

Comanche County Community Health Assessment

Fall 2010



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Introduction

During the spring of 2010, the Comanche County Health Department engaged community partners in an effort to assess the health status of county residents. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model, organizers gathered information for 4 assessment categories including Community Health Status, Community Themes and Strengths, Local Public Health System, and Forces of Change. Using these broad assessment categories provides for a comprehensive view of the current health outcomes, as well as the factors, both real and perceived, that influence this community's health.

After reviewing the assessment data in the spring of 2011, eleven elements were identified for closer review and discussion. It is among these eleven elements that the priority areas for improvement are to be selected. They include:

- Alcohol Use
- Poverty/Access to Care
- Sexual health
- Obesity
- Child Health
- Tobacco
- Cardiovascular Health
- Diabetes
- Cancer
- Mental Health
- Violence

This report will briefly discuss these elements and the factors that resulted in their consideration for targeted health improvement.

The MAPP Process

The following description of MAPP is taken from the NACCHO website, and can be found at: <http://www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm>

Mobilizing for Action through Planning and Partnerships (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, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.

The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000. The vision for implementing MAPP is:

"Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."



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. According to the World Health Organization, "Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity" (101st Session of the WHO Executive Board, Geneva, January 1998, Resolution EB101.R2). The Institute of Medicine echoes this definition and notes that "health is...a positive concept emphasizing social and personal resources as well as physical capabilities" (*Improving Health in the Community*, 1997, p. 41).
- **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.



Community Themes and Strengths Assessment



The Community Themes and Strengths Assessment provides insight into the issues that residents perceive as important. This assessment delves into perceived quality of life issues in the community and looks into the assets and resources recognized by community members. Three assessment tools were utilized to make up Comanche County's Community Themes and Strengths Assessment. They include the 2010 Community Health Survey (Attachment A), the 2010 Lawton Middle School Survey (Attachment B), and the 2010 Oklahoma Prevention Needs Assessment Survey (Attachment C) which was conducted by the Oklahoma Department of Mental Health and Substance Abuse Service.

Local Public Health System Assessment



The 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. This assessment 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 from this assessment is found in Attachment D.

Community Health Status Assessment



The Community Health Status Assessment takes an objective look at the community’s health status and quality of life. The data within this assessment focuses on health outcomes and risk factors. This assessment provides a fundamentally objective overview of the community’s health.

Data for this assessment was taken from Oklahoma’s 2008 State of the State’s Health Report (Attachment E), Oklahoma’s 2010 Annual Summary of Infectious Diseases (Attachment F), the 2010 State of the County’s Health Report (Attachment G), the 2007 Comanche County Health Profile (Attachment H), Oklahoma Kids Count Factbook 2010 (Attachment I), and U.S. Census Data (Attachment J).

Forces of Change Assessment



The Forces of Change Assessment is designed to identify 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. Of specific consideration for Comanche County include any changes in the military presence, considering the significant impact Fort Sill has on the community. The information source for this assessment included a focus group of community leaders. The findings of this focus group are included in Attachment K.

Priority Elements of the Assessment

While the comprehensive assessment identified a multitude of elements worthy of improvement, it is understood that a focused approach to community health improvement is necessary to ensure an effective approach to the community's health. As such, eleven items were selected from the assessment and will be elevated for further consideration. Each of these items emerged as a significant issue based on one or more of the assessments. The following is a brief summary of each of these elements and the highlighted data that supports their consideration.

Alcohol Use

Alcohol use among youth was identified in the 2010 Community Health Survey (CHS) as #7 among the most important health risks, and 56% of 2010 Lawton Middle School Survey (LMSS) respondents recognized it as a problem.

The 2010 Oklahoma Prevention Needs Assessment (OPNA) identified that more than 25% of Comanche County youth report the following:

- 6th, 8th, and 10th graders using alcohol in their lifetime
- 10th graders using alcohol in the past month

- 10th graders riding in a car driven by someone drinking alcohol
- 6th and 8th graders who got alcohol from home with a parent's permission
- 8th and 10th graders who got it from home without a parent's permission
- 6th graders who got it from another relative
- 6th, 8th, 10th, and 12th who got it from home
- 8th and 10th who got it from friend's houses, in a car, or at a park or beach

Poverty/Access to Care

The 2010 CHS indicated that only 43% of respondents have employer provided health insurance, while 12% have private insurance, and 10% report no insurance of any type. Twenty-two percent of respondents reported that they had gone without healthcare over the past year due to no or inadequate insurance. Only ½ of the respondents reported they were satisfied with the health care system.

