

2023 - 2028
Oklahoma
STATE HEALTH
IMPROVEMENT
— PLAN —



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OSDH, Community Health, Autumn M. Cooper, LPC-S, RPT-S, IEMH, THREAD Coordinator

OSDH, Community Health District 5, Debra Lynn, Administrative Program Officer; Melissa Simms, Community Organizer, RN, M.E'd

OSDH, Community Health Services Regional Administrative Directors (see map in Appendix)

- Ashley Ferguson, MHR - District 1
- Maggie Jackson, MPH - District 2
- Kelli Rader, MS, RN - District 3
- James Thompson - District 4
- Brandie Combs, MPH - District 5

- Daryn Kirkpatrick, MPH - District 6
- Tina Johnson - District 7
- Chris Munn - District 8
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Much is made of Oklahoma's efforts to be a Top Ten state. It is a worthy and achievable goal and speaks to the impressive potential inherent in Oklahoma citizens. While we make great strides in infrastructure and business, we are unfortunately labeled as one of the 'unhealthiest' states in the nation. This distinction is tied to our annual health rankings which for decades have found us most frequently in the bottom tier. Currently, Oklahoma ranks 45th among the 50 states. Not our best, but not our worst, as we've ranked between 42 and 49 over the last 20 years. In 1990, Oklahoma ranked 32. That's not top ten, but better than our current status.

Oklahoma is not destined to follow a pre-determined script as one of the unhealthy southern states. We are responsible for our future, and it is time to take action to make that future a healthier one for generations to come.

First, we must understand the factors that have the greatest impact on Oklahoma's health. There are four modifiable behaviors linked to five chronic diseases making up 58% of Oklahoma deaths. Tobacco use, sedentary lifestyle, poor diet, and excessive alcohol use are behaviors linked to diabetes, cardiovascular disease, cancer, chronic lower respiratory diseases, and Alzheimer's disease.

These are not new. Rather, we have discussed these behaviors for years. And, in at least one case, we have seen progress. In 2011, according to the Behavioral Risk Factor Surveillance System (BRFSS), Oklahoma ranked 47th in adult tobacco use with more than 1 in 4 Oklahoma adults smoking. As of the 2022 BRFSS data, we have seen a 40% decrease in adult smoking and now rank 39th. That's a significant improvement, albeit at a slow pace. Which is the challenge in public health. Immediate gratification is elusive, and instead we work on interventions today that will only pay off years down the road.

We can and must improve Oklahoma's health status. It will take time, but we must not give up and resign ourselves to an unhealthy fate. Collectively, we must take action!



Keith Reed | Commissioner of Health



VISION

Leading Oklahoma to prosperity through health.



MISSION

To protect and promote health, to prevent disease and injury and to cultivate conditions by which Oklahomans can thrive.




CORE VALUES

Service
Collaboration
Respect

INTRODUCTION

The Oklahoma State Health Assessment (SHA) gathers public input on factors affecting population health every five years. Oklahomans were surveyed in 2022 to identify priorities for 2023-2028 toward health improvement in the counties and communities across Oklahoma. This information was collected through various methods of printed and electronic surveys, listening sessions, focus groups and key informant interviews while ensuring representation and the voice of diverse populations in the state. Responses from individuals were gathered at the local level through the efforts of county health departments, social service providers, sovereign tribal nations and tribal consultation¹, non-profits as well as additional health and non-health sector partners. This information has been compiled, analyzed and reported in the 2023 SHA which can be found on the website for the Oklahoma State Department of Health (OSDH) at <https://oklahoma.gov/health/health-education/data-and-statistics.html>.

Individuals responding to the SHA were asked to identify major health concerns, health challenges and possible strategies and interventions. As a state with an estimated 32.7% of the population living in a rural area², it was obvious these responses were largely dependent upon the common factors faced by Oklahomans of accessibility and affordability. Upon analyzing the SHA response data, opportunities for health improvement which were common statewide included the following **five priorities: mental health, substance use, obesity, diabetes and cardiovascular disease (CVD)**. It is also worth noting all Oklahoma priorities are in alignment with Healthy People 2030 leading health indicators. More information on Healthy People 2030 can be found online at health.gov/healthypeople.



