

# Kingfisher County Community Health Assessment



**October 12, 2015**  
Kingfisher County, Oklahoma

# Community Contributors

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## Introduction

Throughout 2014, the Kingfisher Community Collaborative engaged the community to assess the health status of county residents. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model, organizers gathered information for four (4) assessment categories; Community Health Status, Community Themes and Strengths, Local Public Health System, and Forces of Change. Using these broad assessment categories provided for a comprehensive view of health outcomes, as well as factors, both real and perceived, that influenced the community's health.

After reviewing assessment data, 10 elements were identified for closer review and discussion. It was among these elements that priority areas for improvement were to be selected. They included:

- Alcohol abuse
- Cancer
- Cardiovascular health
- Diabetes
- Influenza/Pneumonia
- Obesity
- Teen pregnancy
- Tobacco
- Unintentional death
- Uninsured

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

# Demographics

<b>2010 Demographics</b>	<b>Oklahoma</b>	<b>%</b>	<b>Kingfisher County</b>	<b>%</b>
<b>Total Population</b>	3,751,351		15,034	
<b>Age</b>				
19 years and under	1,041,610	27.8	4,374	29.1
20 - 64 years	2,203,027	58.8	8,403	55.9
65 + years	506,714	13.4	2,257	15.0
<b>Gender</b>				
Male	1,856,977	49.5	7,434	49.4
Female	1,894,374	50.5	7,600	50.6
<b>Race/Ethnicity</b>				
White	2,706,845	72	12,707	84.5
Hispanic or Latino	332,007	9	2,022	13.4
African American	277,644	7	170	1.1
Asian	65,076	2	42	0.3
American Indian & Alaska Native	321,687	9	465	3.1
Native Hawaiian & Pacific Islander	4,369	<1	0	0.0
Other	154,409	4	1,176	7.8
Identified by two or more	221,321	6	474	3.2
<b>Selected Economic Characteristics</b>				
Mean household income (dollars)	65,977	X	62,818	X
Median household income (dollars)	49,937	X	53,466	X
Mean travel time to work (minutes)	27.0	X	21.7	X
Percent unemployed	6.6	X	3.9	X

2010 Census Bureau Report

## 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:

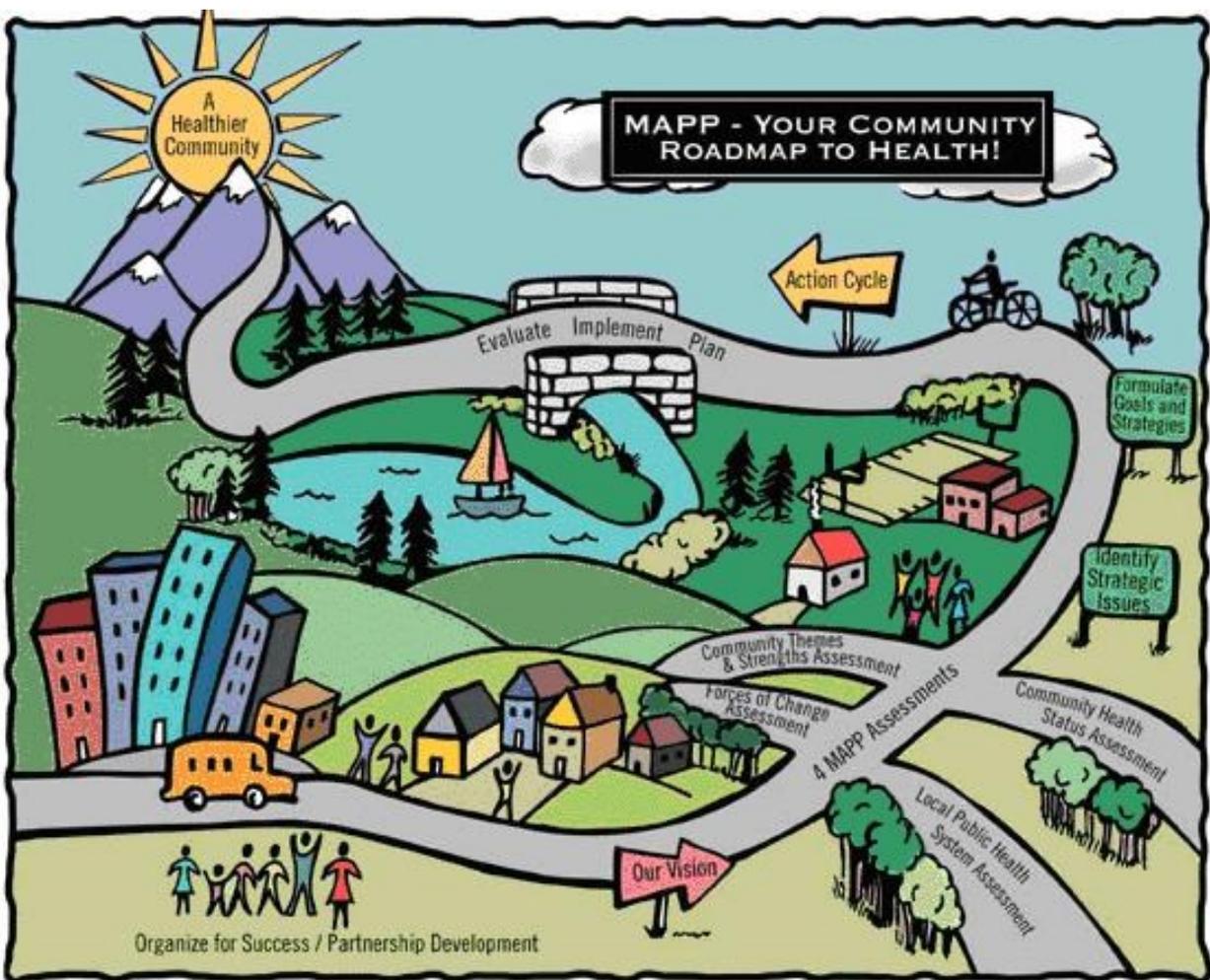
*“Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action.”*



