

# PAYNE COUNTY COMMUNITY HEALTH ASSESSMENT (CHA)



2016

Adopted: 02/23/17

Effective: 03/2017 – 02/2022

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## SYMBOL KEY

\*Adapted from CDC Community Health Status Indicators (CHSI) symbols [12]



Indicators in the **Better** category (thumbs up) fall into the most favorable quartile compared to peers.



Indicators in the **Moderate** category (level thumb) fall into the middle two quartiles.



Indicators in the **Worse** category (thumbs down) fall into the most unfavorable quartile.

# Introduction

## Community Health Assessment

A Community Health Assessment (CHA) is the end product or final report used to evaluate the capacity to deliver essential public health services. This report summarizes and synthesizes years of data collection specific to Payne County, Oklahoma.

## Purpose

The information collected has been gathered into one place for the purpose of identifying areas of improvement while also highlighting our community strengths and assets.

This document is designed to describe and share the top 11 areas identified for health improvement by Payne County community partners.

The data will guide our Community Health Improvement Plan (CHIP) and inform other community improvement projects and efforts.

## Sources

The primary sources come from our own community assessments and the secondary from sources such as the Census and the Robert Wood Johnson Foundation.

Payne County chose the Mobilizing for Action through Planning and Partnerships (MAPP) framework for conducting community assessments. The MAPP assessments are: 1) Community Themes and Strengths Assessment (CTSA); 2) Forces of Change (FOC) Assessment; 3) Local Public Health System Assessment (LPHSA); and 4) Community Health Status Assessment (CHSA).



## Assessments

Each assessment provides different information and a different way of talking about public health. For example, the Community Themes and Strengths Assessment (CTSA), highlights how people in our community perceive their quality of life. The Forces of Change (FOC) Assessment identifies outside forces or occurrences, otherwise known as the ‘events, trends, and factors,’ that push in and influence our public health system. A Local Public Health System Assessment (LPHSA) is unique in that, if done correctly, mobilizes partnerships

through shared discussion. This discussion begins with a question and answer session that brings awareness to resources and services in our community and is completed with a collective vote regarding how well they are utilized and provided. Additionally, no assessment would be complete without having objective data – and this comes from the Community Health Status Assessment (CHSA). Finalizing and synthesizing all four assessments helps to paint a picture of the health status in Payne County.

## 11 Priority Areas

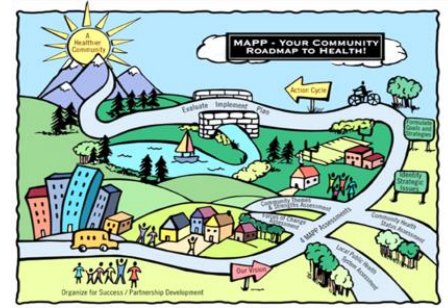
The 11 priority areas were selected through careful and objective evaluation by the MAPP Core Team. Each priority area utilized the same evaluation criteria and rating scale. Several variables were used to determine severity, need and feasibility. Content areas included size; status; trend; disparity/inequity; root-cause/social-determinant; interventions; feasibility; and a value rating.

The 11 Priority Areas are further narrowed to those that will be the focus of the final Community Health Improvement Plan (CHIP). The CHIP document discusses this process, priorities areas, goals, and strategies chosen.

## Community Partners

A MAPP Core Team consisting of Payne County Health Department (PCHD), Oklahoma State Department of Health – Office of Partner Engagement, and Oklahoma State University Prevention Programs – Tobacco

Settlement Endowment Trust (TSET) Healthy Living Program Staff, as well as members of the Payne County Live Well Coalition, the Stillwater Live Well Coalition, and participants in the Local Public Health System Assessment (LPHSA).



## Partners \*MAPP Core Team and community partners



Advocare

Central Oklahoma Community Action Agency (COCAA)

City of Cushing

City of Stillwater

Edwin Fair Community Mental Health Center

Evolution Foundation (ODMHSAS)

Golden Oaks Village

Head Start, United Community Action Partners (UCAP)

Indian Health Service (IHS)

Iowa Nation

Meridian Technology Center

Oklahoma Health Care Authority

Oklahoma State University (OSU) Cooperative Extension Service

OSU Health Services

OSU Prevention Programs

OSU Regional Prevention

OSU Wellness

Payne County CASA (Court Appointed Special Advocates)

Payne County Emergency Management (PCEM)

Payne County Local Emergency Response Committee (LEPC)

Payne County Youth Services (PCYS)

Rural Health Projects

Stillwater Community Health Center (SCHC)

Stillwater Medical Center (SMC)

Stillwater Public Library

Stillwater Public Schools

Stillwater YMCA

University of Oklahoma (OU) Health Science Center (OUHSC) – Healthy Hearts for Oklahoma

