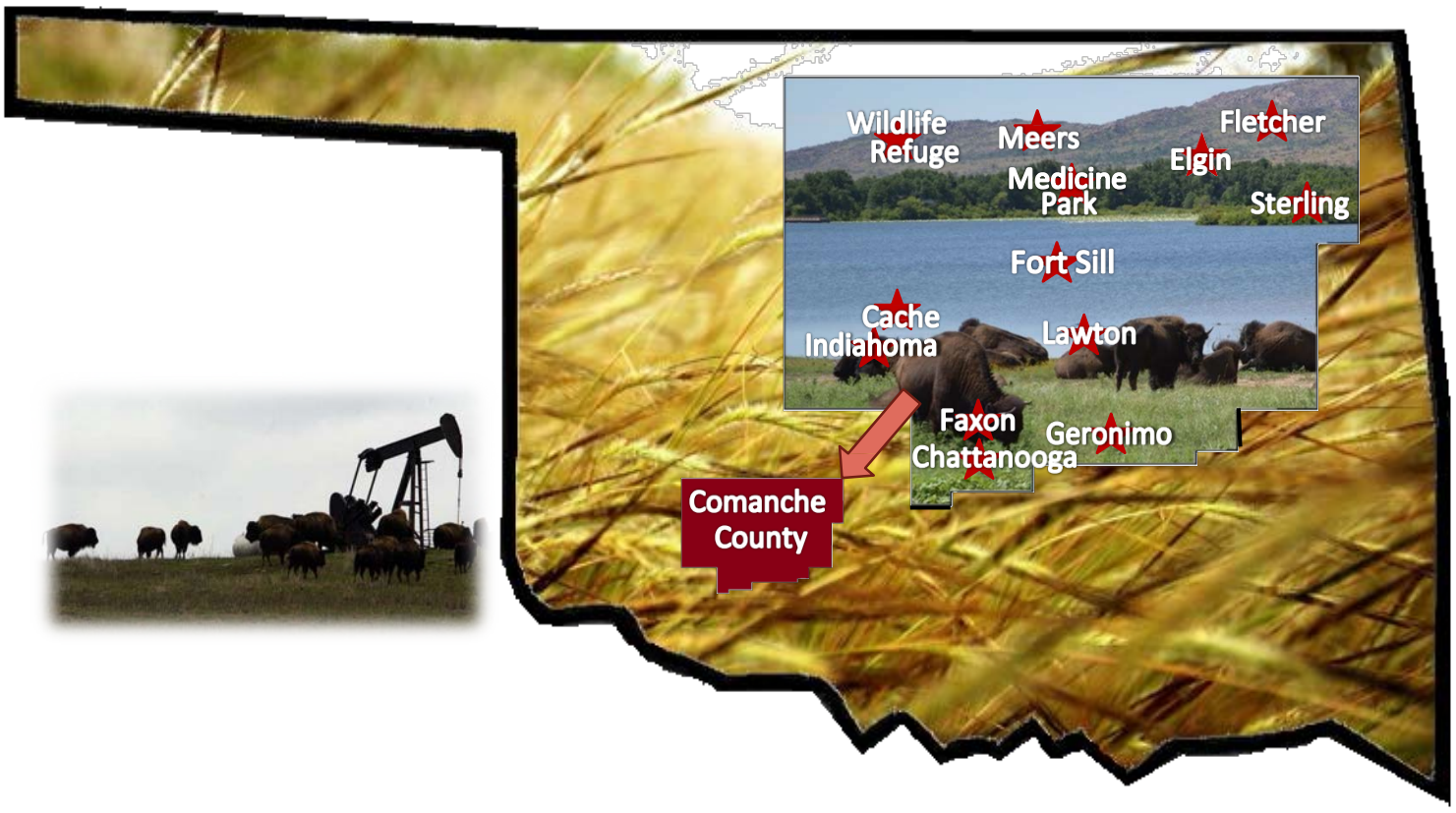
Comanche County

Oklahoma



Community Health Needs Assessment

2018

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Five Priority Elements

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Community Contributors

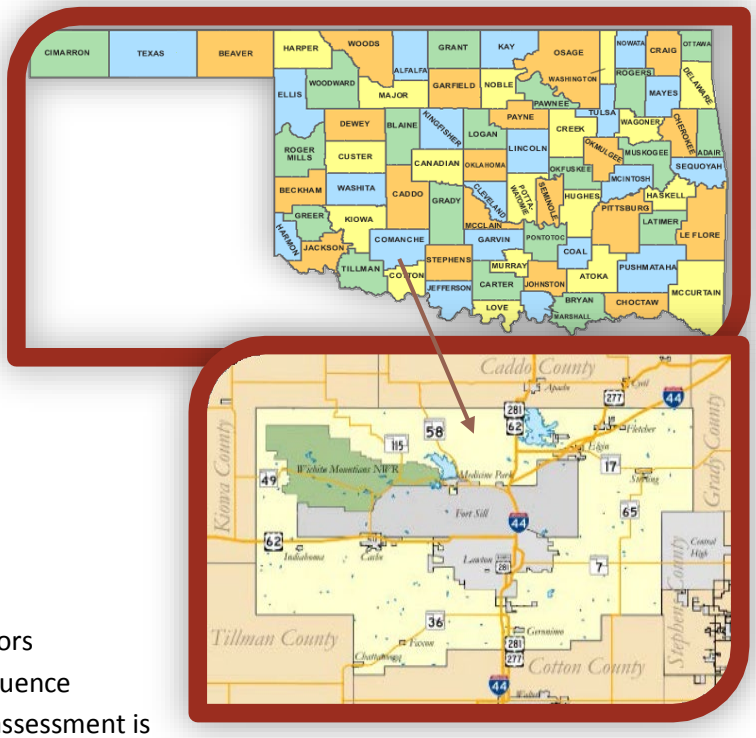
A special thank you to all the Community Contributors who volunteer their time and energy. We are fortunate to have partners who are committed to the task of creating a state of good health in Comanche County.

Alpha Kappa Alpha Sorority
Cache High School
Cameron University
City of Lawton
Comanche County Health Department
Comanche County Juvenile Bureau
Comanche County Memorial Foundation
Comanche County Memorial Hospital
Comanche County OSU Cooperative
Family Promise
Farmers Market
Fit Kids of Southwest Oklahoma
Fletcher City Council
Food Services, Lawton Public Schools
Fort Sill Oklahoma Military Installation
Great Plains Technology Center
Indian Health Service
Jim Taliaferro Community Mental Health Center
Lawton City Council
Lawton Community Health Center
Lawton Family YMCA
Lawton Fire Department
Lawton Fort Sill Chamber of Commerce
Lawton Police Department
Lawton Public Library
Lawton Public Schools
Lawton-Fort Sill Community Coalition
Magic 95 (Fitness Revolution)
Marie Detty Youth and Family Center
MIGHT Community Development Resource Center
Oklahoma State University
Office of Partnership Engagement
Partnerships and Possibilities
Patterson Center
Platt College
Regional AIDS Intercommunity Network
Salvation Army
Southwestern Medical Center
Specialized Alternatives for Families and Youth
Tobacco Settlement Endowment Trust (TSET)
United Way of Southwest Oklahoma
Wichita Mountains Prevention Network
Wichita Mountains Wildlife Refuge

Introduction

Comanche County

In 2015 as part of an ongoing process, Comanche County once again engaged community partner's to assess the health of the county using the Mobilizing for Action through Planning and Partnerships (MAPP) model. Organizations collected information using the following four assessments:



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

These assessments provided a comprehensive look at Comanche County's current health outcomes, the factors affecting those outcomes, real or perceived, which influence the health of the community. The community health assessment is a systematic examination of the health status indicators for Comanche County. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues.

Although there are many health related issues needing attention, after review of the data in the fall of 2015, the following areas were identified by stakeholders as the leading nine areas for improvement:

- Mental Health
- Obesity
- Poverty
- Sexual Health
- Infant Mortality
- Violence and Crime
- Dental Health
- Injury Related Mortality
- Substance Abuse (Tobacco, Alcohol, Drugs)

Following a detailed review and further discussion of these nine elements, stakeholders voted to focus on the following five priorities:

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

In order to ensure we are addressing these five priorities, we reviewed and updated the 2015 CHNA in October of 2018.

Description and Community Demographics

Comanche County is a mixed urban and rural setting located in southwest Oklahoma. Comanche County is isolated from other more populous Oklahoma counties, and as such is a central hub of activity and resources for the Southwest region of the state. The majority of the population resides in Lawton-Fort Sill (pop. 96, 655) with the remainder spread out among the rural areas of the county. The county boasts ten cities and communities as

well as the Fort Sill military installation and Wichita Mountains Wildlife Refuge. Also located in Comanche County is Cameron University, the largest four year university in southwest Oklahoma.

With 1,069 square miles of land, the landscape of the county is typical of the Great Plains with flat topography and gently rolling hills, while the northwest part of the county is marked by the Wichita Mountains. Interstate 44 and three major US Highways serve the county by ground, while the Lawton-Fort Sill Regional Airport serves the county by air.

In terms of healthcare facilities, Comanche County has a county health department, three hospitals; the largest being county owned, followed by a privately owned hospital and an Indian Health Service hospital. Other healthcare providers include a federally qualified health centers, two residency programs at Comanche County Memorial Hospital, limited mental health providers, and several urgent care clinics and dental clinics. See Appendix A for the following demographics:

County Population[1]: 122,136

- Cache
- Chattanooga
- Elgin
- Faxon
- Fletcher
- Geronimo
- Indiahoma
- Lawton-Fort Sill
- Medicine Park
- Sterling

Populations by Race[1]:

White:	*56.6%*
Hispanic or Latino:	*12.7% (ethnicity, not race)*
Black or African American:	*17.9%*
American Indian & Alaska Native:	*6.5%*
Asian:	*2.7%*
Two or more races:	*6.5%*

Average Household Income[3] **$48,038**

Persons in Poverty[3]: **16.1%** (state: 16.3%)

Children Living in Poverty (under age 18)[6]: **24% (state: 22%)**

Persons without Health Insurance under age 65[2]: **19% (state 21%)**

High School Graduate or Higher[1]: **89.6% (state 87.3%)**

Mortality and Leading Causes of Death

According to the 2017 Oklahoma State of the County Report, Appendix B, Comanche County's leading causes of death are reported to be **heart disease**, **cancer** and **chronic lower respiratory disease**. **Infant mortality** remains a concern as the death rate was 9.8 per 1,000 live births with is higher than the state rate of 7.5.[3] The percentage of **motor vehicle crash deaths with alcohol involvement** in Comanche County in 2014 was 43% with a state rate of 33%. Co**manche County receives a "D" in the State of the County's Health report in the number of deaths from heart attacks (203.3 per 100,000 population).**

Education

Education is becoming more and more recognized as an important social determinant of health, more specifically, educational attainment. Educational attainment being the years or overall schooling a person completed, rather than actual instruction on a particular health topic. According to a Robert Wood Johnson Foundation Issue Brief, "Exploring the Social Determinants of Health", adults' educational attainment is linked with their children's health, beginning early in life. Additionally, higher educational attainment significantly influences employment opportunities as well as increases ability to make more informed decisions about one's health. In Comanche County, according to Census data, 89.6% of persons over the age of 25 years are high school graduates or higher with 20.7% of that same age group with a bachelor's degree or higher.

Income

The relationship and impact between income, wealth and health goes beyond the ability to afford health insurance and medical care, although this is an important consideration. The connection between income, wealth and health essentially determines what home we live in and whether we can afford to buy in a safe neighborhood. Economic resources dictate the availability of leisure time for physical activity or time with children and if healthier foods are purchased and available. As mentioned previously, approximately **15.1% of Comanche County's population lives in poverty with 23.4% of children living in poverty**.[1,2]

The percentage of the population under age 65 without health insurance in Comanche County is 15% compared to the state at 14.8%.[2] According to CDC data reports, 16.1% of Comanche County adults reported they did not see a doctor due to cost.[4] Comanche County has an unemployment rate of 9%.[2]

General Health Status in Comanche County

Total mortality rates for Comanche County residents is 913.6 per 100,000 population according to the State of the State Health Report, Comanche County data as compared to 888.4 for the state rate. These numbers earn Comanche County and the state of Oklahoma an "F" for total mortality. Comanche County also earned an "F" on key health outcomes such as teen births, infant mortality, minimal fruit consumption and a "D" for minimal vegetable consumption.

Comanche County received high marks in senior's influenza vaccinations and senior's pneumococcal vaccinations, binge drinking and first trimester prenatal care. The percentage of uninsured adults in Comanche County is 13.1% (compared to the state rate of 14.8%)

Comanche County earned an "F" (23.4%, state rate of 19.6%) in the number of current adult smokers, an "F" in frequent poor mental health days (> 14 days in the past 30 days) with a rate of 15% with the state rate of 14.3%.

Comanche County fared well when ranked 5th in the state on Clinical Care measures (number of primary care providers, preventable hospital stays, mammography, etc.). [2]Reference Appendix D

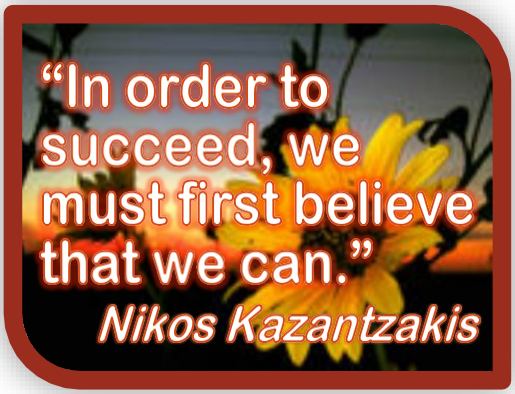
Comanche County fared well when ranked 7th in the state on Clinical Care measures (number of primary care providers, preventable hospital stays, mammography, etc.). [2]Reference Appendix D.

According to the Oklahoma Prevention Needs Assessment, in 2016 approximately 7% of students' grades 6th – 12th in Comanche County reported carrying a handgun in the last 12 months. [14]

According to the Oklahoma Prevention Needs Assessment, 2016 5 % of 6th graders, 8.3% of 8th graders, 5.8% of 10th graders and 8% of 12th graders reported they had carried a handgun. Sixth Graders were the only group to have a lower percentage than the state rate.

Obesity

Obesity has important consequences on our nation's health and economy. It is linked to a number of chronic diseases, including coronary heart disease, stroke, diabetes, and some cancers. It is evident obesity has a major impact in Comanche County, considering the number one leading cause of death in the county is heart disease, which is compounded by a poor diet, physical inactivity and tobacco use. According Comanche County's Health Profile, State of the State's Health, in 2016 the rate of adult obesity was 32%; 49% of adults reported eating minimal fruit consumption (<1 a day) and 25.3% reported eating minimal vegetable consumption (<1 day day) and 26.1% report getting no physical activity at all. It is important to note that the prevalence of diabetes has decreased in Comanche County to 9.4% as compared to the state rate of 12%.



FIVE PRIORITY ELEMENTS

Mental Health

In Comanche County 17,946 have mental illness with an estimated 4,098 adults having serious mental illness.

Our community is aware of this. In 2015, residents were asked "What do you think are the 3 biggest health problems in Comanche County", 20.9% responded mental health. In the State of the State's Health County Health Report, 15% of respondents reported poor mental health days. [5] In fact, 13.8% of Comanche County residents had serious thoughts of suicide within the year prior to being surveyed. According to the State of the State's County Health Report in 2016 Comanche County had a suicide rate per 100,000 population of 13.8 as compared to the state rate of 20.5 per 100,000 population. Despite these known concerns, care is not always sought after because of the stigma surrounding mental health.

People's beliefs and attitudes toward mental illness set the stage for how they interact with, provide opportunities for, and help support a person with mental illness. Attitudes and beliefs about mental illness are shaped by personal knowledge, knowing and interacting with someone living with mental illness, cultural stereotypes, and other factors. Stigma has been described as "a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness."[6]

17,496

In Comanche County an estimated 17,496 adults have mental illness with an estimated 4,098 adults having a Serious Mental Illness. [7]

When stigma leads to social exclusion or discrimination, whether from mental illness or some other condition, it results in unequal access to resources that all people need to function well and is adversely affecting quality of life. [6]

This can be changed as attitudes and beliefs about mental illness are shaped by personal knowledge, interacting and knowing someone living with mental illness, cultural stereotypes, and other factors.

Early Intervention Reduces Impact

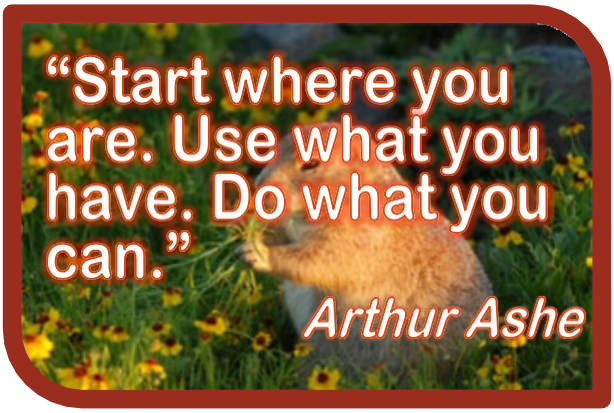
- Half of all lifetime cases of mental illness begin by age 14; three fourths by age 24
- Treatment and support are needed earlier
- Screening
- Brief interventions
- Coordinated referrals [8]

In Comanche County and estimated 6,147 youth have a mental illness [7]

6,147

Comanche County Community Assets

There are organizations available for counseling and treatment. There is a Mental Health community workgroup comprised of several organizations that are committed to identifying gaps in services, improving access to services and better outcomes. Jim Taliaferro Community Mental Health Center and Lawton Community Health Centers are valuable resources to the county and region as they provide counseling and mental health services to clients with or without insurance.



POVERTY

Poverty is one of the main causes of hunger in the United States. Many individuals and families have to make a trade-off between buying food and paying for other expenses such as health insurance, utility bills, medical expenses and others. Poverty affects access to nutritious meals and restricts resources to seeking healthcare; preventative, behavioral, medical, dental, etc.

Living in Poverty

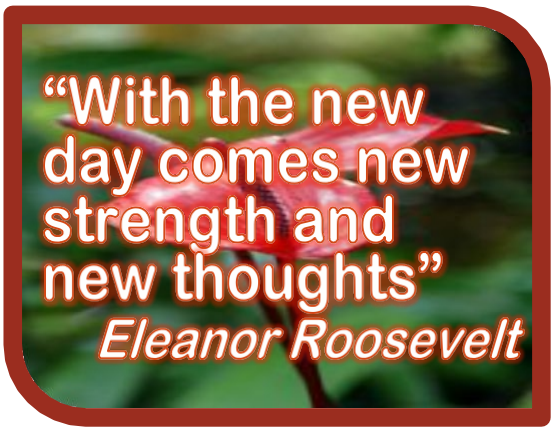
Increased mortality and poor health is associated with area-level poverty even after the data are adjusted for individual risk factors. Research also shows an increase in heart disease among residents in disadvantaged neighborhoods. Neighborhoods with low socioeconomic status are less likely to have access to parks and recreation facilities or to have an environment that supports active transportation (e.g., walking or biking to work), less likely to be close to commercial area schools, and work, and less likely to have safe walkable routes to utilize.[20]

13.1% **The percentage of Comanche County residents under the age of 65 had a no insurance coverage is 13.1%**[10]

The Median household income for Comanche County is $48,038 versus $46,879 for the state. Unemployment is 4.8% versus 4.5% in the state.[2] Children living in poverty is 13.4% under the age of 18 while the state is 22%.[6] Children that are living with grandparents in the community are 57.3%. In 2015 when residents were asked if jobs in the community pay enough to live on, 44% disagree. When asked one of the three biggest health problems considered by residents, 49.7% responded poverty. See Appendix F.

