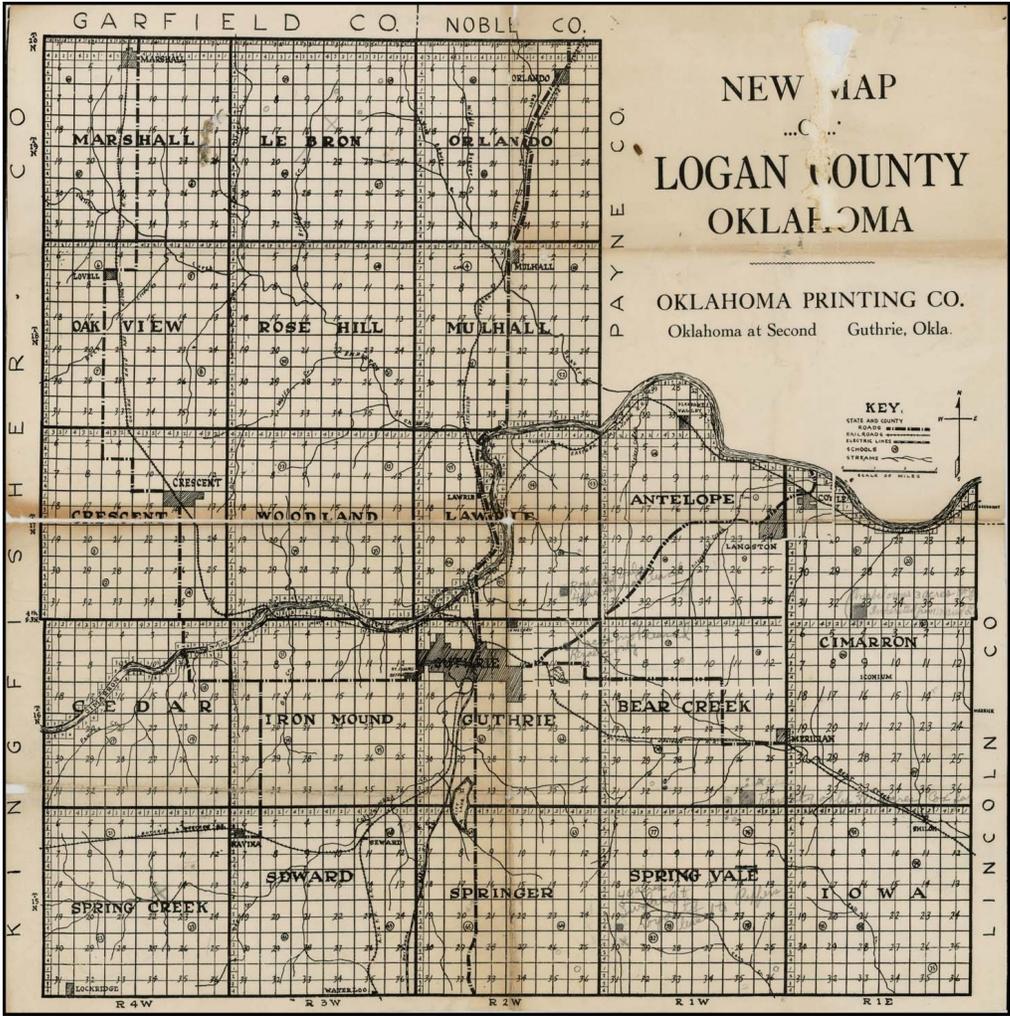


Logan County Community Health Assessment



July 25, 2019
Logan County, Oklahoma

Revised July 13, 2022

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Introduction



The Logan County Partnership completed its first Community Health Improvement Plan (CHIP) on October 4, 2018. Each of five strategic issues demonstrated improvement in health outcomes. From this, the coalition learned the value of a formal strategic planning process. Highlights included:

- Infant Mortality Rate decreased from 7.9 per 1,000 live births to 4.7.
- Adult Obesity Rate decreased from 33% to 30.4%.
- Uninsured Rate decreased from 19% to 12.2%.

With these successes and lessons learned, Logan County Partnership committed to a second round of strategic planning. Again, it used the Mobilizing for Action through Planning and Partnerships (MAPP) framework as a guide to conducting a new Community Health Assessment (CHA). Data from the CHA provided a comprehensive view of current health factors, both real and perceived, that influence Logan County's health. After reviewing the data, 10 elements were identified for closer review and discussion:

- **Alcohol Abuse**
- **Cancer**
- **Child Abuse and Neglect**
- **Drug Abuse**
- **Heart Disease**
- **Mental Health Problems**
- **Obesity**
- **Poverty**
- **Suicide**
- **Tobacco Use**

This report summarizes the rationale for selecting each of these elements for further consideration. However, it does not exclude the possibility of considering other public health issues during development of the next CHIP.

Demographics

Demographics - Estimates	Oklahoma	%	Logan County	%
Total Population	3,943,079 ¹		47,291 ²	
Age³				
19 years and under	1,060,684	27.2	12,400	27.4
20 - 64 years	2,261,237	57.9	21,531	58.3
65 + years	574,330	14.7	6499	14.4
Gender				
Male	1,930,615	49.6	22,593	49.8
Female	1,965,636	50.4	22,733	50.2
Race/Ethnicity				
White	2,828,569	72.6	37,437	82.6
Hispanic or Latino	394,879	10.1	2,598	5.7
African American	283,821	7.3	3930	8.7
Asian	80,670	2.1	225	0.5
American Indian & Alaska Native	289,871	7.4	1,602	3.5
Native Hawaiian & Pacific Islander	5,543	0.1	23	0.1
Other	105,686	2.7	228	0.5
Identified by two or more	302,091	7.8	1,881	4.1
Selected Economic Characteristics⁴				
Mean household income (dollars)	67,682	X	76,793	X
Median household income (dollars)	49,767	X	59,133	X
Mean travel time to work (minutes)	21.5	X	28.5	X
Percent unemployed	3.5	X	3.0	X

1. Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018. U.S. Census Bureau, Population Division, December 2018.

2. Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018. U.S. Census Bureau, Population Division, April 2019.

3. U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, DP05.

4. U.S. Census Bureau, 2013-2017 American Community Survey 5Year Estimates, DP03.

The MAPP Process

Mobilizing to Action through Planning and Partnerships (MAPP)

The following is taken from the website of the National Association of County and City Health Officials (NACCHO) and can be found at: <https://www.naccho.org/>.

“MAPP is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency-focused assessment process; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.”

MAPP provides for up to four individual assessments. Each yields important information for improving community health, but their value is multiplied by considering the findings as a whole. Logan County Partnership chose to conduct three of the four assessments: Community Health Status, Community Themes and Strengths, and Forces of Change.

Community Health Status Assessment

The Community Health Status Assessment identifies priority community health and quality of life issues. Questions answered include: “How healthy are our residents?” and “What does the health status of our community look like?”

Logan County Partnership used the following data sources and indicators to constitute its Community Health Status Assessment:

- 2018 Oklahoma Drug Threat Assessment by Oklahoma Bureau of Narcotics
- American Community Survey by the U.S. Census Bureau
- Child Abuse and Neglect Statistics SFY2018 by Oklahoma Department of Human Services
- Community Health Needs Assessment by Community Commons
- County Health Rankings & Roadmaps by the University of Wisconsin Population Health Institute
- County Unemployment Rates provided by Oklahoma Employment Security Commission
- Crime in Oklahoma 2017 by Oklahoma State Bureau of Investigation
- Kids Count Data Center by Annie E. Casey Foundation
- Mercy Hospital Logan County Community Health Needs Assessment conducted by Oklahoma State University Office of Rural Health
- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Health Improvement Plan 2020
- Oklahoma State Department of Health State and County Disease Data
- Oklahoma State of the County's Health Report - Logan County
- Oklahoma State of the State's Health Report
- SoonerCare Data provided by Oklahoma Health Care Authority

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment provides an understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" "What assets do we have that can be used to improve community health?"

Logan County Partnership used a Logan County Community Themes and Strengths Assessment Survey to collect this data.

Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" "What specific opportunities or threats are generated by these occurrences?"

Logan County Partnership used a series of focus group brainstorming sessions during regularly scheduled monthly meetings combined with worksheet submissions by individual coalition participants.



Priority Elements of Assessment

After analyzing the data, Logan County Partnership identified 10 priority elements that appeared to be more prevalent. Each item was identified as a significant public health issue based on one or more of the MAPP assessments. It should be noted that many other elements were identified that were not selected for this summary report. This does not diminish their importance in the overall public health mission, nor does it mean that Logan County Partnership will exclude them from future consideration. It simply means that priority elements were identified that community partners felt would have the largest and most positive impact on community health outcomes if resources were focused on them.

The following is a summary of each individual element and the data that supported choosing it.

Alcohol Abuse

Excessive drinking is a risk factor for many adverse health outcomes such as; alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, interpersonal violence, and motor vehicle crashes.⁵ Approximately 80,000 deaths are attributed annually to excessive drinking, and it is the third leading lifestyle-related cause of death in the United States.⁶

In the Logan County Community Themes and Strengths Assessment, residents ranked Alcohol Abuse as the second most important risk behavior in their communities behind drug abuse. In our first CHA conducted seven years prior, residents ranked this element as the “first” most important risk behavior. Residents clearly believe this is still an issue of concern.

The Oklahoma State of the State’s Health Report defines Binge Drinking as the percentage of adults reporting binge drinking in the past 30 days (males having five or more drinks on one occasion, females having four or more drinks on one occasion). According to the Report (February 26, 2019), Logan County’s rate of Binge Drinking was 14.9%. This compared favorably to the state rate of 13.4% and the national rate of 17.42% and was given a grade of “B”. The Report further defines Heavy Drinkers as the percentage of adults reporting chronic or heavy drinking (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week). According to the Report (February 26, 2019), Logan County’s rate of Heavy Drinkers was 4.8%. Again, this compared favorably to the state rate of 4.2% and the national rate of 6.30% and was given a grade of “B”.

The County Health Rankings & Roadmaps reported Logan County’s rate of Excessive Drinking as 14%. Accounting for the report’s margin of error, this places Logan County among this reports Top U.S. Performers (90th percentile) for this measure. In addition, the rate of Alcohol-Impaired Driving Deaths is improving, currently reported at 26% .

