

COMANCHECOUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

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SUBSTANCE ABUSE

VIOLENCE

MENTAL HEALTH

POVERTY

OBESITY



CHIP



FOCUS

A PLAN FOR IMPROVING HEALTH, WELL BEING, AND
QUALITY OF LIFE IN COMANCHE COUNTY

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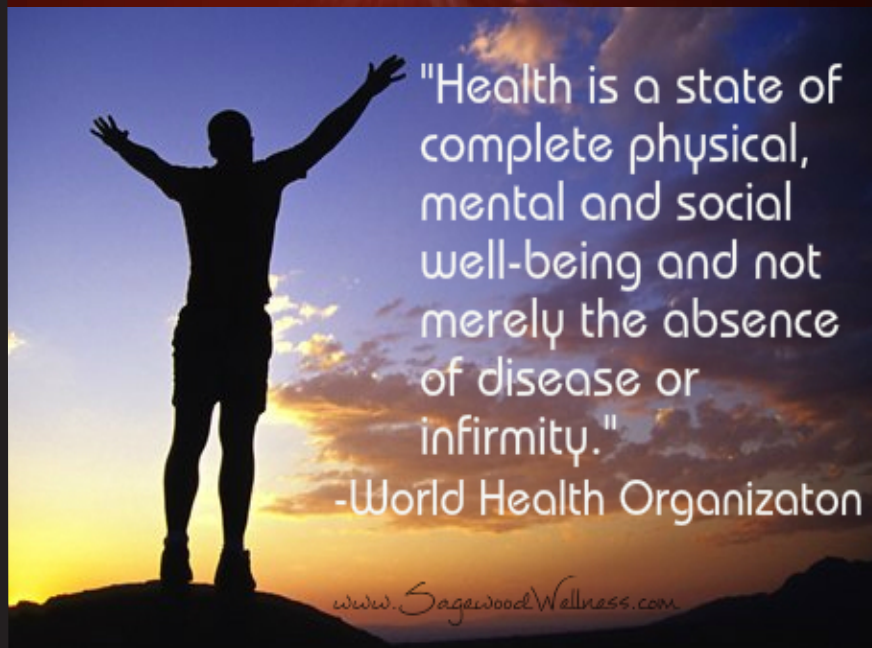
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Promoting Healthy Lifestyles for Mind and Body



Key Stakeholders Collaborate



www.SageWoodWellness.com

Executive Summary

The greatest medicine of
all is to teach people how
not to need it.

In the spring of 2010, Comanche County began a journey to improve the health of all residents throughout the County. Using surveys provided by various means, the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) were completed. As we continually monitor and update the goals identified by residents and other key stakeholders throughout the county as their primary health and environmental concerns, a diverse coalition of volunteers consisting of individuals, state and local government, universities, public schools, business's, faith organizations and health care providers continuously collaborate to promote and provide a healthy environment.

REASSESS:

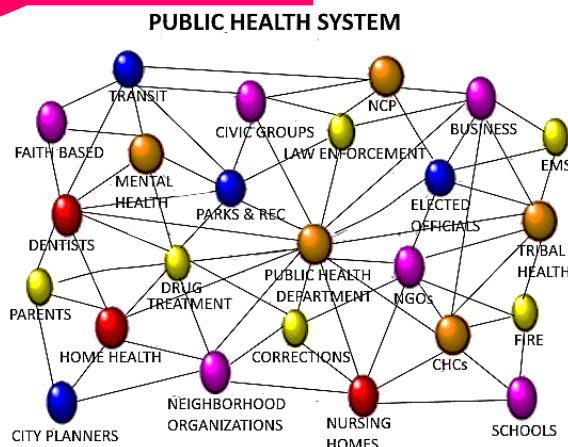
In 2015, we again surveyed residents asking what are the greatest environmental and health challenges they face today. Although there are many, the top five equally important challenges identified by resident surveys are:

- Obesity
- Mental Health
- Poverty
- Violence and Crime
- Substance Abuse (Tobacco, Alcohol, Drug)

CHIP is a plan for all Comanche County residents which include common community goals and key strategies to achieve the best possible outcomes. CHIP will be evaluated annually to assure access is available to live a healthy lifestyle and implemented strategies are showing improvement for the five areas selected.

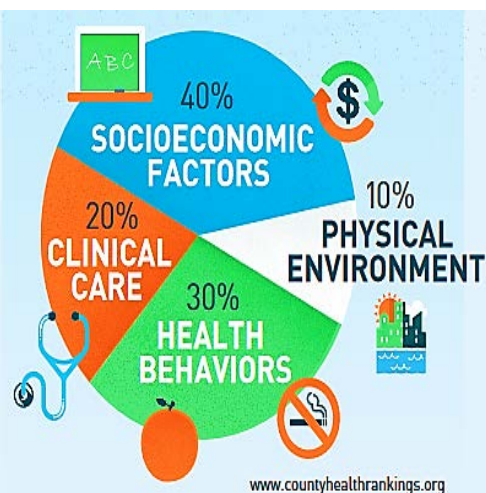
Health begins at home with personal choices made by everyone each day. To make a healthy system change, it will take the entire community to incorporate health and wellness into policies and decisions. All residents are encouraged while reviewing this plan to make the decision to be part of a healthy lifestyle solution.

Coming together is a beginning; keeping together is progress; working together is success... Henry Ford

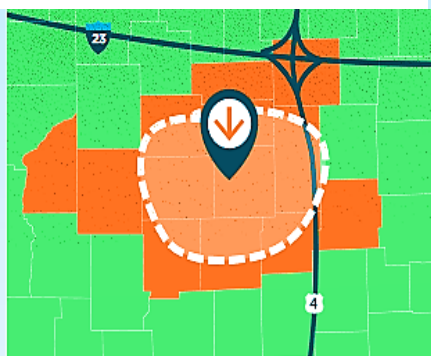


INVEST IN YOUR COMMUNITY 4 Considerations to Improve Health & Well-Being for All

What Know what affects health **Where** Focus on areas of greatest need **Who** Collaborate with others to maximize efforts



Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live



How Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

Four ACTION Areas



Key Stakeholders:

**KNOWING IS NOT ENOUGH; WE MUST APPLY
WILLING IS NOT ENOUGH; WE MUST DO**

Johann Wolfgang von Goethe

To the dedicated public health workers, individuals, organizations, and agencies collaborating to supply the building blocks that make the CHIP possible. **THANK YOU!**

Cameron University

C. Carter Crane Shelter

Community Advocates for Sober
Teens

City National Bank

City of Lawton

City of Lawton Municipal Court

Comanche County Juvenile
Bureau

Comanche Nation Housing
Authority

Comanche Nation IAMNDN

Creative Imaginationz

Department of Criminal Justice &
Sociology

Department of Human Services

Disproportionate Minority
Contact

Family Promise

Fort Sill Army Substance Abuse
Program (ASAP)

Great Plain Improvement
Foundation

Indian Health Services

Jim Taliaferro Community Mental
Health Center

Comanche County Juvenile Court

Lawton Police Department-
Community Oriented Policing
(COP)

Lawton Public Schools

Lawton Public Schools Police
Department

Marie Detty Youth and Family
Services

Military and Family Life
Consultant

Morale, Welfare, and Recreation

Next Step Program

ODMHSAS

Office of Juvenile Affairs

OSDH Office of Partnership
Engagement

Premier Behavioral Health
Counseling, LLC

Public Defender Office

Roadback, Inc.

Rolling Hills

The Salvation Army

Southwestern Medical Center

Tobacco Settlement and
Endowment Trust

United Way of SW Oklahoma

Victim Services Unit

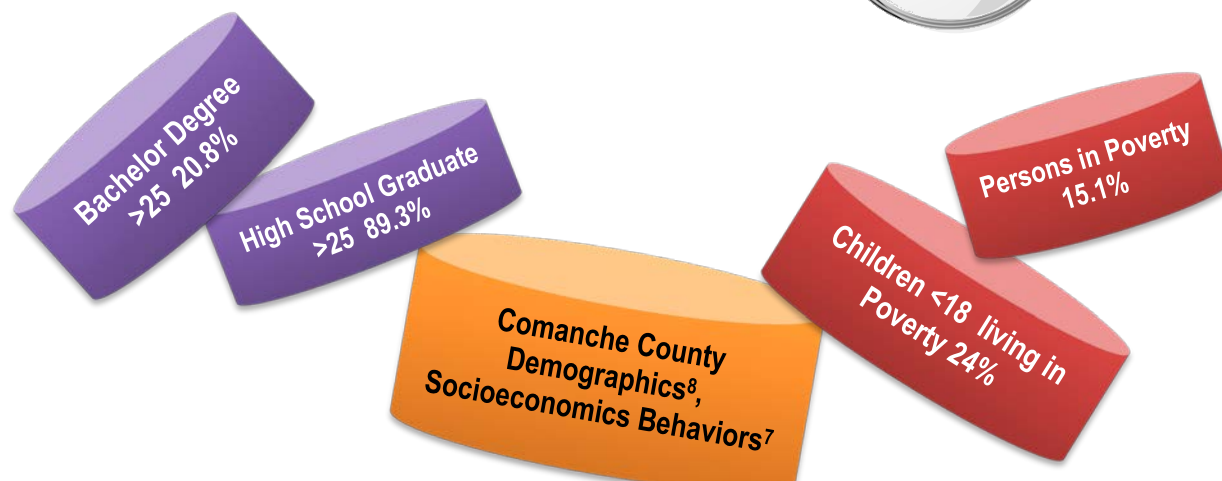
Alcoholic Beverage Laws
Enforcement Commission

BancFirst

The countless organizations,
school districts and Individuals
dedicating their time to create a
healthy community.



DEMOGRAPHICS-Stacking UP:



Comanche County is a mixed urban and rural setting located in southwest Oklahoma. The population by cities include: Lawton/Fort Sill 96,867¹, Cache 2796, Chattanooga 461, Elgin 2156, Faxon 136, Fletcher 1177, Geronimo 1,859, Indianola 344, Medicine Park 382, and Sterling 793²⁹. Fort Sill is adjacent to Lawton and is the third largest single site employer in Oklahoma²⁴. Adjacent to Fort Sill is the Wichita Mountains Wildlife Refuge with 59,020 acres providing habitat for diverse species wildlife, fish, birds, reptiles, and plants.² Included in the area is a regional airport, interstate 44, 3 major US Highways, County Health Department, four hospitals, VA Center, Federally Qualified Health Center, Mental Health facility, local medical and dental clinics.

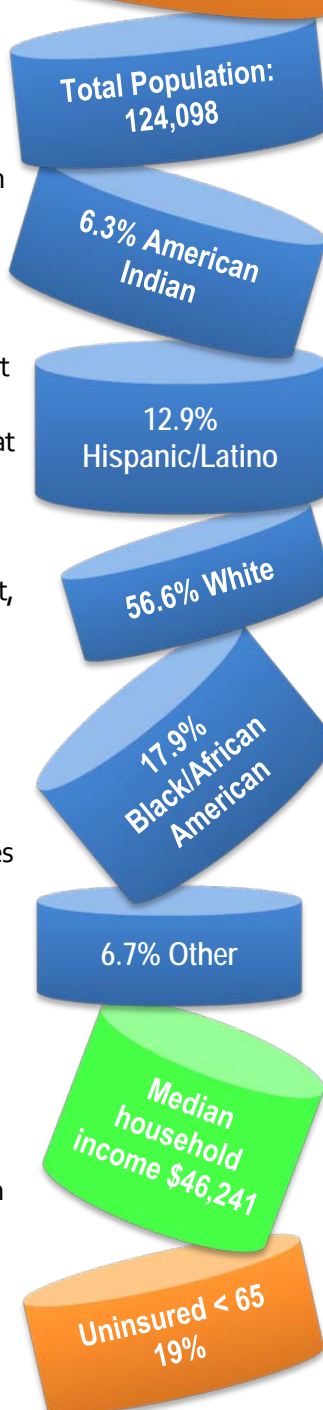
The Community Health Improvement plan (CHIP), is a cumulation of residents and key stakeholders from all social classes volunteering their time and resources in collaboration with others to improve the health and well-being of Comanche County communities. All residents in Comanche county are welcome and encouraged to participate in the process. Partners sharing the same vision participate in one or more workgroups representing the five priority areas chosen through data and community surveys.

We all know health is shaped by healthy food, exercise, immunizations, smoking cessation, hand washing and seeking

healthcare when needed. The social, economic, and environmental conditions also influence health such as the quality of education, cleanliness of the environment, job availability and access to resources. Through strategic allocation of resources and united efforts, we can provide for residents otherwise unable to access needed services.

It is the intent of the CHIP to promote health and services in all community plans, policies and eliminate health inequity by implementing strategies to achieve common sustainable goals. This will ultimately improve health outcomes by addressing needs such as safety, environment, and the sense of well-being. These factors affect population and business growth which can enhance or deter employment opportunities, environmental safety, education, and the number of health providers. In tangent with the CHIP are strategic and quality improvement plans by individual organizations to address public health issues by setting individual agency strategies and goals.

All plans are monitored and evaluated to ensure partnership efforts are continually evolving to meet the needs of the community. Through focused efforts, Comanche County will achieve common goals to ensure equal access to health services, alleviate health disparities, and create a healthy and safe environment.



MAPP Process

CHIP is an Opportunity

Engineering Comanche County Partnerships to achieve common goals for Community well-being.

Mobilizing for Action through Planning and Partnerships (MAPP³) is a community-wide strategic planning process for improving community health. Facilitated by public health leadership, this process helps communities prioritize public health issues and identify resources for addressing them.

Initiating MAPP

To initiate the MAPP process, lead organizations in Comanche County began by organizing themselves, recruiting participants, and preparing to implement MAPP (Organize for Success / Partnership Development). The second phase of the MAPP process is Visioning. A shared vision and common values provide a framework for pursuing long-range community goals.

Community Assessments

The four MAPP Assessments provide critical insights into challenges and opportunities throughout the community. The following surveys were distributed through various means throughout Comanche County.

■ Community Themes and Strengths Assessment –

Identifies issues that interest the community, perceptions about quality of life, and community assets.

■ Local Public Health System Assessment –

Measures the capacity and performance of the local public health system—all organizations and entities that contribute to the public's health.

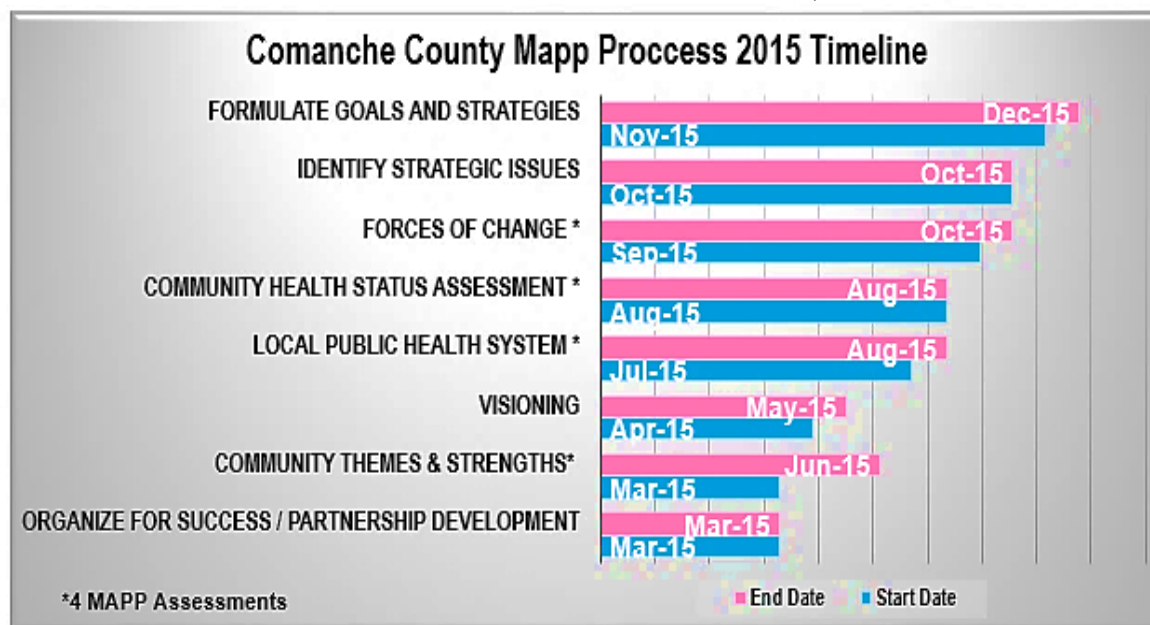
■ Community Health Status Assessment –

Assesses data about health status, quality of life, and risk factors in the community.

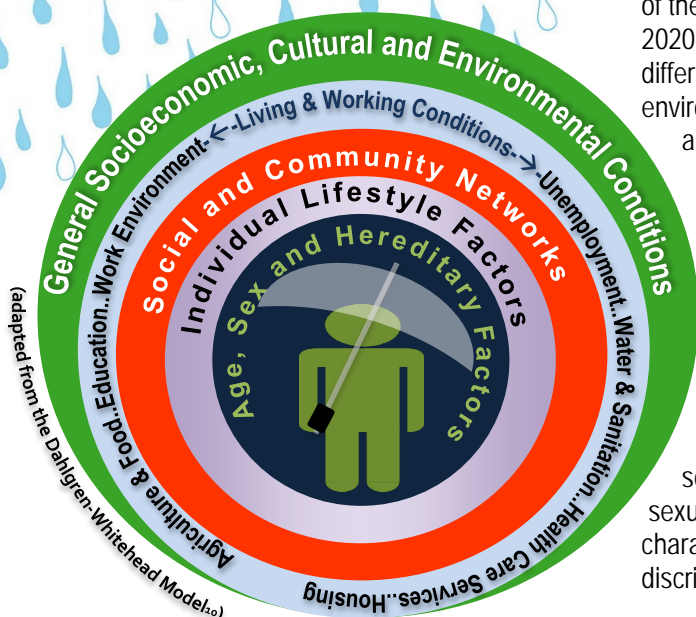
■ Forces of Change Assessment –

Identifies forces that are or will be affecting the community or the local public health system. Using the results of the assessments, participants Identify Strategic Issues and then Formulate Goals and Strategies for addressing each issue.

This information is crucial for the Action Cycle, during which participants plan for action, implement, and evaluate. Using the MAPP process is how the CHIP is composed and managed. CHA and CHIP are reviewed semi-annually to ensure strategies are effective. See below Comanche County MAPP Process 2015 Timeline Graph. (For full results see Comanche County Community Health Assessment⁴.)



What are health disparities and health equity?



The resources needed for health should be distributed fairly; these include not only access to quality medical care, but also the living and working conditions that are necessary for health.

Examples of Disparities in Health Status

- Black infants have higher mortality rates than white infants.
- Maternal mortality is higher among Black women.
- Among the elderly, women's health and functional status are worse than men's.
- Black women are more likely than white women to die from breast cancer.
- Life expectancy at age 26 is shorter and rates of heart disease and diabetes are higher among people of lower incomes or educational levels and among Blacks, Hispanics, and Native Americans.
- Poor or fair (contrasted with good, very good, or excellent) health is more prevalent among children in low-income families.

- In elderly adults, disability rates are inversely related to income. [Minkler M, NEJM 2007]
- Obesity appears to be more prevalent in adults with sensory, physical, and mental health conditions. [Weil, Wachtman, Iezzoni et al, JAMA 2002.]⁶

Disparities in Comanche County

The following are a few disparities supported by data in Comanche County: **Infant Mortality** deaths per 1,000 live births: 9.8% (Oklahoma's Black/African American infants being more than double the rates of White and Asian/Pacific Island infants) Possible contributing factors to Infant Mortality¹²:

- **Teen Birth** rate per 1,000 for 15-19 years of age: 51.5%,
- **Low Birth Weight:** 8.4% (Black/African American babies (14.1%, White 7.8%, American Indian 7.3%, Asian/Pacific Island 7.4%),
- **No Insurance** coverage ages 18-65: 19.7%,

Other disparities include: **Families below poverty:** 17.6%, **Grandparents raising grandchildren:** 56%.

Health Disparities/Equity Definition

Healthy People 2020 defines **health equity** as the attainment of the highest level of health for all people. Healthy People 2020 defines a **health disparity** as a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage⁶. Efforts to eliminate disparities and achieve health equity have focused primarily on disease, illness, and health care services; however lack of illness does not necessarily mean good health. Key values underlying the concepts of eliminating health disparities and achieving health equity are:

- 1) All people are valued equally
- 2) Health is valued highly for everyone because it is essential to personal well-being
- 3) Every person should be able to achieve the highest level of health possible, without distinction based on race, ethnic group, religion, socioeconomic status, gender, physical or mental disability, sexual orientation, rural/urban residence, or other characteristics that have historically been linked to discrimination or having less influence or acceptance in society.

Prevention vs Treatment

Placing the emphasis on primary prevention through the promotion and support of healthy lifestyles, and healthy working and living conditions is a valuable means of achieving and maintaining wellness. Education, safe environment and removing disadvantages for children may be a powerful preventive measure in decreasing health disparities. Children in poverty for Comanche County is 24% compared to the State at 22%. Children in single parent households is 42% compared to 21% for the State¹².

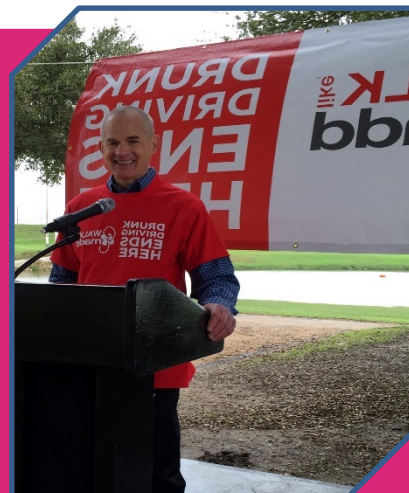
The World Health Organization's Commission on Social Determinants of Health's final report offer three overarching recommendations:

- 1) Improve daily living conditions
- 2) Tackle the inequitable distribution of power, money, and resources
- 3) Measure and understand the problem and assess the impact of action¹¹

By using evidenced based research when developing strategies, Comanche County residents will move towards the goal to alleviate health disparities.

"It is time to refocus, reinforce, and repeat the message that health disparities exist and that health equity benefits everyone...."—Kathleen Sebelius, former Secretary of Health & Human Services

Breaking Barriers



Success doesn't come to you,
YOU GO TO IT ..Marva Collins

Bridging the Gap

What changes occurred in the community since our last CHIP?

Health care and health-related information is being provided in a manner that is culturally sensitive via signs, media and interpreters. Partnerships are essential for community activities to make positive changes to health and environment. By integrating planning and assessment processes to maximize partnerships, we receive the expertise of the community to accomplish common goals.



