

Community Health Assessment Canadian County



2015

Community Contributors

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Darlington Public School
El Reno Chamber of Commerce
El Reno Carnegie Library
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EquiBalance
Evolution Foundation
Girl Scouts of Western Oklahoma
Indian Health Services
Integris Canadian Valley Hospital
Mercy Hospital El Reno
Mustang Public Schools
Northwest Area Health Education Center
Rural Health Projects
Oklahoma City - County Health Department
Fetal and Infant Mortality Review

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Oklahoma Department of Human Services
Oklahoma Department of Mental Health and Substance Abuse Services Systems of Care
Oklahoma Department of Rehabilitation Services
Oklahoma Family Counseling Services
Oklahoma Family Network
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Oklahoma LEND
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The Child Abuse Response Team House
Tobacco Settlement Endowment Trust
Communities of Excellence - Tobacco Control
Turning Point
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Youth and Family Services of Oklahoma
Yukon Public Schools

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The Canadian County Coalition for Children & Families was organized in September 1996, when the District Child Abuse Prevention Task Force, the Oklahoma Commission on Children and youth and the El Reno Early Childhood Task Force combined into one group.

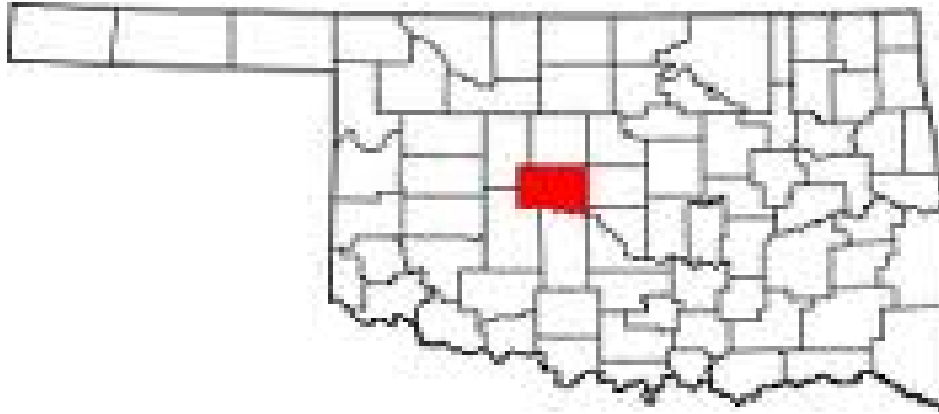
The Coalition currently serves as the “umbrella organization” for a number of programs, including the Task Force on Child abuse Prevention; OCCY Community Partnership Board; Canadian County Caring for Kids (Systems of Care): Sooner SUC-CESS; Smart Start; TSET Tobacco Prevention Grants; and the Red Rock Regional Prevention Coordinator. The coalition provides a forum for networking, sharing of information, professional training and public awareness on issues relating to children.

One of the biggest areas of concern for the Canadian County Coalition for Children and Families has been seeking access to healthcare. The process began in 2006 after coalition members attended a retreat to discuss the issues facing Canadian County residents. From that retreat, an Access to Healthcare Committee was developed and their mission solely to improve access to healthcare for Canadian County residents. From that task force, it was determined to join in partnering with the El Reno Community Clinic because they were already an established 501c3. In 2008, the Access to Healthcare Committee morphed in to what is now called the Partnership for Healthy Canadian County (PHCC). Since the awarding in 2010 of the Health Access Network (HAN) through the Oklahoma Health-care Authority they have hired two fulltime employees, a project manager and a case manager. The project manager has recruited five physicians from Canadian County to participate in the HAN which has met the capacity for a full case load of 3000 patients currently on the Medicaid roster this year. The HAN provides case management to members with complex health care needs.

In 2011 the Coalition held its first Annual Community Baby Shower Fun Day, where participants could gather resources to improve the health of their children. From Tobacco Prevention, SIDS (Sudden Infant Death Syndrome) information, Car Seat Safety, Safe Sleep Methods, Breastfeeding Support Resources to free toys, car seats, baby items, such as swings, highchairs, and even diapers. This event helped provide resources to around 50 participants in order to increase the health of Canadian County Children.

Canadian County was awarded the SPF-SIG grant, which stands for the Strategic Prevention Framework State Incentive Grant. It is funded through Oklahoma Department of Mental Health and Substance Abuse Services. Based on data throughout the region Canadian County was picked as the county of focus and is working on the non-medical use of prescription drugs. Our goal is to reduce opiate overdose deaths by promoting the prescription monitoring program (to reduce doctor shopping) promoting prescription drop boxes, and media advocacy to increase knowledge of the dangers of prescription sharing. So far this year, there has been 3 drop boxes within Canadian County placed in order to take back prescription drugs.

The coalition has agreed to utilize the framework of Mobilizing for Action through Planning and Partnership (MAPP) as a tool to assess the health of Canadian County to strategically plan the activities, initiatives, and objectives that they pursue in order to help create a healthier Canadian County.



Introduction

Community health assessments are a critical part of public health practice. They are utilized to describe the health of a community to local residents, decision makers and key stake holders. The Community Health Assessment is the basis for all local public health planning, giving the local public health system the opportunity to identify and interact with key community leaders, organizations, and interested residents about the health outcomes and concerns of their county. Assessments help to identify community needs and populations at risk of poor health outcomes in the community. It helps to better understand the barriers that are affecting the health of the community and the citizens that reside in Canadian County. Ultimately the Community Health Assessment serves as a guide to create intervention strategies that are aligned with the communities resources and interests in order to create a state of health in Canadian County.

In the fall of 2012, the Canadian County Coalition for Children and Families engaged the community to assess the health status of county residents. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model as a tool to collect data for developing strategies to improve health. MAPP consists of four assessment methods in a structured process for gathering and utilizing data for intervention strategies. Utilizing these assessments provides a comprehensive view of the current health status, both real and perceived, that influence this community's health.

