



# **Cherokee County Community Health Improvement Plan**

**January 2015  
Cherokee County, Oklahoma**

# COMMUNITY CONTRIBUTORS

ABLE Commission

B.E.S.T Coalition

Cherokee County Community Health Coalition

Cherokee County District Attorney's Office

Cherokee County Health Department

Cherokee County Health Services Council

Cherokee Nation

City of Tahlequah

CREOKS

Keys Public Schools

NEO Health

Northeastern State University

Oklahoma State University Extension

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Smart Start Cherokee County

SMRTNET

Tahlequah City Hospital

Tahlequah Community Garden

Tahlequah Food Policy Council

Tahlequah Police Department

Tahlequah Public Schools

TSET Cherokee County Tobacco Control

Turning Point

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# Cherokee County CHIP Planning Committee

adopted the following Vision

## **VISION**

*Cherokee County is a safe, healthy, and educated community where all citizens can achieve their full potential.*



# EXECUTIVE SUMMARY

During the fall of 2011, Cherokee County initiated 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 through Planning and Partnership” (MAPP) process. Following this process, dedicated community partners participated 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 August 2014, Cherokee County representatives met to employ Phase 4: Identifying Strategic Issues. At the August meeting, the comprehensive assessment data was presented to community representatives with detailed data on ten elements that emerged from the assessments as having particular importance to Cherokee County. Those ten elements include:

- Alcohol Use
- Cardiovascular Health

- Cancer
- Diabetes
- Poverty
- Mental Health
- Obesity
- Substance Abuse
- Teen Pregnancy
- Tobacco

Following a detailed review and discussion of these ten elements, the team voted to focus on 3 priority areas:

- Healthy Eating
- Physical Activity
- Risky Behaviors

With the selection of the 3 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 three 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.

While this CHIP provides specific focus for three priority issues, the Cherokee County Community Health Coalition will not limit its activities to these issues alone.

