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**T**hank you for taking time to read through our *2008 State of the State's Health Report*. It offers helpful information as to how our state and counties are doing in regard to their citizens' health status.

As you may be aware, Oklahoma ranks near the bottom in multiple key health status indicators. Many of these health outcomes are related to social conditions that our citizens must live with on a daily basis. Major social determinants of health such as poverty, lack of insurance, and inadequate prenatal care; along with risky health behaviors associated with these determinants, such as low fruit/vegetable consumption, low physical activity, and a high prevalence of smoking contribute to the poor health status of our citizens.

Based upon these findings, it is essential for us to work together to improve the health of all Oklahomans. Oklahoma's poor health status is unacceptable and change must occur. Every Oklahoman's assistance in this change process is crucial. We must strive together to improve the health of the citizens of our state and make Oklahoma a healthier place to live for the current and future generations of Oklahomans.

Sincerely,

A handwritten signature in black ink that reads "Barry L. Smith".

Barry L. Smith, JD, President  
Oklahoma State Board of Health

A handwritten signature in green ink that reads "Rocky McElvany".

Rocky McElvany, MS  
Interim Commissioner of Health



# summary

**T**he *2008 State of the State's Health Report* represents a departure from previous versions. Rather than highlight a single theme or issue, the 2008 report reviews 33 key indicators that contribute to Oklahoma's overall health status. In addition to summarizing each of these indicators on a statewide basis, each county in Oklahoma has its own section with the status of those 33 indicators.

Because this report covers so many indicators and additional data, it is impossible to summarize everything within this Executive Summary. However, there are some highlights that should be noted. For example, Oklahoma still leads much of the nation with deaths due to heart disease, with only Mississippi having higher rates. Likewise, Oklahoma's cerebrovascular disease deaths (strokes) also are much higher than most of the nation. Of particular concern with both heart disease and cerebrovascular disease deaths is a large disparity among Blacks, with higher rates than any other ethnic group in Oklahoma.

Chronic lower respiratory diseases continue to plague Oklahoma at higher than national average rates, primarily because of Oklahoma's continued high use of cigarettes. Another chronic condition where Oklahoma ranks among the ten worst states is diabetes, with significant disparities seen among American Indians and Blacks.

Taken in sum, these conditions result in a much higher total mortality rate for Oklahoma than the rest of the nation. But more disturbing than our overall mortality rate is Oklahoma's infant mortality, again higher than the U.S. rate, with rates among Black infants twice as high as White infants.

Many factors contribute to our poor health outcomes, higher rates of disease, and overall higher total mortality. Certainly, the data indicate that we need to exercise more, eat more fruits and vegetables, and continue our tobacco use prevention and cessation efforts. The good news is that progress has been made in several areas over the past few years. Community tobacco prevention efforts have been well supported through the Tobacco Settlement Endowment Trust, resulting in fewer youth using tobacco and the implementation of effective

policies such as 24/7 tobacco-free policies among Oklahoma schools, universities, and businesses. Another bright spot is in the area of childhood immunizations, where Oklahoma's immunization rates rank among the top half of the U.S. When looking at health care coverage, progress also is being made. While Oklahoma's rate of uninsured adults ages 18-64 is still high at 20.1 percent, many more Oklahomans who previously could not afford coverage have gained health insurance over the past few years through the Oklahoma Health Care Authority's Insure Oklahoma program. If Insure Oklahoma and other similar programs can be sustained, Oklahoma's health care coverage rates will improve.

Still, much work needs to be done. As you review the data in each of the 33 health status indicators in the full report <[www.ok.gov/health/pub/boh/state/index.html](http://www.ok.gov/health/pub/boh/state/index.html)>, you will see significant disparities among those who earn \$25,000 per year or less and among those with a high school education or less. Although not traditional focus areas of public health, these and other social determinants of health are absolutely critical to address if we ever hope to improve Oklahoma's overall health status to even average levels when compared to the rest of the United States.

How do we address these issues and other risk factors that contribute to Oklahoma health outcomes? Certainly, the Oklahoma State Department of Health cannot work in isolation. It will take the collaboration of many partners working together to tackle these issues to begin to move our key health status indicators in positive directions. The county reports give excellent examples of the types of collaborative work that are making a difference through our local Turning Point partnerships. With more than 60 local Turning Point partnerships across the state, we are finally reaching critical mass where many partners working toward "creating a state of health" are beginning to make positive impacts. It will require long-term commitment and sustained efforts with our many partners, but the tide can be turned — it must be turned.

Social determinants of health are critical to address if we ever hope to improve Oklahoma's overall health status to even the average levels in the United States.



# state report card



Indicator	OK	U.S.	Grade
Heart Disease Deaths (per 100,000)	261.7	211.4	D
Cancer Deaths (per 100,000)	196.7	183.9	D
Cerebrovascular Deaths (per 100,000)	58.2	46.6	F
Chronic Lower Respiratory Deaths (per 100,000)	62.5	43.3	F
Unintentional Injury Deaths (per 100,000)	55.7	39.1	F
Diabetes Deaths (per 100,000)	30.3	24.6	D
Influenza/Pneumonia Deaths (per 100,000)	22.6	20.3	D
Alzheimer's Disease Deaths (per 100,000)	23.5	22.9	C
Nephritis Deaths (per 100,000)	15.3	14.3	C
Suicides (per 100,000)	14.9	10.9	D
Infant Mortality (per 1,000)	8.2	6.9	D
Total Mortality (per 100,000)	953.9	799.4	F
Diabetes Prevalence	10.2%	8.0%	D
Asthma Prevalence	8.6%	8.4%	C
Cancer Incidence (per 100,000)	461.7	474.6	C
Fruit & Vegetable Consumption	16.3%	24.4%	F
No Physical Activity	29.6%	22.6%	F
Current Smoking	25.8%	19.8%	F
Obesity	28.8%	26.3%	D
Immunizations < 3 years	80.1%	80.1%	C
Seniors Influenza Vaccination	76.1%	72.0%	B
Seniors Pneumonia Vaccination	71.7%	67.3%	B
Limited Activity Days (average)	5.9	4.9	D
Poor Mental Health Days (average)	3.9	3.3	D
Poor Physical Health Days (average)	4.9	4.3	D
Good or Better Health Rating	80.8%	84.6%	D
Teen Fertility Rate (per 1,000)	27.8	21.4	D
First Trimester Prenatal Care	77.3%	83.9%	D
Low Birth Weight Infants	8.3%	8.3%	C
Adult Dental Visits	58.0%	70.3%	F
Usual Source of Care	79.1%	80.0%	C
Uninsured Adults	20.1%	14.2%	D
Poverty	14.0%	12.2%	D

Access to the full report, including individual indicator and county report cards, can also be obtained by visiting [www.ok.gov/health/pub/boh/state/index.html](http://www.ok.gov/health/pub/boh/state/index.html)





The Oklahoma State Board of Health realizes that Oklahoma has many challenges ahead as we strive toward Creating a State of Health. We have much work to do with reducing heart disease and eliminating key risk factors that lead to poor health outcomes such as lack of exercise, poor eating habits, and use of tobacco products. And, as the nation and Oklahoma face the prospect of bleak economic times, many wonder how we can move forward and impact the future health of our seniors, our working adults, and our children.

But these very difficult times are exactly why we cannot slow our efforts. In fact, it is even more critical for us as a state to tackle our poor health status indicators. The consequences of not acting will be dire – putting us further behind in obesity rates, putting our children at risk for addiction to tobacco, and potentially growing a new generation at even greater risk for deaths due to heart disease tomorrow than their parents are today.

So, all of us must strive toward Creating a State of Health. The State Board of Health and the Oklahoma State Department of Health cannot work in isolation, but must partner with many including our community Turning Point partnerships, businesses, faith-based organizations, education, transportation, and our political leaders. Efforts have begun through the Oklahoma Health Improvement Plan initiative, which is bringing many of these partners together in collaboration to strategically address our health status indicators in new and aggressive ways. We will impact our health status and provide a healthier future for our state and our children.

<i>Ben L. Smith</i>	<i>Harold A. Evers, D.P.R.</i>
<i>Jenny Alexander, D.O.</i>	<i>Christine Wolfe</i>
<i>Alfred Baldwin, Jr.</i>	<i>R. Murali Krishna, M.D.</i>
<i>Glen Dizon, I-Kid</i>	<i>Ann A. Warm, MD</i>



# board of health

## **Barry L Smith, JD, President**

Mr. Smith is an attorney in private practice specializing in health care law, litigation, and advocacy. He has served as General Counsel for the Saint Francis Health System and continues to represent multiple health care entities. Mr. Smith represents Adair, Sequoyah, Cherokee, Wagoner, Muskogee, Haskell, McIntosh, and Okmulgee counties.

## **Jenny Alexopoulos, DO, Vice-President**

Dr. Alexopoulos is board-certified with the American Osteopathic Board of Family Physicians. She is also Vice-President of Academic Affairs, Senior Associate Dean, and Professor of Family Medicine with the Oklahoma State University - Center for Health Sciences. Dr. Alexopoulos represents Ottawa, Delaware, Craig, Mayes, Nowata, Rogers, Washington, Tulsa, Pawnee, and Osage counties.

## **Alfred Baldwin, Jr, Secretary-Treasurer**

Rev. Baldwin is pastor of the First Missionary Baptist Church in Enid and is a retired science teacher with Enid Public Schools. He also serves as State Director and State Congress Dean for the Oklahoma Baptist State Congress of Christian Education. Rev. Baldwin represents Cimarron, Texas, Beaver, Harper, Woodward, Woods, Major, Alfalfa, Grant, Garfield, Kay and Noble counties.

## **Glen E Diacon, Jr, MD**

Dr. Diacon is the immediate past president of the Oklahoma State Board of Health. He is a urologist on staff with the Valley View Hospital in Ada. He is a Fellow in the American College of Surgeons. Dr. Diacon represents Creek, Lincoln, Okfuskee, Seminole, Pottawatomie, Pontotoc, Hughes, Johnston, and Coal counties.

### **Haskell L Evans, Jr, RPh**

Mr. Evans has served the health care profession as a registered pharmacist in Lawton for more than 44 years. He is Chief Executive Officer of RPH3, Inc., in Lawton. He has served as president, vice-president, and secretary of the Oklahoma Pharmaceutical Association – District No. 6. Mr. Evans is a past president of the Board of Health and represents the state at large.

### **Cris Hart-Wolfe**

Ms. Hart-Wolfe is a board certified orthopedic physical therapist and Director of Human Performance Centers in Clinton. She is also a certified athletic trainer. Ms Hart-Wolfe represents Ellis, Dewey, Custer, Roger Mills, Beckham, Washita, Kiowa, Greer, Jackson, Harmon, and Tillman counties.

### **R Murali Krishna, MD**

Dr. Krishna is the President and Chief Operating Officer of INTEGRIS Mental Health. Dr. Krishna is also the Co-founder, President and Chief Operating Officer of INTEGRIS Health James L. Hall, Jr. Center for Mind, Body and Spirit; the Founding Chair and current Board President of the Health Alliance for the Uninsured; a clinical professor of Psychiatry at the University of Oklahoma Health Sciences Center Department of Psychiatry and Behavioral Sciences; past President of the Oklahoma County Medical Society; and past President of the Oklahoma Psychiatric Association. Additionally, he is a nationally recognized speaker and has made numerous presentations on mental health and mind-body-medicine topics. Dr. Krishna represents Logan, Oklahoma, Cleveland, McClain, Garvin, Murray and Payne counties.

### **Ann A Warn, MD**

Dr. Warn is a board-certified comprehensive ophthalmologist practicing in Lawton. She also is a clinical assistant professor at the University of Oklahoma, Department of Ophthalmology. Dr. Warn represents Blaine, Kingfisher, Canadian, Caddo, Grady, Comanche, Jefferson, Stephens and Cotton counties.





## Indicator Report Cards & County Rankings

### Leading Causes of Death

Heart Disease	14
Malignant Neoplasm (Cancer)	16
Cerebrovascular Disease (Stroke)	18
Chronic Lower Respiratory Disease	20
Unintentional Injury	22
Diabetes	24
Influenza/Pneumonia	26
Alzheimer's Disease	28
Nephritis (Kidney Disease)	30
Suicides	32

### Mortality

Infant Mortality	34
Total Mortality	36

### Disease Rates

Diabetes Prevalence	38
Cancer Incidence	40
Current Asthma Prevalence	42

## County Report Cards

Adair	80	Custer	99
Alfalfa	81	Delaware	100
Atoka	82	Dewey	101
Beaver	83	Ellis	102
Beckham	84	Garfield	103
Blaine	85	Garvin	104
Bryan	86	Grady	105
Caddo	87	Grant	106
Canadian	88	Greer	107
Carter	89	Harmon	108
Cherokee	90	Harper	109
Choctaw	91	Haskell	110
Cimarron	92	Hughes	111
Cleveland	93	Jackson	112
Coal	94	Jefferson	113
Comanche	95	Johnston	114
Cotton	96	Kay	115
Craig	97	Kingfisher	116
Creek	98	Kiowa	117

### Risk Factors and Behaviors

Fruit and Vegetable Consumption	44
No Physical Activity	46
Current Smoking	48
Obesity	50
Immunization < 3 Years	52
Seniors Influenza Vaccination	54
Seniors Pneumonia Vaccination	56
Limited Activity Days	58
Poor Mental Health Days	60
Poor Physical Health Days	62
Good or Better Health Rating	64
Teen Fertility Rate	66
First Trimester Prenatal Care	68
Low Birth Weight	70
Dental Visits (Adults)	72
Usual Source of Care	74

### Socioeconomic Factors

No Insurance Coverage	76
Poverty	78

Latimer	118	Ottawa	137
LeFlore	119	Pawnee	138
Lincoln	120	Payne	139
Logan	121	Pittsburg	140
Love	122	Pontotoc	141
Major	123	Pottawatomie	142
Marshall	124	Pushmataha	143
Mayes	125	Roger Mills	144
McClain	126	Rogers	145
McCurtain	127	Seminole	146
McIntosh	128	Sequoyah	147
Murray	129	Stephens	148
Muskogee	130	Texas	149
Noble	131	Tillman	150
Nowata	132	Tulsa	151
Okfuskee	133	Wagoner	152
Oklahoma	134	Washington	153
Okmulgee	135	Washita	154
Osage	136	Woods	155
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# heart disease deaths

## HEART DISEASE DEATHS (RATE PER 100,000; GRADE; 2006)

### STATE COMPARISON

US	211.4	C
MINNESOTA (best)	143.5	A
OKLAHOMA	250.4	D
MISSISSIPPI (worst)	293.3	F

### AGE IN YEARS

18 - 24	4.0	A
25 - 34	12.9	A
35 - 44	40.3	A
45 - 54	123.2	A
55 - 64	298.9	F
65 +	1633.0	F

### GENDER

MALE	314.4	F
FEMALE	199.9	C

### RACE/ETHNICITY

WHITE (NH)	250.2	D
BLACK (NH)	301.1	F
AMER INDIAN (NH)	235.3	D
HISPANIC	103.2	A

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### EDUCATION

< HS	NA	
HS	NA	
HS+	NA	
COLLEGE GRADUATE	NA	

### HISTORIC

OK 1990	345.7	F
OK 1995	325.1	F
OK 2000	309.6	F
OK 2005	262.1	F
OK 2006	250.4	D

### STATE REGION

CENTRAL	232.1	D
NE	248.3	D
NW	235.7	D
SE	280.1	F
SW	277.4	F
TULSA	238.5	D

## Heart disease kills more men and women than all types of cancer combined.

One in four heart disease deaths among males and one in ten in females occurs before the age of 65.<sup>1</sup> Since 1984, the number of cardiovascular (CVD) deaths for females has exceeded those for males.<sup>1</sup> In 2004, CVD was the cause of death of 459,096 females. Females represent 52.8 percent of deaths from CVD.<sup>1</sup>

There has been a decline in cardiovascular death rates in all states over the last decade due in part to new technological advances. However, rankings comparing state rates to one another remain largely unchanged.<sup>2</sup>

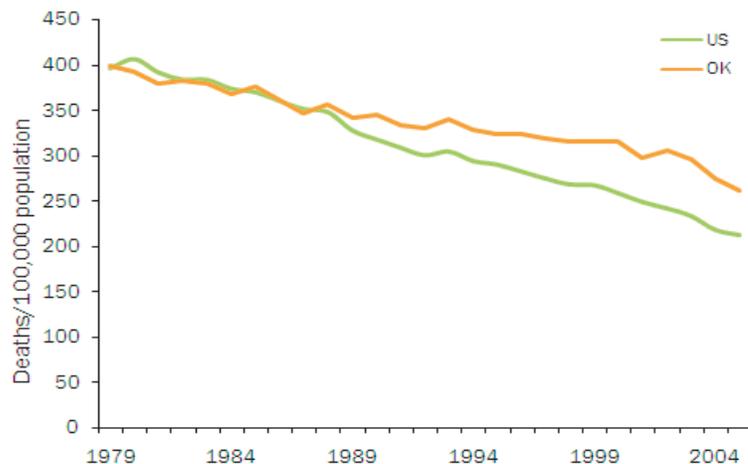
Many factors contribute to the unacceptably high heart disease mortality rate in Oklahoma. Many people do not know the signs or symptoms of a heart attack and therefore do not respond appropriately by calling emergency services. Oklahoma is largely rural which increases travel time to healthcare facilities thus causing a delay in treatment. More than 695,000 Oklahomans are without health insurance, which is just over 18 percent of the population, ranking Oklahoma fifth nationally in the percent of the population without insurance.<sup>2</sup> Lack of insur-

Many people do not know the signs or symptoms of a heart attack and therefore do not respond appropriately by calling emergency services.

ance is a barrier to preventive care or treatment for a cardiovascular event. Other factors contributing to high rates of heart disease mortality include unhealthy lifestyle behaviors and risk factors for heart disease such as obesity, physical inactivity, diabetes, hypertension, high cholesterol, and smoking.<sup>3</sup>

In order to reduce deaths due to heart disease, the Oklahoma Heart Disease and Stroke Prevention (OHDSP) Program works with partners on a variety of projects. Oklahoma has thirteen community health center organizations operating twenty-six sites across the state. Community Health Centers (CHCs) provide primary and preventive care, behavioral health and substance abuse counseling, oral health services, pharmacy, lab, x-ray, and an array of ancillary and enabling services. They work with local providers to establish seamless systems of affordable, high quality health care available to every-

Age-adjusted Mortality Rates for Heart Disease: US and Oklahoma, 1979-2005



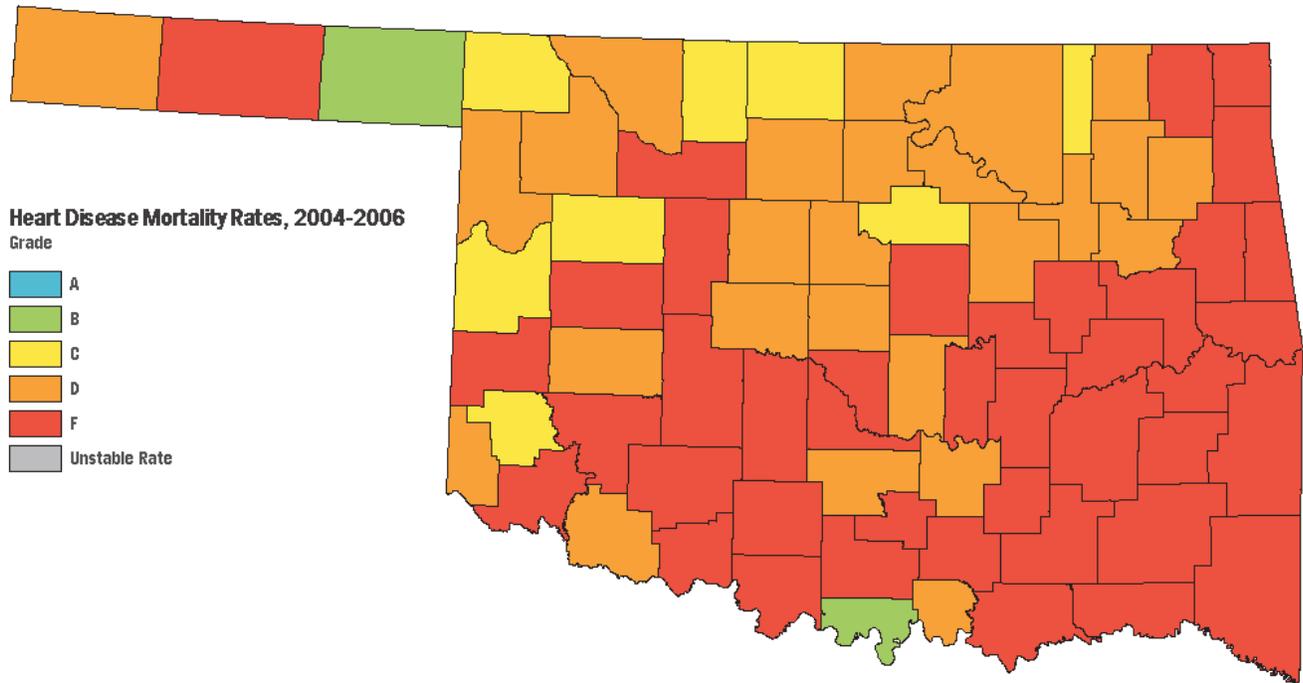
one — including those with Medicaid, Medicare, no insurance, major medical coverage, or full-coverage insurance. Each CHC has the capacity to develop and maintain patient registries, which

help keep track of information regarding patient needs and progress. Such registries help ensure high-quality evidence-based preventive and primary care.

<sup>1</sup> Source: NCHS and NHLBI. Note: The overall comparability for CVD between the ICD/9 (1979-98 and ICD/10 (1999-04) is 0.9962. No comparability ratios were applied.

<sup>2</sup> United Health Foundation: State Rankings, 2008: [www.americashealthrankings.org/2008](http://www.americashealthrankings.org/2008)

<sup>3</sup> Centers for Disease Control and Prevention (CDC). CDC State Heart Disease and Stroke Prevention Program. [http://www.cdc.gov/dhdsp/state\\_program/index.htm](http://www.cdc.gov/dhdsp/state_program/index.htm).



**HEART DISEASE DEATHS BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	265.2	39	CUSTER	285.2	52	LATIMER	276.3	47	OTTAWA	284.8	51
ALFALFA	207.3	4	DELAWARE	274.2	46	LEFLORE	267.5	41	PAWNEE	246.5	24
ATOKA	281.8	49	DEWEY	217.1	7	LINCOLN	287.3	53	PAYNE	219.8	8
BEAVER	169.6	1	ELLIS	234.3	13	LOGAN	240.1	19	PITTSBURG	282.8	50
BECKHAM	269.8	43	GARFIELD	238.0	16	LOVE	185.4	2	PONTOTOC	238.0	16
BLAINE	321.8	69	GARVIN	248.1	26	MAJOR	324.5	70	POTTAWATOMIE	259.9	35
BRYAN	279.9	48	GRADY	317.6	67	MARSHALL	246.2	23	PUSHMATAHA	363.4	74
CADDO	297.9	62	GRANT	212.5	6	MAYES	255.8	30	ROGER MILLS	206.2	3
CANADIAN	238.0	16	GREER	226.4	10	MCCLAIN	265.0	38	ROGERS	258.9	33
CARTER	295.2	58	HARMON	242.2	21	MCCURTAIN	295.9	60	SEMINOLE	318.3	68
CHEROKEE	296.3	61	HARPER	224.0	9	MCINTOSH	292.0	55	SEQUOYAH	262.6	37
CHOCTAW	364.1	76	HASKELL	295.1	57	MURRAY	309.1	64	STEPHENS	342.0	73
CIMARRON	241.3	20	HUGHES	341.7	72	MUSKOGEE	267.4	40	TEXAS	272.6	45
CLEVELAND	269.5	42	JACKSON	311.9	66	NOBLE	236.1	15	TILLMAN	229.2	11
COAL	418.1	77	JEFFERSON	303.5	63	NOWATA	256.1	31	TULSA	252.4	28
COMANCHE	272.0	44	JOHNSTON	289.0	54	OKFUSKEE	363.6	75	WAGONER	244.5	22
COTTON	325.9	71	KAY	259.6	34	OKLAHOMA	247.5	25	WASHINGTON	210.1	5
CRAIG	311.8	65	KINGFISHER	253.5	29	OKMULGEE	294.6	56	WASHITA	235.0	14
CREEK	260.5	36	KIOWA	295.4	59	OSAGE	230.6	12	WOODS	251.0	27
									WOODWARD	256.9	32

# malignant neoplasm (cancer) deaths

## MALIGNANT NEOPLASM (CANCER) DEATHS (RATE PER 100,000; GRADE; 2006)

### STATE COMPARISON

US	183.9	C
UTAH (best)	136.9	A
OKLAHOMA	194.7	D
KENTUCKY (worst)	218.2	F

### AGE IN YEARS

18 - 24	4.3	A
25 - 34	10.8	A
35 - 44	36.2	A
45 - 54	133.7	A
55 - 64	376.5	F
65 +	1075.1	F

### GENDER

MALE	359.9	F
FEMALE	165.7	C

### RACE/ETHNICITY

WHITE (NH)	195.7	D
BLACK (NH)	233.1	F
AMER INDIAN (NH)	176.2	C
HISPANIC	89.4	A

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### EDUCATION

< HS	NA	
HS	NA	
HS+	NA	
COLLEGE GRADUATE	NA	

### HISTORIC

OK 1990	209.0	F
OK 1995	208.1	F
OK 2000	204.0	D
OK 2005	196.6	D
OK 2006	194.7	D

### STATE REGION

CENTRAL	182.4	C
NE	199.2	D
NW	176.1	C
SE	209.4	F
SW	211.1	F
TULSA	192.3	D

## Cancer is the second leading cause of death in the U.S. and Oklahoma.

Cancer is a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms.<sup>1</sup> Cancer is the second leading cause of death in the United States and Oklahoma, and the leading cause of death worldwide.<sup>1</sup>

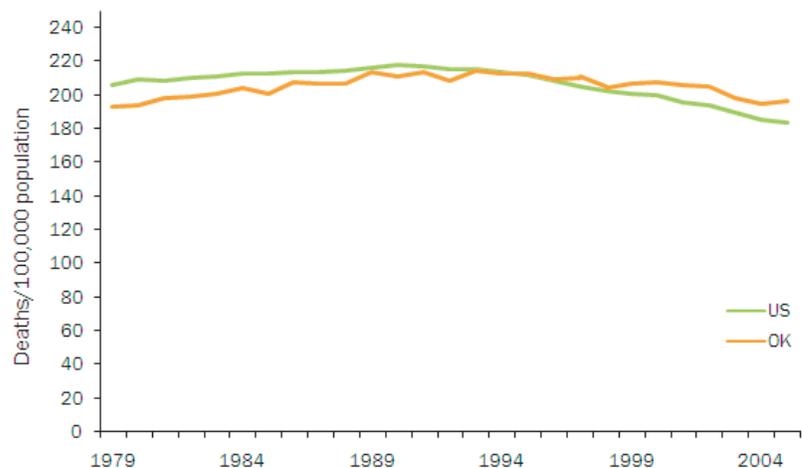
Cancer mortality is strongly linked to stage at diagnosis. Staging describes the extent or spread of the disease at the time of diagnosis.<sup>2</sup> The earlier the stage, the less it has spread. Typically, if a cancer is diagnosed at an earlier stage, the chances of survival are higher, and the mortality is lower.<sup>2</sup> This has important implications for cancer sites that have available screening tests such as breast, prostate, colorectal, cervical and skin. If the tests are done as recommended, then cancers should be found at earlier stages and mortality should eventually decrease as a result.

Approximately 565,650 people will die from cancer in the U.S. in 2008, which is more than 1,500 per day.<sup>2</sup> Oklahoma is ranked 15<sup>th</sup> in the nation for highest cancer mortality rate.<sup>3</sup> While trends for the national mortality rate

Cancer mortality is strongly linked to stage at diagnosis. Staging describes the extent or spread of the disease at the time of diagnosis.

for cancer appear to be declining in recent years, Oklahoma's rate has remained steady and is currently higher than the national rate. In Oklahoma in 2006, males had a higher mortality rate due to cancer than females, 359.9 versus 165.7 deaths per 100,000 people respectively. This may be a reflection of lower screening among males, however it is not fully understood. Oklahoma's rates for men and women are similar to national rates, where males have an age-adjusted mortality rate of 238.0 and women 162.2 deaths per 100,000 people.<sup>3</sup> Among the different racial and ethnic groups in Oklahoma, Hispanics had the lowest rate at 89.4 deaths per 100,000 while Whites and Blacks had rates of 195.7 and 233.1 deaths per 100,000 respectively. American Indian rates fell between Hispanics and Whites at 176.2 deaths per 100,000.

Age-adjusted Mortality Rates for Malignant Neoplasms: US and OK, 1979-2005



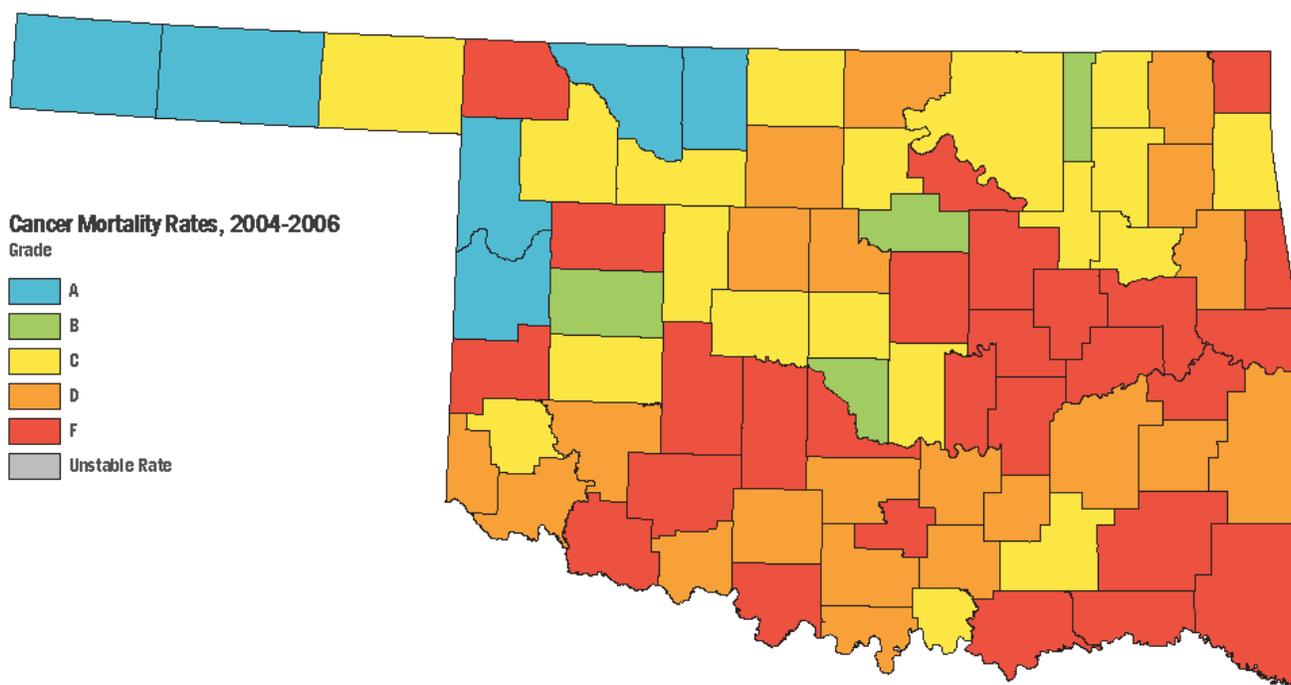
While different cancer sites have different mortality rates, some being much higher than others, there is no reason for the rates to be so high among sites where screening tests are available. More concerted efforts need to be

made to increase screening so cancer that occurs at these sites can be detected early and cause much fewer deaths.

<sup>1</sup>World Health Organization, Fact sheet N° 297. Accessed at <http://www.who.int/mediacentre/factsheets/fs297/en/> on Feb 25, 2009 8:18:58 AM

<sup>2</sup>American Cancer Society, Cancer Facts & Figures 2008. Atlanta: American Cancer Society; 2008.

<sup>3</sup>Centers for Disease Control and Prevention, National Center for Health Statistics, Compressed Mortality File 1999-2005. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2005 Series 20 No. 2K, 2008. Accessed at <http://wonder.cdc.gov/cmfi-icd10.html> on Dec 12, 2008 4:32:12 PM



**MALIGNANT NEOPLASM (CANCER) DEATHS BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	233.0	72	CUSTER	172.0	10	LATIMER	192.9	32	OTTAWA	227.2	68
ALFALFA	138.4	5	DELAWARE	184.6	21	LEFLORE	200.9	44	PAWNEE	211.8	53
ATOKA	180.1	16	DEWEY	210.1	52	LINCOLN	223.4	64	PAYNE	165.6	7
BEAVER	180.4	17	ELLIS	132.0	3	LOGAN	192.8	31	PITTSBURG	203.4	45
BECKHAM	219.6	60	GARFIELD	195.9	39	LOVE	193.0	33	PONTOTOC	207.1	50
BLAINE	176.9	13	GARVIN	195.2	36	MAJOR	180.4	18	POTTAWATOMIE	185.6	22
BRYAN	216.4	57	GRADY	221.8	62	MARSHALL	187.6	25	PUSHMATAHA	248.1	74
CADDO	221.0	61	GRANT	186.7	24	MAYES	199.0	42	ROGER MILLS	109.2	1
CANADIAN	178.7	14	GREER	184.3	20	MCCLAIN	225.9	66	ROGERS	179.9	15
CARTER	204.3	46	HARMON	196.2	41	MCCURTAIN	235.4	73	SEMINOLE	218.9	59
CHEROKEE	195.2	36	HARPER	264.1	76	MCINTOSH	212.0	54	SEQUOYAH	222.5	63
CHOCTAW	261.3	75	HASKELL	227.2	68	MURRAY	226.5	67	STEPHENS	195.9	39
CIMARRON	117.6	2	HUGHES	217.3	58	MUSKOGEE	208.9	51	TEXAS	140.1	6
CLEVELAND	166.1	8	JACKSON	192.5	30	NOBLE	176.8	12	TILLMAN	300.6	77
COAL	199.2	43	JEFFERSON	225.4	65	NOWATA	185.8	23	TULSA	191.8	29
COMANCHE	214.3	56	JOHNSTON	195.7	38	OKFUSKEE	227.2	68	WAGONER	189.3	27
COTTON	193.9	35	KAY	206.5	48	OKLAHOMA	191.5	28	WASHINGTON	170.1	9
CRAIG	193.7	34	KINGFISHER	206.5	49	OKMULGEE	231.2	71	WASHITA	188.4	26
CREEK	214.2	55	KIOWA	205.9	47	OSAGE	182.6	19	WOODS	132.2	4
									WOODWARD	176.4	11

# cerebrovascular disease (stroke) deaths

## CEREBROVASCULAR (STROKE) DEATHS (RATE PER 100,000; GRADE; 2006)

### STATE COMPARISON

US	46.6	C
NEW YORK (best)	31.1	A
OKLAHOMA	53.2	D
ALABAMA (worst)	60.9	F

### AGE IN YEARS

18 - 24	3.7	A
25 - 34	0.8	A
35 - 44	4.9	A
45 - 54	19.1	A
55 - 64	42.2	B
65 +	377.3	F

### GENDER

MALE	52.9	D
FEMALE	52.3	D

### RACE/ETHNICITY

WHITE (NH)	52.2	D
BLACK (NH)	78.6	F
AMER INDIAN (NH)	38.2	D
HISPANIC	36.1	A

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### EDUCATION

< HS	NA	
HS	NA	
HS+	NA	
COLLEGE GRADUATE	NA	

### HISTORIC

OK 1990	70.8	F
OK 1995	68.9	F
OK 2000	68.6	F
OK 2005	58.4	F
OK 2006	53.2	D

### STATE REGION

CENTRAL	53.2	D
NE	51.6	D
NW	49.3	C
SE	53.2	D
SW	55.0	D
TULSA	57.0	D

## Stroke is the third leading cause of death in Oklahoma.

A stroke or “brain attack” occurs when a blood clot blocks an artery (a blood vessel that carries blood from the heart to the body) or a blood vessel (a tube through which the blood moves through the body) breaks, interrupting blood flow to an area of the brain. When either of these things happen, brain cells begin to die and brain damage occurs. When brain cells die during a stroke, abilities controlled by that area of the brain are lost. These abilities include speech, movement and memory. How a stroke patient is affected depends on where the stroke occurs in the brain and how much the brain is damaged.<sup>1</sup>

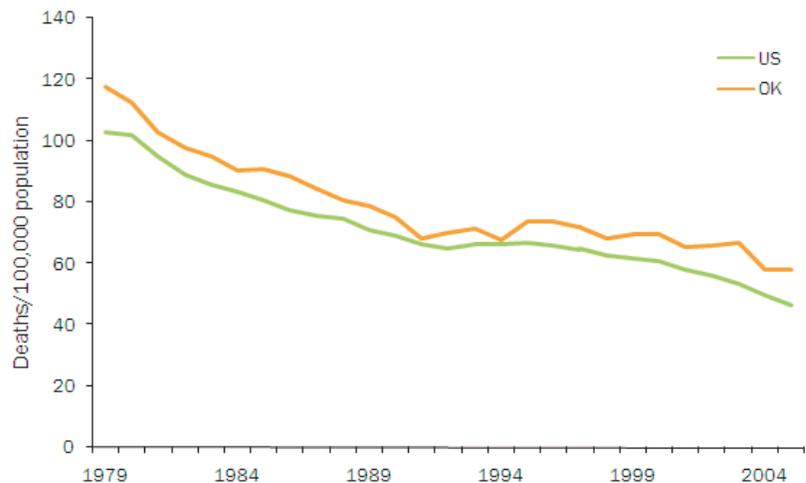
On average, 26 strokes occur each day in Oklahoma with six of those strokes resulting in death.<sup>2</sup> One in five stroke deaths among males occurs before the age of 65 and one in ten deaths from stroke among females occur before the age of 65.<sup>3</sup>

Although there was a decrease in stroke death rates in 2006 to 53.2, Oklahoma still exceeds the Healthy People 2010 goal of 48 stroke deaths per 100,000 population.<sup>2</sup> Many factors contribute to this unacceptably

A high percentage of the population does not know the signs or symptoms of a stroke or the need to seek help immediately due to the three-hour window of opportunity to receive life-saving and disability reducing treatments.

high rate of stroke mortality. A high percentage of the population is unaware of signs or symptoms of a stroke and the need to seek immediate help to be within the three-hour window of opportunity to receive life-saving and disability reducing treatments. Oklahoma is largely rural, which increases travel time to health-care facilities, thus causing a delay in treatment. Many rural hospitals are not equipped to diagnose and treat acute stroke. Over 695,000 Oklahomans are without health insurance, which is just over 18 percent of the population ranking Oklahoma fifth nationally in the number of uninsured.<sup>4</sup> This translates into many people not receiving preventive care or treatment for a cerebrovascular event. Access to healthcare continues to be an obstacle for many Oklahomans.

Age-adjusted Mortality Rates for Cerebrovascular Disease: US and OK, 1979-2005



In order to reduce stroke mortality the Oklahoma Heart Disease and Stroke Prevention Program works with partners on a variety of projects. The Oklahoma State Stroke System Advisory Committee (OSSSAC) has 1) provided stroke education using the FAST (face, arm, speech, and time) method to approximately 15,000 people statewide; 2) educated parish nurses who teach

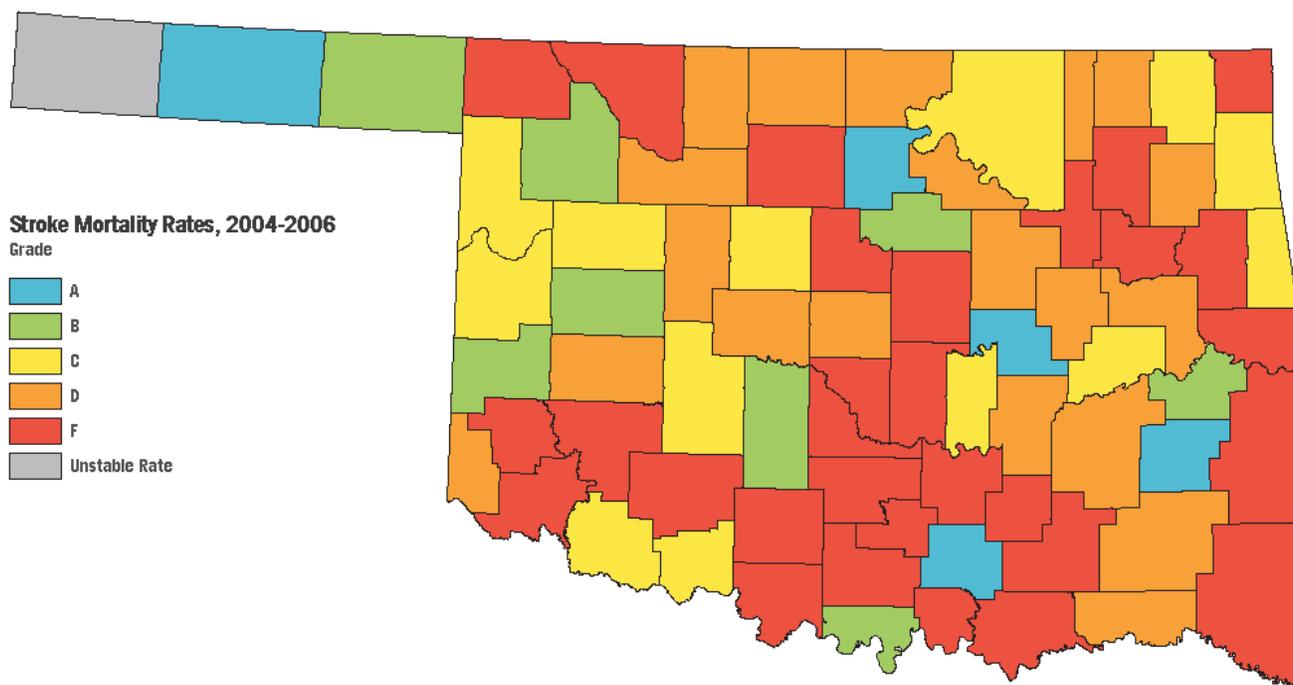
stroke awareness to their congregations; 3) fostered a legislative rule change to certify hospitals as primary stroke centers able to diagnose and treat stroke; 4) educated emergency responders to properly recognize and react to a stroke; and 5) provided annual continuing stroke education to providers at all levels across the state.

<sup>1</sup> National Stroke Association (2009). Accessed at <http://www.stroke.org>

<sup>2</sup> Health Care Information (HCI). Hospital inpatient discharge data. Oklahoma City, Oklahoma: Oklahoma State Department of Health, Center for Health Statistics, 2006.

<sup>3</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2005. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2005 Series 20 No. 2K, 2008. Accessed at <http://wonder.cdc.gov/>.

<sup>4</sup> United Health Foundation: State Rankings, 2008: [www.americashealthrankings.org/2008](http://www.americashealthrankings.org/2008)



**STROKE DEATHS BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	43.8	15	CUSTER	41.9	13	LATIMER	28.2	2	OTTAWA	69.3	65
ALFALFA	57.0	45	DELAWARE	46.9	21	LEFLORE	61.4	57	PAWNEE	54.7	40
ATOKA	59.9	54	DEWEY	47.3	22	LINCOLN	61.1	56	PAYNE	35.9	6
BEAVER	40.8	11	ELLIS	43.9	16	LOGAN	62.3	62	PITTSBURG	51.7	32
BECKHAM	41.2	12	GARFIELD	69.5	66	LOVE	37.1	7	PONTOTOC	81.3	73
BLAINE	54.8	42	GARVIN	73.0	68	MAJOR	54.7	40	POTTAWATOMIE	60.1	55
BRYAN	59.8	52	GRADY	40.0	10	MARSHALL	62.2	61	PUSHMATAHA	53.5	37
CADDO	44.1	17	GRANT	51.0	29	MAYES	51.1	30	ROGER MILLS	47.9	24
CANADIAN	52.5	35	GREER	61.9	59	MCCLAIN	74.8	69	ROGERS	59.2	51
CARTER	63.1	63	HARMON	51.2	31	MCCURTAIN	58.4	48	SEMINOLE	45.3	19
CHEROKEE	71.9	67	HARPER	116.9	76	MCCURTAIN	47.3	22	SEQUOYAH	78.6	72
CHOCTAW	51.7	32	HASKELL	38.7	8	MCINTOSH	59.8	52	STEPHENS	66.1	64
CIMARRON	-	-	HUGHES	57.1	46	MURRAY	52.7	36	TEXAS	33.1	5
CLEVELAND	62.0	60	JACKSON	89.8	75	MUSKOGEE	52.7	36	TILLMAN	45.8	20
COAL	61.7	58	JEFFERSON	78.2	71	NOBLE	27.0	1	TULSA	58.6	49
COMANCHE	57.9	47	JOHNSTON	32.5	4	NOWATA	50.6	28	WAGONER	58.7	50
COTTON	49.0	26	KAY	54.4	39	OKFUSKEE	31.8	3	WASHINGTON	54.1	38
CRAIG	45.2	18	KINGFISHER	43.1	14	OKLAHOMA	56.8	44	WASHITA	50.3	27
CREEK	56.2	43	KIOWA	84.2	74	OKMULGEE	51.8	34	WOODS	76.6	70
						OSAGE	48.2	25	WOODWARD	38.9	9

# chronic lower respiratory disease deaths

## CHRONIC LOWER RESPIRATORY DISEASE DEATHS (RATE PER 100,000; GRADE; 2006)

### STATE COMPARISON

US	43.3	C
HAWAII (best)	19.4	A
OKLAHOMA (worst)	57.1	F

### AGE IN YEARS

18 - 24	0.8	A
25 - 34	0.4	A
35 - 44	3.8	A
45 - 54	16.5	A
55 - 64	75.5	F
65 +	376.4	F

### GENDER

MALE	69.2	F
FEMALE	49.3	D

### RACE/ETHNICITY

WHITE (NH)	60.0	F
BLACK (NH)	34.8	B
AMER INDIAN (NH)	43.7	C
HISPANIC	12.0	A

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### EDUCATION

< HS	NA	
HS	NA	
HS+	NA	
COLLEGE GRADUATE	NA	

### HISTORIC

OK 1990	41.0	C
OK 1995	45.1	C
OK 2000	54.2	D
OK 2005	62.5	F
OK 2006	57.1	F

### STATE REGION

CENTRAL	55.7	D
NE	55.8	D
NW	52.8	D
SE	66.1	F
SW	57.8	F
TULSA	56.0	F

## Smoking is the primary risk factor for chronic lower respiratory disease.

Chronic Lower Respiratory Disease (CLRD) is a group of diseases that cause airflow blockage and breathing-related problems.<sup>1,2</sup> Before 1999, CLRD was called Chronic Obstructive Pulmonary Disease (COPD). The International Classification of Diseases (ICD) used by the World Health Organization (WHO) to code diseases and mortality was revised in 1999 from the 9th to the 10th editions, in which, COPD is used to refer to chronic bronchitis and emphysema only, and CLRD is used to refer to chronic bronchitis, emphysema, and asthma.<sup>1,2</sup>

Chronic bronchitis and emphysema are progressive diseases, with the development of chronic bronchitis usually preceding emphysema, except in a few genetically determined cases. The obstruction is irreversible in chronic bronchitis and emphysema, but reversible in asthma.<sup>3</sup>

The primary risk factor for development and progression of CLRD is chronic tobacco use. In the United States, 80 to 90 percent of cases of CLRD are due to smoking.<sup>4</sup> The remaining cases are attributable to environmental exposures and genetic factors. Not all smokers will develop CLRD, but continuous smokers

A direct association between secondhand smoke and lower respiratory disease has been documented by the Environmental Protection Agency.

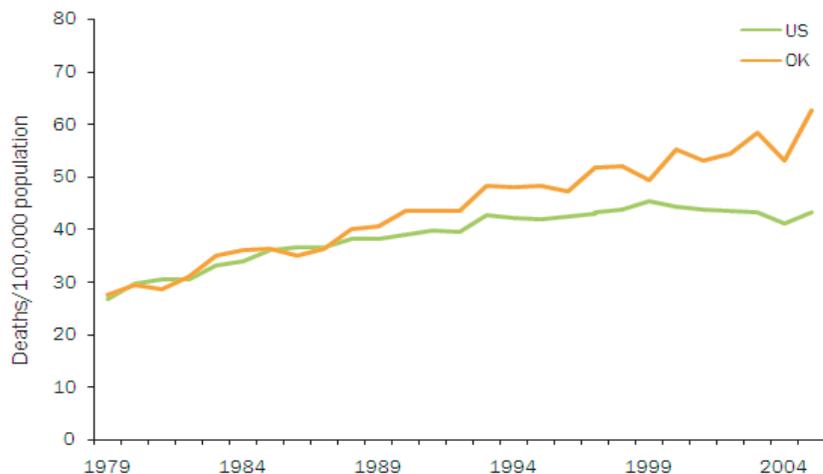
have at least a 25 percent risk after 25 years.<sup>4</sup> The likelihood of developing CLRD increases with age as the cumulative smoke exposure increases. Inhaling the smoke from other peoples' cigarettes (passive smoking, or secondhand smoking) can lead to impaired lung growth and could be a cause of CLRD.<sup>4</sup>

Asthma appears to have a strong genetic basis, with 30 to 50 percent of all cases being attributable to an inherited predisposition, although exposure to air pollutants in the home and workplace, and respiratory infections also play a role.<sup>4</sup>

A direct association between secondhand smoke and lower respiratory disease has been documented by the Environmental Protection Agency. Smoking cessation is the most effective way to reduce the risk of CLRD and its progression.

Approximately 124,000 people in the United States, including about 2,000

Age-adjusted Mortality Rates for Chronic Lower Respiratory Disease: US and OK, 1979-2005



people in Oklahoma, die each year from CLRD. This estimate is considered low, however, because CLRD is often cited as a contributory, not underlying, cause of death on the death certificate. Furthermore, Oklahoma has one of the highest CLRD mortality rates in the nation.<sup>1</sup>

CLRD is the third leading reason for at-home care, following congestive heart

failure and stroke, and ranks second to coronary artery disease as a Social Security compensated disability.<sup>5</sup>

In 2007, the cost to the nation for CLRD was approximately \$42.6 billion, including \$26.7 billion in direct health care expenditures, \$8.0 billion in indirect morbidity costs and \$7.9 billion in indirect mortality costs.<sup>5</sup>

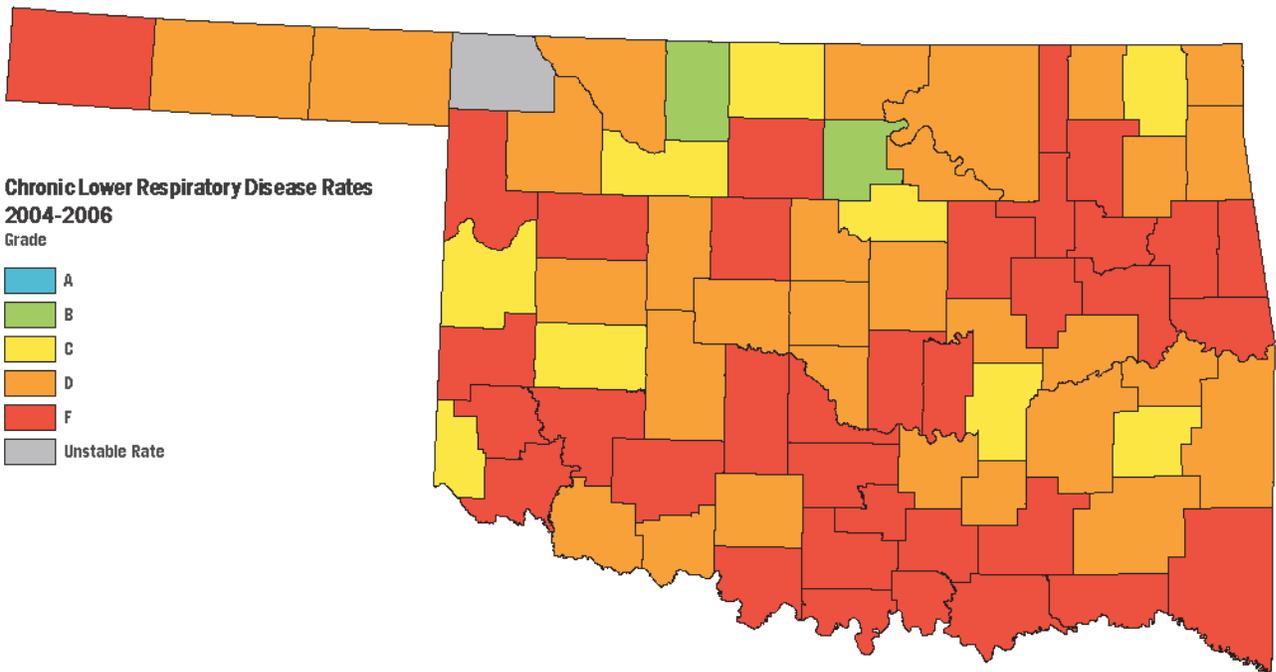
<sup>1</sup> National Center for Health Statistics. Health, United States, 2008, with Chartbook. Hyattsville, MD: 2009

<sup>2</sup> National Center for Health Statistics. FastStats, available at <http://www.cdc.gov/nchs/fastats>

<sup>3</sup> Rabe KF, Hurd S, Anzueto A, et al (2007), "Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease: GOLD Executive Summary". *Am. J. Respir. Crit. Care Med* 176(6): 532-55.

<sup>4</sup> Lokke A, Lange P, Scharling H, Fabrics P, Vestbo J (2006). "Developing COPD: a 25 year follow up study of the general population". *Thorax* 61(11): 935-9.

<sup>5</sup> U.S. Department of Health and Human Services, National Institutes of Health, National Heart Lung and Blood Institute. Morbidity and Mortality: 2007 Chartbook on Cardiovascular, Lung and Blood Diseases.



**CHRONIC LOWER RESPIRATORY DISEASE DEATHS BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	69.3	65	CUSTER	55.6	36	LATIMER	47.0	10	OTTAWA	56.6	40
ALFALFA	38.5	2	DELAWARE	48.6	14	LEFLORE	55.9	38	PAWNEE	51.0	23
ATOKA	62.2	54	DEWEY	108.2	76	LINCOLN	51.3	24	PAYNE	43.4	7
BEAVER	55.1	33	ELLIS	75.3	73	LOGAN	52.4	26	PITTSBURG	55.8	37
BECKHAM	63.9	57	GARFIELD	58.2	44	LOVE	68.3	64	PONTOTOC	48.6	14
BLAINE	48.3	13	GARVIN	69.7	67	MAJOR	40.2	3	POTTAWATOMIE	75.0	72
BRYAN	71.1	68	GRADY	61.5	51	MARSHALL	75.3	74	PUSHMATAHA	55.5	35
CADDO	48.9	16	GRANT	47.6	11	MAYES	52.7	27	ROGER MILLS	41.8	5
CANADIAN	49.2	18	GREER	61.9	52	MCCLAIN	64.7	60	ROGERS	60.4	49
CARTER	73.9	71	HARMON	41.1	4	MCCURTAIN	61.3	50	SEMINOLE	65.3	61
CHEROKEE	64.2	58	HARPER	-	-	MCINTOSH	56.6	40	SEQUOYAH	59.5	48
CHOCTAW	69.4	66	HASKELL	49.2	18	MURRAY	58.4	45	STEPHENS	49.4	20
CIMARRON	59.0	47	HUGHES	44.1	9	MUSKOGEE	67.6	63	TEXAS	50.6	22
CLEVELAND	53.2	28	JACKSON	67.4	62	NOBLE	38.1	1	TILLMAN	53.8	30
COAL	53.4	29	JEFFERSON	79.6	75	NOWATA	49.1	17	TULSA	58.7	46
COMANCHE	71.8	69	JOHNSTON	64.6	59	OKFUSKEE	54.2	31	WAGONER	61.9	52
COTTON	48.2	12	KAY	52.3	25	OKLAHOMA	55.3	34	WASHINGTON	57.0	42
CRAIG	43.4	7	KINGFISHER	58.1	43	OKMULGEE	62.2	54	WASHITA	42.7	6
CREEK	62.9	56	KIOWA	73.1	70	OSAGE	54.6	32	WOODS	56.2	39
									WOODWARD	49.6	21

# unintentional injury deaths

## UNINTENTIONAL INJURY DEATHS (RATE PER 100,000; GRADE; 2006)

### STATE COMPARISON

US	39.1	C
NEW YORK (best)	23.0	A
OKLAHOMA	56.1	F
LOUISIANA (worst)	68.9	F

### AGE IN YEARS

18 - 24	57.8	F
25 - 34	56.5	F
35 - 44	62.7	F
45 - 54	68.5	F
55 - 64	46.5	D
65 +	119.1	F

### GENDER

MALE	74.9	F
FEMALE	38.2	C

### RACE/ETHNICITY

WHITE (NH)	56.6	F
BLACK (NH)	43.8	C
AMER INDIAN (NH)	77.5	F
HISPANIC	35.9	C

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### EDUCATION

< HS	NA	
HS	NA	
HS+	NA	
COLLEGE GRADUATE	NA	

### HISTORIC

OK 1990	41.6	C
OK 1995	41.4	C
OK 2000	40.6	C
OK 2005	56.3	F
OK 2006	56.1	F

### STATE REGION

CENTRAL	42.5	C
NE	61.7	F
NW	54.5	D
SE	71.6	F
SW	65.7	F
TULSA	52.1	D

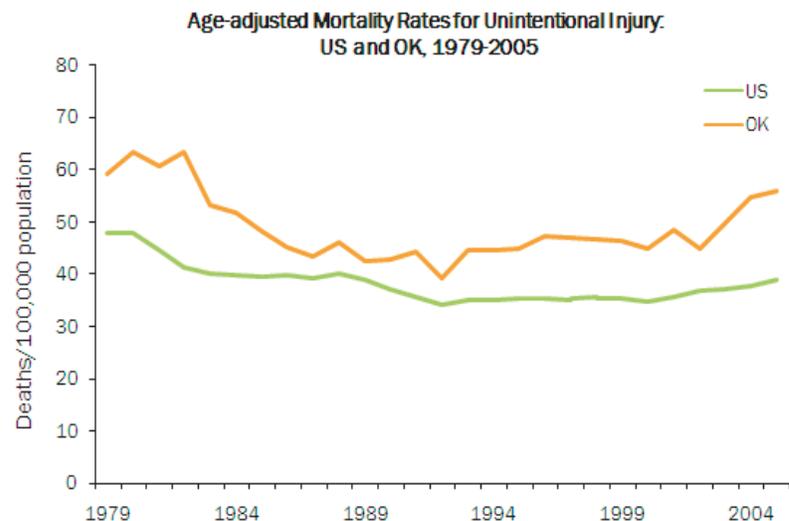
## Unintentional injuries are the leading cause of premature death.

Injuries are an endemic public health problem in the United States and, unfortunately, seem to be an accepted part of life. Contrary to popular belief, injuries occur in predictable, preventable patterns, not at random. By reducing the number and severity of injuries, the health status of the population improves greatly. Unintentional injuries encompass a broad range of mechanisms, each with their own prevention strategies. Leading causes of unintentional injury include motor vehicle traffic crashes, falls, poisonings, drownings, and burns.<sup>1</sup> Unintentional injuries are the leading cause of premature death among all diseases and health conditions; in 2005, nearly 20 percent of all years of potential life lost before age 65 were due to unintentional injuries.<sup>1</sup> However, fatal injuries are only part of the picture. Many more people suffer nonfatal injuries that require medical treatment and/or hospitalization. By continuing to explore the issue and investing in successful prevention programs, like smoke alarm and car seat installations, more lives can be saved and more disabilities avoided.

After the first year of life, more children die from injuries than all other causes of death combined.

Nearly 2,000 Oklahomans die every year from an unintentional injury.<sup>2</sup> After the first year of life, more children die from injuries than all other causes of death combined.<sup>1,2</sup> Oklahoma's rates of traffic-, drowning-, and fire-related injuries, in addition to overall unintentional injury mortality, are higher than those of the nation. Across most causes of injury and all age groups (except infants), males are more likely than females to be impacted by an injury, perhaps due to higher rates of substance use, a greater propensity for risk-taking, and more high-risk occupational exposures. With adequate resources and attention, and a shift in public perspective making these occurrences simply not acceptable, injury deaths and disabilities can be greatly diminished.

Injury prevention is a diverse, multi-disciplinary field. To address the many causes of injury systematically, a solid infrastructure to coordinate the approach is necessary. Great strides have already occurred, including sig-



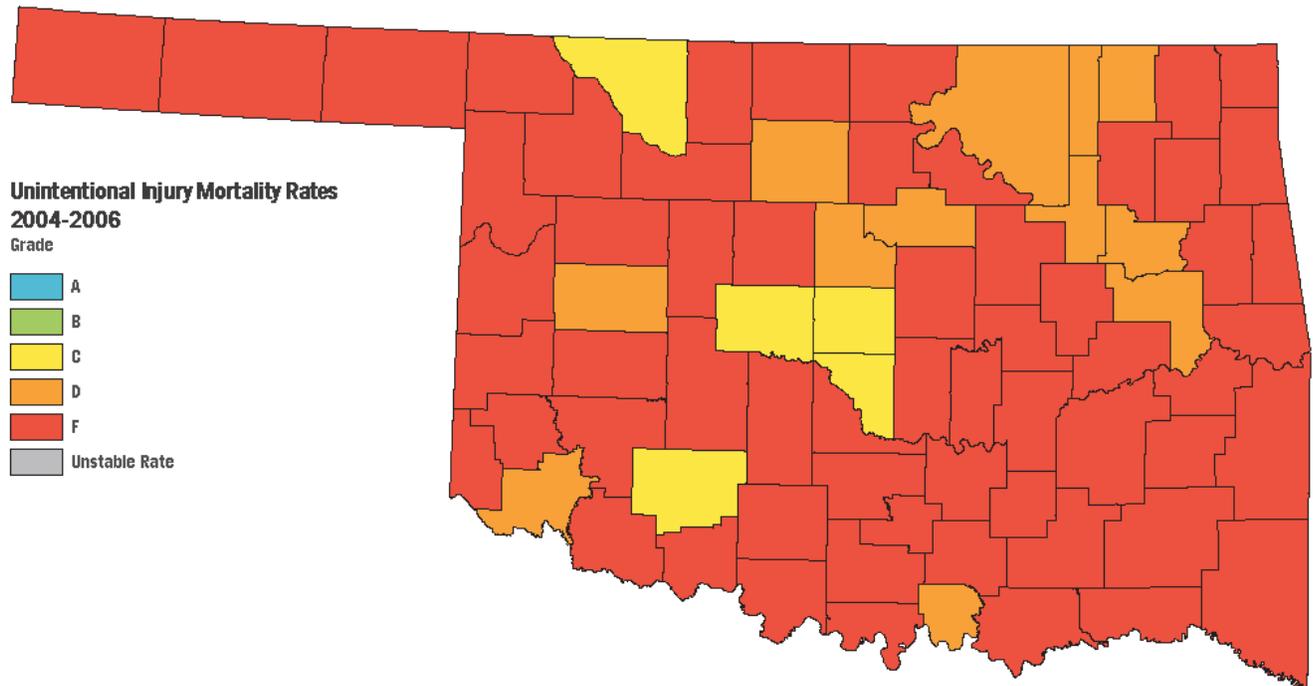
nificant increases in the use of seat belts, child restraints, bicycle helmets, and smoke alarms, but much work is still demanded. *Injury Free Oklahoma: Strategic Plan for Injury and Violence Prevention*, published by the Injury Prevention Service, identifies 16 objectives across eight priority areas that address preventing injuries, disability,

and premature death during the first decade of the 21<sup>st</sup> century. As we prepare for the second decade, this *Plan* is currently undergoing reassessments and revisions to continue addressing this significant problem. Two priority areas that appear to be driving increases in unintentional injury rates are falls among the growing aging

population and medication and other substance abuse in young and middle aged adults.

<sup>1</sup>Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Dec 1]. Available from URL: [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)

<sup>2</sup>Oklahoma State Department of Health. (n.d.). OK2SHARE. Retrieved December 1, 2008, from <http://ok2share.health.ok.gov>.



**UNINTENTIONAL INJURY DEATHS BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	64.1	32	CUSTER	44.5	6	LATIMER	107.1	76	OTTAWA	72.0	51
ALFALFA	67.5	44	DELAWARE	68.5	45	LEFLORE	75.6	58	PAWNEE	88.9	71
ATOKA	65.1	34	DEWEY	73.5	52	LINCOLN	69.8	48	PAYNE	46.1	8
BEAVER	82.2	63	ELLIS	86.4	69	LOGAN	45.2	7	PITTSBURG	69.8	48
BECKHAM	86.0	68	GARFIELD	52.5	16	LOVE	80.4	61	PONTOTOC	73.5	52
BLAINE	71.3	50	GARVIN	85.8	67	MAJOR	88.8	70	POTTAWATOMIE	58.6	20
BRYAN	74.5	54	GRADY	61.1	24	MARSHALL	47.3	11	PUSHMATAHA	62.5	25
CADDO	68.6	46	GRANT	75.0	56	MAYES	59.8	21	ROGER MILLS	66.1	39
CANADIAN	40.6	2	GREER	55.9	19	MCCLAIN	65.3	36	ROGERS	59.9	22
CARTER	75.6	58	HARMON	81.8	62	MCCURTAIN	105.9	75	SEMINOLE	80.3	60
CHEROKEE	69.3	47	HARPER	113.9	77	MCINTOSH	75.5	57	SEQUOYAH	67.4	42
CHOCTAW	66.8	40	HASKELL	95.9	74	MURRAY	74.7	55	STEPHENS	55.8	18
CIMARRON	95.4	73	HUGHES	84.1	65	MUSKOGEE	51.4	15	TEXAS	62.8	26
CLEVELAND	37.8	1	JACKSON	49.3	13	NOBLE	63.8	30	TILLMAN	63.7	29
COAL	65.6	37	JEFFERSON	65.2	35	NOWATA	50.5	14	TULSA	54.9	17
COMANCHE	41.7	3	JOHNSTON	84.6	66	OKFUSKEE	83.9	64	WAGONER	46.8	9
COTTON	91.5	72	KAY	64.9	33	OKLAHOMA	43.8	5	WASHINGTON	47.2	10
CRAIG	65.6	37	KINGFISHER	67.4	42	OKMULGEE	63.2	28	WASHITA	61.0	23
CREEK	66.9	41	KIOWA	63.2	27	OSAGE	49.1	12	WOODS	42.2	4
									WOODWARD	63.8	30

# diabetes deaths

## DIABETES DEATHS (RATE PER 100,000; GRADE; 2006)

### STATE COMPARISON

US	24.6	C
HAWAII (best)	15.0	A
OKLAHOMA	30.3	D
LOUISIANA (worst)	38.5	F

### AGE IN YEARS

18 - 24	1.1	A
25 - 34	4.6	A
35 - 44	8.1	A
45 - 54	20.9	B
55 - 64	54.6	F
65 +	229.0	F

### GENDER

MALE	33.9	F
FEMALE	27.4	D

### RACE/ETHNICITY

WHITE (NH)	26.5	C
BLACK (NH)	60.5	F
AMER INDIAN (NH)	58.5	F
HISPANIC	22.3	B

### INCOME

< \$15k	NA
\$15k - 25k	NA
\$25k - 49k	NA
\$50k - 75k	NA
\$75k +	NA

### EDUCATION

< HS	NA
HS	NA
HS+	NA
COLLEGE GRADUATE	NA

### HISTORIC

OK 1990	16.0	A
OK 1995	18.6	B
OK 2000	26.8	C
OK 2000	32.1	F
OK 2005	30.3	D

### STATE REGION

CENTRAL	23.9	C
NE	31.4	D
NW	29.1	D
SE	35.4	F
SW	36.9	F
TULSA	28.8	D

## The diabetes mortality rate increased in Oklahoma during the past decade,

Diabetes is a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both.<sup>1</sup> Oklahoma has increasing prevalence of diabetes, outpacing the national average during the past decade. Approximately 277,500 (10.2%) adult Oklahomans (18 years and over) reported being diagnosed with diabetes.<sup>4</sup> Because one-third of all diabetes may be undiagnosed, the total number of adults with diabetes could be about 390,900 or 14.4 percent of Oklahoma adults. Diabetes is more common among people 65 years and over, and one in every five Oklahomans in this age group has been diagnosed with diabetes.

Each year, more than 1,200 death cases in Oklahoma reported that diabetes is the underlying cause of death. The diabetes mortality rate has been increasing in Oklahoma, outpacing the mortality rate in the US during this same period. During the past decade, Oklahoma's diabetes mortality rate was in the top ten highest in the US, and became 4<sup>th</sup> in the year 2005.<sup>2</sup>

Diabetes mortality in males increased during the past decade, especially in

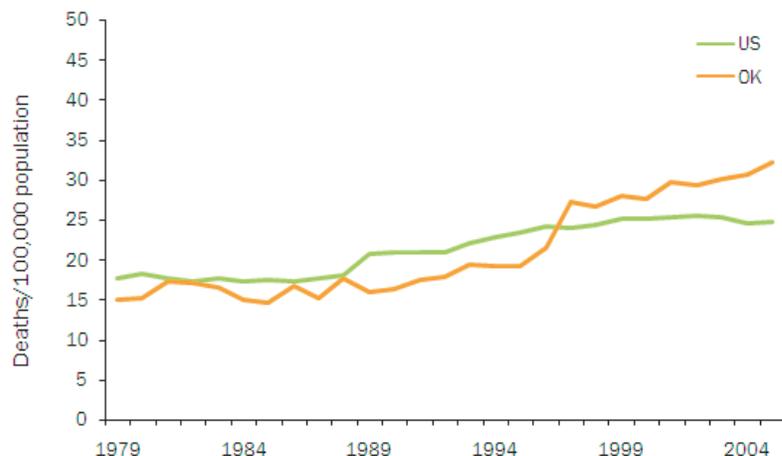
Oklahomans with diabetes were three to four times more likely to report having hypertension and cardiovascular diseases than those without diabetes.<sup>1</sup>

the recent years. Meanwhile, mortality for females kept unchanged. Differences in mortality rates between males and females became noticeable.

Diabetes mortality rates were much higher among people 65 years and over. Also, Blacks and American Indians had higher diabetes mortality than other racial/ethnic groups, which might be attributed to poverty, lack of access to quality care, and higher hypertension rates.

Diabetes is likely to be underreported as a cause of death. Studies have found that only about 35 to 40 percent of decedents with diabetes had it listed anywhere on the death certificate and only about 10 to 15 percent had it listed as the underlying cause of death.<sup>2</sup> People with diabetes were three to four times more likely to report having hypertension and cardiovascular diseases (CVD) than those without diabetes.<sup>1</sup> CVD is the major

Age-adjusted Mortality Rates for Diabetes:  
US and OK, 1979-2005



cause of morbidity and mortality for individuals with diabetes and the largest contributor to the direct and indirect costs of diabetes.<sup>3</sup>

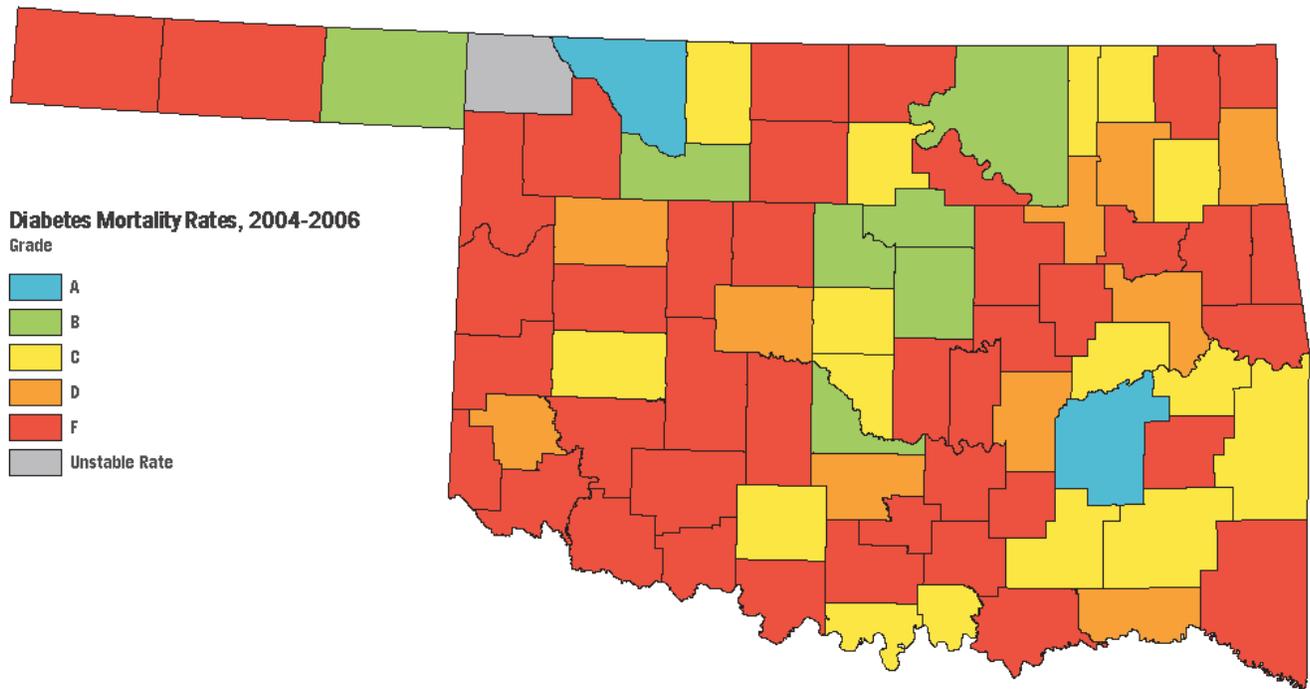
The map shows that eastern Oklahoma has lower diabetes mortality than other regions in the state. However, consider-

ing the higher proportions of American Indians (who have higher prevalence of diabetes) living in that region, and the higher CVD mortality in that part of the state, the relatively lower diabetes mortality rate could indicate underreported diabetes.

