Kingfisher County Health Department Strategic Plan 2016 - 2021

May 4, 2016
Kingfisher County, Oklahoma

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MISSION

To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Kingfisher County residents can be healthy.

VISION

Creating a County of Health

VALUES

Leadership - To provide vision and purpose in public health through knowledge, inspiration and dedication and serve as the leading authority on prevention, preparedness and health policy.

Integrity - To steadfastly fulfill our obligations, maintain public trust, and exemplify excellence and ethical conduct in our work, services, processes, and operations.

Community - To respect the importance, diversity, and contribution of individuals and community partners.

Service - To demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents.

Accountability - To competently improve the public's health on the basis of sound scientific evidence and responsible research.

Executive Summary

In February 2016, the Kingfisher County Health Department (KCHD) convened a Strategic Planning Team (SPT) to participate in the strategic planning process. SPT members consisted of the: Regional Health Director, Accreditation Coordinator, Health Educator, District Nurse Manager, Coordinating Nurse, Business Manager, Public Health Specialist, front office staff, Wellness staff, the Local Emergency Response Coordinator, and the Regional Partnership Consultant. This team was responsible for gathering all data to be used during the planning process including: Community Health Assessment data, Community Health Improvement Plan objectives and strategies, Oklahoma State Department of Health's Strategic Plan objectives and strategies, and Oklahoma State Health Improvement Plan objectives. This information, gathered from all levels of internal staff and community partnerships, provided the foundational data necessary for strategic planning.

With this information, the SPT began a series of five meetings focused on identifying KCHD's strategic issues and how to address them. During the process, SPT conducted an analysis to determine the health department's strengths, weaknesses, opportunities, and threats (SWOT). SPT reviewed the foundational data and participated in an Affinity Diagram exercise to help identify the strategic issues. Subsequent meetings focused on developing objectives for addressing the strategic issues and strategies for measuring performance towards improvement of each objective. Objectives were developed in accordance with SMART criteria (Specific, Measurable, Attainable, Relevant, and Time-bound).

SPT had broad department involvement. Representatives included: Administration, Health Education, Nursing, Accreditation, and Environmental Health. The local Board of Health was informed of the process and received periodic updates of progress from the Administrative Director.

Over the planning period, each meeting built on progress from the last and was supplemented by information developed between meetings through electronic communications and face-to-face consultations. The final draft of the Kingfisher County Health Department Strategic Plan 2016-2021 was approved on May 4, 2016. The process then began to develop programmatic objectives to further align KCHD objectives with those of the community, state, and nation. This clear alignment is important because it facilitates a unified approach to public health efforts for KCHD and the Oklahoma State Department of Health (OSDH). It also helps employees understand the mission and vision of our agency and the part they play within it.

This strategic plan is not a detailed report of all services provided through KCHD. It is a guide for our efforts through 2021 to make the largest and most efficient improvements to public health indicators in Kingfisher County. KCHD will continue to review and update the plan to monitor progress towards achieving its objectives.

Public Health Strategic Issues

Issue One

Healthy Weight

Weight that is higher than what is considered healthy for a given height is described as overweight or obese. Body Mass Index (BMI) is used as a screening tool for overweight and obesity. BMI is a person's weight in kilograms divided by the square of height in meters. BMI of 30.0 or higher is in the obese range. BMI of 25.0 to 29.9 is in the overweight range.[1]

Overweight and obesity are major risk factors for a number of chronic diseases, including diabetes, cardiovascular disease and cancer. Childhood obesity is associated with various health-related consequences. Obese children and adolescents may experience immediate health consequences and may be at risk for weight-related health problems in adulthood.

According to the State of the State's Health Report, Oklahoma has the 6th highest obesity rate in the nation.[2] It increased from one in seven adults in 1995 to one in three in 2010. In 2013, 12% of Oklahoma youth were obese and 15% were overweight.[3] Only 37% of high school students had a physical education class at least once per week, and only 31% had daily physical education.[4]

The State of the State's Health Report indicated an obesity rate for Kingfisher County of 32.3%, compared to the state as 32.2% and the nation at 27.6%, receiving a grade of "D." The report also indicated rates for the following contributing risk factors and behaviors: minimal fruit consumption - 50.4% ("F"), minimal vegetable consumption - 26.2% ("D"), no physical activity - 28.8% ("D").

According to the County Health Rankings & Roadmaps, the county's adult obesity rate was 29% and identified as an area to explore. However, this represents a positive trend from the 32% reported in 2014.

Other recent public health reports indicate similar statistics (e.x., Community Commons - 28.8%, CDC Community Health Status Indicators - 29.5%). All of these reported indicators show a positive trend. However, they interpret the findings somewhat differently: Community Commons shows it in the "green" on its dashboard indicator, Community Health Status Indicators shows it as "moderate" on its at-a-glance summary.

1. Centers for Disease Control and Prevention. (2012). Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. Retrieved from http://www.cdc.gov/obesity/adult/defining.html.
2. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.
3. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information. Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share.
4. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance - United States 2010. MMWR Surveillance Summaries 59, no. SS05 (2010).

Healthy Weight

Objectives:

- By 2021, decrease adult obesity from 32.3% to 29%. (As reported by OSDH)
- By 2021, decrease minimal fruit consumption among residents from 50.4% to 45%. (As reported by OSDH)
- By 2021, decrease minimal vegetable consumption among residents from 28.8% to 25%. (As reported by OSDH) **ACCOMPLISHED**
- By 2021, decrease rate of reported "no activity" among residents from 28.8% to 23%. (As reported by OSDH)

Strategy 1: Provide physical activity education to youth

- Organ Wise Guys
- 8th Grade Health Conference
- Partner with Kingfisher Community Collaborative to hold a Bike Rodeo
- Partner with community to create events that promote physical activity and nutrition concepts
- Demonstrations, presentations, and other opportunities as identified

Strategy 2: Refer clients to nutritionist

- If BMI indicates a need
- For Family Planning Services
- As a part of Women, Infants and Children (WIC) program

Strategy 3: Facilitate community institutions, businesses and schools to adopt and implement policies to improve the nutritional profile of foods available in their organizations

- Engage organizational leadership to educate their organization on the benefits of adopting model nutrition policy as provided by Kingfisher County Healthy Living Program
- Provide organizational leadership with technical assistance for the development and implementation of nutrition policies and programs

Strategy 4: Facilitate community institutions, businesses and schools to adopt and implement policies to increase physical activity available in their organizations

- Engage organizational leadership to educate their organization on the benefits of adopting model physical activity policy as provided by Kingfisher County Healthy Living Program
- Provide organizational leadership with technical assistance for the development and implementation of physical activity policies and programs

Strengths:	Staff that can deliver healthy weight messaging (school nurses, health educator, Wellness Coordinator) KCHD Healthy Living Program grant funding Social worker staff that can make wellness-related referrals
Weaknesses:	Internal employee wellness program not utilized Availability of staff to go into the community to meet people at their convenience No data for youth obesity
Opportunities:	Organ Wise Guys and 8th Grade Health Conference available for healthy weight messaging Kingfisher Community Collaborative includes obesity as a strategic issue in its Community Health Improvement Plan Partner with Oklahoma Healthy Aging Initiative to refer clients for their various programs OSU Extension partnership in offering nutrition and physical activity education
Threats:	2016 budget cuts due to state government revenue failure threatens all state programs No data for youth obesity

Key support function required

Information Management:	Need data on youth obesity Need access to county-specific BRFSS data that includes adult obesity
Workforce Development:	Need more school nurses
Communication and Branding:	Coordination needed between State Office personnel and county office personnel
Financial Sustainability:	KCHD Healthy Living Program grant funding must continue

Preventable Hospitalizations

Potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. Although not all such hospitalizations can be avoided, admission rates in populations and communities can vary depending on access to primary care, care-seeking behaviors, and the quality of care available. Because hospitalization tends to be costlier than outpatient or primary care, potentially preventable hospitalizations often are tracked as markers of health system efficiency. The number and cost of potentially preventable hospitalizations also can be calculated to help identify potential cost savings associated with reducing these hospitalizations overall and for specific populations.[5]

According to the State of the State's Health Report, Oklahoma's rate of preventable hospitalizations was 1815.8 per 100,000, compared to the nation at 1562.1, receiving a grade of "D." Furthermore, unintentional injury mortality was 60.5 per 100,000, compared to the nation at 38.1, receiving a grade of "F."

In 2011, there were approximately 52,000 potentially preventable hospitalizations in Oklahoma costing more than $1 billion in hospital charges. Diseases typically associated with preventable hospitalization include diabetes, hypertension, congestive heart failure, angina, asthma, dehydration, bacterial pneumonia and urinary infections.[6]

Injuries were the leading cause of death for Oklahomans age 1 to 44. Oklahoma's unintentional injury death rate increased by nearly 50% from 2000 to 2012. In 2012, approximately 2,300 Oklahomans died from an unintentional injury and accounted for 1 in 16 deaths.[7] The leading causes of unintentional injury death include poisonings, motor vehicle crashes, and falls.[8]

The State of the State's Health Report indicated a rate of preventable hospitalizations for Kingfisher County of 2602.3 per 100,000, receiving a grade of "F." The report indicated that unintentional deaths was the 4th leading cause of death in the county at a rate of 52.6 per 100,000, receiving a grade of "D."

The County Health Rankings & Roadmaps reported a rate of preventable hospital stays for Kingfisher County of 68 per 1,000, an improvement from the rate of 121 reported in 2014. It also reported a rate of injury deaths as 68 per 100,000, essentially the same as the rate of 70 reported in 2014.

5. CDC. Introduction: In: CDC potentially preventable hospitalizations report - United States, 2001-2009. MMWR 2013;62(03);139-143.

6. http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a23.htm?s_cid=su6203a23_w

7. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Retrieved from http://www.health.ok.gov/ok2share.

8. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2005). Web-based injury Statistics Query and Reporting System (WISQARS). Available from http://cdc.gov/ncipc/wisqars.

