Garfield County Community Health Assessment

January 2025

REVISION DATE

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Human Services Alliance of Greater Enid

Who We Are

The Enid Metropolitan Area Human Service Commission dba Human Services Alliance of Greater Enid identifies community needs and encourages the coordination of community services in order to fill service gaps without duplication of effort.

What We Do

The Alliance is a joint venture of service entities aimed at:

- Identifying urgent community problems
- Researching existing programs as possible solutions to local problems
- Making the best use of available funds
- Reducing duplication of effort
- Encouraging and coordinating joint community service initiatives
- Involving local citizens in solving local problems

Methods the Alliance uses to achieve its objective include:

- Periodic surveys and community studies
- Joint program planning among public and private human service agencies
- Collaborative efforts to secure resources from private and public entities
- Improved use of local private funds available through civic organizations

Program Highlights

Our philosophy of identifying needs and supporting community efforts to address those needs is demonstrated in this list of program highlights. As can be seen, much of our work has focused on improving community health. This focus is a result of community needs assessments documenting poor community health indicators.

- Enid chosen for 2024 Mission of Mercy. Thousands received needed dental services.
- Promote dental health in partnership with the Rotary Club.
- Promote tobacco cessation.
- Participate in needs assessments and strategic planning to complete the Metro Strategic Plan.
- Promote events that promote physical and mental health.

Demographics

Demographics - Estimates	Oklahoma	%	Garfield County	%
Total Population	4,019,800[1]		62,456[2]	
Age				
19 years and under	1,069,095	26.6	17,866	28.6
20 - 64 years	2,288,709	57.0	34,304	54.9
65+ years	661,996	16.5	10,286	16.5
Gender				
Male	2,004,195	49.9	31,386	50.3
Female	2,015,605	50.1	31,070	49.7
Race/Ethnicity				
White	2,619,684	65.2	(X)	(X)
Hispanic or Latino	486,692	12.1	(X)	(X)
African American	274,248	6.8	(X)	(X)
Asian	93,783	2.3	(X)	(X)
American Indian & Alaska Native	300,613	7.5	(X)	(X)
Native Hawaiian & Pacific Islander	7,954	0.2	(X)	(X)
Other	145,556	3.6	(X)	(X)
Identified by two or more	577,962	14.4	(X)	(X)
Selected Economic Characteristics[3]				
Mean household income (dollars)	82,741	(X)	98,598	(X)
Median household income (dollars)	59,673	(X)	79,145	(X)
Mean travel time to work (minutes)	22.7	(X)	18.5	(X)
Unemployment Rate[4]	4.4	(X)	3.1	(X)

1. American Community Survey Demographic and Housing Estimates: 2021. U.S. Census Bureau, 2022 American Community Survey 1-Year Estimates.
2. American Community Survey Demographic and Housing Estimates: 2022. U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates, DP05.
3. American Community Survey Selected Economic Characteristics: 2022. American Community Survey 5-Year Estimates, DP03.
4. Oklahoma Local Area Unemployment Statistics (LAUS): County Data in April 2024 (Not Seasonally Adjusted). Oklahoma Employment Security Commission.

The Strategic Planning Process

How we go about doing all of this

Strategic planning is the process of applying critical thinking to solving problems. In general, it is an exercise in determining where you are now, where you want to be in a certain amount of time, and how to get there from here. The first step, determining where you are, is accomplished by conducting assessments. The information gathered through assessments is used to identify possible problem areas and develop performance objectives and strategies for addressing them. This Community Health Assessment demonstrates the application of this process to public health concerns in Garfield County and represents the first step in public health strategic planning.

To produce the most comprehensive community health assessment possible, it is important to get information from different viewpoints. We feel there are three basic viewpoints for achieving this: what do the numbers say, what does the public say, and what do public health professionals/practitioners say. The following is a summary of how we did this. For the sake of this survey, community was defined as anyone living in Garfield county. To reference, the 2022 Community Assessment was reviewed and evaluated. The needs and strategies were highly similar. Many of the strategies continue to be relevant and will likely be extended.

What do the numbers say?

This assessment is a collection of public health reports available in the public square. It can identify community health and quality of life issues. Incident rates (mortality and natality) and prevalence rates (ex., obesity, smoking, chronic disease) can indicate the health status of a community and provide insight into what a healthy community may look like.

- 2022 Community Health Needs Assessment - Garfield County INTEGRIS Bass Baptist Health Center

The following data sources and indicators were used for this assessment:

- Oklahoma Human Services FY2023 Abuse and Neglect Investigations
- Oklahoma Kids Count Data Center - The Annie E. Casey Foundation
- 2024 County Health Rankings & Roadmaps - University of Wisconsin Population Health Institute
- U.S. Census Data
- Health Indicators Report by Community Commons
- 2024 Wellness County Profile - OSDH Community Analysis & Linkages
- Oklahoma Employment Report
- Oklahoma Healthcare Authority Sooner Care Data
- 2023 Oklahoma Drug Threat Assessment - Oklahoma Bureau of Narcotics and Dangerous Drugs Control
- Women Infant Children (WIC) Caseload Data - OSDH WIC Service
- Oklahoma Department of Mental Health and Substance Abuse Services

What does the public say?

This assessment may provide an understanding of what residents think and how they feel about public health issues. They are asked about what issues are important to them and how they perceive the community's quality of life.

To represent this assessment, we provided a Garfield County Community Health Needs Assessment Survey. It had 33 questions and was provided in English, Marshallese, and Spanish. The survey was open to all of the community and an emphasis was placed on getting input from the underserved and high risk populations. It was available electronically and in paper form. The survey was offered from May 8th to October 1st, 2024 and received 582 responses. An Excel spreadsheet was used to tabulate queries to tally multiple choice responses. Results were reported either by tally or percentage. Results of open-ended questions were reported using data frequency visualization (word clouds).

What do public health professionals / practitioners say?

Public health professionals and practitioners may have insight into the inner workings of the public health profession in general and of their specific sectors in particular. This assessment may provide an understanding of forces that may impact public health in both beneficial and detrimental ways. Public health staff may have unique perspective to identify these forces; past, present, and future; and analyze their potential for being opportunities or threats.

A Garfield County Community Forces of Change Assessment was conducted on February 26, 2024 at Autry Technology Center in Enid. There were 42 participants representing the following community organizations:

71st Flying Training Wing, Vance Air Force Base

71st Medical Group, Vance Air Force Base

Central Christian Church, Enid

Chisholm High School

City of Enid

Derwin's Construction, LLC., Enid

Enid Chamber of Commerce

Enid Public Schools

Evolution Foundation

Garfield County Health Department

Garfield County Oklahoma State University

Extension Great Salt Plains Health

INTEGRIS Health

Loaves & Fishes Norwest Oklahoma

Northern Oklahoma College

Oklahoma State Department of Health

A retired physician

Rural Health Projects, Inc.

TSET Healthy Living Program

Shepherds Cupboard

Sooner SUCCESS

St. Mary's Regional Medical Center

United Way of Northwest Oklahoma

Youth & Family Services of North Central

Oklahoma

Participants were asked to engage in a focus group discussion to identify forces that may impact public health in both beneficial and detrimental ways. The discussion was guided by the following seven questions:

1. What do you think the data (current public health outcomes data) says are the top health needs in Garfield County?
2. What strengths does our community have to support these health needs?
3. What assets does our community have to support these health needs?
4. What are our weaknesses as a community that impact health?
5. Most important health problems in the community?
6. What forces are occurring or might occur that impact the health of our community?
7. What specific opportunities are generated by these occurrences?

Responses were listed for each question. Word frequency analysis (word clouds) were conducted on responses.

Priority Elements of the Assessment

After analyzing the data, six priority elements appeared most prevalent. Each was identified as a significant public health issue based on one or more of the assessments. Other elements were identified that were not selected. This does not diminish their importance, nor exclude from future efforts. It simply means the selected priority elements were believed to have the broadest, most positive impact on community health outcomes.

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

Obesity

Obesity results from a combination of causes and contributing factors, including behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Additional factors include food and physical environment, education and skills, and food marketing and promotion. Obesity is a serious concern because it is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the United States including diabetes, heart disease, stroke, and some types of cancer.

In the INTEGRIS Community Health Needs Assessment, residents identified obesity as a significant community health need.

Adult Obesity is defined as a Body Mass Index (BMI) greater than or equal to 30 (Overweight is 25.0 to 29.9, Normal is 18.5 to 24.9). The 2024 Wellness County profile reported that Garfield County's Adult Obesity rate was 42.6%, (Figure xx). Other related measures were < 1 Fruit a Day (48.4%, lower is better), Physical Activity (67.8%, higher is better), and Diabetes (10.1%). All of these rates were worse than those reported in the 2022 Wellness County Profile.

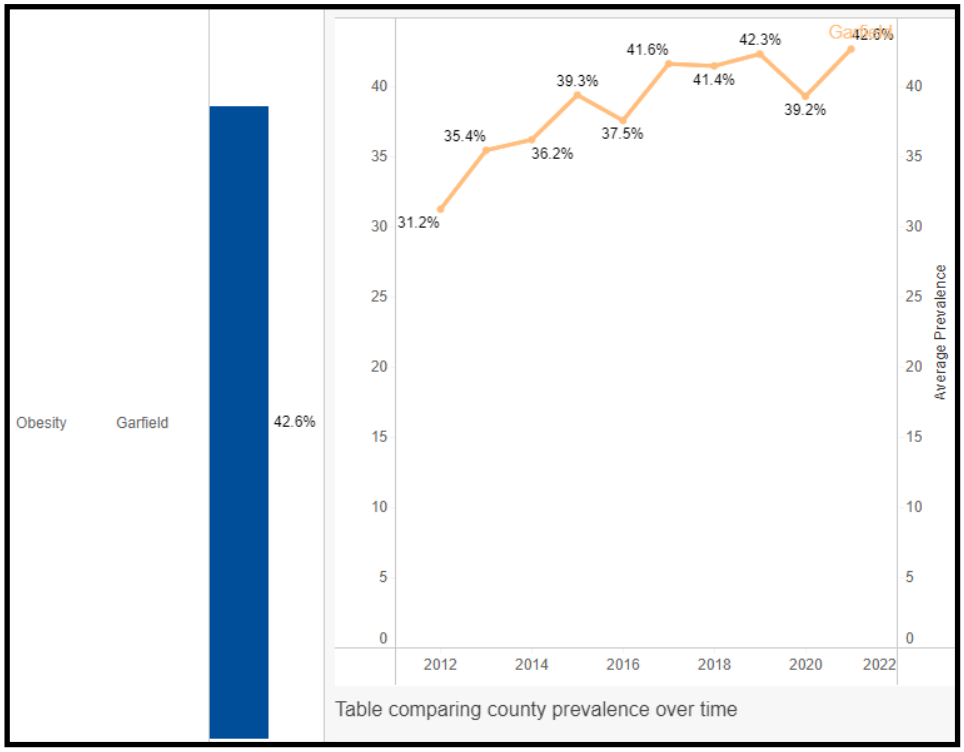


Figure 3. Garfield County obesity rates. Taken from 2024 Wellness County Profiles - Garfield.

In the Garfield County Community Forces of Change, public health practitioners identified "Obesity" as a data-indicated top health need. However, as demonstrated by the word cloud below, it was not a primary concern. "Obesity" is indicated by the red circle towards the bottom right.

Figure 3. Top health needs in Garfield County. Garfield County Community Forces of Change - Obesity.

County Health Rankings & Roadmaps reported an Adult Obesity rate at 44% and indicated the measure was an "Area to Explore."

The Community Commons Health Indicators Report indicated an Adult Obesity rate of 38.6%, finishing in the red on its dashboard indicator (Figure 3).

Obesity

This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]2) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, there are a total of 17,081 adults age 20 and older who self-reported having a BMI greater than 30.0. This represents a 38.6% of the survey population.
Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Garfield County, OK	44,482	17,081	38.6%
Oklahoma	2,918,601	985,713	33.8%
United States	232,757,930	70,168,831	30.1%

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.