<sup>1</sup>American Diabetes Association. Diagnosis and classification of diabetes mellitus. Diabetes Care. 2009; 32: (Supplement 1): S62-S67.

<sup>2</sup>Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2007. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.

<sup>3</sup>American Diabetes Association. Standards of medical care in diabetes. Diabetes Care. 2009; 32: (Supplement 1): S13-S61.



**DIABETES DEATHS BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	86.0	74	CUSTER	42.8	61	LATIMER	37.9	51	OTTAWA	32.1	37
ALFALFA	26.3	22	DELAWARE	30.7	35	LEFLORE	23.5	12	PAWNEE	32.2	38
ATOKA	26.1	20	DEWEY	30.2	34	LINCOLN	18.9	4	PAYNE	18.7	3
BEAVER	22.3	9	ELLIS	56.7	68	LOGAN	21.9	8	PITTSBURG	16.7	2
BECKHAM	44.0	62	GARFIELD	32.4	39	LOVE	22.5	11	PONTOTOC	39.9	56
BLAINE	51.9	64	GARVIN	27.5	30	MAJOR	20.8	5	POTTAWATOMIE	34.1	41
BRYAN	39.8	55	GRADY	41.0	58	MARSHALL	25.1	15	PUSHMATAHA	26.8	24
CADDO	61.1	72	GRANT	41.8	60	MAYES	23.5	13	ROGER MILLS	58.1	71
CANADIAN	27.2	28	GREER	27.5	30	MCCLAIN	21.1	6	ROGERS	30.0	33
CARTER	37.3	48	HARMON	150.6	76	MCCURTAIN	52.2	66	SEMINOLE	52.0	65
CHEROKEE	36.5	46	HARPER	-	-	MCINTOSH	25.0	14	SEQUOYAH	35.9	45
CHOCTAW	28.2	32	HASKELL	26.0	19	MURRAY	56.9	69	STEPHENS	26.2	21
CIMARRON	45.0	63	HUGHES	27.1	26	MUSKOGEE	27.1	26	TEXAS	37.3	48
CLEVELAND	25.5	17	JACKSON	34.4	42	NOBLE	26.8	24	TILLMAN	101.0	75
COAL	32.8	40	JEFFERSON	62.5	73	NOWATA	25.4	16	TULSA	27.3	29
COMANCHE	35.5	44	JOHNSTON	56.9	69	OKFUSKEE	38.2	52	WAGONER	36.7	47
COTTON	39.3	54	KAY	41.0	58	OKLAHOMA	26.4	23	WASHINGTON	25.6	18
CRAIG	34.7	43	KINGFISHER	31.9	36	OKMULGEE	52.2	66	WASHITA	22.4	10
CREEK	37.7	50	KIOWA	40.7	57	OSAGE	21.1	6	WOODS	16.1	1
									WOODWARD	38.6	53

# influenza/ pneumonia deaths

## INFLUENZA/PNEUMONIA DEATHS (RATE PER 100,000; GRADE; 2006)

### STATE COMPARISON

US	20.3	C
FLORIDA (best)	11.4	A
OKLAHOMA	22.6	D
ARKANSAS (worst)	27.9	F

### AGE IN YEARS

18 - 24	1.1	A
25 - 34	0.6	A
35 - 44	4.9	A
45 - 54	8.4	A
55 - 64	15.3	B
65 +	156.7	F

### GENDER

MALE	26.4	F
FEMALE	20.4	C

### RACE/ETHNICITY

WHITE (NH)	23.0	D
BLACK (NH)	22.7	D
AMER INDIAN (NH)	15.9	B
HISPANIC	12.6	A

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### EDUCATION

< HS	NA	
HS	NA	
HS+	NA	
COLLEGE GRADUATE	NA	

### HISTORIC

OK 1990	41.0	F
OK 1995	39.3	F
OK 2000	24.3	D
OK 2005	24.8	D
OK 2006	22.6	D

### STATE REGION

CENTRAL	21.7	C
NE	21.9	C
NW	25.9	F
SE	24.1	D
SW	22.1	C
TULSA	21.9	C

## Influenza/pneumonia represent the 8th leading cause of death in the U.S.

Influenza is a highly contagious viral infection that causes annual “flu” epidemics in the United States. It is spread mainly from person to person via coughing or sneezing of people with influenza. Influenza illness can be mild to severe and can lead to death. The Centers for Disease Control and Prevention estimates that between 5 percent and 20 percent of the population gets the flu each year; more than 200,000 people are hospitalized from flu problems; and about 36,000 people die from flu.<sup>1</sup> The Influenza season usually lasts from November to March.

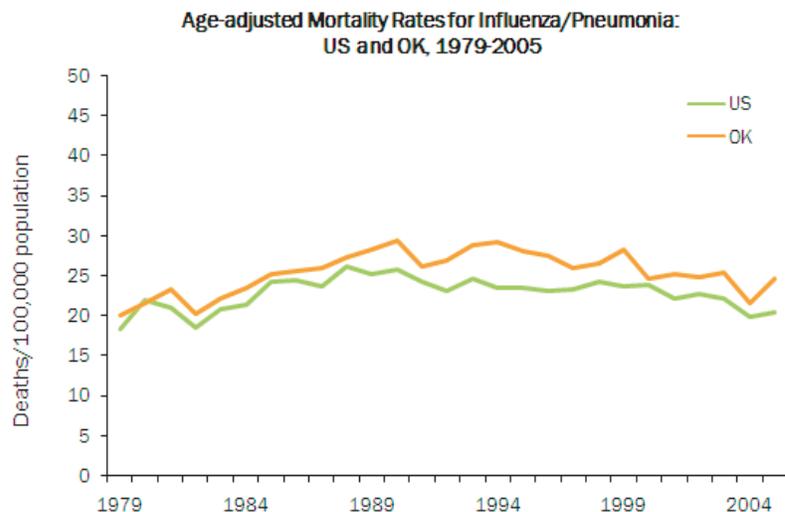
Pneumonia is an infection of the lungs. Pneumonia can be a complication of influenza, especially in the elderly or persons with underlying medical conditions such as asthma, diabetes or heart disease. Influenza and pneumonia together represent the eighth leading cause of death in the U.S. and the sixth leading cause of death among all Americans age 65 years and older.<sup>1</sup> In 2006, Oklahoma’s influenza and pneumonia death rate exceeded the national rate by 2.3 deaths per 100,000.

The Healthy People 2010 goal is to vaccinate 90 percent of adults aged

Neither influenza nor pneumococcal vaccines can cause persons to get the flu or pneumonia. Both vaccines are very safe.

65 years and older against both influenza and pneumococcal disease.<sup>2</sup> Vaccines should also be administered to other persons with health complications including young children, and people with health conditions such as asthma, diabetes, or heart disease. Influenza vaccine is recommended annually. Only one dose of pneumococcal polysaccharide vaccine is needed for persons aged two years or older with underlying medical conditions or for all persons aged 65 years and older. Additionally, children under two years of age should receive four doses of pneumococcal conjugate vaccine. Exposure to these diseases can also be reduced by avoiding contact with infected persons.

Neither influenza nor pneumococcal vaccines can cause persons to get the flu or pneumonia. Both vaccines are very safe. Pneumococcal vaccine can be given at any time during the year. Influenza vaccine is typically recom-



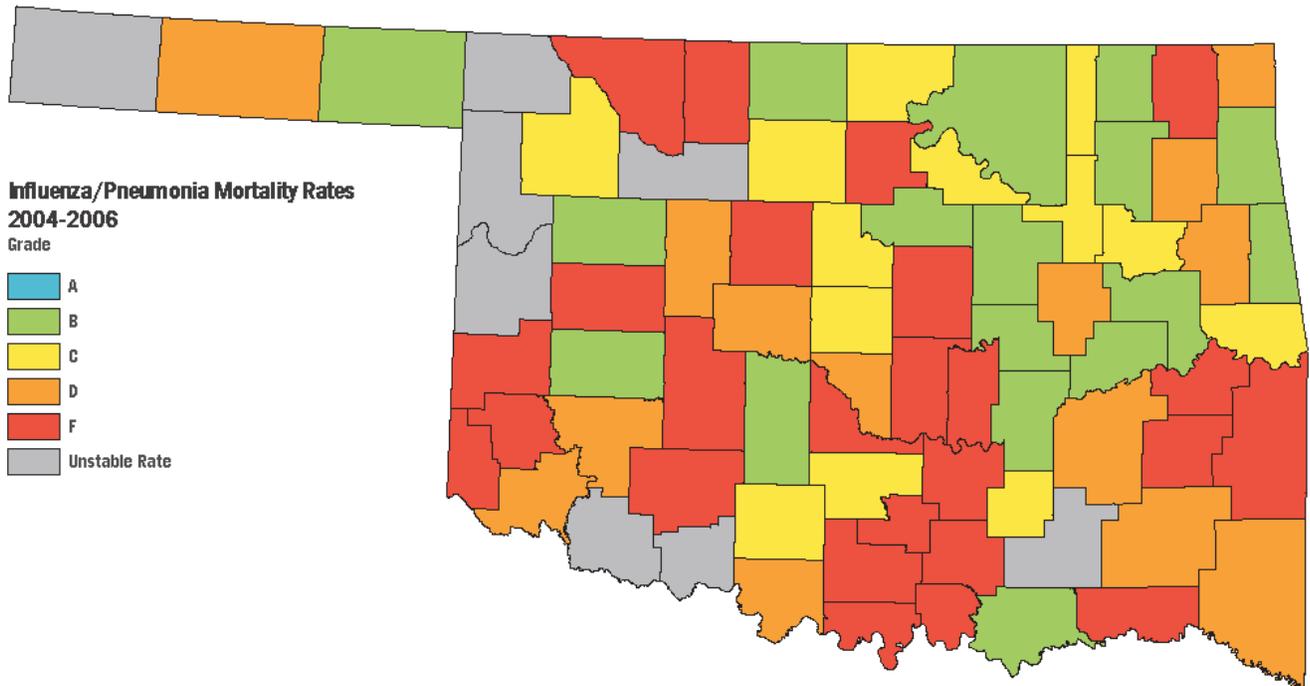
mended in the fall but should be given throughout flu season.

Providers in counties scoring a grade of C, D or F can reduce disease and death rates by improving their vaccination rates. Providers should institute standing orders for vaccination in their medi-

cal practices and hospitals. Additionally, rates may be improved by offering pneumonia vaccine at the same time as influenza vaccine.

<sup>2</sup> Healthy People 2010. 2<sup>nd</sup> ed. With understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington DC: US Government Printing Office, November 2000.

<sup>1</sup> Centers for Disease Control and Prevention. Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). Morbidity and Mortality Weekly Report July 13, 2007; 56[RR06]: 1-54.



**INFLUENZA/PNEUMONIA DEATHS BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	16.4	7	CUSTER	30.0	50	LATIMER	28.5	48	OTTAWA	24.5	39
ALFALFA	36.2	57	DELAWARE	16.3	5	LEFLORE	38.6	65	PAWNEE	21.1	25
ATOKA	-	-	DEWEY	18.2	16	LINCOLN	26.7	45	PAYNE	17.3	12
BEAVER	16.4	7	ELLIS	-	-	LOGAN	21.7	28	PITTSBURG	23.1	33
BECKHAM	37.9	62	GARFIELD	22.1	29	LOVE	50.4	69	PONTOTOC	45.3	68
BLAINE	25.2	42	GARVIN	20.4	21	MAJOR	-	-	POTTAWATOMIE	31.8	54
BRYAN	16.2	3	GRADY	17.3	12	MARSHALL	26.8	47	PUSHMATAHA	24.1	36
CADDO	33.2	55	GRANT	17.6	14	MAYES	24.8	40	ROGER MILLS	-	-
CANADIAN	23.4	34	GREER	37.8	61	MCCLAIN	28.9	49	ROGERS	18.5	17
CARTER	39.2	66	HARMON	42.1	67	MCCURTAIN	24.1	36	SEMINOLE	26.7	45
CHEROKEE	24.9	41	HARPER	-	-	MCCURTAIN	17.6	14	SEQUOYAH	20.5	23
CHOCTAW	38.3	64	HASKELL	38.0	63	MURRAY	31.3	52	STEPHENS	18.7	18
CIMARRON	-	-	HUGHES	16.8	10	MUSKOGEE	16.6	9	TEXAS	25.4	43
CLEVELAND	23.0	32	JACKSON	24.4	38	NOBLE	37.0	60	TILLMAN	-	-
COAL	21.7	27	JEFFERSON	23.9	35	NOWATA	16.8	10	TULSA	22.1	29
COMANCHE	30.4	51	JOHNSTON	31.4	53	OKFUSKEE	15.1	1	WAGONER	20.4	21
COTTON	-	-	KAY	20.9	24	OKLAHOMA	20.3	20	WASHINGTON	21.3	26
CRAIG	33.4	56	KINGFISHER	36.5	58	OKMULGEE	22.6	31	WASHITA	16.3	5
CREEK	15.9	2	KIOWA	25.4	43	OSAGE	16.2	3	WOODS	36.6	59
									WOODWARD	20.2	19

# alzheimer's disease deaths

## ALZHEIMER'S DISEASE DEATHS (RATE PER 100,000; GRADE; 2006)

### STATE COMPARISON

US	22.9	C
NEW YORK (best)	9.4	A
OKLAHOMA	23.5	C
WASHINGTON (worst)	37.1	F

### AGE IN YEARS

18 - 24	-	
25 - 34	-	
35 - 44	-	
45 - 54	-	
55 - 64	2.6	A
65 +	193.9	F

### GENDER

MALE	18.8	B
FEMALE	26.1	D

### RACE/ETHNICITY

WHITE (NH)	24.1	C
BLACK (NH)	28.1	D
AMER INDIAN (NH)	11.2	A
HISPANIC	3.9	A

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### EDUCATION

< HS	NA	
HS	NA	
HS+	NA	
COLLEGE GRADUATE	NA	

### HISTORIC

OK 1990	5.1	A
OK 1995	6.0	A
OK 2000	17.4	B
OK 2000	26.0	D
OK 2005	23.5	C

### STATE REGION

CENTRAL	18.9	B
NE	25.4	C
NW	19.4	B
SE	24.7	C
SW	25.9	D
TULSA	26.3	D

## Deaths due to Alzheimer's disease are on the rise in Oklahoma.

Alzheimer's disease is a progressively debilitating disease of the brain that results in the eventual loss of cognitive function.<sup>1</sup> Alzheimer's first impacts the areas of the brain responsible for learning, memory, thinking, and planning.<sup>2</sup> It eventually spreads to other areas of the brain, causing changes in behavior and interfering with the individual's ability to perform activities of daily living, recognize family and friends, and communicate with others.<sup>2</sup> The disease is characterized by structural changes that occur in the brain years before the onset of symptoms.<sup>1,2</sup>

There is no known cause of Alzheimer's disease. Age and family history are the two primary risk factors for the disease, and many other agents are being investigated.<sup>1</sup> There is also no cure for the disease, though there are treatments that may slow the progression of Alzheimer's. Individuals may live up to 20 years with Alzheimer's disease, though most live for much shorter periods of time before succumbing to the disease.<sup>2</sup>

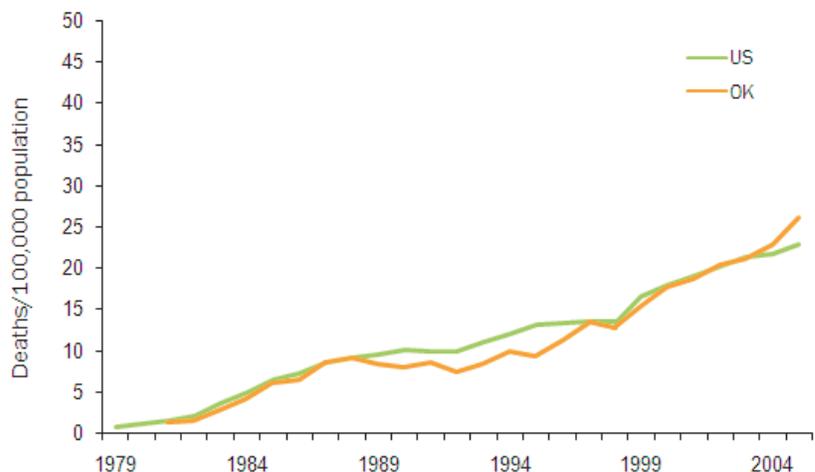
Approximately five million adults are living with Alzheimer's disease in the

While age and family history are the two primary risk factors for Alzheimer's disease, differences in mortality rates are evident among racial/ethnic groups.

United States,<sup>1</sup> and the mortality rate from Alzheimer's is increasing. Between 1981 and 2005 the U.S. Alzheimer's mortality rate increased by 16 times, and the corresponding rate in Oklahoma increased by almost 22 times.<sup>3</sup> Alzheimer's disease is the seventh leading cause of death in the United States and in Oklahoma.<sup>3</sup> While the mortality rate in Oklahoma had always been lower than the national rate, 2004 and 2005 showed rates in Oklahoma to be 4.6 and 14.0 percent higher than the national rate, respectively. In 1990, Alzheimer's disease accounted for fewer than one percent of Oklahoma's deaths, but by 2006 the proportion had increased to three percent of all resident deaths.

Alzheimer's disease appears to affect Oklahoma's sub-populations disproportionately. In 2006, 71 percent of Alzheimer's deaths were to women, and the age-adjusted mortality rate for

Age-adjusted Mortality Rates for Alzheimer's Disease:  
US and OK, 1979-2005



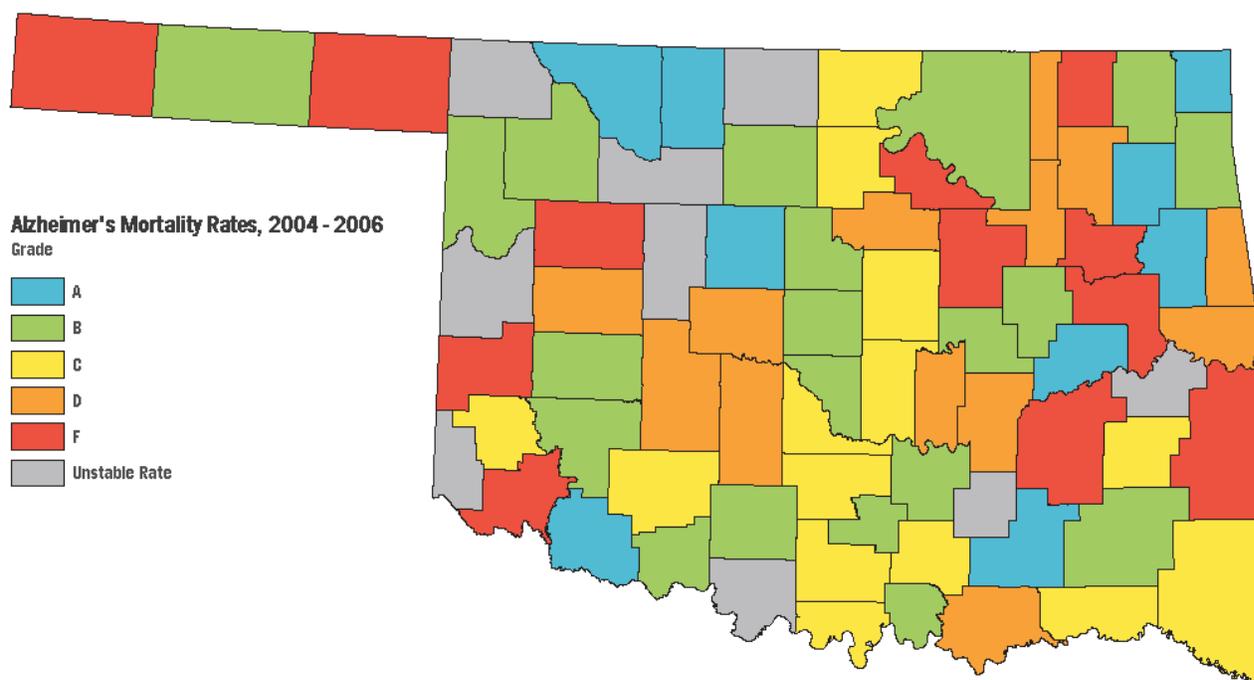
a woman was almost 40 percent higher than the rate for a man. All Alzheimer's deaths occurred to individuals aged 55 years or older, though the mortality rate increased greatly for those aged 65 years and older compared to those aged 55 to 64 years. Mortality rates were higher for Whites

and Blacks compared to American Indians and Hispanics. In fact, the mortality rate for Blacks was more than 700 percent greater than the rate for Hispanics. Mortality rates in the central and northwest regions of Oklahoma were lower than rates in other areas of the state.

<sup>1</sup> National Institute on Aging. Alzheimer's Information. Retrieved from <http://www.nia.nih.gov/Alzheimers/AlzheimersInformation>

<sup>2</sup> Alzheimer's Association. Inside the Brain: An Interactive Tour. Retrieved from [http://www.alz.org/alzheimers\\_disease\\_4719.asp](http://www.alz.org/alzheimers_disease_4719.asp)

<sup>3</sup> Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: Final data for 2005. National vital statistics reports; vol 56 no 10. Hyattsville, MD: National Center for Health Statistics. 2008.



**ALZHEIMER'S DEATHS BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	29.3	50	CUSTER	29.9	52	LATIMER	24.8	41	OTTAWA	14.6	7
ALFALFA	7.3	1	DELAWARE	19.6	26	LEFLORE	32.8	57	PAWNEE	37.6	62
ATOKA	10.2	2	DEWEY	34.2	59	LINCOLN	22.2	36	PAYNE	27.2	45
BEAVER	45.7	66	ELLIS	17.0	15	LOGAN	15.0	10	PITTSBURG	34.9	60
BECKHAM	45.1	65	GARFIELD	19.7	27	LOVE	21.0	31	PONTOTOC	16.8	14
BLAINE	-	-	GARVIN	25.2	43	MAJOR	-	-	POTTAWATOMIE	20.5	30
BRYAN	28.1	46	GRADY	30.7	56	MARSHALL	16.1	13	PUSHMATAHA	17.2	16
CADDO	29.1	49	GRANT	-	-	MAYES	14.6	7	ROGER MILLS	-	-
CANADIAN	26.3	44	GREER	21.3	33	MCCLAIN	22.7	39	ROGERS	28.4	48
CARTER	21.1	32	HARMON	-	-	MCCURTAIN	22.1	35	SEMINOLE	28.1	46
CHEROKEE	13.3	4	HARPER	-	-	MCINTOSH	13.0	3	SEQUOYAH	30.0	53
CHOCTAW	22.3	37	HASKELL	-	-	MURRAY	17.7	18	STEPHENS	18.5	20
CIMARRON	62.2	67	HUGHES	30.1	54	MUSKOGEE	42.0	64	TEXAS	15.6	12
CLEVELAND	17.5	17	JACKSON	65.3	68	NOBLE	22.3	37	TILLMAN	13.7	5
COAL	-	-	JEFFERSON	-	-	NOWATA	40.5	63	TULSA	29.7	51
COMANCHE	21.8	34	JOHNSTON	25.1	42	OKFUSKEE	18.8	22	WAGONER	32.8	57
COTTON	19.2	23	KAY	24.1	40	OKLAHOMA	19.4	25	WASHINGTON	30.6	55
CRAIG	18.2	19	KINGFISHER	14.6	7	OKMULGEE	18.5	20	WASHITA	19.3	24
CREEK	37.5	61	KIOWA	19.7	27	OSAGE	19.8	29	WOODS	14.1	6
									WOODWARD	15.3	11

# nephritis (kidney disease) deaths

## NEPHRITIS (KIDNEY DISEASE) DEATHS (RATE PER 100,000; GRADE; 2006)

### STATE COMPARISON

US	14.3	C
SOUTH DAKOTA (best)	5.7	A
OKLAHOMA	15.3	C
LOUISIANA (worst)	27.3	F

### AGE IN YEARS

18 - 24	-	
25 - 34	1.7	A
35 - 44	2.8	A
45 - 54	5.6	A
55 - 64	15.3	C
65 +	101.6	F

### GENDER

MALE	18.5	D
FEMALE	13.3	C

### RACE/ETHNICITY

WHITE (NH)	13.3	C
BLACK (NH)	37.1	F
AMER INDIAN (NH)	21.8	D
HISPANIC	22.6	F

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### EDUCATION

< HS	NA	
HS	NA	
HS+	NA	
COLLEGE GRADUATE	NA	

### HISTORIC

OK 1990	12.1	C
OK 1995	11.9	C
OK 2000	14.7	C
OK 2005	14.9	C
OK 2006	15.3	C

### STATE REGION

CENTRAL	12.5	C
NE	13.6	C
NW	18.4	D
SE	16.6	C
SW	18.5	D
TULSA	16.2	C

## Oklahoma nephritis rates are lower than the national average.

Chronic kidney disease (CKD) includes conditions such as nephritis and nephrosis that damage kidneys and decrease their ability to rid the body of waste. Twenty-six million American adults have CKD and millions of others are at increased risk. When kidney disease progresses, it may lead to kidney failure, which requires dialysis or a kidney transplant to maintain life. Anyone can get chronic kidney disease at any age. However, some people are more likely than others to develop kidney disease.<sup>1</sup>

Nephritis is an inflammation in the kidney caused by activity of the immune system. Nephrosis is a non-inflammatory disease of the kidney marked by very high levels of protein in the urine, along with low levels of protein in the blood; swelling, especially around the eyes, feet, and hands; and high cholesterol. Nephrosis can be caused by kidney disease, or it may be a complication of another disorder, particularly diabetes. Nephrosis is also known as nephrotic syndrome.<sup>1</sup>

Nephrotic syndrome can occur with many diseases. In adults, one of the most common causes is diabetes.

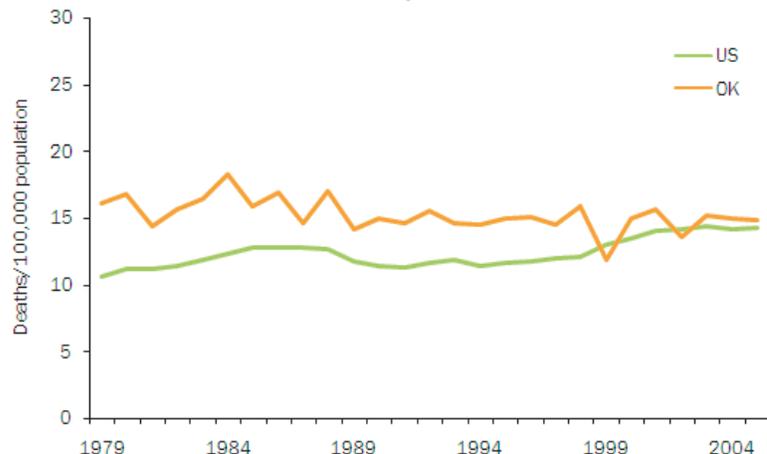
Kidney disease is Oklahoma's ninth leading cause of death.

Oklahoma's increasing prevalence of diabetes outpaced the national average during the past decade and ranks Oklahoma fourth highest in diabetes mortality in the US.<sup>2</sup>

Among adult Oklahomans (18+ years old), approximately 277,500 (10.2%) reported being diagnosed with diabetes.<sup>3</sup> Although rates of diabetes in Oklahoma were higher than the national average, rates of nephrotic syndrome were lower than the national average. This could be caused by the recent trend of increased diabetes within our state indicating that an upward trend in nephrotic syndrome will soon be documented. Higher rates of nephrotic syndrome were seen in the Black and Hispanic populations. Poverty, lack of access to quality care, and higher hypertension rates within these populations likely contributed to these findings.<sup>1</sup>

Kidney disease is the ninth leading cause of death in Oklahoma earning the state a rank of 21<sup>st</sup> nationally in 2005.<sup>3</sup>

Age-adjusted Mortality Rates for Nephritis:  
US and OK, 1979-2005



From 1999-2004 an estimated 7.69 percent of adults aged 20 or older (15.5 million adults) had physiological evidence of chronic kidney disease determined as moderate or severe.<sup>5</sup> The United States Renal Data System reported 485,012 U.S. residents were under treatment for End-stage Renal Disease (ESRD) during 2005.<sup>6</sup>

1National Kidney Foundation, <http://www.kidney.org>

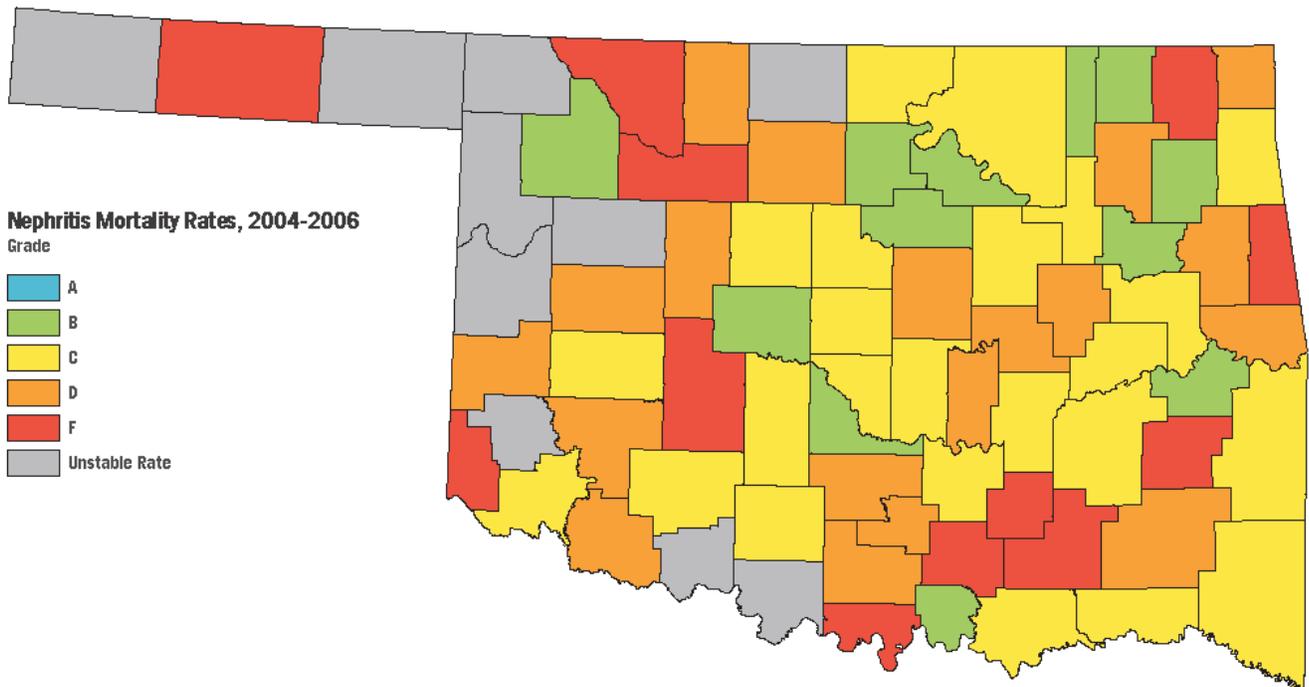
2Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (2005).

3Health Care Information (HCI). Behavioral Risk Factor Surveillance System Survey Data. Oklahoma City, Oklahoma: Oklahoma State Department of Health, Center for Health Statistics (2007).

4Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: Final data for 2005. National vital statistics reports; vol 56 no 10. Hyattsville, MD: National Center for Health Statistics. 2008.

5Coresh J, Selvin E, Stevens LA, Manzi J, Kusek JW, Eggers P, Van Lente F, Levey AS. Prevalence of chronic kidney disease in the United States. *Journal of the American Medical Association*. 2007;298(17):2038-2047.

6United States Renal Data System. *USRDS 2007 Annual Data Report*. Bethesda, MD: National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH), U.S. Department of Health and Human Services (DHHS); 2007. Available at: [www.usrds.org](http://www.usrds.org).



**NEPHRITIS (KIDNEY DISEASE) DEATHS BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	28.0	62	CUSTER	17.8	41	LATIMER	28.4	64	OTTAWA	21.6	54
ALFALFA	20.1	50	DELAWARE	14.9	29	LEFLORE	14.4	28	PAWNEE	8.2	4
ATOKA	23.3	57	DEWEY	-	-	LINCOLN	21.0	53	PAYNE	10.8	8
BEAVER	-	-	ELLIS	-	-	LOGAN	14.1	24	PITTSBURG	15.2	30
BECKHAM	19.3	46	GARFIELD	17.7	40	LOVE	50.5	67	PONTOTOC	13.7	19
BLAINE	18.9	45	GARVIN	16.9	37	MAJOR	30.3	65	POTTAWATOMIE	12.9	16
BRYAN	14.1	24	GRADY	15.3	31	MARSHALL	7.9	3	PUSHMATAHA	20.9	52
CADDO	28.2	63	GRANT	-	-	MAYES	9.5	7	ROGER MILLS	-	-
CANADIAN	11.5	9	GREER	-	-	MCCLAIN	7.0	1	ROGERS	19.4	47
CARTER	20.0	49	HARMON	25.8	60	MCCURTAIN	16.8	36	SEMINOLE	18.8	44
CHEROKEE	18.5	43	HARPER	-	-	MCINTOSH	12.0	13	SEQUOYAH	17.2	38
CHOCTAW	13.5	18	HASKELL	11.8	12	MURRAY	17.3	39	STEPHENS	12.7	15
CIMARRON	-	-	HUGHES	12.0	13	MUSKOGEE	16.1	35	TEXAS	25.4	58
CLEVELAND	13.7	19	JACKSON	13.9	21	NOBLE	11.5	9	TILLMAN	17.8	41
COAL	44.2	66	JEFFERSON	-	-	NOWATA	11.5	9	TULSA	13.9	21
COMANCHE	14.1	24	JOHNSTON	25.4	58	OKFUSKEE	19.7	48	WAGONER	7.1	2
COTTON	-	-	KAY	15.6	32	OKLAHOMA	14.3	27	WASHINGTON	8.9	5
CRAIG	26.5	61	KINGFISHER	13.4	17	OKMULGEE	20.6	51	WASHITA	16.0	34
CREEK	15.8	33	KIOWA	21.8	55	OSAGE	13.9	21	WOODS	22.4	56
									WOODWARD	8.9	5

# suicides

## Suicide is the most common type of violent death.

Contrary to popular belief, suicide is the most common type of violent death in the U.S. and Oklahoma as well.<sup>1</sup> More than 32,000 people in the U.S. and 500 people in Oklahoma kill themselves each year.<sup>2</sup> In Oklahoma, the number of suicide deaths is nearly three times that of homicides. While the annual suicide rate in Oklahoma has changed little from 1979 to 2005, it has been consistently 30 to 40 percent higher than the U.S. suicide rate (see trend graph). Suicide rates also tend to be higher in southeastern areas of Oklahoma (see map).

The suicide rate in Oklahoma has consistently been 30 to 40 percent higher than the U.S. rate.

death there were approximately 4.5 persons hospitalized for a suicide attempt or nonfatal self-inflicted injury.<sup>3</sup> Females had higher rates of nonfatal self-inflicted injuries than males, and poisoning was the most common cause of hospitalized nonfatal self-inflicted injuries.<sup>3</sup>

Factors that likely increase a person's risk for suicide include: a history of depression or mental illness, previous suicide attempts, drug and alcohol abuse, social isolation, history of trauma or abuse, physical health problems, intimate partner problems, and communication problems. Access to lethal means is also an important factor. Factors likely to decrease the risk for suicide or have a protective effect include: strong family ties; appropriate clinical care for depression; mental health and substance abuse problems; good problem-solving skills; and cultural and religious beliefs that discourage suicide and support self-preservation. Effective suicide prevention strategies include educating physicians in recognizing and treating depression and

Males were four times more likely than females to kill themselves (see table). Whites and American Indians had higher rates of suicide than Blacks or Hispanics. Suicide rates were highest overall among middle-aged persons. However, the highest rates of suicide were among white males over 65 years of age.<sup>1</sup> Firearms were the most common means of suicide, but hanging and poisoning were also common methods.<sup>1</sup> Males used firearms more often than females to kill themselves, while females used poison more often than males.<sup>1</sup> Hospitalization data collected in Oklahoma on suicide attempts showed that for every suicide

### SUICIDES (RATE PER 100,000; GRADE; 2006)

#### STATE COMPARISON

US	10.9	C
DIST OF COLUMBIA (best)	5.2	A
OKLAHOMA	14.9	D
MONTANA (worst)	21.8	F

#### AGE IN YEARS

18 - 24	15.5	D
25 - 34	17.9	F
35 - 44	23.7	F
45 - 54	21.9	F
55 - 64	19.9	F
65 +	15.4	D

#### GENDER

MALE	24.4	F
FEMALE	6.1	A

#### RACE/ETHNICITY

WHITE (NH)	16.0	D
BLACK (NH)	5.6	A
AMER INDIAN (NH)	13.1	C
HISPANIC	8.6	B

#### INCOME

< \$15k	NA
\$15k - 25k	NA
\$25k - 49k	NA
\$50k - 75k	NA
\$75k +	NA

#### EDUCATION

< HS	NA
HS	NA
HS+	NA
COLLEGE GRADUATE	NA

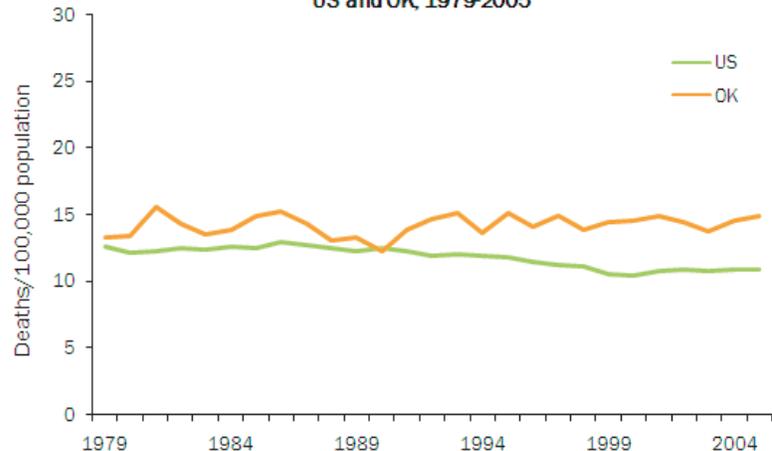
#### HISTORIC

OK 1990	13.2	C
OK 1995	14.5	D
OK 2000	13.6	C
OK 2000	14.5	D
OK 2005	14.9	D

#### STATE REGION

CENTRAL	13.7	D
NE	15.8	D
NW	13.0	D
SE	19.9	F
SW	13.0	D
TULSA	14.2	D

Age-adjusted Mortality Rates for Suicide:  
US and OK, 1979-2005

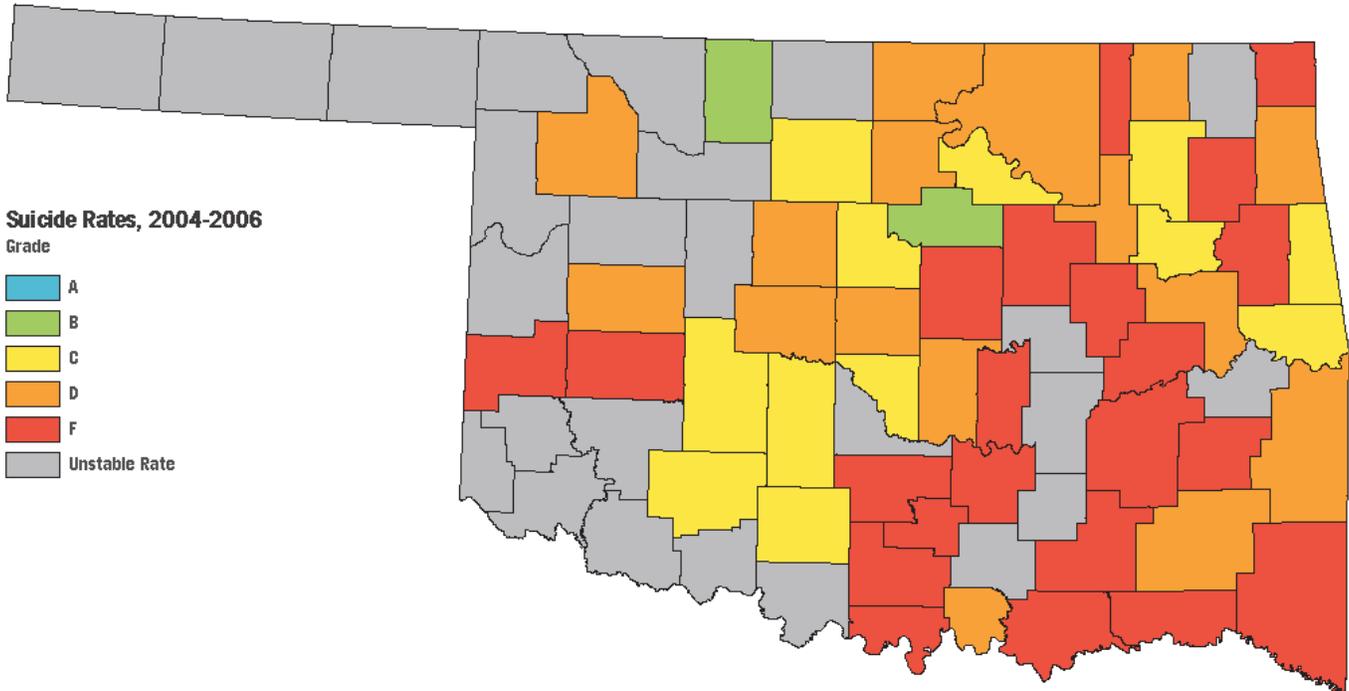


restricting access to lethal means. In 2001, the Oklahoma Legislature created the Youth Suicide Prevention Council to address prevention needs. Efforts in Oklahoma are currently aimed at building capacity and infrastructure for suicide prevention.

<sup>1</sup> Oklahoma State Department of Health, Injury Prevention Service. (2008). Summary of Violent Deaths in Oklahoma, Oklahoma Violent Death Reporting System, 2004-2006. Available from URL: <http://www.ok.gov/health/documents/Summary%20of%20Violent%20Deaths%202004-2006.pdf>.

<sup>2</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2008 Dec 1]. Available from URL: [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)

<sup>3</sup> Oklahoma State Department of Health, Injury Prevention Service. (2006). Fatal and Nonfatal Self-Inflicted Injuries in Oklahoma, 2002-2004. Available from URL: [http://www.ok.gov/health/documents/Suicide\\_2002-2004.pdf](http://www.ok.gov/health/documents/Suicide_2002-2004.pdf)



**SUICIDES BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	11.5	9	CUSTER	15.2	27	LATIMER	48.3	52	OTTAWA	22.8	44
ALFALFA	6.5	1	DELAWARE	14.4	23	LEFLORE	16.3	30	PAWNEE	12.4	13
ATOKA	17.1	33	DEWEY	-	-	LINCOLN	26.1	49	PAYNE	8.7	2
BEAVER	-	-	ELLIS	-	-	LOGAN	10.0	3	PITTSBURG	21.3	42
BECKHAM	22.9	45	GARFIELD	11.9	11	LOVE	19.0	39	PONTOTOC	17.1	33
BLAINE	-	-	GARVIN	29.6	50	MAJOR	-	-	POTTAWATOMIE	15.4	28
BRYAN	18.7	37	GRADY	10.2	4	MARSHALL	14.1	20	PUSHMATAHA	13.9	18
CADDO	11.2	7	GRANT	-	-	MAYES	17.2	35	ROGER MILLS	-	-
CANADIAN	14.6	25	GREER	-	-	MCCLAIN	-	-	ROGERS	12.1	12
CARTER	18.8	38	HARMON	-	-	MCCURTAIN	30.9	51	SEMINOLE	25.1	48
CHEROKEE	18.5	36	HARPER	-	-	MCINTOSH	19.5	40	SEQUOYAH	11.3	8
CHOCTAW	21.4	43	HASKELL	-	-	MURRAY	23.2	47	STEPHENS	11.1	6
CIMARRON	-	-	HUGHES	-	-	MUSKOGEE	14.0	19	TEXAS	-	-
CLEVELAND	10.5	5	JACKSON	-	-	NOBLE	13.8	16	TILLMAN	-	-
COAL	-	-	JEFFERSON	-	-	NOWATA	14.1	20	TULSA	15.0	26
COMANCHE	12.7	14	JOHNSTON	-	-	OKFUSKEE	-	-	WAGONER	11.7	10
COTTON	-	-	KAY	14.3	22	OKLAHOMA	14.4	23	WASHINGTON	23.0	46
CRAIG	-	-	KINGFISHER	15.8	29	OKMULGEE	16.9	32	WASHITA	16.8	31
CREEK	20.9	41	KIOWA	-	-	OSAGE	13.8	16	WOODS	-	-
									WOODWARD	13.4	15

# infant mortality

The infant mortality rate for Blacks is nearly twice the state average.

Infant mortality is the death of an infant within the first year of life. An infant mortality rate (IMR), which is the number of infant deaths per 1,000 live births, is a critical indicator of the health of a population.

Oklahoma's IMR for 2006 was no better than the national rate achieved a decade earlier and was more than 75% higher than the Healthy People 2010 objective.

Various medical, socio-economic, and behavioral factors are associated with infant mortality, including prematurity, low birth weight, risk-appropriate prenatal care, and maternal behaviors such as smoking, improper weight gain, and alcohol and illicit drug use.<sup>1,2,3</sup>

mothers with less than a high school education was 1.25 to 2.7 times higher than mothers with at least a high school education.

Oklahoma's infant mortality rate (IMR) has remained above the national rate for more than 10 years. While some improvements have been observed, the state's IMR for 2006 was no better than the national rate achieved a decade earlier and was more than 75 percent higher than the Healthy People 2010 objective of 4.5 deaths per 1,000 live births.<sup>4,5,6</sup>

The OSDH Commissioner's Action Team on Reduction of Infant Mortality was formed in May 2007 to identify and target prevention strategies to facilitate the reduction of infant mortality. Prevention efforts focused on maternal behaviors include: increasing access to quality health care and education before and during pregnancy, reducing prenatal sexually transmitted diseases (STDs), increasing screening for postpartum depression, and enhancing tobacco use prevention activities. For infants, prevention efforts focus on infant safe sleep, promoting the importance of breastfeeding, and preventing childhood injuries. Additional efforts include enhancing data collection and surveillance around maternal and infant health, and imple-

Infant mortality rates for 2006 in Oklahoma varied by demographic characteristics, with the greatest disparity seen among racial/ethnic groups and mother's educational status. The IMR for Blacks was 1.5 to 2.8 times higher than other ethnic groups. The IMR for

## INFANT MORTALITY

(RATE PER 1,000; GRADE; 2006)

### STATE COMPARISON

US	6.9	C
UTAH (best)	4.5	A
OKLAHOMA	8.0	D
DIST OF COLUMBIA (worst)	14.6	F

### MOTHER'S AGE IN YEARS

18 - 24	8.1	D
25 - 34	6.9	C
35 - 44	6.4	C
45 - 54	-	-

### INFANT GENDER

MALE	9.0	D
FEMALE	7.0	C

### RACE/ETHNICITY

WHITE (NH)	6.9	C
BLACK (NH)	14.6	F
AMER INDIAN (NH)	9.9	D
HISPANIC	5.2	B

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### MOTHER'S EDUCATION

< HS	11.1	F
HS	8.9	D
HS+	6.3	C
COLLEGE GRADUATE	4.1	A

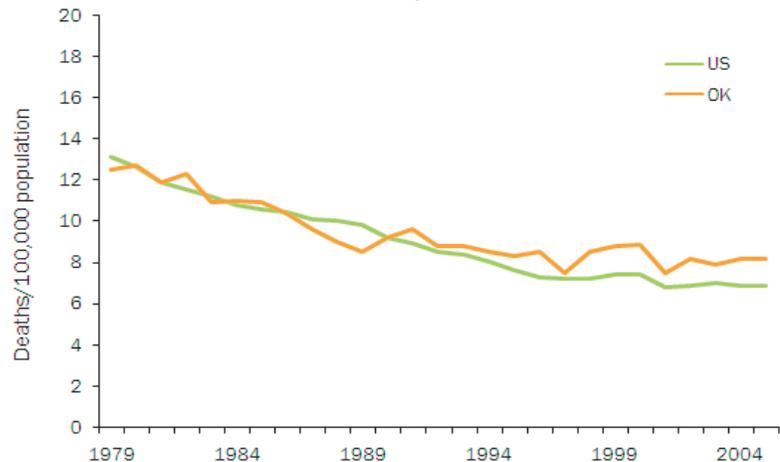
### HISTORIC

OK 1990	9.0	D
OK 1995	8.3	D
OK 2000	8.4	D
OK 2005	8.1	D
OK 2006	8.0	D

### STATE REGION

CENTRAL	7.7	C
NE	6.9	C
NW	7.9	D
SE	7.6	C
SW	10.2	F
TULSA	8.7	D

Infant Mortality Rates  
US and OK, 1979-2005



menting a statewide public awareness and education campaign on infant mortality to include targeted messaging for high-risk populations.

<sup>1</sup> MacDorman, M.F., Mathews, T.J (2008). Recent Trends in Infant Mortality in the United States. NCHS data brief, no 9. Hyattsville, MD: National Center for Health Statistics.

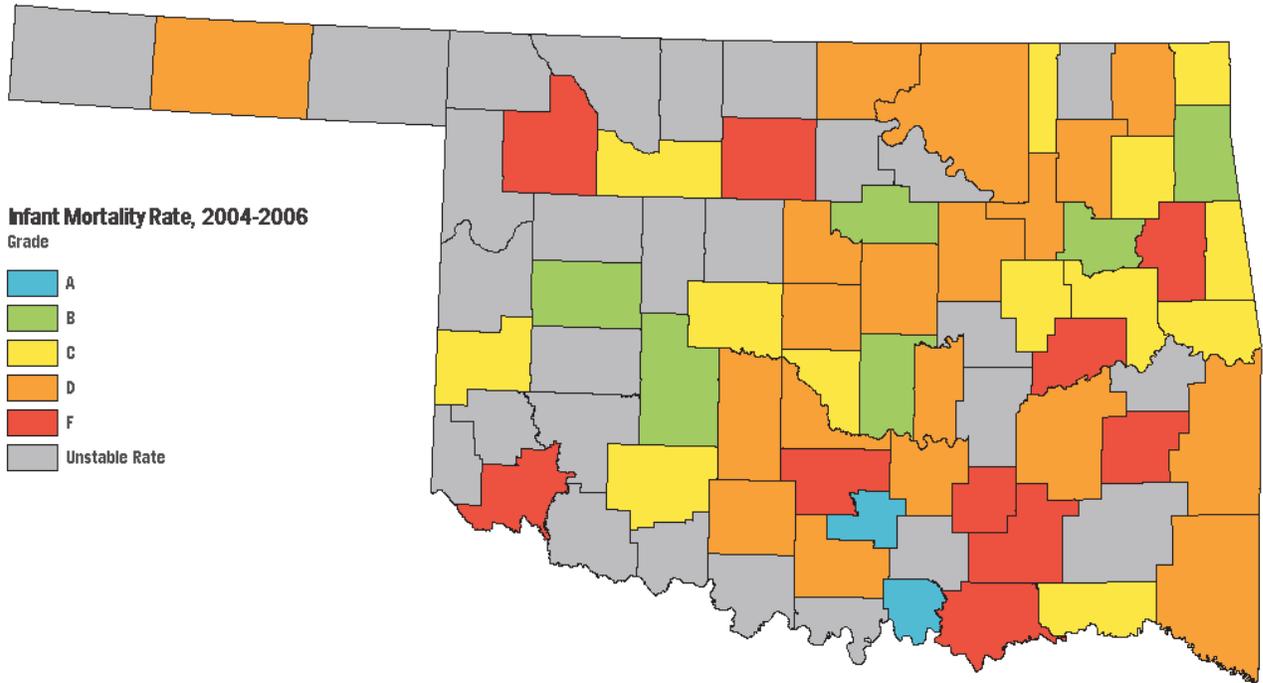
<sup>2</sup> Singh, G.K., & Kogan, M.D. (2007). Persistent Socioeconomic Disparities in Infant, Neonatal, and Postneonatal Mortality Rates in the United States, 1969–2001. *Pediatrics* 119, no 4: 928-39.

<sup>3</sup> Okah, F.A., Cai, J., & Hoff, G.L. (2005). Term-Gestation Low Birth Weight and Health Compromising Behaviors During Pregnancy. *Obstetrics and Gynecology*, Vol. 105, No. 3 March 2005, pp. 543-550.

<sup>4</sup> Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: Final data for 2005. National vital statistics reports; vol 56 no 10. Hyattsville, MD: National Center for Health Statistics. 2008.

<sup>5</sup> U.S. Department of Health and Human Services. *Healthy People 2010*. 2<sup>nd</sup> ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

<sup>6</sup> Oklahoma State Department of Health. (n.d.). OK2SHARE, available at <http://www.ok.gov/health/pub/wrapper/ok2share.html>



**INFANT MORTALITY BY COUNTY (RATE PER 1,000; RANK; 2004-2006)**

ADAIR	7.5	20	CUSTER	4.8	1	LATIMER	14.0	55	OTTAWA	7.4	19
ALFALFA	-	-	DELAWARE	4.8	1	LEFLORE	8.2	32	PAWNEE	-	-
ATOKA	10.8	52	DEWEY	-	-	LINCOLN	9.9	48	PAYNE	7.1	15
BEAVER	-	-	ELLIS	-	-	LOGAN	8.7	39	PITTSBURG	7.6	21
BECKHAM	6.0	6	GARFIELD	10.4	50	LOVE	-	-	PONTOTOC	8.3	33
BLAINE	9.7	46	GARVIN	8.4	34	MAJOR	-	-	POTTAWATOMIE	7.3	17
BRYAN	8.6	37	GRADY	7.8	25	MARSHALL	5.1	3	PUSHMATAHA	7.3	17
CADDO	8.0	29	GRANT	12.7	54	MAYES	6.1	7	ROGER MILLS	-	-
CANADIAN	7.2	16	GREER	-	-	MCCLAIN	8.0	29	ROGERS	6.3	11
CARTER	6.2	9	HARMON	-	-	MCCURTAIN	7.8	25	SEMINOLE	9.5	44
CHEROKEE	9.3	42	HARPER	-	-	MCINTOSH	15.3	56	SEQUOYAH	7.6	21
CHOCTAW	12.6	53	HASKELL	9.8	47	MURRAY	6.1	7	STEPHENS	8.4	34
CIMARRON	-	-	HUGHES	7.8	25	MUSKOGEE	6.2	9	TEXAS	5.7	5
CLEVELAND	6.3	11	JACKSON	10.2	49	NOBLE	-	-	TILLMAN	10.4	50
COAL	26.8	57	JEFFERSON	-	-	NOWATA	-	-	TULSA	8.0	29
COMANCHE	7.6	21	JOHNSTON	-	-	OKFUSKEE	-	-	WAGONER	5.4	4
COTTON	-	-	KAY	7.8	25	OKLAHOMA	8.9	41	WASHINGTON	7.7	24
CRAIG	6.4	13	KINGFISHER	-	-	OKMULGEE	9.5	44	WASHITA	6.5	14
CREEK	8.6	37	KIOWA	8.5	36	OSAGE	8.8	40	WOODS	-	-
									WOODWARD	9.3	42

# total mortality

Oklahoma's mortality rate is significantly higher than the U.S. rate.

A primary goal of Healthy People 2010 is to increase the years of healthy life for all Americans.<sup>1</sup> Dying is inevitable; dying prematurely is not. Most of the leading causes of death today are chronic diseases that are related to individuals' lifestyles and behaviors. If health professionals can motivate individuals to modify their behaviors, it may reduce premature mortality and deaths due to these chronic diseases and result in increased years of healthy life. Life expectancy has already increased with the development of innovative medical technologies and public health practices. For example, life expectancy for a person born in 1900 was 47.3 years at birth.<sup>2</sup> For a person born in 2005, estimates of life expectancy at birth have increased to 75.2 years for males and 80.4 years for females.<sup>2</sup>

If Oklahomans adopt healthier behaviors, they may reduce the burden of chronic illness and premature mortality, thus increasing longevity and quality of life across the state.

and what factors relate to those differences can assist health professionals in developing and implementing programs that may bring the state closer to achieving the national goals.

In 2006, more than 35,000 Oklahoma residents expired from all causes, resulting in a mortality rate that was 19.4 percent higher than the national mortality rate. Oklahoma's age-adjusted mortality rate for 2006 was lower than the state's rate for the previous year, though years of potential life lost (YPLL) through the age of 65 years remained relatively unchanged. The mortality rate among women was significantly lower than the rate for men although women accounted for 50.3 percent of all deaths. The mortality rates according to age group produced a typical j-shaped curve, reflective of the higher rates of death of infants (< 1 year of age) and older individuals. Blacks had the highest

The other primary goal of Healthy People 2010 is to eliminate health disparities among sub-groups in the population.<sup>1</sup> Unfortunately, disparities based on sex, race/ethnicity, and other factors exist with respect to mortality rates and causes of death. Determining what mortality differences exist among Oklahoma's sub-populations

## TOTAL MORTALITY

(RATE PER 100,000; GRADE; 2006)

### STATE COMPARISON

US	799.4	C
HAWAII (best)	628.2	A
OKLAHOMA	918.7	D
LOUISIANA (worst)	1011.1	F

### AGE IN YEARS

18 - 24	112.7	A
25 - 34	143.6	A
35 - 44	255.6	A
45 - 54	559.1	A
55 - 64	1144.8	F
65 +	3486.6	F

### GENDER

MALE	1090.6	F
FEMALE	778.7	C

### RACE/ETHNICITY

WHITE (NH)	911.7	D
BLACK (NH)	1101.0	F
AMER INDIAN (NH)	908.5	D
HISPANIC	472.8	A

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### EDUCATION

< HS	NA	
HS	NA	
HS+	NA	
COLLEGE GRADUATE	NA	

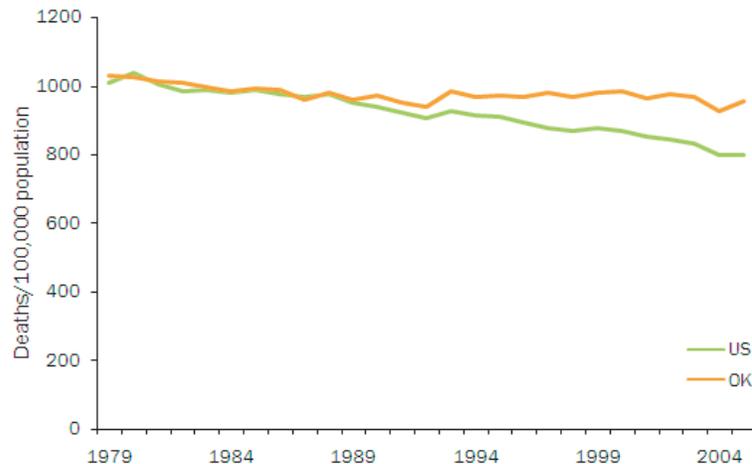
### HISTORIC

OK 1990	958.3	F
OK 1995	958.8	F
OK 2000	968.4	F
OK 2005	955.4	F
OK 2006	918.7	D

### STATE REGION

CENTRAL	870.4	D
NE	916.0	F
NW	854.2	D
SE	1003.0	F
SW	987.4	F
TULSA	908.9	D

Total Mortality Rates  
US and OK, 1979-2005

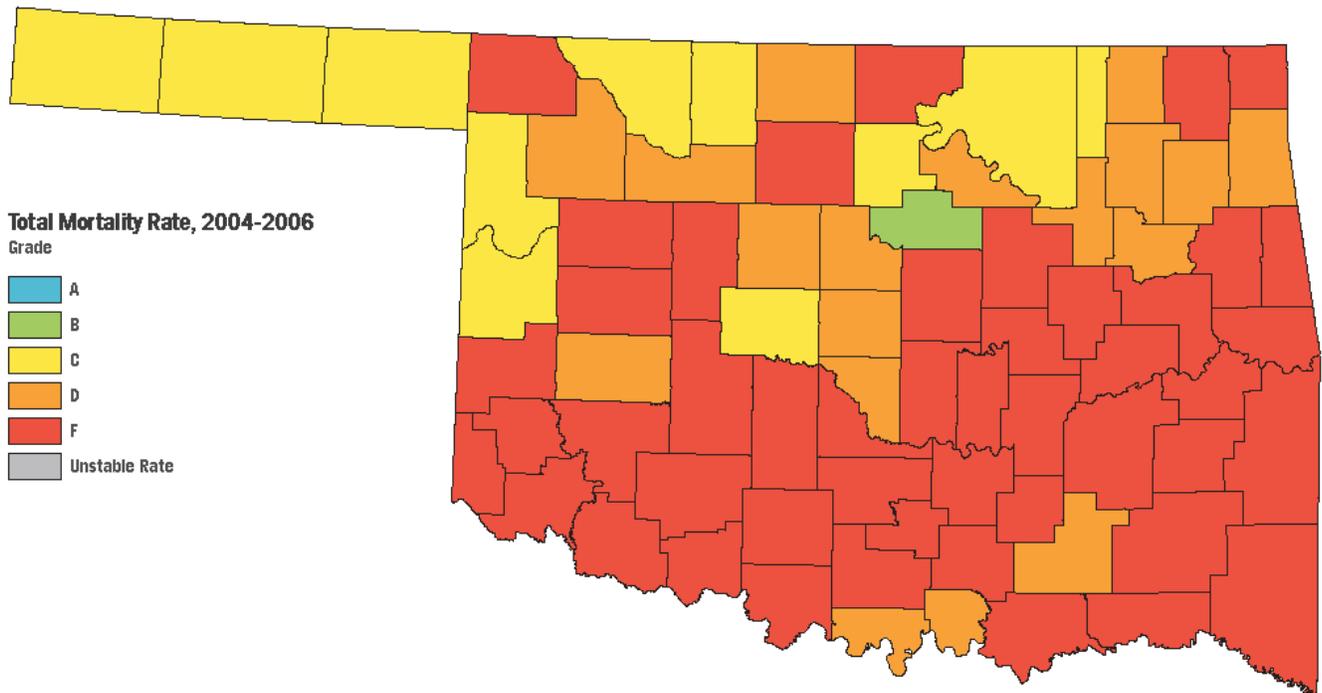


and Hispanics had the lowest age-adjusted mortality rates of the four racial/ethnic groups assessed. Across the state, age-adjusted mortality rates were lowest for residents in the northwest and highest for those in the southeast and southwest regions.

While the US mortality rate declined 26.5 percent between 1979 and 2005, Oklahoma's mortality rate declined only 7.8 percent for the same time period. Oklahoma's mortality rate has been consistently higher than the national rate since 1981, and the gap has only widened.

<sup>1</sup> U.S. Department of Health and Human Services. *Healthy People 2010*. 2<sup>nd</sup> ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000. Retrieved from <http://www.healthypeople.gov>

<sup>2</sup> National Center for Health Statistics. *Health, United States, 2007 with Chartbook on trends in the health of Americans*. Hyattsville, MD: 2007. Retrieved from <http://www.cdc.gov/nchs/data/hs/hs07.pdf#027>



**TOTAL MORTALITY BY COUNTY (RATE PER 100,000; RANK; 2004-2006)**

ADAIR	1073.1	71	CUSTER	947.3	32	LATIMER	1028.4	57	OTTAWA	1029.3	58
ALFALFA	758.4	2	DELAWARE	883.0	20	LEFLORE	999.5	47	PAWNEE	922.7	29
ATOKA	890.4	21	DEWEY	1027.9	56	LINCOLN	1002.5	49	PAYNE	741.2	1
BEAVER	763.7	3	ELLIS	833.9	10	LOGAN	858.1	15	PITTSBURG	968.9	40
BECKHAM	1091.6	73	GARFIELD	939.4	31	LOVE	868.2	18	PONTOTOC	976.6	42
BLAINE	951.5	35	GARVIN	1030.8	59	MAJOR	890.8	22	POTTAWATOMIE	978.4	43
BRYAN	1045.8	62	GRADY	1014.6	53	MARSHALL	901.9	26	PUSHMATAHA	1039.7	61
CADDO	1048.4	63	GRANT	873.9	19	MAYES	908.3	28	ROGER MILLS	775.0	4
CANADIAN	836.0	11	GREER	954.5	37	MCCLAIN	957.3	38	ROGERS	900.1	25
CARTER	1071.5	70	HARMON	1006.5	50	MCCURTAIN	1138.0	76	SEMINOLE	1076.1	72
CHEROKEE	1049.8	65	HARPER	1011.1	51	MCINTOSH	950.5	34	SEQUOYAH	993.3	46
CHOCTAW	1145.0	77	HASKELL	992.1	45	MURRAY	1039.0	60	STEPHENS	974.5	41
CIMARRON	820.8	9	HUGHES	1002.1	48	MUSKOGEE	958.3	39	TEXAS	819.2	7
CLEVELAND	867.3	17	JACKSON	1070.5	69	NOBLE	794.8	6	TILLMAN	1016.9	55
COAL	1127.9	75	JEFFERSON	1060.5	67	NOWATA	862.6	16	TULSA	927.9	30
COMANCHE	952.1	36	JOHNSTON	1051.7	66	OKFUSKEE	1118.3	74	WAGONER	894.8	23
COTTON	1016.8	54	KAY	948.5	33	OKLAHOMA	904.9	27	WASHINGTON	841.7	12
CRAIG	1013.2	52	KINGFISHER	897.1	24	OKMULGEE	1048.9	64	WASHITA	847.2	13
CREEK	984.4	44	KIOWA	1063.1	68	OSAGE	820.3	8	WOODS	777.2	5
									WOODWARD	853.9	14

# diabetes prevalence

One in every ten adult Oklahomans has been diagnosed with diabetes.

Oklahoma has an increasing prevalence of diabetes, outpacing the national average during the past decade.

Diabetes is a group of metabolic diseases characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both.<sup>1</sup> Diabetes can affect many parts of the body and can lead to serious complications such as cardiovascular disease, blindness, kidney damage, and lower-limb amputations.<sup>2</sup>

Diabetes than Whites. The Hispanic population has a relatively larger proportion of younger people. Therefore, without age-adjustment, a slightly lower prevalence of diabetes was reported, while the age-adjusted diabetes prevalence of Hispanics was significantly higher than non-Hispanic Whites.

Oklahoma has an increasing prevalence of diabetes, outpacing the national average during the past decade. Approximately 277,500 (10.2%) Oklahomans 18 years and over are estimated to have diabetes<sup>3</sup>. Because one-third of all diabetes may be undiagnosed<sup>2</sup>, the total number of adults with diabetes could currently be approximately 390,900 or 14.4 percent of Oklahoma adults.

The health expenditures of diabetes in Oklahoma were estimated at \$3.28 billion for 2007.<sup>2,3</sup> The Oklahoma Medicaid program paid about \$88.7 million for claims with a primary diagnosis of diabetes for calendar year 2007.<sup>3</sup>

Diabetes is more common among people with older age. One in every five Oklahomans 65 years and over has been diagnosed with diabetes. Adults with lower annual household incomes, or fewer years of education, tend to report a higher prevalence of diabetes.

There were 6,592 hospital admissions with diabetes as the primary diagnosis for the calendar year 2006 in Oklahoma. Over half of these admissions were from emergency departments. The total charges for these admissions were \$120.3 million. Blacks had a much higher hospitalization rate with diabetes as the principal diagnosis than other racial groups.<sup>3</sup>

Among non-Hispanic populations, American Indians and Blacks reported a significantly higher prevalence of dia-

## DIABETES PREVALENCE (PERCENT; GRADE; 2007)

### STATE COMPARISON

US	8.0	C
COLORADO (best)	5.3	A
OKLAHOMA	10.2	D
TENNESSEE (worst)	11.9	F

### AGE IN YEARS

18 - 24	2.1	A
25 - 34	3.1	A
35 - 44	5.0	A
45 - 54	11.1	F
55 - 64	18.3	F
65 +	20.7	F

### GENDER

MALE	10.6	F
FEMALE	9.8	D

### RACE/ETHNICITY

WHITE (NH)	9.2	D
BLACK (NH)	12.7	F
AMER INDIAN (NH)	18.5	F
HISPANIC	8.5	C

### INCOME

< \$15k	17.5	F
\$15k - 25k	13.2	F
\$25k - 49k	9.2	D
\$50k - 75k	9.4	D
\$75k +	7.3	C

### EDUCATION

< HS	14.7	F
HS	10.9	F
HS+	9.6	D
COLLEGE GRADUATE	7.7	C

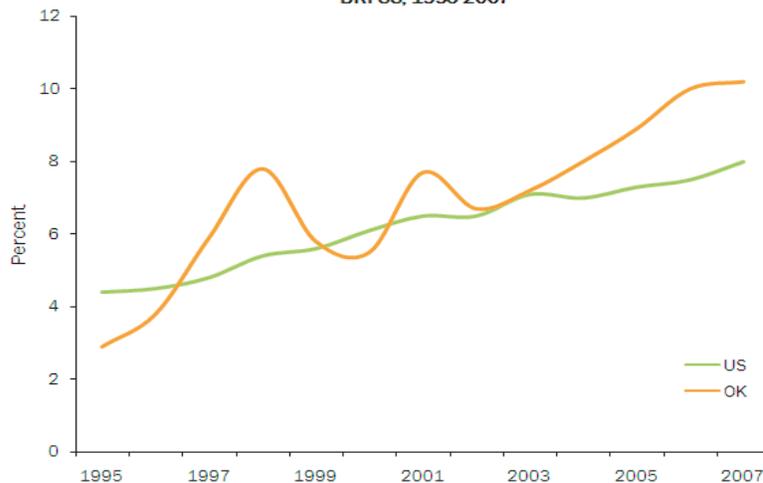
### HISTORIC

OK 1990	5.2	A
OK 1995	2.9	A
OK 2000	5.5	A
OK 2005	8.9	D
OK 2007	10.2	D

### STATE REGION

CENTRAL	9.8	D
NE	12.8	F
NW	9.1	D
SE	8.5	C
SW	10.0	D
TULSA	10.5	F

Adults ever diagnosed with diabetes: BRFSS, 1995-2007



Oklahoma has several distinct populations at increased risk for diabetes:

- 1) American Indians (representing 39 recognized tribes, over 50 socio-cultural systems, and about 10 percent of the state's population) had a significantly higher prevalence of diabetes than other racial/ethnic groups;
- 2) seniors, aged 65 years and over and ac-

counting for 13.2 percent of the state's population (higher than the 12.6 percent of the national average), have a diabetes diagnosis rate of about one in every five individuals;

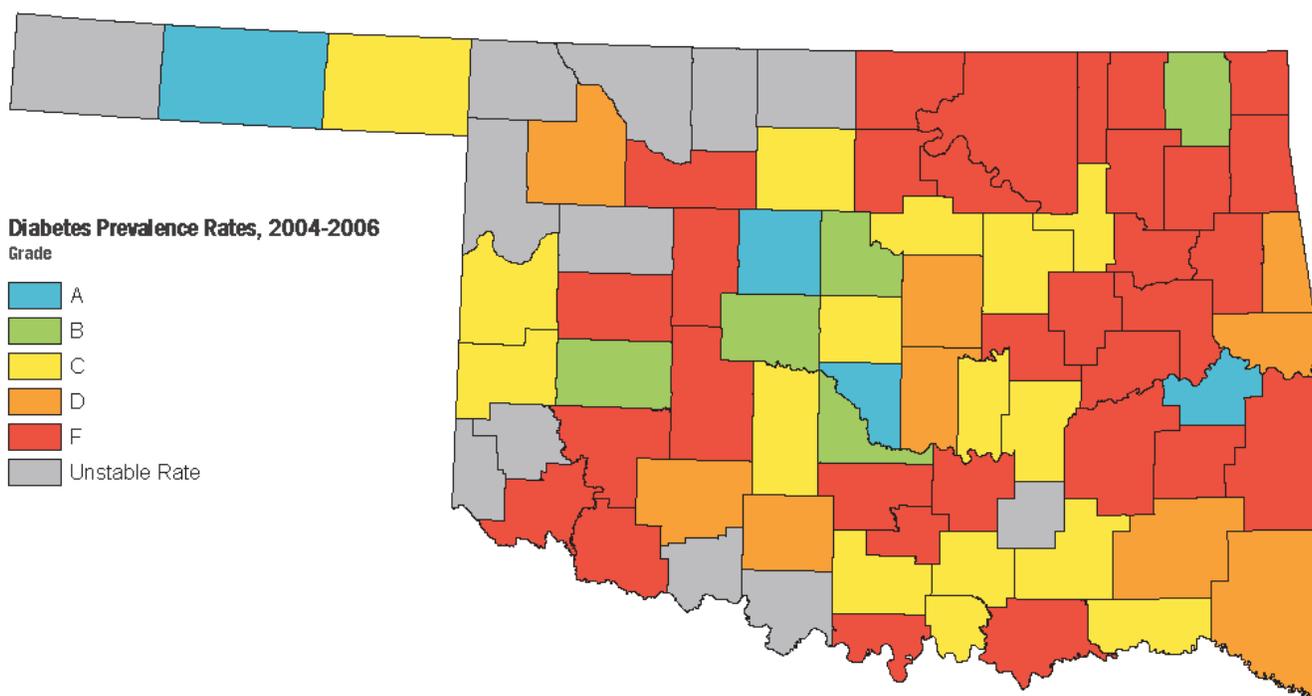
- 3) Oklahoma's rural populations have social and cultural characteristics unique to each region; and
- 4) Oklahoma's emerging Hispanic population will require the health system to meet new

and distinct challenges relative to their culture and needs.

