Community Health Assessment

Sometimes it takes a whole county to ... raise a child successfully.

CANADIAN COUNTY COALITION FOR CHILDREN & FAMILIES

March 10, 2020   **Revised July 13, 2022**

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Canadian County Coalition for Children & Families

Mission Statement

The mission of the Coalition shall be to improve the quality of life for children, youth, and families by responding through coordination of community services.

The Canadian County Coalition for Children & Families (the Coalition) completed its first Community Health Improvement Plan (CHIP) in March of 2020. Many of the five strategic issues demonstrated improvement in health outcomes. Highlights included:

- The infant mortality rate, which started at a low of 5.4 per 1,000 births, remained steady and even improved a bit to 5.3. The state rate was 7.7, the national rate was 5.79.
- Heart disease mortality decreased from 190.1 per 100,000 population to 168.3. Stroke mortality decreased from 42.9 per 100,000 population to 36.2. Both of these results exceeded performance objectives for these measures.
- Adult smoking prevalence decreased from 23.3% to 13.5%, exceeding the performance objective for this measure. The state rate was 20.1%, the national rate was 17.08%.
- In the 2019 County Health Rankings & Roadmaps published by the Robert Wood Johnson Foundation, Canadian County was ranked as the 2nd healthiest county in Oklahoma.

From this experience, the Coalition learned the value of a formal strategic planning process. With these successes, combined with lessons learned, the Coalition 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 influenced Canadian County's health. After reviewing the data, 11 elements were identified for closer review and discussion:

- Obesity
- Mental Health
- Access to Health Care
- Suicide
- Child Abuse and Neglect
- Infant Mortality
- Teen Births
- Alcohol, Tobacco, and Other Drugs (ATOD)
- Major Cardiovascular Diseases
- Diabetes
- Cancer

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	%	Canadian County	%
Total Population	3,943,079[1]		132,922[2]	
Age[3]				
19 years and under	1,060,684	27.2	37,998	28.6
20 - 64 years	2,261,237	57.9	78,595	59.1
65+ years	574,330	14.7	16,329	12.3
Gender				
Male	1,930,615	49.6	66,068	49.7
Female	1,965,636	50.4	66,854	50.3
Race/Ethnicity				
White	2,828,569	72.6	108,367	81.5
Hispanic or Latino	394,879	10.1	10,987	8.3
African American	283,821	7.3	3,183	2.4
Asian	80,670	2.1	4,200	3.2
American Indian & Alaska Native	289,871	7.4	5,084	3.8
Native Hawaiian & Pacific Islander	5,543	0.1	32	0.0
Other	105,686	2.7	4,210	3.2
Identified by two or more	302,091	7.8	7,846	5.9
Selected Economic Characteristics[4]				
Mean household income (dollars)	67,682	X	83,845	X
Median household income (dollars)	49,767	X	69,220	X
Mean travel time to work (minutes)	21.5	X	23.8	X
Percent unemployed	3.5	X	3.0	X

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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; it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems."

MAPP provides up to four individual assessments. Each gathers important information for improving community health, but their value is multiplied by considering the findings as a whole. The Coalition chose to conduct two of the four assessments: Community Health Status Assessment and Community Themes and Strengths Assessment.

Community Health Status Assessment

This 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?"

The Coalition used the following data sources and indicators for its Community Health Status Assessment:

- Oklahoma Prevention Needs Assessment Survey by the Oklahoma Department of Mental Health and Substance Abuse Services

- Health Indicators Report by Community Commons

- Kids Count Data Center by the Annie E. Casey Foundation

- State of the County's Health Report by the Oklahoma State Department of Health

- State of the State's Health Report by the Oklahoma Board of Health (February 26,2019)

- Wellness County Profile by the Oklahoma State Department of Health

- County Health Rankings & Roadmaps by the Robert Wood Johnson Foundation

- Oklahoma Employment Report by the Oklahoma Employment Security Commission

- Abuse and Neglect Investigations and Assessments by the Oklahoma Department of Human Services

- Oklahoma Health Care Authority Annual Report SFY2018

- Oklahoma Health Care Authority data for SoonerCare

- Oklahoma Drug Threat Assessment by the Oklahoma Bureau of Narcotics and Dangerous Drugs

- US Census data

- Women Infant Children (WIC) Service Cumulative Caseload

Community Themes and Strengths Assessment

This 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?"

To represent this assessment, the Coalition used the Community Health Needs Assessment conducted by Integris Canadian Valley Hospital. Data collection included online and paper surveys, community chats, dot voting, provider input and public health data.

Surveys were initially provided by email through the Coalition. Members were asked to send the survey to all their contacts and to provide paper copies at any event in which they participated. The survey was sent to groups of seniors, local tribal members, parents, teachers and providers. The survey was distributed electronically through Facebook posts by multiple agencies that targeted low income ZIP Codes. Businesses were encouraged to forward the survey to their employees and paper copies were distributed at locations where people did not have access to computers. Paper copies were distributed at the Canadian County Health Department and a health fair.

Community chats, or focus groups, were used to document open discussions and written comments. To assist and promote discussion, a four-question survey was utilized to gather information about their quality of life including their needs. The chats were done with both new and existing groups.

Dot voting was used as an efficient way to obtain participants' priorities when a community chat or survey was not possible. This technique was used at two health fairs, community centers, two senior centers, and a school. Participants were asked to prioritize issues from three topics including social determinants, health care access and chronic diseases.[5]

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5.   Community Health Needs Assessment, Canadian County, 2018. Integris Canadian Valley Hospital.

Priority Elements of the Assessment

After analyzing the data, the Coalition identified 11 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 other elements were identified that were not selected. This does not diminish their importance to the overall public health mission, nor does it mean that the Coalition will exclude them from future consideration . It simply means that the selected priority elements were identified by community partners as those that would have the largest and most positive impact on community health outcomes.

The following is a summary of each element and the data that supported its selection.

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 Integris Hospital Community Assessment, residents identified obesity as the most important issue.

The State of the State's Health Report defines Adult Obesity as 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). Canadian County's Adult Obesity rate was 37.0%. This was an increase from the 32.6% reported the year before. In comparison, the state rate was 36.5% and the national rate was 31.30%. Canadian County was given a grade of "D" for this measure.

The County Health Rankings & Roadmaps reported Canadian County's Adult Obesity rate at 34% and indicated the measure was an "Area to Explore." The report indicated Canadian County was getting worse for this measure (Figure 1).
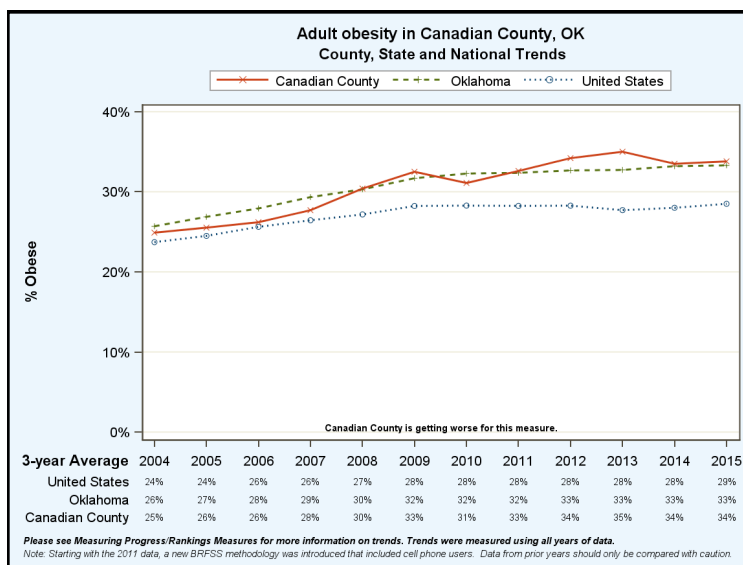
Adult obesity in Canadian County, OK
County, State and National Trends

3-year Average	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
United States	24%	24%	26%	26%	27%	28%	28%	28%	28%	28%	28%	29%
Oklahoma	26%	27%	28%	29%	30%	32%	32%	32%	33%	33%	33%	33%
Canadian County	25%	26%	26%	28%	30%	33%	31%	33%	34%	35%	34%	34%

Please see Measuring Progress/Rankings Measures for more information on trends. Trends were measured using all years of data.
Note: Starting with the 2011 data, a new BRFSS methodology was introduced that included cell phone users. Data from prior years should only be compared with caution.

Figure 1. Adult obesity in Canadian County, OK. Taken from County Health Rankings & Roadmaps.

Mental Health

Between 600,000 and 900,000 Oklahomans experience mental illness and/or a substance use disorder annually. 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 Integris Hospital Community Assessment, residents ranked Mental Health as the second most important issue. Issues contributing to poorer mental health outcomes were also discussed: depression, anxiety, hopelessness, sadness, fatigue, and lack of mental health resources for low income and the uninsured.

The State of the State's Health Report defines Frequent Poor Mental Health Days as the percentage of adults reporting at least 14 poor mental days in the past 30 days. Canadian County's rate was 12.8%, compared to the state at 15.6% and the nation at 12.01% and was given a grade of "C".

The County Health Rankings & Roadmaps defines Poor Mental Health Days as the average number of mentally unhealthy days reported in the past 30 days. Canadian County's rate was 4.1 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 2 on its web site for number of Canadian County residents receiving services funded by ODMHSAS.[6] 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
Canadian	2,781	3,277	3,501	3,467	3,513	3,675	3,859	3,963

Figure 2. Counts of individuals having received services funded by ODMHSAS.

