2001 of 4,423. This is a 4% increase from 2001 to 2002.

Trimester of pregnancy at the time of call was 79.3% (YTD 74.7%) in the first trimester with 65.4% (YTD 59.2%) receiving their first appointment in the first trimester. 82.5% were able to receive an appointment in the same trimester of request. This represents a 6.5% increase in the number of callers receiving services in the same trimester over the fourth quarter of 2001. 45.9% waited one week or less for their first appointment compared to 50.8% in the fourth calendar quarter 2001. 61.8% in fourth quarter compared to 67.3% in third quarter, 65.9% in second quarter, 59% in first quarter 2002 and 71% in third quarter (calendar) 2001 received first appointment in less than 2 weeks. This reflects loss of ground in fourth quarter over third quarter was due to the closing of slots at Morton Comprehensive because of too many uninsured women for their capacity. The 2002 calendar year total of 63.4 receiving appointments in 2 weeks of less compared to 72.5 in 2001 continues a trend of reduction of available obstetrics slots for women who are uninsured. Many Hispanic women who are uninsured preferred to wait up to 12 weeks to achieve appointments at Tulsa City-County Health Department where there is a sliding fee and no upfront expenses in comparison to Morton requiring \$100 upfront and Planned Parenthood requiring \$150.

Demographically for the fourth calendar quarter of 2002, 44.4% were single, 19.2% were single living with a partner, 31% were married and 5.4% were separated, divorced or widowed. Single living with a partner is a new variable added to the survey in July 2001. Many clients are noted to have a support system although not married. 32.4% of the clients were currently employed (compared to 34.1.0% for the fourth quarter 2001). Of the total number of clients, 19.0% (20.6% for calendar 2002) had full time employment and 12.9% (13.2% for calendar 2001) were part-time employed. Client's race was offered as 44.8.0% white, 19.2% African-American, 4.9% American Indian, 28.6% Hispanic, and 1.3% Asian. The 2000 census indicates that 6% of the Tulsa County population is of Hispanic origin. The Hispanic prenatal population is represented at 4.4 times the county representation, and the African-American population at 1.5 times the county representation.

Age groups indicate 27.4% were 19 or less years, 60.3% were 20-29 years and 12.2% were 30+ years of age. Education levels indicated 47.5% had less than a high school education, 40% had graduated high school and 12.8% had some college.

Intendedness of pregnancy indicates that 83.9% were not using birth control but only 18% reported they were trying to get pregnant. This statistic has been relatively stable for the grant period 1998-2002.

52.3% of births were second order or higher. Of these pregnancies the reported interval between birth and pregnancy indicates that 57.1% were 24 months or more, 23.8% were 12 months to 23 months and 19.2% less than 1 year.

In summary, the Babyline prenatal client is likely to be low-income, single, white, twenty something and has completed less than a high school education. However, the disproportionate growth in comparison to the resident county population is in the African-American and Hispanic population. For the Hispanic population, the client is more likely to be married, with less than a ninth grade education and have short intervals between births.”

Regional and National Significance

No contributions of regional or national significance can be attributed to this at this time.

Analysis of data from onset of pregnancy (Free Pregnancy Test or Babyline) through case management (Healthy Start) through delivery (OSDH Vital Statistics) and as appropriate, infant death record will provide significant information in examining the course of perinatal care. Intriguing implications of the study will be to examine the relationship of quality of prenatal care rather than quantity of care on pregnancy outcomes. The management information system, data sets for analysis and trend information produced by this effort may represent a regional model for the tracking of services and quality assurance.

Copies of Publications and Other Materials

Three reports previously described are included in the Appendix B.

Other Information

The Community Service Council of Greater Tulsa, Inc. (CSC) is a non-profit, citizen-led organization founded in 1941. Its mission is to provide leadership for community-based planning and

mobilization of resources to best meet the health and human service needs of people in the greater Tulsa area. CSC brings people and organizations together to identify, understand, and work together to address social and health problems. CSC works to improve conditions which promote the highest quality of life for all community residents and to assure a high quality, cost effective, accessible, well-organized continuum of health and human services which can assist people in need in a successful and caring way. CSC conducts research, mobilizes collaborative community-based planning and action, develops pilot projects, provides useful information about condition, needs and services, advocates for effective decision-making, supports service providers through technical assistance and networking opportunities, links people with helping resources and promotes volunteerism. CSC is a Tulsa Area United Way agency.

A voluntary board of 37 governs the CSC with members representing the business, health and social service, governmental and consumer sectors of Tulsa County. Through the policy leadership of the Board of Director, Phil Dessauer the Executive Director implements the programs and activities of the agency.

Key Personnel

Key personnel have been described in the previous section and curricula vitae included in the Appendix. Support personnel not previously described include: Phil Dessauer, Executive Director of the Community Service Council is responsible for the fiscal and budgetary oversight for the program and Mary McCracken is the business manager and provides 0.1 FTE to the accounts receivable, accounts payable and contractual compliance.

Public Health System Reporting Requirements

The Public Health System Reporting Requirements have been satisfied by submission of the Abstract to Suzanna Dooley—Oklahoma State Department of Health Title V Director, Les Beitsch, MD—Oklahoma State Department of Health Commissioner of Health, Gary Cox, JD—Tulsa Health

Department Executive Director and Mike Fogarty—Oklahoma Health Care Authority Executive Director.