KIOWA COUNTY

Community Health Improvement Plan

CHIP

Photo by Mark Maggard
MAPP Planning Committee

Reita Babek, Caddo Kiowa Tobacco Education Coalition - Great Plains Youth & Family Services
Staci Mauney, LIVE! Committee - Great Plains Youth & Family Services
Brenda Medlock, OSU Extension
Melody Redbird, Kiowa Tribe
Rebecca Villa-Winsett, Local Emergency Response Coordinator
Michelle Warner, Kiowa Tribe
Dana Webb-Randall, Kiowa County Health Department

Community Contributors

Ark Vet Clinic                       Hobart Public Schools
Caddo Kiowa Tobacco Education Coalition Kiowa County Health Department
City of Hobart                      Kiowa Tribe—Injury Prevention
City of Snyder                      Kiowa Tribe—Child Care Program
Family Dental                       KJTS
Department of Human Services        LIVE! Committee
Durable Medical Equipment           Mr. Mac’s Surf City
Elkview Hospital                    Oklahoma Health Care Authority
Emergency Preparedness              Office of Adolescent Pregnancy Programs
Evolution Foundation                Oklahoma State Department of Health
First National Bank                 OSU Extension
Great Plains Youth & Family Servicers Red Rock—Regional Prevention Coordinator
Hobart Living Center                Snyder Public Schools
H.O.M.E. Systems                    Turning Point—OSDH
Hobart Chamber of Commerce          Western Technology Center
Hobart City Hall                    Youth Care of Oklahoma
Community Vision

Kiowa County is a thriving community that embraces a healthy lifestyle.
Executive Summary

In the summer of 2012, Kiowa County embarked on the Kiowa County Community Health Project, a process that led to the creation of this Community Health Improvement Plan (CHIP). To facilitate an organized, comprehensive approach to creating the plan, organizers followed the nationally recognized “Mobilizing for Action toward Planning and Partnership” (MAPP) model. Following this process, dedicated community partners engaged in the following six phases:

1. Partnership Development/Organizing for Success
2. Visioning
3. Four community-based assessments:
   - Community Themes and Strengths
   - Local Public Health System
   - Forces of Change
   - Community Health Status
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Action Cycle – Plan, Implement, Evaluate (an ongoing process)

By February 2013, through the efforts of a community forum held in the northern and southern parts of the county, Kiowa County representatives developed a community vision for Phase 2. At that same forum, they embarked on the completion of Phase 3 as they completed the Forces of Change assessment and continued the Community Themes and Strengths by distributing community surveys through the spring. By the end of summer 2013, Phase 3 was complete as they had facilitated the Local Public Health System Assessment and reviewed data for the Community Health Status Assessment.

In January 2014, key community partners met to build on previous efforts by embarking on Phase 4: Identifying Strategic Issues. At that meeting, comprehensive assessment data was presented with detailed data on six elements that emerged from the assessments as having particular significance to Kiowa County. Those six elements included:

- Strengthening Families
- Community Collaboration
- Physical Activity & Nutrition
- Tobacco
- Substance Abuse, and
- Chronic Disease

Following a detailed review and discussion of these six elements, the team voted to focus on 3 priority areas:

- Nutrition & Fitness
- Tobacco Use and Prevention, and
- Substance Abuse Prevention

With the selection of the 3 priority areas, Phase 5 of the MAPP process began. Work groups were formed around each priority area and charged with the development of goals and strategies. The LIVE Committee functioned as the workgroup for Physical Activity & Nutrition, the Caddo Kiowa Tobacco Education Coalition (CKTEd) took on tobacco, and the Kiowa County Coalition claimed ownership of the strategies related to Substance Abuse Prevention. Over the next nine months, these coalitions met to identify key measures they felt would lead to improved outcomes for their respective priority area.