Comanche County Community Assets

County Activities include: LATS public transit has routes throughout Lawton including stops to the Lawton Food Bank to increase access to the facility for those in need, community and urban gardens at area schools, congregations, and local higher education organizations. The local Salvation Army and other community partners have implemented the Bridges Out of Poverty program offering workshops for those interested in breaking the poverty cycle. A Poverty Workgroup formed as a result of the Community Health Assessment in 2015 and meets on a monthly basis to develop strategies to address poverty in Comanche County. See appendix I for map of additional assets.



OBESITY

Obesity has important consequences on our nation's health and economy. It is linked to a number of chronic diseases, including coronary heart disease, stroke, diabetes, and some cancers. It is evident obesity has a major impact in Comanche County, considering the number one leading cause of death in the county is heart disease, which is compounded by a poor diet, physical inactivity, and tobacco use. According to Comanche County's Health Report (County Profile) released in 2016, the rate of adult obesity was 32%; 52.1% of adults report minimal fruit consumption and 25.3% report minimal vegetable consumption. In addition to this, the prevalence of diabetes has risen in Comanche County to 9.3% with the state rate being 10.1%.

Prevalence of Childhood Obesity

Childhood obesity has been called "one of the most serious public health challenges of the 21st century" and with good reason.[12] It is the greatest health threat facing our children as it can harm nearly ever system in a child's body – heart and lungs, muscles and bones, kidneys and digestive tract, as well as the hormones that control blood sugar and puberty.[13] Over the past three decades, childhood 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 on all seven of the seven days before the survey 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 per day on an average school day[14]

Comanche County Community Assets

In Comanche County 32% adults measures obese.[3] 32%

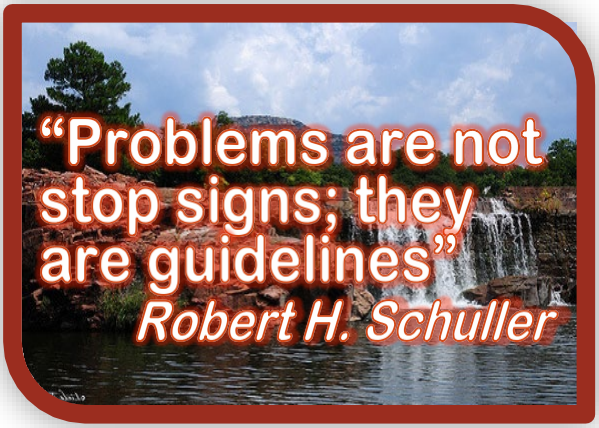
Fit Kids of Southwest Oklahoma was developed in 2006 to serve as a coordinating organization in an effort to create a more active and healthy community for children. The fact that the CDC and other leading health experts predict that this generation of children will be the first that will not have the same life expectancy as their parents due to the health implications of obesity is deplorable. This profound statement is the driving force behind the Fit Kids of Southwest Oklahoma Coalition. Fit Kids is comprised of many, key partners throughout the county to include: local organizations, community groups and private citizens, as well as health professionals, schools, local, county and state governmental agencies.

Comanche County has numerous resources available and is actively involved in addressing obesity. To name a few:

- Two Tobacco Settlement Endowment Trust (TSET) Healthy Living grants - designed to prevent cancer and cardiovascular disease by preventing and reducing tobacco use and obesity at the community level.
- Certified Healthy Oklahoma Program
- Fitness in Action Series - community wide resource for running, walking, biking
- Farmers Market
- Fort Sill Healthy Base Initiative
- City of Lawton actively addressing walkability and bikeability through development of comprehensive plans
- Duty Rowe Fit Kids Fitness Trailway through the Wildlife Refuge (over $12 million dollar project)
- See appendix I for map of assets.

VIOLENCE

Do healthy communities make a safe community or does a safe community create a healthy community? A 1979 Surgeon General's report made one of the first explicit links between public health and law enforcement: It identified violent behavior as a significant risk to health. Four years later, the Centers for Disease Control and Prevention (CDC) established the Violence Epidemiology Branch, which later became the Division of Violence Prevention. [15] Since then, law enforcement and public health agencies have increasingly recognized a shared interest in poverty, violence and other societal problems. Both fields respond to existing problems while also taking a preventive approach, stopping problems before they start.



Violence in Comanche County

Between 1998 and 2016 Comanche County had 65 intimate partner homicide victims.[16] The 2016 Comanche County arrests for juveniles was 114 and 623 for adults. Of those arrests, drug related for juveniles numbered 50 while adult numbered 592; alcohol related included 1 juvenile with adults numbering 431.[17] The number of violent crimes in the community was 825.

In 2016 the following students in Comanche County reported: Family conflict by grade:

6th: 45.6% 8th: 39.4% 10th: 45.8% 12th: 42.1%

Perceived availability of handguns by grade:
6th: 24.3% 8th: 38.8% 10th: 23.6% 12th: 30.1%

Reported feeling safe at school by grade:
6th : 77.6% 8th : 74% 10th : 68% 12th: 72.8%.[18]

Total 2016 arrests in Comanche County: 3,686 adults and 663 juveniles for a total of 4,349 arrests. [17]

4,513

In 2017 Comanche County had 1,155 child abuse and neglect referrals accepted for investigation. [19]

Comanche County Community Assets

Assets in the community include engaged Police Departments, City and Volunteer Fire Departments, Emergency Services along with other local, state and federal organizations fighting community crime and violence. There is also a workgroup made up of several organizations dedicated to examining the root causes of community violence and crime. This will enable the group to collectively deploy strategies to eliminate violence and crime from Comanche County creating a safe environment for residents.
See appendix I for asset map.

SUBSTANCE ABUSE (TOBACCO, ALCOHOL & PRESCRIPTION DRUGS)

Tobacco: Tobacco continues to be the leading preventable cause of death in Oklahoma, causing about 6,000 deaths in our state per year. Smoking kills more Oklahomans than alcohol, car accidents, illegal drugs, murders, AIDS and suicides combined. In 2016, 23.4% of Comanche County adults were smokers as compared to 25.2% in 2015. Unfortunately, it continues to be higher than the state rate of 19.6%. Of concern are other types of tobacco use, such as smokeless tobacco, e-cigarettes, vapor products and currently, especially in our youth population, JUUL. According to the 2015 Oklahoma Youth Tobacco Survey Trends Report (new citation for # 12) 27.9% high school students report current use of any tobacco products, to include snus, dissolvable tobacco, electronic cigarettes, vape products and hookahs.[20] A reported 19% of high school students in Oklahoma are current electronic cigarette smokers, as compared to 16% for United States.

Alcohol: According to the Oklahoma Prevention Needs Assessment, 2016, Comanche County has about the same percentage of youth riding with a drinking driver as the State of Oklahoma:[18]

Comanche County:
6th Graders - 14.8% 8th Graders - 19.9% 10th Graders - 18.6% 12 Graders - 20.4%

State:
6th Graders - 17.8% 8th Graders - 19.9% 10th Graders - 18.6% 12 Graders - 20.4%

Prescription Drug Abuse: According to 2016 OPNA data, Comanche County has higher percentages in every grade for non-medical use of prescription drugs:[18]

Comanche County:
6th Graders - 2.7% 8th Graders - 5.8% 10th Graders - 8.4% 12 Graders - 8.9%

State:
6th Graders - 2.5% 8th Graders - 4.9% 10th Graders - 6.5% 12 Graders - 7.3%

Comanche County drug poisoning mortality estimated age adjusted range has risen from 8.1-10 in 2009 to 12.1-14 in 2015 affecting up to 17,505 residents. [21]

17,505

Why Ending Addiction Changes Everything:

Addiction is a complex disease, often chronic in nature, which affects the functioning of the brain and body. It also causes serious damage to families, relationships, schools, workplaces and neighborhoods. The most common symptoms of addiction are severe loss of control, continued use despite serious consequences, preoccupation with using, failed attempts to quit, tolerance and withdrawal. Addiction can be effectively prevented, treated and managed by healthcare professionals in combination with family or peer support. [22]

Comanche County Community Assets

Comanche County currently holds ~~a~~ two TSET Healthy Living grant with a focus on changing the environment to one that promotes no tobacco use, better nutrition and more opportunities to be physically active. Comanche County boasts of a long time community coalition, Lawton-Fort Sill Community Coalition that engages citizens and leaders to implement reduction strategies while bolstering protective factors for the most at risk populations.

Specific actions to address these priority areas include: 24/7 tobacco free policy in every school system, reduction in youth smoking rates over 5 years, reduction in adult prevalence rates over 5 years, tobacco free policy on all city owned property, large businesses in Comanche County have adopted tobacco free policies, tobacco free city wide ordinance including e-cigs and vapor products. Community Advocates for Sober Teens and Able Commission partnered to provide training for LPD cadets on laws pertaining to alcohol, party dispersal, and social host. See appendix I for asset map.

Next Steps

We will begin working with our partners to plan & implement an in-depth five year update to the 2015 Comanche County Health Needs Assessment.

Citations

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QuickFacts

comanche county, Oklahoma

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

QuickFacts

Comanche County, Oklahoma

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

Table

ALL TOPICS	= Browse more datasets	COMANCHE COUNTY, OKLAHOMA
PEOPLE		
Population		
Population estimates, July 1, 2015, (V2015)		124,648
Population estimates base, April 1, 2010, (V2015)		124,098
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)		0.4%
Population, Census, April 1, 2010		124,098
Age and Sex		
Persons under 5 years, percent, July 1, 2015, (V2015)		7.5%
Persons under 5 years, percent, April 1, 2010		7.6%
Persons under 18 years, percent, July 1, 2015, (V2015)		24.2%
Persons under 18 years, percent, April 1, 2010		25.1%
Persons 65 years and over, percent, July 1, 2015, (V2015)		11.4%
Persons 65 years and over, percent, April 1, 2010		10.2%
Female persons, percent, July 1, 2015, (V2015)		48.1%
Female persons, percent, April 1, 2010		48.5%
Race and Hispanic Origin		
White alone, percent, July 1, 2015, (V2015) (a)		66.0%
White alone, percent, Aprdl 1, 2010 (a)		64.5%
Black or African American alone, percent, July 1, 2015, (V2015) (a)		17.9%
Black or African American alone, percent, April 1, 2010 (a)		17.5%
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)		6.3%
American Indian and Alaska Native alone, percent, April 1, 2010 (a)		5_g.%

Asian alone, percent, July 1, 2015, (V2015) (a)	2.7%
Asian alone, percent, April 1, 2010 (a)	2.2%
Native Hawaiian and other Pacific Islander alone, percent, July 1, 2015, (V2015) (a)	0.7%
Native Hawaiian and Other Pacific Islander alone, percent, April 1, 2010 (a)	0.6%
Two or More Races, percent, July 1, 2015, (V2015)	6.3%
Two or More Races, percent, April 1, 2010	6.5%
Hispanic or Latino, percent, July 1, 2015, (V2015) (b)	12.9%
Hispanic or Latino, percent, April 1, 2010 (b)	11.2%
White alone, not Hispanic or Latino, percent, July 1, 2015, (V2015)	56.6%
White alone, not Hispanic or Latino, percent, April 1, 2010	58.9%
Population Characteristics	
Veterans, 2011-2015	16,345
Foreign born persons, percent, 2011-2015	5.7%
Housing	
Housing units, July 1, 2015, (V2015)	51,696
Housing units, April 1, 2010	50,739
Owner-occupied housing unit rate, 2011-2015	56.1%
Median value of owner-occupied housing units, 2011-2015	$114,400
Median selected monthly owner costs -with a mortgage, 2011-2015	$1,110
Median selected monthly owner costs -without a mortgage, 2011-2015	$383
Median gross rent, 2011-2015	$770
Building permits, 2015	100
Families and Living Arrangements	
Households, 2011-2015	44,104
Persons per household, 2011-2015	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2011-2015	71.3%
Language other than English spoken at home, percent of persons age 5 years+, 2011-2015	11.0%
Education	
High school graduate or higher, percent of persons age 25 years+, 2011-2015	89.3%
Bachelor's degree or higher, percent of persons age 25 years+, 2011-2015	20.4%
Health	
With a disability, under age 65 years, percent, 2011-2015	13.8%
Persons without health insurance, under age 65 years, percent	& 16.0%

Economy	
In civilian labor force, total, percent of population age 16 years+, 201Q-2014	55.1%
In civilian labor force, female, percent of population age 16 years+, 201Q-2014	55.3%
Total accommodation and food services sales, 2012 ($1,000) (c)	220,487
Total health care and social assistance receipts/revenue, 2012 ($1,000) (c)	704,609
Total manufacturers shipments, 2012 ($1,000) (c)	D
Total merchant wholesaler sales, 2012 ($1,000) (c)	D
Total retail sales, 2012 ($1,000) (c)	1,407,794
Total retail sales per capita, 2012 (c)	$11,133
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 201Q-2014	17.1
Income and Poverty	
Median household income (in 2014 dollars), 2010-2014	$46,302
Per capita income in past 12 months (in 2014 dollars), 2010-2014	$23,035
Persons in poverty, percent	& 18.6%
BUSINESSES	
Total employer establishments, 2014	2,162
Total employment, 2014	31,938
Total annual payroll, 2014	1,066,155
Total employment, percent change, 2013-2014	1.1%
Total nonemployer establishments, 2014	4,796
All firms, 2012	6,293
Men-owned firms, 2012	3,164
Women-owned firms, 2012	2,044
Minority-owned firms, 2012	1,418
Nonminority-owned firms, 2012	4,487
Veteran-owned firms, 2012	947
Nonveteran-owned firms, 2012	4,798
GEOGRAPHY	
Population per square mile, 2010	116.1
Land area in square miles, 2010	1,069.29
FIPS Code	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.

http://www.census.gov/quickfacts/table/PST045215/40031

Comanche County

Spring 2014

OKLAHOMA STATE DEPARTMENT OF HEALTH

State of the

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'.[1] 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.

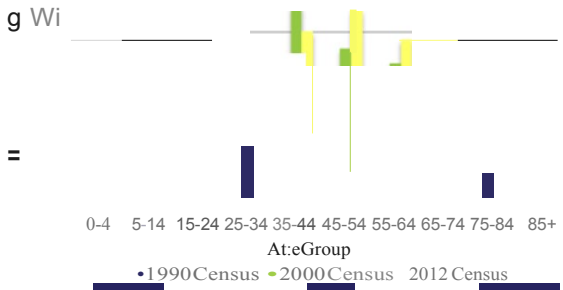
Recently, Oklahoma has experienced improvement in some key areas, such as infant health (lower rates of pre-term births and infant deaths) and smoking (lower prevalence of adult smokers). The Oklahoma Health Improvement Plan (OHIP) encourages Oklahomans to work together across multiple health care systems 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.

Inside This Issue

County Demographics and Socioeconomic Profile

D mographics	CountY
Populabon, 2012 esttmate	126,390
Population. percent change, 2000 to 2012	10.2% increase
Rnnk for growth in State	16th
Race and Ethnicitv. 2008-2012'	
Whites alone	65.1%
Blacks alone	16.9"/o
Native Americ:ms alone	5.3%
Hispanic or Latino	11.3%
Age 2008-2012'	
Less than 5	7.5%
65 and Over	10.3%
Median a c	31.5 cars

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



Socioeconomic Profile	County	State	Xationa l
Disability (ages 18 to 64), 2008-2012'	153%	14.3%	10.00/o
of disabled (ages 18to64) percent employed. 2008-201i	39.7%	38.0%	34.7%
Individuals below poverty, 2008-2012'	16.5%	166%	14.9%
Families below poverty. 2008-2012'	13.0%	12.3%	10.9%
Median household income, 2008-2012'	$46,320	$44,891	$53,046
Female head of household, 2008-2012[5]	154%	12.2%	12.9%
Grandparents raising their grandchildren, 2008-2012[5]	560%	53.4%	39.8%
High school graduates or higher, ages 25+, 2008-2012'	88.9%	86.2%	85.7%
Bachelor's degree or higher, ages 25+, 2008-2012[1]	20.3%	23.2%	28.5%
Housing units, 2008-2012'			
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%
Unem lo ment rate, 2012 annual AverA es[7]	6.6%	5.2%	8. 1%

Top 10 Leading Causes of Death

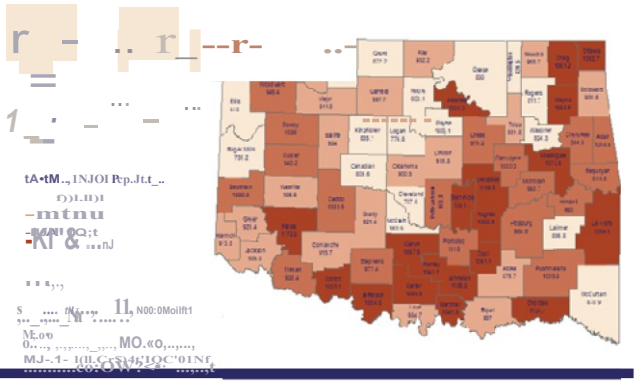
The top 10 leading causes of death table on the ncl\1: page displays a broad picture of the causes of death in Comanche County.[8] Since many health-related issues arc unique to specific ages, this table provides causes of death by age group at a glance. The causes of death that are present across almost every age group have been highlighted.