6. ODMHSAS Online Query System (OOnQues). www.odmhsas.org/eda/oonqus_county compact.htm. Accessed May 31, 2019.

Access to Health Care

In the Integris Hospital Community Assessment, residents ranked Access to Health Care as the third most important issue. Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all. Three components of access are insurance coverage, health services and timeliness of care. It is important to include oral and mental health care when considering access to health care. Access to health care impacts one's overall physical, social and mental health status and quality of life. Potential barriers to access include high cost of care, no insurance or underinsured, lack of general or specialty services and lack of culturally competent care.[7] Language is a frequent barrier in Canadian County since 8.3% of people speak a language other than English at home.[8] 11.9% of the population age 19 to 64 is living without health insurance; 5.9% of the population under age 19 is without insurance.[9]

The State of the State's Health Report indicated Canadian County's rate of No Insurance Coverage was 12.6%, compared to the state at 15.0% and the nation at 10.51%, receiving a grade of "D."

On the other hand, the County Health Rankings & Roadmaps reported a series of Clinical Care indicators for Canadian County that was mostly favorable. 11% of the population under age 65 was without health insurance (Figure 3); the ratio of population to primary care physicians was 2,280:1 (Figure 4); the ratio of population to dentists was 2,370:1 (Figure 5); the ratio of population to mental health providers was 490:1; the rate of preventable hospital stays was 3,386 per 100,000 Medicare enrollees (Figure 6); 40% of female enrollees age 65-74 received an annual mammography screening (Figure 7); and 50% of fee-for-service Medicare enrollees had an annual flu vaccination (Figure 8). Many of these measures were showing improvement. This report ranked Canadian County as the 4th best in the state for Clinical Care.
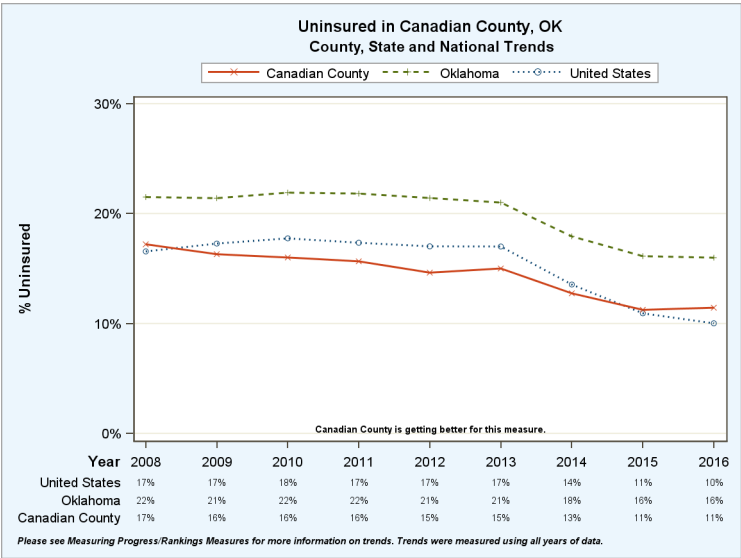

Uninsured in Canadian County, OK
County, State and National Trends

— Canadian County   – + – Oklahoma   ····⊙···· United States

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016
United States	17%	17%	18%	17%	17%	17%	14%	11%	10%
Oklahoma	22%	21%	22%	22%	21%	21%	18%	16%	16%
Canadian County	17%	16%	16%	16%	15%	15%	13%	11%	11%

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

Figure 3. Uninsured in Canadian County, County Health Rankings & Roadmaps.

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7.   Community Health Needs Assessment, Canadian County, 2018. Integris Canadian Valley Hospital.
8.   US Census Bureau. S1601 - LANGUAGE SPOKEN AT HOME. 2013-2017 American Community Survey 5-Year Estimates.
9.   US Census Bureau. DP03 - SELECTED ECONOMIC CHARACTERISTICS. 2013-2017 American Community Survey 5-Year Estimates.
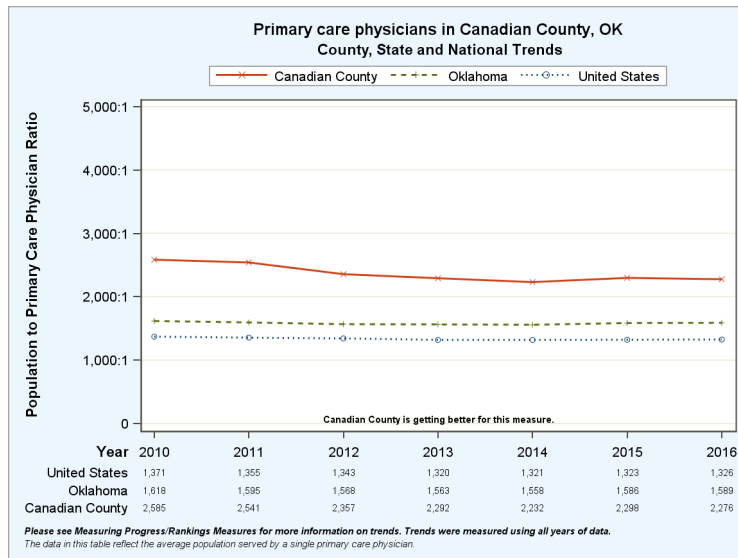
Figure 4. Primary care physicians in Canadian County. County Health Rankings & Roadmaps.
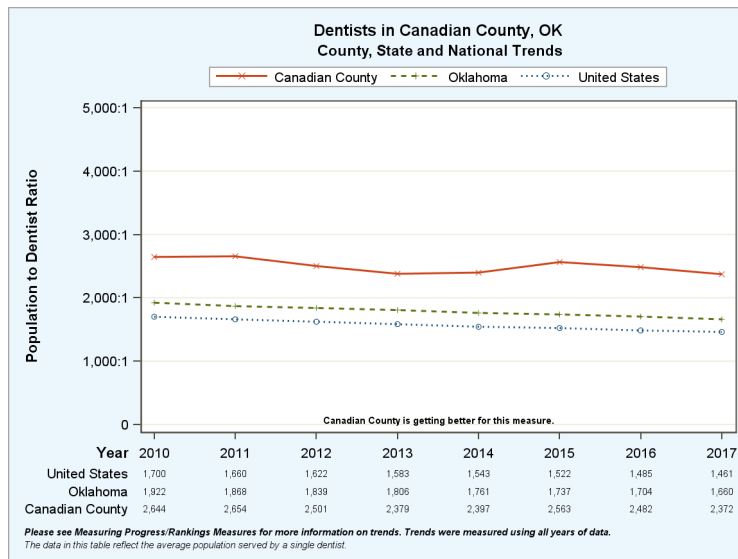

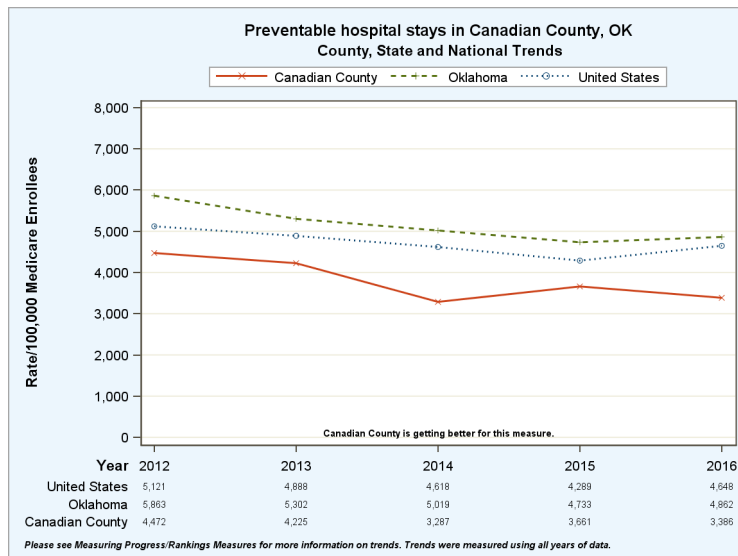Figure 5. Dentists in Canadian County. County Health Rankings & Roadmaps.

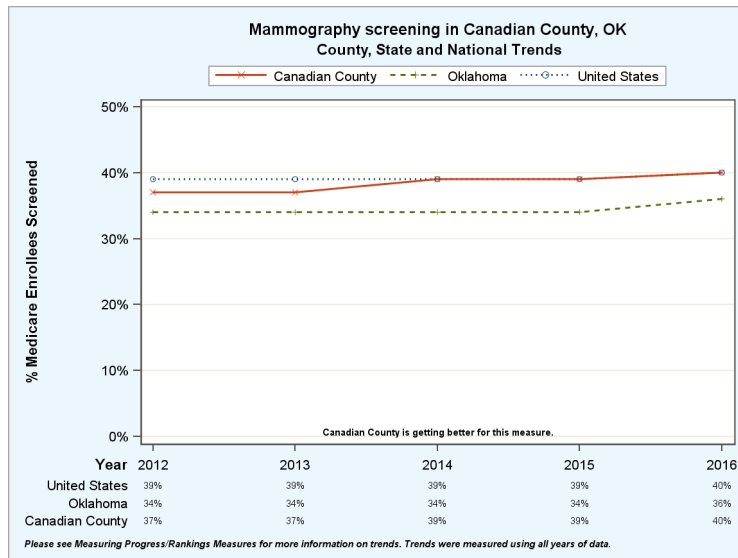Figure 6. Preventable hospital stays in Canadian County. County Health Rankings & Roadmaps.

Figure 7. Mammography screening in Canadian County. County Health Rankings & Roadmaps.
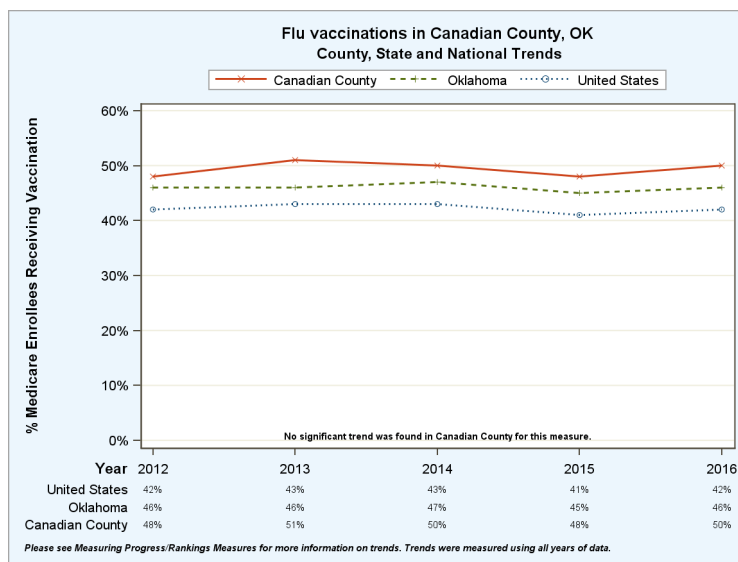

Figure 8. Flu vaccinations in Canadian County. County Health Rankings & Roadmaps.

