Promoting Safe & Healthy Lifestyle's

Woodward Area Coalition

Woodward County

Community Health Needs Assessment 2025

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Woodward Area Coalition

Executive Summary

The Woodward Area Coalition is pleased to present the 2025 Community Health Needs Assessment (CHNA). The purpose of the CHNA report is to provide an overview of the health needs and priorities associated with-in Woodward County. This collaborative coalition group has identified this geographic area as their community. The goal of this report is to provide residents with a deeper understanding of the health needs in their community and to help guide the community and its partners in planning efforts and the development of an implementation strategy to address identified needs. The CHNA involved a review of both quantitative and qualitative data, state and local data to attain the full scope of the community needs as they pertain to health, with an emphasis on the economically poor and underserved populations. Input came from a community listening session, an online survey, stakeholders, and some key informant interviews in which specific populations were targeted. The community provided us with a comprehensive view of the current health status, both real and perceived, that influence the health of Woodward County. Each identified issue will be reviewed and analyzed to ensure a feasible strategy can be implemented.

This Woodward County CHNA 2025 was completed with the following partners and stakeholders.

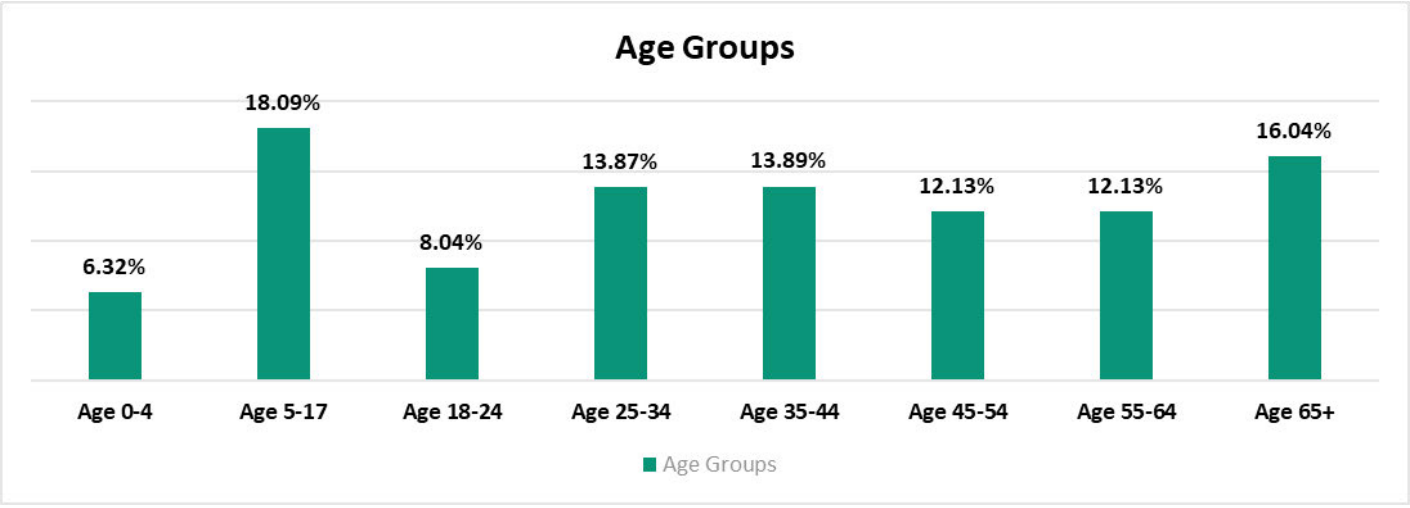
Community Description & Demographics

Woodward County is in northwestern Oklahoma. Woodward is the county seat and the largest city in Woodward County. The economy of Woodward County employs 9.43k people. The largest industries in Woodward County, Oklahoma are Retail Trade (1,421 people), Mining, Quarrying, and Oil & Gas Extraction (1,105 people), and Educational Services (980 people), and the highest paying industries are Utilities ($71,250), Wholesale Trade ($70,278), and Transportation & Warehousing, and Utilities ($69,773).