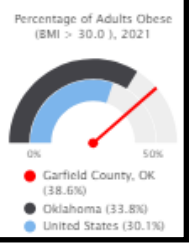
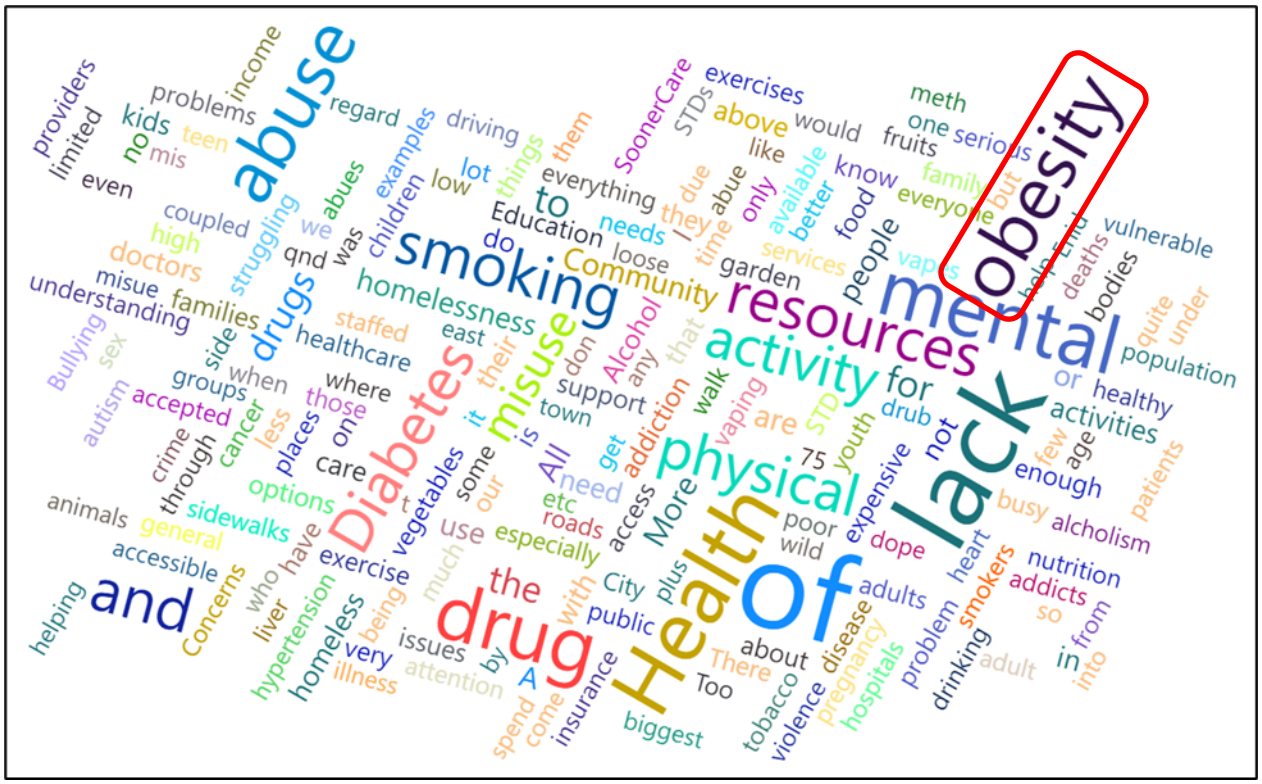
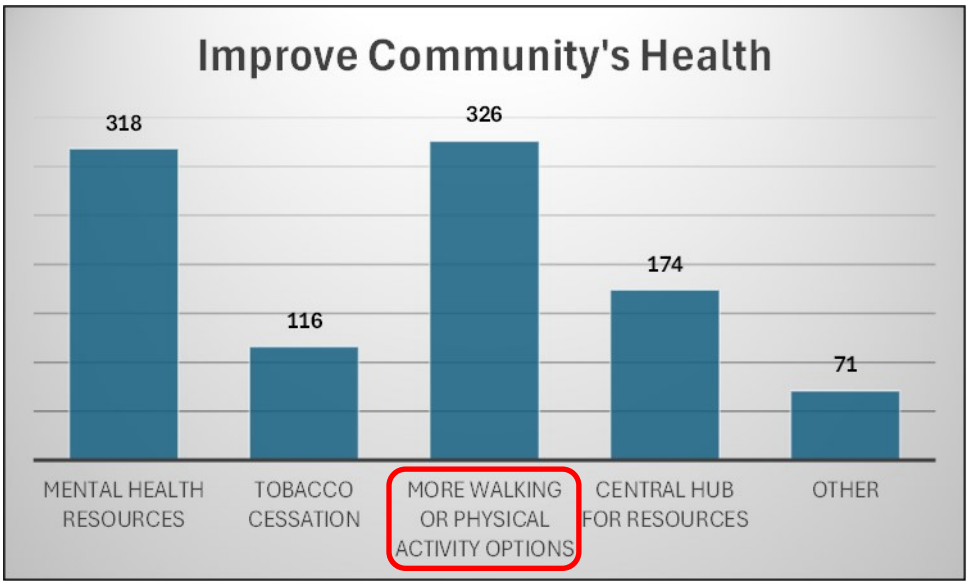


Figure 3. Obesity in Garfield County, OK. Taken from Community Commons Health Indicators Report.

Participating residents in the Garfield County Community Health Needs Assessment Survey identified Obesity as a health concern or issue that they saw in their community.



They also identified “More Walking or Physical Activity Options” as something that would improve the community’s health.



Alcohol, Tobacco and Other Drugs (ATOD)

Excessive alcohol use can harm your health. It includes: binge drinking, defined as consuming five or more drinks for men or four or more drinks for women on an occasion; heavy drinking, defined as 15 or more drinks for men or eight or more drinks for women per week; and any alcohol used by pregnant women or people younger than 21.[5] According to the CDC, Oklahoma averages 2600 deaths from excessive drinking each year at an annual economic cost of $3.1 billion. Oklahoma's rate of binge drinking was 14%, the national rate was 17%.

The Wellness County Profiles for Garfield County indicated a Binge Drinking rate of 13.0%.

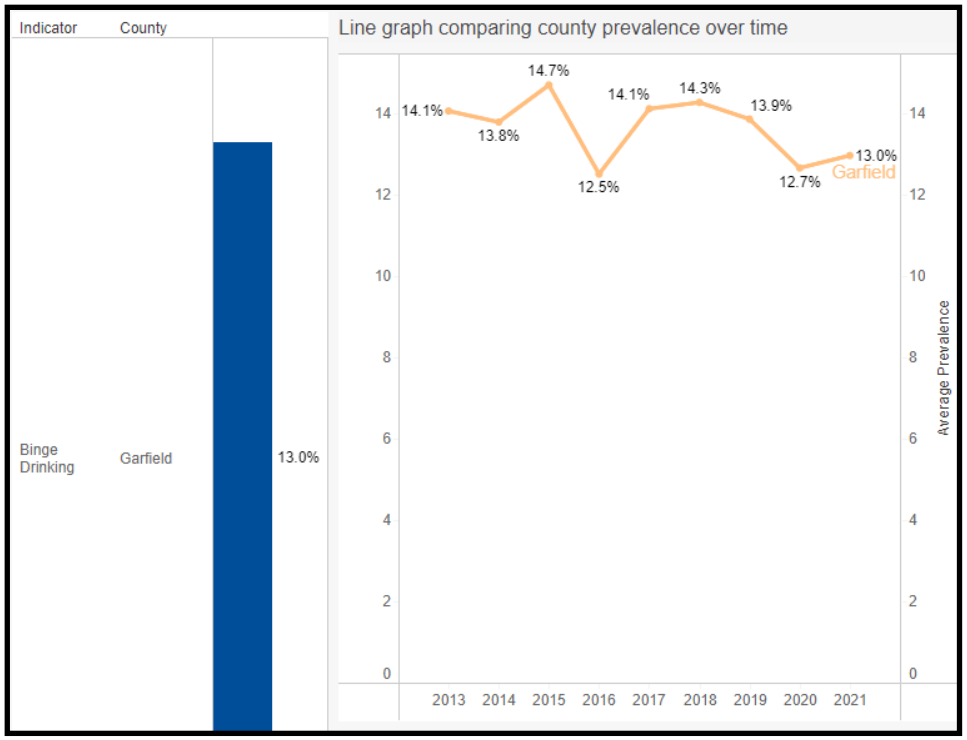


Figure 3. Garfield County binge drinking rates. Taken from 2024 Wellness County Profiles - Garfield.

Cigarette smoking remains the leading cause of preventable death and disability in the United States, despite a significant decline in the number of people who smoke. Over 16 million Americans have at least one disease caused by smoking. This amounts to $170 billion in direct medical costs that could be saved annually if we prevent youth from starting to smoke and help every person who smokes to quit. In 2021, 22.1% of Oklahoma high school youth reported currently using any tobacco product, including e-cigarettes, and 4% reported currently smoking cigarettes. In 2022, 15.6% of adults reported currently smoking cigarettes.[6]

In the INTEGRIS Community Health Needs Assessment, residents identified tobacco as a significant community health need.

The Wellness County Profiles for Garfield County indicated a Current Smoker rate of 14.2%. This was a 22% decrease (improvement). The County Health Rankings & Roadmaps reported an Adult Smoking rate of 18% and identified the measure as an "area to explore."

5. Centers for Disease Control and Prevention. Alcohol and Public Health. Accessed June 12, 2024. https://www.cdc.gov/alcohol/fact-sheets/states/excessive-alcohol-use-united-states.html.
6. Centers for Disease Control and Prevention. Smoking and Tobacco Use: Extinguishing the Tobacco Epidemic in Oklahoma. Last Reviewed: June 5, 2024. https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/index.htm#OK.

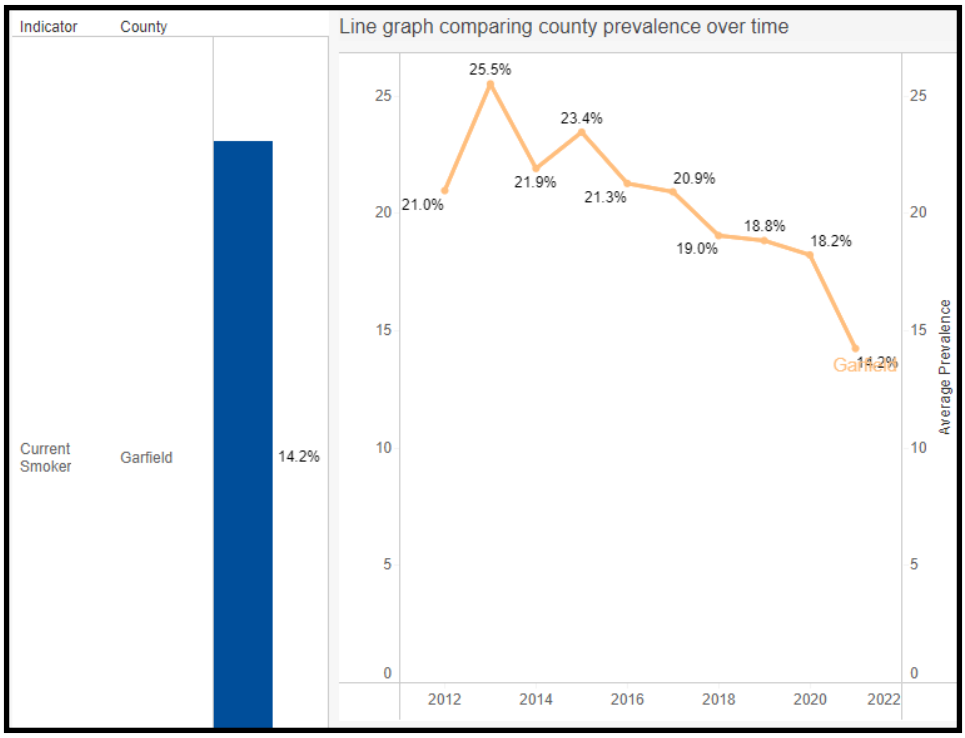


Figure 3. Garfield County current smoker rates. Taken from 2024 Wellness County Profiles - Garfield.

It should be noted that county-level data does not exist for other contributing factors to the Tobacco issue. These factors include smokeless tobacco, electronic cigarettes, and marijuana.

The tobacco industry spends billions of dollars each year on cigarette *and smokeless tobacco* advertising and promotions.[1,2] In 2019, the largest cigarette and smokeless tobacco companies spent $8.2 billion on advertising and promotional expenses in the United States alone.[8,9]

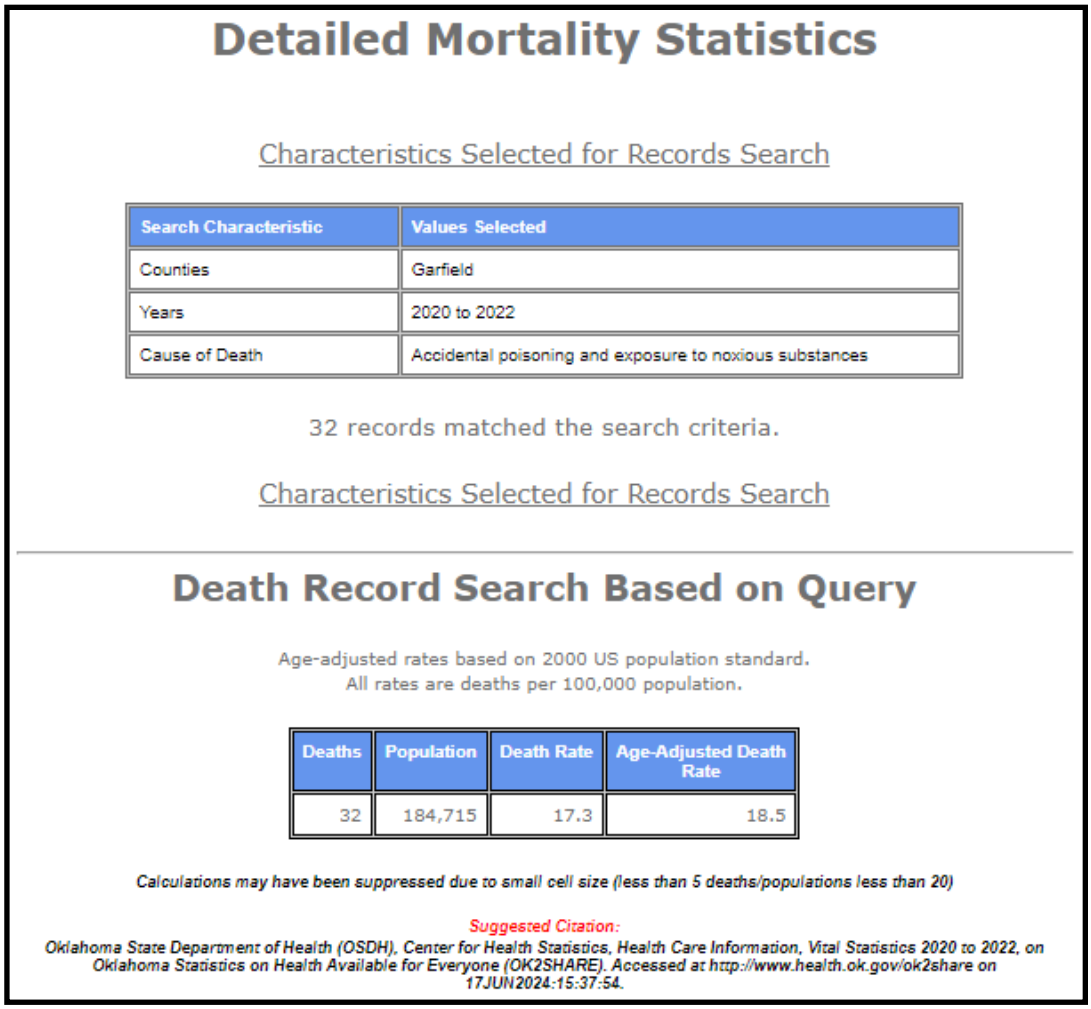
Electronic cigarettes are the most commonly used tobacco product among youth. In 2023, 2.1 million (7.7%) students currently used e-cigarettes.[10] E-cigarette use among adults has been increasing. It rose from 3.7% in 2020 to 4.5% in 2021.[11] A number of electronic products, such as electronic cigarettes, electronic cigars, and electronic pipes, are on the market. However, current information on spending for marketing and promotion of these products is not available.[12]

The passage of medical marijuana legislation in Oklahoma increased the availability of smokable and "vapable" marijuana products. Research examining associations between cigarette smoking and marijuana use suggest cigarette smoking predicts marijuana use; in other words, cigarette smoking "comes first." However, in a market environment where cigarette prices are elevated and marijuana prices are perhaps more attractive, it may be possible that an individual's first smoking experience could be marijuana rather than tobacco. This is speculative and it is unclear what effect legalized marijuana has had on tobacco use. However, research indicated the tobacco industry was "prepared to enter the marijuana market with the intention of increasing its already widespread use."[13] Therefore, if the tobacco industry is "for it," it is prudent that we should be vigilant.