Preventable Hospitalizations

Objectives:

- By 2021, decrease preventable hospitalizations from 2602.3 per 100,000 to 1815.8. (State rate in 2014 State of the State's Health Report) (As reported by OSDH)
- By 2021, decrease unintentional injury deaths from 52.6 per 100,000 to 38.1. (U.S. rate in 2014 State of the State's Health Report) (As reported by OSDH)

Strategy 1: Car safety seats

- Provide car safety seats to those who qualify
- Provide car safety seat installation and safety check services

Strategy 2: Immunizations

- Implement recall program for 4th DTaP *(QI Project)*
- Promote vaccinations available for communicable diseases

Strategy 3: Promote proactive healthy and wellness behaviors through health department services

- Promote management of diabetes, high blood pressure, and other chronic conditions clinic and/or special service appointments
- Partner with Oklahoma Healthy Aging Initiative to provide their health education services to Kingfisher County residents

Strategy 4: Depression screening

- Provide post-partum screening through Family Planning
- Utilize Question.Persuade.Refer (QPR) protocols

Strategy 5: Injury prevention

- Provide school systems with the opportunity to receive Risk Watch Injury Prevention Curriculum. This is an injury prevention curriculum developed for pre-school through 8th grade students. It covers eight issues: motor vehicle safety, fire and burn prevention, strangulation prevention, poisoning prevention, falls prevention, firearms injury prevention, bike and pedestrian safety, and water safety.
- Hold a Bike Rodeo to promote bicycle safety
- Advocate Safe/Defensive Driving training offered by the Oklahoma Department of Public Safety and its partners

Strengths:	Staff that can deliver preventable hospitalization and injury prevention messaging (school nurses, health educator) Staff that can make appropriate referrals (school nurses, health educator, clinic nurses, councilors, social workers)
Weaknesses:	Need more nurses, social workers and health educators
Opportunities:	Kingfisher Community Collaborative also has behavioral health as a part of its Community Health Improvement Plan Safe Kids Oklahoma can assist with car seat checks and with providing bicycle rodeos
Threats:	2016 budget cuts due to state government revenue failure threatens all state programs

Key support functions required

Information Management:	No issues identified
Workforce Development:	Need more nurses, social workers and health educators
Communication and Branding:	No issues identified
Financial Sustainability:	Avoid cuts in general services that may be caused by state revenue failure

Teen Pregnancy Prevention

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. In 2011, teen pregnancy and childbirth accounted for at least $9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers. Effects of teen pregnancy remain for the teen mother and her child even after adjusting for those factors that increased the teenager's risk of pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having poor performance in school.[9]

Compared with their peers who delay childbearing, teen mothers are less likely to finish high school (only one-third receive a high school diploma and only 1.5% have a college degree by age 30), more likely to live in poverty as adults, and more likely to rely on public assistance.[10]

According to the State of the State's Health Report, Oklahoma had one of the worst state teen birth rates in the nation. Sixty-nine of Oklahoma's 77 counties had a teen birthrate higher than the national average.

For Kingfisher County, the State of the State's Health Report indicated a teen fertility rate of 19.7 per 1,000, compared to the state at 22.9 and the nation at 15.4, receiving a grade of "D." This was an improvement from the rate on 20.4 reported in 2011, but still well above the national average. In comparison, New Hampshire had the best fertility rate at 5.4.

The State of the County's Health Report indicated a teen birth rate of 46.4 per 1,000 females ages 15 to 19 years. This was 11.1% lower than the state rate of 52.2,[11] but 17.2% higher than the rate reported in the previous County Health Report.[12]

The CDC Community Health Status Indicators (CHSI) indicated a teen birth rate of 48.4 per 1,000 females ages 15 to 19 years. This finished in the moderate, or "yellow" range of the report's at-a-glance indicator scale.

The County Health Rankings & Roadmaps reported a teen birth rate of 46 per 1,000 females ages 15 to 19 years. Although this is very similar to findings already discussed, the report did not identify this indicator as an area to explore. Community Commons also reported that Kingfisher County's teen birth rate was in the "green" on its dashboard indicator scale.

Despite the varied interpretations of the findings, KCHD views the issue of teenage pregnancy as a significant health concern and worthy to be identified as a strategic issue in its five-year strategic plan.

9. Centers for Disease Control and Prevention, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Available at http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm#The Importance of Prevention

10. Holcombe, E., Peterson, K., & Manlove, J. (March 2009). Research Brief: Ten Reasons to Still Keep the Focus on Teen Childbearing. Washington, DC: Childtrends.

11. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Birth Statistics, - Final. www.health.ok.gov/ok2share.

12. Oklahoma State Department of Health, Community Health, Community Epidemiology, 2010 County Health Report. http://www.ok.gov/health.

Teen Pregnancy Prevention

Objectives:

- By 2021, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by OSDH) **ACCOMPLISHED**
- Through 2021, approach each school system annually and offer to provide youth development education* presentations using evidence based/promising practice curricula. **ACCOMPLISHED**
- Through 2021, provide two opportunities annually for parents/caregivers to receive an overview of the abstinence/youth development education presentations using evidence based/promising practice curricula. **ACCOMPLISHED**

Strategy 1: Partner with Kingfisher Community Collaborative to promote a "Parent Night"

- Provide overview of youth development education* curricula
- Provide overview of health department Family Planning services

Strategy 2: Contact Superintendents, Principals, and organizational leaders to discuss youth development education*

- Provide overview of curricula and educational services
- Offer to provide overview at a "Parent Night"

Strategy 3: 8th Grade Health Conference

- Provide youth development education*
- Ask participating schools to allow for a follow-up at their facility

* The evidence-based youth development education curriculum used is Making a Difference! It is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming (or getting someone) pregnant, and becoming infected with an STD or HIV. Specifically, this curriculum advocates postponing sexual activity and emphasizes that abstinence is the only way to completely eliminate their risk of pregnancy, STDs and HIV. Curriculum objectives include:

- Increased knowledge about prevention of pregnancy, STDs and HIV
- More positive attitudes and beliefs about abstinence
- Increased confidence in their ability to negotiate abstinence
- Increased skills to negotiate
- Stronger intentions to abstain from sex
- A low incidence of STD/HIV risk-associated sexual behavior
- A stronger sense of pride and responsibility in making a difference in their lives

Strengths:	Staff that can deliver youth development messaging (school nurses, health educator)
Weaknesses:	Health department not always allowed to deliver message Limited availability of nurse practitioners to assist with birth control
Opportunities:	Kingfisher Community Collaborative includes teen pregnancy as a strategic issue in its Community Health Improvement Plan 8th Grade Health Conference
Threats:	2016 budget cuts due to state government revenue failure threatens all state programs Stigma of "sex education" still prevalent in communities Cycle of teen pregnancy in families

Key support functions required

Information Management:	No issues identified
Workforce Development:	General increase in staff would be beneficial
Communication and Branding:	No issues identified
Financial Sustainability:	Avoid cuts in general services that may be caused by state revenue failure

Tobacco Prevention

According to the CDC, cigarette smoking causes more than 480,000 deaths each year in the United States. This in nearly one in five deaths.[13,14,15]

Smoking causes more deaths each year than the following combined:[16,18]

- Human Immunodeficiency Virus (HIV)
- Illegal drug use
- Alcohol use
- Motor vehicle injuries
- Firearm-related incidents

More than 10 times as many U.S. citizens have died prematurely from cigarette smoking than have died in all the wars fought by the United States during its history.[13]

Smoking causes about 90% of all lung cancer deaths in men and women.[13,14] More women die from lung cancer each year than from breast cancer.[17] About 80% of all deaths from chronic obstructive pulmonary disease (COPD) are caused by smoking.[13]

Cigarette smoking increases risk for death from all causes in men and women. The risk of dying from cigarette smoking has increased over the last 50 years in the United States.[13]

Smoking harms nearly every organ of the body and affects a person's overall health. Smoking can:[13,14,17]

- Make it harder for women to become pregnant
- Reduce men's fertility
- Affect bone health
- Affect the health of teeth and gums
- Cause type 2 Diabetes
- Cause other health problems

Each year, about 4,400 Oklahoma children become new daily smokers.[19]

The State of the State's Health Report indicated a current adult smoking prevalence for Kingfisher County of 19.6%, receiving a grade of "C." This was the 4th lowest percentage of adult smokers in the state. This was an improvement from the 22.1% indicated in the 2011 Report, representing an improvement of 11%. KCHD recognizes that there is still much work to be done.

13. U.S. Department of Health and Human Services. The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2015 Oct 5].
14. U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010 [accessed 2015, Oct. 5].
15. Centers for Disease Control and Prevention. QuickStats: Number of Deaths from 10 Leading Causes - National Vital Statistics System, United States, 2010. Morbidity and Mortality Weekly Report 2013:62(08);155. [accessed 2015 Oct 5].
16. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual Causes of Death in the United States. JAMA: Journal of the American Medical Association 2004;291(10):1238-45 [cited 2015 Oct 5].
17. U.S. Department of Health and Human Services. Women and Smoking: A report of the Surgeon General. Rockville (MD): U.S. Department of Health and Human Services, Public Health Services, Office of the Surgeon General, 2001 [accessed 2015 Oct 5].
18. Centers for Disease Control and Prevention. State-Specific Smoking Attributable Mortality and Years of Potential Life Lost - United States, 2000-2004. January 22, 2009.
19. New underage daily smoker estimate based on data from U.S. Department of Health and Human Services (HHS), "Results from the 2010 National Survey on Drug Use and Health," with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.

Tobacco Prevention

Objectives:

- By 2021, decrease the adult smoking prevalence rate from 19.6% to 16%. (As reported by OSDH)

Strategy 1: Increase number of schools, communities, and businesses that adopt and implement tobacco free 24/7 policies, including the use of e-cigarettes. *(OSDH Strategic Map: B5)*

- Facilitate institutions to adopt and implement workplace wellness policies that include support for tobacco-free living
- Facilitate institutions to adopt tobacco free policies (prohibiting smoking, vaping and the use of smokeless tobacco products) on all organizational property
- Provide leadership with technical assistance for development and implementation of model tobacco-free policies

Strategy 2: Support and encourage enforcement

- Provide tobacco-free signage/decals to institutions across sectors that adopt model tobacco free policy
- Provide tobacco-free decals to all intuitions regardless of tobacco free policy status
- Promote and support Kick Butts Day, World No Tobacco Day, and Great American Smokeout within communities by hosting various events and/or displays
- Issue press releases for each holiday or season that promotes the benefits of being tobacco free

Strategy 3: Promote tobacco product cessation

- Implement the 5A's during clinic appointments
- Have staff on site trained in cessation techniques
- Promote Oklahoma Tobacco Helpline

Strengths: Kingfisher Healthy Living Program grant funding

Tobacco Cessation Treatment Training

800 QuitNow

Weaknesses: No data on youth tobacco use

Vaping has increased and policies are outdated

Opportunities:	Kingfisher Community Collaborative also has tobacco prevention as a part of its Community Health Improvement Plan
	8th Grade Health Conference provides opportunity for tobacco prevention messaging
Threats:	2016 budget cuts due to state government revenue failure threatens all state programs
	Community complacency due to adult smoking rate being one of the lowest in the state
	Limited data on youth tobacco use
	Increase usage of vaping and limited data regarding health concerns

Key support functions required

Information Management:	Need data on youth tobacco use
	Need access to county-specific BRFSS data that includes adult tobacco use
Workforce Development:	Need staff trained in tobacco cessation techniques
Communication and Branding:	No issues identified
Financial Sustainability:	Kingfisher Healthy Living Program grant funding must continue

SWOT Analysis

	Positive	Negative
Internal	School Nursing/ CPR Classes/ Good local funding/ Lots of grant funding/ Generator keeps building powered/ Interpreters/ TSET wellness/ Health education/ Good social workers	State purchase procedures/ Technology/ Employee wellness/ Data/ HD stigma/
External	CPR classes/ Lots of grant funding/ 8th grade health conference/ KCC/ TSET wellness/ Parent involvement	Budget cuts/ Parent involvement/ Complacency/ Community involvement/ ER agency/ Technology/ School food policy/ Data

First Annual Report

Issue One

Healthy Weight

Objectives:

- **By 2021, decrease adult obesity from 32.3% to 29%. (As reported by OSDH)**

The adult obesity rate was 29.4%. This was a 10% improvement and is .4% from fulfilling the performance objective.

- **By 2021, decrease minimal fruit consumption among residents from 50.4% to 45%. (As reported by OSDH)**

The rate of minimal fruit consumption was 50.8%. This was less than a 1% decline but trends in the wrong direction.