The Forces of Change Assessment identified Alcohol Use as a significant factor to the community’s health. Opportunities created included: education about physiological effects, use of more checkpoints and underage sales checks, and use of car prevention technology. Threats posed included: increase in underage drinking, increase in DUI’s, and increase in alcohol related deaths.

5. Centers for Disease Control and Prevention. Sociodemographic differences in binge drinking among adults - 14 states, 2004. MMWR Morb Mortal Wkly Rep. 2009;58:301-304.

6. Centers for Disease Control and Prevention Web Site:Alcohol and Public Health. <http://www.cdc.gov/alcohol/index.htm>. Updated August 10, 2017. Accessed May 29, 2019.

Cancer

Cancer is a group of diseases in which abnormal cells divide without control and can invade other tissues. Cancer cells can spread to other parts of the body through the blood and lymph systems. There are more than 100 kinds of cancer.⁷ More than half a million deaths are attributed annually to cancer, accounting for one of every four in the United States.⁸ Cancer is the second leading cause of death in the United States.

The State of the State's Health Report (February 26, 2019) indicates cancer is the second leading cause of death in Logan County with a rate of 147.3 per 100,000 population. By comparison, the state rate is 177.3 and the national rate is 152.5. The trend for Logan County over the past three years has improved. (Figure 1)

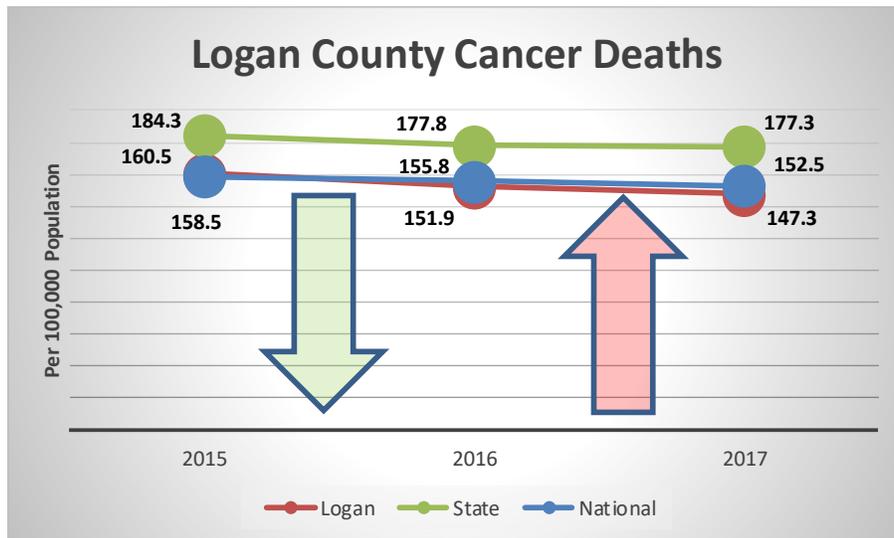


Figure 1. Logan County Cancer Deaths. Data from Oklahoma State of the State's Health Report.

In the Community Themes and Strengths Assessment, residents identified Cancers as the eighth most important health problem in their communities. This placed it at about the middle of the possible selections.

Data from Community Commons indicate cancer as a significant issue in Logan County. Cancer Incidence (all types combined), Colon and Rectum Cancer Incidence, Lung Cancer Incidence, and Prostate Cancer Incidence all finished "red" on this report's dashboard indicators. The following demonstrate the details for each of these (Figures 2 - 5):

Cancer Incidence - All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Logan County, OK	2,483	122	491.2
Oklahoma	432,331	19,135	442.6
United States	16,478,834	797,246	483.8

Cancer Incidence Rate (Per 100,000 Pop.)

● Logan County, OK (491.2)
● Oklahoma (442.6)
● United States (483.8)

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles, 2011-15. Source geography: County

Figure 2. Cancer Incidence - All Sites. Taken from Community Commons.

- Centers for Disease Prevention and Control. How to Prevent Cancer or Find it Early. Retrieved from <https://www.cdc.gov/cancer/dcpc/prevention/index.htm> on May 18, 2018.
- Centers for Disease Prevention and Control. Statistics for Different Kinds of Cancer. Retrieved from <https://www.cdc.gov/cancer/dcpc/data/types.htm> on May 18, 2018.

Cancer Incidence - Colon and Rectum

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.



Figure 3. Cancer Incidence - Colon and Rectum. Taken from Community Commons.

Cancer Incidence - Lung

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

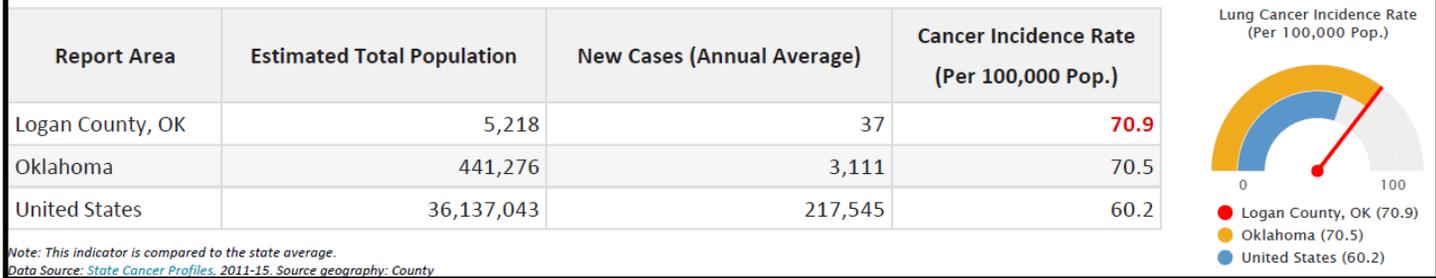


Figure 4. Cancer Incidence - Lung. Taken from Community Commons.

Cancer Incidence - Prostate

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

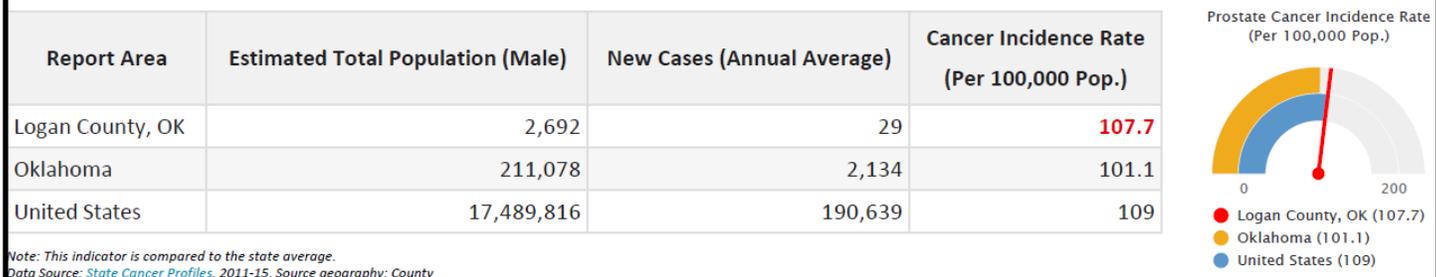


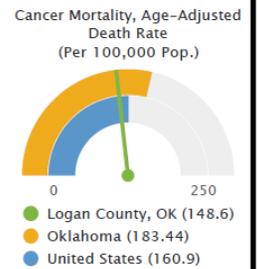
Figure 5. Cancer Incidence - Prostate. Taken from Community Commons.

However, this report also provided data indicating that Logan County's death rate due to cancer (Mortality - Cancer) finished "green" on this report's dashboard indicator. The following demonstrates the details for this indicator (Figure 6):

Mortality - Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Logan County, OK	45,190	80	177	148.6
Oklahoma	3,875,668	8,082	208.52	183.44
United States	318,689,254	590,634	185.3	160.9



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source geography: County

Figure 6. Mortality - Cancer. Taken from Community Commons.



Mercy Hospital Logan County hosts the Logan County Partnership's monthly meetings. Meetings are held the fourth Thursday of every month except November and December (check for scheduling during those months). Meetings are open to the public.

Child Abuse and Neglect

Preventing child abuse and neglect has been recognized by the Centers for Disease Control and Prevention (CDC) as a public health priority. Data reveal more than 15,000 Oklahoma children were victims of abuse and neglect during State Fiscal Year (SFY) 2017,⁹ enough to fill 211 school buses. Compared to national rates, Oklahoma ranks 41st out of 50 states for rates of confirmed child abuse and neglect (15.9/1,000 in OK vs. 9.0/1,000 in U.S.).¹⁰ The impacts of maltreatment are costly and long lasting.¹¹

In Logan County, there were 24 confirmed reports of child abuse, 183 of child neglect, 21 of both, for a total of 228 confirmed cases in 2018.¹² The bar graph below demonstrates that the number of confirmed, or “substantiated” child abuse and neglect cases in Logan County has increased from the past year (Figure 7).

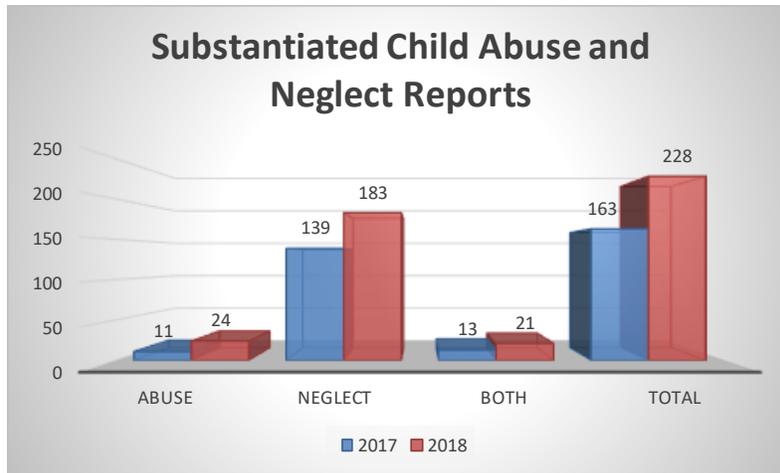


Figure 7. Substantiated Child Abuse and Neglect Reports. Data from Oklahoma DHS.

