A Place of Health
It’s an easy walk for the neighbors, but others travel as far as 80 miles to receive care at the nearly new Wayman Tisdale Specialty Health Clinic in the chronically medically underserved areas of north, east and west Tulsa.

Inside they will find a huge portrait of the man for whom the building is named, dominated by his irrepressible smile—and both patients and caregivers have plenty to smile about as well.

In less than two years, the $20-million Tisdale Clinic—named for the University of Oklahoma basketball great who lost a leg and then his life to cancer—has already met a milestone of 1,000 patients a month. That benchmark has allowed clinic officials to finish the final 40 percent of the 50,000-square-foot building, which will provide more exam rooms and support space for the 27 OU physicians and residents in 16 specialties to practice, says OU-Tulsa President Dr. Gerry Clancy. It will also include a display of Wayman Tisdale memorabilia.

“I feel quite confident that we have brought more jobs, brought more physicians and brought, at least some inter-

Wayman Tisdale was a hero in every facet of his life. Now the medical facility that bears his name is improving lives in his Tulsa community.

The 27 physicians in 16 specialties practice at the new Wayman Tisdale Specialty Health Clinic, which now serves residents of north Tulsa, where the tandem problems of poverty and poor access to health care have resulted in shortened life spans for generations. OU School of Community Medicine officials hope the clinic will become the hub for a variety of facilities and health care providers for the area.
“We’re proud that 25 percent of the Tisdale Clinic construction was done by north Tulsa businesses—the highest minority participation in Tulsa construction projects thus far. Eight members of the first construction crew were able to walk to work, and we continue to hire north Tulsans as support staff, nurses and doctors.”

Even more important, Dr. Clancy says, preliminary statistics from a recent Tulsa County Health Department report show health indicators in north Tulsa are starting to improve, particularly with chronic conditions such as diabetes and cardiovascular disease, as well as access to prenatal care.

“Things seem to be turning a corner for health care in north Tulsa. What’s most important about this is it is at a time when poverty in north Tulsa is worsening,” he notes. Usually poor health and poverty go hand in hand.

Not surprisingly, Dr. Clancy is gratified by the patient response and the apparent upswing in public health. As former dean of the OU Medical School’s branch campus in Tulsa, he led the charge to create the OU School of Community Medicine, a revolutionary concept in medical training. The first of its kind, it is designed to serve the health care needs of entire communities, especially vulnerable and underserved populations. Its students learn firsthand about the challenges of such populations and treat them with a greater understanding of what these individuals face.

An oft-quoted statistic that helped drive the school’s establishment has been the 14-year disparity in life span between Tulsa’s poverty-heavy north side and its affluent midtown and south sides. Additionally, north, east and west Tulsa are all medi-
Although OU basketball legend and jazz musician Wayman Tisdale’s life was cut short by cancer, his experiences allowed him to leave a legacy. The clinic named in his honor also houses the Wayman Tisdale Foundation, dedicated to helping those who cannot pay for prosthetic devices.

The foundation’s original mission of helping high school students changed when Tisdale and his wife, Regina, discovered the true cost of artificial limbs. After amputation of his right leg due to osteosarcoma, then fittings and physical therapy, his computerized or “c” leg and therapy costs totaled more than $70,000, Mrs. Tisdale says.

Admittedly, she says, part of the cost was due to Tisdale’s height and size, and the fact it was a more complex above-knee replacement. They were fortunate. Their insurance covered $50,000 of the expenses. In a visit to Scott Sabolich Prosthetics in Oklahoma City, they found many people’s insurance did not cover prostheses, and many could not afford the basic $5,000 cost. Caring providers could take only a limited number of charity cases.

Tisdale soon decided to change his foundation’s mission to assist those who, like him, needed a prosthetic to live a normal life. Although actively involved in the establishment of the new mission, he did not live to see the foundation grant its first request in January 2011, Mrs. Tisdale says. To date, the foundation, through direct requests or recommendations from Sabolich, has helped six recipients and is adding children as potential grantees. As an example of its growth, the foundation recently hired its first executive director.

Much of the Wayman Tisdale Foundation fundraising involves music-related events in recognition of Tisdale’s second career as a smooth jazz bass guitarist. The next event, now in the planning stages, will feature country music, Mrs. Tisdale says.

Additionally, visitors to the Wayman Tisdale Specialty Health Clinic will soon be able to enjoy a small museum dedicated to his life. Featured will be team jerseys, basketballs and a replica of the gold medal he won as part of the U.S.A. 1984 Summer Olympics basketball team, along with more than 75 images covering the life of the former NBA player, National Collegiate Basketball Hall of Fame honoree, and three-time All American at the University of Oklahoma.

It was always there, the famous smile as Wayman Tisdale worked his magic on the basketball court, first as a Sooner three-time All-American, then an NBA stalwart, finally a respected jazz musician, and forever the devoted family man.
Health Clinic was even built, it was already helping north Tulsans get healthier.

HIP—the Heart Improvement Project—was started at a local social services center, Neighbor for Neighbor, by Mark Fox, M.D., now the Tisdale Clinic's medical director.

HIP is aimed at reducing cardiovascular disease in high-risk, uninsured patients in north Tulsa, which has one of the highest death rates from preventable heart disease in Oklahoma. It has since seen more than 600 patients, of which 64 percent are African American and 59 percent are female.