- **By 2021, decrease minimal vegetable consumption among residents from 28.8% to 25%. (As reported by OSDH)**

The rate of minimal vegetable consumption was 29.1%. This was an approximate 1% decline trending in the wrong direction.

- **By 2021, decrease rate of reported "no activity" among residents from 28.8% to 23%. (As reported by OSDH)**

The rate of "no activity" was 26.4%. This was an 8% improvement.

Issue Two

Preventable Hospitalizations

Objectives:

- **By 2021, decrease preventable hospitalizations from 2602.3 per 100,000 to 1815.8. (State rate in 2014 State of the State's Health Report) (As reported by OSDH)**

At the time of this report, source data from OSDH was not available.

- **By 2021, decrease unintentional injury deaths from 52.6 per 100,000 to 38.1. (U.S. rate in 2014 State of the State's Health Report) (As reported by the OSDH)**

The unintentional injury death rate was 56.6 per 100,000. This was an approximate 8% increase.

Teen Pregnancy Prevention

Objectives:

- **By 2021, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by OSDH)**

According to source data from OK2SHARE, the teen fertility rate was 8.8 per 1,000. This was a dramatic improvement. However, it conforms to a statewide trend in teen fertility. This meets and exceeds the performance objective.

Detailed Birth Statistics

Characteristics Selected for Records Search

Search Characteristic	Values Selected
Counties	Kingfisher
Years	2013 to 2015
Mother's Age	15-17 years

9 records matched the search criteria.

Characteristics Selected for Records Search

Live Births	Population	Birth Rate	Specific Female Pop	Specific Rates
9	2,066	4.4	1,024	8.8

Calculations may have been suppressed due to small cell size (less than 5 births)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2013 to 2015, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 01JUL2021:13:00:57.

- **Through 2021, approach each school system annually and offer to provide youth development education presentations using evidence based/promising practice curricula.**

Kingfisher County has the following school systems:

- ◊ Hennessey
- ◊ Dover
- ◊ Lomega (Loyal and Omega)
- ◊ Kingfisher
- ◊ Okarche
- ◊ Cashion

All of these school systems are K-12. Between the Health Educators (Healther Ward, Tyler Harl, and Justin Fortney) and a health department contracted school nurse (Roberta Seaton), all six school systems have received abstinence/safer sex education presentations using evidence based curricula over the past year.

- **Through 2021, provide two opportunities annually for parents/caregivers to receive an overview of the abstinence/youth development education presentations using evidence based/promising practice curricula.**

According to state law (70 O.S. 11-105.1), "All curriculum … which will be used to teach … a sex education class … shall be available … for inspection by parents and guardians of the student." The school district shall provide prior written notification to the parents of the student informing them of the class, their right to inspect the curriculum, and their obligation to notify the school in writing if they do not want their child to participate.

This is accomplished by issuing permission forms to students to take home to their parents notifying them of the class. The permission forms provide a tool for written permission or refusal of student participation. The permission forms also notify parents of their right to review the curriculum if they wish.

Tobacco Prevention

Objectives:

- **By 2021, decrease the adult smoking prevalence rate from 19.6% to 16%. (As reported by OSDH)**

The rate of current adult smoking prevalence was 17.8%. This was an approximate 9% improvement.

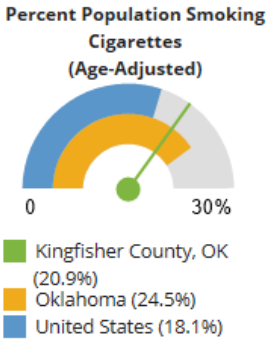
Community Commons reported a tobacco consumption rate of 20.9%, finishing in the "green" on this report's dashboard indicator.

Tobacco Usage - Current Smokers

In the report area an estimated 2,136, or 19.4% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Download Data

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Kingfisher County, OK	11,011	2,136	19.4%	**20.9%**
Oklahoma	2,793,624	673,263	24.1%	24.5%
United States	232,556,016	41,491,223	17.8%	18.1%

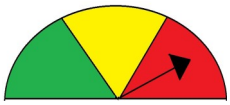


Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Summary

Healthy Weight

The obesity rate improved. However, fruit and vegetable consumption did not improve and residents appeared to be more sedentary.



Preventable Hospitalizations

There was no data to report for preventable hospitalizations. Unintentional injury deaths increased.

Teen Pregnancy Prevention

The teen pregnancy rate plummeted. This by far exceeds the performance objective for this measure. Though this appears extreme, it conforms to a decrease in teen pregnancy rates across the state. It should be noted that, in preparation for the 2017 State of the State's Health Report, it appears OSDH will use a five-year data range rather than the three-year data range reflected in the source data.

The success of our health educators in presenting sex education curricula to all the school systems has likely contributed to the decrease in the county's teen pregnancy rate.

Tobacco Prevention

Improvement is the rate of adult smoking prevalence is arguably the most significant outcome reported in this summary. Improvements in this area will positively effect a wide range of public health outcomes.

Second Annual Report

Issue One

Healthy Weight

Objectives:

- **By 2021, decrease adult obesity from 32.3% to 29%. (As reported by OSDH)**

The adult obesity rate was 30.8%. This was a 5% increase.

- **By 2021, decrease minimal fruit consumption among residents from 50.4% to 45%. (As reported by OSDH)**

The rate of minimal fruit consumption was 47.3%. This was a 7% improvement.

- **By 2021, decrease minimal vegetable consumption among residents from 28.8% to 25%. (As reported by OSDH)**

The rate of minimal vegetable consumption was 21.3%. This was a 27% improvement and exceeds the performance objective for this measure.

- **By 2021, decrease rate of reported "no activity" among residents from 28.8% to 23%. (As reported by OSDH)**

The rate of "no activity" was 33.8%. This was a 28% increase.

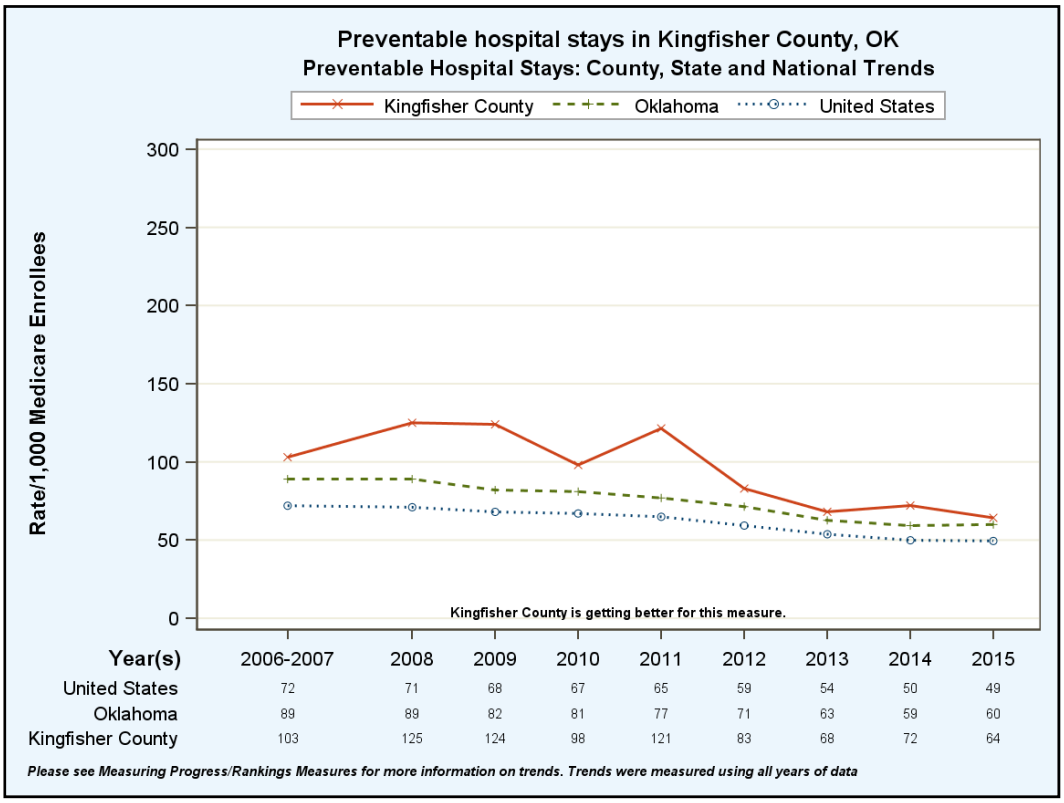
Preventable Hospitalizations

Objectives:

- **By 2021, decrease preventable hospitalizations from 2602.3 per 100,000 to 1815.8. (State rate in 2014 State of the State's Health Report) (As reported by OSDH)**

At the time of this report, source data from OSDH was not available.

The County Health Rankings & Roadmaps report includes a metric for "preventable hospital stays." It is defined as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. In the 2018 report for Kingfisher County, this rate was 64 per 1,000. The report indicated that Kingfisher County was getting better for this measure.



- **By 2021, decrease unintentional injury deaths from 52.6 per 100,000 to 38.1. (U.S. rate in 2014 State of the State's Health Report) (As reported by the OSDH)**

The unintentional injury death rate was 55.4 per 100,000. This was an approximate 2% improvement.

Teen Pregnancy Prevention

Objectives:

- **By 2021, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by OSDH)**

According to source data from OK2SHARE, the teen fertility rate was 10.7 per 1,000. This was a 22% increase. However, it is still under the performance objective for this measure.

Detailed Birth Statistics

Characteristics Selected for Records Search

Search Characteristic	Values Selected
Counties	Kingfisher
Years	2014 to 2016
Mother's Age	15-17 years

11 records matched the search criteria.

Characteristics Selected for Records Search

Live Births	Population	Birth Rate	Specific Female Pop	Specific Rates
11	2,145	5.1	1,030	10.7

Calculations may have been suppressed due to small cell size (less than 5 births)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2014 to 2016, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 01JUL2021:12:55:02.

- **Through 2021, approach each school system annually and offer to provide youth development education presentations using evidence based/promising practice curricula.**

Kingfisher County has the following school systems:

- ◊ Hennessey
- ◊ Dover
- ◊ Lomega (Loyal and Omega)
- ◊ Kingfisher
- ◊ Okarche
- ◊ Cashion

All of these school systems are K-12. Between the Health Educators (Healther Ward, Tyler Harl, and Justin Fortney) and a health department contracted school nurse (Roberta Seaton), all six school systems have received abstinence/safer sex education presentations using evidence based curricula over the past year.

- **Through 2021, provide two opportunities annually for parents/caregivers to receive an overview of the abstinence/youth development education presentations using evidence based/promising practice curricula.**

According to state law (70 O.S. 11-105.1), "All curriculum … which will be used to teach … a sex education class … shall be available … for inspection by parents and guardians of the student." The school district shall provide prior written notification to the parents of the student informing them of the class, their right to inspect the curriculum, and their obligation to notify the school in writing if they do not want their child to participate.

This is accomplished by issuing permission forms to students to take home to their parents notifying them of the class. The permission forms provide a tool for written permission or refusal of student participation. The permission forms also notify parents of their right to review the curriculum if they wish.

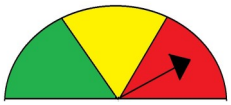
Tobacco Prevention

Objectives:

- **By 2021, decrease the adult smoking prevalence rate from 19.6% to 16%. (As reported by OSDH)**

The rate of current adult smoking prevalence was 18.4%. This was a 3% increase. This was still better than the state rate of 19.6% but above the national rate of 17.10%.

