

GARFIELD COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN



Health Planning Committee

2015

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Community Partners

Opportunities, Inc.	Enid Transit
Integrus Bass Baptist Health Center	United Way
Great Salt Plains Health Center	Community Development Support Association, INC. (CDSA)
YMCA	Turning Point
Youth and Family Services	Prevention Workz
Enid Community Clinic	Garfield County Health Department
St. Mary's Regional Medical Center	Rural Health Projects
Garfield County OSU Extension	NODA
Garfield County Tobacco Free Coalition	Sooner Success
Oklahoma family network	Oklahoma Healthcare Authority

Summary

The Health Planning Committee is a subcommittee of the Enid Metropolitan Area Human Service Commission. The priorities of the Health Planning Committee include the following: MAPP (Mobilizing for Action through Planning and Partnerships), Dental Assistance, Mental Health Issues, Tobacco Control, and Physical Fitness and Nutrition.

In the spring of 2012, members of the Health Planning Committee formed the MAPP sub-coalition to engage the community to assess the health status of county residents. The Coalition is using the Mobilizing for Action through Planning and Partnerships (MAPP) model as a tool to collect data for developing strategies to improve health. MAPP consists of four assessment methods in a structured process for gathering and utilizing data for intervention strategies. Using these 4 assessments provides for a comprehensive view of the current health status, as well as the factors, both real and perceived, that influence this community's health.

The top five elements of health were identified for Garfield County. They include:

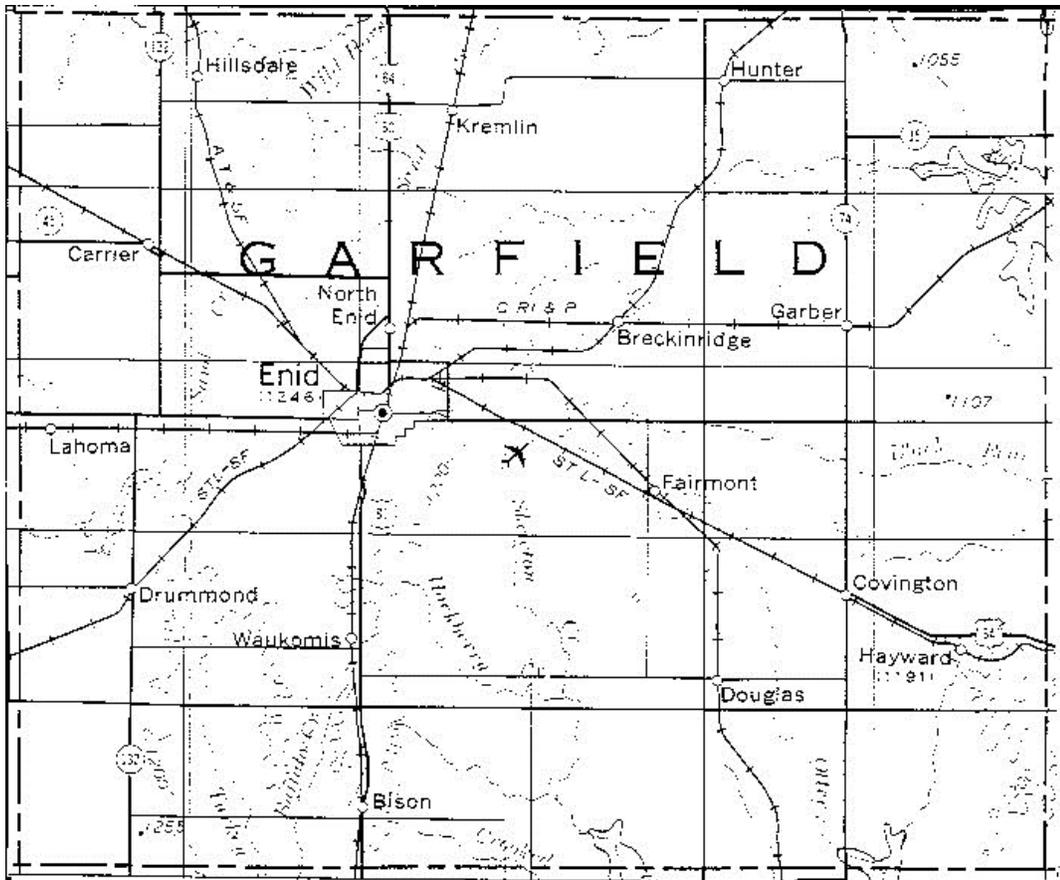
- Physical Activity and Nutrition (Obesity)
- Chronic Disease
- Childhood Health and Infant Mortality
- Tobacco, Alcohol and Other Drugs
- Access to Healthcare and Mental Health

The Coalition, is working with community partners to create a strategic Community Health Improvement Plan (CHIP) which will be utilized to establish policy change, educate and promote a healthier quality of life, and leverage potential resources within the community.

Meetings are held on the first Friday of the month at 8:30am in the Board Room of The Non-Profit Center, 114 S. Independence, Enid, Oklahoma



Garfield County



Garfield County is located in the North-central part of the state. Enid is the largest city and the county seat. The 2010 census reports the population of Garfield County as just over 60,000. According to the 2014 County Health Rankings & Roadmaps, Garfield County ranks 16th out of the state's 77 counties in health outcomes.

