
GARFIELD COUNTY COMMUNITY HEALTH STATUS ASSESSMENT 2012-2013



The Garfield County Health Department

and

The Mobilizing Action Through Planning & Partnerships (MAPP) Coalition



Garfield County Community Members,

Improving the health of people in Garfield County begins with a thorough understanding of the population's health status as well as the underlying causes of those conditions that adversely affect our health.

To conduct the evaluative process, the Garfield County Health Department made the decision to utilize a comprehensive and proven initiative known as the Mobilizing for Action through Planning and Partnerships (MAPP) process. This process was developed by the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control (CDC) and it has been used in communities throughout the country.

This Community Health Status Assessment for Garfield County is one of four assessments that will be conducted during the process. It has been developed over a five-month period by a broad spectrum of individuals and entities. The Community Health Status Assessment is an integral part of the MAPP process that the coalition will consider when creating the community-wide strategic plan, known as the Community Health Improvement Plan. The plan will lay out activities for the enhancement of health for all citizens of Garfield County.

I continue to be amazed at the involvement and pride of the citizens of Garfield County. We ask for your continued participation in this important initiative as we move forward in the MAPP process.

Pat Fowler, Administrative Director
Garfield County Health Department



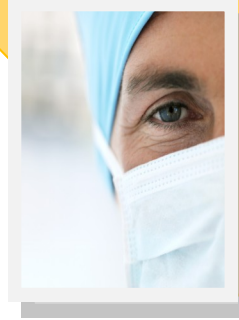
Garfield County Demographics

People Facts²⁸	Garfield County	Oklahoma
Population, 2010	60,580	3,751,351
Population, 2000	57,813	3,450,654
Under 18, 2010	24.7%	24.8%
65 years and over, 2010	15.3%	13.5%
White, 2010	83.9%	72.2%
Black, 2010	3.0%	7.4%
American Indian & Alaskan Native, 2010	2.3%	8.6%
Asian, 2010	1.0%	1.7%
Native Hawaiian & Pacific Islander, 2010	1.8%	0.1%
Hispanic or Latino origin, 2010	8.8%	8.9%
High School graduates, 2006-10	85.6%	85.4%
Bachelor's degree or higher, 2006-10	21.8%	22.6%
Home ownership rate, 2006-10	67.5%	68.2%
Median household income, 2006-10	\$40,636	\$42,979
Persons below poverty level, 2006-10	16.8%	16.2%

Geography²⁸	Garfield County	Oklahoma
Land area in square miles, 2010	1,058.47	68,594.92
Persons per square mile, 2010	57.2	54.7



Access to Healthcare



Relevant Indicator	Garfield County	Garfield County	Oklahoma
Primary Care Provider Rate (providers per 100,000) ^{26,25}	68 (2006) ⁶	57 (2009) ⁶	69.9 (2011) ²⁵

Access to care is the availability of primary providers, specialists, family medicine, internal medicine, pediatricians, and OB/GYN's to community members. Having access to medical services increases the likelihood that people will have routine check-ups and screenings. Communities that lack an adequate number of primary care providers usually have citizens who delay necessary care when they are sick causing conditions to become more severe and complicated.

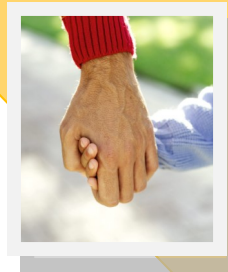
Access to care was a top concern for citizens who attended the Community Listening session. Other small focus groups added access to specialists for children with disabilities and/or mental health issues as a concern.

No access to a local substance abuse treatment facility was also noted.