This 2023 - 2028 Oklahoma State Health Improvement Plan (SHIP) has been developed to identify shared goals, strategies and partnerships around the five SHA priority areas to ultimately improve health outcomes for Oklahomans. The information in this plan and associated workplans is the result of research, focus groups, stakeholder conversations, tribal consultation and meetings held throughout 2023.

DRIVERS OF HEALTH

Adoption of Emerging Language



Economic Stability



Education Access & Quality



Social & Community Context



Healthcare Access & Quality



Neighborhood & Built Environment

Themes which emerged from all discussions held throughout the 2023 health improvement plan process centered around addressing the root causes of poor health outcomes.

In addition to mental health, substance use, diabetes, obesity and cardiovascular disease, a sixth SHIP priority of **Drivers of Health** has been identified for health improvement. Drivers of Health (DOH), also known as Social Determinants of Health, are nonmedical factors of behaviors, social circumstances and norms and environment which influence, or drive, of as much as 80% of one's overall health and well-being, greatly influencing population health outcomes.³ According to Healthy People 2030, these factors and conditions can be grouped into one of the domains shown above.

National public response data collected to gauge the public's perception of public health during the COVID-19 pandemic response indicated the need to strengthen the delivery of information and resources in a consumable and appropriate manner. This includes considerations for accessibility related to ability, age, cultural beliefs, preferred language and reading level.



These standards, known as Culturally and Linguistically Appropriate Services (CLAS), call on organizations to “provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.”⁴

In recent years, a transition in terminology away from Social Determinants of Health and toward Drivers of Health has begun to take place.^{5,6,7,8} Based upon the public feedback throughout the pandemic, this transition is in response to DOH communicating factors as the underpinnings of disease with opportunity for prevention and intervention versus these being set in place or determined as stated in the terminology used previously. Additionally, the term “social” was interpreted by the public as stating housing, transportation, education, etc. are nice things to have. The inclusion of these conditions, associated forces and systems are paramount in making progress toward addressing health disparities, improving health equity and to experience desired improvement in health outcomes in Oklahoma. Therefore, it is with this plan that the Oklahoma State Department of Health adopts the terminology Drivers of Health in place of Social Determinants of Health.

When looking at health outcomes, Oklahoma’s 2022 ranking for all health measures is 45th according to the United Health Foundation’s America’s Health Rankings⁹. As referenced, this work requires multi-sector, nontraditional partnerships and the leveraging of resources to address gaps in services and supports for Oklahomans and the identification of risk and protective factors is critical.

THE SOCIAL ECOLOGICAL MODEL



They are efficient at maintaining training requirements and staying abreast of local information such as some of the key resources available to Oklahomans:

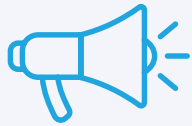
- Calling 211 or visiting 211.org
- Referrals through Unite Us
- beaneighbor.ok.gov/s/
- Local United Way information and other local social service provider resource lists
- Evolution Foundation's list of Oklahoma Coalitions
- Connecting individuals to family resource/ HOPE centers
- 988 Mental Health Line at 988oklahoma.com
- Legal Aid at oklegalconnect.org
- Oklahoma Medicaid (Soonercare) at Oklahoma.gov/ohca
- Women, Infants and Children (WIC) Program at 1-888-OKLAWIC (1-888-655-2942)
- Supplemental Nutrition Assistance Program (SNAP) through Oklahoma Human Services as Oklahoma.gov/okdhs

Navigating these programs and processes can sometimes require support which is why reaching out to your local county health department, community behavioral health clinic, tribal health center or community health center to visit with one of these advocates is encouraged.



Policy is another area essential to achieving improvement of health outcomes. Recent years have brought forth an unprecedented number of proposed bills addressing health and mental health in Oklahoma. These efforts have seen some great success such as the Oklahoma Health Education Act (overview found here - [SBE Final Draft Health Standards 2022](#)), the Oklahoma Medicaid Expansion through State Question 802 and increased support for preventing substance use and suicides in Oklahoma such as guidelines and increased training for schools, practitioners and law enforcement. However, elected state officials, think tanks, policy advocates, community leaders and residents as the stakeholders are well aware and in agreement there is more work to be done.

