

Washington County – 2010/2011

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment answers the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" This assessment results in a strong understanding of community issues and concerns, perceptions about quality of life and a map of community assets.

Resources used: Quality of Life Survey (included room for comments), Asset survey questions, individual and group discussions

Questions 1-11 – based on Likert Scale (1-5) and comments

Question 12 – (open-ended)

Question 13-14 – compiled from survey and group discussions – graphed

1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)

Average - 4

Comments-

- For me personally and my family, we are very satisfied.
- Mine is, but most people I have (work with) don't have this problem
- I feel very safe and am never afraid to drive alone at night.

2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)

Average – 3

Comments-

- This seems to be the catchphrase for B'ville.
- Bartlesville is a great community if you have money. The quality of day care is poor overall and it is hard for low income people to participate in recreational activities. I wish there were more opportunities for parks/recreational things for children and youth
- To me this city is the best

4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for elderly living alone, meals on wheels, etc.)

Average – 4

Comments-

- We have a great deal of elder programs and support (hospice, etc.), though the nursing homes could improve facilities some.
- Again, if you have money there are great retirement homes and assisted living, but if you are poor, you have very limited options
- To me it is
- Easy access to transportation

5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)

Average – 3

Comments-

- This is a growing edge with need for better public transit and continued incentives for business to move here.
- There is a huge lack of affordable housing and transportation issues. There is also a lack-There is a huge lack of affordable housing and transportation issues.
- There is also a lack -Limited career opportunities

6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks and the mall. (do neighbors know and trust one another? Do they look out for one another?)

Average - 4

Comments-

-Safest place I have ever lived.

-I think Bartlesville is mostly a safe place, but there are bullying and drugs that need to be dealt with.

-Yes, low crime

-Very safe

7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies and organizations) during times of stress and need?

Average- 4

Comments –

-I think the support is definitely available, though awareness of support could improve a great deal.

-Most social programs are underfunded and offer limited support

-Some people get help, some that needs help can't get it

-Limited support

8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?

Average – 3

Comments –

-Yes and no. My experience has been, as will every community, it takes a long time, if ever, to work your way into community life here.

-The wealthy and middle class tend to have the most opportunities to contribute

-I would assume they could if they wanted to

-I don't know

9. Do all residents perceive that they- individually and collectively – can make the community a better place to live?

Average – 3

Comments –

-I think this needs ongoing education. My sense is that most don't feel they can make a positive contribution.

-Not disenfranchised groups like the Hispanic, Black and poor populations

-I think people are satisfied with status quo

10. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?

Average – 3

Comments –

-Not sure about this one. I guess I would say yes in some places and no in others. Not a really helpful comment.

-No

11. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?