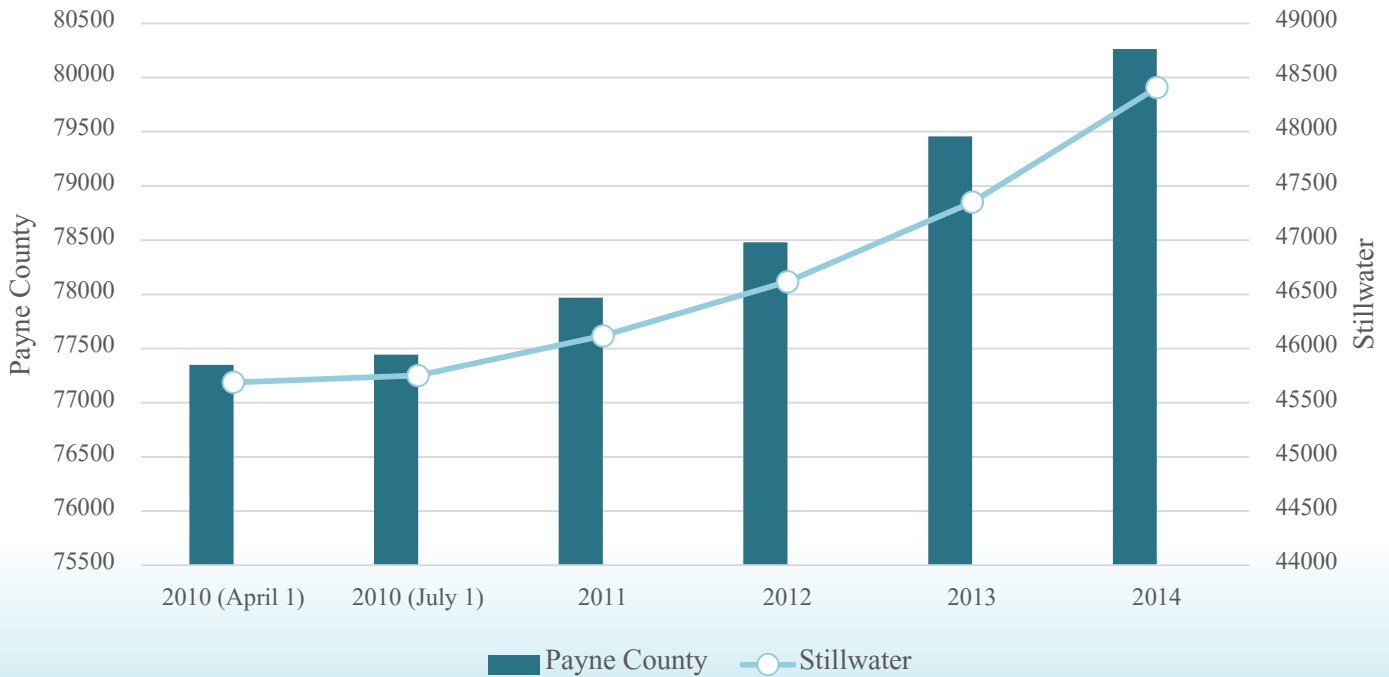
Wings of Hope



# Demographics

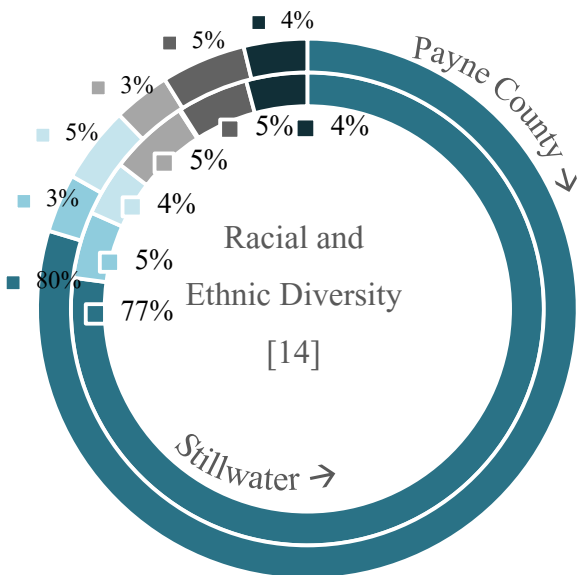
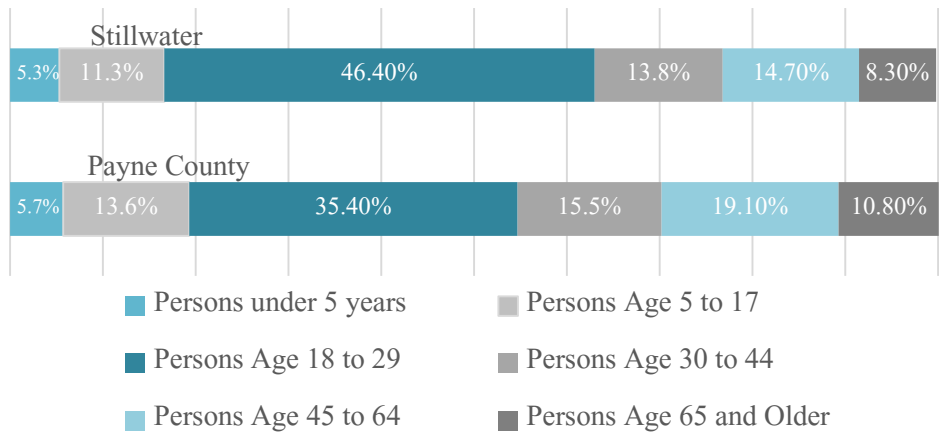
Population \* Age Distribution \* Racial and Ethnic Diversity \* Educational Attainment

Annual Estimates of the Resident Population:  
April 1, 2010 to July 1, 2014 [14]



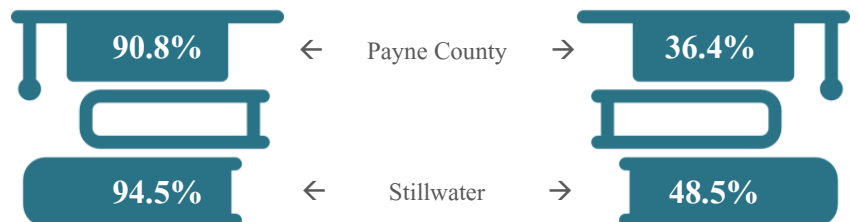
- White alone
- Black or African American alone
- American Indian and Alaska Native alone
- Asian alone
- Two or More Races
- Hispanic or Latino

Age Distributions of Persons by Percent [20]



High School Graduate or Higher

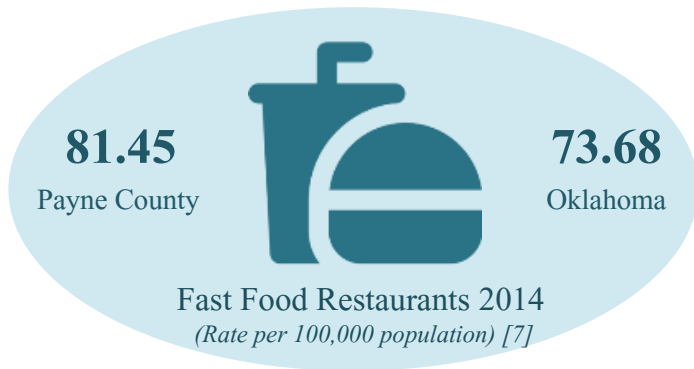
Bachelor's Degree or Higher



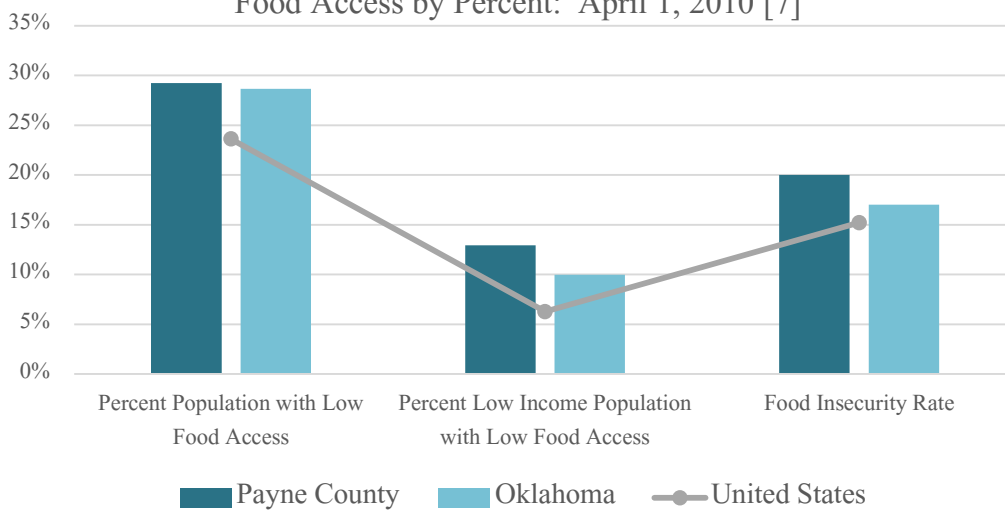
(Percent of persons age 25 years +, 2010-2014) [14]

# Social and Physical Environment

Access to Healthy Food \* Healthcare Access and Affordability \* Housing \* Poverty \* Safety and Child Wellbeing



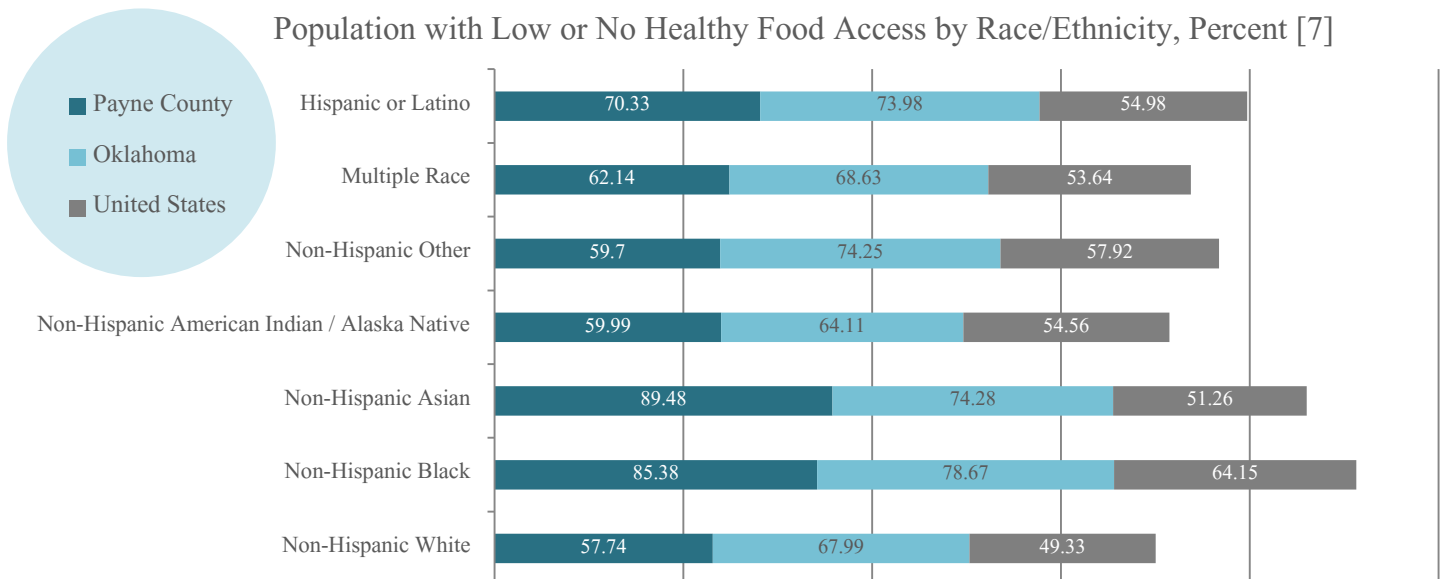
Food Access by Percent: April 1, 2010 [7]



**Low Food Access**—percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

**Food Insecurity Rate**—estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Population with Low or No Healthy Food Access by Race/Ethnicity, Percent [7]



