McCurtain County
Community Health Assessment
Spring 2015

McCurtain County Coalition for Change

Vision: A progressive, safe, healthy and fun community.
ACKNOWLEDGEMENTS

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Core Team Meeting ~ March 10, 2015
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City of Idabel
Haworth School District
Healthy Start
Idabel Chamber of Commerce
Idabel Industrial Development Authority
Idabel Main Street
Idabel Police Department
Idabel Public Schools
Kiamichi Area Nutrition Program
Kiamichi Family Medical Clinic
Kiamichi Technology Center
Little Dixie Community Action Agency
McCurtain County Board of County Commissioners
McCurtain County Coalition for Change
McCurtain County Department of Human Services
McCurtain County Health Department
McCurtain County Sheriff’s Office
McCurtain County Youth Coalition
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# Glossary of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATCH</td>
<td>Coordinated Approach To Child Health</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control</td>
</tr>
<tr>
<td>CHSA</td>
<td>Community Health Status Assessment</td>
</tr>
<tr>
<td>CHA</td>
<td>Community Health Assessment</td>
</tr>
<tr>
<td>CHIP</td>
<td>Community Health Improvement Plan</td>
</tr>
<tr>
<td>CORE</td>
<td>Community Outreach and Rural Education</td>
</tr>
<tr>
<td>CTASA</td>
<td>Community Themes and Strengths Assessment</td>
</tr>
<tr>
<td>FOCA</td>
<td>Forces of Change Assessment</td>
</tr>
<tr>
<td>LCSW</td>
<td>Licensed Clinical Social Worker</td>
</tr>
<tr>
<td>LDCAA</td>
<td>Little Dixie Community Action Agency</td>
</tr>
<tr>
<td>LPHSA</td>
<td>Local Public Health System Assessment</td>
</tr>
<tr>
<td>MAPP</td>
<td>Mobilizing for Action through Planning and Partnerships</td>
</tr>
<tr>
<td>MCCFC</td>
<td>McCurtain County Coalition for Change</td>
</tr>
<tr>
<td>MCHD</td>
<td>McCurtain County Health Department</td>
</tr>
<tr>
<td>NACCHO</td>
<td>National Association of County and City Health Officials</td>
</tr>
<tr>
<td>OPSR</td>
<td>Oklahoma Partnership for School Readiness</td>
</tr>
<tr>
<td>PACE</td>
<td>Promoting Active Communities Everywhere</td>
</tr>
<tr>
<td>SAFE</td>
<td>Striving for an Abuse Free Environment</td>
</tr>
<tr>
<td>SOS</td>
<td>Southeast Oklahoma Services for Family Violence Center</td>
</tr>
<tr>
<td>SPF SIG</td>
<td>Strategic Prevention Framework State Incentive Grant</td>
</tr>
<tr>
<td>WIC</td>
<td>Women and Infant Children</td>
</tr>
<tr>
<td>VAWA</td>
<td>Violence Against Women Act</td>
</tr>
</tbody>
</table>
INTRODUCTION

Following a brief training, in the late summer of 2013, the McCurtain County Health Department (MCHD) in partnership with the McCurtain County Coalition for Change (MCCFC) began development of a Core Team to facilitate and involve community partners in the MAPP (Mobilizing for Action through Planning and Partnerships) process. The Core Team of 13 members is a subcommittee of the coalition.

MCHD and MCCFC engaged representatives from a variety of sectors in McCurtain County to complete the (MAPP) process with the ultimate goal of developing a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP). This document is a direct result of the MAPP Assessment Process which compiled four diverse assessments into one document; the Community Health Assessment (CHA).

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health System Assessment

These broad assessments allowed the opportunity for community partners and the public to give a true representation of the current health status in McCurtain County. The ultimate goal of the MAPP process is the development of a CHIP that truly reflects the needs and priorities of all residents of McCurtain County. Once the CHIP is developed and implemented health outcomes should increase for this rural county.

After reviewing the assessment data collected during the fall of 2013 and throughout 2014, eleven (11) potential strategic issues were identified.

- access to healthcare
- childhood health
- chronic disease
- domestic violence
- infant mortality
- mental health and substance abuse
- obesity
- physical activity
- tobacco
- unintentional injury
- teen pregnancy
The aforementioned potential priority issues are listed in no particular order.