The plan that follows is a culmination of that work, and provides the platform for Phase 6: Plan-Implement-Evaluate, the “Action Cycle” of this process. As such, this CHIP is only a beginning step in improving our community's health outcomes. The coalition focusing on each priority area must continue to engage in this process in order to adapt, implement, and evaluate their work. In order to achieve the individual objectives, and ultimately, reach the desired outcome, this CHIP must be treated as a living document, nurtured in a manner that will lead to maximum success. While the individual objectives will continually be revisited, the 3 priority areas will be re-evaluated in the context of new assessment data, which will occur approximately every three years.

As a last thought, it is critical to note that while this CHIP provides specific focus on 3 priority areas, it in no way should serve as a constraint to continuing and/or newly initiated, unrelated health endeavors. This community recognizes the value of a broad-based approach to a healthy community, and understands the importance of a wide range of activities and endeavors that support a healthy population. As such, any program, resource, or endeavor that contributes to improved quality of life in Kiowa County is welcomed and encouraged.
The community engaged in the MAPP process to conduct community-based assessments from a variety of sources.

- **Partnership Development**—Although Partnership Development is always necessary, the existence of the Kiowa County Coalition provided a strong basis for a community-wide approach. Additional partners were added to ensure broad representation from various community sectors.

- **Visioning**—This phase was finalized after the January and February community health forums. Using a compilation of buzz words offered by community partners at the forums, the MAPP Planning Committee discussed what a healthy Kiowa County would look like. That discussion led to a consensus on a single vision statement for the MAPP process.

- **Four MAPP Assessments**—beginning in August 2012, we conducted the four assessments (Community Themes and Strengths Assessment, Forces of Change, Local Public Health Systems Assessment, and the Community Health Status Assessment). The assessments were completed over a 17 month period.

- **Identifying Strategic Issues**—After reviewing the assessment data in December 2013, six elements
were identified for closer review and discussion. It is among these six elements that the priority areas for improvement were selected. They include Strengthening Families, Community Collaboration, Nutrition & Fitness, Tobacco, Substance Abuse, and Chronic Disease.

- **Identify Strategic Issues**—Of the elements, the group selected three top priorities to include in the Community Health Improvement Plan. They include Nutrition & Fitness, Tobacco Use, and Substance Abuse Prevention.

- **Formulate Goals and Strategies**—Once the priorities were selected, the Kiowa County Coalition functioned as the workgroup for Substance Abuse Prevention. Subcommittees adopted the other two priority areas since they aligned with their primary focus. The Caddo Kiowa Tobacco Education coalition adopted Tobacco Use Prevention, and the LIVE! Coalition took Nutrition & Fitness, and the community members volunteered to serve on priority area work groups to develop goals and strategies. At least two outcomes were determined to measure progress in each priority area.

- **Action Cycle**—With completion of the initial plan, the action cycle begins. Workgroups will meet as necessary to continue planning, implementation, and evaluation. Additionally, we will work to ensure that organizations, agencies, coalitions, and volunteer groups throughout the county are invited to join this ongoing effort at improving health.

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**Note:** 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.
Located in Southwest Oklahoma, Kiowa County is a highly rural setting with a population density of 9.3 people per square mile and 5.9 households per square mile. The geography is mostly comprised of flat lands, but the south is bordered by mountains. Kiowa County is unique in that there are three Tribal entities, Apache, Comanche, and Kiowa, located in the county.

The American Fact Finder indicates that the total population of Kiowa County is 9,446. The county seat is Hobart with a population of 3,746, which is 29.6% of the county’s total population. The population is 80.2% White, 4.2% African American, 6.6% American Indian and 0.3% Asian, while 8.8% of the population identify as Latino. The elderly population of 65 years and older represent 31.9% of the population and households with individuals under 18 years of age are 29.6%. Of the population 17.2% have a bachelor’s degree or higher and 86.0% has graduated high school.

