



OKLAHOMA STATE  
DEPARTMENT OF HEALTH

# State of the County's Health Report

## Working Together For Health

### Comanche County

Oklahoma ranks near the bottom in many key health status indicators. Most of these outcomes are related to conditions that Oklahomans must live with every day. Poverty, lack of insurance, limited access to primary care, and inadequate prenatal care, along with associated risky health behaviors (low fruit/vegetable consumption, low physical activity, a high prevalence of smoking) all contribute to the poor health status of our citizens.

The vision of the Oklahoma Health Improvement Plan (OHIP) involves local partnerships and communities working together to improve and sustain the physical, social, and mental well-being of all people in Oklahoma. The targeted flagship initiatives of children's health improvement, tobacco use prevention, and obesity reduction will help to maximize opportunities for all Oklahomans to lead healthy lives. If you would like more information about OHIP, please visit the Oklahoma State Department of Health website at [http://www.ok.gov/health/Organization/Board\\_of\\_Health/OHIP.html](http://www.ok.gov/health/Organization/Board_of_Health/OHIP.html).

This report focuses on health factors and demographics in Comanche County. Awareness and thoughtful application of this health data can assist us in our joint endeavors to improve the health status of our local citizens.



*Together We Can Move Forward*

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# County Demographics

## Population estimates<sup>1</sup>

- 2.9% increase from 1990 to 2000 (111,473 to 114,675)
- 2.5% decrease from 2000 to 2008 (114,675 to 111,772)
- Ranked 52nd for growth in state

## 2008 Census Estimates<sup>2</sup>

- Hispanic/Latino ethnicity = 9.9%
- Race
  - Whites = 71.3%
  - Native Americans = 6.0%
  - Blacks = 19.7%
- Age
  - Under 5 = 8.3%
  - 65 and over = 11.1%
  - Median age = 30.1 years

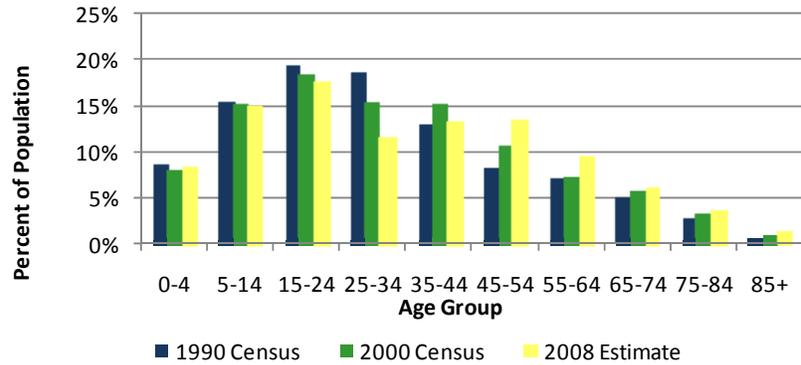
## 2000 Census<sup>3</sup>

- Housing units
  - Occupied = 39,808 (88%)
  - Vacant = 5,608 (12%)

- Disability (ages 21 to 64) = 19.9% state = 21.5% national = 19.2%
  - 52.5% of disabled (ages 21-64) are employed

- Individuals below poverty = 15.6% state = 14.7% national = 12.4%
- Families below poverty = 13.2% state = 11.2% national = 9.2%

1990, 2000, & 2008 Population by Age Groups, Comanche County

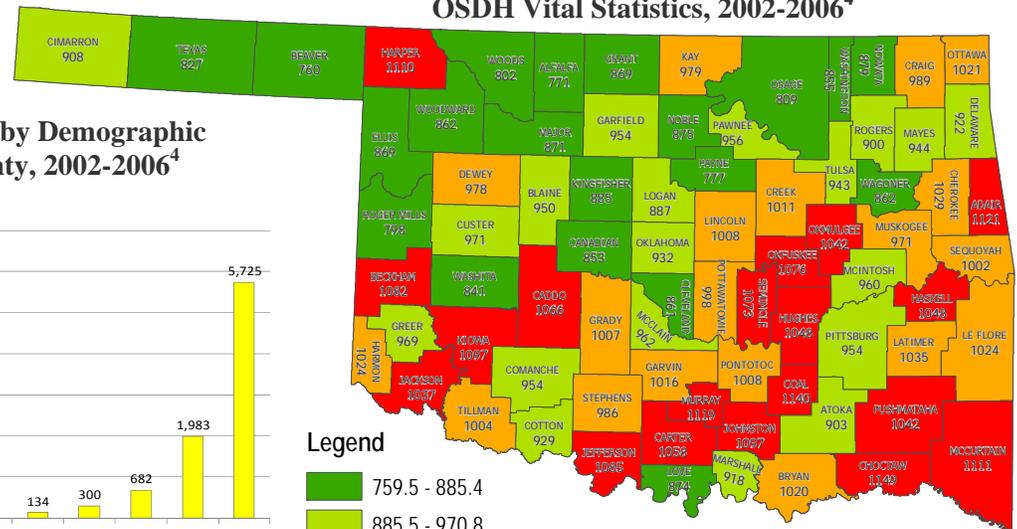


# Top 10 Leading Causes of Death

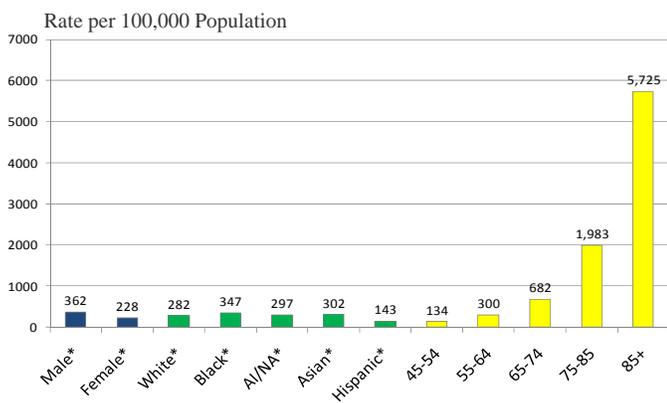
The top 10 leading causes of death<sup>4</sup> table on the next page displays a broad picture of the causes of death in Comanche County. Since many health-related issues are unique to specific ages, this table provides causes of death by age group at a glance. The causes of death that are present across almost every age group have been highlighted. From 1983 to 1993 heart disease killed 1,129 people in Comanche County and is still the leading cause of death with all age groups combined.

