Community Health Improvement Plan 2014

Adopted:

2014-2018

Community Contributors & Partners

Special thanks to the members of the Pathways to a Healthy Stephens County Committee for serving as the steering committee to conduct the Stephens County Community Health Assessment and to all Stephens County residents who completed the Community Health Survey.

ASCOG
Cameron University-Duncan
Central Public Schools
Christian Helping Hands
City of Central High
City of Comanche
City of Duncan
City of Marlow
Comanche Public Schools
Community Members at Large
Department of Human Services
Duncan Chamber of Commerce
Duncan Police Department
Duncan Power
Duncan Public Schools
Duncan Regional Hospital
Empire Public Schools
Gabriel's House
Kellpro, Inc.
Marlow Chamber of Commerce
Marlow Lions Club
Marlow Public Schools
Marlow Review
Oklahoma Parents Center
Red River Technology Center
Sanford Childrens Clinic
Smart Start of Stephens County
Stephens County Commissioners
Stephens County Emergency Management
Stephens County Health Department
Stephens County Youth Services
Sunshine OK Home and Community Education
The Chickasaw Nation
The Lawton Constitution
The Power Shop
Town of Bray
Town of Empire City
Town of Velma
United Way of Stephens County
Urgent Med/Family Med
Wichita Mountains Prevention Network
Wilkins Nursing Home
Women's Haven

Comanche, OK

Table of Contents

An Important Community Partnership

MAPP Framework

Our Unified Vision

Executive Summary

Demographics & Socioeconomic Factors

Priority Elements:

1. Healthy Living Objectives and Strategies
2. Mental Health/Substance Abuse (sub-category) Objectives and Strategies
3. Safety/Injury Prevention Objectives and Strategies
4. Cancer Objectives and Strategies

Looking to the Future

MAPPing Our Way to Good Health

Accomplishments 2014

Appendix

1. Data Target(s): Healthy Living

2. 2014—2018 Work Plan Status Workbook

An Important Community Partnership

The 2013 Community Health Needs Assessment (CHNA) was the result of a community partnership between various organizations and citizens that involved countless hours of work by many people. The idea behind the assessment was to find strengths and weaknesses in our local healthcare delivery system, identify areas for improvement, engage our community leaders, and facilitate the most essential changes. It is our goal to use the CHNA results to improve the health of all of us who are blessed to live in Stephens County.

Duncan, OK

Two areas that rose to the top were the promotion of healthy lifestyles and improvement of our countywide mental health system. The information that follows is intended to be informative and to serve as a call for personal improvement and accountability.

A few of the questions that we now need to ask include the following:

1. What can we do to improve our own health and the health of our community?
2. What gaps exist in our mental health system?
3. What can and should we do in Stephens County to develop this system?

We are pleased to have the valuable results of this assessment where by our Community Health Improvement Plan (CHIP) was developed. We encourage everyone living in Stephens County to help us develop solutions to improve the health of our friends and neighbors.

Please note that a consistent point of reference will be the Duncan Regional Hospital website and the Stephens County Health Department website for all Community Health Improvement information. A printable version of this document and any updates from the two committees can be found on both websites.

We hope you find this information valuable.

Sincerely,

Pathways to a Healthy Stephens County
Board of Directors

Redbud Park, Duncan, OK

Mobilizing Action through Planning and Partnerships

Mobilizing for **A**ction through **P**lanning and **P**artnerships (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 the MAPP process, communities seek to achieve optimal health by identifying and using their resources wisely by looking at their unique circumstances and needs while building effective community partnerships for strategic action.

The MAPP tool was developed by National Association of City and County Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, and the Centers for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000. The vision for implementing MAPP is: *"Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."*

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

- **Create a healthy community and a better quality of life.** The ultimate goal of MAPP is optimal community health—a community where residents are healthy, safe, and have a high quality of life. Here, a "healthy community" goes beyond physical health alone. According to the World Health Organization, "Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity" (101st Session of the WHO Executive Board, Geneva, January 1998, Resolution EB101.R2). The Institute of Medicine echoes this definition and notes "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.** Using a participatory process with high visibility and increased awareness of public health issues, we can gain a greater appreciation for the local and public health system as a whole.

- **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 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.

The above description of MAPP was taken from the NACCHO website and can be found at: http://www.naccho.org/topics/infrastructure.

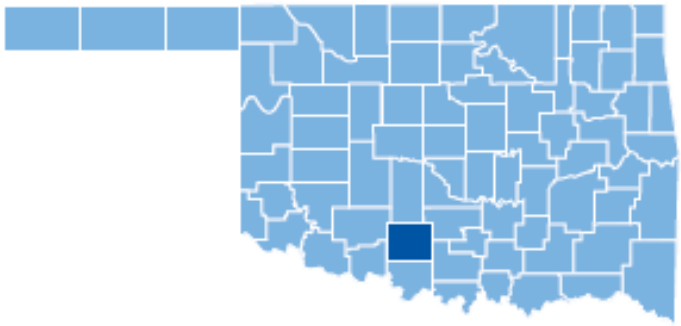
MAPP is a continuous process and is reviewed frequently as the health and safety coalitions address issues of concern. Conducting MAPP should create a sustained community initiative that ultimately leads to community health improvement.

Our Unified Vision

Located in Southwest Oklahoma, Stephens County was formed in 1907 in tandem with Oklahoma's official recognition as a state. It is named for politician John H. Stephens, who supported Oklahoma's push for statehood. The centrally located town of Duncan was named the county seat.

Measuring 27 miles from north to south and 33 miles east to west, Stephens County encompasses 891 square miles of land. It lies along the historic Chisholm Trail where cattle were driven from ranches in Texas to railheads in Kansas during the late 19th century. Early on, Duncan prospered with cotton as a main crop. The oil industry quickly brought greater prosperity to Duncan during the 1920s. Stephens County's oil fields became and remained Oklahoma's highest-producing area until the 1980s.

Although rich in history and oil, Stephens County has not been rich in health. In recent years, local partners have identified a need for change. During the spring of 2012, the Stephens County Health Department and Duncan Regional Hospital collaboratively engaged community partners and advocates in an effort to assess the health of Stephens County through a comprehensive study.



To ensure county-wide representation and participation, a committee was formed of individuals who encompassed the diversity of Stephens County. The Pathways to a Healthy Stephens County Committee was comprised of business and industry, local government, coalitions, education, community and civic organizations, public health, health care and other entities working together. Committee members represented the communities of Bray, Central High, Comanche, Duncan, Empire City, Marlow and Velma. On March 19, 2013, the committee adopted a vision statement for Stephens County to reflect the true progress and personal accountability they hope residents and the county as a whole will embrace. This vision will steer future efforts to build richness in health.

In April 2013, Stephens County representatives met to identify strategic issues from the data compiled during the Community Health Status Assessment. Items were prioritized and ranked by community leaders, stakeholders, lay members, and the general public. Those in attendance embraced the vision to move Stephens County forward toward a healthier community.

Stephens County Vision

A county where citizens are aware of and inspired to live a safe and healthy life while maximizing resources to provide and encourage a healthy Stephens County.

Executive Summary

In response to concerns about the health of Stephens County, the Stephens County Health Department and Duncan Regional Hospital partnered to lead an initiative focused on understanding and improving local health. Using a process developed by NACCHO, the two organizations gained participation from local leaders, businesses, community organizations and residents. The resulting Stephens County Community Health Assessment provides a comprehensive look at local health issues and lays the foundation for further development of the Community Health Improvement Plan (CHIP).

The Stephens County Community Health Assessment encompasses four individual assessments: community themes and strengths; local public health system; visioning and forces of change; and community health status.

Through the assessment process, the following four areas were identified as priorities for health improvement initiatives:

Community participation was vital throughout the assessment process. By developing a shared vision and creating dialogue about health concerns, citizens and local partners gained a sense of responsibility for the future of Stephens County.