Ten elements of health were identified for Canadian County. The community will select among these priority areas to create strategies for improvement. They include:

- Child health
- Diabetes
- Heart disease
- Infant mortality
- Mental health/Substance abuse
- Obesity
- Stroke
- Suicide
- Tobacco
- Unintentional injury

This report will briefly discuss the data collected from the four Community health assessments as well as the 10 identified elements of health and the factors that resulted in their consideration for targeted health improvement.

Demographics

2010 Demographics	Oklahoma	%	Canadian County	%
Total Population	3,751,351		115,541	
Age				
19 years and under	1,041,610	27.8	33,824	29.3
20 - 64 years	2,203,027	58.8	69,141	59.8
65 + years	506,714	13.4	12,576	10.9
Gender				
Male	1,856,977	49.5	57,334	49.6
Female	1,894,374	50.5	58,207	50.4
Race/Ethnicity				
White	2,706,845	72	96,058	83.1
Hispanic or Latino	332,007	9	7,794	6.7
African American	277,644	7	2,933	2.5
Asian	65,076	2	3,483	3.0
American Indian & Alaska Native	321,687	9	5,549	4.8
Native Hawaiian & Pacific Islander	4,369	<1	70	<1
Other	154,409	4	2,696	2.3
Identified by two or more	221,321	6	4,752	4.1
Selected Economic Characteristics				
Mean household income (dollars)	65,977	X	72,154	X
Median household income (dollars)	49,937	X	61,404	X
Mean travel time to work (minutes)	27.0	X	23.0	X
Percent unemployed	6.6	X	6.1	X

2010 Census Bureau Report

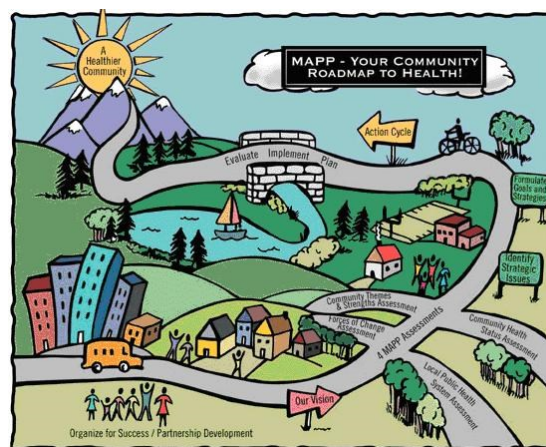
The MAPP Process

Canadian County Coalition for Children and Families utilized the model Mobilizing for Action through Planning and Partnerships (MAPP) as a tool to collect data for developing health improvement strategies.

The following description of MAPP is taken from the National Association of County & City Health Officials (NACCHO) website, and can be found at:

<http://www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm>

MAPP is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely and forming effective partnerships for strategic action while taking into account their unique circumstances and needs.



The Benefits of MAPP

The benefits of using the MAPP process, as identified by NACCHO, include:

- **Create a healthy community and a better quality of life.** The ultimate goal of MAPP is optimal community health - a community where residents are healthy, safe, and have a high quality of life. Here, a “healthy community” goes beyond physical health alone.
- **Increase the visibility of public health within the community.** By implementing a participatory and highly publicized process, increased awareness and knowledge of public health issues and greater appreciation for the local public health system as a whole may be achieved.
- **Anticipate and manage change.** Community strategic planning better prepares local public health systems to anticipate, manage, and respond to changes in the environment.
- **Create a stronger public health infrastructure.** The diverse network of partners within the local public health system is strengthened through the implementation of MAPP. This leads to better coordination of services and resources, a higher appreciation and awareness among partners, and less duplication of services.
- **Engage the community and create community ownership for public health issues.** Through participation in the MAPP process, community residents may gain a better awareness of the area in which they live and their own potential for improving their quality of life. Community-driven processes also lead to collective thinking and a sense of community ownership in initiatives, and, ultimately, may produce more innovative, effective, and sustainable solutions to complex problems. Community participation in the MAPP process may augment community involvement in other initiatives and/or have long-lasting effects on creating a stronger community spirit.



The Four MAPP Assessments

1. **Community Health Status Assessment** takes an objective look at the community's health status and quality of life. Data within this assessment focuses on health outcomes and risk factors. It provides a fundamentally objective overview of the community's health.

Data for this assessment was taken from Oklahoma's 2011 State of the State's Health Report (Attachment D), Oklahoma's 2011 Annual Summary of Infectious Diseases (Attachment E), the 2014 State of the County's Health Report (Attachment F), Oklahoma Kids Count Data Center 2013 (Attachment G), 2014 County Rankings and Roadmaps (Attachment H), U.S. Census Data (Attachment I), and the Community Health Needs Assessment Report by the Institute for People, Place and Possibility (Attachment J).

2. **Community Themes and Strengths Assessment** provides insight into issues that residents perceive as important. It delves into perceived quality of life issues in the community and looks into assets and resources recognized by community members. Three assessment tools were used for the Canadian County Community Themes and Strengths Assessment: the 2013 Integris Canadian Valley Hospital Survey (Attachment A), the 2012 Oklahoma Prevention Needs Assessment Survey (Attachment B) conducted by the Oklahoma Department of Mental Health and Substance Abuse, and community focus groups (Attachment L).
3. **Local Public Health System Assessment** focuses on the public health system within the county and includes any entity that contributes to the public's health. It breaks down the system into its individual components as they contribute to the 10 essential services of public health. Those components are then evaluated for their effectiveness within the public health system. The 10 essential services of public health include:

Monitor Health Status	Enforce Laws and Regulations
Diagnose and Investigate	Link People to Needed Services / Assure Care
Inform, Educate, and Empower	Assure a Competent Workforce
Mobilize Community Partnerships	Evaluate Health Services
Develop Policies and Plans	Research

The Local Public Health System Assessment is a prescribed assessment created by the National Public Health Performance Standards Program, a collaborative effort of seven national partners including:

- Centers for Disease Control and Prevention, Office for State Local, Tribal and Territorial Support (CDC / OSTLTS)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

The report on this assessment is found in Attachment C.