Next step will be to conduct a Community Priority Setting Meeting where the voting process will narrow the top 11 priorities and/or bundle like priorities.

Following the meeting, volunteers will begin brainstorming ideas on how to address each of the top priority areas. Subject matter experts will be identified and chosen to chair each of the priority committees and community partners will be given the opportunity to serve on the committee for which they feel most qualified or passionate.

The committees will brainstorm strategic goals and solutions for each identified topic and communicate those ideas to the MAPP Core Team, where they will then be used to develop the Community Health Improvement Plan.
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."

Benefits of Undertaking MAPP

Below are just some of the benefits to be derived from the MAPP process.

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". 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".

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.
# DEMOGRAPHICS

<table>
<thead>
<tr>
<th>People Facts</th>
<th>McCurtain County</th>
<th>Oklahoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 2010</td>
<td>33,151</td>
<td>3,751,357</td>
</tr>
<tr>
<td>Population 2000</td>
<td>34,402</td>
<td>3,450,654</td>
</tr>
<tr>
<td>Under 18-2013</td>
<td>25.6%</td>
<td>24.6%</td>
</tr>
<tr>
<td>65 years and over-2013</td>
<td>16.7%</td>
<td>14.3%</td>
</tr>
<tr>
<td>White-2013</td>
<td>67.8%</td>
<td>75.4%</td>
</tr>
<tr>
<td>Black-2013</td>
<td>8.7%</td>
<td>7.7%</td>
</tr>
<tr>
<td>American Indian and Alaska Native-2013</td>
<td>15.7%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Asian-2013</td>
<td>0.5%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Native Hawaiian and Pacific Islander-2013</td>
<td>0.7%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Hispanic or Latino -2013</td>
<td>5.1%</td>
<td>9.6%</td>
</tr>
<tr>
<td>High School Graduates-2008-12</td>
<td>81.1%</td>
<td>86.2%</td>
</tr>
<tr>
<td>Bachelor's Degree or Higher-2008-12</td>
<td>13.0%</td>
<td>23.2%</td>
</tr>
<tr>
<td>Home Ownership Rate</td>
<td>69.0%</td>
<td>67.5%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>32,124</td>
<td>44,891</td>
</tr>
<tr>
<td>Persons Below Poverty</td>
<td>27.1%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Land Area in Square Miles</td>
<td>1,850.01</td>
<td>68,594.92</td>
</tr>
</tbody>
</table>
ASSESSMENTS

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) focuses on all of the organizations and entities that contribute to the public’s health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

The Local Public Health System (LPHS) Assessment was conducted on September 30, 2013. McCurtain County Coalition for Change, partnering with the McCurtain County Health Department, hosted the event at the Kiamichi Technology Center located strategically between the two largest cities; Broken Bow and Idabel. Those leaders, partners and members of the community, who represent the local public health system as indicated in the graphic below, were invited to participate in the day-long assessment. A total of 56 individuals, representing multiple agencies and community organizations, attended the event. The LPHS Assessment process allowed those partners in the LPHS, who provide or contribute to the Ten Essential Health Services, to evaluate the effectiveness of those services. As a result of the assessment, a report was generated from the software used Turning Point Technologies to identify gaps and opportunities in the LPHS as a whole.

The assessment revealed the need for better collaboration among those within the system as well as the need for specific activities to be evaluated in order to improve quality of service and overall outcomes. The assessment shows the LPHS as accomplishing the majority of the 10
Essential Health Services at a high moderate or low significant activity level. Participants scored the public health system’s effectiveness using the following options: No Activity; Minimal; Moderate; Significant; and Optimal. For questions asked and full results see Attachment A.

