

Rogers County, Oklahoma

Community Health Assessment



January, 2016



Table of Contents

	Page
Introduction	3
Vision Statement	3
Demographics and County information	4-6
MAPP Process	6-7
Benefits of MAPP	7-8
Community Themes & Strengths Assessment	9
Local Public Health Assessment	9
Community Health Status Assessment	9
Forces of Change	9
Priority Elements	12-16
Resources	18-21
Community Themes & Strengths Survey	Attachment A
Local Public Health Assessment Data	Attachment B
Community Health Status Survey	Attachment C
Forces of Change Report	Attachment D
2014 State of the State's Health	Attachment E
2015 Oklahoma Health Improvement Plan	Attachment F
Oklahoma Kids County 2014 Data book	Attachment G
OSDH State of the County's Health Report	Attachment H

Introduction

In 2012, the Rogers County Health Department (RCHD) and Healthy Community Partnership (HCP) engaged the community to assess the health status of Rogers County residents.

Using the Mobilizing through Planning and Partnerships (MAPP) model, organizers gathered information through four assessments that included the Community Health Status, Community Themes and Strengths, Local Public Health System, and Forces of Change.

A shared vision was also determined by those that participated in the MAPP process and will be the constant focal point when determining our goals and strategies.

Rogers County Vision Statement:

A healthy Rogers County is safe, educated, progressive and culturally competent with access to basic needs and activities that support a healthy lifestyle. We are engaged and empowered, displaying responsibility and pride in our community.

The four assessments provide an overview of current health outcomes, factors and barriers that influence the health of Rogers County residents. After reviewing the data from the assessments, elements were identified for closer review and discussion.

It is among these elements that the priority areas for improvement will be selected. They include:

- Cardiovascular Disease (Heart Disease)
- Obesity
- Diabetes
- Teen Pregnancy
- Access to Healthcare
- Child Health
- Behavioral Health
- Healthy Behaviors & Lifestyles
- Infrastructure
- Poverty

This report will briefly discuss these elements and the factors that resulted in their consideration for targeted health improvement.

Demographics

People QuickFacts	Rogers County	Oklahoma
Population, 2014 estimate	89,815	3,878,051
Population, 2010	86,905	3,751,351
Persons under 5 years, percent, 2014	5.7%	6.8%
Persons under 18 years, percent, 2014	24.5%	24.6%
Persons 65 years and over, percent, 2014	15.4%	14.5%
Female persons, percent, 2014	50.2%	50.5%
Race/Ethnicity		
White alone, percent, 2014	75.9%	75.1%
Black or African American alone, percent, 2014	1.3%	7.7%
American Indian and Alaska Native alone, percent, 2014	13.2%	9.0%
Asian alone, percent, 2014	1.3%	2.1%
Native Hawaiian and Other Pacific Islander alone, percent, 2014	0.1%	0.2%
Two or More Races, percent, 2014	8.2%	5.9%
Hispanic or Latino, percent, 2014	4.2%	9.8%
White alone, not Hispanic or Latino, percent, 2014	72.7%	67.0%
Selected Economic Characteristics		
Living in same house 1 year & over, percent, 2009-2013	85.8%	82.5%
Foreign born persons, percent, 2009-2013	2.1%	5.5%
Language other than English spoken at home, pct age 5+, 2009-2013	4.0%	9.4%

High school graduate or higher, percent of persons age 25+, 2009-2013	90.4%	86.4%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	23.0%	23.5%
Veterans, 2009-2013	8,477	312,492
Mean travel time to work (minutes), workers age 16+, 2009-2013	24.6	21.0
Housing units, 2014	36,370	1,699,438
Homeownership rate, 2009-2013	78.9%	67.1%
Housing units in multi-unit structures, percent, 2009-2013	6.8%	15.2%
Median value of owner-occupied housing units, 2009-2013	\$143,600	\$112,800
Households, 2009-2013	32,693	1,444,081
Persons per household, 2009-2013	2.65	2.55
Per capita money income in past 12 months (2013 dollars), 2009-2013	\$27,365	\$24,208
Median household income, 2009-2013	\$58,525	\$45,339
Persons below poverty level, percent, 2009-2013	9.3%	16.9%

Geography QuickFacts	Rogers County	Oklahoma
Land area in square miles, 2010	675.63	68,594.92
Persons per square mile, 2010	128.6	54.7

Rogers County is located in the northeastern part of the U.S. state of Oklahoma. As of 2010 census, the population was 86,905ⁱ, making it the sixth largest county in Oklahoma based on population. The county seat is Claremore and the county was originally created in 1907 from the western Saline District of the Cherokee Nation and named the *Cooweescoowee* District. However, the residents protested and the name was changed to Rogers County, after Clem Vann Rogers, a mixed-blood Cherokee rancher and father of Will Rogersⁱⁱ.