# Social and Physical Environment

Access to Healthy Food \* **Healthcare Access and Affordability** \* Housing \* Poverty \* Safety and Child Wellbeing

*“Access to Health Care” is voted as the second most important factor for improving health by Payne County survey respondents. [CTSA]*

*One short-term identified opportunity is to “develop an understanding of why people do not seek needed care and to link agencies that provide resources.” [LPHSA]*

## 53.9% Primary Care Provider Access



Primary care provider rate for Payne County (rate per 100,000 persons) [12]



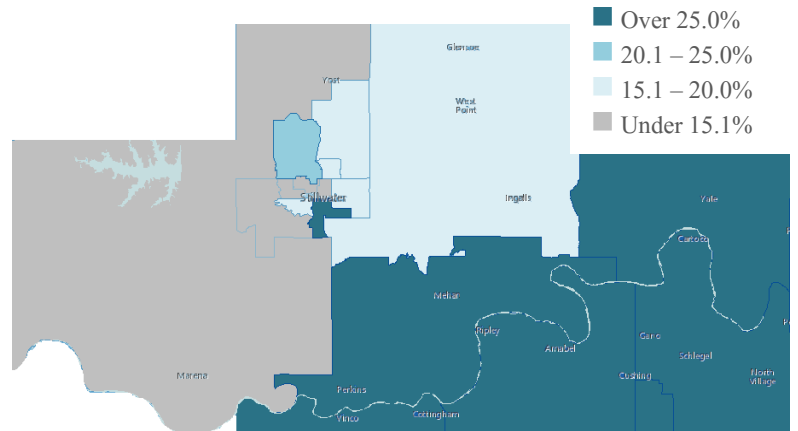
## 16.0% Cost Barrier to Care



Percentage of adults who did not see a doctor due to cost in Payne County [12]

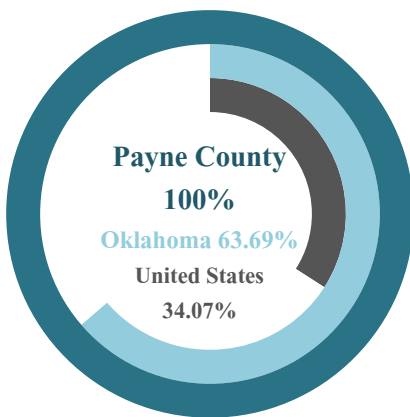


Forces of Change (FOC) Factor  
 “Regional Population Center (Stillwater)” identified challenge:  
*“Focus of resources creates vulnerability in smaller communities.”*



Payne County Population Receiving Medicaid, Percent by Tract, ACS 2010-14 [7]

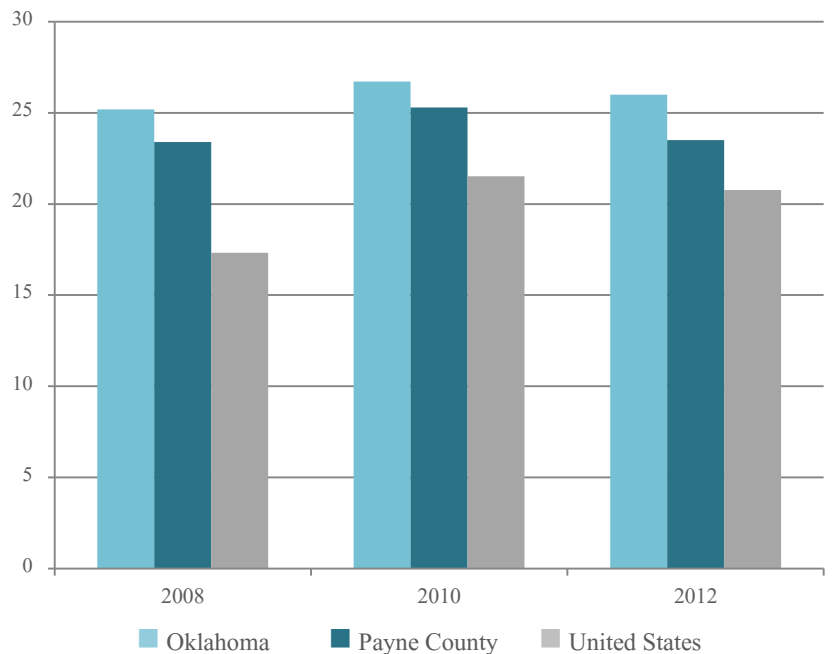
Forces of Change (FOC) Trend | “Affordable Care Act” identified challenge:  
*“Accessing Medicaid; Insurance may not equal quality care; small business burdens; lack of providers; lack of information on rights or responsibilities.”*



## % Population Living in a Health Professional Shortage Area (HPSA) [7]

*A shortage of primary medical care, dental or mental health professionals—this indicator is relevant because a shortage of health professionals contributes to access and health status issues.*

## Uninsured Population Age 18 – 64, Percent by Year [7]

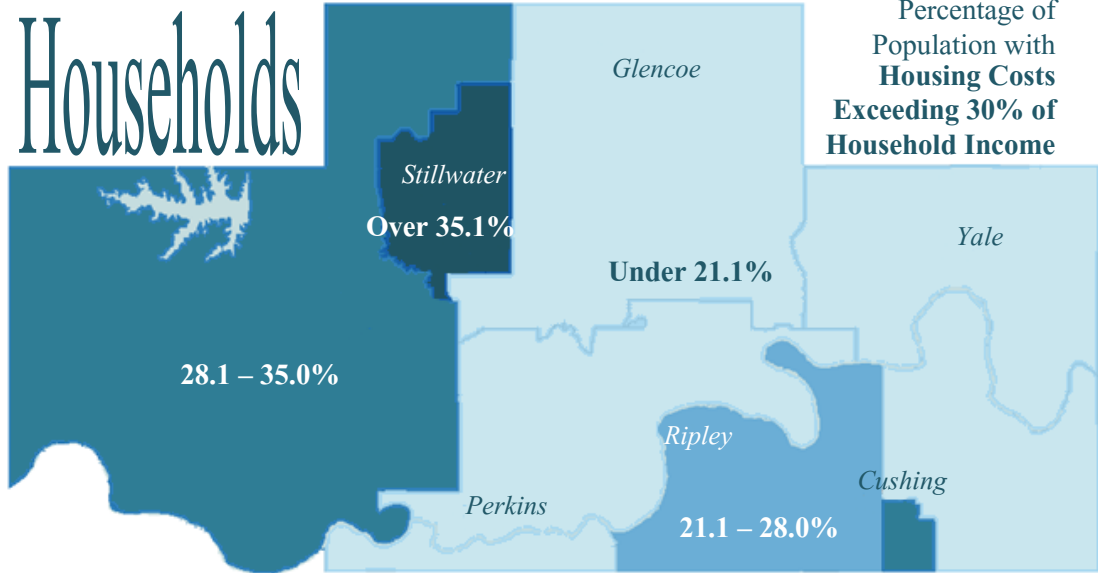


# Social and Physical Environment

Access to Healthy Food \* Healthcare Access and Affordability \* **Housing** \* Poverty \* Safety and Child Wellbeing

C  
O  
S  
T  
B  
U  
R  
D  
E  
N  
E  
D

## Households



Percent by Tract, ACS 2010-2014 Community Commons CHNA Report [7]



Rent has increased 40 % since 2000, 1% faster than rate of inflation, while income has only increased 22% [16]

Forces of Change (FOC) Factor  
“Large, Diverse Student Population” identified challenge:

**“Students increase competition for housing and low-wage jobs, and traditionally lack long-term interest in the community.”**

## Residential Segregation Index [10]

(Degree to which two or more groups live separately from one another in a geographic area) where 0 (complete integration) to 100 (complete segregation).

