

Kingfisher County Community Health Improvement Plan



December 14, 2015
Kingfisher County, Oklahoma

Community Contributors

Cashion Emergency Management System	Oklahoma Department of Mental Health and Substance Abuse Services
Cashion Police Department	Oklahoma Family Network
Chisholm Trail Technology Center	Oklahoma Health Care Authority
City of Kingfisher	Oklahoma State Department of Health
Community Health Improvement Organization (CHIO)	Oklahoma State University Extension Office
Compassion Clinic	PreventionWorkz
Kingfisher County Board of Health	Red Rock Systems of Care
Kingfisher County Health Department	Smart Start Kingfisher County
Kingfisher Fire Department	SoonerSUCCESS
Kingfisher Police Department	Students Working Against Tobacco (SWAT)
Kingfisher Public Schools	Tobacco Settlement Endowment Trust Healthy Living Program
Lomega Public Schools	Turning Point
Mercy Hospital Kingfisher	
Northwest Area Health Education Center Rural Health Projects	
Oklahoma Commission on Children and Youth	
Oklahoma Department of Human Services	

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Kingfisher Community Collaboration, Inc. (KCC) was initially organized in 1997 and has worked to assist our schools and improve communication among the many area help agencies and organizations. The Collaborative role in the community is always evolving based on the culture and issues impacting the county. KCC has been successful in sustaining projects that have proven outcomes and recognized those that have not.

KCC used the MAPP (Mobilizing for Action through Planning and Partnerships) process in order to develop this five-year Community Health Improvement Plan.

Currently, according to the 2015 County Health Rankings & Roadmaps published by the Robert Wood Johnson Foundation, Kingfisher County ranks first out of 77 counties in overall health outcomes. This has not allowed KCC to slow down but to encourage it to do more to maintain this healthy status.

KCC and partners became a Certified Health Improvement Organization (CHIO), which gave KCC a grant opportunity from the OU Health Science Center to collaborate with primary care physicians to make preventive health care a necessary step in primary care.

KCC has also collaborated with Kingfisher physicians and faith based organizations to provide the Compassion Clinic to the residents of Kingfisher County and surrounding areas. This project provides medical care to people that are uninsured or underinsured. All costs are donated through churches, community events, or volunteerism.

Because KCC members and partners know that money and time can often be a reason for people to not take care of their own personal health, KCC has made it a mission to partner and offer programs and means of service to the community for FREE.

KCC is working to build healthy communities today for a healthy Kingfisher County tomorrow.

Executive Summary

Throughout 2014, the Kingfisher Community Collaborative conducted community health assessments to determine the health status of county residents. The Collaborative used the “Mobilizing for Action through Planning and Partnerships” (MAPP) process. This process involved the following six phases:

1. Partnership Development/Organizing for Success
2. Visioning
3. Four community-based assessments:
 - Community Themes and Strengths
 - Local Public Health System
 - Forces of Change
 - Community Health Status
4. Identify Strategic Issues
5. Formulate Goals and Strategies
6. Action Cycle—Plan, Do, Check, Act

In May 2015, the Collaborative began dedicating its regularly scheduled coalition meetings to fulfill “Phase 4: Identify Strategic Issues.” The data was reviewed and ten elements were identified as having particular importance in Kingfisher County:

- Alcohol abuse
- Cancer
- Cardiovascular health
- Diabetes
- Influenza/Pneumonia
- Obesity
- Teen pregnancy
- Tobacco

- Unintentional death
- Uninsured

Following review and discussion of the ten elements, five priority issues were chosen:

- Alcohol, Tobacco, and Other Drugs
- Behavioral Health
- Cardiovascular Health
- Obesity
- Teen Pregnancy

To fulfill “Phase 5: Formulate Goals and Strategies,” the Collaborative as a whole developed goals and strategies for addressing the five priority issues. The plan that follows is the final product of that process and provides the platform for “Phase 6: Action Cycle.”

While this Community Health Improvement Plan provides specific focus for five priority issues, the Kingfisher Community Collaborative will not limit its activities to these issues alone.

Demographics

2010 Demographics	Oklahoma	%	Kingfisher County	%
Total Population	3,751,351		15,034	
Age				
19 years and under	1,041,610	27.8	4,374	29.1
20 - 64 years	2,203,027	58.8	8,403	55.9
65 + years	506,714	13.4	2,257	15.0
Gender				
Male	1,856,977	49.5	7,434	49.4
Female	1,894,374	50.5	7,600	50.6
Race/Ethnicity				
White	2,706,845	72	12,707	84.5
Hispanic or Latino	332,007	9	2,022	13.4
African American	277,644	7	170	1.1
Asian	65,076	2	42	0.3
American Indian & Alaska Native	321,687	9	465	3.1
Native Hawaiian & Pacific Islander	4,369	<1	0	0.0
Other	154,409	4	1,176	7.8
Identified by two or more	221,321	6	474	3.2
Selected Economic Characteristics				
Mean household income (dollars)	65,977	X	62,818	X
Median household income (dollars)	49,937	X	53,466	X
Mean travel time to work (minutes)	27.0	X	21.7	X
Percent unemployed	6.6	X	3.9	X