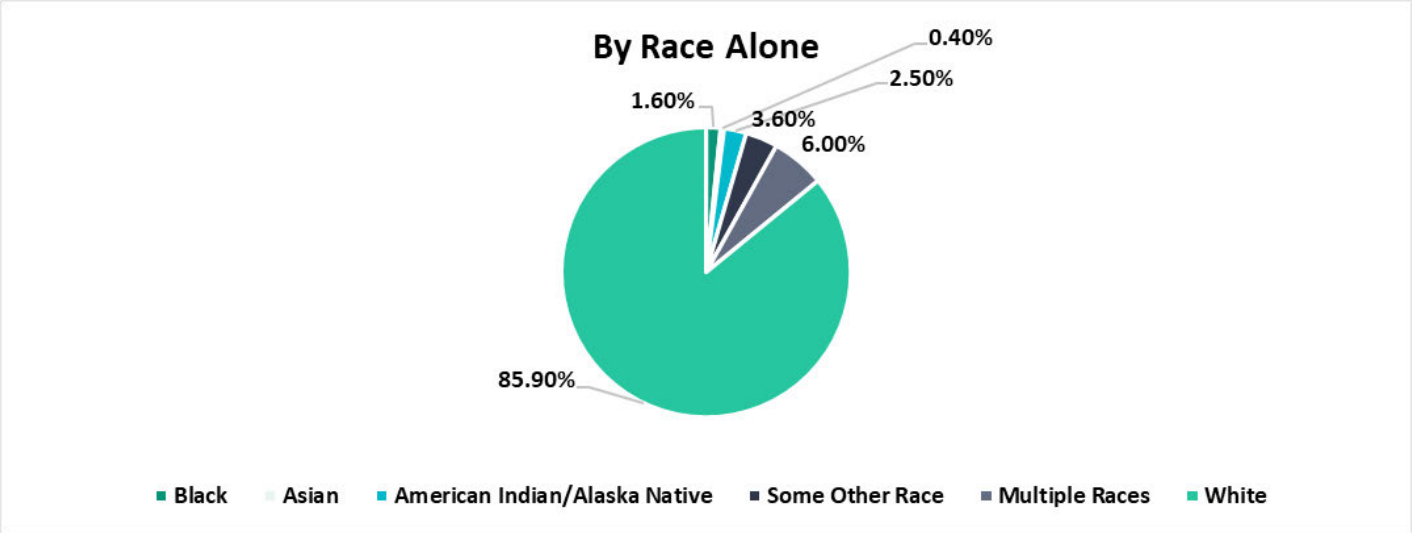
Total Population

Report Area	Total Population	Total Land Area	Population Density
Woodward County, OK	20,411	1,242	16
Oklahoma	3,970,497	68,596	58
United States	331,097,593	3,533,269	94

Data Source: US Census Bureau, American Community Survey. 2018-22.

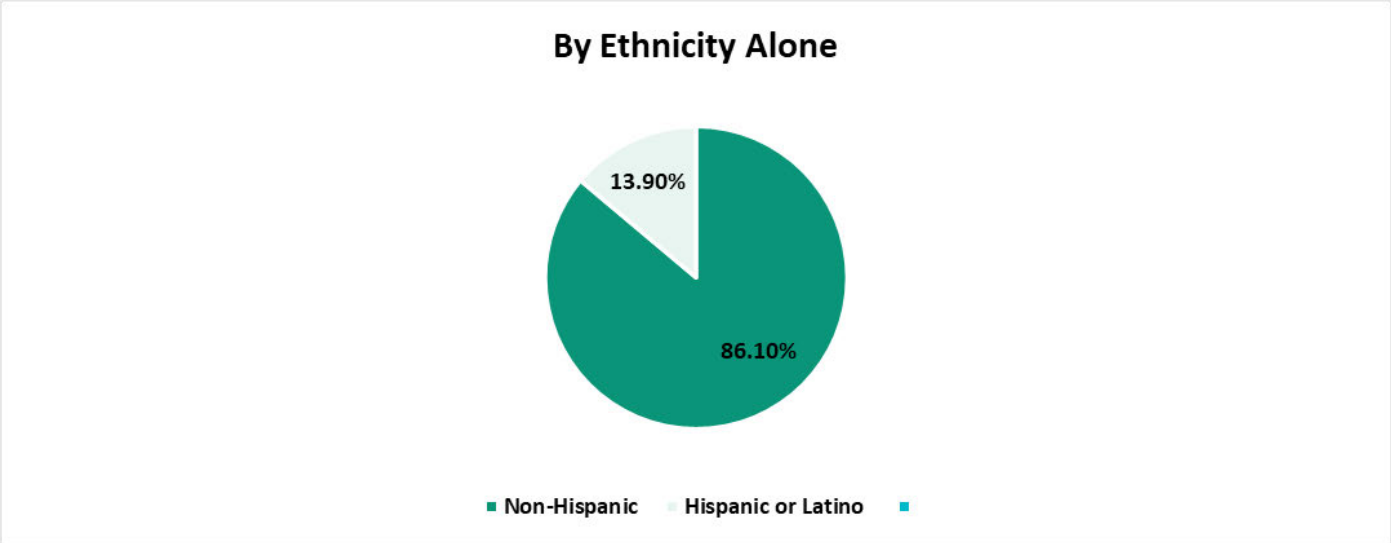


Total Population by Race Alone



Data Source: US Census Bureau, American Community Survey. 2018-22.

