

COMANCHE COUNTY

Community Health *Improvement* Plan

CHIP



Revised January 13, 2012
Comanche County, Oklahoma

Community Contributors

Cameron University

City of Lawton

Comanche County OSU Cooperative
Extension Service

Comanche County Department of Health

Comanche County Department of Human
Services

Comanche County Juvenile Bureau

Comanche County Memorial Hospital

Comanche County Memorial Foundation

Fit Kids of Southwest Oklahoma

Fletcher City Council

Fort Sill

Great Plains Technology Center

Indian Health Services

Jim Taliaferro Community Mental Health
Center

Lawton City Council

Lawton Community Health Center

Lawton Family YMCA

Lawton Fire Department

Lawton Ft. Sill Chamber of Commerce

Lawton-Ft. Sill Community Coalition

Lawton Police Department

Lawton Public Schools

Marie Detty Youth and Family Center

Partnerships and Possibilities

Regional AIDS Intercommunity Network
(RAIN)

Southwest Tobacco Free Oklahoma
Coalition

Southwestern Medical Center

Specialized Alternatives for Families &
Youth (SAFY)

Turning Point—Oklahoma State
Department of Health

United Way of Lawton-Ft. Sill

Wichita Mountains Prevention Network

Wichita Mountains Wildlife Refuge

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Comanche County CHIP Planning Committee adopted the following Vision

VISION

Comanche County will be a safe place where physical, mental, spiritual health and social well-being are true priorities where we live, work, and play; where health impact is a consideration in all policies; and where health factors and outcomes continually improve.

Executive Summary

In the spring of 2010, Comanche County embarked on a process that led to the creation of this Community Health Improvement Plan (CHIP). To facilitate an organized, comprehensive approach to creating the plan, organizers followed the nationally recognized “Mobilizing for Action toward Planning and Partnership” (MAPP) process. Following this process, dedicated community partners engaged in 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, Implement, Evaluate (an ongoing process)

By June 2011, Comanche County representatives met to employ Phase 4: Identifying Strategic Issues. At the June meeting, the comprehensive assessment data was presented to community representatives, with detailed data on eleven elements that emerged from the assessments as having particular importance to Comanche County. Those eleven elements included:

- Alcohol Use
- Access to Care
- Sexual Health
- Obesity
- Child Health
- Tobacco
- Cardiovascular Health
- Diabetes
- Cancer
- Mental Health, and
- Violence

Following a detailed review and discussion of these eleven elements, the team voted to focus on 5 priority areas:

- Obesity
- Tobacco Use and Prevention
- Violence
- Sexual Health, and
- Poverty / Access to Care

With the selection of the 5 priority areas, Phase 5 of the MAPP process began. Work groups were formed around each priority area and charged with the development of goals and strategies. Over the following two months, these workgroups met individually to identify key measures they felt would lead to improved outcomes for their respective priority area.

The plan that follows is a culmination of that work, and provides the platform for Phase 6, Plan-Implement-Evaluate, the “Action Cycle” of this process. As such, this CHIP is only a beginning step in improving our community’s health outcomes. Each priority area workgroup must continue to engage in this process in order to adapt, implement, and evaluate their work. In order to achieve the individual objectives, and ultimately, reach the desired outcome, this CHIP must be treated as a living document, nurtured in a manner that will lead to maximum success. While the individual objectives will continually be revisited, the 5 priority areas will be re-evaluated in the context of new assessment data, which will occur approximately every three years.

As a last thought, it is critical to note that while this CHIP provides specific focus on 5 priority areas, it in no way should serve as a constraint to continuing and/or newly initiated, unrelated health endeavors. This community recognizes the value of a broad-based approach to a healthy community, and understands the importance of a wide range of activities and endeavors that support a healthy population. As such, any program, resource, or endeavor that contributes to improved quality of life in Comanche County is welcomed and encouraged.