Shortly after statehood, Eastern University Preparatory School was established on College Hill, just west of Claremore, Oklahomaⁱⁱⁱ. The Oklahoma Military Academy established in 1919, was closed later and Claremore Junior College was opened in 1971. The state legislature renamed the institution Rogers State College and Rogers University before settling on Rogers State University in 1998.

Communities in Rogers County

Cities

- Catoosa
- Claremore (county seat)
- Collinsville, Owasso, Tulsa (primarily in Tulsa County)

Towns

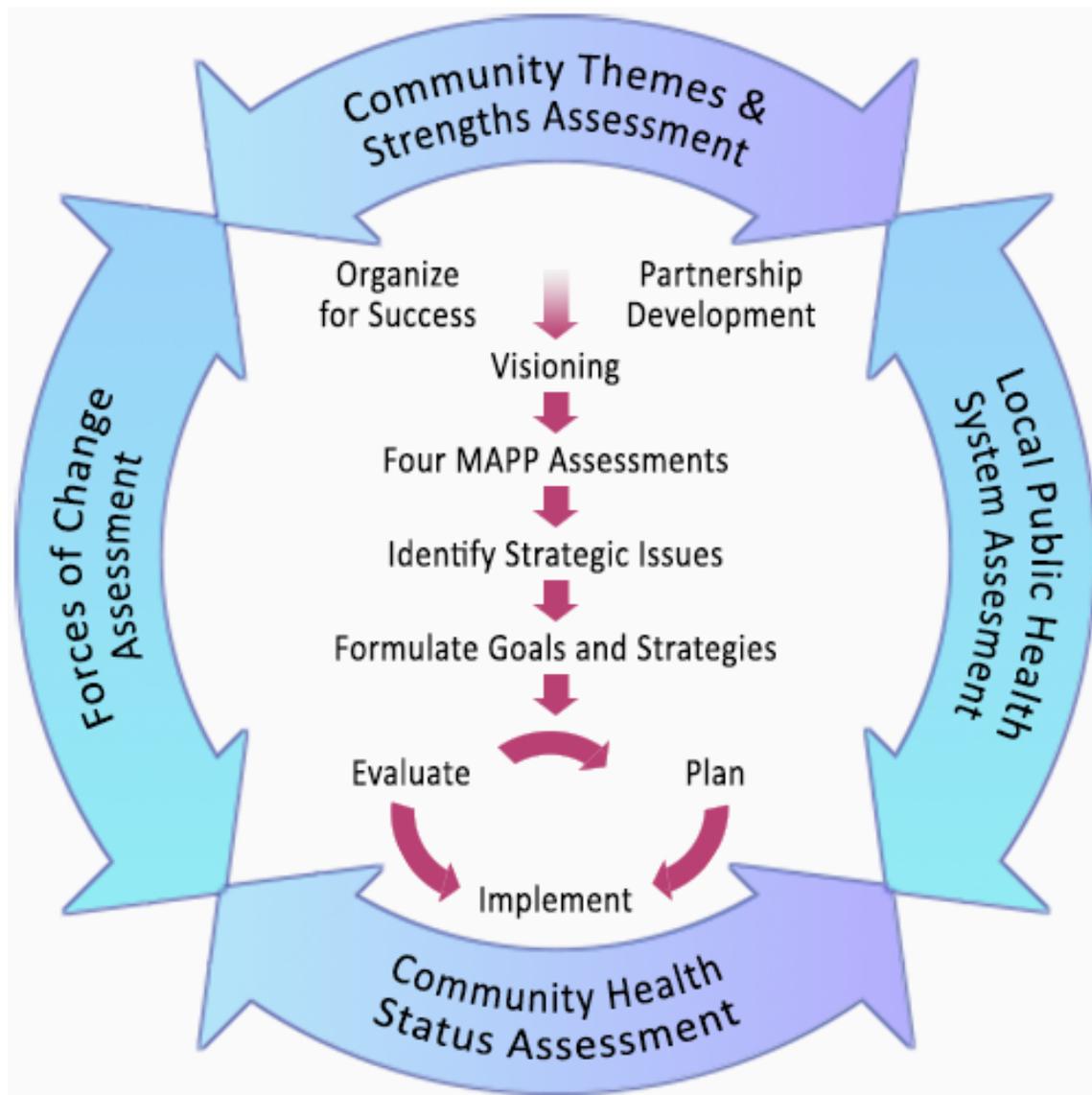
- Chelsea
- Foyil
- Inola
- Oologah
- Talala
- Verdigris

The MAPP Process

The following description of MAPP is taken from the NACCHO website.