Total Population by Ethnicity Alone



Data Source: US Census Bureau, American Community Survey. 2018-22.

County & State Data

Report Area	Woodward County	Oklahoma
Education		
High school graduate or higher, percent of persons age 25 years+, 2010-2022 (1)	87.2%	88%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019 (1)	19.3%	25.5%
Health		
With a disability, under age 65 years, percent, 2018-2022 (1)	12.2%	11.5%
Persons without health insurance, under age 65 years, percent (1)	16.7%	16.8%
Persons enrolled in Medicaid (2)	6,036	1,135,844
Persons enrolled in Medicare (3)	3,831	761,099
Families & Living Arrangements		
Households, 2018-2022 (1)	8,007	1,480,061
Persons per household, 2018-2022 (1)	2.41	2.58
Living in same house 1 year ago, percent of persons age 1 years+, 2018-2022 (1)	85%	83.2%
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022 (1)	11.1%	10.5%
Transportation (minutes)		
Mean travel time to work (minutes), workers age 16 years+, 2018-2022 (1)	21.8	21.9
Access to Care (people per one provider)		
Primary Care Physicians (4)	3,370:1	1,640
Dentists (4)	1,820:1	1,610
Mental Health Professionals (4)	240:1	240

(1) U.S. Census Bureau
(2) Oklahoma Health Care Authority. Fast Facts. November 2021
(3) Centers for Medicare and Medicaid Services. Medicare Enrollment Dashboard. September 2023
(4) 2024 County Health Rankings. Woodward County. 2024

Social, Physical & Economic Factors

Report Area	Woodward County	Oklahoma	United States
Social Vulnerability Index Score* (2)			
Teen Births (3) (per 1,000 females age 15-19)			
Liquor Stores (4) (per 100,000)			
Recreation and Fitness Facility Access (4) (per 100,000)			
Fast Food Restaurants (4) (per 100,000)			
Food Desert Tracts (5) **	0		
Grocery Stores (4) (per 100,000)			

*The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. Woodward County has a score higher than the state average of 0.72.
**A food desert tract is defined as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. This is a 1 mile/10-mile tract.
(1) US Census Bureau, Small Area Income and Poverty Estimates. 2021
(2) Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC-GRASP.2022
(3) Centers for Disease and Prevention, CDC-National Vital Statistics System. Accessed via County Health Rankings. 2016-2022.
(4) US Census Bureau, County Business Patterns. 2022.
(5) US Department of Agriculture, Economic Research Service, USDA-Food Access Research Atlas. 2019.

Health Behaviors

Report Area	Woodward County	Oklahoma	United States
Alcohol-Heavy Consumption (1) (at least one heavy drinking episode in the last 30 days)			
Alcohol-Binge Drinking (1) (18+ binge drinking in the past 30 days)	14.9%		
Physical Inactivity (2) (adults 20+ with no physical activity)	26.5%		
Tobacco Usage (1) (18+ who currently smoke)			

(1) Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2021.
(2) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health promotion. 2021.

Health Outcomes

Report Area	Woodward County	Oklahoma	United States
Diabetes Prevalence (2) (Adults 20+)			
Heart Disease (3) (% of Medicare population)			
High Blood Pressure (3) (Medicare pop based on claims data)			
Mortality-Cancer (3) (Rate per 100,000)			
Mortality-Coronary Heart Disease (3) (Rate per 100,000)			
Mortality-Lung Disease (3) (Rate per 100,000)			
Mortality-Stroke (3) (Rate per 100,000)			
Mortality-Suicide (3) (Rate per 100,000)	25.9		
Obesity (2) (Adults with BMI >30)			

(1) State Cancer Profiles. 2016-20.
(2) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health promotion. 2021.
(3) Centers for Disease Control and Prevention, CDC-National Vital Statistics System. 2018-22.