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**—Although Partnership Development is always necessary, the existence of three community coalitions; Fit Kids of Southwest Oklahoma, the Lawton Ft. Sill Community Coalition, and Southwest Tobacco Free Oklahoma Coalition provided a strong basis for a community-wide approach. Additional partners were added to ensure broad representation from various community sectors.
- **Four MAPP Assessments**—beginning in the spring of 2010, we conducted the four assessments (Community Themes and Strengths Assessment, Local Public Health Systems Assessment, Forces of Change Assessment, and the Community Health Status Assessment). The assessments were completed over a 12 month period.
- **Identifying Strategic Issues**—After reviewing the assessment data in the spring of 2011, eleven elements were identified for closer review and discussion. It is among these eleven elements that the

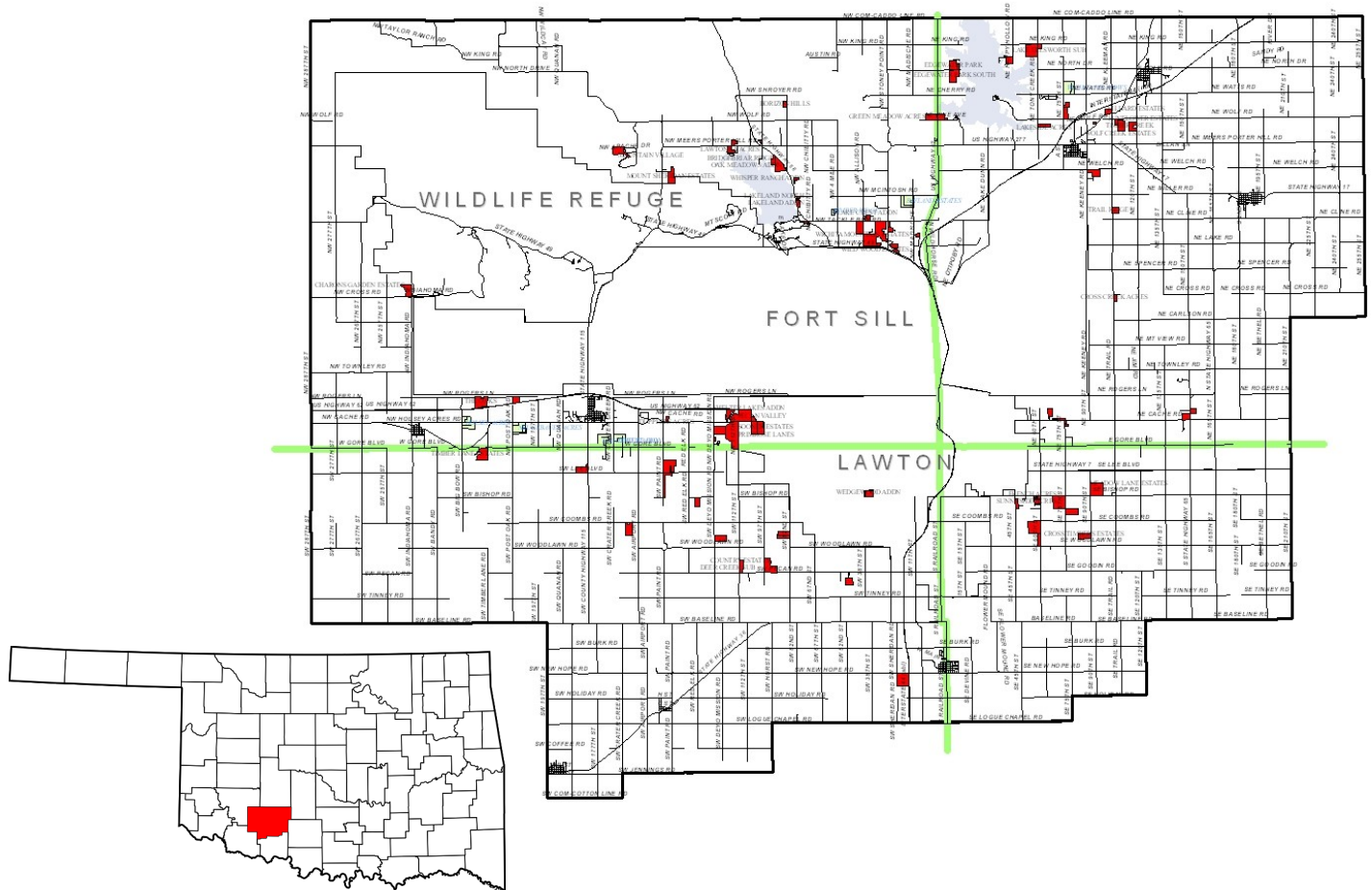
priority areas for improvement were selected. They include Alcohol Use, Poverty/Access to Care, Sexual Health, Obesity, Child Health, Tobacco, Cardiovascular Health, Diabetes, Cancer, Mental Health, and Violence.