8. U.S. Federal Trade Commission (FTC). Cigarette Report for 2019. Washington: Federal Trade Commission, 2021 [accessed 2021 Apr 27].
9. U.S. Federal Trade Commission (FTC). Federal Trade Smokeless Tobacco Report for 2019. Washington: Federal Trade Commission, 2021 [accessed 2021 Apr 27].
10. Birdsey J, Cornelius M, Jamal A, et al. Tobacco product use among U.S. middle and high school students - National Youth Tobacco Survey, 2023. *MMWR Morb Mortal Wkly Rep*. 2023;72:1173-1182.
11. Cornelius ME, Loretan CG, Jamal A, et al. Tobacco product use among adults - United States, 2021. *MMWR Morb Mortal Wkly Rep*. 2023;72:475-483.
12. Centers for Disease Control and Prevention. Smoking and Tobacco Use - Economic Trends in Tobacco. Last Reviewed: July 26, 2022. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/economics/econ_facts/
13. Barry, R.A., Hiilamo, H., & Glantz, S.A. (2014). Waiting for the opportune moment: the tobacco industry and marijuana legalization. The Milbank quarterly, 92(2), 207-242. https://doi.org/10.1111/1468-0009.12055

According to the CDC's National Center for Health Statistics, unintentional injuries are the leading cause of death for Americans aged 1-44 years old. The leading causes of death for unintentional injury include unintentional poisoning, which, in turn, includes drug overdoses. Drug overdoses dramatically increased over the last two decades, with deaths increasing more than 500% between 1999 and 2022. In 2022, nearly 108,000 people died from drug overdoses, which equates to about 296 overdoses each day. Among the 2022 overdose deaths, about 76% involved any opioid (prescription or illicit), 68% involved a synthetic opioid other than methadone (such as fentanyl, fentanyl analogs, and tramadol), 26% involved cocaine, and 32% involved a psychostimulant such as methamphetamine.[3]

The Oklahoma State Department of Health's OK2SHARE data portal indicated a rate of accidental poisoning of 18.5 per 100,000 standard population, compared to the state at 24.4. The County Health Rankings & Roadmaps reported a rate of Drug Overdose Deaths at 14 per 100,000 population, compared to the state at 20 and the nation at 27.



Detailed Mortality Statistics

Characteristics Selected for Records Search

Search Characteristic	Values Selected
Counties	Garfield
Years	2020 to 2022
Cause of Death	Accidental poisoning and exposure to noxious substances

32 records matched the search criteria.

Characteristics Selected for Records Search

Death Record Search Based on Query

Age-adjusted rates based on 2000 US population standard.
All rates are deaths per 100,000 population.

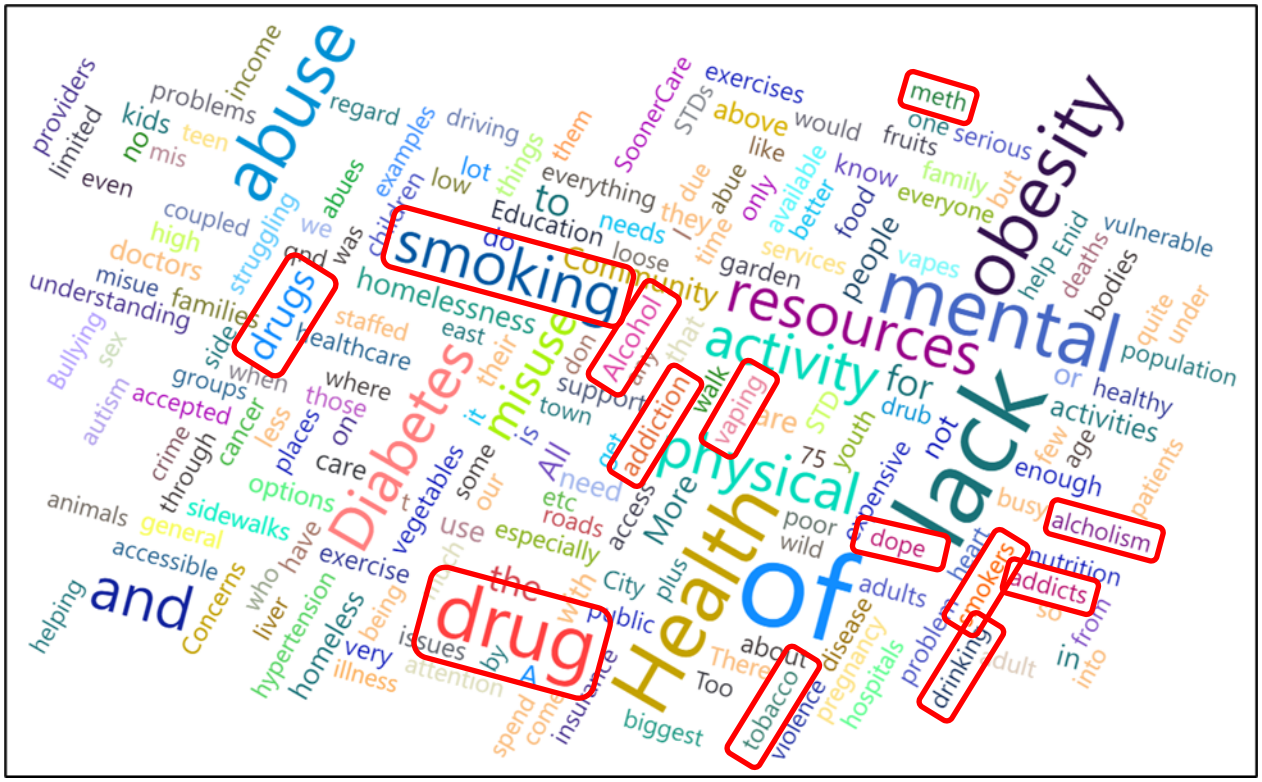
Deaths	Population	Death Rate	Age-Adjusted Death Rate
32	184,715	17.3	18.5

Calculations may have been suppressed due to small cell size (less than 5 deaths/populations less than 20)

Suggested Citation:
Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2020 to 2022, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at http://www.health.ok.gov/ok2share on 17JUN2024:15:37:54.

Figure 18. OSDH OK2SHARE Detailed Mortality Statistics—Accidental poisoning.

Participating residents in the Garfield County Community Health Needs Assessment Survey identified a number of different things that pertain to Alcohol, Tobacco and Other Drugs as health concerns or issues that they saw in their community.



In the Garfield County Community Forces of Change, public health practitioners identified “Drug” use as a data-indicated top health need. However, as demonstrated by the word cloud below, it was not a primary concern.

“Drug” is indicated by the red circle towards the center bottom.

Mental Health

Before the COVID-19 pandemic, about one in five adults had a mental illness. The pandemic has affected the state of mental health in our country and made mental illness even more common. It is rare that a family is not touched by a mental health condition, one that can interfere with your or a loved one's ability to work, sleep, eat, and enjoy life.

Mental health disorders include anxiety, depression, seasonal affective disorder, or more serious illnesses such as bipolar disorder, major depression, schizophrenia, post-traumatic stress disorder (PTSD), and more. Unfortunately, most people with mental illness do not receive mental health services that they need.

Research shows treatment for mental illness works. With appropriate treatment, people can mange their illness, overcome challenges, and lead productive lives.[14]

In the INTEGRIS Community Health Needs Assessment, residents identified mental health as a significant community health need.

Depressive Disorder, as reported by the Wellness County Profile, is defined as the percentage of respondents that were ever told they have a depressive disorder (e.g., depression, major depression, dysthymia). Garfield County's rate was 23.6%.

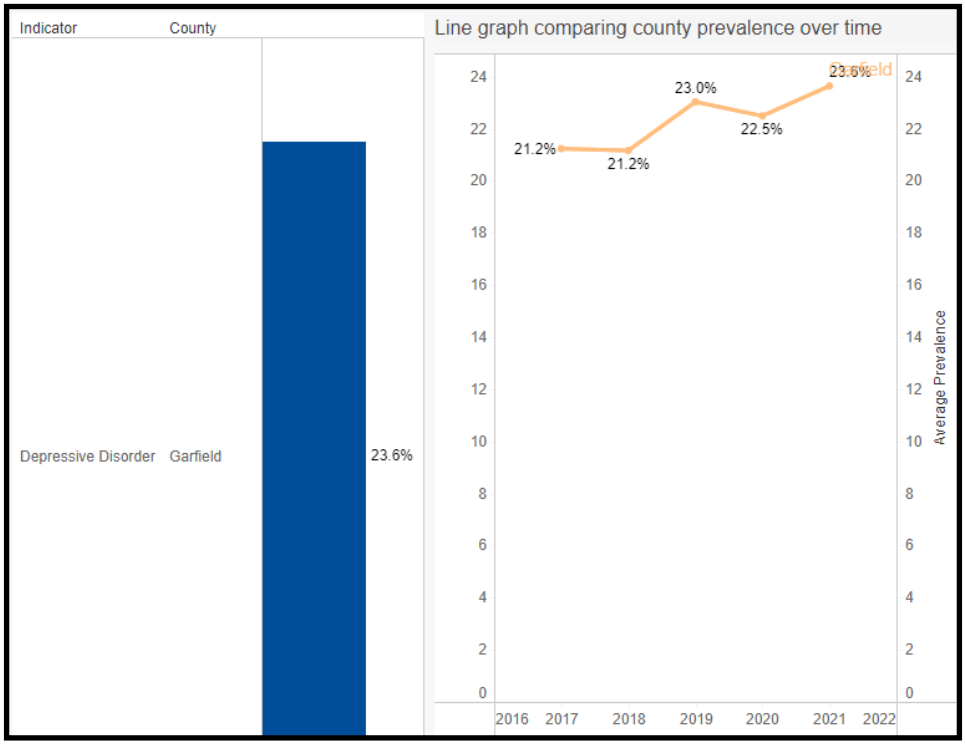


Figure 3. Garfield County depressive disorder rates. Taken from 2024 Wellness County Profiles - Garfield.

14. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/mental-health-treatment-works. Accessed September 27, 2023

Poor Mental Health, as reported by the Wellness County Profile, is defined as the percentage of respondents who reported 14 or more days when their mental health was not good. Garfield County's rate was 14.0%.

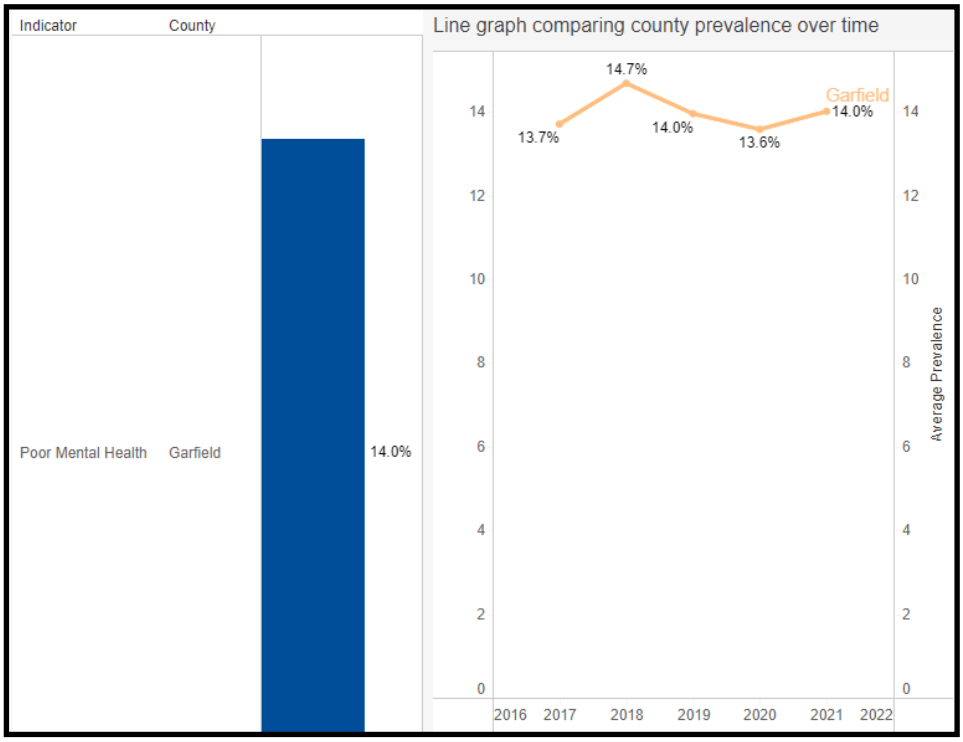


Figure 3. Garfield County poor mental health rates. Taken from 2024 Wellness County Profiles - Garfield.

