FALL 2013 STEPHENS COUNTY COMMUNITY HEALTH ASSESSMENT

AN IMPORTANT COMMUNITY PARTNERSHIP

The 2013 Community Health Needs Assessment (CHNA) is the result of a community partnership between various organizations and citizens that involved countless hours of work by many people. The idea behind the assessment was to find strengths and weaknesses in our local healthcare delivery system, identify areas for improvement, engage our community leaders, and facilitate the most essential changes. It is our goal to use the CHNA results to improve the health of all of us who are blessed to live in Stephens County.

Two areas that rose to the top were the promotion of healthy lifestyles and improvement of our countywide mental health system. The information that follows is intended to be informative and to serve as a call for personal improvement and accountability.

A few of the questions that we now need to ask include the following:

1. What can we do to improve our own health and the health of our community?
2. What gaps exist in our mental health system?
3. What can and should we do in Stephens County to develop this system?

We are pleased to have the valuable results of this assessment, and we encourage everyone living in Stephens County to help us develop solutions to improve the health of our friends and neighbors.

Please note that a consistent point of reference will be the Duncan Regional Hospital website and the Stephens County Health Department website. A printable version of this document and any updates from the two committees can be found on both websites.

We hope you find this information valuable.

Pathways to a Healthy Stephens County Committee
DuncanRegional.com **Stephens.Health.ok.gov**

Pathways to a Healthy Stephens County

Pictured from left to right: Roger Neal (Duncan Regional Hospital), Jacque Gillespie (Sanford Children's Clinic), Haylee Root (Duncan Regional Hospital), Artemio Ibarra (Sanford Children's Clinic), Mike Milton (Stephens County Health Department), Joann Ball (Comanche Public Schools), Lacrica Olson (Stephens County Health Department), Joleyne Temple (Stephens County Health Department), Julie McKinney (Mayor-Central High), Julie Sanders (Smart Start of Stephens County), Lauren Ellis (United Way of Stephens County), Flo Stuckert (community member at large), Jay Johnson (Duncan Regional Hospital), and Chris Deal (Duncan Chamber of Commerce)

Not pictured: Dena Bridgman (the Chickasaw Nation), Deanna Carpitche (the Chickasaw Nation), Winston Dumas (community member at large), Julie Pennypacker (Duncan Regional Hospital), Sammy Richardson (Mayor-Bray), Ken Jones (Association of South Central Governments), and Patty Wininger (Duncan Regional Hospital)

TABLE OF CONTENTS

EXECUTIVE SUMMARY ____ 5
BACKGROUND ____ 6
DEMOGRAPHICS ____ 7
HEALTH SERVICES ____ 8
ASSESSMENT PROCESS: MAPP ____ 9
ASSESSMENT SUMMARIES
- COMMUNITY THEMES AND STRENGTHS ASSESSMENT ____ 10
- LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT ____ 12
- VISIONING AND FORCES OF CHANGE ASSESSMENT ____ 14
- COMMUNITY HEALTH STATUS ASSESSMENT ____ 16

PRIORITY ELEMENTS ____ 18
- HEALTHY LIVING ____ 19
- MENTAL HEALTH AND SUBSTANCE ABUSE ____ 22
- SAFETY/INJURY PREVENTION ____ 25
- CANCER ____ 26

NEXT STEPS ____ 27
CONTRIBUTIONS ____ 28
ATTACHMENTS
- A: STATE OF THE STATE'S HEALTH REPORT ____ 29
- B: STATE OF THE STATE'S COUNTY HEALTH REPORT ____ 30
- C: STEPHENS COUNTY COMMUNITY THEMES & STRENGTHS ASSESSMENT ____ 31
- D: STEPHENS COUNTY LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT ____ 60
- E: STEPHENS COUNTY HEALTH STATUS ASSESSMENT DATA ____ 83

EXECUTIVE SUMMARY

In response to concerns about the health of Stephens County, the Stephens County Health Department and Duncan Regional Hospital partnered to lead an initiative focused on understanding and improving local health. Using a process developed by the National Association of City County Health Officials (NACCHO), the two organizations gained participation from local leaders, businesses, community organizations and residents. The resulting Stephens County Community Health Assessment provides a comprehensive look at current local health issues and lays the foundation for further development of the Community Health Improvement Plan (CHIP).

The Stephens County Community Health Assessment encompasses four individual assessments: community themes and strengths; local public health systems; visioning and forces of change; and community health status.

Through the assessment process, the following four areas have been identified as priorities for health improvement initiatives:

1. Healthy Living
2. Mental Health And Substance Abuse
3. Safety/ Injury Prevention
4. Cancer

Community participation has been vital throughout the assessment process. By developing a shared vision and creating dialogue about health concerns, citizens and local partners gained a sense of responsibility for the future of Stephens County.

It is the hope that the partnerships fostered by this process will continue to grow and thrive as the county moves toward the development, implementation, and evaluation of a CHIP to create a place where residents are inspired to live a safe and healthy life.

BACKGROUND

Located in Southwest Oklahoma, Stephens County was formed in 1907 in tandem with Oklahoma's official recognition as a state. It is named for politician John H. Stephens, who supported Oklahoma's push for statehood. The centrally located town of Duncan was named the county seat.

Measuring 27 miles from north to south and 33 miles east to west, Stephens County encompasses 891 square miles of land. It lies along the historic Chisholm Trail where cattle were driven from ranches in Texas to railheads in Kansas during the late 19th century.

Early on, Duncan prospered with cotton as a main crop. The oil industry quickly brought greater prosperity to Duncan during the 1920s. Stephens County's oil fields became and remained Oklahoma's highest-producing area until the 1980s.

Although rich in history and oil, Stephens County has not been rich in health. In recent years, local partners have identified a need for change.

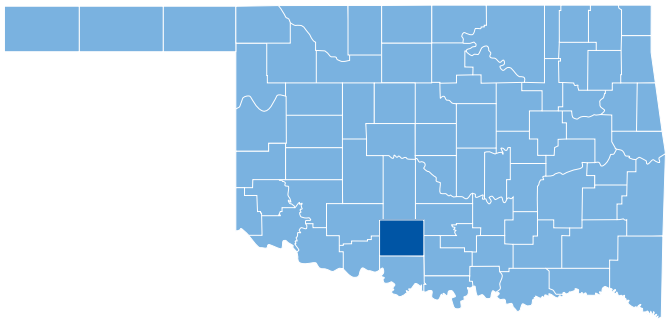
During the spring of 2012, the Stephens County Health Department and Duncan Regional Hospital collaboratively engaged community partners and advocates in an effort to assess the health of Stephens County through a comprehensive study.

To ensure county-wide representation and participation, a committee was formed of individuals who encompass the diversity of Stephens County. The Pathways to a Healthy Stephens County Committee is comprised of business and industry, local government, coalitions, education, community and civic organizations, public health, health care and other entities working together. Committee members represent the communities of Bray, Central High, Comanche, Duncan, Empire City, Marlow and Velma. On March 19, 2013 the committee adopted a vision statement for Stephens County to reflect the true progress and personal accountability they hope residents and the county as a whole will embrace. This vision will steer future efforts to build richness in health.

In April 2013, Stephens County representatives met to identify strategic issues from the data compiled during the Community Health Status Assessment. Items were prioritized and ranked by community leaders, stakeholders, lay members, and the general public. Those in attendance embraced the vision to move Stephens County forward toward a healthier community.

Stephens County Vision:

A county where citizens are aware of and inspired to live a safe and healthy life while maximizing resources to provide and encourage a healthy Stephens County.



DEMOGRAPHICS

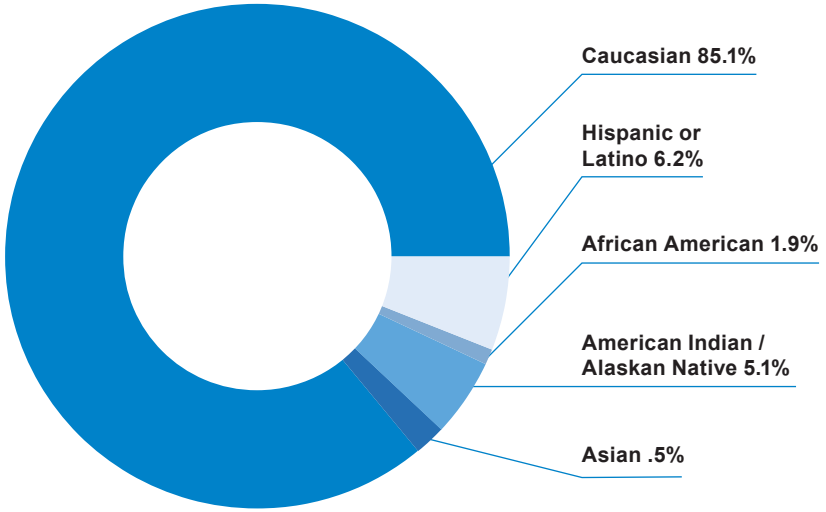
Stephens County is a rural county with a population of 45,048 according to the 2010 Census. The county includes eight outlying incorporated communities: Bray, Central High, Comanche, Duncan, Empire City, Loco, Marlow, and Velma. Duncan is the most populated city with 23,431 residents; the second most populated area is Marlow, a community of fewer than 5,000 residents. There are a total of 24 schools in Stephens County.

The population of Stephens County is predominantly caucasian with a median age of 40.6 years old. Approximately one quarter of the county's residents are under the age of 19 (26.4%) and 17.4% of residents are 65 or older.

The median household income (2006-2010 data) in Stephens County is $43,524, which is higher than the state median income of $42,979. An estimated 12.2% of the Stephens County population lives below the poverty level and 10.1% of households are headed by a female with no spouse. Of those households, 5.6% have children under the age of 18. According to the 2011 State of the State's County Health Report, 12.2% of county residents had no health insurance.

Energy and manufacturing jobs are the primary income sources for Stephens County residents. The six major employers in the county: Halliburton Inc., Duncan Regional Hospital, Walmart, Duncan Public Schools, Wilco Manufacturing and Family Dollar Services Inc. Distribution Center. All of these employers are located in Duncan with the exception of Wilco, which is located in Marlow. The average commute time for those who live in the county is 19.4 minutes. As of April 2013, the unemployment rate for Stephens County was 4.1%.

Ethnicity



Education

Housing

75%

of Stephens County residents own a home

Data: U.S. Census Bureau, 2013

HEALTH SERVICES

Two of the major health service providers in Stephens County include Duncan Regional Hospital and the Stephens County Health Department. Local availability of health care services reduces the necessity of commuting to Lawton or Oklahoma City for care.

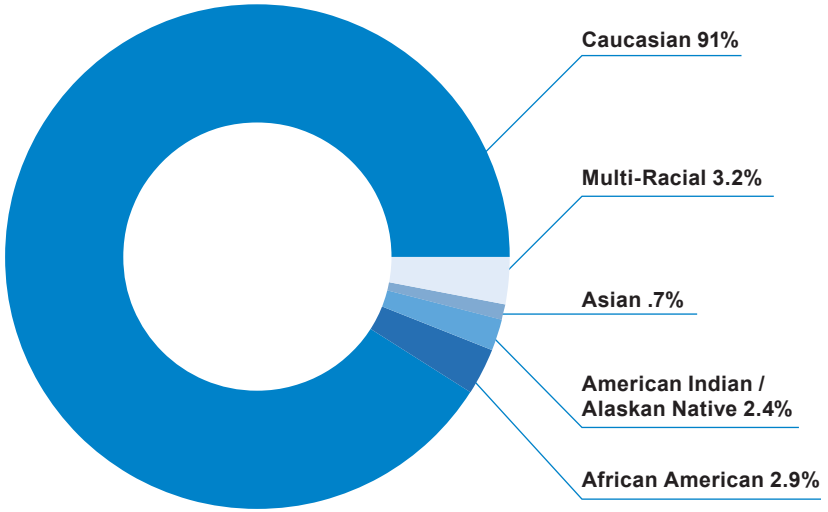
The Stephens County Health Department serves an average of 10,000 clients per year. Based on data collected by the Oklahoma State Department of Health and the Stephens County Health Department, 57.1% of clients reported having a partial or full high school education.

Stephens County Health Department services include maternal and child health, family planning, immunizations, emergency response planning, consumer protection, sexually transmitted disease (STD) prevention, tobacco use prevention services, communicable diseases, adolescent health, early intervention, chronic disease and the Children's F!rst, OK Nurse Family Partnership. Additional information may be found online: **stephens.health.ok.gov**

Duncan Regional Hospital served 76,916 patients in 2012, including outpatient care. Of this total, 3,439 emergency room visits were admitted to the hospital's inpatient units. The hospital includes six clinics in the areas surrounding Duncan.

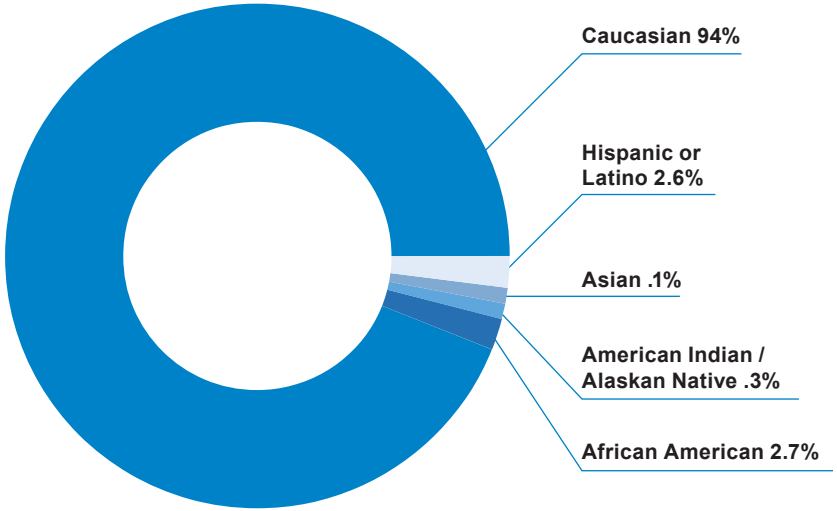
Duncan Regional Hospital provides inpatient care, outpatient services, education, rehabilitation, orthopedic, surgical, women's health, cancer care, and geriatric care. The hospital provides services to the citizens of Stephens County as well as those of Carter, Comanche, Cotton, Garvin, Grady, and Jefferson counties. Additional information may be found online: **duncanregional.com**

Ethnicity of County Health Department Clients



Native Hawaiian / Other Pacific Islander .09% *Not Shown*

Ethnicity of Duncan Regional Hospital Clients



Native Hawaiian / Other Pacific Islander .1% *Not Shown*

ASSESSMENT PROCESS: MAPP

The Stephens County Community Health Assessment was conducted using the Mobilizing for Action through Planning and Partnerships (MAPP) process. MAPP is a strategic planning approach to community health improvement developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC).

The MAPP process helps communities achieve optimal health by identifying resources and forming effective partnerships for strategic action built around the community's unique circumstances and needs.

MAPP vision:

Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action.

Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.

- World Health Organization, 101st Session of the WHO Executive Board, Geneva, January 1998, Resolution EB101.R2

By undertaking this assessment process, the Pathways to a Healthy Stephens County Committee hopes to reap the benefits of MAPP:

- Creating a healthy community and a better quality of life. A truly healthy community is one where residents are healthy, safe and have a high quality of life. Beyond physical capabilities, a healthy community emphasizes social and personal resources.
- Increasing the visibility of public health within the community. Implementing a participatory and highly publicized process can lead to increased awareness and knowledge of public health issues and greater appreciation for the local public health system as a whole.
- Anticipating and managing change. Community strategic planning better prepares local public health systems to anticipate, manage, and respond to changes in the environment.
- Creating a stronger public health infrastructure. Strengthening the diverse network of partners within the Stephens County public health system will lead to better coordination of services and resources as well as higher appreciation and awareness among partners.
- Engaging the community and creating community ownership for public health issues. Community participation in the process creates greater awareness of local health challenges and a sense of ownership in initiatives that can improve residents' quality of life.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The Community Themes and Strengths Assessment is the first of four assessments conducted by the Pathways to a Healthy Stephens County Committee as part of the MAPP process.

The Community Themes and Strengths Assessment consisted of:

- **Community Health Survey**
- **Focus Group**
- **Community Informant Interviews**
- **Community Assets Inventory**

The Community Health Survey was administered during April and May 2012. A total of 1,226 Stephens County residents participated. The survey used multiple choice and yes/no questions to explore topics such as the environment, health and overall quality of life, as well as collecting geographic and demographic data. Surveys were administered in two languages (English and Spanish) through both online and hard copy methods. In addition to being available on the Duncan Regional Hospital website, the survey link was distributed via email to large and small employers, via organizational list serves, schools, city halls, and libraries. Press releases and community presentations were used to publicize the survey and encourage participation.

A focus group was held in the Marlow community in May 2012. The focus group provided an opportunity to meet face-to-face with residents and discuss service availability and shortfalls. Participation by several younger residents provided a young adult perspective on what a healthy community means to future generations.

Interviews were also conducted by committee members during April and May 2012. A total of seven key Stephens County community leaders participated in individual interviews.