Mobilizing for Action through Planning and Partnerships (MAPP) is a strategic approach to community health improvement. This tool helps communities improve health and quality of life through community-wide strategic planning. Using MAPP, communities seek to achieve optimal health by identifying and using their resources wisely, taking into account their unique circumstances and needs, and forming effective partnerships for strategic action.

The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). The vision for implementing MAPP is: "*Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action.*"



Benefits of Undertaking MAPP

Below are some of the benefits to be derived from the MAPP process.

- **Create a healthy community and a better quality of life.** The ultimate goal of MAPP is optimal community health—a community where residents are healthy, safe, and have a high quality of life. Here, a "healthy community" goes beyond physical health alone. According to the World Health Organization, "Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity" (101st Session of the WHO Executive Board, Geneva, January 1998, Resolution EB101.R2). The Institute of Medicine echoes this definition and notes that "health is...a positive concept emphasizing social and personal resources as well as physical capabilities" (*Improving Health in the Community*, 1997, p. 41).

- **Increase the visibility of public health within the community.** By implementing a participatory and highly publicized process, increased awareness and knowledge of public health issues and greater appreciation for the local public health system as a whole may be achieved.
- **Anticipate and manage change.** Community strategic planning better prepares local public health systems to anticipate, manage, and respond to changes in the environment.
- **Create a stronger public health infrastructure.** The diverse network of partners within the local public health system is strengthened through the implementation of MAPP. This leads to better coordination of services and resources, a higher appreciation and awareness among partners, and less duplication of services.
- **Engage the community and create community ownership for public health issues.** Through participation in the MAPP process, community residents may gain a better awareness of the area in which they live and their own potential for improving their quality of life. Community-driven processes also lead to collective thinking and a sense of community ownership in initiatives, and, ultimately, may produce more innovative, effective, and sustainable solutions to complex problems. Community participation in the MAPP process may augment community involvement in other initiatives and/or have long-lasting effects on creating a stronger community spirit.



Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment answers the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life, and a map of community assets. An assessment tool called, Rogers County Community Themes and Strengths Assessment Survey was developed by the MAPP committee to get input from all the cities within the county.

Local Public Health System Assessment (LPHSA)

The Local Public Health System Assessment (LPHSA) answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

The LPHSA is a broad assessment, involving all organizations and entities that contribute to public health in the community.

The Rogers County MAPP subcommittee designed and prepared for the LPHSA and ensured that the online process was implemented effectively.

Community Health Status Assessment (CHSA)

The CHSA answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?" The results of the CHSA provide the MAPP committee with an understanding of the community's health status and ensure that the community's priorities include specific health status issues. The tool was developed by the Rogers County MAPP committee and was available to public online and in hard copy. The survey was completed by 1,743 community residents.

Forces of Change Assessment (FOC)

The Forces of Change Assessment is designed to help MAPP participants answer the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The MAPP committee utilized the Technology of Participation (TOPs) method for FOC assessment. Participants engaged in brainstorming sessions aimed at identifying forces—such as trends, factors, or events—that are or will be influencing the health and quality of life of the community and the local public health system.

The forces identified through this process, together with the results of the other three MAPP Assessments, will serve as the foundation for the next MAPP phase—Identify Strategic Issues.

The 10 Essential Public Health Services

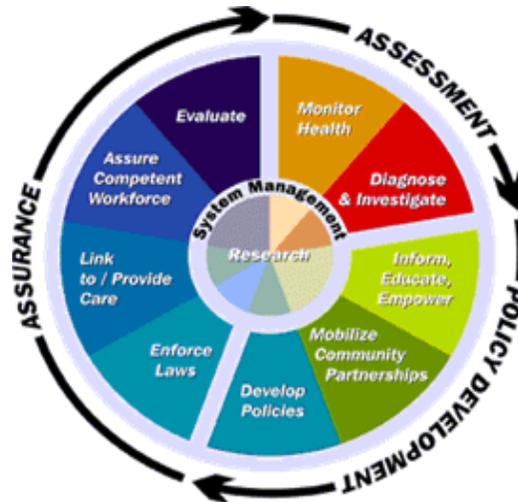


Figure 2: The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments. Public health systems should

