

Tarrant County Public Health

2008
Annual
Report



DIRECTOR'S Message

It has been another busy year at Tarrant County Public Health (TCPH), our sixth year in our facility at 1101 S. Main Street in Fort Worth.



With the support of our Commissioners and our community advisory committee, we received funding for two Nurse-Family Partnership teams to improve the health of first-time mothers and their children. The Nurse-Family Partnership also increases a child's readiness for school and their successful transition to young adulthood. Our epidemiology and environmental health teams spent the summer investigating three disease outbreaks, including *Salmonella* Saintpaul, pertussis and cryptosporidiosis. The hint of fall brought us evacuees from Hurricanes Gustav and Ike.

We also wished our retiring Medical Director/Health Authority, Dr. Elvin Adams, a wonderful transition to full-time gentleman farmer and volunteer clinic advisor. And we welcomed our new Medical Director/Health Authority, Dr. Sandra K. Parker.

As you read through this annual report, you will see that many other issues kept us busy as well.

Best in health,

A handwritten signature in blue ink that reads "Lou Brewer". The signature is fluid and cursive.

**Lou Brewer,
Director**



SANDRA K. PARKER, Medical Director

Tarrant County Public Health was pleased to announce the appointment of Sandra K. Parker, M.D. as the new Medical Director/Health Authority. Dr. Parker replaced Dr. Elvin Adams, who retired in July. She was most recently a civilian family practice medical officer with the United States Navy at the Naval Air Station Joint Reserve Base in Fort Worth.

Dr. Parker is a summa cum laude graduate of Angelo State University in San Angelo, Texas, and the University of Texas Health Science Center in San Antonio. She received numerous customer service awards during her years working for the Navy. She is a licensed physician in both Louisiana and Texas and a member of the American Academy of Family Physicians and the Texas Academy of Family Physicians.



TCPH also welcomed Dr. Catherine Colquitt as the physician for the Preventive Medicine Clinic. A native of Fort Worth, Dr. Colquitt is a graduate of Texas Christian University and the University of Texas Health Science Center at Dallas. She served her medical internship, residency and chief residency with internal medicine at the University of Texas Health Science Center (UTHSC) at San Antonio. She also did an infectious diseases fellowship with UTHSC at Dallas, worked at John Peter Smith Hospital's AIDS clinic and with TCPH's Preventive Medicine Clinic. Dr. Colquitt is board certified in internal medicine.

WATAUGA PUBLIC HEALTH Center opens

In July, Tarrant County Public Health opened its newest public health center at 6601 Watauga Road in Watauga.

The new public health center offers immunizations, chronic disease prevention services, travel health services and Women, Infants and Children (WIC) services.



SALMONELLA Saintpaul

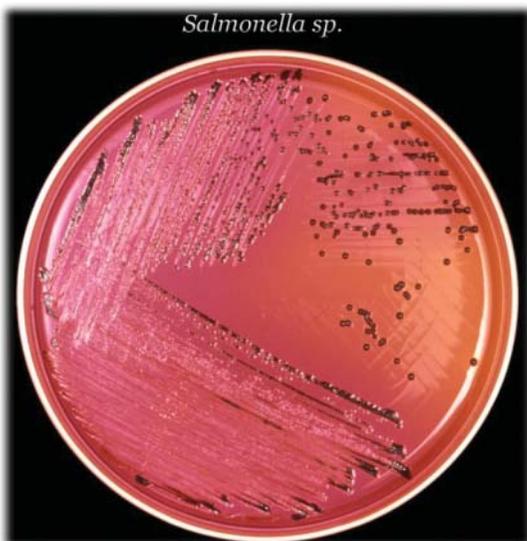
In April 2008, a rare serotype of *Salmonella* known as Saintpaul began infecting individuals at a much higher rate than previously seen. Salmonellosis, the infection caused by the Gram-negative bacteria *Salmonella*, causes abdominal cramps, diarrhea and fever that may persist for several days.

In Tarrant County, 45 cases of *Salmonella* Saintpaul were confirmed, accounting for the second-highest number of cases in the state; cases ranged in age from 9 months to 88 years, with a median age of 34. Peak illness onset dates in Tarrant County occurred during the last week of May, with the latest reported illness occurring on June 22.

During the *Salmonella* Saintpaul outbreak, Tarrant County Public Health's Epidemiology and Health Information division assisted state and national public health agencies in containing the spread of *Salmonella* by conducting enhanced investigations of cases as well as disseminating public information regarding recalled food products and providing general education to the public.