A majority of housing units are owner-occupied at 71.7%. The median value of owner-occupied housing is $56,600. The median household income, in dollars, is $36,281. Of all households, 25.3% had incomes which fell below the federal poverty level. In families with only a female householder, that number jumps to 48%. Of those households, those with children under the age of 18 were at 56.2% of poverty level, which explains the county-wide school districts’ 70.7% free and reduced lunch count. The medical needs of the residents are met by a small regional hospital offering home health aides.
Physical Activity & Nutrition

There has been much national attention directed at the issue of obesity, including concern over both the health and economic outcomes of an overweight society. According to the Trust for America’s Health, Oklahoma ranks as the 7th most obese state with the obesity rate doubling in Oklahoma over the last 15 years. Oklahoma ranks 44th among states in obesity. While the state trends toward this unfortunate distinction, Kiowa County appears to contribute to the momentum.

The 2014 State of the County’s Health Report for Kiowa County indicates that 31.1% of the population is obese. The same report indicates that 32.2% of the county’s population reported not engaging in any physical activity, which is higher than the state’s rate of 30.4%.

The 2014 State of the State’s Health Report states that only 51.5% and 27.8% of Kiowa County’s population consumed the minimal amount of fruits and vegetables respectively, giving the county a grade of “F” on a health report card.

According to Kiowa County’s Wellness Profile compiled by the Center for the Advancement of Wellness, 32.2% of the county’s residents are physically inactive. Only 1.5% consume the recommended amounts of fruits and vegetables per day. And there is a 29.6% prevalence of obesity.

In addition, the County Health Rankings site that 20% of Kiowa County residents have limited access to healthy food.

Of the 2013 Community Health Survey respondents, 50.6% attribute being overweight as among the most important health problems, and 80.2% recognize obesity as a county-wide health problem. Respondents self-reported that 14.7% of them had poor nutrition, and 34.1% struggle with obesity. Some recognized a barrier to increased physical activity as low opportunities for outside play.

It is clear that obesity and the rising rates of an overweight population are a critical concern both physically and economically for Kiowa County. In fact, the 2014 State of the County’s Health Report indicates that the county’s annual health care costs related to obesity when you consider the rate of obese adults (31.1%) with $2,741.00 additional costs per person, leads to more than $1 million dollars in additional health costs in 2010. That is a staggering figure that cannot be ignored. Is there any question why nutrition and physical activity are a priority area of this CHIP?
## Physical Activity & Nutrition

### Objectives:
- Increase the percentage of adults that consume the recommended servings of fruits and vegetables daily from 17.5% to 19.5% by March 2018.
- Reduce the percentage of adults that engage in no physical activity from 32.2% to 30% by March 2018.

<table>
<thead>
<tr>
<th>Strategy 1:</th>
<th>Assist in the development and implementation of effective policies in local schools, businesses, cities, and towns.</th>
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<tbody>
<tr>
<td>Strategy 2:</td>
<td>Collaborate and facilitate collaboration with other counties.</td>
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<td>Strategy 3:</td>
<td>Educate the community on healthful cooking.</td>
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<td>Strategy 4:</td>
<td>Increase the availability of fresh fruit and vegetables.</td>
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<td>Strategy 5:</td>
<td>Provide additional opportunities for physical activity to the community.</td>
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<td>Strategy 6:</td>
<td>Promote programs and applications that help with the tracking of individual health data.</td>
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</tbody>
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### Policy Changes Needed to Affect Change:
- Physical activity policies that support comprehensive physical education curriculum
- School nutrition policies that meet USDA guidelines
Tobacco Use

Tobacco use is another health issue that has received a great deal of attention over the past several years. While usage rates have dropped across the nation, Oklahoma continues to rank low compared to other states. The United Health Foundation ranked Oklahoma 47th in the nation for percentage of adult smokers. This is another poor ranking for a behavior that arguably has the greatest direct impact on health outcomes.

Furthermore, Kiowa County falls significantly below the state average. The high prevalence of smokers resulted in a grade of “D” on the 2014 State of the State’s Health Report.

As further evidence of the grave nature of these statistics, the 2010 Oklahoma Prevention Needs Assessment reports that 30.2% of Kiowa County 8th graders and 32.7% of 10th graders have smoked cigarettes, while 20.7% of 8th graders and 28.3% of 10th graders have used smokeless tobacco. Meanwhile, the 2013 Community Health Survey identified that 59.9% of community respondents indicated that tobacco use among youth as a problem. Of the respondents, 43.4% indicated that tobacco was one of the most important health problems. An average of 76.5% of respondents indicates that smoking, smokeless tobacco, and second hand smoke are harmful to one’s health.