Community Health Needs Assessment Process

Multiple community partners joined efforts to conduct the Community Health Needs Assessment. The Woodward Area Coalition formed a sub-committee to plan and coordinate the CHNA process. Committee members invited various stakeholders from the community. To obtain real input, the focus of obtaining feed-back targeted the underserved and minority populations. The group reviewed the county demographics to see who was living in the area and who needed to be represented. There was a targeted effort to engage at-risk populations in low socioeconomic zip codes. After a team was formed and identified who the target audience was, an online survey was created to ask the community what was important to their health needs. The survey was available in English, Spanish, and Marshallese, electronically and paper form. Flyers were created with QR codes and links. The coalition distributed via email and social media to publicize the survey to the residents of the county.

To obtain the most accurate results, the coalition distributed the surveys to contacts including business owners to the underserved. The group met weekly to discuss the demographics on who was taking the survey and ways in which we could reach everyone in the community. The coalition polled the public to identify the underserved in their neighborhoods and asked to assist in getting the survey out to them. They identified veterans, the homeless, low income, disabled, single parents, those with mental health issues, rural populations, students, the elderly, the under educated and youth.

A community listening session was held in which state and local data was discussed. Participants were encouraged to discuss their concerns, to learn about available community resources and how their county data compared to the state data. The team obtained feedback from 251 online surveys with eight of those being the Spanish survey. The results showed 24 of the people taking the online surveys identified as other than white. It was realized that most of the Hispanic people were bilingual and choosing to take the English survey.

Ultimately, the coalition acquired representation or input from the day shelter, public school system, hospital, police department, Hispanic churches, health department, and from mental health professionals. The results from the surveys, interviews, and community input were compiled and analyzed along the state/local data and the expertise of the state and local health department. Four priority issues were formed from the community input results and the county health department's data on health outcomes. The four issues were determined to be public health issues affecting the majority of the population on some level. Other issues were identified in the results but not selected. Selection was based on ability to effectively strategize an action plan with the community's resources. The issues remain important and will not be excluded in the coalition's efforts if feasible. The priority issues were chosen based on the fact that they would have the largest impact on the outcomes of the community. Specifically, the issues were analyzed based on the following criteria: importance to the community, county data, ability to implement an action plan, community resources, size and urgency of the problem, and the availability of solutions.

The Woodward Area Coalition last completed strategic planning in 2019. It identified strengths and devised some potentials goals. Priority issues included mental and physical health, social and family health and safety. Strategies consisted of promoting community services, involvement and prevention programs. It appears the coalition will be able to continue some of those action items since the needs identified then and now are similar and have been successful.

Online Survey Demographics

In total, the online survey was administered to 251 individuals. The survey consisted of 28 questions. Participants were asked about what health issues were important to them and how they perceived their community's quality of life. The survey was available in English, Spanish, and Marshallese. The survey was open for approximately 4 months.

Online Quantitative Surveys (collected July 2024-October 2024):
Total: 251

Online Quantitative Surveys	Category	Count
Total Participants		251
Age	Age less than 14	4
	Age 14-17	28
	Age 18 to 24	19
	Age 25 to 34	24
	Age 35 to 44	61
	Age 45 to 54	42
	Age 55 to 64	33
	Over 65 years of age	34
	Skipped	1
Gender	Male	53
	Female	142
	Prefer not to say	0
	Skipped	69
Race	White	165
	Hispanic	3
	Native Hawaiian or Other Pacific Islander	2
	Asian	3
	American Indian or Alaska Native	3
	Black, African American	0
	Skipped	70
Ethnicity	Mexican, Mexican American, Chicano/a	19
	Puerto Rican	2
	Cuban	1
	Another Hispanic or Latino/a origin	2
	No (not of Hispanic/Latino/a origin	134
	Don't know	10
	Skipped	70

CHNA Results

Overall results identified improved access to care both mental and physical would be beneficial to the community. Other priority issues were improved access to healthy foods which included lower cost of fruits and vegetables. Issues relating to access issues included transportation, better pay and more jobs. While discussing access to mental health, participants cited causes such as lack of providers, substance abuse, lack of knowledge of resources and the stigma associated with mental health. At the listening session, participants thought it would be helpful if the community had a list of resources to hand out. Barriers to the community needs were discussed which included funding, professional expertise, poverty, and low participation rates in events. The facilitator encouraged participants to brainstorm how organizations/agencies may partner with the coalition. In summary, community input through interviews, the listening session and the online surveys proved successful with adequate participation. Through purposeful efforts, the coalition was able to obtain input from all socioeconomic backgrounds using the different means of obtaining community input. Priority health issues came directly from community input and from significant county and state data.