Relevant Indicators	Garfield County	Garfield County	Oklahoma County
Median Household Income⁶	40,720 (2005-09)	40,636 (2006-10)	42,916 (2009)
People Living Below Poverty⁶	16.7% (2005-09)	16.8% (2006-10)	16.8% (2009)
Children In Poverty⁶	24.7% (2005-09)	25.3% (2006-10)	25.4% (2009)
Individuals with Disabilities^{27,28, 6}	14.7% (2008-10) ²⁷	15.5% (2009-2011) ²⁸	13.5% (2009) ⁶
Households with Cash Public Assistance Income⁶	2.3% (2005-09)	2.8% (2006-10)	3.5% (2009)



Childhood Health



Relevant Indicators	Garfield County	Garfield County	Oklahoma County
Teen Birth Rate (Births Per 1,000 teens) ²¹	71.4 (2007)	72.1 (2010)	72 (2010)
Child Abuse Rate (Cases Per 1,000 children) ⁶	5.7 (2010)	7.1 (2011)	12.7 (2010)

The indicators for childhood health in Garfield County are very concerning. Thousands of area children live in high risk families including households with at least one of the following: frequent conflict or domestic violence, single head of households, a substance abusing or mentally ill household member, and/or a teen parent. Out of 77 counties in Oklahoma, Garfield County ranks 70th for parental separation and 75th for an incarcerated household member.²¹ Births to single mothers has also nearly doubled in the last 20 years. As of 2010, there are 3,539 children living in poverty.⁶

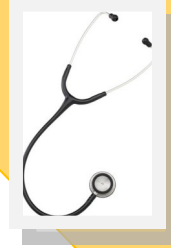
All of these indicators can have significant adverse affects on children. Some of these affects include: anxiety, depression, impulsive behavior, and poor performance in school. Children who interface with these indicators are more likely to drop out of school, to become teen parents, and to use drugs and alcohol.²⁴

Because of the rural nature of the community, there area fewer preventative services available to remedy these problems.

Relevant Indicators	Garfield County	Garfield County	Oklahoma
Births to Single Mothers ¹⁶	22.1% (1990)	41.9% (2008)	42.3% (2008)
Children on Medicaid ¹⁵	29.1% (Dec. 1999)	39.3% (Oct. 2012)	37.7% (Oct. 2012)
Teen moms with less than two years between children ¹⁶	n/a	59.0% (2008)	67.6% (2008)
Teen moms without a high school education ^{28, 16}	n/a	50.4% (2008)	54.6% (2008)
Children Eligible for Free and Reduced Lunches ^{18, 23}	56.7% (2007-08) ¹⁸	64.7% (2011-2012) ¹⁸	61.6% (2011-12) ²³
Single Head of Household with Kids Under 18 Living in Poverty (Families per 1,000) ^{28, 26}	80.0 (2005-07) ²⁶	61.6 (2009-11) ²⁸	78.0 (2009-11) ²⁸



Chronic Disease



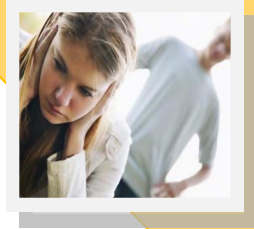
Chronic Disease Indicators	Garfield County	Oklahoma County
Adults with Diabetes⁶	9.5% (2009)	10.2% (2009)
HIV Prevalence (cases per 100,000) ⁶	38.0 (2010)	128.2 (2010)
Cancer Incidence (cases per 100,000) ¹⁰	493.6 (2005-09)	491.4 (2005-09)
Age Adjusted Death Rate due to Stroke (deaths per 100,000) ⁶	50.2 (2007-09)	50.7 (2008-10)
Age Adjusted Death Rate due to Coronary Heart Disease (deaths per 100,000) ⁶	145.2 (2007-09)	149.2 (2008-10)

Chronic disease is defined as a non-infectious condition that persists for more than three months. Examples include arthritis, COPD, cancer, diabetes, asthma, and HIV/AIDS. Heart disease, cancer and diabetes are among the leading causes of death in the United States and Garfield County has high rates of these diseases. In the State of the State's Health Rankings (SSHR) Garfield County scored F's in stroke, smoking, diabetes, obesity, and fruit and vegetable consumption all of which are contributing factors to high chronic disease rates.²¹ Of low-income adults in Garfield County, 16.5% live more than 1 mile from a grocery store which decreases their access to fruits and vegetables.⁶ When surveyed, 86.4% of adults in Garfield County report eating less than 5 servings of fruits and vegetables a day.²