"Our success has really been based on partnerships from the very beginning." ... Bill Gates



Community Outcomes

Using the MAPP³ process, key stakeholders in the community participated in planning sessions and are actively involved in coalitions, also referred to as work groups, making positive changes in the community. By combining resources, these individuals attended and facilitated many educational and community building activities. Working with

local and Tribal government, residents, health agencies, city and business owners, coalition members took responsibility for composing a five year work plan based on community responses. The five initiatives listed in no specific order, were the most pressing for health and well-being in 2010:

- Violence
- Sexually Transmitted infections
- Access to Care
- Smoking
- Adult Obesity

Many health factors, public laws and policies were reviewed to make improvements in the priority areas within the community. (For an individual listing of key stakeholders from 2010-2015 see Appendix A)

Community Improvements Since the last CHIP

The following changes from the 2010 CHIP¹³ occurred where residents live, work, learn and play:

A sustainable world means working together to create prosperity for all....Jacqueline Novogratz

Bridging the Gap continued



"The best partnerships aren't dependent on a mere common goal but on a shared path of equality, desire, and no small amount of passion" ...Sarah MacLean



Sexual Health

- The availability of protective barriers at no charge was increased throughout the county. An outreach for obtaining preventative measures were placed in key locations such as Cameron University, local lounges, and tattoo parlors.
- An informational workshop targeting providers was held October 2014 in response to the county Syphilis outbreak.
- Education regarding STI's has been added to multiple local events.
- Sexual Health was implemented in 2 high schools and continues as an ongoing measure.
- A STI educational age appropriate website launched November 2014.
- A media public education campaign including print, social and television, was developed in October 2014 in response to the Syphilis outbreak to increase STI testing.

Access to care

- A panel of experts were organized to educate the community on techniques available to manage chronic pain.
- Two lunch and learns and a free dinner were offered and hosted to provide information regarding alternatives to prescription options for pain management targeting health care providers and community residents.

Violence

- The Community joined together for the "Stop the Violence" movement led by local faith leaders. Peace gatherings and marches at various locations were conducted bringing attention to gang violence and areas where gang activity was known to take place.
- Evidenced-based training, Effective Police Interactions with Youth, is being offered to Police Cadets focusing on positive youth interaction.
- A collaboration of community agencies to conduct a Social Autopsy to identify where high risk youth offenders fell through the cracks.

Tobacco

- The City of Lawton adopted a Tobacco Free policy on ALL city owned/leased property, including vapor and e-cigarettes. Lawton was the first city of the top 4 cities in OK to adopt such a comprehensive policy.
- Before the state law on 24/7 schools, 9 of the 10 schools in Comanche County had adopted 24/7 policies, many of which included e-cigarettes and vapor products.
- Goodyear Tire and Rubber Co. went completely tobacco free.
- Public Housing in Lawton is moving toward smoke free buildings.

- OPNA shows the percentage of youth indicating cigarette use in their lifetime from 2010 – 2014 as a reduction of 19.66% for grades 6, 8, 10
- OPNA shows the percentage of youth indicating smokeless tobacco use in their lifetime from 2010 – 2014 as a reduction of 6.37% for grades 6, 8, 10, and 12.

Obesity

- Awarded 2 TSET Healthy Living grants designed to prevent cancer and cardiovascular disease by preventing and reducing tobacco use and obesity at the community level.
- Open Streets bi-annual events promoting active lifestyles have been successfully running for 2 years.
- Sixty-six county organizations were recognized in 2015 by the Certified Healthy Oklahoma Program.
- The Fitness in Action Series established a community wide resource for active living.
- The Lawton Farmers Market now accepts SNAP and WIC.
- The City of Lawton is in phase 3 development and implementation of a city-wide pedestrian and biking path.
- Duty Rowe Fit Kids Fitness Trailways were instituted throughout the Wildlife Refuge totaling over \$20 million dollars to date.
- Fort Sill Healthy Base Initiative supporting active living was instituted in 2013.

Always do your best. What you plant now, you will harvest later...Og Mandino

Bridging the Gap continued



Results from 2010-2015 CHIP:

Per Robert Wood County Health Rankings⁸, the charts shown on the right reflect the trends from 2011-2015.

Tobacco Use—

Percent of Adults who are current smokers

| Year | Data |
|------|------|
| 2015 | 30% |
| 2014 | 30% |
| 2013 | 30% |
| 2012 | 31% |
| 2011 | 31% |

1% reduction

Adult Obesity—

Percentage of Adults who report a BMI (body mass index) of 30 or more

| Year | Data |
|------|------|
| 2015 | 33% |
| 2014 | 33% |
| 2013 | 35% |
| 2012 | 33% |
| 2011 | 35% |

2% reduction

Sexually transmitted infections—Number of newly diagnosed chlamydia cases per 100,000 population

| Year | Data |
|------|------|
| 2015 | 776 |
| 2014 | 921 |
| 2013 | 964 |
| 2012 | 912 |
| 2011 | 687 |

89 additional cases

Violence—Number of reported violent crime offenses per 100,000 population

| Year | Data |
|------|------|
| 2015 | 722 |
| 2014 | 801 |
| 2013 | 868 |
| 2012 | 969 |
| 2011 | 910 |

188 reduction

Access to Care—

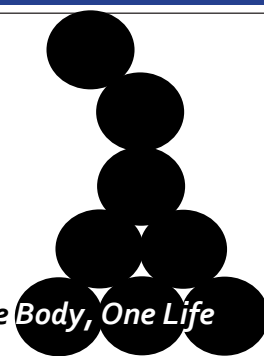
Percentage of adults under age 65 without health insurance

| Year | Data |
|------|------|
| 2015 | 20% |
| 2014 | 18% |
| 2013 | 19% |
| 2012 | 20% |
| 2011 | 23% |

3% reduction

CHANGE IS HARD AT FIRST, MESSY IN THE MIDDLE AND GORGEOUS AT THE END ROBIN SHARMA

Comanche County Community Health Priorities



One Mind, One Body, One Life

Mental Health

Violence & Crime

Poverty

Obesity

Substance Abuse



Mental Health



What is Mental Health?

To be well, is to have not just physical well-being but also peace of mind. Mental health status can be a large contributing factor in the overall health status of an individual because they are so closely related. Strong arms won't help lift heavy objects if you are not motivated to use them.

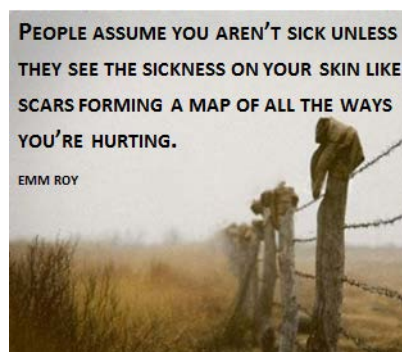
Mental Health Issues.

Mental health issues can cause alterations in normal thinking, mood, and behavior which are associated with stress and impaired functioning. Mental health issues may also contribute to many other health concerns, such as disability, increased vulnerability to chronic disease including diabetes, heart disease and cancer because of unhealthy lifestyle habits.

Per Healthy People 2020 "Mental disorders may have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today's most pressing chronic diseases, including diabetes, heart disease, and cancer. Mental disorders can have harmful and long-lasting effects—including high psychosocial and economic costs—not only for people living with the disorder, but also for their

families, schools, workplaces, and communities."

The World Health Organization (WHO) constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.



What does Mental Health Look like in Comanche County?

Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life. In 2014 using "in the last 30 days" as criteria, Comanche County reported 4.3 poor mental health days compared to 4.1 for the state⁹.

The percentage of adults reporting more than 14 days of poor mental health per month in 2014 was 13% equal to the state with a National average of 9%.

Social Associations is the number of associations per 10,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations¹⁶. People with greater social support, less isolation and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Comanche County reported 8.9 social associations where the state reported 11.8⁸.

Survey says!

When asked, what are the 3 biggest health problems in Comanche County, 21% responded mental health problems. When asked if their community is a safe place, 33% replied no⁴. By addressing poor mental health days and increasing awareness, Comanche County will break barriers of access and stigma associated with Mental Health.

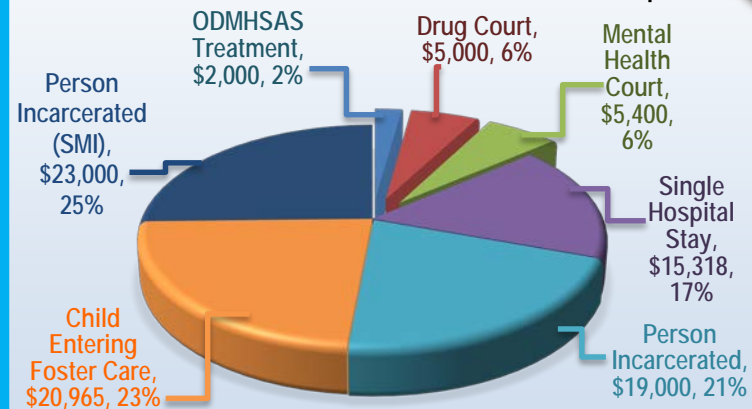
Comanche County Community Health Improvement Plan 2015- 2020

Mental Health

"In Comanche County, 24% of adults reported having 4+ days of poor mental health"

Source: 2014 State of the State Health Report

Treatment is a Smart Investment Annual Cost Comparison



2017 ODMHSAS BUDGET PRESENTATION:
<https://www.ok.gov/odmhsas/documents/House-Senate%20Budget%20Presentation%20Jan%2030.pdf>

Results

At a glance

Comanche County Survey Results

21% Agree "Mental Health is one of the 3 biggest health problems in Comanche County"

32% Disagree "Their neighbors know, trust, and look out for one another"

29% Agree "Strong Family Life is one of the 3 most important factors for quality of life"

18% Disagree "There are elderly friendly housing developments"

60% Agree "There are support networks for individuals and families"

25% Disagree "There are networks of support for the elderly living alone"

14% Agree "Mental or physical health problems are one of the 3 things that cause individuals the most stress"

Source: Comanche County Health Assessment Appendix F

"KEY COMMUNITY STAKEHOLDERS"

Rolling Hills, Jim Taliaferro Community Mental Health Center, Oklahoma State Department of Health, Office of Partnership Engagement, Comanche County Health Department, Maria Detty, Disproportionate Minority Contact, Premier Behavioral Health, Indian Health Services, Lawton Public Schools, Cameron University Psychiatric Department, The Salvation Army, Southwestern Medical Center, Tobacco Settlement and Endowment Trust, The NEXT Step Lawton, and Individuals not affiliated with an organization

Comanche County Health Improvement Plan 2015 – 2020

Mental Health

Core Measures and Objectives:

By 2020, reduce Comanche County's reported rate of poor mental health days from 4.3 to 4.1 ¹

By 2020, reduce the percentage of adults reporting more than 14 days of poor mental health per month from 13% to 12% ²

Increase awareness and understanding of mental and substance use disorders

Workplan

Goal 1:

Support and increase accessible and affordable Mental health care

STRATEGY 1:

Increase collaborative efforts to collect and evaluate data

STRATEGY 2:

Increase access to mental and behavioral health inpatient services

Goal 2:

Decrease Stigma related to mental health

STRATEGY 1:

Implement public awareness campaigns that reduce stigma surrounding mental health

STRATEGY 2:

Host annual Mental Health and Collaborative Care Summit

Goal 3:

Implement evidence based curriculum and training programs to provide mental health education

STRATEGY 1:

Implement and expand Mental Health First Aid training throughout Comanche County

STRATEGY 2:

Implement Crisis Intervention training for First Responders throughout Comanche County

STRATEGY 3:

Implement and expand Faith Based partnership training throughout Comanche County

¹⁻² <http://www.countyhealthrankings.org/app/oklahoma/2016/measure/outcomes/42/map>

Adapted from Robert Wood Johnson Foundation

Comanche County Mental Health work plan goal 1: Support and increase accessible and affordable mental health care

HP2020 Mental health goal 1: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services

<https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>

Poverty



Poverty has been identified as an area of concern within Comanche County. A large impact on lives is having safe environments and financial resources (or lack thereof) in which people live, work, learn and play. Both are critical characteristics contributing to the number of individuals experiencing preventable chronic diseases. Per 2014 State of the State, poverty affects the lives of 17.6% of those living in Comanche County.

Two Areas Identified

The two focus areas of concern are:

- Unemployment
- Housing

Decreasing poverty in Comanche County specifically unemployment and poor housing conditions were identified as two important priorities.

Unemployment

Data supported this belief per the 2014 Oklahoma Spring State of the County Report revealing the unemployment rate within Comanche County is 6.6% which is higher than the state at 5.2%. A subcommittee has been created through the Poverty

Work group to address Jobs and wages. The lack of employment opportunities within Comanche County due to a lack of advanced education, institutional or criminal history are barriers that have been identified as contributing factors affecting those faced with poverty. The lack of jobs and wages in Comanche County is a great area of concern. The jobs and wages subcommittee will work to decrease poverty and unemployment rates by working to increase or develop additional programs that provide life skills, career counseling, and job training.

Housing

Fifteen percent of resident's in Comanche County have reported experiencing severe housing problems⁸. Severe Housing Problems is the percentage of households with at least 1 or more of the following housing problems: housing unit lacks complete kitchen facilities; housing unit lacks complete plumbing facilities; household is severely overcrowded; and household is severely cost burdened. Severe overcrowding is defined as more than 1.5 persons per room¹⁷.

Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of the total monthly income¹⁸.

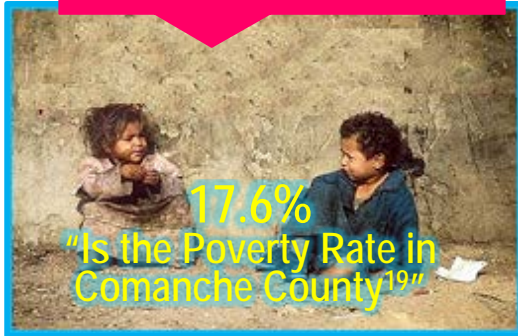
Complex Issues

Issues leading to poverty are highly complex. To reduce poverty, we must address it as a multifaceted issue which requires developing collaborative partnerships within a multi-sectored coalition. The Salvation Army has been identified as the lead organization of the Poverty Task Force working with other community partners including schools, City Govt., and many area businesses.

Because Poverty is such a complex issue, the Poverty Task Force has formed subcommittees to best focus efforts on specific tasks. Addressing poor housing conditions and unemployment within Comanche County was a reoccurring theme among community partners. Great effort and attention will be put into addressing both the need for affordable, safe and quality housing through the Housing Subcommittee and the reduction in unemployment through the Jobs and Wages subcommittee.

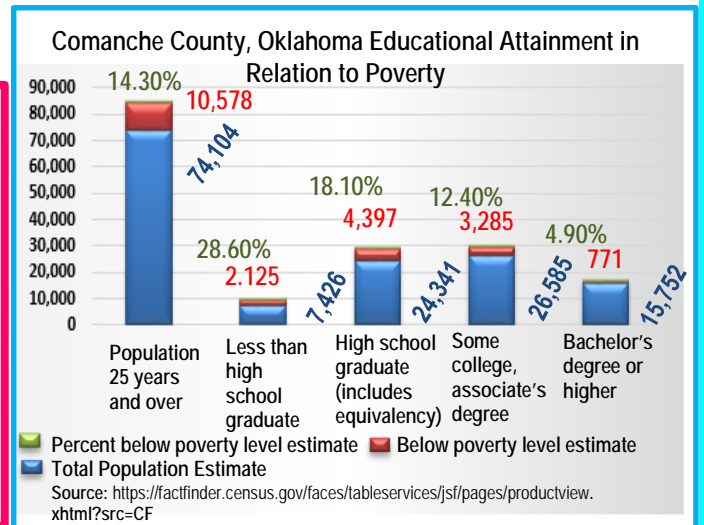
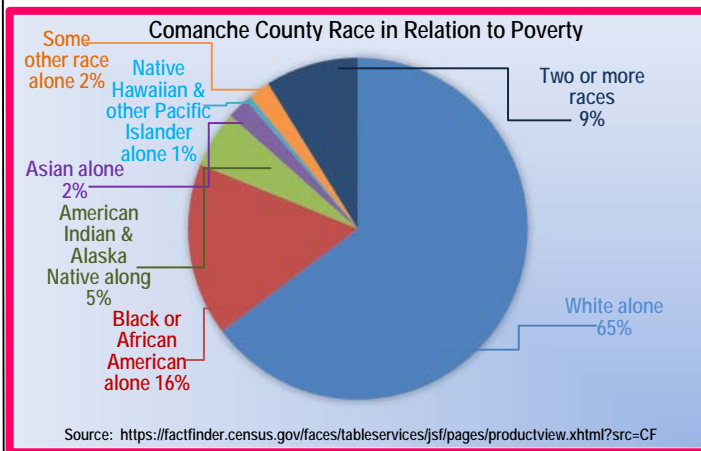
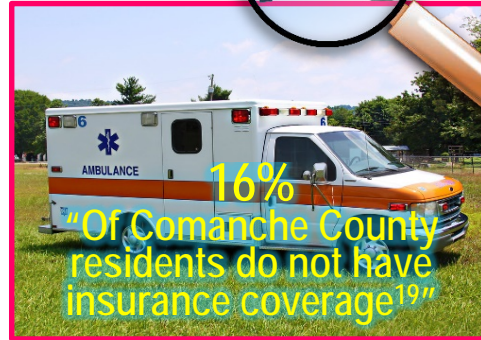
Comanche County Community Health Improvement Plan 2015- 2020

Poverty



Results

At a glance



Comanche County Survey Result

29% Agree

"A household member received no care or went to the ER because they could not see a doctor"

38% Disagree

"There are plenty of recreational opportunities for children"

11% Agree

"Without medical insurance they pay using cash"

41% Disagree

"There are plenty of non-sports related activities for children"

71% Agree

"They have access to fresh fruit and vegetables"

29% Disagree

"There is a park within walking distance from my home"

48% Agree

"Poverty is one of 3 biggest health problems"

Source: Comanche County Health Assessment Appendix F

"KEY COMMUNITY STAKEHOLDERS"

SWCOC/Lawton Housing Authority, Leadership Lawton Class 27, Premier Behavioral Health, Comanche Nation Housing Authority, Lawton Public Schools, MWR, Comanche County Health Department, IHS, Department of Human Services, Great Plain Improvement Foundation, United Way, MFLC, Creative Imaginationz, City of Lawton, C. Carter Crane Shelter, City National Bank, Tobacco Settlement Endowment Trust Fund, Salvation Army, Family Promise, BancFirst, The NEXT Step Lawton, Oklahoma Department of Corrections, Unity Lawton, Catholic Charities, and Individuals not affiliated with a particular organization.

Comanche County Health Improvement Plan 2015 – 2020

Poverty

Core Measures & Objectives:

By 2020, decrease the Poverty rate from 17.6% to 17.4% ¹

Goal 1:

Increase the availability of safe, quality, and affordable housing for low income families.

STRATEGY 1:

Create and sustain Neighborhood Watch programs in key low income neighborhoods.

STRATEGY 2:

Increase transitional housing resources by 2%.

STRATEGY 3:

Create Public-Private Partnerships revitalize or demolish and replace dilapidated housing

STRATEGY 4:

Increase participation and support of the Southwestern Oklahoma Continuum of Care Model

By 2020, decrease the percentage of households experiencing severe housing problems from 15% to 14% ²

Goal 2:

Provide life skills, career counseling and job training

STRATEGY 1:

Increase Bridges out of Poverty training opportunities to community leaders and management, first responders, educators and faith based organizations.

STRATEGY 2:

Increase participation of Getting Ahead classes within Comanche County

STRATEGY 3:

Reduce institutional barriers to employment

STRATEGY 4:

Develop offender re-entry and rehabilitation mentorship programs with targeted employers.

By 2020, decrease the unemployment rate from 6.6% to 6.5% ²

Goal 2 continued:

STRATEGY 5:

Retain and expand existing felon friendly employers.

STRATEGY 6:

Implement financial readiness courses within targeted communities.

STRATEGY 7:

Centralize online resources pertaining to available employment, training, and job readiness opportunities.

Workplan

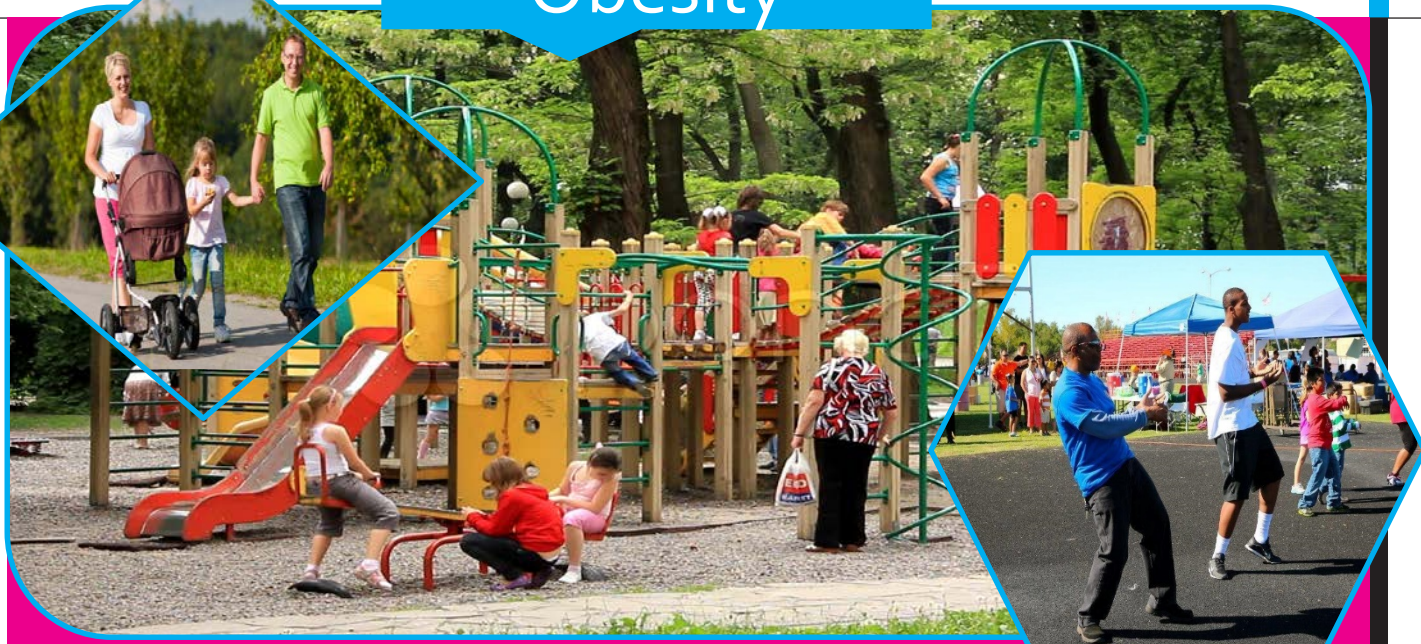
¹ <https://www.ok.gov/health/pub/boh/state/SOSH%202014.pdf>

Adapted from 2014 Oklahoma State of the State Health Report

² <http://www.countyhealthrankings.org/app/oklahoma/2015/rankings/comanche/county/outcomes/4/snapshot>

Adapted from Robert Wood Johnson Foundation

Obesity



Other than tobacco, there is likely no greater harm to the overall health of our country, our state and our communities than obesity. The health consequences are astonishing, the negative impact on quality of life is inconceivable and the economic impact is crippling. Therefore, it should come as no surprise Comanche County elected to continue to address obesity head on in this rendition of the Comanche County CHIP.