From 2006-2008, the total charges for all heart disease-related hospitalizations for Comanche County residents was \$132,638,806.00, which translated to an average of \$36,210.43 per discharge.<sup>5</sup> Total charges are an indicator of community health, however, these are hospital-based charges and not payments or costs of actual illness. The direct and indirect costs of disease are actually much higher (i.e., loss of employee wages, loss of tax revenue, loss of years of life).

Age-Adjusted Death Rates by County, OSDH Vital Statistics, 2002-2006<sup>4</sup>



Heart Disease Death Rates by Demographic Groups, Comanche County, 2002-2006<sup>4</sup>



### Legend

- 759.5 - 885.4
- 885.5 - 970.8
- 970.9 - 1034.6
- 1034.7 - 1149.0
- Missing

State = 945.6  
National = 810.1  
\* Note: Data classified by Quartiles

\* Age-Adjusted Death Rate per 100,000 Population

## Top 10 Causes of Death by Age Group Comanche County 2002-2006

Rank	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	PERINATAL PERIOD 36	UNINTENT. INJURY 6	UNINTENT. INJURY 33	UNINTENT. INJURY 16	CANCER 33	CANCER 114	CANCER 184	HEART DISEASE 987	HEART DISEASE 1262
2	CONGENITAL ANOMALIES 20	CANCER < 4	SUICIDE 16	SUICIDE 12	HEART DISEASE 27	HEART DISEASE 93	HEART DISEASE 142	CANCER 679	CANCER 1024
3	UNINTENT. INJURY 8	HEART DISEASE < 4	HOMICIDE 9	CANCER 9	UNINTENT. INJURY 21	UNINTENT. INJURY 34	BRONCHITIS/ EMPHYSEMA/ ASTHMA 42	BRONCHITIS/ EMPHYSEMA/ ASTHMA 278	BRONCHITIS/ EMPHYSEMA/ ASTHMA 333
4	HOMICIDE 4	SEPTICEMIA (BLOOD POISONING) < 4	HEART DISEASE 4	HEART DISEASE 6	SUICIDE 14	DIABETES MELLITUS 17	STROKE 37	STROKE 252	STROKE 312
5	INFLUENZA/ PNEUMONIA < 4	SUICIDE < 4	CANCER < 4	HOMICIDE 5	HOMICIDE 9	SUICIDE 16	DIABETES MELLITUS 19	DIABETES MELLITUS 112	UNINTENT. INJURY 183
6	SIDS < 4	SIX CAUSES TIED < 4	SIX CAUSES TIED < 4	DIABETES MELLITUS < 4	DIABETES MELLITUS 7	STROKE 14	LIVER DISEASE 14	INFLUENZA/ PNEUMONIA 111	DIABETES MELLITUS 159
7	HEART DISEASE < 4			LIVER DISEASE < 4	HIV 7	BRONCHITIS/ EMPHYSEMA/ ASTHMA 10	UNINTENT. INJURY 12	ALZHEIMER'S DISEASE 91	INFLUENZA/ PNEUMONIA 128
8	SEPTICEMIA (BLOOD POISONING) < 4			STROKE < 4	LIVER DISEASE 6	LIVER DISEASE 10	SEPTICEMIA (BLOOD POISONING) 9	SEPTICEMIA (BLOOD POISONING) 55	ALZHEIMER'S DISEASE 91
9	FOUR CAUSES TIED < 4			HIV < 4	STROKE 5	HOMICIDE 6	HYPERTENSION 8	NEPHRITIS 53	SEPTICEMIA (BLOOD POISONING) 72
10				FIVE CAUSES TIED < 4	THREE CAUSES TIED < 4	TWO CAUSES TIED 5	TWO CAUSES TIED 6	UNINTENT. INJURY 53	SUICIDE 71

Note: The numbers less than 4 have been shown as "< 4" to protect the privacy of the subjects  
Data source: Vital Statistics, Health Care Information Division, Oklahoma State Department of Health  
Produced by: Community Development Service, Oklahoma State Department of Health

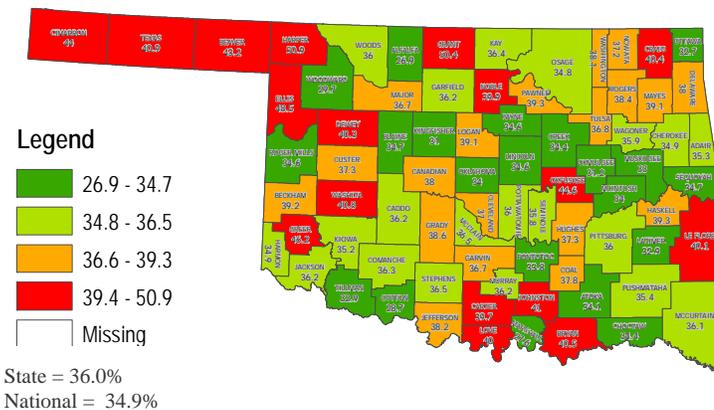
# Nutrition & Overweight

With obesity at epidemic levels, steps need to be taken to control this issue. Surveillance systems have improved and been expanded to obtain more accurate county-level data. While efforts continue on this front, communities must utilize this information to improve the problem itself. With health care costs being, on average, \$395 more for a person under the age of 65 who is obese than a person of the same age who is not obese<sup>6</sup>, estimated health care costs related to obesity for Comanche County soar to almost \$8.5 million. These costs only go up when the 65 and over population are included.