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. The Kingfisher Community Collaborative conducted this assessment by using the 2014 Kingfisher Community Collaborative Community Themes and Strengths Assessment Survey (Attachment A).

## 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. The 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:

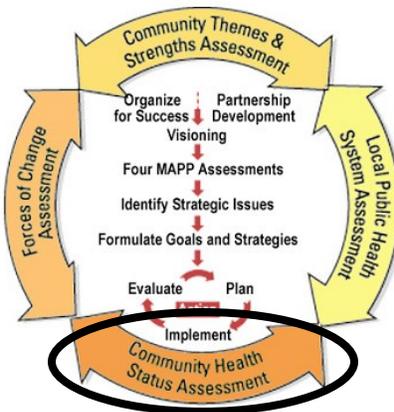
Monitor Health Status	Enforce Laws and Regulations
Diagnose and Investigate	Link People to Needed Services / Assure Care
Inform, Educate, and Empower	Assure a Competent Workforce
Mobilize Community Partnerships	Evaluate Health Services
Develop Policies and Plans	Research

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 C.

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

## 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. Specific considerations for Kingfisher County include lack of mental health resources, access to health care, and the effects of increasing population. The information source for this assessment was a Community Leadership focus group conducted on September 30, 2014 at the Kingfisher Baptist Church in Kingfisher. The findings of this focus group are included in Attachment K.

### Priority Elements of the Assessment

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

### Alcohol Use

The 2014 Kingfisher County Community Themes and Strengths Assessment indicated that Kingfisher County residents ranked alcohol abuse as the most important risk behavior in their communities (Figure 1, page 11).

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility reported Kingfisher County's alcohol consumption rate of 19.70%, compared to the state at 13.90% and the nation at 16.94%, putting Kingfisher County in the "red" on this report's dashboard indicator scale (Figure 2, page 11). This indicator reports the percentage of adults aged 18 and older who self-reported heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as cirrhosis, cancers, and untreated mental and behavioral health needs.

The 2014 State of the County's Health Report indicated that liver disease was the third leading cause of death for ages 45-54 and the 10th leading cause of death for all ages combined (Figure 3, page 11).

Though cancer is listed as a separate issue, it should be noted that alcohol abuse is a contributing cause to various types of cancer.

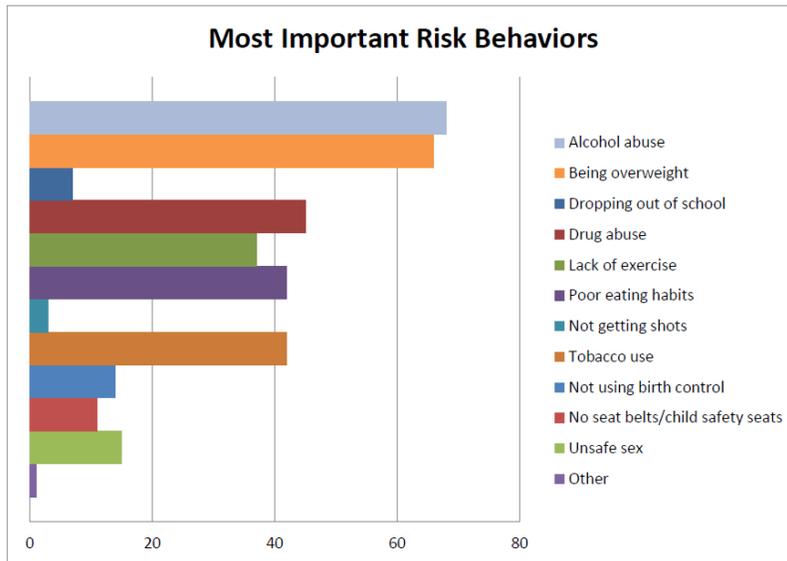
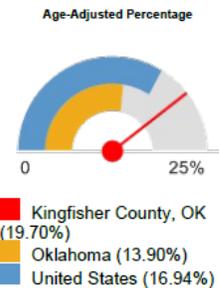


Figure 1. Most Important Risk Behaviors

## Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Total Population Age 18	Estimated Number Drinking Excessively	Crude Percentage	Age-Adjusted Percentage
Kingfisher County, OK	11,011	1,971	17.90%	<b>19.70%</b>
Oklahoma	2,793,624	368,758	13.20%	13.90%
United States	232,556,016	38,248,349	16.45%	16.94%



Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System: 2006-12](#). Accessed using the [Health Indicators Warehouse](#). Source geography: County.