<table>
<thead>
<tr>
<th>Summary of Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Optimal Activity</strong></td>
</tr>
<tr>
<td>76% - 100%</td>
</tr>
<tr>
<td>Greater than 75% of activity described within the question is met.</td>
</tr>
<tr>
<td><strong>Significant Activity</strong></td>
</tr>
<tr>
<td>51% - 75%</td>
</tr>
<tr>
<td>Greater than 50% of activity described within the question is met.</td>
</tr>
<tr>
<td><strong>Moderate Activity</strong></td>
</tr>
<tr>
<td>26% - 50%</td>
</tr>
<tr>
<td>Greater than 25% of activity described within the question is met.</td>
</tr>
<tr>
<td><strong>Minimal Activity</strong></td>
</tr>
<tr>
<td>1% - 25%</td>
</tr>
<tr>
<td>Greater than zero but no more than 25% of activity described within the question is met.</td>
</tr>
<tr>
<td><strong>No Activity</strong></td>
</tr>
<tr>
<td>0%</td>
</tr>
<tr>
<td>0% or absolutely no activity.</td>
</tr>
</tbody>
</table>

Results of this assessment will also be used in combination with other assessments from the MAPP process to select strategic issues, setting priorities and developing action plans with regards to the McCurtain County Community Health Improvement Plan (CHIP).

The following scores were recorded during the day long assessment.

<table>
<thead>
<tr>
<th>Essential Services</th>
<th>No Activity</th>
<th>Minimal Activity</th>
<th>Moderate Activity</th>
<th>Significant Activity</th>
<th>Optimal Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES #1 Monitor Health Status</td>
<td></td>
<td></td>
<td></td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>ES #2 Diagnose and Investigate</td>
<td></td>
<td></td>
<td></td>
<td>63%</td>
<td></td>
</tr>
<tr>
<td>ES #3 Educate/Empower</td>
<td></td>
<td></td>
<td></td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>ES #4 Mobilize Partnerships</td>
<td></td>
<td></td>
<td></td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>ES #5 Develop Policies/Plans</td>
<td></td>
<td></td>
<td></td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>ES #6 Enforce Laws</td>
<td></td>
<td></td>
<td></td>
<td>56%</td>
<td></td>
</tr>
<tr>
<td>ES #7 Link to Health Services</td>
<td></td>
<td></td>
<td></td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>ES #8 Assure Workforce</td>
<td></td>
<td></td>
<td></td>
<td>51%</td>
<td></td>
</tr>
<tr>
<td>ES #9 Evaluate Services</td>
<td></td>
<td></td>
<td></td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>ES #10 Research/Innovations</td>
<td></td>
<td></td>
<td></td>
<td>55%</td>
<td></td>
</tr>
</tbody>
</table>
Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The Forces of Change Assessment is designed to determine what is occurring or might occur that could affect the health of a community or the local public health system and the specific threats or opportunities that are generated by these occurrences. Forces can be identified as local, regional or global. Examples of such forces include, but are not limited to: economical, environmental, legal, political, social, medical, technological, and ethical.

The Forces of Change Assessment was conducted on Tuesday, September 14, 2014 at a community (focus group) meeting with 36 partners present. The following six questions were asked, for assessment results see Attachment B.

1. What do you believe are the most important issues to improve in order to create a healthy McCurtain County?
2. What do you believe is keeping our county from doing what needs to be done to improve the health and quality of life for McCurtain County?
3. What has occurred recently that may affect our local public health system in McCurtain County?
4. Are there trends occurring that will have impact on McCurtain County? Describe the trends.
5. What has occurred recently that may affect our local public health system in McCurtain County?
Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment provides a deep understanding of the issues that residents believe are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

During the summer of 2014, the MAPP Core Team, in partnership with the McCurtain County Health Department, launched the Community Themes and Strengths Assessment. The McCurtain County Coalition for Change is comprised of members who represent the diverse communities in McCurtain County: Broken Bow, Wright City, Haworth, Smithville, Battiest, Eagletown, Garvin, Millerton, and Valliant.

The Community Themes and Strengths Assessment consisted of:
- Community Health Surveys
- Community Meetings/Surveys
- Public Meeting

The Community Themes and Strengths Assessment Survey were administered for three (3) months during the summer of 2014. A total of 118 surveys were recorded. The survey was comprised of a series of yes/no and multiple choice questions. McCurtain County residents were asked to respond to geographical, demographic and other health-related questions. Residents were also asked to respond to questions regarding the environment and their overall quality of life. Surveys were available via the web and in hard copy.

The survey was offered electronically through Survey Monkey and in hard copy at the McCurtain County Health Department and the Department of Human Services. Surveys were distributed via email through McCurtain Memorial Hospital and the McCurtain County Coalition for Change. A presentation was also conducted at the local Lion’s Club to bring awareness and encourage completion of the survey. For assessment results see Attachment C.