<sup>1</sup> American Diabetes Association. Diagnosis and classification of diabetes mellitus. *Diabetes Care*. 2009; 32: (Supplement 1): S62-S67.

<sup>2</sup> Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2007. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008.

<sup>3</sup> Chronic Disease Service, Oklahoma State Department of Health. *Diabetes Surveillance Report*. 2008. Oklahoma State Department of Health.



**DIABETES PREVALENCE BY COUNTY (PERCENT; RANK; 2004-2006)**

ADAIR	8.8	26	CUSTER	11.7	47	LATIMER	11.9	52	OTTAWA	11.8	51
ALFALFA	-	-	DELAWARE	10.4	36	LEFLORE	13.5	59	PAWNEE	12.2	55
ATOKA	8.5	21	DEWEY	-	-	LINCOLN	9.0	27	PAYNE	7.3	10
BEAVER	7.3	10	ELLIS	-	-	LOGAN	6.7	6	PITTSBURG	10.3	35
BECKHAM	8.7	25	GARFIELD	7.6	15	LOVE	19.1	64	PONTOTOC	10.5	37
BLAINE	15.1	62	GARVIN	12.3	56	MAJOR	11.1	42	POTTAWATOMIE	9.4	29
BRYAN	11.7	47	GRADY	7.3	10	MARSHALL	8.6	23	PUSHMATAHA	10.0	34
CADDO	13.0	58	GRANT	-	-	MAYES	11.7	47	ROGER MILLS	7.8	16
CANADIAN	7.0	8	GREER	-	-	MCCLAIN	7.2	9	ROGERS	10.6	38
CARTER	8.6	23	HARMON	-	-	MCCURTAIN	9.0	27	SEMINOLE	7.4	13
CHEROKEE	11.4	44	HARPER	-	-	MCINTOSH	11.3	43	SEQUOYAH	9.5	31
CHOCTAW	7.4	13	HASKELL	5.3	4	MURRAY	13.7	60	STEPHENS	9.6	32
CIMARRON	-	-	HUGHES	8.0	18	MUSKOGEE	10.8	40	TEXAS	3.5	1
CLEVELAND	5.3	3	JACKSON	10.6	38	NOBLE	12.4	57	TILLMAN	14.5	61
COAL	-	-	JEFFERSON	-	-	NOWATA	10.9	41	TULSA	8.2	19
COMANCHE	9.9	33	JOHNSTON	8.4	20	OKFUSKEE	18.2	63	WAGONER	11.5	45
COTTON	-	-	KAY	12.0	54	OKLAHOMA	7.9	17	WASHINGTON	11.6	46
CRAIG	6.8	7	KINGFISHER	4.8	2	OKMULGEE	11.9	52	WASHITA	5.7	5
CREEK	8.5	21	KIOWA	19.8	65	OSAGE	11.7	47	WOODS	-	-
									WOODWARD	9.4	29

# cancer incidence

1 in 3 people will be diagnosed with some form of cancer in their lifetime.

Cancer is currently one of the most common diseases in the United States. It is defined by the American Cancer Society as “a group of diseases characterized by uncontrolled growth and spread of abnormal cells.”<sup>1</sup> While cancer is often thought of as one disease, it is actually many different diseases, with different risk factors, causes, treatments and survival estimates for the different sites.

While cancer is often thought of as one disease, it is actually many different diseases, with different risk factors, causes, treatments and survival estimates for the different sites.

It is estimated that one in three women, and one in every two men will be diagnosed with some form of cancer in their lifetime.<sup>1</sup> With most forms of cancer, the risk of incidence increases with age. Approximately 77% of cases are diagnosed among individuals 55 years old and older.<sup>1</sup> To compare different populations, scientists use age-adjusted rates to describe how frequently cancer is diagnosed. This technique accounts for the different age distributions and sizes of populations so they can be compared more accurately.

Between 1999 and 2004, Oklahoma is midway between the state with the lowest incidence (Utah) and the state with the highest incidence (Maine) with an age-adjusted incidence rate of 492.6 cases per 100,000 people. Among the different racial and ethnic groups in Oklahoma, Hispanics have the lowest rate at 416.8 cases per 100,000 while Black and American Indian had rates of 499.6 and 567.0 cases per 100,000 respectively. White rates fall between Hispanics and Blacks at 484.2 cases per 100,000. For all races combined, Oklahoma’s incidence rate has been and continues to be slightly lower than the national rate.

While there are many reasons for the differences in rates between genders and races, they typically fall into at least one of several categories: personal behaviors, other risk factors, and screening behaviors. Personal behav-

On average, men in Oklahoma have higher incidence than women, with rates of 548.8 and 403.4 cases per 100,000 men and women respectively. Based on cases diagnosed be-

## CANCER INCIDENCE

(RATE PER 100,000; GRADE; 2000-2005)

### STATE COMPARISON (1999-2004)

US	474.6	C
UTAH (best)	411.5	A
OKLAHOMA	492.6	D
MAINE (worst)	521.7	F

### AGE IN YEARS

0-19	15.4	A
20-29	37.4	A
30-39	103.1	A
40-49	262.2	A
50-64	827.5	F
65 +	2154.5	F

### GENDER

MALE	548.8	F
FEMALE	403.4	A

### RACE/ETHNICITY

WHITE (NH)	484.2	D
BLACK (NH)	499.6	F
AMER INDIAN (NH)	567.0	F
HISPANIC	416.8	A

### INCOME

< \$15k	NA
\$15k - 25k	NA
\$25k - 49k	NA
\$50k - 75k	NA
\$75k +	NA

### EDUCATION

< HS	NA
HS	NA
HS+	NA
COLLEGE GRADUATE	NA

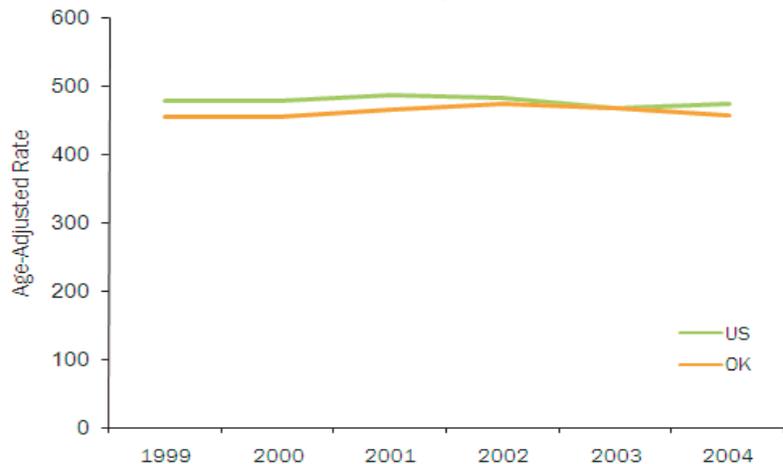
### HISTORIC

OK 1990	NA	
OK 1995	NA	
OK 2000	473.5	D
OK 2005	492.6	D

### STATE REGION

CENTRAL	512.2	F
NE	476.9	D
NW	457.3	C
SE	489.0	D
SW	483.2	D
TULSA	505.8	F

Age-Adjusted Cancer Incidence Rates:  
US and OK, 1999-2004



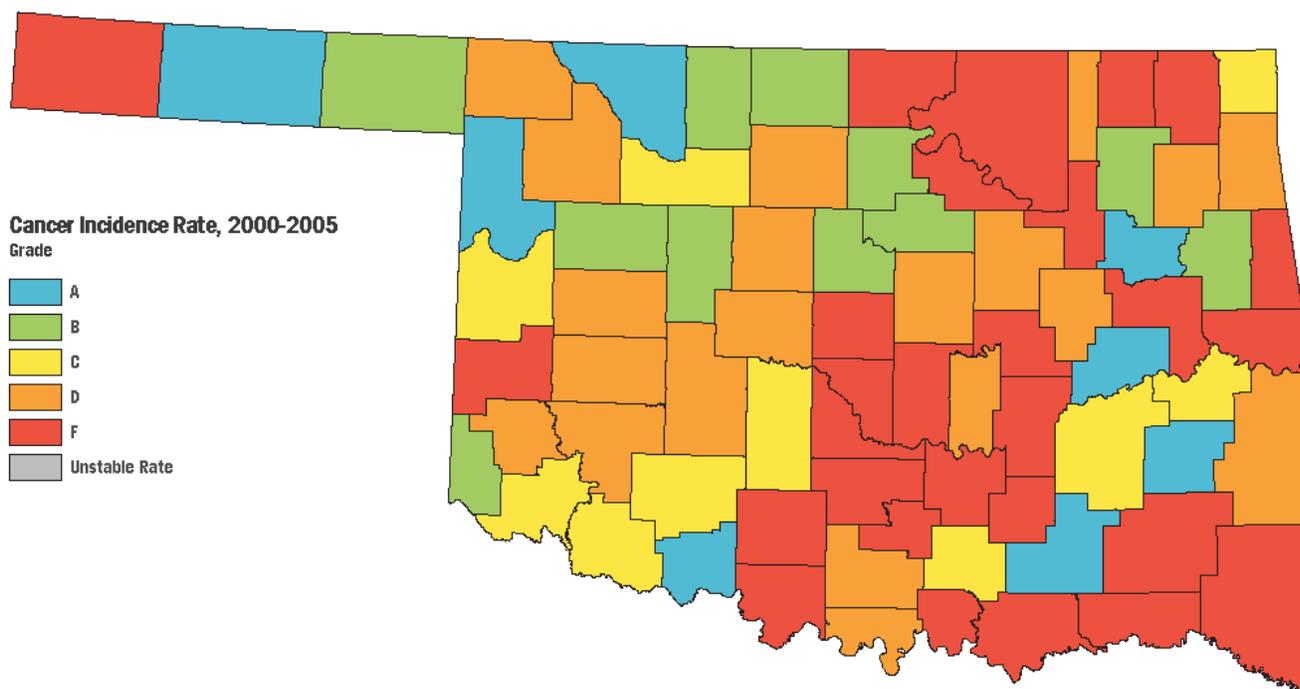
iors include diet, exercise, and tobacco use. Other risk factors include genetic and family history and exposure to other environmental substances that may increase risk. There are several cancers that can be detected early and even prevented through recommended screenings. These recommended screenings include pap smear, clinical

breast exam and mammogram, tPSA, colonoscopy and skin self-exams as well as skin exams by a trained health professional. In general, eating a healthy diet, exercising regularly, and getting appropriate screenings as recommended by a health professional can lower the risk of developing cancer.

<sup>1</sup> American Cancer Society, Cancer Facts & Figures 2008. Atlanta: American Cancer Society; 2008.

<sup>2</sup> Oklahoma Central Cancer Registry: 1997 – 2006 Incidence. Oklahoma State Department of Health.

<sup>3</sup> United States Cancer Statistics: 1999 - 2004 Incidence, WONDER On-line Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; August 2008. Accessed at <http://wonder.cdc.gov/cancer-v2004.html> on Feb 24, 2009 2:00:58 PM



**CANCER INCIDENCE BY COUNTY (RATE PER 100,000; RANK; 2000-2005)**

ADAIR	510.2	60	CUSTER	488.7	41	LATIMER	371.1	3	OTTAWA	450.9	20
ALFALFA	431.1	16	DELAWARE	494.6	48	LEFLORE	480.9	35	PAWNEE	607.9	77
ATOKA	409.0	7	DEWEY	425.0	10	LINCOLN	490.8	44	PAYNE	441.5	18
BEAVER	427.3	11	ELLIS	376.8	4	LOGAN	427.7	13	PITTSBURG	464.5	25
BECKHAM	506.0	57	GARFIELD	472.6	30	LOVE	480.9	35	PONTOTOC	513.1	62
BLAINE	424.3	9	GARVIN	532.5	70	MAJOR	453.9	21	POTTAWATOMIE	504.1	56
BRYAN	501.5	51	GRADY	464.8	27	MARSHALL	501.9	53	PUSHMATAHA	516.3	63
CADDO	473.5	32	GRANT	428.1	14	MAYES	490.9	45	ROGER MILLS	468.0	29
CANADIAN	487.2	39	GREER	472.8	31	MCCLAIN	554.4	74	ROGERS	436.1	17
CARTER	494.1	47	HARMON	427.4	12	MCCURTAIN	499.2	50	SEMINOLE	477.0	33
CHEROKEE	429.9	15	HARPER	492.4	46	MCINTOSH	91.0	1	SEQUOYAH	501.5	51
CHOCTAW	571.4	76	HASKELL	455.4	22	MURRAY	547.2	72	STEPHENS	503.3	54
CIMARRON	506.6	58	HUGHES	518.3	64	MUSKOGEE	537.1	71	TEXAS	405.8	6
CLEVELAND	531.7	68	JACKSON	464.5	25	NOBLE	442.3	19	TILLMAN	457.4	24
COAL	519.0	65	JEFFERSON	548.5	73	NOWATA	520.2	66	TULSA	508.2	59
COMANCHE	466.4	28	JOHNSTON	456.9	23	OKFUSKEE	503.8	55	WAGONER	269.9	2
COTTON	398.1	5	KAY	554.7	75	OKLAHOMA	511.2	61	WASHINGTON	477.6	34
CRAIG	532.3	69	KINGFISHER	488.0	40	OKMULGEE	487.0	38	WASHITA	483.5	37
CREEK	494.9	49	KIOWA	489.6	42	OSAGE	526.7	67	WOODS	411.8	8
									WOODWARD	490.6	43

# current asthma prevalence

## CURRENT ASTHMA PREVALENCE (PERCENT; GRADE; 2007)

### STATE COMPARISON

US	8.4	C
FLORIDA (best)	6.2	A
OKLAHOMA	8.6	C
MAINE (worst)	10.3	F

### AGE IN YEARS

18 - 24	9.6	D
25 - 34	7.9	B
35 - 44	8.1	C
45 - 54	9.0	D
55 - 64	9.5	D
65 +	8.2	C

### GENDER

MALE	5.7	A
FEMALE	11.4	F

### RACE/ETHNICITY

WHITE (NH)	8.5	C
BLACK (NH)	9.5	D
AMER INDIAN (NH)	11.4	F
HISPANIC	4.7	A

### INCOME

< \$15k	15.7	F
\$15k - 25k	9.1	D
\$25k - 49k	6.5	A
\$50k - 75k	8.7	C
\$75k +	6.7	A

### EDUCATION

< HS	9.4	D
HS	8.8	C
HS+	8.3	C
COLLEGE GRADUATE	8.5	C

### HISTORIC

OK 1990	NA	
OK 1995	NA	
OK 2000	6.3	A
OK 2000	8.5	C
OK 2005	8.6	C

### STATE REGION

CENTRAL	9.0	D
NE	8.0	C
NW	7.3	B
SE	9.9	D
SW	10.8	F
TULSA	7.3	B

## Asthma symptoms range from mild to severe and life threatening.

Asthma is a common chronic respiratory disease characterized by cough, shortness of breath, tightening of the chest and wheezing. Asthma triggers include food and chemical allergens, respiratory infections, air pollutants, and psychological stress that can cause mild to severe asthma episodes. Symptoms of asthma can range from mild to severe and could be life threatening.<sup>1, 2</sup> It is one of the most common chronic diseases of childhood, affecting more than six million children.<sup>1, 2, 3</sup>

Approximately 232,900 adults 18 years and older (8.6%) reported that they currently have asthma according to 2006 data. Female adults in Oklahoma had significantly higher prevalence of current asthma than males.<sup>4</sup>

Oklahoma adults who are current or former smokers are more likely to report higher prevalence of lifetime and current asthma when compared to those who have never smoked.<sup>4</sup> Oklahomans who have incomes of less than \$25,000 per year are more likely to report having asthma.<sup>4</sup>

About 78,500 Oklahoma children under age 18 (9.2%) reported that they currently have asthma, and 71.9 per-

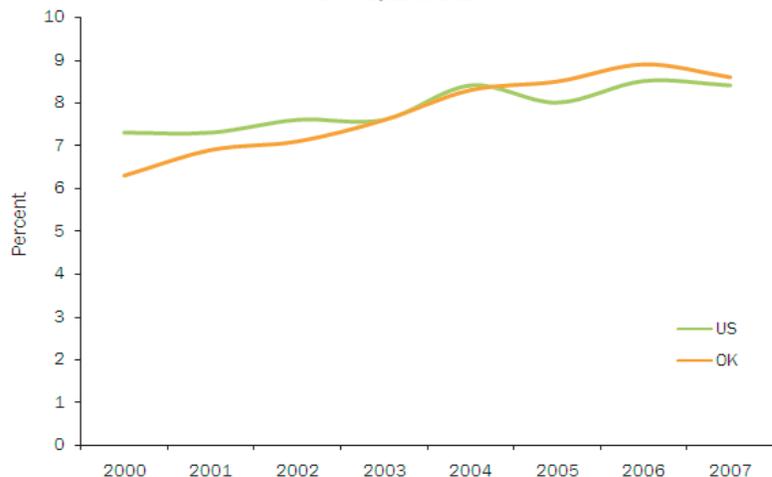
Oklahoma adults who are current or former smokers are more likely to report higher prevalence of lifetime and current asthma when compared to those who have never smoked.

cent of those children experienced an episode of asthma or "asthma attack" during the past 12 months.<sup>3</sup>

There were 4,665 hospital admissions with asthma as the primary diagnosis for the calendar year 2006 in Oklahoma with 66.5 percent of these admitted from the emergency room. The total charges for these admissions were \$46.9 million.<sup>4</sup> Children and adolescents (<15 years old) accounted for about 37 percent of those admissions, and another 18.8 percent were among persons 65 years and over.<sup>4</sup> Although most asthma hospital admissions came from Oklahoma and Tulsa counties, counties in southern and western Oklahoma also had high hospitalization rates.<sup>4</sup>

Among Oklahoma Medicaid beneficiaries with asthma as the primary diagnosis, about half (53.3%) of them were children younger than 10 years of

Percent of Adults Who Currently Have Asthma: BRFSS, 2000-2007



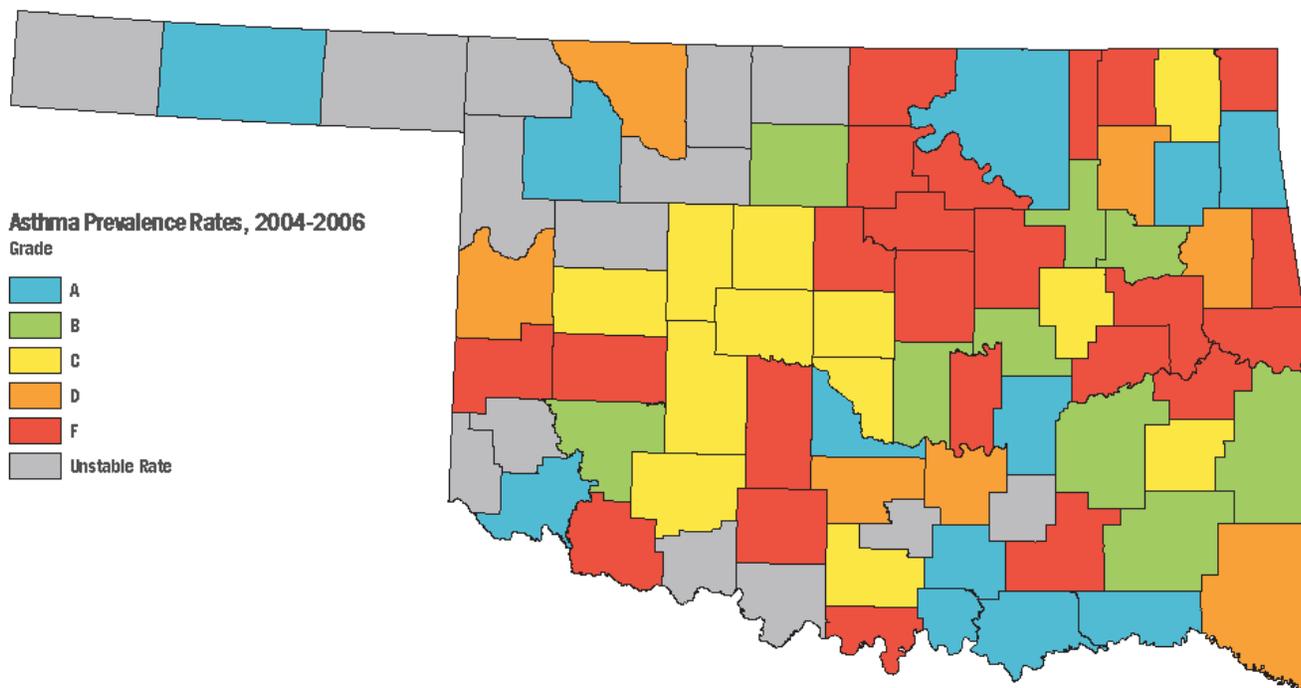
age.<sup>3</sup> The Oklahoma Medicaid program paid about \$47.8 million for claims with primary diagnosis of asthma for calendar year 2007.<sup>4</sup>

<sup>1</sup> EPR-3. Expert panel report 3: guidelines for the diagnosis and management of asthma (EPR-3 2007). NIH Publication No. 08-4051. Bethesda, MD: U.S. Department of Health and Human Services; National Institutes of Health; National Heart, Lung, and Blood Institute; National Asthma Education and Prevention Program, 2007.

<sup>2</sup> Moorman JE, Rudd RA, Johnson CA, et al. National Surveillance for Asthma – United States, 1980-2004. MMWR 2007 / 56(SS08);1-14;18-54

<sup>3</sup> Akinbami LJ. The State of childhood asthma, United States, 1980-2005. Advance data from vital and health statistics; no 381, Hyattsville, MD: National Center for Health Statistics. 2006.

<sup>4</sup> Chronic Disease Service, Oklahoma State Department of Health. Oklahoma Asthma Surveillance Report. Oklahoma State Department of Health.



**ASTHMA PREVALENCE BY COUNTY (PERCENT; RANK; 2007)**

ADAIR	11.8	53	CUSTER	8.4	24	LATIMER	8.1	22	OTTAWA	11.7	51
ALFALFA	-	-	DELAWARE	6.8	12	LEFLORE	7.6	16	PAWNEE	10.6	46
ATOKA	10.1	41	DEWEY	-	-	LINCOLN	11.8	53	PAYNE	10.1	41
BEAVER	-	-	ELLIS	-	-	LOGAN	10.6	46	PITTSBURG	7.8	19
BECKHAM	16.4	62	GARFIELD	7.2	14	LOVE	14.7	61	PONTOTOC	9.8	39
BLAINE	8.9	32	GARVIN	9.5	38	MAJOR	-	-	POTTAWATOMIE	7.7	18
BRYAN	6.5	10	GRADY	11.1	50	MARSHALL	4.0	2	PUSHMATAHA	7.6	16
CADDO	8.5	27	GRANT	-	-	MAYES	6.1	8	ROGER MILLS	9.9	40
CANADIAN	8.4	24	GREER	-	-	MCCLAIN	5.5	5	ROGERS	9.0	34
CARTER	8.7	30	HARMON	-	-	MCCURTAIN	9.3	36	SEMINOLE	14.5	60
CHEROKEE	9.4	37	HARPER	-	-	MCINTOSH	12.5	59	SEQUOYAH	12.0	55
CHOCTAW	4.2	4	HASKELL	12.0	55	MURRAY	-	-	STEPHENS	12.3	58
CIMARRON	-	-	HUGHES	2.9	1	MUSKOGEE	10.1	41	TEXAS	6.4	9
CLEVELAND	8.9	32	JACKSON	5.9	7	NOBLE	10.9	49	TILLMAN	16.7	63
COAL	-	-	JEFFERSON	-	-	NOWATA	11.7	51	TULSA	7.0	13
COMANCHE	8.3	23	JOHNSTON	5.8	6	OKFUSKEE	7.9	20	WAGONER	7.3	15
COTTON	-	-	KAY	10.1	41	OKLAHOMA	8.6	28	WASHINGTON	10.5	45
CRAIG	8.6	28	KINGFISHER	8.4	24	OKMULGEE	8.8	31	WASHITA	10.6	46
CREEK	12.0	55	KIOWA	7.9	20	OSAGE	6.5	11	WOODS	9.0	34
									WOODWARD	4.1	3

# fruit and vegetable consumption

## Oklahoma ranks 50th in the consumption of fruits and vegetables.

The most recent *Dietary Guidelines for Americans* recommends that the number of daily servings of fruits and vegetables should reflect one's sex, age, and physical activity level. For adults, 3½ to 6½ cups of fruits and vegetables each day are now recommended.<sup>1</sup> A diet high in fruits and vegetables is associated with decreased risk for chronic diseases, such as cardiovascular disease, diabetes, and some cancers.<sup>2</sup> In addition, because fruits and vegetables have low energy density (i.e., few calories relative to volume), eating them as part of a reduced-calorie diet can be beneficial for weight management.<sup>3</sup>

However, with only 16.3 percent of adults meeting the minimum recommendation, we currently rank 50<sup>th</sup> of all the states.<sup>4</sup> Our diet has become laden with larger portions that are high in fat and calories. A healthier diet which includes more fruits and vegetables, low-fat dairy, and whole grains is an essential part of the equation in reducing our staggering obesity rates, resulting high cardiovascular deaths and other chronic conditions.<sup>5</sup>

There are many barriers precluding the consumption of fruits and vegetables.

A healthier diet, which includes more fruits and vegetables, is essential to reducing our obesity rates, resulting high cardiovascular deaths, and other chronic conditions.

The increasing cost of food is forcing many Oklahomans to choose unhealthy, high-calorie foods in order to feed their families. Another significant barrier is access to fruits and vegetables. Oklahoma, an agricultural state, surprisingly has limited access to these items in both rural and urban settings. Most counties in our state received a failing grade in this category. The populations reporting increased frequency in meeting the recommendation of fruit and vegetable consumption, at least at a minimal level, were either female, college graduates, over the age of 65 years, or had an annual income of \$75,000 or more. This slightly better percentage may be attributed to increased awareness of the benefits, access, or an adequate food budget.

More recently, the reauthorization of the Nutrition Program for Women, Infants, and Children (WIC) that adds fruits, vegetables and whole grains to

### FRUIT AND VEGETABLE CONSUMPTION (PERCENT; GRADE; 2007)

#### STATE COMPARISON

US	24.4	C
DIST OF COLUMBIA (best)	32.5	A
OKLAHOMA (worst)	16.3	F

#### AGE IN YEARS

18 - 24	18.3	F
25 - 34	13.9	F
35 - 44	13.8	F
45 - 54	16.3	F
55 - 64	15.7	F
65 +	20.3	D

#### GENDER

MALE	12.7	F
FEMALE	19.6	D

#### RACE/ETHNICITY

WHITE (NH)	16.4	F
BLACK (NH)	15.4	F
AMER INDIAN (NH)	15.5	F
HISPANIC	13.4	F

#### INCOME

< \$15k	16.0	F
\$15k - 25k	13.9	F
\$25k - 49k	13.8	F
\$50k - 75k	18.0	F
\$75k +	19.6	D

#### EDUCATION

< HS	12.5	F
HS	14.8	F
HS+	14.9	F
COLLEGE GRADUATE	21.5	D

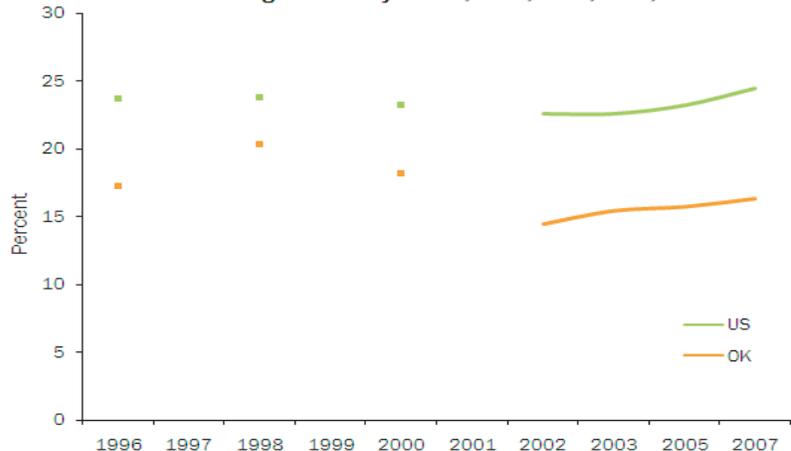
#### HISTORIC

OK 1990	NA	
OK 1996	17.2	F
OK 2000	18.2	F
OK 2005	15.7	F
OK 2007	16.3	F

#### STATE REGION

CENTRAL	17.4	F
NE	14.8	F
NW	15.8	F
SE	13.6	F
SW	16.9	F
TULSA	18.7	F

Percent of Adults Consuming Five or More Servings of Fruits and Vegetables Daily. BRFSS, 1996, 1998, 2000, 2002-2007



the list of allowable grocery items is a major step to providing access for low-income families. As a result, Oklahoma has established a program of WIC Farmers' Markets where the vouchers will be accepted for the purchase of approved items. *Get Fit, Eat Smart* is the state plan to reduce obesity across the lifespan. This plan serves as a framework for all groups to utilize in

developing and implementing strategies and evidence-based interventions. *Get Fit, Eat Smart* has set a specific goal of increasing the proportion of all Oklahomans who eat the recommended cups of fruits and vegetables per day by 5 percent by 2013.

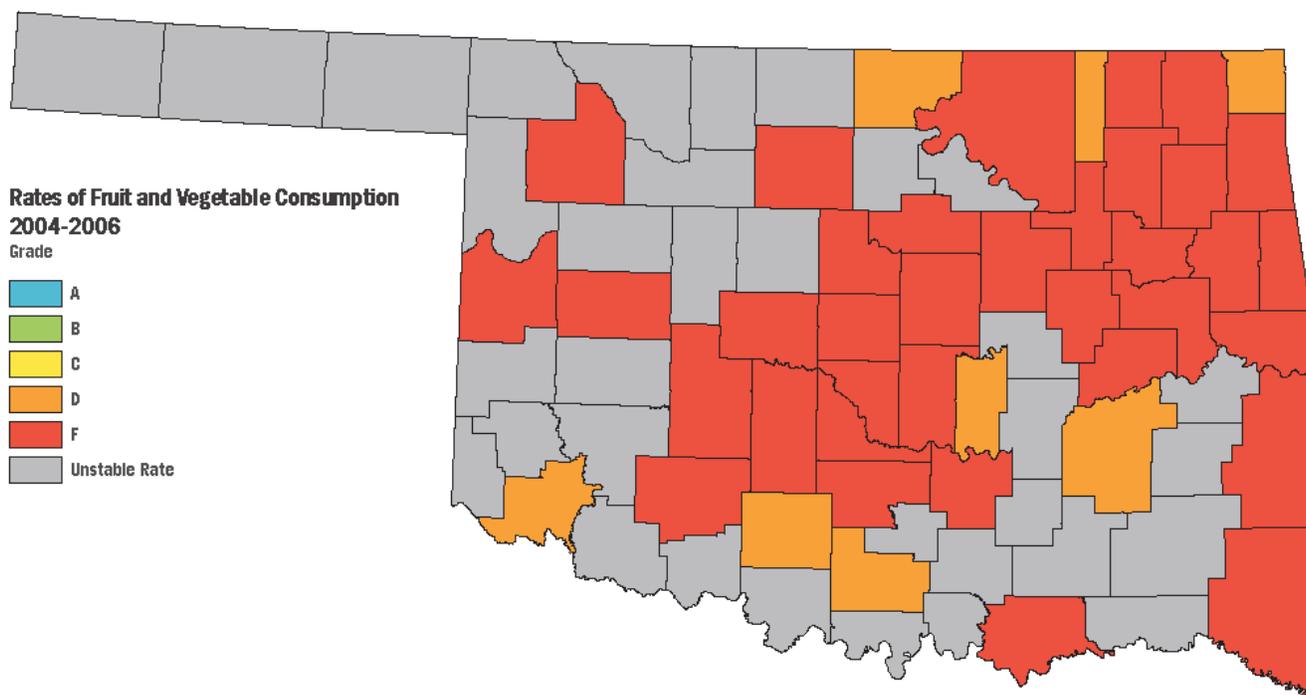
<sup>2</sup> Hung HC, Joshipurs KJ, Jiang R, et al. Fruit and vegetable intake and risk of major chronic disease. *J Natl Cancer Inst.* 2004;96:1577-1584.

<sup>3</sup> Rolls BJ, Elio-Martin JA, Tohill BC. What can intervention studies tell us about the relationship between fruit and vegetable consumption and weight management? *Nutr Rev* 4;62:1-rs for Disease Control and Prevention, 2007.

<sup>4</sup> Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.

<sup>5</sup> Robert Wood Johnson Foundation, *F as in Fat: How Obesity Policies are failing in America,* August 2008.

<sup>1</sup> Dietary guidelines for Americans, 2005. 6th ed. Washington (DC); U.S. Department of Agriculture, U.S. Department of Health and Human Services; 2005. <http://www.healthier.us.gov/dietaryguidelines/>



**FRUIT & VEGETABLE CONSUMPTION BY COUNTY (PERCENT; RANK; 2007)**

ADAIR	12.9	30	CUSTER	17.6	10	LATIMER	-	-	OTTAWA	20.4	3
ALFALFA	-	-	DELAWARE	14.7	25	LEFLORE	17.4	12	PAWNEE	-	-
ATOKA	-	-	DEWEY	-	-	LINCOLN	17.5	11	PAYNE	12.2	34
BEAVER	-	-	ELLIS	-	-	LOGAN	10.1	38	PITTSBURG	18.4	7
BECKHAM	-	-	GARFIELD	15.3	22	LOVE	-	-	PONTOTOC	12.4	32
BLAINE	-	-	GARVIN	6.9	43	MAJOR	-	-	POTTAWATOMIE	15.5	19
BRYAN	9.0	40	GRADY	11.0	36	MARSHALL	-	-	PUSHMATAHA	-	-
CADDO	8.0	42	GRANT	-	-	MAYES	16.6	14	ROGER MILLS	10.2	37
CANADIAN	15.2	23	GREER	-	-	MCCLAIN	17.7	9	ROGERS	14.6	26
CARTER	20.5	2	HARMON	-	-	MCCURTAIN	9.9	39	SEMINOLE	18.5	5
CHEROKEE	17.4	12	HARPER	-	-	MCINTOSH	16.4	15	SEQUOYAH	14.3	27
CHOCTAW	-	-	HASKELL	-	-	MURRAY	-	-	STEPHENS	18.3	8
CIMARRON	-	-	HUGHES	-	-	MUSKOGEE	14.3	27	TEXAS	-	-
CLEVELAND	15.7	18	JACKSON	19.1	4	NOBLE	-	-	TILLMAN	-	-
COAL	-	-	JEFFERSON	-	-	NOWATA	13.7	29	TULSA	15.4	21
COMANCHE	15.1	24	JOHNSTON	-	-	OKFUSKEE	-	-	WAGONER	11.6	35
COTTON	-	-	KAY	21.8	1	OKLAHOMA	16.4	15	WASHINGTON	18.5	5
CRAIG	12.8	31	KINGFISHER	-	-	OKMULGEE	15.5	19	WASHITA	-	-
CREEK	12.4	32	KIOWA	-	-	OSAGE	8.8	41	WOODS	-	-
									WOODWARD	15.8	17

# no physical activity

## Oklahoma ranked as the fifth most physically inactive state.

The Milken Institute projects that the economic impact of Chronic Disease for Oklahoma will be \$47.82 billion if our health indicators continue on our current path. The report recommends several goals to achieve an alternate future projection, one of which is increasing the percent of the population who are physically active from 75 percent in 2003 to 83 percent by 2023.<sup>1</sup> Oklahoma is ranked as the fifth most physically inactive state with almost 30 percent of our adult population reporting that they had not participated in any type of physical activity or exercise in the past 30 days.<sup>2</sup> Physical activity has a role in reversing or preventing many health problems such as diabetes, heart disease, stroke, cancer and arthritis.<sup>3</sup> Significant reductions in risk of cardiovascular disease occur at the currently recommended activity levels equivalent to 150 minutes a week of moderate-intensity physical activity. Even greater benefits are seen with 200 minutes (3 hours and 20 minutes) a week. The evidence is strong that greater amounts of physical activity result in even further reductions in the risk of cardiovascular disease.<sup>4</sup>

Physical activity has been shown to have a role in reversing or preventing many health problems such as diabetes, heart disease, stroke, cancer and arthritis.

outside what is required in their jobs in the past 30 days translated into 47 counties receiving a grade of “F” while only four equaled the national grade of “C” in the amount of physical activity in which they engage. These data identified populations scoring a “C” or better were between the ages of 18-34, college graduates, and had an annual income above \$50,000.<sup>2</sup> There are many barriers to participation in physical activity: urban sprawl, inadequate sidewalks and trails, lack of time and confidence, lack of safe and conveniently located parks and recreational areas, poor community design, no social support network, or simply perceiving activity and exercise as boring or no fun.

Fortunately, we have many programs and projects that are focused on increasing opportunities for physical activity for all ages. At least 75 percent of the 64 local Turning Point Partnerships have some program or initiative

The number of Oklahomans reporting doing no physical activity or exercise

### NO PHYSICAL ACTIVITY (PERCENT; GRADE; 2007)

#### STATE COMPARISON

US	22.6	C
MINNESOTA (best)	16.7	A
OKLAHOMA	29.6	F
MISSISSIPPI (worst)	31.8	F

#### AGE IN YEARS

18 - 24	23.7	C
25 - 34	22.5	C
35 - 44	26.2	D
45 - 54	28.1	D
55 - 64	36.9	F
65 +	40.0	F

#### GENDER

MALE	27.8	D
FEMALE	31.3	F

#### RACE/ETHNICITY

WHITE (NH)	28.2	D
BLACK (NH)	34.2	F
AMER INDIAN (NH)	32.1	F
HISPANIC	36.6	F

#### INCOME

< \$15k	44.8	F
\$15k - 25k	41.0	F
\$25k - 49k	30.8	F
\$50k - 75k	19.3	B
\$75k +	15.9	A

#### EDUCATION

< HS	46.7	F
HS	35.9	F
HS+	27.5	D
COLLEGE GRADUATE	15.5	A

#### HISTORIC

OK 1990	41.1	F
OK 1995	40.6	F
OK 2000	34.4	F
OK 2000	30.6	F
OK 2005	29.6	F

#### STATE REGION

CENTRAL	27.3	D
NE	31.1	F
NW	28.3	D
SE	35.7	F
SW	29.8	F
TULSA	27.0	D

Adults that Report No Physical Activity in the Past 30 Days: BRFSS, 1996, 1998, 2000-2007



supporting or providing physical activity in their community. The Partnership for a Strong and Healthy Oklahoma is also supporting programs and organizations in the adoption of evidence based strategies, goals, and objectives for increasing physical activity as identified in *Get Fit, Eat Smart*, the state plan for obesity prevention. The Oklahoma Action for Healthy Kids state team has

taken up the challenge of screen time reduction for all school age children and their families through the creation of an activity toolkit providing alternatives and events at the community level. Hopefully by expanding these projects and implementing many others, we can greatly increase the percentage of our citizens who are becoming physically active and are able

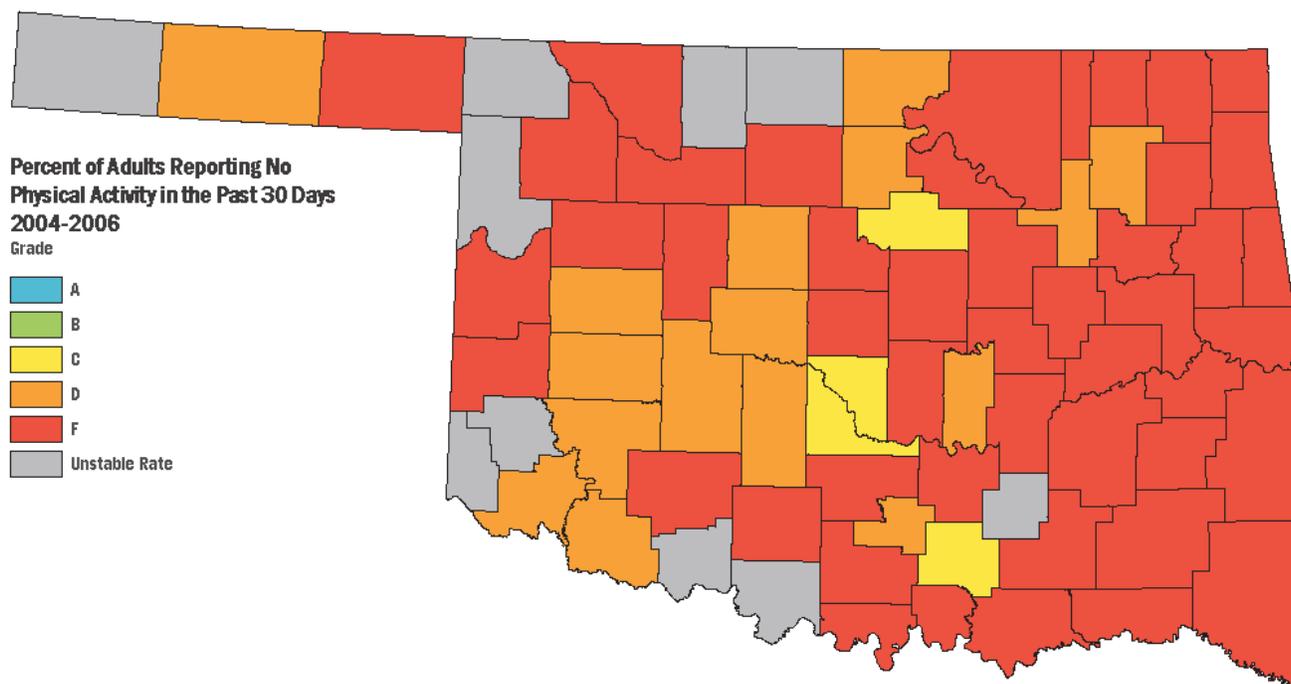
to reap the benefits offered by a more robust and active lifestyle.

<sup>1</sup> Milken Institute, 2007. An Unhealthy America: The Economic Burden of Chronic Disease.

<sup>2</sup> Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.

<sup>3</sup> Robert Wood Johnson Foundation, *F as in Fat: How Obesity Policies are failing in America*, August 2008.

<sup>4</sup> U.S. Department of Health and Human Services, 2008. Physical Activity Guidelines for Americans. Available at <http://www.health.gov/PAGuidelines/guidelines/default.aspx#toc>



**NO PHYSICAL ACTIVITY BY COUNTY (PERCENT; RANK; 2004-2006)**

ADAIR	37.5	63	CUSTER	25.2	5	LATIMER	35.7	56	OTTAWA	32.1	41
ALFALFA	-	-	DELAWARE	35.2	52	LEFLORE	29.7	29	PAWNEE	32.8	44
ATOKA	32.3	42	DEWEY	35.7	56	LINCOLN	34.4	48	PAYNE	22.3	2
BEAVER	36.4	62	ELLIS	-	-	LOGAN	31.4	38	PITTSBURG	32.7	43
BECKHAM	35.7	56	GARFIELD	30.0	32	LOVE	39.4	64	PONTOTOC	29.2	25
BLAINE	43.2	66	GARVIN	33.9	46	MAJOR	30.7	34	POTTAWATOMIE	29.7	29
BRYAN	34.5	50	GRADY	25.7	9	MARSHALL	43.1	65	PUSHMATAHA	29.0	24
CADDO	28.2	16	GRANT	-	-	MAYES	34.1	47	ROGER MILLS	35.9	59
CANADIAN	25.4	6	GREER	-	-	MCCLAIN	24.2	4	ROGERS	25.4	6
CARTER	36.3	61	HARMON	-	-	MCCURTAIN	29.8	31	SEMINOLE	28.4	19
CHEROKEE	35.2	52	HARPER	-	-	MCINTOSH	33.8	45	SEQUOYAH	36.0	60
CHOCTAW	32.0	39	HASKELL	29.2	25	MURRAY	25.8	10	STEPHENS	34.4	48
CIMARRON	-	-	HUGHES	28.8	23	MUSKOGEE	35.6	55	TEXAS	27.6	14
CLEVELAND	22.1	1	JACKSON	28.4	19	NOBLE	27.6	14	TILLMAN	28.3	17
COAL	-	-	JEFFERSON	-	-	NOWATA	32.0	39	TULSA	25.9	11
COMANCHE	30.7	34	JOHNSTON	24.1	3	OKFUSKEE	47.4	67	WAGONER	29.6	28
COTTON	-	-	KAY	28.3	17	OKLAHOMA	29.5	27	WASHINGTON	28.6	22
CRAIG	31.0	36	KINGFISHER	26.3	12	OKMULGEE	34.8	51	WASHITA	26.6	13
CREEK	28.5	21	KIOWA	25.4	6	OSAGE	31.3	37	WOODS	35.5	54
									WOODWARD	30.3	33

# current smoking prevalence

## CURRENT SMOKING PREVALENCE (PERCENT; GRADE; 2007)

### STATE COMPARISON

US	19.8	C
UTAH (best)	11.7	A
OKLAHOMA	25.8	F
KENTUCKY (worst)	28.2	F

### AGE IN YEARS

18 - 24	29.4	F
25 - 34	31.4	F
35 - 44	26.0	F
45 - 54	31.7	F
55 - 64	24.6	F
65 +	11.6	A

### GENDER

MALE	27.9	F
FEMALE	23.7	D

### RACE/ETHNICITY

WHITE (NH)	24.6	F
BLACK (NH)	30.3	F
AMER INDIAN (NH)	36.1	F
HISPANIC	16.9	B

### INCOME

< \$15k	35.0	F
\$15k - 25k	30.2	F
\$25k - 49k	29.8	F
\$50k - 75k	28.8	F
\$75k +	25.3	B

### EDUCATION

< HS	38.1	F
HS	31.5	F
HS+	26.3	F
COLLEGE GRADUATE	16.5	A

### HISTORIC

OK 1990	NA	
OK 1995	NA	
OK 2001	28.7	D
OK 2005	25.1	F
OK 2007	25.8	F

### STATE REGION

CENTRAL	25.7	F
NE	26.4	F
NW	24.8	F
SE	22.6	D
SW	27.6	F
TULSA	30.7	F

## Smoking is Oklahoma's #1 cause of preventable death.

Tobacco smoke contains at least 250 toxic or carcinogenic chemicals<sup>1</sup>, which enter the bloodstream and harm nearly every organ in the body. Smoking is a major contributor to each of the four leading causes of death – heart disease, cancer, stroke, and chronic obstructive pulmonary disease. Smoking during pregnancy increases the risk of miscarriages and nearly triples the risk of low birth-weight babies.<sup>2</sup>

Meanwhile, tobacco companies spend billions of dollars to promote their deadly, addictive products<sup>3</sup> and aggressively work against public policy that would significantly reduce tobacco use. As a result, bold action is needed by all Oklahomans working together on an ongoing basis.

In 2000, voters approved a constitutional amendment to create the Oklahoma Tobacco Settlement Endowment Trust, which has provided vitally needed support to expand tobacco control efforts in our state.

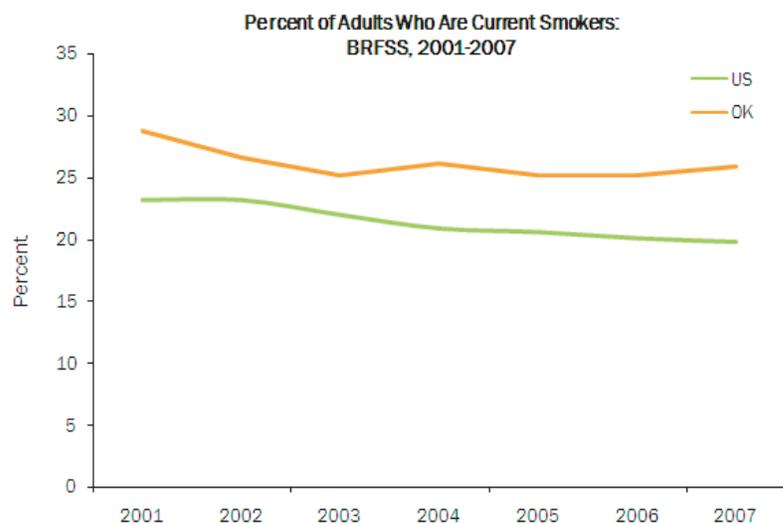
Turning Point and other community coalitions, ethnic tobacco education networks, and youth activists across the state have come together to address tobacco use. Schools, universi-

All Oklahomans, including policymakers and business leaders, must work together to effectively reduce the harm caused by tobacco use.

ties, hospitals and other businesses are adopting "24/7" tobacco-free property policies. The "Tobacco Stops With Me" campaign helps create a statewide movement encouraging all Oklahomans to make a difference.

Among Oklahomans who smoke, most are trying to quit.<sup>4</sup> The Oklahoma Tobacco Helpline at 1-800-QUIT-NOW provides free telephone-based "quit coaching" and nicotine patches or gum to thousands of Oklahomans each year. Healthcare providers are encouraged to screen for tobacco use. Employers are encouraged to provide insurance coverage for smoking cessation. In 2004, voters approved an increase in state tobacco taxes that served as an incentive for many tobacco users to quit or cut back.

All of these efforts have begun to pay off. Tobacco use among youth has declined and it appears the state's adult smoking rate will reach a historic low of less than 25 percent in 2008.<sup>5</sup>



By 2012, 200,000 fewer smokers is the ambitious goal of a new, collaborative state plan. Key recommendations in the plan include extending smoke-free laws to protect all Oklahoma workers and repealing tobacco-industry-supported “preemption” clauses in Oklahoma laws to allow communities to take action on tobacco, as has al-

ways been allowed in our neighboring states.

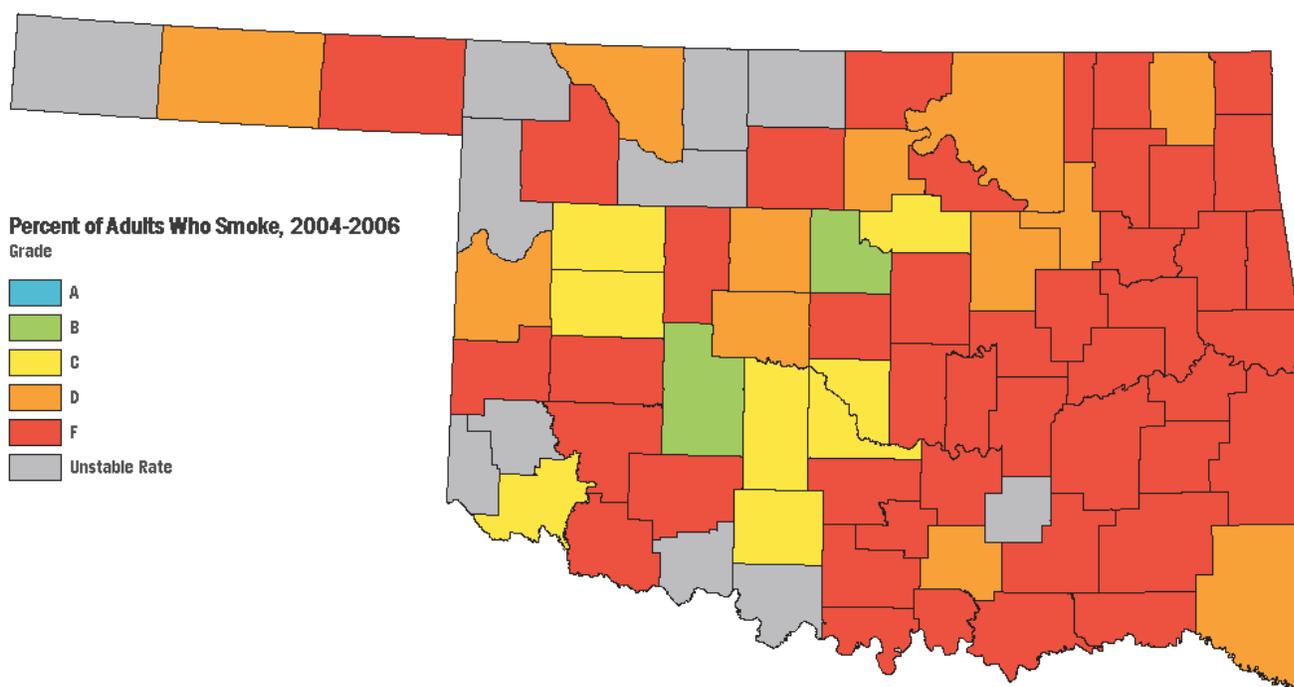
<sup>1</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. Available from: [http://www.cdc.gov/tobacco/data\\_statistics/sgr/sgr\\_2006/index.htm](http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm)

<sup>2</sup> U.S. Department of Health and Human Services. *The Health Consequences of Smoking: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004..

<sup>3</sup> U.S. Federal Trade Commission (FTC). (2007). *Cigarette Report for 2004 and 2005*. Retrieved February 10, 2009 from <http://www.ftc.gov/reports/tobacco/2007cigarette2004-2005.pdf>

<sup>4</sup> Health Care Information (HCI). *Behavioral Risk Factor Surveillance System Survey Data*. Oklahoma City, Oklahoma: Oklahoma State Department of Health, Center for Health Statistics, 2007.

<sup>5</sup> Health Care Information (HCI). *Behavioral Risk Factor Surveillance System Survey Data*. Oklahoma City, Oklahoma: Oklahoma State Department of Health, Center for Health Statistics, preliminary 2008.



**ADULT SMOKERS BY COUNTY (PERCENT; RANK; 2004-2006)**

ADAIR	32.8	55	CUSTER	18.9	4	LATIMER	27.7	38	OTTAWA	31.0	50
ALFALFA	-	-	DELAWARE	26.9	33	LEFLORE	26.4	30	PAWNEE	37.1	64
ATOKA	29.0	44	DEWEY	20.0	5	LINCOLN	29.4	46	PAYNE	20.7	6
BEAVER	43.5	65	ELLIS	-	-	LOGAN	17.8	2	PITTSBURG	27.3	36
BECKHAM	29.2	45	GARFIELD	26.5	31	LOVE	35.8	62	PONTOTOC	33.3	56
BLAINE	34.4	60	GARVIN	31.4	52	MAJOR	-	-	POTTAWATOMIE	28.7	43
BRYAN	31.0	50	GRADY	21.1	9	MARSHALL	26.3	29	PUSHMATAHA	46.8	66
CADDO	17.6	1	GRANT	-	-	MAYES	30.7	49	ROGER MILLS	24.5	22
CANADIAN	24.0	19	GREER	-	-	MCCLAIN	20.9	8	ROGERS	26.8	32
CARTER	25.6	26	HARMON	-	-	MCCURTAIN	24.0	19	SEMINOLE	36.7	63
CHEROKEE	30.4	48	HARPER	-	-	MCINTOSH	34.3	59	SEQUOYAH	28.0	40
CHOCTAW	34.0	58	HASKELL	28.5	42	MURRAY	26.9	33	STEPHENS	18.7	3
CIMARRON	-	-	HUGHES	35.6	61	MUSKOGEE	29.7	47	TEXAS	22.2	12
CLEVELAND	21.2	10	JACKSON	20.9	7	NOBLE	22.7	15	TILLMAN	31.8	54
COAL	-	-	JEFFERSON	-	-	NOWATA	28.1	41	TULSA	22.5	14
COMANCHE	27.5	37	JOHNSTON	23.8	18	OKFUSKEE	31.4	52	WAGONER	25.8	27
COTTON	-	-	KAY	27.0	35	OKLAHOMA	25.1	25	WASHINGTON	24.7	23
CRAIG	22.8	16	KINGFISHER	22.4	13	OKMULGEE	33.7	57	WASHITA	24.9	24
CREEK	22.0	11	KIOWA	26.2	28	OSAGE	23.4	17	WOODS	24.3	21
									WOODWARD	27.9	39

# obesity

## Two-thirds of Oklahomans are overweight or obese.

The adverse health consequences that can occur as a result of obesity in both adults and children have become a cause for immediate concern both at the national and state level. Adult obesity rates have doubled since 1980<sup>1</sup> and two-thirds of Americans as well as Oklahomans are now either overweight or obese.<sup>2,5</sup> Childhood obesity rates have tripled since 1980 from 6.5 percent to 16.3 percent.<sup>3,4</sup> The overall obesity rates in Oklahoma adults at 28.8 percent ranks us as the 8<sup>th</sup> most obese state.<sup>5</sup>

The overall obesity rate in Oklahoma adults at 28.8 percent ranks us as the 8<sup>th</sup> most obese state.<sup>5</sup>

There seemed to be no significant difference in Oklahoma's obesity rates by gender, but college graduates and those reporting an income in excess of \$75,000 received an average grade of "B" to "C".

Many things are being done both nationally and in Oklahoma to address the problem of the lack of physical activity and the poor quality of nutrition for all Oklahomans. The *Strong and Healthy Oklahoma Initiative* has partnered with multiple organizations, both public and private, to expand efforts to educate our citizens about making simple changes by choosing healthier options. This initiative encourages everyone to simply eat better, move more, and be tobacco-free. *Get Fit, Eat Smart* is the state plan to reduce obesity across the lifespan. This plan serves as a framework for all groups to utilize in developing and implementing strategies and evidence-based interventions.

There is a glimmer of light nationally in the epidemic of childhood obesity. This is significant since overweight and obese children are more likely to become overweight and obese adults.<sup>6</sup> Researchers from the Centers for Disease Control and Prevention reported that the number of obese and overweight children in the U.S. might have peaked. For the first time in a 25-year span, there was not a significant change in the numbers of children (ages 2-19) with high BMI in the past four years.<sup>4</sup>

### OBESITY (PERCENT; GRADE; 2007)

#### STATE COMPARISON

US	26.3	C
COLORADO (best)	19.3	A
OKLAHOMA	28.8	D
MISSISSIPPI (worst)	32.6	F

#### AGE IN YEARS

18 - 24	19.9	A
25 - 34	27.9	D
35 - 44	29.4	D
45 - 54	32.4	F
55 - 64	36.6	F
65 +	24.4	B

#### GENDER

MALE	28.9	D
FEMALE	28.5	D

#### RACE/ETHNICITY

WHITE (NH)	27.5	C
BLACK (NH)	28.7	D
AMER INDIAN (NH)	36.3	F
HISPANIC	32.3	F

#### INCOME

< \$15k	34.5	F
\$15k - 25k	30.9	F
\$25k - 49k	30.7	F
\$50k - 75k	29.2	D
\$75k +	26.2	C

#### EDUCATION

< HS	33.9	F
HS	29.5	D
HS+	30.5	D
COLLEGE GRADUATE	23.2	B

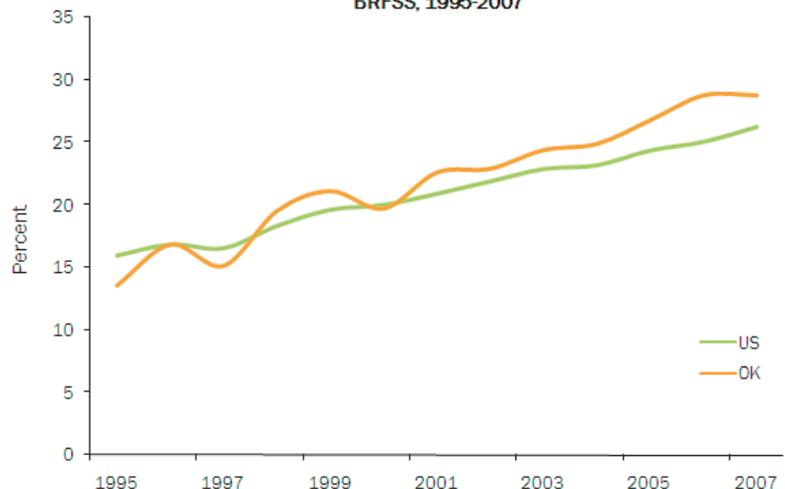
#### HISTORIC

OK 1990	11.6	A
OK 1995	13.5	A
OK 2000	19.7	A
OK 2005	26.8	C
OK 2007	28.8	D

#### STATE REGION

CENTRAL	27.0	C
NE	30.8	F
NW	26.8	C
SE	27.9	D
SW	29.5	D
TULSA	29.5	D

Percent of Adults Who Are Obese (BMI >30.0):  
BRFSS, 1995-2007



<sup>1</sup> U.S. Centers for Disease Control and Prevention. "Overweight and Obesity - Introduction." U.S. Department of Health and Human Services. <http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm>.

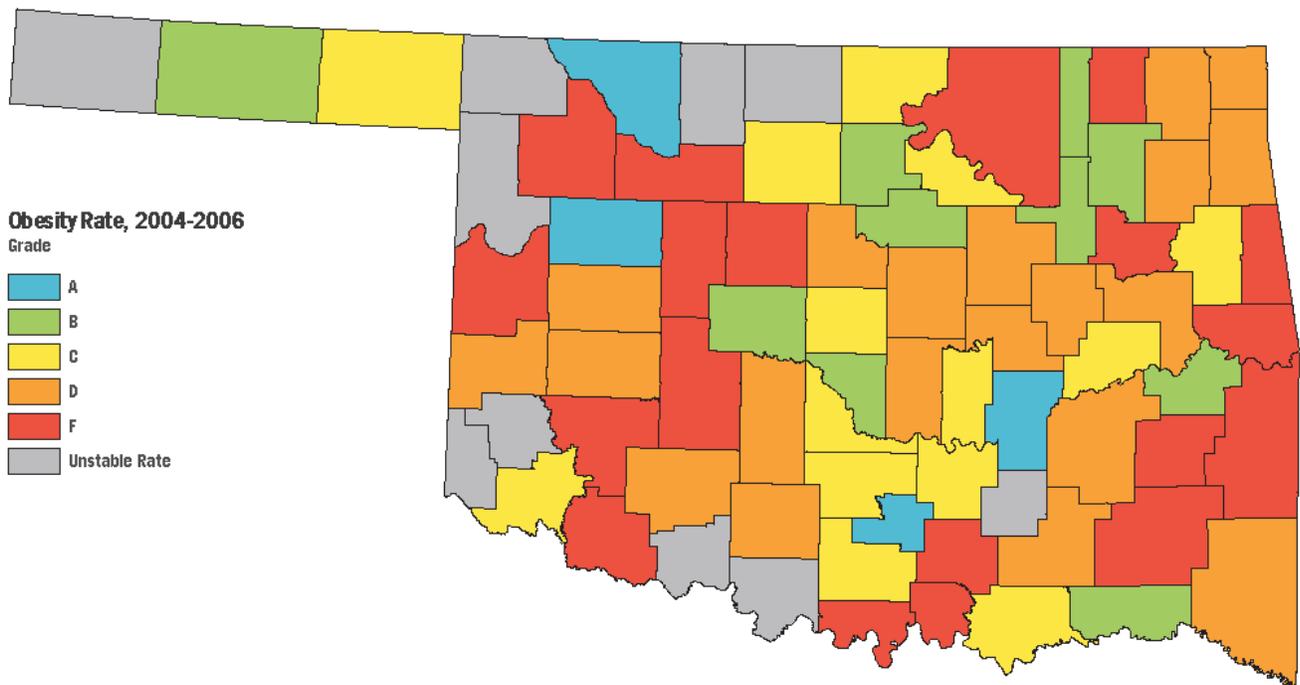
<sup>2</sup> U.S. Centers for Disease Control and Prevention, National Center for Health Statistics. "Prevalence of Overweight and Obesity Among Adults: United States, 2003-2004." U.S. Department of Health and Human Services. [http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght\\_adult\\_03.htm](http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overweight/overwght_adult_03.htm).

<sup>3</sup> U.S. Department of Health and Human Services, National Center for Health Statistics. *Prevalence of Overweight Among Children and Adolescents: United States, 1999*. Hyattsville, MD: National Center for Health Statistics; 2001. <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm>.

<sup>4</sup> Ogden, C.L., M.D. Carroll, and K.M. Flegal. "High Body Mass Index for Age among U.S. Children and Adolescents, 2003-2006." *Journal of the American Medical Association* 299, no. 20 (2008): 2401-2405.

<sup>5</sup> Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.

<sup>6</sup> Serdula, M.K., D. Ivery, R.J. Coates, D.S. Freedman, D.F. Williamson, and T. Byers. "Do Obese Children become Obese Adults? A Review of the Literature." *Preventive Medicine* 22, no.2 (1993):167-177.



**OBESITY BY COUNTY (PERCENT; RANK; 2004-2006)**

ADAIR	32.1	55	CUSTER	28.3	35	LATIMER	44.6	67	OTTAWA	30.1	47
ALFALFA	-	-	DELAWARE	28.1	33	LEFLORE	35.7	63	PAWNEE	26.2	19
ATOKA	30.2	48	DEWEY	20.1	4	LINCOLN	29.9	46	PAYNE	24.3	13
BEAVER	25.1	15	ELLIS	-	-	LOGAN	29.5	43	PITTSBURG	28.7	38
BECKHAM	29.4	42	GARFIELD	27.7	28	LOVE	30.7	49	PONTOTOC	26.0	18
BLAINE	43.0	66	GARVIN	26.6	21	MAJOR	34.7	61	POTTAWATOMIE	29.8	45
BRYAN	27.2	25	GRADY	29.2	41	MARSHALL	34.1	60	PUSHMATAHA	32.8	56
CADDO	31.1	51	GRANT	-	-	MAYES	28.6	37	ROGER MILLS	35.3	62
CANADIAN	23.2	7	GREER	-	-	MCCLAIN	26.2	19	ROGERS	24.6	14
CARTER	25.9	17	HARMON	-	-	MCCURTAIN	29.1	39	SEMINOLE	27.6	27
CHEROKEE	27.3	26	HARPER	-	-	MCINTOSH	26.9	22	SEQUOYAH	31.0	50
CHOCTAW	23.6	10	HASKELL	22.7	6	MURRAY	18.6	3	STEPHENS	29.1	39
CIMARRON	-	-	HUGHES	17.7	1	MUSKOGEE	29.6	44	TEXAS	24.0	11
CLEVELAND	23.5	9	JACKSON	26.9	22	NOBLE	22.4	5	TILLMAN	31.5	52
COAL	-	-	JEFFERSON	-	-	NOWATA	32.9	57	TULSA	24.1	12
COMANCHE	27.8	29	JOHNSTON	42.9	65	OKFUSKEE	28.0	32	WAGONER	31.8	54
COTTON	-	-	KAY	26.9	22	OKLAHOMA	25.4	16	WASHINGTON	23.3	8
CRAIG	27.8	29	KINGFISHER	33.5	59	OKMULGEE	28.3	35	WASHITA	27.8	29
CREEK	28.2	34	KIOWA	37.1	64	OSAGE	31.6	53	WOODS	17.9	2
									WOODWARD	33.2	58

# immunization < 3 years

## IMMUNIZATION < 3 YEARS (PERCENT; GRADE; 2007)

### STATE COMPARISON

US	80.1	C
NEW HAMPSHIRE (best)	93.2	A
OKLAHOMA	80.1	C
NEVADA (worst)	66.7	F

### MOTHER'S AGE IN YEARS

18 - 24	78.9	C
25 - 34	80.7	C
35 - 44	83.9	B
45 - 54	-	
55 - 64	-	
65 +	-	

### CHILD'S GENDER

MALE	80.1	C
FEMALE	80.1	C

### RACE/ETHNICITY

WHITE (NH)	78.4	C
BLACK (NH)	73.4	D
AMER INDIAN (NH)	80.6	C
HISPANIC	85.7	B

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### MOTHER'S EDUCATION

< HS	78.8	C
HS	79.7	C
HS+	79.8	C
COLLEGE GRADUATE	85.3	B

### HISTORIC

OK 1990	NA	
OK 1995	42.3	F
OK 2000	68.3	F
OK 2005	75.7	D
OK 2007	80.1	C

### STATE REGION

CENTRAL	81.0	C
NE	78.4	C
NW	81.3	C
SE	81.6	C
SW	80.4	C
TULSA	77.4	D

## Maintaining high immunization levels is vital to assuring the public's health.

Vaccines save lives and protect people against permanent disabilities or death. Before the development of vaccines, thousands of infants and children died or were disabled from infectious diseases such as measles, polio, pertussis (whooping cough) and rubella. Thanks to vaccines, Oklahoma doctors rarely see diseases that once devastated families and disrupted lives. However, vaccine-preventable diseases continue to pose a threat to children and are still circulating worldwide or in our communities. Vaccination continues to be the critical health strategy as cures are unavailable for most vaccine-preventable diseases. Young children especially need vaccines early and often to ensure their immune systems are able to respond when needed. Maintaining high childhood immunization levels is vital to assuring the public's health.

Excluding annual influenza vaccination, routinely recommended vaccines offer protection against 15 dangerous diseases among children.<sup>1</sup> During the first two years of life, as many as 25 vaccinations may be needed to assure adequate protection. This may be reduced to as few as 16 if combination

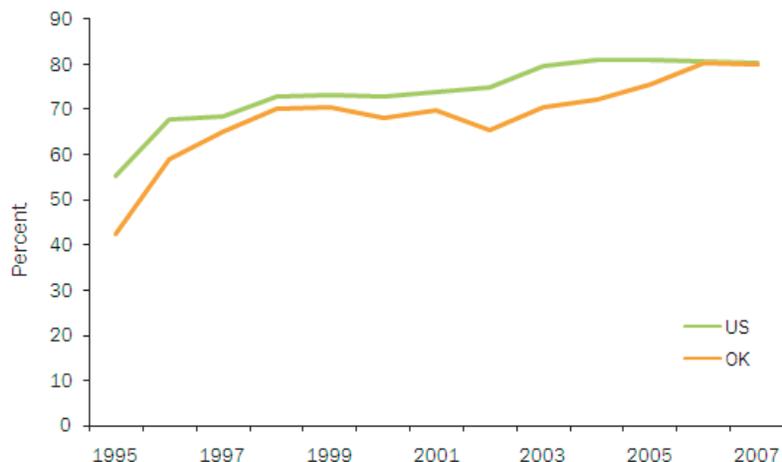
Vaccination continues to be the critical health strategy as cures are unavailable for most vaccine-preventable disease.

vaccines are used. Between ages 4 and 18 years, booster doses may be required to maintain immunity. During early adolescence, all children are recommended to receive a meningitis shot and girls recommended to receive the human papillomavirus (HPV) series.