Figure 2. Alcohol Consumption

RANK	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	ALL AGES
1	OTHER CAUSES* <5	OTHER CAUSES* <5	UNINTENT. INJURY 5	UNINTENT. INJURY 5	UNINTENT. INJURY 5	HEART DISEASE 16	CANCER 26	HEART DISEASE 181	HEART DISEASE 222
2			OTHER CAUSES* 1	OTHER CAUSES* 8	OTHER CAUSES* 14	CANCER 15	HEART DISEASE 21	CANCER 116	CANCER 166
3						LIVER DISEASE 6	BRONCHITIS/EMPHYSEMA/ASTHMA 5	BRONCHITIS/EMPHYSEMA/ASTHMA 41	BRONCHITIS/EMPHYSEMA/ASTHMA 50
4						OTHER CAUSES* 26	OTHER CAUSES* 22	STROKE 35	UNINTENT. INJURY 42
5								INFLUENZA/PNEUMONIA 24	STROKE 39
6								UNINTENT. INJURY 20	INFLUENZA/PNEUMONIA 26
7								DIABETES MELLITUS 18	DIABETES MELLITUS 24
8								NEPHRITIS 18	NEPHRITIS 21
9								ALZHEIMER'S DISEASE 12	ALZHEIMER'S DISEASE 12
10								PNEUMONITIS 7	LIVER DISEASE 11

Figure 3. Top 10 Causes of Death by Age Group—Liver Disease

## Cancer

The 2014 Kingfisher County Community Themes and Strengths Assessment indicated that Kingfisher County residents ranked cancer as the most important health problem in their communities (Figure 4 below).

The 2014 State of the State's Health Report listed cancer as the second leading cause of death in Kingfisher County with a rate of 190.4 per 100,000, compared to a state rate of 191.3 and a national rate of 172.8, earning a grade of "D." Furthermore, Kingfisher County was given a grade of "F" for cancer incidence at 544.7 per 100,000, compared to a state rate of 456.9 and a national rate of 460.5 (page 20).

The 2014 State of the County's Health Report indicated that cancer was the second leading cause of death for ages 45-54; the leading cause of death for ages 55-64; the second leading cause of death for ages 65+; and the second leading cause of death for all ages combined (Figure 5, page 13).

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated a cancer mortality rate of 183.94 per 100,000, compared to the state at 193.41 and the nation at 176.66, putting Kingfisher County in the "red" on this report's dashboard indicator scale (Figure 6, page 13). Compared to the Healthy People 2020 target of 160.6, the state and nation also finished in the "red."

This same report indicated a breast cancer screening rate of 56.35%, compared to the state at 57.89% and the nation at 65.37%, putting Kingfisher County in the "red" on this report's dashboard indicator scale (Figure 7, page 13). This indicator reports the percentage of female Medicare enrollees, age 67-69 or older, who have received one or more mammograms in the past two years. It is relevant because engaging in preventive behaviors allows for early detection and treatment in health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Perhaps consequently, this same report indicated a rate of breast cancer at 161.40 per 100,000, compared to the state at 121.60 and the nation at 119.70, putting Kingfisher County in the "red" on this report's dashboard indicator scale (Figure 8, page 14).

This same report indicated a rate of lung cancer at 91.30 per 100,000, compared to the state at 77.10 and the nation at 64.90, putting Kingfisher County in the "red" on this report's dashboard indicator scale (Figure 9, page 14).

