

# GARFIELD COUNTY COMMUNITY HEALTH ASSESSMENT

2014



**The Mobilizing Action Through Planning & Partnerships (MAPP) Coalition**

# Table of Contents

Introduction.....	3
Community Partners.....	4
Demographics .....	5
The MAPP Process .....	6-8
Community Health Status Assessment .....	7
Community Themes and Strengths Assessment .....	7
Local Public Health System Assessment.....	8
Forces of Change Assessment .....	8
Priority indicators of the Assessments.....	9-12
Moving Forward.....	13
Resources .....	14-19
Sources.....	20-21
Community Health Status Assessment Full Report.....	Attachment A
Community Themes and Strengths Assessment Full Report	
Quality of Life Survey .....	Attachment B
Listening Sessions.....	Attachment C
Local Public Health System Assessment Full Report.....	Attachment D
Forces of Change Full Report.....	Attachment E



# Introduction

In the fall of 2012, Garfield County Health Department and Garfield County Health Planning Committee engaged the community partners in the MAPP, Mobilizing for Action through Planning and Partnerships, in an effort to assess the health status of Garfield County. Using the MAPP model, the coalition and partners gathered information and data in 4 different types of health assessments which included, Community Themes and Strengths, Forces of Change, Community Health Status, and the Local Public Health System Assessment. Utilizing these assessments provides a comprehensive view of the current health status, both real and perceived, that influence the health of Garfield County.

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

- Access to Healthcare
- Childhood Health
- Chronic Disease
- Domestic Violence
- Infant Mortality
- Mental health/Substance abuse
- Obesity
- Physical Activity
- Tobacco Use
- 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.

# Community Partners

Opportunities, Inc.	Enid Transit
Integrus Bass Baptist Health Center	United Way
Great Salt Plains Health Center	Community Development Support Association, INC. (CDSA)
YMCA	Turning Point
Youth and Family Services	Prevention Workz
Enid Community Clinic	Garfield County Health Department
St. Mary's Hospital	Rural Health Projects
Garfield County OSU Extension	NODA– Northern Oklahoma Development Authority
Garfield County Tobacco Free Coalition	Sooner Success
Oklahoma Family Network	Oklahoma Healthcare Authority

# Garfield County Demographics

<b>People Facts<sup>28</sup></b>	<b>Garfield County</b>	<b>Oklahoma</b>
Population, 2010.....	60,580 .....	3,751,351
Population, 2000.....	57,813 .....	3,450,654
Under 18, 2010 .....	24.7%.....	24.8%
65 years and over, 2010 .....	15.3%.....	13.5%
White, 2010 .....	83.9%.....	72.2%
Black, 2010.....	3.0%.....	7.4%
American Indian & Alaskan Native, 2010 .....	2.3%.....	8.6%
Asian, 2010 .....	1.0%.....	1.7%
Native Hawaiian & Pacific Islander, 2010.....	1.8%.....	0.1%
Hispanic or Latino origin, 2010 .....	8.8%.....	8.9%
High School graduates, 2006-10.....	85.6%.....	85.4%
Bachelor's degree or higher, 2006-10 .....	21.8%.....	22.6%
Home ownership rate, 2006-10 .....	67.5%.....	68.2%
Median household income, 2006-10 .....	\$40,636 .....	\$42,979
Persons below poverty level, 2006-10 .....	16.8%.....	16.2%

<b>Geography<sup>28</sup></b>	<b>Garfield County</b>	<b>Oklahoma</b>
Land area in square miles, 2010.....	1,058.47 .....	68,594.92
Persons per square mile, 2010 .....	57.2 .....	54.7

# The MAPP Process

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

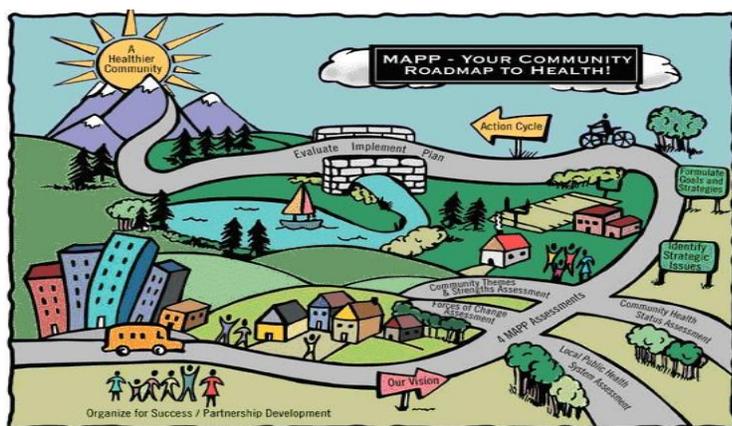
The following description of MAPP is taken from the National Association of County & City Health Officials (NACCHO) website, and can be found at: <http://www.naccho.org/topics/infrastructure/mapp/framework/mappbasics.cfm>

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 4 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.