4. ***Forces of Change Assessment*** identifies external or internal forces that could impact the community and the public health system. These forces can include legislative or technology issues, but may also include economic impacts from changes in the business community. The findings of this focus group are included in Attachment K.

Each assessment is designed to yield important information for improving community health. However, the value of the four MAPP Assessments is multiplied by considering the findings as a whole for a single comprehensive community health assessment. It is only after conducting all four assessments that participants will gain a complete understanding of the factors that affect the local public health system and, ultimately, the health of Canadian County.

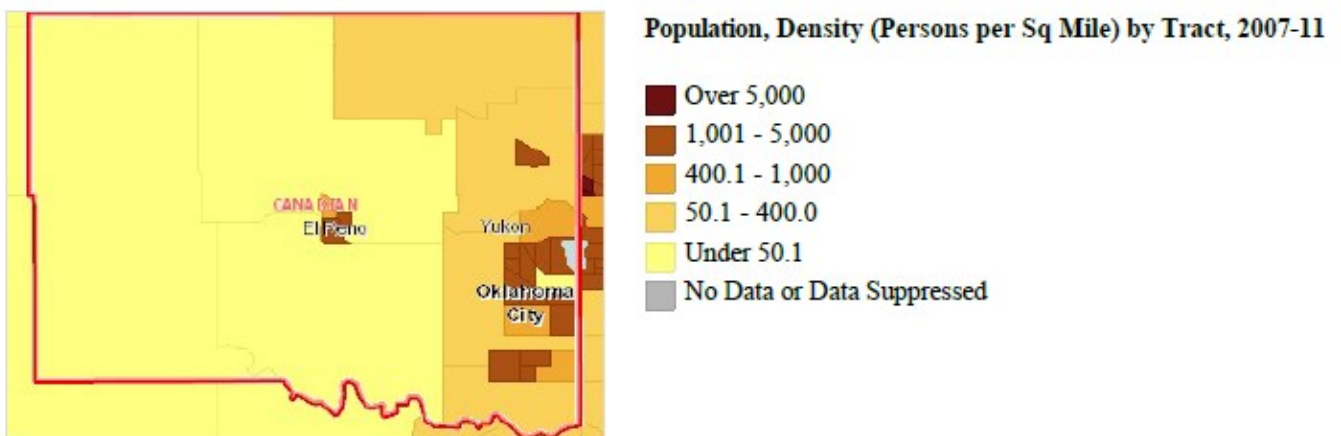
Community Health Status Assessment



Situated in west-central Oklahoma, Canadian County is bounded by Kingfisher County on the north, Oklahoma and Cleveland counties on the east, Grady County on the south, Caddo County to the southwest, and Blaine County to the northwest. Canadian County lies mostly within the Red Bed Plains, a sub-region of the Osage Plains physiographic region. The county's northwestern corner is situated in the Gypsum Hills. Drained by the North Canadian and the Canadian rivers, which cross the county from northwest to southeast, the county consists of 905.17 square miles of land and water. At the turn of the twenty-first century incorporated towns included Calumet, Mustang, Okarche, Piedmont, Union City, Yukon, and El Reno, the county seat.

Demographics: Current demographics and the way they change in Canadian County play a major role in determining what resources and services are needed in order to reach a healthier community.

Population: Canadian County is home to approximately 115,541 residents. This represents a 31.7% increase in total population since 2000. This increase in population, over time, could potentially impact health care providers and community resources. The population density per square mile is 126.23. Total population by gender is comprised of 49.5% male and 50.5% female. The following population density graphic is taken from the Community Health Needs Assessment Report by the Institute for People, Place and Possibility:



Physical Environment:

Canadian County ranked 60 out of 77 Oklahoma counties in this category. This indicator includes all parts where residents live and work (homes, buildings, streets, sidewalks, parks, etc.). The ranking continues to get worse. The following, taken from the Community Health Needs Assessment Report by the Institute for People, Place and Possibility, are physical environment indicators, all of which are in the “red” of this report’s dashboard indicator scale:

Park Access

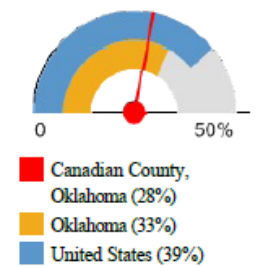
This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors.

Report Area	Total Population	Total Population Within 1/2 Mile of a Park	Percent Population Within 1/2 Mile of a Park
Canadian County, Oklahoma	115,541	32,351	28%
Oklahoma	3,751,351	1,253,010	33%
United States	312,732,537	120,503,664	39%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2010](#). Source geography: County.

Percent Population Within 1/2 Mile of a Park



Population with Low Food Access

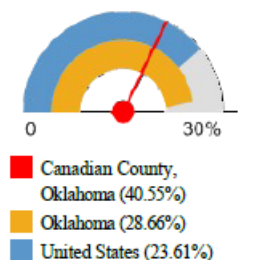
This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Canadian County, Oklahoma	115,541	46,852	40.55%
Oklahoma	3,751,351	1,075,089	28.66%
United States	308,745,538	72,905,540	23.61%

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Department of Agriculture, Food Access Atlas, 2013](#). Source geography: Tract.

Percent Population with Low Food Access



SNAP-Authorized Food Store Access

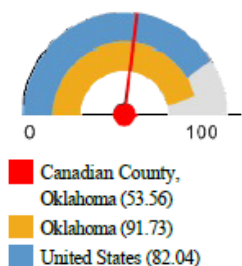
This indicator reports the number of SNAP-authorized food stores as a rate per 100,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

Report Area	Total Population	SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 100,000 Population
Canadian County, Oklahoma	119,492	64	53.56
Oklahoma	3,791,508	3,478	91.73
United States	311,449,532	255,511	82.04

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Department of Agriculture, Food Environment Atlas, 2012](#). Source geography: County.