Average – 3

Comments –

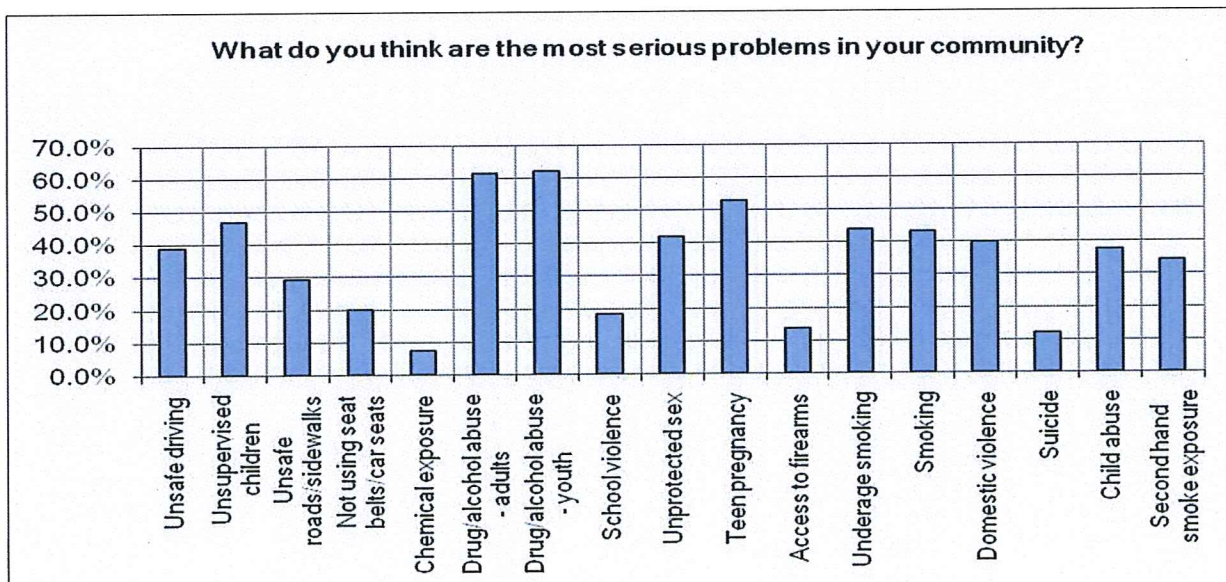
-I would say, for all who are able to get involved, yes, there seems to be a good sense of civic responsibility.

-Possibly among the upper class

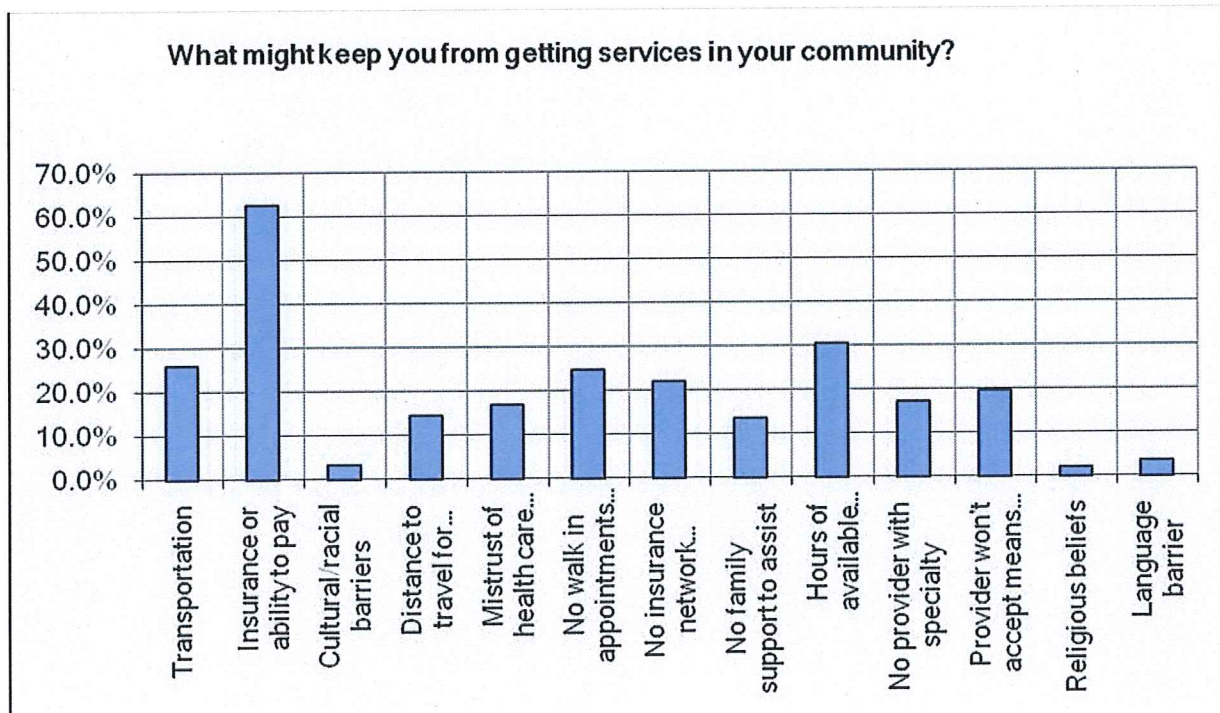
12. . What would excite you enough to become involved (or more involved) in improving our community?