A standard for measuring immunization status is the proportion of 19- to 35-month-old children completing 4 doses of DTaP (diphtheria, tetanus & pertussis), 3 doses of polio, 1 dose of MMR (measles, mumps & rubella), 3 doses of Hib (haemophilis influenza type B) and 3 doses of Hepatitis B. In 2007, 80.1% of Oklahoma children had completed this series, equaling the national average.<sup>2</sup>

Missed opportunities for vaccination have a primary influence on county immunization rates. Missed opportunities occur when a child presents for care, but is not given all vaccines for which he is due. Counties with grades C, D or F have the potential for seeing

Estimated Vaccination Coverage Among Children 19-35 Months of Age: NIS, 1995-2007



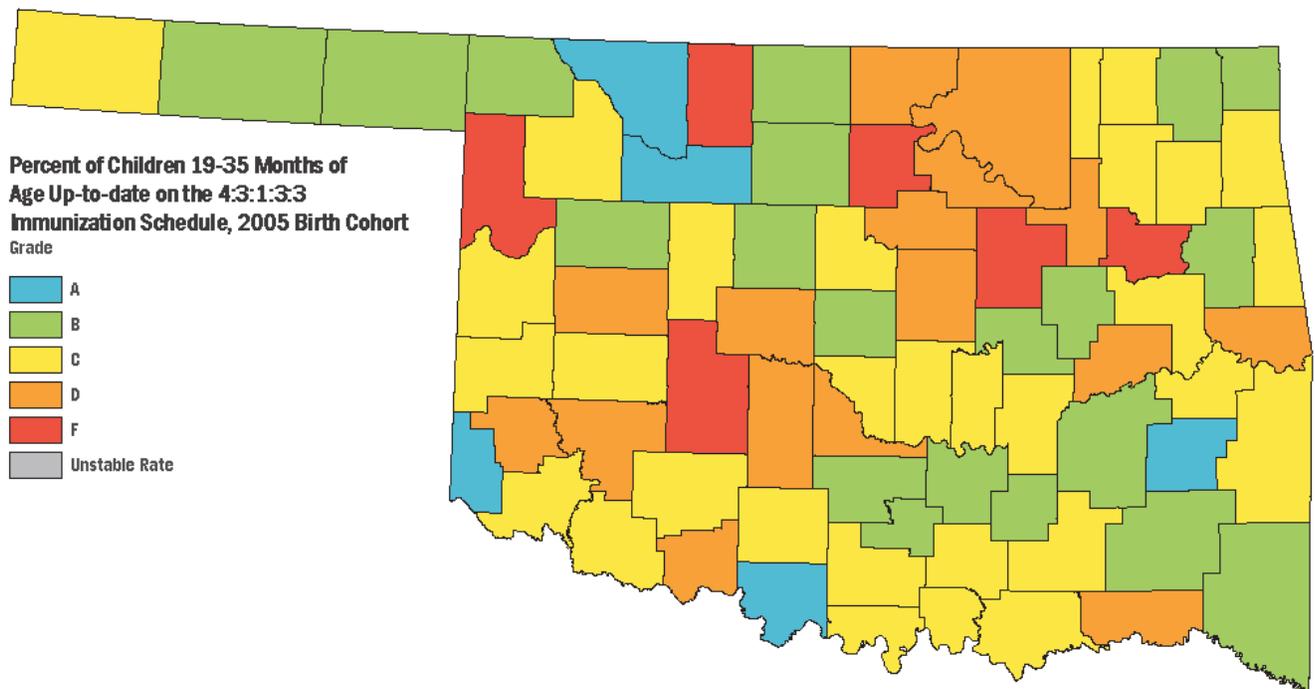
large increases in their coverage rate by reducing the number of missed opportunities. Other factors associated with lower rates include lower educational level of the mother, single parent families and greater number of previous births.

Public and private health partnerships will continue to play an important role in further improvements as the majority of state children are seen by private clinicians. The OSDH Immunization Service will continue to provide leadership in immunization assessment and policy development. Currently, Okla-

lahoma is among only a handful of states that conducts annual assessments of county and community level immunization coverage.

<sup>1</sup> General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR:55(RR15):1-48, December 1, 2006.

<sup>2</sup> CDC, National, state, and local area vaccination coverage among children aged 19-35 months - United States, 2007. MMWR: 57(35):961-966, Sept. 5, 2008.



**UP-TO-DATE IMMUNIZATIONS < 3 YEARS BY COUNTY (PERCENT; RANK; 2004-2006)**

ADAIR	82.1	26	CUSTER	76.1	63	LATIMER	86.6	5	OTTAWA	85.7	10
ALFALFA	70.0	77	DELAWARE	80.7	39	LEFLORE	80.1	42	PAWNEE	75.0	66
ATOKA	81.1	35	DEWEY	84.6	13	LINCOLN	74.8	68	PAYNE	75.0	66
BEAVER	85.1	12	ELLIS	72.3	73	LOGAN	78.1	54	PITTSBURG	83.3	18
BECKHAM	81.4	30	GARFIELD	82.5	22	LOVE	81.3	32	PONTOTOC	85.2	11
BLAINE	78.7	49	GARVIN	84.1	16	MAJOR	90.0	4	POTTAWATOMIE	78.3	52
BRYAN	81.1	35	GRADY	76.6	62	MARSHALL	80.9	38	PUSHMATAHA	85.8	9
CADDO	72.8	72	GRANT	83.3	18	MAYES	79.4	46	ROGER MILLS	81.8	27
CANADIAN	76.7	61	GREER	77.2	59	MCCLAIN	75.7	64	ROGERS	78.3	52
CARTER	77.8	55	HARMON	96.2	1	MCCURTAIN	86.2	7	SEMINOLE	78.5	50
CHEROKEE	83.3	18	HARPER	86.0	8	MCINTOSH	75.4	65	SEQUOYAH	77.3	58
CHOCTAW	74.6	69	HASKELL	81.0	37	MURRAY	82.6	21	STEPHENS	80.2	40
CIMARRON	80.0	43	HUGHES	80.2	40	MUSKOGEE	81.4	30	TEXAS	82.5	22
CLEVELAND	79.6	45	JACKSON	81.3	32	NOBLE	71.0	75	TILLMAN	78.4	51
COAL	86.4	6	JEFFERSON	90.1	2	NOWATA	79.1	48	TULSA	77.4	57
COMANCHE	79.9	44	JOHNSTON	81.3	32	OKFUSKEE	83.7	17	WAGONER	70.2	76
COTTON	77.6	56	KAY	74.5	70	OKLAHOMA	82.3	25	WASHINGTON	81.8	27
CRAIG	84.2	15	KINGFISHER	84.6	13	OKMULGEE	82.4	24	WASHITA	79.2	47
CREEK	72.1	74	KIOWA	77.0	60	OSAGE	73.9	71	WOODS	90.1	2
									WOODWARD	81.5	29

# seniors influenza vaccination

In Oklahoma, an average influenza season contributes to over 400 deaths and 2,500 hospitalizations.

Every year, influenza represents a serious public health threat. Nationally, it is estimated to cause 36,000 deaths and 226,000 hospitalizations annually.<sup>1</sup> In Oklahoma, an average influenza season contributes to over 400 deaths and 2,500 hospitalizations.<sup>2</sup>

Adults age 65 and older comprise 90 percent of deaths and 63 percent of hospitalizations that occur each year from influenza-related complications.<sup>1</sup>

Vaccination is recommended for most of the population, however, older persons are especially vulnerable to influenza. Adults aged 65 and older comprise 90 percent of deaths and 63 percent of hospitalizations that occur each year from influenza-related complications.<sup>1</sup>

The national Healthy People 2010 objective<sup>3</sup> is to annually vaccinate 90 percent of adults aged 65 and older. One-fourth of Oklahomans aged 65 and older do not get their annual influenza shots.

Although Oklahoma senior citizens have slightly better influenza vaccination rates than the rest of the nation as a whole, a variety of reasons have been expressed for not getting a flu shot, such as: 1) the myth that people can get the flu from the vaccination although the inactivated vaccine is made from killed viruses that cannot

cause influenza; 2) many older adults also tend not to see themselves as being in a high-risk category; and 3) their health care provider did not offer the vaccine or decided not to administer influenza vaccine because of financial concerns.<sup>1</sup> Additionally, vaccination rates among Blacks are exceedingly low because of distrust of the vaccine, lack of access, or cultural barriers.

There are a variety of approaches to improve influenza vaccine coverage rates for counties graded C, D or F. One way to improve influenza protection is through standing orders for vaccination of any patient who meets certain medical criteria, such as age or medical condition. Standing orders empower nurses to give recommended vaccines without a physician's involvement. Additionally, providers with concerns for influenza vaccine financing should reexamine costs. Reimbursement rates through Medicare have

## INFLUENZA VACCINATION (PERCENT; GRADE; 2007)

### STATE COMPARISON

US	72.0	C
RHODE ISLAND (best)	80.0	A
OKLAHOMA	76.1	B
DIST OF COLUMBIA (worst)	60.2	F

### AGE IN YEARS

18 - 24	-	
25 - 34	-	
35 - 44	-	
45 - 54	-	
55 - 64	-	
65 +	76.1	B

### GENDER

MALE	69.8	B
FEMALE	71.2	C

### RACE/ETHNICITY

WHITE (NH)	71.9	C
BLACK (NH)	49.2	F
AMER INDIAN (NH)	71.9	C
HISPANIC	NA	

### INCOME

< \$15k	62.4	F
\$15k - 25k	73.0	C
\$25k - 49k	73.3	C
\$50k - 75k	71.5	C
\$75k +	72.3	C

### EDUCATION

< HS	67.0	D
HS	70.3	C
HS+	70.1	C
COLLEGE GRADUATE	75.7	B

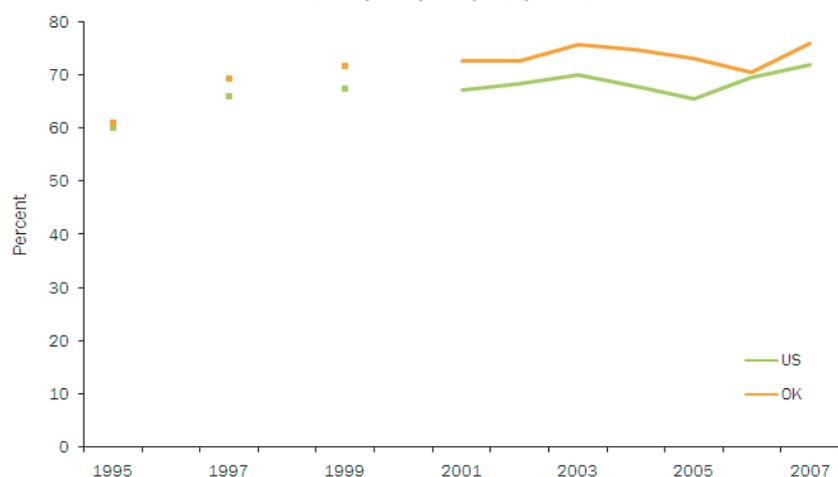
### HISTORIC

OK 1993	58.5	F
OK 1995	61.1	F
OK 2001	72.7	C
OK 2005	73.2	C
OK 2007	76.1	B

### STATE REGION

CENTRAL	25.2	D
NE	26.9	D
NW	28.4	D
SE	29.9	C
SW	28.7	C
TULSA	23.7	C

Percent of Adults Aged 65+ years Who Received a Flu Vaccination within the Past 12 Months: BRFSS, 1997, 1997, 1999, 2001-2007



substantially increased in the past few years and some vaccine manufacturers now offer special rebates for unused vaccine. Finally, all practices should emphasize the importance of vaccination to their patients.

Public and private health partnerships will continue to play an important role

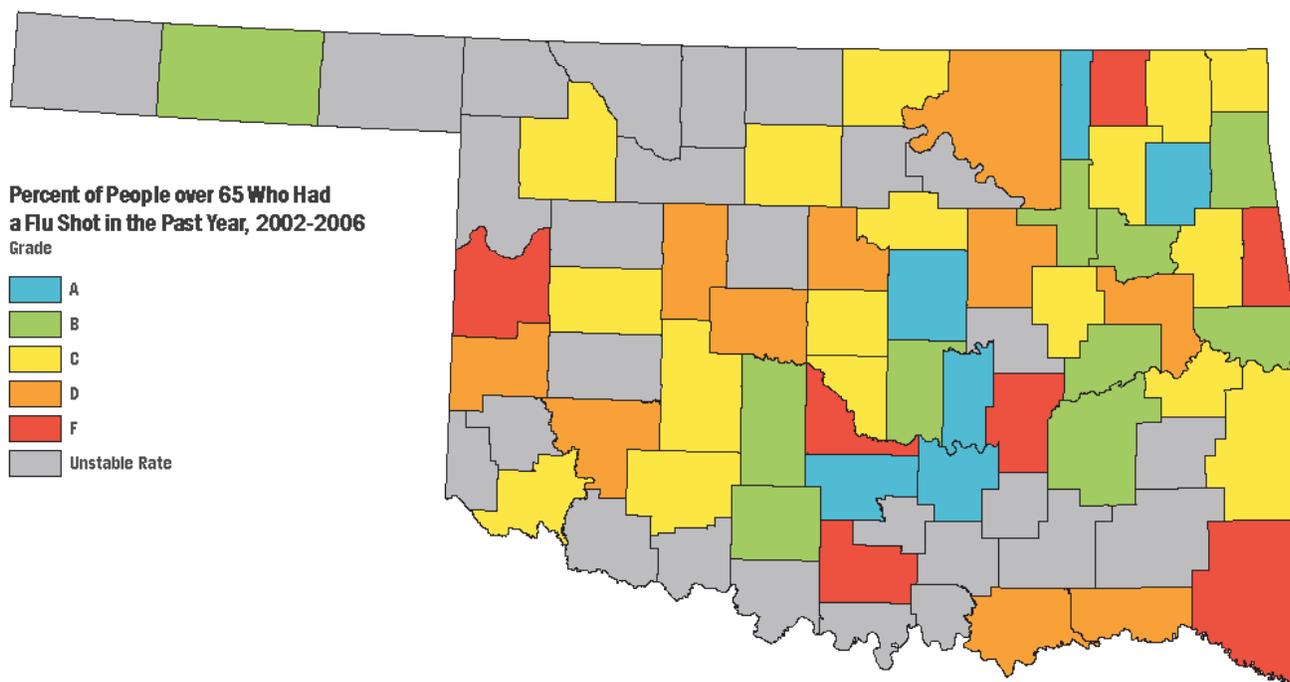
in further improvements in influenza vaccination among senior citizens. Currently, four out of five senior citizens in Oklahoma receive the vaccine through their doctor's office, a pharmacy or other resource besides a public health department. The Oklahoma State Department of Health will con-

tinue to work with state medical associations in improving policy and opportunity for vaccination.

<sup>1</sup> CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP), 2008. MMWR: 57/No. RR-7, Aug. 8, 2008.

<sup>2</sup> Oklahoma State Department of Health, Immunization Service.

<sup>3</sup> Healthy People 2010. 2<sup>nd</sup> ed. With understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington DC: US Government Printing Office, Nov. 2000.



**SENIORS RECEIVING FLU SHOTS BY COUNTY (PERCENT; RANK; 2004-2006)**

ADAIR	64.0	47	CUSTER	73.4	22	LATIMER	-	-	OTTAWA	70.7	33
ALFALFA	-	-	DELAWARE	75.4	14	LEFLORE	73.6	19	PAWNEE	-	-
ATOKA	-	-	DEWEY	-	-	LINCOLN	82.6	1	PAYNE	73.6	19
BEAVER	-	-	ELLIS	-	-	LOGAN	66.7	43	PITTSBURG	76.6	11
BECKHAM	67.3	40	GARFIELD	72.3	27	LOVE	-	-	PONTOTOC	81.8	2
BLAINE	68.6	36	GARVIN	80.5	3	MAJOR	-	-	POTTAWATOMIE	76.5	12
BRYAN	66.9	41	GRADY	77.3	8	MARSHALL	-	-	PUSHMATAHA	-	-
CADDO	71.1	29	GRANT	-	-	MAYES	79.8	6	ROGER MILLS	65.0	45
CANADIAN	69.8	34	GREER	-	-	MCCLAIN	65.5	44	ROGERS	73.8	18
CARTER	64.7	46	HARMON	-	-	MCCURTAIN	58.9	50	SEMINOLE	79.9	5
CHEROKEE	71.1	29	HARPER	-	-	MCINTOSH	77.5	7	SEQUOYAH	74.6	15
CHOCTAW	66.8	42	HASKELL	72.4	26	MURRAY	-	-	STEPHENS	75.7	13
CIMARRON	-	-	HUGHES	63.8	48	MUSKOGEE	68.4	37	TEXAS	74.2	16
CLEVELAND	73.9	17	JACKSON	70.9	32	NOBLE	-	-	TILLMAN	-	-
COAL	-	-	JEFFERSON	-	-	NOWATA	60.7	49	TULSA	77.2	9
COMANCHE	73.0	24	JOHNSTON	-	-	OKFUSKEE	-	-	WAGONER	76.9	10
COTTON	-	-	KAY	71.1	29	OKLAHOMA	73.5	21	WASHINGTON	80.0	4
CRAIG	73.4	22	KINGFISHER	-	-	OKMULGEE	72.5	25	WASHITA	-	-
CREEK	68.4	37	KIOWA	69.0	35	OSAGE	67.9	39	WOODS	-	-
									WOODWARD	72.1	28

# seniors pneumonia vaccination

Nearly half of pneumococcal disease-related deaths could potentially be prevented through the use of vaccine.

Pneumococcal disease is an infection that is caused by a type of bacteria called *Streptococcus pneumoniae*. Older adults are particularly vulnerable for pneumococcal disease. According to the Centers for Disease Control and Prevention (CDC), pneumococcal infection causes an estimated 40,000 deaths annually in the United States.<sup>1</sup>

In Oklahoma, 71.7% of seniors 65 years and older received the pneumococcal vaccine.

The Healthy People 2010 goal is to vaccinate 90 percent of adults 65 years and older against pneumococcal disease. In the U.S., pneumococcal disease accounts annually for an estimated 3,000 cases of meningitis, 50,000 cases of bacteremia, 500,000 cases of pneumonia, and 7 million cases of otitis media.<sup>1</sup> The overall annual incidence of pneumococcal disease in the United States for adults 65 years and older is 50-83 cases per 100,000 population.<sup>1</sup> According to the CDC, 60-87 percent of pneumococcal bacteremia is associated with pneumonia.<sup>1</sup>

cal vaccine. The vaccine is also recommended for persons who have chronic illnesses, weakened immune system, living in long-term care facilities, or who are Alaska Natives or belong to certain American Indian populations.

The vaccine is safe and effective and recipients cannot get the disease from the vaccine. One dose protects individuals against 23 various types of pneumoniae bacteria that are liable for more than 80 percent of all pneumococcal disease cases. In Oklahoma, 71.7 percent of seniors 65 years and older received this vaccine.

Pneumococcal vaccine can be given at any time during the year. Providers in counties scoring a grade of C, D or F can improve their vaccination rates by instituting standing orders for vaccination in their medical practices and hospitals. Additionally, rates may be improved by offering pneumococcal vaccine at the same time as influenza vaccine.

Nearly half of pneumococcal disease-related deaths could potentially be prevented through the use of vaccine.<sup>1</sup> Adults over age 65 years are recommended by CDC to get a pneumococ-

## PNEUMONIA VACCINATION (PERCENT; GRADE; 2007)

STATE COMPARISON		
US	67.3	C
OREGON (best)	74.0	A
OKLAHOMA	71.7	B
DIST OF COLUMBIA (worst)	55.9	F
AGE IN YEARS		
18 - 24	-	
25 - 34	-	
35 - 44	-	
45 - 54	-	
55 - 64	-	
65 +	71.7	B
GENDER		
MALE	68.5	C
FEMALE	71.4	B
RACE/ETHNICITY		
WHITE (NH)	71.0	B
BLACK (NH)	59.9	F
AMER INDIAN (NH)	69.4	B
HISPANIC	NA	
INCOME		
< \$15k	66.6	C
\$15k - 25k	72.1	B
\$25k - 49k	74.1	A
\$50k - 75k	76.3	A
\$75k +	65.3	D
EDUCATION		
< HS	66.7	C
HS	70.7	B
HS+	71.5	B
COLLEGE GRADUATE	71.1	B
HISTORIC		
OK 1993	29.6	F
OK 1995	37.2	F
OK 2001	66.1	C
OK 2005	71.1	B
OK 2007	71.7	B
STATE REGION		
CENTRAL	74.0	A
NE	68.2	C
NW	70.8	B
SE	71.2	B
SW	67.7	C
TULSA	68.6	C

Percent of Adults Aged 65+ years Who Have Ever Had the Pneumonia Vaccine: BRFSS, 1995, 1997, 1999, 2001-2007



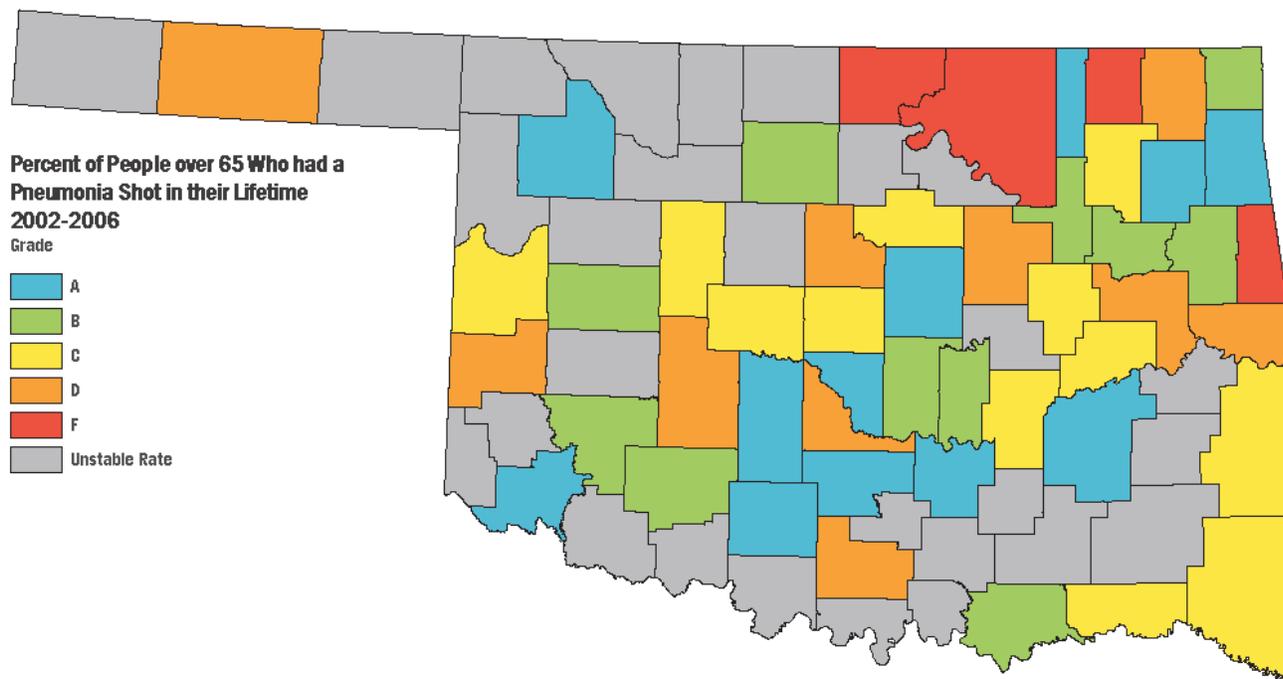
Public and private health partnerships will continue to play a key role in further improvements in pneumococcal vaccine among senior citizens. Some seniors of Oklahoma receive their vaccine through their doctor's office, a pharmacy or other resources other

than the public health department. The Oklahoma State Department of Health will continue to work with various state medical partners in improving policy and opportunity for pneumococcal vaccine.

<sup>1</sup> CDC. Prevention of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1997; 46: (RR-08); 1-24.

<sup>2</sup> Healthy People 2010. 2<sup>nd</sup> ed. With understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington DC: US Government Printing Office, November 2000.

<sup>3</sup> National Foundation for Infections Diseases. Facts About Pneu. Disease for Adults. Retrieved, January 13, 2009. from [http://www.nfid.org/pneumococcal/consumers\\_factsheet.html](http://www.nfid.org/pneumococcal/consumers_factsheet.html)



**SENIORS RECEIVING PNEUMONIA SHOTS BY COUNTY (PERCENT; RANK; 2002-2006)**

ADAIR	52.9	48	CUSTER	71.7	14	LATIMER	-	-	OTTAWA	72.6	13
ALFALFA	-	-	DELAWARE	73.4	11	LEFLORE	68.8	27	PAWNEE	-	-
ATOKA	-	-	DEWEY	-	-	LINCOLN	82.5	1	PAYNE	67.1	31
BEAVER	-	-	ELLIS	-	-	LOGAN	63.3	43	PITTSBURG	81.0	2
BECKHAM	62.4	45	GARFIELD	70.3	21	LOVE	-	-	PONTOTOC	73.4	11
BLAINE	66.0	35	GARVIN	74.7	6	MAJOR	-	-	POTTAWATOMIE	70.7	19
BRYAN	71.1	16	GRADY	75.2	5	MARSHALL	-	-	PUSHMATAHA	-	-
CADDO	65.2	37	GRANT	-	-	MAYES	74.7	6	ROGER MILLS	66.1	33
CANADIAN	67.3	29	GREER	-	-	MCCLAIN	64.5	40	ROGERS	66.1	33
CARTER	64.7	38	HARMON	-	-	MCCURTAIN	66.6	32	SEMINOLE	69.7	22
CHEROKEE	71.0	18	HARPER	-	-	MCINTOSH	67.4	28	SEQUOYAH	64.7	38
CHOCTAW	69.0	24	HASKELL	-	-	MURRAY	-	-	STEPHENS	76.4	3
CIMARRON	-	-	HUGHES	67.2	30	MUSKOGEE	65.3	36	TEXAS	64.1	41
CLEVELAND	73.8	9	JACKSON	75.9	4	NOBLE	-	-	TILLMAN	-	-
COAL	-	-	JEFFERSON	-	-	NOWATA	45.9	49	TULSA	69.5	23
COMANCHE	71.1	16	JOHNSTON	-	-	OKFUSKEE	-	-	WAGONER	70.4	20
COTTON	-	-	KAY	60.0	46	OKLAHOMA	68.9	26	WASHINGTON	73.5	10
CRAIG	64.1	41	KINGFISHER	-	-	OKMULGEE	69.0	24	WASHITA	-	-
CREEK	63.2	44	KIOWA	71.2	15	OSAGE	59.4	47	WOODS	-	-
									WOODWARD	74.5	8

# limited activity days

## LIMITED ACTIVITY DAYS (AVERAGE; GRADE; 2007)

### STATE COMPARISON

US	4.9	C
NORTH DAKOTA (best)	3.6	B
OKLAHOMA	5.9	D
KENTUCKY (worst)	8.2	F

### AGE IN YEARS

18 - 24	2.1	A
25 - 34	3.9	B
35 - 44	4.6	C
45 - 54	6.2	D
55 - 64	7.5	F
65 +	6.9	F

### GENDER

MALE	5.4	D
FEMALE	5.0	C

### RACE/ETHNICITY

WHITE (NH)	5.0	C
BLACK (NH)	4.9	C
AMER INDIAN (NH)	5.7	D
HISPANIC	5.1	C

### INCOME

< \$15k	10.7	F
\$15k - 25k	6.8	F
\$25k - 49k	3.8	B
\$50k - 75k	3.6	B
\$75k +	2.5	A

### EDUCATION

< HS	7.3	F
HS	5.7	D
HS+	5.0	C
COLLEGE GRADUATE	3.3	A

### HISTORIC

OK 1990	NA	
OK 1995	4.3	B
OK 2000	4.6	C
OK 2005	5.0	C
OK 2007	5.9	D

### STATE REGION

CENTRAL	4.1	B
NE	6.3	F
NW	4.3	B
SE	6.4	F
SW	5.5	D
TULSA	4.6	C

## Oklahomans suffer more limited activity days than adults nationally.

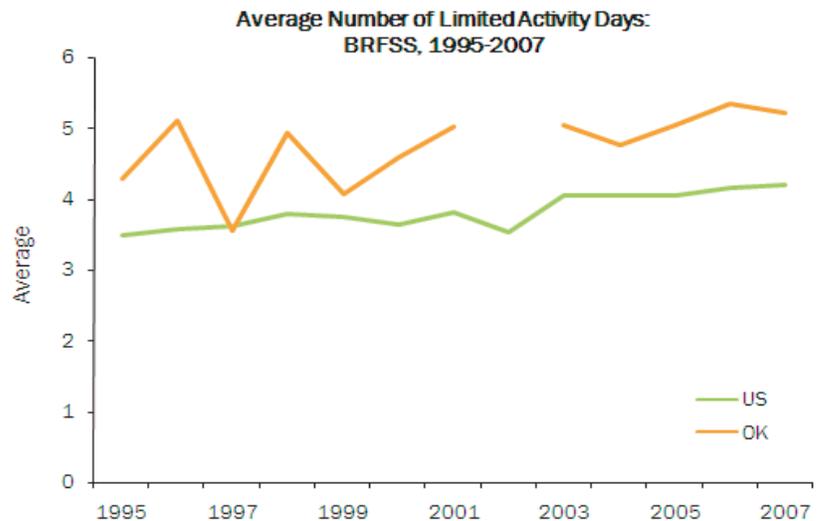
Good health encompasses physical, mental and social well-being.<sup>1</sup> To determine an individual's health status and overall sense of well-being, health professionals evaluate health-related quality of life (HRQoL), or the individual's perception of his or her physical and mental health and ability to adapt to a changing environment.<sup>2</sup> The Behavioral Risk Factor Surveillance System (BRFSS) measures HRQoL in its core component with four items that, together, provide insight regarding an individual's ability to perform usual activities.<sup>3</sup>

In one measure of HRQoL, BRFSS respondents were asked how many of the past 30 days that poor physical or mental health limited their ability to perform their usual activities. More than 40 percent of Oklahoma adults perceived that poor health limited their ability to perform their usual activities on at least one day, and 12.4 percent experienced restricted activity on more than 15 days. On average, Oklahomans experienced 5.9 limited activity days during the past month. Men, adults aged 55 years and older, American Indians, those with an annual

Poor physical and/or mental health can impact a person's ability to perform their usual activities.

household income of less than \$25,000, and those without a high school education endured the most limited activity days. The number of limited activity days was positively related to age categories and inversely related to levels of income and educational attainment. For example, Oklahomans aged 55 years and older had three times the number of limited activity days as those aged 18-24 years. Oklahomans with an annual household income of less than \$15,000 had four times the number of limited activity days compared to those in the highest income group. Those without a high school education experienced more than twice the number of limited activity days as college graduates. In addition, the state's eastern regions had the highest number of limited activity days compared to other regions.

Since 1995, the mean number of limited activity days experienced by Oklahoma adults has increased by almost 40 percent. Oklahomans are experi-

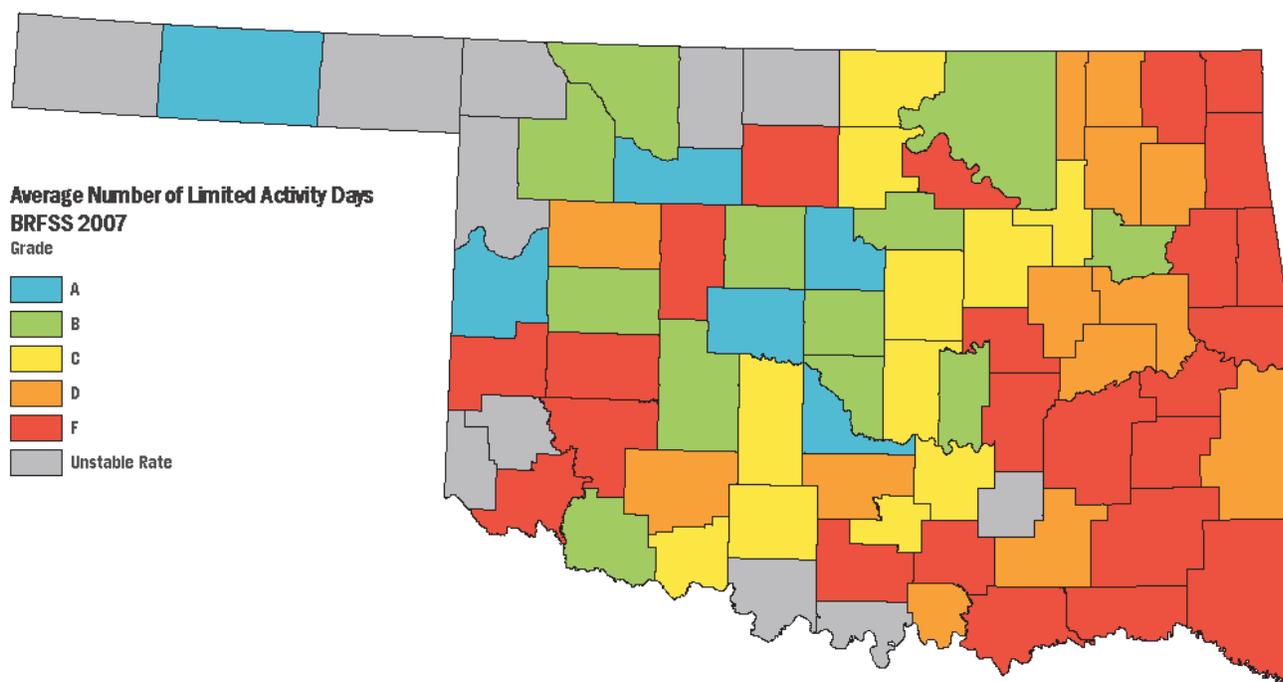


encing a greater number of physical and mental health problems that are interfering with normal daily activities than in previous years. Oklahomans do not fare as well as others around the country, suffering one more day per month of limited activity than the nation as a whole.

<sup>1</sup> WHO. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948.

<sup>2</sup> U.S. Department of Health and Human Services. *Healthy People 2010*. 2<sup>nd</sup> ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

<sup>3</sup> Centers for Disease Control and Prevention. *Measuring Healthy Days*. Atlanta, Georgia: CDC, November 2000.



**LIMITED ACTIVITY DAYS BY COUNTY (AVERAGE; RANK; 2007)**

ADAIR	6.9	49	CUSTER	4.1	12	LATIMER	8.2	62	OTTAWA	7.0	50
ALFALFA	-	-	DELAWARE	6.8	47	LEFLORE	5.6	33	PAWNEE	7.3	55
ATOKA	5.7	36	DEWEY	5.7	36	LINCOLN	5.1	27	PAYNE	4.2	13
BEAVER	-	-	ELLIS	-	-	LOGAN	2.9	1	PITTSBURG	6.6	45
BECKHAM	6.8	47	GARFIELD	6.6	45	LOVE	-	-	PONTOTOC	4.9	22
BLAINE	6.3	43	GARVIN	5.6	33	MAJOR	3.2	5	POTTAWATOMIE	4.8	21
BRYAN	6.4	44	GRADY	5.1	27	MARSHALL	5.5	31	PUSHMATAHA	7.5	58
CADDO	4.4	17	GRANT	-	-	MAYES	5.9	38	ROGER MILLS	3.1	4
CANADIAN	3.4	6	GREER	-	-	MCCLAIN	2.9	1	ROGERS	5.4	30
CARTER	7.3	55	HARMON	-	-	MCCURTAIN	7.9	61	SEMINOLE	4.3	16
CHEROKEE	7.2	54	HARPER	-	-	MCINTOSH	6.0	39	SEQUOYAH	7.6	59
CHOCTAW	7.1	52	HASKELL	7.8	60	MURRAY	4.9	22	STEPHENS	5.0	26
CIMARRON	-	-	HUGHES	9.4	64	MUSKOGEE	6.1	40	TEXAS	3.0	3
CLEVELAND	4.0	9	JACKSON	8.5	63	NOBLE	4.6	19	TILLMAN	4.0	9
COAL	-	-	JEFFERSON	-	-	NOWATA	5.6	33	TULSA	4.6	19
COMANCHE	5.5	31	JOHNSTON	9.9	65	OKFUSKEE	7.1	52	WAGONER	4.2	13
COTTON	4.9	22	KAY	4.9	22	OKLAHOMA	4.4	17	WASHINGTON	6.1	40
CRAIG	7.0	50	KINGFISHER	4.0	9	OKMULGEE	6.1	40	WASHITA	7.3	55
CREEK	5.3	29	KIOWA	10.1	66	OSAGE	4.2	13	WOODS	3.8	7
									WOODWARD	3.8	7

# poor mental health days

## Oklahomans suffer more mentally unhealthy days than adults nationally.

Mental disorders are the leading cause of disability for adults under the age of 45 years.

Mental disorders are the leading cause of disability for U.S. adults less than 45 years of age.<sup>1</sup> While mental disorders affect one in four U.S. adults, more serious forms of mental illness are concentrated among a smaller proportion of the population.<sup>2</sup> In Oklahoma, 8.4 percent of adults have suffered at least one major depressive episode and 13.3 percent have serious psychological distress, ranking Oklahoma among the most mentally unhealthy states in the U.S.<sup>3</sup>

As a measure of health-related quality of life, the Behavioral Risk Factor Surveillance System (BRFSS) inquires about the number of days during the past month that a person's mental health was not good. Approximately one-third of Oklahoma adults experienced at least one day and nine percent endured more than 15 mentally unhealthy days. On average, Oklahomans experienced 3.9 mentally unhealthy days during the past month. The average number of mentally unhealthy days was highest for women, Blacks and American Indians, those with an annual household income of less than \$25,000, and those who were not college graduates. Younger individuals typically experience more mentally unhealthy days than older individuals,<sup>4</sup>

and in Oklahoma, the 18-24 year-olds experienced almost two times the number of mentally unhealthy days that those aged 65 years and older endured. Interestingly, the 45- to 54-year-olds indicated the same number of mentally unhealthy days as the 18- to 24-year-olds. While the state's southern regions had the highest number of mentally unhealthy days compared to other regions, there were several counties in the south where residents endured three or fewer mentally unhealthy days. Hispanics had the lowest number of mentally unhealthy days compared to other racial/ethnic groups. Residents over the age of 65 years, those with a minimum household income of \$75,000 per year, and college graduates experienced fewer than 2.5 mentally unhealthy days in the past month.

Since 1995, the mean number of mentally unhealthy days experienced by Oklahoma adults has doubled while the U.S. trend has remained relatively stable. This indicates that Oklahomans are experiencing more mental health problems than in previous years. Oklaho-

### POOR MENTAL HEALTH DAYS (AVERAGE; GRADE; 2007)

#### STATE COMPARISON

US	3.3	C
MINNESOTA (best)	2.4	A
OKLAHOMA	3.9	D
KENTUCKY (worst)	4.3	F

#### AGE IN YEARS

18 - 24	4.8	F
25 - 34	4.0	D
35 - 44	3.8	D
45 - 54	4.8	F
55 - 64	3.8	D
65 +	2.5	A

#### GENDER

MALE	3.2	C
FEMALE	4.6	F

#### RACE/ETHNICITY

WHITE (NH)	3.6	D
BLACK (NH)	4.6	F
AMER INDIAN (NH)	5.3	F
HISPANIC	3.3	C

#### INCOME

< \$15k	8.1	F
\$15k - 25k	5.5	F
\$25k - 49k	3.4	C
\$50k - 75k	2.9	B
\$75k +	1.9	A

#### EDUCATION

< HS	6.1	F
HS	4.1	F
HS+	4.1	F
COLLEGE GRADUATE	2.4	A

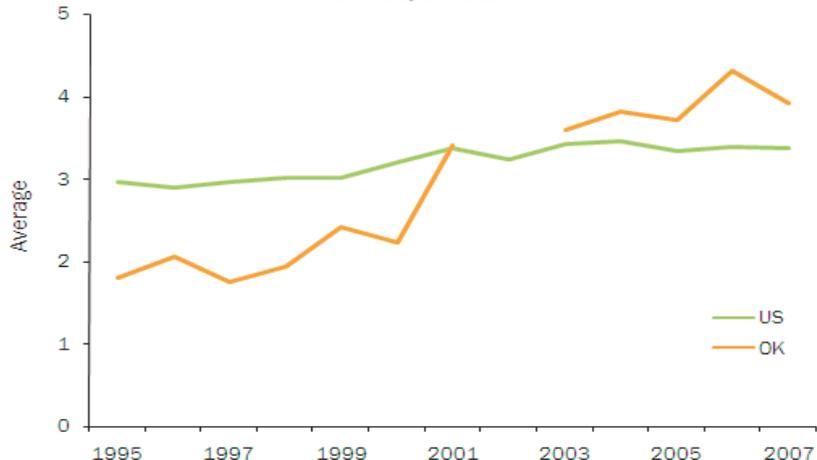
#### HISTORIC

OK 1990	NA	
OK 1995	1.8	A
OK 2000	2.2	A
OK 2005	3.7	D
OK 2007	3.9	D

#### STATE REGION

CENTRAL	3.8	D
NE	4.0	D
NW	3.2	C
SE	4.8	F
SW	4.5	F
TULSA	3.5	C

Average Number of Mental Unhealthy Days: BRFSS, 1995-2007



mans suffer 18 percent more time in poor mental health than adults across the U.S.

However, due to recent developments in the Oklahoma public mental health care system, positive strides are being made. In a recently released report rating adult public mental health care systems in the

United States, Oklahoma showed the greatest improvement in the nation, rising from a “D” to a “B” in this report card by the National Alliance on Mental Illness (NAMI.)<sup>5</sup> These recent innovations and developments in the public mental health care system could result in more positive mental health outcomes in the upcoming years.

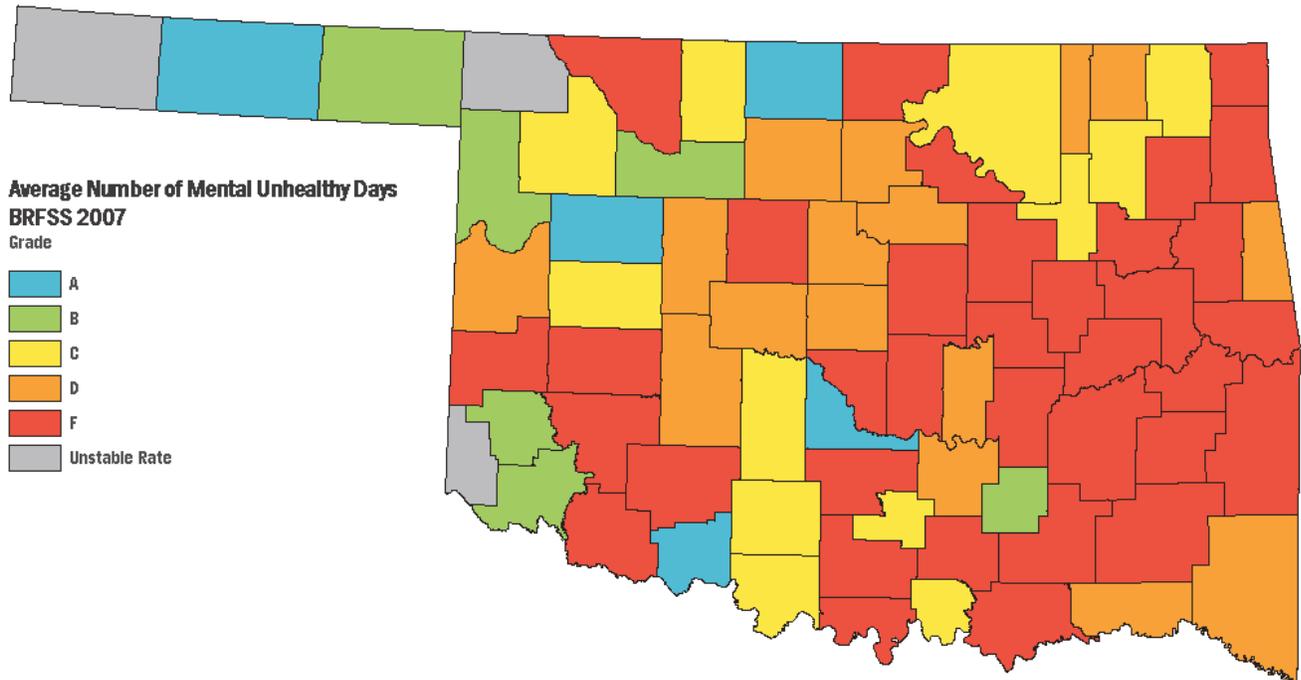
<sup>1</sup> World Health Organization. The World Health Report 2004: Changing History, Annex Table 3: Burden of disease in DALYs by cause, sex, and mortality stratum in WHO regions, estimates for 2002. Geneva: WHO 2004.

<sup>2</sup> Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R) Archives of General Psychiatry, 2005 Jun;62(6):617-27.

<sup>3</sup> Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2005 and 2006. Retrieved from: <http://www.drugabusestatistics.samhsa.gov/2k6State/OklahomaMH.htm#Tabs>.

<sup>4</sup> Centers for Disease Control and Prevention. Measuring Healthy Days. Atlanta, Georgia: CDC, November 2000.

<sup>5</sup> National Alliance on Mental Illness. Grading the States 2009. Retrieved from: [www.nami.org/grades09](http://www.nami.org/grades09).



**POOR MENTAL HEALTH DAYS BY COUNTY (AVERAGE; RANK; 2007)**

ADAIR	3.7	27	CUSTER	3.4	16	LATIMER	7.3	74	OTTAWA	4.4	53
ALFALFA	3.4	16	DELAWARE	4.4	53	LEFLORE	4.8	64	PAWNEE	4.2	43
ATOKA	5.2	68	DEWEY	2.3	4	LINCOLN	4.2	43	PAYNE	4.0	38
BEAVER	2.9	8	ELLIS	2.8	6	LOGAN	3.9	32	PITTSBURG	4.4	53
BECKHAM	4.3	52	GARFIELD	3.9	32	LOVE	4.2	43	PONTOTOC	3.9	32
BLAINE	3.6	24	GARVIN	5.2	68	MAJOR	2.8	6	POTTAWATOMIE	4.7	59
BRYAN	4.5	56	GRADY	3.5	20	MARSHALL	3.5	20	PUSHMATAHA	5.2	68
CADDO	3.8	29	GRANT	2.2	3	MAYES	5.2	68	ROGER MILLS	4.0	38
CANADIAN	3.8	29	GREER	3.1	10	MCCLAIN	2.1	2	ROGERS	3.4	16
CARTER	4.7	59	HARMON	-	-	MCCURTAIN	3.8	29	SEMINOLE	3.9	32
CHEROKEE	4.7	59	HARPER	-	-	MCINTOSH	4.2	43	SEQUOYAH	5.3	72
CHOCTAW	3.9	32	HASKELL	4.9	67	MURRAY	3.5	20	STEPHENS	3.2	12
CIMARRON	-	-	HUGHES	4.1	41	MUSKOGEE	4.2	43	TEXAS	1.7	1
CLEVELAND	4.2	43	JACKSON	3.1	10	NOBLE	3.6	24	TILLMAN	6.1	73
COAL	3.0	9	JEFFERSON	3.4	16	NOWATA	3.6	24	TULSA	3.6	23
COMANCHE	4.0	40	JOHNSTON	4.6	58	OKFUSKEE	4.8	64	WAGONER	4.7	59
COTTON	2.3	4	KAY	4.1	41	OKLAHOMA	3.9	32	WASHINGTON	3.7	27
CRAIG	3.3	14	KINGFISHER	4.2	43	OKMULGEE	4.5	56	WASHITA	4.7	59
CREEK	4.2	43	KIOWA	4.8	64	OSAGE	3.2	12	WOODS	4.2	43
									WOODWARD	3.3	14

# poor physical health days

## Oklahomans suffer more physically unhealthy days than adults nationally.

Poor physical health can be the result of acute or chronic illness or injury, and feeling physically unhealthy can lead to inability or lessened interest in performing normal activities such as work, recreational activities, and household tasks. The purpose of inquiring about physical health is to assess such physical symptoms as illness, injury, and pain that may interfere with an individual's ability to enjoy good quality of life.<sup>1</sup> Injury, illness, and pain are quite prevalent in the U.S. For example, millions of adults are treated for non-fatal injuries in emergency rooms each year,<sup>2</sup> and one-quarter of American adults aged 20 years and older suffer pain lasting more than 24 hours, with most of those individuals suffering pain lasting more than one year.<sup>3</sup> Inquiring about physical health may also serve to indicate the burden on the health care system as individuals generally seek care only when they feel that their health is poor.<sup>1</sup>

Physical symptoms such as illness, injury, and pain may interfere with an individual's ability to enjoy good quality of life.

As a measure of health-related quality of life, the Behavioral Risk Factor Surveillance System (BRFSS) inquires about the number of days during the past month that a person's physical health was poor. While 37 percent of Oklahoma adults experienced at least

one day during which their physical health was not good, 10 percent of residents endured more than 15 physically unhealthy days. On average, Oklahomans experienced 4.9 days in poor physical health during the past month. Females suffered more physically unhealthy days than males, which may not be surprising given that U.S. women more commonly experience pain for any reason.<sup>3</sup> The average number of physically unhealthy days was highest for adults aged 55 years and older, which coincides with the increased prevalence of chronic conditions impacting physical health that occurs with aging.<sup>4</sup> Physically unhealthy days were also more prevalent among American Indians, those with an annual household income of less than \$25,000, those with less than a high school education, and those living in the southeast region of the state. Residents under the age of 35 years, Hispanics, and those with a minimum household income of \$50,000 per year experienced fewer than three

### POOR PHYSICAL HEALTH DAYS (AVERAGE; GRADE; 2007)

#### STATE COMPARISON

US	4.3	C
COLORADO (best)	3.2	A
OKLAHOMA	4.9	D
MASSACHUSETTS (worst)	6.6	F

#### AGE IN YEARS

18 - 24	2.6	A
25 - 34	2.8	A
35 - 44	3.2	A
45 - 54	4.6	C
55 - 64	6.3	F
65 +	5.7	F

#### GENDER

MALE	3.8	B
FEMALE	4.6	D

#### RACE/ETHNICITY

WHITE (NH)	4.1	C
BLACK (NH)	4.2	C
AMER INDIAN (NH)	5.0	D
HISPANIC	2.8	A

#### INCOME

< \$15k	9.2	F
\$15k - 25k	6.0	F
\$25k - 49k	3.7	B
\$50k - 75k	2.9	A
\$75k +	1.8	A

#### EDUCATION

< HS	6.1	F
HS	4.5	C
HS+	4.5	C
COLLEGE GRADUATE	2.6	A

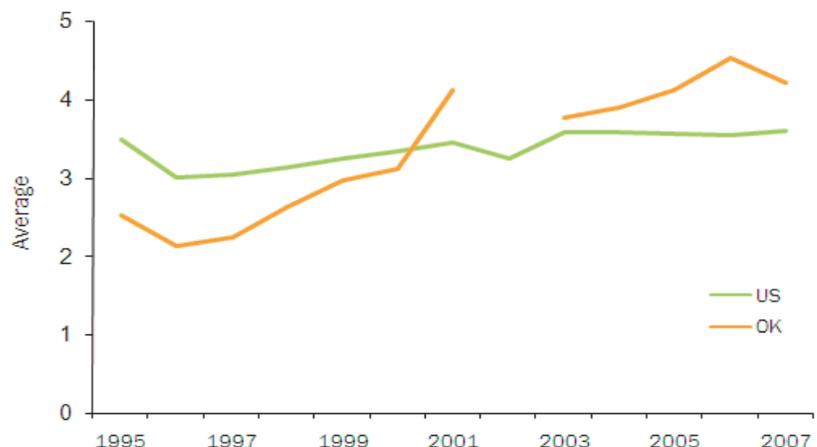
#### HISTORIC

OK 1990	NA	
OK 1995	2.5	A
OK 2000	3.1	A
OK 2005	4.1	C
OK 2007	4.9	D

#### STATE REGION

CENTRAL	3.5	B
NE	4.9	D
NW	3.7	B
SE	5.6	F
SW	4.8	D
TULSA	3.3	B

Average Number of Physical Unhealthy Days: BRFSS, 1995-2007



poor physical health days in the past month.

Oklahomans suffer 14 percent more time in poor physical health than the average American. Since 1995, the mean number of physically unhealthy days experienced by Oklahoma adults

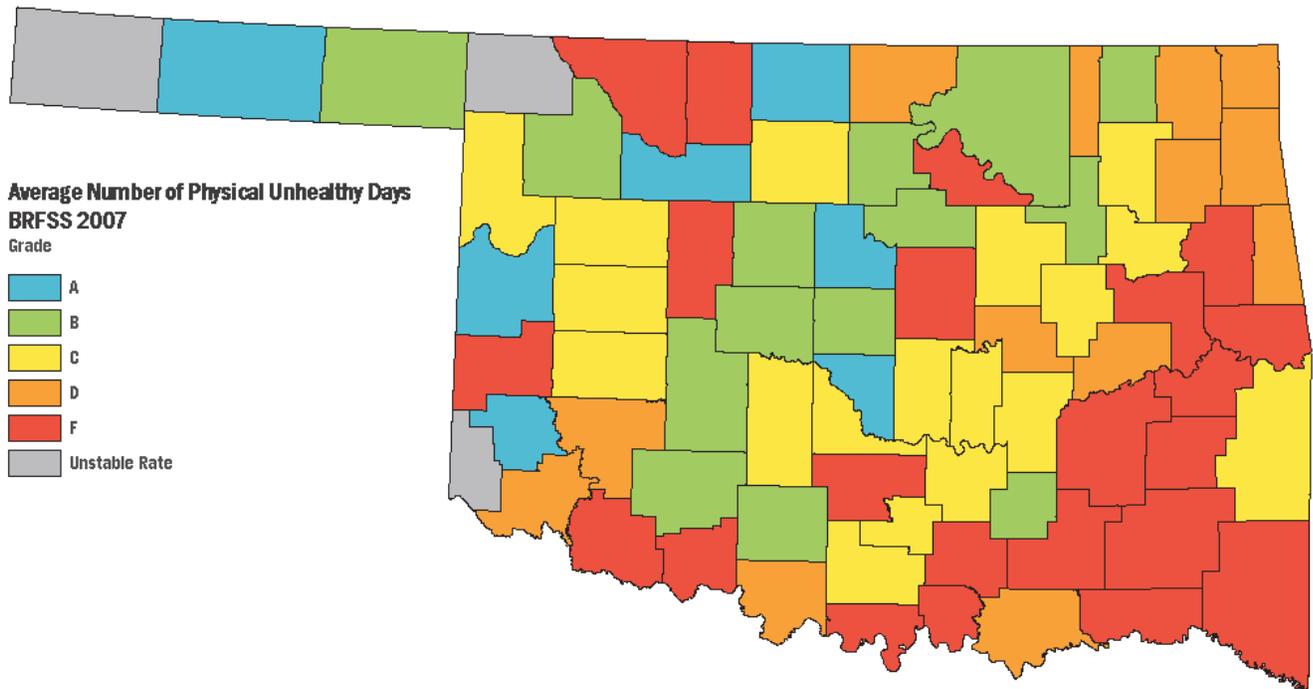
has almost doubled. Oklahomans are experiencing more physical health problems than in previous years, which is most likely related to increasing rates of obesity, arthritis, diabetes, and other chronic conditions.<sup>4</sup>

<sup>1</sup> Centers for Disease Control and Prevention. *Measuring Healthy Days*. Atlanta, Georgia: CDC, November 2000.

<sup>2</sup> National Center for Injury Prevention and Control. WISQARS Nonfatal Injury Reports. Retrieved from <http://www.cdc.gov/ncipc/wisqars/>.

<sup>3</sup> National Center for Health Statistics. *Health, United States, 2006 with Chartbook on Trends in the Health of Americans*. Hyattsville, MD: 2006.

<sup>4</sup> Health Care Information (HCI). Behavioral Risk Factor Surveillance System Survey Data. Oklahoma City, Oklahoma: Oklahoma State Department of Health, Center for Health Statistics, 2007.



**POOR PHYSICAL HEALTH DAYS BY COUNTY (AVERAGE; RANK; 2007)**

ADAIR	5.2	52	CUSTER	4.0	22	LATIMER	8.2	74	OTTAWA	5.1	48
ALFALFA	6.1	66	DELAWARE	5.1	48	LEFLORE	4.6	38	PAWNEE	5.7	61
ATOKA	5.3	53	DEWEY	4.4	28	LINCOLN	6.2	67	PAYNE	3.6	12
BEAVER	3.5	11	ELLIS	4.4	28	LOGAN	2.8	3	PITTSBURG	5.5	55
BECKHAM	5.8	63	GARFIELD	4.5	32	LOVE	6.0	65	PONTOTOC	4.5	32
BLAINE	6.4	71	GARVIN	5.5	55	MAJOR	3.2	6	POTTAWATOMIE	4.5	32
BRYAN	5.1	48	GRADY	4.4	28	MARSHALL	5.8	63	PUSHMATAHA	5.5	55
CADDO	3.9	19	GRANT	2.4	1	MAYES	4.7	40	ROGER MILLS	2.8	3
CANADIAN	3.4	9	GREER	2.9	5	MCCLAIN	4.2	26	ROGERS	4.2	26
CARTER	4.1	24	HARMON	-	-	MCCURTAIN	6.3	69	SEMINOLE	4.0	22
CHEROKEE	6.2	67	HARPER	-	-	MCINTOSH	5.0	46	SEQUOYAH	6.5	73
CHOCTAW	5.6	59	HASKELL	6.3	69	MURRAY	4.6	38	STEPHENS	3.7	14
CIMARRON	-	-	HUGHES	4.4	28	MUSKOGEE	5.5	55	TEXAS	2.6	2
CLEVELAND	3.3	7	JACKSON	4.7	40	NOBLE	3.8	17	TILLMAN	5.6	59
COAL	3.7	14	JEFFERSON	4.7	40	NOWATA	3.9	19	TULSA	3.6	12
COMANCHE	3.9	19	JOHNSTON	6.4	71	OKFUSKEE	5.0	46	WAGONER	4.1	24
COTTON	5.3	53	KAY	5.1	48	OKLAHOMA	3.8	17	WASHINGTON	4.7	40
CRAIG	4.9	44	KINGFISHER	3.4	9	OKMULGEE	4.5	32	WASHITA	4.5	32
CREEK	4.5	32	KIOWA	4.9	44	OSAGE	3.7	14	WOODS	5.7	61
									WOODWARD	3.3	8

# good or better health rating

## GOOD OR BETTER HEALTH RATING (PERCENT; GRADE; 2007)

### STATE COMPARISON

US	84.6	C
UTAH (best)	89.1	B
OKLAHOMA	80.8	D
KENTUCKY (worst)	76.9	F

### AGE IN YEARS

18 - 24	91.6	A
25 - 34	88.8	B
35 - 44	86.7	B
45 - 54	79.6	F
55 - 64	71.6	F
65 +	67.7	F

### GENDER

MALE	82.2	D
FEMALE	79.5	F

### RACE/ETHNICITY

WHITE (NH)	82.2	D
BLACK (NH)	79.4	F
AMER INDIAN (NH)	74.8	F
HISPANIC	75.3	F

### INCOME

< \$15k	55.7	F
\$15k - 25k	72.2	F
\$25k - 49k	83.0	C
\$50k - 75k	90.2	A
\$75k +	93.7	A

### EDUCATION

< HS	59.0	F
HS	79.8	F
HS+	82.2	D
COLLEGE GRADUATE	91.2	A

### HISTORIC

OK 1993	82.9	C
OK 1995	86.9	B
OK 2000	84.7	C
OK 2005	81.3	D
OK 2007	80.8	D

### STATE REGION

CENTRAL	82.4	D
NE	80.0	D
NW	82.7	D
SE	73.9	F
SW	79.1	F
TULSA	85.5	C

## Oklahomans' perceptions of their health have declined in recent years.

Traditional measures of health focus on prevalence or incidence of morbidity and mortality. They do not assess the health of those without illness, and they do not consider that individuals with illness may function well in society and perceive their health to be generally good.<sup>1</sup> Self-perceptions of health are used as a measure of health-related quality of life (HRQoL), serving as an alternative means of assessing the perceived burden of acute and chronic health conditions.<sup>1</sup> HRQoL refers to an individual's perception of his or her physical and mental health and ability to adapt to a changing environment.<sup>2</sup> Self-health ratings are often comprised of a global question asking how an individual perceives his or her health. Such self-health ratings are used to assess changes and disparities in health status among populations. They may also be independent predictors of mortality.<sup>3</sup>

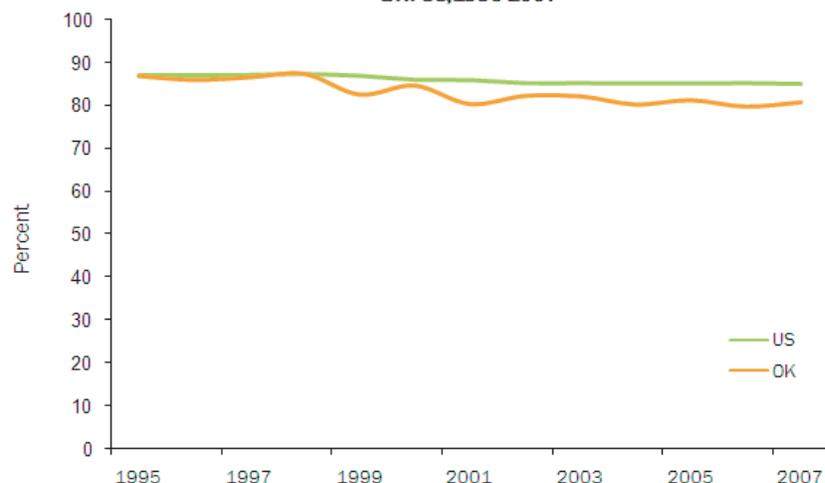
As one of the four items used by BRFSS to assess HRQoL, interviewers asked respondents how they rated their health in general. Almost 81 percent of Oklahoma adults believed their health to be good, very good, or excel-

Self-perceptions of health are used as a measure of health-related quality of life, serving as an alternative means of assessing the perceived burden of acute and chronic health conditions.

lent (i.e., good or better). Males more commonly ranked their health as being good or better compared to females, which is consistent with men experiencing fewer unhealthy days.<sup>4</sup> A higher proportion of Whites ranked their health positively compared to those of other races/ethnicities. Not surprisingly, the proportion of individuals who had more positive perceptions of their health declined with age and increased with higher levels of education and income. The Tulsa region represented the largest proportion of residents with good perceived health, whereas the southern regions of the state, and the southwest in particular, had the smallest proportion.

While the proportion of Oklahoma adults who have positive perceptions of their health declined 7.5 percent in the past 13 years, the national proportion declined by only 2.3 percent.

Percent of Adults with Self-Perceived Good or Better Health: BRFSS, 1995-2007



Fewer Oklahomans had positive perceptions of their health compared to the national population. In fact, Oklahoma ranked 43rd out of the 50 states with respect to the proportion of adult residents who perceived their health to

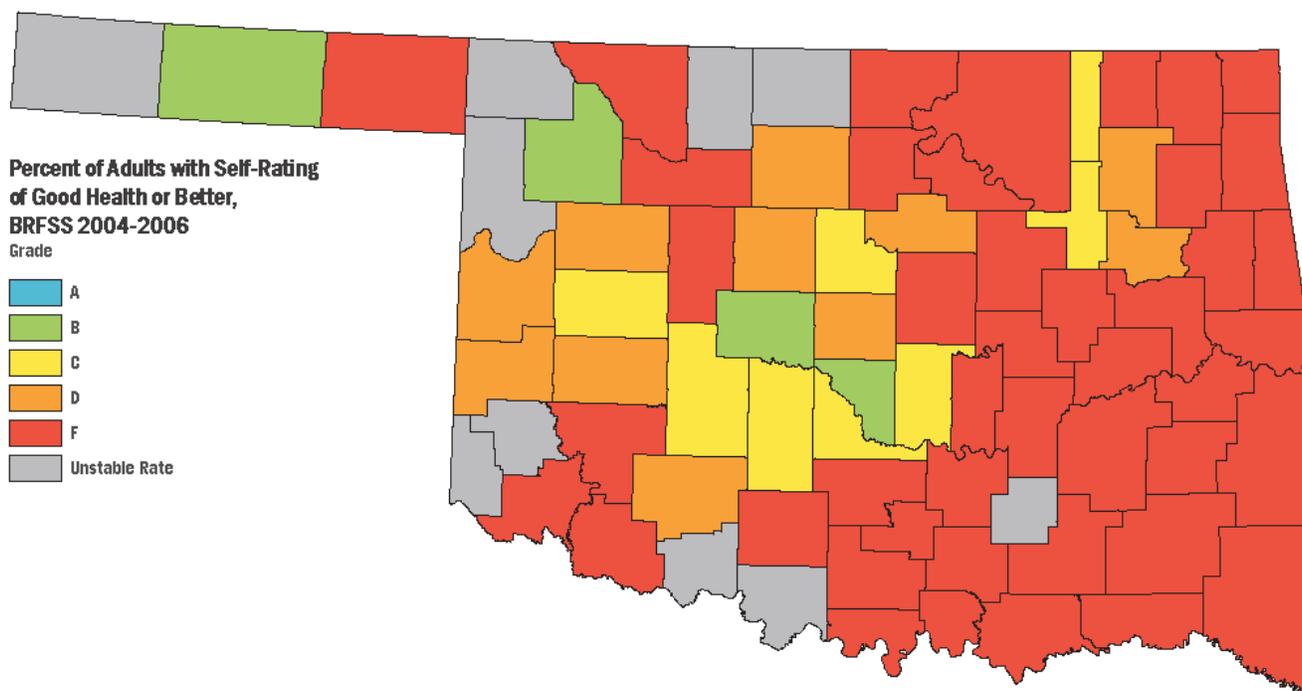
be good or better. Residents in Utah had the highest proportion of perceived good health, while residents of Kentucky had the lowest proportion

<sup>1</sup> Centers for Disease Control and Prevention. Measuring Healthy Days. Atlanta, Georgia: CDC, November 2000.

<sup>2</sup> U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office, November 2000.

<sup>3</sup> Idler EL and Benyamini Y (1997). Self-rated health and mortality: A review of twenty-seven community studies. *J Health Soc Beh*, 38:21-37.

<sup>4</sup> Health Care Information (HCI). Behavioral Risk Factor Surveillance System Survey Data. Oklahoma City, Oklahoma: Oklahoma State Department of Health, Center for Health Statistics, 2007.



**GOOD OR BETTER HEALTH RATING BY COUNTY (PERCENT; RANK; 2004-2006)**

ADAIR	73.3	51	CUSTER	83.3	11	LATIMER	60.7	67	OTTAWA	74.0	47
ALFALFA	-	-	DELAWARE	76.0	36	LEFLORE	74.8	43	PAWNEE	73.0	53
ATOKA	77.8	28	DEWEY	82.8	13	LINCOLN	77.3	31	PAYNE	80.8	19
BEAVER	74.1	46	ELLIS	-	-	LOGAN	83.4	10	PITTSBURG	74.0	47
BECKHAM	80.4	21	GARFIELD	82.7	14	LOVE	65.4	64	PONTOTOC	74.6	45
BLAINE	63.5	66	GARVIN	73.0	53	MAJOR	77.4	29	POTTAWATOMIE	83.3	11
BRYAN	72.1	56	GRADY	83.5	8	MARSHALL	71.2	59	PUSHMATAHA	68.6	63
CADDO	83.5	8	GRANT	-	-	MAYES	75.9	38	ROGER MILLS	81.4	17
CANADIAN	88.7	1	GREER	-	-	MCCLAIN	84.1	6	ROGERS	82.5	15
CARTER	76.1	35	HARMON	-	-	MCCURTAIN	73.1	52	SEMINOLE	72.3	55
CHEROKEE	71.6	58	HARPER	-	-	MCINTOSH	74.7	44	SEQUOYAH	70.5	62
CHOCTAW	73.7	49	HASKELL	71.0	60	MURRAY	75.6	39	STEPHENS	77.4	29
CIMARRON	-	-	HUGHES	75.1	41	MUSKOGEE	76.3	34	TEXAS	88.0	3
CLEVELAND	88.4	2	JACKSON	77.2	32	NOBLE	74.9	42	TILLMAN	77.9	27
COAL	-	-	JEFFERSON	-	-	NOWATA	70.7	61	TULSA	84.8	5
COMANCHE	82.5	15	JOHNSTON	72.0	57	OKFUSKEE	75.4	40	WAGONER	80.8	19
COTTON	-	-	KAY	79.2	25	OKLAHOMA	81.2	18	WASHINGTON	83.7	7
CRAIG	78.5	26	KINGFISHER	80.2	23	OKMULGEE	76.0	36	WASHITA	80.3	22
CREEK	79.8	24	KIOWA	65.1	65	OSAGE	76.5	33	WOODS	73.5	50
									WOODWARD	86.2	4

# teen fertility

## The birth rate to 15- to 17-year-olds rose in 2006 and 2007.

Teenagers giving birth is a multi-faceted problem. A baby born to a teenage mother is more likely to be preterm and underweight than a baby born to a mother who delayed child bearing until her 20s.<sup>1</sup> The infant of a teenage mother is more likely to receive care from an emergency room. The child of a teenage mother is more likely to repeat a grade in school, be in foster care and be abused and neglected. The child of a very young parent is also more likely to drop out of high school, have a child as a teen and be incarcerated as an adolescent or young adult.<sup>2</sup> Preventing early teenage childbearing reduces the disadvantage of young mothers not being able to complete their education and decreases their likelihood of social and income disparities.<sup>3</sup>

Preventing early teenage childbearing reduces the disadvantage of young mothers not being able to complete their education and decreases their likelihood of social and income disparities.

least their third child.<sup>1</sup> The 2006 preliminary national data show Oklahoma to be 29.9 percent above the nation's rate. The greatest disparities lie among the minority races, whose rates are roughly two to three times that of whites. Of note, 60 counties have rates worse than the US rate of 21.4 per 100,000 population.