Summary



Healthy Weight

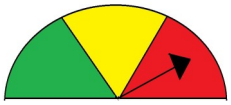
Residents appeared to do a better job eating their fruits and vegetables. However, they were less active and obesity rates increased.

Preventable Hospitalizations

While source data remains unavailable, secondary data indicates that the number of preventable hospitalizations may be going down and improving.

Teen Pregnancy Prevention

The teen pregnancy rate increased. However, it was still far below the performance objective for this measure.



Tobacco Prevention

The rate of adult smoking prevalence increased. While the county rate still compared well to the state, it was behind the nation. It should be pointed out that all three of these rates; county, state and national; are unacceptable.

IN ADDITION

Most of the gaps in source data come from the Oklahoma State Department of Health (OSDH). 2017 was the year OSDH was to issue its latest State of the State's Health Report. However, it was announced in September that OSDH was in financial crisis due to gross mismanagement by agency leadership. Consequences included the absence of the State of the State's Health Report and, thus, the performance data. In addition, some of our colleagues were terminated as part of a "reduction in force" (RIF) enacted by OSDH. These people were dear to us. We thank them for their partnership and wish them all the best as they move forward. Please, don't be strangers! Dusti Brodrick, Krista McNair, Justin Fortney, and Tyler Harl.

Third Annual Report

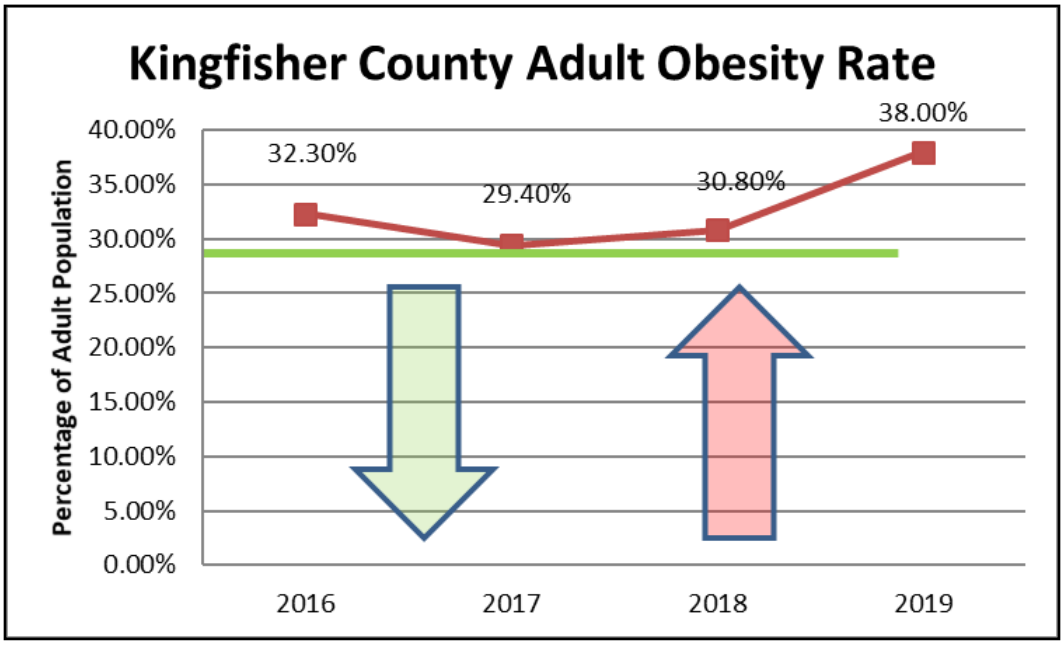
Issue One

Healthy Weight

Objectives:

- **By 2021, decrease adult obesity from 32.3% to 29%. (As reported by OSDH)**

The adult obesity rate was 38.0%. This was a 23% increase.



- **By 2021, decrease minimal fruit consumption among residents from 50.4% to 45%. (As reported by OSDH)**

New source data was not available at the time of this report. The current indicator remains at 47.3%.

- **By 2021, decrease minimal vegetable consumption among residents from 28.8% to 25%. (As reported by OSDH)**

New source data was not available at the time of this report. The current indicator remains at 21.3%.

- **By 2021, decrease rate of reported "no activity" among residents from 28.8% to 23%. (As reported by OSDH)**

New source data was not available at the time of this report. The current indicator remains at 33.8%.

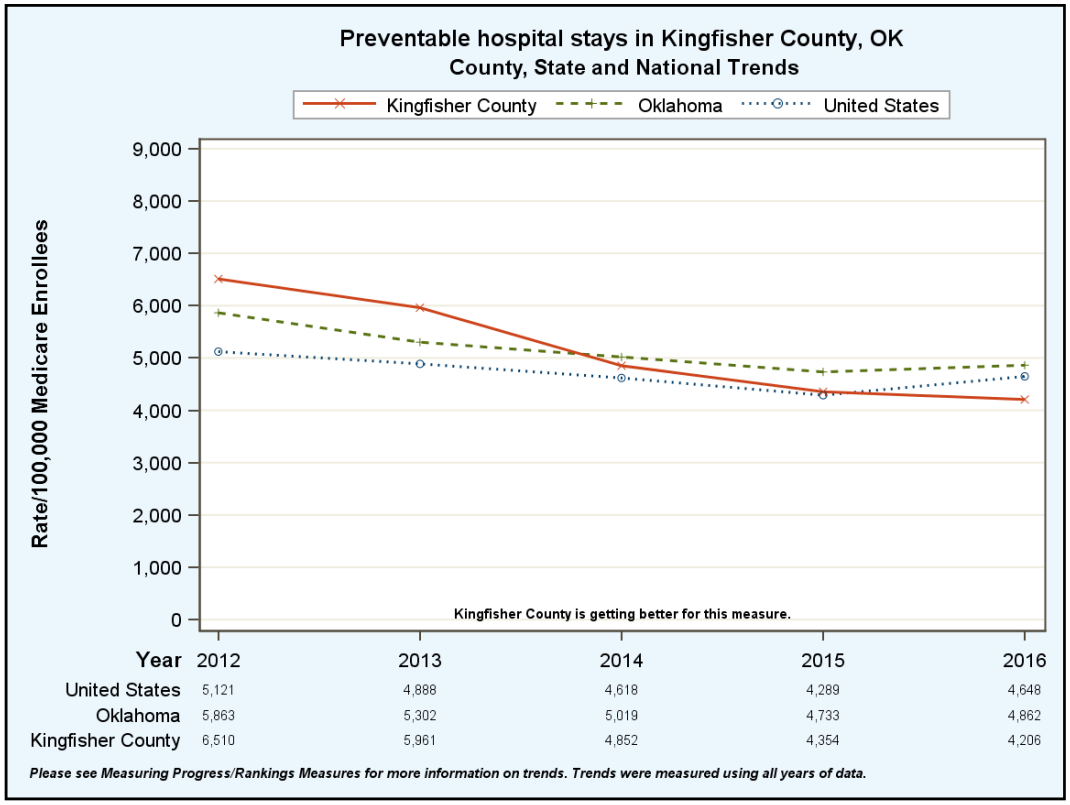
Preventable Hospitalizations

Objectives:

- **By 2021, decrease preventable hospitalizations from 2602.3 per 100,000 to 1815.8. (State rate in 2014 State of the State's Health Report) (As reported by OSDH)**

The State of the State's Health Report appears to indicate that this metric is no longer reported by OSDH.

The County Health Rankings & Roadmaps reported a rate of preventable hospital stays of 4,206 per 100,000 Medicare Enrollees. The report indicated that Kingfisher County was getting better for this measure. Please note that in the Second Annual Report this metric was reported as a rate per 1,000 Medicare Enrollees.



- **By 2021, decrease unintentional injury deaths from 52.6 per 100,000 to 38.1. (U.S. rate in 2014 State of the State's Health Report) (As reported by the OSDH)**

The unintentional injury death rate was 64.0 per 100,000. This was a 16% increase.

Teen Pregnancy Prevention

Objectives:

- **By 2021, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by OSDH)**

The teen fertility rate was 9.7 per 1,000. This was a 9% improvement and continues to be significantly under the performance objective for this measure.

Detailed Birth Statistics

Characteristics Selected for Records Search

Search Characteristic	Values Selected
Counties	Kingfisher
Years	2015 to 2017
Mother's Age	15-17 years

10 records matched the search criteria.

Characteristics Selected for Records Search

Live Births	Population	Birth Rate	Specific Female Pop	Specific Rates
10	2,187	4.6	1,034	9.7

Calculations may have been suppressed due to small cell size (less than 5 births)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2015 to 2017, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 01JUL2021:12:52:38.

- **Through 2021, approach each school system annually and offer to provide youth development education presentations using evidence based/promising practice curricula.**

Kingfisher County has the following school systems:

- ◊ Hennessey
- ◊ Dover
- ◊ Lomega (Loyal and Omega)
- ◊ Kingfisher
- ◊ Okarche
- ◊ Cashion

All of these school systems are K-12. Between Health Educators and school nurses, all six school systems have received abstinence/safer sex education presentations using evidence based curricula over the past year.

- **Through 2021, provide two opportunities annually for parents/caregivers to receive an overview of the abstinence/youth development education presentations using evidence based/promising practice curricula.**

According to state law (70 O.S. 11-105.1), "All curriculum … which will be used to teach … a sex education class … shall be available … for inspection by parents and guardians of the student." The school district shall provide prior written notification to the parents of the student informing them of the class, their right to inspect the curriculum, and their obligation to notify the school in writing if they do not want their child to participate.

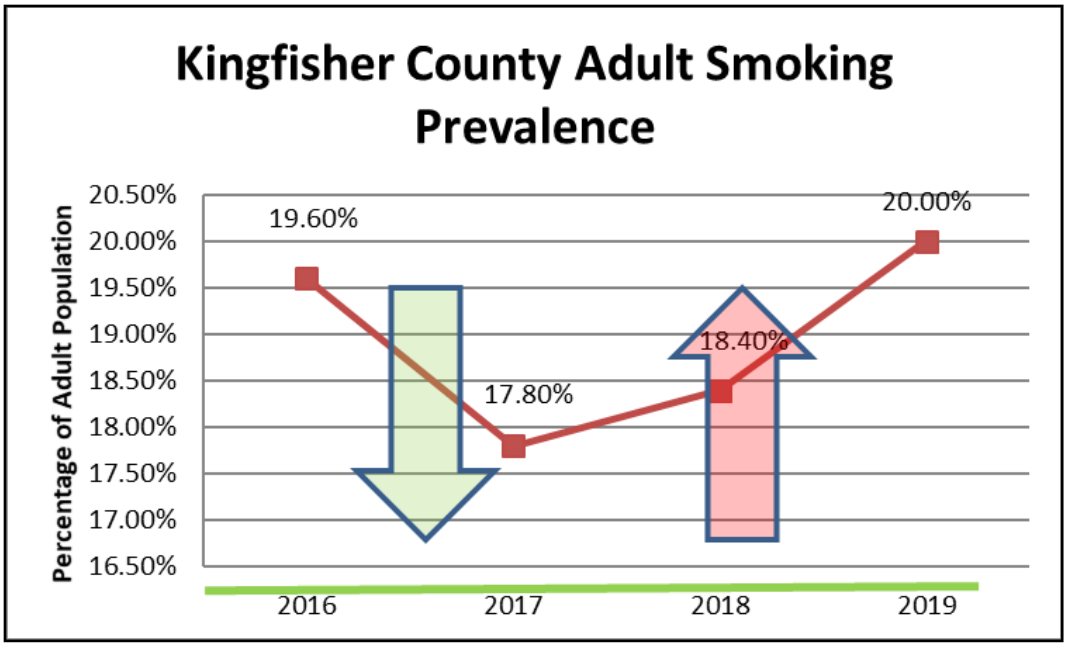
This is accomplished by issuing permission forms to students to take home to their parents notifying them of the class. The permission forms provide a tool for written permission or refusal of student participation. The permission forms also notify parents of their right to review the curriculum if they wish.