- Tough question. I feel pretty involved now. More hours in a day, maybe?
- Decrease feeling of animosity between Westside and eastside of town.
- If I personally had more time and money.
- More time!
- Seeing more collaborative efforts – fewer organizations trying to do too much, but rather more organizations focusing on one or two things and doing these really well; then partnering with other organizations to work with other areas of need. Would really like to see the Church (as in "all believers") more actively involved in ending poverty in our community; financial support is needed, but hands on involvement of the Church is critical to success. The real need, that will totally transform our community if met, is our spiritual need. Meeting social/physical needs apart from this perspective (spiritual) is, unfortunately, ultimately a waste of time. Meeting physical needs (as we should and are called to) puts air in the balloon so to speak. When spiritual needs are met, the "holes" get eliminated so that there can be lasting impact...the air doesn't just flow out and leave the balloon no better off than when you first put the air into it.
- Don't really know at this point.
- Stronger voter turnout.
- More "we" less "I"
- I do not live in this town. All my information comes from riders.
- A better cooperation in the city council.
- I think that there is not a good cross section of individuals, particularly lower socioeconomic status, that are involved in community based groups. This in turn does not allow the community to get a clear picture of their needs, etc. Also there are a lot of community groups, etc. but that is very different then getting the community (individual's thoughts & ideas). It would be constructive if the community groups reached out more to the general public.
- Honest effort on behalf of community leaders and local government, without hidden agendas, in the overall improvement and growth of the community and without catering to any one particular special interest group or social class.
- Personally, my family is involved in many efforts to improve quality of life through volunteering for events and ongoing programs. I would like to see more collaborations in the faith based community to serve and expand existing programs which reach the segment of our population who could be highly successful if given the resources and support base necessary to sustain and improve the opportunities for their families.

13. What are the most serious problems in your community? (themes)



14. What might keep you from getting services in your community? (barriers)



Washington County Wellness Initiative

ANNUAL REPORT

December 2011

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Casa Hispana

Mental Health -

Mental Health Workgroup
- Suicide Prevention
- Washington County
Anti-Drug Network