Data from the Oklahoma Health Care Authority showed that, among SoonerCare enrollees (Oklahoma Medicaid), the number of providers in Canadian County contracted to provide health care services increased over the past year (Figure 9).
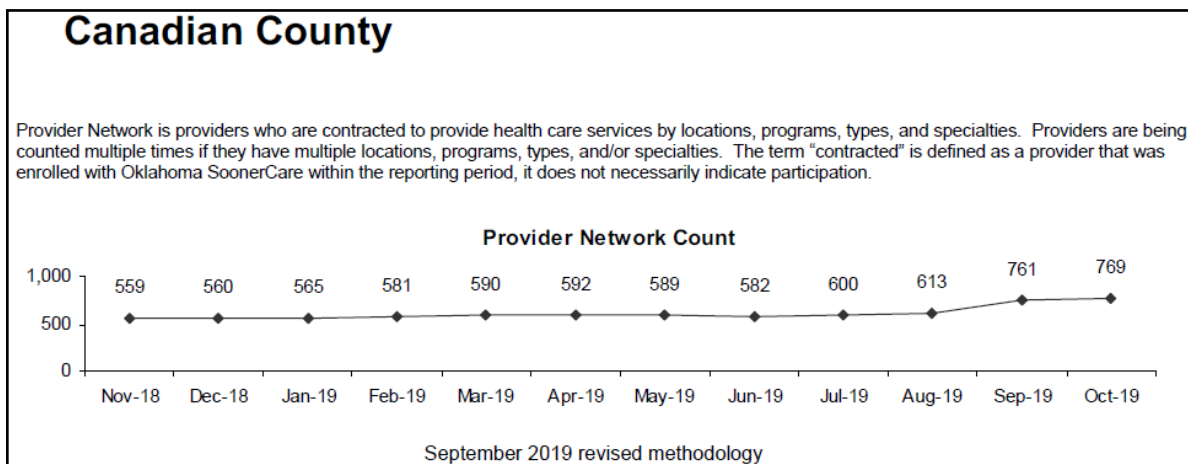

Figure 9. Provider Network Count. Oklahoma Health Care Authority.

Suicide

In 2016, suicide was the 8th leading cause of death in Oklahoma. 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 in Oklahoma; annually, more than twice as many people die by suicide than by homicide.

The State of the State's Health Report showed a suicide rate of 20.4 per 100,000, compared to the state at 19.1 and the nation at 14.00, receiving a grade of "D." The rate has increased over the past three years (Figure 10).
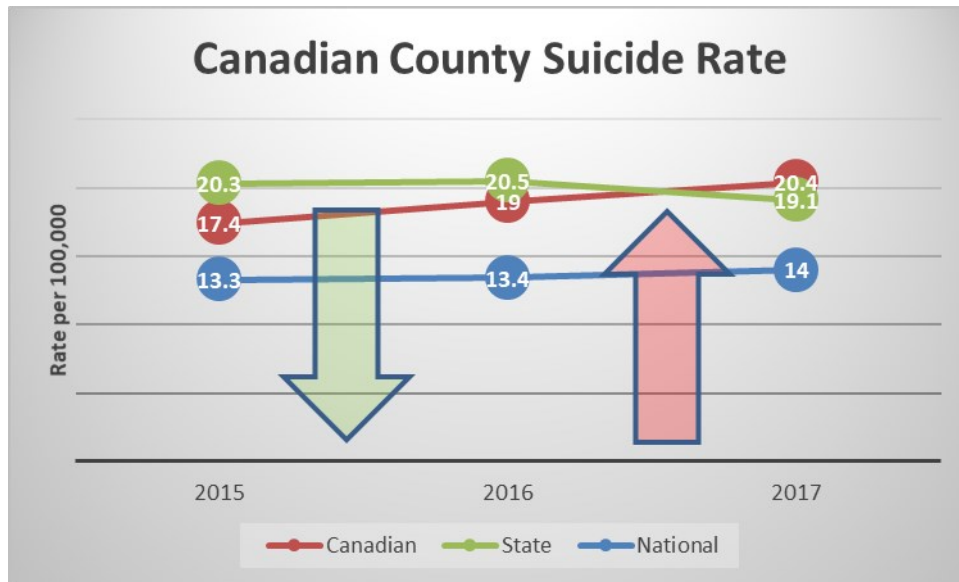

Figure 10. Canadian County Suicide Rate. Data from State of the State's Health Report.

Child Abuse and Neglect

These are serious public health issues with far-reaching consequences for the youngest and most vulnerable members of society. Children fare better when they have safe, stable, nurturing relationships and environments. Children who are abused and neglected may suffer immediate physical injuries such as cuts, bruises, or broken bones, as well as emotional and psychological problems, such as impaired socio-emotional skills or anxiety.

Child abuse and neglect and other adverse childhood experiences (ACEs) can also have a tremendous impact on broader lifelong health and wellbeing outcomes if left untreated. Exposure to violence in childhood increases risks of injury, future violence victimization and perpetration, substance abuse, sexually transmitted infections, delayed brain development, reproductive health problems, involvement in sex trafficking, non-communicable diseases, lower education attainment, and limited employment opportunities. Chronic abuse may result in toxic stress and make victims more vulnerable to problems such as post-traumatic stress disorder, conduct disorder, and difficulties with learning, attention and memory.[10]

In 2019 there were 438 substantiated victims of child abuse and neglect in Canadian County. Of these cases, 42 were for Abuse, 358 were for Neglect, and 38 were for both. The rate of substantiated cases per 1,000 children in the population was 11.6. This rate was 12th (best) in the state and was better than the state rate of 16.5. By comparison, last year's data reported 503 substantiated victims; 67 for Abuse, 393 for Neglect, and 43 for both; with a rate of 13.8. Though this demonstrates an improvement from last year, Figure 11 shows a trend that continues to increase.[11]

10. Centers for Disease Control and Prevention website. cdc.gov/violenceprevention/childabuseandneglect/fastfact.html.
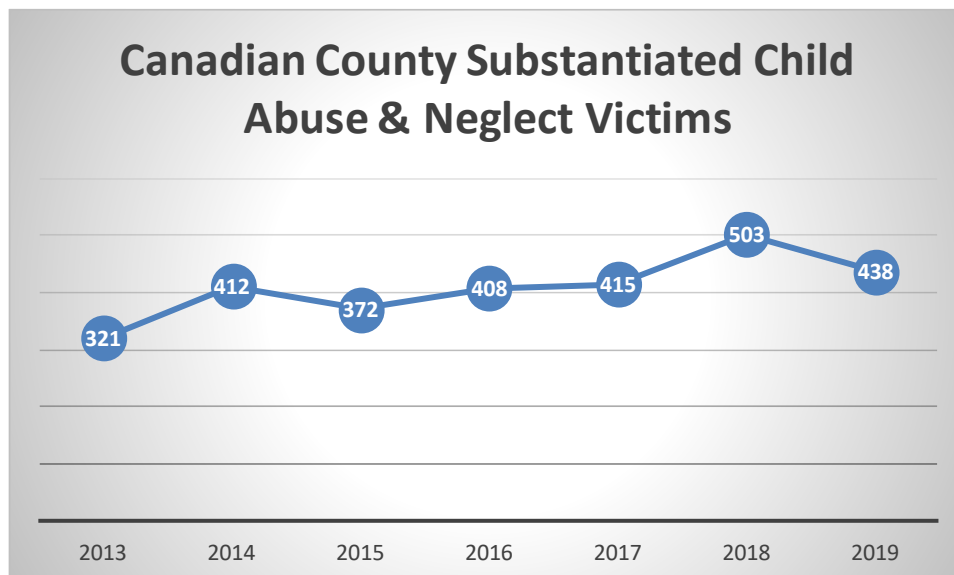11. Oklahoma Department of Human Services 2020 Annual Report.

Figure 11. Canadian County Substantiated Child Abuse & Neglect Victims. Data from Oklahoma Department of Human Services 2019 Annual Report.