- **Visioning**—This phase was finalized at the initial CHIP planning meeting. Using various vision statements from participating agencies, the group discussed what a healthy Comanche County would look like. That discussion led to a consensus on a single vision statement for the CHIP development workgroups.
- **Identify Strategic Issues**—Of the elements, the group selected five top priorities to include in the Community Health Improvement Plan. They include Obesity, Tobacco Use, Poverty/Access to Care, Violence, and Sexual Health.
- **Formulate Goals and Strategies**—Once the priorities were selected, community members volunteered to serve on priority area work groups to develop goals and strategies. At least two outcomes were determined to measure progress in each priority area.
- **Action Cycle**—With completion of the initial plan, the action cycle begins. Workgroups will meet as necessary to continue planning, implementation, and evaluation. Additionally, we will work to ensure that organizations, agencies, coalitions, and volunteer groups throughout the county are invited to join this ongoing effort at improving health.



Note: The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers 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.

Comanche County



Comanche County has a diverse population. The American Fact Finder indicates that the total population of Comanche County is 112,828, with the majority of the population living in Lawton, a metropolitan city with a population of 91,187. The rest of the county is categorized as rural, with an agrarian economy base. Of the population 16 years of age or older, 46,117 are employed in the civilian workforce (53.6%) and 9,856 are employed in the Armed Forces (11.5%). The median household income, in dollars, is \$43,024. Of all households with children under 18, 24% had incomes which fell below the federal poverty level. In families with only a female householder, that number jumps to 39.2%. Of those households, those with children under the age of 5 demonstrated a 59.9% poverty level, which explains the Lawton Public Schools' 60% free and reduce lunch count.

The unique characteristics of this county include the following: the geographical location in SW Oklahoma; the mixed rural and urban setting; the inclusion of a county, private, Indian Health, and military hospital; the three tribal entities based in the county; the inclusion of Ft. Sill, a major military post; and of course, the diverse populations that these features generate.

Located in SW Oklahoma, Comanche County is isolated from other more populous Oklahoma counties, and, as such, is a central hub of activity and resources for the SW region of the state. While counties contiguous to Oklahoma City and Tulsa readily share resources, Comanche County, by geographical necessity, is more independent and self-reliant. Furthermore, Comanche County's population base is primarily comprised of the Lawton-Ft Sill metropolitan area, which comprises approximately 90% of the county's population. The remaining land area is highly rural, which results in an appealing mix of urban and rural areas.

Ft. Sill is a major Army Installation, and is currently undergoing significant growth due to the latest Base Realignment and Closure (BRAC) Commission findings. This movement is resulting in a population surge in the area and has prompted enhanced partnerships between Ft. Sill and surrounding communities.

Public Health Priority Issues

ISSUE ONE:

Obesity

There has been much national attention directed at the issue of obesity, including concern over both the health and economic outcomes of an overweight society. According to the Trust for America's Health, Oklahoma ranks as the 6th most obese state in the nation with a trend that will unfortunately find Oklahoma leading the nation by 2018. While the state trends toward this unfortunate distinction, Comanche County appears to contribute to the momentum.

The 2010 State of the County's Health Report for Comanche County indicates that 36.3% of the population is overweight, while 28.2% is obese. The same report indicated that 29.7% of the county's population reported no leisure type activity in the previous 30 days while 64% did not reach the recommended level of physical activity.



The 2008 State of the State's Health Report indicated that only 15.1% of Comanche County's population consumed the recommended level of fruits and vegetables, giving the county a grade of "F" on a health report card.