The 2007 Comanche County Health Profile (CCHP) indicates that 15% of county residents are below the federal poverty level (FPL), while over 16% have no health coverage. The 2008 State of the State's Health Report (SSHR) gave Comanche county a grade of "F" for poverty's impact on health.

The Forces of Change (FOC) Focus Group described our community as "a poor community that struggles in supporting healthful activities and opportunities for our children", further stating that "Due to poverty and lack of education, there is not always an appreciation for the tremendous need we have." Other areas the FOC Focus Group identified as affecting Poverty/Access to Care included:

- Economic slowdown, federal deficit and state budget cuts and limited funding and resources.
- Poverty may pose a threat to this community's health improvement.
- There is not an appreciation or awareness of the impact poor health has on the economy of a community.

The Local Public Health System Performance Assessment (LPHSPA) indicated that the local public health system is having trouble linking people to needed personal health services and assuring the provision of health care when otherwise unavailable. The local public health system is finding it challenging to assist vulnerable populations in accessing needed health services.

Sexual Health

The 2010 LMSS reflected that unprotected sex ranked as the 4th most important health risk among middle school children. The same students ranked teen pregnancy as the 5th most important health risk. The 2010 CHS indicated that 48% of respondents are not satisfied with Teen Pregnancy Prevention in

Comanche County. The 2008 SSHR gave Comanche County a “D” for teen pregnancy with an average of 267 teen births per year.

The 2010 Annual Summary of Infectious Disease (ASID) indicates that Comanche County’s Chlamydia rate was 963.75, almost triple the state rate of 381.20. Further, the same report identifies a local Gonorrhea rate of 249.80, more than twice the state rate of 116.46. Syphilis, at a rate of 3.22, was also considerably higher than the state rate of 2.45.

Obesity

The 2010 CHS respondents ranked overweight children as the #3 most important health concern for the community, while overweight adults was listed as the #5 concern. The economic impact of obesity was perceived to be a problem by the majority of respondents. The 2010 LMSS revealed that middle school students showed an acute awareness of obesity issues, ranking overweight children as the 2nd most important health risk, while 77% of the students acknowledged the economic impact of obesity. In factors relating to obesity, 88% of students reported looking for opportunities to be more physically active, while 52% reported reading food labels. Sixty-one percent of middle school respondents reported spending more than 2 hours watching TV, playing with computer or video games each day.

The 2010 State of the County’s Health Report (SCHR) identified 36.3% of the county population as overweight, with 28.2% of the population as obese. The same report indicated that 29.7% of the population reported no leisure activity in the previous 30 days while 64.6% did not reach the recommended level of physical activity. The 2008 SSHR indicated that only 15.1% of the population consumed the recommended fruits and vegetables giving the county a grade of “F”. The same grade was given for the level of physical activity for residents.

The FOC Focus Group had strong opinions in areas related to obesity. When asked to identify their top issues to improve health and quality of life in the community, responses included:

- Making fitness and health an integral part of the lifestyle of SW Oklahoma
- PE everyday in school, and
- Education around eating habits and nutrition labels.

When asked to identify things that are keeping the community from doing what needs to be done to improve health and quality of life, responses included:

- Leadership needs a plan to address quality of life issues that impact opportunities to be physically active and improved access to healthy foods.
- Education at all levels and in all venues on the importance of living healthy, active lifestyles, and the impact it will have.

In response to a request to identify recent, current, or future impacts, the focus group responses include:

- Development of the Fit Kids of Southwest Oklahoma Coalition, and more media coverage on the importance of healthy, active living (LiVe Campaign) has occurred recently and may positively affect our community. This hopefully indicates that people are becoming engaged and committed to make a difference.
- Increased community involvement and media attention on healthy lifestyles.

When asked to identify opportunities to impact obesity, the focus group provided the following responses:

- Expand Fit Kids and developing infrastructure.
- Increase access to opportunities to be physically active by improving existing parks and developing joint use agreements.
- There is a pending Nutrition and Fitness grant.