The Health Planning Committee is a subcommittee of the Enid Metropolitan Area Human Service Commission. The priorities of the Health Planning Committee include the following: MAPP (Mobilizing for Action through Planning and Partnerships), Dental Assistance, Mental Health Issues, Tobacco Control, and Physical Fitness and Nutrition.

By fostering community partnerships, the coalition has worked toward making Garfield County healthier. Other projects the coalition has been involved in include: Certified Healthy Oklahoma, Tobacco Prevention Policies and efforts, Garfield County Walk this Way and Couch to 5K, and Love the Bump.

Demographics

2010 Demographics	Oklahoma	%	Garfield County	%
Total Population	3,751,351		60,580	
Age				
19 years and under	1,041,610	27.8	16,461	27.2
20 - 64 years	2,203,027	58.8	34,823	57.5
65 + years	506,714	13.4	9,296	15.5
Gender				
Male	1,856,977	49.5	29,873	49.3
Female	1,894,374	50.5	30,707	50.7
Race/Ethnicity				
White	2,706,845	72	50,807	83.9
Hispanic or Latino	332,007	9	5,353	8.8
African American	277,644	7	1,811	3.0
Asian	65,076	2	588	1.0
American Indian & Alaska Native	321,687	9	1,377	2.3
Native Hawaiian & Pacific Islander	4,369	<1	1,101	1.8
Other	154,409	4	2,760	4.6
Identified by two or more	221,321	6	2,136	3.5
Selected Economic Characteristics				
Mean household income (dollars)	65,977	X	55,529	X
Median household income (dollars)	49,937	X	41,395	X
Mean travel time to work (minutes)	27.0	X	16.0	X
Percent unemployed	6.6	X	3.2	X

2010 Census Bureau Report

The Framework: Mobilizing for Action through Planning & Partnerships (MAPP)

MAPP Overview



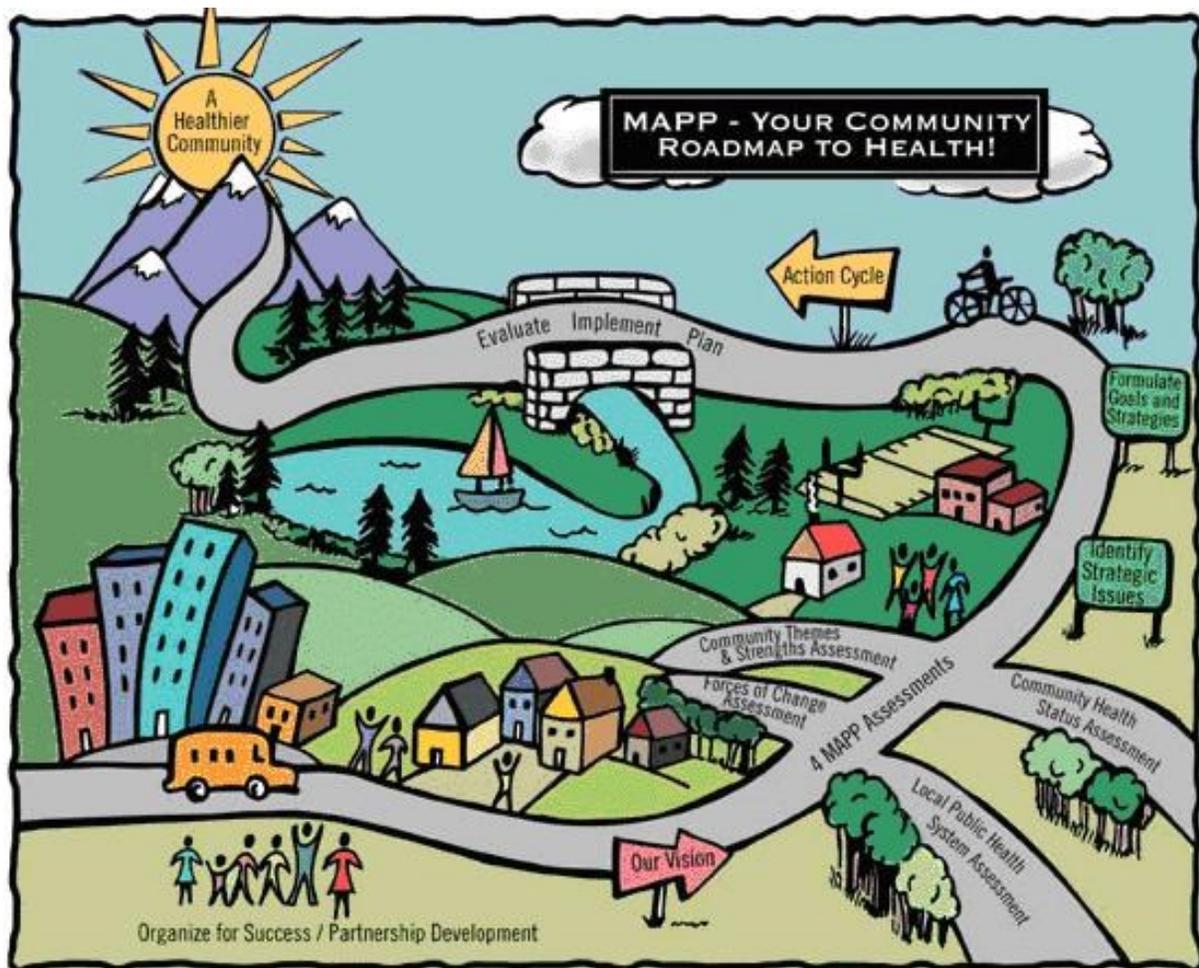
The community engaged in the MAPP process to conduct community-based assessments from a variety of sources.