2010 Census Bureau Report

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

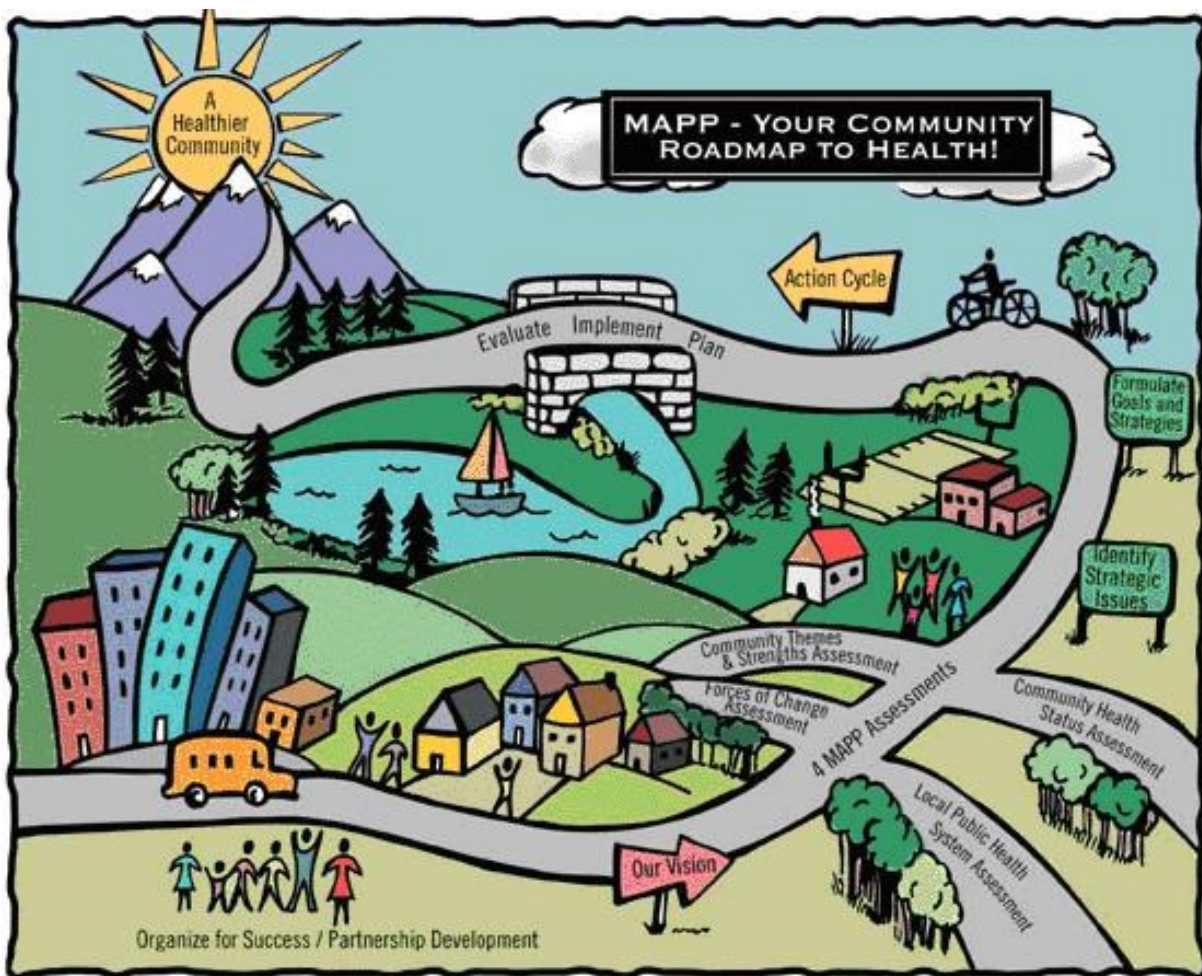
MAPP Overview



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

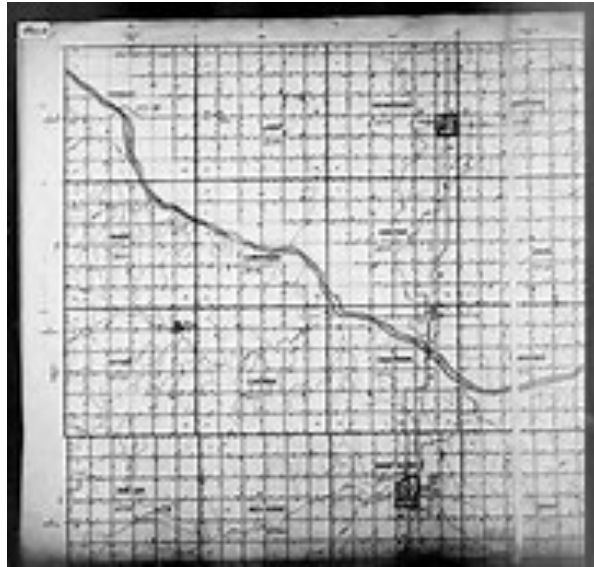
- **Partnership Development** - The Kingfisher Community Collaborative was initially organized in 1997 and has worked to assist schools and improve communication among the many area help agencies and organizations. The Collaborative role in the community is always evolving based on the culture and issues impacting the county. KCC has been successful in sustaining projects that have proven outcomes and recognized those that have not.
- **Four MAPP Assessments** - beginning in the fall of 2014, the Collaborative conducted the four assessments (Community Health Status Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and Local Public Health Systems Assessment). The assessments were completed over a one year period.
- **Identifying Strategic Issues** - After reviewing the assessment data, ten elements were identified for closer review and discussion. The priority areas for improvement were selected from these ten elements. The ten elements were: Alcohol Abuse, Cancer, Cardiovascular Health, Diabetes, Influenza/Pneumonia, Obesity, Teen Pregnancy, Tobacco, Unintentional Death, Uninsured. Discussion about these issues also identified a cross-cutting issue of behavioral health.

- **Visioning** - This phase was completed in the initial strategic planning meetings. Using various vision statements from participating agencies, the group discussed what a healthy Kingfisher County would look like. The discussion led to a consensus on a single vision statement for the strategic planning process.
- **Identify Strategic Issues** - From the ten elements, the group selected five top priorities to include in the Community Health Improvement Plan. They were: Alcohol, Tobacco and Other Drugs; Behavioral Health; Cardiovascular Health; Obesity; and Teen Pregnancy.
- **Formulate Goals and Strategies** - Once the priorities were selected, the Collaborative formulated goals and brainstormed strategies for addressing the five priority issues. The Collaborative discussed these goals and strategies at length for review, modification and approval.
- **Action Cycle** - With completion of the initial plan, the action cycle begins. Workgroups will meet as necessary to continue planning, implementation, and evaluation. The Collaborative will work to ensure that organizations, agencies, coalitions, and volunteer groups throughout the county are invited to join this ongoing effort of improving health.



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

Kingfisher County



Limited archaeological surveys may have discovered evidence of pre-contact peoples, including Paleo-Indian and Archaic (6000 BC—1 AD) groups that used the area for hunting and foraging. The historic Osage, Cheyenne, and Comanche tribes traversed the prairie grasslands of this area.

Before the county's creation, many routes of The Chisholm Trail crossed the area. A stage road which paralleled the trail had important stops at Dover Station, King Fisher Station and Baker Station.