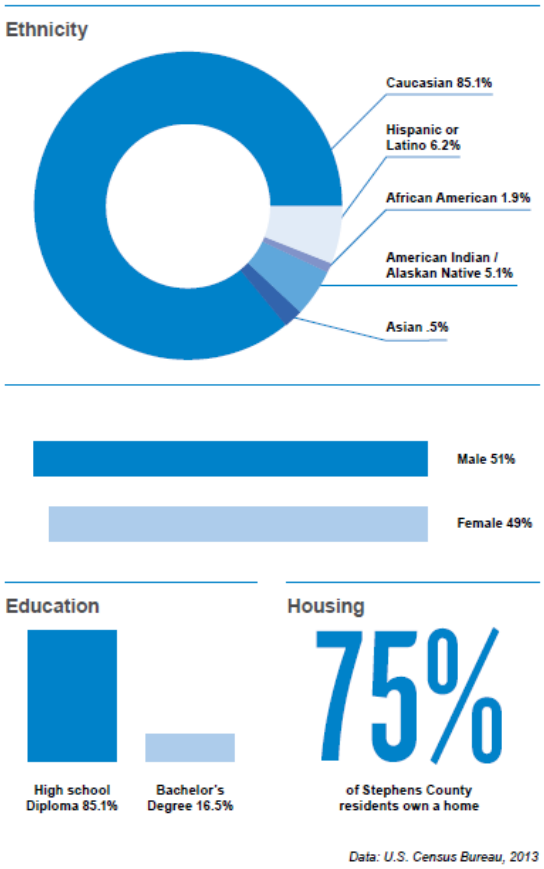
It is the hope that the partnerships fostered by this process will continue to grow and thrive as the county moves toward the development, implementation, and evaluation of and improvement plan to create a place where residents are inspired to live a safe and healthy life.

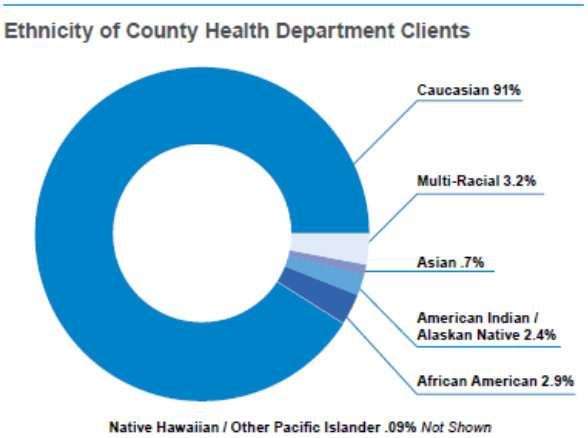
Demographic and Socioeconomic Factors

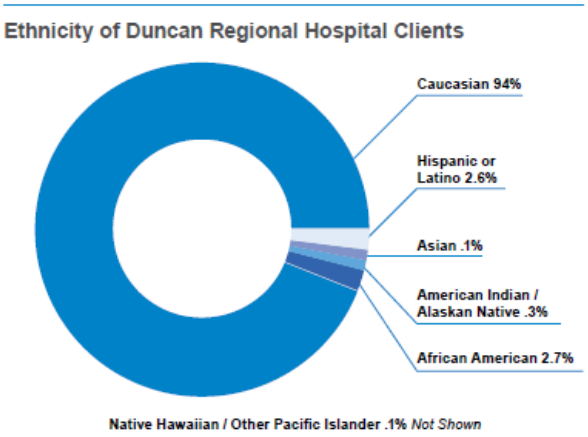
Stephens County is a rural county with a population of 45,048 according to the 2010 Census. The county includes eight incorporated communities: Bray, Central High, Comanche, Duncan, Empire City, Loco, Marlow, and Velma. Duncan is the most populated city with 23,431 residents; the second most populated area is Marlow, a community of fewer than 5,000 residents. There are a total of 8 independent school districts and 1 dependent school district in Stephens County.

The 2010 population of Stephens County was predominantly Caucasian with a median age of 40.6 years old. Approximately one quarter of the county's residents are under the age of 19 (26.4%) and 17.4% of residents are 65 or older.

The median household income (2006-2010 data) in Stephens County was $43,524, which is higher than the state median income of $42,979. An estimated 12.2% of the Stephens County population lives below the poverty level and 10.1% of households are headed by a female with no spouse. Of those households, 5.6% have children under the age of 18. According to the 2011 State of the State's County Health Report, 12.2% of county residents had no health insurance.







The leading causes of death in the county includes heart disease, cancer and unintentional injuries. Contributing to those causes are high prevalence of smoking, drug abuse (prescription and non-prescription) and a high obesity rates across all ages. Stephens County's poverty level across 13% among its citizens in 2013. Poverty is being considered as a potential contributing factor to some of the areas defined as our priority areas of concerns.

Energy and manufacturing jobs are the primary income sources for Stephens County residents. The six major employers in the county: Halliburton Inc., Duncan Regional Hospital, Walmart, Duncan Public Schools, Wilco Manufacturing and Family Dollar Services Inc. Distribution Center. All of these employers are located in Duncan with the exception of Wilco, which is located in Marlow. The average commute time for those who live in the county is 19.4 minutes. As of April 2013, the unemployment rate for Stephens County was 4.1%.

Data provided by the US Census Bureau 2013

Priority Area Elements

The priority elements identified through the Community Health Status Assessment were shared with the broader community to validate and prioritize areas of concern. A community meeting was held on April 11, 2013 to gain consensus from Stephens County residents on the assessment results and receive their input to rank the elements in order of importance and greatest need.

Local board of health members, school superintendents, Federal and State representatives, community members and participants from earlier assessments were invited to the community meeting. To create awareness and encourage widespread participation, press releases were also provided to the Duncan Banner and rural newspapers. A total of 43 community members attended the session.

During the meetings and data review, participants discussed at length the linkage between mental health and substance abuse issues. As a result of these discussions, substance abuse shifted from a separate element to become a sub-category of mental health.

The community selected healthy living and mental health as its top two prioritized areas of focus and kept both safety and injury prevention and cancer as secondary priorities in the community.

The MAPP process enabled partners to establish a systematic method to establish goals, objectives and action steps to improve the health and safety of Stephens County. Community partners gathered for regular monthly meetings where they determined the top four issues to address and set goals and strategies to accomplish success. These goals and strategies can be found under Objective and Strategies on pages 10-16.

HEALTHY LIVING

Objectives

Objective # 1:

Decrease number of cardiovascular deaths in Stephens County from 285/100,000 to 280/100,000 by 2018.

Objective #2:

Increase level of physical activity amongst Stephens County residents from 32.8% to 36.7% by 2018.

Objective #3:

Decrease number of Stephens County residents with a Body Mass Index (BMI) ≥ 30 from 27.6% to 24% by 2018

Objective #4:

Increase level of fruit and vegetable consumption amongst Stephens County residents from 16.1% to 20% by 2018.

Objective #5:

Adopt health in all policies component in one community in Stephens County by 2018.

HEALTHY LIVING

Strategies

Strategy 1-3	Timeline	Measure	Outcomes
Partner with multiple organizations to promote and sponsor family friendly activities that promote physical activity (i.e. 5k walk/runs, grab bags.)	2014-2018	BRFSS Data; State of the County Health Reports	Decrease number of Stephens County residents who are obese.
Development of a physical activity calendar for Stephens County · Develop or using existing host site · Assign a site administrator Promote shared use facilities in the county.	2014	Implementation of calendar	Increase awareness and opportunities for residents and families to be active.
Completion of the Heritage Trail Project in Duncan.	2014-2018	Completion of trail	Increase walkability of Duncan community.
Increase number of certified healthy business, schools, campuses, restaurants and communities from 5 to 15 by 2018.	2014-2018	Certified Healthy List	Increased number of organizations who encourage healthy lifestyles in the work place.

Strategy 4	Timeline	Measure	Outcomes
Implement county wide media and educational campaign to increase access and awareness of healthy foods. · Development of campaign materials · Determine media placement. · Promotion of campaign · Promotion of campaign with partnering agencies	2014-2018	BRFSS, State of the County Health Report	Increase awareness and consumption of fruits and vegetables among residents in Stephens County.
Implement school based or youth event utilizing the media campaign.	2014-2018	Event Attendance	
Partner with OSU extension to utilize campaign in the implementation of the Farm to You! School program in Stephens County School Districts.	2015	Implementation of Farm to You! Participation rate	Increase awareness and consumption of fruits and vegetables amongst children.
Establishment of Farmers Market in Stephens County a) Research establishment polices and protocols as designed by municipalities, Stephens County Health Department, and Oklahoma Department of Agriculture. b) Seek assistance from markets in the area c) Explore location options and partners d) Development of marketing and business plan	2015	Establishment of market	Increase access of fresh fruits and vegetables Increase fruit and vegetable consumption among residents.