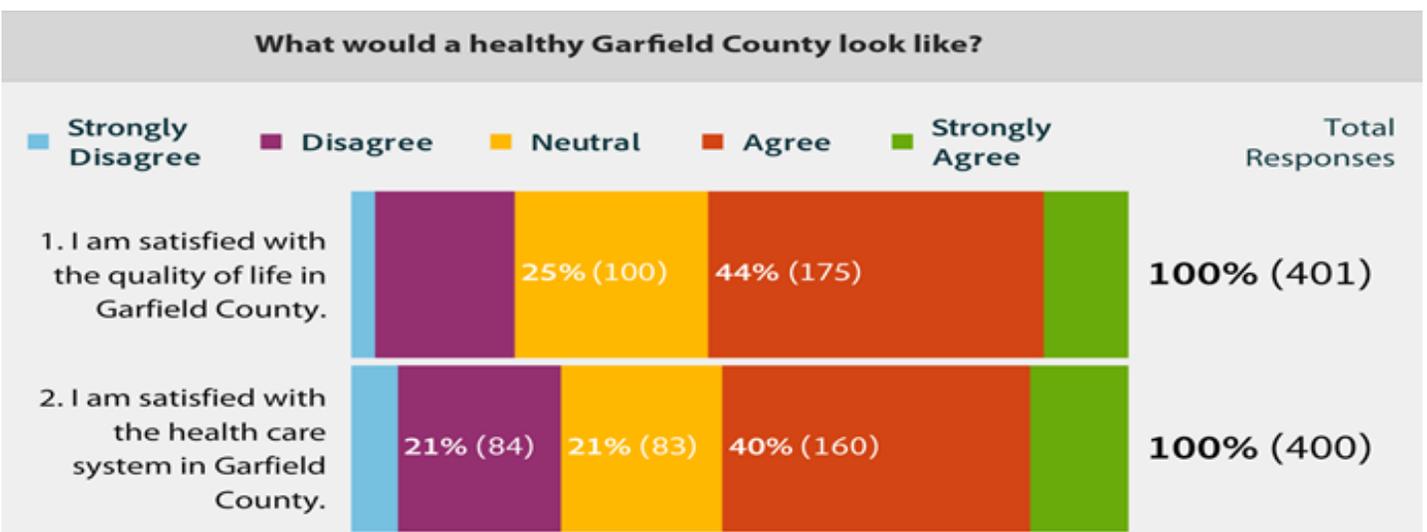
Data for this assessment was taken compiled together to get the most recent states statistics that are the most prominent concern for Garfield County. First coalition members looked at data that was provided to have ideas of the issues facing Garfield County. Then we used the data to see what the top 10 issues were so that we could gather the correct data for those issues. To get a sense of the actual state of health for Garfield County the data that was used consisted of national, state, and local data sources that can be found in Attachment A for the full report.



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 the assets and resources recognized by community members.

Two assessment tools were used to make up the Garfield County Community Themes and Strengths Assessment: Quality of Life Survey, Attachment B, that was distributed via email to partners as well as distributed to community members at local events and activities, and a series of community listening sessions for different sectors and populations of the community were also hosted in order to collect quality of life data, Attachment C.

\*\*\*Snapshot from the Community Themes and Strengths Assessment survey. The full survey can be found in Attachment B.



# The 4 Assessments Continued

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 D.

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 E.

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 Garfield County.

# Priority Indicators of the Assessment

While the comprehensive assessment identified a multitude of elements worthy of improvement, it is understood that focused approach to community health improvement is necessary to ensure an effective approach to the community's health. As such, ten 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.

## **Access to HealthCare:**

The Local Public Health System Assessment (LPHSA) identified that the local public health system is currently struggling with the following essential services: connecting, or linking, people to organizations that can provide the personal health services they may need; helping people access personal health services, in a way that takes into account the unique needs of different populations; helping people sign up for public benefits that are available to them; and coordinating the delivery of personal health and social services so that everyone has access to the care they need. During the LPHSA, the respondents identified one of the greatest weaknesses in the community at the time of the assessment was lack of specialized health care physicians in the area and outdated health care systems.