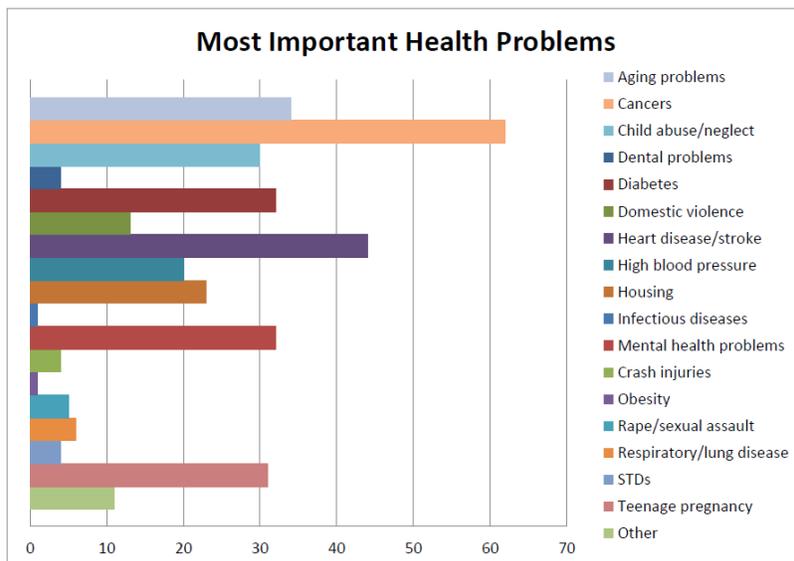


Figure 4. Most Important Health Problems

RANK	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	ALL AGES
1	OTHER CAUSES*	OTHER CAUSES*	UNINTENT. INJURY 5	UNINTENT. INJURY 5	UNINTENT. INJURY 5	HEART DISEASE 16	CANCER 26	HEART DISEASE 181	HEART DISEASE 222
2			OTHER CAUSES* 1	OTHER CAUSES* 8	OTHER CAUSES* 14	CANCER 15	HEART DISEASE 21	CANCER 116	CANCER 166
3						CANCER DISEASE 6	BRONCHITIS/EMPHYSEMA/ ASTHMA 5	BRONCHITIS/EMPHYSEMA/ ASTHMA 41	BRONCHITIS/EMPHYSEMA/ ASTHMA 50
4						OTHER CAUSES* 26	OTHER CAUSES* 22	STROKE 35	UNINTENT. INJURY 42
5								INFLUENZA/PNEUMONIA 24	STROKE 39
6								UNINTENT. INJURY 20	INFLUENZA/PNEUMONIA 26
7								DIABETES MELLITUS 18	DIABETES MELLITUS 24
8								NEPHRITIS 18	NEPHRITIS 21
9								ALZHEIMER'S DISEASE 12	ALZHEIMER'S DISEASE 12
10								PNEUMONITIS 7	LIVER DISEASE 11

Figure 5. Top 10 Causes of Death by Age Group—Cancer

### Cancer Mortality

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Cancer Mortality (Per 100,000 Pop.)
Kingfisher County, OK	14,770	32	216.65	183.94
Oklahoma	3,673,268	7,669	208.78	193.41
United States	303,844,430	566,121	186.32	176.66
<a href="#">HP 2020 Target</a>				<= 160.6

Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#); 2006-10. Accessed using [CDC WONDER](#). Source geography: County.

Age-Adjusted Death Rate, Cancer Mortality (Per 100,000 Pop.)



Kingfisher County, OK (183.94)  
HP 2020 Target (160.60)  
United States (176.66)

Figure 6. Cancer Mortality

### Breast Cancer Screening (Mammogram)

This indicator reports the percentage of female Medicare enrollees, age 67-69 or older, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Years
Kingfisher County, OK	1,716	126	70	56.35%
Oklahoma	380,066	33,191	19,214	57.89%
United States	51,875,184	4,218,820	2,757,677	65.37%

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#); 2010. Source geography: County.

Percent Female Medicare Enrollees with Mammogram in Past 2 Years



Kingfisher County, OK (56.35%)  
Oklahoma (57.89%)  
United States (65.37%)

Figure 7. Breast Cancer Screening

## Breast Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Female Population, ACS 2006-2010	Annual Cancer Incidence, 2006-2010 Average	Annual Incidence Rate (Per 100,000 Pop.)
Kingfisher County, OK	7,536	14	<b>161.40</b>
Oklahoma	668,266	2,568	121.60
United States	154,566,544	207,458	119.70

Note: This indicator is compared with the state average.

Data Source: [State Cancer Profiles: 2006-10](#). Source geography: County.

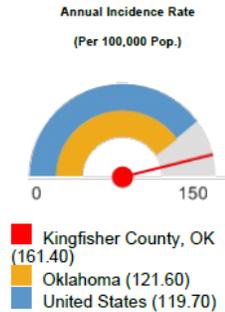


Figure 8. Breast Cancer Incidence

## Lung Cancer Incidence

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2006-2010	Annual Cancer Incidence, 2006-2010 Average	Annual Incidence Rate (Per 100,000 Pop.)
Kingfisher County, OK	14,776	16	<b>91.30</b>
Oklahoma	1,327,473	3,100	77.10
United States	303,965,280	208,652	64.90

Note: This indicator is compared with the state average.

Data Source: [State Cancer Profiles: 2006-10](#). Source geography: County.

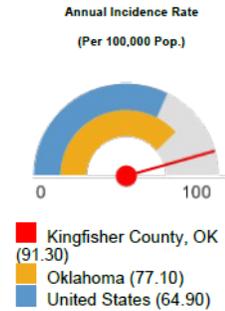


Figure 9. Lung Cancer Incidence

## **Diabetes**

The 2014 Kingfisher County Community Themes and Strengths Assessment indicated that Kingfisher County residents ranked diabetes as the fourth most important health problem in their communities (tied with mental health problems, Figure 4, page 12).

The 2014 State of State's Health Report listed diabetes as the seventh leading cause of death in Kingfisher County with a rate of 23.5 per 100,000, compared to the state at 26.9 and the nation at 20.8, earning a grade of "D" for the county. The same report identified the prevalence rate for diabetes at 11.2%, compared to the state at 11.5% and the nation at 9.7%, earning a grade of "D" for the county.

The 2014 State of the County's Health Report indicated that diabetes was the seventh leading cause of death for ages 64+ and for all ages combined (Figure 10, page 16).

However, the Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated that diabetes prevalence and diabetes management were in the "green" on this report's dashboard indicator scale.

## **Cardiovascular Disease**

The 2014 Kingfisher County Community Themes and Strengths Assessment indicated that Kingfisher County residents ranked heart disease and stroke as the second most important health problem in their communities (Figure 4, page 12).

The 2014 State of the State's Health Report listed heart disease as the leading cause of death in Kingfisher County with a rate of 254.3 per 100,000, compared to the state at 235.2 and the nation at 179.1, earning a grade of "F." The report listed stroke as the sixth leading cause of death with a rate of 32.2 per 100,000, compared to the state at 50.0 and the nation at 39.1, earning a grade of "B."