HEALTHY LIVING

Strategies Continued

Strategy 5	Timeline	Measure	Outcomes
Partner with OSDH Center for the Advancement of Wellness and local communities to explore Health In All Policies Initiative.	2015-2018	# of attendees at training & Adoption of ordinance at municipal level	Increase awareness of importance of public health policy at the local level.
Pathways Committee to host 101 session conducted by OSDH Center for the Advancement of Wellness.	2015		
Partner with OSDH Center for the Advancement of Wellness to provide training on Health in All Policies	Aug-Dec 2014		

2

MENTAL HEALTH

Substance Abuse/Use (sub-category)

Objectives

Objective # 1:

Increase overall satisfaction with mental health services and access in Stephens County.

Objective # 2:

Decrease number of suicides in Stephens County from 22.7/100,000 to 20/100,000 by 2018.

Objective# 3:

Decrease number of fatal prescription drug overdoses in Stephens County from 57 to 51 by 2018.

Objective# 4:

Increase access to methamphetamine treatment admissions from 60 to 70 by 2018.

Objective # 5:

Reduce the overall percentage of youth in 8th, 10th, and 12th grade who report alcohol use in the past 30 days by 2018.

Objective # 6:

Reduce the overall percentage of youth in 8th, 10th, and 12th grade who report marijuana lifetime use by 2018.

Objective # 7:

Reduce the overall percentage of youth in 8th, 10th, and 12th grade who report inhalant lifetime use by 2018.

Objective # 8:

Reduce percentage of adults who report tobacco use from 20% to 18% by 2018.

2

MENTAL HEALTH

Substance Abuse/Use (sub-category)

Strategies

Strategy 1-2	Timeline	Measure	Outcomes
Increase level of community involvement and awareness to address mental health and substance abuse in Stephens County	2014-2018	# of partners involved to address mental health and substance abuse.	Increased awareness of mental health and substance abuse.
Implement Systems of Care community based referral systems in Stephens County	2014-2015	# of youth referrals	Increase accessed of mental health services to youth in Stephens County.
Provide (QPR) suicide prevention training to health care providers, schools, and other lay members of the community.	2015-2016	# of individuals trained # of sectors represented	Increase awareness of suicide prevention in Stephens County.
Establish a blueprint for a state mental health system	2014-2018	Establishment of blueprint	Increased access to services in Oklahoma.

Strategy 3	Timeline	Measure	Outcomes
Host 101 training to local physicians and health care providers on prescription drug abuse and strategies to prevent.	2014-2017	# of attendees	Reduce number of prescription drug overdoses/deaths in Stephens County.
Promote proper disposal of unwanted or unused medications	2014-2018	Amount of disposed medication Number of drop box locations in Stephens County.	Decrease number of unused or unwanted medications in waterways. Decrease number of Rx Drug incidents or deaths related to improper use.

2

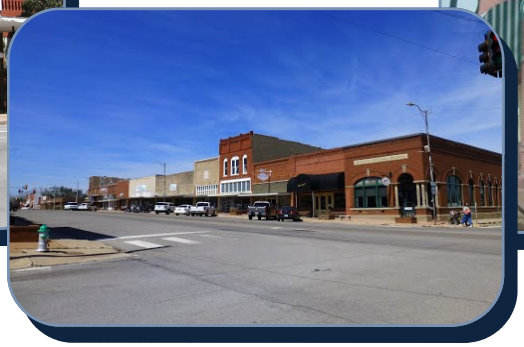
MENTAL HEALTH

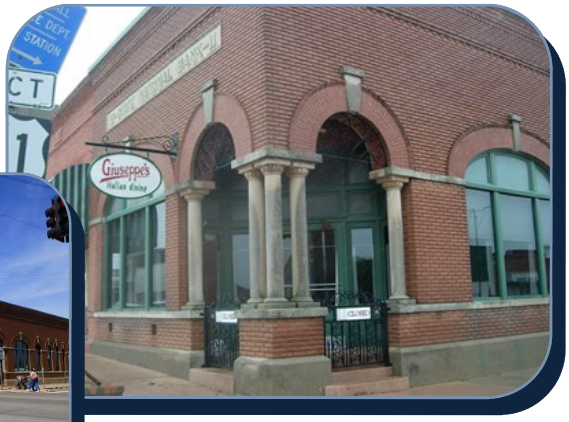
Substance Abuse/Use (sub-category)

Strategies Continued

Strategy 4-8	Timeline	Measure	Outcomes
Host 101 training on SBIRT (Screening for Brief Intervention to Treatment) by Oklahoma Department of Mental Health and	2014	# of attendees	Increase early access to Substance Abuse treatment and referral for Stephens County residents
Implement (SBIRT) into 10 of primary care practices and Urgent Med.	2014-2016	# of implemented sites	
Increase community awareness and compliance with social host laws	2014-2018	# of awareness activities and information distribution	Decrease number of youth who report obtaining alcohol from another adult.
Reduce number of offsite alcohol sales to minors from 22% to 20%.	2014-2018	Compliance Checks	Decrease number of youth who report the consumption and purchase of alcohol before age 21.
Implement Alcohol Edu online curriculum in 1 high school in Stephens County. *** (Curriculum is available at no cost to schools through ODMHSA)	2014-2018	Implementation of evidenced based program into school.	Decrease number of youth who report use of alcohol.
Promote the use of the Oklahoma tobacco quit line in health care settings.	2014-2018	Promotional materials distributed	Increased number of callers to the Oklahoma Tobacco Quit line.

*** To preview the AlcoholEDU website please visit: http://www.everfi.com/alcoholedu-for-high-school





Marlow, OK

3 SAFETY/INJURY PREVENTION

Objectives

Objective# 1:

Decrease number of unintentional injury deaths in Stephens County from 74.5/100,000 to 70/100,000 by 2018.

3 SAFETY/INJURY PREVENTION

Strategies

Strategy 1	Timeline	Measure	Outcomes
Partner with Duncan Regional Hospital, Stephens County Health Department and local Fire Departments to conduct annual car seat safety event.	2014-2018	# seats installed and supported events	Increase number of properly installed child safety seats.
Promote Cover Your Kids Campaign	2014-2018	# of protective items collected for children in Duncan Public Schools	Decrease number of child head injuries in children as a result of storm debris.
Promote Texting Campaign sponsored by Duncan Public Schools	2014-2018	# of students/adults who sign pledge	Decrease number of teens and adults who text and drive.

4 CANCER

Objectives

Objective# 1:

Reduce number of cancer deaths in Stephens County from 198.9/100,000 to 195/100,000 by 2018.

4 CANCER

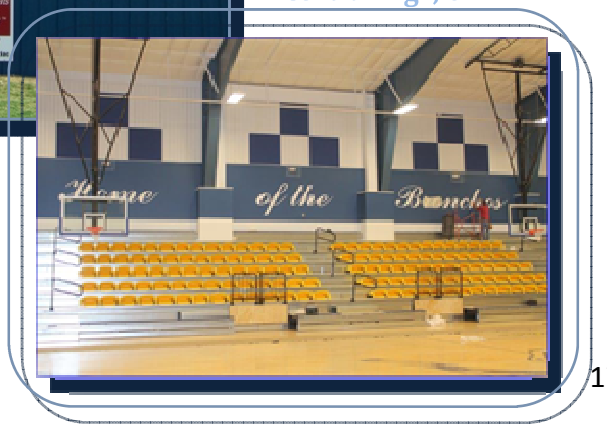
Strategies

Strategy 1	Timeline	Measure	Outcomes
Partner with Cancer Centers of Southwest OK to promote importance of early detection (billboard, media, promotional materials, events, etc.)	2014-2018	# of media placements regarding prevention of cancer	Increase early detection.