The Community Themes and Strengths focus groups identified that there is a large uninsured population, high percentage of "working poor," no rural transportation, and that there is a high teen pregnancy rate and limited sex education in schools. They also commented several times about the accessibility to specialized care are limited due to rural community, few doctors and being far from Oklahoma City or Tulsa.

## **Childhood Health:**

The 2010 US Census found that Garfield County has a population of 60,580. Approximately 24.7% of the population is under the age of 18. In the Community Health Status Assessment our data showed that several children in Garfield County live in high risk families including households with at least one of the following: frequent conflict or domestic violence, single health of households, a substance abusing or mentally ill household member, and /or a teen parent.

During the strengths and themes assessment, the focus groups stated that many parents aren't role modeling healthy and positive behaviors for their children to learn from. They also noted that there is a lack of activities in the county for youth to stay engaged in which can lead to drop out rates increasing, more teen parents, and more use of alcohol and drugs by youth.

# Priority Indicators of the Assessment

## **Chronic Disease:**

Because Garfield County has a diverse population there is a struggle to engage these populations due to this cultural difference. According to the Community Themes and Strengths focus groups, the concern with diverse populations and ethnicities is that each culture has a different view of health. This can also lead to barriers in addressing health issues and often leads to indications of poor health and lack of preventative health care.

In the Community Health Status Assessment, the State of the State's Health Rankings, Garfield County scored F's in stroke, smoking, diabetes, obesity, and fruit and vegetable consumption, all of which are contributing factors to high chronic disease rates and heart disease.

## **Domestic Violence:**

Domestic violence is an acute issue in Garfield County. In the community Health Status Assessment, the 2010 incidence of domestic violence in Garfield County was four times that of the state average, with over 1,200 reports made to law enforcement in that year. These statistics make Garfield County the fourth ranked county in that state for domestic violence reports.

Studies indicate that there is a strong correlation between alcohol consumption and the occurrence and severity of domestic violence. Also, victims of domestic violence are fifteen times more likely to abuse alcohol than those who have not experienced abuse. Garfield County also has a high child abuse rate, which is more likely to occur in a house with domestic violence. Children who grow up in homes with domestic violence are fifteen times more likely to be physically or sexually abused in their homes. Domestic Violence is a crime that includes not only physical abuse but emotional, economic and sexual abuse too.

## **Infant Mortality:**

The 2010 US Census found that Garfield County has a population of 60,580. Approximately 24.7% of the population is under the age of 18. Data from the Community Health Status Assessment showed that Garfield County has a high teen birth rate of 72.1 per 1,000 aged 15-19 and it also showed that teens age 15-17 ranked lowest in obtaining early prenatal care with only 48.8% receiving prenatal care. In addition, 33.9% of babies with low birth weight are born to teen moms age 15-19. Garfield County has an increase in infant deaths in 2012; however at the time of the assessment the causes of those deaths were not published.

# Priority Indicators of the Assessment

## **Mental Health & Substance Abuse:**

During the Garfield County Themes and Strengths Assessment, the group identified one of the key characteristics of a healthy community as tobacco and drug free environment, and having adequate access to mental health services. A key struggle the community faces in improving quality of life is access to mental health services and substance abuse. According to the Oklahoma State Department of Health, prescription drug abuse is Oklahoma's fastest growing drug problem. Of the nearly 3,200 unintentional poisoning deaths in Oklahoma from 2007-2011, 81 percent involved at least one prescription drug. In 2010, Oklahoma had the fourth highest unintentional poisoning death rate in the nation (17.9 deaths per 100,000 population).

The number of people who are mentally ill in Garfield County is steadily rising and in the last two years has increased nearly ten percent. Substance abuse indicators have also been on the rise in recent years.

It was identified in several of the assessments that there are limited treatment options for both severe mental illness and addiction issues. The data from the Community Health Status Assessments shows that Garfield County has a high rate of 18.1 per 100,000 for age adjusted death due to suicide.

According to the Quality of Life Survey, it showed that 87% of citizens believe Garfield County has a drug problem. Anxiety, substance abuse and prescription drug abuse ranked 100% in the top 5 health concerns.

## **Obesity:**

According to the data from the Community Health Status Assessment, there is a steady increase in obesity rates. Limited physical activity and low intake of fruits and vegetables also play a significant role in the increase in obesity. Other supporting data includes an increase sedentary lifestyles, too much screen time, lack of health parental role models. Limited availability of health food choices, poverty, and lack of easily accessible sidewalks.