Community Health Status Assessment

The Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"
The Community Health Status Assessment contains data which focuses on the identification and analysis of data relating to health status, quality of life, socioeconomic status, risk and protective factors, health resource availability, environment, social and mental health, maternal and child health, death, illness and injury, communicable disease and sentinel events. The assessment provides a fundamental objective overview of the community’s health.

Data for the assessment was collected from a variety of sources and compiled by various committee members. The Community Health Status Assessment for McCurtain County was completed in the January 2015. Partners from the McCurtain County Coalition for Change worked in collaboration with the MAPP Core Team to complete the assessment. For assessment results see Attachment D.

Data were collected from:

Annie E. Casey Foundation: Kids Count Data
Oklahoma Health Care Authority: Fast Facts
State Department of Education: Low Income Report 2014
Oklahoma Department of Public Safety
Oklahoma Department of Mental Health and Substance Abuse Services
Oklahoma State Department of Health
Center for the Advancement of Wellness
Community Commons
U.S. Census Bureau – McCurtain County Quick Facts
Oklahoma State Department of Health - Preparing for a Lifetime
Oklahoma State Department of Health
Youth Risk Behavioral Survey
Oklahoma State Department of Health ~ Domestic Violence
County Healthy Rankings and Roadmaps 2013
CDC Wonder 2008-2010
Robert Woods Johnson County Health Rankings 2014
Oklahoma State Department of Health ~ County Report Card
Oklahoma State Department of Health ~ County Health Rankings
CDC for Age-Adjusted Diagnosed Diabetes Incidence

Kaiser Family Foundation
Windshield Survey of McCurtain County 2014
Physical Activity and Nutrition Grant McCurtain County Health Department
Centers for Disease Control and Prevention
2014 State of the State Health Report
U.S. Census Bureau – McCurtain County Quick Facts
Oklahoma State Department of Health - Preparing for a Lifetime
Oklahoma State Department of Health ~ Domestic Violence
County Healthy Rankings and Roadmaps 2013
CDC Wonder 2008-2010
Robert Woods Johnson County Health Rankings 2014
Oklahoma State Department of Health ~ County Report Card
Oklahoma State Department of Health ~ County Health Rankings 2010
CDC for Age-Adjusted Diagnosed Diabetes Incidence
Kaiser Family Foundation
Windshield Survey of McCurtain County 2014
Physical Activity and Nutrition Grant McCurtain County Health Department
Centers for Disease Control and Prevention
Oklahoma State Department of Health ~ Youth Risk Behavioral Survey
Priority Elements of the Four Assessments

While the comprehensive assessment identified many elements worthy of improvement, a focused effort is necessary to ensure an effective approach to the community’s health. As such, eleven items were selected 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.

- **Access to Care**

Access to care is the availability of primary providers, specialists, family medicine, internal medicine, pediatricians, and OB/GYN’s to community members. Having access to medical services increases the likelihood that people will have routine check-ups and screenings. Communities that lack an adequate number of primary care providers usually have citizens who delay necessary care when they are sick causing conditions to become more severe and complicated. It was discovered that McCurtain County had only 18 providers for a population of almost 34,000 residents. Further complicating the issue of limited providers in such a large demographic area is the high percentage of residents living below poverty level (26.1%). Additional issues confirmed almost 37% of children living in poverty and with a large number of individuals with disabilities (1,592 in December of 2013). Access to care was a top concern for citizens who responded to the Community Themes and Strengths Assessment.

- **Childhood Health**

The indicators for childhood health in McCurtain County are very concerning. Thousands of area children live in high risk families including households with one or more of the following risk factors: frequent conflict or domestic violence, single head of households, a substance abusing or mentally ill household member, and/or a teen parent.

All of these indicators can have significant adverse effects on children. Including but not limited to: anxiety, depression, impulsive behavior, and poor performance in school. Children who interface with these indicators are more likely to drop out of school, to become teen parents, and to use drugs and alcohol.