**50**

Between:  
Black/White Residents

**23**

Between:  
Non-White/White Residents



According to the Centers for Disease Control and Prevention, Community Health Status Indicators 2015, the percent of individuals with high housing costs in Payne County, OK [12]



High Housing Costs  
Worse than peer counties [12]



Housing Stress  
Worse than peer counties [12]



# Social and Physical Environment

Access to Healthy Food \* Healthcare Access and Affordability \* Housing \* **Poverty** \* Safety and Child Wellbeing



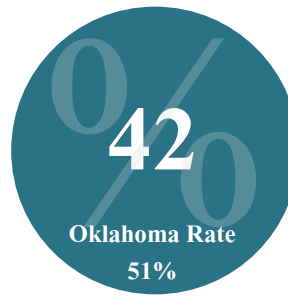
Median Household Income

RWJF 2015 County Rankings [10]



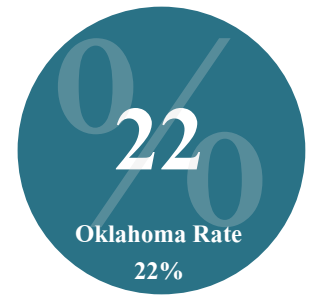
Poverty Rate

According to the 2010-2014 US Census [14]



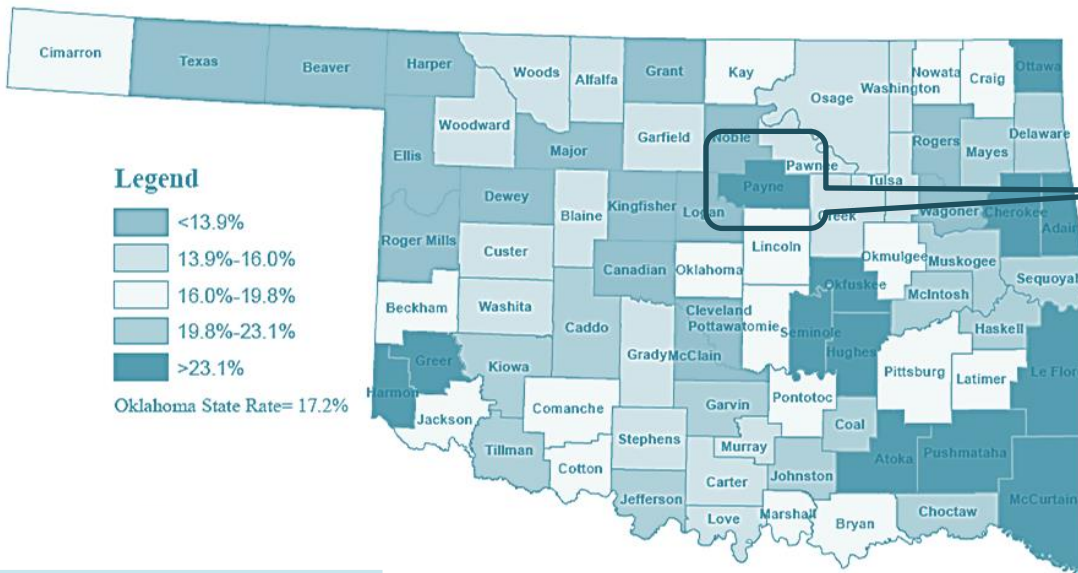
Children Eligible for Free Lunch

RWJF 2015 County Rankings [10]



Children in Poverty

RWJF 2016 County Rankings [10]



Payne County Ranks

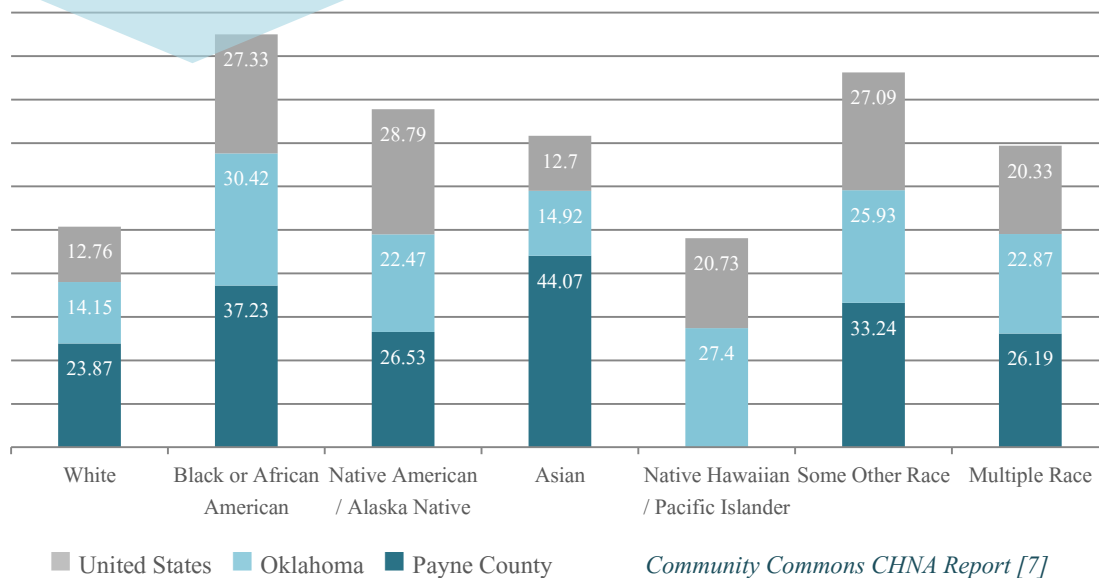
**65<sup>th</sup>**

Out of 77 Oklahoma Counties for Poverty [2]

- United States
- Oklahoma
- Payne County

US Census Bureau, Small Area Income and Poverty Estimates, 2012 [14]

## Population in Poverty by Race Alone, Percent



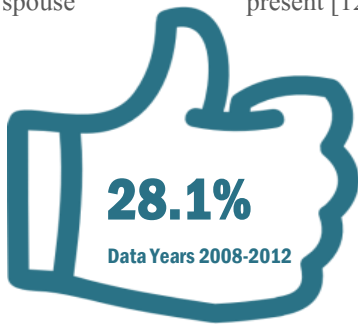
Forces of Change (FOC) Factor  
 “Lower Socio-Economic Status” identified challenge  
 “Smaller communities in Payne County have a higher concentration of members with lower socio-economic status.”

# Social and Physical Environment

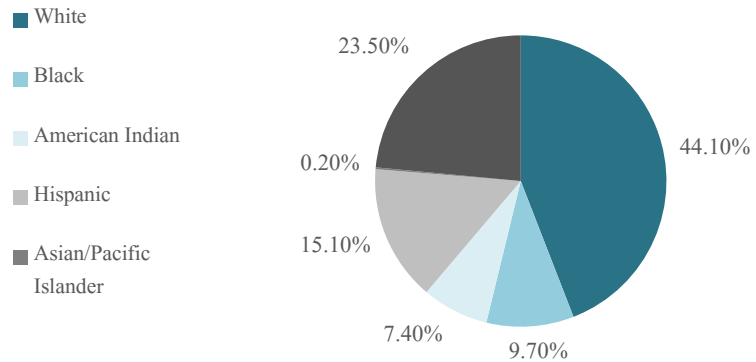
Access to Healthy Food \* Healthcare Access and Affordability \* Housing \* Poverty \* Safety and Child Wellbeing

## Children in single-parent households

Percentage of all children in family households that live in households headed by a single parent (male or female head of household with no spouse present [12].