The area was given to the Creek Nation by the federal government after their forced removal from Georgia. At the end of the American Civil War, the Creeks were forced to cede the land back to the federal government for siding with the Confederacy. It became part of the Unassigned Lands, and the area was opened to non-Indian settlement in the land run on April 22, 1889. Several towns, including Kingfisher, developed soon after the land run.^[1]

When Oklahoma Territory was created on May 2, 1890, this area was originally called County 5. At an August 5, 1890 election, the voters of County 5 overwhelmingly voted for the Name "Kingfisher" over "Hennessey" and "Harrison." The origin of the name is unclear. The *Encyclopedia of Oklahoma History and Culture* mentions three different possibilities. The first is that the name memorialized a local rancher, David King Fisher. The second version is that King and Fisher were two different settlers whose names were combined for the county and town. The third explanation was that the name was for a rancher named John Fisher and for whom Uncle Johns Creek was named.^[2]

1. Oklahoma Territory's First Land Run, okgenweb.org.
2. Everett, Dianna. "Kingfisher County." *Encyclopedia of Oklahoma History and Culture*. Oklahoma Historical Society, 2009.

Public Health Priority Issues

Issue One:

Alcohol, Tobacco, and Other Drugs

According to the US Department of Health and Human Services, the misuse and abuse of alcohol, over-the-counter medications, illicit drugs, and tobacco affect the health and wellbeing of millions of Americans. About two-thirds (66.6%) of people aged 12 or older reported in 2014 that they drank alcohol in the past 12 months, with 6.4% meeting criteria for an alcohol use disorder. Also among Americans aged 12 or older, the use of illicit drugs has increased over the last decade from 8.3% of the population using illicit drugs in the past month in 2002 to 10.2% (27 million people) in 2014. Of those, 7.1 million people met criteria for an illicit drug use disorder in the past year. The misuse of prescription drugs is second only to marijuana as the

nation's most common drug problem after alcohol and tobacco, leading to troubling increases in opioid overdoses in the past decade. An estimated 25.2% (66.9 million) of Americans aged 12 or older were current users of a tobacco product. While tobacco use has declined since 2002 for the general population, this has not been the case for people with serious mental illness where tobacco use remains a major cause of morbidity and early death.¹

In Oklahoma, smoking kills more people than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined.² Each year, about 4,400 Oklahoma children become new daily smokers.³ Unintentional poisonings increased over the past decade 370% primarily due to prescription drugs. Adults aged 35-54 accounted for more than 50% of these deaths.^{4,5}

The 2014 Kingfisher County Community Themes and Strengths



Assessment indicated that Kingfisher County residents ranked alcohol abuse as the most important risk behavior in their communities and drug abuse as being the third most important.

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility reported Kingfisher County's alcohol consumption rate of 19.70%, compared to the state at 13.90% and the nation at 16.94%, putting Kingfisher County in the "red" on this report's dashboard indicator scale. This indicator reports the percentage of adults aged 18 and older who self-reported heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women).

1. Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>
2. Centers for Disease Control and Prevention. State-Specific Smoking Attributable Mortality and Years of Potential Life Lost - United States, 2000-2004. January 22, 2009.
3. New underage daily smoker estimate based on data from U.S. Department of Health and Human Services (HHS), "Results from the 2010 National Survey on Drug Use and Health," with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.
4. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Retrieved from <http://www.health.ok.gov/ok2share>.
5. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2005). Web-based injury Statistics Query and Reporting System (WISQARS). Available from <http://www.cdc.gov/ncipc/wisqars>.

Alcohol, Tobacco, and Other Drugs

Objectives:

- By 2020, decrease the percentage of adults reporting binge or heavy drinking from 19% to 14%. (As reported by the County Health Rankings & Roadmaps published by the Robert Wood Johnson Foundation)
- By 2020, decrease the rate of current smoking prevalence from 19.6% to 14%. (As reported by the Oklahoma State Department of Health). Kingfisher County ranked among the top 10 (best) for adult smoking rate.
- By 2020, decrease the rate of high school sophomores who obtain prescription drugs from family/relatives from 25.0% to 15.0%. (As reported by the Oklahoma Data Query System - Kingfisher)

Strategy 1: Decrease alcohol consumption

- Partner with law enforcement to conduct compliance checks to decrease the sales of alcohol to those under 21. (*Healthy People 2020 Alcohol Use*)
- Increase number of convenience store staff that participate in Responsible Beverage Service and Sales (RBSS) training. (*Healthy People 2020 Alcohol Use*)
- Educate parents, youth, and the community on effects of underage drinking via school newsletters, parent-teacher meetings, social media, newspapers, etc. (*OSDH Strategic Map: B2*)

Strategy 2: Decrease tobacco use

- Partner with law enforcement to conduct compliance checks for selling tobacco to minors
- Increase number of schools, communities, and businesses that adopt and implement tobacco free 24/7 policies, including the use of e-cigarettes. (*OSDH Strategic Map: B5*)
- Promote Tobacco Helpline and increase fax referrals from health providers. (*OSDH Strategic Map: A2 and A4*)

Strategy 3: Decrease abuse and access to prescription drugs

- Partner with local pharmacies and physicians to educate youth on prescription drug use
- Promote the prescription drug drop box locations throughout the county

Strategy 4: Cross-cutting efforts

- Increase the number of Certified Health Oklahoma Programs. (*Healthy People 2020 Tobacco Use, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Tobacco Use*)
- Increase number of schools that participate in the Prevention Needs Assessment Survey by the Oklahoma Department of Mental Health and Substance Abuse Services. Educate them on how important survey data is to substance abuse prevention
- Increase parent education on ways to keep youth from starting use of alcohol, tobacco and/or other drugs

Activities for this strategic issue include, but are not limited to:

- ◆ Educate parents, youth and community on effects of underage drinking and drug use via school newsletters, PTG meetings, social media, newspapers, etc.
- ◆ Partner with schools to offer parent education nights/forums by incentivizing with class points, free tardy pass, etc.
- ◆ Create parent groups on social media to increase education and awareness of such issues
- ◆ Explore the use of “Remind 101” app to utilize with parent groups for education purposes
- ◆ Offer resources and education via school fairs, health fairs, and county fairs, and other public events

Lead Organization(s): PreventionWorkz
Kingfisher County Health Department
Red Rock BHS Prevention Programs
TSET Healthy Living Program

Policy Changes Needed: Certified Healthy Oklahoma certification for businesses, campuses, communities, congregations, early childhood programs, restaurants, and schools that are committed to supporting healthy choices through environmental and policy change. This includes clean indoor air and tobacco free policies.