Tobacco Prevention

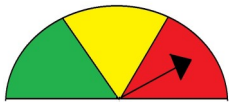
Objectives:

- **By 2021, decrease the adult smoking prevalence rate from 19.6% to 16%. (As reported by OSDH)**

The rate of current adult smoking prevalence was 20.0%. This was a 9% increase. The rate is higher than when the strategic plan cycle began.

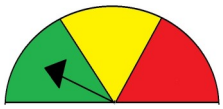


Summary



Healthy Weight

Obesity rates in Kingfisher County have significantly increased over the past two years. Along with this have been increases in "no activity" and diabetes.

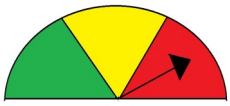


Preventable Hospitalizations

Primary data for this performance objective is no longer available. However, secondary data for this measure continues to indicate improvement.

Teen Pregnancy Prevention

Teen pregnancy returned to a rate equivalent to that reported in the First Annual Report. Once again, the success of this effort should be given to our health educators and clinical Family Planning staff. However, it should be pointed out that due to a number of staffing factors resulting from the OSDH senior leadership management crisis, health education and clinical staff providing these services were significantly reduce.



Tobacco Prevention

The rate of adult smoking prevalence continued to increase. It is currently equivalent to the state rate of 20.1% and higher than the national rate of 17.08%.

Fourth Annual Report

Issue One

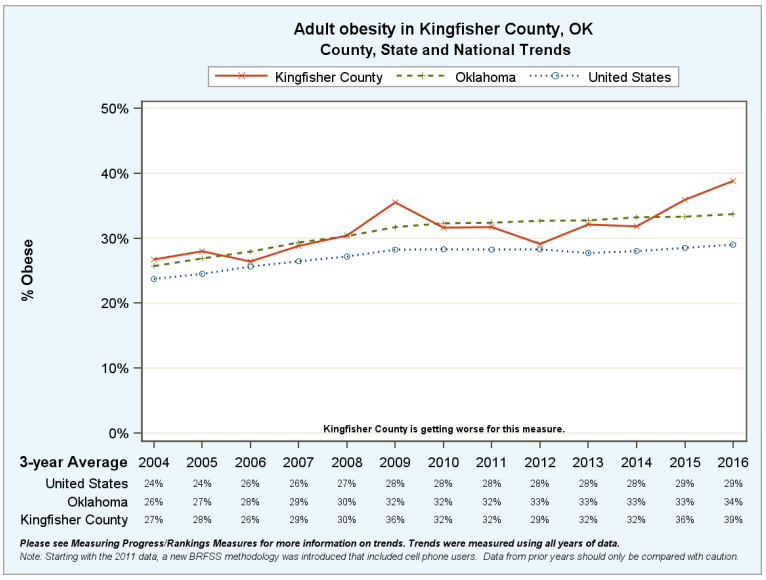
Healthy Weight

Objectives:

- **By 2021, decrease adult obesity from 32.3% to 29%. (As reported by OSDH)**

New source data was not available at the time of this report.

The County Health Rankings & Roadmaps indicated an adult obesity rate of 39%, compared to the state at 34% and the nation at 29%. The report indicated further that Kingfisher County was getting worse for this measure.



- **By 2021, decrease minimal fruit consumption among residents from 50.4% to 45%. (As reported by OSDH)**

New source data was not available at the time of this report. The current indicator remains at 47.3%.

- **By 2021, decrease minimal vegetable consumption among residents from 28.8% to 25%. (As reported by OSDH)**

New source data was not available at the time of this report. The current indicator remains at 21.3%.

- **By 2021, decrease rate of reported "no activity" among residents from 28.8% to 23%. (As reported by OSDH)**

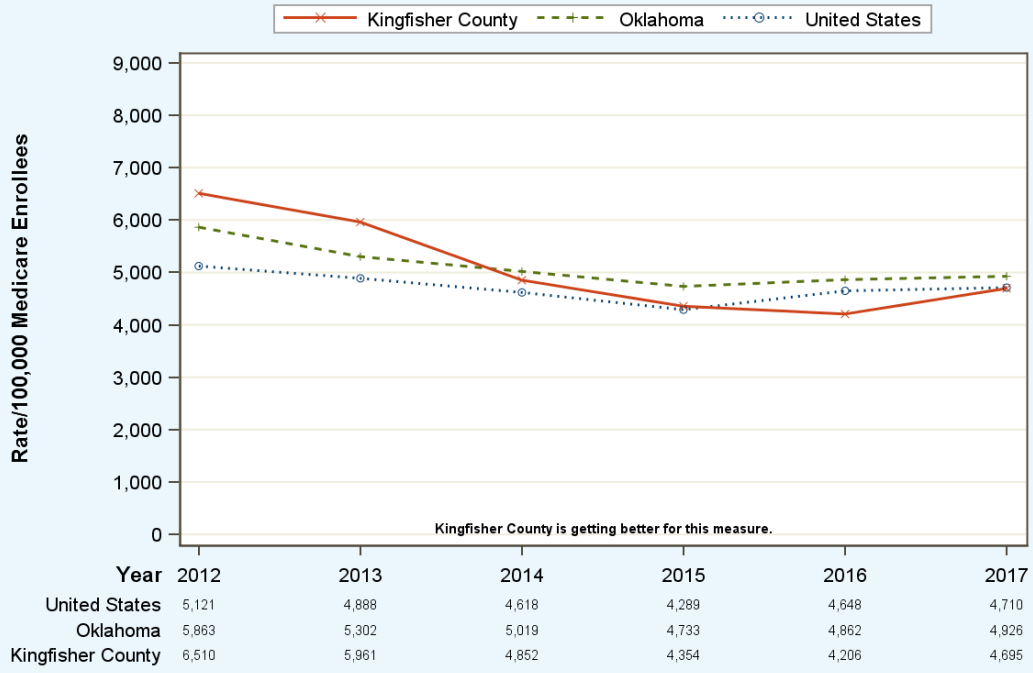
New source data was not available at the time of this report. The current indicator remains at 33.8%.

Preventable Hospitalizations

Objectives:

- **By 2021, decrease preventable hospitalizations from 2602.3 per 100,000 to 1815.8. (State rate in 2014 State of the State's Health Report) (As reported by OSDH, but no longer generated)**

The County Health Rankings & Roadmaps reported a rate of preventable hospital stays of 4,695 per 100,000 Medicare Enrollees. Even though this was higher than last year's rate of 4,206, the report still indicated that Kingfisher County was getting better for this measure.



Year	2012	2013	2014	2015	2016	2017
United States	5,121	4,888	4,618	4,289	4,648	4,710
Oklahoma	5,863	5,302	5,019	4,733	4,862	4,926
Kingfisher County	6,510	5,961	4,852	4,354	4,206	4,695

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.

- **By 2021, decrease unintentional injury deaths from 52.6 per 100,000 to 38.1. (U.S. rate in 2014 State of the State's Health Report) (As reported by the OSDH)**

New source data was not available at the time of this report.

Teen Pregnancy Prevention

Objectives:

- **By 2021, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by OSDH)**

The teen fertility rate was 9.5 per 1,000. This was essentially the same as last year's rate and continues to be significantly under the performance objective for this measure.

Detailed Birth Statistics

Characteristics Selected for Records Search

Search Characteristic	Values Selected
Counties	Kingfisher
Years	2016 to 2018
Mother's Age	15-17 years

10 records matched the search criteria.

Characteristics Selected for Records Search

Live Births	Population	Birth Rate	Specific Female Pop	Specific Rates
10	2,239	4.5	1,049	9.5

Calculations may have been suppressed due to small cell size (less than 5 births)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2016 to 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 01JUL2021:12:49:45.

- **Through 2021, approach each school system annually and offer to provide youth development education presentations using evidence based/promising practice curricula.**

Kingfisher County has the following school systems:

- ◊ Hennessey
- ◊ Dover
- ◊ Lomega (Loyal and Omega)
- ◊ Kingfisher
- ◊ Okarche
- ◊ Cashion

All of these school systems are K-12. Between Health Educators and school nurses, all six school systems have received abstinence/safer sex education presentations using evidence based curricula over the past year.

- **Through 2021, provide two opportunities annually for parents/caregivers to receive an overview of the abstinence/youth development education presentations using evidence based/promising practice curricula.**

According to state law (70 O.S. 11-105.1), "All curriculum … which will be used to teach … a sex education class … shall be available … for inspection by parents and guardians of the student." The school district shall provide prior written notification to the parents of the student informing them of the class, their right to inspect the curriculum, and their obligation to notify the school in writing if they do not want their child to participate.

This is accomplished by issuing permission forms to students to take home to their parents notifying them of the class. The permission forms provide a tool for written permission or refusal of student participation. The permission forms also notify parents of their right to review the curriculum if they wish.

Tobacco Prevention

Objectives:

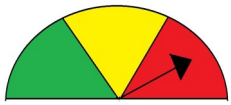
- **By 2021, decrease the adult smoking prevalence rate from 19.6% to 16%. (As reported by OSDH)**

New source data was not available at the time of this report.

The County Health Rankings & Roadmaps reported an adult smoking rate of 16%. However, the report stipulates that its data should not be compared with prior years. Researching the report's Measure Methods reveals data was obtained from self-reported Behavioral Risk Factor Surveillance System (BRFSS) responses. A study evaluating the reliability and validity of the BRFSS data found high reliability and validity for the "current smoker" responses. However, the method for calculating adult smoking was changed in 2016. This change, combined with other measure limitations, is why this measure should not be used to track progress.[20]

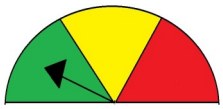
20. University of Wisconsin Population Health Institute, support provided by Robert Wood Johnson Foundation. County Health Rankings & Roadmaps (2020). countyhealthrankings.org/app/oklahoma/2020/measure/factors/9/description.

Summary



Healthy Weight

Current primary data was not available. However, secondary data suggests that Kingfisher County continues to get worse for this measure.

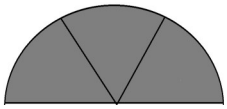


Preventable Hospitalizations

The rate increased this year, but the trend continues to suggest that Kingfisher County is improving for this measure.

Teen Pregnancy Prevention

The rate improved this year, continuing to significantly meet the performance objective for this measure.



Tobacco Prevention

Primary data was not available. Secondary data was not reliable for establishing a trend.