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

## MAPP Overview



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

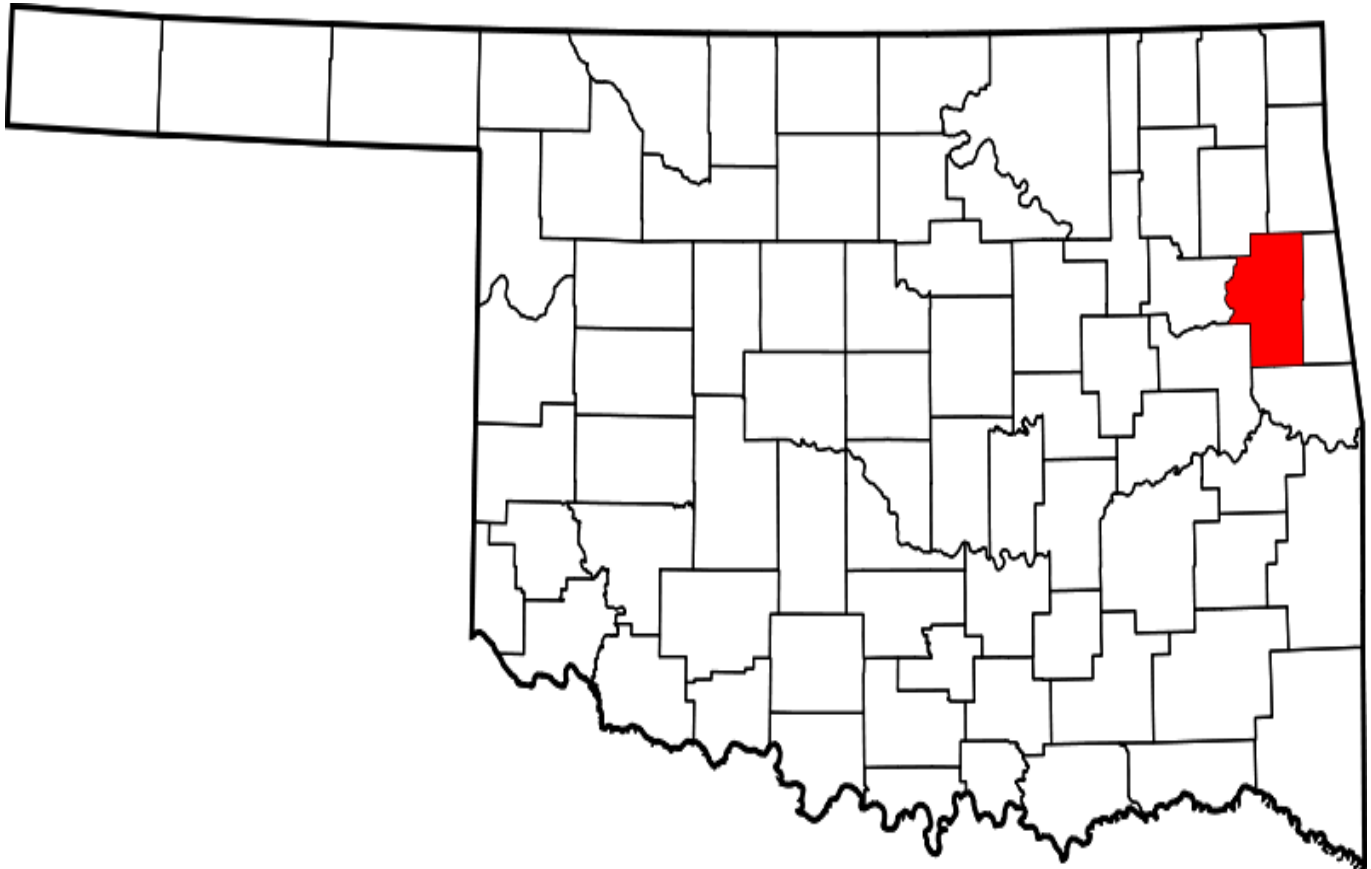
- **Partnership Development**—The Cherokee County Community Health Coalition has been a cornerstone of community collaboration since the first meeting in 1998. Its purpose is to provide a forum whereby its members may join together to plan, share resources, and implement strategies and programs and develop strategies to assist in the implementation of programs addressing the health status and health care needs of Cherokee County citizens.
- **Four MAPP Assessments**—Beginning in the spring of 2012, the four assessments (Community Health Status Assessment, Community Themes and Strengths Assessment, Forces of Change Assessment, and Local Public Health System Assessment) were conducted. The assessments were completed over the next twenty four months.
- **Identifying Strategic Issues**—After reviewing the assessment data in the fall of 2014, ten elements were identified for closer review and discussion. The priority areas for improvement were selected from these ten elements. The ten elements were: Alcohol Use, Cancer, Cardiovascular Health, Diabetes, Mental Health, Obesity, Poverty/Access to Care, Substance Abuse, Teen Pregnancy, and Tobacco.
- **Visioning**—This phase was completed during a community meeting held in Cherokee County. Using a facilitated consensus workshop as a tool, the group discussed what a healthy Cherokee County would look like. The discussion led to a consensus on a single vision statement for the Cherokee County Health Improvement Plan.
- **Identify Strategic Issues**—From the ten elements, the group selected three top priorities to include in the Cherokee County Health Improvement Plan. They were: Healthy Eating, Physical Activity, and Risky Behaviors.

- **Formulate Goals and Strategies**—Once the priorities were determined, the sub-committees formulated goals and brainstormed strategies for addressing the three priority issues. They were taken to the Cherokee County Community Health Coalition for review, modification, and approval.
- **Action Cycle**—With completion of the initial plan, the action cycle begins. Workgroups will meet as necessary to continue planning, implementation, and evaluation. We will work to ensure that organizations, agencies, coalitions, and volunteer groups throughout the county are invited to join this ongoing effort of improving health.



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

# CHEROKEE COUNTY



Cherokee County is located in northeastern Oklahoma. As of the 2010 Census, the population was 46,987. The county seat is Tahlequah, which is also the capital of the Cherokee Nation.

Cherokee County was established in 1907. Prior to becoming Cherokee County the area was known as the Tahlequah District of the Cherokee Nation. The Cherokee moved to this area as a result of the forced relocation brought about by the Indian Removal Act of 1830. The first significant settlements were at the site of Park Hill, where there was already a mission community and Tahlequah, which became the seat of the Cherokee government.

The median household income in dollars is \$35,182.00, which falls below the state average of \$49,937.00. The economy of Cherokee County has historically been based on agriculture. However, the percentage of the population involved in farming has continually decreased due to the increased urbanization around Tahlequah. Agriculture remains important, in 2002 the county ranked first in Oklahoma for the value of nursery and greenhouse crops and among the top ten in the state for poultry and eggs.

The major employers in the county include the Cherokee Nation and Northeastern State University.