Child Health

Per U.S. Census data, 26.5% of the population in Comanche County is under 18. The 2010 CHS indicated that 57% of respondents report that there are insufficient community programs for teens.

According to the Oklahoma Kids Count Factbook (OKCF) 2010, infant mortality in Comanche County was 9.1 per 1,000 females, compared to the state rate of 8.5. The same report indicates that 7.8% of babies were born with a low birth weight, compared to a state percentage of 8.3%. According to the same report, Comanche County youth ranked in the lower ½ of the state in high school dropouts and violent crime arrests.

Tobacco

According to the 2007 CCHP, 27.5% of Comanche County residents are smokers, compared to the state average of 25.4%. The high percentage of smokers resulted in a grade of “F” on the 2008 SSHR. The 2010 OPNA reports that 32.4% of Comanche County 8th graders, and 40.9% of 10th graders have used tobacco products.

The 2010 CHS identified tobacco use among youth as the #6 health risk concern for respondents. 71% of the respondents also reported they would support removing tobacco from community parks. Regarding the 2010 LMSS, 94% of middle school respondents agreed that second hand smoke is harmful to one’s health.

The FOC Focus group agreed that one of the most important issues to improve the health and quality of life in our community is to reduce tobacco use. Among the community strengths identified by the Focus Group include the Southwest Tobacco Free Oklahoma Coalition which is encouraging people to become more engaged and committed to making a difference on tobacco related issues.

Cardiovascular Health

According to the 2008 SSHR, heart disease is the leading cause of disease in Comanche County with a rate of 272/100,000. This rate ensures a grade of “F” for the county. The 2007 CCHP reinforces this data, ranking Comanche County below the state average in cardiovascular health. The 2010 CHS indicates residents identify with this issue, ranking high blood pressure and high cholesterol as the first and third most prevalent household issues experienced.

Diabetes

The 2008 SSHR reports diabetes as the 6th leading cause of death in Comanche County with a rate of 35.5/100,000, resulting in a grade of “D”. The same report identifies the prevalence rate for diabetes at 9.9%, with the state at 10.2%, and the U.S. at 8.0%.

6.3% of respondents on the 2010 CHS reported Type I Diabetes in the household, while 18.5% reported Type II Diabetes in the household.

Cancer

The 2010 SCHR lists cancer as the 2nd leading cause of death across all age groups with a rate of 215.4 cancer deaths compared to a state rate of 194.9. The 2008 SSHR gives Comanche County a “F” for cancer deaths, and a grade of “C” for cancer incidence at 466.4/100,000. Responding to the 2010 CHS, 17.9% of respondents reported some type of cancer in the household.

Mental Health

Over 41% of the 2010 CHS respondents reported stress and/or depression as an issue in the household. This was the second most commonly reported issue in the survey.

The 2010 SCHR identified suicide as the 10th leading cause of death in the county. The 2008 SSHR grades the county a “C” for a suicide rate of 12.7/100,000. Meanwhile, the same report identifies that county residents experience an average of 4 “poor mental health” days each month for a grade of “F”.

Violence

The 2010 SCHR lists the following facts related to violence in Comanche County:

- Homicide was the 4th leading cause of death 0-4.

- Suicide was the 5th leading cause of death 5-14.
- Suicide and Homicide were the 2nd and 3rd leading causes of death 15-24.
- Suicide and Homicide were the 2nd and 5th leading causes of death 25-34.
- Suicide and Homicide were the 4th and 5th leading causes of death 35-44.
- Suicide and Homicide were the 5th and 9th leading causes of death 45-54.

Clearly, county residents perceive violence as a serious concern with the 2010 CHS identifying gang violence as the most commonly reported community health risk. In a related result, more than 50% of middle school respondents to the 2010 LMSS believe that Comanche County is not a safe place to live. Additionally, these middle school students listed gang violence as the most important health risk.

Next Steps

Each of the four assessment categories combines to form a comprehensive 360 degree review of Comanche County's health status. However, as raw data, it simply serves as a broad tool to guide the efforts of a dedicated community. With that in mind, this information will be shared with a cross-section of community partners and leaders in an effort to narrow the focus to 4-6 priority areas targeted for improvement. Once the priorities are established, workgroups for each priority area will be established and a community health improvement plan will be initiated.

