

# INDICATOR REPORT CARDS



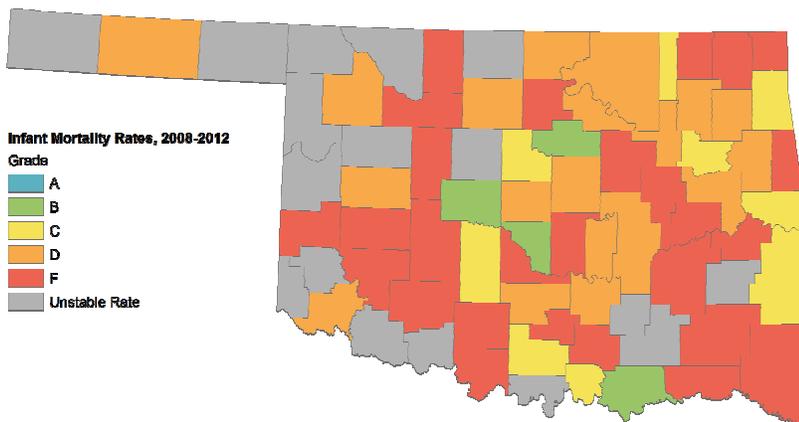
# INFANT MORTALITY

The state infant mortality rate (IMR) has dropped by more than 12 percent since 2007.<sup>1</sup>

- The death of a baby before his/her first birthday is called infant mortality.
- In 2010, Oklahoma ranked 43<sup>rd</sup> worst in the nation with an IMR of 7.6 infant deaths per 1,000 live births.<sup>2</sup>
- In 2012, there were 398 total infant deaths in Oklahoma.
- Infants of mothers age 25-34 years had the lowest IMR (6.4).
- Boys had a higher infant mortality rate than girls (8.3 vs. 6.8).
- In 2012, the non-Hispanic Black IMR decreased 24% from 2007. Though improved, the IMR for non-Hispanic Black infants remained higher than other race/ethnic groups.
- IMRs improved as the level of mother's education increased. Babies born to mothers with a HS education had an IMR that was nearly three times worse than babies born to mothers with a college education.
- Oklahoma's IMR varies by region. While the rate remains consistently high in the southwest, Tulsa had the highest IMR at 8.8 in 2012.
- Oklahoma is actively trying to reduce the occurrence of infant mortality through its statewide initiative, *Preparing for a Lifetime, It's Everyone's Responsibility*.
- Oklahoma is engaged in the federal *Collaborative Improvement and Innovation Network (CoIIN)* to reduce infant mortality through activities that 1) reduce elective delivery at less than 39 weeks of pregnancy, 2) expand access to interconception care through Medicaid, 3) promote smoking cessation among pregnant women, 4) promote infant safe sleep practices, and 5) ensure high-risk infants are born at facilities with appropriate level of prenatal care.

1 Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <<http://www.health.ok.gov/ok2share>>.

2 Centers for Disease Control and Prevention, National Center for Health Statistics, CDC Wonder Online Database. Accessed at <<http://wonder.cdc.gov>>. Year 2010 was used as it represents the latest year for which final data were available for national and state-to-state comparisons. All other rates shown in the bullets reflect data for 2012 drawn from Oklahoma State Department of Health, Center for Health Statistics, Health Care Information.



## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
D	D	D	D	D	D	NO CHANGE

	RATE PER 1,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	6.8	6.1		C
ALASKA (best)	NA	3.7		A
OKLAHOMA	8.6	7.6		D
MISSISSIPPI (worst)	NA	9.7		F
<b>AGE IN YEARS</b>				
18 - 24	8.1	6.7	8.1	D
25 - 34	6.9	5.6	6.4	C
35 - 44	6.4	8.1	9.6	F
45 - 54	*	*	*	
55 - 64	NA	NA	NA	
65+	NA	NA	NA	
<b>CHILD'S GENDER</b>				
MALE	8.9	8.8	8.3	F
FEMALE	8.2	6.2	6.8	D
<b>RACE/ETHNICITY</b>				
WHITE (NH)	7.8	6.9	6.5	C
BLACK (NH)	18.0	12.3	13.7	F
AMER INDIAN (NH)	8.6	11.2	9.0	F
HISPANIC	6.7	5.8	7.4	D
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>MOTHER'S EDUCATION</b>				
< HS	12.1	5.4	8.2	F
HS	8.9	4.2	9.4	F
HS+	8.5	4.3	7.5	D
COLLEGE GRADUATE	5.4	2.5	3.4	A
<b>REGION</b>				
CENTRAL	7.8	6.7	7.3	D
NE	8.1	8.4	7.0	D
NW	8.8	7.0	7.7	D
SE	9.1	8.5	6.1	C
SW	8.9	9.3	8.3	F
TULSA	9.4	6.7	8.8	F

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

# TOTAL MORTALITY

## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
F	F	F	F	F	F	NO CHANGE

	RATE PER 100,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	760.2	747.0		C
HAWAII (best)	607.2	589.6		A
OKLAHOMA	933.0	915.5		F
MISSISSIPPI (worst)	NA	962		F
<b>AGE IN YEARS</b>				
18 - 24	115.0	102.4	108.8	A
25 - 34	143.7	148.7	154.7	A
35 - 44	254.5	250.3	252.4	A
45 - 54	580.1	572.9	583.6	A
55 - 64	1148.0	1143.9	1140.4	F
65+	5303.1	5011.8	4785.4	F
<b>GENDER</b>				
MALE	1094.0	1068.4	1032.0	F
FEMALE	786.4	782.3	770.8	C
<b>RACE/ETHNICITY</b>				
WHITE (NH)	922.6	912.5	892.7	F
BLACK (NH)	1094.9	1092.5	1010.0	F
AMER INDIAN (NH)	907.8	1000.7	977.3	F
HISPANIC	475.2	473.3	530.1	A
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	873.2	885.7	854.3	D
NE	930.5	917.6	904.3	F
NW	844.1	835.7	813.1	D
SE	999.4	1000.7	951.8	F
SW	989.3	975.8	963.2	F
TULSA	916.1	865.3	862.3	D

Grades represent Oklahoma's ranking compared to the nation during a given year.

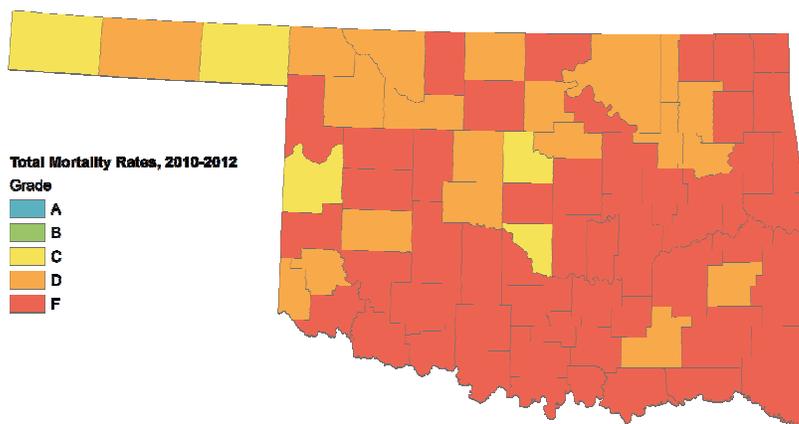
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

## Oklahoma had the 4th highest rate of death from all causes in the nation.<sup>1</sup>

- More than 36,500 Oklahomans died in 2012. As a result, Oklahoma's mortality rate was 23% higher than the national rate.<sup>2</sup>
- While the U.S. mortality rate dropped 20% over the last 20 years, Oklahoma's rate only decreased 5%.<sup>1,3</sup>
- In Oklahoma, men had a 34% higher death rate than women.<sup>4</sup>
- Unhealthy lifestyles and behaviors contribute to most of today's leading causes of death. Health risk factors include smoking, physical inactivity, and obesity.<sup>5</sup>
- Hispanic Oklahomans had a death rate that was approximately half that of other racial/ethnic groups in Oklahoma.<sup>4</sup>
- The mortality rate was lowest in the northwest region of the state.<sup>5</sup>
- The life expectancy at birth for Oklahomans in 2012 was 76.1 years.<sup>6</sup>
- The U.S. has seen life expectancy increase by 3.3 years (1990 to 2010) while Oklahoma has only seen an increase of 0.9 years over that same time.<sup>6</sup>
- Between 1990 and 2012 the life expectancy for Oklahoma women has essentially stayed the same (increase of 0.1 years) while men have seen an increase of 1.6 years.<sup>6</sup>
- Programs such as the *Shape Your Future* initiative and the Oklahoma Health Improvement Plan (OHIP) are working to affect those behaviors that contribute to high mortality rates.

- Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2010. CDC WONDER On-line Database. Accessed at <<http://wonder.cdc.gov/cmfi-icd10.html>>.
- Murphy SL, Xu JQ, Kochanek KD. Deaths: Final data for 2010. National Vital Statistics Reports; vol 61 no 4. Hyattsville, MD: National Center for Health Statistics. 2013.
- Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1979-1998. CDC WONDER On-line Database. Accessed at <<http://wonder.cdc.gov/cmfi-icd9.html>>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <<http://www.health.ok.gov/ok2share>>.
- National Center for Health Statistics. Health, United States, 2012: With Special Feature on Emergency Care. Hyattsville, MD. 2013.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information



# HEART DISEASE DEATHS

## Heart disease is the leading cause of death in Oklahoma.

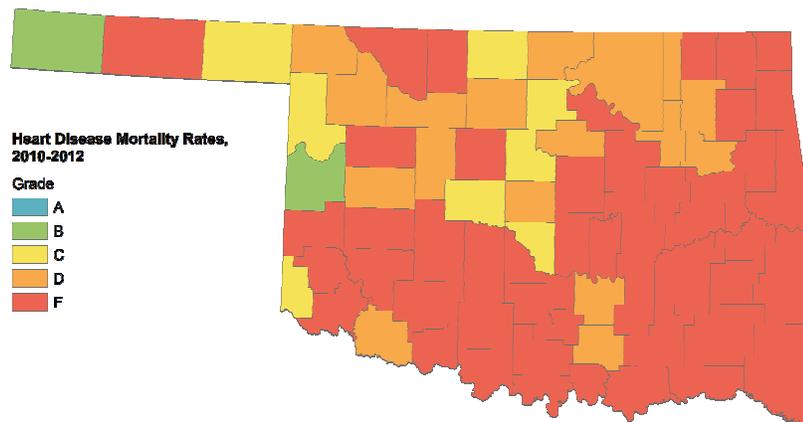
- In 2010, Oklahoma had the third highest death rate for heart disease in the nation.<sup>1</sup>
- More than 9,000 Oklahomans died from heart disease in 2012.<sup>2</sup>
- Heart disease accounted for 1 in 4 Oklahoma deaths in 2012.<sup>2</sup>
- From 1999 to 2010, heart disease death rates decreased by 26% in Oklahoma and by 33% in the U.S.<sup>1</sup>
- The heart disease death rate was 50% higher among Oklahoma males than females in 2012.
- In 2012, heart disease death rates were highest among non-Hispanic Blacks and American Indians.
- In 2010 through 2012, the percent of premature deaths from heart disease (occurring in individuals under the age of 75) was 38% for non-Hispanic Whites, 58% for non-Hispanic Blacks, 56% for non-Hispanic American Indians, and 59% for Hispanics.<sup>2</sup>
- High blood pressure, high cholesterol, smoking, physical inactivity, obesity, poor diet, and diabetes are the leading causes of cardiovascular disease.<sup>3</sup>
- The Oklahoma State Department of Health is collaborating with partners across the state to promote health system changes as well as promoting community-clinical linkages in support of the *Million Hearts®* initiative to reduce hypertension.
- The Chronic Disease Service has developed a Toolkit Trilogy to drive evidence-based preventive strategies to support decision-making to improve chronic disease health outcomes.<sup>4</sup>

1 Chronic Disease in Oklahoma Data Book. Oklahoma State Department of Health, Chronic Disease Service. (August 2013). Retrieved from <<http://www.ok.gov/health2/documents/CDS-Chronic%20data%20book%20AUG2013.pdf>>.

2 Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2010 to 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <<http://www.health.ok.gov/ok2share>> on 06NOV2013:13:11:03.

3 Newschaffer, C.J., Longjian, L., and Sim A. (2010). Cardiovascular Disease. Remington, P., Brownson, R., and Wegner, M. Chronic Disease Epidemiology and Control (pp.383-428). Washington, DC: American Public Health Association.

4 [www.ok.gov/health/Disease,\\_Prevention,\\_Preparedness/Chronic\\_Disease\\_Service/Toolkit\\_Triology/index.html](http://www.ok.gov/health/Disease,_Prevention,_Preparedness/Chronic_Disease_Service/Toolkit_Triology/index.html)



### HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
F	F	F	F	F	D	👍

	RATE PER 100,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	190.9	179.1		C
MINNESOTA (best)	129.8	119.4		A
OKLAHOMA	242.1	235.2		F
MISSISSIPPI (worst)	266.5	251.1		F
<b>AGE IN YEARS</b>				
18 - 24	1.6	4.2	1.8	A
25 - 34	10.8	14.6	10.9	A
35 - 44	40.2	45.3	42.1	A
45 - 54	132.3	128.9	135.2	B
55 - 64	293.1	285.6	281.6	F
65+	1563.9	1408.9	1295.1	F
<b>GENDER</b>				
MALE	296.8	285.2	269.2	F
FEMALE	198.9	192.4	179.4	C
<b>RACE/ETHNICITY</b>				
WHITE (NH)	243.5	235.2	220.7	D
BLACK (NH)	312.2	290.5	239.4	F
AMER INDIAN (NH)	208.9	224.0	245.2	F
HISPANIC	94.1	112.7	123.3	A
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	218.9	209.2	196.6	D
NE	244.9	240.1	222.7	D
NW	229.9	218.5	197.3	D
SE	281.8	261.1	258.6	F
SW	267.0	262.2	242.7	F
TULSA	223.2	224.2	213.0	D

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NH = Non-Hispanic

# CHRONIC LOWER RESPIRATORY DISEASE DEATHS

## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
C	D	F	F	F	F	👎

	RATE PER 100,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	40.8	42.2		C
HAWAII (best)	19.4	18.0		A
OKLAHOMA (worst)	61.3	67.4		F
<b>AGE IN YEARS</b>				
18 - 24	*	*	*	
25 - 34	*	1.2	1.3	A
35 - 44	3.7	3.5	4.3	A
45 - 54	20.1	20.6	20.1	A
55 - 64	76.1	79.9	76.3	F
65+	407.4	438.8	390.6	F
<b>GENDER</b>				
MALE	75.3	75.7	68.0	F
FEMALE	52.5	61.6	56.6	F
<b>RACE/ETHNICITY</b>				
WHITE (NH)	65.0	70.5	64.3	F
BLACK (NH)	38.3	36.0	47.1	D
AMER INDIAN (NH)	45.1	69.6	52.1	D
HISPANIC	20.3	29.3	21.4	A
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	58.6	68.0	60.0	F
NE	63.2	65.0	63.4	F
NW	55.6	56.2	50.8	D
SE	69.4	74.2	67.3	F
SW	62.9	79.1	73.2	F
TULSA	57.5	59.3	50.8	D

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

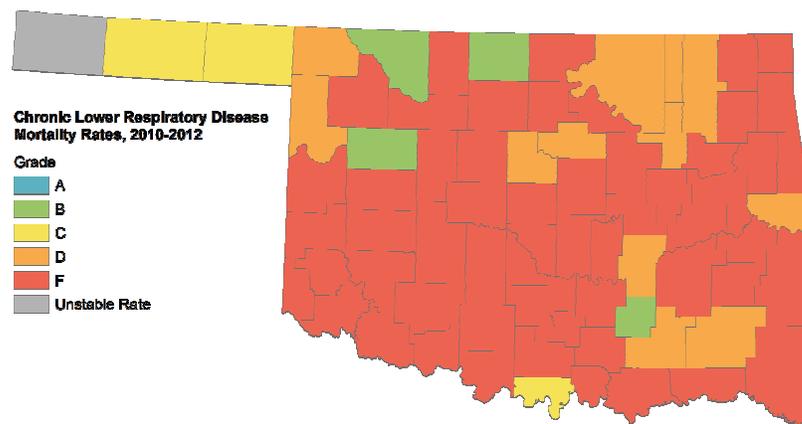
\* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

NH = Non-Hispanic

## Oklahoma's death rate due to chronic lower respiratory disease was the highest in the nation in 2010.<sup>1</sup>

- Chronic lower respiratory diseases (including chronic obstructive pulmonary disease [COPD] and asthma) were the third leading cause of death in Oklahoma.<sup>1</sup>
- Death rates from COPD among males remained stable between 2007 and 2010, however they increased by 17% among females.<sup>1</sup>
- The death rate was 2 times higher among White non-Hispanics and 1.4 times higher among American Indian non-Hispanics when compared to the lowest rate among the Hispanic population.<sup>1</sup>
- COPD was responsible for 98% of deaths from chronic lower respiratory diseases in Oklahoma.<sup>2</sup>
- COPD is a major cause of disability. People with COPD over the age of 50 years are more likely to be considered disabled.<sup>2</sup>
- COPD has no cure, however patients can take steps to manage symptoms and slow the progress of the disease. Quitting smoking is the most important step to treat COPD.<sup>2</sup>
- Cigarette smoking is the leading cause of COPD, and secondhand smoke is associated with a 10% - 43% increase in the risk of COPD in adults.<sup>2</sup>
- Approximately 85% - 90% of COPD deaths are caused by smoking.<sup>3</sup>
- Female smokers are nearly 13 times more likely to die from COPD compared to females who have never smoked. Male smokers are nearly 12 times more likely to die from COPD compared to males who have never smoked.<sup>3</sup>

- Centers for Disease Control and Prevention (2013), National Center for Health Statistics. Accessed at <<http://wonder.cdc.gov/Welcome.html>>.
- American Lung Association, (2013). Trends in COPD (Chronic Bronchitis and Emphysema) Morbidity and Mortality. Accessed at <<http://www.lung.org/finding-cures/our-research/trend-reports/copd-trend-report.pdf>>.
- U.S. Department of Health and Human Services, (2004). The Health Consequences of Smoking: A Report of the Surgeon General. Accessed at <<http://www.surgeongeneral.gov/library/reports/smokingconsequences/index.html>>.



# UNINTENTIONAL INJURY DEATHS

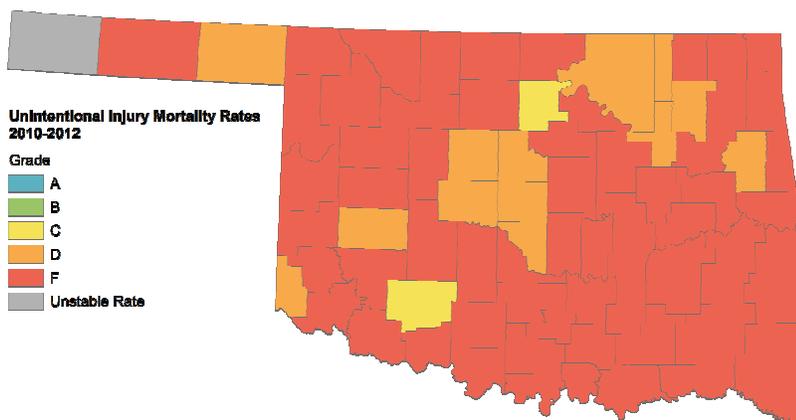
## Injuries are the leading cause of death for Oklahomans age 1 to 44 years.

- In 2012, approximately 2,300 Oklahomans died from an unintentional injury and accounted for 1 in 16 deaths.<sup>1</sup>
- Unintentional injuries are the leading cause of premature death; males are more likely to die from an unintentional injury than females.
- Oklahoma's unintentional injury death rate increased by nearly 50% from 2000 to 2012.
- The leading causes of unintentional injury death include poisonings, motor vehicle crashes, and falls.<sup>2</sup>
- Falls were the leading cause of injury death for Oklahomans aged 65 and older; males had higher fall-related death rates than females.<sup>2</sup>
- Over the past decade, unintentional poisonings increased 370% primarily due to prescription drugs. Adults aged 35-54 accounted for more than 50% of these deaths.<sup>1,2</sup>
- 81% of unintentional poisoning deaths involved at least one prescription drug. Of those deaths, nearly 90% were related to prescription painkillers.
- The Oklahoma State Department of Health is working to prevent poisoning deaths through the development of a multi-agency state plan and prescribing guidelines.<sup>2</sup>
- The Oklahoma State Department of Health is working to prevent crash-related deaths through the promotion of seat belt, child safety seat, and helmet use as well as providing education on graduated driver licensing and distracted driving.<sup>2</sup>
- The Oklahoma State Department of Health is working to prevent older adult falls through promotion of the *Tai Chi: Moving for Better Balance* exercise program.<sup>3</sup>

1 Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Retrieved from <<http://www.health.ok.gov/ok2share>>.