Supplemental One

COVID-19 Pandemic

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It was first identified in December 2019 in Wuhan, the capital of China's Hubei Province. It spread globally, resulting in a coronavirus pandemic. Symptoms include fever, cough, and shortness of breath. While roughly 80% of cases report mild symptoms, some progress into severe pneumonia and multi-organ failure, potentially leading to death. Data indicates the risk of death for those contracting COVID-19 notably increases for individuals above the age of 60 or for individuals with autoimmune conditions. On January 11, 2020, the first cases in the United States tested positive for COVID-19. The first case in Oklahoma was confirmed March 6, 2020.

On March 12th, Governor Kevin Stitt issued Executive Order 2020-06 directing all state agencies to take steps necessary to protect vulnerable populations. On March 15th, Governor Stitt issued Executive Order 2020-07 declaring a state of emergency due to the impending threat of COVID-19. The State Emergency Operations Plan was activated, and resources of all state departments and agencies available to meet the emergency were committed to protect the health and safety of the public.

A number of mitigation practices were recommended that included, but were not limited to:

- If you or any member of your family feels sick, stay home and contact your medical provider.
- If you test positive for COVID-19, keep the entire household at home and contact your medical provider.
- If you are older, or have serious underlying health conditions that can put you at increased risk, stay home and away from other people.
- Stay home if possible. Telework and/or tele-school if you can.
- Avoid social gatherings in groups of more than 10 people. Maintain social distancing of at least six feet.
- Avoid discretionary travel, shopping trips, and social visits.
- Do not visit nursing homes or retirement or long-term care facilities unless to provide critical assistance.
- Practice good hygiene and wash hands, especially after touching any frequently used item or surface, avoid touching your face, sneeze or cough into a tissue or inside your elbow, and disinfect frequently used items and surfaces as much as possible.

The COVID-19 pandemic has significantly effected day-to-day operations of every aspect of life, including the efforts of each of our Coalition partners. We cannot know how long this will last, nor can we predict the impact it will have on our organizations and their missions. At this unprecedented moment, the best we can do to promote the public's health is to individually and collectively practice the social mitigation recommendations, keep ourselves healthy, and prevent the spread of the virus until we are able to exercise some level of control.

Supplemental Two

Healthy Living Program 2.0 Grant

On May 19, 2020, the Board of Directors for the Oklahoma Tobacco Settlement and Endowment Trust (TSET) awarded nearly $7 million to 35 organizations serving 37 counties through the TSET Healthy Living Program 2.0 program. The new grant program will begin July 1.

"The second generation of TSET Healthy Living Program takes a comprehensive, community approach to health and looks for ways for targeted high-impact interventions," said TSET Executive Director Julie Bisbee. "This initiative builds on years of success through multiple community based programs funded by TSET. It places a laser focus on communities with the greatest need."

The five-year grants, renewable annually, will support communities in developing strategies, programs and policies to improve health by preventing or reducing tobacco use, improving nutrition, and increasing physical activity in an effort to decrease premature death in Oklahoma. The program prioritizes work in communities where health risk factors - tobacco use, poor nutrition and sedentary lifestyle - are among the highest.

Recipients of the TSET Healthy Living Program 2.0 included Kingfisher County Health Department. The program will serve Blaine and Kingfisher Counties. Funding for the first year is $175,000.

Fifth Annual Report

Issue One

Healthy Weight

Objectives:

- **By 2021, decrease adult obesity from 32.3% to 29%. (As reported by OSDH)**

The latest data reported Kingfisher County's Obesity Prevalence at 38.0%. This was the same rate previously reported.[21]

- **By 2021, decrease minimal fruit consumption among residents from 50.4% to 45%. (As reported by OSDH)**

The latest data reported Kingfisher County's Minimal Fruit Consumption Prevalence at 47.3%. This was the same rate previously reported.[21]

- **By 2021, decrease minimal vegetable consumption among residents from 28.8% to 25%. (As reported by OSDH)**

The latest data reported Kingfisher County's Minimal Vegetable Consumption Prevalence at 21.3%. This was the same rate previously reported.[21]

- **By 2021, decrease rate of reported "no activity" among residents from 28.8% to 23%. (As reported by OSDH)**

The latest data reported Kingfisher County's Physical Activity Prevalence at 69.4%.[21] This means that "no activity" was at 30.6%. This was a 9% improvement from the previous rate of 33.8%

Note About the Data

The timing between the publishing of new data and our Annual Reports would benefit from some explanation. Obesity Prevalence remained the same and is not due to a lack of new data. Minimal Vegetable and Fruit Consumption Prevalence data are available for odd years and are carried to even years as placeholders. We began this plan cycle reporting Physical Activity Prevalence from a "negative" perspective ("no activity"). This has been changed by the source publisher to a "positive" perspective ("activity"). This does not change the trend data, but merely "flips it upside down." For the sake of continuity, we continue to report this measure as we started.

21. Oklahoma State Department of Health Center for Chronic Disease Prevention and Health Promotion. Wellness County Profile: Kingfisher (2020).

Preventable Hospitalizations

Objectives:

- **By 2021, decrease preventable hospitalizations from 2602.3 per 100,000 to 1815.8. (State rate in 2014 State of the State's Health Report) (As reported by OSDH, but no longer generated)**

The County Health Rankings & Roadmaps reported a rate of preventable hospital stays at 4,820 per 100,000 Medicare Enrollees. Even though this was the second consecutive year of increase, the report still indicated that Kingfisher County was getting better for this measure.

- **By 2021, decrease unintentional injury deaths from 52.6 per 100,000 to 38.1. (U.S. rate in 2014 State of the State's Health Report) (As reported by the OSDH)**

The latest data from OK2SHARE reports an unintentional injury death rate of 68.8 per 100,000. This was an improvement from the previous year's rate of 69.4 (also obtained from OK2SHARE). However, it is still well above the starting point for this measure.

Search Characteristic	Values Selected
Counties	Kingfisher
Years	2017 to 2019
Cause of Death	Accidents (unintentional injuries)

34 records matched the search criteria.

Characteristics Selected for Records Search

Deaths	Population	Death Rate	Age-Adjusted Death Rate
34	47,250	72.0	68.8

Calculations may have been suppressed due to small cell size (less than 5 deaths/populations less than 20)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2017 to 2019, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 01JUL2021:12:09:02.

Teen Pregnancy Prevention

Objectives:

- **By 2021, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by OSDH)**

The teen fertility rate was 6.8 per 1,000. This was a 28% improvement and continues to be significantly under the performance objective for this measure.

Characteristics Selected for Records Search

Search Characteristic	Values Selected
Counties	Kingfisher
Years	2017 to 2019
Mother's Age	15-17 years

7 records matched the search criteria.

Characteristics Selected for Records Search

Live Births	Population	Birth Rate	Specific Female Pop	Specific Rates
7	2,227	3.1	1,037	6.8

Calculations may have been suppressed due to small cell size (less than 5 births)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2017 to 2019, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 01JUL2021:12:44:42.

- **Through 2021, approach each school system annually and offer to provide youth development education presentations using evidence based/promising practice curricula.**

Kingfisher County has the following school systems:

- ◊ Hennessey
- ◊ Dover
- ◊ Lomega (Loyal and Omega)
- ◊ Kingfisher
- ◊ Okarche
- ◊ Cashion

All of these school systems are K-12. Between Health Educators and school nurses, all six school systems have received abstinence/safer sex education presentations using evidence based curricula over the past year.

- **Through 2021, provide two opportunities annually for parents/caregivers to receive an overview of the abstinence/youth development education presentations using evidence based/promising practice curricula.**

According to state law (70 O.S. 11-105.1), "All curriculum … which will be used to teach … a sex education class … shall be available … for inspection by parents and guardians of the student." The school district shall provide prior written notification to the parents of the student informing them of the class, their right to inspect the curriculum, and their obligation to notify the school in writing if they do not want their child to participate.

This is accomplished by issuing permission forms to students to take home to their parents notifying them of the class. The permission forms provide a tool for written permission or refusal of student participation. The permission forms also notify parents of their right to review the curriculum if they wish.

Issue Four

Tobacco Prevention

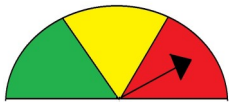
Objectives:

- **By 2021, decrease the adult smoking prevalence rate from 19.6% to 16%. (As reported by OSDH)**

The latest data reported Kingfisher County's Smoking Prevalence at 23.4%. This was an increase from the previous year's 20.0% and demonstrates a continued rise in the county's smoking rate.

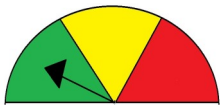
Secondary data sources, such as County Health Rankings & Roadmaps, confirm an increase in Kingfisher County's adult smoking rate over the five-year cycle.

Summary



Healthy Weight

Though much of the data is at a standstill, the actual obesity rate remained high. The one peace of good news was the increase in physical activity.

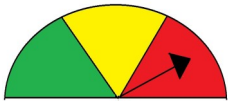


Preventable Hospitalizations

The rate increased for the second consecutive year, but still remains lower that it has been in years past. The overall trend continues to suggest that Kingfisher County is improving for this measure.

Teen Pregnancy Prevention

The rate improved to the lowest point it has been during the five-year cycle. It continues to meet the performance objective for this measure.



Tobacco Prevention

Smoking Prevalence increased by another 17%. It continues to go up.

Five-Year Summary Report

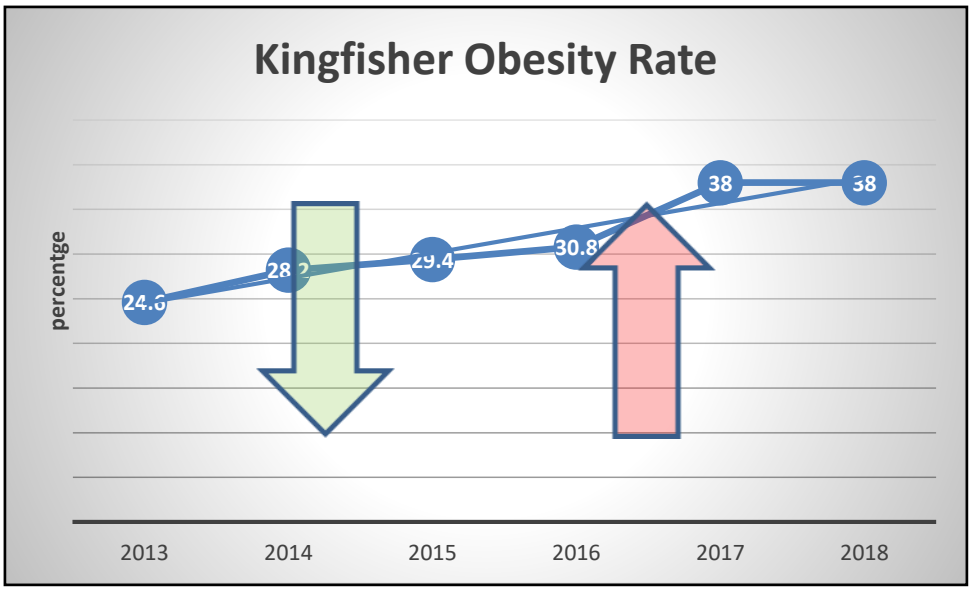
Issue One

Healthy Weight

Objectives:

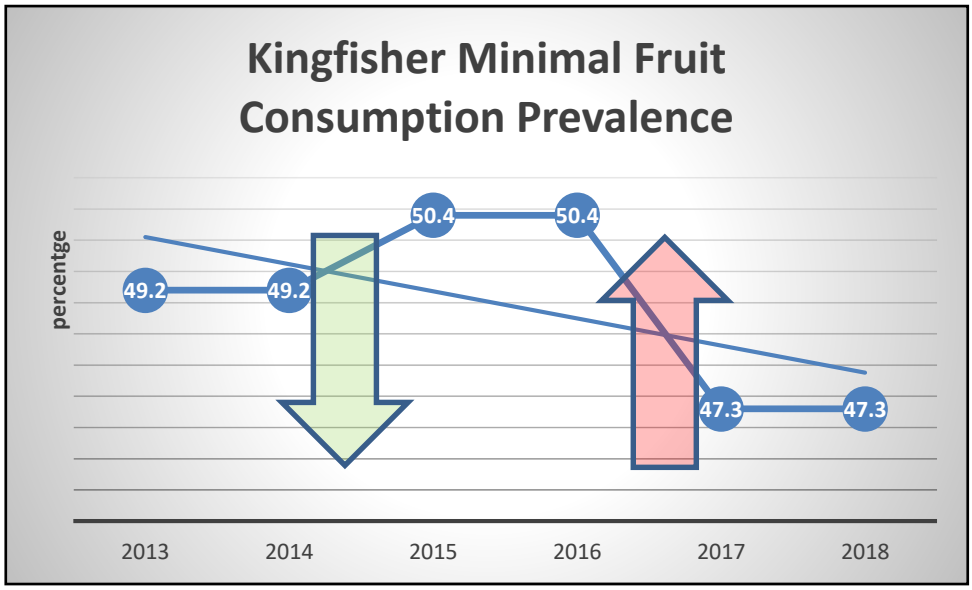
- **By 2021, decrease adult obesity from 32.3% to 29%. (As reported by OSDH)**

Kingfisher County's obesity rate remained at 38%. Indications are that this does not reflect an absence of new data; this is an actual new data rate.



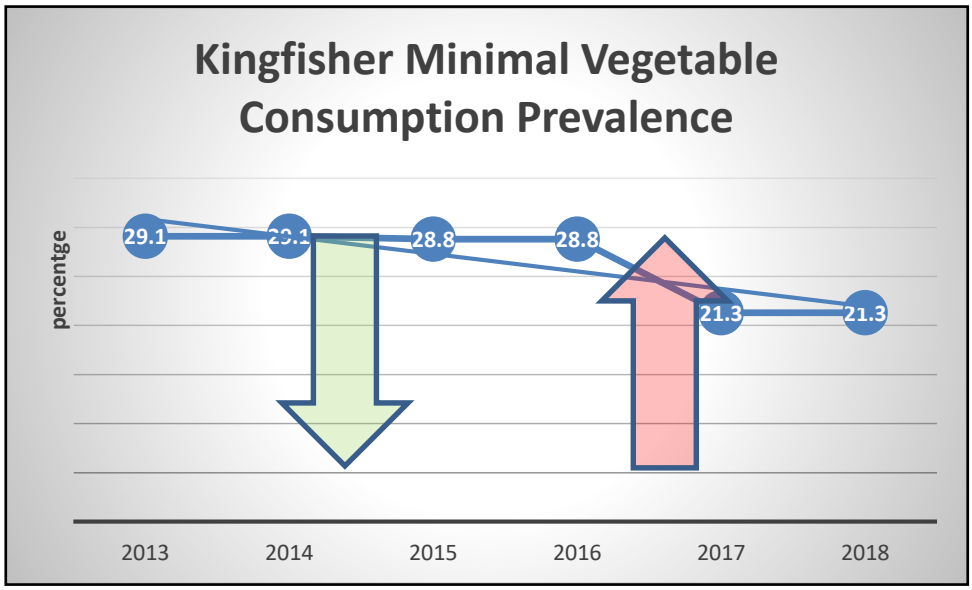
- **By 2021, decrease minimal fruit consumption among residents from 50.4% to 45%. (As reported by OSDH)**

Kingfisher County almost achieved the performance objective for this measure.[21]



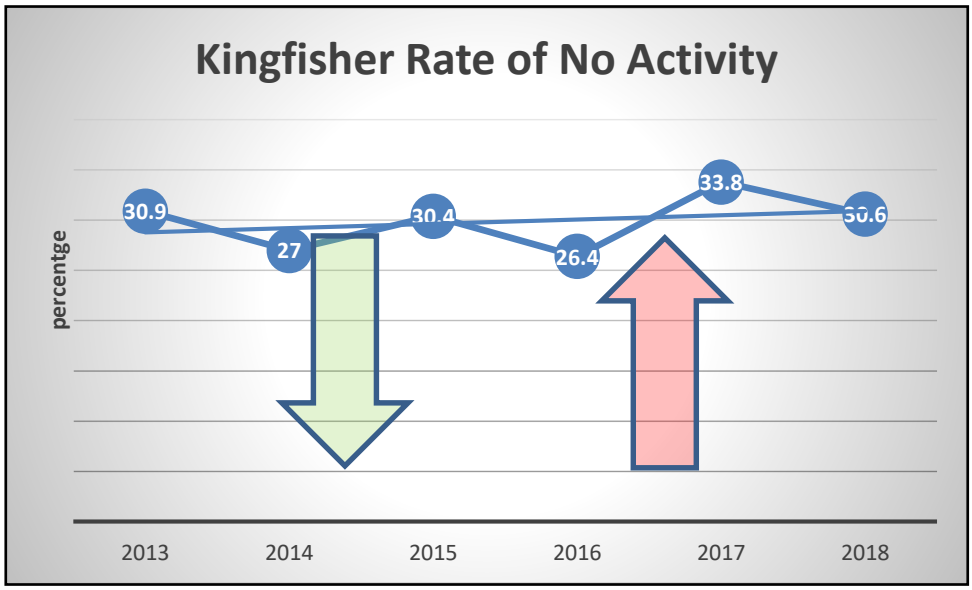
- **By 2021, decrease minimal vegetable consumption among residents from 28.8% to 25%. (As reported by OSDH)**

Kingfisher County met the performance objective for this measure.[21]



- **By 2021, decrease rate of reported "no activity" among residents from 28.8% to 23%. (As reported by OSDH)**

For this measure, Kingfisher County ended essentially where it began. Though the final rate shows this measure getting slightly better (1% improvement), the trend line shows this measure getting slightly worse.

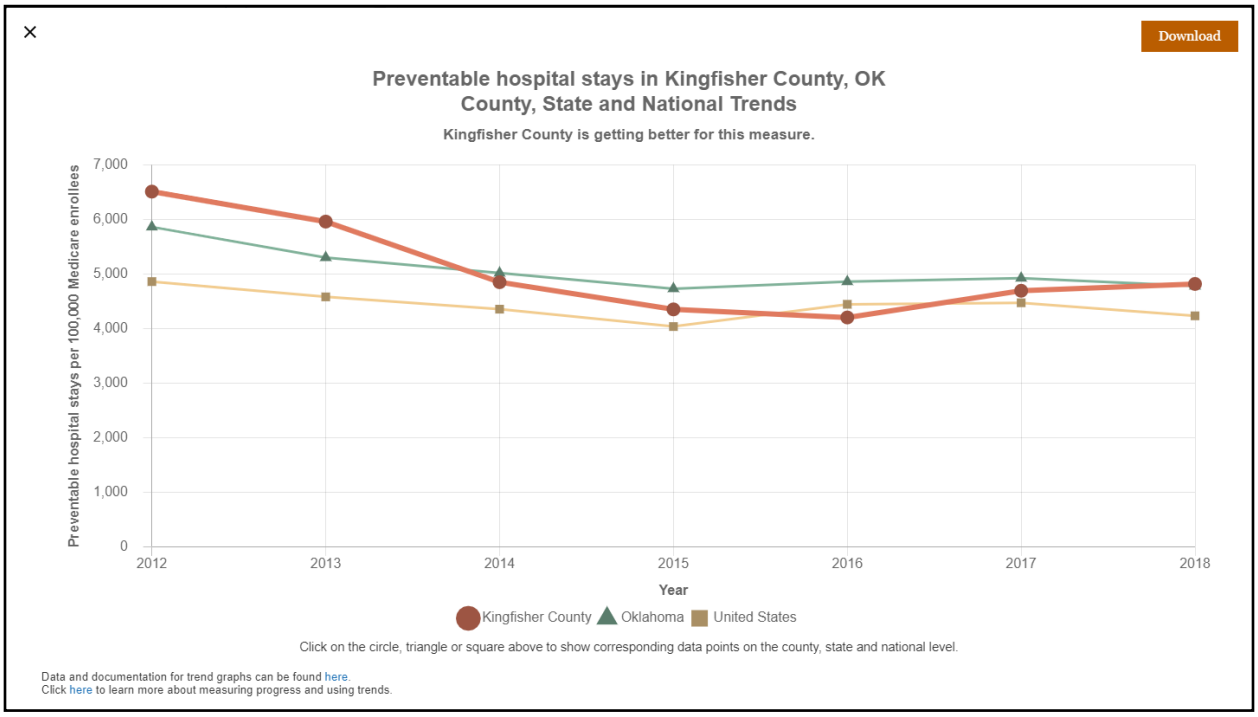


Preventable Hospitalizations

Objectives:

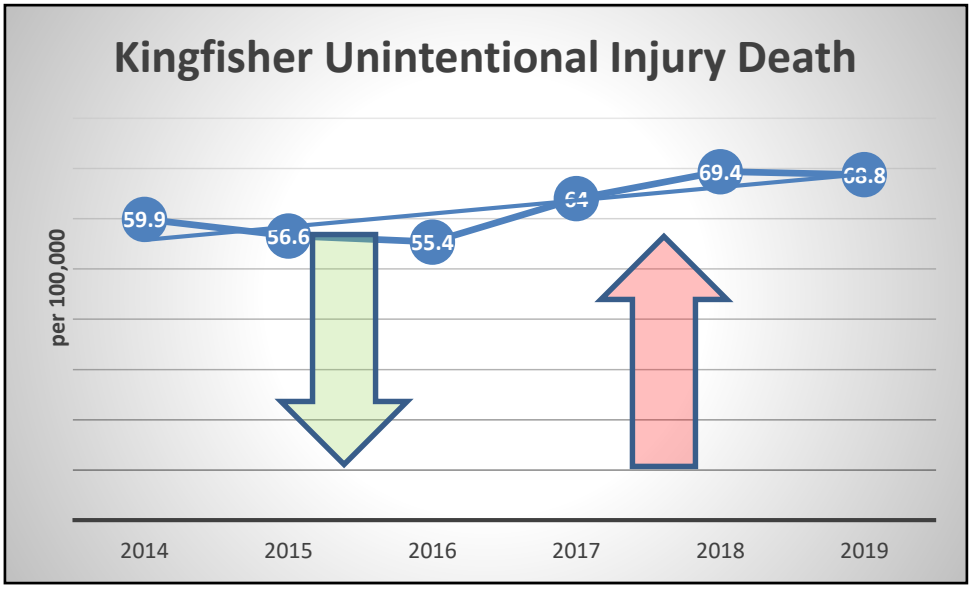
- **By 2021, decrease preventable hospitalizations from 2602.3 per 100,000 to 1815.8. (State rate in 2014 State of the State's Health Report) (As reported by OSDH, but no longer generated)**

County Health Rankings & Roadmaps reported trend data that demonstrated Kingfisher County was in a much better place than it was six years ago. However, it also shows the upward turn this measure has taken over the past two years.



