Community Health Improvement Plan
Canadian County

2015
Community Contributors

Canadian County Board of Health
Canadian County District Attorney’s Office
Central Communities Health Access Network
Canadian County Health Department
Canadian County Juvenile Bureau
Canadian County Systems of Care (Red Rock)
Cheyenne and Arapaho Tribes
City of Piedmont
City of Yukon
Children’s Justice Center
Darlington Public School
El Reno Chamber of Commerce
El Reno Carnegie Library
El Reno Public Schools
El Reno Tribune
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

Oklahoma Commission on Children and Youth
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
OG&E Energy Corporation
Oklahoma LEND
Oklahoma Health Care Authority
Opportunities Mental Health Services
OU National Center for Disability Education and Training
Red Rock Regional Prevention Coordinator
Redlands Community College
Safe Kids Oklahoma
Smart Start Canadian County
Sooner Success
The Child Abuse Response Team House
Tobacco Settlement Endowment Trust
Communities of Excellence - Tobacco Control
Turning Point
Varangon Academy
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 Coalition 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 with the mission to improve healthcare access for Canadian County residents. From that task force, a next step was to partner with the El Reno Community Clinic since they were already established as a 501c3 non-profit organization with similar goals. In 2008, the Access to Healthcare Committee morphed into what is now called the Partnership for Healthy Central Communities (PHCC). The Oklahoma Health Care Authority funded the Health Access Network, now titled the Central Communities Health Access Network (or CC-HAN), in 2011. Since then a fulltime project/care manager has been joined by two part-time RN care managers; two other independent contractors provide IT support services. The CC-HAN has grown to include 22 Providers from six different medical home practices and has a roster of over 3,500 members who are enrolled in the state’s SoonerCare Choice (Medicaid) program. Services provided by the CC-HAN include care management for members with complex health needs, support to the contracted Providers, and various strategies to increase access to care, to improve quality of care, and to address cost reductions.

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. This included information for Tobacco Prevention, SIDS (Sudden Infant Death Syndrome) information, Car Seat Safety, Safe Sleep methods, and breastfeeding support resources. It also included free toys, car seats, and baby items such as swings, highchairs and diapers. The event helped provide resources to around 50 participants to increase the health of Canadian County children.

Canadian County was awarded the Strategic Prevention Framework State Incentive Grant (SPF-SIG), funded through the Oklahoma Department of Mental Health and Substance Abuse Services. Based on data throughout the region, Canadian County was chosen as the county of focus to combat non-medical use of prescription drugs. The goal is to reduce opiate overdose deaths by promoting the prescription monitoring program to reduce “doctor shopping”, promoting prescription drop boxes, and providing media advocacy to increase knowledge of the dangers of prescription sharing. Currently there are three drop boxes in Canadian County.

The coalition has agreed to use the Mobilizing for Action through Planning and Partnerships (MAPP) framework as a tool to assess the community’s health and to strategically plan activities, initiatives and objectives to pursue in order to help create a healthier Canadian County.
Introduction

Community health assessments are critical for public health practice. They describe the health of a community to local residents, decision makers and stakeholders. A comprehensive community health assessment should be the basis for all local public health planning. It gives the local public health system the opportunity to identify and interact with leaders, organizations, and residents about the health outcomes and concerns of their community. Assessments identify needs and at-risk populations in the community. It facilitates better understanding of barriers that affect the health of a community and its citizens. Ultimately, a community health assessment serves as a guide to create intervention strategies that are aligned with resources and interests to create a better state of health.

In the fall of 2012, the Canadian County Coalition for Children & Families began a comprehensive community health assessment of county residents. The Coalition used the Mobilizing for Action through Planning and Partnerships (MAPP) framework to collect the data. MAPP consists of four individual assessments in a structured process for gathering and using data for intervention strategies. These assessments provide a comprehensive view of the current health status, real and perceived, that influence the community’s health.

