OKLAHOMA STATE DEPARTMENT OF HEALTH

State Health Assessment

2023

OKLAHOMA
State Department
of Health

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OKLAHOMA
State Department
of Health

My fellow Oklahomans,

Here at the Oklahoma State Department of Health (OSDH) we are committed to leading Oklahoma to prosperity through health, by continuously working to provide critical information and resources Oklahomans need to live long and healthy lives.
In order to accomplish our agency's vision, we are providing these Community Health Assessments which play a critical role in addressing each community's individual needs. The assessments identify health concerns, challenges and possible solutions to Oklahoma communities.

I encourage Oklahomans to read and digest the findings of this assessment, and use it to work together to develop additional strategies and interventions specific to your community to propel Oklahomans toward improved quality of life.
We know, in America's Health Rankings, Oklahoma typically falls to the bottom tier of the rankings, and I do not accept that.

As the Commissioner of Health, I am committed to leading Oklahoma to prosperity through health, however it is going to take all of us to move the needle. It is time that we stop accepting Oklahoma as a bottom tier, unhealthy state and work together to improve our health outcomes.

It is our intention for this report to start critical conversations and actions to improve the health of all Oklahomans. The OSDH would like to hear from you and work with you to reach these goals for our neighbors and our state.

Sincerely,

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

BACKGROUND

Since the Oklahoma Health Improvement Plan update in 2015, the nation's public health system has experienced significant impacts and undergone many changes. At a state level, the public health landscape in Oklahoma has changed substantially since the last five-year planning period concluded in 2020. As efforts to renew the state's health plans were gearing up, so too was the virus we would come to know closely in our daily lives. The pandemic has forever etched experiences and lived history onto the walls of time. Among the strengths identified, community collaboration in response to the Coronavirus Pandemic has been at an all-time high.

State, city and county officials, local organizations, stakeholders and community members rallied in response to help ensure the safety of all. This support, however, is nothing new in Oklahoma. Collaboration for key concerns of health and the identification of needs and resources has been at the forefront of public health for decades. Across the nation as well as within Oklahoma, a new lens is being used to evaluate the success and effectiveness of traditional public health practices, and is committed to innovation and continued improvement.

It has become more evident there is a need for routine engagement of communities to identify data that point to overall health status, to prioritize areas of strengths and weaknesses and to plan for achievable activities aimed to bring about change. Guided by the Mobilizing for Action through Planning and Partnership (MAPP)[1] process, community health assessments (CHA) are typically conducted every five years at minimum and are the building block upon which health improvement plans are laid.

This 2023 Oklahoma Statewide Health Assessment (SHA) highlights community engagement efforts with the public statewide as well as the statewide engagement of community organizations and staff of the OSDH. The goal of the SHA is to provide a current picture of statewide themes regarding health status and to indicate community recommended strategies toward improved health. Coupled with the agency strategic plan and continued local planning, this assessment will lead to the development of local and statewide community health improvement plans, whereby strategies are adopted, prioritized, defined with metrics and progress tracked over a five-year period.

OKLAHOMA'S PUBLIC HEALTH SYSTEM

Public health in Oklahoma is comprised of Tribal health systems, the Tulsa Health Department, the Oklahoma City-County Health Department and the Oklahoma State Department of Health (OSDH).

The OSDH is led by a Commissioner of Health who is nominated by the Governor of the state of Oklahoma and is confirmed for appointment by the Oklahoma State Legislature. The state agency protects and improves public health through its system of local health services and strategies focused on protecting and promoting health and preventing disease. The OSDH is also accredited with the national Public Health Accreditation Board (PHAB) and follows the framework of the 10 Essential Public Health Services[2] across all areas of the agency.

Major service areas of the OSDH include - Community Health Services, Quality Assurance and Regulatory, Health Preparedness, Administration, Finance, Strategy and Business Performance as well as offices of the Chief of Staff and the Chief Medical Officer. Each of these areas are led by a Chief or Deputy Commissioner and provide technical support and guidance to 68 county health departments located around the state.

The 68 county health departments with the Oklahoma State Department of Health are aligned with one of 10 community health districts. These 10 districts are each led by a Regional Administrative Director who directs, manages and supervises all county health department staff, programs, and local finances in assigned counties. Additionally, they serve as a liaison between the OSDH and the assigned county health departments. The 10 health districts range in size between one and 10 counties. A map showing the organization of these as well as their Regional Administrative Directors can be found on page 12.

The OSDH also provides guidance and consultation to the two independent city-county health departments located in Oklahoma City and Tulsa. As a shared commitment to the improved health status of Oklahomans, mutual partnerships with Tulsa, Oklahoma City and Tribal public health systems are critical to the statewide response for public health emergencies and the delivery of public health services. Community health assessments and health improvement plans also guide their work and are available for the public. Updates to these plans and data collection efforts in Oklahoma County can be found on the Oklahoma City-County Health Department's website as available. The Tulsa Health Department and Oklahoma City-County Health Department are both accredited with PHAB and follow the MAPP process.

Oklahoma County Health Departments Reference Guide
https://oklahoma.gov/health/locations/county-health-departments/oklahoma-county-health-departments-reference-guide.html

Oklahoma County Community Health Assessment Data
https://www.occhdwellnessscore.com/

Tulsa County Health Assessment Documents
https://www.tulsa-health.org/sites/default/files/page_attachments/CHNA%20report_4_15_16-compressed.pdf

Tulsa County Community Health Improvement Plan
https://www.tulsa-health.org/community-health/community-programs/community-health-improvement-plan

For more information, visit Oklahoma State Department of Health
https://oklahoma.gov/health.html

Factors Influencing Health in Oklahoma

The opportunity to be healthy is affected by where one lives. These factors, known as social determinants of health (SDoH), include aspects in which a person is born, lives, and grows that influence health beyond one's control. A person's neighborhood can influence many conditions, including chronic diseases, which are disproportionately more common among racial and ethnic minorities and those who are socioeconomically disadvantaged.

SDoH can drive as much as 80% of health outcomes and are a contributing factor of widespread health disparities and health inequities. Because of this, Healthy People 2030[3] identifies SDoH as one of three priority areas for improving the health of Americans with the domains of economic stability, education access and quality, health care access and quality, neighborhood and built environment and social and community context as specific areas for action. Ongoing community input and assessment of SDoH data in Oklahoma is critical to understanding the level of influence SDoH have locally as well as statewide and how to prioritize the investment of resources and service delivery in socially-disadvantaged neighborhoods.

Another determinant impacting the health of Oklahomans is known as Adverse Childhood Experiences, or ACEs. ACEs are traumatic and adverse experiences that occur from conception to age 18 without a presence of buffering support. These factors include situations of neglect, abuse and household dysfunction and have been found to contribute to increased risks of poor health and social outcomes through decades of public health research. This work originated from the research study by Dr. Vincent Felitti and Dr. Rob Anda published in 1998 known as "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults[4]" or the ACEs study.

The reason this is an area of focus for the OSDH and community health districts across the state is due to the high rates of occurrence, known in public health as prevalence. A 2017 report from the National Survey of Children's Health[5] cited Oklahoma as leading the nation with the highest prevalence of individuals experiencing two or more ACEs. While attention focused on addressing ACEs in Oklahoma has been ongoing in some parts of the state and among organizations committed to investing in early childhood for many years, a strategic and concerted effort has been growing over the past two to three years.

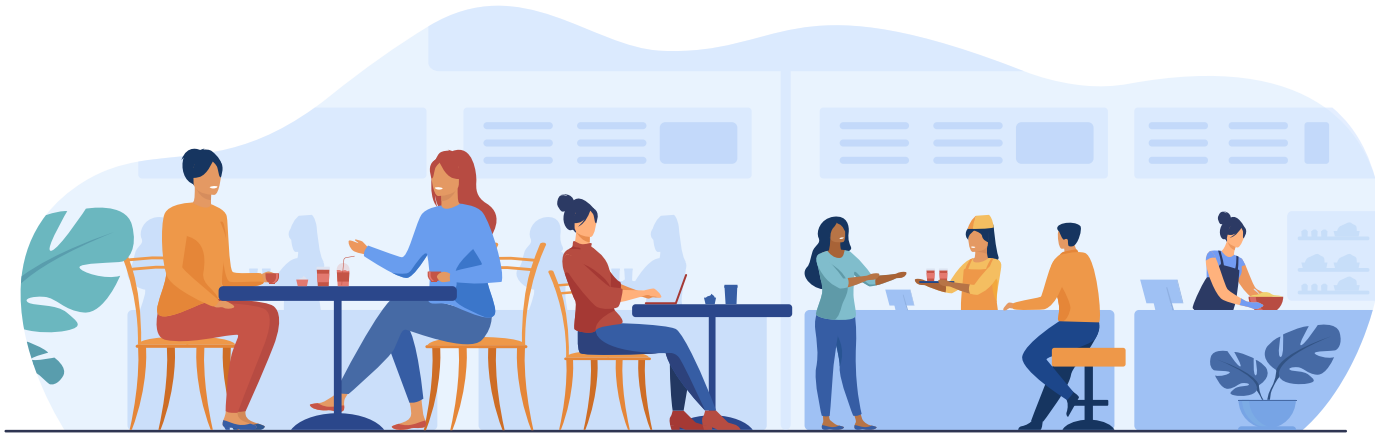
Another aspect involved in the ability to be healthy is known as health equity. Health equity relates to social justice in health; that is, everyone has a fair and just opportunity to be as healthy as possible. The OSDH has incorporated aspects of life expectancy, or the average age to which people can expect to live, and two measures of social and economic deprivation for the development of Inequity Hot Spot maps at the census tract level across the state of Oklahoma shown below. The two powerful social and economic disadvantage indexes included, Child Opportunity Index (COI) and Area Deprivation Index[6] (ADI), are included to assess and measure the quality of resources and conditions within Oklahoma census tracts and block groups.

The COI measures neighborhood opportunity, along with three domains vital for children: Education, Health and Environmental, and Social and Economic. Neighborhoods make a significant impact on children's health and development. In addition to safe and supportive home environments, all children should live in neighborhoods with access to good schools, healthy foods, safe parks and playgrounds, clean air, safe housing and jobs with a livable wage for the adults in their lives. However, this is not a reality for many children in Oklahoma, particularly, African American, Hispanic and Native American children.