Infant Mortality

The impact of a baby's death is devastating to both family and community. From a broader perspective, infant mortality is considered an indicator of health status in a defined area. An infant death is defined as the death of a child prior to the first birthday. Mortality among newborns and infants is associated with a number of factors such as access to health care, adequate nutrition, and a healthy psychosocial and physical environment. Infant mortality is affected by the health and well-being of women before and during pregnancy, the quality of prenatal and delivery care, and the health and care of infants following birth. Therefore, infant mortality rate (IMR) is often used as an indicator to measure the health and well-being of a community.[12]

The State of the State's Health Report indicated Canadian County's IMR was 5.3 per 1,000 live births, compared to the state at 7.7 and the nation at 5.79, receiving a grade of "C." Trend data demonstrates that the county's IMR has remained steady over the past three years. (Figure 12)
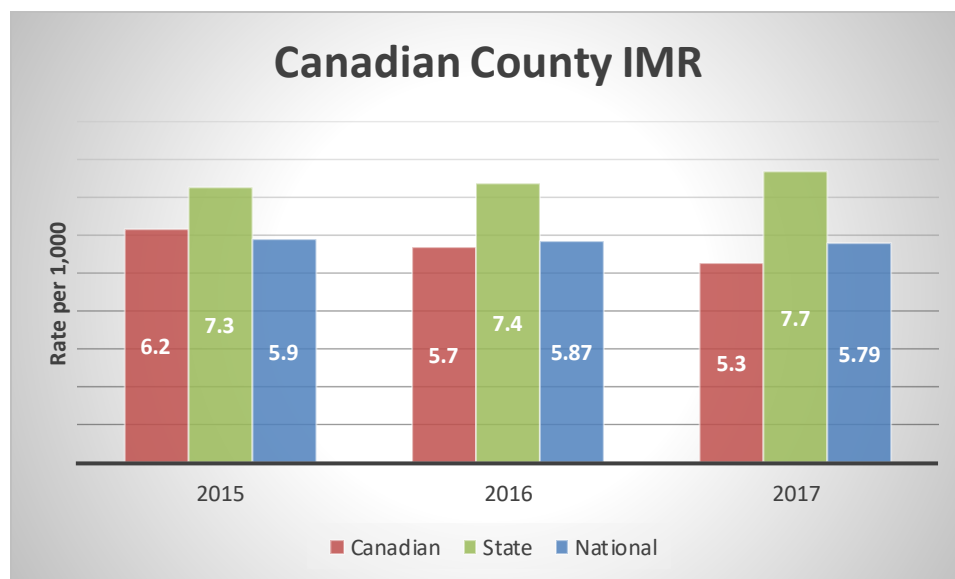

Figure 12. Canadian County Infant Mortality Rate. Data from State of the State's Health Report.

12. Oklahoma State of the State's Report. (Updated February 26, 2019) Data > Health Indicators > Infant Mortality > Learn More.

The Oklahoma City - County Health Department Fetal and Infant Mortality Review (FIMR) reported the average number of Canadian County fetal and infant death reviews has remained relatively consistent at about eight a year. However, this number, as well as IMR, should decrease (improve). If, as previously stated, IMR is an indicator of the county's health and well-being, then it appears that progress on certain public health outcomes has stagnated.

Teen Births

Teen pregnancy has long been a public health concern. Teens have higher rates of unplanned pregnancy and tend to initiate prenatal care later than older mothers. Infants born to teenage mothers are at elevated risk of poor birth outcomes, including higher rates of low birth weight, preterm birth, and death in infancy. Teen mothers are less likely to complete high school, less likely to pursue higher education, and more likely to live in poverty.[13]

The State of the State's Health Report defines teen fertility as the rate of births among teen women per 1,000 female population aged 15-17 years. Canadian County's Teen Births rate was 9.9, compared to the state at 12.5 and the nation at 7.90, receiving a grade of "D." In addition, First Trimester Prenatal Care was at 71.3% ("D") and Infant Mortality rate was 5.3 per 1,000 live births ("C"). Though the teen birth rate has improved in Canadian County over the years, it has not improved as quickly as the national rate. (Figure 13)
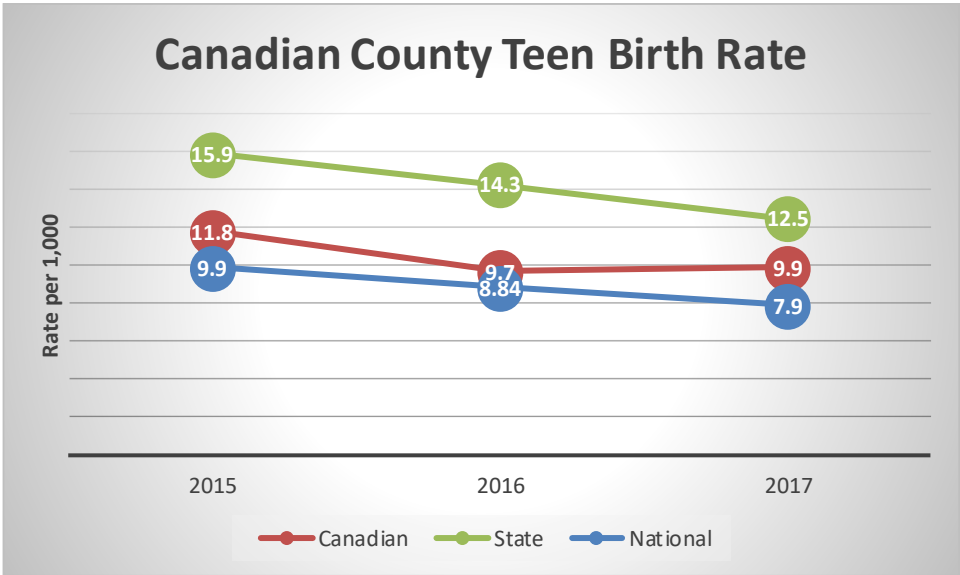

Figure 13. Canadian County Teen Birth Rate. Data from State of the State's Health Report.

Alcohol, Tobacco and Other Drugs (ATOD)

According to the CDC, excessive alcohol consumption is the 3rd leading cause of preventable death in the United States. Approximately 1,350 Oklahomans die each year from excessive drinking. Excessive drinking in the form of binge drinking is associated with numerous poor outcomes, including unintentional deaths such as motor-vehicle traffic fatalities. According to the National Institute on Alcohol Abuse and Alcoholism, binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration level to 0.08% or more. This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks on a single occasion for women, generally within about 2 hours. In 2015, 13.1% of adults 18 and older reported binge drinking and according to the Office of Highway Safety, 13.2% of drivers killed in alcohol related crashes were adults 18 and older.[14]

13. Oklahoma State of the State's Report. (Updated February 26, 2019) Data > Health Indicators > Teen Births > Learn More.
14. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Binge Drinking > Learn More.

The State of the State's Health Report indicated a Binge Drinking rate of 12.1%, compared to the state at 13.4% and the nation at 17.42%, receiving a grade of "A." It indicated a Heavy Drinkers rate of 4.4%, compared to the state at 4.2% and the nation at 6.30%, also receiving a grade of "A." The County Health Rankings & Roadmaps reported an Excessive Drinking rate of 13%; this was identified as an "area of strength" and placed Canadian County among the report's Top U.S. Performers (10th/90th percentile).

Tobacco use continues to be the leading preventable cause of disease and death in Oklahoma. Smoking kills more Oklahomans than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined. Thousands more die from other tobacco-related causes. For every person who dies because of smoking, at least 30 people 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 also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis. Smoking also puts others at risk; secondhand smoke is responsible for the death of over 50,000 nonsmokers every year.[15]

The State of the State's Health Report indicated a Current Smoking Prevalence (Adults) rate of 13.5%, compared to the state at 20.1% and the nation at 17.08%, receiving a grade of "B." The County Health Rankings & Roadmaps reported an Adult Smoking rate of 14%, placing Canadian County among the Top U.S. Performers (10th/90th percentile) but still identifying the measure as an "area to explore."

According to the National Center for Health Statistics, poisoning is the leading cause of injury death in the United States and 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 seven out of ten involve at least one prescription drug. Prescription painkillers (opioids) are the most common class of drugs involved in overdose deaths in Oklahoma (involved in more than 80% of prescription drug-related deaths).[16]

The State of the State's Health Report indicated an Unintentional Poisoning Deaths rate of 11.7 per 100,000 population, compared to the state at 19.4 and the nation at 20.10, receiving a grade of "B." The County Health Rankings & Roadmaps reported a total number of 11 drug overdose deaths. Accounting for the report's margin of error, this places Canadian County among the Top U.S. Performers (10th/90th percentile).

Though these ATOD indicators are encouraging, they should not be misinterpreted as indicating there is no reason for concern. The rate of Chronic Lower Respiratory Disease Deaths is 55.9 per 100,000 population ("D"). The primary cause for this disease is tobacco use. Furthermore, Figure 14 demonstrates that Canadian County school students have had significant experience using ATOD by the time they become seniors.[17] It should also be noted that this data, nor the previously reported ATOD indicators, predict the impact of vaping and medical marijuana on future trends.
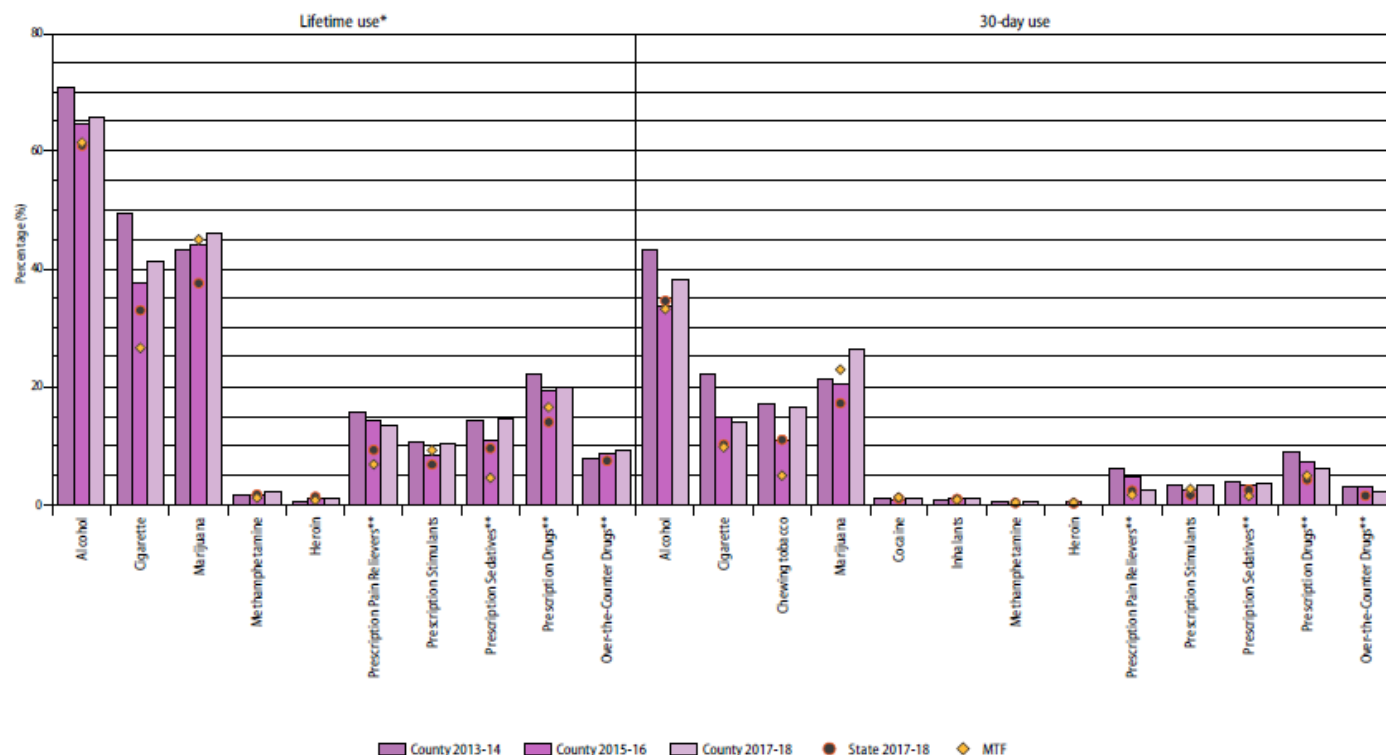
15.   Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Current Smoking Prevalence (Adults) > Learn More.
16.   Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Unintentional Poisoning Deaths > Learn More.
17.   Oklahoma Prevention Needs Assessment Survey - Results for Canadian County. (2018) Oklahoma Department of Mental Health and Substance Abuse Services.