Ten elements of health were identified that had particular importance to Canadian County. The Coalition will consider these elements further to develop a community health improvement plan. The ten elements are:

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

This report will briefly present the data collected from the four MAPP assessments to support the selection of the ten identified elements of health.
# Demographics

<table>
<thead>
<tr>
<th>2010 Demographics</th>
<th>Oklahoma</th>
<th>%</th>
<th>Canadian County</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>3,751,351</td>
<td></td>
<td>115,541</td>
<td></td>
</tr>
</tbody>
</table>

## Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Oklahoma</th>
<th>%</th>
<th>Canadian County</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>19 years and under</td>
<td>1,041,610</td>
<td>27.8</td>
<td>33,824</td>
<td>29.3</td>
</tr>
<tr>
<td>20 - 64 years</td>
<td>2,203,027</td>
<td>58.8</td>
<td>69,141</td>
<td>59.8</td>
</tr>
<tr>
<td>65+ years</td>
<td>506,714</td>
<td>13.4</td>
<td>12,576</td>
<td>10.9</td>
</tr>
</tbody>
</table>

## Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Oklahoma</th>
<th>%</th>
<th>Canadian County</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1,856,977</td>
<td>49.5</td>
<td>57,334</td>
<td>49.6</td>
</tr>
<tr>
<td>Female</td>
<td>1,894,374</td>
<td>50.5</td>
<td>58,207</td>
<td>50.4</td>
</tr>
</tbody>
</table>

## Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Oklahoma</th>
<th>%</th>
<th>Canadian County</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>2,706,845</td>
<td>72</td>
<td>96,058</td>
<td>83.1</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>332,007</td>
<td>9</td>
<td>7,794</td>
<td>6.7</td>
</tr>
<tr>
<td>African American</td>
<td>277,644</td>
<td>7</td>
<td>2,933</td>
<td>2.5</td>
</tr>
<tr>
<td>Asian</td>
<td>65,076</td>
<td>2</td>
<td>3,483</td>
<td>3.0</td>
</tr>
<tr>
<td>American Indian &amp; Alaska Native</td>
<td>321,687</td>
<td>9</td>
<td>5,549</td>
<td>4.8</td>
</tr>
<tr>
<td>Native Hawaiian &amp; Pacific Islander</td>
<td>4,369</td>
<td>&lt;1</td>
<td>70</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Other</td>
<td>154,409</td>
<td>4</td>
<td>2,696</td>
<td>2.3</td>
</tr>
<tr>
<td>Identified by two or more</td>
<td>221,321</td>
<td>6</td>
<td>4,752</td>
<td>4.1</td>
</tr>
</tbody>
</table>

## Selected Economic Characteristics

<table>
<thead>
<tr>
<th>Selected Economic Characteristics</th>
<th>Oklahoma</th>
<th>%</th>
<th>Canadian County</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean household income (dollars)</td>
<td>65,977</td>
<td>X</td>
<td>72,154</td>
<td>X</td>
</tr>
<tr>
<td>Median household income (dollars)</td>
<td>49,937</td>
<td>X</td>
<td>61,404</td>
<td>X</td>
</tr>
<tr>
<td>Mean travel time to work (minutes)</td>
<td>27.0</td>
<td>X</td>
<td>23.0</td>
<td>X</td>
</tr>
<tr>
<td>Percent unemployed</td>
<td>6.6</td>
<td>X</td>
<td>6.1</td>
<td>X</td>
</tr>
</tbody>
</table>

2010 Census Bureau Report
The MAPP Process

The Coalition used MAPP as a tool to collect data for developing a community health improvement plan.

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

- **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 Assessment

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), 2013 Oklahoma Kids Count Data Center (Attachment G), 2014 County Health Rankings & 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 conducted by the Oklahoma Department of Mental Health and Substance Abuse Services (Attachment B), 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 are:

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

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 for 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 is found in Attachment K.

Each assessment is designed as a tool to individually gather important information for improving community health. However, the value of the four assessments within the MAPP framework is multiplied by considering the findings as a whole for a single comprehensive community health assessment. Conducting all four assessments will provide an opportunity for participants to gain a complete understanding of the factors that affect the local public health system and, ultimately, the health of their community.
Situated in west-central Oklahoma, Canadian County is bordered by Kingfisher County to the north, Oklahoma and Cleveland Counties to the east, Grady County to the south, Caddo County to the southwest, and Blaine County to the northwest. It 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 21st century, incorporated towns included Calumet, Mustang, Okarche, Piedmont, Union City, Yukon, and the county seat of El Reno.

Canadian County’s demographics and its rapid change play a major role in determining what resources and services are needed in order to create a healthier community.

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

Canadian County ranked 60th among Oklahoma counties in Physical Environment. This indicator included all areas where residents lived and worked (homes, buildings, streets, sidewalks, parks, etc.). The ranking continues to get worse. The following measures are taken from the Community Health Needs Assessment Report by the Institute for People, Place and Possibility. They are physical environment measure, all of which are in the “red” for the report’s dashboard indicator:
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.