The following chart uses trend data provided by the Kids County Data Center published by the Annie E. Casey Foundation. The 2018 data point was added as obtained from Oklahoma Department of Human Services SFY2018 data. The trend in child abuse and neglect cases clearly appears to be increasing (Figure 8).

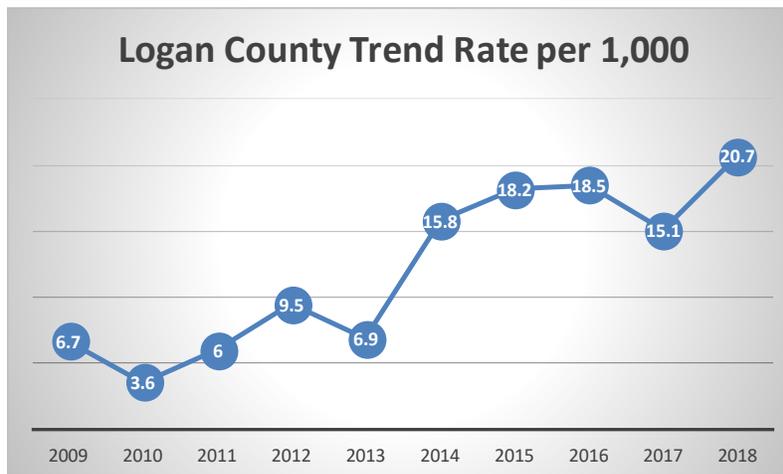


Figure 8. Logan County Trend Rate per 1,000 (Child Abuse and Neglect Cases).

9. Oklahoma Department of Human Services. (2017). *Child abuse and neglect statistics*, State Fiscal Year 2017. Oklahoma City, Retrieved from http://www.okdhs.org/OKDHS%20Library/S17032_%20ChildAbuseandNeglectStatisticsSFY2017July2016-June2017_cwsopoa_03262018.pdf.
10. Annie E. Casey Foundation. (2017). National KIDS COUNT Database. Baltimore, Maryland. Retrieved from <https://datacenter.kidscount.org/data/tables/9903-children-who-are-confirmed-by-child-protective-services-as-victims-of-maltreatment?loc=1&loct=2#ranking/2/any/true/870/any/19234>.
11. Oklahoma State Department of Health. (2018). State Plan for the Prevention of Child Abuse & Neglect: 2019-2023.
12. Oklahoma Department of Human Services. (2019). Child Protective Services: Substantiated Reports by Type and County, FY 2018 (Table 12). Retrieved from http://www.okdhs.org/library/rpts/Pages/s18_dhsannualreport_tables.aspx.

Drug Abuse

Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased 137% nationwide. Opioids contribute largely to drug overdose deaths; since 2000, deaths involving opioids (opioid pain relievers and heroin) have increased 200%.¹³

In the Logan County Community Themes and Strengths Assessment, residents ranked Drug Abuse as the most important risk behavior in their communities. In our first CHA conducted seven years prior, residents ranked “substance abuse” as the second most important risk behavior. As with Alcohol Abuse, residents clearly believe this is still an issue of concern.

The State of the State’s Health Report (February 26, 2019) states that poisoning is the leading cause of injury death in the United States. Pharmaceutical and illicit drugs cause the vast majority of these deaths. More overdose deaths involve prescription painkillers than alcohol and all illicit drugs combined. Of the approximately 700 unintentional poisoning deaths in Oklahoma each year, nearly 70% involve at least one prescription drug. Of these, more than 80% involve prescription painkillers (opioids). From 2007 to 2016, rates of Unintentional Poisoning Death increased 21%. Logan County’s rate of Unintentional Poisoning Deaths was 10.2 per 100,000 population. This compares favorably with the state rate of 19.4 and the national rate of 20.10 and was given a grade of “B”.

The County Health Rankings & Roadmaps reported Logan County’s rate of Drug Overdose Deaths at 14 per 100,000 population. Accounting for the report’s margin of error, this places Logan County among this report’s Top U.S. Performers (90th percentile) for this measure.

In 2017, the CDC reported Oklahoma as one of 26 states that experienced a statistically significant increase in the rate of reported drug overdoses during 2016. In 2017, officials reported 796 fatal overdoses in the state, representing an 11.5% decrease compared to 2016.¹⁴ Logan County had five overdose deaths in 2017, two of which involved prescription opioids.

The Forces of Change Assessment identified Opioid Use as a significant factor to the community’s health. Opportunities created included: education for adults and/or children about effects of abuse and prevention programs for proper disposal of medications. Threats posed included: increased mortality due to drug overdoses and lawsuits against pharmaceutical companies.

13. Centers for Disease Control and Prevention (CDC). Increases in Drug and Opioid Overdose Deaths - United States, 2000 - 2014. MMWR Morb Mortal Wkly Rep. 2016;64(50);1378-82.

14. Oklahoma Bureau of Narcotics and Dangerous Drugs. 2018 Oklahoma Drug Threat Assessment.

Heart Disease

Heart disease is the leading cause of death for both men and women. Many risk factors such as high blood pressure, high cholesterol, excess weight, poor diet, smoking, and diabetes can be prevented or treated through behavior modification and appropriate medication.¹⁵

The State of the State's Health Report (February 26, 2019) reported Logan County's rate of Heart Disease Deaths as 173.3 per 100,000 population. This was the leading cause of death in Logan County. The state rate was 237.2, the national rate was 165.00. Logan County was given a grade of "C". In addition, the following rates were reported for contributing risk factors: High Blood Pressure, 39.1% ("F"); High Cholesterol Diagnosis, 42.2% ("F"); Adult Obesity, 35.1% ("D"); Minimal Fruit Consumption, 44.6% ("F"); Adult Current Smoking Prevalence, 15.9% ("C"); Diabetes Deaths, 24.8 per 100,000 population ("D"); and Diabetes Prevalence, 13.2% ("D"). Taken all together, the data from the State of the State's Health Report demonstrates the challenge that Heart Disease presents to Logan County.

The State of the State's Health Report further indicates that Logan County has improved over the past three years in this measure (Figure 9). However, though its rate is well below the state's rate, it is still higher than the national rate.

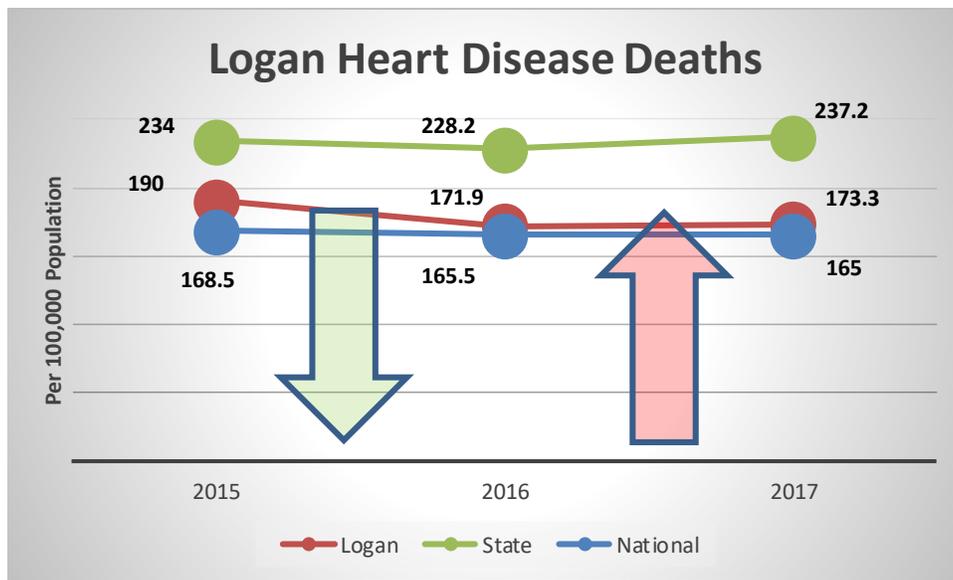


Figure 9. Logan Heart Disease Deaths. Data from State of the State's Health Report.

15. Centers for Disease Control and Prevention. Heart Disease [Website]. Retrieved from <https://www.cdc.gov/heartdisease/> Data Source: National: CDC Wonder, Mortality. Local: Ok2Share, Vital Statistics, Death.

Mental Health Problems

Between 600,000 and 900,000 Oklahomans experience mental illness and/or a substance use disorder annually. Only one in three receive treatment. As a result, negative and more costly consequences occur such as law enforcement contact, criminal justice system engagement, loss of jobs, incarceration, overflowing and backed-up hospital emergency rooms, family fragmentation and children in foster care. Much of this can be prevented with increased access to appropriate services. Nearly 20% of Oklahoma adults experienced up to 13 mentally unhealthy days in the past month; approximately 13% experienced between 14 to 30 mentally unhealthy days in the past month.

Mental and substance use disorders can affect anybody at any age. Fortunately, these illnesses are diagnosable and treatable. Mental disorders generally involve changes in thinking, mood, and/or behavior, affecting how we relate to others and make choices. They may present in many different forms. Substance use disorders occur when recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

In the Logan County Community Themes and Strengths Assessment, residents ranked Mental Health Problems as the most important health problem in their communities. Issues contributing significantly to poorer mental health outcomes were also prominently identified: Drug Abuse, Alcohol Abuse and Being Overweight were ranked first, second and third most important risk behaviors; Obesity was ranked the second most important health problem.

The State of the State's Health Report (February 26, 2019) defines Frequent Poor Mental Health Days as the percentage of adults reporting at least 14 poor mental days in the past 30 days. Logan County's rate was 10.2%. This compared favorably to the state rate of 15.6% and the national rate of 12.01% and was given a grade of "B".

The County Health Rankings & Roadmaps defines Poor Mental Health Days as the average number of mentally unhealthy days reported in the past 30 days. Logan County's rate was 4.3 days. In comparison, the state rate was 4.5 and the Top U.S. Performers (90th percentile) was 3.1.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provides Figure 10 on its web site for number of Logan County residents receiving services funded by ODMHSAS.¹⁶ The trend is increasing.

ODMHSAS Online Query System (OOnQues)								
The information provided represents a count of individuals who have received services funded by ODMHSAS.								
For more information, please refer the the FAQs at http://www.odmhsas.org/eda/query.htm								
Please note: Due to the large number of records (>1.2 million), some queries may take some time.								
County of Residence	Fiscal Year							
	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18
Logan	1,223	1,312	1,544	1,589	1,707	1,683	1,758	1,817

Figure 10. Count of individuals having received services funded by ODMHSAS.