Priority Health Issues

- Access to Healthcare
- Mental Health
- Access to Healthy Foods
- Obesity
- Alcohol, Tobacco & Other Drugs

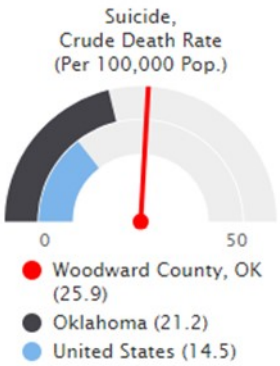
Community Health Issues

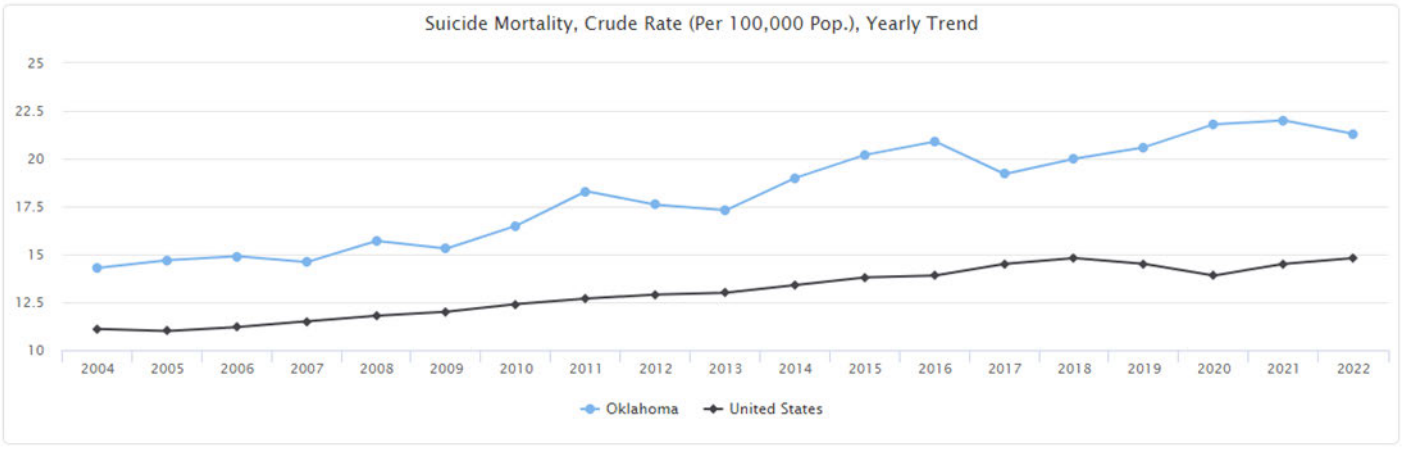
Access to Care When asked what could improve the community's health, over all words that fell into the Access category ranked high. However, 41% said everyone in their household can always get the health services they want/need. 50% said dental services was difficult to find and 41% said vision services were difficult to find. 72% of participants identified healthcare services are too expensive and/or the deductible or copay was too high. Too many skipped the questions regarding if they had health insurance but 65% said they did have dental. Taking a deeper look at the words described in the word cloud showed the top three words were 1) doctors 2) better 3) care. In another question concerning negative effects on their health, the inability to find a doctor in the area was in the top three highest rank.