Empire City, OK

Bray, OK

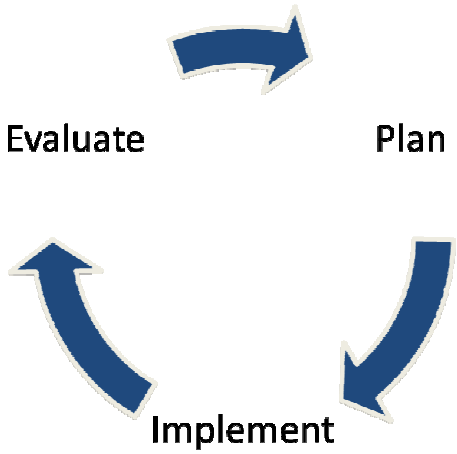
Central High, OK



Looking to the Future

The Action Cycle involves continuing plans for interventions, implementing those plans and evaluating them. The board and committees of Pathways are currently working in the Action Cycle.

A great deal of progress has been made addressing the priority issues and a condensed version of these implementations is noted, under Accomplishments in 2014 on page 18.



Yet, more work needs to be done in many areas and evaluations are to be done on an annual basis with the first evaluation to be conducted in June 2015.

To maximize our limited county resources and increase our working partnerships across all organizations and demographics, the work plans will be reviewed and updated quarterly for each working committee. This information will then be presented to the board of directors and strategies will be updated accordingly to maximize our health and safety benefits to the community.

MAPPing Our Way to Good Health

MAPP has been and is an effective and manageable strategic planning process for improving community health and safety. Although Pathways facilitates the process, our communities' ownership is the fundamental component of MAPP. Broad community participation is essential. Because the community's strengths, needs and desires drive process, MAPP provides the framework for creating a truly community-driven initiative. The MAPP process brings our communities' diverse interests together to collaboratively determine the most effective way to conduct public health activities. The public's involvement leads to collective thinking and, ultimately results in effective, sustainable solutions to complex problems.

Throughout the MAPP process our public health system recognized their greatest assets were the people who are committed to the improvement of the health and safety of our communities. Although monetary resources to achieve goals and objectives are provided by the various participating organizations and grants, it is the individual's investment of time and energy that moves each community forward toward reaching goals.

A Community Health Needs Assessment will be conducted every third year to help guide our unified community planning process. From each assessment, we will continue on with our plan or make adjustments as needed to facility our shared vision of **"a county where citizens are aware of and inspired to live a safe and healthy life while maximizing resources to provide and encourage a healthy Stephens County".**

While our needs are great and our resources few, we will succeed in our vision with the perseverance and tenacity of those coming before us to settle this great land and this great community.

Accomplishments 2014

Pathways to a Health Stephens County Inc. has been very busy in the first year of full operations. The following are a list of the many things completed or started by Pathways over the course of Calendar Year 2014.

- January 2014—Mental Health committee formed and began working on mental health goals and services expansion.
- January 2014—Healthy Living committee appointed a sub-group to work on development of a Farmers Market in Stephens County.
- January 2014—Completed final paperwork submission for Community Health Improvement Organization designation in Oklahoma. Certification was awarded.
- February 2014—Completed Health in All Policies Community discussion with representatives from all 7 communities and multiple local and state agencies.
- March 2014—Development of a data scorecard was completed and will be presented to the Pathways Board quarterly to keep track of changes and where our emphasis should be moving forward.
- July 2014—Pathways Board of Directors, By-Laws, and Operational documents completed and approved.
- July 2014—Mental Health committee started Mental Health First Aid trainings in county.
- July 2014—VegUP advertising campaign started to promote higher levels of fruit and vegetable consumption across the county.
- August 2014—Pathways Articles of Incorporation filed and approved.
- August 2014—Development and presentation of the VegUP.org website was completed. With a few minor changes the design and layout was approved and will be live in September.
- August 2014—Pathways welcomed the 3D Substance Abuse Coalition as member of the Pathways structure. 3D Substance Abuse Coalition will be working within the Mental Health Committee continuing to address substance abuse issues in the county.
- October 2014—Submitted application for 501c3 designation.

Appendix

- ⇒ Healthy Living Data Target and Reference Worksheet
- ⇒ Mental Health Data Target and Reference Worksheet
- ⇒ Safety & Injury Data Target and Reference Worksheet
- ⇒ Cancer Prevention Data Target and Reference Worksheet
- ⇒ PHAP/CHIP Crosswalk
- ⇒ Health Needs Assessment Data
- ⇒ Healthy Living Work Plan and Status Worksheet
- ⇒ Mental Health Work Plan and Status Worksheet
- ⇒ Safety & Injury Work Plan and Status Worksheet
- ⇒ Cancer Prevention Work Plan and Status Worksheet

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Revision Dates	Version	Notes
September 2014	1.5	Released: October 2014

Healthy Living Data Target & Reference Worksheet

#	Priority Area	Current	Target	Target Year	Trending
1	Cardivascular Deaths	285/100,000	280/100,000	2018	Decrease
2	Physical Activity	32.8%	36.70%	2018	Increase
3	BMI ≥ 30 (obesity)	27.6%	24.00%	2018	Decrease
4	Fruit and Vegetable Consumption	16.1%	20.00%	2018	Increase
5	Diabetes	10.8%	10.5%	2018	Decrease

#	Data Source
1	BRFSS-OSDH Spring 2014 County Health Profile (2008-2012)
2	BRFSS-OSDH Spring 2014 County Health Profile (2005-2010)
3	BRFSS-OSDH Spring 2014 County Health Profile (2005-2010)
4	BRFSS-OSDH Spring 2014 County Health Profile (2005, 2007, 2009)
5	BRFSS-OSDH Spring 2014 County Health Profile (2005-2010)

Data Source Notes:

A. Spring 2014 County Health Profile

B. 2012 Oklahoma Prevention Needs Assessment Data- Request County Specific from Wichita Mountains Prevention Network; CHNA used 2010 report

C. Prescription Drug Overdose Data can be obtained from Office of Injury Prevention at OSDH

D. ODMHSA Meth Treatment Admission Data

Mental Health/Substance Abuse Data Target & Reference Worksheet

#	Priority Area	Current	Target	Target Year	Trending
1	SA - Prescription Drug Overdose (fatal)	57	51	2018	Decrease
2	SA - Reduce need for SA focus	7/10	6/10	2018	Decrease
3	SA - Adult Tobacco Use	20%	18%	2018	Decrease
4	SA - Youth past 30 day alcohol use (8th, 10th, and 12th grade)	8th: 17.4% 10th: 33.2% 12th: 40.1%	8th: 15% 10th: 30% 12th: 38%	2018	Decrease
5	SA - Methamphetamine Treatment Admissions	60	70	2018	Increase
6	SA - Youth Marijuana (Lifetime Use)	8th: 10.1% 10th: 24.3% 12th: 28.5%	8th: 8% 10th: 21% 12th: 26%	2018	Decrease
7	SA - Youth Inhalent (Lifetime Use)	8th: 10.4% 10th: 13% 12th: 9.8%	8th: 8% 10th: 11% 12th: 8%	2018	Decrease
8	MH - Suicide Rate	22.7/100,000	20/100,000	2018	Decrease
9	MH - Poor Mental Health Days (Avg)	3.8	3.0	2018	Decrease
10	MH - Satisfaction with Mental Health Services	31.9%	38.30%	2018	Increase

#	Data Source
1	OSDH Office of Injury Prevention (2007-2012)
2	Top 10 Major Health Risks in SC - taken from Survey from CHNA
3	BRFSS-OSDH Spring 2014 County Health Profile (2005-2010)
4	2012 Oklahoma Prevention Needs Assessment Data-WMPN (8th, 10th, and 12th grade)
5	2011-2013 Query ODMHSA Substance Abuse Database
6	2012 Oklahoma Prevention Needs Assessment Data-WMPN (8th, 10th, and 12th grade)
7	2012 Oklahoma Prevention Needs Assessment Data-WMPN (8th, 10th, and 12th grade)
8	BRFSS-OSDH Spring 2014 County Health Profile (2008-2012)
9	State of the State's County Health Report for SC - taken from Survey from CHNA
10	Those satisfied with Mental Health Services in SC - taken from Survey from CHNA

Data Source Notes:

A. Spring 2014 County Health Profile

B. 2012 Oklahoma Prevention Needs Assessment Data- Request County Specific from Wichita Mountains Prevention Network; CHNA used 2010 report

C. Prescription Drug Overdose Data can be obtained from Office of Injury Prevention at OSDH

D. ODMHSA Meth Treatment Admission Data

Safety & Injury Prevention Data Target & Reference Worksheet

#	Priority Area	Current	Target	Target Year	Trending
1	Unintentional deaths in Stephens County	74.5/100,000	70/100,000	2018	Decrease

#	Data Source
1	BRFSS-OSDH Spring 2014 County Health Profile (2008-2012)

Data Source Notes:

A. Spring 2014 County Health Profile

B. 2012 Oklahoma Prevention Needs Assessment Data- Request County Specific from Wichita Mountains Prevention Network; CHNA used 2010 report

C. Prescription Drug Overdose Data can be obtained from Office of Injury Prevention at OSDH

D. ODMHSA Meth Treatment Admission Data

Cancer Prevention Data Target & Responsibility Worksheet

1	Cancer Deaths	198.9/100,000	195/100,000	2018	Decrease

#	Data Source
1	BRFSS-OSDH Spring 2014 County Health Profile (2008-2012) Vital Statistics

Data Source Notes:

A. Spring 2014 County Health Profile

B. 2012 Oklahoma Prevention Needs Assessment Data- Request County Specific from Wichita Mountains Prevention Network; CHNA used 2010 report

C. Prescription Drug Overdose Data can be obtained from Office of Injury Prevention at OSDH

D. ODMHSA Meth Treatment Admission Data

PHAB/CHIP Crosswalk

Standard 5.2: Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.

Measure 5.2.1 L - Conduct a process to develop community health improvement plan.

Required Documentation: Completed community health improvement planning process.

1. The document is a walk-through of the MAPP model which is an accepted national model and includes:

NPHPSP and APEXPH

a. Broad participation of community leaders - List of participants in document, Pages 2

b. Information from community health assessments - MAPP community assessments were used - Pages 5-9 and Work Plans on Pages 30-35

c. Issues and themes identified by stakeholders in the community Survey of residents to identify issues in their communities – Page 9 and Work Plans on Pages 30-35

d. Identification of community assets and resources - Narrative on page 17 - "MAPPING our Way to Good Health"

e. A process to set community priorities – Last paragraph on page 9

Measure 5.2.2 L - Produce a community health improvement plans as a result of the community health improvement process

Required Documentation: Community health improvement plan document

1. Community health improvement plan dated within the last five years that includes:

a. Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets - Pages 10-16 and Work Plans on Pages 30-35

b. Policy changes needed to accomplish health objectives - Pages 10-16 and Work Plans on Pages 30-35

c. Individuals and organizations that have accepted responsibility for implementing strategies – Pages 10-16

d. Measurable health outcomes or indicators to monitor progress - Pages 10-16 and Work Plans on Pages 30-35

e. Alignment between the community health improvement plan and the state and national priorities. - Pages 10-16 and Work Plans on Pages 30-35

PHAB/CHIP Crosswalk Continued

Measure 5.2.3 A - Implement elements and strategies of the health improvement plan, in partnership with others.

Required Documentation

1. Reports of actions taken related to implementing strategies to improve health - Page 18

2. Examples of how the plan was implemented - Page 18

Measure 5.2.4 A - Monitor progress on implement of strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners.

Required Documentation

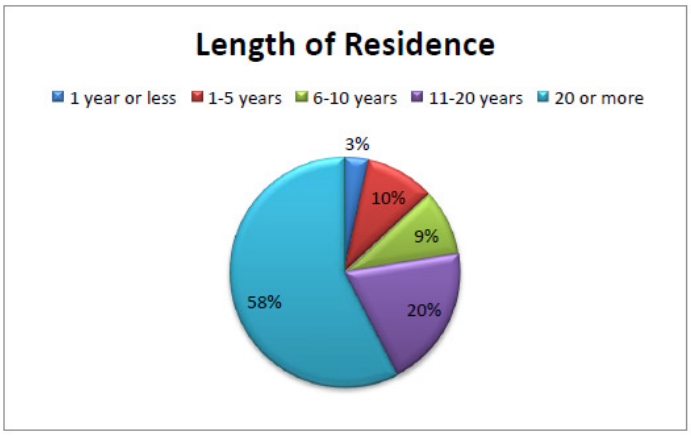
1. Evaluation reports on progress made in implementing strategies in the community health improvement plan including:

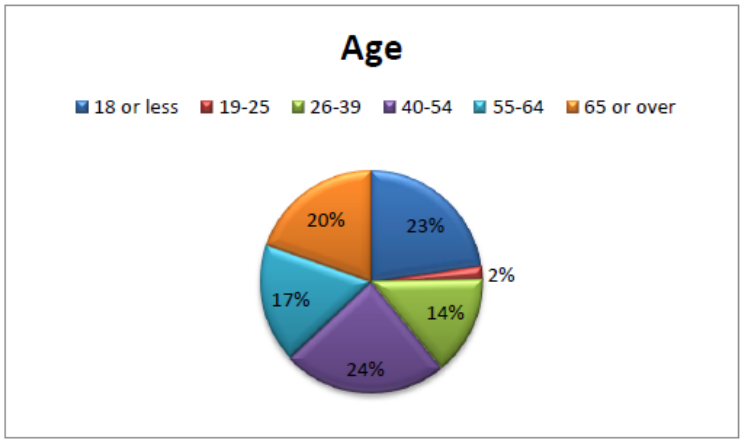
    a. Monitoring of performance measures - Pages 21-24 and Work Plans on Pages 30-35

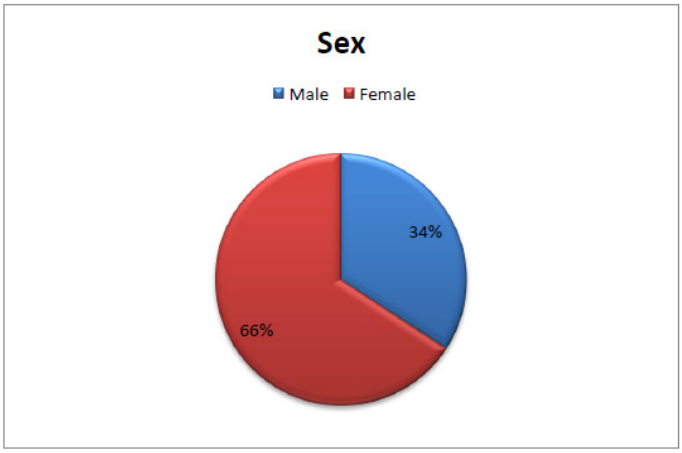
    b. Progress related to health improvement indicators - Pages 21-24 and Work Plans on Pages 30-35

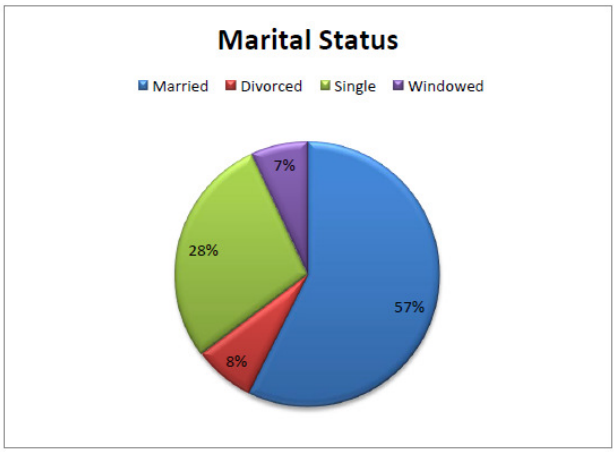
Health Assessment Data for Stephens County