There is a bright spot in the data as we look at the awareness and motivation of the community to address this issue in that 73.2% of the community respondents reported they would support removing tobacco from community parks (2013 Community Health Survey).

Clearly, tobacco use in Kiowa County is of significant concern and belongs on the list of priority focus areas. And, while the data indicates a poor baseline, the motivation and resources available to the community bode well for success.

Community Strengths:
- Caddo Kiowa Tobacco Education Coalition
- Tobacco Settlement Endowment Trust—Communities in Excellence Tobacco Grant
Objective:
- Decrease the adult smoking rate by 1.5% by 2018.

**Strategy 1:**
Eliminate second hand smoke exposure.

**Strategy 2:**
Prevent youth initiation through work and schools.

**Strategy 3:**
Promote tobacco cessation services.

**Strategy 4:**
Work with schools, Tribes, cities and towns to implement policies that will disallow tobacco use for indoor and outdoor property.

**Strategy 5:**
Reduce the tobacco industry’s influence through the use of media outlets.

Policy Changes Needed to Affect Change:  
- Pass Tobacco Free Parks in municipalities throughout Comanche County.  
- Restore Local Control through the Oklahoma Legislature.
Substance Abuse Prevention

Substance abuse has been a focus area of the county’s coalition for years. The Kiowa County Coalition has identified Alcohol, Tobacco, and other Drugs as a long-standing priority on previous strategic plans.

According to the National Survey on Drug Use and Health, Oklahoma is slightly higher than the nation in binge alcohol use in the past month with the Oklahoma rate being 23.29 per 100,000, while the nation is at 22.92. In terms of alcohol dependence or abuse in the past year, Oklahoma has a rate of 7.24, more than the 6.7 national rate.

The Oklahoma Prevention Needs Assessment, a survey conducted in Kiowa County schools shows that 52.3% of 8th graders and 59.4% of 10th graders have used alcohol in their lifetime as opposed to 48% and 63.6%, respectively for the state. In reference to binge drinking, 14.1% of 8th graders and 19.6% of 10th graders have participated, compared to 10.8% and 18% of the same grades across the state.

Drinking and driving also carries interesting statistics; 8% of 8th graders and 7.8% of 10th graders have been drunk behind the wheel as compared to 4% and 7.4% in the state.

Prescription drug abuse is Oklahoma’s fastest growing drug problem. The National Survey on Drug Use and Health indicates that the Oklahoma rate for nonmedical use of pain relievers in the past year is of 5.43 per 100,000. Higher than the national rate of 4.51. Oklahoma has the 9th highest rate of deaths involving prescription painkillers, and is one of the leading states in prescription painkiller sales per capita.

The Kiowa County Community Health Survey shows us that the 48.2% of respondents felt that drug abuse was the most important health problem. Alcohol abuse and prescription drug abuse follow with 21.1% and 20.5% considering them problematic as well. When asked to idea the greatest problems in Kiowa County, 75.9% identified underage drinking; 78.4%, meth; and 54.3%, prescription drugs.

Robert Wood Johnson’s County Health Rankings indicate that 13% of the county population engage in excessive drinking.

Community Strengths: Caddo Kiowa Tobacco Education Coalition Tobacco Settlement Endowment Trust—Communities in Excellence Tobacco Grant
## Substance Abuse Prevention

**Objective:**
- By 2018, reduce the number of drug-related arrests by 10%.*
- By 2018, reduce the number of alcohol-related arrests by 10%.*

<table>
<thead>
<tr>
<th>Strategy 1:</th>
<th>Create a media campaign.</th>
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<tr>
<td><strong>Strategy 2:</strong></td>
<td>Institute a prescription drug take-back program.</td>
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<td><strong>Strategy 3:</strong></td>
<td>Provide and promote alternative family activities.</td>
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<td><strong>Strategy 4:</strong></td>
<td>Promote evidence-based education and awareness.</td>
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<tr>
<td><strong>Strategy 5:</strong></td>
<td>Engage law enforcement.</td>
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**Policy Changes Needed to Affect Change:**
- Pass Tobacco Free Parks in municipalities throughout Comanche County.
- Restore Local Control through the Oklahoma Legislature.