The outbreak subsided in the latter part of the summer, after a total of 1,442 individuals were infected. The individuals were from 43 states, with 39 percent of the cases originating from Texas. A total of 286 people were hospitalized, and *Salmonella* Saintpaul may have contributed to two deaths in Texas.

Studies conducted by the Centers for Disease Control and Prevention, in conjunction with state and local health departments, indicated the consumption of raw tomatoes and jalapeño and serrano peppers as possible sources in the outbreak. Food and Drug Administration laboratories isolated the *Salmonella* Saintpaul outbreak strain from two jalapeño peppers and one serrano pepper originating from Mexico as well as from an agricultural water sample obtained from a farm in Mexico that supplied peppers to the United States.



Salmonella sp.

Cultivated growth of Gram-negative Salmonella sp. bacteria.

Photo and description from the Public Health Image Library, Centers for Disease Control and Prevention.

COLLABORATION WITH

First Responders

More than 100 local police cadets have gained a greater appreciation for how TCPH can and will assist them in the event of certain local emergencies. TCPH's new program, *Public Health 101*, focuses on the roles and responsibilities of public health in emergencies.

TCPH's Advanced Practice Center (APC) helped develop *Public Health 101* because it realized that law enforcement typically does not understand public health's capabilities and practices, nor does it routinely engage public health in emergency response. *Public Health 101* introduces first responders to what public health can do in an emergency response and it facilitates greater coordination with public health.

The training targets new recruits because they're already receiving training at the Public Safety Institute, a facility used to train law enforcement officers for many jurisdictions across North Texas. The training emphasizes basic steps first responders can take to work with TCPH, including identifying the kinds of emergencies where TCPH should be involved as well as who to contact at TCPH and how to reach them. The training ideally occurs after participants have first obtained instruction on the principles of the national Incident Command System (ICS) as well as the proper procedures for responding to events involving hazardous materials.

Specific topics covered in the training include the goals of public health, public health preparedness practices, principles of epidemiology, the Strategic National Stockpile, isolation and quarantine situations, the threat of avian influenza, and "white powder" incidents. For each topic, attention is given to the information TCPH can share with first responders, what information TCPH needs from first responders, and the tools and methods available for cross-agency communication and collaboration.

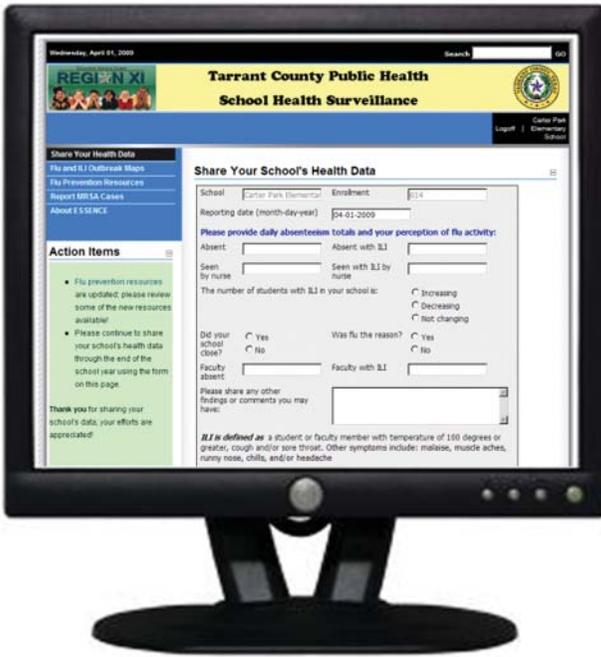
In tests taken before and after the training, students have shown significant improvement in their knowledge of the issues covered. Accordingly, TCPH intends to further develop and refine *Public Health 101* in continued collaboration with local law enforcement and other agencies that respond to emergencies.

SCHOOL HEALTH SURVEILLANCE System expands

The School Health Surveillance System (SHSS), launched in 2007 by the APC, is a successful, growing program that is strengthening relationships between local schools and TCPH.

As a Web-based communications portal, the SHSS provides a fast, convenient way for schools to share info with TCPH about absenteeism, influenza and other health data, including cases involving a growing health problem common in schools – Methicillin-resistant Staphylococcus Aureus (MRSA). School nurses also use the system to access a wealth of information, including

analysis and news from TCPH, flu prevention resources, maps showing flu activity across the county and region, and suggested actions school nurses, students or parents can take to mitigate health threats.



SHSS data, obtained from more than 100 Tarrant County schools, has yielded valuable insight on changing health patterns in local schools. The data helps TCPH more effectively gather lab specimens and decide how best to apply its health resources.