Through the Fit Kids of Southwest Oklahoma Coalition, Comanche County has been working with key stakeholders since 2006 to improve the built environment; making the healthy choice an accessible choice, to increase opportunities to be physically active and to make healthy food more affordable and accessible for all. While Comanche County has made great strides and created sustainable partnerships to impact the prevalence and threat of obesity, the journey is far from over.

Obesity

Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer. One of the leading causes of death in Comanche County is heart disease. Comanche ranks 66th out of Oklahoma's 77 counties in Health Behaviors¹².

In Comanche County, the prevalence of obesity is trending upwards among adults going from 30.3% in 2012 to 33.5% in 2015. There seems to be a slight drop in the prevalence of diabetes going from 11.0% in 2014 to 10.3% in 2015. Obesity rates remain higher among black and Latino communities. National findings reveal significant geographic, income, racial and ethnic disparities persist with similar disparities found in Comanche County.

Children and Obesity

Over the past three decades' obesity rates have tripled in the U.S., and today, the country has some of the highest obesity rates in the world. One out of six children are obese, and one out of three children is overweight. County specific childhood obesity rates are hard to gather however, according to the 2015 Youth Risk Behavior Survey, 15.3% Oklahoma adolescents were overweight with 17.3% being obese. The percentage of students who were physically active for a total of at least 60 minutes per day was 32.2% which was down from the 2013 percentages of 38.5%. Of Oklahoma students, 45.6% reported they played video or computer games or used a computer for something that was not school work three or more hours a day.

Combating Obesity

There isn't a pill, a vaccine or any other quick fix when it comes to addressing obesity. Individuals, families, schools, faith-based organizations, businesses, governments and policy makers must be engaged. At every level, we must make decisions that will allow the healthy choice to become the easy choice.

The driving force behind the Fit Kids Coalition is the fact that many leading health experts predict that for the first time in our country's history, THIS generation of children will live *less* healthy and *shorter* lives than their parents due to the implications of obesity. This prediction is profound and not the legacy we should leave for our children.

Working with state level partners such as the Tobacco Settlement Endowment Trust (TSET) Healthy Living Program, Fit Kids of Southwest Oklahoma Coalition will continue to be the work group for this CHIP priority. The factors leading to obesity are complex. A comprehensive approach that affects all populations where we live, learn, work, pray, and play are required.

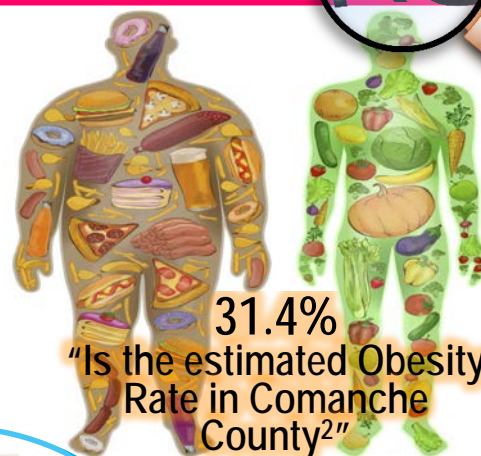
Comanche County Community Health Improvement Plan 2015- 2020

Obesity

Results

At a glance

"Increased risk of Chronic Heart disease, the leading cause of death in Comanche County²"



11.8%
"High school students self-reported being obese²"

\$2,741.00
"Is the additional medical costs for persons over 17"
\$4,929,922
"Is the diabetes medical costs"
\$43,108.83
"Is the average charges per discharge for heart disease²"

"Obesity increases the risk of Mortality & Type 2 diabetes²"

Comanche County Survey Result

24% Agree

"Poor eating habits is one of the 3 biggest risky behaviors"

38% Disagree

"There are plenty of recreational opportunities for children"

19.3% Agree

"Diabetes is one of the 3 biggest health problems"

41% Disagree

"There are plenty of non-sports related activities for children"

16.1% Agree

"Heart disease is one of the 3 biggest health problems"

29% Disagree

"There is a park within walking distance from my home"

43% Agree

"Overweight is one of the 3 biggest risky behaviors"

15.6%
"Consumed 5 servings of fruit & vegetables²"

Source:
Comanche County Health Assessment Appendix F

"KEY COMMUNITY STAKEHOLDERS"

Tobacco Settlement Endowment Trust, Comanche County Health Department, Comanche County Memorial Hospital, the many organizations and Individuals not affiliated with an organization

Comanche County Health Improvement Plan 2015 – 2020

Obesity

Core Measures & Objectives:

By 2020, reduce the adult obesity rate in Comanche County from 34.8% to 32%.¹

Goal 1:

Increase environmental support for improved quality access to physical activity and nutrition resources.

STRATEGY 1:

Improve the built environment infrastructure supportive of physical activity and nutrition availability of resources in Comanche County.

STRATEGY 2:

Collaborate with community partners on sustainable active living and quality of life initiatives

By 2020, reduce the adolescent obesity rate in Comanche County from 20% to 18%.²

Goal 2:

Increase health education initiatives and improve health behaviors related to obesity.

STRATEGY 1:

Educate and target underserved areas to increase the number of entities creating health promoting environments through environmental strategies and policy.

STRATEGY 2:

Build community capacity related to evidence based and promising practices connected to addressing obesity and nutrition to improve health behaviors related to obesity.

STRATEGY 3:

Implement evidence based and/or promising practices in wellness to promote behavior change in adults and youth.

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Goal 3:

Increase the percentage of the population that routinely participates in opportunities to be physically active and report participating in physical activity in the last 30 days from 73.8% to 80.1%.

STRATEGY 1:

Monitor obesity reduction and improved nutrition efforts currently in place to determine gaps and opportunities to supplement local efforts.

STRATEGY 2:

Leverage existing and develop networks to identify, locate data, and information regarding current local obesity efforts.

Workplan

Comanche County Health Improvement Plan 2015 – 2020

Obesity

Core Measures & Objectives:

Goal 1:

Increase environmental support for improved quality access to physical activity and nutrition resources.

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Workplan

STRATEGY 1:

Promote and educate community and organizations on physical activity and healthy food options using evidence based and/or promising practices.

¹ Adult – 2015 BFRSS OSDH

² Youth – 2017 WALK Program Data Comanche County Memorial Hospital

Substance Abuse (alcohol, tobacco, drugs)



Substance Abuse

Alcohol, tobacco, and other drug use negatively impact the health of residents in Comanche County. The use of these substances is associated with poor health outcomes and increased health care costs (HHS, 2014; HHS, 2016). The cost of healthcare due to smoking alone in Comanche County has been estimated to be \$480.4 million (CDC, 2002). Sadly, issues related to alcohol, tobacco, and drug misuse are not isolated to adults; youth are also adversely impacted. To improve outcomes on substance abuse issues in Comanche County, existing resources were identified. The Alcohol, Tobacco, and Other Drug Work Group has been separated into three sub-committees, each focusing on a different piece of the puzzle.

Alcohol

Alcohol use presents a challenge within Comanche County. Adult chronic or heavy drinking and adult binge drinking percentages are higher for the county than for the state of Oklahoma (Behavioral Risk Factor Surveillance System, 2003-2009). The purchase and consumption of alcohol by individuals under the age of 21

is even more concerning. According to the 2014 Oklahoma Prevention Needs Assessment (OPNA), the percentage of Comanche County 6th, 8th, and 10th graders that reported ever having consumed alcohol was greater than the state percentages for each grade in 2014. The percentage of 12th graders ever having consumed alcohol in Comanche County was the same as the state, at 66.2% (OPNA, 2014). The ease with which youth may purchase alcohol from restaurants, bars, and liquor stores is referred to as "retail availability". In 2015, reported alcohol sales to minors were 26% (WMPN, 2016). In addition to retail availability, social availability also poses a challenge. Over 25% of students in 6th, 8th, 10th, and 12th grade reported obtaining alcohol from home with a parent's permission (OPNA, 2014). Underage drinking is associated with an increased risk of school and social problems, unintentional injury, and heavy drinking later in life (HHS, 2007). Reducing underage consumption would have multiple benefits on an individual and societal level.

Combining Resources

The Wichita Mountains Prevention Network (WMPN) has volunteered

to take the lead on efforts concerning alcohol. The WMPN works closely with the Lawton Ft. Sill Community Coalition (LFSCC), which is a diverse coalition comprised of multiple local and state organizations. The LFSCC Community Advocates for Sober Teens (CAST) will serve as the work group for preventive efforts concerning alcohol. Efforts will be focused around advocacy, policy work, and enforcement. By working to decrease both social and retail availability of alcohol, the coalition hopes to ultimately reduce the burden of underage drinking in Comanche County.

Tobacco

Tobacco use was identified as a priority for Comanche County in 2010, under the previous Community Health Improvement Plan. During this time, the youth smoking rate decreased as did the adult prevalence rate. All school districts implemented a 24/7 tobacco-free policy, as well as the City of Lawton. Large businesses throughout the county adopted tobacco-free policies during this time (Comanche County Community Health Assessment, 2015).

Although advances have been made, much work remains. Tobacco-related morbidity and mortality still threaten the lives of citizens in Comanche County. The leading causes of death are heart disease, cancer, and chronic lower respiratory disease (State of the State, 2014).



The prevalence of smoking for adults remains above the state and national averages. (RWJ County Rankings). Thus, a multi-faceted approach will be needed to further reduce tobacco use over the next five years.

Healthy Living

The Comanche County Memorial Hospital TSET Healthy Living Program has volunteered to take the lead on efforts concerning tobacco use and prevention. The Healthy Living Program Advisory Committee is working to advance these efforts. The Healthy Living Program Advisory Committee consists of key stakeholders committed to promoting health and well-being throughout Comanche County. Beyond providing resources for current smokers, strategies will be enacted to prevent youth from becoming new users. Creating and updating tobacco-free policies will reduce the burden of second-hand smoke. in Comanche County. Through evidence-based prevention

strategies and policy work, efforts will be made to ensure that Comanche County residents can "breathe easy" throughout the day.

Prescription Drug Abuse

Prescription drug abuse is an emerging threat to the health and safety of Comanche County residents. The misuse of

Prescription drugs are increasingly recognized as problematic throughout the country, and Comanche County is no exception.

Per SAMHSA 2015

National Survey on Drug Use and Health (NSDUH) questionnaire, misuse of prescription psychotherapeutic drugs is second only to marijuana as the nation's most prevalent illicit drug use issue. Misuse was redefined in 2015 as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told to take a drug; or use in any other way not directed by a doctor²².

Prescription Drug Mailbox

The Oklahoma Bureau of Narcotics (OBN) has installed prescription drug drop boxes at the Comanche County Sheriff's Department and Lawton Police Department. Anyone with expired prescriptions can bring them to either location, drop them in the box, which looks similar to a United States Post Office box, and feel confident the drugs will be destroyed²¹.

Changes to the Prescription Monitoring Program in Oklahoma

Alina Istrate, OBN Prescription Monitoring Program Educator as part of an ongoing initiative by the Oklahoma Bureau of Narcotics (OBN) to enhance the PMP's capabilities, beginning as of November 1, 2014, OBN began sharing dispensary information with neighboring states, including Kansas, Arkansas, Texas, New Mexico, and Colorado. Data sharing is subject to the terms and conditions established by each state. The Prescription Monitoring Program (PMP) is a statewide electronic system that collects data on all controlled substances dispensed in Oklahoma. Data are collected in real time, allowing system users to review dispensary information from around the state. Dispensary information from the PMP is used by physicians, pharmacists, law enforcement, and regulatory boards to reduce prescription drug abuse²³.

The Crime in Oklahoma report for 2014 (available online) reported



Law enforcement made a total of 1,090 in Comanche County arrests for all offenses. (Uniform Crime Reporting)

Drug and alcohol related arrests made up approximately 21% of all arrests for Comanche County in 2014²⁴

Comanche County Community Health Improvement Plan 2015- 2020

Substance Abuse

Results

At a glance

\$3,300.00
Per Person in Comanche
County health care costs for
Tobacco Use²⁰

After marijuana and alcohol, the most common drugs teens are misusing or abusing are prescription medications.²⁸

Smoking kills more Oklahomans than alcohol, auto accidents, AIDS, suicides, murders, and illegal drugs combined²⁵

10 Drug poisoning deaths
in Comanche County⁸

One in five teens (20%) who
have abused prescription
drugs did so before the age
of 14.²⁷

43%
"Alcohol-
impaired
driving
deaths in
Comanche
County"⁸

12-17 year old's abuse
prescription drugs more
than ecstasy, heroin,
crack/cocaine and
methamphetamines
combined.²⁶

18% is the rate of Excessive
drinking in Comanche
County⁸

Oklahoma Tobacco Helpline 1-800-
Quit Now (1-800-784-8669),
OKhelpline.com

Comanche County Survey Result

7% Agree

"Alcohol is one of
the 3 most
common ways to
manage stress"

60.9% Disagree

"Prescription
medications are
locked up"

59% Agree

"Drug abuse is
one of the 3
biggest risky
behaviors"

23% Disagree

"They were aware
of the Social Host
Law"

<http://socialhost.drugfree.>

47% Agree

"Alcohol abuse is
one of the 3
biggest risky
behaviors"

21% Agree

"Tobacco use is
one of 3 biggest
risky behaviors"

91% Disagree

"They are aware of
anyone serving
alcohol to minors"

Source:
Comanche
County
Health
Assessment
Appendix F

"Prescription Subcommittee Key Stakeholders"

Lawton Police Department, Sheriff's Department, District Attorney's Office, Public Defender, Comanche County Juvenile Services Unit, Office of Juvenile Affairs (Custody Youth/Non-Secure and Secure Placements), Juvenile Court, Victim Services, Lawton Public Schools Police Department, Premier Behavioral Health Counseling, Marie Detty Youth and Family Services, Department of Criminal Justice & Sociology, Cameron University, Comanche County Health Department, Way Station Outreach, Unity Lawton, Galilee Missionary Baptist Church, The Next Step Program, Jim Taliaferro Community Mental Health Center and Individuals not affiliated with a particular organization

Comanche County Community Health Improvement Plan 2015- 2020

Substance Abuse



At a glance

“Alcohol Subcommittee Key Stakeholders”

Department of Corrections, TSET, WMPN, Lawton Police Department-Community Oriented Policing (COP), Fort Sill Army Substance Abuse Program (ASAP), ABLE, OSDH Office of Partnership Engagement, Marie Detty, Next Step, Comanche Nation IAMNDN, ODMHSAS, CAST, Premier Behavioral Health and Individuals not affiliated with an organization

“Tobacco Subcommittee Keystakeholders”

Healthy Living Advisory Council (formerly known as the Southwest Tobacco Free Oklahoma Coalition), Fit Kids of Southwest Oklahoma, Comanche County Memorial Hospital, Comanche County Health Department, The many school districts, businesses, organizations and city governments that continue to put community health first, and Individuals not affiliated with an organization

Comanche County Health Improvement Plan 2015 – 2020

Core Measures & Objectives:

Alcohol

By 2020, reduce the percentage of Comanche County students in 6th, 8th, 10th and 12th grades that state they obtained alcohol from home with parent's permission by 5%. ¹

Goal 1:

Decrease social availability of alcohol for underage youth.

STRATEGY 1:

Advocacy: Increase community awareness of the Oklahoma Social Host Law. Conduct a public information campaign to deter adults from hosting parties and providing alcohol to minors. Disseminate information through media advocacy on social host to educate community members of the law.

STRATEGY 2:

Laws/Policies: Increase law enforcement knowledge of the statewide Social Host Law. Educate local law enforcement and the judicial system about social host.

Reduce the number of alcohol sales to minors from 26% to 20% in 2020. ²

Goal 2:

Decrease retail availability of alcohol for underage youth.

STRATEGY 1:

Advocacy: Build community support and recognition through media for retailers, law enforcement, and members of the judicial system who are being proactive in reducing alcohol retail availability to underage youth.

STRATEGY 2:

Laws/Policies: Increase the number of retailer memorandum of understanding for server trainings in Comanche County, and talk with city officials about mandatory Responsible Beverage Sales and Service Training (RBSST). Increase the number of retailers and servers that have completed RBSST.

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Workplan

Comanche County Health Improvement 2015 - 2020

Core Measures & Objectives:

Alcohol

STRATEGY 3:

Enforcement: Decrease the number of youth that obtain alcohol from home with parent's permission. Conduct Social Host Party Patrols.

STRATEGY 3:

Enforcement: Conduct Alcohol Compliance Checks to reduce the number of alcohol sales to minors. Increase the number of local businesses that participate in Cops N Shops (shopping with a police officer) to deter youth from attempting to purchase alcohol.

Workplan

¹This will be measured as reduction from baseline of 39.1% of 6th graders, 27.7% of 8th graders, 29% of 10th graders, and 25.3% of 12th graders (2014 OPNA) to 34.1% of 6th graders, 22.7% of 8th graders, 24% of 10th graders, and 20.3% of 12th graders (2018 OPNA).

²This will be measured using WMPN data from FY2015 and FY2019.

Comanche County Health Improvement 2015 - 2020

Core Measures & Objectives:

Tobacco

Reduce adult smoking prevalence in Comanche County from 25.2% to 22.2% by 2020¹

Goal 1:

Protect against exposure to secondhand smoke by creating and strengthening policies that prohibit tobacco use.

STRATEGY 1:

Increase the number of communities that have strong policies prohibiting tobacco use on their properties³ from two to five by 2020.

STRATEGY 2:

Increase the number of worksites that have adopted strong policies³ prohibiting tobacco use on their properties from 1 to 16 by 2020.

STRATEGY 3:

Increase the number of organizations that have policies in place prohibiting tobacco use on their properties by 20 by 2020.

Reduce the percentage of 8th grade students in Comanche County that report they smoked cigarettes in the past 30 days from 6.3% to 4.3% by 2020²

Goal 2:

Prevent youth and young adults from using tobacco.

STRATEGY 1:

Inform the community about advocacy opportunities related to tobacco taxation. Provide regular updates at meetings, and host a legislative breakfast annually through 2020.

STRATEGY 2:

Support youth engagement efforts to expose false marketing, and empower youth to speak out against tobacco. Support youth-focused events annually through 2020.

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Workplan

Comanche County Health Improvement 2015 - 2020

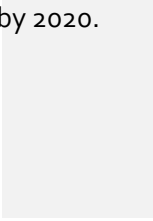
Core Measures & Objectives:

Tobacco

Workplan

STRATEGY 4:

Increase the number of schools that have adopted strong policies³ prohibiting tobacco use on their properties from 2 to 8 by 2020.



¹This will be measured by Behavioral Risk Factor Surveillance System (BRFSS) data for Comanche County, reported by the Oklahoma State Department of Health for 2015 (baseline) and 2019.

²This will be measured by Oklahoma Prevention Needs Assessment (OPNA) data for Comanche County for 2014 (baseline) and 2018.

³"Strong Policy" refers to a policy also prohibiting e-cigarettes and vapors, 24/7 on all owned and leased property.

Comanche County Health Improvement 2015 - 2020

Core Measures & Objectives:

Drugs

Workplan

Reduce the percentage of 10th and 12th grade students that report using prescription drugs without a prescription in the past 30 days from 12.8% and 12.1% (2014) to 7% and 7.1% respectively by 2020.

Goal 1:

Change social norms/perceived seriousness of prescription drug misuse and abuse in Comanche County.

STRATEGY 1:

Partner with local media to educate adult residents on the risks associated with prescription drug misuse and abuse.

STRATEGY 2:

Educate middle and high school students about harm and risks associated with prescription drug misuse and abuse.

Increase the percentage of individuals that report securely storing their prescription medications by 5% from 2016 to 2020 [baseline data needed being gathered by survey]

Goal 2:

Increase safe storage of prescription drugs to deter access by those without a prescription.

STRATEGY 1:

Promote and educate about proper storage of prescription drugs.

STRATEGY 2:

Increase access to means of safe storage in populations identified as having high risk of prescription theft and limited ability to safely store medications.

Increase the percentage of individuals that report properly destroying and/or disposing of their old prescription medications by 5% from 2016 to 2020 [baseline data needed being gathered by survey].

Goal 3:

Increase proper disposal and/or proper destruction of prescription drugs.

STRATEGY 1:

Promote and educate about proper disposal and/or proper destruction of prescription drugs.

STRATEGY 2:

Increase access to means of proper disposal in populations that have limited ability to safely dispose of unused medications.

Comanche County Health Improvement 2015 - 2020

Core Measures & Objectives:

Drugs

Goal 4:

Increase awareness about naloxone availability and the benefits of naloxone in opioid overdose.

Intentionally left blank

Intentionally left blank

Workplan

STRATEGY 1:

Collaborate with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to provide local trainings about naloxone

STRATEGY 2:

Partner with local media to increase awareness about naloxone and its role in reversing the effects of opioid overdose.

Violence



Violence affects Health

The connection between health and safety is well established. Violence takes a physical and emotional toll on individuals, while negatively affecting the property values and productivity of communities (CDC, 2016). Injury and violence prevention are a national priority (Healthy People 2020), and violence was selected as a priority for Comanche County in 2015. Violence was also a county priority in 2010, under the previous Community Health Improvement Plan.

Progress

Although progress was made, there is still work to be done. In 2015, there were 1,090 arrests for Uniform Crime Reporting (UCR) index offenses in Comanche County: 210 for juveniles and 880 for adults. There were 5,791 total UCR index offenses reported. Of those, there were ten murders, sixty-two rapes, 215 robberies, and 689 felonious assaults (OSBI, 2015).

Although this represents a sizeable decrease in reported UCR index crimes since the last CHIP (6473 in 2009), additional work is warranted.