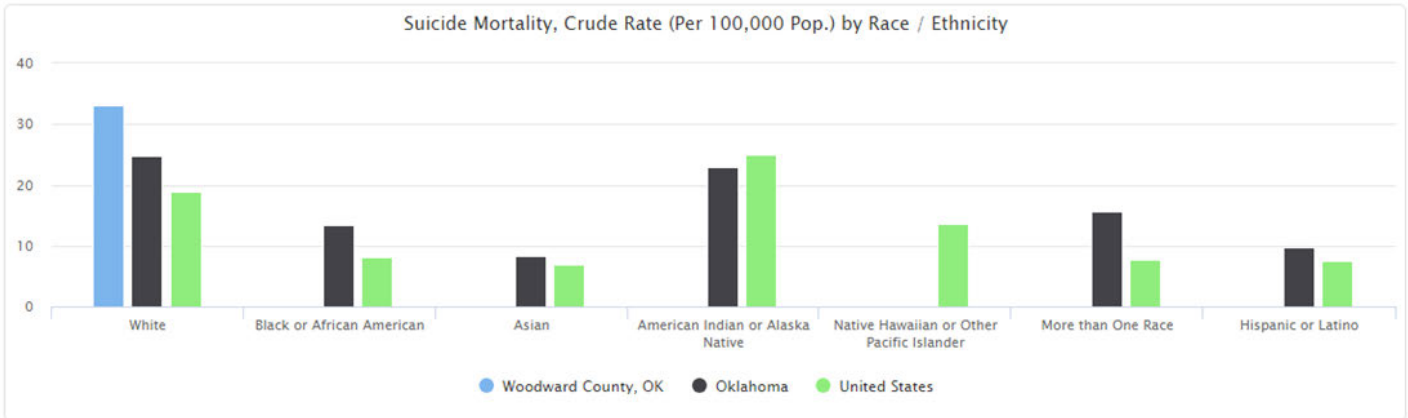
Multiple other issues relating to access to either mental or physical health were lack of specialists, no respite care, and transportation. Some causes mentioned of these problems were lack of resources, funding and lack of education.

When the input is combined with the county data, it is clear to see, residents may not be getting the care they need whether it's an access issue, lack of education, compliance, and many other potential reasons.

Mental Health Those surveyed said the health services that they found most difficult to find was mental health (59%.) During the listening session, participants were asked to vote on what they felt like was the community's top health problem. Mental Health was the most selected issue. When asked about the causes, people sited lack of mental health providers and substance abuse. Participants also mentioned the stigma, lack of resources and not realizing the severity of the problem. The data also shows some potential causes such as increased alcohol consumption and high suicide rate. As evidenced by the graph below, suicide rates have continued to increase since 2004. In Woodward County, white males are at highest risk. This indicator reports the five-year average rate of death due to intentional self-harm (suicide) per 100,000. This indicator is relevant since suicide is an indicator of poor mental health.



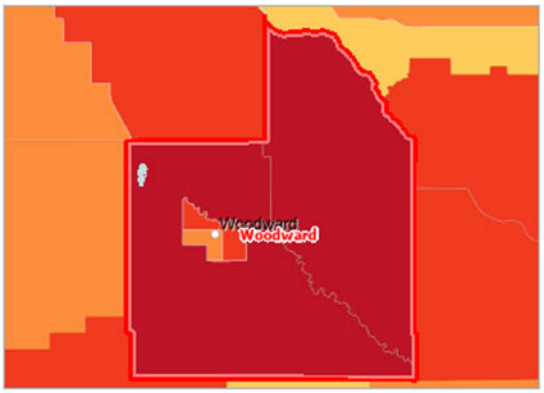


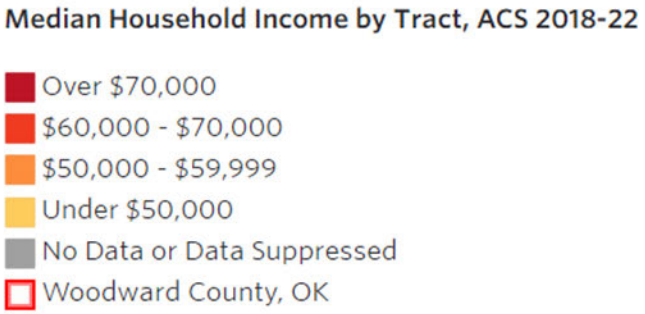


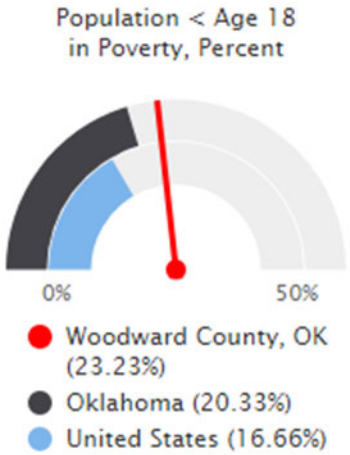
Centers for Disease Control and Prevention, CDC-National Vital Statistics. Accessed via CDC WONDER 2018-2022.

Access to Healthy Foods 43% of people surveyed stated a negative effect on their health was that fruits and veggies cost too much ranking Access to Healthy Foods high. When asked about the ability to get healthy food for the family, 38% said they can sometimes obtain health food. 49% stated they live paycheck to paycheck.