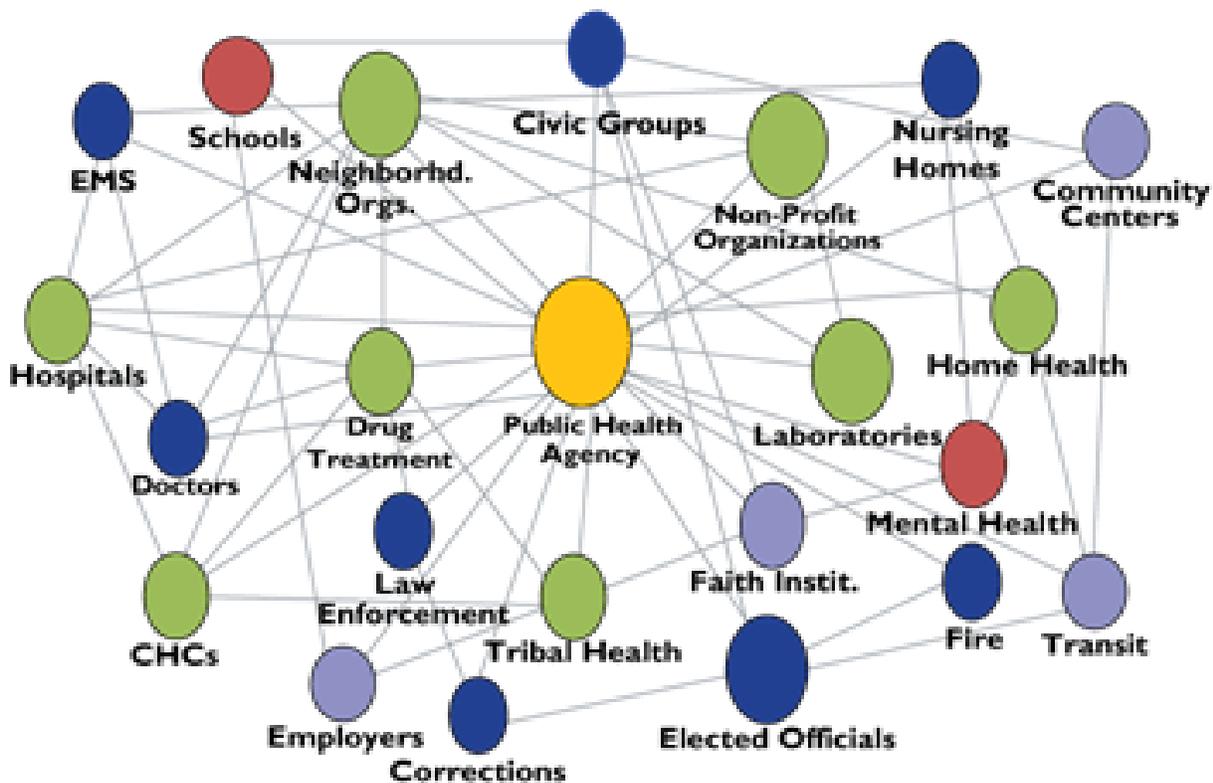
- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships and action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure competent public and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It takes an entire network of groups and individuals to ensure conditions are right in order to allow for members of a community to reach their full potential of health.

The Public Health System

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.

The public health system includes: Public health agencies at state and local levels, Healthcare providers, Public safety agencies, Human service and charity organizations, Education and youth development organizations, Recreation and arts-related organizations, Economic and philanthropic organizations, and Environmental agencies and organizations.



Public Health System

Priority Elements of the Assessment

While the comprehensive assessments identified several elements worthy of improvement, a focused approach to community health improvement is necessary to improve the residents' health. As such, ten items were selected to be elevated for further consideration. Each of these items emerged as a significant issue based on one or more of the assessments. The following is a brief summary of these elements and the data that supports their consideration.

Cardiovascular Disease (Heart Disease)

The Rogers County Community Health Survey respondents identify heart disease and stroke as the most important risk factor in their communities. Oklahoma's 2010 "State of the County" report rates heart disease and cancer among the top 10 causes of death in every age group in Rogers County. In 2010, \$49,883.340 was spent on cardiovascular disease treatment in Rogers County. It is also reported that nearly one in six adults had 3+ days of limited activity in the past month. This data ties to evidence that adults who engage weekly in 150 minutes of moderate to vigorous intensity aerobic activity, in bouts of at least 10 minutes, experience improved health and fitness and reduced risk of several chronic diseases. While heart disease rates have improved some in Rogers County, it remains a leading cause of death with a rate of 212.1 per 100,000 people giving the county a grade of "D" in the 2014 State of the State's Health Report.