The 2010 Community Health Survey respondents ranked overweight children as the #3 most important health concern for the community, while overweight adults was listed as the #5 concern. The 2010 Lawton Middle School Survey revealed that middle school students showed an acute awareness of obesity issues,

ranking overweight children as the 2nd most important health risk.

It is clear that obesity, and the rising rates of an overweight population, is a critical concern both physically and economically for Comanche County. In fact, the 2010 State of the County's Health Report indicates that the county's annual health care costs related to obesity grew close to 8.5 million dollars. That is a staggering figure that cannot be ignored. Is there any question why obesity is a focus area of this CHIP?

Community Strengths:

Fit Kids of Southwest Oklahoma Coalition
Communities of Excellence in Fitness and Nutrition
Local Schools Supportive of Children's Health Initiatives

Obesity

Objectives:*

By 2015, reduce Comanche County's obesity rate from 28.2% to less than 27%.

By 2015, reduce Comanche County's rate of overweight residents from 36.3% to 35%.

Strategy 1: Secure Funding

Establish grant committee to track past, present, and future funding sources.

Strategy 2: Collect and evaluate data

Determine uniform guidelines to collect BMI data.

Research evidence-based initiatives.

Strategy 3: Improve community-wide engagement

Develop a communications/marketing plan.

Implement peer group mentoring.

Enhance internet presence to include social media outlets and a healthy living hub, a website that lists all health-related initiatives throughout the county.

Set regular meetings that are open to the public.

Enhance Certified Health Communities

Strategy 4: Increase health education and awareness

Expand the list of evidence-based strategies that are implemented in schools.

Implement health education in schools.

Educate the community in ways other than television and newspaper.

Strategy 5: Enhance healthy food options

Increase the number of restaurants (including fast food) that offer healthy food options.

Promote and provide support for more grocery options.

Adopt marketing strategies that promote healthy options.

Incentivize the purchase of fresh fruits and vegetables (i.e. no tax).

Strategy 6: Increase school based programs

Implement before and after-school activities in non-CATCH schools.

Support physical education in middle and high schools.

Explore possibility of more regularly scheduled free exercise classes.

Expand WALK, CATCH, and similar programs in more schools.

Restructure physical education.

Host more kid-friendly competitions (i.e. the YMCA tri-athlon).

Develop a fitness athlete program for local schools.

Enhance Certified Healthy Schools

Strategy 7: Develop employee wellness programs

Increase the number of Certified Healthy Businesses.

Share employee fitness program ideas.

Encourage all local business to implement employee wellness programs.

Strategy 8: Enhance the built environment

Implement sidewalks throughout community.

Implement biking lanes throughout the community.

Pass a Complete Streets Resolution for Lawton.

Promote the need for a community park to support large-scale activities and events.

Policy Changes Needed to Affect Change: Pass Complete Streets Resolution in the City of Lawton.
Pass Health Education Bill in the Oklahoma Legislature.

*The following Healthy People 2020 objectives are included in the strategies: reduce the proportion of adults who are obese and reduce the proportion of children and adolescents who are considered obese.

ISSUE TWO:

Tobacco Use

Tobacco use is another health issue that has received a great deal of attention over the past several years. While usage rates have dropped across the nation, Oklahoma continues to rank low compared to other states. The 2010 Trust for America's Health report ranked Oklahoma 48th in the nation. This is another poor ranking for a behavior that arguably has the greatest direct impact on health outcomes. Furthermore, as Oklahoma ranks second worst in the nation, Comanche County falls significantly below the state average. According to the 2007 Comanche County Health Profile, 27.5% of Comanche County residents are smokers, compared to the state average of 25.4%. The high percentage of smokers resulted in a grade of "F" on the 2008 State of the State's Health Report.

As further evidence of the grave nature of these statistics, the 2010 Oklahoma Prevention Needs Assessment reports that 32.4% of Comanche County 8th graders, and 40.9% of 10th graders have used tobacco products. Meanwhile, the 2010 Community Health Survey



SWTFOC and SWAT members after receiving "Tobacco Free Lawton Week" proclamation from the Lawton City Council.

identified tobacco use among youth as respondent's #6 health risk concern. There is a bright spot in the data as we look at the awareness and motivation of the community to address this issue. For example, 94% of Lawton middle school respondents (2010 Lawton Middle School Survey) agreed that second hand smoke is harmful to one's health. At the same time, 71% of the community respondents reported they would support removing tobacco from community parks (2010 Community Health Survey). The Forces of Change focus group agreed that one of the most important issues to improve the

health and quality of life in our community is to reduce tobacco use. Among the community strengths identified by the focus group include the Southwest Tobacco Free Oklahoma Coalition which is encouraging people to become more engaged and committed to making a difference on tobacco related issues.