Restore Local Control through the Oklahoma Legislature

Resources: TSET Healthy Living Program
Youth Action Teams
Oklahoma Department of Mental Health and Substance Abuse Services

Barriers: Lack of baseline data
Culture

Behavioral Health

According to the U.S. Department of Health and Human Services:

- Depression is the third most common reason for a visit to a health center after diabetes and hypertension.
- Suicide is a major public health issue; there is one suicide every 15 minutes.
- Children and youth who are bullied are more likely to be depressed, lonely, anxious, and have low self esteem and think about suicide.
- About one in four adults suffers from a mental disorder in a given year.
- Visits to emergency rooms involving the misuse of prescription drugs have doubled in the last five years.

While the Collaborative discussed the ten elements identified by the Community Health Assessment, it further identified behavioral health as a cross-cutting issue. A number of measures and recent community activity reinforced the decision to select behavioral health as a priority.

The 2014 Kingfisher County Community Themes and Strengths Assessment indicated Kingfisher County residents ranked mental

health problems as the fourth most important health problem in the county (tied with diabetes).

The 2014 State of the State's Health Report indicated a rate of poor mental health days at 20.4%, earning a grade of "B." It further indicated the suicide rate was too low to report. This was supported by other findings in the Community Health Assessment. However, the Collaborative reported that recent suicide activity had increased throughout the county and likely had not been captured by the most recent data.

The 2014 County Health Rankings & Roadmaps by the Robert Wood Johnson Foundation reported a ratio for mental health providers of 1,895:1. This was not identified as an "area to explore" but still did not compare well to the state ratio of 438:1 and the 90th percentile of US performers at 536:1. This indicated a lack of access to behavioral health resources.

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility reported Kingfisher County's alcohol consumption rate at 19.70%, compared to the state at 13.90% and the nation at 16.94%, putting



Kingfisher County in the "red" on this report's dashboard indicator scale. Though this indicator has been discussed in Issue One, it is relevant to this Issue because alcohol consumption may illustrate a cause of untreated mental and behavioral health needs.

The 2015 Community Health Status Indicators (CHSI) by the Centers for Disease Control and Prevention indicated three social factors in the moderate, or "yellow" range of its at-a-glance indicator scale. They were; children in single-parent households (23.1%)¹, high housing costs (21.8%)², and no high school diploma (15.3%)³. Deficiencies in all three factors can contribute to emotional or behavioral difficulties. All other factors finished in the better, or "green" range of the scale, and no factors finished in the worse, or "red" range.

1. Blackwell DL. Family structure and children's health in the United States: Findings from the National Health Interview Survey, 2001-2007. National Center for Health Statistics. Vital Health Stat 10(246). 2010. Available at http://www.cdc.gov/nchs/data/series/sr_10/sr10_246.pdf
2. L. Freeman. America's affordable housing crisis: a contract unfulfilled. Am J Public Health, 92 (2002), pp. 709-712 Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447149/>
3. National Prevention Council, National Prevention Strategy, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011. Available at <http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>

Behavioral Health

Objectives:

- By 2020, decrease the number of poor mental health days for adults from 4+ days per month to 2 days per month, or from 20.4% to 10.2%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)
- By 2020, decrease percentage of adults aged 18 and older who self-report insufficient social and emotional support all or most of the time from 13.80% to 7.0% as reported by the Community Health Needs Assessment Report by the Institute for People, Place and Possibility (June 12, 2014). This is relevant because social and emotional support is critical for navigating the challenges of daily life and for good mental health.

Strategy 1: Eliminate behavioral health stigma

- Eliminate stigma of behavioral health through coordinated messaging presented at every possible opportunity at community events and through standard and social media

Strategy 2: Increase education *(OSDH Strategic Map: F)*

- Increase public awareness of the resources offered in the county
- Increase public awareness of the support groups offered in the county
- Decrease the incidence of suicide attempts and deaths
- Educate professionals on issues of behavioral health
- Educate primary care doctors on referrals to behavioral health professionals
- Educate on the importance of taking medications continually

Strategy 3: Increase resources

- Improve the ratio of mental health providers as reported by the Robert Wood Johnson Foundation County Rankings and Roadmaps. *(Healthy People 2020 Mental Health and Mental Disorders, Oklahoma Health Improvement Plan Health Oklahoma 2020 Social Determinants)*
- Decrease rate of no insurance coverage as reported by the Oklahoma State Department of Health's CDC BRFSS Data. A lack of healthcare coverage is a barrier to accessing medical care. Individuals without health insurance are less likely to receive preventive care and are more likely to delay treatment.¹ *(Healthy People 2020 Access to Health Services, Oklahoma Health Improvement Plan Health Oklahoma 2020 Social Determinants)*
- Increase number of providers who accept private pay.

1. Kaiser Commission on Medicaid and the Uninsured. Sicker and Poorer: The Consequences of Being Uninsured. Menlo Park, CA: The Henry J. Kaiser Family Foundation. May 2002. Available at <<http://www.kff.org/uninsured/upload/Full-Report.pdf>>.

Strategy 4: Counseling services

- Increase regular support groups that provide support for grief, divorce, suicide, and other specific behavioral health issues
- Increase the use of Mercy Hospital Kingfisher's Tele-Med as a behavioral health resource

Lead Organization(s): Mercy Hospital Kingfisher
Red Rock
Children's Behavioral Health
Sooner Success
NAMI

Policy Changes Needed: None

Resources: Red Rock Youth Care

Barriers: Need counseling services, both inpatient and outpatient
Funding

Cardiovascular Health

According to the Centers for Disease Control and Prevention, heart disease continues to be the leading cause of death in the United States. According to the Oklahoma State Department of Health's Chronic Disease Service, Oklahoma had the third highest death rate for heart disease and the fourth highest death rate for stroke in the nation in 2010. High blood pressure, high cholesterol, smoking, physical inactivity, obesity, poor diet, and diabetes are the leading causes of cardiovascular disease.

The 2014 Kingfisher County Community Themes and Strengths Assessment indicated that Kingfisher County residents ranked heart disease and stroke as the second most important risk behavior in their communities. Diabetes, a contributor to cardiovascular disease, was ranked third (tied with mental health problems). Among the most important risk behaviors identified were; being overweight (2nd), poor eating habits (tied for 4th), tobacco use (tied for 4th), and lack of exercise (6th). All of these are contributing factors to cardiovascular disease.