- **Four MAPP Assessments** - In the spring of 2012, we conducted the four assessments (Community Health Status Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and Local Public Health Systems Assessment). The assessments were completed over a two year period.

Identifying Strategic Issues - After reviewing the assessment data beginning in November 2013, ten elements were identified for closer review and discussion. The priority areas for improvement were selected from these ten elements. The ten elements were:

- Access to Healthcare
- Childhood Health
- Chronic Disease
- Domestic Violence
- Infant Mortality
- Mental Health/Substance Abuse
- Obesity
- Physical Activity
- Tobacco Use
- Unintentional Injury

- **Visioning** - This phase was completed in the MAPP planning meetings, and by looking at common themes in which our community and participating agencies are also interested. By brainstorming, the group discussed how they pictured a healthy Garfield County. The discussion led to a consensus on a single vision statement for the CHIP development workgroups.
- **Identify Strategic Issues** - From the ten elements, the group selected five top priorities to include in the Community Health Improvement Plan. They were: 1) Nutrition and Physical Activity, 2) Infant and Child Health, 3) Alcohol, Tobacco and Other Drugs, 4) Chronic Disease, and 5) Access to Health Care and Mental Health Care Services.
- **Formulate Goals and Strategies** - Once the priorities were selected, the sub-committee brainstormed strategies and formulated goals for addressing the five priority issues. They were taken to the MAPP committee for modification and approval.
- **Action Cycle** - The completion of the initial plan marks the beginning of the action cycle. Workgroups will meet as necessary to continue planning, implementation, and evaluation. We will work to ensure that organizations, agencies, coalitions, and volunteer groups throughout the county are invited to join this ongoing effort of improving health.



Note: The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Center for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000.

Public Health Priority Issues

Issue One:

Nutrition and Physical Activity

Physical activity and nutrition have risen to the top of the nation's public health agenda in light of its growing obesity and physical inactivity rates. Some of Oklahoma's efforts to combat obesity and increase physical activity include state-wide initiatives, such as Shape your Future and Certified Healthy Oklahoma, designed to promote healthier environments through policy and public media campaigns.

Physical activity is a health behavior that can reduce a person's risk of many chronic diseases that contribute to other poor health outcomes, such as type 2 diabetes, cardiovascular disease, and obesity. Together eating well and engaging in physical activity can increase Garfield County's quality of life and potentially promote other healthy behaviors in the community.

In 2011, Oklahoma's obesity rate was 30.4%. According to the State of the States Health Report Card for 2014, Oklahoma's obesity rate crept up to 32.7%, illustrating the need to address this preventable risk factor. According to that same report, Garfield County's obesity rate has risen slightly from 31.4% in 2008 to 31.6% in 2014.

The residents of Garfield County have identified this modifiable risk factor as a concern in their listening sessions, and provided that

increasing access and opportunities to engage in physical activity and increased access to healthy foods and nutrition education would contribute to reducing their community's risk of obesity and other related chronic diseases.

There are many avenues that can be used to increase physical activity and healthy nutrition among county residents. According to the U.S. Census, 57.6 % sampled Garfield County residents reported being employed, providing a reasonable target for health promotion efforts within the workplace setting. Work place wellness initiatives have been found to be effective in reducing anxiety and burnout among employees, as well as increasing overall physical activity while in a supportive environment work in which a number of people spend a majority of their day.

Garfield County has found to have 16.8% of their sampled residents living below poverty, and 1 out of 4 children living in poverty. One way to reach this population would be through the promotion of the Soonerfit program. Soonerfit provides free information, via a internet and ap, and will help in leading a fit and healthy lifestyle in a fun, affordable, and easy way. The website and ap includes links to local farmers markets that take SNAP (Supplemental Nutrition Assistance Program) benefits,



tobacco cessation resources, healthy recipes, low cost gyms, cooking demos, motivational videos, exercise routines, toolkits for parents to aid in maintaining the health of their children, Tell Us Your Story videos, and other resources that can promote healthy behaviors in Garfield County residents, thus, reducing their risk of obesity.

Resources such as, Enid's trail system, parks and schools, organized youth sports and fitness classes, as well as community gardens, allow the community to participate in physical activity and nutrition programs as possible strategies to combat the obesity epidemic that continues to threaten Garfield County and Oklahoma.



Public Health Priority Issues

Issue One:

Nutrition and Physical Activity

GOAL: By 2020, decrease obesity rates in Garfield County from 31.6% to 30%.

STRATEGY: Promote nutrition education and increased opportunities for physical activity.

ACTION STEPS

1. Participate in community events/health fairs and offer educational materials and screenings for blood pressure, blood sugar, body mass index, and cholesterol.
2. Participate in community events to promote healthy eating and physical activity for children.
3. Continue participation in the Enid Metropolitan Health Planning committee by assisting with the coalition's strategic plan to promote healthy eating habits and physical activity.
4. Partner with community agencies that provide opportunities for free physical activity within the community such as Walk This Way or Sooner Fit.
5. Support employee wellness programs with incentives for healthy weight and increased physical activity.
6. Encourage the community to utilize and maintain free access to the City of Enid's trail system and other fitness facilities like schools and parks.
7. Encourage schools, campuses, businesses, restaurants, congregations, early childhood education centers and communities to become Certified Healthy by becoming involved with the certified healthy programs initiatives.
8. Support evidence-based nutrition and physical activity programs for school-aged children. (I.E. The ONE program 4th grade, Fuel Up to Play 60, CATCH)
9. Support and promote community gardens and farmers markets.