The cost of teenage birth has a public burden. In 2004, the cost nationally for taxpayers was estimated to be \$9.1 billion (federal, state, and local). The cost in Oklahoma for the same year was at least \$149 million.<sup>4</sup>

Community-based teen pregnancy prevention projects are supported by federal, state and local funds. These projects work with youth, their families and the community to change the knowledge, attitudes, and behavioral intentions of youth related to teen

The number of births in Oklahoma to 15- to 17-year olds per 1000 females of the same age rose in 2006 and 2007 after dropping for 11 consecutive years. Data for 2007 show that 21.9 percent of births to teens age 19 and younger are repeat births. Of the repeat births to adolescent females, 1,380 were giving birth to their second child, and 285 were giving birth to at

### TEEN FERTILITY

(RATE PER 1,000; GRADE; 2006)

#### STATE COMPARISON

US	21.4	C
NEW HAMPSHIRE (best)	7.0	A
OKLAHOMA	30.0	D
DIST OF COLUMBIA (worst)	39.9	F

#### AGE IN YEARS

18 - 24	-
25 - 34	-
35 - 44	-
45 - 54	-
55 - 64	-
65 +	-

#### GENDER

MALE	-
FEMALE	-

#### RACE/ETHNICITY

WHITE (NH)	22.3	C
BLACK (NH)	42.9	F
AMER INDIAN (NH)	39.7	F
HISPANIC	69.1	F

#### INCOME

< \$15k	NA
\$15k - 25k	NA
\$25k - 49k	NA
\$50k - 75k	NA
\$75k +	NA

#### EDUCATION

< HS	-
HS	-
HS+	-
COLLEGE GRADUATE	-

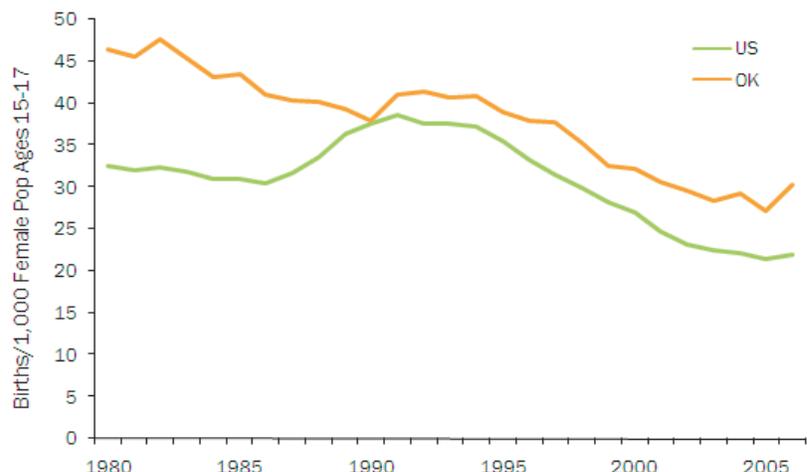
#### HISTORIC

OK 1990	37.8	F
OK 1995	38.9	F
OK 2000	32.1	D
OK 2005	27.1	D
OK 2006	30.0	D

#### STATE REGION

CENTRAL	31.0	D
NE	27.8	D
NW	24.5	C
SE	38.9	F
SW	27.7	D
TULSA	32.3	D

Teen Fertility Rates for Ages 15-17: US and OK, 1980-2006



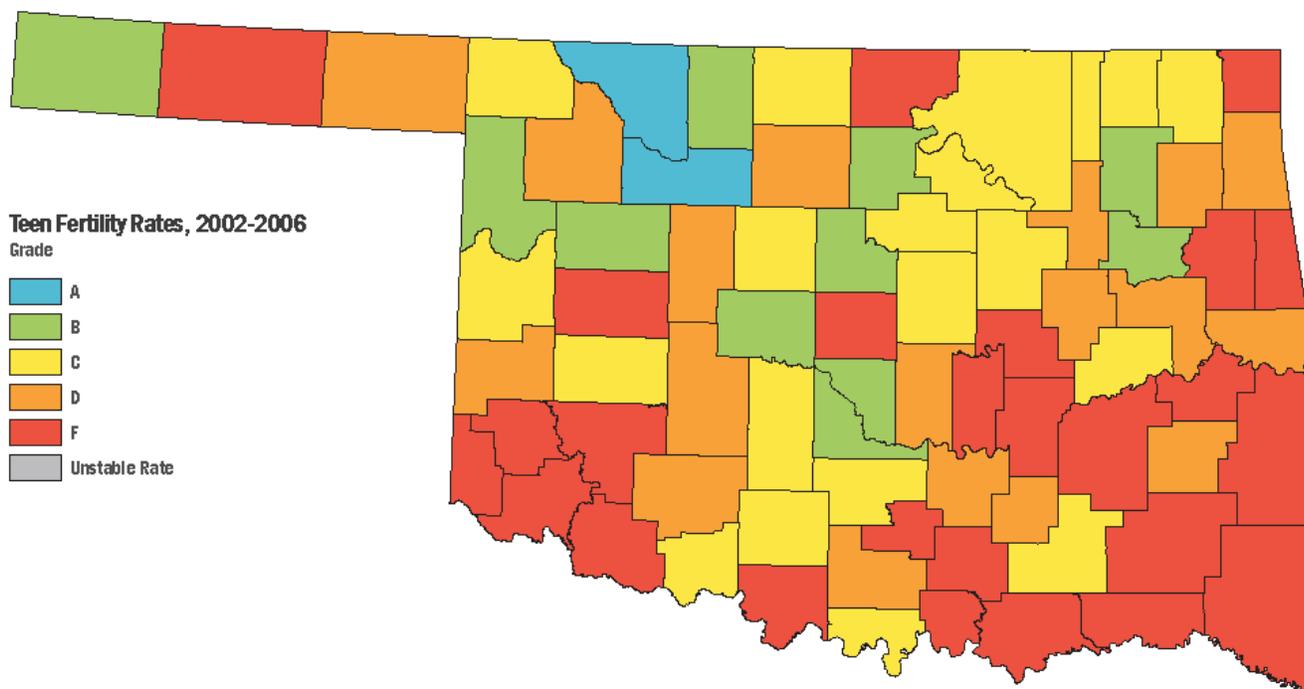
pregnancy; provide community education for adults and/or parents; and build partnerships that will assist the community in addressing the problem of teen pregnancy.

<sup>1</sup> Oklahoma State Department of Health, Oklahoma Vital Statistics. Oklahoma City, Oklahoma: U.S. Oklahoma State Department of Health.

<sup>2</sup> Centers for Disease Control and Prevention, Adolescent and Reproductive Health. Teen Pregnancy. Atlanta, Georgia: U.S. Centers for Disease Control and Prevention. Available from: <http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/PDF/TeenPreg-FS.pdf>.

<sup>3</sup> Hoffman SD, Teenage childbearing is not so bad after all...or is it? A review of the literature, *Family Planning Perspectives*, 1998, 30(5):236-239

<sup>4</sup> Hoffman S. By the numbers: the public costs of teen childbearing. Washington, DC: National Campaign to Prevent Teen Pregnancy; 2006.



**TEEN FERTILITY BY COUNTY (AGES 15-17; RATE PER 1,000; RANK; 2006)**

ADAIR	47.8	75	CUSTER	34.2	53	LATIMER	27.3	38	OTTAWA	35.0	56
ALFALFA	17.7	13	DELAWARE	27.3	38	LEFLORE	35.1	57	PAWNEE	25.0	33
ATOKA	22.8	25	DEWEY	15.2	8	LINCOLN	20.2	16	PAYNE	23.1	27
BEAVER	25.6	35	ELLIS	14.5	6	LOGAN	12.9	3	PITTSBURG	32.6	52
BECKHAM	29.7	45	GARFIELD	27.6	41	LOVE	21.2	21	PONTOTOC	27.5	40
BLAINE	28.1	43	GARVIN	23.8	28	MAJOR	8.5	2	POTTAWATOMIE	31.7	48
BRYAN	36.6	60	GRADY	22.0	22	MARSHALL	35.2	58	PUSHMATAHA	36.4	59
CADDO	32.1	50	GRANT	19.6	15	MAYES	25.4	34	ROGER MILLS	23.8	28
CANADIAN	14.6	7	GREER	55.2	77	MCCLAIN	16.2	10	ROGERS	13.6	5
CARTER	31.7	48	HARMON	42.9	70	MCCURTAIN	41.0	68	SEMINOLE	37.7	62
CHEROKEE	34.7	54	HARPER	20.4	18	MCINTOSH	22.8	26	SEQUOYAH	30.7	46
CHOCTAW	41.7	69	HASKELL	38.0	63	MURRAY	46.2	72	STEPHENS	22.2	23
CIMARRON	15.4	9	HUGHES	43.3	71	MUSKOGEE	32.5	51	TEXAS	50.0	76
CLEVELAND	13.5	4	JACKSON	38.4	66	NOBLE	16.9	12	TILLMAN	46.6	73
COAL	25.8	36	JEFFERSON	46.8	74	NOWATA	22.4	24	TULSA	31.2	47
COMANCHE	28.0	42	JOHNSTON	38.0	63	OKFUSKEE	34.9	55	WAGONER	16.2	10
COTTON	20.2	16	KAY	39.2	67	OKLAHOMA	37.2	61	WASHINGTON	21.1	20
CRAIG	24.3	32	KINGFISHER	20.5	19	OKMULGEE	28.5	44	WASHITA	24.1	31
CREEK	24.0	30	KIOWA	38.1	65	OSAGE	19.4	14	WOODS	7.0	1
									WOODWARD	26.9	37

# first trimester prenatal care

The Healthy People 2010 goal is for 90 percent of women to access prenatal care during the first trimester

Prenatal care includes three major components: risk assessment, treatment for medical conditions, and education.<sup>1</sup> Early entry into prenatal care, or care during the first trimester (first three months) of pregnancy, provides the opportunity to monitor the health of the mother and fetus for conditions that pre-exist or may arise during the pregnancy, in order that appropriate intervention and preventive care may be provided.

Historically, many Oklahoma mothers have not started their prenatal care during the first trimester of their pregnancy. Of the 37 states reporting the month prenatal care began, only two states reported lower rates.<sup>2</sup> Oklahoma's first trimester care rates have not improved in the 21<sup>st</sup> century, as no year before or since has reached the high of 80.1 percent in 1999. The U.S. trend has also stagnated but has remained five percentage points above the Oklahoma rate since the beginning of the decade. Significant changes in Oklahoma's health care delivery system and mothers' commitment to receiving prenatal care must occur before the state can begin to approach the Healthy People 2010 goal of 90 percent.<sup>1</sup>

Approximately one in three Black, American Indian, and Hispanic mothers did not receive prenatal care during the first trimester of pregnancy.

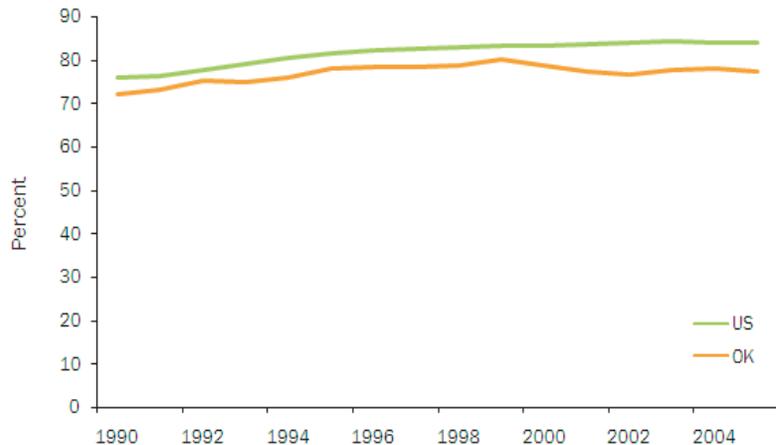
The risk of not getting early prenatal care is high among racial and ethnic minorities, with roughly one in three American Indian and Hispanic mothers not receiving first trimester care. Black mothers fare only slightly better. Also, mothers not completing high school are almost a third less likely to receive early prenatal care than mothers having completed college. These disparities are most likely due to the socio-economic status of mothers. The Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS) reports mothers with low income and mothers with less education are less likely to receive first trimester prenatal care.<sup>3</sup>

Lack of prenatal care providers in several areas of the state contributes to the lower early prenatal care rates. The Perinatal Continuing Education Program at the University of Oklahoma has documented significant gaps in the availability of prenatal care providers. In addition, some providers do not

## FIRST TRIMESTER PRENATAL CARE (PERCENT; GRADE; 2007)

STATE COMPARISON		
US	83.9	C
RH ISL & MASS (best)	89.3	B
OKLAHOMA	77.3	D
TEXAS (worst)	64.1	F
MOTHER'S AGE IN YEARS		
18 - 24	71.7	F
25 - 34	81.2	C
35 - 44	80.6	D
45 - 54	-	
55 - 64	-	
65 +	-	
GENDER		
MALE	-	
FEMALE	-	
MOTHER'S RACE/ETHNICITY		
WHITE (NH)	80.6	D
BLACK (NH)	70.7	F
AMER INDIAN (NH)	68.4	F
HISPANIC	65.5	F
INCOME		
< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	
MOTHER'S EDUCATION		
< HS	62.5	F
HS	74.1	F
HS+	81.6	D
COLLEGE GRADUATE	90.0	B
HISTORIC		
OK 1990	72.1	F
OK 1995	78.0	D
OK 2000	78.7	D
OK 2005	77.2	D
OK 2007	77.3	D
STATE REGION		
CENTRAL	81.0	C
NE	74.0	F
NW	79.4	D
SE	75.2	D
SW	81.7	C
TULSA	67.0	F

Percent of Births to Women Receiving First Trimester Prenatal Care: US and OK, 1990-2005



accept SoonerCare or will not schedule the mother for her first prenatal visit until she receives her SoonerCare card.

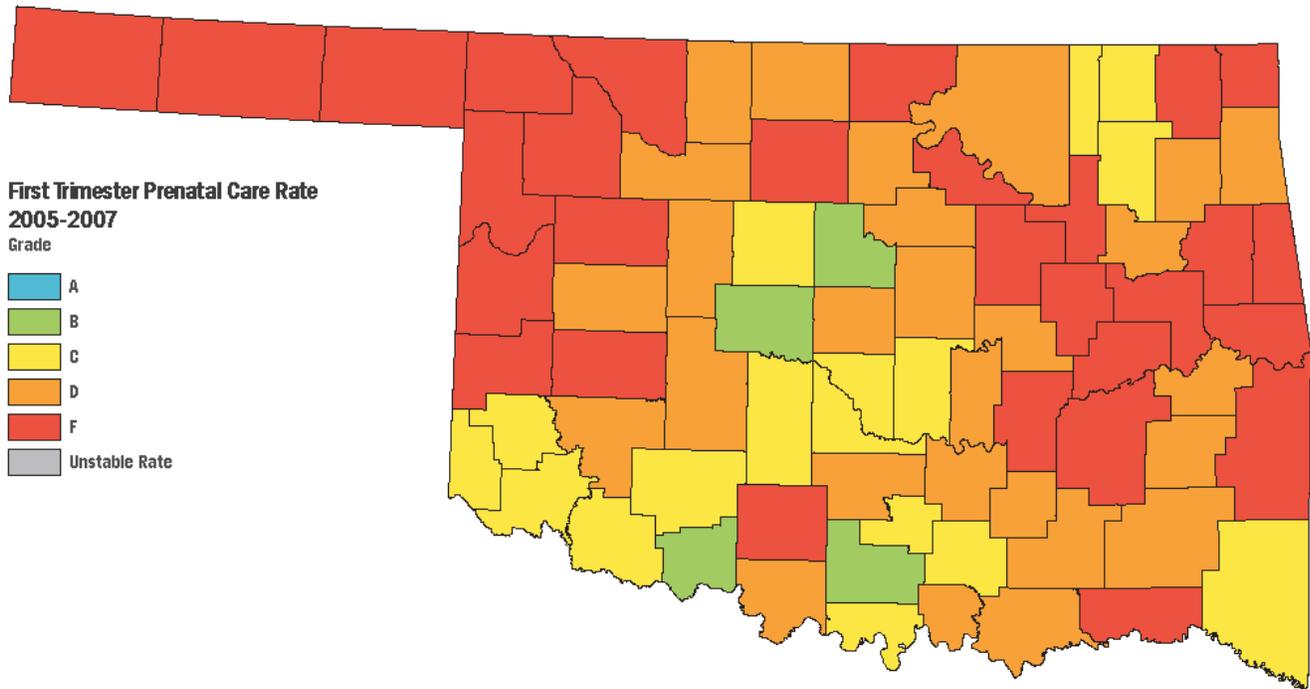
The Perinatal Advisory Task Force, jointly led by the State Department of Health and the Oklahoma Health Care Authority, routinely brings providers

from across the state together to discuss issues affecting access to and quality of prenatal care. Recent changes in eligibility requirements for Medicaid have provided most pregnant women with access to insurance coverage for prenatal care.

<sup>1</sup> U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

<sup>2</sup> Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S, Munson ML. Births: Final Data for 2005. National vital statistics reports, vol 56, no 6, Hyattsville, MD: National Center for Health Statistics, 2007.

<sup>3</sup> Oklahoma Pregnancy Risk Assessment Monitoring System, Maternal and Child Health Service, OSDH. Unpublished data.



**FIRST TRIMESTER PRENATAL CARE BY COUNTY (PERCENT; RANK; 2005-2007)**

ADAIR	72.0	55	CUSTER	79.1	25	LATIMER	78.0	34	OTTAWA	67.6	67
ALFALFA	75.7	46	DELAWARE	76.5	42	LEFLORE	72.9	53	PAWNEE	67.6	67
ATOKA	75.6	47	DEWEY	66.1	70	LINCOLN	79.0	27	PAYNE	77.8	35
BEAVER	72.3	54	ELLIS	71.6	58	LOGAN	88.5	3	PITTSBURG	73.5	52
BECKHAM	42.3	77	GARFIELD	69.3	63	LOVE	83.7	13	PONTOTOC	79.1	25
BLAINE	79.5	24	GARVIN	78.3	32	MAJOR	76.7	38	POTTAWATOMIE	81.1	21
BRYAN	78.3	32	GRADY	85.1	11	MARSHALL	78.6	28	PUSHMATAHA	76.6	39
CADDO	78.6	28	GRANT	75.8	44	MAYES	80.2	22	ROGER MILLS	48.1	76
CANADIAN	90.2	2	GREER	82.3	17	MCCLAIN	84.0	12	ROGERS	83.1	16
CARTER	87.1	4	HARMON	81.8	20	MCCURTAIN	83.6	14	SEMINOLE	76.6	39
CHEROKEE	68.5	66	HARPER	69.5	62	MCINTOSH	64.8	72	SEQUOYAH	66.3	69
CHOCTAW	74.3	49	HASKELL	75.8	44	MURRAY	85.7	8	STEPHENS	74.2	51
CIMARRON	63.4	73	HUGHES	69.2	64	MUSKOGEE	70.4	61	TEXAS	60.9	75
CLEVELAND	86.6	5	JACKSON	86.2	6	NOBLE	77.8	35	TILLMAN	82.2	19
COAL	77.5	37	JEFFERSON	80.1	23	NOWATA	85.9	7	TULSA	69.0	65
COMANCHE	83.2	15	JOHNSTON	82.3	17	OKFUSKEE	76.3	43	WAGONER	76.6	39
COTTON	90.3	1	KAY	66.0	71	OKLAHOMA	78.5	31	WASHINGTON	85.2	10
CRAIG	74.3	49	KINGFISHER	85.4	9	OKMULGEE	72.0	56	WASHITA	61.8	74
CREEK	71.5	59	KIOWA	78.6	28	OSAGE	75.5	48	WOODS	71.8	57
									WOODWARD	70.5	60

# low birth weight

## LOW BIRTH WEIGHT (PERCENT; GRADE; 2007)

### STATE COMPARISON

US	8.3	C
ALASKA (best)	6.0	A
OKLAHOMA	8.3	C
MISSISSIPPI (worst)	12.4	F

### MOTHER'S AGE IN YEARS

18 - 24	8.6	C
25 - 34	7.4	B
35 - 44	9.6	D
45 - 54	35.0	
55 - 64	32.3	
65 +	22.7	

### INFANT GENDER

MALE	7.5	B
FEMALE	8.8	C

### RACE/ETHNICITY

WHITE (NH)	7.8	C
BLACK (NH)	14.8	F
AMER INDIAN (NH)	7.5	B
HISPANIC	6.1	A

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### MOTHER'S EDUCATION

< HS	9.0	D
HS	8.6	C
HS+	7.1	B
COLLEGE GRADUATE	7.5	B

### HISTORIC

OK 1990	6.5	B
OK 1995	6.9	B
OK 2000	7.5	B
OK 2005	8.0	C
OK 2007	8.3	C

### STATE REGION

CENTRAL	8.4	C
NE	8.1	C
NW	7.8	C
SE	8.0	C
SW	8.1	C
TULSA	8.2	C

## Low birth weight rates for Oklahoma have increased to 8.3 percent in 2007.

A low birth weight (LBW) birth is a live birth weighing less than 2,500 grams. LBW infants account for over eight percent of all live births in the United States and Oklahoma, well above the target of five percent set by Healthy People 2010.<sup>1,2,3</sup>

LBW rates for Oklahoma have steadily increased from 6.5 percent in 1990 to 8.3 percent in 2007. The increased use of advanced medical interventions such as labor induction, cesarean section, and assisted reproductive technology, have contributed significantly to this increase.<sup>2,4</sup>

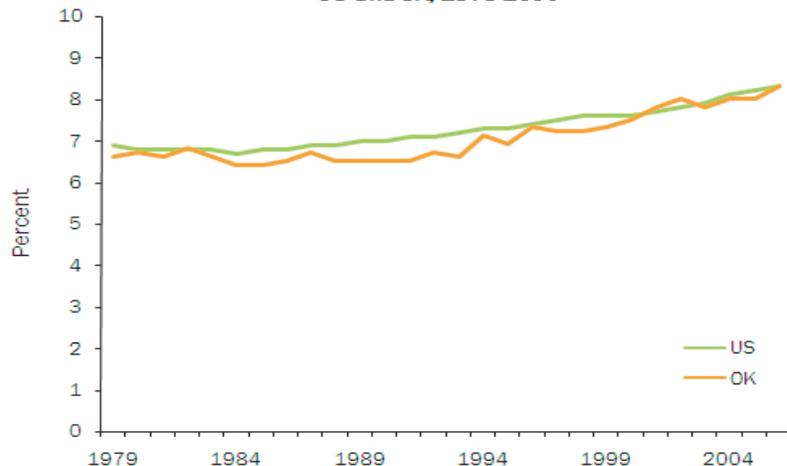
LBW rates are affected by many variables such as maternal age, marital status, socioeconomic status, interpregnancy interval, chronic stress, weight gain during pregnancy, substance abuse, birth defects, maternal medical problems, and race.<sup>4,5</sup> Preterm delivery is the major cause of perinatal morbidity and mortality in the US, accounting for the majority of neonates with LBW.<sup>5</sup> For infants born at term, cigarette smoking is the major predictor of LBW.

With the exception of maternal age and race, most LBW-associated factors are potentially modifiable with proper health care and education.

For Oklahoma births in 2007, LBW rates varied among demographic characteristics. The youngest and oldest mothers had higher LBW rates than mothers 25-34 years of age. Mothers with less than a high school education had higher LBW rates than mothers with at least a high school education. LBW rates for Black mothers were 1.9 to 2.4 times higher than mothers of other racial/ethnic groups.

With the exception of maternal age and race, most LBW-associated factors are potentially modifiable with proper health care and education. Efforts aimed at promoting preconception care and education to improve women's health prior to pregnancy including management of medical conditions, limiting environmental exposures, improving personal health behaviors and identifying psychosocial risks, have the potential to improve the rate of LBW births in Oklahoma.<sup>6</sup>

Percent of Births Weighing Less than 2,500 grams:  
US and OK, 1979-2006



<sup>1</sup> Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., et al (2009). Births: Final data for 2006. National vital statistics reports; vol 57 no 7. Hyattsville, MD: National Center for Health Statistics

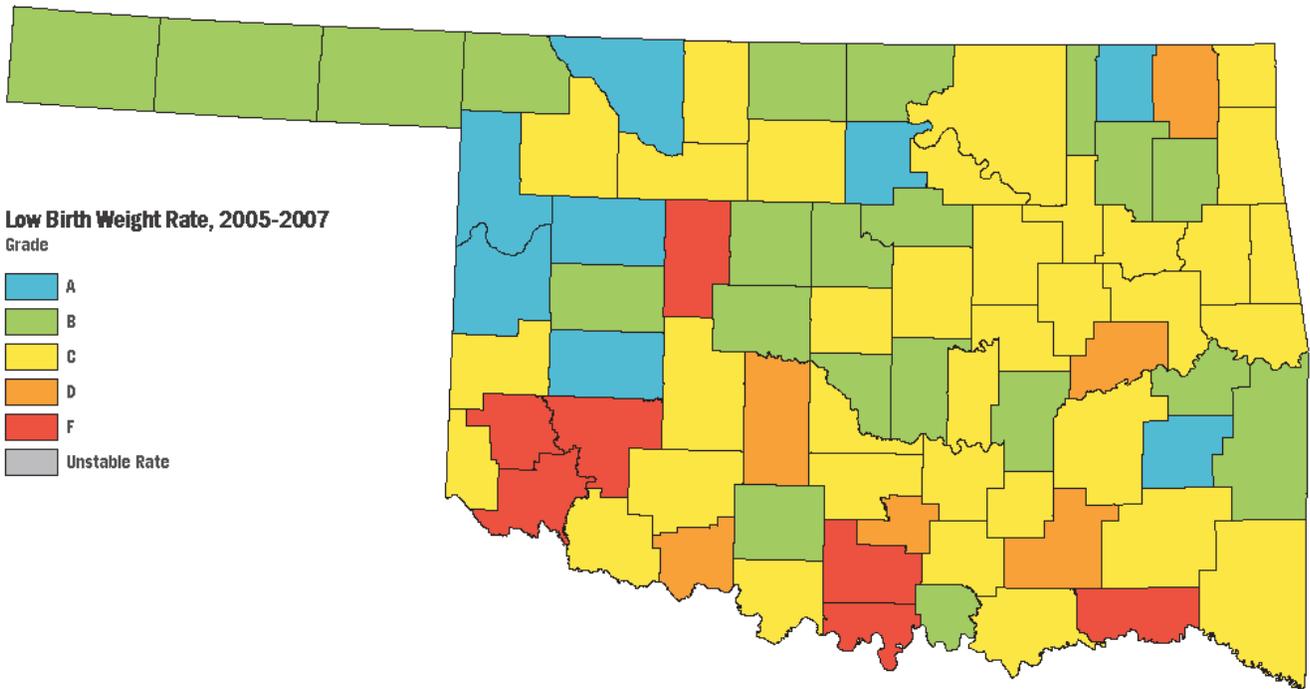
<sup>2</sup> Okah, F.A., Cai, J., & Hoff, G.L. (2005). Term-Gestation Low Birth Weight and Health Compromising Behaviors During Pregnancy. *Obstetrics and Gynecology*, Vol. 105, No. 3 March 2005, pp. 543-550.

<sup>3</sup> U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, Nov. 2000.

<sup>4</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, MD. *Supplemental analyses of recent trends in infant mortality*. Available at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/infantmort/infantmort.htm>

<sup>5</sup> Borders, A.E. Bryant, Grobman, W.A., Amsden, L.B., & Holl, J.L. (2007). Chronic Stress and Low Birth Weight Neonates in a Low-Income Population of Women. *Obstetrics and Gynecology*, Vol. 109, No. 2, Part 1, Feb. 2007, pp. 331-337.

<sup>6</sup> "The Contribution of Birth Defects to Preterm Birth and Low Birth Weight", Dolan, Susan MD, MPH; et al. *Obstetrics and Gynecology*, Vol. 110, No.2, Part 1, Aug. 2007, pp. 318-324.



**LOW BIRTH WEIGHT BY COUNTY (PERCENT; RANK; 2005-2007)**

ADAIR	8.1	40	CUSTER	7.5	27	LATIMER	5.2	4	OTTAWA	8.1	40
ALFALFA	8.5	54	DELAWARE	8.0	36	LEFLORE	6.8	15	PAWNEE	7.7	31
ATOKA	10.1	69	DEWEY	4.4	1	LINCOLN	8.0	36	PAYNE	6.2	9
BEAVER	7.5	27	ELLIS	5.4	5	LOGAN	7.1	19	PITTSBURG	8.9	63
BECKHAM	8.5	54	GARFIELD	8.0	36	LOVE	11.5	76	PONTOTOC	8.8	62
BLAINE	10.7	73	GARVIN	8.3	48	MAJOR	7.8	34	POTTAWATOMIE	7.2	22
BRYAN	8.3	48	GRADY	9.3	67	MARSHALL	6.8	15	PUSHMATAHA	7.8	34
CADDO	8.4	50	GRANT	6.2	9	MAYES	6.9	17	ROGER MILLS	5.1	3
CANADIAN	7.2	22	GREER	12.4	77	MCCLAIN	8.6	57	ROGERS	6.9	17
CARTER	10.4	71	HARMON	8.6	57	MCCURTAIN	8.4	50	SEMINOLE	8.4	50
CHEROKEE	7.7	31	HARPER	7.1	19	MCINTOSH	9.4	68	SEQUOYAH	8.6	57
CHOCTAW	10.8	74	HASKELL	6.3	11	MURRAY	9.1	65	STEPHENS	6.6	14
CIMARRON	6.4	13	HUGHES	7.4	26	MUSKOGEE	8.6	57	TEXAS	7.1	19
CLEVELAND	7.3	25	JACKSON	10.6	72	NOBLE	5.4	5	TILLMAN	8.1	40
COAL	8.6	57	JEFFERSON	8.1	40	NOWATA	4.5	2	TULSA	8.2	45
COMANCHE	8.5	54	JOHNSTON	8.2	45	OKFUSKEE	8.0	36	WAGONER	8.1	40
COTTON	9.3	66	KAY	7.2	22	OKLAHOMA	8.9	63	WASHINGTON	7.5	27
CRAIG	10.1	69	KINGFISHER	6.3	11	OKMULGEE	8.4	50	WASHITA	5.9	8
CREEK	7.6	30	KIOWA	11.3	75	OSAGE	8.2	45	WOODS	5.4	5
									WOODWARD	7.7	31

# dental visits (adults)

## DENTAL VISITS (ADULTS) (PERCENT; GRADE; 2006)

### STATE COMPARISON

US	70.3	C
CONNECTICUT (best)	80.5	A
OKLAHOMA (worst)	58.0	F

### AGE IN YEARS

18 - 24	59.3	F
25 - 34	56.8	F
35 - 44	59.8	F
45 - 54	61.5	F
55 - 64	57.2	F
65 +	52.9	F

### GENDER

MALE	56.7	F
FEMALE	59.2	F

### RACE/ETHNICITY

WHITE (NH)	60.4	F
BLACK (NH)	48.2	F
AMER INDIAN (NH)	53.6	F
HISPANIC	52.1	F

### INCOME

< \$15k	30.6	F
\$15k - 25k	42.3	F
\$25k - 49k	60.9	F
\$50k - 75k	70.3	C
\$75k +	80.1	A

### EDUCATION

< HS	34.4	F
HS	52.2	F
HS+	61.4	F
COLLEGE GRADUATE	76.8	B

### HISTORIC

OK 1990		
OK 1999	62.3	D
OK 2002	62.8	D
OK 2004	61.3	F
OK 2006	58.0	F

### STATE REGION

CENTRAL	61.7	F
NE	53.4	F
NW	58.1	F
SE	52.4	F
SW	59.7	F
TULSA	61.9	F

## 1 in 4 Oklahomans are uninsured; 30% of those have no dental insurance.

Oklahoma ranked 50<sup>th</sup> in the nation of adults with a dental visit within the past year. Trend evidence indicates this health indicator has worsened over the past four years, with fewer adults visiting a dentist each year. The only categories that positively influenced the dental visit health indicator were higher incomes and college graduation. As can be ascertained by the graph; sex, age, ethnicity, and geographical area were not significantly associated with the number of adults with a dental visit.

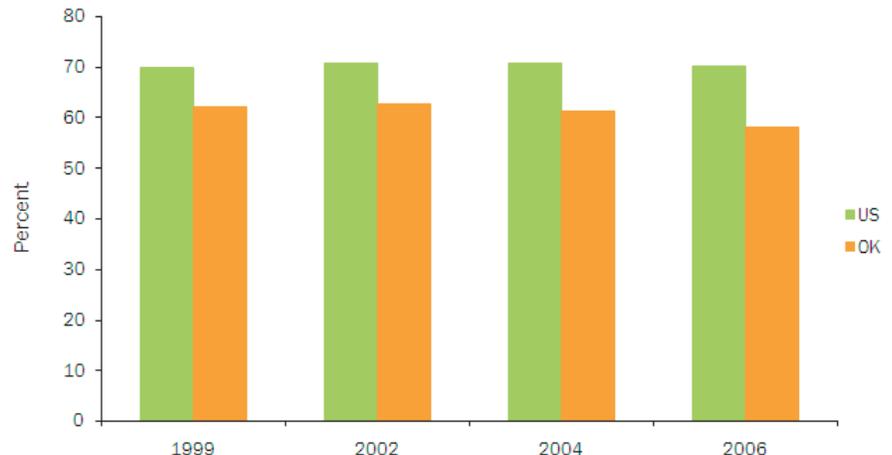
This dismal state of affairs can be attributed to many factors. According to statehealthfacts.org (2006-2007), 25 percent of Oklahoma adults aged 19-64 are medically uninsured.<sup>1</sup> It is estimated that of the medically uninsured, 30 percent more have no dental insurance. The cost of dental services from the private sector is beyond the means of many of our citizens. SoonerCare (Oklahoma's Medicaid) provides state insurance to low-income children and pregnant women, but excludes most adults. The number of reduced cost or free dental clinics for adults is minimal; some have long waiting lists and provide only limited services. Thus, access to affordable dental care is problematic.

Poor oral health has been associated with medical conditions such as heart disease, diabetes, stroke, and low-birth weight babies.

Evidence-based research clearly suggests that oral health is integral to general health. Poor oral health has been associated with medical conditions such as heart disease, diabetes, stroke, and low-birth weight babies<sup>2</sup>. The fact that the mouth is connected to the rest of the body is often overlooked, and a multidisciplinary approach between medicine and dentistry is needed. Periodontal and gingival diseases are communicable and harmful levels of pathogenic bacteria can be passed on to others. Parents generally pass on their oral habits to their children, for better or worse, and dental neglect is a huge problem.

Oklahoma faces many challenges to improve the state of oral health. Preventive interventions such as fluoridated water, topical fluorides, sealants, and oral hygiene instruction are vital beginning at a young age. Educational programs focused on proper nutrition and tobacco awareness are

Percent of Adults With a Dental Visit in the Past Year:  
BRFSS, 1999, 2002, 2004, 2006

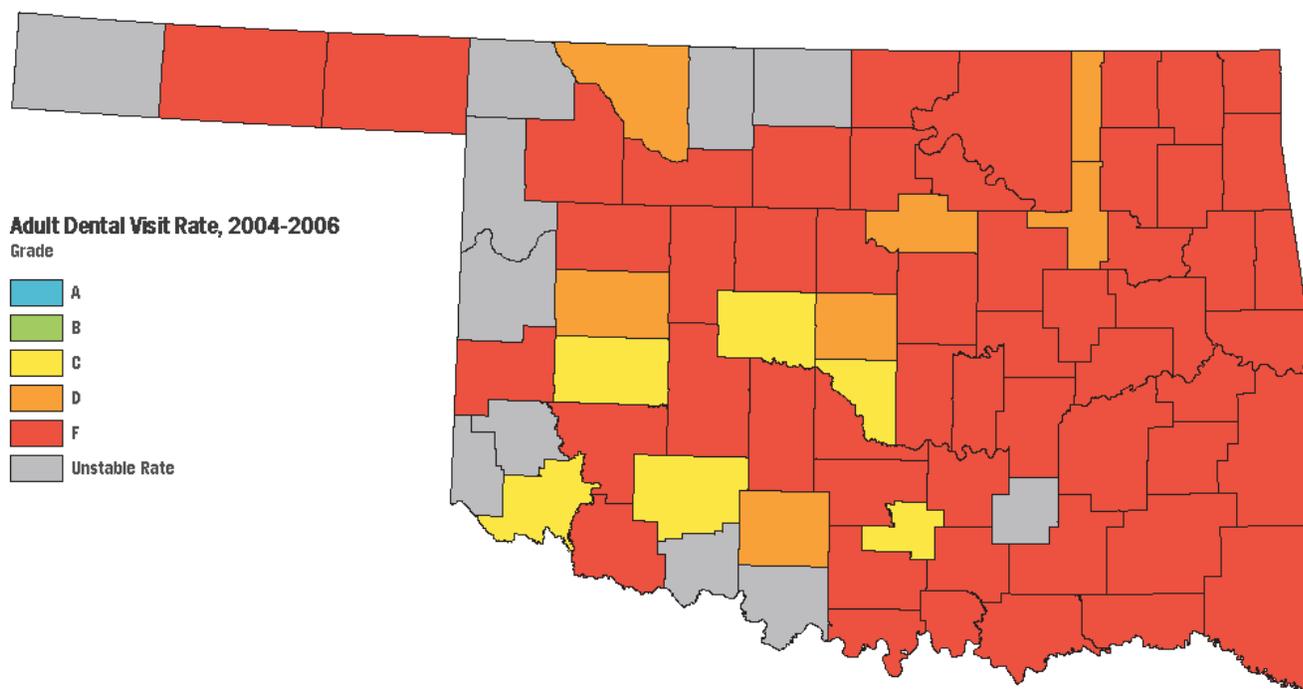


essential to increase the dental IQ of Oklahomans. Preventive services, access to care, and insurance coverage are issues that affect oral health. As stated previously, income and education were the only two factors that fa-

vorably impacted adults with a dental visit.

<sup>1</sup> Kaiser Family Foundation/statehealthfacts.org. Available from <http://www.statehealthfacts.kff.org/methodology>; 2007

<sup>2</sup> Printed from ADA News Today published by the American Dental Association. Available from <http://www.ada.org/prof/resources/pubs/adanews/adanewsarticle>. Posted: Oct. 28, 2005



**ADULT DENTAL VISITS BY COUNTY (PERCENT; RANK; 2004-2006)**

ADAIR	44.1	65	CUSTER	62.7	13	LATIMER	57.7	26	OTTAWA	46.1	63
ALFALFA	-	-	DELAWARE	54.9	41	LEFLORE	56.3	32	PAWNEE	51.7	51
ATOKA	51.4	52	DEWEY	61.0	18	LINCOLN	58.2	24	PAYNE	64.4	8
BEAVER	50.4	55	ELLIS	-	-	LOGAN	56.1	34	PITTSBURG	53.9	45
BECKHAM	57.0	27	GARFIELD	60.3	20	LOVE	54.2	44	PONTOTOC	56.5	29
BLAINE	46.1	63	GARVIN	47.5	61	MAJOR	55.1	40	POTTAWATOMIE	59.5	22
BRYAN	56.5	29	GRADY	54.9	41	MARSHALL	53.2	47	PUSHMATAHA	57.9	25
CADDO	54.4	43	GRANT	-	-	MAYES	53.2	47	ROGER MILLS	-	-
CANADIAN	71.3	1	GREER	-	-	MCCLAIN	61.1	17	ROGERS	61.2	16
CARTER	56.5	29	HARMON	-	-	MCCURTAIN	50.0	57	SEMINOLE	42.3	66
CHEROKEE	55.7	35	HARPER	-	-	MCINTOSH	55.7	35	SEQUOYAH	51.2	53
CHOCTAW	53.0	50	HASKELL	46.5	62	MURRAY	68.1	4	STEPHENS	63.0	12
CIMARRON	-	-	HUGHES	47.8	60	MUSKOGEE	55.3	38	TEXAS	61.6	15
CLEVELAND	70.3	2	JACKSON	67.7	6	NOBLE	61.0	18	TILLMAN	50.4	55
COAL	-	-	JEFFERSON	-	-	NOWATA	56.3	32	TULSA	64.5	7
COMANCHE	68.7	3	JOHNSTON	48.8	58	OKFUSKEE	48.3	59	WAGONER	53.1	49
COTTON	-	-	KAY	50.6	54	OKLAHOMA	63.2	10	WASHINGTON	64.0	9
CRAIG	58.5	23	KINGFISHER	62.0	14	OKMULGEE	55.2	39	WASHITA	68.1	4
CREEK	56.6	28	KIOWA	53.9	45	OSAGE	59.8	21	WOODS	63.1	11
									WOODWARD	55.7	35

# usual source of care

Fewer than 80% of Oklahoma adults have a personal health care provider.

Having a usual source of care is used as one of several measures of health care access, and refers to having one or more personal health care providers. Individuals who have a usual source of care may experience fewer barriers to obtaining necessary health services<sup>1</sup> and may be more likely to receive routine preventive services such as blood pressure assessments and cholesterol screenings.<sup>2</sup> Because having a usual source of care may improve timely access to care and quality of care received, an individual's health status may consequently be enhanced.

Individuals with a usual source of care are more likely to receive routine preventive health care services.

to those aged 18-24 years. This is consistent with national data showing that the youngest adults are less likely to have a usual source of care.<sup>3</sup> Whites and American Indians were 54 percent more likely than Hispanics to have a usual source of care. National data have also demonstrated that Hispanics are less likely than other groups to have a usual source of care, even when they have a known chronic condition such as diabetes or hypertension.<sup>3</sup> The proportion of Oklahomans with a usual source of care was larger among college graduates and those in the highest income bracket compared to individuals in lower categories of education and income, respectively. Oklahomans living in the Northwest region of the state represented the largest proportion of residents with a personal health care provider, and those living in the Central region represented the smallest proportion.

In 2007, almost 80 percent of Oklahoma adults had one or more individuals that they considered to be their personal doctor or health care provider, though disparities related to socio-demographic characteristics were evident. Ten percent more females than males had a usual source of care, similar to national data showing a 14 percent difference between the sexes in this indicator.<sup>3</sup> Having a usual source of care was positively related to age, such that 54.5 percent more of individuals aged 65 and older had a usual source of care compared

The proportion of adults who have a usual source of care has remained

## USUAL SOURCE OF CARE (PERCENT; GRADE; 2007)

### STATE COMPARISON

US	80.0	C
DELAWARE (best)	90.1	A
OKLAHOMA	79.1	C
NEVADA (worst)	69.7	F

### AGE IN YEARS

18 - 24	60.7	F
25 - 34	67.3	F
35 - 44	77.2	D
45 - 54	83.1	B
55 - 64	88.0	A
65 +	93.8	A

### GENDER

MALE	75.4	D
FEMALE	82.6	B

### RACE/ETHNICITY

WHITE (NH)	82.3	C
BLACK (NH)	71.9	F
AMER INDIAN (NH)	82.5	C
HISPANIC	53.3	F

### INCOME

< \$15k	69.6	F
\$15k - 25k	68.1	F
\$25k - 49k	80.3	C
\$50k - 75k	86.4	B
\$75k +	88.7	A

### EDUCATION

< HS	63.9	F
HS	75.1	D
HS+	82.9	B
COLLEGE GRADUATE	87.8	A

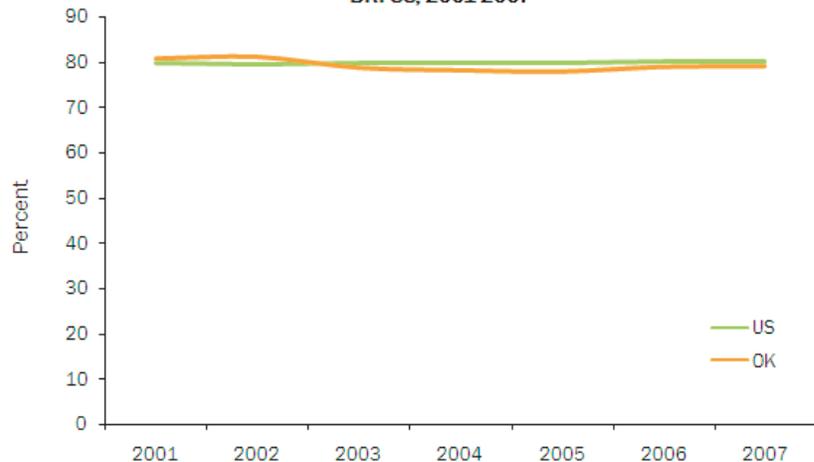
### HISTORIC

OK 1990	NA	
OK 1995	NA	
OK 2001	80.8	C
OK 2005	78.3	C
OK 2007	79.1	C

### STATE REGION

CENTRAL	75.7	D
NE	80.7	C
NW	82.7	B
SE	78.2	C
SW	80.5	C
TULSA	79.9	C

Percent of Adults Who Have a Personal Doctor: BRFSS, 2001-2007



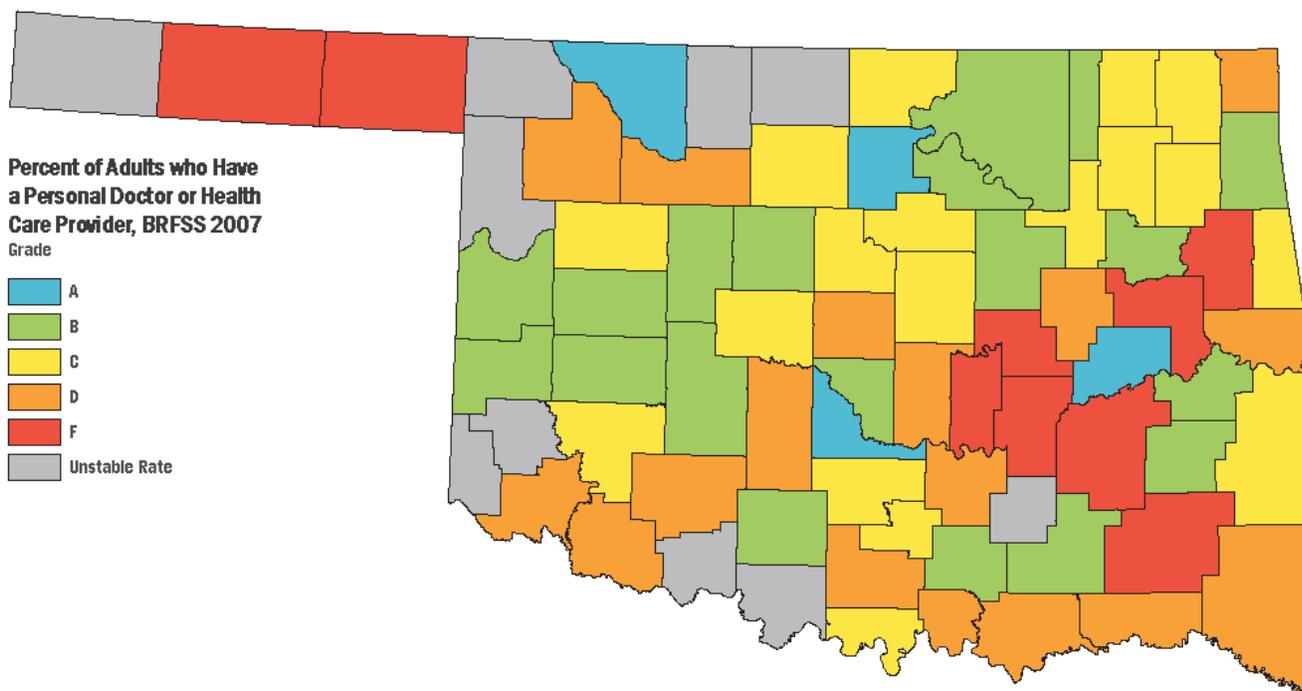
steady in both Oklahoma and the United States since 2001. While Oklahoma's rate is similar to the national rate, Oklahoma has yet to meet the national objective of having 96 percent of its population reporting a usual source of care by 2010.<sup>4</sup>

<sup>1</sup> National Healthcare Disparities Report, 2005. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/qual/nhdr05/nhdr05.htm>

<sup>2</sup> Corbie-Smith G, Flagg EW, Doyle JP, and O'Brien MA. (2002). Influence of usual source of care on differences by race/ethnicity in receipt of preventive services. *Journal of General Internal Medicine*, 17:458-464.

<sup>3</sup> National Center for Health Statistics. Health, United States, 2007 with Chartbook on Trends in the Health of Americans. Hyattsville, MD: 2007.

<sup>4</sup> U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.



**ADULTS WITH PERSONAL DOCTOR OR HEALTHCARE PROVIDER BY COUNTY (PERCENT; RANK; 2007)**

ADAIR	77.9	40	CUSTER	85.4	14	LATIMER	84.0	21	OTTAWA	73.5	55
ALFALFA	-	-	DELAWARE	84.4	17	LEFLORE	77.5	41	PAWNEE	85.2	15
ATOKA	87.7	5	DEWEY	80.9	31	LINCOLN	82.5	24	PAYNE	80.2	36
BEAVER	71.2	61	ELLIS	-	-	LOGAN	81.2	30	PITTSBURG	70.1	65
BECKHAM	85.6	13	GARFIELD	78.8	39	LOVE	80.6	33	PONTOTOC	76.1	47
BLAINE	86.5	7	GARVIN	81.8	29	MAJOR	72.4	58	POTTAWATOMIE	74.3	51
BRYAN	73.6	54	GRADY	73.9	52	MARSHALL	76.7	45	PUSHMATAHA	70.8	62
CADDO	82.9	22	GRANT	-	-	MAYES	80.8	32	ROGER MILLS	84.9	16
CANADIAN	80.3	34	GREER	-	-	MCCLAIN	91.3	1	ROGERS	82.2	26
CARTER	77.1	42	HARMON	-	-	MCCURTAIN	73.9	52	SEMINOLE	64.5	67
CHEROKEE	68.0	66	HARPER	-	-	MCINTOSH	90.4	2	SEQUOYAH	76.8	44
CHOCTAW	72.6	57	HASKELL	86.4	8	MURRAY	80.2	35	STEPHENS	85.8	9
CIMARRON	-	-	HUGHES	70.3	64	MUSKOGEE	71.6	59	TEXAS	70.4	63
CLEVELAND	82.7	23	JACKSON	73.3	56	NOBLE	88.3	4	TILLMAN	74.9	49
COAL	-	-	JEFFERSON	-	-	NOWATA	82.0	28	TULSA	80.0	37
COMANCHE	76.2	46	JOHNSTON	84.1	19	OKFUSKEE	71.5	60	WAGONER	84.1	19
COTTON	-	-	KAY	82.4	25	OKLAHOMA	75.1	48	WASHINGTON	85.8	9
CRAIG	82.1	27	KINGFISHER	85.8	9	OKMULGEE	77.0	43	WASHITA	85.7	12
CREEK	84.4	17	KIOWA	80.0	37	OSAGE	87.6	6	WOODS	89.5	3
									WOODWARD	74.4	50

# no insurance coverage

In 2007, one in five Oklahoma adults were without health insurance.

Not having health care coverage obstructs the ability to access medical care, reduces utilization of preventive services, and contributes greatly to the costs of health care. Individuals without health insurance have been found to delay treatment, experience diagnoses at later stages of disease progression, and may receive less medical care than patients with health insurance.<sup>1</sup>

The rate of uninsured reflects the percentage of non-institutionalized adults, ages 18 years or older, not covered by a private or public health insurance plan.

The number of uninsured adults in the United States was 45.7 million in 2007, although a decline from 47 million in 2006, this number represents 15.3 percent of the U.S. adult population. Nationally, the lack of health insurance varies by age, race and ethnicity, household income, and region. Individuals who are between the ages of 18 and 34 years, non-White, have an annual household income less than \$50,000, and reside in the South and West regions of the country are more likely to report being without health care coverage.<sup>2</sup>

Data from the Oklahoma BRFSS survey<sup>3</sup> in 2007 indicate that the rate of uninsured varies by age, race and ethnicity, household income, educational attainment, and region. Adults of Hispanic origin (51.0%) had the highest

rate of uninsured for any demographic group; a rate three times that for Whites (16.3%), the racial/ethnic group with the lowest uninsured rate. Blacks (32.4%) were twice as likely as Whites to be without insurance coverage.

Lack of health insurance was most likely among young adults (ages 18-24, 36.4%). A smaller, yet substantial, percentage of adults between the ages 25-34 years (29.8%) and between the ages 35-44 years (23.7%) were without a health insurance plan. A small fraction (2.5%) of the elderly population (ages 65+) was found to be uninsured.

Individuals in households in the lower income groups or at educational levels of low attainment have the highest rates of being uninsured. Approximately 38 percent of individuals with a household income less than \$15,000 or individuals with less than a high school diploma were found to be uninsured. High-income individuals and

## NO INSURANCE COVERAGE (ADULTS) (PERCENT; GRADE; 2007)

### STATE COMPARISON

US	14.2	C
HAWAII (best)	6.0	A
OKLAHOMA	20.1	D
TEXAS (worst)	25.7	F

### AGE IN YEARS

18 - 24	36.4	F
25 - 34	29.8	F
35 - 44	23.7	F
45 - 54	18.2	D
55 - 64	15.1	C
65 +	2.5	A

### GENDER

MALE	20.7	F
FEMALE	19.7	D

### RACE/ETHNICITY

WHITE (NH)	16.3	C
BLACK (NH)	32.4	F
AMER INDIAN (NH)	18.2	D
HISPANIC	51.0	F

### INCOME

< \$15k	38.8	F
\$15k - 25k	38.0	F
\$25k - 49k	23.1	F
\$50k - 75k	14.2	C
\$75k +	5.7	A

### EDUCATION

< HS	37.7	F
HS	25.8	F
HS+	17.2	D
COLLEGE GRADUATE	7.2	A

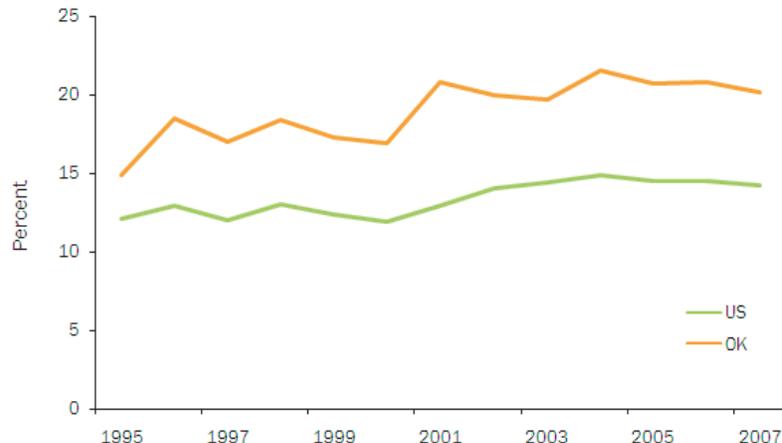
### HISTORIC

OK 1991	19.7	D
OK 1995	14.9	C
OK 2000	16.9	D
OK 2005	20.7	F
OK 2007	20.1	D

### STATE REGION

CENTRAL	16.4	D
NE	18.7	D
NW	18.8	D
SE	23.7	F
SW	16.2	C
TULSA	24.0	F

Percent of Adults Who Are Uninsured:  
BRFSS, 1995-2007



college graduates had relatively low uninsured rates, 5.7 percent and 7.2 percent, respectively.

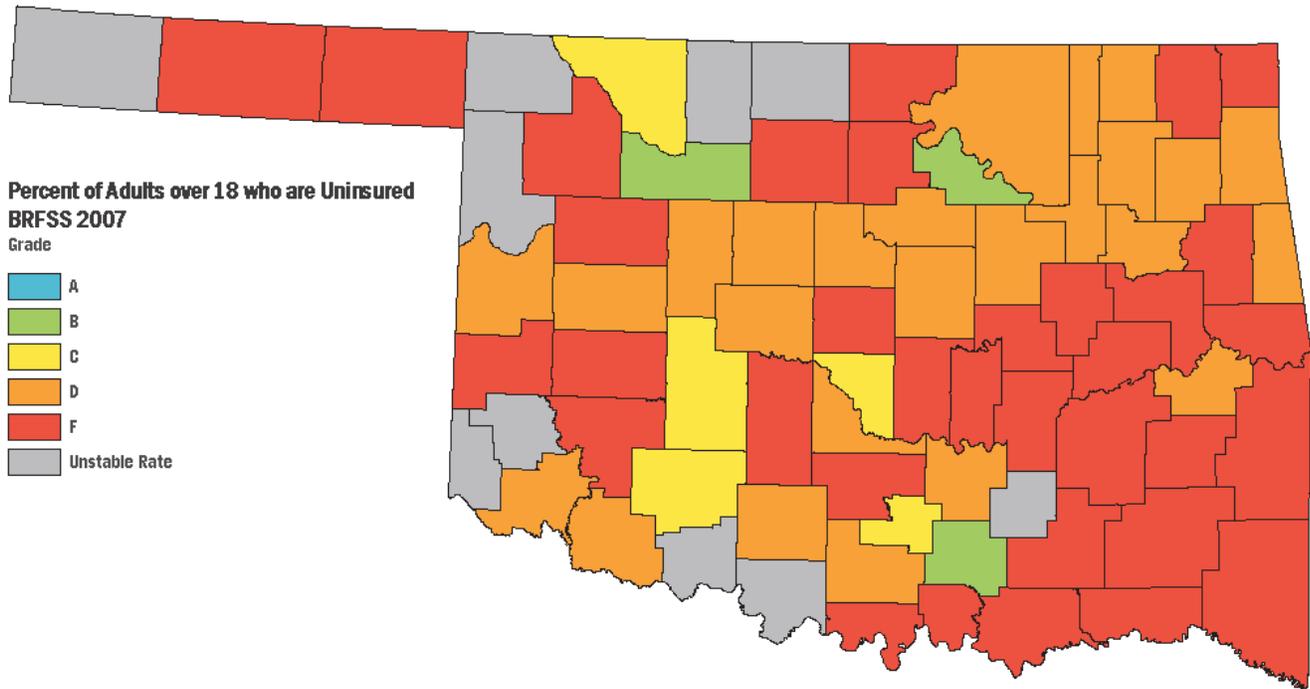
Geographically, Tulsa County (24%) and the Southeast corner of the state (23.7%) recorded the highest rates for the percentage of adults without health

insurance. The Southwest portion of the state had the lowest rate of adults that were uninsured, 16.2 percent. The highest county rate was found in Okfuskee County (38.8%) and the lowest rate was reported for Major County (9.6%).

<sup>1</sup> Kaiser Commission on Medicaid and the Uninsured, *Sicker and Poorer: The Consequences of Being Uninsured*.

<sup>2</sup> DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-235, *Income, Poverty, and Health Insurance Coverage in the United States: 2007*.

<sup>3</sup> Health Care Information (HCI), *Behavioral Risk Factor Surveillance System Survey Data*. Oklahoma City, Oklahoma: Oklahoma State Department of Health, Center for Health Statistics.



**UNINSURED ADULTS BY COUNTY (PERCENT; RANK; 2007)**

ADAIR	18.9	23	CUSTER	20.1	29	LATIMER	24.0	46	OTTAWA	26.1	53
ALFALFA	-	-	DELAWARE	18.2	18	LEFLORE	26.9	56	PAWNEE	10.1	3
ATOKA	36.0	66	DEWEY	26.6	54	LINCOLN	20.0	28	PAYNE	17.0	11
BEAVER	28.9	61	ELLIS	-	-	LOGAN	16.9	10	PITTSBURG	25.3	51
BECKHAM	27.5	58	GARFIELD	24.5	48	LOVE	27.2	57	PONTOTOC	20.3	31
BLAINE	17.5	14	GARVIN	22.9	41	MAJOR	9.6	1	POTTAWATOMIE	20.9	36
BRYAN	23.4	43	GRADY	20.8	35	MARSHALL	20.6	34	PUSHMATAHA	22.1	39
CADDO	16.1	7	GRANT	-	-	MAYES	17.6	15	ROGER MILLS	20.3	31
CANADIAN	18.0	16	GREER	-	-	MCCLAIN	19.6	25	ROGERS	17.1	13
CARTER	19.1	24	HARMON	-	-	MCCURTAIN	28.0	59	SEMINOLE	30.9	62
CHEROKEE	32.7	64	HARPER	-	-	MCINTOSH	21.8	38	SEQUOYAH	25.2	49
CHOCTAW	28.1	60	HASKELL	18.6	21	MURRAY	15.3	6	STEPHENS	20.5	33
CIMARRON	-	-	HUGHES	33.7	65	MUSKOGEE	25.9	52	TEXAS	31.8	63
CLEVELAND	13.2	5	JACKSON	18.5	20	NOBLE	23.5	44	TILLMAN	16.6	9
COAL	-	-	JEFFERSON	-	-	NOWATA	20.1	29	TULSA	18.6	21
COMANCHE	16.1	7	JOHNSTON	9.9	2	OKFUSKEE	38.8	67	WAGONER	18.2	18
COTTON	-	-	KAY	21.0	37	OKLAHOMA	22.5	40	WASHINGTON	17.0	11
CRAIG	24.1	47	KINGFISHER	18.0	16	OKMULGEE	26.8	55	WASHITA	23.5	44
CREEK	19.8	26	KIOWA	25.2	49	OSAGE	19.8	26	WOODS	13.0	4
									WOODWARD	22.9	41

# poverty

Roughly 1 in 7 Oklahoma adults live in poverty.

Poverty is intended as a measure of deprivation of resources necessary to meet the basic requirements for healthy living. The United States Census Bureau issues poverty thresholds used to estimate the number and percentage of people living in poverty.<sup>1</sup> These thresholds reflect the limit under which families or individuals lack the basic resources to meet a healthy standard of living needed to maintain health. Thresholds vary by family size. For example, in 2007, a family of four is said to be living in poverty if household income is less than \$21,203.

Individuals living in poverty experience poorer health and are more likely to die at younger ages. Among the poor, levels of child and maternal mortality are higher, disease is more common, and access to health care services is more limited. Poor health among low income individuals can lead to economic difficulties. Employment and income loss may lead to further reductions in the quality of health, which leads to further economic hardship. Those in poverty are more likely to suffer these hardships, as they are more likely to experience illness.

Individuals living in poverty experience poorer health outcomes.

In the U.S., the official poverty rate in 2007 was 12.2 percent with more than 37 million Americans living in poverty. U.S. poverty rates are highest for women, Blacks, children under 18 years of age, and urban dwellers.<sup>2</sup>

For Oklahoma, people below the official poverty line were numbered at 476,000, 13.4 percent of the total population.<sup>3</sup> Females had slightly higher rates of poverty than did males. Young adults (ages 18-24, 25.1%) experienced the highest poverty rate among all adult age groups. Overall, there appeared to be an inverse relationship between age and poverty, with poverty levels declining as Oklahoma residents become older.

Non-White Oklahoma residents have poverty rates twice that of White residents. Hispanics had the greatest poverty rate at 28.9 percent, followed by non-Hispanic Blacks at 27.4 percent and non-Hispanic American Indians at 23.6 percent, while Whites recorded a poverty rate of 12.5 percent.

## POVERTY (PERCENT; GRADE; 2007)

### STATE COMPARISON

US	12.2	C
FLORIDA (best)	5.5	A
OKLAHOMA	14.0	D
ARKANSAS (worst)	23.8	F

### AGE IN YEARS

18 - 24	25.1	F
25 - 34	16.6	D
35 - 44	12.2	C
45 - 54	10.9	C
55 - 64	9.8	B
65 +	10.1	B

### GENDER

MALE	14.2	D
FEMALE	17.5	F

### RACE/ETHNICITY

WHITE (NH)	12.5	C
BLACK (NH)	27.4	F
AMER INDIAN (NH)	23.6	F
HISPANIC	28.9	F

### INCOME

< \$15k	NA	
\$15k - 25k	NA	
\$25k - 49k	NA	
\$50k - 75k	NA	
\$75k +	NA	

### EDUCATION

< HS	26.7	F
HS	13.6	C
HS+	9.1	B
COLLEGE GRADUATE	4.2	A

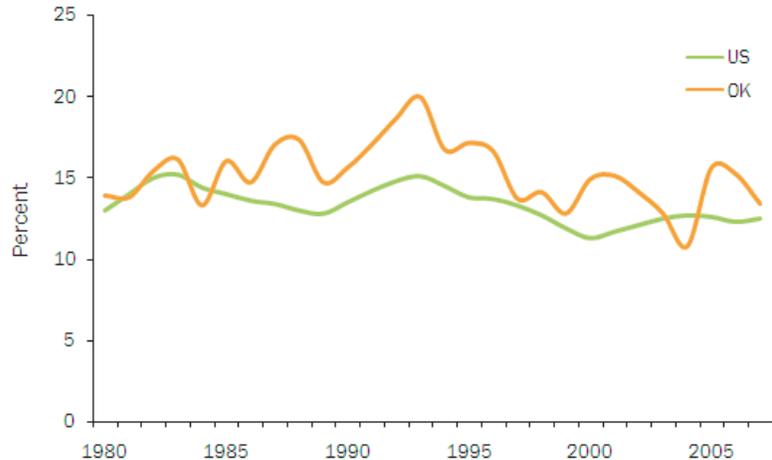
### HISTORIC

OK 1990	16.7	D
OK 1995	16.7	D
OK 2000	14.7	D
OK 2005	16.5	D
OK 2007	14.0	D

### STATE REGION

CENTRAL	14.6	D
NE	17.5	F
NW	14.0	D
SE	21.6	F
SW	18.9	F
TULSA	14.2	D

Percent of Population in Poverty:  
Current Population Survey, 1980-2007



Poverty is six times higher for individuals without a high school education (26.7%) than for those that have graduated from college (4.2%). High-school graduates experience poverty levels (13.6%) that exceed the state (13.4%) and national (12.5%) averages.

More than one in five (21.6%) residents in the Southeast region of the

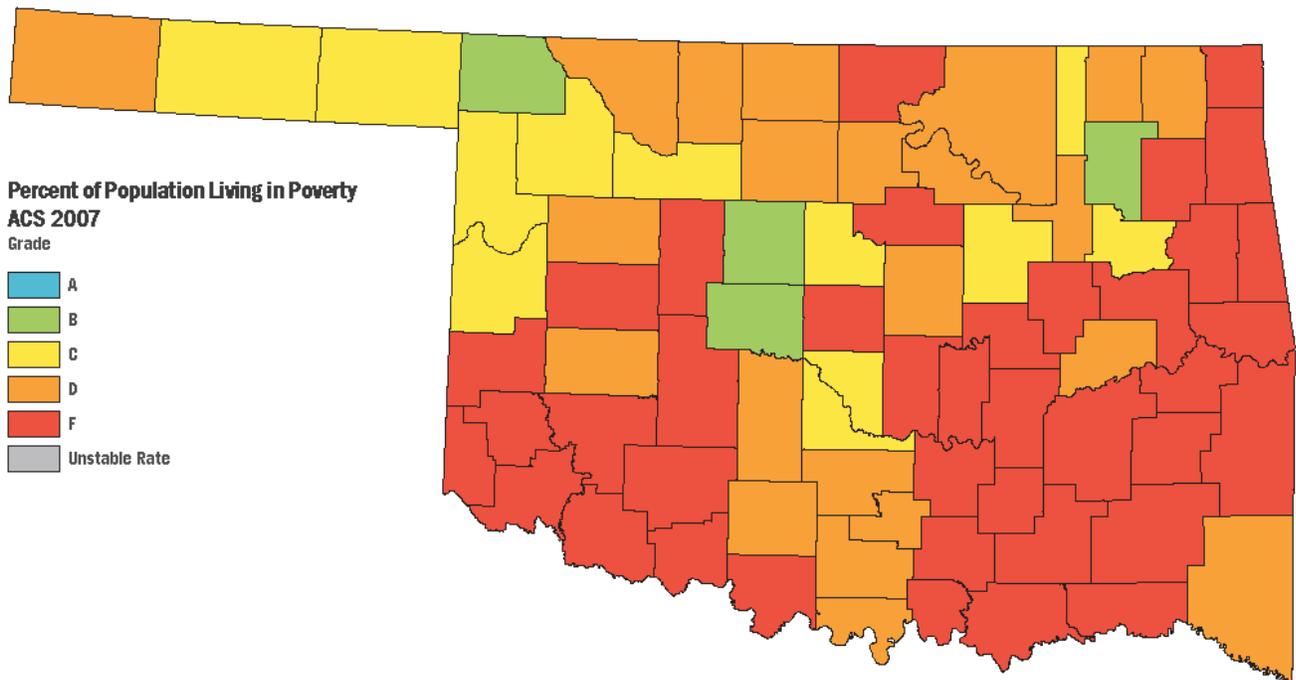
state have incomes that fall below the official poverty threshold. Southwest region residents have a poverty rate of 18.9 percent. Only two counties along Oklahoma's southern border had a poverty rate below 17 percent: Love County (14.6%) and McCurtain County (16.9%). A full 50 percent of Oklahoma Counties recorded poverty rates greater than 17 percent (grade F).

No counties recorded a poverty rate that equated to an A letter grade.

<sup>1</sup>U.S. Census Bureau, Housing and Household Economic Statistics Division, Poverty Thresholds for 2007 by Size of Family and Number of Related Children Under 18 Years.

<sup>2</sup>DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-235, *Income, Poverty, and Health Insurance Coverage in the United States: 2007*, U.S. Government Printing Office, Washington, DC, 2008.

<sup>3</sup>U.S. Bureau of the Census, Current Population Survey, Annual Social and Economic Supplements, Table 21. Number of Poor and Poverty Rate, by State: 1980 to 2007.



**POVERTY BY COUNTY (PERCENT; RANK; 2007)**

ADAIR	22.4	63	CUSTER	20.2	51	LATIMER	20.2	51	OTTAWA	18.9	47
ALFALFA	16.0	30	DELAWARE	19.1	48	LEFLORE	22.8	64	PAWNEE	16.1	31
ATOKA	22.8	64	DEWEY	14.1	18	LINCOLN	14.6	21	PAYNE	25.9	74
BEAVER	12.2	9	ELLIS	12.9	12	LOGAN	13.0	13	PITTSBURG	18.1	43
BECKHAM	17.5	39	GARFIELD	14.0	17	LOVE	14.6	21	PONTOTOC	18.3	45
BLAINE	21.7	59	GARVIN	16.6	34	MAJOR	11.5	6	POTTAWATOMIE	18.6	46
BRYAN	21.9	61	GRADY	16.6	34	MARSHALL	24.2	68	PUSHMATAHA	24.1	67
CADDO	21.2	57	GRANT	14.6	21	MAYES	20.6	54	ROGER MILLS	12.0	8
CANADIAN	8.6	2	GREER	24.8	73	MCCLAIN	12.8	11	ROGERS	8.0	1
CARTER	17.0	37	HARMON	28.2	77	MCCURTAIN	16.9	36	SEMINOLE	24.2	68
CHEROKEE	21.2	57	HARPER	10.6	4	MCINTOSH	15.6	27	SEQUOYAH	20.6	54
CHOCTAW	27.6	76	HASKELL	21.8	60	MURRAY	14.8	24	STEPHENS	15.9	29
CIMARRON	17.1	38	HUGHES	27.2	75	MUSKOGEE	19.9	50	TEXAS	13.3	16
CLEVELAND	11.6	7	JACKSON	19.8	49	NOBLE	14.5	20	TILLMAN	23.5	66
COAL	24.2	68	JEFFERSON	22.0	62	NOWATA	15.5	25	TULSA	14.2	19
COMANCHE	17.6	41	JOHNSTON	20.4	53	OKFUSKEE	24.3	71	WAGONER	10.7	5
COTTON	18.0	42	KAY	18.1	43	OKLAHOMA	17.6	40	WASHINGTON	13.2	15
CRAIG	16.1	31	KINGFISHER	10.4	3	OKMULGEE	24.4	72	WASHITA	15.7	28
CREEK	13.0	13	KIOWA	20.7	56	OSAGE	15.5	25	WOODS	16.3	33
									WOODWARD	12.5	10



# adair county

## ADAIR COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.5	C
TOTAL (RATE PER 100,000)	1073.1	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	265.2	F
CANCER	233.0	F
STROKE	43.8	C
CHRONIC LOWER RESPIRATORY DISEASE	69.3	F
UNINTENTIONAL INJURY	64.1	F
DIABETES	86.0	F
INFLUENZA/PNEUMONIA	16.4	B
ALZHEIMER'S DISEASE	29.3	D
NEPHRITIS (KIDNEY DISEASE)	28.0	F
SUICIDE	11.5	C

### DISEASE

DIABETES PREVALENCE	8.8%	D
ASTHMA PREVALENCE	11.8%	F
CANCER INCIDENCE (RATE PER 100,000)	510.2	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	12.9%	F
NO PHYSICAL ACTIVITY	37.5%	F
SMOKING	32.8%	F
OBESITY	32.1%	F
IMMUNIZATIONS < 3 YEARS	82.1%	C
SENIORS FLU VACCINATION	64.0%	F
SENIORS PNEUMONIA VACCINATION	52.9%	F
LIMITED ACTIVITY DAYS (AVG)	6.9	F
POOR MENTAL HEALTH DAYS (AVG)	3.7	D
POOR PHYSICAL HEALTH DAYS (AVG)	5.2	D
GOOD OR BETTER HEALTH RATING	73.3%	F
TEEN FERTILITY (RATE PER 1,000)	47.8	F
FIRST TRIMESTER PRENATAL CARE	72.0%	F
LOW BIRTH WEIGHT	8.1%	C
ADULT DENTAL VISITS	44.1	F
USUAL SOURCE OF CARE	77.9%	C

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	18.9%	D
POVERTY	22.4%	F

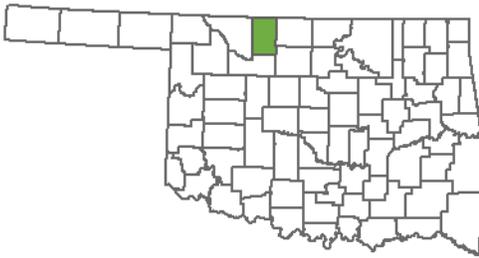
## Adair County

Adair County performed better than the state on some of the health indicators presented in this document. Overall, though, Adair County performed relatively poorly on most health outcomes.

The rate of mortality from all causes was higher for Adair County residents than for all Oklahomans. Rates for specific causes of death, including stroke, suicide, and influenza/pneumonia, as well as the infant mortality rate were lower than the state's average. Of particular concern for Adair County is the rate of diabetes mortality, which was almost three times higher than the state's rate. While diabetes mortality was high, the prevalence of diabetes in Adair County was actually estimated to be a little less than the state's prevalence of 10.2 percent.

Outcomes for engaging in healthy behaviors among Adair County residents were generally poor. For most indicators, rates were worse than the state's rates. One exception was that a larger proportion of children under the age of three years had received the recommended immunizations compared to children across the state. Unfortunately, the teen fertility rate in Adair County was almost 72 percent higher than the state's teen fertility rate.

Factors that may impact the county's health status are socio-economic status and access to healthcare. A larger percentage of individuals were living in poverty in Adair County compared to the state as a whole. Fewer adults were without health insurance, though the proportion of individuals without a personal health care provider were similar.