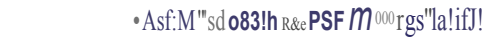
In Comanche County, heart disease is still the leading cause of de!!th for all ages combined. The rate declined 13.5% since the previous 5-year period, from 274.7 deaths per 100,000 popu lation (2003-2007)[9] to 237.7 deaths per 100,000 population (2008-2012).[8] In 2010, the most recent year lor which hospital discharge data are publicly available, the total charges attributable to heart disease in Comanche County were S51.73 million. or $43,108.83 per discharge.[10]

He:.rt Disease Death R ates by Demographic Croups, Comanche County, 2008-2012

..ate per 100,000 Population

Ago-Mtuotod O.Jh Re:..bvCOOinty,





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

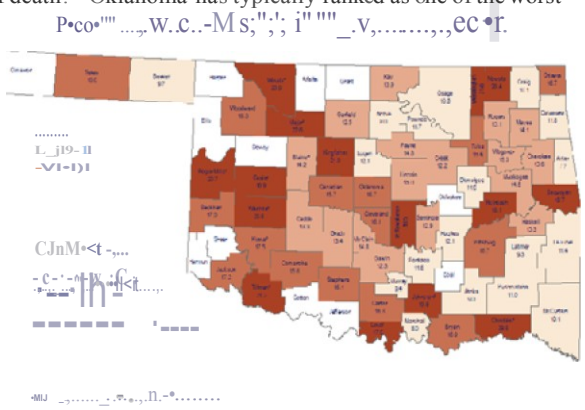
RANK	0-4	05-14	15-24	25-34	35-44	45-54	55-64	65+	AIIAGES
1	PCRINATAI PERIOD 46	UNINTENT. INJURY 7	UNINItNT. INJURY 2A	UNINTENT. INJURY 25	UNINTENT. INJURY 28	CANCER 100	CANCER 208	HEART DISEASE 891	HEART DISEASE 1202
2	CONGENITAI A NOMALIES 16	OTHrRCAusrs• 13	SUICIDC 11	SUICIDE 19	HEART DISEASE 25	HEART DISEASE 94	HEART IBEASE 176	CANCER 6n	CANCER 1016
3	OTHER CAUSES• 52		HOMICIDE 8	HOMICIDE 15	CANCER 20	UNNTENT. INJURY 39	BRONCHITIS/ EMPHYSEMA/ ASTHMA 48	BRONCHITIS/ EMPHYSEMA/ ASTHMA 276	BRONCHITIS/ EMPHYSEMA/ ASTHMA 341
4			OTHCR CAUSrs• 2J	HEART DISEASE 10	SUICID[17	LIV[R DISCASE 31	DIABrTES MEIliTUS 28	STROK [2 14	STROK[259
5				CANCER 7	liVER DISEASE 13	DIABETES MEIliTUS 20	UNINTENT. INJURY 27	AI2HEIMER'S DISEliSE 1 17	UNINTENT. INJURY 23S
6				OTHER CAUSES• 24	HOMICIDE 8	STROKE 15	STROKE 24	DIABffiS MEIliTUS 108	DIABETES MEIliTUS 159
7					OTHER CAUses• 42	BRONCHIT IS/ EMPHYSEMA/ ASTHMA 14	liVE R DISEASE 24	INFLUENZA/ PNEUMONIA 88	INFLUENZA/ PNEUMONIA 119
8						SUICI DE 11	INFLUENZA/ PNEUMONIA 15	UNINTENT. INJURY 82	AIZHEIMER'S DISEASE 1 18
9						INFLUENZA/ PNEUMONIA 9	SUICIDE 12	NEPURITIS 59	LIVER DISEASE 91
10						HOMIODE 9	SEPTICEMIA 11	SEPTICEMIA 58	SUIODE 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 nwnber of deaths that occurred in frequencies fewer than 5 per cause were groups together aS "OTHER CAUSES." Specific causes could not be dctennincd for those deaths in 'OTHER CAUSES" because U1e data arc suppressed on OK2SHARE (U1e source of this data) wh en U1erc are fewer than 5 death per search category.

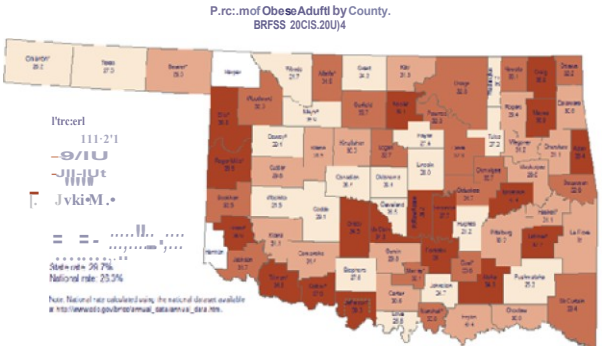
Data source: Vital Statistics, Health Care lnfom1ation Division, Oklahoma State Department of Health
Produced by: Conunnity Epidemiology and Evaluation, Oklalloma State Department of Health

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 detennined 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 offmits and vegetables daily.[6]

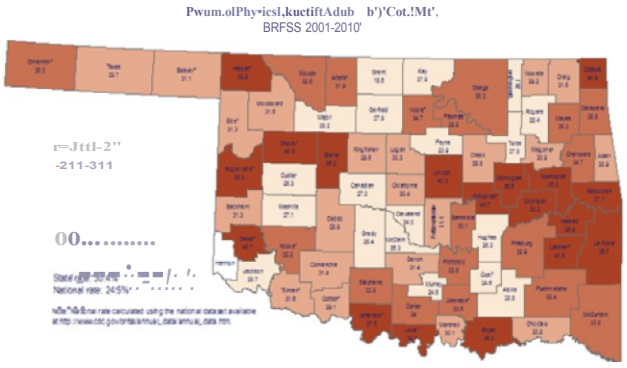


Obesity is also a primary cause of adult deaths.[11] Obesity is defined as having a BMI greater than 30.0 kg/m^2 (BMI weight in kg/square of height in m). In addition to its association with mortality, obesity increases our risk of several chronic diseases such as heart disease and type 2 diabetes.[14] Obesity rates have sk')'Tocketed in Oklahoma, with self-reported adult obesity prevalence at 32.2% in 2012[6] and self-repo1ted obesity prevalence at 11.8% among high school students in 2013![5] Data from 2005-20 10 estimate the rate of adult obesity to be 31.4% in Comanche County (11.4% higher than the rate reported in the previous County Healtl1 ReportS). Medical costs for obese individuals wen:estimated to be $2741 higher than per capita spending for no1mal weight individuals in 2005, and this economic burden can be expected to increase as the cost of health care increases [6]



Physical Activity and Fitness

Physical inactivity was reported to be a leading contJibutor to almost 1 in 10 adult deaths in the U.S.•• 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 vigoroLL 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 aU Oklahoma adults from 2005-20 10 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 Rcport.[9]



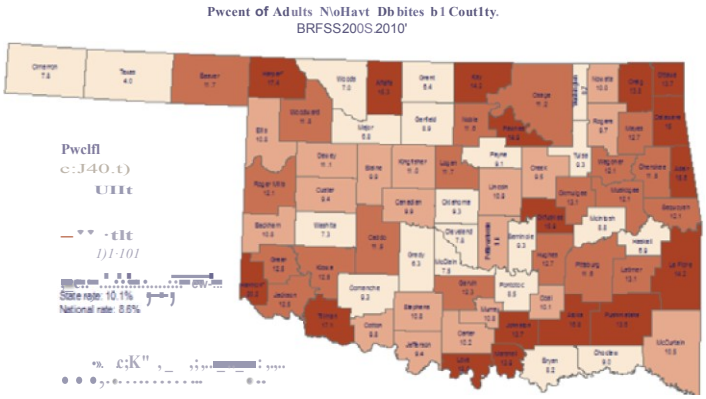
Youth who are regularly active have a better chance of having a healthy adulthood. Children and adolescents should get at least 60 minutes of moderate intensity physical activity most days of the week, preferably every day, and three of those days should include vigorous intensity aerobic activity.[18] Statewide, 56.6% of high school students were physically active most days oflhe week in 20 13!

Diabetes

Type II Diabetes Mellitus is a chronic disease characterized by high levels of sugar (i.e., glucose) in the blood tream due to the body's resistance to insulin. If left untreated, serious complications can arise, including hcatt 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_[9]

lle 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 tinle frame in Comanche County, 9.3% of adults had diabetes,[6] wl.Uch is more than the 8.8% of adults cited in the previous County Health Report.[9]

lle American Diabetes Association released a repolt 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. nley estimated the largest component of direct medical costs to be hospital inpatient care. In Comanche County, there were 195 hospital discharges attribut.1ble to diabetes in 2010, the most recent year that hospital dat.1 is available.[10] This amounted to $4,929,992.00 in total charges in 20.10 alone, or 1.3% of total hospitalization charges in the county.[10]

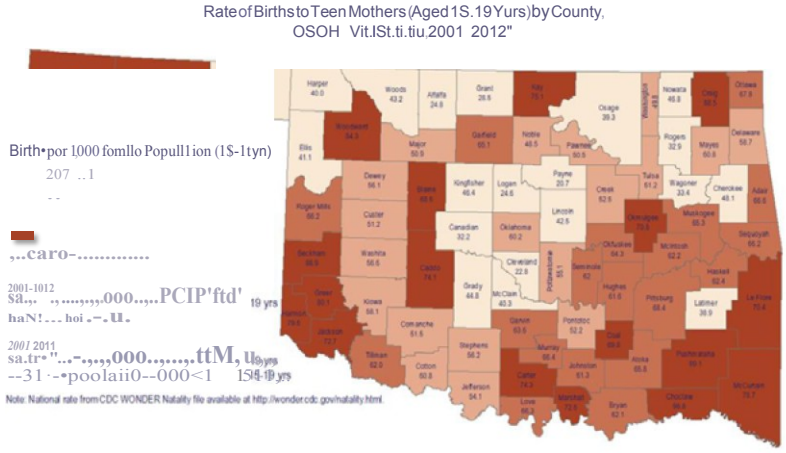


Teen Births

Although births to teen mothers have been declining in recent years/[1] Oklahoma still has one of the highest teen birth rates in the country,[22] including a high rate of repeat bitths.[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 lo display poor health and social outcomes, such as premature birth, low birth weight, behavioral problems, and abuse and neglect.[22] Additionally, itllant mortality rates are highest for babies of teen motllcrs.[2]

From 2008-2012, Comanche County had a teen birth rate of 51.5 bitlhs per 1,000 female population aged 15-19 years, which is similar to the state rate of 52.2 births per 1,000 lemale populati on aged 15-19 years.[26] 1lte county rate is 193% lower tltan the rate reported in the previous County Health Rcport.[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 mothcrs.[17]

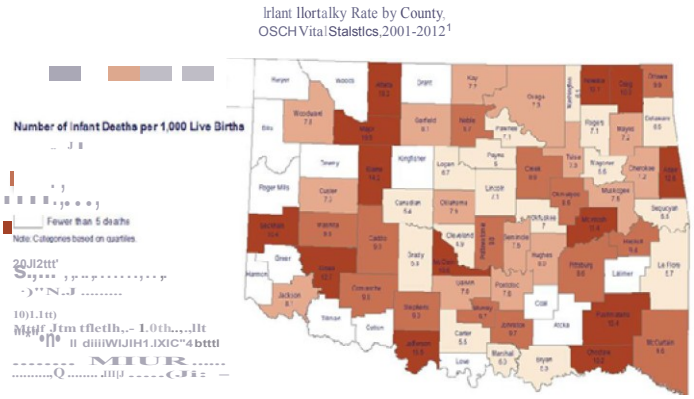


Infant Mortality

llte infant m01lality rate (lMR) is an imp0ltant indicator of the health of a nation, and is also a reflection of matemal health, accessibility and quality of primary health care, and the availability of supportive services in the community?[8] The leading causes of infant death include congenital malformations (i.e., medical conditions present at birth), disorders related to sholt gestation (fewer than 37 weeks of pregnancy completed) and low birth weight (less than 5 lbs., 8 oz.), and Sudden Infant Death Syndrome (SIDS).[2] 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, Ule rate is still significantly higher than the national (preliminary) rate of 6.05 infant deaths per 1,000 live bi1ths 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 mIMR. with rates among Oklahoma's Black/African American iruants being more Utan double the rates of White and Asian/Pacific Island infants. TI1e IMR for Black/Africa n American infants declined between 2003-2007 and 2008-2012 (16.4 to 14.6, respeclively),[1] but is still extremely high.

From 2008-20 12, the overall IMR for Comanche County was 9.8 deaths per 1,000 live bi1ths.[1] Titis rate is 31% higher than the state rate of 7.5 deaths per 1,000 live births[8] and 29'1o higher than the county rate from 2002-2006.[9] The Hv.!R 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]



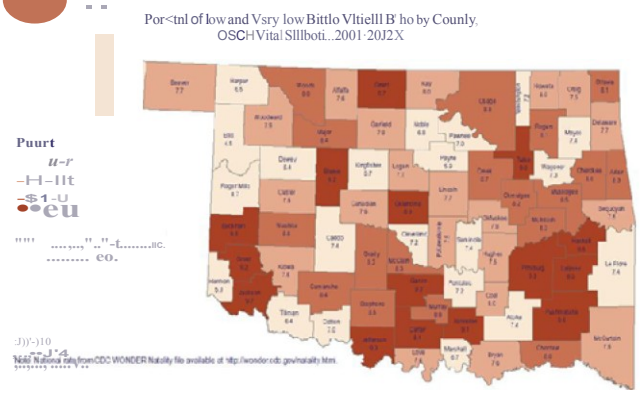
Receiving timely prenatal care is believed to reduce the risk of matemal and infant sickness and death as well as pretcnn delivery and low birth weight. From 2008-20 12, 70.9% of women who had a live birth in Comanche County accessed prenatal care during the lirst trimester of tltcir prcgnancy.Z[6]

Low Birth Weight

Low birth weight and prctcrm births together arc the second leading cause of death among children less titan 1 year of age.[25] Low birth weight infants are more at risk of health problems compared to infants bom of normal weight, includmg infection, gastrointestinal problems, delayed motor and social development, and learning disabil ities. Low bitth weight infants may also be at higher risk of high blood pressure, diabetes, and heart disease later in life.[31]

The percentage of OkJahoma babies born at low birth weight (i.e., weighing fewer than 5 pounds and 8 ounces, or 2500 grams) was 8.3% across 2008-20 12.[26] This ra te is similar to the latest national data (8.2% from 2007-20 11)?[2]
In Comanche County, the rate of low bitth weight births was 8.4% from 2008-2012,[26] which is 5% lower than the rate from 2003-2007.[26]

As is seen witl1 infant mOttality, 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]

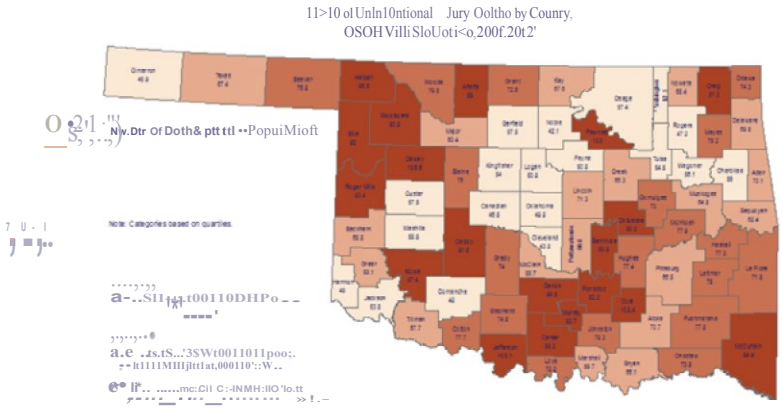


Injury and Violence

Unintentional injury is tlte 4th leading cause of death in Oklahoma, and the leading cause of deatlt 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] 'Illis equates to more tltan 10% of total inpatient charges in 2010;[0] and docs not consider otlter 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 populati on.[8]

Motor-veh icle accidents account for 33% of Comanche County's unintentional injury deaths per 100,000 populati on, resulting in an estimated cost of $110.8 million in 2011. This cost includes wage and productivity losses, medical expenses, administrati ve expenses, motor vehicle damage, and employers' uninsured cosL ($1.42 million per death)?[3]



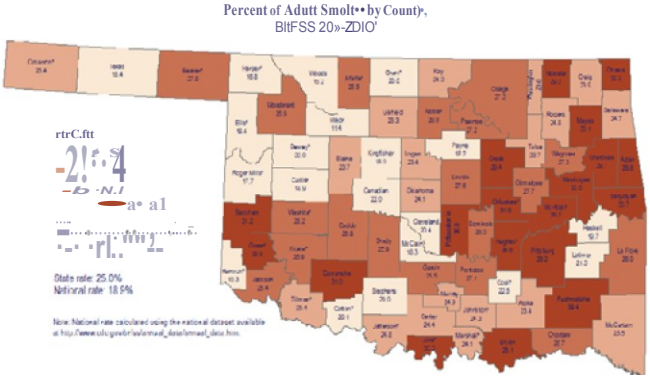
Violence-related deaths (suicide and homicide) arc also leading causes of death in Oklahoma.' Comanche County's homicide rate of 8.6 deatlts per 100,000 popu lation is 30% higher than the state rate of 6.6 deaths per 100,000 population, and the suicide rate of 14.3 deaths per 100,000 population is 14%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

Tobacco Use Prevention

While smoking rates continue to decline in tlte Un ited 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 coronaty heart disease and stroke dcaths.[34] Oklahoma has consistently had one of tltc highest rates of adult smokin g in tlte country, witlt an estimated 23.3% of Oklahoma adults being smokers in 20 12.[6] While tltis rate is higher than the national rate of 19.6%,[13] it represents a significant decline from Oklahoma's 20 11 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 20 12),[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] '11tis is 5% less than the percentage of adult smokers reported in the previous County llealth Rcporr' 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 smokelc::ss tobacco and now e-cigarettes. Almost 7% of Oklahoma adults use smokeless tobacco products (6.90/o 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'	Comparison Data: Yur(s) Comanche Countyz		Oklahoma2		United Stlttt[1]	2020 target[1]
Prl'lllence of obeelty (Aged 20+)		N/At		N/At	2009-2010	35.7"/o	30.5"/o
No leisure-time phyelcel actlvlty (Aged 18+)		N/At		N/At	2011	31.6"/o	32.6%
Prtv lence of smoking (Aged 18+)		N/At		N/At	2011	19.0"/o	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"/o	2010	8.4"/o	2010	8.W.	7.8%
Very low blr1h wei Infanta (Pen:en1 of live blr1ha)	2008-2012	1.5"1.	2010	1.4%	2010	1.4"/o	1.4%
First trimester prenatal care (Percent of births)	2008-2012	70.9%	2007	76.3%	2007§	70.8"1.	77.9%
Prevalence of diabetes (Aged 18–84 years)		N/At		N/At	2009-2011	8.1"1	7.2%
Lick of huHh ln.ranee (Aged <65 years)		N/At		N/At	2011	17.0"/o	0%
Prevalence of binge drinking 18+)		N/At		N/At	2011	26.7%	24.4"/.
Coronary hurt cl11111 dulls (per 100,000 popullt lo.ID'	2008-2012	237.7	2010	234.1	2010	113.6	100.8
Cancer dea1hs 00000	2008-2012	191.9	2010	190.4	2010	172.8	160.6
Unintention	2008-2012	42.0	2010	58.8	2010	38.0	36.0
Transportation-rtlattd dea1hs (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;

tData 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.

§"I1te most recent data available from CDC WONDER Natality Data shows that 73.7%[3] of women having live bi.Jths in 20 11 received prenata l care within the first tlu·ee montiiS of pregnancy. Not all states collect prenatal care information on tlte birth certificate.