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

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.

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian County, Oklahoma</td>
<td>115,541</td>
<td>46,852</td>
<td>40.55%</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>3,751,351</td>
<td>1,075,089</td>
<td>28.66%</td>
</tr>
<tr>
<td>United States</td>
<td>312,745,538</td>
<td>72,905,540</td>
<td>23.61%</td>
</tr>
</tbody>
</table>

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

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.

<table>
<thead>
<tr>
<th>Report Area</th>
<th>Total Population</th>
<th>SNAP-Authorized Retailers</th>
<th>SNAP-Authorized Retailers, Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canadian County, Oklahoma</td>
<td>119,492</td>
<td>64</td>
<td>53.56</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>3,791,508</td>
<td>3,478</td>
<td>91.73</td>
</tr>
<tr>
<td>United States</td>
<td>311,449,532</td>
<td>255,511</td>
<td>82.04</td>
</tr>
</tbody>
</table>

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

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.

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

Note: This indicator is compared with the state average. No breakout data available.
Community Themes and Strengths Assessment

Participants perceived that the most important behavioral health concern was depression. This was an unexpected result. However, after reviewing findings from all four assessments, the issue 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)

<table>
<thead>
<tr>
<th>Concern</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>78.4%</td>
<td>160</td>
</tr>
<tr>
<td>Anger</td>
<td>52.9%</td>
<td>108</td>
</tr>
<tr>
<td>Anxiety</td>
<td>44.6%</td>
<td>91</td>
</tr>
<tr>
<td>Self Harm (cutting, biting)</td>
<td>16.2%</td>
<td>33</td>
</tr>
<tr>
<td>Eating Disorder (anorexia, bulimia)</td>
<td>17.2%</td>
<td>35</td>
</tr>
<tr>
<td>Bi-polar</td>
<td>24.0%</td>
<td>49</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>4.9%</td>
<td>10</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>63.2%</td>
<td>129</td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>25.5%</td>
<td>52</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>21.6%</td>
<td>44</td>
</tr>
<tr>
<td>Domestic/partner violence</td>
<td>40.7%</td>
<td>83</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>23.0%</td>
<td>47</td>
</tr>
<tr>
<td>Prescription drug abuse</td>
<td>61.8%</td>
<td>126</td>
</tr>
</tbody>
</table>

answered question 204
skipped question 149
Local Public Health System Assessment

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

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

A summary of the average assessment scores for each of the ten essential services can be seen in the graphic below. Take note that the first category shown is an average overall score from across all ten essential services. This overall score indicates a performance level of “significant activity” for the public health system in Canadian County.
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 walkability 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, causing more people to move here but not necessarily work here but it creates the need for resources to increase
## Forces of Change - Threats and Opportunities

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

While the comprehensive assessment identified many elements worthy of improvement, focus is necessary for an effective approach to the community’s health. Therefore, ten items were selected for further consideration. Each item was a significant issue based on one or more of the assessments. Following is a summary of each element.

Child Health

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

The 2013 Integris Canadian Valley Hospital Survey identified 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 4th most important health risk in the community

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

According to the Kids Count Data Center, child and teen death rates for ages 15-19 increased 23.4%.

Diabetes

The 2013 Integris Canadian Valley Hospital Survey indicated 24.1% of participants reported diabetes as a health problem in their household. They also reported obesity at 32.1%; a significant contributing factor. When asked to identify what they thought were the five most important health risks in the community, 61.4% chose being overweight (1st), 48.1% chose poor eating habits (2nd), and 45.2% chose lack of exercise (3rd); all contributing factors to the development of diabetes.

The 2011 State of the State’s Health Report listed diabetes as the 6th leading cause of death with a rate of 22.7 per 100,000, compared to the state at 29.4 and the nation at 22.5, earning a grade of “C.” The report identified the diabetes prevalence rate as 10.6%, compared to the state at 11.0% and the nation at 8.3%, earning a grade of “D.”

The 2014 State of the County’s Health Report listed diabetes as the 7th leading cause of death for ages 45-54 and 55-64, and the 6th leading cause of death for ages 65+ and for all ages combined. It reported 9.9% of adults 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 nation at 8.72%, finishing in the “red” on this report’s dashboard indicator.

However, the 2014 County Health Rankings & Roadmaps ranked Canadian County as 4th best in the state in Clinical Care. One of the criteria 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 reported a diabetes management rate of 81.86%, compared to the state at 77.36% and the nation at 83.81%, finishing in the “green” on this report’s dashboard indicator.