# alfalfa county

## ALFALFA COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	758.4	C

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	207.3	C
CANCER	138.4	A
STROKE	57.0	D
CHRONIC LOWER RESPIRATORY DISEASE	38.5	B
UNINTENTIONAL INJURY	67.5	F
DIABETES	26.3	C
INFLUENZA/PNEUMONIA	36.2	F
ALZHEIMER'S DISEASE	7.3	A
NEPHRITIS (KIDNEY DISEASE)	20.1	D
SUICIDE	6.5	B

### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	431.1	B

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	-	
SMOKING	-	
OBESITY	-	
IMMUNIZATIONS < 3 YEARS	70.0%	F
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	3.4%	C
POOR PHYSICAL HEALTH DAYS (AVG)	6.1%	F
GOOD OR BETTER HEALTH RATING	-	
TEEN FERTILITY (RATE PER 1,000)	17.7%	B
FIRST TRIMESTER PRENATAL CARE	75.7%	D
LOW BIRTH WEIGHT	8.5%	C
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	-	

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	-	
POVERTY	16.0%	D

## Alfalfa County

Alfalfa County performed relatively well on many of the health indicators presented in this document. Because Alfalfa County consists of a small population, and because some events occurred infrequently, reliable rates could not be produced for some indicators.

The rate of mortality from all causes was approximately 25 percent lower for Alfalfa County residents than for all Oklahomans. Only the rates for unintentional injury and influenza/pneumonia deaths were higher than the state's rates.

Outcomes for engaging in healthy behaviors among Alfalfa County residents were mixed. A smaller proportion of Alfalfa County children under the age of three years had received the recommended immunizations compared to children across the state. However, the teen fertility rate was much lower and the proportion of low birth weight infants was similar to the state's proportion. While residents of the county experienced a similar number of mentally unhealthy days as state residents, they experienced 1.2 more physically unhealthy days. Socioeconomic status is an important factor in assessing health status, and a larger percentage of individuals were living in poverty in Alfalfa County compared to the state as a whole.



# atoka county

## ATOKA COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	10.0	F
TOTAL (RATE PER 100,000)	890.4	D

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	281.8	F
CANCER	180.6	C
STROKE	59.9	F
CHRONIC LOWER RESPIRATORY DISEASE	62.2	F
UNINTENTIONAL INJURY	65.1	F
DIABETES	26.1	C
INFLUENZA/PNEUMONIA	-	
ALZHEIMER'S DISEASE	10.2	A
NEPHRITIS (KIDNEY DISEASE)	23.3	F
SUICIDE	17.1	F

### DISEASE

DIABETES PREVALENCE	8.5%	C
ASTHMA PREVALENCE	10.1%	F
CANCER INCIDENCE (RATE PER 100,000)	409.0	A

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	32.3%	F
SMOKING	29.0%	F
OBESITY	30.2%	D
IMMUNIZATIONS < 3 YEARS	81.1%	C
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	5.6	D
POOR MENTAL HEALTH DAYS (AVG)	5.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.3	F
GOOD OR BETTER HEALTH RATING	77.8%	F
TEEN FERTILITY (RATE PER 1,000)	22.8	C
FIRST TRIMESTER PRENATAL CARE	75.6%	D
LOW BIRTH WEIGHT	10.1%	D
ADULT DENTAL VISITS	51.4%	F
USUAL SOURCE OF CARE	87.7%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	36.0%	D
POVERTY	22.8%	D

## Partnership for Change Coalition

### Coalition Priorities

- Tobacco control
- Teen pregnancy prevention
- Methamphetamine prevention
- Reduce health disparities
- Youth leadership and empowerment
- Community development

### About Us

Partnership for Change (PFC) is an active group of individuals working to improve the health of citizens of Atoka and Coal counties. Since its development in 2001, the partnership has maintained a successful collaborative effort striving to meet the needs of the families and communities of both counties. PFC has successfully implemented a comprehensive tobacco control program that has provided cessation resources, youth development and empowerment, tobacco free policies and environments, developed community education campaigns, provided youth and student education and even prevented tobacco sponsorship in their area. Recently the partnership was awarded funding for a youth special project through the Oklahoma Commission on Children and Youth (OCCY) which will allow the coalition to send area youth to the 2 Much 2 Lose Training and bring the underage drinking initiative back to area schools. They have held town hall meetings and are working on passing the Social Host Ordinance to prevent underage drinking. The coalition is currently partnering with the Department of Mental Health and Substance Abuse to implement a Methamphetamine Prevention Grant in Atoka County and have started Too Good For Drugs curriculum in three schools in the county. Through the Meth Prevention Project they have seen many new partners and sectors of the community become involved in the coalition's efforts.

Partnership for Change continues to improve the health of the area through a strong and dedicated coalition challenged to make a difference.

### Key Activities

- ATOD (Alcohol Tobacco and Other Drugs) prevention activities
- Tobacco control
- Media campaigns
- Girl Power and Wise Guys conference



## beaver county

### BEAVER COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	763.7	C

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	169.6	B
CANCER	180.4	C
STROKE	40.8	B
CHRONIC LOWER RESPIRATORY DISEASE	55.1	D
UNINTENTIONAL INJURY	82.2	F
DIABETES	22.3	B
INFLUENZA/PNEUMONIA	16.4	B
ALZHEIMER'S DISEASE	45.7	F
NEPHRITIS (KIDNEY DISEASE)	-	
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	7.3%	C
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	427.3	B

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	36.4%	F
SMOKING	43.5%	F
OBESITY	25.1%	C
IMMUNIZATIONS < 3 YEARS	85.1%	B
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	2.9	B
POOR PHYSICAL HEALTH DAYS (AVG)	3.5	B
GOOD OR BETTER HEALTH RATING	74.1%	F
TEEN FERTILITY (RATE PER 1,000)	25.6	D
FIRST TRIMESTER PRENATAL CARE	72.3%	F
LOW BIRTH WEIGHT	7.5%	B
ADULT DENTAL VISITS	50.4%	F
USUAL SOURCE OF CARE	71.2%	F

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	28.9%	F
POVERTY	12.2%	C

### Beaver's Health Awareness Partnership (BHAP)

#### Coalition Priorities

- Development of wellness/fitness center
- Physical activity

#### About Us

Beaver's Health Awareness Partnership (BHAP), located in Beaver, a rural community in the Oklahoma panhandle, has one specific goal and that is to establish a Wellness Center in their community. This Wellness Center will be a multi-purpose facility that will address many different needs, including a potential day-care center that they currently do not have available. In the past two years they have made a lot of progress towards making their dream a reality. Currently they are looking at the possibility of developing the Center in phases to make it more economically feasible. The group is currently promoting physical activity in multiple ways including an annual Walk this Weigh event.

#### Key Activities

- Monthly meetings and partnership expansion
- Distributed business plan describing project, floor plan, and projected budget
- Information booth at Beaver County events
- Continued fundraising efforts
- Walk this Weigh month long walking program
- Promoting physical activity in the community
- Shared accessible health resources with community



# beckham county

## BECKHAM COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	6.0	B
TOTAL (RATE PER 100,000)	1091.6	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	269.8	F
CANCER	219.6	F
STROKE	41.2	B
CHRONIC LOWER RESPIRATORY DISEASE	63.9	F
UNINTENTIONAL INJURY	86.0	F
DIABETES	44.0	F
INFLUENZA/PNEUMONIA	37.9	F
ALZHEIMER'S DISEASE	45.1	F
NEPHRITIS (KIDNEY DISEASE)	19.3	D
SUICIDE	22.9	F

### DISEASE

DIABETES PREVALENCE	8.7%	C
ASTHMA PREVALENCE	16.4%	F
CANCER INCIDENCE (RATE PER 100,000)	506.0	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	35.7%	F
SMOKING	29.2%	F
OBESITY	29.4%	D
IMMUNIZATIONS < 3 YEARS	81.4%	C
SENIORS FLU VACCINATION	67.3%	D
SENIORS PNEUMONIA VACCINATION	62.4%	D
LIMITED ACTIVITY DAYS (AVG)	6.8	F
POOR MENTAL HEALTH DAYS (AVG)	4.3	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.8	F
GOOD OR BETTER HEALTH RATING	80.4%	D
TEEN FERTILITY (RATE PER 1,000)	29.7	D
FIRST TRIMESTER PRENATAL CARE	42.3%	F
LOW BIRTH WEIGHT	8.5%	C
ADULT DENTAL VISITS	57.0%	F
USUAL SOURCE OF CARE	85.6%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	27.5%	F
POVERTY	17.5%	F

## OUR Turning Point Coalition

### Coalition Priorities

- Positive youth development
- Health and wellness
- ATOD (Alcohol, Tobacco and Other Drugs)

### About Us

There were three groups meeting regularly within Beckham and Roger Mills counties. These were Systems of Care, Western Oklahoma Tobacco Control Coalition and the Sayre Resource Network. All parties involved agreed to merge into one coalition and the OUR Turning Point Coalition covering Beckham – Roger Mills counties was created. Through the Meth Prevention grant funded by Oklahoma Department of Mental Health and Substance Abuse Services, they implemented Creating Lasting Family Connections (CLFC) an evidence-based program. CLFC will increase awareness of the significant dangers of meth use, interrupt the cycle of parents passing their habits on to their children, prevent initiation and help those who are seeking an intervention. The coalition has also worked very hard with a design company in Oklahoma City to develop a meth prevention campaign. OUR Turning Point Coalition covering Beckham – Roger Mills counties is primed and ready to aggressively address the very issues impacting resident's health, specifically, tobacco use, underage drinking, meth use and obesity.

### Key Activities

- Coalition planning and development
- Methamphetamine Prevention Project
- SWAT (Students Working Against Tobacco) team float in Rodeo Parade
- Community Assessment
- Promotion of tobacco free policies among cities and schools
- Elk City Schools participated in International Walk to School Day
- Development of meth prevention media campaign
- Extensive media coverage of local tobacco prevention efforts
- SWAT (Students Working Against Tobacco) teams participated in Kick Butts events including Project 1200
- Advocated for local Social Host Ordinances
- Hosted town hall meeting focused on underage drinking
- Pursuing YMCA in Elk City



# blaine county

## BLAINE COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	9.7	F
TOTAL (RATE PER 100,000)	951.5	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	321.8	F
CANCER	176.9	C
STROKE	54.8	D
CHRONIC LOWER RESPIRATORY DISEASE	48.3	D
UNINTENTIONAL INJURY	71.3	F
DIABETES	51.9	F
INFLUENZA/PNEUMONIA	25.2	D
ALZHEIMER'S DISEASE	-	
NEPHRITIS (KIDNEY DISEASE)	18.9	D
SUICIDE	-	

### DISEASE

DIABETES PREVALENCE	15.1%	F
ASTHMA PREVALENCE	8.9%	C
CANCER INCIDENCE (RATE PER 100,000)	424.3	B

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	43.2%	F
SMOKING	34.4%	F
OBESITY	43.0%	F
IMMUNIZATIONS < 3 YEARS	78.7%	C
SENIORS FLU VACCINATION	68.6%	D
SENIORS PNEUMONIA VACCINATION	66.0%	C
LIMITED ACTIVITY DAYS (AVG)	6.3	F
POOR MENTAL HEALTH DAYS (AVG)	3.6	D
POOR PHYSICAL HEALTH DAYS (AVG)	6.4	F
GOOD OR BETTER HEALTH RATING	63.5%	F
TEEN FERTILITY (RATE PER 1,000)	28.1	D
FIRST TRIMESTER PRENATAL CARE	79.5%	D
LOW BIRTH WEIGHT	10.7%	F
ADULT DENTAL VISITS	46.1%	F
USUAL SOURCE OF CARE	86.5%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	17.5%	D
POVERTY	21.7%	F

## Blaine County Community Health Action Team

### Coalition Priorities

- ATOD (Alcohol, Tobacco and Other Drugs) prevention
- Resources for disadvantaged children
- Positive youth development

### About Us

Blaine County Community Health Action Team (BCCHAT) was originally developed as a Child Abuse Prevention Task Force to address child welfare and substance abuse in the county. Due to awareness of needs within the county, the Task Force expanded to include the general, cultural and emotional welfare of the children and youth and community health. In 2002, the Task Force was designated a Turning Point Initiative and a Partner with the Oklahoma Commission on Children and Youth, and renamed Blaine County Community Health Action Team. The partnership correspondingly expanded, including parents, schools, DHS, YWCA, community leaders, elected officials, county health department, ministers, business community, youth, civic groups and Indian Health Services. In 2004, the needs of youth disabilities began to be addressed via a partnership with Sooner SUCCESS and soon after partnered with Great Plains System of Care to begin helping children, youth and families function better at home, in school, in the community and throughout life.

### Key Activities

- Girl Power and Wise Guys
- Lunch and learn on Insure Oklahoma
- Partnered with Kingfisher County to apply for the Tobacco Settlement Endowment Trust grant
- Promotion of the Make It Your Business campaign
- Sponsored a recreation center team in the 2007 Blaine County Relay for Life
- 5th Annual Youth Listening Luncheon
- Co-sponsored a Parent Resource Fair with Sooner SUCCESS
- Participated in the tri-county youth conference
- 8th grade health fair
- Recreation center clean up
- Sooner SUCCESS autism workshop
- Implemented Risk Watch



## bryan county

### BRYAN COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	8.6	D
TOTAL (RATE PER 100,000)	1045.8	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	279.9	F
CANCER	216.4	F
STROKE	59.8	F
CHRONIC LOWER RESPIRATORY DISEASE	71.1	F
UNINTENTIONAL INJURY	74.5	F
DIABETES	39.8	F
INFLUENZA/PNEUMONIA	16.2	B
ALZHEIMER'S DISEASE	28.1	D
NEPHRITIS (KIDNEY DISEASE)	14.1	C
SUICIDE	18.7	F

#### DISEASE

DIABETES PREVALENCE	11.7%	F
ASTHMA PREVALENCE	6.5%	A
CANCER INCIDENCE (RATE PER 100,000)	501.5	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	9.0%	F
NO PHYSICAL ACTIVITY	34.5%	F
SMOKING	31.0%	F
OBESITY	27.2%	C
IMMUNIZATIONS < 3 YEARS	81.1%	C
SENIORS FLU VACCINATION	66.9%	D
SENIORS PNEUMONIA VACCINATION	71.1%	B
LIMITED ACTIVITY DAYS (AVG)	6.4	F
POOR MENTAL HEALTH DAYS (AVG)	4.5	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.1	D
GOOD OR BETTER HEALTH RATING	72.1%	F
TEEN FERTILITY (RATE PER 1,000)	36.6	F
FIRST TRIMESTER PRENATAL CARE	78.3%	D
LOW BIRTH WEIGHT	8.3%	C
ADULT DENTAL VISITS	56.5%	F
USUAL SOURCE OF CARE	73.6%	D

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	23.4%	F
POVERTY	21.9%	F

## Bryan County Turning Point Coalition

### Coalition Priorities

- Healthy lifestyles
- Drug free community
- Community collaboration and awareness
- Youth and family development and education
- Economic development

### About Us

The Bryan County Turning Point Coalition (BCTPC) became a Turning Point partnership in 2002. Coalition members represent many sectors of the community that contribute to the coalition's successes and effectiveness. Serving as a role model to other counties, the BCTPC is a leader in drug, alcohol and tobacco initiatives and prevention strategies. In 2008, energies have also focused on a healthy workforce, literacy, injury prevention (traffic safety), fitness, nutrition and school health. This partnership believes in the Turning Point philosophy that only through a community-based, decision-making process where community citizens tap into their own resources, strengths, and visions is when we can effectively promote positive and sustainable changes in the public's health and the public health system.

### Key Activities

- 3rd Annual Turning Point Chili Challenge
- Pandemic influenza community planning meeting
- Teen pregnancy prevention activities
- Alcohol enforcement activities with Durant Police Department
- Youth leadership development (underage alcohol use prevention training)
- Male health involvement initiatives
- Health promotion activities (CATCH)
- Media campaigns on positive health promotion
- Make It Your Business (worksite wellness promotion)
- 'Walk and Roll to School' Day
- Coalition self assessment - character education
- Adolescent health conference
- Parent education workshops
- Summer camp for at-risk youth
- Drug free community grant
- Violence prevention
- HPV vaccination promotion/education
- Tobacco prevention
- Students Working Against Tobacco (SWAT) development



# caddo county

## CADDO COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	8.0	D
TOTAL (RATE PER 100,000)	1048.4	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	297.9	C
CANCER	221.0	F
STROKE	44.1	F
CHRONIC LOWER RESPIRATORY DISEASE	48.9	D
UNINTENTIONAL INJURY	68.6	F
DIABETES	61.1	F
INFLUENZA/PNEUMONIA	33.2	F
ALZHEIMER'S DISEASE	29.1	D
NEPHRITIS (KIDNEY DISEASE)	28.2	F
SUICIDE	11.2	C

### DISEASE

DIABETES PREVALENCE	13.0%	F
ASTHMA PREVALENCE	8.5%	C
CANCER INCIDENCE (RATE PER 100,000)	473.5	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	8.0%	F
NO PHYSICAL ACTIVITY	28.2%	D
SMOKING	17.6%	B
OBESITY	31.1%	F
IMMUNIZATIONS < 3 YEARS	72.8%	F
SENIORS FLU VACCINATION	71.1%	C
SENIORS PNEUMONIA VACCINATION	65.2%	D
LIMITED ACTIVITY DAYS (AVG)	4.4	B
POOR MENTAL HEALTH DAYS (AVG)	3.8	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.9	B
GOOD OR BETTER HEALTH RATING	83.5%	C
TEEN FERTILITY RATE (PER 1,000)	32.1	D
FIRST TRIMESTER PRENATAL CARE	78.6%	D
LOW BIRTH WEIGHT	8.4%	C
ADULT DENTAL VISITS	54.4%	F
USUAL SOURCE OF CARE	82.9%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	16.1%	C
POVERTY	21.2%	F

## Caddo County Interagency Coalition

### Coalition Priorities

- Physical activity and nutrition
- Substance abuse prevention
- Suicide prevention

### About Us

When the Caddo County Interagency Coalition (CCIC) was originally established, the intent was one of information sharing and resource networking. Members were a group of concerned health professionals interested in finding out about services available to their clients and sharing information about their own agencies. CCIC has grown and expanded their vision and become an action-oriented coalition. CCIC is committed to building a healthier future for the children of Caddo County by changing attitudes and public policies related to a healthy community and implementing effective programs.

Suicides have become an all too familiar tragedy in Caddo County. CCIC is in their second year of a three-year suicide prevention grant through the Department of Mental Health and Substance Abuse Services.

### Key Activities

- Partnered with local youth coalition
- Promoted 24/7 Tobacco Free policy in all county schools
- Back-to-School Bash
- Teen leadership lock-in
- Reward Reminder visits with youth
- Free family fun fair
- Suicide prevention training for community
- 'Walk 4 Lives,' community walk during National Suicide Prevention Week
- Co-ed 3-on-3 basketball tournament
- Celebration of Life Pow-Wow
- Thursday Teen Night
- Parent university
- Youth participated in Youth Day at the capitol
- Operation Storefront



# canadian county

## CANADIAN COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.2	C
TOTAL (RATE PER 100,000)	836.0	C

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	238.0	D
CANCER	178.7	C
STROKE	52.5	D
CHRONIC LOWER RESPIRATORY DISEASE	49.2	D
UNINTENTIONAL INJURY	40.6	C
DIABETES	27.2	D
INFLUENZA/PNEUMONIA	23.4	D
ALZHEIMER'S DISEASE	26.3	D
NEPHRITIS (KIDNEY DISEASE)	11.5	B
SUICIDE	14.6	D

### DISEASE

DIABETES PREVALENCE	7.0%	B
ASTHMA PREVALENCE	8.4%	C
CANCER INCIDENCE (RATE PER 100,000)	487.2	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	15.2%	F
NO PHYSICAL ACTIVITY	25.4%	D
SMOKING	24.0%	D
OBESITY	23.2%	B
IMMUNIZATIONS < 3 YEARS	76.7%	D
SENIORS FLU VACCINATION	69.8%	D
SENIORS PNEUMONIA VACCINATION	67.3%	C
LIMITED ACTIVITY DAYS (AVG)	3.4	A
POOR MENTAL HEALTH DAYS (AVG)	3.8	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.4	B
GOOD OR BETTER HEALTH RATING	88.7%	B
TEEN FERTILITY RATE (PER 1,000)	14.6	B
FIRST TRIMESTER PRENATAL CARE	90.2%	B
LOW BIRTH WEIGHT	7.2%	B
ADULT DENTAL VISITS	71.3%	C
USUAL SOURCE OF CARE	80.3%	C

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	18.0%	D
POVERTY	8.6%	B

## Canadian County Community Health Action Team

### Coalition Priorities

- Public awareness on issues relating to children
- Increase usage of EPSDT screenings
- Parent education

### About Us

The Canadian County Coalition for Children and Families was organized in September 1996 and has always had great vision and partnerships. The coalition provides a forum for networking, sharing of information, professional training and public awareness on issues relating to children. It strives to support and participate in a variety of different programs and committees and look forward to increasing participation. Additionally, the coalition is very excited about the continuing endeavors with the Access to HealthCare Committee. This Committee is looking at expanding the way children are seen and referred to in the healthcare system by increasing the EPSDT screenings. This year the committee has been researching transportation issues that are affecting their families.

Mustang - The Mustang Coalition is in the planning stages and they are working on building their membership and developing their strategic planning. This group has great participation from the youth in the community and is working towards hosting a Town Hall meeting on Underage Drinking Prevention. The coalition is also working on tobacco policies in the Mustang area.

### Key Activities

- Partnered with El Reno Public Schools on 'Safe Schools, Healthy Students' federal grant
- Health fair
- Promoted Child Abuse Prevention Awareness Month
- Town hall meetings
- Tobacco prevention
- Underage drinking prevention
- SWAT (Students Working Against Tobacco) activities



## carter county

### CARTER COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	6.2	C
TOTAL (RATE PER 100,000)	1071.5	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	295.2	F
CANCER	204.3	D
STROKE	63.1	F
CHRONIC LOWER RESPIRATORY DISEASE	73.9	F
UNINTENTIONAL INJURY	75.6	F
DIABETES	37.3	F
INFLUENZA/PNEUMONIA	39.2	F
ALZHEIMER'S DISEASE	21.1	C
NEPHRITIS (KIDNEY DISEASE)	20.0	D
SUICIDE	18.8	F

#### DISEASE

DIABETES PREVALENCE	8.6%	C
ASTHMA PREVALENCE	8.7%	C
CANCER INCIDENCE (RATE PER 100,000)	494.1	D

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	20.5%	D
NO PHYSICAL ACTIVITY	36.3%	F
SMOKING	25.6%	F
OBESITY	25.9%	C
IMMUNIZATIONS < 3 YEARS	77.8%	C
SENIORS FLU VACCINATION	64.7%	F
SENIORS PNEUMONIA VACCINATION	64.7%	D
LIMITED ACTIVITY DAYS (AVG)	7.3	F
POOR MENTAL HEALTH DAYS (AVG)	4.7	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.1	C
GOOD OR BETTER HEALTH RATING	76.1%	F
TEEN FERTILITY (RATE PER 1,000)	31.7	D
FIRST TRIMESTER PRENATAL CARE	87.1%	B
LOW BIRTH WEIGHT	10.4%	F
ADULT DENTAL VISITS	56.5%	F
USUAL SOURCE OF CARE	77.1%	D

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	19.1%	D
POVERTY	17.0%	D

## Carter County Turning Point Coalition

### Coalition Priorities

- Community health
- Violence prevention
- Infrastructure development
- Youth health and development
- Parenting skills and education
- Tobacco prevention
- Substance abuse prevention

### About Us

The Carter County Turning Point Coalition began in 1998. Early partners included public and private partners such as local law enforcement officials, hospital leadership, education representatives, concerned citizens and local business owners. The group prioritized community problems such as drug and tobacco usage along with limited outdoor exercise trails and the high rate of teen pregnancy. The Coalition was awarded one of the first wave of Communities of Excellence grants through Tobacco Settlement Endowment Trust. In the spring of 2008 the Coalition revitalized its membership by hosting a Community Forum that engaged participants to identify community health and social issues that impact individuals' quality of life. The Forum was very well attended and served many purposes. It enhanced collaboration among current members, it identified new community stakeholders and provided a process for everyone's voice to be heard. A facilitator guided a process to identify the coalition's priority issues and provided a setting for discussion to get input and ideas for implementation of efforts to improve the status of each priority area. In the months following the Forum, the coalition has adopted by-laws; developed working committees for each of the seven identified priority areas and completed the development of a strategic plan for implementing the programs/activities to address each priority.

### Key Activities

- Tobacco prevention and control
- SWAT (Students Working Against Tobacco) activities
- Methamphetamine prevention and Crystal Darkness campaign
- Substance abuse conference
- Health equities/disparities and minority health
- Abstinence education
- Underage drinking initiatives and Social Host Law
- Parent education workshops
- Health education
- Back-to-School Bash
- Youth Speak Out



# cherokee county

## CHEROKEE COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	9.3	D
TOTAL (RATE PER 100,000)	1049.8	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	296.3	F
CANCER	195.2	D
STROKE	71.9	F
CHRONIC LOWER RESPIRATORY DISEASE	64.2	F
UNINTENTIONAL INJURY	69.3	F
DIABETES	36.5	F
INFLUENZA/PNEUMONIA	24.9	D
ALZHEIMER'S DISEASE	13.3	A
NEPHRITIS (KIDNEY DISEASE)	18.5	D
SUICIDE	18.5	F

### DISEASE

DIABETES PREVALENCE	11.4%	F
ASTHMA PREVALENCE	9.4%	D
CANCER INCIDENCE (RATE PER 100,000)	429.9	B

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	17.4%	F
NO PHYSICAL ACTIVITY	35.2%	F
SMOKING	30.4%	F
OBESITY	27.3%	C
IMMUNIZATIONS < 3 YEARS	83.3%	B
SENIORS FLU VACCINATION	71.1%	C
SENIORS PNEUMONIA VACCINATION	71.0%	B
LIMITED ACTIVITY DAYS (AVG)	7.2	F
POOR MENTAL HEALTH DAYS (AVG)	4.7	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.2	F
GOOD OR BETTER HEALTH RATING	71.6%	F
TEEN FERTILITY (RATE PER 1,000)	34.7	F
FIRST TRIMESTER PRENATAL CARE	68.5%	F
LOW BIRTH WEIGHT	7.7%	C
ADULT DENTAL VISITS	55.7%	F
USUAL SOURCE OF CARE	68.0%	F

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	32.7%	F
POVERTY	21.2%	F

## Cherokee County Community Health Coalition

### Coalition Priorities

- Health education (physical fitness and nutrition)
- Safe Kids Coalition
- Tobacco prevention
- Health information technology

### About Us

Cherokee County Community Health Coalition was one of the first Oklahoma Turning Point Initiative partners. Partners and activities grow and expand each year. Walk this Weigh events are held four times a year. The Healthy Worksite Initiative helped NEO Health with wellness challenges, and they were awarded the 2008 Cherokee County Healthy Worksite Award. Help in Crisis offered the Healthy Women's Curriculum and Cookson Hills Community Action added wellness activities. Healthy Women Classes educated 63 women about nutrition and exercise. Of those that recorded pre- and post-weight, more than 80 percent lost weight. Healthy Mothers/Healthy Daughters classes taught the importance of nutrition, portion control, and physical activity and helped participants set goals for a healthy lifestyle.

CATCH Kids Club is an after school program teaching nutrition and physical activity. Tobacco Prevention partners with Cherokee Nation to provide smoking cessation classes at no cost, sponsor the Junior Rodeo Association, and provide other activities. More than 300 parents signed smoke-free home pledges.

The Health Coalition worked closely with the Cherokee County Health Service Council on project SMRTNET. In March 2008, SMRTNET finished the pilot phase and went live at Tahlequah City Hospital, Northeastern State University and NEO Health. In May 2008, eleven hospitals affiliated with the Greater Oklahoma City Hospital Coalition signed a three-year contract for SMRTNET services.

### Key Activities

- Women's Health seminar luncheons and classes
- Healthy Mothers/Healthy Daughters classes
- Healthy Worksite initiative
- Walk This Weigh events
- CATCH Kids Club
- Monthly "Tips for a Healthier You" posters
- Arthritis Foundation Self-Help Class
- Parent/Child Nutrition Classes
- SWAT (Students Working Against Tobacco) Activities



# choctaw county

## CHOCTAW COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	12.6	F
TOTAL (RATE PER 100,000)	1145.0	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	364.1	F
CANCER	261.3	F
STROKE	51.7	D
CHRONIC LOWER RESPIRATORY DISEASE	69.4	F
UNINTENTIONAL INJURY	66.8	F
DIABETES	28.2	D
INFLUENZA/PNEUMONIA	38.3	F
ALZHEIMER'S DISEASE	22.3	C
NEPHRITIS (KIDNEY DISEASE)	13.5	C
SUICIDE	21.4	F

### DISEASE

DIABETES PREVALENCE	7.4%	C
ASTHMA PREVALENCE	4.2%	A
CANCER INCIDENCE (RATE PER 100,000)	571.4	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	32.0%	F
SMOKING	34.0%	F
OBESITY	23.6%	B
IMMUNIZATIONS < 3 YEARS	74.6%	D
SENIORS FLU VACCINATION	66.8%	D
SENIORS PNEUMONIA VACCINATION	69.0%	C
LIMITED ACTIVITY DAYS (AVG)	7.1	F
POOR MENTAL HEALTH DAYS (AVG)	3.9	D
POOR PHYSICAL HEALTH DAYS (AVG)	5.6	F
GOOD OR BETTER HEALTH RATING	73.7%	F
TEEN FERTILITY (RATE PER 1,000)	41.7	F
FIRST TRIMESTER PRENATAL CARE	74.3%	F
LOW BIRTH WEIGHT	10.8%	F
ADULT DENTAL VISITS	53.0%	F
USUAL SOURCE OF CARE	72.6%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	28.1%	F
POVERTY	27.6%	F

## Believers In Boswell Community Coalition

### Coalition Priorities

- Partnerships with community and county organizations
- Boswell youth center
- Youth education and development
- Community healthy living initiatives
- Community development and beautification
- Community outreach and family activities

### About Us

'Working Together for a Greater Boswell' is the simple mission statement of the Believers In Boswell Community Coalition, Inc. (BIB). Throughout 2008, the members of BIB have worked non-stop to promote programs and projects designed to fulfill the objectives set forth in their 2008 strategic plan. Boswell is the smallest community to receive an "Excellence Award for Community Development." The Boswell Youth Center looks forward to its grand opening in 2009. The Boswell Plan4College Center will be moved to a permanent home within the youth center. BIB applied for and received a \$10,000 CBO grant that will help advance the Plan4College Center in its efforts to increase enrollment of 8<sup>th</sup> - 10<sup>th</sup> grade students within the Boswell, Bennington, and Soper school districts. With the completion of the Energy Efficient Lighting Improvement Project at the Boswell Park, residents and visitors alike can enjoy our beautiful little park in comfort and safety. The latest park improvement project to be kicked off by BIB is the "Project Playground."

### Key Activities

- 2008 strategic planning
- Boswell Youth Center
- Plan4College Center
- 1<sup>st</sup> Annual Spring-Fling
- Project Falvmmichi
- Boswell Park Lighting Project and Project Playground (new playground equipment)
- Annual Fall Festival
- Annual Family Fun Night
- SWAT (Students Working Against Tobacco) Kick Butts on Hollywood Movie Night
- Boswell Park clean-up and beautification project
- Adopt-A-Spot
- Annual health expo
- Received Keep Oklahoma Beautiful mini-grant
- Annual Dixie Café BBQ Cook Off Antique Car + Tractor Show



## cimarron county

### CIMARRON COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	820.8	C

#### LEADING CAUSES OF DEATH (RATE PER 100,000)

HEART DISEASE	241.3	D
CANCER	117.6	A
STROKE	-	
CHRONIC LOWER RESPIRATORY DISEASE	59.0	F
UNINTENTIONAL INJURY	95.4	F
DIABETES	45.0	F
INFLUENZA/PNEUMONIA	-	
ALZHEIMER'S DISEASE	62.2	F
NEPHRITIS (KIDNEY DISEASE)	-	
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	506.6	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	-	
SMOKING	-	
OBESITY	-	
IMMUNIZATIONS < 3 YEARS	80.0%	C
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	-	
POOR PHYSICAL HEALTH DAYS (AVG)	-	
GOOD OR BETTER HEALTH RATING	-	
TEEN FERTILITY (RATE PER 1,000)	15.4	B
FIRST TRIMESTER PRENATAL CARE	63.4%	F
LOW BIRTH WEIGHT	6.4%	B
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	-	

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	-	
POVERTY	17.1%	D

### Cimarron County

Cimarron County's performance on the health indicators presented in this document was mixed. Because Cimarron County consists of a small population, and because some events occurred infrequently, reliable rates could not be produced for some indicators.

The rate of mortality from all causes was approximately 16 percent lower for Cimarron County residents than for all Oklahomans. This was due in part to the 67 percent lower rate of cancer mortality. However, mortality rates for some specific causes were extremely high. Mortality rates attributed to diabetes, unintentional injury, and Alzheimer's disease were 50 percent, 71 percent, and 150 percent higher, respectively, than the state's rates.

Very few rates for health behavior indicators were able to be reliably determined for Cimarron County residents. The proportion of Cimarron County children under the age of three years who had received the recommended immunizations was the same as the state's proportion of children. The teen fertility rate was 80 percent lower and the proportion of low birth weight infants was 30 percent lower than the state's rates. However, fewer pregnant women had received adequate prenatal care compared to the state's rate.

Socioeconomic status plays an important role in assessing health status and in accessing health care. A larger percentage of individuals were living in poverty in Cimarron County compared to the state as a whole.



# cleveland county

## CLEVELAND COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	6.3	C
TOTAL (RATE PER 100,000)	867.3	D

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	269.5	F
CANCER	166.1	B
STROKE	62.0	F
CHRONIC LOWER RESPIRATORY DISEASE	53.2	D
UNINTENTIONAL INJURY	37.8	C
DIABETES	25.5	C
INFLUENZA/PNEUMONIA	23.0	D
ALZHEIMER'S DISEASE	17.5	B
NEPHRITIS (KIDNEY DISEASE)	13.7	C
SUICIDE	10.5	C

### DISEASE

DIABETES PREVALENCE	5.3%	A
ASTHMA PREVALENCE	8.9%	C
CANCER INCIDENCE (RATE PER 100,000)	531.7	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	15.7%	F
NO PHYSICAL ACTIVITY	22.1%	C
SMOKING	21.2%	C
OBESITY	23.5%	B
IMMUNIZATIONS < 3 YEARS	79.6%	C
SENIORS FLU VACCINATION	73.9%	C
SENIORS PNEUMONIA VACCINATION	73.8%	A
LIMITED ACTIVITY DAYS (AVG)	4.0	B
POOR MENTAL HEALTH DAYS (AVG)	4.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	3.3	A
GOOD OR BETTER HEALTH RATING	88.4%	B
TEEN FERTILITY (RATE PER 1,000)	13.5	B
FIRST TRIMESTER PRENATAL CARE	86.6%	C
LOW BIRTH WEIGHT	7.3%	B
ADULT DENTAL VISITS	70.3%	C
USUAL SOURCE OF CARE	82.7%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	13.2%	C
POVERTY	11.6%	C

## Cleveland County Turning Point Coalition

### Coalition Priorities

- Decrease tobacco use
- Decrease alcohol consumption by minors
- Decrease obesity rates among residents
- Reduce underage drinking

### About Us

*Tobacco Free Cleveland County* - The Cleveland County Turning Point Coalition is well-established and has developed many community initiatives around tobacco use prevention, business wellness, community health improvement, and underage drinking prevention. Some recent successes include: 24/7 no tobacco use policies at schools, SWAT (Students Working Against Tobacco) Teams, Lunch and Learn Education events for businesses, Walk this Weigh Events, Farmers Markets, and Social Host Ordinances.

### Key Activities

- Healthy Lifestyle Folders for Noble Public School students
- City Council passed Youth Access in Noble
- Kick Butts Day at Reeves Park
- Underage drinking prevention forums
- Town Hall Meetings in Noble and Norman
- City of Norman passed Social Host Ordinance
- City of Noble passed Social Host Ordinance
- City of Moore passed Social Host Ordinance



## coal county

### COAL COUNTY

(MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	26.8	F
TOTAL (RATE PER 100,000)	1127.9	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)

HEART DISEASE	418.1	F
CANCER	199.2	D
STROKE	61.7	F
CHRONIC LOWER RESPIRATORY DISEASE	53.4	D
UNINTENTIONAL INJURY	65.6	F
DIABETES	32.8	F
INFLUENZA/PNEUMONIA	21.7	C
ALZHEIMER'S DISEASE	-	
NEPHRITIS (KIDNEY DISEASE)	44.2	F
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	519.0	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	-	
SMOKING	-	
OBESITY	-	
IMMUNIZATIONS < 3 YEARS	86.4%	B
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	3.0	B
POOR PHYSICAL HEALTH DAYS (AVG)	3.7	B
GOOD OR BETTER HEALTH RATING	-	
TEEN FERTILITY (RATE PER 1,000)	25.8	D
FIRST TRIMESTER PRENATAL CARE	77.5%	D
LOW BIRTH WEIGHT	8.6%	C
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	-	

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	-	
POVERTY	24.2%	F

## Partnership for Change Coalition

### Coalition Priorities

- Tobacco control
- Teen pregnancy prevention
- Methamphetamine prevention
- Reduce health disparities
- Youth leadership and empowerment
- Community development

### About Us

*Partnership for Change* (PFC) is an active group of individuals working to improve the health of citizens of Atoka and Coal counties. Since its development in 2001, the partnership has maintained a successful collaborative effort striving to meet the needs of the families and communities of both counties. PFC has successfully implemented a comprehensive tobacco control program that has provided cessation resources, youth development and empowerment, tobacco free policies and environments, developed community education campaigns, provided youth and student education and even prevented tobacco sponsorship in their area. Recently the partnership was awarded funding for a youth special project through Oklahoma Commission on Children and Youth which will allow the coalition to send area youth to the 2 Much 2 Lose Training and bring the underage drinking initiative back to area schools. They have held town hall meetings and are working on passing the Social Host Ordinance to prevent underage drinking. The coalition is currently partnering with the Department of Mental Health and Substance Abuse Services to implement a Methamphetamine Prevention Grant and have started Too Good For Drugs curriculum in three schools in the county. Through the Meth Prevention Project they have seen many new partners and sectors of the community become involved in the coalition's efforts.

Partnership for Change continues to improve the health of the area through a strong and dedicated coalition challenged to make a difference.

### Key Activities

- Alcohol Tobacco and Other Drugs prevention activities
- Tobacco control
- Media campaigns
- Methamphetamine prevention activities
- Girl Power and Wise Guys Conference



# comanche county

## COMANCHE COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.6	C
TOTAL (RATE PER 100,000)	952.1	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	272.0	F
CANCER	214.3	F
STROKE	57.9	F
CHRONIC LOWER RESPIRATORY DISEASE	71.8	F
UNINTENTIONAL INJURY	41.7	C
DIABETES	35.5	F
INFLUENZA/PNEUMONIA	30.4	F
ALZHEIMER'S DISEASE	21.8	C
NEPHRITIS (KIDNEY DISEASE)	14.1	C
SUICIDE	12.7	C

### DISEASE

DIABETES PREVALENCE	9.9%	D
ASTHMA PREVALENCE	8.3%	C
CANCER INCIDENCE (RATE PER 100,000)	466.4	C

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	15.1%	F
NO PHYSICAL ACTIVITY	30.7%	F
SMOKING	27.5%	F
OBESITY	27.8%	D
IMMUNIZATIONS < 3 YEARS	79.9%	C
SENIORS FLU VACCINATION	73.0%	C
SENIORS PNEUMONIA VACCINATION	71.1%	B
LIMITED ACTIVITY DAYS (AVG)	5.5	D
POOR MENTAL HEALTH DAYS (AVG)	4.0	F
POOR PHYSICAL HEALTH DAYS (AVG)	3.9	B
GOOD OR BETTER HEALTH RATING	82.5%	D
TEEN FERTILITY (RATE PER 1,000)	28.0	D
FIRST TRIMESTER PRENATAL CARE	83.2%	C
LOW BIRTH WEIGHT	8.5%	C
ADULT DENTAL VISITS	68.7%	C
USUAL SOURCE OF CARE	76.2%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	16.1%	C
POVERTY	17.6%	F

## Fit Kids of Southwest Oklahoma

### Coalition Priorities

- Physical activity
- Healthy eating

### About Us

Childhood obesity is the greatest health threat facing our children and arguably our state today. The fact that the Centers for Disease Control and Prevention and other leading health experts predict that this generation of children will be the first that will *not* outlive their parents due to the health implications of obesity is deplorable. This profound statement is the driving force behind the Southwest Oklahoma Fit Kids Coalition. In fact, their motto follows that statement with “not OUR kids!” Fit Kids of Southwest Oklahoma, originally Lawton Fit Kids, was developed in 2005 to serve as a coordinating organization in an effort to create a more active and healthy community for children. As the name indicates, the focus of Fit Kids is children but they realized that they must develop and grow an active and healthy community for all persons. Southwest Oklahoma Fit Kids has taken a comprehensive approach to reaching families where they live, work, and learn. Southwest Oklahoma Fit Kids promotes the idea of creating a community-based participatory process to improving community life. A pilot study is currently in progress in ten elementary schools.

### Key Activities

- \$100,000 MacMahon Foundation Grant (for school fitness)
- Alliance for a Healthier Generation Initiative (AHG)
- Implemented Beat the Track
- Implemented Farm to School
- Safe Routes to School and Walking School Bus
- Intramural sports for middle school and high school students
- 6th hour PE offered at YMCA
- Kids in the Kitchen
- WALK (Wellness And Lawton's Kids)
- PLAY (Preventive Lifestyles for Active Youth)
- Super Kid's Marathon
- Spirit of Survival Marathon
- Miracle League Fields
- Fitness Trailway through the wildlife refuge
- Accessible Communities Model City Project
- Commanding General's Walk /Run Challenge: Western Miles
- Civilian Health Improvement Program



## cotton county

### COTTON COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	1016.8	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	325.9	F
CANCER	193.9	D
STROKE	49.0	C
CHRONIC LOWER RESPIRATORY DISEASE	48.2	D
UNINTENTIONAL INJURY	91.5	F
DIABETES	39.3	F
INFLUENZA/PNEUMONIA	-	
ALZHEIMER'S DISEASE	19.2	B
NEPHRITIS (KIDNEY DISEASE)	-	
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	398.1	A

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	-	
SMOKING	-	
OBESITY	-	
IMMUNIZATIONS < 3 YEARS	77.6%	D
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	4.9	C
POOR MENTAL HEALTH DAYS (AVG)	2.3	A
POOR PHYSICAL HEALTH DAYS (AVG)	5.3	F
GOOD OR BETTER HEALTH RATING	-	
TEEN FERTILITY (RATE PER 1,000)	20.2	C
FIRST TRIMESTER PRENATAL CARE	90.3%	B
LOW BIRTH WEIGHT	9.3%	D
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	-	

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	-	
POVERTY	18.0%	F

### Cotton County

Cotton County's performance on the health indicators presented in this document were mixed. Cotton County performed better than the state in some areas and worse than the state in others.

The rate of mortality from all causes was approximately 6 percent higher for Cotton County residents than for all Oklahomans. Approximately 25 percent more deaths in Cotton County were attributable to heart disease compared to deaths that occurred across the state. Mortality resulting from unintentional injury was the third leading cause of death in Cotton County, with a mortality rate that was 64 percent higher than Oklahoma's rate. Mortality rates due to stroke, chronic lower respiratory disease, and Alzheimer's disease were lower among Cotton County residents compared to all Oklahomans.

Cotton County residents experienced fewer limited activity and poor mental health days than others across the state. However, they endured more physically unhealthy days than other Oklahomans. More than 90 percent of women received adequate prenatal care, which is 17 percent more women than those who seek adequate care across the state. Unfortunately, more infants were born with low birth weight in Cotton County compared to all infants born in Oklahoma.



## craig county

### CRAIG COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	6.4	C
TOTAL (RATE PER 100,000)	1013.2	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	311.8	F
CANCER	193.7	D
STROKE	45.2	C
CHRONIC LOWER RESPIRATORY DISEASE	43.4	C
UNINTENTIONAL INJURY	65.6	F
DIABETES	34.7	F
INFLUENZA/PNEUMONIA	33.4	F
ALZHEIMER'S DISEASE	18.2	B
NEPHRITIS (KIDNEY DISEASE)	26.5	F
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	6.8%	B
ASTHMA PREVALENCE	8.6%	C
CANCER INCIDENCE (RATE PER 100,000)	532.3	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	12.8%	F
NO PHYSICAL ACTIVITY	31.0%	F
SMOKING	22.8%	D
OBESITY	27.8%	D
IMMUNIZATIONS < 3 YEARS	84.2%	B
SENIORS FLU VACCINATION	73.4%	C
SENIORS PNEUMONIA VACCINATION	64.1%	D
LIMITED ACTIVITY DAYS (AVG)	7.0	F
POOR MENTAL HEALTH DAYS (AVG)	3.2	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.9	D
GOOD OR BETTER HEALTH RATING	78.5%	F
TEEN FERTILITY (RATE PER 1,000)	24.3	C
FIRST TRIMESTER PRENATAL CARE	74.3%	F
LOW BIRTH WEIGHT	10.1%	D
ADULT DENTAL VISITS	58.5%	F
USUAL SOURCE OF CARE	82.1%	C

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	24.1%	F
POVERTY	16.1%	D

## Craig County Community Partnership

### Coalition Priorities

- Mental health and substance abuse
- Access to children's health
- Physical fitness and nutrition

### About Us

Alcohol use by underage drinkers is a persistent public health problem in the United States, and alcohol is the most commonly used drug among adolescents. That is why every year Craig County Community Partnership (CCCP) puts together educational and promotional events for youth like the Alcohol Reality Day in April and Red Ribbon Week in October. Since 2007, CCCP started the Get Moving Day Camp, a camp provided to students with disabilities that teaches nutrition, physical activity, and substance abuse prevention. After several clothing sale fundraisers, the children's free clinic opened. A group that spun off of CCCP started an adult free clinic, and had its grand opening on September 25, 2008.

### Key Activities

- Red Ribbon Week
- Supporting After Prom committee
- 2 Much 2 Lose Camp(s)
- Free children's clinic
- Make a Difference project
- Drug prevention education
- Alcohol Reality Day
- Prescription Drug Dump Day
- Craig County Junior Coalition
- Calf Fry Family Day
- Underage drinking town hall meeting
- Lights on For Life
- March Against Meth
- Get Moving day camp
- Neighborhood Watch cards
- Craig County adult clinic
- National Family Day to promote families eating together



## creek county

### CREEK COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	8.6	D
TOTAL (RATE PER 100,000)	984.4	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	260.5	D
CANCER	214.2	F
STROKE	56.2	D
CHRONIC LOWER RESPIRATORY DISEASE	62.9	F
UNINTENTIONAL INJURY	66.9	F
DIABETES	37.7	F
INFLUENZA/PNEUMONIA	15.9	B
ALZHEIMER'S DISEASE	37.5	F
NEPHRITIS (KIDNEY DISEASE)	15.8	C
SUICIDE	20.9	F

#### DISEASE

DIABETES PREVALENCE	8.5%	C
ASTHMA PREVALENCE	12.0%	F
CANCER INCIDENCE (RATE PER 100,000)	494.9	D

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	12.4%	F
NO PHYSICAL ACTIVITY	28.5%	F
SMOKING	22.0%	D
OBESITY	28.2%	D
IMMUNIZATIONS < 3 YEARS	72.1%	F
SENIORS FLU VACCINATION	68.4%	D
SENIORS PNEUMONIA VACCINATION	63.2%	D
LIMITED ACTIVITY DAYS (AVG)	5.3	C
POOR MENTAL HEALTH DAYS (AVG)	4.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.4	C
GOOD OR BETTER HEALTH RATING	79.8%	F
TEEN FERTILITY (RATE PER 1,000)	24.0	C
FIRST TRIMESTER PRENATAL CARE	71.5%	F
LOW BIRTH WEIGHT	7.6%	C
ADULT DENTAL VISITS	56.6%	F
USUAL SOURCE OF CARE	84.4%	B

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	19.8%	D
POVERTY	13.0%	C

## Bristow Community Health Improvement Project

### Coalition Priorities

- Physical fitness and nutrition
- Tobacco prevention
- Substance abuse prevention
- Access to health care
- After school programming

### About Us

Bristow Community Health Improvement Project (CHIP) continues to put on the Wildflower Run annually. However, each year has allowed them opportunities to partner with other festivities. In 2008, the Wildflower Run will be the ending celebration of the Seven Healthy Habits of Bristow. CHIP is working on a monthly campaign promoting the seven healthy habits including Pure Air (Tobacco Prevention), Sunlight (vitamin D and skin cancer awareness), Rest (right amount of sleep), Exercise, Water, Proper Diet and Spirituality.

Each month has a word that is displayed in the Bristow newspaper, on the radio, and around the town. The public schools and community are involved in mini projects promoting the healthy habit of the month. CHIP is also hosting a health fair explaining and educating the community on the seven healthy habits. It is seven natural remedies to health... inexpensive... easy... excellent health.

### Key Activities

- Wildflower Run
- Seven Healthy Habits
- Game On
- Free clinic
- Habitat for Humanity
- HPV clinics



## custer county

### CUSTER COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	4.8	B
TOTAL (RATE PER 100,000)	947.3	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	285.2	F
CANCER	172.0	B
STROKE	41.9	B
CHRONIC LOWER RESPIRATORY DISEASE	55.6	D
UNINTENTIONAL INJURY	44.5	D
DIABETES	42.8	F
INFLUENZA/PNEUMONIA	30.0	F
ALZHEIMER'S DISEASE	29.9	D
NEPHRITIS (KIDNEY DISEASE)	17.8	D
SUICIDE	15.2	D

#### DISEASE

DIABETES PREVALENCE	11.7%	F
ASTHMA PREVALENCE	8.4%	C
CANCER INCIDENCE (RATE PER 100,000)	488.7	D

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	17.6%	F
NO PHYSICAL ACTIVITY	25.2%	D
SMOKING	18.9%	C
OBESITY	28.3%	D
IMMUNIZATIONS < 3 YEARS	76.1%	D
SENIORS FLU VACCINATION	73.4%	C
SENIORS PNEUMONIA VACCINATION	71.7%	B
LIMITED ACTIVITY DAYS (AVG)	4.1	B
POOR MENTAL HEALTH DAYS (AVG)	3.4	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.0	C
GOOD OR BETTER HEALTH RATING	83.3%	C
TEEN FERTILITY (RATE PER 1,000)	34.2	F
FIRST TRIMESTER PRENATAL CARE	79.1%	D
LOW BIRTH WEIGHT	7.5%	B
ADULT DENTAL VISITS	62.7%	D
USUAL SOURCE OF CARE	85.4%	B

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	20.1%	D
POVERTY	20.2%	F

## Custer-Washita Health Action Team

### Coalition Priorities

“Creating partnerships to educate, support, and empower communities to promote healthy lifestyles.”

### About Us

Custer-Washita Health Action Team (C-WHAT) began meeting as one group in 2006. C-WHAT is a combination of Custer-Washita Systems of Care, Project Pickett Fences, and the Community Coalition. Although all three movements had different goals, they all had the same vision: to strengthen the community. Together the coalitions have grown by leaps and bounds to include several other agencies and persons not previously connected to any of these groups. Coalition members have developed plans to improve the health of Custer and Washita counties. Many of the strategies are focused on children and infrastructure. Due to the high rates of meth use in Washita County, C-WHAT in partnership with the City of Cordell received a three-year Meth Prevention grant through the Department of Mental Health and Substance Abuse Services for Washita County. After a long assessment process, the coalition decided to implement the “Too Good for Drugs” curricula in all Washita County schools.

### Key Activities

- Compliance checks throughout each county
- Educated city council and community on Social Host Ordinance
- Assessment and implementation of the meth grant, funded by the Department of Mental Health and Substance Abuse Services
- C-WHAT members went door-to-door to over 9,000 homes to educate on Social Host Ordinance and hotline number to report underage drinking in Clinton and Weatherford
- Media campaign for Meth Prevention grant
- Action plans developed from Custer County and Washita County youth listening conferences
- Driving force in effort to bring Big Brothers Big Sisters to Custer County



# delaware county

## DELAWARE COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	4.8	B
TOTAL (RATE PER 100,000)	883.0	D

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	274.2	F
CANCER	184.6	C
STROKE	46.9	C
CHRONIC LOWER RESPIRATORY DISEASE	48.6	D
UNINTENTIONAL INJURY	68.5	F
DIABETES	30.7	D
INFLUENZA/PNEUMONIA	16.3	B
ALZHEIMER'S DISEASE	19.6	B
NEPHRITIS (KIDNEY DISEASE)	14.9	C
SUICIDE	14.4	D

### DISEASE

DIABETES PREVALENCE	10.4%	F
ASTHMA PREVALENCE	6.8%	A
CANCER INCIDENCE (RATE PER 100,000)	494.6	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	14.7%	F
NO PHYSICAL ACTIVITY	35.2%	F
SMOKING	26.9%	F
OBESITY	28.1%	D
IMMUNIZATIONS < 3 YEARS	80.7%	C
SENIORS FLU VACCINATION	75.4%	B
SENIORS PNEUMONIA VACCINATION	73.4%	A
LIMITED ACTIVITY DAYS (AVG)	6.8	F
POOR MENTAL HEALTH DAYS (AVG)	4.4	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.1	D
GOOD OR BETTER HEALTH RATING	76.0%	F
TEEN FERTILITY (RATE PER 1,000)	27.3	D
FIRST TRIMESTER PRENATAL CARE	76.5%	D
LOW BIRTH WEIGHT	8.0%	C
ADULT DENTAL VISITS	54.9%	F
USUAL SOURCE OF CARE	84.4%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	18.2%	D
POVERTY	19.1%	F

## Delaware County Community Partnership

### Coalition Priorities

- Alcohol use among teens
- Meth use in the community
- Teen sexual activity
- Obesity among youth
- More youth activities

### About Us

The Delaware County Community Partnership (DCCP) is a comprehensive interactive involvement of organizations and individuals, as representative of the county as possible. DCCP is dedicated to improving the quality of life for the people of Delaware County by encouraging healthy attitudes and behaviors aimed at the prevention of illegal drug use and alcohol/substance abuse and other destructive behaviors, including, but not limited to, physical and sexual abuse. DCCP had their first town hall meeting on underage drinking, and it was a huge success. They had Triple Cross Ministry demonstrate their horse therapy program. The health department and OSU Extension started the YMCA garden in their CATCH program. After the youth planted their garden, they took what they could pick from the garden (and supplemented the rest) to make fresh salsa on a day they were discussing ways to consume more fruits and vegetables.

### Key Activities

- Underage drinking awareness town hall meeting
- Look Before You Leap
- Car Seats for Healthy Families
- 2M2L (2 Much 2 Lose) camp



## dewey county

### DEWEY COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	1027.9	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	217.1	C
CANCER	210.1	F
STROKE	47.3	C
CHRONIC LOWER RESPIRATORY DISEASE	108.2	F
UNINTENTIONAL INJURY	73.5	F
DIABETES	30.2	D
INFLUENZA/PNEUMONIA	18.2	B
ALZHEIMER'S DISEASE	34.2	F
NEPHRITIS (KIDNEY DISEASE)	-	
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	425.0	B

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	35.7%	F
SMOKING	20.0%	C
OBESITY	20.1%	A
IMMUNIZATIONS < 3 YEARS	84.6%	B
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	5.7	D
POOR MENTAL HEALTH DAYS (AVG)	2.3	A
POOR PHYSICAL HEALTH DAYS (AVG)	4.4	C
GOOD OR BETTER HEALTH RATING	82.8%	D
TEEN FERTILITY (RATE PER 1,000)	15.2	B
FIRST TRIMESTER PRENATAL CARE	66.1%	F
LOW BIRTH WEIGHT	4.4%	A
ADULT DENTAL VISITS	61.0%	F
USUAL SOURCE OF CARE	80.9%	C

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	26.6%	F
POVERTY	14.1%	D

### Dewey County

Dewey County's performance on the health indicators presented in this document were mixed. Dewey County performed better than the state in some areas and worse than the state in others.

The rate of mortality from all causes was almost 8 percent higher for Dewey County residents than for all Oklahomans. While mortality rates attributed to heart disease, stroke, and influenza/pneumonia were lower among Dewey County residents, rates attributed to some of the other leading causes of death were higher. The most notable difference is the rate of chronic lower respiratory disease mortality, which was 73 percent higher among Dewey County residents than residents of the state as a whole.

Outcomes for engaging in healthy behaviors among Dewey County residents were relatively better than outcomes for all Oklahomans, with a few exceptions.

Dewey County had fewer smokers and obese individuals compared to the state as a whole. There were also 89 percent fewer low birth weight infants. However, a larger proportion of Dewey County residents were physically inactive, and fewer women received adequate prenatal care during pregnancy. While the poverty rate in Dewey County was similar to the state's poverty rate, more of the county's residents were without health insurance.



## ellis county

### ELLIS COUNTY

(MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	833.9	C

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	234.3	D
CANCER	132.0	A
STROKE	43.9	C
CHRONIC LOWER RESPIRATORY DISEASE	75.3	F
UNINTENTIONAL INJURY	86.4	F
DIABETES	56.7	F
INFLUENZA/PNEUMONIA	-	
ALZHEIMER'S DISEASE	17.0	B
NEPHRITIS (KIDNEY DISEASE)	-	
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	376.8	A

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	-	
SMOKING	-	
OBESITY	-	
IMMUNIZATIONS < 3 YEARS	72.3%	F
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	2.8	B
POOR PHYSICAL HEALTH DAYS (AVG)	4.4	C
GOOD OR BETTER HEALTH RATING	-	
TEEN FERTILITY (RATE PER 1,000)	14.5%	B
FIRST TRIMESTER PRENATAL CARE	71.6%	F
LOW BIRTH WEIGHT	5.4%	A
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	-	

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	-	
POVERTY	12.9%	C

### Ellis County

Ellis County's performance on many of the health indicators presented in this document were mixed. Because Ellis County consists of a small population, and because some events occurred infrequently, reliable rates could not be produced for some indicators.

The rate of mortality from all causes was 14 percent lower for Ellis County residents than for all Oklahomans. This was due in part to the 50 percent lower rate of cancer deaths and the 38 percent lower rate of Alzheimer's disease deaths. Unintentional injury was actually the third leading cause of death in Ellis County, with a rate 55 percent higher than the state rate. Also notable is that the diabetes mortality was 87 percent higher in Ellis County compared to the state's rate.

Many of the health behavior indicators were not able to be reliably determined, and outcomes for those that were determined were generally similar or better than the state's outcomes. Ellis County had a smaller proportion of low birth weight infants and a teen fertility rate that was approximately half of the state's rate. However, fewer children under the age of three years had received their recommended immunizations and fewer women had received adequate prenatal care during pregnancy compared to state residents.



## garfield county

### GARFIELD COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	10.4	F
TOTAL (RATE PER 100,000)	939.4	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	238.0	D
CANCER	195.9	D
STROKE	69.5	F
CHRONIC LOWER RESPIRATORY DISEASE	58.2	F
UNINTENTIONAL INJURY	52.5	D
DIABETES	32.4	F
INFLUENZA/PNEUMONIA	22.1	C
ALZHEIMER'S DISEASE	19.7	B
NEPHRITIS (KIDNEY DISEASE)	17.7	D
SUICIDE	11.9	C

#### DISEASE

DIABETES PREVALENCE	7.6%	C
ASTHMA PREVALENCE	7.2%	B
CANCER INCIDENCE (RATE PER 100,000)	472.6	D

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	15.3%	F
NO PHYSICAL ACTIVITY	30.0%	F
SMOKING	26.5%	F
OBESITY	27.7%	C
IMMUNIZATIONS < 3 YEARS	82.5%	B
SENIORS FLU VACCINATION	72.3%	C
SENIORS PNEUMONIA VACCINATION	70.3%	B
LIMITED ACTIVITY DAYS (AVG)	6.6	F
POOR MENTAL HEALTH DAYS (AVG)	3.9	D
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	C
GOOD OR BETTER HEALTH RATING	82.7%	D
TEEN FERTILITY (RATE PER 1,000)	27.6	D
FIRST TRIMESTER PRENATAL CARE	69.3%	F
LOW BIRTH WEIGHT	8.0%	C
ADULT DENTAL VISITS	60.3%	F
USUAL SOURCE OF CARE	78.8%	C

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	24.5%	F
POVERTY	14.0%	D

### Health Planning Committee (Enid Metro Commission)

#### Coalition Priorities

- Physical activity
- Nutrition
- Access to health care

#### About Us

The Enid Metropolitan Human Service Commission's Health Planning Committee is affiliated with Turning Point and includes a diverse representation of stakeholders who are dedicated to making a difference in the health of their community.

Since Enid is one of the larger cities in Oklahoma, the Certified Healthy Business certification has been promoted to many businesses and plans are in place to reach out to workplaces interested in improving the wellness of their employees. Local health department staff have been trained on the Strong and Healthy Oklahoma "Make it Your Business" Toolkits and will provide the training free of charge.

One initiative that has been embraced by many local businesses and promoted to their employees is Walk this Weigh, a six-week walking program. They just completed their second year and over 800 people participated. Generous sponsors allowed the committee to give away wonderful prizes to those who participated.

#### Key Activities

- Kick-off for Walk this Weigh at Enid's downtown square
- Promoted Certified Healthy Business
- Created posters to promote healthy eating for Enid schools and area businesses
- Promoted Insure Oklahoma to area organizations



## garvin county

### GARVIN COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	8.4	D
TOTAL (RATE PER 100,000)	1030.8	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	248.1	D
CANCER	195.2	D
STROKE	73.0	F
CHRONIC LOWER RESPIRATORY DISEASE	69.7	F
UNINTENTIONAL INJURY	85.5	F
DIABETES	27.5	D
INFLUENZA/PNEUMONIA	20.4	C
ALZHEIMER'S DISEASE	25.2	C
NEPHRITIS (KIDNEY DISEASE)	16.9	D
SUICIDE	29.6	F

#### DISEASE

DIABETES PREVALENCE	12.3%	F
ASTHMA PREVALENCE	9.5%	D
CANCER INCIDENCE (RATE PER 100,000)	532.5	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	6.9%	F
NO PHYSICAL ACTIVITY	33.9%	F
SMOKING	31.4%	F
OBESITY	26.6%	C
IMMUNIZATIONS < 3 YEARS	84.1%	B
SENIORS FLU VACCINATION	80.5%	A
SENIORS PNEUMONIA VACCINATION	74.7%	A
LIMITED ACTIVITY DAYS (AVG)	5.6	D
POOR MENTAL HEALTH DAYS (AVG)	5.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.5	F
GOOD OR BETTER HEALTH RATING	73.0%	F
TEEN FERTILITY (RATE PER 1,000)	23.8	C
FIRST TRIMESTER PRENATAL CARE	78.3%	D
LOW BIRTH WEIGHT	8.3%	C
ADULT DENTAL VISITS	47.5%	F
USUAL SOURCE OF CARE	81.8%	C

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	22.9%	F
POVERTY	16.6%	D

## Garvin County Safe and Healthy Students Consortium

### Coalition Priorities

- Provide a safe and healthy atmosphere for the community
- Improve communication with parents and community

### About Us

The Garvin County Safe and Healthy Students Consortium, composed of three Garvin County school districts, Elmore City-Pernell, Stratford, and Wynnewood, began in the fall of 2005 when the superintendents of the three schools decided to band together in order to apply for large federal grants.

The consortium received the "Secondary and Elementary School Counseling Grant" in the amount of \$346,159 per year. The grant provides for elementary counselors for each of the consortium schools, positions none of the schools could previously afford. The grant also provides for school-based social workers for each of the schools and a grant facilitator to oversee the grant functions. This grant has been extremely beneficial to the schools and consortium communities as it provided much needed curriculum and training for both teachers and community members. Now in the third year of this grant, the consortium is seeing major results in the areas of truancy reduction and bullying prevention, as well as improved communication with parents and community. In June of 2008, the consortium received notification from its congressman that it had been selected to receive an Alcohol Abuse Reduction Grant from the U.S. Department of Education, a three-year grant in the amount of \$347,432 per year. The Garvin County Safe and Healthy Students Consortium was the only Oklahoma entity to receive this federal grant. This grant provides for Safe School Officers for each of the consortium schools and a Grant Director to oversee the application of the grant and trainings.

### Key Activities

- Bullying prevention
- Underage drinking prevention
- Truancy reduction



# grady county

## GRADY COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.8	C
TOTAL (RATE PER 100,000)	1014.6	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	317.6	F
CANCER	221.8	F
STROKE	40.0	B
CHRONIC LOWER RESPIRATORY DISEASE	61.5	F
UNINTENTIONAL INJURY	61.1	F
DIABETES	41.0	F
INFLUENZA/PNEUMONIA	17.3	B
ALZHEIMER'S DISEASE	30.7	D
NEPHRITIS (KIDNEY DISEASE)	15.3	C
SUICIDE	10.2	C

### DISEASE

DIABETES PREVALENCE	7.3%	C
ASTHMA PREVALENCE	11.1%	F
CANCER INCIDENCE (RATE PER 100,000)	464.8	C

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	11.0%	F
NO PHYSICAL ACTIVITY	25.7%	D
SMOKING	21.1%	C
OBESITY	29.2%	D
IMMUNIZATIONS < 3 YEARS	76.6%	D
SENIORS FLU VACCINATION	77.3%	B
SENIORS PNEUMONIA VACCINATION	75.2%	A
LIMITED ACTIVITY DAYS (AVG)	5.1	C
POOR MENTAL HEALTH DAYS (AVG)	3.5	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.4	C
GOOD OR BETTER HEALTH RATING	83.5%	C
TEEN FERTILITY (RATE PER 1,000)	22.0	C
FIRST TRIMESTER PRENATAL CARE	85.1%	C
LOW BIRTH WEIGHT	9.3%	D
ADULT DENTAL VISITS	54.9%	F
USUAL SOURCE OF CARE	73.9%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	20.8%	F
POVERTY	16.6%	D

## Interagency and Community Coalition

### Coalition Priorities

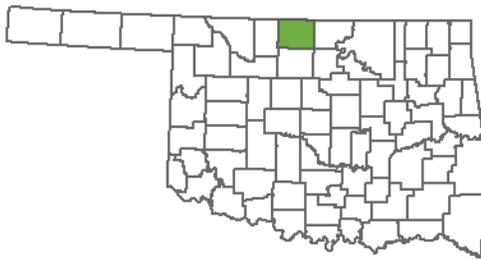
- Improve quality of life for all residents
- Promote healthy lifestyles
- Work through government, private citizens, business, and social service agencies

### About Us

The Interagency and Community Coalition has worked on several activities over the past year. The main focus for the coalition this year was the Health Fair. At the Health Fair and Forum there were approximately 100 attendees from the community. The coalition is in the process of creating a community resource guide for local businesses. Each member of the coalition is doing his or her part to help out with the resource guide. The coalition has worked on educating the public about Insure Oklahoma. The coalition has also started working on underage drinking prevention education, and is working towards getting the social host ordinance passed in Grady County. The coalition has partnered with the systems of care coalition to help serve the families in need. The coalition is also a big supporter of the Oklahoma Certified Healthy Business program and encourages local businesses to apply.

### Key Activities

- Grady County Health and Resource Fair in Chickasha
- Child safety seat checkup
- Child abuse prevention
- Underage drinking prevention education
- Tobacco education prevention
- Community resource guide



## grant county

### GRANT COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	12.7	F
TOTAL (RATE PER 100,000)	873.9	D

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	212.5	C
CANCER	186.7	C
STROKE	51.0	D
CHRONIC LOWER RESPIRATORY DISEASE	47.6	C
UNINTENTIONAL INJURY	75.0	F
DIABETES	41.8	F
INFLUENZA/PNEUMONIA	17.6	B
ALZHEIMER'S DISEASE	-	
NEPHRITIS (KIDNEY DISEASE)	-	
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	428.1	B

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	-	
SMOKING	-	
OBESITY	-	
IMMUNIZATIONS < 3 YEARS	83.3%	B
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	2.2	A
POOR PHYSICAL HEALTH DAYS (AVG)	2.4	A
GOOD OR BETTER HEALTH RATING	-	
TEEN FERTILITY (RATE PER 1,000)	19.6	C
FIRST TRIMESTER PRENATAL CARE	75.8%	D
LOW BIRTH WEIGHT	6.2%	B
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	-	

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	-	
POVERTY	14.6%	D

### Grant County

Grant County performed relatively well on many of the health indicators presented in this document. Because Grant County consists of a small population, and because some events occurred infrequently, reliable rates could not be produced for some indicators.

The rate of mortality from all causes was approximately nine percent lower for Grant County residents than for all Oklahomans. However, the rate of infant mortality was 55 percent higher. The mortality rate attributed to unintentional injury was much worse in Grant County than in Oklahoma as a whole, placing unintentional injury as the third leading cause of death in Grant County. Diabetes mortality was also higher in the county compared to the state.

Rates for the health behavior indicators were similar, if not better, than the state's outcomes. Grant County residents experienced fewer days in poor health. Fewer infants were born with low birth weight, and more children under the age of three years had received their recommended immunizations. Alternatively, the proportion of women who received adequate prenatal care was only slightly lower than the state's rate.



## greer county

### GREER COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	954.5	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	226.4	C
CANCER	184.3	C
STROKE	61.9	F
CHRONIC LOWER RESPIRATORY DISEASE	61.9	F
UNINTENTIONAL INJURY	55.9	F
DIABETES	27.5	D
INFLUENZA/PNEUMONIA	37.8	F
ALZHEIMER'S DISEASE	21.3	C
NEPHRITIS (KIDNEY DISEASE)	-	
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	472.8	D

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	-	
SMOKING	-	
OBESITY	-	
IMMUNIZATIONS < 3 YEARS	77.2%	D
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	3.0	B
POOR PHYSICAL HEALTH DAYS (AVG)	2.9	A
GOOD OR BETTER HEALTH RATING	-	
TEEN FERTILITY (RATE PER 1,000)	55.2	F
FIRST TRIMESTER PRENATAL CARE	82.3%	C
LOW BIRTH WEIGHT	12.4%	F
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	-	

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	-	
POVERTY	24.8%	F

## Greer County Turning Point Partnership

### Coalition Priorities

- Underage drinking
- Teen pregnancy
- Tobacco prevention
- Nutrition /physical activity

### About Us

Parents in a small, Greer county town began meeting on their own at the local public school. They were becoming increasingly alarmed at the behaviors in which they heard the youth in the community were involved. They became a Turning Point partnership in 2007.

Their initial strategies were to address underage drinking by getting the Social Host Ordinance passed in local communities. After extensive education, the towns of Granite and Mangum passed the Social Host Ordinance.

They also partnered with two other nearby counties and were awarded the Communities of Excellence grant to address the tobacco issue at the local level.

They have given true meaning to Margaret Mead's quote, "Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has."

### Key Activities

- Communities of Excellence grant
- Discussion and research on the Social Host Ordinance
- Door-to-door campaign to educate residents of the recently passed Social Host Ordinance
- Presented to city councils regarding Social Host Ordinance
- Grand opening of hiking trail and butterfly garden



## harmon county

### HARMON COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	1006.5	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	242.2	D
CANCER	196.2	D
STROKE	51.2	D
CHRONIC LOWER RESPIRATORY DISEASE	41.1	C
UNINTENTIONAL INJURY	81.8	F
DIABETES	150.6	F
INFLUENZA/PNEUMONIA	42.1	F
ALZHEIMER'S DISEASE	-	
NEPHRITIS (KIDNEY DISEASE)	25.8	F
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	427.4	B

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	-	
SMOKING	-	
OBESITY	-	
IMMUNIZATIONS < 3 YEARS	96.2%	A
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	-	
POOR PHYSICAL HEALTH DAYS (AVG)	-	
GOOD OR BETTER HEALTH RATING	-	
TEEN FERTILITY (RATE PER 1,000)	42.9	F
FIRST TRIMESTER PRENATAL CARE	81.8%	C
LOW BIRTH WEIGHT	8.6%	C
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	-	

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	-	
POVERTY	28.2%	F

## Harmon County Partners in Change

### Coalition Priorities

- Community mobilization
- Youth empowerment
- Partnership development
- Tobacco use prevention

### About Us

Harmon County held its first stakeholders meeting in October 2007. They named their coalition Harmon County Partners in Change (PIC), and continue to meet on a monthly basis.