According to the Community Themes and Strengths Survey the top 10 overall health problems experienced by residents in Stephens County were:

1. High Blood Pressure
2. Arthritis
3. Cholesterol
4. Lack of Exercise
5. Tobacco Use
6. Stress/Depression
7. Diabetes
8. Obesity
9. Dental Problems
10. Cancer

Stephens County residents ranked the following as major health risks:

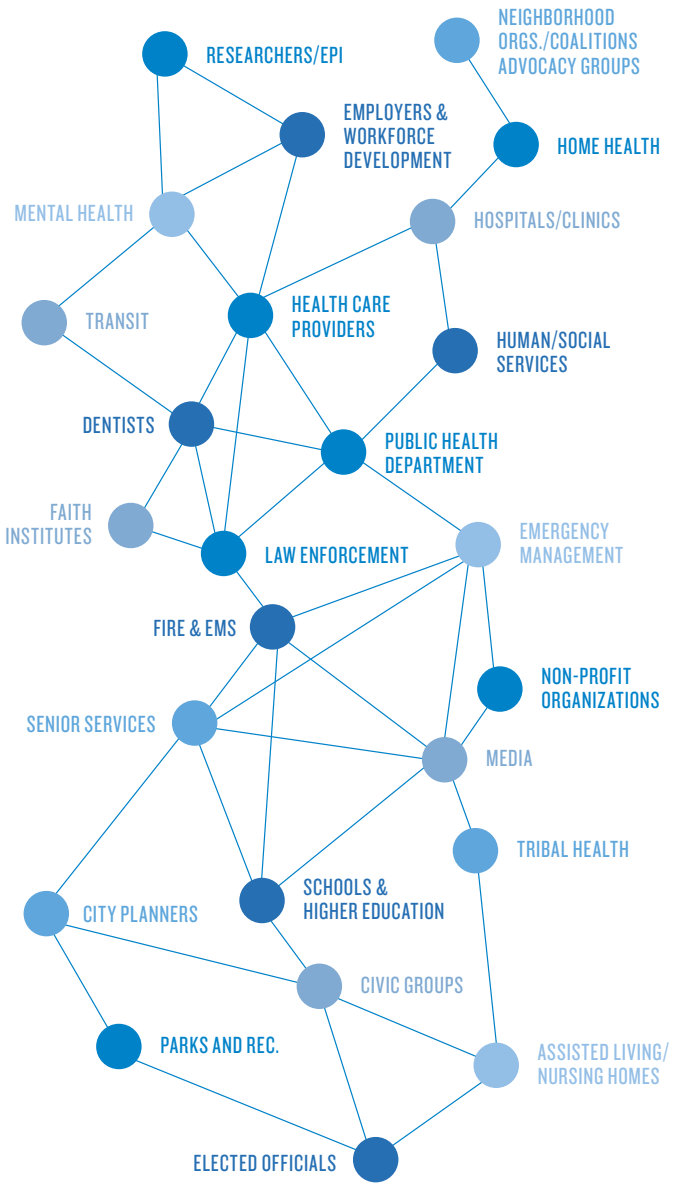
1. Methamphetamine Use
2. Prescription Drug Use
3. Obesity (adults)
4. Drug Use (youth)
5. Drug Use (adults)
6. Cancer
7. Alcohol Use (youth)
8. Alcohol Use (adults)
9. Tobacco Use (adults)
10. Obesity (children)

Survey and focus group findings are included in this report as Attachments C and D respectively.

As part of the Community Themes and Strengths Assessment, the committee also created a Community Assets Inventory. The inventory is not a comprehensive list, but rather a snapshot of specific services and support programs available in each community at the time of the assessment.

The Assets Inventory (included in this report as Attachment E) is being used as a template for the creation and implementation of a Stephens County Community Resource Directory. The United Way and Smart Start of Stephens County have taken on the responsibility to create and disseminate this community resource. Other partners have also expressed an interest in contributing to the development of the directory.

Stephens County Public Health System



LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT:

The Local Public Health System Assessment was conducted on September 18, 2012. A total of 31 individuals representing multiple agencies and organizations participated in the day-long assessment, which was hosted by Duncan Regional Hospital.

The assessment evaluated ten essential health services provided by various organizations within the Stephens County public health system.

Overall, essential health services within Stephens County received a performance score of 64 out of 100 possible points. Assessment findings revealed the need for better collaboration among those in the system. It also identified activities that require an increased level of attention.

The top three essential services scoring well:

- Essential Service # 2 - Diagnose and Investigate Health Problems and Health Hazzards
- Essential Service # 6 - Enforce Laws and Regulations that Protect Health and Ensure Safety
- Essential Service # 5 - Development of Polices and Plans that Support Individual and Community Health Efforts

Essential services requiring increased attention:

- Essential Service # 1 - Monitor Health Status to Identify Community Health Problems
- Essential Service # 3 - Inform, Educate, and Empower the Community about Health Issues
- Essential Service # 4 - Mobilize Community Partnerships to Identify and Solve Health Problems
- Essential Service # 8 - Assure a Competent Public and Personal Health Care Workforce

Essential Service	Priority Rating	Performance Score (level of activity)
1. Monitor Health Status To Identify Community Health Problems	**10**	**60** (Significant)
3. Inform, Educate, And Empower People about Health Issues	**10**	**48** (Moderate)
4. Mobilize Community Partnerships to Identify and Solve Health Problems	**10**	**45** (Moderate)
8. Assure a Competent Public and Personal Health Care Workforce	**9**	**57** (Significant)

Based on this assessment, the CDC and the National Performance Standards Board generated a report to identify gaps and opportunities in the Stephens County public health system as a whole. While interpreting results, it is important to consider them subjectively as this assessment involves the entire public health system rather than a single organization.

The full Local Public Health Assessment Report is included as Attachment F.

The results of this assessment will be used in combination with other assessments from the MAPP process to select strategic issues, set priorities and develop action plans to improve public health infrastructure and performance within Stephens County.

VISIONING AND FORCES OF CHANGE ASSESSMENT

Visioning is a process through which key community participants collaboratively identify a vision for the future of public health in their community.

The Forces of Change Assessment is designed to determine how a community or public health system may be affected by local, regional or global forces of change, both at present and in the future. Change often leads to specific opportunities and threats to public health that have the potential to impact the overall vision. Types of change include economic, environmental, legal, political, social, medical, technological, and ethical.

A Visioning session and Forces of Change Assessment for Stephens County was conducted on January 23, 2013. A total of 17 individuals, representing public health, healthcare, social services, local government, schools, business and industry, and civic organizations attended the session.

This session laid the groundwork for the current vision of the Pathways to a Healthy Stephens County Committee:

A county where citizens are aware of and inspired to live a safe and healthy life while maximizing resources to provide and encourage a healthy Stephens County.

Participants discussed strengths, weaknesses, opportunities, and threats to a healthy Stephens County. Strengths include local facilities, available services and community residents. Weaknesses include a lack of mental health and substance abuse services and communication between agencies. Community projects such as the Heritage Trail Project were identified as opportunities, while the need for more activities outside of Duncan was seen as a potential threat.

STRENGTHS

LOCATION & AVAILABILITY OF SERVICES

EMPLOYMENT

RESIDENTS

CULTURE OF INDEPENDENCE

PARTNERS

HOSPITAL

PHILANTHROPISTS

LOCAL FACILITIES

FAITH

WEAKNESSES

PARTNERS COME TOGETHER ONLY DURING "CRISIS"

LACK OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

GAPS/LINKS TO SERVICES

LACK OF COMMUNICATION WITH AGENCIES/ORGANIZATIONS

CULTURE OF INDEPENDENCE AMONG OKLAHOMANS

THREATS

NEED FOR ACTIVITIES/PROJECTS OUTSIDE DUNCAN

LACK OF MAINTENANCE TO PARKS, LAKES, ETC.

LACK OF INFORMATION SHARING WITH AGENCIES AND THOSE WHO REGULATE

"TURF WARS"

FUNDING

COMMUNITY IDEALS

OPPORTUNITIES

HERITAGE TRAIL PROJECT TO PROMOTE ACTIVE LIVING (DUNCAN)

COMPLETE STREETS MODEL

CERTIFIED HEALTHY PROGRAMS

SHARED USE FACILITY-OPEN TO PUBLIC FOR EXERCISE (COMANCHE SCHOOLS)

The greatest barriers to making Stephens County a healthy community were identified as:

cost - affordability of healthcare, healthy foods, and preventative care

culture - value of a healthy lifestyle, inspiration to be healthy

personal choice - making health an individual priority

access to services - location for some rural communities

After discussing potential forces of change in depth, participants determined social and economic forces to be the most relevant in Stephens County. Social forces include culture, partnerships and communication. Culture is currently both a strength and a weakness for health in Stephens County. Participants agreed that there is a need to increase partnership and communication among community agencies and organizations. From an economic standpoint, funding was identified as a potentially positive or negative influence on attaining the vision.

The process also revealed gaps such as lack of early prevention measures, school involvement, partnerships and connectivity between services.

Information from this assessment will be used to prioritize strategic issues and guide the selection of strategies to move Stephens County toward achieving its vision of health.

COMMUNITY HEALTH STATUS ASSESSMENT

The Community Health Status Assessment provides a fundamental objective overview of the community's health. The assessment incorporates analysis of data related to health status, quality of life, socioeconomic status, risk and protective factors, health resource availability, environment, social and mental health, maternal and child health, death, illness and injury, communicable disease and sentinel events.

To complete this assessment for Stephens County, a Community Health Status sub-committee gathered and analyzed data from a variety of sources for key community health indicators.

Data was collected from:

- 2011 Annual Summary of Infectious Diseases-OSDH[1]
- 2011 Uniform Crime Report[2]
- Adult Behavioral Risk Factor Surveillance Survey[3]
- Annie E. Kasey Foundation[4]
- Duncan Regional Hospital[5]
- Oklahoma Department of Commerce[6]
- Oklahoma Department of Human Services[7]
- Oklahoma Department of Mental Health and Substance Abuse Services[8]
- Oklahoma Health Care Authority[9]
- Oklahoma Policy Institute[10]
- Oklahoma State Department of Health[11]
- Robert Wood Johnson Foundation- County Health Rankings[12]
- Oklahoma's State of the State Health Report[13]
- Oklahoma's State of the County Health Report[14]
- Stephens County Health Department Data Reports (PHIDDO)[15]
- United States Census Data/American Community Survey[16]
- United Way of Stephens County[17]
- Oklahoma Youth Risk Behavior Survey 2012[18]
- Wichita Mountains Prevention Network (Oklahoma Prevention Needs Assessment Data)[19]
- Local Community Themes and Strengths Survey[20]

Additional information was obtained from a local clinic for medically under-served members of the community. The clinic is operated by volunteers and funded by a local church. It serves approximately 70 patients per week during the one day it is open. Clinic services include medical care by physicians and nurses, laboratory, medications, and legal services. The majority of clients are treated for diabetes, heart disease and mental health; many also rely on the community clinic for medication they would not otherwise be able to afford. Although the community clinic did not have specific data available, clinic staff offered valuable insight into the health needs of the community.

Based on the Community Health Status Assessment, the following areas of need were identified:

- Rx Drug Abuse
- Tobacco
- Alcohol
- Methamphetamine
- Other Drugs
- Cancer (all types)
- Depression
- Suicide
- Stress
- Obesity
- Physical activity
- Diabetes
- Nutrition
- Heart Disease
- Sexual Behaviors
- Dental
- Bullying
- Texting
- Seatbelt/Car Seat/ Helmet Usage
- Violence
- Safe Driving
- Emergency Preparedness

The sub-committee categorized these priority elements into five categories:

- Substance Abuse/Use (youth and adult)
- Cancer (including breast, lung, prostrate, and colorectal)
- Mental Health
- Healthy Living
- Safety

These results were cross-referenced with the results of the Community Themes and Strengths Survey to determine whether residents shared the same areas of concern. The community survey and health status assessment both identified Mental Health and Healthy Lifestyle as the top two critical needs.

The results of the Community Health Status Assessment were also compared to the National Healthy People 2020 Leading Health Indicators. All categories except cancer mirrored the national indicators. Alignment with Healthy People 2020 is important to note because it shows residents that their health concerns are shared at the national level.

PRIORITY ELEMENTS

The priority elements identified through the Community Health Status Assessment were shared with the broader community to validate and prioritize areas of concern. A community meeting was held on April 11, 2013 to gain consensus from Stephens County residents on the assessment results and receive their input to rank the elements in order of importance and greatest need.

Local board of health members, school superintendents, Federal and State representatives, community members and participants from earlier assessments were invited to the community meeting. To create awareness and encourage widespread participation, press releases were also provided to the Duncan Banner and rural newspapers. A total of 43 community members attended the session.

During the meeting, participants discussed at length the linkage between mental health and substance abuse issues. As a result of these discussions, substance abuse shifted from a separate element to become a sub-category of mental health.

The community selected healthy living and mental health as its top two prioritized areas of focus.

HEALTHY LIVING

The following is a brief summary of priority elements within each category, including data that was used to determine importance to the community.

Obesity

In the 2012 Community Health Survey, obesity in adults was ranked as the third most important health risk (35.3% of responses) and obesity in children ranked 10th (23.3% of responses). Obesity is directly linked to level of activity. Approximately 26% of survey respondents were not satisfied with the opportunities for active lifestyles in Stephens County. [20]

Local Data

- In 2011, 17% of youth in Oklahoma reported being obese and an additional 16% reported being overweight. [18]
- In 2011, 63% of youth in Oklahoma did not attend any physical education classes (PE) in an average week when they were in school. [18]
- 27.6% of adults in Stephens County are obese. [14]
- 32% of adults in Oklahoma are obese, giving the state a grade of “D.” [13]
- 32.7% of adults in Stephens County had no physical activity, giving the county a grade of “F.” [14]
- 15.8% of adults in Stephens County consumed recommend amounts of fruit and vegetables, resulting in a grade of “F” for the county. [14]

Focus Group Results

Marlow community focus group participants identified the following barriers to being healthy:

- Access to healthy foods: need to increase the number of healthy shopping options, improve access to food pantries and promote the availability of locally grown produce
- Outdoor accessibility: need to ensure sidewalks are accessible to all ages (children, adults, seniors) and promote the availability of local trails
- Transportation: need to improve awareness of and access to available transportation

Diabetes

In the 2012 Community Health Survey, 26.8% of respondents reported diabetes in their households. [20]

Local Data

- 24.9% adults in Stephens County reported having diabetes, resulting in a community health grade of "D." [14]
- 17% more adults had diabetes in Stephens County in 2011 than previously reported. [14]
- 11.2% prevalence of diabetes gave Stephens County a grade of "F." [14]

Cardiovascular Health

According to the Community Health Survey, high blood pressure and high cholesterol are the most prevalent and third most prevalent household health issues (respectively). [20]

Local Data

- Heart disease is Stephen County's leading cause of death, accounting for 317.5 out of 100,000 deaths. As a result, the county has a grade of "F" for cardiovascular health. [14]
- Stephens County had the 8th highest rate of death due to heart disease in Oklahoma. The state average is 242.1 per 100,000. [14]

Sexual Health

Community Health Survey data revealed that 18% of Stephens County residents believe teen pregnancy is a major health risk. [20]

Local Data

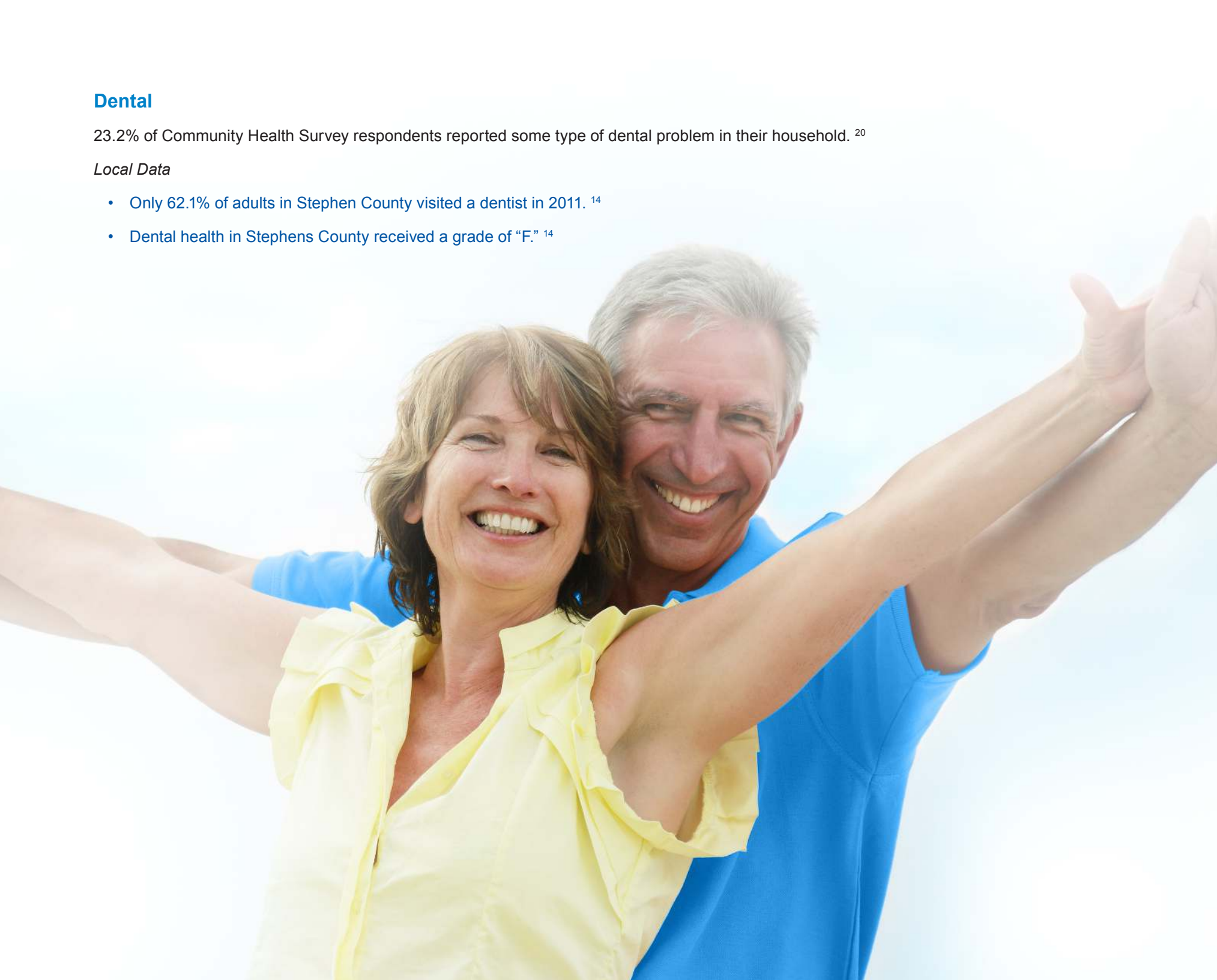
- In 2011, Stephens County had 142 reported cases of chlamydia. [1]
- In 2011, Stephens County had 22 reported cases of gonorrhea. [1]
- In 2011, Stephens County had no reported cases of syphilis [1]
- 50% of youths in Oklahoma reported having had sexual intercourse in 2011, while 17% reported having had four or more partners during their lifetime. [18]
- Nearly half of sexually active youths in Oklahoma reported that they had not used a condom during their most recent sexual intercourse. [18]
- In 2011, the birth rate for teens age 15-17 increased by 39% in Stephens County. [14]
- Overall, Stephens County received a grade of "C" for teen fertility issues. [14]

Dental

23.2% of Community Health Survey respondents reported some type of dental problem in their household. [20]

Local Data

- Only 62.1% of adults in Stephen County visited a dentist in 2011. [14]
- Dental health in Stephens County received a grade of "F." [14]



MENTAL HEALTH/ SUBSTANCE ABUSE

Mental Health

According to the Community Health Survey, 30.4% of residents indicated that someone in their household was stressed or depressed. [20]

Local Data

- Survey respondents reported an average of 3.8 poor mental health days on average, resulting in a mental health grade of "D." [14]
- At 9.9 per 100,000 [14] the Stephens County suicide rate is lower than the state average of 14.7 per 100,000. [13] Stephens County was graded a "C" for suicide issues.
- 14.1% of Oklahoma youth reported seriously considering suicide during the 12 months before the survey. 1 in 10 made a plan about how they would attempt suicide. [18]
- 18.9% of survey respondents bullying as a major health risk. [20]
- 17% of Oklahoma youths reported being bullied on school property [18]

Tobacco Use

Approximately 30.9% of survey respondents reported having some type of tobacco use in their household. [20]

Local Data

- 22.3% of Stephens County residents are current smokers, earning the county a grade of "F" for tobacco use. [14]
- 19% more adults in Stephens County identified themselves as smokers in 2011 than previously reported in other years. [14]
- 23% of youth in Oklahoma smoked cigarettes on at least 1 day during the 30 days before the survey. [18]
- 13% of youth in Oklahoma used chewing tobacco, snuff, or dip on at least 1 day during the 30 days before the survey. [18]
- 46% of youth in Oklahoma who reported current cigarette smoking tried to quit during the 12 months before the survey. [18]

Alcohol Use

Alcohol use among youths and adults was identified as a major health risk by 24% of Community Health Survey respondents. [20]

Local Data

- Adult binge drinking was reported by 8.2% of respondents. [18]
- Adult heavy/chronic drinking was reported by 4.6% of respondents. [18]
- 6.7% of childbearing-age women (18-44 years old) reported binge drinking. [18]
- 41.6% of 12th grade students and 25.3% of 10th grade students reported the use of alcohol in the past 30 days. [19]
- 1 in 5 students rode in a vehicle driven by someone under the influence of alcohol one or more times during the 30 days before the survey. [20]

Illicit Drug Use

Survey respondents ranked methamphetamine (meth) use as the # 1 health risk in Stephens County, with 43.8% indicating meth use as a major health risk. [20] Focus group participants also indicated concerns about meth use and the need for additional information and resources.