Relevant Indicators	Garfield County	Garfield County	Kay County	Oklahoma County
Age Adjusted Death Rate due to Diabetes (deaths per 100,000) ⁶	35.8 (2006-08)	37.4 (2007-09)	29.5 (2008-10)	29.1 (2008-10)
Poor Physical Health Days (days out of a month) ⁶	4.0 (2003-09)	4.0 (2004-10)	4.6 (2004-10)	3.9 (2004-10)
Adults Who are Obese⁶	31.4% (2008)	32.1% (2009)	36.3% (2009)	29.7% (2009)
Adults Who Drink Excessively⁶	14.1% (2003-09)	14.9% (2004-10)	11.3% (2004-10)	15.8% (2004-10)



Domestic Violence



Domestic Violence	Garfield County	Garfield County	Garfield County	Oklahoma
Reports to Law Enforcement ¹¹	962 (2008)	1,276 (2009)	1,263 (2010)	25,402 (2010)
Number of Deaths Due to Domestic Violence ¹¹	1 (2008)	4 (2009)	0 (2010)	75 (2010)
Child Abuse Rate (cases per 1,000 children) ⁶	5.7 (2010)	7.1 (2011)	6.2 (2012)	12.7 (2012)

According to the World Health Organization, domestic violence is defined as “any behavior within an intimate relationship that causes physical, psychological, or sexual harm. It includes acts of physical aggression, (slapping, hitting, kicking or beating) psychological abuse, (intimidation, belittling, or humiliation) forced intercourse, or any other controlling behavior (isolation, monitoring movement and restricting access to information).”³⁰ Domestic violence is an acute issue in Garfield County. The 2010 incidence of domestic violence in Garfield County was four times the state average, with over 1,200 reports made to law enforcement made in that year.¹¹ These statistics make Garfield County the fourth ranked county in the state for domestic violence reports.²⁹

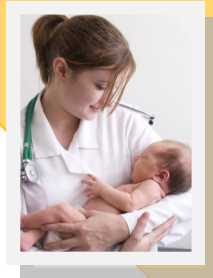
Studies indicate that there is a strong correlation between alcohol consumption and the occurrence and severity of domestic violence. Also, victims of domestic violence are fifteen times more likely to abuse alcohol than those who have not experienced abuse. Garfield County has both a high liquor store density and substance abuse rates, which likely contribute to increased domestic violence.

Child abuse is also more likely to occur in a house with domestic violence. Children who grow up in homes with domestic violence are fifteen times more likely to be physically or sexually abused in their homes.

Indicator	Garfield County
Protective Orders ³¹	365 (2011-2012)
Women and children provided shelter at YWCA ³¹	264 (2011)
Child Abuse Reports ¹²	1,182 reports of child abuse 480 accepted for investigation (2010)



Infant Mortality



Infant Mortality	Garfield County	Oklahoma County	United States
Infant Mortality (deaths per 1,000)	11.8 (2004-06) ⁶ 12.4 (2005-09) ⁶	7.92 (2003-09) ³	6.71 (2003-09) ³
Infant Mortality by Race/Ethnicity	<i>Asian/Pacific Islander</i> 37.0 <i>White</i> 11.6 (2005-07) ⁶	<i>Asian /Pacific Islander</i> 4.7 <i>White</i> 6.7 (2005-09) ⁶	<i>Asian /Pacific Islander</i> 3.08 <i>White</i> 3.5 (2008) ⁸

The number of infant deaths before the age of one in Garfield County is concerning. Contributing factors include: high rates of teen mothers, high rates of babies born at low birth weights and lack of early prenatal care. Infants whose mothers do not receive care in the first trimester are more likely to have a low birth weight and are at a higher risk for death than those infants whose mothers get care early on in the pregnancy. Mothers who see a physician early on in their pregnancy can correct unhealthy behaviors and identify potential problems, which could prevent damage to the developing fetus. Teens age 15-17 rank lowest in obtaining early prenatal care (only 48.8%.) In addition, 33.9% of babies with a low birth weight are born to teen moms between 15-19.⁶ Garfield County has had an increase in infant deaths in 2012; however, at this time causes of death have not been finalized or published.