References:

[11 U.S. Dcpattmcnt ofHcalth and Human Setviccs. Healtlty people 2020 Topics and Objectives. Washington, DC. Available at hltp://www.healthvreoph: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 Setvices (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-20 11, on CDC WONDER On line Databa se, November 2013. Accessed at http://wonder.cdc.gov/nata lity-eurrent.htrnl

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 populati on (29,016) from 2005-20 10
- $2,741.00 in additional medical costs per person aged I 8 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 Pregnanc y

- 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 2008-20 12
- $1,420,000.00 in economic costs per death
- Total-$22,152,000 in 2010

Tobacco Usc

- 31.0% of adult popu lation (145,588) from 2005-2010
- $3,300 in health care costs per person
- Total-$129,523,053 in 20 10

Total Annual Cost* for Comanche County:

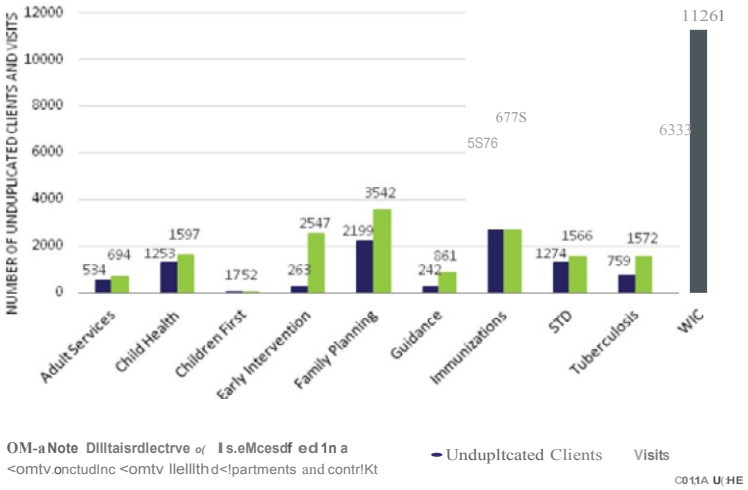
$321,486,527

"Total cost is the minimum cost to tlle county for heaiU1 care related spending for the causes listed above in 2010. Other healtll maladies, and costs unaccounted for in tllis repon 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



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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 EvenV Newsletter	1	3
Meeting/Taskforce/ Coalition	57	839
Outreach	39	3268
Presentation/Class	75	3380
Record Review	1	35
Surve s/Asses sment	3	223
Grand Total	184	8455

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

opic	Number of Events	Tot.J AttendHS
Arthritis	1	15
Certified Healthy Oklahoma	2	12
General Health Department Scrvices	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
Terro rism/ Emergency Preparedness	2	41
Grand Total	258	12046

Health Education

Counties with CATCH Kids Club S es, 2013-2014 School Year

le nd

Counlletwitl CATCH Kdl CW> SAte

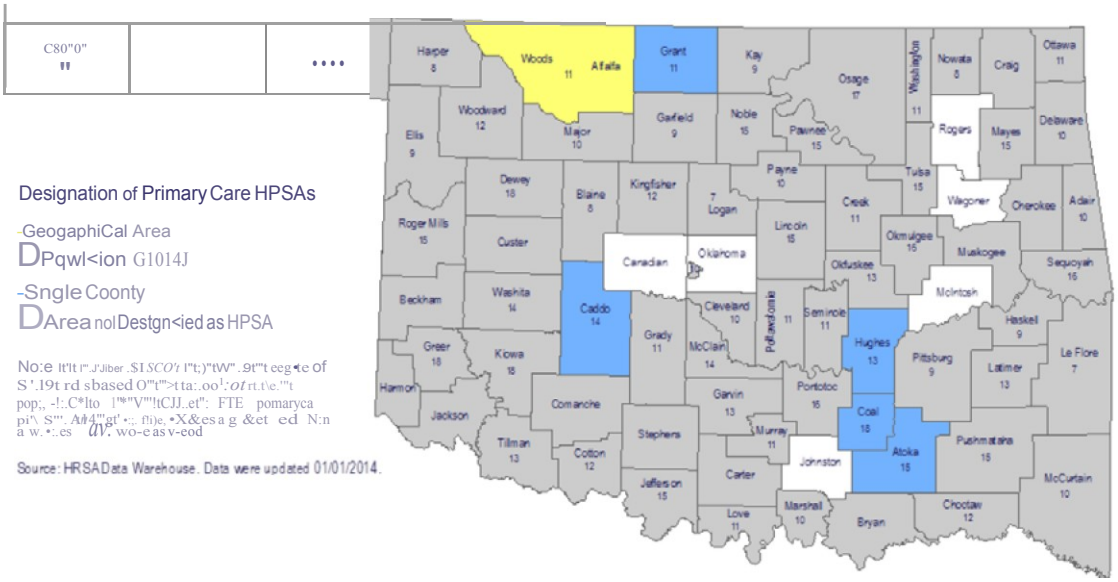
Counllet••CM a CATCH KidiCltb St•

OSDII Ilcalth Education

Ericka Johnson,
CATCH Coordinator
JOOO NE I Oth St, room 508
Oklahoma City, OK 73117
(405) 271-9444 ext. 56550
eriek.aw@health.ok.gov

For more infonnation about the CATCH Kids Club or to become an after-school partner, please contact Erick.a Johnson. For more infonnation about health education, please contact your local hea!Ut department (seep. 14 for the phone number).

Primary Care -Health Professional Shortage Areas (HPSAs)



OSDH Board of Health Map

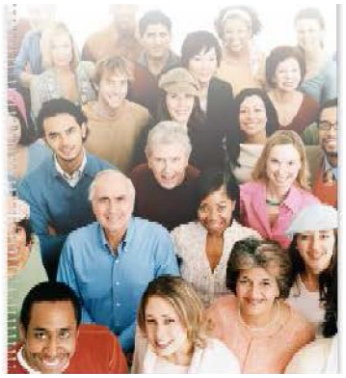
Board of Health Members

- Chartes W. Gnm, DD.S.
- Cns Hart Wofe
- Jenny Alexopulos, D.0.
- R M.uaKnshna, MO. (PreSident)
- Robert Scott Stewart, M.D.
- D Ronald Woodson, MD. (Voce-Pres dent)
- Terry R Gerard II, D.O.
- Tmothy E. Starkey, M.BA.
- Dt>lartha A. Burger, MB.A. (Stale at Laoge, Secretary-Treasurer)

Crea:ed: 1209.2013
Source:Ollahoou Slate Department ol Healh

Oklahoma Health Improvement Plan

1 .....



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(STIA-[GIC PL.\NNING)

FLAGSHIP GOALS

Tobacco Use Pre\190tlor
Obe$itY Reduction
Childot:u's Htidllh

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Access to Care
Ilealth Srtem Cffectivenes:s

SOCIETAL ll POLICY INTEGRATION

Pollclos ond Logislo Ion
Soci l Deter minonts o'Heolth & Health EQty

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CommunityAsMSsment and Evaluation Specialist
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Senior Epidemloloalst
Arjlna Shrestha
Administrltive Asslst1nt (Seasonal)
Aneel• W1tkins,MBA. MPH

Health on the Horizon

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1010 S.Sheridan Rd
Lawton, OK 73501
580-248-5890

The Oklahoma Turning Point Initiative is public health improvement in action. 1lte success of the Tuming Point process involves a pa ltnership between the state and county dcpa ltmcnts 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. Plea.se 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 arc interested in learning more about Turning Point or becoming involved in local activities, p lease contact:

Shaina Chcrilus
Comanche Cotuflty
(580) 353-9 170
Ema il : ShainaC@health.ok.gov
Website: www.oktumingpoint.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 CoWlty.

Count)	I otal \ lortal lt) ¹ lJaths lt111.1111111	hull & \" g tabk Consumption' l pa nt)	(lb sll) J (p r nt)	l'h)s eal lrmclll rt) J l p rc.:nt)	Dmbd sJ (per nt l
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	362	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	308	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	122	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 Rate (per 100,000)	Adult Prevalence of Sufficient Fruit and Vegetable Consumption (percent)	Obesity (percent)	Physical Inactivity (percent)	Diabetes (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.

Count)	I otal \ lortal lt) 1Jaths lt111.1111111	1-rull & \" g tabk Consumption' 1pa nt)	(lb sll) J (p r nt)	!'h)s eal lrmcllll).J 1p rc.:nt)	Dmbd sJ (per nt 1
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
Pottawatom ie	9888	18.5	34.2	311	9.6
Pushmata ha	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	321	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
Wa shita	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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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 (females 15-19 yrs)	Infant Mortality (deaths per 1,000 live births)	Low Birth Weight (percent)	Unintentional Injury Mortality (Deaths per 100,000)	Adult Smokers (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	TI.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 Sinh 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.

Count)	1 n U1rths llmths).111111 females 15-11)rsl	Inlant).!ortalll\' lckaths Lilllllili births)	Lm1 Urrth \\ 1ght (p rcent)	L nmt nllona1 ln)Ur) \Inrtalit)' (Jeaths liiii.iiiiiiJ	.\Jult Smn as' (perc ntl
Harm on	79.6		5.3	48.0	10.3"'
Harper	40.0		6.5	96.6	16.8"'
Haskell	62.4	9.4	9.8	n.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	613	9.7	9.1	793	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	127	7.5	97.4	26.9*
Latim er	38.9		9.0	75.0	21.5
Lc Flore	70.4	5.7	7.4	71.8	26.0
Lincoln	42.5	7.1	7.7	713	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
Marsh all	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
Okrnul ee	70.8	8.5	8.2	72.0	27.7

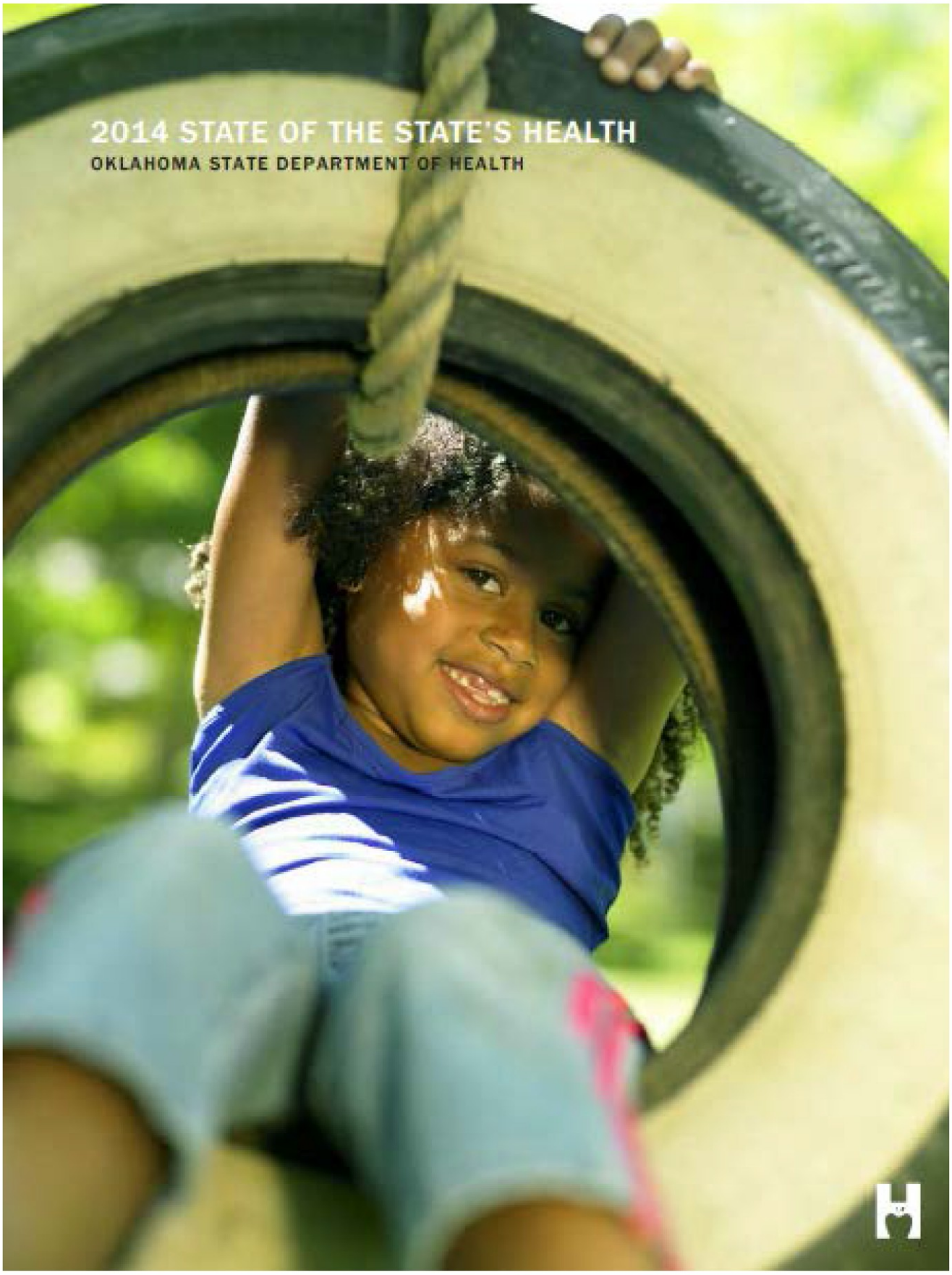
Supplement Table 2 continued: Teen Binh Rate, Infant Mortality Rate, Prevalence of Low Birth Weight (Binhs Weighing < 5 lb., 8 oz.), Unintentional Injury Monality, and Prevalence of Adult Smokers by County.

Count)	1 n U1rths' 1lmths).111111 females 15-l l)rsl	Inlant).!ortalll\' lckaths Lillllili births)	Lm1 Urrth \\ 1ght (p rcent	L nmt nllonal In)Ur) \lnrtalit)' (Jeaths lllll.llllll	Jult Smn as' (perc ntl
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 I	9.0	7.5	666	30.0
Pushmataha	69. 1	10.4	9.6	778	39.4
Roger Mills	66.2		4.7	93.4	17.7*
Rogers	32.9	7.1	8.1	47.2	24.8
Seminole	620	7.5	7.4	808	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, Heald Care Infonnation, OK2SHARE, Birth Statistics,-Final: 2008-2012. www.healdi.ok.gov/ok2share.
2. Oklahoma State Depanment of Ilcalth, Health Care Information, OK2SIIARE, Death Statistics - Final:2008-2012. www hc!l!lh.ok.gov/ok2•hlll'e.
3. Oklahoma State Department of Health, Health Care Infonnation, Behavioral Risk Factor Swveillance System (BRFSS): 2005-2010.


2014 STATE OF THE STATE'S HEALTH
OKLAHOMA STATE DEPARTMENT OF HEALTH

2015

COMANCHE COUNTY

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	78	98	D
TOTAL (RATE PER 100,000)	9462	8898	D
LEADING CAUSES OF DEATH			
(RATE PER 100,000)			
HEART DISEASE	251.6	234.7	D
MALIGNANT NEOPLASM (CANCER)	208.4	183.6	
CEREBROVASCULAR DISEASE (STROKE)	59.3	46.1	
CHRONIC LOWER RESPIRATORY DISEASE	72.9	63.9	D
UNINTENTIONAL INJURY	52.7	42.8	C
DIABETES	33.6	29.6	D
INFLUENZA/PNEUMONIA	31.3	20.4	D
ALZHEIMER'S DISEASE	20.7	24.3	C
NEPHRITIS (KIDNEY DISEASE)	15.1	14.4	C
SUICIDES	14.0	16.7	
DISEASE RATES			
DIABETES PREVALENCE	9.6%	9.9%	C
CURRENT ASTHMA PREVALENCE	9.8'11.	10.3'11.	
CANCER INCIDENCE (RATE PER 100,000)	474.7	429.3	D
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	50.5'11.	D
MINIMAL VEGETABLE CONSUMPTION	NA	28.1'11.	D
NO PHYSICAL ACTIVITY	29.0'11.	26.1'11.	
CURRENT SMOKING PREVALENCE	27.1%	24.2%	
OBESITY	30.7'11.	31.8'11.	
IMMUNIZATIONS< 3 YEARS	66.8'11.	62.3'11.	D
SENIORS INFLUENZA VACCINATION	62.1'11.	67.5'11.	I
SENIORS PNEUMONIA VACCINATION	73.2'11.	75.5'11.	I
LIMITED ACTIVITY DAYS	16.7'11.	18.1%	
POOR MENTAL HEALTH DAYS	25.8'11.	24.1%	C
POOR PHYSICAL HEALTH DAYS	2.3'11.	2.3'11.	
GOOD OR BETTER HEALTH RATING	81.4'11.	82.6'11.	C
TEEN FERTILITY (RATE PER 1,000)	27.0	24.9	D
FIRST TRIMESTER PRENATAL CARE	64.9'11.	70.1'11.	
LOW BIRTH WEIGHT	8.5%	8,0%	C
ADULT DENTAL VISITS	61.5'11.	63.2'11.	
USUAL SOURCE OF CARE	76.2'11.	76.1%	C
OCCUPATIONAL FATALITIES	4.7	4.2	C
(RATE PER 100,000 WORKERS)			
PREVENTABLE HOSPITALIZATIONS		1525.6	C
(RATE PER 100,000)			
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	19.7'11.	16.0'11.	C
POVERTY	18.3'11.	17.6'11.	D

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%.

OKLAHOMA 2014

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Select a Ranking:

HEALTH OUTCOMES
OVERALL RANK

Comanche (CM)

County Demographics +

	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%

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%

OKLAHOMA 2015

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Select a Ranking:

HEALTH OUTCOMES
OVERALL RANK

Comanche (CM)

County Demographics +

	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%
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%

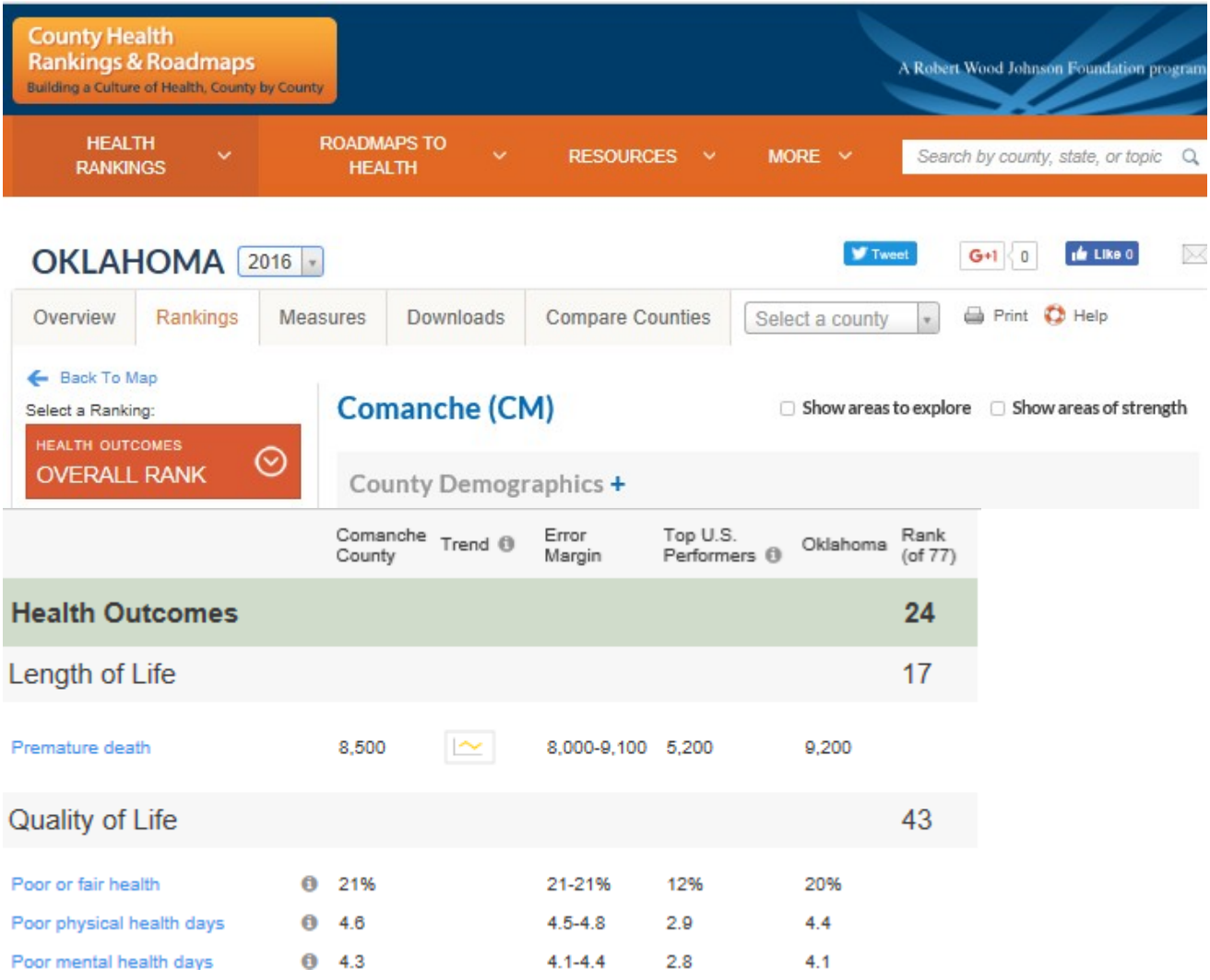
Income inequality	4.2	3.9-4.6	3.7	4.6
Children in single-parent households	44%	39-48%	20%	34%
Social associations	8.9		22.0	11.8
Violent crime	722		59	468
Injury deaths	64	58-70	50	86