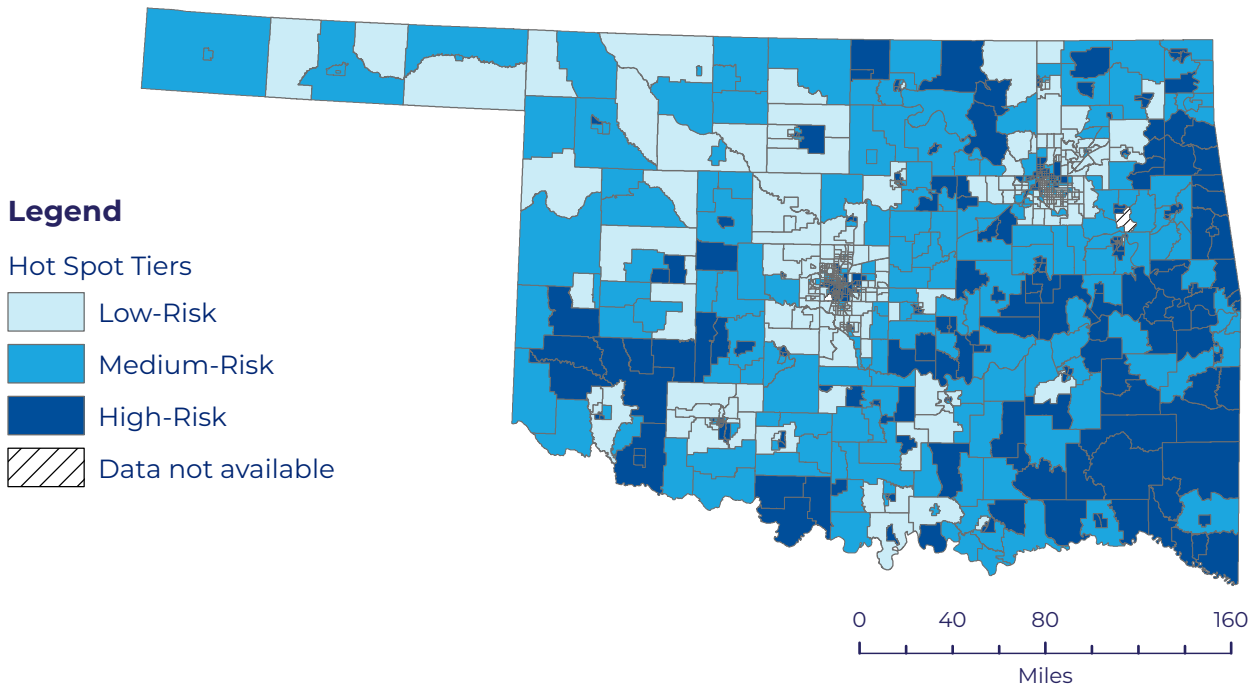
The ADI includes 17 measures of education, housing quality and poverty. Socioeconomic disadvantage plays a key role in health disparities and contributes to a lack of health equity, or inequities. A neighborhood's socioeconomic factors such as income, education, employment and housing quality, may provide clues to the effects those factors have on overall health, and could inform health resources, policy and social interventions.

There are 362 high-risk inequity hotspot census tracts across 59 counties in Oklahoma. This prevalence accounts for 31% of the overall state population. Having this type of information to better understand social and economic factors impacting health disparities is an important step forward to achieving health equity. It can provide an opportunity to guide conversations about:

1. What might be causing health disparities in high-risk inequity hot spot census tracts across our communities.
2. How to spur change within these inequity hotspot tracts.
3. Program planning, investment of resources and health delivery at the local level for the most disadvantaged neighborhood groups.
4. The monitoring and evaluation of efforts.



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

DATA COLLECTION ANALYSIS & METHODS

As mentioned, the OSDH utilizes a framework for collecting community health assessments that follows guidance and recommendations set forth by PHAB[7] as well as the MAPP process. PHAB outlines a general approach to public health assessments to include:

- Describe the health of the population
- Identify areas for improvement
- Identify contributing factors that impact health outcomes
- Identify community resources that can be mobilized to improve population health

PHAB provides a voluntary standards and measures document that is the official guidance for public health department accreditation as well as reaccreditation. CHA and SHA requirements are outlined in standard 1.1 (see https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf or https://phaboard.org/wp-content/uploads/Standard-Measures-Version-2022-Reaccreditation.pdf).

The process used to create the SHA involved two types of data: primary CHA data which was collected directly from individuals within the community through use of listening sessions, focus groups and surveys; and secondary data which was gathered from a variety of publicly available datasets and reports on demographic, health and socio-economic indicators among Oklahomans.

At a public-facing, individual level, a successful CHA process includes building greater awareness of community characteristics and population health factors to support the development of plans for improvement. This SHA report compiles what was identified as key concerns for health, needs and opportunities for the improvement of health outcomes as well as the importance and impact of social determinants of health and health equity across Oklahoma. During calendar year 2022, staff from the community health districts across the state collected qualitative and quantitative data to inform this process. The composition of the those leading the engagement strategies included Regional Directors, Community Engagement supervisors, Health Educators, Community Health Workers, Health Equity Specialists, Public Information Officers and Nurses, among others.

The first six months of 2022 were spent in planning to assist the assessment efforts. January through May involved OSDH staff researching and organizing the methods and framework for assessment activities. The use of a “World Café” technique for facilitating listening sessions was established. Supplementary tools were created to guide input gathering and included items such as guidance for engaging focus groups, community needs assessment survey question banks, and asset mapping techniques. Tools used in this process can be found in the Appendix. Updated primary data sets describing the health status of local communities were finalized and made available to health districts which included the County Wellness Profiles and County Health Rankings reports.

June 2022 focused on training OSDH staff and bringing awareness to conducting the assessments in all ten community health districts. A series of planning calls were held with each district and OSDH program area. This was followed by a comprehensive hybrid training on the topics identified in the planning phase. These training topics included the “World Café” methods, train the trainer on listening session facilitation, data collection tools, methods and outputs, synthesizing data, and the presentation of county level health status data.

Listening sessions began in July 2022 with all sessions complete by August 30, 2022. The health assessment activities were conducted statewide but also through multiple methods and approaches. Focus groups were conducted in person as well as using virtual platforms to allow members of the public to offer their perspectives. Listening sessions were held among community residents and stakeholders, as well as among OSDH staff, to gain answers to three primary questions:

What are the major health concerns facing your community?

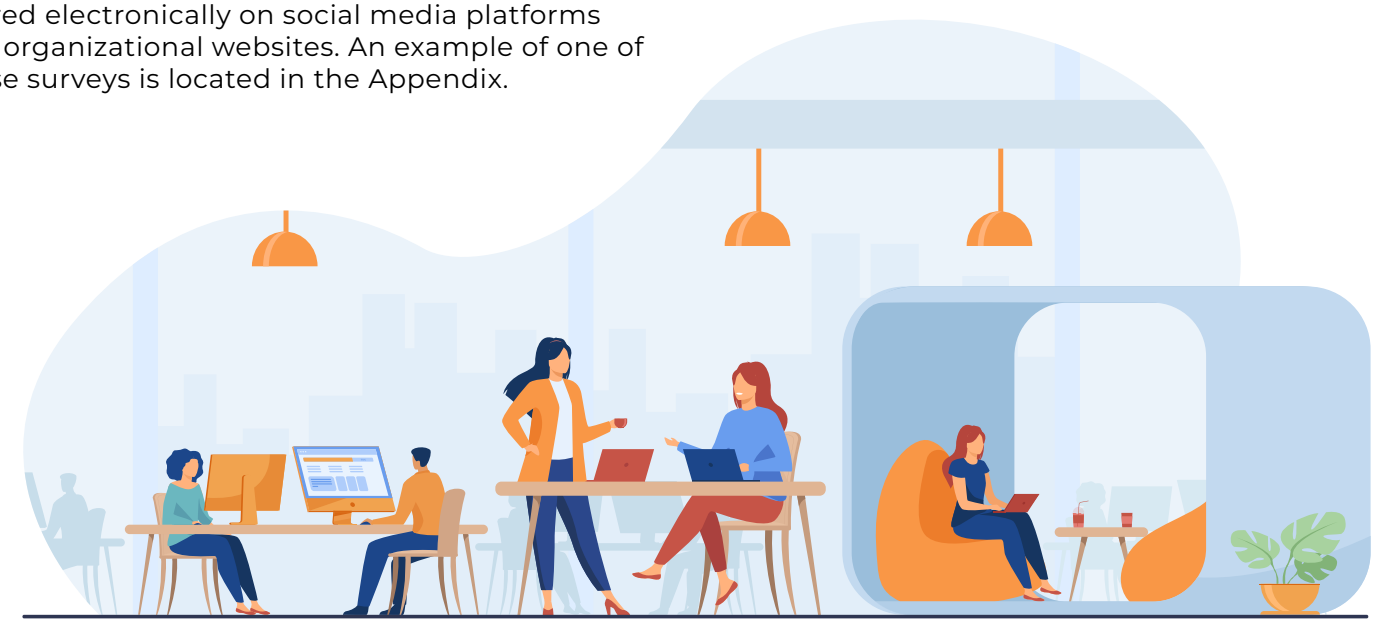
What barriers exist that prevent your community from improving health?

What resources exist or are needed to improve your community's health?

Anonymous paper and electronic surveys were made available to the population in multiple languages. Dissemination of surveys included various approaches such as county health department lobbies, local public libraries, transit stations, lobbies of partner organizations such as food banks, medical clinics and schools as well as shared electronically on social media platforms and organizational websites. An example of one of these surveys is located in the Appendix.

Each OSDH health district conducted at least one in-person listening session, in addition to the use of other data collection methods including focus groups and the community surveys provided on paper or online. Participants in the listening sessions were recruited based upon general notices shared in the hosting communities and in local online forums, through email invitation, by word-of-mouth information and in settings offering an opportunity for announcements and updates by those in attendance, such as coalition meetings.

Staff of the OSDH provided survey responses based upon experiences as both an individual residing in Oklahoma as well as a service provider working with diverse populations across the state. The involvement of stakeholders, community partners and community members were essential to identifying local needs as well as opportunities and strategies for improvement. The list of critical sectors involved in this process statewide can be found near the end of this document. Through these partnerships, strengthened over the past few years, barriers and opportunities for collaboration have been identified to inform the state health improvement plan.



Resources & Results for the Community Health Profile

The OSDH utilizes multiple sources of publicly available secondary data that serve as the foundation for public health evaluation and planning. These county and statewide data present a robust picture of the health indicators across Oklahoma. Secondary data sources will continue to be monitored and updated as new installments of comparable data are made publicly available.