During the listening session, nutrition education, food insecurity, financial stability, availability of funds was all mentioned as important health issues. Causes of these issues included lack of resources, jobs, finances, price increases, poverty, lack of work ethic and low wages. Looking at the county data, it is evident a significant number of families are living below the Federal Poverty Level. The graph at the bottom shows how children of color living in poverty are the most affected. Families struggling to make ends meet will choose foods that are inexpensive which are the highest processed, unhealthy items. However, people of all economic levels will eat out more due to the convenience fast food and other processed foods offer.

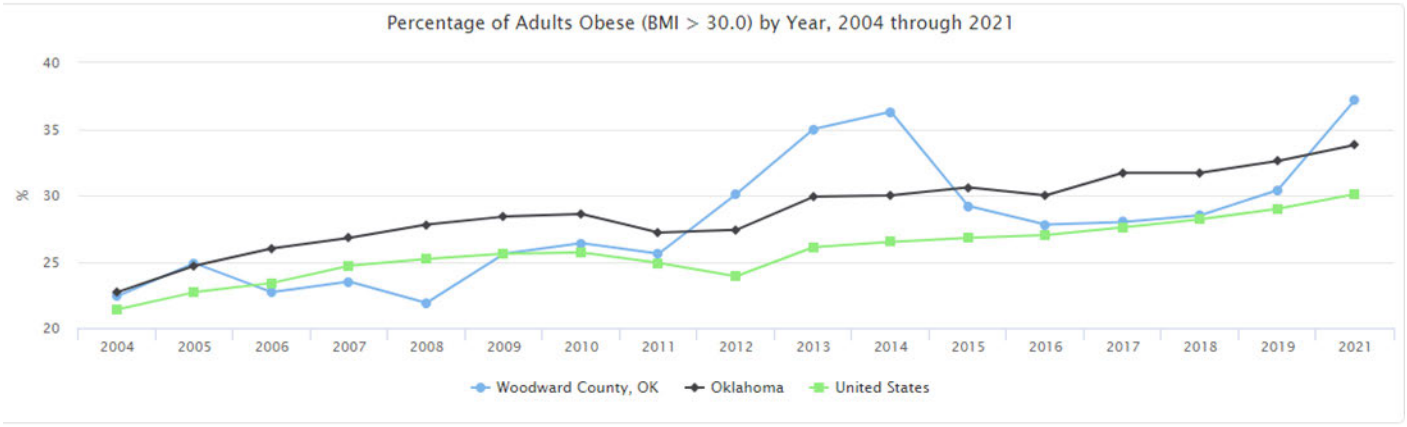


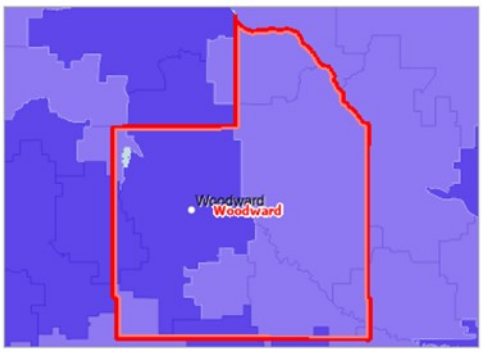


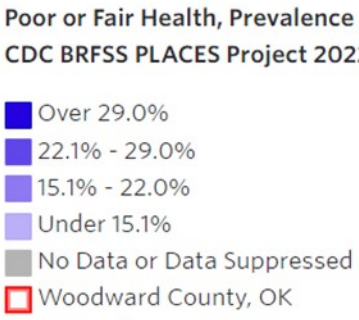


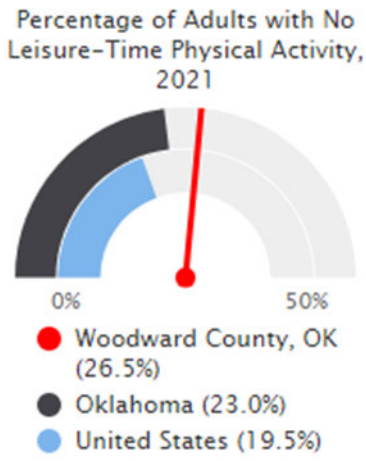
Obesity Obesity is derived from a self-reporting system based on height and weight. The term obesity refers to when a person exceeds a body mass index of 30 or greater. In Woodward County, 37.2% of the population are considered obese. Most people know, excess weight may indicate an unhealthy lifestyle and puts the person at risk for multiple health issues. The county far exceeds the state and national percentage. Unfortu-nately, the county's obesity rate has been climbing since 2004 and has gone from 22.4% to 37.2%. Obesity can lead to other issues such as diabetes, stroke, heart disease, and premature death. The graphs below shows the county data indicates multiple factors contributing to the case obesity should be a priority issue.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Woodward County, OK	14,794	5,518	37.2%
Oklahoma	2,918,601	985,713	33.8%
United States	232,757,930	70,168,831	30.1%