Relevant Indicators	Garfield Co.	Garfield Co.	Kay Co.	Oklahoma Co.
Teen Birth Rate (live births/ 1,000 aged 15-19) ⁶	71.4 (2007)	72.1 (2008)	95.3 (2008)	72 (2008)
Mothers who Receive Early Prenatal Care ⁶	66.5% (2007)	67.4% (2008)	61.1% (2008)	80.3% (2008)
Low Birth Weight Babies ⁶	8% (2007)	8.7% (2008)	8.7% (2008)	8.9% (2008)
Premature Births (born before 37 weeks gestation) ¹⁶	11.7% (2006)	11.9% (2008)	13.5% (2008)	10.6% (2008)
Children Living Below Poverty Level ⁴	24.7% (2005-09)	25.3% (2006-10)	27.6% (2008)	25.4% (2008)



Mental Health & Substance Abuse



Relevant Indicators	Garfield County	Garfield County	Oklahoma County
People with Mental Illness ¹³	894 (2009)	980 (2011)	11,966 (2011)
Adults who Drink Excessively ⁶	14.1% (2003-09)	14.9% (2004-10)	15.8% (2004-10)
Adults who Smoke ⁶	25.4% (2003-09)	23.7% (2004-10)	24.4% (2004-10)

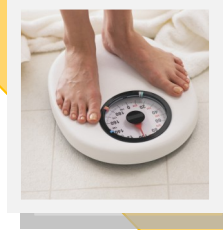
The number of people who are mentally ill in Garfield County is steadily rising and in the last two years has increased nearly ten percent. Substance abuse indicators have also been on the rise in recent years. There are several factors that contribute to the poor mental health status and high rates of substance abuse in the area including poverty, family disruption (domestic violence and divorce) and high liquor store density.

Minimal treatment options for both severe mental illness and addiction issues are also a concern in the area. Currently, there is no inpatient treatment available for adults in the area and no psychiatrists that provide treatment in Garfield County. There are also limited mental health facilities that provide care to the uninsured. There are a total of 176 facilities that provide care to the uninsured, with two of these located in Enid.¹³ As a result of substance abuse, there were 74 alcohol related car crashes in Garfield County in 2010.¹⁴

Relevant Indicators	Garfield County	Garfield County	Oklahoma County
Number of Inpatient Treatment Facilities ¹³	0 (2010)	0 (2012)	13 (2011)
Age Adjusted Death Rate for Suicides (deaths per 100,000) ⁶	16.4 (2005-07)	18.1 (2008-10)	14.3 (2008-10)
Age Adjusted Death Rate for Motor Vehicle Collisions (deaths per 100,000) ⁶	21.0 (2005-07)	21.3 (2008-10)	12.2 (2008-10)
Age Adjusted Rate of Unintentional Injuries (deaths per 100,000) ⁶	44.9 (2005-07)	62.2 (2008-10)	48.5 (2008-10)
Liquor Store Density (stores per 100,000) ⁶	15.3 (2009)	14.9 (2010)	12.1 (2010)



Obesity



Relevant Indicators	Garfield County	Garfield County	Garfield County	Oklahoma	United States
Adults who are obese (20 years and over) ⁵	31.4% (2008)	32.1% (2009)	36.2% (2010)	30.4% (2011)	35.7% (2009-10)
Age-adjusted death rate due to diabetes (deaths per 1,000)	35.2 (2005-07) ⁶	35.8 (2006-08) ⁶	37.4 (2008-10) ⁶	28.6 (2009) ²⁰	20.9 (2009) ²⁰