The following sources of information on the residents of Oklahoma are publicly available and have been used to inform this process:

- County Wellness Profiles[8]
- OK2Share[9]
- County Health Rankings[10]
- America's Health Rankings[11]
- US Census Bureau[12]
- CDC Behavioral Risk Factor Surveillance System (BRFSS)[13]
- CDC Youth Risk Behavior Surveillance System (YRBSS)[14]

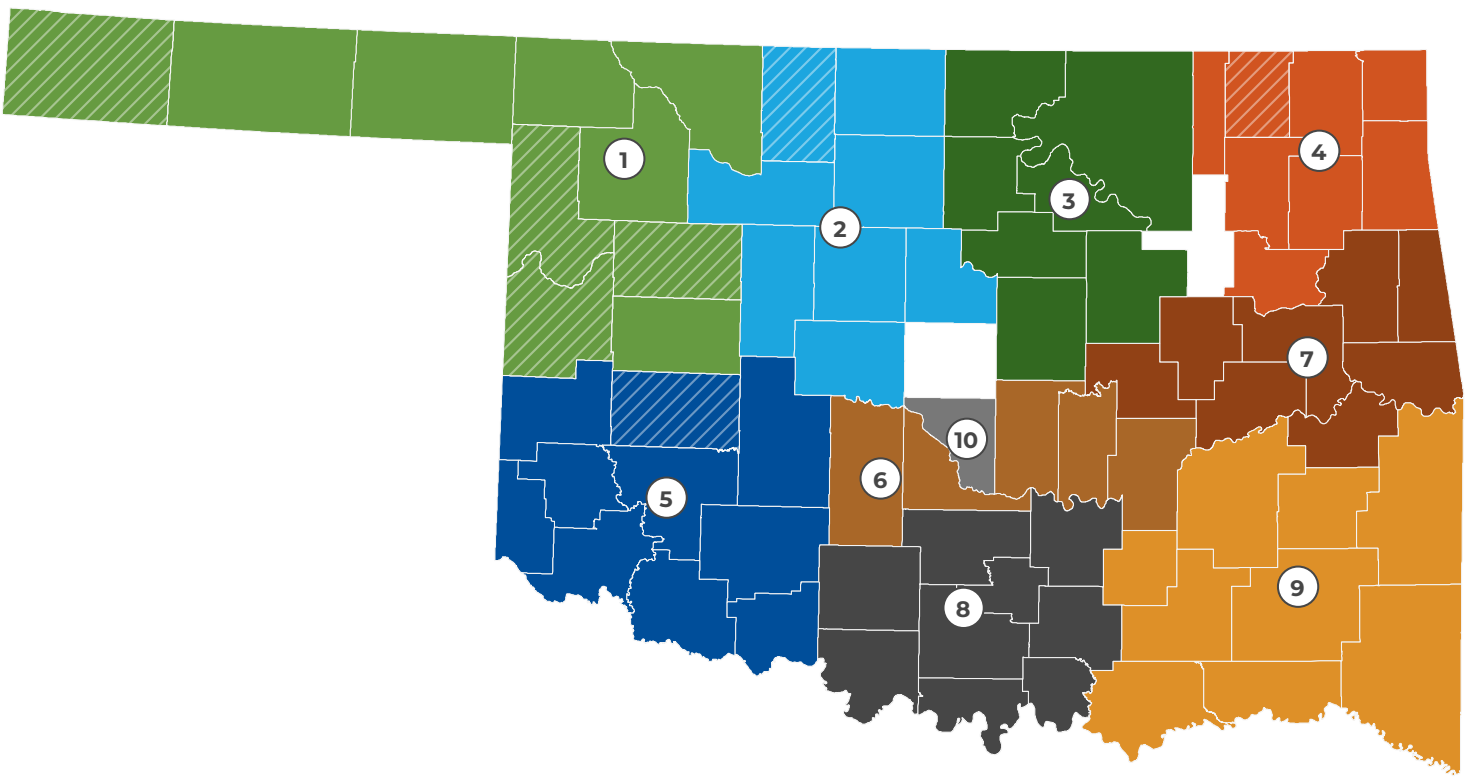
While the data sources cited were used in a variety of ways to inform the CHA, generally speaking, the following themes guided the process consistently among all groups:

1. OSDH's commitment to the inclusion of health inequities and the impact SDoH have on Oklahomans to include the high prevalence of adverse childhood experiences (ACEs)
2. Five areas of focus on health indicators as identified in the OSDH Strategic Plan of food insecurity, health behaviors, premature death, ACEs, and multiple chronic conditions
3. Oklahoma's overall health ranking at 45th as compared to other states according to America's Health Rankings

The results of the OSDH districts and program areas listening sessions, focus groups and surveys gathered in 2022 have been analyzed and summarized in order to identify common, statewide themes. These results represent a segment of Oklahomans located throughout the state as collected by community health districts. With a goal of recruiting participants that would provide responses which accurately reflect current public health needs and challenges experienced by Oklahomans, it is recognized this is not an exhaustive list. This data does, however, provide insight into possible opportunities for strategic and collective health improvement. The results of the CHA data provided at district and state program levels are listed in the following pages.

COUNTY HEALTH DEPARTMENT

DISTRICTS



Regional Area Directors

1 **Ashley Ferguson**
Beaver, Cimarron, Custer, Dewey, Ellis, Harper, Texas, Roger Mills, Woods, Woodward

2 **Maggie Jackson**
Alfalfa, Blaine, Canadian, Garfield, Grant, Kingfisher, Logan, Major

3 **Kelli Radar**
Creek, Kay, Lincoln, Noble, Pawnee, Payne, Osage

4 **James Thompson**
Craig, Delaware, Mayes, Nowata, Ottawa, Rogers, Wagoner, Washington

5 **Brandie Combs**
Beckham, Caddo, Comanche, Cotton, Greer, Harmon, Jackson, Kiowa, Tillman, Washita

Independent Counties
Oklahoma City County Health Department
Tulsa Health Department

Counties without a local Health Department
Cimarron, Alfalfa, Ellis, Roger Mills, Dewey, Washita, Nowata

6 **Daryn Kirkpatrick**
Grady, Hughes, McClain, Pottawatomie, Seminole

7 **Tina Johnson (Interim)**
Adair, Cherokee, Haskell, McIntosh, Muskogee, Okfuskee, Okmulgee, Sequoyah

8 **Chris Munn**
Carter, Garvin, Jefferson, Johnston, Love, Marshall, Murray, Pontotoc, Stephens

9 **Juli Montgomery**
Atoka, Bryan, Coal, Choctaw, Latimer, LeFlore, McCurtain, Pittsburg, Pushmataha

10 **Jackie Kanak**
Cleveland

OKLAHOMA State Department of Health

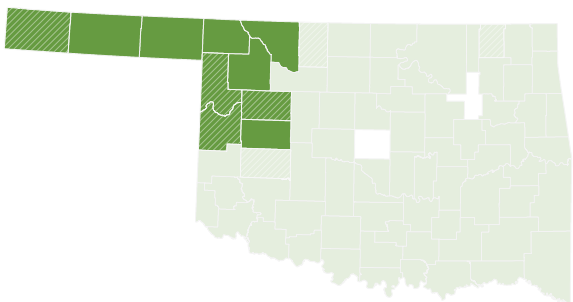
DISTRICT 1

District 1
Northwest Oklahoma
County Health Departments

Beaver • Cimarron • Custer
Dewey • Ellis • Harper • Texas
Roger Mills • Woods • Woodward

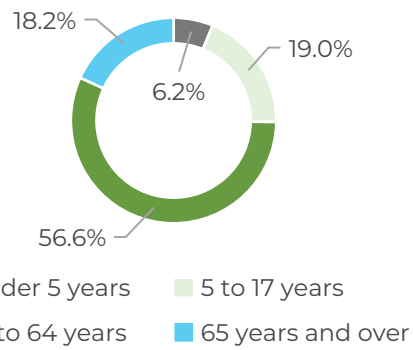
DISTRICT MAP

Population: 101,901

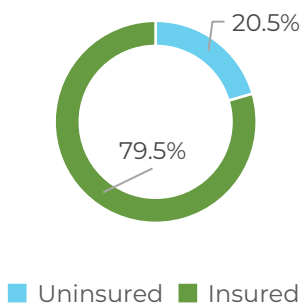


DEMOGRAPHIC CHARTS

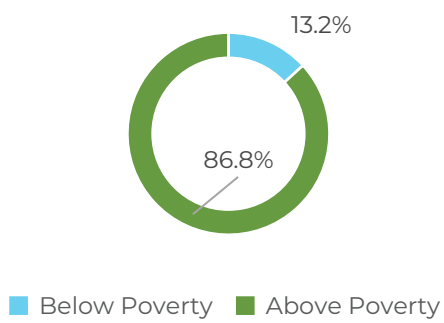
AGE



INSURANCE



POVERTY



HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	17.8%
COPD* / Emphysema / Chronic Bronchitis Prevalence	7.6%
Obesity	
Adult Obesity Prevalence	35.4%
Physical Activity (PA) Prevalence (any/last 30 days)	69.3%
Aerobic PA (150 mins/week)	38.5%
Minimal Vegetable Consumption Prevalence[1]	23.4%
Minimal Fruit Consumption Prevalence[1]	50.2%
Diabetes Prevalence	11.5%
Hypertension Prevalence	38.5%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	355.2
Cancer Age-Adjusted Death Rate[2]	166.0
Life Expectancy	
Overall Life Expectancy	76.3

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	18.3%
Two or more Races	4.1%
Asian	0.6%
American Indian & Alaska Native	2.5%
African American	1.4%
White	73.0%
Languages Spoken	
Speak Only English	85.1%
Spanish	13.4%
Other Indo-European Languages	0.7%
Asian and Pacific Island Languages	0.4%
Other Languages	0.4%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DISTRICT 1

District 1
Northwest Oklahoma
County Health Departments

Beaver • Cimarron • Custer
Dewey • Ellis • Harper • Texas
Roger Mills • Woods • Woodward

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions

SECONDARY DATA COLLECTION METHOD
1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

RECRUITMENT METHODS
Agency Website, Social Media, Mass Email, Local Events, Printed Materials (Flyers, Posters, Handouts), Word Of Mouth, Press Release, and Remote Area Medical Event

TOP 5
HEALTH CONCERNS

1	Unhealthy Eating Habits and Poor Nutrition
2	Behavioral Health
3	Diabetes
4	Heart Disease
5	Obesity/Overweight

IDENTIFIED HEALTH CHALLENGES

- Problems with obtaining or keeping health insurance coverage.
- Lack of medical specialists.
- Inaccessibility/availability of behavioral health care providers.
- Unreliable or lack of transportation.
- Lack of employment opportunities.
- Language barriers.
- Low access/low affordability of healthy food options.
- Lack of free or affordable health screenings.

POSSIBLE STRATEGIES AND INTERVENTIONS

- Partnership with agencies to provide counseling services for substance use/abuse/prevention.
- Partnership with transportation services to provide equal access to rural citizens.
- Recreational programs/services for youth and aging population.
- Partnership with vocational training center to provide on-line training with the option to complete clinical check-offs and rotations with local hospitals and/or long-term care (LTC) facilities.
- Life skills training for school age children.