Poverty

Preventative Care

Transportation

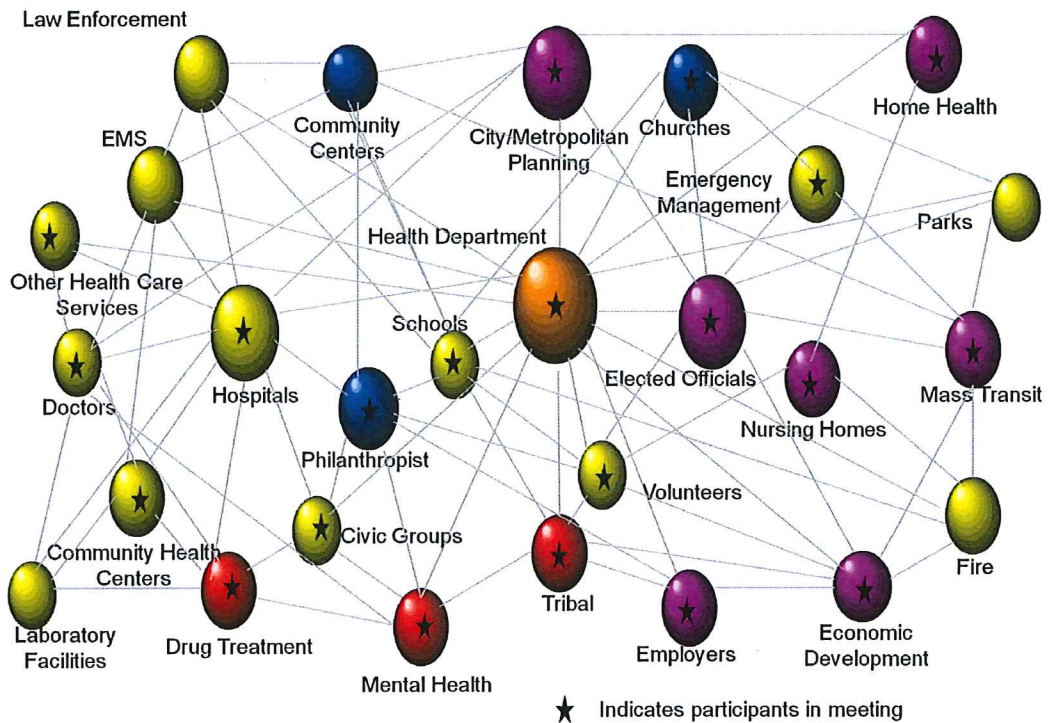
How to Get Involved

Washington County
Wellness Initiative
Membership

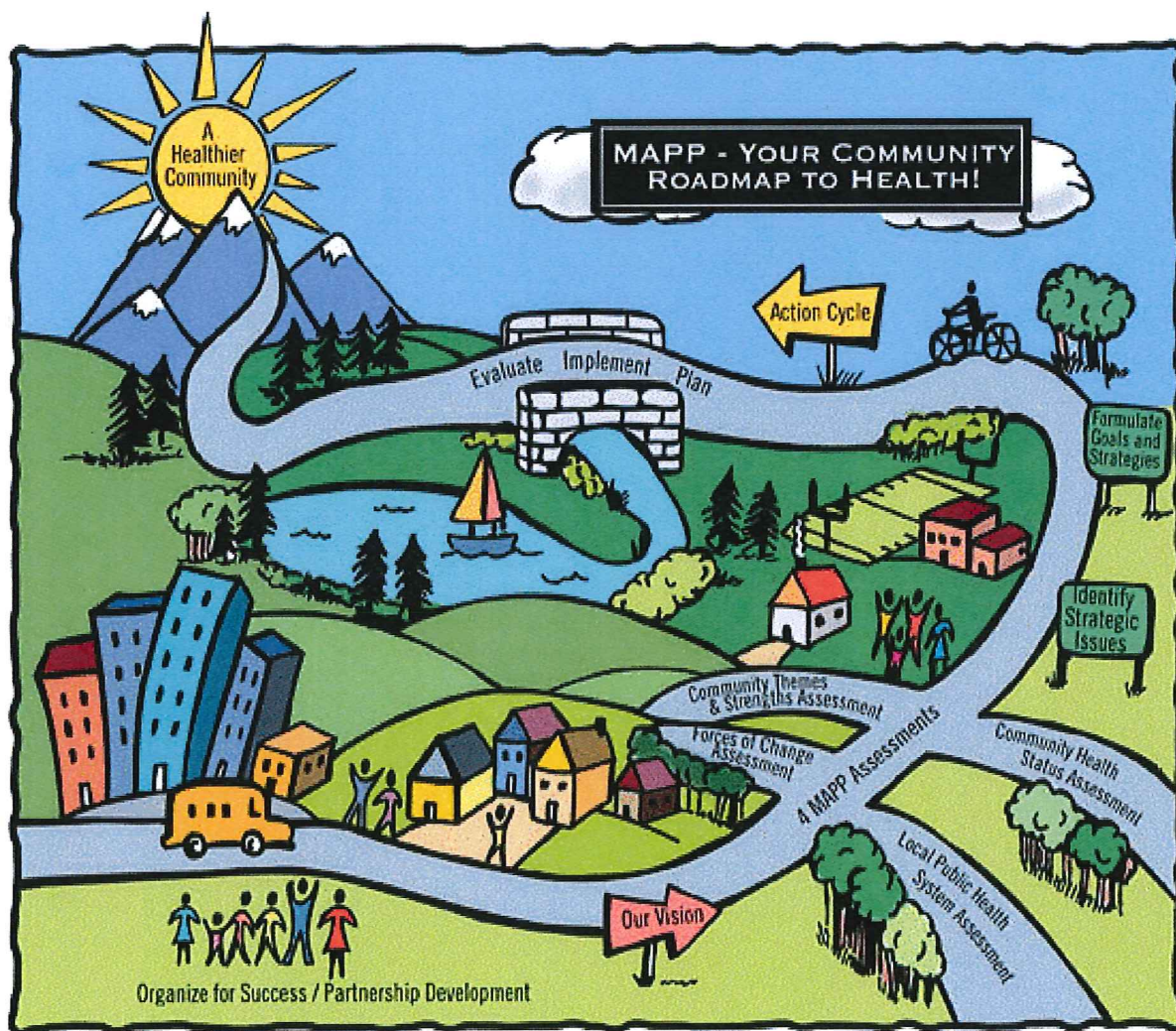
The Washington County Wellness Initiative was established in January 2004 to strengthen and transform the public health infrastructure in Washington County through community based action. Forty-five individuals from various community sectors attended the first meeting. Extensive community assessments were conducted which resulted in the development of community health priority areas. These included *Access to Health Care, Poverty, Mental Health, Child/Adolescent Preventative Care and Adult Preventative Care.*