Obesity

Obesity is defined as having a Body Mass Index (BMI) greater than 30.0 kg/m² (BMI = weight in kg/square of height in m). From 2005-2010, 29.4% of adult population of Rogers County was reported obese (18,971). The 2014 State of the State's Health Report reveals Rogers County's obesity rate is currently at 32.4%. Several factors contribute to obesity rates, including high caloric diet and lack of exercise. The Themes & Strengths assessment reveals that the county needs more parks/recreational activities and lacks enough restaurants with healthy food options. The Community Health Survey also identifies access to healthy foods, healthy behaviors and lifestyles, and opportunities for exercise as the most important factors for a healthy community. The County Health Rankings and Roadmaps show 72% of Oklahomans have access to exercise opportunities, where as 58% in Rogers County. The 2014 State of the State report grades Rogers County an "F" in minimal fruit consumption and a "D" in minimal vegetable consumption.

Diabetes

Type II Diabetes Mellitus is a chronic disease characterized by high levels of sugar (i.e., glucose) in the bloodstream due to body's resistance to insulin. If left untreated, serious complications can arise, including heart disease, renal failure, retinopathy, and neuropathies. Diabetes is widely common with approximately one in ten persons in Rogers County being diabetic. Over 42% of respondents to the Community Health Survey identify diabetes as one of the most important health issues in the county. Eating unhealthy foods and lack of exercise are also listed amongst the most risky behaviors in the Community Health Survey.

Several risk factors may increase the likelihood of developing diabetes. Some of these risk factors cannot be changed (e.g. aged 45 years and older, family history). Other risk factors relate to our behaviors, such as prediabetes, overweight/obesity, being physically inactive, and having high blood pressure. American Indians are twice as likely to have been diagnosed with type 2 diabetes as non-Hispanic whites (Centers for Disease Control and Prevention). Native Americans, who make up over 13% of Rogers County's residents, are a high-risk group for diabetes. A total of \$9,273,246 was spent in 2010 on diabetes in Rogers County. The 2014 State of the State's Health Report shows Rogers County's diabetes prevalence rate is 11%, or a grade of "D". Rogers County ranks 8th in the state for deaths attributed to diabetes or stroke.

Teen Pregnancy

Pregnant teens are more likely than older pregnant females to experience medical complications, have low educational attainment, and engage in unhealthy behaviors that put their unborn child at risk. Children of teen mothers are more likely than children of older mothers to display poor health and social outcomes, such as premature birth, low birth weight, behavioral problems, abuse and neglect. Additionally, infant mortality rates are highest for babies of teen mothers. Over 36% of the respondents to the Rogers County Community Health survey identify teen pregnancy as one of the most important health problems. The Forces of Change assessment echoes that fact, with the statement that there is a culture of "being cool" associated with a pregnant teen. Other risky behaviors identified in the survey include high rates of dropping out of school and having unsafe sex, both closely tied to teen pregnancy rates. The 2015 OK Policy.org report states Rogers County has 34 births per 1000 teenage girls. Recent estimates place the cost of teen childbearing in Oklahoma at \$190 million in 2008, and this includes only health care and other costs associated with the children, not the mothers.¹

In Oklahoma and across the U.S., teen birth rates have been declining since the peak in 1991 and are presently at a historic low. Even so, in 2012 Oklahoma had the second highest teen birth rate in the nation for 15-19 year olds (47.3/1,000) compared to the US average of 29.1/1,000, and the highest birth rate for 18-19 year olds at 83/1,000 compared to the US average of 51.4/1,000.²

¹ Oklahoma State Department of Health 2014 State of the County's Health Report.

² 2014 Oklahoma KIDS COUNT Data Book

Access to Healthcare

In the Rogers County Community Health Survey, 38% of respondents identify access to healthcare as one of the most important factors for a healthy community.

The Forces of Change assessment identifies inadequate healthcare services (dental & specialty services) and no future plans for public transportation. The Themes & Strengths survey shows that there is a need for additional healthcare/hospital/dental care services in Rogers County.

Unavailability of accessible public transportation is a big issue. Pelivan provides limited service and is costly when service is needed beyond city limits. Walkscore for Claremore is 20/100, making it a car-dependent city.

Per the 2014 State of the State's Health Report, 12.2% of Rogers County residents have no health insurance. Mental health issues and lack of specialty services are also identified in the Community Health Survey; mental health care is rated as medically underserved per the 2015 Oklahoma Health Workforce Data Book.

Child Health

The Forces of Change assessment identifies that there are inadequate recreational activities for children and youth. The Community Health Survey identifies child abuse and neglect, overweight children and teen pregnancy among the most important health problems. Other risky behaviors identified in this survey are bullying, unsafe sex practices, underage tobacco and alcohol use.

Themes & Strengths survey respondents state the need for more parks, recreational activities, better schools, and more daycare/childcare resources.