The Forces of Change Assessment identified Mental Health as a significant factor to the community's health. Opportunities created included: more programs with Mental Health First Aid Training, and awareness of programs for insured and uninsured. Threats posed included: incarcerations, and untreated and/or unmedicated residents in the community.

16. ODMHSAS Online Query System (OOnQues). www.odmhsas.org/eda/oonqus_county_compact.htm. Accessed May 31, 2019.

Obesity

Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional contributing factors include food and physical environment, education and skills, and food marketing and promotion. Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the United States including diabetes, heart disease, stroke, and some types of cancer.

In the Logan County Community Themes and Strengths Assessment, residents ranked Obesity as the second most important health problem and Being Overweight as the third most important risk behavior in their communities.

The State of the State's Health Report (February 26, 2019) defines Adult Obesity as having a Body Mass Index (BMI) greater than or equal to 30 (Overweight is 25.0 to 29.9, Normal is 18.5 to 24.9). Logan County's rate of Adult Obesity was 35.1%. This was a significant increase from the 30.4% reported the year before and erases the improvement demonstrated during Logan County's first strategic plan cycle. In comparison, the state rate was 36.5% and the national rate was 31.30%. Logan County was given a grade of "D" for this measure.

The County Health Rankings & Roadmaps reported Logan County's rate of Adult Obesity at 33% and further indicated that the measure was an "Area to Explore." The report indicated no significant trend was found for this measure (Figure 11).

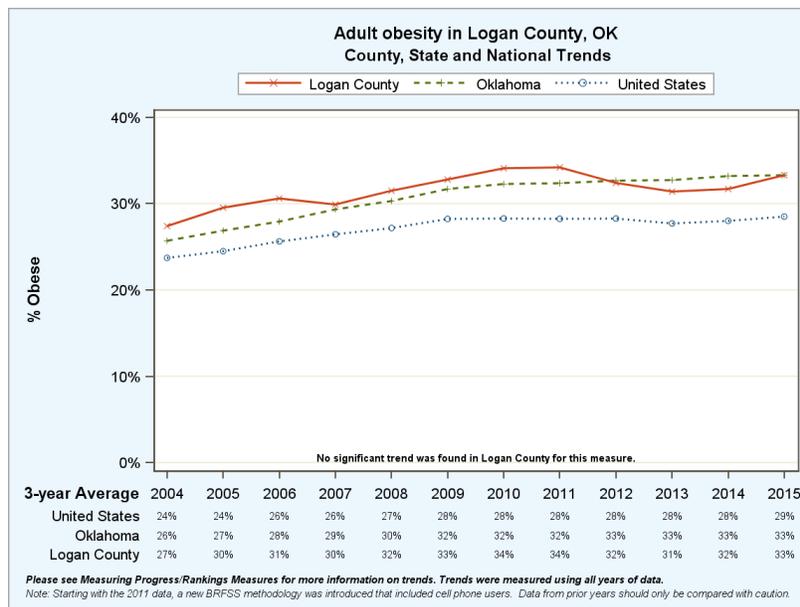


Figure 11. Adult obesity in Logan County, OK. Taken from County Health Rankings & Roadmaps.

The Forces of Change Assessment identified Obesity as a significant factor to the community's health. Opportunities created included: education on health and nutrition and a chance to break the cycle of unhealthiness. Threats posed included: increases in heart disease, stroke, diabetes and cancer, and a continued cycle of unhealthiness.

Poverty

Research indicates a link between poverty and poor health. Poverty is both a cause and a consequence of poor health. Those living in poverty have a higher level of maternal mortality, higher levels of disease, reduced access to healthcare and a shorter life span. Poverty is rooted in various social and economic issues including employment, education, hunger, mass incarceration, poor health, inequalities among minority populations, and more.

The State of the State's Health Report (February 26, 2019) indicates that Logan County's rate of residents living in poverty is 12.4%. The state rate is 15.8%, the national rate is 13.00%. The trend for the past three years is demonstrated in Figure 12 below.

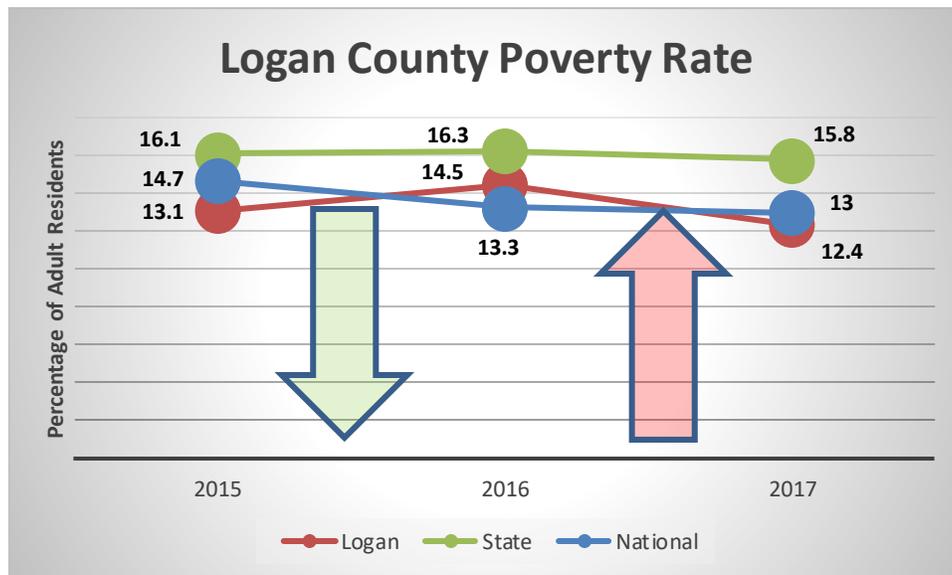


Figure 12. Logan County Poverty Rate. Data from State of the State's Health Report.

The County Health Rankings & Roadmaps define Children in Poverty as the percentage of people under age 18 in poverty. It reports a rate for Logan County of 15%. Accounting for the reports margin of error, this puts Logan County among Top U.S. Performers (90th percentile). However, the report states there was no significant trend found in Logan County for this measure (Figure 13).

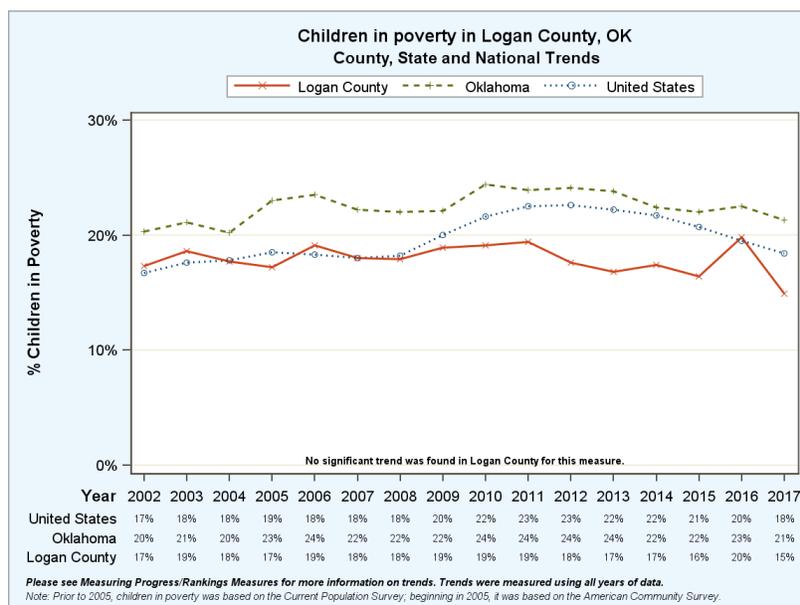


Figure 13. Children in poverty in Logan County, OK. Taken from County Health Rankings & Roadmaps.

Suicide

In 2016, suicide was the 8th leading cause of death for Oklahomans and the 10th leading cause of death in the U.S., with over 44,000 deaths each year nationwide. According to the CDC, an estimated 9.3 million adults (3.9% of the adult U.S. population) reported having suicidal thoughts in 2013. Since 2010, suicide rates have steadily increased for all populations in Oklahoma and across the nation. Research shows that 90% of those who die from suicide have a mental health and/or substance use disorder at the time of their death. Suicide is the leading cause of violent death among Oklahomans; annually, more than twice as many people die by suicide than by homicide.

The State of the State's Health Report (February 26, 2019) reported Logan County's suicide rate as 23.7 per 100,000. In comparison, the state rate was 19.1 and the national rate was 14.00. Logan County was given a grade of "F". In addition, Logan County's suicide rate has increased significantly over the past three years (Figure 14).

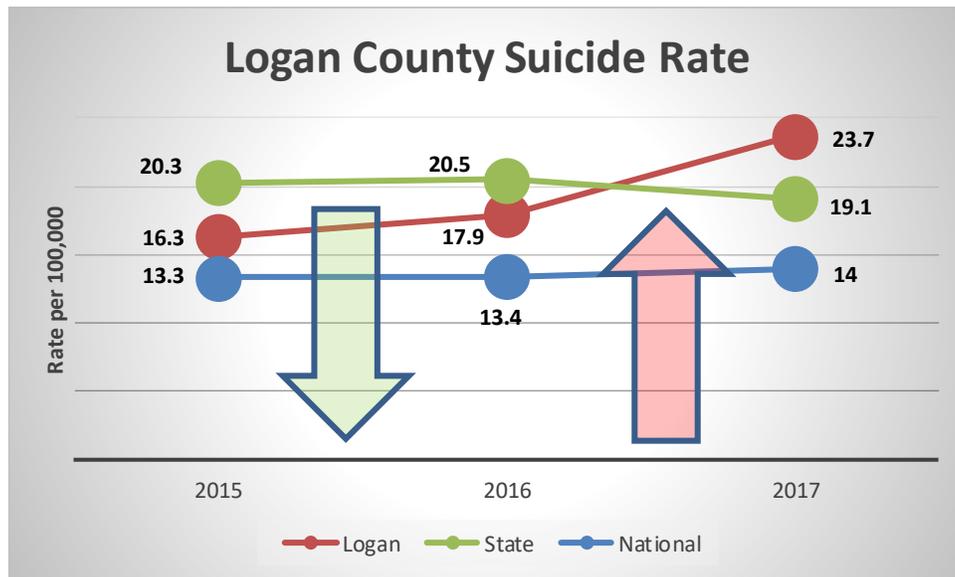


Figure 14. Logan County Suicide Rate. Data from State of the State's Health Report.