## Children Confirmed as Victims of Maltreatment (2011) [3]



## Children eligible for free lunch data year 2015 [10]



**42%**

**Payne County**



**51%**

**Oklahoma**

## Children 0 to 17 in Foster Care 2014 (Rate per 1000) [3]



**6.8**

**Payne County**

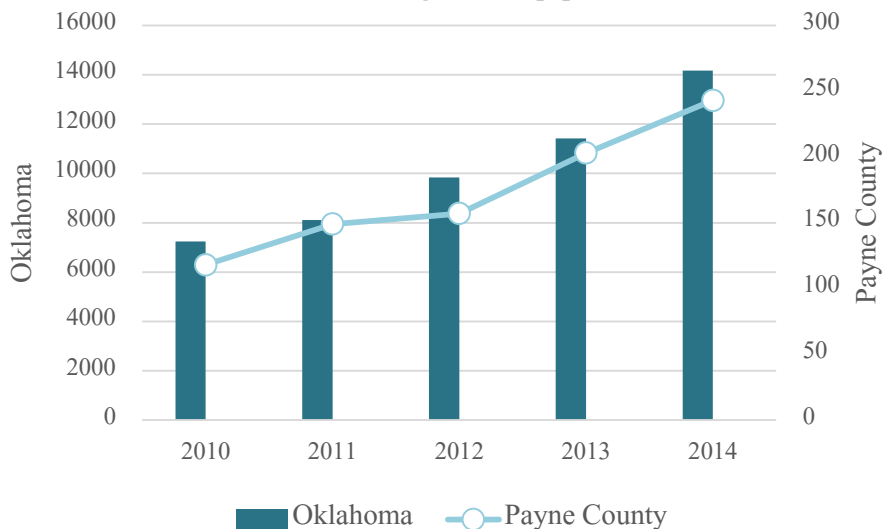


**12.0**

**Oklahoma**

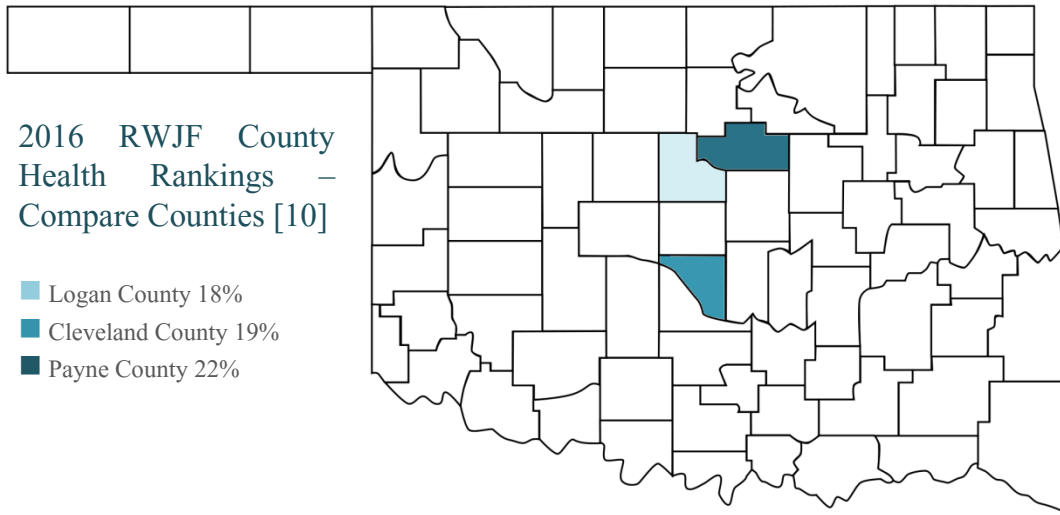
Forces of Change (FOC) Trend  
 “Grandparents raising grandchildren” identified opportunity:  
*“Intergenerational bonding; Can provide stability during risky times for young families.”*

## Child Abuse and Neglect Confirmations by Year, 2010 through 2014 [3]



**Child Abuse and Neglect**—means harm or threatened harm to a child’s health or welfare by a person responsible for the child’s health or welfare.

Data Source: Child abuse and neglect data provided by the Oklahoma Department of Human Services (DHS). Population data uses U.S. Bureau of the Census, Population Estimates Division for each year. [Last updated or edited: December 22, 2015].



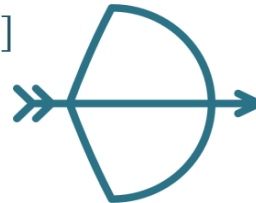
# 66<sup>th</sup>

Payne County Ranks 66<sup>th</sup> out of 77 Oklahoma Counties for adults who smoke 2014 [11]



Adult Smoking (percent) [12]

Percent of adults who report smoking cigarettes in Payne County



Healthy People 2020 Target



**Payne County**  
41.88%

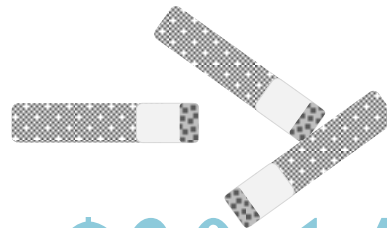
**Oklahoma**  
49.22%

**United States**  
44.16%



Forces of Change (FOC) Trend  
“Decreased Smoking Rates” identified challenge

*“Rise in unregulated e-cigarette usage.”*



# \$30,141,205

**Tobacco Usage – Former or Current Smokers**

Percent adults ever smoking 100 or more cigarettes 2011-2012 [7]

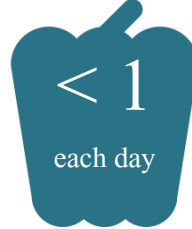
Total annual health care cost due to tobacco use in Payne County in 2010 [15]

# Health Behaviors

Tobacco Use \* Unhealthy Eating

Payne County ranks 2<sup>nd</sup> out of 77 counties for minimal fruit consumption – report card grade “F” [2]

# F



# D

Payne County ranks 4<sup>th</sup> out of 77 counties for minimal vegetable consumption – report card grade “D” [2]

48.0% do not eat at least one piece of fruit each day in Payne County [2]

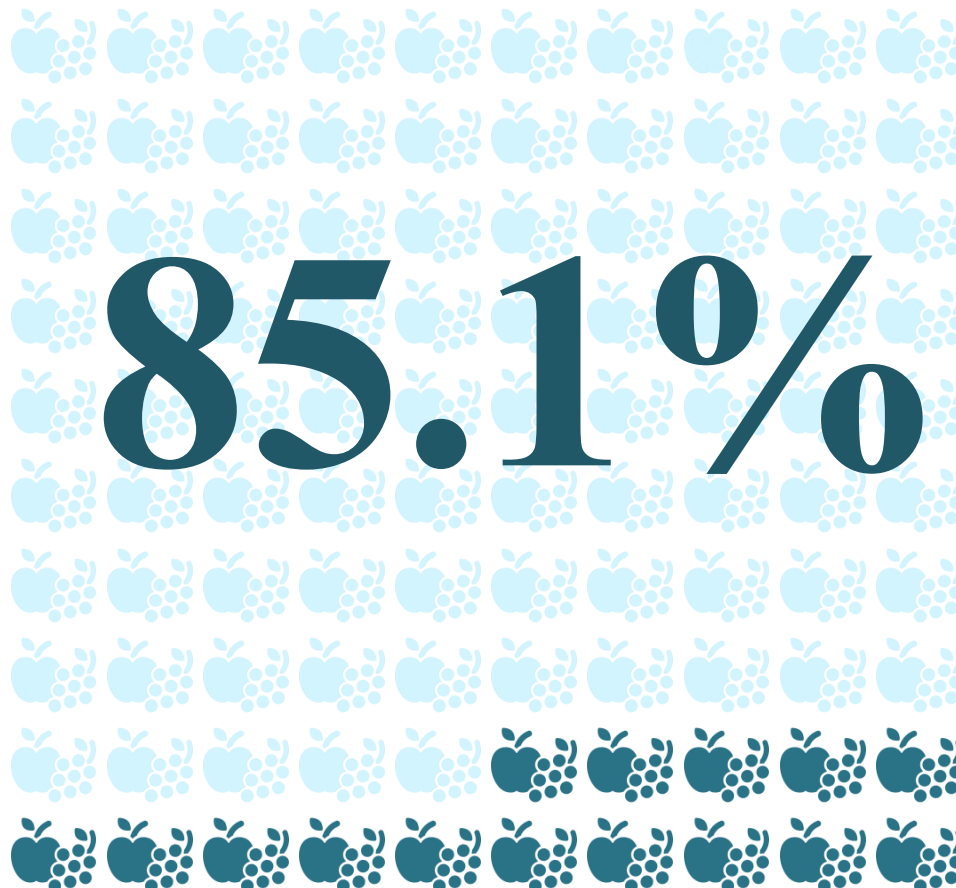
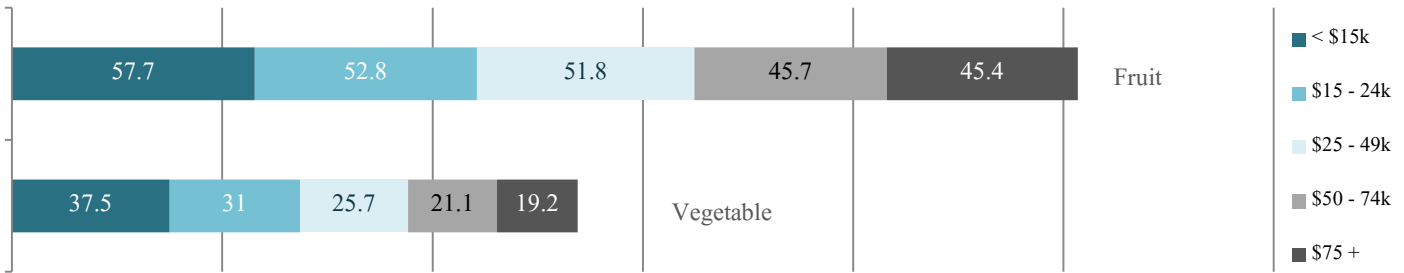
**48.0%**  
Oklahoma rate 50%

**25.1%**  
Oklahoma rate 26.8%

25.1% do not eat at least one vegetable each day in Payne County [2]

“Poor Eating” is perceived as the second most harmful risky behavior in Payne County by survey respondents. [C TSA]

Minimal Fruit and Vegetable Consumption (<1/Day) by Income [2]



## Percent Adults with Inadequate Fruit / Vegetable Consumption:

Of adults over the age of 18, Payne County has an estimated 54,230, or **85.1%**, consuming less than 5 servings of fruits and vegetables each day.