Infant mortality receives a "D" Grade on the 2014 State of the State's Health report, at 7.1/1000. As per the US Census 2012, 10.3% of Rogers County children under 19 are without health insurance compared to a national rate of 7.54%.

Child abuse/neglect is identified by 44.5% of respondents to the Community Health Survey as one of the most important health problems in our county. The Oklahoma Department of Human Services reports 831 cases of Child Protective Services Investigations during 2014, and 151 confirmations of child abuse and neglect in Rogers County. Child abuse and neglect means harm or threatened harm to a child's health or welfare. Abuse also can include harm resulting from failing to protect or abandoning a child. Neglect means failing to provide adequate food, clothing, shelter, and supervision; failing to provide special care made necessary by the physical or mental condition of the child; or abandonment.

Behavioral Health

The Community Health Survey also identifies behavioral health and substance abuse issues as important health problems in Rogers County.

According to the 2010 National Survey on Drug Use and Health report, Oklahoma leads the nation in non-medical use of painkillers, with more than 8% of the population aged 12 and older abusing/misusing painkillers. Of the nearly 3,200 unintentional poisoning deaths in Oklahoma from 2007-2011, 81% involved at least one prescription drug. Prescription painkillers (opioids) are now the most common class of drug involved in overdose deaths in Oklahoma. (Involved in 87% of prescription drug-related deaths/ 417 deaths in 2011)³ As per the OKPolicy.org: In Oklahoma 55% of Rx meds are obtained free from friend or relative.

Oklahoma consistently has one of the highest smoking rates in the country with an estimated 23.3% of adults being smokers in 2012. Twenty-five percent of the Rogers County adult population uses tobacco as per the Oklahoma Policy Institute's 2014 report. Each year approximately 443,000 premature deaths are attributed to smoking as per the Robert Wood Johnson Foundation's county health rankings 2015 report. Healthcare costs associated with smoking were approximately 309.6 million dollars in Rogers County.^{iv} (2005-2010). BRFSS 2011-2012 data states that 57.95% of Rogers County residents made a quit attempt in past 12 months, vs. 60.02% in US.

Excessive drinking is a risk factor for a number of 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.[1] Approximately 80,000 deaths are attributed annually to excessive drinking. Excessive drinking is the third leading lifestyle-related cause of death in the United States. 6.82 to 7.16 percent of youth aged 12 to 17 indulged in binge alcohol use in the past month in Oklahoma as per SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2011 and 2012 data.

The Rogers County Community Health Survey reveals over 30% of the respondents feel underage alcohol use is one of the most risky behaviors in our community. The Forces of Change assessment identifies the lack of entertainment opportunities in Rogers County and the high number of college students who travel outside of county to seek entertainment. This was a topic of discussion at a Rogers State University focus group meeting, where students stated the county needs to have more entertainment venues and opportunities directed towards college age residents.

The Department of Mental Health & Substance Abuse reports 1235 of Rogers County residents were diagnosed with mental health issues in 2014. Excessive anxiety and stress can contribute to physical problems such as heart disease, ulcers, and colitis. Anxiety and stress can also reduce the strength of the immune system, making people more vulnerable to conditions ranging from common cold to cancer. Psychological problems also increase the likelihood that people will make poor behavioral choices which can contribute to medical problems. Smoking, excessive alcohol or drug use, poor eating habits, and reckless behavior can all result in severe physical problems and the need for medical services¹

³ Oklahoma State Department of Health, Injury Prevention Service. Unintentional Poisoning Fatality Surveillance System (abstracted from medical examiner reports)

Healthy Behaviors & Lifestyles

The 2015 Forces of Change assessment indicates inadequate recreational activities and youth risky behaviors are among the weaknesses in Rogers County. However, it was pointed out, that the recent improvements to Will Rogers Park have made a positive impact on Claremore.

The Themes & Strengths Assessment identify the need for more parks/recreational activities and lack of healthy food options in restaurants. County Health Rankings & Roadmaps shows access to exercise opportunities is at 58% in Rogers County versus 72% in Oklahoma. However, RoCo Fit, a free exercise program offered by Rogers County Health Department has increased the number of exercise opportunities in Rogers County.

The Community Health Survey reveals several healthy behavior and lifestyle challenges: Eating unhealthy foods, substance abuse, tobacco use, prescription drug misuse, unsafe sex, underage tobacco and alcohol use and not using birth control methods. All of these issues are echoed statewide in the 2014 State of the State's Health Report.

Rogers County received a grade of "F" from the 2014 State of the State report in minimal fruit consumption, and a grade of D in minimal vegetable consumption.