Some common needs for a healthy Garfield County that were seen in the Community Themes and Strengths Assessment were:

- More farmers markets and less fast food restaurants
- Safer places to walk
- Healthier school lunches
- Community involvement
- Restaurants that post nutritional information on menus
- Easier access to physical fitness facilities and free access
- More people exercising or creating a culture of physical fitness
- Parents role modeling healthy behaviors
- Less screen time for kids and adults
- More community activities for youth
- More recreational activities in public places

# Priority Indicators of the Assessment

## **Physical Activity:**

According to the Community Health Status Assessment adults who are sedentary in Garfield County is 30.2% in 2009 and 30.9% in 2010. Sedentary lifestyles put people at an increased risk for obesity, heart disease, colon cancer, and high blood pressure. Physical activity decreases these risks as well as improves mood and promotes healthy sleep patterns.

During the Community Themes and Strengths Assessment, citizens voiced concerns about the need for the parks to be revitalized. Attendees also recommended increasing sidewalks so people can increase their outdoor activity by walking safely as well. The need for more physical activity opportunities for youth and families to build a culture of health and wellness was also expressed by the community.

## **Tobacco Use:**

According to the 2011 State of the State's Health Report, Garfield County's smoking rate was 32.7%, compared to the state at 25.5% and the U.S. at 17.9%, earning a grade of "F."

The 2010 Youth Risk Behavior Survey indicated that, 19.3% of 10th grades had smoked in the last 30 days and 28.1% of 12th graders had smoked in the last 30 days.

The 2011 State of the County's Health Report showed heart disease, cancer, and chronic lower respiratory disease to be the leading causes of death for Garfield County. Which can all be contributed to tobacco use.

The Community Health Status Assessment also showed that in 2008, 32.4% of first graders in Oklahoma were exposed to second hand smoke one to three hours per day. Because the e-cigarettes have been gaining popularity because of their harm reduction and their perceived lack of second hand smoke, the participants for the Forces of Change Assessment listed this as a potential threat to the communities health.

## **Unintentional Injury:**

The 2011 State of the State's Health Report indicated unintentional injury had decreased from 52.5 per 100,000 population in 2008 to 46.1. However the most recent 2014 report revealed that it increased yet again to 57.6, giving a grade of "F".

In the Community Themes and Strengths Assessment it was apparent that there is a high density of liquor stores in Garfield County, as well as a lack of community involvement and engagement, which often increases the use of alcohol consumption. In Garfield County 14.9% of adults reported heavy drinking in the 30 days prior to the survey or binge drinking on at least one occasion during the period.

In addition to increased injuries due to alcohol consumption, injuries due to motor vehicle collisions, poisonings, DUIs, drowning's, injury due to failure to use or appropriately installation of child car seats, and falls are also a concern.

# Moving Forward

## **Next Steps:**

Each of the four assessment categories combines to form a comprehensive review of Garfield 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.

This document is available to the public and our partners and we encourage you to utilize in your areas of work within Garfield County. It will be updated every 3-5 years and will be made available to the public for viewing, printing and commenting.

To become part of this process of improvement for you county, contact :

Dusti Brodrick  
Garfield County Turning Point Consultant  
DustiB@health.ok.gov  
405-375-3008

Janet Cordell  
Health Planning Committee Chair  
missionaryrn@suddenlink.net

# Resources

Garfield County 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:

## **Access to Health care**

Federal Programs

Non-profit Health Clinics

Free/reduced Cost Prescription Drug Programs

State Supported Mental Health System

Private Providers

Local Public Health System

Garfield County Health Department

Integris Bass Baptist Health Center

St. Mary's Regional Medical Center

Private-owned Taxi Service

Paramedic-level Ambulance Service

Free Community Clinic

MAGB/Sooner Ride Transportation

Federally Qualified Health Center

# Resources

## **Childhood Health**

Soonercare  
Regional Soonercare Representative  
Parents as Teachers  
Smart Start  
Children First  
Rural School Nurses  
Sooner Start  
WIC  
County Health Extension Officers  
Sooner Success  
Peds  
Schools  
Mental Health Agencies  
Health Department-Immunizations/Child Guidance  
OK Family Network  
Pediatric Dentist