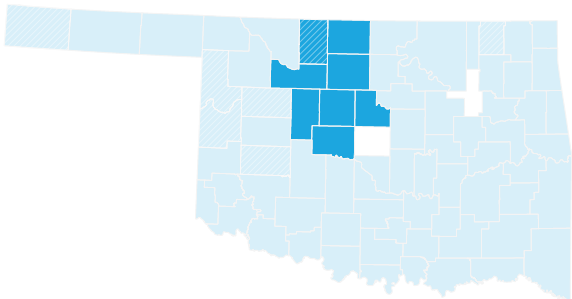
DISTRICT 2

District 2
NW Central Oklahoma
County Health Departments

Alfalfa • Blaine • Canadian
Garfield Grant • Kingfisher
Logan • Major

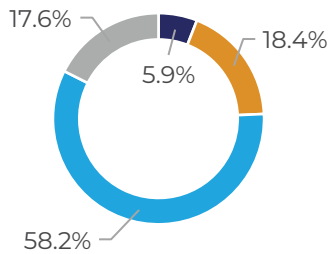
DISTRICT MAP

Population: 304,541



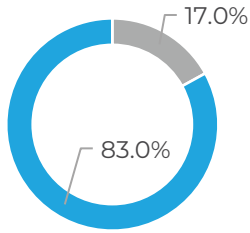
DEMOGRAPHIC CHARTS

AGE



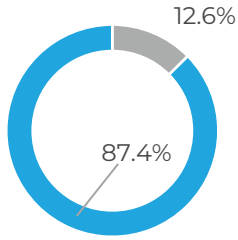
Under 5 years
5 to 17 years
18 to 64 years
65 years and over

INSURANCE



Uninsured
Insured

POVERTY



Below Poverty
Above Poverty

HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	18.9%
COPD* / Emphysema / Chronic Bronchitis Prevalence	9.1%
Obesity	
Adult Obesity Prevalence	40.3%
Physical Activity (PA) Prevalence (any/last 30 days)	69.7%
Aerobic PA (150 mins/week)	38.7%
Minimal Vegetable Consumption Prevalence[1]	23.7%
Minimal Fruit Consumption Prevalence[1]	49.7%
Diabetes Prevalence	13.5%
Hypertension Prevalence	40.4%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	267.3
Cancer Age-Adjusted Death Rate[2]	161.9
Life Expectancy	
Overall Life Expectancy	76.8

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	10.2%
Two or more Races	5.0%
Asian	1.0%
American Indian & Alaska Native	2.7%
African American	2.9%
White	77.6%
Languages Spoken	
Speak Only English	91.1%
Spanish	6.9%
Other Indo-European Languages	0.6%
Asian and Pacific Island Languages	1.1%
Other Languages	0.3%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DISTRICT 2

District 2
NW Central Oklahoma
County Health Departments

Alfalfa • Blaine • Canadian
Garfield Grant • Kingfisher
Logan • Major

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions, Focus Groups

SECONDARY DATA COLLECTION METHOD
1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

RECRUITMENT METHODS
Social Media, Mass Email, Local Events, Places Selected For A Specific Purpose, Printed Materials (Flyers, Posters, Handouts), Word Of Mouth "Snow-Balling"

TOP 5 HEALTH CONCERNS

1	Obesity
2	Substance Misuse/Abuse
3	Social Determinants of Health (SDOH)
4	Health Equity
5	Behavioral Health

IDENTIFIED HEALTH CHALLENGES

- Problems with obtaining or keeping health insurance coverage.
- Unaware of available local health services.
- Lack of medical specialists.
- Inaccessibility/availability of behavioral healthcare providers.
- Difficulties with finding and/or obtaining affordable housing.
- Lack of employment opportunities.
- Low access/low affordability of healthy food options.
- Limited or lack of recreational facilities.
- Unsafe parks and green spaces to play.
- Lack of English as a Second Language (ESL) opportunities

POSSIBLE STRATEGIES AND INTERVENTIONS

- Provide Diabetes and Prevention Education.
- Provide Life Skills Training for 3rd - 12th grade students.
- Increase Community Health Worker (CHW) capacity to behavioral health referral services.
- Expand transportation access.
- Expand Mobile Wellness Unit efforts.
- Improve language accessibility and cultural competency.

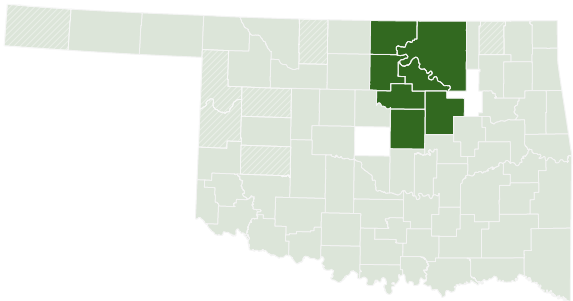
DISTRICT 3

District 3
NE Central Oklahoma
County Health Departments

Creek • Kay • Lincoln • Noble
Osage • Pawnee • Payne

DISTRICT MAP

Population: 304,212



DEMOGRAPHIC CHARTS

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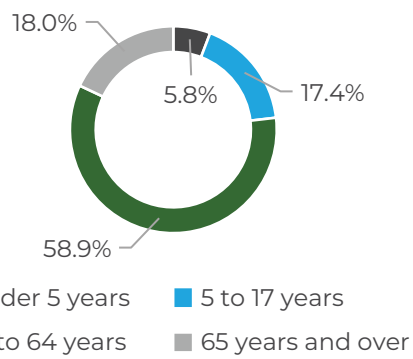

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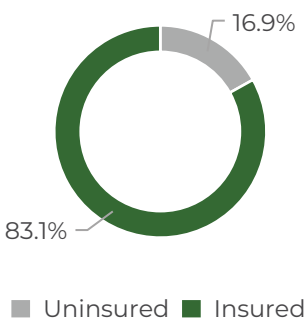
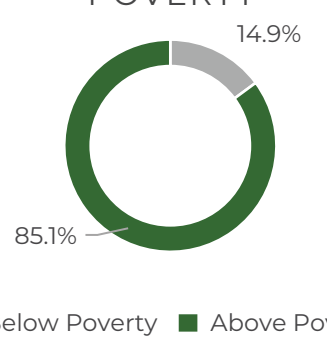


POVERTY



HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	20.5%
COPD* / Emphysema / Chronic Bronchitis Prevalence	8.3%
Obesity	
Adult Obesity Prevalence	38.7%
Physical Activity (PA) Prevalence (any/last 30 days)	72.2%
Aerobic PA (150 mins/week)	44.6%
Minimal Vegetable Consumption Prevalence[1]	20.8%
Minimal Fruit Consumption Prevalence[1]	49.7%
Diabetes Prevalence	12.4%
Hypertension Prevalence	40.3%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	295.9
Cancer Age-Adjusted Death Rate[2]	181.2
Life Expectancy	
Overall Life Expectancy	75.2

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	4.8%
Two or more Races	8.3%
Asian	0.9%
American Indian & Alaska Native	8.3%
African American	3.0%
White	74.5%
Languages Spoken	
Speak Only English	96.3%
Spanish	2.1%
Other Indo-European Languages	0.5%
Asian and Pacific Island Languages	0.5%
Other Languages	0.6%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DISTRICT 3

District 3
NE Central Oklahoma
County Health Departments

Creek • Kay • Lincoln • Noble
Osage • Pawnee • Payne

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions, Focus Groups

SECONDARY DATA COLLECTION METHOD
1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

RECRUITMENT METHODS
Social Media, Mass Email, Local Events, Places Selected For A Specific Purpose, Printed Materials (Flyers, Posters, Handouts), Word Of Mouth "Snow-Balling"

TOP 5 HEALTH CONCERNS

1	Substance Misuse/Abuse
2	Smoking, Vaping and Other Tobacco Use
3	Unhealthy Eating Habits and Poor Nutrition
4	Behavioral Health
5	Obesity

IDENTIFIED HEALTH CHALLENGES

- Problems with obtaining or keeping health insurance coverage.
- Inaccessibility/availability of behavioral healthcare providers.
- Lack of free or affordable health screenings.
- Distance from healthcare facilities.
- Lack of evening/weekend hours for healthcare services.

POSSIBLE STRATEGIES AND INTERVENTIONS

- Collaborate with communities and community coalitions to develop health improvement plans based upon the identified needs to address concerns such as youth vaping, behavioral health, obesity, lack of physical activity, and nutrition.
- Collaborate with community and healthcare partners to implement services needed in rural communities.
- Extend evening/weekend hours of mobile unit services in communities with limited access to care.
- Empower and equip all community health workers across the district to provide assistance to all citizens with navigating health and community service systems and resources.
- Provide community educational opportunities such as Adverse Childhood Experiences (ACEs), poverty simulation, and resilience documentary screenings to increase community awareness and knowledge of the importance of improving resiliency, adoption of trauma informed practices, and providing environments for trauma healing for individuals, families, and communities.
- Provide and encourage opportunities for collaboration among providers and community partners through a series of community roundtables focused on substance use prevention, behavior health resources, resource sharing, and capacity building.