Figure 14. Lifetime and 30-day ATOD use, Canadian County, School Year 2017-18, 12th grade. Data from Oklahoma Department of Mental Health and Substance Abuse Services.

Major Cardiovascular Diseases

Heart disease is the leading cause of death in the United States 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 change and appropriate medication.[18] Stroke is the 5th leading cause of death overall and the 4th leading cause of death for women. Although U.S. stroke mortality rates have declined 70%, another 80% could be prevented by screening or addressing known risk factors. Improving blood pressure control, reducing smoking, managing cholesterol, preventing Type 2 diabetes, and increasing the use of anticoagulants for atrial fibrillation are measures clinicians can address with their patients. Reducing blood pressure is the most effective modifiable risk factor for stroke prevention. High blood pressure causes weakening of the arteries which can lead to one of two types of stroke: ischemic stroke or intracerebral hemorrhage.[19]

The State of the State's Health Report indicated a Heart Disease Deaths rate of 180.2 per 100,000 population, compared to the state at 237.2 and the nation at 165.00, receiving a grade of "D." The report indicated a Cerebrovascular Disease Deaths rate of 43.7 per 100,000 population, compared to the state at 43.3 and the nation at 37.60, also receiving a grade of "D." Rates for other known risk factors include: High Blood Pressure (Ever) - 35.1% ("D"), High Cholesterol Diagnosis (Ever) - 33.5% ("C"), and Diabetes Prevalence - 12.4% ("D").

18. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Heart Disease Deaths > Learn More.
19. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Cerebrovascular Disease Deaths > Learn More.

Diabetes

Diabetes is a disease in which blood glucose levels are above normal. Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugar to build up in your blood. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the 7th leading cause of death in the United States.[20]

The State of the State's Health Report indicated a Diabetes Deaths rate of 29.1 per 100,000 population, compared to the state at 30.6 and the nation at 21.50, receiving a grade of "F." The report indicated a Diabetes Prevalence rate of 12.4%, compared to the state at 12.7% and the nation at 10.50%, receiving a grade of "D."

Cancer

A neoplasm is an abnormal mass of tissue that results when cells divide more than they should or do not die when they should. A malignant neoplasm is a cancerous tumor. Cancer is a term used for 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. Cancer is not just one disease, but many diseases. There are more than 100 kinds of cancer.[21]

The State of the State's Health Report indicated a Malignant Neoplasm Deaths rate of 160.6 per 100,000 population, compared to the state at 177.3 and the nation at 152.50, receiving a grade of "D."

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20. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Diabetes Deaths > Learn More.
21. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Malignant Neoplasm Deaths > Learn More.

Next Steps

The Coalition will use this data to guide its deliberations in the strategic planning process to develop its next CHIP. Though this summary report has identified 11 elements of particular interest, all of the data will continue to be reviewed and considered for identifying strategic issues for improving Canadian County health outcomes.

There is an important characteristic about the CHA that should be remembered; it never actually ends. Data is always being updated, new data sources created and identified, and deliberations possibly altered by new information. Once a CHIP is developed and implemented, data updates and new data sources will allow us to measure our success in accomplishing our performance objectives. In our first strategic plan cycle, we published an initial CHA summary report and then provided data updates in the Annual Reports added to the CHIP. This is 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 data updates to the CHA. Therefore, Annual Updates and Supplements will be added to this summary report as they become available.

This summary report is 23 pages. However, a hard copy of a complete CHA with all the listed Attachments would be 460 pages! That is why the Coalition 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 Canadian County Health Department's website. The Coalition 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. 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 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 Canadian County. We all have a contribution that we can make. We have worked together over the past few years to make Canadian County one of the healthiest counties in Oklahoma. Together, let us continue this effort to make Canadian County "the" healthiest county in Oklahoma and one of the healthiest counties in the nation.

Local Public Health System
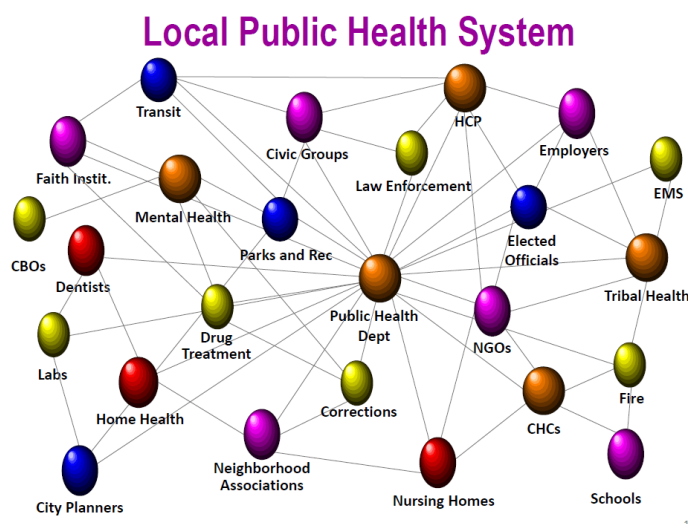
Updates

March 18, 2020 - 2020 County Health Rankings & Roadmaps

Canadian County was ranked as the 2nd healthiest county in Oklahoma; keeping its ranking from the year before. Changes in measures reported in the CHA included:

- 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 35%. It continued to be identified as an "area to explore."

- Poor mental health days; the average number of mentally unhealthy days reported in the past 30 days (age-adjusted); decreased (improved) from 4.1 to 4.0.

- Uninsured; the percentage of population under age 65 without health insurance; increased (worsened) from 11% to 13%. This measure was still identified as an "area of strength."

- Primary care physicians; the ratio of population to primary care physicians; increased (worsened) from 2,280:1 to 2,540:1.

- Dentists; the ratio of population to dentists; decreased (improved) from 2,370:1 to 2,260:1.

- Mental health providers; the ratio of population to mental health providers; remained at 490:1.

- Preventable hospital stays; the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees; increased (worsened) from 3,386 to 3,578. This measure was still identified as an "area of strength."

- Mammography screening; the percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening; increased (improved) from 40% to 42%. This measure continued to be identified as an "area of strength."

- Flu vaccinations; the percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination; remained at 50%.

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

- Adult smoking; the percentage of adults who are current smokers - 15%

- Adult obesity; defined above - 35%

- Excessive drinking; the percentage of adults reporting binge or heavy drinking - 15%

- Social associations; the number of membership associations per 10,000 population - 6.9 (state was 11.6, Top U.S. Performers was 18.4)

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

- Food environment index; an index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) - 8.1.

- Access to exercise opportunities; the percentage of population with adequate access to locations for physical activity - 84%.

- Teen births; the number of births per 1,000 female population ages 15-19 - 23.

- Uninsured; defined above - 13%.

- Preventable hospital stays; defined above - 3,578.

- Mammography screening; defined above - 42%.

- High school graduation; the percentage of ninth-grade cohort that graduates in four years - 93%.

- Some college; the percentage of adults ages 25-44 with some post-secondary education - 66%.

- Unemployment; the percentage of population ages 16 and older unemployed but seeking work - 2.8%.

- Children in poverty; the percentage of people under age 18 in poverty - 9%. (among Top U.S. Performers)

- Income inequality; the ratio of household income at the 80th percentile to income at the 20th percentile - 3.6. (among Top U.S. Performers)

- Children in single-parent households; the percentage of children that live in a household headed by single parent - 24%.

- Injury deaths; the number of deaths due to injury per 100,000 population - 70.

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

<div align="center">

Health Outcomes - 2nd (2nd)

Length of Life - 1st (2nd)

Quality of Life - 3rd (3rd)

Health Factors - 1st (1st)

Health Behaviors - 4th (1st)

Clinical Care - 4th (4th)

Social & Economic Factors - 1st (1st)

Physical Environment - 57th (55th)

</div>

July 9, 2020 - 2020 Wellness County Profiles

The Oklahoma State Department of Health Center for Chronic Disease Prevention and Health Promotion published Wellness County Profiles on behalf of the Tobacco Settlement and Endowment Trust (TSET). The Canadian Wellness County Profile contained measures reported in the CHA. Changes in the measures included:

- Uninsured; a contributing factor to Mental Health and Access to Healthcare issues; increased (worsened) from 12.6% to 13.0%.

- Smoking Prevalence increased (worsened) from 13.5% to 14.3%.

- Obesity Prevalence decreased (improved) from 37.0% to 33.3%.

- Diabetes Prevalence; a major cause of death and contributor to Major Cardiovascular Diseases; decreased (improved) from 12.4% to 11.4%.