Strategic Issue: Nutrition & Physical Activity

Barriers

- Lack of health options
- Lack of awareness-communication
- Cost of healthy options
- Access to fresh fruits and vegetables
- Cultural norms
- Lack of sidewalks
- Involvement with schools
- Extreme weather temperatures

Available Community Resources

- Trails and new parks
- Fitness facilities
- Organized youth sports
- Free nutrition classes/programs
- Farmers Market
- Free or reduced programs to obtain food
- Community garden

Lead Agency:

Rural Health Projects

Tri-County CHIO (Community Health Improvement Organization)

Integrus Bass Baptist Health Center

Policy Changes Needed:

City can adopt for ADA compliance of all newly built sidewalks

City can adopt policy for new developments to have sidewalks built during construction

Schools to prohibit unhealthy vending machines food and drink choices

Chronic Disease

Chronic diseases are those diseases that can be prevented and managed but not cured, and are the most common and costly of all health problems. Some lifestyle behaviors that have increased Oklahoma's risk in developing chronic diseases such as Heart Disease, Stroke, Diabetes and Chronic Lower Respiratory diseases, are chronic stress, smoking, poor nutrition, and physical inactivity. In addition, Oklahoma and the Garfield County community know that addressing individual behavior and environmental factors will help delay the onset of chronic diseases and decrease overall mortality due to these diseases.

Oklahoma has a policy initiative under the Certified Healthy Oklahoma program that promotes healthy social norms shifts by enacting health directed policies in their schools, communities, businesses, restaurants, and just recently, congregations and early childhood programs. Policies, such as these working in collaboration with community programs and partnerships, will further prevent the onset of chronic diseases by supporting an individual's efforts to maintain a healthy lifestyle. Garfield County has identified the prevalence of chronic disease as an issue that needs to be addressed and knows that a comprehensive strategy

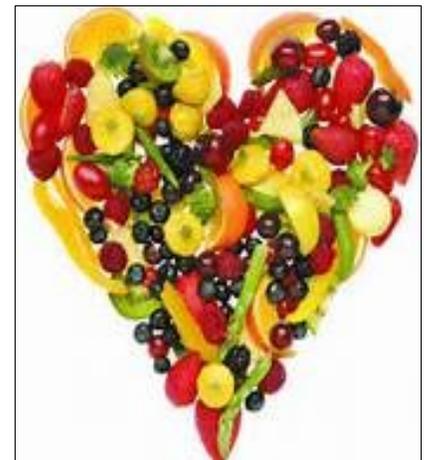
involving appropriate policy and community efforts is the most efficient way to reduce mortality due to chronic diseases and improve the quality of life for the citizens of Garfield County.

Research has demonstrated the potential benefits of over-all wellness and the benefit of work-site interventions to improve the health of those with existing chronic disease, as well as the prevention of these diseases. The interesting dynamic between health and the levels of stress have consistently been demonstrated through research studies among those of lower socio-economic status who have a high prevalence of chronic diseases.

Garfield visioning sessions identified mandatory health education classes in schools and nutritional information in restaurants to increase the awareness of their food choices, as ways to decrease the prevalence of diabetes, obesity and heart disease. The group also discussed the struggles the community faces in promoting the prevention and management of chronic disease. Some struggles mentioned related to too much screen time, lack of responsibility, and preventive mindset for their health. Educating the community about their risk, as well as advocating for the building of more



conducive environments around physical activity were also very much supported in these conversations.



Chronic Disease

GOAL: To improve the quality of life and longevity for individuals with chronic diseases by decreasing the Total Mortality Rate by 2020 from 884.7 per 100,000 population to 700 per 100,000 population. (2014 State of the State's Health Report)

Heart Disease	Decrease rate from 206.1 per 100,000 population to 180
Stroke	Decrease rate from 52.6 per 100,000 population to 40
Diabetes	Decrease rate from 28.2 per 100,000 population to 15
Chronic Lower Respiratory Disease	Decrease rate from 58.9 per 100,000 population to 40

STRATEGY 1: To delay the onset of chronic diseases such as heart disease, stroke, and diabetes.

ACTION STEPS

1. Support worksite wellness, which includes more Certified Healthy organizations in the community.
2. Support healthy lifestyles and behaviors.
3. Support evidence-based school health education curriculum.
4. Partner with educational institutions to promote health in all aspects (i.e., education, class policies, grants).
5. Promote healthy forms of stress management including, but not limited to: Tai Chi, incorporate stress management into worksite wellness, yoga, etc.
6. Continue to educate and advocate for new and continuation of city sidewalks, trails, and city sponsored sports activities.

STRATEGY 2: To educate the community on disease prevention, management, and available resources.

ACTION STEPS

1. Support evidence-based self-management programs.
2. Provide education through media outlets.
3. Promote healthy attitudes and beliefs of positive lifestyle changes.
4. Promote tobacco free policy, tobacco prevention, and cessation programs.
5. Promote support groups for chronic diseases. (I.E. Diabetes support group/coalition, free support group at Integris).
6. Promote the importance of health literacy throughout the community.