Clearly, tobacco use in Comanche County is of significant concern and belongs on the list of priority focus areas. And, while the data indicates a poor baseline, the motivation and resources available to the community bode well for success.

Community Strengths:

Communities of Excellence in Tobacco Control Grant
Southwest Tobacco Free Oklahoma Coalition
Strong Support from Educational Organizations

Tobacco Use

Objectives:*

By 2015, reduce Comanche County's adult smoking rate from 27.5 to less than 26%.

By 2015, reduce tobacco use in Comanche County from 32.8% to 30%.

Strategy 1: Effective tobacco control policy

Enforce tobacco rules/regulations/ordinances.

Strengthen tobacco rules/regulations/ordinances.

Repeal pre-emption.

Encourage more businesses to implement tobacco-free policies.

Strategy 2: Prevent youth initiation

Increase the number of schools, public or private, with a written 24/7 No Tobacco Use School Policy.

Continue to educate school-aged youth on the effects of tobacco use.

Provide resources to parents of young children to encourage conversations that prevent youth from smoking

Strategy 3: Promote tobacco cessation services

Give rewards/recognition for quitting or reducing intake/amount (i.e. free teeth cleaning, etc.).

Increase support for people who decide to quit (i.e. support them with money for prescriptions).

Involve more healthcare providers in tobacco cessation.

Strategy 4: Enhance coalition building

Have more representation from rural communities.

Partner with Fort Sill.

Strategy 5: Effective use of media

Increase the number of media outlets that agree to allocate earned media spots at least quarterly that expose tobacco industry practices.

Work with retailers on advertising placement.

Purchase commercials on telephone holding lines.

Strategy 6: Eliminate secondhand smoke exposure

Increase the number of member organizations and/or tobacco control partners that will implement at least one component of the smoke free homes campaign.

Increase the number of Tobacco Free or Smoke Free Park and/or recreations area policies.

Increase the awareness of the dangers of second and third-hand smoke.

Strategy 7: Reduce tobacco industry influences

Publicize/expose marketing messages from tobacco companies

Policy Changes Needed to Affect Change: Pass Tobacco Free Parks in municipalities throughout Comanche County.
Restore Local Control through the Oklahoma Legislature.

*The following Healthy People 2020 objectives are included in the strategies: reduce tobacco use by adults and reduce the initiation of tobacco use among children, adolescents, and young adults.

ISSUE THREE:

Access to Care

When originally considered, this focus area included “poverty”. The workgroup struggled with specifics around addressing poverty and felt instead that there was a greater chance of improving health outcomes by improving tangible “access to care” for those living in poverty as opposed to a futile attempt at influencing the complex issue of social economics. As such, the focus of this group is specifically related to “access to care” issues. Without health insurance, or a financially acceptable alternative, many individuals find themselves forgoing needed preventative medical care. This delay in healthcare attention will often result in a much more costly trip to the emergency department or potential hospitalization. It is critical that we aim for the earliest entry into the healthcare system at the least expensive entry point.

As a primary measurement for this area, one should consider health insurance coverage and

accessibility of appropriate health services based on the need. The 2010 Community Health Survey indicated that only 43% of respondents have employer provided health insurance, while 12% have private insurance, and 10% report no insurance of any type. Twenty-two percent of respondents reported that they had gone without healthcare over the past year due to no or inadequate insurance. Only ½ of the respondents reported they were satisfied with the health care system.

The 2007 Comanche County Health Profile indicates that 15% of county residents are below the federal poverty level (FPL), while over 16% have no health coverage. The 2008 State of the State’s Health Report gave Comanche county a grade of “F” for poverty’s impact on health.