The Youth Risk Behavior Surveillance System (YRBS)<sup>7</sup>, while not producing county-level data, shows that in 2005, 2007, and 2009 combined, 15.8% of high school children participating in the survey classified themselves as overweight. Further, 14.7% classified themselves as obese. Interestingly, 8.9% of the males said they were obese compared to 5.8% of females. This trend was reversed in the overweight category with 8.0% of females and 7.8% of males, statewide. Although, neither weight category is statistically significant by gender.

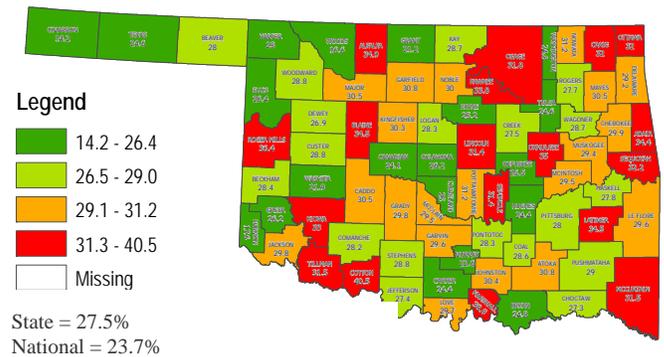
According to the Behavioral Risk Factor Surveillance System (BRFSS, 2003 & 2005)<sup>8</sup>, 82.9% of Comanche County adults did not eat the recommended 5 servings of fruits and vegetables a day. Increasing fruit and vegetable consumption is an economical way to control many health-related issues such as obesity and diabetes.

**Percent of Adults who are Overweight, BRFSS, 2003-2008<sup>8</sup>**



\* Note: Data classified by Quartiles

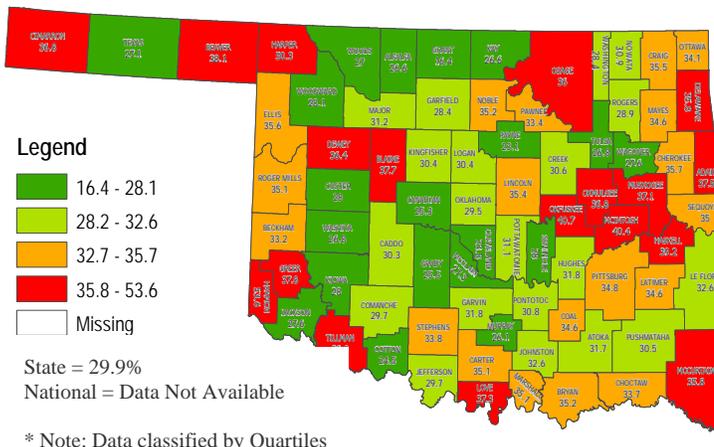
**Percent of Adults who are Obese, BRFSS, 2003-2008<sup>8</sup>**



\* Note: Data classified by Quartiles

# Physical Activity & Fitness

**Percent of Adults with No Physical Activity Within Past Month, BRFSS, 2003-2008<sup>8</sup>**



\* Note: Data classified by Quartiles

The increasing inactivity of the U.S. population is contributing to an increase in numerous poor health-related outcomes. Physical inactivity robs the body of precious energy needed to function properly, in turn health declines, and rates of various chronic diseases escalate.

According to the 2003-2008 BRFSS<sup>8</sup>, it is estimated that 29.7% (22,537) of people in Comanche County had no leisure activity in the past month (at the time they were surveyed) and over half of the adults (64.6%) did not reach the recommended physical activity level.

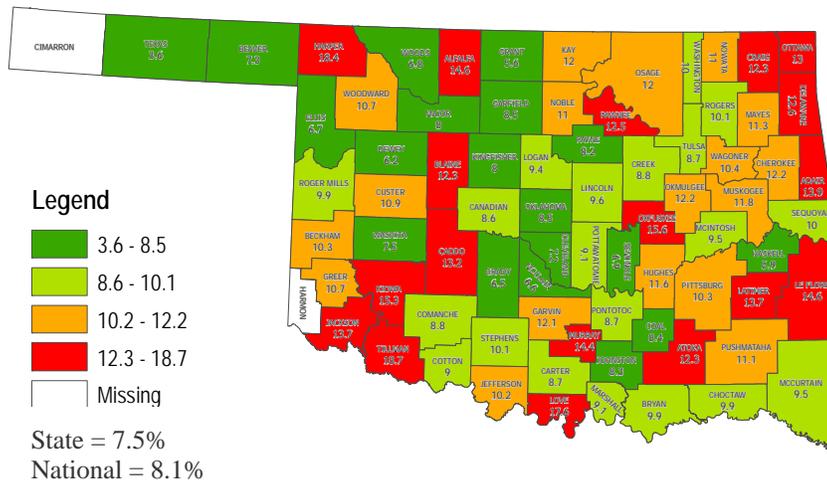
Statewide, 55% of high school students did not participate in physical activity for at least 60 minutes per day on five or more days in a week.<sup>7</sup> Efforts need to be made to increase physical activity for our youth to build long-term healthy habits.

# Diabetes

As stated previously, poor nutrition and lack of physical activity are linked to many chronic issues including diabetes. It is often hard to distinguish between Type I and Type II diabetes in large datasets but looking at the overall impact of diabetes is necessary to examine a community's health.

From 2006 to 2008, there were 599 hospital discharges for diabetes among Comanche County residents.<sup>5</sup> This accounted for a total of 2,959 days in the hospital and \$11,617,084.00 in total charges.<sup>5</sup> This was an average of 4.9 days and \$19,394.13 in charges.<sup>5</sup>

**Percent of Adults Who Have Ever Been Told They Have Diabetes, BRFSS, 2004-2008<sup>8</sup>**



According to the 2004-2008 Behavioral Risk Factor Surveillance System (BRFSS), it is estimated that 8.8% (6,678) of Comanche County citizens have been diagnosed by a health professional as having diabetes.