CALL TO ACTION FOR STATE HEALTH IMPROVEMENT



Community engagement and support at the local level for grant funding.



Investment and support for a skilled, well-trained and diverse public health workforce.



Strengthen and modernize the collection and sharing of public health data and analytics.



Evaluation and strategic alignment of efforts through coalition work.



Policy supporting Drivers of Health needs for Oklahomans' quality of life.

| PRIORITIES |

HEALTH IMPROVEMENTS



MENTAL HEALTH



SUBSTANCE USE



OBESITY



DIABETES



CARDIOVASCULAR
DISEASE



DRIVERS OF
HEALTH

The information to follow represents the efforts of numerous contributing partners and organizations to update the Oklahoma SHIP for efforts between 2023-2028. These partners have also engaged to finalize the SHIP workplans. Annual reporting for the SHIP will include re-evaluating health priority strategies, targets and all elements of the workplans by October 31st for each plan year.

MENTAL HEALTH & SUBSTANCE USE

As many as 1 in 5 adults and 1 in 6 youth are affected by mental health challenges such as depression or panic disorders. These challenges can make it harder to think clearly, manage how you feel, and work with other people. Furthermore, substance use can lead to the diagnosis of chronic and acute disease such as hepatitis B and C, HIV/AIDS, cardiovascular disease, lung disease, cancer and stroke.



Sometimes you may feel helpless and hopeless. But you're not alone.

Talking with others who suffer from these challenges may help. And treatment can help you get back in control. Many individuals experience a substance use disorder and a mental health disorder. When these occur at the same time it is often referred to as a co-occurring disorder. (ODMHSAS, n.d.)¹¹

Infant mental health is another key area for education on prevention, early detection and treatment as early experiences lay the foundation for healthy development and outcomes. Increased efforts around risk and protective factors for children have been a statewide focus in recent years as advocates and stakeholders look to improve outcomes and reduce Adverse Childhood Experiences (ACEs) for Oklahomans. Support and skill building opportunities for those caring for these young Oklahomans have been identified as additional opportunities for collaboration at the local level.

Relevant Oklahoma data:

- Age-adjusted suicide rate per 100,000 population - 22.2 (OK2Share, 2021).¹²
- Unintentional drug overdose death rate per 100,000 population - 24.0 (Fatal Unintentional Poisoning Surveillance System, 2021).¹³

ASSETS & RESOURCES

2Much2Lose (2M2L)

988 Mental Health Lifeline www.988oklahoma.com

AlcoholEdu For High School

Alcohol-Wise HS

Are You OK? [Are You OK? \(oklahoma.gov\)](http://oklahoma.gov)

Ask For Backup

A Smoking Prevention Interactive Experience (ASPIRE)

At-Risk in PK-12 [Kognito At-Risk in PK-12 \(oklahoma.gov\)](http://oklahoma.gov)

Botvin Lifeskills Training

Community Data Workgroup (CDW)

Do No Harm: Pain and Opioid Management

Empowering Teens to Help Themselves Oklahoma Partnership (OPI)

Family Care Plan eLearning [Family Care Plan eLearning \(oklahoma.gov\)](http://oklahoma.gov)

Family Field Guide: www.familyfieldguide.org

Friend 2 Friend Kognito [Kognito Friend2Friend \(oklahoma.gov\)](http://oklahoma.gov)

LivingWorks Start [LivingWorks Start \(oklahoma.gov\)](http://oklahoma.gov)

Mental Health First Aid [Mental Health First Aid \(MHFA\) \(oklahoma.gov\)](http://oklahoma.gov)

Note to Self: Take Care of Your Self-Care e-Learning

Ok, I'm Ready : www.okimready.org

Oklahoma Prevention Needs Assessment (OPNA)

Oklahoma Regional Epidemiology Outcomes Workgroup (REOW)

Oklahoma State/Tribal Epidemiology Outcomes Workgroup (STEOW)