Thirty-four percent of children in McCurtain County live in poverty; that is 10% higher than the state average. In 2013 almost 30% of children in McCurtain County received Sooner Care. Approximately 4 out 5 of young children (82%) in McCurtain County completed their primary immunization series, ranking the county as the 10th best in the state. Additional measures regarded were 42% of children living in single parent households and almost 80% of children in the county receiving free or reduced lunches.
**Chronic Disease**

Chronic disease is defined as a non-infectious condition that persists for more than three months. Examples include arthritis, COPD, cancer, diabetes, asthma, and HIV/AIDS. Heart disease, cancer and diabetes are among the leading causes of death in the United States and McCurtain County has high rates of these diseases. In the State of the State’s Health Rankings (SSHR) McCurtain 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. Of low-income adults in McCurtain County, 16.5% live more than 1 mile from a grocery store which decreases their access to fruits and vegetables. When surveyed, an overwhelming 86.4% of adults in McCurtain County report eating less than 5 servings of fruits and vegetables a day.

Additional measures causing concern within the county include: adults with diabetes at 10.5% above the state rate of 10% and cancer incidence at 192.7 per 100,000 people. Adults who are obese are at 33.3% above the state average of 32% and well above the national average. Poor physical health days at 4.7 are almost twice the national average.

**Domestic Violence**

The Community Themes and Strengths Assessment revealed that McCurtain County community members see a strong need for improvement in the area of domestic violence and like violations against others.

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. McCurtain County has both, a high liquor store density and substance abuse rates, which likely contributes to increased domestic violence.

Statistics have shown that child abuse is also 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. Adverse childhood experiences are at a far higher rate for McCurtain County than state or national averages. Children 0-17 in foster care are at 67 per 1000 children in 2013. Adverse childhood experiences score for McCurtain County was at 38.0 in 2004. Arrests for juveniles for violent crimes were at 12 for 2008.

Annually, approximately 20,000 cases of domestic violence are reported in the state of Oklahoma. Domestic violence and sexual assault are one of the most under reported crimes. Although the community strongly recognizes that domestic violence is an area that needs continued attention, statistics specific to McCurtain County were not readily available for the purpose of documenting in the Community Health Assessment. The Core Team will continue to recognize the need to include domestic violence issues within the community health improvement plan.
• **Infant Mortality**

The number of infant deaths before the age of one in McCurtain County is concerning. Contributing factors include: high rates of teen mothers, high rates of babies born at low birth weights and lack of early prenatal care.

Infants whose mothers do not receive prenatal care in the first trimester (67.8%) are more likely to have a low birth weight and are at a higher risk for death than those infants whose mothers get care early on in the pregnancy. Mothers who see a physician early on in their pregnancy can correct un-healthy behaviors and identify potential problems, which could prevent damage to the developing fetus. The infant mortality rate for African Americans in McCurtain County is astronomically high at 14.6 in 2012.

Additional measures looked at were McCurtain county teen birth rates at 39.2% in 2014 whereas the state was at 22.9% for girls between the ages of 10 and 19. Low birth rate babies are at 8.1% for 2014 slightly below the state average.

Little Dixie Community Action Agency (LDCAA) received a Community Action Network grant (Healthy Start grant) to work on improving the infant mortality rates in McCurtain County for the next 5 years. Healthy Start will work in partnership with the health department’s Preparing for a Lifetime program through Children First.

• **Mental Health and Substance Abuse**

The number of people who are mentally ill in McCurtain County continues to rise and within the last two years has increased nearly ten percent. Substance abuse indicators have also been on the rise in recent years. Factors contributing to the poor mental health status and high rates of substance abuse of McCurtain county including: poverty, family disruption (domestic violence and divorce), and high liquor store density.

Minimal treatment options for both severe mental illness and addiction issues are also a concern in the area. Currently, there is no inpatient treatment available for adults within the area and no psychiatrists to oversee outpatient treatment within McCurtain County. There are also limited mental health facilities that provide care to the uninsured. The ratio for mental health provider was at 544:1 in 2014; whereas the state ratio is at 426:1. Poor mental health days were at 4.0 for 2013 sitting slightly below the state average of 4.2 for the same time period. McCurtain County’s suicide rate was an alarming 23.9 per 100,000 people. As a result of substance abuse, there were 74 alcohol related car crashes in McCurtain County in 2010.

