

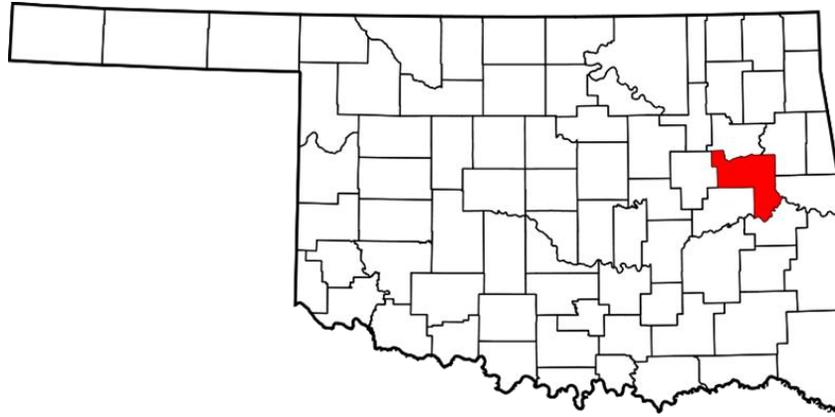


Muskogee County Community Health Assessment

Summer 2015

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Introduction

In the fall of 2013, the Muskogee County Health Department engaged ongoing community coalitions and community partners in an effort to assess the health status of Muskogee County residents. Using the Mobilizing through Planning and Partnerships model, also known as MAPP, we gathered information for 4 assessments that include the Community Health Status, Community Themes and Strengths, Local Public Health System, and Forces of Change. By using these assessments, we feel that we have provided a comprehensive view of the current health outcomes, as well as the factors, both real and perceived, that influence the health of Muskogee County.

After reviewing the data from the 4 assessments, 10 elements were identified for closer review and discussion. It is among these 10 elements that the priority areas for improvement will be selected. They include:

- ❖ Obesity/Overweight
- ❖ Access to Healthy Foods
- ❖ Heart Disease
- ❖ Cancer
- ❖ Poor Dental Health
- ❖ Diabetes
- ❖ Stroke
- ❖ Lack of Consistent Primary Care
- ❖ Tobacco Use
- ❖ Teen Births

A shared vision was also determined by those that participated in the MAPP process and will be the constant focal point when determining our goals and strategies.

“An inclusive public health system with shared efforts for planning, policy development, and accountability, positioned to respond to public health challenges, while protecting and promoting the health and well-being of Muskogee County citizens”

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:

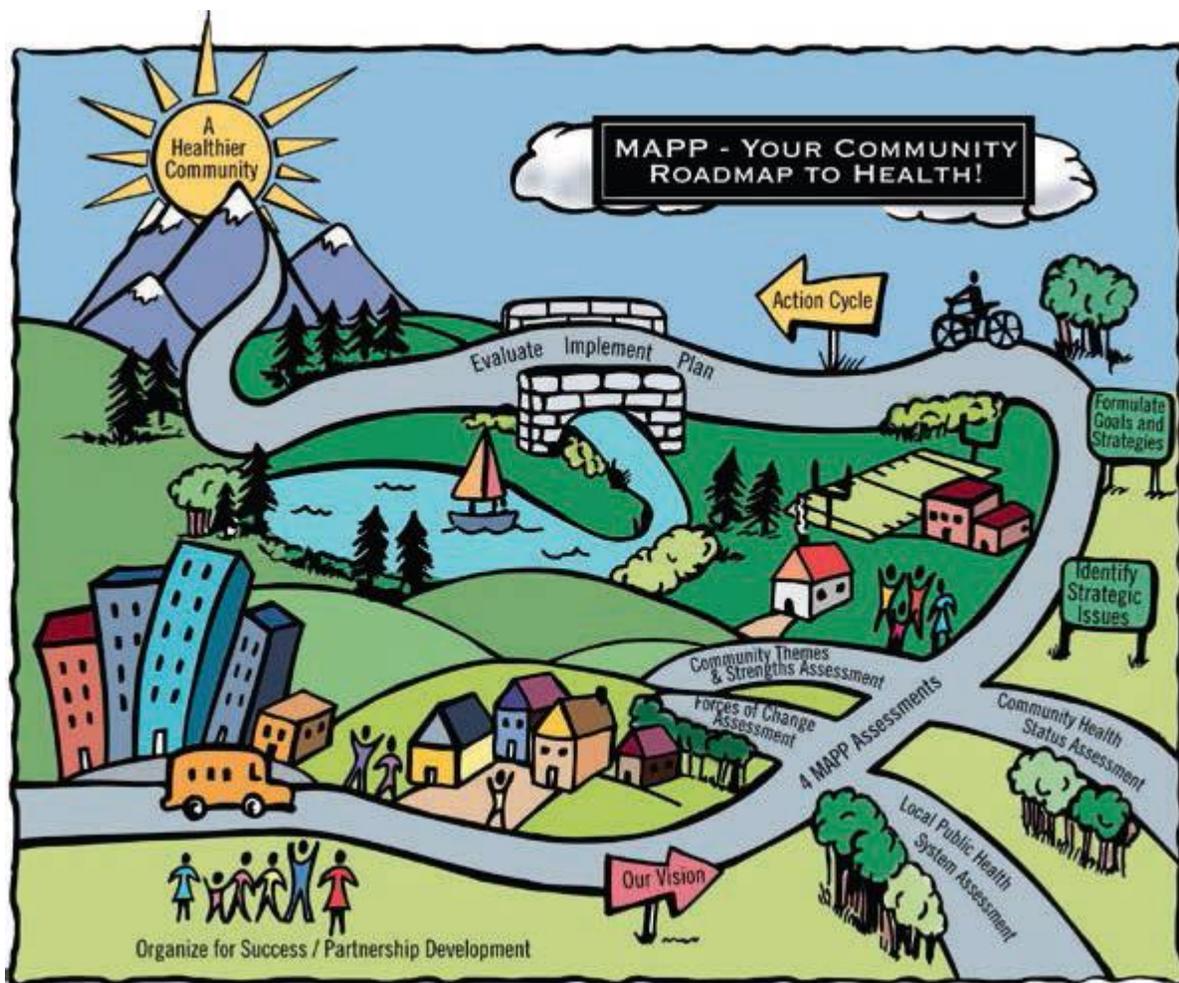
"Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."



The benefits of using the MAPP process, as identified by NACCHO, include:

- ✓ **Create a healthy community and 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 solution 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 strong community spirit.