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. The following is some of the latest data for measures related to the five strategic issues selected for the CHIP.
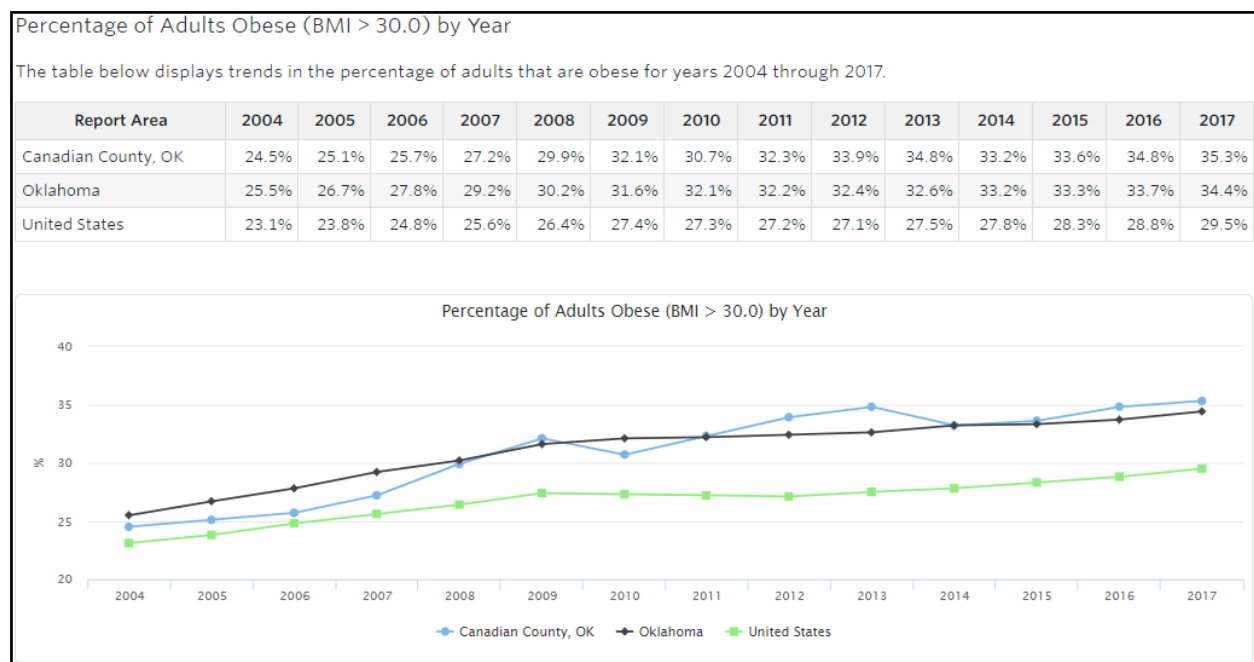
Percentage of Adults Obese (BMI > 30.0) by Year

The table below displays trends in the percentage of adults that are obese for years 2004 through 2017.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Canadian County, OK	24.5%	25.1%	25.7%	27.2%	29.9%	32.1%	30.7%	32.3%	33.9%	34.8%	33.2%	33.6%	34.8%	35.3%
Oklahoma	25.5%	26.7%	27.8%	29.2%	30.2%	31.6%	32.1%	32.2%	32.4%	32.6%	33.2%	33.3%	33.7%	34.4%
United States	23.1%	23.8%	24.8%	25.6%	26.4%	27.4%	27.3%	27.2%	27.1%	27.5%	27.8%	28.3%	28.8%	29.5%

Figure 15. Canadian County Percentage of Adults Obese by Year. Data from CARES.

Mortality - Suicide

This indicator reports the 2015-2019 five-year average rate of death due to intentional self-harm (suicide) 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 suicide is an indicator of poor <mark>mental health</mark>.

In the report area, during 2015-2019 there were a total of 128 deaths due to suicide among the total population of 140,518. The age-adjusted death rate of 18.3 per every 100,000 people is less than the state's reported rate of 20.2. The age-adjusted death rate of 18.3 per every 100,000 people is greater than the Healthy People 2030 target of less than or equal to 12.8.
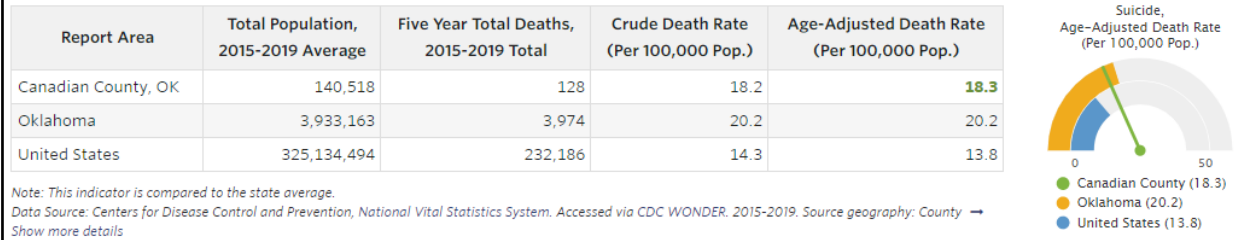
Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Canadian County, OK	140,518	128	18.2	**18.3**
Oklahoma	3,933,163	3,974	20.2	20.2
United States	325,134,494	232,186	14.3	13.8

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. 2015-2019. Source geography: County ➡
Show more details

Suicide, Age–Adjusted Death Rate (Per 100,000 Pop.)
- Canadian County (18.3)
- Oklahoma (20.2)
- United States (13.8)

Figure 16. Canadian County Mortality - Suicide. Data from CARES.

Hospitalizations - Preventable Conditions

This indicator reports the preventable hospitalization rate among Medicare beneficiaries for the latest reporting period. Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In the latest reporting period there were 13,143 Medicare beneficiaries in the report area. The preventable hospitalization rate was 3,713. The rate in the report area was lower than the state rate of 5,074 during the same time period.

Report Area	Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Canadian County, OK	13,143	**3,713**
Oklahoma	532,303	5,074
United States	33,648,235	4,624

Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2017. Source geography: County ➡ Show more details

Preventable Hospital Events, Rate per 100,000 Beneficiaries
- Canadian County (3,713)
- Oklahoma (5,074)
- United States (4,624)

Figure 17. Canadian County Hospitalizations - Preventable Conditions. Data from CARES.

Teen Births

This indicator reports the number of births per 1,000 female population age 15-19. The report area has a teen birth rate of 22.6.

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Population
Canadian County, OK	30,248	22.6
Oklahoma	1,763,142	36.2
United States	144,509,786	22.7

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via County Health Rankings. 2012-2018. Source geography: County ➡ Show more details

Figure 18. Canadian County Teen Births. Data from CARES.

Tobacco Usage - Current Smokers

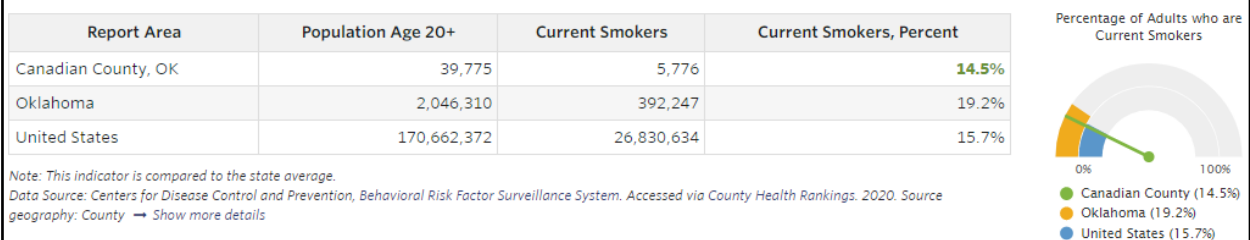This indicator reports the percentage of adults who report that they smoke most days or every day.

Report Area	Population Age 20+	Current Smokers	Current Smokers, Percent
Canadian County, OK	39,775	5,776	**14.5%**
Oklahoma	2,046,310	392,247	19.2%
United States	170,662,372	26,830,634	15.7%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2020. Source geography: County ➡ Show more details

Percentage of Adults who are Current Smokers
- Canadian County (14.5%)
- Oklahoma (19.2%)
- United States (15.7%)

Figure 19. Canadian County Tobacco Usage - Current Smokers. Data from CARES.

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)

Unemployment Rate

Statewide = 4.1% NSA*

- 1.6% - 3.0%
- 3.1% - 4.8%
- 4.9% - 8.6%

*Not Seasonally Adjusted
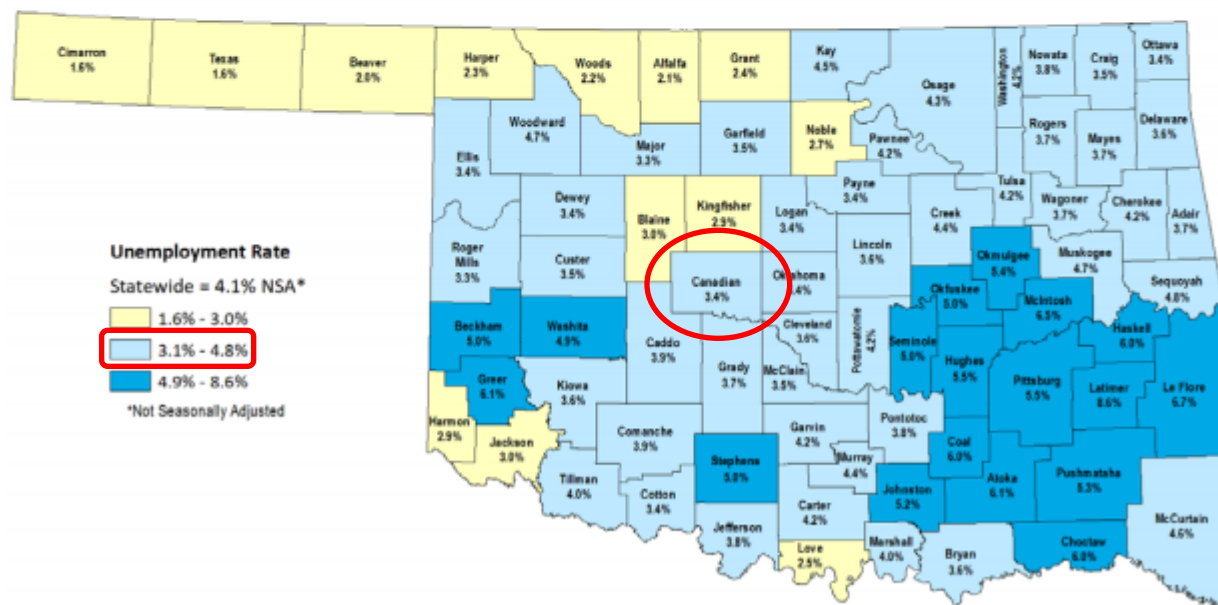
NOTE: Each month, Current Employment Statistics (CES) and Local Area Unemployment Statistics (LAUS) data for the previous month is revised. The data for the current month in this news release is preliminary (not revised) and the data for the previous months is revised. All data is non-seasonally adjusted.