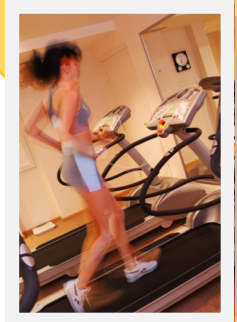
Garfield County is ranked 21st in Oklahoma for health factors and the steadily increasing obesity rate is of notable concern.⁵ Garfield County also has high rates of medical complications directly related to obesity including diabetes, heart disease, and stroke. Limited physical activity and low intake of fruits and vegetables play a significant role in the increase in obesity as well as increased sedentary lifestyles, too much screen time, lack of healthy parental role models, limited availability of healthy food choices, poverty, and lack of easily accessible sidewalks.

Garfield County has one of the higher rates of obese adults in the state, with a rate 38% higher than the national rate. The prevalence of diabetes among young adults increased 29% and the percentage of obese adults increased 34 % from the previous year.²⁰

Relevant Indicators	Garfield County	Kay County	Oklahoma County
Adults who are Sedentary⁶	29.9% (2009)	32.7% (2009)	30.2% (2009)
Fast Food Restaurant Density (restaurants/1,000 pop.) ⁶	0.70 (2009)	0.72 (2009)	0.89 (2009)
Grocery Store Density (stores/1,000 pop.) ⁶	0.19 (2009)	0.22 (2009)	0.24 (2009)
Farmers Market Density (markets/ 1,000 pop.) ⁶	0.02 (2011)	0.04 (2011)	0.02 (2011)
Low-Income and >1 Mile from a Grocery Store⁶	16.5% (2006)	20.6% (2006)	10% (2006)
Recreation and Fitness Facilities (facilities/1,000 pop.) ⁶	0.08 (2009)	0.04 (2009)	0.10 (2009)



Physical Activity



Relevant Indicators	Garfield County	Garfield County	Oklahoma County
Adults who are Sedentary ⁶	31.2% (2008)	29.9% (2009)	30.2% (2009)
Recreation and Fitness Centers (per 1,000 population) ⁶	0.10 (2008)	0.08 (2009)	0.10 (2009)

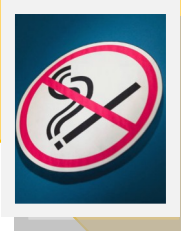
Sedentary lifestyles put people at an increased risk for obesity, heart disease, diabetes, colon cancer, and high blood pressure. Physical activity decreases these risks as well as improves mood and promotes healthy sleep patterns. A communities physical environment can influence the availability of opportunity to participate in physical activity.

Garfield County's physical environment has improved dramatically in the last few years. In 2010, the county ranked 62 out of 77 counties but in 2012, the county increased the ranking to 11.⁵

At the Community Listening Session, citizens voiced concerns about the need for the parks to be revitalized. Attendees recommended increasing sidewalks so people can increase their outdoor activity by walking safely to work, shop and play. The city of Enid is currently constructing a large walking/bike trail and activity on the completed sections is high. The community also expressed interest the need for more physical activity opportunities for adolescents and teens.



Tobacco Use



Tobacco Use Rates	Garfield County	Garfield County	Garfield County	Oklahoma	United States
Adults who smoke⁶	26.7% (2008)	25.4% (2009)	23.7% (2010)	25.5% (2011)	15.0% (2003-09)
10th graders (who smoked in the last 30 days)	22.0% (2006) ²⁷	13.4% (2008) ²⁷	19.3% (2010) ²⁷	17.1% (2010) ²⁷	6.6% (2010) ²²
12th graders (who smoked in the last 30 days)	27.8% (2006) ²⁷	32.3% (2008) ²⁷	28.1% (2010) ²⁷	23.4% (2010) ²⁷	10.7% (2010) ²²

Tobacco affects the whole body causing physical and mental dependence as well as illness and disease. About one-third of Americans will die prematurely because of their tobacco dependence.