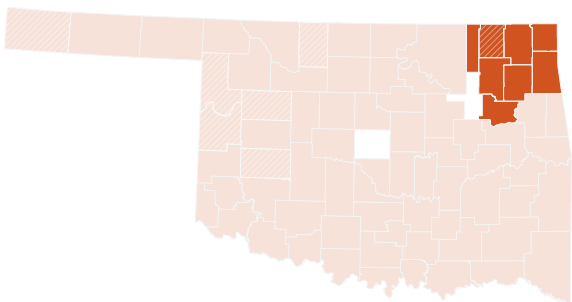
DISTRICT 4

District 4
Northeast Oklahoma
County Health Departments

Craig • Delaware • Mayes
Nowata • Ottawa • Rogers
Wagoner • Washington

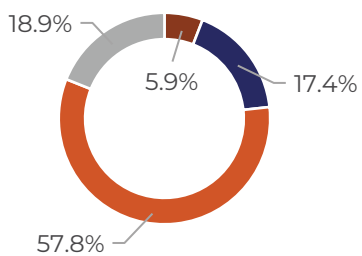
DISTRICT MAP

Population: 361,743



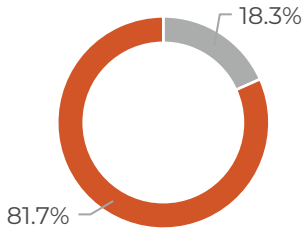
DEMOGRAPHIC CHARTS

AGE



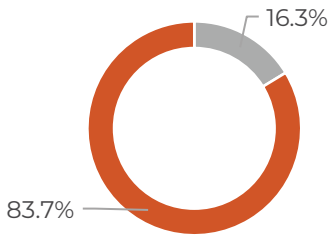
Under 5 years
5 to 17 years
18 to 64 years
65 years and over

INSURANCE



Uninsured
Insured

POVERTY



Below Poverty
Above Poverty

HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	21.0%
COPD* / Emphysema / Chronic Bronchitis Prevalence	10.1%
Obesity	
Adult Obesity Prevalence	39.3%
Physical Activity (PA) Prevalence (any/last 30 days)	69.2%
Aerobic PA (150 mins/week)	41.8%
Minimal Vegetable Consumption Prevalence[1]	21.0%
Minimal Fruit Consumption Prevalence[1]	49.5%
Diabetes Prevalence	13.5%
Hypertension Prevalence	41.4%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	308.2
Cancer Age-Adjusted Death Rate[2]	179.1
Life Expectancy	
Overall Life Expectancy	76.0

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	4.9%
Two or more Races	9.8%
Asian	1.1%
American Indian & Alaska Native	16.3%
African American	7.1%
White	65.8%
Languages Spoken	
Speak Only English	95.1%
Spanish	2.7%
Other Indo-European Languages	0.6%
Asian and Pacific Island Languages	0.9%
Other Languages	0.7%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DISTRICT 4

District 4
Northeast Oklahoma
County Health Departments

Craig • Delaware • Mayes
Nowata • Ottawa • Rogers
Wagoner • Washington

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions, Key Informant Interviews

SECONDARY DATA COLLECTION METHOD
1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

RECRUITMENT METHODS
Mass Email, Local Events, Places Selected For A Specific Purpose, Printed Materials (Flyers, Posters, Handouts)

TOP 5 HEALTH CONCERNS

1	Behavioral Health
2	Diabetes
3	Overweight/Obesity
4	Joint or Bone
5	High Blood Pressure

IDENTIFIED HEALTH CHALLENGES

- Inaccessibility/availability of behavioral healthcare providers.
- Unreliable or lack of transportation.
- Low access/low affordability of healthy food options.
- Free/affordable healthcare.

POSSIBLE STRATEGIES AND INTERVENTIONS

- Build partnerships with schools to connect health educators and community health workers with children and families to help obtain the resources they need.
- Coordinating efforts from state agencies.
- Partner and collaborate with community organizations to identify existing transportation resources to improve access to transportation and basic resources.
- Expand Mobile Wellness Unit efforts and extend evening/weekend hours of operation to improve access to healthcare services.
- Collaborate with faith-based organizations and public schools to utilize facilities to increase opportunities for physical activity.

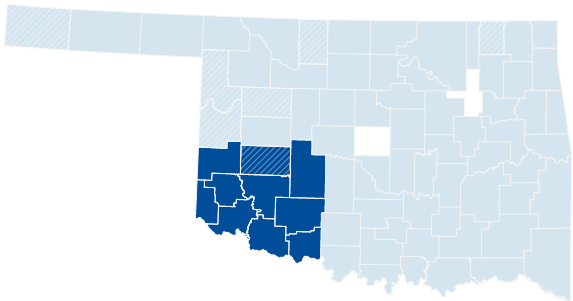
DISTRICT 5

District 5
Southwest Oklahoma
County Health Departments

Beckham • Caddo • Comanche
Cotton • Greer • Harmon • Jackson
Kiowa • Tillman • Washita

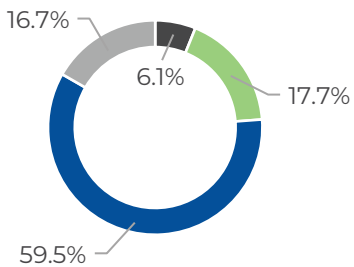
DISTRICT MAP

Population: 236,357



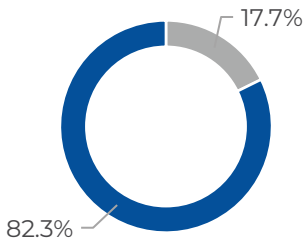
DEMOGRAPHIC CHARTS

AGE



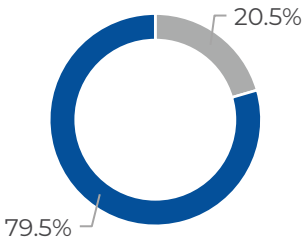
Under 5 years
5 to 17 years
18 to 64 years
65 years and over

INSURANCE



Uninsured
Insured

POVERTY



Below Poverty
Above Poverty

HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	20.5%
COPD* / Emphysema / Chronic Bronchitis Prevalence	10.7%
Obesity	
Adult Obesity Prevalence	41.6%
Physical Activity (PA) Prevalence (any/last 30 days)	69.5%
Aerobic PA (150 mins/week)	36.7%
Minimal Vegetable Consumption Prevalence[1]	24.2%
Minimal Fruit Consumption Prevalence[1]	49.3%
Diabetes Prevalence	12.4%
Hypertension Prevalence	41.7%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	301.1
Cancer Age-Adjusted Death Rate[2]	188.5
Life Expectancy	
Overall Life Expectancy	73.8

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	17.0%
Two or more Races	5.4%
Asian	0.6%
American Indian & Alaska Native	5.0%
African American	5.8%
White	66.1%
Languages Spoken	
Speak Only English	89.1%
Spanish	9.2%
Other Indo-European Languages	0.6%
Asian and Pacific Island Languages	0.5%
Other Languages	0.6%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DISTRICT 5

District 5
Southwest Oklahoma
County Health Departments

Beckham • Caddo • Comanche
Cotton • Greer • Harmon • Jacksor
Kiowa • Tillman • Washita

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions, Focus Groups, Key Informant Interviews

SECONDARY DATA COLLECTION METHOD
1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

RECRUITMENT METHODS
Social Media, Local Events, Places Selected For A Specific Purpose, Printed Materials (Flyers, Posters, Handouts), Word Of Mouth "Snow-Balling"

TOP 5 HEALTH CONCERNS

1	Substance Misuse/Abuse
2	Smoking, Vaping and Other Tobacco Use
3	Behavioral Health
4	Obesity
5	Access To Care

IDENTIFIED HEALTH CHALLENGES

- Problems with obtaining or keeping health insurance coverage.
- Unaware of available local health services.
- Lack of medical specialists.
- Inaccessibility/availability of behavioral healthcare providers.
- Lack of employment opportunities.
- Language barriers.
- Low access/low affordability of healthy food options.
- Limited or lack of recreational facilities.
- Lack of free or affordable health screenings.
- Unsafe parks and green spaces to play.

POSSIBLE STRATEGIES AND INTERVENTIONS

- Collaborate and engage with Community Partners focusing on awareness, best practice and health in all policies.
- Promote community gardens, low cost access to healthy food options and ongoing education related to healthy food and physical activity.
- Expand public transportation services to reach rural areas.
- Increase access to health services offering a sliding fee scale, dietitians and telehealth options.
- Provide ongoing community education related to Social Determinants of Health (SDoH), Adverse Childhood Experiences (ACEs) and protective factors.
- Embed Community Health Workers (CHW) in key organizations such as shelters and hospitals.

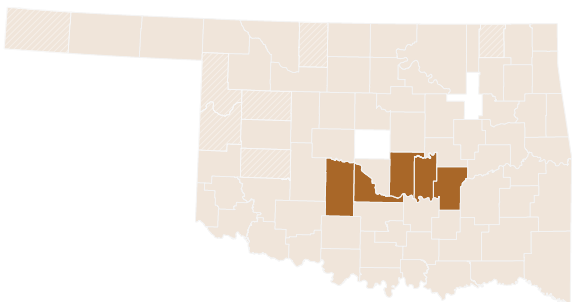
DISTRICT 6

District 6
Central Oklahoma
County Health Departments

Grady • Hughes • McClain
Pottawatomie • Seminole

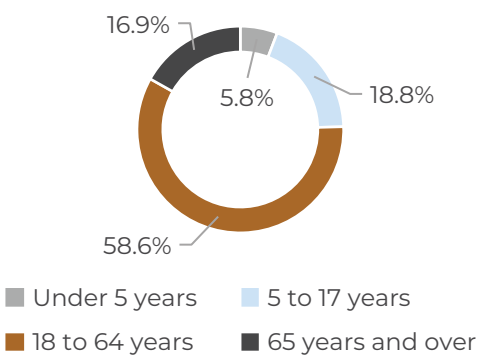
DISTRICT MAP

Population: 205,532

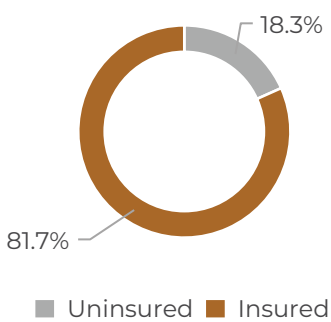


DEMOGRAPHIC CHARTS

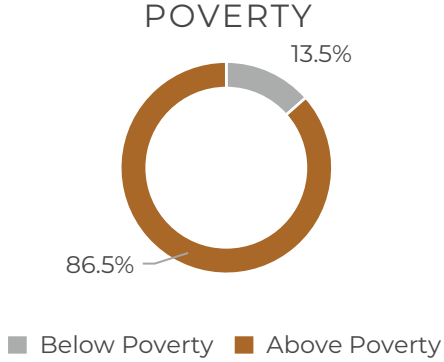
AGE



INSURANCE



POVERTY



HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	19.6%
COPD* / Emphysema / Chronic Bronchitis Prevalence	9.0%
Obesity	
Adult Obesity Prevalence	38.8%
Physical Activity (PA) Prevalence (any/last 30 days)	71.8%
Aerobic PA (150 mins/week)	44.3%
Minimal Vegetable Consumption Prevalence[1]	20.3%
Minimal Fruit Consumption Prevalence[1]	49.7%
Diabetes Prevalence	12.6%
Hypertension Prevalence	42.2%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	292.0
Cancer Age-Adjusted Death Rate[2]	179.6
Life Expectancy	
Overall Life Expectancy	74.9

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	6.4%
Two or more Races	6.7%
Asian	0.4%
American Indian & Alaska Native	12.9%
African American	2.9%
White	70.6%
Languages Spoken	
Speak Only English	95.1%
Spanish	3.4%
Other Indo-European Languages	0.4%
Asian and Pacific Island Languages	0.3%
Other Languages	0.9%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DISTRICT 6

District 6
Central Oklahoma
County Health Departments

Grady • Hughes • McClain
Pottawatomie • Seminole

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions

SECONDARY DATA COLLECTION METHOD
1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

RECRUITMENT METHODS
Printed Materials (Flyers, Posters, Handouts)

IDENTIFIED HEALTH CHALLENGES

- Problems with obtaining or keeping health insurance coverage.
- Unaware of available local health services.
- Low access/low affordability of healthy food options.
- Lack of free or affordable health screenings.
- Reduce use of emergency rooms as primary.
- Physical activity is not a priority in rural communities.
- Stigma surrounding behavioral health issues and needs.