April 1, 2021 - 2021 County Health Rankings & Roadmaps

Canadian County was ranked as the healthiest county in Oklahoma. Changes in measures reported in the CHA included:

- 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 35% to 36%. It was still identified as an "area to explore." The report indicated Canadian County was getting worse for this measure.

- Poor mental health days; the average number of mentally unhealthy days reported in the past 30 days (age-adjusted); increased (worsened) from 4.0 to 4.5.

- Uninsured; the percentage of population under age 65 without health insurance; remained at 13%. This measure was still identified as an "area of strength." The report indicated Canadian County was getting better for this measure.

- Primary care physicians; the ratio of population to primary care physicians; increased (worsened) from 2,540:1 to 2,630:1. The report indicated there was no significant long term trend for Canadian County for this measure. However, in recent years the trend has worsened.

- Dentists; the ratio of population to dentists; decreased (improved) from 2,260:1 to 2,180:1. The report indicated that Canadian County is getting better for this measure.

- Mental health providers; the ratio of population to mental health providers; decreased (improved) from 490:1 to 480:1.

- Preventable hospital stays; the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees; increased (worsened) from 3,578 to 3,828. This measure was still identified as an "area of strength." The report indicated that Canadian County is getting better for this measure.

- Mammography screening; the percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening; increased (improved) from 42% to 44%. This measure continued to be identified as an "area of strength." The report indicated that Canadian County is getting better for this measure.

- Flu vaccinations; the percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination; increased (improved) from 50% to 52%. The report indicated there was no significant trend found for Canadian County for this measure.

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

- Adult smoking; percentage of adults who are current smokers - 18% (accounting for margin of error, among Top U.S. Performers)

- Adult obesity; defined above - 36%

- Excessive drinking; percentage of adults reporting binge or heavy drinking - 16%

- Social associations; number of membership associations per 10,000 population - 6.7.

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

- Food environment index; an index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best) - 8.2.

- Access to exercise opportunities; the percentage of population with adequate access to locations for physical activity - 84%.

- Teen births; the number of births per 1,000 female population ages 15-19 - 21.

- Uninsured; defined above - 13%.

- Preventable hospital stays; defined above - 3,828.

- Mammography screening; defined above - 44%.

- High school graduation; the percentage of ninth-grade cohort that graduates in four years - 91%.

- Some college; the percentage of adults ages 25-44 with some post-secondary education - 65%.

- Children in poverty; the percentage of people under age 18 in poverty - 11%. (accounting for margin of error, among Top U.S. Performers)

- Income inequality; the ratio of household income at the 80th percentile to income at the 20th percentile - 3.6. (among Top U.S. Performers)

- Children in single-parent households; the percentage of children that live in a household headed by single parent - 19%.

- Injury deaths; the number of deaths due to injury per 100,000 population - 71.

The 2018 Oklahoma Drug Threat Assessment, included in the original CHA analysis, reported that Canadian County had 13 overdose deaths, six of which involved prescription opioids.[22] The 2019 Oklahoma Drug Threat Assessment reported that Canadian County had 20 overdose deaths, 10 of which involved prescription opioids.[23] The 2020 Oklahoma Drug Threat Assessment reported that Canadian County had 11 overdose deaths, two of which involved prescription opioids.[24] The incidents of drug overdoses and the rate of fatal drug overdose has remained steady and has remained low.
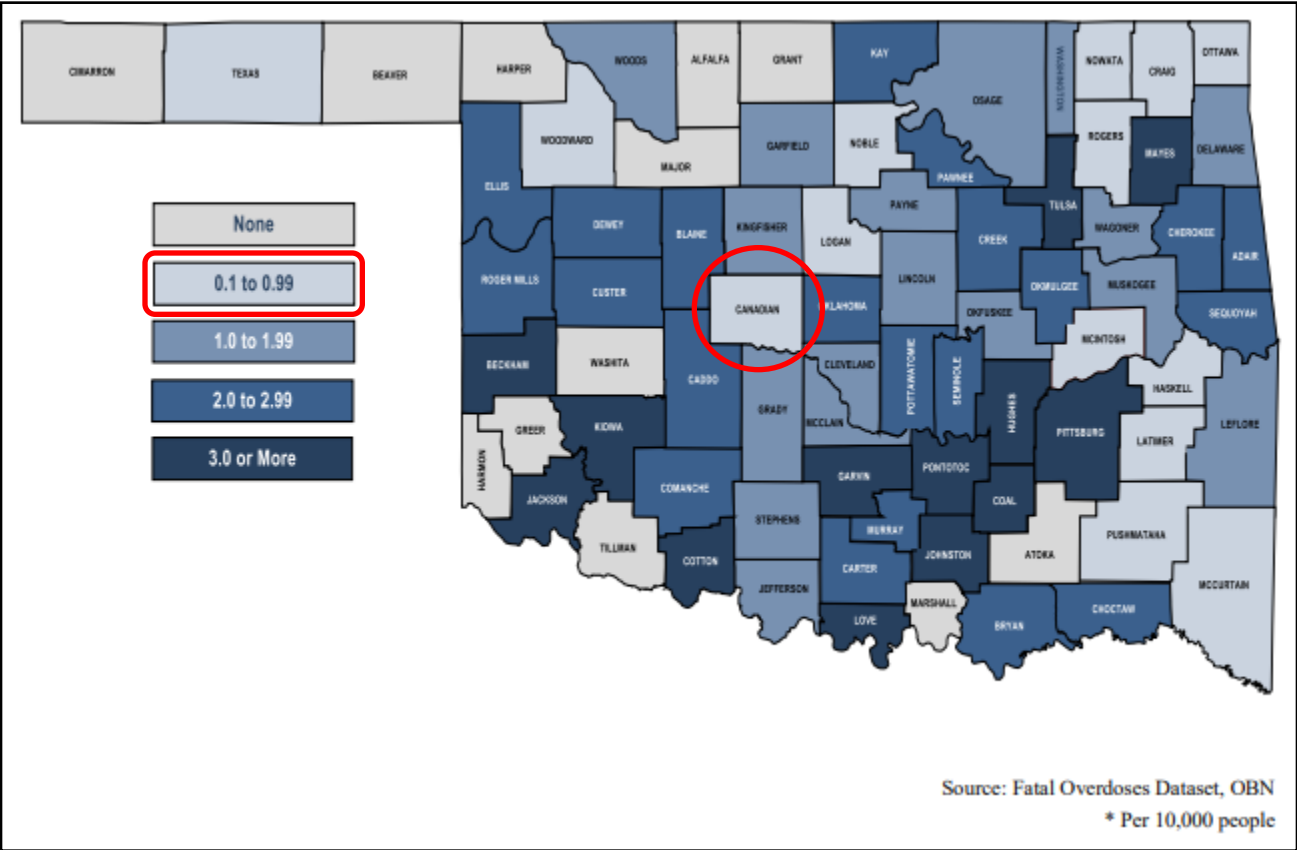
Figure 20. Fatal Drug Overdose Rates, by County - 2019

22.   Oklahoma Bureau of Narcotics and Dangerous Drugs Control. 2018 Drug Threat Assessment.
23.   Oklahoma Bureau of Narcotics and Dangerous Drugs Control. 2019 Drug Threat Assessment.
24.   Oklahoma Bureau of Narcotics and Dangerous Drugs Control. 2020 Drug Threat Assessment.

May 6, 2021 - Count of individuals having received services funded by ODMHSAS

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provides Figure 21 on its web site for number of Canadian County residents receiving services funded by ODMHSAS.[28] Since the initial CHA, the number of residents receiving services has increased by 5%.

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	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20
Canadian	2,797	3,284	3,513	3,475	3,518	3,677	3,877	3,968	4,046	4,174

Figure 21. Count of individuals having received services funded by ODMHSAS.

July 14, 2021 - New data from OK2SHARE

A review of the OK2SHARE website, https://www.health.state.ok.us/index.shtml, revealed the following in the News and Updates section:

- 2019 data have been added to the Final Birth Statistics, Crosstab and Standard Tables - updated March 2021.

- 2019 data have been added to the Final Death Statistics and Standard Tables - updated May 2021.

This provided new data for three elements identified in this CHA. In addition, these three elements were included as performance objectives in the CHIP.