Muskogee County Community Health Status Assessment



Muskogee County, Oklahoma is located in eastern Oklahoma, and is the site of convergence of the Arkansas, Verdigris, and Grand Rivers. This location has major historical significance. When President Andrew Jackson passed the Indian Removal Act of 1830, the Five Civilized Tribes were relocated to the Indian Territory through the Trail of Tears. The Cherokee and Creek tribes established settlements near Muskogee, with the town being incorporated into both Indian Nations. The Creeks made Muskogee the Capital of the Creek Nation in 1836, but relocated its national capital to Okmulgee in later years. Following the American Civil War, the United States Federal government allowed railroads to be built on Indian soil for the first time and in 1872, the Missouri-Kansas-Texas Railroad was extended to this area. In 1889, a United States federal court was established at the city. This was the first federal court that exercised jurisdiction within Indian Territory. Before this point, all jurisdiction had been given to the federal court located in Fort Smith, Arkansas. With the establishment of a federal court, Indian Territory was opened to white settlers via land runs. The Native American culture is an important feature of Muskogee County, both historically and in terms of health and cultural perspectives.

It is important to note that with nearly 39,000 people, the city of Muskogee contains 55% of the county's population and is over nine times larger than the next largest town in the county, Ft. Gibson. The city of Muskogee is 16% African American, which is 45% higher than in the county, and over twice the percentage of the state's population of African Americans.

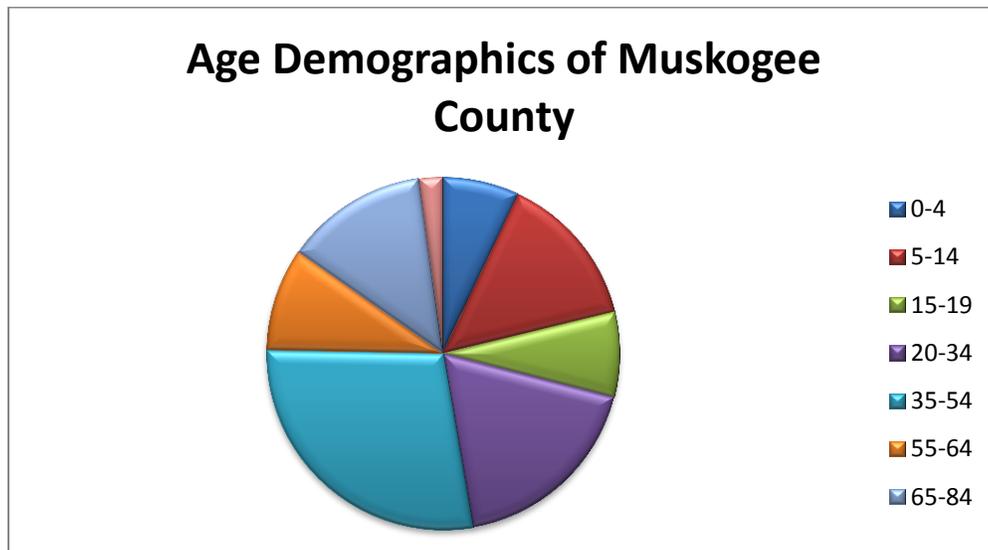
The bordering counties include Wagoner County to the north, Okmulgee County to the west, McIntosh and Haskell Counties to the south, Sequoyah County to the east, and Cherokee County to the east and northeast. Muskogee County is 810.45 square miles, and the city of Muskogee is the County seat. Incorporated towns and cities within the county include Boynton, Braggs, Council Hill, Fort Gibson, Haskell, Muskogee, Oktaha, Porum, Taft, Wainwright, Warner and Webbers Falls. There are various other populated places within Muskogee County that are rural and unincorporated.



Demographics Current population demographics and changes in demographic compositions over time play a role in determining the types of health and social services needed by communities.

Population

Muskogee County has a population of 69,966 according to the US Census Bureau 2014 estimate. This population estimate indicates a decline in population of 1.4% from the 2010 census. The population density reported from the 2010 census was 87.6 persons per square mile. The people of Muskogee County identify as 61.3% white, 11.1% black or African American, 18.5% American Indian or Alaskan Native, .7% Asian, and .1% Native Hawaiian and Other Pacific Islander, while 8.2% of the population describe themselves as being of two or more races, and 5.6% are Hispanic or Latino. The population is 51.7% female and 48.3% male. Population by age is depicted in the graph below. The median age in Muskogee County is 37. This is important, as the age demographics can indicate the potential for age specific health conditions and the demand for related services.



Population with any Disability

Disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. The percent of population with a disability in Muskogee County is 19.2% among civilians, which includes hearing, vision, cognitive, ambulatory and self-care difficulties. This is important to note, due to the specific health care and other services needed.

American Indian Population

Race and ethnicity in the United States Census defined by the Federal Office of Management and Budget and the United States Census Bureau are self-identification data items in which residents choose the race or races with which they most closely identify. According to the 2013 US Census QuickFacts, 18.5% of the population in Muskogee County self identifies as American Indian, which compares to 9% of the state of Oklahoma. Tribal services are widely available in the county through Cherokee and Creek Nations, with health promotion services that reach the general population as well.

Black or African American Population

According to the 2013 US Census QuickFacts, 11.1% of the population of Muskogee County self identifies as black, compared to the state rate of 7.7%. As noted previously, 16% of citizens within the city of Muskogee are black, compared to the county rate of 11.1%.

Veterans

The Jack C. Montgomery Veterans Administration Medical Center is located in Muskogee. This service is invaluable to the 6,266 Veterans who live within the county as well as those in the surrounding region. The VA Medical Center offers a variety of primary and secondary levels of inpatient medical and surgical care, along with outpatient primary and consultative care in medicine, surgery and psychiatry.

Home Ownership

There are 29,575 total housing units within Muskogee County, with 26,459 being occupied. Ownership of housing units is 69.6%, while 30.4% are rentals. The median value of a home in Muskogee County is \$57,700, with a median monthly mortgage of \$658, and a median monthly rent of \$396.

Employment Status

The unemployment rate in Muskogee County as reported by the US Census QuickFacts for 2103 is 4.9%, compared to the state rate of 4.3%. This is the percentage of the civilian non-institutionalized population age 16 and older that is unemployed (non-seasonally adjusted). Unemployment is relevant because unemployment creates financial instability which greatly affects the ability of individuals and families to obtain goods and services, which contribute to poor health status.

Social and Economic Factors Economic and social insecurity are often associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Poverty

Poverty is considered a key driver of health status. This is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. The percent of population living below 100% of the Federal Poverty Level in Muskogee County is 22.51%, as reported by CHNA 2014. This is significantly higher than the state rate of 16.58%, and the national rate of 14.88%. It is also noteworthy that 65.21% of public school students are eligible for Free/Reduced Price lunch. This indicates vulnerable populations which are more likely to have multiple health and social support needs. Median household income in Muskogee County is \$38,502, compared to the state median income of \$45,339.

