

MAPP PROCESS IN KAY COUNTY

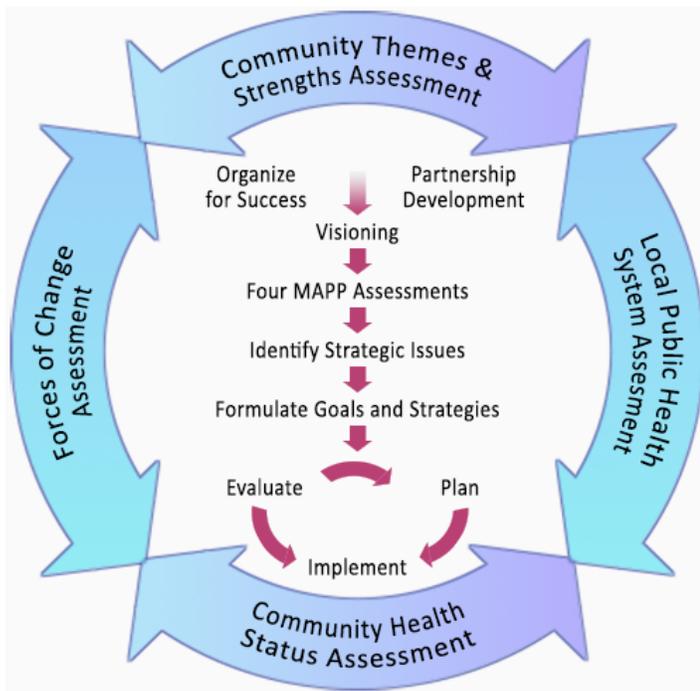


Figure 1. MAPP Assessments

As illustrated in the figure to the left, the four MAPP assessments are the frame work that supports our planning and actions. Each of the four assessments asks, and answers, different questions. The following is an overview of what each assessment means, and when and how they were completed in Kay County.

COMMUNITY HEALTH STATUS ASSESSMENT

Data collected on 11 Core Indicators comprise this assessment. These indicators are: Demographic Characteristics; Socioeconomic Characteristics; Health Resource Availability; Quality of Life; Behavioral Risk Factors; Environmental Health Indicators; Social and Mental Health; Maternal and Child Health; Death, Illness, and Injury; Infectious Disease; Sentinel Events.

This data answers the questions: Who are we and what do we bring to the table? What are the strengths and risks in our community that contribute to health? What is our health status?

In Kay this information was first compiled in the Spring of 2014. Reports from Community Commons (<http://www.communitycommons.org/>), the Oklahoma State of the State Health Report (<https://www.ok.gov/health/pub/boh/state/>), and County Health Rankings and Roadmaps (<http://www.countyhealthrankings.org/>) were some of the major sources of data.

For the purposes of our MAPP process, the latest versions of the reports containing the needed data are used to ensure that the subsequent MAPP assessments are informed by the most current data available. A “final” updated report, which will summarize the 11 core indicators across the various sources, will be included in the Kay County Community Health Assessment (CHA).

FORCES OF CHANGE ASSESSMENT

This assessment asks the community’s leadership to answer: What is occurring or might occur that will affect the LPHS or the community?

Data for this assessment was collected at a Kay County Mayor’s Round Table meeting in May 2015. Some of the forces discussed by this group were the effects of being a predominately rural county (very limited access to health care, limited transportation options, etc.), effects of poverty (churches and school currently primary source for support with food, addiction is strain on health care system, etc.), effects of ice and wind storms (provides opportunity to protect utility infrastructure by trimming trees).

In order to ensure the data for this report are as timely as possible, the survey will likely be updated with additional information, and, possibly, with additional leadership groups, in the coming months.



COMMUNITY THEMES AND STRENGTHS ASSESSMENT

This information, gathered from the community at large, answers the questions: What is important to our community? What are our communities' perceptions about quality of life? What assets do we have?