STRATEGY 3: To collaborate with community partners to promote healthy lifestyles.

ACTION STEPS

1. Collaborate with community partners to implement a community health fair and offer blood pressure, glucose, cholesterol, and PSA's providing education targeting diabetes, stroke, heart disease and health promotion at the event.
2. Link individuals to community resources.
3. Encourage CHIO Board to pursue funding for case management for individuals with chronic disease.
4. Collaborate with faith and community-based groups to provide chronic disease education, resources, and information.

Strategic Issue: Chronic Disease

Barriers

- Stigma
- Individual choice/motivation/knowledge
- Depression/mental health comorbidity
- Changes in medical best practices
- Time, cost for specialists, money and resources for groups that support strategies
- Access to specialists
- Transportation/awareness of transportation resources
- Attitudes on prevention, rural culture
- Cultural barriers, trust of medical providers
- Noncompliance
- Language and culture, accessing systems

Available Community Resources

- Diabetes support group
- Enid Community Clinic
- Enid Transit
- Great Salt Plains
- Existing support groups
- Sr. Life Network
- Volunteer Resources
- YMCA
- YWCA, Leonardo's, Silver Sneakers, Long Term Care Authority, Resource Alliance
- Chronic disease support groups
- Faith-based centers

Strategic Issue: Chronic Disease

Lead Agency:

Rural Health Projects

Tri-County CHIO (Community Health Improvement Organization)

Integris Bass Baptist Health Center

Policy Changes Needed:

Preemption of tobacco use for the State of Oklahoma

Propose for healthy food options within community

Infant and Child Health

Pregnancy represents the beginning of life and holds all the opportunities to promote a healthy lifestyle from start to finish. For this reason, Oklahoma, along with the CDC, promote and support every opportunity in making prenatal care, infant, and child health, a priority in our state and communities.

Through surveillance and initiatives such as Preparing for a Lifetime and Oklahoma Parents as Teachers, Oklahoma, along with its communities, know that a healthy life starts in the womb and is encouraged in the first few years of life. Using initiatives such as these can help equip mothers with the knowledge and resources they need to provide a healthy environment for their baby, as well as, an essential step toward improving the lives of our future Oklahoma children.

Oklahoma is 1.6% above the national average for infant mortality at 7.6%. Garfield County has decreased its infant mortality from 10.7% to 8.1% in the 2008 to 2014 State of the State Health Report. Garfield County understands that improving the first trimester prenatal care (60.9% down from 69.3%) can further help decrease its infant mortality rates. In Addition, providing evidence-based child health education and healthy

environments are essential for improving healthy outcomes and behaviors for children beyond birth that will follow them into adulthood.

Many of the barriers to child and infant health identified in the visioning sessions were issues involving substance abuse and domestic violence. These are barriers to infant and child health and wellness that indirectly affect the quality of life of a child inside the womb and during early childhood that may produce psychological imprints that carry on into adulthood. Building parents' capacities in areas such as, coping skills, support systems, and good role modeling have been identified as actions steps toward combating these foundational contributors to infant and child health and wellness.



Infant and Child Health

GOAL: By 2020, improve the overall health of infants and children in Garfield County by: decreased infant mortality rate from 8.1 per 1000 live births to 5.0 per 1000 live births; increased first trimester prenatal care rate from 60.9% to 70%. (2014 State of the State's Health Report)

STRATEGY 1: Plan and implement programs and activities to improve maternal health and infant outcomes.

ACTION STEPS

1. Encourage early prenatal care for pregnant women.
2. Support and promote breastfeeding for at least the first year of life.
3. Provide culturally sensitive and appropriate services with interpreters and materials, especially Marshallese and Hispanic.
4. Offer classes on nutrition, abstaining from drug use and prenatal and breastfeeding classes during the prenatal period.
5. Encourage well child check-ups, as well as refer families to the services needed.
6. Promote preventive health education programs for early childhood.
7. Promote up-to-date immunization schedules.
8. Support and promote Children First and Parents as Teachers programs.
9. Support and promote Preparing for a Lifetime materials and messages.

STRATEGY 2: Plan and implement programs and activities for healthcare providers, school personnel, families, and children to improve health status of children.

ACTION STEPS

1. Build developmental assets, such as good role modeling, increasing self-esteem, promote support systems, teach coping skills, and mentoring programs.
2. Promote evidenced-based health education curriculum in schools.
3. Increase the number of soda-free vending machines in schools, encourage healthy snack options.
4. Promote shared use of school facilities.
5. Educate youth through bullying prevention programs in schools.

6. Promote decreasing screen time to less than two hours per day.
7. Provide CATCH (Coordinated Approach to Child Health) programs for after-school activities.
8. Provide culturally sensitive and appropriate services with interpreters and materials, especially Marshallese and Hispanic.
9. Educate youth on drug awareness and risky behaviors.
10. Promote programs that improve outcomes for developmentally delayed children.
11. Provide parenting classes and offer incentives for attendance.
12. Support the immediate reporting of suspected child abuse.
13. Support and promote Children First and Parents as Teachers programs.
14. Encourage families to get active together to increase their physical activity.