# DEMOGRAPHICS

2010 Demographics	Oklahoma	%	Cherokee County	%
<b>Total Population</b>	3,751,351		46,987	
<b>Age</b>				
19 years and under	1,041,610	27.8	13,380	28.5
20 - 64 years	2,203,027	58.8	27,269	58.0
65 + years	506,714	13.4	6,338	13.5
<b>Gender</b>				
Male	1,856,977	49.5	23,230	49.4
Female	1,894,374	50.5	23,757	50.6
<b>Race/Ethnicity</b>				
White	2,706,845	72	24,567	52.3
Hispanic or Latino	332,007	9	2,952	6.3
African American	277,644	7	598	1.3
Asian	65,076	2	272	.6
American Indian & Alaska Native	321,687	9	15,987	34.0
Native Hawaiian & Pacific Islander	4,369	<1	16	<1
Other	154,409	4	1,248	2.7
Identified by two or more	221,321	6	4,299	9.1
<b>Selected Economic Characteristics</b>				
Mean household income (dollars)	65,977	X	45,243	X
Median household income (dollars)	49,937	X	35,182	X
Mean travel time to work (minutes)	27.0	X	23.1	X
Percent unemployed	6.6	X	7.9	X

2010 Census Bureau Report

# ISSUE ONE: ACCESS TO HEALTHY FOODS

The 2012 Cherokee County Themes and Strength Assessment indicated both poor eating habits and being overweight among the top risky behaviors in the county. The same survey also indicated that residents believed access to affordable fresh, healthy foods would be an action or intervention to assist in solving the health issues of the county.

The 2014 State of the State's Health Report indicated an obesity rate for Cherokee County of 32.6% compared to a state rate of 32.2% and a U.S. rate of 27.6% earning a grade of "F." The same report also indicated rates of for minimal fruit consumption - 51.8% and minimal vegetable consumption - 27.6%.

The 2014 State of County's Health Report identified poor diet as a primary cause of adult deaths in the United States. Poor diet can be characterized in many different ways, but a common proxy measure of poor diet is assessing fruit and vegetable consumption. A recent study determined that fruit and vegetable

consumption is associated with a reduced risk of death. Oklahoma has typically ranked as one of the worst states for fruit and vegetable consumption. In 2009, the last year data was available for every state, Oklahoma ranked last in consuming 5 or more daily servings of fruits and vegetables. In Cherokee County only 13.6% of residents consumed the recommended servings of fruits and vegetables daily.

The Community Health Needs Assessment Report by the Institute of People, Place, and Possibility found 75.63% of public schools students in Cherokee County were eligible for free or reduced price lunches, compared to a state rate of 60.54% and a U.S. rate of 48.34%. The same report also indicated 14.90 grocery store establishments per 100,000 of the population, compared to a state rate of 16.61 and a U.S. rate of 20.85. The report also indicated 86.40% of the population aged 18 and older consumed less the 5 servings of fruits and vegetables per day.

## Community Strengths:

## Work Group Member Organizations:

# HEALTHY EATING

## Objectives:

- By 2020, decrease the rate of minimal fruit consumption by Cherokee County citizens from 51.8 to 46.8.
- By 2020, decrease the rate of minimal vegetable consumption by Cherokee County citizens from 27.6 to 22.6.

**Strategy 1:** *Provide information and educate Cherokee county residents about the importance of healthy eating.*

- Promote ongoing community cooking classes.
- Support partners who provide nutrition education to the community.
- Expand awareness and encourage healthy eating through community events.

**Strategy 2:** *Improve healthy eating through education and skill development.*

- Increase home and community gardening skills.
- Provide training to community partners to better implement healthy eating initiatives.

**Strategy 3:** *Provide support to local food system.*

- Promote consumption of local foods.
- Develop partnerships to improve support for local Farmer's Market.
- Support local Daycare facilities as the transition in using new federal nutritional guidelines.

**Strategy 4:** *Enhance access and reduce barriers to increase healthy eating habits.*

- Increase use of fruit and vegetable WIC vouchers.
- Support local Back Pack programs.

**Strategy 5:** *Change consequences by providing incentives for eating healthy foods.*

- Promote Double Up Food Bucks Program.
- Expand Veggie Bucks program.

**Strategy 6:** *Support positive infrastructure changes and food marketing.*

- Utilize existing school gardens and expand school garden programs.
- Encourage edible landscaping on public property or at community centers.

**Strategy 7:** *Modify change or implement policies to increase consumption of healthy foods.*

- Build partnerships to improve the capacity of the coalitions to successfully promote healthy eating initiatives.
- Encourage restaurants to follow new regulations and calories guidelines.
- Help businesses and organizations to adopt comprehensive wellness policies.