Local Data

- 155 Stephens County residents were admitted for meth treatment between 2006 and 2010. [19]
- 32.1% of 12th grade students and 17.9% of 10th grade students in Stephens County reported use of marijuana. [19]
- 14% of 8th and 10th grade students and 10.3% of 12th grade students reported use of inhalants. [19]

Prescription Drug Use/Abuse

According to the Community Health Survey, 39.9% of Stephens County residents perceive prescription (Rx) drug use/abuse as a major health risk. [20] Respondents ranked Rx drug use/abuse as the 2nd highest health risk in Stephens County. [20] Focus group participants also indicated concerns about Rx drug abuse and the need for additional information and resources.

Local Data

- Stephens County has a higher rate of overdoses, non-fatal overdoses, changes in treatment for misuse, and drug poisoning due to non-medical use of prescription drugs than average for the state of Oklahoma. [19]
- 50% of fatal opiate overdoses in Stephens County between 2006 and 2010 occurred among residents ages 25-45. [19]
- Stephens County hospital discharges following overdose/poisoning diagnosis increased from 9 in 2007 to 12 in 2008 to 33 in 2009. [19]
- In 2010, Stephens County had 38 non-fatal overdoses according to Oklahoma Bureau of Narcotics (OBN).[19]
- 9.6% of 12th grade students reported the use of non-medical prescription drugs in 2010. [19]
- Stephens County is ranked the 12th worst of 77 Oklahoma counties for opioid use. [19]

SAFETY/INJURY PREVENTION

In the Community Health Survey, road safety and bullying were reported as major health risks in Stephens County. However, 56% of Stephens County residents indicated they have a family plan for responding to natural or man-made disasters. [20]

Local Data

- The 3rd leading cause of death in Stephens County was unintentional injury in 2011. [14]
- 19.5% of survey respondents believe that Stephens County has unsafe roads. [20]
- 11.6% do not use seatbelts on a regular basis. [20]
- 8% never wore a seat belt when riding in a car driven by someone else. [19]
- 8.6% reported non-use of child safety seats. [20]
- 93% of youths never or rarely wear a bicycle helmet. [18]
- Stephens County is ranked 26th out of 77 counties for motor vehicle crash death rates. [12]
- 3% of Oklahoma youths did not go to school recently because they felt they would be unsafe at school or on their way to school. [18]

CANCER

Cancer was identified as the 6th major risk affecting Stephens County (25.1% of survey respondents), with 21.8% reporting some type of cancer in their household. [20]

Local Data

- Cancer is the second leading cause of death across all age groups in Stephens County, earning the county a grade of “D” for cancer deaths. [14]
- Stephens County has the 8th highest cancer incidence in the state at 563.2 per 100,000 people. Stephens County received a grade of “F” for cancer incidence. [14]
- Prostate, breast, lung, and colorectal are the leading cancer types in Stephens County Data collected from Duncan Regional Hospital Cancer Center. [5]

NEXT STEPS

The results of the Stephens County comprehensive Community Health Needs Assessment will guide community partners, leaders, and committee members in developing a plan to address the stated priorities. Information from the assessment will be shared publicly to ensure the community is informed of concerns and has the opportunity to participate in improving the county's health.

The next step of this process will be the development and implementation of a County Health Improvement Plan (CHIP).

Plan development will include the following steps:

1. Additional community partners and individuals with a passion for or expertise in the priority health concerns will be identified and invited to participate.

2. Specific workgroups will be formed to focus on each priority.

3. Each workgroup will develop objectives that are specific, measurable, attainable, relevant, and time-bound to drive planning for improvements.

4. Strategic plans to address each priority health concern will be developed, implemented and evaluated.

For more information and updates to the CHIP, please visit the Stephens County Health Department's County Health Improvement Planning page OR Duncan Regional Hospital's Community Benefits page.

Stephens.Health.ok.gov **DuncanRegional.com**

COMMUNITY CONTRIBUTORS

Special thanks to the members of the Pathways to a Healthy Stephens County Committee for serving as the steering committee to conduct the Stephens County Community Health Assessment and to all Stephens County residents who completed the Community Health Survey.

ASSOCIATION OF SOUTH CENTRAL OKLAHOMA GOVERNMENTS (ASCOG)

CAMERON UNIVERSITY-DUNCAN

CENTRAL PUBLIC SCHOOLS

CHRISTIAN HELPING HANDS

CITY OF CENTRAL HIGH

CITY OF DUNCAN

COMANCHE PUBLIC SCHOOLS

COMMUNITY MEMBERS AT LARGE REPRESENTING COMANCHE, DUNCAN, EMPIRE CITY, MARLOW, VELMA

DEPARTMENT OF HUMAN SERVICES

DUNCAN CHAMBER OF COMMERCE

DUNCAN POLICE DEPARTMENT

DUNCAN POWER

DUNCAN PUBLIC SCHOOLS

DUNCAN REGIONAL HOSPITAL

DUNCAN REGIONAL HOSPITAL BOARD MEMBERS

EMPIRE SCHOOLS

GABRIEL'S HOUSE

KELLPRO, INC.

MARLOW CHAMBER OF COMMERCE

MARLOW LIONS CLUB

MARLOW PUBLIC SCHOOLS

MARLOW REVIEW

OKLAHOMA PARENTS CENTER

OKLAHOMA STATE DEPARTMENT OF HEALTH

RED RIVER TECHNOLOGY CENTER

SMART START OF STEPHENS COUNTY

STEPHENS COUNTY HEALTH DEPARTMENT BOARD OF HEALTH

STEPHENS COUNTY COMMISSIONERS

STEPHENS COUNTY EMERGENCY MANAGEMENT

STEPHENS COUNTY HEALTH DEPARTMENT

SUNSHINE OK HOME AND COMMUNITY EDUCATION

THE CHICKASAW NATION

THE LAWTON CONSTITUTION

THE POWER SHOP

TOWN OF BRAY

UNITED WAY OF STEPHENS COUNTY

URGENT MED/FAMILY MED

WICHITA MOUNTAINS PREVENTION NETWORK

WILKINS NURSING HOME

WOMEN'S HAVEN

ATTACHMENTS

State of the State's Health Report

Indicator	U.S.	OK	Grade
Mortality			
Infant Mortality (per 1,000)	6.8	8.6	D
Total Mortality (per 100,000)	760.2	933.0	F
Leading Causes of Death (per 100,000)			
Heart Disease Deaths	190.9	242.1	F
Malignant Neoplasm (Cancer) Deaths	178.4	198.3	D
Cerebrovascular Disease (Stroke) Deaths	42.2	53.8	F
Chronic Lower Respiratory Disease Deaths	43.3	61.3	F
Unintentional Injury Deaths	40.0	58.5	F
Diabetes Deaths	22.5	29.4	F
Influenza/Pneumonia Deaths	16.2	20.1	D
Alzheimer's Disease Deaths	22.7	23.1	C
Nephritis (Kidney Disease) Deaths	14.5	15.7	C
Suicides	11.3	14.7	D
Disease Rates			
Diabetes Prevalence	8.3%	11.0%	F
Current Asthma Prevalence	8.8%	10.0%	D
Cancer Incidence (per 100,000)	481.7	498.9	C

Indicator	U.S.	OK	Grade
Risk Factors			
Fruit & Vegetable Consumption	23.4%	14.6%	F
No Physical Activity	23.8%	31.4%	F
Current Smoking Prevalence	17.9%	25.5%	F
Obesity	26.9%	32.0%	D
Immunizations < 3	69.9%	70.2%	C
Seniors Influenza Vaccination	70.1%	72.3%	B
Seniors Pneumonia Vaccination	68.5%	72.1%	B
Limited Activity Days (average)	4.3	5.2	D
Poor Mental Health Days (average)	3.5	4.2	D
Poor Physical Health Days (average)	3.6	4.3	D
Good or Better Health Rating (average)	85.5	80.4	D
Teen Fertility (per 1,000)	22.1	30.4	D
First Trimester Prenatal Care	83.2%	76.3%	
Low Birth Weight	8.2%	8.2%	C
Dental Visits - Adults	71.3%	57.9%	F
Usual Source of Care	81.0%	77.6%	C
Socioeconomic Factors			
No Insurance Coverage	14.3%	19.8%	D
Poverty	13.2%	15.7%	D
New Indicators (per 100,000)			
Occupational Fatalities	2.1	3.6	D
Preventable Hospitalizations	1762.6	2120.9	D

To access the complete report, visit
www.ok.gov/health/pub/boh/state/

Stephens County

State of the State's County Health Report

To access the complete report, visit
www.ok.gov/health/pub/boh/state/

Mortality and Leading Causes of Death

- Stephens County ranked 43rd in the state for age-adjusted total mortality.
- Stephens County's leading causes of death were heart disease, cancer, and unintentional injury.
- Stephens County had the eighth worst rate of deaths due to heart disease in the state.
- Stephens County had the eighth lowest suicide mortality rate and tenth lowest mortality rates for Alzheimer's disease and nephritis.

Disease Rates

- Stephens County's prevalence of asthma was 20 percent lower than the state rate.
- Stephens County's cancer incidence was eighth highest in the state.

Risk Factors, Behaviors and Socioeconomic Factors

- Stephens County had the tenth largest percentages of seniors pneumonia vaccination and adult dental visits.
- Stephens County adults experienced the eighth fewest limited activity days and ninth fewest poor physical health days.
- Stephens County had the fifth lowest (best) percentage of adults who did not have health care coverage.

Changes from Previous Report

- Mortality rates increased 15 percent for infants, 15 percent for unintentional injury, and 21 percent for influenza/pneumonia.
- Mortality rates decreased 15 percent for nephritis and 11 percent for suicide.
- Seventeen percent more adults had diabetes and 35 percent fewer had asthma.
- Fourteen percent fewer adults consumed the recommended servings of fruits and vegetables and 19 percent more adults were smokers.
- Fourteen percent fewer children completed the primary immunization series.
- Forty percent fewer adults were without health care coverage and 18 percent fewer residents lived in poverty.
- The birth rate for teens aged 15-17 increased 39 percent.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	8.4	9.7	F
TOTAL (RATE PER 100,000)	974.5	977.6	F
LEADING CAUSES OF DEATH			
(RATE PER 100,000)			
HEART DISEASE	342.0	317.5	F
CANCER	195.9	200.8	D
STROKE	66.1	59.9	F
CHRONIC LOWER RESPIRATORY DISEASE	49.4	52.5	D
UNINTENTIONAL INJURY	55.8	64.4	F
DIABETES	26.2	24.9	D
INFLUENZA/PNEUMONIA	18.7	22.7	F
ALZHEIMER'S DISEASE	18.5	18.3	B
NEPHRITIS (KIDNEY DISEASE)	12.7	10.8	B
SUICIDE	11.1	9.9	C
DISEASE RATES			
DIABETES PREVALENCE	9.6%	11.2%	F
ASTHMA PREVALENCE	12.3%	8.0%	B
CANCER INCIDENCE (RATE PER 100,000)	542.2	563.2	F
RISK FACTORS & BEHAVIORS			
FRUIT/VEGETABLE CONSUMPTION	18.3%	15.8%	F
NO PHYSICAL ACTIVITY	34.4%	32.7%	F
SMOKING	18.7%	22.3%	D
OBESITY	29.1%	27.6%	C
IMMUNIZATIONS < 3 YEARS	79.2%	68.5%	C
SENIORS FLU VACCINATION	75.7%	72.8%	B
SENIORS PNEUMONIA VACCINATION	76.4%	75.7%	A
LIMITED ACTIVITY DAYS (AVG)	5.0	4.6	C
POOR MENTAL HEALTH DAYS (AVG)	3.2	3.8	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.7	3.5	C
GOOD OR BETTER HEALTH RATING	77.4%	82.2%	D
TEEN FERTILITY (RATE PER 1,000)	22.2	22.4	C
FIRST TRIMESTER PRENATAL CARE	74.6%	74.2%	
LOW BIRTHWEIGHT	6.6%	6.6%	B
ADULT DENTAL VISITS	63.0%	62.1%	F
USUAL SOURCE OF CARE	85.8%	76.6%	D
SOCIOECONOMIC FACTORS			
NO INSURANCE	20.5%	12.2%	B
POVERTY	15.9%	13.0%	C

Note: A "-" is used to denote <5 events in mortality fields and <5 observations or <50 in the sample population for BRFSS data, which result in unstable rates.

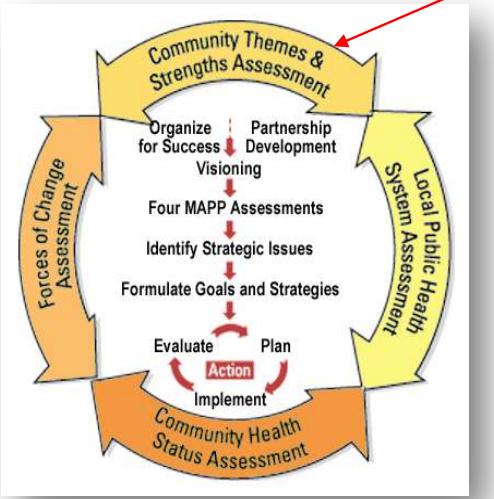
Stephens County Community Themes & Strengths Assessment

During the spring of 2012, Stephens County MAPP committee, 'Pathways to a Healthy Stephens County', launched the Community Themes and Strengths Assessment. 'Pathways to a Healthy Stephens County' is comprised of members who represent the diverse communities in Stephens County (Bray, Central, Comanche, Duncan, Empire, Marlow, Velma).

The Community Themes and Strengths Assessment consisted of:

- Community Health Survey
- Focus Groups
- Community Informant Interviews
- Community Assets Inventory

The Community Themes and Strengths Assessment is one of the four MAPP assessments conducted as part of creating and implementing a County Health Improvement Plan. Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a model developed by the National Association of City County Health Officials (NACCHO), for a planned approach to improve health and quality of life.



The Community Health Survey was administered during April and May 2012. A total of 1,226 Stephens County residents responded. The survey was comprised of a series of yes/no and multiple choice questions. Residents were asked to respond to geographical, demographic, and other health related questions. Residents were also asked to respond to questions regarding the environment and the overall quality of life **(Appendix I)**.

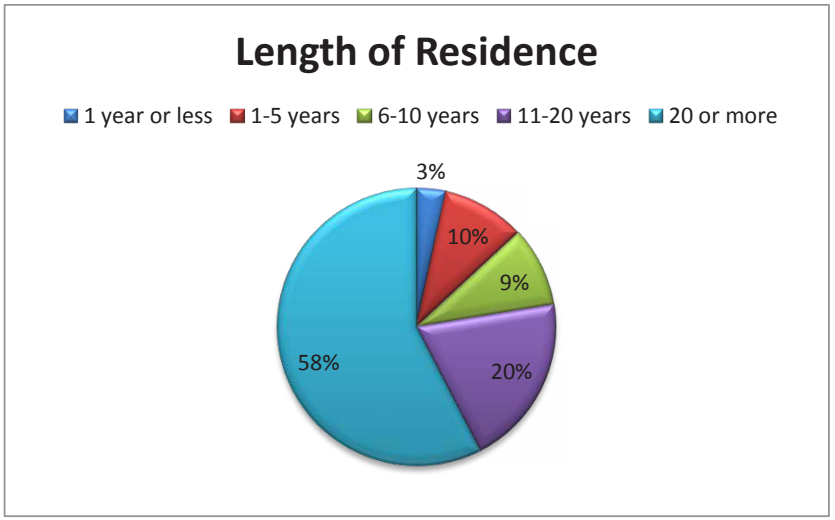
A focus group was held in the community of Marlow in May 2012 with key community leaders. A total of seven informant interviews were also conducted with key community leaders in Stephens County. Interviews were conducted by Committee Members during April-May 2012 **(Appendix II)**.

As part of the Community Themes and Strengths Assessment, the committee also assessed the strengths of the county through the creation of an Assets Inventory. The inventory is not a comprehensive list, but rather is a **'snapshot'** of the assets available in Stephens County. Assets were based on the availability and opportunity of specific services/programs in each community **(Appendix III)**.