Secondhand smoke is also disastrous to health. In 2008, 32.4% of first graders in Oklahoma were exposed to secondhand smoke one to three hours per day.¹⁷ Exposure to secondhand smoke for non-smokers causes or can exacerbate a wide range of adverse health effects, including: cancer, respiratory infections, and asthma.

Relevant Indicators	Garfield County	Garfield County	Kay County	Oklahoma County
Age Adjusted Death Rate Due to Lung Cancer⁶ (deaths per 100,000)	58.4 (2004-08)	56.9 (2005-09)	67.4 (2005-2009)	57.3 (2005-2009)
Age Adjusted Death Rate Due to Colorectal Cancer⁶ (deaths per 100,000)	19.7 (2004-08)	19.2 (2005-09)	18.2 (2005-2009)	17.3 (2005-2009)
Prostate Cancer Incidence (cases per 100,000 males) ⁶	220.5 (2004-08)	226.6 (2005-09)	193.6 (2005-2009)	173.9 (2005-2009)
Colorectal Cancer Incidence (cases per 100,000) ⁶	46.8 (2004-08)	47.9 (2005-09)	57.3 (2005-2009)	47.2 (2005-2009)
Oral Cavity and Pharynx Cancer Incidence (cases per 100,000) ⁶	7.3 (2003-07)	9.6 (2005-09)	9.2 (2005-2009)	12.8 (2005-2009)



Unintentional Injury



Relevant Indicators	Garfield County	Garfield County	Oklahoma County
Age-Adjusted Death due to Unintentional Injuries (per 100,000) ⁶	44.9 (2005-07)	62.2 (2008-10)	48.5 (2008-10)
Age-Adjusted Death Rate due to Motor Vehicle Collisions (per 100,000) ⁶	21.0 (2005-07)	21.3 (2008-10)	12.2 (2008-10)
Adults who Drink Excessively*⁶	14.1% (2003-09)	14.9% (2004-10)	15.8% (2004-10)

Unintentional injuries are a leading cause of death for people of all ages in the United States. Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. In 2007, unintentional injury was the 5th leading cause of death in the nation. The national goal set by Healthy People 2020 is to reduce deaths caused by unintentional injuries to 36 deaths per 100,000 population per year.⁷ Increased education and implementation of safety strategies are critical when attempting to meet this goal.

*Drinking excessively is defined as “Adults who reported heavy drinking in the 30 days prior to the survey or binge drinking on at least one occasion during that period.”



Sources

1. CDSA Community Needs Assessment, 2012. www.cdsaok.org/files/2012_Report.pdf
2. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2003-2009. <http://www.cdc.gov/brfss/>
3. Centers for Disease Control and Prevention, National Vital Statistics System, 2003-2009 . www.cdc.gov/nchs/nvss.htm
4. Community Profile 2011: Early Childhood Indicators of Garfield County. Prepared by Community Service Council, February 2011. Commissioned by CDSA.
5. County Health Rankings & Roadmaps, 2010, 2011, 2012. University of Wisconsin, Population Health Institute, Robert Wood Johnson Foundation. www.countyhealthrankings.org
6. Healthy Communities Assessment, Integris & OSDH, 2012. www.integrisok.com/healthy-communities/bass-baptist
7. Healthy People 2020. www.healthypeople.gov/2020/topicsobjectives2020/default.aspx
8. Infant Mortality Statistics from the 2008 period linked birth/infant death data set. 2008. National Vital Statistics Reports. http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_05.pdf
9. Kids Count Fact Book Garfield County & Oklahoma. Oklahoma Institute for Child Advocacy. <http://datacenter.kidscount.org/data/bystate/stateprofile.aspx?state=OK&loc=5289>
10. National Cancer Institute, State Cancer Profiles 2005-2009. www.statecancerprofiles.cancer.gov/map/
11. Oklahoma Coalition Against Domestic Violence and Sexual Assault. Reports to Law Enforcement Statistics, 2010. [http://www.ocadvsa.info/Disc2/Wear%20Purple%20Day%20Tool%20Kit/Oklahoma%20DV%20Statistics%20by%20County%20\(2006-2010\).pdf](http://www.ocadvsa.info/Disc2/Wear%20Purple%20Day%20Tool%20Kit/Oklahoma%20DV%20Statistics%20by%20County%20(2006-2010).pdf)
12. Oklahoma Department of Human Services. Statistics library. 2005-2012. <http://www.okdhs.org/library/stats/cp/>
13. Oklahoma Department of Mental Health and Substance Abuse Mental Health Statistics, 2011. www.odmhsas.org/eda/advancedquery/advancedquery.htm
14. Oklahoma Department of Public Safety. Oklahoma Highway Patrol Collision Reports, 2010. <http://www.dps.state.ok.us/otcr/>
15. Oklahoma Health Care Authority , Fast Facts. October 2012. <http://www.okhca.org/research.aspx?id=87>
16. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2008, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share> on 04JAN2013:16:54:53.