**“Those who
make
peaceful
revolution
impossible,
make violent
revolution
inevitable.”**

John F. Kennedy

Leading the Efforts

The Comanche County Disproportionate Minority Contact (DMC) Coalition will lead efforts to reduce violence through 2020.

The DMC Coalition works to identify and reduce disparate point of contact with youth throughout the juvenile justice system. These efforts require systems-level changes, and the collaboration of multiple agencies.

Two Goals

The coalition has identified two broader goals related to violence prevention in Comanche County:

- reducing risk factors
- increasing protective factors

The Risk and Protective Model of Prevention is based on the premise that specific factors may increase the risk of problem behaviors developing. Violence is one such problem behavior among youth, and has been significant public health problem, with a strong evidence base to support preventive efforts (David-Ferdon & Simon, 2014).

Collaborating agencies within the DMC Coalition work closely with youth to improve their trajectories.

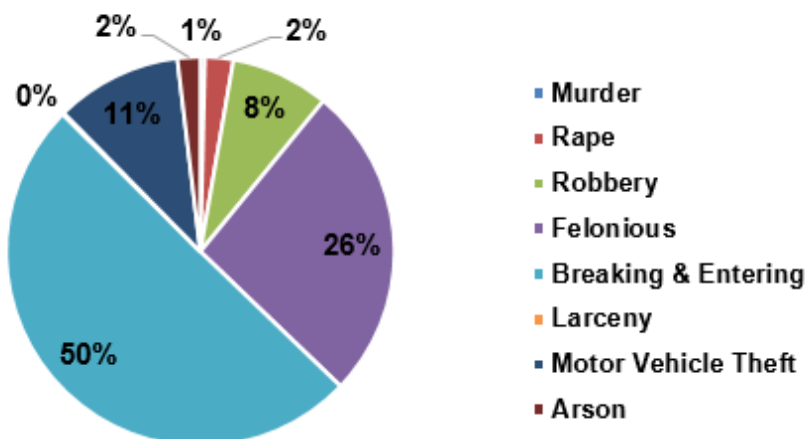
Comanche County Community Health Improvement Plan 2015- 2020

Violence

Results

At a glance

OSBI Comanche County Crime Statistics 2015



Source: https://www.ok.gov/osbi/Statistical_Analysis_Center/Data_and_Statistics/Comanche_county.html

2012 OPNA Reports the following:
Attacked someone with the idea of seriously hurting them categorized by grade

| Grade | Percentage |
|------------------|------------|
| 6 th | 24% |
| 8 th | 25% |
| 10 th | 26% |
| 12 th | 25% |

Source: 2012 OPNA Report

Comanche County Survey Results

18% Agree

"Domestic violence is one of the 3 biggest health problems in Comanche County"

60% Disagree

"The community is a safe place to live"

18% Agree

"Homicide is one of the 3 biggest health problems in Comanche County"

33% Agree

"Low crime/safe neighborhoods is one of the 3 most important factors for quality of life in Comanche County"

18% Disagree

"There is access to safe and affordable child care"

22% Disagree

"Community is a good place to raise children"

22% Agree

"Lack of safety/crime are one of the 3 things that cause individuals the most stress"

Source:
Comanche
County
Health
Assessment
Appendix F

"VIOLENCE WORKGROUP"

Lawton Police Department, Lawton Public Schools Police Department, Sheriff's Department, District Attorney's Office, Public Defender Office, Comanche County Juvenile Services Unit, Office of Juvenile Affairs, Judge, Juvenile Court, Victim Services, Lawton Public Schools, Premier Behavioral Health Counseling, Marie Detty Youth and Family Services, Cameron University, Comanche County Health Department, Way Station Outreach, Unity Lawton, Galilee Missionary Baptist Church, The Next Step Program, Roadback, Inc.

Comanche County Health Improvement Plan 2015 – 2020

Violence

Core Measures and Objectives:

Reduce the number of violent crimes in Comanche County by 5% by 2020.¹

Reduce the number of youth arrests related to violence in Comanche County by 5% by 2020.²

Intentionally left blank

Goal 1: Decrease the risk factors related to violence in Comanche County.

Goal 2: Strengthen the protective factors against violence in Comanche County.

Intentionally left blank

STRATEGY 1:

Link families to needed services and support to improve poor family management and decrease family conflict.

STRATEGY 2:

Strengthen systems designed to help students succeed in school to reduce academic failure and low commitment to school.

STRATEGY 1:

Provide families with the needed skills to create opportunities and rewards for positive interactions at home.

STRATEGY 2:

Create and enhance existing opportunities for students to experience social connectedness, and to be rewarded for positive, pro-social involvement in school.

STRATEGY 3:

Enhance opportunities for youth to experience positive, pro-social involvement within the community, and to be recognized for their involvement.

Workplan

¹ This will be measured by Oklahoma State Bureau of Investigation (OSBI) data for Comanche County, reported for 2014 (baseline) and 2019. Violent crime is calculated as the total reported number of murders, rapes, robberies, and felonious assaults at the county level. There were 929 violent crimes reported in 2014; reduction of 5% would be indicated by 883 violent crimes or less being reported in 2019.

² This will be measured by OJA Juvenile online tracking system (JOLTS) for Comanche County, reported for SFY 2014 (baseline) & SFY 2019. A reduction of 5% would be indicated by 125 total crimes against persons or less being reported for SFY 2019.

Next Steps



As we move into implementation of Comanche County's Community Health Improvement Plan (CHIP), it is important to note that this is indeed only a phase in the process of improving our community's health. Successful implementation will require the continued dedication of those already engaged in the workgroups, as well as those that have yet been identified. It is expected that these work groups will grow not only in numbers but in knowledge and expertise

This plan is designed to complement Oklahoma's Health Improvement Plan (OHIP) while specifically addressing systemic and behavioral issues impacting the residents, businesses and communities in Comanche County. In truth, this plan is neither a beginning nor an end in our journey for improved health. For many, the journey began years ago as dedicated individuals forged new relationships and coalitions in an effort to improve quality of life. For others, this CHIP offers an introduction to organized opportunities, synergistic relationships, and focused action that can improve the community's overall health and well-being. There are still others that have yet to join the movement toward improved health, who may be unaware of the impact they can have in their home, workplace, school and congregation. All in all, the intent of the CHIP is to build on what has already begun, provide focus for those new to the fray, and opportunity for those yet to recognize their own potential contribution to a healthier community.

Suggestions for Your Next Steps:

- Get connected with a priority workgroups described throughout the CHIP and provide your suggestions. For more information please email debrasl@health.ok.gov
- Promote and adopt recommended healthy lifestyle changes and encourage your friends and family to do the same.
- Promote and adopt recommended health policies within businesses, schools, congregations and communities.
- Encourage local businesses, schools, communities, and congregations to apply for and achieve Certified Healthy Oklahoma recognition. <http://certifiedhealthyok.com>

Finally, the CHIP represents a living document which will be revisited and monitored on a regular basis. At least annually, the Comanche County Health Department will host a community-wide meeting where all priority workgroups will report on outcomes to include challenges and successes.

Resources

Cited Works

Website

| | |
|----|--|
| 1 | Population estimates, July 1, 2015, (V2015) Lawton, Oklahoma http://www.census.gov/quickfacts/table/AGE115210/4041850,40031 |
| 2 | About the Refuge - Wichita Mountains - U.S. Fish and Wildlife Service https://www.fws.gov/refuge/Wichita_Mountains/about.html |
| 3 | Mobilizing for Action through Planning and Partnerships (MAPP) NACCHO http://archived.naccho.org/topics/infrastructure/mapp/ |
| 4 | Comanche County Community Health Assessment https://www.ok.gov/health2/documents/CHAssessment%2010-19-16b.pdf |
| 5 | Disparities Healthy People 2020 https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities |
| 6 | Clarification and Examples of Health Disparities and Health Equity http://www.healthypeople.gov/2010/hp2020/advisory/PhaseI/appendix10.htm |
| 7 | American FactFinder - Community Facts https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml |
| 8 | Health Rankings 2015 http://www.countyhealthrankings.org/app/oklahoma/2015/rankings/comanche/county/factors/overall/snapshot |
| 9 | National Stakeholder Strategy for Achieving Health Equity https://minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_o5_Section1.pdf |
| 10 | Social Model of Health – Dahlgren & Whitehead http://www.nwci.ie/download/pdf/determinants_health_diagram.pdf |
| 11 | Health equity through action on the social determinants of health http://apps.who.int/iris/bitstream/10665/43943/1/9789241563703_eng.pdf |
| 12 | Health Rankings 2016 http://www.countyhealthrankings.org/app/oklahoma/2016/rankings/comanche/county/factors/overall/ |
| 13 | Comanche County Health Improvement Plan updated March 14, 2014 https://www.ok.gov/health2/documents/CHIP%20031414.pdf |
| 14 | Fort Sill 2015 Ecoomic Perspective http://sill-www.army.mil/assets/doc/perspective-2015.pdf |
| 15 | Health Rankings 2014 http://www.countyhealthrankings.org/app/oklahoma/2014/rankings/comanche/county/factors/overall/snapshot |
| 16 | US Dept of Housing and Urban Development – CHAS : Background (Dataset) https://www.huduser.gov/portal/datasets/cp/CHAS/bg_chas.html |
| 17 | Historical Census of Housing Tables - Crowding https://www.census.gov/hhes/www/housing/census/historic/crowding.html |
| 18 | Oklahoma: 2014 State of the State Report 2014 State of the State https://www.ok.gov/health/pub/boh/state/SOSH%202014.pdf |
| 19 | Oklahoma: Comanche County Spring 2014 https://www.ok.gov/health2/documents/Comanche%202014.pdf |
| 20 | Special Mailboxes for Old Prescription Drugs http://www.comanchecounty.us/index.php/news/347-special-mailboxes-for-old-prescription-drugs |
| 21 | Prescription Drug Use and Misuse in the United States: Results from the 2015 National Survey on Drug Use and Health https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR2-2015/NSDUH-FFR2-2015.htm |
| 22 | Prescription Monitoring Program (PMP) – Oklahoma Academy of Physician Assistants https://www.okpa.org/prescription-monitoring-program-pmp/ |
| 23 | Oklahoma State Bureau of Investigation – 2014 Crime in Oklahoma https://www.ok.gov/osbi/documents/Crime%20in%20Oklahoma%202014.pdf |
| 24 | Comanche County Health Assessment 2015 https://www.ok.gov/health2/documents/CHAssessment%2010-19-16b.pdf |
| 25 | Oklahoma Smoking Rate Drops – Oklahoma State Department of Health https://www.ok.gov/health/Organization/Office_of_Communications/News_Releases/2013_News_Releases/Oklahoma_Smoking_Rate_Drops.html |
| 26 | Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. |
| 27 | The Partnership Attitude Tracking Study: Teens and Parents 2012, The Partnership for Drug-Free Kids. www.drugfree.org/wp-content/uploads/2013/04/PATS-2012-FULL-REPORT2.pdf |
| 28 | The Partnership Attitude Tracking Study: Teens and Parents 2013, The Partnership for Drug-Free Kids. www.drugfree.org/wp-content/uploads/2014/07/PATS-2013-FULL-REPORT.pdf |

| Cited Works | |
|-------------|---|
| Website | |
| 29 | City data www.city-data.com/city/ |
| | |

COMMUNITY CONTRIBUTORS

Aspire Home Health
Cameron University
Cache Community Improvement Association
Cache Public Schools
Central Mall
City of Cache
City of Lawton
Comanche County Commissioners
Comanche County Department of Human Services
Comanche County Health Department
Comanche County Industrial Development Authority
Comanche County Juvenile Bureau
Comanche County Memorial Hospital
Comanche County Memorial Foundation
Comanche County District Attorney's Office
Comanche Nation
Comanche National Museum
Comanche County Nutrition Education Program
Department of Corrections
Disproportionate Minority Contact
Elgin Public Schools
Fit Kids of Southwest Oklahoma
Fitness in Action Series
Fletcher City Council
Fletcher Public Schools
Flower Mound Schools
Fort Sill McMahon Foundation
Marie Detty Youth and Family Center
MIGHT Community Center
Mind of Christ Living Life Community Center
Miracle League Field of Dreams
Office of Juvenile Affairs
Oklahoma Department of Transportation
Oklahoma Foundation for Medical Quality
Oklahoma State Department of Health
OSU Cooperative Extension
Service-Comanche County Partnerships and Possibilities
Phillips Chiropractic
Platt College
Playground in the Park
Predators Soccer Club

Regional AIDS Intercommunity Network (RAIN)
Ross Healthcare
Southwest Area Health Education Center
Southwest Family Practice/OU Residency Program
Southwest Growers Association
Southwest Tobacco Free Oklahoma Coalition
Southwestern Medical Center
Specialized Alternatives for Families & Youth (SAFY)
State Highway Commission
Sterling Public Schools
Success by Six/Smart Start
Town of Chattanooga
Town of Faxon
Town of Fletcher
Town of Indianola
Town of Medicine Park
Town of Sterling
Turning Point—Oklahoma State Department of Health
Union Baptist Church
United Way of Southwest Oklahoma
Wichita Mountains Prevention Network
Wichita Mountains Wildlife Refuge
YMCA
Friends of the Trail
Gang Intervention Steering Committee
Girl Scouts of Southwest Oklahoma
Great Plains Ambucs
Great Plains Improvement Foundation
Great Plains Museum
Great Plains Technology Center
Greater Lawton Rotary Club
Indianola Public Schools
Indian Health Services
Jim Taliaferro Community Mental Health Center
Junior League of Lawton
Laugh Out Loud
Lawton Area Transit Authority
Lawton Board of Education
Lawton City Council
Great Plains Museum
Lawton Community Health Center
Lawton Family YMCA
Lawton Fire Department

Lawton Ft. Sill Chamber of Commerce
Lawton-Ft. Sill Community Coalition
Lawton Housing Authority
Lawton Ministerial Alliance
Lawton Police Department
Lawton Public Schools
Lawton Public Schools Police Department
Lions Club
Aspire Home Health Cameron University
Cache Community Improvement Association
Cache Public Schools Central Mall
City of Cache City of Lawton
Comanche County Commissioners
Comanche County Department of Human Services
Comanche County Health Department
Comanche County Industrial Development Authority
Comanche County Juvenile Bureau
Comanche County Memorial Hospital
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Fort Sill
Friends of the Trail
Gang Intervention Steering Committee
Girl Scouts of Southwest Oklahoma
Great Plains Ambucs
Great Plains Improvement Foundation

QuickFacts provides statistics for all states and counties, and for cities and towns with a **population of 5,000 or more**.


















Table


| | | | |
|--|--------------------------|-----------------------|---------------------------|
| ALL TOPICS | Q = Browse more datasets | LAWTON CITY, OKLAHOMA | COMANCHE COUNTY, OKLAHOMA |
| PEOPLE | | | |
| Population | | | |
| Population estimates, July 1, 2016, (V2016) | NA | NA | |
| Population estimates, July 1, 2015, (V2015) | 96,655 | 124,648 | |
| Population estimates base, April 1, 2010, (V2016) | NA | NA | |
| Population estimates base, April 1, 2010, (V2015) | 96,867 | 124,098 | |
| Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016) | NA | NA | |
| Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015) | -0.2% | 0.4% | |
| Population, Census, April 1, 2010 | 96,867 | 124,098 | |
| Age and Sex | | | |
| Persons under 5 years, percent, July 1, 2015, (V2015) | X | 7.5% | |
| Persons under 5 years, percent, April 1, 2010 | 8.0% | 7.6% | |
| Persons under 18 years, percent, July 1, 2015, (V2015) | X | 24.2% | |
| Persons under 18 years, percent, April 1, 2010 | 24.9% | 25.1% | |
| Persons 65 years and over, percent, July 1, 2015, (V2015) | X | 11.4% | |
| Persons 65 years and over, percent, April 1, 2010 | 9.4% | 10.2% | |
| Female persons, percent, July 1, 2015, (V2015) | X | 48.1% | |
| Female persons, percent, April 1, 2010 | 48.1% | 48.5% | |


| <i>Race and Hispanic Origin</i> | | |
|--|-------|-------|
| ① White alone, percent, July 1, 2015, (V2015) (a) | X | 66.0% |
| ① White alone, percent, April 1, 2010 (a) | 60.3% | 64.5% |
| ① Black or African American alone, percent, July 1, 2015, (V2015) | X | 17.9% |
| ① Black or African American alone, percent, April 1, 2010 (a) | 21.4% | 17.5% |
| ① American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a) | X | 6.3% |
| ① American Indian and Alaska Native alone, percent, April 1, 2010 (a) | 4.7% | 5.9% |
| ① Asian alone, percent, July 1, 2015, (V2015) (a) | X | 2.7% |
| ① Asian alone, percent, April 1, 2010 (a) | 2.6% | 2.2% |
| ① Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a) | X | 0.7% |
| ① Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a) | 0.6% | 0.6% |
| ① Two or More Races, percent, July 1, 2015, (V2015) | X | 6.3% |
| ① Two or More Races, percent, April 1, 2010 | 7.0% | 6.5% |
| ① Hispanic or Latino, percent, July 1, 2015, (V2015) (b) | X | 12.9% |
| ① Hispanic or Latino, percent, April 1, 2010 (b) | 12.6% | 11.2% |
| ① White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015) | X | 56.6% |
| ① White alone, not Hispanic or Latino, percent, April 1, 2010 | 54.2% | 58.9% |

| <i>Population Characteristics</i> | | |
|--|-----------|-----------|
| ① Veterans, 2011-2015 | 12,170 | 16,133 |
| ① Foreign born persons, percent, 2011-2015 | 6.4% | 5.6% |
| <i>Housing</i> | | |
| ① Housing units, July 1, 2015, (V2015) | X | 51,696 |
| ① Housing units, April 1, 2010 | 39,409 | 50,739 |
| ① Owner-occupied housing unit rate, 2011-2015 | 47.9% | 55.2% |
| ① Median value of owner-occupied housing units, 2011-2015 | \$106,100 | \$115,800 |
| ① Median selected monthly owner costs -with a mortgage, 2011-2015 | \$1,075 | \$1,130 |
| ① Median selected monthly owner costs -without a mortgage, 2011-2015 | \$374 | \$380 |
| ① Median gross rent, 2011-2015 | \$787 | \$784 |
| ① Building permits, 2015 | X | 100 |
| <i>Families and Living Arrangements</i> | | |
| ① Households, 2011-2015 | 33,255 | 43,240 |
| ① Persons per household, 2011-2015 | 2.66 | 2.69 |
| ① Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015 | 67.4% | 71.3% |
| ① Language other than English spoken at home, percent of persons age 5 years+, 2011-2015 | 11.3% | 10.0% |

| | | |
|---|-----------|-----------|
| Education | | |
| ① High school graduate or higher, percent of persons age 25 years+, 2011-2015 | 88.5% | 89.3% |
| ① Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015 | 19.5% | 20.8% |
| Health | | |
| ① With a disability, under age 65 years, percent, 2011-2015 | 14.0% | 13.5% |
| ① Persons without health insurance, under age 65 years, percent | ⚠ 18.1% | ⚠ 16.0% |
| Economy | | |
| ① In civilian labor force, total, percent of population age 16 years+, 2011-2015 | 53.7% | 55.5% |
| ① In civilian labor force, female, percent of population age 16 years+, 2011-2015 | 55.2% | 55.8% |
| ① Total accommodation and food services sales, 2012 (\$1,000) (c) | 207,085 | 220,487 |
| ① Total health care and social assistance receipts/revenue, 2012 (\$1,000) (c) | D | 704,609 |
| ① Total manufacturers shipments, 2012 (\$1,000) (c) | D | D |
| ① Total merchant wholesaler sales, 2012 (\$1,000) (c) | 119,084 | D |
| ① Total retail sales, 2012 (\$1,000) (c) | 1,340,597 | 1,407,794 |
| ① Total retail sales per capita, 2012 (c) | \$13,627 | \$11,138 |
| Transportation | | |
| ① Mean travel time to work (minutes), workers age 16 years+, 2011-2015 | 15.1 | 17.1 |
| Income and Poverty | | |
| ① Median household income (in 2015 dollars), 2011-2015 | \$42,493 | \$46,241 |
| ① Per capita income in past 12 months (in 2015 dollars), 2011-2015 | \$21,154 | \$23,264 |
| ① Persons in poverty, percent | ⚠ 19.9% | ⚠ 15.1% |

|  BUSINESSES | | |
|---|---------|-----------|
|  Total employer establishments, 2014 | X | 2,162 |
|  Total employment, 2014 | X | 31,938 |
|  Total annual payroll, 2014 (\$1,000) | X | 1,066,155 |
|  Total employment, percent change, 2013-2014 | X | 1.1% |
|  Total nonemployer establishments, 2014 | X | 4,796 |
|  All firms, 2012 | 4,497 | 6,293 |
|  Men-owned firms, 2012 | 2,305 | 3,164 |
|  Women-owned firms, 2012 | 1,481 | 2,044 |
|  Minority-owned firms, 2012 | 1,202 | 1,418 |
|  Nonminority-owned firms, 2012 | 2,957 | 4,487 |
|  Veteran-owned firms, 2012 | 671 | 947 |
|  Nonveteran-owned firms, 2012 | 3,384 | 4,798 |
|  GEOGRAPHY | | |
|  Population per square mile, 2010 | 1,195.4 | 116.1 |
|  Land area in square miles, 2010 | 81.03 | 1,069.29 |
|  FIPS Code | 4041850 | 40031 |

 This geographic level of poverty and health estimates are not comparable to other geographic levels of these estimates

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info  icon to the left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2015) refers to the final year of the series (2010 thru 2015).
Different vintage years of estimates are not comparable.