* Data collected from OSBI Kiowa County Crime Statistics 2013.
Our Future Health

Kiowa County is now ready for Phase 6 of the MAPP process, the implementation of the Community Health Improvement Plan (CHIP). Monthly meetings by all three work groups will ensure that strategies progress toward improved outcomes at the end of three years. It is important to recognize that implementation is not the end of the process. There is a continual need to revise and evaluate the plan as we move forward. This will include continual engagement with new and previous community partners, as well as revisiting the plan annually to ensure that strategies continue to be appropriate and doable.

The cyclical nature of the MAPP model ensures continual improvement in community efforts around this county’s three priority areas. In truth, this plan is neither a beginning nor an end in our journey for improved health. For some the journey began years ago as dedicated individuals forged new relationships and coalitions in an effort to improve quality of life. For others, this CHIP offers an introduction to organized opportunities, synergistic relationships, and focused action that can improve the community we each call home. It ties our local community infrastructure into statewide efforts reflected in the Oklahoma Health Improvement Plan’s (OHIP) flagship goals including obesity reduction and tobacco use prevention, as well as its recent efforts around substance abuse prevention as it focused on illegal use of prescription drugs. There are still others that have yet to join the efforts toward positive health, who are unaware of all they have to offer to improve our community’s overall health. Our goal is to build on what has already begun, provide focus for those new to the fray, and opportunity for those yet to recognize their own potential contribution to a healthier community. As such, the workgroups will continue to grow in size and expertise as they work through these three priority issues.

Finally, it is understood that improved health outcomes take time as efforts transition from planning, to action, to results. As stated in the county’s vision: Kiowa County is a thriving community that embraces a healthy lifestyle, and this community embraces an opportunity to achieve just that.
Workgroup Member Organizations

**Physical Activity & Nutrition**

LIVE! Committee includes:
- CADC Head Start
- City of Hobart
- Elkview General Hospital
- Great Plains Youth & Family Services, Inc.
- Hobart Main Street
- Hobart Public Library
- Hobart Public School
- Kiowa County Health Department
- OK Kids
- OSU Extension
- OU Health Sciences Center
- Red Rock Systems of Care
- Turning Point

**Tobacco**

Caddo-Kiowa Tobacco Education Coalition membership includes:
- Caddo-Kiowa Technology Center
- Department of Human Services
- Great Plains Youth & Family Services, Inc.
- Hobart Public Schools
- Indian Health Services
- Kiowa County Health Department
- Kiowa Tribe
- OSU Extension Center
- Red Rock Regional Prevention Coordinator
- Turning Point
- Wichita Tribe

**Substance Abuse**

Kiowa County Coalition membership includes:
- Chamber of Commerce
- City of Hobart
- Democrat Chief
- Department of Human Services
- Elkview General Hospital
- Emergency Preparedness
- Evolution Foundation
- Girl Scouts
- Great Plains Youth & Family Services, Inc.
- Hobart Public Schools
- Kiowa County Health Department
- Kiowa Tribe
- KJTS
- Main Street
- Oklahoma Health Care Authority
- Oklahoma State Department of Health
- OSU Extension
- Red Rock—Regional Prevention Coordinator
- Red Rock Systems of Care
- Snyder Public Schools
- Turning Point
For more information or to get involved, contact:

Brandie O’Connor, MPH, Regional Director
Kiowa County Health Department
BrandieO@health.ok.gov
580.248.5890

Rebecca Villa-Winsett, Local Emergency Response Coordinator
Kiowa County Health Department
RebeccaW@health.ok.gov
580.726.3316