Since that first meeting, the Washington County Wellness Initiative membership has grown to over 190 community partners from over 20 different community sectors:

Local Public Health System



The Washington County Wellness Initiative in partnership with the Washington County Health Department participated in a pilot quality improvement project with the Oklahoma State Department of Health in 2010/2011. The pilot focused on evaluating and continuously improving processes, programs and interventions provided by the Washington County Health Department and its community partners. In order to accomplish this, the MAPP (Mobilizing for Action through Planning and Partnerships) process was utilized. MAPP is a community wide tool for improving public health. It is a method for helping communities prioritize public health issues, identify resources for addressing them and take action. MAPP provides a framework, guidance, structure and best practices for developing healthy communities.



One of the first steps in this MAPP process was to engage community partners in creating a shared community vision. The Washington County Wellness Initiative community partners created the following vision for Washington County:

Washington County is an educated, holistic, safe and neighborly community where everyone has:

- access to physical and mental health services
- access to progressive and caring community services and resources
- an opportunity to be informed and involved

The next step in the MAPP process was to conduct multiple community assessments in order to 1) provide insight on the gaps between current circumstances and the vision of a healthy Washington County, 2) to provide information to use in identifying the strategic issues that must be addressed to achieve Washington County’s vision, and 3) to serve as the source of information from which the strategic issues, strategies and goals are built.



COMMUNITY STRENGTHS AND NEEDS ASSESSMENT

Approximately 25 community citizens responded to this questionnaire based on a Likert scale of 1-5, with 1 being the lowest and 5 being the highest:

1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) **4**
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.) **3**
3. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for elderly living alone, meals on wheels, etc.) **4**
4. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.) **3**
5. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks and the mall. (do neighbors know and trust one another? Do they look out for one another?) **4**
6. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies and organizations) during times of stress and need?
7. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life? **4**
8. Do all residents perceive that they- individually and collectively - can make the community a better place to live? **3**
9. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals? **3**
10. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? **3**
11. What would excite you enough to become involved (or more involved) in improving our community? **A variety of responses were given however themes included more collaborative partnerships with less individualized efforts.**

COMMUNITY HEALTH STATUS ASSESSMENT:

WASHINGTON COUNTY, OKLAHOMA

2005-2010 Community Health Assessment and Problem-Issues State of the County's Health – Washington County