• **Obesity**

McCurtain County is ranked 64th in Oklahoma for health factors and the steadily increasing obesity rate is of notable concern. McCurtain County also has high rates of medical complications directly related to obesity including diabetes, heart disease, and stroke. Limited
physical activity and low intake of fruits and vegetables play a significant role in the increase in obesity as well as: increased sedentary lifestyles, too much screen time, lack of healthy parental role models, limited availability of healthy food choices, poverty, and lack of easily accessible sidewalks.

One in three adults is obese in McCurtain County tying it for the 4th highest rate in the state, which was 24% higher than the national rate. McCurtain County ranked at 37% for people who were sedentary; the state ranking at 31% for 2014. Recreation and fitness facilities for the entire county were at 6 sites.

- Physical Activity

Sedentary lifestyles have put community members at an increased risk for: obesity, heart disease, diabetes, colon cancer, and high blood pressure. Physical activity decreases these risks as well as improves mood and promotes healthy sleep patterns. A community’s physical environment can influence the availability of opportunity to participate in physical activity. Measures looked at were the high percentage of adults who were sedentary (37%) in 2014. Adults with no leisure time activity were at 34.6% compared to 29.36% for the state. McCurtain County, with almost 2200 square miles, has only 6 recreation and fitness locations.

McCurtain County’s physical environment has improved significantly in the last few years. In 2010, the county ranked 76th out of 77 counties, however in 2014, the county increased the ranking to 65th.

During the Forces of Change Assessment, citizens voiced concerns about the need for the parks to be revitalized. Attendees recommended improving sidewalk accessibility so people can increase their outdoor activity by walking safely to work, shop and play. The community also expressed the need for more physical activity opportunities for adolescents and teens. The city of Idabel is currently constructing a new park.

- Tobacco Use

Tobacco affects the whole body causing physical and mental dependency; as well as illness and disease. Approximately one-third of Americans will die prematurely because of their tobacco dependence.

McCurtain County has decreased its smoking prevalence rate from 33% to 22.7%; approximately 1 percentage point each year for the last 10 years. Currently the county is under the state prevalence rate, but still received a ‘D’ on the County Health Report Card for tobacco use. Cancer incidence for McCurtain County was at 510.2 people per 100,000. On a good note, all cities and towns in McCurtain County have adopted Clean Indoor Air and Youth Access Ordinances as well as all school districts have adopted 24/7 No Tobacco policies.
• **Unintentional Death and Injury**

Across the nation and the state of Oklahoma, unintentional and violence-related injuries are on the rise. Unintentional injuries account for the 5th leading cause of death in the United States and Oklahoma for 2002-2006. For persons ages 1 to 44 in Oklahoma, unintentional injuries are the leading cause of death.

This trend does not change much in McCurtain County where unintentional injuries are the leading cause of death for ages 5 to 44 in McCurtain Counties. Department of Public Safety has estimated that for every motor vehicle related death $1.3 million in economic costs are incurred. For McCurtain County, which has an average of 15.8 motor vehicle-related deaths a year, the estimated economic costs are almost $20.5 million a year. Violence-related injuries (homicide and suicide) in McCurtain County rank in the top 10 causes of death for persons from 15 to age 64 and suicide is the 7th leading cause of death for all ages.

In 2010, the most recent year that data are publicly available, injuries accounted for almost $1.4 billion of Oklahoma’s hospital inpatient charges, or almost $34,000 per discharge. This equates to more than 10% of total inpatient charges in 2010 and does not consider other related medical expenses or lost productivity.

In McCurtain County, unintentional injury is the 4th leading cause of death at 84.4 deaths per 100,000 population. The county rate is lower than the rate of 90.2 which was reported in the previous County Health Report. The current rate is higher than the state rate of 58.7 deaths per 100,000 population.

Motor-vehicle accidents account for 48% of McCurtain County’s unintentional injury deaths per 100,000 population, resulting in an estimated cost of $93.7 million in 2011. This cost includes wage and productivity losses, medical expenses, administrative expenses, motor vehicle damage, and employers’ uninsured costs ($1.42 million per death).

Violence-related deaths (suicide and homicide) are also leading causes of death in Oklahoma. McCurtain County’s homicide rate of 9.5 deaths per 100,000 population is 44% higher than the state rate of 6.6 deaths per 100,000 population, and the suicide rate of 24.1 deaths per 100,000 population is 45% higher than the state rate of 16.6 deaths per 100,000 population. An additional measured looked at was adults who drink excessively at 9%; we are 1% point behind the state at 10% in 2014.