- (a) Includes persons reporting only one race
- (b) Hispanics may be of any race, so also are included in applicable race categories
- (c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

D Suppressed to avoid disclosure of confidential information

F Fewer than 25 firms

FN Footnote on this item in place of data

NA Not available

S Suppressed; does not meet publication standards

X Not applicable

Z Value greater than zero but less than half unit of measure shown

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

Comanche (CM)

| | Comanche County | Error Margin | Top U.S. Performers^ | Oklahoma | Rank (of 77) |
|--|-----------------|--------------|----------------------|----------|--------------|
| Health Outcomes | | | | | 24 |
| Length of Life | | | | | 17 |
| Premature death | 8,500 | 8,000-9,100 | 5,200 | 9,200 | |
| Quality of Life | | | | | 43 |
| Poor or fair health ** | 21% | 21-21% | 12% | 20% | |
| Poor physical health days ** | 4.6 | 4.5-4.8 | 2.9 | 4.4 | |
| Poor mental health days ** | 4.3 | 4.1-4.4 | 2.8 | 4.1 | |
| Low birthweight | 8% | 8-9% | 6% | 8% | |
| Additional Health Outcomes (not included in overall ranking) | | | | | |
| Premature age-adjusted mortality | 430 | 410-450 | 270 | 450 | |
| Child mortality | 90 | 70-100 | 40 | 70 | |
| Infant mortality | 10 | 9-12 | 5 | 8 | |
| Frequent physical distress | 14% | 14-15% | 9% | 14% | |
| Frequent mental distress | 13% | 13-13% | 9% | 13% | |
| Diabetes prevalence | 11% | 10-11% | 9% | 11% | |
| HIV prevalence | 198 | | 41 | 170 | |
| Health Factors | | | | | 39 |
| Health Behaviors | | | | | 66 |
| Adult smoking ** | 22% | 21-23% | 14% | 21% | |
| Adult obesity | 35% | 31-39% | 25% | 32% | |
| Food environment index | 5.4 | | 8.3 | 6.6 | |
| Physical inactivity | 30% | 27-34% | 20% | 31% | |
| Access to exercise opportunities | 65% | | 91% | 69% | |
| Excessive drinking ** | 13% | 13-14% | 12% | 14% | |
| Alcohol-impaired driving deaths | 46% | 40-51% | 14% | 31% | |
| Sexually transmitted infections | 814.1 | | 134.1 | 479.1 | |
| Teen births | 54 | 51-56 | 19 | 52 | |
| Additional Health Behaviors (not included in overall ranking) | | | | | |
| Food insecurity | 19% | | 11% | 17% | |
| Limited access to healthy foods | 15% | | 2% | 9% | |
| Drug overdose deaths | 15 | 11-19 | 8 | 20 | |
| Drug overdose deaths - modeled | 12.0-14.0 | | 6.1-8.0 | 20.3 | |
| Motor vehicle crash deaths | 15 | 12-18 | 9 | 19 | |
| Insufficient sleep | 38% | 37-39% | 28% | 35% | |
| Clinical Care | | | | | 7 |
| Uninsured | 19% | 17-20% | 11% | 21% | |
| Primary care physicians | 1,290:1 | | 1,040:1 | 1,560:1 | |
| Dentists | 1,050:1 | | 1,340:1 | 1,760:1 | |
| Mental health providers | 340:1 | | 370:1 | 270:1 | |
| Preventable hospital stays | 46 | 42-50 | 38 | 63 | |
| Diabetic monitoring | 74% | 70-78% | 90% | 78% | |
| Mammography screening | 54% | 49-58% | 71% | 55% | |
| Additional Clinical Care (not included in overall ranking) | | | | | |
| Uninsured adults | 23% | 21-25% | 13% | 25% | |
| Uninsured children | 9% | 7-11% | 5% | 11% | |
| Health care costs | \$9,082 | | | \$10,058 | |
| Other primary care providers | 1,471:1 | | 866:1 | 1,501:1 | |

| | Comanche County | Error Margin | Top U.S. Performers^ | Oklahoma | Rank (of 77) |
|---|--------------------|-----------------|-------------------------|----------|-----------------|
| Social & Economic Factors | | | | | 42 |
| High school graduation | 88% | | 93% | 85% | |
| Some college | 58% | 56-61% | 72% | 59% | |
| Unemployment | 4.8% | | 3.5% | 4.5% | |
| Children in poverty | 24% | 19-29% | 13% | 22% | |
| Income inequality | 4.4 | 4.1-4.8 | 3.7 | 4.6 | |
| Children in single-parent households | 42% | 38-46% | 21% | 34% | |
| Social associations | 9.3 | | 22.1 | 11.7 | |
| Violent crime | 722 | | 59 | 468 | |
| Injury deaths | 71 | 64-77 | 51 | 88 | |
| Additional Social & Economic Factors (not included in overall ranking) | | | | | |
| Median household income | \$46,100 | \$42,300-49,800 | \$61,700 | \$47,500 | |
| Children eligible for free lunch | 48% | | 25% | 51% | |
| Residential segregation - black/white | 32 | | 23 | 57 | |
| Residential segregation - non-white/white | 23 | | 15 | 29 | |
| Homicides | 10 | 8-12 | 2 | 7 | |
| Physical Environment | | | | | 12 |
| Air pollution - particulate matter | 9.9 | | 9.5 | 10.3 | |
| Drinking water violations | Yes | | No | | |
| Severe housing problems | 15% | 13-16% | 9% | 14% | |
| Driving alone to work | 73% | 72-75% | 71% | 82% | |
| Long commute - driving alone | 13% | 11-14% | 15% | 25% | |

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

** Data should not be compared with prior years due to changes in definition/methods

2016

**County Health
Rankings & Roadmaps**

Building a Culture of Health, County by County

Comanche (CM)

| | Comanche County | Error Margin | Top U.S. Performers[^] | Oklahoma | Rank (of 77) |
|--|----------------------------|-------------------------|--|-----------------|-------------------------|
| Health Outcomes | | | | | 24 |
| Length of Life | | | | | 15 |
| Premature death | 8,343 | 7,790-8,896 | 5,200 | 9,121 | |
| Quality of Life | | | | | 56 |
| Poor or fair health | 20% | 18-23% | 10% | 19% | |
| Poor physical health days | 5.1 | 4.5-5.8 | 2.5 | 4.3 | |
| Poor mental health days | 4.8 | 4.1-5.5 | 2.3 | 4.2 | |
| Low birthweight | 8.3% | 7.9-8.8% | 5.9% | 8.3% | |
| Additional Health Outcomes (not included in overall ranking) | | | | | |
| Premature age-adjusted mortality | 425.2 | 403.1-447.3 | 269.1 | 448.6 | |
| Child mortality | 83.8 | 67.7-100.0 | 37.9 | 71.6 | |
| Infant mortality | 9.7 | 8.1-11.3 | 4.8 | 7.8 | |
| Diabetes prevalence | 11% | 10-13% | 8% | 12% | |
| HIV prevalence | 189 | | 40 | 152 | |
| Health Factors | | | | | 47 |
| Health Behaviors | | | | | 74 |
| Adult smoking | 30% | 26-33% | 14% | 24% | |
| Adult obesity | 33% | 30-37% | 25% | 32% | |
| Food environment index | 5.5 | | 8.4 | 6.7 | |
| Physical inactivity | 29% | 26-32% | 20% | 30% | |
| Access to exercise opportunities | 65% | | 92% | 72% | |
| Excessive drinking | 18% | 15-22% | 10% | 13% | |
| Alcohol-impaired driving deaths | 43% | | 14% | 33% | |
| Sexually transmitted infections | 776 | | 138 | 442 | |
| Teen births | 55 | 52-57 | 20 | 54 | |
| Additional Health Behaviors (not included in overall ranking) | | | | | |
| Food insecurity | 19% | | 10% | 17% | |
| Limited access to healthy foods | 15% | | 2% | 9% | |
| Drug poisoning deaths | 10 | | 7 | 18 | |
| Motor vehicle crash deaths | 15 | 12-18 | 10 | 19 | |
| Clinical Care | | | | | 9 |
| Uninsured | 20% | 18-22% | 11% | 21% | |
| Primary care physicians | 1,374:1 | | 1,045:1 | 1,567:1 | |
| Dentists | 1,116:1 | | 1,377:1 | 1,805:1 | |
| Mental health providers | 365:1 | | 386:1 | 285:1 | |
| Preventable hospital stays | 53 | 48-57 | 41 | 71 | |
| Diabetic monitoring | 74% | 70-78% | 90% | 78% | |
| Mammography screening | 52.7% | 48.3-57.2% | 70.7% | 55.3% | |
| Additional Clinical Care (not included in overall ranking) | | | | | |
| Uninsured adults | 24% | 22-27% | 13% | 26% | |
| Uninsured children | 9% | 7-12% | 4% | 11% | |
| Health care costs | \$9,471 | | | \$10,243 | |
| Other primary care providers | 1,505:1 | | 928:1 | 1,654:1 | |
| Could not see doctor due to cost | 16% | 14-19% | 8% | 18% | |

| | Comanche County | Error Margin | Top U.S. Performers^ | Oklahoma | Rank (of 77) |
|---|--------------------|-----------------|-------------------------|----------|-----------------|
| Social & Economic Factors | | | | | 55 |
| High school graduation | 80% | | 93% | 78% | |
| Some college | 56.7% | 53.7-59.7% | 71.0% | 58.4% | |
| Unemployment | 6.7% | | 4.0% | 5.4% | |
| Children in poverty | 29% | 24-33% | 13% | 24% | |
| Income inequality | 4.2 | 3.9-4.6 | 3.7 | 4.6 | |
| Children in single-parent households | 44% | 39-48% | 20% | 34% | |
| Social associations | 8.9 | | 22.0 | 11.8 | |
| Violent crime | 722 | | 59 | 468 | |
| Injury deaths | 64 | 58-70 | 50 | 86 | |
| Additional Social & Economic Factors (not included in overall ranking) | | | | | |
| Median household income | \$42,733 | \$39,200-46,266 | \$59,854 | \$45,724 | |
| Children eligible for free lunch | 44% | | 22% | 51% | |
| Homicides | 8 | 7-11 | 2 | 7 | |
| Physical Environment | | | | | 2 |
| Air pollution - particulate matter | 9.9 | | 9.5 | 10.3 | |
| Drinking water violations | 0% | | 0% | 23% | |
| Severe housing problems | 15% | 13-16% | 9% | 14% | |
| Driving alone to work | 73% | 72-75% | 71% | 82% | |
| Long commute - driving alone | 12% | 11-14% | 15% | 25% | |

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.
Note: Blank values reflect unreliable or missing data

2015

**County Health
Rankings & Roadmaps**

Building a Culture of Health, County by County

Comanche (CM)

| | Comanche County | Error Margin | Top U.S. Performers[^] | Oklahoma | Rank (of 77) |
|--|----------------------------|-------------------------|--|-----------------|-------------------------|
| Health Outcomes | | | | | 32 |
| Length of Life | | | | | 17 |
| Premature death | 8,822 | 8,240-9,404 | 5,317 | 9,291 | |
| Quality of Life | | | | | 57 |
| Poor or fair health | 20% | 18-23% | 10% | 19% | |
| Poor physical health days | 5.1 | 4.5-5.8 | 2.5 | 4.3 | |
| Poor mental health days | 4.8 | 4.1-5.5 | 2.4 | 4.2 | |
| Low birthweight | 8.5% | 8.0-8.9% | 6.0% | 8.3% | |
| Additional Health Outcomes (not included in overall ranking) | | | | | |
| Premature age-adjusted mortality | 442.4 | 419.5-465.3 | 274.0 | 455.2 | |
| Child mortality | 113.7 | 94.7-132.6 | 41.4 | 77.4 | |
| Infant mortality | 9.3 | 7.7-10.9 | 4.9 | 7.9 | |
| Diabetes prevalence | 11% | 9-13% | 8% | 11% | |
| HIV prevalence | 189 | | 40 | 152 | |
| Health Factors | | | | | 46 |
| Health Behaviors | | | | | 76 |
| Adult smoking | 30% | 26-33% | 14% | 24% | |
| Adult obesity | 35% | 31-38% | 25% | 32% | |
| Food environment index | 5.9 | | 8.7 | 7.1 | |
| Physical inactivity | 31% | 28-35% | 21% | 31% | |
| Access to exercise opportunities | 58% | | 85% | 64% | |
| Excessive drinking | 18% | 15-22% | 10% | 13% | |
| Alcohol-impaired driving deaths | 40% | | 14% | 34% | |
| Sexually transmitted infections | 921 | | 123 | 385 | |
| Teen births | 56 | 53-59 | 20 | 55 | |
| Additional Health Behaviors (not included in overall ranking) | | | | | |
| Food insecurity | 19% | | 10% | 17% | |
| Limited access to healthy foods | 15% | | 1% | 9% | |
| Drug poisoning deaths | 10 | | 6 | 17 | |
| Motor vehicle crash deaths | 15 | 12-17 | 10 | 20 | |
| Clinical Care | | | | | 5 |
| Uninsured | 18% | 16-20% | 11% | 22% | |
| Primary care physicians | 1,383:1 | | 1,051:1 | 1,597:1 | |
| Dentists | 1,149:1 | | 1,392:1 | 1,838:1 | |
| Mental health providers | 588:1 | | 521:1 | 426:1 | |
| Preventable hospital stays | 57 | 53-62 | 46 | 77 | |
| Diabetic monitoring | 74% | 69-78% | 90% | 78% | |
| Mammography screening | 57.8% | 53.1-62.4% | 70.7% | 55.2% | |
| Additional Clinical Care (not included in overall ranking) | | | | | |
| Uninsured adults | 22% | 20-25% | 13% | 26% | |
| Uninsured children | 9% | 7-11% | 5% | 11% | |
| Health care costs | \$9,496 | \$9,494-9,498 | | \$10,477 | |
| Other primary care providers | 1,600:1 | | 1,032:1 | 1,782:1 | |
| Could not see doctor due to cost | 16% | 14-19% | 8% | 18% | |

| | Comanche County | Error Margin | Top U.S. Performers^ | Oklahoma | Rank (of 77) |
|---|--------------------|-----------------|-------------------------|----------|-----------------|
| Social & Economic Factors | | | | | 55 |
| High school graduation | 80% | | 93% | 78% | |
| Some college | 57.6% | 54.6-60.7% | 70.2% | 58.2% | |
| Unemployment | 6.6% | | 4.4% | 5.2% | |
| Children in poverty | 24% | 18-29% | 13% | 24% | |
| Inadequate social support | 24% | 21-27% | 14% | 20% | |
| Children in single-parent households | 44% | 40-47% | 20% | 33% | |
| Violent crime | 801 | | 64 | 479 | |
| Injury deaths | 69 | 62-75 | 49 | 83 | |
| Additional Social & Economic Factors (not included in overall ranking) | | | | | |
| Median household income | \$44,726 | \$42,947-46,505 | \$58,383 | \$44,336 | |
| Children eligible for free lunch | 45% | | 24% | 51% | |
| Homicides | 8 | 6-10 | 2 | 6 | |
| Physical Environment | | | | | 1 |
| Air pollution - particulate matter | 9.9 | | 9.5 | 10.3 | |
| Drinking water violations | 0% | | 0% | 18% | |
| Severe housing problems | 14% | 13-15% | 9% | 14% | |
| Driving alone to work | 74% | 72-75% | 71% | 82% | |
| Long commute - driving alone | 12% | 10-13% | 15% | 24% | |

Areas to Explore Areas of Strength

^ 10th/90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

2014

Comanche County

Spring 2014

OKLAHOMA STATE
DEPARTMENT OF HEALTH

State of the County's Health Report

Health on the Horizon

Comanche County

Health is not simply the absence of disease. Health is comprised of our physical, mental, and social well-being,¹ and is influenced by a variety of factors called 'determinants of health'.² These determinants include a range of personal, social, economic, and environmental factors, such as our genetics, behaviors, and access to health care. The determinants of health are inter-related; change in one area results in changes in other areas. As such, interventions and policies that target more than one determinant will have greater impact on our health.²

Oklahoma has historically ranked poorly in many key health indicators. Most of these indicators relate to conditions that Oklahomans live with every day, such as poverty and limited access to primary care. Such conditions, along with risky health behaviors like smoking and physical inactivity, contribute to the poor health status of Oklahomans.

Recently, Oklahoma has experienced improvement in some key areas, such as infant health (lower rates of pre-term births and infant deaths) and smoking (lower prevalence of adult smokers). The Oklahoma Health Improvement Plan (OHIP) encourages Oklahomans to work together across multiple health care systems to strengthen resources and infrastructure, enabling sustainable improvements in health status.³ Health is on the horizon, and together we will Create a State of Health.



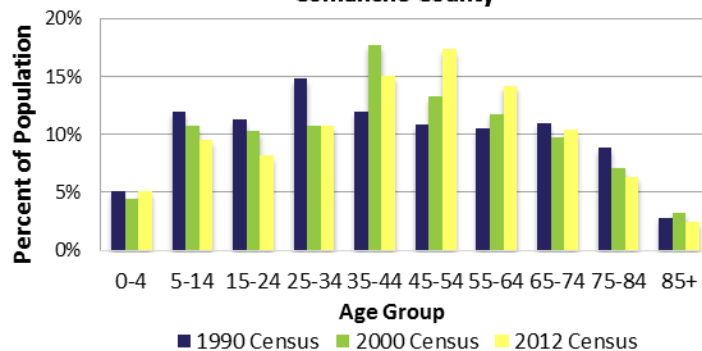
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County Demographics and Socioeconomic Profile

| Demographics | County |
|--|----------------|
| Population, 2012 estimate ⁴ | 126,390 |
| Population, percent change, 2000 to 2012 | 10.2% increase |
| Rank for growth in State | 16th |
| <u>Race and Ethnicity, 2008-2012⁵</u> | |
| Whites alone | 65.1% |
| Blacks alone | 16.9% |
| Native Americans alone | 5.3% |
| Hispanic or Latino | 11.3% |
| <u>Age, 2008-2012⁵</u> | |
| Less than 5 | 7.5% |
| 65 and Over | 10.3% |
| Median age | 31.5 years |

1990, 2000, & 2012 Population by Age Groups, Comanche County



| Socioeconomic Profile | County | State | National |
|--|----------|----------|----------|
| Disability (ages 18 to 64), 2008-2012 ⁵ | 15.3% | 14.3% | 10.0% |
| of disabled (ages 18 to 64) percent employed, 2008-2012 ⁵ | 39.7% | 38.0% | 34.7% |
| Individuals below poverty, 2008-2012 ⁵ | 16.5% | 16.6% | 14.9% |
| Families below poverty, 2008-2012 ⁵ | 13.0% | 12.3% | 10.9% |
| Median household income, 2008-2012 ⁵ | \$46,320 | \$44,891 | \$53,046 |
| Female head of household, 2008-2012 ⁵ | 15.4% | 12.2% | 12.9% |
| Grandparents raising their grandchildren, 2008-2012 ⁵ | 56.0% | 53.4% | 39.8% |
| High school graduates or higher, ages 25+, 2008-2012 ⁵ | 88.9% | 86.2% | 85.7% |
| Bachelor's degree or higher, ages 25+, 2008-2012 ⁵ | 20.3% | 23.2% | 28.5% |
| <u>Housing units, 2008-2012⁵</u> | | | |
| Occupied | 87.5% | 86.5% | 87.5% |
| Vacant | 12.5% | 13.5% | 12.5% |
| Uninsured (ages 18-64), 2005-2010 ⁶ | 19.7% | 23.9% | 18.2% |
| Unemployment rate, 2012 annual averages ⁷ | 6.6% | 5.2% | 8.1% |

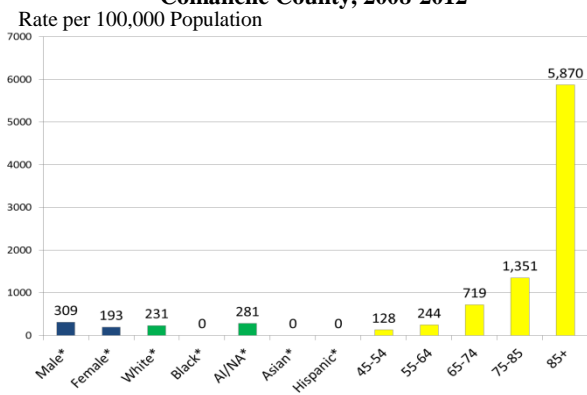
Top 10 Leading Causes of Death

The top 10 leading causes of death table on the next page displays a broad picture of the causes of death in Comanche County.⁸ Since many health-related issues are unique to specific ages, this table provides causes of death by age group at a glance. The causes of death that are present across almost every age group have been highlighted.

In Comanche County, heart disease is still the leading cause of

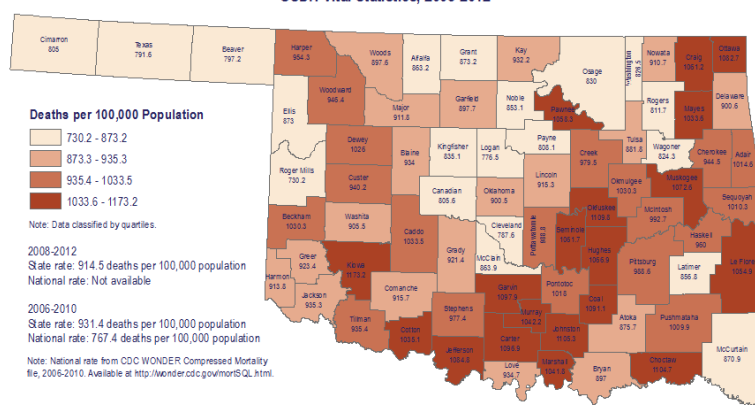
death for all ages combined. The rate declined 13.5% since the previous 5-year period, from 274.7 deaths per 100,000 population (2003-2007)⁹ to 237.7 deaths per 100,000 population (2008-2012).⁸ In 2010, the most recent year for which hospital discharge data are publicly available, the total charges attributable to heart disease in Comanche County were \$51.73 million, or \$43,108.83 per discharge.¹⁰

Heart Disease Death Rates by Demographic Groups, Comanche County, 2008-2012



* Age-Adjusted Death Rate per 100,000 Population

Age-Adjusted Death Rates by County, OSDH Vital Statistics, 2008-2012⁸



Top 10 Causes of Death by Age Group Comanche County 2008-2012

| RANK | 0-4 | 05-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | ALL AGES |
|------|----------------------------|-----------------------|------------------------|------------------------|------------------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| 1 | PERINATAL PERIOD 46 | UNINTENT. INJURY 7 | UNINTENT. INJURY 24 | UNINTENT. INJURY 25 | UNINTENT. INJURY 28 | CANCER 100 | CANCER 208 | HEART DISEASE 891 | HEART DISEASE 1202 |
| 2 | CONGENITAL ANOMALIES 16 | OTHER CAUSES* 13 | SUICIDE 11 | SUICIDE 19 | HEART DISEASE 25 | HEART DISEASE 94 | HEART DISEASE 176 | CANCER 677 | CANCER 1016 |
| 3 | OTHER CAUSES* 52 | | HOMICIDE 8 | HOMICIDE 15 | CANCER 20 | UNINTENT. INJURY 39 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 48 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 276 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 341 |
| 4 | | | OTHER CAUSES* 23 | HEART DISEASE 10 | SUICIDE 17 | LIVER DISEASE 31 | DIABETES MELLITUS 28 | STROKE 214 | STROKE 259 |
| 5 | | | | CANCER 7 | LIVER DISEASE 13 | DIABETES MELLITUS 20 | UNINTENT. INJURY 27 | ALZHEIMER'S DISEASE 117 | UNINTENT. INJURY 235 |
| 6 | | | | OTHER CAUSES* 24 | HOMICIDE 8 | STROKE 15 | STROKE 24 | DIABETES MELLITUS 108 | DIABETES MELLITUS 159 |
| 7 | | | | | OTHER CAUSES* 42 | BRONCHITIS/ EMPHYSEMA/ ASTHMA 14 | LIVER DISEASE 24 | INFLUENZA/ PNEUMONIA 88 | INFLUENZA/ PNEUMONIA 119 |
| 8 | | | | | | SUICIDE 11 | INFLUENZA/ PNEUMONIA 15 | UNINTENT. INJURY 82 | ALZHEIMER'S DISEASE 118 |
| 9 | | | | | | INFLUENZA/ PNEUMONIA 9 | SUICIDE 12 | NEPHRITIS 59 | LIVER DISEASE 91 |
| 10 | | | | | | HOMICIDE 9 | SEPTICEMIA 11 | SEPTICEMIA 58 | SUICIDE 85 |

*Total deaths per age group were determined; cause of death was ordered (by frequency) when 5 or more deaths occurred for a specific cause; and the number of deaths that occurred in frequencies fewer than 5 per cause were groups together as "OTHER CAUSES." Specific causes could not be determined for those deaths in "OTHER CAUSES" because the data are suppressed on OK2SHARE (the source of this data) when there are fewer than 5 deaths per search category.