- **By 2021, decrease unintentional injury deaths from 52.6 per 100,000 to 38.1. (U.S. rate in 2014 State of the State's Health Report) (As reported by the OSDH)**

Trend data demonstrates a definite increase in Kingfisher County's unintentional injury death rates.

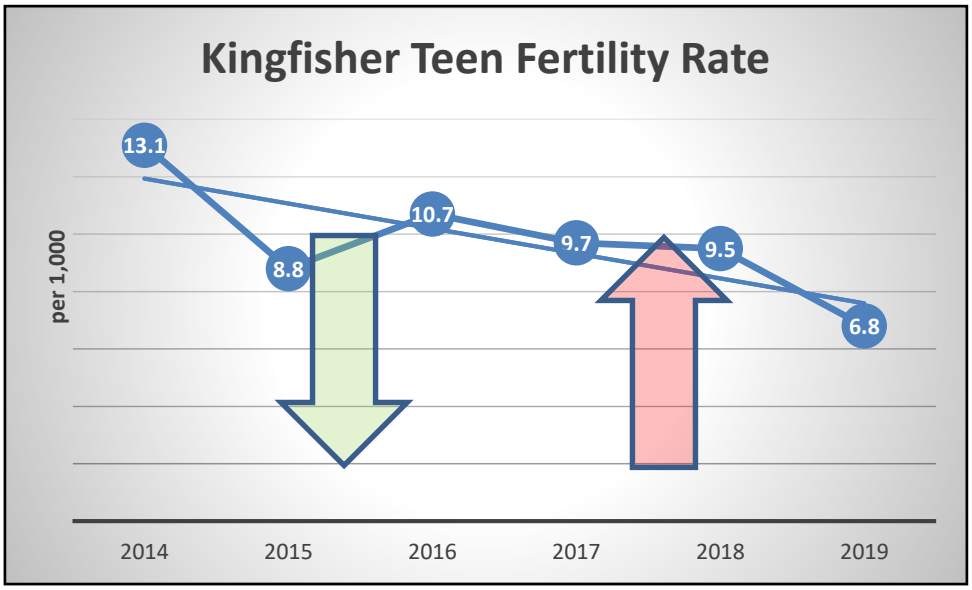


Teen Pregnancy Prevention

Objectives:

- **By 2021, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by OSDH)**

Kingfisher County's teen fertility rate improved dramatically over the five-year cycle. The performance objective for this measure was met early and maintained for the duration of the strategic plan.



- **Through 2021, approach each school system annually and offer to provide youth development education presentations using evidence based/promising practice curricula.**

All of the school systems in Kingfisher County received abstinence/safer sex education presentations using evidence based curricula.

- **Through 2021, provide two opportunities annually for parents/caregivers to receive an overview of the abstinence/youth development education presentations using evidence based/promising practice curricula.**

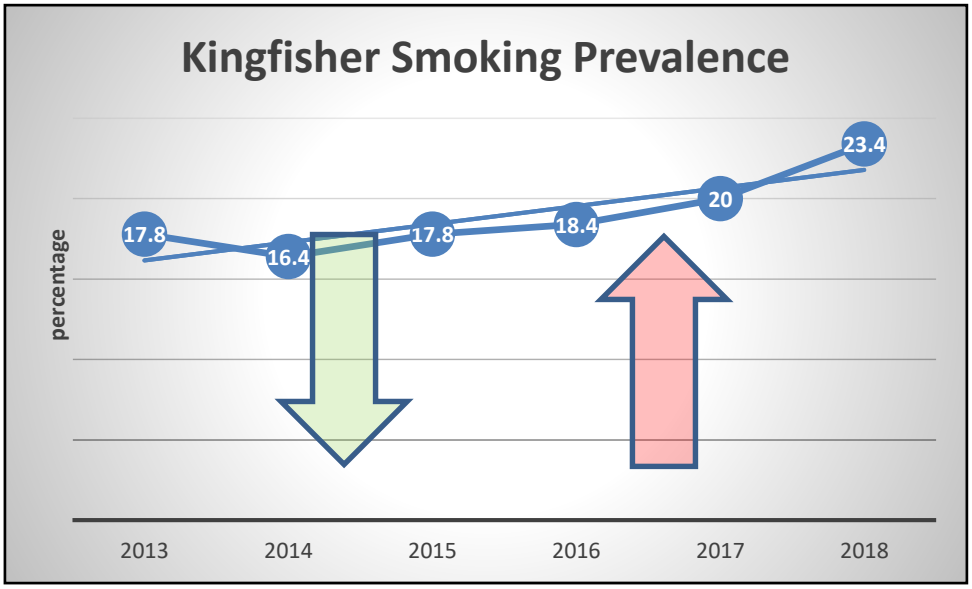
This measure was accomplished in according to state law (70 O.S. 11-105.1). School districts provided prior written notification to parents informing them of the class, their right to inspect the curriculum, and their obligation to notify the school in writing if they did not want their child to participate. This was done with permission forms that provided a tool for written permission or refusal of student participation. The permission forms also notified parents of their right to review the curriculum.

Tobacco Prevention

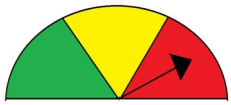
Objectives:

- **By 2021, decrease the adult smoking prevalence rate from 19.6% to 16%. (As reported by OSDH)**

Kingfisher County's adult smoking prevalence mostly increased over the five-year cycle.



Final Summary



Healthy Weight

Kingfisher County's obesity rate increased 54%. No matter how we may assess the measures to follow, it cannot be overstated how troubling this result is to the strategic issue as a whole. The latest data provides a 3-4-60 assessment.[21] This represents "3 Behaviors" that lead to "4 Chronic Conditions" that result in "60% of Deaths." Two of the behaviors (poor diet and sedentary lifestyle) and three of the chronic conditions (cardiovascular disease, cancer, and diabetes) have well established relationships with obesity. It is of concern that rates of these chronic conditions and their resulting mortality may increase.

But there are some glimmers of hope. Nutritional data indicated improvement in Kingfisher County. The performance objective for minimal vegetable consumption was met, the one for minimal fruit consumption was almost met. Rates for physical activity remained essentially the same, meaning, from one perspective, "they didn't get worse." As stated above, this represents two of the three behaviors in the 3-4-60 assessment (poor diet, sedentary lifestyle). The final year of the cycle showed the obesity rate leveling off. It is possible that behavioral improvements are taking effect.

Preventable Hospitalizations

Simply put, this strategic issue was chosen to assess the degree that Kingfisher County residents were making good decisions about their health and well being. As stated in the justification on page 8, preventable hospitalizations happen from certain acute illnesses that may occur due to bad choices (ex., dehydration, hypothermia, accidents, etc.) or chronic conditions that are not adequately managed (ex., diabetes). At the beginning of this strategic plan, Kingfisher County had one of the highest preventable hospitalization rates in the state as reported by the 2014 State of the State's Health Report. We chose this issue to measure our efforts to educate our residents to make better personal health decisions.

Unfortunately, OSDH stopped generating this metric. However, County Health Rankings & Roadmaps provided a metric of Preventable Hospital Stays per 100,000 Medicare Enrollees. This data indicated a noticeable trend of improvement over the past seven years. It should be noted that this represents a more specific population and may not accurately reflect the entire county. Also, the last two years of the data demonstrated an upward trend. Nonetheless, it is encouraging.

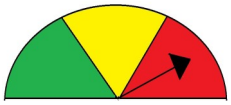
Teen Pregnancy Prevention

Apparently there was a data processing change for this metric. The 2014 State of the State's Health Report indicated Kingfisher County's Teen Pregnancy Rate was 19.7 per 1,000. We were unable to duplicate this using data from OK2SHARE. However, we were able to show a 48% improvement over a six year period. This exceeded the performance objective for this measure.

Teen pregnancy has a number of negative public health outcomes associated with it: higher rates of low birth weight, preterm birth, and infant mortality. Teen mothers are less likely to complete high school, less likely to

pursue higher education, and more likely to live in poverty. The county's substantial improvement in teen pregnancy prevention should also lead to positive outcomes in these other important areas.

Throughout the strategic plan, county school districts were provided evidence-based youth development curricula. Families were given opportunity to review curricula.



Tobacco Prevention

Again, some aspect of data processing must have changed for this metric because we were unable to find the starting adult smoking prevalence of 19.6%. But data most recently reported by OSDH demonstrated a trend over six years.[21] Unfortunately, it was a 31% increase in adult smoking. The increase was consistent for most of the five-year cycle.

Possible contributors to this increase include the impact of e-cigarette use and increased community stressors brought on by economic downturns; notably, the closing in 2019 of Halliburton Energy Services in El Reno and the subsequent layoff of 800 employees, many of which who lived in Kingfisher County.

As discussed earlier in Healthy Weight, the latest data provided by OSDH included a 3-4-60 assessment.[21] This represents "3 Behaviors" that lead to "4 Chronic Conditions" that result in "60% of Deaths." Tobacco use is one of the behaviors and all four chronic conditions (cardiovascular disease, cancer, diabetes and lung disease) have well established relationships with tobacco use. It is of concern that rates of these chronic conditions and their resulting mortality may increase.

In Addition

There are almost always unforeseen circumstances in any plan, and Kingfisher County Health Department's Strategic Plan was no exception. During the course of the five year plan, two major events occurred that impacted on public health operations.

In 2017, a senior leadership crisis within the central office of OSDH eventually led to Reductions in Force. One result of this action was Kingfisher County Health Department losing three staff members essential to its community engagement efforts. Dusti Brodrick was a Turning Point Consultant who was a leading figure in the health department's community efforts. Justin Fortney and Tyler Harl were public information officers who coordinated public health messaging to the community and aided significantly with community public health events. Justin and Tyler also helped extensively to deliver the youth development curricula to county school districts.

As reported in Supplemental One on page 42, the COVID-19 Pandemic significantly effected public health operations for the health department and all of its community partners. Resources were redirected to focus on testing and vaccinations. The ways we conducted the most basic of functions, even just entering into the health department building, were changed for a time.

The impact of these events cannot be measured, but they took resources away from their intended use, sometimes not to return. The way the health department conducts itself from day to day may have been changed for a long time, if not forever.

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Appendix A - Version History

Version numbering is as follows:

- Initial version is 1.0
- Subsequent minor changes will increase the version number by 0.1
- Subsequent major changes will increase the version number by 1.0

Version Number	Change Request Number (if applicable)	Accepted Date	Author	Summary of Change
1.0		5/4/2016	Mikeal Murray	Release of initial document
2.0		5/5/2017	Mikeal Murray	Addition of First Annual Report
3.0		5/7/2018	Mikeal Murray	Addition of Second Annual Report
4.0		5/1/2019	Mikeal Murray	Addition of Third Annual Report
5.0		5/29/2020	Mikeal Murray	Added Fourth Annual Report, Supplementals One and Two
6.0		7/9/2021	Mikeal Murray	Added Fifth Annual Report, Final Five-Year Report, closed out strategic plan

Notes:

Kingfisher County Health Department Strategic Plan

2016 - 2021

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