According to the 2014 State of the State's Health Report, heart disease was the leading cause of death in Kingfisher County with a rate of 254.3 per 100,000, compared to the state at 235.2 and the U.S. at 179.1, earning a grade of "F." However, the county's rate of stroke was 32.2 per

100,000, compared to the state at 50.0 and the U.S. at 39.1, earning a grade of "B."

Nearly two-thirds of Oklahomans are classified as obese or overweight. The state consistently ranks low for fruit and vegetable consumption and physical activity. Both of these factors contribute to cardiovascular disease. According to the 2014 State of the State's Health Report, Kingfisher County exhibits the following:

- Obesity rate of 32.3% (grade of "D")
- Minimal fruit consumption is 50.4% (grade of "F")
- Minimal vegetable consumption is 26.2% (grade of "D")
- No physical activity at 28.8% (grade of "D")

Though tobacco use is included in Issue One, it is also a significant contributing factor to cardiovascular health. According to the 2014 State of the State's Health Report, the county's smoking prevalence was 19.6%, compared to the state at 23.3% and the U.S. also at 19.6%, earning a grade of "C." Though this is the fourth lowest percentage of adult smokers in the state, it still represents a significant level of tobacco use in the county and,



therefore, a significant contributor to the high rate of heart disease.

According to the 2014 State of the State's Health Report, diabetes was a leading cause of death in the county with a rate of 23.5 per 100,000, compared to the state at 26.9 and the U.S. at 20.8, earning a grade of "D." The rate of diabetes prevalence in the county was 11.2%, compared to the state at 11.5% and the U.S. at 9.7%, earning a grade of "D."

A number of other reports in the Kingfisher County Community Health Assessment (i.e., 2014 State of the County's Health Report; 2014 County Health Rankings & Roadmaps by the Robert Wood Johnson Foundation; Community Health Needs Assessment Report by the Institute for People, Place and Possibility) all reported a number of indicators that supported the importance of selecting cardiovascular health as a significant issue in Kingfisher County.

Cardiovascular Health

Objectives:

- By 2020, decrease the rate of heart disease from 254.3 per 100,000 to 179.1. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)
- By 2020, decrease the rate of cerebrovascular disease (stroke) from 32.2 per 100,000 to 28.0. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)

Strategy 1: Access to Care

- Increase the rate of usual source of care. People with one or more personal health care providers are more likely to receive routine preventive health care services.¹ (*Healthy People 2020 Objective and Leading Health Indicator, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants, OSDH Strategic Map: C1*)
- Decrease the rate of no insurance coverage. A lack of healthcare coverage is a barrier to accessing medical care. Individuals without health insurance are less likely to receive preventive care and are more likely to delay treatment.² (*Healthy People 2020 Access to Health Services, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants*)
- Decrease the ratio for primary care physicians. While high rates of specialist physicians have been shown to be associated with higher, perhaps unnecessary utilization, sufficient availability of primary care physicians is essential for preventive and primary care and, when needed, referrals to appropriate specialty care.^{3,4} (*Healthy People 2020 Access to Health Services, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants*)

Strategy 2: Education

- Offer at least one presentation every year to identified schools, churches, senior citizens, and civic organizations on the topic of cardiovascular health, heart disease, and stroke. This will include recognition of signs and symptoms and emergency response techniques and strategies. (*Healthy People 2020 Heart Disease and Stroke, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Health Transformation, OSDH Strategic Map: F*)
- Offer at least one presentation every year to identified church, senior citizen, and civic organizations on the importance of establishing a medical health home and the effect it has on cardiovascular health in particular and overall health in general. (*Healthy People 2020 Access to Health Services, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants, OSDH Strategic Map: F*)

1. Corbie-Smith G, Flagg EW, Doyle JP, and O'Brien MA. (2002). Influence of usual source of care on differences by race/ethnicity in receipt of preventive services. *Journal of General Internal Medicine*. 17:458-464.
2. Kaiser Commission on Medicaid and the Uninsured. Sicker and Poorer: The Consequences of Being Uninsured. Menlo Park, CA: The Henry J. Kaiser Family Foundation. May 2002. Available at <<http://www.kff.org/uninsured/upload/Full-Report.pdf>>.
3. Steinbrook R. Easing the shortage in adult primary care -- Is it all about money? *N Engl J Med*. 2009;360:2696-2699.
4. Baicker K, Chandra A. Medicare spending, the physician workforce, and beneficiaries' quality of care. *Health Aff*. April 7, 2004; w4. 184-197.

- Offer at least one presentation every year to county hospitals and clinics on the importance of preventative care and value-based pay. *(Healthy People 2020 Access to Health Services, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Social Determinants, OSDH Strategic Map: F)*
- Teach CPR, first aid, and AED classes that include training on the recognition of signs and symptoms of heart attack and stroke and on providing first responder care. *(OSDH Strategic Map: F)*
- Participate at every opportunity at community and school health fairs and community service events to teach stroke symptom recognition. *(OSDH Strategic Map: F)*
- Assist community partners, such as Mercy Hospital Kingfisher, publicize their telemedicine services for treating cardiovascular diseases (ex., Telestroke). *(OSDH Strategic Map: C1)*
- Promote Mercy’s exercising programs and support groups.
- Provide education classes to senior citizens. *(OSDH Strategic Map: F)*

Strategy 3: Policies and Incentives

- Facilitate the increase in number of Certified Health Oklahoma Programs. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Call to Action, OSDH Strategic Map: B3)*

The Certified Healthy Oklahoma Program is a free, voluntary statewide certification. The certification showcases businesses, campuses, communities, congregations, early childhood programs, restaurants, and schools that are committed to supporting healthy choices through environmental and policy change. These entities are working to improve the health of Oklahomans by implementing elements, policies, and programs that will help Oklahomans eat better, move more, and be tobacco free.