The US Department of Agriculture reports that 27.95% of Rogers County's population lives in census tracts designated as food deserts, where a share of the residents has low access to a supermarket or large grocery store. Those rural communities without a supermarket and the distance to the nearest market include: Foyil (10 miles), Sequoyah (5 miles), Tiawah (7 miles), and Verdigris (6 miles).

Infrastructure

There was a lot of discussion in the Forces of Change assessment about the fact that there is little to no public transportation in the county. Oklahoma Department of Transportation (ODOT) limitations and trains cause traffic congestion and jam in Claremore. Traffic congestion can lead to drivers becoming frustrated and engaging in road rage. The Themes & Strengths Survey identifies issues caused by train traffic, the lack of bikeable and walkable areas, excessive automobile traffic, and limited public transportation within the county.

Public transportation available in Rogers County includes:

- Pelivan: General public \$3 one-way, age 60+ \$2 one way, beyond city zones \$2 per mile. Routes run Mon-Thurs 8-4:30, Fri-Sat 8-8:30, no Sunday service. Services are on "demand" with no regular routes.
- Cherokee Nation KATS (Ki Bois Area Transit System) provides services from Claremore to Cherokee Nation facilities in Tahlequah for \$1 Return Ticket, Mon-Thurs, Free Fridays.

Claremore is a car dependent city. The Community Health Survey reveals that safe and healthy schools, parks and recreation, access to transportation and emergency preparedness are important factors for a healthy community. Parks and playgrounds are also rated number one in the places Rogers County residents go most often for recreation.

The Forces of Change assessment points out the good school system in Rogers County as a strength. The Great Schools rating system scores Foyil elementary (4). Most other county schools rate 6+. As per the Oklahoma Policy Institute, the student to teacher ratio is 16:1 in Rogers County (12th).

Respondents to the Themes and Strengths survey report that more childcare/daycare resources are needed in Rogers County. According to OK-DHS (2014) for Rogers County: There are 57 licensed child care facilities with 1,269 children in childcare.

Poverty

The Community Health Survey reveals that 52.6% of the respondents feel good jobs/healthy economy are among the most important factors for a healthy community.

High utility rates and taxes, no emergency shelter for the homeless were among the topics of discussion in the Forces of Change assessment. Oklahoma has the highest incarceration rate for females in the country.

The participants showed their concern as there is no transient shelter or transportation for newly released offenders who leave jail premises at midnight. These folks, having no transport and living arrangements, return to their old friends and fall back in the vicious cycle.

The Themes & Strengths assessment also identifies expensive housing, poverty/high cost of living and high taxes as issues in Rogers County. Rogers County sales tax rate: 6.333%, vs. adjoining counties Mayes 6.0%, Tulsa 5.417%, Craig & Nowata 6.5%.

OK-DHS (2014) reports 24,694 families in Rogers County: out of which 1,637 families are below poverty level. Supplemental Nutrition Assistance (food stamp) payments were \$17,836,997 in 2014.

US Census report shows, Rogers County home ownership rate is 78.9% (75.2 Mayes, 60.9 Tulsa), The median value home in Rogers County is \$143,600, versus \$96,200 in Mayes and \$134,100 in Tulsa.

Next Steps:

These four assessments combine to form a comprehensive review of Rogers County's health status. This information will be shared with community partners and leaders in an effort to narrow the focus to priority areas targeted for improvement. Once the priorities are established, work will begin to create and implement a community health improvement plan.

Resources

The Rogers County Healthy Community Partnership has access to resources to help address the public health issues identified in this community health assessment. These resources include, but are not limited to:

For all public health issues

- **Rogers County Health Department**
<http://www.health.rogers.ok.gov>
- **Oklahoma State Department of Health**
<http://www.okk.gov/health/index.html>

Access to Healthcare

- **Rogers County Free Medical Clinic**
<http://free-clinics.com/clinic/rogers-county-free-medical-clinic-claremore-oklahoma-74018/>
- **Summit Physical Therapy**
<https://www.facebook.com/SUMMIT-Physical-Therapy-Rehab-68352690792/>
- **Rogers County Health Department**
<http://rogers.health.ok.gov>
- **Oklahoma Drug Card – Prescription assistance**
<http://oklahomadrugcard.com/index.php>
- **Oklahoma Healthcare Authority**
<https://www.okhca.org/>

Alcohol Use

- **Oklahoma Department of Mental Health and Substance Abuse Services**
<http://www.ok.gov/odmhsas>
- **Rogers County Drug Abuse Program Substance Abuse Services Hotline:** 918.342.3334
- **Alcoholics' Anonymous:** 918.341.6418
- **CREOKS Behavioral Health:** 918.342.2080