In 2007, the per capita annual healthcare costs for people with diabetes was \$11,744 compared to \$5,106 for people without diabetes.<sup>9</sup> Persons with diabetes accumulate an estimated \$88,432,834.07 in health care costs in one year for Comanche County. Actual hospital charges account for only 4.9% of the total health care impact of diabetes.

\* Note: Data classified by Quartiles

# Teen Births

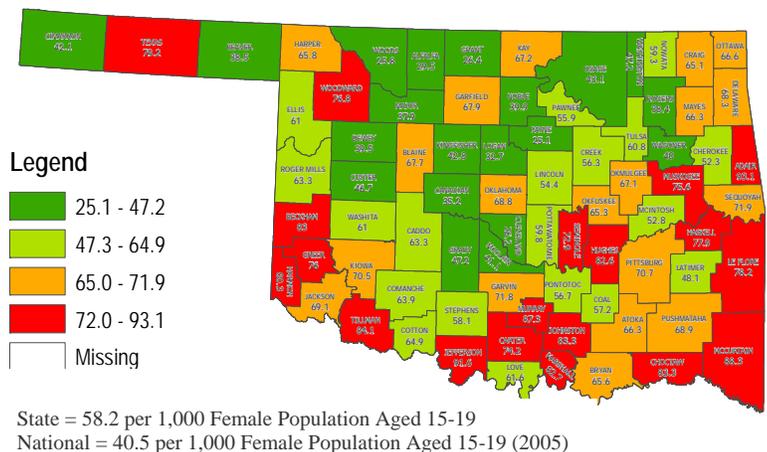
While births to teen mothers (age 15 to 19) have been on the decline in both the U.S. and Oklahoma, Oklahoma has moved down in the rankings according to the United Health Foundation.<sup>10</sup> In 1993, the rate for teen births in the U.S. was 60.3 per 1,000 15-19 year old females and 67.1 in Oklahoma, ranking 35th in the country.<sup>10</sup> In 2003, the rate decreased to 47.7 in the U.S. and 59.7 in Oklahoma, accounting for a decrease of 21% and 11%, respectively.<sup>10</sup> However, while the rate decreased, Oklahoma continued to fall in the rankings (41st). In 2009, the rate of teen births stayed the same for Oklahoma (59.6) but the state ranked 45th in the country.<sup>10</sup>

Children of teen mothers are more likely to display poor health and social outcomes than those of older mothers, such as premature birth, low birth weight, higher rates of abuse and neglect, and are more likely to go into foster care or do poorly in school.<sup>11</sup>

According to Oklahoma Vital Statistics, Comanche County had a teen birth rate of 69.7 in 2007, which accounted for a 3% increase from 2003 (67.7) and a 23% decrease from 1993 (91.1)<sup>12</sup>. The map represents a five-year average of teen birth rates, 2003-2007.<sup>12</sup>

On average in Oklahoma, births to teen mothers accumulate \$3,807 a year for each teenage birth<sup>13</sup>, which is often passed on to citizens. With an average of 267.2 births per year (2003-2007)<sup>12</sup>, teen pregnancy costs the citizens of Comanche County \$855,040.00 a year.

**Rate of Births to Teen Mothers (Age 15-19), OSDH Vital Statistics, 2003-2007<sup>12</sup>**



\* Note: Data classified by Quartiles



# Injury and Violence

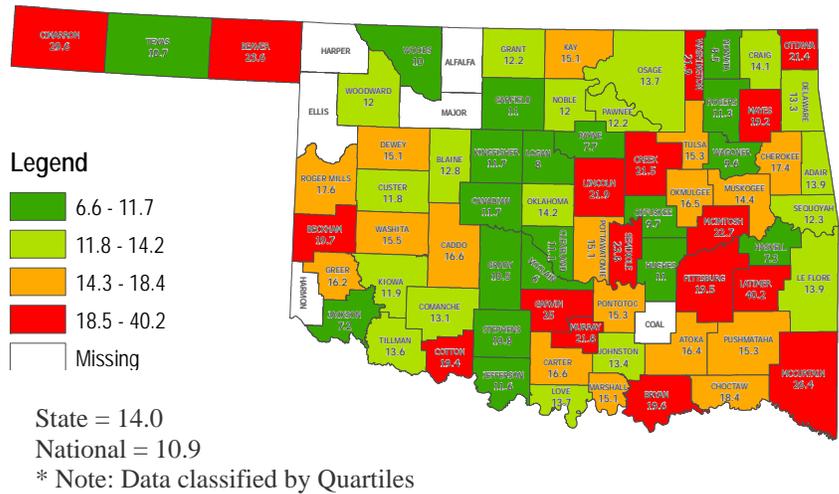
Across the nation and the state of Oklahoma, unintentional and violence-related injuries are on the rise. Unintentional injuries account for the 5th leading cause of death in the United States and Oklahoma for 2002-2006. For persons ages 1 to 44 in Oklahoma, unintentional injuries are the leading cause of death.<sup>4</sup>

This trend does not change much in Comanche County. Unintentional injuries are the leading cause of death for ages 5 to 34 in Comanche County.

It is estimated that for every motor vehicle-related death \$1.3 million in economic costs are incurred (2008 data).<sup>16</sup> For Comanche County, which has an average of 15.0 motor vehicle-related deaths a year<sup>4</sup>, the estimated economic costs are almost \$19.5 million a year.