SNAP-Authorized Retailers, Rate per 100,000 Population



WIC-Authorized Food Store Access

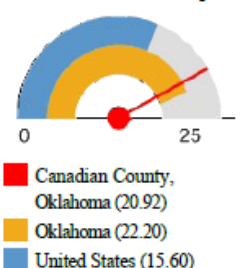
This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.

Report Area	Total Population (2011 Estimate)	Number WIC-Authorized Food Stores	WIC-Authorized Food Store Rate (Per 100,000 Pop.)
Canadian County, Oklahoma	119,492	25	20.92
Oklahoma	3,814,128	850	22.20
United States	318,921,538	50,042	15.60

Note: This indicator is compared with the state average. No breakout data available.

Data Source: [U.S. Department of Agriculture, Food Environment Atlas, 2012](#). Source geography: County.

WIC-Authorized Food Store Rate (Per 100,000 Pop.)



Community Themes and Strengths Assessment



Participants perceived that the most important behavioral health concern in Canadian County was depression. This was an unexpected result. However, by observing other findings throughout all four assessments, the issues of mental health became apparent.

7. What do you think are the 5 most important behavioral health concerns in your community? (Check only your top 5)			
		Response Percent	Response Count
Depression		78.4%	160
Anger		52.9%	108
Anxiety		44.6%	91
Self Harm (cutting, biting)		16.2%	33
Eating Disorder (anorexia, bulimia)		17.2%	35
Bi-polar		24.0%	49
Schizophrenia		4.9%	10
Substance Abuse		63.2%	129
ADD/ADHD		25.5%	52
Suicidal thoughts		21.6%	44
Domestic/partner violence		40.7%	83
Sexual abuse		23.0%	47
Prescription drug abuse		61.8%	126
answered question			204
skipped question			149

Local Public Health System Assessment



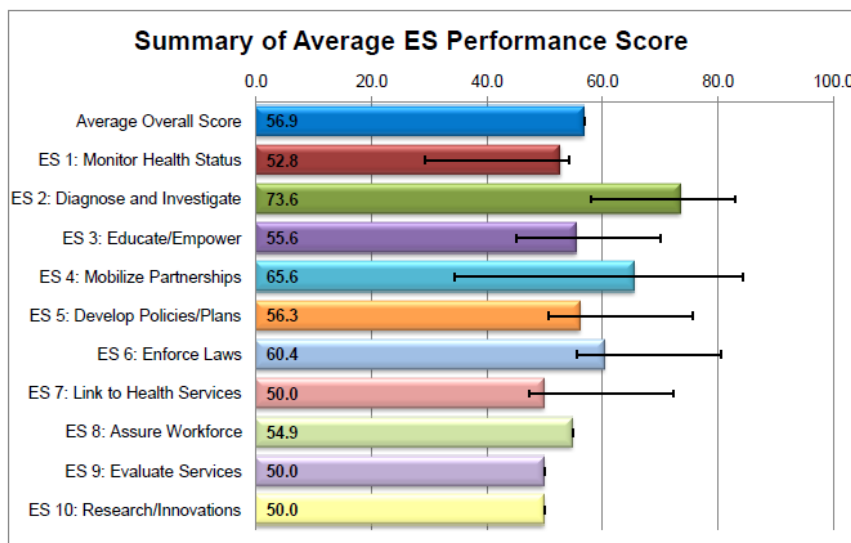
Participants scored the public health system’s effectiveness using the following options:

Table 1. Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

A summary of the average assessment scores for each of the 10 essential services can be seen in this graphic. Take note that the first category shown is an average overall score from across all 10 essential services. This overall score indicates a performance level of “significant activity” for the public health system in Canadian County.

Figure 2. Summary of Average Essential Public Health Service Performance Scores



Forces of Change Assessment



Forces of Change Assessment Summary Canadian County April 2013

- 1. What do you believe are the most important issues to improve in order to create a healthy Canadian County?**
 - Improve access to health care.
 - Create walk-ability in communities
 - Make fitness and health an integral part of the lifestyle of Canadian County.
 - Increase places to exercise, via walking trails, parks, facilities.
 - Increase access to healthy food through farmers markets, fresh foods, and healthier food chains in Canadian County.
 - Increase integration between schools and communities.
 - Decrease tobacco use.
- 2. What do you believe is keeping our community from doing what needs to be done to improve the health and quality of life for Canadian County?**
 - Lack of community support and buy-in to health.
 - Lack of communication across the county between schools, communities, towns, business, etc.
 - Resources (funding and time).
 - Lack of transportation (personal and public).
 - Increase in population due to being a county close to Oklahoma City. This causes for more people to move in and not necessarily work in the county but it causes the need for resources to increase.

Forces of Change - Threats and Opportunities

<u>Forces (Trends, Events, Factors)</u>	<u>Threats Posed</u>	<u>Opportunities Created</u>
Creation of Yukon Masters Trail Plan	Funding, one community working on it currently, educate public on need for the trail	Trails to connect communities, complete sidewalks, increase in exercise, safe alternative transportation system, increase healthy lifestyles
Closing of Free Clinic	People are not receiving care	Could better serve the uninsured people
Changes to TANF (treatment as option)	People could lose TANF services	Increase treatment, decrease drug dependence, decrease in crime rate and domestic violence
Affordable Health Care Act	Finances could be barrier for individuals, increase on restrictions, more paperwork, fined if no insurance, consumer may be told which physician to use	Indigent have health care, increase employers to offer insurance
Addition of Prescription Drug Boxes		Decrease on drug abuse, safe way for disposal
Food stamp limitations	Regulation on what you can buy and where	Increase to health lifestyles, increase education such as grocery stores identifying healthy choices
Less tobacco controls	Policy at state level did not pass, communities cannot do what they want with local tobacco policies	Can have more tobacco control in communities if state law passed, cities could fine, would decrease heart disease, cancer, and illness associated with tobacco use
Increase tobacco tax	If it does not pass, could cause other tobacco products, such as e-cigarettes, to be used more	Could decrease harm and illness. Could increase funding and the number of people quitting
Increase in population growth	Increase in crime, housing need, resources, physicians, child care centers, school enrollment, and need for funding.	Increase tax base and economic growth for community, attitude could change and new ideas could surface with new people
Increase in school personnel and funding need	Decrease in funding, need more teachers, increased need for supplies, desks, etc.	Increase in jobs, increase in certified health schools (to offer incentives), increase in programs for kids during school and after

Priority Elements of the Assessment

While the comprehensive assessment identified many elements worthy of improvement, a focused effort is necessary to ensure an effective approach to the community's health. As such, ten items were selected for further consideration. Each item emerged as a significant issue based on one or more of the assessments. Following is a brief summary of each element and the data that supported its consideration.