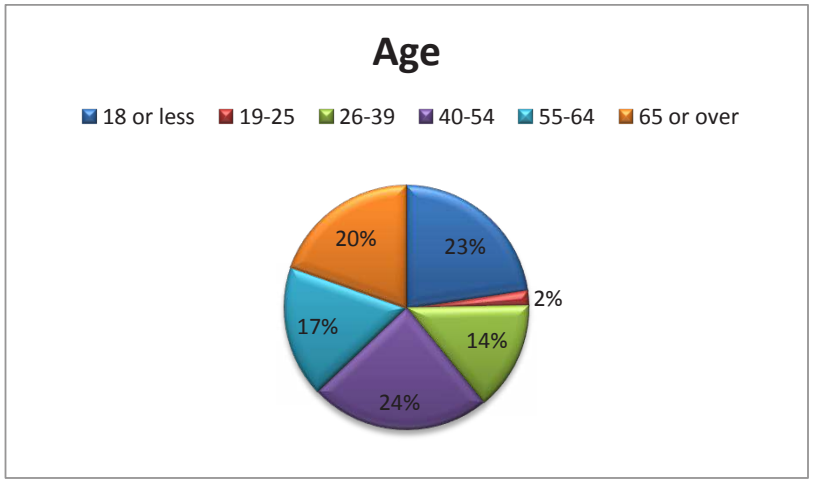
Community Health Survey Results

Demographics:

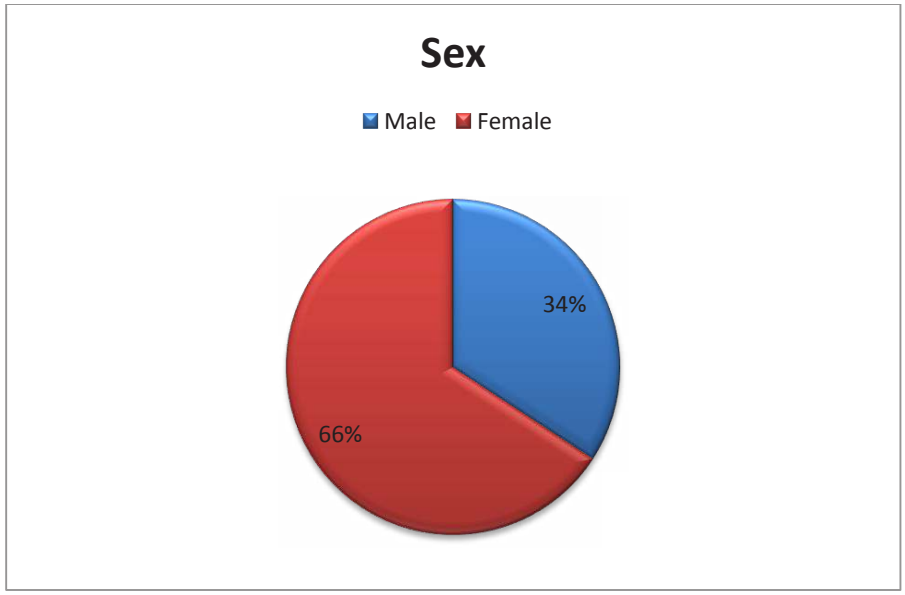
The majority of residents who responded to the survey have lived in Stephens County for 20 or more years (Chart 1). The majority of those who completed the survey were females (Chart 3), with the average age of the respondents being either 18 or less or between 40-54 years (Chart 2). The committee was fortunate to have schools that allowed for youths to access and complete the survey during school time as part of classroom instruction.



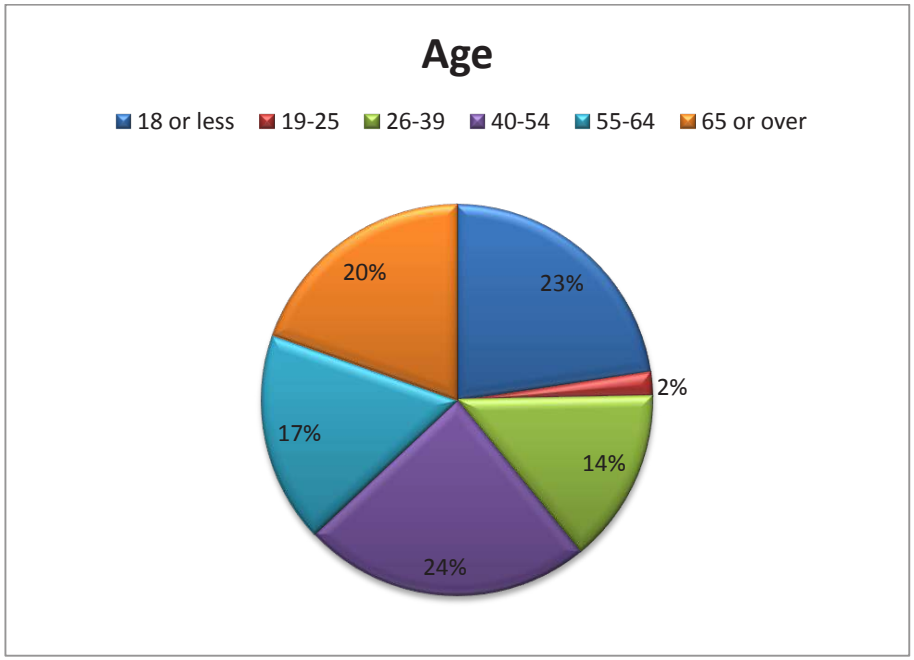
(CHART 1)



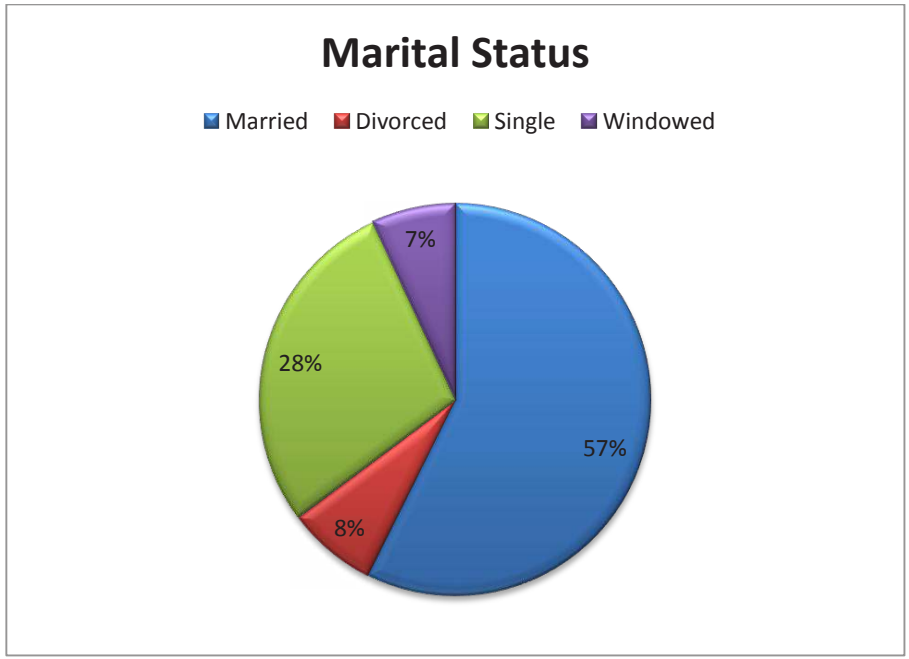
(CHART 2)



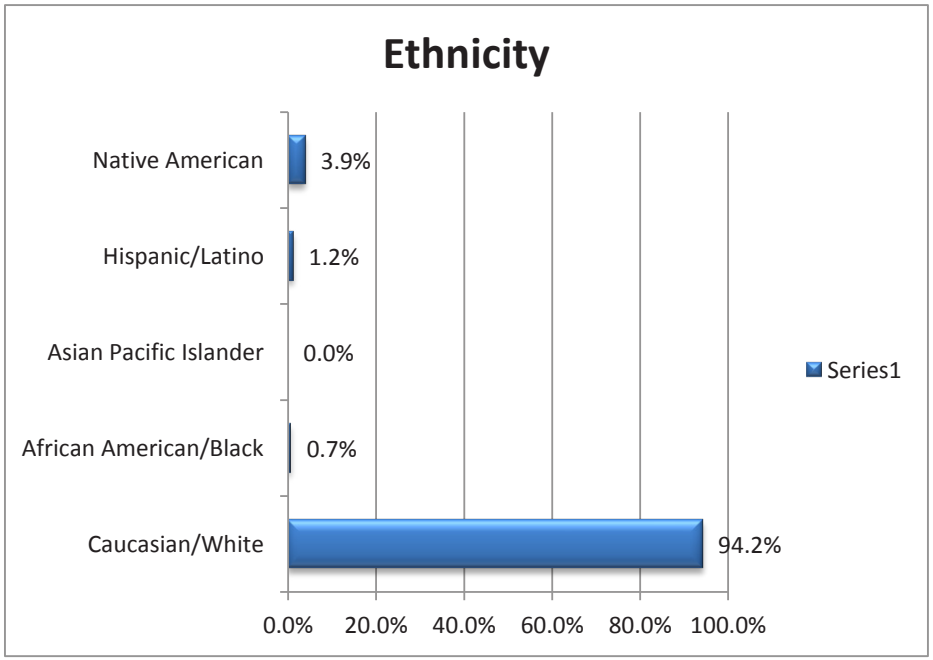
(CHART 3)



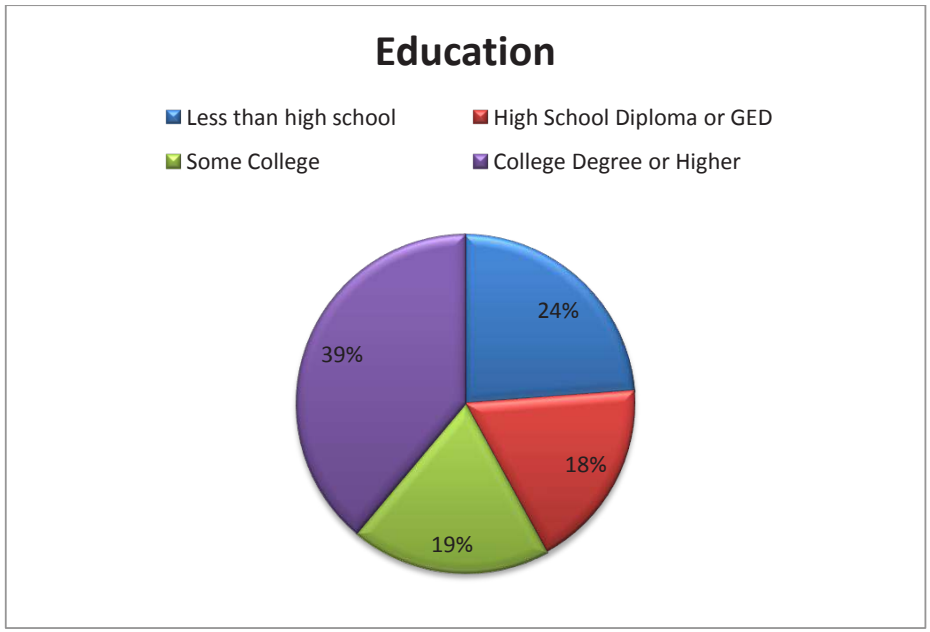
(CHART 4)



(CHART 5)



(CHART 6)

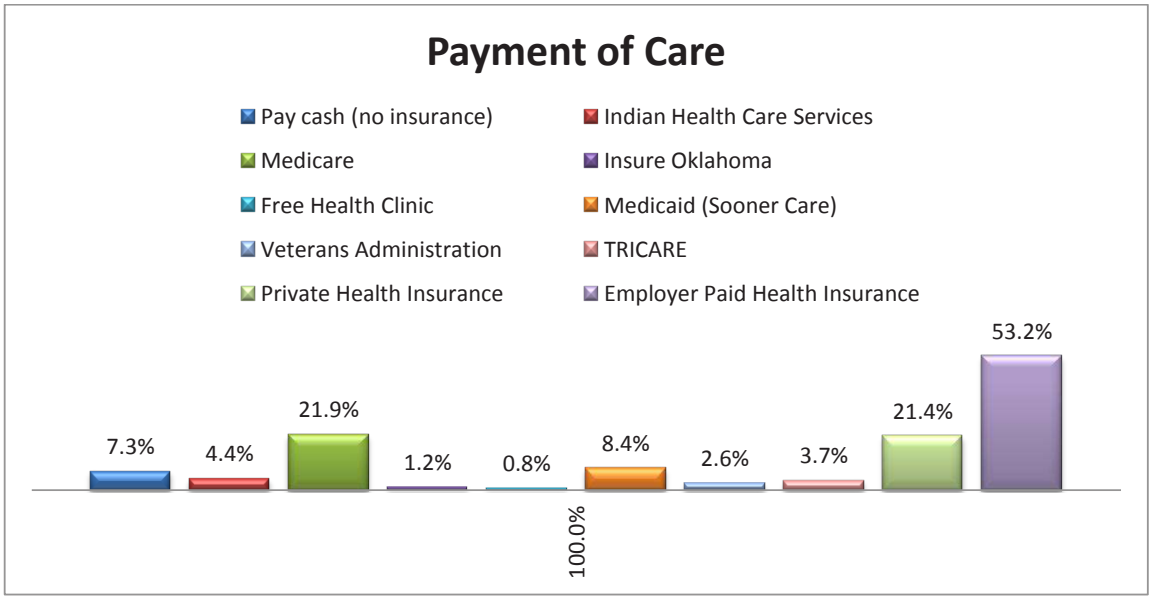


(CHART 7)

Access & Payment:

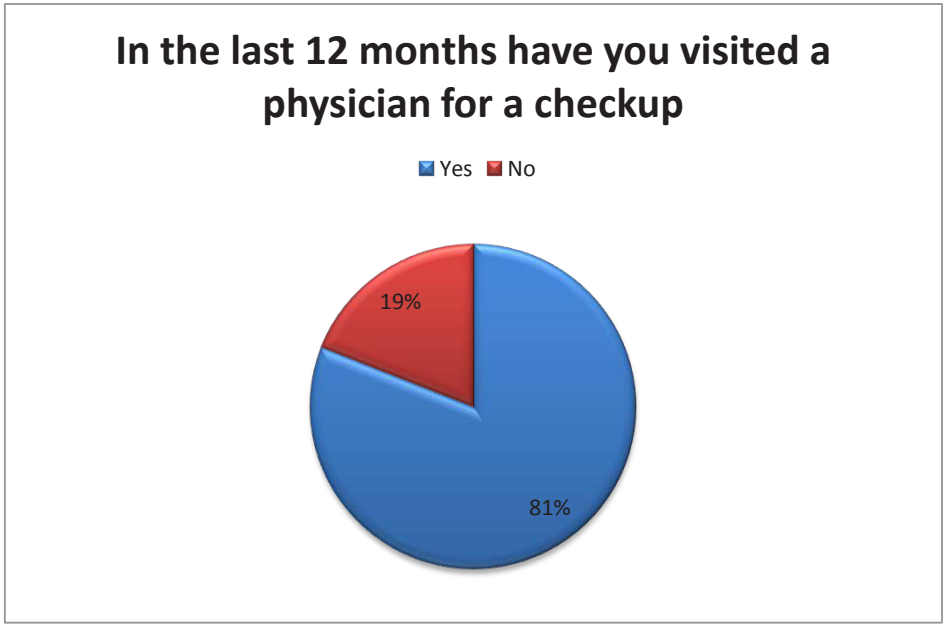
Stephens County residents were asked questions related to access to care and payment. Of those who responded:

- 53.2% are provided with employer paid health insurance;
- 21.9% pay with Medicare and;
- 21.4% pay with private health insurance



(CHART 8)

Residents were also asked if they had visited a physician in the last 12 months for a check-up. Of those who responded, 81% of residents stated they had seen a physician, while 19% had not.



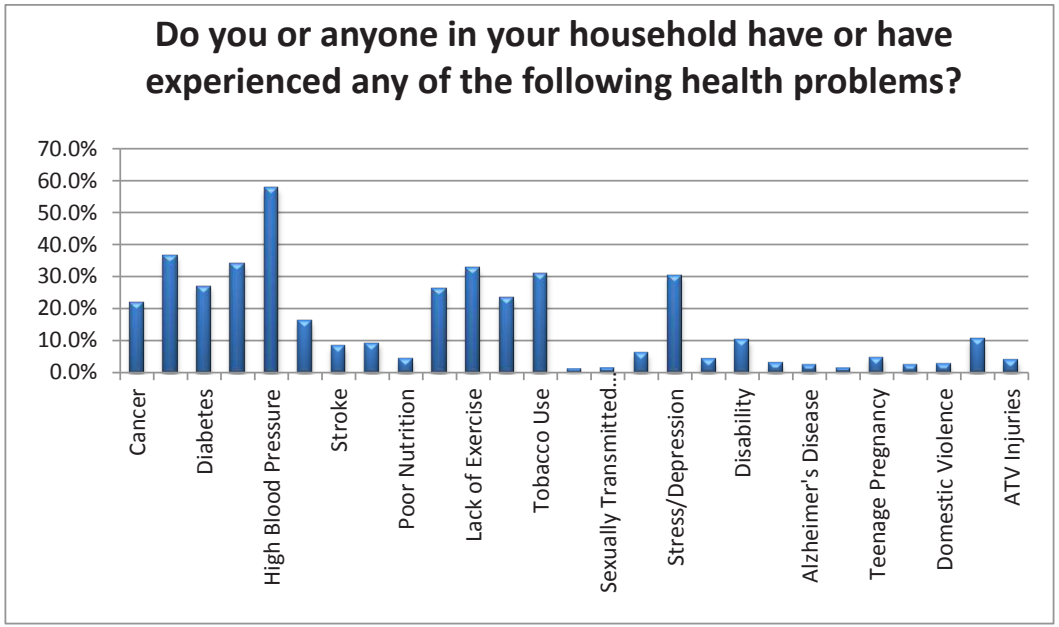
(CHART 9)

General Health:

Residents were asked about the overall general health of themselves and others living in their household. Of those who responded the top 10 health problems experienced are as follows:

Top 5:

Problem:	Percentage:
1. High Blood Pressure	57.6%
2. Arthritis	36.4%
3. Cholesterol	33.8%
4. Lack of Exercise	32.6%
5. Tobacco Use	30.9%
6. Stress/Depression	30.4%
7. Diabetes	26.8%
8. Obesity	26.1%
9. Dental Problems	23.2%
10. Cancer	21.8%



(CHART 10)

Quality of Life:

Residents were asked a series of questions related to the quality of life, health, and satisfaction with services (social, recreational, cultural, etc.) of Stephens County as a whole.