Data source: Vital Statistics, Health Care Information Division, Oklahoma State Department of Health
Produced by: Community Epidemiology and Evaluation, Oklahoma State Department of Health

Nutrition and Obesity

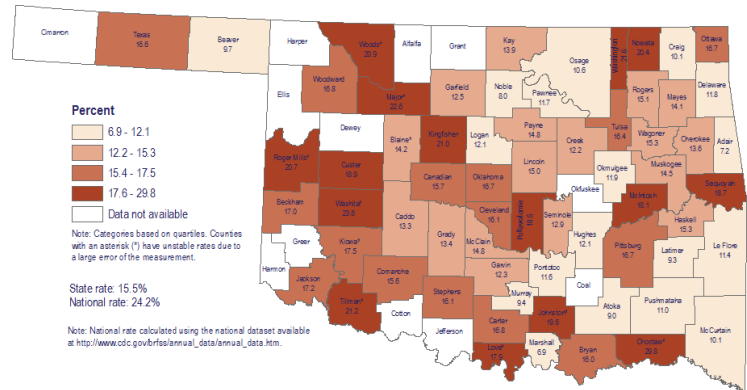
Poor diet is a primary cause of adult deaths in the U.S.¹¹ Poor diet can be characterized in many different ways, but a common proxy measure of poor diet is assessing fruit and vegetable consumption. A recent study determined that fruit and vegetable consumption is associated with reduced risk of death.¹² Oklahoma has typically ranked as one of the worst states for fruit and vegetable consumption among adults.

In 2009, the last year data were available for every state, Oklahoma ranked last in consuming 5 or more daily servings of fruits and vegetables.¹³ In Comanche County, 15.6% of adults consumed the recommended servings of fruits and vegetables daily.⁶

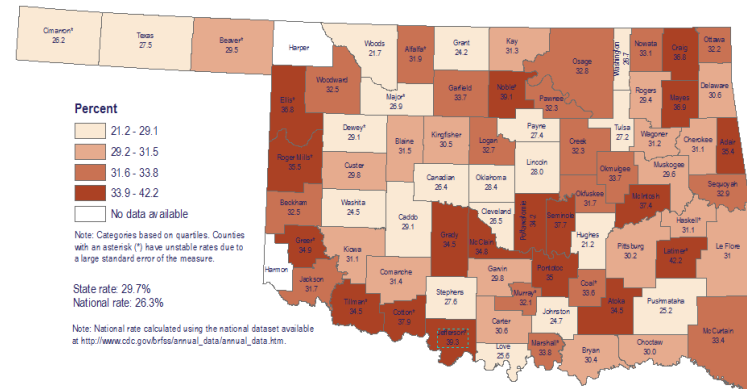
Obesity is also a primary cause of adult deaths.¹¹

Obesity is defined as having a BMI greater than 30.0 kg/m² (BMI = weight in kg/square of height in m). In addition to its association with mortality, obesity increases our risk of several chronic diseases such as heart disease and type 2 diabetes.¹⁴ Obesity rates have skyrocketed in Oklahoma, with self-reported adult obesity prevalence at 32.2% in 2012⁶ and self-reported obesity prevalence at 11.8% among high school students in 2013.¹⁵ Data from 2005-2010 estimate the rate of adult obesity to be 31.4% in Comanche County (11.4% higher than the rate reported in the previous County Health Report⁹). Medical costs for obese individuals were estimated to be \$2741 higher than per capita spending for normal weight individuals in 2005, and this economic burden can be expected to increase as the cost of health care increases.¹⁶

Percent of Adults Who Consume 5 or More Servings of Fruits and Vegetables by County, BRFSS 2005, 2007, 2009⁶



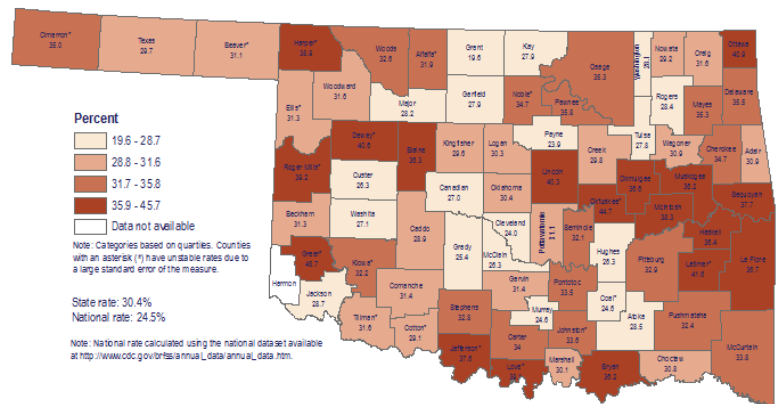
Percent of Obese Adults by County, BRFSS 2005-2010⁶



Physical Activity and Fitness

Physical inactivity was reported to be a leading contributor to almost 1 in 10 adult deaths in the U.S.¹⁴ Close to 23 % of U.S. adults do not engage in any physical activity.¹³ Adults who engage each week in 150 minutes of moderate to vigorous intensity aerobic activity in bouts of at least 10 minutes experience improved health and fitness and reduced risk of several chronic diseases.¹⁷ While 30.4% of all Oklahoma adults from 2005-2010 were not engaging in any physical activity, the rate was slightly higher in Comanche County, at 31.4%.⁶ This rate is 5.7% higher than the county rate reported in the previous County Health Report.⁹

Percent of Physically Inactive Adults by County, BRFSS 2005-2010⁶



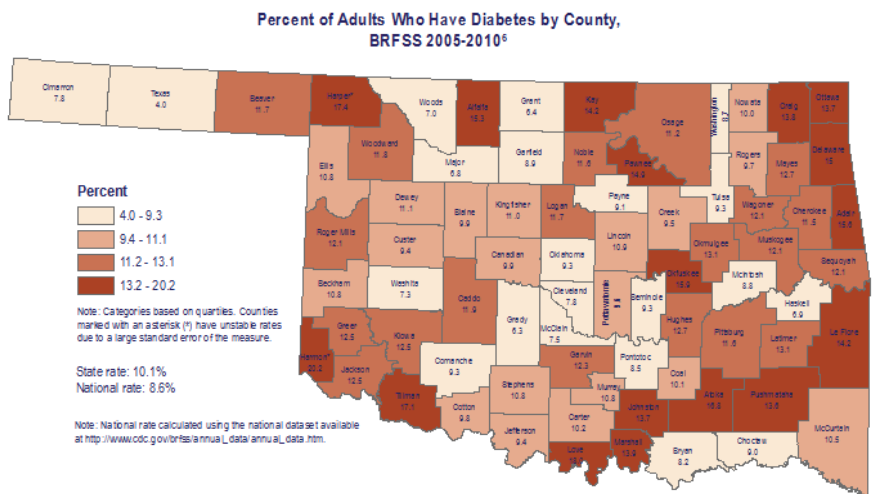
Youth who are regularly active have a better chance of having a healthy adulthood. Children and adolescents should get at least 60 minutes of moderate intensity physical activity most days of the week, preferably every day, and three of those days should include vigorous intensity aerobic activity.¹⁸ Statewide, 56.6% of high school students were physically active most days of the week in 2013.¹⁵

Diabetes

Type II Diabetes Mellitus is a chronic disease characterized by high levels of sugar (i.e., glucose) in the bloodstream due to the body's resistance to insulin. If left untreated, serious complications can arise, including heart disease, renal failure, retinopathy, and neuropathies. Several risk factors may increase the likelihood of developing diabetes. Some of these risk factors cannot be changed (eg., aged 45 years and older, family history). Other risk factors relate to our behaviors, such as prediabetes, overweight/obesity, being physically inactive, and having high blood pressure.¹⁹

The prevalence of diabetes has been on the rise in Oklahoma. Slightly more than 10% of Oklahoma adults from 2005-2010 had been told by a health professional that they had diabetes.⁶ During this same time frame in Comanche County, 9.3% of adults had diabetes,⁶ which is more than the 8.8% of adults cited in the previous County Health Report.⁹

The American Diabetes Association released a report estimating the total cost of diagnosed diabetes to be \$245 billion in the U.S. in 2012.²⁰ This amount includes both direct medical costs and reduced productivity. They estimated the largest component of direct medical costs to be hospital inpatient care. In Comanche County, there were 195 hospital discharges attributable to diabetes in 2010, the most recent year that hospital data is available.¹⁰ This amounted to \$4,929,992.00 in total charges in 2010 alone, or 1.3% of total hospitalization charges in the county.¹⁰

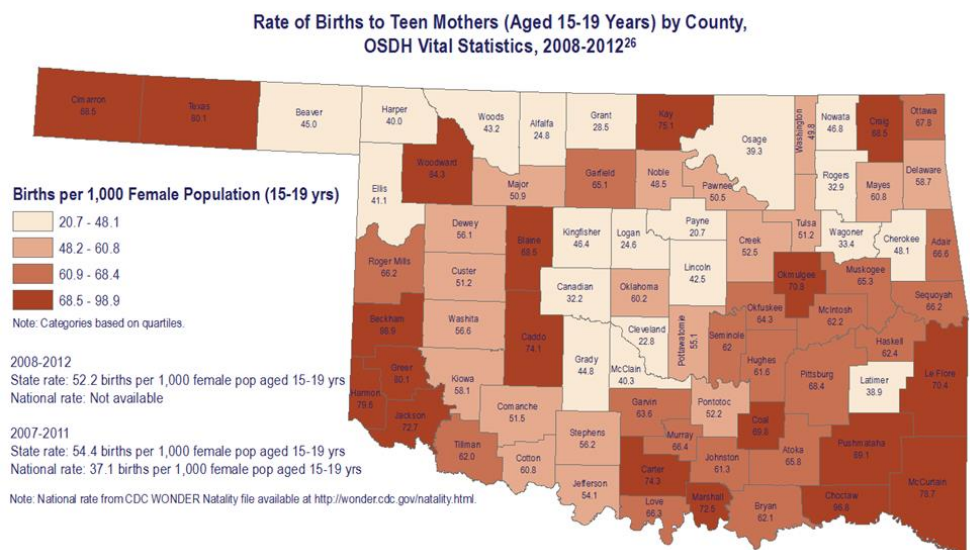


Teen Births

Although births to teen mothers have been declining in recent years,²¹ Oklahoma still has one of the highest teen birth rates in the country,²² including a high rate of repeat births.²³ Pregnant teens are more likely than older pregnant females to experience medical complications, have low educational attainment, and engage in unhealthy behaviors that put their unborn child at risk.²⁴ Children of teen mothers are more likely than children of older mothers to display poor health and social outcomes, such as premature birth, low birth weight, behavioral problems, and abuse and neglect.²² Additionally, infant mortality rates are highest for babies of teen mothers.²⁵

From 2008-2012, Comanche County had a teen birth rate of 51.5 births per 1,000 female population aged 15-19 years, which is similar to the state rate of 52.2 births per 1,000 female population aged 15-19 years.²⁶ The county rate is 19.3% lower than the rate reported in the previous County Health Report.⁹

Recent estimates place the cost of teen childbearing in Oklahoma at \$190 million in 2008, and this includes only health care and other costs associated with the children, not the mothers.²⁷



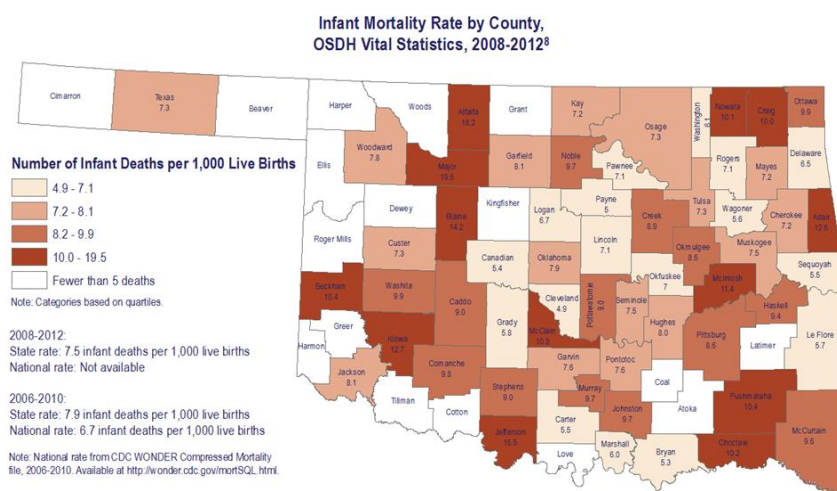
Infant Mortality

The infant mortality rate (IMR) is an important indicator of the health of a nation, and is also a reflection of maternal health, accessibility and quality of primary health care, and the availability of supportive services in the community.²⁸ The leading causes of infant death include congenital malformations (i.e., medical conditions present at birth), disorders related to short gestation (fewer than 37 weeks of pregnancy completed) and low birth weight (less than 5 lbs., 8 oz.), and Sudden Infant Death Syndrome (SIDS).²⁵ Oklahoma's IMR has declined 12.8% from its recent high of 8.6 deaths per 1,000 live births in 2006 to 7.5 deaths per 1,000 live births in 2012.⁸ However, the rate is still significantly higher than the national (preliminary) rate of 6.05 infant deaths per 1,000 live births in 2011.²⁹ While organizations across Oklahoma have been working together to reduce infant mortality as part of the Preparing for a Lifetime, It's Everyone's Responsibility initiative,³⁰ there is still much work to do.

Racial disparities exist in IMR, with rates among Oklahoma's Black/African American infants being more than double the rates of White and Asian/Pacific Island infants. The IMR for Black/African American infants declined between 2003-2007 and 2008-2012 (16.4 to 14.6, respectively),⁸ but is still extremely high.

From 2008-2012, the overall IMR for Comanche County was 9.8 deaths per 1,000 live births.⁸ This rate is 31% higher than the state rate of 7.5 deaths per 1,000 live births⁸ and 29% higher than the county rate from 2002-2006.⁹ The IMR in Comanche County accounted for 7,425 years of potential life lost based on an average age of death in Oklahoma of 75 years.⁸

Receiving timely prenatal care is believed to reduce the risk of maternal and infant sickness and death as well as preterm delivery and low birth weight. From 2008-2012, 70.9% of women who had a live birth in Comanche County accessed prenatal care during the first trimester of their pregnancy.²⁶



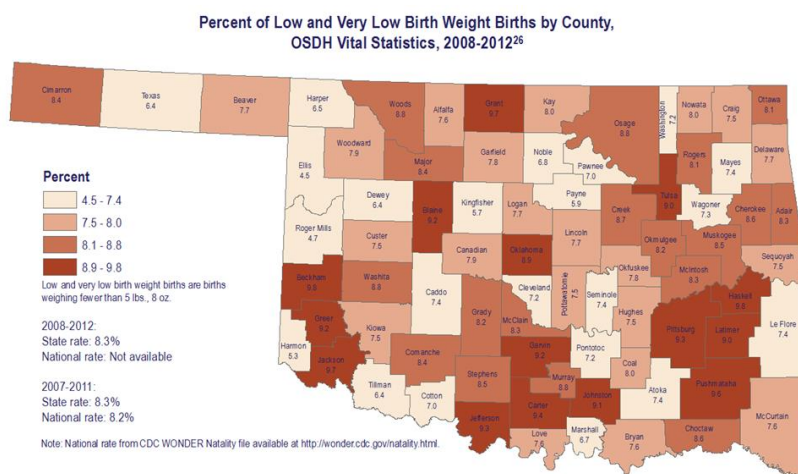
Low Birth Weight

Low birth weight and preterm births together are the second leading cause of death among children less than 1 year of age.²⁵ Low birth weight infants are more at risk of health problems compared to infants born of normal weight, including infection, gastrointestinal problems, delayed motor and social development, and learning disabilities. Low birth weight infants may also be at higher risk of high blood pressure, diabetes, and heart disease later in life.³¹

The percentage of Oklahoma babies born at low birth weight (i.e., weighing fewer than 5 pounds and 8 ounces, or 2500 grams) was 8.3% across 2008-2012.²⁶ This rate is similar to the latest national data (8.2% from 2007-2011).³²

In Comanche County, the rate of low birth weight births was 8.4% from 2008-2012,²⁶ which is 5% lower than the rate from 2003-2007.²⁶

As is seen with infant mortality, the percentage of low birth weight births is higher for Black/African American babies (14.1%) than babies of other races (White: 7.8%; American Indian: 7.3%; Asian/Pacific Island: 7.4%).²⁶



Injury and Violence

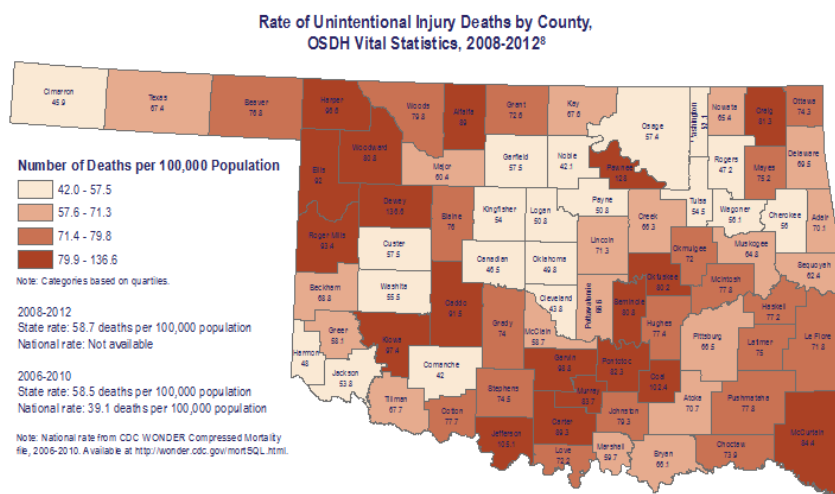
Unintentional injury is the 4th leading cause of death in Oklahoma, and the leading cause of death among individuals aged 5-44 years.⁸ In 2010, the most recent year that data are publicly available, injuries accounted for almost \$1.4 billion of Oklahoma's hospital inpatient charges, or almost \$34,000 per discharge.¹⁰ This equates to more than 10% of total inpatient charges in 2010,¹⁰ and does not consider other related medical expenses or lost productivity.

In Comanche County, unintentional injury is the 5th leading cause of death at 42.0 deaths per 100,000 population.⁸ The county rate is higher than the rate of 35.0 which was reported in the previous County Health Report.⁹ The current rate is lower than the state rate of 58.7 deaths per 100,000 population.⁸

Motor-vehicle accidents account for 33% of Comanche County's unintentional injury deaths per 100,000 population,

resulting in an estimated cost of \$110.8 million in 2011. This cost includes wage and productivity losses, medical expenses, administrative expenses, motor vehicle damage, and employers' uninsured costs (\$1.42 million per death).³³

Violence-related deaths (suicide and homicide) are also leading causes of death in Oklahoma.⁸ Comanche County's homicide rate of 8.6 deaths per 100,000 population is 30% higher than the state rate of 6.6 deaths per 100,000 population, and the suicide rate of 14.3 deaths per 100,000 population is 14% lower than the state rate of 16.6 deaths per 100,000 population.⁸

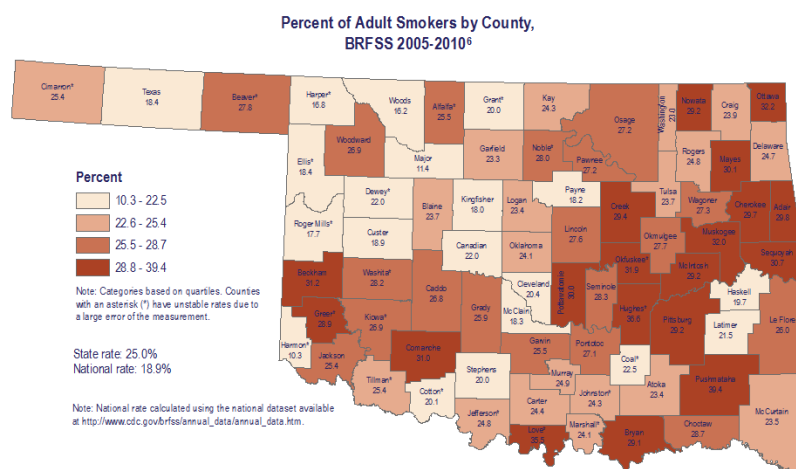


Tobacco Use Prevention

While smoking rates continue to decline in the United States, tobacco is still the leading contributor of preventable deaths in the United States, resulting in 80-90% of lung cancer deaths, 90% of deaths from chronic lower respiratory disease, and increasing risk of coronary heart disease and stroke deaths.³⁴ Oklahoma has consistently had one of the highest rates of adult smoking in the country, with an estimated 23.3% of Oklahoma adults being smokers in 2012.⁶ While this rate is higher than the national rate of 19.6%,¹³ it represents a significant decline from Oklahoma's 2011 rate of 26.1%.⁶ Total cigarette sales have remained stable the last three years (at about 71 packs per capita, each year from 2010 through 2012),³⁵ but have declined from 86.7 packs per capita in 2008 that was reported in the previous County Health Report.⁹

Across 2005-2010 in Comanche County, 31.0% of adults were smokers.⁶ This is 5% less than the percentage of adult smokers reported in the previous County Health Report⁹ but is 24% more than the state rate of 25.0% across the same time period. Health care costs associated with smoking were approximately \$480.4 million in Comanche County.³⁶

Of concern are other types of tobacco use, such as smokeless tobacco and now e-cigarettes. Almost 7% of Oklahoma adults use smokeless tobacco products (6.9% in 2011 and 6.7% in 2012), with almost 70% of smokeless tobacco users also being smokers. Data are still being gathered about e-cigarettes, but their usage has increased among adults as well as middle and high school students nationally.^{37,38}



Healthy People 2020 Table

| Healthy People 2020 Indicators ¹ | Comparison Data: Year(s) | | | | | 2020 target |
|---|------------------------------|-------|-----------------------|-------|----------------------------|-------------|
| | Comanche County ² | | Oklahoma ² | | United States ¹ | |
| Prevalence of obesity (Aged 20+) | N/A† | | N/A† | | 2009-2010 35.7% | 30.5% |
| No leisure-time physical activity (Aged 18+) | N/A† | | N/A† | | 2011 31.6% | 32.6% |
| Prevalence of smoking (Aged 18+) | N/A† | | N/A† | | 2011 19.0% | 12.0% |
| Infant mortality (Per 1,000 of births) | 2008-2012 | 9.8 | 2009 | 7.9 | 2009 6.4 | 6.0 |
| Low birth weight infants (Percent of live births) | 2008-2012 | 8.4% | 2010 | 8.4% | 2010 8.1% | 7.8% |
| Very low birth weight infants (Percent of live births) | 2008-2012 | 1.5% | 2010 | 1.4% | 2010 1.4% | 1.4% |
| First trimester prenatal care (Percent of births) | 2008-2012 | 70.9% | 2007 | 76.3% | 2007§ 70.8% | 77.9% |
| Prevalence of diabetes (Aged 18–84 years) | N/A† | | N/A† | | 2009-2011 8.1% | 7.2% |
| Lack of health insurance (Aged <65 years) | N/A† | | N/A† | | 2011 17.0% | 0% |
| Prevalence of binge drinking (Aged 18+) | N/A† | | N/A† | | 2011 26.7% | 24.4% |
| Coronary heart disease deaths (per 100,000 population)* | 2008-2012 | 237.7 | 2010 | 234.1 | 2010 113.6 | 100.8 |
| Cancer deaths (per 100,000 population)* | 2008-2012 | 191.9 | 2010 | 190.4 | 2010 172.8 | 160.6 |
| Unintentional injury deaths (per 100,000 population)* | 2008-2012 | 42.0 | 2010 | 58.8 | 2010 38.0 | 36.0 |
| Transportation-related deaths (per 100,000 population)* | 2008-2012 | 13.1 | 2010 | 19.8 | 2010 10.7 | 12.4 |

Notes:

*Death rate is age-adjusted to the 2000 U.S. standard population;

†Data are not available in the state or county because data are collected using a different methodology and thus are not comparable to the national rates and targets established by Healthy People 2020.