In the Logan County Community Themes and Strengths Assessment, residents chose Mental Health Problems as the most important health problem in their communities. However, residents ranked suicide at the bottom of the list, indicating they view these two critical elements as separate issues.

Tobacco Use

Tobacco use is still the leading preventable cause of disease and death. Smoking kills more Oklahomans than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined.¹⁷ Thousands more die from other tobacco-related causes. For every person who dies due to smoking, at least 30 others live with a serious smoking-related illness. Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Smoking increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.¹⁸ And smokers put others at risk; secondhand smoke is responsible for the death of over 50,000 nonsmokers every year.¹⁹

The State of the State's Health Report (February 26, 2019) reported Logan County's Adult Smoking Prevalence was 15.9%. This compares to the state at 20.1% and the nation at 17.08%. Logan County was given a grade of "C". Logan County's Adult Smoking Prevalence was the seventh best rate in the state. Furthermore, Logan County's Adult Smoking Prevalence rate has improved over the past three years (Figure 15).

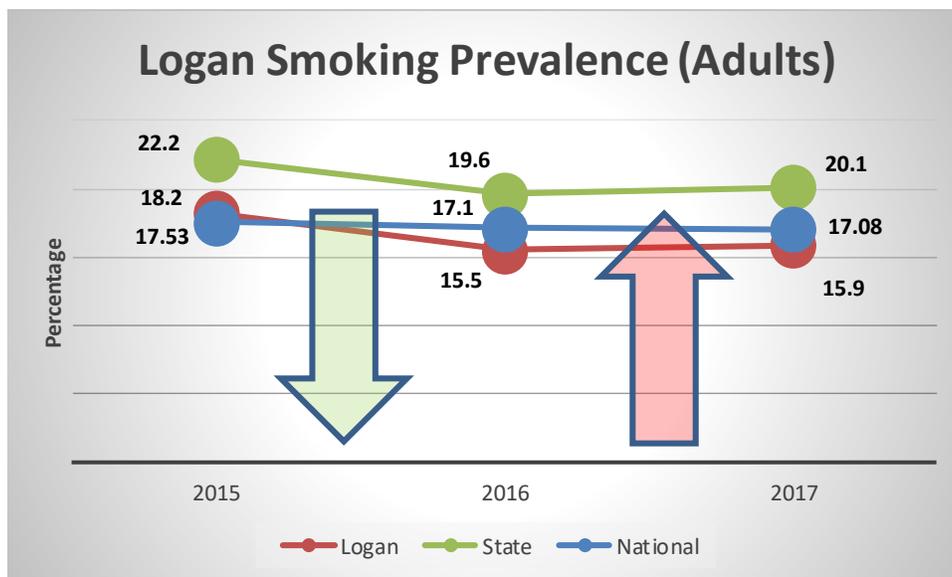


Figure 15. Logan Smoking Prevalence (Adults). Data from State of the State's Health Report.

The County Health Rankings & Roadmaps reported Logan County's Adult Smoking rate at 16%. This fell just short of the Top U.S. Performers (90th percentile). This report still indicated Adult Smoking as an "area to explore."

In the Logan County Community Themes and Strengths Assessment, residents ranked Tobacco Use as the sixth most important health problem in their communities. This was in the middle of the list and well below the behaviors identified as most important, indicating that residents did not perceive tobacco use as an important risk behavior.

The data presented so far appears to be encouraging; indeed, it should be. Logan County and the State of Oklahoma have demonstrated improvement in adult smoking rates. However, it should be noted that the data has been presented in a comparative, or "qualitative" context. While Logan County's rate may compare well with the state and nation, and be given a grade of "C", its rate "quantitatively" indicates that approximately one of every six adults smoke. That represents roughly 5,690 adult residents. Combine this with the effects of second-hand smoke and there

17. Campaign for Tobacco Free Kids. The Toll of Tobacco in Oklahoma. Retrieved from <https://www.tobacofreekids.org/problem/toll-us/oklahoma> on May 18, 2018.

18. Centers for Disease Control and Prevention. Health Effects. Retrieved from https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm on May 18, 2018.

19. Campaign for Tobacco Free Kids. Smoke-Free Laws. Retrieved from <https://www.tobacofreekids.org/what-we-do/us/smoke-free-laws> on May 18, 2018.

is still a significant impact from smoking in Logan County. It is likely that this contributed to the Forces of Change Assessment identifying Tobacco Use as a significant factor to the community's health. Opportunities created included: state legislation and city ordinance, education on the effects of tobacco use, more clean air regulation, and raising the legal age of purchase to 21. Threats posed included: increases in heart disease, stroke, diabetes and cancer; and secondhand smoke.

We believe these statistics do not yet reflect the impact of e-cigarette use. According to the CDC,²⁰ youth are more likely than adults to use e-cigarettes. In 2018, more than 3.6 million U.S. middle and high school students used e-cigarettes in the past 30 days, including 4.9% of middle school students and 20.8% of high school students.²¹ A growing number of studies suggest that the use of e-cigarettes greatly increases the likelihood of later use of cigarettes.²² In 2015, 3.6% of Oklahoma adults used e-cigarettes.²³ In 2017, 16.4% of Oklahoma high school students used e-cigarettes at least one day in the past 30 days, compared to the national rate of 13.2%.²⁴ Therefore, Logan County Partnership expects the trend for adult smoking to start going up again.

Furthermore, it should be noted that all of this data is specific to smoking. Data on smokeless tobacco is more difficult to obtain. Smokeless tobacco is often thought of as a safe alternative to cigarettes: it is not. Smokeless tobacco causes many health problems such as: cancer of the mouth and throat, tooth decay, gum disease, mouth sores, staining of teeth, and bad breath. Smokeless tobacco is highly addictive, containing many toxic chemicals and up to four times more nicotine than cigarettes. Two cans of dip a week equals 1 ½ packs of cigarettes a day. In 2015, 4.3% of Oklahoma adults used smokeless tobacco²³. In 2017, 9.2% of Oklahoma high school students used smokeless tobacco at least one day in the past 30 days, compared to the national rate of 5.5%²⁴.

And lastly, it should be noted that on June 26, 2018, Oklahoma voters legalized medical marijuana with the approval of Oklahoma State Question 788. The initiative included provision for "smokable" forms of cannabis. Though it is difficult to predict what this may do to smoking rates, it seems reasonable to anticipate a negative impact. It is likely that this contributed to the Forces of Change Assessment identifying Medical Marijuana as a significant factor to the community's health. Opportunities created included: increasing knowledge of detrimental effects of marijuana use and its secondhand smoke, and the need for more stringent regulation. Threats posed included: increased knowledge of how to use it and produce it in its non-medical form, and dispensaries popping up everywhere.

20. Centers for Disease Control and Prevention. About Electronic Cigarettes (E-Cigarettes). www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html. Page last reviewed: November 15, 2018. Accessed June 7, 2019.

21. Cullen KA, Ambrose BK, Gentzke A, et al. Notes from the Field: Increase in e-cigarette use and any tobacco product use among middle and high school students - United States, 2011-2018. MMWR Morb Mortal Wkly Rep 2018;68:1276-1277.

22. Michael S Dunbar, Jordan P Davis, Anthony Rodriguez, Joan S Tucker, Rachana Seelam, Elizabeth J D'Amico, Disentangling Within-and Between-Person Effects of Shared Risk Factors on E-cigarette and Cigarette Use Trajectories From Late Adolescence to Young Adulthood, *Nicotine & Tobacco Research*, nty179, <https://doi.org/10.1093/ntr/nty179>.

23. CDC, State-Specific Prevalence of Tobacco Product Use Among Adults - United States, 2014-2015, MMWR.

24. CDC, Youth Risk Behavior Surveillance System, 2017.

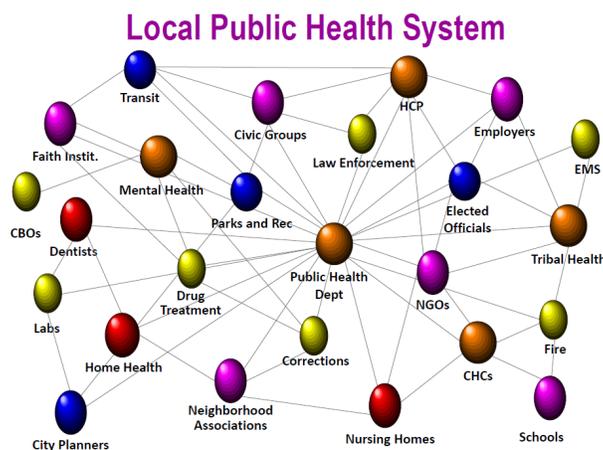
Next Steps

The Logan County Partnership will use the data from this CHA to guide its deliberations in the strategic planning process to develop its next CHIP. Though the 10 elements within this summary report have been identified as prominent, all of the data will continue to be reviewed and considered for identifying strategic issues for improving Logan County health outcomes.

One characteristic of this CHA that should be remembered is that it never actually ends. Data is always being updated, new data sources identified, and deliberations possibly altered by new information. Once a CHIP is developed and implemented, new data updates and sources will serve to measure our success in accomplishing our goals and objectives. In our first CHA, we published a summary report and provided data updates in the following CHIP, a practice we intend to continue. However, some of our partners' accreditation and certification processes called for documentation of CHA updates during the strategic plan cycle. Though we functionally did this with our CHIP, we recognize the opportunity to clarify any possible confusion by also including updates to the CHA. Therefore, Annual Updates and Supplements will be added to this summary report as they become available.

This summary report is 25 pages. However, a hard copy of a complete CHA including all listed Attachments would be 732 pages! That is why Logan County Partnership is committed to providing this report to the public electronically. Initially, this report and all of its Attachments will be available to the public on the Logan County Health Department's website. The Logan County Partnership encourages its community partners with social media assets to post this material and/or link to the health department's website.