The Local Public Health System Performance Assessment indicates that the local public health system is having trouble linking people to



needed personal health services and assuring the provision of health care when otherwise unavailable. The local public health system is finding it challenging to assist vulnerable populations in accessing needed health services.

We have all heard the saying “an ounce of prevention is worth a pound of cure”. Well, that is the clearest summation of this focus area— provide the earliest opportunity for a health intervention and avoid the costly outcomes of late entry into an overburdened system. Of the 5 priority areas, this may prove to be one of the more challenging, while at the same time, offering great rewards for our most vulnerable populations.

Community Strengths:

Lawton Community Health Center (Federally Qualified Health Center)
Lawton Area Transit System
Indian Health Service

Objectives:*

Reduce the county's uninsured rate to 15% or less by 2015.

Increase utilization of preventative health services resulting in a 10% decrease in preventable hospitalizations by 2015.

Strategy 1: Increase financial assistance for medication

Increase discounted medication programs.

Strategy 2: Increase awareness of local services

Increase SoonerCare enrollment.

Complete surveys for a better understanding of community needs.

Increase utilization and a more efficient use of services.

Increase community education about services that are currently available.

Strategy 3: Enhance funding

Research and help direct grant opportunities to various agencies.

Strategy 4: Promote prevention

Provide support to create and promote prevention clinics.

Offer free nutrition classes/clinics on an ongoing basis.

Decrease in preventable hospitalizations.

Increase level of participation in preventative clinics/programs/services.

Increase opportunities for free transportation to preventative health services.

Strategy 5: Promote agency collaboration

Establish a resource network that coordinates agency services so as not to duplicate efforts.

Develop a resource guidebook in electronic and hard copy.

Encourage more direct collaboration and a centralized contact.

Strategy 6: Expand healthcare services

Expand healthcare options to rural clinics.

Increase availability of dental care.

Consider expanding capacity of free clinic (Hearts that Care).

Increase ability to offer substance abuse services.

Increase outpatient census.

Increase capacity of federally qualified health center.

Strategy 7: Develop a communications/marketing plan

Policy Changes Needed to Affect Change: Remove current restrictions that prevent expansion/creation of Federally Qualified Health Centers in Southwest Oklahoma.

**The following Healthy People 2020 objectives are included in the strategies: increase the proportion of persons with health insurance; increase the proportion of persons who have a specific source of ongoing care; reduce the proportion of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.*

ISSUE FOUR:

Sexual Health

Of all the priority areas, this is indeed the most sensitive. It delves into areas that publically, we wish to avoid. However, the data is most pressing on this issue, especially sexually transmitted infections. The 2010 Annual Summary of Infectious Disease indicates that Comanche County's Chlamydia rate was 963.75, almost triple the state rate of 381.20. Further, the same report identifies a local Gonorrhea rate of 249.80, more than twice the state rate of 116.46. Syphilis, at a rate of 3.22, was also considerably higher than the state rate of 2.45. These are the three most prevalent sexually transmitted infections. There is no doubt that the sexually transmitted infection rate in Comanche County is at a critical rate and must be addressed.

While the rates may not be as alarming for teen pregnancy, there is still work to be done in this area. The 2008 State of the State's Health Report gave Comanche County a "D" for teen



pregnancy with an average of 267 teen births per year. Further, the 2010 Lawton Middle School Survey reflected that unprotected sex ranked as the 4th most important health risk among local middle school children. The same students ranked teen pregnancy as the 5th most important health risk. The 2010 Community Health Survey indicated that 48% of respondents are not satisfied with teen pregnancy prevention in Comanche County.

So, while this may be a sensitive area, and does not entail the broad implication of obesity or tobacco, it is yet a critical area, deserving of a focused plan.

Know the Facts:

- Comanche County has the highest rate of Chlamydia in Oklahoma, almost three times the state and national rates.
- Nearly half of all new STDs are in young people age 15-24.
- 1 in 2 sexually active people will get an STD by the age of 25 and many won't know it.