This year Harmon County PIC was awarded a mini grant by the Wichita Mountains Prevention Network to partner with a neighboring county and host a Youth Leadership Retreat. At the retreat, youth enhanced their leadership skills, learned how industries (tobacco and alcohol) target them, how to get your message across to the media, and the importance of being engaged in their communities if they want to make a real difference. Youth also completed a high and low level ropes course.

### Key Activities

- Initial meeting with key leaders in community
- Partnered with neighboring counties to re-apply for Tobacco Settlement Endowment Trust grant
- Youth Leadership Retreat at Jacob's Ladder in Chandler
- Presented Make It Your Business information to local chamber of commerce



# harper county

## HARPER COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	1011.1	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	224.0	C
CANCER	264.1	F
STROKE	116.9	F
CHRONIC LOWER RESPIRATORY DISEASE	-	
UNINTENTIONAL INJURY	113.9	F
DIABETES	-	
INFLUENZA/PNEUMONIA	-	
ALZHEIMER'S DISEASE	-	
NEPHRITIS (KIDNEY DISEASE)	-	
SUICIDE	-	

### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	492.4	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	-	
SMOKING	-	
OBESITY	-	
IMMUNIZATIONS < 3 YEARS	86.0%	B
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	-	
POOR PHYSICAL HEALTH DAYS (AVG)	-	
GOOD OR BETTER HEALTH RATING	-	
TEEN FERTILITY (RATE PER 1,000)	20.4	C
FIRST TRIMESTER PRENATAL CARE	69.5%	F
LOW BIRTH WEIGHT	7.1%	B
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	-	

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	-	
POVERTY	10.6%	B

## Harper County Turning Point Partnership

### Coalition Priorities

- Underage drinking
- Youth access to alcohol
- Physical activity
- Senior housing

### About Us

Harper County Turning Point Partnership had great success with their initial project, the opening of a health department in their county in 2003. Harper County was one of only seven counties in Oklahoma that did not have a health department. The partnership is currently working on developing a Senior Housing Complex. The Harper County Development Authority, created to act as the governing board, meets once a month to work on the senior housing project. Plans for the complex have been approved; a developer has been secured, and is awaiting final approval of funding based on market analysis.

The youth committee's work on underage drinking continued with the Social Host Ordinance passing in both Harper County communities and an Every 15 Minutes program held at Laverne school by their 2 Much 2 Lose (2M2L) Club. Every 15 minutes a student was "killed" throughout the day and once the Grim Reaper had gotten them they could not talk the rest of the day to demonstrate that every 15 minutes someone is killed in an alcohol-related accident. An assembly was held at the end of the day and included letters written by the students' parents. The school and 2M2L Club felt that it was a great success.

### Key Activities

- Every 15 Minutes program at Laverne school
- Media campaign on underage drinking and youth access
- Met with Laverne and Buffalo town boards and community citizens on Social Host Ordinance
- Promoted 2M2L (2 Much 2 Lose) in Laverne and Buffalo schools
- Worked with community partners to apply for Safe Routes to School grant
- Implementing Body Recall classes three times per week in both communities



# haskell county

## HASKELL COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	9.8	F
TOTAL (RATE PER 100,000)	992.1	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	295.1	F
CANCER	227.2	F
STROKE	38.7	B
CHRONIC LOWER RESPIRATORY DISEASE	49.2	D
UNINTENTIONAL INJURY	95.9	F
DIABETES	26.0	C
INFLUENZA/PNEUMONIA	38.0	F
ALZHEIMER'S DISEASE	-	
NEPHRITIS (KIDNEY DISEASE)	11.8	B
SUICIDE	-	

### DISEASE

DIABETES PREVALENCE	5.3%	A
ASTHMA PREVALENCE	12.0%	F
CANCER INCIDENCE (RATE PER 100,000)	455.4	C

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	29.2%	F
SMOKING	28.5%	F
OBESITY	22.7%	B
IMMUNIZATIONS < 3 YEARS	81.0%	C
SENIORS FLU VACCINATION	72.4%	C
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	7.8	F
POOR MENTAL HEALTH DAYS (AVG)	4.9	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.3	F
GOOD OR BETTER HEALTH RATING	71.0%	F
TEEN FERTILITY (RATE PER 1,000)	38.0	F
FIRST TRIMESTER PRENATAL CARE	75.8%	D
LOW BIRTH WEIGHT	6.3%	B
ADULT DENTAL VISITS	46.5%	F
USUAL SOURCE OF CARE	86.4%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	18.6%	D
POVERTY	21.8%	F

## Haskell County Coalition

### Coalition Priorities

- Partnership development
- Provide resources and education to families
- Youth education and empowerment
- School readiness
- Underage drinking prevention

### About Us

The Haskell County Coalition is committed to improving the quality of life for everyone through efficient and effective partnerships.

Since becoming a Turning Point partnership in 2006 they have expanded the partnership to not just provide an opportunity for important community networking but provide resources and services to the county. The coalition partnered with three other county coalitions to provide a Smart Start Program for all four counties. The group also utilized School Enrichment data collected from county schools to develop an Adolescent Health Conference to meet the needs of area schools while providing youth education and empowering them to live healthy by making better choices. The coalition also partnered the 2 Much 2 Lose project to work on preventing underage drinking and passing Social Host Ordinances.

New to the coalition are the Walk This Weigh Initiative, Parent/Child Play Groups, Make It Your Business and the Back To School Round-Up. They have held monthly Walk This Weigh events through the summer and fall. The coalition partnered with local agencies to provide school supplies and promote up-to-date immunizations to school age children.

### Key Activities

- Back-to-School Round-Up
- Walk this Weigh events
- Alcohol, Tobacco and Other Drugs prevention activities
- New partners established
- Underage drinking initiatives started
- Parent and family needs addressed



## hughes county

### HUGHES COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	7.8	C
TOTAL (RATE PER 100,000)	1002.1	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	341.7	F
CANCER	217.3	F
STROKE	57.1	D
CHRONIC LOWER RESPIRATORY DISEASE	44.1	C
UNINTENTIONAL INJURY	84.1	F
DIABETES	27.1	D
INFLUENZA/PNEUMONIA	16.8	B
ALZHEIMER'S DISEASE	30.1	D
NEPHRITIS (KIDNEY DISEASE)	12.0	C
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	8.0%	C
ASTHMA PREVALENCE	2.9%	A
CANCER INCIDENCE (RATE PER 100,000)	518.3	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	28.8%	F
SMOKING	35.6%	F
OBESITY	17.7%	A
IMMUNIZATIONS < 3 YEARS	80.2%	C
SENIORS FLU VACCINATION	63.8%	F
SENIORS PNEUMONIA VACCINATION	67.2%	C
LIMITED ACTIVITY DAYS (AVG)	9.4	F
POOR MENTAL HEALTH DAYS (AVG)	4.1	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.4	C
GOOD OR BETTER HEALTH RATING	75.1%	F
TEEN FERTILITY (RATE PER 1,000)	43.3	F
FIRST TRIMESTER PRENATAL CARE	69.2%	F
LOW BIRTH WEIGHT	7.4%	B
ADULT DENTAL VISITS	47.8%	F
USUAL SOURCE OF CARE	70.3%	F

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	33.7%	F
POVERTY	27.2%	F

## Hughes County Turning Point

### Coalition Priorities

- Partnership development
- Address underage drinking
- Youth education and empowerment
- Prevention of Alcohol, Tobacco and Other Drugs (ATOD)
- Access to health care

### About Us

Since becoming a Turning Point partnership in late 2006, Hughes County Turning Point has expanded the partnership to not just provide an opportunity for important community networking but to provide resources and services to the county.

They are very dedicated to preventing tobacco, drug and alcohol use in area youth. They participated in Red Ribbon Week activities, Great American Smokeout, Alcohol Awareness Month, Kick Butts Day and World No Tobacco Day. In partnership with the John Crow IV Memorial Foundation and the Tobacco Control Program, they supported Tobacco Prevention Speaker Rick Bender presenting to hundreds of area students. The coalition sponsored a Town Hall Meeting on Underage Drinking and is working to get Social Host Ordinances passed in area cities. They also worked to support local efforts to apply for Federally Qualified Health Center (FQHC) funding and establish a clinic in Wetumka.

Though this is a young coalition they are actively working to positively impact the health of their community.

### Key Activities

- Tobacco control activities
- FQHC application support
- Alcohol, Tobacco and Other Drugs prevention activities
- Town hall meeting on underage drinking



# Jackson County

## JACKSON COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	10.2	F
TOTAL (RATE PER 100,000)	1070.5	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	311.9	F
CANCER	192.5	D
STROKE	89.8	F
CHRONIC LOWER RESPIRATORY DISEASE	67.4	F
UNINTENTIONAL INJURY	49.3	D
DIABETES	34.4	F
INFLUENZA/PNEUMONIA	24.4	D
ALZHEIMER'S DISEASE	65.3	F
NEPHRITIS (KIDNEY DISEASE)	13.9	C
SUICIDE	-	

### DISEASE

DIABETES PREVALENCE	10.6%	F
ASTHMA PREVALENCE	5.9%	A
CANCER INCIDENCE (RATE PER 100,000)	464.5	C

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	19.1%	D
NO PHYSICAL ACTIVITY	28.4%	D
SMOKING	20.9%	C
OBESITY	26.9%	C
IMMUNIZATIONS < 3 YEARS	81.3%	C
SENIORS FLU VACCINATION	70.9%	C
SENIORS PNEUMONIA VACCINATION	75.9%	A
LIMITED ACTIVITY DAYS (AVG)	8.5	F
POOR MENTAL HEALTH DAYS (AVG)	3.0	B
POOR PHYSICAL HEALTH DAYS (AVG)	4.7	D
GOOD OR BETTER HEALTH RATING	77.2%	F
TEEN FERTILITY (RATE PER 1,000)	38.4	F
FIRST TRIMESTER PRENATAL CARE	86.2%	C
LOW BIRTH WEIGHT	10.6%	F
ADULT DENTAL VISITS	67.7%	C
USUAL SOURCE OF CARE	73.3%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	18.5%	D
POVERTY	19.8%	F

## Jackson County Community Health Action Team

### Coalition Priorities

- Tobacco use prevention
- Underage drinking
- Access to healthcare
- Immunization
- Physical activity and nutrition

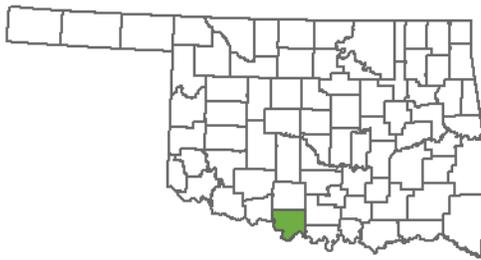
### About Us

Jackson County Community Health Action Team (JCCHAT) began meeting in 2003. JCCHAT's vision is to become one of the healthiest counties in the state by 2020, and they have had significant accomplishments over the past five years that will help them reach their vision. JCCHAT successfully advocated for the city of Altus to pass a local seatbelt ordinance, which attributed to a decrease in motor vehicle fatalities and injuries as well as a substantial increase in the seatbelt compliance rate. Other accomplishments include establishing a free health clinic, hosting community walks, 24/7 tobacco-free schools, active SWAT (Students Working Against Tobacco) teams, and educating city government to pass local tobacco ordinances such as smoke-free environment, youth access and social host.

As with most coalitions, JCCHAT has gone through ebb and flow. Last year the membership decided to begin meeting on a quarterly basis. They have found that this has not worked out as well as anticipated. Follow through with projects has declined, as has membership. They understand and respect the fact that JCCHAT members are volunteers and community coalitions require commitment. They are very appreciative of those members who have been committed to the effort from the beginning and continually look for new members and innovative ideas.

### Key Activities

- Community walks
- Free health clinic
- Strategic planning
- Operation Storefront
- Reward reminder visits
- SWAT (Students Working Against Tobacco) float for Christmas parade
- Harvest for the Hungry Food Drive
- Walking trail enhancement at the city reservoir
- Present to City Council regarding tobacco ordinance
- Youth leadership retreat (AWARE)
- Compliance checks with local police department
- Strut the Mutt, Kick the Butt, Walk this Weigh



# jefferson county

## JEFFERSON COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	1060.5	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	303.5	F
CANCER	225.4	F
STROKE	78.2	F
CHRONIC LOWER RESPIRATORY DISEASE	79.6	F
UNINTENTIONAL INJURY	65.2	F
DIABETES	62.5	F
INFLUENZA/PNEUMONIA	23.9	D
ALZHEIMER'S DISEASE	-	
NEPHRITIS (KIDNEY DISEASE)	-	
SUICIDE	-	

### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	548.5	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	-	
SMOKING	-	
OBESITY	-	
IMMUNIZATIONS < 3 YEARS	90.1%	A
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	3.4	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.6	D
GOOD OR BETTER HEALTH RATING	-	
TEEN FERTILITY (RATE PER 1,000)	46.8	F
FIRST TRIMESTER PRENATAL CARE	80.1%	D
LOW BIRTH WEIGHT	8.1%	C
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	-	

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	-	
POVERTY	22.0%	F

## Jefferson County Turning Point Partnership

### Coalition Priorities

- Positive youth development
- Nutrition and obesity
- Substance abuse
- Parental education and involvement

### About Us

The Jefferson County Board of Health is credited for the development of the countywide coalition. It was in 2006 when they began talking about the need to engage the county to address the health issues impacting the residents. The Board of Health initiated a "Call to Action" meeting and Jefferson County responded. Since that initial meeting, the Jefferson County Turning Point Coalition has met on a monthly basis to discuss the strengths and weaknesses of their county and work to reduce duplication of services.

Jefferson County is a rural county. Time after time youth have said that they need and want something to do. They feel there is nothing productive to do in their towns. After doing some brainstorming with youth, the partnership agreed to help pursue a youth recreation center. They are currently looking for a building that will be suitable for the center. The intention of opening a recreation center is to give youth a place to go where they are not pressured or tempted to engage in risky behaviors.

### Key Activities

- Developed committee to research possibility of building an activity center to promote healthy lifestyles
- Car safety seat check
- Smart Start float entry at Waurika Christmas Parade
- Coalition members were educated on topics such as underage drinking, health disparities, and parenting issues facing community members



# johnston county

## JOHNSTON COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	1051.7	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	289.0	F
CANCER	195.7	D
STROKE	32.5	A
CHRONIC LOWER RESPIRATORY DISEASE	64.6	F
UNINTENTIONAL INJURY	84.6	F
DIABETES	56.9	F
INFLUENZA/PNEUMONIA	31.4	F
ALZHEIMER'S DISEASE	25.1	C
NEPHRITIS (KIDNEY DISEASE)	25.4	F
SUICIDE	-	

### DISEASE

DIABETES PREVALENCE	8.4%	C
ASTHMA PREVALENCE	5.8%	A
CANCER INCIDENCE (RATE PER 100,000)	456.9	C

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	24.1%	C
SMOKING	23.8%	D
OBESITY	42.9%	F
IMMUNIZATIONS < 3 YEARS	81.3%	C
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	9.9	F
POOR MENTAL HEALTH DAYS (AVG)	4.6	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.4	F
GOOD OR BETTER HEALTH RATING	72.0%	F
TEEN FERTILITY (RATE PER 1,000)	38.0	F
FIRST TRIMESTER PRENATAL CARE	82.3%	C
LOW BIRTH WEIGHT	8.2%	C
ADULT DENTAL VISITS	48.8%	F
USUAL SOURCE OF CARE	84.1%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	9.9%	B
POVERTY	20.4%	F

## Tishomingo Development Team

### Coalition Priorities

- Leadership
- Community image
- Children and youth
- Public relations/tourism
- Health and wellness promotion
- Business development and expansion

### About Us

As a pilot project, OSU Extension in June 2002 offered grants to communities with limited leadership development opportunities. Local citizens conducted town meetings to determine the needs of the community. From these town meetings, a group was formed to develop a community strategic plan. This group evolved into the Tishomingo Development Team (TDT). TDT has continued to meet on a monthly basis to coordinate the efforts of identified standing committees and to conduct group business. Many accomplishments have been made in the short time TDT has existed. A long-term plan for the City of Tishomingo has been developed. This endeavor was successful by joining efforts with a task force led by Tishomingo's Landmark Bank. After the plans were complete, TDT revised the bylaws to add committees that matched the needs identified by the task force members as well as those already established by TDT to enable individuals and organizations the opportunity to support our community. TDT has become a member of the Communities Foundation of Oklahoma, a 501(c)(3) organization. Collaboration within the community and existing organizations is the key. TDT members are committed to improving the quality of health for Johnston County residents and the community in which they live.

### Key Activities

- Conducted coalition self assessment
- Beautification initiative of main street
- Conducted community needs assessment
- Johnston County youth leadership
- 4th of July Celebration - car seat installation
- Annual Kids for Kids Festival
- Oklahoma Pride (safe routes to school)
- Alfalfa Bill Bicycle Ride (arts programs)
- After school programs
- Youth Fit and Fun summer camps
- Collaboration among existing groups



# kay county

## KAY COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.8	C
TOTAL (RATE PER 100,000)	948.5	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	259.6	D
CANCER	206.5	D
STROKE	54.4	D
CHRONIC LOWER RESPIRATORY DISEASE	52.3	D
UNINTENTIONAL INJURY	64.9	F
DIABETES	41.0	F
INFLUENZA/PNEUMONIA	20.9	C
ALZHEIMER'S DISEASE	24.1	C
NEPHRITIS (KIDNEY DISEASE)	15.6	C
SUICIDE	14.3	D

### DISEASE

DIABETES PREVALENCE	12.0%	F
ASTHMA PREVALENCE	10.1%	F
CANCER INCIDENCE (RATE PER 100,000)	554.7	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	21.8%	D
NO PHYSICAL ACTIVITY	28.3%	D
SMOKING	27.0%	F
OBESITY	26.9%	C
IMMUNIZATIONS < 3 YEARS	74.5%	D
SENIORS FLU VACCINATION	71.1%	C
SENIORS PNEUMONIA VACCINATION	60.0%	F
LIMITED ACTIVITY DAYS (AVG)	4.9	C
POOR MENTAL HEALTH DAYS (AVG)	4.1	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.1	D
GOOD OR BETTER HEALTH RATING	79.2%	F
TEEN FERTILITY (RATE PER 1,000)	39.2	F
FIRST TRIMESTER PRENATAL CARE	66.0%	F
LOW BIRTH WEIGHT	7.2%	B
ADULT DENTAL VISITS	50.6%	F
USUAL SOURCE OF CARE	82.4%	C

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	21.0%	F
POVERTY	18.1%	F

## Kay County

### Coalition Priorities

- Substance abuse prevention
- Alcohol
- Injury prevention

### About Us

Kaw Nation Wellness Coalition formed in 2005, and chose to become a partner with Turning Point after attending the Turning Point Forum last December. The coalition has many active tribal members as well as partners from other organizations in Kay County. Their goal is to most effectively address the health issues in their county.

### Key Activities

- Developed newsletter through the Tribal Youth Program and Injury Prevention Program
- Created North Central Oklahoma Health Consortium with Ponca City Hospital, Blackwell Hospital, and the White Eagle Clinic as partners
- Met with Ponca City Hospital to develop Native American specific training for their leadership team



# kingfisher county

## KINGFISHER COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	897.1	D

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	253.5	D
CANCER	206.5	D
STROKE	43.1	C
CHRONIC LOWER RESPIRATORY DISEASE	58.1	F
UNINTENTIONAL INJURY	67.4	F
DIABETES	31.9	F
INFLUENZA/PNEUMONIA	36.5	F
ALZHEIMER'S DISEASE	14.6	A
NEPHRITIS (KIDNEY DISEASE)	13.4	C
SUICIDE	15.8	D

### DISEASE

DIABETES PREVALENCE	4.8%	A
ASTHMA PREVALENCE	8.4%	C
CANCER INCIDENCE (RATE PER 100,000)	488.0	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	26.3%	D
SMOKING	22.4%	D
OBESITY	33.5%	F
IMMUNIZATIONS < 3 YEARS	84.6%	B
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	4.0	B
POOR MENTAL HEALTH DAYS (AVG)	4.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	3.4	B
GOOD OR BETTER HEALTH RATING	80.2%	D
TEEN FERTILITY (RATE PER 1,000)	20.5	C
FIRST TRIMESTER PRENATAL CARE	85.4%	C
LOW BIRTH WEIGHT	6.3%	B
ADULT DENTAL VISITS	62.0%	F
USUAL SOURCE OF CARE	85.8%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	18.0%	D
POVERTY	10.4%	B

## Kingfisher Community Collaborative

### Coalition Priorities

- Positive youth development
- Parent education
- ATOD (Alcohol, Tobacco and Other Drugs)
- Nutrition and physical activity
- Counselors for schools

### About Us

Kingfisher Community Collaborative, Inc. (KCC) was initially organized in 1997 and has worked to assist schools and improve communication among the many area agencies and organizations. KCC's role in the community is always evolving based on the culture and issues impacting the county. KCC has been successful in sustaining projects that have proven outcomes and recognized those that have not. KCC is committed to building healthy families today for healthy communities tomorrow.

The KCC has a proven 10-year history of development, evidenced by increasing membership from across the county. The Kingfisher Community Collaborative is committed to the health and well-being of the youth and families of Kingfisher County. KCC values the health and well-being of Kingfisher County children and families. KCC is committed to compassionate service, integrity, a cooperative effort, and the innate worth of every individual.

### Key Activities

- March Against Meth
- Health fair and 'Game On' challenge
- Escape school for parents and children
- Systems of care
- Youth poster project 'Only Addicted to the Game'
- SWAT (Students Working Against Tobacco) and 2M2L (2 Much 2 Lose) activities
- 8<sup>th</sup> grade mini health fair
- Parent education classes/Parent University
- Fitness buddies at the elementary school
- After school programs
- SPIT It Out project
- 5<sup>th</sup> grade Chisholm Trail walking program
- 2M2L (2 Much 2 Lose) youth leadership camp
- Established Smart Start
- Coordinated school health pilot project
- Participated in International Walk to School Day
- Safe routes to school
- Diabetic walk



# kiowa county

## KIOWA COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	8.5	D
TOTAL (RATE PER 100,000)	1063.1	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	295.4	F
CANCER	205.9	D
STROKE	84.2	F
CHRONIC LOWER RESPIRATORY DISEASE	73.1	F
UNINTENTIONAL INJURY	63.2	F
DIABETES	40.7	F
INFLUENZA/PNEUMONIA	25.4	D
ALZHEIMER'S DISEASE	19.7	B
NEPHRITIS (KIDNEY DISEASE)	21.8	D
SUICIDE	-	

### DISEASE

DIABETES PREVALENCE	19.8%	F
ASTHMA PREVALENCE	7.9%	B
CANCER INCIDENCE (RATE PER 100,000)	489.6	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	25.4%	D
SMOKING	26.2%	F
OBESITY	37.1%	F
IMMUNIZATIONS < 3 YEARS	77.0%	D
SENIORS FLU VACCINATION	69.0%	D
SENIORS PNEUMONIA VACCINATION	71.2%	B
LIMITED ACTIVITY DAYS (AVG)	10.1	F
POOR MENTAL HEALTH DAYS (AVG)	4.8	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.8	D
GOOD OR BETTER HEALTH RATING	65.1%	F
TEEN FERTILITY (RATE PER 1,000)	38.1	F
FIRST TRIMESTER PRENATAL CARE	78.6%	D
LOW BIRTH WEIGHT	11.3%	F
ADULT DENTAL VISITS	53.9%	F
USUAL SOURCE OF CARE	80.0%	C

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	25.2%	F
POVERTY	20.7%	F

## Kiowa County Community Coalition

### Coalition Priorities

- Alcohol, Tobacco and Other Drugs (ATOD)
- Immunizations
- Parenting

### About Us

The Kiowa County Community Coalition began the year by reviewing and editing the existing action plan. Underage drinking and tobacco use among youth remain the primary focus. There had simply been too many tragedies and near tragedies in the community related to alcohol. Coalition partners spent much of the year educating community leaders, law enforcement, and residents of the importance of preventing underage drinking and youth tobacco use. Key to their strategies of addressing these issues were policy changes and other environmental strategies to counteract the effect ATOD is having in this rural community. They successfully advocated for the City of Hobart to pass a local Social Host Ordinance.

### Key Activities

- Reviewed and updated strategic plan
- Researched local underage drinking ordinances
- Meeting with key community leaders about passing local underage drinking ordinances
- Operation Storefront
- Youth partnered with local police to address underage drinking issue by conducting shoulder taps and compliance checks
- Incorporated parenting classes with WIC nutrition education classes
- Hosted Pfizer presentation on Chantix
- Publicly recognized the Hobart Police Department for their efforts regarding underage drinking
- Applied for year two of Communities of Excellence grant to address tobacco use



# latimer county

## LATIMER COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	14.0	F
TOTAL (RATE PER 100,000)	1028.4	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	276.3	F
CANCER	192.9	D
STROKE	28.2	A
CHRONIC LOWER RESPIRATORY DISEASE	47.0	C
UNINTENTIONAL INJURY	107.1	F
DIABETES	37.9	F
INFLUENZA/PNEUMONIA	28.5	F
ALZHEIMER'S DISEASE	24.8	C
NEPHRITIS (KIDNEY DISEASE)	28.4	F
SUICIDE	48.3	F

### DISEASE

DIABETES PREVALENCE	11.9%	F
ASTHMA PREVALENCE	8.1%	C
CANCER INCIDENCE (RATE PER 100,000)	371.1	A

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	35.7%	F
SMOKING	27.7%	F
OBESITY	44.6%	F
IMMUNIZATIONS < 3 YEARS	86.6%	A
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	8.2	F
POOR MENTAL HEALTH DAYS (AVG)	7.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	8.2	F
GOOD OR BETTER HEALTH RATING	60.7%	F
TEEN FERTILITY (RATE PER 1,000)	27.3	D
FIRST TRIMESTER PRENATAL CARE	78.0%	D
LOW BIRTH WEIGHT	5.2%	A
ADULT DENTAL VISITS	57.7%	F
USUAL SOURCE OF CARE	84.0%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	24.0%	F
POVERTY	20.2%	F

## Living in Latimer County Coalition

### Coalition Priorities

- Substance abuse prevention
- Youth and family education and enrichment
- Physical activity and nutrition
- School readiness
- Access to health care
- Community networking

### About Us

The Latimer County Coalition was established in November 2004. This group has been identified as a vehicle to create positive change in the community through effective partnerships, community networking, and accessing resources.

From sponsoring Back to School Bashes and Coalition Open House Events and participating in many community events, they have proven to be a valued community partner that is continually bringing needed resources and services to their community.

A major role of the coalition is community networking. This group strives to link services and resources to make the best of what is available in their rural area.

Living In Latimer County Coalition is working to improve the health of the families and youth of Latimer County.

### Key Activities

- Annual Back-to-School Bash
- Partnership expansion
- Coalition open house
- Smart Start initiative
- Partnership expansion
- Community networking



# lelore county

## LEFLOR COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	8.2	D
TOTAL (RATE PER 100,000)	999.5	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	267.5	F
CANCER	200.9	D
STROKE	61.4	F
CHRONIC LOWER RESPIRATORY DISEASE	55.9	D
UNINTENTIONAL INJURY	75.6	F
DIABETES	23.5	C
INFLUENZA/PNEUMONIA	38.6	F
ALZHEIMER'S DISEASE	32.8	F
NEPHRITIS (KIDNEY DISEASE)	14.4	C
SUICIDE	16.3	D

### DISEASE

DIABETES PREVALENCE	13.5%	F
ASTHMA PREVALENCE	7.6%	B
CANCER INCIDENCE (RATE PER 100,000)	480.9	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	17.4%	F
NO PHYSICAL ACTIVITY	29.7%	F
SMOKING	26.4%	F
OBESITY	35.7%	F
IMMUNIZATIONS < 3 YEARS	80.1%	C
SENIORS FLU VACCINATION	73.6%	C
SENIORS PNEUMONIA VACCINATION	68.8%	C
LIMITED ACTIVITY DAYS (AVG)	5.6	D
POOR MENTAL HEALTH DAYS (AVG)	4.8	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.6	C
GOOD OR BETTER HEALTH RATING	74.8%	F
TEEN FERTILITY (RATE PER 1,000)	35.1	F
FIRST TRIMESTER PRENATAL CARE	72.9%	F
LOW BIRTH WEIGHT	6.8%	B
ADULT DENTAL VISITS	56.3%	F
USUAL SOURCE OF CARE	77.5%	C

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	26.9%	F
POVERTY	22.8%	F

## LeFlore County Coalition for Healthy Living

### Coalition Priorities

- Law enforcement and alternatives to incarceration
- Education, prevention, and wellness
- Public relations and fund raising
- Intervention and treatment (school readiness)

### About Us

The LeFlore County Coalition for Healthy Living is a unique partnership of community organizations, agencies, mental health providers, business professionals, family members, and individuals committed to improving the quality of life for children and families residing in LeFlore County.

The Coalition is actively striving to make LeFlore County a healthier place to live through efforts including establishing a local Boys and Girls Club, drug prevention initiatives, school readiness programs, educating and empowering area youth, funding and implementing the Systems of Care program, and providing education to the community.

This county-wide coalition is working to promote healthy living for its neighbors, friends and families.

### Key Activities

- Smart Start activities
- Boys and girls club efforts
- Systems of care program implementation
- Alcohol Tobacco and Other Drugs prevention efforts
- Community mobilization
- Community education
- Access to drug and mental health treatment activities



# Lincoln county

## LINCOLN COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	9.9	F
TOTAL (RATE PER 100,000)	1002.5	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	287.3	F
CANCER	223.4	F
STROKE	61.1	F
CHRONIC LOWER RESPIRATORY DISEASE	51.3	D
UNINTENTIONAL INJURY	69.8	F
DIABETES	18.9	B
INFLUENZA/PNEUMONIA	26.7	F
ALZHEIMER'S DISEASE	22.2	C
NEPHRITIS (KIDNEY DISEASE)	21.0	D
SUICIDE	26.1	F

### DISEASE

DIABETES PREVALENCE	9.0%	D
ASTHMA PREVALENCE	11.8%	F
CANCER INCIDENCE (RATE PER 100,000)	490.8	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	17.5%	F
NO PHYSICAL ACTIVITY	34.4%	F
SMOKING	29.4%	F
OBESITY	29.9%	D
IMMUNIZATIONS < 3 YEARS	74.8%	D
SENIORS FLU VACCINATION	82.6%	A
SENIORS PNEUMONIA VACCINATION	82.5%	A
LIMITED ACTIVITY DAYS (AVG)	5.1	C
POOR MENTAL HEALTH DAYS (AVG)	4.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.2	F
GOOD OR BETTER HEALTH RATING	77.3%	F
TEEN FERTILITY (RATE PER 1,000)	20.2	C
FIRST TRIMESTER PRENATAL CARE	79.0%	D
LOW BIRTH WEIGHT	8.0%	C
ADULT DENTAL VISITS	58.2%	F
USUAL SOURCE OF CARE	82.5%	C

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	20.0%	D
POVERTY	14.6%	D

## Lincoln County Turning Point Coalitions

### Coalition Priorities

- Increase partnerships with organizations to improve the effectiveness of coalition
- Community involvement
- Drug and alcohol abuse

### About Us

*Davenport* - Received the Governors Safe and Drug Free (SADF) Schools and Communities Grant which will bring in \$20,000 a year for five years to address underage drinking and youth violence prevention. With the SADF grant they were able to pilot an after school program. Due to the proven need of the after school program, they worked with Davenport Public Schools to apply for the 21st Century Learning Grant. This grant was funded for over \$250,000 and allows Davenport to run a comprehensive after school and summer program for K-8th grade students. This spring, the coalition also held a Town Hall meeting to address underage drinking. They are now working to pass a social host ordinance in Davenport.

*Prague* - A Turning Point partner since April 2008, this coalition has put together a community needs assessment and identified alcohol and drug use as primary concerns, followed by unsafe driving. Concerns were also expressed over lack of youth programming in the community. The Prague Turning Point Coalition is working towards implementation of a social host ordinance in the Prague community, as well as working with local pharmacists in a campaign to address prescription drug abuse. Another key issue that the coalition is focusing on is bullying prevention in the schools.

*Meeker* - The Meeker coalition partnered with Turning Point in May of 2008.

### Key Activities

- Prague community health survey
- Davenport town hall meeting on underage drinking
- 'Building Champions, One Week at a Time' summer camp
- 'Building Champions' after school program
- Physical activity and nutrition in community and schools
- Substance abuse and youth violence prevention



## logan county

### LOGAN COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	8.7	D
TOTAL (RATE PER 100,000)	858.1	D

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	240.1	D
CANCER	192.8	D
STROKE	62.3	F
CHRONIC LOWER RESPIRATORY DISEASE	52.4	D
UNINTENTIONAL INJURY	45.2	D
DIABETES	21.9	B
INFLUENZA/PNEUMONIA	21.7	C
ALZHEIMER'S DISEASE	15.0	B
NEPHRITIS (KIDNEY DISEASE)	14.1	C
SUICIDE	10.0	C

#### DISEASE

DIABETES PREVALENCE	6.7%	B
ASTHMA PREVALENCE	10.6%	F
CANCER INCIDENCE (RATE PER 100,000)	427.7	B

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	10.1%	F
NO PHYSICAL ACTIVITY	31.4%	F
SMOKING	17.8%	B
OBESITY	29.5%	D
IMMUNIZATIONS < 3 YEARS	78.1%	C
SENIORS FLU VACCINATION	66.7%	D
SENIORS PNEUMONIA VACCINATION	63.3%	D
LIMITED ACTIVITY DAYS (AVG)	2.9	A
POOR MENTAL HEALTH DAYS (AVG)	3.9	D
POOR PHYSICAL HEALTH DAYS (AVG)	2.8	A
GOOD OR BETTER HEALTH RATING	83.4%	C
TEEN FERTILITY (RATE PER 1,000)	12.9	B
FIRST TRIMESTER PRENATAL CARE	88.5	B
LOW BIRTH WEIGHT	7.1%	B
ADULT DENTAL VISITS	56.1%	F
USUAL SOURCE OF CARE	81.2%	C

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	16.9%	D
POVERTY	13.0%	C

### Sooner SUCCESS/Networking Group

#### Coalition Priorities

- Physical activity and nutrition
- Early childhood issues and education
- Prevention of alcohol, tobacco, and other drug abuse

#### About Us

The Logan County Turning Point Coalition has begun to focus some of its efforts on improving the community environment for its citizens. In 2008 they worked towards the Highland Park Trails Enhancement Project. Within the past year, the citizens of Guthrie have formed a community team, the Guthrie Coffee Cruise, which leads weekly bike rides through the city of Guthrie. The Guthrie Coffee Cruise has about 15 riders. The Group rides around four miles and takes riders through downtown Guthrie, on the trails at Highland Park, and ends at the Farmers' Market in downtown Guthrie. There is a pretty diverse group of riders, from hardcore cyclists to senior citizens. One father that participates in the ride brings along his 4-year-old son who rides the whole trip on training wheels. The Mayor of Guthrie is a regular rider as well, and he supports the weekly bike rides.

Sooner SUCCESS - This coalition holds monthly meetings with featured speakers throughout the year, covering different topics that the coalition members and community members can take back to their clients or families. The Sooner SUCCESS coalition held the first ever "Touch the Trucks" Child Abuse Prevention event. This event was held in April at the Logan County Fairgrounds. Sponsors of this event were Logan County Sooner SUCCESS, Smart Start Logan County, and the Logan County Health Department.

#### Key Activities

- Weekly bike rides
- Work to improve the lives of children and their families considered at-risk
- Featured speakers
- Child abuse prevention "Touch the Trucks"
- Underage drinking prevention
- Tobacco prevention
- Working on the Social Host Ordinance



# love county

## LOVE COUNTY

(MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	868.2	D

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	185.4	B
CANCER	193.0	D
STROKE	37.1	B
CHRONIC LOWER RESPIRATORY DISEASE	68.3	F
UNINTENTIONAL INJURY	80.4	F
DIABETES	22.5	C
INFLUENZA/PNEUMONIA	50.4	F
ALZHEIMER'S DISEASE	21.0	C
NEPHRITIS (KIDNEY DISEASE)	50.5	F
SUICIDE	19.0	F

### DISEASE

DIABETES PREVALENCE	19.1%	F
ASTHMA PREVALENCE	14.7%	F
CANCER INCIDENCE (RATE PER 100,000)	480.9	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	39.4%	F
SMOKING	35.8%	F
OBESITY	30.7%	F
IMMUNIZATIONS < 3 YEARS	81.3%	C
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	-	
POOR MENTAL HEALTH DAYS (AVG)	4.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.0	F
GOOD OR BETTER HEALTH RATING	65.4%	F
TEEN FERTILITY (RATE PER 1,000)	21.2	C
FIRST TRIMESTER PRENATAL CARE	83.7%	C
LOW BIRTH WEIGHT	11.5%	F
ADULT DENTAL VISITS	54.2%	F
USUAL SOURCE OF CARE	80.6%	C

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	27.2%	F
POVERTY	14.6%	D

## Task Force on Child Abuse/Domestic Violence/ Substance Abuse Prevention/Love County Turning Point/System of Care Coalition

### Coalition Priorities

- Prevention of child abuse and domestic violence
- Substance abuse prevention and tobacco prevention
- Mental health access
- Responsible sexual behavior
- Nutrition and physical activity

### About Us

A Child Abuse Prevention Task Force that had been meeting monthly since 1991 became the Turning Point Partnership in 2002. In 2008, the group completed distribution of 10,000 telephone stickers promoting the 211 Helpline; conducted "Start Talking So They Don't Start Drinking," a county-wide Town Hall meeting on underage drinking; and celebrated passage of SB 551, the Forget-Me-Not Vehicle Safety Act. The law, which makes it illegal to leave a child under six or vulnerable adult unattended in a car, was proposed by the coalition.

### Key Activities

- Farmers market in Marietta
- 211 helpline promotion
- Love County Town Hall meeting on underage drinking
- Oklahoma Bar Association awarded a grant for domestic abuse
- Forget-Me-Not Vehicle Safety Act advocacy



## major county

### MAJOR COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	890.8	D

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	324.5	F
CANCER	180.4	C
STROKE	54.7	D
CHRONIC LOWER RESPIRATORY DISEASE	40.2	C
UNINTENTIONAL INJURY	88.8	F
DIABETES	20.8	B
INFLUENZA/PNEUMONIA	-	
ALZHEIMER'S DISEASE	-	
NEPHRITIS (KIDNEY DISEASE)	30.3	F
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	11.1%	F
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	453.9	C

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	30.7%	F
SMOKING	-	
OBESITY	34.7%	F
IMMUNIZATIONS < 3 YEARS	90.0%	A
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	3.2	A
POOR MENTAL HEALTH DAYS (AVG)	2.8	B
POOR PHYSICAL HEALTH DAYS (AVG)	3.2	A
GOOD OR BETTER HEALTH RATING	77.4%	F
TEEN FERTILITY (RATE PER 1,000)	8.5	A
FIRST TRIMESTER PRENATAL CARE	76.7%	D
LOW BIRTH WEIGHT	7.8%	C
ADULT DENTAL VISITS	55.1%	F
USUAL SOURCE OF CARE	72.4%	D

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	9.6%	B
POVERTY	11.5%	C

### Major County

Major County performed relatively well on many of the health indicators presented in this document. While Major County's rates were generally better than the Oklahoma rates for many indicators, there were some areas where the county's rates were worse than the state's rates.

The rate of mortality from all causes was only 7 percent lower for Major County residents than for all Oklahomans. Yet mortality rates attributed to heart disease and unintentional injury were much higher than rates across the state. Unintentional injury was the third leading cause of death in Major County, with a rate 60 percent higher than that of the state. Also notable is that the nephritis mortality rate was twice the state's rate, placing it as the sixth leading cause of death in the county.

Outcomes for engaging in healthy behaviors among Major County residents were mixed. More Major County residents were physically inactive and obese compared to Oklahomans. However, 90 percent of Major County children under the age of three years had received the recommended immunizations, and county residents experienced few limited activity and poor health days. Perhaps most notable is that the teen fertility rate was 230 percent lower than the state's teen fertility rate.



# marshall county

## MARSHALL COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	5.1	B
TOTAL (RATE PER 100,000)	901.9	D

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	246.2	D
CANCER	187.6	C
STROKE	62.2	F
CHRONIC LOWER RESPIRATORY DISEASE	75.3	F
UNINTENTIONAL INJURY	47.3	D
DIABETES	25.1	C
INFLUENZA/PNEUMONIA	26.8	F
ALZHEIMER'S DISEASE	16.1	B
NEPHRITIS (KIDNEY DISEASE)	7.9	B
SUICIDE	14.1	D

### DISEASE

DIABETES PREVALENCE	8.6%	C
ASTHMA PREVALENCE	4.0%	A
CANCER INCIDENCE (RATE PER 100,000)	501.9	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	43.1%	F
SMOKING	26.3%	F
OBESITY	34.3%	F
IMMUNIZATIONS < 3 YEARS	80.9%	C
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	5.5	D
POOR MENTAL HEALTH DAYS (AVG)	3.5	C
POOR PHYSICAL HEALTH DAYS (AVG)	5.8	F
GOOD OR BETTER HEALTH RATING	71.2%	F
TEEN FERTILITY (RATE PER 1,000)	35.2	F
FIRST TRIMESTER PRENATAL CARE	78.6%	D
LOW BIRTH WEIGHT	6.8%	B
ADULT DENTAL VISITS	53.2%	F
USUAL SOURCE OF CARE	76.7%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	20.6%	F
POVERTY	24.2%	F

## Marshall County Partners In Progress Community Coalition

### Coalition Priorities

- Healthy living
- Youth development
- Community safety
- Cultural diversity
- Collaboration and improvement
- Substance abuse education and intervention

### About Us

The Marshall County "Partners In Progress" community coalition was formed in the spring of 2006. Although very young in age, this community has identified leadership and developed by-laws and a strategic plan. Their membership is comprised of caring community members who work together to improve the overall quality of health and living for residents of Marshall County. Serving as a key partner within the U-Turn Consortium, this partnership is making great strides in tobacco prevention and tobacco control throughout the county. Coalition members are dedicated to providing positive experiences, guidance, and leadership for their local youth.

### Key Activities

- Coalition team building training
- Underage drinking awareness initiatives
- Town hall meeting on underage drinking
- Store Front Campaign
- Health fairs
- Health and nutrition classes (minority population)
- Community awareness booth
- Strategic planning
- Media campaigns for healthy living
- Injury prevention - car seat safety
- Expand partnership participation
- Teen pregnancy prevention programs
- SWAT (Students Working Against Tobacco)
- Tobacco prevention/tobacco control initiatives
- Drug free community - chili challenge
- Media campaign targeting BIG TOBACCO
- Health equity awareness planning
- Kick Butts Day



## mayes county

### MAYES COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	6.1	C
TOTAL (RATE PER 100,000)	908.3	D

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	255.8	D
CANCER	199.0	D
STROKE	51.1	D
CHRONIC LOWER RESPIRATORY DISEASE	52.7	D
UNINTENTIONAL INJURY	59.8	F
DIABETES	23.5	C
INFLUENZA/PNEUMONIA	24.8	D
ALZHEIMER'S DISEASE	14.6	A
NEPHRITIS (KIDNEY DISEASE)	9.5	B
SUICIDE	17.2	F

#### DISEASE

DIABETES PREVALENCE	11.7%	F
ASTHMA PREVALENCE	6.1%	A
CANCER INCIDENCE (RATE PER 100,000)	490.9	D

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	16.6%	F
NO PHYSICAL ACTIVITY	34.1%	F
SMOKING	30.7%	F
OBESITY	28.6%	D
IMMUNIZATIONS < 3 YEARS	79.4%	C
SENIORS FLU VACCINATION	79.8%	A
SENIORS PNEUMONIA VACCINATION	74.7%	A
LIMITED ACTIVITY DAYS (AVG)	5.8	D
POOR MENTAL HEALTH DAYS (AVG)	5.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.7	D
GOOD OR BETTER HEALTH RATING	75.9%	F
TEEN FERTILITY (RATE PER 1,000)	25.4	D
FIRST TRIMESTER PRENATAL CARE	80.2%	D
LOW BIRTH WEIGHT	6.9%	B
ADULT DENTAL VISITS	53.2%	F
USUAL SOURCE OF CARE	80.8%	C

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	17.6%	D
POVERTY	20.6%	F

## Mayes County HOPE

### Coalition Priorities

- Alcohol misuse among adults
- Prevention of underage substance abuse
- Nutrition and physical activity
- Prevention of unsafe sexual activity
- Tobacco use prevention

### About Us

The purpose of the Mayes County HOPE Coalition is to reduce high-risk health behaviors such as alcohol, drug and tobacco use, unsafe sexual activity, poor nutrition, and physical inactivity through education, coalition building, interventions, and other appropriate activities; thus improving the quality of life of the citizens of Mayes County.

Mayes County HOPE was one of the coalitions selected for the Cherokee Nation CAN grant. They are hiring a prevention specialist and have identified alcohol misuse among adults as their top priority from data collected.

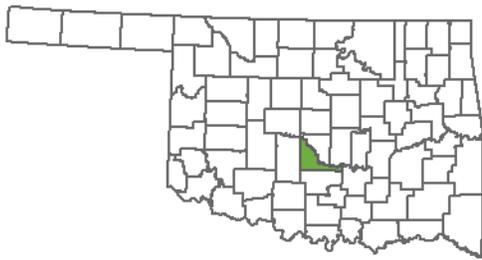
Tobacco Compliance Checks were done by Rogers, Ottawa, Craig, Mayes, Nowata, and Delaware Area Prevention Resource Center. They identified only two violations, and violators were cooperative and received appropriate education.

Mayes County youth advocate groups — the Keystoneers (with Boys and Girls Club), Thunderbird Academy, and SHIFT (with Pryor Public Schools) — are developing a youth council to work on issues such as the social host ordinance.

During their local underage drinking town hall meeting, the SHIFT group asked for the teens to stand if they knew another teen that drank or did drugs...this question's overwhelming response led to planning of the teen center.

### Key Activities

- 2M2L (2 Much 2 Lose) camp
- Walk this Weigh health fair
- Walk for diabetes with Pryor public schools
- Developing a teen center
- Underage drinking town hall meeting
- Resource council meetings - free clinic



## mcclain county

### MCCLAIN COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	8.0	D
TOTAL (RATE PER 100,000)	957.3	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	265.0	F
CANCER	225.9	F
STROKE	74.8	F
CHRONIC LOWER RESPIRATORY DISEASE	64.7	F
UNINTENTIONAL INJURY	65.3	F
DIABETES	21.1	B
INFLUENZA/PNEUMONIA	28.9	F
ALZHEIMER'S DISEASE	22.7	C
NEPHRITIS (KIDNEY DISEASE)	7.0	B
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	7.2%	B
ASTHMA PREVALENCE	5.5%	A
CANCER INCIDENCE (RATE PER 100,000)	554.4	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	17.7%	F
NO PHYSICAL ACTIVITY	24.2%	C
SMOKING	20.9%	C
OBESITY	26.2%	C
IMMUNIZATIONS < 3 YEARS	75.7%	D
SENIORS FLU VACCINATION	65.5%	F
SENIORS PNEUMONIA VACCINATION	64.5%	D
LIMITED ACTIVITY DAYS (AVG)	2.8	A
POOR MENTAL HEALTH DAYS (AVG)	2.1	A
POOR PHYSICAL HEALTH DAYS (AVG)	4.2	C
GOOD OR BETTER HEALTH RATING	84.1%	C
TEEN FERTILITY (RATE PER 1,000)	16.2	B
FIRST TRIMESTER PRENATAL CARE	84.0%	C
LOW BIRTH WEIGHT	8.6%	C
ADULT DENTAL VISITS	61.1%	F
USUAL SOURCE OF CARE	91.3%	A

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	19.6%	D
POVERTY	12.8%	C

## McClain County Turning Point Partnerships

### Coalition Priorities

- Increase partnerships with organizations to improve the effectiveness of coalition
- Improve the health and wellness of our community

### About Us

*Blanchard* – The Blanchard Community Coalition put together several focus groups in the Blanchard community to look at current perceptions of physical activity at Lion’s Park in Blanchard. The Coalition also held their 2nd annual Go Girl Go Camp for girls in 4th-8th grades, focusing on bullying prevention, physical activity, leadership, alcohol and drug prevention, and nutrition. The Coalition also put together a youth speak out, which gave the youth of Blanchard an opportunity to let leaders in the community know what is important to them. One primary focus from the youth speak out was a teen center in Blanchard. On October 31, 2008, the Blanchard Teen Center had its grand opening.

*Purcell* – The Purcell CYAP coalition became a Turning Point partner in April 2008. This coalition has worked very hard to host a Movie and Swim night every Thursday throughout the summer for kids of all ages. The Coalition has also put on various sporting events for the youth, including basketball, softball and baseball. At the end of the summer the coalition puts on an “End of Summer Bash” for the kids and their families in the Purcell area. The CYAP coalition is in the process of working very closely with community partners to obtain a Youth/Teen Center to host all their after school activities that are held by the coalition.

### Key Activities

- Blanchard Family Fun Day
- Social Host Ordinance passed in Blanchard
- Go Girl Go camp
- Youth Speak Out
- Blanchard Teen Center
- Purcell End of Summer Bash
- Purcell after school movie/swim night



# mccurtain county

## MCCURTAIN COUNTY

(MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.8	C
TOTAL (RATE PER 100,000)	1138.0	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	295.9	F
CANCER	235.4	F
STROKE	58.4	F
CHRONIC LOWER RESPIRATORY DISEASE	61.3	F
UNINTENTIONAL INJURY	105.9	F
DIABETES	52.2	F
INFLUENZA/PNEUMONIA	24.1	D
ALZHEIMER'S DISEASE	22.1	C
NEPHRITIS (KIDNEY DISEASE)	16.8	C
SUICIDE	30.9	F

### DISEASE

DIABETES PREVALENCE	9.0%	D
ASTHMA PREVALENCE	9.3%	D
CANCER INCIDENCE (RATE PER 100,000)	499.2	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	9.9%	F
NO PHYSICAL ACTIVITY	29.8%	F
SMOKING	24.0%	D
OBESITY	29.1%	D
IMMUNIZATIONS < 3 YEARS	86.2%	B
SENIORS FLU VACCINATION	58.9%	F
SENIORS PNEUMONIA VACCINATION	66.6%	C
LIMITED ACTIVITY DAYS (AVG)	7.9	F
POOR MENTAL HEALTH DAYS (AVG)	3.8	D
POOR PHYSICAL HEALTH DAYS (AVG)	6.3	F
GOOD OR BETTER HEALTH RATING	73.1%	F
TEEN FERTILITY (RATE PER 1,000)	41.0	F
FIRST TRIMESTER PRENATAL CARE	83.7%	C
LOW BIRTH WEIGHT	8.4%	C
ADULT DENTAL VISITS	50.0%	F
USUAL SOURCE OF CARE	73.9%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	28.0%	F
POVERTY	16.9%	D

## McCurtain County ~ Coalition For Change

### Coalition Priorities

- Collaboration
- Substance abuse prevention and intervention
- Youth and family education/development
- Healthy living/minority health

### About Us

The vision for the McCurtain County Coalition For Change is to have a safe and healthy community. Since its inception in 1991, membership has grown to 60 members countywide. Today the Coalition For Change has matured with many successful programs and ongoing community projects. In the past, this partnership's primary focus has been to work together to reduce alcohol and other drug problems through coordinated and committed community prevention efforts. However, current activities are expanding partnerships in an effort to address all health related and community concerns that impact citizen's quality of life. Coalition for Change currently serves as one of four pilots in Oklahoma funded to address METH use in the local community. All four pilots have participated in the development of a joint Media Campaign identified as the "FIGHT METH" Campaign. This campaign is unique in design and was most recently showcased at the Oklahoma Department of Mental Health and Substance Abuse Services' State METH Prevention Conference.

### Key Activities

- Methamphetamine prevention strategies and media campaign
- Student mentor programs
- Summer programs for youth
- Outdoor/Indoor recreation and bicycle safety
- Community walks (Walk this Weigh)
- Tobacco counter-marketing
- Tobacco ad surveys
- Youth drug free clubs
- Alcohol compliance checks
- Social Host Law promotion
- Storefront campaign
- Community clean up
- Recycling
- Community food drives
- Tobacco/Drug educational programs
- Tobacco cessation classes
- Adolescent health conference
- Too Good for Drugs and Project Alert curriculum
- 2M2L (2 Much 2 Lose) - underage drinking prevention
- Town hall meeting addressing underage drinking
- SWAT (Students Working Against Tobacco)



# mcintosh county

## MCINTOSH COUNTY

(MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	15.3	F
TOTAL (RATE PER 100,000)	950.5	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)

HEART DISEASE	292.0	F
CANCER	212.0	F
STROKE	47.3	C
CHRONIC LOWER RESPIRATORY DISEASE	56.6	D
UNINTENTIONAL INJURY	75.5	F
DIABETES	25.0	C
INFLUENZA/PNEUMONIA	17.6	B
ALZHEIMER'S DISEASE	13.0	A
NEPHRITIS (KIDNEY DISEASE)	12.0	C
SUICIDE	19.5	F

### DISEASE

DIABETES PREVALENCE	11.3%	F
ASTHMA PREVALENCE	12.5%	F
CANCER INCIDENCE (RATE PER 100,000)	496.3	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	16.4%	F
NO PHYSICAL ACTIVITY	33.8%	F
SMOKING	34.3%	F
OBESITY	26.9%	C
IMMUNIZATIONS < 3 YEARS	75.4%	D
SENIORS FLU VACCINATION	77.5%	B
SENIORS PNEUMONIA VACCINATION	67.4%	C
LIMITED ACTIVITY DAYS (AVG)	6.0	D
POOR MENTAL HEALTH DAYS (AVG)	4.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.0	D
GOOD OR BETTER HEALTH RATING	74.7%	F
TEEN FERTILITY (RATE PER 1,000)	22.8	C
FIRST TRIMESTER PRENATAL CARE	64.8%	F
LOW BIRTH WEIGHT	9.4%	D
ADULT DENTAL VISITS	55.7%	F
USUAL SOURCE OF CARE	90.4%	A

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	21.8%	F
POVERTY	15.6%	D

## McIntosh County Coalition

### Coalition Priorities

- Substance abuse prevention
- Youth education and empowerment
- Tobacco control
- Alternative youth activities
- Community mobilization
- Non-profit/service provider facility

### About Us

The McIntosh County Coalition for a Healthy Community, also known as McCoCo was established in 2001. Since being developed they have brought much needed resources to their communities, including the Drug Free Communities Grant, Oklahoma Commission on Children and Youth (OCCY) Grants, the Tobacco Control Grant, alternative activities for youth and the community, a county resource directory, and many opportunities for youth development and empowerment. This rural coalition has strived to bridge gaps and provide services and resources to the area.

Youth issues are a major priority of the group. McCoCo has always worked very hard to ensure that the youth of the community have a safe and healthy place to grow up. They offer activities such as After Prom Parties and the annual Trail of Terror to provide healthy alternatives for students. The coalition has established SWAT (Students Working Against Tobacco) teams, 2 Much 2 Lose groups, and a PRIDE Youth Coalition to provide an opportunity for students to play an active role in improving the health of their community.

McCoCo recently partnered with the OCCY to conduct a key informant survey in McIntosh County. Numerous community members were surveyed and the information was compiled into a report, which the coalition is using to create a plan to meet the needs identified by the community.

### Key Activities

- Trail of Terror
- OCCY Key Informant survey
- Alcohol Tobacco and Other Drugs (ATOD) prevention activities
- Tobacco control activities
- Strategic planning
- PRIDE projects and presentations
- Annual After Prom Party
- Town hall meeting on underage drinking



## murray county

### MURRAY COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	6.1	C
TOTAL (RATE PER 100,000)	1039.0	F

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	309.1	F
CANCER	226.5	F
STROKE	59.8	F
CHRONIC LOWER RESPIRATORY DISEASE	58.4	F
UNINTENTIONAL INJURY	74.7	F
DIABETES	56.9	F
INFLUENZA/PNEUMONIA	31.3	F
ALZHEIMER'S DISEASE	17.7	B
NEPHRITIS (KIDNEY DISEASE)	17.3	D
SUICIDE	23.2	F

#### DISEASE

DIABETES PREVALENCE	13.7%	F
ASTHMA PREVALENCE	-	
CANCER INCIDENCE (RATE PER 100,000)	547.2	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	25.8%	D
SMOKING	26.9%	F
OBESITY	18.6%	A
IMMUNIZATIONS < 3 YEARS	82.6%	B
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	4.9	C
POOR MENTAL HEALTH DAYS (AVG)	3.5	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.6	C
GOOD OR BETTER HEALTH RATING	75.6%	F
TEEN FERTILITY (RATE PER 1,000)	46.2	F
FIRST TRIMESTER PRENATAL CARE	85.7%	C
LOW BIRTH WEIGHT	9.1%	D
ADULT DENTAL VISITS	68.1%	C
USUAL SOURCE OF CARE	80.2%	C

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	15.3%	C
POVERTY	14.8%	D

## Murray County Turning Point

### Coalition Priorities

- Increase partnerships with organizations to improve the effectiveness of coalition
- Community Involvement

### About Us

*Sulphur* - People in Sulphur are invited to take back their lives — and their health! In April 2008, a local group of organizations joined forces to form a Turning Point Coalition. The local organizations that have joined forces with the Turning Point Coalition are the Main Street Organization, Arbuckle Memorial Hospital, Murray County Health Department, Chickasaw National Recreation Area, Lifestyle Center of America, and the City of Sulphur. This Turning Point Coalition has encouraged its citizens to become more involved in their community. The coalition is focused on helping the community become more aware of its environment, and to also educate and promote good eating habits, daily exercise, and to help the community become healthier. The Walk this Weigh event kick-off was a great event to get the community involved and to introduce them to the walking trail through the sidewalks of downtown Sulphur. The sidewalks are providing a flat surface to walk on that will also be lit from 5 PM to 10 PM every evening. The main street organization has provided satellite radio to be played during the evenings for the walkers. The coalition has also posted educational signs along the downtown walking trail to encourage and promote healthy living.

*Davis* - The community of Davis had its first community meeting to form a Turning Point Coalition on October 1, 2008. There are many community members in Davis who are very excited about forming this coalition. Stay tuned to Davis for upcoming events held by the Davis Turning Point Coalition.

### Key Activities

- Walk this Weigh in Sulphur
- Healthy Living Classes: Diabetes Prevention, Portion Distortion, Strong and Healthy Oklahoma, and Heart Health



# muskogee county

## MUSKOGEE COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	6.2	C
TOTAL (RATE PER 100,000)	958.3	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	267.4	F
CANCER	208.9	F
STROKE	52.7	D
CHRONIC LOWER RESPIRATORY DISEASE	67.6	F
UNINTENTIONAL INJURY	51.4	D
DIABETES	27.1	D
INFLUENZA/PNEUMONIA	16.6	B
ALZHEIMER'S DISEASE	42.0	F
NEPHRITIS (KIDNEY DISEASE)	16.1	C
SUICIDE	14.0	D

### DISEASE

DIABETES PREVALENCE	10.8%	F
ASTHMA PREVALENCE	10.1%	F
CANCER INCIDENCE (RATE PER 100,000)	537.1	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	14.3%	F
NO PHYSICAL ACTIVITY	35.6%	F
SMOKING	29.7%	F
OBESITY	29.6%	D
IMMUNIZATIONS < 3 YEARS	81.4%	C
SENIORS FLU VACCINATION	68.4%	D
SENIORS PNEUMONIA VACCINATION	65.3%	D
LIMITED ACTIVITY DAYS (AVG)	6.0	D
POOR MENTAL HEALTH DAYS (AVG)	4.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.5	F
GOOD OR BETTER HEALTH RATING	76.3%	F
TEEN FERTILITY (RATE PER 1,000)	32.5	D
FIRST TRIMESTER PRENATAL CARE	70.4%	F
LOW BIRTH WEIGHT	8.6%	C
ADULT DENTAL VISITS	55.3%	F
USUAL SOURCE OF CARE	71.6%	F

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	25.9%	F
POVERTY	19.9%	F

## Muskogee County Turning Point

### Coalition Priorities

- Tobacco control
- Physical fitness and nutrition
- Worksite wellness

### About Us

The Muskogee County Turning Point Coalition is a committed group of diverse individuals dedicated to improving the health of Muskogee County. They have three overarching goal areas: tobacco control, worksite wellness, and physical fitness and nutrition. They have had many successes in tobacco control and plan to carry that into their other goal areas.

The tobacco control committee, Muskogee Against Tobacco, has been very active and made a huge impact on not just Muskogee but Sequoyah County. From Students Working Against Tobacco, secondhand smoke initiatives, cessation, youth prevention to tobacco and the promotion of policy and system changes this committee works to reduce the burden of tobacco on community members.

Muskogee County Turning Point's newest project is the partnership to implement the City of Muskogee Wellness Initiative. This is a joint effort with the Muskogee Against Tobacco coalition, Muskogee Turning Point, the City of Muskogee and Care ATC to improve the health of their community. It is a chance to create new strategies that will help to change norms related to eating, activity and tobacco. This partnership has and will continue to make a real impact on the health and well-being of citizens from children to seniors.

### Key Activities

- Tobacco control activities
- Alcohol Tobacco and Other Drugs (ATOD) prevention activities
- Worksite Wellness promotion
- Physical fitness and nutrition promotion



# noble county

## NOBLE COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	794.8	C

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	236.1	D
CANCER	176.8	C
STROKE	27.0	A
CHRONIC LOWER RESPIRATORY DISEASE	38.1	B
UNINTENTIONAL INJURY	63.8	F
DIABETES	26.8	C
INFLUENZA/PNEUMONIA	37.0	F
ALZHEIMER'S DISEASE	22.3	C
NEPHRITIS (KIDNEY DISEASE)	11.5	B
SUICIDE	13.8	D

### DISEASE

DIABETES PREVALENCE	12.4%	F
ASTHMA PREVALENCE	10.9%	F
CANCER INCIDENCE (RATE PER 100,000)	442.3	B

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	27.6%	D
SMOKING	22.7%	D
OBESITY	22.4%	B
IMMUNIZATIONS < 3 YEARS	74.0%	F
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	4.6	C
POOR MENTAL HEALTH DAYS (AVG)	3.6	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.8	B
GOOD OR BETTER HEALTH RATING	74.9%	F
TEEN FERTILITY (RATE PER 1,000)	16.9	B
FIRST TRIMESTER PRENATAL CARE	77.8%	D
LOW BIRTH WEIGHT	5.4%	A
ADULT DENTAL VISITS	61.0%	F
USUAL SOURCE OF CARE	88.3%	A

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	23.5%	F
POVERTY	14.5%	D

## Noble County

Noble County's performance on many of the health indicators presented in this document were mixed. The county's outcomes were better than the state's for some indicators, and worse for others.

The rate of mortality from all causes was approximately 20 percent lower for Noble County residents than for all Oklahomans. The mortality rate for stroke was half of the state's rate, and the mortality rate for chronic lower respiratory disease was also significantly less than that of the state. Only the rates for unintentional injury and influenza/pneumonia deaths were higher than the state's rates.

Rates for several health behavior indicators were better in Noble County than across the state. Fewer Noble County residents were smokers, physically inactive, and obese compared to Oklahoma residents. County residents experienced fewer limited activity and poor health days than Oklahomans. The teen fertility rate and proportion of infants born with low birth weight were less than the state's corresponding rates.

While almost one in four Noble County residents was without health insurance, almost 90 percent of residents had a personal health care provider. It is also notable that although mortality due to chronic diseases was lower in the county than in the state, prevalence of diabetes and asthma were greater in Noble County than across Oklahoma as a whole.



## nowata county

### NOWATA COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	862.6	D

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	256.1	D
CANCER	185.8	C
STROKE	50.6	D
CHRONIC LOWER RESPIRATORY DISEASE	49.1	D
UNINTENTIONAL INJURY	50.5	D
DIABETES	25.4	C
INFLUENZA/PNEUMONIA	16.8	B
ALZHEIMER'S DISEASE	40.5	F
NEPHRITIS (KIDNEY DISEASE)	11.5	B
SUICIDE	14.1	D

#### DISEASE

DIABETES PREVALENCE	10.9%	F
ASTHMA PREVALENCE	11.7%	F
CANCER INCIDENCE (RATE PER 100,000)	520.2	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	13.7%	F
NO PHYSICAL ACTIVITY	32.0%	F
SMOKING	28.1%	F
OBESITY	32.9%	F
IMMUNIZATIONS < 3 YEARS	79.1%	C
SENIORS FLU VACCINATION	60.7%	F
SENIORS PNEUMONIA VACCINATION	45.9%	F
LIMITED ACTIVITY DAYS (AVG)	5.6	D
POOR MENTAL HEALTH DAYS (AVG)	3.6	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.9	B
GOOD OR BETTER HEALTH RATING	70.7%	F
TEEN FERTILITY (RATE PER 1,000)	22.4	C
FIRST TRIMESTER PRENATAL CARE	85.9%	C
LOW BIRTH WEIGHT	4.5%	A
ADULT DENTAL VISITS	56.3%	F
USUAL SOURCE OF CARE	82.0%	C

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	20.1%	D
POVERTY	15.5%	D

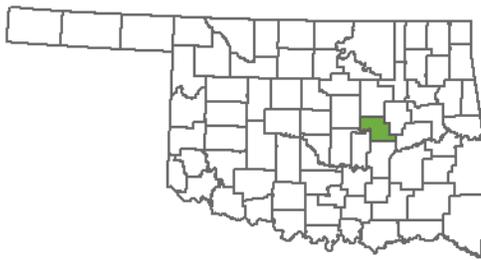
### Nowata County

Nowata County performed better than the state on many of the health indicators presented in this document. Rates for disease prevalence and for some health behaviors were worse than the state's corresponding outcomes.

The rate of mortality from all causes was approximately 10 percent lower for Nowata County residents than for all Oklahomans. Only deaths attributed to Alzheimer's disease were more prominent in the county than across the state. The Alzheimer's disease mortality rate was almost double that of the state, placing Alzheimer's disease as the sixth leading cause of death in Nowata County.

Diabetes prevalence was similar in Nowata County compared to Oklahoma, while both asthma prevalence and cancer incidence were significantly greater. Fewer county residents were consuming five daily servings of fruits and vegetables and were physically active. More county residents were obese and were smokers. Fewer seniors had received vaccinations to help ward off potentially deadly influenza and pneumonia illnesses. Alternatively, Nowata County had lower rates of teen fertility and low birth weight infants, and more women received adequate prenatal care during pregnancy compared to the Oklahoma population.

Factors that may impact the county's health status are socioeconomic status and access to healthcare. A larger percentage of individuals were living in poverty in Nowata County compared to the state as a whole. A similar proportion of Nowata County adults were without health insurance, though a slightly larger proportion had a personal health care provider.



# okfuskee county

## OKFUSKEE COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	1118.3	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	363.6	F
CANCER	227.2	F
STROKE	31.8	A
CHRONIC LOWER RESPIRATORY DISEASE	54.2	D
UNINTENTIONAL INJURY	83.9	F
DIABETES	38.2	F
INFLUENZA/PNEUMONIA	15.1	B
ALZHEIMER'S DISEASE	18.8	B
NEPHRITIS (KIDNEY DISEASE)	19.7	D
SUICIDE	-	

### DISEASE

DIABETES PREVALENCE	18.2%	F
ASTHMA PREVALENCE	7.9%	B
CANCER INCIDENCE (RATE PER 100,000)	503.8	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	47.4%	F
SMOKING	31.4%	F
OBESITY	28.0%	D
IMMUNIZATIONS < 3 YEARS	83.7%	B
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	7.1	F
POOR MENTAL HEALTH DAYS (AVG)	4.8	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.0	D
GOOD OR BETTER HEALTH RATING	75.4%	F
TEEN FERTILITY (RATE PER 1,000)	34.9	F
FIRST TRIMESTER PRENATAL CARE	76.3%	D
LOW BIRTH WEIGHT	8.0%	C
ADULT DENTAL VISITS	48.3%	F
USUAL SOURCE OF CARE	71.5%	F

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	38.8%	F
POVERTY	24.3%	F

## Okfuskee Community Partnership Board

### Coalition Priorities

- Improve the quality of life for Okfuskee County residents
- Promote physical activity and nutrition
- Increase partnerships to improve the coalition

### About Us

The Okfuskee County Community Partnership Board has been part of Turning Point since September 2007. The Okfuskee Community has supported the partnership in all of its activities. The Partnership Board has provided many activities over the past year: Town Hall meeting on Underage Drinking Prevention, Day for Youth, Family Day, Tobacco Prevention, Students Working Against Tobacco (SWAT), 2 Much 2 Lose (2M2L), Child Abuse Prevention, and Parenting Classes. The partnership board has wonderful members that come together and think outside the box to put together activities for the youth. One of the biggest events that has been done is the "Day For Youth," a one-day camp that introduces middle school kids to different activities and education topics that they wouldn't see in a normal day at home or in school. The partnership board also puts together a big day in April for Child Abuse Prevention month. One primary focus for the coalition within the next year is to get together a youth coalition in Okfuskee County. The Okfuskee County Partnership Board has wonderful participation from all of its partners.

### Key Activities

- 'Day for Youth' Camp
- SWAT (Students Working Against Tobacco), 2M2L (2 Much 2 Lose) activities
- Child abuse prevention
- HOT Car awareness day
- Parenting classes
- 24/7 policy
- Underage drinking prevention
- Town hall meetings



# oklahoma county

## OKLAHOMA COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	8.9	D
TOTAL (RATE PER 100,000)	904.9	D

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	247.5	D
CANCER	191.5	C
STROKE	56.8	D
CHRONIC LOWER RESPIRATORY DISEASE	55.3	D
UNINTENTIONAL INJURY	43.8	C
DIABETES	26.4	C
INFLUENZA/PNEUMONIA	20.3	C
ALZHEIMER'S DISEASE	19.4	B
NEPHRITIS (KIDNEY DISEASE)	14.3	C
SUICIDE	14.4	D

### DISEASE

DIABETES PREVALENCE	7.9%	C
ASTHMA PREVALENCE	8.6%	C
CANCER INCIDENCE (RATE PER 100,000)	511.2	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	16.4%	F
NO PHYSICAL ACTIVITY	29.5%	F
SMOKING	25.1%	F
OBESITY	25.4%	C
IMMUNIZATIONS < 3 YEARS	82.3%	B
SENIORS FLU VACCINATION	73.5%	C
SENIORS PNEUMONIA VACCINATION	68.9%	C
LIMITED ACTIVITY DAYS (AVG)	4.4	B
POOR MENTAL HEALTH DAYS (AVG)	3.9	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.8	B
GOOD OR BETTER HEALTH RATING	81.2%	D
TEEN FERTILITY (RATE PER 1,000)	37.2	F
FIRST TRIMESTER PRENATAL CARE	78.5%	D
LOW BIRTH WEIGHT	8.9%	C
ADULT DENTAL VISITS	63.2%	D
USUAL SOURCE OF CARE	75.1%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	22.5%	F
POVERTY	17.6%	F

## Central Oklahoma Turning Point (COTP)

### Coalition Priorities

- Access to healthcare
- Oklahoma Wellness Week
- Children's oral health
- Teen health issues
- Corporate wellness
- Tobacco use prevention

### About Us

Central Oklahoma Turning Point (COTP) began in 2003. More than 1,000 stakeholders from every community sector participated in the planning process, researching ways to improve the health status of central Oklahomans. Personal behavior is a contributing factor to overall poor health. Work is concentrated in five subcommittees: (1) Education, (2) Community Engagement, (3) Healthcare Systems, (4) Health Policy, and (5) Youth Engagement.

COTP has become an initiative of United Way of Central Oklahoma. In 2005, Oklahoma Wellness Week was launched to coincide with National Public Health Week - an annual event now. A county-wide health fair, lectures, Walk this Weigh, and other activities round out the week. In 2006, during Oklahoma Wellness Week, COTP introduced Strong & Healthy Oklahoma, a collaboration of community partners and multiple disciplines. To date, almost a million copies of the *Guide to a Strong & Healthy Oklahoma* have been distributed statewide. A Spanish version is scheduled to be published soon.

A new Corporate Wellness Coordinators group was formed via a partnership with Oklahoma City-County Health Department (OCCHD) and the Oklahoma City Community Foundation (OCCF).

Partnerships and collaboration are critical to success in sustaining efforts and maintaining active community involvement.