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%



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
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%

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
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%

SELECTED KIDS COUNT INDICATORS FOR COMANCHE COUNTY, OKLAHOMA

D Compare to Oklahoma

Jump to Specific Indicator: Child Population – Decade Count

Child Population -- Decade Count (Number & Percent)

Location	Data Type	1980	1990	2000	2010
Comanche County	Number	34,206	31,515	31,937	311134
	Percent	30.4%	28.3%	27.8%	25.1%

Child Population -- Annual Estimates (Number & Percent)

Location	Age group	Data Type	2009	2010	2011	2012	2015
Comanche County	All Ages	Number	113,228	124,098	125,753	126,390	124,648
		Percent	100.0%	100.0%	100.0%	100.0%	100.0%
	Ages 0-2		5,864	5,846	5,356	5,738	5,605
			5.2%	4.7%	4.7%	4.6%	4.5%
	Ages 3-5		5,157	5,426	5,522	5,609	5,441
		Percent	4.6%	4.4%	4.4%	4.4%	4.4%
	Ages 6-9	Number	6,442	6,805	7,028	7,038	6,560
		Percent	5.7%	5.5%	5.6%	5.6%	5.3%
	Ages 10-14	Number	7,557	8,094	8,163	8,039	7,842
		Percent	6.7%	6.5%	6.5%	6.4%	6.3%
	Ages 15-17	Number	4,950	4,963	4,885	4,688	4,681
		Percent	4.4%	4.0%	3.9%	3.7%	3.8%
	Ages 18-19	Number	4,533	4,700	4,746	4,638	4,314
		Percent	4.0%	3.8%	3.3%	3.7%	3.5%
	Ages 0-17	Number	29,970	31,134	31,454	31,212	30,129
		Percent	26.5%	25.1%	25.0%	24.7%	24.2%
	Ages 0-20	Number	34,503	38,368	33,810	38,581	36,794
		Percent	30.5%	30.9%	30.9%	30.5%	29.5%
	Ages 18 a Over	Number	33,258	92,964	94,299	95,178	94,519
		Percent	73.5%	74.9%	75.0%	75.3%	75.8%

Child, Youth & Adult Population With Child & Youth Age Groups (Number & Percent)

Location	Age group	Data Type	2010	2011	2012	2013	2014
Comanche County	All Ages	Nwnber	124,098	125,753	126,390	125,035	125,033
		Percent	100.0%		100.0i!;		100.0i!;
	Ages Q-2	Nwnber	5,846		5,788		5,508
		Percent	4.7%		4.6%		4.4%
	Ages 3-5	Nwnber	5,426		5,609		5,521
		Percent	4.4%	4.4%	4.4%	4.4%	4.4%
	Ages 6-9	Number	6,805	7,028	7,038	6,823	6,759
		Percent	5.5%	5.6%	5.6%	5.5%	5.4%
	Ages 10-14	Nwnber	8,094	8,163	8,089	7,933	7,887
		Percent	6.5%	6!1;,;	6.4%		6.3%
	Ages 15-17	Nwnber	4,963	4,885	4,688		4,643
		Percent	4.0%	3.9%	3.7%		3.7%
	Ages 18-19	Nwnber	4,700	4,746	4,638		4,295
		Percent	3.8%	3.8%	3.7%		3.4%
	Ages Q-17	Nwnber	31,134	31,454	31,212		30,318
		Percent	25.1%	25.0%	24.7%	24.5%	24.3%
	Ages Q-20	Nwnber	38,368	38,810	38,581	37,506	37,015
		Percent	30.9%	30.9%	30.5%	30.0%	29.6%
	Ages 18 a Over	Nwnber	92,964	94,299	95,178	94,341	94,715
		Percent	74.9%	75.0%	75.3%	75.5%	75.8%

Child Population By Race Under Age 5 (Number & Percent)

Location	Race	Data Type	2011	2012	2013	2014	2015
Comanche County	American hdian	Number	740	716	830	804	824
		Percent	7.7%		8.8%	8.7%	8.9%
	Asian	Number	303	339	328	349	345
		Percent	3.1%	3.5%	3.5%	3.8%	3.7%
	Black	Number	2,314		2,179	2,217	2,214
		Percent	24.0%	240%	23.2%	23.9%	23.8%
	Hispanic	Number		1,777	1,800	1,708	1,791
		Percent	18.4%		19.1%	18.4%	19.2%
	White	Number	6,287		6,067	5902	5,921
		Percent	65.2%	65.0%	64.5%	63.7%	63.6%

Child Population By Race Under Age 18(Number & Percent)

	Race	Data Type	2011	2012	2013	2014	2015
Comanche County	American Indian	Number	2,565	2,567	2,656	2,628	2,643
		Percent	8.2%	8.2%			8.8%
	Asian	Number	970	1,023	1,018	1,047	1,061
		Percent	3.1%	3.3%	3.3	3.5%	3.5%
	Black	Number		7,726	7,422	7,389	7,311
		Percent		24.8%	24.2%	24.4%	24.3%
	Hispanic	Number	5,377	5,438	5,581	5,490	5,613
		Percent	17.1%	17.4%	18.2%	18.1%	18.6%
	White	Number	19,960	19,896		19,254	19,114
		Percent	63.5%	63.7%		63.5%	63.4%

Per Capita Income (Currency)

Location	Data. Type	2002 - 2004	2003 - 2005	2004 - 2006	2006 - 2008	2008 - 2010
Comanclle County	Currency	525,236	526,751	528,519	533,209	535,311

Unemployment (Rate)

Location	Data. Type	2005 - 2007	2007 - 2009	2008 - 2010	2009 - 2011	2012 - 2014
Comanche County	Rate			5.3	6.1	5.5

Temporary Assistance For Needy Families (TANF) (Number & Percent)

Location	Data Type	SFY2008 - SFY2010	SFY2009 - SFY2011	SfY2010 - SfY2012	SFY2011 - SFY2013	SFY2012 - SFY2014
Comanche County	NUJTlbef	510	514	511	514	476
	Percent	1.7%	1.7%	1.6%	17%	1.6%

Women, Infants, And Children (WIC) (Nu mber)

Location	Data Type	2011	2012	2013	2014
Comanche County	Number	51,573	48,970	46,073	45,613

Child Poverty-- Decade Count (Number & Percent)

Location	Data. Type	1980	1990	2000
Comanche County	Number	6,271	6,733	6,372
	Percent	19.3%	21.8%	20.9%

Child Poverty-- Annual Estimates (Number & Percent)

Location	Data Type	2010	2011	2012	2013	2014
Comanche County	Number	7,977	7,381	7,201	8,522	7,075
	Percent	25.9%	23.9%	23.6%	28.5%	24.0%

Child Food Insecurity (Number & Percent}

Location	Data Type	2012	2013
Comanche County	Number	7,590	7,950
	Percent	24.7%	25.6%

Pre-K Enrollment (Number)

Location	Age	Data Type	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014
Comanche County	3 year olds	Number	69	58	56	24	46
	4 year olds	Number	1,344	1,394	1,363	1,405	1,382

High School Dropouts {Percent)

Location	Data Type	Class of 2011	Class of 2012	Class of 2013	Class of 2014	Class of 2015
Comanche County	Pe.-cent	10.7%	12.2%	9.1%	6.1%	6.6%

Third Grade Reading Proficiency (Percent)

Location	Data Type	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015
Comanche County	Percent	75.0"'	S2.0%	S2.0%		B5.0%

Eighth Grade Math Proficiency (Percent)

Location	Data Type	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014
Comanche County	Percent	79.0%	so.cr	77.0%	78.m:	72.0%

Preschool Enrollment By Race (Number)

Location	Age	Race	Data Type	2013
Comanche County	3 year olds	White	t-eumber	27.0
	3 year olds	Black	t-eumber	7.0
	3 year olds	/>Jnerican Indan	t-Cumber	2.0
	3 year olds	Asian	t-lumber	1.0
	3 year otds	Two or more	t-eumber	2.0
	3 year otds	Hispanic	t-Cumber	7.0
	4 year olds	White	t-Cumber	612.0
	4 year olds	Black	t-eumber	228.0
	4 year otds	/>Jnerican Indan	t-Cumber	71.0
	4 year o ds	Asian	t-lumber	22.0
	4 year otds	Two or more	t-eumber	170.0

	4 year otds	Hispanic		t-Cumber	279.0

Low Birthweight (Number & Percent)

Location	Birthweight	Data Type	2010	2011	2012	2013	2014
Comanche County	Under 3 lbs. 5 oz.	Number	30	23	32	33	34
		Percent	1.4%	1.1%	1.6%	1.7%	NA
	Under 5 1/2 lbs.	Number	137	143	127	115	NA
		Percent	6.4%	7.1%	6.4%	5.9%	1.8%

Teen Births (Number & Rate)

Location	Age group	Data Type	2010	2011	2012	2013	2014
Comanclle County	Ages 15-19	Number	214	198	194	193	168
		Rate	49.3	46.5	46.9	48.0	42.1
	Ages 15-17	Number	61	41	53	54	33
		Rate	25.5	17.1	22.9	23.2	14.4
	Ages 18-19	Number	153	157	141	139	135
			78.7	84.8	77.4	81.8	79.6
	Total Birttts Ages 10-19		218	201	196	195	168
		Rate	NA	NA	NA	NA	NA

Preterm Births (Number & Percent)

Location	Category	Data Type	2009	2010	2011	2012	2013
Comanclle County	<32 weeks	Number	42.0	31.0	34.0	39.0	34.0
		Percefit	19.0%	15.0%	16.7%	19.8%	19.9%
	32-36 weeks	Number	179.0	175.0	170.0	158.0	137.0
			81.0%	85.01;	83.3%	80.2%	80.1%

Uninsured (Number & Percent)

Location	Age group	Data Type	2010	2011	2012	2013	2014
Comanche County	Under 19	Number	3,211	2,979	3,056	2,846	2,636
		Percent	NA	9.2%	9.5%	9.0%	8500%
	Ullder 65	Number	NA	NA	20,453	18,851	2,636
		Percent	NA	NA	19.8%	18.5%	8500%
		Number	NA	NA	NA	NA	NA
		Percent	NA	NA	NA	NA	NA

Infant Mortality {Rate & Number)

Location	Data Type	2010	2011	2012	2013	2014
Comanche County	Number	28	18	13	19	15
	Rate	13.1	8.9	6.6	9.7	7.9

Child & Teen Death (Number & Rate Per 100,000)

Location		Data Type	200-4	2006 -	2007 -	2008 -	2009 -
Ilty	AgesH4	Rate per 100,000	32.6	41.4	40.4	32.7	29.1
Comanche Co				10	28	23	21
	Ages 15 19			71.5	75.a.	44.7	44.8
		Number		7	22	13	13
				49.9	80.a.	36.2	33.6
	All (ages 1-19)	Number		17	50	36	34

Current Child Abuse & Neglect Confirmations (Number & Rate Per 1000)

Location	Data Type	2010	2011	2012	2013	2014
Comanche Coullty	Number	163	280	301	391	438.
	Rate per 1000	5.4	9.0	9.5	12.5	14.3

Location	SFY2002 SF¥2004	SfY2004 SFY2006
1000		1.1

Historic Change Over Time In Child Abuse & Neglect Confirmation Rate (Percent)

Location	Data Type	SFY2006 - SfY2008
Comanche Coullty	Percent	4.6%

Child Abuse & Neglect Referrals Accepted For Investigation (Number)

Location	Data Type	2011	2012	2013	2014
Comanche County	Humber	447	793	1,008	1,057

Child Abuse & Neglect By Type (Number)

Location	Category	Data Type	SFY 2011	SFY 2012	SFY 2013	SFY 2014
Comanche County	Abuse	Number	36	94	91	74
	Neglect	Number	221	165	250	327
	Both abuse and neglect	Number	23	42	50	37

Arrests Of Juveniles For Violent Crimes (Number & Rate)

Location	Data Type	2010	2011	2012	2013	2014
Comanche County	Number	32	13	25	15	28
	Rate	82.1	37.7	80.1	118.8	223.5

Children 0 To 17 In Foster Care (Number & Rate)

Location	Data Type	2011	2012	2013	2014
Comanche County	Rate	9.4	11.4	12.8	13.7
	Number	296	360	399	415

Children Aged Out/Emancipated From Foster Care (Number & Rate)

Location	Data Type	2011	2012	2013	2014
Comanche County	Number	17	13	6	14
	Rate	0.5	0.4	0.2	0.5

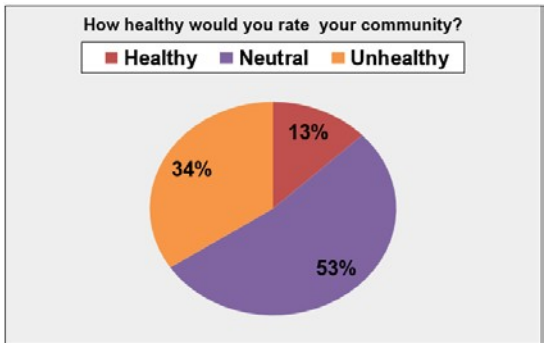
Comanche County Themes & Strengths Survey Results

Questions, Response Percentage, Count, Agree, Disagree and Neutral

At a glance pictorial

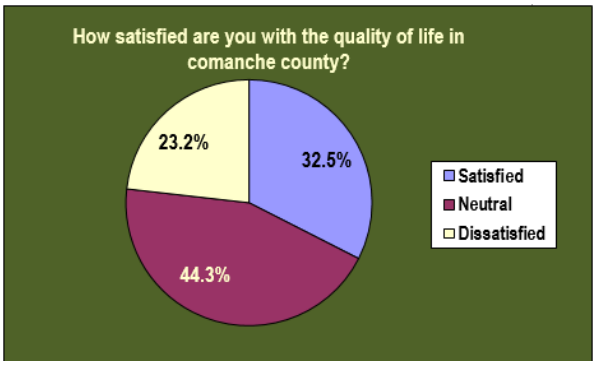
How healthy would you rate your community?

Answer Options	Response %	Response #
Healthy	12.9%	192
Neutral	52.8%	784
Unhealthy	34.3%	510



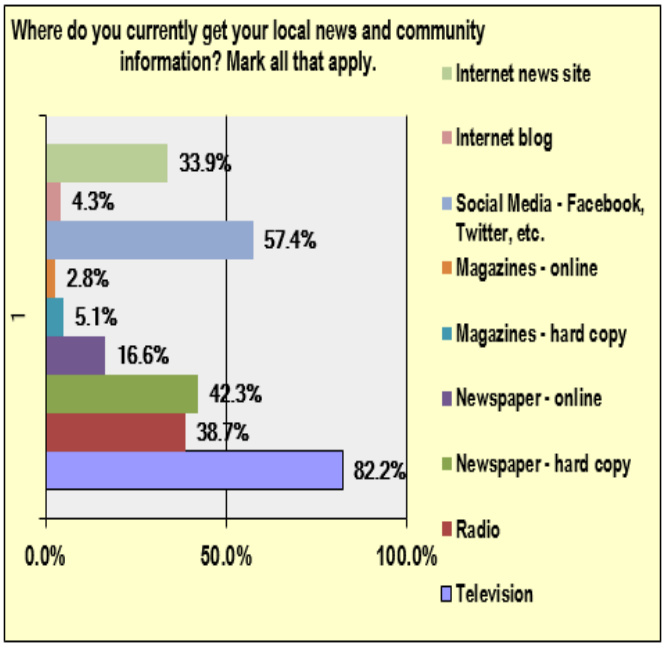
How satisfied are you with the quality of life in Comanche County?

Answer Options	Response %	Response #
Satisfied	32.5%	482
Neutral	44.3%	658
Dissatisfied	23.2%	345



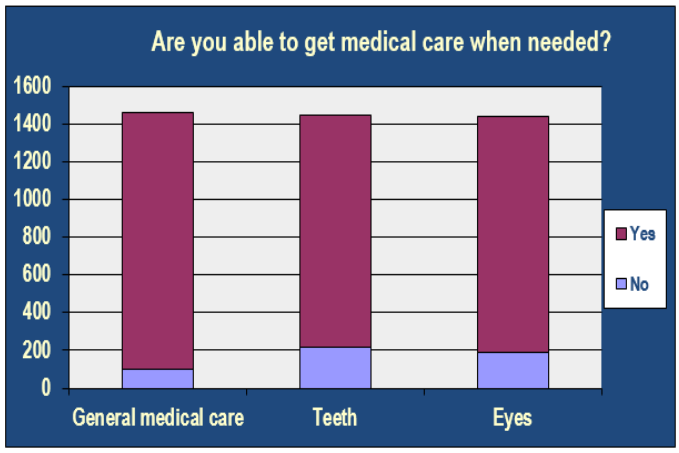
Where do you currently get your local news and community information?

Answer Options	Response %	Response #
Television	82.2%	1220
Radio	38.7%	575
Newspaper-hard copy	42.3%	628
Newspaper-online	16.6%	247
Magazines-hard copy	5.1%	76
Magazines-online	2.8%	41
Social Media-Facebood,Twitter, etc.	57.4%	852
Internet blog	4.3%	64
Internet news site	33.9%	503
Other	4.1%	61



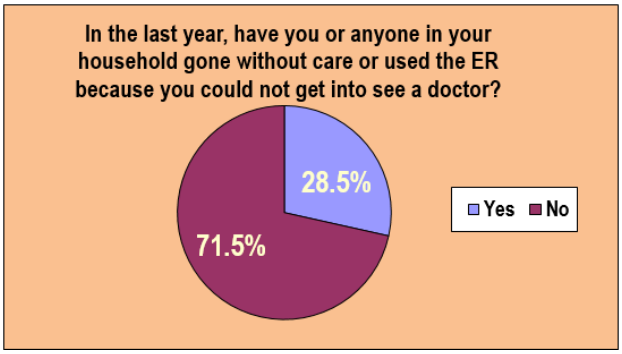
Are you able to get medical care when needed?