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 with a rate of 206.0 per 100,000, compared to the state at 242.1 and the nation at 190.9, earning a grade of “C.”

The 2014 State of the County’s Health Report showed heart disease as the 3rd leading cause of death for ages 65-44; 2nd 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, compared to the state at 176.87 and the nation at 134.65. The Healthy People 2020 Target rate is 100.80. This finished in the “red” on this report’s dashboard indicator.

However, the same report sited previously indicated a heart disease prevalence rate of 3.38%, compared to the state at 5.36% and the nation at 4.33%, finishing in the “green.”

Infant Mortality

According to the 2011 State of the State’s Health Report, infant mortality was 8.2 per 1,000, compared to the state at 8.6 and the nation at 6.8, earning 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, compared to the state at 7.92 and the nation at 6.71. The Healthy People 2020 Target is 6.0. This finished in the “red” on this report’s dashboard indicator.

The 2014 County Health Rankings & Roadmaps indicated an infant mortality rate of 7 per 1,000, 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 (2nd 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 2nd and 3rd respectfully. 71.1% reported drug use as a problem, 53.0% reported methamphetamine use as a problem.

According to the 2011 State of the State’s Health Report, 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 nation at 3.5, earning a grade of “C.”

The 2014 County Health Rankings & Roadmaps indicated 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 19.30% of the adult population reported they receive insufficient social and emotional support all or most of the time, compared to the state at 20.30% and the nation at 20.93%, finishing in the “green” on this report’s dashboard indicator.
Obesity

The 2013 Integris Canadian Valley Hospital Survey indicated 32.1% of participants reported obesity 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 (1st), 48.1% chose poor eating habits (2nd), and 45.2% chose lack of exercise (3rd); all contributing factors to obesity. When asked if adult obesity was a problem, 81.4% responded “yes.” When asked if obesity in children was a problem, 74.7% responded “yes.”

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

The 2014 State of the County’s Health Report indicated only 15.7% of 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 the previous County Health Report. The report discussed the association between obesity and chronic diseases such as heart disease and type 2 diabetes. The report indicated heart disease was the leading cause of death and diabetes was the 6th leading cause of death.

The 2014 County Health Rankings & Roadmaps indicated an adult obesity rate of 31%, compared to the state at 32%. The report further indicated that this measure was getting worse and identified 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 nation at 27.35%, finishing in the “red” of this report's dashboard indicator. The report also identified issues that contribute to higher obesity rates:

- Canadian County had 12.98 grocery stores per 100,000, compared to the state at 16.61 and the nation at 20.85. This 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, compared to the state at 22.20 and the nation at 15.60. This 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 nation at 39%. 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 indicators.

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

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

According to the 2011 State of the State’s Health Report, stroke is the 3rd leading cause of death with a rate of 52.6 per 100,000, compared to the state at 53.8 and the nation at 42.2, earning a grade of “F.”

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 significant risk factor for stroke. When asked to identify what they thought were the five most important health risks in the community, 61.4% chose being overweight (1st), 48.1% chose poor eating habits (2nd), and 45.2% chose lack of exercise (3rd); all contributing factors to stroke.

The 2014 State of the County’s Health Report showed stroke as the 6th leading cause of death for ages 45-54 and 55-64; the 4th leading cause of death for ages 65+; and the 5th leading cause of death for all age groups combined.

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility reported stroke mortality at 46.10 per 100,000, compared to the state at 53.13 and the nation at 41.78. The Healthy People 2020 Target is 33.8. This finished in the “red” on this report’s dashboard indicator.

**Suicide**

According to the 2011 State of the State’s Health Report, suicide was the 10th leading cause of death with a rate of 14.7 per 100,000, compared to the state at 14.7 and the nation at 11.3, earning a grade of “D.”

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. 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%)
- 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 for 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 2nd leading cause of death for ages 15-24 and 25-34; the 4th leading cause of death for ages 35-44; the 5th leading cause of death for ages 45-54; and the 8th 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, compared to the state at 15.44 and the nation at 11.57. The Healthy People 2020 Target is 10.2. This was in the “red” for this report’s dashboard indicator.
**Tobacco**

According to the 2011 State of the State’s Health Report, the adult smoking rate was 20.8%, compared to the state at 25.5% and the nation 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, 28.4% chose tobacco use among adults (7th), 27% chose tobacco use among children (8th), and 15.7% chose second hand smoke exposure (14th). 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 9th leading cause of death for ages 45-54; and the 3rd leading cause of death for ages 55-64, 65+, and for all ages combined. The report indicated an adult smoking rate of 22.0%. 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 of 21.50%, compared to the state at 24.90% and the nation 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 nation at 42.99%. The report indicated a tobacco quit attempt rate of 56.07%, compared to the state at 57.89% and the nation at 58.49%. All of these measures finished in the “green” on this report’s dashboard indicators.