We urge community partners to view this data, use it for your unique purposes, and contact us with comments and suggestions. And when the CHIP is available, take both documents together as one. The task of public health is large and varied, creating a proverbial jigsaw puzzle made up of many pieces. The public health system is far more than the local health department and hospital. Indeed, it is made up of every single citizen that lives in Logan County. We all have a contribution that we can make. We have worked together over the past few years to make Logan County one of the healthiest counties in Oklahoma. Together, let us continue this effort to make Logan County "the" healthiest county in Oklahoma and one of the healthiest counties in the nation.



Updates

March 18, 2020 - 2020 County Health Rankings & Roadmaps

Logan County was ranked as the 4th healthiest county in Oklahoma; retaining its ranking from the previous year.

Changes in measures reported in the CHA included:

- Excessive drinking; the percentage of adults reporting binge or heavy drinking; increased (worsened) from 14% to 15%.
- Drug overdose deaths; the number of drug poisoning deaths per 100,000 population; decreased (improved) from 14 to 10. This rate was among the Top U.S. Performers (10th/90th percentile).
- Poor mental health days; the average number of mentally unhealthy days reported in the past 30 days (age-adjusted); decreased (improved) from 4.3 to 4.2.
- Adult obesity; the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30; increased (worsened) from 33% to 36%. It was identified as an “area to explore.”
- Children in poverty; the percentage of people under age 18 in poverty; decreased (improved) from 15% to 14%. Accounting for the report’s margin of error, this rate was among the Top U.S. Performers (10th/90th percentile). It was identified as an “area of strength.”
- Adult smoking; the percentage of adults who are current smokers; increased (worsened) from 16% to 18%. It was identified as an “area to explore.”

The following measures were identified as “areas to explore.”

- Adult smoking; defined above - 18%
- Adult obesity; defined above - 26%
- Access to exercise opportunities; percentage of population with adequate access to locations for physical activity - 37%
- Primary care physicians; ratio of population to primary care physicians - 46,780:1
- High school graduation; percentage of 9th grade cohort that graduates in four years - 75%
- Long commute - drive alone; among workers who commute in their car alone, the percentage that commute more than 30 minutes - 49%

The following measures were identified as “areas of strength.”

- Food environment index; index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) - 7.4
- Teen births; number of births per 1,000 female population ages 15-19 - 15 (accounting for margin of error, was among Top U.S. Performers)

- Uninsured; percentage of population under age 65 without health insurance - 13%
- Preventable hospital stays; rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees - 3,301
- Mammography screening; percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening - 42%
- Unemployment; percentage of population ages 16 and older unemployed but seeking work - 3.0%
- Children in poverty; defined above - 14% (accounting for margin of error, was among Top U.S. Performers)
- Children in single-parent households; percentage of children that live in a household headed by a single parent - 24% (accounting for margin of error, was among Top U.S. Performers)
- Injury deaths; number of deaths due to injury per 100,000 population - 75

Logan County's rank in individual health categories are as follows. Ranks in parenthesis are from the previous year's report (2019):

Health Outcomes - 4th (4th)
 Length of Life - 3rd (5th)
 Quality of Life - 14th (11th)
 Health Factors - 19th (19th)
 Health Behaviors - 19th (7th)
 Clinical Care - 16th (28th)
 Social & Economic Factors - 22nd (19th)
 Physical Environment - 26th (60th)

The measures reported in this profile are the same as those reported in the State of the State's Health Report.

Changes in measures reported in the CHA included:

- Adult Obesity; the percentage of residents who reported a BMI greater than or equal to 30; decreased (improved) from 35.1% to 31.9%.
- Poverty; the percentage of residents living in poverty; decreased (improved) from 12.4% to 10.4%.
- Adult Smoking Prevalence; the percentage of adults who reported smoking; decreased (improved) from 15.9% to 14.8%.

2020 - Updated Community Commons data and referencing

The data report we have typically referred to as "Community Commons" has changed its branding. The products are published by the Center for Applied Research and Engagement Systems (CARES) which is hosted by the University of Missouri. CARES continues to provide many of the same indicators used in this CHA. Changes in those indicators included:

- Cancer Incidence - All Sites; the cases per 100,000 population per year of all cancer sites; decreased (improved) from 491.2 to 431.9. This finished in the "green" of the report's dashboard indicator. It was previously in the "red."
- Cancer Incidence - Colon and Rectum; the cases per 100,000 population of colon and rectum cancer; decreased (improved) from 45.2 to 39.9.
- Cancer Incidence - Lung; the cases per 100,000 population of lung cancer; decreased (improved) from 70.9 to 69.
- Cancer Incidence - Prostate; the cases per 100,000 population of prostate cancer; decreased (improved) from 107.7 to 92.5.
- Mortality - Cancer; the rate of death due to cancer per 100,000 population; increased (worsened) from 148.6 to 156.0. This still finished in the "green" of the report's dashboard indicator. It was previously also in the "green."

OKLAHOMA EMPLOYMENT REPORT – March 2021

Metropolitan statistical area (MSA), county and other subarea information

Jobless rates improve over the month in every county in Oklahoma in March

In March, **Latimer County** posted Oklahoma's highest county unemployment rate of 8.6 percent. **Le Flore County** had the second-highest rate for the month, followed by **McIntosh County**. **Cimarron** and **Texas Counties** shared the lowest county unemployment rate of 1.6 percent in March. Unemployment rates in March were higher than a year earlier in 58 of Oklahoma's 77 counties, lower in 13 counties, and unchanged in 6 counties.

Highest county unemployment rates*

March 2021	Unemployment rate
Latimer County	8.6%
Le Flore County	6.7%
McIntosh County	6.5%

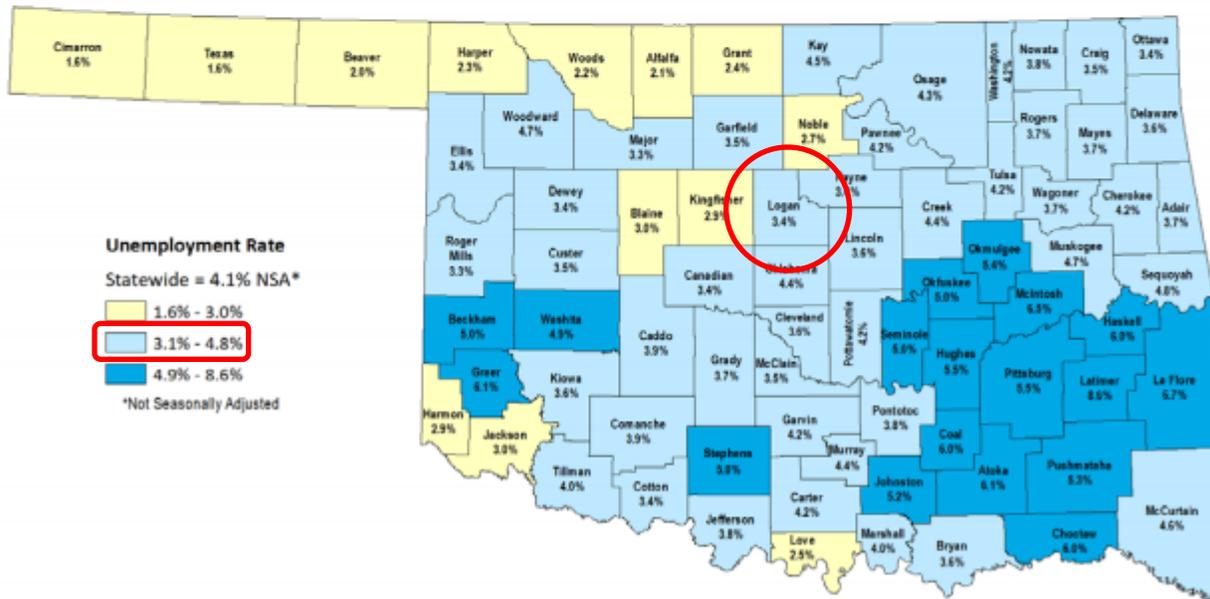
* Non-seasonally adjusted

Lowest county unemployment rates*

March 2021	Unemployment rate
Cimarron County	1.6%
Texas County	1.6%
Beaver County	2.0%
Alfalfa County	2.1%

* Non-seasonally adjusted

UNEMPLOYMENT RATES by COUNTY – March 2021 (Not Seasonally Adjusted)



Logan County was ranked as the 4th healthiest county in Oklahoma for the third consecutive year. Changes in measures reported in the CHA included:

- Excessive drinking; the percentage of adults reporting binge or heavy drinking; remained at 15%. This was identified as an area of strength and finished among the Top U.S. Performers (10th/90th percentile).
- Drug overdose deaths; the number of drug poisoning deaths per 100,000 population; remained at 10. This was among the Top U.S. Performers (10th/90th percentile).
- Poor mental health days; the average number of mentally unhealthy days reported in the past 30 days (age-adjusted); increased (worsened) from 4.2 to 4.8.
- Adult obesity; the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30; decreased (improved) from 36% to 34%. It was identified as an "area to explore."
- Children in poverty; the percentage of people under age 18 in poverty; remained at 14%. Accounting for the report's margin of error, this rate was among the Top U.S. Performers (10th/90th percentile). It was identified as an "area of strength."
- Adult smoking; the percentage of adults who are current smokers; increased (worsened) from 18% to 20%. It was identified as an "area to explore."

The following measures were identified as "areas to explore."

- Adult smoking; defined above - 20%
- Adult obesity; defined above - 34%
- Access to exercise opportunities; percentage of population with adequate access to locations for physical activity - 37%
- Alcohol-impaired driving deaths; percentage of driving deaths with alcohol involvement - 38%.
- Primary care physicians; ratio of population to primary care physicians - 23,650:1
- Dentists; ratio of population to dentists - 6,860:1
- Long commute - drive alone; among workers who commute in their car alone, the percentage that commute more than 30 minutes - 50%

The following measures were identified as "areas of strength."