The 2024 Garfield Wellness County Profile provides a Mental Health Index. This is a measure of social determinants and health factors correlated with poor mental health outcomes. Counties are given an index value from 0 (low need) to 100 (high need). Selected locations are ranked from 1 (low need) to 5 (high need) based on their index value relative to similar locations within the OSDH regional administrative district. Garfield County was given a Mental Health Index of 41.4 and a rank of 3 (tied for the highest in OSDH Regional Administrative District 2 which consists of Alfalfa, Blaine, Canadian, Garfield, Grant, Kingfisher, Logan and Major counties). Within Garfield County, the two ZIP Codes with the highest Mental Health Index were 73701 (Index of 72.00, rank of 4) and 73703 (Index of 66.70, rank of 4).

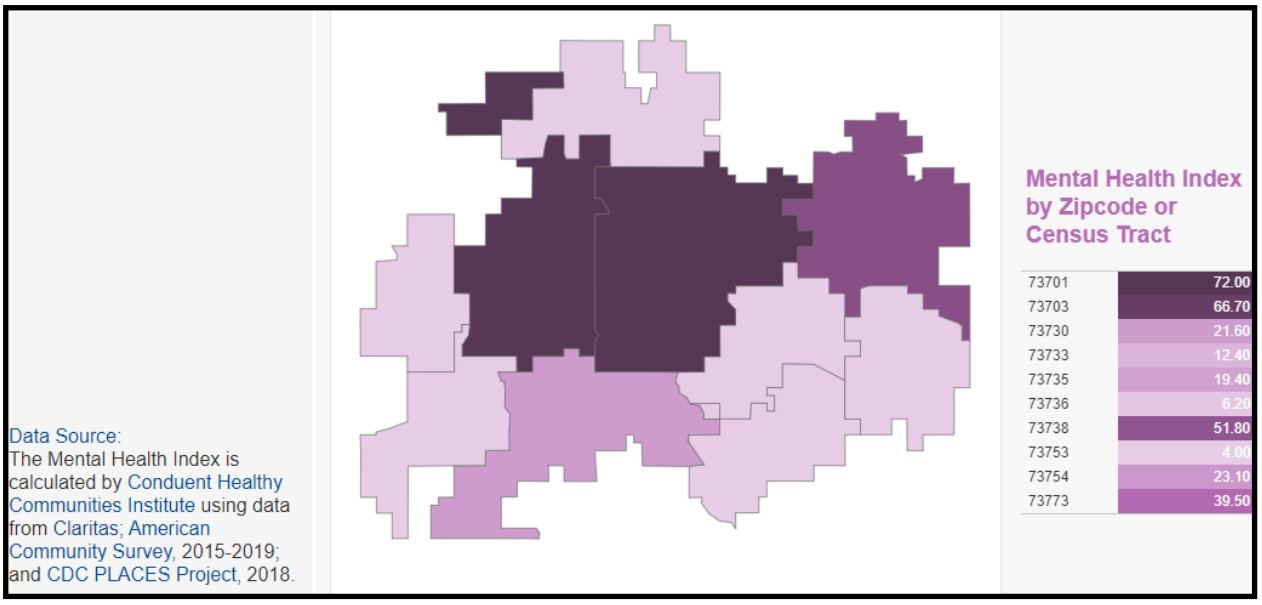


Figure 15. Garfield County Mental Health Index. 2024 Wellness County Profiles.

The County Health Rankings & Roadmaps defines Poor Mental Health Days as the average number of mentally unhealthy days reported in the past 30 days (age-adjusted). Garfield County's rate was 5.1 days. In comparison, the state rate was 5.5 and the national rate was 4.8.

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) provides Figure 2 on its web site for number of Garfield County residents receiving services funded by ODMHSAS.[15]

ODMHSAS Online Query System (OOnQues)

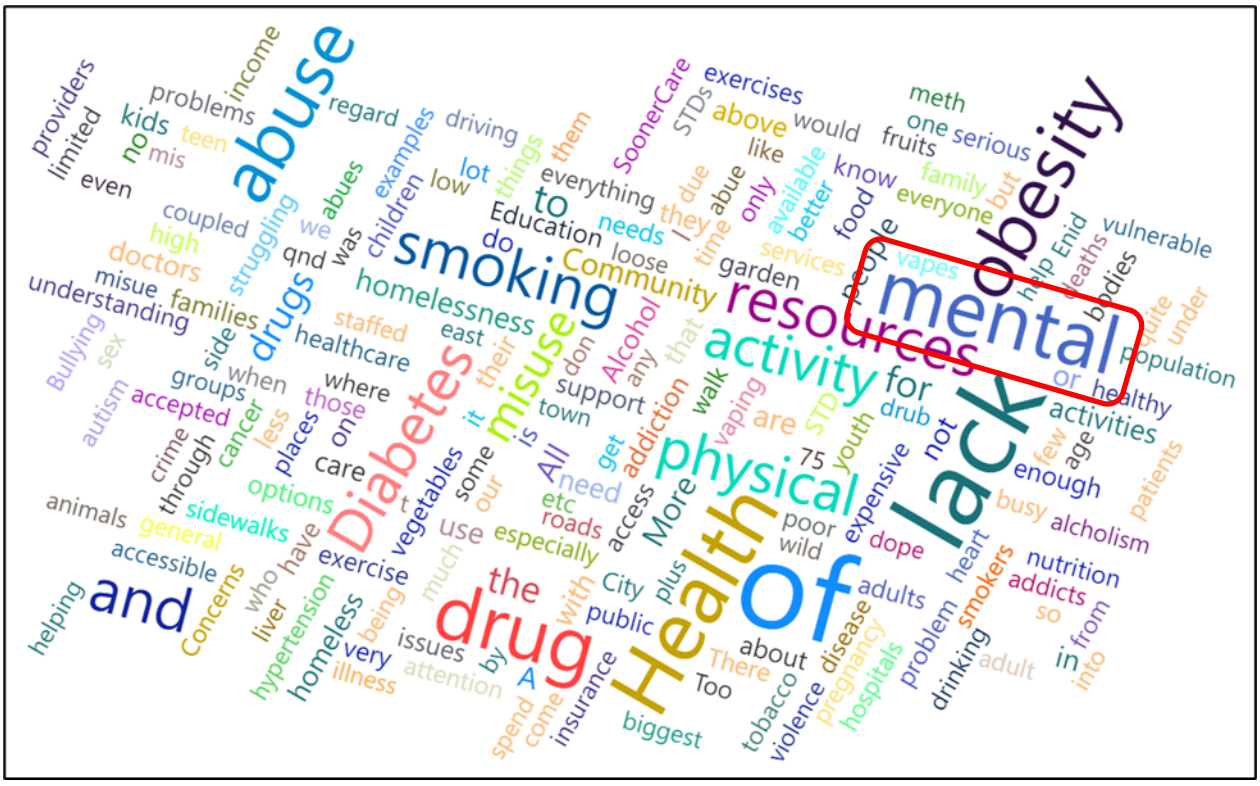
The information provided represents a count of individuals who have received services funded by ODMHSAS.

For more information, please refer the the FAQs at http://www.odmhsas.org/eda/query.htm

Please note: Due to the large number of records (>1.2 million), some queries may take some time.

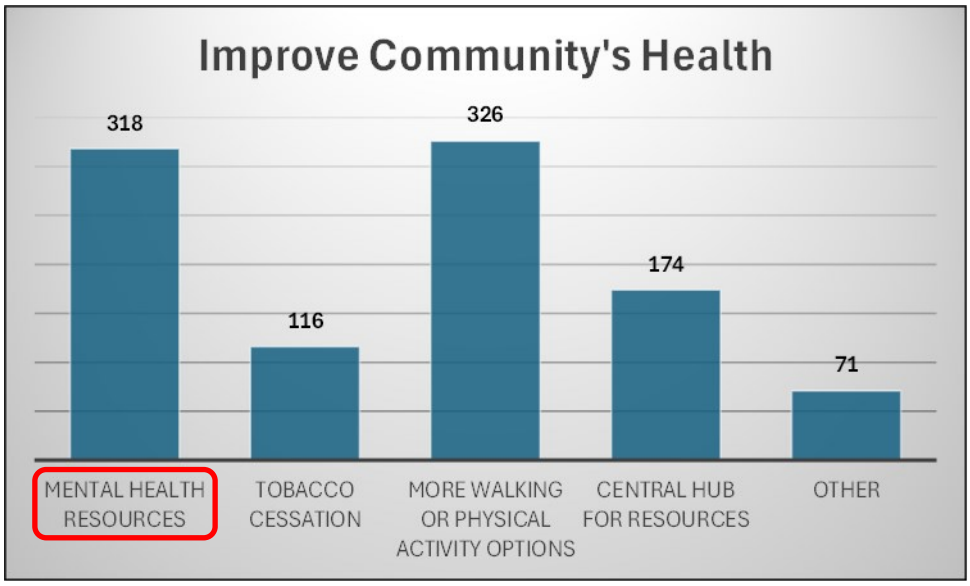
	Fiscal Year									
County of Residence	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23
Garfield	3,499	3,592	3,515	3,437	3,282	3,259	3,344	3,039	3,024	3,007

Participating residents in the Garfield County Community Health Needs Assessment Survey identified Mental Health as a health concern or issue that they saw in their community.



15. ODMHSAS Online Query System (OOnQues). www.odmhsas.org/eda/oonqus_county compact.htm. Accessed June 20, 2024.

Mental Health Resources was identified as an issue that could improve the community's health.



In the Garfield County Community Forces of Change, public health practitioners identified "mental" health as a data-indicated top health need. As demonstrated by the word cloud below, it was a mid-level concern. "mental" is indicated by the red box towards the center left.

Access to Health Care

In the INTEGRIS Community Health Assessment, residents identified Access to Care as one of its three Community Priority Issues. Access to comprehensive, quality health care services promotes and maintains good health, prevents and manages diseases, reduces unnecessary disability and premature death, and encourages health equity. Three components of access are insurance coverage, availability of health services, and timeliness of care. The uninsured and underinsured populations experience delays in receiving timely care and lack the ability to receive preventative treatments. They often seek care in the local emergency rooms, which results in preventable hospital admissions.

The Wellness County Profile for Garfield County indicated an Uninsured rate of 19.0%. It also indicated a Poverty rate of 12.9%.

The County Health Rankings & Roadmaps reported a series of Clinical Care indicators for Garfield County that demonstrated mixed results. 19% of the population under age 65 was without health insurance (Figure 3); though this was identified as an Area of Concern, the report also indicated the county was getting better for this measure. The ratio of population to primary care physicians was 2,380:1 (Figure 4) which was higher than the state rate and getting worse. The ratio of population to dentists was 1,630:1 (Figure 5); a rate that was improving but more slowly than the improvement of the state and nation. The ratio of population to mental health providers was 220:1; identified as an Area of Strength. The rate of preventable hospital stays was 2,851 per 100,000 Medicare enrollees (Figure 6); a noticeable improvement. 39% of female enrollees age 65-74 received annual mammography screening (Figure 7); the measure remained steady. 49% of fee-for-service Medicare enrollees had an annual flue vaccination (Figure 8); identified as an Area of Strength.

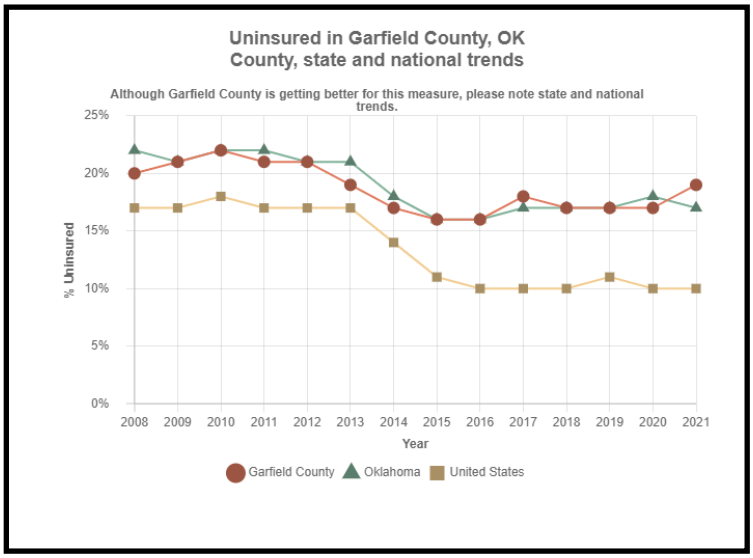


Figure 3. Uninsured in Garfield County, County Health Rankings & Roadmaps.

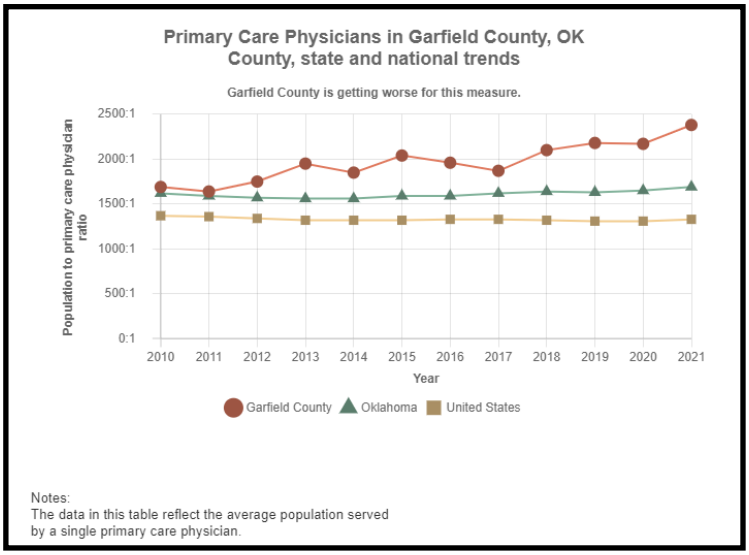


Figure 4. Primary care physicians in Garfield County. County Health Rankings & Roadmaps.