### Key Activities

- Annual stakeholder retreat
- Corporate wellness coordinators group
- Tobacco use prevention efforts
- Funding for mobile dental units
- Oklahoma Wellness Week - *Walk This Weigh*, county-wide health fair
- Health Alliance for the uninsured
- 'Parent's Let's Talk' Trainings for parents of teens



# okmulgee county

## OKMULGEE COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	9.5	D
TOTAL (RATE PER 100,000)	1048.9	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	294.6	F
CANCER	231.2	F
STROKE	51.8	D
CHRONIC LOWER RESPIRATORY DISEASE	62.2	F
UNINTENTIONAL INJURY	63.2	F
DIABETES	52.2	F
INFLUENZA/PNEUMONIA	22.6	D
ALZHEIMER'S DISEASE	18.5	B
NEPHRITIS (KIDNEY DISEASE)	20.6	D
SUICIDE	16.9	F

### DISEASE RATES

DIABETES PREVALENCE	11.9%	F
ASTHMA PREVALENCE	8.8%	C
CANCER INCIDENCE (RATE PER 100,000)	487.0	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	15.5%	F
NO PHYSICAL ACTIVITY	34.8%	F
SMOKING	33.7%	F
OBESITY	28.3%	D
IMMUNIZATIONS < 3 YEARS	82.4%	B
SENIORS FLU VACCINATION	72.5%	C
SENIORS PNEUMONIA VACCINATION	69.0%	C
LIMITED ACTIVITY DAYS (AVG)	6.1	D
POOR MENTAL HEALTH DAYS (AVG)	4.5	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	C
GOOD OR BETTER HEALTH RATING	76.0%	F
TEEN FERTILITY (RATE PER 1,000)	28.5	D
FIRST TRIMESTER PRENATAL CARE	72.0%	F
LOW BIRTH WEIGHT	8.4%	C
ADULT DENTAL VISITS	55.2%	F
USUAL SOURCE OF CARE	77.0%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	26.8%	F
POVERTY	24.4%	F

## Okmulgee County Wellness Coalition

### Coalition Priorities

- Substance abuse prevention
- Child and family abuse prevention
- Obesity prevention
- Access to health care
- Emergency service improvement
- Gang abatement and prevention

### About Us

The Okmulgee County Wellness Coalition was started in 2006 by a small group of individuals interested in improving the health and well being of citizens of their area. In a short amount of time they have established a large, active, diverse membership and made great progress in improving the health of Okmulgee County. They have developed a large coalition with several active committees working in the identified goal areas.

Through the use of community needs assessments, Okmulgee County Wellness Coalition identifies priority gaps in the community and establishes training or strategic intervention programs to address the identified issues.

This group has built excitement and momentum in their community that has produced and will continue to produce very real positive results. They have proven that community partnerships do have an impact on the health of a community.

### Key Activities

- Community mobilization and education
- Access to health care assessment
- Alcohol Tobacco and Other Drugs prevention activities
- Obesity prevention efforts
- Emergency services initiative
- Tobacco control activities
- Gang prevention activities
- Community activist recognition
- Weed and Seed initiative planning



## osage county

### OSAGE COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	8.8	D
TOTAL (RATE PER 100,000)	820.3	C

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	230.6	D
CANCER	182.6	C
STROKE	48.2	C
CHRONIC LOWER RESPIRATORY DISEASE	54.6	D
UNINTENTIONAL INJURY	49.1	D
DIABETES	21.1	B
INFLUENZA/PNEUMONIA	16.2	B
ALZHEIMER'S DISEASE	19.8	B
NEPHRITIS (KIDNEY DISEASE)	13.9	C
SUICIDE	13.8	D

#### DISEASE

DIABETES PREVALENCE	11.7%	F
ASTHMA PREVALENCE	6.5%	A
CANCER INCIDENCE (RATE PER 100,000)	526.7	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	8.8%	F
NO PHYSICAL ACTIVITY	31.3%	F
SMOKING	23.4%	D
OBESITY	31.6%	F
IMMUNIZATIONS < 3 YEARS	73.9%	D
SENIORS FLU VACCINATION	67.9%	D
SENIORS PNEUMONIA VACCINATION	59.4%	F
LIMITED ACTIVITY DAYS (AVG)	4.2	B
POOR MENTAL HEALTH DAYS (AVG)	3.2	C
POOR PHYSICAL HEALTH DAYS (AVG)	3.7	B
GOOD OR BETTER HEALTH RATING	76.5%	F
TEEN FERTILITY (RATE PER 1,000)	19.4	C
FIRST TRIMESTER PRENATAL CARE	75.5%	D
LOW BIRTH WEIGHT	8.2%	C
ADULT DENTAL VISITS	59.8%	F
USUAL SOURCE OF CARE	87.6%	B

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	19.8%	D
POVERTY	15.5%	D

## Osage County Community Partnership

### Coalition Priorities

- Access to health care
- Senior living
- Tobacco use prevention
- Mental health
- Substance abuse prevention
- Physical fitness and nutrition

### About Us

The Osage County Community Partnership partnered with Turning Point this year. Prior to this, the coalitions worked closely together though they were separate entities. The timing came about for both the partnerships to start clean. This kept the initiatives going. Osage County performed a community needs survey in 2003 from which they identified priorities and accomplished their goals. A new county needs survey and senior living survey were conducted in 2008. The results led to new initiatives such as fitness and nutrition events, drug education, and senior living.

Plants bloom and thrive in the warmth and light of a greenhouse. The Green House Project hopes to provide the same experience for the elderly, to be a place where the aged can also bloom. Osage County is looking at the model Greenhouse Project for an old but new way of looking at senior living.

The majority of Osage County residents are employed by small businesses, and in these settings employees have access to fewer benefits than do the employees who work in larger companies. That is why Make It Your Business is at the top of the coalition's priority list and has been very successful at getting started.

### Key Activities

- Make It Your Business - summits, runs, bicycle events and walks
- Walking for Sobriety
- Walkable Community - trail and park development
- SWAT (Students Working Against Tobacco) and 24/7 policies
- Greenhouse Project
- Red Ribbon events
- Walk to School Day - Safe Routes to School
- Diabetes education throughout schools



# ottawa county

## OTTAWA COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.4	C
TOTAL (RATE PER 100,000)	1029.3	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	284.8	F
CANCER	227.2	F
STROKE	69.3	F
CHRONIC LOWER RESPIRATORY DISEASE	56.6	D
UNINTENTIONAL INJURY	72.0	F
DIABETES	32.1	F
INFLUENZA/PNEUMONIA	24.5	D
ALZHEIMER'S DISEASE	14.6	A
NEPHRITIS (KIDNEY DISEASE)	21.6	D
SUICIDE	22.8	F

### DISEASE

DIABETES PREVALENCE	11.8%	F
ASTHMA PREVALENCE	11.7%	F
CANCER INCIDENCE (RATE PER 100,000)	450.9	C

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	20.4%	D
NO PHYSICAL ACTIVITY	32.1%	F
SMOKING	31.0%	F
OBESITY	30.1%	D
IMMUNIZATIONS < 3 YEARS	85.7%	B
SENIORS FLU VACCINATION	70.7%	C
SENIORS PNEUMONIA VACCINATION	72.6%	B
LIMITED ACTIVITY DAYS (AVG)	7.0	F
POOR MENTAL HEALTH DAYS (AVG)	4.4	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.1	D
GOOD OR BETTER HEALTH RATING	74.0%	F
TEEN FERTILITY (RATE PER 1,000)	35.0	D
FIRST TRIMESTER PRENATAL CARE	67.6%	F
LOW BIRTH WEIGHT	8.1%	C
ADULT DENTAL VISITS	46.1%	F
USUAL SOURCE OF CARE	73.5%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	26.1%	F
POVERTY	18.9%	F

## Partners for Ottawa County Youth

### Coalition Priorities

- Parenting/school attendance
- Mental health/school nurses
- Recreation/afterschool programs

### About Us

Partners for Ottawa County Youth (POCY) became part of the United Way July 2008. Picher, a town of about 1,600 residents, was on the brink of extinction before the deadly tornado that touched down in May 2008. Because the tornado took much needed time for recovery, classes were canceled for the rest of the school year. However, the school remained open until August, at which time the POCY participated in the Back to School Health Fair. Booths provided lead testing, immunizations, dental, vision, hearing and safety awareness, and free school supplies.

The parenting subcommittee completed a long attendance project during their first year. The project, Attendance is the Key, provided T-shirts as incentives, gift cards for excellent attendance, and a detailed truck with stylish wheels, tinted windows, and a lowering kit as the grand prize. The parenting subcommittee started parenting classes for referrals from the court and the classes are held at the courthouse. The parenting committee has full participation in the parenting classes and is starting a new teen parent class.

The mental health workgroup is focusing on local training for professionals. The health committee is helping with providing a school nurse at Wyandotte schools.

### Key Activities

- Ottawa County Fair
- Red Ribbon Week
- Lights for Life
- Teenage pregnancy and underage drinking
- 2M2L (2 Much 2 Lose) Camps
- Attendance is the Key project
- Afterschool programs
- Look Before You Leap
- Back to School Fair
- After Prom activity
- Bearskin Health Fair
- Alcohol and Abstinence Awareness
- United Way Activities - Taste of Ottawa County
- World No Tobacco Day



## pawnee county

### PAWNEE COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	922.7	D

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	246.5	D
CANCER	211.8	F
STROKE	54.7	D
CHRONIC LOWER RESPIRATORY DISEASE	51.0	D
UNINTENTIONAL INJURY	88.9	F
DIABETES	32.2	F
INFLUENZA/PNEUMONIA	21.1	C
ALZHEIMER'S DISEASE	37.6	F
NEPHRITIS (KIDNEY DISEASE)	8.2	B
SUICIDE	12.4	C

#### DISEASE

DIABETES PREVALENCE	12.2%	F
ASTHMA PREVALENCE	10.6%	F
CANCER INCIDENCE (RATE PER 100,000)	607.9	F

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	32.8%	F
SMOKING	37.1%	F
OBESITY	26.2%	C
IMMUNIZATIONS < 3 YEARS	75.0%	D
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	7.3	F
POOR MENTAL HEALTH DAYS (AVG)	4.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.7	F
GOOD OR BETTER HEALTH RATING	73.0%	F
TEEN FERTILITY (RATE PER 1,000)	25.0	C
FIRST TRIMESTER PRENATAL CARE	67.6%	F
LOW BIRTH WEIGHT	7.7%	C
ADULT DENTAL VISITS	51.7%	F
USUAL SOURCE OF CARE	85.2%	B

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	10.1%	B
POVERTY	16.1%	D

### Pawnee County

Pawnee County's performance on the health indicators presented in this document was mixed. While the county's outcomes were better than the state's in some areas, prevalence of disease and some risk factors were worse in the county.

The rate of mortality from all causes was lower for Pawnee County residents than for all Oklahomans. However, rates for some specific causes of death were quite high. As with some other counties, unintentional injury was attributed as the third leading cause of death in Pawnee County. Mortality rates for cancer, diabetes and Alzheimer's disease were also higher in the county.

Prevalence of diabetes and asthma and incidence of cancer were 20 to 30 percent higher in Pawnee County than in Oklahoma. Outcomes for risk factors and engaging in healthy behaviors were generally poor for Pawnee County residents. Forty-four percent more of the county's adult residents were smokers and a larger proportion were not physically active compared to adults across the state. County residents also experienced more limited activity and poor health days and perceived their health to be poor compared to others in Oklahoma.

Factors that may impact the county's health status are socioeconomic status and access to healthcare. A larger percentage of individuals were living in poverty in Pawnee County compared to the state as a whole. However, only 10 percent of county adults were without health insurance and 15 percent were without a personal health care provider. Outcomes for these access to health care factors were slightly better in Pawnee County than for the state.



# payne county

## PAYNE COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.1	C
TOTAL (RATE PER 100,000)	741.2	B

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	219.8	C
CANCER	165.6	B
STROKE	35.9	B
CHRONIC LOWER RESPIRATORY DISEASE	43.4	C
UNINTENTIONAL INJURY	46.1	D
DIABETES	18.7	B
INFLUENZA/PNEUMONIA	17.3	B
ALZHEIMER'S DISEASE	27.2	D
NEPHRITIS (KIDNEY DISEASE)	10.8	B
SUICIDE	8.7	B

### DISEASE

DIABETES PREVALENCE	7.3%	C
ASTHMA PREVALENCE	10.1%	F
CANCER INCIDENCE (RATE PER 100,000)	441.5	B

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	12.2%	F
NO PHYSICAL ACTIVITY	22.3%	C
SMOKING	20.7%	C
OBESITY	24.3%	B
IMMUNIZATIONS < 3 YEARS	75.0%	D
SENIORS FLU VACCINATION	73.6%	C
SENIORS PNEUMONIA VACCINATION	67.1%	C
LIMITED ACTIVITY DAYS (AVG)	4.2	B
POOR MENTAL HEALTH DAYS (AVG)	4.0	D
POOR PHYSICAL HEALTH DAYS (AVG)	3.6	B
GOOD OR BETTER HEALTH RATING	80.8%	D
TEEN FERTILITY (RATE PER 1,000)	23.1	C
FIRST TRIMESTER PRENATAL CARE	77.8%	D
LOW BIRTH WEIGHT	6.2%	B
ADULT DENTAL VISITS	64.4%	D
USUAL SOURCE OF CARE	80.2%	C

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	17.0%	D
POVERTY	25.9%	F

## Payne County Turning Point

### Coalition Priorities

- Tobacco prevention
- Physical fitness and nutrition
- Substance abuse prevention

### About Us

The main goal of this committee is to make Stillwater become Oklahoma's Healthiest Community. The success of the coalition has been dependent upon the community's wide representation in working subcommittees focusing on one area and looking at collaborating with previous community projects.

For the Great American Smoke Out, the Breathe Easy Coalition set up tobacco education booths at local businesses. Stillwater Medical Center and Cushing Regional Hospital were a few of the participating businesses. The coalition has published articles in the Stillwater Living Magazine throughout the year focused on tobacco awareness. The Breathe Easy Coalition also participated in the county-wide career day, where they handed out tobacco awareness education material to the youth. The coalition has spoken with the Stillwater Parks and Recreation about banning all tobacco products in the parks and recreational areas. The Payne County Breathe Easy Coalition is funded by the Oklahoma Tobacco Settlement Endowment Trust (TSET).

The Oklahoma State University (OSU) passed the Tobacco Free Law in July 2008. The law creates a safe, clean, and healthy environment to make OSU a healthier campus.

### Key Activities

- Kick Butts Day
- Great American Smoke Out
- Red Ribbon Week
- Underage drinking prevention
- Tobacco prevention
- SWAT (Students Working Against Tobacco) activities



# pittsburg county

## PITTSBURG COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.6	C
TOTAL (RATE PER 100,000)	968.9	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	282.8	F
CANCER	203.4	D
STROKE	51.7	D
CHRONIC LOWER RESPIRATORY DISEASE	55.8	D
UNINTENTIONAL INJURY	69.8	F
DIABETES	16.7	A
INFLUENZA/PNEUMONIA	23.1	D
ALZHEIMER'S DISEASE	34.9	F
NEPHRITIS (KIDNEY DISEASE)	15.2	C
SUICIDE	21.3	F

### DISEASE

DIABETES PREVALENCE	10.3%	F
ASTHMA PREVALENCE	7.8%	B
CANCER INCIDENCE (RATE PER 100,000)	464.5	C

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	18.4%	D
NO PHYSICAL ACTIVITY	32.7%	F
SMOKING	27.3%	F
OBESITY	28.7%	D
IMMUNIZATIONS < 3 YEARS	83.3%	B
SENIORS FLU VACCINATION	76.6%	B
SENIORS PNEUMONIA VACCINATION	81.0%	A
LIMITED ACTIVITY DAYS (AVG)	6.6	F
POOR MENTAL HEALTH DAYS (AVG)	4.4	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.5	F
GOOD OR BETTER HEALTH RATING	74.0%	F
TEEN FERTILITY (RATE PER 1,000)	32.6	F
FIRST TRIMESTER PRENATAL CARE	73.5%	F
LOW BIRTH WEIGHT	8.9%	C
ADULT DENTAL VISITS	53.9%	F
USUAL SOURCE OF CARE	70.1%	F

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	25.3%	F
POVERTY	18.1%	F

## Pittsburg County Local Service Coalition

### Coalition Priorities

- Tobacco control
- Teen pregnancy prevention
- Community networking and information sharing
- Youth education and empowerment
- Providing education, resources and services to families
- School readiness
- Alcohol tobacco and other drug prevention

### About Us

The Pittsburg County Local Service Coalition (LSC) is a large and diverse group of agencies, programs, businesses, organizations and individuals with the common goal of making Pittsburg County a healthier place to live. They have very active committees including SETFOC (SouthEast Tobacco-Free Oklahoma Coalition) and WAIT (Wanting Abstinence In Teens).

They are dedicated to providing their state recognized Family Outreach University classes twice a year to parents and community members. This project brings education and empowerment on current topics and issues to the families and parents of the area at no cost. The coalition has also partnered with member agencies to provide such programs and projects as Smart Start, Strengthening Families, Systems of Care, and much more to Pittsburg County. LSC also works to provide opportunities, empowerment and resources to local youth. From 2 Much 2 Lose, SWAT (Students Working Against Tobacco), the Youth Advisory Board, and Camp PLEA, students have the chance to take an active role in becoming educated and involved in health related issues in their community.

The Local Service Coalition is ever growing their partnership and contribution to their community.

### Key Activities

- Family Outreach University
- Alcohol Tobacco and Other Drugs (ATOD) prevention activities
- Strengthening families project
- PCFRD resource directory
- Youth Advisory Board development
- Smart Start
- Teen pregnancy prevention activities
- Systems of Care program
- Tobacco control activities



# pontotoc county

## PONTOTOC COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	8.3	D
TOTAL (RATE PER 100,000)	976.6	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	238.0	D
CANCER	207.1	D
STROKE	81.3	F
CHRONIC LOWER RESPIRATORY DISEASE	48.6	D
UNINTENTIONAL INJURY	73.5	F
DIABETES	39.9	F
INFLUENZA/PNEUMONIA	45.3	F
ALZHEIMER'S DISEASE	16.8	B
NEPHRITIS (KIDNEY DISEASE)	13.7	C
SUICIDE	17.1	F

### DISEASE

DIABETES PREVALENCE	10.5%	F
ASTHMA PREVALENCE	9.8%	D
CANCER INCIDENCE (RATE PER 100,000)	513.1	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	12.4%	F
NO PHYSICAL ACTIVITY	29.2%	F
SMOKING	33.3%	F
OBESITY	26.0%	C
IMMUNIZATIONS < 3 YEARS	85.2%	B
SENIORS FLU VACCINATION	81.8%	A
SENIORS PNEUMONIA VACCINATION	73.4%	A
LIMITED ACTIVITY DAYS (AVG)	4.9	C
POOR MENTAL HEALTH DAYS (AVG)	3.8	D
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	C
GOOD OR BETTER HEALTH RATING	74.6%	F
TEEN FERTILITY (RATE PER 1,000)	27.5	D
FIRST TRIMESTER PRENATAL CARE	79.1%	D
LOW BIRTH WEIGHT	8.8%	C
ADULT DENTAL VISITS	56.5%	F
USUAL SOURCE OF CARE	76.1%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	20.3%	D
POVERTY	18.3%	F

## Pontotoc County Turning Point and Systems of Care

### Coalition Priorities

- Physical activity and nutrition
- Wrap Around services
- Coalition expansion and development
- Worksite wellness
- Alcohol, tobacco, and other drug prevention
- Mental health court establishment

### About Us

Pontotoc County Turning Point is a young coalition that is working very hard to improve the health of their community. This group recently merged with the Pontotoc County Systems of Care Project, which strengthened their membership and broadened their goals. They continue to expand their partnership while expanding their involvement in the community and working to bring needed resources to Pontotoc County.

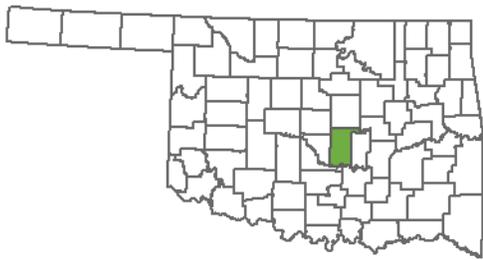
The group has continued to hold monthly Walk This Weigh events to encourage the community to get out and get moving. Each month they have a different themed walk and provide pedometers and other incentives to participants. They have not only established a regular community group that walks but have new community members attend walks as well.

The coalition has assisted with focus groups on the topic of worksite wellness. They are working with community businesses to improve their worksite wellness policies and partnered with the Oklahoma State Department of Health to hold a Make It Your Business training. Valley View Hospital in Ada served as a pilot project for the Make It Your Business Toolkit.

Pontotoc County Turning Point and Systems of Care are an active part of their community and are well on their way to improving the health of the families and community members of their area.

### Key Activities

- Monthly Walk this Weigh
- Community and school education
- Coalition building
- Community mobilization
- Systems of Care/Wrap Around Services provided
- Worksite Wellness initiative



# pottawatomie county

## POTTAWATOMIE COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.3	C
TOTAL (RATE PER 100,000)	978.4	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	259.9	D
CANCER	185.6	C
STROKE	60.1	F
CHRONIC LOWER RESPIRATORY DISEASE	75.0	F
UNINTENTIONAL INJURY	58.6	F
DIABETES	34.1	F
INFLUENZA/PNEUMONIA	31.8	F
ALZHEIMER'S DISEASE	20.5	C
NEPHRITIS (KIDNEY DISEASE)	12.9	C
SUICIDE	15.4	D

### DISEASE

DIABETES PREVALENCE	9.4%	D
ASTHMA PREVALENCE	7.7%	B
CANCER INCIDENCE (RATE PER 100,000)	504.1	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	15.5%	F
NO PHYSICAL ACTIVITY	29.7%	F
SMOKING	28.7%	F
OBESITY	29.8%	D
IMMUNIZATIONS < 3 YEARS	78.3%	C
SENIORS FLU VACCINATION	76.5%	B
SENIORS PNEUMONIA VACCINATION	70.7%	B
LIMITED ACTIVITY DAYS (AVG)	4.8	C
POOR MENTAL HEALTH DAYS (AVG)	4.7	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	C
GOOD OR BETTER HEALTH RATING	83.3%	C
TEEN FERTILITY (RATE PER 1,000)	31.7	D
FIRST TRIMESTER PRENATAL CARE	81.1%	C
LOW BIRTH WEIGHT	7.2%	B
ADULT DENTAL VISITS	59.5%	F
USUAL SOURCE OF CARE	74.3%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	20.9%	F
POVERTY	18.6%	F

## Pottawatomie County Turning Point Coalitions

### Coalition Priorities

- Strengthen coalition and members
- Educate and empower the youth and community

### About Us

**PATCH/TP** - The Pottawatomie Turning Point Coalition joined forces with the PATCH coalition in June 2008. One main focus of PATCH is tobacco use prevention, which is funded by the Oklahoma Tobacco Settlement Endowment Trust (TSET). The coalition also hosted its 2nd annual Girl Power conference. This conference is focused on the middle school aged girls in the surrounding Shawnee school districts. The girls are introduced to many activities including: leadership, arts, physical activity, nutrition, bullying prevention, and confidence building.

**SWAT** - Students Working Against Tobacco was developed to empower and unite youth to resist against the big tobacco company lies. There are current SWAT teams at Shawnee, Pleasant Grove, and McLoud High Schools

**SABA** - Shawnee Asset Building Alliance (SABA) is an Oklahoma Commission on Children and Youth partnership. The SABA coalition has passed the Social Host Law and held town hall meetings focusing on underage drinking prevention. They have a Web site called [www.minordetail.org](http://www.minordetail.org), which lets community members know the law about serving alcohol to children under the age of 21. On this Web site you can also report underage drinking in the Shawnee and surrounding communities. A friendly reminder will be sent to the address reported, asking the owner to obey this new law. SABA also hosts a Sports and Art Camp for the surrounding community youth where kids are introduced to leadership skills, arts and crafts, music, and sports.

### Key Activities

- Girl Power! Health Conference
- Social Host Ordinance
- [www.minordetail.org](http://www.minordetail.org) (underage drinking prevention)
- Town Hall Meeting
- Sports and Arts Camp
- Youth Coalitions: SWAT (Students Working Against Tobacco), 2M2L (2 Much 2 Lose)



# pushmataha county

## PUSHMATAHA COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.3	C
TOTAL (RATE PER 100,000)	1039.7	F

### LEADING CAUSES OF DEATH (RATE PER 100,000)

HEART DISEASE	363.4	F
CANCER	248.1	F
STROKE	53.5	D
CHRONIC LOWER RESPIRATORY DISEASE	55.5	D
UNINTENTIONAL INJURY	62.5	F
DIABETES	26.8	C
INFLUENZA/PNEUMONIA	24.1	D
ALZHEIMER'S DISEASE	17.2	B
NEPHRITIS (KIDNEY DISEASE)	20.9	D
SUICIDE	13.9	D

### DISEASE

DIABETES PREVALENCE	10.0%	D
ASTHMA PREVALENCE	7.6%	B
CANCER INCIDENCE (RATE PER 100,000)	516.3	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	29.0%	F
SMOKING	46.8%	F
OBESITY	32.8%	F
IMMUNIZATIONS < 3 YEARS	85.8%	B
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	7.5	F
POOR MENTAL HEALTH DAYS (AVG)	5.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.5	F
GOOD OR BETTER HEALTH RATING	68.6%	F
TEEN FERTILITY (RATE PER 1,000)	36.4	F
FIRST TRIMESTER PRENATAL CARE	76.6%	D
LOW BIRTH WEIGHT	7.8%	C
ADULT DENTAL VISITS	57.9%	F
USUAL SOURCE OF CARE	70.8%	F

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	22.1%	F
POVERTY	24.1%	F

## Pushmataha County Turning Point Coalition

### Coalition Priorities

- Community collaboration & awareness
- Economic development
- Community & cultural development
- Healthy living initiatives
- Prevention & education

### About Us

The Pushmataha County Turning Point Coalition (PCTPC) is very dedicated to the health of all Pushmataha County residents. Pushmataha County is located in the far southeast corner of Oklahoma. It has four primary communities of which Antlers is the county seat. In 1996, the PCTPC was formed as a result of a collaborative effort between community members who came together to address risk behaviors among their youth following a Youth Risk Behavior Survey conducted in all county schools. It was then entitled the Teen Pregnancy Prevention TASK Force and later the Promoting Assets in Youth — PAYDAY Coalition. The original purpose for the development of the coalition was to serve as a steering committee and provide community-based input for the county health department's Teen Pregnancy Prevention Program. Since that time, the coalition has adopted many roles toward mobilizing the community in addressing various health issues. The PCTPC presently consists of many community members who work together for a common purpose — to promote and sustain healthy lifestyles throughout the community.

### Key Activities

- SWAT (Students Working Against Tobacco) recruitment
- Social Host Law
- Community Walks
- Wrap Around Case Management
- Abstinence education, domestic violence, underage drinking, and bullying
- Injury prevention & physical fitness - Bicycle Rodeo
- Project S.P.I.T. Consortium
- Tobacco control activities & cessation
- Performing and visual arts programs
- Development of recreation facilities
- Literacy education & school readiness
- Media advocacy
- Community Awareness booths
- 2M2L (2 Much 2 Lose) underage drinking prevention
- Storefront surveys
- Too Good for Drugs school curriculum



# roger mills county

## ROGER MILLS COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	775.0	C

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	206.2	C
CANCER	109.2	A
STROKE	47.9	C
CHRONIC LOWER RESPIRATORY DISEASE	41.8	C
UNINTENTIONAL INJURY	66.1	F
DIABETES	58.1	F
INFLUENZA/PNEUMONIA	-	
ALZHEIMER'S DISEASE	-	
NEPHRITIS (KIDNEY DISEASE)	-	
SUICIDE	-	

### DISEASE

DIABETES PREVALENCE	7.8%	C
ASTHMA PREVALENCE	9.9%	D
CANCER INCIDENCE (RATE PER 100,000)	468.0	C

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	10.2%	F
NO PHYSICAL ACTIVITY	35.9%	F
SMOKING	24.5%	D
OBESITY	35.3%	F
IMMUNIZATIONS < 3 YEARS	81.8%	C
SENIORS FLU VACCINATION	65.0%	F
SENIORS PNEUMONIA VACCINATION	66.1%	C
LIMITED ACTIVITY DAYS (AVG)	3.1	A
POOR MENTAL HEALTH DAYS (AVG)	4.0	D
POOR PHYSICAL HEALTH DAYS (AVG)	2.8	A
GOOD OR BETTER HEALTH RATING	81.4%	D
TEEN FERTILITY (RATE PER 1,000)	23.8	C
FIRST TRIMESTER PRENATAL CARE	48.1%	F
LOW BIRTH WEIGHT	5.1%	A
ADULT DENTAL VISITS	-	
USUAL SOURCE OF CARE	84.9%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	20.3	D
POVERTY	12.0	C

## OUR Turning Point Coalition

### Coalition Priorities

- Positive youth development
- Health and wellness
- ATOD (Alcohol, Tobacco and Other Drugs)

### About Us

There were three groups meeting regularly within Beckham and Roger Mills counties. These were Systems of Care, Western Oklahoma Tobacco Control Coalition and the Sayre Resource Network. With guidance from the APRC, members from these three groups met to discuss merging into one large coalition. All parties involved agreed to this and the OUR Turning Point Coalition covering Beckham – Roger Mills Counties was created. Through the Meth Prevention grant funded by Oklahoma Department of Mental Health and Substance Abuse, we implemented Creating Lasting Family Connections (CLFC) an evidenced-based program. CLFC will increase awareness of the significant dangers of meth use, interrupt the cycle of parents passing their habits on to their children, prevent initiation and help those who are seeking an intervention. The coalition has also worked very hard with a design company in Oklahoma City to develop a meth prevention campaign. OUR Turning Point Coalition covering Beckham – Roger Mills Counties is primed and ready to aggressively address the very issues impacting resident's health, specifically, tobacco use, underage drinking, meth use and obesity.

### Key Activities

- Coalition planning and development
- Methamphetamine Prevention Project
- SWAT (Students Working Against Tobacco) Team float in Rodeo Parade
- Community Assessment
- Promotion of tobacco free policies among cities and schools
- Elk City Schools Participated in International Walk to School Day
- Development of Meth Prevention Media Campaign
- Extensive media coverage of local tobacco prevention efforts
- SWAT (Students Working Against Tobacco) Teams participated in Kick Butts events including Project 1200
- Advocated for local Social Host Ordinances
- Hosted Town Hall meeting focused on Underage Drinking
- Pursuing YMCA in Elk City



## rogers county

### ROGERS COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	6.3	C
TOTAL (RATE PER 100,000)	900.1	D

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	258.9	D
CANCER	179.9	C
STROKE	59.2	F
CHRONIC LOWER RESPIRATORY DISEASE	60.4	F
UNINTENTIONAL INJURY	59.9	F
DIABETES	30.0	D
INFLUENZA/PNEUMONIA	18.5	B
ALZHEIMER'S DISEASE	28.4	D
NEPHRITIS (KIDNEY DISEASE)	19.4	D
SUICIDE	12.1	C

#### DISEASE

DIABETES PREVALENCE	10.6%	F
ASTHMA PREVALENCE	9.0%	D
CANCER INCIDENCE (RATE PER 100,000)	436.1	B

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	14.6%	F
NO PHYSICAL ACTIVITY	25.4%	D
SMOKING	26.8%	F
OBESITY	24.6%	B
IMMUNIZATIONS < 3 YEARS	78.3%	C
SENIORS FLU VACCINATION	73.8%	C
SENIORS PNEUMONIA VACCINATION	66.1%	C
LIMITED ACTIVITY DAYS (AVG)	5.4	D
POOR MENTAL HEALTH DAYS (AVG)	3.4	C
POOR PHYSICAL HEALTH DAYS (AVG)	4.2	C
GOOD OR BETTER HEALTH RATING	82.5%	D
TEEN FERTILITY (RATE PER 1,000)	13.6	B
FIRST TRIMESTER PRENATAL CARE	83.1%	C
LOW BIRTH WEIGHT	6.9%	B
ADULT DENTAL VISITS	61.2%	F
USUAL SOURCE OF CARE	82.2%	C

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	17.1%	D
POVERTY	8.0%	B

## Rogers County Coalition

### Coalition Priorities

- Child abuse and/or neglect
- Substance abuse
- Behavioral health
- Healthy lifestyle
- Quality of life

### About Us

The Rogers County Coalition is a collaborative community-based resource to address health and human service needs of people in Rogers County, Oklahoma. The coalition became a Turning Point partner this year. Their mission is to create a better future for families, youth and children.

The coalition provides leadership for action to address important issues of families in Rogers County. They bring interested groups, organizations and individuals together to address challenges and link people with the help they need. The coalition was formed in 2007, in partnership with Rogers County organizations and interested individuals. Currently, they are working on obtaining a 501(c)3 status. Recently, the coalition divided up into subcommittees to work on priorities, and are finishing up the Rogers County Health Survey.

### Key Activities

- Relay for Life
- Respite Care program
- Safe Kids Free Fair
- County survey indicating speech and language therapy and child care as most needed services
- Community Health Survey



# seminole county

## SEMINOLE COUNTY

(MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	9.5	D
TOTAL (RATE PER 100,000)	1076.1	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	318.3	F
CANCER	218.9	F
STROKE	45.3	C
CHRONIC LOWER RESPIRATORY DISEASE	65.3	F
UNINTENTIONAL INJURY	80.3	F
DIABETES	52.0	F
INFLUENZA/PNEUMONIA	26.7	F
ALZHEIMER'S DISEASE	28.1	D
NEPHRITIS (KIDNEY DISEASE)	18.8	D
SUICIDE	25.1	F

### DISEASE

DIABETES PREVALENCE	7.4%	C
ASTHMA PREVALENCE	14.5%	F
CANCER INCIDENCE (RATE PER 100,000)	477.0	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	18.5%	D
NO PHYSICAL ACTIVITY	28.4%	D
SMOKING	36.7%	F
OBESITY	27.6%	C
IMMUNIZATIONS < 3 YEARS	78.5%	C
SENIORS FLU VACCINATION	79.9%	A
SENIORS PNEUMONIA VACCINATION	69.7%	B
LIMITED ACTIVITY DAYS (AVG)	4.3	B
POOR MENTAL HEALTH DAYS (AVG)	3.9	D
POOR PHYSICAL HEALTH DAYS (AVG)	4.0	C
GOOD OR BETTER HEALTH RATING	72.3%	F
TEEN FERTILITY (RATE PER 1,000)	37.7	F
FIRST TRIMESTER PRENATAL CARE	76.6%	D
LOW BIRTH WEIGHT	8.4%	C
ADULT DENTAL VISITS	42.3%	F
USUAL SOURCE OF CARE	64.5%	F

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	30.9%	F
POVERTY	24.2%	F

## Seminole County

Seminole County's performance on the health indicators presented in this document was mixed. While the county's outcomes were better than the state's in some areas, mortality and some risk factors were worse in the county.

The rate of mortality from all causes was approximately 13 percent higher for Seminole County residents than for all Oklahomans, and infant mortality was also higher. Unintentional injury was the third leading cause of death in Seminole County, and suicide rates were almost twice the state's suicide rate. Only deaths attributable to stroke occurred at a lower rate in the county than in Oklahoma.

Prevalence of asthma was almost 70 percent higher in Seminole County than in Oklahoma. Alternatively, diabetes was not as common in the county.

More Seminole County adults consumed five daily servings of fruits and vegetables and participated in some type of physical activity within the past month.

However, 42 percent more county than state adults were also current smokers, and more Seminole County adults perceived their health to be poor.

Factors that may impact the county's health status are socio-economic status and access to healthcare. Seventy-three percent more individuals were living in poverty in Seminole County compared to the state as a whole. Many county residents were without health insurance and even more were without a personal health care provider compared to adults across the state.



# sequoyah county

## SEQUOYAH COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.6	C
TOTAL (RATE PER 100,000)	993.3	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	262.6	F
CANCER	222.5	F
STROKE	78.6	F
CHRONIC LOWER RESPIRATORY DISEASE	59.5	F
UNINTENTIONAL INJURY	67.4	F
DIABETES	35.9	F
INFLUENZA/PNEUMONIA	20.5	C
ALZHEIMER'S DISEASE	30.0	D
NEPHRITIS (KIDNEY DISEASE)	17.2	D
SUICIDE	11.3	C

### DISEASE

DIABETES PREVALENCE	9.5%	D
ASTHMA PREVALENCE	12.0%	F
CANCER INCIDENCE (RATE PER 100,000)	501.5	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	14.3%	F
NO PHYSICAL ACTIVITY	36.0%	F
SMOKING	28.0%	F
OBESITY	31.0%	F
IMMUNIZATIONS < 3 YEARS	77.3%	D
SENIORS FLU VACCINATION	74.6%	B
SENIORS PNEUMONIA VACCINATION	64.5%	D
LIMITED ACTIVITY DAYS (AVG)	7.6	F
POOR MENTAL HEALTH DAYS (AVG)	5.3	F
POOR PHYSICAL HEALTH DAYS (AVG)	6.4	F
GOOD OR BETTER HEALTH RATING	70.5%	F
TEEN FERTILITY (RATE PER 1,000)	30.7	D
FIRST TRIMESTER PRENATAL CARE	66.3%	F
LOW BIRTH WEIGHT	8.6%	C
ADULT DENTAL VISITS	51.2%	F
USUAL SOURCE OF CARE	76.8%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	25.2%	F
POVERTY	20.6%	F

## Sequoyah County Turning Point Activities

Sequoyah County's performance on some of the health indicators presented in this document was better than the state's performance. Overall, though, the county performed relatively poorly compared to Oklahoma as a whole.

The rate of mortality from all causes was slightly higher for Sequoyah County residents than for all Oklahomans, while infant mortality was less. Only deaths attributable to influenza/pneumonia and suicide occurred at lower rates in the county than in Oklahoma.

Prevalence of asthma was significantly higher in Sequoyah County than Oklahoma, as was incidence of cancer. Alternatively, diabetes occurred less frequently.

A larger proportion of Sequoyah County adults engaged in unhealthy behaviors and exhibited risk factors compared to Oklahoma adults. Fewer county residents were physically active and consumed five daily servings of fruits and vegetables, while more county residents were obese and were smokers. County residents experienced more limited activity and poor health days, and a larger proportion perceived their health to be poor.

Factors that may impact the county's health status are socioeconomic status and access to healthcare. Forty-seven percent more individuals were living in poverty in Sequoyah County compared to the state as a whole. One in four county residents were without health insurance and did not have a personal health care provider. Rates for these access to health care factors were slightly worse for the county compared to the state.



# stephens county

## STEPHENS COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	8.4	D
TOTAL (RATE PER 100,000)	974.5	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	342.0	F
CANCER	195.9	D
STROKE	66.1	F
CHRONIC LOWER RESPIRATORY DISEASE	49.4	D
UNINTENTIONAL INJURY	55.8	F
DIABETES	26.2	C
INFLUENZA/PNEUMONIA	18.7	C
ALZHEIMER'S DISEASE	18.5	B
NEPHRITIS (KIDNEY DISEASE)	12.7	C
SUICIDE	11.1	C

### DISEASE

DIABETES PREVALENCE	9.6%	D
ASTHMA PREVALENCE	12.3%	F
CANCER INCIDENCE (RATE PER 100,000)	503.3	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	18.3%	D
NO PHYSICAL ACTIVITY	34.4%	F
SMOKING	18.7%	C
OBESITY	29.1%	D
IMMUNIZATIONS < 3 YEARS	80.2%	C
SENIORS FLU VACCINATION	75.7%	B
SENIORS PNEUMONIA VACCINATION	76.4%	A
LIMITED ACTIVITY DAYS (AVG)	5.0	C
POOR MENTAL HEALTH DAYS (AVG)	3.2	C
POOR PHYSICAL HEALTH DAYS (AVG)	3.7	B
GOOD OR BETTER HEALTH RATING	77.4%	F
TEEN FERTILITY (RATE PER 1,000)	22.2	C
FIRST TRIMESTER PRENATAL CARE	74.2%	F
LOW BIRTH WEIGHT	6.6%	B
ADULT DENTAL VISITS	63.0%	D
USUAL SOURCE OF CARE	85.8%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	20.5%	D
POVERTY	15.9%	D

## Stephens County

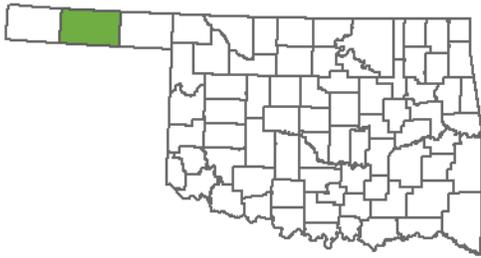
Stephens County's performance on the health indicators presented in this document was similar, if not generally better, than that of the state. There were a few areas that are in need of improvement, however.

The rate of mortality from all causes was slightly higher for Stephens County residents than for all Oklahomans, and the rate of infant mortality was about the same. The most notable aspect of the leading causes of death is that the rate of mortality attributed to heart disease was 30 percent higher in Stephens County than in the state.

Prevalence of asthma was 43 percent higher in Stephens County than in Oklahoma. While incidence of cancer was also higher in the county, diabetes was not as common.

Outcomes for risk factors and health behaviors were relatively good among Stephens County residents. Smoking was much less prevalent in the county than across the state, and more adults were consuming five daily servings of fruits and vegetables. Rates of obesity and immunizations were similar to the state's rates. Alternatively, rates of physical activity were lower, and more county residents perceived their health to be poor compared to individuals in Oklahoma.

Factors that may impact the county's health status are socioeconomic status and access to healthcare. More individuals were living in poverty in Stephens County compared to the state as a whole. The rate of uninsured adults was similar between county and state, and a larger proportion of county adults had a personal health care provider compared to adults across the state.



## texas county

### TEXAS COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	5.7	B
TOTAL (RATE PER 100,000)	819.2	C

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	272.6	F
CANCER	140.1	A
STROKE	33.1	A
CHRONIC LOWER RESPIRATORY DISEASE	50.6	D
UNINTENTIONAL INJURY	62.8	F
DIABETES	37.3	F
INFLUENZA/PNEUMONIA	25.4	D
ALZHEIMER'S DISEASE	15.6	B
NEPHRITIS (KIDNEY DISEASE)	25.4	F
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	3.5%	A
ASTHMA PREVALENCE	6.4%	A
CANCER INCIDENCE (RATE PER 100,000)	405.8	A

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	27.6%	D
SMOKING	22.2%	D
OBESITY	24.0%	B
IMMUNIZATIONS < 3 YEARS	82.5%	B
SENIORS FLU VACCINATION	74.2%	B
SENIORS PNEUMONIA VACCINATION	64.1%	D
LIMITED ACTIVITY DAYS (AVG)	3.0	A
POOR MENTAL HEALTH DAYS (AVG)	1.7	A
POOR PHYSICAL HEALTH DAYS (AVG)	2.6	A
GOOD OR BETTER HEALTH RATING	88.0%	B
TEEN FERTILITY (RATE PER 1,000)	50.0	F
FIRST TRIMESTER PRENATAL CARE	60.9%	F
LOW BIRTH WEIGHT	7.1%	B
ADULT DENTAL VISITS	61.6%	F
USUAL SOURCE OF CARE	70.4%	F

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	31.8%	F
POVERTY	13.3%	C

## Texas County Coalition

### Coalition Priorities

- Youth shelter
- Physical activity/nutrition
- Childhood obesity
- Mental health services

### About Us

Texas County Turning Point Partnership, located in the heart of the Oklahoma Panhandle, is a diverse partnership with a desire to give the people of Texas County every opportunity to be healthy, productive citizens. Texas County's partnership was one of the three originally funded partnerships when they received a grant from the W.K. Kellogg and Robert Wood Johnson Foundation. Since 1998, they have been actively participating in many different projects.

This past year has been a year of changes with Texas County Turning Point and the Texas County Oklahoma Commission on Children and Youth Board combining into Texas County Coalition. This has been a win-win for both organizations. A strategic plan has recently been completed and three sub-committees have been formed: the Comprehensive Health Task Force, the Recreational and Educational Task Force, and the Projects Committee. This allows the coalition to continue implementing previously successful projects while addressing other concerns as well.

One of the best projects Texas County Coalition sponsors is the Children's Health Fair in July. The fair brings many children's services to one location before school starts. More than 225 children participated in this event in 2008.

### Key Activities

- Monthly partnership meetings to address partnership initiatives
- Walk this Weigh
- Collected donations for Write Stuff program
- 5th annual Children's Health Fair
- Give a Kid a Smile Day
- Encouraged businesses to apply for Certified Healthy Business Certification
- Special meeting with State Director of DHS, state legislators, and city officials to discuss creating a youth shelter



# tillman county

## TILLMAN COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	10.4	F
TOTAL (RATE PER 100,000)	1016.9	F

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	229.2	D
CANCER	300.6	F
STROKE	45.8	C
CHRONIC LOWER RESPIRATORY DISEASE	53.8	D
UNINTENTIONAL INJURY	63.7	F
DIABETES	101.0	F
INFLUENZA/PNEUMONIA	-	
ALZHEIMER'S DISEASE	13.7	A
NEPHRITIS (KIDNEY DISEASE)	17.8	D
SUICIDE	-	

### DISEASE

DIABETES PREVALENCE	14.5%	F
ASTHMA PREVALENCE	16.7%	F
CANCER INCIDENCE (RATE PER 100,000)	457.4	C

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	28.3%	D
SMOKING	31.8%	F
OBESITY	31.5%	F
IMMUNIZATIONS < 3 YEARS	78.4%	C
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	4.0	B
POOR MENTAL HEALTH DAYS (AVG)	6.1	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.6	F
GOOD OR BETTER HEALTH RATING	77.9%	F
TEEN FERTILITY (RATE PER 1,000)	46.6	F
FIRST TRIMESTER PRENATAL CARE	82.2%	C
LOW BIRTH WEIGHT	8.1%	C
ADULT DENTAL VISITS	50.4%	F
USUAL SOURCE OF CARE	74.9%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	16.6%	D
POVERTY	23.5%	F

## Tillman County Youth and Community Coalition

### Coalition Priorities

- Community mobilization
- Youth empowerment
- Partnership development
- Tobacco use prevention

### About Us

Tillman County Youth and Community Coalition was formed in 2007. They have spent much of their time identifying key stakeholders in the community, discussing the strengths of the community and the potential barriers to their efforts.

One of their initial successes is the partnership between Tillman, Harmon and Greer counties in their efforts to address tobacco use within the three county areas through a five-year grant awarded by the Tobacco Settlement Endowment Trust (TSET).

Additionally, coalition members are presenting information to students at the Alternative School regarding healthy choices, drug prevention, and other life skills. SWAT (Students Working Against Tobacco) and 2M2L (2 Much 2 Lose) Teams are being formed at the Alternative School.

### Key Activities

- Partnership planning and development
- Members presented to Alternative School several times on issues such as teen pregnancy prevention, dangers of substances abuse and positive choices
- Identifying resources to continue local PSI (Postponing Sexual Involvement) curriculum



# tulsa county

## TULSA COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	8.0	D
TOTAL (RATE PER 100,000)	927.9	D

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	252.4	D
CANCER	191.8	C
STROKE	58.6	F
CHRONIC LOWER RESPIRATORY DISEASE	58.7	F
UNINTENTIONAL INJURY	54.9	D
DIABETES	27.3	D
INFLUENZA/PNEUMONIA	22.1	C
ALZHEIMER'S DISEASE	29.7	D
NEPHRITIS (KIDNEY DISEASE)	13.9	C
SUICIDE	15.0	D

### DISEASE

DIABETES PREVALENCE	8.2%	C
ASTHMA PREVALENCE	7.0%	B
CANCER INCIDENCE (RATE PER 100,000)	508.2	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	15.4%	F
NO PHYSICAL ACTIVITY	25.9%	D
SMOKING	22.5%	D
OBESITY	24.1%	B
IMMUNIZATIONS < 3 YEARS	77.4%	D
SENIORS FLU VACCINATION	77.2%	B
SENIORS PNEUMONIA VACCINATION	69.5%	B
LIMITED ACTIVITY DAYS (AVG)	4.6	C
POOR MENTAL HEALTH DAYS (AVG)	3.6	C
POOR PHYSICAL HEALTH DAYS (AVG)	3.6	B
GOOD OR BETTER HEALTH RATING	84.8%	C
TEEN FERTILITY (RATE PER 1,000)	31.2	D
FIRST TRIMESTER PRENATAL CARE	69.0%	F
LOW BIRTH WEIGHT	8.2%	C
ADULT DENTAL VISITS	64.5%	D
USUAL SOURCE OF CARE	80.0%	C

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	18.6%	D
POVERTY	14.2%	D

## Pathways to Health & Westside Community Coalitions

### Westside Community Coalition Priorities

- Promote the health and safety of West Tulsa residents
- Foster cross-generational investment in the community (west Tulsa)
- Provide support for the continuum of care for substance abuse prevention, treatment and aftercare

### Pathways to Health Coalition Priorities

- Measure improvement in the community's health and quality of life
- Increased visibility of public health within the community
- Community advocates for public health and the local public health system
- Ability to effectively anticipate and manage change
- And stronger public health infrastructure, partnerships and leadership

### About Us

The mission of the Westside Community Coalition (WCC) is to enhance the well-being of our population by working collaboratively with the community to conduct and evaluate educational, informational and service efforts in and around west Tulsa. They are currently putting an action plan together.

Pathways to Health will help improve the quality of life for each resident of Tulsa County by encouraging and building partnerships and developing public health advocates in every neighborhood. They are using the MAPP process: Mobilizing for Action through Planning and Partnership, a community tool for health improvement.

### Westside Key Activities

- Bridges out of poverty
- Food resource guide

### Pathways Key Activities

- Community Town Hall meetings
- Health Inequities campaign



# wagoner county

## WAGONER COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	5.4	B
TOTAL (RATE PER 100,000)	894.8	D

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	244.5	D
CANCER	189.3	C
STROKE	58.7	F
CHRONIC LOWER RESPIRATORY DISEASE	61.9	F
UNINTENTIONAL INJURY	46.8	D
DIABETES	36.7	F
INFLUENZA/PNEUMONIA	20.4	C
ALZHEIMER'S DISEASE	32.8	F
NEPHRITIS (KIDNEY DISEASE)	7.1	B
SUICIDE	11.7	C

### DISEASE

DIABETES PREVALENCE	11.5%	F
ASTHMA PREVALENCE	7.3%	B
CANCER INCIDENCE (RATE PER 100,000)	269.9	A

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	11.6%	F
NO PHYSICAL ACTIVITY	29.6%	F
SMOKING	25.8%	F
OBESITY	31.8%	F
IMMUNIZATIONS < 3 YEARS	70.2%	F
SENIORS FLU VACCINATION	76.9%	B
SENIORS PNEUMONIA VACCINATION	70.4%	B
LIMITED ACTIVITY DAYS (AVG)	4.2	B
POOR MENTAL HEALTH DAYS (AVG)	4.7	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.0	C
GOOD OR BETTER HEALTH RATING	80.8%	D
TEEN FERTILITY (RATE PER 1,000)	16.2	B
FIRST TRIMESTER PRENATAL CARE	76.6%	D
LOW BIRTH WEIGHT	8.1%	C
ADULT DENTAL VISITS	53.1%	F
USUAL SOURCE OF CARE	84.1%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	18.2%	D
POVERTY	10.7%	C

## Wagoner Family Service Council

### Coalition Priorities

- Increase awareness of community services
- Advocate for utilization of health services
- Tobacco prevention
- Financial literacy
- Develop educational activities and programs for youth and families
- Provide financial and economic information for families
- Promote safety
- Physical fitness and nutrition

### About Us

The Wagoner Family Service Council (WFSC) hosted their second annual WAYUP youth conference for ages 13–18 in July 2008. They added a mock trial to the conference, knowing that youth who are exposed to law-related education programs are less likely to participate in delinquent activities. This allowed Wagoner youth to understand consequences for youthful offenders. The participants were able to analyze a real scenario, present information, and make appropriate choices of consequences.

WFSC was in their first year of the tobacco prevention grant and hit the ground running participating in several local events. WFSC partnered with the Relay for Life adding *I Will Survive* walk and education for youth at the event as well as tobacco prevention activities including youth pledging to be tobacco free. Even though rain was falling during the event, Wagoner County was able to fundraise over the goal and set a record of \$100,000 for the American Cancer Society.

WFSC is currently working on a community health opinion survey in order to help identify gaps of needs in the community. The health committee is performing a youth survey and focus groups to address substance abuse issues.

### Key Activities

- Wagoner Family Fun Day
- WAYUP youth conference
- Wagoner Back to School Health Fair
- Fishing Derby in Wagoner
- Patriotic Days in Coweta
- Summer Fest
- Relay for Life
- Great American Smokeout
- Red Ribbon Week



# washington county

## WASHINGTON COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	7.7	C
TOTAL (RATE PER 100,000)	841.7	C

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	210.1	C
CANCER	170.1	B
STROKE	54.1	D
CHRONIC LOWER RESPIRATORY DISEASE	57.0	F
UNINTENTIONAL INJURY	47.2	D
DIABETES	25.6	C
INFLUENZA/PNEUMONIA	21.3	C
ALZHEIMER'S DISEASE	30.6	D
NEPHRITIS (KIDNEY DISEASE)	8.9	B
SUICIDE	23.0	F

### DISEASE

DIABETES PREVALENCE	11.6%	F
ASTHMA PREVALENCE	10.5%	D
CANCER INCIDENCE (RATE PER 100,000)	477.6	F

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	18.5%	D
NO PHYSICAL ACTIVITY	28.6%	F
SMOKING	24.7%	F
OBESITY	23.3%	B
IMMUNIZATIONS < 3 YEARS	81.8%	C
SENIORS FLU VACCINATION	80.0%	A
SENIORS PNEUMONIA VACCINATION	73.5%	A
LIMITED ACTIVITY DAYS (AVG)	6.1	D
POOR MENTAL HEALTH DAYS (AVG)	3.7	D
POOR PHYSICAL HEALTH DAYS (AVG)	4.7	D
GOOD OR BETTER HEALTH RATING	83.7%	C
TEEN FERTILITY (RATE PER 1,000)	21.1	C
FIRST TRIMESTER PRENATAL CARE	85.2%	C
LOW BIRTH WEIGHT	7.5%	B
ADULT DENTAL VISITS	64.0%	D
USUAL SOURCE OF CARE	85.8%	B

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	17.0%	D
POVERTY	13.2%	C

## Washington County Wellness Initiative

### Coalition Priorities

- Mental health
- Transportation (poverty & access to health care)
- Adult preventative care
- Child/adolescent preventative care
- Access to health care

### About Us

The Washington County Wellness Initiative (WCWI) has been steadfast in their efforts to connect uninsured and medically indigent people to health care services and health insurance and has assisted in outreach, coordinating and integrating care, and helping clients use limited resources efficiently. The WCWI developed a health care access survey that has offered new insights about the community and the challenges they face. The mental health workgroup created the counseling project, making possible short-term counseling and psychological evaluation for adults who are unable to receive services due to financial restrictions. Youth Leadership is modeled after the Chamber of Commerce Adult Leadership classes and is designed to get 8th-9th graders ready for high school requirements of leadership and volunteer hours for college. WCWI was one of the coalitions chosen for the Cherokee Nation Anti-Drug Network Grant, addressing underage and childhood drinking prevention and reduction. The poverty alleviation coalition set its long-term goals by addressing policy issues that impact individuals in poverty such as interest rates, felonies, and housing, replicating the pilot project with other businesses/organizations within the community. The community identified their concern with transportation and came together to form the Transportation Coalition. Fixed routes were developed, realistic budgets were made, and the coalition received a Venture Grant and hired a consultant to put all the pieces together. Currently, the project is in the process of obtaining sponsors and assessing future sustainability.

### Key Activities

- Walk this Weigh trail development
- Diabetes Management program
- Poverty simulation
- Family Life symposium
- Corporate wellness
- Body Healthy
- Auto Repair project
- Mental Health Workshops
- Youth Leadership



## washita county

### WASHITA COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	6.5	C
TOTAL (RATE PER 100,000)	847.2	D

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	235.0	D
CANCER	188.4	C
STROKE	50.3	D
CHRONIC LOWER RESPIRATORY DISEASE	42.7	C
UNINTENTIONAL INJURY	61.0	F
DIABETES	22.4	C
INFLUENZA/PNEUMONIA	16.3	B
ALZHEIMER'S DISEASE	19.3	B
NEPHRITIS (KIDNEY DISEASE)	16.0	C
SUICIDE	16.8	F

#### DISEASE

DIABETES PREVALENCE	5.7%	B
ASTHMA PREVALENCE	10.6%	F
CANCER INCIDENCE (RATE PER 100,000)	483.5	D

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	26.6%	D
SMOKING	24.9%	F
OBESITY	27.8%	D
IMMUNIZATIONS < 3 YEARS	79.2%	C
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	7.3	F
POOR MENTAL HEALTH DAYS (AVG)	4.7	F
POOR PHYSICAL HEALTH DAYS (AVG)	4.5	C
GOOD OR BETTER HEALTH RATING	80.3%	D
TEEN FERTILITY (RATE PER 1,000)	24.1	C
FIRST TRIMESTER PRENATAL CARE	61.8%	F
LOW BIRTH WEIGHT	5.9%	A
ADULT DENTAL VISITS	68.1%	F
USUAL SOURCE OF CARE	85.7%	B

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	23.5%	F
POVERTY	15.7%	D

## Custer - Washita Health Action Team

### Coalition Priorities

“Creating partnerships to educate, support, and empower communities to promote healthy lifestyles.”

### About Us

Custer – Washita Health Action Team (C-WHAT) began meeting as one group in 2006. C-WHAT is a combination of Custer-Washita Systems of Care, Project Pickett Fences, and the Community Coalition. Although all three movements had different goals, they all had the same vision: to strengthen the community. Together the coalitions have grown by leaps and bounds to include several other agencies and persons not previously connected to any of these groups. Coalition members have developed plans to improve the health of Custer and Washita counties. Many of the strategies are focused on children and infrastructure. Due to the high rates of meth use in Washita County, C-WHAT in partnership with the City of Cordell received a three-year Meth Prevention grant through the Department of Mental Health and Substance Abuse Services for Washita County. After a long assessment process, the coalition decided to implement the “Too Good for Drugs” curricula in all Washita County schools.

### Key Activities

- Compliance Checks throughout each county
- Educated City Council and Community on Social Host Ordinance
- Assessment and Implementation of the Meth Grant which was funded by Department of Mental Health and Substance Abuse Services
- C-WHAT members went door-to-door to over 9,000 homes to educate on Social Host Ordinance and Hotline Number to report Underage Drinking in Clinton and Weatherford
- Media campaign for Meth Prevention grant
- Action Plans developed from Custer County and Washita County Youth Listening Conferences
- Driving force in effort to bring Big Brothers Big Sisters to Custer County



## woods county

### WOODS COUNTY (MEASURE; GRADE)

#### MORTALITY

INFANT (RATE PER 1,000)	-	
TOTAL (RATE PER 100,000)	777.2	C

#### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	251.0	D
CANCER	132.2	A
STROKE	76.6	F
CHRONIC LOWER RESPIRATORY DISEASE	56.2	D
UNINTENTIONAL INJURY	42.2	C
DIABETES	16.1	A
INFLUENZA/PNEUMONIA	36.6	F
ALZHEIMER'S DISEASE	14.1	A
NEPHRITIS (KIDNEY DISEASE)	22.4	F
SUICIDE	-	

#### DISEASE

DIABETES PREVALENCE	-	
ASTHMA PREVALENCE	9.0%	D
CANCER INCIDENCE (RATE PER 100,000)	411.8	A

#### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	-	
NO PHYSICAL ACTIVITY	35.5%	F
SMOKING	24.3%	D
OBESITY	17.9%	A
IMMUNIZATIONS < 3 YEARS	90.1%	A
SENIORS FLU VACCINATION	-	
SENIORS PNEUMONIA VACCINATION	-	
LIMITED ACTIVITY DAYS (AVG)	3.8	B
POOR MENTAL HEALTH DAYS (AVG)	4.2	F
POOR PHYSICAL HEALTH DAYS (AVG)	5.7	F
GOOD OR BETTER HEALTH RATING	73.5%	F
TEEN FERTILITY (RATE PER 1,000)	7.0	A
FIRST TRIMESTER PRENATAL CARE	71.8%	F
LOW BIRTH WEIGHT	5.4%	A
ADULT DENTAL VISITS	63.1%	D
USUAL SOURCE OF CARE	89.5%	A

#### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	13.0	C
POVERTY	16.3	D

## Woods County Coalition

### Coalition Priorities

- Underage drinking
- Healthy lifestyles

### About Us

Woods County Coalition is currently in their second year as a growing and developing coalition. Alva, the home of Northwestern Oklahoma State University, has some of the same health concerns as other college towns, including underage drinking. Earlier this year Alva City Council passed a social host ordinance for their community. The coalition also held a Town Hall meeting on the topic last spring. In addition to underage drinking, the coalition is focusing on healthy lifestyles from childhood through adulthood. A community assessment and school survey has been administered. The coalition evaluated the best way to address these health concerns in their community. Woods County Coalition is currently wrapping up their first Walk this Weigh event. This coalition is so successful because each member is committed and uses their individual talents to make the group better.

### Key Activities

- Town Hall Meeting on underage drinking
- Women's Health Week luncheon
- Promoted Social Host Ordinance at Alva City Council meeting
- Met with Assistant DA to discuss coalition and underage drinking concerns
- Developed month-long Walk this Weigh event



# woodward county

## WOODWARD COUNTY (MEASURE; GRADE)

### MORTALITY

INFANT (RATE PER 1,000)	9.3	D
TOTAL (RATE PER 100,000)	853.9	D

### LEADING CAUSES OF DEATH

(RATE PER 100,000)		
HEART DISEASE	256.9	D
CANCER	176.4	C
STROKE	38.9	B
CHRONIC LOWER RESPIRATORY DISEASE	49.6	D
UNINTENTIONAL INJURY	63.8	F
DIABETES	38.6	F
INFLUENZA/PNEUMONIA	20.2	C
ALZHEIMER'S DISEASE	15.3	B
NEPHRITIS (KIDNEY DISEASE)	8.9	B
SUICIDE	13.4	D

### DISEASE

DIABETES PREVALENCE	9.4%	D
ASTHMA PREVALENCE	4.1%	A
CANCER INCIDENCE (RATE PER 100,000)	490.6	D

### RISK FACTORS & BEHAVIORS

FRUIT/VEGETABLE CONSUMPTION	15.8%	F
NO PHYSICAL ACTIVITY	30.3%	F
SMOKING	27.9%	F
OBESITY	33.2%	F
IMMUNIZATIONS < 3 YEARS	81.5%	C
SENIORS FLU VACCINATION	72.1%	C
SENIORS PNEUMONIA VACCINATION	74.5%	A
LIMITED ACTIVITY DAYS (AVG)	3.8	B
POOR MENTAL HEALTH DAYS (AVG)	3.3	C
POOR PHYSICAL HEALTH DAYS (AVG)	3.3	B
GOOD OR BETTER HEALTH RATING	86.2%	B
TEEN FERTILITY (RATE PER 1,000)	26.9	D
FIRST TRIMESTER PRENATAL CARE	70.5%	F
LOW BIRTH WEIGHT	7.7%	C
ADULT DENTAL VISITS	55.7%	F
USUAL SOURCE OF CARE	74.4%	D

### SOCIOECONOMIC FACTORS

NO INSURANCE COVERAGE	22.9%	F
POVERTY	12.5%	C

## Woodward Area Coalition

### Coalition Priorities

- Substance abuse prevention
- Physical activity
- Youth activities
- Strengthening families

### About Us

Woodward Area Coalition is a diverse group of individuals from many different sectors of the community. After undergoing a few changes in the last couple of years as a coalition, they are learning what works best for them. As the coalition works collaboratively to best meet the needs of the community, they continue implementing projects that over the years have proven successful. One such project is Girl Power! It is held every year in the spring for 5th and 6th grade girls. The coalition creates a positive environment that encourages girls to be all they can be. Many topics are addressed and promote healthy decisions now and in the future. Walk this Weigh and the Family Fun Fair are other successful events that are well established in the community.

Based on coalition and community assessments, a new program called Parents as Mentors is in the developmental stage. It will provide a model for parents who may need extra support in parenting skills.

### Key Activities

- Monthly meetings and recruiting committee members
- Walk this Weigh Woodward
- Family Fun Fair in August
- Girl Power! event for 5<sup>th</sup> and 6<sup>th</sup> grade girls
- 2M2L (2 Much 2 Lose) Club at the Woodward School
- Parents as Mentors program

## Methodology

### Selection of Health Indicators

Health indicators for the State of the State's Health Report were chosen based on practical considerations regarding certain qualities of the indicators. In general terms, health indicators were selected for the report when one or more of the following conditions were evident: 1) there was a perceived ability to effect change in the health indicator through health program or policy interventions; 2) the health indicator reflected an emerging issue of importance to public health; 3) the health indicator evidenced an increase in prevalence or incidence deemed negative to the public's health; 4) the health indicator could be meaningfully measured; 5) the health indicator was acceptable as a measure of the underlying characteristic; and 6) data to measure the health indicator were available and considered timely.

### Sources of Data

Data for each health indicator included in the State of the State's Health Report were gathered from the best available sources. Mortality data for the demographic variables and county level were acquired from OK2SHARE, the interactive queryable data system of the Oklahoma State Department of Health. Demographic data represent deaths for calendar year 2006, while county level data reflect the three-year period 2004-2006. National and state-level mortality data were taken from the Wonder queryable data system, Centers for Disease Control and Prevention (CDC), representing 2005 deaths.

Prevalence data for diabetes and current asthma were drawn from the Oklahoma Behavioral Risk Factor Surveillance System (BRFSS). The demographic data reflect BRFSS data for collection year 2006. County-level data were for the three-year period 2004-2006. National and state-level data were queried from the CDC BRFSS on-line queryable system and represent data collected during 2007. The Oklahoma Cancer Registry provided incidence data for all cancer sites. Data for gender, race/ethnicity, and county reflect years 2000-2005. Oklahoma age data were acquired through CDC Wonder, as were data for the United States

and the 50 states. These data reflect incidence data for the period 1999-2004.

The BRFSS is the source for data documenting behavioral risk patterns. This includes data for fruit and vegetable consumption; physical activity; current smoking prevalence; obesity; influenza and pneumonia vaccinations among seniors (ages 65 and older); days of limited activity and poor mental and physical health days; self health rating; dental visitation; usual source of care; and lack of health care coverage. Demographic, historic, and county-level data were drawn from the OK2SHARE. Demographic data were for year 2006. County-level data cover the years 2004-2006. National data and comparative state-level data reflect BRFSS data for 2007, queried from the CDC BRFSS data system.

Data for childhood immunization rates were drawn from the 2005 Oklahoma State Immunization Information System's (OSIIS) Birth Cohort Survey and the 2007 National Immunization Survey (NIS). The OSIIS is a voluntary immunization registry and the Birth Cohort Survey includes age, race/ethnicity, education, region and county-level data. These data represent the proportion of children 24 months old that are up-to-date for the 4:3:1:3:3 immunization series. The NIS provided comparative data at the national and state-level and also reflect the 4:3:1:3:3 antigen series.

Nativity data reported for the demographics, regions and counties, and the historic trend were drawn from the Oklahoma birth certificate registry. These data reflect the teenage birth rate for ages 15-17 years, the percentage of births weighing less than 2,500 grams (low birth weight), and the percentage of births occurring to Oklahoma women receiving prenatal care beginning in the first trimester of pregnancy. Demographic and region data were for calendar year 2006, while county-level data were for years 2004-2006. National and state-level comparative were drawn from CDC Wonder and report for year 2005.

Trend and historic data documenting the percent of people living in poverty were drawn from the

Current Population Survey (CPS). Demographic data reflect data obtained from the American Community Survey (ACS). Region and county-level data reflect 2005 data obtained from the Small Area Income and Poverty Estimates Program, ACS.

### **Grading Methodology**

To assign grades to each of the health indicators included in the State of the State's Health Report, we designed grading scales. For each indicator, we examined the U.S. rate and the distribution of rates for the 50 states and the District of Columbia. Cutoff points were assigned to grade levels based on the distance from the national rate as determined by standard deviations, derived by examining the variability in the state rates. Rates that range between (0.5) standard deviations below the national rate to (0.5) standard deviations above the national rate were assigned the letter grade C (average).

For indicator rates in which higher rates were deemed favorable, rates that were between (0.5) standard deviations and (1.5) standard deviations above the national rate were assigned the letter grade B. Rates that were beyond the (+1.5) standard deviations of the national rate were given the letter grade A. Rates that fell below the national rate were given a letter grade of D if the rate was between (-0.5) and (-1.5) standard deviations from the national rate. A letter grade of F was assigned to grades falling below (1.5) standard deviations from the national rate. In this situation, the highest (best) rates – those greater than (1.5) standard deviations above the U.S. rate – were assigned As and the lowest (worst) rates – those greater than (1.5) standard deviations below the U.S. rate – were assigned Fs.

For indicator rates in which higher rates were deemed negative, the grading was reversed. That is, rates that were between (0.5) standard deviations and (1.5) standard deviations below the national rate were assigned the letter grade B. Rates that were beyond (-1.5) standard deviations of the national rate were given the letter grade A. Rates above the national rate were given a letter grade of D if the rate was between (+0.5) and (+1.5) standard deviations of the national rate. A letter

grade of F was assigned to grades beyond (+1.5) standard deviations of the national rate. Thus, the highest (worst) rates – those greater than (+1.5) standard deviations above the U.S. rate – were assigned Fs and the lowest (best) rates – those greater than 1.5 standard deviations below the U.S. rate – were assigned As.

As described, the grading scheme yields a distinct scale for each health indicator in the State of the State's Health Report. Letter grade cutoff points are determined by variability in state-level data for each indicator. The grading scales are used to assign grades to select population demographics (e.g., age group, racial/ethnic group, income and education levels) geographic units (e.g., Oklahoma regions and counties, best and worst state rates), and historical trend data.

### **Limitations of Data**

In this report, it will be noted that differences in grading occur within groups (i.e., the 18-24 age group may receive a letter grade of A, while the 25-34 age group may receive a letter grade of B on a selected health indicator). This finding does not necessarily indicate a statistically significant difference between the two age groups. No significance testing was done in the completion of this report. Letter grades were assigned, as described above, for the purposes of making relative comparisons for select population subgroups and domains. A difference in assigned letter grade does not denote a significantly worse or better statistical finding. However, the finding may suggest a difference of practical importance. If no letter grade was assigned to a particular indicator, there was insufficient data.

The source for a number of health indicators was a surveillance system in which data were collected as part of a sample survey (e.g., BRFSS). Sample survey data are subject to sampling error. As a result, responses obtained from the selected sample may differ from the targeted population from which it was drawn. It is worthwhile to recognize that a margin of error in sample estimates exists and may impact the distribution of survey responses. This will in turn affect the relative grades of population subgroups. Year-to-year

differences may also occur. Rather than representing real changes in the population, yearly fluctuation may indicate sampling error. Registry data was the source for some health indicators. While these data are not subject to sampling error, health indicator values may fluctuate year-to-year due to small differences in the number of events (i.e., the number of infant deaths per year). This variability may be due to small yearly changes in the number of the underlying event rather than an indication of any meaningful trend.

#### **Mortality-specific Data Concerns**

*Age* · There logically will be a worsening trend related to advancing age given the natural risk of dying as age increases.

*Race/Mortality* · Race is obviously not self-reported on death certificates, and as such is subject to racial misclassification. Oklahoma linkage studies with Indian Health Services indicate one-third of American Indian (AI) deaths in Oklahoma are classified as White. Consequently, often AI mortality rates are based on numerators that have been undercounted. Certain Causes of Death (CODs) that typically are included in AI studies, such as diabetes tend to have more accurate coding, but will still be under represented.

*Hispanics Death Rates* · There may be a cultural effect resulting in uncharacteristically low Cause of Death rates. This may be due to the immigrant population returning to their country of birth prior to death. This will underestimate the overall rate of death generally, but particularly among that migrant population group.

*Income and Education* · This information is not collected on death certificates.

*COD Coding/ICD9-ICD10* · Cause of Death coding, implemented in 1998, introduced a reporting artifact that affected our ability to generate trends. The dates prior to the ICD10 implementation have been adjusted with the appropriate National Center for Health Statistics (NCHS) correction ratios to provide continuity. As such may not reflect the rate reported in that specific year.

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4+DtaP, 3+Polio, 1+MMR, 3+Hib, 3+HepB

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