- Food environment index; index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) - 7.6
- Excessive drinking; percentage of adults reporting binge or heavy drinking - 15% (among Top U.S. Performers)
- Teen births; number of births per 1,000 female population ages 15-19 - 14 (accounting for margin of error, was among Top U.S. Performers)

- Uninsured; percentage of population under age 65 without health insurance - 15%
- Preventable hospital stays; rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees - 3,445
- High school completion; percentage of adults ages 25 and over with a high school diploma or equivalent - 90%.
- Children in poverty; defined above - 14% (accounting for margin of error, was among Top U.S. Performers)
- Injury deaths; number of deaths due to injury per 100,000 population - 78

In Logan County, there were 19 confirmed reports of child abuse (21% decrease from 24), 153 of child neglect (16% decrease from 183), 9 of both (57% decrease from 21), for a total of 181 (228) confirmed cases in 2019.²⁵ This was a 21% decrease in total confirmed cases. The bar graph below demonstrates the improvements from the previous year (Figure 16).

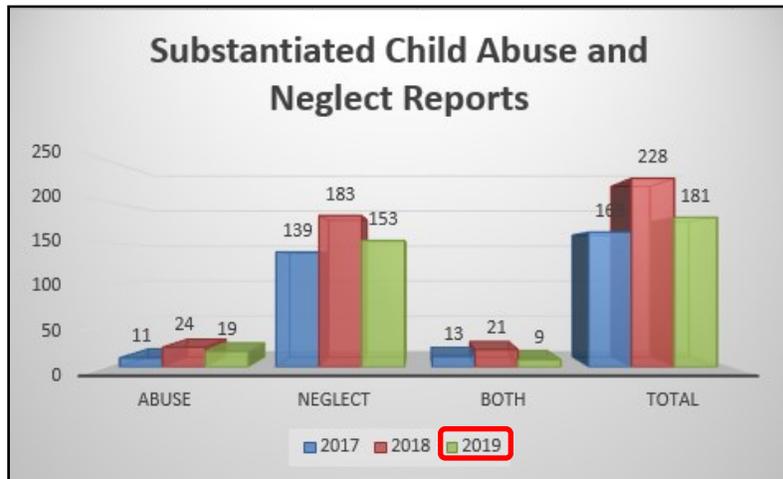


Figure 16. Substantiated Child Abuse and Neglect Reports. Data from Oklahoma DHS.

The following chart uses trend data provided by the Kids County Data Center published by the Annie E. Casey Foundation. The 2019 data point was added as obtained from Oklahoma Department of Human Services SFY2019 data (Figure 17).

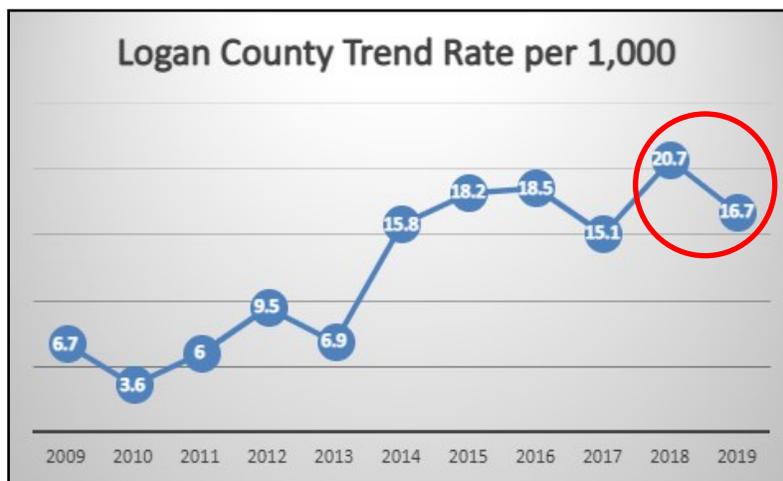


Figure 17. Logan County Trend Rate per 1,000 (Child Abuse and Neglect Cases).

25. Oklahoma Department of Human Services. (2019). Child Protective Services: Substantiated Reports by Type and County, FY 2019 (Table 12). Retrieved from <https://oklahoma.gov/okdhs/library/rpts/s19-dhsannualreport-tables.html>.

The 2018 Oklahoma Drug Threat Assessment, included in the original CHA, reported that Logan County had five overdose deaths, two of which involved prescription opioids. The 2019 Oklahoma Drug Threat Assessment reported that Logan County had two overdose deaths, neither of which involved prescription opioids.²⁶ The 2020 Oklahoma Drug Threat Assessment reported that Logan County had three overdose deaths, none of which involved prescription opioids.²⁷ The incidents of drug overdoses and the rate of fatal drug overdose has remained steady and has remained low.

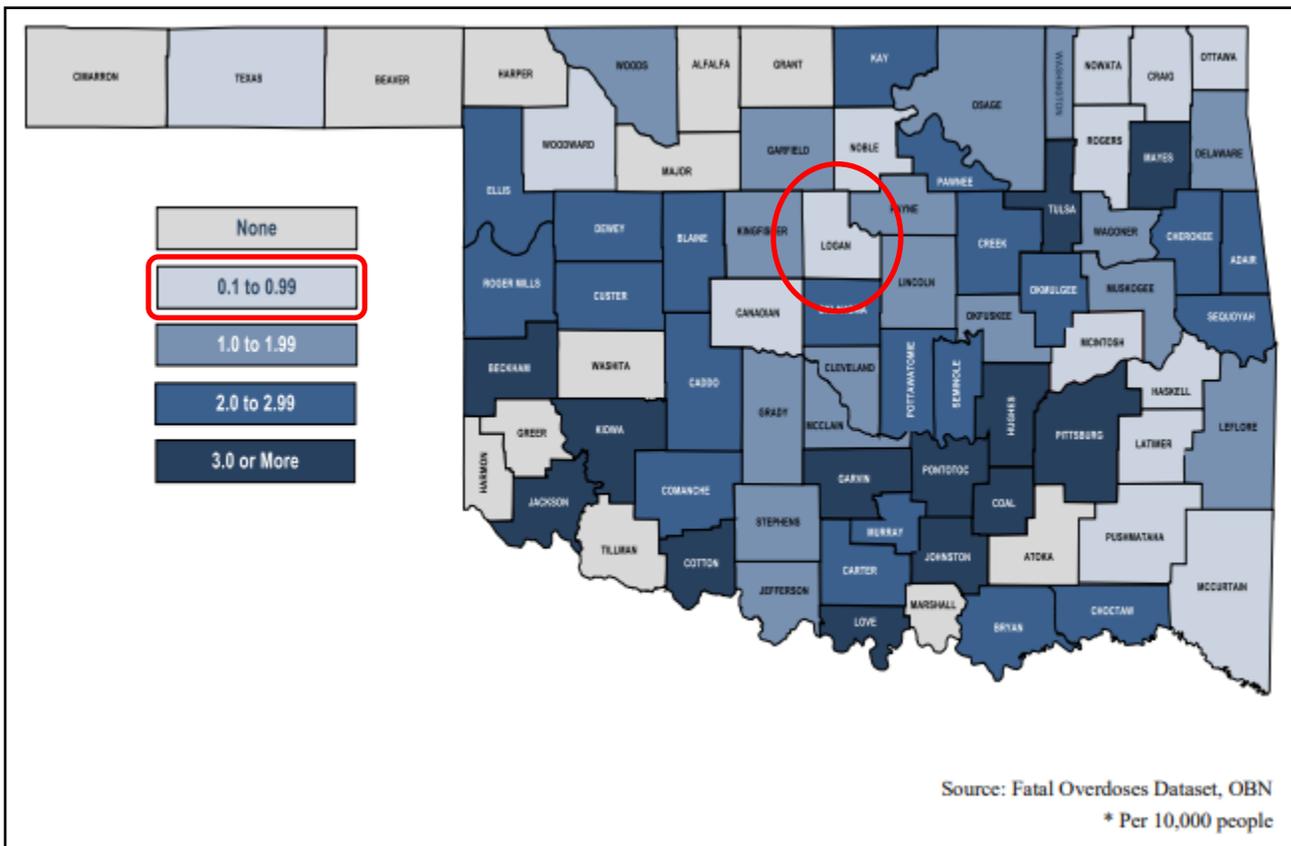


Figure 18. Fatal Drug Overdose Rates, by County - 2019

26. Oklahoma Bureau of Narcotics and Dangerous Drugs. 2019 Oklahoma Drug Threat Assessment.

27. Oklahoma Bureau of Narcotics and Dangerous Drugs. 2020 Oklahoma Drug Threat Assessment.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provides Figure 19 on its web site for number of Logan County residents receiving services funded by ODMHSAS.²⁸ Since the initial CHA, the number of residents receiving services has decreased by 12%.

ODMHSAS Online Query System (OOnQues)

The information provided represents a count of individuals who have received services funded by ODMHSAS.

For more information, please refer the the FAQs at <http://www.odmhsas.org/eda/query.htm>

Please note: Due to the large number of records (>1.2 million), some queries may take some time.

County of Residence	Fiscal Year									
	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20
Logan	1,222	1,313	1,546	1,589	1,709	1,681	1,753	1,818	1,698	1,602

Figure 19. Count of individuals having received services funded by ODMHSAS.