Child Health

According to U.S. Census data, 29.3% of the population of Canadian County is at or under the age of 19.

The 2013 Integris Canadian Valley Hospital Survey indicated the following as child health issues:

- 74.7% reported obesity in children
- 60.3% reported tobacco use among children
- 64.9% reported underage drinking
- 60.4% reported bullying among youth
- Drug use among youth was identified as the fourth most important health risk in the community

According to the 2011 State of the State's Health Report, 17% fewer children had completed the primary immunization series.

According to the Kids Count Data Center, the change over time in child and teen death rates in Canadian County for ages 15-19 increased 23.4%.

Diabetes

The 2013 Integris Canadian Valley Hospital Survey indicated that 24.1% of participants reported diabetes as a health problem in their household. They also reported obesity at 32.1%, a contributor to diabetes. When asked to identify what they thought were the five most important health risks in the community, 61.4% chose being overweight (first), 48.1% chose poor eating habits (second), 45.2% chose lack of exercise (third), all contributing factors to diabetes.

The 2011 State of the State's Health Report listed diabetes as the sixth leading cause of death in Canadian County with a rate of 22.7 per 100,000 population, compared to the state at 29.4 and the U.S. at 22.5, earning a grade of "C" for the county. The same report identified the prevalence rate for diabetes at 10.6%, compared to the state at 11.0% and the U.S. at 8.3%, earning a grade of "D" for the county.

The 2014 State of the County's Health Report listed diabetes as the seventh leading cause of death for ages 45-54 and 55-64, and the sixth leading cause of death for ages 65+ and for all ages combined. It reported 9.9% of adults in Canadian County had been told by a health professional that they had diabetes.

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated a diabetes prevalence rate of 10.60%, compared to the state at 9.96% and the U.S. at 8.72%, putting Canadian County in the "red" on this report's dashboard indicator scale.

However, the 2014 County Health Rankings & Roadmaps ranked Canadian County as the fifth healthiest county in Oklahoma. As a part of this ranking, the county ranked fourth in Clinical Care. One of the criteria in this category was diabetic screening. Canadian county scored 84%, compared to the state at 78%. Also, the Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated a diabetes management rate of 81.86%, compared to the state at 77.36% and the U.S. at 83.81%, putting Canadian County in the "green" on this report's dashboard indicator scale.

The 2011 State of the State's Health Report indicated that diabetes mortality declined 17%.

Heart Disease

According to the 2011 State of the State's Health Report, heart disease was the leading cause of death in Canadian County with a rate of 206.0 per 100,000 population, compared to the state at 242.1 and the U.S. at 190.9, earning a grade of 'C' for the county.

The 2014 State of the County's Health Report showed heart disease as the third leading cause of death for ages 35-44; the second leading cause of death for ages 45-54 and 55-64; and the leading cause of death for ages 65+ and for all ages combined.

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated a heart disease mortality rate of 141.18 per 100,000 population, compared to the state at 176.87 and the U.S. at 134.65. The Healthy People 2020 Target rate is 100.80. Canadian County was in the "red" on this report's dashboard indicator scale.

However, the Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated a heart disease prevalence rate of 3.38%, compared to the state at 5.36% and the U.S. at 4.33%, putting the county in the "green" on this report's dashboard indicator scale.

Infant Mortality

According to the 2011 State of the State's Health Report, infant mortality in Canadian County was 8.2 per 1,000 births, compared to the state at 8.6 and the U.S. at 6.8, earning the county a grade of "D."

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated an infant mortality rate of 6.65 per 1,000 births, compared to the state at 7.92 and the U.S. at 6.71. The Healthy People 2020 target is 6.0. Canadian County was in the "red" on this report's dashboard indicator scale.

The 2014 County Health Rankings & Roadmaps indicated an infant mortality rate of 7 per 1,000 births, compared to the state at 8.

Mental Health/Substance Abuse

These two issues were combined into one because the coalition felt they were often associated with each other.

In the 2013 Integris Canadian Valley Hospital Survey, 36.1% reported stress/depression as a health problem in their household (second to high blood pressure). Depression was identified as the most important behavioral health concern in the community. Substance abuse and prescription drug abuse were identified as second and third respectively. 71.1% reported drug use as a problem in the county, 53.0% reported methamphetamine use as a problem.

According to the 2011 State of the State's Health Report, Canadian County residents reported an average of 3.6 days of limited activity due to poor mental health, compared to the state at 4.2 and the U.S. at 3.5, earning the county a grade of "C."

The 2014 County Health Rankings & Roadmaps indicated Canadian County residents reported an average of 3.8 poor mental health days, compared to the state at 4.2. The report further indicated a ratio of population to mental health providers of 802:1, compared to the state at 438:1.

However, the Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated that 19.30% of the Canadian County adult population reported that they receive insufficient social and emotional support all or most of the time, compared to the state at 20.30% and the U.S. at 20.93%, putting Canadian County in the “green” on this reports dashboard indicator scale.

Obesity

The 2013 Integris Canadian Valley Hospital Survey indicated that 32.1% of participants reported obesity as a health problem in their household (third to high blood pressure and stress/depression). When asked to identify what they thought were the five most important health risks in the community, 61.4% chose being overweight (first), 48.1% chose poor eating habits (second), 45.2% chose lack of exercise (third), all contributing factors to obesity. When asked if adult obesity was a problem in Canadian County, 81.4% responded “yes.” When asked if obesity in children was a problem in Canadian County, 74.7% responded “yes.”