Of those who responded:

(HEALTH) (C hart 11)

- 41% of residents rated Stephens County as "GOOD "regarding the **health** of the county as a whole
- 30% of residents rated Stephens County as "FAIR "regarding the **health** of the county as a whole

(ENVIRONMENT) (Chart 12)

- 43% of residents rated Stephens County as "GOOD "regarding the **environmental quality** of the county as a whole
- 24% of residents rated Stephens County as "FAIR "regarding the **environmental quality** of the county as a whole
- 23% of residents rated Stephens County as "VERY GOOD "regarding the **environmental quality** of the county as a whole

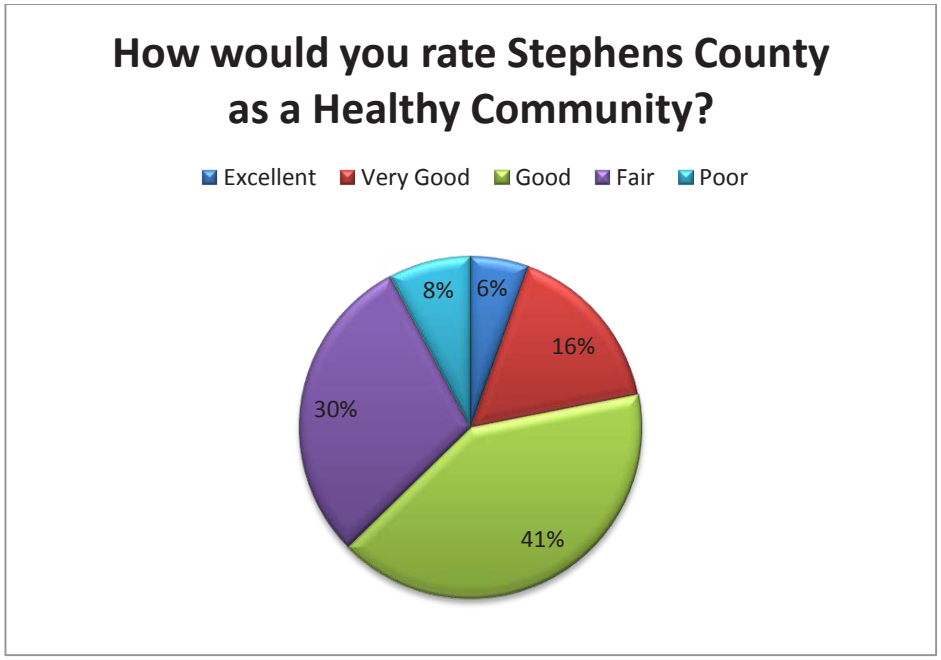
(SATISFACTION)

The majority of residents were satisfied with the quality of life, access to specific services, and support (Chart 13).

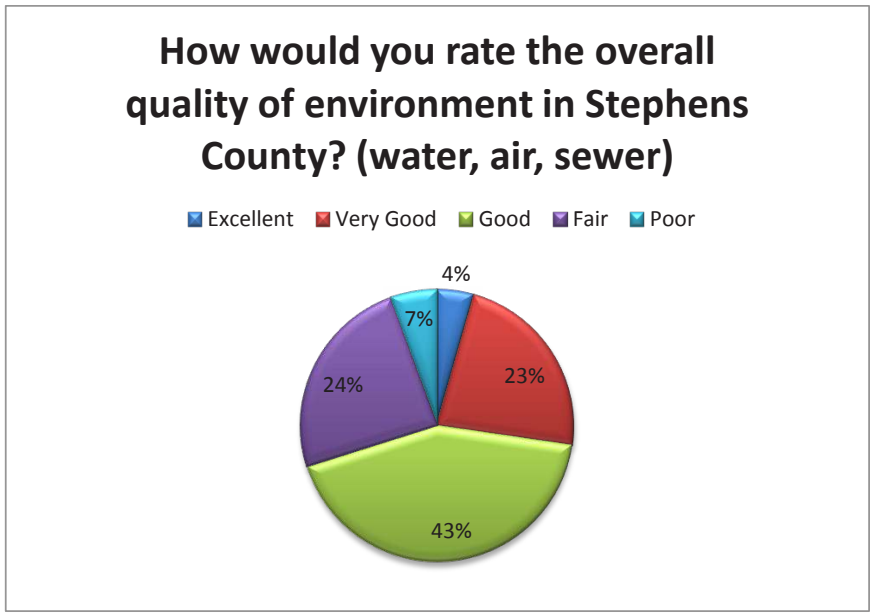
- Those noted as non-satisfactory were: community programs/activities for teens, and employment opportunities

- Residents were not aware of the following: mental health services, adult caregiver support, and senior services.

Overall, the majority of residents felt that Stephens County was a good place to raise children, a good place to retire, a safe place to live, and a place in which residents feel they can contribute to their community. Most residents feel there are adequate support services for the elderly/disabled care giver, but some improvement is needed. Most residents are also satisfied with ther current opportunities to be active in Stephens County (Chart 15).

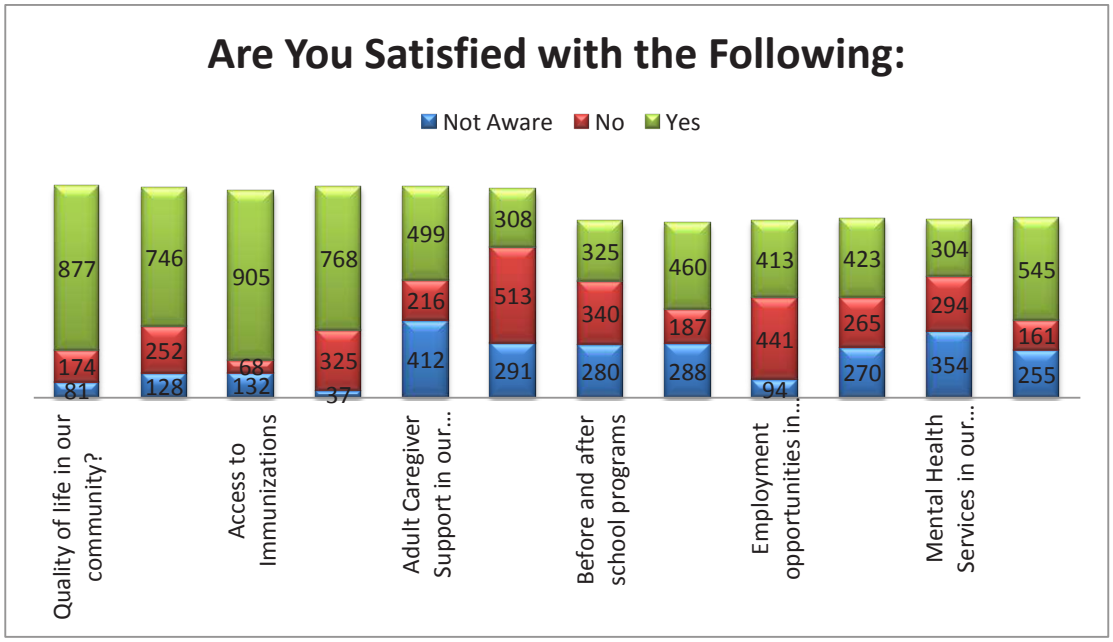


(CHART 11)



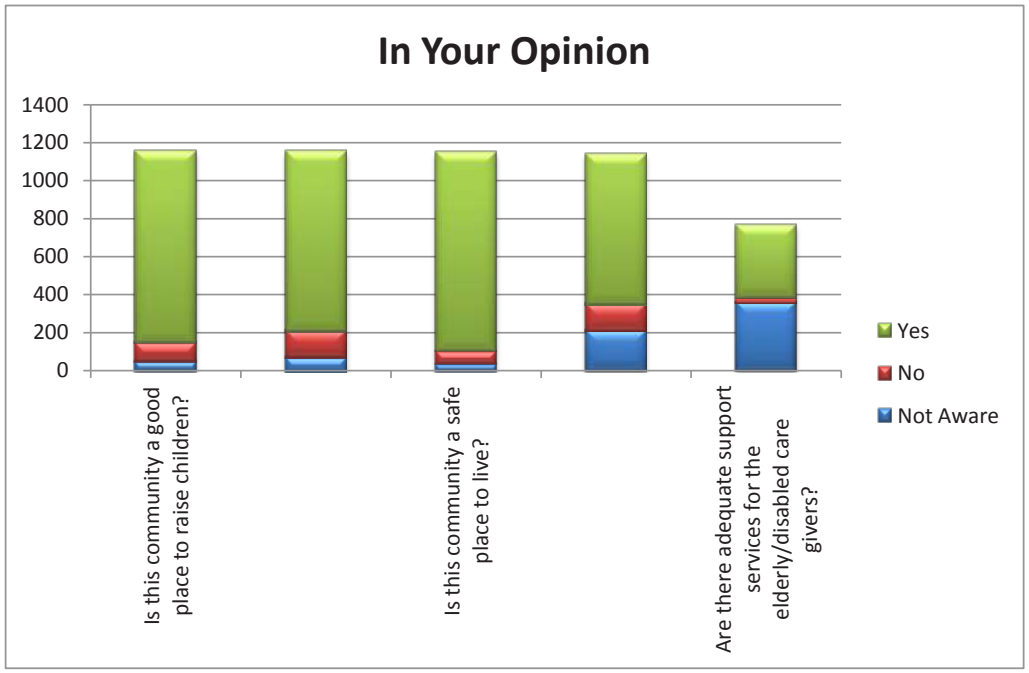
(CHART 12)

Are you satisfied with the following in Stephens County?			
Answer Options	**Yes**	**No**	**Not Aware**
Quality of life in our community?	877	174	81
Health Care System in our community	746	252	128
Access to Immunizations	905	68	132
Parks/Sport Facilities/Recreational facilities in our community	768	325	37
Adult Caregiver Support in our community	499	216	412
Community Programs/Activities for teens	308	513	291
Before and after school programs	325	340	280
Child day care services/centers/availability in our community	460	187	288
Employment opportunities in our community	413	441	94
Emergency shelter/food services	423	265	270
Mental Health Services in our community	304	294	354
Senior Services in our community	545	161	255

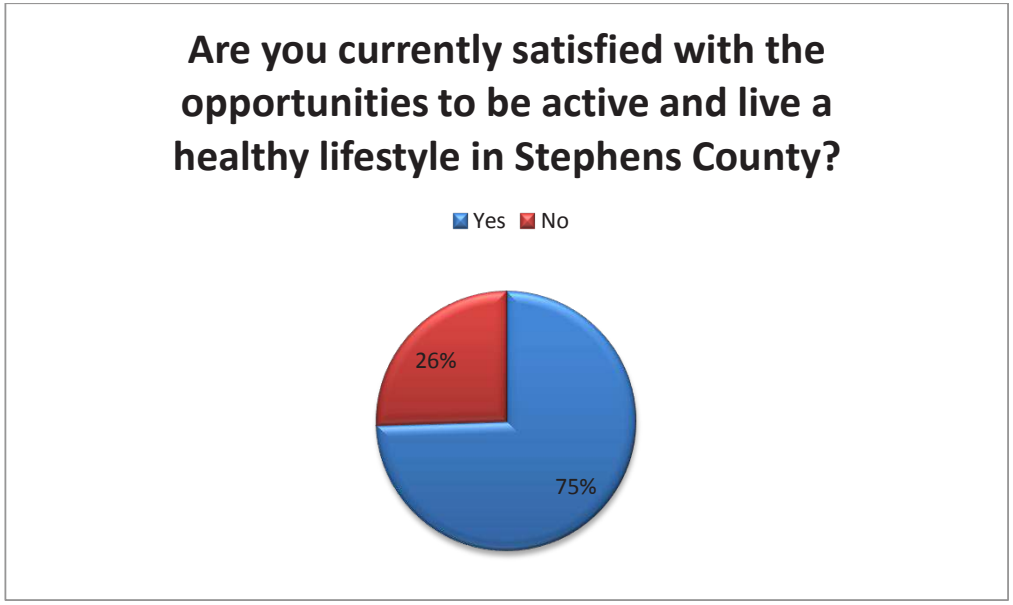

Are You Satisfied with the Following:
Not Aware
No
Yes
877
174
81
746
252
128
905
68
132
768
325
37
499
216
412
308
513
291
325
340
280
460
187
288
413
441
94
423
265
270
304
294
354
545
161
255
Quality of life in our community?
Access to Immunizations
Adult Caregiver Support in our...
Before and after school programs
Employment opportunities in...
Mental Health Services in our...

(CHART 13)

In your opinion:			
Answer Options	**Yes**	**No**	**Not Aware**
Is this community a good place to raise children?	1011	98	49
Is this community a good place to retire?	944	141	72
Is this community a safe place to live?	1042	69	37
Do residents feel they can make the community a better place to live?	790	142	210
Are there adequate support services for the elderly/disabled care givers?	383	22	359



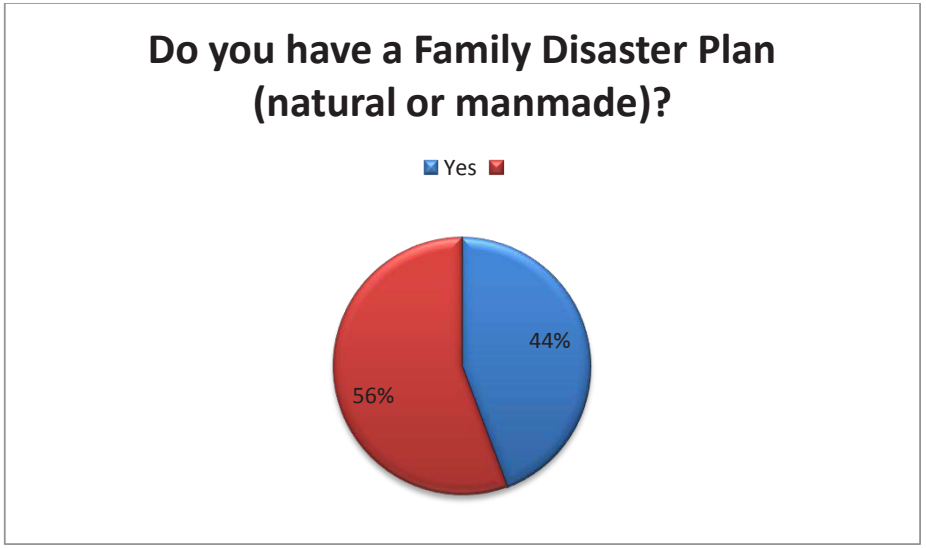
(CHART 14)



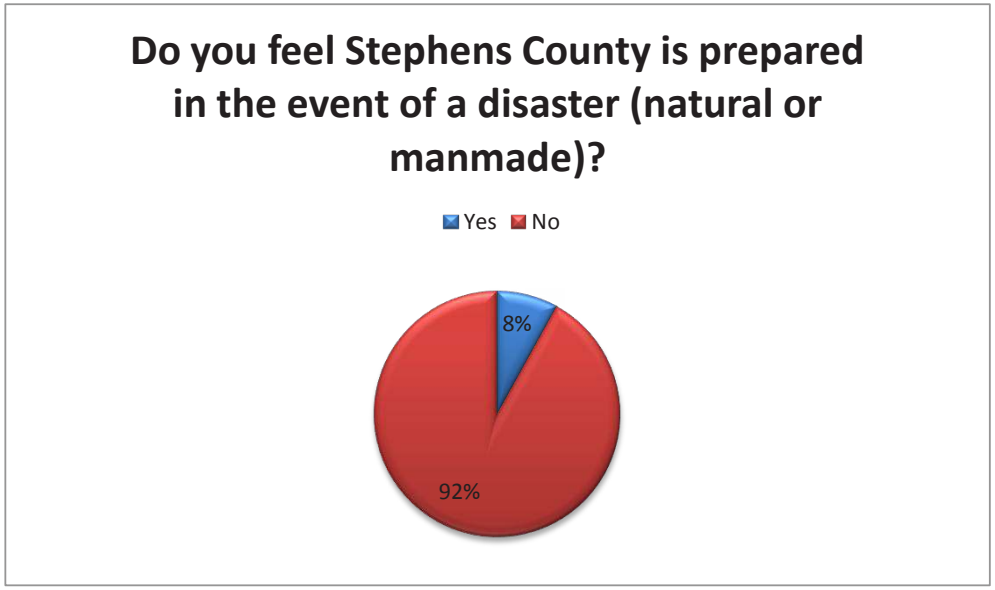
(CHART 15)

Emergency Services:

- 56% of residents in Stephens County indicated they had a family disaster plan (natural or manmade) (Chart 16)
- 44% did not have a plan (Chart 16)
- 92% of residents feel Stephens County is prepared for a disaster (natural or manmade)(Chart 17)



(CHART 16)



(Chart 17)

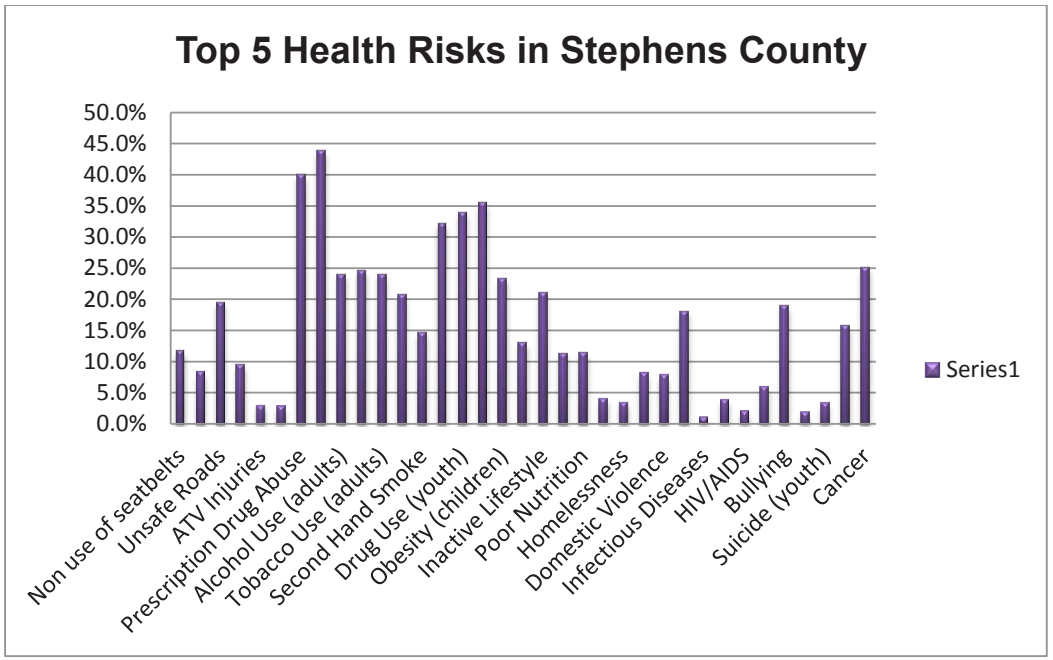
Health Risks

Stephens County residents ranked the following as major health risks affecting Stephens County:

Top 5:

Risk:	Percentage:
1. Methamphetamine Use	43.8%
2. Prescription Drug Use	39.9%
3. Obesity (adults)	35.3%
4. Drug Use (youth)	33.9%
5. Drug Use Adults	32.1%
6. Cancer	25.1%
7. Alcohol Use (youth)	24.5%
8. Alcohol Use (adults)	23.9%
9. Tobacco Use (adults)	23.9%
10. Obesity (children)	23.3%

What do you think the top 5 most important health risks are in Stephens County? (Check only 5)		
Answer Options	**Response Percent**	**Response Count**
Non use of seatbelts	11.6%	132
Non use of child seats	8.2%	93
Unsafe Roads	19.5%	233
Motor vehicle Injuries	9.4%	107
ATV Injuries	2.9%	33
Firearm-related Injuries	2.7%	31
Prescription Drug Abuse	39.9%	455
Methamphetamine Use	43.8%	500
Alcohol Use (adults)	23.9%	273
Alcohol use (youth)	24.5%	280
Tobacco Use (adults)	23.9%	273
Tobacco use (youth)	20.6%	235
Second Hand Smoke	14.6%	167
Drug Use (adults)	32.1%	366
Drug Use (youth)	33.9%	387
Obesity (adults)	35.3%	403
Obesity (children)	23.3%	266
Diabetes	12.9%	147
Inactive Lifestyle	20.9%	238
Heart Disease/Stroke	11.1%	127
Poor Nutrition	11.3%	129
Hunger	3.9%	45
Homelessness	3.4%	39
Aging	8.1%	92
Domestic Violence	7.7%	88
Teen Pregnancy	18.0%	205
Infectious Diseases	1.0%	11
STD's	3.8%	43
HIV/AIDS	2.0%	23
School Violence	5.8%	66
Bullying	18.9%	216
Suicide (adults)	1.8%	21
Suicide (youth)	3.3%	38
Child Abuse/Neglect	15.6%	178
Cancer	25.1%	286


Top 5 Health Risks in Stephens County
50.0%
45.0%
40.0%
35.0%
30.0%
25.0%
20.0%
15.0%
10.0%
5.0%
0.0%
Non use of seatbelts
Unsafe Roads
ATV Injuries
Prescription Drug Abuse
Alcohol Use (adults)
Tobacco Use (adults)
Second Hand Smoke
Drug Use (youth)
Obesity (children)
Inactive Lifestyle
Poor Nutrition
Homelessness
Domestic Violence
Infectious Diseases
HIV/AIDS
Bullying
Suicide (youth)
Cancer
Series1

(CHART 18)

As part of the Community Themes and Strengths Assessment, key informant interviews and small focus groups were conducted with key community leaders of Stephens County. A total of seven informant interviews and one focus group were conducted in the Marlow community. Interviews were conducted by Committee Members during April-May 2012.