28. ODMHSAS Online Query System (OOnQues). www.odmhsas.org/eda/oonqus_county_compact.htm. Accessed May 4, 2021.

With guidance from Oklahoma State University Center for Rural Health, and cooperation from community partners, Mercy Hospital Logan County Conducted a new community health needs assessment and developed an implementation strategy. The full document is available on the OSU Center for Rural Health blog site: <http://osururalhealth.blogspot.com/p/chna.html>

Community Health Needs - Identification of Priorities

Concerns

- Mental health - consider increasing relationships - already working on relationship to offer services on campus
- Transportation - Lack of access to the trolley - they are down drivers and COVID had an impact
- Special initiative with Langston to access primary care in Guthrie - Making the connection for services and what is available
- Access to specialists - Working to add specialists via telemedicine (pulmonologist)

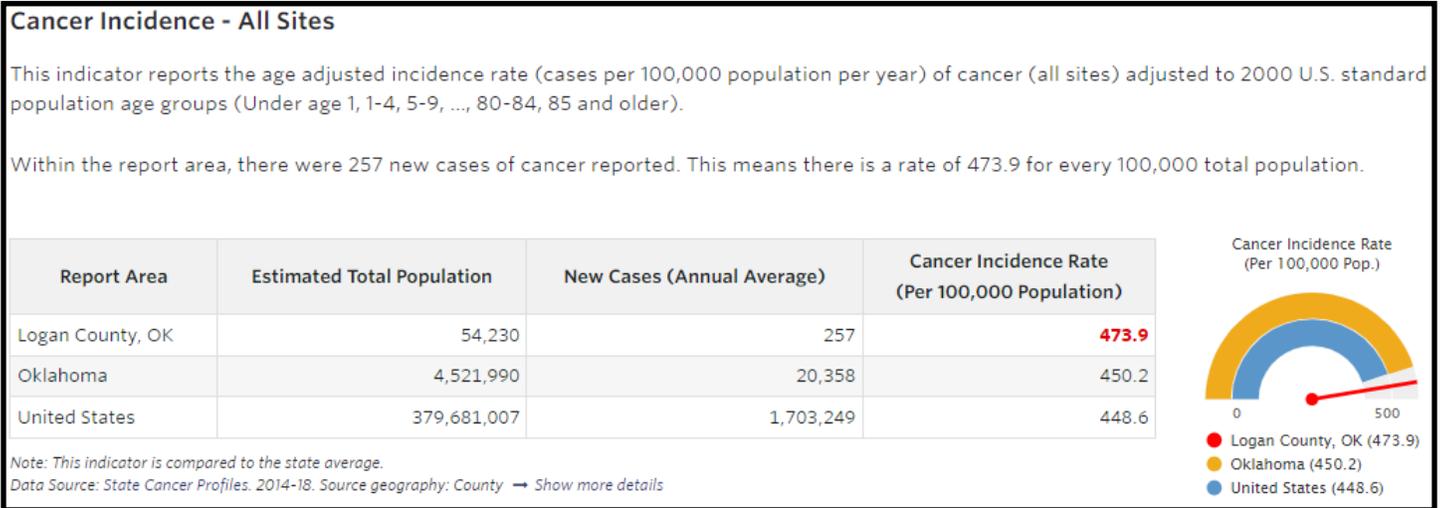
Strengths

- Ability to serve community in crisis recently - care for those in need. Mercy Logan County was pilot for telemedicine services well ahead when COVID-19 hit
- Convenience center - great source of primary care
- School, city, hospital - everyone in town works together - everyone helps to address needs - agencies, providers, etc. - also highlight a positive action
- Creating safer places for people to walk - additional sidewalks on main streets
- Specialists available in Guthrie clinic setting - accessible, do not have to take off entire day to see a provider

The following items were identified as priorities

- Mental health - consider increasing relationships - already working on relationship to offer services on campus
 - ◇ The hospital is currently working to add mental health services to the emergency department
 - ◇ The hospital will also lease space on the hospital's campus to Northcare who will provide a 24/hr. mental health urgent care. This will greatly enhance services to county residents
 - ◇ It is planned to add in the future a mobile unit to service all of Logan County
- Transportation - Lack of access to the trolley - they are down drivers and COVID had an impact
 - ◇ The hospital will continue to provide transportation tokens for the trolley to those who need transportation assistance to and from their medical appointments
 - ◇ The clinic has increased, and has plans to continue to increase, video and tele-visits for patients to help alleviate travel outside of Guthrie
- Access to specialists - Working to add specialists via telemedicine (pulmonologist)
 - ◇ This is in progress in an outpatient setting via telemedicine to help alleviate transportation burden

The most recent data available from Community Commons demonstrates an improvement in Logan County’s rate of cancer incidence. The currently reported rate of 473.9 per 100,000 population is an almost 10% increase from the previously reported 431.9. By comparison, this is still higher than the state and national rates.



According to data from the Kids Count Data Center and the Oklahoma Department of Human Services, the number of substantiated child abuse and neglect reports have progressed as follows:

SFY 2019	181
SFY 2020	202
SFY 2021	139

Rates per 1,000 were not published with these numbers.

According to the latest data from OK2SHARE, the death rate from accidental poisoning and exposure to noxious substances per 100,000 population has progressed as follows:

2016 to 2018	6.6
2017 to 2019	6.6
2018 to 2020	5.2

Logan County was ranked 5th in Oklahoma, down one spot. Changes in measures reported in the CHA included:

- Excessive drinking; the percentage of adults reporting binge or heavy drinking; remained at 15% for the third consecutive year. Identified as an area of strength, finished among the Top U.S. Performers (10th/90th percentile).
- Drug overdose deaths; the number of drug poisoning deaths per 100,000 population; was not reported.
- Poor mental health days; the average number of mentally unhealthy days reported in the past 30 days (age-adjusted); remained at 4.8.
- Adult obesity; the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30; increased (worsened) from 34% to 37%. It was identified as an "area to explore."
- Children in poverty; the percentage of people under age 18 in poverty; decreased (improved) from 14% to 13%. Statistically, was among Top U.S. Performers (10th/90th percentile) and identified as an "area of strength."
- Adult smoking; the percentage of adults who are current smokers; decreased (improved) from 20% to 18%. It was identified as an "area to explore."

The following measures were identified as "areas to explore."

- Adult smoking; defined above - 18%
- Adult obesity; defined above - 37%
- Primary care physicians; ratio of population to primary care physicians - 24,010:1
- Dentists; ratio of population to dentists - 8,130:1
- Long commute - drive alone; among workers who commute in their car alone, the percentage that commute more than 30 minutes - 49%

The following measures were identified as "areas of strength."

- Excessive drinking; percentage of adults reporting binge or heavy drinking - 15% (among Top U.S. Performers)
- Teen births; number of births per 1,000 female population ages 15-19 - 14
- Uninsured; percentage of population under age 65 without health insurance - 15%
- Preventable hospital stays; rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees - 2,616
- High school completion; percentage of adults ages 25 and over with a high school diploma or equivalent - 91%
- Unemployment; percentage of population ages 16 and older unemployed but seeking work - 5.1%
- Children in poverty; defined above - 13% (statistically among Top U.S. Performers)
- Children in single-parent households; percentage of children that live in a household headed by a single parent - 16% (statistically among Top U.S. Performers)
- Injury deaths; number of deaths due to injury per 100,000 population - 74

Logan County was ranked as the 5th healthiest county in Oklahoma, down one spot from the previous year. Changes in measures reported in the CHA included:

- Excessive drinking; the percentage of adults reporting binge or heavy drinking; remained at 15%. This was identified as an area of strength and finished among the Top U.S. Performers (10th/90th percentile).
- Drug overdose deaths; the number of drug poisoning deaths per 100,000 population; was blank in this year's report.
- Poor mental health days; the average number of mentally unhealthy days reported in the past 30 days (age-adjusted); remained at 4.8.
- Adult obesity; the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30; increased (worsened) from 34% to 36%. It was identified as an "area to explore."
- Children in poverty; the percentage of people under age 18 in poverty; decreased (improved) from 14% to 13%. Statistically, this rate was among the Top U.S. Performers (10th/90th percentile). It was identified as an "area of strength."
- Adult smoking; the percentage of adults who are current smokers; decreased (improved) from 20% to 18%. It was identified as an "area to explore."

The following measures were identified as "areas to explore."

- Adult smoking; defined above - 18%
- Adult obesity; defined above - 37%
- Primary care physicians; ratio of population to primary care physicians - 24,010:1
- Dentists; ratio of population to dentists - 8,130:1
- Long commute - drive alone; among workers who commute in their car alone, the percentage that commute more than 30 minutes - 49%

The following measures were identified as "areas of strength."

- Excessive drinking; percentage of adults reporting binge or heavy drinking - 15% (among Top U.S. Performers)
- Teen births; number of births per 1,000 female population ages 15-19 - 14
- Uninsured; percentage of population under age 65 without health insurance - 15%
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- High school completion; percentage of adults ages 25 and over with a high school diploma or equivalent - 91%.
- Unemployment; percentage of population ages 16 and older unemployed but seeking work - 5.1%

- Children in poverty; defined above - 13% (statistically among Top U.S. Performers)
- Children in single-parent households; percentage of children that live in a household headed by a single parent - 16 % (statistically among Top U.S. Performers)
- Injury deaths; number of deaths due to injury per 100,000 population - 74

New Wellness County Profiles were published by OSDH Community Analysis & Linkages. Changes in measures reported in the Logan CHIP included:

- By 2025, decrease rate of frequent poor mental health days from 10.2% to 9.3%.

The Profile provided three new data points: 2018 - 8.2%; 2019 - 9.3%; 2020 - 11.2%. This measure exceeded its performance objective, then backtracked to meet the performance objective, and is now at a point higher (worse) than it started.

- By 2025, decrease rate of adult obesity from 35.1% to 31.3%.

The Profile provided two new data points: 2019 - 34.8%; 2020 - 33.8%. The rate changes demonstrate some volatility, but currently represent a 3.7% improvement from where it started.

- By 2025, decrease rate of binge drinking from 14.9% to 13.5%.

The Profile provided three new data points: 2018 - 14.9%; 2019 - 13.9%; 2020 - 10.1%. The measure currently demonstrates a 32% improvement from where it began and exceeds its performance objective.

- By 2025, decrease rate of adult smoking prevalence from 15.9% to 14.4%.

The Profile provided two new data points: 2019 - 13.8%; 2020 - 14.8%. The measure currently demonstrates a 7% improvement from where it began.

Version History

The version numbering is as follows:

- The initial version is 1.0
- After the baseline (v 1.0), all subsequent minor changes should increase the version number by 0.1
- After the baseline (v 1.0), all subsequent major changes should increase the version number by 1.0

Version Number	Change Request Number (if applicable)	Accepted Date	Author	Summary of Change
1.0		July 25, 2019	Mikeal Murray	Release of initial document
1.1		Aug 1, 2019	Mikeal Murray	Added ODMHSAS to CHSA, fixed formatting issues
1.2		Mar 20, 2020	Mikeal Murray	Added March 18, 2020 Update
1.3		July 21, 2020	Mikeal Murray	Fixed formatting errors
1.4		April 15, 2021	Mikeal Murray	Added data updates
1.5		May 4, 2021	Mikeal Murray	Added data updates
1.6		May 6, 2022	Mikeal Murray	Added data updates
1.7		July 13, 2022	Mikeal Murray	Added data updates

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Notes:

Logan County Community Health Assessment

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In memory of Linda Charney