Strategy 4: Physical Activity and Nutrition

- The Kingfisher County Health Department is promoting physical activity in public schools, businesses, and communities through a partnership with the Oklahoma Tobacco Settlement Endowment Trust (TSET). *(Healthy People 2020 Physical Activity, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Call to Action, OSDH Strategic Map: B4)*
- The Kingfisher County Health Department is partnering with TSET to develop strategies that make fruits and vegetables more accessible and affordable within schools, worksites, and communities. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity, OSDH Strategic Map: B4)*
- Encourage making fruits, vegetables, and other healthy foods and beverages more available in worksite snack bars, cafeterias, and vending machines. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity, OSDH Strategic Map: A4)*
- Facilitate the offering of free and/or low cost classes for physical activity, nutrition, health education, and other related topics. *(OSDH Strategic Map: F)*

Lead Organization:	Kingfisher County Health Department Mercy Hospital Kingfisher OSU Extension Office
Policy Changes Needed:	Certified Healthy Oklahoma certification for businesses, campuses, communities, congregations, early childhood programs, restaurants, and schools that are committed to supporting healthy choices through environmental and policy change. Physical education required in public schools to encourage physical activity and nutrition at an early age so that it may carry through to adulthood.
Resources:	Healthy Living Program, grant funded by the Tobacco Settlement Endowment Trust, administered by the Kingfisher County Health Department Mercy Hospital Telestroke Oklahoma Health Care Authority Kingfisher County Health Department CPR/First Aid training courses OSU Extension Office
Barriers:	Lack of knowledge and resources Culture Money No physical education requirement in public schools

Obesity

According to the Centers for Disease Control and Prevention, obesity is common, serious and costly. In 2009-2010, more than one-third of U.S. adults (35.7%) were obese. The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.¹ In Oklahoma, the estimated medical cost of obesity in 2014 was \$1.72 billion.

According to the 2014 State of the State's Health Report, Oklahoma has the sixth highest obesity rate in the nation.² It increased from one in seven adults in 1995 to one in three in 2010.

Obesity is associated with increased early mortality. Excess weight increases the risk of developing chronic disease such as heart disease, stroke, diabetes, and some cancers.³

As a person's Body Mass Index (BMI)

increases, so does the number of sick days, medical claims, and health care costs.⁴

In 2013, 12% of Oklahoma youth were obese and 15% were overweight.⁵ Only 37% of high school students had a physical education class at least once per week, and only 31% had daily physical education.⁶ Obesity can increase a child's risk for a range of health problems and negatively impact his/her mental health and school performance.^{7,8}

The 2014 State of the State's Health Report indicated an obesity rate for Kingfisher County of 32.3%, compared to the state at 32.2% and the U.S. at 27.6%, earning a grade of "D." The report also indicated rates for the following contributing risk factors and behaviors: minimal fruit consumption—50.4% ("F"), minimal vegetable consumption—26.2% ("D"), no physical activity—28.8%



("D"). Other public health reports indicated similar statistics (e.x., Robert Wood Johnson County Rankings & Roadmaps, Community Health Needs Assessment Report, CDC Community Health Status Indicators, etc.).

Kingfisher County residents appear to be aware of this significant issue. Within the Community Health Assessment, the community identified "being overweight," "poor eating habits," and "lack of exercise" among its most important risk behaviors.

1. Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. Available at www.cdc.gov/obesity/data/adult.html
2. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.
3. Galuska, D.A. and Dietz, W.H. (2010). Obesity and Overweight. In Remington, P., Brownson, R., and Wegner, M. Chronic Disease Epidemiology and Control (pp. 269-290). Washington, DC: American Public Health Association.
4. The Robert Wood Johnson Foundation, the American Stroke Association, and the American Heart Association. A Nation at Risk: Obesity in the United States, a Statistical Sourcebook. Dallas, TX: American Heart Association, 2005.
5. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information. Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
6. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance - United States 2010. MMWR Surveillance Summaries 59, no. SS05 (2010).
7. W.H. Dietz. Health Consequences of Obesity in Youth: Childhood Predictors of Adult Disease. Pediatrics 1010, no 3 (1998): 518-525.
8. A. Datar and R. Strum. Childhood Overweight and Elementary School Outcomes. International Journal of Obesity 30, (2006): 1449-1460.

Obesity

Objectives:

- By 2020, decrease the adult obesity rate from 32.3% to 27%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)
- By 2020, decrease the rate of reported minimal fruit consumption (<1/day) from 50.4% to 37.7% (U.S. rate in 2014 State of the State's Health Report). (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)
- By 2020, decrease the rate of reported minimal vegetable consumption (<1/day) from 26.2% to 22.6% (U.S. rate in 2014 State of the State's Health Report). (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)
- By 2020, decrease the rate of diabetes prevalence from 11.2% to 8%. (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)
- By 2020, decrease the rate of reported "no physical activity" from 28.8% to 22.9% (U.S. rate in 2014 State of the State's Health Report). (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, BRFSS data)

Strategy 1: Education

- Offer at least one presentation annually to identified church, senior citizen, parent, and civic organizations about the effects of obesity and benefits of weight reduction and management. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity)*

Activities for this strategy include, but are not limited to:

- ◆ Promote nutrition classes offered through community partners such as OSU Extension Office.
- ◆ Continue to make "Farm to You" available to youth in the community and schools.
- ◆ Continue to offer physical activity education to youth via Organ Wise Guys, 8th Grade Health Conferences, demonstrations, presentations, and other opportunities as identified.
- ◆ Provide healthy recipe cards to those who get food from local food pantries.
- ◆ Partner with community organizations to plan and implement obesity education presentation.

Strategy 2: Awareness

- Create a community awareness plan to empower residents about "making the healthy choice the easy choice." Plan will address increasing awareness and use of trail systems, available physical activities, and resources such as Bountiful Baskets. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity, OSDH Strategic Map: B4)*

Strategy 3: Nutrition

- Improve nutritional profile of healthy foods available to Kingfisher County residents. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity)*

Activities for this strategy include, but are not limited to:

- ◆ Partner with grocery stores to provide fruit/vegetable taste testing and lower cost produce.
- ◆ Increase number of convenience stores offering fresh fruits and vegetables.
- ◆ Increase use of Regional Food Bank's Backpack Program and food pantry program.
- ◆ Increase number of community and school gardens.
- ◆ Establish a farmers' market that accepts WIC and SNAP and maximizes vendor participation.

