



*SAFEGUARDING
OUR
COMMUNITY'S
HEALTH*

TARRANT COUNTY PUBLIC HEALTH 2004 ANNUAL REPORT



DIRECTOR'S MESSAGE

"Can a small group of people who see and respond differently to the world make a difference? Indeed, history shows it is the only thing that ever has."

— Margaret Mead



Tarrant County Public Health (TCPH) is a small group of people, but a small group reaching out to other small groups of people makes a world of difference. 2004 was a year of successful community partnerships and collaborations. Once again, our Environmental Health staff worked with 29 municipalities in the county to prevent the transmission of West Nile virus. Only five human cases were confirmed for the year.

Our staff teamed up with the community-based TEAMHealth to sponsor the first Health Disparities Summit and the ensuing Access to Health Care forum, which provided a dialogue on issues for hospitals and community members. More than 140 people participated. In addition, TCPH participated actively in Catholic Charities' ongoing Infant Mortality Summit action workgroups and promoted policy development for the establishment of a Fetal Infant Mortality Review.

We provided leadership in the United Way vision for a FitFuture for Tarrant County. Community planning to increase physical activity and good nutrition were emphasized through the efforts of a multi-partner consortium convened by TCPH. We continued to provide screening, education and awareness regarding hypertension through our partnership with the Healthy Tarrant County Coalition.

With another unusual flu season due to the early predictions of a shortage of vaccine, we worked with many partners to ensure that those at greatest risk received the vaccine. TCPH staff worked with private providers, nursing homes, hospitals, governmental agencies and vaccine distributors to inventory the local supply and connect those who had more than enough to those who needed more. Our emergency preparedness plan was tested as we opened locations across the county and fine-tuned vaccinating hundreds of people in a matter of hours.

We conducted two major public health preparedness exercises, including a smallpox exercise in Mansfield and the nationally-spotlighted Texas Motor Speedway event in November. The after-action reports from both have assisted us and our partners in training and planning for an improved response.

Tarrant County Public Health continues to build new partnerships. We gladly serve as leaders for some activities and enthusiastic participants in others. We are a small group of public health professionals striving to make a difference for Tarrant County.

The Best in Health,

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

Lou Kelley Brewer

Director, Tarrant County Public Health

Elvin Adams named Medical Director, Health Authority

Dr. Elvin Adams recently took on new duties at TCPH. Previously, he worked in our Preventive Medicine Clinic. Dr. Adams received his medical degree from Loma Linda University in Southern California and his Masters of Public Health from Johns Hopkins University. Internal medicine is his specialty, and he was in private practice in Burleson before joining TCPH in 1999.

One of Dr. Adams' roles is to monitor and assure the quality of medical services provided in the department's various clinics that provide direct client services.

As the Health Authority for the county, he has special responsibilities. In the event of a naturally-occurring or terrorist-inflicted epidemic, various control measures would need to be established. In order to protect the public, isolation or quarantine of people, buildings, areas, animals or common carriers may need to be instituted. The Health Authority, acting in consultation with representatives of the medical, political and business communities, is authorized to issue these restrictive orders under unusual circumstances.

At times, peace officers or emergency medical service personnel are exposed to blood from a victim whose HIV and hepatitis status are not known, and the individual refuses to allow testing. The Health Authority can order diagnostic tests to be performed so that city or county personnel can take appropriate protective measures.

The national threat of bioterrorism has resulted in significant changes in the practice of public health. Tarrant County Public Health is on the forefront of these changes.

If a bioterrorism event occurs in Tarrant County, local physicians are likely to see the *first case* in an emergency room or doctor's office. Public Health depends on physicians to inform us in a timely manner so measures can be instituted to protect the public.

On a daily basis, Dr. Adams is mindful of the fact that physicians see patients one at a time and protect their individual health, while public health looks at the health status of the citizens of Tarrant County in all 41 cities and towns.



Dr. Elvin Adams provides an interview for a local television station.

There is an ongoing need for physician and other volunteers who would help assist with the sick or injured in a disaster or an emergency.

Managing an unusual flu season

What started off as a business-as-usual flu season quickly changed when one of the two flu vaccine makers' vaccine supplies was deemed unusable. Following state and federal guidelines, Public Health only administered the vaccine to people who met certain high-risk criteria. People who are normally healthy were asked to forgo getting the shot. To meet the high demand [and get to the high-risk people] with its limited supply, Public Health held flu shot events throughout the county.

TCPH became a clearinghouse as it worked to collect data about available local supplies. The data was then used to help connect organizations that had surplus vaccine with those who needed it for high-risk individuals.