Educational Achievement

High school graduation measures the percent of students receiving their high school diploma within 4 years. This indicator is relevant because low levels of education are often linked to poverty and poor health. Approximately 84.9% of freshmen enrollments receive their high school diploma on time. This is slightly below the state average of 86.4%. Of the county population aged 25 and older, 9% do not have a high school diploma or equivalency. Of this same population, 17.9% have achieved a bachelor's degree or higher, compared to the state average of 23.5%.

Teen Births

This indicator reports the total rate of births to women aged 15 to 19 per 1,000 females in this age group. This is relevant because in many cases, teen parents have unique social, economic and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices. The teen birth rate in Muskogee County is 69.2 per 1,000, compared to 53.8 for Oklahoma, and 36.6 nationally.

Adequate Social and Emotional Support

This indicator reports the percentage of adults aged 18 and older who self-report receiving sufficient social and emotional support all of the time or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. Of adults aged 18 and older, 24.6% of the population report adequate social and/or emotional support compared to the state average of 20.1% and national average of 20.68%. [CHNA 2014]



Access to Care

The lack of health insurance is a key driver of health status. Included in this section is the rate of uninsured and Medicaid populations for Muskogee County. The total percentage of the civilian non-institutionalized population without health insurance coverage is 28.1%. This is above the state average of 26%, and the national average of 20.76%. The lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contribute to overall health status. Of the 67,739 for whom Insurance Status is determined, 27.36% is enrolled in Medicaid [Oklahoma Health Care Authority Fact Facts 2013], compared to 20.45% statewide, and 19.59% nationally. This is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Physical Environment A community's health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health.

Mobility

Community mobility contributes to health and quality of life by supporting independence, and sense of identity, social participation, and access to work, health care, and the community. Mean travel time to and from work in Muskogee County is 20.2 minutes compared to the state average of 21.0 minutes.

Access to Healthy Foods

This section reports the number of fast food restaurants, grocery store and liquor store access per 100,000 population. Food deserts are also identified. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This provides a measure of healthy food access and environmental influences on dietary behaviors. Compared to the state fast-food establishment rate of 71.25 and national establishment rate of 71.97, Muskogee County has 76.07 establishments per 100,000 population. This equates to 54 establishments for 69,966.

Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. Grocery store access in Muskogee County is 16.9 per 100,000 population, compared to 16.45 statewide, and 21.14 nationally. Liquor stores are defined as retail outlets selling beer, wine or liquor. Liquor store access in Muskogee County is 5.63 establishments per 100,000 population, compared with 9.94 statewide, and 10.35 nationally.

It is also important to note that among the total population living within Muskogee County, 5.73% are considered low income with low food access. The Modified Retail Food Environment Index reports the percentage of population living in census tracts with no or low access to healthy retail food stores. The reported percent of population with no healthy food outlet available in Muskogee County is 26.74%, which is somewhat lower than the state percentage of 37.41%, and higher than the national rate of 18.63%.

Poor Air Quality

This reports the percentage of days per year with Ozone (O₃) levels above the National Ambient Air Quality Standard of 75 parts per billion (ppb). Figures are calculated using data collected by monitoring stations and modeled to include census tracts where no monitoring stations exist. This is relevant because poor air quality contributes to respiratory issues and overall poor health. Muskogee County reports 0 days exceeding emission standards compared to .11 statewide and 1.59 nationally. Muskogee County also reports 0.19 of days exceeding particulate matter of 2.5 (35 micrograms per cubic meter).

Clinical Care A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access. Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Primary care provider rate per 100,000 for Muskogee County is 1,777 persons per provider. This compares to a state rate of 1,051 and national rate of 1,597. A shortage of health professionals contributes to access and health status issues.



Cancer Screenings

The regular screening for certain cancers is extremely important to overall community health. 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 that prevent utilization of services. The percentage of female Medicare enrollees aged 55 or older who have received one or more mammograms in the past two years in Muskogee County is 55.26%, while 55.28% are tested statewide, and 62.98% nationally. The percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years is 71.1% in Muskogee County, compared to 72.6% of the state, and 78.48% nationally. The percentage of adults 50 and older, who self-report that they have ever had a sigmoidoscopy or colonoscopy is 53.3% for Muskogee County, compared to 54.2% statewide and 61.34% nationally.

Pneumonia Vaccinations (Age 65)

This indicator reports the percentage of adults aged 65 and older in Muskogee County who self-report that they have ever received a pneumonia vaccine. Engaging in preventive behaviors decreases the likelihood of developing future health problems. The Muskogee County average is 68.9% compared to the state average of 72.7% and national average of 67.51%.

Lack of Consistent Source of Primary Care

This indicator reports the percentage of adults aged 18 and older in Muskogee County who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This is relevant because access to regular primary care is important to preventing major health issues and emergency room department visits. In Muskogee County 32.54% of the population reports no identified doctor or health care provider, which is significantly higher than the state average of 24.13% and national average of 22.07%.

Preventable Hospitalizations

Many communities seek to improve the access to health care and quality of care available to their residents. One of the most important ways we can improve health care is to reduce the need for some of the care by providing appropriate, high-quality preventive services. Hospital discharge data provide information on inpatient admissions for specific diseases and other conditions. Evidence suggests that hospital admissions for specific chronic diseases and conditions are potentially avoidable, in part, through better preventive health care and disease self-management. High rates of preventable hospitalizations are indicators of potential problems with access to quality care. The chronic diseases accountable for potentially avoidable hospitalizations are chronic lung conditions, diabetes, and heart disease.

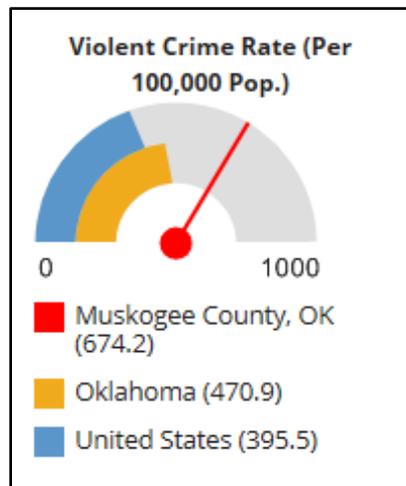
This indicator reports the discharge rate (per 1,000 hospital admissions) for conditions that are ambulatory care sensitive (those admissions which could have been prevented if adequate primary care resources were available and accessed by those patients). This indicator is relevant because analysis of ACS discharges demonstrates a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources. For 9,937 total Medicare enrollees in Muskogee County, 67.7 per 1,000 Medicare enrollees had preventable hospital admissions (ACSCs). This compares to state rate of 71.37 and national rate of 59.24. [CHNA report Muskogee County]

High Blood Pressure Management

In Muskogee County, 17.8% of adults self-reported that they are not taking medications for their high blood pressure according to the CDC’s Behavioral Risk Factor Surveillance System. This is somewhat better than the state average of 20.24%, and the national average of 21.74%. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. When considered with other indicators of poor health, 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.