The 2014 State of the County's Health Report indicated that heart disease was the second leading cause of death for ages 55-64 and the leading cause of death for ages 45-54, 65+, and for all ages combined. Stroke was the fourth leading cause of death for ages 65+ and the fifth leading cause of death for all ages combined (Figure 11, page 16).

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated a heart disease mortality rate of 164.40 per 100,000, compared to the state at 176.07 and the nation at 134.65, putting Kingfisher County in the "red" on this reports dashboard indicator scale (Figure 12, page 16). Compared to the Health People 2020 target of 100.8, the state and nation also finished in the "red."

Top 10 Causes of Death by Age Group Kingfisher County 2008-2012									
RANK	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	ALL AGES
1	OTHER CAUSES* <5	OTHER CAUSES* <5	UNINTENT. INJURY 5	UNINTENT. INJURY 5	UNINTENT. INJURY 5	HEART DISEASE 16	CANCER 26	HEART DISEASE 181	HEART DISEASE 222
2			OTHER CAUSES* 1	OTHER CAUSES* 8	OTHER CAUSES* 14	CANCER 15	HEART DISEASE 21	CANCER 116	CANCER 166
3						LIVER DISEASE 6	BRONCHITIS/ EMPHYSEMA/ ASTHMA 5	BRONCHITIS/ EMPHYSEMA/ ASTHMA 41	BRONCHITIS/ EMPHYSEMA/ ASTHMA 50
4						OTHER CAUSES* 26	OTHER CAUSES* 22	STROKE 35	UNINTENT. INJURY 42
5								INFLUENZA/ PNEUMONIA 24	STROKE 39
6								UNINTENT. INJURY 20	INFLUENZA/ PNEUMONIA 26
7								DIABETES MELLITUS 18	DIABETES MELLITUS 24
8								NEPHRITIS 18	NEPHRITIS 21
9								ALZHEIMER'S DISEASE 12	ALZHEIMER'S DISEASE 12
10								PNEUMONITIS 7	LIVER DISEASE 11

Figure 10. Top 10 Causes of Death by Age Group—Diabetes

Top 10 Causes of Death by Age Group Kingfisher County 2008-2012									
RANK	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	ALL AGES
1	OTHER CAUSES* <5	OTHER CAUSES* <5	UNINTENT. INJURY 5	UNINTENT. INJURY 5	UNINTENT. INJURY 5	HEART DISEASE 16	CANCER 26	HEART DISEASE 181	HEART DISEASE 222
2			OTHER CAUSES* 1	OTHER CAUSES* 8	OTHER CAUSES* 14	CANCER 15	HEART DISEASE 21	CANCER 116	CANCER 166
3						LIVER DISEASE 6	BRONCHITIS/ EMPHYSEMA/ ASTHMA 5	BRONCHITIS/ EMPHYSEMA/ ASTHMA 41	BRONCHITIS/ EMPHYSEMA/ ASTHMA 50
4						OTHER CAUSES* 26	OTHER CAUSES* 22	STROKE 35	UNINTENT. INJURY 42
5								INFLUENZA/ PNEUMONIA 24	STROKE 39
6								UNINTENT. INJURY 20	INFLUENZA/ PNEUMONIA 26
7								DIABETES MELLITUS 18	DIABETES MELLITUS 24
8								NEPHRITIS 18	NEPHRITIS 21
9								ALZHEIMER'S DISEASE 12	ALZHEIMER'S DISEASE 12
10								PNEUMONITIS 7	LIVER DISEASE 11

Figure 11. Top 10 Causes of Death by Age Group—Heart Disease and

Heart Disease Mortality

Within the report area the rate of death due to coronary heart disease per 100,000 population is 164.40. This rate is greater than than the Healthy People 2020 target of less than or equal to 100.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Heart Disease Mortality (Per 100,000 Pop.)
Kingfisher County, OK	14,770	29	199.05	164.40
Oklahoma	3,673,268	6,867	186.93	176.07
United States	303,844,430	432,552	142.36	134.65
HP 2020 Target				<= 100.8

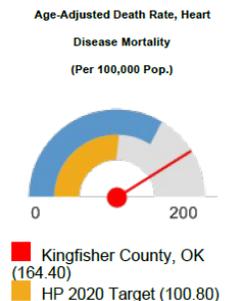


Figure 12. Heart Disease Mortality

## Influenza/Pneumonia

The 2014 State of the State’s Health Report listed influenza/pneumonia as the fifth leading cause of death in Kingfisher county with a rate of 33.6 per 100,000, compared to the state at 19.7 and the nation at 15.1, earning a grade of “F.”

The 2014 State of the County’s Health Report indicated influenza/pneumonia was the fifth leading cause of death for ages 65+ and the sixth leading cause of death for all ages combined (Figure 13 below).