People line up outside Birdville Coliseum for flu shots.



Visitors from Fort Worth Sister City Bandung Indonesia, tour Tarrant County Public Health's North Texas Regional Laboratory. Staff pictured (right to left): Guy Dixon, Nancy Turnage, Carol Lee Hamilton.

Nearly 21,000 doses of flu vaccine were distributed directly to Tarrant County residents as well as to providers and facilities that care for high-risk populations.

Sister Cities Project

Public Health and the community benefit from our involvement in the Fort Worth Sister Cities Project with Bandung, Indonesia. The exchange allowed us to create a path of two-way travel between Tarrant County and a country that needs our help to better prepare for disasters and emergencies. Bandung delegates visited Tarrant County to learn about what

we do. Public Health provided Bandung delegates with training in public health preparedness, including surveillance and response and communication technology, like our Health Alert Network. Our Tarrant County delegate also had an opportunity to visit Bandung to see how they have been able to incorporate their U.S. training and experience into their emergency operations. Key relationships have evolved and a bond is in place that will promote continued cooperation.

Public health, homelessness

Public Health's involvement with the Mayor's Committee on Homelessness intensifies our commitment to safeguard the community's health. The troubles of homeless individuals are at the core of many health maladies. Through research, the committee learned that over the course of a year, approximately 8,600 people drop in and out of homelessness in Fort Worth and Tarrant County. Public Health's role will be important toward addressing the objectives of the 10-year plan designed to improve the plight of the homeless. For starters, TCPH recommends continued ongoing tuberculosis screening with chest x-rays, and TB identification cards with follow-up medical evaluation and treatment for people at homeless shelters. Public Health also will offer guidance and information to help address the issue of sexually transmitted diseases and the homeless population.

Obesity, fitness efforts enhance FitFuture

At the beginning of the year, TCPH partnered with United Way to host the Obesity Symposium and develop objectives for the five plan areas identified in the FitFuture community plan. More than 350 BMI (body mass index) calculations were provided over the course of the year at events like Arlington's Day of Wellness. When November arrived, CDIP turned inward to focus on Public Health's staff. A pilot wellness program for employees was initiated. The 30-day event provided points for employees who participated in wellness activities such as aerobic classes, walking, educational programs and weight lifting. Walking paths were outlined at our main campus to allow employees to document distances walked throughout the day. The participation and activity data will be used to make necessary modifications that will help begin a permanent employee program in 2005.

Health disparity concerns take center stage

Barriers to health care plague many minorities, and until the issues are addressed, Public Health will continue to partner and work toward closing the gap for minorities. Our 2004 efforts were highlighted when April was proclaimed "Health Disparities" month in Tarrant County by Commissioners Court. The month was kicked off with a presentation by Nick Curry, MD, MPH – Deputy Commissioner for Prevention, Preparedness and Regulatory Services at the Department of State Health Services. He spoke on the issues of disparities in Texas and current efforts at the state level.

The month culminated with the community's first *Health Disparities Summit*, held April 23, 2004. Efforts continued in August when Tarrant Empowerment Association for Minority Health [TEAM Health] held its first *Access to Health Care* forum. The event provided local hospitals a forum to discuss ways in which they address access issues and their impact on minority populations.

Additional highlights

Chronic Disease and Injury Prevention

The Chronic Disease division actively participated or planned more than 90 projects, programs, initiatives, health fairs and symposiums highlighting chronic diseases and health disparities. In 2004, the focus was on cardiovascular disease, infant mortality, diabetes and obesity. Staff facilitated health screenings for more than 1,050 clients, coordinated or conducted 70 health events or classes, and distributed more than 8,600 pieces of literature related to chronic disease prevention while actively participating in 21 community health initiatives or committees.

Tarrant County Pertussis cases

Public Health has experienced a highly variable number of pertussis, commonly called whooping cough, cases from 2001 to 2004. Roughly two-thirds of the 71 cases in 2004 occurred among infants younger than 1 year of age. This results in part because often children are exposed when they are too young to be vaccinated, or the infants have an incomplete vaccination history. Exposure also may occur if they are around adults with waning immunity or recent immigrant residents who were not vaccinated in childhood. For all of the cases, TCPH ensures that all close contacts and household members receive the appropriate preventive treatment. Tarrant County also works closely with area schools to provide information and immunizations. For Tarrant County case rates from 2001 to 2004, see the table on page 11.



Roy Brooks (Commissioner Precinct 1, effective Jan. 1, 2005) presents Health Disparities Month proclamation to Director Lou Brewer.