2 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2005). Web-based Injury Statistics Query and Reporting System (WISQARS). Available from <<http://www.cdc.gov/nipc/wisqars>>.

3 Oklahoma State Department of Health, Injury Prevention Service. (n.d.). Tai Chi: Moving for Better Balance.



### HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
C	C	C	F	F	F	👎

	RATE PER 100,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	40.0	38.1		C
NEW YORK (best)	25.3	24.3		B
OKLAHOMA	58.5	60.5		F
WEST VIRGINIA (worst)	NA	63.8		F
<b>AGE IN YEARS</b>				
18 - 24	65.1	46.3	43.2	D
25 - 34	58.8	54.1	60.9	F
35 - 44	67.0	65.7	65.5	F
45 - 54	67.4	76.9	74.8	F
55 - 64	58.5	63.5	67.6	F
65+	122.0	133.0	136.1	F
<b>GENDER</b>				
MALE	75.9	76.7	74.1	F
FEMALE	42.1	41.9	45.1	D
<b>RACE/ETHNICITY</b>				
WHITE (NH)	59.8	62.3	62.5	F
BLACK (NH)	47.3	39.8	41.1	C
AMER INDIAN (NH)	76.0	70.6	74.2	F
HISPANIC	43.7	27.9	35.2	C
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	47.3	49.0	52.3	D
NE	58.5	62.3	58.6	F
NW	50.6	62.7	61.1	F
SE	74.0	72.9	68.3	F
SW	75.5	72.9	68.3	F
TULSA	56.3	53.4	52.9	D

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1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

# MALIGNANT NEOPLASM (CANCER) DEATHS

## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
F	F	F	D	D	D	👍

	RATE PER 100,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	178.4	172.8		C
UTAH (best)	128.8	133.7		A
OKLAHOMA	198.3	191.3		D
KENTUCKY (worst)	213.5	208.3		F
<b>AGE IN YEARS</b>				
18 - 24	4.6	4.4	7.2	A
25 - 34	7.8	10.2	9.4	A
35 - 44	32.4	33.9	33.7	A
45 - 54	142.3	137.1	143.7	A
55 - 64	371.0	361.9	344.9	F
65+	1103.4	1031.7	1019.2	F
<b>GENDER</b>				
MALE	248.6	234.8	224.2	F
FEMALE	162.9	158.3	163.9	B
<b>RACE/ETHNICITY</b>				
WHITE (NH)	201.6	190.3	191.7	D
BLACK (NH)	223.6	232.6	220.5	F
AMER INDIAN (NH)	175.8	213.0	186.6	D
HISPANIC	90.6	92.8	104.5	A
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	180.1	181.5	182.1	D
NE	205.4	201.8	197.5	F
NW	183.7	169.9	171.1	C
SE	218.4	204.9	192.8	D
SW	206.0	197.9	194.4	D
TULSA	200.6	179.6	191.2	D

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1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

## Cancer was the second leading cause of death in Oklahoma in 2010.

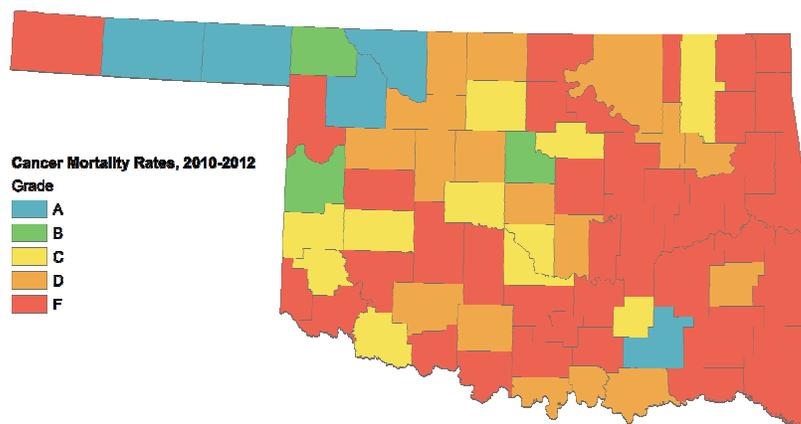
- Cancer is responsible for nearly 1 out of every 4 deaths in the U.S.<sup>1</sup>
- In 2010, Oklahoma had the 12<sup>th</sup> highest rate of cancer deaths in the U.S.<sup>1</sup>
- The rate of cancer deaths increased steadily with age.
- Cancer death rates were 37% higher among males than females in Oklahoma in 2012.
- The rate of cancer deaths among males has slowly dropped over time. There has been no significant change in cancer death rates among females.
- From 1999 to 2010, cancer death rates have decreased by 7% in Oklahoma and 16% in the U.S.<sup>1</sup>
- In Oklahoma in 2012, the cancer death rates were highest among non-Hispanic Blacks and non-Hispanic Whites. These rates were more than twice as high as the cancer death rate among Hispanics.
- Lung and bronchus cancer continued to be the leading cause of cancer deaths in Oklahoma, accounting for 30% of the cancer-related deaths (2,376 deaths in 2012).<sup>2</sup>
- The rate of cancer deaths is strongly influenced by the stage of cancer when diagnosed, the ability to treat it, and how well an individual is able to access standard care treatments.<sup>3</sup>
- Smoking accounts for almost one-third of all cancer deaths including more than 75% of lung and bronchus cancers.<sup>4</sup>
- For most types of cancer, the later the stage at diagnosis, the lower the probability of survival.<sup>2</sup>

1 Centers for Disease Control and Prevention, National Center for Health Statistics, Compressed Mortality File 1999-2010. CDC WONDER Online Database, compiled from Compressed Mortality File 1999-2010. Accessed at <<http://wonder.cdc.gov/cmfi-icd10.html>>.

2 Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <<http://www.health.ok.gov/ok2share>>.

3 American Cancer Society. Cancer Facts & Figures 2013. Atlanta: American Cancer Society; 2013.

4 American Cancer Society, Cancer Facts & Figures 2014. Atlanta: American Cancer Society; 2014.



# CEREBROVASCULAR DISEASE (STROKE) DEATHS

In 2010, Oklahoma had the 4<sup>th</sup> highest death rate due to stroke in the U.S.<sup>1</sup>

- Stroke is a time-sensitive, medical emergency that occurs when a blood clot blocks the blood supply to part of the brain or when a blood vessel in or around the brain bursts.<sup>2</sup>
- Stroke is a leading cause of serious disability in the U.S.<sup>3</sup>
- Stroke was the 5<sup>th</sup> leading cause of death in Oklahoma in 2012, resulting in 1,881 deaths.<sup>4</sup>
- From 1999 to 2010, stroke death rates decreased by 28% in Oklahoma and by 37% in the U.S.<sup>1</sup>
- Since 2000, the stroke death rate decreased by over one-third (40%) among Oklahomans 65 and older.<sup>4</sup>
- Unlike heart disease death rates, stroke death rates were similar among Oklahoma males and females.
- High blood pressure, high cholesterol, smoking, physical inactivity, obesity, poor diet, and diabetes are the leading causes of cardiovascular disease.<sup>5</sup>
- The Oklahoma State Department of Health is collaborating with partners across the state to promote health system changes as well as promoting community-clinical linkages in support of the *Million Hearts®* initiative to improve blood pressure control.
- The Chronic Disease Service has developed a Toolkit Trilogy to drive evidence-based preventive strategies to support decision-making to improve chronic disease health outcomes.<sup>6</sup>

1 Chronic Disease in Oklahoma Data Book. Oklahoma State Department of Health, Chronic Disease Service. (August 2013). Retrieved from <<http://www.ok.gov/health2/documents/CDS-Chronic%20data%20book%20AUG2013.pdf>>.

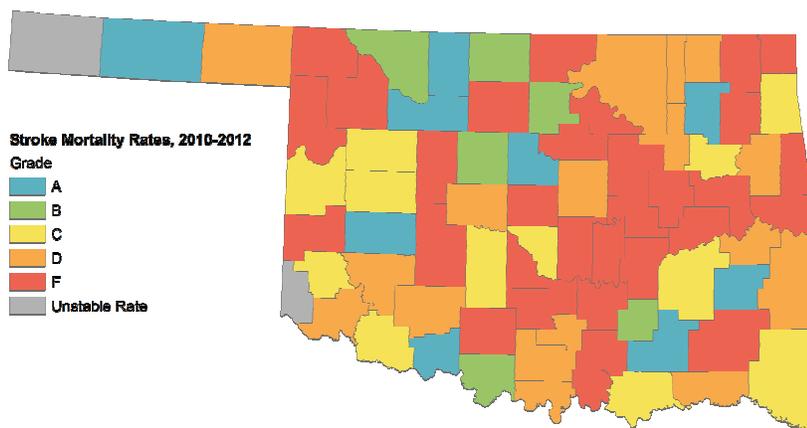
2 National Stroke Association. Stroke 101 Fact Sheet. Accessed at <<http://www.stroke.org/site/PageServer?pagename=factsheets>> on 04/08/13.

3 Go AS, Mozaffarian D, Roger VL, Benjamin EJ, et al. on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. *Circulation*. 2013;127:e6-e245.

4 Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2000 to 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <<http://www.health.ok.gov/ok2share>> on 07NOV2013.

5 Newschaffer ,C.J., Longjian, L., and Sim A. (2010). *Cardiovascular Disease*. Remington, P., Brownson, R., and Wegner, M. *Chronic Disease Epidemiology and Control* (pp.383-428). Washington, DC: American Public Health Association.

6 [www.ok.gov/health/Disease\\_Prevention\\_Preparedness/Chronic\\_Disease\\_Service/Toolkit\\_Triology/index.html](http://www.ok.gov/health/Disease_Prevention_Preparedness/Chronic_Disease_Service/Toolkit_Triology/index.html)



## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
F	F	F	F	F	D	👍

	RATE PER 100,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	42.2	39.1		C
NEW YORK (best)	28.2	27.9		A
OKLAHOMA	53.8	50.0		F
ARKANSAS (worst)	NA	53.7		F
<b>AGE IN YEARS</b>				
18 - 24	*	*	1.3	
25 - 34	2.7	1.6	2.3	A
35 - 44	6.9	6.3	4.5	A
45 - 54	19.5	19.6	18.2	A
55 - 64	38.8	40.5	43.1	D
65+	378.6	324.9	290.1	F
<b>GENDER</b>				
MALE	53.2	47.3	45.0	D
FEMALE	53.4	51.0	45.2	D
<b>RACE/ETHNICITY</b>				
WHITE (NH)	53.2	47.8	45.1	D
BLACK (NH)	74.5	86.1	62.1	F
AMER INDIAN (NH)	44.5	44.5	39.3	C
HISPANIC	27.7	29.3	33.7	B
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	51.5	52.1	46.2	D
NE	52.6	50.9	46.1	D
NW	47.9	43.1	39.1	C
SE	50.2	51.3	43.3	D
SW	59.1	44.5	50.7	F
TULSA	61.6	51.6	45.4	D

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

\* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

NH = Non-Hispanic

# DIABETES DEATHS

## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
B	B	D	F	D	C	

	RATE PER 100,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	22.5	20.8		C
MASSACHUSETTS (best)	NA	13.3		A
OKLAHOMA	29.4	26.9		D
DC (worst)	35.5	32.9		F
<b>AGE IN YEARS</b>				
18 - 24	*	*	*	
25 - 34	1.8	3.7	1.3	A
35 - 44	8.2	6.3	3.5	A
45 - 54	17.0	15.6	14.8	A
55 - 64	51.4	43.2	33.1	F
65+	168.1	146.8	111.7	F
<b>GENDER</b>				
MALE	34.2	30.3	23.5	D
FEMALE	25.8	23.1	17.3	A
<b>RACE/ETHNICITY</b>				
WHITE (NH)	25.8	23.5	18.4	A
BLACK (NH)	55.8	50.3	32.1	F
AMER INDIAN (NH)	60.4	52.2	36.7	F
HISPANIC	27.3	20.5	21.6	C
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	23.9	26.7	16.5	A
NE	31.4	24.7	21.5	C
NW	29.1	28.3	21.1	C
SE	35.4	32.9	22.6	C
SW	36.9	30.2	27.9	F
TULSA	28.8	18.1	15.8	A

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

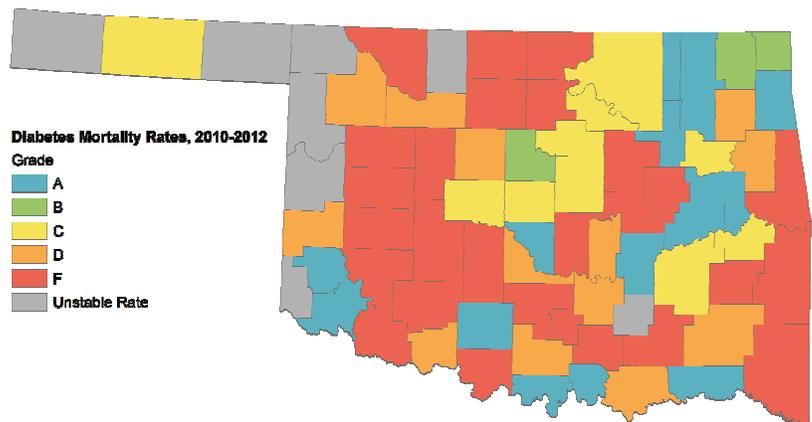
\* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

NH = Non-Hispanic

## In 2010, Oklahoma had the 4th highest death rate in the nation due to diabetes.<sup>1</sup>

- Diabetes was the 7th leading cause of death in Oklahoma in 2012.<sup>2</sup>
- The death rate from diabetes decreased 38% between 2005 and 2012.<sup>2</sup>
- While males have seen a greater decline in the rate of death due to diabetes, they continue to have a rate that is over 30% higher than females.
- Type 2 diabetes accounts for the vast majority of all diabetes cases (90-95%) and can be prevented through healthy food choices, physical activity, and weight loss.<sup>3</sup>
- Cardiovascular disease is a major complication and the leading cause of premature death among people with diabetes.<sup>4</sup>
- After adjusting for age and gender, people with diabetes have annual health care expenditures that are more than twice as high (\$13,741 vs. \$5,853) as people without diabetes.<sup>4</sup>
- Type 2 diabetes is frequently not diagnosed until complications appear, and approximately one-third of all people with the disease may be undiagnosed.<sup>5</sup>
- Evidence suggests that complications from diabetes begins early and that early identification and management has the potential to reduce both the incidence of diabetes and its related complications.<sup>5,6</sup>
- Oklahomans can participate in the Living Longer, Living Stronger program which can help persons with diabetes and other chronic conditions improve their health and lower medical costs.<sup>7</sup>

- Centers for Disease Control and Prevention (2013), National Center for Health Statistics. Accessed at <<http://wonder.cdc.gov/Welcome.html>>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <<http://www.health.ok.gov/ok2share>>.
- <http://www.cdc.gov/chronicdisease/resources/publications/aag/ddt.htm>
- American Diabetes Association. Economic Costs of Diabetes in the U.S. in 2012. *Diabetes Care* 36:1033-1046, 2013.
- American Diabetes Association. Standards of Medical Care in Diabetes. *Diabetes Care*. 2005;28(suppl):S4-S36.
- Deedwania PC, Fonseca VA. Diabetes, prediabetes and cardiovascular risk: shifting the paradigm. *Am J Med.* 2005;11:939-947.
- [http://www.ok.gov/health/Community\\_Health/Community\\_Development\\_Service/Health\\_Equity\\_&\\_Resource\\_Opportunities/Health\\_Literacy/Community\\_Health\\_Literacy\\_Intervention/index.html](http://www.ok.gov/health/Community_Health/Community_Development_Service/Health_Equity_&_Resource_Opportunities/Health_Literacy/Community_Health_Literacy_Intervention/index.html)

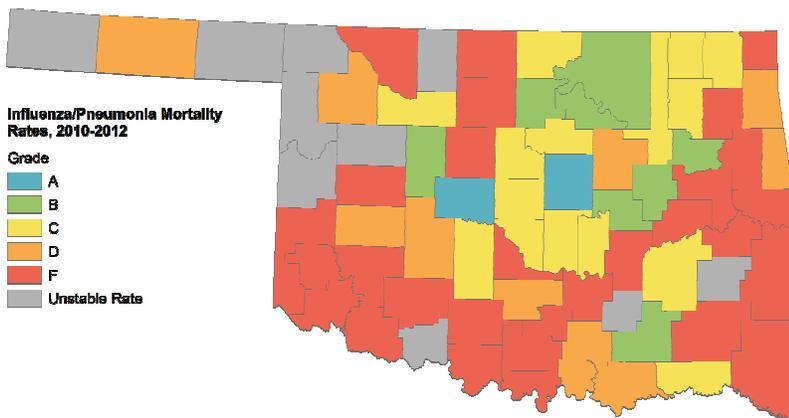


# INFLUENZA/PNEUMONIA DEATHS

## Influenza and pneumonia were the 8<sup>th</sup> leading cause of death in the U.S. and Oklahoma in 2010.

- Influenza (“flu”) is a highly contagious respiratory viral infection that usually occurs seasonally.
- Influenza vaccinations prevent a substantial number of influenza-associated illnesses and hospitalizations.
- In the U.S., flu causes more than 200,000 people to be hospitalized each year and the number of deaths due to flu complications have ranged from a low of 3,000 to a high of 49,000.<sup>1</sup>
- Pneumonia can be a complication of the flu, especially among infants, persons age 65+ or persons with other chronic conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, cancer, or heart disease.
- Everyone over 6 months of age is recommended to receive “flu” vaccination every year.
- Only one dose of the “pneumonia shot” is recommended for persons age 19+ with chronic medical conditions or for all persons age 65+.<sup>2</sup>
- Children younger than 2 years of age should receive four doses of pneumococcal conjugate vaccine. A 5<sup>th</sup> dose is recommended before age 5 or for children age 6-18 who are at higher risk of developing invasive pneumococcal disease.<sup>3</sup>
- Immunization programs are working to vaccinate at least 90% of Oklahoma seniors (65+),<sup>4</sup> to help reduce the number of deaths due to flu and pneumonia.

1 Thompson MG et al. Updated Estimates of Mortality Associated with Seasonal Influenza through the 2006-2007 Influenza Season. MMWR 2010; 59(33): 1057-1062.  
 2 Centers for Disease Control and Prevention. Updated Recommendations for Prevention of Invasive Pneumococcal Disease among Adults Using the 23-Valent Pneumococcal Polysaccharide Vaccine (PPSV 23). MMWR 2010;59 (34):1102-1106.  
 3 Centers for Disease Control and Prevention. Licensure of a 13-Valent Pneumococcal Conjugate Vaccine (PCV13) and Recommendations for Use Among Children – Advisory Committee on Immunization Practices (ACIP), 2010. MMWR 2010; 59(09):258-261.  
 4 U.S. Department of Health and Human Services. Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, D.C.: U.S. Government Printing Office, November 2000.



### HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
F	F	F	F	D	C	👍

	RATE PER 100,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	16.2	15.1		C
VERMONT (best)	NA	7.9		A
OKLAHOMA	20.1	19.7		D
KENTUCKY (worst)	NA	21.0		F
<b>AGE IN YEARS</b>				
18 - 24	*	1.6	*	
25 - 34	*	1.2	1.0	A
35 - 44	3.9	3.3	1.7	A
45 - 54	6.3	6.9	5.3	A
55 - 64	17.4	15.3	13.4	B
65+	139.8	125.8	86.1	F
<b>GENDER</b>				
MALE	24.2	23.1	15.4	C
FEMALE	17.5	17.3	12.6	B
<b>RACE/ETHNICITY</b>				
WHITE (NH)	20.5	19.9	13.6	C
BLACK (NH)	15.9	16.0	17.7	D
AMER INDIAN (NH)	19.5	18.0	15.3	C
HISPANIC	15.4	12.7	6.7	A
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	17.2	17.5	10.8	B
NE	21.9	18.8	14.1	C
NW	17.4	16.9	15.3	C
SE	25.1	21.6	16.0	C
SW	22.6	23.1	17.6	D
TULSA	16.9	20.4	11.8	B

Grades represent Oklahoma’s ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

\* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

NH = Non-Hispanic

# ALZHEIMER'S DISEASE DEATHS

## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
A	A	B	D	C	C	

	RATE PER 100,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	22.7	25.1		C
HAWAII (best)	NA	10.5		A
OKLAHOMA	23.1	26.1		C
WASHINGTON (worst)	NA	43.6		F
<b>AGE IN YEARS</b>				
18 - 24	*	*	*	
25 - 34	*	*	*	
35 - 44	*	*	*	
45 - 54	*	*	*	
55 - 64	2.6	2.9	3.5	A
65+	194.0	197.0	196.9	F
<b>GENDER</b>				
MALE	17.7	21.7	20.9	B
FEMALE	26.3	28.5	29.3	D
<b>RACE/ETHNICITY</b>				
WHITE (NH)	24.0	26.4	27.1	C
BLACK (NH)	23.0	22.3	26.7	C
AMER INDIAN (NH)	11.5	29.0	21.3	B
HISPANIC	10.3	13.5	6.2	A
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	21.1	28.4	26.1	C
NE	24.3	26.9	30.7	D
NW	18.1	25.1	15.4	B
SE	23.1	29.2	28.4	C
SW	26.8	22.2	24.4	C
TULSA	23.7	21.9	26.3	C

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

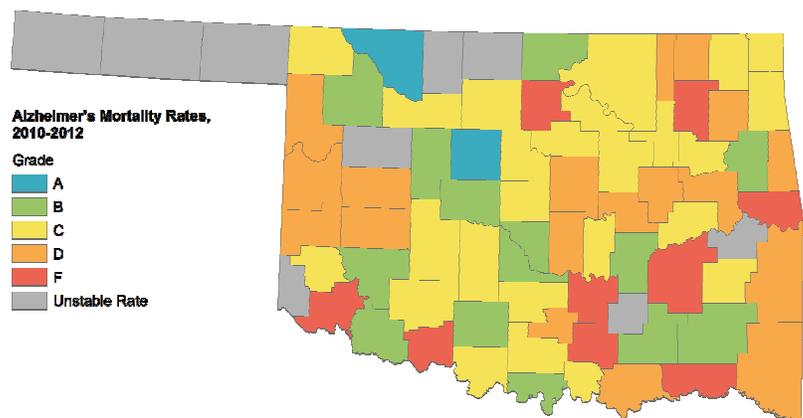
\* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

NH = Non-Hispanic

## Alzheimer's disease was the 6<sup>th</sup> leading cause of death in the U.S. in 2010.<sup>1</sup>

- Alzheimer's disease is a progressively debilitating disease of the brain that results in the eventual loss of cognitive function.<sup>2</sup>
- In 2012, Alzheimer's disease was the sixth leading cause of death among Oklahomans, causing more than 1,000 deaths.<sup>3</sup>
- Causes of Alzheimer's are not fully understood but are likely a mix of genetic, environmental, and lifestyle factors.<sup>2</sup>
- The average age of diagnosis for Alzheimer's is 60 and 70% of the Alzheimer's deaths in Oklahoma in 2012 occurred after age 65.
- The Alzheimer's disease death rate in Oklahoma was almost 40% higher for females than for males in 2012.
- The rates of death due to Alzheimer's disease has increased 45% among women and 32% among men since 1999.<sup>3</sup>
- The rates of death due to Alzheimer's disease were highest among non-Hispanic Whites and non-Hispanic Blacks.
- More than 5 million people in America are living with Alzheimer's disease and 1 in 3 seniors dies with Alzheimer's or another dementia.<sup>4</sup>
- In 2013, Alzheimer's disease will cost the US \$203 billion. This figure is expected to rise to \$1.2 trillion by mid-century.<sup>4</sup>
- Alzheimer's is the only top 10 cause of death in the U.S. without a way to prevent it, cure it, or even slow its progression.<sup>4</sup>
- Dementia is the second largest contributor to death among older Americans, second only to heart failure.<sup>4</sup>

- Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2010 on CDC WONDER Online Database, released 2012. Data are from the Multiple Cause of Death Files, 1999-2010, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at <<http://wonder.cdc.gov/ucd-icd10.html>> on Nov 13, 2013 2:40:07 PM.
- National Institute on Aging, Alzheimer's Information. Retrieved from <http://www.nia.nih.gov/alzheimers>.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <<http://www.health.ok.gov/ok2share>> on 13NOV2013:38:15:04.
- Alzheimer's Association on Alzheimer's and Dementia. 2014. Accessed at <[http://www.alz.org/alzheimers\\_disease\\_facts\\_and\\_figures.asp](http://www.alz.org/alzheimers_disease_facts_and_figures.asp)> on 7FEB2014 11:20 AM.

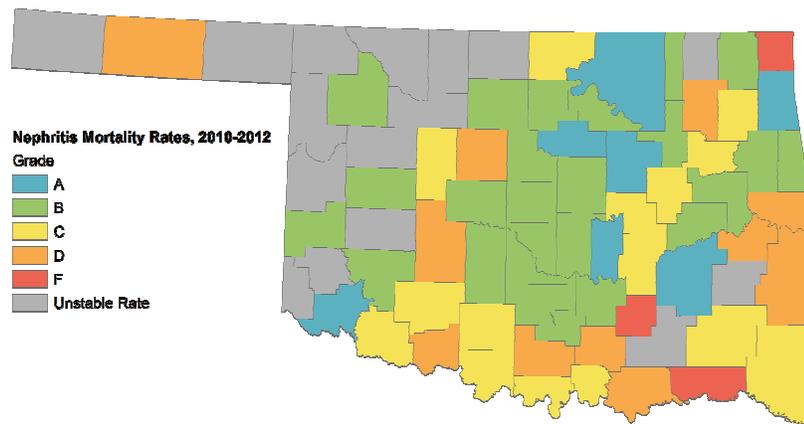


# NEPHRITIS (KIDNEY DISEASE) DEATHS

## Kidney diseases (nephritis, nephrotic syndrome and nephrosis) were the 12<sup>th</sup> leading cause of death in Oklahoma in 2012.<sup>1</sup>

- The rate of death due to kidney disease was 25% higher among males than females in Oklahoma in 2012.
- The rate of death increased with age with the highest rates occurring among those 65 years and older.
- Death rates due to kidney disease were highest among non-Hispanic Blacks and non-Hispanic American Indians.
- Renal failure accounted for more than 90% of deaths due to kidney disease in Oklahoma.<sup>1</sup>
- Males had a higher prevalence of end-stage kidney disease than females in Oklahoma.<sup>2</sup>
- Diabetes is the leading cause of renal failure. About half of those who began treatment for end-stage kidney disease in Oklahoma also had diabetes.<sup>2</sup>
- Progression of kidney disease to kidney failure can be slowed and even prevented with early detection.<sup>3</sup>
- Heart disease is the major cause of death for all people with chronic kidney disease.<sup>3</sup>
- Risk factors for chronic kidney disease include diabetes, hypertension and family history of kidney failure.<sup>3</sup>
- Oklahoma's participation in the *Million Hearts*® initiative (a project focused on reduction of hypertension in SE Oklahoma), may have an additional benefit of also reducing chronic kidney disease, due to the fact that diabetes and high blood pressure are responsible for the majority of chronic kidney disease.

1 Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information. Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <<http://www.health.ok.gov/ok2share>>.  
 2 ESRD network 13, Annual Report 2012. Accessed at <<http://www.network13.org/AnnualReport.php>>.  
 3 National Kidney Foundation. Accessed at <<http://www.kidney.org/kidneydisease/aboutckd.cfm>>.



### HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
C	B	C	C	C	B	👍

	RATE PER 100,000			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	14.5	15.3		C
VERMONT (best)	NA	6.9		A
OKLAHOMA	15.7	15.0		C
LOUISIANA (worst)	NA	28.4		F
<b>AGE IN YEARS</b>				
18 - 24	*	*	*	
25 - 34	*	*	*	
35 - 44	1.5	1.1	1.9	A
45 - 54	5.3	5.1	2.6	A
55 - 64	13.9	11.5	6.3	A
65+	108.5	99.7	66.4	F
<b>GENDER</b>				
MALE	16.8	17.5	11.4	B
FEMALE	15.2	13.2	9.1	B
<b>RACE/ETHNICITY</b>				
WHITE (NH)	14.7	13.7	9.5	B
BLACK (NH)	31.6	31.0	16.7	C
AMER INDIAN (NH)	23.4	23.5	13.4	C
HISPANIC	*	*	*	
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	14.0	13.3	8.4	B
NE	18.4	13.5	9.9	B
NW	15.0	12.1	9.6	B
SE	17.0	17.6	14.0	C
SW	15.9	20.5	13.0	B
TULSA	13.5	14.4	6.9	A

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

\* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

NH = Non-Hispanic

# SUICIDES

## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
D	D	D	D	D	D	NO CHANGE

	RATE PER 100,000			GRADE
	2007	2010	2012	

## STATE COMPARISON

US	11.3	12.1	C
DC (best)	NA	6.9	A
OKLAHOMA	14.7	16.5	D
ALASKA (worst)	NA	22.8	F

## AGE IN YEARS

18 - 24	12.5	15.9	20.9	F
25 - 34	18.4	23.4	22.8	F
35 - 44	21.3	24.8	26.8	F
45 - 54	26.0	25.7	19.9	F
55 - 64	14.4	21.6	22.7	F
65+	18.7	14.4	18.9	F

## GENDER

MALE	23.5	27.1	28.3	F
FEMALE	6.8	6.2	7.2	B

## RACE/ETHNICITY

WHITE (NH)	15.8	18.8	19.7	F
BLACK (NH)	6.5	9.1	10.4	C
AMER INDIAN (NH)	13.2	16.0	12.2	C
HISPANIC	9.4	5.2	9.1	B

## INCOME

< \$15k	NA	NA	NA
\$15 - 24k	NA	NA	NA
\$25k - 49k	NA	NA	NA
\$50 - 74k	NA	NA	NA
\$75+	NA	NA	NA

## EDUCATION

< HS	NA	NA	NA
HS	NA	NA	NA
HS+	NA	NA	NA
COLLEGE GRADUATE	NA	NA	NA

## REGION

CENTRAL	11.9	15.3	16.9	D
NE	16.0	16.8	18.7	F
NW	12.9	14.1	16.0	D
SE	17.3	18.9	17.3	D
SW	14.8	14.5	17.2	D
TULSA	16.3	19.1	17.9	F

Grades represent Oklahoma's ranking compared to the nation during a given year.

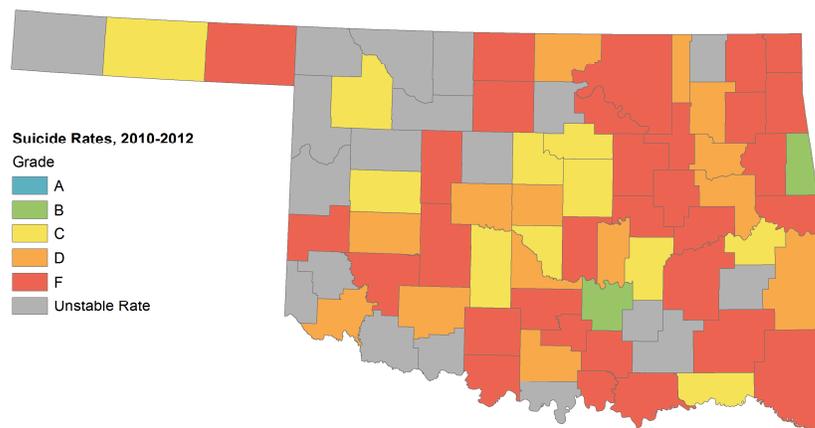
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the *rate*.

NH = Non-Hispanic

## Suicide is the leading cause of intentional deaths in Oklahoma.

- Suicide deaths outnumber homicides nearly 3 to 1.<sup>1</sup>
- The suicide rate in Oklahoma was 36% higher than the U.S. rate.
- The suicide rate in Oklahoma worsened by 25% from 1990 to 2010.
- Central Oklahoma had the largest increase (42%) in the rate of deaths due to suicide between 2007 and 2012.
- Men were four times more likely than women to kill themselves.
- Non-Hispanic Whites had the highest rate of suicide.
- 1 in 5 suicide victims had a history of suicide attempts and 32% had shared their intent with another person.<sup>2</sup>
- Firearms were the most common means of suicide, followed by hanging and poisoning.<sup>2</sup>
- Two-thirds of men and 39% of women used firearms to kill themselves.<sup>2</sup>
- Factors that likely increased the risk for suicide included poor mental health, poor physical health, and intimate partner problems.<sup>2</sup>
- Three times more women than men report attempting suicide.<sup>3</sup>
- For each suicide prevented, Oklahoma could save an average of \$1,097,763 in medical expenses (\$3,545) and lost productivity (\$1,094,218).<sup>4</sup>
- The Oklahoma State Department of Health participates in the National Violent Death Reporting System collecting detailed surveillance data that has been used to develop a state strategic plan for suicide prevention and community-based suicide prevention efforts.

- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2010). [cited 2013Nov 5]. Available at <www.cdc.gov/ncipc/wisqars>.
- Oklahoma State Department of Health, Injury Prevention Service. (2013). Summary of Violent Deaths in Oklahoma, Oklahoma Violent Death Reporting System, 2004-2010. Available at <http://okvdrs.health.ok.gov>.
- Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2010). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). [cited 2010 June 23]. Available at: <www.cdc.gov/injury/wisqars/index.html>.
- Berman, A. L. Estimating the population of survivors of suicide: Seeking an evidence base. *Suicide and Life-Threatening Behavior* 2011. 41(1), 110-116.

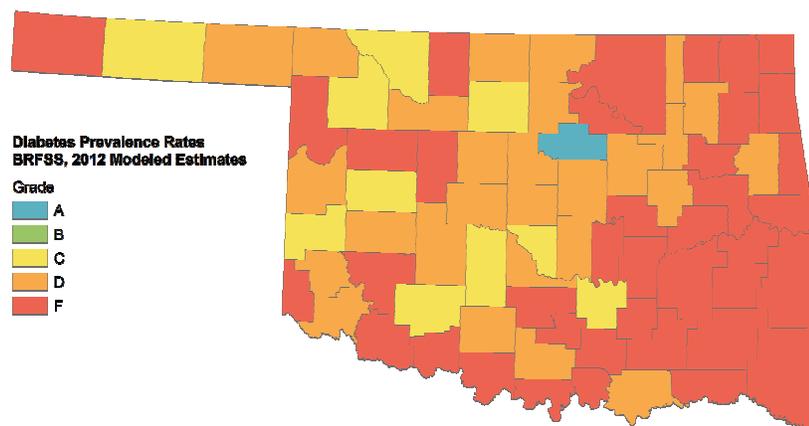


# DIABETES PREVALENCE

The number of Oklahomans with diabetes has grown steadily over the last 10 years.

- Approximately 313,800 Oklahomans age 18+ have been diagnosed with diabetes.<sup>1</sup>
- Oklahoma ranked 9<sup>th</sup> highest in the nation for the prevalence of people living with diabetes in 2012.<sup>1</sup>
- Non-Hispanic American Indians reported 33% higher prevalence than non-Hispanic Blacks and 41% higher prevalence than non-Hispanic Whites in 2012.
- Adults that were older in age, had lower annual household incomes, or had fewer years of education tended to report a higher prevalence of diabetes in Oklahoma in 2012.
- Adults who have ever been diagnosed with diabetes are more likely to report having cardiovascular diseases.<sup>1</sup>
- Approximately 1 in 5 Oklahomans aged 65 years and older have been diagnosed with diabetes.
- Diabetes is a major cause of heart disease and stroke. The risk for stroke is 2 to 4 times higher among people with diabetes.<sup>2</sup>
- Diabetes is the leading cause of kidney failure, non-traumatic lower limb amputations, and new cases of blindness among adults in the United States.<sup>2</sup>
- Being obese (Body Mass Index, BMI>=30) or overweight (25<= BMI <30) are risk factors of diabetes.
- Lack of physical activity is a major risk factors of diabetes. Oklahoma adults who participated in leisure-time physical activity reported a significantly lower prevalence of diabetes.
- The Oklahoma State Department of Health is working with partners across the state to promote and increase participation in community-based diabetes prevention and self-management programs.

1 Centers for Disease Control and Prevention (2013). Behavioral Risk Factor Surveillance System Survey Data. Accessed at <<http://apps.nccd.cdc.gov/brfss/>>.  
 2 Centers for Disease Control and Prevention (2012). 2011 National Diabetes Fact Sheet. Accessed at <<http://www.cdc.gov/diabetes/pubs/factsheet11.htm>>.



## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
A	A	A	C	D	D	👎

	PERCENT		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	9.8	9.7	C
ALASKA (best)	7.4	7.0	A
OKLAHOMA	11.3	11.5	D
WEST VIRGINIA (worst)	12.5	13.0	F
<b>AGE IN YEARS</b>			
18 - 24	1.3	0.3	A
25 - 34	3.7	2.7	A
35 - 44	7.6	6.5	A
45 - 54	10.4	11.8	D
55 - 64	20.2	19.9	F
65+	21.9	23.5	F
<b>GENDER</b>			
MALE	12.1	12.3	F
FEMALE	10.2	10.6	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	10.3	11.6	D
BLACK (NH)	13.5	12.3	F
AMER INDIAN (NH)	16.4	16.4	F
HISPANIC	10.5	7.6	B
<b>INCOME</b>			
< \$15k	15.8	17.7	F
\$15 - 24k	13.0	14.2	F
\$25k - 49k	12.1	12.0	D
\$50 - 74k	9.5	9.3	C
\$75+	7.4	7.5	B
<b>EDUCATION</b>			
< HS	14.6	15.0	F
HS	11.5	12.2	F
HS+	10.8	10.3	C
COLLEGE GRADUATE	8.4	9.7	C
<b>REGION<sup>i</sup></b>			
CENTRAL	10.0	10.0	C
NE	12.0	13.3	F
NW	11.4	12.0	D
SE	12.9	14.4	F
SW	12.8	11.8	D
TULSA	9.6	10.0	C

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

<sup>i</sup> Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

# CURRENT ASTHMA PREVALENCE

## HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS <sup>1</sup>
NA	NA	A	C	D	D	

	PERCENT		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	8.7	8.9	C
TEXAS (best)	7.1	6.8	A
OKLAHOMA	9.9	10.2	D
MAINE (worst)	11.6	11.1	F
<b>AGE IN YEARS</b>			
18 - 24	13.0	9.0	C
25 - 34	8.0	11.4	F
35 - 44	8.9	9.6	D
45 - 54	9.8	10.1	D
55 - 64	10.3	11.1	F
65+	8.4	9.6	D
<b>GENDER</b>			
MALE	7.4	7.5	B
FEMALE	11.7	12.7	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	9.8	10.1	D
BLACK (NH)	10.3	11.0	F
AMER INDIAN (NH)	11.8	14.7	F
HISPANIC	5.2	4.7	A
<b>INCOME</b>			
< \$15k	12.4	18.9	F
\$15 - 24k	12.0	10.9	F
\$25k - 49k	8.5	8.9	C
\$50 - 74k	6.9	7.4	B
\$75+	7.8	7.6	B
<b>EDUCATION</b>			
< HS	11.7	14.3	F
HS	9.2	9.2	C
HS+	10.0	10.1	D
COLLEGE GRADUATE	8.1	8.7	C
<b>REGION<sup>i</sup></b>			
CENTRAL	12.2	9.9	D
NE	9.1	10.2	D
NW	7.5	9.7	D
SE	8.6	12.9	F
SW	10.9	10.8	F
TULSA	8.2	8.3	B

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 2000 and 2012; it does not represent a statistically significant change in the rate.