Top 10 Causes of Death by Age Group Kingfisher County 2008-2012									
RANK	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	ALL AGES
1	OTHER CAUSES* <5	OTHER CAUSES* <5	UNINTENT. INJURY 5	UNINTENT. INJURY 5	UNINTENT. INJURY 5	HEART DISEASE 16	CANCER 26	HEART DISEASE 181	HEART DISEASE 222
2			OTHER CAUSES* 1	OTHER CAUSES* 8	OTHER CAUSES* 14	CANCER 15	HEART DISEASE 21	CANCER 116	CANCER 166
3						LIVER DISEASE 6	BRONCHITIS/ EMPHYSEMA/ ASTHMA 5	BRONCHITIS/ EMPHYSEMA/ ASTHMA 41	BRONCHITIS/ EMPHYSEMA/ ASTHMA 50
4						OTHER CAUSES* 26	OTHER CAUSES* 22	STROKE 35	UNINTENT. INJURY 42
5								INFLUENZA/ PNEUMONIA 24	STROKE 39
6								UNINTENT. INJURY 20	INFLUENZA/ PNEUMONIA 26
7								DIABETES MELLITUS 18	DIABETES MELLITUS 24
8								NEPHRITIS 18	NEPHRITIS 21
9								ALZHEIMER'S DISEASE 12	ALZHEIMER'S DISEASE 12
10								PNEUMONITIS 7	LIVER DISEASE 11

Figure 13. Top 10 Causes of Death by Age Group—Influenza/Pneumonia

## Obesity

The 2014 Kingfisher County Community Themes and Strengths Assessment indicated that Kingfisher County residents ranked being overweight as the second most important risk behavior in their communities (Figure 1, page 11.) It also reported poor eating habits as fourth (tied with tobacco use) and lack of exercise as sixth, both contributing factors to being overweight.

The 2014 State of the State’s Health Report indicated an obesity rate for Kingfisher County of 32.3%, compared to the state at 32.2% and the nation at 27.6%, earning a grade of “D.” The report also indicated rates for the following contributing risk factors and behaviors: minimal fruit consumption - 50.4% (“F”), minimal vegetable consumption - 26.2% (“D”), no physical activity - 28.8% (“D”).

The 2014 State of the County’s Health Report indicated an obesity rate of 30.5%. It further indicated that 79.0% of Kingfisher County adults did not eat the recommended five daily servings of fruits and vegetables. It further estimated that 29.6% of residents had no leisure activity.

The County Health Rankings and Roadmaps by the Robert Wood Johnson Foundation reported an adult obesity rate for Kingfisher County of 32%. They indicated that Kingfisher County was getting worse for this measure and identified adult obesity as an “area to explore.”

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated fruit/vegetable consumption, adult physical activity, and adult obesity as being in the “green” on this report’s dashboard indicator scale.

### **Teenage Pregnancy**

The 2014 Kingfisher County Community Themes and Strengths Assessment indicated that Kingfisher County residents ranked teenage pregnancy as the sixth most important health problem in their communities (Figure 4, page 12).

The 2014 State of the State’s Health Report indicated a teen fertility rate of 19.7 per 1,000, compared to the state at 22.9 and the nation at 15.4, earning a grade of “D.”

The 2014 State of the County’s Health Report indicated a teen birth rate of 46.4 per 1,000 females aged 15-19 years, which was 11.1% lower than the state rate of 52.2. This was 17.2% higher than the rate reported in the previous County Health Report.

The Kids Count Data Center from the Annie E. Casey Foundation reported a teen birth rate for Kingfisher County of 47.7 per 1,000 females aged 15-19.

The County Health Rankings and Roadmaps by the Robert Wood Johnson Foundation reported a teen birth rate of 46 per 1,000 females aged 15-19. This measure was not identified as an “area to explore.”

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated that Kingfisher County’s teen birth rate was in the “green” on this report’s dashboard indicator scale.

### **Tobacco**

The 2014 Kingfisher County Community Themes and Strengths Assessment indicated that Kingfisher County residents ranked tobacco use as the fourth most important risk behavior in their communities (Figure 1, page 11).

The 2014 State of the State’s Health Report indicated a current smoking prevalence of 19.6%, compared to the state at 23.3% and the nation at 19.6%, earning a grade of “C.” The report indicated further that Kingfisher County had the 4th lowest percentage of adult smokers in the state. The rate of adult smokers declined 11%.

The 2014 State of the County’s Health Report indicated an adult smoking rate of 18.0%. This was similar to the rate reported in the previous County Health Report and was 28% less than the state.

The County Health Rankings and Roadmaps by the Robert Wood Johnson Foundation reported an adult smoking rate for Kingfisher County of 19%. This report still identified this measure as an “area to explore.”

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated that Kingfisher County’s tobacco usage rates were in the “green” on this report’s dashboard indicator scale. For this report, tobacco usage was defined as cigarette smoking.

The 2014 State of the County’s Health Report points out the concern over other types of tobacco use, such as smokeless tobacco and e-cigarettes, and the lack of data to indicate their prevalence of use and the complete impact they are having on public health.

The Forces of Change Focus Group identified “less tobacco controls” and “tax increase on tobacco” as community issues. Threats to addressing these issues included; if local preemption did not pass local

communities cannot impose more restrictive regulation on tobacco use, increased usage of e-cigarettes. Opportunities created by these issues included; if preemption does pass then local communities can impose more restrictive regulation on tobacco use, increased tax revenue on tobacco, increased number of those who quit using tobacco, and decrease smoking related illnesses such as heart disease and cancer.