• **Teen Pregnancy**

“Making a Difference” is an evidenced based abstinence program, through MCHD, that is currently being taught in the McCurtain county public schools by the Teen Prevention Coordinator. The indicators for childhood health in McCurtain County are very concerning.
Thousands of area children live in high risk families including households with at least one of the following: frequent conflict or domestic violence, single head of households, a substance abusing or mentally ill household member, and/or a teen parent.

All of these indicators can have significant adverse effects on children. Some of these affects include: anxiety, depression, impulsive behavior, and poor performance in school. Children who interface with these indicators are more likely to drop out of school, to become teen parents, and to use drugs and alcohol. While McCurtain County has seen a decrease in teen pregnancy rates over the last 4 years according to Kids Count report from the Robert Woods Johnson Foundation, continued attention to teen pregnancy will assist in continuing to decrease teen pregnancy.

**Next Steps**

The four assessments combine to form a comprehensive review of McCurtain 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.

**Resources**

The McCurtain County Coalition for Change 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 the following:

**For all public health issues:**

- McCurtain County Health Department
- Choctaw Nation of Oklahoma
- Center for Disease Control and Prevention
- Oklahoma State Department of Health
- Little Dixie Community Action Agency

**Access to Health Care**

- Oklahoma Health Care Authority
- Kiamichi Family Medical Clinic
- McCurtain Memorial Hospital
- Rural Health of Southeast Oklahoma
- Little Dixie Transit

**Childhood Health**

- Department of Human Services
- Oklahoma Health Care Authority
- Oklahoma Partnership for School Readiness (OPSR) - Smart Start Oklahoma

- Oklahoma Office of Juvenile Affairs
- Systems of Care
- Oklahoma Health Care Authority

**Chronic Disease**
- American Diabetes Association
- American Lung Association
- Million Hearts Campaign ~ 1422 Grant

**Domestic Abuse**
- SOS for Family Violence Center
- McCurtain County Sheriff’s Office
- VAWA
- Choctaw Nation of Oklahoma
  - Legacy
  - Project SAFE
- Bright Beginnings

**Infant Mortality**
- Little Dixie Community Action Agency
  - Community Action Network ~ Health Start Grant
- McCurtain County Health Department
  - WIC Program
  - Children 1st Program
  - Sooner Start
  - Social Worker
  - Teen Pregnancy Prevention Nurse
- Choctaw Nation of Oklahoma
  - WIC Program
  - Support for Expecting and Parenting Teens
- Wee Care Pregnancy Center

**Mental Health and Substance Abuse**
- Southeastern Oklahoma Interlocal Cooperative
  - Strategic Prevention Framework State Incentive Grant
  - Regional Prevention Coordinator
- Kiamichi Council on Alcoholism and Substance Abuse
- Valliant House Treatment Center for Women
- McCurtain Memorial Hospital ~ New Directions
- Providence of Oklahoma
- Carl Albert Mental Health Services
- Sequel Care of Oklahoma
• McCurtain Memorial Hospital- Behavioral Health
• A Place for Change

Obesity
• Tobacco Settlement Endowment Trust ~ LEAN Team
• Oklahoma State University Extension Office
  Diabetes Support Group
• Kiamichi Area Nutrition Program
• CATCH Kids Club

Physical Activity
• Tobacco Settlement Endowment Trust ~ LEAN Team
• Choctaw Nation of Oklahoma
• PACE Program
• CATCH Kids Club

Tobacco
• Tobacco Settlement Endowment Trust ~ Project SPIT
• Oklahoma State University Extension Office
  Kids Rock Program
• American Lung Association
• American Cancer Society

Unintentional Injury
• McCurtain County Sheriff’s Office
• Broken Bow Police Department
• Idabel Police Department
• Regional Prevention Coordinator

Teen Pregnancy
• Little Dixie Community Action Agency
  Community Action Network ~ Healthy Start Grant
• McCurtain County Health Department
  WIC Program
  Children 1st Program
  Sooner Start
  Social Worker
  Teen Pregnancy Prevention Nurse ~ Making a Difference Curriculum
• Choctaw Nation of Oklahoma
  WIC Program
  Support for Expecting and Parenting Teens