PAX Good Behavior Game

RESILIENCE In Times of Uncertainty

Responsible Beverage Services and Sales (RBSS) Training [RBSS \(oklahoma.gov\)](http://oklahoma.gov)

School-Based Suicide Prevention Services

Synar Compliance

The Basic Screening, Brief Interventions & Referral to Treatment (SBIRT)

Together Strong [Kognito Together Strong \(oklahoma.gov\)](http://oklahoma.gov)

Veterans Crisis Line: 1-800-273-8255

Zero Suicide

OBESITY

As stated in the Oklahoma State Obesity Plan (2022)¹⁵, with a 13.2% increase in obesity from 34.8% to 39.4% in the past two years, Oklahoma remains one of the most obese states in America. In 2020, Oklahoma had the 9th highest obesity prevalence in the nation and is among the top-ten most obese states according to America's Health Rankings. Across the nation, 31.9% of the adult population is considered obese compared to 36.4% of adults in Oklahoma. Additionally, 32.3% of Oklahoma's children aged 10-17 are overweight or obese compared to the national average of 32.1%.

Overall, Oklahoma has approximately

1 Million
adults that are obese.

Oklahoma, as well as many states across the nation, has seen a steady increase in rates of obesity over the past two decades. At times, Oklahoma has seen its rate of increase surpass many other states, consistently leaving Oklahoma as one of the most obese states in the country. Projections place Oklahoma on the path to becoming the most obese state by 2030 if the course is not altered through prevention and reduction strategies.

The complexity of obesity, makes finding solutions more challenging than just telling people to "eat less and move more". It's a complex issue with many contributing factors. In general, obesity occurs when caloric intake exceeds caloric expenditures resulting in the body storing the excess calories as fat. While genetics may contribute to an increased risk of weight gain, most contributing factors (e.g., poor diet, sedentary lifestyle, excessive alcohol use) are within an individual's control.

The impacts of obesity are serious and costly. According to the CDC, obesity is associated with poor mental health outcomes, reduced quality of life and an increased risk for developing chronic conditions such as hypertension, type 2 diabetes, heart disease, stroke, sleep apnea and breathing problems, some cancers, and mental illnesses such as depression and anxiety. Additionally, the impact of obesity reaches beyond an individual, extending to statewide health care costs, business productivity and the nation's defense readiness.

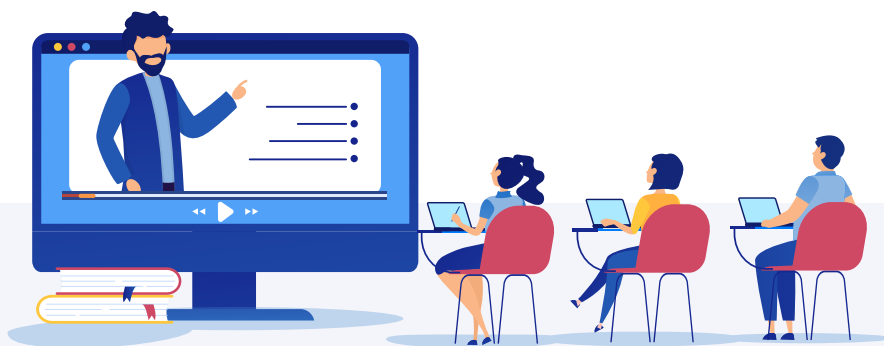
Relevant Oklahoma data:

- 39.4% of adults in Oklahoma report a body mass index of 30 or higher based upon reported height and weight as compared to 33.9% nationally.¹⁶
- 34.3% of children aged 10-17 in Oklahoma are overweight or obese for their age based upon reported height and weight as compared to 33.5% nationally.¹⁶

DIABETES

Oklahoma has one of the highest rates of diabetes in the United States. According to Riddle and Herman (2018)¹⁷, diabetes is a leading cause of death and disability in the state and its complications are responsible for more than \$1.6 billion in annual healthcare costs. The economic implications of diabetes in Oklahoma are significant and as such, OSDH has identified strategies for reducing the prevalence of diabetes and improving health outcomes of priority populations affected by diabetes.