Community Strengths:

Strong Community Partnership with Ft. Sill
Free Services Offered by County Health Department
Resources Provided by the Oklahoma State Department of Health

Objectives:*

By 2015, reduce Comanche County's sexually transmitted infection rate for Chlamydia, Gonorrhea, and Syphilis to the state average.**

By 2015, reduce the teen pregnancy rate by 10%. (Current rate is 28/1,000 births per year.)

Strategy 1: Increase community involvement

Encourage community organization to work together including Ft. Sill.

Work toward changing attitudes.

Strategy 2: Increase availability of protective barriers

Provide easy access to protective barriers.

Create a hub to receive free protective barriers.

Strategy 3: Increase community-wide research

Track awareness efforts.

Strategy 4: Engage parents as educators

Increase more parental involvement and education.

Strategy 5: Engage health care providers in continuing education

Develop a walk-in clinic at Ft. Sill.

Educate healthcare providers.

Strategy 6: Develop strategic communication

Develop a large scale awareness campaign.

Advocate for OSDH person at local level from Disease Intervention Services.

Strategy 7: Encourage school participation in sex education

Implement comprehensive sex health education in schools in grades prior to high school.

Strategy 8: Implement targeted interventions

Decrease sexually transmitted disease rates in targeted areas .

Policy Changes Needed to Affect Change: Pass Health Education Bill in the Oklahoma Legislature.

**The following Healthy People 2020 objectives are included in the strategies: reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections, reduce gonorrhea rates, and reduce sustained domestic transmission of primary and secondary syphilis.*

** The state rate for Chlamydia is 381.20, Gonorrhea is 116.46, and Syphilis is 2.45. Comanche County rates are 963.75, 249.80, and 3.22, respectively.*

ISSUE FIVE:

Violence

Violence is a unique factor in health outcomes in that the mere perception of a violent community or neighborhood can impact its health. In addition to the stress and strain associated with the fear for personal and family safety, a parent's perception of an unsafe neighborhood may limit the outdoor activity of their children. The healthy utilization of parks and outdoor recreation may give way to indoor, more sedentary activities that ultimately contribute to poor health outcomes.

So, while there is much debate over the severity of the violence rates in Comanche County, there is little question that residents perceive there to be a problem, and that alone is sufficient to adversely affect health. To demonstrate this point, consider that county respondents to the 2010 Community Health Survey identified gang violence as the most commonly reported community health risk, while at

the same time only 1.9% of the respondents reported anyone in their household experiencing gang-related violence. In a related result, more than 50% of middle school respondents to the 2010 Lawton Middle School Survey believe that Comanche County is not a safe place to live. Additionally, these middle school students listed gang violence as their #1 health risk.

It is also important to note that domestic violence, child abuse, and suicide are all critical indicators of a healthy community. The 2010 State of the County Health Report listed suicide as the 5th leading cause of death for ages 15-24. At the same time, 34.1% of respondents reported Comanche County was not a safe place to raise children (2010 Community Health Survey).

So, regardless of individual perspectives on violence in Comanche County, the issue of violence warrants the attention of committed citizens. We cannot afford to raise a generation of children who fear for their safety, whether it is fear of the streets, or



fear from within the home. We must commit to establishing a safe community.

The 2010 State of the County's Health Report lists the following facts related to violence in Comanche County: Suicide was the 5th leading cause of death 5-14.

Suicide and Homicide were the 2nd and 3rd leading causes of death 15-24.

Suicide and Homicide were the 2nd and 5th leading causes of death 25-34.

Suicide and Homicide were the 4th and 5th leading causes of death 35-44.

Suicide and Homicide were the 5th and 9th leading causes of death 45-54.

Community Strengths:

Lawton-Ft. Sill Community Coalition
Gang Intervention Steering Committee
Committed and Dedicated Law Enforcement Agencies

Objectives:

By 2015, reduce the number of crimes reported annually by 10%. (Current number of crimes reported for 2009—6473)

By 2015, reduce the number of confirmed child abuse/neglect cases annually by 10%. (Current number of confirmed cases—163)

Strategy 1: Enhance violence education in the community

Obtain better education of crime stats for the community

More education for teachers regarding existing services for youth

Continue school education: gangs, bullying, violence

Strategy 2: Increase and maximize community resources

Consider a way to combine efforts/resources of the various agencies

Fully fund and commit to the federal comprehensive gang model

Create help line for those wanting out of gangs

Strategy 3: Enhance state Juvenile Justice System

Enhance parent accountability.