Southwest Center for Advanced Public Health Practice

In addition to the November disaster exercise, the Advanced Practice Center, working with Public Health's epidemiology division, developed and continues to deploy a metroplex-wide automated syndromic surveillance network. The network will monitor, detect and send alerts based on early signs and symptoms of possible disease outbreaks or public health threats that could attack a population area "under the radar" of conventional disease and diagnostic reporting systems. Such outbreaks could be caused by the intentional release of terrorist-related chemical or biological agents or from the accidental release of other naturally-occurring or man-made chemical or biological agents.

The system also will monitor other health status parameters such as over-the-counter medication sales, and eventually it will monitor school absenteeism, clinic visits and even veterinary data. The primary objective of such a system when fully realized will be to save precious days or hours in the early response to any outbreak. This will allow public health and health care providers to quickly prepare and activate resources and assets that will ultimately reduce morbidity and mortality in a widespread public health emergency. The system has been deployed across 18 area hospitals within Tarrant, Dallas, Collin, Denton and several neighboring counties, and data is being continuously reported in both real-time and batch mode to surveillance computers at Tarrant County Public Health.

HEALTH TIP:

Air quality

The best way to prevent the harmful effects of air pollution is to avoid exposure. You can reduce your risk by reducing "prolonged" and "heavy exertion" during elevated pollution events. Prolonged exertion is any activity that occurs over several hours and requires you to breathe slightly harder than normal. Reducing prolonged exertion could mean reducing the time you spend on such activities. You can also reduce your risk by cutting back on heavy exertion or any activity that causes you to breathe hard. This might mean walking instead of jogging, jogging for half your usual time, or staying indoors. To get current air quality information to plan your day, visit EPA's AirNow web page.

Sam Adamie, R.S., E.T.C.
Environmental Health

Environmental Health

Tarrant County was awarded 2004 Employer of the Year by the North Texas Clean Air Coalition (*Fort Worth Transportation Authority Service Area, Over 500 Employees*). This was accomplished through health department staff working with the different departments of Tarrant County government. By supporting alternative commute solutions and other strategies, we were able to make a significant contribution to help reduce air pollution in the metroplex.

Adult Health Services

The Adult Health Services (AHS) division is responsible for the identification, treatment and follow up of all cases of sexually transmitted diseases (STDs), including HIV, in Tarrant County. In 2004, the AHS surveillance unit received 11,000 reports of positive test results from 683 physician offices and clinics and 29 hospital and private laboratories. Disease intervention specialists interviewed individuals diagnosed with a sexually transmitted infection.

Approximately 2,691 investigational interviews were conducted to obtain information to locate individuals exposed to a sexually transmitted disease. AHS personnel also tested 9,500 individuals for syphilis and HIV.

Community Health Promotion

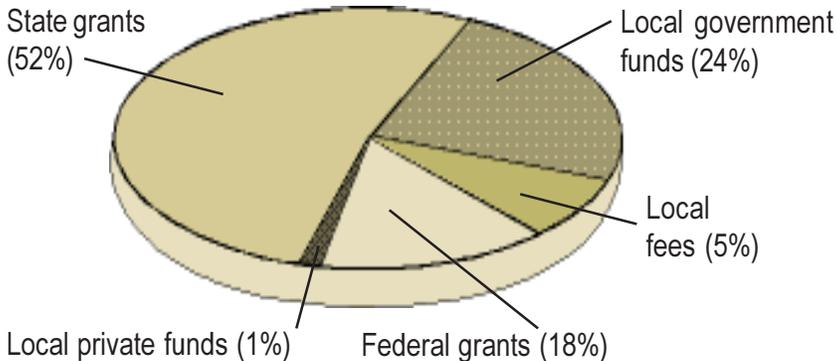
More than 50,000 pregnant and breastfeeding women and children from birth to age 5 received nutrition assessment, nutrition education and nutritious foods at 20 locations to help improve their health status. Nutrition education was offered in a variety of ways, including individual counseling, facilitated discussion groups, placing nutrition books in public libraries and offering Internet-based nutrition lessons.