As of 2021, over 390,000 adults reported having been diagnosed with diabetes, ranking Oklahoma ninth in the nation in prevalence of diabetes and 1.9% higher than the national average. This is a concerning statistic, as diabetes is a serious and potentially life-threatening condition, leading to a range of health complications, including heart disease, stroke, kidney failure and blindness.



To address this issue, a strategic approach has been developed in collaboration with multiple healthcare partners. This approach includes increasing access to healthcare, promoting healthy lifestyle choices and providing education about the risks of diabetes. Strategies identified will advance health equity for these priority populations by recognizing barriers, increasing access to quality healthcare, and developing community-based interventions to address drivers of health.

The 2023 Oklahoma Diabetes Prevention Report can be found here - <https://aem-prod.oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/health-promotion/center-for-chronic-disease-prevention---health-promotion/2023%20Oklahoma%20Diabetes%20Prevention%20Report.pdf#:~:text=Over%20390%2C000%20Oklahoma%20adults%20reported%20having%20been%20diagnosed,the%209th%20highest%20diabetes%20prevalence%20in%20the%20nation>

CARDIOVASCULAR DISEASE (CVD)

Cardiovascular disease is another area where Oklahoma has been identified as having one of the highest rates in the United States. According to America's Health Rankings,⁹ Oklahoma ranks 43rd in the nation in hypertension, high cholesterol, and cardiovascular disease which is 2.5% higher than the national average. Heart disease is the leading cause of death and disability in the state. The economic implications of heart disease in Oklahoma are significant and as such, OSDH has identified strategies for reducing the prevalence of high blood pressure and high cholesterol and improving health outcomes of priority populations affected by heart disease.

As of 2022, approximately 39% of adults reported having been told they had hypertension by a healthcare provider and over 37% reported being told they had high cholesterol¹⁹. This is a concerning statistic, as hypertension and high cholesterol are serious and potentially life-threatening conditions, which can lead to a range of health complications including stroke, kidney or heart failure, and vision loss.



To address this issue, a strategic approach has been developed in collaboration with multiple healthcare partners. This approach includes increasing access to healthcare services, promoting healthy lifestyle choices, and providing education about the risks of CVD. Strategies identified will advance health equity for these priority populations by identifying barriers, increasing access to quality healthcare, and developing community-based interventions to address Drivers of Health.

ASSETS & RESOURCES

Afterschool Snack Program

Dietary Guidelines for Americans, 2020-2025: [Home](#) | [Dietary Guidelines for Americans](#)

Institute of Child Nutrition ICN iLearn

My Plate [MyPlate](#) | [U.S. Department of Agriculture](#)

OK In the Know

OSDH Community Health Workers (CHWs)

OSDH Pregnancy Resource Navigators (PRN)

Public Health on the Go (PHOG)

School Breakfast Program

Senior Farmers' Market Nutrition Program (SFMNP)

Special Milk Program

Supplemental Nutrition Assistance Program (SNAP) [SNAP \(oklahoma.gov\)](#),

Supplemental Nutrition Assistance Program Nutrition Education (SNAP ED)

U.S. Department of Agriculture

USDA Food and Nutrition Service

USDA SNAP-Ed Connection: [SNAP-Ed Connection | Home \(usda.gov\)](#)