The 2011 State of the State’s Health Report indicated obesity in Canadian County was 28.7%, compared to the state at 32.0% and the U.S. at 26.9%, earning a grade of “C.” The report indicated the number of obese adults increased 24% and the number of limited activity days increased 41%.

The 2014 State of the County’s Health Report indicated only 15.7% of Canadian County adults consumed the recommended daily servings of fruits and vegetables. Assessment of fruit and vegetable consumption is a common proxy measure of diet and nutrition and its association with obesity. This report indicated an adult obesity rate of 26.4%, 9.7% higher than in the previous County Health Report. The report discussed the association with obesity and chronic diseases such as heart disease and type 2 diabetes. The report indicated heart disease was the third leading cause of death in ages 35-44; the second leading cause of death in ages 45-54 and 55-64; and the leading cause of death in ages 65+ and for all ages combined. Diabetes was the seventh leading cause of death for ages 45-54 and 55-64, and the sixth leading cause of death for ages 65+ and for all ages combined.

The 2014 County Health Rankings & Roadmaps indicated an adult obesity rate of 31%, compared to the state at 32%. The report further indicated that Canadian County is getting worse in this measure and identifies it as an “area to explore.”

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility reported an adult obesity rate of 32.10%, compared to the state at 31.56% and the U.S. at 27.35%, putting Canadian County in the “red” on this report’s dashboard indicator scale. The report also identified issues that contribute to a higher obesity rate:

- Canadian County had 12.98 grocery stores per 100,000 population, compared to the state at 16.61 and the U.S. at 20.85. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.
- Canadian County had 20.92 WIC-authorized food stores per 100,000 population, compared to the state at 22.20 and the U.S. at 15.60. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors. (Refer to fourth graphic on page 11)
- 28% of the population is within 1/2 mile of a park, compared to the state at 33% and the U.S. at 39%. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors. (Refer to first graphic on page 11)

Canadian County was in the “red” for all of these dashboard indicators.

The Canadian County Forces of Change Assessment identified two forces that could positively impact obesity rates:

Forces	Threats Posed	Opportunities Created
Creation of Yukon Master Trail Plan	Funding, one community working of it currently, educating public on need for the trail	Trails to connect communities, complete sidewalks, increase in exercise, safe alternative transportation system, increase healthy lifestyles.
Food Stamp limitations	Regulation on what you can buy and where	Increase healthy lifestyles, increase education such as grocery stores identifying healthy choices.

Stroke

According to the 2011 State of the State's Health Report, stroke is the third leading cause of death in Canadian County with a rate of 52.6 per 100,000 population, compared to the state at 53.8 and the U.S. at 42.2, earning a grade of "F" for the county.

The 2013 Integris Canadian Valley Hospital Survey indicated only 2.6% of participants reported stroke as a health problem in their household. However, 50% reported high blood pressure, a risk factor for stroke, as a health problem in their household. When asked to identify what they thought were the five most important health risks in the community, 61.4% chose being overweight (first), 48.1% chose poor eating habits (second), 45.2% chose lack of exercise (third), all risk factors for stroke.

The 2014 State of the County's Health Report showed stroke as the sixth leading cause of death for ages 45-54 and 55-64; the fourth leading cause of death for ages 65+; and the fifth leading cause of death for all ages combined.

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility reported stroke mortality at 46.10 per 100,000 population, compared to the state at 53.13 and the U.S. at 41.78. The Healthy People 2020 Target is 33.8. Canadian County was in the "red" on this report's dashboard indicator scale.

Suicide

According to the 2011 State of the State's Health Report, suicide was the tenth leading cause of death in Canadian County with a rate of 14.7 per 100,000 population, compared to the state at 14.7 and the U.S. at 11.3, earning a grade of "D" for the county.

The 2013 Integris Canadian Valley Hospital Survey indicated that only 0.7% of participants reported suicide as a health problem in their household. However, 36.1% reported stress/depression, a suicide risk factor, as a health problem in their household. When asked to identify what they thought were the five most important health risks in the community, the following suicide risk factors were included in the responses:

- alcohol use among children (18.8%)
- alcohol use among adults (19.7%)
- drug use among youth (39.4%)
- drug use among adults (23.2%)
- domestic violence of children (19.1%)
- and domestic violence of adults (13.3%)

When asked to identify what they thought were the five most important behavioral concerns in the community, the top three responses were risk factors to suicide:

- depression (78.4%)
- substance abuse (63.2%)
- prescription drug abuse (61.8%)

Suicidal thoughts were identified at 21.6%.

The 2014 State of the County's Health Report showed suicide as the second leading cause of death for ages 15-24 and 25-34; the fourth leading cause of death for ages 35-44; the fifth leading cause of death for ages 45-54; the eighth leading cause of death for ages 55-64 and for all ages combined.

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility reported a suicide rate of 14.05 per 100,000 population, compared to the state at 15.44 and the U.S. at 11.57. The Healthy People 2020 Target is 10.2. Canadian County was in the "red" of this report's dashboard indicator scale.

Tobacco

According to the 2011 State of the State's Health Report, Canadian County's smoking rate was 20.8%, compared to the state at 25.5% and the U.S. at 17.9%, earning a grade of "D."

The 2013 Integris Canadian Valley Hospital Survey indicated that, when asked to identify what they thought were the five most important health risks in the community, participants responded: tobacco use among adults was seventh at 28.4%, tobacco use among children was eighth at 27%, and second hand smoke exposure was 14th at 15.7%. When asked specifically if second hand smoke was harmful to their health, 89% responded "yes." When asked specifically if tobacco use among adults was a problem in Canadian County, 72.2% responded "yes." When asked specifically if tobacco use among children was a problem in Canadian County, 60.3% responded "yes."