Answer Options	Yes	No	Response #
General medical care	1362	100	1462
Teeth	1231	215	1446
Eyes	1251	188	1439



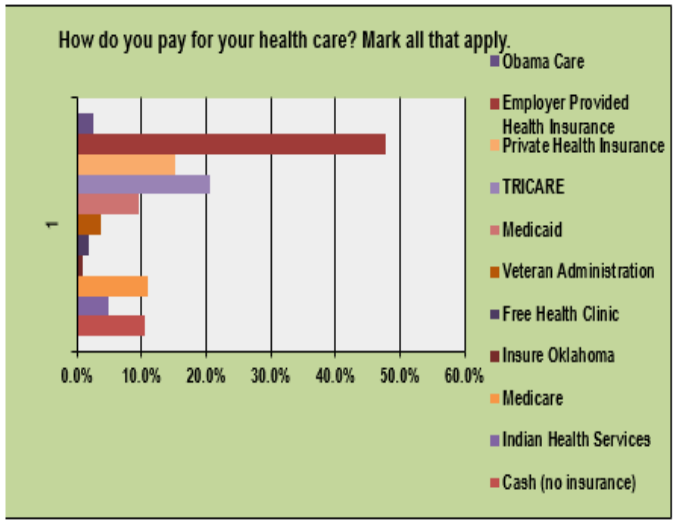
In the last year, have you or anyone in your household gone without care or used the ER because you could not get into see a doctor?

Answer Options	Response %	Response #
Yes	28.5%	419
No	71.5%	1051



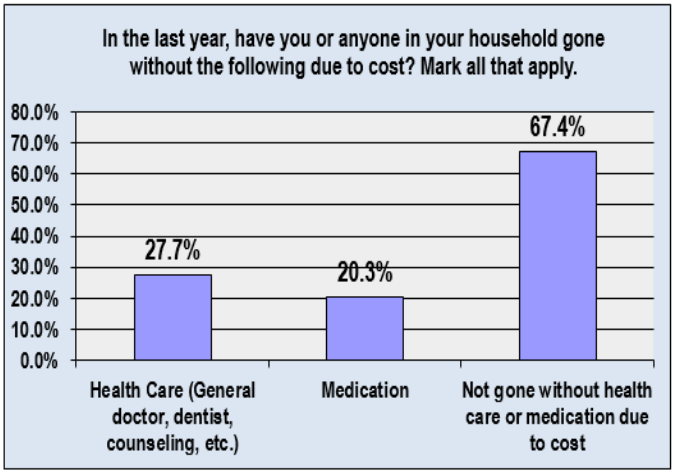
How do you pay for health care?

Answer Options	Response %	Response #
Cash (no insurance)	10.6%	153
Indian Health Services	5.0%	72
Medicare	11.0%	158
Insure Oklahoma	1.0%	15
Free Health Clinic	1.9%	27
Veteran Administration	3.7%	53
Medicaid	9.5%	137
TRICARE	20.5%	295
Private Health Insurance	15.2%	219
Employer Provided Insurance	47.7%	687
Obama Care	2.5%	36



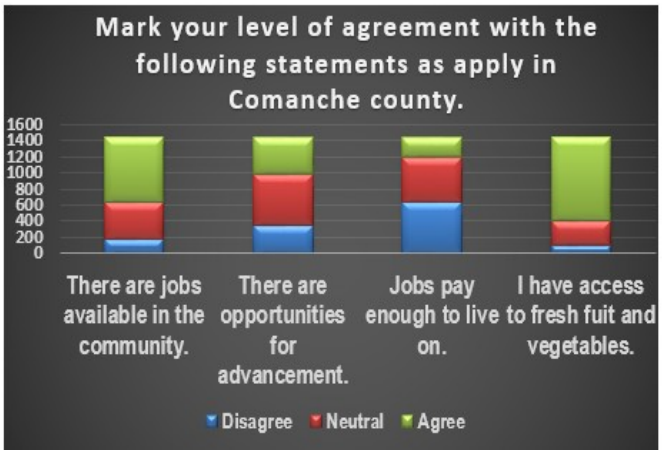
In the last year, have you or anyone in your household gone without the following due to cost?

Answer Options	Response %	Response #
Health Care (General doctor, dentist, couseling, etc.)	27.7%	379
Medication	20.3%	278
Not gone without health care or medication due to cost	67.4%	922



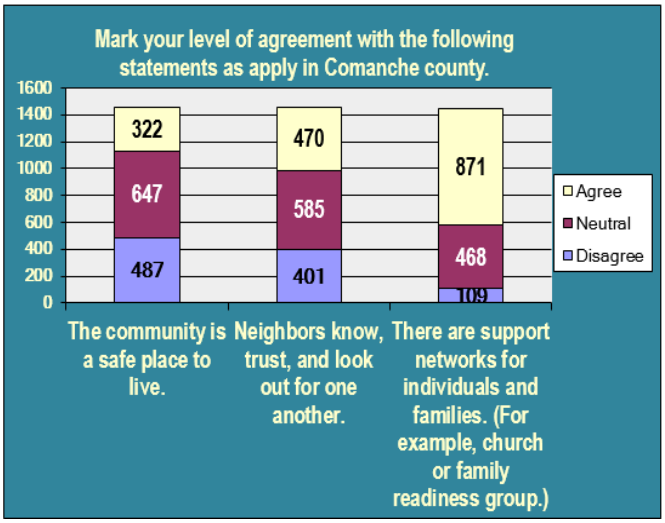
Mark your level of agreement with the following statements as apply in Comanche County.

Answer Options	Agree	Neutral	Disagree
There are jobs available in the community.	806	460	183
There are opportunities for advancement.	453	640	349
Jobs pay enough to live on.	244	557	641
I have access to fresh fruit and vegetables.	1045	298	101



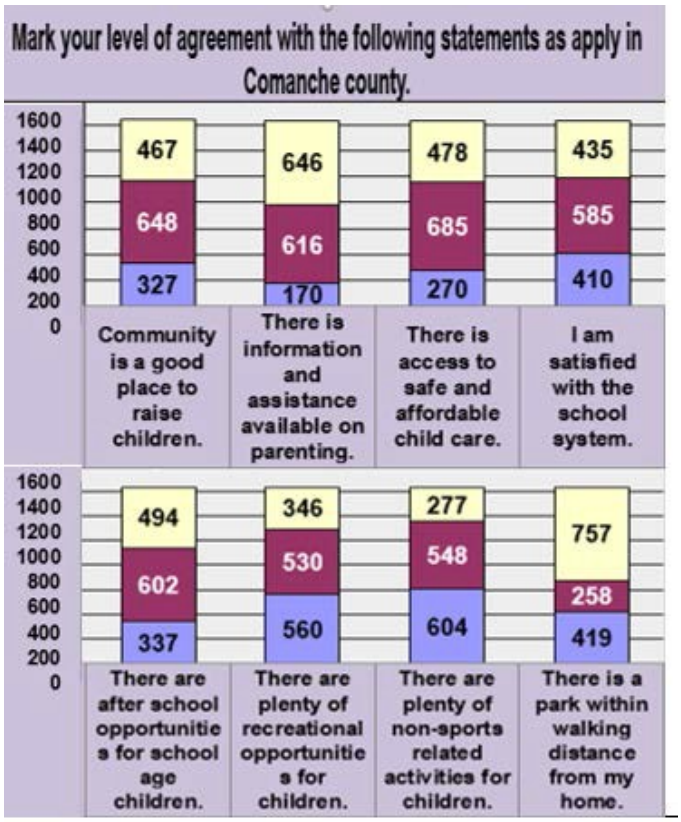
Mark your level of agreement with the following statements as apply in Comanche County.

Answer Options	Agree	Neutral	Disagree
The community is a safe place to live.	322	470	871
Neighbors know trust, & look out for one another.	647	585	468
There are support networks for individuals and famalies. (For ex. Church, family, readiness group.)	487	104	109

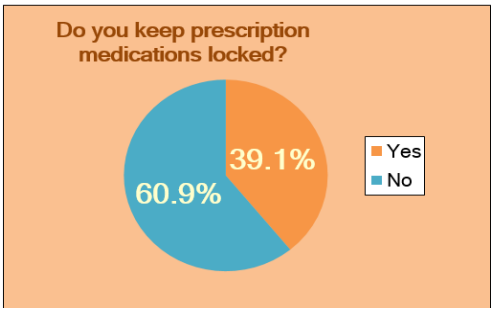


Mark your level of agreement with the following statements as apply in Comanche County.

Answer Options	Agree	Neutral	Disagree
Community is a good place to raise children.	467	648	327
There is information and assistance available on parenting.	646	616	170
There is access to safe and affordable child care.	478	685	270
I am satisfied with the school system.	435	585	410
There after school opportunities for school age children	494	60	337
There are plenty of recreational opportunities for children.	346	530	560
There are plenty of non-sports related activities for children.	277	548	604
There is a park within walking distance from my home.	757	258	419



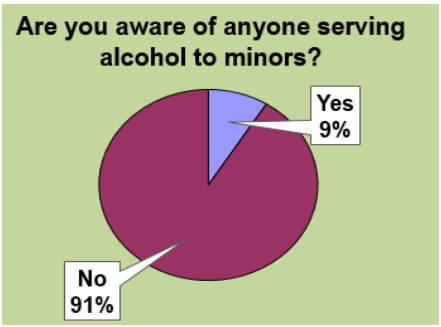
Answer Options	Response %	Response #
Yes	39.1%	500
No	60.9%	780



Do you keep prescriptions medications locked?

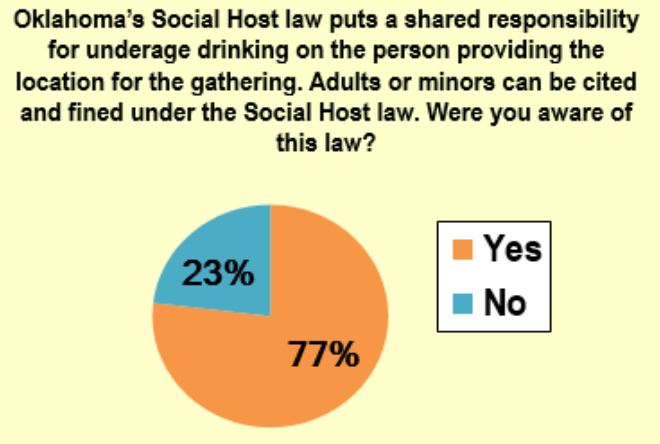
Are you aware of anyone serving alcohol to minors?

Answer Options	Response %	Response #
Yes	9.0%	130
No	91.1%	1325



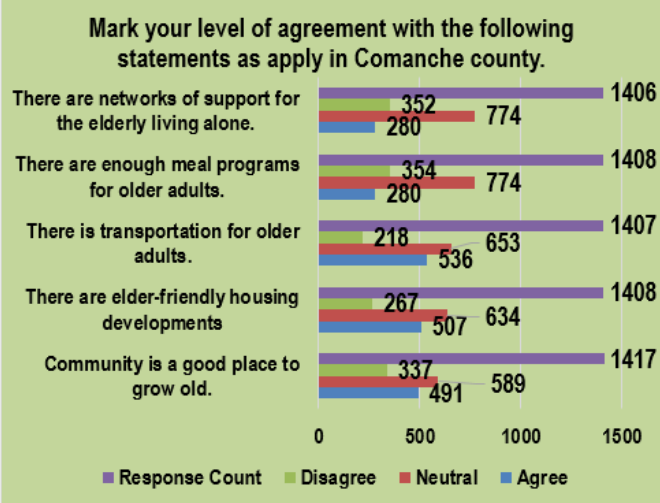
Oklahoma's Social Host law puts a shared responsibility for underage drinking on the person providing the location for the gathering. Adults or minors can be cited and fined under the Social Host law. Were you aware of this law?

Answer Options	Response %	Response #
Yes	76.9%	100
No	23.1%	30



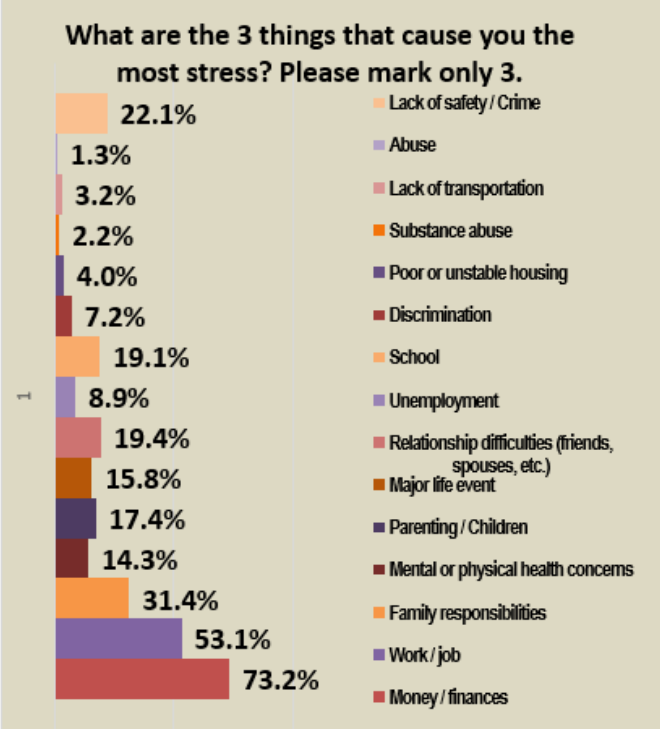
Mark your level of agreement with the following statements as apply in Comanche County.

Answer Options	Agree	Neutral	Disagree
There are networks for support for the elderly living alone.	280	774	352
There are enough meal programs for older adults.	280	774	354
There is transportation for older adults.	536	653	218
There are elder-friendly housing developments.	507	634	267
Community is a ood place to grow old.	491	589	337



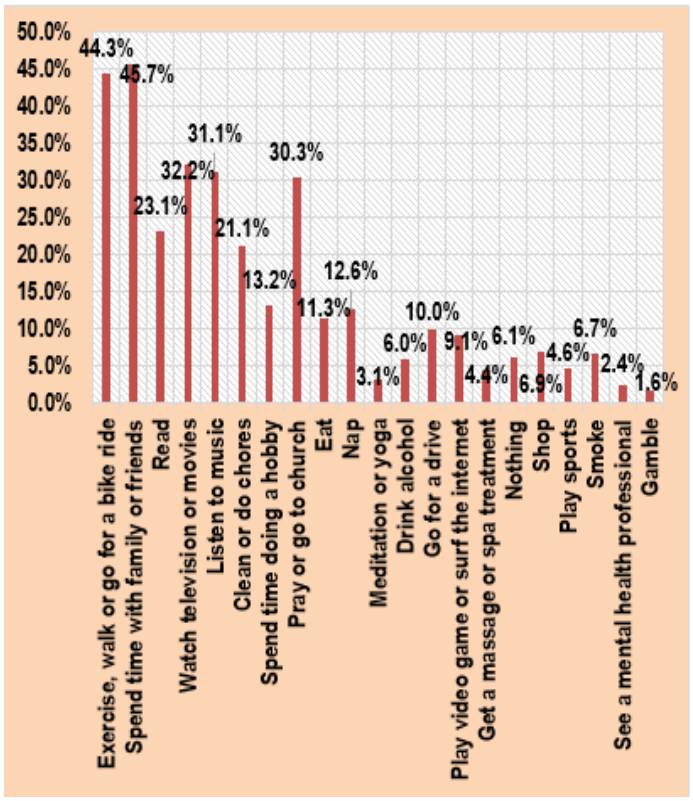
What are the 3 things that cause you the most stress?

Answer Options	Response %	Response #
Money/finances	73.2%	1032
Work/job	53.1%	749
Family responsibilities	31.4%	443
Mental or physical health concerns	14.3%	201
Parenting/Children	17.4%	245
Major life event	15.8%	223
Relationship difficulties (friends, spouses, etc.)	19.4%	273
Unemployment	8.9%	126
School	19.1%	270
Discrimination	7.2%	102
Poor or unstable housing	4.0%	56
Sustance abuse	2.2%	31
Lack of transportation	3.2%	45
Abuse	1.3%	18
Lack of safety/Crime	22.1%	312



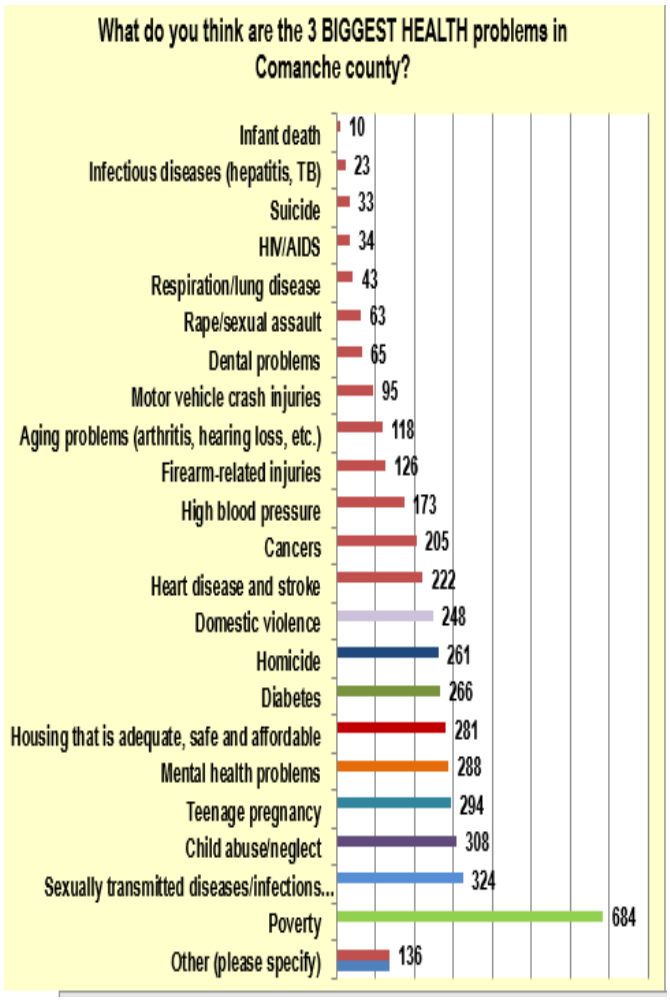
What are the 3 most common ways you manage your stress?

Answer Options	Response %	Response #
Exercise, walk or go for a bike ride	44.3%	629
Spend time with family or friends	45.7%	649
Read	23.1%	328
Watch television or movies	32.2%	457
Listen to music	31.1%	442
Clean or do chores	21.1%	300
Spend time doing a hobby	13.2%	188
Pray or go to church	30.3%	430
Eat	11.3%	160
Nap	12.6%	179
Meditation or yoga	3.1%	44
Drink alcohol	6.0%	85
Go for a drive	10.0%	142
Play video game or surf the internet	9.1%	129
Get a massage or spa treatment	4.4%	63
Nothing	6.1%	86
Shop	6.9%	98
Play sports	4.6%	65
Smoke	6.7%	95
See a mental health professional	2.4%	34
Gamble	1.6%	23



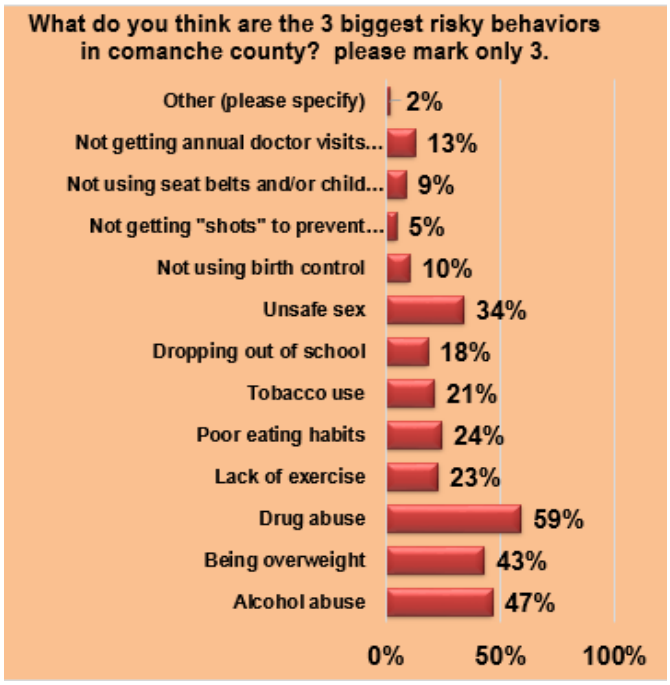
What do you think are the 3 biggest health problems in Comanche County?