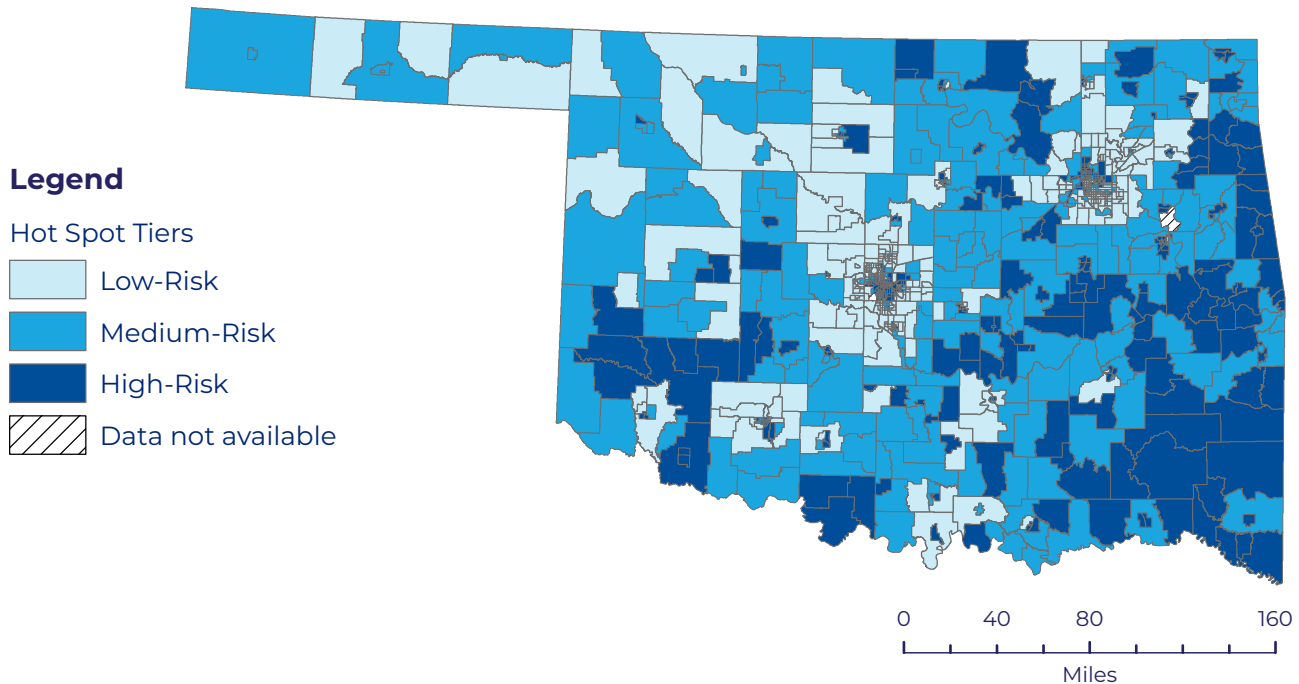
DRIVERS OF HEALTH (DOH)



The underlying causes of poor health outcomes are often linked to the conditions in which people are born, live, learn, work, play, worship and age. These drivers of health are the contributing factors of population health disparities and health inequities. Because these factors are intertwined with individual, social and environmental factors, health improvement requires multipronged, systems level interventions.

Policy, systems and environmental (PSE) level interventions are more likely to have sustainable population impact which is especially important in Oklahoma due to the presence of inequity hot spots. Inequity hot spots are based upon life expectancy, the Child Opportunity Index and the Area Deprivation Index. Census tract level information on inequity hot spots shows 362 census tracks across 59 counties as high-risk. This accounts for 31% of the overall state population.

STATE OF OKLAHOMA HEALTH INEQUITY MAP



Notes

The inequity hotspot census tracts are based on total composite score of life expectancy (LE) points, child opportunity index (COI) points, and area deprivation index (ADI) average points for a census tract.

Please note – ADI average is the average points (ranging from 1-10) assigned to a census tract based on the average ADI score (ranging from 1-10) of the block groups within the census tract.

Inequity hotspot census tracts are categorized into three tiers; high-risk, medium-risk, and low-risk using cutoff points of:

1. 17 or greater (high-risk)
2. 12-16 (medium-risk)
3. Less than 12 (low-risk)

Disclaimer

This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

Data Source

Community Analysis and Linkages
Oklahoma State Department of Health
Projection/Coordinate System: USGS Albers Equal Area Conic

SHIP PARTNERS & STAKEHOLDERS

While this list is intended to serve as a complete and thorough list of partners and stakeholders, the list will continue to be maintained and edited throughout the life of the 2023-2028 OK SHIP.