## **Unintentional Deaths**

The 2014 State of the State's Health Report indicated that unintentional deaths was the fourth leading cause of death in Kingfisher County at a rate of 52.6 per 100,000, compared to the state at 60.5 and the nation at 38.1, earning a grade of "D." The report also indicated a rate of preventable hospitalizations at 2602.3 per 100,000, compared to the state at 1815.8 and the nation at 1562.1, earning the county a grade of "F."

The 2014 State of the County's Health Report indicated unintentional injury was the leading cause of death for ages 15-24, 25-34, and 35-44; was the sixth leading cause of death for ages 65+; and was the fourth leading cause of death for all ages combined (Figure xx, page xx). Motor-vehicle accidents accounted for 40% on unintentional injury deaths.

The County Health Rankings and Roadmaps by the Robert Wood Johnson Foundation reported a rate of preventable hospital stays for Kingfisher County as 121 per 1,000. This measure was identified as an "area to explore." It also reported a rate of injury deaths as 70 per 100,000 and did not identify the measure as an "area to explore."

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated that Kingfisher County's accident mortality rate was 57.24 per 100,000, compared to the state at 58.85 and the nation at 39.07, putting the county in the "red" of this report's dashboard indicator scale. Compared to the Healthy People 2020 target of 36.0, the state and nation also finished in the "red."

## **Uninsured**

The 2014 State of the State's Health Report indicated a rate of no insurance coverage in Kingfisher County at 16.4%, compared to the state at 18.0% and the nation at 17.1%, earning a grade of "C." The county's poverty rate was reported as 11.5%, compared to the state at 17.2% and the nation at 15.9%, earning a grade of "B." Approximately 1 in 8 people in Kingfisher County lived in poverty (12%); the third lowest rate in the state and 34% lower than the state rate. The rate of uninsured adults improved 18%.

The Kids County Data Center from the Annie E. Casey Foundation reported an uninsured rate for ages under 19 at 15.0%.

The County Health Rankings and Roadmaps by the Robert Wood Johnson Foundation reported an uninsured rate for Kingfisher County of 24%. This report identified this measure as an "area to explore."

Data from the U.S. Census Bureau for Kingfisher County report 15.1% of adults as not having health insurance coverage and 8.2% of those under the age of 18 as not having health insurance coverage.

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated that Kingfisher County's adult uninsured rate was in the "green" of this report's dashboard indicator scale. However, the rate of uninsured children was 13.50%, compared to the state at 10.71% and the nation at 7.54%, putting the county in the "red" on this report's dashboard indicator scale.

The Forces of Change Focus Group identified a number of community issues pertaining to the uninsured. They included; Obamacare, Rx Oklahoma, lack of mental health coverage, and abuse of the Compassion Clinic. Threats to addressing these issues included; people being unable to pay for Obamacare, leading to increased costs and premiums and, in turn, an increase in uninsured rates; losing Rx Oklahoma could

result in a lack of healthcare for those who do not qualify for Medicare or Medicaid; lack of mental health coverage could result in people not receiving treatment and becoming a danger to the community; people are abusing the Compassion Clinic for free medication and are not seeking long term help or a medical home. Opportunities created by these issues included; Obamacare was able to insure some of those in need; the need for mental health services is beginning to be communicated to the community; the Compassion Clinic provides care and resources to vulnerable populations and to those who are uninsured.

### **Next Steps**

The four assessments combine to form a comprehensive review of Kingfisher County's health status. This information will be shared with community partners and leaders in an effort to narrow the focus to priority areas targeted for improvement. Once the priorities are established, work will begin to create and implement a community health improvement plan.





## KINGFISHER COUNTY

### Mortality and Leading Causes of Death

- Kingfisher County had the lowest (best) rate of deaths due to Alzheimer's disease in the state, 64% lower than the national rate.
- The leading causes of death in Kingfisher County were heart disease, cancer, and chronic lower respiratory disease.

### Disease Rates

- Kingfisher County had a high cancer incidence rate compared to the rest of counties, 18% higher than the national rate.
- Kingfisher County had a lower adult asthma prevalence rate (8.1%) than most of the other counties, 9% lower than the national rate.

### Risk Factors, Behaviors and Socioeconomic Factors

- Kingfisher County ranked among the top 10 (best) for a variety of health indicators including adults with a usual source of care, adult smokers, mothers seeking first trimester care, low birth weight rates, and seniors influenza vaccinations.
- At 19.6%, Kingfisher County had the 4<sup>th</sup> lowest percentage of adult smokers in the state.
- Approximately 1 in 8 people in Kingfisher County lived in poverty (12%); the 3<sup>rd</sup> lowest rate in the state and 34% lower than the state rate.
- 1 in 7 adults reported 3+ days with limited activity in the past month (14%).
- Nearly 1 in 5 adults reported 4+ days of poor physical health (19%) and 4+ days of poor mental health (20%) in the previous month.

### Changes from Previous Year

- The rate of deaths due to nephritis worsened by 42%.
- The rate of uninsured adults improved 18%.
- The rate of adult smokers declined 11%.