Strategy 4: Physical Activity

- Increase access to safe and affordable physical activity opportunities. (*Healthy People 2020 Nutrition and Weight Status and Physical Activity, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity, OSDH Strategic Map: G*)
- Increase number of schools that use Coordinated Approach to Child Health (CATCH) program from zero (0) to two(2). CATCH promotes physical activity and healthy food choices in preschool through middle school aged children and their families. Over 120 peer reviewed scientific publications support the effectiveness of CATCH in increasing physical activity and healthy eating^{1,2} and reducing overweight and obesity.^{3,4,5} (*Healthy People 2020 Nutrition and Weight Status and Physical Activity, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Obesity, OSDH Strategic Map: F*)

Activities for this strategy include, but are not limited to:

- ◆ Seek funding to complete Kingfisher walking trails, add lighting, and begin construction of walking trails in other municipalities.
- ◆ Increase number of schools implementing Walking School Buses and participating in the International Walk/Bike to School Day.
- ◆ Organize walking/biking clubs in each municipality.
- ◆ Increase number of schools that participate in the health lifestyles program.
- ◆ Increase number of schools that apply and implement the "Fuel Up To Play 60" grant.
- ◆ Partner to host free physical activity events (ex., Turkey Trot, Color Run, 5Ks).
- ◆ Support new playground plan by AMBUCS to provide safe play for children with disabilities.
- ◆ Host an annual bicycle ordeal to educate and encourage bicycle use and safety.
- ◆ Increase number of municipalities requiring housing developments to have sidewalks.

1. Luepker RV, Perry CL, McKinlay SM, et al. Outcomes of a field trial to improve children's dietary patterns and physical activity: The Child and Adolescent Trial for Cardiovascular Health (CATCH). *J Am Med Assoc.* 1996; 275:768-776.
2. Nader P, Stone EJ, Lytle LA, et al. Three year maintenance of improved diet and physical activity: the CATCH cohort. *Arch Pediatr Adolesc Med.* 1999;153(7):695-704.
3. Coleman KJ, Tiller CL, Sanchez MA, et al. Prevention of the epidemic increase in child risk of overweight in low-income schools: the El Paso coordinated approach to child health. *Arch Pediatr Adolesc Med.* 2005;159:217-222.
4. Hoelscher DM, Kelder SH, Perez A, et al. Changes in the regional prevalence of child obesity in 4th, 8th, and 11th grade students in Texas from 2000 - 2002 to 2004 - 2005. *Obesity.* 2010;18(7):1360-1368.
5. Hoelscher DM, Springer AE, Ranjit N, et al. Reductions in child obesity among disadvantaged school children with community involvement: the Travis County CATCH Trial. *Obesity.* 2010;18(S1):S36-44.

Strategy 5: Policies and Incentives

- Increase the number of Certified Health Oklahoma Programs from 16 to 40. *(Healthy People 2020 Nutrition and Weight Status, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Call to Action, OSDH Strategic Map: B3)*

The Certified Healthy Oklahoma Program is a free, voluntary statewide certification. The certification showcases businesses, campuses, communities, congregations, early childhood programs, restaurants, and schools that are committed to supporting healthy choices through environmental and policy change. These entities are working to improve the health of Oklahomans by implementing elements, policies, and programs that will help Oklahomans eat better, move more, and be tobacco free.

Activities for this strategy include, but are not limited to:

- ◆ Encourage local businesses, communities, restaurants, child cares, and congregations to apply for and achieve Certified Healthy Oklahoma recognition.
- ◆ Encourage local campuses and schools to reapply and achieve a higher level of Certified Healthy Oklahoma recognition.
- ◆ Provide technical assistance to organizations regarding policy/ordinance development and implementation, specifically for policies/ordinances required for Certified Healthy Oklahoma recognition.

Lead Organization(s): Kingfisher County Health Department
Mercy Hospital Kingfisher County
OSU Extension Office
Kingfisher Trails
TSET Health Living Program

Policy Changes Needed: Environmental and policy changes required to qualify for Certified Health Oklahoma status
Complete Streets approach for city planning

Resources: Tobacco Settlement Endowment Trust Wellness Grant
Certified Healthy Oklahoma Program
Oklahoma Department of Transportation

Barriers: Infrastructure funding

Teen Pregnancy

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. In 2011, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers. Effects of teen pregnancy remain for the teen mother and her child even after adjusting for those factors that increased the teenager's risk for pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having poor performance in school.¹

Compared with their peers who delay childbearing, teen mothers are less likely to finish high school (only one-third receive a high school diploma and only 1.5% have a college degree by age 30), more likely to live in poverty as adults, and more likely to rely on public assistance.²

According to the 2014 State of the State's Health Report, Oklahoma had

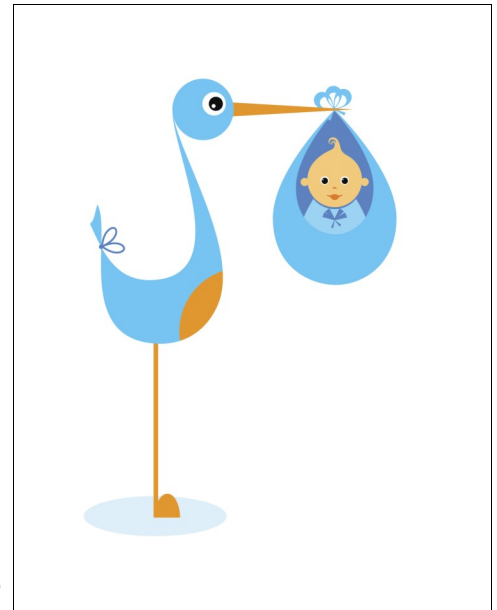
one of the worst state teen birth rates in the nation. Sixty-nine of Oklahoma's 77 counties had a teen birthrate higher than the national average.

For Kingfisher County, the 2014 State of the State's Health Report indicated a teen fertility rate of 19.7 per 1,000, compared to the state at 22.9 and the nation at 15.4, earning a grade of "D." This was an improvement from the rate reported in 2011 of 20.4, but still well above the national average. In comparison, New Hampshire had the best teen fertility rate at 5.4.

The 2014 State of the County's Health Report indicated a teen birth rate of 46.4 per 1,000 females ages 15 to 19 years. This was 11.1% lower than the state rate of 52.2,³ but 17.2% higher than the rate reported in the previous County Health Report.⁴

The 2015 Community Health Status Indicators (CHSI) by the Centers for Disease Control and Prevention indicated a teen birth rate of 48.4 per 1,000 females ages 15 to 19 years. This placed the indicator in the moderate, or "yellow" range of its at-a-glance indicator scale.