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

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<td>Could decrease harm, illness. Increase funding and the number of people quitting.</td>
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Unintentional Injury

The 2011 State of the State’s Health Report indicated unintentional injury was the 5th leading cause of death at a rate of 45.1 per 100,000, compared to the state at 58.5 and the nation 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, 33.9% chose unsafe driving (5th), 14.2% chose unsafe roads and sidewalks (16th), and 12.2% chose not using seatbelts and/or child seats (18th).

The 2014 State of the County’s Health Report indicated that unintentional injury was the 3rd leading cause of death for ages 0-4 and 45-54; the leading cause of death for ages 5-14, 15-24, 25-34, and 35-44; the 5th leading cause of death for ages 55-64; the 7th leading cause of death for ages 65+; and the 4th leading cause of death for all ages combined. Motor vehicle accidents accounted for 38% of unintentional injury deaths.

The 2014 County Health Rankings & Roadmaps indicated an injury death rate of 61 per 100,000, 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, compared to the state at 58.85 and the nation at 39.07. The Healthy People 2020 Target is 36.0. This finished in the “red” for this report’s dashboard indicator.
Next Steps

This health assessment information will be used by the MAPP Core Team to develop a Community Health Improvement Plan for Canadian County. The Plan will consist of strategic issues to further focus the Coalition on priority areas targeted for improvement. This health assessment information and the resulting health improvement plan will be shared with the community for review and use.

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

Dusti Brodrick
Turning Point Consultant
DustiB@health.ok.gov

Mikeal Murray
Accreditation Coordinator
MikealM@health.ok.gov

Canadian County Coalition for Children & 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 & 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 Schools
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

Integris Canadian Valley Hospital
integrisk.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  

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

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

Central Communities Health Access Network
cce-han.com
Canadian County Health Department
canadian.health.ok.gov
Cheyenne & Arapaho Tribes
www.c-a-tribes.org
Indian Health Services
www.ihs.gov
Integris Canadian Valley Hospital
integriscan.com/canadian-valley-hospital-yukon-ok
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www.ihs.gov
Integris Canadian Valley Hospital
integriscan.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
cce-han.com
Canadian County Health Department
canadian.health.ok.gov
Indian Health Services
www.ihs.gov
Integris Canadian Valley Hospital
integriscan.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 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
c-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
integrism.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

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

Varangon Academy
www.varangonacademyok.html
Youth and Family Services of Oklahoma
www.yfsok.org

Obesity
Central Communities Health Access Network
cch-an.com
Canadian County Health Department
canadian.health.ok.gov
Cheyenne & Arapaho Tribes
www.c-a-tribes.org
Darlington Public Schools
4408 North Hwy 81
El Reno, OK 73036
(405) 262-0137
El Reno Public Schools
www.elreno.k12.ok.us
Indian Health Services
www.ihs.gov
Integris Canadian Valley Hospital
integrisk.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
Mustang Public Schools
mustang.schooldesk.net
Redlands Community College
www.redlandscc.edu
Yukon Public Schools
www.yukonps.com

Stroke
Central Communities Health Access Network
cch-an.com
Canadian County Health Department
canadian.health.ok.gov
Suicide

Central Communities Health Access Network
c-c-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-elreno

Oklahoma Health Care Authority
www.okhca.org

Oklahoma Department of Human Service
www.okdhs.org

Sooner SUCCESS
soonersuccess.ouhsc.edu

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

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
cce-han.com

Canadian County Health Department
canadian.health.ok.gov

Indian Health Services
www.ihs.gov

Integris Canadian Valley Hospital
integriscanadian-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 - 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
cce-han.com

Canadian County Health Department
canadian.health.ok.gov

City of Piedmont
www.piedmont-ok.gov

El Reno Chamber of Commerce
www.elrenocheamber.com

Indian Health Services
www.ihs.gov

Integris Canadian Valley Hospital
integriscanadian-valley-hospital-yukon-ok

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

Safe Kids Oklahoma
www.safekidsok.org