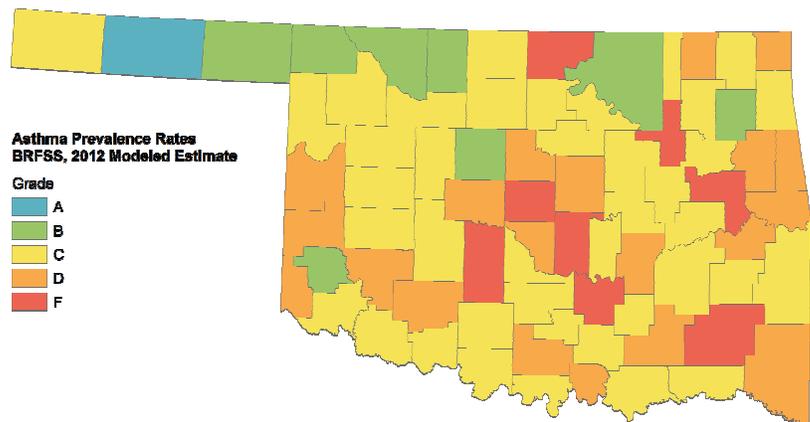
NH = Non-Hispanic

<sup>i</sup> Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

## One in ten Oklahomans currently has asthma.

- 292,000 Oklahoma adults aged 18+ reported in 2012 that they currently had asthma.<sup>1</sup>
- Females were nearly twice as likely to report having asthma than males in Oklahoma in 2012.
- Higher prevalence of asthma in 2012 was reported by those with lower incomes, fewer years of education and non-Hispanic American Indians in Oklahoma.
- Adults who reported having asthma has increased from 7.1% to 10.2% over the past decade.<sup>1</sup>
- About 1 in 10 Oklahoma children aged 0-17 reported having asthma (about 123,100 children) in 2011-2012.<sup>2</sup>
- Boys age 0-17 years were slightly more likely to have asthma now or ever compared to girls age 0-17 years old.<sup>2</sup>
- Those who smoke are more likely to have asthma than non-smokers.<sup>3</sup>
- In Oklahoma, non-Hispanic Black children age 0-17 years were significantly more likely to be suffering currently from asthma than non-Hispanic White children.<sup>2</sup>
- 3 in 5 people report limiting their activity due to asthma and nearly 1 in 3 adults in the U.S. report missing at least one day of work each year due to asthma.<sup>3</sup>
- The Oklahoma State Department of Health works with schools to become more asthma-friendly by providing education to school personnel and students with asthma about reducing or minimizing asthma triggers and recognizing and responding to asthma emergencies.
- Treating symptoms early can result in prevented or less severe attacks, and most cases can be managed with proper ongoing therapy.

- Centers for Disease Control and Prevention (2013). Behavioral Risk Factor Surveillance System Survey Data. Accessed at <<http://apps.nccd.cdc.gov/brfss/>>.
- Child and Adolescent Health Measurement Initiative, Data Resource Center on Child and Adolescent Health. National Survey of Children's Health data 2011-12. Accessed at <<http://childhealthdata.org/learn/NSCH>>.
- Centers for Disease Control and Prevention, Asthma's Impact on the Nation, National Asthma Control Program (NACP), accessed at <[http://www.cdc.gov/asthma/impacts\\_nation/asthmafactsheet.pdf](http://www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf)>.

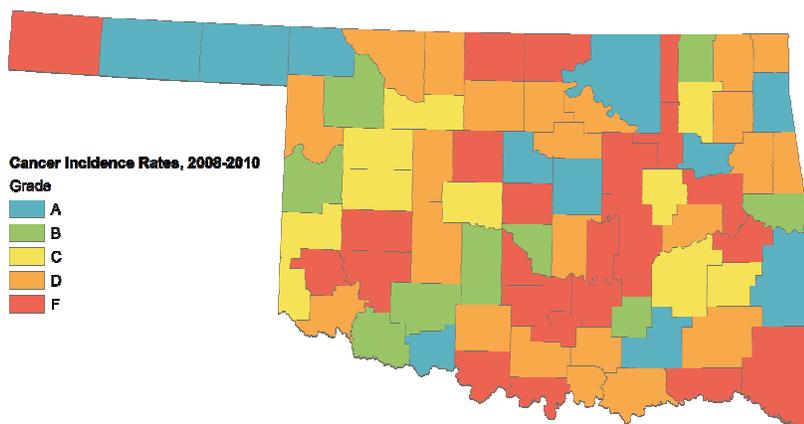


# CANCER INCIDENCE

## One in two men and one in three women will develop cancer at some time in their lives.<sup>1</sup>

- Cancer is a group of diseases in which abnormal cells grow and spread. If the spread is not controlled, it can result in death.
- Between 1999 and 2010, the cancer incidence rate increased by 2.5% in Oklahoma while it declined by 4.4% in the U.S.<sup>2</sup>
- Approximately 20,000 new cases of cancer are diagnosed in Oklahoma each year.
- Almost 80% of cancers in Oklahoma are diagnosed in individuals older than 55 years.
- Some of the higher rates occurred in urban regions, possibly because people had more opportunities to seek screenings like mammograms and colonoscopies.
- Incidence of cancer was 18% higher among males than females in Oklahoma in 2010.
- Risk factors for cancer are complex and include things such as behaviors, external or environmental factors, and genetics. Several cancers associated with alcohol and tobacco use could be prevented all together.<sup>1</sup>
- Cancers related to overweight or obesity, physical inactivity, poor nutrition, and infectious agents can also be prevented through behavioral changes, vaccines or antibiotics.<sup>1</sup>
- The *Take Charge!* program provides no cost breast and cervical cancer screening tests for eligible women throughout Oklahoma. Call 1-888-669-5934 for more information.
- The Oklahoma Colorectal Cancer Screening program provides no cost colonoscopies for eligible men and women throughout Oklahoma. Call 1-888-669-5934 for more information.

1 American Cancer Society. Cancer facts & Figures 2013.  
 2 Centers for Disease Control and Prevention, National Center for Health Statistics, Current Cancer Statistics. CDC WONDER Online Database, compiled from Cancer Incidence file 1999-2009. Accessed at <<http://wonder.cdc.gov/cancer-v2009.HTML>>.



### HISTORIC

1990	1995	2000	2005	2010	PROGRESS <sup>1</sup>
NA	NA	C	D	C	NO CHANGE

	RATE PER 100,000			GRADE
	2006	2009	2010	
<b>STATE COMPARISON</b>				
US	481.7	484.8	460.5	C
ARIZONA (best)	NA	421.9	394.1	A
OKLAHOMA	498.9	478.2	456.9	C
KENTUCKY (worst)	NA	530.8	522.8	F
<b>AGE IN YEARS</b>				
0 - 19	22.7	18.7	20.6	A
20 - 29	52.6	46.5	43.5	A
30 - 39	136.6	117.4	125.4	A
40 - 49	340.3	323.2	321.8	A
50 - 64	967.9	951.9	897.3	F
65 - 79	2372.5	2135	2072.5	F
<b>GENDER</b>				
MALE	601.7	563	530.1	F
FEMALE	485.2	458.6	448.8	C
<b>RACE/ETHNICITY</b>				
WHITE (NH)	529	484.1	466.7	C
BLACK (NH)	541.4	552.3	503.2	F
AMER INDIAN (NH)	604.6	417.9	341.4	A
HISPANIC	396.5	359.4	376.6	A
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION</b>				
CENTRAL	553.5	466.1	449.3	C
NE	493.7	496.1	455	C
NW	508.9	473.1	460.6	C
SE	524.9	497.4	435.7	B
SW	533.7	551.8	549.4	F
TULSA	566.3	497.2	512.8	F

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 2000 and 2010; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

# MINIMAL FRUIT CONSUMPTION (<1/DAY)

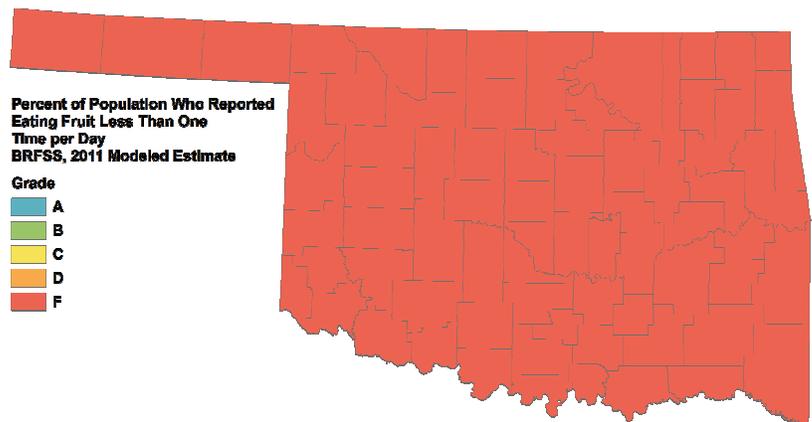
## Oklahoma ranks 50th for fruit consumption nationally.<sup>1</sup>

	PERCENT 2011	GRADE
<b>STATE COMPARISON</b>		
US	37.7	C
NEW HAMPSHIRE (best)	30.3	B
OKLAHOMA	50.2	F
MISSISSIPPI (worst)	50.8	F
<b>AGE IN YEARS</b>		
18 - 24	51.5	F
25 - 34	52.6	F
35 - 44	57.4	F
45 - 54	52.9	F
55 - 64	49.6	F
65+	38.3	C
<b>GENDER</b>		
MALE	55.3	F
FEMALE	45.5	F
<b>RACE/ETHNICITY</b>		
WHITE (NH)	50.4	F
BLACK (NH)	49.3	F
AMER INDIAN (NH)	55.1	F
HISPANIC	48.1	F
<b>INCOME</b>		
< \$15k	57.7	F
\$15 - 24k	52.8	F
\$25k - 49k	51.8	F
\$50 - 74k	45.7	F
\$75+	45.4	F
<b>EDUCATION</b>		
< HS	55.0	F
HS	56.7	F
HS+	48.1	F
COLLEGE GRADUATE	40.4	D
<b>REGION</b>		
CENTRAL	48.3	F
NE	51.8	F
NW	47.2	F
SE	53.9	F
SW	55.6	F
TULSA	45.9	F

Grades represent Oklahoma's ranking compared to the nation during a given year.  
NH = Non-Hispanic

- Half of adults in Oklahoma do not eat even one piece of fruit each day.<sup>1</sup>
- Eating more fruits and vegetables can lower the risk of some cancers, diabetes, heart disease, and obesity.<sup>2</sup>
- The percent of adults who ate fruit increased with education and income.<sup>1</sup>
- 44% of Oklahoma youth reported they did not eat at least one piece of fruit each day.<sup>3</sup>
- Only 1 in 4 middle and high schools offered fruits or vegetables at celebrations.<sup>3</sup>
- Food industry marketing, many fast food restaurants, and few grocery stores are community factors that influence unhealthy food choices.<sup>2</sup>
- In Oklahoma less than 1% of cropland acreage was harvested for fruits and vegetables.<sup>3</sup>
- Oklahoma was 1 of 28 states with a state-level policy for *Farm-to-School* programs and 1 of 27 with a state-level Food Policy Council.<sup>3</sup>
- Creating greater access to quality and affordable fruits and vegetables statewide is an important step to increase fruit and vegetable consumption.
- The Oklahoma State Department of Health is working to make fruits, vegetables, and other healthy foods and beverages more available in worksite snack bars, cafeterias, and vending.
- The Oklahoma State Department of Health is partnering with the Oklahoma Tobacco Settlement Endowment Trust (TSET) to develop strategies that make fruits and vegetables more accessible and affordable within schools, worksites, and communities across the state.

1 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2011.  
2 Malas, N., Tharp, K.M., and Foerster, S.B. (2010). Diet and Nutrition. In Remington, P., Brownson, R., and Wegner, M. Chronic Disease Epidemiology and Control (pp.159-197). Washington, DC: American Public Health Association.  
3 Centers for Disease Control and Prevention. State indicator report on fruits and vegetables, 2011. US Department of Health and Human Services, CDC; 2011. Available at <<http://www.cdc.gov/obesity/resources/reports.html#Mmwr>>.

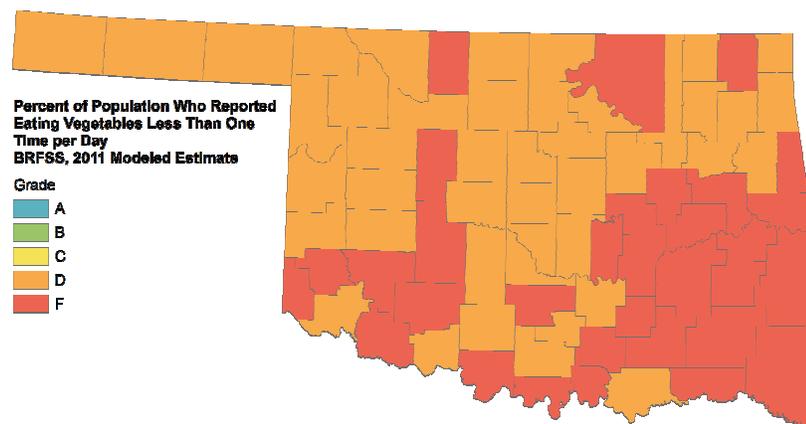


# MINIMAL VEGETABLE CONSUMPTION (<1/DAY)

## Oklahoma ranks 44th for vegetable consumption nationally.<sup>1</sup>

- 1 in 4 adults did not eat at least one vegetable every day.<sup>1</sup>
- Eating more fruits and vegetables can lower the risk of some cancers, diabetes, heart disease, and obesity.<sup>2</sup>
- More than half of men in Oklahoma did not eat at least one vegetable every day.<sup>1</sup>
- Among Oklahoma youth, 40% reported they did not eat at least one vegetable everyday.<sup>3</sup>
- Only half of Oklahoma census tracts had retailers who sold healthy food within 1/2 mile of tract boundaries.<sup>3</sup>
- 14% of farmers' markets accepted Supplemental Nutrition Assistance Program (SNAP) benefits.<sup>3</sup>
- Worksites, schools, and faith-based organizations can help increase fruit and vegetable consumption through education, availability, and community support.<sup>2</sup>
- Oklahoma was 1 of 28 states with a state-level policy for *Farm-to-School* programs and 1 of 27 with a state-level Food Policy Council.<sup>3</sup>
- The Oklahoma State Department of Health is working to make fruits, vegetables, and other healthy foods and beverages more available in worksite snack bars, cafeterias, and vending.
- The Oklahoma State Department of Health is partnering with the Oklahoma Tobacco Settlement Endowment Trust (TSET) to develop strategies that make fruits and vegetables more accessible and affordable within schools, worksites, and communities across the state.

1 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2011.  
 2 Malas, N., Tharp, K.M., and Foerster, S.B. (2010). Diet and Nutrition. In Remington, P., Brownson, R., and Wegner, M. Chronic Disease Epidemiology and Control (pp.159-197). Washington, DC: American Public Health Association.  
 3 Centers for Disease Control and Prevention. State indicator report on fruits and vegetables, 2011. US Department of Health and Human Services, CDC; 2011. Available at <<http://www.cdc.gov/obesity/resources/reports.html#Mmwr>>.



	PERCENT	GRADE
	2011	
<b>STATE COMPARISON</b>		
US	22.6	C
WASHINGTON (best)	15.3	A
OKLAHOMA	26.8	D
DC (worst)	32.5	F
<b>AGE IN YEARS</b>		
18 - 24	34.1	F
25 - 34	28.4	F
35 - 44	25.9	D
45 - 54	23.7	C
55 - 64	27.2	D
65+	23.4	C
<b>GENDER</b>		
MALE	30.1	F
FEMALE	23.6	C
<b>RACE/ETHNICITY</b>		
WHITE (NH)	25.3	D
BLACK (NH)	43.0	F
AMER INDIAN (NH)	29.4	F
HISPANIC	27.7	D
<b>INCOME</b>		
< \$15k	37.5	F
\$15 - 24k	31.0	F
\$25k - 49k	25.7	D
\$50 - 74k	21.1	C
\$75+	19.2	B
<b>EDUCATION</b>		
< HS	33.5	F
HS	31.2	F
HS+	25.7	D
COLLEGE GRADUATE	17.0	B
<b>REGION</b>		
CENTRAL	25.1	D
NE	26.8	D
NW	25.8	D
SE	31.7	F
SW	30.1	F
TULSA	25.4	D

Grades represent Oklahoma's ranking compared to the nation during a given year.  
 NH = Non-Hispanic

# NO PHYSICAL ACTIVITY

## HISTORIC



	PERCENT		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	26.2	22.9	C
OREGON (best)	19.8	16.3	A
OKLAHOMA	31.2	28.3	D
ARKANSAS (worst)	30.9	31.5	F
<b>AGE IN YEARS</b>			
18 - 24	17.5	17.9	B
25 - 34	27.4	19.4	B
35 - 44	27.4	26.6	D
45 - 54	33.4	30.0	F
55 - 64	38.6	33.0	F
65+	40.0	39.8	F
<b>GENDER</b>			
MALE	30.7	27.4	D
FEMALE	31.7	29.1	F
<b>RACE/ETHNICITY</b>			
WHITE (NH)	30.8	27.7	D
BLACK (NH)	28.2	28.5	D
AMER INDIAN (NH)	29.9	28.1	D
HISPANIC	39.6	37.2	F
<b>INCOME</b>			
< \$15k	39.4	37.1	F
\$15 - 24k	36.5	36.3	F
\$25k - 49k	34.1	30.4	F
\$50 - 74k	28.5	22.9	C
\$75+	19.5	14.1	A
<b>EDUCATION</b>			
< HS	42.0	42.6	F
HS	37.7	33.5	F
HS+	27.3	24.2	C
COLLEGE GRADUATE	19.1	16.3	A
<b>REGION</b>			
CENTRAL	29.9	25.1	D
NE	32.3	29.1	F
NW	35.3	29.7	F
SE	32.8	33.9	F
SW	34.7	30.9	F
TULSA	27.1	27.3	D

Grades represent Oklahoma's ranking compared to the nation during a given year.

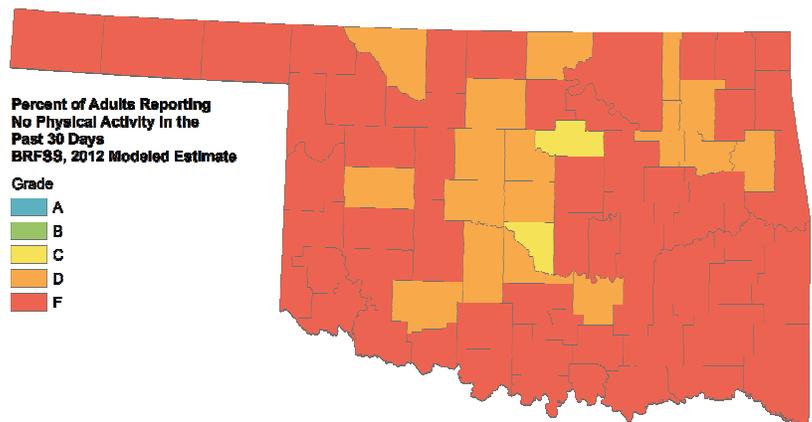
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

## Oklahoma ranks as the 44th least active state in the nation.

- In 2012, more than a quarter of Oklahoma adults were not physically active.
- Physical activity can play a role in reversing or preventing health problems<sup>1</sup> and help reduce the risk of premature death.<sup>1</sup>
- The World Health Organization estimates that 3.2 million deaths worldwide can be attributed to physical inactivity, which is the 4<sup>th</sup> leading risk for global mortality.<sup>2</sup>
- College graduates were more than twice as likely to be physically active as those with only a high school education.<sup>3,4</sup>
- Physical inactivity was highest among Hispanics.<sup>4</sup>
- As income decreases, so does physical activity.<sup>4</sup>
- No physical activity is the greatest in the southeast Region of Oklahoma.
- The amount of physical activity in an Oklahoman's life decreases as their age increases.
- The *Oklahoma Safe Routes to School* program provides schools with opportunities to encourage walking and bicycling to school.
- The Oklahoma State Department of Health has partnered with the Department of Tourism and Recreation to promote physical activity in state parks in conjunction with Tourism's Park Passport program.
- The Oklahoma State Department of Health is promoting physical activity in public schools, businesses, and communities statewide through a partnership with the Oklahoma Tobacco Settlement Endowment Trust (TSET).

- 1 Ainsworth, B.E. and Macera, C.A. (2010). Physical Activity. In Remington, P., Brownson, R., and Wegner, M. Chronic Disease Epidemiology and Control (pp.199-227). Washington, DC: American Public Health Association.
- 2 World Health Organization. Risk Factor: Physical Inactivity. Available at <[http://www.who.int/physical\\_activity/en/](http://www.who.int/physical_activity/en/)>.
- 3 U.S. Department of Health and Human Services, 2008 Physical Activity Guidelines for Americans. Available at <<http://www.health.gov/paguideliens/guidelines/chapter2.aspx>>.
- 4 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.