Violent Crime

This indicator reports the rate of violent crime offenses reported by the sheriff’s office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety. For Muskogee County, the violent crime rate is 950.4 per 100,000 population as compared to 469.2 statewide, and 386.8 nationally.



Health Behaviors Personal health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

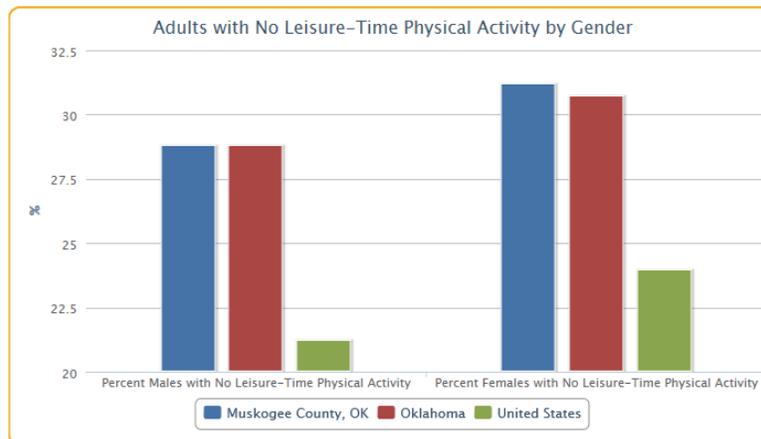
Fruit and Vegetable Consumption (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day. This is relevant because current behaviors are determinants of future health and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. Of the population aged 18 and older, 85.4% report consuming less than 5 servings of fruits and vegetables each day. This compares to the state average of 84.5% and national average of 75.67%.



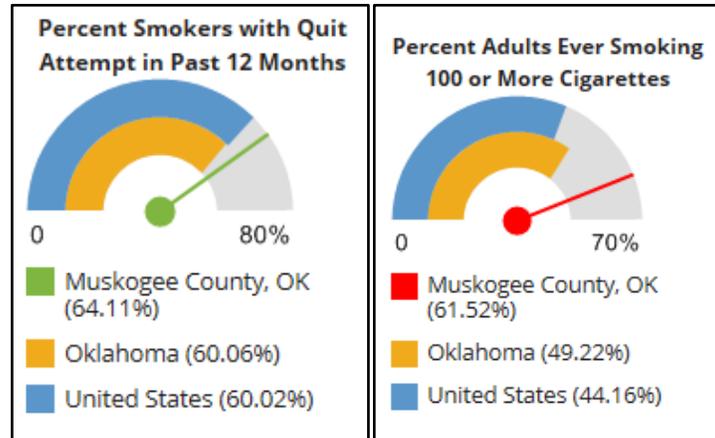
Physical Activity (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report no leisure time for activity, based on the question “During the past month, other than your regular job, did you participate in any physical activity such as running, calisthenics, golf, gardening or walking for exercise?” This is relevant because current behaviors are determinants of future health and because lack of physical activity may illustrate a cause of significant issues such as obesity and poor cardiovascular health. Of total population aged 18 and older 30.1% report being physically inactive compared to 29.8% state and 22.64% national.



Tobacco Usage (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day. This is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. The Muskogee County rate of adult smoking is 33% compared to the state average of 24% and national average of 18.08%. An estimated 64.11% of adult smokers in Muskogee County attempted to quit smoking for at least 1 day in the past year. A reported 61.52% of adults in Muskogee County say they have ever smoked 100 or more cigarettes.



Heavy Alcohol Consumption (Adult)

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 for men and more than one drink per day 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 Muskogee County rate of heavy alcohol consumption among adults is 9.3%, compared to the state average of 13.9% and national average of 16.94%.

HIV Screenings

This indicator reports the percentage of teens and adults aged 12-70 who self-report that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. In Muskogee County, 64.05% of adults have never been screened. This compares to the state average of 69.51% and national average of 62.79%.

Health Outcomes Measuring morbidity and mortality rates allows for the assessment of linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories, such as poor diet and lack of exercise, with outcomes, such as high rates of obesity and diabetes, various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

Heart Disease Mortality

This indicator reports the rate of death due to coronary heart disease per 100,000 population. Figures are reported as crude rates, and are age-adjusted to year 2000 standard. This is relevant because heart disease is a leading cause of death in the United States. Muskogee County has an age-adjusted death rate of 263.08, compared to the state rate of 239.76, and national rate of 184.55.

Cancer Mortality

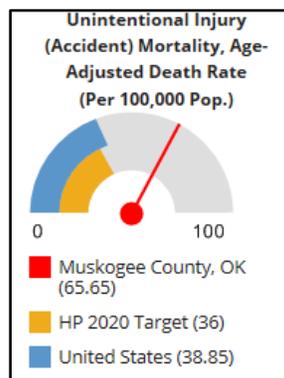
This indicator reports the rate of death due to malignant cancer per 100,000 population. Figures are reported as crude rates, and as age-adjusted to a year 2000 standard. This is relevant because cancer is a leading cause of death in the United States and is related to behaviors such as tobacco and alcohol use and poor diet and lack of physical activity. Age adjusted death rate per 100,000 population related to cancer for Muskogee County is 220.79. This is compared to the state rate of 192.61 and national rate of 174.08.

Infant Mortality

This indicator reports the rate of deaths of infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. From 2006-2010, Muskogee County had 5,205 total births and total infant deaths were 42 which gave an infant mortality rate of 8 per 1,000 births. This compares to a state rate of 7.8 and national rate of 6.52. The healthy People 2020 target is to have a rate of less than 6 per 1,000.

Accident Mortality

According to the Center for Disease Control, 18 people in the U.S. die every hour due to injuries. In Oklahoma, injuries are the third leading cause of death (behind heart disease and cancer), accounting for more than 2,000 deaths each year. Injuries are the leading cause of death and lifelong disability among persons 1 – 44 years of age. The age-adjusted rate (per 100,000) for Muskogee County is 65.65 compared to 59.27 statewide and 38.85 nationally. The Healthy People target rate is less than 36 per 100,000.



Overweight/Obesity (Adults)

Overweight classification is any adult who self-reports that they have a BMI between 25 and 30. Obesity is classified as a BMI of greater than 30. Excess weight is a prevalent problem in the U.S., and indicates an unhealthy lifestyle which puts individuals at risk for further health issues such as diabetes and cardiovascular disease. In Muskogee County, 40.32% of adults are overweight and 33.4% are Obese. This compares to the state obesity rate of 32.41% and national rate of 27.14%.