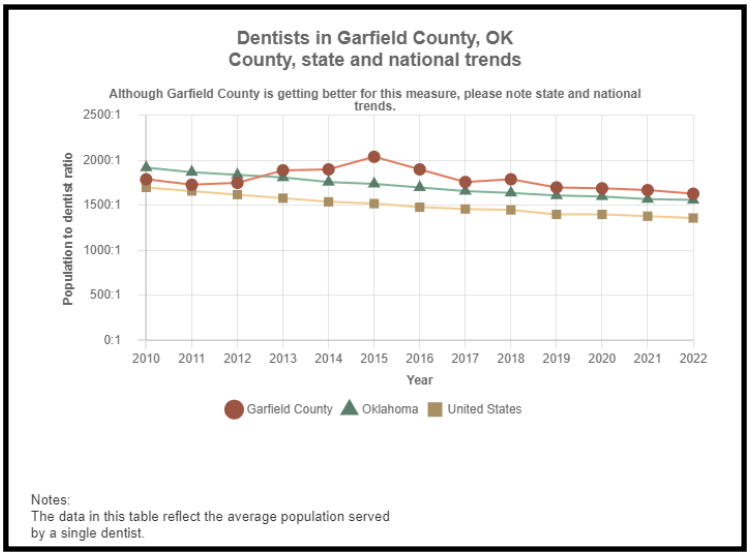


Figure 5. Dentists in Garfield County. County Health Rankings & Roadmaps.

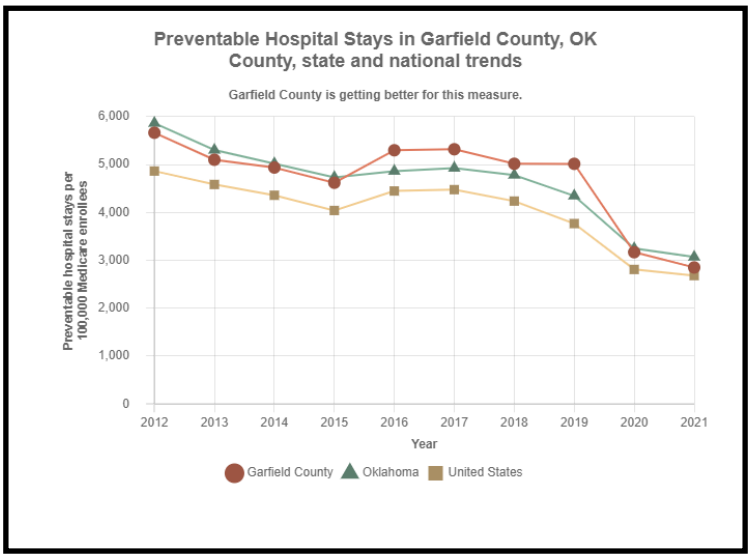


Figure 6. Preventable hospital stays in Garfield County. County Health Rankings & Roadmaps.

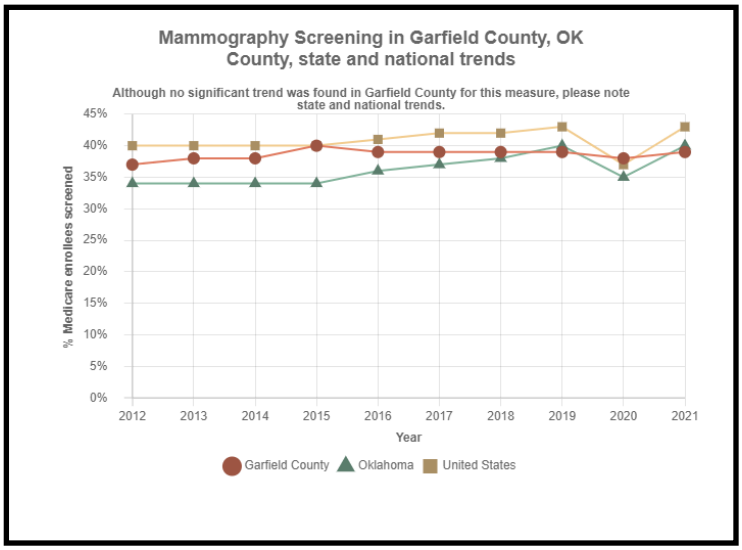


Figure 7. Mammography screening in Garfield County. County Health Rankings & Roadmaps.

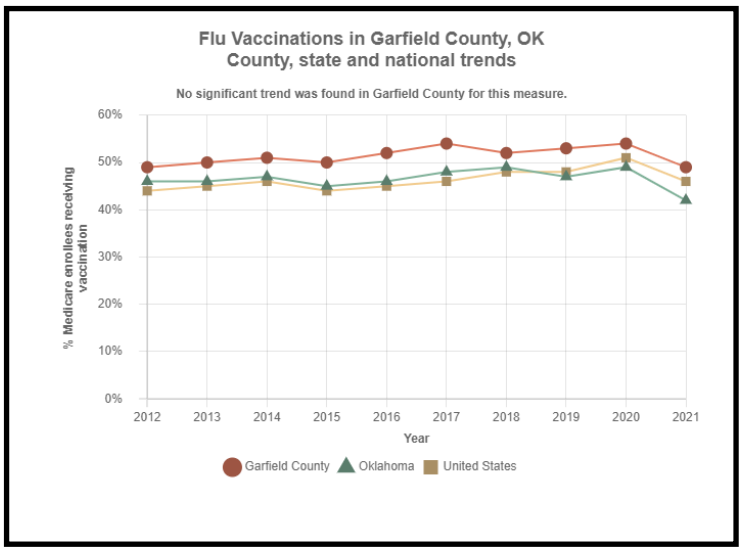
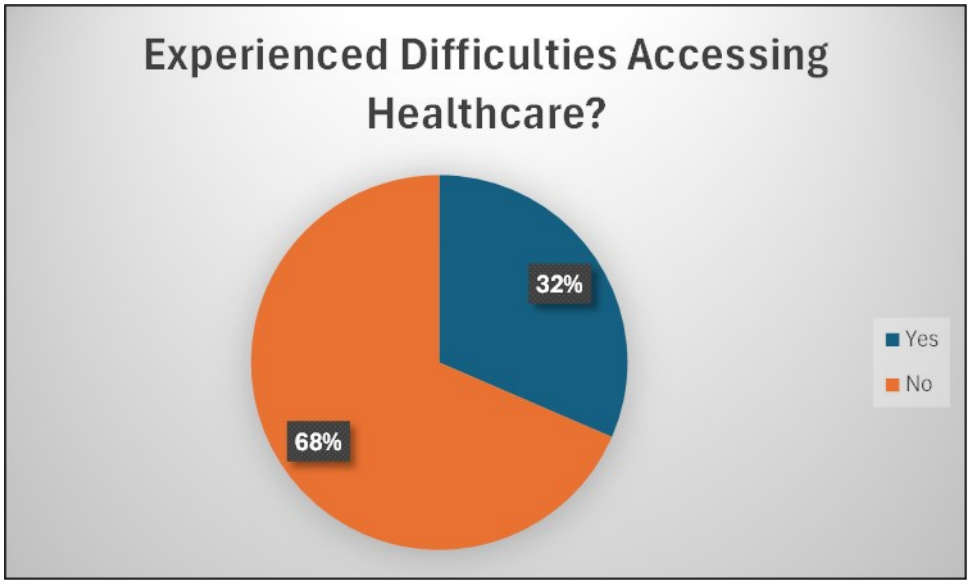
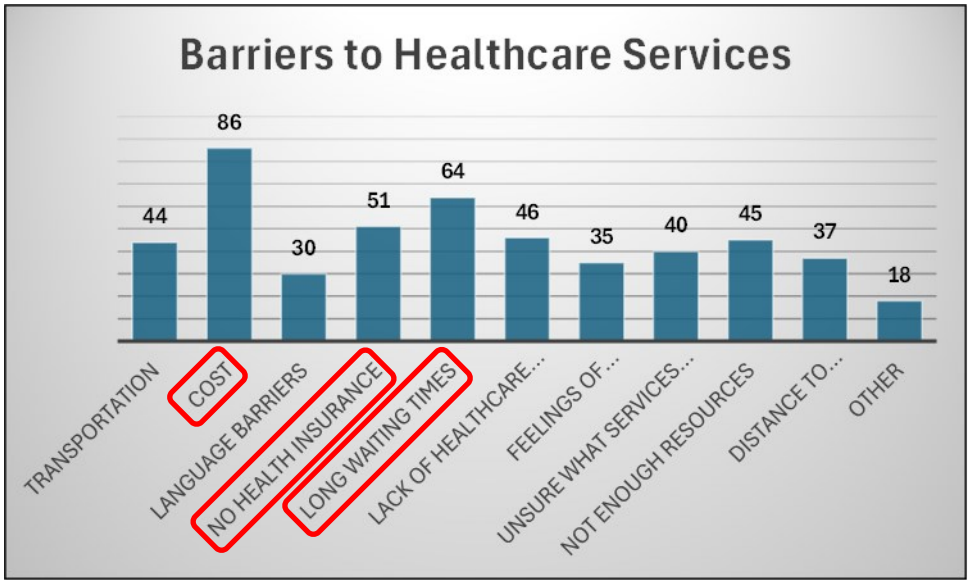


Figure 8. Flu vaccinations in Garfield County. County Health Rankings & Roadmaps.

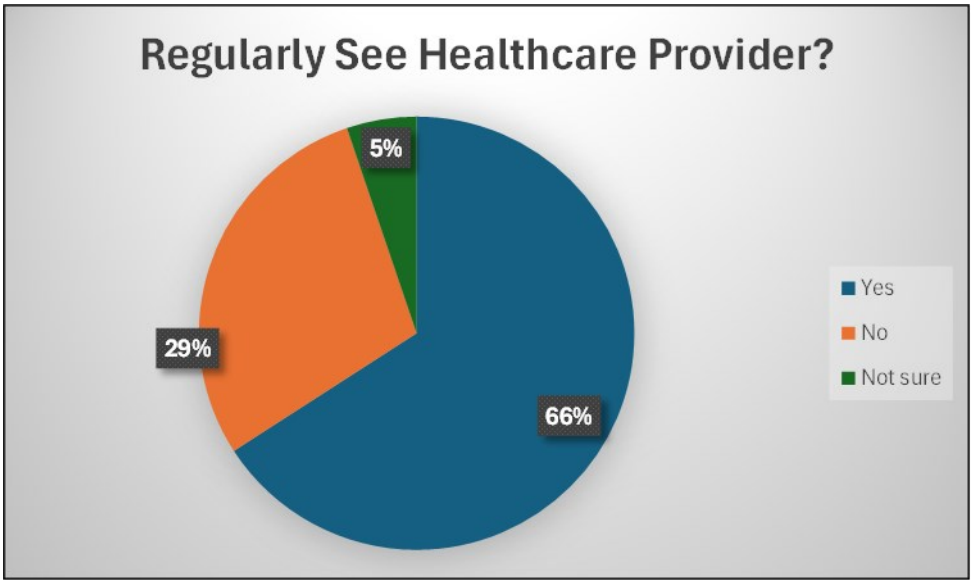
Of participating residents in the Garfield County Community Health Needs Assessment Survey, about one-third responded they experienced difficulties accessing health care in the past year while about two-thirds responded they did not.



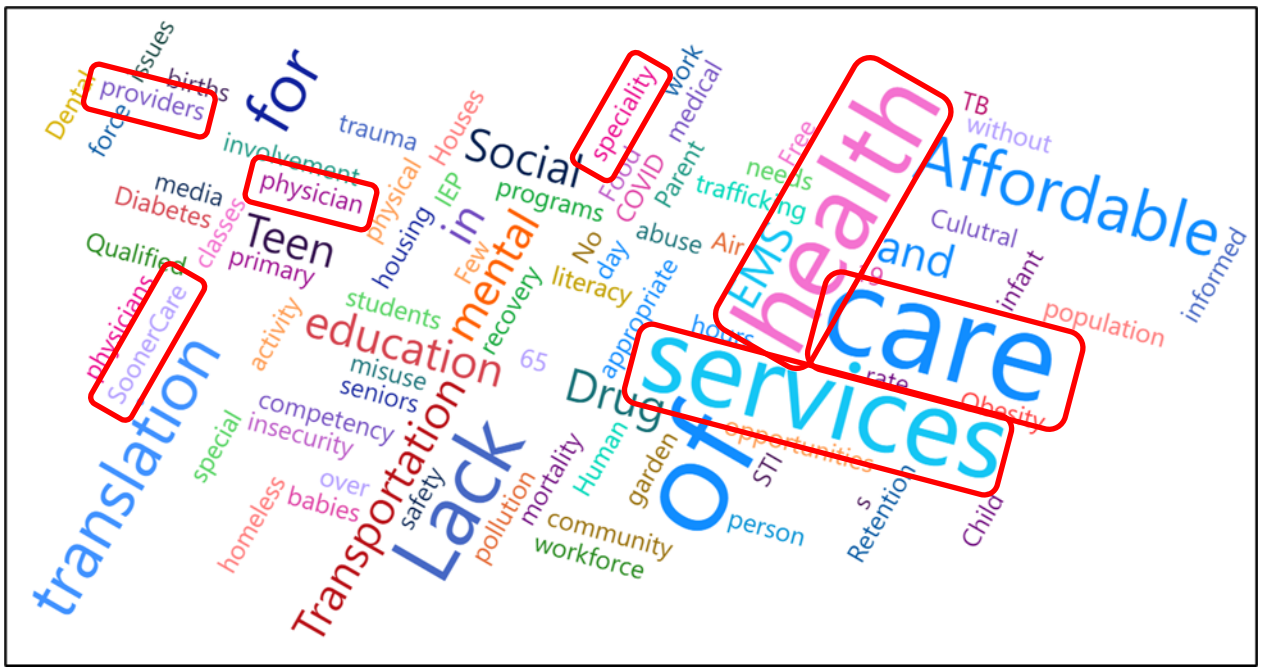
Participants who experienced difficulties accessing healthcare identified barriers to healthcare services; the three most prevalent being cost, long waiting times, and no health insurance.