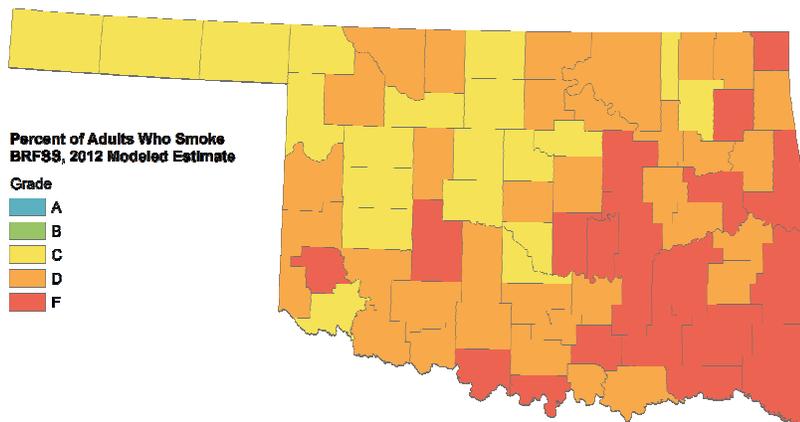


# CURRENT SMOKING PREVALENCE

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

- Smoking kills more Oklahomans than alcohol, auto accidents, AIDS, suicides, murders and illegal drugs combined.<sup>1</sup>
- Oklahomans spend approximately \$1.16 billion per year on smoking-related health costs.<sup>2</sup>
- In 2012, approximately 1 in 4 Oklahoma adults smoked, compared to 1 in 5 nationally.<sup>3</sup>
- About 62% of adult smokers in Oklahoma made at least one serious attempt to quit within the past year.<sup>3</sup>
- Each year, about 4,400 Oklahoma children become new daily smokers.<sup>4</sup>
- An estimated \$160.3 million was spent by the tobacco industry to market tobacco products in Oklahoma.<sup>5</sup>
- In 2012, Governor Mary Fallin made all state-owned property tobacco free, including state parks and resorts.
- In 2013, Oklahoma law was amended to make all state-owned property smokefree and granted local municipalities the ability to make property owned and operated by the city or county smokefree.
- The *Oklahoma Tobacco Helpline* has been helping Oklahomans quit and stay quit for 10 years, with more than 250,000 Oklahomans receiving coaching and assistance in quitting tobacco either by phone or online. Free help is available at 1-800-QUIT-NOW or [www.okhelpline.com](http://www.okhelpline.com).

1 Centers for Disease Control and Prevention. State-Specific Smoking Attributable Mortality and Years of Potential Life Lost - United States, 2000-2004. January 22, 2009.  
 2 Campaign for Tobacco-Free Kids. "State Tobacco-Related Costs and Revenues". Accessed at <<http://www.tobaccofreekids.org/research/factsheets/pdf/0178.pdf>> on February 4, 2013.  
 3 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.  
 4 New underage daily smoker estimate based on data from U.S. Department of Health and Human Services (HHS), "Results from the 2010 National Survey on Drug Use and Health," with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.  
 5 U.S. Federal Trade Commission (FTC), Cigarette Report for 2009 and 2010 and Federal Trade Commission Smokeless Tobacco Report for 2009 and 2010.



### HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS <sup>1</sup>
F	D	F	F	F	D	👍

	PERCENT		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	21.2	19.6	C
UTAH (best)	11.8	10.6	A
OKLAHOMA	26.1	23.3	D
KENTUCKY (worst)	29.0	28.3	F
<b>AGE IN YEARS</b>			
18 - 24	26.1	28.0	F
25 - 34	33.9	28.4	F
35 - 44	28.8	26.4	F
45 - 54	33.1	26.9	F
55 - 64	23.3	21.6	D
65+	11.7	10.6	A
<b>GENDER</b>			
MALE	28.1	24.4	D
FEMALE	24.3	22.2	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	26.0	22.7	D
BLACK (NH)	30.7	23.5	D
AMER INDIAN (NH)	33.8	29.2	F
HISPANIC	18.1	22.5	D
<b>INCOME</b>			
< \$15k	47.9	40.4	F
\$15 - 24k	34.2	32.3	F
\$25k - 49k	24.9	22.3	D
\$50 - 74k	18.2	16.8	B
\$75+	14.8	10.9	A
<b>EDUCATION</b>			
< HS	42.7	38.6	F
HS	29.4	26.8	F
HS+	24.8	21.9	D
COLLEGE GRADUATE	10.7	9.2	A
<b>REGION</b>			
CENTRAL	25.8	19.2	C
NE	26.2	26.9	F
NW	25.1	24.2	D
SE	28.2	25.3	F
SW	27.6	26.3	F
TULSA	26.4	19.2	C

Grades signify Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

# OBESITY

## HISTORIC



	PERCENT		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	27.8	27.6	C
COLORADO (best)	20.7	20.5	A
OKLAHOMA	31.1	32.2	D
DC (worst)	33.4	34.7	F
<b>AGE IN YEARS</b>			
18 - 24	19.7	25.2	B
25 - 34	29.4	31.8	D
35 - 44	40.0	35.6	F
45 - 54	32.7	37.6	F
55 - 64	37.4	35.5	F
65+	26.3	26.8	C
<b>GENDER</b>			
MALE	30.6	33.1	F
FEMALE	31.5	31.4	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	30.4	31.0	D
BLACK (NH)	34.8	45.5	F
AMER INDIAN (NH)	40.8	37.5	F
HISPANIC	28.6	30.6	C
<b>INCOME</b>			
< \$15k	33.2	35.0	F
\$15 - 24k	35.8	35.0	F
\$25k - 49k	33.3	32.6	D
\$50 - 74k	32.5	34.3	F
\$75+	25.8	29.3	C
<b>EDUCATION</b>			
< HS	31.0	31.9	D
HS	33.8	33.9	F
HS+	31.3	34.9	F
COLLEGE GRADUATE	26.5	25.6	B
<b>REGION</b>			
CENTRAL	29.0	31.8	D
NE	33.6	33.3	F
NW	29.1	33.0	F
SE	37.6	35.7	F
SW	31.2	32.4	D
TULSA	28.1	29.8	D

Grades represent Oklahoma's ranking compared to the nation during a given year.

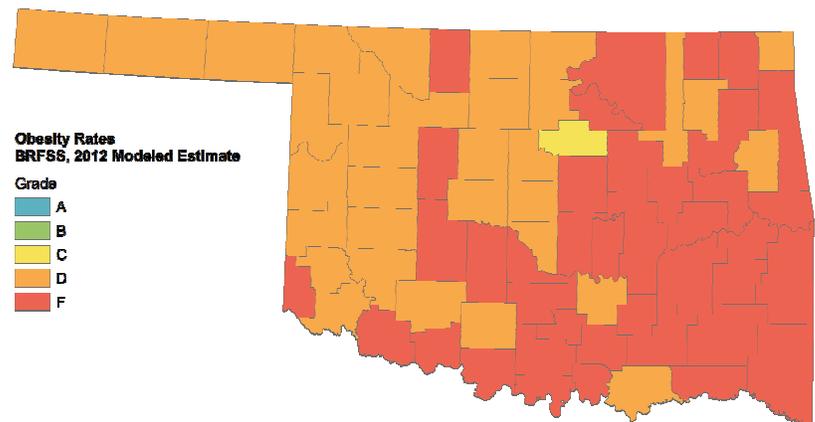
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

## Oklahoma is the 6<sup>th</sup> most obese state in the nation.<sup>1</sup>

- The rate of obesity in Oklahoma has increased from 1 in 7 adults in 1995 to 1 in 3 adults in 2010.
- Obesity is associated with increased early mortality.<sup>2</sup>
- Excess weight increases the risk of developing chronic disease, such as heart disease, stroke, diabetes, and some cancers.<sup>2</sup>
- As an individual's Body Mass Index (BMI) increases, so does the number of sick days, medical claims, and health care costs.<sup>3</sup>
- In 2013, 12% of Oklahoma youth were obese and 15% were overweight.<sup>4</sup>
- Only 37% of high school students had a physical education class at least once per week, and only 31% had daily physical education.<sup>5</sup>
- Obesity can increase a child's risk for a range of health problems and negatively impact his/her mental health and school performance.<sup>6,7</sup>
- The Shape Your Future campaign encourages Oklahomans to eat better, move more and be tobacco free. OSDH partners with the Tobacco Settlement Endowment Trust (TSET) on the campaign, which includes television and radio commercials, billboards, digital ads, social media and other advertising to provide practical tips for healthier living.
- The Oklahoma State Department of Health promotes comprehensive wellness policies for public schools, businesses and communities statewide.

- Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.
- Galuska, D.A. and Dietz, W.H. (2010). Obesity and Overweight. In Remington, P., Brownson, R., and Wegner, M. Chronic Disease Epidemiology and Control (pp.269-290). Washington, DC: American Public Health Association.
- The Robert Wood Johnson Foundation, the American Stroke Association, and the American Heart Association. A Nation at Risk: Obesity in the United States, a Statistical Sourcebook. Dallas, TX: American Heart Association, 2005.
- Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information. Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
- Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States 2010. MMWR Surveillance Summaries 59, no.SS05 (2010).
- W.H. Dietz. Health Consequences of Obesity in Youth: Childhood Predictors of Adult Disease. Pediatrics 1010, no 3 (1998): 518-525.
- A Datar and R. Strum. Childhood Overweight and Elementary School Outcomes. International Journal of Obesity 30, (2006): 1449-1460.

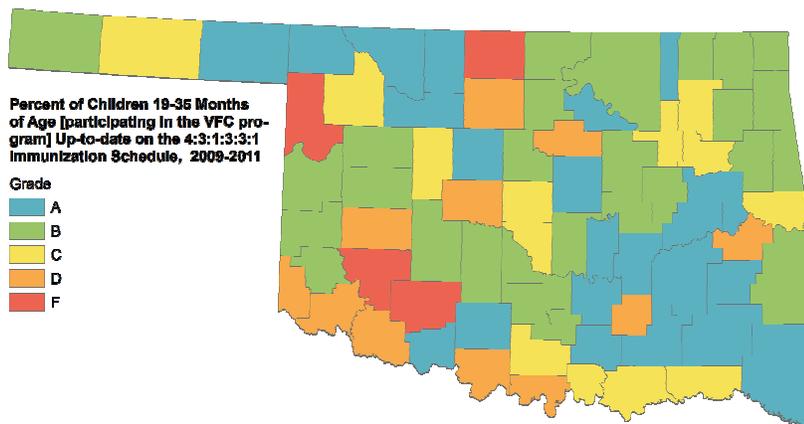


# IMMUNIZATION < 3 YEARS (4:3:1:3:3:1 SERIES)

## Oklahoma ranks 48th in the nation in the percent of children (age 19-35 mo) who are up-to-date on their immunizations.<sup>1</sup>

- Childhood immunization rates for all children in Oklahoma age 19–35 months have declined from 77% in 2011 to 65% in 2012.<sup>1</sup>
- The U.S. rate dropped from 77% in 2011 to 72% in 2012.<sup>1</sup>
- In 2012, 74% of Oklahoma children age 19 to 35 months [participating in the *Vaccines for Children* program (VFC)] were up-to-date on their vaccinations.<sup>2, 3</sup>
- Vaccination is the best way parents can protect infants, children and teens from 16 potentially harmful diseases.
- Children need to receive 4 DTaP (Diphtheria, Tetanus and Pertussis), 3 Polio, 1 MMR (Measles, Mumps and Rubella), 3 Hib (*Haemophilus Influenza* type B), 3 Hepatitis B and 1 Varicella (chicken pox) before age 3 (4:3:1:3:3:1).
- Healthy People 2020 has set a goal to try to assure that 90% of children are up-to-date on the 4:3:1:3:3:1 series plus have 4 doses of PCV (pneumococcal vaccine) by age 3.
- The Oklahoma State Department of Health is using evidence-based programs such as increased use of the reminder cards for parents and is working to reduce missed opportunities to vaccinate in county health department clinics.
- Every dollar spent on vaccinations saves \$18.40 in direct medical costs and losses due to death, disability and missed work and productivity.<sup>4</sup>
- Vaccines are available for all children in Oklahoma through private physicians or county health departments even if the child has no health insurance.

1 National Immunization Survey (NIS), CDC/National Center for Health Statistics  
 2 Oklahoma State Immunization Information System (OSIIS), Oklahoma State Department of Health. OSIIS is a voluntary immunization registry. Estimates of coverage are not exact nor complete.  
 3 The Vaccines for Children Program provides vaccine for children who are Medicaid eligible, Native Americans and Alaska Natives, children who have no health insurance and children whose health insurance does not cover vaccines.  
 4 Presentation 26209 "Updated Economic Evaluation of the Routine Childhood Immunization Schedule in the United States" Fangjun Zhou, PhD, Health Scientist, CDC National Immunization Conference Washington D.C. March 28-31 2011 accessed at <<https://cdc.confex.com/cdc/nic2011/webprogram/Paper26209.html>>.



HISTORIC						
1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
NA	NA	D	C	B	F	👎

	PERCENT		GRADE
	2009	2012	
<b>STATE COMPARISON</b>			
US	69.9	71.9	C
HAWAII (best)	NA	82.4	A
OKLAHOMA	70.2	64.7	F
WEST VIRGINIA (worst)	NA	61.9	F
<b>MOTHER'S AGE</b>			
18 - 24	67.3	NA	
25 - 34	68.2	NA	
35 - 44	69.0	NA	
45 - 54	72.6	NA	
55 - 64	NA	NA	
65+	NA	NA	
<b>CHILD'S GENDER</b>			
MALE	67.2	NA	
FEMALE	68.2	NA	
<b>RACE/ETHNICITY</b>			
WHITE (NH)	66.4	69.7	C
BLACK (NH)	60.9	NA	
AMER INDIAN (NH)	68.8	NA	
HISPANIC	73.1	NA	
<b>INCOME</b>			
< \$15k	NA	NA	
\$15 - 24k	NA	NA	
\$25k - 49k	NA	NA	
\$50 - 74k	NA	NA	
\$75+	NA	NA	
<b>MOTHER'S EDUCATION</b>			
< HS	67.2	NA	
HS	67.4	NA	
HS+	68.3	NA	
COLLEGE GRADUATE	70.7	NA	
<b>REGION</b>			
CENTRAL	69.1	72.9	C
NE	67.8	76.2	B
NW	68.5	74.8	B
SE	72.2	78.2	B
SW	70.3	71.7	C
TULSA	60.0	71.6	C

Grades signify Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 2000 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

NOTE:

# SENIORS INFLUENZA VACCINATION

## HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS <sup>1</sup>
F	F	B	B	C	B	👍

	PERCENT		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	61.3	60.1	C
IOWA (best)	70.2	70.1	A
OKLAHOMA	62.4	67.8	B
NEVADA (worst)	53.4	50.0	F
<b>AGE IN YEARS</b>			
18 - 24	NA	NA	
25 - 34	NA	NA	
35 - 44	NA	NA	
45 - 54	NA	NA	
55 - 64	NA	NA	
65+	62.4	67.8	B
<b>GENDER</b>			
MALE	62.7	66.3	B
FEMALE	62.2	69.0	B
<b>RACE/ETHNICITY</b>			
WHITE (NH)	63.1	68.0	B
BLACK (NH)	50.7	52.2	F
AMER INDIAN (NH)	64.5	80.1	A
HISPANIC	64.7	83.6	A
<b>INCOME</b>			
< \$15k	54.9	61.0	C
\$15 - 24k	64.0	72.0	A
\$25k - 49k	63.1	66.6	B
\$50 - 74k	64.3	64.0	B
\$75+	63.9	72.1	A
<b>EDUCATION</b>			
< HS	55.1	72.0	A
HS	64.8	66.5	B
HS+	62.8	63.7	B
COLLEGE GRADUATE	63.5	72.7	A
<b>REGION</b>			
CENTRAL	60.5	70.6	A
NE	65.4	67.3	B
NW	70.8	63.7	B
SE	55.0	69.6	A
SW	57.8	68.8	A
TULSA	65.9	67.0	B

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1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

## Oklahoma ranked 10<sup>th</sup> in the nation for the percent of seniors who were vaccinated against the flu last year.<sup>1</sup>

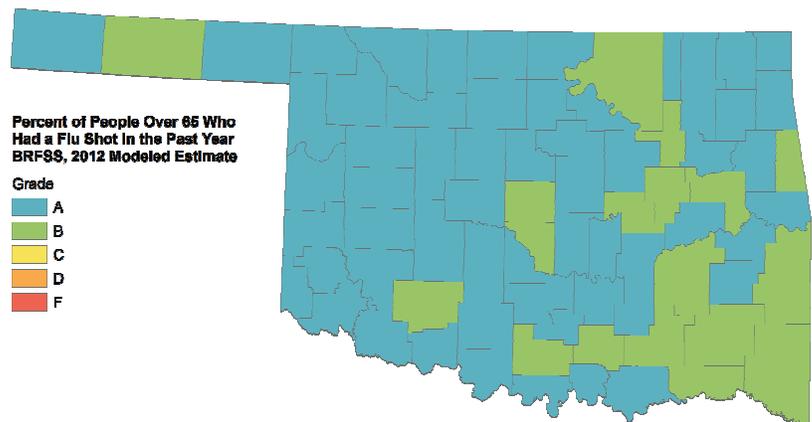
- More than 70% of Oklahoma seniors (age 65+) received the flu vaccine during the 2012-13 flu season. The national rate of senior flu vaccination was 66%.<sup>1</sup>
- Influenza is highly contagious and causes 200,000 hospitalizations and over 36,000 deaths each year due to complications.
- Complications of influenza, hospitalizations and deaths from seasonal influenza are more likely among seniors than other age groups.<sup>2</sup>
- Healthy People 2020 has set a goal for at least 90% of seniors to be vaccinated against the flu each year.
- Just over half of non-Hispanic Black seniors in Oklahoma were vaccinated in 2012. Rates are also lowest in this group for the nation.<sup>3</sup>
- Influenza vaccination prevents a substantial number of influenza-associated illnesses and hospitalizations.
- The Centers for Disease Control and Prevention estimates that flu vaccination resulted in 79,000 (17%) fewer hospitalizations during the 2012-13 influenza season than otherwise might have occurred in the U.S.<sup>4</sup>
- Flu vaccination also prevented approximately 6.6 million influenza illnesses in the U.S. during the 2012-13 season.<sup>4</sup>
- Seniors can be vaccinated against the flu for free at any county health department in Oklahoma. Flu vaccination is also available from many healthcare providers and pharmacies statewide.
- Influenza vaccination is a covered benefit under Medicare Part B.

1 Cumulative influenza vaccination coverage estimates by State, HHS region, and the United States, National Immunization Survey (NIS) and Behavioral Risk Factor Surveillance System (BRFSS), 2012-13 Influenza Season according to the 2012 BRFSS alone, 67.8% of adults 65+ received flu vaccine published on Fluvaxview at: <<http://www.cdc.gov/flu/fluview/coverage-1213estimates.htm>>.

2 Centers for Disease Control and Prevention. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2013–2014, MMWR 2013;62(no. RR-No. 7):4.

3 BRFSS <<http://www.cdc.gov/brfss/index.htm>>.

4 CDC Morbidity and Mortality Weekly Report (MMWR) December 13, 2013 / 62(49):997-1000 "Estimated Influenza Illnesses and Hospitalizations Averted by Influenza Vaccination – United States, 2012–13 Influenza Season"

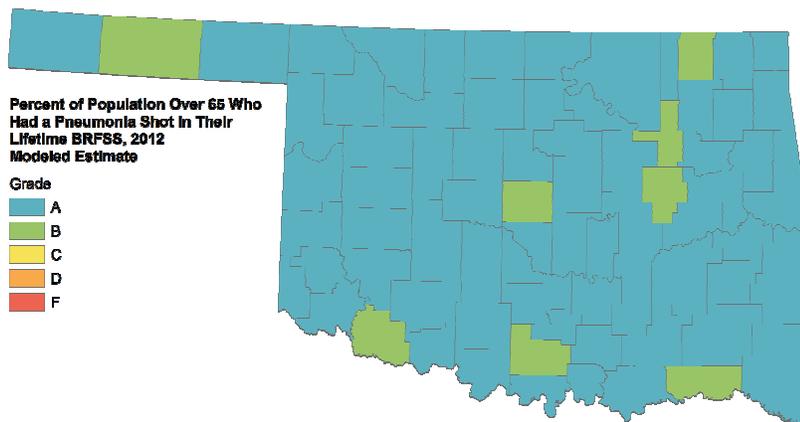


# SENIORS PNEUMONIA VACCINATION

Oklahoma ranked 3<sup>rd</sup> best in the nation for the percent of seniors vaccinated against pneumonia in 2012.

- Three-fourths of Oklahoma seniors (age 65+) reported ever having a pneumococcal vaccination. The national rate was 69%.
- More than 70% of non-Hispanic Black seniors reported they had ever been vaccinated against pneumonia in 2012 compared to 59% in 2011.
- Pneumococcal disease is a leading cause of serious illness throughout the U.S. Invasive pneumococcal disease causes about 4,800 deaths annually.<sup>1</sup>
- About 175,000 hospitalizations due to pneumococcal pneumonia are estimated to occur in the U.S. every year.
- In the U.S., 85% of pneumonia cases occur among adults.
- Pneumonia is a very common bacterial complication of influenza.
- Pneumonia related bacteremia and meningitis are responsible for the highest rates of death among the elderly and those who have underlying medical conditions. The case-fatality rate attributed to bacteremia among adults is 15-20%.
- 36% of adult community-acquired pneumonia are due pneumococcal infections.
- One dose of pneumococcal vaccine is recommended for all adults age 65 and older and younger adults that are immunocompromised or that have certain chronic conditions.
- Healthy People 2020 has set a goal for at least 90% of seniors to have received a pneumonia vaccination.
- Seniors can be vaccinated against pneumonia for free at any county health department in Oklahoma. Pneumonia vaccination is also available from many healthcare providers and pharmacies statewide.
- Pneumococcal vaccine is also covered by Medicare Part B.