§The most recent data available from CDC WONDER Natality Data shows that 73.7%³ of women having live births in 2011 received prenatal care within the first three months of pregnancy. Not all states collect prenatal care information on the birth certificate.

References:

- [1] U.S. Department of Health and Human Services. Healthy people 2020 – Topics and Objectives. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>: Data for United States and 2020 Target
- [2] OSDH, OK2SHARE, Vital Statistics: Data for Oklahoma and Oklahoma Counties.
- [3] United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2011, on CDC WONDER Online Database, November 2013. Accessed at <http://wonder.cdc.gov/natality-current.html>

Health Care Cost Summary

Cardiovascular Disease (Heart Disease)

- Average hospital discharges in 2010 = 1200
- Average charges = \$43,108.83 per discharge
- Total—\$51,730,600 in 2010

Obesity

- 31.4% of adult population (29,016) from 2005-2010
- \$2,741.00 in additional medical costs per person aged 18 and over
- Total—\$108,970,796 in 2010

Diabetes

- Average hospital discharges in 2010 = 195
- Average charges = \$25,282.01 per discharge
- Total—\$4,929,992 in 2010

Teen Pregnancy

- 1098 births to females aged 15-19 from 2008-2012
- \$3,807 in costs per year
- Total—\$4,180,086 in 2010

Motor Vehicle-Related Injury Death

- 78 deaths from 2008-2012
- \$1,420,000.00 in economic costs per death
- Total—\$22,152,000 in 2010

Tobacco Use

- 31.0% of adult population (145,588) from 2005-2010
- \$3,300 in health care costs per person
- Total—\$129,523,053 in 2010

Total Annual Cost* for Comanche County:

\$321,486,527

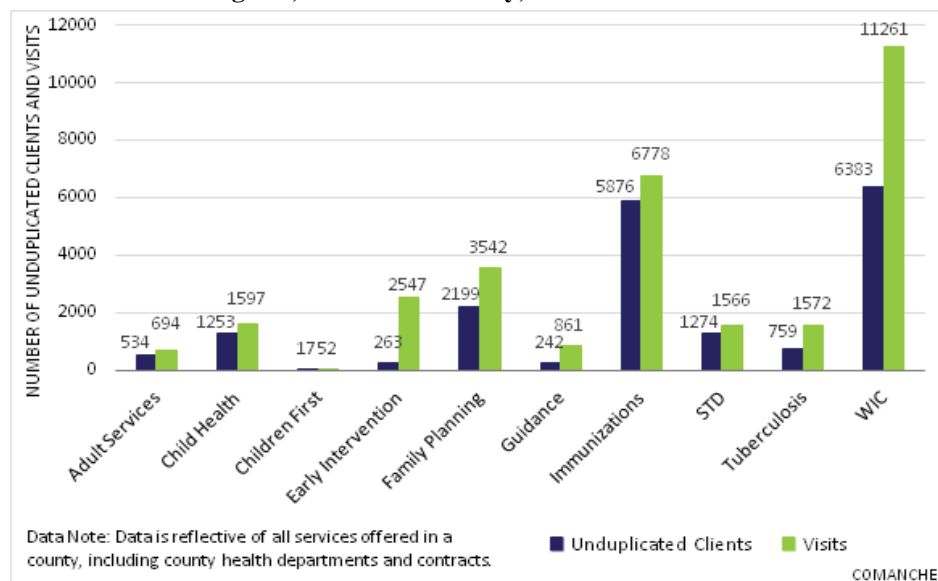


*Total cost is the minimum cost to the county for health care related spending for the causes listed above in 2010. Other health maladies, and costs unaccounted for in this report may increase the total annual cost per county.

County Health Department Usage

Oklahoma currently has 68 county health departments and two independent city-county health departments serving 77 counties. Each department offers a variety of services, such as immunizations, family planning, maternity education, well-baby clinics, adolescent health clinics, hearing & speech services, child developmental services, environmental health, and the SoonerStart program. Additionally, many county health departments participate in health education and community development services throughout their county. All county health departments in Oklahoma utilize the Public Health Oklahoma Client Information System (PHOCIS) to track an overview of the services provided to each citizen. In addition, PHOCIS contains a population-based module (POPS) that houses information about community-based events in which health department employees are involved. The information on this page is an accounting of services provided within the county health department and throughout the county.

County Health Department Unduplicated Clients, and Visits by Program, Comanche County, State Fiscal Year 2013



Population-Based Services by Event Type, Comanche County, SFY13

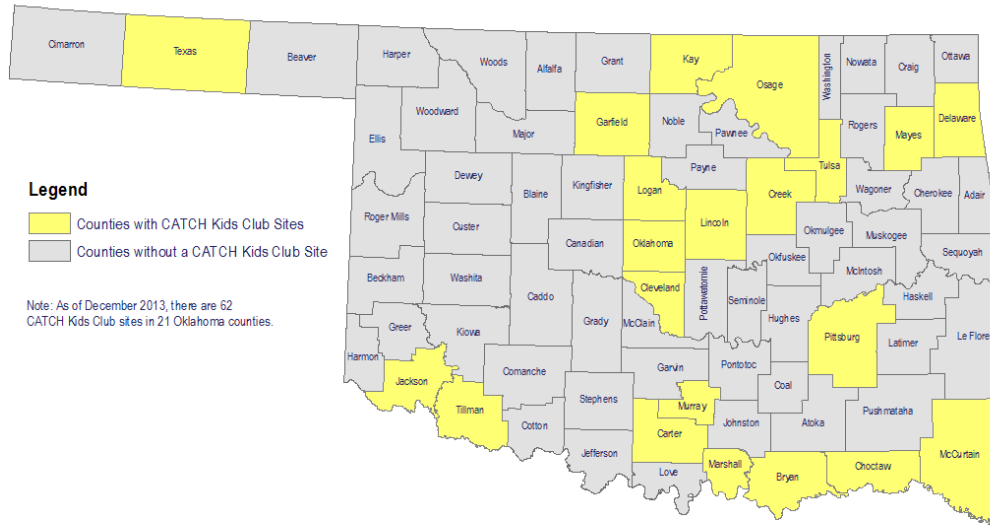
| Event Type | Number of Events | Total Attendees |
|-----------------------------|------------------|-----------------|
| Conference/Display | 4 | 290 |
| Consultation | 3 | 217 |
| Health Fair | 1 | 200 |
| Media Event/Newsletter | 1 | 3 |
| Meeting/Taskforce/Coalition | 57 | 839 |
| Outreach | 39 | 3268 |
| Presentation/Class | 75 | 3380 |
| Record Review | 1 | 35 |
| Surveys/Assessment | 3 | 223 |
| Grand Total | 184 | 8455 |

Population-Based Services by Main Topic, Comanche County, SFY13

| Topic | Number of Events | Total Attendees |
|---------------------------------------|------------------|-----------------|
| Arthritis | 1 | 15 |
| Certified Healthy Oklahoma | 2 | 12 |
| General Health Department Services | 62 | 1450 |
| Health Education | 4 | 58 |
| Immunizations | 1 | 35 |
| Infant & Early Childhood Consultation | 1 | 10 |
| Infectious Disease | 61 | 2810 |
| Injury Prevention | 18 | 224 |
| MCH and Related Topics | 13 | 202 |
| Oral Health | 1 | 44 |
| Physical Activity/Nutrition | 38 | 3001 |
| STD/HIV/AIDS | 54 | 4144 |
| Terrorism/Emergency Preparedness | 2 | 41 |
| Grand Total | 258 | 12046 |

Health Education

Counties with CATCH Kids Club Sites,
2013-2014 School Year

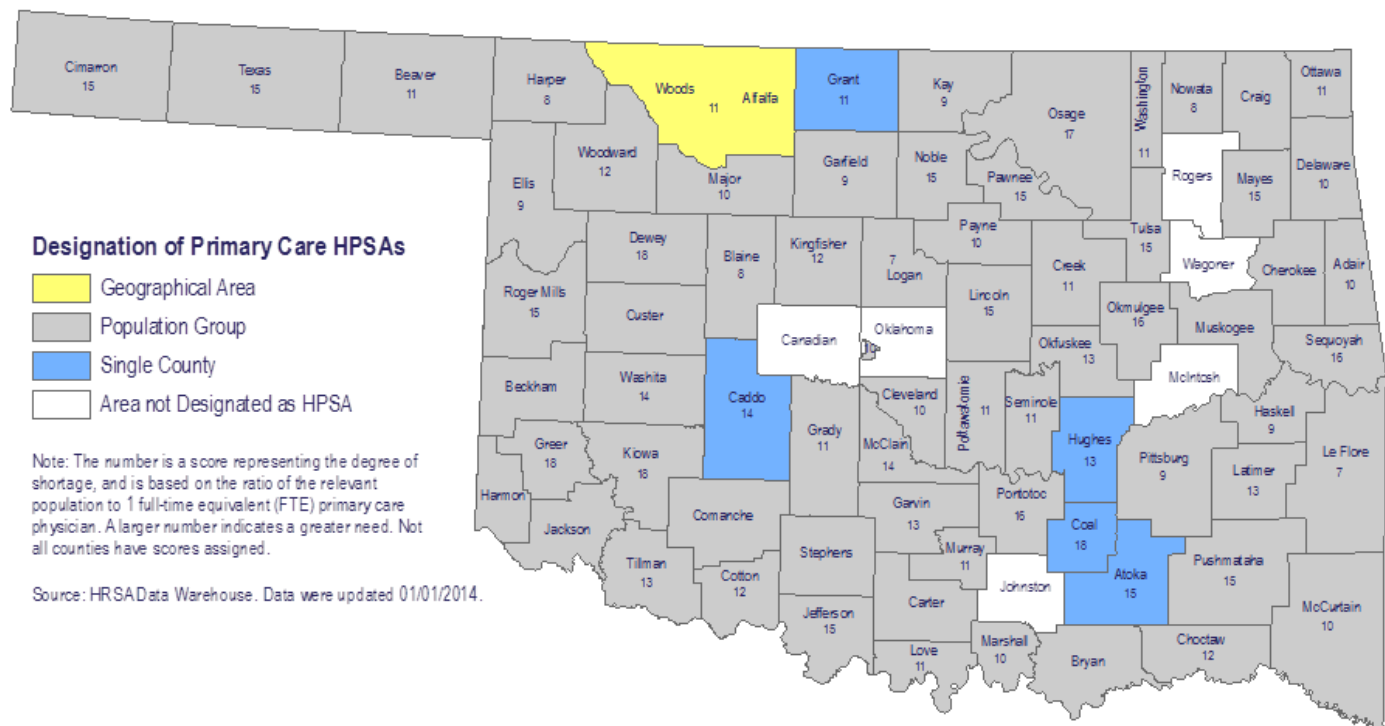


OSDH Health Education

Ericka Johnson,
CATCH Coordinator
1000 NE 10th St, room 508
Oklahoma City, OK 73117
(405) 271-9444 ext. 56550
erickaw@health.ok.gov

For more information about the CATCH Kids Club or to become an after-school partner, please contact Ericka Johnson. For more information about health education, please contact your local health department (see p. 14 for the phone number).

Primary Care – Health Professional Shortage Areas (HPSAs)



OSDH Board of Health Map



Oklahoma Health Improvement Plan



For the complete OHIP, including a full list of partners, visit www.ok.gov/health and click the "Oklahoma Health Improvement Plan" link.



[STRATEGIC PLANNING]

FLAGSHIP GOALS

Tobacco Use Prevention
Obesity Reduction
Children's Health

INFRASTRUCTURE GOALS

Public Health Finance
Workforce Development
Access to Care
Health Systems Effectiveness

SOCIETAL & POLICY INTEGRATION

Policies and Legislation
Social Determinants of Health & Health Equity

OKLAHOMA HEALTH IMPROVEMENT PLAN

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**OKLAHOMA STATE
DEPARTMENT OF HEALTH**

Community and Family Health Services

Community Development Service

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Health on the Horizon

Comanche County Health

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Lawton, OK 73501

580-248-5890

The Oklahoma Turning Point Initiative is public health improvement in action. The success of the Turning Point process involves a partnership between the state and county departments of health, local communities, and policy-makers. The Oklahoma Turning Point engine is fueled by a community-based decision making process whereby local communities tap into the capacities, strengths, and vision of their citizens to create and promote positive, sustainable changes in the public health system, and the public's health.

We are at a cross roads in our state and in Comanche County. Please come and be part of the solutions that will lead Oklahoma and Comanche County to becoming a healthy place to live, work and learn.

If you are interested in learning more about Turning Point or becoming involved in local activities, please contact:

Shaina Cherilus
Comanche County
(580) 353-9170

Email: ShainaC@health.ok.gov
Website: www.okturningpoint.org

Comanche County Community Partnerships

Fit Kids of Southwest Oklahoma

Priority Areas:

1. Obesity Prevention
2. Children's Health
3. Physical Activity Promotion
4. Policy Development
5. Environmental Health
6. Promotion of Good Nutrition

Lawton Fort Sill Community Coalition

Priority Areas:

1. Substance Abuse Prevention
2. Children's Health
3. Homelessness Reduction
4. Violence Reduction
5. Underage Drinking Prevention
6. Mental Health

Supplement Table 1: Total Mortality Rate and Adult Prevalence of Sufficient Fruit and Vegetable Consumption (5 or More Daily Servings), Obesity, Physical Inactivity, and Diabetes by County.

| County | Total Mortality ¹ (deaths/100,000) | Fruit & Vegetable Consumption ² (percent) | Obesity ³ (percent) | Physical Inactivity ³ (percent) | Diabetes ³ (percent) |
|-----------|--|--|-----------------------------------|--|------------------------------------|
| Adair | 1,014.6 | 7.2 | 35.4 | 30.9 | 15.6 |
| Alfalfa | 863.2 | - | 31.9* | 31.9* | 15.3 |
| Atoka | 875.7 | 9.0 | 34.5 | 28.5 | 16.8 |
| Beaver | 797.2 | 9.7 | 29.5* | 31.1* | 11.7 |
| Beckham | 1,030.3 | 17.0 | 32.5 | 31.3 | 10.8 |
| Blaine | 934.0 | 14.2* | 31.5 | 36.3 | 9.9 |
| Bryan | 897.0 | 16.0 | 30.4 | 36.2 | 8.2 |
| Caddo | 1,033.5 | 13.3 | 29.1 | 28.9 | 11.9 |
| Canadian | 805.6 | 15.7 | 26.4 | 27.0 | 9.9 |
| Carter | 1,096.9 | 16.8 | 30.6 | 34.0 | 10.2 |
| Cherokee | 944.5 | 13.6 | 31.1 | 34.7 | 11.5 |
| Choctaw | 1,104.7 | 29.8* | 30.0 | 30.8 | 9.0 |
| Cimarron | 805.0 | - | 26.2* | 35.0* | 7.8 |
| Cleveland | 787.6 | 16.1 | 26.5 | 24.0 | 7.8 |
| Coal | 1,091.1 | - | 33.6* | 24.6* | 10.1 |
| Comanche | 915.7 | 15.6 | 31.4 | 31.4 | 9.3 |
| Cotton | 1,035.1 | - | 37.9* | 29.1* | 9.8 |
| Craig | 1,061.2 | 10.1 | 36.8 | 31.6 | 13.8 |
| Creek | 979.5 | 12.2 | 32.3 | 29.8 | 9.5 |
| Custer | 940.2 | 18.9 | 29.8 | 26.3 | 9.4 |
| Delaware | 900.6 | 11.8 | 30.6 | 35.5 | 15.0 |
| Dewey | 1,026.0 | - | 29.1* | 40.6* | 11.1 |
| Ellis | 873.0 | - | 36.8* | 31.3* | 10.8 |
| Garfield | 897.7 | 12.5 | 33.7 | 27.9 | 8.9 |
| Garvin | 1,097.9 | 12.3 | 29.8 | 31.4 | 12.3 |
| Grady | 921.4 | 13.4 | 34.5 | 25.4 | 6.3 |
| Grant | 873.2 | - | 24.2 | 19.6 | 6.4 |
| Greer | 923.4 | - | 34.9* | 45.7* | 12.5 |

Supplement Table 1 continued: Total Mortality Rate and Adult Prevalence of Sufficient Fruit and Vegetable Consumption (5 or More Daily Servings), Obesity, Physical Inactivity, and Diabetes by County.

| County | Total Mortality ¹ (deaths/100,000) | Fruit & Vegetable Consumption ² (percent) | Obesity ³ (percent) | Physical Inactivity ³ (percent) | Diabetes ³ (percent) |
|------------|--|--|-----------------------------------|--|------------------------------------|
| Harmon | 913.8 | - | - | - | 20.2* |
| Harper | 954.3 | - | - | 38.9* | 17.4* |
| Haskell | 960.0 | 15.3 | 31.1* | 36.4 | 6.9 |
| Hughes | 1,066.9 | 12.1 | 21.2 | 26.3 | 12.7 |
| Jackson | 935.3 | 17.2 | 31.7 | 28.7 | 12.5 |
| Jefferson | 1,084.8 | - | 39.3* | 37.6* | 9.4 |
| Johnston | 1,105.3 | 19.6* | 24.7 | 33.6* | 13.7 |
| Kay | 932.2 | 13.9 | 31.3 | 27.9 | 14.2 |
| Kingfisher | 835.1 | 21.0 | 30.5 | 29.6 | 11.0 |
| Kiowa | 1,173.2 | 17.5* | 31.1 | 32.2* | 12.5 |
| Latimer | 856.8 | 9.3 | 42.2* | 41.6* | 13.1 |
| Le Flore | 1,054.9 | 11.4 | 31.0 | 36.7 | 14.2 |
| Lincoln | 915.3 | 15.0 | 28.0 | 40.3 | 10.9 |
| Logan | 776.5 | 12.1 | 32.7 | 30.3 | 11.7 |
| Love | 934.7 | 17.9* | 25.6 | 39.1* | 18.0 |
| Major | 911.8 | 14.8 | 26.9* | 28.2 | 6.8 |
| Marshall | 1,041.8 | 10.1 | 33.8* | 30.1 | 13.9 |
| Mayes | 1,033.6 | 18.1 | 36.9 | 35.3 | 12.7 |
| McClain | 863.9 | 22.6* | 34.8 | 26.3 | 7.5 |
| McCurtain | 870.9 | 6.9 | 33.4 | 33.8 | 10.5 |
| McIntosh | 992.7 | 14.1 | 37.4 | 38.3 | 8.8 |
| Murray | 1,042.2 | 9.4 | 32.1* | 24.6 | 10.8 |
| Muskogee | 1,072.6 | 14.5 | 29.6 | 36.2 | 12.1 |
| Noble | 853.1 | 8.0 | 39.1* | 34.7* | 11.6 |
| Nowata | 910.7 | 20.4 | 33.1 | 29.2 | 10.0 |
| Okfuskee | 1,109.8 | - | 31.7 | 44.7* | 15.9 |
| Oklahoma | 900.5 | 16.7 | 28.4 | 30.4 | 9.3 |
| Okmulgee | 1,030.3 | 11.9 | 33.7 | 36.6 | 13.1 |

Supplement Table 1 continued: Total Mortality Rate and Adult Prevalence of Sufficient Fruit and Vegetable Consumption (5 or More Daily Servings), Obesity, Physical Inactivity, and Diabetes by County.

| County | Total Mortality ¹ (deaths/100,000) | Fruit & Vegetable Consumption ² (percent) | Obesity ³ (percent) | Physical Inactivity ³ (percent) | Diabetes ³ (percent) |
|----------------|--|--|-----------------------------------|--|------------------------------------|
| Osage | 830.0 | 10.6 | 32.8 | 35.3 | 11.2 |
| Ottawa | 1,082.7 | 16.7 | 32.2 | 40.9 | 13.7 |
| Pawnee | 1,058.3 | 11.7 | 32.3 | 35.8 | 14.9 |
| Payne | 808.1 | 14.8 | 27.4 | 23.9 | 9.1 |
| Pittsburg | 988.6 | 16.7 | 30.2 | 32.9 | 11.6 |
| Pontotoc | 1,018.0 | 11.6 | 35.0 | 33.5 | 8.5 |
| Pottawatomie | 988.8 | 18.5 | 34.2 | 31.1 | 9.6 |
| Pushmataha | 1,009.9 | 11.0 | 25.2 | 32.4 | 13.6 |
| Roger Mills | 730.2 | 20.7* | 35.5* | 39.2* | 12.1 |
| Rogers | 811.7 | 15.1 | 29.4 | 28.4 | 9.7 |
| Seminole | 1,061.7 | 12.9 | 37.7 | 32.1 | 9.3 |
| Sequoyah | 1,010.3 | 18.7 | 32.9 | 37.7 | 12.1 |
| Stephens | 977.4 | 16.1 | 27.6 | 32.8 | 10.8 |
| Texas | 791.6 | 16.6 | 27.5 | 29.7 | 4.0 |
| Tillman | 935.4 | 21.2* | 34.5* | 31.6* | 17.1 |
| Tulsa | 881.8 | 16.4 | 27.2 | 27.8 | 9.3 |
| Wagoner | 824.3 | 15.3 | 31.2 | 30.9 | 12.1 |
| Washington | 826.5 | 21.6 | 26.7 | 28.1 | 8.7 |
| Washita | 905.5 | 23.6* | 24.5 | 27.1 | 7.3 |
| Woods | 897.6 | 20.9* | 21.7 | 32.6 | 7.0 |
| Woodward | 946.4 | 16.8 | 32.5 | 31.6 | 11.8 |
| Oklahoma State | 914.5 | 15.5 | 29.7 | 30.4 | 10.1 |

*Rate is unstable due to the large measurement error associated with the estimate.