Health Policy Forum

Public Health served as a core partner to develop a statewide forum, *Public Health in Texas: The Hidden Crisis*, held in January. The forum brought together more than 15 state and local partners, elected officials, public health agencies and citizen advocacy groups interested in fostering policy recommendations to improve

BUSINESS NOTES

2004 PUBLIC HEALTH FUNDS			
Local government funds	\$ 6,665,425	24%	
Local fees	\$ 1,337,677	5%	
Local private funds	\$ 16,100	1%	
State grants	\$ 14,174,531	52%	
Federal grants	\$ 4,930,409	18%	
	\$ 27,124,142	100%	



TARRANT COUNTY SELECTED DISEASE MORBIDITY SUMMARY				
DISEASES	2001	2002	2003	2004
Acquired Immunodeficiency Syndrome (AIDS)	140	153	172	118
HIV Seropositive (anonymously reported until 1999) ¹	199	258	371	272
E. coli O157:H7 Infection	16	6	33	4
Hepatitis ² :				
Type A	203	110	76	27
Type B	247	332	176	252
Type C	369	2,526	1,756	1,446
Meningitis:				
Aseptic	522	304	332	359
Meningococcal	20	14	29	6
Other Bacterial	26	10	11	18
Pertussis	21	83	31	71
Salmonellosis ³	185	341	24	89
Shigellosis	84	184	539	161
STD:				
Chlamydia	3,970	3,740	4,495	4,609
Gonorrhea	2,210	1,889	2,076	2,213
Syphilis:				
Congenital (<1 yr.)	6	4	5	3
Primary	18	37	18	15
Secondary	20	63	58	50
Other	211	108	238	198
Tuberculosis	109	108	116	112
West Nile virus		5	22	5

Information provided is for selected reportable diseases

Serious health threats and suspected bioterrorism agents also are reportable and include anthrax, smallpox, plague, tularemia, botulism, brucellosis, Q fever and viral hemorrhagic fever.

¹ HIV became reportable by name in 1999.

² Reporting of hepatitis B and C was changed in 2001 to require the notification of chronic cases as well as acute cases.

³ Salmonellosis figures tend to fluctuate as a result of reporting and laboratory testing.

WORKLOAD MEASURES	2004
BCCCP* - clients screened	472
BCCCP - case managed clients	165
Child Health - visits	269
Family Planning - visits	2,231
Family Violence Prevention - people taught	18,645
Flu shots provided	15,505
Immunizations provided	135,814
WIC** - visits	540,864
WIC - monthly average caseload	49,269
Communicable disease reports investigated	1,407
New HIV cases reported	184
STD clinic visits	7,169
STD disease intervention field investigations	2,691
STD/HIV field screening of high-risk individuals	9,577
Individuals from target populations receiving HIV education and/or testing and counseling	1,014
HIV pre- and post-test counseling sessions	5,612
Clients provided HIV/STD prevention education	5,612
Clinical lab tests performed	51,917
HIV-1 lab tests performed	12,807
Clients tested for HIV	5,609
HIV/STD cases investigated, partners notified	422
Preventive Medicine Clinic (PMC) HIV care caseload	540
PMC clinic visits	4,523
Travel Health Services clinic visits	5,663
TB clinic visits	42,335
TB contacts screened as part of disease intervention investigation	2,616
TB cases in Tarrant County	112
Percent of foreign-born TB cases	51.4
Suspected TB cases treated preventively	203
HIV co-infections (cases only)	10
Drug-resistant cases (TB)	2
Directly Observed Therapy doses administered in the field (TB)	11,697
DOPT*** doses administered (TB)	6,668
Contacts investigated (TB)	2,616
Total on therapy (TB)	1,210
Total positive reactors (TB)	1,210
Food establishment inspections	4,570
Swimming pool inspections	504
On-site sewage facilities permitted	730
Food handlers trained/certified	12,388
High-blood-lead-level environmental inspections	11
Mosquito pools tested for WNV	453
Milk and dairy lab tests performed	19,999
Water lab tests performed	22,371

*Breast & Cervical Cancer Control Program
 **Women, Infants and Children Program
 ***Directly Observed Preventive Therapy



Tarrant County Commissioners Court

Tom Vandergriff	County Judge
Dionne Bagsby	Commissioner Precinct 1 (term expired Dec. 31, 2004)
Marti VanRavenswaay	Commissioner Precinct 2
B. Glen Whitley	Commissioner Precinct 3
J.D. Johnson	Commissioner Precinct 4
G.K. Maenius	County Administrator

Tarrant County Public Health

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About the cover:

Top left to bottom right: Texas Motor Speedway emergency staff tend to volunteer victims during "dirty bomb" disaster exercise; Adult Health Services staff member Raymond Herrera with client; United Way members and volunteers hike to TCPH; staff nurse Nancy Speers provides flu shot for client; Public Health's Ann Salyer-Caldwell receives supply of flu vaccine from the Postal Service; Martin High School Senior Gabe Evans receives Teen Videofest prize check from TCPH Director Lou Brewer.