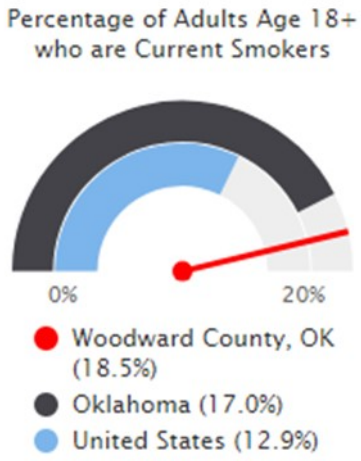








Alcohol, Tobacco & Other Drugs When reviewing the data with the expert assistance from the county and state health departments, it was evident the county struggles with this category. Although the smoking rate has slightly decreased since 2018, we predict the rate is higher due to the indicator not including vaping, chew and other forms of tobacco. Tobacco usage among 18+ adults is 18.8%. The county exceeds the state rate and is much higher than the national rate of 13.2%.



Centers for Disease Control and Prevention, Behavioral Risk Surveillance System. 2022.

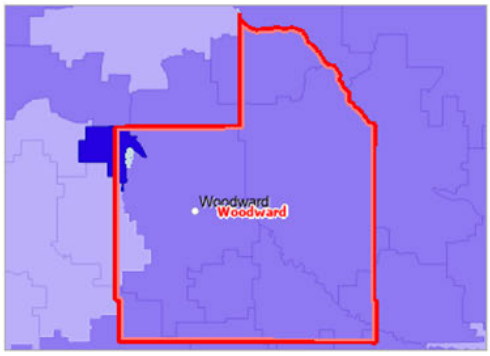
Mortality due to lung disease is especially high in the county exceeding the state and national rates as identified below.

Report Area	Total Population, 2018-2022 Average	Five Year Total Deaths, 2018-2022 Total	Crude Death Rate (Per 100,000 Population)
Woodward County, OK	20,088	77	76.7
Oklahoma	3,977,454	14,863	74.7
United States	330,014,476	758,846	46.0

Centers for Disease Control and Prevention, CDC-National Vital Statistics System. 2018-2022.

Heavy alcohol consumption is a behavioral health issue that is also a risk factor for many negative health outcomes. Those include unintentional injuries, stroke, heart disease, cancer, and mental health conditions such as depression and suicide. According to data, the county rate is 14.65% which is defined as adults who report excessive drinking in the last thirty days. The data on binge drinking also showed the county's rate above the state rate.

Report Area	Population Age 18+	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Woodward County, OK	15,386	2,253	14.65%
Oklahoma	3,041,356	420,199	13.82%
United States	259,746,218	47,041,079	18.11%



Binge Drinking, Percent of Adults Age 18+ by ZCTA, CDC BRFSS PLACES Project 2022

- Over 19.0%
- 16.1 - 19.0%
- 13.1 - 16.0%
- Under 13.1%
- No Data or Data Suppressed
- Woodward County, OK

Centers for Disease Control and Prevention, Behavioral Risk Factors Surveillance System. 2021.

Prioritized Needs

Health Indicator	Round 1 Vote	Round 2 Vote	Round 3 Vote
Mental Health			
Access to Healthy Foods			
Obesity	1		
Alcohol & Other Drugs			

The prioritized needs were chosen by the community and coalition who attended the Strategy Development meeting. Voting occurred after reviewing the data and the results from the online surveys and listening session. The results mirror the online survey results, interviews, and group discussions.

A Community Health Improvement Plan will be designed to meet the needs of the community based on the results of this assessment. The improvement plan will focus on Access to Healthcare, Mental Health and Access to Healthy Food. Implementation steps will be based upon the key strategies of prevention, education, and collaboration. Potential implementation strategies include 1)assisting the uninsured to sign up for health insurance and SoonerCare, 2) offering free screenings and health education, 3) partner and collaborate on events to support healthy food options 4) sharing resource information with the community.

References

US Census Bureau, American Community Survey. 2018-22.

Oklahoma Health Care Authority. Fast Facts. November 2021.

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Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.

2022.