A summary of common emerged themes from the informant interview process is as follows:

How Healthy is Stephens County? Average 5.8	**What is important to Stephens County?** ❖ Family ❖ Faith/Churches ❖ Economy
What is the greatest issue/problem facing Stephens County? ❖ Drugs (meth, Rx Drug Abuse) ❖ Workforce ❖ In 5 years: obesity, housing	**What is the greatest barrier to health?** ❖ Education/Information (lack of) ❖ Preventative Care
How would you rate the overall quality of life in Stephens County? Good to Very Good	**What do you think would encourage and support more involvement around health issues?** ❖ Education (what does it mean to be healthy?, mixed messages) ❖ Awareness
What are the major assets to living in Stephens County? Pathways to a Healthy Stephens County: Informant Interview Summaries ❖ Schools ❖ Simmons Center ❖ Hospital ❖ Medical Facilities ❖ Safe Community	**How are youth valued in Stephens County? Do they have a voice?** ❖ Youth are valued (work ethic, recognized in the media for works, ❖ Need to hear for more youth to be involved and for community to hear youth more

PATHWAYS TO A HEALTHY STEPHENS COUNTY COMMUNITY
SURVEY 4/3/2012

Please take a moment to complete the survey. The purpose of the survey is to obtain your input about the community health problems/issues and quality of life in Stephens County, OK. The results of the survey will assist in identifying the most pressing concerns that can be addressed through community action.

Please complete the survey only once. Your opinion is important! The survey is voluntary. All information will be kept confidential. The survey will take approximately 10-15 minutes to complete. If you have any questions, or need assistance with completion of the survey, contact information is included at the end of the survey. Please answer the following questions below as they relate to Stephens County. ***For the purposes of this survey Community is defined as "Stephens County".***

Zip Code of where you live: ☐☐☐☐☐

Length of residence in Stephens County: ___1 year or less ___1-5 years ___6-10 years ___11-20 years ___20 or more

Sex: ____ Male ____Female **Age:** ___18 or less ___19-25 ___26-39 ___40-54 ___55-64 ___65 or over

Marital Status:
___Married ___Divorced ___Single ___Widowed

Ethnic Group you most identify with:
___ Caucasian/White
___African American/Black
___Asian Pacific Islander
___Hispanic/Latino
___Native American
___Other

Education:
___Less than high school
___High School Diploma or GED
___Some College
___College Degree or Higher

1. How do you pay for your health care? (Check all that apply)
___Pay cash (no insurance)
___Indian Health Care Services
___Medicare
___Insure Oklahoma
___Free Health Clinic
___Medicaid (Sooner Care)
___Veterans Administration
___TRICARE
___Private Health Insurance
___Employer Paid Health Insurance

2. In the last 12 months have you visited a physician for a checkup?
___Yes ___No

3. **Do you or anyone in your household have or have experienced any of the following health problems? *(Check all that apply)***

___Cancer
___Arthritis
___Diabetes
___Cholesterol
___High Blood Pressure
___Heart Disease
___Stroke
___Respiratory Disease
___Poor Nutrition
___Obesity
___Lack of Exercise
___Dental Problems
___Tobacco Use
___Infectious disease (Hepatitis, TB)
___Sexually Transmitted Diseases
___Drug/Alcohol Abuse
___Stress/Depression
___Suicide/Suicidal Thoughts
___Disability
___Liver Problems
___Alzheimer's disease
___Injury from Crime
___Teenage Pregnancy
___Rape/Sexual Assault
___Domestic Violence
___Motor Vehicle Accident
___ATV Injuries

4. How would you rate Stephens County as a Healthy Community?
___Excellent ___Very Good ___Good ___Fair ___Poor

5. How would you rate the overall quality of environment in Stephens County? (water, air sewer,)
___Excellent ___Very Good ___Good ___Fair ___Poor

6. Are you satisfied with the following in Stephens County?

	Yes	No	Not Aware
Quality of life in our community			
Health Care System in our community			
Access to Immunizations			
Parks/Sport Facilities/Recreational facilities in our community			
Adult Caregiver Support in our community			
Community Programs/Activities for teens			
Before and after school programs			
Child day care services/centers/availability in our community			
Employment opportunities in our community			
Emergency shelter/food services			
Mental Health Services in our community			
Senior Services in our community			

7. In your opinion:

	Yes	No	Not Aware
Is this community a good place to raise children?			
Is this community a good place to retire?			
Is this community a safe place to live?			
Do residents feel they can make the community a better place to live?			
Are there adequate support services for elderly/disabled care givers?			

8. Are you currently satisfied with the opportunities to be active and live a healthy lifestyle in Stephens County? ___Yes ___No

9. Do you have a Family Disaster Plan (natural or manmade)? ___Yes ___No

10. Do you feel Stephens County is prepared in the event of a disaster (natural or manmade)?
___Yes ___No

11. What do you think the top 5 most important health risks are in Stephens County? (*Check only 5*)

___Non use of seatbelts
___Non use of child seats
___Unsafe Roads
___Motor vehicle Injuries
___ATV Injuries
___Firearm-related Injuries
___Prescription Drug Abuse
___Methamphetamine Use
___Alcohol Use (adults)

___Alcohol use (youth)
___Tobacco Use (adults)
___Tobacco use (youth)
___Second Hand Smoke
___Drug Use (adults)
___Drug Use (youth)
___Obesity (adults)
___Obesity (children)
___Diabetes

___Inactive Lifestyle
___Heart Disease/Stroke
___Poor Nutrition
___Hunger
___Homelessness
___Aging
___Domestic Violence
___Teen Pregnancy

___Infectious Diseases
___STD's
___HIV/AIDS
___School Violence
___Bullying
___Suicide (adults)
___Suicide (youth)
___Child Abuse/Neglect
___Cancer

Comments/Suggestions:

For more information please contact Lacrica Olson, OSDOH Regional Turning Point Consultant at (405)238-7346 or LacricaO@health.ok.gov

Please return paper survey to one of the following locations:

1. Stephens County Health Department: 1401 Bois D'Arc Duncan, OK 73533
2. Duncan Library: 2211 N Highway 81, Duncan, OK 73533
3. City of Marlow: 115 N. 2nd Street Marlow, OK 73055
4. Town of Velma: 910 Main Street, Velma, OK 73491

Thank you for your response!!

Stephens County MAPP Asset Inventory:

Please list the following assets by community. Information provided will show asset and resource density by community. This information will provide us with a **broad** overview of Stephens County *(Completion date: 8/21/2012).*

	Sector			
Community	Business/Industry	Education	Churches	Health Care (+ clinics)
Bray	Shirts Too Haircutting Place Bray General Store Country Store Gloria's Beauty Shop Prater Dozer Alaniz Machine Shop Charles Riley Recycle Tire Whaley Electric Advance Pump Eagle Iron Marlow Metal Karl's Plumbing Spivey Insulation Clear Creek Concession Graham Auction Spivey Radiator D&S Oilfield Trucking Tilley Trucking Miller Ceramic Tile West Carpentry McCasland Carpentry Doyle Store	Bray Public Schools	Bray Baptist Church Eastside Hope Community Church York Indian Church Lakeside Baptist Church Bray Missionary Church Doyle Community Church Doyle Pearl Church	Bray Fire Dept Doyle Fire Dept
Central	N/A	Central Public Schools	Central Baptist Church Denton Baptist Church	Central Fire Department
Comanche	Chamber of Commerce	Comanche Public Schools	Ray of Hope Church	Comanche Family Clinic

	U.S. Post Office Pioneer Telephone Feed Store 4 Kwik Stops 3 B Shelby Trailer Bob's Sonic (6)fast food restaurants C. Restaurant (2)Grocery Stores Richards Right Way Halliburton (2)Pharmacies Hotel Car Wash (3)Beauty/Barber Shops (3) Insurance Agencies Music Store/Cowboy Opera Florist (2)Banks Comanche Stock Yards Delbert's (3)Veterinarians (2)Car Repair Shops (4)Construction Co. Martin Lawyers office Massage Therapist Comanche Time (paper) (3)Plumbers Comanche Villas Apts. Graham Jewelry "Club"		Christian Helping Hands First Baptist Church United Methodist Church Patterson Avenue Baptist Church Grace Freewill Baptist Church Comanche Church of God Countryside Baptist Corum Baptist Corum Assembly Praise Assembly Prairie Hill Church of Christ Comanche Church of Christ Cowboy Church Living Waters Church of God 7th Day Adventist Church Friendship Baptist Church	Volunteer Fire Department Home Health

	Liquor Store (2) Rock Companies Bowen Monuments Janet's Cheek Boutique/Tax Service Bill's Auction Venita's Upholstery Carter's Car Country Paul Manufacturing (2) Oil Field Equipment Manufacturers Simplicity Boutique Edgewood Mart License Branch Allison Flooring Sorrell's Nut House			
Duncan	Duncan Area Economic Development Duncan Chamber of Commerce & Industry 722 businesses (listed in the Shop Duncan)	Duncan Public Schools Will Rogers Pre-K Delta Head Start Red River Technology Center Cameron University-(Duncan Site) First United Methodist Pre-school	87 Churches (all denominations)	Stephens County Health Department Duncan Regional Hospital Family Med Urgent med Sanford Children's Clinic Verai Wellness Clinic Massage Therapy Clinic
Empire City	Oil/gas/farm/ranch (cattle)	Empire Public Schools	Fair Baptist Church	Fire Department
Marlow	143 total (business and industry)	Marlow Public Schools Delta Head Start	First Baptist Church Broadway Church of Christ Cumberland Presbyterian First United Methodist Glory Bound Fifth Street Baptist First Assembly of God Eastside Baptist	Marlow Family Medical Marlow Physicians Family Chiropractic Clinic Scott Family Dentistry Wes Walker M.D. Aspire Home Health Victory Home Health Stepping Stone Rehab

			Calvary Baptist Church of the Nazarene Immaculate Conception Christian Church Rock Church Hilltop Church South Church of Christ United Pentecostal Church Eternal Life Cross Timbers Marlow Ministerial Alliance	
Velma	Speedy G's Comet Car Wash Sanner Services E&S Oil E&S Livestock & Nutrition E&S Bling Roberts Lawnmower & Small Engine Repair Jenkin Pump & Supply Pixley Coating Loves's Pump Sevice & Repair Connect Transport S&W Transport Clay Mesa Comet Storage Pronto Chemical Head-2-Toe Salon & Tanning Bed The Store The Sandwich Shop Wildhorse Liquor Double Double Hardware &	Velma Public Schools	Velma Assembly of God Velma Baptist Church Velma Methodist Church Countryside Freewill Baptist Church Velma Church of Christ	DRH Clinic Local Ambulance Service

	Sporting Goods Nichols Poorboy Well Service Chuck Wagon BBQ & Grill Sanner Ture and Lube Victory Resources Velma Flowers & Gifts Mane Attraction Salon Bailes-Polk Funeral Home Tee Pee Totem SS Value Supply Kwik Draw Graffix First National Bank Navitas Companies Grantham Velma Chapel Hideaway Self Storage Back Road Autos Sunset Video Sunrise Foods			

	Sector			
Community	Social Services	Mental Health Services	Assisted Living	Nursing Homes
Bray				
Central				
Comanche	Christian Helping Hands		Heartland	Meridian Nursing Home
Duncan	Department of Human Service United Way of Stephens County	Taliaferro Clinic Youth Services of Stephens County Corner Stone Clinic	Chisholm Trail Assisted Living West Wind	Country Club Care Wilkins Nursing Center
Empire City	Department of Human Service Stephens County Health Department	None	Home Health Agencies	None
Marlow	Marlow Samaritans Marlow Ministerial Alliance	None	West Wind Assisted Living	Gregstons Marlow Manor
Velma		None		

	Sector			
Community	Non-profit Agencies	Civic Groups	Food Banks	Senior Centers/Services
Bray			Bray Community Center	Bray Community Center
Central			Central High Community Food Bank	
Comanche	Helping Hands Asbury Center Christian Helping Hands	American Legion Masonic Lodge Home Demo Clubs Methodist Community Breakfast (monthly) Band Boosters Athletic Boosters FFA Boosters	Ray of Hope Church Christian Helping Hands Food for Kids	Senior Center
Duncan	United Way of Stephens	Rotary Club	Food For Kids	Duncan Sr. Citizens Center

	County Toy Shop Gabriel's House Women's Haven Youth Services for Stephens County Legal Aid Services of OK Heartline, 211 Christian Family Counseling Last Frontier Council, Boy Scouts Girl Scouts of Western OK Duncan Community Residence Duncan Sr. Citizens Center Douglass East Side Senior Citizens Center Duncan Literacy Council Power Shop, Inc Christians Concerned Duncan Little Theatre	Noon Lion's Club Kiwanis Duncan Jaycees Optimist Club		
Empire City	None	Athletic/Band Boosters	Fair Baptist Church	Senior/Community Center
Marlow	Marlow Samaritans Girl Scouts Boy Scouts Marlow Youth Council Marlow Chamber of Commerce United Methodist Inc.	Lions Club Outlaw Booster Club FFA Booster Club Band Booster Club Marlow Samaritans	Marlow Samaritans	Marlow Senior Center Delta Community Action Nutrition Center Meals on Wheels
Velma	Velma Community Outreach		Velma Community Outreach	Velma Senior Center

	Sector			
Community	Public Transportation	Recreation	Cultural	After School Programs
Bray	None	School Field	None	None
Central	None	School Field		
Comanche	Red River Transportation	Field of Dream Fitness Walking Track(football field) Chisholm Trail Park Recreation/Vehicle Park Comanche Rodeo Horse Training Facility U2You Exercise Comanche Lake/Park Comanche Golf Course	None	4H Liberty Day Care Kedzplace
Duncan	Red River Transportation City Taxi	Simmons Center The Territory Golf Club Duncan Golf & Tennis Club Clear Creek Lake Lake Duncan Lake Humphreys Abe Raizen Park Centennial Park Fuqua Park Splash Pad Twin Oaks Golf Course Heinz Ballpark	Chisholm Trail Heritage Center Stephens County Historical Museum Duncan Little Theatre Chisholm Trail Arts Council Duncan Public Library	Simmons Center(MS) Gabrielle House (ES)
Empire City	Medicaid Eligible/Medical Rides 1-877-404-4500	School Gym Football Field (walking)	None	Fair Baptist Church
Marlow	Red River Transportation Stephens County Commissioners	Red Bud/Outlaw Park Sooner Tumbling Miller Park	Marlow Brothers Museum Marlow Library	

		Marlow Pool Eddie Palmer Baseball Fields Marlow Softball Fields Generation Golf Course Taylor Lake Outlaw Lake		
Velma		Wild Horse Golf Course Park		

NPHPSP
National Public Health Performance Standards Program

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT

Report of Results

Stephens County Local Public Health Assessment

10/8/2012

Table of Contents

A. The NPHPSP Report of Results

I. Introduction
II. About the Report
III. Tips for Interpreting and Using NPHPSP Assessment Results
IV. Final Remarks

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?
II. How well did the system perform on specific Model Standards?
III. Overall, how well is the system achieving optimal activity levels?