The clinic helps patients identify specific risk factors and build a health improvement plan. Patients receive free health screenings, laboratory services, medication management, ongoing heart disease education and case management support.

For those with financial barriers, the staff helps patients apply for a prescription assistance program and partners with local pharmacies that provide reduced-cost medications.

From baseline to follow-up, 59 percent of HIP clinic patients have reduced their blood pressure to below the goal of 140/90.

The Community Connection

Thomas Boxley spends a lot of his time beating the bushes in north Tulsa neighborhoods. As the Wayman Tisdale Specialty Health Clinic’s facilities manager and community liaison, part of his job is simply to make area residents aware of what the shiny new building at 36th Street North and Hartford Avenue is.

Although the clinic has enjoyed rapid growth, Boxley is far from finished. He attends neighborhood association meetings, meets with a variety of groups and has helped the clinic host 36th Street North Corridor planning sessions to help with area economic development.

He helps promote its programs, including a yoga class, groups such as the Soulful Survivors—African American women who have conquered breast cancer—or a Living Longer, Living Stronger support group for those with chronic diseases, and a health fair in conjunction the Area on Aging.

Art for Neighborhood’s Sake

But the clinic has gone further in engaging the community. One case in point: A wall-size painting literally created by the neighborhood hangs on the north wall of the lobby. During the clinic’s dedication, the canvas, sketched out by a local artist, was available to anyone who wanted to add his or her own touches—painting a line, a section or an image. Its most prominent feature: the word “community.”

It is one of the ways the clinic has helped bring north Tulsa inside its walls. Other works by north Tulsa artists and historic photos help preserve the area’s history.

HIP to Be Well

While these are visible signs of community engagement, OU-Tulsa didn’t wait to open the clinic to begin providing specialty care. In 2009, before the Wayman Tisdale Specialty Health Clinic was even built, it was already helping north Tulsans get healthier.

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Tisdale Clinic Specialties

Adolescent Medicine
Cardiology—Preventive and Pediatric
Endocrinology—Adult and Pediatric
Gastroenterology—Adult and Pediatric
General Surgery
Gynecology
Medicine/Pediatrics
Neurology
Pediatrics
Psychiatry—Adult and Child
Pulmonology
Sports Medicine
cally underserved, Clancy says, with some 40 percent of the population and only four percent of the physicians. The greatest gap: specialty care.

While many Oklahomans expect easy access to specialty physicians—a cardiologist, for example—lack of health insurance and lack of transportation often put needed care out of reach for the poor and uninsured. When they arrive at the Tisdale Clinic, they are often in desperate need of treatment for a variety of conditions from heart disease to diabetes to cancer or kidney failure. Here, patients can also receive some primary care, although that service is available at other north side medical facilities. There are also care teams for children, adolescents and adults with complex, chronic diseases.

The facilities and health care providers already in the area “did the best they could with the resources they had,” but more was needed, says Dr. Malcolm Buford, a nephrologist and assistant professor at the School of Community Medicine. “We are still establishing relationships with providers. We don’t want them to view OU as competition. We’re here for one another.”

OU School of Community Medicine officials hope that the clinic will become the hub of a medical corridor, attracting other physicians, small clinics and health facilities. The signs are already there. A Christian community organization is opening a clinic down the street, a physical therapy center is a quarter-mile away, and a Tulsa City-County Health Department Regional Health and Wellness Center has opened two miles from the Tisdale Clinic. A community anchor, the Westview Medical Clinic, works with Tisdale Clinic through the latter’s cardiac wellness program, HIP. The Westview’s pharmacy has “been very proactive in providing for our uninsured patients,” says Thomas Boxley, Tisdale’s facilities manager and community liaison.

Along with the on-site specialists, the Tisdale Clinic staff includes OU medicine/pediatrics residents and other medical personnel. The clinic houses Tulsa’s only pediatric nephrologist and the city’s only pediatric gastroenterologist. Social workers and counselors are available to deal with patients’ other needs. Patients are charged on a sliding scale if they do not have Medicaid, Medicare, Soon Care or other insurance to cover their visits. “It’s supposed to be total care . . . staff who can also answer questions in a safe, relatively close environment,” says Boxley.

The clinic’s approach also benefits physicians. “When we have someone with an urgent situation, and perhaps other symptoms . . . specialists are just around the corner . . . a beehive of specialists ready to address the situation in real time,” says Dr. Buford.

And for the OU medicine/pediatrics residents, most of whom come from other medical schools, it’s a unique opportunity to “be on the front line in the community, learning about community engagement, about population health management and underserved populations,” says the medical director, Dr. Mark Fox.

“We want the sickest of the sick,” says Dr. Fox, “and we are here to take care of them at a uniquely high level.” He adds that while he’s encouraged by the quick growth of the clinic, “We won’t be satisfied until we see the outcomes in the community.”

Even the “eager-to-be-pioneers” residents—whose med/peds background gives them a more general view—“have grabbed hold of this idea of what we can do to improve the health care of the community,” he adds. “They are struggling to figure out what outcomes ought to matter most. Is it life expectancy? Is it disability-free years of life? Is it reducing the heart attack rate or the teen pregnancy level? Ultimately, it’s trying to understand what matters most for the community.”

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