The system has attracted attention in Texas and beyond as an innovative way to partner with school nurses. TCPH and its Advanced Practice Center are now managing nearly \$400,000 in new funding from the Texas Department of State Health Services (DSHS) to:

- add Tarrant County childcare facilities and school-based clinics as system participants;
- enhance the capacity of the North Texas Regional Laboratory, housed at TCPH, to test specimens for flu and other viruses, including rhinovirus, rotavirus and enterovirus; and
- expand the program with concurrent pilot projects in neighboring Dallas and Denton counties.

In October 2009, DSHS will evaluate the program's results and consider continued support.

DETECTING Pathogens

The North Texas Regional Laboratory (NTRL) is important to public health's ability to safeguard the community. It continues to enhance the capacity to detect human enteric pathogens in human clinical specimens, water and food samples. The NTRL utilizes a variety of methods to detect enteric pathogens, including standard bacteriological culture, biochemical panels for identification, and rapid real-time molecular detection. During the past year, the NTRL participated in the investigation of several communicable disease outbreaks by providing laboratory testing during a norovirus outbreak at a correctional facility, a *Salmonella* Saintpaul outbreak linked to raw jalapeño and serrano peppers, and a cryptosporidiosis outbreak linked to a local recreational water facility.

In 2008, the NTRL completed the multi-year process for accreditation by the National Environmental Laboratory Accreditation Conference (NELAC). The NTRL is accredited to perform total coliform testing by the Colilert 18 method and the multiple tube fermentation method, and *Escherichia coli* enumeration for public drinking water systems.

The NTRL provides the EPA-mandated monthly total coliform testing for approximately 450 public drinking water systems in the North Texas region.



“BE A LOCAL HERO” Campaign

The Tarrant County Medical Reserve Corps (MRC), begun in 2004, has evolved tremendously this past year. The mission of the MRC is to establish a network of local medical and non-medical volunteers who are willing to assist before, during and after a public health emergency.

Using evaluations and recommendations from a social marketing firm and regional focus groups in Collin, Dallas, Denton and Tarrant counties, TCPH staff began an aggressive recruitment and retention campaign.

In mid-2008, an Advisory Committee was formed to assist the MRC in performing its duties and responsibilities, formulating strategies and recommendations to increase membership, as well as outlining qualifications and standards for MRC members. The committee also will be tasked with devising a vision for MRC service to the community in the future. The seven-member, multi-disciplinary committee is composed of MRC volunteers.

A Web site designed for the four-county area, www.bealocalhero.org, was launched in 2008 and receives approximately 2,500 hits monthly. The site allows volunteers to register, view the orientation and training calendar and sign up for job assignments. For example, during Hurricane Ike shelter operations,

several MRC nursing volunteers logged on to accept job assignments at local shelters for coastal evacuees.

An aggressive recruitment campaign, using various media outlets such as cable television, radio, billboards and Internet advertising, resulted in an increase of 20 to 30 volunteers per month, increasing our total response capacity to 1,430. The radio advertising was a joint effort among the four-county area with each county selecting a station comparable to their population’s demographics and running simultaneous ads with an 800-telephone number that routed volunteers to the respective MRC coordinators in each county. All four counties reported an increase in volunteers in 2008.

To round out 2008, volunteers across Tarrant County were welcomed for their role in disaster response by Tarrant County Judge B. Glen Whitley. The welcome opened up a summit hosted by TCPH and other local volunteer organizations. Speakers provided information and training. Participants received lunch and door prizes throughout the day and gave the program high marks in their evaluations.