**Oklahoma:** 84.5%

**United States:** 75.7%

Current behaviors are determinants of future health because unhealthy eating habits may be the cause of significant health issues, such as obesity and diabetes.

Community Commons Report [7]

# Health Outcomes

Communicable Disease \* Diabetes \* Heart Disease \* Obesity

Sexually transmitted infections per  
100,000 people [10]

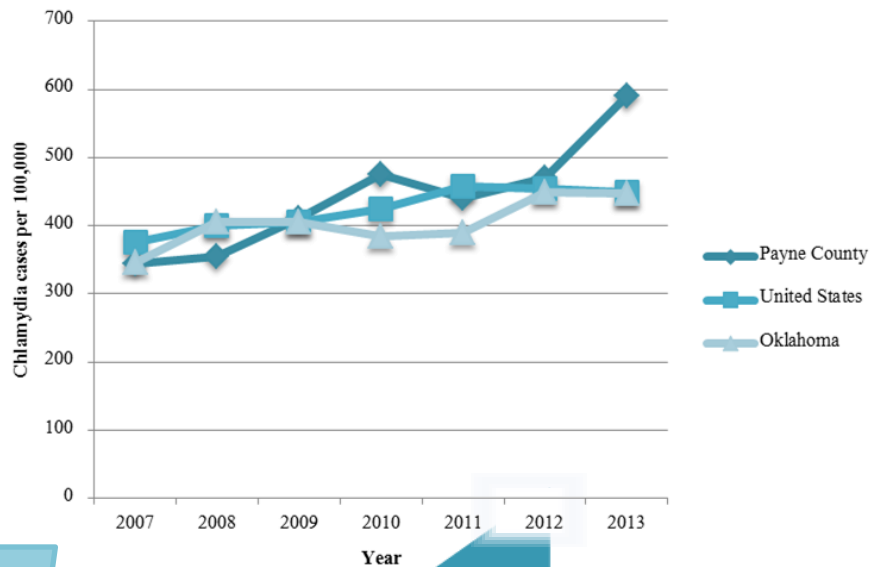
PAYNE COUNTY

**588.0**

OKLAHOMA

**479.1**

Chlamydia Cases per year in Payne County, Oklahoma and the U.S. [10]



Payne County Community Themes and Strengths Assessment (CTSA) respondents ranked infectious disease as **11<sup>th</sup> out of 14** “biggest health problems” and “not get ‘shots’ to prevent disease” as **7<sup>th</sup> out of 8** “most harmful risky behaviors”. This shows that although the county has a high STD rate and low immunizations, the population may not perceive these issues as important.

Forces of Change (FOC) Factor:  
Conservative culture identified challenge addressing sexual health education, “Inclusion and communication between differing groups; sex education policy.”

## Immunizations

### Under 3 Years old

Payne County Ranks 69<sup>th</sup> out of 77 counties for immunizations for children under 3 years old [2]

In 2014, only 66.6% of children under 3 had been immunized. [2]

**69<sup>th</sup>**

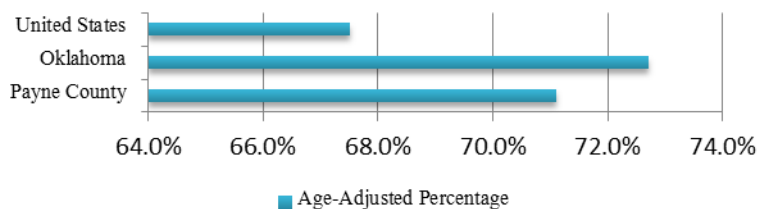
**Grade D**

### Seniors Over 65

In 2014, 74.4% of seniors over 65 had received the pneumonia vaccine [2]

**Grade A**

Seniors 65+ with Pneumonia Vaccination (2006-2012) [7]





# Health Outcomes

Communicable Disease \* **Diabetes** \* Heart Disease \* Obesity

## Diabetes Prevalence [10]



Payne County

Oklahoma

**\$13,325.<sup>90</sup>**

Average charges per discharge due to diabetes in Payne County in 2010 [15]

■ A □ B ■ C ■ D ■ F

Diabetes Prevalence in Oklahoma by:

### Race/Ethnicity

White (NH)	D	■	11.6
Black (NH)	F	■	12.3
American Indian (NH)	F	■	16.4
Hispanic	B	□	7.6

### Income

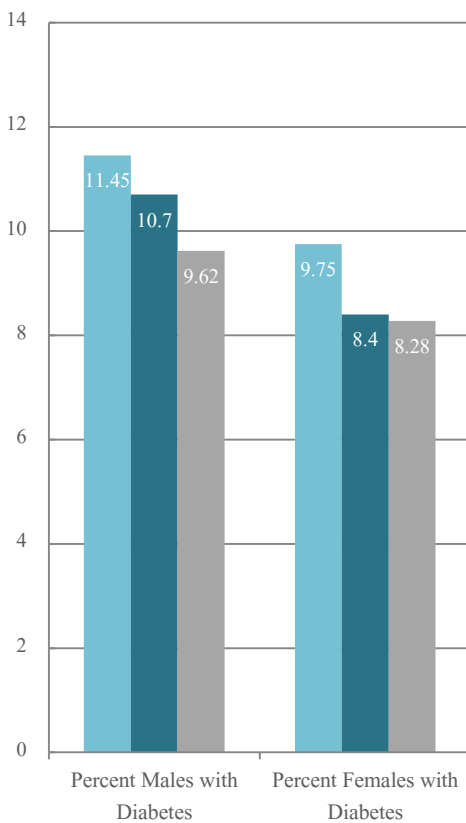
< \$15k	F	■	17.7
\$15 – 24k	F	■	14.2
\$25 – 49k	D	■	12.0
\$50 – 74k	C	■	9.3
\$75k +	B	□	7.5

### Education

< HS	F	■	15.0
HS	F	■	12.2
HS+	C	■	10.3
College Graduate	C	■	9.7

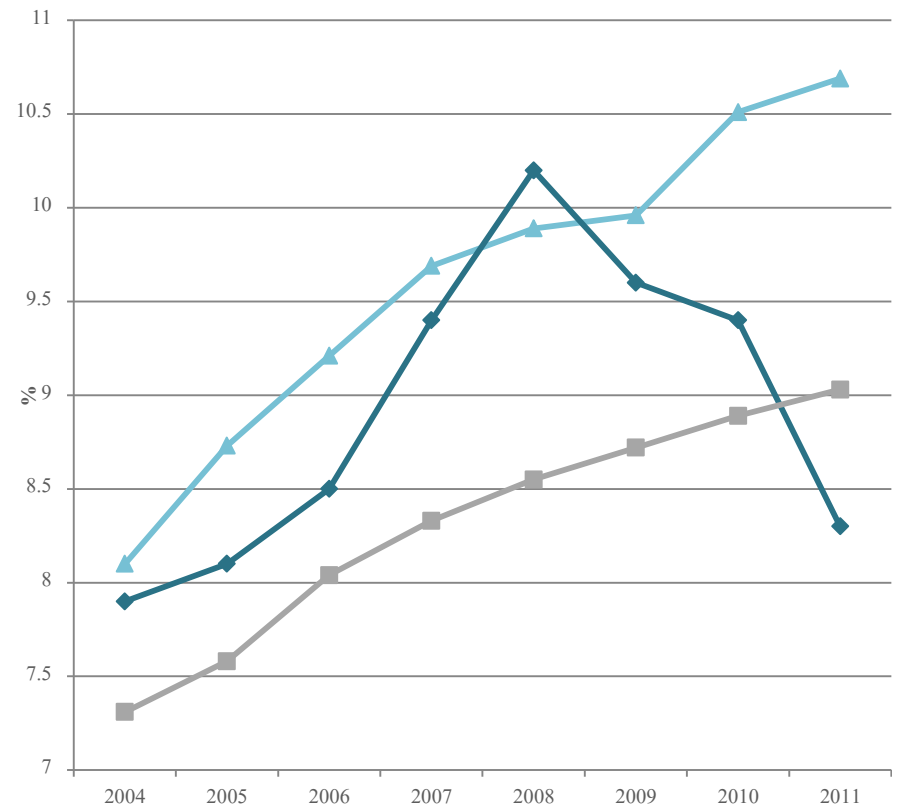
In the Oklahoma State Department of Health (OSDH) 2014 State of the State's Health Report, Payne County has the lowest diabetes prevalence in Oklahoma. However, Payne County ranks 23<sup>rd</sup> out of 77 counties for the most deaths attributed to diabetes [2].