# ISSUE TWO: PHYSICAL ACTIVITY

The 2012 Community Themes and Strengths Assessment identified lack of exercise among the top ten risky behaviors in Cherokee County. The same report indicated residents believed the following interventions would assist in improving physical activity:

- Streets designed to support safer walking, bicycling
- Employee Wellness Programs
- Walk to School Programs

The 2011 State of the State's Health Report indicated 34.3% of Cherokee County residents reported no physical activity.

The 2010 State of the County's Health Report indicated:

- 35.7% of residents had no leisure activity in the last month
- 63.1% did not reach the recommended physical activity level

The Community Health Needs Assessment by the Institute for People, Place and Possibility found only 2.13 recreation and fitness facilities per 100,000 population, this is significantly lower than the state rate of 6.66 and the U.S rate of 9.56.

The same report also found 28.90% of males and 33.30% of females in Cherokee County reported no leisure activity. Thus 31.1% of adults aged 20 and older are physically inactive.

## Community Strengths:

## Work Group Member Organizations:



# PHYSICAL ACTIVITY

## Objectives:

- By 2020, obesity from 32.6% to 27.6%.
- By 2020, reduce diabetes prevalence from 24.2 to 19.2.

## **Strategy 1:** *Provide information and educate Cherokee county residents about the importance of physical activity.*

- Promote community websites and assist to increase the accuracy of physical activity resources on these websites.
- Enhance community education by organizing a yearly community wellness event.

## **Strategy 2:** *Provide training to parents and community leaders.*

- Increase awareness of active transportation by identifying training needs for community leaders.
- Provide training to parents to grow awareness for the benefits of increased physical activity.
- Provide worksite wellness training to local businesses to encourage a "health in all policy" approach to employee health.

## **Strategy 3:** *Provide support for community efforts to increase physical activity.*

- Actively participate and encourage the local Safe Routes to School initiative, specifically "Walking Wednesday" or "Walking School Bus" initiatives.
- Raise awareness for existing opportunities for physical activity in the community.

## **Strategy 4:** *Reduce the barriers to living a physically active lifestyle.*

- Provide safe spaces for physical activity.
- Increase the walkability in Tahlequah.

## **Strategy 5:** *Change consequences by providing incentives for community champions.*

- Recognize citizens, businesses, organizations and groups who are proven champions for a more active lifestyle.
- Increase recognition for all Certified Healthy organizations in Cherokee County.

## **Strategy 6:** *Support infrastructure changes that improve the opportunities for physical activity.*

- Improve connectivity and expand existing sidewalk and trail systems.
- Promote local efforts to build a community fitness/wellness center.

## **Strategy 7:** *Modify, change, or implement policies to increase physical activity.*

- Work with local school board, school administrators and teachers to integrate physical activity into school curriculum.
- Ask the local school board to make Physical Education mandatory for all grades.
- Help businesses and organizations to adopt comprehensive wellness policies.
- Work with the City of Tahlequah to implement a "Complete Streets" policy.
- Improve the partnership with the school Healthy and Fit Committees to address expanding school wellness policies.

# ISSUE THREE: RISKY BEHAVIORS

The 2012 Cherokee County Community Health Survey indicated that Cherokee County residents ranked alcohol abuse as the third most important risky behavior in their communities.

The 2012 Oklahoma Prevention Needs Assessment Survey indicated that, of students in Grade 12 that responded to the survey:

- 74% had used alcohol in their lifetime
- 44% had used alcohol in the past 30 days
- 27.7% had participated in binge drinking
- 10.5% had driven a vehicle while drinking, 22.8% had ridden with a drinking driver

However, according to the Community Health Needs Assessment Report by the Institute for People, Place and Possibility, Cherokee County's rate of heavy alcohol consumption was 13%, compared to a state rate of 12.8% and a U.S. rate of 15.02%.

The 2012 Cherokee County Community Themes and Strengths Assessment indicated that Cherokee County residents identified drug abuse as the most important risky behavior in their communities.

The Forces of Change Assessment also identified an increase in drug abuse including synthetic drugs as a threat to the health and wellness of the county.

The 2012 Oklahoma Prevention Needs Assessment Survey indicated that, of students in Grade 12 that responded to the survey:

- 39.7% had used marijuana in their lifetime, 17.8% within the last 30 days
- 18.0% had used sedatives in their lifetime
- 22.6% had used prescription drugs in their lifetime

According to the 2011 State of the State's Health Report, Cherokee County's smoking rate was 31.4%, compared with a state rate of 25.5% and a U.S. rate of 17.9%. Cherokee County had one of the highest rates of adult smoking in the state, with almost 1 in 3 adults smoking. This earned Cherokee County a grade of "F."