Top Causes of Death 2005

1. Heart Disease
2. Cancer
3. Stroke
4. Bronchitis/Emphysema/Asthma
5. Influenza Pneumonia
6. Unintentional Injuries
7. Diabetes Mellitus
8. Alzheimer's Disease
9. Kidney Disease
10. Suicide

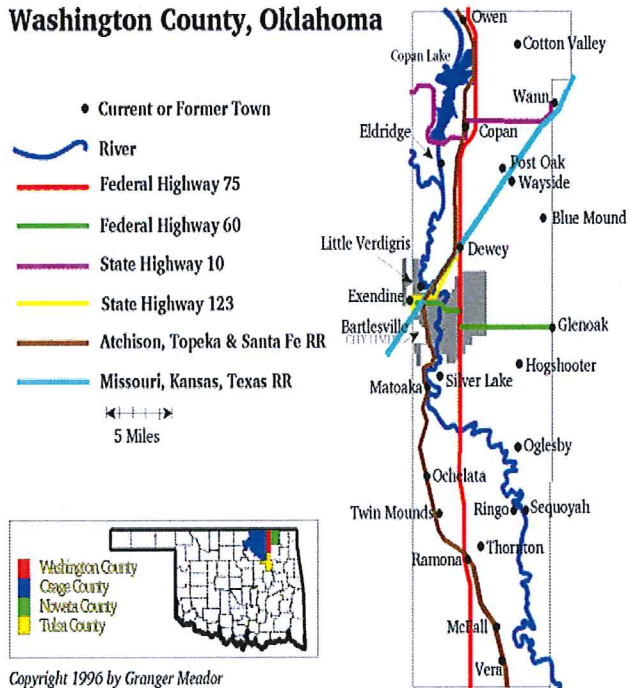
Top Causes of Death 2010

1. Heart Disease
2. Cancer
3. Bronchitis/Emphysema/Asthma
4. Stroke
5. Unintentional Injuries
6. Alzheimer's Disease
7. Diabetes Mellitus
8. Influenza Pneumonia
9. Suicide
10. Kidney Disease

Health Factors

Nutrition and Overweight
Physical Activity and Fitness
Diabetes
Teen Births
Infant Mortality
Low Birth Weight
Injury and Violence
Tobacco Use

Washington County, Oklahoma



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COMMUNITY HEALTH NEEDS SURVEY 2010

Survey Summary for 1,385 respondents:

- 24.1% reported incomes below \$10,000 and 31.4% reported incomes over \$50,000
- Approximately 14% of respondents reported having no transportation of their own to get to community services
- 92.5% of respondents said they needed medical treatment at least once during the year
- Almost 30% of respondents said they seek medical treatment from the hospital emergency room
- High Blood Pressure was the most reported health issue (46.6%), followed by Dental Problems (38.2%), Arthritis (34.7%), Stress/Depression (33%) and Tobacco Use (30%)
- 45.9% said they do not believe there are enough health services in Washington County
- Over 60% said that youth and alcohol/drug use are the most serious problems in the community, followed closely by teen pregnancy (51%) and unsupervised children (48%)
- Over 60% reported that lack of insurance was the top barrier to receiving services followed by availability of hours (30%) and transportation (28%)

ADDITIONAL CONCERNS:

Survey respondents commented on several community issues including health care access, dental care, eye care, prescription medications, mental health, housing, transportation, employment, child care, poverty and general issues.