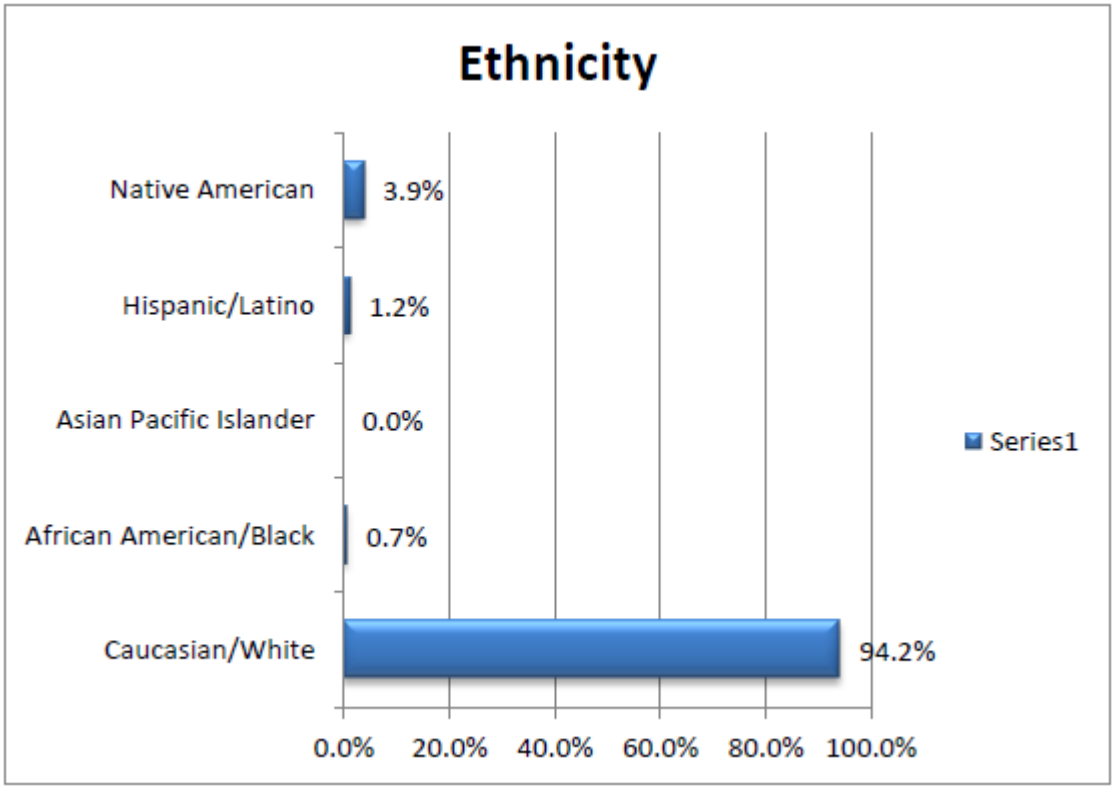
Data provided from the Stephens County Themes & Strength Assessment Final 08.21.2012











Health Assessment Data for Stephens County

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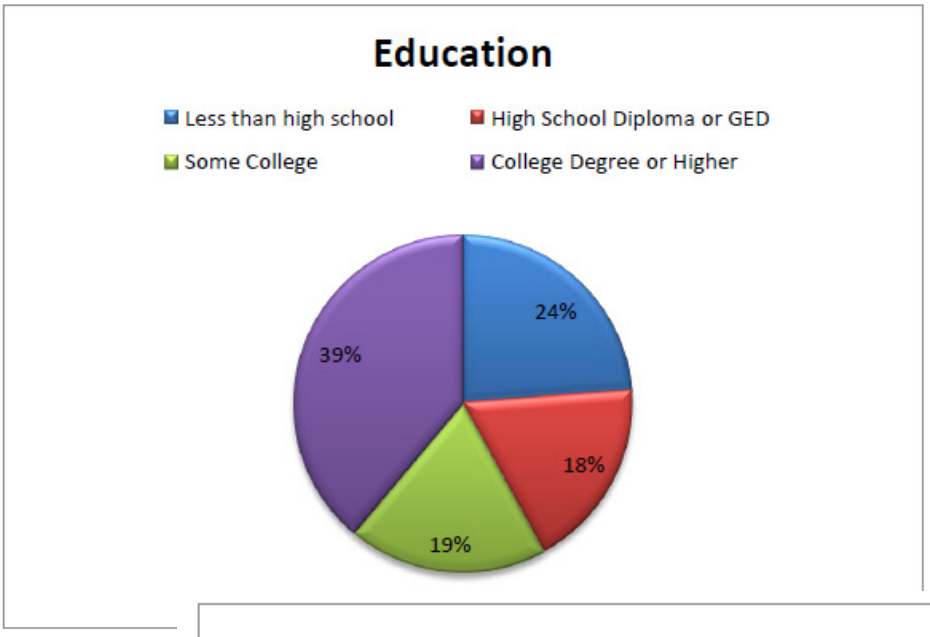
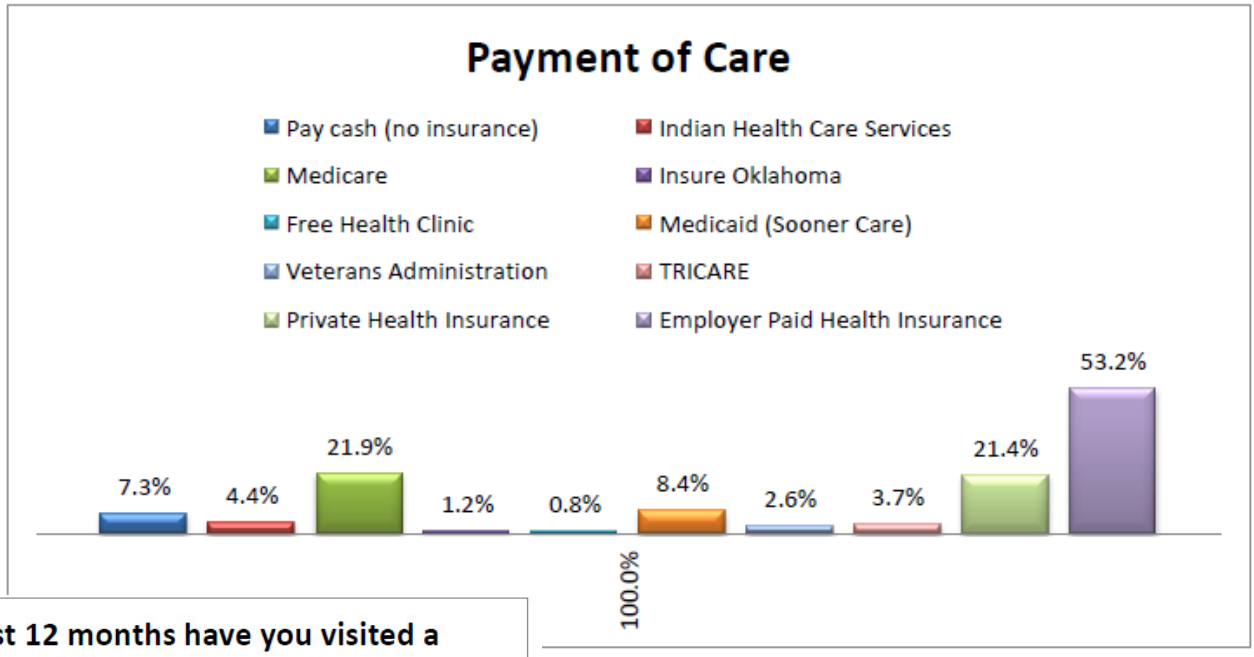
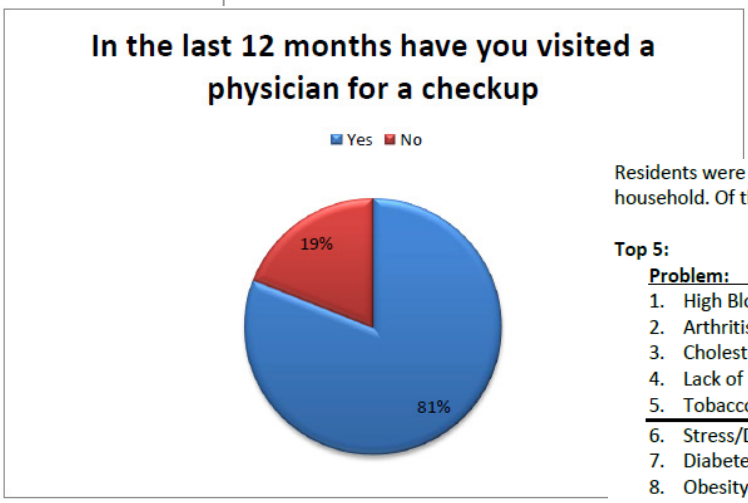