Diabetes Prevalence (Adults)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S. and may indicate an unhealthy lifestyle which puts individuals at risk for further health problems. In Muskogee County, 12.6% of the total adult population has been diagnosed with diabetes. This compares to a state average of 10.76% and national average of 9.11%.

Stroke

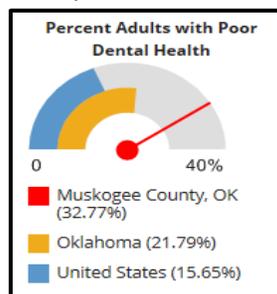
This indicator reports the rate of death due to stroke per 100,000 population. Figures are reported as crude rates, and are age-adjusted to year 2000 standard. This is relevant because stroke is a leading cause of death in the U.S. The age adjusted death rate per 100,000 population in Muskogee County is 61.47 compared to a state rate of 51.13 and national rate of 40.39. The Healthy People 2020 target is 33.8 or less per 100,000 population.

Poor General Health

This indicator reports the percentage of adults age 18 and older who self-report having poor or fair health. This indicator is relevant because it is a measure of general poor health status. The source of this indicator is the Behavioral Risk Factors Surveillance System (BRFSS). In Muskogee County, 25.9% report poor general health compared to a state average of 18.7% and national average of 15.74%.

Poor Dental Health

This indicator reports the percentage of adults aged 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates a lack of access to dental care and/or social barriers to utilization of dental services. Adults in Muskogee County report 32.77% have poor dental health, compared to 21.79% across the state, and 15.65% nationally.



Community Themes and Strengths Assessment

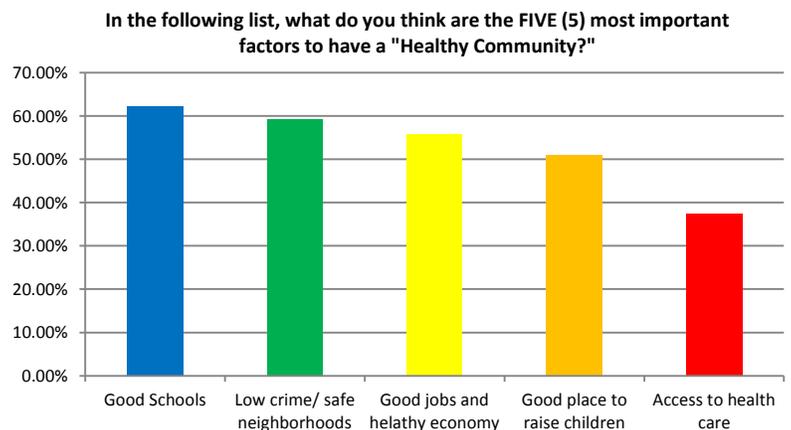


The Community Themes and Strengths Assessment identify issues in the County that the community feels are important to public health. This assessment gathers data that the community perceives are issues and what the quality of life looks like to the public. The Muskogee County Community Health Survey gauges health problems, risky behaviors, qualities of healthy community, community based services, and quality of health in the county.

Beginning in August 2014, the Muskogee County Health Department, Action in Muskogee (AIM) group, Muskogee County Turning Point, Cherokee Nation, and other important partners began to distribute surveys throughout different areas in the county. Surveys were distributed to Muskogee Department of Human Services, Indian Capital Vocational Technology Center, local farmers markets, Muskogee County Health Department, Workforce Oklahoma, Cherokee Nation Three Rivers Clinic, local churches, and other social services and organizations in the county. A total of 336 surveys were completed and returned by the end of October 2014.

Question 1:

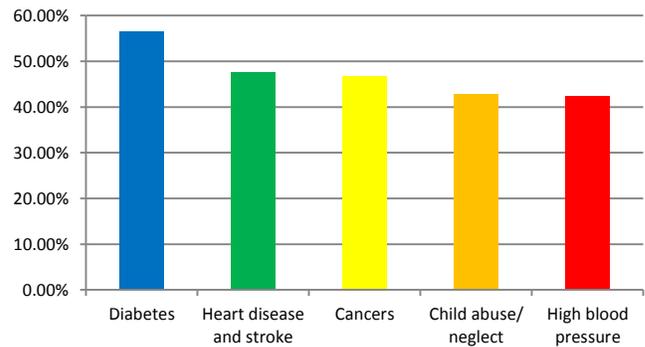
Respondents were asked to identify from a list of 20 factors what they felt were the FIVE (5) most important factors to have a “Healthy Community?” The results are depicted in the graph to the right. Top five factors to be considered in improving the quality of life Muskogee County are: 1) Good schools; 2) Low crime/safe neighborhoods; 3) Good jobs and healthy economy; 4) Good place to raise children; and 5) Access to health care.



Question 2:

In the following list, what do you think are the current FIVE (5) most important “health problems” in our community, from a list of 22 factors. As seen in the graph depicted to the right, the top 5 health problems identified were: 1) Diabetes; 2) Heart disease and stroke; 3) Cancers; 4) Child abuse/neglect; and 5) High blood pressures.

In the following list, what do you think are the current FIVE (5) most important "health problems" in our community?



Diabetes: 12.6%, County Ranking 13 of 77

Heart Disease: 263.08 per 100,000, County Ranking 53 of 77

Cancer: 220.79 per 100,000, County Ranking 62 of 77

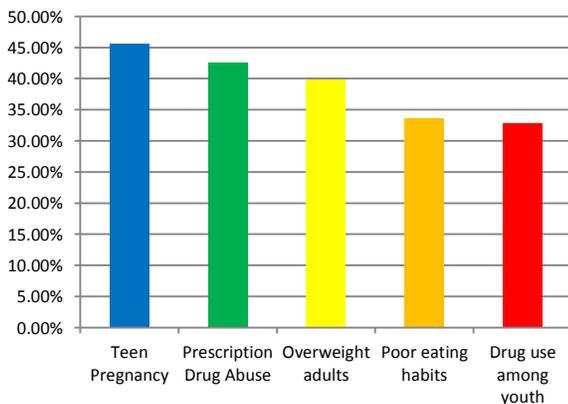
Child Abuse/Neglect: 1,635 reports received, 791 reports accepted; 951 children investigated for alleged child abuse or neglect; 190 children assessed for alleged child abuse or neglect; 343 children substantiated to be victims of child abuse or neglect (OKDHS SFY 2012 Child Abuse and Neglect Statistics)

High Blood Pressure: 33.7% of Oklahomans prevalence of hypertension among adults (18+), Division for Heart Disease and Stroke Prevention: Data Trends & Maps Web site. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Atlanta, GA, 2013. Available at <http://www.cdc.gov/dhdsp/>.