17. Oklahoma State Department of Health, First Grade Health Survey. 2007-2008. <http://www.ok.gov/health2/documents/1GHS%202008%20Results.pdf>
18. Oklahoma State Department of Education, Low Income Report for 2011-12. <http://ok.gov/sde/sites/ok.gov.sde/files/LowIncomeReport1011.pdf>
19. Oklahoma Youth Risk Behavior Survey, (YRBS), 2011. [www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Data_and_Evaluation/Youth_Risk_Behavior_Survey_\(YRBS\)/YRBS_2009_Data.html](http://www.ok.gov/health/Child_and_Family_Health/Maternal_and_Child_Health_Service/Data_and_Evaluation/Youth_Risk_Behavior_Survey_(YRBS)/YRBS_2009_Data.html)
20. State Health Facts. The Kaiser Family Foundation. <http://www.statehealthfacts.org/profileind.jsp?ind=74&cat=2&rgn=38#notes-ind-74>
21. State of the State's County Health Report Cards, Oklahoma State Department of Health, 2011. www.ok.gov/health/pub/boh/state/SOS1011_CountyReportCards.pdf
22. Trends in Adolescent Tobacco Use, Office of Adolescent Health, 2011. www.hhs.gov/ash/oah/adolescent-health-topics/substance-abuse/tobacco/trends.html
23. U.S. Department of Education, National Center for Education Statistics (NCES), Common Core of Data, Public School Universe File, 2010-2011. www.nces.ed.gov/ccd/pubschuniv.asp
24. U.S. Department of Health and Human Services- Child Maltreatment Report, 2009. <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2011>
25. U.S. Health Resources and Services Administration Area Resource File, 2011. www.hrsa.gov/data-statistics/index.html
26. U.S. Census Bureau, 2010-American Fact Finder; 2008-2010 American Community Survey 3-Year Estimates. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
27. U.S. Census Bureau, 2010-American Fact Finder; 2009-2011 American Community Survey 3-Year Estimates. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
28. U.S. Census Bureau, 2007-American Fact Finder; 2005-07 American Community Survey 3-Year Estimates. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
29. Woods-Littlejohn, Brandi. Office of the Attorney General, Oklahoma Domestic Violence Fatality Review Board. (2011) Domestic Violence reports to law enforcement and deaths due to domestic violence by county. Oklahoma City, Ok: Victims Services Unit.
30. World Health Organization, Violence Against Women Fact Sheet, Nov. 2012. www.who.int/mediacentre/factsheets/fs239/en/
31. YWCA Enid. <http://www.ywcaenid.com/site/c.dkLQI9NPibJ2G/b.8085291/k.BDD7/Home.htm>