The County Health Rankings &



Roadmaps by the Robert Wood Johnson Foundation reported a teen birth rate of 46 per 1,000 females ages 15 to 19 years. Although this is very similar to findings reported above, the report did not identify this indicator as an area to explore. The Community Health Needs Assessment by the Institute for People, Place and Possibility also reported that Kingfisher County's teen birth rate was in the "green" on its dashboard indicator scale.

Despite the varied interpretations of the findings, the Kingfisher County Community Health Assessment indicated that county residents identified teenage pregnancy as a significant health problem in their communities.

1. Centers for Disease Control and Prevention, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion Available at [http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm#The Importance of Prevention](http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm#The%20Importance%20of%20Prevention)
2. Holcombe, E., Peterson, K., & Manlove, J. (March 2009). Research Brief: Ten Reasons to Still Keep the Focus on Teen Childbearing. Washington, DC: Childtrends.
3. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Birth Statistics, - Final. www.health.ok.gov/ok2share.
4. Oklahoma State Department of Health, Community Health, Community Epidemiology, 2010 County Health Report. <http://www.ok.gov/health>.

Teen Pregnancy

Objectives:

- By 2020, decrease the teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics)
- By 2020, increase the rate of first trimester prenatal care from 76.4% to 80% (As reported by the Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, Vital Statistics). Kingfisher County ranked among the top 10 (best) for mothers seeking first trimester care.
- Through 2020, approach each school system annually and offer to provide abstinence/safer sex education presentations using evidence based curricula.
- Through 2020, approach school system parent-teacher organization annually and offer to provide an overview of the abstinence/safer sex education presentations using evidence based curricula. Additional concepts to cover may include, but not be limited to: talking to youth about pregnancy prevention and safer sex; resources available to youth for pregnancy prevention; importance of parental involvement in the lives of their youth; etc.

•Strategy 1: Education

- Provide abstinence/safer sex education presentations to the 8th grade county health fair.
(Healthy People 2020 Family Planning, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Children's Health, OSDH Strategic Map: F)

Strategy 2: Awareness

- Offer at least one presentation annually to identified church, parent, school, and civic organizations on the importance of sex education to youth. Concepts may include, but not be limited to: the need to provide abstinence/safer sex education at a younger age (5th and 6th grade); pregnancy prevention resources available at the Kingfisher County Health Department to schools, parents, and communities; decreasing stigma associated with using health department pregnancy prevention resources; increasing awareness of other sources of pregnancy prevention methods available through private physicians and private insurance providers; etc. *(Healthy People 2020 Family Planning, Oklahoma Health Improvement Plan Healthy Oklahoma 2020 Children's Health, OSDH Strategic Map: F)*
- Increase awareness to private physicians about prevention methods available to the community.
- Ask physicians to educate their patients on methods of pregnancy prevention and safer sex.
- Provide culturally sensitive resources that promote safer sex and pregnancy prevention.

Lead Organization(s): Kingfisher County Health Department
Physicians

Policy Changes Needed: None

Resources: Kingfisher County Health Department Children First Program
Sexual health curricula (Making Proud Choices, Making a Difference, The Best
Choice)
Eighth Grade Health Conference

Barriers: Stigma attached to sex education

Summary

As the Kingfisher Community Collaborative moves forward into Phase 6 and implementation of this Community Health Improvement Plan (CHIP), it is important to remember that this is a very fluid and dynamic process. All phases of the MAPP process may need to be revisited at any time due to unforeseen circumstances and developments. This is to be expected. Though we strive to be as deliberative as possible in the strategic planning process, there is no doubt that there will be obstacles and opportunities yet to be discovered. The Kingfisher Community Collaborative will formally review this plan annually to assess its effectiveness and make necessary modifications. The committees / teams created to attend to each of the five priority issues will constantly evaluate progress as they work to implement strategies.

The Kingfisher Community Collaborative has learned over the years that improving health outcomes takes time and effort. However, it has also seen that improved health outcomes do eventually come. This is demonstrated by such things as:

- Lowest (best) rate of deaths due to Alzheimer’s disease in the state, 64% lower than the national rate.
- Lower adult asthma prevalence rate (8.1%) than most of the other counties, 9% lower than the national rate.
- Ranked among the top 10 (best) for a variety of health indicators including adults with a usual source of care, adult smokers, mothers seeking first trimester care, low birth weight rates, and seniors influenza vaccinations.
- At 19.6%, Kingfisher County had the 4th lowest percentage of adult smokers in the state.
- Approximately 1 in 8 people lived in poverty (12%); the 3rd lowest rate in the state and 34% lower than the state rate.
- The rate of uninsured adults improved 18%.
- The rate of adult smokers declined 11%.
- 2015 County Health Rankings & Roadmaps by the Robert Wood Johnson Foundation and the University of Wisconsin rank Kingfisher County as first in the state in health outcomes.

With the experience and knowledge of these successes, the Kingfisher Community Collaborative will continue to apply itself to improving the health of its citizens. The Kingfisher Community Collaborative understands that this is a battle that never ends, that there will always be room for improvement no matter how much ground we gain, and that the “public health” battle is one worth fighting on behalf of all of our communities.

Priority Issues Workgroup

Member Organizations

Alcohol, Tobacco, and Other Drugs

- PreventionWorkz
- Kingfisher County Health Department
- TSET Healthy Living Program
- Red Rock
- Oklahoma Family Network

Obesity

- Kingfisher County Health Department
- Mercy Hospital Kingfisher
- OSU Extension Office
- Kingfisher Trails
- TSET Healthy Living Program

Behavioral Health

- Red Rock
- Sooner SUCCESS
- Mercy Hospital Kingfisher
- NAMI
- Oklahoma Family Network
- Children's Behavioral Health Network

Teen Pregnancy

- Kingfisher County Health Department
- Physicians
- Sooner SUCCESS
- OSU Extension Office
- KCC 8th Grade Health Conference

Cardiovascular Health

- Mercy Hospital Kingfisher
- Kingfisher County Health Department
- Oklahoma Health Care Authority
- TSET Healthy Living Program

Appendix A - Version History

The version numbering is as follows:

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

Version Number	Change Request Number (if applicable)	Accepted Date	Author	Summary of Change
1.0		12/14/2015	Mikeal Murray	Release of initial document

Appendix B - Quarterly Update and Annual Reports

Notes:

**Kingfisher County
Community Health
Improvement Plan
CHIP**

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