1 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data.  
2 Epidemiology and Prevention of Vaccine-Preventable Diseases, 12th Edition, 234



## HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS <sup>1</sup>
F	F	D	B	B	A	👍

	PERCENT		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	70.0	68.8	C
OREGON (best)	76.0	76.2	A
OKLAHOMA	72.8	74.9	A
NEW JERSEY (worst)	65.6	61.6	F
<b>AGE IN YEARS</b>			
18 - 24	NA	NA	
25 - 34	NA	NA	
35 - 44	NA	NA	
45 - 54	NA	NA	
55 - 64	NA	NA	
65+	72.8	74.9	A
<b>GENDER</b>			
MALE	70.8	73.7	B
FEMALE	74.8	75.8	A
<b>RACE/ETHNICITY</b>			
WHITE (NH)	73.4	75.3	A
BLACK (NH)	59.2	72.4	B
AMER INDIAN (NH)	84.6	87.1	A
HISPANIC	41.3	55.8	F
<b>INCOME</b>			
< \$15k	76.8	71.8	B
\$15 - 24k	73.1	77.5	A
\$25k - 49k	74.3	76.5	A
\$50 - 74k	73.0	70.8	B
\$75+	67.9	73.3	B
<b>EDUCATION</b>			
< HS	68.3	75.7	A
HS	72.5	76.0	A
HS+	75.8	75.4	A
COLLEGE GRADUATE	72.8	71.0	B
<b>REGION</b>			
CENTRAL	73.8	78.9	A
NE	72.0	74.3	A
NW	75.4	74.4	A
SE	70.3	72.6	B
SW	72.2	72.8	B
TULSA	74.5	74.7	A

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NH = Non-Hispanic

# LIMITED ACTIVITY DAYS

## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
NA	C	C	D	D	D	

	AVERAGE		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	2.6	2.6	C
NORTH DAKOTA (best)	1.7	1.7	A
OKLAHOMA	3.0	3.0	D
ALABAMA (worst)	3.1	3.7	F
<b>AGE IN YEARS</b>			
18 - 24	1.6	2.0	B
25 - 34	1.8	2.0	B
35 - 44	3.2	2.6	C
45 - 54	4.1	4.2	F
55 - 64	4.2	4.0	F
65+	3.0	3.2	D
<b>GENDER</b>			
MALE	2.9	2.9	D
FEMALE	3.1	3.2	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	3.0	3.1	D
BLACK (NH)	2.7	3.0	D
AMER INDIAN (NH)	3.9	3.5	F
HISPANIC	2.0	1.8	A
<b>INCOME</b>			
< \$15k	8.1	7.6	F
\$15 - 24k	3.7	3.7	F
\$25k - 49k	2.2	2.4	B
\$50 - 74k	2.1	2.0	B
\$75+	1.3	1.2	A
<b>EDUCATION</b>			
< HS	4.9	5.2	F
HS	3.1	3.0	D
HS+	2.9	2.8	C
COLLEGE GRADUATE	1.3	1.2	A
<b>REGION</b>			
CENTRAL	2.8	3.1	D
NE	3.4	3.4	F
NW	2.9	2.8	C
SE	3.5	3.7	F
SW	3.0	3.1	D
TULSA	2.7	2.3	B

Grades represent Oklahoma's ranking compared to the nation during a given year.

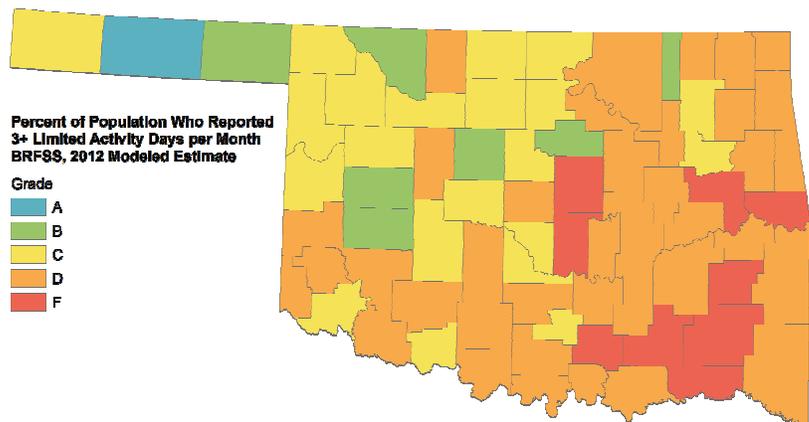
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

In 2012, Oklahoma adults ranked 44<sup>th</sup> in the nation in the average number of limited activity days per month.<sup>1</sup>

- Oklahomans reported having an average of 3 limited activity days each month due to poor health.
- Poor physical and/or mental health can impact an individual's ability to perform usual activities.<sup>2</sup>
- The average number of limited activity days was 15% higher for Oklahomans than for that of the nation.<sup>1</sup>
- The very poor (income < \$15,000) reported having limited activity for an average of 8 days each month.
- As income and education increased, the average number of limited activity days decreased.
- Oklahoma's Tulsa region reported the fewest number of limited activity days on average (2.3) each month; the southeast region experienced the most (3.7).
- The average number of limited activity days worsened by 11% for non-Hispanic Blacks and 25% for young adults (age 18-24).
- The largest reduction of limited activity days from 2011 to 2012 was seen in the ages of 35-44 years.
- Limited activity days were highest among non-Hispanic American Indians.
- Regular physical activity can help control weight, reduce your risk of cardiovascular disease, type 2 diabetes, metabolic syndrome, and some cancers, potentially reducing the number of limited activity days.<sup>3</sup>
- The Oklahoma State Department of Health is promoting physical activity through policy change on a local level for schools, businesses, and communities through partnerships within Oklahoma.

1 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.  
 2 Centers for Disease Control and Prevention. Measuring Health Days. Atlanta, Georgia: CDC, November 2000.  
 3 Center for Disease Control and Prevention. Physical Activity and Health. Atlanta, Georgia: CDC, February 2011.

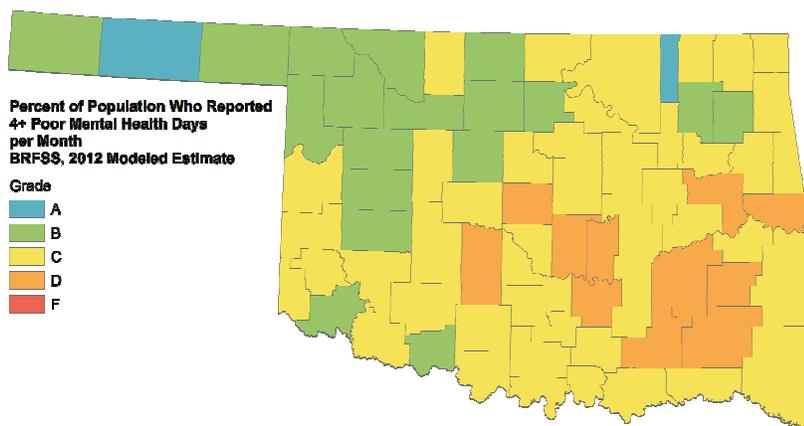


# POOR MENTAL HEALTH DAYS

In 2012, Oklahoma adults ranked 42<sup>nd</sup> in the nation for the average number of poor mental health days each month.<sup>1</sup>

- Mental illness negatively impacts health and productivity in the United States.<sup>2</sup>
- Individuals with serious mental illness face an increased risk of chronic medical conditions.<sup>3</sup>
- In 2012, 1 in 4 Oklahoma counties reported fewer poor mental health days on average when compared to the nation.<sup>1</sup>
- Oklahoma adults with a college education reported the fewest poor mental health days (2.3/mo).<sup>1</sup>
- The average number of poor mental health days decreased as income and education increased.<sup>1</sup>
- 40% of women reported having at least one poor mental health day each month compared to 30% of men.<sup>1</sup>
- Seniors (age 65+) reported the fewest number of poor mental health days each month compared to other age groups.<sup>1</sup>
- Adults who reported more than 15 poor mental health days per month were less likely to be physically active.<sup>1</sup>
- Although occasional short periods of mental distress and a few poor mental health days may be unavoidable, more prolonged and serious episodes are preventable through early interventions.<sup>4</sup>
- Good mental health is essential to good overall health and wellness.<sup>5</sup>

1 U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2012). Behavioral Risk Factor Surveillance System Survey Data.  
 2 Centers for Disease Control and Prevention. Measuring Health Days. Atlanta, Georgia: CDC, November 2000.  
 3 Colton, C.W. and Mandercheid, R.W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Preventing Chronic Disease: Public Health Research, Practice and Policy, 3(2), 1–14. (as cited in, NAMI: Mental Illness Facts and Numbers, retrieved November 2013 from <[http://www.nami.org/factsheets/mentalillness\\_factsheet.pdf](http://www.nami.org/factsheets/mentalillness_factsheet.pdf)>).  
 4 Moriarty DG. Geographic patterns of frequent mental distress: US adults, 1993-2001 and 2003-2006. (2009). American Journal of Preventive Medicine; 36(6) 497 (as cited in <<http://www.americashealthrankings.org/all/MentalHealth>>, retrieved November 2013).  
 5 United States: Poor Mental Health Days (2000-2012). Retrieved November 2013, from <<http://www.americashealthrankings.org/all/MentalHealth>>.



## HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS <sup>1</sup>
NA	A	A	C	D	C	👎

	AVERAGE		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	3.9	3.9	C
NORTH DAKOTA (best)	2.8	2.8	A
OKLAHOMA	4.5	4.2	C
ALABAMA (worst)	4.8	5.2	F
<b>AGE IN YEARS</b>			
18 - 24	4.5	4.4	D
25 - 34	4.4	4.7	D
35 - 44	5.5	4.6	D
45 - 54	5.3	5.0	F
55 - 64	4.9	4.1	C
65+	2.6	2.5	A
<b>GENDER</b>			
MALE	4.0	3.6	B
FEMALE	4.9	4.7	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	4.4	4.1	C
BLACK (NH)	5.2	4.7	D
AMER INDIAN (NH)	5.5	5.0	F
HISPANIC	3.8	3.1	A
<b>INCOME</b>			
< \$15k	9.7	8.6	F
\$15 - 24k	5.6	5.3	F
\$25k - 49k	3.9	3.5	B
\$50 - 74k	3.0	2.7	A
\$75+	2.3	2.3	A
<b>EDUCATION</b>			
< HS	6.9	5.9	F
HS	4.3	4.4	D
HS+	4.8	4.2	C
COLLEGE GRADUATE	2.5	2.6	A
<b>REGION<sup>i</sup></b>			
CENTRAL	4.5	4.0	C
NE	4.7	4.7	D
NW	3.7	3.8	C
SE	5.3	4.8	F
SW	4.8	4.2	C
TULSA	4.1	3.6	B

Grades signify Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

<sup>i</sup> Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

# POOR PHYSICAL HEALTH DAYS

## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
NA	A	B	D	D	D	

	AVERAGE		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	3.9	4.0	C
MINNESOTA (best)	2.9	2.9	A
OKLAHOMA	4.4	4.4	D
KENTUCKY (worst)	5.0	5.3	F
<b>AGE IN YEARS</b>			
18 - 24	2.2	2.4	A
25 - 34	3.1	3.0	A
35 - 44	3.7	3.2	A
45 - 54	5.3	5.3	F
55 - 64	6.0	6.1	F
65+	5.7	6.1	F
<b>GENDER</b>			
MALE	4.1	4.1	C
FEMALE	4.6	4.8	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	4.4	4.5	D
BLACK (NH)	3.7	4.1	C
AMER INDIAN (NH)	5.9	5.3	F
HISPANIC	3.4	2.9	A
<b>INCOME</b>			
< \$15k	9.8	9.4	F
\$15 - 24k	5.4	5.5	F
\$25k - 49k	3.6	3.7	B
\$50 - 74k	3.6	3.4	B
\$75+	1.9	2.1	A
<b>EDUCATION</b>			
< HS	6.5	6.8	F
HS	4.8	4.7	D
HS+	4.1	4.2	C
COLLEGE GRADUATE	2.5	2.8	A
<b>REGION</b>			
CENTRAL	4.1	4.2	C
NE	4.7	5.1	F
NW	4.4	3.9	C
SE	5.0	5.7	F
SW	4.5	4.2	C
TULSA	4.0	3.5	B

Grades represent Oklahoma's ranking compared to the nation during a given year.

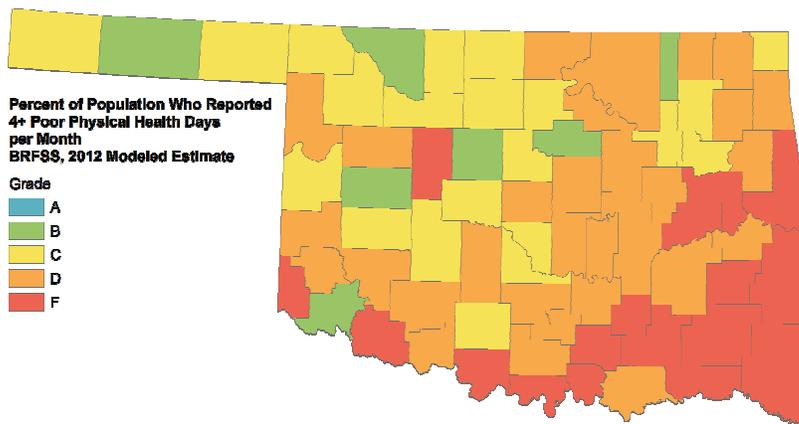
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

In 2012, Oklahoma adults ranked 43<sup>rd</sup> in the U.S. for the number of poor physical health days.<sup>1</sup>

- Two-thirds of Oklahoma counties reported more days of poor physical health when compared to the national average.
- Physical symptoms such as illness, injury, and pain may interfere with an individual's ability to enjoy a good quality of life and may negatively impact the ability to perform normal activities.<sup>2</sup>
- People with high levels of well-being are more productive at work and are more likely to contribute to their communities.<sup>3</sup>
- Poor physical health days are a general indicator of the population's health-related quality of life.<sup>4</sup>
- More than half of adults who reported having poor mental health days also reported having poor physical health days.<sup>1</sup>
- As education and income increased, the average number of poor physical health days reported decreased.<sup>1</sup>
- As age increased, so did the reported number of poor physical health days.<sup>1</sup>
- 1 in 10 women reported having poor physical health days for more than half the month.<sup>1</sup>
- Maintaining a healthy weight may assist with improving physical health days.
- Poor physical health is not only an indicator of current health status but a predictor of future health and future medical care; it has been shown to be a predictor of 1-month and 12-month hospitalizations and office visits.<sup>5</sup>

1. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2012). Behavioral Risk Factor Surveillance System Survey Data.
2. Centers for Disease Control and Prevention. Measuring Health Days. Atlanta, Georgia: CDC, November 2000.
3. Tov W, Diener E. The Well-being of nations: linking together trust, cooperation, and democracy. In: Sullivan BA, Snyder M, Sullivan JL, editors. Cooperation: the psychology of effective human interaction. Malden (MA): Blackwell Publishing; 2008. (as cited in Healthy People 2020 well-being measures, 2010).
4. United States: Poor Physical Health Days (2000-2012). Retrieved November 2013, from <http://www.americashealthrankings.org/All/PhysicalHealth/2012>.
5. Dominick KL, Ahern FM, Gold CH, Heller DA: Relationship of health-related quality of life to health care utilization and mortality among older adults. Aging Clin Exp Res. 2002;14:499-508. See more at: <http://www.americashealthrankings.org/All/PhysicalHealth/2012#sthash.QP6uJrKE.dpuf>.

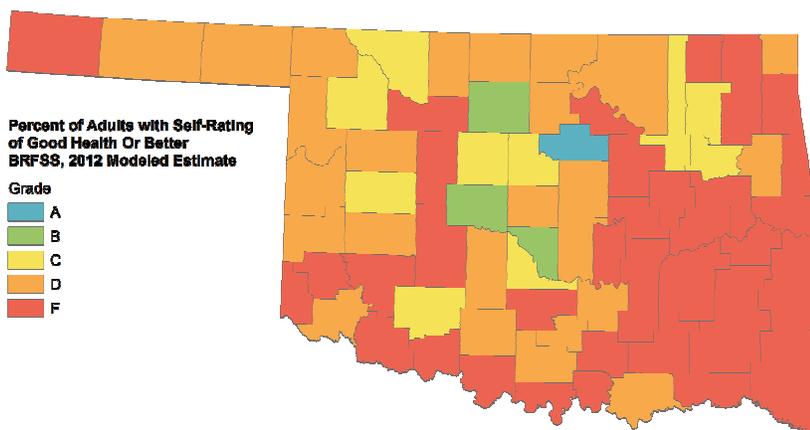


# GOOD OR BETTER HEALTH RATING

## Oklahomans rate their overall health among the poorest in the nation.

- Oklahoma ranked 39<sup>th</sup> in the U.S. for the percentage of adults who reported their health to be good or excellent.<sup>1</sup>
- In 2012, Oklahoma's self-health rating increased for the first time in more than a decade.
- Perceptions of good or better health decreased as age increased.<sup>1</sup>
- Positive perceptions of health increased as education and income increased.<sup>1</sup>
- Hispanics were least likely to report their health as positive.<sup>1</sup>
- Self-health ratings may independently predict mortality.<sup>2</sup>
- An individual's perception of their health is used as an alternative measure to assess the perceived burden of acute and chronic health conditions.<sup>3</sup>
- An individual's perception of health may include physical health, mental health, spiritual health, or any combination of these and other factors.
- General Health Status and Health-Related Quality of Life and well-being are foundational health measures that will serve as indicators toward achieving the Healthy People 2020 overarching goals.<sup>4</sup>
- Regular physical activity can help control weight, reduce the risk of cardiovascular disease, type 2 diabetes, metabolic syndrome, and some cancers. In addition, regular physical activity improves mental health and mood and may lead to better sleep.<sup>5</sup> Improved health in these areas may contribute to overall better health days.

1 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia, 2012.  
 2 Idler, E.L. and Benyamini Y. (1997). Self-rated health and mortality: A review of twenty-seven community studies. J Health Soc Beh, 38:21-37.  
 3 Centers for Disease Control and Prevention. Measuring Health Days. Atlanta, Georgia: CDC, November 2000.  
 4 HHS. Healthy People 2020. Available at <<http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=19> Accessed on 7FEB2014 12:49PM>.  
 5 Center for Disease Control and Prevention. Physical Activity and Health. Atlanta, Georgia: CDC, February 2011.



### HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
D	C	C	D	D	D	NO CHANGE

	AVERAGE		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	83.1	83.1	C
MINNESOTA (best)	88.0	88.3	A
OKLAHOMA	79.8	81.0	D
WEST VIRGINIA (worst)	74.9	74.8	F
<b>AGE IN YEARS</b>			
18 - 24	91.0	93.3	A
25 - 34	85.3	89.3	A
35 - 44	83.5	85.2	B
45 - 54	78.5	77.1	F
55 - 64	70.9	74.8	F
65+	71.3	69.9	F
<b>CHILD'S GENDER</b>			
MALE	79.1	81.0	D
FEMALE	80.5	80.9	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	81.7	81.2	D
BLACK (NH)	73.6	81.1	D
AMER INDIAN (NH)	75.4	81.3	D
HISPANIC	68.8	77.4	F
<b>INCOME</b>			
< \$15k	53.4	56.9	F
\$15 - 24k	69.8	72.6	F
\$25k - 49k	84.0	83.2	C
\$50 - 74k	89.3	89.9	A
\$75+	93.2	93.9	A
<b>EDUCATION</b>			
< HS	59.9	61.7	F
HS	79.3	79.4	D
HS+	82.4	84.6	C
COLLEGE GRADUATE	91.5	91.4	A
<b>REGION<sup>i</sup></b>			
CENTRAL	82.2	81.4	D
NE	77.8	80.1	D
NW	80.9	82.7	C
SE	76.8	72.9	F
SW	77.0	80.4	D
TULSA	81.2	86.6	B

Grades signify Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

<sup>i</sup> Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

# TEEN FERTILITY (AGE 15-17)

## HISTORIC



	RATE PER 1,000			GRADE
	2007	2011	2012	
<b>STATE COMPARISON</b>				
US	22.1	15.4		C
NEW HAMPSHIRE (best)	7.6	5.4		A
OKLAHOMA	30.4	22.9		D
DC (worst)	NA	33.6		F
<b>AGE IN YEARS</b>				
18 - 24	NA	NA	NA	
25 - 34	NA	NA	NA	
35 - 44	NA	NA	NA	
45 - 54	NA	NA	NA	
55 - 64	NA	NA	NA	
65+	NA	NA	NA	
<b>GENDER</b>				
MALE	NA	NA	NA	
FEMALE	NA	NA	NA	
<b>RACE/ETHNICITY</b>				
WHITE (NH)	21.5	17.1	17.0	C
BLACK (NH)	42.3	30.4	28.6	F
AMER INDIAN (NH)	45.8	28.7	26.8	F
HISPANIC	65.9	43.2	45.8	F
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	NA	NA	NA	
HS	NA	NA	NA	
HS+	NA	NA	NA	
COLLEGE GRADUATE	NA	NA	NA	
<b>REGION<sup>i</sup></b>				
CENTRAL	32.3	24.2	22.5	D
NE	27.5	18.8	21.9	D
NW	25.0	23.1	19.7	D
SE	37.4	28.2	25.4	F
SW	31.2	23.9	24.0	F
TULSA	28.9	22.0	23.2	D

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the *rate*.