Question 3:

Respondents were asked what they felt were the top FIVE “risky behaviors” in the community from a list of 25 behaviors. As depicted in the graph to the left, those behaviors identified were as follows: 1) Teen pregnancy; 2) Prescription drug abuse; 3) Overweight adults; 4) Poor eating habits; and 5) Drug use among youth.

In the following list, what do you think are the current FIVE (5) most important "risky behaviors" in our community?



Teen Pregnancy: 29.9 per 1,000, County Ranking 45 of 77

Prescription Drug Abuse: 260 adults aged 18-65 received drug treatment in 2013 in the County. Prescription Drug Abuse treatment admissions Muskogee County 1.7 per 1,000, State admission rate 0.9 per 1,000. [2012 ODMHSAS]

Overweight Adults: 40.32%, County Ranking 60 of 77

Poor Eating Habits: Minimal fruit consumption 51.7%, County Ranking 36 of 77, Minimal vegetable consumption 28.6%, County Ranking 61 of 77

Drug Use Among Youth: [Grade 12 Lifetime use] Alcohol, 68.1% (State 71.0%), Marijuana 28.2% (State 35.8%), Methamphetamines 1.2% (State 2.1%)[2012 Oklahoma Prevention Needs Assessment]

Question 4:

Those surveyed were asked out of the following 19, what do you think are the FIVE most important services in our community? As represented in the graph to the right, services identified were: 1) Veterans services; 2) Child day care providers; 3) Access to affordable health care; 4) Homeless shelters/ services; and 5) Nursing homes.

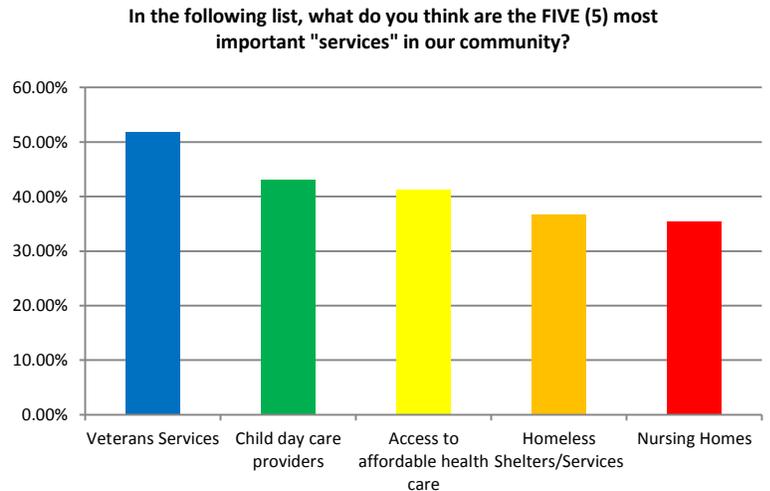
Veterans Services: Jack C. Montgomery VA Medical Center, providing medical, surgical, and psychiatric care.

Child Day Care Providers: 56 Day Care Centers and Home Day Cares in County [OKDHS]

Access to Affordable Health Care: 2 Federally Qualified Health Care Centers, 37 Primary Care Physicians (2012) [CHNA 2014]

Homeless Shelters and Services: Muskogee Housing Assistance Corp., Consumer Credit Counseling Services, Housing Authority of the City of Muskogee, Gospel Rescue Mission, Salvation Army

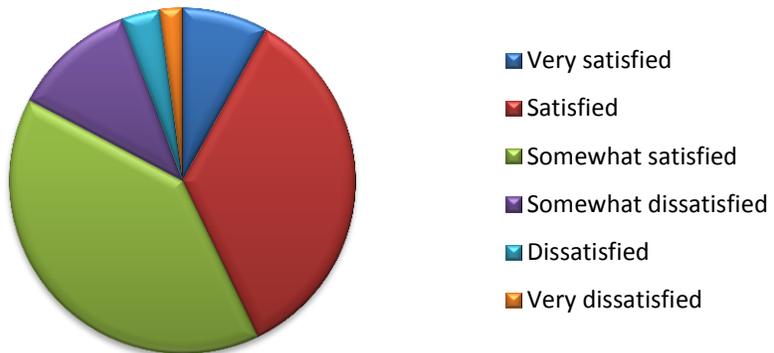
Nursing Homes: 10 Licensed Nursing Homes in County.[OSDH]



Question 5:

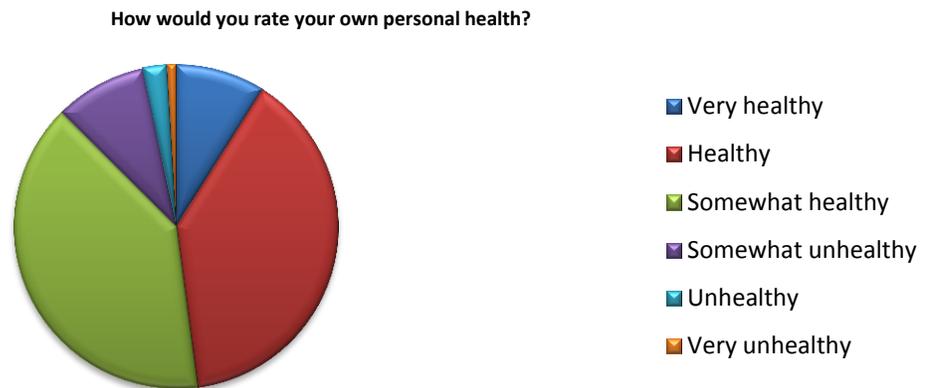
Many factors contribute to what people perceive as happiness. Things such as where a person is born and raised, where they work, play, and worship affect functioning, health and quality of life on different levels. Respondents were asked, "Are you currently satisfied with the opportunity to live an active, healthy lifestyle in your community?" As depicted in the pie chart below, the majority of residents in Muskogee County were somewhat content with their communities. 39.88% of those surveyed said that they were 'somewhat satisfied', 34.82% 'satisfied', and only 8.04% 'satisfied'. There were 11.61% that felt 'somewhat dissatisfied', 3.57% 'dissatisfied', and 2.08% 'very dissatisfied' with the opportunities in the community.

Are you currently satisfied with the opportunity to live an active, healthy lifestyle in your community?



Question 6:

As in the case of the Behavior Risk Factor Surveillance System, our survey also asked people to describe their own level of health. While self-reported data is not verifiable, it gives us some idea of how healthy people believe themselves to be. Respondents were asked, “How would you rate your own personal health?” Shown in the chart below, Muskogee County residents responded with 8.93% rating their personal health at ‘very healthy’, 38.99% ‘healthy’, 39.58% ‘somewhat healthy’, 9.23% ‘somewhat unhealthy’, 2.38% ‘unhealthy’, and 0.89% selected ‘very unhealthy’.