PREVIOUS CURRENT GRADE

	PREVIOUS	CURRENT	GRADE
<b>MORTALITY</b>			
INFANT (RATE PER 1,000)	5.1	*	
TOTAL (RATE PER 100,000)	832.5	836.0	D
<b>LEADING CAUSES OF DEATH</b> (RATE PER 100,000)			
HEART DISEASE	259.8	254.3	F
MALIGNANT NEOPLASM (CANCER)	184.8	190.4	D
CEREBROVASCULAR DISEASE (STROKE)	31.0	32.2	B
CHRONIC LOWER RESPIRATORY DISEASE	66.9	56.9	F
UNINTENTIONAL INJURY	68.5	52.6	D
DIABETES	34.6	23.5	D
INFLUENZA/PNEUMONIA	32.9	33.6	F
ALZHEIMER'S DISEASE	10.4	9.1	A
NEPHRITIS (KIDNEY DISEASE)	14.1	20.0	D
SUICIDES	*	*	
<b>DISEASE RATES</b>			
DIABETES PREVALENCE	10.8%	11.2%	D
CURRENT ASTHMA PREVALENCE	7.6%	8.1%	B
CANCER INCIDENCE (RATE PER 100,000)	563.1	544.7	F
<b>RISK FACTORS &amp; BEHAVIORS</b>			
MINIMAL FRUIT CONSUMPTION	NA	50.4%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.2%	D
NO PHYSICAL ACTIVITY	31.7%	28.8%	D
CURRENT SMOKING PREVALENCE	22.1%	19.6%	C
OBESITY	31.1%	32.3%	D
IMMUNIZATIONS < 3 YEARS	69.0%	79.4%	A
SENIORS INFLUENZA VACCINATION	65.6%	70.8%	A
SENIORS PNEUMONIA VACCINATION	75.2%	77.3%	A
LIMITED ACTIVITY DAYS	13.1%	14.2%	B
POOR MENTAL HEALTH DAYS	21.8%	20.4%	B
POOR PHYSICAL HEALTH DAYS	18.4%	19.0%	B
GOOD OR BETTER HEALTH RATING	82.6%	83.7%	C
TEEN FERTILITY (RATE PER 1,000)	20.4	19.7	D
FIRST TRIMESTER PRENATAL CARE	68.6%	76.4%	B
LOW BIRTH WEIGHT	6.3%	5.9%	A
ADULT DENTAL VISITS	59.9%	61.7%	D
USUAL SOURCE OF CARE	81.5%	81.8%	B
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	10.7	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	2565.9	2602.3	F
<b>SOCIOECONOMIC FACTORS</b>			
NO INSURANCE COVERAGE	20.1%	16.4%	C
POVERTY	11.8%	11.5%	B

\* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

## Resources

The Kingfisher Community Collaborative 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:

### For all public health issues

- Kingfisher County Health Department
  - ◇ <http://kingfisher.health.ok.gov>
- Mercy Hospital Kingfisher
  - ◇ <https://www.mercy.net/practice/mercy-hospital-kingfisher>
- Center for Disease Control and Prevention
  - ◇ [www.cdc.gov](http://www.cdc.gov)

### Alcohol Abuse

- Prevention Workz
  - ◇ <http://www.preventionworkz.org/about-us>

### Cancer

- Mercy Hospital Kingfisher
  - ◇ <https://www.mercy.net/practice/mercy-hospital-kingfisher>

### Cardiovascular Health

- Kingfisher County Health Department
  - ◇ <http://kingfisher.health.ok.gov>
- Mercy Hospital Kingfisher
  - ◇ <https://www.mercy.net/practice/mercy-hospital-kingfisher>

### Diabetes

- Mercy Hospital Kingfisher
  - ◇ <https://www.mercy.net/practice/mercy-hospital-kingfisher>

### Influenza / Pneumonia

- Kingfisher County Health Department
  - ◇ <http://kingfisher.health.ok.gov>
- Mercy Hospital Kingfisher
  - ◇ <https://www.mercy.net/practice/mercy-hospital-kingfisher>

## **Obesity**

- Kingfisher County Health Department
  - ◇ <http://kingfisher.health.ok.gov>
- Mercy Hospital Kingfisher
  - ◇ <https://www.mercy.net/practice/mercy-hospital-kingfisher>

## **Teen Pregnancy**

- Kingfisher County Health Department
  - ◇ <http://kingfisher.health.ok.gov>
- Red Rock Behavioral Health Services
  - ◇ <http://www.red-rock.com/Services/InterimServices.html>
- Smart Start
  - ◇ <http://www.smartstartok.org/>
- Sooner SUCCESS
  - ◇ <http://soonersuccess.ouhsc.edu/>

## **Tobacco**

- Kingfisher County Health Department
  - ◇ <http://kingfisher.health.ok.gov>
- Prevention Workz
  - ◇ <http://www.preventionworkz.org/about-us>
- Tobacco Settlement Endowment Trust
  - ◇ <http://www.ok.gov/tset>

## **Unintentional Death**

- Mercy Hospital Kingfisher
  - ◇ <https://www.mercy.net/practice/mercy-hospital-kingfisher>
- Kingfisher County Health Department
  - ◇ <http://kingfisher.health.ok.gov>

## **Uninsured**

- Oklahoma Health Care Authority
  - ◇ <http://okhca.org/>
- Mercy Hospital Kingfisher
  - ◇ <https://www.mercy.net/practice/mercy-hospital-kingfisher>
- Kingfisher County Health Department
  - ◇ <http://kingfisher.health.ok.gov>