## **Chronic Disease**

Diabetes Support Group  
Enid Community Clinic  
Great Salt Plains Health Center  
Support Groups  
Sr. Life Network Resource Alliance  
Denny Price YMCA  
YWCA  
Long Term Care Authority  
Faith Based Centers

---

# Resources

## **Domestic Violence**

YWCA-SANE Crisis Line  
NWOSU-Domestic Violence Classes  
Law Enforcement  
Health Department  
Support Group  
211  
Counselors  
Domestic Violence Task Forces  
Victims Rights Coalition  
Churches  
Compassionate Friends  
Park Avenue

## **Infant Mortality**

Garfield County Health Department-Children's First  
Private Physicians  
Hospital Discharge Information  
Parenting Classes  
Religious Organizations  
CDSA Parents as Teachers  
Hope Outreach  
DHS  
Smart Start  
Enid Fire Department  
CASA  
CART (Child Advocacy Response Team)  
Garfield County Child Advocacy Center

# Resources

## Mental Health/Substance Abuse

Private Counselors

State Mental Health

NW Center for Behavioral Health

Non-Profit Organizations & Youth Services

Hospitals

Alcoholics Anonymous/NA/ALANON

VANS House/Expression healthcare

YWCA Halfway house

Prevention workz

NAMI– National Alliance on Mental Illness

Religious groups

- Celebrate recovery

- Catholics charities

- Emanuel Baptist church

- Forgotten Ministries

- Hope Outreach Dax Center

Systems of Care

Children’s Behavioral Health Network

Alzheimer Association

Garfield County Live Healthy Coalition

Oklahoma Bureau of Narcotics

Oklahoma Family Network

Sooner Success

# Resources

## **Obesity**

Loaves and Fishes

Bethany Food pantry

DHS

OSU Extension

Walk This Way

Walking Trails

Garfield County Health Department

Our Daily Bread

Garfield County Live Healthy Coalition

Overeaters Anonymous

Denny Price YMCA

Free Fitness in the Park

School Nurses

Farmers Market

Free Community Events/Programs

Bountiful baskets

Senior life network

Primary care providers

Tai chi classes in community

Weight watchers

Woman, Infant, Children– WIC

Hospitals

Community Garden

Free or Reduced Programs to Obtain Food

## **Physical Activity**

Trails and New Parks

Fitness Facilities

Organized Youth Sports

Area Fitness Centers

Free Community Events/Programs

Walk This Way

Community 5KS

# Resources

## Tobacco Use Resources

Tobacco HELPLINE  
Tobacco Coalition (Garfield County Live healthy Coalition)  
SWAT  
Tar Wars Tobacco Prevention Program  
Smoke Free Parks  
Smoke Free businesses  
Mental Health Agencies  
Sooner Care  
TSET– Tobacco Settlement Endowment Trust  
Shape Your Future  
PreventionWorkz  
CDC  
School Nurses  
Poison Control  
Hospital Admission Assessments  
Primary Care Providers

## Unintentional Injury Resources

Car Seat Checks  
Garfield County Health Department  
Enid Fire Department  
Safe Kids Coalition  
Poison Control Hotline  
Health Inspections  
Live Healthy Coalition  
Prevention Workz  
Alcohol and Drug Coalition  
DARE  
OSHA Inspections  
Urgent Cares  
Safety Programs  
Hospitals