Strategic Issue: Infant and Child Health

Barriers:

- Substance abuse
- Domestic violence/family disruption/child abuse
- Incarceration of a household member
- Poverty/single parent families
- Poor school attendance
- Minimal availability of treatment for mental illness and addiction
- Unintentional injuries
- Lack of early prenatal care (first trimester of pregnancy)
- Teen mothers
- Low birth weight

Resources:

- Health Department-Children's First
- Private Physicians
- Hospital discharge Information
- Parenting Classes
- Religious Organizations
- CDSA Parents as teachers
- Hope Outreach
- DHS

Lead Agency:

Oklahoma Family Network/ Children's Behavioral Health
Oklahoma Health Care Authority

Policy Changes Needed:

Stricter laws regarding hazardous second hand smoke regarding children
Punishment for moms whose baby tests positive for illegal or non prescribed substances

Alcohol, Tobacco, and Other Drugs

GOAL: Reduce the abuse of alcohol, tobacco and other drugs in Garfield County by 2020:

Objective: To reduce the number of adult tobacco users in Garfield County from 21% to 18% by 2020 data from new county report card– 2014 State of the State’s Health Report)

Strategy & Action:

1. Support policy change concerning tobacco use.
 - Advocate for tobacco-free parks, clean air ordinances, inclusion of e-cigarettes, and the repeal of preemption in local and state policies.
 - Partner with the Garfield County Live Healthy Coalition by attending meetings and assisting with the implementation of their strategic plan.
2. Encourage businesses, schools, the community, and campuses to adopt tobacco-free policies.
 - Promote applications for the Certified Healthy Oklahoma Programs.
 - Support 24/7 Tobacco Free policies and enforcement at schools.
3. Educate the community on the dangers of tobacco and prevent youth initiation.
 - Promote evidence-based prevention programs
 - Increase Reward/Reminder Visits
 - Promote participation in youth prevention initiatives like Kick Butts Day, World No Tobacco Day, and Threw with Chew Week.
4. Promote tobacco cessation services.
 - Promote the use of the Tobacco Helpline.
 - Promote and train health care providers on the use of the 5 A’s.
 - Promote participation in tobacco cessation initiatives like Kick Butts Day, World No Tobacco Day, and Threw with Chew Week.
 - Outreach to Hispanic and Marshallese populations.

Objective: To reduce the negative effects of alcohol abuse and prescription drug abuse in Garfield County.

Strategy & Action: Educate the community about the negative effects of alcohol use and prescription drug abuse.

1. Promote implementation of Responsible Beverage Service and Sales Training (RBSS).
2. Promote responsible drinking and public awareness of safe ride program.
3. Promote routine mental health and wellness screenings (i.e. depression, anxiety, domestic violence, SBIRT).
4. Promote the utilization of the medication disposal drop-off sites in Garfield County.
5. Promote the utilization of the prescription drug monitoring program operated by the Oklahoma Bureau of Narcotics.
6. Partner and support the Garfield County Drug & Alcohol Coalition by attending meetings and assisting with the implementation.
7. Collaborate in community to provide detox resources for those recovering from addiction.

Strategic Issue: Alcohol, Tobacco, and Other Drugs

Barriers

- Under-funded treatment options, limited access to treatment for alcohol and drug addictions
- Social norms, social acceptance of alcohol and tobacco use
- Lack of education about social host laws
- High density of liquor stores, higher crime rates in areas near liquor stores and bars
- Robberies of homes are frequently associated with drug use
- State law prohibits local governments from regulating where tobacco can be used
- Lack of public awareness about misuse of prescription drugs
- Limited availability to smoking cessation programs
- Limited places for safe disposal of prescription drugs and syringes
- Some schools do not participate in YRBS and OPNA
- Limited data regarding the use of AT&OD, especially among youth
- Vapor paraphernalia can be used to deliver other drugs
- No laws restricting the use of Vapor
- Lack of representation from Marshallese and Hispanic populations; their norms about AT&OD is different

Resources

- QUITLINE
- Tobacco Coalition (Garfield County Live healthy Coalition)
- Mental health agencies
- Sooner Care
- TSET
- Shape your future
- PreventionWorkz
- CDC
- School Nurses
- ATF
- Poison control
- Sheffe's Prescription Shop
- CVS Pharmacy
- Prescription Drug Drop Boxes
- Primary care providers
- Hospitals
- Alcoholics Anonymous/NA/ALANON
- VANS House/Expression healthcare
- YWCA Halfway house

Lead Agency

Rural Health Projects
Garfield County Live Healthy Coalition
Youth and Family Services
Oklahoma Family Network/ Children's Behavioral Health Network
Prevention Workz
Integris Bass Baptist Health Center

Policy Changes Needed

Preemption to tobacco for the State of Oklahoma
Stricter ID punishment for those selling to minors

Access to Healthcare and Mental Healthcare Services

In 2011, there were approximately 52,000 potentially preventable hospitalizations in Oklahoma which resulted in more than \$1 billion in hospital charges. With 253 preventable hospitalizations over the national average, appropriate and timely health care is a critical issue (State of the State Health Report, 2014). Prevention is a goal that encompasses a large portion of our public health initiative. Improving access to health care services provides individuals and communities the tools and expertise to prevent long and short term illnesses and diseases. In other terms, access to appropriate health care can facilitate prevention through early detection and treatment of health conditions, and can also be the point sources for other system-based prevention methods, such as those promoting tobacco cessation and physical activity.