Assistance

- **Community Action Resource and Development (CARD)**
<http://www.okrehab.org/drupal/guide/community-action-resource-and-development-card>
- **Lakeshore Apartments**
<http://section-8-housing.credio.com/l/15462/Lakeshore-Apartments>
- **SNAP Benefits DHS**
<http://www.okdhs.org/services/snap/Pages/default.aspx>
- **Food banks:**
Church of Christ, Claremore: 918-341-0531 Wed 1-3pm
Good Samaritan Ministry: 918-343-4357 Tues & Thurs 10am-2pm
Destiny Life Church: 918-341-1765 Mon-Sat 11:30am – 12pm
Lifechanger Church: 918-341-8344 2nd Saturday of each month
St. Cecilia Catholic Church: 918-341-2343
First United Methodist Church: 918-341-4580 Wed 10am – 12pm and Fri 2-4pm
Word Outreach: 918-341-5217
Loaves & Fishes: 918-234-8577

Cardiovascular Health

- **Hillcrest Hospital Claremore**
www.hillcrestclaremore.com/
- **Claremore Indian Health**
<https://www.ihs.gov/oklahomacity/index.cfm/healthcarefacilities/claremore/>
- **City of Claremore Parks & Recreation**
<http://www.claremorecity.com/213/Parks-Recreation>
- **American Heart Association**
www.heart.org/HEARTORG/

Child Health

- **Volunteers for Youth**
<http://volunteersforyouth.com>
- **Children's Advocacy Center**
<https://www.facebook.com/cacclaremore/>

- **Rogers County Health Department**
- <http://rogers.health.ok.gov>
 - Project Launch
 - SoonerStart Early Intervention
 - WIC
 - Well Child Checkups
 - Immunizations
 - Guidance and Screenings for Speech, Language and Development

Diabetes

- **Rogers County Health Department “I’m In Control” program**
https://www.ok.gov/health/County_Health_Departments/Rogers_County_Health_Department/I'm_In_Control/
- **Hillcrest Hospital Claremore**
<http://www.hillcrestclaremore.com/>
- **Claremore Indian Hospital**
<http://www.ihs.gov/MedicalPrograms/Diabetes/index.cfm?module=programsSDPI>
- **American Diabetes Association**
www.diabetes.org/

Healthy Behaviors and Lifestyles

- **Safenet services**
<http://www.safenetservices.org/>
- **OSU Extension service – Rogers County**
<http://oces.okstate.edu/rogers>
- **Certified Healthy Oklahoma**
<http://certifiedhealthyok.com/>
- **SheBrews Coffee House**
https://www.facebook.com/SheBrewsCoffeeHouse/timeline?ref=page_internal
- **Oxford House**
http://oxfordhouseok.org/?page_id=184
- **Hillcrest Hospital Claremore – Senior Care Program**
<http://www.hillcrestclaremore.com/portfolio/senior-care/>

Obesity

- **Rogers County Fitness Training Program (RoCo Fit)** – free and fun fitness training
<http://rocofit.org>
- **TSET Healthy Living Program**
<https://www.facebook.com/Healthy-Community-Partnership-143908668977985/>
- **Certified Healthy Oklahoma**
https://www.ok.gov/health/Community_Health/Community_Development_Service/Certified_Healthy_Oklahoma/
- **Claremore Recreation Center**
<http://www.claremorecity.com/226/Recreation-Center>

Teen Pregnancy

- **Rogers County Health Department Programs: WIC, Family Planning, Health Education**
https://www.ok.gov/health/County_Health_Departments/Rogers_County_Health_Department/
- **Margaret Hudson Program**
<http://www.margarethudson.org/>
- **The Manger**
<http://www.fbcclaremore.com/the-manger-list>

Transportation

- **Pelivan Transit: 918-341-7300**
- **Cherokee Nation Tribal Service: 918-266-5626**
- **CARD: 918-341-5000**

References

1. "[State & County QuickFacts](#)". United States Census Bureau. Retrieved November 12, 2013.
2. "[Find a County](#)". National Association of Counties. Retrieved 2011-06-07.
3. Thomas, Sarah C. "[Rogers County](#)," *Encyclopedia of Oklahoma History and Culture*, Oklahoma Historical Society, 2009. Accessed April 5, 2015.
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ⁱⁱ Thomas, Sarah C. "[Rogers County](#)," *Encyclopedia of Oklahoma History and Culture*, Oklahoma Historical Society, 2009. Accessed April 5, 2015.

ⁱⁱⁱ Paul B. Hatley, "[Rogers State University](#)," *Encyclopedia of Oklahoma History and Culture*, Oklahoma Historical Society, 2009

^{iv} 2014 State of the County's report