Of participating residents in the Garfield County Community Health Needs Assessment Survey, two-thirds responded they regularly see a healthcare provider.



In the Garfield County Community Forces of Change, public health practitioners identified several key concepts pertaining to access to health care as a data-indicated top health need. Some of them were of primary concern. Please take note of the red boxes in the word cloud below.



Access to Healthy Foods

In the INTEGRIS Community Health Assessment, residents identified Access to Healthy Foods as one of its three Community Priority Issues. Access to healthy foods can help lower the prevalence of chronic diseases.

The 2024 Garfield Wellness County Profile provides a Food Insecurity Index. This is a measure of economic and household hardship correlated with poor food access. The Index provides analytics around social determinants of health to advance equitable outcomes for a range of topics. Counties are given an index value from 0 (low need) to 100 (high need). Selected locations are ranked from 1 (low need) to 5 (high need) based on their index value relative to similar locations within the OSDH regional administrative district. The Food Insecurity Index is developed based on: financial stability, household environment, Medicaid enrollment, and wellness. Garfield County was given a Food Security Index of 61.6 and a rank of 3 (the highest in OSDH Regional Administrative District 2 which consists of Alfalfa, Blaine, Canadian, Garfield, Grant, Kingfisher, Logan and Major counties). Within Regional Administrative District 2, the two ZIP Codes with the highest Food Security Index were 73701
(Index of 87.4, rank of 5) and 73738 (Index of 95.1, rank of 5). Both of these ZIP Codes are in Garfield County.

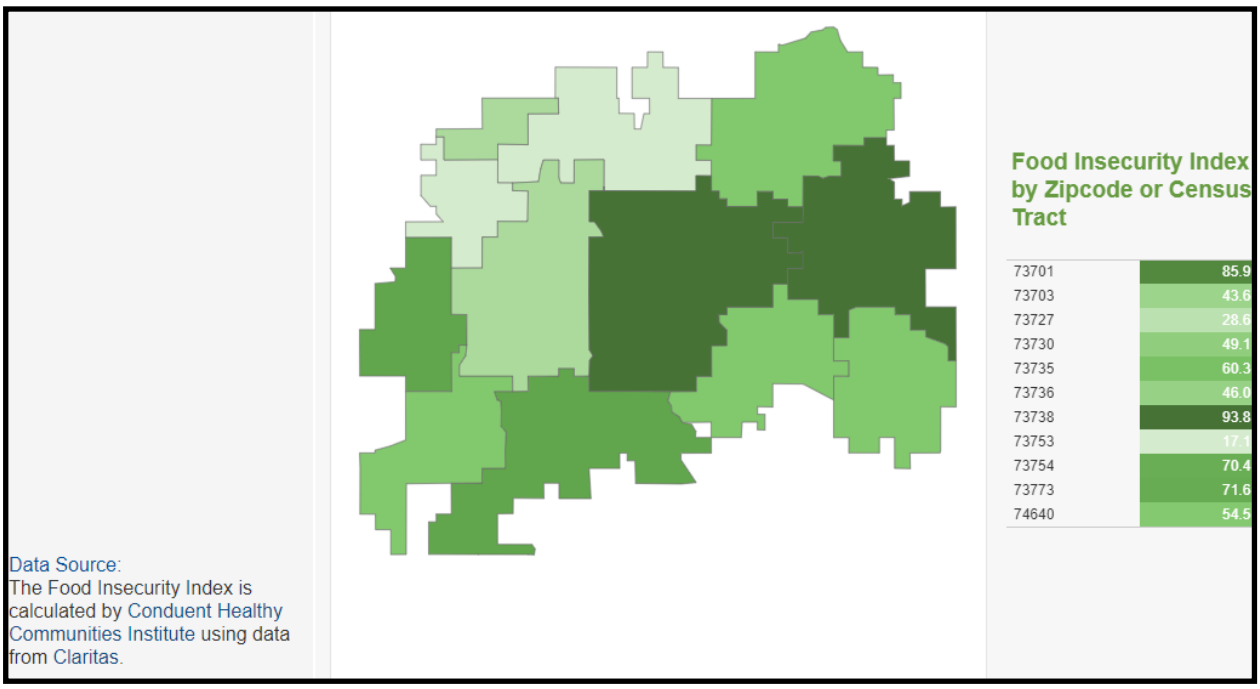


Figure 15. Garfield County Food Insecurity Index. 2024 Wellness County Profiles.

The County Health Rankings & Roadmaps provides a Food environment Index. This is defined as an index of factors that contribute to a healthy food environment, for 0 (worst) to 10 (best). The Index accounts for both proximity to healthy foods and income. This measure includes access to healthy foods by considering the distance an individual lives from a grocery store or supermarket, locations for health food purchases in most communities, and the inability to access healthy food because of cost barriers. Garfield County scored 7.6. The state scored 5.6, the nation scored 7.7.

The County Health Rankings & Roadmaps also provides a Food Insecurity measure. This is defined as the

percentage of population who lack adequate access to food. Lacking consistent access to food is related to negative health outcomes such as weight-gain and premature mortality. The measure also addresses the ability of individuals and families to provide balanced meals, including fruits and vegetables, further addressing barriers to healthy eating. In Garfield County, 13% of people did not have a reliable source of food.

In the Garfield County Community Forces of Change, public health practitioners identified Food Insecurity as a data-indicated top health need. However, as demonstrated by the word cloud below, it did not appear to be a primary concern. Food insecurity is indicated by the red boxes.

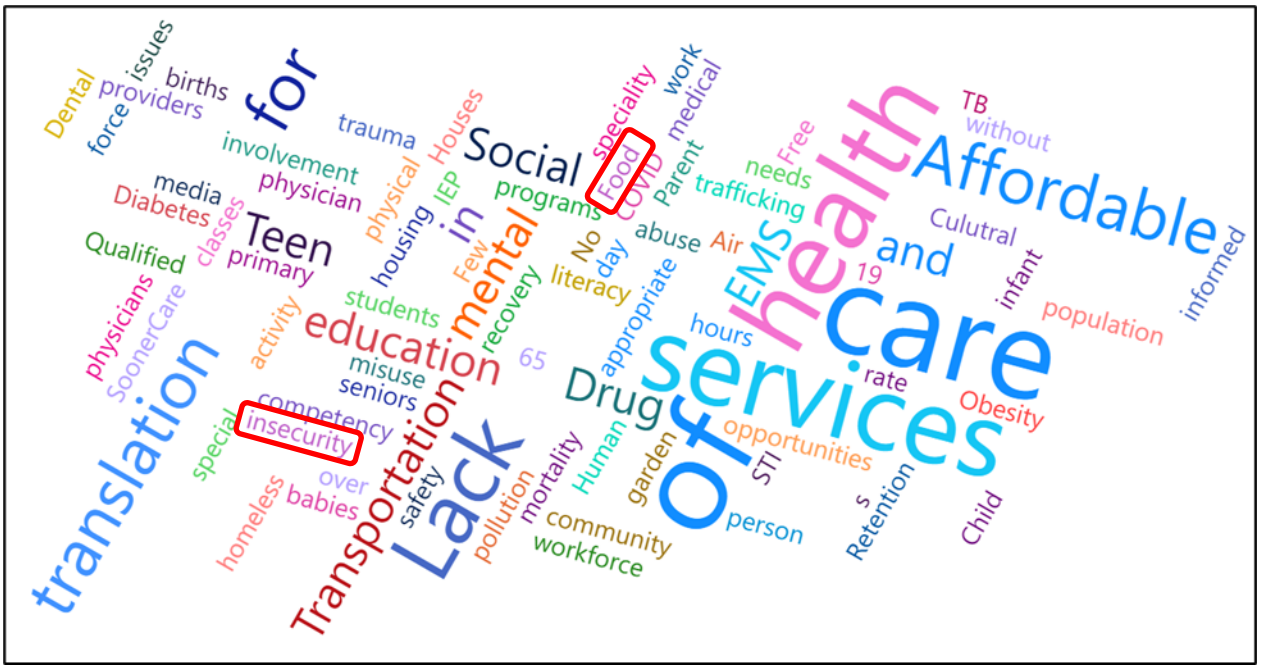
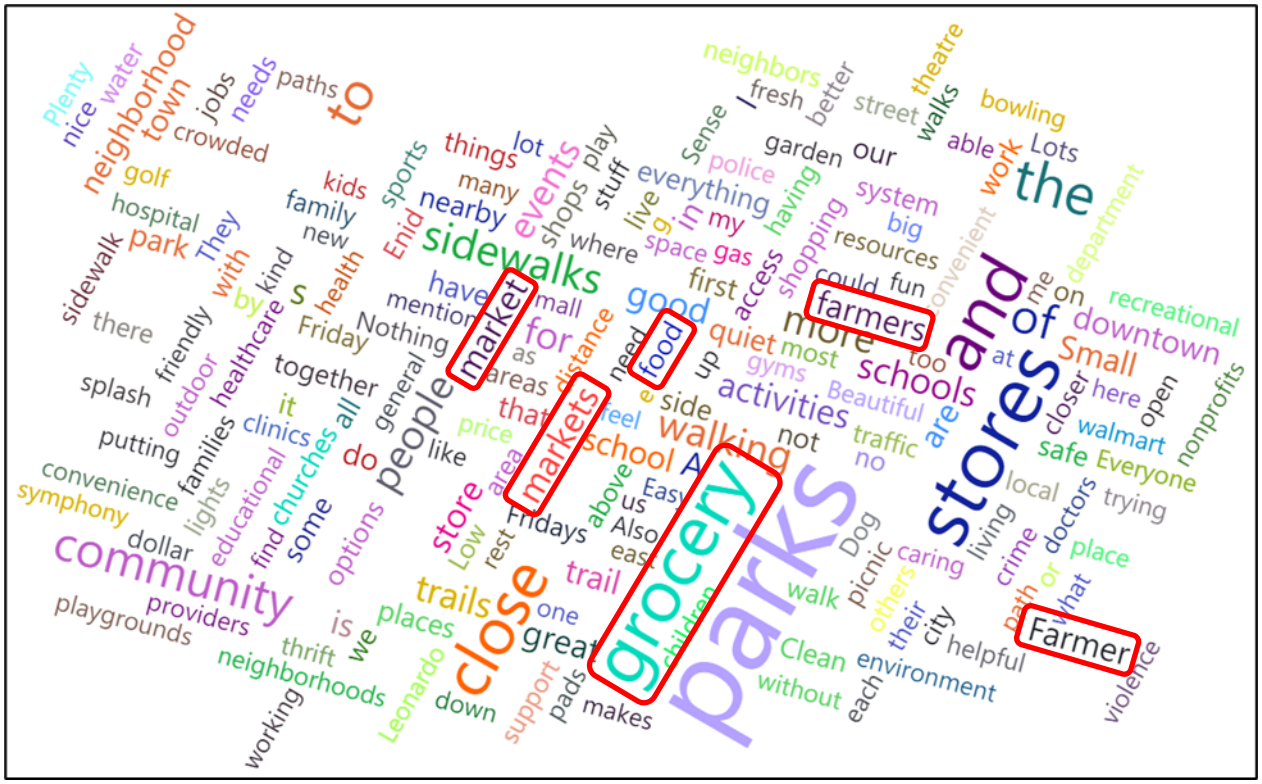


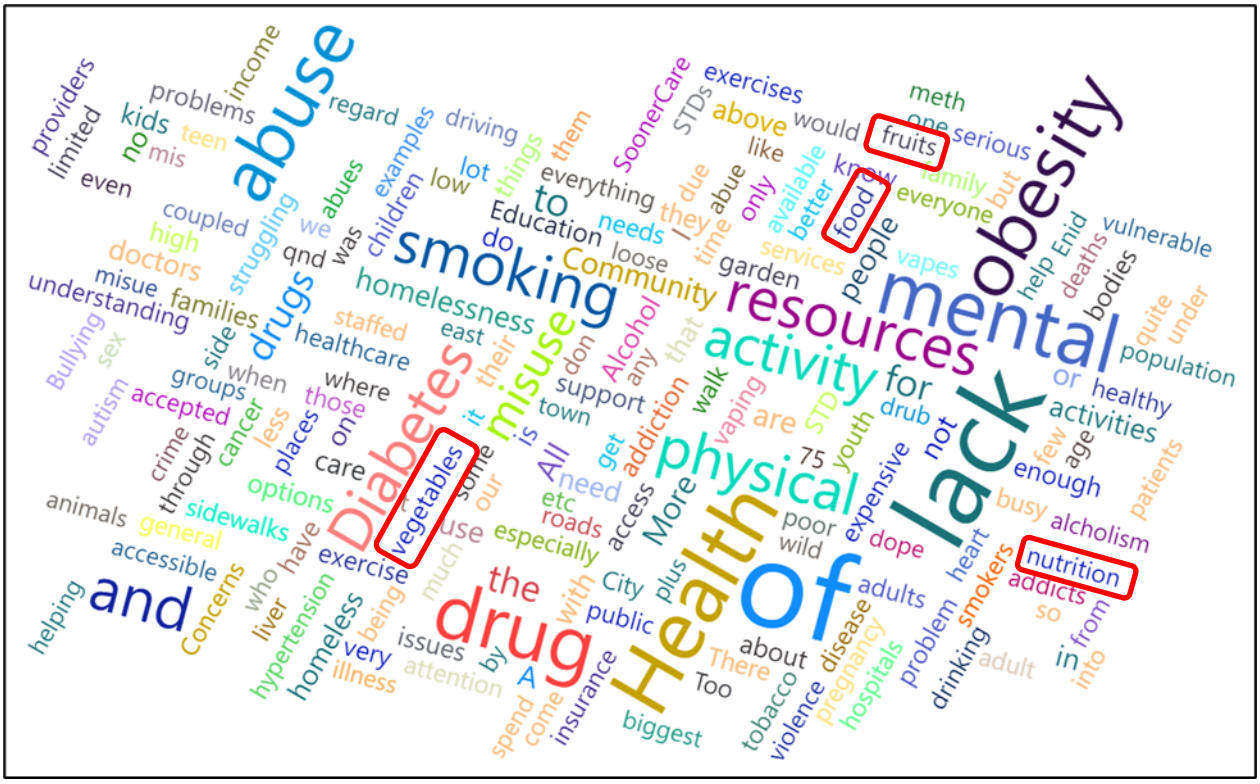
Figure 3. Top health needs in Garfield County. Garfield County Community Forces of Change - Food Insecurity.