Adults with Diagnosed Diabetes by Gender, 2012 [12]



■ Oklahoma ■ Payne County ■ United States

Percent Adults with Diagnosed Diabetes by Year, 2004 through 2011 [12]



▲ Oklahoma ◆ Payne County ■ United States

# Health Outcomes

Communicable Disease \* Diabetes \* **Heart Disease** \* Obesity

Health Care Cost due to Cardiovascular Disease (Heart Disease) [16]

**657** Average hospital discharges in 2010

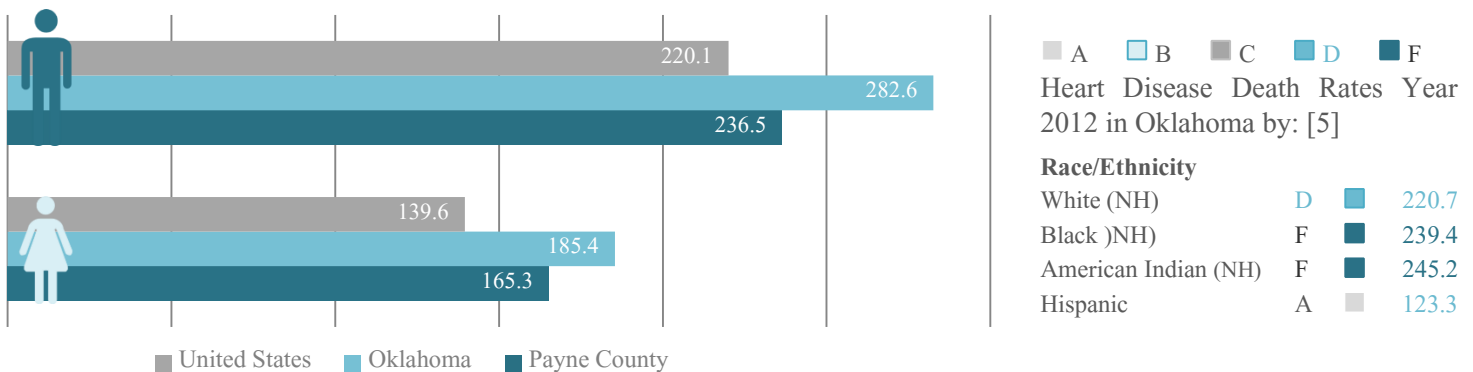
**\$38,369.<sup>32</sup>** Average charges per discharge

**\$25,208,640.<sup>00</sup>** Total annual cost due to heart disease in Payne County in 2010



**197.6**  
Age adjusted coronary heart disease death rate for Payne County per 100,000 [2] ["D" Grade]

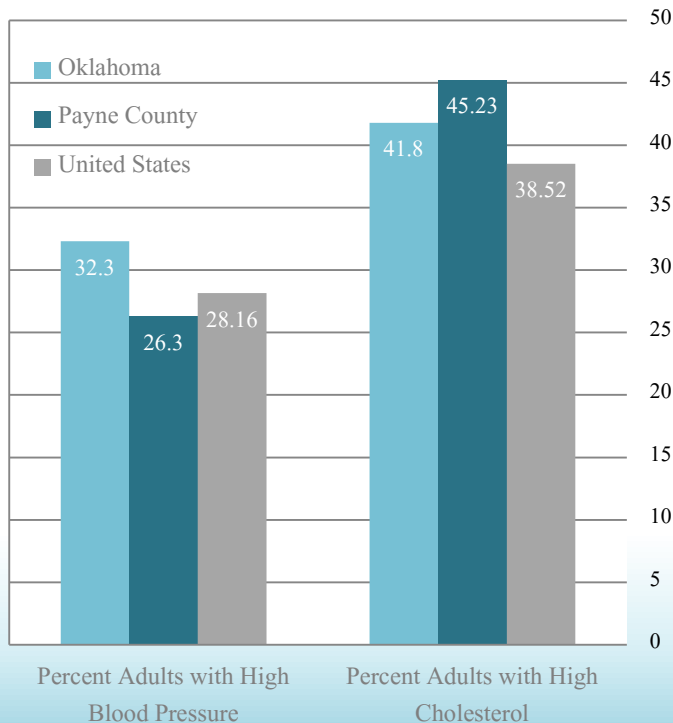
Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender [7]



Heart Disease Death Rates Year 2012 in Oklahoma by: [5]

Race/Ethnicity	Grade	Rate
White (NH)	D	220.7
Black (NH)	F	239.4
American Indian (NH)	F	245.2
Hispanic	A	123.3

Percent Adults with High Blood Pressure & Cholesterol [7]



**13<sup>th</sup>**

Payne County Ranks 13<sup>th</sup> out of 77 Oklahoma Counties for deaths due to Heart Disease in the 2014 Oklahoma State Department of Health (OSDH) State of the State's Health Report [2]

**3<sup>rd</sup>**

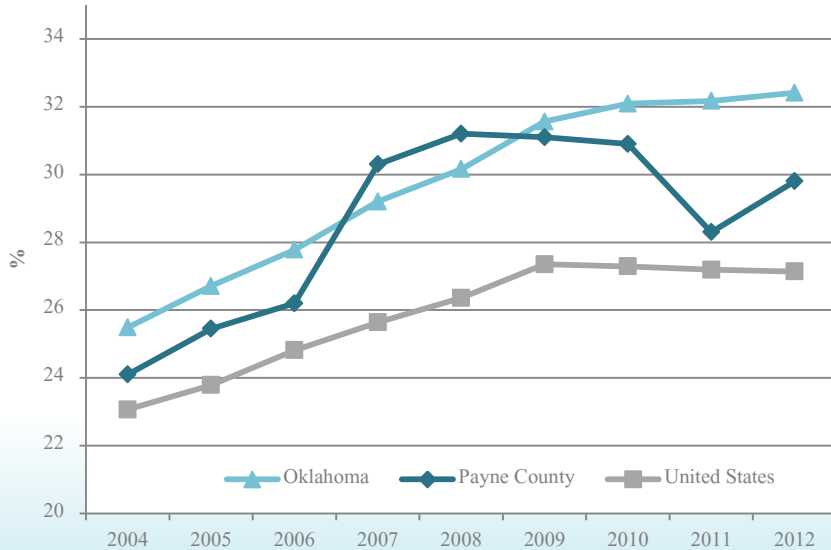
Oklahoma had the third highest death rate for heart disease in the nation in 2010 [2]

*1,986, or 4.1% of adults aged 18 and older in Payne County (5.1% in Oklahoma) have ever been told by a doctor that they have coronary heart disease or angina (2011 – 2012). Coronary heart disease is the leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.” [7]*

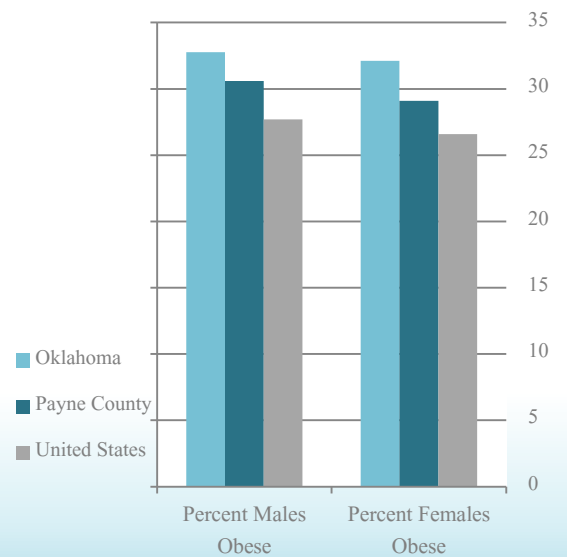
# Health Outcomes

Communicable Disease \* Diabetes \* Heart Disease \* Obesity

Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2012 [7]



Percent Adults Obese by Gender [7]