The 2012 Oklahoma Prevention Needs Assessment Survey indicated that, of students in Grade 12 that responded to the survey:

- 50.6% had smoked cigarettes in their lifetime, 19.4% within the last 30 days
- 25.4% had used smokeless tobacco, 15.0% within the last 30 days
- 4.7% were smoking 1/2 pack or more of cigarettes per day

The Community Health Needs Assessment Report by the Institute for People, Place and Possibility indicated a smoking rate of 27.90%, compared with a state rate of 24.90% and a U.S. rate of 10.00%.

The 2012 Cherokee County Community Themes and Strengths Assessment indicated that Cherokee County residents identified tobacco use as the fourth most important risky behavior in their communities.

## **Community Strengths:**

## **Work Group Member Organizations:**

# RISKY BEHAVIORS

## **Objectives:**

- By 2020 reduce the number of Cherokee students in grade 12 reporting marijuana use from 39.7% to 34.7%.
- By 2020 reduce the number of Cherokee students in grade 12 reporting prescription drug abuse from 22.6% to 17.6%
- By 2020, reduce teen pregnancy from 31.8 to 26.8.

**Strategy 1:** *Provide information and educate Cherokee county residents about the community wide effects of substance abuse and teen pregnancy.*

- Promote prevention education in substance abuse, and reproductive health.
- Utilize existing gathering places to educate and inform target audiences.

**Strategy 2:** *Enhance the skills of local prevention workers and parents in addressing substance abuse and reproductive health.*

- Support and enrich local parenting classes to address substance abuse and reproductive health education.
- Educate local law enforcement about risky behaviors and support them to improve compliance with current laws and ordinances.

**Strategy 3:** *Provide support for at-risk populations to decrease risky behaviors.*

- Sponsor or develop alternative activities for youth such as mentoring programs or clubs.
- Increase awareness and enrollment in home visitation programs for at-risk mothers.

**Strategy 4:** *Enhance access and reduce barriers to reduce risky behaviors.*

- Encourage and promote access to free condoms through local health facilities.
- Provide more regular information about reproductive health to at-risk populations.
- Increase awareness of local mental health resources and decrease the stigma of utilizing those resources.

**Strategy 5:** *Change Consequences for risky behaviors.*

- Encourage and support local alcohol and tobacco law compliance checks.
- Increase the consequences of party dispersal.

**Strategy 6:** *Support positive infrastructure changes to decrease risky behaviors.*

- Enhance physical design of public places through more signage, better lighting, more fencing and locking facilities to decrease ability to participate in risky behaviors.

**Strategy 7:** ***Modify, change or implement policies to***

- Endorse a city ordinance with harsher punishments for alcohol non-compliance.
- Advocate for implementation of the prescription drug monitoring system as state law.

# SUMMARY

As the Cherokee County Community Health Coalition moves into Phase 6 and implementation of the County Health Improvement Plan (CHIP), it is important that we remember this is a very fluid and dynamic process. All phases of the MAPP process may need to be revisited at any time due to unforeseen circumstances and developments. This is to be expected. Though we strive to be deliberative in the strategic planning process, no doubt there are obstacles and opportunities that we have yet to discover. The Cherokee County Community Health Coalition will formally review this plan annually. The committees/teams created to attend to each of the three priority issues will be in constant evaluation mode as they work to implement strategies.

The Cherokee County Community Health Coalition has been a cornerstone of community collaboration since the first meeting in 1998. Its purpose is to provide a forum whereby its members may join together to plan, share resources, and implement strategies and programs and develop strategies to assist in the implementation of programs addressing the health status and health care needs of Cherokee County citizens. This plan is the next step in improving the quality of life of the residents of the county.

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

- Among the 10 best counties in terms of preventable hospitalizations
- The rate of total deaths declined 9%
- The rate of deaths due to stroke decreased 40% from the previous year
- The rate of deaths due to nephritis decreased nearly 60%
- The percentage of adults without health care coverage improved by 19%

With the experience and knowledge of these successes, the Cherokee County Community Health Coalition will continue to apply itself to improving the health of its citizens. The Cherokee County Community Health Coalition understands that this journey never ends, there will always be room for improvement, no matter how much we accomplish, and that the battle to improve “public health” is worth all of the time and effort on behalf of the residents of our county.



# APPENDIX A—VERSION HISTORY

The version numbering is as follows:

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

Version Number	Change Request Number (if applicable)	Accepted Date	Author	Summary of Change

# **APPENDIX B—QUARTERLY UPDATE AND ANNUAL REPORTS**