Participating residents in the Garfield County Community Health Needs Assessment Survey identified a number of elements that pertain to Access to Healthy Foods as contributing to making the community great.



However, residents also identified some of the elements as things they would like to see in their community.

Residents also identified elements of Access to Healthy Food as health concerns or issues that they saw in their community.



Infant Mortality

The impact of a baby's death is devastating to both family and community. From a broader perspective, infant mortality is considered an indicator of health status in a defined area. An infant death is defined as the death of a child prior to the first birthday. Mortality among newborns and infants is associated with a number of factors such as access to health care, adequate nutrition, and a healthy psychosocial and physical environment. Infant mortality is affected by the health and well-being of women before and during pregnancy, the quality of prenatal and delivery care, and the health and care of infants following birth. Therefore, infant mortality rate (IMR) is often used as an indicator to measure the health and well-being of a community.[16]

Data from the Annie E. Casey Foundation's Kids Count Data Center demonstrated that Garfield County's IMR was increasing (getting worse) while the state as a whole was remaining steady.

THE ANNIE E. CASEY FOUNDATION | KIDS COUNT DATA CENTER

INFANT MORTALITY IN GARFIELD COUNTY

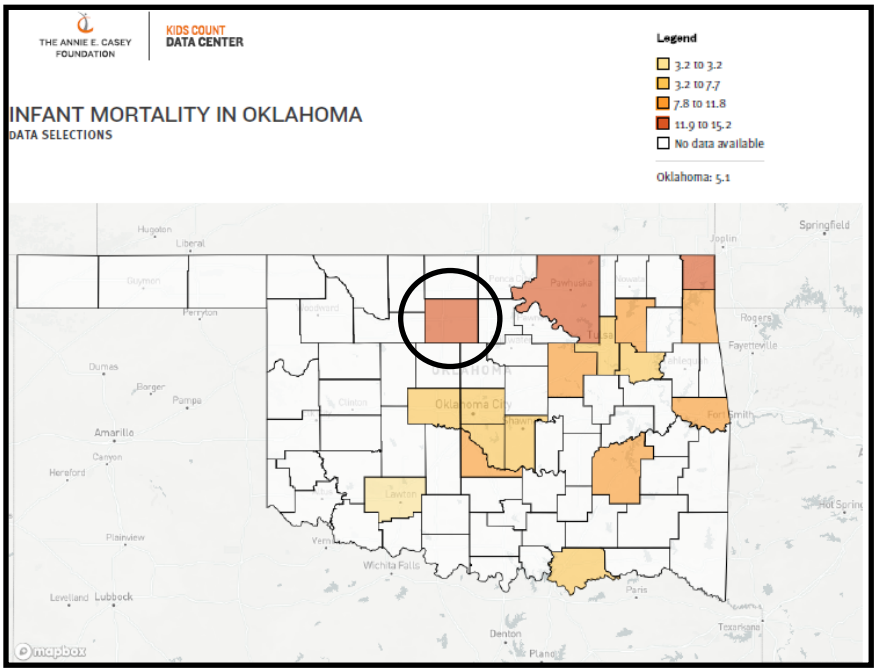
DATA SELECTIONS

2022 × 2021 × 2020 × 2019 × 2018 ×

DETAILED | SORT / RANK

Location	Data Type	2018	2019	2020	2021	2022
Oklahoma	Number	265	262	208	258	244
	Rate	5.3	5.3	4.4	5.3	5.1
Garfield County	Number	7	8	7	6	11
	Rate	8.2	9.7	8.4	7.5	13.3

A map depiction of the 2022 data shows that Garfield County is one of the three worst IMRs in the state.



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

And lastly, trend data clearly demonstrates the difference between Garfield County's IMRs and that of the state over the past five years. A particular increase in Garfield County's IMR occurred from 2021 to 2022.

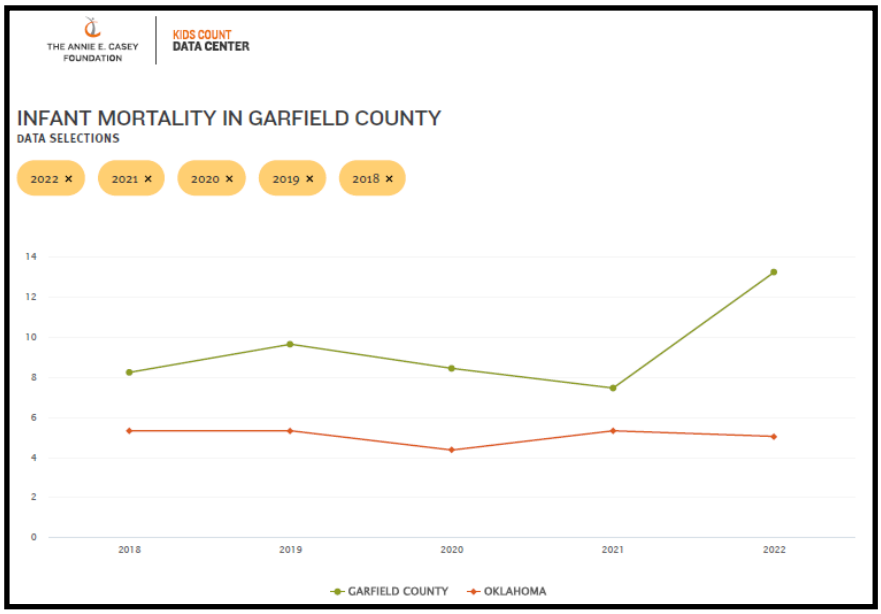


Figure 18. OSDH OK2SHARE Detailed Mortality Statistics - Infant Mortality Rate.

Prioritization of Health Needs

Health Indicator	Round 1 Vote	Round 2 Vote	Round 3 Vote	Round 4 (If necessary)
Obesity	**15**	**12**		
~~Alcohol, Tobacco and Other Drugs (ATOD)~~	**14**	**9**		
Mental Health	**21**	**18**		
Access to Healthcare	**13**	**10**		
~~Access to Healthy Foods~~	**7**			
~~Infant Mortality~~	**8**			

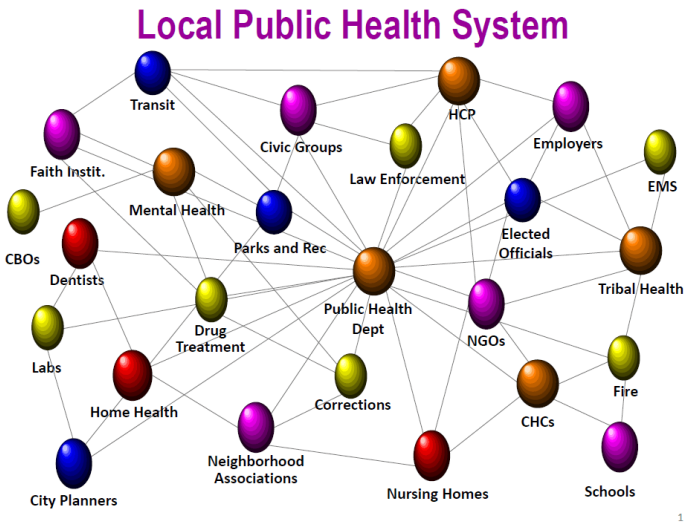
Next Steps

The Alliance will use this data to guide its deliberations in the strategic planning process to develop a Community Health Improvement Plan (CHIP). Though this summary report has identified 11 elements of particular interest, all of the data will continue to be reviewed and considered for identifying strategic issues for improving Garfield County health outcomes.

There is an important characteristic about the CHA to be remembered; it never ends. Data is always updated, new data sources created and identified, and deliberations possibly altered by new information. Once a CHIP is developed and implemented, data updates and new data sources will allow us to measure progress towards accomplishing our performance objectives and to consider changes we may feel are necessary. Annual Updates and Supplements will be provided in this CHA to provide new data and highlight important changes as the Alliance moves forward in its strategic plan cycle.

This summary report is 23 pages. However, a hard copy of a complete CHA with all the listed Attachments would be 460 pages! That is why the Alliance is committed to providing this report to the public electronically. Initially, this report and all of its Attachments will be available to the public on the Garfield County Health Department's website. The Alliance encourages its community partners with social media assets to post this material and/or link to the health department's website.

We urge community partners to view this data, use it for your unique purposes, and contact us with comments and suggestions. When the CHIP is available, consider both documents together as one. The task of public health is large and varied, creating a proverbial jigsaw puzzle of many pieces. The public health system is far more than the local health department and hospital. Indeed, it is made up of every single citizen that lives in Garfield County. We all have a contribution to make. We have worked together over the past few years to make Garfield County one of the healthiest counties in Oklahoma. Together, let us continue this effort to make Garfield County "the" healthiest county in Oklahoma and one of the healthiest counties in the nation.



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11. Oklahoma Department of Human Services 2019 Annual Report.
12. Oklahoma State of the State's Report. (Updated February 26, 2019) Data > Health Indicators > Infant Mortality > Learn More.
13. Oklahoma State of the State's Report. (Updated February 26, 2019) Data > Health Indicators > Teen Births > Learn More.
14. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Binge Drinking > Learn More.
15. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Current Smoking Prevalence (Adults) > Learn More.
16. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Unintentional Poisoning Deaths > Learn More.
17. Oklahoma Prevention Needs Assessment Survey - Results for Garfield County. (2018) Oklahoma Department of Mental Health and Substance Abuse Services.
18. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Heart Disease Deaths > Learn More.
19. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Cerebrovascular Disease Deaths > Learn More.
20. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Diabetes Deaths > Learn More.
21. Oklahoma State of the State's Health Report. (Updated February 26, 2019) Data > Health Indicators > Malignant Neoplasm Deaths > Learn More.

Resources

The major entities cooperating in this effort are:

City of Enid
Enid Public Schools
Garfield County
United Way
Garfield County Health Department
Department of Human Services
Enid Chamber of Commerce
Enid Economic Development
Alliance

Version History

The version numbering is as follows:

- The initial version is 1.0
- All subsequent minor changes should increase the version number by 0.1
- All subsequent major changes should increase the version number by 1.0

Version Number	Change Request Number (if applicable)	Accepted Date	Author	Summary of Change
1.0		Nov. 2024	Mikeal Murray	Release of initial document
1.1		Jan. 2025	Teresa Dunham	Added map and prioritized needs voting table

Notes:

What Does the Public? Say Appendix A

Garfield County Community Forces of Change

Autry Technology Center, Enid

February 26, 2024

N=42

1. What do you think the data says are the top health needs in Garfield County?

What do you think the data says are the top health needs in Garfield County
Transportation
Teen births
Teen services
Lack of mental health services
Translation
Dental care
Drug misuse/abuse
Human trafficking
No community garden
Food insecurity
Lack of primary care physician
Houses for homeless population
Cultural competency in medical providers
Air pollution
Free/affordable health education classes
Diabetes education
Social media safety
Parent involvement
Affordable and appropriate hours of day care
Affordable housing for seniors
Mental health care
Lack of informed trauma care
Child and infant mortality rate
Lack of specialty physicians
STI's
Drug recovery programs
Obesity
Few physical activity opportunities
COVID-19 babies
Health care services over 65 without SoonerCare
Health literacy
In person translation
EMS services

Transportation issues
Social services
EMS translation
Qualified workforce
Retention of work force
IEP for special needs students
TB

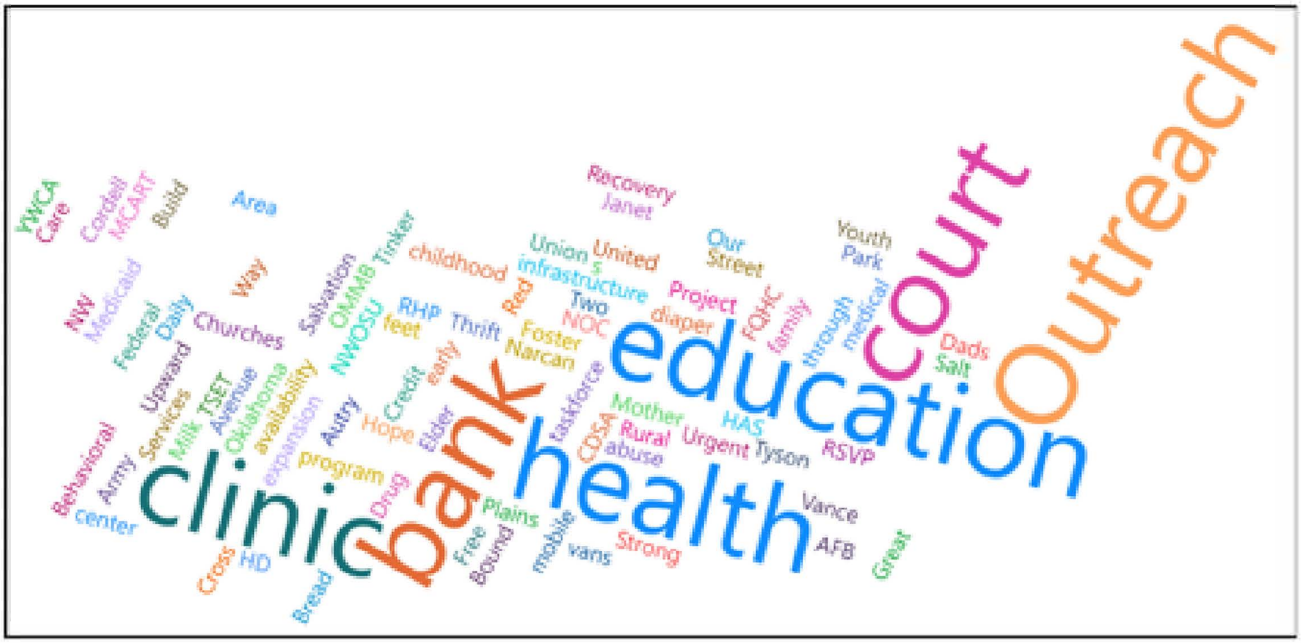
2. What strengths does our community have to support these health needs?