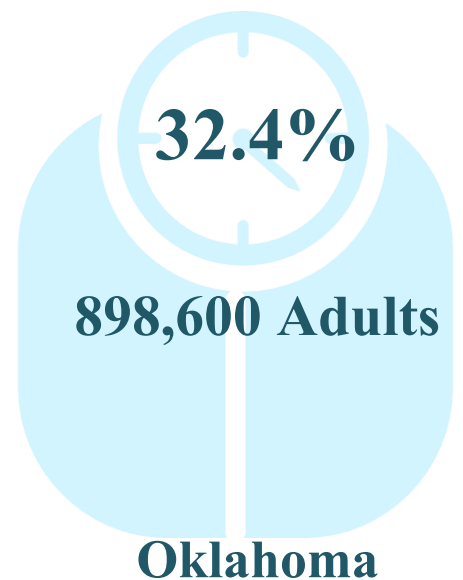
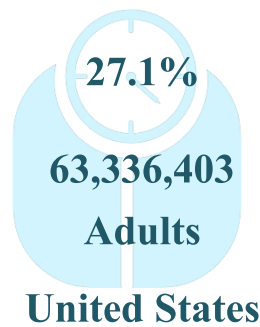
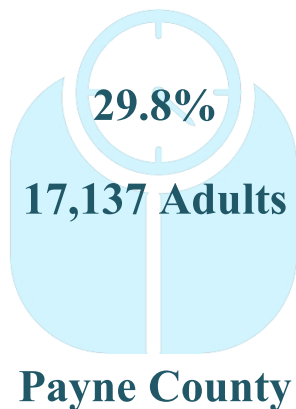


# \$8,373,344



Total obesity health care cost in 2010 for adults in Payne County [15]

Percentage of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) [7]



*The Local Public Health System Assessment (LPHSA) highlights the competencies, priorities, and weaknesses that must be taken into account when mobilizing the public health system. (Full results available in Appendix D)*

Strengths

## Identification and Surveillance of Health Threats

Suggestions – Increasing awareness of resources and increasing timely communication.

## Investigation and Response to Public Health Threats

Suggestions – Keep resource and personnel records up-to-date, meet with partners and review After Action Reports regularly, and incorporate smaller and more cooperative exercises into planning schedules.

*Priority areas that are strengths can inform goals and strategies by highlighting assets which the Local Public Health System (LPHS) can build upon, while weaknesses will inform what to target for Community Health Improvement Planning and other LPHS activities.*

## Health Education and Promotion

Suggestions – Collaborate among partners to broaden the reach and depth of the currently occurring activities.

## Community Partnerships

Suggestions – Connect existing forums and build on the community's strength of pulling together in times of crisis (to generalize that attitude into daily functioning).

## Community Health Improvement and Strategic Planning

Suggestions – Move through these processes with effective communication and coordination among the LPHS members, focus on shared community goals, and link CHIP and LPHS member strategic plans.

Weaknesses

# Appendix

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## **Appendix A: Community Themes and Strengths Assessment**

[https://www.ok.gov/health2/documents/Appendix\\_CTSA.pdf](https://www.ok.gov/health2/documents/Appendix_CTSA.pdf)

## **Appendix B: Forces of Change Assessment**

[https://www.ok.gov/health2/documents/Appendix\\_FoC.pdf](https://www.ok.gov/health2/documents/Appendix_FoC.pdf)

## **Appendix C: Community Health Status Assessment**

[https://www.ok.gov/health2/documents/Appendix\\_CHSA%20Payne%20County%202016%20Community%20Health%20Status%20Assessment.docx](https://www.ok.gov/health2/documents/Appendix_CHSA%20Payne%20County%202016%20Community%20Health%20Status%20Assessment.docx)

## **Appendix D: Local Public Health System Assessment**

[https://www.ok.gov/health2/documents/Appendix\\_LPHSA.pdf](https://www.ok.gov/health2/documents/Appendix_LPHSA.pdf)



# References

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1. Arrests of Juveniles for Violent Crimes. KIDS COUNT Data Center. Accessed March 13, 2016. <http://datacenter.kidscount.org/data/Line/2521-arrests-of-juveniles-for-violent-crimes?loc=38&loct=5#5/5325/false/869,36,868,867,133/asc/any/8904>.
2. County Health Report Cards. Oklahoma State Department of Health. Accessed March, 2016. <https://www.ok.gov/health/pub/boh/state/SOSH%202014-County%20Report%20Cards.pdf>
3. Infant Mortality. KIDS COUNT Data Center. Accessed January 13, 2016. <http://datacenter.kidscount.org/data/tables/2525-infant-mortality?loc=38&loct=2#ranking/5/any/true/869/any/8863>
4. National Registry of Evidence-based Programs and Practices (NREPP). (2015) Retrieved April 04, 2016, from <http://www.samhsa.gov/nrepp>
5. *Oklahoma Healthcare Workforce Data Book 2013*. Report. OSU Center for Rural Health, Oklahoma State University. 2013. [http://www.healthsciences.okstate.edu/ruralhealth/documents/OHIP Workforce Data Book.pdf](http://www.healthsciences.okstate.edu/ruralhealth/documents/OHIP%20Workforce%20Data%20Book.pdf).
6. Overall Food Insecurity and Food Cost in the US and OK, 2013. Feeding America. Accessed March, 2016. <http://map.feedingamerica.org/api/v1/report?for-download=true&id=county.2013.overall.oklahoma.payne.null>
7. Payne County Community Health Needs Assessment. Community Commons Maps and Data. Accessed February/March, 2016. <http://www.communitycommons.org/maps-data>.
8. Payne County Data and Information, 2014. Oklahoma Cooperative Extension Service, Oklahoma Center for Rural Health- Oklahoma State University. Accessed March 2016. <http://www.okruralhealthworks.org/PDFWEB/AE-14098.pdf>
9. Payne County Health Rankings 2015. County Health Rankings & Roadmaps. Accessed November/December, 2015. <http://www.countyhealthrankings.org/app/oklahoma/2015/rankings/payne/county/outcomes/overall/snapshot>.
10. Payne County Health Rankings. County Health Rankings & Roadmaps. Accessed February/March, 2016. <http://www.countyhealthrankings.org/app/oklahoma/2016/rankings/payne/county/outcomes/overall/snapshot>.
11. Payne County Profile. OKPolicy. Accessed March, 2016. <http://okpolicy.org/wp-content/uploads/Payne-2015.pdf?997616>
12. Payne County, OK CHSI. Community Health Status Indicators. Accessed February/March, 2016. <http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/OK/Payne/>.
13. Payne County, Oklahoma (OK). Payne County, Oklahoma Detailed Profile. Accessed February/March, 2016. [http://www.city-data.com/county/Payne\\_County-OK.html](http://www.city-data.com/county/Payne_County-OK.html).
14. Persons in Poverty, Percent. Payne County Oklahoma QuickFacts from the US Census Bureau. Accessed February/March, 2016. <http://www.census.gov/quickfacts/table/IPE120214/40119>.
15. *State of the County's Health Report: Payne County*. Report. 2014. [https://www.ok.gov/health2/documents/Payne 2014.pdf](https://www.ok.gov/health2/documents/Payne%202014.pdf).
16. Stillwater Community Housing and Affordability. City of Stillwater, OK. Accessed March 2016. <http://www.stillwaterchamber.org/files/2014-City-of-Stw-Housing-Study-Resized.pdf>
17. *Stillwater Community Housing and Affordability*. Report. City of Stillwater Development Services Department. June 2014. Accessed January/February 2016. <http://www.stillwaterchamber.org/files/2014-City-of-Stw-Housing-Study-Resized.pdf>.
18. Teen Births. (n.d.). Retrieved January 13, 2016, from <http://datacenter.kidscount.org/data/tables/4168-teen-births?loc=38&loct=5#detailed/5/5266-5342/false/869,36,868,867,133/139,182,183,4220/10636,10637>
19. The Guide to Community Preventive Services (The Community Guide). The Guide to Community Preventive Services (The Community Guide). Accessed March/April, 2016. <http://www.thecommunityguide.org/>.
20. United States Census Bureau, American FactFinder. Profile of General Demographic Characteristics: 2000 Census 2000 Summary File 1 (SF 1) 100% Data. U.S. Census Bureau. Accessed March, 2017. <http://factfinder.census.gov>.
21. What Works for Health. County Health Rankings & Roadmaps. Accessed March/April, 2016. <http://www.countyhealthrankings.org/roadmaps/what-works-for-health>.
22. What Works. World Health Organization Interventions. Accessed March/April, 2016. <http://www.who.int/dietphysicalactivity/whatworks/en/>.