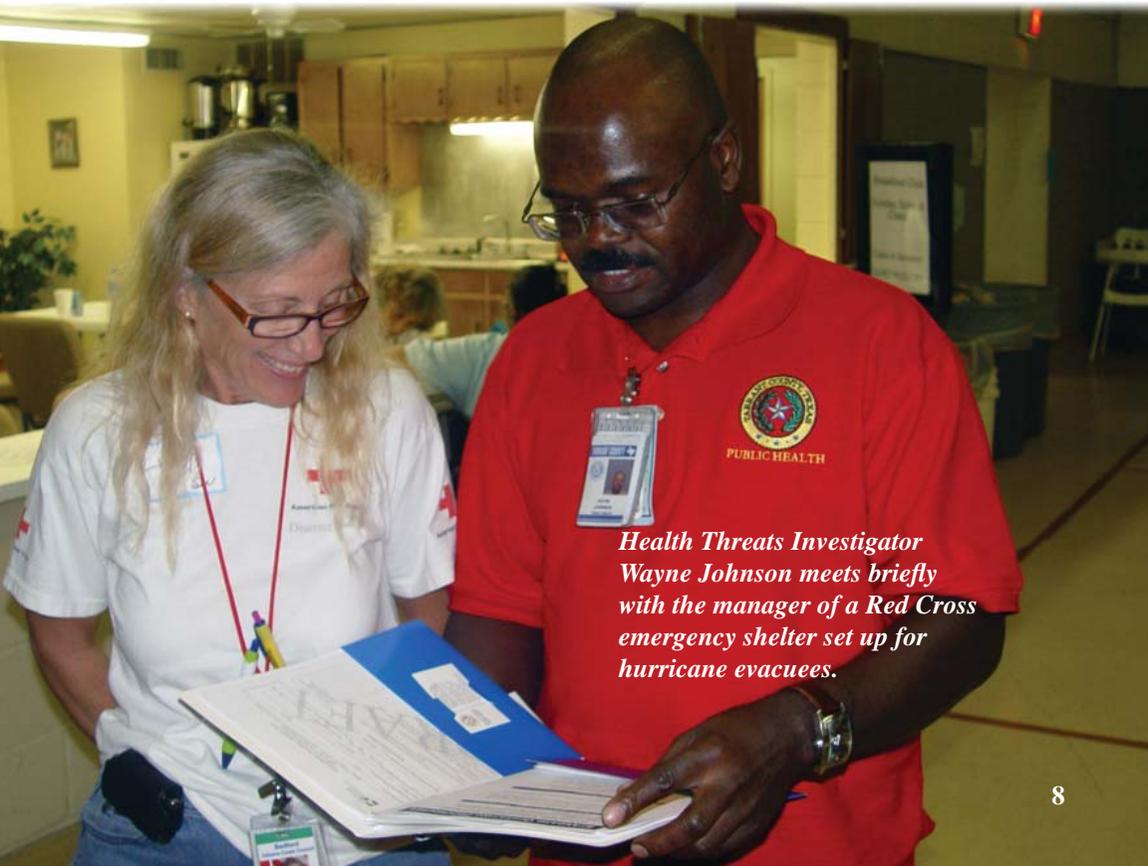


PUBLIC HEALTH'S Hurricane response

Following Hurricanes Gustav and Ike, shelters in North Texas were opened to provide needed services to hurricane evacuees from Louisiana and South Texas. Tarrant County Public Health responded by activating its Department Operations Center, from which staff could manage the TCPH response and interact with shelter operators and emergency management staff throughout the county. Other TCPH responses included:

- daily briefings to key TCPH and response staff;
- performing environmental assessments of county shelters;
- performing daily epidemiological surveillance at county shelters;
- providing public health liaisons to emergency operation centers in Fort Worth, Arlington and Tarrant County;
- deploying Medical Reserve Corps volunteers to shelters to aid with triage and referral;
- providing prescriptions for evacuees and coordinating with jurisdictions for help with those prescriptions, and assisting shelters with referrals for chronic disease services such as dialysis.

Many TCPH employees provided services to support the evacuees. TCPH is fortunate to have experienced staff ready to meet the challenge of evolving situations such as this.



Health Threats Investigator Wayne Johnson meets briefly with the manager of a Red Cross emergency shelter set up for hurricane evacuees.

OBESITY Prevention

In an effort to increase awareness and prevention of childhood obesity, Tarrant County Public Health's Chronic Disease Prevention (CDP) collaborated with United Way of Metropolitan Tarrant County, Cook Children's Insurance Plan, Medical Center of Arlington and the Junior League to launch the Amos Elementary FitFuture program. TCPH helped develop a questionnaire and physical activity and vital statistics data collection tools. These tools are being used to determine each child's perception of his/her nutrition and physical activity habits as well as the status of their physical activity and Body Mass Index (BMI).

In the last two years, more than 200 manpower hours have been donated to the Amos Elementary FitFuture program. The hours dedicated included student assessments, data analysis, and health-based curriculum for the students. Another bonus of the partnership involved funding for the building of the Amos Good Health Gardens at the school, which included vegetables and flowers. The funds included grant funding that TCPH received for the prevention of obesity by increasing fruit and vegetable intake.

The Amos Elementary FitFuture efforts led to the development of a health awareness program for Amos Elementary parents and community members. The program provides free or reduced-cost screenings with basic chronic disease information in English and Spanish. So far, more than 100 screenings have been conducted, reaching more than 50 Amos Elementary community members and parents.

The Amos Elementary FitFuture program is being expanded. TCPH is collaborating with Arlington Public Libraries to create and launch a literacy program; the program will focus on health literacy for both children and adults. The children's component will use the *Curious George Goes to the Hospital* book as a foundation while the adult program will be based on the curriculum for "How to Talk to Your Doctor, and Get Your Doctor to Talk to You" presentation. The pilot program will launch during the spring semester and later expand to other schools in Tarrant County.