America Walks	National Association of City Transportation Officials
American Association of Retired Persons	Norman Regional Health System
American Heart Association	Office of Management and Enterprise Services (OMES)
American Society for Civil Engineers	OKDHS - Child Services department
Association of Central Oklahoma Governments	Oklahoma 4-H Youth Development
Avedis Foundation	Oklahoma Alliance of YMCAs
Bicycle Corporation	Oklahoma Association for Health, Physical Education, Recreation, and Dance (OAHPERD)
Bike Oklahoma	Oklahoma Center for Nonprofits
City Governments	Oklahoma Child Food Security Coalition
City Planners Association	Oklahoma City - County Health Department (OCCHD)
Community Analysis and Linkages (CAL) Department	Oklahoma City Indian Clinic
Community Coalitions	Oklahoma Department of Mental Health and Substance Abuse Services
Community Food Bank of Eastern Oklahoma	Oklahoma Department of Transportation
Faith Based Organizations	Oklahoma Foundation for Medical Quality (OFMQ)
Health Alliance for the Uninsured	Oklahoma Head Start Collaboration Office
Healthy Schools Oklahoma	Oklahoma Health Care Authority (OHCA)
Hunger Free Oklahoma	Oklahoma Hospital Association
Indian Health Services (IHS)	Oklahoma Institute for Child Advocacy
Indian Nations Council of Governments	Oklahoma Lactation Consultant Association (OKLCA)
Regional Transportation Plan Organizations	Oklahoma Municipal League
Latino Community Development Agency	Oklahoma Nutrition Information and Education (ONIE) Project
Local Chambers	
Mercy Hospital	
MyHealth Access Network	

SHIP PARTNERS & STAKEHOLDERS

(CONTINUED)

Oklahoma Partnership for Expanded Learning

Oklahoma Partnership for School Readiness

Oklahoma Primary Care Association (OKPCA)

Oklahoma School Nutrition Association

Oklahoma State Department of Agriculture

Oklahoma State Department of Education
(OSDE)

Oklahoma State Department of Health (OSDH)

Oklahoma State Medical Association

Oklahoma State University - Center for Health
Sciences

Oklahoma State University Family Health and
Nutrition Clinic

Oklahoma State University Oklahoma
Cooperative Extension Service (OSU - OCES)

Oklahoma Tribal Engagement Partners

Oklahoma Turning Point Council

OSU - Community Nutrition Education
Programs (CNEP)

OU Health

OU Health Science Center

OUHSC/Oklahoma Healthy Aging Initiative
(OHA)

Partnership for Active Transportation

Pottawatomie Go

Potts Family Foundation

Rails to Trails

Regional Food Bank of Oklahoma

Regional Transportation Plan Organizations

Salvation Army

Smart Start

SoonerStart

Southwest Oklahoma Regional

Southwestern Oklahoma State University
College of Pharmacy Rural Health Center
(SWOSU - RHC)

Southwestern Oklahoma State University-
Rural Health Center (SWOSU-RHC)

The Indian Nations Council of Governments

The Institute for Quality Communities

Tobacco Settlement Endowment Trust (TSET)

Transportation Planning Organization

Tulsa County Health Department (THD)

University of Central Oklahoma (UCO)