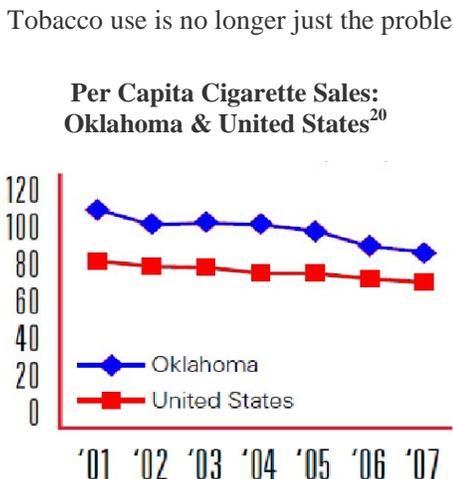
Violence-related injuries (homicide and suicide) in Comanche County are ranked in the top 10 causes of death for persons from birth to age 54 and suicide is the 10th leading cause of death for all ages.<sup>4</sup>

**Age-Adjusted Suicide Rate by County, OSDH Vital Statistics, 2002-2006<sup>4</sup>**

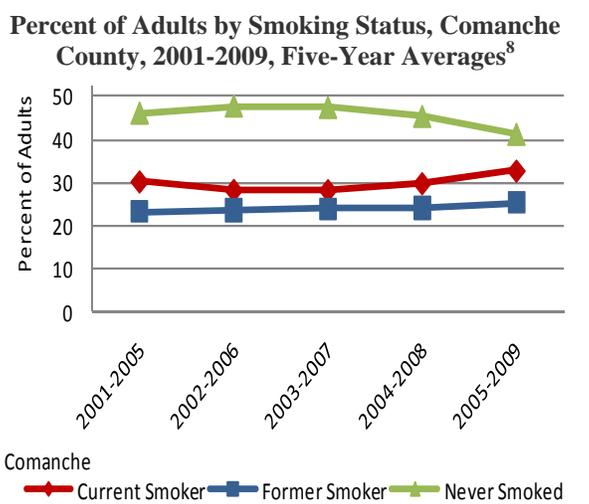


# Tobacco Use Prevention

According to the 2005 State of the State's Health Report<sup>19</sup>, tobacco use among Oklahomans has remained fairly stable from 1990 to 2002. The good news is that total cigarette sales in Oklahoma (tribal and non-tribal combined) have dropped from 98.2 packs per capita in fiscal year 2005 to 86.7 packs per capita during fiscal year 2008. The national average dropped during this same time period.<sup>20</sup>



Tobacco use is no longer just the problem of the individual but also the community as a whole. With health care costs on the rise, targeting areas such as tobacco use is an effective way to control those costs. The Oklahoma Tobacco Helpline (1-800-QUIT-NOW), supported jointly by the Oklahoma Tobacco Settlement Endowment Trust and the Oklahoma State Department of Health, continues to experience high call volume. Over 37,800 Oklahomans received free cessation assistance through the Helpline in fiscal year 2009.<sup>20</sup> Since inception of the Helpline in August 2003, over 110,000 Oklahomans have received free cessation assistance.<sup>20</sup>



The CDC estimated that a person who used tobacco accrued over \$3,300 in health care costs per year.<sup>21</sup> According to the BRFSS (2005-2009)<sup>8</sup>, it is estimated that 32.8% (24,890) of adults in Comanche County use tobacco of some sort. Medical costs accumulated by those persons are over \$82.1 million a year for Comanche County.

# Healthy People 2010 Table

Healthy People 2010 Indicators	Most Recent Data: Year(s)						2010 Target
	Comanche County		Oklahoma		United States		
Prevalence of Obese (Aged 18+)	2002-2008	27.7%	2008	31.0%	2008	26.7%	15%
No Leisure-Time Physical Activity (Aged 18+)	2002-2008	29.8%	2008	31.5%	2008	24.6%	20%
Prevalence of Smoking (Aged 18+)	2002-2008	30.0%	2008	24.7%	2008	18.4%	12%
Infant Mortality (Per 1,000 of births)	2002-2006	7.6	2006	8.1	2006	6.8	4.5
Low Birth Weight Infants (Percent of live births)	2002-2007	8.8%	2006	8.3%	2006	8.3%	5%
Very Low Birth Weight Infants (Percent of live births)	2002-2007	1.2%	2006	1.6%	2006	1.5%	0.9%
First Trimester Prenatal Care (Percent of births)	2002-2007	79.7%	2006	75.6%	2006	83.2%	90%
Prevalence of Diabetes (Aged 18+)	2002-2008	8.4%	2008	11.3%	2008	9.2%	2.5%
Lack of Health Insurance (Aged 18-64)	2002-2008	19.4%	2008	22.8%	2008	17.1%	0%
Prevalence of Binge Drinking (Aged 18+)	2002-2008	13.6%	2008	12.2%	2008	15.6%	6%
Coronary Heart Disease Death *	2002-2006	204.8	2006	184.5	2006	144.4	166.0
Cancer Death *	2002-2006	215.4	2006	194.9	2006	180.8	159.9
Unintentional Injury Death *	2002-2006	35	2006	55.6	2006	39.3	17.5
Transportation-Related Death *	2002-2006	14.5	2006	21.0	2006	14.5	9.2

Note: \* means (Age-adjusted death per 100,000 to the 2000 U.S. standard population).

Reference:

- [1] Healthy People 2010 volume I and II, U.S. Department of Health and Human Services, November 2000.
- [2] Centers for Disease Control and Prevention (CDC), Wide-Ranging Online Data for Epidemiologic Research: Data for Oklahoma and United States.
- [3] CDC, National Center for Chronic Disease Prevention and Health Promotion, the Behavioral Risk Factor Surveillance System (BRFSS): Data for Oklahoma and United States.
- [4] Oklahoma State Department of Health (OSDH), OK2SHARE, BRFSS: Data for Oklahoma Counties.
- [5] OSDH, OK2SHARE, Vital Statistics: Data for Oklahoma Counties.