Complete cover photo: Amos Elementary School students (left to right), Cole Temple, Brad Trost, Cassandra Horn and Ashley Johnson decorate one of four flower and vegetable garden planters. Photo provided by Sophy Sam, FitFuture director, Amos Elementary School, Arlington, Texas.

GRANT ENCOURAGES CONSUMPTION OF Fruits and vegetables

Red, ripe tomatoes, juicy berries and plump watermelons are standard fare at farmers markets. These are not only delicious foods but powerful tools in the fight against overweight and obesity. The Tarrant County Public Health Behavioral Risk Factor Surveillance Survey indicated 38 percent of Tarrant County adults were overweight and 26 percent were obese.

The survey indicated that 75 percent of residents ate less than five servings of fruit and vegetables daily. To address these issues, the Texas Department of State Health Services funded Tarrant County Public Health to conduct a fruit and vegetable promotion.

The first steps were establishing a new farmers market in Pantego and the school garden at Amos Elementary.

In June, Tarrant County Public Health joined with the North Central Texas Farmers Market Association to promote the opening of a farmers market at the Pantego Bicentennial Park. The market sells fresh, locally grown fruit and vegetables. Through the support of such markets, nutritional interventions go beyond increasing individual awareness to increasing community-wide access to nutritious foods.

2009 efforts will include a county-wide campaign, promotion of the Resource Connection community gardens and more locations to purchase locally grown produce.



CRYPTO Outbreak

In June, a cluster of cases prompted an investigation when the laboratory results for eight people confirmed *Cryptosporidium* as the parasite that sickened them. Initial investigations eliminated public drinking water sources as a cause of the illnesses. Other potential sources such as food also were investigated and ruled out.

The subsequent investigation, coupled with local and federal laboratory testing, determined that the outbreak's common link for the original eight people and others who became ill was a local recreational water facility that had been contaminated. TCPH's Environmental Health division spent many days working to address the problem.

Tarrant County Public Health distributed information about precautions and prevention measures to members of the local health community, owners and operators of swimming pools, day-care facilities and recreational water-related businesses.

About four months after the initial notification, no more cases were reported. Five hundred-forty people from across the Metroplex were sickened. The investigations were conducted by Tarrant County Public Health, the Centers for Disease Control and Prevention (CDC) and Texas Department of State Health Services staff. Work performed by the TCPH staff was repeatedly complimented by the CDC representatives who were present and working with the department to stem the outbreak.

Cryptosporidium, found in the feces of infected people and animals, can contaminate soil, food, water, or surfaces. An individual becomes infected with the *Cryptosporidium* parasite by ingesting contaminated food or water or having contact with other contaminated objects. *Cryptosporidium* can be spread through swimming pools and lakes when swimmers swallow contaminated water. *Cryptosporidium* also can be found in water spray fountains, water parks and other recreational water settings such as rivers and ponds.

A photograph of Gary Rothbarth, an Environmental Health Sanitarian, sitting in a blue kayak on a body of water. He is wearing a light blue polo shirt, white shorts, a white baseball cap, and sunglasses. He is holding up a clear plastic container with a grid of colored squares, likely a water testing kit. The background shows a lush green shoreline with trees and a sandy beach.

*Environmental Health Sanitarian
Gary Rothbarth was part of the TCPH
staff who took part in managing the
crypto outbreak.*

NURSE-FAMILY Partnership

Tarrant County Public Health's Nurse-Family Partnership (NFP) was introduced in late 2008. The program became a reality in Tarrant County thanks to the efforts of public health and various community partners.

Nurse-Family Partnership is a voluntary, evidence-based program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday.

Nurse-Family Partnership Advisors:

E.L. Bowman

Associate Pastor, Greater Mount
Tabor Christian Center

Lou Brewer

Director, Tarrant County
Public Health

Roy C. Brooks

Chairman, Tarrant County
Commissioner,
Precinct 1

Dr. Paulette Burns

TCU School of Nursing

Dr. Claudia Coggin

UNTHSC School of
Public Health

Ginny Hickman

Cook Children's Hospital

Kathleen Hicks

Fort Worth Councilwoman

Marilyn Jones

United Way of Tarrant County

Lakeshia Lewis

March of Dimes

Alisha Lang

JPS Health Network

Debbie Lisher

MHMR of Tarrant County

Dr. Alan Lobaugh

University Christian Church

Patrick McGrew

Catholic Charities

Dr. John Menchaca

Pediatrician

Kimberly Mills

Albert Galvan Health Center

Dr. Elizabeth Poster

UTA School of Nursing

Amy Raines

Fort Worth Health Department

Cynthia Rodriguez

At Large

Kathryn Wilemon

Arlington Councilwoman

The approach has tremendous value, and it is based on evidence from randomized, controlled trials that prove it works. Outcomes of these trials suggest that when communities adopt the NFP model, they are making a smart investment. For every dollar invested, a community can see a return of more than five dollars. Here's what NFP programs can accomplish in communities:

- Improve pregnancy outcomes by helping women engage in good preventive health practices, including obtaining regular prenatal care from their health care provider, improving their diet, and reducing the use of cigarettes, alcohol and illegal substances.
- Counter and reduce social problems such as child abuse and neglect.
- Improve child health and development by helping new parents learn about child development and parenting.
- Improve families' economic self-sufficiency by helping parents develop a vision for their own future; plan future pregnancies, continue their education and find work.

Tarrant County Public Health and the participating community partners see this program as a boost to our community for years to come.

FETAL INFANT MORTALITY REVIEW

Tracks trends

Infant mortality is an indicator of the health status of a community. To further study the factors that are associated with fetal and infant deaths, Tarrant County Public Health convened the Tarrant County Fetal Infant Mortality Review (FIMR). The panel, consisting of health care, social service and public health experts, reviews the findings of family interviews and medical, legal and social service records to determine if system changes could help prevent infant deaths with similar circumstances. The panel will track the trends and develop recommendations for changes to reduce infant mortality in Tarrant County.

JOINING THE FIGHT TO

Save young lives

Tarrant County Public Health was the site of the 2008 Infant Mortality Awareness Month kickoff. Children and mothers dressed in T-shirts that read: “Babies Want to Live” simulated a march as they filled the building’s lobby and carried signs to bring attention to Tarrant

County’s high infant death rate.

Each year, hundreds of infants die before their first birthday. The

leading cause of these deaths is prematurity and low birth weight. Central to the fight is the need for expectant mothers to pay attention to health issues before pregnancy and to receive prenatal care when they become pregnant.

While infant deaths affect all segments of the population, results show that some groups have higher death rates. The breakdown for 2002-2004 shows that more infant deaths occur in African-Americans.

Ethnicity & infant deaths per 1,000 live births

White	5.6
African-American	14.4
Hispanic	6.0
Other	3.8

Infant Mortality Awareness Month, held annually, is one of many activities in Tarrant County designed to achieve the federal goal of reducing the Infant Mortality Rate (IMR) to 4.5 per 1,000 live births by 2010. The IMR measures the yearly rate of deaths in children less than one year old. The current infant mortality rate in Tarrant County is 6.9 deaths per 1,000 live births.

Lou Brewer, TCPH health director, welcomes members of the media and special guests to the kickoff press conference for Infant Mortality Awareness Month.



TEEN Videofest

Teen Videofest 2008 provided an opportunity for Tarrant County teens to raise their peers' awareness of serious health issues, propose some solutions and win a cash prize. The unique, award-winning Teen Videofest program again challenged local youth to create short videos with health messages geared toward their peers. In 2008, there were a total of 140 entries from 14 high schools and youth groups. Videos from 2008 and previous years' contests are all part of an extensive library, and they are available for check-out and purchase. More information about Teen Videofest, including a listing of the 2008 video entries and winners, can be found at <http://health.tarrantcounty.com> on the Special Events and Activities Web page.

“GOING GREEN” Poster contest

Each year, Tarrant County Public Health sponsors a Public Health Week Poster Contest. The contest, open to Tarrant County schoolchildren in grades 1 – 8, encourages children to create artwork that addresses health concerns related to a specific theme. The contest concludes during National Public Health Week, the first full week in April. The artwork for 2008 was created using an environmentally friendly theme: “Going Green for a Healthy Tarrant County” and has become part of the permanent Public Health Week Poster Contest Gallery, located at the Tarrant County Public Health building at 1101 S. Main Street in Fort Worth. The artwork, along with photos of the student artists, can be viewed at <http://health.tarrantcounty.com> on the Special Events and Activities Web page.

*2008 artwork
created
by Lauren
Jackson, 2nd
grade student
from Remington
Point
Elementary
School in
Fort Worth,
Texas.*



UNNATURAL Causes

In early April, the four-part PBS documentary, *UNNATURAL CAUSES... is inequality making us sick?* was broadcast and made available for the health community to use in public forums. The PBS series deals with health issues across the country that explore why some people get sicker more often and die sooner than others, how social status can affect health outcomes and possible solutions to these issues. Tarrant County Public Health, along with the city of Fort Worth, Texas Christian University Center for Civic Literacy and the University of North Texas Health Science Center's School of Public Health, provided the first community viewings of the documentary. The viewings provided opportunities for public discussion of local concerns, and they were designed to help participants educate themselves, organize and advocate for policies that promote well-being for everyone.