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

D. Optional Agency Contribution Results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Appendix

Resources for Next Steps

The National Public Health Performance Standards Program

Local Public Health System Performance Assessment
Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/nphpsp/conducting.html.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	60
2	Diagnose And Investigate Health Problems and Health Hazards	100
3	Inform, Educate, And Empower People about Health Issues	48
4	Mobilize Community Partnerships to Identify and Solve Health Problems	45
5	Develop Policies and Plans that Support Individual and Community Health Efforts	76
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	91
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	48
8	Assure a Competent Public and Personal Health Care Workforce	57
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	50
10	Research for New Insights and Innovative Solutions to Health Problems	64
Overall Performance Score		64

Figure 1: Summary of EPHS performance scores and overall score (with range)

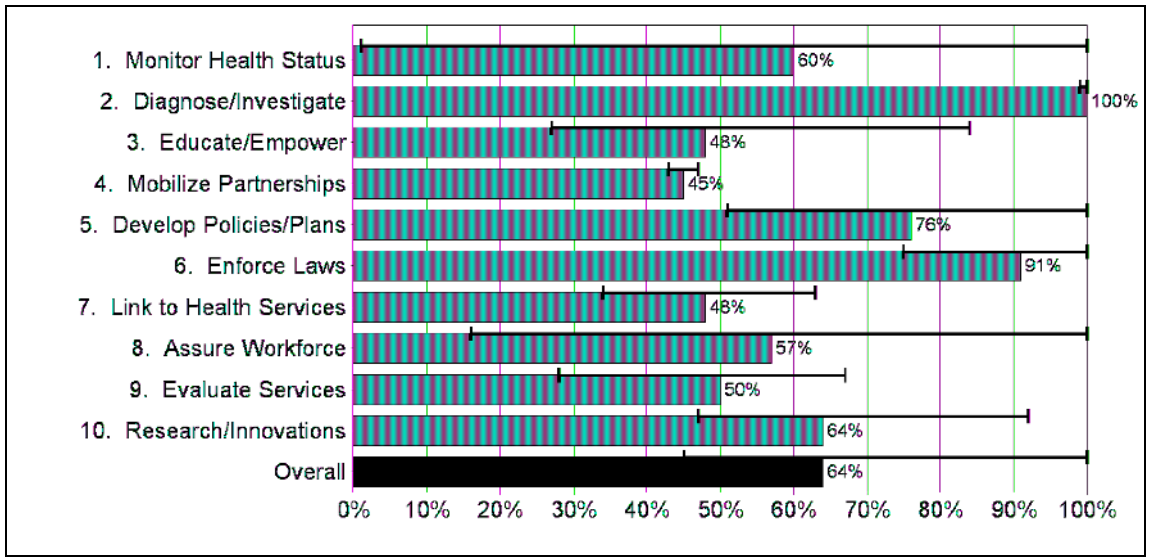


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Figure 2: Rank ordered performance scores for each Essential Service

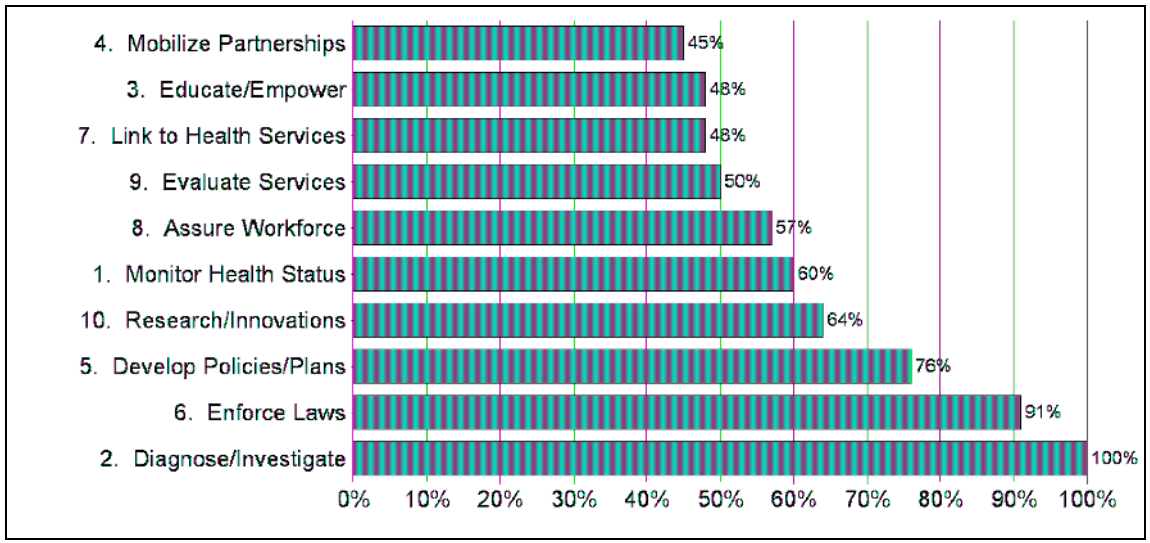


Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

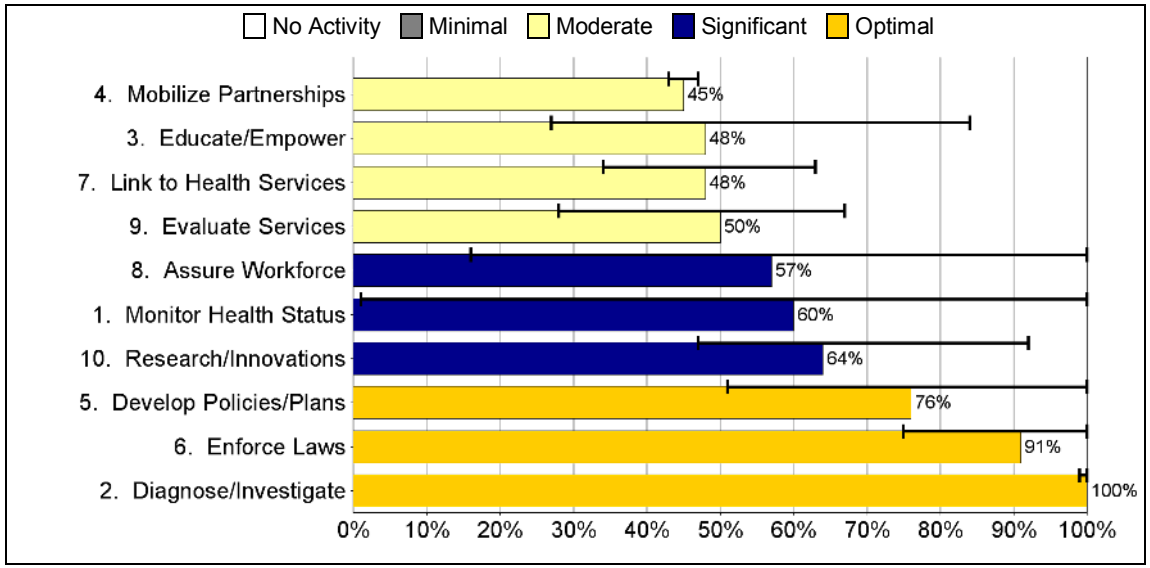


Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service

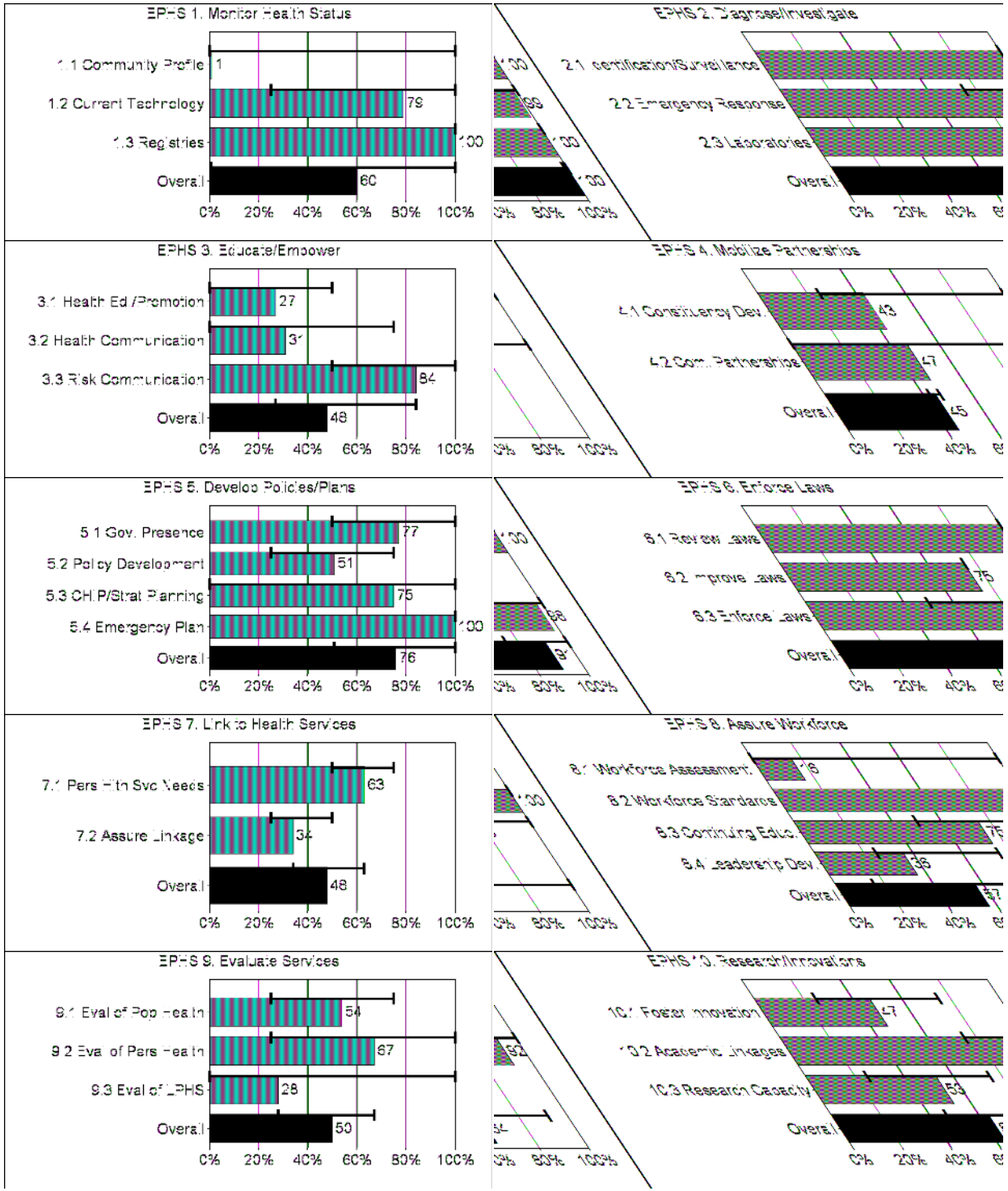


Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	60
1.1 Population-Based Community Health Profile (CHP)	1
1.1.1 Community health assessment	0
1.1.2 Community health profile (CHP)	4
1.1.3 Community-wide use of community health assessment or CHP data	0
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	79
1.2.1 State-of-the-art technology to support health profile databases	75
1.2.2 Access to geocoded health data	63
1.2.3 Use of computer-generated graphics	100
1.3 Maintenance of Population Health Registries	100
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	100
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	100
2.1 Identification and Surveillance of Health Threats	100
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	100
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	100
2.2 Investigation and Response to Public Health Threats and Emergencies	99
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	100
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	94
2.2.5 Evaluation of public health emergency response	100
2.3 Laboratory Support for Investigation of Health Threats	100
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	48
3.1 Health Education and Promotion	27
3.1.1 Provision of community health information	44
3.1.2 Health education and/or health promotion campaigns	0
3.1.3 Collaboration on health communication plans	38
3.2 Health Communication	31
3.2.1 Development of health communication plans	0
3.2.2 Relationships with media	38
3.2.3 Designation of public information officers	56
3.3 Risk Communication	84
3.3.1 Emergency communications plan(s)	100
3.3.2 Resources for rapid communications response	94
3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	69

Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	45
4.1 Constituency Development	43
4.1.1 Identification of key constituents or stakeholders	66
4.1.2 Participation of constituents in improving community health	44
4.1.3 Directory of organizations that comprise the LPHS	25
4.1.4 Communications strategies to build awareness of public health	38
4.2 Community Partnerships	47
4.2.1 Partnerships for public health improvement activities	52
4.2.2 Community health improvement committee	63
4.2.3 Review of community partnerships and strategic alliances	25
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	76
5.1 Government Presence at the Local Level	77
5.1.1 Governmental local public health presence	100
5.1.2 Resources for the local health department	80
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	51
5.2.1 Contribution to development of public health policies	54
5.2.2 Alert policymakers/public of public health impacts from policies	75
5.2.3 Review of public health policies	25
5.3 Community Health Improvement Process	75
5.3.1 Community health improvement process	86
5.3.2 Strategies to address community health objectives	88
5.3.3 Local health department (LHD) strategic planning process	50
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	91
6.1 Review and Evaluate Laws, Regulations, and Ordinances	100
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	100
6.1.2 Knowledge of laws, regulations, and ordinances	100
6.1.3 Review of laws, regulations, and ordinances	100
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	75
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	75
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	75
6.3 Enforce Laws, Regulations and Ordinances	98
6.3.1 Authority to enforce laws, regulation, ordinances	100
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	100
6.3.4 Provision of information about compliance	100
6.3.5 Assessment of compliance	92

Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	48
7.1 Identification of Populations with Barriers to Personal Health Services	63
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	63
7.1.3 Assessment of personal health services available to populations who experience barriers to care	50
7.2 Assuring the Linkage of People to Personal Health Services	34
7.2.1 Link populations to needed personal health services	50
7.2.2 Assistance to vulnerable populations in accessing needed health services	38
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	25
7.2.4 Coordination of personal health and social services	25
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	57
8.1 Workforce Assessment Planning, and Development	16
8.1.1 Assessment of the LPHS workforce	0
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	48
8.1.3 Dissemination of results of the workforce assessment / gap analysis	0
8.2 Public Health Workforce Standards	100
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	100
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	75
8.3.1 Identification of education and training needs for workforce development	88
8.3.2 Opportunities for developing core public health competencies	88
8.3.3 Educational and training incentives	75
8.3.4 Interaction between personnel from LPHS and academic organizations	50
8.4 Public Health Leadership Development	36
8.4.1 Development of leadership skills	69
8.4.2 Collaborative leadership	25
8.4.3 Leadership opportunities for individuals and/or organizations	25
8.4.4 Recruitment and retention of new and diverse leaders	25

Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	50
9.1 Evaluation of Population-based Health Services	54
9.1.1 Evaluation of population-based health services	50
9.1.2 Assessment of community satisfaction with population-based health services	41
9.1.3 Identification of gaps in the provision of population-based health services	50
9.1.4 Use of population-based health services evaluation	75
9.2 Evaluation of Personal Health Care Services	67
9.2.1.In Personal health services evaluation	67
9.2.2 Evaluation of personal health services against established standards	100
9.2.3 Assessment of client satisfaction with personal health services	38
9.2.4 Information technology to assure quality of personal health services	56
9.2.5 Use of personal health services evaluation	75
9.3 Evaluation of the Local Public Health System	28
9.3.1 Identification of community organizations or entities that contribute to the EPHS	100
9.3.2 Periodic evaluation of LPHS	13
9.3.3 Evaluation of partnership within the LPHS	0
9.3.4 Use of LPHS evaluation to guide community health improvements	0
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	64
10.1 Fostering Innovation	47
10.1.1 Encouragement of new solutions to health problems	38
10.1.2 Proposal of public health issues for inclusion in research agenda	25
10.1.3 Identification and monitoring of best practices	75
10.1.4 Encouragement of community participation in research	50
10.2 Linkage with Institutions of Higher Learning and/or Research	92
10.2.1 Relationships with institutions of higher learning and/or research organizations	75
10.2.2 Partnerships to conduct research	100
10.2.3 Collaboration between the academic and practice communities	100
10.3 Capacity to Initiate or Participate in Research	53
10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	75
10.3.3 Dissemination of research findings	25
10.3.4 Evaluation of research activities	38

III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

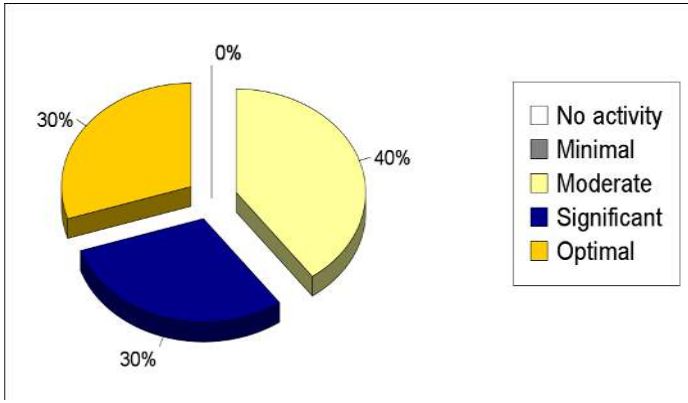


Figure 5 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of model standards scored in each level of activity

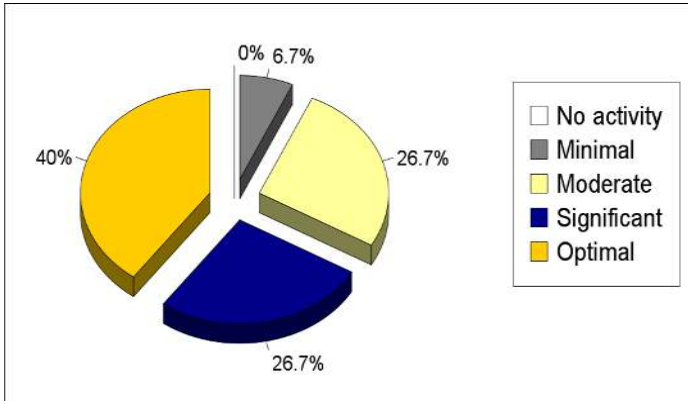


Figure 6 displays the percentage of the system's model standard scores that fall within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

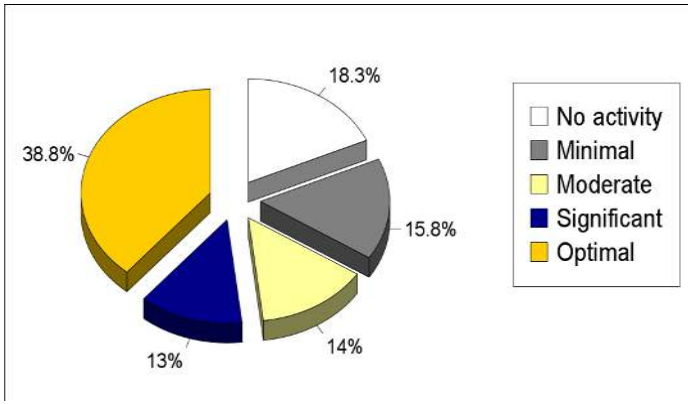


Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 5** and **6**.

C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

Tables 3 and **4** show priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and model standards, arranged under the four quadrants in **Figures 8** and **9**, which follow the tables. The four quadrants, which are based on how the performance of each Essential Service and/or model standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for performance improvement.