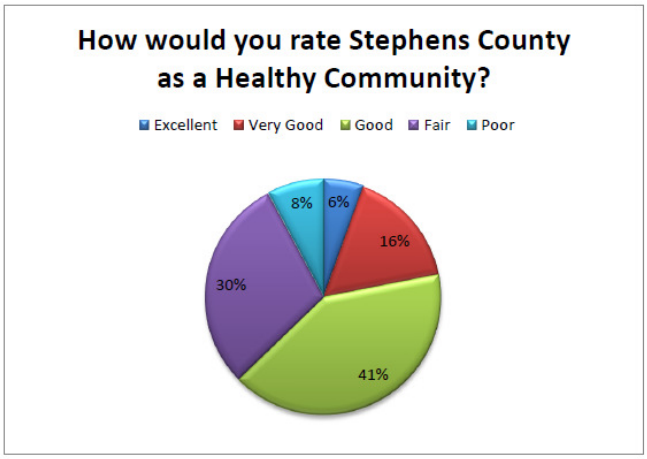
Residents were asked about the overall general health of themselves and others living in their household. Of those who responded the top 10 health problems experienced are as follows:

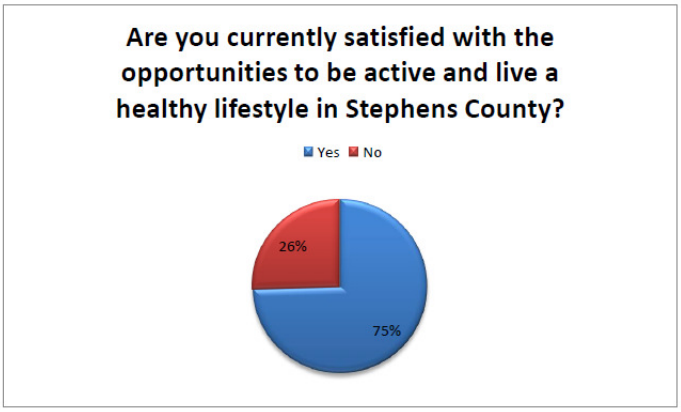
Top 5:

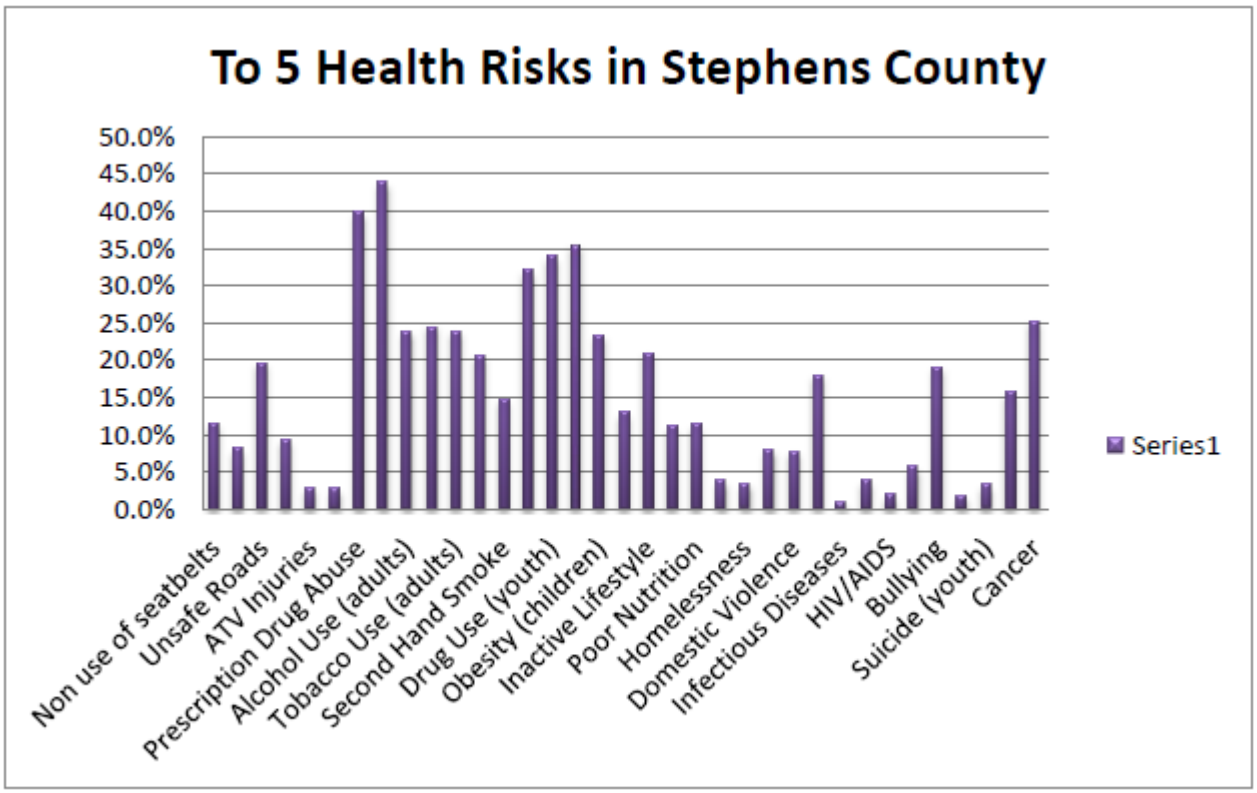
Problem:	Percentage:
1. High Blood Pressure	57.6%
2. Arthritis	36.4%
3. Cholesterol	33.8%
4. Lack of Exercise	32.6%
5. Tobacco Use	30.9%
6. Stress/Depression	30.4%
7. Diabetes	26.8%
8. Obesity	26.1%
9. Dental Problems	23.2%
10. Cancer	21.8%

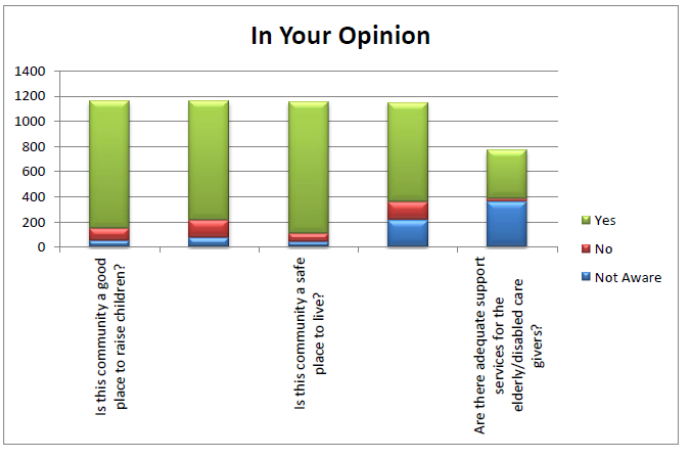
Health Assessment Data for Stephens County

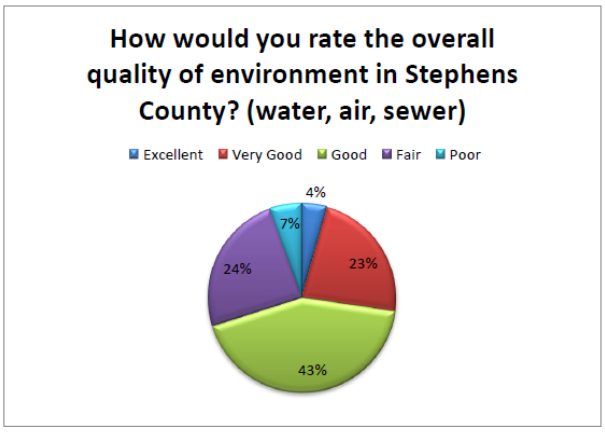
Data provided from the Stephens County Themes & Strength Assessment Final 08.21.2012











Healthy Living Work Plan & Status Worksheet

As of 09.10.2014

Strategy 1-3	Timeline	Outcomes	Status	Date	Comment
Partner with multiple organizations to promote and sponsor family friendly activities that promote physical activity (i.e. 5k walk/runs, grab bags.)	2014-2018	Decrease number of Stephens County residents who are obese.			
Development of a physical activity calendar for Stephens County · Develop or using existing host site · Assign a site administrator Promote shared use facilities in the county.	2014	Increase awareness and opportunities for residents and families to be active.	In Process	Jul-14	Working on a list of community offerings.
Completion of the Heritage Trail Project in Duncan.	2014-2018	Increase walkability of Duncan community.	In Process		Group within Duncan continuing work to develop plans and raise money.
Increase number of certified healthy business, schools, campuses, restaurants and communities from 5 to 15 by 2018.	2014-2018	Increased number of organizations who encourage healthy lifestyles in the work place.	In Process	Aug-14	Working to increase our participation and winners in CY14 in all categories. Correspondence has been sent and requested of all communities, school districts, and campuses. Working on a strategy for restaurants and congregassions.