The documentary was produced by California Newsreel in association with Vital Pictures, Inc. It includes seven episodes that explore and examine health conditions among specific social, ethnic and minority groups in selected areas of the United States. Each episode highlights how educational, financial, historical and regional conditions contribute to health problems.



The “Hispanic Paradox,” one of the episodes of “Unnatural Causes...” dealt with Hispanics’ health changes once they arrive in the United States.

For information about the entire series, go to www.unnaturalcauses.org. Groups or individuals who have questions about the series or activities in Tarrant County may contact Tarrant County Public Health.

HEALTH Equity

In an effort to formally address health equity issues in Tarrant County and to help decrease health disparities, Tarrant County Public Health launched its new Health Equity office in 2008. In addition to insights provided by the PBS series *UNNATURAL CAUSES...is inequality making us sick?*, TCPH has utilized research on best practices, from which it will recommend action steps for the department and the community in their collective work to eliminate health disparities. TCPH's Health Equity office works with local, state and national organizations to enhance resources and develop successful strategies. By having an office to specifically address health equity, TCPH hopes to increase its capacity to respond effectively to the critical public health needs of the communities it serves.

CORRECTIONAL Screening

A new initiative was developed to offer STD/HIV screening to all new inmates booked into the Tarrant County Correctional system. The screenings occur within 24 hours of their intake processing between midnight and 7:30 a.m. Two teams consisting of two individuals conduct the tests (one to collect the specimens and one to complete the paperwork) using a mobile cart for specimen collection and supplies. The teams obtain samples for gonorrhea and chlamydia testing, and blood for syphilis and HIV testing. Flyers in English and Spanish explain the purpose of the tests and note that all results are confidential, and that they are not connected with the justice system or DNA testing.

The JPS Medical Unit in the correctional system treats all positive clients for identified infections. Inmates who test positive are told to talk to their intimate partners and have their partners make an appointment at Tarrant County Public Health for follow-up care. Any inmates who are released before treatment are contacted and treated by public health. Tarrant County Public Health's North Texas Regional Laboratory (NTRL) processes the specimens within 24 hours, allowing the jail medical unit to treat individuals within 72 hours of their entry into the correctional system.

TCPH's Adult Health Services, NTRL, Tarrant County Corrections, JPS Medical Corrections, Texas Department of State Health Services, Syphilis Elimination Program, and Texas Infertility Prevention Project shared resources to identify these results:

RESULTS OF CORRECTIONAL SCREENS	
New inmates entering correctional system that were offered voluntary screening	3,423
Inmates who refused testing	1,873
Inmates tested	1,405
Inmates tested negative for STD/HIV	1,163
HIV cases identified	11
Syphilis cases identified	36
Gonorrhea cases identified (most asymptomatic)	33
Chlamydia cases identified (most asymptomatic)	115
OVERALL DISEASE POSITIVITY RATE	14%

CARNAVAL de Salud

Tarrant County Public Health's third annual Carnaval de Salud, took place Oct. 4 as part of the Binational Health Week activities taking place across the United States and Mexico.

More than 800 people received direct health services and education from TCPH and community partners who participated. Attendance increased by 20 percent over last year. In addition to the Carnaval de Salud, TCPH was a lead partner in the Binational Health Cultural Symposium, which took place at the University of Texas at Arlington.

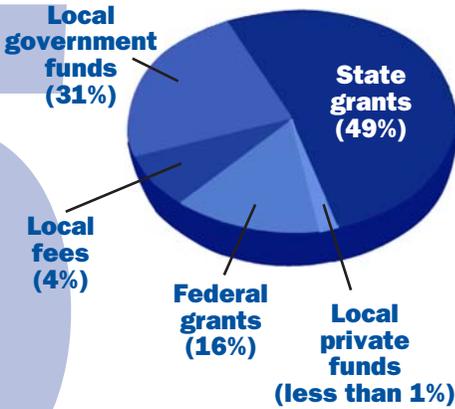
Two hundred health professionals from North Texas participated in workshops to help address the cultural issues affecting Latino populations related to receiving health services.



Attendees at the 2008 "Carnaval de Salud" were encouraged to take part in salsa aerobics.