# Sources

1. CDSA Community Needs Assessment, 2012. [www.cdsaok.org/files/2012\\_Report.pdf](http://www.cdsaok.org/files/2012_Report.pdf)
2. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2003-2009. <http://www.cdc.gov/brfss/>
3. Centers for Disease Control and Prevention, National Vital Statistics System, 2003-2009 . [www.cdc.gov/nchs/nvss.htm](http://www.cdc.gov/nchs/nvss.htm)
4. Community Profile 2011: Early Childhood Indicators of Garfield County. Prepared by Community Service Council, February 2011. Commissioned by CDSA.
5. County Health Rankings & Roadmaps, 2010, 2011, 2012. University of Wisconsin, Population Health Institute, Robert Wood Johnson Foundation. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)
6. Healthy Communities Assessment, Integris & OSDH, 2012. [www.integrisok.com/healthy-communities/bass-baptist](http://www.integrisok.com/healthy-communities/bass-baptist)
7. Healthy People 2020. [www.healthypeople.gov/2020/topicsobjectives2020/default.aspx](http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx)
8. Infant Mortality Statistics from the 2008 period linked birth/infant death data set. 2008. National Vital Statistics Reports. [http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60\\_05.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_05.pdf)
9. Kids Count Fact Book Garfield County & Oklahoma. Oklahoma Institute for Child Advocacy. <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=OK&loc=5289>
10. National Cancer Institute, State Cancer Profiles 2005-2009. [www.statecancerprofiles.cancer.gov/map/](http://www.statecancerprofiles.cancer.gov/map/)
11. Oklahoma Coalition Against Domestic Violence and Sexual Assault. Reports to Law Enforcement Statistics, 2010. [http://www.ocadvsa.info/Disc2/Wear%20Purple%20Day%20Tool%20Kit/Oklahoma%20DV%20Statistics%20by%20County%20\(2006-2010\).pdf](http://www.ocadvsa.info/Disc2/Wear%20Purple%20Day%20Tool%20Kit/Oklahoma%20DV%20Statistics%20by%20County%20(2006-2010).pdf)
12. Oklahoma Department of Human Services. Statistics library. 2005-2012. <http://www.okdhs.org/library/stats/cp/>
13. Oklahoma Department of Mental Health and Substance Abuse Mental Health Statistics, 2011. [www.odmhsas.org/eda/advancedquery/advancedquery.htm](http://www.odmhsas.org/eda/advancedquery/advancedquery.htm)
14. Oklahoma Department of Public Safety. Oklahoma Highway Patrol Collision Reports, 2010. <http://www.dps.state.ok.us/otcr/>
15. Oklahoma Health Care Authority , Fast Facts. October 2012. <http://www.okhca.org/research.aspx?id=87>
16. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2008, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on 04JAN2013:16:54:53.

# Sources

17. Oklahoma State Department of Health, First Grade Health Survey. 2007-2008. <http://www.ok.gov/health2/documents/1GHS%202008%20Results.pdf>
18. Oklahoma State Department of Education, Low Income Report for 2011-12. <http://ok.gov/sde/sites/ok.gov.sde/files/LowIncomeReport1011.pdf>
19. Oklahoma Youth Risk Behavior Survey, (YRBS), 2011. [www.ok.gov/health/Child\\_and\\_Family\\_Health/Maternal\\_and\\_Child\\_Health\\_Service/Data\\_and\\_Evaluation/Youth\\_Risk\\_Behavior\\_Survey\\_\(YRBS\)/YRBS\\_2009\\_Data.html](http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Data_and_Evaluation/Youth_Risk_Behavior_Survey_(YRBS)/YRBS_2009_Data.html)
20. State Health Facts. The Kaiser Family Foundation. <http://www.statehealthfacts.org/profileind.jsp?ind=74&cat=2&rgn=38#notes-ind-74>
21. State of the State's County Health Report Cards, Oklahoma State Department of Health, 2011. [www.ok.gov/health/pub/boh/state/SOS1011\\_CountyReportCards.pdf](http://www.ok.gov/health/pub/boh/state/SOS1011_CountyReportCards.pdf)
22. Trends in Adolescent Tobacco Use, Office of Adolescent Health, 2011. [www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/tobacco/trends.html](http://www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/tobacco/trends.html)
23. U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Public School Universe File, 2010-2011. [www.nces.ed.gov/ccd/pubschuniv.asp](http://www.nces.ed.gov/ccd/pubschuniv.asp)
24. U.S. Department of Health and Human Services- Child Maltreatment Report, 2009. <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2011>
25. U.S. Health Resources and Services Administration Area Resource File, 2011. [www.hrsa.gov/data-statistics/index.html](http://www.hrsa.gov/data-statistics/index.html)
26. U.S. Census Bureau, 2010-American Fact Finder; 2008-2010 American Community Survey 3-Year Estimates. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
27. U.S. Census Bureau, 2010-American Fact Finder; 2009-2011 American Community Survey 3-Year Estimates. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
28. U.S. Census Bureau, 2007-American Fact Finder; 2005-07 American Community Survey 3-Year Estimates. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
29. Woods-Littlejohn, Brandi. Office of the Attorney General, Oklahoma Domestic Violence Fatality Review Board. (2011) Domestic Violence reports to law enforcement and deaths due to domestic violence by county. Oklahoma City, Ok: Victims Services Unit.
30. World Health Organization, Violence Against Women Fact Sheet, Nov. 2012. [www.who.int/mediacentre/factsheets/fs239/en/](http://www.who.int/mediacentre/factsheets/fs239/en/)
31. YWCA Enid. <http://www.ywcaenid.com/site/c.dkLQI9NPiBj2G/b.8085291/k.BDD7/Home.htm>