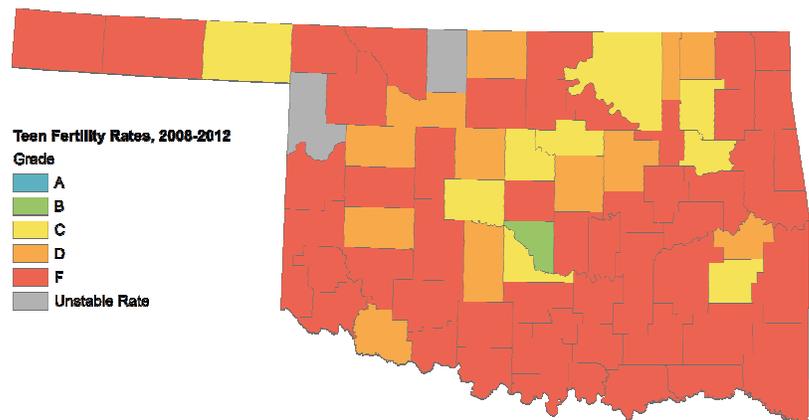
NH = Non-Hispanic

<sup>i</sup> Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

At 22.2 births per 1,000 females aged 15-17 years, Oklahoma had one of the highest (worst) state teen birth rates in 2012.

- In 2012, there were 1,667 births to Oklahoma females aged 15-17 years.
- Each day in Oklahoma, an average of 15 teenage girls aged 15-19 give birth.
- Compared with their peers who delay childbearing, teen mothers are less likely to finish high school, more likely to live in poverty as adults, and more likely to rely on public assistance.<sup>1</sup>
- Hispanic teens had the highest teen birth rate at 45.8 births per 1,000 females aged 15-17 years.
- Non-Hispanic White teens had the lowest teen birth rate at 17.0 births per 1,000 females aged 15-17 years.
- Only Cleveland County has a teen birth rate better than the national average.
- Sixty-nine of Oklahoma's 77 counties had a teen birth rate higher than the national average.
- Teen childbearing cost Oklahoma taxpayers approximately \$190 million in 2008.<sup>1</sup>
- 3 of every 4 Oklahoma teen births in 2011 were the result of an unintended pregnancy.<sup>2</sup>
- Evidence-based teen pregnancy prevention curricula are used by schools in Oklahoma, Tulsa, and 16 other counties with high teen pregnancy rates.
- The Oklahoma State Department of Health is collaborating with tribal entities to expand the availability of teen pregnancy prevention programs.

1 Holcombe, E., Peterson, K., & Manlove, J. (March 2009). Research Brief: Ten Reasons to Still Keep the Focus on Teen Childbearing. Washington, DC: Childtrends.  
 2 The National Campaign to Prevent Teen and Unplanned Pregnancy. (June 2011). Counting It Up: The Public Costs of Teen Childbearing. Available at <<http://www.thenationalcampaign.org/costs/default.aspx>>.  
 3 Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS), 2011.

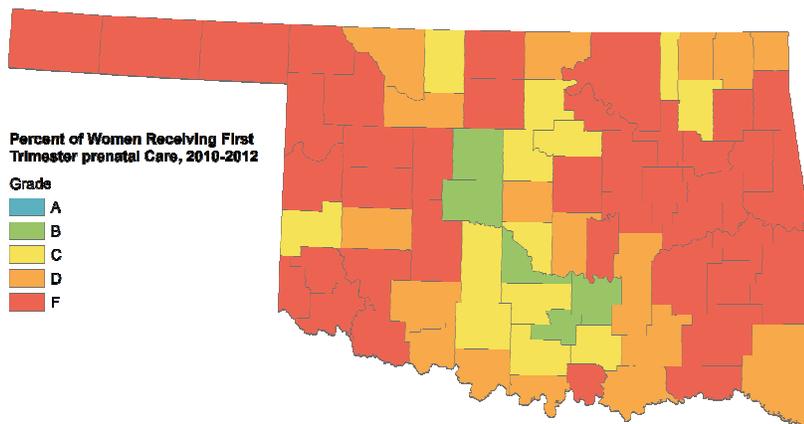


# FIRST TRIMESTER PRENATAL CARE

## In 2012, 68.2% of pregnant women in Oklahoma received prenatal care (PNC) beginning in the first trimester.

- Initiating PNC in the first trimester helps identify important, treatable conditions like diabetes and high blood pressure, and improves the chances of a healthy pregnancy.<sup>1</sup>
- In 2012, Oklahoma's rate for first trimester PNC was 12.4% below the Healthy People 2020 objective of 77.9%.<sup>2</sup>
- From 2011 to 2012, the percentage of pregnant women who received first trimester PNC improved across all demographic categories.
- As education increased, so did the percent of women who received first trimester prenatal care. College graduates were 42% more likely than those who had not graduated HS to receive first trimester PNC.
- Non-Hispanic White women had the highest rate for early PNC compared to non-Hispanic Black women who had the lowest.
- The rate of initiating first trimester PNC did not vary substantially across regions.
- Only 5 counties received a grade of "B" for percent of women receiving first trimester prenatal care. No county received a grade of "A" from 2010 to 2012.
- County health departments are providing maternity services to enhance access to prenatal care.
- Pregnant women are advised to see a doctor within the first 12 weeks of pregnancy.
- Oklahoma's *Perinatal Advisory Task Force* is working with physicians and advanced practice providers to increase early entry into prenatal care.
- *Text4baby* is a free text messaging service that provides research-based health information to pregnant women and is available statewide.

1 Akkerman D, Cleland L, Croft G, Eskuchen K, Heim C, Levine A, Setterlund L, Stark C, Vickers J, Westby E. Institute for Clinical Systems Improvement. Routine Prenatal Care. Updated July 2012.  
 2 U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC.



### HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
F	F	D	D	F	D	👍

	PERCENT		GRADE
	2010	2012	
<b>STATE COMPARISON</b>			
US	73.1		C
N. Hampshire/Vermont (best)	83.2		A
OKLAHOMA	65.5		F
TEXAS (worst)	61.5		F
<b>AGE IN YEARS</b>			
18 - 24	59.0	63.6	F
25 - 34	70.3	72.2	C
35 - 44	69.3	71.5	C
45 - 54	78.9	90.9	A
55 - 64	NA	NA	
65+	NA	NA	
<b>CHILD'S GENDER</b>			
MALE	65.0	68.6	D
FEMALE	65.0	67.9	D
<b>RACE/ETHNICITY</b>			
WHITE (NH)	69.1	71.3	C
BLACK (NH)	56.8	60.5	F
AMER INDIAN (NH)	58.2	63.4	F
HISPANIC	58.0	60.2	F
<b>INCOME</b>			
< \$15k	NA	NA	
\$15 - 24k	NA	NA	
\$25k - 49k	NA	NA	
\$50 - 74k	NA	NA	
\$75+	NA	NA	
<b>EDUCATION</b>			
< HS	53.0	56.4	F
HS	60.9	64.2	F
HS+	67.3	71.2	C
COLLEGE GRADUATE	80.6	80.0	B
<b>REGION</b>			
CENTRAL	67.5	71.5	C
NE	64.1	67.3	D
NW	65.4	69.3	D
SE	64.1	68.1	D
SW	69.0	70.6	D
TULSA	59.9	62.6	F

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

# LOW BIRTH WEIGHT

## HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
B	B	B	C	C	C	👎

	PERCENT			GRADE
	2007	2010	2012	
<b>STATE COMPARISON</b>				
US	8.2	8.1		C
ALASKA (best)	5.7	5.7		A
OKLAHOMA	8.2	8.4		C
MISSISSIPPI (worst)	12.3	12.1		F
<b>AGE IN YEARS</b>				
18 - 24	8.6	8.5	8.2	C
25 - 34	7.4	7.9	7.6	C
35 - 44	9.6	10.5	8.6	C
45 - 54	NA	23.3	15.4	F
55 - 64	NA	NA	NA	
65+	NA	NA	NA	
<b>CHILD'S GENDER</b>				
MALE	7.5	7.7	7.2	B
FEMALE	8.8	9.1	8.8	D
<b>RACE/ETHNICITY</b>				
WHITE (NH)	7.8	8.0	7.5	B
BLACK (NH)	14.8	14.2	14.0	F
AMER INDIAN (NH)	7.5	7.6	7.3	B
HISPANIC	6.2	7.1	6.6	B
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	9.4	9.4	9.4	D
HS	8.6	9.1	8.9	D
HS+	7.1	7.9	7.5	B
COLLEGE GRADUATE	6.8	6.9	6.2	B
<b>REGION</b>				
CENTRAL	8.4	8.7	7.7	C
NE	8.1	7.9	7.2	B
NW	7.8	7.7	7.1	B
SE	8.0	8.7	7.9	C
SW	8.0	8.1	8.3	C
TULSA	8.3	8.8	9.6	D

Grades represent Oklahoma's ranking compared to the nation during a given year.

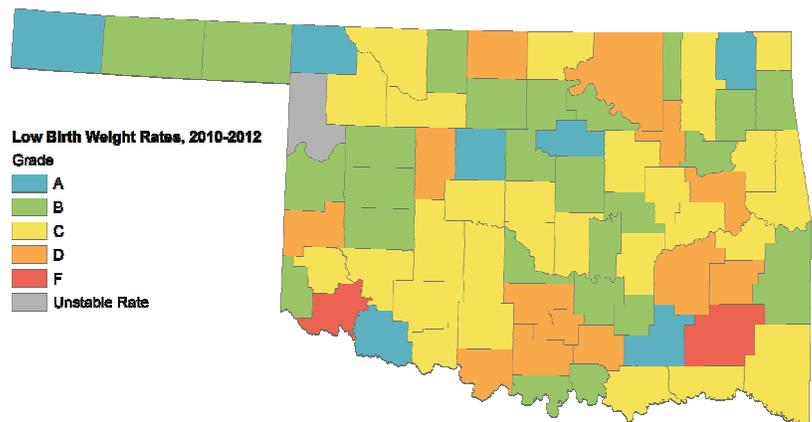
1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

## Oklahoma's low birth weight (LBW) ranking dropped from 27<sup>th</sup> to 31<sup>st</sup> in 2010.<sup>1</sup>

- In 2012, approximately 4,207 babies were born weighing less than 5 1/2 pounds.
- All racial/ethnic groups had a decrease in the rate of LBW births except for Hispanic mothers from 2007 to 2012.
- Infants of mothers with a high school education or some post-secondary education experienced an increase in the LBW rate from 2007 to 2012.
- As a mother's education increased, the likelihood of her delivering a LBW baby decreased.
- Older mothers (beyond 45 years) were twice as likely as younger mothers to give birth to a LBW infant.
- 15% of babies who were very low birth weight (< 3 lbs,5 oz) were delivered at hospitals that did not meet the American Academy of Pediatrics standards for neonatal levels of care.
- 18% of women smoked during pregnancy.<sup>2</sup> Smoking during pregnancy doubles the likelihood of having a LBW infant.<sup>3</sup>
- Birthing hospitals are adopting policies and implementing evidence-based practices to eliminate early elective deliveries before 39 weeks that are not medically indicated.
- Oklahoma is working to develop a formal system to designate appropriate levels of care in birthing hospitals.
- The Oklahoma Tobacco Helpline (1-800-QUIT-NOW) provides enhanced cessation and counseling services to pregnant women.

1 Centers for Disease Control and Prevention, (2010). (CDC) Wonder Natality Data. Retrieved from <http://wonder.cdc.gov>. For the national ranking comparison, CDC 2010 data were used as these data were the latest available for all states. All other bullets use 2012 data obtained from Oklahoma State Department of Health, Center for Health Statistics, Health Care Information, OK2SHARE.  
 2 Pregnancy Risk Assessment Monitoring System (PRAMS), 2011.  
 3 March of Dimes, <http://www.marchofdimes.com/baby/low-birthweight.aspx>.

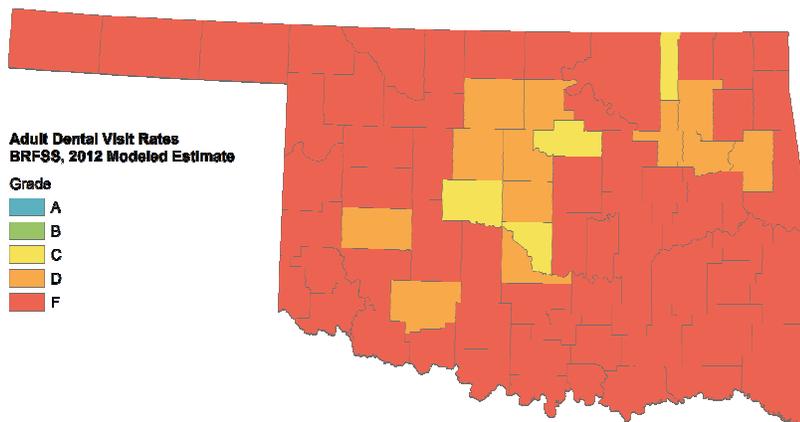


# DENTAL VISITS

## Oklahoma ranks 45<sup>th</sup> among the states for adults with a recent dental visit.

- Payne, Cleveland, Canadian and Washington counties had higher rates than any other Oklahoma county.<sup>1</sup>
- Oklahoma's central region had the highest rate (64%) of recent dental visits while the southeast region had the lowest rate (53%).
- As income and education increased, so did the likelihood of a recent dental visit. The highest income and education levels were the only two groups which received an "A".
- Non-Hispanic Whites and Native Americans had the highest rate of dental visits.
- Dental disease among mothers is a strong indicator of dental disease in their children.<sup>2</sup>
- Oral health is a key component to overall health and improved quality of life.
- *Mission of Mercy* dental clinics treat approximately 1,800 underserved Oklahomans each year (1,786 in Lawton, 2013).<sup>3</sup>
- Community water fluoridation reduces dental decay and saves money for all who drink and use the water.<sup>4</sup>
- The *Oklahoma Dental Loan Repayment Program* improves access to care for SoonerCare families (15,550 Medicaid encounters in FY2013).
- Dental organizations, state agencies, and academic institutions are working together on rural initiatives and methods to reduce dental disparities.

1 Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.  
 2 Dye BA, Vargas CM, Lee JJ, Magder L, Tinoff N. (2012), Journal of the American Dental Association, <<http://jada.ada.org/content/142/2/173.abstract>>.  
 3 Oklahoma Mission of Mercy <<http://www.okmom.org/>>.  
 4 Centers for Disease Control and Prevention; community water fluoridation <<http://www.cdc.gov/fluoridation/>>



### HISTORIC

1990	1995	2000	2005	2010	2012	PROGRESS <sup>1</sup>
NA	NA	F	F	F	F	NO CHANGE

	PERCENT	GRADE
<b>STATE COMPARISON</b>		
US	67.2	C
MASSACHUSETTS (best)	76.2	A
OKLAHOMA	58.9	F
ARKANSAS (worst)	54.9	F
<b>AGE IN YEARS</b>		
18 - 24	62.6	D
25 - 34	59.6	D
35 - 44	56.0	F
45 - 54	58.0	F
55 - 64	61.8	D
65+	56.5	F
<b>GENDER</b>		
MALE	57.7	F
FEMALE	60.1	D
<b>RACE/ETHNICITY</b>		
WHITE (NH)	60.6	D
BLACK (NH)	54.3	F
AMER INDIAN (NH)	61.4	D
HISPANIC	54.7	F
<b>INCOME</b>		
< \$15k	35.2	F
\$15 - 24k	41.4	F
\$25k - 49k	58.7	F
\$50 - 74k	72.2	B
\$75+	80.2	A
<b>EDUCATION</b>		
< HS	35.0	F
HS	53.0	F
HS+	62.6	D
COLLEGE GRADUATE	79.1	A
<b>REGION</b>		
CENTRAL	63.9	D
NE	57.2	F
NW	58.6	F
SE	53.1	F
SW	54.5	F
TULSA	61.1	D

Grades signify Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 2000 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

# USUAL SOURCE OF CARE

## HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS <sup>1</sup>
NA	NA	C	C	C	C	NO CHANGE

	PERCENT		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	77.7	77.8	C
MASSACHUSETTS (best)	88.4	88.5	A
OKLAHOMA	75.9	75.9	C
ALASKA (worst)	64.5	62.8	F
<b>AGE IN YEARS</b>			
18 - 24	55.8	54.5	F
25 - 34	60.7	59.2	F
35 - 44	70.1	71.9	D
45 - 54	80.6	79.4	C
55 - 64	88.9	88.8	A
65+	95.1	95.7	A
<b>GENDER</b>			
MALE	69.5	70.5	D
FEMALE	81.8	81.1	B
<b>RACE/ETHNICITY</b>			
WHITE (NH)	79.5	80.5	C
BLACK (NH)	66.3	70.2	D
AMER INDIAN (NH)	75.2	67.6	F
HISPANIC	49.5	52.8	F
<b>INCOME</b>			
< \$15k	63.9	66.0	F
\$15 - 24k	67.2	65.5	F
\$25k - 49k	75.1	78.0	C
\$50 - 74k	84.6	85.5	B
\$75+	89.5	86.0	B
<b>EDUCATION</b>			
< HS	60.1	63.6	F
HS	73.7	72.9	D
HS+	79.2	78.7	C
COLLEGE GRADUATE	85.6	84.8	B
<b>REGION<sup>i</sup></b>			
CENTRAL	74.3	74.7	D
NE	77.7	78.2	C
NW	80.7	77.3	C
SE	76.5	77.3	C
SW	76.2	77.1	C
TULSA	74.6	75.3	C

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 2000 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

<sup>i</sup> Regional estimates calculated using direct method. See Data Guide for more detailed explanation.

## One in four Oklahoma adults reported they did not have a usual source of care.

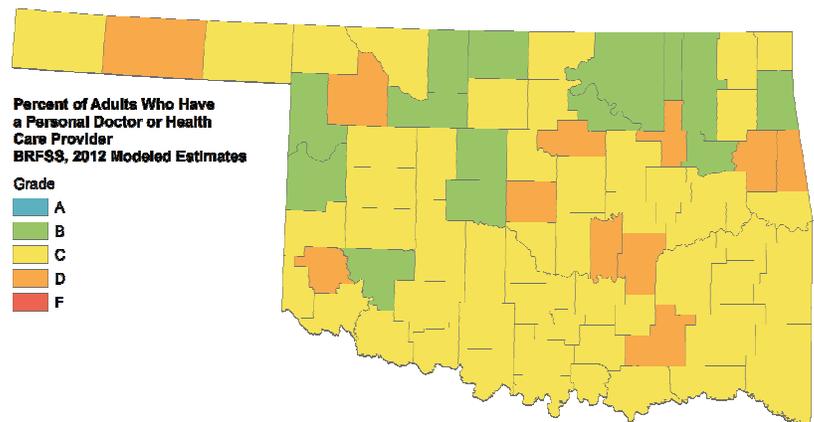
- Oklahoma ranked 35th in the nation for the percentage of adults who had a usual source of care.<sup>1</sup>
- People with one or more personal health care providers are more likely to receive routine preventive health care services.<sup>1</sup>
- While Oklahoma's overall rate has not changed since 2011, American Indians experienced a 10% decline.
- Half of Oklahoma's Hispanic population and young adults (age 18-24) did not have a regular health care provider in 2012.
- The likelihood of having a regular health care provider improved with age, income and education.
- The percentage of people with a usual source of care increased slightly for non-Hispanic blacks (6%), Hispanics (7%), and those without a HS diploma (6%).
- Women were more likely than men to have a usual source of care.
- Since 2001, the rate of Oklahomans reporting a usual source of care has been similar to that of the nation consistently earning the state a "C" grade.<sup>2</sup>
- Increasing the proportion of persons with a usual primary care provider is a Healthy People 2020 Objective and Leading Health Indicator, with a national 2020 target of 83.9%. Oklahoma's rate needs to increase by 8% to meet this goal.<sup>3</sup>
- Nationally, Hispanic children are nearly three times as likely as non-Hispanic white children to have no usual source of health care.<sup>4</sup>

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

2 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2001-2010, 2011-2012.