# Health Care Cost Summary

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## Cardiovascular Disease (Heart Disease)

- Average hospital discharges per year<sup>5</sup> = 1,221
- Average charges<sup>5</sup> = \$36,210.43
- Total—\$44,212,935.33 a year

## Obesity

- 28.2% of population<sup>8</sup> (21,399)
- \$395 in additional medical costs per person aged 18-64<sup>6</sup>
- Total—\$8,452,605.00

## Diabetes

- Average hospital discharges per year<sup>5</sup> = 199.7
- Average charges<sup>5</sup> = \$19,394.13
- Total—\$3,872,361.33 a year

## Teen Pregnancy

- Average 267 births to females aged 15-19 a year<sup>12</sup>
- \$3,200 in costs a year<sup>13</sup>
- Total—\$855,040.00 a year

## Motor Vehicle-Related Injury Death

- Average 15.0 deaths per year<sup>4</sup>
- \$1,300,000.00 in economic costs per death<sup>16</sup>
- Total—\$19,500,000.00 a year

## Tobacco Use

- 32.8% of population<sup>8</sup> (24,890)
- \$3,300 in health care costs<sup>21</sup>
- Total—\$82,137,000.00 a year

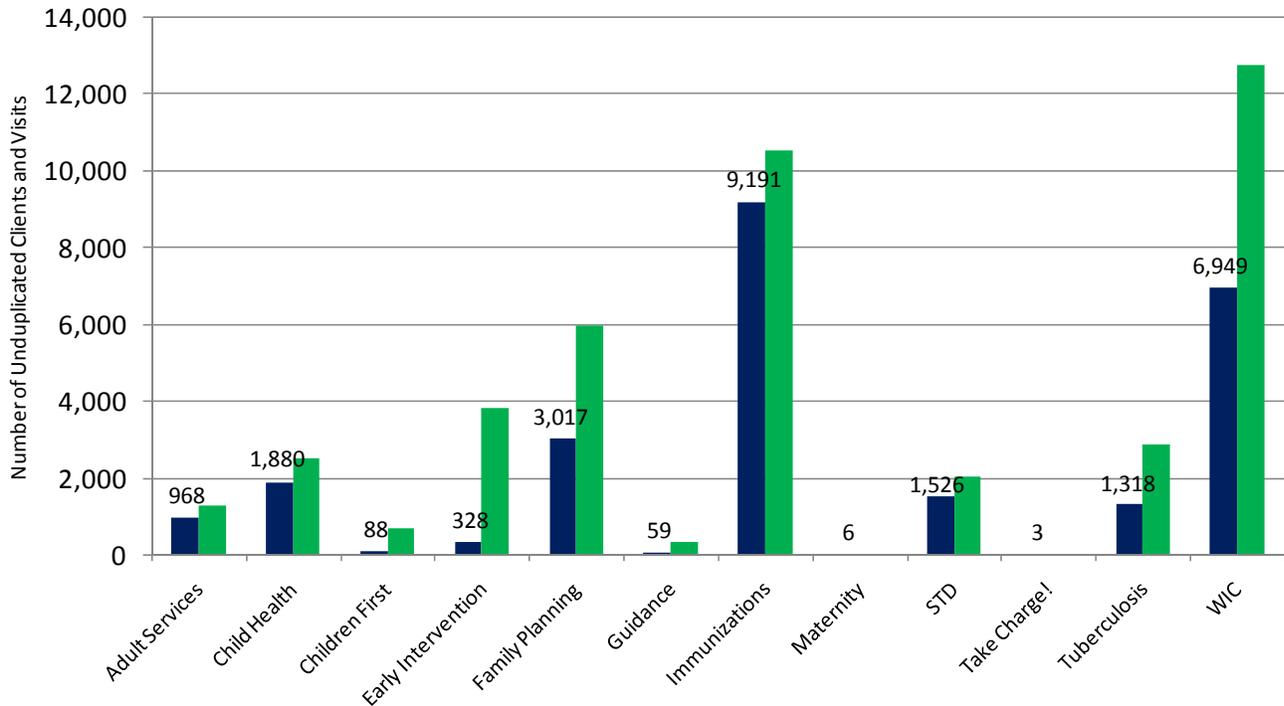
Grand Total for  
Comanche County:

**\$159,029,941.67**



# County Health Department Usage

## County Health Department Unduplicated Clients, and Visits by Program, Comanche County, State Fiscal Year 2009



Data Note: Data is reflective of all services offered in a county, including county health departments and contracts.

■ Unduplicated Clients ■ Visits

COMANCHE

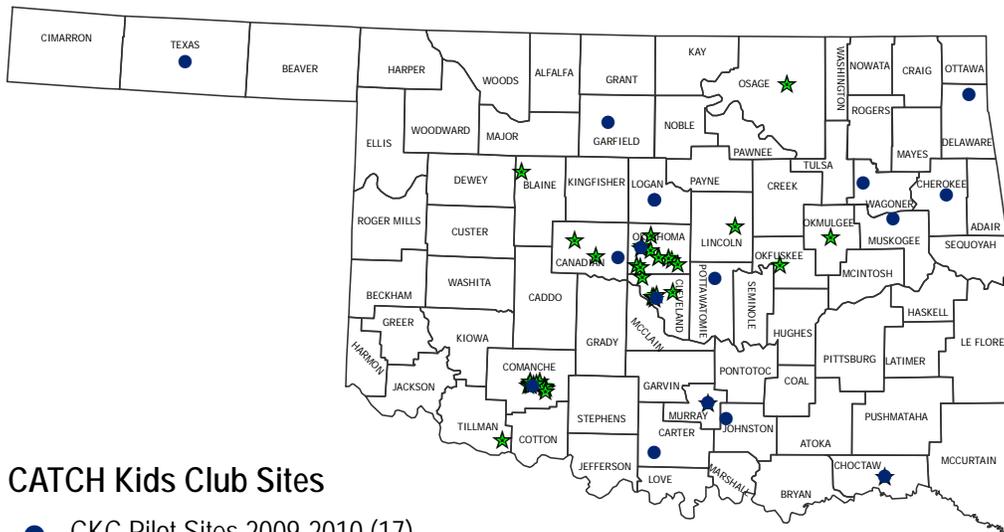
### Population-Based Services by Event Type, Comanche County, SFY09

Event Type	Number of Events	Total Attendees
Health Fair	6	1,575
Meeting/Taskforce/Coalition	1	23
Presentation/Class	44	1,978
<b>Grand Total</b>	<b>51</b>	<b>3,576</b>

### Population-Based Services by Main Topic, Comanche County, SFY09

Topic	Number of Events	Total Attendees
Developmental Stages	1	45
Discipline/Behavior Management	2	23
General Health Department Services	21	5,113
Human Relationships	8	112
Infectious Disease	1	51
Nutrition and Overweight	2	128
Oral Health	31	1,770
<b>Grand Total</b>	<b>66</b>	<b>7,242</b>

# Health Education



## CATCH Kids Club Sites

- CKC Pilot Sites 2009-2010 (17)
- ★ NEW CKC Sites 2009-2010 (40)

If you have an after-school program that is interested in learning more about CATCH Kids Club, a physical activity and nutrition program for children grades K-5, please contact the local health educator or Kathy Payne for information.