Access to health services encompasses 4 components: coverage, services, timeliness, and workforce. (Healthy People 2020). Access to health care coverage can help in reducing barriers to the health care system. Healthy People 2020 states that those who are uninsured are more likely to die prematurely and also more likely to have poor health status. People with a usual source of

care have lower medical debt, better health outcomes with lower medical cost, and a closing disparities gap. This happens through primary care providers and their ability to build and maintain long, sustainable relationships with their patients that increase the likeliness of utilization. Timeliness is vital in addressing the health care needs of individuals before the need becomes complicated and costly to both their quality of life and their pocketbook. In addition, addressing the timeliness and efficiency of tests and patient flow can reduce barriers to care. In looking at access to health care, adequate medical staff and personnel to care for the needs of the population must also be addressed.

Access to care was a top concern for citizens who attended the Community Listening session. Other small focus groups added access to specialists for children with disabilities and/or mental health issues as concerns. No access to a local substance abuse treatment facility was also noted. Garfield County has a median household income of \$40,636, with 16.8% living below poverty from 2006 to 2010, and 25.3% of children living in poverty during the same time period.

In the recent 2014 State of the States County Reports, Garfield County has decreased its preventable hospitalizations by 107 cases. Furthermore, those reporting no insurance coverage decreased from 20.1% to 16.4%. According to this report card, poverty rates have decreased from our previous assessment of 16.8% to 15.3%, representing the efforts that Garfield County has already been working on. With slightly lower median wages than Oklahoma County, and the same proportion of children and adults living in poverty, the community of Garfield County recognizes the importance of continuing to address and improve upon the issue of access to health care, seeing this issue as a major component of increasing quality of life and opportunity for long lasting health.



Issue Five:

Access to Healthcare and Mental Healthcare Services

GOAL: Improve access to health services by 2020.

STRATEGY 1 Increase awareness of services through advertising, public relations, community presentations, events, social media, coalitions and agency collaborations.

ACTION STEPS

1. Investigate the opportunity for a weekly item in the newspaper highlighting a human service resource.
2. Promote the use of 211 for a full list of services provided in the county.
3. Incorporate mental health awareness, including media messages, into chronic disease prevention efforts.
4. Collaborate with the Enid Metropolitan Health Planning Committee to identify service gaps, promote public awareness, support wellness activities and encourage use of available health care services.
5. Promote National Alliance on Mental Illness (NAMI) presence in the community.
6. Utilize current campaign information to educate the public about proper utilization of emergency room (ER) and primary care physician (PCP) .
7. Collaborate with Enid Public Transit to promote awareness of services and utilization, i.e., materials translated in to Spanish and Marshallese.
8. Promote and identify barriers to use of SoonerRide (OHCA)
9. Create a translation service directory for Garfield County.
10. Provide patients with assistance to explore payment options and make applications to insurance programs including Medicaid, Medicare, and/or other assistance programs.

STRATEGY 2 Increase the number of healthcare professionals including, but not limited to, psychiatrists and nurse practitioners in Garfield County through agency collaborations, and use those collaborations to provide maintenance and support for existing practitioners.

ACTION STEPS

1. Educate the public about the benefits of utilizing Nurse Practitioners/Physician Assistants for routine care and wellness visits. (Physicians would be available for specialized treatment, and primary care would be expanded in Garfield County.)
2. Provide support for area recruitment programs like those for residents at both University of Oklahoma (OU) and Oklahoma State University (OSU), including “Enid Day” to introduce life in Enid to OSU medical students prior to rotations. Expand “Enid Day” to include medical students from OU, particularly psychiatry clubs and physician assistant programs in OKC and Tulsa.
3. Promote local recruiting efforts for primary care providers, physician assistants, advance practice nurses, psychiatrists, and other healthcare practitioners, especially those who accept Medicare and Medicaid.
4. Advocate for training local providers and residents on cultural awareness/competency and sensitivity.
5. Encourage healthcare providers routinely providing mental health and wellness screenings (i.e. depression, anxiety, domestic violence, SBIRT), and referring patients to appropriate services.
6. Explore funding sources that would allow healthcare workers to be embedded in unique cultural groups.
7. Support Area Health Education Center (AHEC) funding to support recruitment or Garfield County middle and high school students interested in health care careers.

Barriers:

Stigma associated with Medicaid, mental illness, poverty, life style, etc....
 Language, including hearing impaired, appropriate translation services
 Cultural, including respect from provider staff
 Transportation
 Lack of certain specialists (mental health, dental, pediatric specialty, etc....)
 Lack of resources for adults needing primary health care services
 Lack of awareness of the need for preventive health services
 Lack of services in outlying areas creates more demands on the providers
 Waiting list for indigent adults and children needing mental health services
 Literacy, especially health literacy
 Knowledgeable of appropriate use of medical/health services, including wellness checks
 Systemic problems that cause people to lose insurance (SoonerCare) coverage
 Lack of affordable health insurance
 Confusion about new mandates regarding Affordable Care and Patient Protection Act
 Serving non-citizens

Vision for the future

Inpatient substance abuse treatment
 Inpatient mental health services for 18-65 year olds
 Public transit maps and literature in Spanish and Marshallese

Available Community Resources:

Federal programs	Non-profit health clinics
Free/reduced cost prescription drug programs	State supported mental health system
Private providers	Local public health system
County health department	2 Hospitals
City transportation	Privately-owned taxi service
Paramedic-level ambulance service	Free community clinic
MAGB transportation	

Lead Agency

Rural Health Projects
 Tri- County CHIO (Community Health Improvement Organization)
 Youth and Family Services
 Oklahoma Family Network/ Children's Behavioral Health Network
 Alzheimer's Association
 Great Salt Plains Health Center
 Integris Bass Baptist Health Center

Policy Changes Needed

Expansion of Medicaid
 Expansion of scope of practice
 Promote access to services
 Addressing stigma of mental health
 Remove barriers to services

Priority Issues Workgroup

Member Organizations

Physical Activity and Nutrition

- Intergrity Bass Baptist Health Center
- St. Mary's Regional Medical Center
- Garfield County Live Healthy Coalition

Chronic Disease

- Intergrity Bass Baptist Health Center
- St. Mary's Regional Medical Center
- Rural Health Projects, INC.