Increase number of beds or facilities for offenders

Use Community Intervention Center as a sanction

Strategy 4: Enhance and expand community programs

Expand *Partnerships and Possibilities* to other communities

Implement a mentor program

Rally community support from churches to involve youth in positive activities

Increase outreach personnel

Strategy 5: Increase domestic violence awareness and education

Revise the state law revision regarding domestic violence

Initiate a publicized domestic violence program

Provide additional workshops/counseling on domestic violence prevention

Strategy 6: Influence media outreach

Advocate for a more “positive” media response

Provide new emphasis on 40 Developmental Assets (Risk and Protective Factors)

Strategy 7: Provide support for adult stability

Start an adult crisis phone line

Increase employment counseling

Increase availability of food for those in immediate need

Increase drug rehab services and availability

Policy Changes Needed to Affect Change: Initiate comprehensive bullying prevention curriculum in school districts throughout Comanche County.

**The following Healthy People 2020 objectives are included in the strategies: reduce bullying among adolescents, and reduce violence by current or former intimate partners.*

Our Future Health

As we move into Phase 6 and the implementation of this Community Health Improvement Plan (CHIP), it is important to note that this is indeed only a phase in the process of improving our community's health. Successful implementation will require the continued dedication of those already engaged in the workgroups, as well as those that have yet been identified. We anticipate that these work groups will grow in numbers, knowledge, and expertise throughout this plan's life cycle.

In truth, this plan is neither a beginning nor an end in our journey for improved health. For many, the journey began years ago as dedicated individuals forged new relationships and coalitions in an effort to improve quality of life. For others, this CHIP offers an introduction to organized opportunities, synergistic relationships, and focused action that can improve the community we each call home. It ties our local community infrastructure into statewide efforts reflected in the Oklahoma Health Improvement Plan's (OHIP) flagship goals including obesity reduction, tobacco use prevention, as well as its statewide infrastructure goals to include Access to Care and focused efforts on policies and legislation. There are still others that have yet to join the movement toward positive health, who are unaware of all they have to offer to a group eager to welcome them in. The point is that our goal is to build on what has already begun, provide focus for those new to the fray, and opportunity for those yet to recognize their own potential contribution to a healthier community. As such, the workgroups will continue to grow in size and expertise as they work through these five priority issues.

Finally, it is understood that improved health outcomes take time as efforts transition from planning, to action, to results. However, in this community, the goal transcends improved numbers on a report. As stated in the vision for this CHIP committee: *Comanche County will be a safe place where physical, mental, spiritual health and social well-being are true priorities where we live, work, and play; where health impact is a consideration in all policies; and where health factors and outcomes continually improve.* It is clear from this statement that the objectives within this plan are just that... "objectives" ... simply benchmarks on the journey to a healthy lifestyle.

Healthy Priority Workgroup

Member Organizations

Obesity

Cameron University
City of Lawton
Comanche County Health Department
Comanche County Memorial Hospital
Comanche County Memorial Hospital Foundation
Fit Kids of Southwest Oklahoma
Fort Sill
Great Plains Technology Center
Lawton Public Schools
Oklahoma State University Extension Service—
Comanche County
Southwestern Medical Center

Tobacco Use

Comanche County Memorial Hospital Foundation
Comanche County Memorial Hospital
Lawton Fire Department
Lawton Public Schools
Southwest Tobacco Free Oklahoma Coalition
Wichita Mountains Prevention Network

Access to Care

Comanche County Health Department
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Jim Taliaferro Community Mental Health Center
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United Way of Lawton-Ft. Sill
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Sexual Health

Comanche County Health Department
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Cameron University
Indian Health Services

Violence

City of Lawton
Comanche County Health Department
Comanche County Juvenile Bureau
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Lawton-Ft. Sill Community Coalition
Lawton Police Department
Marie Detty Youth and Family Service Center
Partnerships and Possibilities

Notes:



COMANCHE COUNTY

Community Health Improvement Plan

CHIP

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