FORCES OF CHANGE ASSESSMENT

Approximately 75 community partners participated in the Forces of Change Assessment process which included an analysis of social factors, economic, technology, political and ethical forces that affects the health of Washington County. The following are **Forces of Change Priorities identified by the community partners**; one priority issue was selected from each Forces of Change category:

1. **Social - Inability to cope** - increased drug and alcohol abuse, RX abuse, suicide
2. **Economic - Poverty** - Increase in the working poor
3. **Technology** - Increase in **sedentary lifestyle**
4. **Political/Ethical - Dependence on programs and funding** (government, public)

LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENT

Essential Service #1

Strength: Does the Local Public Health System (LPHS) use data from Community health assessments to monitor progress toward health related objectives? 79.9% Optimal

Weakness: Is Community health assessment data easily accessible to the general public? 30.8% minimal and 61.5% moderate

Essential Service #2

Strength: The LPHS maintains written protocols for implementing a program of case finding, contact tracing, source identification, and containment for communicable diseases or toxic exposures. 40% significant and 50% optimal

Weakness: None noted

Essential Service #3

Strength: Does the LPHS plan and conduct health education and/or health promotion campaigns? 100% optimal

Weakness: Do LPHS organizations work collaboratively to develop health education plans? 100% minimal

Essential Service #4

Strength: Does the LPHS encourage the participation of constituents in improving community health? 100% optimal

Weakness: None noted

Essential Service #5

Strength: Does the LPHS include a governmental local public health presence (i.e. local health department) to assure the provision of Essential Public Health Services to the community? 67.7 % optimal

Weakness: Does the LPHS review public health policies at least every three to five years? 42.9% no

Essential Service #6

Strength: Does the LPHS identify local public health issues that can only be addressed through laws, regulations or ordinances? 85.7% significant

Weakness: None noted

Essential Service #7

Strength: Does the LPHS identify any populations who may experience barriers to personal health services? 100% optimal

Weakness: Does the LPHS provide assistance to vulnerable populations in accessing transportation for needed health services? 100% moderate

Essential Service #8

Strength: Are organizations within the LPHS aware of guidelines and/or licensure/certification requirements for personnel contributing to the Essential Public Health Services? 66.7% significant

Weakness: Within the past three years, has an assessment of the LPHS workforce been conducted? 50% minimal

Essential Service #9

Strength: In the past three years, has the LPHS evaluated population-based health services? 83.3% optimal

Weakness: Is information technology used to facilitate communication among providers (e.g. Health Information Exchange or Regional Health Information Organizations)? 83.3% moderate

Essential Health Service #10

Strength: Do LPHS organizations encourage staff to develop new solutions to health problems in the community? 50% significant

Weakness: In the past two years, have LPHS organizations proposed to research organizations one or more public health issues for inclusion in their research agenda? 100% minimal

1

Monitor
Health

2

Diagnose &
Investigate

3

Inform,
Educate,
Empower

4

Mobilize
Community
Partnerships

5

Develop
Policies

6

Enforce Laws

7

Link
to/Provide
Care

8

Assure
Competent
Workforce

9

Evaluate

10

Research

During the annual Wellness Initiative meeting, community partners will have the opportunity to form goal statements related to the strategic issues identified and to identify strategies for achieving the goals. A plan will be developed, implemented and evaluated to determine effectiveness in reaching Washington County’s vision of healthy community.

How Do the MAPP Components Relate?



COMMUNITY HEALTH PRIORITY AREA: ACCESS TO HEALTHCARE

Access to Health Care Committee

The Washington County Board of Health in partnership with the Washington County Wellness Initiative hosted a stakeholder's meeting in January, 2008, to discuss the uninsured in Washington County, review information from the Alliance for the Uninsured study in Oklahoma City, learn about current health care resources and gaps, and, develop local, community based strategies. During this stakeholder's meeting a health consortium was formed and called the *Access to Health Care Committee*. This meeting was the catalyst that formed the health consortium that continues today to work toward improving access to health. During this stakeholder's meeting, specific types of resources were identified including community health centers, look alike clinics, school based clinics, work based clinics, residency programs, faith based clinics, mobile clinics and rural health clinics.

Mission:

All people in Washington County who are currently uninsured will have a "medical home" that focuses on prevention, early detection and coordinated medical care."