Question 7:

One of the most important resources in community organizations are volunteers. People being able to come together and work towards the betterment of their community will increase the quality of life. Those surveyed were asked, “Approximately how many hours per month do you volunteer your time to community service (e.g. civic, religious, or volunteer service organizations)?” The majority of residents in Muskogee County (66.07%) volunteered from 1 to more than 10 hours in their community. Respondents selecting zero volunteerism hours were 33.93%.

Approximately how many hours per month do you volunteer your time to community services?



Muskogee County Local Public Health System Assessment



The Local Public Health Systems Assessment (LPHSA) focuses on asking certain questions for the health betterment of the local community. The two main questions are; “What are the components, activities, competencies, and capacities of our local public health system?” How are the 10 Essential Public Health Services being provided to our community?” After completing a LPHSA, more effective and community specific policies are developed.

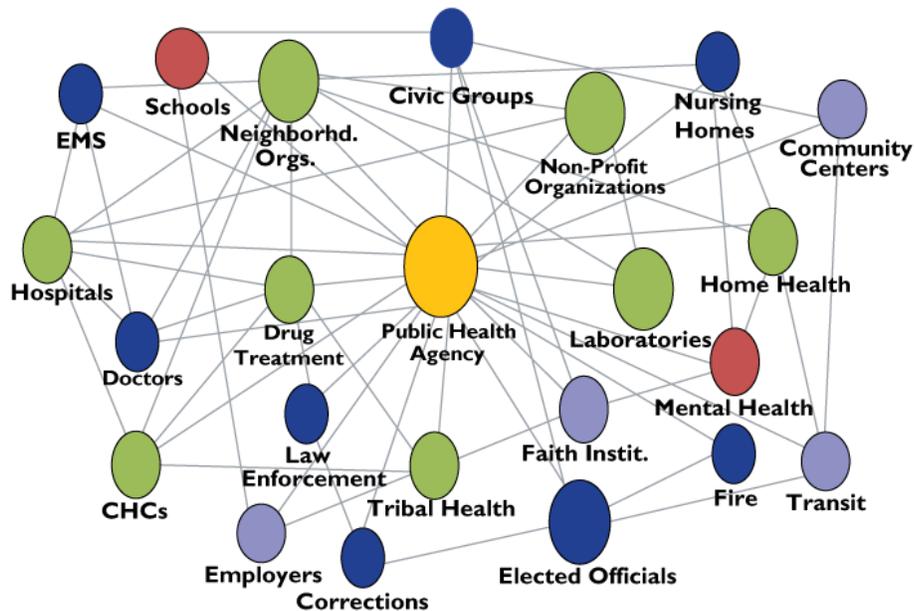
The Muskogee Core MAPP Team worked on developing a list of different sectors and organizations within the community. Then, an individual was targeted for each sector and invited to participate in the assessment process.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It takes an entire network of groups and individuals to ensure conditions are right in order to allow for members of a community to reach their full potential of health.

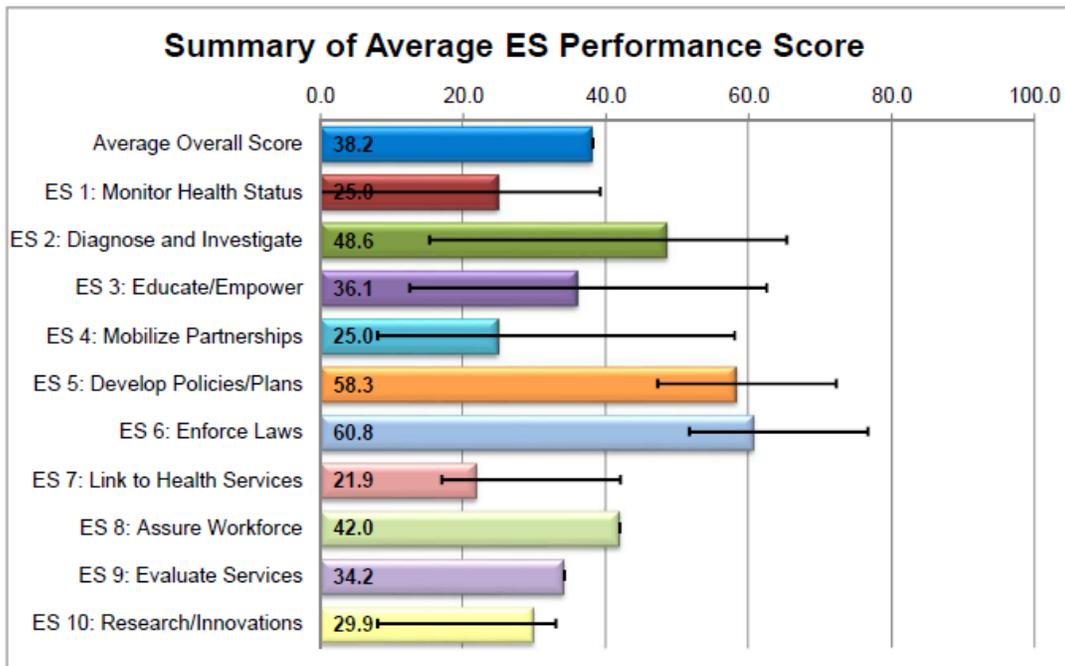
Three meetings were conducted from November 21, 2013 through January 30, 2014. The meetings were 4 hours each and lunch was provided. The Essential Services were divided into groups based upon the target participatory sectors among the three sessions. The facilitator for the meetings was our Oklahoma Turning Point Representative, who is trained in ToP (Technology of Participation) method. ToP methods enable participation all the way from the initial brainstorm and discussion to the final statement of consensus.



Participants of the Muskogee MAPP process discuss the Local Public Health System and the strengths and weaknesses that should be noted.



Participants voted by an electronic voting system and answers were anonymous. Each Essential Service was discussed using the questions provided in the National Public Health Performance Standards Local Assessment Instrument, version 3.0. After each section, participants were given the opportunity to list perceived strengths, weaknesses, and opportunities for immediate improvement/partnerships, and priorities for longer-term improvement opportunities. There was one recorder to capture comments from participants.