## Comanche County Health Educator

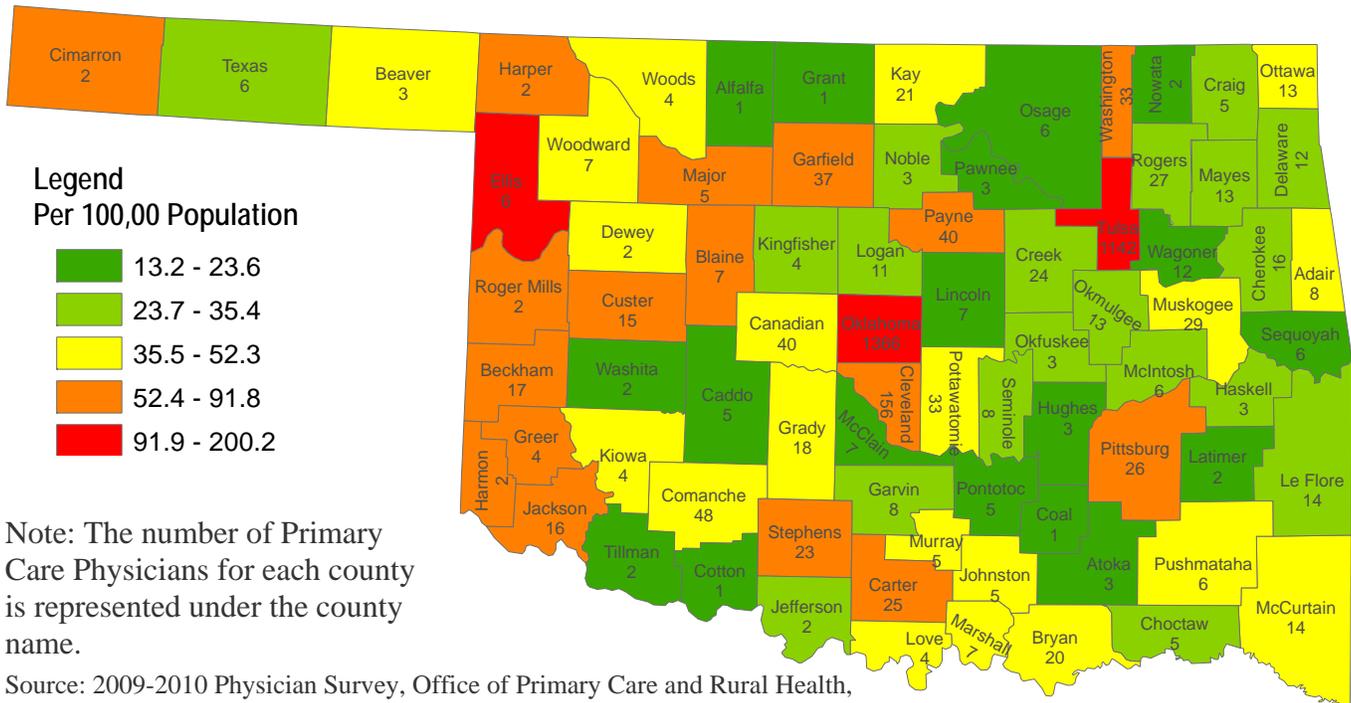
New Janette  
1010 S. Sheridan  
Lawton, OK 73501  
580-248-5890  
Janette@health.ok.gov

## OSDH Health Education

Kathy Payne, Director  
1000 NE 10th St, room 506  
Oklahoma City, OK 73117  
405-271-6127  
KPayne@health.ok.gov