What strengths does our community have to support these health needs?
Two hospitals
Economic development
Public school informed trauma care
Water resource
Mental health coalition
Drug/alcohol coalition
Individual/organizational generosity
Good community outreach
Wanting to fix problems
Food banks
Food give away
Community generosity
Medical clinics

14 Non-profits addressing community health needs
Dental services (Great Salt Plains sliding scale)
Fundraising
Donations from the community
Medical community
Diaper bank
Community support
Multiple non profits
Veterans care
Medical cooperation
Education opportunities
Strong private company support
Cooperation and collaboration network
Addressing homelessness
Forward thinking
After school program networks
Public school communication
GCHD with language services and programs
Employment pathways
Free Clinic
CDSA
Four school distrcts improving/adapting health policies

3. What assets does our community have to support these health needs?

What assets does our community have to support these health needs?
HAS (infrastructure)
Narcan availability
Janet Cordell
Salvation Army
Rural Health Project
TSET
Drug court/family court
Tinker Federal Credit Union
Area health education center through RHP
Street Outreach Services
NWOSU
Tyson
Elder abuse taskforce
Foster feet program
FQHC
OMMB- Oklahoma Mother's Milk Bank
Urgent Recovery Care- NW Behavioral
Free clinic
Great Salt Plains
YWCA
Red Cross
United Way
Strong Dads
NOC
Park Avenue Thrift
Two mobile vans
Medicaid expansion
RSVP
Vance AFB
Upward Bound
Youth Build
Churches
Autry
Our Daily Bread
HD medical clinic
MCART
CDSA (diaper bank, early childhood education)
Hope Outreach



4. What are our weaknesses as a community that impact health?

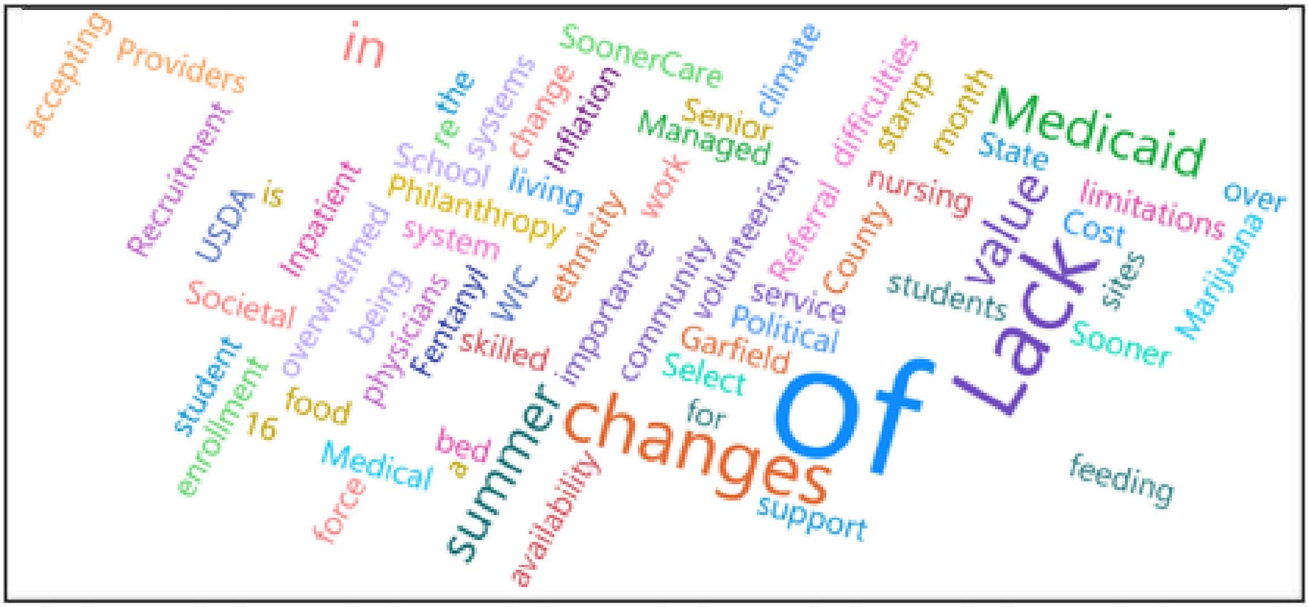
What are our weaknesses as a community that impact health?
Lack of primary care physicians
Lack of community engagement
Lack of dental services
Lack diversity in medical staff (cultural)
Lack of speciality physicians
Lack of public transportation
Difficulty to use military insurance in community
Difficulty in recruiting medical staff
Difficulty of recruiting physicians
Difficult in communicating information
Poor walkability in community
Struggles of EMS transportation
Lack of EMS resources
Lack of professionals in work force
Difficulty in medical staff retention
Difficulty in find affordable and high quality child care
Lack of affordable housing
Difficulty in employers providing insurance
Lack of professional medical interest
Lack of preventative care
Few mental health services
Misinformation and lack of scientific literacy
Lack of in person translation and interpretation

Cultural and language barrier in medical setting
One EMS provider, few paramedics
No community garden

5. Most important health problems in the community?

Most important health problems in the community?
School systems being overwhelmed
Managed Medicaid
Fentanyl
State changes in student support over the summer
Lack of summer feeding sites for students
Garfield County ethnicity changes
SoonerCare re-enrollment
Lack of skilled nursing availability
Senior food stamp value is $16 a month
Political climate
Referral system difficulties
Cost of living
Inflation
Recruitment of physicians
USDA WIC changes
Sooner Select
Inpatient bed limitations
Providers accepting Medicaid
Medical Marijuana

Societal change in work force
Lack of importance/value of community service/volunteerism
Lack of Philanthropy



6. What forces are occurring or might occur that impact the health of our community?

What forces are occurring or might occur that impact the health of our community?
Loss of COVID-19 funds
Lack of funding
Suicide rates
Vaccine hesitancy
Private insurances
OK high ACE scores
Public policy
Food insecurity
Flu vaccine rate
Lack of child immunization
Domestic violence
Drug overdose
COVID-19 long haul, lingering health, lifestyle changes
Lack of community engagement
Social isolation
Schools not teaching life skill classes
Job insecurity
Age of medical staff population
Managed care impacts

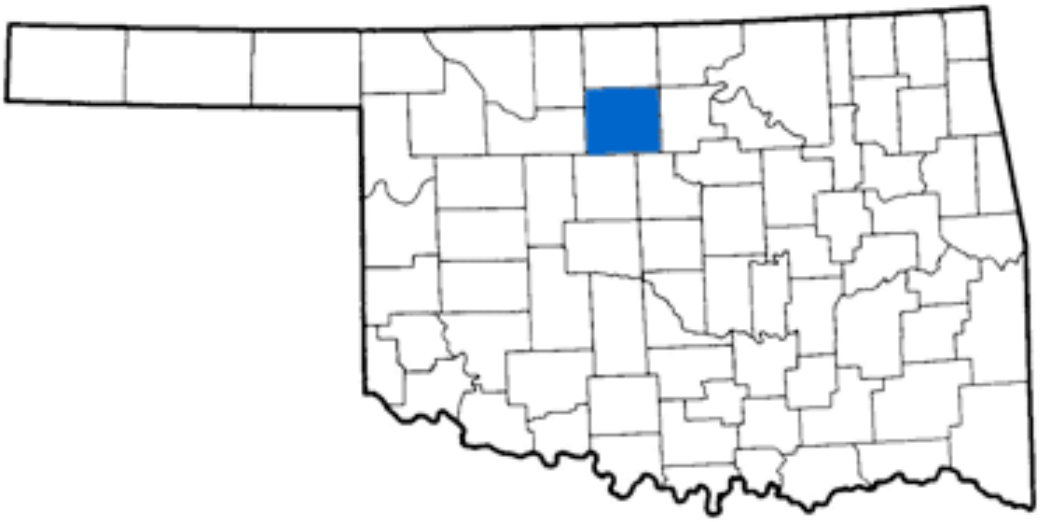
Affordable state housing specifically for mother/children
Lack of direct eye contact and communication skills
Preparing those entering the workforce
Burnout of healthcare professions
Racism
Stigma surrounding seeking help
AI
Climate change impact on health, displacement
Lack of law enforcement
Limited fundraising
Aging donors
Technology informed care and health literacy
New expectations of those entering workforce
Adult learners
Lack of tutoring opportunites
Inadequate support for individuals upon their release from correctional facilites hinders their success reintergrating into society

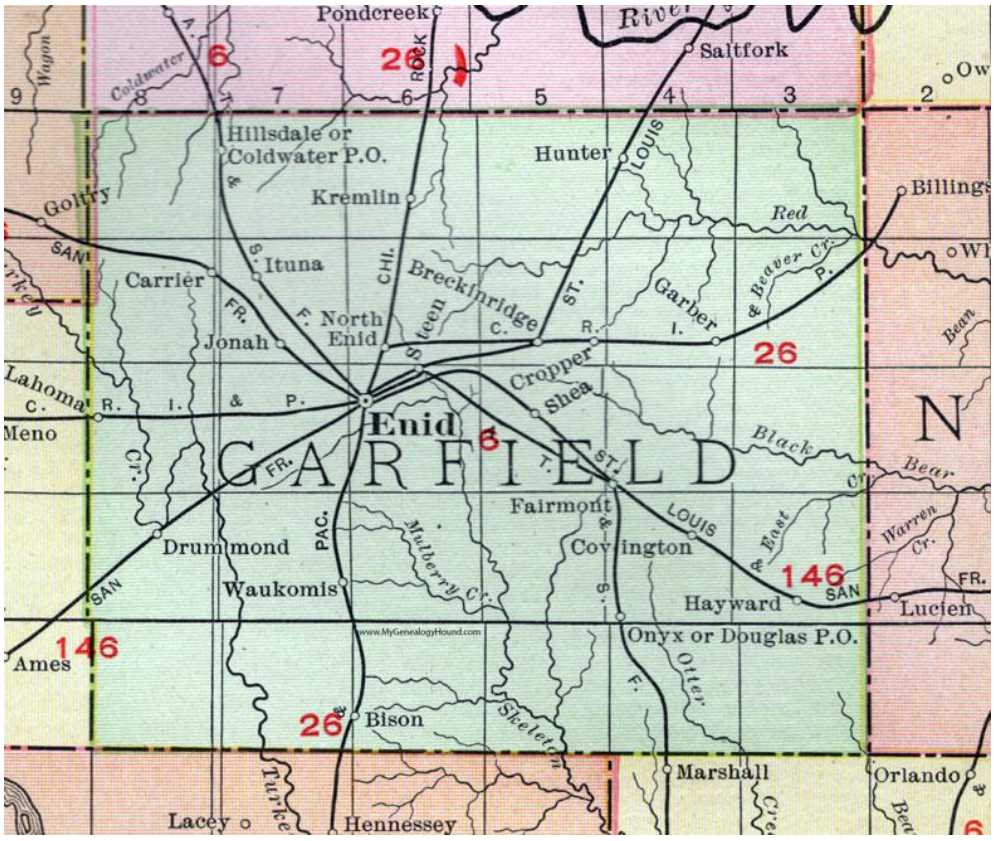
7. What specific opportunities are generated by these occurrences?

What specific opportunities are generated by these occurrences?
Better engagement opportunities
Technological advances
Communication plan for community engagement
211 updated contact list
Education on public resource

DHS, 4RKids, YWCA, Law enforcement, child advocacy, first responders involvement
Education on trauma and resiliency
Continued education for staff
Non-social media ways to communicate
In person communication
New resident packets with community information included
Food bank/transportation list from CDSA
Work force development for medical careers
Communication channel
Outreach
Cultural committee
Vaccine clinics
Recruitment (culturally diverse representation)
Quality over quantity in the medical field
Transparency
Mail distribution
Supporting CHW network in community
Joint CHIP
Residency program for family medicine

Geographic Area Served





Garfield County Community Health Assessment

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