3 HHS. Healthy People 2020. HealthyPeople.gov on 2020 Topics and Objectives. Available at <http://healthypeople.gov/2020/topics/objectives2020/objectiveslist.aspx?topicid=1#11 Accessed on 7FEB2014 12:09PM>.

4 Addressing Racial and Ethnic Disparities in Health Care. April 2013. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/findings/factsheets/minority/disparit/index.html>

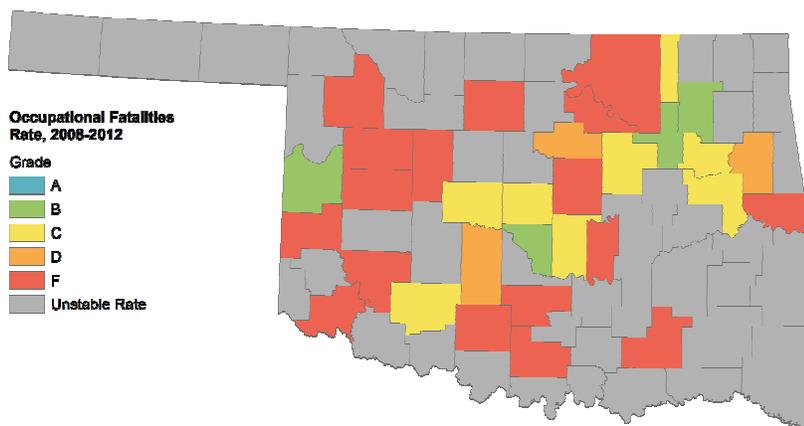


# OCCUPATIONAL FATALITIES

## Oklahoma ranked 42<sup>nd</sup> in the U.S. in the rate of occupational fatalities in 2012.<sup>1</sup>

- Approximately 100 Oklahomans die every year from work-related injuries.<sup>2</sup>
- Death rates were highest in western Oklahoma.
- Older adults had the highest work-related injury death rate.
- Nearly all (94%) work-related injury deaths in Oklahoma were men.<sup>2</sup>
- The leading causes of work-related injury deaths included motor vehicle crashes (41%); exposure to harmful substances (13%); falls, slips, and trips (11%); and being struck by an object (9%).<sup>2</sup>
- Other common causes of work-related injury deaths included suicide, fires/explosions, electrocution, and being caught in/crushed by equipment.<sup>2</sup>
- Occupations with the most fatalities were heavy truck and tractor-trailer drivers (22%), oil and gas workers (12%), and construction workers (11%).<sup>2</sup>
- 1 in ten fatally injured workers was self employed.<sup>2</sup>
- Fatal work-related incidents most commonly occurred between noon and 4:00 p.m.<sup>2</sup>
- Injuries most commonly occurred on streets or highways, at industrial places, or public buildings.
- Occupational injuries often occur in predictable, preventable ways.
- Fatal occupational injuries often occur in high risk jobs or involve unsafe working conditions or behaviors.

1 United Health Foundation. America's Health Rankings – 2012 Edition. December 2012. Available at <<http://americashealthrankings.org/ALL/WorkFatalities/2012>>.  
 2 United States Department of Labor. Bureau of Labor Statistics. Census of Fatal Occupational Injuries. November 2013. Available at <<http://www.bls.gov/iif/oshcfoi1.htm>>.



### HISTORIC

1990	1995	2000	2005	2007	2012	PROGRESS <sup>1</sup>
C	F	C	D	D	F	👎

	RATE PER 100,000		GRADE
	2007	2012	
<b>STATE COMPARISON</b>			
US	2.1	4.1	C
MASSACHUSETTS (best)	NA	2.4	B
OKLAHOMA	3.6	7.0	F
NEW MEXICO (worst)	NA	8.8	F
<b>AGE IN YEARS</b>			
18 - 24	3.2	6.7	F
25 - 34	3.5	3.6	C
35 - 44	4.9	5.9	D
45 - 54	4.7	6.7	F
55 - 64	3.0	6.5	D
65+	2.3	11.0	F
<b>CHILD'S GENDER</b>			
MALE	6.8	10.7	F
FEMALE	0.6	0.7	A
<b>RACE/ETHNICITY</b>			
WHITE (NH)	NA	NA	
BLACK (NH)	NA	NA	
AMER INDIAN (NH)	NA	NA	
HISPANIC	NA	NA	
<b>INCOME</b>			
< \$15k	NA	NA	
\$15 - 24k	NA	NA	
\$25k - 49k	NA	NA	
\$50 - 74k	NA	NA	
\$75+	NA	NA	
<b>EDUCATION</b>			
< HS	NA	NA	
HS	NA	NA	
HS+	NA	NA	
COLLEGE GRADUATE	NA	NA	
<b>REGION</b>			
CENTRAL	2.7	3.0	B
NE	2.3	5.5	D
NW	5.9	8.7	F
SE	4.8	5.9	D
SW	6.5	8.1	F
TULSA	2.6	2.5	B

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

# PREVENTABLE HOSPITALIZATIONS

## HISTORIC

1990	1995	2000	2008	2010	2011	PROGRESS <sup>1</sup>
NA	NA	NA	NA	D	D	NO CHANGE

	RATE PER 100,000			GRADE
	2008	2010	2011	

### STATE COMPARISON<sup>i</sup>

US	1662.0	1562.1	C
Best	*	740.6	A
OKLAHOMA	1956.8	1815.8	D
Worst	*	2295.4	F

### AGE IN YEARS<sup>ii</sup>

18 - 39	430.2	390.0	396.2
40 - 64	1588.7	1427.3	1427.9
65 - 74	4634.6	3754.7	3893.9
75+	9917.8	8722.4	8058.5

### GENDER<sup>ii</sup>

MALE	1745.9	1516.5	1483.1
FEMALE	2476.8	2150.8	2110.6

### RACE/ETHNICITY<sup>ii</sup>

WHITE (NH)	2368.2	2134.3	2063.7
BLACK (NH)	2508.5	2282.9	2273.3
AMER INDIAN (NH)	1570.3	1099.2	1144.9
HISPANIC	550.4	488.9	466.8

### INCOME

< \$15k	NA	NA	NA
\$15 - 24k	NA	NA	NA
\$25k - 49k	NA	NA	NA
\$50 - 74k	NA	NA	NA
\$75+	NA	NA	NA

### EDUCATION

< HS	NA	NA	NA
HS	NA	NA	NA
HS+	NA	NA	NA
COLLEGE GRADUATE	NA	NA	NA

### REGION<sup>i</sup>

CENTRAL	1761.3	1569.0	1503.6	C
NE	1947.9	1802.1	1779.5	D
NW	1932.6	1635.3	1647.4	D
SE	2319.4	2213.3	2145.1	F
SW	2226.6	2076.7	2015.9	F
TULSA	1784.5	1779.9	1782.6	D

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 2010 and 2011; it does not represent a statistically significant change in the *rate*.

NH = Non-Hispanic

i Risk Adjusted Rates

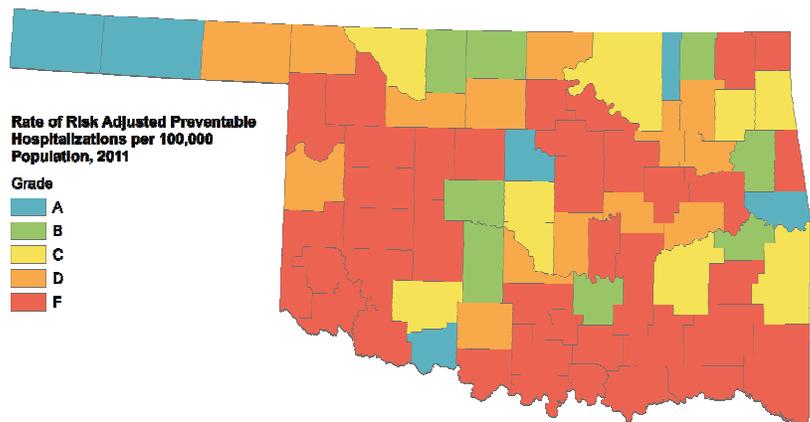
ii Observed Rates. Grades were not assigned because estimates are not risk adjusted.

In 2011, there were approximately 52,000 potentially preventable hospitalizations in Oklahoma which resulted in more than \$1 billion in hospital charges.

- Preventable hospitalizations are hospital stays that might have been avoided with timely and effective outpatient care and appropriate self-management.<sup>1</sup>
- Diseases typically associated with preventable hospitalization include diabetes, hypertension, congestive heart failure, angina, asthma, dehydration, bacterial pneumonia and urinary infections.<sup>2</sup>
- In 2010, costs for preventable conditions totaled nearly \$32 billion for the nation.<sup>3</sup>
- If low income residents had been hospitalized at the same rate as high income residents, the U.S. would have saved \$4 billion in 2007.<sup>4</sup>
- Oklahoma and the other southern states tended to have the highest rates of hospitalizations for preventable chronic and acute conditions.<sup>5</sup>
- Counties in the central region had the lowest rates of preventable hospitalizations compared to the southeast region with the highest.
- Patients who actively participate in their care and adopt healthy lifestyle behaviors may avoid some hospital admissions.<sup>1</sup>
- Comprehensive, coordinated outpatient care has been shown to reduce preventable hospitalizations.<sup>5</sup>

- 1 Kruzikas, DT, Jiang, HJ, Remus, D, Barrett, ML, Coffey, RM, Andrews, R. (2004). Preventable Hospitalizations: A Window Into Primary and Preventive Care, 2000. HCUP Fact Book No. 5; AHRQ Publication No. 04-0056. U.S. Agency for Healthcare Research and Quality, Rockville, MD.
- 2 [http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a23.htm?s\\_cid=su6203a23\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a23.htm?s_cid=su6203a23_w)
- 3 Torio CM (AHRQ), Elixhauser A (AHRQ), Andrews RM (AHRQ). Trends in Potentially Preventable Admissions among Adults and Children, 2005-2010. HCUP Statistical Brief #151. March 2013. Agency for Healthcare Research and Quality, Rockville, MD. Available at <<http://www.hcupus.ahrq.gov/reports/statbriefs/sb151.pdf>>.
- 4 Moy, E, Barrett, M, Ho, K. (2011). Potentially Preventable Hospitalizations - United States, 2004-2007. MMWR Supplements. January 14, 2011/60(01): 80-83.
- 5 Agency for Healthcare Research and Quality. (2009). Healthcare Innovations Exchange - U.S. Agency for Healthcare Research Quality, Rockville, MD.

NOTE: Rates of preventable hospitalizations were calculated using procedures developed by the Agency for Healthcare Research and Quality (AHRQ). The Healthcare Cost and Utilization Project (HCUP) creates a Nationwide Inpatient Sample (NIS), which is the largest all-payer inpatient care database in the country. In 2011, the NIS consisted of approximately 8 million records from 1,045 hospitals located in 46 states. HCUP publicly releases the data as a national estimate, but not on a state-by-state basis.

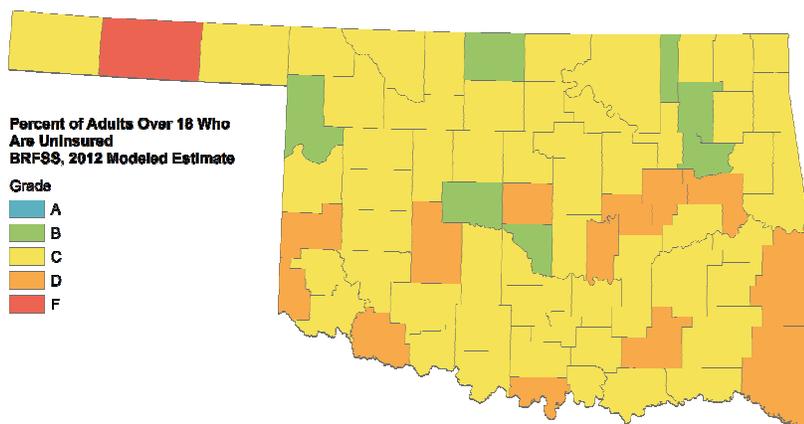


# NO INSURANCE COVERAGE

## In 2012, Oklahoma had the 29<sup>th</sup> highest rate of uninsured adults in the nation.<sup>1</sup>

- The rate of uninsured adults in Oklahoma dropped from 22% in 2011 to 18% in 2012.
- Oklahoma's adult uninsured rate was 5% higher than the rate of the nation.<sup>1</sup>
- While half of Oklahoma's Hispanic adults were uninsured in 2012, the rate improved by 21% since 2011.
- The rate of American Indians in Oklahoma who were uninsured was cut in half from 20% in 2011 to 9% in 2012.
- Oklahoma's uninsured rates improved with age, income, and education.
- Many groups experienced an improvement including males, 18-24 year olds, 55-64 year olds, and individuals with incomes lower than \$50,000.
- A lack of health care coverage is a barrier to accessing medical care. Individuals without health insurance are less likely to receive preventive care and are more likely to delay treatment.<sup>2</sup>
- For routine preventative clinical services such as hypertension screening, uninsured adults were 3 to 4 times less likely to receive these services.<sup>3</sup>
- In the U.S. in 2012, almost 2 out of 3 uninsured adults indicated that they were uninsured due to high cost or unemployment.<sup>4</sup>
- Increasing the proportion of persons with medical insurance is a Healthy People 2020 objective with a target of 100 percent coverage.<sup>5</sup>

1 Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011-2012.  
 2 Kaiser Commission on Medicaid and the Uninsured. Sicker and Poorer: The Consequences of Being Uninsured. Menlo Park, CA: The Henry J. Kaiser Family Foundation. May 2002. Available at <<http://www.kff.org/uninsured/upload/Full-Report.pdf>>.  
 3 Ayanian JZ. Unmet health needs of uninsured adults in the United States. JAMA. 2000;284(16):2061  
 4 Kaiser Family Foundation September 2013 <<http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>>.  
 5 HHS. Healthy People 2020. HealthyPeople.gov on 2020 Topics and Objectives. Available at <<http://healthy.people.gov/2020/topics/objectives2020/objectiveslist.aspx?topicid=1#11>>. Accessed on 7FEB2014 12:09PM.



### HISTORIC

1990	1995	2000	2005	2011	2012	PROGRESS <sup>1</sup>
D	C	D	D	D	C	👍

	PERCENT		GRADE
	2011	2012	
<b>STATE COMPARISON</b>			
US	17.9	17.1	C
MASSACHUSETTS (best)	6.7	5.8	A
OKLAHOMA	21.9	18.0	C
TEXAS (worst)	29.8	30.6	F
<b>AGE IN YEARS</b>			
18 - 24	39.0	28.5	F
25 - 34	29.9	27.6	F
35 - 44	27.0	24.5	F
45 - 54	23.1	18.9	C
55 - 64	15.1	11.6	B
65+	1.1	0.9	A
<b>GENDER</b>			
MALE	24.9	18.3	C
FEMALE	19.0	17.7	C
<b>RACE/ETHNICITY</b>			
WHITE (NH)	17.6	15.6	C
BLACK (NH)	29.6	24.5	F
AMER INDIAN (NH)	20.1	8.7	A
HISPANIC	57.0	45.1	F
<b>INCOME</b>			
< \$15k	40.3	35.3	F
\$15 - 24k	39.1	30.9	F
\$25k - 49k	20.5	14.6	B
\$50 - 74k	8.7	7.1	B
\$75+	5.2	6.3	A
<b>EDUCATION</b>			
< HS	38.5	35.5	F
HS	25.4	20.2	F
HS+	19.2	15.2	C
COLLEGE GRADUATE	8.1	6.6	A
<b>REGION</b>			
CENTRAL	23.2	17.7	C
NE	22.1	15.8	C
NW	17.9	21.6	D
SE	20.9	18.6	C
SW	22.3	16.4	C
TULSA	21.6	19.7	D

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in grade between 1990 and 2012; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

# POVERTY

## HISTORIC

1990	1995	2000	2005	2010	2011	PROGRESS <sup>1</sup>
D	D	C	D	C	C	👍

	PERCENT			GRADE
	2008	2011	2012	
<b>STATE COMPARISON</b>				
US	13.2	15.9	15.9	C
NEW HAMPSHIRE (best)	7.8	8.8	10.0	A
OKLAHOMA	15.7	17.2	17.2	C
MISSISSIPPI (worst)	20.8	22.6	24.2	F
<b>AGE IN YEARS</b>				
18 - 24	24.5	28.6	26.5	F
25 - 34	16.6	18.8	18.0	D
35 - 44	12.6	13.8	14.7	C
45 - 54	10.3	12.7	12.4	B
55 - 64	9.9	11.1	11.4	B
65+	10.9	9.5	9.9	A
<b>GENDER</b>				
MALE	14.1	16.1	15.7	C
FEMALE	17.7	18.3	18.7	D
<b>RACE/ETHNICITY</b>				
WHITE (NH)	12.7	13.0	13.4	B
BLACK (NH)	28.6	33.7	29.8	F
AMER INDIAN (NH)	19.8	21.9	22.8	F
HISPANIC	26.3	28.9	28.8	F
<b>INCOME</b>				
< \$15k	NA	NA	NA	
\$15 - 24k	NA	NA	NA	
\$25k - 49k	NA	NA	NA	
\$50 - 74k	NA	NA	NA	
\$75+	NA	NA	NA	
<b>EDUCATION</b>				
< HS	25.8	28.5	27.7	F
HS	14.0	15.1	15.4	C
HS+	9.6	11.7	11.8	B
COLLEGE GRADUATE	4.4	4.3	4.8	A
<b>REGION</b>				
CENTRAL	14.9	16.5	17.7	D
NE	16.5	17.4	18.6	D
NW	12.9	13.1	12.7	B
SE	20.1	20.3	21.0	F
SW	16.6	17.2	17.0	C
TULSA	13.6	15.8	15.0	C

Grades represent Oklahoma's ranking compared to the nation during a given year.

1. The progress category (thumbs-up/thumbs-down) represents the change in *grade* between 1990 and 2011; it does not represent a statistically significant change in the rate.

NH = Non-Hispanic

## In 2012, one in six Oklahomans lived in poverty.

- Since 2008, the rate of poverty has increased by 20% across the nation.
- Oklahoma's national ranking improved from 41<sup>st</sup> in 2008 to 35<sup>th</sup> in 2012.<sup>1</sup>
- The rate of Oklahomans living in poverty has exceeded that of the nation since 1990.<sup>1</sup>
- Oklahoma's women, young adults, and non-whites had the highest rates of poverty in 2012.
- 1 in 4 Oklahomans without a HS education lived in poverty compared to 1 in 20 with a college degree.
- Those living in poverty are more likely to engage in unhealthy behaviors, be exposed to environmental hazards, and have limited access to health care services.<sup>2</sup>
- The threshold for poverty is set by the U.S. Census Bureau and reflects the point under which people lack the basic resources necessary to maintain a healthy standard of living.<sup>3</sup>
- Oklahoma's southeast region had the highest poverty rate (21%) in the state compared to 13% in the northwest region.
- Oklahoma's median per capita income was \$24,046 in 2012 and the median household income was \$44,891.<sup>4</sup>
- In 2012 the poverty threshold for a family of 4 was an annual household income of \$23,283 or less and for a single adult it was \$11,720.<sup>5</sup>

- 1 U.S. Census Bureau. 2008 American Community Survey. Available at <[http://factfinder.census.gov/home/saff/main.html?\\_lang=en](http://factfinder.census.gov/home/saff/main.html?_lang=en)>.
- 2 National Center for Health Statistics. Health, United States, 2012: With Special Feature on Emergency Care. Hyattsville, MD. 2013.
- 3 U.S. Census Bureau. How the Census Bureau Measures Poverty. Available at <<http://www.census.gov/hhes/www/poverty/methods/definitions.html>>.
- 4 U.S. Census Bureau. State & County QuickFacts. Accessed at <<http://quickfacts.census.gov/qfd/states/40000.html>> on 07MAR2014>.
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