The 2012 Oklahoma Prevention Needs Assessment Survey indicated that, of students in Grade 12 that responded to the survey:

- 45.3% had smoked cigarettes in their lifetime, 21.5% within the last 30 days
- 25.6% had used smokeless tobacco, 13.6% within the last 30 days
- 5.5% were smoking 1/2 pack or more of cigarettes per day

The 2014 State of the County's Health Report showed bronchitis/emphysema/asthma as the ninth leading cause of death for ages 45-54; and the third leading cause of death for ages 55-64, 65+, and for all ages combined. The report indicated Canadian County had a 22.0% adult smoking rate. This was similar to the previous State of the County's Health Report and 12% less than the state's rate of 25%. Of concern were other types of tobacco use, such as smokeless tobacco and e-cigarettes.

However, the Community Health Needs Assessment Report by the Institute for People, Place and Possibility reported a current adult tobacco usage rate in Canadian County of 21.50%, compared to the state at 24.90% and the U.S. at 18.56%. The report indicated a rate of former or current tobacco users of 44.85%, compared to the state at 49.06% and the U.S. at 42.99%. The report indicated a tobacco quit attempt rate of 56.07%, compared to the state at 57.89% and the U.S. at 58.49%. All of these measures were in the "green" on this report's dashboard indicator scale.

The Canadian County Forces of Change Assessment identified two forces that could impact tobacco use:

Forces	Threats Posed	Opportunities Created
Less tobacco controls	Policy at state level did not pass, communities cannot do what they want with local tobacco policies	Can have more tobacco control in communities if state law passed, cities could fine, would decrease heart disease, cancer, and illness associated with tobacco.
Increase on tax on tobacco	If it does not pass, could cause the other tobacco such as E-cig to be used more	Could decrease harm, illness. Increase funding and the number of people quitting.

Unintentional Injury

The 2011 State of the State’s Health Report indicated unintentional injury was the fifth leading cause of death in Canadian County at a rate of 45.1 per 100,000 population, compared to the state at 58.5 and the U.S. at 40.0, earning a grade of “C.”

The 2013 Integris Canadian Valley Hospital Survey indicated that, when asked to identify what they thought were the five most important health risks in the community, participants’ responses included:

- Unsafe driving—5th (33.9%)
- Unsafe roads/sidewalks—16th (14.2%)
- Not using seatbelts/child seats—18th (12.2%)

The 2014 State of the County’s Health Report indicated that unintentional injury was the third leading cause of death for ages 0-4 and 45-54; it was the leading cause of death for ages 5-14, 15-24, 25-34, and 35-44; it was the fifth leading cause of death in ages 55-64; it was the seventh leading cause of death in ages 65+; and it was the fourth leading cause of death in all ages combined. Motor-vehicle accidents accounted for 38% of Canadian County’s unintentional injury deaths.

The 2014 County Health Rankings & Roadmaps indicated an injury death rate of 61 per 100,000 population, compared to the state at 83.

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility reported an accident mortality rate of 45.71 per 100,000 population, compared to the state at 58.85 and the U.S. at 39.07. The Healthy People 2020 Target is 36.0. This put Canadian County in the “red” on this report’s dashboard indicator scale.

Next Steps

The four assessments combine to form a comprehensive review of Canadian County's health status. This information will be used by the MAPP Core Team in an effort to narrow its focus to priority areas targeted for improvement. This information, and resulting strategic plans, will also be shared with the community for review and use in other initiatives.

To become involved in the MAPP process, or the Canadian County Coalition for Children and Families, contact:

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Mikeal Murray
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MikealM@health.ok.gov

Canadian County Coalition for Children and Families

Mission Statement

The mission of the Coalition shall be to improve the quality of life for children, youth, and families through coordination of community services with a focus on child abuse prevention and community health.

Resources

The Canadian County Coalition for Children and Families has access to resources to help address the public health issues identified in this community health assessment. These resources include, but are not limited to:

Child Health

Canadian County Health Department
canadian.health.ok.gov

Canadian County Juvenile Bureau
canadiancountychildren.com

Cheyenne & Arapaho Tribes
www.c-a-tribes.org

Darlington Public School
4408 North Hwy 81
El Reno, OK 73036
(405) 262-0137

El Reno Carnegie Library
www.elrenolibrary.okpls.org

El Reno Public Schools
www.elreno.k12.ok.us

Girl Scouts of Western Oklahoma
www.gswestok.org

Indian Health Services
www.ihs.gov

Integrus Canadian Valley Hospital
integrus.com/canadian-valley-hospital-yukon-ok

Mercy Hospital El Reno
www.mercy.net/practice/mercy-hospital-el-reno

Mustang Public Schools
mustang.schooldesk.net

Oklahoma Commission on Children and Youth
www.ok.gov/occy

Oklahoma Department of Human Services
www.okdhs.org

Oklahoma Department of Mental Health and Substance Abuse Services—Systems of Care
ok.gov/odmhsas

Oklahoma Family Counseling Services
www.okfcs.org

Oklahoma Family Network
oklahomafamilynetwork.org

Oklahoma Health Care Authority (OHCA) - SoonerCare
www.okhca.org

Oklahoma LEND
www.oumedicine.com/pediatrics/department-sections/developmental-behavioral-pediatrics/child-study-center/programs-and-clinical-services/lend