TOP 5 HEALTH CONCERNS

1	Substance Misuse/Abuse
2	Lack of Physical Activity/ Exercise
3	Unhealthy Eating Habits and Poor Nutrition
4	Behavioral Health
5	Lack of Routine Well Checkups

POSSIBLE STRATEGIES AND INTERVENTIONS

- Health Educators integrated into the communities to educate and lead active lifestyle campaigns.
- Community Health Workers (CHW) working with clients to help them access healthcare and provide Primary Care Provider (PCP) referrals.
- Mobile Wellness Unit Team work closely with Health Equity Specialist and Epidemiologist to identify inequity hotspots and partner with service providers to provide programs to underserved communities.
- Collaborate with local partners to implement core strategies to prevent substance abuse and overdose.
- Seek client referrals from healthcare providers to address diabetes prevention and physical activity.

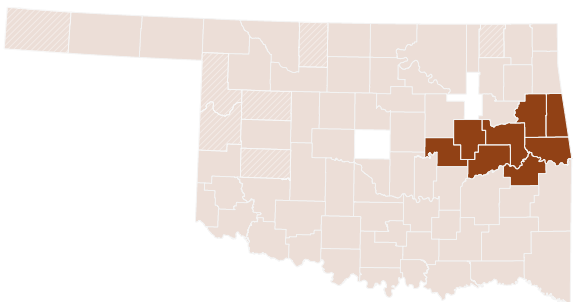
DISTRICT 7

District 7
East Oklahoma
County Health Departments

Adair • Cherokee • Haskell
McIntosh • Muskogee • Okfuskee
Okmulgee • Sequoyah

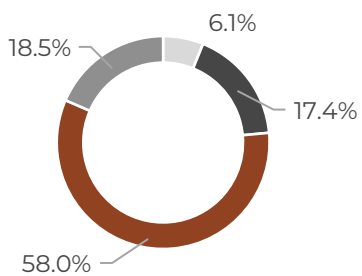
DISTRICT MAP

Population: 252,985



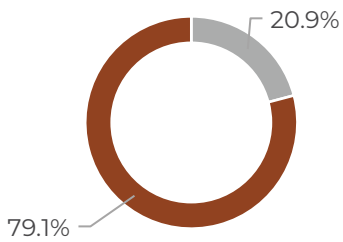
DEMOGRAPHIC CHARTS

AGE



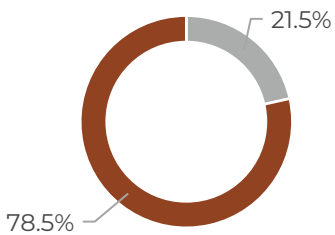
Under 5 years ■ 5 to 17 years
■ 18 to 64 years ■ 65 years and over

INSURANCE



■ Uninsured ■ Insured

POVERTY



■ Below Poverty ■ Above Poverty

HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	22.3%
COPD* / Emphysema / Chronic Bronchitis Prevalence	9.9%
Obesity	
Adult Obesity Prevalence	41.8%
Physical Activity (PA) Prevalence (any/last 30 days)	71.3%
Aerobic PA (150 mins/week)	41.5%
Minimal Vegetable Consumption Prevalence[1]	21.1%
Minimal Fruit Consumption Prevalence[1]	52.0%
Diabetes Prevalence	14.6%
Hypertension Prevalence	45.8%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	348.4
Cancer Age-Adjusted Death Rate[2]	197.0
Life Expectancy	
Overall Life Expectancy	74.0

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	5.4%
Two or more Races	11.5%
Asian	0.7%
American Indian & Alaska Native	21.5%
African American	3.9%
White	57.0%
Languages Spoken	
Speak Only English	95.0%
Spanish	2.4%
Other Indo-European Languages	0.5%
Asian and Pacific Island Languages	0.5%
Other Languages	1.6%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DISTRICT 7

District 7
East Oklahoma
County Health Departments

Adair • Cherokee • Haskell
McIntosh • Muskogee • Okfuskee
Okmulgee • Sequoyah

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions, Focus Groups

SECONDARY DATA COLLECTION METHOD
1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

RECRUITMENT METHODS
Websites, Social Media, Mass Email, Local Events, Places Selected For A Specific Purpose, Printed Materials (Flyers, Posters, Handouts), QR Code

TOP 5
HEALTH CONCERNS

1	Substance Misuse/Abuse
2	Behavioral Health
3	Diabetes
4	Cancer
5	Heart Disease

IDENTIFIED HEALTH CHALLENGES

- Problems with obtaining or keeping health insurance coverage.
- Unaware of available local health services.
- Lack of medical specialists.
- Inaccessibility/availability of behavioral healthcare providers.
- Low access/low affordability of healthy food options.
- Limited or lack of recreational facilities.
- Unsafe parks and green spaces to play.

POSSIBLE STRATEGIES AND INTERVENTIONS

- Diabetes Health Education Classes.
- Farmer's Market for access to healthy foods.
- Mobile events to provide health services to under-served communities.
- Embedding Community Health Workers in community partners like hospitals/homeless shelters.
- Drug overdose outreach to vulnerable populations and distributing Narcan.
- Better coordination among agencies and programs to identify common goals and develop strategic partnerships.
- Promoting public health services administered by the health department.

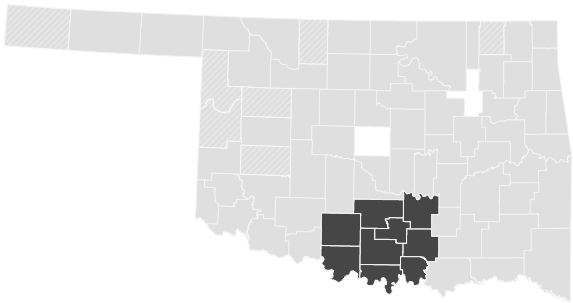
DISTRICT 8

District 8
South Central Oklahoma
County Health Departments

Carter • Garvin • Jefferson
Johnston • Love • Marshall
Murray • Pontotoc • Stephens

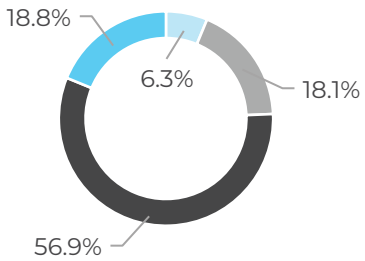
DISTRICT MAP

Population: 210,413



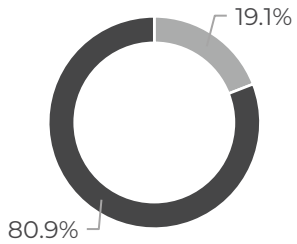
DEMOGRAPHIC CHARTS

AGE



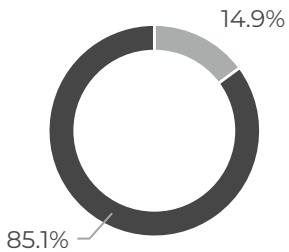
Under 5 years · 5 to 17 years · 18 to 64 years · 65 years and over

INSURANCE



Uninsured · Insured

POVERTY



Below Poverty · Above Poverty

HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	20.3%
COPD* / Emphysema / Chronic Bronchitis Prevalence	10.3%
Obesity	
Adult Obesity Prevalence	39.6%
Physical Activity (PA) Prevalence (any/last 30 days)	69.0%
Aerobic PA (150 mins/week)	37.1%
Minimal Vegetable Consumption Prevalence[1]	23.5%
Minimal Fruit Consumption Prevalence[1]	50.2%
Diabetes Prevalence	14.0%
Hypertension Prevalence	42.1%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	293.1
Cancer Age-Adjusted Death Rate[2]	184.3
Life Expectancy	
Overall Life Expectancy	74.2

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	10.1%
Two or more Races	9.5%
Asian	0.6%
American Indian & Alaska Native	7.3%
African American	2.3%
White	70.0%
Languages Spoken	
Speak Only English	92.3%
Spanish	6.3%
Other Indo-European Languages	0.6%
Asian and Pacific Island Languages	0.4%
Other Languages	0.4%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DISTRICT 8

District 8
South Central Oklahoma
County Health Departments

Carter • Garvin • Jefferson
Johnston • Love • Marshall
Murray • Pontotoc • Stephens

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions, Focus Groups

SECONDARY DATA COLLECTION METHOD
1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

RECRUITMENT METHODS
Mass Email, Targeted Locations

TOP 5 HEALTH CONCERNS

1	Substance Misuse/Abuse
2	Lack of Physical Activity/ Exercise
3	Unhealthy Eating Habits and Poor Nutrition
4	Behavioral Health
5	Diabetes

IDENTIFIED HEALTH CHALLENGES

- Unaware of available local health services.
- Lack of medical specialists.
- Inaccessibility/availability of behavioral healthcare providers.
- Unreliable or lack of transportation.
- Difficulties with finding and/or obtaining affordable housing.
- Lack of employment opportunities.
- Low access/low affordability of healthy food options.
- Lack of free or affordable health screenings.

POSSIBLE STRATEGIES AND INTERVENTIONS

- Transportation vouchers to increase access to healthcare.
- Health information in multiple language formats.
- Inclusive strategies for all community members.
- Reach out to those who do not feel they have a voice.
- Affordable housing.
- Recess and physical activity in school.
- Relationship building with people in small communities to earn trust.