Answer Options	Response %	Response #
Poverty	49.7%	684
Sexually transmitted disease/infection	23.5%	324
Child abuse/neglect	22.4%	308
Teenage pregnancy	21.4%	294
Mental health problems	20.9%	288
Housing that is adequate, safe and affordable	20.4%	281
Diabetes	19.3%	266
Homicide	19.0%	261
Domestic violence	18.0%	248
Heart disease and stroke	16.1%	222
Cancers	14.9%	205
High blood pressure	12.6%	173
Firearm-related injuries	9.2%	126
Again problems (arthritis, hearing loss, etc.)	8.6%	118
Motor vehicle crash injuries	6.9%	95
Dental problems	4.7%	65
Rape/sexual assault	4.6%	63
Respiration/lung disease	3.1%	43
HIV/AIDS	2.5%	34
Suicide	2.4%	33
Infectious diseases (hepatitis, TB)	1.7%	23
Infant death	0.7%	10



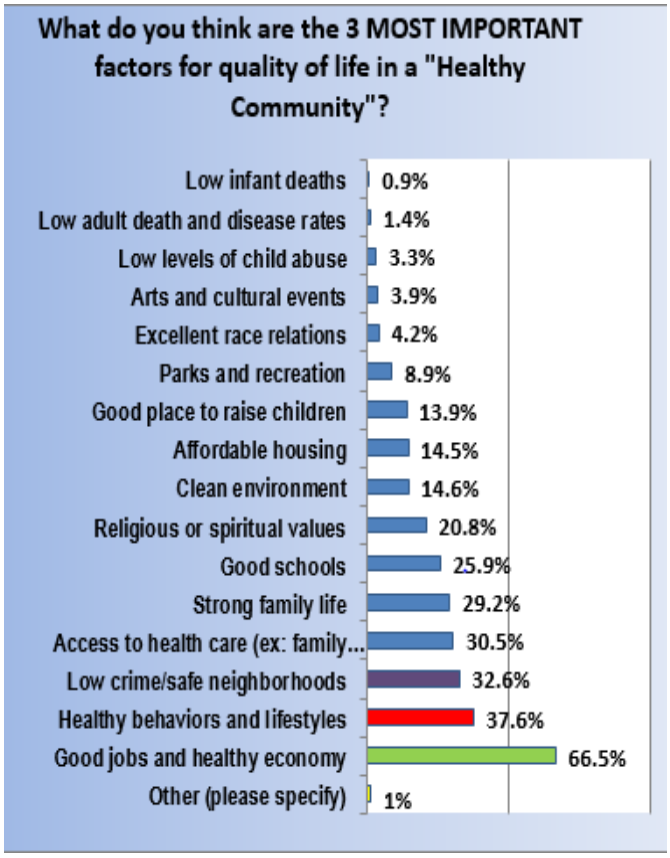
What do you think are the 3 biggest risky behaviors in Comanche County?

Answer Options	Response %	Response #
Alcohol abuse	47%	644
Being overweight	43%	594
Drug abuse	59%	817
Lack of exercise	23%	314
Poor eating habits	24%	338
Tobacco use	21%	293
Dropping out of school	18%	253
Unsafe sex	34%	471
Not using birth control	10%	144
Not getting shots to prevent disease	5%	63
Not using seat belts and/or child safety seats	9%	122
Not getting annual doctor visits (dentist, eye doctor, obgyn, etc.)	13%	174



What do you think are the 3 most important factors for quality of life in a "Healthy Community"?

Answer Options	Response %	Response #
Good jobs and healthy	66.5%	929
Healthy behaviors and lifestyles	37.6%	525
Low crime/safe neighborhoods	32.6%	455
Access to health care (ex: family doctor)	30.5%	426
Strong family life	29.2%	407
Good schools	25.9%	361
Religious or spiritual values	20.8%	291
Clean environment	14.6%	204
Affordable housing	14.5%	203
Good place to raise children	13.9%	194
Parks and recreation	8.9%	124
Excellent race relations	4.2%	59
Arts and cultural events	3.9%	55
Low levels of child abuse	3.3%	46
Low adult death and disease rates	1.4%	19
Low infant deaths	0.9%	12

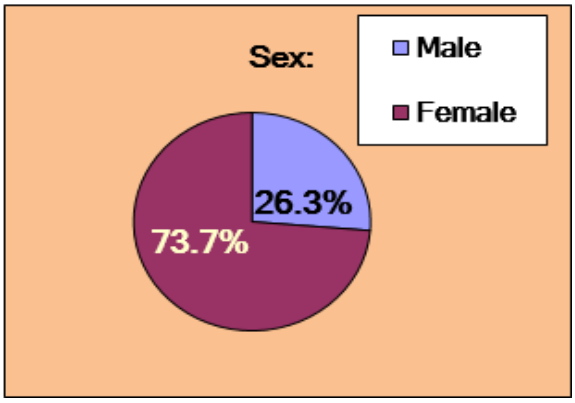


Whats your ZIP Code?			
Answer Options		Response Percent	Response Count
ZIP:		100.0%	1374
Number	Zip Code City		Count
126	73005 Anadarko		4
208	73006 Apache		3
540	73042 Gracemont		1
894	73055 Marlow		8
14	73069 Norman		1
31	73082 Rush Springs		1
61	73099 Yukon		1
1078	73207 Coyle		1
956	73501 Lawton		216
1027	73502 Lawton		9
238	73503 Fort Sill		40
1199	73505 Lawton		608
805	73506 Lawton		1
627	73507 Lawton		267
1086	73521 Altus		3
302	73527 Cache		85

Whats your ZIP Code?			
Answer Options		Response Percent	Response Count
ZIP:		100.0%	1374
Number	Zip Code City		Count
557	73528 Chattanooga		5
1351	73533 Duncan		3
1358	73538 Elgin		38
558	73540 Faxon		8
81	73541 Fletcher		13
524	73543 Geronimo		16
951	73552 Indiahoma		12
1301	73554 Mangum		1
2	73557 Medicine Park		4
44	73566 Snyder		2
47	73567 Sterling		6
55	73568 Temple		1
56	73572 Walters		4
30	74447 Okmulgee		1
		answered question	1374
		skipped question	121

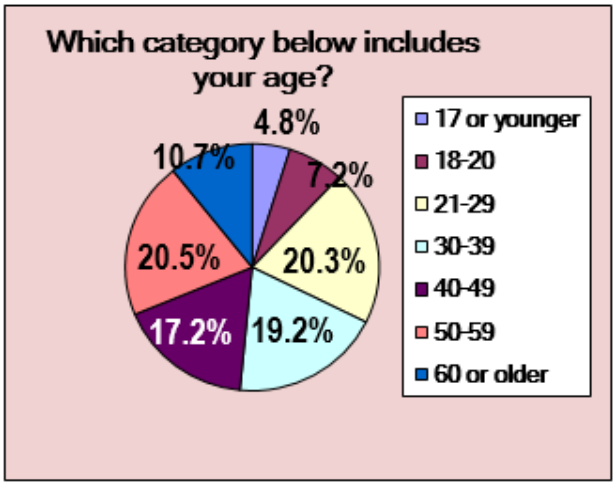
Sex:

Answer Options	Response %	Response #
Male	26.3%	366
Female	73.7%	1026



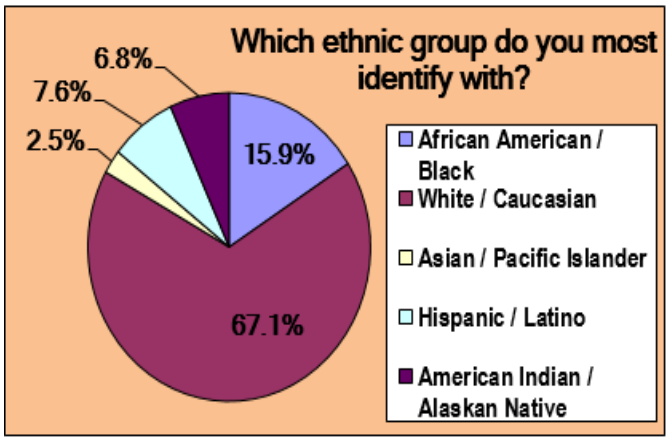
Which category below incudes your age?

Answer Options	Response %	Response #
17 or younger	4.8%	67
18-20	7.2%	101
21-29	20.3%	284
30-39	19.2%	269
40-49	17.2%	241
50-59	20.5%	286
60 or older	10.7%	150



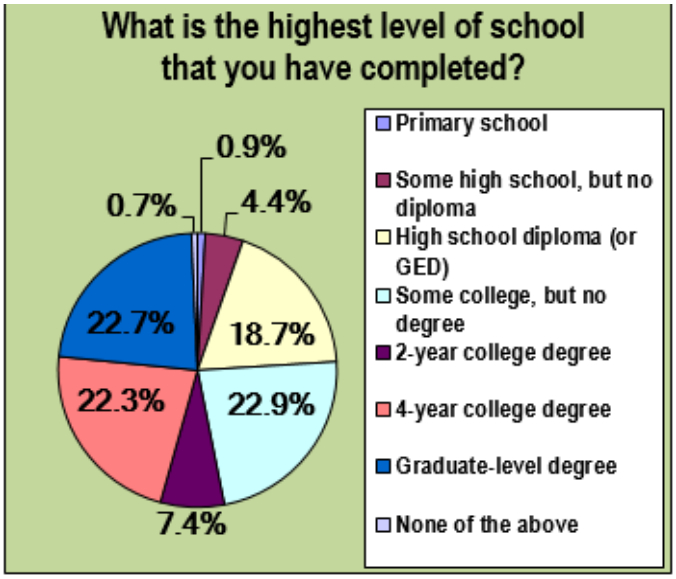
Which ethnic group do you most identify with?

Answer Options	Response %	Response #
African American/Black	15.9%	215
White/Caucasian	67.1%	905
Asian/Pacific Islander	2.5%	34
Hispanic/Lation	7.6%	102
American Indian/Alaskan	6.8%	92



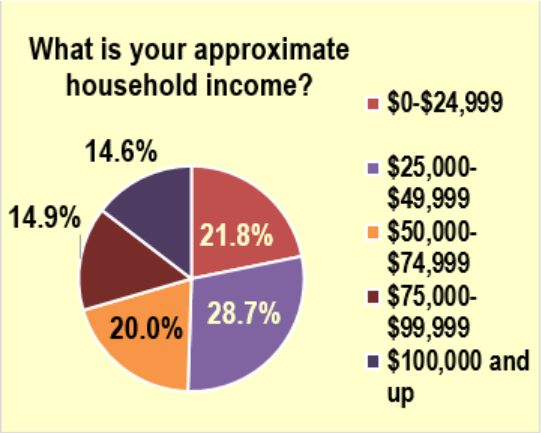
What is the highest level of school that you have completed?

Answer Options	Response %	Response #
Primary school	0.9%	12
Some high school, but no diploma	4.4%	61
High school diploma (or GED).	18.7%	257
Some college, but no degree	22.9%	314
2-year college degree	7.4%	101
4-year college degree	22.3%	307
Graduate-level degree	22.7%	312
None of the above	0.7%	10



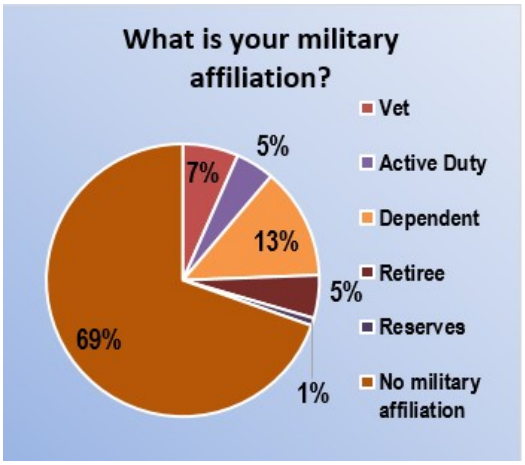
What is your approximate household income?

Answer Options	Response %	Response #
$0-$24,999	21.8%	290
$25,000-$49,999	28.7%	382
$50,000-$74,999	20.0%	266
$75,000-$99,999	14.9%	198
$100,000 and up	14.6%	194



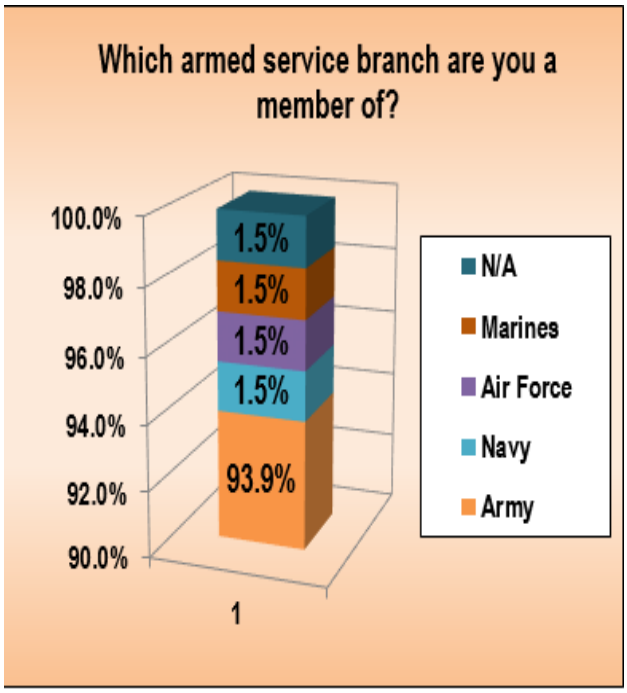
What is your military affiliation?

Answer Options	Response %	Response #
Vet	6.6%	93
Active Duty	4.6%	65
Dependent	13.2%	187
Retiree	5.1%	72
Reserves	0.9%	13
No military	69.6%	985



Which armed service branch are you a member of?

Answer Options	Response %	Response #
Army	93.9%	62
Navy	1.5%	1
Air Force	1.5%	1
Marines	1.5%	1
N/A	1.5%	1



2015 Forces of Change Survey Responses

List of brainstormed forces, including factors, events, and trends that impact Comanche County.

Response Text as entered:

- ICD 10/ Coding System (y3)
- When children don't get required vaccinations and encounter an avoidable disease and spread to the population.
- Everyone should get the Flu vaccination to keep the public healthy and if people contract a spreadable disease then stay away from others to keep these contagious diseases under control.
- Extreme weather conditions or catastrophic occurrences.
- Outcome of the National elections and attitude of State Government toward acceptance of Federal dollars for funding of Accountable Healthcare to what has been labeled Obama Care.
- Same as mentioned above with local, state and national government. County government still works with the people. Globally we need to all be concerned about pollution and the changes that are occurring from contaminating the environment.
- We must look for opportunities to improve and diminish the threats to our health and safety.
- Our nation is polarized. We must learn to listen and compromise to regain control for the betterment of our nation.
- Halliburton job layoff in Duncan
- Tobacco/ Childhood Obesity problem in our county
- Attempt to redirect Tobacco Settlement Funds away from Healthcare
- Anticipated $1 Billion shortfall in state revenue for next fiscal year
- Layoffs
- Relocation of possible community leaders
- The drought has an effect on our local community.
- Violent crime, lack of support for education/teachers
- Lack of funds to deliver needed services
- Tendency to offer a "one-size-fits-all" approach
- BRAC (Base Realignment and Closure)
- OK Tobacco Settlement Endowment Trust being raided
- Increase in the Tobacco Tax
- E-Cigarettes

- Dedicated group of community members working hard to impact, in a positive way, the health of Comanche County

- Drought
- Obesity
- Physical Activity
- Comanche County has a large military base on Fort Sill. Currently there is a trend to downsiz e the military across the country. The next 2016 election could affect that change for better or worse.
- High poverty rate in Comanche County

Comanche Local Public Health System Assessment--Fall 2015

1. At what level does the LPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
1.1.1ConductregularCHAs?	0	0	2	4	1	7	0	0	6	16	5	3.86
1.1.2 Update the CHA with current information continuously?	0	0	3	3	1	7	0	0	9	12	5	3.71
community members and partners?	0	0	1	6	0	7	0	0	3	24	0	3.86
1.1.3 Promote the use of the CHA among												

Answer Options	No

3. At what level does the LPHS…

Response	Minimal	Moderate	Significant	Optimal	Count

No activity=1pt


Minimal
=2pt


Moderate
=3pt


Significant
=4pt

Optimal =5pt

Average												
1.2.1 Analyze health data, including geographic information, to see where health problems exist? health data (trends over time, sub-population analyses, etc.)?	0	0	0	7	0	7	0	0	0	28	0	4.00

3. At what level does the LPHS…

Answer Options	No

Minimal	Moderate	Significant	Optimal	Response	Count

No activity=1pt

Minimal
=2pt


Moderate
=3pt


Significant
=4pt

Optimal =5pt

Average

1.3.1 Collect timely data consistent with current standards on specific health concerns in order to provide the data to population health registries?