Table 3: Essential Service by priority rating and performance score, with areas for attention

Essential Service	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
1. Monitor Health Status To Identify Community Health Problems	10	60 (Significant)
3. Inform, Educate, And Empower People about Health Issues	10	48 (Moderate)
4. Mobilize Community Partnerships to Identify and Solve Health Problems	10	45 (Moderate)
8. Assure a Competent Public and Personal Health Care Workforce	9	57 (Significant)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
2. Diagnose And Investigate Health Problems and Health Hazards	10	100 (Optimal)
5. Develop Policies and Plans that Support Individual and Community Health Efforts	10	76 (Optimal)
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	9	91 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
10. Research for New Insights and Innovative Solutions to Health Problems	6	64 (Significant)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	8	48 (Moderate)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	8	50 (Significant)

Table 4: Model standards by priority and performance score, with areas for attention

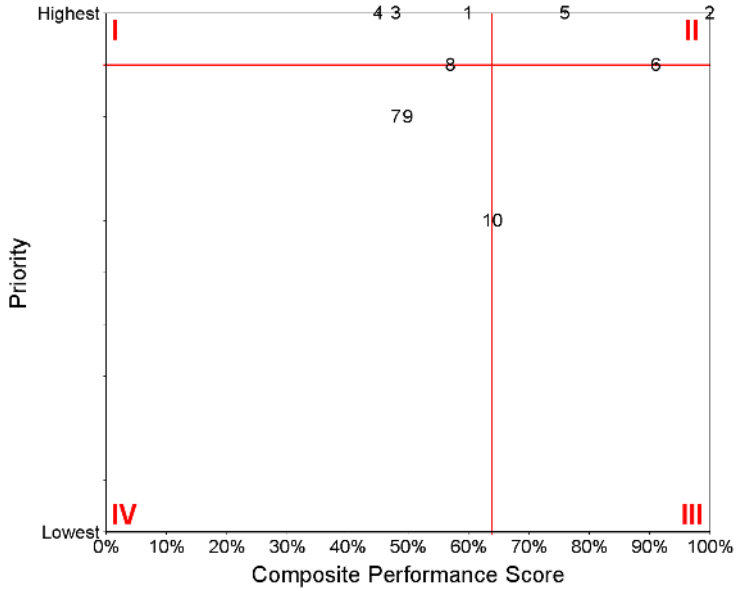
Model Standard	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
1.1 Population-Based Community Health Profile (CHP)	9	1 (Minimal)
3.1 Health Education and Promotion	10	27 (Moderate)
3.2 Health Communication	10	31 (Moderate)
4.1 Constituency Development	9	43 (Moderate)
4.2 Community Partnerships	10	47 (Moderate)
5.2 Public Health Policy Development	10	51 (Significant)
8.4 Public Health Leadership Development	9	36 (Moderate)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	10	79 (Optimal)
1.3 Maintenance of Population Health Registries	10	100 (Optimal)
2.1 Identification and Surveillance of Health Threats	10	100 (Optimal)
2.2 Investigation and Response to Public Health Threats and Emergencies	10	99 (Optimal)
2.3 Laboratory Support for Investigation of Health Threats	10	100 (Optimal)
3.3 Risk Communication	10	84 (Optimal)
5.1 Government Presence at the Local Level	10	77 (Optimal)
5.3 Community Health Improvement Process	10	75 (Significant)
5.4 Plan for Public Health Emergencies	10	100 (Optimal)
6.1 Review and Evaluate Laws, Regulations, and Ordinances	9	100 (Optimal)
6.3 Enforce Laws, Regulations and Ordinances	10	98 (Optimal)
8.2 Public Health Workforce Standards	9	100 (Optimal)
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	9	75 (Significant)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	8	75 (Significant)
9.2 Evaluation of Personal Health Care Services	8	67 (Significant)
10.2 Linkage with Institutions of Higher Learning and/or Research	7	92 (Optimal)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
7.1 Identification of Populations with Barriers to Personal Health Services	8	63 (Significant)
7.2 Assuring the Linkage of People to Personal Health Services	8	34 (Moderate)
8.1 Workforce Assessment Planning, and Development	8	16 (Minimal)
9.1 Evaluation of Population-based Health Services	8	54 (Significant)
9.3 Evaluation of the Local Public Health System	8	28 (Moderate)
10.1 Fostering Innovation	6	47 (Moderate)
10.3 Capacity to Initiate or Participate in Research	5	53 (Significant)

Figures 8 and **9** (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median value are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 4.

Figure 8: Scatter plot of Essential Service scores and priority ratings



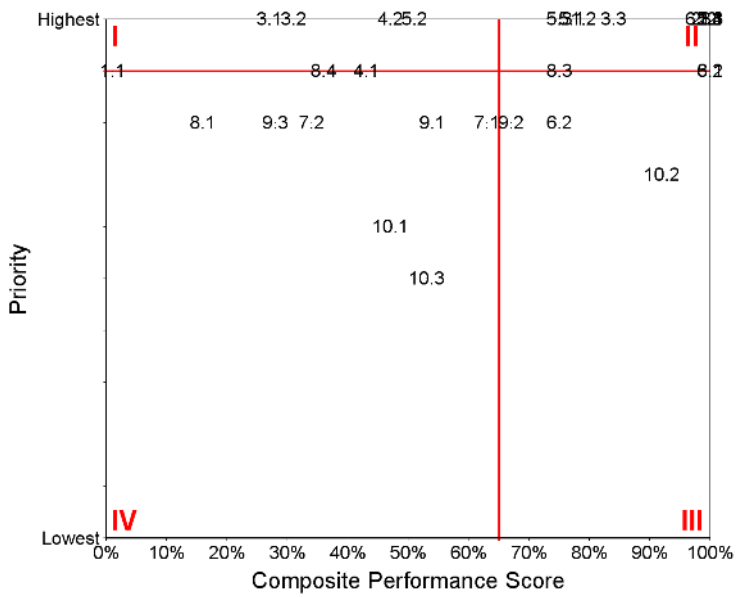
I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

Figure 9: Scatter plot of model standards scores and priority ratings



I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

D. Optional agency contribution results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Tables 5 and **6** (below) display Essential Services and model standards arranged by Local Health Department (LHD) contribution (Highest to Lowest) and performance score. Sites may want to consider the questions listed before these tables to further examine the relationship between the system and Department in achieving Essential Services and model standards. Questions to consider are suggested based on the four categories or "quadrants" displayed in **Figures 10** and **11**.

Quadrant		Questions to Consider
I.	**Low Performance/High Department Contribution**	• Is the Department's level of effort truly high, or do they just do more than anyone else? • Is the Department effective at what it does, and does it focus on the right things? • Is the level of Department effort sufficient for the jurisdiction's needs? • Should partners be doing more, or doing different things? • What else within or outside of the Department might be causing low performance?
II.	**High Performance/High Department Contribution**	• What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? • Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? • Could the Department do less and maintain satisfactory performance?
III.	**High Performance/Low Department Contribution**	• Who are the key partners that contribute to this area? What do they do that may contribute to high performance? Could any of these strategies be applied to other areas? • Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? • Does the Department provide needed support for partner efforts? • Could the key partners do less and maintain satisfactory performance?
IV.	**Low Performance/Low Department Contribution**	• Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? • Is the total level of effort sufficient for the jurisdiction's needs? • Are partners effective at what they do, and do they focus on the right things? • Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? • Does the Department provide needed support for partner efforts? • What else might be causing low performance?

Table 5: Essential Service by perceived LHD contribution and score

Essential Service	LHD Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	58%	Significant (60)	Quadrant I
2. Diagnose And Investigate Health Problems and Health Hazards	100%	Optimal (100)	Quadrant II
3. Inform, Educate, And Empower People about Health Issues	42%	Moderate (48)	Quadrant IV
4. Mobilize Community Partnerships to Identify and Solve Health Problems	50%	Moderate (45)	Quadrant I
5. Develop Policies and Plans that Support Individual and Community Health Efforts	56%	Optimal (76)	Quadrant II
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	33%	Optimal (91)	Quadrant III
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	63%	Moderate (48)	Quadrant I
8. Assure a Competent Public and Personal Health Care Workforce	25%	Significant (57)	Quadrant IV
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	50%	Significant (50)	Quadrant I
10. Research for New Insights and Innovative Solutions to Health Problems	33%	Significant (64)	Quadrant III

Table 6: Model standards by perceived LHD contribution and score

Model Standard	LHD Contribution	Performance Score	Consider Questions for:
1.1 Population-Based Community Health Profile (CHP)	75%	Minimal (1)	Quadrant I
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	25%	Optimal (79)	Quadrant III
1.3 Maintenance of Population Health Registries	75%	Optimal (100)	Quadrant II
2.1 Identification and Surveillance of Health Threats	100%	Optimal (100)	Quadrant II
2.2 Investigation and Response to Public Health Threats and Emergencies	100%	Optimal (99)	Quadrant II
2.3 Laboratory Support for Investigation of Health Threats	100%	Optimal (100)	Quadrant II
3.1 Health Education and Promotion	25%	Moderate (27)	Quadrant IV
3.2 Health Communication	25%	Moderate (31)	Quadrant IV
3.3 Risk Communication	75%	Optimal (84)	Quadrant II
4.1 Constituency Development	50%	Moderate (43)	Quadrant I
4.2 Community Partnerships	50%	Moderate (47)	Quadrant I
5.1 Government Presence at the Local Level	75%	Optimal (77)	Quadrant II
5.2 Public Health Policy Development	25%	Significant (51)	Quadrant IV
5.3 Community Health Improvement Process	50%	Significant (75)	Quadrant II
5.4 Plan for Public Health Emergencies	75%	Optimal (100)	Quadrant II
6.1 Review and Evaluate Laws, Regulations, and Ordinances	25%	Optimal (100)	Quadrant III
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	25%	Significant (75)	Quadrant III
6.3 Enforce Laws, Regulations and Ordinances	50%	Optimal (98)	Quadrant II
7.1 Identification of Populations with Barriers to Personal Health Services	50%	Significant (63)	Quadrant I
7.2 Assuring the Linkage of People to Personal Health Services	75%	Moderate (34)	Quadrant I
8.1 Workforce Assessment Planning, and Development	25%	Minimal (16)	Quadrant IV
8.2 Public Health Workforce Standards	25%	Optimal (100)	Quadrant III
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	25%	Significant (75)	Quadrant III
8.4 Public Health Leadership Development	25%	Moderate (36)	Quadrant IV
9.1 Evaluation of Population-based Health Services	50%	Significant (54)	Quadrant I
9.2 Evaluation of Personal Health Care Services	50%	Significant (67)	Quadrant II
9.3 Evaluation of the Local Public Health System	50%	Moderate (28)	Quadrant I
10.1 Fostering Innovation	25%	Moderate (47)	Quadrant IV
10.2 Linkage with Institutions of Higher Learning and/or Research	50%	Optimal (92)	Quadrant II
10.3 Capacity to Initiate or Participate in Research	25%	Significant (53)	Quadrant IV

Figure 10: Scatter plot of Essential Service scores and LHD contribution scores

Essential Service data are calculated as a mean of model standard ratings within each Essential Service.

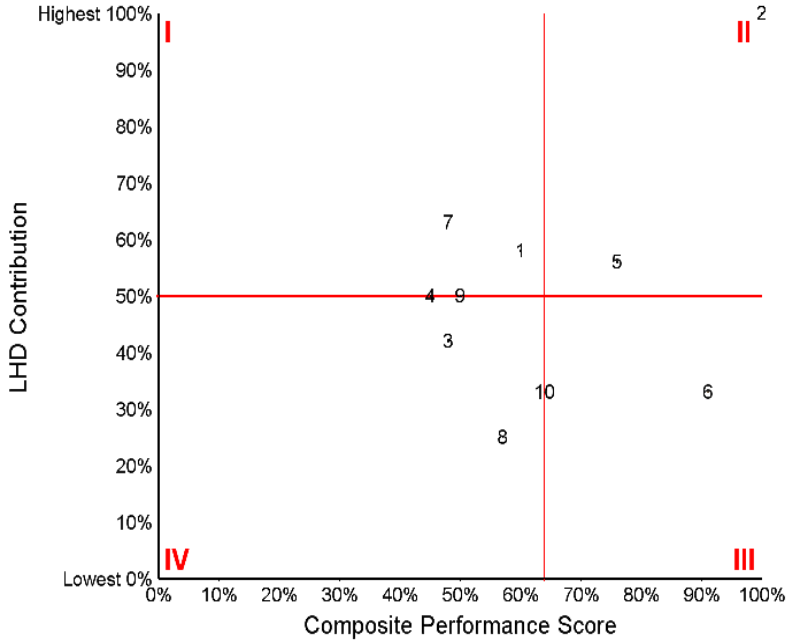
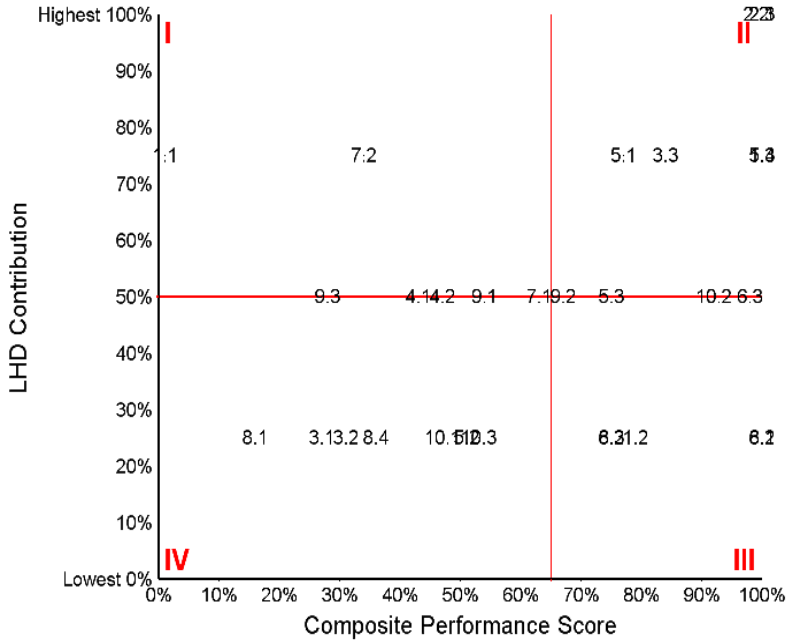


Figure 11: Scatter plot of model standard scores and LHD contribution scores



APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation -** NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.

- **NPHPSP User Guide -** The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (http://www.cdc.gov/NPHPSP/PDF/UserGuide.pdf).

- **NPHPSP Online Tool Kit -** Additional resources that may be found on, or are linked to, the NPHPSP website (http://www.cdc.gov/NPHPSP/generalResources.html) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.

- **NPHPSP Online Resource Center -** Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standards, essential public health service, and keyword.;

- **NPHPSP Monthly User Calls -** These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.

- **Annual Training Workshop -** Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (http://www.cdc.gov/nphpsp/annualTrainingWorkshop.html) for more information.

- **Public Health Improvement Resource Center at the Public Health Foundation -** This website (www.phf.org/improvement) provides resources and tools for evaluating and building the capacity of public health systems. More than 100 accessible resources organized here support the initiation and continuation of quality improvement efforts. These resources promote performance management and quality improvement, community health information and data systems, accreditation preparation, and workforce development.

- **Mobilizing for Action through Planning and Partnerships (MAPP) -** MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.

Duncan Regional Hospital Data

Physician Information

Total # of office-based medical providers dedicated to Stephens County:

Physicians:	38
Allied Health:	13

Hospital Information:

	# Beds	# Patients
Medical/Surgical	73	4,116
ICU	9	591
Birth Center	11	605
Nursery	14	557
Inpatient Rehab	12	245
Skilled Nursing	16	349
Inpt Geripsych	12	246
Outpatient		43,449
Emergency		33,467

Total # of ER admissions: 3,439 10.3% of all ED visits result in admission to hospital

Top 10 Reasons for Hospitalization

1. Rehab/Aftercare (CRU & SNF)
2. Maternal/Child Care
3. Joint Procedures
4. Mental/Psych
5. Sepsis
6. Pneumonia
7. COPD
8. Heart Failure
9. Stroke/TIA
10. Esophagitis/Gastroenteritis

Top 10 Chronic Conditions

1. Hypertension
2. Chronic Obstructive Pulmonary Disease
3. Diabetes Mellitus
4. Heart Failure
5. Hyperlipidemia
6. Coronary Artery Disease
7. Hypothyroidism
8. Chronic Renal Disease
9. Cardiac Dysrhythmia
10. Cancer

Top 10 Outpatient Services

1. Lab Services
2. Physical Rehab (PT/OT/ST)
3. Emergency Services
4. Physician Offices (Solutions)
5. Radiology
6. Home Health Care
7. Cardiac Services
8. Outpatient Surgery
9. Hospice
10. Wound Care

Top 10 Cancer Procedures *

1. Lung and Bronchus
2. Breast
3. Colon and Rectum
4. Prostate
5. Bladder
6. Melanoma of Skin
7. Kidney and Renal Pelvis
8. Non-Hodgkins Lymphoma
9. Leukemia
10. Oral Cavity and Pharynx

* Source - CDC's National Program of Cancer Registries Cancer Surveillance System (CPCR-CSS) January 2012 data submission and SEER November 2011 submission.

Percent of Inpatient Admissions with History of Drug Abuse: 10%

Payment/Insurance:

% of patients that have some form of third party paymer	85.3%
% of patients that do not pay :	14.7%

Taylor LeNorman - McCasland Cancer Center

# of Patients: 1632

TOP CHRONIC DIAGNOSIS BY FINANCIAL CLASS

Data collected for Calendar Year 2012

Diagnosis	Medicare	Medicaid	Insured	Uninsured
Hypertension	37.6%	2.2%	5.8%	2.1%
Diabetes	16.7%	1.6%	3.9%	0.3%
Coronary Artery Disease	16.2%	0.8%	1.5%	0.4%
Hyperlipidiemia	15.0%	0.6%	2.0%	0.7%
Heart Failure	15.6%	0.7%	1.0%	0.3%
Hypothyroidism	14.0%	0.7%	2.0%	0.5%
Dysrhythmias	12.3%	0.4%	1.1%	0.2%
Chronic Renal Disease	10.9%	0.4%	0.9%	0.2%
COPD	10.0%	0.6%	0.9%	0.4%
Cancers	6.5%	0.7%	1.9%	0.4%
Asthma	2.2%	1.1%	0.7%	0.3%
Stroke	2.4%	0.1%	0.1%	0.1%

TOP CHRONIC DIAGNOSIS BY RACE

Data collected for Calendar Year 2012

Diagnosis	African American	Hispanic	Indian/ Alaskan	Caucasian	Other
Hypertension	16.2%	7.9%	15.9%	15.2%	44.8%
Heart Failure	7.7%	7.3%	18.8%	8.4%	57.7%
Diabetes	7.7%	7.2%	18.8%	8.4%	57.8%
Asthma	6.0%	2.0%	2.9%	2.4%	86.7%
Coronary Artery Disease	1.7%	1.1%	2.2%	4.1%	91.0%
Dysrhythmias	1.0%	0.5%	3.6%	2.9%	92.0%
Hyperlipidiemia	1.1%	0.7%	2.2%	3.2%	92.8%
Cancers	1.2%	1.1%	0.7%	3.4%	93.6%
Hypothyroidism	0.9%	0.9%	1.4%	3.0%	93.7%
Chronic Renal Disease	1.8%	0.9%	1.4%	2.1%	93.8%
COPD	1.1%	0.7%	0.0%	2.9%	95.3%
Stroke	0.6%	0.4%	0.0%	0.8%	98.2%