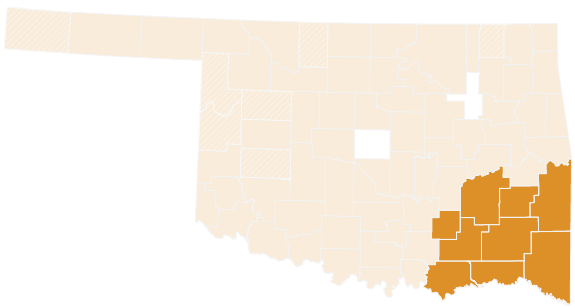
DISTRICT 9

District 9
Southeast Oklahoma
County Health Departments

Atoka • Bryan • Choctaw • Coal
Latimer • LeFlore • McCurtain
Pittsburg • Pushmataha

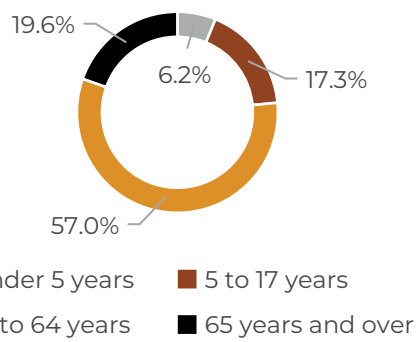
DISTRICT MAP

Population: 223,320

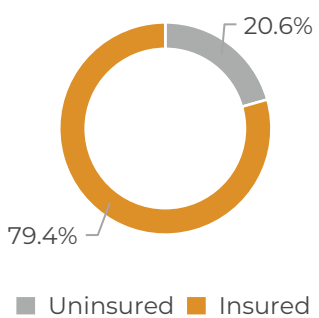


DEMOGRAPHIC CHARTS

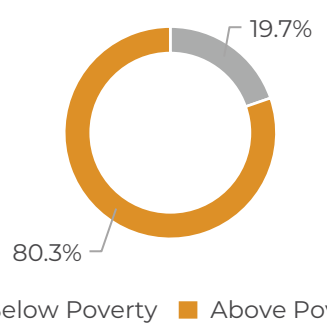
AGE



INSURANCE



POVERTY



HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	23.5%
COPD* / Emphysema / Chronic Bronchitis Prevalence	10.4%
Obesity	
Adult Obesity Prevalence	38.6%
Physical Activity (PA) Prevalence (any/last 30 days)	66.2%
Aerobic PA (150 mins/week)	39.0%
Minimal Vegetable Consumption Prevalence[1]	25.2%
Minimal Fruit Consumption Prevalence[1]	53.6%
Diabetes Prevalence	14.0%
Hypertension Prevalence	45.8%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	329.0
Cancer Age-Adjusted Death Rate[2]	190.0
Life Expectancy	
Overall Life Expectancy	75.1

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	5.3%
Two or more Races	12.1%
Asian	0.6%
American Indian & Alaska Native	12.7%
African American	3.2%
White	65.8%
Languages Spoken	
Speak Only English	95.6%
Spanish	2.6%
Other Indo-European Languages	0.5%
Asian and Pacific Island Languages	0.6%
Other Languages	0.7%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DISTRICT 9

District 9
Southeast Oklahoma
County Health Departments

Atoka • Bryan • Choctaw • Coal
Latimer • LeFlore • McCurtain
Pittsburg • Pushmataha

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions, Focus Groups, Key Informant Interviews

SECONDARY DATA COLLECTION METHOD
1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

RECRUITMENT METHODS
Mass Email, Local Events, Places Selected For A Specific Purpose, Printed Materials (Flyers, Posters, Handouts), Coalition, Task Force Meetings

TOP 5
HEALTH CONCERNS

1	Behavioral Health
2	Suicide
3	Diabetes
4	Heart Disease
5	Social Determinants of Health (SDOH) Related to Chronic Disease

IDENTIFIED HEALTH CHALLENGES

- Problems with obtaining or keeping health insurance coverage.
- Unaware of available local health services.
- Lack of medical specialists.
- Inaccessibility/availability of behavioral healthcare providers.
- Unreliable or lack of transportation.
- Low access/low affordability of healthy food options.
- Lack of free or affordable health screenings.

POSSIBLE STRATEGIES AND INTERVENTIONS

- Collaborate with community partners.
- Increase awareness and education about community resources.
- Identify gaps in community resources & collaborate to apply for funding.
- Implement support & mentoring programs in the community.
- Provide community education & awareness of Social Determinants of Health related to chronic disease.
- Offer screenings to clients at all social service agencies to reduce disparities and inequities.

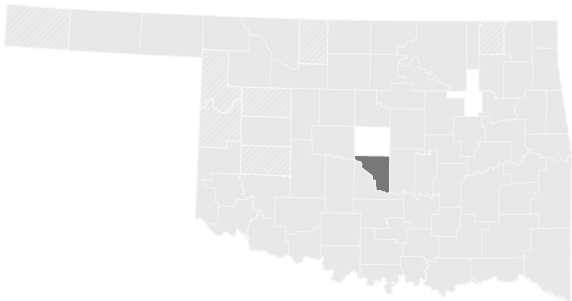
DISTRICT 10

District 10
Mid-Central Oklahoma
County Health Departments

Cleveland County

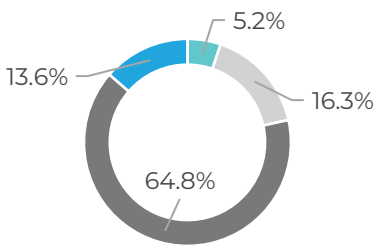
DISTRICT MAP

Population: 292,110



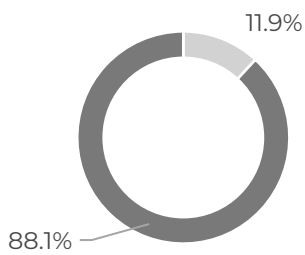
DEMOGRAPHIC CHARTS

AGE



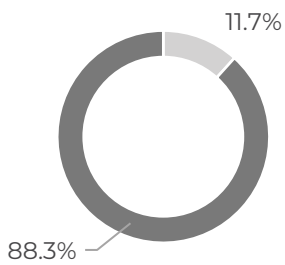
Under 5 years
5 to 17 years
18 to 64 years
65 years and over

INSURANCE



Uninsured
Insured

POVERTY



Below Poverty
Above Poverty

HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	14.4%
COPD* / Emphysema / Chronic Bronchitis Prevalence	7.4%
Obesity	
Adult Obesity Prevalence	36.3%
Physical Activity (PA) Prevalence (any/last 30 days)	79.8%
Aerobic PA (150 mins/week)	45.4%
Minimal Vegetable Consumption Prevalence[1]	15.9%
Minimal Fruit Consumption Prevalence[1]	46.4%
Diabetes Prevalence	9.3%
Hypertension Prevalence	32.3%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	220.9
Cancer Age-Adjusted Death Rate[2]	155.2
Life Expectancy	
Overall Life Expectancy	79.1

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	9.3%
Two or more Races	7.3%
Asian	4.3%
American Indian & Alaska Native	3.8%
African American	4.9%
White	70.0%
Languages Spoken	
Speak Only English	89.8%
Spanish	5.0%
Other Indo-European Languages	1.4%
Asian and Pacific Island Languages	3.3%
Other Languages	0.6%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DISTRICT 10

District 10
Mid-Central Oklahoma
County Health Departments

Cleveland County

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions

SECONDARY DATA COLLECTION METHOD
1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

RECRUITMENT METHODS
Social Media, Printed Materials (Flyers, Posters, Handouts)

IDENTIFIED HEALTH CHALLENGES

- Problems with obtaining or keeping health insurance coverage.
- Inaccessibility/availability of behavioral healthcare providers.
- Unreliable or lack of transportation.
- Lack of free or affordable health screenings.

TOP 5 HEALTH CONCERNS

1	Substance Misuse/Abuse
2	Lack of Physical Activity/ Exercise
3	Unhealthy Eating Habits and Poor Nutrition
4	Behavioral Health
5	Obesity

POSSIBLE STRATEGIES AND INTERVENTIONS

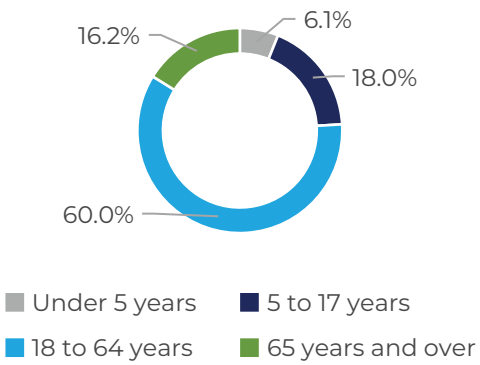
- Increase access to sliding fee scale for health services.
- Utilize school facilities as neighborhood clinics for health and wellness resources and programs.
- Collaborate and partner with Community Center.
- Accessible and affordable information clearing house, including knowledge of community resources.
- Expand income-based transportation services.

STATE OF OKLAHOMA

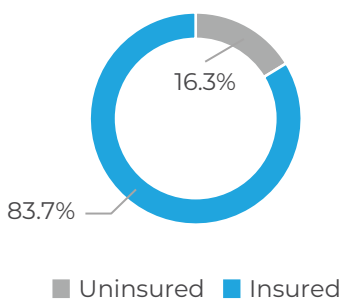
Population: 4,019,800

DEMOGRAPHIC CHARTS

AGE



INSURANCE



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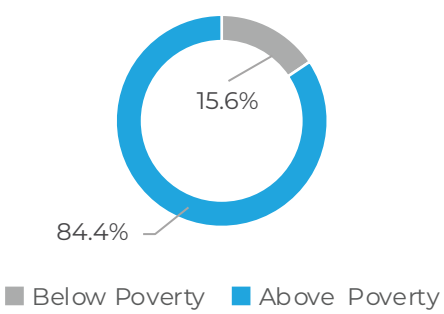

HEALTH BEHAVIOR DATA

Tobacco	
Smoking Prevalance	18.9%
COPD* / Emphysema / Chronic Bronchitis Prevalence	8.7%
Obesity	
Adult Obesity Prevalence	36.8%
Physical Activity (PA) Prevalence (any/last 30 days)	66.0%
Aerobic PA (150 mins/week)	50.1%
Minimal Vegetable Consumption Prevalence[1]	21.6%
Minimal Fruit Consumption Prevalence[1]	48.4%
Diabetes Prevalence	12.2%
Hypertension Prevalence	37.8%
Mortality	
Cardiovascular Disease Age-Adjusted Death Rate[2]	284.3
Cancer Age-Adjusted Death Rate[2]	173.0
Life Expectancy	
Overall Life Expectancy	76

*Chronic Obstructive Pulmonary Disease
[1] Consumed < 1 serving of vegetable/fruit per day.
[2] Age-adjusted rates based on 2000 US population standard. All rates are deaths per 100,000 population.

DEMOGRAPHIC DATA

Race/Ethnicity[3]	
Hispanic or Latino	11.7%
Two or more Races	6.6%
Asian	2.5%
American Indian & Alaska Native	9.7%
African American	7.8%
White	63.8%
Languages Spoken	
Speak Only English	89.4%
Spanish	7.3%
Other Indo-European Languages	1.0%
Asian and Pacific Island Languages	1.6%
Other Languages	0.7%

[3] Race/Ethnicity data contain overlaps between groupings which may exceed 100% if totaled.