In Kay County this information was gathered in the Spring of 2014 via both an online survey and a paper survey mailed by the City of Ponca City (with residential utility bills). This assessment is to be completed every three to five years.

The following are highlights of the data from that assessment:

Table 1. Quality of Life Survey

1.	Overall Quality of Life	3.82
2.	Place to Raise a Family	3.33
3.	Place to Grow Old	3.15
4.	Support During Crisis	3.2
5.	Safe Place to Live	3.77
6.	Quality of Environment	3.05
7.	Economic Opportunity	2.76
8.	Health Care Resources	3.02
9.	Civic Responsibility	3.1
10.	Ability to Make a Difference	3.33

Note: Scale of 1(Lowest) to 5(Highest)

Figure 2. Top Responses: What are the most important factors for creating a health Kay County?

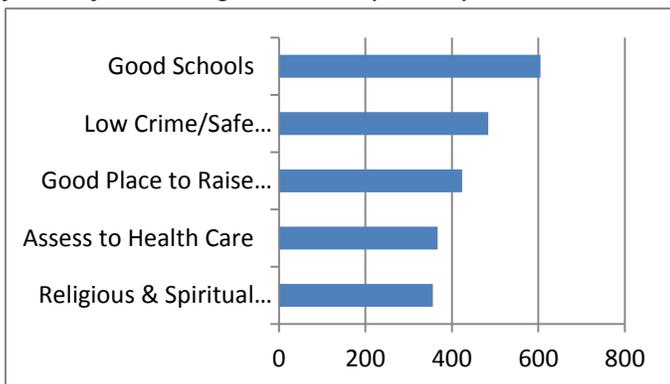


Figure 3. Top Responses: What are the biggest health problems in Kay County?

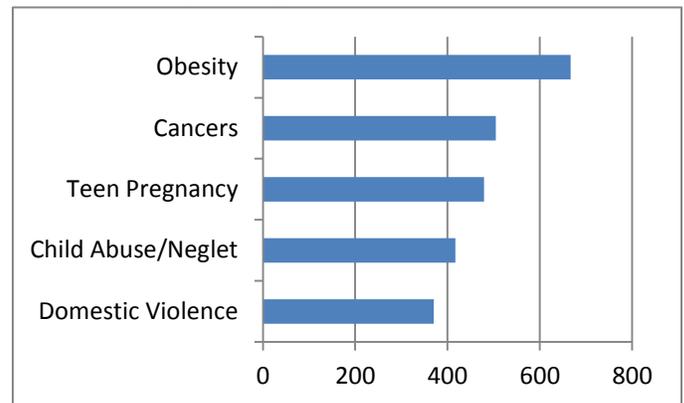
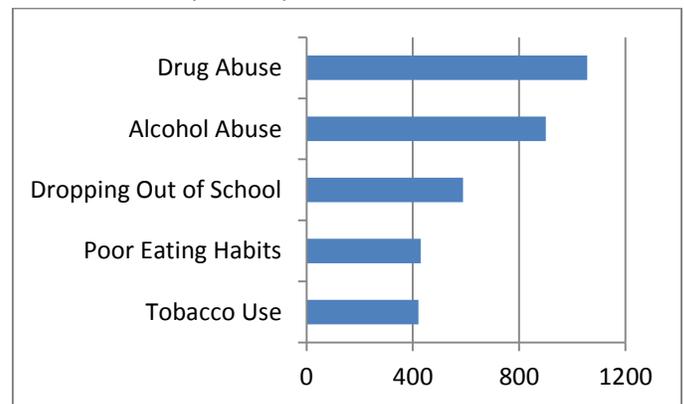


Figure 4. Top Responses: What are the most risky behaviors in Kay County?



LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

This assessment asks the local public health system members: What are the activities, competencies, and capacities of our LPHS?

The assessment is being completed in four parts, called workgroups. Members of the LPHS have been invited to specific workgroups based on their areas of interest and expertise. The consensus data collected at the assessment will be compiled into a report using the CDC's assessment tool.

This assessment is to be completed every three to five years.