# Primary Care Coverage Map

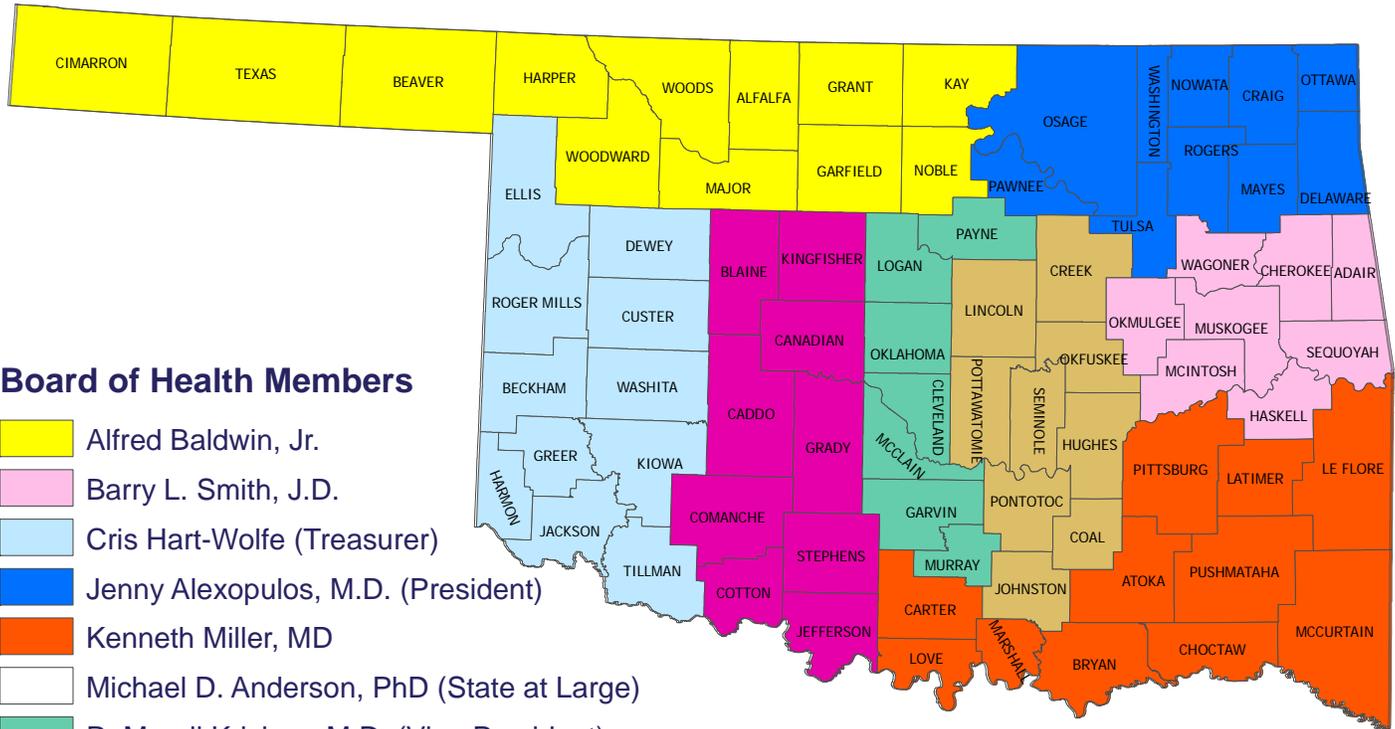
### Rate of Primary Care Physicians per 100,000 Population, 2009 - 2010



Note: The number of Primary Care Physicians for each county is represented under the county name.

Source: 2009-2010 Physician Survey, Office of Primary Care and Rural Health, Community Development Service, Oklahoma State Department of Health

# OSDH Board of Health Map



## Board of Health Members

- Alfred Baldwin, Jr.
- Barry L. Smith, J.D.
- Cris Hart-Wolfe (Treasurer)
- Jenny Alexopoulos, M.D. (President)
- Kenneth Miller, MD
- Michael D. Anderson, PhD (State at Large)
- R. Murali Krishna, M.D. (Vice-President)
- Richard G. Davis, DDS
- Ronald Woodson, MD

Created: 11.03.2010  
Source: Oklahoma State Department of Health

# Oklahoma Health Improvement Plan



For the complete OHIP, including a full list of partners, visit [www.ok.gov/health](http://www.ok.gov/health) and click the "Oklahoma Health Improvement Plan" link.



### [STRATEGIC PLANNING]

#### FLAGSHIP GOALS

- Tobacco Use Prevention
- Obesity Reduction
- Children's Health

#### INFRASTRUCTURE GOALS

- Public Health Finance
- Workforce Development
- Access to Care
- Health Systems Effectiveness

#### SOCIETAL & POLICY INTEGRATION

- Policies and Legislation
- Social Determinants of Health & Health Equity

OKLAHOMA HEALTH IMPROVEMENT PLAN

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**OKLAHOMA STATE DEPARTMENT OF HEALTH**

Community and Family Health Services  
 Community Development Service  
 1000 NE 10th St, Room 508  
 Oklahoma City, OK 73117  
 Phone: 405-271-6127

Report compiled by:  
 Miriam McGaugh, Ph.D.  
 Epidemiologist  
 and  
 Shu-Chuan Lin, Ph.D.  
 Epidemiologist

*Working Together For Health*

Comanche County Health Department  
 1010 S. Sheridan Rd  
 Lawton, OK 73501  
 580-248-5890  
<http://www.ok.gov/health>

The Oklahoma Turning Point Initiative is public health improvement in action involving partnerships between the state and county departments of health, local communities, and policy-makers. The Oklahoma Turning Point engine is fueled by a community-based decision making process whereby local communities tap into the capacities, strengths, and vision of their citizens to create and promote positive, sustainable changes in the public health system, and the public’s health.

**We are at a cross roads in our state and in Comanche County. Please come and be part of the solutions that will lead Oklahoma and Comanche County to becoming a healthy place to live, work and learn.**

“If we are together nothing is impossible.  
 If we are divided all will fail.” - [Winston Churchill](#)

If you are interested in learning more about Turning Point or becoming involved in local activities, please contact:

Brandie O'Connor  
 Jackson County Health Department  
 401 W Tamarack Rd.  
 Altus, OK 73521  
 (580) 482-7308  
 Email: [BrandieB@health.ok.gov](mailto:BrandieB@health.ok.gov)  
 Website: [www.okturningpoint.org](http://www.okturningpoint.org)

**Lawton-Ft. Sill Community Coalition**

**Fit Kids of Southwest Oklahoma**

Coalition Priorities:

1. Raise awareness, inspire people by imparting information and education, improve the quality of life for both adults and youth, provide more projects and treatment groups.
2. Positively impact the community.
3. Increase awareness of LFSCC goals, objectives, and successes.
4. Reduce underage drinking.
5. Unify organizations to meet community needs.
6. Implement plan devised by media committee to raise awareness in the Lawton-Ft Sill community.

Coalition Priorities:

1. Physical Activity.
2. Healthy Eating.

2009 Outcomes for Comanche Coalitions:

- ◆ Comanche County Fitness Trailway.
- ◆ Pilot site for Alliance for a Healthier Generation School Health Program.
- ◆ Funding for Cardiovascular monitoring equipment in elementary schools.
- ◆ Health & Wellness Coordinator hired.
- ◆ Community Gardens program.
- ◆ Lawton Farmers Market.
- ◆ Walking School Bus & Super Kids Marathon.
- ◆ Lawton Comprehensive Bicycle & Pedestrian Plan.