DATA COLLECTION METHOD

1. United States Census Bureau, 2021 American Community Survey Five-Year Estimates Data
2. OSDH, Center for Health Statistics, Behavioral Risk Factor Surveillance System, 2018 and 2019
3. OSDH, Center for Health Statistics, Health Care Information, Vital Statistics 2018, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE)

OSDH STAFF

Demographic information found on page 33 represent all Oklahomans. The responses found on this page were provided by OSDH staff located throughout the state of Oklahoma.

PRIMARY DATA COLLECTION METHOD
Surveys, Listening Sessions, Focus Groups

RECRUITMENT METHODS
Mass Email, Staff Meetings

TOP 5 HEALTH CONCERNS

1	Behavioral Health
2	Substance Abuse
3	Obesity
4	Poor Eating Habits
5	Lack of Exercise

IDENTIFIED HEALTH CHALLENGES

Lack of:

- Affordability
- Insurance
- Behavioral health providers
- Transportation
- Awareness of local health services
- Health facilities within area
- Evening or weekend hours
- Continuity of care (not being able to see the same provider consistently)

POSSIBLE STRATEGIES AND INTERVENTIONS

- Partner with faith-based organizations and community organizations to utilize their transportation resources to increase access to transportation.
- Expand County Health Department (CHD)-wellness, 24/7 access or extended hours.
- Transform how we provide public health information to public.
- Identify resources to offer showers, restrooms, barber shops, food, education and basic necessities to homeless population.
- Develop a public resource to include an all inclusive list of services available and well communicated.
- Expand Meals on Wheels.
- Position as an anchor in the community.
- Partner and collaborate with community organizations to provide safety classes and nutritional cooking classes/demonstrations.
- Consider opportunities to integrate strategies from other leading Public Health operating models.

COMMON THEMES FOR HEALTH IMPROVEMENT

Based upon evaluation of the statewide data provided on health concerns, common themes have emerged. Areas identified as opportunities for health improvement across Oklahoma included:

1. Behavioral Health
2. Substance Use/Abuse
3. Obesity
4. Diabetes
5. Heart Disease

FACTORS DRIVING HEALTH IMPROVEMENT

1. Social Determinants of Health (SDoH)
2. Insurance Coverage
3. Free or Affordable Health Screenings & Services

CHAs help to tell the community's story and provide a foundation to improve the health of the population. A variety of opportunities for health improvement were identified for each health district, which led to the identification of common themes for the State of Oklahoma informing this SHA. This process is essential for establishing priorities, planning, program development, policy changes, the coordination of community resources, funding of applications and new ways to collaboratively use community assets and resources to improve the health of the population. Understanding these concerns and barriers also allow communities to identify strategies that can be mobilized to enhance community well-being.

Recommended Improvement Strategies

Common strategies toward health improvement for Oklahomans identified by the data include:

- The use of sliding fee scales and vouchers for accessing essential services.
- Health education and promotion.
- Reducing barriers related to care access and better coordination with community partners.

Opportunities also exist for process improvements in Oklahoma's public health system. The development of these strategies both locally and statewide must include measures for evaluation as well as support and involvement from stakeholders and community health champions.

COMMUNITY RESOURCES & ASSETS

Although this is not a comprehensive list of community resources, it is important to learn about examples of community resources that go beyond healthcare and the health department considering the significant impact in Oklahoma of SDoH. Behavioral health and substance use/abuse are leading health concerns for the state. Organizations with multiple locations are embedded throughout the state to provide behavioral health services and substance misuse/abuse programs for adults, adolescents and children. Tribal partners across the state provide resources to Native Americans like diabetes programs, substance abuse, fitness centers, food distribution, and social services. Many existing community resources that are low cost or free can be leveraged to address health concerns like obesity, unhealthy eating habits and poor nutrition. Community resources also exist to support strategies for addressing SDoH. For example:

- Local Parks
- Recreation Centers
- Local Walking Trails
- Faith-Based Organization Recreational Facilities
- Open Fields and Spaces
- Public Facilities at Schools
- Farmer's Markets
- Transportation Services
- Food Banks/Pantries
- Meals on Wheels

This report is the result of significant collaboration by individuals and organizations across Oklahoma. A special thank you to the following partners for their ongoing support and participation in this effort

Addiction and Recovery Service Providers

Area Agencies on Aging

Behavioral Health Clinics

Chambers of Commerce

City and County Officials

Community Action Agencies, Staff and Clients

Community Bus Transit Programs

Community Cares Partners

Community Clinics, Volunteers and Patients

Community Coalitions

Community Development Support Advocates

Community Health Workers

County Health Departments

County Hospitals

Disaster Preparedness Organizations

Early Childhood Education Programs, Staff and Parents

Faith-Based Organizations

Federally Qualified Health Centers (FQHC)

Food Banks and Pantries, Staff, Volunteers and Clients

Health and Wellness Advocates

Healthcare Providers

Ministerial Alliances

Non-profit Organizations

Oklahoma Department of Human Services (OKDHS), Staff and Clients

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), Staff and Clients

Oklahoma Policy Institute, Listening Sessions - Women's Forum and Pride and Prejudice

Oklahoma State Department of Education (OSDE) and Local School Districts

Oklahoma State Department of Health (OSDH), Staff and Clients

Oklahoma Foundation for Medical Quality (OFMQ)

OSU Extension

Potts Family Foundation

Public Health Practitioners

Senior Citizen Center Participants

Transition Homes, Staff and Clients

Transportation Programs and Services

Tribal Partners

CALL TO ACTION

The information gathered from these efforts provide Oklahomans with local primary data as well as insight in order to develop community health improvement plans (CHIPs). OSDH community health districts and program areas will continue to routinely engage the public and conduct listening sessions, focus groups and community surveys to modify, maintain and support the CHIPs. Common themes identified through this process also inform efforts for statewide health improvement. Community assessment and planning is an ongoing objective of the OSDH as well as the OSDH Strategic Plan and will guide the development of the 2023 Oklahoma State Health Improvement Plan.

It is the goal of the OSDH to both guide and support health improvement across the state through strategies aimed at providing opportunities for prosperity through health.

Oklahomans are asked to do their part. This is done through supportive decisions and strategic actions across the state toward public health efforts in the areas of behavioral health, substance use/abuse, obesity, diabetes and heart disease. Prosperity, as the condition of being successful or thriving, through health emphasizes a whole person approach to these opportunities for health improvement and is based upon factors of disease, injury, health equity and Social Determinants of Health (SDoH) as clearly observed in recent years in the field of public health.

Finally, to achieve health improvement in Oklahoma, these strategies should be combined with the following ongoing actions identified in years past:

- Adopt recommended healthy lifestyle changes and encourage your friends and family to do the same.
- Adopt recommended health policies within businesses, schools, congregations and communities.
- Connect with a local coalition or community partner to plan and implement local community health improvement efforts.
- Encourage businesses, schools, congregations and communities to apply for and achieve Certified Healthy Oklahoma recognition.

REFERENCES

1. National Association of County and City Health Officials. (n.d.). Mobilizing for action through planning and partnerships. Retrieved from https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp
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APPENDIX A

Which community engagement methods did you use for local data collection during the last 12 months (09/01/2021 - 08/31/2022)? Check all that apply:

- [ ] Community Survey(s)
- [ ] Focus Group(s)
- [ ] Key Informant Interview(s)
- [ ] Listening Session(s)

Which methods were used to disseminate the survey in your community? Check all that apply.

- [ ] Websites
- [ ] Social media
- [ ] Mass email
- [ ] Local events
- [ ] Places selected for a specific purpose
- [ ] Printed materials (e.g., flyers, posters, handouts)
- [ ] Paid social media "pushes"
- [ ] Paid radio/tv advertisements
- [ ] Word of mouth "snow-balling"
- [ ] Other, please explain

About how many focus groups have been conducted in total? Please include ones that are currently in the process

- [ ] 1
- [ ] 2-5
- [ ] 6-10
- [ ] More than 10

Which methods were used to recruit focus groups participants in your community? Check all that apply.

- [ ] Websites
- [ ] Social media
- [ ] Mass email
- [ ] Local events
- [ ] Places selected for a specific purpose
- [ ] Printed materials (e.g., flyers, posters, handouts)
- [ ] Paid social media "pushes"
- [ ] Paid radio/tv advertisements
- [ ] Word of mouth "snow-balling"
- [ ] Other, please explain

About how many listening sessions have been conducted in total?

- [ ] 1
- [ ] 2-5
- [ ] More than 5

About how many key informant interviews were conducted in total?

- [ ] 1
- [ ] 2-5
- [ ] 6-10
- [ ] More than 10

What are the top 5 health concerns in your district?

- [ ] Substance misuse/abuse
- [ ] Smoking, vaping, and other tobacco use
- [ ] Lack of physical activity/exercise
- [ ] Unhealthy eating hapits and poor nutrition
- [ ] Mental health
- [ ] Suicide
- [ ] Diabetes
- [ ] Cancer
- [ ] Heart disease
- [ ] Other health concerns

What are the challenges faced by the community members in your district that makes staying healthy more difficult? Check all that apply.

- [ ] Problems with obtaining or keeping health insurance coverage
- [ ] Unaware of available local health services
- [ ] Lack of medical specialists
- [ ] Inaccessibility/availability of mental healthcare providers
- [ ] Unreliable or lack of transportation
- [ ] Difficulties with finding and/or obtaining affordable housing
- [ ] Lack of employment opportunities
- [ ] Language barriers
- [ ] Low access/low affordability of healthy food options
- [ ] Limited or lack of recreational facilities
- [ ] Lack of free or affordable health screenings
- [ ] Unsafe work environments
- [ ] Unsafe parks and green spaces to play
- [ ] Other challenges/barriers

Please describe the resources across your communities that could be leveraged to address some of the health concerns within your districts.

Please explain possible strategies for interventions that could be implemented to address health-related concerns in communities across your district.

APPENDIX B

Example questions for the Community Themes and Strengths Survey:

1. What do you believe are the 2-3 most important characteristics of a healthy community?
2. What makes you most proud of our community?
3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?
4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?
5. What do you believe is keeping our community from doing what needs to be done to improve health the quality of life?
6. What actions, policy, or funding priorities would you support to build a healthier community?
7. What would excite you enough to become involved (or more involved) in improving our community.
8. Are you satisfied with the quality of life in our community?
9. Are you satisfied with the health care system in the community?
10. Is this community a good place to raise children?
11. Is this community a good place to grow older?
12. Is there economic opportunity in the community?
13. Is the community a safe place to live?
14. Are there networks of support for individuals and families?
15. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?
16. Do all residents perceive that they - individually and collectively - can make the community a better place to live?
17. Are community assets broad based and multi-sectoral?
18. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?
19. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?

National Association of City and County Health Officials (NACCHO). (n.d.). Community themes and strengths assessment how-to guide. Retrieved from https://toolbox.naccho.org/pages/index.html

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