Red Rock Regional Prevention Coordinator
www.redrockrpc.com/yukon.html

Safe Kids Oklahoma
www.safekidsok.org

Smart Start Canadian County
stacie.seymour@yfsok.org

Sooner SUCCESS
soonersuccess.ouhsc.edu

The Child Abuse Response Team House
cancochildadvocates.com

Varangon Academy
www.varangonacademy.com

Youth and Family Services of Oklahoma
www.yfsok.org

Yukon Public Schools
www.yukonps.com

Diabetes

Central Communities Health Access Network
cc-han.com

Canadian County Health Department
canadian.health.ok.gov

Cheyenne & Arapaho Tribes
www.c-a-tribes.org

Indian Health Services
www.ihs.gov

Integrus Canadian Valley Hospital
integrus.com/canadian-valley-hospital-yukon-ok

Mercy Hospital El Reno
www.mercy.net/practice/mercy-hospital-el-reno

Oklahoma Health Care Authority
www.okhca.org

Heart Disease

Central Communities Health Access Network
cc-han.com

Canadian County Health Department
canadian.health.ok.gov

Cheyenne & Arapaho Tribes
www.c-a-tribes.org

Indian Health Services
www.ihs.gov

Integrus Canadian Valley Hospital
integrus.com/canadian-valley-hospital-yukon-ok

Mercy Hospital El Reno
www.mercy.net/practice/mercy-hospital-el-reno

Oklahoma Health Care Authority
www.okhca.org

Infant Mortality

Central Communities Health Access Network
cc-han.com

Canadian County Health Department
canadian.health.ok.gov

Indian Health Services
www.ihs.gov

Integrus Canadian Valley Hospital
integrus.com/canadian-valley-hospital-yukon-ok

Mercy Hospital El Reno
www.mercy.net/practice/mercy-hospital-el-reno

Oklahoma City - County Health Department Fetal and Infant Mortality Review
<https://www.occhd.org/community/fimr>

Oklahoma Commission on Children and Youth
www.ok.gov/occy

Oklahoma Health Care Authority
www.okhca.org

Mental Health/Substance Abuse

Central Communities Health Access Network
cc-han.com

Canadian County Health Department
canadian.health.ok.gov

Cheyenne & Arapaho Tribes
www.c-a-tribes.org

Canadian County Juvenile Bureau
canadiancountychildren.com

EquiBalance
equibalanceok.com

Indian Health Services
www.ihs.gov

Integris Canadian Valley Hospital
integris.com/canadian-valley-hospital-yukon-ok

Mercy Hospital El Reno
www.mercy.net/practice/mercy-hospital-el-reno

Oklahoma Department of Mental Health and Substance Abuse Services—Systems of Care
ok.gov/odmhsas

Oklahoma Health Care Authority (OHCA) - SoonerCare
www.okhca.org

Oklahoma Family Counseling Services
www.okfcs.org

Oklahoma LEND
www.oumedicine.com/pediatrics/department-sections/developmental-behavioral-pediatrics/child-study-center/programs-and-clinical-services/lend

Red Rock Regional Prevention Coordinator
www.redrockrpc.com/yukon.html

Varangon Academy
www.varangonacademyok.com

Youth and Family Services of Oklahoma
www.yfsok.org

Obesity

Central Communities Health Access Network
cc-han.com

Canadian County Health Department
canadian.health.ok.gov

Cheyenne & Arapaho Tribes
www.c-a-tribes.org

Indian Health Services
www.ihs.gov

Integrus Canadian Valley Hospital
integrus.com/canadian-valley-hospital-yukon-ok

Mercy Hospital El Reno
www.mercy.net/practice/mercy-hospital-el-reno

Oklahoma Health Care Authority
www.okhca.org

Darlington Public School
4408 North Hwy 81
El Reno, OK 73036
(405) 262-0137

El Reno Public Schools
www.elreno.k12.ok.us

Mustang Public Schools
mustang.schooldesk.net

Redlands Community College
www.redlandsc.edu

Yukon Public Schools
www.yukonps.com

Stroke

Central Communities Health Access Network
cc-han.com

Canadian County Health Department
canadian.health.ok.gov

Indian Health Services
www.ihs.gov

Integrus Canadian Valley Hospital
integrus.com/canadian-valley-hospital-yukon-ok

Mercy Hospital El Reno
www.mercy.net/practice/mercy-hospital-el-reno

Oklahoma Health Care Authority
www.okhca.org

Suicide

Central Communities Health Access Network
cc-han.com

Canadian County Health Department
canadian.health.ok.gov

Indian Health Services
www.ihs.gov

Integris Canadian Valley Hospital
integris.com/canadian-valley-hospital-yukon-ok

Mercy Hospital El Reno
www.mercy.net/practice/mercy-hospital-el-reno

Oklahoma Health Care Authority
www.okhca.org

Oklahoma Department of Human Services
www.okdhs.org

Sooner SUCCESS
soonersuccess.ouhsc.edu

Oklahoma Department of Mental Health and Substance Abuse Services—Systems of Care
ok.gov/odmhsas

Oklahoma Health Care Authority (OHCA) - SoonerCare
www.okhca.org

Red Rock Regional Prevention Coordinator
www.redrockrpc.com/yukon.html

Red Rock Systems of Care
www.red-rock.com

Varangon Academy
www.varangonacademyok.com

Youth and Family Services of Oklahoma
www.yfsok.org

Tobacco

Central Communities Health Access Network
cc-han.com

Canadian County Health Department
canadian.health.ok.gov

Indian Health Services
www.ihs.gov

Integris Canadian Valley Hospital
integris.com/canadian-valley-hospital-yukon-ok

Mercy Hospital El Reno
www.mercy.net/practice/mercy-hospital-el-reno

Oklahoma Department of Mental Health and Substance Abuse Services—Systems of Care
ok.gov/odmhsas

Oklahoma Health Care Authority (OHCA) - SoonerCare
www.okhca.org

Tobacco Settlement Endowment Trust Communities of Excellence - Tobacco Control
www.ok.gov/tset

Unintentional Injury

Canadian County District Attorney's Office
www.canadiancounty.org

Central Communities Health Access Network
cc-han.com

Canadian County Health Department
canadian.health.ok.gov

City of Piedmont
www.piedmont-ok.gov

El Reno Chamber of Commerce
www.elrenochamber.com

Indian Health Services
www.ihs.gov

Integris Canadian Valley Hospital
integris.com/canadian-valley-hospital-yukon-ok

Mercy Hospital El Reno
www.mercy.net/practice/mercy-hospital-el-reno

Safe Kids Oklahoma
www.safekidsok.org