Data Sources:

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3. Oklahoma State Department of Health, Health Care Information, Behavioral Risk Factor Surveillance System (BRFSS): 2005-2010.

Supplement Table 2: Teen Birth Rate, Infant Mortality Rate, Prevalence of Low Birth Weight (Births Weighing < 5 lb., 8 oz.), Unintentional Injury Mortality, and Prevalence of Adult Smokers by County.

| County | Teen Births ¹ (births/1,000 females 15-19 yrs) | Infant Mortality ² (deaths/1,000 live births) | Low Birth Weight ¹ (percent) | Unintentional Injury Mortality ² (deaths/100,000) | Adult Smokers ³ (percent) |
|-----------|---|--|---|--|---|
| Adair | 66.6 | 12.6 | 8.3 | 70.1 | 29.8 |
| Alfalfa | 24.8 | 18.2 | 7.6 | 89.0 | 25.5* |
| Atoka | 65.8 | - | 7.4 | 70.7 | 23.4 |
| Beaver | 45.0 | - | 7.7 | 76.8 | 27.8* |
| Beckham | 98.9 | 10.4 | 9.8 | 68.8 | 31.2 |
| Blaine | 68.5 | 14.2 | 9.2 | 76.0 | 23.7 |
| Bryan | 62.1 | 5.3 | 7.6 | 66.1 | 29.1 |
| Caddo | 74.1 | 9.0 | 7.4 | 91.5 | 26.8 |
| Canadian | 32.2 | 5.4 | 7.9 | 46.5 | 22.0 |
| Carter | 74.3 | 5.5 | 9.4 | 89.3 | 24.4 |
| Cherokee | 48.1 | 7.2 | 8.6 | 56.0 | 29.7 |
| Choctaw | 96.8 | 10.2 | 8.6 | 73.9 | 28.7 |
| Cimarron | 68.5 | - | 8.4 | 45.9 | 25.4* |
| Cleveland | 22.8 | 4.9 | 7.2 | 43.8 | 20.4 |
| Coal | 69.8 | - | 8.0 | 102.4 | 22.5* |
| Comanche | 51.5 | 9.8 | 8.4 | 42.0 | 31.0 |
| Cotton | 60.8 | - | 7.0 | 77.7 | 20.1* |
| Craig | 68.5 | 10.0 | 7.5 | 81.3 | 23.9 |
| Creek | 52.5 | 8.9 | 8.7 | 66.3 | 29.4 |
| Custer | 51.2 | 7.3 | 7.5 | 57.5 | 18.9 |
| Delaware | 58.7 | 6.5 | 7.7 | 69.5 | 24.7 |
| Dewey | 56.1 | - | 6.4 | 136.6 | 22.0* |
| Ellis | 41.1 | - | 4.5 | 92.0 | 18.4* |
| Garfield | 65.1 | 8.1 | 7.8 | 57.5 | 23.3 |
| Garvin | 63.6 | 7.6 | 9.2 | 98.8 | 25.5 |
| Grady | 44.8 | 5.8 | 8.2 | 74.0 | 25.9 |
| Grant | 28.5 | - | 9.7 | 72.6 | 20.0* |
| Greer | 80.1 | - | 9.2 | 58.1 | 28.9* |

Supplement Table 2 continued: Teen Birth Rate, Infant Mortality Rate, Prevalence of Low Birth Weight (Births Weighing < 5 lb., 8 oz.), Unintentional Injury Mortality, and Prevalence of Adult Smokers by County.

| County | Teen Births ¹ (births/1,000 females 15-19 yrs) | Infant Mortality ² (deaths/1,000 live births) | Low Birth Weight ¹ (percent) | Unintentional Injury Mortality ² (deaths/100,000) | Adult Smokers ³ (percent) |
|------------|---|--|---|--|---|
| Harmon | 79.6 | - | 5.3 | 48.0 | 10.3* |
| Harper | 40.0 | - | 6.5 | 96.6 | 16.8* |
| Haskell | 62.4 | 9.4 | 9.8 | 77.2 | 19.7 |
| Hughes | 61.6 | 8.0 | 7.5 | 77.4 | 36.6* |
| Jackson | 72.7 | 8.1 | 9.7 | 53.8 | 25.4 |
| Jefferson | 54.1 | 15.5 | 9.3 | 105.1 | 24.8* |
| Johnston | 61.3 | 9.7 | 9.1 | 79.3 | 24.3* |
| Kay | 75.1 | 7.2 | 8.0 | 67.6 | 24.3 |
| Kingfisher | 46.4 | - | 5.7 | 54.0 | 18.0 |
| Kiowa | 58.1 | 12.7 | 7.5 | 97.4 | 26.9* |
| Latimer | 38.9 | - | 9.0 | 75.0 | 21.5 |
| Le Flore | 70.4 | 5.7 | 7.4 | 71.8 | 26.0 |
| Lincoln | 42.5 | 7.1 | 7.7 | 71.3 | 27.6 |
| Logan | 24.6 | 6.7 | 7.7 | 50.8 | 23.4 |
| Love | 66.3 | - | 7.6 | 72.2 | 35.5* |
| Major | 50.9 | 19.5 | 8.4 | 60.4 | 11.4 |
| Marshall | 72.5 | 6.0 | 6.7 | 59.7 | 24.1* |
| Mayes | 60.8 | 7.2 | 7.4 | 75.2 | 30.1 |
| McClain | 40.3 | 10.8 | 8.3 | 58.7 | 18.3 |
| McCurtain | 78.7 | 9.6 | 7.6 | 84.4 | 23.5 |
| McIntosh | 62.2 | 11.4 | 8.3 | 77.8 | 29.2 |
| Murray | 66.4 | 9.7 | 8.8 | 83.7 | 24.9 |
| Muskogee | 65.3 | 7.5 | 8.5 | 64.8 | 32.0 |
| Noble | 48.5 | 9.7 | 6.8 | 42.1 | 28.0* |
| Nowata | 46.8 | 10.1 | 8.0 | 65.4 | 29.2 |
| Okfuskee | 64.3 | 7.0 | 7.8 | 80.2 | 31.9* |
| Oklahoma | 60.2 | 7.9 | 8.9 | 49.8 | 24.1 |
| Okmulgee | 70.8 | 8.5 | 8.2 | 72.0 | 27.7 |

Supplement Table 2 continued: Teen Birth Rate, Infant Mortality Rate, Prevalence of Low Birth Weight (Births Weighing < 5 lb., 8 oz.), Unintentional Injury Mortality, and Prevalence of Adult Smokers by County.

| County | Teen Births ¹ (births/1,000 females 15-19 yrs) | Infant Mortality ² (deaths/1,000 live births) | Low Birth Weight ¹ (percent) | Unintentional Injury Mortality ² (deaths/100,000) | Adult Smokers ³ (percent) |
|----------------|---|--|---|--|---|
| Osage | 39.3 | 7.3 | 8.8 | 57.4 | 27.2 |
| Ottawa | 67.8 | 9.9 | 8.1 | 74.3 | 32.2 |
| Pawnee | 50.5 | 7.1 | 7.0 | 128.0 | 27.2 |
| Payne | 20.7 | 5.0 | 5.9 | 50.8 | 18.2 |
| Pittsburg | 68.4 | 8.6 | 9.3 | 66.5 | 29.2 |
| Pontotoc | 52.2 | 7.6 | 7.2 | 82.3 | 27.1 |
| Pottawatomie | 55.1 | 9.0 | 7.5 | 66.6 | 30.0 |
| Pushmataha | 69.1 | 10.4 | 9.6 | 77.8 | 39.4 |
| Roger Mills | 66.2 | - | 4.7 | 93.4 | 17.7* |
| Rogers | 32.9 | 7.1 | 8.1 | 47.2 | 24.8 |
| Seminole | 62.0 | 7.5 | 7.4 | 80.8 | 28.3 |
| Sequoyah | 66.2 | 5.5 | 7.5 | 62.4 | 30.7 |
| Stephens | 56.2 | 9.0 | 8.5 | 74.5 | 20.0 |
| Texas | 80.1 | 7.3 | 6.4 | 67.4 | 18.4 |
| Tillman | 62.0 | - | 6.4 | 67.7 | 25.4* |
| Tulsa | 51.2 | 7.3 | 9.0 | 54.5 | 23.7 |
| Wagoner | 33.4 | 5.6 | 7.3 | 56.1 | 27.3 |
| Washington | 49.8 | 6.1 | 7.2 | 52.1 | 23.0 |
| Washita | 56.6 | 9.9 | 8.8 | 55.5 | 28.2* |
| Woods | 43.2 | - | 8.8 | 79.8 | 16.2 |
| Woodward | 84.3 | 7.8 | 7.9 | 80.8 | 26.9 |
| Oklahoma State | 52.2 | 7.5 | 8.3 | 58.7 | 25.0 |

*Rate is unstable due to the large measurement error associated with the estimate.

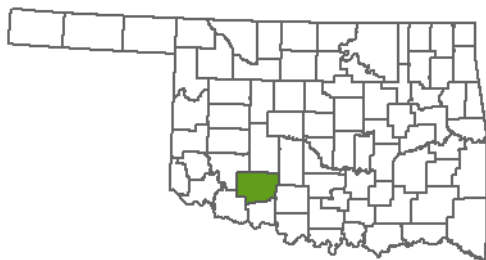
Data Sources:

1. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Birth Statistics,—Final: 2008-2012. www.health.ok.gov/ok2share.
2. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Death Statistics – Final: 2008-2012. www.health.ok.gov/ok2share.
3. Oklahoma State Department of Health, Health Care Information, Behavioral Risk Factor Surveillance System (BRFSS): 2005-2010.

2014 STATE OF THE STATE'S HEALTH

OKLAHOMA STATE DEPARTMENT OF HEALTH





COMANCHE COUNTY

| | PREVIOUS | CURRENT | GRADE |
|---|----------|---------|-------|
| MORTALITY | | | |
| INFANT (RATE PER 1,000) | 7.8 | 9.8 | F |
| TOTAL (RATE PER 100,000) | 946.2 | 889.8 | F |
| LEADING CAUSES OF DEATH (RATE PER 100,000) | | | |
| HEART DISEASE | 251.6 | 234.7 | F |
| MALIGNANT NEOPLASM (CANCER) | 208.4 | 183.6 | D |
| CEREBROVASCULAR DISEASE (STROKE) | 59.3 | 46.1 | D |
| CHRONIC LOWER RESPIRATORY DISEASE | 72.9 | 63.9 | F |
| UNINTENTIONAL INJURY | 52.7 | 42.8 | C |
| DIABETES | 33.6 | 29.6 | F |
| INFLUENZA/PNEUMONIA | 31.3 | 20.4 | F |
| ALZHEIMER'S DISEASE | 20.7 | 24.3 | C |
| NEPHRITIS (KIDNEY DISEASE) | 15.1 | 14.4 | C |
| SUICIDES | 14.0 | 16.7 | D |
| DISEASE RATES | | | |
| DIABETES PREVALENCE | 9.6% | 9.9% | C |
| CURRENT ASTHMA PREVALENCE | 9.8% | 10.3% | D |
| CANCER INCIDENCE (RATE PER 100,000) | 474.7 | 429.3 | B |
| RISK FACTORS & BEHAVIORS | | | |
| MINIMAL FRUIT CONSUMPTION | NA | 50.5% | F |
| MINIMAL VEGETABLE CONSUMPTION | NA | 28.1% | F |
| NO PHYSICAL ACTIVITY | 29.0% | 26.1% | D |
| CURRENT SMOKING PREVALENCE | 27.1% | 24.2% | D |
| OBESITY | 30.7% | 31.8% | D |
| IMMUNIZATIONS < 3 YEARS | 66.8% | 62.3% | F |
| SENIORS INFLUENZA VACCINATION | 62.1% | 67.5% | B |
| SENIORS PNEUMONIA VACCINATION | 73.2% | 75.5% | A |
| LIMITED ACTIVITY DAYS | 16.7% | 18.1% | D |
| POOR MENTAL HEALTH DAYS | 25.8% | 24.1% | C |
| POOR PHYSICAL HEALTH DAYS | 23.2% | 23.7% | D |
| GOOD OR BETTER HEALTH RATING | 81.4% | 82.6% | C |
| TEEN FERTILITY (RATE PER 1,000) | 27.0 | 24.9 | F |
| FIRST TRIMESTER PRENATAL CARE | 64.9% | 70.1% | D |
| LOW BIRTH WEIGHT | 8.5% | 8.0% | C |
| ADULT DENTAL VISITS | 61.5% | 63.2% | D |
| USUAL SOURCE OF CARE | 76.2% | 76.1% | C |
| OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS) | 4.7 | 4.2 | C |
| PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000) | 1729.2 | 1525.6 | C |
| SOCIOECONOMIC FACTORS | | | |
| NO INSURANCE COVERAGE | 19.7% | 16.0% | C |
| POVERTY | 18.3% | 17.6% | F |

Mortality and Leading Causes of Death

- Comanche County ranked 30th in the state for total mortality (age-adjusted) with a rate that is 19% higher than the nation.
- Comanche County's leading causes of death were heart disease, cancer, and chronic lower respiratory disease.
- Comanche County had the 2nd lowest rate of deaths due to unintentional injury with a rate that is 23% lower than the rest of the state, but still 9% higher than the national rate.

Disease Rates

- 1 in 10 Comanche County adults (10%) reported having asthma, which was the highest rate in the state.
- Comanche County had a lower diabetes disease prevalence rate than most other counties in the state.

Risk Factors, Behaviors and Socioeconomic Factors

- Comanche County had the 3rd worst percentage of children under 3 years of age that had completed their primary immunization series.
- Comanche County ranked in the top ten best for adult dental visits.
- Approximately 1 in 6 people in Comanche County lived in poverty (18%).
- Approximately 1 in 6 adults reported 3+ days with limited activity in the past month (18%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (24%) and nearly 1 in 4 reported 4+ days of poor mental health (24%) in the previous month.

Changes from Previous Year

- The rate of infant deaths worsened by 26% from the previous year.
- The prevalence of asthma improved by 5%.
- The rate of cancer incidence improved by 10%.
- The percentage of uninsured adults worsened by 19%.

Comanche County Asset Mapping

Purpose

Asset mapping provides information about the strengths and resources of a community and can help uncover solutions. Once community strengths and resources are inventoried and depicted in a map, you can more easily think about how to build on these assets to address community needs and improve health. Finally, asset mapping promotes community involvement, ownership, and empowerment.

What is a community asset?

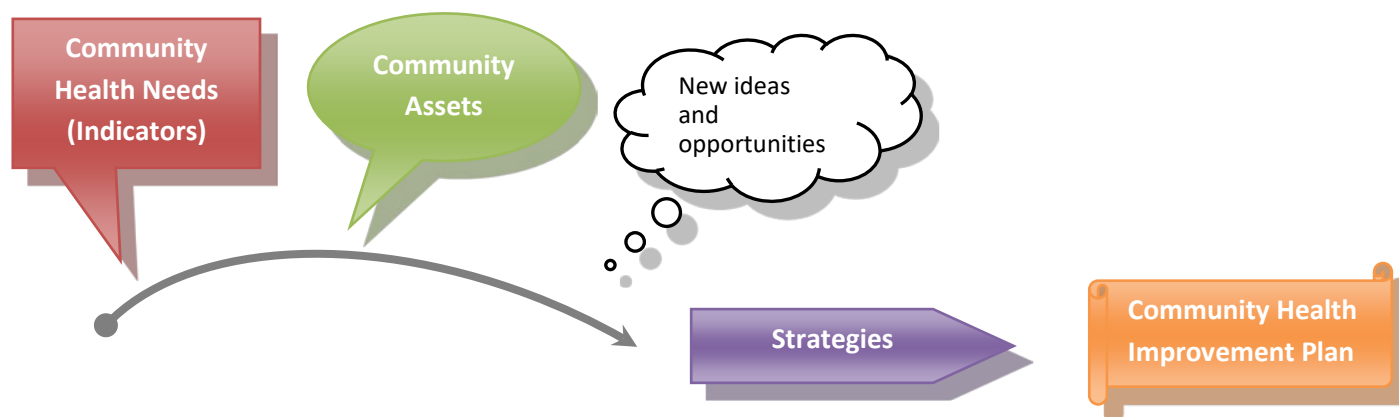
A community asset or resource is anything that **improves the quality of community life**.

Assets include:

- The capacities and abilities of community members.
- A physical structure or place. For example, a school, hospital, or church. Maybe a library, recreation center, or social club.
- A business that provides jobs and supports the local economy.
- Associations of citizens. For example, a Neighborhood Watch or a Parent Teacher Association.
- Local private, public, and nonprofit institutions or organizations.

What are our plans for using these assets?

When we get to the step of action planning and choosing strategies, it will be essential that we can build from and connect assets in our communities. Without a collective knowledge of what's out there, what's being done, and where it is, we will risk duplication or missing important opportunities.



2015 Comanche County Community Map

| Asset Inventory | |
|----------------------------------|---|
| Individual Assets | |
| Citizen Assets | |
| Tobacco Sensation Endowment Fund | |
| Neighborhood Associations | |
| Cultural Organizations | |
| Faith-based Organizations | |
| Institutional Assets | |
| Health Care Services | Hospitals Urgent Care Centers Private Physicians Community Health Centers & Free Clinics Public Health Departments Community Mental Health and Mental Health Providers Substance Abuse Treatment and Recovery Providers Nursing Homes, Rehabilitation, Home Health & Hospice |
| Cultural Assets | Museums Performing Arts Organizations Historical Organizations Public Spaces Community Events and Festivals Media Organizations |
| Recreational Assets | School-based athletics and Community Ed. Programs Community Centers Parks and Public Recreation Programs Walking/biking trails & Sidewalks YMCA & Non-profit Recreation and Fitness Orgs Private Membership Fitness Clubs |
| Food System Assets | Full-service Grocery Stores Community Gardens Farmer’s Markets Restaurants with healthy food choices Food-Related Organizations |
| Public Safety Assets | Police and fire departments Environmental Protection Organizations |
| Employment Assets | Major Employers Small Employers Self-Employed & Startups Unemployment and Job-placement Services Chambers of Commerce and Business Associations |
| Transportation Assets | Public Transportation Providers Health Visit Transportation Providers Regional Transportation and Land Use Planning |
| Housing Assets | Homeless Prevention and Housing Organizations Weatherization, Home Improvement, and Home Safety Programs Rental Housing Landlords and Developments |
| Educational Assets | Childcare and Preschool Providers (0-5) K-12 School Districts Colleges and Universities Public Libraries |
| Organizational Assets | Informal groups and meetings Multi-sector Coalitions (i.e. Substance Abuse Prevention, Great Start, etc) Human Services Collaboratives Local Charities, Grant-makers, Foundations |

GROUP #1**HEALTH CARE SERVICES**

Hospitals
Urgent Care Centers
Private Physicians
Community Health Centers & Free Clinics
Public Health Departments
Community Mental Health and Mental Health Providers
Substance Abuse Treatment and Recovery Providers
Nursing Homes, Rehabilitation, Home Health & Hospice

CULTURAL ASSETS

Museums
Performing Arts Organizations
Historical Organizations
Public Spaces
Community Events and Festivals
Media Organizations

GROUP #2**RECREATIONAL ASSETS**

School-based athletics and Community Ed. Programs
Community Centers
Parks and Public Recreation Programs
Walking/biking trails & Sidewalks
YMCA & Non-profit Recreation and Fitness Orgs
Private Membership Fitness Clubs

FOOD SYSTEM ASSETS

Full-service Grocery Stores
Community Gardens
Farmer's Markets
Restaurants with healthy food choices
Food-Related Organizations

GROUP #3**PUBLIC SAFETY ASSETS**

Police and fire departments
911 Emergency Services
Animal Control
Environmental Protection Organizations

EMPLOYMENT ASSETS

Major Employers
Small Employers
Self-Employed & Startups
Unemployment and Job-placement Services
Chambers of Commerce and Business Associations

GROUP #4**TRANSPORTATION ASSETS**

Public Transportation Providers
Health Visit Transportation Providers
Regional Transportation and Land Use Planning

HOUSING ASSETS

| |
|--|
| Homeless Prevention and Housing Organizations |
| Weatherization, Home Improvement, and Home Safety Programs |
| Rental Housing Landlords and Developments |

GROUP #5

EDUCATIONAL ASSETS

| |
|---|
| Childcare and Preschool Providers (0-5) |
| K-12 School Districts |
| Colleges and Universities |
| Public Libraries |

ORGANIZATIONAL ASSETS

| |
|---|
| Informal groups and meetings |
| Multi-sector Coalitions (i.e. Substance Abuse Prevention, Great Start, etc) |
| Human Services Collaboratives |
| Local Charities, Grant-makers, Foundations |