University of Oklahoma (OU) - Hudson College
of Public Health

University of Oklahoma (OU) - School of
Community Health Sciences

University of Tulsa

YMCA of Greater Tulsa

YMCA of Greater OKC

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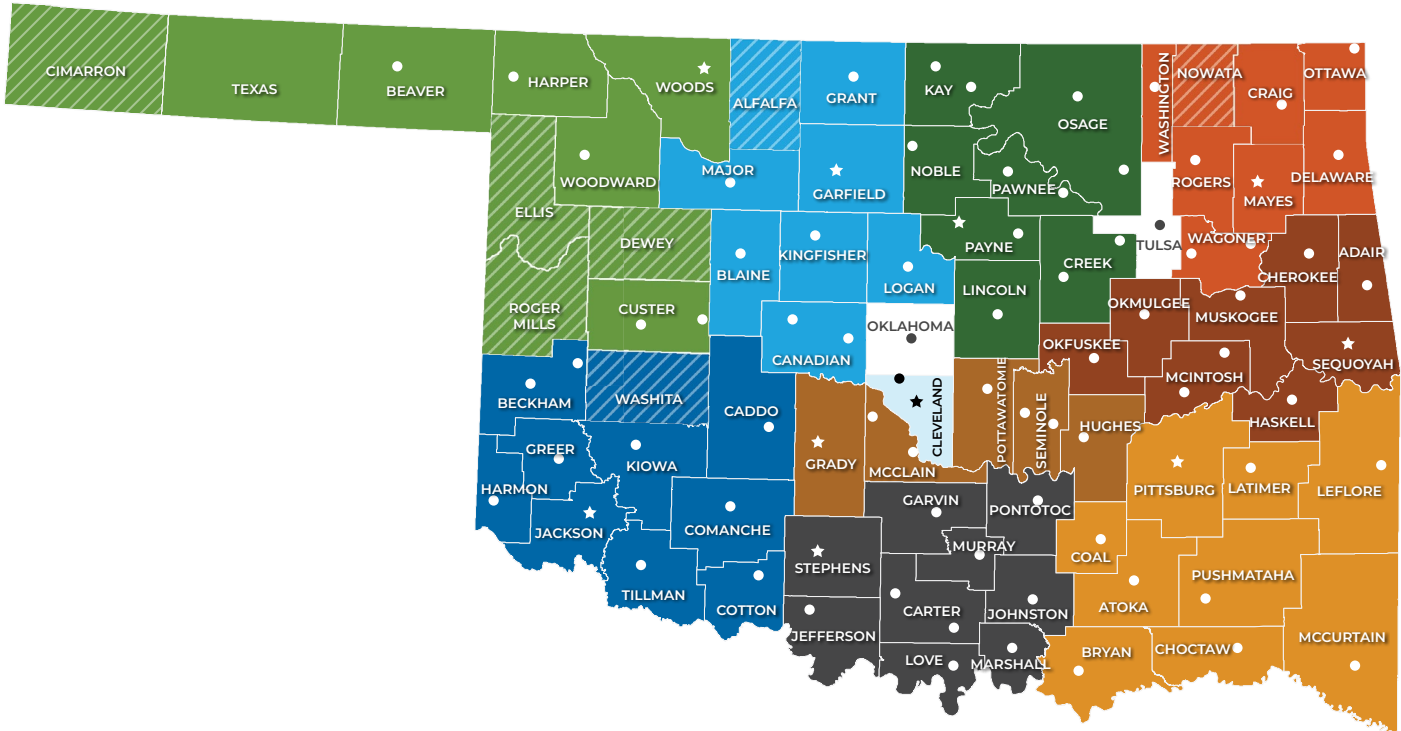
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COUNTY HEALTH DEPARTMENT DISTRICTS

APPENDIX



- ★ Regional Director's Home Site
- County Health Department Site

(*) indicates Home Site

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| <p>1 Ashley Ferguson
Beaver, Cimarron, Custer, Dewey, Ellis, Harper, Texas, Roger Mills, Woods*, Woodward</p> <p>2 Maggie Jackson
Alfalfa, Blaine, Canadian, Garfield*, Grant, Kingfisher, Logan, Major</p> <p>3 Kelli Rader
Creek, Kay, Lincoln, Noble, Osage, Pawnee, Payne*</p> <p>4 James Thompson
Craig, Delaware, Mayes*, Nowata, Ottawa, Rogers, Wagoner, Washington</p> <p>5 Brandie Combs
Beckham, Caddo, Comanche, Cotton, Greer, Harmon, Jackson*, Kiowa, Tillman, Washita</p> <p>6 Daryn Kirkpatrick
Grady*, Hughes, McClain, Pottawatomie, Seminole</p> | <p>7 Tina Johnson (Interim)
Adair, Cherokee, Haskell, McIntosh, Muskogee, Okfuskee, Okmulgee, Sequoyah*</p> <p>8 Chris Munn
Carter, Garvin, Jefferson, Johnston, Love, Marshall, Murray, Pontotoc, Stephens*</p> <p>9 Juli Montgomery
Atoka, Bryan, Coal, Choctaw, Latimer, LeFlore, McCurtain, Pittsburg*, Pushmataha</p> <p>10 Jackie Kanak
Cleveland*</p> <p>Independent Counties
Oklahoma City County Health Department
Tulsa County Health Department</p> <p>Counties without a local health department
Alfalfa, Cimarron, Dewey, Ellis, Nowata, Roger Mills, Washita</p> |
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