Infant and Child Health

- Garfield County Health Department
- Intergrity Bass Baptist Health Center
- St. Mary's Regional Medical Center
- Safe Kids Oklahoma
- Smart Start
- Sooner SUCCESS
- Oklahoma Health Care Authority
- Oklahoma Family Network/Children's Behavioral Health Network

Alcohol, Tobacco and Other Drugs

- Prevention Workz
- Youth and Family Services
- Rural Health Projects, INC.
- Garfield County Live Healthy Coalition
- Oklahoma Family Network/ Children's Behavioral Health Network
- Intergrity Bass Baptist Health Center

Access to HealthCare and Mental HealthCare

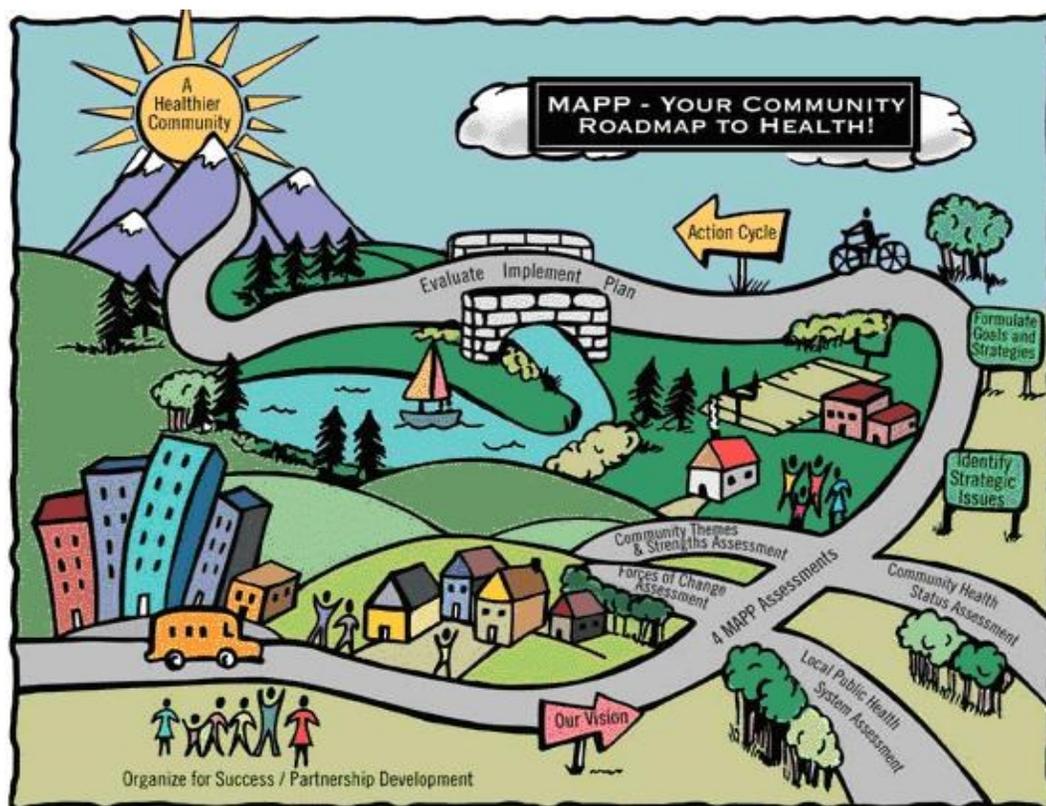
- St. Mary's Regional Medical Center
- Great Salt Plains Health Center
- Enid Transit
- Public Health Institute of Oklahoma (PHIO) for CHIO
- Sooner SUCCESS
- Systems of Care
- Meadowlake Behavioral Hospital
- Alzheimer's Association
- Oklahoma Family Network/ Children's Behavioral Health Network
- Intergrity Bass Baptist Health Center
- Youth and Family Services

Moving Forward

As the Health Planning Committee and MAPP workgroups moves into implementation of this Community Health Improvement Plan (CHIP), it is important that we remember this is a very fluid and dynamic process. All phases of the MAPP process may need to be revisited at any time due to unforeseen circumstances and developments. The Health Planning Committee and MAPP workgroups will formally review this plan annually. The committees / workgroups created to attend to each of the five priority issues will be in constant evaluation mode as they work to implement strategies.

This report is available to the public for printing, copying and commenting.
For more information or to get involved, contact:

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Appendix A - Version History

The version numbering is as follows:

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

Version Number	Change Request Number (if applicable)	Accepted Date	Author	Summary of Change

Appendix B - Quarterly Update and Annual Reports

Notes Page:

Garfield County Community Health Improvement Plan CHIP

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