PUBLIC HEALTH Funds

Local government funds	10,309,562
Local fees	1,509,782
Local private funds	213,797
State grants	16,427,493
Federal grants	5,360,163
<hr/>	
	\$ 33,820,797



Total WIC grocery dollars that entered Tarrant County's economy in 2008:

\$39,388,090

Morbidity in Tarrant County

Tarrant County Selected Disease Morbidity Summary			
DISEASES	2006	2007	2008
Acquired Immunodeficiency Syndrome (AIDS)	102	81	150
HIV Seropositive	166	192	216
E. coli O157:H7 Infection	8	2	10
Hepatitis ¹ :			
Type A	26	26	20
Type B	621	923	839
Type C	1,887	2,365	3,080
Meningitis:			
Aseptic	207	259	190
Meningococcal	4	2	10
Other Bacterial	6	4	5
Pertussis	42	68	286
Salmonellosis ²	171	197	318
Shigellosis	123	48	62
STD:			
Chlamydia	5,378	5,583	8,506
Gonorrhea	2,694	2,567	3,090
Syphilis:			
Congenital (<1 yr.)	6	7	6
Primary	25	25	24
Secondary	57	57	80
Other	108	180	106
Tuberculosis	108	61	89
West Nile virus ³	53	25	16*

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

² Salmonellosis figures tend to fluctuate as a result of reporting and laboratory testing.

³ Increased numbers reflect a change in case definitions for West Nile virus.

* Nine samples may have shown a false positive due to possible testing errors.

PROGRAM Activity

This table provides a snapshot of three years of program activity. Fluctuations in the numbers may be attributed to a range of reporting changes.

Workload Measures	2006	2007	2008
BCCCP ¹ - clients screened	1,084	1,084	1,271
BCCCP - case-managed clients	547	377	547
Pregnancy tests & referrals	1,081	1,210	1,326
Flu shots provided	13,721	9,560	9,553
Immunizations provided	142,980	144,959	127,905
WIC ² - visits	668,171	633,071	670,329
Chronic disease screenings	3,115	1,511	1,389
Health education - health events, presentations	202	775	840
Health education - referrals	707	1,948	377
Communicable disease reports investigated	3,841	5,108	6,053
New HIV cases reported	282	143	207
STD clinic visits	7,343	7,348	8,348
STD disease intervention field investigations	2,546	3,186	3,084
STD/HIV field screening of high-risk individuals	8,043	5,020	5,295
Individuals from target populations receiving HIV education and/or testing and counseling	1,064	1,556	2,409
HIV pre- and post-test counseling sessions	6,202	6,449	4,254
Clients provided HIV/STD prevention education	6,202	6,449	6,549
Clinical lab tests performed	48,148	47,698	53,185
HIV-1 lab tests performed	11,860	11,096	12,840
Clients tested for HIV	9,797	6,471	7,158
HIV/STD cases investigated, partners notified	659	951	768
Preventive Medicine Clinic (PMC) HIV care caseload	564	658	723
PMC clinic visits	3,719	5,298	6,250
Travel Health Services clinic visits	4,943	4,437	4,412
TB clinic visits	19,408	30,571	15,642
TB contacts screened as part of disease intervention investigation	980	1,375	1,010
TB cases in Tarrant County	108	106	89
Percent of foreign-born TB cases	51	55	62
Suspected TB cases treated preventively	276	334	306
HIV co-infections (cases only)	7	6	8
Drug-resistant cases (TB)	5	4	5
Directly Observed Therapy doses administered in the field (TB)	12,977	14,093	13,113
DOPT ³ doses administered (TB)	8,595	8,431	5,955
Contacts investigated (TB)	980	2,292	428
Total on therapy (TB)	408	455	395
Total with latent TB infection	1,003	1,030	1,158
Food establishment inspections	5,422	5,488	4,706
Swimming pool inspections	605	779	684
Onsite sewage facilities permitted	587	486	379
Food handlers trained/certified	17,926	18,232	17,707
High-blood-lead-level environmental inspections	12	7	11
Mosquito pools tested for WNV	378	338	210
Milk and dairy lab tests performed	24,184	25,834	23,218
Water lab tests performed	22,812	22,090	22,184

¹ Breast & Cervical Cancer Control Program

² Women, Infants and Children Program

³ Directly Observed Preventive Therapy

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.

NEW LOGO FOR Public Health

This national “Public Health” logo is part of an effort to help public health departments throughout the nation establish a national identity for Public Health.



Public Health
Prevent. Promote. Protect.

Tarrant County Commissioners Court

B. Glen Whitley	County Judge
Roy C. Brooks	Commissioner Precinct 1
Marti VanRavenswaay	Commissioner Precinct 2
Gary Fickes	Commissioner Precinct 3
J.D. Johnson	Commissioner Precinct 4
G.K. Maenius	County Administrator



Tarrant County Public Health

Safeguarding our community's health

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