Goals:

1. To gather/compile data to make the case that Washington County has a real problem with access to healthcare
2. Write grants to fund the initiatives needed to improve access to health care
3. Inform the public of their options and how to best get access to health care in Washington County
4. To improve and expand current facilities and healthcare systems needed to deliver healthcare services
5. Work with legislators and government agencies to improve policies/laws that impact healthcare

2011 Activities/Accomplishments:

- 1) Worked with staff from the Oklahoma State Department of Health's Office of Primary Care to review Washington County's eligibility as a Medically Underserved Population
- 2) Washington County was designed as "Medically Underserved" on March 24, 2011
- 3) Members of the Access to Health Care committee partnered with Family Healthcare Clinic to write a grant to the Bartlesville Regional United Way entitled "Washington County Integrated Health Network System", which proposed to build a coordinated care system including linkages and referrals to primary care, preventative care, specialty care and acute care services for the uninsured population
- 4) Researched possible ways to develop a Federally Qualified Community Health Center for Washington County
- 5) Received a Community Health Center State Planning Grant from the Oklahoma State Department of Health's Office of Primary Care
- 6) Held a Community Health Center Town Hall meeting in June to educate and inform the public about the impact of a community health center
- 7) Conducted Community Health Center surveys with members of the target population including Vision Onward Transitional Housing Program, the Westside Community Center, and the Lighthouse Outreach Mission
- 8) Member of the Access to Health Care committee met with leadership of Morton Comprehensive Health Services to discuss a possible expansion into the Bartlesville area
- 9) The Community Health Center State Planning Grant was approved by the Office of Primary Care which opened the door for Washington County to move forward in developing a community health center
- 10) Designed a coordinated care delivery system model for the uninsured and underinsured in Washington County

Town Hall meeting to discuss Health Center

The Access to Health Care Committee of the Washington County Wellness Initiative will host a Town Hall this week to discuss plans to develop a Federally Qualified Community Health Center in Bartlesville.

The event is planned for 11:30 to 1:30 this Friday at the Jane Phillips Medical Center, 3500 S.E. Frank Phillips Boulevard.

The Health Resources and Services Administration designated Washington County as a medically underserved area for the low income population.

This designation means that Washington County is eligible for federal funding to help provide access to care.

The Access to Health Care Committee and its partners are researching the possibility of establishing a FQCHC in Bartlesville.

An FQCHC is a non-profit, community-directed provider that serves populations with limited access to health care, including low income populations, the uninsured, people with limited English proficiency, migrant and season farm workers, individuals experi-

encing homelessness and people living in public housing.

The Washington County Board of Commissioners, as a lead agency, received a \$35,000 community development and planning grant from the Oklahoma State Health Department of Health's Office of Primary Care to provide the committee with technical assistance and support for community development and planning activities.

Those activities include building community collaboration, determining readiness and need, identifying special

populations to be targeted, and determining the viability and sustainability of a clinic in the community, according to Miss Jenkins of the Washington County Health Department.

"This is an opportunity of a lifetime for Washington County to improve access to health care for those in need," said Mary Beth Murray, administrator for the Washington County Health Department.

The purpose of the town hall meeting is to provide information to the residents of Washington County about

FQCHCs and what is involved in the development process.

The committee is also interested in hearing from Washington County residents.

Representatives from the Office of Primary Care, Morton Comprehensive Health System, Oklahoma Primary Care Association and the Access to Health Care Committee will be on hand to answer questions from community members.

The town hall meeting is free and open to the public. For additional information contact Jenkins at 918-335-6926.

Cherokee voters to decide ballot questions, elect leadership

TAHLEQUAH — Along with decisions about elected leadership, Cherokee Nation voters will also determine the outcome of three amendments to the tribe's Constitution in the upcoming general election on June 25.

Two of the three ballot measures deal with term limits for elected officials. A vote in favor of Resolution No. 20-09 would remove the current two-term limit placed on the offices of principal chief and deputy principal chief. A vote to approve Resolution No. 10-11 would increase the current two-