Based upon the responses provided by participants during the LPSH assessment, an average was calculated for each of the ten Essential Public Health Services (EPHS). Each Essential Service score can be interpreted as the overall degree to which the public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Model Standards by Essential Services	Performance Scores
ES 1: Monitor Health Status	25.0
1.1 Community Health Assessment	25.0
1.2 Current Technology	25.0
1.3 Registries	25.0
ES 2: Diagnose and Investigate	48.6
2.1 Identification/Surveillance	25.0
2.2 Emergency Response	58.3
2.3 Laboratories	62.5
ES 3: Educate/Empower	36.1
3.1 Health Education/Promotion	33.3
3.2 Health Communication	25.0
3.3 Risk Communication	50.0
ES 4: Mobilize Partnerships	25.0
4.1 Constituency Development	25.0
4.2 Community Partnerships	25.0
ES 5: Develop Policies/Plans	58.3
5.1 Governmental Presence	58.3
5.2 Policy Development	58.3
5.3 CHIP/Strategic Planning	41.7
5.4 Emergency Plan	75.0
ES 6: Enforce Laws	60.8
6.1 Review Laws	62.5
6.2 Improve Laws	50.0
6.3 Enforce Laws	70.0
ES 7: Link to Health Services	21.9
7.1 Personal Health Service Needs	18.8
7.2 Assure Linkage	25.0
ES 8: Assure Workforce	42.0
8.1 Workforce Assessment	25.0
8.2 Workforce Standards	66.7
8.3 Continuing Education	45.0
8.4 Leadership Development	31.3
ES 9: Evaluate Services	34.2
9.1 Evaluation of Population Health	37.5
9.2 Evaluation of Personal Health	40.0
9.3 Evaluation of LPHS	25.0
ES 10: Research/Innovations	29.9
10.1 Foster Innovation	31.3
10.2 Academic Linkages	33.3
10.3 Research Capacity	25.0
Average Overall Score	38.2
Median Score	35.1

Muskogee County Forces of Change Assessment



“The Forces of Change Assessment is aimed at identifying forces-such as trends, factors, or events that are, or will be influencing the health and quality of life of the community and the work of the local public health system.”

In Muskogee County, we held four focus groups to complete the Forces of Change Assessment. Each group was asked the same questions and given the same opportunity for input. Focus groups were held with Muskogee Ministerial Alliance, Muskogee County Health Department staff and guests, and the City of Warner. While there seemed to be several common topics discussed, each group also found issues that others had not mentioned.

At the forum, participants openly discussed the following questions and remarks were captured by written recorders:

1. What has occurred recently that may affect our local public health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact? Describe the trends.
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our jurisdiction or state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision?

What has occurred recently that may affect our local public health system or community: Muskogee Community Hospital was bought out by EASTAR Hospital, which in turn closed one location to services, except OB. This generated revenue for the city of Muskogee through sales tax, but in turn reduces hospital services from two sites to one and causes longer wait times in ER. EASTAR Hospital was a non-profit hospital and is now a for-profit hospital. There seems to be a focus on physical health and nutrition throughout the community with the TSET grants in place, more 5Ks

available, and the Muskogee AIM process. The City of Muskogee had a Wellness Grant in place, but it was not renewed. The current Flu outbreak is cause for concern and the health department no longer offers free flu shots. Flu shots are available through the health department at a cost, the hospital, local pharmacies, and through the tribes. The Port of Muskogee is expanding which will bring in more jobs and commerce. With the expansion there is also the concern of hazardous transports or major accidents. State budget cuts affect not only the health department, but the state colleges in the county and all other state agencies.

What may occur in the future: Obesity will continue to grow as a problem before getting better. Many communities in Muskogee County have either begun incorporating walking trails and bike lanes into their towns or have expressed interest in doing so which will help in turn to fight the obesity epidemic. With the TSET grants currently in place, funds are going towards bettering the county health. The new TSET grant will focus on Healthy Living rather than just tobacco, physical activity, and nutrition. As a community and as community resources, we need to help people by teaching those in need to also help themselves, not just rely on others. Entitlement mentality is growing and we need to get rid of it.

Are there any trends that are occurring that may have an impact: Currently there are several services offered through the Muskogee County Health Department, but not many know what services are available. Muskogee has low health factors and health rankings that are hindering the locating of new business to Muskogee. There is possibly going to be a new shopping center which will increase tax revenue and job, but jobs will be lowering paying retail jobs instead of manufacturing jobs. There is an increase in health awareness. Cities are looking at things they can do to incorporate more walking trails and bike lanes. Anti-vaccine population is growing, in return we are seeing once eradicated diseases reappearing and we are losing herd immunity that protects those that are not able to receive vaccines due to age and/or illness.

What forces are occurring locally, regionally, nationally: Both locally and regionally, it seems that there is a lack of knowledge of what services are provided at the local health departments. A common thought about who can use the health department is that only the poor or on Medicaid are able to be seen. We are seeing both positive and negative effects from the Affordable Care Act. A positive is that there is insurance for all, but negatives are that some can't afford the insurance available, must have insurance to be seen (used to be able to negotiate a cash price if you didn't have insurance), and loss of local healthcare providers. Some providers have closed their practices and others insurance changes have affected their client base and can no longer be seen. There is an outbreak of Measles, Flu, and Ebola that have everyone scared. The State covers vaccines for children in most cases and there is a current push for TDap, HPV, Flu, and MMR vaccinations. There is a lack of continuity in immunization requirements across state lines, meaning what is required for school age children in Oklahoma is different from what is required in surrounding states.

What characteristics of our jurisdiction or state may pose an opportunity or

threat: There are several opportunities in Muskogee County. There are two tribal nations in the county, Cherokee and Creek Nation; both are actively engaged in projects to increase wellness and decrease diabetes, smoking, and obesity. There is a positive climate for wellness throughout the entire county. There are programs such as Bridges Out of Poverty and Getting Ahead Classes are available for those that are in need. Community Gardens are available and becoming more popular. There are also items that have both opportunities and threats, such as major highways and navigational channel. Opportunities would be increased income as the port grows and more commerce. Threats would be increase in hazardous chemical transport, drug trafficking, and major incidents along highways and navigation channel. Muskogee County also has colleges that have healthcare degrees in the county, but when people get their degree they are leaving because most of our residents go outside of Muskogee County for medical needs and they are going to more urban areas with more clientele available.

What may occur or has occurring that may pose a barrier to achieving the

shared vision: Communication is always a barrier to achieving anything. By getting all of the “jellybeans” to the table, we can help to break down the barriers to communication and duplication of services can be re-evaluated. There is distrust between the people and leadership. There is a lot of misinformation of the Affordable Care Act and also medical testing that is not covered by insurance that should be.

Next Steps

The four MAPP assessments combine to create a view of Muskogee County's health status and health behaviors as a whole. The data collected throughout these assessments is raw data, and is used as a broad tool to help the community to determine what areas need to be addressed and will guide the efforts of the community. This information will be distributed and shared with community leaders, community partners, and the general public to determine which 3-5 priority areas identified for targeted improvement. Each priority area will become part of the Muskogee Community Health Improvement Plan and workgroups will be established for each.