1.3.2 Use information from population health

0 0 2 5 0 7 registries in CHAs or other analyses?	0	0	0 3	6 4	20 0	0 7	3.71 0	0	9	16	0	3.57
1.2.2 Use the best available technology and methods to display data on the public's health?	0	0	3	4	0	7	0	0	9	16	0	3.57
1.2.3 Use computer software to create charts, graphs, and maps to display complex public	Activity 0	0	2	5	0	7	0	0	6	20	0	3.71
	Activity								Section 1 Average			3.33

8. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
2.1.1 Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?	1	0	1	2	3	7	1	0	3	8	15	3.86
2.1.2 Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies, and emerging threats (natural and manmade)?	0	0	0	3	4	7	0	0	0	12	20	4.57
2.1.3 Ensure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	0	0	2	3	2	7	0	0	6	12	10	4.00

10. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
2.2.1 Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	0	0	2	2	3	7	0	0	6	8	15	4.14
2.2.2 Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	0	0	1	2	4	7	0	0	3	8	20	4.43
2.2.3 Designate a jurisdictional Emergency Response Coordinator?	0	0	1	3	3	7	0	0	3	12	15	4.29

2.2.4 Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	0	0	0	4	3	7	0	0	0	16	15	4.43
2.2.5 Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	1	0	1	1	4	7	1	0	3	4	20	4.00
2.2.6 Evaluate incidents for effectiveness and opportunities for improvement (such as After Action Reports, Improvement Plans, etc.)?	1	0	1	1	4	7	1	0	3	4	20	4.00

12. At what level does the LPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
2.3.1 Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	0	0	2	2	3	7	0	0	6	8	15	4.14
2.3.2 Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	0	0	3	0	4	7	0	0	9	0	20	4.14
2.3.3 Use only licensed or credentialed laboratories?	0	0	0	2	5	7	0	0	0	8	25	4.71
2.3.4 Maintain a written list of rules related to laboratories, for handling samples (including collecting, labeling, storing, transporting, and delivering), determining who is in charge of the samples at what point, and reporting the results?	0	0	2	1	4	7	0	0	6	4	20	4.29

Section 2 Average **4.73**

1. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
3.1.1 Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	0	5	6	7	2	20	0	10	18	28	10	3.30
3.1.2 Coordinate health promotion and health education activities at the individual, interpersonal, community, and societal levels?	0	3	4	11	2	20	0	6	12	44	10	3.60
3.1.3 Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?	0	5	7	6	2	20	0	10	21	24	10	3.25

3. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
3.2.1 Develop health communication plans for media and public relations and for sharing information among LPHS organizations?	0	5	9	4	1	19	0	10	27	16	5	3.05
3.2.2 Use relationships with different media providers (e.g., print, radio, television, the Internet) to share health information, matching the message with the target audience?	0	6	6	6	1	19	0	12	18	24	5	3.11
3.2.3 Identify and train spokespersons on public health issues?	1	6	10	1	1	19	1	12	30	4	5	2.74

5. At what level does the LPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
3.3.1 Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	0	3	8	6	2	19	0	6	24	24	10	3.37
3.3.2 Make sure resources are available for a rapid emergency communication response?	0	4	7	6	2	19	0	8	21	24	10	3.32
3.3.3 Provide risk communication training for employees and volunteers?	0	5	10	3	1	19	0	10	30	12	5	3.00
										Section3Average		3.19

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
4.1.1 Maintain a complete and current directory of community organizations?	0	6	5	7	1	19	0	12	15	28	5	3.16
4.1.2 Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	0	3	8	6	2	19	0	6	24	24	10	3.37
4.1.3 Encourage constituents to participate in activities to improve community health?	0	4	3	10	2	19	0	8	9	40	10	3.53
4.1.4 Create forums for communication of public health issues?	1	3	8	4	3	19	1	6	24	16	15	3.26

10. At what level does the LPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
4.2.1 Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	0	3	3	9	4	19	0	6	9	36	20	3.74

4.2.2 Establish a broad-based community health improvement committee?	0	3	4	8	4	19	0	6	12	32	20	3.68
4.2.3 Assess how well community partnerships and strategic alliances are working to improve community health?	0	2	6	8	3	19	0	4	18	32	15	3.63
									Section4Average			3.48

1.AtwhatleveldoestheLPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
5.1.1 Support the work of the local health department (or other governmental local public health entity) to make sure the 10 Essential Public Health Services are provided?	1	0	1	6	2	10	1	0	3	24	10	3.80
5.1.2 See that the local health department is accredited through the PHAB's voluntary, national public health department accreditation program?	1	0	1	3	5	10	1	0	3	12	25	4.10
5.1.3 Ensure that the local health department has enough resources to do its part in providing essential public health services?	1	0	2	4	3	10	1	0	6	16	15	3.80

3.AtwhatleveldoestheLPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
policies?												
5.2.1 Contribute to public health policies by engaging in activities that inform the policy development process?												
5.2.2 Alert policymakers and the community of the possible public health effects (both intended and unintended) from current and/or proposed												

1	0	3	4	1
	9	1	0	9
	16	5	3.44	

1	0	2	6	0
	9	1	0	6
	24	0	3.44	

5.2.3 Review existing policies at least every three to five years?	1	0	2	6	0	9	1	0	6	24	0	3.44

5.AtwhatleveldoestheLPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
5.3.1 Establish a CHIP, with broad-based diverse participation, that uses information from the CHA, including the perceptions of community members?	1	0	1	4	3	9	1	0	3	16	15	3.89
5.3.2 Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	1	0	1	5	2	9	1	0	3	20	10	3.78
5.3.3 Connect organizational strategic plans with the CHIP?	1	0	2	5	1	9	1	0	6	20	5	3.56

Section 5 Average 3.70

7. At what level does the LPHS…

Answer Options	No Activity	Moderate	Significant	Optimal	Response Count
5.4.1 Support a workgroup to develop and maintain emergency preparedness and response plans?	0	0	7	1	8

5.4.2 Develop an emergency preparedness and response plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	0	0	0	6	2	8	0	0	0	24	10	4.25
5.4.3 Test the plan through regular drills and revise the plan as needed, at least every two years?	0	1	0	6	1	8	0	2	0	24	5	3.88

10.AtwhatleveldoestheLPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
6.1.1 Identify public health issues that can be addressed through laws, regulations, or ordinances?	0	0	3	3	2	8	0	0	9	12	10	3.88
6.1.2 Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?	0	0	1	4	3	8	0	0	3	16	15	4.25
6.1.3 Review existing public health laws, regulations, and ordinances at least once every three to five years?	0	0	2	5	1	8	0	0	6	20	5	3.88
6.1.4 Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	0	1	2	3	2	8	0	2	6	12	10	3.75

12. At what level does the LPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
6.2.1 Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	0	0	2	5	1	8	0	0	6	20	5	3.88

6.2.2 Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?	0	0	2	5	1	8	0	0	6	20	5	3.88
6.2.3 Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	0	1	2	4	1	8	0	2	6	16	5	3.63

14. At what level does the LPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
6.3.1 Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	0	0	1	4	3	8	0	0	3	16	15	4.25
6.3.2 Ensure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	0	0	0	5	3	8	0	0	0	20	15	4.38
6.3.3 Ensure that all enforcement activities related to public health codes are done within the law?	0	0	2	4	2	8	0	0	6	16	10	4.00
6.3.4 Educate individuals and organizations about relevant laws, regulations, and ordinances?	0	0	2	4	2	8	0	0	6	16	10	4.00
6.3.5 Evaluate how well local organizations comply with public health laws?	0	1	1	4	2	8	0	2	3	16	10	3.88

Section6Average 3.18

13. At what level does the LPHS…

Answer Options	No Activity	Moderate	Significant	Optimal	Response Count
7.1.1 Identify groups of people in the community who have trouble accessing or connecting to	0	8	7	1	19

personal health services?					

7.1.2 Identify all personal health service needs and unmet needs throughout the community?	0	3	10	5	1	19	0	6	30	20	5	3.21
7.1.3 Defines partner roles and responsibilities to respond to the unmet needs of the community?	0	4	11	2	2	19	0	8	33	8	10	3.11
7.1.4 Understand the reasons that people do not get the care they need?	0	2	10	3	4	19	0	4	30	12	20	3.47

15. At what level does the LPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
7.2.1 Connect or link people to organizations that can provide the personal health services they may need?	0	3	5	7	4	19	0	6	15	28	20	3.63
7.2.2 Help people access personal health services in a way that takes into account the unique needs of different populations?	0	3	7	7	2	19	0	6	21	28	10	3.42
7.2.3 Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	0	2	7	8	2	19	0	4	21	32	10	3.53
7.2.4 Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?	0	4	7	6	2	19	0	8	21	24	10	3.32
										Section7Average		3.86

1. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
8.1.1 Complete a workforce assessment, a process to track the numbers and types of LPHS jobs—both public and private sector—and the associated knowledge, skills, and abilities required of the jobs?	1	2	1	0	2	6	1	4	3	0	10	3.00
8.1.2 Review the information from the workforce assessment and use it to identify and address gaps in the LPHS workforce?	1	2	1	0	2	6	1	4	3	0	10	3.00
8.1.3 Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	1	2	1	0	2	6	1	4	3	0	10	3.00

3. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
8.2.1 Ensure that all members of the local public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and comply with legal requirements?	0	1	2	2	1	6	0	2	6	8	5	3.50
8.2.2 Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the 10 Essential Public Health Services?	0	2	2	1	1	6	0	4	6	4	5	3.17
8.2.3 Base the hiring and performance review of members of the public health workforce in public health competencies?	0	2	1	2	1	6	0	4	3	8	5	3.33

5. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
8.3.1 Identify education and training needs and encourage the public health workforce to participate in available education and training?	0	2	2	0	2	6	0	4	6	0	10	3.33
8.3.2 Provide ways for public health workers to develop core skills related to the 10 Essential Public Health Services?	0	3	1	1	1	6	0	6	3	4	5	3.00
8.3.3 Develop incentives for workforce training, such as tuition reimbursement, time off for attending class, and pay increases?	0	2	2	1	1	6	0	4	6	4	5	3.17
8.3.4 Create and support collaborations between organizations within the LPHS for training and education?	0	1	1	2	2	6	0	2	3	8	10	3.83
8.3.5 Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?	0	1	1	3	1	6	0	2	3	12	5	3.67

7. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
8.4.1 Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	0	2	1	0	2	5	0	4	3	0	10	3.40
8.4.2 Create a shared vision of community health and the LPHS, welcoming all leaders and community members to work together?	0	1	0	1	3	5	0	2	0	4	15	4.20
8.4.3 Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	0	1	1	1	2	5	0	2	3	4	10	3.80

8.4.4 Provide opportunities for the development of leaders who represent the diversity of the community?	0	1	1	1	2	5	0	2	3	4	10	3.80
										Section 8 Average:	3.41	

10. At what level does the LPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
9.1.1 Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved?	0	1	2	1	1	5	0	2	6	4	5	3.40
9.1.2 Assess whether community members, including vulnerable populations, are satisfied with the approaches taken toward promoting health and preventing disease, illness, and injury?	0	2	1	0	2	5	0	4	3	0	10	3.40
9.1.3 Identify gaps in the provision of population-based health services?	0	2	0	1	2	5	0	4	0	4	10	3.60
9.1.4 Use evaluation findings to improve plans, processes, and services?	0	2	0	2	1	5	0	4	0	8	5	3.40

12.AtwhatleveldoestheLPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
9.2.1 Evaluate the accessibility, quality, and effectiveness of personal health services?	0	1	1	1	2	5	0	2	3	4	10	3.80
9.2.2 Compare the quality of personal health services to established guidelines?	0	1	1	2	1	5	0	2	3	8	5	3.60

9.2.3 Measure user satisfaction with personal health services?	0	2	1	0	2	5	0	4	3	0	10	3.40
9.2.4 Use technology, like the Internet or electronic health records, to improve quality of care?	0	2	1	0	2	5	0	4	3	0	10	3.40
9.2.5 Use evaluation findings to improve services and program delivery?	0	1	1	1	2	5	0	2	3	4	10	3.80

14. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
9.3.1 Identify all public, private, and voluntary organizations that contribute to the delivery of the 10 Essential Public Health Services?	0	1	1	0	3	5	0	2	3	0	15	4.00
9.3.2 Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to the delivery of the 10 Essential Public Health Services?	0	1	0	1	3	5	0	2	0	4	15	4.20
9.3.3 Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	0	1	1	1	2	5	0	2	3	4	10	3.80
9.3.4 Use results from the evaluation process to improve the LPHS?	0	1	1	0	3	5	0	2	3	0	15	4.00
									Section9Average:			3.92

17. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
10.1.1 Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	0	1	0	2	2	5	0	2	0	8	10	4.00
10.1.2 Suggest ideas about what currently needs to be studied in public health to organizations that conduct research?	1	2	0	1	1	5	1	4	0	4	5	2.80
10.1.3 Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	0	1	0	3	1	5	0	2	0	12	5	3.80
10.1.4 Encourage community participation in research, including deciding what will be studied, conducting research, and sharing results?	0	1	1	1	2	5	0	2	3	4	10	3.80

19. At what level does the LPHS…												
Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
10.2.1 Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	0	2	1	0	2	5	0	4	3	0	10	3.40
10.2.2 Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?	0	3	0	0	2	5	0	6	0	0	10	3.20
10.2.3 Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	0	1	1	1	2	5	0	2	3	4	10	3.80

21. At what level does the LPHS…

Answer Options	No Activity	Minimal	Moderate	Significant	Optimal	Response Count	No activity=1pt	Minimal =2pt	Moderate =3pt	Significant =4pt	Optimal =5pt	Average
10.3.1 Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	0	1	2	0	2	5	0	2	6	0	10	3.60
10.3.2 Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	0	2	1	1	1	5	0	4	3	4	5	3.20
10.3.3 Share findings with public health colleagues and the community broadly, through journals, Web sites, community meetings, etc.?	0	1	0	1	3	5	0	2	0	4	15	4.20
10.3.4 Evaluate public health systems research efforts throughout all stages of work from planning to effect on local public health practice?	0	3	0	0	2	5	0	6	0	0	10	3.20
										Section 10 Average:		3.93
										CompositeAverage:		3.67

The following question was asked after each section of questions: What are our community's strengths, weaknesses, or improvement opportunities in the following areas?

Question Numbers	Strength, Weakness, and Opportunities listed by respondents of LPHSA Survey.
1.1.1-1.1.3	Health Depart very active and supports healthy life styles
	Update the CHA with current information continuously
	Public Health Investigation and Disease Detection of Oklahoma (PHIDDO) System
	Community Health Assessment has many diverse organizations involved
1.2.1-1.2.2	Open lines of Communication
	Health Department website is easy to use with access to pertinent data
	Health Department uses all modes of communication available

	Education and exposure on a more regular basis
	More education to create community awareness on areas that have lower scores
1.3.1-1.3.2	Data needs to be published more up to date
2.1.1-2.1.3	Automated system for sharing information
	Opportunity to exercise and process was employed with Ebola awareness and education in the community
	Great community partners that share information
2.2.1-2.2.6	Policies and procedures that have been demonstrated during events affecting the community
	Staff have trained hard
	More staff development
3.1.1-3.1.3	Asking questions to access needs
	Addressing key initiatives through organizing and implementing workgroups to collaborate
	Community cares about health of both adults and minors
	Leaders are committed to improvement of Community well being
	Community is interested in better health practices
	Education new partners and residents
	Small core of active participants with limited successful completion
	Educate small communities on programs and services
	Educate new community residents on programs and services
	More engagement in planning with workgroups
3.2.1-3.2.3	A definite positive for kids
	Numerous communication outlets in this area
	Key interests are involved
	Knowledge and participation of smaller groups is weak
3.3.1-3.3.3	Infectious disease response, planning, training and dissemination of information during the Ebola virus disease preparedness
	Communication when power is off

	Education new arrivals
	LPHS in Comanche County does a great job of trying to reach out to our community and establish programs to hel people live healthy
	Need regular meetings to communicate new information and information to new comers
	We seem to need increased communication about various programs available. There has been a significant increase recently, but I think we could probably do better
	For the population that we serve I find that the service continually provides Essential Services and support to meet needs.
	I believe they do a good job of creating programs and services, but still need to work on getting the message out to more than the critical stakeholders. Broader-range.
	If you are mobile or have access you can handle things, but for those elderly in rural settings it is very challenging.
4.1.1-4.1.4	Collaboration of stakeholders to address public health issues
	Do a good job of finding champions
	Community wants a healthy, safe environment and are willing to work to that end
	Share the Community Organization's directory with the community
	Update the Community Organization's directory
4.2.1-4.2.3	Having a program like this has made significant strides in improving the overall opportunities to improve healthy lifestyles in the community.
	LPHS works to the highest level to accomplish this standard
	Strong Community Health Improvement Organization that is working systematically to attack issues that are significant.
	Bus service outside the city limits. Resources for the aging population that are more easily accessible.
5.1.1-5.1.3	Community is the 3rd largest city in the state
	Handling training and major events with limited resources
	Numerous coalitions are hard to keep track of who and what resources they can provide
	Plan, train and coordinate prior to a major issue happening.
	Health department gains support for its programs and activities from a wide variety of partner agencies
	Health department has active participation in their stakeholder's meetings, and represent the community's needs
	LPHS strives to keep local community organizations informed and involved in up to date training to be prepared for major events.

5.3.1-5.3.3	CHIP is current and represents the strategies needed to improve overall health of the community
	Community Health Center monitors and oversees in order to see that the CHIP is on track and maintained.
	By keeping CHIP up to date, local organizations maintain their portion and are better able to keep on track.
	Need to sustain established working groups in identified areas that need improvement.
5.4.1-5.4.3	A plan that has been tested
	Annex H's and Local Emergency Response Coordinator do an excellent job of monitoring and responding.
	Time and money inhibit the community's ability to exercise and test plans
6.3.1-6.3.5	The LPHS takes a proactive approach to guide and mentor the community on health related legalities, for instance; during the Ebola concerns, the health department brought Law Enforcement Emergency Management and other first response agencies in and provided guidance and direction relevant to policies and legal limitations
7.1.1-7.1.4	We do have several organizations that try to target groups in need. I think we could probably work together a little more to identify them.
	Strength-federally qualified health center
	improvement opportunities-better definition of the roles and responsibilities for partners
	Strength-we have a wonderful free clinic
7.2.1-7.2.4	Weakness: many need health care and for one reason or another do not obtain, presenting in most cases a degree of public health threat.
	Great job in our community
8.1.1-8.1.3	We have started making the public more aware of healthy activities going in the community. Bike path and parks are more available. Still opportunities' for promoting positive things going on and focusing less on the negative.
	Collaborative assessments and programs
	Pay seems to be lower here than in other cities in the state. In an attempt to attract the best qualified health care providers, that might prove to be a deterrent.
8.2.1-8.2.3	Do people know what the 10 essential Public Health Services are?
8.4.1-8.4.4	The Health Department does a good job of bringing people from a variety of local businesses to get a balanced outlook of the community needs.

9.3.1-9.3.4	We have regular community meetings to keep everyone abreast of efforts being made in the community.
10.3.1-10.3.4	I am fortunate enough to have the educational background and resources to seek out answers I need, but I fear that the regular public may now be receiving the information needed. In terms of entities working collaboratively, I do not think we do that effectively. Educational institutions in the area should know more about what is happening. I work at an educational institution. My administration may know more about what is happening, but educators in the departments do not. I would think we should be able to find ways to communicate better in order to promote the development of more educational tools.
	The Health Department does a great job of communication with the community needs, the efforts and the plans of action to make healthcare better for our community.

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.

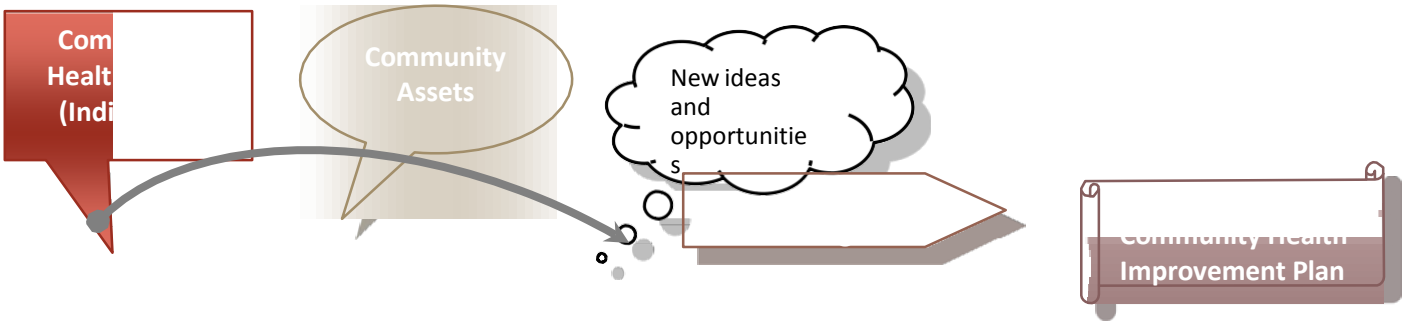
What is a community asset?

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.



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