Healthy Living Work Plan & Status Worksheet

As of 09.10.2014

Strategy 4	Timeline	Outcomes	Status	Date	Comment
Implement county wide media and educational campaign to increase access and awareness of healthy foods. · Development of campaign materials · Determine media placement. · Promotion of campaign · Promotion of campaign with partnering agencies	2014-2018	Increase awareness and consumption of fruits and vegetables among residents in Stephens County.			
Implement school based or youth event utilizing the media campaign.	2014-2018				
Partner with OSU extension to utilize campaign in the implementation of the Farm to You! school program in Stephens County School Districts.	2015	Increase awareness and consumption of fruits and vegetables amongst children.			
Establishment of Farmers Market in Stephens County a) Research establishment polices and protocols as designed by municipalities, Stephens County Health Department, and Oklahoma Department of Agriculture. b) Seek assistance from markets in the area c) Explore location options and partners d) Development of marketing and business plan	2015	Increase access of fresh fruits and vegetables Increase fruit and vegetable consumption among residents.	In Process	Jun-14	Committee working on this project.

Strategy 5	Timeline	Outcomes	Status	Date	Comment
Partner with OSDH Center for the Advancement of Wellness and local communities to explore Health In All Policies Initiative.	2015-2018	Increase awareness of importance of public health policy at the local level.	In Progress	Jul-14	Working through next steps with OSDH.
Pathways Committee to host 101 session conducted by OSDH Center for the Advancement of Wellness.	2015		Complete	Feb-14	Process started with local community representatives. 43 representatives from seven communities and other county, local agencies participated.
Partner with OSDH Center for the Advancement of Wellness to provide training on Health in All Policies	Aug-Dec 2014		In Progress	Aug-14	Working with OSDH on next steps.

Mental Health Work Plan & Status Worksheet

As of 09.10.2014

Strategy 1-2	Timeline	Measure	Outcomes	Status	Date	Comment
Increase level of community involvement and awareness to address mental health and substance abuse in Stephens County	2014-2018	# of partners involved to address mental health and substance abuse.	Increased awareness of mental health and substance abuse.	In Progress	May-14	
Implement Systems of Care community based referral systems in Stephens County	2014-2015	# of youth referrals	Increase accessed of mental health services to youth in Stephens County.	In Progress	Apr-14	
Provide (QPR) suicide prevention training to health care providers, schools, and other lay members of the community.	2015-2016	# of individuals trained # of sectors represented	Increase awareness of suicide prevention in Stephens County.			
Establish a blueprint for a state mental health system	2014-2018	Establishment of blueprint	Increased access to services in Oklahoma.	In Progress	May-14	Working with State of Oklahoma

Strategy 3	Timeline	Measure	Outcomes	Status	Date	Comment
Host 101 training to local physicians and health care providers on prescription drug abuse and strategies to prevent.	2014-2017	# of attendees	Reduce number of prescription drug overdoses/deaths in Stephens County.			
Promote proper disposal of unwanted or unused medications	2014-2018	Amount of disposed medication Number of drop box locations in Stephens County.	Decrease number of unused or unwanted medications in waterways. Decrease number of Rx Drug incidents or deaths related to improper use.	In Progress	Jun-14	Working with Substance Abuse Group (3D) to promote placement of boxes.

Mental Health Work Plan & Status Worksheet

As of 09.10.2014

Strategy 4-8	Timeline	Measure	Outcomes	Status	Date	Comment
Host 101 training on SBIRT (Screening for Brief Intervention to Treatment) by Oklahoma Department of Mental Health and Substance Abuse Services Administration for local physicians, social workers, APRN's and other identified providers.	2014	# of attendees	Increase early access to Substance Abuse treatment and referral for Stephens County residents			
Implement (SBIRT) into 10 of primary care practices and Urgent Med.	2014-2016	# of implemented sites				
Increase community awareness and compliance with social host laws	2014-2018	# of awareness activities and information distribution	Decrease number of youth who report obtaining alcohol from another adult.			
Reduce number of offsite alcohol sales to minors from 22% to 20%.	2014-2018	Compliance Checks	Decrease number of youth who report the consumption and purchase of alcohol before age 21.			
Implement Alcohol Edu online curriculum in 1 high school in Stephens County. ***	2014-2018	Implementation of evidenced based program into school.	Decrease number of youth who report use of alcohol.			
(Curriculum is available at no cost to schools through ODMHSA)						
Promote the use of the Oklahoma tobacco quit line in health care settings.	2014-2018	Promotional materials distributed	Increased number of callers to the Oklahoma Tobacco Quit line.			

*** To preview the AlcoholEDU website please visit: http://www.everfi.com/alcoholedu-for-high-school

Safety & Injury Prevention Work Plan & Status Worksheet

As of 09.10.2014

Strategy 1	Timeline	Measure	Outcomes	Status	Date	Comments
Partner with Duncan Regional Hospital, Stephens County Health Department and local Fire Departments to conduct annual car seat safety event.	2014-2018	# seats installed and supported events	Increase number of properly installed child safety seats.			
Promote Cover Your Kids Campaign	2014-2018	# of protective items collected for children in Duncan Public Schools	Decrease number of child head injuries in children as a result of storm debris.	In Progress	May-14	Helping to promote this initiative with members of the Pathways board. Many organizations have contributed financially.
Promote Texting Campaign sponsored by Duncan Public Schools	2014-2018	# of students/adults who sign pledge	Decrease number of teens and adults who text and drive.			

Cancer Prevention Work Plan & Status Worksheet

As of 09.10.2014

Strategy 1	Timeline	Measure	Outcomes	Status	Date	Comments
Partner with Cancer Centers of Southwest OK to promote importance of early detection (billboard, media, promotional materials, events, etc.)	2014-2018	# of media placements regarding prevention of cancer	Increase early detection.	In Progress	Jul-14	a) Working to help promote Prostate Screenings in Sept and other free offerings through this FY.
						b) Working on ad campaigns about screening and prevention

Pathways to a Healthy Stephens County Inc.

Board of Directors

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Roger L. Neal	President
Artemio Ibarra	Vice President
Brooke McCuiston	Secretary/Treasurer

Name	Representation	Term Ending
Sammy Richardson	Bray, Oklahoma	June 30, 2015
Artemio Ibarra	Duncan, Oklahoma	June 30, 2015
Sharicka Lockhart	Minority/Underserved Population Representative	June 30, 2015
Mike Milton	Stephens County Department of Health	June 30, 2015
Janna Wright	Velma, Oklahoma	June 30, 2015
Julie McKinney	Central High, Oklahoma	June 30, 2016
Open	Chickasaw Nation	June 30, 2016
Roger L. Neal	Duncan Regional Hospital Inc.	June 30, 2016
Sheresa Patrick	Empire City, Oklahoma	June 30, 2016
Rodney Wade	Stephens County Department of Human Services	June 30, 2016
Brooke McCuiston	Area Regional Prevention Director	June 30, 2017
Sandy Gray	Comanche, Oklahoma	June 30, 2017
Julie Sanders	Marlow, Oklahoma	June 30, 2017
William Stewart, MD	Primary Care Clinician	June 30, 2017
Open	Simmons Center	June 30, 2017