Canadian County's suicide rate was 20.4 per 100,000 population. This was arrived at with a date range of 2015-2017 using the 2000 US Standard age-adjusted rate. The new data allowed us to observe two updates: date range 2016-2018 produced a suicide rate of 17.1; date range 2017-2019 produced a suicide rate of 17.5 (Figure 22). Currently the suicide rate is demonstrating a 14% improvement.
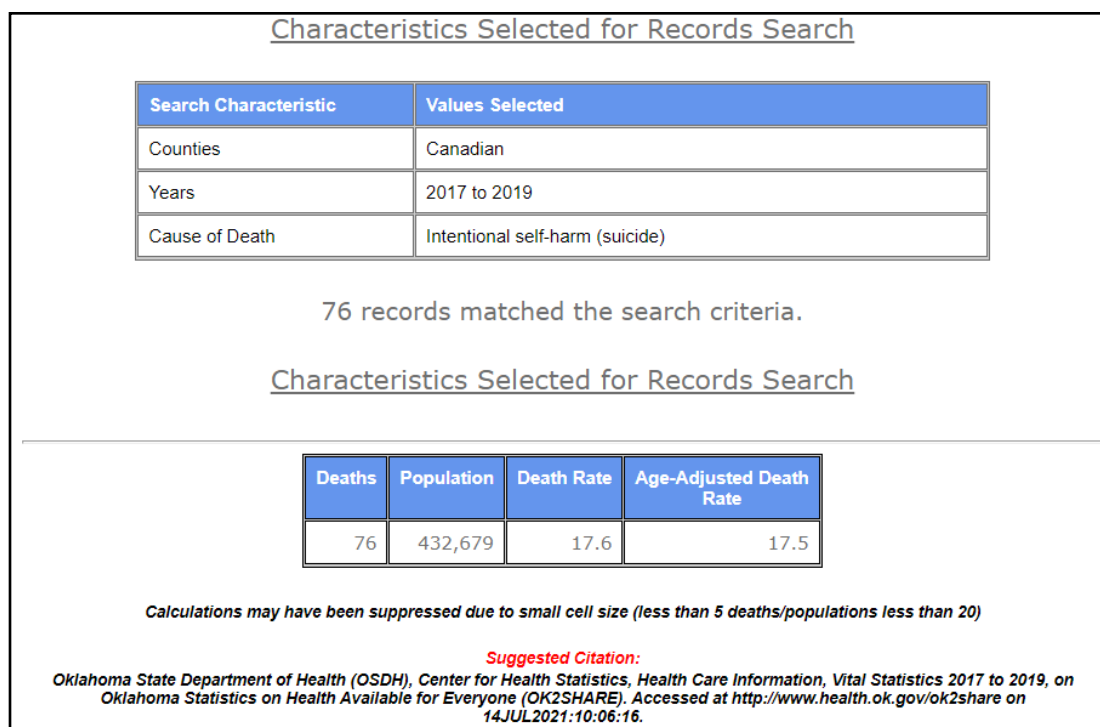
Figure 22. Canadian County suicide rate. Data taken from OK2SHARE.

Canadian County's infant mortality rate was 5.3 per 1,000 new births. This was arrived at with a date range of 2015-2017. The new data allows us to observe two updates: date range 2016-2018 produced an infant mortality rate of 4.6; date range 2017-2019 produced an infant mortality rate of 5.2 (Figure 23). Currently the infant mortality rate is remaining essentially the same.

Search Characteristic	Values Selected
Counties	Canadian
Years	2017 to 2019
Age	Under 1 year

28 records matched the search criteria.

Deaths	Population	Death Rate
28	5,370	5.2

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 14JUL2021:13:30:56.

Figure 23. Canadian County infant mortality rate. Data taken from OK2SHARE.

Canadian County's teen birth rate was 9.9 per 1,000 teenage females ages 15-17 years. This was arrived at with a date range of 2013-2017. The new data allows us to observe two updates: date range 2014-2018 produced a teen birth rate of 8.1; date range 2015-2019 produced a teen birth rate of 7.6 (Figure 24). Currently the teen birth rate is demonstrating a 23% improvement.

Search Characteristic	Values Selected
Counties	Canadian
Years	2015 to 2019
Mother's Age	15-17 years

115 records matched the search criteria.

Live Births	Population	Birth Rate	Specific Female Pop	Specific Rates
115	30,517	3.8	15,111	7.6

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 2019, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 14JUL2021:13:44:13.

Figure 24. Canadian County teen birth rate. Data taken from OK2SHARE.

September 6, 2021 - Infant mortality rate in Oklahoma decreases by more than 18% since 2007

KOCO NEWS 5, the Oklahoma City ABC affiliate television station, ran the following news item:

OKLAHOMA CITY - Zach Rael, Anchor/Reporter

Oklahoma officials reported that the infant mortality rate in the state has dropped over the past 10 years.

Fewer babies in Oklahoma are dying before their first birthday. The Oklahoma State Department of Health said the infant mortality rate decreased by more than 18% since 2007, which is when the state launched a program focused on awareness and prevention.

The state said the decrease means about 50 more babies are making it to their first birthday.

"We hope that continues," said Joyce Marshall, with the Oklahoma State Department of Health.

Several factors led to the improved numbers. State officials said teen births have decreased by more than 50%, and smoking rates during the third trimester have decreased by more than 40%.

"Those are also two factors that have helped decrease the rate," Marshall said.

Health officials have also increased education and access to health care for expecting mothers.

"It's being healthy before, between and during pregnancy," Marshall said.

One area officials would like to see improved over the next 10 years is giving greater access to resources in rural areas.

"Another thing we need to improve is access to care," Marshall said. "We have several gaps in our state, in our more rural areas of the state."

September is Infant Mortality Awareness Month. Officials urge women of child-bearing age to reach out for help if they need it.

July 13, 2022 - 2022 Wellness County Profiles

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

- **By 2025, decrease Adult Obesity rate from 37.0% to 31.7% (rate at beginning of previous CHIP), a 14% improvement. (As reported by the State of the State's Health Report)**

The Profile reported two new data points for Obesity Prevalence: 2019 - 34.0%; 2020 - 33.7%. The final rate is 1% higher (worse) than the 33.3% reported in the First Annual Report; essentially the same. It is 9% lower (better) than the 37.0% the measure started with.

- By 2025, reduce the percentage of adults reporting ever having a depressive disorder from 21.2% to 20.50% (national rate), a 3% improvement. (As reported by the State of the State's Health Report)

The Profile reported three new data points for Depression Prevalence: 2018 - 22.0%; 2019 - 22.2%; 2020 - 21.5%. The final rate is 1% higher (worse) than the 21.2% that the measure started with.

- By 2025, reduce percentage of adults reporting frequent poor mental health days (≥14 days in the last 30 days) from 12.8% to 12.01% (national rate), a 6% improvement. (As reported by the State of the State's Health Report)

The Profile reported three new data points for Mental Health Not Good (14+ days/last 30 days): 2018 - 12.0%; 2019 - 12.2%; 2020 - 14.0%. The final rate is 9% higher (worse) than the 12.8% that the measure started with.

- **By 2025, increase Usual Source of Care from 80.7% to 87.8% (best rate in the nation; Rhode Island), a 9% improvement. (As reported by the State of the State's Health Report) Usual Source of Care is the percentage of adults in Canadian County that report having a personal doctor or health care provider.**

The Profile provided a map of county rates for Oklahoma Personal Doctor. It does not give specific county data, but does indicate that Canadian County is essentially in the same area as it began for this measure.

- By 2025, reduce No Insurance Coverage rate from 12.6% to 10.51% (national rate), a 17% improvement. (As reported by the State of the State's Health Report)

The Profile reported an Insurance Coverage Uninsured rate of 12.3%. This was a 5% improvement.

- By 2025, reduce Binge Drinking rate from 12.1% to 11.5% (best rate in the nation; Utah and West Virginia), a 5% improvement. (As reported by the State of the State's Health Report)

The Profile, reported three new data points for Binge Drinking Prevalence: 2018 - 13.0%; 2019 - 13.1%; 2020 - 12.1%. This measure got worse, but recovered back to where it started.

- By 2025, reduce Current Adult Smoking Prevalence rate from 13.5% to 8.9% (best rate in the nation; Utah), a 34% improvement. (As reported by the State of the State's Health Report)

The Profile reported three new data points for Smoking Prevalence: 2018 - 14.3%; 2019 - 12.3%; 2020 - 13.0%. The rate has gone up and down, but currently demonstrates a 4% improvement.

References

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.

5. Community Health Needs Assessment, Canadian County, 2018. Integris Canadian Valley Hospital.

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11. Oklahoma Department of Human Services 2020 Annual Report.

12. Oklahoma State of the State's Report. (Updated February 26, 2019) Data > Health Indicators > Infant Mortality > Learn More.

13. Oklahoma State of the State's Report. (Updated February 26, 2019) Data > Health Indicators > Teen Births > Learn More.

14. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Binge Drinking > Learn More.

15. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Current Smoking Prevalence (Adults) > Learn More.

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17. Oklahoma Prevention Needs Assessment Survey - Results for Canadian County. (2018) Oklahoma Department of Mental Health and Substance Abuse Services.

18. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Heart Disease Deaths > Learn More.

19. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Cerebrovascular Disease Deaths > Learn More.

20. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Diabetes Deaths > Learn More.

21. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Malignant Neoplasm Deaths > Learn More.

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

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

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

Resources

Free Community Clinic

Neighborhood Organizations

Medicare / Medicaid

Health Fairs

Community Groups

Senior Center

Insurance Companies

United Way

Churches

Hospitals

Health Department

Government Programs

Library

Food Bank

Police

Private Businesses

Wellness Center

Parks / Trail Infrastructure

Version History

The version numbering is as follows:

- The initial version is 1.0

- All subsequent minor changes should increase the version number by 0.1

- 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		3/10/2020	Mikeal Murray	Release of initial document
1.1		3/20/2020	Mikeal Murray	Added March 18, 2020 Update
1.2		7/21/2020	Mikeal Murray	Added July 9, 2020 Update, fixed format errors
1.3		5/6/2021	Mikeal Murray	Added May 6, 2021 Update.
1.4		7/14/2021	Mikeal Murray	Added July 14, 2021 Update, updated officer information on pg. 36
1.5		9/7/2021	Mikeal Murray	Added Sep 6, 2021 Update
1.6		7/13/2022	Mikeal Murray	Added July 13, 2022 Update

Notes:

Canadian County Community Health Assessment

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